

Network Notification

Notice Date: + V M Z 2019
To: Ohio Medicaid and All Marketplace Providers
From: CareSource
Subject: Coordination of Benefits (COB) Requirement

Summary

REMINDER: 3 URYL ~~EXWK E RLR~~ UGL Q D % HQH ILW & 2% GRFXPHQWDWLRQ Z
VXEPLVW BRQDVSUHR SLDLPHUHLPE & DUH6RXPWFH HQ QFUHDVH LQ WKH
QXPEHU RI FODLP GHQLDOV DVVRFLDIWHSDJRYWXBLEADULPTXZUWRKRW
UHTXMKHG SDUW\ OLDELOLW\ DWWDFKHG
, I D FODLP GHQLDOV 2% WR IRUPDWLRQ DSKUPR SDUWFRWKH[SHGLHQ
SURFWRVQRV VXEPLVWFRUJFHDLQ LQ 2% QLRUPDIWLQDEOH WR
VXEPLW HOHFWURODLV 2% SDUW DWLRQHIGV DOVR DFFHSW

Impact

& DUH6RXUFH FRQWUROXWOLRQRUPDWLRQH QW DQGVDFKXUFDLH
UHWURDZWRUPDWLRQXODUO\ VZHHS RXU FODLP GDWD WR HQVXU
LQIRUPDLSROLHG WR FODLPV ZLWKRXW QHFHVVLWDMYLQJFRQWOFW
LQFUHVKHGUHTXHQF\ RI WKRVH UHWURVSDUWDLH HQFVWZHSV
DGMXVWPHQW DFWLYLW\

Questions?

\$VLQGLFDWISGRYCPKHDO XSDFRVUGLQDWLRQRIHQHILWVVKRXO
HLWKH&DUH6RXUFH3RURWOLBU [SURLGHUSR](#) RWLPFDGRJWKFHFR
HPDDLQGUHQVWHG EHZ

- x & 2% 2+, 2# & DUH6RXUFH FRP
- x & 2% . (178 & . < # & DUH6RXUFH FRP
- x & 2% , 1' , \$1\$ # & DUH6RXUFH FRP
- x