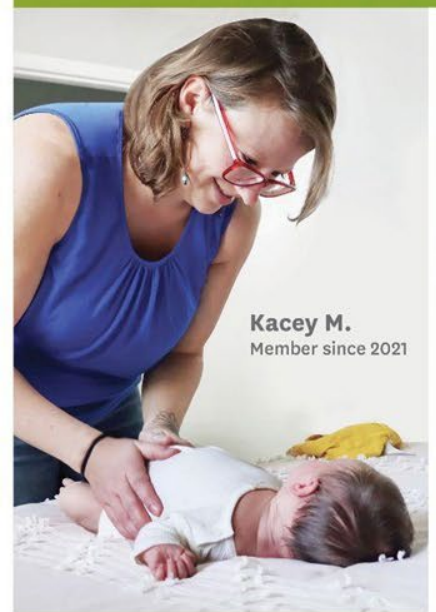


Secure Provider Portal

Waiver Provider Quick Billing Guide



Provider Home Page

For Providers

Wellcare By Allwell

Caregiver Resources

Become a Provider

Next Gen Contract Information

Updates

Welcome New Providers

Non-Contract Providers

Prior Authorization

Claims Escalation

Pharmacy

Health Equity Resources

Provider Resources

OI Program

Behavioral Health

Provider Communications

Why Providers Prefer Buckeye

Utilization Management

Did You Know?

Our Provider Engagement Administrators

Training and Education

Coronavirus Information for Providers

What We Have Done For You Lately

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.

Check out our [new website page](#) to keep you informed of the many activities happening to make working with Buckeye easier.

What we have done for you lately

Provider Alert: HHS CMS Provider Briefing On Change Healthcare Response

The Department of Health and Human Services (HHS) will hold an informational session for providers to share how it is responding to the cyberattack on Change Healthcare on Tuesday, March 19, 2024, at 4:00 pm ET. Deputy Secretary Andrea Palm, along with leadership from the Immediate Office of the Secretary and the Centers for Medicare & Medicaid Services (CMS), will lead the session. United Health Group will also attend and discuss their funding program. [Access the link to register and learn more details.](#)

Updates You Need to Know

- March 19: HHS CMS Provider Briefing on Change Healthcare Response 3-19 @ 4:00 ET
- March 11: Availability to Host Live Training Webinars for Providers
- Feb 29: Change Healthcare Cyberattack Incident
- Jan 24: OIGB 2024 Fee Increases
- Jan 9: Short Stay Policy Update
- Jan 8: Medicaid Revalidations Resume January 23, 2024

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](#)

Provider Services

Medicaid and MyCare Ohio

Monday - Friday 7 a.m. to 6 p.m.
[866.296.8731](#)

Wellcare by Allwell

Monday - Friday 8:00 a.m. - 6:00 p.m. M-F
[at 855.766.1851](#)

Ambetter

Monday - Friday 8 a.m. - 5 p.m.
[877.687.1189](#)

Key Provider Information:

- [Behavioral Health](#) - Coping With Stress and Anxiety During the Holidays
- February 2024 [Provider Update Newsletter](#)
- [2022 Community Impact Report](#)
- [Buckeye's A+ Financial Performance](#)
- March 15, 2024 [Claims Payment System Error Notifications \(CPSE\) \(PDF\)](#)

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

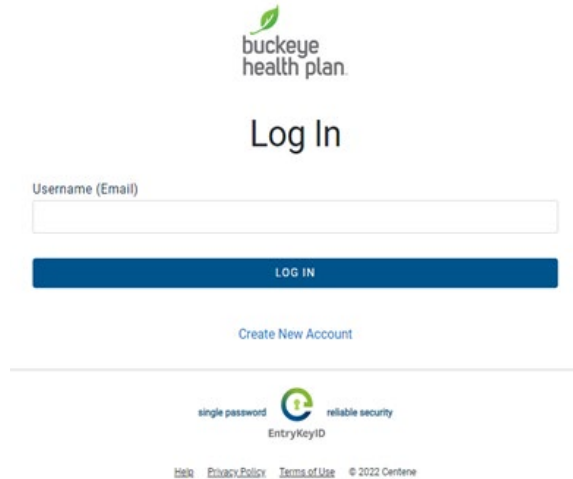
If you don't have it bookmarked, you can find it on our provider website pages at:
<https://www.buckeyehealthplan.com/providers.html>

Provider Login

I am a:

Select One ▾
Select One
Member
Provider

Submit

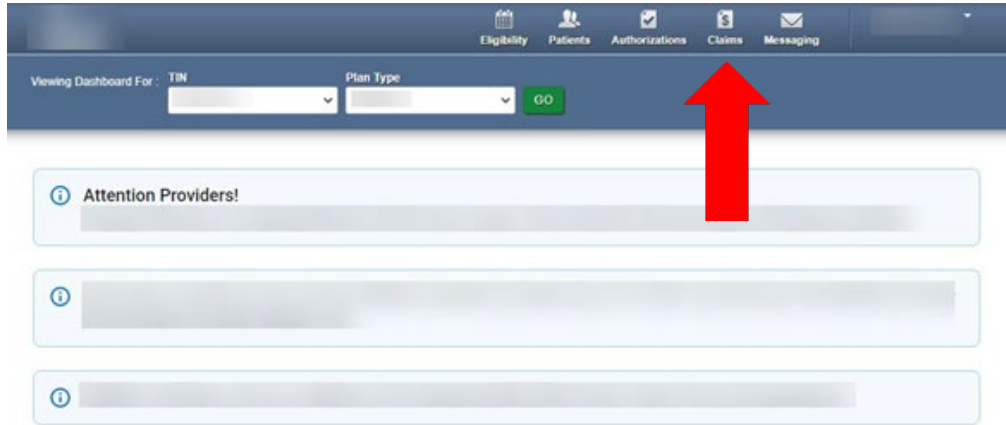


The screenshot shows the buckeye health plan login interface. At the top is the buckeye health plan logo. Below it is the text "Log In". There is a text input field labeled "Username (Email)". Below the input field is a blue button labeled "LOG IN". Underneath the button is a link that says "Create New Account". At the bottom of the page, there is a logo for "EntryKeyID" with the text "single password" and "reliable security". At the very bottom, there are links for "Help", "Privacy Policy", "Terms of Use", and "© 2022 Centene".

