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

June 2026

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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.
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 • For billing & prior auth questions call Provider Services at 1-844-912-1226	• 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 • For general questions regarding Doula email OHPEX_PracticeTransformation@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 • For billing & prior auth questions: 1-855-322-4079 • All other inquiries contact Molina Provider Relations: ohproviderrelations@molinahealthcare.com	• Contracting, billing and prior authorization questions email UHC_OH_Doula_Support@uhc.com or call 1-763-283-2368

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, , Hospital admission/discharge, Wheelchair, NICU, Prenatal and Postpartum visits, OhioRISE, EPSDT and Pediatric visits	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

Coordination of Benefits: The process used to determine which insurance pays first when a member has more than one source of health coverage

Third Party Liability: Any other insurance responsible for covering a member's healthcare costs must be billed before Medicaid, which serves as the final payer

Explanation of Benefits: A document from the member's primary insurance outlines how a claim was processed and may be required when submitting claims to Medicaid if other coverage is present

Payer of Last Resort: Medicaid only pays after all other available insurance coverage has been billed first

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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: What If a member has another insurance in addition to Medicaid?
A: If a member has other health insurance in addition to Medicaid, that insurance must be billed first. This process is part of Third Party Liability (TPL), which identifies other insurance, and Coordination of Benefits (COB), which determines who pays first. Medicaid may cover remaining eligible costs after the primary insurance processes the claim. Providers should verify all insurance information before billing services.

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 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
- T1023
  - ROP electronic submission
  - Reimbursement set to $30 per unit

Q: What diagnosis codes does ODM recommend doulas use for claims?
A: To simplify the process, ODM recommends that doulas use the following diagnosis codes on claims:

- **Z32.2 – Encounter for childbirth instruction:** *For all prenatal visits and delivery*
- **Z32.3 – Encounter for childcare instruction:** *For all postpartum visits*

All MCOs have added these diagnosis codes to their systems. While the full list of accepted diagnosis codes may vary by MCO, **Z32.2** (for prenatal visits and delivery) and **Z32.3** (for postpartum visits) *are accepted by all MCOs and ODM* and are the diagnosis codes recommended by ODM. If you need information on additional diagnosis codes accepted by a specific MCO, please contact that MCO directly using their designated provider contact or reporting resource.

Q: Do doula services require prior authorization (PA)?
A: If a member needs more services beyond the standard benefit limit, up to 48 15-minute units for prenatal and postpartum services, doulas may need to request prior authorization before providing additional services. PA requirements vary by MCO, so doulas should review each MC's website for specific guidelines. See below.

MCO	Requires PA	Notes
AmeriHealth Caritas	No	Prior Auth submission via portal NaviNet, fax or calling 1-833-735-7700
Anthem	No	N/A

Buckeye	**Yes**	Prior Auth submission via https://www.buckeyehealthplan.com/providers.html
Caresource	No	N/A
Humana	No	N/A
Molina	**Yes**	See Provider Manual for submission requirements
UnitedHealthcare	No	N/A

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

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, or call Provider Services for additional information.

Additionally, technical videos provided by the MCOs are **listed** in the Resources section of the Ohio Department of Medicaid (ODM) doula page: https://medicaid.ohio.gov/families-and-individuals/citizen-programs-and-initiatives/maternal-and-infant-support/doulas

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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Report of Pregnancy (ROP) Submission Instructions

Doula Provider

A timely electronic ROP ensures pregnant individuals covered by Medicaid are identified as early as possible so that coverage can be continued through the pregnancy and the immediate 12-month post-partum period.

Provider Benefits and purpose of submitting an electronic ROP:

- An ROP submitted via NurtureOhio updates Ohio's eligibility system, assisting with the prevention of loss of coverage during pregnancy and the postpartum period, enabling more timely receipt of and payment for Medicaid services.
- The ROP serves as pregnancy notification to managed care organizations and promotes initiation of timely health care and connection to prenatal care, as well as added resources, such as care management, WIC, and Evidenced-Based Home Visiting.
- A payment may be made for one ROP that is submitted per member per pregnancy. The ROP may be billed on the same date of service as doula prenatal care, or it may be billed separately, as the only service provided on the particular date of service.

Payment for Completing the ROP:

After completing the ROP, submit a claim based on the guidelines below:

Code	Description	Reimbursement Amount*
HCPCS **T1023**	ROP electronic submission	$30

Doula claims reimbursement is effective 10/1/2025

Submitting the ROP using NurtureOhio is Easy!

1. ROPs are submitted electronically via the NurtureOhio system at https://nurtureohio.com/. NurtureOhio users will need a provider Medicaid ID assigned to their OH|ID by their PNM administrator.
2. How To Log In With An Existing OHID How To Create An OHID Account
3. If you need technical assistance, please email the Ohio Department of Medicaid at MomsandBabies@Medicaid.ohio.gov

Additional Questions? Contact the Managed Care Plans

AmeriHealth Caritas	Anthem
Kara Buell	Jennifer Braden
614-874-1701	844-441-1505
kbuell@amerihealthcaritasoh.com	Jennifer.Braden@Anthem.com

Buckeye Health Plan	CareSource	Humana Healthy Horizons
Timicia Swallen	Sharon Johnston	Dallas King
513-340-5721	937-823-9733	502-885-7203
TSwallen@Centene.com	Sharon.Johnston@CareSource.com	dking68@humana.com

