

January 27, 2025

## **Annual Mandatory Dual-Eligible Special Needs Plan (D-SNP) Medicare Model of Care (MOC) Training**

The Centers for Medicare and Medicaid Services (CMS) requires certain contracted Medicare providers to complete MOC training on an annual basis. The following provider types must complete MOC training no later than December 31, 2025:

- **Primary Care Providers:** All specialties for PCP Physicians
- **Oncology:** Gynecologic Oncology, Hematology, Hematology and Oncology/Oncology and Hematology, Medical Oncology, Oncology, Surgical Oncology
- **Psychiatry:** Child and Adolescent Psychiatry, Geriatric Psychiatry, Psychiatry
- **Cardiology:** Cardiovascular Disease/Cardiovascular Diseases, Interventional Cardiology, Cardiology, Cardiology – Interventional, Hypertension Specialist

As part of the required CMS mandated annual training, Molina has developed a MOC program. This MOC program serves as the foundation for Molina's care management policy, procedures, and operational systems for our Medicare dual-eligible population(s). Your practice must take action to complete the online [Molina 2025 Model of Care Provider Training](#) and submit the [New Mexico Model of Care Attestation Form](#) located in the Model of Care drop-down menus of Molina's [Medicare Providers Homepage](#).

### **Group or Clinic Attestation**

To attest for a group or clinic, an individual, who is authorized to sign on behalf of the group, may complete one attestation for the entire Group or Clinic as follows:

1. Export the NM MOC Attestation Form using the *Export to PDF* button
2. Complete a roster using Excel including the providers in the clinic/group and include:
  - a. Name of the individual hosting the training
  - b. Clinic/Practice name & address
  - c. Tax Identification Number (TIN)
  - d. The method used to train office staff and providers
  - e. Each rendering provider's name and NPI
  - f. Date the staff and providers were trained
3. Email the completed NM MOC Attestation Form and Excel roster to [MHNM.ProviderServices@MolinaHealthcare.com](mailto:MHNM.ProviderServices@MolinaHealthcare.com).



**2025 Model of Care Training Attestation Process**

1. Review MOC training
2. Complete and sign this form or complete the electronic version. If it is a group training, one attestation form can be submitted via email by the individual with authority to sign on behalf of the group. Please note an attendance roster (see roster requirements above) must be included.
3. Return this form via email to [MHNM.ProviderServices@MolinaHealthcare.com](mailto:MHNM.ProviderServices@MolinaHealthcare.com)
4. Deadline: December 31, 2025

This Attestation will serve as evidence of the completion of Molina’s Model of Care provider training:

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

Provider Name (printed)	
Provider Primary Specialty	
Clinic/Practice Name	
Clinic/Practice Address	
TIN	
NPI	
Signature	
Date	
Contact Name	
Telephone Number	

For additional information regarding the CMS Model of Care requirements please visit [cms.gov](https://www.cms.gov) or Chapter 5 of the [Medicare Managed Care Manual](#).

If you have any questions, please email [MHNM.ProviderServices@MolinaHealthcare.com](mailto:MHNM.ProviderServices@MolinaHealthcare.com), and they will be routed to the appropriate individual. Thank you for your commitment to serving Molina Healthcare of New Mexico members and the community.