



Johns Hopkins Advantage MD D-SNP (HMO) Model of Care Provider Training Attestation Form

Please fill out this form and fax to Provider Relations at 410-424-4604. Thank you.

CMS requires all providers who interact with Johns Hopkins Advantage MD D-SNP (HMO) members to complete initial training on the annual Model of Care (MOC) and then annually thereafter and attest to its completion. The course you have just completed fulfills the CMS requirement. You are asked to attest that you understand the concepts and responsibilities of the Johns Hopkins Advantage MD D-SNP (HMO) plan MOC.

I hereby attest that I, _____, have completed the required MOC training course on (date) _____, 20_____ and that I understand the MOC key concepts below:

- I understand the population of members that are defined as Special Needs and enrolled to the Johns Hopkins Advantage MD D-SNP (HMO).
- I understand Care Coordination, its principles and my responsibilities as a provider.
- I understand that quality and performance measurement is a key piece of the program and I understand my responsibilities as a provider to participate in the Johns Hopkins Advantage MD D-SNP (HMO) program(s).
- I understand my role and responsibilities as a participating network provider.
- I understand all identified updates and changes made to the annual MOC.

Signature:

Practice Name:

Tax ID:

Date:

Please fill out this form and fax to Provider Relations at 410-424-4604 or email it to ProviderRelationsForms@jhhp.org. Thank you.