



**\*\*\*ACTION REQUIRED\*\*\***

# MODEL OF CARE (MOC) TRAINING ATTESTATION FORM

The Centers for Medicare & Medicaid Services (CMS) requires all providers who see Special Need Plan (SNP) or Cal MediConnect (CMC) beneficiaries to complete the Model of Care (MOC) training initially and on an annual basis.

Because care management processes vary by health plan, CMS does not offer a centralized MOC training. This means you may need to review multiple training material from the following SNP or CMC health plans that are contracted with NMM; please take the time to review each plan's MOC program as needed:

Check  **ALL Health Plans affiliated with your clinic:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Alignment Healthcare  | <input type="checkbox"/> Central Health Plan | <input type="checkbox"/> Molina Healthcare |
| <input type="checkbox"/> Anthem Blue Cross     | <input type="checkbox"/> Easy Choice         | <input type="checkbox"/> SCAN              |
| <input type="checkbox"/> Blue Shield - Promise | <input type="checkbox"/> Health Net          | <input type="checkbox"/> United Healthcare |
| <input type="checkbox"/> Brand New Day         |  |  |

### How to complete this Training:

1. Visit our website to locate the training material for each health plan(s) you checked   
<http://networkmedicalmanagement.com/>  
**Providers – Resources > Compliance Program > Provider Compliance Training**
2. Review the MOC training material for each health plan affiliated with your clinic
3. Sign and return this form
4. \*See page 2 for return instructions)

## Model of Care Training for 2021

**I have received and reviewed the MOC training materials for each affiliated health plan as indicated above.**

\_\_\_\_\_  
Vendor Name / Organization Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Tax ID

\_\_\_\_\_  
NPI

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name, Title

**Only one attestation form is required for providers with multiple IPA/Medical Group affiliations.**



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**\*Return attestation form to affiliated IPA:**

**Allied Pacific IPA**

Email: [ProviderRelationsDept@networkmedicalmanagement.com](mailto:ProviderRelationsDept@networkmedicalmanagement.com)

Fax: (626) 943-6375

**Alpha Care Medical Group**

Email: [ACMGProviders@networkmedicalmanagement.com](mailto:ACMGProviders@networkmedicalmanagement.com)

Fax: (626) 521-6147

**Accountable Health Care IPA**

Email: [Provider.InquiriesAH@networkmedicalmanagement.com](mailto:Provider.InquiriesAH@networkmedicalmanagement.com)

Fax: (626) 226-1567

**Access Primary Care Medical Group**

Email: [ProviderInquiriesAPCMGDept@networkmedicalmanagement.com](mailto:ProviderInquiriesAPCMGDept@networkmedicalmanagement.com)

Fax: (626) 226-1522

**Beverly Alianza IPA**

Email: [ProviderInquiriesBAIPA@networkmedicalmanagement.com](mailto:ProviderInquiriesBAIPA@networkmedicalmanagement.com)

Fax: (626) 226-1738

All others:

**Advantage Health Network IPA**

**Arroyo Vista Medical Group**

**Community Family Care Medical Group**

**Emanate Health IPA**

**Greater Orange County Medical Group**

**Greater San Gabriel Valley IPA**

**La Salle Medical Associates IPA**

Email: [ProviderNetworkOperations.Dept@networkmedicalmanagement.com](mailto:ProviderNetworkOperations.Dept@networkmedicalmanagement.com)

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