



Streamline Healthcare Solutions SmartCareMCO

HIPAA 837 Companion Guide for Direct Submitters to Heartland East/PartnerSolutions

Intended Audience: Publicly-funded behavioral healthcare agencies providing services to indigent Ohioans through local Board funding (previously through MACSIS) and Billing System/EHR software vendors

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Notes: This Companion Guide does not replace the HIPAA ANSI ASC X12N Implementation Guide. This Companion Guide does not contain any actions that would result in a non-compliant transaction. This Companion Guide is subject to change without prior notice.

Each provider agency has ultimate responsibility to adhere to the HIPAA Federal Requirements as well as any applicable Ohio Law.

Please direct questions about this document to SmartCareSupport@starkmhar.org.

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Getting Started

In order to submit a valid transaction, please refer to the National Electronic Data Interchange Transaction Set Implementation Guides & Addenda for the Health Care Claim: Institutional ASC X12N 837 (005010X223A1) and the Health Care Claim: Professional ASC X12N 837 (005010X222A1). The transaction guides can be ordered from the Washington Publishing Company's website at www.wpc-edi.com.

Provider agencies serving residents of Ashland, Ashtabula, Belmont, Columbiana, Delaware, Hancock, Harrison, Holmes, Jefferson, Mahoning, Monroe, Morrow, Portage, Stark, Trumbull, Union, and Wayne Counties (Ohio) will submit claims for service dates as of January 1, 2018, to the PartnerSolutions SmartCareMCO system. This companion guide is intended to replace the MACSIS Companion guide which can be found at:

<http://mha.ohio.gov/Portals/0/assets/Planning/MACSIorMITS/claims/MACSIS%20837-Professional-Claim-v5010-Information%20Guide.pdf>.

Unless otherwise specified, this companion guide is intended only to specify variances with the Ohio Department of Medicaid Companion Guide, which can be found at:

<http://www.medicaid.ohio.gov/providers/mits/hipaa5010implementation.aspx>.

SmartCareMCO Specifications / Requirements

In addition to the required segments and data elements in the 837 Implementation Guides, Table 1 documents the SmartCareMCO-specific requirements for 837 loops and segments as shown.

Unless otherwise specified, this Companion Guide is intended to document the requirements needed to submit behavioral health claims to SmartCareMCO in accordance with BH Redesign billing logic.

Recommended File Naming Convention for Testing:

SCT0XXXXX#.julyy.txt

SCT = SmartCareMCO Test

0 = Zero

XXXXX = The 5-digit UPI associated with the site being tested (including a leading zero as appropriate)

= Sequential indicator of number of files created for that site that day (1st file = 1, 5th file = 5, etc.)

jul = Julian date of the day the file was created (January 1 = 001, December 31 of a non-leap year = 365). Julian dates less than 3 digits long should always have leading zeroes.

yy = 2-digit calendar year the file was created

The first file created on January 21, 2017, for testing UPI 12345 would be:

SCT0123451.02117.txt

The 7th file created on February 19, 2017, for testing UPI 2233 would be:

SCT0022337.05017.txt

Recommended File Naming Convention for Production:

Same as above, except replace "SCT" with "SCP"

SCP = SmartCareMCO Production

See the SmartCareMCO Claims Testing Form for more details on file submission.

In the table that follows:

