

Payer Agreement Instructions for Buckeye Community Health - 32004

Important Notes

The provider **must** be enrolled with the payer and have a valid Provider Identification Number (PIN) before completing the agreement to submit electronic claims. Please wait until the PIN has been assigned **before** completing these forms requesting submission of electronic claims. Please do not list the PIN as "pending".

To obtain a PIN for a specific payer, **the provider or Billing Service** must contact the payer's Provider Relations Department. Per-Se **cannot** make this request for the provider.

- If making copies include *all* pages of this agreement and be sure they are all legible.
- Submit one agreement for each Tax ID.
- Incomplete or incorrect agreements will be returned delaying enrollment and approval.
- Approval will take 2-3 weeks. If you receive an approval letter from the payer, contact us via phone or fax a copy to us. DO NOT transmit your claims until you receive an approval letter from Per-Se or your claims will reject.

Guidelines for completing: Buckeye Community Health – Payer ID 32004

Trading Partner Profile

Company Information

Field	Instructions
<i>Name, Address, City, State and Zip, Contact Name, Contact Phone Number, Contact Fax Number, Contact E-Mail Address:</i>	Complete as indicated.

Clearinghouse/ Intermediate Service Information

Field	Instructions
<i>Company Name, Address, City, State and Zip, Contact Name, Contact Phone Number, Contact Fax Number, Contact E-Mail Address:</i>	Pre-filled with MedAvant's information.

Medical Software Used Internally

Field	Instructions
<i>Software Name, Company Name, Address, City, State and Zip, Contact Name, Contact Phone Number, Contact Fax Number, Contact E-Mail Address:</i>	Complete with the information about your Practice Management System (PMS).
<i>Sender/ Receiver ID's:</i>	N/A – Do not complete.
<i>Inbound Electronic Transactions Sets:</i>	N/A – Do not complete.
<i>Outbound Electronic Transactions Sets:</i>	N/A – Do not complete.
<i>Tax ID's:</i>	List all tax IDs associated with the Practice/ Provider.

Return the Agreement to the Payer:

Fax #

(314) 558-2427

Questions? Contact Per-Se Enrollment at:
(800) 633-4763



TRADING PARTNER PROFILE

Centene Management Corporation is a fully integrated multi-state government services managed care company. The Company’s government services market includes Medicaid, SCHIP and SSI. The Company operates health plans in Indiana, Missouri, Kansas, New Jersey, Ohio, Texas and Wisconsin. For the purposes of this form, when “CENTENE” is used going forward, it applies to all Companies listed below.

- Managed Health Services operating in Indiana
- University Health Plans operating in New Jersey
- Buckeye Community Health Plan operating in Ohio
- Superior HealthPlan operating in Texas
- Managed Health Services operating in Wisconsin
- Cenpatico Behavioral Health
- FirstGuard Health Plan operating in Missouri
- FirstGuard Health Plan operating in Kansas

COMPANY INFORMATION	
Name	
Address	
City, State and Zip	
Contact Name	
Contact Phone Number	
Contact Fax Number	
Contact E-Mail Address	

CLEARINGHOUSE/INTERMEDIATE SERVICE INFORMATION (if applicable)	
Company Name	
Address	
City, State and Zip	
Contact Name	
Contact Phone Number	
Contact Fax Number	
Contact E-Mail Address	

MEDICAL SOFTWARE USED INTERNALLY (if applicable)	
Software Name	
Company Name	
Address	
City, State and Zip	
Contact Name	
Contact Phone Number	
Contact Fax Number	
Contact E-Mail Address	

Do not complete this section if using a clearinghouse.

SENDER/RECEIVER ID'S

Sender ID (ISA06/GS02)

Receiver ID (ISA08/GS03)

INBOUND ELECTRONIC TRANSACTION SETS (please mark all that apply)

These are transactions sets that you are planning to submit to CENTENE. CENTENE will always send a 997 Functional Acknowledgement back to the sender confirming receipt. Do not complete this section if using a clearinghouse.

HIPAA

- ANSI X12N 270 – Health Plan Eligibility – Solicitation
- ANSI X12N 276 – Health Claim Status – Solicitation
- ANSI X12N 278 – Referral Certification and Authorization
- ANSI X12N 820 - Health Plan Premium Payments
- ANSI X12N 834 - Enrollment/Disenrollment in a Health Plan
- ANSI X12N 835 – Claim Payment and Remittance Advice
- ANSI X12N 837 – Healthcare Claim or Encounter – Dental
- ANSI X12N 837 – Healthcare Claim or Encounter – Institutional
- ANSI X12N 837 – Healthcare Claim or Encounter: Professional

PROPRIETARY

- Healthcare Encounter - Dental
- Healthcare Encounter - Institutional
- Healthcare Encounter - Professional

OUTBOUND ELECTRONIC TRANSACTION SETS (please mark all that apply)

These are transactions sets that you would like to receive from CENTENE. Do not complete this section if using a clearinghouse.

HIPAA

- ANSI X12N 271 – Health Plan Eligibility – Response to Solicitation
- ANSI X12N 277 – Health Claim Status – Response to Solicitation
- ANSI X12N 278 – Referral Certification and Authorization
- ANSI X12N 820 - Health Plan Premium Payments
- ANSI X12N 834 - Enrollment/Disenrollment in a Health Plan
- ANSI X12N 835 – Claim Payment and Remittance Advice
- ANSI X12N 837 – Healthcare Claim or Encounter – Dental
- ANSI X12N 837 – Healthcare Claim or Encounter – Institutional
- ANSI X12N 837 – Healthcare Claim or Encounter: Professional

PROPRIETARY

- Eligibility Enrollment Roster

TAX ID'S *Please list all Tax ID's that you will be billing under*

EDI DEPARTMENT CONTACT INFORMATION

<i>Phone Number</i>	<i>Fax Number</i>	<i>E-mail Address</i>
800-225-2573 x 25525	314-558-2427	edi@centene.com