

**Buckeye Health Plan
New Population Enrollment
Provider Fact Sheet**

Program Overview:

In an effort to improve health outcomes, the Ohio Department of Medicaid (ODM) will be transitioning new populations into a Managed Care Plan (MCP). ODM and the MCPs have been working together for several months to ensure a smooth transition and continuity of care. Included in this implementation are Children with Medical Handicaps (BCMH), Children in Custody, Adopted children and women eligible for Medicaid and participating in the Breast & Cervical Cancer Project (BCCP). Optional enrollment will be offered to individuals in the Developmental Disabilities (DoDD) program.

Buckeye Health Plan will collaborate with enrollees, parents, foster families, caseworkers from Public Children Services Agencies (PCSAs) and providers to reduce gaps in care and duplicative services. We will also help members navigate plan benefits and access community resources.

1. When will this change occur?

- **January 1, 2017 for most of the new populations.**
- **Enrollment exceptions for Children in Custody prior to 1/1/2017 are as follows:**
 - **May 1, 2017 - for children in custody prior to 1/1/2017 residing in Hamilton & Montgomery counties.**
 - **July 1, 2017 – for children in custody prior to 1/1/2017 residing in Franklin & Cuyahoga counties.**

2. How will providers identify these enrollees?

- Each enrolled individual will receive a Buckeye ID card prior to their effective date. Please see a copy of the ID card below.

3. What services are covered by Buckeye?

- Buckeye covers all services covered by Medicaid fee-for-service including preventative care, hospital, emergency, prescriptions, equipment and more.
- Buckeye also covers additional benefits such as vision, dental and transportation.

4. How can a provider confirm eligibility and benefits?

- Providers may access enrollment information on the Ohio Department of Medicaid (ODM) MITS system or for Buckeye enrollees on our website www.buckeyehealthplan.com/provider.
- You may also contact Buckeye Provider Services Call Center at 866-296-8731 for eligibility information or other assistance.

5. How often can enrollees change health plans?

- Children in Custody (Foster children) and DoDD members may change health plans at any time. Changes will be effective the first day of the month following the change.
- Other enrollees may elect to change plans within the first 90 days of enrollment. After that time period, enrollment is locked until the next ODM annual open enrollment.

Provider Participation:

1. Will this program require any change in provider contracts?

- **Participating providers** - for contracted providers, no changes are necessary.
- **Non- participating providers** - Buckeye will authorize ongoing services for a period of 90 days following the child's effective date to ensure continuity of care. Buckeye will contact non-participating providers to discuss options to join the contracted network.

2. How will Buckeye identify the non-participating providers serving these populations?

- ODM will provide MCPs with prior authorization and claims data for each enrollee. Buckeye will compare the provider detail to our contracted network to identify non-participating providers for outreach.
- Providers may verify participation on Buckeye's website at www.buckeyehealthplan.com or by contacting Provider Services at 866-296-8731.

3. How can a non-participating provider request information or request a contract?

- Providers may contact Buckeye on our website using the "Contact Us" link, call Provider Services or call Buckeye Contracting & Provider Relations at 866-246-4356 ext. 24291.

4. During the 90 continuity of care period, how can a non-participating provider ensure payment?

- Buckeye will work with providers to execute a Single Case Agreement (SCA) to facilitate claim payment and prior authorization processes where applicable.
- The SCA will remain in place until the contracting process is completed.
- Should a provider chose not to contract with Buckeye, the SCA will extend for the 90 day transition period and may be extended as needed to meet individual member needs.
- For questions regarding this process, providers may contact Buckeye on our website using the "Contact Us" link, call Provider Services or call Buckeye Contracting & Provider Relations at 866-246-4356 ext. 24291.

5. Can a non-participating provider obtain access to Buckeye's website to verify eligibility, submit claims, etc.?

- Yes. Contact Provider Services at 866-296-8731 for assistance.

Prior Authorization:

1. How can a provider determine Buckeye's prior authorization requirements?

- Prior authorization requirements are detailed in Buckeye's Medicaid Ohio Quick Reference Guide (QRG). The document is available on our website or for printed copies contact Provider Services at 866-296-8731.

2. How can a provider request prior authorization?

- Providers may request authorizations by calling 866-296-8731, fax at 866-529-0290, or on the Buckeye portal.

