



Re: MODEL OF CARE TRAINING 2011

Centers for Medicare and Medicaid Services (CMS) / Special Needs Plan (SNP) - **mandatory requirement**

Molina Medicare of [State] is required to provide annual training to our entire care network regarding its Special Needs Plan Model of Care (SNP). The SNP Model of Care is the architecture for our care management policy, procedures and operational systems for our dual eligible members.

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

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

If you wish to have specific policies and procedures, you may request them by calling your Molina Medicare 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 562-437-9315 Attention: Christine Barron.

Sincerely,

Christine A. Barron, RN

Christine Barron, RN
Molina Medicare UM Program Manager

SNP Model of Care Training Confirmation CY 2011

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

Signature: _____

Print Name: _____

Date: _____