



# HCBS Provider Training MyCare Ohio

*Multiple Claim Submission  
Wizard*

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# Who should Use the Multiple Claims Submission Wizard?



- Home Modification
- Personal Emergency Response
- Home Delivered Meals
- Adult Day Care
- Home Health Waiver
- Personal Care Worker
- Home Care Attendant
- Waiver Transportation
- Assisted Living Facilities

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The Multiple Claim Submission Wizard was designed to be used by HCBS Providers for billing the services listed above.

# 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

Login

[Forgot Password / Unlock Account](#)

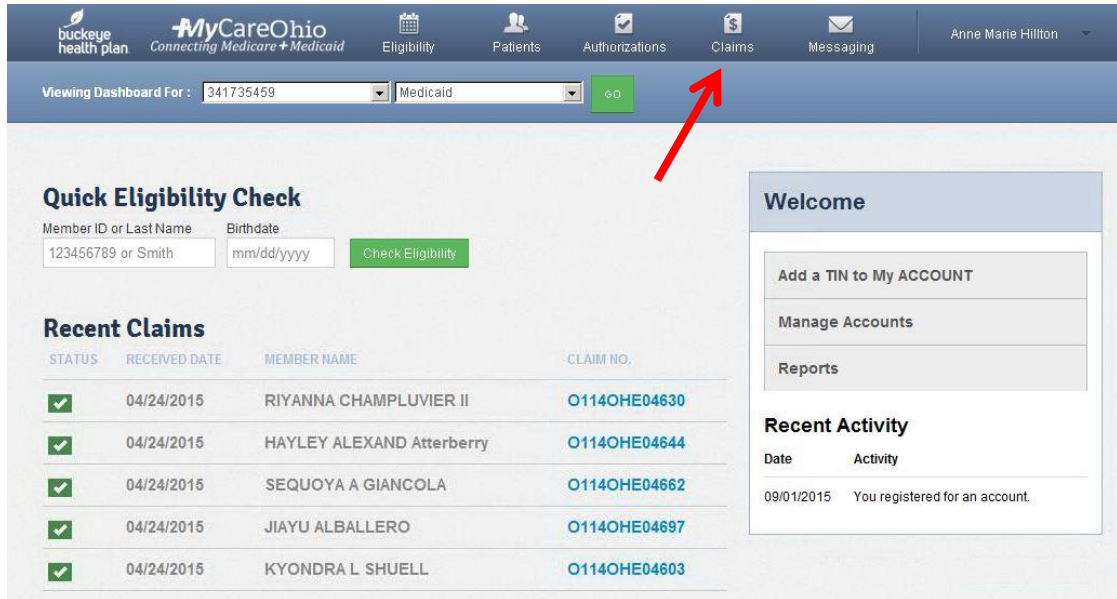
## Need To Create An Account?

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 Health Plan products.

# 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	<a href="#">O114OHE04630</a>
✓	04/24/2015	HAYLEY ALEXAND Atterberry	<a href="#">O114OHE04644</a>
✓	04/24/2015	SEQUOYA A GIANCOLA	<a href="#">O114OHE04662</a>
✓	04/24/2015	JIAYU ALBALLERO	<a href="#">O114OHE04697</a>
✓	04/24/2015	KYONDRA L SHUELL	<a href="#">O114OHE04603</a>