Usage: R=Required S= Situational

Table 1: Loop/Segment Requirements

Loop/Segment Requirements for SmartCareMCO 837 Submission (NPI per site)						
Loop	Segment ID	Segment	Data Element ID	Data Element	Usage	Comments
N/A	REF	Transmission Type Identification	REF02	Transmission Type Code	R	When submitting test records and during production, please use 005010X222A1
1000A	NM1	Submitter Name	NM103	Name Last or Organization Name	R	Submitter Name is the Organization name in the SmartCareMCO system and can be found in Table 4.
1000A	NM1	Submitter Id	NM109	Submitter Identifier	R	Submitter Identifier is the 5-digit MACSIS UPI or PartnerSolutions-generated UPI where applicable, which can be found in Table 4.
1000B	NM1	Receiver Name	NM103	Name Last or Organization Name	R	Use "PartnerSolutions"
1000B	NM1	Receiver Id	NM109	Receiver Identifier	R	Use the agency Tax ID
2010AA	NM1	Billing Provider Name	NM108	Identification Code Qualifier	R	National Provider Identifier (NPI) is mandated for use by the HIPAA regulations. Effective May 23rd, 2007. A Qualifier of "XX" must now be submitted.
2010AA	NM1	Billing Provider Id	NM109	Billing Provider Identifier	R	Use the appropriate 10-digit NPI Number
2010BA	NM1	Subscriber	NM109	Subscriber Primary Identifier	R	Subscriber primary identifier is uniquely identified. The primary identifier for each client is equivalent to the "ClientID" identified in the SmartCareMCO system. For clients enrolled in MACSIS prior to July 1, 2017, this is the MACSIS UCI.
2010BA	DMG	Subscriber Demographic Information	DMG02	Subscriber Birth Date	R	Use the subscriber birth date
2010BB	NM1	Payer Name	NM103	Payer Name	R	Use "PartnerSolutions"
2010BB	NM1	Payer Name	NM108	Identification Code Qualifier	R	Use: PI
2010BB	NM1	Payer ID	NM109	Identification Code	R	Use "PartnerSolutions"
2300	REF	Reference ID qualifier	REF01	Identification Code Qualifier	S	Use G1

2310B	NM1	Rendering Provider Identification Code	NM109	Rendering Provider Number	S	If rendering practitioner is of a license type that is required to enroll with Medicaid, this should be populated with that practitioner NPI. If practitioner not of a license type that is enrolled with Medicaid, leave blank. See <i>Rendering Practitioner Requirements</i> section for practitioner license type that need to enroll with Medicaid. Rendering provider can be provided at the claim detail level (2420A) or at the header level (2310B). If a Rendering Provider Number is included in both, the number in the detail section will be used. SFY 2018 Claims cannot contain both a rendering NPI and practitioner (U) modifier.
2310D	NM1	Supervising Provider Name	NM103	Supervising Provider Last Name	S	If billed under direct supervision, should include Supervisor Name. If billed under general supervision, should be left blank. See section below on Supervisor Requirements.
2310D	NM1	Supervising Provider Name	NM104	Supervising Provider First Name	S	If billed under direct supervision, should include Supervisor Name. If billed under general supervision, should be left blank. See section below on Supervisor Requirements.
2310D	NM1	Supervising Provider Name	NM105	Supervising Provider Middle Name	S	If billed under direct supervision, should include Supervisor Name. If billed under general supervision, should be left blank. See section below on Supervisor Requirements.
2310D	NM1	Supervising Provider Name	NM109	Supervising Provider Identifier	S	If billed under direct supervisor, should include supervisor NPI. If billed under general supervision, should be left blank. See <i>Supervisor Requirements</i> section below for details.
2410	LIN02	Drug Identification	LIN02	Product or Service ID Qualifier	S	This segment is required when billing medication codes (J and S codes). This value should always be N4.
2410	LIN03	Drug Identification	LIN03	National Drug Code	S	This segment is required when billing medication codes (J and S codes). Providers should submit the NDC using the 11-digit NDC without dashes or spaces. The NDC included on the claim must be the exact NDC that is on the package used by the Provider. Some drug packages include a 10-Digit NDC. In this case, the provider should convert the 10 digits to 11 digits when reporting this on the claim. When converting a 10-digit NDC to an 11-digit NDC, a leading zero should be added to only one segment: - If the first segment contains only four digits, add a leading zero to the segment; - If the second segment contains only three digits, add a leading zero to the segment;

						-If the third segment contains only one digit, add a leading zero to the segment.
2410	CTP04	Drug Identification	CTP04	National Drug Unit Count	S	This segment is required when billing medication codes (J and S codes)
2410	CTP05-1	Drug Identification	CTP05-1	Code Qualifier	S	This segment is required when billing medication codes (J and S codes). Allowable values include GR = Gram ML = Milliliter UN = Unit
2420A	NM1	Rendering Provider Number	NM109	Rendering Provider Number	S	If rendering practitioner is of a license type that is required to enroll with Medicaid, this should be populated with that practitioner NPI. If practitioner not of a license type that is enrolled with Medicaid, leave blank. See <i>Rendering Practitioner Requirements</i> section for practitioner license type that need to enroll with Medicaid. Rendering provider can be provided at the claim detail level (2420A) or at the header level (2310B). If a Rendering Provider Number is included in both, the number in the detail section will be used. Claims cannot contain both a rendering NPI and practitioner (U) modifier.
2420E	NM1	Ordering Provider Name	NM109	Ordering Provider Identifier	S	When an LPN is the Rendering Provider, must be populated with the NPI of the ordering practitioner. If not applicable, leave blank.

