



EMERGENCY PREPAREDNESS TRAINING ACKNOWLEDGEMENT & ATTESTATION

In accordance with DHCS' Health Plan Training on Emergency Preparedness, Network Provider, Subcontractor, and Downstream Subcontractor Emergency Requirements is required annually.

1) Training and Education

- a. Contractor must educate Network Providers, as a part of training in accordance with Exhibit A, Attachment III, Subsection 3.2.5 (Network Provider Training), and Subcontractors and Downstream Subcontractors on Contractor's Emergency policies and procedures.
- b. Contractor must provide Network Providers, Subcontractors, and Downstream Subcontractors with an Emergency Preparedness fact sheet and resources on general Emergency Preparedness, response, and communications protocols.

2) Communications During an Emergency

- a. Contractor must have a system and process in place to be able to provide and receive information from Network Providers, Subcontractors, and Downstream Subcontractors during an Emergency.
- b. Contractor must have a process in place to inform Network Providers, Subcontractors, and Downstream Subcontractors about what modifications need to be implemented during an Emergency to ensure that Members are able to access Covered Services, and the how Contractor can assist Network Providers, Subcontractors, and Downstream Subcontractors in those efforts.

3) Network Provider Agreements

- a. Contractor's Network Provider Agreements must state that Network Providers are required to:
 - i. Annually submit evidence of adherence to CMS Emergency Preparedness Final Rule 81 FR 63859;
 - ii. Advise Contractor as part of the Network Provider's Emergency plan; and
 - iii. Notify Contractor within 24 hours of an Emergency if the Network Provider closes down, is unable to meet the demands of a medical surge or is otherwise affected by an Emergency.



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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 Name:	Practice Address:
Practice TIN#:	Practice NPI#:

I am the only provider at my practice

Training- Option 1: Provided by HPSJ/MVHP Training Date:_____

Training- Option 2: Provided by_____Training Date:_____

I attest to having received the annually required Network Provider Emergency Preparedness Training and resources. Please sign and date below.

.....
Print Provider/Authorized Name Here

.....
Title

.....
Signature

.....
Date

.....
Email

.....
Phone Number

Please send this completed form to HPSJ/MVHP at **providernetworks.verification@hpsj.com** or fax **1-209-933-3700**. This training is required for all providers and their staff. Please list all providers and staff who also completed the training. You can upload a roster of your providers with NPIs, and staff names and titles, that completed the training in lieu of completing the attestation below.



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Additional Providers and Employee Names Below:

Provider and Employee Name (Last Name, First Name):	Provider Individual NPI#: