Provider Orientation

2026 Next Generation MyCare

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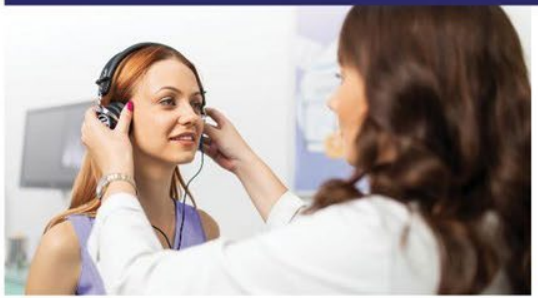
Next Generation MyCare





Agenda

- Next Generation MyCare / Wellcare by Buckeye Health Plan Overview
- Key Provider Resources
- Provider Responsibilities
- Provider Enrollment
- Utilization Management/Prior Authorization
- Care Coordination/Care Management
- Claims, Adjustments and Appeals
- Pharmacy
- OhioRise
- Contact Us

Overview:
Next Generation MyCare / Wellcare by Buckeye Health Plan

Buckeye's Vision

Transforming the health of the community, one person at a time.

Buckeye Health Plan (Buckeye)* is a managed care health plan, providing services throughout Ohio since 2004. As a wholly-owned subsidiary of Centene Corporation, a leading multi-line healthcare enterprise offering both core Medicaid and specialty services, Buckeye coordinates comprehensive care for its members. Through its caring and compassionate associates, Buckeye serves the entire community with programs tailored to meet the unique needs of each individual.

Buckeye is living its vision by transforming the health of the community, one person at a time.

Buckeye serve more than 300,000 members in the Medicaid, Medicare, and Marketplace products in Ohio. Buckeye is headquartered in Columbus, Ohio.

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Our 2025 Products/Plans

Medicaid
Buckeye provides coverage to qualified adults and children; eligible aged, blind and disabled persons and children within the foster care program.

Medicare
Our, Wellcare By Allwell, Medicare product is offered through a comprehensive selection of Medicare plans across the state.

MyCare (Combined Medicare and Medicaid) Sunsetting 12/31/2025
MyCare Ohio is a dual-eligible program that contracts with both Medicare and Medicaid in 12 counties. Qualified enrollees of the Medicare-Medicaid Plan (MMP) receive healthcare benefits of both programs from one single health plan.

Marketplace
Ambetter is a qualified health plan on the Ohio Health Insurance Marketplace. Member plan options vary between costs for monthly premium payments versus out-of-pocket expenses. Subsidies are dependent on member's income level.

Beginning January 1, 2026

Next Generation MyCare (Combined Medicare and Medicaid)
Beginning January 1, 2026, we will launch an aligned Dual Special Needs Plan (D-SNP) in Ohio. As directed by Centers for Medicare & Medicaid Services (CMS), our current Medicare-Medicaid Plan (MMP), MyCare, sunsets on December 31, 2025, and members will be automatically transitioned into the new aligned D-SNP, Wellcare by Buckeye Health Plan.

Like the MMP, this new plan is designed for individuals who qualify for both Medicare and Medicaid, allowing their benefits to be coordinated and managed by a single healthcare organization.

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Next Generation MyCare

Next Generation MyCare Program Overview

What is the Next Generation MyCare Program?

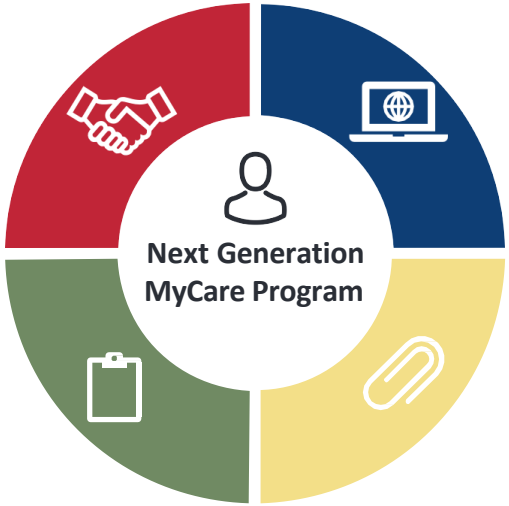
MyCare integrates Medicare and Medicaid benefits into one program, coordinated by a managed care plan.

One care coordinator

One care coordinator for both your Medicaid and Medicare benefits.

One organization

One organization responsible for both your Medicaid and Medicare benefits, allowing for more extensive service coverage.



Streamlined communication

You only receive communications from one organization, alleviating confusion.

Simple appeals

If you need to appeal a denial, you only need to contact one organization.

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Next Generation MyCare

Next Generation MyCare Goals

Through the Next Generation MyCare program, Ohio Medicaid hopes to achieve the following goals.

- Focus on the individual
- Support providers in continuously improving care
- Improve individual and population wellness and health outcomes
- Improve care for individuals with complex needs to promote independence in the community
- Create a personalized care experience
- Increase program transparency and accountability

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Next Generation MyCare

Key Provider Topics

The Ohio Department of Medicaid (ODM) designed the Next Generation MyCare program to better benefit providers and the services they provide Ohioans. Below summarizes key provider topics that will be addressed in the following slides.

01

Becoming a Provider

A streamlined enrollment and credentialing process with ODM to become an Ohio Medicaid provider.

02

Submitting a Claim

Electronic Data Interchange (EDI) claims will be submitted through the one front door, to the Ohio Medicaid Enterprise System (OMES).

03

Claims Dispute and Prior Authorization Appeals

New External Medical Review (EMR) process with an independent EMR entity available at no cost to you once you have exhausted the provider appeal process.

04

Pharmacy Benefits

Work with the plan's Pharmacy Benefit Manager to administer pharmacy benefits.

