

NextGeneration MyCare Quick Reference Guide

1. If your patient has chosen to Opt Out of the Medicare portion of Next Generation MyCare OH, Buckeye Health Plan is managing the Medicaid benefits and will only reimburse claims for Medicaid services.

A Prior Authorization for secondary payment from Buckeye is not required for the service(s) covered by their Medicare plan. Please submit the claim(s) to the plan managing the Medicare benefits (Medicare Fee For Service or Medicare Advantage Plan/Medicare Part C).

2. Are you in Buckeye's network? If no, all out of network services require prior authorization except:

- Emergency services
- Urgently needed care when services at a network provider are not available
- Out-of-network dialysis

3. Will the service(s) be performed in an inpatient setting? If yes, the services require prior authorization including:

- Acute inpatient hospital
- Custodial admissions to nursing homes and skilled nursing facilities
- Inpatient rehabilitation hospital
- Long-term acute care hospital (LTAC)
- Skilled nursing facility

Is the service a waiver service? If yes, the service must be authorized by the care manager based on member waiver eligibility.

To arrange, call Care Management: 1-866-549-8289, Mon. – Fri., 8 am-6 pm.

Medical Management, Buckeye Health Plan 4349 Easton Way, Suite 300 Columbus, OH 43219 PH: 1-866-246-4359 • Fax: 1-888-659-5769

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Waiver services include, but are not limited to:

- a. Adult day health
- b. Emergency response systems
- c. Personal Care Services
- d. Home modifications
- e. Independent living
- f. Non-emergency transportation
- g. Respite
- h. Social work counseling

Waiver services will be authorized by the health plan case manager based on member waiver eligibility.

5. Is this service listed below on this chart?

If, yes, then the service requires prior authorization.

Please verify eligibility and benefits prior to rendering services for all members. Payment, regardless of authorization, is contingent on the member's eligibility at the time the service is rendered.

NON-PAR PROVIDERS & FACILITIES REQUIRE PRIOR AUTHORIZATION FOR ALL SERVICES EXCEPT WHERE INDICATED

PRIOR AUTHORIZATION REQUIREMENTS

MEDICARE-MEDICAID

Ambulance

Air: Fixed Wing
Non-emergent

Behavioral Health Services

- Inpatient Psychiatric Admissions
- Electroconvulsive Therapy (ECT)
- Substance Abuse Treatment/Residential Treatment/Partial hospitalization
- ACT/HBT

Clinical Trials

Cosmetic Procedures

Developmental Testing, Neuropsychological, and Psychological

- Up to 20 hours per patient per calendar year for the combined above testing
- Prior Authorization is required should additional testing be necessary in calendar year

DME Including but not limited to: To determine if other DME codes require prior authorization, please refer to: <https://www.buckeyehealthplan.com/providers/preauth-check/mycare-ohio-pre-auth.html>

Experimental / Investigational Services

Any item or service potentially considered investigational or experimental must be authorized in advance.

Genetic Testing

Home Health Services

All services provided in the home require Prior auth

Hospice, both inpatient and outpatient

Infertility Includes the following:

- Drug Therapy
- Testing
- Treatment

Inpatient Facility Admissions/Facility to Facility Transfers.

Urgent/and Emergent Admissions require notification and clinical information within 48 hours of admit

Observation Stay

Observation stay greater than 24 hours If transitioning from obs to inpatient will need clinical information

Orthotics / Prosthetics

Outpatient therapy performed at free standing facility or outpatient hospital*

- Occupational Therapy (OT)
- Physical Therapy (PT)
- Speech-Language Therapy (ST)
- Pulmonary Rehab Therapy

Pain Management

<https://www.buckeyehealthplan.com/providers/preauth-check/mycare-ohio->

Part B Drugs

Please see Part B Prior Authorization List

Quantitative Drug testing for Drugs of Abuse

Radiology Visit www1.radmd.com

Phone # 1-800-642-6551

CT/CTA/CCTA

MRI/MRA

PET Scan

Surgeries regardless of place of service

Scheduled or elective surgeries/ procedures require Prior Authorization

Transplants

Services must be rendered at a Medicare Approved Facility for liver, pancreas, kidney, kidney/pancreas, heart, heart-lung, and intestinal/ ~~multivisceral~~ transplants

Please verify eligibility and benefits prior to rendering services for all members. Payment, regardless of authorization, is contingent on the member's eligibility at the time service is rendered.

NON-PAR PROVIDERS & FACILITIES REQUIRE AUTHORIZATION FOR ALL SERVICES EXCEPT WHERE INDICATED.

