

## Annual Mandatory D-SNP Medicare Model of Care Training

### Information for providers in the Medicare network

The Centers for Medicare and Medicaid Services (CMS) requires all contracted Medicare medical providers complete a basic training on the Dual Eligible Special Needs Plan (D-SNP) Model of Care (MOC) by Dec. 31, 2022. This includes the following:

- Primary Care Provider (all specialties for PCP Physicians)
- Cardiologists (Cardiovascular Disease/Cardiovascular Diseases, Interventional Cardiology, Cardiology, Cardiology – Interventional & Hypertension Specialist)
- Pain Management (Pain Medicine, Interventional Pain Medicine, Pain Medicine – Pain Medicine)
- Psychiatry (Child and Adolescent Psychiatry, Geriatric Psychiatry, Psychiatry)

Your practice must take action to complete this training and submit your attestation.

**Microsoft Teams Training:** Molina will be hosting MOC provider training sessions via Microsoft Teams throughout the year to help train you, your staff, and address questions. The first training is on:

- Mon., June 27, 2 to 3 p.m.

Visit the It Matters to Molina (IMTM) page on our Provider Website and click on the desired training to access meeting details.

**Online Training:** The Molina “[2022 Model of Care Provider Training](#)” is on the Medicare Provider Website, under the “Model of Care” header.

After reviewing the training, providers should complete and submit the “[OH MOC Attestation Form](#)” located in the “Select State Form” drop-down menu.

**Reminder**, individual providers can fill out and submit the OH MOC Attestation Form online.

If one provider is willing to sign off for a group or clinic, the provider should not fill out and submit the OH MOC Attestation Form online, instead the provider must:

1. Export the OH MOC Attestation Form using the “Export to PDF” button on the Provider Website
2. Fill out 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
3. Email the completed OH MOC Attestation Form and Excel spreadsheet to [OHAttestationForms@MolinaHealthcare.com](mailto:OHAttestationForms@MolinaHealthcare.com)

Find additional information on CMS Model of Care requirements at [cms.gov](https://www.cms.gov) under “Regulations & Guidance,” then “Manuals,” and “Internet-Only Manuals (IOMs)” in the “CMS 100-16 Medicare Managed Care,” then “Chapter 5 – Quality Assessment,” find “Section 20.2.1 – Model of Care Elements,” then “3. SNP Provider Network,” and “C. MOC Training for the Provider Network.”

### In This Issue – June 2022

→ [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](mailto:OHProviderRelations@MolinaHealthcare.com)

Visit our website at [MolinaHealthcare.com/OhioProviders](https://www.molinahealthcare.com/OhioProviders)

#### Connect with Us

[www.facebook.com/MolinaHealth](https://www.facebook.com/MolinaHealth)  
[www.twitter.com/MolinaHealth](https://www.twitter.com/MolinaHealth)

#### Join Our Email Distribution List

Get this bulletin via email. Sign up at [MolinaHealthcare.com/ProviderEmail](https://www.molinahealthcare.com/ProviderEmail)

**Re: 2022 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.

**What Providers Need to Do – DEADLINE: DECEMBER 31, 2022**

1. Complete training.
2. Complete and sign this form.
  - a. If it is a group training, OH MOC Attestation Form should be submitted via email 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](mailto:OHAttestationForms@MolinaHealthcare.com).

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

**Model of Care Training Attestation Calendar Year 2022**

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

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