OHIO MEDICAID MANAGED CARE ORGANIZATIONS (MCOs) CONSOLIDATED DOULA RESOURCE GUIDE

February 2025

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Managed Care Organization (MCO) Doula Contracting Information Guidance

AmeriHealth Caritas Ohio	Anthem	buckeye health plan.	CareSource	Humana Healthy Horizons	MOLINA HEALTHCARE	UnitedHealthcare Community Plan
At what point will doulas be able to start the contracting process?						
Once the doula provider is actively enrolled with ODM.	Once the doula provider is actively enrolled with ODM.	Once the doula provider is actively enrolled with ODM.	Once the doula provider is actively enrolled with ODM.	Once the doula provider is actively enrolled with ODM.	Once the doula provider is actively enrolled with ODM.	Once the doula provider is actively enrolled with ODM. May also initiate the contracting process at any time, but processing cannot start until we have the OH Medicaid Provider ID.
Approximately how long will the contracting process take?						
The contracting process takes 2 to 3 weeks.	The contracting process takes approximately 30 days from start to finish.	Contracting responds to contract requests within 10 days of receipt, including all the necessary documents. Contracts are typically finalized and loaded within 30 days.	The contracting process takes approximately 60 days from date of contract form submission	The contracting process takes approximately 60 - 90 days once all required documents are received.	Contracting responds to contract requests typically within 30 days of receipt. The contracting process is typically completed within 60 days from the date of contract request submission. Please ensure information requested by Molina is returned in a timely manner.	Contracting typically responds to requests within 14 days of receipt. For doulas, contracting will respond within 3 business days. The contracting process, including provider set-up and contract load, may take between 20 to 45 days.
How and where does a doula reach out, to request contracting?						
Doulas can initiate the contracting process at Amerihealthcaritasoh.com, by calling Provider Recruitment at 833-296-2259 or via email: providerrecruitmentoh@amerihealthcaritas.com	Doulas can initiate the contracting process through Availity at Essentials Registration & Support | Availity	Doulas can initiate a contract request at Become A Provider	Doulas can initiate a contract request by completing the New Health Partner Contracting Form	Doulas can initiate the contracting process at Humana.com, or e-mail us directly at OhioNetworkSpecialist@humana.com	Doulas can initiate the contracting process by submitting an Ohio Provider Contract Request Form, which can be found here: Ohio Provider Contract Request Form.	Doulas can initiate the contracting process by emailing UHC_OH_Doula_Support@uhc.com or by creating an account in our Onboard Pro system at Join our network - Medical providers . Once an account is created, Doulas can submit an application and track it through the process in real time
Are there current resources that doulas could access to understand the contracting process?						
Yes, please click Join the AmeriHealth Caritas Ohio Network for additional information about contracting.	Yes, please click HERE for additional information about contracting.	Yes, plase click Become a Provider for additional information about contracting.	Yes, please click New Health Partner Contracting Form for additional information about contracting.	Yes, please click Ohio Medicaid for Providers for additional information about contracting.	Yes, please click Provider Forms which contains essential information about the contracting process.	Yes, please click Join our network - Medical providers to begin the process. To learn more Doula Orientation
Individual Plan Contacts for Contracting, Billing & Prior Auth						
• Contracting questions call Provider Recruitment at 1-833-296-2259; email ProviderRecruitmentOH@amerihealthcaritas.com or submit a Provider Contract Inquiry Form (PDF) • Billing Questions call Provider Services 1-833-644-6001; email ohioproviderservices@amerihealthcaritasoh.com • Prior Authorization questions call 1-833-735-7700 (8:30am – 5pm EST M-F); after hours or weekend 1-833-764-7700	• Contracting questions email ohio_provider_solutions@anthem.com • All other inquiries, including claims, providers can email ohiomedicaidprovider@anthem.com	• Contracting questions email OhioContracting@centene.com • General questions regarding Doula Participation email melinda.ridgeway@centene.com • Questions regarding claims or eligiblity, contact Provider Service at 866.296.8731	• Contracting questions email ohio_provider_contracting@caresource.com • Questions regarding claims, eligiblity, and other inquiries, contact CareSource's Provider Services at 1-800-488-0134	• Contracting questions email OhioNetworkSpecialist@humana.com • General inquiries or questions regarding claims or eligibility contact Provider Service at 877.856.5707 or email OHMedicaidProviderRelations@humana.com	• Contracting questions email oh_contract_requests@molinahealthcare.com • All other inquiries contact Molina Provider Relations: ohproviderrelations@molinahealthcare.com	• Contracting, billing and prior authorization questions email UHC_OH_Doula_Support@uhc.com

