

Demonstration/Pilot Area



Health Plan Options

Northwest	Southwest	West Central	Central	East Central	Northeast Central	Northeast
Aetna	Aetna	Buckeye	Aetna	CareSource	CareSource	Buckeye
Buckeye	Molina	Molina	Molina	United	United	CareSource
						United

114,000 members in 29 counties are eligible for the MyCare Ohio program. This includes:

- Individuals 18 years and older
- Members residing in the MyCare Ohio service area
- Individuals entitled to benefits under Medicare Part A enrolled under Medicare Parts B and D, and receive full Medicaid benefits.
- Adults with disabilities and persons 65 years and older
- Persons with serious mental illness

January 1, 2015

Medicare Passive Enrollment

- All MyCare Ohio members who have not already called the Medicaid Consumer Hotline to opt-out of Medicare, or purchased a 2015 Medicare plan, will be auto-enrolled into the Medicare portion of MyCare Ohio on 1/1/15. This is also known as passive enrollment.
 - Letters informing members of this change were mailed to all MyCare Ohio members the week of October 6th
 - Language from the letter, *“To continue to improve the way your benefits work together, we are notifying you in advance that Buckeye Health Plan - MyCare Ohio will begin providing your Medicare benefits as well as your Medicaid benefits. Unless you make a different choice, this enrollment will take effect January 1, 2015.”*
- During 2014 MyCare Ohio members were passively enrolled into Medicaid only. MyCare Ohio Medicaid only benefits include standard Medicaid, long-term supports and services, and behavioral health.
- After Medicare passive enrollment, members will be a dual benefit member and Medicare part A, B, and D will be added to their Medicaid benefit plan.

Member's Options

- The Medicaid portion of MyCare Ohio is mandatory, the Medicare portion is optional.
- At any time, a member can call to opt-out of the Medicare portion of MyCare Ohio.
- **To opt-out of the Medicare portion of MyCare Ohio a member must call the Ohio Medicaid Consumer Hotline:**
 - **800.324.8680**
 - www.ohiomh.com
 - A member can also get information and questions answered.
- Dual benefit members, members who are enrolled for both Medicare and Medicaid with MyCare Ohio, can choose another managed care plan every month.
 - Opt out (Medicaid only) members do not have this option. They can change managed care plans annually.

Additional Information

- Sample State letters to all MyCare Ohio members:



Adobe Acrobat
Document



Adobe Acrobat
Document


Opt IN Enrollees

Full duals with Buckeye


- Medicare and Medicaid benefits through Buckeye
 - Medicare - option to change plans monthly
 - If member selects another MyCare MCP will be enrolled as a full dual with the new plan
 - If member selects a plan outside the MyCare network, member retains Medicaid benefits with Buckeye.

- One claim submitted to Buckeye
 - Will be adjudicated for both Medicare and Medicaid with one submission.
 - Will generate two payments

Opt IN Full Dual Benefit ID Card (Medicare & Medicaid)



Buckeye
Community Health Plan



MyCareOhio
Connecting Medicare + Medicaid

Buckeye Community Health Plan – MyCare Ohio

<p>Member Name: <Cardholder Name> Member ID: <Cardholder ID#> <Health Plan: <Card Issuer Identifier>> MMIS Number: <Medicaid Recipient ID#²> PCP Name: <PCP Name> PCP Phone: <PCP Phone></p>	<p style="text-align: center;">MedicareRx Prescription Drug Coverage</p> <p>RxBin: <RX Bin#> RxPCN: <RxPCN#> RxID: <RxID#³></p>
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H0022 001

In an emergency, call 9-1-1 or go to the nearest emergency room (ER) or other appropriate setting. If you are not sure if you need to go to the ER, call your PCP or the 24-Hour Nurse Advice line.

Member Service: <866-549-8289>	Eligibility Verification: <866-246-4358>
TTY: <800-750-0750>	Pharmacy Help Desk: <877-935-8021>
Behavioral Health Crisis: <866-549-8289>	Claim Inquiry: <866-246-4358>
Care Management: <866-549-8289>	
24-Hour Nurse Advice: <866-246-4358 (TTY 800-750-0750)>	

Website: <<http://mmp.bchpohio.com>>

Send claims to: <Buckeye Community Health Plan
PO Box 3060
Farmington, MO 63640>

Opt OUT Enrollees

Medicaid as Secondary Coverage with Buckeye

- Medicaid benefits only through Buckeye
 - Option to change Managed Care Plans during initial 90 days of enrollment
 - Locked in for remainder of benefit year until annual open enrollment (exception if member enrolls in MyCare Plan for Medicare)
 - Medicare benefits through other non MyCare payor including Fee for Service

- Secondary claims to be submitted to Buckeye.
 - Will be adjudicated as secondary payor

Opt OUT Medicaid Only ID Card



Buckeye
Community Health Plan.



MyCareOhio
Connecting Medicare + Medicaid

Buckeye Community Health Plan - MyCare Ohio

<p>Member Name: <Cardholder Name> <Health Plan: <Card Issuer Identifier>></p> <p>MMIS Number: <Medicaid Recipient ID#2></p> <p>PCP Name: <PCP Name> PCP Phone: <PCP Phone></p>	<p>RxBin: 600428 RxPCN: 0824000 RxID: <RxID#3></p>
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* Buckeye Medicaid Member Only *

In an emergency, call 9-1-1 or go to the nearest emergency room (ER) or other appropriate setting. If you are not sure if you need to go to the ER, call your PCP or the 24-Hour Nurse Advice line.

Member Service: <866-540-8280>	Eligibility Verification: <866-248-4358>
Behavioral Health Crisis: <866-540-8280>	Pharmacy Help Desk: <877-935-8021>
Care Management: <866-540-8280>	Claim Inquiry: <866-248-4358>
24-Hour Nurse Advice: <866-248-4358>	

Website: <http://mmp.bchpohio.com>

Send Medicaid claims to: Buckeye Community Health Plan
 PO Box 8200
 Farmington, MO 63640

*Note: Member is eligible for Medicare through original Medicare or another health plan. You must submit Medicare claims to the member's primary care insurance.

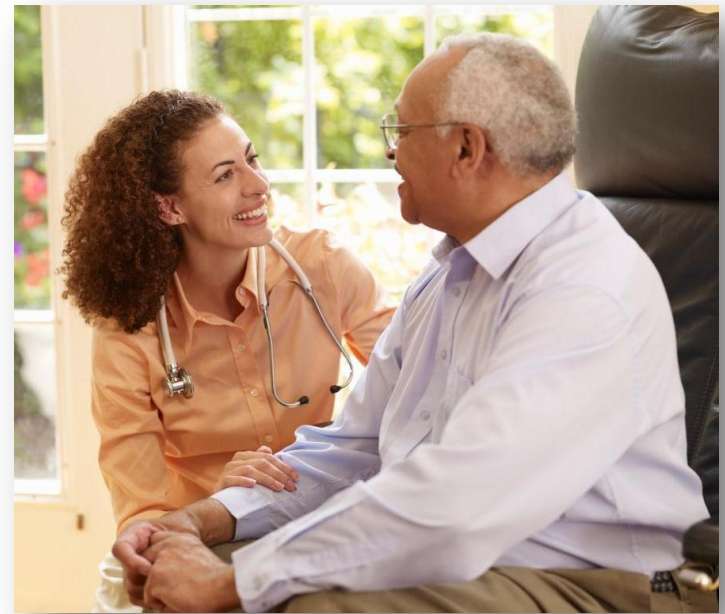
Services included:

- Medical benefits
- Behavioral health benefits
- Home & Community Based Services
- Long Term Care
- Pharmacy
- Dental
- Vision

MyCare Ohio Waiver includes:

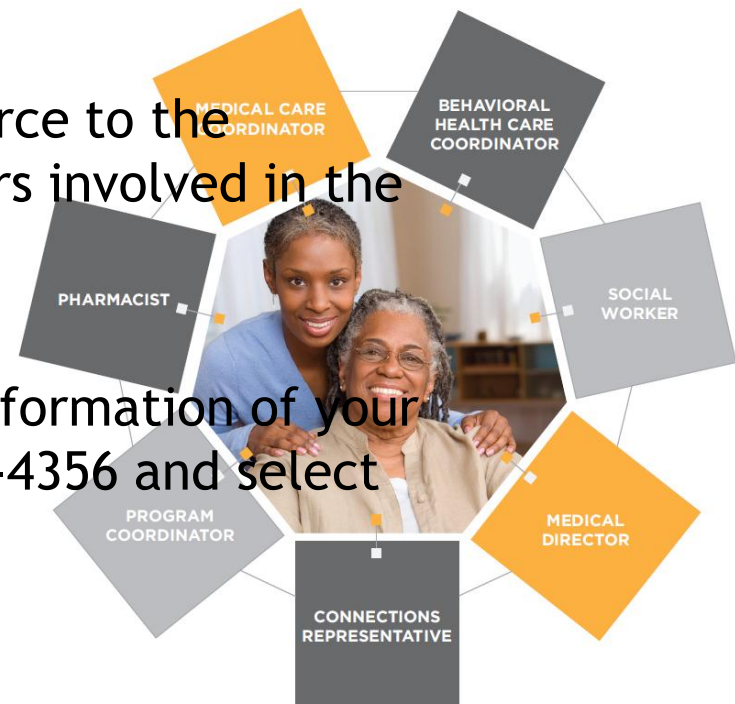
- Ohio Home Care Waiver
- Transitions II Carve-Out Waiver
- Passport Waiver
- Choices Waiver
- Assisted Living Waiver

Enrollees who are eligible for waiver will have access to all of the services included in the MyCare Ohio Waiver.



The Integrated Care Team Works Together with the Member & Their Provider to Find the Best Health Solutions

- All MyCare members have a Care Manager responsible for coordination and integration of care & services.
- The Care Manager also serves as a resource to the facilities, physicians and ancillary providers involved in the individual's care.
- You may obtain the name and contact information of your patient's Care Manager by calling 866-246-4356 and select MyCare Care Management.



Provider Value

It's my life and my independence.

AND BUCKEYE RESPECTS MY CHOICES.

- 75% of claims are paid within 7-10 days of receipt
- 99% of claims are paid within 30 days
- Local dedicated resources: Care coordinators serve as an extension of physician offices
- Education of providers and support staff through orientations
- Provider participation on health plan committees and boards
- Minimal referral requirements for physician services
- Electronic and web-based claims submission
- Web based tools for administrative functions

Provider Portal @ www.bchpohio.com

Through our main website, providers can access:

- Provider Newsletters
- Provider and Billing Manuals
- Provider Directory
- Announcements
- Quick Reference Guides
- Benefit Summaries for Consumers
- Online Forms



The screenshot shows the 'MyCare Ohio Resources' page. At the top, there is a navigation bar with links for 'Login', 'Find a Provider', 'For Members', 'For Providers', and 'Medicare Advantage'. Below this is a breadcrumb trail: 'Buckeye Community Health Plan > For Providers > MyCare Ohio Resources'. The main content area is titled 'MyCare Ohio Resources' and is divided into three columns. The left column is a sidebar menu with items like 'Become a Provider', 'Electronic Transactions', 'ICD-10 Overview', 'MyCare Ohio Resources' (highlighted), 'MyCare Ohio Home & Community Based Providers', 'MyCare Ohio Hospitals, Physicians and Ancillaries', 'MyCare Ohio SNF & LTC', 'National Imaging Associates (NIA)', 'Out-of-Network Providers', 'Patient Notifications Info', 'Pharmacy', 'Pre-Auth Needed?', 'Provider Resources', 'QAPI Program', and 'Providers'. The middle column is titled 'Opting Out of Buckeye MyCare Ohio Medicare Coverage' and contains text explaining the opt-out process, a link to the 'Provider Portal', and the 'Provider Services Department' contact information (866-296-8731). The right column contains 'Phone Numbers', 'Hours' (8 A.M. to 5 P.M. EST, Monday through Friday), and 'Resources' including a 'Provider Manual' link and a 'Download the free version of Reader' button for Adobe Reader.