### 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 Provider Dashboard header.

## Dashboard features:

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

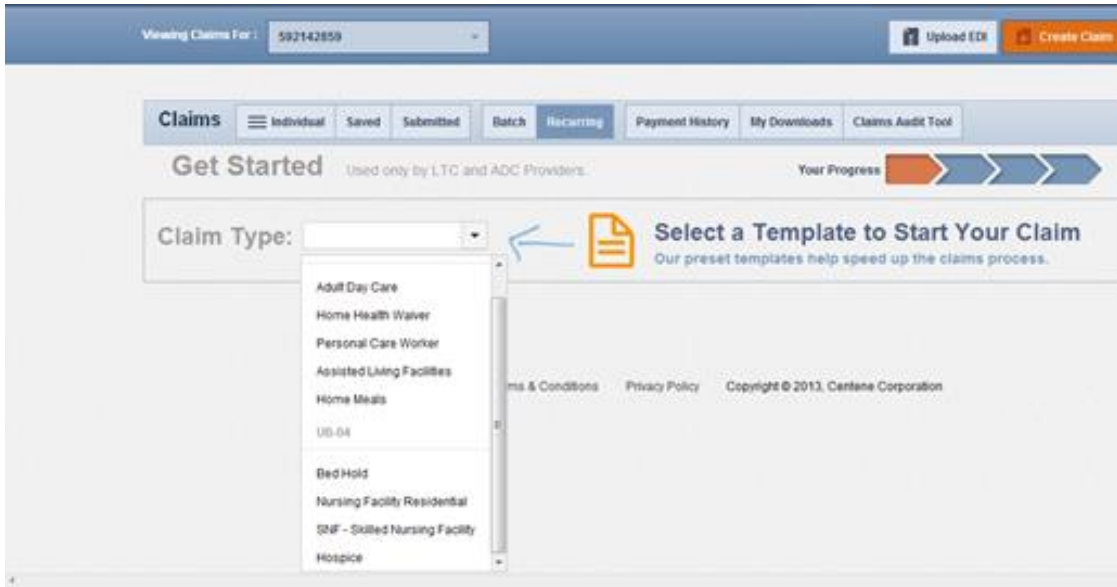
# Accessing the Wizard



The screenshot shows the MyCareOhio web application interface. At the top, there is a navigation bar with the Buckeye Health Plan logo and the text "MyCareOhio Connecting Medicare + Medicaid". Below this, there are several menu items: Eligibility, Patients, Authorizations, Claims, and Messaging. The user's name, Anne Marie Hillton, is displayed in the top right corner. The main content area shows a search bar for "Viewing Claims For:" with the value "341735459" and a dropdown menu set to "Medicaid". There are buttons for "Upload EDI" and "Create Claim". Below this, there is a grid of tabs: "Individual", "Saved", and "Submitted" in the first row; "Batch" and "Recurring" in the second row; and "Payment History", "My Downloads", and "Claims Audit Tool" in the third row. A red arrow points to the "Recurring" tab.

- **Step 3:** Click on the **Recurring** Tab to access the Wizard.

