



Horizon NJ TotalCare (HMO D-SNP) Model of Care Training Attestation

The Centers for Medicare & Medicaid Services (CMS) requires all contracted medical providers and staff receive basic training about our Fully-Integrated Dual Eligible Special Needs Plan (FIDE-SNP) Model of Care. Our Horizon NJ TotalCare (HMO D-SNP) Model of Care is the plan we offer for delivering coordinated care and care management to special needs members.

Horizon NJ TotalCare (HMO D-SNP) Model of Care Training must be attended by all newly credentialed Horizon NJ Health practitioners and staff shortly after joining our network and all participating Horizon NJ Health practitioners and staff on an annual basis.

After attending a Horizon NJ TotalCare (HMO D-SNP) Model of Care training session, the attendee should complete and sign this form and fax it to us at **1-609-583-3004** or email it to us at Provider_Relations@HorizonBlue.com.

Attendee Name _____

Attendee Role (Practitioner or Office Staff) _____

Practitioner Type 1 NPI (as appropriate) _____

Practice/Provider Name _____

Practice/Provider Tax Identification Number _____

ATTESTATION

By completing this form and signing below, I attest that I have attended a Horizon NJ TotalCare (HMO D-SNP) Model of Care training session on the date noted below and have reviewed the information included in the training document presented during the session.

Date of Training _____

My attendance on the above date is to satisfy my annual training requirement for the year _____

Attendee Signature _____

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