

Provider Bulletin



Molina Healthcare of California & Central Health Medicare Plan

molinahealthcare.com/members/ca/en-us/health-care-professionals/home.aspx
centralhealthplan.com/chp



April 21, 2026

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2026 Model of Care Provider Training

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

What you need to know:

Dear Provider,

Molina Healthcare of California and Central Health Medicare Plan is required to provide training regarding our Model of Care program for SNP enrollees. The Model of Care is the foundation for our care management policy, procedures, and operational systems for our SNP population.

The Centers for Medicare and 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:

- Cardiology
- Gastroenterology
- Hematology/Oncology

Providers must complete the MOC training using the materials available on the Molina and CHP Provider websites by **December 31, 2026**, and complete and sign the Model of Care Training Attestation form.

2026 MOC Training

Molina: molinahealthcare.com/providers/common/medicare/-/media/Molina/PublicWebsite/32060_ModelofCareProviderTraining%202026

CHP: centralhealthplan.com/chp/-/media/Project/CentralHealthPlan/PDFs/Provider-Materials/2026-Model-of-Care-Provider-Training-CHP.ashx

Attestation form: molinahealthcare.com/providers/common/MOC/2026/CA

(CHP Providers: Please note that a pop-up from the attestation link will redirect you to the Molina website.)

Provider Action

To ensure that Molina Medicare plans remain compliant with CMS regulatory requirements for Model of Care training, receipt of a completed Attestation Form is due no later than **December 31, 2026**.

1. **Take the Model of Care (MOC) Training**
2. **Complete and sign the Model of Care Training Attestation form**
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.
3. **Return Attestation Form via the automated submit button on the form**

Please contact your Provider Relations Representative if you have any questions.

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 Relations Representative below or your CHP Provider Relations Representative at PRCalifornia@molinahealthcare.com.

Service County Area	Provider Relations Representative	Contact Number	Email Address
Los Angeles County	Clemente Arias	562-233-1753	Clemente.Arias@molinahealthcare.com
	Elias Gomez	562-723-9760	Elias.Gomez@molinahealthcare.com
	Velma Castillo	626-721-3089	Velma.Castillo@molinahealthcare.com
	Anisha Brar	562-756-1347	Anisha.Brar@molinahealthcare.com
	Anita White	310-654-4832	Princess.White@molinahealthcare.com
Los Angeles / Orange County	Maria Guimoye	562-783-0005	Maria.Guimoye@molinahealthcare.com
Sacramento County	Johonna Eshalomi	916-268-1418	Johonna.Eshalomi@molinahealthcare.com
	Zuleyma Neal	510-421-8057	Zuleyma.Neal@molinahealthcare.com
San Bernardino County	Luana McIver	909-454-4247	Luana.Mciver@molinahealthcare.com
San Bernardino / Riverside County	Vanessa Lomeli	909-419-3026	Vanessa.Lomeli2@molinahealthcare.com
Riverside County	Patricia Melendez	951-447-7585	Patricia.Melendez@molinahealthcare.com
San Diego / Imperial County	Brigitte Maldonado	760-421-1466	Brigitte.Maldonado@molinahealthcare.com
	Christian Hernandez	619-669-3307	Christian.Hernandez@molinahealthcare.com

California Facilities (Hospitals, SNFs, CBAS, ICF/DD & ASC Providers)	Facility Representative	Contact Number	Email Address
Los Angeles County	Melessa Belcher	714-813-8522	Melessa.Belcher@molinahealthcare.com
Imperial, San Diego & Sacramento	Brittney Aguilar	916-216-9882	Brittney.Aguilar@molinahealthcare.com
Riverside & San Bernardino	MiMi Howard	562-455-3754	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.