Molina Healthcare	United Healthcare
Shelby Burch	Kathryn Hobson
614-516-4402	614-356-2961
Shelby.Burch@MolinaHealthcare.com	Kathryn.Hobson@uhc.com

REPORT OF PREGNANCY (ROP) FAQ

Q: What is an ROP?
A: The purpose of the Report of Pregnancy (ROP) form is to capture a Medicaid patient's pregnancy as soon as possible to assist with eligibility and care coordination. At the first identification of pregnancy, an ROP should be completed and submitted on behalf of the patient. The goal is to connect the patient to appropriate services, resources and care in a timely manner. Submission of the ROP will help to ensure Medicaid coverage throughout pregnancy and the post-partum period to optimize health care access and health outcomes for the mother and infant.

Q: Who can complete and submit an ROP?
A: Non – obstetrical providers such as primary care providers, emergency department providers, local health department clinics, etc. should submit an ROP. The ROP submission via NurtureOhio can be completed by non-clinical staff based on clinical information.

Q: How do I submit an ROP
A: ROPs are submitted electronically via the NurtureOhio system at https://nurtureohio.com/. NurtureOhio users will need a provider Medicaid ID assigned to their OH|ID by their PNM administrator. If you need technical assistance, email the Ohio Department of Medicaid at MomsandBabies@Medicaid.ohio.gov.

Support and Information:
https://nurtureohio.com/media/PRAF%202.0%20Provider%20User%20Guide_Final_12012025.pdf
https://nurtureohio.com/media/Provider_Login_Troubleshooting_Guide_6-1-25.pdf

Q: What is the role of the ROP?
A: The ROP acts as a catalyst to help connect patients to appropriate services, resources and care during their pregnancy and post-partum period. It allows for partnership and collaboration between providers and Managed Care Entities (MCE) to best address each patient's needs and risks through early identification of pregnancy.

For Patients, the ROP:

- Assists in the initiation of timely health care with an obstetrical care provider.
- Maintains Medicaid eligibility without disruption in coverage through the post-partum period of 12 months post-delivery.
- Allows for the connection to added services, resources and care coordination in a timely manner.

For Providers, the ROP:

- Allows MCEs to directly assist patients with getting needed services, resources and care.
- Prevents delays in payment due to Medicaid coverage continuation through pregnancy and post-partum period.
- Can be used as a tool to assess risk and needs to help improve maternal and infant health outcomes.

Q: How do I refer my patient to an Obstetrical Care Provider?
A: Within the ROP there is a field to indicate that the patient needs to be connected to an obstetrical care provider. Please check the box if you would like assistance connecting your patient with obstetrical care. Additionally, the MCEs do not require referrals to be made for patients to access obstetrical services. Network providers can be found in the MCEs' Provider Directories or by having the patient contact Member Services.

Q: Can I get reimbursed for submitting an ROP?
A: Yes. The reimbursement rate for an ROP is $30. Please see the ROP Submission Instructions based on your provider type for details.

OHIOMANAGEDMEDICAIDMCOS– Key Information(by Plan)

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

OHIOMANAGEDMEDICAIDMCOS– Key Information(by Plan)

	**Anthem**
Mailing Address	PO Box 62500, Virginia Beach, VA 23466-2509
Public Website	Home | Anthem Blue Cross and Blue Shield
Provider Manual	Policies, Guidelines & Manuals | OH Providers | State & Federal Programs | Anthem
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.

OHIOMANAGEDMEDICAIDMCOS– Key Information(by Plan)

	Buckeye
Mailing Address	4349 Easton Way, Suite 120 Columbus, OH 43219
Public Website	https://www.buckeyehealthplan.com/
Provider Billing Guide	https://www.buckeyehealthplan.com/content/dam/centene/Buckeye/2026-next-gen-mycare/NextGenQuickBillingGuide.pdf
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.

OHIOMANAGEDMEDICAIDMCOS– Key Information(by Plan)

	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, , Hospital admission and discharge, Wheelchair, NICU, Prenatal and postpartum visits , , EPSDT and Pediatric visits.
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.

OHIOMANAGEDMEDICAIDMCOS– Key Information(by Plan)

Humana Healthy Horizons	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
Provider Manual	Humana Healthy Horizons in Ohio 2026 Provider Manual (Insurance Coverage Coordination: page 99)
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	MTM 1-855-739-5986 (TTY: 1-866-288-3133) M-Sat 7A-8P, 24/7 Urgent Care
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.

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	Molina
Mailing Address	3000 Corporate Exchange Drive Columbus, OH 43231
Public Website	http://www.molinahealthcare.com
Provider Manual	2026 Next Generation Molina Medicaid Provider Manual (Insurance Coverage Coordination: pages 126-131)
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:log in 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.

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UnitedHealthcare Community Plan	**UnitedHealthcare**
Mailing Address	5900 Parkwood Place, 2nd Floor Dublin, OH 43016
Public Website	https://www.uhc.com/communityplan/ohio/plans/medicaid/community-plan
Provider Manual	Care Provider Manual - UnitedHealthcare Community Plan of Ohio (Insurance Coverage Coordination: page 78, 96, 98,)
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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