Homecare Payor Matrix

PAYOR	Intermittent Nursing and Skilled Therapies	Infusion Therapy	Injectables (Drugs)	Home Medical Equipment	Private Duty Nursing	Hospice and Palliative Care	Factor
Aetna	Yes	Yes	Yes	Yes	Case-by- Case	Yes	Case- by-Case
AmeriHealth Caritas (OH Medicaid Managed Care)	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Anthem BCBS	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Anthem BCBS (OH Medicaid Managed Care)	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Buckeye Community Health Plan (OH Medicaid Managed Care)	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Caresource (OH Medicaid Managed Care)	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Caresource Marketplace (Commercial - Exchange Plan)	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Cigna	Yes	Yes	Yes	Yes	Yes	Yes	Yes



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CMH – Children with Medical Handicaps (Formerly BCMH)	Case-by- Case	Case-by- Case	Case-by- Case	Case-by- Case	Case-by- Case	Case-by- Case	Case- by-Case
Front Path Health Coalition	Yes						
Health Alliance	Yes						
Health Cost Solutions	Yes						
HealthScope	Yes						
Humana Healthy Horizons - (OH Medicaid Managed Care)	Yes						
Medical Mutual of Ohio	Yes	Yes	Yes	Yes	Case-by- Case	Yes	Yes
MedBen	Yes						
Medicare	No						
Molina (OH Medicaid Managed Care)	Yes						
Ohio Healthy	Yes						
Ohio PPO Connect	Yes						



OSU Health Plan	Yes	Yes	Yes	Yes	Yes	Yes	Case- by-Case
Ohio Medicaid (Traditional)	Yes						
Out of State Medicaid	No						
Paramount	Yes						
PHCS	Yes						
Thin Blue Line	Yes						
Tricare (Prime/Standard)	Yes	Yes	Yes	Yes	Yes	Yes	Case- by-Case
Trustmark Health Benefits	Yes						
UHC Marketplace (Commercial Exchange Plan)	Yes	Yes	Yes	Yes	Yes	Yes	Case- by-Case
UHC OH Medicaid (Managed Care Plan)	Yes	Yes	Yes	Yes	Yes	Yes	Case- by-Case
United Healthcare	Yes	Yes	Yes	Yes	Yes	Yes	Case- by-Case
UMR	Yes						

Note: Call **Nationwide Children's Hospital Homecare at 1(614) 355-1100 /1(800) 466-2727** where Homecare is listed in-network, for verification of services and prior authorization. If a particular payor plan is not listed here, please call Nationwide Children's Hospital Homecare and ask to speak with a Prior Authorization Representative for clarification or confirmation of coverage.