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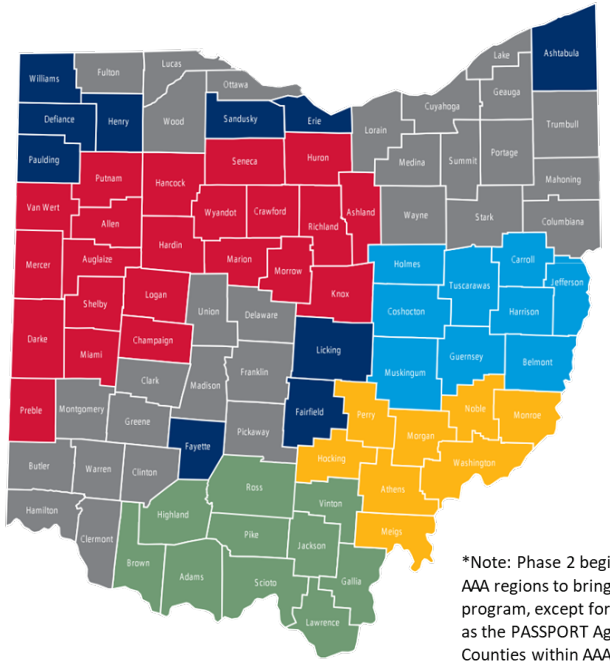
Next Generation MyCare Program Roll Out

The Next Generation MyCare program will be implemented in two phases to allow ODM to partner with all stakeholders to prepare for the program expansion and disrupt members as little as possible



*Note: Phase 2 begins by expanding all currently participating AAA regions to bring the counties without MyCare into the program, except for AAA2. Catholic Social Services operates as the PASSPORT Agency Administrator in the non-MyCare Counties within AAA2, so additional time is needed.

PHASE 1: Current MyCare Counties

On January 1, 2026, ODM will roll out the Next Generation MyCare program in the 29 counties where MyCare is currently available today.

Jan. 1, 2026	AA1: Butler, Warren, Clinton, Hamilton, Clermont AA2: Montgomery, Clark, Greene AA6: Franklin, Delaware, Union, Madison, Pickaway AA4: Lucas, Fulton, Ottawa, Wood AA10a: Lorain, Cuyahoga, Medina, Lake, Geauga AA10b: Summit, Portage, Stark, Wayne AA11: Columbiana, Mahoning, Trumbull

PHASE 2: Remaining Counties*

Starting on April 1, 2026, and continuing through the year, ODM will roll out the Next Generation MyCare program in the remaining counties.

Apr. 1, 2026	AA4: Sandusky, Erie, Henry, Williams, Defiance, Paulding AA6: Fayette, Fairfield, Licking AA11: Ashtabula
May 1, 2026	AA2: Preble, Darke, Miami, Shelby, Champaign, Logan AA3: Van Wert, Putnam, Hancock, Allen, Mercer, Auglaize, Hardin AA5: Seneca, Huron, Wyandot, Crawford, Richland, Ashland, Marion, Morrow, Knox
June 1, 2026	AA7: Ross, Vinton, Highland, Pike, Jackson, Gallia, Brown, Adams, Scioto, Lawrence
July 1, 2026	AA9: Holmes, Tuscarawas, Carroll, Jefferson, Coshocton, Harrison, Belmont, Guernsy, Muskingham
Aug. 1, 2026	AA8: Hocking, Perry, Morgan, Noble, Monrow, Washington, Athens, Meigs

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MyCare Ohio Program Eligibility Criteria

Member eligibility criteria changes.*

Current MyCare Ohio Program

Today – December 2025

Members will be enrolled if:

- Eligible for both Medicare and Medicaid services;
- Age 18 and older; and
- Reside in one of the 29 demonstration counties.

Next Generation MyCare Program

Beginning January 2026

Members will be enrolled if:

- Eligible for both Medicare and Medicaid services;
- Age 21 and older; and
- Reside in one of the 29 counties where MyCare Ohio is currently available, with statewide expansion following as quickly as possible.

*If a member is enrolled in PACE or a Developmental Disabilities waiver (Individual Options, Self-Empowered Life Funding, or Level One) or has creditable third-party health insurance, they will not be enrolled in MyCare.

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***Buckeye cannot enroll new NextGeneration MyCare members in 2026, but we will be able to enroll new members beginning in 2027. In 2026, Buckeye will continue to serve its existing MyCare members in whichever county they live at the time of service

Eligibility for MyCare Ohio Waiver

Criteria to access waiver services.

Some MyCare Ohio members need additional services like home modifications, home-delivered meals, and personal care aide services to safely remain in their homes.

To access waiver services, eligible individuals must be:

1. Enrolled in MyCare Ohio program at time of waiver application.
2. Determined to meet a nursing facility-based level of care (e.g. intermediate or skilled) per Ohio Administrative Code rules.
3. Require hospitalization or nursing facility services to meet needs in the absence of the waiver.
4. Require at least one waiver service per month **OR**
    a. Require at least one waiver service per year, and;
    b. Conduct a monthly connect with your care coordinator.

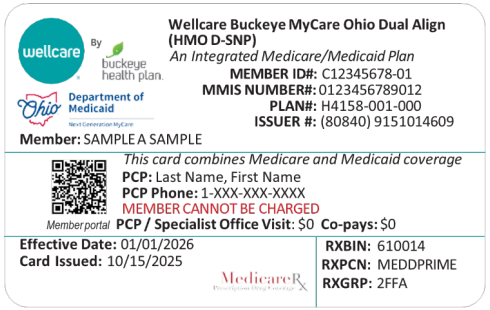
Waiver eligibility requirements are staying the same within the Next Generation MyCare program.

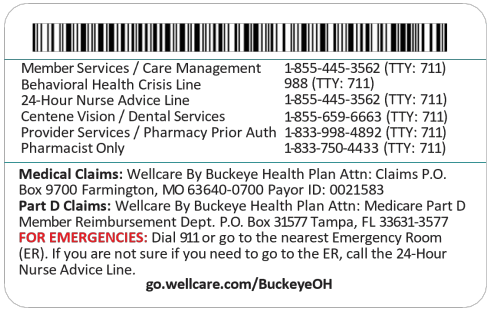
Member ID Cards

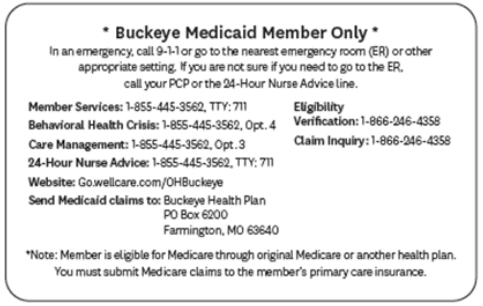
All Buckeye's Next Generation MyCare Ohio members receive an ID card (see samples).

The member ID number, effective date, contact information for Buckeye's Next Generation MyCare Ohio, and PCP information are included on the ID card.

Note: *Presentation of a member ID card is not a guarantee of eligibility. Providers must verify eligibility on the same day services are rendered.*







Key Provider Resources

Buckeye Information Highlights

Buckeye's **Provider Home Page** provides links to key resources, provider updates, communications, and trainings.

Provider Resources are located via the lefthand side of the **Provider Home Page**.

- Provider Manuals
- Next Gen MyCare
- Next Gen MyCare Product Training
- Buckeye Pre-Auth Check tool

Dedicated **Provider Services** support:

MyCare Ohio 1-833-998-4892

Monday - Friday

8 a.m. to 8 p.m. (EST)

Buckeye Contract Coordination:
Ohiocontracting@centene.com

Contract Negotiators:
OHNegotiators@centene.com

Website Resources

Join Our Network

Provider Portal

Find A Provider

Provider Manuals

Next Gen MyCare Product Training

Forms

Pre-Auth Check

Provider Newsletters

Claims Payment System Error Notifications (CPSE)

Dispute-Appeals Process

Clinical & Payment Policies

Preferred Drug List

Provider Trainings & Webinars

Report Fraud, Waste and Abuse

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www.buckeyehealthplan/providers.com

Secure Provider Portal

Take care of business on YOUR schedule. The Secure Provider Portal is yours to use 24 hours a day, seven days a week to accomplish several tasks.

- Easily check member eligibility
- View, manage, and download your member list
- View and submit claims
- View and submit service authorizations
- Communicate with us through secure messaging
- Maintain multiple providers on one account
- Control website access for your office
- View historical member health records
- Submit assessments to provide better member care
- And much more

Access the Secure Provider Portal from the Provider Home Page.

Availity Essentials

Buckeye's Next Generation MyCare Ohio has chosen **Availity Essentials** as its new, secure provider portal. Starting January 20, 2025, providers can validate eligibility and benefits, submit claims, check claim status, submit authorizations, and access payer resources, via Availity Essentials.

Our current **Secure Provider Portal** is still available for other functions that providers use today.

For providers new to Availity Essentials, getting their Essentials account is the first step toward working with Buckeye on Availity.

- The provider organization's designated Availity administrator is the person responsible for registering their practice in Essentials, managing user accounts, and should have legal authority to sign agreements for their organization.
- Administrators can **Register and Get Started with Availity Essentials**.
- Providers needing additional assistance with registration can call Availity Client Services at **1-800-AVAILITY (282-4548)**, Monday through Friday, 8 a.m. – 8 p.m. ET.
- For general questions, providers can reach out to their health plan Provider Engagement representative.

MyCare Ohio Provider Resources

Where can providers find more information or receive help?

MyCare Ohio provider resources

- ☑ **MyCare Ohio provider frequently asked questions**

  Highlights common questions about the program such as provider enrollment and program overview.

- ☑ **MyCare Ohio program provider one-pager**

  Provides information for providers about the program, including its impact and benefits.

- ☑ **MyCare Ohio provider help desk one-pager**

  Provides guidance about which help desk to contact for different kinds of questions or issues.

- ☑ **MyCare Ohio provider webpage on medicaid.ohio.gov**

  Shares more resources for providers including updates about the program, action required, and the conversion charter. ODM regularly updates this page.

MyCare Ohio provider help desks

- **For questions about PASSPORT or Assisted Living claims and/or service authorizations**

  Contact the local Area Agency on Aging at 866-243-5678.

- **For questions or comments related to the MyCare Ohio program**

  Email at MyCareConversionQuestions@medicaid.ohio.gov.

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Provider Responsibilities

Provider Responsibilities

Protect Member Privacy:
Maintain confidentiality of members' personal health information in compliance with state and federal privacy laws.

Deliver Quality Services:
Provide all covered physician services, including telehealth, in accordance with accepted clinical, legal, and ethical standards consistent with licensure, training, and qualifications.
Refer to the Provider Manual.

Ensure Access to Care:
Maintain sufficient facilities and qualified staff to provide covered services 24/7, 365 days a year, meeting Buckeye's appointment availability and access standards.
See the Provider Manual.

After-Hours Access:
Develop and follow telephone protocol standards, including after-hours availability, as outlined in the Provider Manual.

Cultural Competency

Definition: Tailoring care and supports to meet the **social, cultural, and linguistic needs** of each patient.

Why It Matters: Diverse populations, those with **limited English proficiency**, and individuals with **disabilities** often face barriers to care and poorer outcomes.

Buckeye's Approach:
Maintains a **Cultural Competency Plan** that monitors:

- Language services
- Transportation services
- Reasonable accommodations for members with disabilities

Shared Provider Responsibilities:

- Inform members of available services **at no cost**
- Provide **diversity and cultural competency training** to all staff
- Promote a **diverse and inclusive workforce** reflective of members served

Model of Care (MOC)

CMS Requirement:
Health plans must provide **annual Model of Care (MOC) training** for all providers who serve **Special Needs Plan (SNP)** members.

Who Must Complete:
All providers who treat **Dual Eligible SNP (D-SNP)** and **Chronic Condition SNP (C-SNP)** members — **regardless of network status**.

Deadline:
Annually by December 31.

Purpose:
Supports provider understanding of Buckeye's coordinated approach to care for SNP members.

Access Training & Attestation:
Available under **Required Training** on the Buckeye Provider Training & Education page.

Fraud, Waste & Abuse (FWA)

Understanding FWA:

- **Fraud:** Intentional deception or misrepresentation for financial gain.
- **Waste:** Overuse or misuse of services causing unnecessary cost.
- **Abuse:** Payment for services without legal entitlement, often without intent to mislead.

Report Suspected FWA:

Buckeye SIU: 1-866-685-8664 | special_investigations_unit@centene.com
Ohio Dept. of Medicaid (ODM): 614-466-0722
Ohio Auditor of State (AOS): 1-866-FRAUD-OH (1-866-372-8364) | fraudohio@ohioauditor.gov
Ohio Dept. of Job & Family Services: 614-752-3222
U.S. Dept. of Health & Human Services – OIG (Medicare): 800-447-8477
Ohio Dept. of Insurance (Private Insurance): 614-686-1527
Ohio Attorney General: 800-282-0515

Access Training:
Available under **Required Training** on the Buckeye Provider Training & Education page.

Provider Enrollment, Credentialing & Contracting

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PNM & Centralized Credentialing

Providers contracting with **Buckeye's Next Generation MyCare Ohio** must be credentialed through the **Ohio Department of Medicaid (ODM) Centralized Credentialing program**.

Provider Network Management (PNM) Module

Single entry point for:

- Provider enrollment
- Credentialing requests
- Demographic updates

Resources

- **OH|ID Account:** Required to access PNM → Create an OH|ID
- **PNM & Centralized Credentialing:** Learn more
- **Help Desk:** IHD@medicaid.ohio.gov | 1-800-686-1516

Credentialing/Contracting

ODM Credentialing

- ODM is responsible for credentialing all Medicaid and MyCare Ohio managed care providers.
- Credentialing is paired with **enrollment**; recredentialing with **revalidation** in the PNM system.
- Providers cannot render services until fully **screened, enrolled, and credentialed** (if required).
- See **OAC 5160-1-42** for provider types requiring credentialing.

Contracting with MCOs

- Begin **contracting with each MCO** once you have a Medicaid ID.
- Credentialing is centralized, but **MCO contracts are still required**.
- When submitting an application in PNM, you can **designate MCO interest**.
- Provider demographic data is transmitted to MCOs for contracting.

Contracting

Upon initiating enrollment in the ODM **PNM system**, visit Buckeye's **Provider Home Page** → **"Become a Provider"** to submit a contract request.

Non-Participating Providers

- Enrolled in **Ohio Medicaid**
- Registered with **Buckeye**
- **Prior Authorization** required for all services
- More info: **Non-Participating Providers** webpage

Participating Providers

- Enrolled in **Ohio Medicaid**
- Contracted with **Buckeye**
- **Prior Authorization** for some services indicated on Prior Auth Tool Link
- More info: **Participating Providers** webpage

Waiver Providers

- Authorized by the **Ohio Department of Aging** and/or the **Ohio Department of Medicaid** to provide waiver services.
- Enrolled in **Ohio Medicaid**
- Registered with **Buckeye**
- **Prior Authorization** required per member's **Person-Centered Service Plan**
- **Independent Providers of Long-Term Services**
- **Next Gen MyCare Product Training**

Utilization Management

Prior Authorization

Prior Authorizations are required on some services and will continue to be submitted directly to the health plan until a later date to be determined by the Ohio Department of Medicaid.

To determine if a service needs prior authorization use our **Prior Authorization Prescreen Tool**.

If a service requires prior authorization, please note:

- Standard prior authorization requests should be submitted for medical necessity review at least five (5) business days before the scheduled service delivery date or as soon as the need for service is identified.
- Authorization requests should be submitted via our secure web portal and should include all necessary clinical information.

To submit a Prior Authorization for approval.

- Login to the **Secure Provider Portal** or **Availity**.
- Access the member's record.
- Select the New Authorization option. The Authorization screen will appear with the member's data pre-populated.
- **Complete the Authorization Form.**

- **If there are any issues in loading an authorization on either portal, please fax your request in to avoid any delays in care to 1-866-529-0290**
- **Portal submission continues to be the preferred method.**

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Prior Authorization Determination Timeframes

Buckeye's Next Generation MyCare Ohio medical Prior Authorization decisions are made as expeditiously as the member's health condition requires but shall not exceed the timeframes listed below in accordance with OAC rule 5160-58-03.1 and ORC 5160.34.