# Select a Template

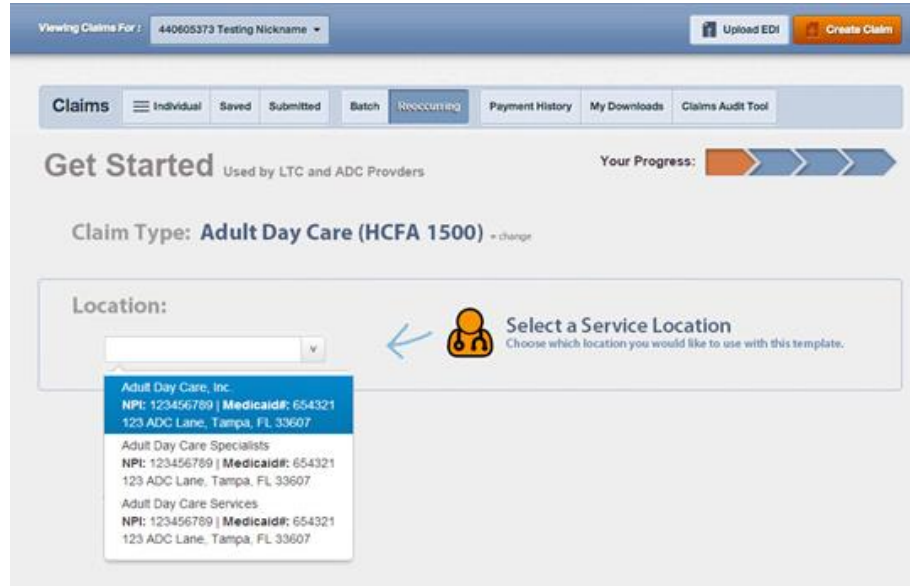


The screenshot shows the 'Claims' section of the Buckeye Health Plan portal. At the top, there is a header with 'Viewing Claims For: 592142859' and buttons for 'Upload EDI' and 'Create Claim'. Below this is a navigation bar with tabs for 'Individual', 'Saved', 'Submitted', 'Batch', 'Recurring', 'Payment History', 'My Downloads', and 'Claims Audit Tool'. The 'Recurring' tab is selected. A 'Get Started' section indicates it is 'Used only by LTC and ADC Providers' and shows a progress indicator. The main area features a 'Claim Type:' dropdown menu with a list of options: Adult Day Care, Home Health Waiver, Personal Care Worker, Assisted Living Facilities, Home Meals, US-04, Bed Hold, Nursing Facility Residential, SNF - Skilled Nursing Facility, and Hospice. A blue arrow points to the dropdown menu. To the right, a box titled 'Select a Template to Start Your Claim' contains the text 'Our preset templates help speed up the claims process.' Below this, there are links for 'Terms & Conditions', 'Privacy Policy', and 'Copyright © 2013, Centene Corporation'.

- **Step 4:** Select a Template (HCFA 1500) to Start Your Claim from the drop down menu.

The template is designed to speed up the claim submission process and contains pre-coded claim data. You will have the opportunity to change any of those items as needed prior to submitting the claim.

# Service Location



Viewing Claims For: 440605373 Testing Nickname

Upload EDI Create Claim

Claims Individual Saved Submitted Batch **Recurring** Payment History My Downloads Claims Audit Tool

Get Started Used by LTC and ADC Providers Your Progress: >>>>

Claim Type: **Adult Day Care (HCFA 1500)** - change

Location:

Select a Service Location  
Choose which location you would like to use with this template.

- Adult Day Care, Inc.  
NPI: 123456789 | Medicaid#: 654321  
123 ADC Lane, Tampa, FL 33607
- Adult Day Care Specialists  
NPI: 123456789 | Medicaid#: 654321  
123 ADC Lane, Tampa, FL 33607
- Adult Day Care Services  
NPI: 123456789 | Medicaid#: 654321  
123 ADC Lane, Tampa, FL 33607

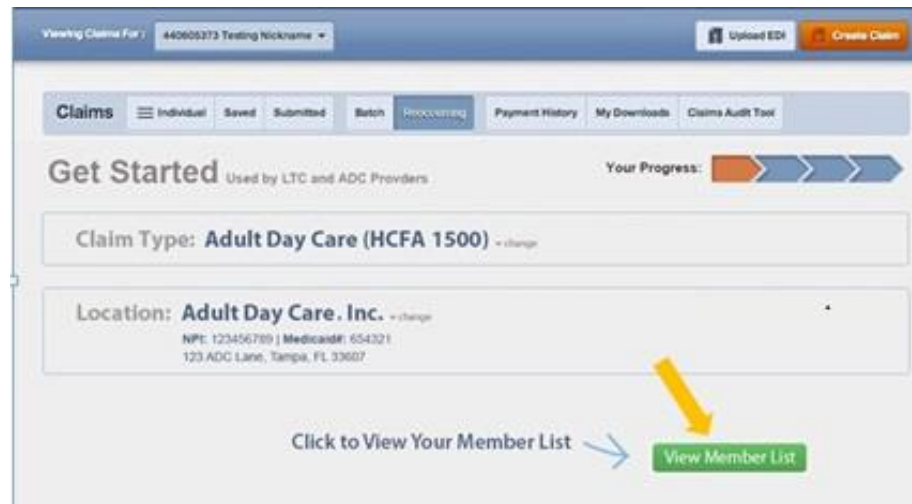
- **Step 5:** Select the desired service address from the drop down menu.

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Verify correct NPI (if applicable), Provider Medicaid # and Address when selecting a Service Location.

Service Locations may be listed as “SERVING XXXX CO”. If selected, you will need to verify on the **Review Claim** screen that the **Billing Provider** address is correct.

