Provider Bulletin

Molina Healthcare of California
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July 1, 2024

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2024 Annual Model of Care Provider Training Requirements

The countdown is on! There are 4 months remaining to complete the 2024 Model of Care (MOC) 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 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 2024 training.

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, 2024**.

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. Take the MOC Training
    a. Written MOC training materials: molinahealthcare.com/providers/common/medicare/~/media/Molina/PublicWebsite/PDF/Providers/common/medicare/2024%20Model%20of%20Care%20Provider%20Training
    b. 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/CA.aspx
3. Return Attestation Form to MHC via the automated submit button on the form or via email at:
    a. Inland Empire: MOC_InlandEmpire@MolinaHealthcare.com
    b. Los Angeles: MOC_LosAngeles@MolinaHealthcare.com
    c. Imperial: MOC_Imperial@MolinaHealthcare.com
    d. 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.

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