

Model of Care Attestation

- As the provider, I attest that my practice has reviewed the SNP and MOC presentation.
- I understand:
 - The goals of the program and the requirements of the MOC including:
 - Plan of care feedback and consensus
 - Clinical coordination for the member
 - Participation in ICT
 - Responsive and cooperative with the plan clinical representatives
 - Referring member to medically necessary services in accordance with plan benefits
 - Appropriate communication with the member's family or legal representative
 - Timely submission of documentation
 - How to obtain additional information or resources
- This presentation and attestation are yearly requirements

Provider Group Name: _____ Group ID #: _____

Address: _____

Phone: _____ Tax ID# _____

Signature: _____ Date: _____

DSNP_providerattestations@bcbsnc.com or fax to 919-765-7109 ATTENTION: D-SNP