# View Member List



Viewing Claims For: 44000373 Testing Nickname

Upload EOI Create Claim

Claims Individual Solved Submitted Batch Processing Payment History My Downloads Claims Audit Tool

Get Started Used by LTC and ADC Providers Your Progress: [Progress Indicator]

Claim Type: Adult Day Care (HCFA 1500) - change

Location: Adult Day Care, Inc. - change  
NPI: 123456789 | Medicaid#: 654321  
123 ADC Lane, Tampa, FL 33607

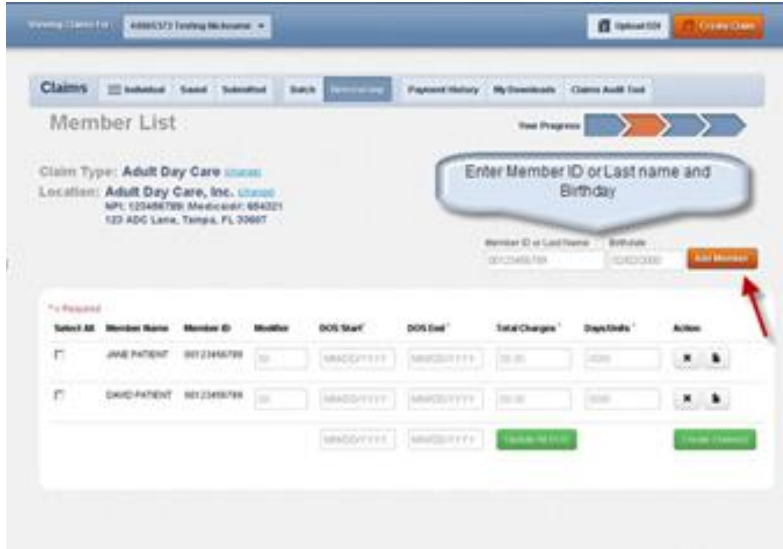
Click to View Your Member List → View Member List

- Step 6: Click on **View Member List**.

Member lists are created using Member (Medicaid) ID or Last Name and Birthdate. The member list only needs to be created once, during your first time using the Multiple Claims Submission Wizard.



# Add Member







Member List

Claim Type: Adult Day Care  
Location: Adult Day Care, Inc. 13222  
NPI: 02048799 Medicaid#: 654321  
132 ADG Lane, Tampa, FL 33607

Enter Member ID or Last name and Birthday

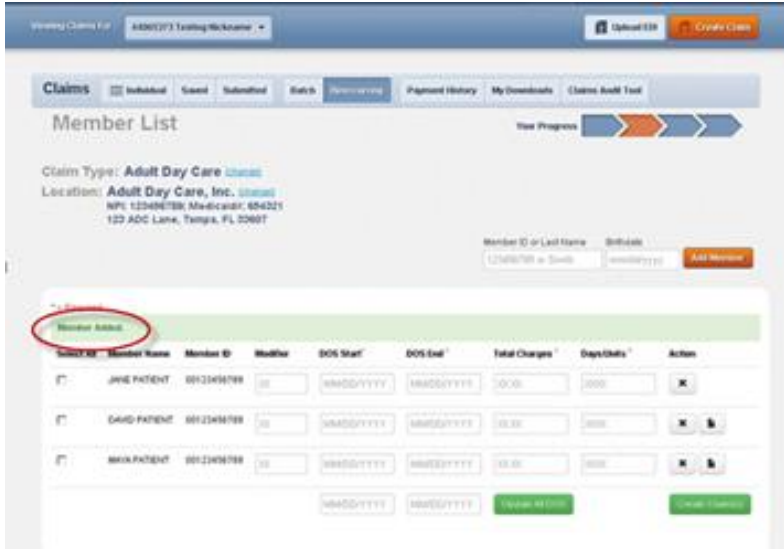
Member ID or Last Name: 02048799 Birthday: 02/02/2000 **Add Member**

Select All	Member Name	Member ID	Member	DOS Start	DOS End	Total Charges	Days/Units	Action
<input type="checkbox"/>	JANE PATIENT	02048799	02	MMDDYYYY	MMDDYYYY	00.00	0000	 
<input type="checkbox"/>	JOHN PATIENT	02048799	02	MMDDYYYY	MMDDYYYY	00.00	0000	 

- Enter Member ID or Last Name and Birthday.
- Click Add Member.