Supervisor Requirements

The table below lists the CPT codes that can be billed by unlicensed staff under either direct or general supervision. If billed under direct supervision, the 2310D loop must be populated with the supervisor name and NPI and the modifier populated with the appropriate practitioner modifier. In the case of direct supervision, claims will be priced at the supervisor rate. Supervisor must be enrolled with Medicaid and affiliated with billing provider.

Report supervising practitioner at the header level only (Loop 2310D). Do not report supervisor at the detail level (2420D). Report only one supervisor per claim. Do not report supervised services with services that do not require supervision as this could result in incorrect adjudication.

If the claim is billed under general supervision, the name and NPI fields in the 2310D loop must be left blank and the modifier populated with the appropriate practitioner modifier.

See below for table of affected unlicensed practitioners and eligible CPT codes whose rates are determined by direct supervisor when supervisor NPI is included on the claim.

Practitioner	Service Code
PSY-A/I/T (U1), SW-T (U9), MFT-T (UA), CDC-A (U6), C-T (U7)	90785

PSY-A/I/T (U1), SW-T (U9), MFT-T (UA), CDC-A (U6), C-T (U7)	90791
PSY-A/I/T (U1), SW-T (U9), MFT-T (UA), CDC-A (U6), C-T (U7)	90832
PSY-A/I/T (U1), SW-T (U9), MFT-T (UA), CDC-A (U6), C-T (U7)	90834
PSY-A/I/T (U1), SW-T (U9), MFT-T (UA), CDC-A (U6), C-T (U7)	90837
PSY-A/I/T (U1), SW-T (U9), MFT-T (UA), CDC-A (U6), C-T (U7)	90839
PSY-A/I/T (U1), SW-T (U9), MFT-T (UA), CDC-A (U6), C-T (U7)	90840
PSY-A/I/T (U1), SW-T (U9), MFT-T (UA), CDC-A (U6), C-T (U7)	90846
PSY-A/I/T (U1), SW-T (U9), MFT-T (UA), CDC-A (U6), C-T (U7)	90847
PSY-A/I/T (U1), SW-T (U9), MFT-T (UA), CDC-A (U6), C-T (U7)	90849
PSY-A/I/T (U1), SW-T (U9), MFT-T (UA), CDC-A (U6), C-T (U7)	90853
PSY-A/I/T (U1), SW-T (U9), MFT-T (UA), C-T (U7)	96101
PSY-A/I/T (U1), SW-T (U9), MFT-T (UA), C-T (U7)	96111
PSY-A/I/T (U1)	96116
PSY-A/I/T (U1)	96118
PSY-A/I/T (U1), SW-T (U9), MFT-T (UA), CDC-A (U6), C-T (U7)	99354
PSY-A/I/T (U1), SW-T (U9), MFT-T (UA), CDC-A (U6), C-T (U7)	99355

Rendering Provider Requirements (State Fiscal Year 2019 and later)

Practitioners must be enrolled with Medicaid and be affiliated with billing provider. Claims rendered by these practitioner types must include the practitioner NPI in either the claim detail level (2420A) or at the header level (2310B). If a Rendering Provider Number is included in both, the number in the detail section will be used.

