



# Completion Certificate for

## TIMELY ACCESS TO CARE PROVIDER TRAINING

I have received and completed the Timely Access to Care Provider Training from Wellcare By Health Net (Health Net\*). I understand the following:

- The essential parts of the Plan’s Timely Access to Care standards, including basic information about the regulatory needs for timely appointment availability.
- The applicable provider survey process.
- Non-compliance and corrective action plan process.
- Best practices for providing the right care at the right time.
- My responsibilities related to timely access under the Plan’s policies and procedures.
- How to access the Plan’s operations manuals.

THE TRAINING WAS COMPLETED: (MUST CHECK ONE)	
<input type="checkbox"/> Self-Guided (online/hard copy) <span style="float: right;"><input type="checkbox"/> Instructor Led (online/in-person)</span>	
Provider/Attendee name (additional attendees can be added to this sheet)	National Provider Identifier (if applicable)
Provider Office/Clinic Name	PPG/MSO Name
Address	Phone number
Email	Date training completed
Attendee signature	

Please return a copy of this completed certificate via email to [DMHC\\_AcessIP@healthnet.com](mailto:DMHC_AcessIP@healthnet.com) and retain a copy for your records.

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