NEW PROVIDER ORIENTATION ATTESTATION

Background:
The County of Los Angeles, Department of Health Services (DHS), is contracted with Health Plans to operate as a Participating Provider Group (PPG) and to provide Hospital services. Through this collaboration, DHS and the Health Plans provide and/or arrange for healthcare services for DHS assigned members. Pursuant to the agreements, DHS providers are required to review and understand the following information.

In addition to the DHS New Orientation packet, Health Plan’s websites provide additional resources and opportunities for provider education. Information related to DHS’ contracts with Health Plan’s is available on DHS’ intranet in the “Clinical Resources” section at http://myladhs.lacounty.gov/SitePages/Home.aspx.

For more information about the Health Plan’s programs, please visit their websites as follows:
L.A. Care: http://www.lacare.org/providers
Health Net: https://www.healthnet.com/portal/provider/home.ndo

Information available includes but is not limited to:
- DHS Provider Agreement with Managed Care Health Plans
- Health Plan’s Provider Manual and Guidelines
- Health Plan’s Member Handbooks
- Health Plan’s Operations Manual
- Interpreter Services
- Provider Update
- I.C.E. Better Communication, Better Care: Provider Tools to Care for Diverse Populations
- Member’s Rights and Responsibilities
- Quality Improvement Programs
- Preventive Health Guidelines
- Access Standards

I acknowledge that I have read, reviewed and understand the above information. If I have questions or concerns, I will contact my Director for clarification.

Provider Name (First Name, Middle Initial, Last Name):

___________________________________________
Print Provider Name

___________________________________________
Signature

Employee/Contract Number: ____________________________ Date: ____________________________