Administrative Policy Statement
OHIO MYCARE

		Policy Number	Date Effective
Coordination of Benefits		AD-0785	06/01/2020
Policy Type			
Medical	**ADMINISTRATIVE**	Pharmacy	Reimbursement

Administrative Policy Statements prepared by CSMG Co. and its affiliates (including CareSource) 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 CSMG Co. and its affiliates (including CareSource) 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.

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A. Subject

Coordination of Benefits

B. Background

Ohio MyCare is a program designed for members in Ohio who receive both Medicaid and Medicare benefits. During enrollment, eligible members have two choices for how to receive their MyCare benefits: Either Dual-benefits or Medicaid-only benefits. The primary benefit of receiving Dual-benefits from one health plan is to have coordinated services with one point of contact.

C. Definitions

- **Dual-benefits (Opt in)** - A member who has the same health plan that administers both their Medicaid and the Medicare benefits.
- **Medicaid-only benefits (Opt out)** - A member who has one health plan administer their Medicaid benefits in conjunction with the traditional Medicare plan or private insurance company.
- **Eligible members** -
  - Are 18 or older;
  - Live in one of the 29 demonstration counties; and
  - Currently have full Medicaid and Medicare parts A, B, and D.

D. Policy

I. Dual-Benefit members will follow CareSource policies using the following hierarchy:
   A. Ohio MyCare policies;
   B. Ohio Medicare Advantage with Prescription Drug policies; and
   C. Ohio Medicaid policies.

II. Medicaid-only members will follow CareSource Ohio Medicaid policies.

E. Conditions of Coverage

F. Related Policies/Rules

Medical Necessity Determinations AD-0751

G. Review/Revision History

DATES		ACTION
Date Issued	02/05/2020	
Date Revised		
Date Effective	06/01/2020	New Policy

H. References

1. Ohio Department of MedicaidFOR OHIOANS. (n.d.). Retrieved October 10, 2019, from https://medicaid.ohio.gov
2. Ohio Department of Medicaid. MyCare Ohio FAQ. (n.d.). Retrieved October 10, 2019, from https://www.ohiomh.com

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