

*West Virginia*



A Reference Guide to  
Your Health Care Benefits

# Member Handbook *for 2020*

CareSource is a Qualified Health Plan issuer  
in the Health Insurance Marketplace.











## IMPORTANT NEXT STEPS

### 1. Your Member ID Card

- Look for your ID card in the mail (see page 14).
  - You will get your member ID card in a separate mailing.
  - You can also access and print your member ID card from your My CareSource® account, or view a digital copy of it on the CareSource mobile app.

### 2. Create Your Online My CareSource Account (see page 7)

- Go to **MyCareSource.com**. Then select **Sign Up** to create an account or **Login** to update your existing account.
  - If you have a new member ID number, you will need to update your account with your new plan information.
- Download our CareSource mobile app to stay connected on the go.
- Get quick and easy access to your plan and account information, as well as health and wellness information through **MyCareSource.com** and the mobile app.

### 3. Learn about Your Benefits and Services (see pages 23-32)

- Read about your covered benefits and services. You can also find information about your covered benefits and services online at **CareSource.com/marketplace**.
- Learn about our special programs such as Disease Management, Tobacco Cessation and Care Coordination (see page 32) or call us at **1-866-286-9738**.

### 4. Choose an In-Network Primary Care Physician (PCP)

- **FIND:** Use our **Find a Doctor** tool to locate the right doctor for you (see page 17).
- **SELECT:** Sign in to **MyCareSource.com** and select **Choose Provider** on the Home page (see page 17). Adding your PCP to your My CareSource account will help ensure the appropriate cost is charged for each visit.
- **VISIT:** Make an appointment with your PCP (see page 17). It's important to have regular checkups, even when you are not sick.

### 5. Complete your Health Risk Assessment through MyHealth (see page 29)

- Fill out your Health Risk Assessment (HRA). CareSource wants to help you stay healthy. You'll get a personal health score and a plan with tips for becoming or staying healthy!

The information provided in this Member Handbook is meant to serve as an informative and quick reference guide. If there is any conflict between this Member Handbook and your Evidence of Coverage, the Evidence of Coverage shall control. If a specific situation or question arises regarding your rights and benefits under your plan, please reference your Evidence of Coverage. In addition, your Evidence of Coverage can be found on our website at **CareSource.com/marketplace**. You may also contact CareSource Member Services for more information about your rights and benefits under the plan.



## 2020 HIGHLIGHTS

**Enrollment Website:** Visit **Enroll.CareSource.com** to update your Marketplace application if you have a change to your application information. For example, if you have a change in income, change addresses, or need to add or remove a dependent. The enrollment website makes it easy to keep your Marketplace plan up to date.

**CareSource.com:** Our website offers easy navigation and gives you information at your fingertips. Get the information you want and need – plan documents, forms, prescription provider information, even educational material, easier and faster than ever.

**MyCareSource.com:** Your secure, personal CareSource account. It holds your plan documents, cost information, claims, explanations of benefits, invoices, and more. It is also your portal to MyHealth and our rewards programs, and MyResources to help you connect with community resources. If you've had a My CareSource account in the past, be sure to update it with your new Member ID number.

**Go Green!** New paperless options for invoices, explanations of benefits and more! Create or login to your **MyCareSource.com** account and click the **Go Green** banner. We will email or text you a notice when your documents are available in your account. We can't email you notices for everything, but when we can, we will be happy to!

**CareSource Mobile App:** See what's new with the mobile app! Get one-touch access to our easy to use tools like Find A Doctor, to find providers such as doctors, specialists, hospitals and pharmacies. Then call or get directions at a touch. View your digital ID card, or connect immediately to CareSource24®, our Nurse Advice Line or MYidealDOCTOR™, our telemedicine provider. The app makes using your CareSource benefits easy and convenient.

**Vision Care:** CareSource members have access to one of the largest and most recognized networks for vision care in the country. We will provide annual vision exams and glasses or contacts under your pediatric vision coverage, and for members with optional Adult Dental, Vision and Fitness plans.

**Hearing Care:** All members can have a hearing test and select from a variety of hearing aid devices offered at a discount through our network of providers.

**MyResources:** MyResources is an exciting new program, for those times in life when you may be struggling with something other than your physical or mental health. We can direct you to local low cost and no cost resources that will help with food, housing, emergency financial help, and more! Sign on to your **MyCareSource.com** account to begin your search.





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## WELCOME!

Thank you for being a CareSource member! We are glad to have you as a member of our health plan. At CareSource, we are focused more on people than profits. Our marketplace health plans continue our long history of making health care coverage easy to understand and access. It's *Health Care with Heart®*!

