

Model of Care (MOC) Provider Training Attestation Form

The Model of Care (MOC) is a high quality, patient-centric medical care delivery system for dual eligible Medicare-Medicaid members and is designed to maintain the member’s health and encourage their involvement in their health care. As a Medicare Advantage Dual Special Needs Plan, AmeriHealth Caritas VIP Care, is required by the Centers for Medicare and Medicaid Services (CMS) to provide annual training of its Model of Care and as a provider who cares for one of our beneficiaries you are required to complete this training.

Please indicate the method in which you received the MOC training:

- Reviewed enclosed printed MOC training materials.
- Received training in person from a Network Management Account Executive or training seminar.
- Completed the interactive on-line MOC training module.

I hereby attest providers in our office have completed the AmeriHealth Caritas VIP Care _____ MOC annual provider training, which will satisfy the CMS requirement. (year)

Provider, Group, or Facility Name:			
Tax ID Number:			
Provider’s Name(s): (May attach a list)	1.		
	2.		
	3.		
	4.		
	5.		
	6.		
	7.		
	8.		
Authorized Signature:		Date:	

Please return form with contract, email completed form to VIPProviderComm@amerihealthcaritas.com, or fax to 1-855-306-9764.