






HCBS Provider Training MyCare Ohio

Quick Billing Guide

Provider Login

The Tools You Need Now!

Our site has been designed to help you get your job done.

-  **Check Eligibility**
Find out if a member is eligible for service.
-  **Authorize Services**
See if the service you provide is reimbursable.
-  **Manage Claims**
Submit or track your claims and get paid fast.

Login

User Name (Email)

Password

[Forgot Password / Unlock Account](#)

Login

Need To Create An Account?

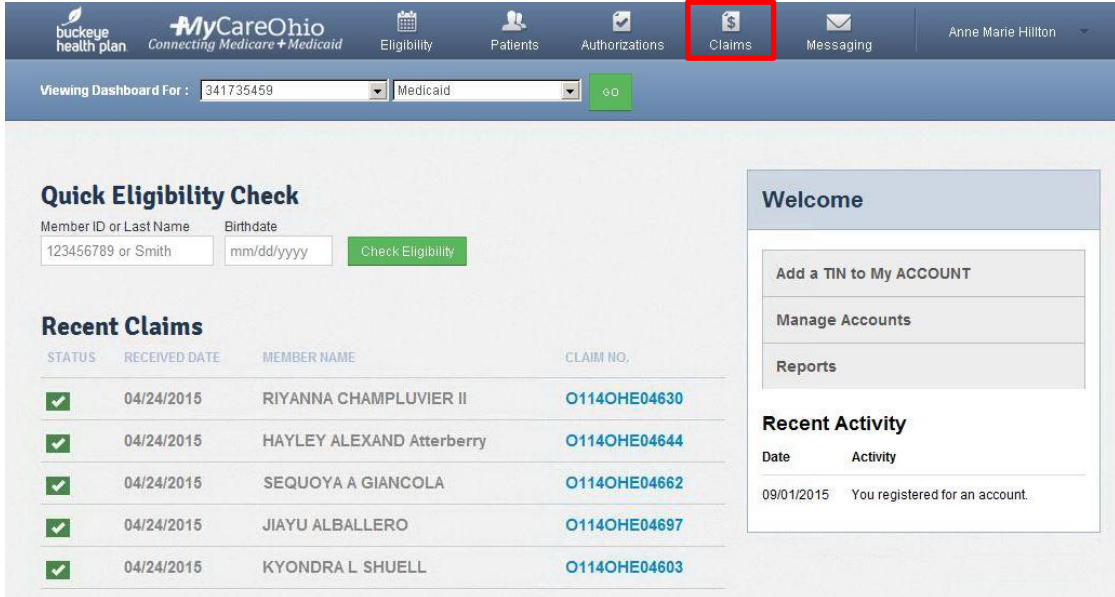
Registration is fast and simple, give it a try.

Create An Account

- **Step 1:** Login with your username & password. This will be the same if already a user of this portal for other Buckeye products.

BE PREPARED! — Your first entries will require member name, account number (MMIS), date of birth, provider tax ID (or social security), and billing and location/facility address(es).

Provider Dashboard



Viewing Dashboard For : 341735459 Medicaid GO

Quick Eligibility Check

Member ID or Last Name: 123456789 or Smith Birthdate: mm/dd/yyyy [Check Eligibility](#)

Recent Claims

STATUS	RECEIVED DATE	MEMBER NAME	CLAIM NO.
✓	04/24/2015	RIYANNA CHAMPLUVIER II	O114OHE04630
✓	04/24/2015	HAYLEY ALEXAND Atterberry	O114OHE04644
✓	04/24/2015	SEQUOYA A GIANCOLA	O114OHE04662
✓	04/24/2015	JIAYU ALBALLERO	O114OHE04697
✓	04/24/2015	KYONDRA L SHUELL	O114OHE04603

Welcome

- [Add a TIN to My ACCOUNT](#)
- [Manage Accounts](#)
- [Reports](#)

Recent Activity


Date	Activity
09/01/2015	You registered for an account.

- **Step 2:** Click the **Claims** icon on the dashboard header.

Dashboard features:

- View Claims & Status
- Check eligibility
- View Patient List
- Submit Claims
- Send a Secure Message
- Manage Accounts
- Access Reports

Create Claim



The screenshot shows the top navigation bar with the following items: buckeye health plan, MyCareOhio Connecting Medicare + Medicaid, Eligibility, Patients, Authorizations, Claims, Messaging, and Anne Marie Hillton. Below the navigation bar, there is a 'Viewing Claims For' section with a dropdown menu set to '341735459' and another dropdown set to 'Medicaid'. To the right of these dropdowns is a green 'GO' button. Further right is an 'Upload EDI' button and a red 'Create Claim' button.