Managed Care Organization (MCO) Transportation Benefit Resource Guide

	AmeriHealth Caritas Ohio	Anthem	buckeye health plan	CareSource	Humana Healthy Horizons	MOLINA HEALTHCARE	UnitedHealthcare Community Plan
To Schedule, Cancel or Get Trip Status, Call:	1-833-664-6368 Routine scheduling -7am-8pm M-F Urgent and discharge scheduling -24/7	1-800-282-9720 8am-7pm M-F	1-866-531-0615 24/7	1-800-488-0134 7am-7pm M-F	1-855-739-5986 24/7	1-866-642-9279 24/7	1-800-269-4190 or 1-800-895-2017 7am-8pm M-F
Standard Scheduling Timeline	Trips must be scheduled 48 hours (2 business days) up to 30 days in advance						
Special Scheduling Instructions	Scheduling online via smartphone app, Member chat, MTM Member Portal. Reminder calls or texts are also available.	Information on scheduling is available on the member website and the Sydney app.	Scheduling online and via **SafeRide** smartphone app is available. Android app, iPhone app. Text reminders are also available.	Scheduling online and via Provide A Ride smartphone app is available. Android app, iPhone app. Text reminders are also available.	Scheduling online and via access2care smartphone app is available. Android app, iPhone app. Text reminders are also available.	Scheduling online and via Access2Care smartphone app is available. Android app, iPhone app. Text reminders are also available.	Scheduling via UHC Customer Service or Provide A Ride at the phone numbers listed above.
Unlimited Trips	Chemotherapy, radiation, dialysis, wheelchair, non-emergent ambulance transportation, OhioRISE	Members have unlimited trips to Urgent Care, Dialysis, Chemo / Radiation, Hospital discharge, all wheelchair trips and OhioRISE.	Unlimited trips for pregnancy and prenatal; twelve-week limited trips for post-partum visits less than 30 miles; NICU and children (younger than age one) well visits.	Dialysis, Chemo / Radiation, Hospital discharge, Wheelchair, NICU, Pregnancy related trips, Diabetes Management, OhioRISE	Dialysis, Chemo/Radiation, Hospital discharge, Wheelchair, Urgent Care, Pregnancy related and Doctor visits up to 12-months postpartum, Diabetes Management, Wound Care, OhioRISE, Go to Value-Added Benefits for additional services	Dialysis, Chemo/ Radiation, Hospital discharge, Wheelchair, Pregnancy related trips, OhioRISE	Dialysis, Oncology, Wound Care, Chemo, Substance Use Disorder, NICU, Wheelchair, Pregnancy related trips, Diabetes Management, OhioRISE
Same Day/Sick Visit Instructions	Same day/sick visit trips available by calling scheduling line above; provider may need to confirm urgency						
30 One-Way Trips/15 Round Trips Less Than 30 Miles	Available for all members, renews on an annual basis *For appointments where there is no provider within 30 miles, all necessary transportation is provided*						
Additional Trip Limit Exceptions	Radiation, chemotherapy, dialysis, oncology, wound care, hospital discharges, urgent care Additional Trips for Pregnancy (Prenatal, Post-Partum, NICU) 2-day scheduling timeline waived for kids under 1 year and organ transplant						

Approved Locations

Medical, Dental, Vision, Mental/Behavioral Health, Hospital Discharge, DME, Urgent Care, WIC, CDJFS, Pharmacy after Medical Appointment, Stand Alone Pharmacy Trip, Health Condition Education Classes (e.g., Diabetes, Hypertension), Centering and Parenting Classes (including Car Seat & Cribette classes), Medicaid, Social Security, BCMH, Waiver Redetermination, Food Bank/Pantry, Pre-ordered Grocery Pick-up, Immunizations

Approved Transportation Choices

Cab/Van, Bus Pass, Lyft and/or Uber Medical, Mileage Reimbursement to driver/to member, Wheelchair Van
Please contact plan for medically assisted and stretcher transport needs

Additional Contact Information

	AmeriHealth Caritas Ohio	Anthem	buckeye health plan	CareSource	Humana Healthy Horizons	MOLINA HEALTHCARE	UnitedHealthcare Community Plan
Plan Member Services for General Benefit Inquiries, Issues, Special Requests	1-833-764-7700	1-844-912-0938 (TTY 711) 7am-8pm M-F	1-866-246-4358 7am-7pm M-F	1-800-488-0134 7am-7pm M-F	1-877-856-5702 7am-8pm M-F	1-800-642-4168 7am-8pm M-F	1-800-895-2017 7am-7pm M-F
Ohio Department of Medicaid (ODM) Provider Hotline				1-800-686-1516			
Ohio Department of Medicaid (ODM) Member Hotline				1-800-324-8680			

