

Nursing Facilities Orientation

1/20/2017



➤ Our Vision

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

➤ Our Mission

- Better health outcomes, lower costs

➤ Our Behaviors

- Care and Compassion/ Customer
Focused/Accountability

Buckeye Health Plan Locations

- Local employees work in 4 office locations throughout Ohio. Our Integrated Care Team approach understands the communities we serve and their resources.

Columbus Office

4349 Easton Way,
Suite 400
Columbus OH 43219

Akron Office

3700 Embassy Parkway,
Suite 430
Akron OH 44333

Maumee Office

1705 Indian Wood Circle,
Suite 210
Maumee, OH 43537

Cincinnati Office

4665 Cornell Road,
Suite 300
Blue Ash, OH 45241

Service Areas in Ohio

- **Medicaid** – all 88 counties in Ohio
- **Medicare Advantage** – Allen, Ashtabula, Auglaize, Brown, Carroll, Clark, Clermont, Cuyahoga, Defiance, Erie, Fulton, Geauga, Greene, Hamilton, Hancock, Hardin, Henry, Holmes, Huron, Lake, Lorain, Lucas, Medina, Montgomery, Ottawa, Paulding, Portage, Putnam, Sandusky, Seneca, Stark, Summit, Tuscarawas, Van Wert, Warren, Wayne, Williams, Wood and Wyandot
- **MyCare Ohio** - Clark, Cuyahoga, Fulton, Geauga, Greene, Lake, Lorain, Lucas, Medina, Montgomery, Ottawa, or Wood county.
- **Ambetter** – Allen, Cuyahoga, Hamilton, Lake, Lorain, Lucas, Montgomery, Stark and Summit



Our Products

- Buckeye Health Plan, Inc.® (Buckeye) is a managed care plan (MCP) contracted with the State of Ohio's Department of Job and Family Services (ODJFS) to serve Medicaid.
- MyCareOhio - **Medicare-Medicaid Plan (MMP) by Buckeye Health Plan** contracts with both Medicare and Ohio Medicaid to provide benefits to dual eligible members providing benefits of both programs to the enrollees. The individuals eligible for MMP can receive benefits from one single program—Buckeye MyCare (MMP).



Our Products

- Advantage by Buckeye Health Plan is a licensed health maintenance organization (HMO SNP) contracted with the Centers for Medicare and Medicaid Services (CMS) to provide medical and behavioral health services to anyone who has medical assistance from the State and Medicare.
- Ambetter – A qualified Health Plan (QHP) as defined in the Affordable Care act (ACA). Ambetter is offered to consumers through the Health Insurance Marketplace also known as the Exchange in Ohio.



Medicaid Member ID Card



US Script
BIN#008019
Pharmacies call: 1-800-460-8988

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 per day.

MEMBER SERVICES: 1-866-246-4358 (TTY 1-800-750-0750)

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.

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.

FOR PHARMACY PRIOR AUTHORIZATION, CALL 1-866-399-0928. FOR TRANSPORTATION AND PHARMACY CLAIMS, REFER TO THE BUCKEYE PROVIDER MANUAL.

CLAIMS SUBMISSIONS: BUCKEYE HEALTH PLAN
PO BOX 6200
FARMINGTON, MO 63640

Buckeye Health Plan-Medicaid

- **Skilled nursing placement and services require Prior Authorization**
 - Claims must be filed within 365 days of the admission
 - Services should be billed on a UB
 - Claim reconsiderations/appeals must be submitted within 180 days of the date of the Explanation of Payment (EOP)
- **Examples of costs included in the nursing facility per diem:**
 - Personal Hygiene items
 - Physical, Occupational, Speech Therapy
 - Audiology Services
 - Administration of aerosol therapies by a licensed respiratory therapists
 - Oxygen
 - Standard wheelchairs

MyCare - Opt IN Enrollees ID Card



MyCareOhio
Connecting Medicare + Medicaid

Buckeye Health Plan - MyCare Ohio

Member Name: Jason Doe
Member ID: (Amisys MC Member #)
Health Plan: Buckeye Community
Health Plan – MyCare Ohio
MMIS Number: <Medicaid Recipient ID#>
PCP Name: <PCP Name>
PCP Phone: <PCP Phone>
Plan Contract: H0022 001

MedicareRx
Prescription Drug Coverage

RxBin: <RxBin #>
RxPCN: <RxPCN#>
RxBin: 012353
RxPCN: 06241400
RxID: <MC Amisys#-01>

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.buckeyehealthplan.com>>

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

MyCare - Opt OUT Enrollees ID Card



Buckeye Health Plan - MyCare Ohio

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

MMIS Number: <Medicaid Recipient ID#2>

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

+MyCareOhio
Connecting Medicare + Medicaid

RxBin: 600428
RxPCN: 0624000
RxID: <RxID#3>

* 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: 866-549-8289
TTY: 800-750-0750

Eligibility Verification: <866-246-4358>

Behavioral Health Crisis: <866-549-8289>

Pharmacy Help Desk: <877-935-8021>

Care Management: <866-549-8289>

Claim Inquiry: <866-246-4358>

24-Hour Nurse Advice: <866-246-4358>
TTY: 800-750-0750

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

Send Medicaid claims to: Buckeye Health Plan
PO Box 6200
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.

