



## 2022 TRAINING ATTESTATION

D-SNP Model of Care  
Risk Management  
Fraud, Waste & Abuse

The Centers for Medicare & Medicaid Services (CMS) requires that all contracted medical providers and staff members receive basic training with regards to the Special Needs Plans Model of Care (SNP MOC). The SNPs MOC is the plan for delivering coordinated care and care management to Special Needs Members. All network providers, including their employees, are required to complete MMM’s Dual-SNP MOC training upon on-boarding and annually thereafter, as mandated by CMS. In accordance with the AAAHC Accreditation Standards, network providers are required to review the MMM of Florida’s Risk Management program annually. Under State and Federal Regulations, all network providers are required to complete Fraud, Waste and Abuse training annually.

**The Model of Care, Risk Management and Fraud Waste and Abuse trainings are located on the MMM of Florida company website at: <https://www.mmm-fl.com/about-us/healthcare-professionals/>**

I certify that I am an Authorized Representative of my organization with direct or indirect contact with Medicare businesses. I certify that I have received from MMM of Florida, Inc. the CMS Model of Care Training Module, Risk Management Training and Fraud, Waste and Abuse Training. I certify that these documents will be used without modification and will be distributed annually to all employees and subcontractors at the time of hiring and/or contracting, and annually thereafter. I certify that I will maintain records for at least 10-years after training has been completed and will disclose them to MMM of Florida, Inc. upon request.

**If you do not complete this section, your attestation will be deemed incomplete and you will be out of compliance with the requirements.**

### Complete the following information for your organization:

<b>Facility/Group Contract Name:</b>			
<b>Group Tax ID:</b>		<b>Group Billing NPI</b>	
<b>Authorized Representative Name &amp; Title:</b>			
<b>Authorized Representative Signature:</b>			
<b>Date:</b>			

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Please email this form to: **Providers@mmm-fl.com**

You can also mail this to: MMM of Florida, Inc. Compliance Department  
5775 Blue Lagoon Drive – Ste 450 Miami, FL 33126