Medicare--Medicaid

Timeframes

- Claims Submission: 365 days from the date of service
- Requests for appeal or adjustments: 180 days from the date of the Explanation Of Payment (EOP)

Claim Submission Tips

- Use current specific CPT-4, HCPCS and ICD-10 codes following Medicare guidelines for primary coverage
- Bill using the member's ID number stating with a "C"
- Please verify eligibility and benefits prior to rendering services for all members. Payment, regardless of authorization, is contingent on the member's eligibility at the time service is rendered.
- If submitting paper claims, only original red forms with computer generated printing in the customizable fields will be accepted.

Important Phone Numbers/Addresses



Medical Management

Buckeye Health Plan 4349 Easton Way, Suite 300 Columbus, OH 43219 PH: 1.866.246.4359
Fax: 1.877.861.6722

Provider Services

PH: 1-866-296-8731 Fax: 1-844-866-7712

Member Services

PH: 1-866-549-8289

TTY Line

1-800-750-0750

Pharmacy

Prior Authorization Mail:
Buckeye Health Plan – MyCare Ohio
(Medicare-Medicaid Plan)
Medicare Pharmacy Prior Authorization
Department
P.O. Box 31397
Tampa, FL 33631-3397

Pharmacy and Physician Prior Auth Phone:
1-800-867-6564
Prior Authorization Fax: 1-877-941-0480
Pharmacy Help Desk: 1-833-750-0202

Acacia Specialty Medications

PH: 1-855-535-1815
Fax: 1-855-217-0926

24-Hour Nurse Advice Line

PH: 1-866-246-4358, say "Nurse" when prompted or TDD/TTY: 1-800-750-0750

Paper Claims Submission

Buckeye Health Plan PO Box 6200
Farmington, MO 63640 ONLY ORIGINAL
RED FORMS WILL BE ACCEPTED.

Musculoskeletal and Cardiac

Procedures

Orthopedic and Spinal Surgical Procedures
Visit Turning Point Healthcare Solutions
Web Portal Intake: www.myturningpoint-healthcare.com
Telephonic Intake: 1-844-378-3707 | 1-614-407-3447

Adjustments & Appeals Regarding

Claim Payment

Buckeye Health Plan Claim
Reconsideration Department PO Box 4000
Farmington, MO 63640-3822
Please use the adjustment form found on
our website. Do not include a copy of the
original form.

Electronic Claims Submission MyCare - Ohio Claims Medical & Behavioral Health

Centene EDI Department PH: 1-800-225-2573 ext:
6075525 or via e-mail at: EDIBA@centene.com
Payor ID 0021583

Visit www.buckeyehealthplan.com Click Provider
Home/Resources/Electronic Transactions (EDI).

Behavioral Health Care Management

PH: 1-800-224-1991

Appeals Regarding Medical Necessity

Buckeye Health Plan Attn: Appeals and Grievances
Dept, 4349 Easton Way Ste 120 Columbus, OH
43219

Sample Next Generation Cards



MyCareOhio
Connecting Medicare & Medicaid

MEMBER ID #: [123456789012]
PLAN #: [H4158-XXX-000]
ISSUER #: (80840) 9151014609

2026



This card combines Medicare and Medicaid coverage
Member: [MEMBER FULL NAME]
PCP Office Visit: [\$0]
Copays: [\$0 for covered medical and Rx services]
[MEMBER CANNOT BE CHARGED]

Card issued: [MM/DD/YYYY]



RXBIN: [XXXXXX]
RXPCN: [XXXXXXXXXX]
RXGRP: [XXXX]



Member Services / Nurse Advice Line	[1-XXX-XXX-XXXX] (TTY: 711)
Vision: [Provider]	[1-XXX-XXX-XXXX] (TTY: 711)
Dental: [Provider]	[1-XXX-XXX-XXXX] (TTY: 711)
Transportation: [Provider]	[1-XXX-XXX-XXXX] (TTY: 711)
Provider Services	[1-XXX-XXX-XXXX] (TTY: 711)
Pharmacy Prior Auth (Providers Only)	[1-XXX-XXX-XXXX] (TTY: 711)
Pharmacist Only	[1-XXX-XXX-XXXX] (TTY: 711)

Medical Claims: [Wellcare by Buckeye Health Plan Attn: Claims Dept.
P.O. Box XXXX Farmington, MO 63640-3822] [Payor ID: 68069]
Part D Claims: [Wellcare by Buckeye Health Plan Attn: Medicare Part D
Member Reimbursement Dept. P.O. Box 31577 Tampa, FL 33631-3577]
FOR EMERGENCIES: Dial 911 or go to the nearest Emergency Room
[HealthPlanURL.com]

Wellcare by Buckeye Health Plan is a Medicare and Medicaid dual eligible plan. It is not a Medicare Advantage plan. It is not a Medicaid managed care plan. It is not a Medicare Part D plan. It is not a Medicaid managed care plan. It is not a Medicare Advantage plan. It is not a Medicaid managed care plan. It is not a Medicare Part D plan. It is not a Medicaid managed care plan.