

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, 2021. 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)

Note: Providers only participating in the Medicaid, MyCare Ohio and Marketplace LOBs do not need to complete this training.

WebEx Training: Molina will be hosting monthly MOC provider training sessions throughout the year to help train you, your staff and address questions. Training dates and times will be posted on the homepage of the Provider Website. The first training is on:

- Tues., June 8, 2 to 3 p.m., meeting number 133 292 7527, password YqwwG2aRu83

Online Training: The Molina “[2021 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.

New in 2021, 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

Find additional information on CMS Model of Care requirements at 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 – May 2021

→ [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

Visit our website at MolinaHealthcare.com/OhioProviders

Connect with Us

www.facebook.com/MolinaHealth
www.twitter.com/MolinaHealth

Join Our Email Distribution List

Get this bulletin via email. Sign up at MolinaHealthcare.com/ProviderEmail

Join WebEx Training

To visit WebEx, call (404) 397-1516 and follow the instructions. To view sessions, log into WebEx.com, click on “Join” and follow the instructions. Meeting passwords are case sensitive. For trouble connecting to a Molina training, email us at OHProviderRelations@MolinaHealthcare.com and we’ll assist you with getting connected immediately.

Re: 2021 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, 2021

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.

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

Model of Care Training Attestation Calendar Year 2021

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	