

2026 MODEL OF CARE TRAINING ATTESTATION MANDATORY REQUIREMENT

As part of required CMS mandated annual training, Molina has developed the Model of Care program for Medicare SNP enrollees. The Model of Care program serves as the foundation for Molina's care management policy, procedures and operational systems for our Medicare SNP population(s).

What Providers Need to Do

1. Complete training.
2. Complete and sign this form.
 - a. If it is a group training, one Attestation form should be submitted via e-mail by the individual with authority to sign on behalf of the group and an attendance roster must also be attached.
3. Return this form using "submit" button below or via email if submitting a roster: Passportadvantage.annualtraining@molinahealthcare.com

Model of Care Training Attestation Calendar Year 2026

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

Print Provider Name: _____

Provider Primary Specialty: _____

Print Clinic/Practice Name: _____

Clinic/Practice Address: _____

Signature: _____ Date: _____

TIN: _____ NPI: _____

Provider Contact Name: _____ Tel #: _____

Submit

Export to PDF



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