



Person Co	onducting Training: P	rovider Name:
Date:		
What you	u will learn	
1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16.	The Alliance Mission, Vision and Values The Alliance Managed Care Model How Members join the Alliance Membership Cards Eligibility Member Benefits Subcontracted Member Benefits Benefits not covered by the Alliance Provider Portal Referrals & Authorizations APL 21-009 SDOH Codes Claims Requesting Transportation Language Assistance Services Nurse Advice Line Who to Contact Where to get additional information and rese	ources
Additional Materials Distributed via email:		
 □ Training Power Point □ Most Recent Provider Bulletin □ Provider Manual (website) □ Member Rights Handout □ Authorizations Resource Handouts □ Health Programs Handout □ C & L Folder (website) □ Cultural Competency (website) □ Claims FAQ □ Electronic Claims Submission 		
Attendee Name		
Attendee Signature		