

# HEALTH NET CMC MOC TRAINING COMPLETION ATTESTATION

## 2020 Health Net Cal MediConnect Model of Care

I attest that all PPG (Participating Provider Group) staff and Network providers who interact with and or provide covered services to Cal MediConnect Beneficiaries have completed the 2020 Health Net Cal MediConnect Model of Care Training.

The 2020 Health Net Cal MediConnect Model of Care Training has been incorporated into the orientation training of all New PPG staff and Network providers who interact with and/or provide covered services to Cal MediConnect Beneficiaries. Training is provided within 30 working days of employment or contract date.

I further attest that this training will be provided annually thereafter.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name, Title, PPG Name,

\_\_\_\_\_  
Signature Date

Please sign and return by email to:  
[Provideroversight@healthnet.com](mailto:Provideroversight@healthnet.com)