Type	Timeframe	Extension
Expedited Preservice/Urgent	48 hours after receipt of the request	May be extended up to 14 additional calendar days
Standard Preservice/Non-Urgent	Within 7 calendar days following receipt of the request	May be extended up to 14 additional calendar days

Utilization Management (UM) Escalation Process

UM Process Includes:
24-hr nurse triage • referrals • second opinions • prior authorization • precertification • concurrent & ambulatory review • retrospective review • discharge planning • care coordination

Escalation Contacts

Medicaid Providers
Email: UMTriageTeam@Centene.com
Phone: 866-246-4359 → follow prompts for *Medicaid*

Medicare Providers
Phone: 866-246-4359 → follow prompts for *Medicare Authorizations*

When contacting UM, please include:

- Member name (and spelling) & DOB
- Authorization number (if available)
- Requesting & servicing facility names
- Fax/phone number and any other pertinent details

🔗 **More information:** UM Escalation Process

Long-Term Services and Supports (LTSS)

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Overview of Services

Long-Term Services and Supports (LTSS) includes a broad range of Home- and Community-Based Services (HCBS) tailored to meet the needs of waiver eligible members. These services may include, but are not limited to:

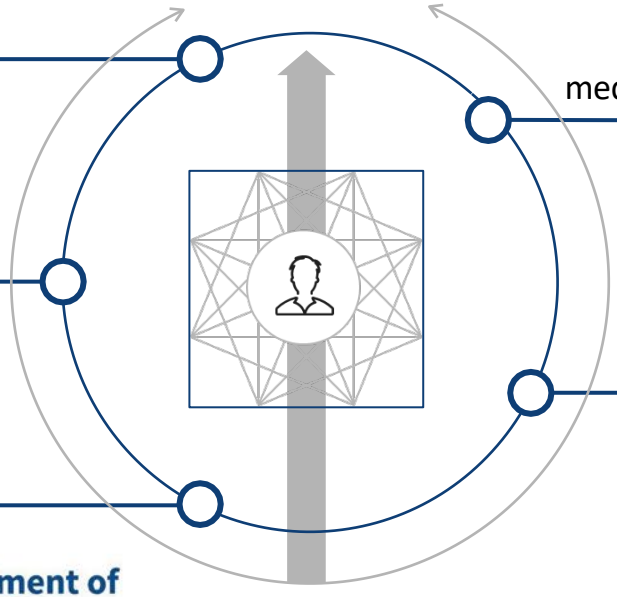
- Personal care and homemaker services
- Home modifications and adaptive equipment
- Home-delivered meals
- Personal emergency response systems (PERS)
- Transportation
- Private duty nursing and waiver nursing services

MyCare Ohio Care Coordination

Each member enrolled in MyCare Ohio receives help coordinating their care. MyCare Ohio is the only way a member can receive care coordination across both Medicare and Medicaid.

A care coordinator will assist members in:

- Planning and scheduling appointments.
- Understanding of diagnosis and illness.
- Connecting members to community resources to meet needs they may have.
- Making sure members have the medication and supplies they need.
- Understanding healthcare benefits and what services are covered.



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Care Coordination

Buckeye integrates medical, behavioral, and LTSS needs through its care coordination model. Each MyCare member has a Care Coordinator who facilitates communication among providers, coordinates transitions of care, and ensures services are delivered in accordance with the member's Person-Centered Service Plan (PCSP).

MyCare Ohio Waiver Care Coordination

- All members enrolled in the MyCare Ohio Waiver will receive Care Coordination services and be assigned a dedicated Buckeye Care Coordinator.
    - For members **aged 60 and older**, Buckeye partners with the **Area Agency on Aging (AAA)** to provide Waiver Service Coordination.
    - For members **aged 59 and younger**, the **Buckeye Care Coordinator** also serves as the **Waiver Service Coordinator (WSC)**.
- In some cases, the Care Coordinator and Waiver Service Coordinator may be the same person.
- Once a member's needs are assessed, Buckeye collaborates with approved Home and Community-Based Services (HCBS) providers to ensure timely, appropriate, and coordinated care delivery.

MyCare Ohio Waiver Authorization

- All Long-Term Services and Supports (LTSS) waiver services **require prior authorization** through the **Person-Centered Service Plan (PCSP)** process.
- The PCSP is developed in collaboration with the member, their family or caregivers, and their providers, ensuring services are individualized and medically necessary.
- Authorizations must be obtained **before** services are rendered. Waiver Auths are built based on the PCSP. Please be sure to verify via the PCSP that the auth is yours prior to submitting claims.

For additional details on LTSS billing and authorization requirements, please visit the Provider Training and Resources page under Provider Resources: NextGen MyCare Product Training.

Waiver Provider Signature Requirement

- Waiver service providers for MyCare are required to sign the member's person-centered service plan (PCSP).
- The provider's signature confirms that the provider acknowledges and agrees to provide the waiver service, as authorized in the waiver service plan.
- A signature is required when a new service is authorized, an existing service authorization is adjusted and anticipated to continue for the duration of the service plan, or a new service plan has been issued.
- Only the provider affected by the change needs to provide a signature.
- Waiver Provider Signature Education

OAC Reference: 5160-44-02

Electronic Visit Verification (EVV)

- EVV is required for certain Medicaid-covered home health and personal care services to verify visit details (service type, member, date, location, caregiver, and visit start/end times).
- Agency providers may use the state system (Sandata) or an approved alternate system; independent providers must use Sandata.
- Claims may deny if required EVV data is missing or incomplete.
- Support: 855-805-3505 | ODMEVV@sandata.com | ODM EVV Website

OAC Reference: 5160-32

Transitions of Care – Provider Role

- **Timely Notification:** Providers must promptly inform the WSC and Buckeye of any transitions impacting service delivery.
- **Care Plan Updates:** Person-Centered Service Plan (PCSP) should be updated to reflect changes in the member's condition and service needs.
- **Back-Up Plans:** Providers must maintain back-up plans to ensure service continuity and member safety.
- **Collaboration:** Providers should engage with WSCs and Buckeye in discharge planning and reassessment.

Incident Management & Reporting

- An **incident** is any actual, alleged, or suspected event that deviates from routine care or service and **must be reported**.
- **Immediately report** serious incidents such as abuse, neglect, exploitation, misappropriation, or death. All other incidents must be reported within **24 hours** (or sooner if required by law or license).
- **Notify the member's Care Coordinator and appropriate authorities** as soon as the incident is discovered.
- Providers must **cooperate fully** with any incident investigations.

