

**Provider Resources** 



### **Pregnancy Program**

• To refer, complete and fax Molina's Pregnancy Referral Form to (855) 556-1424.

## **Smoking Cessation**

Molina Healthcare collaborates with Kick It California to provide smoking cessation counseling.

#### Tobacco Cessation Services

- English: **(800) 300-8086** or Text "Quit Smoking" to **66819**
- Spanish: **(800) 600-8191** or Text "Dejar De Fumar" to **66819**
- Tobacco Chewers: (800) 987-2908
- Chinese: (800) 838-8917
- Korean: (800) 556-5564
- Vietnamese: (800) 778-8440

#### Vape Cessation Services

- English: Call (844) 866-8273 or Text "Quit Vaping" to 66819
- Spanish: Call **(800) 600-8191** or Text "No Vapear" to **66819**
- If an NRT requires a prior authorization, complete Prescription Drug Prior Authorization form and fax to **(866) 508-6445**.
- List of group counseling, support group or classes: bit.ly/3wJq2hL

#### Weight Management

 To refer, complete and fax Health Education Referral form to (800) 642-3691.



#### **Nutrition Consults by a Dietitian**

To refer, complete and fax the Health Education Referral form to **(800) 642-3691** with provider nutrition prescription and supporting lab valuies.

#### **Health Management Programs and Services**

• Asthma • Diabetes • Heart Failure • Depression • COPD • Substance Use Disorder • Hypertension To refer, complete and fax the Health Education Referral form to (800) 642-3691.

#### **Diabetes Prevention Program**

• Medi-Cal and Marketplace members

To refer, email member details to

HealthEducation.MHC@MolinaHealthcare.com

#### **Health Education Materials**

- · Appropriate use of healthcare services
- Risk reduction and healthy lifestyles
- · Self care and management of health conditions

Available in other languages and large font as requested. **bit.ly/3NB3Ewj** 

# Frequently Used Forms and Resources MolinaHealthcare.com/providers/ca/medicaid/forms/fuf.aspx

- · Telephonic health education referral form
- Pregnancy Referral Form
- Care Management Referral Form
- Medically Tailored Meals Referral Form
- Asthma Remediation Referral Form
- Community Health Worker Referral Form
- Housing Specialist Referral Form
- Dental Coordination Referral Form
- Doula Services Referral Form



If you have any questions, please email Health Education at **HealthEducation.MHC@MolinaHealthcare.com** 

To get this information in your preferred language or accessible format, call Member Services. The number is on your Member ID card.

