



## OHIO CPC:

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

February 2026

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## OHIO CPC PRACTICE ROSTER – with Lead MCO Assignments

| Name                                                            | Enrollment | Lead MCO    |
|-----------------------------------------------------------------|------------|-------------|
| ALL ABOUT KIDS PEDIATRICS LLC                                   | 2020       | AmeriHealth |
| FRANKLIN PARK PEDIATRICS                                        | 2020       | AmeriHealth |
| HEALTH PARTNERS OF WESTERN OHIO                                 | 2017       | AmeriHealth |
| KWASI A NENONENE                                                | 2025       | AmeriHealth |
| LOWER LIGHTS CHRISTIAN HEALTH CENTER INC                        | 2017       | AmeriHealth |
| LOWER LIGHTS NURSING CENTER                                     | 2017       | AmeriHealth |
| MARGARET B SHIPLEY CHILD HEALTH CLINIC INC                      | 2022       | AmeriHealth |
| MARY RUTAN HOSPITAL                                             | 2017       | AmeriHealth |
| MED CARE GROUP INC                                              | 2019       | AmeriHealth |
| SUMMA PHYSICIANS INC                                            | 2017       | AmeriHealth |
| TOLEDO CLINIC INCORPORATED                                      | 2019       | AmeriHealth |
| COMPASS COMMUNITY HEALTH                                        | 2019       | Anthem      |
| JAMES A GOTTFRIED MD INC (NORTHERN OHIO FAMILY PRACTICE)        | 2017       | Anthem      |
| LIMA MEMORIAL PROFESSIONAL CORPORATION                          | 2019       | Anthem      |
| LORAIN COUNTY HEALTH & DENTISTRY                                | 2017       | Anthem      |
| MEMORIAL PROFESSIONAL SERVICES (PROMEDICA)                      | 2020       | Anthem      |
| NORTH COAST PROFESSIONAL CO LLC                                 | 2019       | Anthem      |
| OHIO PEDIATRICS INC                                             | 2019       | Anthem      |
| PROMEDICA CENTRAL PHYSICIANS LLC                                | 2017       | Anthem      |
| PROMEDICA MULTI SPECIALTY PHYSICIANS                            | 2025       | Anthem      |
| PROVIDENCE MEDICAL GROUP INC                                    | 2017       | Anthem      |
| ROCKING HORSE CHILDREN'S HEALTH CENTER                          | 2020       | Anthem      |
| SCH PROFESSIONAL CORPORATION                                    | 2019       | Anthem      |
| TALBERT HOUSE HEALTH CENTER (CENTERPOINT)                       | 2017       | Anthem      |
| TALBERT HOUSE PRIMARY CARE                                      | 2020       | Anthem      |
| TOLEDO HOSPITAL (PROMEDICA)                                     | 2020       | Anthem      |
| TRIHEALTH (BETHESDA FAMILY PRACTICE)                            | 2017       | Anthem      |
| TRIHEALTH PHYSICIAN PRACTICES                                   | 2023       | Anthem      |
| WESTSIDE PEDIATRICS INC                                         | 2017       | Anthem      |
| ADEBOWALE A ADEDIPE                                             | 2019       | Buckeye     |
| BLANCHARD VALLEY MEDICAL PRACTICE LLC                           | 2018       | Buckeye     |
| CHMCA PHYSICIAN BILLING DBA CHILDRENS HOSP MED CTR AKRON        | 2017       | Buckeye     |
| CIRCLE HEALTH SERVICES                                          | 2017       | Buckeye     |
| COLUMBUS NEIGHBORHOOD HEALTH CENTER, INC. DBA PRIMARYONE HEALTH | 2017       | Buckeye     |
| COMMUNITY ACTION AGENCY OF COLUMBIANA COUNTY INC                | 2021       | Buckeye     |
| COMMUNITY AND RURAL HEALTH SERVICES                             | 2023       | Buckeye     |
| COMMUNITY HEALTH & WELLNESS PARTNERS OF LOGAN COUNTY            | 2018       | Buckeye     |
| COMMUNITY HEALTH CARE INC                                       | 2017       | Buckeye     |
| FAMILY HEALTH CARE OF NORTHWEST                                 | 2017       | Buckeye     |
| FAMILY HEALTH SERV OF DARKE COUNTY                              | 2019       | Buckeye     |
| HOLZER CLINIC LLC                                               | 2017       | Buckeye     |
| JTDM FAMILY PRACTICE LLC                                        | 2019       | Buckeye     |
| MEDF PHYSICIANS CORPORATION                                     | 2018       | Buckeye     |
| METROHEALTH SYSTEM                                              | 2017       | Buckeye     |
| OHIO NORTH EAST HEALTH SYSTEMS INC                              | 2019       | Buckeye     |
| PAULDING COUNTY HOSPITAL PHYSICIAN SERVICES                     | 2025       | Buckeye     |

## OHIO CPC PRACTICE ROSTER – with Lead MCO Assignments (continued)

| Name                                                                       | Enrollment | Lead MCO   |
|----------------------------------------------------------------------------|------------|------------|
| PEDIATRIC CENTER INC                                                       | 2019       | Buckeye    |
| PEDIATRICS OF LIMA INC                                                     | 2024       | Buckeye    |
| PIONEER PHYSICIANS NETWORK INC                                             | 2017       | Buckeye    |
| QUICKMED URGENT CARE LLC                                                   | 2024       | Buckeye    |
| SHAWNEE MENTAL HEALTH CENTER INC                                           | 2025       | Buckeye    |
| THE HEALTHCARE CONNECTION INC                                              | 2018       | Buckeye    |
| TRIAD HEALTH SERVICES LLC                                                  | 2023       | Buckeye    |
| UNIVERSITY OF TOLEDO PHYSICIANS LLC                                        | 2018       | Buckeye    |
| ALLIANCE PHYSICIANS INC (KETTERING)                                        | 2017       | CareSource |
| AULTMAN NORTH CANTON MEDICAL GROUP                                         | 2020       | CareSource |
| CARE ALLIANCE HEALTH CENTER                                                | 2018       | CareSource |
| CARO PEDIATRIC CENTER                                                      | 2019       | CareSource |
| CHILD ADOLESCENT SPECIALTY CARE                                            | 2019       | CareSource |
| CHILDRENS MEDICAL CENTER INC                                               | 2020       | CareSource |
| CHRISTIAN COMMUNITY HEALTH SERVICES DBA CROSSROAD HEALTH CENTER            | 2018       | CareSource |
| COMMUNITY HEALTH CENTERS OF GREATER DAYTON                                 | 2018       | CareSource |
| FAIRFIELD COMMUNITY HEALTH CENTER                                          | 2017       | CareSource |
| FIVE RIVERS HEALTH CENTERS                                                 | 2017       | CareSource |
| GENESIS HEALTHCARE SYSTEM                                                  | 2022       | CareSource |
| GREENE MEMORIAL HOSPITAL                                                   | 2025       | CareSource |
| HEALTHSOURCE OF OHIO, INC                                                  | 2017       | CareSource |
| LIFECARE FAMILY HEALTH AND DENTAL CENTER, INC                              | 2026       | CareSource |
| MERCY HEALTH PHYSICIANS CINCINNATI LLC                                     | 2017       | CareSource |
| MERCY HEALTH PHYSICIANS LIMA LLC                                           | 2017       | CareSource |
| MERCY HEALTH PHYSICIANS LORAIN LLC                                         | 2017       | CareSource |
| MERCY HEALTH PHYSICIANS YOUNGSTOWN LLC                                     | 2017       | CareSource |
| MERCY HEALTH PHYSICIANS NORTH LLC                                          | 2023       | CareSource |
| MERCY MEDICAL PARTNERS NORTHERN REGION LLC                                 | 2017       | CareSource |
| MERCY HEALTH PHYSICIANS SPRINGFIELD PRIMARY CARE                           | 2023       | CareSource |
| NATIONWIDE CHILDRENS HOSPITAL                                              | 2017       | CareSource |
| NEIGHBORHOOD HEALTH CARE INCORPORATED DBA NEIGHBORHOOD FAMILY PRACTICE     | 2020       | CareSource |
| NORTHEAST CIN PEDIATRIC ASSOC                                              | 2019       | CareSource |
| NORTHWEST CHILDREN'S COMMUNITY PRACTICES II, LLC                           | 2025       | CareSource |
| NORTHWEST PEDIATRIC SPECIALISTS, LLC                                       | 2025       | CareSource |
| OHIO PEDIATRIC CARE ALLIANCE PHYSICIANS, LLC                               | 2025       | CareSource |
| OHIO PHYSICIAN PROFESSIONAL CORPORATION                                    | 2018       | CareSource |
| ORRVILLE HOSPITAL FOUNDATION                                               | 2020       | CareSource |
| ORRVILLE HOSPITAL FOUNDATION DBA AULTMAN ORRVILLE DUNLAP FAMILY PHYSICIANS | 2020       | CareSource |
| PEDIATRIC ASSOC OF LANCASTER                                               | 2017       | CareSource |
| PEDIATRIC ASSOCIATES OF MT. CARMEL, INC                                    | 2017       | CareSource |
| RACHEL M GARBER, MD                                                        | 2021       | CareSource |
| RAMZIEH AZMEH                                                              | 2020       | CareSource |
| SHELLY DAVID SENDERS MD INC                                                | 2017       | CareSource |
| SIGNATURE HEALTH INC                                                       | 2020       | CareSource |
| UNIVERSITY OF CINCINNATI PHYSICIANS COMPANY                                | 2023       | CareSource |
| ABC PEDIATRICS                                                             | 2019       | Humana     |

