# EXCELLENT HEALTH OUTCOMES FOR ALL (EHO4all) PROVIDER TRAINING ACKNOWLEDGEMENT & ATTESTATION

Health Plan of San Joaquin / Mountain Valley Health Plan, as a licensed Medi-Cal Managed Care Plan (MCP), is required by the California Department of Health Care Services (DHCS) to ensure that all MCP staff, subcontractors, downstream subcontractors, and network providers complete Diversity, Equity, and Inclusion (DEI) training (Excellent Health Outcomes for All), per All Plan Letter (APL) 24-016. All current providers must complete the training and submit their attestations by December 31, 2025.

The training includes content on sensitivity, diversity, cultural competency and humility, and health equity. New providers must complete the training within 90 days of hiring or contracting. All providers are required to complete training again at re-credentialing or contract renewal.

Training may be completed using the materials available on our website or by completing equivalent training from another MCP and providing proof of completion. After completing the training, network providers must attest on behalf of themselves and any applicable personnel who have completed the training by submitting the attestation below.

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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 EHO4all 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#: |
|---|---|
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