

THIS CA UPDATE HAS BEEN SENT TO THE FOLLOWING:**COUNTIES:**

- Imperial
- Riverside/San Bernardino
- Los Angeles
- Orange
- Sacramento
- San Diego

LINES OF BUSINESS:

- Molina Medi-Cal Managed Care
- Molina Medicare Options Plus
- Molina Dual Options Cal MediConnect Plan (Medicare-Medicaid Plan)
- Molina Marketplace (Covered CA)

PROVIDER TYPES: **Medical Group/ IPA/MSO****Primary Care**

- IPA/MSO
- Directs

Specialists

- Directs
- IPA

 Hospitals**Ancillary**

- CBAS
- SNF/LTC
- DME
- Home Health
- Other

FOR QUESTIONS CALL**PROVIDER SERVICES:**

(855) 322-4075, Extension:

Los Angeles/Orange Counties

122233	117079
120104	127657

Riverside/San Bernardino Counties

128010	127709
127684	

Sacramento County

126232	121360
121031	

San Diego County

120056	121588
120630	

Imperial County

125682	120153
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UPDATED HEALTH EDUCATION REFERRAL FORMS

This is an advisory notification to Molina Healthcare of California (MHC) network providers regarding the updated health education referral forms.

You will find the updated form attached, which can also be found on our provider website under the Forms → Frequently used forms section or using the below link:

<http://www.molinahealthcare.com/providers/ca/medicaid/forms/Pages/fuf.aspx>

Please utilize the updated form for referring a member for health education services.

QUESTIONS

If you have any questions regarding the notification, please contact your Molina Provider Services Representative at (855) 322-4075.



Your Extended Family.

Health Education Referral Form

IPA Providers Only

Complete all requested information (please print clearly).

Today's Date: _____

Member Information

Last Name: _____ First Name: _____ Member ID/ CIN #: _____

Address: _____ City: _____ Zip Code: _____

Current Phone #: _____ Preferred Language: _____ DOB: _____

Diagnosis: _____

Full Name of Guardian (if member is under 18 years of age): _____

Best Time to Call Member: _____ OK to leave messages at home: YES _____ NO _____

PCP Information

Name: _____

Address: _____

Phone Number: _____ Ext: _____ Fax Number: _____

Referral for Educational Services

To refer a Molina member for the following health education services:

1. Fax or E-mail the completed referral form to Molina at (562) 901-1176 or MHIHealthEducationMailbox@MolinaHealthCare.Com.
2. Fax required documentation with all referrals.

- Asthma (2+ years old) General Nutrition (not to be used for Weight Management)
- Pregnancy (EDC): Depression (18+ years old)
- Adult Weight Management (18+ years old): Telephonic weight management consultation with a Health Educator

Resources for Providers

Educational materials are available in the listed topic areas below. Please visit the following links to download and/or print on demand: [Health Education Materials](http://bit.ly/2Ce3j21) (http://bit.ly/2Ce3j21) and [Clear and Easy Booklets](http://bit.ly/2okWjrP) (http://bit.ly/2okWjrP).

- Appropriate Use of Healthcare Services** (ie: Make the most of your healthcare visit, How to take care of your sick family)
- Risk Reduction and Healthy Lifestyles** (ie: Exercise, Stop Smoking, Kids and Healthy Weight, etc.)
- Self-Care and Management of Health Conditions** (ie: Hypertension, Diabetes, Asthma, etc.)
- Pregnancy and Postpartum** (ie: Signs and Stages of Labor, Prenatal Care, Anemia, etc.)
- Behavioral Health Management** (ie: Depression, Eating Disorders, Substance Abuse, etc.)

For available educational classes or if you have any questions, please contact us at HealthEducation.MHC@MolinaHealthcare.com or Provider Services at (855) 322-4075.