

Special Needs Plans (SNP) Model of Care Training Attestation Form



MARTIN'S POINT[®]
MEDICARE ADVANTAGE PLANS
GENERATIONS ADVANTAGE

I, _____, hereby attest that the attached listed providers have completed the Martin's Point Generations Advantage Special Needs Plan (SNP) Model of Care Training. The listed providers understand the Model of Care and the role they play in improving health outcomes for this unique population. It is understood that this annual training is mandatory for all providers who care for SNP members and is required by the Centers for Medicare and Medicaid Services (CMS).

Office Representative: _____ Date: _____

Title: _____

Signature: _____

Medical Group/ACO/Provider Name: _____

TIN: _____

Please attest that you have completed training by filling out and returning this form along with the attached provider roster for your practice to Network.Management@MartinsPoint.org.

*Please note that, if completing for a group of physicians under one Tax ID, a record of individual attestations must be recorded and made available upon request by Martin's Point Health Care.