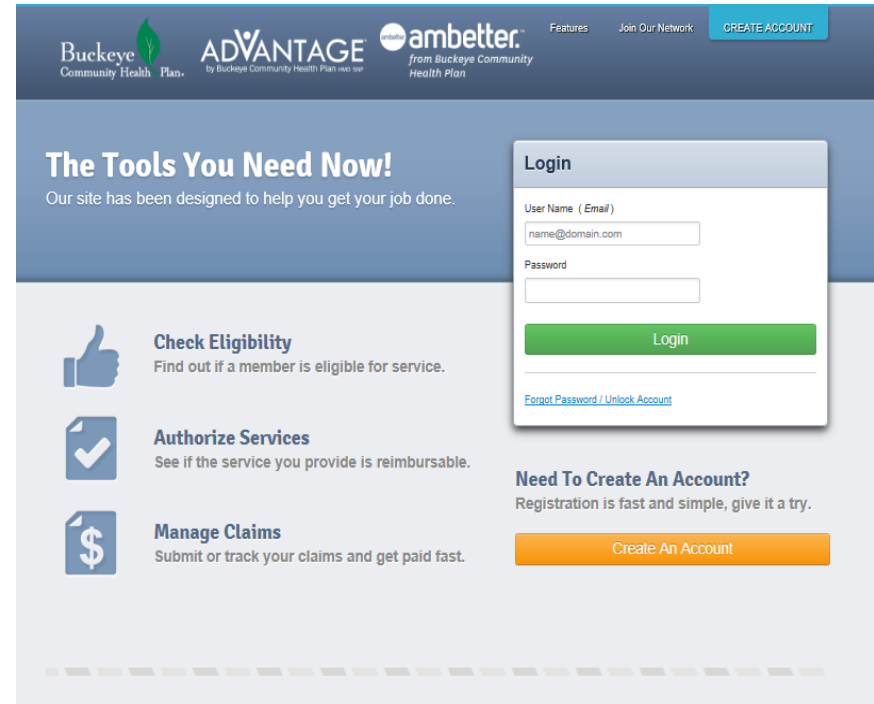
Logon to BuckeyeHealthPlan.com and become a registered provider

On our secure portal, providers can:

Verify eligibility and benefits

- View provider eligibility list
- **Submit and check status of claims**
- Review payment history
- Secure Contact Us

Registration is free and easy. These services can also be handled by Buckeye Provider Services: **866-296-8731**



A close-up photograph of a hand resting on the rim of a wheelchair wheel. The entire image has a green color cast. The hand is positioned on the right side of the frame, with fingers slightly curled around the wheel's rim. The spokes of the wheel are visible, creating a radial pattern.

Submitting Claims to Buckeye

It's my life and my independence.

AND BUCKEYE RESPECTS MY CHOICES.

To determine if a service required prior authorization, follow these simple steps:

1. If your patient has chosen to Opt Out of the Medicare portion of MyCare OH, Buckeye Community 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

4. 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 at 1.866.549.8289, Monday-Friday 8:00am-6:00pm.
Medical Management
Buckeye Community Health Plan
3700 Embassy Parkway, Suite 200

Akron, OH 44333
PH: 1.866.549.8289
Fax: 1.877.861.6722

Waiver services include:

- Adult day health
- Emergency response systems
- Home health aide, chore, nursing
- Home modifications
- Independent living
- Non-emergency transportation
- Respite
- 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.

PRIOR AUTHORIZATION REQUIREMENTS

MEDICARE - MEDICAID

Ambulance

- Air: Fixed Wing
- Non-emergent

Behavioral Health Services

- Inpatient/Outpatient Psychiatric
- Intensive Outpatient Therapy
- Partial Hospitalization
- Psychological Testing
- Neuropsychological Testing
- Electroconvulsive Therapy (ECT)
- Substance Abuse Treatment

Clinical Trials

Cosmetic Procedures

DME

Including but not limited to:

- Custom Wheelchairs
 - Power Wheelchairs
 - BIPAP
 - CPAP
 - Hospital Bed/Mattress
 - Lift Devices including Hoyer
 - Infusion Pumps
 - Oxygen
 - TENS Units
 - Ventilators
 - Wound Vacuum (Negative Pressure) Devices
 - Bone Growth Stimulator
 - Vagus Nerve Stimulator
- To determine if other DME codes require prior authorization, please refer to: <http://www.bchpohio.com/for-providers/pre-auth-needed/>

Experimental / Investigational Services

Any item or service potentially

considered investigational or experimental must be authorized in advance.

