



AETNA BETTER HEALTH® OF OHIO
MyCare Ohio

Ohio Continuity of Care/Transition of Care Requirements

During the transition period, change from the existing provider can only occur in the following circumstances:

1. When a member requests a change;
2. The Provider chooses to discontinue providing services to a member as currently allowed by Medicare or Medicaid; or
3. Aetna Better Health of Ohio, CMS, or the Ohio Department of Medicaid (ODM) identified provider performance issues that affect a member’s health and welfare.

Medicare-Medicaid (Duals) Waiver Members

| Service | Services the member was receiving from a non-network provider at the time of their enrollment in the MyCare Ohio program will be covered from the first date of enrollment for: |
|--|---|
| <ul style="list-style-type: none"> • Physician • Community Mental Health • Addiction Treatment Centers | 365 days except if the member is identified for high risk care management then their physician must be covered for 90 days. |
| Dialysis Treatment | 90 days (or more if authorized by plan) |
| <ul style="list-style-type: none"> • Ohio Medicaid Prior authorized Durable Medical Equipment, Vision and Dental • Scheduled Surgery • Chemotherapy/Radiation • Organ/Bone Marrow/Hematopoietic Stem Cell Transplant | Until the planned or authorized services are received. |
| Medicaid Home Health and Private Duty Nursing | 365 days unless a change is required due to a health or other life event that changes |

AETNA BETTER HEALTH® OF OHIO
MyCare Ohio

| Service | Services the member was receiving from a non-network provider at the time of their enrollment in the MyCare Ohio program will be covered from the first date of enrollment for: |
|---|---|
| | the member's needs. |
| Waiver Services –Direct Care including: <ul style="list-style-type: none"> • Personal Care • Waiver Nursing • Home Care Attendant • Choice Home Care Attendant • Out of Home Respite • Enhanced Community Living • Adult Day Health • Social Work Counseling • Independent Living Assistance | 365 days unless a change is required due to a health or other life event that changes the member's needs. |
| All other waiver services | 90 days and only after an in-home assessment is completed to transition the member's services to a new provider. (The services amount is maintained for 365 days) |

Medicare-Medicaid (Duals) Non-Waiver Members

| Service | Services the member was receiving from a non-network provider at the time of their enrollment in the MyCare Ohio program will be covered from the first date of enrollment for: |
|---|---|
| <ul style="list-style-type: none"> • Physician | 365 days except if the member is identified for high risk care management then their |



AETNA BETTER HEALTH® OF OHIO
MyCare Ohio

| | |
|--|--|
| <ul style="list-style-type: none"> • Community Mental Health • Addiction Treatment Centers | physician must be covered for 90 days. |
| Dialysis Treatment | 90 days (or more if authorized by plan) |
| <ul style="list-style-type: none"> • Ohio Medicaid Prior authorized Durable Medical Equipment, Vision and Dental • Scheduled Surgery • Chemotherapy/Radiation • Organ/Bone Marrow/Hematopoietic Stem Cell Transplant | Until the planned or authorized services are received. |
| Medicaid Home Health and Private Duty Nursing | 90 days |
| Assisted Living or Medicaid Nursing Facility | Unlimited period if lived in the facility on the day the member enrolled in the MyCare Ohio program and the service continues to be medically necessary. |

Medicaid-only Members

| Medicaid-only non-Waiver Members TOC | |
|---|--|
| Service | Services the member was receiving from a non-network provider at the time of their enrollment in the MyCare Ohio program will be covered from the first date of enrollment for: |
| -Community Mental Health -Addiction Treatment Centers | At least 365 days |
| -Ohio Medicaid prior authorized Durable Medical Equipment, Vision and Dental- | Until the authorized services are received. |



AETNA BETTER HEALTH® OF OHIO
MyCare Ohio

| Medicaid-only non-Waiver Members TOC | |
|---|--|
| Service | Services the member was receiving from a non-network provider at the time of their enrollment in the MyCare Ohio program will be covered from the first date of enrollment for: |
| Medicaid Home Health and Private Duty Nursing | 90 days |
| Assisted Living or Medicaid Nursing Facility | Unlimited period if lived in the facility on the day the member enrolled in the MyCare Ohio program and the service continues to be medically necessary. |

| Medicaid-only Waiver Members | |
|---|--|
| Service | Services the member was receiving from a non-network provider at the time of their enrollment in the MyCare Ohio program will be covered from the first date of enrollment for: |
| -Community Mental Health -Addiction Treatment Centers | At least 365 days |
| -Ohio Medicaid Prior authorized Durable Medical Equipment, Vision and Dental | Until the authorized services are received. |
| Medicaid Home Health and Private Duty Nursing | 365 days unless a change is required due to a health or other life event that changes the member's needs. |
| <u>Waiver Services –Direct Care including:</u> -Personal Care -Waiver Nursing -Home Care Attendant -Choice Home Care Attendant -Out of Home Respite -Enhanced Community Living -Adult Day Health | 365 days unless a change is required due to a health or other life event that changes the member's needs. |



AETNA BETTER HEALTH® OF OHIO
MyCare Ohio

| Medicaid-only Waiver Members | |
|---|--|
| Service | Services the member was receiving from a non-network provider at the time of their enrollment in the MyCare Ohio program will be covered from the first date of enrollment for: |
| -Social Work Counseling -Independent Living Assistance | |
| All other waiver services | 90 days and only after an in-home assessment is completed to transition the member's services to a new provider. (The services amount is maintained for 365 days) |