MyCare Ohio

Those eligible for MyCare	Those not eligible for MyCare
18 years of age and older	Individuals under age 18 years
Reside in the MyCare service area	Individuals residing outside the MyCare service area
Must be entitled to benefits under Medicare Part A, enrolled under Medicare Part B and D and receive full Medicaid benefits	Individuals with an ICF/IDD level of care served either in a ICF/ID facility or on a waiver
Adults with disabilities and persons 65 years and older	Individuals who are eligible from Medicaid through a delayed spend-down
Persons with serious mental health illness	Individuals with third party insurance

MyCare - Opt IN Enrollees

Full duals with Buckeye

- Medicare and Medicaid benefits through Buckeye
 - Medicare – option to change plans monthly
 - If member selects another MyCare Medicare MCP, member will be enrolled as a full dual with the new plan
 - If member selects a Medicare 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
- Prior authorization is required – Please refer to the Quick Reference Guide online at buckeyehealthplan.com

MyCare - 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
- **If your patient has decided to opt out of the Medicare portion of MyCare OH, Buckeye Health Plan 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 first. A claim and copy of the primary EOP should then be submitted to Buckeye for consideration.**

All SNF and LTC Services Require Prior Authorization

- Prior Authorization IS NOT REQUIRED for SKILLED SERVICES when Buckeye is secondary.

New Services	Existing Services
<ul style="list-style-type: none">• Services will be based on the member's Care Plan.• Care Coordinator will be in contact with both the member and provider.• Once services are approved, prior authorization will be entered into the system by Care Coordinator• Care Coordinator will contact service providers with a prior authorization number, confirming service can now take place.	<ul style="list-style-type: none">• Services that are currently in place for member will remain for the life of the demonstration (42 months).• Providers will receive a notice from Buckeye explaining transition process, and members identified as currently in a facility or LTC.• If you have questions if a service is authorized for the member, contact the MyCare care coordination team at 866-549-8289.

- All out of network non-emergent services and providers require prior authorization

Patient Liability - MyCare

- The amount of Patient Liability deducted will be sourced from the 834 file that Buckeye receives from the Ohio Department of Medicaid, rather than amount entered on the claim.
- Patient liability applies to both opt in and opt out members in a custodial setting. ODM determines the amount based on the income of the member and can change monthly.
- Effective 8/1/16, Ohio Department of Medicaid has informed all Managed Care Plans that the 834 file which is generated from MITS is the source of truth and that providers should not send copies of 9401's to request adjustments.
- If you need to report that the amount of patient liability taken out incorrectly on a claim, please call provider services at 866-296-8731.

MyCare Ohio - Wavier Programs

- MyCare Ohio Waiver includes;
 - Home Care waivers
 - Transitions II Carve –Out Wavier
 - 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 Wavier

Transportation Quick Reference Guide for Skilled Nursing Facilities for MyCare Ohio

Wheelchair Services with Medicaid	Stretcher Services for OPT-IN members	Stretcher Services for OPT-OUT Members	Ambulatory Resident
Facility should call Access2Care at 866-549-8289 for transportation arrangements – 48 hour notice is required. No authorization is required.	If member is OPT-IN, the nursing facility will contact the transportation provider to arrange the trip. The provider will then contact Buckeye MyCare Medical Management at 866-296-8731 to obtain the prior authorization.	If member is OPT-OUT, facility should contact member's Medicare provider.	There is no transportation benefit.

**Questions? Contact Provider Services
at 866-296-8731**

Advantage by Buckeye



Effective Date: 1/1/2015
Name: Sample A 2015Sample
Member ID: C1234566891
HPID:
PCP Name: Test Doctor
PCP Phone: (800) 234-2342

If you have an emergency, call 911 or go to the **nearest** emergency room (ER). You do not have to call Buckeye Health Plan Advantage for an ok before you get emergency care. If you are unsure if you need to go to the ER, call your PCP or NurseWise® toll-free at 1-855-696-2512 or TTY: 711 24 hours.

