ATTESTATION OF COMPLETION OF TRAINING Regarding Special Needs Plans

Question #	Question	Correct Answer
1.	What is the member criteria to enroll in a D-SNP Plan?	
	A. D-SNP members qualify for Medicare due to being either aged and/or disabled.	
	B. D-SNP members eligible for medical assistance from State of Florida under Medicaid	
	C. HealthSun's D-SNP members must reside within the Plan's services	
	areas D. All the Above	
2.	The goals of HealthSun's D-SNPs include:	
	A. Improve access to affordable medical, behavioral health and social services	
	B. Improve coordination of care through identified point of contact or gatekeeper	
	C. Improve transition of care across settings & providers	
	D. All of the Above	
3.	A MOC stands for:	
	A. Maximum Optimize Care	
	B. Model of Care	
	C. None of the Above	

I have reviewed and completed the required education regarding the Health Plans Special Needs Programs.

Please check the appropriate type of educ	ation (initial or annual re-education):
[] Initial Education	[] Annual Education
Please check the appropriate person received	ving the education
[] Health Plan/Carelon Employee	[] Primary Care Physician
Department	
Print Name	
Signature	Date of Completion

For each Physician who has received education, attach a completed attestation to the Primary Care Physicians list.

Please list below all additional Physicians covered under this attestation:

Print Name (Provider)	:
Print Name (Provider)	:
	:
	:
Print Name (Provider)	

