



Suite 300
4349 Easton Way
Columbus, OH 43219

Dear Provider,

We have received your request for <Services Requested> for <Member Name>, <DOB>. We cannot thoroughly process your request without:

- Signed Managing Physician/Practitioner Order for the services being requested
- Clinical Documentation to support the medical necessity of the requested services
- Indication if this is the Start of Care or Recertification
- PA request form that is specific to the benefit (Ambetter, Medicaid, MyCare) and is completed (All required fields noted by an * are completed – includes but is not limited to your NPI, all of the service codes related to the request, etc.)

Guidance for this process can be found in Ohio Administrative Code (OAC) 5160-12-01 Home Health Services.

For more information about Buckeye Health Plan or the prior authorization process, please visit our website at **Buckeyehealthplan.com**.

Other helpful links within our website:

- **Pathway to Find A Provider Search:**
www.buckeyehealthplan.com > Medicaid/MyCare/Ambetter Plan> Find a Provider> Start Provider Search
- **Pathway to outpatient prior authorization form:**
www.buckeyehealthplan.com > For Providers> Provider Resources> Manuals, Forms & Resources> Forms> (Medicaid or MyCare or Ambetter) Outpatient Prior Authorization Request Form

Please contact Provider Services with any further questions or assistance at **1-866-296-8731**.

Thank you for supporting the health and wellness of Buckeye members.

Sincerely,

Buckeye Health Plan

1-866-296-8731
Fax: 1-866-786-0482

BuckeyeHealthPlan.com