- Physicians (MD/DO) (20)
- Licensed Psychologist (420)
- Board Licensed School Psychologist (421)
- Psychology Trainee (422)
- Psychology Assistant (423)
- Psychology Intern (424)
- Licensed Independent Social Workers (370)
- Licensed Social Worker (371)
- Social Worker Trainer (372)
- Social Worker Assistant (373)
- Certified Nurse Practitioners (72)

Licensed Professional Clinical Counselors (474)
 Licensed Professional Counselor (471)
 Counselor Trainee (472)
 Clinical Nurse Specialists (65)
 Licensed Independent Marriage and Family Therapists (520)
 Licensed Marriage/Family Counselor (521)
 Marriage Family Counselor Trainee (522)
 Physician Assistants (24)
 Licensed Independent Chemical Dependency Counselors (540)
 Chemical Dependency Counselor III (541)
 Chemical Dependency Counselor II (542)
 Chemical Dependency Counselor Assistant (543)
 Registered Nurses (384)
 Licensed Practical Nurses (385)
 Qualified Mental Health Specialist (960)
 Qualified Mental Health Specialist +3 (961)
 Care Management Specialist (962)
 Peer Recovery Supporter (963)

Education modifiers to determine education level of QMHS and Care Managers are required.

Practitioner Providing the Service:	Professional Abbreviation	Practitioner Modifier
QMHS – high school	QMHS	HM
QMHS – Associate’s	QMHS	HM
QMHS – Bachelor’s	QMHS	HN
QMHS – Master’s	QMHS	HO
QMHS – 3 years’ experience	QMHS	UK
Care management specialist – high school	CMS	HM
Care management specialist – Associate’s	CMS	HM
Care management specialist – Bachelor’s	CMS	HN
Care management specialist – Master’s	CMS	HO
Peer recovery supporter	PRS	HM

Rendering Provider Requirements (State Fiscal Year 2018)

Practitioners must be enrolled with Medicaid and be affiliated with billing provider. Claims rendered by these practitioner types must include the practitioner NPI in either the claim detail level (2420A) or at the header level (2310B). If a Rendering Provider Number is included in both, the number in the detail section will be used.

Physicians (MD/DO), Psychiatrists (20)
 Licensed Independent Social Workers (37)
 Certified Nurse Practitioners (72)
 Licensed Professional Clinical Counselors (47)

Clinical Nurse Specialists (65)
 Licensed Independent Marriage and Family Therapists (52)
 Physician Assistants (24)
 Licensed Independent Chemical Dependency Counselors (54)
 Registered Nurses (38-384)
 Licensed Practical Nurses (38-385)
 Licensed Psychologists (42)

Practitioner Modifiers to be used to identify practitioner type for those practitioner types that cannot be enrolled with Medicaid. Note that claims cannot include both a rendering provider NPI and a practitioner modifier as that could indicate two different practitioner types.

Practitioner Providing the Service:	Professional Abbreviation	Practitioner Modifier
Licensed professional counselor	LPC	U2
Licensed chemical dependency counselor III	LCDC III	U3
Licensed chemical dependency counselor II	LCDC II	U3
Licensed social worker	LSW	U4
Licensed marriage and family therapist	LMFT	U5
Psychology assistant, intern, trainee	PSY assistant	U1
Chemical dependency counselor assistant	CDC-A	U6
Counselor trainee	C-T	U7
Social worker assistant	SW-A	U8
Social worker trainee	SW-T	U9
Marriage and family therapist trainee	MFT-T	UA
QMHS – high school	QMHS	HM
QMHS – Associate’s	QMHS	HM
QMHS – Bachelor’s	QMHS	HN
QMHS – Master’s	QMHS	HO
QMHS – 3 years’ experience	QMHS	UK
Care management specialist – high school	CMS	HM
Care management specialist – Associate’s	CMS	HM
Care management specialist – Bachelor’s	CMS	HN
Care management specialist – Master’s	CMS	HO
Peer recovery supporter	PRS	HM

837 File Validation

SmartCareMCO utilizes 3 levels of validation when processing 837 files.

1. File Format Errors
2. Parsing Errors
3. Processing Errors

File Format Errors

Upon submitting an 837 file for processing, the SmartCareMCO system runs through an exhaustive verification of the 837 file to determine if there are any formatting errors in the file. Such errors include, but are not limited to:

- File is not EDI X12 format
- Missing Header Information
- Missing Trailer Information

In the cases in which file format validation fails, there will be no 'Parsing Errors' and no 'Batches' displayed. Additionally, the 997 file text will indicate that the 837 file was rejected.

