REIMBURSEMENT POLICY STATEMENT
OHIO MYCARE

Policy Name		Policy Number	Effective Date
Coordination of Benefits		PY-1136	06/01/2020
Policy Type			
Medical	Administrative	Pharmacy	**REIMBURSEMENT**

Reimbursement Policy Statement: Reimbursement Policies prepared by CSMG Co. and its affiliates (including CareSource) are intended to provide a general reference regarding billing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry-standard claims editing logic, benefits design and other factors are considered in developing Reimbursement Policies.

In addition to this Policy, Reimbursement of services is subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization, notification and utilization management 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 federal or state coverage mandate, Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

This Policy does not ensure an authorization or Reimbursement of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced herein. If there is a conflict between this Policy 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.

CSMG Co. and its affiliates may use reasonable discretion in interpreting and applying this Policy to services provided in a particular case and may modify this Policy at any time.

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A. Subject

Coordination of Benefits

B. Background

Reimbursement policies are designed to assist you when submitting claims to CareSource. They are routinely updated to promote accurate coding and policy clarification. These proprietary policies are not a guarantee of payment. Reimbursement for claims may be subject to limitations and/or qualifications. Reimbursement will be established based upon a review of the actual services provided to a member and will be determined when the claim is received for processing. Health care providers and their office staff are encouraged to use self-service channels to verify member's eligibility.

It is the responsibility of the submitting provider to submit the most accurate and appropriate CPT/HCPCS code(s) for the product or service that is being provided. The inclusion of a code in this policy does not imply any right to reimbursement or guarantee claims payment.

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

Reimbursement is dependent on, but not limited to, submitting approved HCPCS and CPT codes along with appropriate modifiers, if applicable. Please refer to the individual fee schedule for appropriate codes.

F. Related Policies/Rules

Medical Necessity Determinations AD-0751

G. Review/Revision History

	DATE	ACTION
Date Issued	02/05/2020	
Date Revised		
Date Effective	06/01/2020	New Policy
Date Archived	02/01/2021	

H. References

1. Medicare.gov. (n.d.) How Medicare Special Needs Plans (SNPs) work. Retrieved 12/18/2019 from https://www.medicare.gov

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