Medicare^{Rx}
Prescription Drug Coverage

CMS: H0908-001

RxBIN: 12353
RxPCN: 6243600

Member Services: 1-866-389-7690 TTY: 711
<http://advantage.bchpohio.com>

Providers: This card does not guarantee eligibility or authorization. For eligibility, call 1-866-296-8731.
For prior auth or case management referral, call 1-866-296-8731.
For questions, pharmacists can call 1-866-611-8700.
For pharmacy prior auth, call 1-866-399-0928.

Non-participating providers must obtain prior auth on all services, except for emergency care. Call 1-866-296-8731 for prior auth.

Claims submissions:

Buckeye Health Plan Advantage (HMO SNP)
P.O. Box 3060, Farmington, MO 63640-3822

Advantage by Buckeye

- Advantage by Buckeye Health Plan is a licensed health maintenance organization (HMO SNP) contracted with the Centers for Medicare and Medicaid Services (CMS) to provide medical and behavioral health services to dual eligible members.
- Age 65 or older
- Under the age of 65 with certain disabilities
- Individuals of all ages with End-Stage Renal Disease (permanent kidney failure requiring dialysis or kidney transplant)
- Members must live in the service area
- Members receive individual identification cards
- Claims must be filed within 365 days of the admission
- Services should be billed on a UB
- Claim reconsiderations/appeals must be submitted within 180 from the date of the Explanation of Payment (EOP)
- Skilled nursing admissions require prior authorization
- Part A: Hospital - Part B: Medical Care - Part D: Prescription Drugs

Advantage by Buckeye

- Part A covers skilled nursing care in a Skilled nursing facility (SNF) under certain conditions for a limited time.
- Examples of costs included in the nursing facility per diem:
 - Personal Hygiene items
 - Skilled Nursing Care
 - Physical and Occupational Therapy
 - Speech-Language Pathology Services
 - Audiology Services
 - Administration of aerosol therapies by a licensed respiratory therapists
 - Oxygen
 - Medical supplies and equipment used in the facility



Verify Eligibility, Benefits and Cost Shares

Preferred Method to Verify Benefits, Eligibility, and Cost Shares

- Buckeye Health Plan secure web portal can be utilized at ***www.buckeyehealthplan.com***
- Eligibility and cost share information is loaded onto this website and is reflective of all changes made within the last 24 hours.
- The eligibility search can be performed using the date of service, member name and date of birth or the member ID number and date of birth.



Ambetter from Buckeye



IN NETWORK
COVERAGE ONLY

Subscriber: Jane Doe

Member: John Doe

ID #: UXXXXXXXX

Plan: Ambetter Balanced Care 1

Rx BIN#: 008019

Copays	
PCP:	Coinurance (Med/Rx):
Specialist:	Deductible (Med/Rx):
ER:	Rx (Generic/Brand):

Ambetter.BuckeyeHealthPlan.com

Member/Provider Services: 1-877-687-1189 TDD/TTY: 1-877-941-9236 24/7 Nurse Line: 1-877-687-1189	Medical Claims: Buckeye Health Plan Attn: CLAIMS PO Box 5010 Farmington, MO 63640-5010
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Numbers below for providers:

Pharmacy Help Desk: 1-855-339-4806

EDI Payor ID: 68069

EDI Help Desk: 1-800-225-2573 ext. 25525

Additional information can be found in your Evidence of Coverage. If you have an emergency, call 911 or go to the nearest emergency room (ER). Emergency services by a provider not in the plan's network will be covered without prior authorization. For updated coverage information, visit Ambetter.BuckeyeHealthPlan.com.

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****Possession of an ID Card is not a guarantee of eligibility and benefits***



Ambetter from Buckeye

Ambetter from Buckeye Health Plan is a Qualified Health Plan in the Ohio Health Insurance Marketplace.

The requirements to obtain Ambetter insurance through the Marketplace are:

- Meet applicable state residency requirements
- Individuals must be U.S. citizens, national or noncitizen who is lawfully present
- Individuals may not be currently incarcerated



Prior Authorization Requirements

- A Quick Reference Guide is available on the web site. The guide contains all billing, contact information, and an overview of services requiring prior authorization and much more.
- Prior authorization may be required for specific services or procedures. Failure to obtain prior approval or precertification may result in a denied claim(s). Please utilize the web site at **ambetter.buckeyehealthplan.com** to confirm if the service or procedure you are providing requires prior authorization.

Claims Guidelines

- Be sure to submit claims timely and accurately.
- Be sure to use the appropriate red forms.
- Claims must be submitted within 365 days of the date of service.
 - AmBetter: claims must be submitted within 180 days
- Forms cannot be filled out by hand.
- Buckeye will accept standard Medicare & Medicaid billing codes, RUGs etc. No payor specific codes required.
- Buckeye will reimburse based upon Medicare & Medicaid fee schedules according to your contract.

