

OHCA MyCare Ohio Hospice Room and Board Billing Guidance

Effective 7/1/2019

	Buckeye Health Plan	Caresource	Aetna Better Health of Ohio	Molina of Ohio	UHC Community Plan
Hospice Room and Board Billing Start Date	6/1/2014	6/1/2014	7/1/2019	7/1/2019	7/1/2019
Electronic Payer ID	68069	31114	50023	20149	87726
Billing Form	1500	1500	1500	1500	1500
Specific Billing Requirements	Follows Ohio Department of Medicaid Billing Guidelines	Follows Ohio Department of Medicaid Billing Guidelines	Follows Ohio Department of Medicaid Billing Guidelines	Follows Ohio Department of Medicaid Billing Guidelines	Follows Ohio Department of Medicaid Billing Guidelines
Eligibility Notes	Use Medicaid ID when billing	Use Caresource ID when billing	Use Medicaid ID when billing	Use Molina ID when billing	Use UHC CHP Medicaid ID when billing
Authorization Requirement	Required (out of network may require single case agreement)	Required (no network affiliation)	Not required	Not required	Medicaid Only: Required Out of Network with Single Case Agreement (not required in network) MMP: Not required
Authorization Submission Portal	https://provider.buckeyehealthplan.com/sso/login?service=http%3A%2F%2Fprovider.buckeyehealthplan.com%2Fcareconnect%2Fspring_cas_security_check%3Bsessionid%3DIQpZo3NLLRjQ1FgJlljeQ_nwebprodNode03	https://providerportal.caresource.com/OH/User/Login.aspx?ReturnUrl=%2FOH	N/A	N/A	www.uhcprovider.com
Authorization Forms	https://www.buckeyehealthplan.com/content/dam/centene/Buckeye/medicaid/pdfs/OH-PAF-0672_May2016_OP.pdf	https://www.caresource.com/documents/ohio-mycare-medical-prior-auth-form/	N/A	N/A	N/A (if web portal is down, call UM at 800-366-7304)
Authorization Fax	855-339-5145	MyCare: 844-417-6157 Medicaid Only: 888-752-0012	N/A	N/A	844-805-7522
Authorization Email	N/A	mmauth@caresource.com	N/A	N/A	N/A
UM Contact	866-246-4359	800-488-0134	855-364-0974	800-642-4168	800-366-7304
Contracting Requirements	https://www.buckeyehealthplan.com/providers/become-a-provider/join-our-network.html	Caresource does not require contracts with Hospice providers at this time	Aetna Better Health does not require contracts with Hospice providers at this time	https://www.molinahealthcare.com/members/oh/en-US/PDF/Duals/oh-duals-non-par-request.pdf	https://www.uhcprovider.com/en/resource-library/Join-Our-Network.html
W-9 Submission Contact	OhioContracting@Centene.com	https://secureforms.caresource.com/NonparProviderProfile/Landing/OH/	OH.ProviderServices@aetna.com	MHOProviderUpdates@MolinaHealthcare.com, and submit a "Provider Information Update Form"	Call UHC at 877-842-3210. Enter your TIN, select "Credentialing" and then "Medical", then "Join the Network". Request that the Customer Service representative load your provider information into the system
Electronic Funds Transfer (EFT) Registration	www.payspanhealth.com	https://www.caresource.com/documents/cs-p-0405-instamed-order-form/	https://www.aetnabetterhealth.com/ohio/assets/pdf/2018%20EFT%20Authorization%20Enrollment%20Form%20w%20Appendix-OHio_v2.pdf	https://provider.net.adminisource.com/Start.aspx	https://www.uhcprovider.com/en/claims-payments-billing/electronic-payment-statements.html
Payer Web Portal	www.buckeyehealthplan.com	https://www.caresource.com/providers/	https://www.aetnabetterhealth.com/ohio/providers/	https://provider.molinahealthcare.com/	www.uhcprovider.com
Timely Filing	365 Days	365 Days	365 Days*	365 Days*	365 Days*
Claims Mailing Address	Buckeye Health Plan ATTN: CLAIMS DEPARTMENT PO Box 6200 Farmington, MO 63640-3805	CareSource Attn: ClaimsDepartment P.O. Box 8730 Dayton, OH 45401-8730	Aetna Better Health of Ohio (MyCare Ohio Program) PO Box 64205 Phoenix, AZ 85082	Molina Healthcare of Ohio Box 22712 Long Beach, CA 90801	UnitedHealthcare Community Plan of Ohio PO Box 8207 Kingston, NY 12402

*Timely filing for non contracted providers is 365 days, please refer to your contract for in-network providers