

Annual Model of Care Training

The Centers for Medicare and Medicaid Services (CMS) requires all contracted Medicare medical providers complete a basic training on the Dual Eligible Special Needs Plan (D-SNP) Model of Care (MOC).

This includes the following:

- Primary Care Provider (all specialties for PCP Physicians)
- Cardiologists (Cardiovascular Disease/Cardiovascular Diseases,
- Interventional Cardiology, Cardiology, Cardiology –
- Interventional & Hypertension Specialist)
- Pain Management (Pain Medicine, Interventional Pain Medicine,
- Pain Medicine – Pain Medicine)
- Psychiatry (Child and Adolescent Psychiatry, Geriatric
- Psychiatry, Psychiatry)

As a result of this requirement and in accordance with CMS guidelines and regulations, MDwise has developed a Model of Care Training. The Model of Care describes the processes and work flows necessary to successfully manage and operate to meet the needs of the D-SNP population. The Model of Care outlines the MDwise's care management and coordination processes and is designed to be an important quality measurement and performance improvement tool.

The Model of Care training and attestation must be completed by 12/15/2021.

Online MOC training: www.mdwise.org/medicare

Instructions:

1. Review and complete MOC training.
2. Complete and sign Attestation form.

NOTE: If a group or clinic**, MOC Attestation Form should be submitted via email and signed by the individual with authority on behalf of the group or clinic and an attendance roster must be attached.

3. Return this form via email to prenrollment@MDwise.org. This Attestation will serve as evidence of completion for MDwise's Model of Care Provider training

** If a group or clinic, fill out an excel spreadsheet of all the providers in the clinic/group and include:

- Clinic/Group Practice name, full address, phone
- Tax Identification Number (TIN) and National Provider ID (NPI)
- Classroom of individual training
- Date of training and attestation signed
- Email the completed MOC Attestation Form and Excel spreadsheet to prenrollment@mdwise.org. If you have questions, call 317-822-7300 ext. 5800 or your assigned MDwise Provider Services Representative.

MDwise Medicare Model of Care Training Attestation Form

Due Date: 12/15/2021

The following Provider(s) attest to completing the MDwise Medicare 2021 Model of Care Training:

Office Name:			
Office Address:			
Office Phone:			
Office Manager Name:			
TIN:			
Provider Name	Provider NPI	Date of Completion	Provider Signature

Return this form to MDwise, no later than 12/15/2021:

- Email to Provider Relations at prenrollment@MDwise.org

If you have any questions, please call 317-822-7300 ext. 5800 or your assigned MDwise Provider Services Representative.