Claims Escalation Research & Resolution Form

buckeye health plan

NOTE: This claims resolution process is not available to health systems with regularly scheduled operational JOC's.

Ticket Number (from Provider Services) Must include Ticket # to be reviewed	
Type of Issue/ Incident	Medical _____ Behavioral Health _____
Issue/Incident Identified	
Product	Ambetter ☐ Behavioral Health ☐ Medicaid ☐ Medicare ☐ MyCare ☐
Date submitted to Claims Escalation	
Claim Number(s) Impacted	
Member Name(s)	
Member ID Number(s)	
Provider Name	
TIN/Individual NPI/Group NPI:	
Date(s) of Service	
Procedure Code(s)	
Authorization Number	
Check Number (Attach correct remit address & W9)	

NOTE: If multiple claims/members/check numbers are applicable to your issue/incident, please attach spreadsheet with each date of service, member ID# and member date of service, along with your Claim Escalation Form.