STEP 1: Log in to the secure portal.

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



STEP 2: Click the Claims icon on the dashboard header.

Welcome, [redacted]

Dashboard features:

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

Create Claim



STEP 3: Click Create Claim.



STEP 4: Enter Member ID* or Last Name AND Date of Birth.

Click Find.

* **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 Claims portal interface. At the top, there is a navigation bar with the Buckeye Health Plan logo and 'MyCareOhio Connecting Medicare + Medicaid'. Below the navigation bar, there are tabs for Eligibility, Patients, Authorizations, Claims, and Messaging. The 'Claims' tab is active. Below the navigation bar, there is a search bar for 'Viewing Claims For:' with a dropdown menu set to 'Medicaid' and a 'GO' button. To the right of the search bar are 'Upload EDI' and 'Create Claim' buttons. Below the search bar, there is a 'Choose Claim for' dropdown menu. The main content area is titled 'Choose a Claim Type' and contains two options: 'CMS 1500 Professional Claim' and 'CMS UB-04 Institutional Claim'. At the bottom of the page, there are links for 'Instruction Manual (PDF)', 'Terms & Conditions', 'Privacy Policy', and 'Copyright © 2015, Centene Corporation'.

STEP 5: 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 field

Patient's Account Number* XXXXXXXXXX 26

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

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

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

STEP 6: Enter Patient's Account Number (Member Medicaid ID or MMIS #).

STEP 7: 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 9 Please note that for the claim statement dates entered, valid ICD-9 codes only are accepted.

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

← Back Next →

STEP 8: 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

Your added service lines will appear here.

Dates of Service* 24 a

From MM/DD/YYYY

To MM/DD/YYYY

STEP 9: 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 Step 7.

Assisted Living providers should use the Multiple Claims Submission option.

Service Lines (Cont'd)

The screenshot shows a form with several fields. Three fields are highlighted with red boxes: 'Place of Service*' (a dropdown menu), 'Procedure Code*' (a text input field), and 'Modifiers' (a text input field with an 'Add' button). To the right of the form, there are callout boxes labeled 24.b, 24.d, 24.e, 24.f, and 24.g pointing to various parts of the form.

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)

The screenshot shows a form with several fields. The fields are: Place of Service* (dropdown), Procedure Code* (text input), Modifiers (text input with an 'Add' button), Diagnosis Code(s)* (checkbox and text input), Charges* (text input), and Units / Minutes / Days* (text input) and Type* (dropdown). Red boxes highlight the Diagnosis Code(s)*, Charges*, and Units / Minutes / Days* fields. The form also includes a 'Please enter the modifier and click the Add button.' instruction.

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.

* **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)

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

← Back Next →

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

* Required field

Now Viewing Line 1: T1019 / \$18.10

+ New Service Line

PROCEDURE / CHARGES

1: T1019 / \$18.10	Dates of Service* From: 05/02/2015 To: 05/02/2015 24.a
	Place of Service* 12 - HOME 24.b
	Procedure Code* T1019 24.d

STEP 16: Click **Save/Update**.

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

Repeat Steps 9-16 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
XXXXXXXXXX Find Provider 17.

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 J

NPI Tax ID
XXXXXXXXXX Tax ID Find Provider

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

DO NOT enter information in this section.

Providers (Cont'd)

Billing Provider

Tax ID: [] Name*: [Last Name] NPI: [>XXXXXXXX] Taxonomy #: [>XXXXXXXX]

Address*: [>XXXXXXXX] City*: [>XXXXXXXX] State*: [Select...] Zip*: [>XXXX]

Service Facility Location Same As Billing Provider

Name: [Last Name] NPI: [>XXXXXXXX]

Address: [>XXXXXXXX] City: [>XXXXXXXX] State: [Select...] Zip: [>XXXX]

← Back Next →

STEP 17: Enter **Billing Provider Name, Address, City, State, Zip.**

STEP 18: Enter **Service Facility Location* Name, Address, City, State, Zip.**

Click **Next**.

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

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*
Browse... Selected 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

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

General Info
Hospitalized From: _____
Hospitalized To: _____
Outside List: No
Outside List Amount: _____
Prior Authorization Number: _____
CJA Number: _____

Diagnosis Codes
T809 - OTHER GENERAL SYMPTOMS

Service Lines

Line	From	To	Place	Proc	Diagnosis	Amount	Days/Units	Family Plan	SP/DI	IND	Supplemental Info
1	05/02/2015	05/02/2015	12	T1019 (LA)	T809	\$15.10	4	No			

Providers

Provider Type	Name	Tax ID	NPI	Economy	Address
Referring Provider					
Rendering Provider					
Billing Provider					123 ABC ST. CLEVELAND, OH, 44102
Service Facility Location					123 ST APT A, GARFIELD HEIGHTS, OH, 44105

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 any issues.
 - If you are unsure of who your Provider Network representative, contact Provider Services.
- 🖱️ **Website: www.buckeyehealthplan.com**
 - Sign in to the Secure Portal for secure messaging and we will reach back out to you.

