



# Just the Fax

A fax bulletin from Molina Healthcare of California (MHC) • October 3, 2014

## **2014 MODEL OF CARE PROVIDER TRAINING**

The purpose of this notification is to provide information regarding the mandatory 2014 Model of Care (MOC) training requirements to Molina Healthcare of California network providers. The Centers for Medicare & Medicaid Services (CMS) require Managed Care Plans to provide care management to enrollees with both Medicare and Medi-Cal. As a part of Molina's requirement to oversee our health care providers that assist us in providing services for our dual eligible enrollees, the MOC training is mandated by CMS to be completed annually by our contracted medical providers.

As a network provider, you also play a critical role in providing quality services to our members. By being appropriately trained in Molina's Model of Care, you can help identify members in need of services, make appropriate/timely referrals, collaborate with Molina case managers on the Individualized Care Plan (ICP) and Interdisciplinary Care Team meetings (ICT; if needed), review/respond to patient-specific communication, maintain appropriate documentation in member's medical record, and ensure that our members receive the right care in the right setting at the right time.

### **MOLINA DUAL ELIGIBLE PROGRAMS**

- 1. Medicare Dual Eligible Special Needs Plans (D-SNPs)** are designed for specific groups of enrollees with special health care needs. D-SNP enrollees may or may not have both Molina Medicare and Molina Medicaid; therefore, it is extremely important to verify coverage prior to servicing the member.
- 2. Medicare and Medicaid Program (MMP), or Molina Dual Options** is a dual eligible Medicare Advantage plan implemented under Section 2602 of the Affordable Care Act for the purpose of improving quality, reducing costs and improving the member experience. Molina Dual Options members are enrolled in both Molina Medicare and Molina Medicaid.

### **2014 MOLINA MODEL OF CARE**

The Molina MOC is the plan for delivering our integrated care management program to members with special needs. The MOC training describes the basic components of our model and how Molina Healthcare Services coordinates care for dual eligible members. The essential role of providers in the implementation of the MOC program is detailed, including the critical role of the provider as part of the MOC required Interdisciplinary Care Team (ICT).

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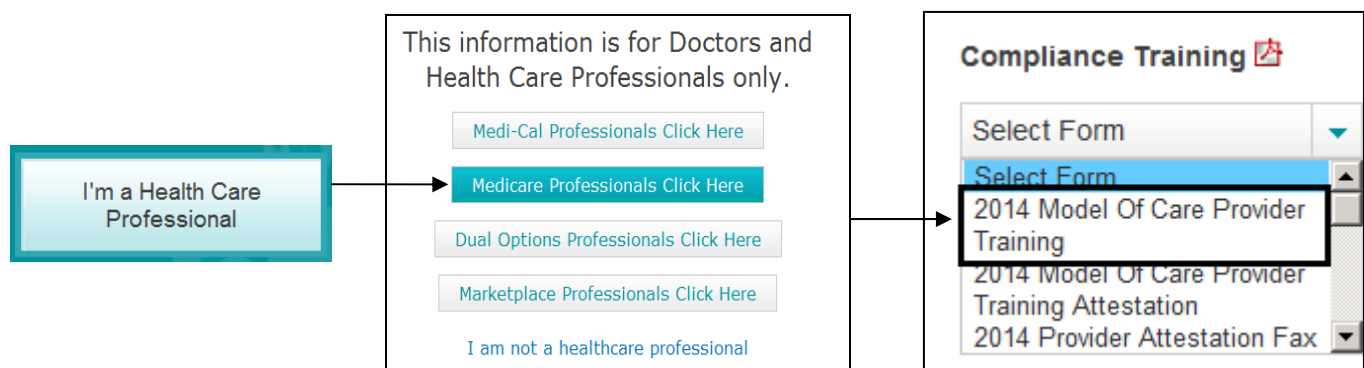
The Integrated Care Program includes defining and analyzing members in the target population, care coordination, developing and maintaining a specialized provider network, quality measurement and performance improvement. The MOC Program Process includes a Health Risk Assessment upon enrollment, member triage to the appropriate Molina case management program, and the development of an Individualized Care Plan connecting input from all parties involved in the member's case. Program improvement solutions are overseen by a collaborative member advisory board, and results are shared with the Molina Healthcare provider network.

The core program components of Molina's MOC include inpatient care coordination with facility clinical staff, managing care transition and case management with the member's Interdisciplinary Care Team.

The Molina Model of Care supports enhanced communication between members, physicians, providers and Molina. An interdisciplinary approach to the special needs of members, comprehensive coordination with care partners, support for member preferences in the plan of care and reinforcement of the member's connection with their medical home demonstrates how Molina Healthcare and its contracted providers work together to successfully deliver the duals MOC program.

## MODEL OF CARE TRAINING

The MOC training materials and attestation form are available at [www.MolinaMedicare.com](http://www.MolinaMedicare.com). To locate this information, please select "I'm a Health Care Professional," then the Medicare line of business, and scroll down to the "Compliance Training" dropdown menu to make your selection.



Thank you for your immediate response and cooperation. Provider Services will be conducting face-to-face Model of Care training in addition to the information provided online. Upon completion of the training, please sign and return the 2014 Model of Care attestation via fax to your regional Provider Services Department listed below **no later than October 15, 2014:**

**LOS ANGELES COUNTY FAX:** (562) 951-1529

**RIVERSIDE/SAN BERNARDINO COUNTY FAX:** (909) 868-1761

**SACRAMENTO COUNTY FAX:** (916) 561-8559

**SAN DIEGO COUNTY FAX:** (858)-503-1210

**\*\*ATTENTION: PROVIDER SERVICES\*\***

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## **MORE INFORMATION / QUESTIONS**

If you have additional questions or require further clarification regarding this notification, please contact your respective Molina Provider Services Representative at **(855) 322-4075** extension:

- 122233/127690/120104/127657/121934/114378/127685 Los Angeles County
- 128007/126556/126215/127709/128010 Riverside/San Bernardino Counties
- 127140/126232 Sacramento County
- 121588/126236/126225/120098/121587 San Diego County



**Re: MODEL OF CARE TRAINING 2014**

Centers for Medicare and Medicaid Services (CMS) / Dual enrollees - **mandatory requirement**

Molina Healthcare of California is required to provide annual training to our entire care network regarding its Model of Care program for dual eligible enrollees. The Model of Care is the architecture for Molina's care management policy, procedures and operational systems for our dual eligible population.

We have enclosed written training materials of the Molina Model of Care for your review and reference.

Please sign this form as evidence of your training on the Molina Healthcare Model of Care.

If you wish to have specific policies and procedures, you may request them by calling your Molina Provider Services representative. You may also access our Care Management program information and Clinical Practice Guidelines through our website at [www.molinamedicare.com](http://www.molinamedicare.com).

Thank you for your immediate response and cooperation. This training requirement is mandated by CMS and must be performed annually. Please fax this signed and dated form to your regional Provider Services Department, Attention: Provider Services.

Sincerely,

Provider Services

**Model of Care Training Confirmation CY 2014**

**I have received and reviewed the written materials for the SNP Model of Care training.**

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**Print Provider Name**

**Print Clinic/Practice Name**

**Signature**

**Date**

**State**

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