## OHIO CPC PRACTICE ROSTER – with Lead MCO Assignments (continued)

| Name                                                                       | Enrollment | Lead MCO         |
|----------------------------------------------------------------------------|------------|------------------|
| BOOKER T BAIR                                                              | 2025       | Humana           |
| CHILD CARE CONSULTANTS INC                                                 | 2021       | Humana           |
| CHMC COMMUNITY HEALTH SERVICES NETWORK                                     | 2023       | Humana           |
| DAYTON CHILDREN'S HOSPITAL                                                 | 2019       | Humana           |
| DAYTON CHILDREN'S SPECIALTY PHYSICIANS, INC.                               | 2025       | Humana           |
| ERIE COUNTY OFFICE OF AUDITOR                                              | 2020       | Humana           |
| FISHER-TITUS MEDICAL CARE LLC                                              | 2019       | Humana           |
| HIGHLAND HEALTH PROVIDERS CORPORATION                                      | 2024       | Humana           |
| MARIETTA MEM HOSPITAL                                                      | 2017       | Humana           |
| MARION AREA PHYSICIANS, LLC                                                | 2017       | Humana           |
| NEIGHBORHOOD HEALTH ASSOCIATION OF TOLEDO, INC                             | 2020       | Humana           |
| OHIOHEALTH PHYSICIAN GROUP INC                                             | 2017       | Humana           |
| PEDIATRIC ASSOCIATES INC                                                   | 2017       | Humana           |
| PEDIATRIC CENTER OF CANTON, LLC                                            | 2026       | Humana           |
| PREMIUM PEDIATRICS INC                                                     | 2019       | Humana           |
| SOMC MEDICAL CARE FOUNDATION                                               | 2021       | Humana           |
| THE CHRIST HOSPITAL MED ASSOC                                              | 2017       | Humana           |
| THIRD STREET COMMUNITY CLINIC INC DBA FIVE POINTS PRIMARY CARE             | 2021       | Humana           |
| THIRD STREET COMMUNITY CLINIC, INC                                         | 2021       | Humana           |
| WESTERVILLE PEDIATRIC SPECIALISTS                                          | 2024       | Humana           |
| BUTLER COUNTY COMMUNITY HEALTH CONSORTIUM INC DBA PRIMARY HEALTH SOLUTIONS | 2017       | Molina           |
| CHILDRENS HOSP MED CTR PHY BILL (CINCINNATI CHILDRENS HOSPITAL)            | 2017       | Molina           |
| COMMUNITY ACTION COMMITTEE OF PIKE COUNTY                                  | 2017       | Molina           |
| EQUITAS HEALTH INC                                                         | 2024       | Molina           |
| HEART OF OHIO FAMILY HEALTH CENTERS                                        | 2023       | Molina           |
| HEART OF OHIO (CAPITAL PARK FAMILY HEALTH CNTR)                            | 2019       | Molina           |
| HEART OF OHIO (CHANTRY FAMILY HEALTH CNTR)                                 | 2023       | Molina           |
| HOPEWELL HEALTH CENTERS INC                                                | 2017       | Molina           |
| IRONTON LAWRENCE COUNTY COMMUNITY ACTION ORGANIZATION                      | 2020       | Molina           |
| LICKING MEMORIAL PROFESSIONAL                                              | 2023       | Molina           |
| MERIDIAN HEALTHCARE                                                        | 2025       | Molina           |
| MUSKINGUM VALLEY HEALTH CENTERS                                            | 2017       | Molina           |
| NORTH CENTRAL OHIO FAMILY CARE CENTER                                      | 2023       | Molina           |
| OHIO URGENT CARE & OCCUPATIONAL HEALTH LLC                                 | 2026       | Molina           |
| SAMUEL GETACHEW MD INC                                                     | 2025       | Molina           |
| SOUTH DAYTON PEDIATRICS                                                    | 2024       | Molina           |
| SOUTHEAST INC                                                              | 2020       | Molina           |
| ADENA MEDICAL GROUP LLC                                                    | 2017       | UnitedHealthcare |
| ADENA FAYETTE MEDICAL CENTER                                               | 2025       | UnitedHealthcare |
| ALLIANCE FAMILY HEALTH CENTER INC.                                         | 2023       | UnitedHealthcare |
| ASHLAND HOSPITAL CORPORATION                                               | 2019       | UnitedHealthcare |
| AUSTINTOWN PEDIATRICS INC                                                  | 2020       | UnitedHealthcare |
| AXESSPOINTE COMMUNITY HEALTH CENTER INC                                    | 2017       | UnitedHealthcare |
| CENTER STREET COMMUNITY CLINIC INC                                         | 2022       | UnitedHealthcare |
| CENTRAL OHIO PRIMARY CARE PHYSICIANS INC                                   | 2017       | UnitedHealthcare |
| CINCINNATI HEALTH DEPT (CITY OF CINCINNATI)                                | 2017       | UnitedHealthcare |

## OHIO CPC PRACTICE ROSTER – with Lead MCO Assignments (continued)

| Name                                                          | Enrollment | Lead MCO                         |
|---------------------------------------------------------------|------------|----------------------------------|
| LAKE HOSPITAL SYSTEM (UNIVERSITY HOSPITALS)                   | 2017       | <a href="#">UnitedHealthcare</a> |
| CLEVELAND CLINIC MERCY HOSPITAL                               | 2025       | <a href="#">UnitedHealthcare</a> |
| COMPASSION HEALTH TOLEDO                                      | 2025       | <a href="#">UnitedHealthcare</a> |
| KNOX COUNTY GENERAL HEALTH DISTRICT                           | 2022       | <a href="#">UnitedHealthcare</a> |
| LAKE HOSPITAL SYSTEM (UNIVERSITY HOSPITALS)                   | 2017       | <a href="#">UnitedHealthcare</a> |
| MERCY PROFESSIONAL CARE CORP (CCF)                            | 2019       | <a href="#">UnitedHealthcare</a> |
| MOUNT CARMEL - OSU PHYSICIAN ALLIANCE LLC (MADISON HEALTH)    | 2019       | <a href="#">UnitedHealthcare</a> |
| MY COMMUNITY HEALTH CENTER                                    | 2024       | <a href="#">UnitedHealthcare</a> |
| NEIGHBORHOOD PEDIATRICS LLC                                   | 2021       | <a href="#">UnitedHealthcare</a> |
| NORTHEAST OH NEIGHBORHOOD HEALTH (NEON)                       | 2017       | <a href="#">UnitedHealthcare</a> |
| NORTHERN OHIO MED SPECIALISTS                                 | 2017       | <a href="#">UnitedHealthcare</a> |
| OHIO INDEPENDENT MEDICAL GROUP LLC                            | 2026       | <a href="#">UnitedHealthcare</a> |
| OHIO STATE UNIVERSITY, THE                                    | 2025       | <a href="#">UnitedHealthcare</a> |
| OSU GENERAL INTERNAL MEDICINE, LLC                            | 2017       | <a href="#">UnitedHealthcare</a> |
| PARTNERS PHYSICIAN GROUP (CLEVELAND CLINIC)                   | 2017       | <a href="#">UnitedHealthcare</a> |
| PREMIER PHYSICIANS CENTERS INC                                | 2018       | <a href="#">UnitedHealthcare</a> |
| THE CLEVELAND CLINIC FOUNDATION                               | 2017       | <a href="#">UnitedHealthcare</a> |
| THE OHIO STATE UNIVERSITY TOTAL HEALTH AND WELLNESS           | 2020       | <a href="#">UnitedHealthcare</a> |
| UNION PHYSICIAN SERVICES (CCF)                                | 2017       | <a href="#">UnitedHealthcare</a> |
| UNIVERSITY HOSPITALS MED GROUP                                | 2019       | <a href="#">UnitedHealthcare</a> |
| UNIVERSITY HOSPITALS REGIONAL PRACTICES, LLC                  | 2021       | <a href="#">UnitedHealthcare</a> |
| UNIVERSITY PRIMARY CARE PRACTICES, INC (UNIVERSITY HOSPITALS) | 2018       | <a href="#">UnitedHealthcare</a> |
| WINTON HILLS MEDICAL & HEALTH CENTER                          | 2021       | <a href="#">UnitedHealthcare</a> |
| WOOD COUNTY AUDITOR                                           | 2023       | <a href="#">UnitedHealthcare</a> |
| WOOSTER CLINIC                                                | 2025       | <a href="#">UnitedHealthcare</a> |

# All OH Medicaid MCO Primary Care Provider (PCP) Selection/Change Form

Please complete this form to update the Primary Care Provider (PCP) Selection/Change Form for an OH Medicaid MCO member.

Please fax/email completed form to the MCO listed below.

## New Provider Information (please print)

|                        |                    |                  |       |
|------------------------|--------------------|------------------|-------|
| <b>PCP Name</b>        | _____              | <b>Clinic</b>    | _____ |
| <b>PCP NPI</b>         | _____              | <b>Tax ID</b>    | _____ |
| <b>PCP Address</b>     | _____              | <b>City</b>      | _____ |
| <b>State</b>           | _____              | <b>Zip Code</b>  | _____ |
| <b>PCP Phone #</b>     | _____              | <b>PCP Fax #</b> | _____ |
| <b>Effective. Date</b> | ____ / ____ / ____ |                  |       |

**Have you seen this provider in the last year?** ☐ Yes ☐ No (Please check one)

**Change Reason** (Please check one)

☐ More convenient location/hours

☐ I am an existing patient with this doctor

☐ I requested this PCP when I was enrolled, but was assigned a different doctor

☐ No reason – I just want different doctor on my card

☐ Referral by family/friend

☐ Dissatisfaction

## Member Information (please print)

|                      |                    |                      |                      |
|----------------------|--------------------|----------------------|----------------------|
| <b>Full Name</b>     | _____              |                      |                      |
| <b>Date of Birth</b> | ____ / ____ / ____ | <b>Phone #</b>       | ( ____ ) ____ - ____ |
| <b>Age</b>           | _____              | <b>Medicaid ID #</b> | _____                |
| <b>Member ID #</b>   | _____              | <b>Phone #</b>       | _____                |
| <b>Address</b>       | _____              | <b>City</b>          | _____                |
| <b>State</b>         | _____              | <b>Zip Code</b>      | _____                |

(A new ID card will be sent out to this address within seven to ten business days.)

\_\_\_\_\_  
**Signature of Member or Member's Guardian**

\_\_\_\_\_  
**Today's Date**

\_\_\_\_\_  
**Provider (Staff) Signature**

\_\_\_\_\_  
**Today's Date**

### OH Medicaid Managed Care Organization (MCO) Information

- AmeriHealth Caritas Ohio; Fax Number: (833) 641-3290
- Anthem Blue Cross & Blue Shield; Fax Number: (866) 840-4993
- CareSource; Fax Number: (937) 226-6916
- Buckeye Health Plan; Fax Number: (866) 719-5435; Email: [bhp\\_medicaid\\_member\\_services@centene.com](mailto:bhp_medicaid_member_services@centene.com)
- Molina Healthcare; Fax Number: (844) 834-2155
- Humana Healthy Horizons in Ohio; Email: [OHMedicaidProviderRelations@Humana.com](mailto:OHMedicaidProviderRelations@Humana.com)
- UnitedHealthcare Community Plan; Fax Number: (844) 386-9286

# Managed Care Organization (MCO) Transportation Benefit Resource Guide for Practices

|                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                          |                                                                                                                                  |                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                       |                                                                                                                                       |                                                                                              |                                                                                                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                         |                                                 |                                                                                                                                                                      |                                                                                                                                                                      |                                                    |           |                                                                           |
| <b>To Schedule, Cancel or get Trip status, Call:</b>                                                                                                                                                                                                                                                                                                                                                                                  | 1-833-664-6368<br>Routine scheduling<br>-7am-8pm M-F<br>Urgent and discharge scheduling -24/7                                                                                                                                            | 1-800-282-9720<br>8am-7pm M-F                                                                                                    | 1-855-739-5981<br>24/7<br>Routine scheduling<br>7am-8pm M-F<br><br>Urgent trip scheduling 24/7                                                                                                                                                        | 1-855-739-5986<br>24/7                                                                                                                                                                                                                                | 1-866-642-9279<br>24/7                                                                                                                | 1-800-269-4190 or<br>1-800-895-2017<br>7am-8pm M-F                                           | 1-800-488-0134<br>7am-7pm M-F                                                                                                                                |
| <b>Standard Scheduling Timeline</b>                                                                                                                                                                                                                                                                                                                                                                                                   | Trips must be scheduled 48 hours (2 business days) up to 30 days in advance                                                                                                                                                              |                                                                                                                                  |                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                       |                                                                                                                                       |                                                                                              |                                                                                                                                                              |
| <b>Special Scheduling Instructions</b>                                                                                                                                                                                                                                                                                                                                                                                                | 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 <a href="#">MTM Link</a> smartphone app is available. Android app, iPhone app.<br><br>Text reminders are also available                                                                                                     | Scheduling online and via <a href="#">access2care</a> smartphone app is available. Android app, iPhone app.<br><br>Text reminders are also available                                                                                                  | Scheduling online and via Access2Care smartphone app is available. Android app, iPhone app.<br><br>Text reminders are also available. | Scheduling via UHC Customer Service or Provide A Ride at the phone numbers listed above.     | Scheduling online and via Provide A Ride smartphone app is available. Android app, iPhone app.<br><br>Text reminders are also available.                     |
| <b>Unlimited Trips</b>                                                                                                                                                                                                                                                                                                                                                                                                                | 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. | 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 <a href="#">Value-Added Benefits</a> for additional services | 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 <a href="#">Value-Added Benefits</a> for additional services | Dialysis, Chemo/ Radiation, Hospital discharge, Wheelchair, Pregnancy related trips, OhioRISE                                         | Dialysis, Disorder, NICU, Wheelchair, Pregnancy related trips, Diabetes Management, OhioRISE | Dialysis, Hospital Admission including any discharge, NICU, Pediatrician, EPSDT, Pregnancy related trips including education, Wheelchair transport, OhioRISE |
| <b>Same Day/Sick Visit Instructions</b>                                                                                                                                                                                                                                                                                                                                                                                               | Same day/sick visit trips available by calling scheduling line above; provider may need to confirm urgency                                                                                                                               |                                                                                                                                  |                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                       |                                                                                                                                       |                                                                                              |                                                                                                                                                              |
| <b>30 One-Way Trips/15 Round Trips Less Than 30 Miles</b>                                                                                                                                                                                                                                                                                                                                                                             | Available for all members, renews on an annual basis<br><i>For appointments where there is no provider within 30 miles, all necessary transportation is provided</i>                                                                     |                                                                                                                                  |                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                       |                                                                                                                                       |                                                                                              |                                                                                                                                                              |
| <b>Additional Trip Limit Exceptions</b>                                                                                                                                                                                                                                                                                                                                                                                               | Radiation, chemotherapy, dialysis, oncology, wound care, hospital discharges, urgent care<br>Additional Trips for Pregnancy (Prenatal, Post-Partum, NICU)<br>2-day scheduling timeline waived for kids under 1 year and organ transplant |                                                                                                                                  |                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                       |                                                                                                                                       |                                                                                              |                                                                                                                                                              |
| <b>Approved Locations</b>                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                          |                                                                                                                                  |                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                       |                                                                                                                                       |                                                                                              |                                                                                                                                                              |
| 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 |                                                                                                                                                                                                                                          |                                                                                                                                  |                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                       |                                                                                                                                       |                                                                                              |                                                                                                                                                              |
| <b>Approved Transportation Choices</b>                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                          |                                                                                                                                  |                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                       |                                                                                                                                       |                                                                                              |                                                                                                                                                              |
| Cab/Van, Bus Pass, Lyft and/or Uber Medical, Mileage Reimbursement to driver/to member, Wheelchair Van<br><i>Please contact plan for medically assisted and stretcher transport needs</i>                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                          |                                                                                                                                  |                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                       |                                                                                                                                       |                                                                                              |                                                                                                                                                              |
| <b>Additional Contact Information</b>                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                          |                                                                                                                                  |                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                       |                                                                                                                                       |                                                                                              |                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                       |                                               |                                                                                                                                                                    |                                                                                                                                                                    |                                                  |         |                                                                         |
| <b>Plan Member Services for General Benefit Inquiries, Issues, Special Requests</b>                                                                                                                                                                                                                                                                                                                                                   | 1-833-764-7700                                                                                                                                                                                                                           | 1-844-912-0938<br>(TTY 711)<br>7am-8pm M-F                                                                                       | 1-866-246-4358<br>7am-7pm M-F                                                                                                                                                                                                                         | 1-877-856-5702<br>7am-8pm M-F                                                                                                                                                                                                                         | 1-800-642-4168<br>7am-7pm M-F                                                                                                         | 1-800-895-2017<br>7am-7pm M-F                                                                | 1-800-488-0134<br>7am-7pm M-F                                                                                                                                |
| <b>Ohio Department of Medicaid (ODM) Provider Hotline</b>                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                          |                                                                                                                                  |                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                       | <b>1-800-686-1516</b>                                                                                                                 |                                                                                              |                                                                                                                                                              |
| <b>Ohio Department of Medicaid (ODM) Member Hotline</b>                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                          |                                                                                                                                  |                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                       | <b>1-800-324-8680</b>                                                                                                                 |                                                                                              |                                                                                                                                                              |

# Extra Benefits from Your Ohio Medicaid Health Plan

Your Ohio Medicaid health plan may offer extra benefits that are at no cost to you. Find your health plan below, scan the QR code with your phone camera, and learn about your extra benefits.



**Anthem** 



  
**AmeriHealth Caritas**  
Ohio



 **buckeye**  
health plan.



 **CareSource**



**Humana**  
Healthy Horizons™



 **MOLINA**  
HEALTHCARE



 **OhioRISE** |  **aetna**



 **United**  
Healthcare

If you don't know your health plan, check your Medicaid ID card or call the Ohio Medicaid Consumer Hotline at 1-800-324-8680 for help.



# Extra Benefits Links

## **Anthem:**

[https://www.anthem.com/content/dam/digital/docs/medicaid/oh/forms/OH\\_ABCBS\\_AdditionalMemberBenefits.pdf](https://www.anthem.com/content/dam/digital/docs/medicaid/oh/forms/OH_ABCBS_AdditionalMemberBenefits.pdf)

## **AmeriHealth:**

<https://www.amerihealthcaritasoh.com/member/benefits/extra-benefits>

## **Buckeye:**

[https://www.buckeyehealthplan.com/members/medicaid/benefits-services/healthy-rewards-program.html?utm\\_source=Rewards+OAK+QR+code&utm\\_medium=QR+Code&utm\\_campaign=BHP26-M-08&utm\\_term=OAK+QR+code](https://www.buckeyehealthplan.com/members/medicaid/benefits-services/healthy-rewards-program.html?utm_source=Rewards+OAK+QR+code&utm_medium=QR+Code&utm_campaign=BHP26-M-08&utm_term=OAK+QR+code)

## **CareSource:**

<https://www.caresource.com/oh/plans/medicaid/benefits-services/additional-services/>

## **Humana Healthy Horizons in Ohio:**

[https://www.humana.com/medicaid/ohio/benefits/value-added-services?cm\\_mmc=O2O\\_Medicaid\\_-Ohio\\_Brochure\\_-Value\\_Add\\_-QR](https://www.humana.com/medicaid/ohio/benefits/value-added-services?cm_mmc=O2O_Medicaid_-Ohio_Brochure_-Value_Add_-QR)

## **Molina:**

[https://www.molinahealthcare.com/providers/oh/medicaid/comm/-/media/Molina/PublicWebsite/PDF/members/oh/en-us/Medicaid/oh-medicaid-value-added-benefits.pdf?utm\\_source=Provider+VAB+Flyer&utm\\_medium=Provider+VAB+Flyer&utm\\_campaign=Provider+VAB+Flyer](https://www.molinahealthcare.com/providers/oh/medicaid/comm/-/media/Molina/PublicWebsite/PDF/members/oh/en-us/Medicaid/oh-medicaid-value-added-benefits.pdf?utm_source=Provider+VAB+Flyer&utm_medium=Provider+VAB+Flyer&utm_campaign=Provider+VAB+Flyer)

## **Aetna:**

<https://www.aetnabetterhealth.com/ohiorise/behavioral-mental-health.html>

## **UHC:**

<https://www.uhc.com/communityplan/ohio/plans/medicaid/community-plan>

# Managed Care Organization (MCO) Translation Benefit Resource Guide for Practice

|                                                                                     |                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                    |                                                                                                                                                                                                      |                                                                                                                                                                                                                  |                                                                                                                                                                                                                        |                                                                                                                                                    |                                                                                                                                                                      |
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|                                                                                     |                                                                                                                                                                                                     |                                                                                                                                                                   |                                                                                                                     |                                                                                                                                 |                                                                                                                                     |                                                                 |                                                                                   |
| <b>To Schedule, Cancel or get assistance with Translation Services</b>              | <p>Call Member Services at 1-833-764-7700 (TTY 1-833-889-6446), 24 hours a day, seven days a week.</p> <p>Press 0 to speak with a representative.</p> <p>Ask for translation (in English or any preferred language) and they will connect with translation services on the line.</p> | <p>1. Call Member Services at <a href="tel:844-912-0938">844-912-0938 (TTY 711)</a> Monday through Friday from 7 a.m. to 8 p.m. Eastern time.</p> <p>or</p> <p>2. Contact your care manager and they can schedule translation services for you</p> | <p>1-833-246-4358<br/>7am-7pm M-F</p> <p>1) Press 2 for Member Services,</p> <p>2) Press 0 to speak with a representative</p> <p>3) Provide Member ID</p> <p>4) Schedule Translation appointment</p> | <p>1-800-488-0134<br/>7am-8pm M-F</p> <p>Members can schedule by talking to a member representative and giving appointment details</p> <p>Providers <b>only</b> - can submit the attached form via email/fax</p> | <p>1-877-856-5702<br/>7am-8pm M-F</p> <p>Providers may call Humana Healthy Horizons at the phone number listed on the member's Humana ID card to access interpretation services while the member is in the office.</p> | <p>1-800-642-4168<br/>(TTY 711)<br/>7am-7pm M-F</p> <p>Members can access translation services by calling and pressing (1) for Member Services</p> | <p><b>1-877-842-3210</b><br/>(TTY 711).</p> <p>8 a.m.–8 p.m. ET, M-F</p> <p>On-site interpreter service requests require a minimum 48-hour advance notification.</p> |
| <b>Standard Scheduling Timeline</b>                                                 | Translation needs must be scheduled 48 hours (2 business days) up to 30 days in advance                                                                                                                                                                                              |                                                                                                                                                                                                                                                    |                                                                                                                                                                                                      |                                                                                                                                                                                                                  |                                                                                                                                                                                                                        |                                                                                                                                                    |                                                                                                                                                                      |
| <b>Special Scheduling Instructions</b>                                              |                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                    | <p>Online scheduling:<br/><a href="https://www.buckeyehealthplan.com/contact-us.html">https://www.buckeyehealthplan.com/contact-us.html</a></p>                                                      | <p>Request form:<br/><a href="#">interpreter service request form-pdf.pdf</a></p>                                                                                                                                | <p>No scheduling required – services are on demand:</p> <p><a href="#">Humana Healthy Horizons in Ohio Auxiliary Aids and Services Notice</a></p>                                                                      |                                                                                                                                                    |                                                                                                                                                                      |
| <b>Same Day/Sick Visit Instructions</b>                                             | Same day/sick visit translation services available by calling the scheduling line above; provider may need to confirm urgency                                                                                                                                                        |                                                                                                                                                                                                                                                    |                                                                                                                                                                                                      |                                                                                                                                                                                                                  |                                                                                                                                                                                                                        |                                                                                                                                                    |                                                                                                                                                                      |
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| <b>Additional Contact Information</b>                                               |                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                    |                                                                                                                                                                                                      |                                                                                                                                                                                                                  |                                                                                                                                                                                                                        |                                                                                                                                                    |                                                                                                                                                                      |
|                                                                                     |                                                                                                                                                                                                   |                                                                                                                                                                 |                                                                                                                   |                                                                                                                               |                                                                                                                                   |                                                               |                                                                                 |
| <b>Plan Member Services for General Benefit Inquiries, Issues, Special Requests</b> | 1-833-764-7700                                                                                                                                                                                                                                                                       | 1-844-912-0938 (TTY 711)<br>7am-8pm M-F                                                                                                                                                                                                            | 1-866-246-4358<br>7am-7pm M-F                                                                                                                                                                        | 1-800-488-0134<br>7am-7pm M-F                                                                                                                                                                                    | 1-877-856-5702<br>7am-8pm M-F                                                                                                                                                                                          | 1-800-642-4168<br>7am-7pm M-F                                                                                                                      | 1-800-895-2017<br>7am-7pm M-F                                                                                                                                        |
| <b>Ohio Department of Medicaid (ODM) Provider Hotline</b>                           |                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                    |                                                                                                                                                                                                      |                                                                                                                                                                                                                  | <b>1-800-686-1516</b>                                                                                                                                                                                                  |                                                                                                                                                    |                                                                                                                                                                      |
| <b>Ohio Department of Medicaid (ODM) Member Hotline</b>                             |                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                    |                                                                                                                                                                                                      |                                                                                                                                                                                                                  | <b>1-800-324-8680</b>                                                                                                                                                                                                  |                                                                                                                                                    |                                                                                                                                                                      |

# Well Visits for Preventive Health Care

## Details and Best Practices from Ohio Medicaid Managed Care Plans

### Sick to Well Visits and Once a Calendar Year Scheduling

## Key Details for Improving Well Visits

All Ohio Medicaid Managed Care Plans allow a sick visit and a well visit on the same day for Medicaid patients.

