

Provider Bulletin

Molina Healthcare of California

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January 9, 2025

- ☒ Imperial
- ☒ Riverside
- ☒ San Bernardino
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- ☒ San Diego

2025 Annual Model of Care Provider Training Requirements

This is an advisory notification to Molina Healthcare of California (MHC) network providers applicable to the Medicare line of business.

What you need to know:

MHC is required to provide annual training regarding our Model of Care (MOC) program for Special Needs Program (SNP) enrollees. The MOC 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. Follow the instructions in the **Provider Action** section to complete the 2025 training.

When is this 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 March 31, 2025.**

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.

Thank you for your immediate response and cooperation!

Provider Action

1. Complete the MOC Training
 - Training materials:
molinahealthcare.com/-/media/Molina/PublicWebsite/2025ModelofCareProviderTraining.pdf
 - Quick Reference Guide on MOC Provider Training:
molinahealthcare.com/-/media/Molina/PublicWebsite/PDF/Providers/common/medicare/model-of-care-Provider-Training-QRG.pdf
2. Complete and sign the MOC Training Attestation Form:
molinahealthcare.com/providers/common/MOC/2025/CA
3. Return Attestation Form to MHC via the automated submit button on the form or via email if submitting a roster.
 - Imperial:
MOC_Imperial@MolinaHealthcare.com
 - Inland Empire:
MOC_InlandEmpire@MolinaHealthcare.com
 - Los Angeles:
MOC_LosAngeles@MolinaHealthcare.com
 - San Diego:
MOC_SanDiego@MolinaHealthcare.com

What if you need assistance?

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

Service County Area	Provider Relations Representative	Contact Number	Email Address
Los Angeles County	Clemente Arias	562-517-1014	Clemente.Arias@molinahealthcare.com
	Daniel Amirian	562-549-4809	Daniel.Amirian@molinahealthcare.com
	Anita White	562-980-3947	Princess.White@molinahealthcare.com
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	Marina Higby	916-561-8550	Marina.Higby@molinahealthcare.com
San Bernardino County	Luana McIver	909-501-3314	Luana.Mciver@molinahealthcare.com
San Bernardino / Riverside County	Vanessa Lomeli	909-577-4355	Vanessa.Lomeli2@molinahealthcare.com
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San Diego / Imperial County	Salvador Perez	562-549-3825	Salvador.Perez@molinahealthcare.com
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California Facilities (Hospitals, SNFs, CBAS, ICF/DD & ASC Providers)	Facility Representative	Contact Number	Email Address
San Diego & Sacramento, California Facilities	Dolores Ramos	562-549-4900	Dolores.Ramos@molinahealthcare.com
Los Angeles, California Facilities	Laura Gonzalez	562-549-4887	Laura.Gonzalez3@molinahealthcare.com
Riverside & San Bernardino, California Facilities	Mimi Howard	562-549-3532	Smimi.Howard@molinahealthcare.com

If you are not contracted with Molina and your fax number is not shared with a contracted provider, and you wish to opt out of receiving the MHC Provider Bulletin, please email mhcproviderbulletin@molinahealthcare.com.

Please include the provider's name, NPI, county, and fax number, and you will be removed within 30 days.

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