



ANGELES-IPA, A MEDICAL CORPORATION
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Blue Shield/Blue Shield Promise Health Plan Cal MediConnect and Dual Eligible Special Needs Plan Model of Care

March 31, 2021

To: Angeles IPA Physicians

As you are aware, the Centers of Medicare & Medicaid Services (CMS) requires all contracted providers rendering services to Medicare Medicaid Plans (MMP or Cal MediConnect) patients complete the **Model of Care (MOC) compliance training** during contract implementation and annually after. We are required by the health plan to ensure that all participating providers and their staff members complete compliance training and provide attestation to substantiate that the CMS requirement has been met.

**Blue Shield Cal MediConnect and Dual Eligible Special Needs Plan Model of Care
must be completed by April 30, 2021.**

It is required that all Physicians, Nurses, Social Workers and staff who have contact with or support Cal MediConnect members complete this mandatory training.

You may access the trainings via HealthSmart MSO website at www.healthsmartmso.com under the BlueShield Promise Health Plan section or on Blue Shield's site for the interactive module, by copying the link:
<https://blueshieldprovidereducation.articulate-online.com/4926265559>.

TRAINING ATTESTATION:

- **Via interactive module:** After copying the link above, a registration form opens. Then, each slide in the course must be viewed to gain credit for completion.
- **Via PDF Review:** After viewing the PDF training, please submit the attached attestation form. Please return the attached signed form by April 30, 2021. If you have already completed the training, please send the completed attestation. We thank you for your compliance if you have already completed the training.
 - Please attest and send the attestation to Blue Shield and/or Angeles IPA Provider Services via email at providerservice@healthsmartmso.com or via fax at (714) 947-8708.

If you complete the training, but do not attest to the attached attestation, you will not receive credit for the training.

We appreciate your cooperation, should you have any questions, please contact Provider Services at (714) 947-8600 or via email at providerservice@healthsmartmso.com.

Thank you,
Angeles-IPA, A Medical Corporation

Enclosed: Example of interactive model attestation
2021 Cal MediConnect and Dual-Eligible Special Needs Plan Model of Care Attestation (Individual & Group)

Blue Shield Interactive Module Training Attestation

*Example of the attestation process after finishing the Interactive Module training

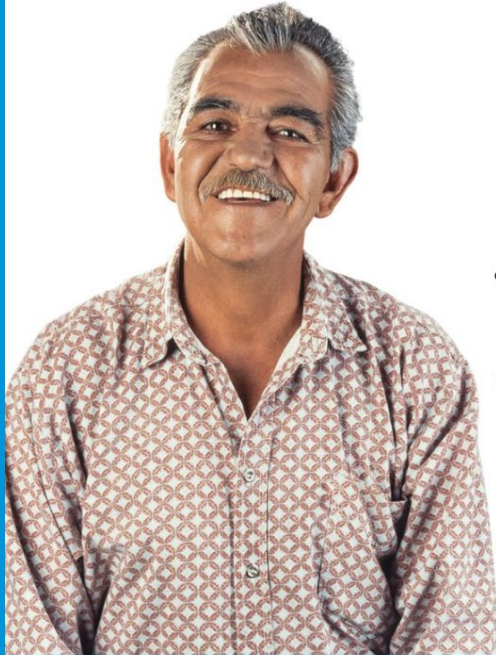
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2021 Cal MediConnect and Dual-Eligible Special Needs Plan

Resources | Print course | Help | Course feedback survey

Menu Glossary

- 1. Navigation
- 2. Objectives
- 3. Questions
- 4. Payers
- 5. HRA
- 6. ICP
- 7. Care
- 8. ICT overview
- 9. ICT roles
- 10. ICT members
- 11. Providers
- 12. Coordination
- 13. Care transition
- 14. Policies
- 15. Quality
- 16. Attestation



Attestation

To earn credit for completion in our tracking system, you must complete this attestation.

"I acknowledge that I have completed this Cal MediConnect and Dual Eligible Special Needs Plan provider training course."

First click *Agree* and **then** click *Submit*.

Agree

1st 2nd

Submit

blue
california

2021 Cal MediConnect and Dual-Eligible Special Needs Plan

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You have completed the module!

Please click on the Survey link in the top right corner to give us feedback.

Thank you!


Click here if you'd like to print a certificate for your records.

Click the "X" button in the upper-right corner of your browser window to close.

Blue Shield of California and Blue Shield of California Promise Health Plan are independent licensees of the Blue Shield Association

Blue Shield Interactive Module Training Attestation

*Example of the attestation process after finishing the Interactive Module training

 **2021 Cal MediConnect and Dual-Eligible Special Needs Plan**

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Blue Shield's 2021 CalMediConnect and Dual-Eligible Special Needs Plan Model of Care

THIS CERTIFIES THAT

Name

has successfully completed Blue Shield's 2021 CalMediConnect and Dual-Eligible Special Needs Plan Model of Care e-learning module

Date

 **Print to fill out**

2021 Cal MediConnect and Dual-Eligible Special Needs Plan Model of Care Training Attestation

Instructions: Complete either the individual or group attestation, and email the completed form to Provider_education@blueshieldca.com.

Individual attestation: Complete this page only and email the completed form to provider_education@blueshieldca.com. If you took the Blue Shield Promise Health Plan eLearning course, your completion has already been recorded and you do not need to submit this form.

I am an individual who has completed the training. By submitting this form, I acknowledge that I have completed the 2021 Cal MediConnect and Dual-Eligible Special Needs Plan Model of Care provider training.

Medical Group(s)/Provider: _____

First Name: _____ Last Name: _____

Email: _____

License #: _____ NPI: _____

County: _____ Date: _____

End of Individual attestation. If you are completing the group attestation, see next page.

2021 Cal MediConnect and Dual-Eligible Special Needs Plan Model of Care Training Attestation

Group attestation: Complete this page and list the providers in your group who have completed the training on the next page(s). Email the completed form and provider list to provider_education@blueshieldca.com.

I am submitting this form for a group who has completed the training. By submitting this form, I acknowledge that the practitioners listed on the following page(s) have completed the 2021 Cal MediConnect and Dual-Eligible Special Needs Plan Model of Care provider training.

Medical Group(s)/Provider: _____

Print Name: _____ Date: _____

Title: _____

Group Tax ID: _____ NPI: _____

County: _____

List the providers in your group who have completed the training on the next page(s).

**2021 Cal MediConnect and Dual-Eligible Special Needs Plan Model of Care Training
Attestation**

List the providers in your group who have completed the training. You may add more pages if needed.

Date	First name	Last name	License #	NPI	Group name	Email