



Aetna, a CVS Health Company
Dual Eligible Special Needs Plans (D-SNPs)
Model of Care Training Attestation

All Medicare network providers, including their employees, who will care for Aetna D-SNP members are required to complete Aetna's **Dual Eligible Special Needs Plans (D-SNPs) Model of Care training**, upon on-boarding and annually thereafter, as mandated by the Centers for Medicare & Medicaid Services (CMS). Please complete and sign the attestation below to acknowledge your organization understands these requirements and its record keeping responsibilities.

After you complete the attestation, you'll receive an email to verify your email address. After you verify your email address, you'll receive your signed attestation. Keep the copy for your records. We will also receive a copy so you don't have to send us an attestation of training completion.

I certify, as an authorized representative of my organization, that the statements made above are true and correct to the best of my knowledge. Also, my organization agrees to maintain documentation supporting the statements made above. We'll maintain this documentation in accordance with federal regulations and our contract with Aetna, for a period of no less than ten (10) years. My organization will produce this evidence, upon request. My organization understands that the inability to produce this evidence may result in a request by Aetna for a Corrective Action Plan (CAP) or other contractual remedies such as contract termination.

Complete the following information for your organization.

Printed Name (Use Contract or W-9 Name):

Primary State Location (if in multiple states, select National):

Signature of Authorized Representative:

Authorized Representative Title (Your Title):

Date:

Please provide the email address(es) of the individual(s) within your organization that is/are authorized to sign compliance documents – this will enable us to send these types of requests directly to the correct person(s).

Definitions: Federal Tax ID Number = TIN# and Employee ID Number = EIN#

We give credit at the Tax ID level (TIN)/Employer ID level (EIN).

Do NOT enter NPIs, individual provider information or hyphens.

If attesting for multiple TINs/EINs? If yes, enter up to 10 TINS within the grid below.

Preferred method Enter up to ten (10) TINs/EINs. Enter only numbers - No hyphens. If attesting for more than 10 TINs/EINs use the "Attachment" field on the next page.	

- **Do NOT enter NPIs or individual providers. We only give credit at the TIN#/EIN# level.**
- **The first field is "mandatory" - You won't be able to sign unless you've entered at least one TIN/EIN.**
- **Enter only numbers - The fields to the left are set to accept 9 digits only.)**

If you have additional TINs/EINs (you didn't enter above), you can add those on your attachment.

DO NOT USE THE ATTACHMENT FEATURE:

- IF you've already entered your TIN/EIN in the spaces provided above
- DO NOT insert NPIs – **We credit only on TIN/EIN**
- DO NOT list individual providers, if you are providing their group level TIN/EIN

If you answered “Yes” that you are attesting for multiple TINs/EINs – You can attach an **Excel** file with all the TINs/EINs you are attesting on behalf of by uploading your Excel file.

Attachment:

DO NOT ATTACH W-9 FORMS

I've attached an Excel file for multiple TINs/EIN?

Do NOT upload an attachment if you entered all TINs/EINs in the grid on the prior page

YOU WILL BE GIVEN CREDIT ONLY IF YOU SUBMIT THE FILE IN THE CORRECT FORMAT

	A	B	C	D	E
1	Tax ID (no hyphen)	Provider, Group or Organization Name	State	Date of Attestation	Name of Attestor
2	1234567##	ABC Medical Group	PA	April 18, 2018	Jane Doe
3	2345678##	Yellow Brick Road Pediatrics	NJ	April 18, 2018	Jane Doe
4	Credit is given at the Tax ID level.	If under the same Tax ID #, do not list individual providers.	State location(s) of Provider/Grp/Org	Date of Attestation	Your name
5					
6					

Special information:

Do not send us a copy, we receive a copy of the attestation at the same time you do.

If you do not see the “Click to Sign” in the lower right corner after completing the attestation:

You missed completing one of the mandatory form fields. Review the form for completion.

- Check to be sure you selected “Yes” or “No,” using the dropdown list to answer the question about whether or not you uploaded an attachment.
- Check to be sure you entered 9 digits (e.g. 123456789) for your TIN/EIN #.

If you received a postcard to sign your attestation:

After you sign – you'll receive a separate email to verify your email address. Ensure you type your correct email address to receive your signed attestation. It may take up to 24 hours to receive the copy for you to retain for your records.

If you received an email to sign your attestation:

If you received an email directly from Adobe Sign to “Review and Sign” – you will receive a signed copy within 24 hours. There is no email verification required. Retain a copy for your records.