



Model of Care Training - Training Confirmation

Per The Centers for Medicare and Medicaid Services, HAP providers are required to complete annual training of our Model of Care for the HAP Medicare Complete Duals (HMO D-SNP) plan.

HAP Medicare Complete Duals (HMO D-SNP) is a dual special needs plan, or D-SNP—a special type of Medicare Advantage HMO plan that provides health benefits to members who qualify for Medicare and are eligible for Medicaid services in their state. These members often have special health care needs such as chronic conditions. Most members have an income below the federal poverty line and receive extra help from the government to help pay for their health care costs, including health insurance premiums and prescription drugs.

Members must reside in a county where a D-SNP plan is offered by their health plan to be eligible. We offer a D-SNP plan in Genesee, Macomb, Oakland, and Wayne counties.

After you've completed the Model of Care Training, please complete the attestation below.

If you've provided training to multiple people, please attach a sign-in sheet that includes the name and NPI of each person attending the training.

I hereby attest that I/providers in my office have completed the HAP Medicare Complete Duals (HMO D-SNP) training to satisfy CMS requirements.

Provider Office Name:	
Individual NPI(s):	
Office Contact:	
Email address:	
Phone number:	
Date training completed:	

Please email completed form to mgood@hap.org.