Genetic Testing

Home Health Services

- Home Health Aide
- Home IV Infusion
- Occupational Therapy
- Physical Therapy
- Speech Therapy
- Skilled Nursing Visits
- Social Work Visit

Hospice

Infertility

Includes the following:

- Drug Therapy
- Testing
- Treatment

Observation Stay

Observation stay greater than 24 hours

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

- Epidural Injections
- Facet Injections
- Trigger Point Injections

Part B Drugs

• Please see Part B Prior Authorization List

Radiology: For FL, GA, OH, TX

Visit www.radmd.com

- MRI
- PET
- MRA
- CT

Sleep Studies

- Surgery
- Treatment

Surgeries regardless of place of service

- Abortion
- Bariatric Surgery - Services must be rendered at a Medicare Approved Facility
- Blepharoplasty
- Breast Augmentation (except following mastectomy)
- Breast Reduction
- Cochlear Implant
- Excision of Lesion
- Facial Osteotomy
- Hysterectomy
- Mastectomy for Gynecomastia
- Oral Surgery - Temporomandibular Joint Surgery
- Otoplasty
- Reconstructive and Plastic Surgery
- Rhinoplasty
- Sacral Nerve Neuromodulation
- Scar Revision
- Septoplasty
- Spinal surgeries including fusion, stabilization, discectomy
- Uvulopalatopharyngoplasty/ Uvulopharyngoplasty
- Veins (ablation, ligation, stripping, sclerotherapy)

Transplants

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

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-9 codes following Medicare guidelines for primary coverage
- Bill using the member's 11-digit ID number
- 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.

Important Phone Numbers/Addresses

Medical Management

Buckeye Community Health Plan
3700 Embassy Parkway, Suite 200
Akron, OH 44333
PH: 1.866.296.8731
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

US Script - Prior Auth
2425 W. Shaw Ave.
Fresno, CA 93711
PH: 1.866.399.0928 (prescribers)
Fax: 1.877.941.0480 (prescribers)

Argus - Claims Processor
Pharmacy Helpdesk:
1.877.935.8021 (pharmacies)

Acaria

PH: 1.855.535.1815
Fax: 1.855.217.0926

NurseWise®

24-Hour Nurse Line
PH: 1.866.246.4358 Option #7

Centapico Behavioral Health

CBH - Ohio Claims
PO Box 3060
Farmington, MO 63640-3822
Claims PH: 1.877.730.2117
Care Mgmt PH: 1.800.224.1991
Electronic Claims Submission
Payor ID 68069

Paper Claims Submission

Buckeye Community Health Plan
PO Box 6200
Farmington, MO 63640

Electronic Claims Submission

Centene EDI Department
PH: 1.800.225.2573 ext: 25525
or via e-mail at:
EDIBA@centene.com
Payor ID 68069
Visit www.bchpohio.com.
Click Provider Home/Resources/
Electronic Transactions (EDI).

Adjustments and Appeals Regarding Claim Payment

Buckeye Community Health Plan
Claim Reconsideration
Department
PO Box 4000
Farmington, MO 63640-3822

Appeals Regarding Medical Necessity

Buckeye Community Health Plan
Appeals Department
4349 Easton Way, Suite 200
Columbus, OH 43219