Definitions

Ohio Medicaid Managed Care Organizations

OBN: Ohio Board of Nursing (the entity who will certify you prior to contracting with MCOs)

ODM: Ohio Department of Medicaid (the entity who will provide you with your Medicaid ID for contracting)

MCO: Managed Medicaid Organization (the entities you will contract with to provide services for their members)

Contracting: Entering into a legally binding agreement to provide services to an MCO's Medicaid members

Medicaid ID: Unique identifier specific to the state's Medicaid program; obtained from ODM once enrolled with Ohio Medicaid with an active provider agreement

Provider Application: Your submission to an MCO to initiate the contracting process

Provider Agreement: Your signed contract with an MCO, outlining agreement details

Effective Date: The date when you can start submitting claims to an MCO for payment

Prior Authorization (PA): A process where healthcare professionals must obtain approval from the insurance company before services are covered.

Value-Added Services: Services provided by the MCOs that are in addition to the required health services that all MCOs must offer. These services are not available in the Medicaid Fee-For-Service program.

Member Rewards: A reward available to Medicaid members for participation in and completion of specific services or activities specified by the MCO to promote the health and well-being of members.

Nurse Advice Line: 24/7 advice line staffed with experienced staff of registered nurses who can assist members with triage care (deciding whether self-care, doctor care, or emergency care is appropriate), understanding a medical condition or recent diagnosis, preparing questions for an upcoming medical appointment, learning more about medications, and more.

Doula FAQ's

Ohio Medicaid Managed Care Organizations (MCO)

All individual providers and professional medical groups who bill for Ohio Medicaid services must have an Ohio Medicaid number. A doula may be independent, meaning they will bill services under their own NPI (National Provider Identifier), or a doula may be affiliated with a professional medical group who bills services on their behalf. Any doula affiliated with a professional medical group must make that affiliation in the Provider Network Management (PNM) portal. More information can be found by clicking [PSE Provider Registration Portal - Resources](#)

Q: If we are currently contracted with the MCO as an organization, do we have to revise our contract for doula services?
AmeriHealth A: An amendment would not be needed to add doula services to an already existing contract. The individual may need to be added to the contract (if not already included on the contract), but they could be added via an update form. The doula provider can reach out to their designated Account Executive via phone or email to obtain or submit the completed form.

Anthem A: An amendment may be required, depending upon the provider type language within the contract. Example, a Multi-Specialty Provider Group contract would not be required while other contract types may. If you have questions, please contact ohiomedicaidprovider@anthem.com

Buckeye A: If a doula is affiliated with a contracted medical entity (medical group, hospital, etc.), there is no need to amend the agreement. However, the individual doula must be certified by the State Board of Nursing, enrolled individually with the Ohio Department of Medicaid and added to the group agreement to be reimbursed for services.

CareSource A: No, there is no need to change or amend the current contract. If the doulas are employed by a contracted provider and will be billing with that group's TIN, no additional action is required with CareSource. However, if they will be billing with a different TIN than the group's for doula services, they will need to contract under that new TIN.

Humana A: No additional contracts or amendments needed.

Molina A: If a doula is affiliated with a Molina-contracted entity, there is no need to amend the contract. Doulas will still need to be certified by the State Board of Nursing, enrolled and active with the Ohio Department of Medicaid and added to the group contract to be reimbursed for services.

UnitedHealthcare A: Doulas working with an already contracted organization will require the organization to amend their contract to add a doula payment appendix and the individual doula's demographic information. It is recommended for organizations to request this amendment by contacting uhc_oh_doula_support@uhc.com to be set up with a knowledgeable contract manager.

Q: How can I obtain more information regarding Ohio Medicaid Doula services.
A:
- Visit the Ohio Department of Medicaid (ODM's) website Ohio Department of Medicaid | Medicaid
- Ohio Administrative Code (OAC) Rule 5160-8-43 - Ohio Administrative Code | Ohio Laws

Q: How do I become an Ohio Medicaid provider?
A: Doulas who wish to become an Ohio Medicaid provider must obtain a national provider identifier (NPI), an Ohio Board of Nursing (OBN) certification, and enroll with the Ohio Department of Medicaid (ODM) prior to contracting with a Managed Care Organization (MCO).