**(NEW)** Well Visits can now be scheduled every Calendar Year for patients of all Ohio Medicaid Managed Care Plans.

- Allows Members and Providers to schedule Well Visits when it is more convenient.
- Removes Barrier of previous policy if a Sick Well Visit opportunity was prior than 365 days since last Well Visit.

Here are some points to keep in mind with them:

- If it's the first time a patient will be seen in your office, only one of the two billed visits can be billed as a new patient visit.
  - For example, if a new patient is seen and both a well visit and a sick visit are appropriately received, only one service is a new patient visit. The other is an established visit
- As long as the provider's documentation supports services for a well visit and a sick visit (with no overlapping documentation components), then separate reimbursement is both warranted and supported.
- When billing a sick visit on the same day as a well visit, bill the appropriate evaluation and management code (i.e., 99201-99215) with modifier-25 and preventive code (i.e., 99381-99397).

### Best Practices

- Consider every visit an opportunity for a well visit *and* an immunization.
- Review patient charts prior to appointments and allow extra time to complete a well visit with a sick visit or sports physical.
- Schedule the next well visit during check out.
- Provide appointment reminders by text or mobile app.
  - Medicaid patients generally need 48 hours to arrange for transportation, so send reminders 48 to 72 hours prior to the appointment.
- Send reminder letters or call your attributed patients who are due for a well visit – even when patients haven't been seen in your office. These patients either chose your office or were assigned to it.
- Collaborate with your EHR vendor to incorporate pop-up alerts for preventive services.

## Completing a Well Visit during a Sick Visit

**Did you know the seven Ohio Medicaid Managed Care Plans pay for a well visit to be completed on the same day as a sick visit? The well visit and sick visit will both be paid subject to contractual terms and conditions with the addition of a modifier 25.**

Children will often only visit their provider when sick. Caregivers may experience barriers to scheduling a well visit such as being unable to miss work. Completing the well visit during the sick visit may be the only opportunity the provider has to complete a well visit during the year and give any immunizations the child needs. Therefore, all Medicaid Managed Care Plans provide payment for a combination of certain services on the same day including: sick visits, well visits, immunizations, labs (including lead).

### How to Bill

When a patient is seen in the office for a well visit as a new or established patient, providers can bill that diagnostic exam as an E&M-25. Providers should reference the most up-to-date sources of professional coding guidance for valid CPT/HCPCS codes.

**In order to receive payment, follow the billing guidelines below:**

| Visit Type                  | ICD-10 codes                                   | CPT codes                      | Modifiers                            |
|-----------------------------|------------------------------------------------|--------------------------------|--------------------------------------|
| Well Visit                  | Z00.129                                        | (99381-5 or 99391-5)           | None                                 |
| Well + immunizations        | Z00.129, Z23                                   | (99381-5 or 99391-5)           | 25                                   |
| Well + Sick                 | Z00.121 AND appropriate sick ICD-10 code       | (99381-5 or 99391-5) and 9921x | 25                                   |
| Well + Sick + Immunizations | Z00.121, Z23, AND appropriate sick ICD-10 code | (99381-5 or 99391-5) and 9921x | 25 for sick and 25 for immunizations |

### BEST PRACTICES FOR IMPROVING WELL VISITS IN YOUR PRACTICE

- ✓ Consider every visit an opportunity for a preventative care, well visit and an immunization visit.
- ✓ Schedule the next well visit during check out.
- ✓ Collaborate with your EHR vendor to incorporate pop up alerts for preventive services.
- ✓ Check payer specific provider portal when a member presents to your office without their insurance card.
- ✓ Clarify payer procedures for covering well visits every calendar year, not every 365 days.

**Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)/Medicaid's Healthchek Program** This program ensures that members under age 21 have access to services that are available in accordance with federal EPSDT requirements found at 42 U.S.C. 1396d(r) as amended. This includes medically necessary services covered by Ohio Medicaid, as well as any medically necessary screening, diagnostic and treatment services available to Medicaid consumers that go beyond the applicable coverage and limitations set forth in Division 5160 of the Ohio Administrative Code (OAC). Screening components, frequencies, and indications of need for further evaluation are in accordance with the most current American Academy of Pediatrics recommendations for pediatric preventive health care. Prior authorization and coverage determinations are based on medical necessity.

**Thank you for your support!**

# Perinatal Risk Assessment Form 2.0



Nurture  
Care • Encourage



Department of  
Medicaid

Nurture Ohio PRAF 2.0 Updates  
4/1/2025

Enhanced Features include:

- Added Date of Delivery option (Postpartum PRAF)
- Maternal Mental Health Screening tool lists updated
- Prior and Current Perinatal Risks - New question type Matrix Multi-Select
- Patient would benefit from Managed Care Organization/County Department of Job and Family Services assistance updated

**Note -A PRAF should be submitted at the initial prenatal visit, at the first postpartum visit, and if there is a change in risk and/or need within the prenatal and/or postpartum period.**

## Date of Delivery (Postpartum PRAF)

Patient Validation for PRAF 2.0

In order to improve the quality of data, all patient information will be validated against the Ohio Department of Medicaid's database. Data from this page, as well as data returned from Medicaid, will be pre-populated into the form.

Patient Medicaid ID:

Patient First Name\*:  Postpartum

Patient Last Name\*:  PRAF

Patient Social Security number (9 digit - no dashes):

Patient Date Of Birth\*:  01/01/1990

Estimated Due Date:

Date of Delivery:  02/01/2025

The following fields are required for Validation:

- Patient Medicaid ID and/or Patient Social Security (9-digit)
- Patient First Name
- Patient Last Name
- Patient Date of Birth
- Estimated Due Date and/or Date of Delivery

Please Note: Provider NPI or Billing NPI AND Name of Provider or Billing Entity are also required; these fields are not displayed as this information comes directly from the PNM.

**Date of Delivery field has been added as an option for Postpartum PRAF submission.  
\*Note: Date of Delivery cannot be a future date.**

[SUBMIT FOR VALIDATION](#)

\*Patient First Name:  Postpartum

\*Patient Last Name:  PRAF

Estimated Due Date:  MM/DD/YYYY

Date of Delivery:  02/01/2025

Gestational Age ①:  39

Weeks:  39

Days:  0

**When submitting a Postpartum PRAF, enter the Gestational Age at delivery in the Gestational Age field. When submitting a PRAF during pregnancy, use Gestational Age at the time of the prenatal visit.**

## Maternal Mental Health Screening tools

**Best practice Perinatal Screener options have been updated and are in order by most utilized.**

**Perinatal Screeners**

\*Screening tool used for anxiety

Choose One

- General Anxiety Disorder (GAD-7)
- General Anxiety Disorder (GAD-2)
- Edinburgh (EPDS Sub-Q3,4,5)
- State-Trait Anxiety Inventory (STAI)
- Posttraumatic Stress Disorder (PTSD 3)
- Primary Care PTSD Screen for DSM-5 (PC-PTSD-5)
- Posttraumatic Stress Disorder (PCL-C)
- Patient Health Questionnaire-4 (PHQ-4)
- Beck
- Hamilton
- Other - Screening Tool Not Listed
- Not Screened

Previously Diagnosed MM/DD/YYYY

Referral ①

Date of initiating Anxiety treatment MM/DD/YYYY

Previously Diagnosed MM/DD/YYYY

Date of Depression Referral ①

Date of initiating Depression treatment MM/DD/YYYY

Previously Diagnosed MM/DD/YYYY

Date of Postpartum Depression Referral ①

Date of initiating Postpartum Depression treatment MM/DD/YYYY

Previously Diagnosed MM/DD/YYYY

Date of Substance Use Referral ①

Date of initiating Substance Use Disorder treatment MM/DD/YYYY

Previously Diagnosed MM/DD/YYYY

Date of Health Related Social Needs Referral ①

Date of initiating services to address Health Related Social Needs MM/DD/YYYY

## Prior and Current Perinatal Risks

**Patient Risk Information**

Prior and Current Perinatal Risks. Check all that apply.

Diabetes ☐ Prior ☐ Current ☐ Postpartum

Gestational Diabetes

Chronic Hypertension

Gestational Hypertension

Preeclampsia

**Patient Risks and Assistance with needs have been separated. Patient Risk options now include a matrix for Prior, Current, and Postpartum Risk selection.**

Low Birth Weight ☐ Prior ☐ Current ☐ Postpartum

Preterm Birth ☐ Prior ☐ Current ☐ Postpartum

Late to Prenatal Care ☐ Prior ☐ Current ☐ Postpartum

Anxiety ☐ Prior ☐ Current ☐ Postpartum

Depression ☐ Prior ☐ Current ☐ Postpartum

Bipolar Disorder ☐ Prior ☐ Current ☐ Postpartum

Tobacco/Nicotine/Vape Use ☐ Prior ☐ Current ☐ Postpartum

Substance Use ☐ Prior ☐ Current ☐ Postpartum

Substance Use Disorder ☐ Prior ☐ Current ☐ Postpartum

Alcohol Use ☐ Prior ☐ Current ☐ Postpartum

Alcohol Use Disorder ☐ Prior ☐ Current ☐ Postpartum

Opioid Use ☐ Prior ☐ Current ☐ Postpartum

Opioid Use Disorder ☐ Prior ☐ Current ☐ Postpartum

## Patient would benefit from MCO/CDJFS assistance

**Managed Care Organization/ County Department of Job and Family Services Assistance**

\*Patient would benefit from Managed Care and/or County Job and Family Services assistance with: Check all that apply.

For Medicaid Application Assistance call 1-844-640-OHIO.  
For questions about Medicaid Programs, covered services or managed care call 1-800-324-8680.

☐ Transportation ☐ Finding a behavioral health provider ☐ Other Needs

☐ Food ☐ Finding a primary care provider ☐ No Needs Identified

☐ Housing ☐ Finding a pediatrician

☐ Utilities ☐ Baby items (diapers, crib, carseat, etc.)

☐ Interpersonal Violence/ Safety ☐ Connection to lactation consulting

☐ Employment ☐ Lactation supplies

☐ Education ☐ Connection to tobacco cessation services

☐ Connection to substance use disorder services

☐ Connection to alcohol-related services

☐ Connection to opioid use services

**Patient Risks and Assistance with needs have been separated. This section has been updated with additional support, including those specific to the Postpartum period.**

☐ My patient would benefit from a referral to WiC.

☐ My patient would benefit from a referral for Home Visiting.

**BACK**

**SAVE FOR LATER** **SUBMIT**

# Perinatal Risk Assessment Form

*Effective January 1, 2026*

The Ohio Department of Medicaid has issued revised payment and billing guidelines for the Perinatal Risk Assessment Form (PRAF). These changes became effective 01/01/2026.

## Perinatal Risk Assessment Coding and Reimbursement

### [PRAF Payment Guidelines: Medical Advisory Letter 687](#)

| Description                                          | HCPCS Code | Modifier    | Rate    |
|------------------------------------------------------|------------|-------------|---------|
| Electronic PRAF (e-PRAF) initial submission.         | H1000      | 33          | \$90.00 |
| Electronic PRAF (e-PRAF) each subsequent submission. | H1000      | TH          | \$45.00 |
| Non-Electronic PRAF                                  | H1000      | No Modifier | \$12.10 |

- A PRAF should be submitted at the initial prenatal visit, at the first postpartum visit, and if there is a change in risk or need within the prenatal or postpartum period.
- Payment may be made for up to six PRAF assessments, performed during antepartum and postpartum visits and submitted electronically via the Nurture site. [OA 5160-21-04](#).
- Effective January 1, 2026, the Perinatal Risk Assessment Form has been approved as a telehealth service.

