










FDR Compliance Attestation Job Aid

1. Visit <https://hcp-connect.com> and click on “Washington Annual Compliance Attestation”

Not a Member? Sign Up Here & Get Access Now: [SIGN ME UP!](#)

HCP-Connect.com is a convenient resource tool developed by HealthCare Partners for Employed and Contracted Clinicians to make their practice more efficient and improve the quality of care delivered to our patients.

Select from the options below to access each application:

-  HCP Referrals Portal - Search, View and Submit Referrals
-  Claims (HCP) - Search, View and Submit HCP Claims and Appeals, and View EOBs. **NOTE: Internet Explorer versions older than IE11 are no longer supported. For optimum viewing please use Internet Explorer version 11 and above, Chrome, or Firefox.**
-  Physician Information Portal (PiP) - Get HCC and P4P Patients Lists, Detailed Patient Information including Referral, Diagnosis and Filled Rx Histories, Physician P4P Measure Scores & More!
-  California IPA Annual Compliance and Health Plan Training - Review, attest and submit
-  California CalOptima Whole Child Model Provider Training - Review, attest and submit
-  California Credentialing Providers - Review, attest and submit
-  Nevada Annual Compliance Attestation - Review, attest and submit
-  **Washington Annual Compliance Attestation - Review, attest and submit**
-  Florida Annual Compliance Attestation - Review, attest and submit

2. Enter your **Group Tax ID#** and **Medical Group Name** as provided in the letter you received

Washington Providers Only

Attestation

* Tax ID #

* Medical Group Name (as it appears on the letter)

INTRODUCTION

3. Review each section of the Attestation
4. After reviewing the Attestation and training materials, enter required information on the bottom of the page.

By entering my name below, I attest I have signature authority for the group or organization listed below and that we have complied with the requirements as listed above. If you have any questions, please contact FDRoversight@davitamedicalgroup.com

Medical Group website (www.medicalgroup.com)

* Your Name * Your Title

* Email address Phone

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5. Choose whether you Attest or Decline the Attestation

Attestation

* Please select the one that applies to you:

6. Click Save and Close to submit your Attestation

Click **SAVE AND CLOSE** to submit your Attestation