HCBS Provider Training
MyCare Ohio

Multiple Claim Submission
Wizard
Who should Use the Multiple Claims Submission Wizard?

- Home Modification
- Personal Emergency Response
- Home Delivered Meals
- Adult Day Care
- Home Health Waiver
- Personal Care Worker
- Home Care Attendant
- Waiver Transportation
- Assisted Living Facilities

The Multiple Claim Submission Wizard was designed to be used by HCBS Providers for billing the services listed above.
Step 1: **Login** with your username & password. This will be the same if already a user of this portal for other Buckeye Health Plan 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 Provider Dashboard header.
Accessing the Wizard

Step 3: Click on the Recurring Tab to access the Wizard.
Select a Template

- **Step 4:** Select a Template (HCFA 1500) to Start Your Claim from the drop down menu.

The template is designed to speed up the claim submission process and contains pre-coded claim data. You will have the opportunity to change any of those items as needed prior to submitting the claim.
Service Location

- **Step 5:** Select the desired service address from the drop down menu.

Verify correct NPI (if applicable), Provider Medicaid # and Address when selecting a Service Location.

Service Locations may be listed as “SERVING XXXX CO”. If selected, you will need to verify on the **Review Claim** screen that the **Billing Provider** address is correct.
Step 6: Click on View Member List.

Member lists are created using Member (Medicaid) ID or Last Name and Birthdate. The member list only needs to be created once, during your first time using the Multiple Claims Submission Wizard.
Add Member

- Enter Member ID or Last Name and Birthdate.
- Click Add Member.

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

You will see Member Added message. You can either enter another member or move on to create claim.

Note: The member record is listed in alphabetic order by last name. If you are unable to locate member, check member ID and birthdate was entered correctly. If still not found, return to Check Eligibility to verify member is eligible.

*Under Actions click the X to remove the member from your member list.
Create Claim

- **Step 7:** Create claim(s) by selecting the appropriate Member(s).
Create Claim

For each member selected enter the:

✓ Modifier (if applicable)
✓ First date of service (DOS Start)
✓ Last date of service (DOS End)
✓ Total Charges
✓ Total Number of Days or Units

Only one date of service should be entered (i.e. “DOS Start” and “DOS End” should be the same date).

EXCEPTION: Assisted Living providers should use a date span (ex. DOS Start 06/01/2016, DOS End 06/30/2016).
Create Claim

Step 8: After entering all the required information, click Create Claim(s).

Note: To save time if the DOS Start and DOS End are the same for all checked members, enter the dates at bottom and click Update All DOS. The Modifier (if required), Total Charges, and Total Days/Units must be entered for each selected member.
Review Claim

- **Step 9:** Review Claim, click on the *Action* icon eye.
Step 10: Review Claim, Edit Service Line and/or Add New Service Line.

Click the Close button (bottom right) once you’ve completed reviewing the claim.

You can review the claim, change/edit some fields and/or add additional service lines. Please closely review the Procedure Codes and Modifiers that are about to be billed for accuracy. Some fields may not allow you to edit. If those fields need to be changed, you will need to delete the claim and start over.

*Click on X under Action to delete the claim.
Certify Claim(s)

- **Step 11**: After all the claims have been reviewed, select “I certify that these claims are accurate” and click Submit Claim(s).
Success!

- Success! Your claims have been submitted!