PRAFs performed telehealth should be reported with the a “GT”, modifier denoting the telehealth service in addition to either the 33 or TH modifier identifying initial and subsequent PRAF submissions.

For additional information, please see [2026 ODM Telehealth Guidelines](#).

Note: HCPCS Code H1000 is included in the Comprehensive Maternal Care Value Sets for 2026. As a stand-alone code, it may be reported to successfully close the care gap for the Prenatal Visit by Nine Weeks Gestation.

When reported with the appropriate postpartum diagnosis, HCPCS H1000 may also close the Postpartum care gap.

# MCO PRAF Contacts

| AmeriHealth Caritas                                                                        | Anthem                                                                                   | Buckeye Health Plan                                                          | CareSource                                                                         |
|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| Stephanie Shinaver                                                                         | Kara Johnson                                                                             | Timicia Swallen                                                              | Sharon Johnston                                                                    |
| 614-874-1535                                                                               | 937-371-1845                                                                             | 866-246-4356 Ext. 24532                                                      | 937-823-9733                                                                       |
| <a href="mailto:sshinaver@Amerihealthcaritasoh.com">sshinaver@Amerihealthcaritasoh.com</a> | <a href="mailto:karam.johnson@anthem.com">karam.johnson@anthem.com</a>                   | <a href="mailto:TSwallen@centene.com">TSwallen@centene.com</a>               | <a href="mailto:Sharon.Johnston@CareSource.com">Sharon.Johnston@CareSource.com</a> |
| Humana Healthy Horizons                                                                    | Molina Healthcare                                                                        | United Healthcare                                                            |                                                                                    |
| Dallas King                                                                                | Shelby Burch                                                                             | Liz Milburn                                                                  |                                                                                    |
| 502-885-7203                                                                               | 614-516-4402                                                                             | 763-3617589                                                                  |                                                                                    |
| <a href="mailto:dking68@humana.com">dking68@humana.com</a>                                 | <a href="mailto:shelby.burch@molinahealthcare.com">shelby.burch@molinahealthcare.com</a> | <a href="mailto:elizabeth_a_milburn@uhc.com">elizabeth a milburn@uhc.com</a> |                                                                                    |



# Perinatal Telehealth Services Updates

*Effective January 1, 2026*

Telehealth Services have been shown to reduce the barriers to receiving timely prenatal care and The Ohio Department of Medicaid has updated the Telehealth Guidelines for Telehealth Services for fee for service claims for dates of services on or after January 1, 2026. These services are also covered by the seven Managed Care Organizations.

## What is Telehealth?

OAC 5160-1-18 Effective 1/1/2026 [OAC 5160-1-18](#)

Telehealth is the direct delivery of health care services for the diagnosis, treatment and management of a condition.

The interaction may be:

- Synchronous, real-time electronic communication including both audio and video;  
Or
- The following activities that are asynchronous or do not have both audio and video elements:
  - Telephone Calls
  - Remote Patient Monitoring; and
  - Communication with a patient through secure email or secure patient portal.

## Can Perinatal Care be Provided as a Telehealth Services?

Yes, both prenatal and postpartum services may be provided as telehealth services. This care is eligible for reimbursement for both Medicaid fee for service claims and those covered by the seven Managed Care Organizations.

For additional information and guidance, please see [2026 ODM Telehealth Guidelines](#).

## Perinatal Telehealth Services Updates

### New Telehealth Service for 2026 - Perinatal Risk Assessment Form (PRAF)

Both PRAF and ROP (Report of Pregnancy) have been added as approved telehealth services in 2026. Claims for these services should include the appropriate modifier, in addition to the GT modifier denoting telehealth services.

### How are Telehealth Services Reported?

The grid below summarizes billing for professional and FFS or wraparound (FQHC and RHC) claims.

| Billing Provider Type | Professional Claim                                                                          | FQHC or RHC<br>(FFS for Wraparound Payment)                                                                                                                                                                                            |
|-----------------------|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Procedure Code        | CPT Codes for Telehealth Service<br>Example 99213 GT or 98000                               | Line 1: T1055 with U Modifier Patient POS<br><small>U1 = Patient Residence; U2 = School; U3 = IP Hospital; U4 = OP Hospital; U5 = Nursing Facility; U6 = ICF/IDD</small><br>Line 2: Procedure Code for Service<br>Delivered Telehealth |
| Telehealth Modifier   | GT Modifier<br>Unless CPT includes telehealth in description<br>Any Other Required Modifier | GT Modifier<br>Unless CPT includes telehealth in description<br>Any Other Required Modifier                                                                                                                                            |
| Place of Service      | Physical Location of the Provider                                                           | Physical Location of the Provider                                                                                                                                                                                                      |

## Important Pregnancy Risk Assessment Form Links, Contacts, & Information

**Ohio Department of Medicaid PRAF Webpage:**  
[Pregnancy Risk Assessment | Medicaid \(ohio.gov\)](#)

**NurtureOhio Webpage:**  
[Progesterone \(nurtureohio.com\)](#)

**NurtureOhio System Support:**  
[nurtureohiosupport@DeliverHealth.com](mailto:nurtureohiosupport@DeliverHealth.com)

**General Questions about ePRAF:**  
[MomsandBabies@medicaid.ohio.gov](mailto:MomsandBabies@medicaid.ohio.gov)

**NurtureOhio User Manual:**  
[NurtureOhio Provider User Manual](#)

**PRAF 2.0/ePRAF FAQs**  
[FAQs](#)

## Updated Progesterone Information

On April 6, 2023, the U.S. Food and Drug Administration announced the final decision to withdraw approval of Makena—a drug that had been approved under the accelerated approval pathway. This drug was approved to reduce the risk of preterm birth in women pregnant with one baby who have a history of spontaneous preterm birth. The decision was issued jointly by the FDA Commissioner and Chief Scientist.

- [Makena \(hydroxyprogesterone caproate injection\) Information | FDA](#)
- [Updated Clinical Guidance for the Use of Progesterone Supplementation for the Prevention of Recurrent Preterm Birth | ACOG](#)
- [SMFM Statement: Response to the Food and Drug Administration’s withdrawal of 17-alpha hydroxyprogesterone caproate](#)

## Medicaid Resources for Ohio Providers

The Ohio Department of Medicaid (ODM) and the state’s Medicaid Managed Care Organizations (MCOs) have partnered to form the All MCO Quality Improvement Collaborative, a dynamic partnership to provide resources for providers.

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The goal of the Collaborative is to address statewide health priorities and

