ATTESTATION OF NEW PROVIDER ORIENTATION

I have received and completed the New Provider Orientation from Aetna Better Health of California (ABHCA). I have been oriented about the essential components of ABHCA's Medi-Cal plan including but not limited to; basic information about programs available to ABHCA Medi-Cal members, language assistance and interpreter services and provider tools to care for diverse populations.

I understand my responsibilities related to ABHCA's Medi-Cal managed care program services, policies, procedures, ways to communicate with members, other ABHCA network providers, and ABHCA. I understand how to access and find information on ABHCA'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. I understand that our organization is responsible for providing this orientation to all current providers, and any additional providers that may join our practice.

The training was completed: ☐Self-guided (Online/Hard copy) ☐Instructor-led (Online/In-Person)

Practice/Group Name (Print)	
Provider Name and NPI	
Provider Name and NPI	
Group NPI	
Tax Identification Number (TIN)	
Tax identification number (TIN)	
Form Completed by	
Title	
Date of Orientation Training	
Email address	

Important: ABHCA requires completion of this Attestation, in addition to a signed contract and credentialing, to complete the ABHCA provider enrollment process.

Note: Failure to complete this Attestation may result in a delay of active status with ABHCA.
Return Signed Attestation via Fax: 844-886-8349 or Email:
CaliforniaProviderRelationsDepartment@AETNA.com

Internal Use Only

Received by _____ Date _____

Active Status Date_____

ATTESTATION OF NEW PROVIDER ORIENTATION

Please complete page 2 of this form if more than one individual has completed training in your organization.

Please list individuals in your organization that have completed the training noted on page 1 of this form:

NPI	Name – Please Print (Last, First)