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

# Add Member



Member List

Claim Type: [Adult Day Care](#)  
Location: [Adult Day Care, Inc.](#)  
NPI: 123456789, Medicaid: 654321  
123 ABC Lane, Tampa, FL 32607

Member ID or Last Name:  Birthdate:  [Add Member](#)

Member Name	Member ID	Member	DOS Start	DOS End	Total Charges	Debt/Debit	Action
JANE PATENT	00123456789	00	MM/DD/YYYY	MM/DD/YYYY	00.00	00.00	X
JOHN PATENT	00123456789	00	MM/DD/YYYY	MM/DD/YYYY	00.00	00.00	X
JANE PATENT	00123456789	00	MM/DD/YYYY	MM/DD/YYYY	00.00	00.00	X

[Add Member](#) [Create Claim](#)

- You will see **Member Added** message. You can either enter another member or move on to create claim.

Note: The member record is listed in alphabetic order by last name. If you are unable to locate member, check member ID and birthdate was entered correctly. If still not found, return to Check Eligibility to verify member is eligible.

\*Under **Actions** click the X to remove the member from your member list.

# Create Claim

Viewing Claims For: 440605373 Testing Nickname

Claims

Member List Your Progress

Claim Type: [Adult Day Care](#)   
Location: [Adult Day Care, Inc.](#)   
NPI: 123456789; Medicaid#: 654321  
123 ADC Lane, Tampa, FL 33607

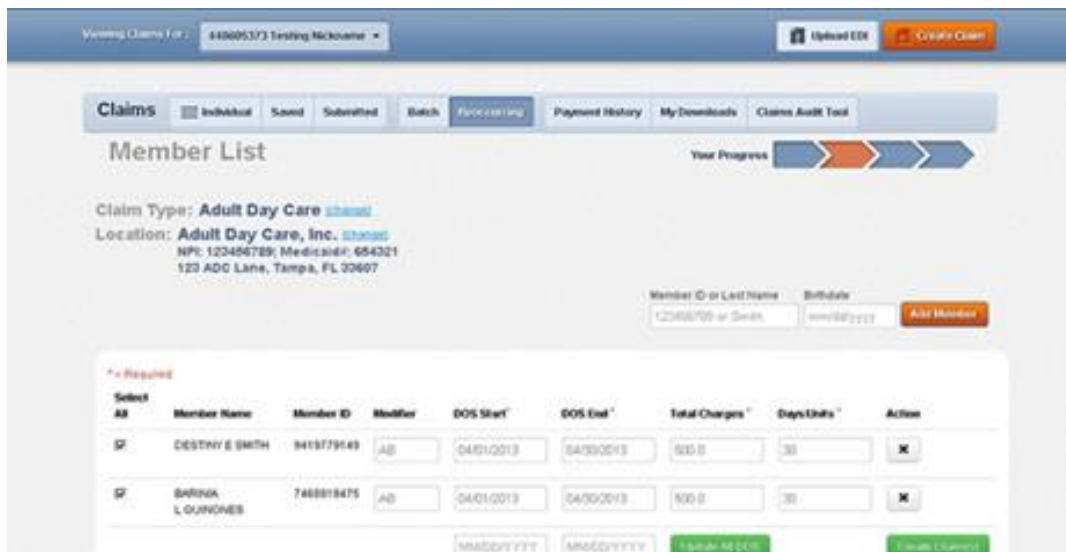
Member ID or Last Name  Birthdate

**\* - Required**

Select	Member Name	Member ID	Modifier	DOS Start	DOS End	Total Charges	Days/Units	Action
<input type="checkbox"/>	DESTINY E SMITH	9419779149	AB	04/01/2013	04/30/2013	<input type="text" value="0.00"/>	<input type="text" value="30"/>	<input type="button" value="X"/>
<input type="checkbox"/>	BARINA LOUNOVES	7488818475	AB	04/01/2013	04/30/2013	<input type="text" value="0.00"/>	<input type="text" value="30"/>	<input type="button" value="X"/>
				<input type="text" value="MMDDYYYY"/>	<input type="text" value="MMDDYYYY"/>	<input type="button" value="Transfer All LOS"/>	<input type="button" value="Create Claim"/>	

- **Step 7:** Create claim(s) by **selecting** the appropriate Member(s).