OAC 5160-44-05

Claims, Adjustments, and Appeals

Claim Submission in the Next Generation MyCare Program

For the Next Generation MyCare program, providers are required to submit Electronic Data Interchange (EDI) transactions through the one front door, to Ohio's Medicaid Enterprise System (OMES), instead of directly to the MyCare plans.

- **Providers are submitting a claims to the plans portal using direct data entry (DDE) claim:**
  - Submit a single claim to the Next Generation MyCare plan via their existing process. **NOTE**: Not all Next Generation MyCare plans accept paper claims.
- **Providers submitting an EDI claim for:**
  - *MyCare member (member with Medicaid and Medicare benefits through a Next Generation MyCare plan) or MyCare Medicaid-only member (member who only receives their Medicaid benefits from one Next Generation MyCare plan)*
    - Submit the claim through the one front door, to the Ohio Medicaid Enterprise System (OMES). Must use the member's Medicaid ID (MMIS #) even if another ID is present. The submitted file must use the Next Generation MyCare Plan Receiver ID and the appropriate Payer ID in the 2010BB loop for claims to be directed to the correct Next Generation MyCare plan for processing.
- **Providers submitting an EDI claim for a Medicare covered service for a Medicaid-only member:**
  - Submit the claim, also known as a crossover claim, to the primary payer.
- **If Medicare is the primary payer:**
  - Submit claim to Medicare using your normal process. Claims for Ohio MyCare members will be automatically crossed-over to the Next Generation MyCare plan.
- **If the primary payer is a Medicare Advantage/Part C plan:**
  - Submit the claim to that payer using your normal process. Once the primary payer has adjudicated the claim and returned the Remittance Advice, submit the claim through the OMES one front door using the Receiver ID and Payer ID as described for a dual benefit claim.

Aetna Better Health of Ohio and United Healthcare Community Plan

No longer MyCare plans after December 31, 2025. They will continue to pay claims for up to 365 days from the end of the year and are responsible for any claims that have dates of service on or prior to December 31, 2025. Any claims should be submitted to Aetna or United using existing processes.

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If you are not an Ohio Medicaid provider, the claim will be rejected.

Refer to the Companion Guides for more information.

Fiscal Intermediary

- **EDI claims** must be submitted through the **Ohio Medicaid Enterprise System (OMES)** “one front door,” managed by the **ODM Fiscal Intermediary (FI)**.
- Must use member’s **Medicaid ID (MMIS #)** on the claim. Other ID numbers will not be accepted.
- EDI files must include:
  - **Buckeye Receiver ID**
  - **Buckeye Payer ID**
- The FI/OMES routes claims to Buckeye for adjudication.
- Claims submitted by providers **not enrolled** in Ohio Medicaid will be rejected.
- Work with your **clearinghouse/EDI vendor** to ensure proper OMES routing.

🔗 ODM EDI Companion Guides
🔗 ODM Fiscal Intermediary Information

Payor ID's/Claim Submissions

Buckeye's Next Generation MyCare Ohio Payer IDs Effective 1/1/2026:

- **0021583** BUCKEYE'S NEXT GENERATION MYCARE OHIO (837 P & I ONLY)
- **V004202** BUCKEYE'S NEXT GENERATION MYCARE OHIO/ENVOLVE VISION
- **D004202** BUCKEYE'S NEXT GENERATION MYCARE OHIO/ENVOLVE DENTAL (837 Dental)

Buckeye Health Plan Payer IDs Effective 1/1/2026:

- **0004202** BUCKEYE OHIO MEDICAID (837 P & I ONLY)
- **V004202** BUCKEYE/ENVOLVE VISION
- **D004202** BUCKEYE/ENVOLVE DENTAL (837 Dental)

🔗 ODM EDI Companion Guides
🔗 ODM Fiscal Intermediary Information

Portal Claims submission: (preferred)

- Submit claims by logging on to Buckeye's **Secure Provider Portal** or **Availity**

Electronic Claims Submission:

- EDI department: 1-800-225-2573, ext. 25525 or via e-mail at: EDIBA@centene.com
- Visit: **Provider Home Page** > Click Provider Resources/Electronic Transactions (EDI)

Paper Claim Submission:

Effective 1/1/2026 Buckeye will no longer accept paper claims for the Medicaid line of business.

Ohio Claims Medical
P.O. Box 6200
Farmington, MO 6364

Ohio Claims Behavioral Health
P.O. Box 6150
Farmington, MO 63640

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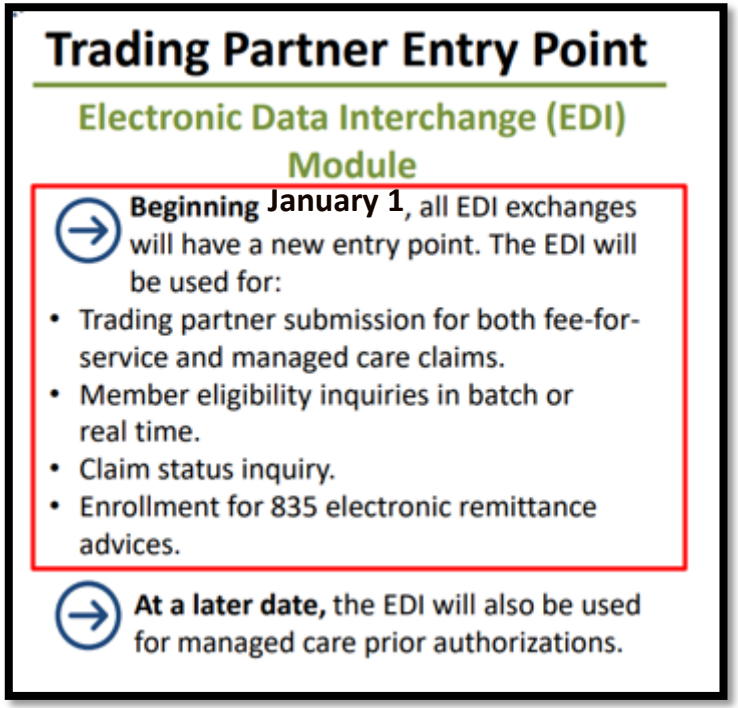
Claims Submission



Billing Methods

Buckeye accepts claims in a variety of formats, including electronic EDI through the **Fiscal Intermediary (FI)**, Portal Direct Data Entry, and paper claims (excluding Medicaid line of business).

