

Ohio Department of Medicaid
**SUBSTANCE USE DISORDER RESIDENTIAL TREATMENT
 NOTIFICATION OF ADMISSION**

INSTRUCTIONS

This form is for use by providers of substance use disorder (SUD) residential treatment services to notify Managed Care Entities (MCEs) (Managed Care Organizations, MyCare Ohio Plans, and the OhioRISE plan) of patient admission.

1. Complete Sections I through II of this form entirely.
2. Within 48 hours of patient admission, submit form to the MCE as indicated.
3. MCE will complete Section III of this form and return it to the provider as indicated.

SECTION I: MEMBER INFORMATION

Plan		Date Notification Submitted to Plan		
Member First Name		Member Last Name		Member Date of Birth
Member ID Number			Member Phone	
Date of Residential Treatment Admission			ASAM LOC at Admission	
Admitting Diagnosis ICD Code			Tentative Discharge Date	

SECTION II: BILLING PROVIDER/AGENCY INFORMATION

Billing Provider/Agency Name		Service Location		City	State	Zip Code
Billing Provider/Agency NPI			Billing Provider/Agency Tax ID			
Discharge Planner			Phone Number			
Email Address			Fax Number			
Practitioner's Name & Credentials			Practitioner's NPI			

*****DO NOT WRITE BELOW THIS LINE. BELOW IS COMPLETED BY THE ASSIGNED MCE.*****

SECTION III: MCE CONTACT INFORMATION

MCE		MCE Care Coordination Contact
Email Address		Phone Number
Number of Previous SUD Residential Treatment Admissions in Current Calendar Year with Assigned Plan		

MCE	Contact Information for Form Submission	MCE Response Method
Aetna MyCare	AetnaBetterHealthOH-BHCrisis@AETNA.com	Email response within 1 business day
Aetna OhioRISE	SUDresidentialadmission@aetna.com	Email response within 1 business day
AmeriHealth	Fax form to 833-329-6411	Return fax response within 1 business day
Anthem	ohbhcasemanagement@anthem.com	Email response within 1 business day
Buckeye	BuckeyeSUDNotification@centene.com	Email response within 1 business day
CareSource	CentralSupport@caresource.com	Email response within 1 business day
Humana	OHMCDBehavioralHealth@humana.com	Email response within 1 business day
Molina	Fax form to 866-449-6843	Return fax response within 1 business day
UnitedHealthcare	Fax form to 855-633-3306	Return fax response within 1 business day