



Provider Training Attestation

As a contracted provider identified as directly or indirectly facilitating and/or providing Medicare Part C or D benefits for a Wellcare Medicare HMO SNP member or a Wellcare Prime by Absolute Total Care (Medicare-Medicaid Plan) member, you are required to complete required training upon contracting and annually thereafter.

Online training may be found here:

Required Training	Training Location
General Compliance	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MedCandDGenCompdownload.pdf
Fraud, Waste, and Abuse	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Fraud-Abuse-MLN4649244-Print-Friendly.pdf
Model of Care (MOC)	https://www.absolutetotalcare.com/providers/resources/provider-training/model-of-care-provider-training.html
Person Centered Planning	https://www.absolutetotalcare.com/providers/resources/provider-training.html

You have the option to complete the online attestation form or you may complete this form and return it to us directly. When you complete, sign, and submit this form, you attest that you have completed the training either in-person or online.

The following training has been completed:

- General Compliance (CMS)
- Fraud, Waste, and Abuse (CMS)
- Model of Care (MOC)
- Person-Centered Planning
- Cultural Competency
- Other: _____

Date: _____

TIN: _____

Name/NPI: _____

Group NPI: _____

Signature: _____



Return your completed Attestation Form to Absolute Total Care via email to ATC_Attestations@centene.com or mail to:

**Absolute Total Care
Provider Relations
100 Center Point Circle, Suite 100
Columbia, SC 29210**

A copy of this signed letter of attestation will be maintained in your provider record as verification of completion.