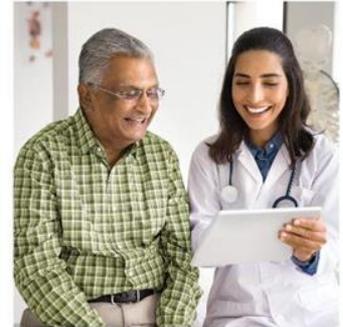


Secure Provider Portal

Quick Billing Guide



Provider Home Page

Navigate to the **Provider Home Page** to find the **Portal Login**.

If you don't have it bookmarked, you can find it on our provider website pages at:

<https://www.buckeyehealthplan.com/providers.html>



The screenshot shows the Buckeye Health Plan Provider Home Page. At the top, there are navigation links: "For Members", "For Providers", "Get Insured", "Our Community Connections", "Coronavirus Information", and "Next Generation MyCare Contract Awarded". The main content area is titled "Welcome to the Buckeye Provider Home Page". On the left, there is a vertical menu with various links such as "wellcare-by-allwell", "Become a Provider", "Next Gen Contract Information", "Updates", "Welcome New Providers", "Non-Contract Providers", "Prior Authorization", "Claims Escalation", "Pharmacy", "Health Equity Resources", "Provider Resources", "Quality Programs", "Behavioral Health", "Provider Communications", "Why Providers Prefer Buckeye", "Utilization Management", "Did You Know?", "Our Provider Engagement Administrators", "Training and Education", "What We Have Done For You Lately", and "2024 Wellcare by Allwell Products". The main content area includes a "Secure Provider Portal Login" section, which is highlighted with a red box and a red arrow pointing to it. This section contains instructions for registered providers and a "LOGIN/REGISTER" link. Other sections include "Avality Essential Training Available Beginning January 20, 2025", "Updates You Need to Know" with a list of recent updates, "For all EVV and Sandata information please see:" with links to "OOM EVV webpage" and "Sandata On Demand", "Provider Services" with contact information for "Medicaid and MyCare Ohio", "Wellcare by Allwell", and "Ambetter", and "Key Provider Information" with a list of recent news items.

For Providers

wellcare-by-allwell

Become a Provider

Next Gen Contract Information

Updates

Welcome New Providers

Non-Contract Providers

Prior Authorization

Claims Escalation

Pharmacy

Health Equity Resources

Provider Resources

Quality Programs

Behavioral Health

Provider Communications

Why Providers Prefer Buckeye

Utilization Management

Did You Know?

Our Provider Engagement Administrators

Training and Education

What We Have Done For You Lately

2024 Wellcare by Allwell Products

Welcome to the Buckeye Provider Home Page

Being a trusted partner with our providers is a top priority. We must earn that trust every day, with every interaction. Based on your feedback, we have begun implementing a communication plan to enhance our provider messaging and communications. Please let us know if you have suggestions. We have a feedback form on the bottom of our [What We Have Done For You Lately](#) page.

[Avality Essential Training Available Beginning January 20, 2025](#)

Updates You Need to Know

- 1-18: Avality Essential Training Available Beginning January 20, 2025
- Dec 12: Launching our Provider Accessibility Initiative - Barrier Removal Fund in 2025
- Dec 12: 2025 Changes for ESRD Part D and High-Impact Formulary
- Dec 8: Lactation Consulting Opportunities
- Nov 21: Buckeye Health Plan Transitions to Avality Essentials
- Nov 21: Where to Find the Member Termination Date (Redetermination)
- Nov 21: Ambetter from Buckeye Health Plan Introducing Avality Editing Services
- Nov 11: Notice of Changes by Medicare That May Affect Drug Coverage
- Nov 10: Important Provider Notification: 835 Files and Remits

Secure Provider Portal Login

If you are a contracted Buckeye Health Plan provider, you can register now. If you are a non-contracted provider, you will be able to register after you submit your first claim.

