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## UCare MSHO, Connect + Medicare, Advocate Choice and Advocate Plus

## Model of Care Training Attestation

## MANDATORY REQUIREMENT

UCare is required by the Centers for Medicare and Medicaid Services (CMS) to provide a Model of Care training for its Dual-Eligible Special Needs Plans (D-SNP) and Institutional Special Needs Plans (I-SNP) plans: Minnesota Senior Health Options (MSHO), UCare Connect + Medicare and Advocate Choice and Advocate Plus. The Model of Care (MOC) training describes the population, and UCare’s approach to caring for our population.

**Required Procedures**

1. Complete the Model of Care training.
2. Complete and sign this form.
3. If it is a group training, one Attestation form should be submitted by the individual with authority to sign on behalf of the group and an attendance roster must be attached.
4. Return this form via email: [MOCAttestation@ucare.org](mailto:MOCAttestation@ucare.org)

This Attestation will serve as the evidence of completion for UCare’s Model of Care provider training.

**Model of Care Training**

**I have received and reviewed the written materials for the Model of Care training.**

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| Provider Name | Click or tap here to enter text. |
| Provider Primary Specialty | Click or tap here to enter text. |
| Clinic/Practice Name | Click or tap here to enter text. |
| Clinic/Practice Address | Click or tap here to enter text. |
| Date | Click or tap here to enter text. |
| TIN | Click or tap here to enter text. |
| NPI | Click or tap here to enter text. |
| Provider Contact Name | Click or tap here to enter text. |
| Telephone | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |

Please return this form via email to: [MOCAttestation@ucare.org](mailto:MOCAttestation@ucare.org)