Q: How do I register with ODM?
A: Providers who are not already registered and active as a Medicaid provider in Ohio must create an Ohio ID before registering on the PNM portal. Once enrolled with ODM via the PNM and showing active, providers may contract with the MCO's. Please follow the links below for instructions on how to create an Ohio ID and register on the PNM portal.

Create Account | OH|ID | Ohio's State Digital Identity Standard
Creating OH ID Account for PNM Quick Reference Guide (PDF)

Q: How do I begin the contracting process with the MCO's?
A: Additional information can be found HERE. Doulas can also visit the MCO's website for more information. A link to each MCO website is included at the end of this document.

Q: How long does the contracting process usually take?
A: Contracting can take anywhere between 20-90 days.

Q: Does each MCO require a separate contract?
A: Yes. There are 7 Medicaid MCOs in Ohio.

Q: How do I know if I am an in-network provider?
A: An in-network provider is defined as a provider who is contracted with an MCO.
Q: Am I required to provide liability insurance when contracting with the MCOs?
A: Liability insurance requirements may vary by MCO. Doula services are generally not required to provide it. This is because doulas are not considered medical providers. Doulas primarily provide support and assistance during pregnancy, childbirth, and postpartum periods, focusing on emotional, physical, and informational support. As their role does not involve medical interventions or treatment, liability insurance requirements typically do not apply. **Please confirm with the MCOs during the contracting process.**

Q: How can I check member eligibility?
A: Doulas should check member eligibility prior to rendering services to ensure the member is an active Ohio Medicaid member. Eligibility can be checked a variety of ways including the MCO's provider portal, calling the MCO's Provider Services line (number is on the back of the member ID card), and through ODM's PNM portal Log In (maximus.com)

Q: How can I submit a claim?
A: All MCO's-Claim submission can be done through an ODM approved trading partner and direct data entry on the MCO's provider portal. Some plans accept claims via other methods. For additional information about each MCO's claim submission process please visit their website.

Q: Is a procedure code and diagnosis code both required on a claim?
A: Yes

Q: How much is reimbursement for doula services?
A: Unless your contract states otherwise reimbursement for services is noted below:
- T1032
  - Up to 48 fifteen-minute units at any time from first prenatal visit to 12 months postpartum
  - Reimbursement set to $12.50 per unit
- T1033
  - Separate reimbursement for birth of $600 regardless of length of service time
  - Reimburses for any place of service

Q: What diagnosis codes should be submitted on a claim?
A: ODM recommends submitting a diagnosis from the list below.

Z34.x
- Z34.0: Supervision of a normal first pregnancy
- Z34.8: Supervision of another normal pregnancy
- Z34.9: Supervision of a normal pregnancy, unspecified
- Z34.00: Encounter for supervision of a normal first pregnancy, unspecified trimester
- Z34.80: Applicable to female patients aged 12–55 years
- Z34.90: Applicable to female patients aged 12–55 years
- Z34.83: Applicable to mothers in the third trimester of pregnancy, which is defined as between equal to or greater than 28 weeks since the first day of the last menstrual period

O80.0: Spontaneous vertex delivery, which includes cases with minimal or no assistance
Z37.9 is the ICD-10 code for an unspecified outcome of delivery
Z32.2 is for an encounter for pregnancy testing, childbirth, and childcare instruction
Z39.2 is the ICD-10 diagnosis code for a routine postpartum follow-up

Q: How long does a claim take to be processed?
A: A claim typically takes 3-21 days to process.

Q: Do doula services require prior authorization (PA)?
A: PA requirements may vary by MCO. Some MCO's are following ODM guidance and require doulas to obtain a PA when services exceed the standard benefit limit, which is up to 48 15-minute units for prenatal and postpartum services. Doulas should refer to each MCO website to review PA requirements.

Q: Who can I contact if I have questions about contracting or claims?
A: Each MCO has a Provider Services team available 7:00 AM to 8:00 PM Eastern time Monday through Friday, except major holidays. Please refer to the MCO's website or provider manual for their phone number.

Q: Do the MCO's offer training and educational materials?
A: Yes. Each MCO has training materials on their websites. Some offer virtual trainings and orientations; some have self-paced learning tools. Refer to the MCO's website, All MCO Doula Resource Guide document, call Provider Services for additional information.

Q: Do MCO's pay out-of-network providers?
A: Yes, please check with the MCO for additional information. A prior authorization will be needed for all out-of-network providers.

Q: Do MCO's offer member benefits in addition to their standard Medicaid benefits?
A: Yes. Value Added Service (VAS) refers to additional services provided by the MCOs that are in addition to the required health services that all plans must offer. These services are not available in the Medicaid Fee-For-Service program. They may include offerings such as care coordination assistance for housing, food, education and training, or member rewards programs. Click HERE to find value-added-services plan comparison.

