



Just the Fax



A fax bulletin for the Molina Healthcare of Ohio, Inc. network • Special Edition

New Credentialing Requirement as of January 1, 2009

In accordance with House Bill 125, Section 2963.05¹, all providers with whom we are contracting **must submit a Council for Affordable Quality Healthcare (CAQH) Provider Application using the electronic or paper format.**

You may access the CAQH Provider Application at the following website:

https://upd.caqh.org/DocStore/CAQH_App_v5.0%20revision.pdf

Providers not utilizing the CAQH Provider Application after January 1, 2009 will have their information returned to them.

If you have any questions, please visit our website at www.MolinaHealthcare.com or call the Provider Services Department at 1-800-642-4168. A representative will be available to assist you from 8:00 a.m. – 5:00 p.m. Monday through Friday.

PCP Change Form Now Available

Have you had one (or more) of your patients come in with their Molina ID showing their PCP as being someone other than you? Never fear ... help is here! We have a new form to be sure that you are specified as the PCP for your Molina patients. This will help to ensure that we know that their medical home is with you.

You can download a form at any time by going to www.MolinaHealthcare.com or for your convenience, we have included a copy of the form at the end of this fax. Just complete the form, **fax it to: (614) 781-1474, or mail it to:**

Molina Healthcare of Ohio, Inc., Member Services Department, P.O. Box 349020, Columbus, OH 43234-9020.

¹ <http://www.legislature.state.oh.us/bills.cfm?ID=127> HB 125

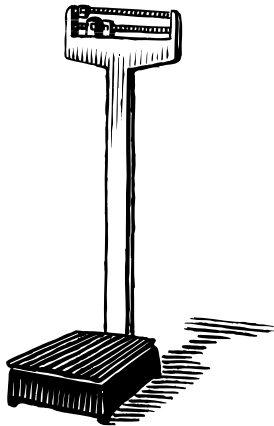


Get Your BMI in 2009

New HEDIS® Measure for ADULT BMI ASSESSMENT (ABA)

Starting in 2009, Molina Healthcare of Ohio, Inc. will be looking for Adult BMI values in medical records for our HEDIS chart reviews. We will be looking for:

- Measure for adults ages 18-74
- Office visits for 2007 or 2008
- The date of the BMI



Height and Weight Alone Do Not Count!

Date: June 29, 2007
Wt: 240
Ht: 6' 1''
BMI: 31.7

~~Date: Oct 26, 2008
Wt: 232
Ht: 6' 1''~~

CORRECT!

INCORRECT!

Remember to always document the BMI so you can get credit for the care your patients receive!



Request to Change Primary Care Provider

Member's Name: _____ Member's Molina ID #: _____
Please print FIRST and LAST name.

Additional Family Molina Members

Member's Name: _____ Member's Molina ID #: _____
Please print FIRST and LAST name.

Member's Name: _____ Member's Molina ID #: _____
Please print FIRST and LAST name.

Member's Address: _____
(Please print.)

City: _____ State: _____ ZIP: _____

Member's Phone: (_____) _____ Cell or Alt. #: (_____) _____

My Molina ID card currently has my Primary Care Provider listed as: _____
Please print provider's name.

I would like to change my Primary Care Provider to: _____
Please print NEW provider's name.

NEW Provider's Address: _____
(Please print.)

City: _____ State: _____ ZIP: _____

NEW Provider's Phone: (_____) _____

Signature of Member or Delegated Guardian

Relationship

Print FIRST and Last Name

Date

Fax completed form to: (614) 781-1474

Or mail to: Molina Healthcare of Ohio, Inc.
Member Services Department
P.O. Box 349020
Columbus, OH 43234-9020

If you have any questions, please call toll-free:
Healthy Start/Healthy Families: 1-800-642-4168
Aged, Blind or Disabled: 1-866-408-9501
Hearing Impaired/TTY: 1-800-750-0750 or 711