

Simplify Office Administrative Tasks



Keep our Quick Reference Guide nearby to make pre-visit planning and post-visit tasks quick and easy.

Website: Ambetter.BuckeyeHealthPlan.com

- Patient care forms
- Pre-Auth Needed tool
- Ambetter from Buckeye Health Plan news
- Provider Manual
- Preferred Drug List
- Member resources

Secure Provider Portal: Provider.BuckeyeHealthPlan.com

- Verify member eligibility
- Access patient health records
- View patient gaps
- Manage prior authorizations
- Submit and manage claims
- And more!

Member Eligibility

Check member eligibility via:

- Secure Web Portal
- 24/7 Toll-Free Interactive Voice Response (IVR) Line: 1-877-687-1189
- Provider Services: 1-877-687-1189

Patient Care Gaps

Find recommended services that a member has not completed.

1. Visit the Secure Provider Portal.
2. Review patient information for any gaps in care.
3. Plan to address care gaps during future appointment.

Prior Authorization

Use the Pre-Auth Needed tool on our website to determine if prior authorization is required.

Submit prior authorizations via:

- Secure Provider Portal
- Fax: 1-888-241-0664
- Phone: 1-877-687-1189

Claims

Timely Filing guidelines: 180 days from date of service.

Claims can be submitted via:

- Secure Portal
- Clearinghouses: EDI Payor ID 68069
- Mail paper claims to:
P.O. Box 5010 | Farmington, MO 63640-5010

Pre-Visit Planning Checklist

- ✓ Verify member eligibility.
- ✓ Check for patient care gaps and address them during upcoming office visit.
- ✓ Use Pre-Auth Needed tool to determine if prior authorization is needed before appointment.

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