Claim Submission Time Frame per **OAC 5160-1-19**.

Coordination of Benefits (COB) or First Time Claims (FTC)

Timely Filing Guidelines	
COB	FTC
180 days from date on EOB * or * 365 days from DOS to rec'd date	365 days from DOS to rec'd date

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MyCare Claims Submission

Preferred Method: Submit Claims Electronically

- Directly to the FI via Batch claims
- Providers can also submit individual claims through Buckeye's Secure Provider Portal at no cost.
- Portal features include claim submission with attachments, payment tracking, and real-time claim status.

Benefits of Electronic Submission

- Faster claim processing
- Lower administrative costs
- Fewer errors and missing information
- Immediate feedback on claim status
- Minimal staff training required

Electronic Submission Options

- Directly to the FI via Batch claims
- Buckeye's **Secure Provider Portal** – submit claims, attachments, and dispute/appeals directly online.
- **Availity Portal** – Buckeye partners with Availity to support electronic claim submission and real-time transactions at no charge. **Register and Get Started with Availity Essentials**.

Waiver Services Claim Entry

- **MyCare Waiver Independent Providers** must submit individual waiver service claims through Buckeye's **Secure Provider Portal**.

Helpful Resource

- Refer to the **Buckeye Provider Manual** for detailed claim submission guidelines.
- Access the **Step-by-Step Billing Guide** for submission of individual claims via the Secure Provider Portal.

***This is for Next Gen MyCare members, not Medicaid only members.

Claims Submission

Points of submission for claims and prior authorizations

	Provider Network Management (PNM) via a link to MITS	Managed Care Portals*	Electronic Data Interchange (EDI) Via a trading partner
Managed care claims	✗	✓	✓
Managed care prior authorizations**	✗	✓	✗
Fee-for-service claims	✓	✗	✓
Fee-for-service prior authorizations	✓	✗	✗

**ODM is working with the MCEs to share data for claims and prior authorizations that are submitted directly to the MCOs (not through PNM or EDI).*

***Managed Care prior authorizations are to be submitted via MCE guidance which may include portal entry or other electronic processes.*

Claims Dispute/Prior Authorization Denials

Prior Authorization Denial

When providers receive a prior authorization denial (excludes waiver), they have the option to:

- Request a peer-to-peer review, or
- Request a Provider Claim Dispute Resolution (PCDR)

Member appeals and PCDRs can be requested at the same time and processes will run parallel to each other; however, they are two separate and distinct processes. Providers are required to exhaust the PCDR process prior to requesting an External Medical Review (EMR). EMR excludes waiver denials.

External Medical Review

EMR is the review process conducted by an independent entity that is initiated by a provider who disagrees with a Next Generation MyCare plan's decision to deny, limit, reduce, suspend, or terminate a covered service for lack of medical necessity. An EMR is available at no cost to providers. Providers submit EMR requests and provide documentation via the EMR entity's portal. After receiving written notification of the internal appeal for a claim or prior authorization dispute, they have 30 calendar days to request an EMR through the online portal along with submission of required documentation.

Claim Denial

When providers receive a medical necessity or level of care denial, they must utilize the Provider Claim Dispute Resolution (PCDR) process. Providers should clearly denote what claim they intend to dispute, provide any necessary documentation with the dispute submission. When PCDR review is complete, if the decision to deny is upheld, providers can request an External Medical Review.

Medicaid Primary Services

- All providers have 365 days from Date of Service or 60 days from date of Explanation of Payment to file a dispute.

Medicare Primary Services

- Non-participating providers have 65 days from the payment date to submit to MyCare for review.
- Participating providers have 120 days from the payment date to submit the dispute.

Providers can find the peer-to-peer, provider appeals, and PCDR processes within the Next Generation MyCare plan's provider manual and within the External Medical Review (EMR) Provider Authorization Denial Grid or MCE Claims Denial Resource Grid, respectively.

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Pre-Service Clinical Appeals

Pre-Service Clinical Appeals
A written request to review an **authorization denial involving medical necessity or level of care.**

- **Member Pre-Service Appeals** – denial/limited authorization before service
  - Decision in **72 hours** (expedited) or **15 days** (standard)
- **Administrative Appeals** – denial due to authorization timeframe issues
  - Post 65 days from adverse benefit determination (ABD)

Submission Options:

- **Secure Provider Portal** (preferred)
- **Phone:** 1-866-246-4358 (TTY 711)
- **Pre-Service Appeals by Mail:** Buckeye Health Plan, 4349 Easton Way, Suite 120, Columbus, OH 43219

More Information – Pre-Service Clinical Appeals

Provider Claim Disputes

Non-Medical Necessity or Level of Care Claim Disputes
A provider's request to review denial or underpayment of a processed claim.

Medicaid Primary Services
All providers have 365 days from Date of Service or 60 days from date of Explanation of Payment to file a dispute.

Medicare Primary Services
Non-participating providers have 120 days from the EOP to submit to MyCare for review. Participating providers have 365 days from the payment date to submit the dispute or 60 days from EOP.