Once you have created an account, you can use the Buckeye Health Plan provider portal to:

- Verify member eligibility
- Manage claims
- Manage authorizations
- View patient list
- Login/Register

[LOGIN/REGISTER](#)

For all EVV and Sandata information please see:

[OOM EVV webpage](#)

[Sandata On Demand](#)

Provider Services

Medicaid and MyCare Ohio

Monday - Friday 7 a.m. to 8 p.m.
[866.296.8731](#)

Wellcare by Allwell

Monday - Friday 8:00 a.m. - 8:00 p.m. M-F
at [855.766.1851](#)

Ambetter

Monday - Friday 8 a.m. - 5 p.m.
[877.607.1100](#)

Key Provider Information:

- [Behavioral Health - Coping With Holiday Stress](#)
- [December 2024 Buckeye Provider Bulletin](#)
- [2023 Community Impact Report](#)
- [Prescribing & Diagnostic Resources](#)
- [December 15, 2024 Claims Payment System Error Notifications](#)

Provider Login

Secure Provider Portal Login

If you are a contracted Buckeye Health Plan provider, you can register now. If you are a non-contracted provider, you will be able to register after you submit your first claim.

Once you have created an account, you can use the Buckeye Health Plan provider portal to:

- Verify member eligibility
- Manage claims
- Manage authorizations
- View patient list
- Login/Register

1

[LOGIN/REGISTER](#)



I am a:

Select One ▼

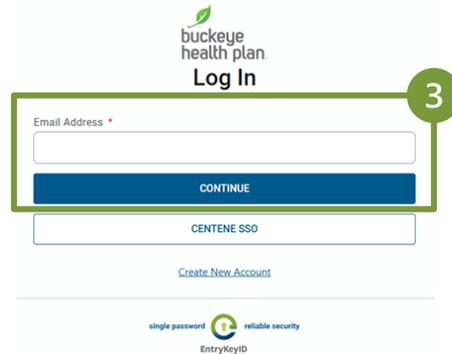
Select One

Member

Provider

Submit

2



buckeye health plan.

Log In

Email Address *

CONTINUE

CENTENE SSO

[Create New Account](#)

single password reliable security

EntryKeyID

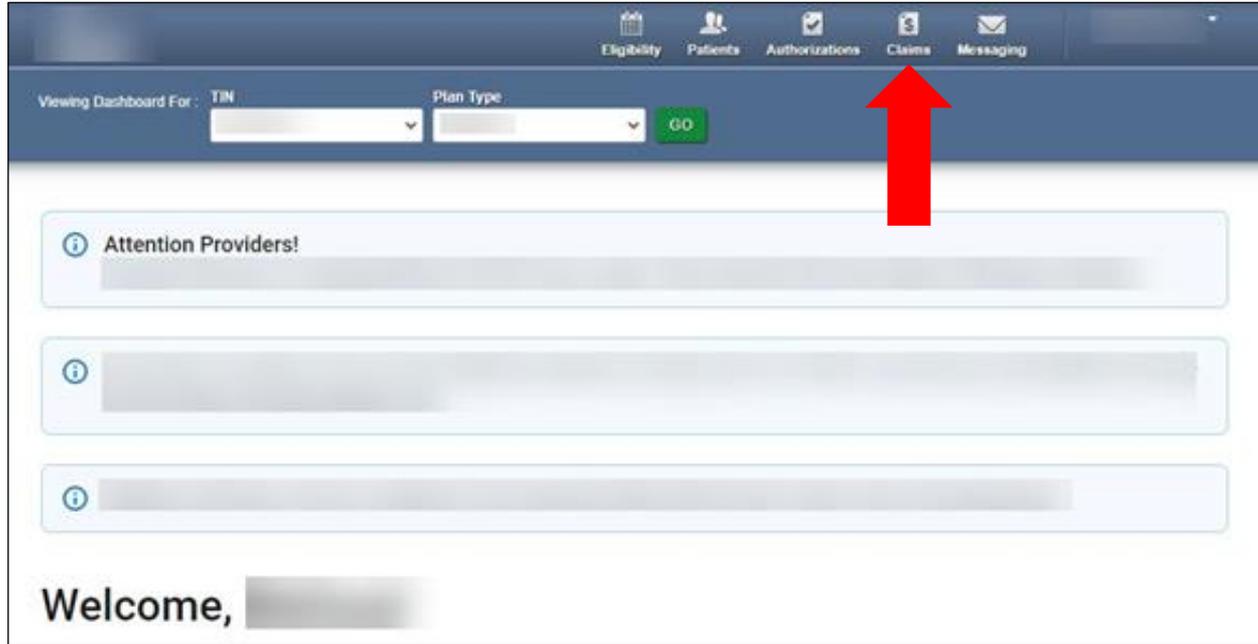
3

- 1) Click **Login/Register**
- 2) Select **Provider** and click **Submit**
- 3) Enter your Username (Email) and click **Continue**



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



Click the **Claims** icon on the dashboard header.

