## **PROVIDER***Update*

**REGULATORY** 

**DECEMBER 18, 2018** 

**UPDATE 18-908** 

2 PAGES



# Training and Attestation Requirements

Newly contracting providers must complete required Medi-Cal training, and sign and return the training attestation form

Participating physician groups (PPGs) delegated to perform credentialing on behalf of Health Net\* are required to ensure that newly contracting Medi-Cal providers complete required provider training, sign the training attestation form and return it as part of the contracting package.

Effective February 1, 2019, the PPG must send a copy of the signed attestation form to Health Net with notification that the PPG has a newly contracting Medi-Cal provider. Before the provider can be activated in the Health Net system of record, Health Net must receive a signed attestation form along with the required pages of the signed contract.

#### TRAINING ATTESTION FORM ADDED TO CREDENTIALING CHECKLIST

The updated attestation form, which is included in the packet, is a required component of the provider credentialing process and has been added as a line item to the credentialing checklist. The form must be signed by the provider who completed the trainings. Staff members cannot sign the attestation on behalf of a provider, and providers cannot waive required trainings. A copy of the updated form is attached for reference.

#### TRAINING MATERIALS AND ATTESTATION FORM AVAILABLE ONLINE

Providers can access educational training materials and the updated attestation form online on Health Net's provider website at provider.healthnet.com under *Provider Support > New Provider Onboarding Packets > Health Net Medi-Cal New Provider Resources*.

#### **IN-PERSON TRAINING**

In-person training is available. Providers who would prefer in-person training may contact Provider Relations by email at hn\_provider\_relations@healthnet.com to request a training session.

#### ADDITIONAL INFORMATION

Providers are encouraged to access the provider portal online at provider.healthnet.com for real-time information, including eligibility verification, claims status, prior authorization status, plan summaries, and more.

### THIS UPDATE APPLIES TO CALIFORNIA PROVIDERS:

- O Physicians
- Participating Physician Groups
- Hospitals
- O Ancillary Providers

#### LINES OF BUSINESS:

- O HMO/POS/HSP
- O PPO
- O EPO
- O Medicare Advantage (HMO)
- Medi-Cal
  - Kerr
  - Los Angeles
    - O Molina
  - O Riverside
  - Sacramento
  - O San Bernardino
  - San Diego
  - San Joaquin
  - Stanislaus
  - Tulare

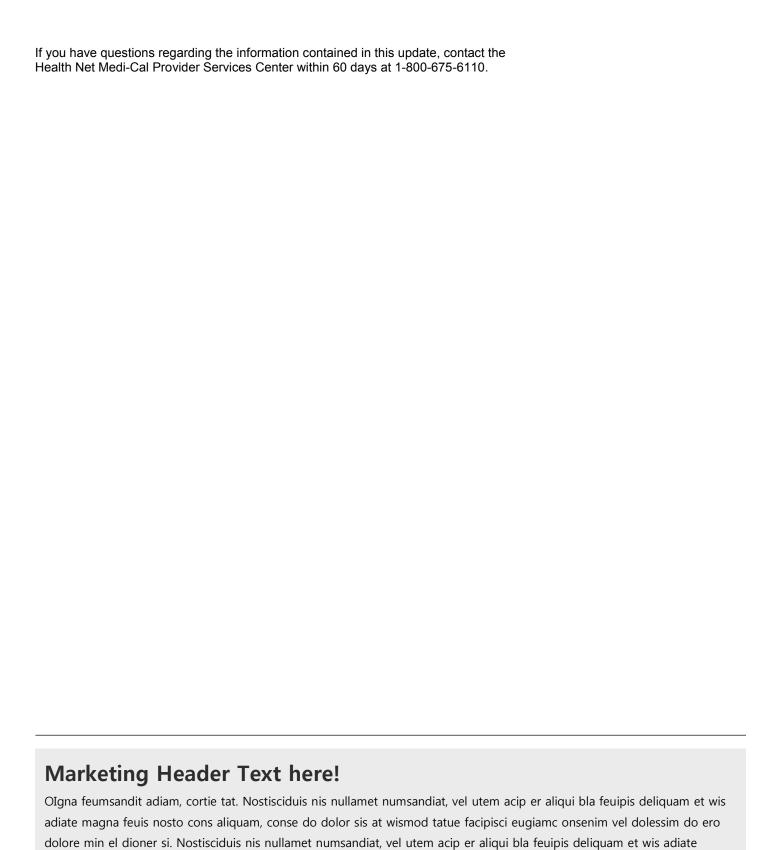
#### PROVIDER SERVICES

1-800-675-6110 provider.healthnet.com

PROVIDER COMMUNICATIONS provider.communications@ healthnet.com fax 1-800-937-6086

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#### CONFIRMATION OF NEW PROVIDER TRAINING

Please complete the following and submit it within 48 hours via email to HN\_Provider\_Relations@healthnet.com, or send it via fax to 1-855-863-5987.

REQU	JIRED: Initial #1 OR #2		
1.	(initial) I have received the new provider training materials from Health Net Community Solutions, Inc. (Health Net), reviewed them for training purposes, and understand essential components of Health Net's Medi-Cal plan, including basic information about public health programs available to Health Net Medi-Cal members, Health Net's quality improvement program, and interpreter services and provider tools to care for diverse populations.		
OR			
2.	(initial) I have completed Health Net's new provider training online on the provider website and understand essential components of Health Net's Medi-Cal plan, including basic information about public health programs available to Health Net Medi-Cal members, Health Net's quality improvement program, and interpreter services and provider tools to care for diverse populations.		
REQU	JIRED: Initial #3		
3.	care program services, polic and Health Net. I understand Medi-Cal benefits and service eligible conditions and refer	ies and procedures, and ways to d how to access and find inform ces, claims and payment policional processes, case management	ties related to Health Net's Medi-Cal managed to communicate between providers, members nation on Health Net's provider website about es, California Children's Services (CCS)-nt services, tools to care for a diverse with Health Net > Contractual >
Provider name (PRINT)		Provider signature	Date
Provide	r address (street, city, ZIP)		
Phone number		Email address	Tax identification number (TIN)
INTE	RNAL USE ONLY		
Received date		Data entry date	Provider representative