Parsing Errors

After successfully completing the File Format validation process, the file is then checked for any Parsing Errors. The following validations are handled in the parsing validation:

- Claim charge amount does not match sum of service charge amount.
 - This error indicates that there is a discrepancy between the total charge amount submitted for all claims and the sum of charges for service lines.
- Batch Submitter ID does not match selected Sender's Submitter Id
 - This error indicates that the Submitter ID submitted does not match the Sender Submitter ID setup in SmartCareMCO. See the section for loop 1000A, Segment NM1, Data Element NM109 in the tables above for additional details on how to obtain Submitter ID.
- Batch Submitter Name does not match selected Sender's Submitter Name
 - This error indicates that the Submitter Name submitted does not match the Sender Submitter Name setup in SmartCareMCO. See the section for loop 1000A, Segment NM1, Data Element NM103 in the tables above for additional details on how to obtain Submitter Name.
- Batch has already been imported once.
 - This error indicates that the Batch ID submitted in the 837 file has previously been submitted.

In the cases in which parsing errors occur, processing of the file will stop, and no claims will be accepted.

Processing Errors

If no Parsing Errors are found, the file is finally checked for any processing errors. Processing errors are broken out in 2 main types:

1. Claim Errors – Each error code is prefixed by the letter 'C'
2. Claim Line Errors – Each error code is prefixed by the letters 'CL'

The following is the list of processing errors which are validated:

Table 2: Claim Errors

Claim Errors	
Error Code	Error Description
C101	'Unknown claim type' (Only Professional or Institutional Allowed)
C102	'Provider/Site not found' (Tax ID / NPI does not exist in SmartCareMCO)
C103	'Provider/Site not found in Import837SenderProviders' (A valid match exists in the system but is not setup for the Sender/Submitter)
C104	'Client not found' (ClientID does not exist)
C105	'Client is not active'
C106	'Client is not authorized for this provider' (Authorization has not been released to this provider for this client): The association between client and provider is made at the time of enrollment; existing treatment relationships between providers and clients have been migrated into SmartCareMCO from MACSIS/MITS data based on the existence of claims with dates of service between January 1, 2016 and June 30, 2017.
C107	'Insurer not found' (Loop 2010BB, Segment NM1, Data Element NM109 does not match the approved list in the tables above see NM1)
C108	'Claim rendering provider not found' (If Rendering Provider is specified but does not exist in the SmartCareMCO system)
C109	'Claim rendering provider not associated with billing provider' (Rendering Provider is setup in the SmartCareMCO system but not linked to the provider solution- do not put any information about rendering Provider info into the 837 file(Segment - NM1*82))
C110	Claim place of service not specified (Value was not specified in 837 file)
C111	Claim place of service not found (Value specified in 837 file does not match any in SmartCareMCO system)
C112	More than one provider/site found for submitted NPI OR No Authorization Found
C113	Provider/Site Not Found

Table 3: Claim Line Errors

Claim Line Errors	
Error Code	Error Description
CL101	'Claim line rendering provider not found' (If Rendering Provider is specified but does not exist in the SmartCareMCO system)
CL102	'Claim line rendering provider not associated with billing provider' (Rendering Provider is setup in the SmartCareMCO system but not linked to the provider)
CL103	Claim line place of service not found (Value specified in 837 file does not match any in SmartCareMCO system)

