Re: MODEL OF CARE TRAINING 2016

Centers for Medicare and Medicaid Services (CMS) / Dual enrollees - **mandatory requirement**

Molina Healthcare of <State> is required to provide annual training to our entire care network regarding its Model of Care program for dual eligible enrollees. The Model of Care is the architecture for Molina's care management policy, procedures and operational systems for our Medicare/Dual eligible population.

We have enclosed written training materials of the Molina Model of Care for your review and reference.

Please sign this form as evidence of your training on the Molina Healthcare Model of Care.

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

Thank you for your immediate response and cooperation. This training requirement is mandated by CMS and must be performed annually. Please fax this signed and dated form to (951) 280-8237 Attention: Hector Gomez

Model of Care Training Confirmation CY 2016

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

Print Name
N/A
Print Clinic/Practice Name
Signature
Date
State – N/A