



**Re: MODEL OF CARE TRAINING 2019**

**Centers for Medicare and Medicaid Services (CMS) / Dual enrollees - Mandatory Requirement**

As part of required annual training, Molina Healthcare of Idaho has developed the Model of Care program for dual eligible enrollees training. The Model of Care serves as the foundation for Molina Healthcare’s care management policy, procedures and operational systems for our Medicare/Dual eligible population.

**What Providers Need to Do – DEADLINE: OCTOBER 31, 2019**

1. Complete training
2. Sign this form
3. Return this form via email to [MHIDProviderServicesRequests@MolinaHealthcare.Com](mailto:MHIDProviderServicesRequests@MolinaHealthcare.Com)

The form will serve as evidence of completion for your Molina Healthcare Model of Care Provider training.

Thank you for your immediate response and cooperation. This training requirement is mandated by CMS and must be performed annually.

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

Sincerely,

Jessica Poole  
Manager, Provider Services

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**Model of Care Training Confirmation Calendar Year 2019**

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

Print Provider Name: \_\_\_\_\_

Print Clinic/Practice Name: \_\_\_\_\_

Clinic/Practice Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

TIN: \_\_\_\_\_ NPI: \_\_\_\_\_