|                                                                                                                                    | Billing Code Type                                                                                | Key Billing Codes                                                                                                                                                                                                                                                                                                                     |                                                                                   |                            |              |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------|--------------|
| Quality Metric: Weight Assessment and Counseling for Children/Adolescents BMI Percentile (Pediatric)                               | ICD-10 codes to indicate BMI percentile (numerator)                                              | BMI <5 percentile for age                                                                                                                                                                                                                                                                                                             | Z68.51                                                                            |                            |              |
|                                                                                                                                    |                                                                                                  | BMI 5th percentile to <85th percentile for age                                                                                                                                                                                                                                                                                        | Z68.52                                                                            |                            |              |
|                                                                                                                                    |                                                                                                  | BMI 85th percentile <95th percentile for age                                                                                                                                                                                                                                                                                          | Z68.53                                                                            |                            |              |
|                                                                                                                                    |                                                                                                  | BMI >95th percentile for age                                                                                                                                                                                                                                                                                                          | Z68.54                                                                            |                            |              |
|                                                                                                                                    |                                                                                                  | BMI 120% of 95 <sup>th</sup> to <140% of 95 <sup>th</sup> percentile for age                                                                                                                                                                                                                                                          | Z68.55                                                                            |                            |              |
|                                                                                                                                    |                                                                                                  | BMI ≥ 140% of 95 <sup>th</sup> percentile for age                                                                                                                                                                                                                                                                                     | Z68.56                                                                            |                            |              |
| Dietary / Physical Activity                                                                                                        | ICD-10 codes                                                                                     | Dietary counseling and surveillance: Z71.3<br>Inappropriate dietary and eating habits: Z72.4                                                                                                                                                                                                                                          | Exercise counseling: Z71.82<br>Lack of physical exercise: Z72.3                   |                            |              |
| BMI Assessment (Adult)                                                                                                             | ICD-10 codes to indicate BMI (numerator)                                                         | BMI 19.9 or less                                                                                                                                                                                                                                                                                                                      | Z68.1                                                                             | BMI 32.0-32.9              | Z68.32       |
|                                                                                                                                    |                                                                                                  | <b>BMI 20-29</b>                                                                                                                                                                                                                                                                                                                      | <b>Z68.2</b>                                                                      | BMI 33.0-33.9              | Z68.33       |
|                                                                                                                                    |                                                                                                  | BMI 20.0-20.9                                                                                                                                                                                                                                                                                                                         | Z68.20                                                                            | BMI 34.0-34.9              | Z68.34       |
|                                                                                                                                    |                                                                                                  | BMI 21.0-21.9                                                                                                                                                                                                                                                                                                                         | Z68.21                                                                            | BMI 35.0-35.9              | Z68.35       |
|                                                                                                                                    |                                                                                                  | BMI 22.0-22.9                                                                                                                                                                                                                                                                                                                         | Z68.22                                                                            | BMI 36.0-36.9              | Z68.36       |
|                                                                                                                                    |                                                                                                  | BMI 23.0-23.9                                                                                                                                                                                                                                                                                                                         | Z68.23                                                                            | BMI 37.0-37.9              | Z68.37       |
|                                                                                                                                    |                                                                                                  | BMI 24.0-24.9                                                                                                                                                                                                                                                                                                                         | Z68.24                                                                            | BMI 38.0-38.9              | Z68.38       |
|                                                                                                                                    |                                                                                                  | BMI 25.0-25.9                                                                                                                                                                                                                                                                                                                         | Z68.25                                                                            | BMI 39.0-39.9              | Z68.39       |
|                                                                                                                                    |                                                                                                  | BMI 26.0-26.9                                                                                                                                                                                                                                                                                                                         | Z68.26                                                                            | <b>BMI 40 or greater</b>   | <b>Z68.4</b> |
|                                                                                                                                    |                                                                                                  | BMI 27.0-27.9                                                                                                                                                                                                                                                                                                                         | Z68.27                                                                            | BMI 40.0-44.9              | Z68.41       |
|                                                                                                                                    |                                                                                                  | BMI 28.0-28.9                                                                                                                                                                                                                                                                                                                         | Z68.28                                                                            | BMI 45.0-49.9              | Z68.42       |
|                                                                                                                                    |                                                                                                  | BMI 29.0-29.9                                                                                                                                                                                                                                                                                                                         | Z68.29                                                                            | BMI 50-59.9                | Z68.43       |
|                                                                                                                                    |                                                                                                  | <b>BMI 30-39</b>                                                                                                                                                                                                                                                                                                                      | <b>Z68.3</b>                                                                      | BMI 60.0-69.9              | Z68.44       |
|                                                                                                                                    |                                                                                                  | BMI 30.0-30.9                                                                                                                                                                                                                                                                                                                         | Z68.30                                                                            | BMI >70                    | Z68.45       |
|                                                                                                                                    |                                                                                                  | BMI 31.0-31.9                                                                                                                                                                                                                                                                                                                         | Z68.31                                                                            |                            |              |
|                                                                                                                                    |                                                                                                  | Quality Metric: Glycemic Status > 9.0%                                                                                                                                                                                                                                                                                                | CPT-II codes to identify HbA1c levels (numerator)                                 | HbA1c <7%                  | 3044F        |
| HbA1c ≥ 9%                                                                                                                         | 3046F                                                                                            |                                                                                                                                                                                                                                                                                                                                       |                                                                                   | HbA1c 8- < 9%              | 3052F        |
| Quality Metric: Diabetes Care - Eye Exam                                                                                           | CPT-II codes to indicate retinal eye exam                                                        | Eye Exam w/o Evidence of Retinopathy: 2023F 7 standard field stereo. photos: 2024F<br>7 standard field stereo. Photos w/o rtnpthy: 2025F Dilated retinal eye exam: 2022F<br>Eye imaging validated to match Dx frm 7 std: 2026F Diab. retinal screen negative: 3072F<br>Eye imaging validated to match Dx frm 7 std w/o rtnpthy: 2033F |                                                                                   |                            |              |
| Quality Metrics: Controlling High Blood Pressure in Patients with Hypertension / Blood Pressure Control for Patients with Diabetes | ICD-10 (denominator)<br><br>CPT-II codes                                                         | ICD-10: I10- Indicates hypertension                                                                                                                                                                                                                                                                                                   |                                                                                   |                            |              |
|                                                                                                                                    |                                                                                                  | <b>Systolic</b>                                                                                                                                                                                                                                                                                                                       | <b>Diastolic</b>                                                                  |                            |              |
|                                                                                                                                    |                                                                                                  | Most recent BP <130                                                                                                                                                                                                                                                                                                                   | 3074F                                                                             | Most recent BP <80         | 3078F        |
|                                                                                                                                    |                                                                                                  | Most recent BP 130-139                                                                                                                                                                                                                                                                                                                | 3075F                                                                             | Most recent BP 80-89       | 3079F        |
| Quality Metric: Immunization for Children <sup>1</sup>                                                                             | CPT, HCPCS                                                                                       | Most recent BP ≥ 140                                                                                                                                                                                                                                                                                                                  | 3077F                                                                             | Most recent BP ≥ 90        | 3080F        |
|                                                                                                                                    |                                                                                                  | DTaP / IPV                                                                                                                                                                                                                                                                                                                            | 90697, 90698, 90700, 90721, 90723 / 90697, 90698, 90713, 90723                    |                            |              |
| Quality Metric: Immunization for Adolescents <sup>1</sup>                                                                          | ICD-10 Dx / PCS                                                                                  | MMR / VZV / PCV                                                                                                                                                                                                                                                                                                                       | 90707, 90710 / 90710, 90716 / 90670, 90671, 90677, G0009                          |                            |              |
|                                                                                                                                    |                                                                                                  | HIB                                                                                                                                                                                                                                                                                                                                   | 90644, 90647, 90648, 90697, 90698, 90748                                          |                            |              |
|                                                                                                                                    |                                                                                                  | HepB                                                                                                                                                                                                                                                                                                                                  | 90697, 90723, 90740, 90744, 90747, 90748, G0010                                   |                            |              |
|                                                                                                                                    |                                                                                                  | HepB B16.0, B16.1, B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11                                                                                                                                                                                                                                                                  |                                                                                   |                            |              |
|                                                                                                                                    |                                                                                                  | Measles                                                                                                                                                                                                                                                                                                                               | B05.0, B05.1, B05.2, B05.3, B05.4, B05.61, B05.89, B05.9                          |                            |              |
|                                                                                                                                    |                                                                                                  | Mumps                                                                                                                                                                                                                                                                                                                                 | B26.0, B26.1, B26.2, B26.3, B26.81, B26.82, B26.83, B26.84, B26.85, B26.89, B26.9 |                            |              |
| Rubella                                                                                                                            | B06.00, B06.01, B06.02, B06.09, B06.81, B06.82, B06.89, B06.9                                    |                                                                                                                                                                                                                                                                                                                                       |                                                                                   |                            |              |
| Quality Metric: Immunization for Adolescents <sup>1</sup>                                                                          | CPT                                                                                              | Tdap: 90715 Meningococcal: 90619, 90623, 90733, 90734 HPV: 90649, 90650, 90651                                                                                                                                                                                                                                                        |                                                                                   |                            |              |
| Quality Metric: Lead Screening for Children <sup>1</sup>                                                                           | CPT                                                                                              | Lead Tests: 83855                                                                                                                                                                                                                                                                                                                     |                                                                                   |                            |              |
| Quality Metric: Topical Fluoride for Children, ages 1-4 <sup>1</sup>                                                               | CPT, CDT                                                                                         | Application of topical fluoride varnish 99188, D1206                                                                                                                                                                                                                                                                                  |                                                                                   |                            |              |
| Quality Metric: Tobacco Use Screening and Cessation Intervention <sup>2</sup>                                                      | CPT and CPT-II codes to indicate tobacco screening and cessation counseling provided (numerator) | Screened for tobacco use AND received tobacco cessation intervention                                                                                                                                                                                                                                                                  | 4004F                                                                             |                            |              |
|                                                                                                                                    |                                                                                                  | Current tobacco non-user                                                                                                                                                                                                                                                                                                              | 1036F                                                                             |                            |              |
|                                                                                                                                    |                                                                                                  | Smoking/tobacco counseling 3-10 minutes                                                                                                                                                                                                                                                                                               | 99406                                                                             |                            |              |
|                                                                                                                                    |                                                                                                  | Smoking/tobacco counseling >10 minutes                                                                                                                                                                                                                                                                                                | 99407                                                                             |                            |              |
|                                                                                                                                    |                                                                                                  | Tobacco abuse counseling                                                                                                                                                                                                                                                                                                              | Z71.6                                                                             |                            |              |
|                                                                                                                                    |                                                                                                  | (Use additional code for nicotine dependence (F17.-))<br>Tobacco Use<br>Use additional code from category F17 to identify type of tobacco nicotine dependence                                                                                                                                                                         | Z72.0                                                                             |                            |              |
| Tobacco Use During Pregnancy, Childbirth, and Puerperium                                                                           | ICD-10 codes<br><br>CPT-II CODING                                                                | Smoking (tobacco) complicating pregnancy:                                                                                                                                                                                                                                                                                             | O99.330, O99.331, O99.332, O99.333                                                |                            |              |
|                                                                                                                                    |                                                                                                  | Smoking (tobacco) complicating childbirth                                                                                                                                                                                                                                                                                             | O99.334                                                                           |                            |              |
|                                                                                                                                    |                                                                                                  | Smoking (tobacco) complicating puerperium                                                                                                                                                                                                                                                                                             | O99.335                                                                           |                            |              |
|                                                                                                                                    |                                                                                                  | Exposure to (environmental) tobacco smoke in the perinatal period                                                                                                                                                                                                                                                                     | P96.81                                                                            |                            |              |
|                                                                                                                                    |                                                                                                  | Newborn affected by maternal use of tobacco<br>Contact with and exposure to environmental tobacco smoke                                                                                                                                                                                                                               | P04.2<br>Z77.22                                                                   |                            |              |
| Social Determinants of Health                                                                                                      | ICD-10 codes                                                                                     | Problems related to education and literacy                                                                                                                                                                                                                                                                                            | Z55                                                                               | Underachievement in school | Z55.3        |
|                                                                                                                                    |                                                                                                  | Unemployed, unspecified                                                                                                                                                                                                                                                                                                               | Z56.0                                                                             | Lack of adequate food      | Z59.4x       |
|                                                                                                                                    |                                                                                                  | Problem related to lifestyle, unspecified                                                                                                                                                                                                                                                                                             | Z72.9                                                                             | Homelessness               | Z59.0x       |
|                                                                                                                                    |                                                                                                  | Other problems related to housing                                                                                                                                                                                                                                                                                                     | Z59.8xx / Z59.9xx                                                                 | Inadequate housing         | Z59.1        |



|                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | <b>AmeriHealth</b>                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Mailing Address                                                                   | Please call General Services 1-833-644-6001                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Public Website                                                                    | <a href="https://www.amerihealthcaritasoh.com/index.aspx">https://www.amerihealthcaritasoh.com/index.aspx</a>                                                                                                                                                                                                                                                                                                                                                    |
| <b>Support</b>                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Ohio CPC Specific Questions                                                       | <a href="mailto:rmetzler1@amerihealthcaritasoh.com">rmetzler1@amerihealthcaritasoh.com</a> or 1-833-644-6001                                                                                                                                                                                                                                                                                                                                                     |
| Provider General and Support Questions                                            | 1-833-644-6001                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Member Questions                                                                  | 1-833-764-7700 (TTY 1-833-889-6446)                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Care Management Questions                                                         | 1-833-464-7768                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Website Information</b>                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Home Page                                                                         | <a href="https://www.amerihealthcaritasoh.com/index.aspx">https://www.amerihealthcaritasoh.com/index.aspx</a>                                                                                                                                                                                                                                                                                                                                                    |
| Benefits and Programs                                                             | <a href="https://www.amerihealthcaritasoh.com/index.aspx">https://www.amerihealthcaritasoh.com/index.aspx</a>                                                                                                                                                                                                                                                                                                                                                    |
| Case Management                                                                   | <a href="https://www.amerihealthcaritasoh.com/index.aspx">https://www.amerihealthcaritasoh.com/index.aspx</a>                                                                                                                                                                                                                                                                                                                                                    |
| Chronic Disease Management                                                        | <a href="https://www.amerihealthcaritasoh.com/index.aspx">https://www.amerihealthcaritasoh.com/index.aspx</a>                                                                                                                                                                                                                                                                                                                                                    |
| Provider Directory                                                                | <a href="https://www.amerihealthcaritasoh.com/provider/find-provider/index.aspx">https://www.amerihealthcaritasoh.com/provider/find-provider/index.aspx</a>                                                                                                                                                                                                                                                                                                      |
| Transportation Assistance Call                                                    | Primary - Member Services: (833) 764-7700 or Secondary – Transportation: (833) 664-6368                                                                                                                                                                                                                                                                                                                                                                          |
| Transportation Information                                                        | See Transportation information on <i>page 10</i> of this guide – MCO Transportation Benefit Resource Guide for Practices                                                                                                                                                                                                                                                                                                                                         |
| Program website                                                                   | <a href="https://www.amerihealthcaritasoh.com/member/eng/index.aspx">https://www.amerihealthcaritasoh.com/member/eng/index.aspx</a>                                                                                                                                                                                                                                                                                                                              |
| Women and Children's Health Program                                               | <a href="https://www.amerihealthcaritasoh.com/member/eng/index.aspx">https://www.amerihealthcaritasoh.com/member/eng/index.aspx</a>                                                                                                                                                                                                                                                                                                                              |
| 24 Hour Nurse Line                                                                | <a href="tel:1-833-625-6446">1-833-625-6446</a>                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Community Resources                                                               | <a href="https://www.amerihealthcaritasoh.com/member/eng/index.aspx">https://www.amerihealthcaritasoh.com/member/eng/index.aspx</a>                                                                                                                                                                                                                                                                                                                              |
| Prescription Information                                                          | <a href="https://www.amerihealthcaritasoh.com/provider/pharmacy/index.aspx">https://www.amerihealthcaritasoh.com/provider/pharmacy/index.aspx</a>                                                                                                                                                                                                                                                                                                                |
| <b>Provider Portal (note: login required)</b>                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Home Page, hosted by NaviNet                                                      | <a href="https://www.amerihealthcaritasoh.com/provider/resources/navinet.aspx">https://www.amerihealthcaritasoh.com/provider/resources/navinet.aspx</a>                                                                                                                                                                                                                                                                                                          |
| Portal Access for Care Navigators - content                                       | <p>NaviNet is an easy-to-use, no-cost, web-based platform that links providers to AmeriHealth Caritas Ohio. Through NaviNet, you can access:</p> <ul style="list-style-type: none"> <li>Member eligibility verification.</li> <li>Claims investigation.</li> <li>Care gap reports to identify needed services.</li> <li>Member Clinical Summaries.</li> <li>Medical claims data.</li> <li>Member panel rosters for PCPs included under your contract.</li> </ul> |

