

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Training Acknowledgement and Attestation

Health Plan of San Joaquin/Mountain Valley Health Plan (“Health Plan”), as a licensed health care services plan, is mandated by California’s Department of Health Care Services (DHCS) and the Federal Centers for Medicare and Medicaid Services (CMS) to ensure providers and delegated entities are meeting the unique and diverse needs of all members.

Providers must attest for themselves and their employees who completed the training by completing the attestation below.

An Authorized Person can complete the training attestation on behalf of your practice for each provider and staff.

Name of Contracted Entity/Practice:		
Practice Address:		
Practice TIN#:	Practice NPI#:	
Email: <i>Entering your email is optional. If you would like a submission receipt, you will receive it to the email entered here.</i>		
I am the only provider at my practice.		
Training Option 1:	Provided by Health Plan	Training Date:
Training Option 2:	Provided by	Training Date:

I _____ (*Provider/Authorized name*) attest to having received the annually required Network Provider **EPSDT** and resources for the Medi-Cal/Medicaid program.

Provider/Authorized Initials: _____ **Date:** _____

Please send this completed form to Health Plan at providernetworks.verification@hpsj.com and fax at 209-933-3700.

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This training is required for all providers and their staff. Please list all providers and staff who also completed the training:

1-5 providers and staff

More than 5 providers and staff

Provider & Employee Name:	Individual NPI#:
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