



PHYSICIAN TRAINING ATTESTATION FORM

Return ALL Attestations to: AARECHIGA@XIMEDINC.COM
or FAX: (858) 587-1642

Training Modules: <https://www.healthexcelinc.com>

Please submit all Health Plan specific attestations that pertain to you and your office.

PROGRAM TRAININGS:

- ☒ Department of Health Services Programs (*California*)
 - ☒ California Children's Services and Whole Child Model
 - ☒ Child Health and Disability Prevention Program
 - ☒ Comprehensive Perinatal Services Program
 - ☒ Children's Perinatal Support Services Program
- ☒ Chronic Care Improvement Program
- ☒ Special Needs Program
 - ☒ Special Needs Plan – Model of Care
 - ☒ Serving Seniors and Persons with Disabilities

ALL CLINICAL STAFF/PHYSICIAN TRAININGS:

- ☒ HIPAA Privacy, Breach Notification and Compliance
- ☒ Cultural & Linguistic Sensitivity
- ☒ Fraud Waste & Abuse
- ☒ OIG/SAM/Medi-Cal Exclusions Screening Attestation

☒ Health Excel IPA Representative has reviewed all of the following with this office:

- ✓ New Provider Training Letter and contact information
- ✓ Aerial Care Provider Portal Set Up (Eligibility/Referral/Claim Info)
- ✓ Provider Manual on Aerial Care dashboard or received from Health Excel representative
- ✓ Member Rights/Member Services/EBP Guidelines/Clinical Protocols – see Provider Manual
- ✓ Claims/Encounter Submissions – Office Ally, Timely Filing, Report Retrievals
- ✓ Contracted Lab and Contracted Radiology Imaging
- ✓ Marketing Requests and Regulatory Requirements
- ✓ Website Overview – Provider and Member Resources

Health Excel IPA has posted these training modules on our public website for your review. For health plan specific trainings that are not on our website, please log into the health plan website and register as needed to complete required training and/or complete training attestations provided. Please fill out one training attestation packet for each provider/practitioner. **For questions regarding these trainings, please contact Provider Services at (858) 452-1279.** Please complete the following in acknowledgement of your attestation that these were reviewed on Health Excel IPA's webpage. **Complete a form for each Physician and/or Practitioner in your office annually and within 10 business days of contract effective date.**

Tax ID: _____ Individual NPI: _____ State License Number: _____

Organization Name: _____

Practitioner Name: _____ Direct Phone #: _____

Signature: _____ Date: _____

Contract Effective Date: _____ Training Date: _____

HEX IPA Trainer Signature: _____ Phone: (858) 452-1279