



Timely Filing Guidelines for all BUCKEYE Plans

A MESSAGE FROM BUCKEYE HEALTH PLAN

08-01-2016

4349 Easton Way
Suite 400
Columbus, OH 43219

Medicaid

- Claims submission – 365 days from the date of service of the claim
- Request for Adjustments, corrected claims or appeals – 180 days from the date of the EOP

Medicare Advantage

- Claims submission – 365 days from the date of service
- Request for Adjustments, corrected claims or appeals – 180 days from the date of the EOP

MyCare

- Claims submission – 365 days from the date of service
- Request for Adjustments, corrected claims or appeals – 180 days from the date of the EOP

Ambetter

- Claims submission – 180 days from the date of service
- Request for Adjustments, corrected claims or appeals – 180 days from the date of the EOP

ALL COB CLAIMS MUST BE SUBMITTED WITHIN 180 DAYS OF THE PRIMARY EOP

Corrected claims can be submitted in the following manner:

Buckeye Health Plan's Secure Provider Portal - www.buckeyehealthplan.com

1. Click Claims at the top of the screen.
2. Select an individual paid claim to see the details. (Filtering for claims on the Provider Portal is limited to the past 18 months)
3. The claim displays for you to correct as needed. Click Correct Claim.
4. Proceed through the claims screens correcting the information that you may have omitted when the claim was originally submitted.
5. Continue clicking Next to move through the screens required to resubmit.
6. Review the claim information you have corrected before clicking Submit.
7. You will receive a success message confirming your submittal.

*Note: Claims missing or denied for Attending, Ordering, Referring or Prescribing Provider may not be corrected using Buckeye Health Plan's Secure Provider Portal.

Correction of Electronic (EDI) Claims

CMS 1500 / Professional Claims:

FIELD CLM05-3 = 6

REF*F8 = Must contain the original claim number from the EOP)

UB / Institutional Claims

FIELD CLM05-3 = 7

REF*F8 = Must contain the original claim number from the EOP

Correction of Paper Claims

CMS 1500 / Professional Claims:

Box 22 = Must contain the original claim number from the Explanation of Payment (EOP)

UB / Institutional Claims:

Box 4 = Must contain a Bill Type that indicates a correction, e.g., 0XX7

Mail Corrected Paper Claims to the address indicated on the product [Quick Reference Guide](#)

1-866-246-4358

TDD/TTY 1-800-750-0750

BuckeyeHealthPlan.com