

Annual Provider Training Attestation

To operate in full compliance with the Contract and all applicable Federal and State statutes and regulations mandate Annual Provider Training for all Torrance Memorial IPA contracted physicians.

Note: You must attest you have received training and have access to the following as covered in the online training located on TMIPA Website

<https://www.torrancememorialipa.org/ipa/>

- **Cultural Competency and Special Needs Training covers:**
 - Rights and Responsibilities pertaining to Grievance and Appeals procedures and timelines,
 - Advance Directives,
 - Information on all Enrollee rights:
 - Including the right to full disclosure of health care information and the right to actively participate in health care decisions,
 - Clinical protocols, evidence-based practice guidelines,
 - Methods for sharing information among delegated entity, Network Provider, Enrollee, and/or other healthcare professionals,
 - Provides information on beliefs about illness and health; methods of interacting with providers and the health care structure; and language and literacy needs, including limited English proficiency; and diverse cultural and ethnic backgrounds,
 - The training covered the health needs specific to the population that utilizes various educational strategies,

- **Training on Code of Conduct and Fraud, Waste and Abuse**

- **Model of Care training:**
 - Care Coordination Benefit and methods for sharing information among Contractor/Non-Contractor, Network Provider, Enrollee and/or other healthcare professionals.

- **General Compliance Training**

- **Access to Care Standards**

- **Access to Torrance Memorial IPA Provider Manual** located online at <https://www.torrancememorialipa.org/ipa/for-providers/>

where you can view multiple resources and contact information to request policies, criteria, after hour questions, and more

I, _____, attest I have completed Provider Training with Torrance Memorial IPA on the subjects listed above and have access to the provider manual as stipulated by the California Department of Health Care Services (DHCS) contracted requirements.

Provider

Date

NPI#

Provider must sign for him/herself

Office staff cannot attest for the Physician.

I hereby certify that I am the authorized representative of my organization having responsibility directly or indirectly for all employees, board members, officers, contracted personnel, contracted providers/practitioners, contractors, sub-contractors and vendors affiliated with my organization who have direct or indirect contact with the Medicare business, have completed the following Annual Compliance Training as mandated by the Centers for Medicare & Medicaid Services (42 CFR § 422.503(b)(4)(vi)(C), § 423.504(b)(4)(vi)(C)) and health plan contractual requirements.

Print Name Attesting to Office training:

Date:

Practice Name:

Address:

City

State

Zip

Email:

Phone:

Please Fax Attestation Form to 424-270-0689 by November 30, 2024