



# TORRANCE MEMORIAL IPA

## Newly Credentialed Provider Training Attestation

To operate in full compliance with the Contract and all applicable Federal and State statutes and regulations, Torrance Memorial IPA (TMIPA) must ensure that Network Providers receive provider training within thirty (30) working days after placing a newly contracted provider on active status. PLEASE Submit with your Credentialing Packet

**Note:** Before TMIPA assigns members under this Contract, **you must attest** you have received training and has access to the below information:

<https://www.torrancememorialipa.org/ipa/for-providers/>

- **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 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

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I, \_\_\_\_\_, attest I have completed the Newly Credentialed 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.

Print Name

Date

\_\_\_\_\_  
Sign

\_\_\_\_\_  
License Number

\_\_\_\_\_  
NPI#

\_\_\_\_\_  
Email

\_\_\_\_\_  
Practice Name:

Please return **both pages** of this attestation with the Credentialing Packet  
or Fax to **855-538-9464**