Provider Bulletin

Molina Healthcare of California & Central Health Medicare Plan

molinahealthcare.com/providers/ca
centralhealthplan.com/chp

October 29, 2026

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Reminder: 2 months left to complete your 2026 Model of Care provider training

This is an advisory notification to Molina Healthcare of California (MHC) and Central Health Medicare Plan (CHP) network providers applicable to the Medicare line of business.

What you need to know:

Dear Provider,

Molina Healthcare of California and Central Health Medicare Plan is required to provide training regarding our Model of Care program for SNP enrollees. The Model of Care is the foundation for our care management policy, procedures, and operational systems for our SNP population.

The Centers for Medicare and Medicaid Services (CMS) Model of Care (MOC) training is an annual requirement for primary care providers (PCPs) and high-volume specialists involved in the care of Medicare Advantage Special Needs Plan (SNP) members. This includes specialists in:

- Cardiology
- Gastroenterology
- Hematology/Oncology

Providers must complete the MOC training using the materials available on the Molina and CHP provider websites by **December 31, 2026,** and complete and sign the Model of Care Training Attestation Form.

2026 MOC Training Materials

Molina: molinahealthcare.com/-/media/Project/PWS/Healthcare/PDF/PDF/Providers/Common/32060_ModelofCareProviderTraining-2026-1.pdf

Molina Attestation Form: molinahealthcare.com/-/media/Project/PWS/Healthcare/PDF/PDF/Providers/CA/Forms-and-Documents/MOC-Training-Attestation-Form.pdf

CHP: centralhealthplan.com/chp/-/media/Project/CentralHealthPlan/PDFs/Provider-Materials/2026-Model-of-Care-Provider-Training-CHP.ashx

CHP Attestation Form: centralhealthplan.com/chp/Providers/MOC/CA.aspx

Provider action

To ensure that Molina Medicare plans remain compliant with CMS regulatory requirements for Model of Care training, receipt of a completed Attestation Form is due no later than **December 31, 2026.**

1. **Take the Model of Care (MOC) Training**
2. **Complete and sign the Model of Care Training Attestation form**

   Note: If one Attestation form is being returned for a group or clinic, it must be signed by an individual with the authority to sign on behalf of the group/clinic and an attendance roster indicating which providers completed the training must be attached.
3. **Return Attestation Form via the automated submit button on the form**

Please contact your Provider Relations Representative if you have any questions.

Thank you for your immediate response and cooperation.

What if you need assistance?

If you have any questions regarding this notification, please contact Provider Relations at CAProviderRelations@MolinaHealthcare.com.

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