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|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | <b>Anthem</b>                                                                                                                                                                 |
| Mailing Address                                                                   | PO Box 62500, Virginia Beach, VA 23466-2509                                                                                                                                   |
| Public Website                                                                    | <a href="http://www.anthem.com">www.anthem.com</a>                                                                                                                            |
| <b>Support</b>                                                                    |                                                                                                                                                                               |
| Ohio CPC Specific Questions                                                       | <a href="mailto:CPC@anthem.com">CPC@anthem.com</a>                                                                                                                            |
| Provider General and Support Questions                                            | Provider Services: 844-912-1226                                                                                                                                               |
| Member Questions                                                                  | Member Services: 844-912-0938                                                                                                                                                 |
| Care Management Questions                                                         | Medical Management Dept: 833-308-3035                                                                                                                                         |
| <b>Website Information</b>                                                        |                                                                                                                                                                               |
| Home Page                                                                         | <a href="http://www.anthem.com">www.anthem.com</a>                                                                                                                            |
| Benefits and Programs                                                             | <a href="http://www.Availity.com">www.Availity.com</a>                                                                                                                        |
| Case Management                                                                   | <a href="https://providers.anthem.com/ohio-provider/patient-care/care-management">https://providers.anthem.com/ohio-provider/patient-care/care-management</a>                 |
| Chronic Disease Management                                                        | Email: <a href="mailto:Condition-Care-Provider-Referrals@anthem.com">Condition-Care-Provider-Referrals@anthem.com</a>                                                         |
| Provider Directory                                                                | <a href="https://www.anthem.com/find-care/">https://www.anthem.com/find-care/</a>                                                                                             |
| Transportation Assistance Call                                                    | Access2Care: 800-282-9720 or Member Services: 844-912-0938                                                                                                                    |
| Program website                                                                   | <a href="https://www.anthem.com/oh/medicaid/welcome">https://www.anthem.com/oh/medicaid/welcome</a>                                                                           |
| Transportation Information                                                        | See Transportation information on <i>page 10</i> of this guide – MCO Transportation Benefit Resource Guide for Practices                                                      |
| Women and Children's Health Program                                               | <a href="https://providers.anthem.com/ohio-provider/patient-care/maternal-child-services">https://providers.anthem.com/ohio-provider/patient-care/maternal-child-services</a> |
| 24 Hour Nurse Line                                                                | 844-430-0341                                                                                                                                                                  |
| Community Resources                                                               | <a href="http://www.anthem.com/oh/medicaid/community-resources">www.anthem.com/oh/medicaid/community-resources</a>                                                            |
| Prescription Information                                                          | <a href="http://www.anthem.com/oh/medicaid/benefits">www.anthem.com/oh/medicaid/benefits</a>                                                                                  |
| <b>Provider Portal (note: login required)</b>                                     |                                                                                                                                                                               |
| Home Page                                                                         | <a href="https://www.providers.anthem.com/ohio-provider/welcome">https://www.providers.anthem.com/ohio-provider/welcome</a>                                                   |
| Portal Access for Care Navigators - content                                       | Member rosters, care management info, benefits, ID Cards, authorizations, provider directory, claims and frequently asked questions.                                          |

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|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | <b>Buckeye</b>                                                                                                                                                                                                                                                |
| Mailing Address                                                                   | 4349 Easton Way, Suite 120<br>Columbus, OH 43219                                                                                                                                                                                                              |
| Public Website                                                                    | <a href="https://www.buckeyehealthplan.com/">https://www.buckeyehealthplan.com/</a>                                                                                                                                                                           |
| <b>Support</b>                                                                    |                                                                                                                                                                                                                                                               |
| Ohio CPC Specific Questions                                                       | Heather Baker: 614-881-6549; <a href="mailto:heather.m.baker@centene.com">heather.m.baker@centene.com</a>                                                                                                                                                     |
| Provider General and Support Questions                                            | Provider Services: 866-246-4358                                                                                                                                                                                                                               |
| Member Questions                                                                  | Member Services at (866) 246-4358 or TTY (800) 750-0750). Or <a href="https://www.buckeyehealthplan.com/members/medicaid/resources/handbooks-forms.html">https://www.buckeyehealthplan.com/members/medicaid/resources/handbooks-forms.html</a>                |
| Care Management Questions                                                         | Main Switchboard: 1-866-246-4356                                                                                                                                                                                                                              |
| <b>Website Information</b>                                                        |                                                                                                                                                                                                                                                               |
| Home Page                                                                         | <a href="https://www.buckeyehealthplan.com/">https://www.buckeyehealthplan.com/</a>                                                                                                                                                                           |
| Benefits and Programs                                                             | <a href="https://www.buckeyehealthplan.com/members/medicaid/benefits-services.html">https://www.buckeyehealthplan.com/members/medicaid/benefits-services.html</a>                                                                                             |
| Case Management                                                                   | <a href="https://www.buckeyehealthplan.com/members/medicaid/benefits-services.html">https://www.buckeyehealthplan.com/members/medicaid/benefits-services.html</a>                                                                                             |
| Chronic Disease Management                                                        | <a href="https://www.buckeyehealthplan.com/members/medicaid/benefits-services.html">https://www.buckeyehealthplan.com/members/medicaid/benefits-services.html</a>                                                                                             |
| Provider Directory                                                                | <a href="https://www.buckeyehealthplan.com/find-a-doctor.html">https://www.buckeyehealthplan.com/find-a-doctor.html</a>                                                                                                                                       |
| Transportation Assistance Call                                                    | 1-866-531-0615 OR 1-866-246-4358<br>(TDD/TTY: 1-800-750-0750)                                                                                                                                                                                                 |
| Transportation Information                                                        | See Transportation information on <i>page 10</i> of this guide – MCO Transportation Benefit Resource Guide for Practices                                                                                                                                      |
| Program website                                                                   | <a href="https://www.buckeyehealthplan.com/members/medicaid/benefits-services.html">https://www.buckeyehealthplan.com/members/medicaid/benefits-services.html</a>                                                                                             |
| Women and Children's Health Program                                               | <a href="https://www.buckeyehealthplan.com/members/medicaid/resources/women-and-childrens-health.html">https://www.buckeyehealthplan.com/members/medicaid/resources/women-and-childrens-health.html</a>                                                       |
| 24 Hour Nurse Line                                                                | <a href="https://www.buckeyehealthplan.com/members/medicaid/benefits-services.html">https://www.buckeyehealthplan.com/members/medicaid/benefits-services.html</a>                                                                                             |
| Community Resources                                                               | <a href="https://www.buckeyehealthplan.com/community-connect.html">https://www.buckeyehealthplan.com/community-connect.html</a>                                                                                                                               |
| Prescription Information                                                          | <a href="https://www.buckeyehealthplan.com/providers/pharmacy.html">https://www.buckeyehealthplan.com/providers/pharmacy.html</a>                                                                                                                             |
| <b>Provider Portal (note: login required)</b>                                     |                                                                                                                                                                                                                                                               |
| Home Page                                                                         | <a href="https://www.buckeyehealthplan.com/providers/login.html">https://www.buckeyehealthplan.com/providers/login.html</a>                                                                                                                                   |
| Portal Access for Care Navigators - content                                       | 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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|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | <b>CareSource</b>                                                                                                                                                                                                                                         |
| Mailing Address                                                                   | P.O. Box 8738<br>Dayton OH 45401                                                                                                                                                                                                                          |
| Public Website                                                                    | <a href="http://www.caresource.com">www.caresource.com</a>                                                                                                                                                                                                |
| <b>Support</b>                                                                    |                                                                                                                                                                                                                                                           |
| Ohio CPC Specific Questions                                                       | Deanna Daniel 937-952-8265; Deanna.daniel@caresource.com                                                                                                                                                                                                  |
| Provider General and 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)                                                                                                                                                                           |
| Care Management Questions                                                         | Care Management:<br><a href="https://www.caresource.com/oh/providers/education/patient-care/care-management-disease-management/medicaid/">https://www.caresource.com/oh/providers/education/patient-care/care-management-disease-management/medicaid/</a> |
| <b>Website Information</b>                                                        |                                                                                                                                                                                                                                                           |
| Home Page                                                                         | <a href="http://www.caresource.com">www.caresource.com</a>                                                                                                                                                                                                |
| Benefits and Programs                                                             | <a href="https://www.caresource.com/members/ohio/ohio-medicaid/benefits-and-services/">https://www.caresource.com/members/ohio/ohio-medicaid/benefits-and-services/</a>                                                                                   |
| Case Management                                                                   | <a href="https://www.caresource.com/oh/providers/education/patient-care/care-management-disease-management/medicaid/">https://www.caresource.com/oh/providers/education/patient-care/care-management-disease-management/medicaid/</a>                     |
| Chronic Disease Management                                                        | <a href="https://www.caresource.com/oh/providers/education/patient-care/care-management-disease-management/medicaid/">https://www.caresource.com/oh/providers/education/patient-care/care-management-disease-management/medicaid/</a>                     |
| Provider Directory                                                                | <a href="https://findadoctor.caresource.com/?">https://findadoctor.caresource.com/?</a>                                                                                                                                                                   |
| Transportation Assistance Call                                                    | <a href="tel:800-488-0134">800-488-0134</a> (TTY : <a href="tel:1-800-750-0750">1-800-750-0750</a> or <a href="tel:711">711</a> )                                                                                                                         |
| Transportation Information                                                        | See Transportation information on <i>page 10</i> of this guide – MCO Transportation Benefit Resource Guide for Practices                                                                                                                                  |
| Program website                                                                   | <a href="https://www.caresource.com/providers/">https://www.caresource.com/providers/</a>                                                                                                                                                                 |
| Women and Children's Health Program                                               | <a href="https://www.caresource.com/healthy-living/healthy-family/healthy-pregnancy/">https://www.caresource.com/healthy-living/healthy-family/healthy-pregnancy/</a>                                                                                     |
| 24 Hour Nurse Line                                                                | <a href="https://www.caresource.com/members/ohio/ohio-medicaid/contact-us/">https://www.caresource.com/members/ohio/ohio-medicaid/contact-us/</a>                                                                                                         |
| Community Resources                                                               | <a href="https://www.caresource.com/oh/members/education/myresources/medicaid/">https://www.caresource.com/oh/members/education/myresources/medicaid/</a>                                                                                                 |
| Prescription Information                                                          | <a href="https://www.caresource.com/oh/providers/tools-resources/drug-formulary/medicaid/">https://www.caresource.com/oh/providers/tools-resources/drug-formulary/medicaid/</a>                                                                           |
| <b>Provider Portal (note: login required)</b>                                     |                                                                                                                                                                                                                                                           |
| Home Page                                                                         | <a href="https://providerportal.caresource.com/OH/User/Login.aspx?ReturnUrl=%2fOHportal/">https://providerportal.caresource.com/OH/User/Login.aspx?ReturnUrl=%2fOHportal/</a>                                                                             |
| Portal Access for Care Navigators - content                                       | Member rosters, care management info, benefits, ID Cards, authorizations, provider directory, claims, frequently asked questions, secure messages and many other topics.                                                                                  |

