

Title:	Provider Training				
Department/Line of Business:	Provider Network Operations / All Lines of Business				
Approver(s):	VP, Provider Network Management				
Location/Region/Division:	Scott and White Health Plan				
Document Number:	SWHP.PNO.051.P				
Effective Date:	03/04/2019	Last Review/ Revision Date:	03/04/2019	Origination Date:	10/21/2011

LINE OF BUSINESS

This document applies to the following line(s) of business: All Lines of Business

DEFINITIONS

When used in this document with initial capital letter(s), the following word(s)/phrase(s) have the meaning(s) set forth below unless a different meaning is required by context. Additional defined terms may be found in the BSWH P&P Definitions document.

None.

POLICY

Scott and White Health Plan ("SWHP") trains new participating providers within thirty (30) days of their effective date with the health plan on SWHP policies and procedures, SWHP operations, and regulatory requirements based on SWHP's participation with the Centers for Medicare and Medicaid Services ("CMS"), Health and Human Services Commission ("HHSC"), Texas Department of Insurance ("TDI"), and etc. SWHP trains existing participating providers as needed based upon updates or changes to SWHP policies and procedures, SWHP operations, and regulatory requirements.

PROCEDURE

Provider Training

SWHP trains new participating providers and their staff within thirty (30) days of their effective date with the health plan and trains existing participating providers and their staff as needed.

The methods utilized by SWHP to conduct training includes, but is not limited to, the following:

- Face-to-Face Visits
- Group Training Sessions (Lunch N' Learns and Town Halls)
- WebEx Sessions
- Phone Calls
- Fax Blasts
- Newsletters
- Emails
- Provider Website and Provider Portal

Ongoing provider training includes the following subjects:

- Provider Manual
 - Includes billing practices, process information, and guidelines for providers
 - o Includes billing practices to providers who are integrating physical and behavioral health care
- Provider Website
 - o Includes billing policies, provider orientation and training guides, and other resources for providers

SWHP's training materials cover the requirements specified in the following regulations:

- Uniform Managed Care Contract (UMCC)
- Uniform Managed Care Manual (UMCM)
- Medicare Managed Care Manual (MMCM)
- Texas Administrative Code

ATTACHMENTS

None.

RELATED DOCUMENTS

None.

REFERENCES

UMCC, Chapter 8.1.4.6 MMCM, Publication 100-16 Texas Administrative Code (TAC), Title 1, Part 15, Chapter 353, Rule §353.4

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