Dashboard features:

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

Create Claim

The screenshot shows the top navigation bar of the MyCareOhio website. The navigation menu includes: Eligibility, Patients, Authorizations, Claims, and Messaging. Below the navigation bar, there is a section for 'Viewing Claims For:' with two dropdown menus: 'TIN' (empty) and 'Plan Type' (set to 'Medicaid'). To the right of these dropdowns is a green 'GO' button. Further right are two buttons: 'Upload EDI' and 'Create Claim'. The 'Create Claim' button is highlighted with a red rectangular border.

STEP 1: Click Create Claim.

STEP 2: Enter Member ID* or Last Name AND Date of Birth.

Click Find.

The screenshot shows a search form with two input fields: 'Member ID or Last Name *' and 'Birthdate *'. The first field contains the text '123456789 or Smith' and has a small 'X' icon to its left. The second field contains the text 'mm/dd/yyyy'. To the right of the second field is a red 'Find' button, which is highlighted with a red rectangular border.

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

Claim Type

Choose a Claim Type

<p>CMS 1500</p> <p>Professional Claim →</p>	<p>CMS UB-04</p> <p>Institutional Claim →</p>
---	---

UPDATE: In order to be compliant with ICD-10 regulations, we will require claims with discharge dates or service dates on or after October 1, 2015, be coded with ICD-10 codes. This change applies to the date of service on the claim, not the submission date.

STEP 3: Choose a Claim Type*.

*Select **CMS 1500 - Professional Claim** for Waiver Services including Assisted Living and Out-of-home respite services.

Statement Dates

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

Next →

* Required fields

Patient's Account Number* 26

Statement Dates*

STEP 4: Enter Patient's Account Number (Member Medicaid ID or MMIS #).

STEP 5: Enter the “From” and “To” dates for the service billing period.

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 10 Please note that for the claim statement dates entered, valid ICD-10 codes only are accepted.

Diagnosis Codes* (Enter diagnosis code and click on Add button) 21.

← Back

Diagnosis Codes* (Enter diagnosis code and click on Add button)

R6889 -- OTHER GENERAL SYMPTOMS AND SIGNS ←

STEP 6: Enter diagnosis code and click on **Add** button.

Click **Next**.

Diagnosis code with description will populate below diagnosis field box after clicking **“Add”**.

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* 24.a

STEP 7: Enter Dates of Service*.

Only **ONE** date of service per service line should be entered (i.e. “From” date and “To” date should be the **SAME** date). Dates of Service must fall within the Statement Dates entered in the General Info section.

**Assisted Living providers should use the Multiple Claims Submission option.*

Service Lines (Cont'd)

Place of Service*	Select...	24.b
Emergency	Yes No	24.c EMG
Procedure Code*	XXXXX e.t	24.d
Modifiers	XX Add	Please enter the modifier and click the Add button.

STEP 8: Select **Place of Service** from the drop-down menu.

STEP 9: Enter **Service Procedure Code**.

STEP 10: 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.

Modifiers	XX Add	Please enter the modifier and click the Add button.
	U2	←

Service Lines (Cont'd)

Diagnosis Code(s)*	<input checked="" type="checkbox"/> R6889 - OTHER GENERAL SYMPTOMS AND SIGNS	24.e
Charges*	<input type="text" value="XX.XX"/>	24.f
Units / Minutes / Days*	<input type="text" value="XXXX"/> Type * UN - Units/ ▾	24.g

Save / Update

STEP 11: Check box(es) to confirm previously entered **Diagnosis Code(s)**.

STEP 12: Enter total **Charges***.

STEP 13: Enter total **Units/Minutes/Days*** and select **Type** from the drop-down menu.

STEP 14: Click **Save/Update**.