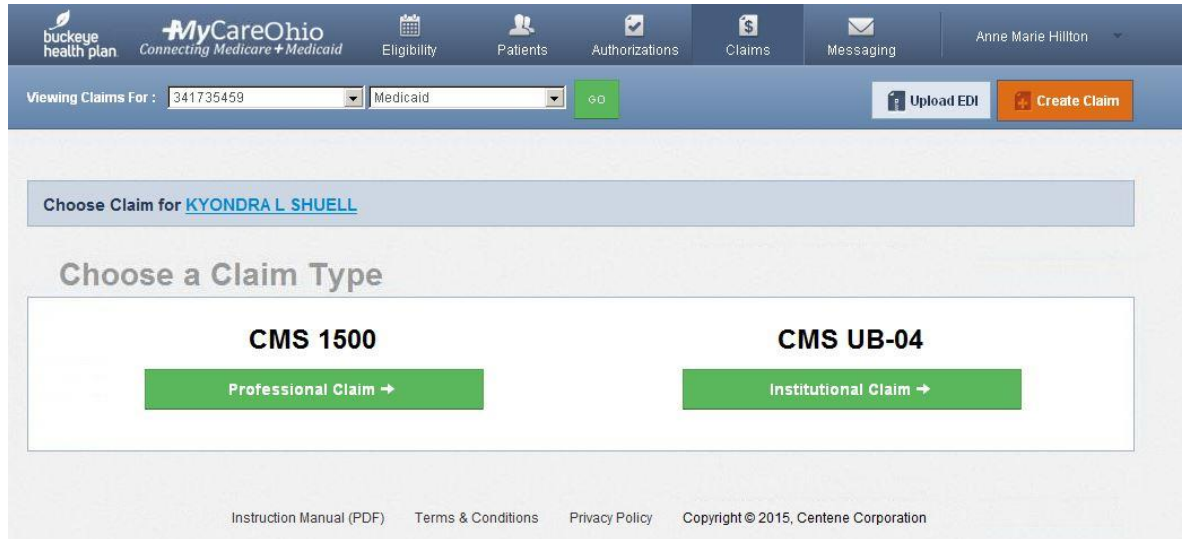
- **Step 3:** Click **Create Claim**.
- **Step 4:** Enter Member ID or Last Name and Date of Birth. Click **Find**.



The screenshot shows the same navigation bar as the previous image. Below it, the 'Viewing Claims For' section is identical. To the right of the 'GO' button is a search area with two input fields: 'Member ID or Last Name' containing '123456789 or Smith' and 'Birthdate' containing 'mm/dd/yyyy'. A red 'Find' button is located to the right of these fields.

Member ID is the member's MMIS # or Medicaid ID # located on the member's Buckeye ID card.

Claim Type



The screenshot shows the MyCareOhio portal interface. At the top, there is a navigation bar with icons for Eligibility, Patients, Authorizations, Claims, and Messaging, along with the user name Anne Marie Hillton. Below the navigation bar, there is a section for 'Viewing Claims For' with a dropdown menu set to '341735459' and another dropdown set to 'Medicaid'. There are buttons for 'Upload EDI' and 'Create Claim'. The main content area is titled 'Choose Claim for KYONDRA L SHUELL' and 'Choose a Claim Type'. It features two large green buttons: 'CMS 1500 Professional Claim →' and 'CMS UB-04 Institutional Claim →'. At the bottom, there are links for 'Instruction Manual (PDF)', 'Terms & Conditions', 'Privacy Policy', and 'Copyright © 2015, Centene Corporation'.

Step 5: Choose a Claim Type - **CMS 1500** for HCBS or **CMS UB-04** for Assisted Living.

Statement Dates

THIS SECTION:
General Info Information about the dates of the claim.

Next →

* Required field

Patient's Account Number* XXXXXXXXXXXX 26

Statement Dates* From MM/DD/YYYY To MM/DD/YYYY 14

Date of current illness, Injury, Pregnancy (LMP) Select Type... MM/DD/YYYY 14

Other Date Select Type... MM/DD/YYYY 15

- **Step 6:** Enter Patient's Account Number (Member Medicaid ID #).
- **Step 7:** Enter the begin and end dates for the services billed.
- Click **Next**.

Required fields are marked with asterisks(*).

Diagnosis Codes

THIS SECTION:
Diagnosis Codes Diagnosis Code and Additional Insurance information.

