ADMINISTRATIVE POLICY STATEMENT
Georgia D-SNP

Policy Name & Number	Date Effective
Benefits Coordination-GA D-SNP-AD-0886	11/01/2022-11/30/2023
Policy Type	
ADMINISTRATIVE	

Administrative Policy Statement prepared by CareSource and its affiliates are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function , dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

Administrative Policy Statements prepared by CareSource and its affiliates do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Administrative Policy Statement. If there is a conflict between the Administrative Policy Statement and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination.

According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

Table of Contents

A. Subject
Benefits Coordination

B. Background

Georgia Medicare Dual Advantage, also known as Dual Eligible Special Needs Plan (D-SNP), is a program designed for members in Georgia who receive both Medicaid and Medicare benefits. CareSource administers the member's Medicare benefits. The purpose of this policy is to direct providers to the appropriate CareSource policies to follow for the D-SNP program.

C. Definitions

- **Dual-Eligible Special Needs Plan (D-SNP)** - A member who has one health plan that administers their Medicare benefits and another health plan or fee for service Medicaid plan that manages their Medicaid benefits. CareSource administers the member's Medicare benefits.

D. Policy

I. D-SNP members will follow the CareSource Georgia Medicare Dual Special Needs policies.

E. Conditions of Coverage
N/A

F. Related Policies/Rules
N/A

G. Review/Revision History

DATES		ACTION
Date Issued	10/14/2020	
Date Revised	7/20/2022	Annual review. References updated.
Date Effective	11/01/2022	
Date Archived	11/30/2023	This Policy is no longer active and has been archived. Please note that there could be other Policies that may have some of the same rules incorporated and CareSource reserves the right to follow CMS/State/NCCI guidelines without a formal documented Policy.

H. References

1. Centers for Medicare and Medicaid Services.(December 1, 2021). Dual Eligible SpecialNeeds Plans (D-SNPs).Retrieved July 1, 2022 from www.cms.gov
2. Medicare.gov. (n.d.) How Medicare Special Needs Plans (SNPs) work. Retrieved July 1, 2022 from www.medicare.gov

The ADMINISTRATIVE Policy Statement detailed above has received due consideration as defined in the ADMINISTRATIVE   Policy Statement Policy and is approved.