2020 MODEL OF CARE TRAINING ATTESTATION

MANDATORY REQUIREMENT

As part of required CMS mandated annual training, Molina 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(s).

What Providers Need to Do

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:
   Imperial County: MOC_Imperial@MolinaHealthcare.com
   Inland Empire: MOC_InlandEmpire@MolinaHealthcare.com
   Los Angeles: MOC_LosAngeles@MolinaHealthcare.com
   San Diego: MOC_SanDiego@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: _____ Tel #: _____