← Back Next →

* Required field

ICD Version Indicator* ICD 9

Please note that for the claim statement dates entered, valid ICD-9 codes only are accepted.

Diagnosis Codes* XXXX e.g. 1409 Add (Enter diagnosis code and click on Add button)

Add Coordination of Benefits

← Back Next →

- **Step 7:** Enter diagnosis code and click on **Add** button.
- **Step 8:** Click **Next**.

Service Lines

THIS SECTION:
Service Lines Enter maximum of 50 service lines.

← Back Provider Details →

Total: \$0.00 * Required field Save / Update

+ New Service Line

Add New Service Line

Dates of Service* From To

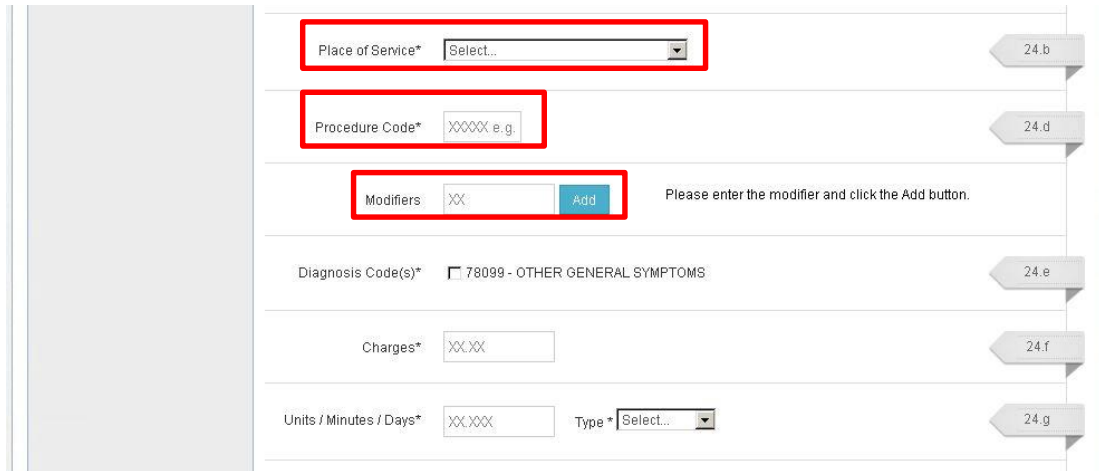
Your added service lines will appear here.

- **Step 9:** Enter Dates of Service. Only **one** date of service should be entered (i.e. “From” date and “To” date should be the same date).

Assisted Living providers should use the Multiple Claims Submission option.

Dates of Service must fall within the Statement Dates entered in Step 7.

Service Lines (cont'd)



The screenshot shows a form for entering service line information. The following fields are highlighted with red boxes:

- Place of Service***: A dropdown menu with "Select..." as the current selection. A callout box labeled "24.b" is positioned to the right.
- Procedure Code***: A text input field containing "XXXXX e.g.". A callout box labeled "24.d" is positioned to the right.
- Modifiers**: A text input field containing "XX" and a blue "Add" button. A callout box labeled "24.g" is positioned to the right. Below the input field, the text "Please enter the modifier and click the Add button." is displayed.

Other visible fields include:

- Diagnosis Code(s)***: A checkbox labeled "78099 - OTHER GENERAL SYMPTOMS". A callout box labeled "24.e" is positioned to the right.
- Charges***: A text input field containing "XX.XX". A callout box labeled "24.f" is positioned to the right.
- Units / Minutes / Days***: A text input field containing "XX.XXX" and a "Type*" dropdown menu with "Select..." as the current selection. A callout box labeled "24.g" is positioned to the right.

- **Step 10:** Select Place of Service from the drop-down menu.
- **Step 11:** Enter Service Procedure Code.
- **Step 12:** Enter Modifier(s) where applicable and click the **Add** button.

IMPORTANT: You must click the Add button for the modifier(s) to be added to the claim service line. Missing claim modifier(s) where required may result in incorrect reimbursement and/or service line or claim denial.

Service Lines (cont'd)

Place of Service*	Select..	24.b
Procedure Code*	XXXXX e.g.	24.d
Modifiers	XX. <input type="button" value="Add"/> Please enter the modifier and click the Add button.	
Diagnosis Code(s)*	<input type="checkbox"/> 78099 - OTHER GENERAL SYMPTOMS	24.e
Charges*	XX.XX	24.f
Units / Minutes / Days*	XX.XXX Type * Select..	24.g

- **Step 13:** Check box(es) to confirm previously entered Diagnosis Code(s).
- **Step 14:** Enter **Total** Charges.
- **Step 15:** Enter **Total** Units/Minutes/Days and select Type from the drop-down menu.

