

Model of Care (MOC) Training Attestation



As a contracted provider identified as directly or indirectly facilitating and/or providing Medicare Part C or D benefits for Wellcare Special Need Plans (SNP) member, you are required to complete the Model of Care (MOC) training upon contracting and annually thereafter.

All providers who serve Special Need Plans (SNP) members must complete Wellcare's Model of Care training. The annually-updated training is available for download and self-study at:

<https://www.wellcare.com/South-Carolina/Providers/Medicare/Training>.

You have the option to complete the Attestation Form online by clicking the link **here**, or you may complete this form and return to verify completion of training.

I attest Model of Care (MOC) training has been completed.

Date: ____/____/____

TIN(s): _____

Name: _____

Individual/Group NPI: _____

Print Name: _____

Signature: _____



Return your completed Attestation Form to Wellcare:

Absolute Total Care
Provider Relations
100 Center Point Circle, Suite 100
Columbia, SC 29210

ATC_Attestations@centene.com