ANGELES-IPA,
A MEDICAL CORPORATION

2026 Annual Training Attestation

Compliance Monitoring
<u>2026 Training Packet(s)</u>:

<u>Monitoring for</u>:

1. **2026 Annual PPG Training D-SNP Care Coordination (CC) Model of Care (MOC)**

The signed attestation form is due to
providerservice@healthsmartmso.com.

_____, attest that I have reviewed the 2026 Annual PPG Training packet(s) listed above and have provided this training to the <u>appropriate staff and departments</u> in my organization.

A copy of the **<u>signed attestation</u>** *(you can type your information below)* will need to be submitted to: providerservice@healthsmartmso.com.
by **February 12, 2026.**

_____
Signature

_____
Printed Name

_____
Title

_____
Organization Name

_____
Date