

Secure Provider Portal

Quick Billing Guide



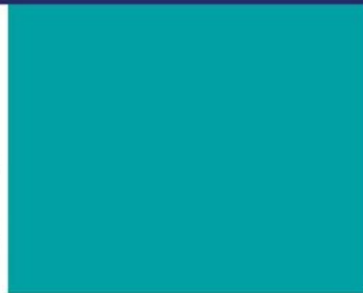
By

 buckeye
health plan.



**Department of
Medicaid**

Next Generation MyCare



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>



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The screenshot shows the Buckeye Health Plan Provider Home Page. At the top, there is a navigation bar with links for "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 sidebar menu with various links for providers, including "wellcare-by-adwell", "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 Lastly", and "2024 Wellcare by Adwell Products". The main content area includes a "Secure Provider Portal Login" section, which is highlighted with a red box. This section contains instructions for providers to register and login, and a link to "LOGIN/REGISTER". Other sections include "Availability Essential Training Available Beginning January 20, 2025", "Updates You Need to Know", "Sign Up for our Monthly Provider Bulletin", "For all EVV and Sandata information please see:", "Provider Services" (Medicaid and MyCare Ohio, Wellcare by Adwell, Ambetter), and "Key Provider Information" (Behavioral Health, December 2024 Buckeye Provider Bulletin, 2023 Community Impact Report, Prescriptive & Chemical Resources, December 15, 2024, Claims Payment System Error Notifications).

Login/Register for the Provider Portal

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

3

single password EntryKeyID reliable security

1. Click **Login/Register**
2. Select **Provider** and click **Submit**
3. Select **Create New Account** or Continue to **Login**

Quick Actions – Create New Claim

Quick Actions

Do a quick eligibility check, find patient benefits information, create a new claim or recurring claim or an authorization.

Member ID or Last Name *

Member Date of Birth

MM/DD/YYYY

Select Action Type *

Select ▲

View Eligibility & Patient Information

Create New Claim

SUBMIT

STEP 1: Enter the following information:

- **Member ID or Last Name**
- **Member Date of Birth**

Select “**Create New Claim**”

Click **Submit**.



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

Claim Type

Choose a Claim Type

CMS 1500

Professional Claim →

CMS UB-04

Institutional Claim →

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 2: 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* From To

STEP 3: Enter Patient's **Account Number** (Member Medicaid ID or MMIS #).

STEP 4: 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* Add (Enter diagnosis code and click on Add button) 21.

Add Coordination of Benefits

← Back

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

R6889 -- OTHER GENERAL SYMPTOMS AND SIGNS

STEP 5: 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*

From MM/DD/YYYY

To MM/DD/YYYY

24.a

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.

STEP 6: Enter Dates of Service*.

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



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Service Lines (Cont'd)

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

STEP 7: Select **Place of Service** from the drop-down menu.

STEP 8: Enter Service Procedure Code.

STEP 9: 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
<div>Save / Update</div>		

STEP 10: Check box(es) to confirm previously entered **Diagnosis Code(s)**.

STEP 11: Enter total **Charges***.

STEP 12: Enter total **Units/Minutes/Days*** and select **Type** from the drop-down menu.

STEP 13: 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)

The screenshot shows a web interface for managing service lines. At the top, there are 'Back' and 'Next' buttons. Below them, a summary box displays 'Total: \$1,158.40' and a '* Required field' note. To the right of the total are 'Delete' and 'Save / Update' buttons. The main section is titled 'Now Viewing Line 1: T1019 / \$173.76'. Below this title is a table with one entry. The first column of the table is highlighted in gray and contains the text '1: T1019 / \$173.76'. A red box highlights a '+ New Service Line' button, and a red arrow points to the first column of the table. The table also includes a 'PROCEDURE / CHARGES' header and 'Dates of Service*' with 'From' and 'To' date pickers set to '01/27/2025'. A '24.a' label is visible on the right side of the table.

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 24 j

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

NPI Tax ID Find Provider 24 j

Taxonomy # Last Name or Organizational Name First Name Clear X

STEP 14: Enter **Referring Provider** details.

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

STEP 15: Enter **Rendering Provider** details.



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Providers (Cont'd)

Billing Provider

Tax ID

Name* NPI Taxonomy*

Address* City* State* Zip*

Service Facility Location

Name NPI

Last Name XXXXXXXX

Address City State Zip

XXXXXXXXXX XXXXXXXXXX Select... XXXXX

STEP 16: Enter **Billing Provider*** details.

STEP 17: 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 18: 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 19: Review your Claim.

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

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



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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.

If you would like Portal Training, please reach out to your [Provider Engagement Account Manager](#) to schedule a training session.



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