

Provider Bulletin

Molina Healthcare of California

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March 25, 2025

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

Last Chance: 2025 Annual Model of Care Provider Training Requirements

Please complete by March 31, 2025 to meet the deadline.

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:

The Centers for Medicare & Medicaid Services (CMS) Model of Care (MOC) training is an annual requirement for primary care providers (PCPs) and high-volume specialists involved in the care of Medicare Advantage Special Needs Plan (SNP) members. This includes specialists in:

- Hematology/Oncology
 - Gynecologic Oncology, Hematology, Medical Oncology, Surgical Oncology
- Psychiatry
 - Child and Adolescent Psychiatry, Geriatric Psychiatry, General Psychiatry
- Cardiology
 - Cardiovascular Disease, Interventional Cardiology, Hypertension Specialists

The training ensures that providers understand the structured approach to delivering coordinated, high-quality care to D-SNP beneficiaries, who often have complex medical, social, and behavioral health needs.

When this is happening:

MHC is required to provide annual training regarding our MOC program for SNP enrollees. The MOC is the foundation for MHC's care management policy, procedures, and operational systems for our SNP population. To ensure that MHC remains compliant with the CMS regulatory requirements for MOC training, **receipt of a completed Attestation Form is due to MHC no later than March 31, 2025.**

Provider Action

1. Complete the online MOC Training:
molinahealthcare.com/-/media/Molina/PublicWebsite/2025ModelofCareProviderTraining.pdf
2. Submit the MOC Training Attestation Form via the online submission form:
molinahealthcare.com/providers/common/MOC/2025/CA
3. If submitting a group training roster or returning the form by email, complete the Attestation Form on page 2 of this communication. See the next page for email submission instructions.

Thank you for your prompt response and cooperation!

What if you need assistance?

If you have any questions regarding the notification, please contact your Molina Provider Relations Representative at molinahealthcare.com/-/media/Molina/Availity/CA/Resources/Provider-Relations-Representatives-Contact-List.pdf.



What Providers Need to Do: DEADLINE: MARCH 31, 2025

1. Complete training.
2. Complete and sign this form.
 - If it is a group training, one Attestation form should be submitted via email by the individual with authority to sign on behalf of the group and an attendance roster must also be attached.
3. Return this form via email to CAAttestationForms@molinahealthcare.com.

2025 MOC Training Attestation Form	
I have received and reviewed the written materials for the Model of Care training.	
Print Provider Name	
Provider Primary Specialty	
Print Clinic/Practice Name	
Clinic/Practice Address	
Signature	
Date	
TIN	
NPI	
Provider Contact Name	
Telephone Number	

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.

Molina Healthcare of California: 200 Oceangate, Suite 100, Long Beach, CA 90802