



**Keystone First**  
**VIP Choice**



## **Keystone First VIP Choice**

### **2026 Model of Care Annual Training Requirement**

The Centers for Medicare and Medicaid Services (CMS) requires providers who care for our beneficiaries to annually participate in and attest to completing our Model of Care (MOC) training. Annual MOC training is also a Keystone First VIP Choice contractual requirement for all participating providers. This required training can be accessed and attested to in one of the following ways:

- An online interactive MOC training module on our website, [www.keystonefirstvipchoice.com](http://www.keystonefirstvipchoice.com), under the Provider Training and Education link. This is the most popular way to complete this training and attestation requirement. Once you have completed the module you will be prompted to complete the attestation.
- By reviewing the attached document and then completing the online attestation:
  - At <https://www.surveymonkey.com/r/mockkeystonefirstvipchoice>
  - Or linking to it from our website [www.keystonefirstvipchoice.com](http://www.keystonefirstvipchoice.com) under the **Provider>Training and Education>Model of Care Training** then clicking the **Online Survey Attestation** link.
  - Or see the QR code on the flyer below.

All providers in a practice/facility are expected to complete the MOC training; however, one authorized individual in the practice may attest that all providers have completed the training.

To thank you for your participation and compliance, we are entering each attestation received by December 31<sup>st</sup>, 2026 into a drawing to win one of five \$25.00 gift certificates, so encourage each of your providers to take the training and complete the attestation. If you have already completed this requirement for 2026 there is nothing more you need to do and your attestations have already been entered into the drawing. Winners will be notified within the first quarter of 2027.

Please contact Provider Services at 1-800-521-6007 or your Keystone First VIP Choice Account Executive with any questions.

# Keystone First VIP Choice Model of Care

The Model of Care is a high-quality, patient-centric medical care delivery system for dual eligible Medicare-Medicaid members. It brings together multiple disciplines as an interdisciplinary team to provide input and expertise for a member's individualized care plan. This plan is designed to maintain the member's health and encourage their involvement in their health care. It is the **model of** how we **care** for our members.

The development of this team begins with a group of Keystone First VIP Choice Care Connectors and Care Managers who gather information on members and help members modify their behavior and how they access health care.

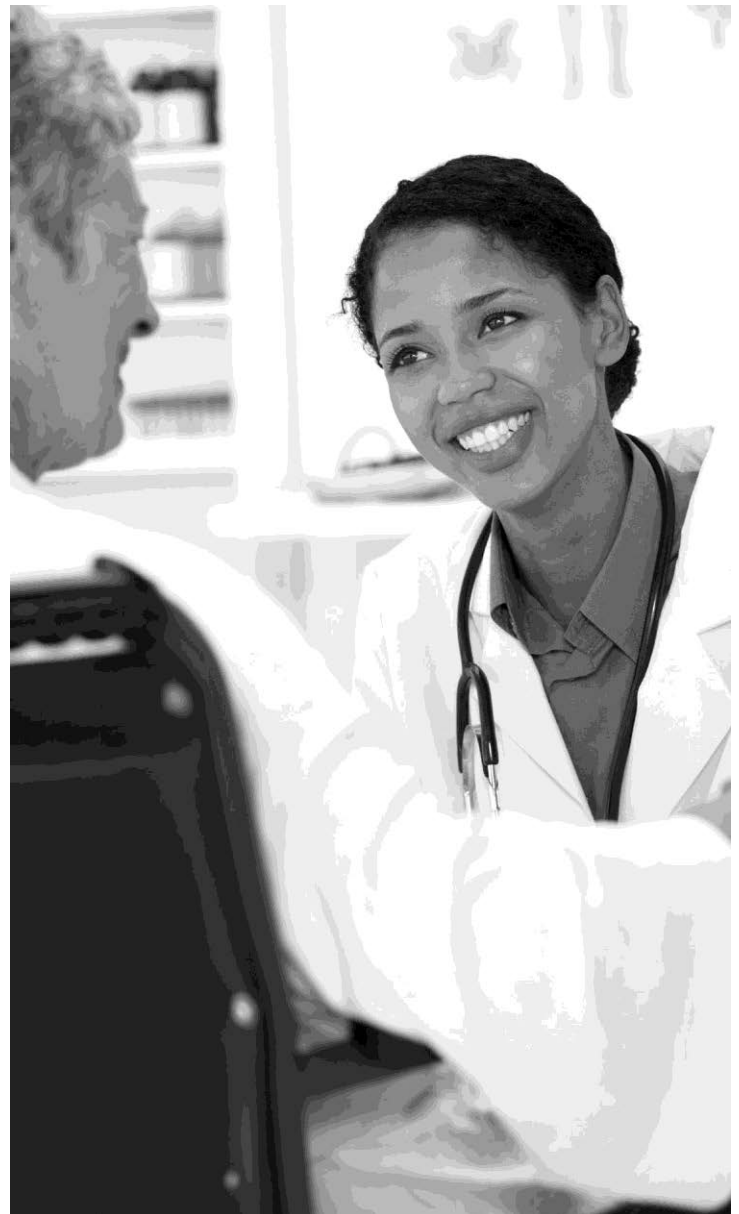
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Care Connectors work with members *over the phone* to:

- Schedule and remind members of appointments.
- Remind members of gaps in care.
- Support member education.
- Link members to health and social service systems.
- Coach for behavior change and provide condition management education.
- Help with basic activation, such as shopping and transportation.
- Triage urgent needs.

Care Managers *are clinicians* who will:

- Perform assessments.
- Assist in the development of individual care plans (ICPs).
- Communicate with primary care providers (PCPs) to share information, coordinate care, and promote timely treatment.
- Coach for behavior change and provide condition management education.
- Coordinate transitions.



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In addition to the Keystone First VIP Choice team, each member will be assigned a PCP who will be on the member’s interdisciplinary team and play an integral role in coordinating the member’s care, determining which services they need and providing feedback to the plan.

The team will also include other health care providers, such as specialists, behavioral health providers, home health providers, physical therapists, and pharmacists.

A member may also have other people on their team who play an important role in their care. They might include a member of the family, a friend, or a pastor. The interdisciplinary team will vary, based on the member’s needs.

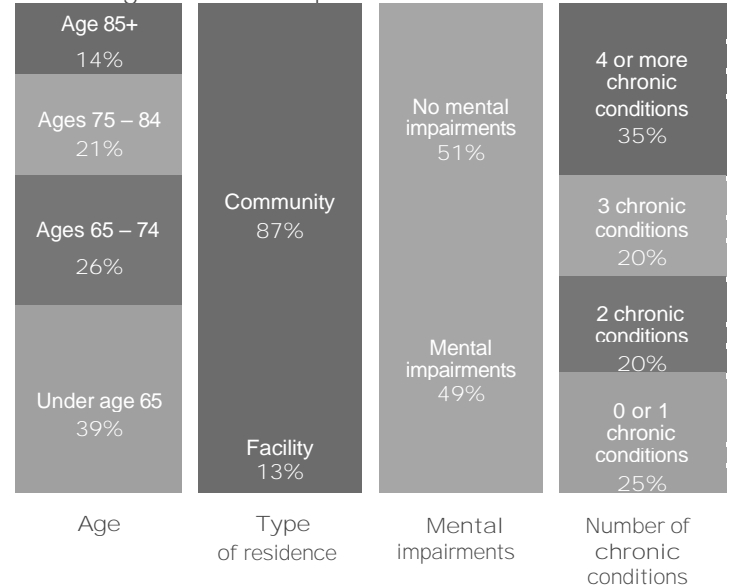
This team will be involved in the development and approval of an ICP for each member and will make the ICP available to all providers. The team will also let members know how following the ICP may help them to achieve personal health goals.

Why is the Model of Care for dual eligibles so important?

Dual eligibles are:

- Three times more likely to live with a disabling condition than the general Medicare population.
- More likely to have greater limitations in activities of daily living, such as bathing and dressing.
- More likely than non-dual eligibles to suffer cognitive impairment and mental disorders.
- Prone to higher rates of pulmonary disease, diabetes, stroke, and Alzheimer’s disease.
- Often in need of in-home care providers, plus a range of doctors and other health care and social services providers, as a result of these more serious health conditions.

Dual eligibles have special needs:



As a Medicare Advantage Dual Eligible Special Needs Plan, Keystone First VIP Choice is required by the Centers for Medicare & Medicaid Services (CMS) to provide annual training on its Model of Care. As a provider who cares for one or more of our members, you are required to complete this training.

**By reviewing this flyer, I hereby attest providers in our office have completed the Keystone First VIP Choice Model of Care annual provider training, which will satisfy the CMS requirement.**

To affirm this, please complete the online attestation at <https://www.surveymonkey.com/r/mockeystonefirstvipchoice> or by accessing the Online Survey Attestation link found on our plan website at [www.keystonefirstvipchoice.com](http://www.keystonefirstvipchoice.com), under the Provider Training and Education link or you can scan the QR code below.



Note: Mental impairments are Alzheimer’s disease, dementia, depression, bipolar disorder, schizophrenia, or mental retardation.  
Source: Kaiser Family Foundation analysis of the Medicare Current Beneficiary Survey, 2009.



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Coverage by Vista Health Plan,  
an independent licensee of the Blue Cross and Blue Shield Association.