Buckeye
Community Health Plan
Buckeye Community Health Plan - MyCare Ohio

MyCareOhio
Connecting Medicare + Medicaid

Member Name: JANE Q. SAMPLE
Member ID #: C0001234567

Health Plan:
MMIS Number: 211615931

PCP Name: JOHN PHYSICIAN
PCP Phone: (777) 222-0077
H0022 001

MedicareRx
Rx Bin #: 012353
RxPCN: 06243601
RxID: C0003824701

Buckeye MyCare Dual Benefits Member ID Card



Buckeye
Community Health Plan
Buckeye Community Health Plan - MyCare Ohio

MyCareOhio
Connecting Medicare + Medicaid

Member Name: <Cardholder Name>
<Health Plan: <Card Issuer Identifier>

MMIS Number: <Medicaid Recipient ID#>

PCP Name: <PCP Name>
PCP Phone: <PCP Phone>

Rx Bin: 000428
RxPCN: 0624000
RxID: <RxID#>

Buckeye MyCare Medicaid Only Member ID Card

Opt IN - Full Dual Members

Submit one claim to Buckeye

You will receive two EOPs - one for Medicare reimbursement and one for Medicaid reimbursement

Opt OUT - Medicaid Only Members

Submit claim to Buckeye with appropriate COB detail

Timely Filing Guidelines

- 365 Days from the date of service
- 180 Days to submit a corrected claim, request a reconsideration of payment, or to file a claim dispute

Please refer to our provider or billing manual online for more detailed information

Paper Claims

- Providers may submit to the following addresses:

Buckeye Health Plan
Attn: Claims
P.O. Box 3060
Farmington, MO 63640
(866)-329-4701

Corrected Claims, and Requests for Payment Reconsideration

- Providers may submit to the following addresses:

Buckeye Health Plan
MyCare Ohio Claim Reconsideration
P.O. Box 4000
Farmington, MO 63640

Claim Submission Options

Electronic Claims Submission - EDI

- More efficient, fewer errors
- Faster reimbursement
- Requires EDI vendor or clearinghouse agreement

Buckeye Provider Portal

- *Requires registration and username/password*
- *Very efficient; fewer errors*
- *No cost to provider*
- *Faster reimbursement*

Paper Claim Submission

- *Less efficient*
- *Requires original claim forms*
- *Average reimbursement 14 days from submission of clean claim*

EDI Facts

EDI Partner	Payor ID#	Phone #'s
Emdeon	68069	(800) 845-6592
Gateway	68069	(800) 987-6720
SSI	68069	(800) 880-3032
Smart Data Solutions	68069	(651) 690-3140
Availity	68069	(800) 282-4548

Via the Provider Portal we can also:

- Receive an ANSI X12N 837 professional, institution or encounter transaction. Portal allows batch\individual claim submissions
- Generate an ANSI X12N 835 electronic remittance advice known as an Explanation of Payment (EOP).

Please contact:
 Buckeye Health Plan
 c/o Centene EDI Department
 1-800-225-2573, ext 25525
 or by e-mail at:
 EDIBA@centene.com

Paper Claim format

All services—first time claims and corrected claims—must be billed to Buckeye using a UB 04 or CMS 1500 form.

- Forms cannot be filled out by hand.
- Must be completed using computer software or a typewriter.
- Corrected claims
 - ✓ Previous claim number should be referenced in field 64 of the UB-04 and 22 of the CMS 1500 as outlined in the NUCC guidelines. The appropriate frequency code/resubmission code should also be billed.
- Claims should be submitted to the following address:
Buckeye Health Plan
ATTN: Claims 3060
Farmington, MO 63640

EFT and ERA

- Buckeye partners with PaySpan Health delivering electronic payments (EFTs) and remittance advices (ERAs).
- FREE to Buckeye Providers
- Electronic deposits for your claim payments
- Electronic remittance advice presented online.
- HIPAA Compliant



Provider Benefits with PaySpan Health

- **Reduce accounting expenses** - Electronic remittance advices can be imported directly into practice management or patient accounting systems
- **Improve cash flow** - Electronic payments for faster payments
- **Maintain control over bank accounts** - You keep TOTAL control over the destination of claim payment funds. Multiple practices and accounts are supported.
- **Match payments to advice quickly** - You can associate electronic payments with electronic remittance advices quickly and easily.
- **Manage multiple Payers** - Reuse enrollment information to connect with multiple Payers. Assign different Payers to different bank accounts, as desired.

For more information visit www.payspanhealth.com or contact them directly at 877-331-7154 to obtain a registration code and PIN number.

Thank you!