

2025 Attestation of Special Needs Plan Training

Thank you for completing the Special Needs Plan Model of Care training,

The Centers for Medicare & Medicaid Services (CMS) requires Health Plan employees, contractors and providers who serve Medicare Advantage Special Needs Plan (SNP) members to complete an annual SNP Model of Care (MOC) $training \ (Refer \ to \ Chapter \ 42 \ of \ the \ Code \ of \ Federal \ Regulations, \ Part \ 422 \ (42 \ CFR \ 422.101 \ (f)(2)(ii)); \ Special \ Needs$

 $The \ MOC \ provides \ the \ basic \ framework \ under \ which \ the \ SNP \ will \ meet \ the \ needs \ of \ each \ of \ its \ enrollees. \ The \ MOC \ is \ a$ vital quality improvement tool and integral component for ensuring that the unique needs of each enrollee are $identified \ by \ the \ SNP \ and \ addressed \ through \ the \ plan's \ care \ management \ practices. \ The \ MOC \ provides \ the \ foundation$ for promoting SNP quality, care management and care coordination processes.

Please attest below that you have completed the required 2025 Special Needs Plan Model of Care training and

SAVE A COPY OF THIS ATTESTATION FOR YOUR OWN RECORDS:
* Required
ATTESTATION:
Save a copy of this completed form for your files.
1. Job Title *
Enter your answer
2. First Name of Person Attesting *
Enter your answer
3. Last Name of Person Attesting *
Enter your answer
4. Work Email Address *
Enter your answer
5. Full Organization Name *
Enter your answer
6. Organization State: *
X California
Arizona
New Mexico
Nevada
Texas
7. I attest that I have reviewed training materials for SCAN Model of Care Training. * X YES