



Date: 08/05/2020
Subject: 2020 Mandatory Annual Compliance Training
Due Date: 11/1/2020

2020 Mandatory Annual Compliance training

The Centers for Medicare and Medicaid Services (CMS) and Health Plan contractual requirements mandate Annual Compliance Training for all Torrance Memorial IPA contracted physicians.

The Annual Compliance Training Attestation form must be completed and signed by a representative of the organization, provider group, etc.

Complete Your Annual Compliance Training in 4 Easy Steps:

Step 1: Visit <https://www.torrancememorialipa.org/2020-compliance/>

Step 2: Click on the following Compliance Trainings links:

- General Compliance Training
- Fraud, Waste, and Abuse Training
- Model of Care (MOC) Training
- Cultural Competency & Disability Literacy Training
- Resources for Public Health Programs

Step 3: Complete & Sign Annual Compliance Training Attestation

Step 4: Fax Attestation Form to 855-715-5329 (attached)

**ATTESTATIONS ARE DUE NO LATER THAN
November 1, 2020**

If you should have any questions, please contact
Mary Curry, Director of Compliance at 310-517-7019 or mary.curry@tmmc.com



2020 Mandatory Annual Compliance Training

Attestation Statement

I hereby certify that I am the authorized representative of my organization having responsibility directly or indirectly for all employees, board members, officers, contracted personnel, contracted providers/practitioners, contractors, sub-contractors and vendors affiliated with my organization who have direct or indirect contact with the Medicare business, have completed the following Annual Compliance Training as mandated by the Centers for Medicare & Medicaid Services (42 CFR § 422.503(b)(4)(vi)(C), § 423.504(b)(4)(vi)(C)) and health plan contractual requirements.

- General Compliance Training
- Fraud, Waste, Abuse Training
- Cal Medi-Connect & Special Needs Population (SNP) Model of Care (MOC) Training
- Cultural Competency & Disability Literacy Training
- Resources for Public Health Link Programs

Print Name Attesting to the Training:

Date:

Please Enter the Following Information

Failure to complete section below may result in your attestation statement not being recorded properly.

Practice Name: _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-Mail _____

Please Fax Attestation Form to 855-715-5329 by
November 1, 2020