# Create Claim



Viewing Claims For: 440005373 Testing Nickname

Upload EOB Create Claim

Claims Individual Saved Submitted Batch Processing Payment History My Downloads Claims Audit Tool

Member List

Your Progress

Claim Type: Adult Day Care  
Location: Adult Day Care, Inc.  
NPI: 120456789; Medicaid#: 654321  
123 ADC Lane, Tampa, FL 33607

Member ID or Last Name Billable  
123456789 or Smith MMDDYYYY Add Member

\* Required

Select	Member Name	Member ID	Modifier	DOS Start	DOS End	Total Charges	Days/Units	Action
<input type="checkbox"/>	DESTINY E SMITH	9419779149	AB	04/01/2013	04/30/2013	500.0	30	X
<input type="checkbox"/>	SARINA LOUNOVES	7488818475	AB	04/01/2013	04/30/2013	500.0	30	X

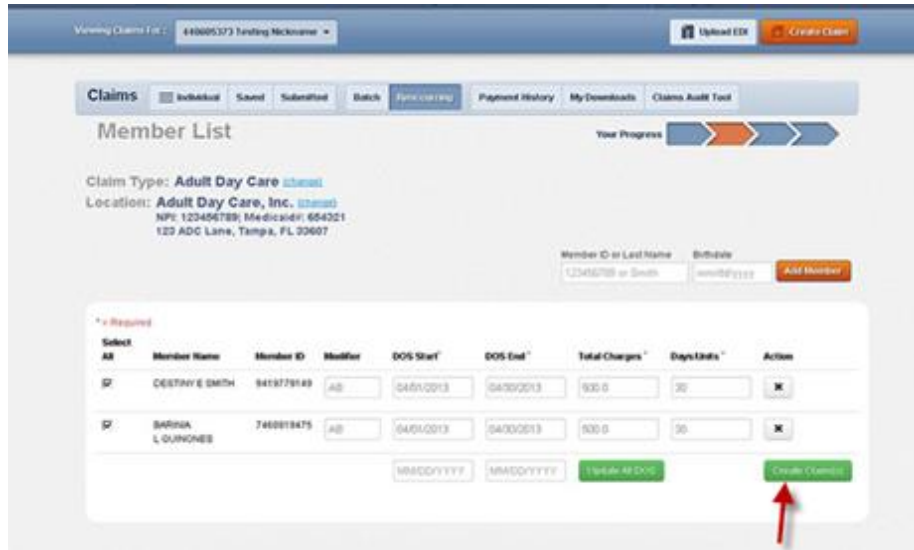
MMDDYYYY MMDDYYYY Submit All EOBs Mark Claimed

- For each member selected enter the:
- ✓ Modifier (if applicable)
- ✓ First date of service (DOS Start)
- ✓ Last date of service (DOS End)
- ✓ Total Charges
- ✓ Total Number of Days or Units

Only **one** date of service should be entered (i.e. “DOS Start” and “DOS End” should be the **same** date).

**EXCEPTION: Assisted Living** providers should use a **date span** (ex. DOS Start 06/01/2016, DOS End 06/30/2016).

# Create Claim



Viewing Claims For: 410005373 Testing Nickname

Upload EDR Create Claim

Claims Incomplete Saved Submitted Batch Processing Payment History My Downloads Claims Audit Tool

Member List

Your Progress

Claim Type: Adult Day Care  
Location: Adult Day Care, Inc.  
NPI: 123456789; Medicaid#: 654321  
123 ADG Lane, Tampa, FL 33607

