



## 2026 Model of Care Training Attestation Mandatory Requirement

Center for Medicare and Medicaid Services (CMS) requires all providers who interact with Community First Health Plans Medicare Advantage D-SNP (HMO) Members to complete initial and annual Model of Care (MOC) training and to attest to its completion. The MOC serves as the foundation for Community First’s promotion of quality, care management, and care coordination processes for our D-SNP population.

### Providers Are Required To:

1. Complete Community First D-SNP MOC training ANNUALLY available at [Medicare.CommunityFirstHealthPlans.com/Providers/Model-of-Care](https://www.Medicare.CommunityFirstHealthPlans.com/Providers/Model-of-Care) and on the Community First Provider Portal
2. Sign the form below to attest training has been completed
3. Return this form via email to [DL\\_GovernmentPrograms@CFHP.com](mailto:DL_GovernmentPrograms@CFHP.com)

### Model of Care Training Attestation Calendar Year 2026

I hereby attest that I have completed the required Community First MOC training and that I understand the MOC key components/elements and my responsibilities as a Provider.

Provider First & Last Name (printed): \_\_\_\_\_

Provider Primary Specialty: \_\_\_\_\_

Clinic/Group Name: \_\_\_\_\_

Clinic/Group Address: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Group TIN: \_\_\_\_\_

Group NPI: \_\_\_\_\_

Provider TIN: \_\_\_\_\_

Provider NPI: \_\_\_\_\_

Provider/Group Contact Name:  
\_\_\_\_\_

Provider/Group Telephone #:  
\_\_\_\_\_

If attesting for a provider group, please also attach a list of Providers and NPI#s.