



CERTIFICATE OF NEW PROVIDER TRAINING

I have received, reviewed and completed the New Provider Training from Health Net,* on behalf of CalViva Health. I understand the essential components of CalViva Health’s Medi-Cal plan, including basic information about public health programs available to CalViva Health Medi-Cal members, CalViva Health’s quality improvement program, and interpreter services and provider tools to care for diverse populations.

In addition, I understand my responsibilities related to CalViva Health’s Medi-Cal managed care program services, policies and procedures, and ways to communicate between providers, members and CalViva Health. I understand how to access and find information about Medi-Cal benefits and services, claims and payment policies, California Children’s Services (CCS)-eligible conditions and referral processes, case management services, tools to care for a diverse population, located in the comprehensive operations manuals in the Provider Library at providerlibrary.healthnetcalifornia.com.

The training was completed: (Must check one)

- Self-guided (Online/hard copy)
 Instructor-led (Online/in-person)

Provider name (PRINT) Tax identification number (TIN)
Provider signature Date training completed
Phone number Email address

In order to complete the enrollment of your contract, sign, date and complete this certification, and submit with your contract documents. Note: Failure to complete this certification may result in a delay in becoming an active provider for CalViva Health and Health Net.