



CERTIFICATE OF NEW PROVIDER TRAINING

I have received, reviewed and completed the New Provider Training from Health Net*. I understand the 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.

In addition, I understand my responsibilities related to Health Net's Medi-Cal managed care program services, policies and procedures, and ways to communicate between providers, members and Health Net. I understand how to access and find information on Health Net's provider website 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, and operations manuals located under *Working with Health Net > Contractual > Provider Library*.

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

Telephone number

Email address

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

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