PROVIDER BULLETIN

MOLINA HEALTHCARE

A bulletin for the Molina Healthcare of Ohio provider networks

Annual Mandatory D-SNP and MyCare Ohio Medicare Model of Care Training

Information for providers in the Medicare and MyCare Ohio networks

The Centers for Medicare and Medicaid Services (CMS) requires all contracted medical providers complete a basic training on the Dual Eligible Special Needs Plan (D-SNP) and MyCare Ohio Medicare Model of Care by Dec. 31, 2020. This includes primary care providers and specialists, including the following:

- Behavioral Health
- Cardiology
- Gastroenterology
- Hematology
- Infectious Disease
- Nephrology
- Obstetrics and Gynecology (OB/GYN)
- Oncology
- Orthopedics
- Pain Management
- Surgery

Model of Care training should be completed by providers in the MyCare Ohio and Medicare lines of business (LOB). Providers only participating in the Medicaid and Marketplace LOB do not need to complete this training.

WebEx Training: Molina will be hosting monthly Model of Care provider training sessions throughout the year to help train you and your staff, and address questions.

- Tues., June 23, 1 to 2 p.m. meeting number 284 828 996, password yiUjpkk2E74
- Thurs., July 23, 10 to 11 a.m. meeting number 282 513 943, password WVy7qTdTM64

Online Training: Our online training is available on the "Communications" tab, under "Resources & Training" at www.MolinaHealthcare.com/OhioProviders on the MyCare Ohio line of business provider page. Select the "2020 Model of Care Provider Training."

After reviewing the training, open and sign the "2020 Model of Care Provider Training Attestation." If one provider is willing to sign off for a group or clinic, he or she must attach an Excel spreadsheet of all the providers in the clinic/group and include:

- Name of the provider giving the training
- Clinic/Practice name
- Clinic/Practice address
- Tax Identification Number (TIN)
- The method used to train office staff and providers
- Date the office staff and providers were trained
- Date the office staff and providers sign the attestation

Please email the completed Attestation Form to OHAttestationForms@MolinaHealthCare.Com.

In This Issue – May 2020
→ Model of Care Training

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

Email us at OHProviderRelations@ MolinaHealthcare.com

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Join WebEx Training
To visit WebEx, call (404) 397-1516 and follow the instructions. To view sessions, log into www.WebEx.com, click on "Join" and follow the instructions. Meeting passwords are case sensitive. Trouble connecting to a training? Please email us at OHProviderRelations@MolinaHealthcare.com and we'll assist you with getting connected immediately.

Re: MODEL OF CARE TRAINING ATTESTATION 2020

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

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

What Providers Need to Do – DEADLINE: DECEMBER 31, 2020

1. Complete training.
2. Complete and sign this form.
    a. If it is a group training, one Attestation form should be submitted by the individual with authority to sign on behalf of the group and an attendance roster must be attached.
3. Return this form via email to OHAttestationForms@MolinaHealthcare.com.

This Attestation will serve as evidence of completion for Molina's Model of Care Provider training.

Care Management program information and Clinical Practice Guidelines can be accessed via Molina's website at www.MolinaHealthcare.com.

Model of Care Training Attestation Calendar Year 2020

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

Print Provider Name	
Provider Primary Specialty	
Print Clinic/Practice Name	
Clinic/Practice Address	
Signature	
Date	
TIN	
NPI	
Provider Contact Name	
Telephone Number	