

THIS CA UPDATE HAS BEEN SENT TO THE FOLLOWING:**COUNTIES:**

- Imperial
- Riverside/San Bernardino
- Los Angeles
- Orange
- Sacramento
- San Diego

LINES OF BUSINESS:

- Molina Medi-Cal Managed Care
- Molina Medicare Options Plus
- Molina Marketplace (Covered CA)

PROVIDER TYPES: **Medical Group/ IPA/MSO****Primary Care**

- IPA/MSO
- Directs

Specialists

- Directs
- IPA

 Hospitals**Ancillary**

- CBAS
- SNF/LTC
- DME
- Home Health
- Other

2023 Annual Model of Care Provider Training Requirements

This is an advisory notification to Molina Healthcare of California (MHC) network providers regarding the 2023 Annual Model of Care (MOC) Training Requirements.

Dear Provider,

MHC is required to provide annual training regarding our MOC program for Special Needs Program (SNP) enrollees. The MOC is the foundation for Molina's care management policy, procedures, and operational systems for our SNP population. Molina Healthcare requires compliance with provider education and training programs. All contracted Medicare PCPs and key high-volume specialists and certain delegates are required to complete Model of Care (MOC) training annually.

To ensure that Molina remains compliant with Centers for Medicare and Medicaid (CMS) regulatory requirements for MOC training, **receipt of a completed Attestation Form is due to Molina no later than October 31, 2023.**

What you need to do:

1. Take the Model of Care Training
 - The written MOC training materials can be found on the Molina website at: <https://www.molinahealthcare.com/providers/common/medicare/~media/Molina/PublicWebsite/PDF/Providers/common/medicare/model-of-care-Provider-Training>
 - A Quick Reference Guide on MOC Provider Training can be found here: <https://www.molinahealthcare.com/~media/Molina/PublicWebsite/PDF/Providers/common/medicare/model-of-care-Provider-Training-ORG.pdf>
2. Complete and sign the Model of Care Training Attestation Form Available at: <https://www.molinahealthcare.com/providers/common/MOC/CA.aspx>

Note: If one Attestation form is being returned for a group or clinic, it must be signed by an individual with the authority to sign on behalf of the group/clinic and an attendance roster indicating which providers completed the training must be attached.

A copy of the MOC Attestation form is available via a link at the end of the MOC Training Deck, or it is available on the Medicare provider webpage: <https://www.molinahealthcare.com/providers/common/medicare/medicare>

3. Return Attestation Form to MHC via the automated submit button on the form, or via email at:
 - Inland Empire: MOC_InlandEmpire@MolinaHealthcare.com

- Los Angeles: MOC_LosAngeles@MolinaHealthcare.com
- Imperial County: MOC_Imperial@MolinaHealthcare.com
- San Diego: MOC_SanDiego@MolinaHealthcare.com

Thank you for your immediate response and cooperation.

QUESTIONS

If you have any questions regarding the notification, please contact your Molina Provider Services Representative. Please refer to the phone numbers listed below:

Service County Area	Provider Services Representative	Contact Number	Email Address
California Hospital Systems	Deletha Foster	909-577-4351	Deletha.Foster@molinahealthcare.com
	Shelly Lilly	858-614-1586	Michelle.Lilly@molinahealthcare.com
Los Angeles	Clemente Arias	562-517-1014	Clemente.Arias@molinahealthcare.com
	Christian Diaz	562-549-3550	Christian.Diaz@molinahealthcare.com
Los Angeles / Orange County	Maria Guimoye	562-549-4390	Maria.Guimoye@molinahealthcare.com
Sacramento	Jennifer Rivera Carrasco	562-542-2250	Jennifer.RiveraCarrasco@molinahealthcare.com
San Bernardino	Luana McIver	909-501-3314	Luana.Mciver@molinahealthcare.com
San Bernardino / Riverside County	Vanessa Lomeli	909-577-4355	Vanessa.Lomeli2@molinahealthcare.com
Riverside County	Mimi Howard	562-549-3532	Smimi.Howard@molinahealthcare.com
San Diego / Imperial County	Briana Givens	562-549-4403	Briana.Givens@molinahealthcare.com
	Carlos Liciaga	858-614-1591	Carlos.Liciaga@molinahealthcare.com
	Salvador Perez	562-549-3825	Salvador.Perez@molinahealthcare.com

*If you are not contracted with Molina and wish to opt out of the Just the Fax, email: mhcproviderjustthefax@molinahealthcare.com
Please include provider name and fax number and you will be removed within 30 days.*