

Monday, January 5, 2026

Please return form by **January, 16, 2026**

Subject: 2026 ANNUAL IHA COMPLIANCE TRAINING ATTESTATION

This form acknowledges that the participant had completed the 2026 Annual Initial Health Appointment (IHA) Compliance Training and understands the key components required for compliance.

Key Components Covered:
Be completed by a provider within the primary care medical setting.
<ul style="list-style-type: none">• Pediatric: AAP guidelines, TB screening, immunizations, lead testing, dental screening• Adult Male: USPSTF guidelines, TB screening, immunizations, preventive screenings• Adult Female: Mammogram, PAP smear, STD screening, WIC referrals• Documentation & Outreach: Record refusals, vaccination attempts, compliance tracking• Compliance Tips: Timelines, guideline adherence, accurate documentation

Date: _____

Office/ Provider Group: _____

Office Staff Name: _____

Provider/Providers Name: _____

Signature: _____

I hereby confirm that _____ has examined the MemorialCare Select Health Plan (MCSHP) Initial Health Appointment Training information. _____ understands that this is mandated by the The California Department of Health Care Services (DHCS). All MCSHP Medi-cal members should be seen within 120 days of enrollment. Additionally, this training has been shared with all office staff responsible for ensuring compliance in completing or scheduling Initial Health Appointment. I further acknowledge that failure to comply may result in the issuance of a non-compliance notice.

MemorialCare Select Health Plan appreciates your continued commitment to providing quality care to our members. If you have any questions, please contact the Quality Department at mcselectquality@memorialcare.org.
