



VCMAX SPECIAL NEEDS PLAN MODEL OF CARE TRAINING ATTESTATION

From: _____

| | | |
|------------|-----------|---------------|
| First Name | Last Name | Practice Name |
| Address | | |
| City | State | ZIP |

Instructions: After completing the 2022 Special Needs Plan (SNP) Model of Care (MOC) training for VillageCareMAX, please complete this form no later than **12/1/2022** and send completed form to below:

- If you are a hospital located in the Manhattan and Queens area, please contact: Sergio Ferguson at cell# (646) 753- 2621 or via email: sergiof@villagecare.org
- If you are a hospital located in the Brooklyn and Bronx area, please contact: Orlando Santos directly at cell# (347) 541-0947 or via email: orlandos@villagecare.org
- If you are community based providers, please contact: David Godoy at cell# 917-921-5702 or via email: DavidG@villagecare.org or Via Fax 718 517 2698.

For further questions, please contact the Provider Relations Department at Provider Relations providerrelations@villagecare.org or 718 517 2783.

If you completed this training on behalf of a practice, please list each provider below (*note: listing additional practitioners does not constitute network participation*).

| FIRST NAME | LAST NAME | DEGREE | ORGANIZATION TIN | INDIVIDUAL NPI |
|------------|-----------|--------|------------------|----------------|
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I hereby attest that the providers listed above have completed the 2022 VillageCareMAX Special Needs Plan (SNP) Model of Care (MOC) training, which is a requirement of the Centers for Medicare & Medicaid Services (CMS). I declare that the above statement is true and accurate to the best of my knowledge. Additionally, this will confirm that I hold the authority to make these attestations.

Required Attestation

Information completed by: _____
First Name (Please print)
Last Name (Please print)
Date

Signature: _____

Relationship to above-named provider (e.g., self, office manager, nurse, other): _____

Phone number, if different than practice office: _____