



MEDICAL POLICY STATEMENT OHIO MYCARE

Policy Name	Policy Number	Date Effective
Benefits Coordination	MM-0942	02/01/2021-9/30/2021
Policy Type		
MEDICAL	Administrative	Pharmacy
		Reimbursement

Medical 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.

Medical 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 Medical Policy Statement. If there is a conflict between the Medical 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.

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A. Subject
Benefits Coordination

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 policies; and
 - C. Ohio Medicaid policies.
- II. Medicaid-only members will follow CareSource Ohio Medicaid policies.

E. Conditions of Coverage

F. Related Polices/Rules

Medical Necessity Determinations

G. Review/Revision History

	DATE	ACTION
Date Issued	02/05/2020	
Date Revised	10/14/2020	Title change from Coordination of Benefits; updated hierarchy to match caresource.com
Date Effective	02/01/2021	
Date Archived	9/30/2021	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. Ohio Department of Medicaid FOR OHIOANS. (n.d.). Medicaid Programs. Retrieved October 13, 2020 from www.medicaid.ohio.gov
2. Ohio Department of Medicaid. (n.d.). MyCare Ohio FAQ. Retrieved October 13, 2020 from www.ohiomh.com

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

Archived