

Annual Mandatory SNP and MyCare Ohio Medicare Model of Care Training

Information for providers in the Medicare network

The Centers for Medicare and Medicaid Services (CMS) requires all contracted medical providers complete a basic training about the Special Needs Plan (SNP) and MyCare Ohio Medicare Model of Care by Dec. 31, 2017.

Face-to-Face Training:

Your Provider Services Representative is always happy to train you and your staff in person and address questions.

Online Training:

Visit www.MolinaHealthcare.com/Providers/Common/Medicare.

Under “Model of Care,” select “[2017 Model of Care Provider Training](#).”

After reviewing the training, open and sign the “[2017 Model of Care Provider Training Attestation](#)” located under “Ohio” in the state drop down menu under “Model of Care”, or sign the form on the next page.

If one provider is willing to sign off for a group or clinic, you must attach an excel spreadsheet of all the providers in the clinic/group and include:

- Provider name
- Group/clinic name
- Note the method the training was distributed to staff
- Date the training was distributed to staff
- Date the office staff signs the attestation
- State
- TIN
- Date the other providers in the group/clinic were trained.

Fax it to (866) 713-1894, ATTN: Debbe Snow

Questions?

Provider Services – (855) 322-4079
8 a.m. to 5 p.m., Monday to Friday
(MyCare Ohio available until 6 p.m.)

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Re: MODEL OF CARE TRAINING 2017

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

Molina Healthcare of Ohio 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 Medicare/Dual eligible population.

We have enclosed written training materials detailing 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.MolinaHealthcare.com/OhioProviders.

Thank you for your cooperation and immediate response. This training requirement is mandated by CMS and must be performed annually. Please fax this signed and dated form to (866) 713-1894, ATTN: Debbe Snow

Sincerely,

Deanna Putman
 Director, Provider Services & Delegation Oversight

Model of Care Training Confirmation CY 2017

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

Print Provider Name	
Print Group/Clinic Name	
Tax ID	
Signature	
Date	
State	