AmeriHealth Caritas AmeriHealth Caritas Ohio
Anthem Blue Cross Blue Shield Home | Anthem Blue Cross and Blue Shield
Buckeye Health Plan   Ohio Medicaid and Health Plans For Providers | Buckeye Health Plan
CareSource CareSource | Health Care with Heart
Humana Humana Healthy Horizons in Ohio
Molina Ohio Providers Home (molinahealthcare.com)
United HealthCare UnitedHealthcare Community Plan of Ohio | UHCprovider.com

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	AmeriHealth Caritas Ohio	**AmeriHealth**
Mailing Address		Please call General Services 1-833-644-6001
Public Website		https://www.amerihealthcaritasoh.com/index.aspx
Support		
General Questions		1-833-644-6001
Support Questions		1-833-644-6001
Member Questions		1-833-764-7700 (TTY 1-833-889-6446)
Contracting Questions		1-833-296-2259; email ProviderRecruitmentOH@amerihealthcaritas.com
Care Management Questions		1-833-464-7768
Website Information		
Home Page		https://www.amerihealthcaritasoh.com/index.aspx
Benefits and Programs		https://www.amerihealthcaritasoh.com/index.aspx
Case Management		https://www.amerihealthcaritasoh.com/index.aspx
Chronic Disease Management		https://www.amerihealthcaritasoh.com/index.aspx
Provider Directory		https://www.amerihealthcaritasoh.com/provider/find-provider/index.aspx
Transportation Assistance Call		Primary - Member Services: (833) 764-7700 or Secondary – Transportation: (833) 664-6368
Program website		https://www.amerihealthcaritasoh.com/member/eng/index.aspx
Transportation Information		Text needed All members can get unlimited nonemergency trips for provider visits more than 30 miles from their home. Qualifying members can get up to 30 nonemergency one-way trips per year within 30 miles of their home
Women and Children's Health Program		https://www.amerihealthcaritasoh.com/member/eng/index.aspx
24 Hour Nurse Advice Line		1-833-625-6446
Community Resources		https://www.amerihealthcaritasoh.com/member/eng/index.aspx
Prescription Information		https://www.amerihealthcaritasoh.com/provider/pharmacy/index.aspx
Provider Portal (note: login required)		
Home Page		https://www.amerihealthcaritasoh.com/provider/resources/navinet.aspx
Portal Access for Care Navigation		NaviNet is an easy-to-use, no-cost, web-based platform that links providers to AmeriHealth Caritas Ohio. Through NaviNet, you can access: Member eligibility verification. Claims investigation. Care gap reports to identify needed services. Member Clinical Summaries. Medical claims data. Member panel rosters for PCPs included under your contract

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	Anthem
Mailing Address	PO Box 62500, Virginia Beach, VA 23466-2509
Public Website	Home	Anthem Blue Cross and Blue Shield
Support	
General Questions	Provider Services: 844-912-1226
Support Questions	Provider Services: 844-912-1226
Member Questions	Member Services: 844-912-0938 (TTY 711)
Contracting Questions	ohio_provider_solutions@anthem.com
Care Management Questions	844-441-1505
Website Information	
Home Page	Home	Anthem Blue Cross and Blue Shield
Benefit and Programs	Plan Benefits	Ohio Anthem Medicaid
Case Management	https://providers.anthem.com/ohio-provider/patient-care/care-management
Chronic Disease Management	Email: Condition-Care-Provider-Referrals@anthem.com
Provider Directory	https://www.anthem.com/find-care/
Transportation Assistance Call	Access2Care: 800-282-9720 or Member Services: 844-912-0938 (TYY 711)
Program website	https://www.anthem.com/oh/medicaid/welcome
Transportation Information	Transportation Overview: Members can get free rides to and from covered medical, dental, vision, and pharmacy services. Plus, Anthem provides members with 30 round trips or 60 one-way trips to appointments less than 30 miles from the member's home or to travel to community services such as a WIC office, grocery store, or other local community resources.
Women and Children's Health Program	https://providers.anthem.com/ohio-provider/patient-care/maternal-child-services
24 Hour Nurse Advice Line	844-430-0341
Community Resources	The Community Resource Link by findhelp - Search and Connect to Social Care
Prescription Information	Pharmacy information	Anthem Blue Cross and Blue Shield
Provider Portal (note: login required)	
Home Page	Availity Essentials
Availity Provider Portal functions	Member eligibility look up, claim submission, prior authorization submission, EOP review and more.