Submission Options (Portal Preferred):

- **Secure Provider Portal** (fastest & allows tracking)
- **Phone:** 1-833-998-4892 (M–F, 8 a.m.–8 p.m. ET)
- **Medicaid Only Fax:** 1-833-950-3861
- **MyCare Fax:** 1-844-273-2671
- **Mail:**
- ***Medical Claims*** – Buckeye Health Plan, Attn: Dispute Dept, P.O. Box 6200, Farmington, MO 63640-3800
- ***Behavioral Health Claims*** – Buckeye Health Plan, Attn: BH Dispute Dept, P.O. Box 6150, Farmington, MO 63640-3800
- ***MyCare Claims*** – Buckeye Health Plan, Attn: Dispute Dept, P.O. Box 9700, Farmington, MO 63640-3800

- More Information – Provider Claim Disputes

Pharmacy

Pharmacy Benefits in the Next Generation MyCare Program

In the Next Generation MyCare program, providers will **work with the Next Generation MyCare plan's Pharmacy Benefit Manager** to administer pharmacy benefits for MyCare members. Refer to the MyCare Ohio Pharmacy Billing Reference Guide for more information.

Medicaid-only MyCare members will have a **separate Medicare plan** that will administer their Part D drug benefit with the Next Generation MyCare plan paying for the non-Part D drugs (i.e. cough and cold products, over-the-counter drugs, prescription vitamins, and more).

Due to a **Medicare federal policy change**, members may see **costs for prescriptions they** did not in the past. This change was not made by ODM or the Next Generation MyCare plans.

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OhioRISE


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OhioRISE: System of Care and Family Care Plan (CFCP)

OhioRISE | Resilience through Integrated Systems and Excellence

A specialized managed care program for youth with complex behavioral health and multisystem needs

Specialized Managed Care Plan

Aetna Better Health of Ohio serves as the single statewide specialized managed care plan.

Shared Governance

OhioRISE features multi-agency governance to drive toward improving cross-system outcomes – we all serve many of the same children, youth, and families.

Coordinated and Integrated Care & Services

OhioRISE brings together local entities, schools, providers, health plans, and families as part of our approach for improving care for enrolled children and youth.

Prevent Custody Relinquishment

OhioRISE's 1915(c) waiver targets the most in need and vulnerable families and children to prevent custody relinquishment.

OhioRISE Eligibility

Children and youth who may be eligible for OhioRISE:

- ✓ Are eligible for Ohio Medicaid (either managed care or fee for service)
- ✓ Are age 0-20, and
- ✓ Require significant behavioral health treatment needs, measured using the Ohio Child and Adolescent Needs and Strengths (CANS) assessment or an inpatient behavioral health hospital admission.

OhioRISE Services

- ✓ All existing behavioral health services – with a few limited exceptions (behavioral health emergency dept.)
- ✓ Intensive and Moderate Care Coordination *NEW*
- ✓ Intensive Home-Based Treatment (IHBT) *ENHANCED*
- ✓ Psychiatric Residential Treatment Facilities (PRTF) *NEW*
- ✓ Behavioral health respite *ENHANCED*
- ✓ Flex funds to support implementing a care plan *NEW*
- ✓ 1915(c) waiver that runs through OhioRISE *NEW*
  - ✓ Unique waiver services & eligibility
- ✓ Mobile Response and Stabilization Service (MRSS) *NEW*
  - ✓ Also covered outside of OhioRISE (managed care or fee for service)

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**The OhioRISE waiver is for member 20 years of age and younger. If a member is receiving PRTF services upon turning 21, they will remain enrolled in OhioRISE until the last day of the following month, or until the earlier of two events: the member is discharged from PRTF care, or they reach their 22nd birthday. Additionally, if a member is on the 1915c waiver, services may extend through age 22.

Contact Buckeye

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Buckeye Contacts and Claim Information

Provider Services	833.998.4892	
Utilization Management	866.246.4359 option 1 (MyCare)	
Care Management	866.549.8289 option 4	
Provider Portal	https://www.buckeyehealthplan.com/providers.html	
EFT/ERA (Direct Deposit)	PaySpan – 877.331.7154 www.payspanhealth.com	
Electronic Claims Submission	Buckeye Next Gen MyCare Buckeye/Envolve Vision Buckeye/Envolve Dental	Payer ID 0021583 Payer ID V004202 Payer ID D004202

Contact Us

Our helpful Provider Services representatives are available to take your call at 1-833-998-4892 Monday through Friday from 8 a.m. to 8:00 p.m.

Send a secure message on our portal:

1. Log in to the portal.
2. Select “Message” from the top banner.
3. Complete your message. Allow 3 to 5 business days for a reply.

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Provider Services Call Center

Our Customer Service Advocates are dedicated to ensuring your experience with Buckeye Health Plan is smooth, supportive, and efficient. As your first point of contact, we serve as your advocate within the organization, helping you navigate processes, resolve issues, and connect with the right resources. Our goal is to simplify and enhance the provider experience, which in turn helps patients get the services they need.

We support healthcare providers and their staff by:

- Verifying member eligibility and benefits
- Assisting with claims, denials, and resubmissions
- Providing appeal and prior authorization status updates
- Guiding you through provider portals and tools
- Coordinating with internal departments for escalated needs

Provider Engagement

Our Provider Engagement team is dedicated to making your experience with Buckeye a positive one by serving as your advocate within the organization. We are responsible for providing the services listed below which include but are not limited to:

- Maintenance of existing Buckeye Provider Manual.
- Network performance engagement.
- Physician and office staff orientation.
- Hospital and ancillary staff orientation.
- Ongoing provider education, updates, and training.

You can find your assigned Provider Engagement representative by accessing our Provider Engagement page or reach out to Provider Services at 1-833-998-4892.

The goal of this department is to furnish you and your staff with the necessary tools to provide the highest quality of healthcare to Buckeye enrolled membership.

Questions?