3. How can authorizations be obtained after hours, holidays and weekends?

- Contact Buckeye's 24/7 NurseWise for assistance. NurseWise staff can verify eligibility and authorize services. 1.866.246.4358 Option #7

Claims & Reimbursement:

1. When should the provider begin submitting claims to Buckeye?

- Claims for dates of service on or after the individual's effective date with Buckeye should be billed to Buckeye.
- Billing guides are available on Buckeye's website or you may contact Provider Services for assistance by calling 866-296-8731.

2. Does Buckeye accept the same billing codes and procedures as FFS Medicaid?

- Yes. There are no payor specific codes.

3. Does Buckeye offer electronic claims submission and ERA/EFT?

- Yes. Providers may access this information on our website or by contacting Provider Services.
- Providers may also submit claims directly from the Buckeye portal at no cost. For information regarding this process, please contact Provider Services or Buckeye Contracting & Provider Relations.

Care Management:

1. Will the individuals enrolled in these programs have a Buckeye Care Manager?

- Each child will have an assigned Care Manager to facilitate services, coordinate care and assist in obtaining prior authorizations.
- All Buckeye members are eligible for Care Management. Providers may request Care Management for their Buckeye members by calling 866-246-4359 or on our website at BuckeyeHealthPlan.com/providers.
- Buckeye Care Managers may contact providers serving these enrollees to support the transition and assist the providers in connecting with other Buckeye resources.

2. How can the provider contact Care Management?

- Providers may contact Care management by calling 866-246-4359.
- Providers may also utilize the Buckeye Key Contacts List to access regional care management leads.

Access to Medical Care:

1. Are there specific access to care standards for children enrolled in this program?

- Buckeye has established appointment access standards for all enrollees. These standards are found in the Buckeye Provider Manual available on our website or by contacting Provider Services.
- **Children in custody may require accelerated appointment access when they are removed from their homes. They may require an immediate medical examination, prescriptions for medications, durable medical equipment or other health care needs. Buckeye Care Managers will contact providers to facilitate these accelerated needs and ensure that any prior authorizations are obtained.**

Miscellaneous

1. How can a provider request assistance or a visit from Provider Relations?

- Providers may contact Buckeye Provider Services at 866-296-8731 or Buckeye Provider Relations at 866-246-4356 ext. 24291.

2. Where can a provider obtain training materials, Quick Reference Guides and other reference materials?

- You may access materials on Buckeye's website without a user name or password or by contacting Provider Services.
- This document along with other helpful documents will be available by clicking on the Children in Custody link on the provider home page.
- Please watch Buckeye's website for other opportunities for education such as webinars, regional meetings, etc.

ID Card

 <p>Envolve Pharmacy Solutions Pharmacy Help Desk: 1-844-297-0511 Effective Date:</p>	<p>MEMBER SERVICES: 1-866-246-4358 (TTY: 1-800-750-0750)</p> <p>PROVIDERS: This card does not guarantee eligibility or authorization. For eligibility, call Buckeye at 1-866-296-8731. For Prior Authorization and Care Management referral, call 1-866-246-4359.</p> <p>Non-participating providers must have all services prior authorized through Buckeye, except for emergency services or services that are self-referred. Please call Buckeye at 1-866-246-4359 for more information on services that are self-referred.</p> <p>For Pharmacy Prior Authorization, call 1-866-399-0928. For transportation and pharmacy claims, refer to the Buckeye provider manual.</p> <p>CLAIM SUBMISSIONS: Buckeye Health Plan PO Box 6200 Farmington, MO 63640</p>
<p>Name:</p> <p>DOB:</p> <p>PCP Name:</p> <p>PCP Phone #:</p>	<p>MMIS:</p> <p>RX BIN: 004336</p> <p>RX PCN: MCAIDOH</p> <p>RX Group: RX5434</p>
<p>If you have an emergency, call 911 or go to the NEAREST emergency room (ER). You do not have to contact Buckeye for an okay before you get emergency services. If you are not sure whether you need to go to the ER, call your PCP or Buckeye NurseWise toll-free at 1-866-246-4358 and follow the prompt for 'Nurse' or TTY at 1-800-750-0750. NurseWise is open 24 hours a day.</p>	