* **NOTE:** You must **pre-calculate** the **total Charges** and **total Units** for the Date of Service and enter in the designated fields.

Service Lines (Cont'd)

← Back Next →

Total: \$1,158.40 * Required field Delete Save / Update

+ New Service Line

Now Viewing Line 1: T1019 / \$173.76

PROCEDURE / CHARGES

Dates of Service* From 01/27/2025 To 01/27/2025 24.a

1: T1019 / \$173.76

To add additional **Service Lines***, scroll to the top and click **+ New Service Line**.

Repeat Steps 7-14 until all service line entries are completed.

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 Find Provider Qualifier 17.

Last Name or Organizational Name Find Provider First Name

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

NPI Tax ID Find Provider 24j

Taxonomy # Last Name or Organizational Name First Name Clear X

STEP 15: Enter Referring Provider details.

*Search for Provider by entering NPI, Last Name or Organizational Name and Click 'Find Provider'.

STEP 16: Enter Rendering Provider details.

Providers (Cont'd)

Billing Provider

Tax ID 33.

Name* NPI Taxonomy *

Address* City* State* Zip*

Service Facility Location 32.

Same As Billing Provider

Name NPI

Address City State Zip

← Back Next →

STEP 17: Enter **Billing Provider*** details.

STEP 18: Enter **Service Facility Location**** details.

Click **Next**.

****Click 'Same as Billing Provider' button if Service Facility Location and Billing Provider details are the same (i.e. Assisted Living).**



***Need to Update a Billing address?**

Navigate to the [Buckeye Provider Home Page](#) > Manuals, Forms, and Resources > Forms > Provider Update and Change Forms

Attachments

THIS SECTION:

Attachments

Add attachments to the claim (30MB 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*

Choose File No file chosen

Attachment Type*

Select Type...

Attach

There are no attached files.

← Back

If there are no attachments, click Next.

Next →

STEP 19: Upload any **Attachments** where applicable.

If there are no attachments, Click **Next**.

Review

Review

Please review your claim and submit.

[← Back](#)

Almost done!

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

Claim Id:

Member Record Number:
Member Claim Amount Paid:
Patient's Account Number:

General Info [Edit](#)

Statement From Date: 12/09/2024
Statement To Date: 12/15/2024
Date of current illness, injury, pregnancy (LMP):
Other Date:
Hospitalized From:
Hospitalized To:
Additional Claim Information:
Outside Lab?: No
Outside Lab Amount:
Prior Authorization Number:
CLIA Number:

Diagnosis Codes and Primary Insurance [Edit](#)

Diagnosis Codes
E232 -- DIABETES INSIPIDUS

Service Lines [Edit](#)

Line	From	To	Place	EMG	Proc	Diagnosis	Amount	Units/Minutes/Days	Family Plan	EPSDT	NDC	Supplemental Info
1	12/09/2024	12/09/2024	12	No	T1019	E232	\$115.84	16.0	No			
2	12/10/2024	12/10/2024	12	No	T1019	E232	\$115.84	16.0	No			
3	12/11/2024	12/11/2024	12	No	T1019	E232	\$115.84	16.0	No			
4	12/12/2024	12/12/2024	12	No	T1019	E232	\$115.84	16.0	No			
5	12/13/2024	12/13/2024	12	No	T1019	E232	\$115.84	16.0	No			
6	12/14/2024	12/14/2024	12	No	T1019	E232	\$86.88	12.0	No			
7	12/15/2024	12/15/2024	12	No	T1019	E232	\$86.88	12.0	No			

Providers [Edit](#)

Provider Type	Name	Tax ID	NPI	Taxonomy	Address
Referring Provider					
Rendering Provider					
Billing Provider					
Service Facility Location					

Attachments

[← Back](#) [Submit →](#)

STEP 20: Review your Claim.

If there are no Edits, Click **Submit***.

***IMPORTANT:** Carefully check the information entered for accuracy **BEFORE** clicking **Submit**.

Contact Us!



Provider Services: 866.296.8731

- First point of contact for claims, billing and payment inquiries.
- Representatives are available Monday - Friday 7 a.m. to 8 p.m. (EST) excluding holidays.



Website: www.buckeyehealthplan.com

- Sign in to the Secure Portal for secure messaging and we will reach back out to you.

