

**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
- 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

**The countdown is on! There is 1 month remaining to complete the 2023 Annual Model of Care (MOC) Training Requirements!**

**WHAT YOU NEED TO KNOW:**

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

**WHEN THIS IS HAPPENING:**

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

**WHAT YOU NEED TO DO:**

1. Take the MOC 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 MOC 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. Additionally, an attendance roster indicating which providers completed the training must be attached.

3. Return Attestation Form to MHC via the automated submit button on the form or via email:
  - Inland Empire: [MOC\\_InlandEmpire@MolinaHealthcare.com](mailto:MOC_InlandEmpire@MolinaHealthcare.com)
  - Los Angeles: [MOC\\_LosAngeles@MolinaHealthcare.com](mailto:MOC_LosAngeles@MolinaHealthcare.com)
  - Imperial County: [MOC\\_Imperial@MolinaHealthcare.com](mailto:MOC_Imperial@MolinaHealthcare.com)
  - San Diego: [MOC\\_SanDiego@MolinaHealthcare.com](mailto:MOC_SanDiego@MolinaHealthcare.com)

**Thank you for your immediate response and cooperation!**

**WHAT IF YOU NEED ASSISTANCE?**

If you have any questions regarding the notification, please contact your Molina Provider Services Representative below:

Service County Area	Provider Services Representative	Contact Number	Email Address
California Hospital Systems	Deletha Foster Teresa Suarez Laura Gonzalez	909-577-4351 562-549-3782 562-549-4887	<a href="mailto:Deletha.Foster@molinahealthcare.com">Deletha.Foster@molinahealthcare.com</a> <a href="mailto:Teresa.Suarez2@molinahealthcare.com">Teresa.Suarez2@molinahealthcare.com</a> <a href="mailto:Laura.Gonzalez3@molinahealthcare.com">Laura.Gonzalez3@molinahealthcare.com</a>
Los Angeles	Clemente Arias Christian Diaz Daniel Amirian	562-517-1014 562-549-3550 562-549-4809	<a href="mailto:Clemente.Arias@molinahealthcare.com">Clemente.Arias@molinahealthcare.com</a> <a href="mailto:Christian.Diaz@molinahealthcare.com">Christian.Diaz@molinahealthcare.com</a> <a href="mailto:Daniel.Amirian@molinahealthcare.com">Daniel.Amirian@molinahealthcare.com</a>
Los Angeles / Orange County	Maria Guimoye	562-549-4390	<a href="mailto:Maria.Guimoye@molinahealthcare.com">Maria.Guimoye@molinahealthcare.com</a>
Sacramento	Johonna Eshalomi	562-549-3708	<a href="mailto:Johonna.Eshalomi@molinahealthcare.com">Johonna.Eshalomi@molinahealthcare.com</a> <a href="mailto:Heather.West@molinahealthcare.com">Heather.West@molinahealthcare.com</a>
San Bernardino	Luana McIver	909-501-3314	<a href="mailto:Luana.Mciver@molinahealthcare.com">Luana.Mciver@molinahealthcare.com</a>
San Bernardino / Riverside County	Vanessa Lomeli	909-577-4355	<a href="mailto:Vanessa.Lomeli2@molinahealthcare.com">Vanessa.Lomeli2@molinahealthcare.com</a>
Riverside County	Mimi Howard	562-549-3532	<a href="mailto:Smimi.Howard@molinahealthcare.com">Smimi.Howard@molinahealthcare.com</a>
San Diego / Imperial County	Briana Givens Salvador Perez Dolores Ramos	562-549-4403 562-549-3825 562-549-4900	<a href="mailto:Briana.Givens@molinahealthcare.com">Briana.Givens@molinahealthcare.com</a> <a href="mailto:Salvador.Perez@molinahealthcare.com">Salvador.Perez@molinahealthcare.com</a> <a href="mailto:Dolores.Ramos@molinahealthcare.com">Dolores.Ramos@molinahealthcare.com</a>

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