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	Buckeye	
Mailing Address	4349 Easton Way, Suite 120 Columbus, OH 43219	
Public Website	https://www.buckeyehealthplan.com/	
Support		
General Questions	Provider Services: 866-246-4358	
Support Questions	Provider Services: 866-246-4358	
Member Questions	Member Services at (866) 246-4358 or TTY (800) 750-0750). Or https://www.buckeyehealthplan.com/members/medicaid/resources/handbooks-forms.html	
Contracting Questions	OhioContracting@centene.com	
Care Management Questions	Main Switchboard: 1-866-246-4356	
Website Information		
Home Page	https://www.buckeyehealthplan.com/	
Benefits and Programs	https://www.buckeyehealthplan.com/members/medicaid/benefits-services.html	
Case Management	https://www.buckeyehealthplan.com/members/medicaid/benefits-services.html	
Chronic Disease Management	https://www.buckeyehealthplan.com/members/medicaid/benefits-services.html	
Provider Directory	https://www.buckeyehealthplan.com/find-a-doctor.html	
Transportation Assistance Call	1-866-531-0615 OR 1-866-246-4358 (TDD/TTY: 1-800-750-0750)	
Program website	https://www.buckeyehealthplan.com/members/medicaid/benefits-services.html	
Transportation Information	West and NW Regions: Buckeye provides round trip coverage for covered services 30+ miles away. In addition, Buckeye offers up to 15 round-trip visits (30 one-way trips) per member per 12- month period to covered healthcare/dental appointments, WIC appointments, and redetermination appointments with your CDJFS caseworker. Central/Southeast Regions: Buckeye provides round trip coverage for covered services 30+ miles away. In addition, Buckeye offers up to 30 round-trip visits (60 one-way trips) per member per 12- month period to covered healthcare/dental appointments, WIC appointments, redetermination appointments with your CDJFS caseworker, as well as pharmacies following a doctor appointment.	
Women and Children's Health Program	https://www.buckeyehealthplan.com/members/medicaid/resources/women-and-childrens-health.html	
24 Hour Nurse Advice Line	https://www.buckeyehealthplan.com/members/medicaid/benefits-services.html	
Community Resources	https://www.buckeyehealthplan.com/community-connect.html	
Prescription Information	https://www.buckeyehealthplan.com/providers/pharmacy.html	
Provider Portal (note: login required)		
Home Page	https://www.buckeyehealthplan.com/providers/login.html	
Portal Access for Care Navigation	Member rosters, care management info (e.g. assessments and care plans, authorizations, claims, hospital inpatient, ER and outpatient utilization, provider directory, benefits, ID Cards, frequently asked questions, secure messages, and many other topics.	

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	CareSource
Mailing Address	P.O. Box 8738 Dayton OH 45401
Public Website	www.caresource.com
Support	
General Questions	Provider Services Mon - Fri 8am to 6 pm: 800-488-0134 (TTY 1-800-750-0750 or 711)
Support Questions	Provider Services Mon - Fri 8am to 6 pm: 800-488-0134 (TTY 1-800-750-0750 or 711)
Member Questions	Member Services Mon - Fri 8am to 6 pm: 800-488-0134 (TTY 1-800-750-0750 or 711)
Contracting Questions	ohio_provider_contracting@caresource.com
Care Management Questions	Care Management: https://www.caresource.com/oh/providers/education/patient-care/care-management-disease-management/medicaid/
Website Information	
Home Page	www.caresource.com
Benefits and Programs	https://www.caresource.com/members/ohio/ohio-medicaid/benefits-and-services/
Case Management	https://www.caresource.com/oh/providers/education/patient-care/care-management-disease-management/medicaid/
Chronic Disease Management	https://www.caresource.com/oh/providers/education/patient-care/care-management-disease-management/medicaid/
Provider Directory	https://findadoctor.caresource.com/?
Transportation Assistance Call	800-488-0134 (TTY : 1-800-750-0750 or 711)
Program website	https://www.caresource.com/providers/
Transportation Information	If a patient must travel 30 miles or more from their home to get covered health care services, CareSource will provide transportation to and from the provider's office. Additionally, each CareSource member can ask for 15 free rides (30 one- way trips) per calendar year for trips less than 30 miles. Unlimited rides for the following conditions: Dialysis, Chemo / Radiation, Hospital discharge, Wheelchair, NICU, Pregnancy related trips, Diabetes Management, OhioRISE.
Women and Children's Health Program	https://www.caresource.com/healthy-living/healthy-family/healthy-pregnancy/
24 Hour Nurse Advice Line	https://www.caresource.com/members/ohio/ohio-medicaid/contact-us/
Community Resources	https://www.caresource.com/oh/members/education/myresources/medicaid/
Prescription Information	https://www.caresource.com/oh/providers/tools-resources/drug-formulary/medicaid/
Provider Portal (note: login required)	
Home Page	https://providerportal.caresource.com/OH/User/Login.aspx?ReturnUrl=%2fOHportal/
Portal Access for Care Navigator	Member rosters, care management info, benefits, ID Cards, authorizations, provider directory, claims, frequently asked questions, secure messages and many other topics.