Table 4: Provider/UPI List

Sender ID (UPI)	Provider Agency Name
12679	A Renewed Mind
13351	Access Counseling Services, LLC
12607	Access Ohio, LLC
06093	Allwell Behavioral Health Services
30024	ALS Millersburg Fairview, Inc
10101	Alta Behavioral Healthcare
01537	Anazao Community Partners
10356	Appalachian Behavioral Healthcare/CSN
11234	Appalachian Behavioral Healthcare/CSN
01882	Appleseed Community Mental Health Center
30002	ASCEND Rejuvenate Educate
01010	Ashland County Council on Alcoholism and Drug Abuse
30023	AVO Behavioral Health, LLC
10123	Beech Acres Parenting Center
10138	Best Point Education & Behavioral Health
12970	Big Brothers Big Sisters of Central Ohio, Inc.
10028	Blick Clinic, Inc
07026	Butler Behavioral Health Services, Inc.
11022	Cadence Care Network
02563	Canton Community KidSummit Against Drugs
12762	Catholic Charities Corporation
12763	Catholic Charities Corporation
03397	Catholic Charities of Ashtabula
30012	Cedar Ridge Behavioral Health Solutions
10125	Central Clinic Outpatient Services
03570	Child and Adolescent Behavioral Health
10036	Childrens Advantage
30018	Chrysalis Health Ohio, LLC
13100	Coleman Professional Services Allen
13934	Coleman Professional Services Jefferson
08215	Coleman Professional Services Portage
10697	Coleman Professional Services Stark
12623	Coleman Professional Services Trumbull
01051	Columbiana County Mental Health
10021	CommQuest Services
03392	Community Counseling Center of Ashtabula
01363	Compass Family and Community Services
13181	Compass Family and Community Services
13182	Compass Family and Community Services
30020	Cornerstone of Hope, Inc.

30010	Council for Union County Families
30033	Courageous Dedicated Journey LLC
01118	Crossroads Counseling Services Inc.
03057	Crossroads Counseling Services Inc.
30015	Del-Mor Dwellings Corp.
06694	Domestic Violence Project Inc.
10037	Family & Community Services, Inc.
01052	Family Recovery Center
07095	Family Resource Center of Northwest Ohio Inc.
06830	Firelands Counseling and Recovery Services
13821	First Step Recovery of Warren
12908	Flying HIGH Inc.
30028	Foster Living
07073	Foundation Behavioral Health Services, Inc
14270	Freedom Recovery, LLC
14392	FSR Parkman
13729	Greater Cincinnati Behavioral Health Services
03118	HelpLine of Delaware & Morrow Counties, Inc.
30008	Hope United
10025	ICAN Inc
30027	J&D Associates of Warren LLC
30016	Jacob Edward Walls Foundation
07063	Jefferson Behavioral Health
01017	Lake Area Recovery Center
30006	Lighthouse Behavioral Health Solutions
14313	Mahoning County Community Corrections Association, Inc.
30003	Make-A-Way
01183	Maryhaven Inc
01366	Meridian HealthCare
30026	NAMI Mid-Ohio
30001	NAMI Stark County
10381	NBH Mahoning
01365	Neil Kennedy Recovery Centers
30017	Neurobehavioral Medicine Consultants
14110	New Day Recovery LLC
10060	New Housing Ohio, Inc.
30032	Nikki's House
06871	OhioGuidestone
14292	On Demand Counseling LLC
10039	OneEighty Inc.
01413	Perry Behavioral Health Choices Inc.
12451	Phoenix Rising Behavioral Healthcare & Recovery
30014	Prevention Awareness Support Services

01224	Ravenwood Health
01144	Recovery & Prevention Resources
30009	Recovery Works Portage
08496	Signature Health Inc.
30021	Silver Maple Recovery
02516	Sojourner Recovery Services
10061	Solutions Community Counseling and Recovery Centers
06723	Southeast Inc
10578	Specialized Alternatives for Families and Youth
30005	Stark Community Support Network
30011	Stark County Family Council
08321	Stark County TASC
11239	Summit Psychological Associates, Inc.
01167	Syntero, Inc.
12933	Talbert House
30025	Thatcher Establishments Inc.
10038	The Counseling Center of Wayne and Holmes Counties
30013	The Group of Delaware County - Safe Harbor
30029	The Robbins Recovery House
30030	The Valkyrie Agency LLC
02526	The Village Network
30019	Thrive Counseling LLC
01452	Townhall II
12512	Travco Behavioral Health, Inc
10180	Tri County Help Center
30031	TRK Properties, LTD
03395	Turning Point
10103	Turning Point Counseling Services Inc
13030	Valley Counseling Services
30022	Warren County Educational Service Center
30004	We Are Troubled On Every Side Out Reach Programs (WATOES)
10277	Westwood Behavioral Health Center, Inc.
12739	Westwood Behavioral Health Center, Inc.
14389	Wings Support & Recovery
01117	YUMADAOP