

Annual Mandatory 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 Special Needs Plan (SNP) and MyCare Ohio Medicare Model of Care by Dec. 31, 2019.

Online Training:

Our online “[2019 Model of Care Provider Training](#)” is available on the “Communications” tab, under “Resources & Training” at www.MolinaHealthcare.com/OhioProviders on the MyCare Ohio line of business. Select the “2019 Model of Care Provider Training.”

After reviewing the training, open and sign the “[2019 Model of Care Provider Training Attestation](#).”

Face-to-Face Training:

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

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
- 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

Email it to OHAttestationForms@MolinaHealthcare.com.

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→ [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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Re: MODEL OF CARE TRAINING 2019

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

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

What Providers Need to Do – DEADLINE: DECEMBER 31, 2019

1. Complete training
2. Sign this form
3. Return this form via email to OHAttestationForms@MolinaHealthcare.com

The form will serve as evidence of completion for your Molina Healthcare Model of Care Provider training.

Thank you for your immediate response and cooperation. This training requirement is mandated by CMS and must be performed annually.

If you wish to have specific policies and procedures, you may request them by calling your Molina Healthcare Provider Services representative. You may also access our Care Management program information and Clinical Practice Guidelines through our website at www.MolinaHealthcare.com.

Sincerely,

Deanna Putman
 Director, Provider Services & Delegation Oversight

Model of Care Training Confirmation CY 2019

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

Print Provider Name	
Print Clinic/Practice Name	
Clinic/Practice Address	
Signature	
Date	
TIN	
NPI	