Humana Healthy Horizons	
Mailing Address (Paper claims submissions are not allowed)	Humana Healthy Horizons in Ohio P.O. Box 14601 Lexington, KY 40512-4601
Public Website	www.humana.com/medicaid/ohio
Support	
Doula Specific Questions	Practice Transformation: OHPEX_PracticeTransformation@humana.com
General Questions	Provider Services: 1-877-856-5707 M-F 7am-8pm
Support Questions	Provider Services: 1-877-856-5707 M-F 7am-8pm
Member Questions	Member Services: 1-877-856-5702 (TTY: 711) M-F 7am-8pm
Care Management Questions	Humana CM Support: 1-877-856-5702; OHMCDCareManagement@humana.com
Website Information	
Home Page	www.humana.com/medicaid/ohio
Benefits and Programs	www.humana.com/medicaid/ohio/support
Case Management	www.humana.com/medicaid/ohio/support/care-management
Chronic Disease Management	www.humana.com/medicaid/ohio/support/disease-management
Provider Directory	Physician Search - Humana
Transportation Assistance Call	Access2Care at 1-855-739-5986 (TTY: 1-866-288-3133) M-Sat 8am-6pm
Program website	www.humana.com/medicaid/ohio/coverage/transportation
Program Brochure	www.humana.com/medicaid/ohio/support/why-humana
Transportation Information	All Humana Healthy Horizons in Ohio members get 30 one-way (15 round) trips each calendar year with no approval needed. Rides are available for trips such as: CDJFS/ODM appointments, medical, dental and vision appointments, GED classes, job interviews, maternity classes, redetermination appointments, social services and support appointments, and SNAP and WIC appointments. Additionally, Humana Healthy Horizons offers unlimited trips for members getting dialysis, radiation, or chemotherapy. Members may also be eligible for additional trips if they are enrolled in our Case Management program.
Women and Children's Health Program	www.humana.com/medicaid/ohio/benefits/pregnancy-program www.humana.com/medicaid/ohio/support/child-wellness
24 Hour Nurse Advice Line	24 Hour Nurse Advice Line: 1-866-376-4827
Community Resources	Member Services: 1-877-856-5702 (TTY: 711) M-F 7am-8pm; https://hhh.findhelp.com/
Prescription Information	www.humana.com/medicaid/ohio/coverage/pharmacy
Provider Portal (note: login required)	
Home Page	www.humana.com/provider/medical-resources/ohio-medicaid/availity
Portal Access for Care Navigator	The Ohio Medicaid Care Management link within Availity will direct providers to the population health dashboard. This allows providers to view member assessments, care plans, authorizations, assigned care management programs, and contact information for the member's care manager.