Please review this handbook. It will help you better understand your benefits and coverage, and how to get the most out of your CareSource plan. In addition, please be sure to review your Schedule of Benefits (SB) and Evidence of Coverage (EOC). Your SB and EOC contain additional detailed information about your plan. Please read the entire SB and EOC and use them often as a reference for your covered services. You may also contact us with any questions you might have about your plan.





## WHEN TO UPDATE YOUR INFORMATION

Use CareSource's enrollment website, **Enroll.CareSource.com** when you need to change or update your household information because of a qualifying life event, such as:

- When you move
- If you or someone in your household has a change in income
- If you adopt or have a child
- If you qualify for Medicare, Medicaid or become eligible for insurance offered through an employer
- To permanently change your address or contact information

Our enrollment website provides an easy, no-hassle way to let the Marketplace know when you have changes to report. You can also call the Marketplace directly at 1-800-318-2596 (TTY: 855-889-4325) or go to [Healthcare.gov](https://www.healthcare.gov).

## WORKING WITH CARESOURCE

### Self-Service Tools and Information

CareSource offers easy ways to access information about your plan and your benefits online, 24 hours a day.

#### Enroll.CareSource.com

CareSource's one-stop source for your Marketplace application and enrollment. Through our direct enrollment site you are able to:

1. Compare and shop for different CareSource Marketplace plans;
2. Update your application;
3. Gain access and insights into issues with your health insurance marketplace application;
4. Apply for and enroll in a new or different plan outside of the open enrollment period due to a life-changing event.



## CareSource.com/marketplace

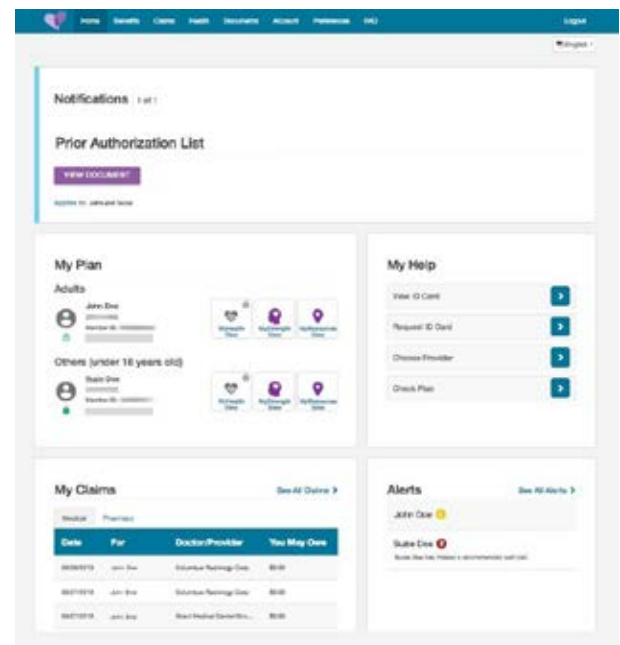
Browse our website to get more information about your health plan. It provides resources you can use to get or stay healthy: educational videos, tips for self-care, and links to other sources of information, like the American Heart Association. On **CareSource.com** you'll find:

- General information
- Plan specific documents – Schedule of Benefits, Summary of Benefits & Coverage, Evidence of Coverage, and more
- Forms
- Find a Doctor
- “Tell Us” Contact Form
- Drug Formulary
- Added benefits, such as Active&Fit®, Disease Management and our 5/3 Banking partnership

## MyCareSource.com

Your secure, private portal containing your personal information such as your claims, invoices and plan documents. Here are just a few things that you can do with your My CareSource account:

- View and print your ID card, or request a new one be mailed
- Pay your bill or set up automatic payments
- Check your copays and coinsurance
- See the status of your annual deductible and annual out of pocket amounts
- View your Explanation of Benefits (EOB) statements
- View claims
- View plan documents
- Take your Health Risk Assessment
- View important health alerts



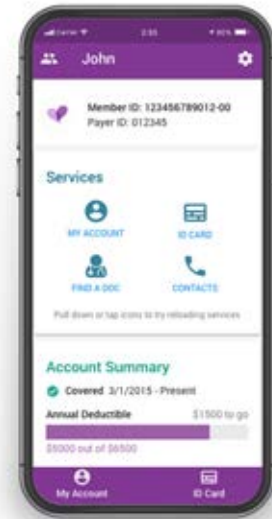
*The My CareSource Account Home Screen*



## CareSource Mobile App

You can download the free CareSource mobile app to your smartphone or tablet. The app is available on Google Play™ for Android, and the Apple App® store for iPhones. When you download the mobile app, you can:

- View or share your digital member ID card
- Access your secure My CareSource® account
- View your claims
- Check your copays, deductibles, balances and even make a payment (if applicable)
- Find a doctor, hospital, clinic, urgent care or pharmacy near you
- Call CareSource24® Nurse Advice Line, and speak with a registered nurse 24/7/365
- Connect with MYidealDOCTOR™, our telemedicine provider
- And more!