Member ID or Last Name Birthdate Add Member

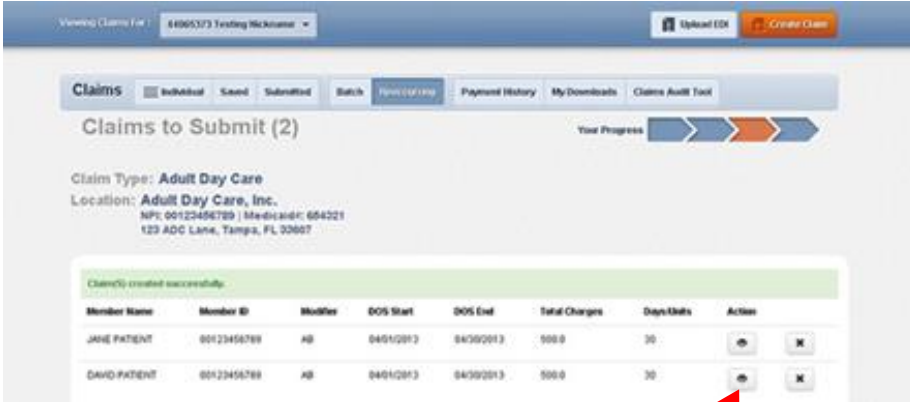
Select	Member Name	Member ID	Modifier	DOS Start	DOS End	Total Charges	Days/Units	Action
<input checked="" type="checkbox"/>	DESTAV E SMTH	8419779148	AB	04/01/2013	04/30/2013	000.0	30	X
<input checked="" type="checkbox"/>	SARINA L LOUNGHES	7460919475	AB	04/01/2013	04/30/2013	000.0	30	X

MMDDYYYY MMDDYYYY Update All DOS Create Claim(s)

- **Step 8:** After entering all the required information, click **Create Claim(s)**.

Note: To save time if the DOS Start and DOS End are the same for all checked members, enter the dates at bottom and click Update All DOS. The Modifier (if required), Total Charges, and Total Days/Units must be entered for each selected member.

# Review Claim



Viewing Claims For: 44965373 Testing Rickson




Upload EDI Create Claim

Claims Individual Send Submitted Batch **Review Claim** Payment History My Downloads Claims Audit Tool

Claims to Submit (2) Your Progress

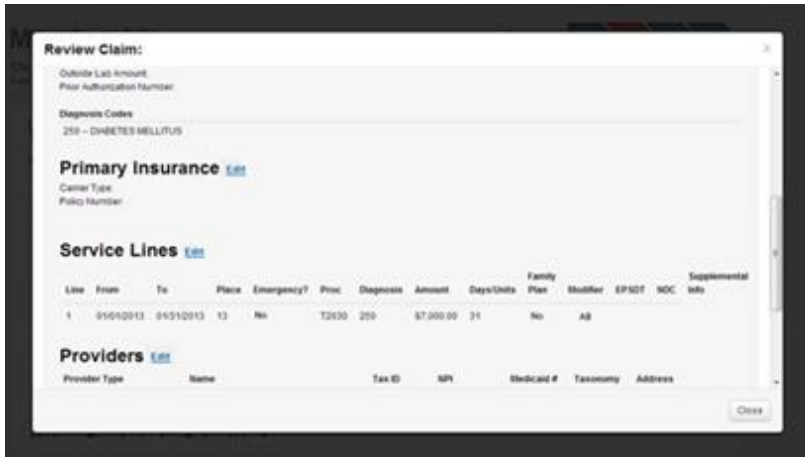
Claim Type: **Adult Day Care**  
Location: **Adult Day Care, Inc.**  
NPI: 00123456789 | Medicaid#: 664221  
123 ADC Lane, Tampa, FL 33607

Claim(s) created successfully.

Member Name	Member ID	Modifier	DOS Start	DOS End	Total Charges	Days/Units	Action
JANE PATIENT	00123456789	AB	04/01/2013	04/09/2013	500.0	30	 
DAVID PATIENT	00123456789	AB	04/01/2013	04/09/2013	500.0	30	 

- **Step 9: Review Claim**, click on the **Action** icon eye.

# Review Claim



Line	From	To	Place	Emergency?	Proc.	Diagnosis	Amount	Days/Units	Family Plan	Modifier	EP02T	NDC	Supplemental Info
1	05/01/2013	05/31/2013	13	No	T200	250	\$7,000.00	31	No	AB			