Service Lines (cont'd)

THIS SECTION:
Service Lines Enter maximum of 50 service lines.

← Back Next →

Total: \$18.10 * Required field Delete Save / Update

Now Viewing Line 1: T1019 / \$18.10

+ New Service Line

PROCEDURE / CHARGES

1: T1019 / \$18.10

Dates of Service* 24. a

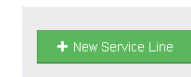
From

To

Place of Service* 24. b

Procedure Code* 24. d

- **Step 16:** Click **Save/Update**. If you have additional Service Lines to include for this specific member, scroll to the top and click:



- **Repeat Steps 9-16** until all service line entries are completed.
- **Step 17:** Click **Next**.

You will notice that each Service Line entry will show listed in the gray shaded column on the left.

Providers

THIS SECTION:
Providers Providers on this claim.

← Back Next →

* Required field

Referring Provider

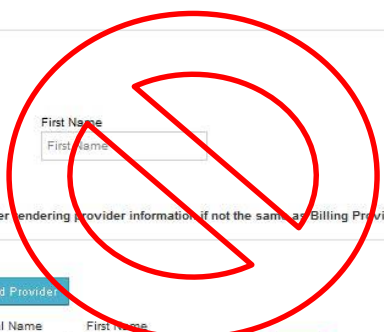
NPI 17.
XXXXXXXXXX Find Provider

Last Name or Organizational Name First Name
Last Name Find Provider First name

Rendering Provider Only enter rendering provider information if not the same as Billing Provider information. 24.]

NPI Tax ID
XXXXXXXXXX 341735459 Find Provider

Taxonomy # Last Name or Organizational Name First Name
XXXXXXXXXX Last Name First Name Clear X



- Do Not Click in this area.

Providers (cont'd)

Billing Provider

Tax ID	Name*	NPI	Taxonomy #
341735459	Last Name	XXXXXXXXXX	XXXXXXXXXX
	Address*	City*	State*
	XXXXXXXXXX	XXXXXXXXXX	Select...
		Zip*	XXXXXX

33.

Service Facility Location

[Same As Billing Provider](#)

Name	NPI
Last Name	XXXXXXXXXX
Address	City
XXXXXXXXXX	XXXXXXXXXX
	State
	Select...
	Zip
	XXXXXX

32.

[← Back](#)

[Next →](#)

- **Step 18:** Enter Billing Provider Name, Address, City, State, Zip.
- **Step 19:** Click **Same as Billing Provider** if Service Facility Location and Billing Provider address are the same (i.e. Assisted Living). Otherwise, enter the Service Facility Location address information.
- **Step 20:** Click **Next**.

Attachments

THIS SECTION:

Attachments

Add attachments to the claim (5MB limit). Supported types are .jpg, .tif, .pdf and .tiff

← Back If there are no attachments, click Next. Next →

Attachments

*Do NOT send password protected files. You must click ATTACH for each file being submitted.

File* Attachment Type* Attach

Browse... Select Type... Attach

There are no attached files.

← Back If there are no attachments, click Next. Next →

- **Step 21:** Upload any Attachments where applicable.
- If there are no attachments, click **Next**.

Review

THIS SECTION:
Review Please review your claim and submit.

Almost done! Submit

You can go back to review your claim or submit now.

Claim Id: 200008447
Member Record Number: 299407332
Member Claim Amount Paid:
Patient's Account Number: 10379979999

General Info
Hospitalized From:
Hospitalized To:
Outside Lab?: No
Outside Lab Amount:
Prior Authorization Number:
CJA Number:
Diagnosis Codes:
T5099 - OTHER GENERAL SYMPTOMS

Service Lines

Line	From	To	Place	Type	Diagnosis	Amount	Days/Units	Family Plan	CDSDI	NJC	Supplemental Info
1	05/02/2015	05/02/2015	12	T 1019 (UA)	T5099	\$15.10	4	No			

Providers

Provider Type	Name	Tax ID	NPI	Economy	Address
Referring Provider					
Rendering Provider					
Billing Provider	ANNIE MARIE HILTON	341125485	1002016551		123 ABC ST, CLEVELAND, OH, 44102
Service Facility Location	KYONDRA L SHUELL				123 ST ART A, GARFIELD HEIGHTS, OH, 44102

Attachments

Back Submit

- **Step 22: Review** your Claim.
- If there are no Edits, click **Submit**.