ADMINISTRATIVE POLICY STATEMENT
D-SNP

Policy Name & Number	Date Effective
Benefits Coordination-DSNP-AD-1396	12/01/2023-05/31/2025
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.

This policy applies to the following Marketplace(s):	
☒ **Georgia**	☒ **Ohio**

Table of Contents

A. Subject
Benefits Coordination

B. Background
Medicare Dual Advantage, also known as Dual Eligible Special Needs Plan (D-SNP), is a program designed for members 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 the D-SNP program.

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

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

E. State-Specific Information
NA

F. Conditions of Coverage
NA

G. Related Policies/Rules
NA

H. Review/Revision History

DATE		ACTION
Date Issued	10/14/2020	
Date Revised	07/20/2022	Annual review. References updated.
	09/13/2023	New policy number. Combined GA, and OH DNSP into universal template. Updated references. Approved at Committee.
Date Effective	12/01/2023	
Date Archived	05/31/2025	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.

I. References
1. Dual eligible special needs Plans (D-SNPs). Centers for Medicare and Medicaid Services. December 1, 2021. Accessed August 21, 2023. www.cms.gov
2. Special needs plans (SNPs). Medicare. Accessed August 21, 2023. www.medicare.gov