HCBS Provider Training
MyCare Ohio

Quick Billing Guide
Provider Login

The Tools You Need Now!
Our site has been designed to help you get your job done.

- **Check Eligibility**
  Find out if a member is eligible for service.

- **Authorize Services**
  See if the service you provide is reimbursable.

- **Manage Claims**
  Submit or track your claims and get paid fast.

![Login Form](image)

**Login**

- **Username (Email)**
  name@domain.com

- **Password**

- **Login**

**Need To Create An Account?**
Registration is fast and simple, give it a try.

- **Create An Account**

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**BE PREPARED! —** Your first entries will require member name, account number (MMIS), date of birth, provider tax ID (or social security), and billing and location/facility address(es).

**Step 1:** Login with your username & password. This will be the same if already a user of this portal for other Buckeye products.
Provider Dashboard

**Dashboard features:**
- View Claims & Status
- Check eligibility
- View Patient List
- Submit Claims
- Send a Secure Message
- Manage Accounts
- Access Reports

**Step 2:** Click the **Claims** icon on the dashboard header.
Create Claim

- Step 3: Click Create Claim.
- Step 4: Enter Member ID or Last Name and Date of Birth. Click Find.

Member ID is the member’s MMIS # or Medicaid ID # located on the member’s Buckeye ID card.
Claim Type

Step 5: Choose a Claim Type - CMS 1500 for HCBS or CMS UB-04 for Assisted Living.
Statement Dates

- **Step 6**: Enter Patient’s Account Number (Member Medicaid ID #).
- **Step 7**: Enter the begin and end dates for the services billed.
- Click **Next**.

Required fields are marked with asterisks (*).
Diagnosis Codes

Step 7: Enter diagnosis code and click on Add button.

Step 8: Click Next.
Service Lines

**Step 9:** Enter Dates of Service. Only one date of service should be entered (i.e. “From” date and “To” date should be the same date).

Assisted Living providers should use the Multiple Claims Submission option.

Dates of Service must fall within the Statement Dates entered in Step 7.
Service Lines (cont’d)

- **Step 10:** Select Place of Service from the drop-down menu.
- **Step 11:** Enter Service Procedure Code.
- **Step 12:** Enter Modifier(s) where applicable and click the Add button.

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**IMPORTANT:** You must click the Add button for the modifier(s) to be added to the claim service line. Missing claim modifier(s) where required may result in incorrect reimbursement and/or service line or claim denial.
Step 13: Check box(es) to confirm previously entered Diagnosis Code(s).

Step 14: Enter Total Charges.

Step 15: Enter Total Units/Minutes/Days and select Type from the drop-down menu.
Service Lines (cont’d)

- **Step 16:** Click **Save/Update**. If you have additional Service Lines to include for this specific member, scroll to the top and click:

  - **Repeat Steps 9-16** until all service line entries are completed.

  - **Step 17:** Click **Next**.

You will notice that each Service Line entry will show listed in the gray shaded column on the left.
Providers

- Do Not Click in this area.
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Providers (cont’d)

- **Step 18:** Enter Billing Provider Name, Address, City, State, Zip.
- **Step 19:** Click **Same as Billing Provider** if Service Facility Location and Billing Provider address are the same (i.e. Assisted Living). Otherwise, enter the Service Facility Location address information.
- **Step 20:** Click **Next**.
Attachments

- **Step 21:** Upload any Attachments where applicable.
- If there are no attachments, click **Next**.
Step 22: Review your Claim.
If there are no Edits, click Submit.