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|  | <b>Humana Healthy Horizons</b>                                                                                                                                                                                                                                                           |
| Mailing Address (Paper claims submissions are not allowed)                        | Humana Healthy Horizons in Ohio<br>P.O. Box 14601<br>Lexington, KY 40512-4601                                                                                                                                                                                                            |
| Public Website                                                                    | <a href="http://www.humana.com/medicaid/ohio">www.humana.com/medicaid/ohio</a>                                                                                                                                                                                                           |
| <b>Support</b>                                                                    |                                                                                                                                                                                                                                                                                          |
| Ohio CPC Specific Questions                                                       | Practice Transformation: <a href="mailto:OHPEX_PracticeTransformation@humana.com">OHPEX_PracticeTransformation@humana.com</a>                                                                                                                                                            |
| Provider General and 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 <a href="mailto:OHMCDCareManagement@humana.com">OHMCDCareManagement@humana.com</a>                                                                                                                                                                     |
| <b>Website Information</b>                                                        |                                                                                                                                                                                                                                                                                          |
| Home Page                                                                         | <a href="http://www.humana.com/medicaid/ohio">www.humana.com/medicaid/ohio</a>                                                                                                                                                                                                           |
| Benefits and Programs                                                             | <a href="http://www.humana.com/medicaid/ohio/support">www.humana.com/medicaid/ohio/support</a>                                                                                                                                                                                           |
| Case Management                                                                   | <a href="http://www.humana.com/medicaid/ohio/support/care-management">www.humana.com/medicaid/ohio/support/care-management</a>                                                                                                                                                           |
| Chronic Disease Management                                                        | <a href="http://www.humana.com/medicaid/ohio/support/disease-management">www.humana.com/medicaid/ohio/support/disease-management</a>                                                                                                                                                     |
| Provider Directory                                                                | <a href="#">Physician Search - Humana</a>                                                                                                                                                                                                                                                |
| Transportation Assistance Call                                                    | MTM at 1-855-739-5986 (TTY: 1-866-288-3133) Non-urgent M-Sat 7am-8pm EST or 24/7 for urgent trips                                                                                                                                                                                        |
| Transportation Information                                                        | See Transportation information on <i>page 10</i> of this guide – MCO Transportation Benefit Resource Guide for Practices                                                                                                                                                                 |
| Program website                                                                   | <a href="http://www.humana.com/medicaid/ohio/coverage/transportation">www.humana.com/medicaid/ohio/coverage/transportation</a>                                                                                                                                                           |
| Program Brochure                                                                  | <a href="http://www.humana.com/medicaid/ohio/support/why-humana">www.humana.com/medicaid/ohio/support/why-humana</a>                                                                                                                                                                     |
| Women and Children's Health Program                                               | <a href="http://www.humana.com/medicaid/ohio/benefits/pregnancy-program">www.humana.com/medicaid/ohio/benefits/pregnancy-program</a><br><a href="http://www.humana.com/medicaid/ohio/support/child-wellness">www.humana.com/medicaid/ohio/support/child-wellness</a>                     |
| 24 Hour Nurse Line                                                                | 24 Hour Nurse Advice Line: 1-866-376-4827                                                                                                                                                                                                                                                |
| Community Resources                                                               | Member Services: 1-877-856-5702 (TTY: 711) M-F 7am-8pm                                                                                                                                                                                                                                   |
| Prescription Information                                                          | <a href="http://www.humana.com/medicaid/ohio/coverage/pharmacy">www.humana.com/medicaid/ohio/coverage/pharmacy</a>                                                                                                                                                                       |
| <b>Provider Portal (note: login required)</b>                                     |                                                                                                                                                                                                                                                                                          |
| Home Page, hosted by Availity                                                     | <a href="http://www.humana.com/provider/medical-resources/ohio-medicaid/availability">www.humana.com/provider/medical-resources/ohio-medicaid/availability</a>                                                                                                                           |
| Portal Access for Care Navigators - content                                       | 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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|  | <b>Molina</b>                                                                                                                                                                                                                                                                                                         |
| Mailing Address                                                                   | 3000 Corporate Exchange Drive<br>Columbus, OH 43231                                                                                                                                                                                                                                                                   |
| Public Website                                                                    | <a href="http://www.molinahealthcare.com">http://www.molinahealthcare.com</a>                                                                                                                                                                                                                                         |
| <b>Support</b>                                                                    |                                                                                                                                                                                                                                                                                                                       |
| Ohio CPC Specific Questions                                                       | Lucinda Griffith: 1-614-540-3982; Lucinda.Griffith@molinahealthcare.com                                                                                                                                                                                                                                               |
| Provider General and Support Questions                                            | Provider Services: 1-855-322-4079                                                                                                                                                                                                                                                                                     |
| Member Questions                                                                  | Member Services: 1-800-642-4168 (TTY: 1-800-750-0750 or 711)                                                                                                                                                                                                                                                          |
| Care Management Questions                                                         | Molina Care Management: 1-800-642-4168                                                                                                                                                                                                                                                                                |
| <b>Website Information</b>                                                        |                                                                                                                                                                                                                                                                                                                       |
| Home Page                                                                         | <a href="http://www.molinahealthcare.com">http://www.molinahealthcare.com</a>                                                                                                                                                                                                                                         |
| Benefits and Programs                                                             | <a href="https://www.molinahealthcare.com/members/oh/en-us/mem/home.aspx">https://www.molinahealthcare.com/members/oh/en-us/mem/home.aspx</a>                                                                                                                                                                         |
| Case Management                                                                   | <a href="https://www.molinahealthcare.com/members/oh/en-us/mem/medicaid/overvw/coverd/hm/casemngt.aspx">https://www.molinahealthcare.com/members/oh/en-us/mem/medicaid/overvw/coverd/hm/casemngt.aspx</a>                                                                                                             |
| Chronic Disease Management                                                        | <a href="https://www.molinahealthcare.com/members/oh/en-us/mem/medicaid/overvw/coverd/hm/dm/dm.aspx">https://www.molinahealthcare.com/members/oh/en-us/mem/medicaid/overvw/coverd/hm/dm/dm.aspx</a>                                                                                                                   |
| Provider Directory                                                                | <a href="https://molina.sapphirethreesixtyfive.com/?ci=oh-medicaid&amp;network_id=29&amp;geo_location=37.75909999999999,-122.13589999999999&amp;locale=en_us">https://molina.sapphirethreesixtyfive.com/?ci=oh-medicaid&amp;network_id=29&amp;geo_location=37.75909999999999,-122.13589999999999&amp;locale=en_us</a> |
| Transportation Assistance Call                                                    | 1-866-642-9279 (TTY: 711)                                                                                                                                                                                                                                                                                             |
| Transportation Information                                                        | See Transportation information on <i>page 10</i> of this guide – MCO Transportation Benefit Resource Guide for Practices                                                                                                                                                                                              |
| Program website                                                                   | <a href="https://www.molinahealthcare.com/members/oh/en-us/mem/medicaid/overvw/coverd/coverd.aspx">https://www.molinahealthcare.com/members/oh/en-us/mem/medicaid/overvw/coverd/coverd.aspx</a>                                                                                                                       |
| Program Brochure                                                                  | <a href="https://www.molinahealthcare.com/members/oh/en-us/-/media/Molina/PublicWebsite/PDF/members/oh/en-us/Medicaid/oh-medicaid-covered-services-list.pdf">https://www.molinahealthcare.com/members/oh/en-us/-/media/Molina/PublicWebsite/PDF/members/oh/en-us/Medicaid/oh-medicaid-covered-services-list.pdf</a>   |
| Women and Children's Health Program                                               | <a href="https://www.molinahealthcare.com/members/oh/en-us/mem/medicaid/overvw/coverd/services/womencare.aspx">https://www.molinahealthcare.com/members/oh/en-us/mem/medicaid/overvw/coverd/services/womencare.aspx</a>                                                                                               |
| 24 Hour Nurse Line                                                                | Molina 24-Hour Nurse Advice Line<br>1-888-275-8750 (English); 1-866-648-6537 (Spanish); 711 (TTY)                                                                                                                                                                                                                     |
| Community Resources                                                               | <a href="https://www.molinahealthcare.com/members/oh/en-us/mem/medicaid/overvw/resources/commres.aspx">https://www.molinahealthcare.com/members/oh/en-us/mem/medicaid/overvw/resources/commres.aspx</a>                                                                                                               |
| Prescription Information                                                          | <a href="https://www.molinahealthcare.com/members/oh/en-us/mem/medicaid/overvw/coverd/presdrugs.aspx">https://www.molinahealthcare.com/members/oh/en-us/mem/medicaid/overvw/coverd/presdrugs.aspx</a>                                                                                                                 |
| <b>Provider Portal (note: login required)</b>                                     |                                                                                                                                                                                                                                                                                                                       |
| Home Page, hosted by Availity                                                     | <a href="https://apps.availity.com/availity/web/public.elegant.login">https://apps.availity.com/availity/web/public.elegant.login</a>                                                                                                                                                                                 |
| Portal Access for Care Navigators - content                                       | 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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|  | <b>UnitedHealthcare</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Mailing Address                                                                   | 5900 Parkwood Place<br>Dublin, OH 43016                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Public Website                                                                    | <a href="http://www.uhcommunityplan.com/oh/medicaid/community-plan.html">http://www.uhcommunityplan.com/oh/medicaid/community-plan.html</a>                                                                                                                                                                                                                                                                                                                                                                |
| <b>Support</b>                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Ohio CPC Specific Questions                                                       | Sarah Balzano, 763-292-6420, ohioipc@uhc.com                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Provider General and Support Questions                                            | Provider Services: 877-842-3210                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Member Questions                                                                  | Member Services: 800-895-2017 / TTY: 711                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Care Management Questions                                                         | 800-895-2017 / TTY: 711                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>Website Information</b>                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Home Page                                                                         | <a href="http://www.uhcommunityplan.com/oh.html">http://www.uhcommunityplan.com/oh.html</a>                                                                                                                                                                                                                                                                                                                                                                                                                |
| Benefits and Programs                                                             | <a href="http://www.uhcommunityplan.com/oh/medicaid/community-plan.html">http://www.uhcommunityplan.com/oh/medicaid/community-plan.html</a>                                                                                                                                                                                                                                                                                                                                                                |
| Case Management                                                                   | <a href="http://www.uhcommunityplan.com/oh.html">http://www.uhcommunityplan.com/oh.html</a>                                                                                                                                                                                                                                                                                                                                                                                                                |
| Chronic Disease Management                                                        | <a href="https://www.uhc.com/communityplan/ohio/plans/medicaid/community-plan.htm">https://www.uhc.com/communityplan/ohio/plans/medicaid/community-plan.htm</a>                                                                                                                                                                                                                                                                                                                                            |
| Provider Directory                                                                | <a href="http://www.uhcommunityplan.com/oh.html">http://www.uhcommunityplan.com/oh.html</a>                                                                                                                                                                                                                                                                                                                                                                                                                |
| Transportation Assistance Call                                                    | (800) 895-2017                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Transportation Information                                                        | See Transportation information on <i>page 10</i> of this guide – MCO Transportation Benefit Resource Guide for Practices                                                                                                                                                                                                                                                                                                                                                                                   |
| Women and Children's Health Program                                               | <a href="http://www.uhcommunityplan.com/oh/medicaid/community-plan.html">http://www.uhcommunityplan.com/oh/medicaid/community-plan.html</a>                                                                                                                                                                                                                                                                                                                                                                |
| 24 Hour Nurse Line                                                                | 800-542-8630 / TTY 800-855-2880                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Community Resources                                                               | <a href="#">Member Services: 800-895-2017 / TTY: 711</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Prescription Information                                                          | <a href="https://www.uhc.com/communityplan/ohio/plans/medicaid/community-plan/find-a-provider-or-pharmacy#collapse-find-drug">https://www.uhc.com/communityplan/ohio/plans/medicaid/community-plan/find-a-provider-or-pharmacy#collapse-find-drug</a>                                                                                                                                                                                                                                                      |
| <b>Provider Portal (note: login required)</b>                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Home Page                                                                         | <a href="http://www.uhcprovider.com">www.uhcprovider.com</a>                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Portal Access for Care Navigators - content                                       | 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: <a href="mailto:UnitedCCPortal@uhc.com">UnitedCCPortal@uhc.com</a> plans. |