Therapy Services

Opt IN MyCare members

- All Therapy requests should be entered in the Optum Therapy Portal. If you do not have access to the Optum Therapy Portal, please utilize the therapy log at the facility. Your Optum Nurse Practitioner can assist should you have questions.
- The Optum Nurse Practitioner will assess the member and work with your therapy staff to ensure medically necessary services are ordered and delivered.
- For therapy requests over the CMS Therapy Cap (Calendar Year 2016 is \$1960 for PT/ST and \$1960 for OT), the KX Modifier must be used to designate medical necessity is still being met.
- An authorization is not required in the Buckeye claims system for claims payment, so long as the therapy was requested through the Optum Therapy Portal or therapy logs.
- Please Note: Failure to follow the Part B Therapy process as outlined above can result in post payment audit review and denial of claims or recoupment of previous payments.

Medicaid

- See Quick Reference Guide for specific guidelines.

Claims Information

- Electronic claims – Payor ID 68069 for all Plans
- Paper Claims should be submitted to:

Buckeye Health Plan	Advantage by Buckeye	Buckeye Health Plan -MyCare	Ambetter
P O Box 6200 Farmington MO 63640 Initial claims submission -365 days from date of service	P O Box 3060 Farmington MO 63640 Initial claims submission -365 days from date of service	P O Box 6200 Farmington MO 63640 Initial claims submission -365 days from date of service	P O Box 5010 Farmington MO 63640-5010 Initial claims submission - 180 days from date of service

Claims Disputes

- Adjustments, resubmissions or reconsiderations must be filed within 180 days of the date of the Explanation of Benefits (EOP).

Buckeye Health Plan	Advantage by Buckeye	Buckeye Health Plan -MyCare	Ambetter
P O Box 3000 Farmington MO 63640	P O Box 4000 Farmington MO 63640 – 3822	P O Box 4000 Farmington MO 63640-3822	P O Box 5000 Farmington MO 63640-5000

EFT and ERA

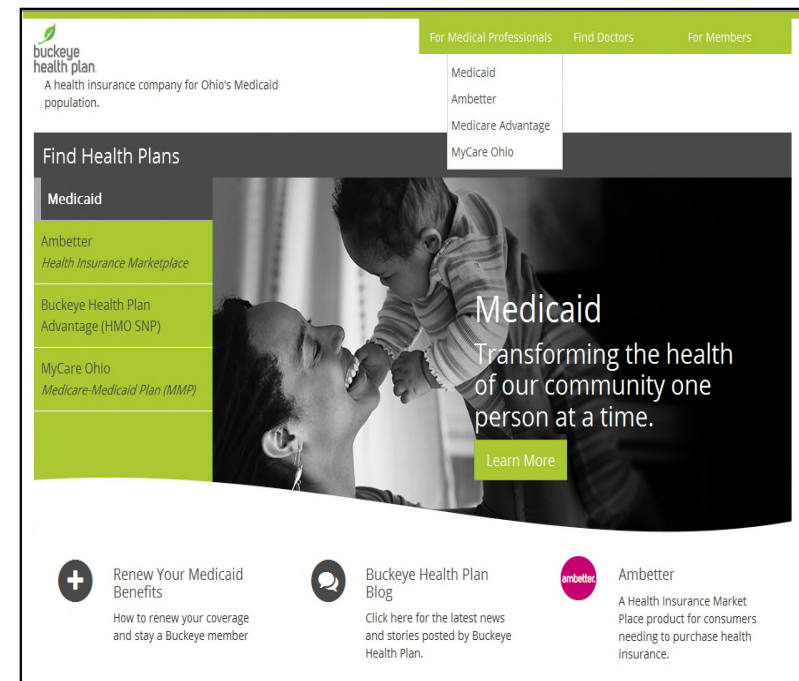
- Buckeye partners with PaySpan Health delivering electronic payments (EFTs) and remittance advices (ERAs).
 - FREE to Buckeye Providers
 - Electronic deposits for your claim payments
 - Electronic remittance advice presented online.
 - HIPAA Compliant
 - **Reduce accounting expenses** – Electronic remittance advices can be imported directly into practice management or patient accounting systems
 - **Improve cash flow** – Electronic payments for faster payments
- For more information visit www.payspanhealth.com or contact them directly at 877-331-7154 to obtain a registration code and PIN number.



www.buckeyehealthplan.com

Through our main website, providers can access:

- Provider Newsletters
- Provider and Billing Manuals
- Provider Directory
- Announcements
- Quick Reference Guides
- Online Forms and Reference materials



THANK YOU!