



**Angeles IPA Medical Corporation**  
HEALTHSMART MANAGEMENT SERVICES ORGANIZATIONS, INC.



**Blue Shield Promise Health Plan**  
**Cal MediConnect and Dual-Eligible Special Needs Plan (MOC)**

Cal MediConnect (CMC) is a mandatory annual training and **must be completed**. Please attest below and return to [providerservice@healthsmartmso.com](mailto:providerservice@healthsmartmso.com) or fax to 714-947-8708.

You may access the training via HealthSmart MSO website at [www.healthsmartmso.com](http://www.healthsmartmso.com) under the BlueShield Promise section or through the Blue Shield Promise Health Plan link: <https://blueshieldprovidereducation.articulate-online.com/4926262340>.

Date of Completed Training: \_\_\_\_\_

List of Staff and Title Completed Training  
(Print Full Name):

*\*If additional staff is required to be listed, please use a second copy of the attestation or include a roster of your staff that has completed the trainings.*

Staff Name	Title
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____
5) _____	_____

Provider Name (Print Full Name): \_\_\_\_\_

Provider NPI: \_\_\_\_\_

Provider Signature: \_\_\_\_\_

Office Email Address: \_\_\_\_\_

*\*As a reminder, all staff who have contact with or support Cal MediConnect members must complete the mandatory training.*

By signing and returning this attestation means that your office has completed the training required listed below:

1. Cal MediConnect and Dual-Eligible Special Needs Plan Model of Care

**Please return via email to [providerservice@healthsmartmso.com](mailto:providerservice@healthsmartmso.com) or fax to 714-947-8708.**

We thank you for your continued support and we look forward too many more years of service to you and your valued patients.

ANGELES IPA, A MEDICAL CORPORATION