



ADMINISTRATIVE POLICY STATEMENT

Ohio Medicaid

Policy Name & Number	Date Effective
Trading Partners-OH MCD-AD-0086	07/01/2024
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.

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A. Subject
Trading Partners

B. Background

CareSource only accepts electronic claims submissions from Ohio Medicaid One Front Door. Claims must be submitted to ODM first and then if they pass ODM's front-end edits, they are transferred to CareSource. Direct Data Entry claims can be made through Ohio Medicaid's PNM portal.

C. Definitions

- **Clearinghouses/Trading Partners** – Companies that function as intermediaries who forward claims information from healthcare providers to insurance payers.
- **Direct Data Entry** – Direct electronic claims submissions to CareSource Provider Portal or PNM portal.
- **Electronic Data Interchange (EDI)** – The computer-to-computer exchange of business data.

D. Policy

- I. CareSource only allows direct connections for EDI transactions with the Ohio Department of Medicaid through our approved Trading Partner or by Direct Data Entry (DDE) entry on the CareSource Provider Portal.
- II. CareSource will not contract or approve direct connections with providers (eg, hospitals, labs, offices, practitioners).

E. Conditions of Coverage

NA

F. Related Policies/Rules

NA

G. Review/Revision History

DATES		ACTION
Date Issued	04/05/2018	
Date Revised	02/19/2020	Annual update completed. No changes
	01/19/2022	Annual review. No changes
	10/12/2022	Annual review. No changes
	02/14/2024	Annual review. Updated background, definitions, and Section D for greater clarity. Updated references. Approved at Committee.
Date Effective	07/01/2024	
Date Archived		

H. References

NA

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