

CERTIFICATE OF NEW PROVIDER TRAINING

I have received, reviewed and completed the New Provider Training from California Health & Wellness Plan (CHWP). I understand the essential components of CHWP's Medi-Cal plan, including basic information about public health programs available to CHWP's Medi-Cal members, CHWP's quality improvement program, and interpreter services and provider tools to care for diverse populations.

In addition, I understand my responsibilities related to CHWP's Medi-Cal managed care program services, policies and procedures, and ways to communicate between providers, members and CHWP. I understand how to access and find information on CHWP'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 *For Providers > Provider Resources*.

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 CHWP 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 CHWP.