*The CareSource Mobile App*

## Member Services

If you don't have access to the internet, have additional questions, or need assistance from a Member Services representative, call **1-855-202-0622** (TTY/TDD: 1-800-982-8771). We are open 7 a.m. to 7 p.m., Monday through Friday to answer your questions.

Call Member Services when you:

- Have questions about your benefits and services
- Need help finding a doctor or other health care provider
- Need information in another language or format

The Member Services phone number also appears on the bottom of each page.

***CareSource Member Services is closed on the following holidays in 2020:***

New Year's Day	Wednesday, January 1, 2020
Memorial Day	Monday, May 25, 2020
Independence Day	Friday, July 3, 2020
Labor Day	Monday, September 7, 2020
Thanksgiving	Thursday, November 26, 2020
Day after Thanksgiving	Friday, November 27, 2020
Christmas Eve	Thursday, December 24, 2020
Christmas Day	Friday December 25, 2020



## Vision Care Member Services\*

EyeMed® is the benefit manager for routine vision services for our pediatric members as well as adults with our optional Adult Dental, Vision and Fitness coverage. If you have questions or need help finding a vision care provider, call EyeMed directly at 1-833-337-3129.

### Vision Care Services Member Website

We are pleased to offer a website, [EyeMedVisionCare.com/csm](https://EyeMedVisionCare.com/csm) where you can find the following services related to your routine vision services:

1. View claims and explanation of benefits
2. Find a network provider
3. Confirm the cost of services
4. Verify what services you still have access to for the benefit year
5. Ordering contacts online
6. Find tutorials and information about the routine vision benefits and other vision related services available
7. Access discounts on laser vision correction and other services

*\*Routine vision services are available to all plan's pediatric members and adult members with our optional Adult Dental, Vision and Fitness plan.*







## Hearing Care Member Services

CareSource members have access to hearing screening tests and discounted hearing aids through TruHearing. If you have questions about the program or need help finding a network provider, please call TruHearing directly at **1-866-202-2561**.

## Interpreter Services

If there is a CareSource member in your family whose primary language is not English, call us. We offer interpreters for members who need language assistance communicating with CareSource. By calling the Member Services department at **1-855-202-0622** you can speak with an interpreter over the phone.

We also provide some printed materials in other languages or formats such as large print, or we can explain materials orally, if needed. This is a free service to you.

*We make it easy to stay in touch with CareSource. Let us know when you have questions. We are here to help.*

## TTY/TDD for the Hearing Impaired

Call 1-800-982-8771, or 711 if you are hearing impaired and have any questions, whether they are about your plan benefits and services or about your health and care.




# ALL ABOUT YOUR PREMIUM

## Your CareSource Invoice

The payment you provide to CareSource for your health insurance coverage is called a premium. You will receive a monthly invoice from CareSource for the premium amount due for the upcoming month.

**NEW: You can now opt to receive a notice via email or text that your invoice is ready to view on your My CareSource account instead of receiving a paper invoice in the mail.** Go to your My CareSource account and click the **Go Green** banner.


Your monthly invoice will look something like this:



CareSource  
P.O. Box 630751  
Cincinnati, OH 45263-0751

### INVOICE

MEMBER ID: 123456789101  
INVOICE NO: 12345678  
INVOICE DATE: 02/05/2019  
DUE DATE: 02/25/2019



Rita White  
123 Main St.  
Your City, GA 12345-6789

To pay online go to: MyCareSource.com

To pay by phone, call: 1-855-202-2030

To pay by mail, send payment in the enclosed envelope

Payment methods

DESCRIPTION	AMOUNT
CareSource Silver for Coverage Dates: 03/01/2019 through 03/31/2019	\$1,000.00
(-) Advance Premium Tax Credit (Subsidy)	-\$600.00
<b>Current Premium</b>	<b>\$400.00</b>
(+) Previous Balance	\$0.00
(+) Current Premium Due	\$400.00
(-) Payments Received	\$0.00
<b>Total Due</b>	<b>\$400.00</b>

If you have any questions concerning this invoice contact Member Services at 1-833-230-2030 (TTY FOR THE HEARING IMPAIRED: 1-800-255-0056 OR 711)

Monthly premium

Monthly subsidy

Current premium due (premium minus subsidy)

Previous balance (any unpaid amount from previous months)

Payments received since the last invoice

Total amount due

Rita White  
123 Main St.  
Your City, GA 12345-6789

PLEASE RETURN BOTTOM PORTION WITH YOUR PAYMENT

Member ID: 123456789101

INVOICE NO: 12345678  
INVOICE DATE: 02/05/2019  
DUE DATE: 02/25/2019  
TOTAL DUE: \$400.00

CareSource  
P.O. Box 630751  
Cincinnati, OH 45263-0751

AMOUNT PAID

Return only the bottom portion of the invoice

Payment due date

Total amount due

Enter the amount you are paying here (normally the total amount due)

CareSource  
P.O. Box 630751  
Cincinnati, OH 45263-0751

\* Please do not send cash.  
\* Make check/money order payable to **CareSource**.