	Molina
Mailing Address	3000 Corporate Exchange Drive Columbus, OH 43231
Public Website	http://www.molinahealthcare.com
Support	
Doula Specific Questions	• For contracting questions, please email: oh_contract_requests@molinahealthcare.com • For all other inquiries, please email Molina Provider Relations: ohproviderrelations@molinahealthcare.com
General Questions	Provider Services: 1-855-322-4079
Support Questions	Provider Services: 1-855-322-4079
Member Questions	Member Services: 1-800-642-4168 (TTY: 1-800-750-0750 or 711)
Contracting Questions	oh_contract_requests@molinahealthcare.com
Care Management Questions	Molina Care Management: 1-800-642-4168
Website Information	
Home Page	http://www.molinahealthcare.com
Benefit and Programs	https://www.molinahealthcare.com/members/oh/en-us/mem/home.aspx
Case Management	https://www.molinahealthcare.com/members/oh/en-us/mem/medicaid/overvw/coverd/hm/casemngt.aspx
Chronic Disease Management	https://www.molinahealthcare.com/members/oh/en-us/mem/medicaid/overvw/coverd/hm/dm/dm.aspx
Provider Directory	https://molina.sapphirethreesixtyfive.com/?ci=oh-medicaid&network_id=29&geo_location=37.75909999999999,-122.13589999999999&locale=en_us
Transportation Assistance	1-866-642-9279 (TTY: 711)
Program website	https://www.molinahealthcare.com/members/oh/en-us/mem/medicaid/overvw/coverd/coverd.aspx
Program Brochure	https://www.molinahealthcare.com/members/oh/en-us/-/media/Molina/PublicWebsite/PDF/members/oh/en-us/Medicaid/oh-medicaid-covered-services-list.pdf
Transportation Information	Transportation: Molina providers 30 one-way trips for covered medically necessary services (ie: medical, dental, WIC and Medicaid renewal appointments) each calendar year. Additionally, Molina covers trips where members must travel more than 30 miles to a participating provider. Molina provides unlimited trips for dialysis, chemotherapy, radiation therapy and wheelchair vans.
Women and Children's Health Program	https://www.molinahealthcare.com/members/oh/en-us/mem/medicaid/overvw/coverd/services/womencare.aspx
24 Hour Nurse Advice Line	Molina 24-Hour Nurse Advice Line 1-888-275-8750 (English); 1-866-648-6537 (Spanish); 711 (TTY)
Community Resources	https://www.molinahealthcare.com/members/oh/en-us/mem/medicaid/overvw/resources/commres.aspx
Prescription Information	https://www.molinahealthcare.com/members/oh/en-us/mem/medicaid/overvw/coverd/presdrugs.aspx
Provider Portal (note: login required)	
Home Page, hosted by Availity	https://apps.availity.com/availity/web/public.elegant.login
Portal Access for Care Navigator	Member rosters, care management info (member care plans, member claims history), benefits, ID Cards, authorizations, provider directory, claims, frequently asked questions, secure messages and many other topics.

	UnitedHealthcare
Mailing Address	5900 Parkwood Place, 2nd Floor Dublin, OH 43016
Public Website	https://www.uhc.com/communityplan/ohio/plans/medicaid/community-plan
Support	
Doula Specific Questions	Contracting, billing and prior authorization questions email UHC_OH_Doula_Support@uhc.com
General Questions	Provider Services: 877-842-3210
Support Questions	Provider Services: 877-842-3210
Member Questions	Member Services: 800-895-2017 / TTY: 711
Contracting Questions	UHC_OH_Doula_Support@uhc.com
Care Management Questions	800-895-2017 / TTY: 711
Website Information	
Home Page	https://www.uhc.com/communityplan/ohio ; **Members:** https://member.uhc.com/myuhc
Benefits and Programs	https://www.uhc.com/communityplan/ohio/plans/medicaid/community-plan
Case Management	https://www.uhc.com/communityplan/ohio/plans/medicaid/community-plan
Chronic Disease Management	https://www.uhc.com/communityplan/ohio/plans/medicaid/community-plan
Transportation Assistance Call	(800) 895-2017
Provider Directory	https://www.uhc.com/communityplan/ohio/plans/medicaid/community-plan/find-a-provider-
Transportation Assistance Call	UnitedHealthcare Community Plan provides 30 one-way less than 30-mile trips per calendar year for covered medically necessary services (ie: medical, dental, vision, WIC and Medicaid renewal appointments) each calendar year. Additionally, UHC-CP covers trips where members must travel more than 30 miles where a closer provider is not available as well as trips by ambulance and paralift. Trips must be scheduled 48 hours in advance. Exception to 48-hour advance notification for: same day sick visits, pregnancy related visits, hospital discharges and transfers. Unlimited trips are permitted for the following trip types: dialysis, oncology, wound care, chemotherapy, substance use disorder, NICU, Wheelchair transport, pregnancy related trips, diabetes management and OhioRise appointments. UHC-CP is contracted with Lyft for on-demand transportation needs and offers and post authorization process for ambulance only trips.
Women and Children's Health Program	https://www.uhc.com/communityplan/ohio/plans/medicaid/community-plan
24 Hour Nurse Advice Line	800-542-8630 / TTY 800-855-2880
Community Resources	Member Services: 800-895-2017 / TTY: 711
Prescription Information	https://www.uhc.com/communityplan/ohio/plans/medicaid/community-plan/find-a-provider-or-pharmacy#collapse-find-drug
Provider Portal (note: login required)	
Home Page	UnitedHealthcare Community Plan of Ohio | UHCprovider.com
Portal Access for Care Navigation	Member rosters, authorization and claims information, member information such as demographics, care team members, diagnosis(es), completed assessments, and care plans. Portal access also allows the user to identify the assigned health plan care manager or community health worker, and the ability to send private messages to that person. To obtain access to the UHC Care Coordination portal, please send an email to: UnitedCCPortal@uhc.com

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