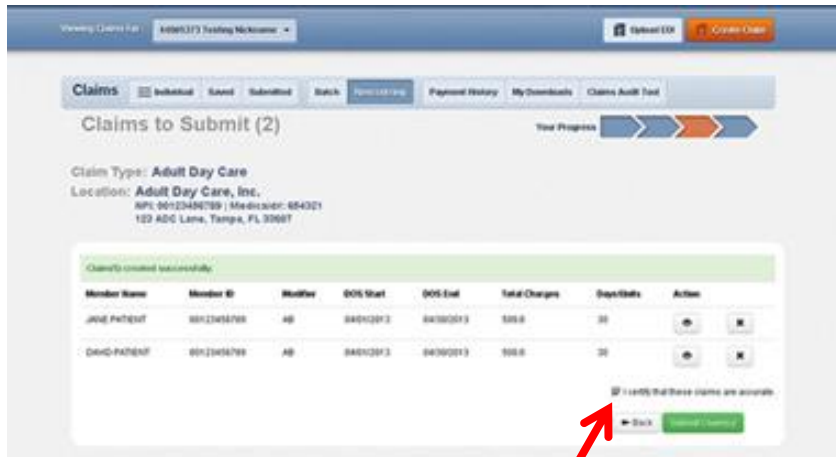
Provider Type	Name	Tax ID	NPI	Medicaid #	Taxonomy	Address
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- **Step 10: Review** Claim, **Edit** Service Line and/or **Add New** Service Line.
- Click the **Close** button (bottom right) once you've completed reviewing the claim.

You can review the claim, change/edit some fields and/or add additional service lines. Please closely review the Procedure Codes and Modifiers that are about to be billed for accuracy. Some fields may not allow you to edit. If those fields need to be changed, you will need to delete the claim and start over.

\*Click on X under **Action** to delete the claim.

# Certify Claim(s)



Viewing Claims For: 40861273 Testing McNamee





Submit EDI Create Claim

Claims Individual Saved Submitted Batch **Submit (2)** Payment History MyDownloads Claims Audit Tool

Claims to Submit (2) Your Progress

Claim Type: Adult Day Care  
Location: Adult Day Care, Inc.  
NPI: 00123456789 | Medicare: 054321  
123 ABC Lane, Tampa, FL 33607

Claims to submit successfully

Member Name	Member ID	Modifier	DOS Start	DOS End	Total Charges	Payments	Action
JOSE PATIENT	00123456789	AB	04/01/2013	04/30/2013	100.0	20	 
DAVID PATIENT	00123456789	AB	04/01/2013	04/30/2013	100.0	20	 

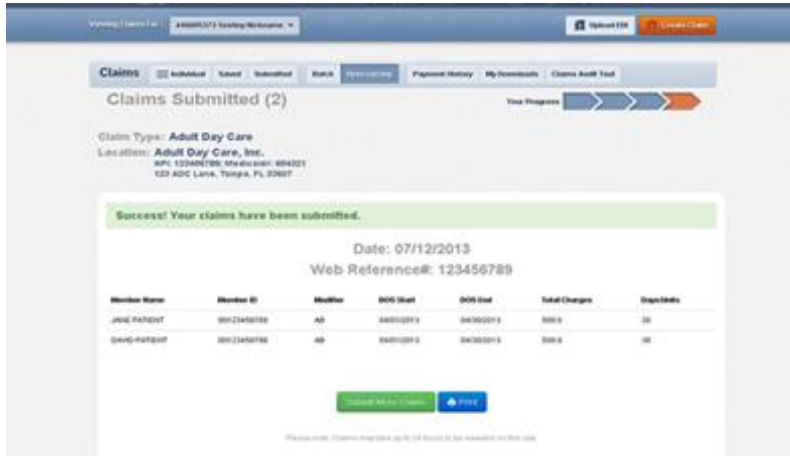
I certify that these claims are accurate.

Back **Submit Claim(s)**

- **Step 11:** After all the claims have been reviewed, select “I certify that these claims are accurate” and click **Submit Claim(s)**.



# Success!



Claims Submitted (2)

Claims Type: **Adult Day Care**  
Location: **Adult Day Care, Inc.**  
APC: 122406700, ICD-9-CM: 844201  
122 ADC LARA, THINSA, FL 32067

**Success! Your claims have been submitted.**

Date: 07/12/2013  
Web Reference#: 123456789

Member Name	Member ID	Medicare	DOB Start	DOB End	Total Charges	Days/Units
JANE PATIENT	99123456789	AB	04/30/2013	04/30/2013	500.0	30
JOHN PATIENT	99123456789	AB	04/30/2013	04/30/2013	500.0	30

[Upload More Claims](#) [Print](#)

Please note: Claims may take up to 24 hours to be available on this site.

- Success! Your claims have been submitted!