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## How to Pay Your Premium

To pay your monthly premium to CareSource, you may:

### ***Make an Express Payment online***

- Go to **[www.caresource.com/mppay](http://www.caresource.com/mppay)**. Enter your first name, last name, member ID number and date of birth to be taken to the payment screen.

### ***Pay online***

- Go to your My CareSource account and select ***Pay Bill***. You can choose ***Make a Payment*** or ***Manage Automatic Payments***. Either option will take you to our secure, online payment processing vendor.
- To make a one-time payment, select ***Make a Payment*** and complete the payment form with the amount due, then complete the credit/debit card or bank account information on the secure form.
- If you want to set up automatic monthly payments, select ***Manage Automatic Payments***, and complete the automatic payment information on the secure form.

*Make a Payment Screen*

### ***Pay by phone***

- Call Member Services at **1-855-202-0622** and tell our automated attendant that you would like to make a payment.
- Phone payments can be made through credit card, debit card or checking account.

### ***Pay by mail***

- Detach the bottom portion of your invoice and write in the the amount of your check or money order.
- Include the bottom portion (remittance slip) of your invoice and your check or money order. Make sure that our address shows through the window of the envelope.
- Please include your member ID number on the memo portion of the check or money order.



## Paying Your Premium On Time is Important

It is important to pay the total premium amount due by the due date! If we do not receive your premium payment by the due date on the invoice, then your account is past due. By not paying your premium payment on time and allowing your account to become past due, your medical and pharmacy benefits are at risk.

If your premium payment becomes 30 days or more past due, your pharmacy benefits will be suspended. You will be expected to pay for prescriptions until your account is paid in full by the due date on the invoice.

In addition, if your premium payment becomes 30 days or more past due, your Medical benefits through a physician or facility are at risk and we are required to notify your providers regarding this delinquency. It will be up to the physician or facility to decide whether or not you will be required to pay at time of service.

If you have applied for new coverage, payment for any past due premiums from the previous 12 months and the premium for the first month of new coverage must be paid in full by the due date to activate the new coverage.

For more information on what will occur if you do not pay your premium payments on time, please refer to your *Evidence of Coverage - Section 2 - How the Plan Works*.

## Check your Payments and Balance

You can see when your last payment was posted by clicking **Account** at the top of the My CareSource account screen. This will show your total amount due. Click the link on the right side of the screen that says **View Account Activity**, and you will be able to see each payment and when it was received. You can also view and print invoices or request a copy of an invoice.







## ID CARDS

You will receive a CareSource ID card in a separate mailing and it will be available digitally through the CareSource mobile app. Your ID card lists each member of your family who has health insurance coverage under the Plan. Be sure to show your card each time you go to the doctor, hospital, urgent care center and pharmacy.

ID Cards will show additional important contact information to help you get to the right area fast, including our 24/7 Nurse Advice Line, Vision Benefits Manager, Hearing Benefits Manager and Fitness Benefits Manager.

**NOTE: You should always have your ID card ready when you call Member Services or any benefits managers. The member ID number listed on your card will help us serve you faster.**

### Additional/Replacement ID Cards

If you need additional ID cards, or lose your ID card, you may print it from your My CareSource account, or view a digital copy on the CareSource mobile app. You can request a replacement ID card through your My CareSource account, or by calling Member Services and telling our automated attendant that you need a replacement ID card.

CareSource		Bronze Dental, Vision & Fitness	
<b>Member:</b> Jeff Doe	<b>Dependents:</b>	<b>WV 2020</b>	
<b>Member ID:</b> 14800000000-00	-01 Jane Doe -02 John Doe -03 Mike Doe -04 Ron Doe -05 Susan Doe -06 Sara Doe -07 Joe Doe		
<b>Health Plan:</b> 50328WV001002504			
<b>Payer ID:</b> WVCS1			
Office: \$35	ER: 40%*	Spec: 40%*	UrgCare: 40%*
AM-EXCM-0653		*after deductible	

#### CareSource.com/marketplace

This card does not guarantee coverage. To verify benefits, view claims, or find a provider, visit the website or call.

**MEMBERS: 1-855-202-0622 (TTY: 1-800-982-8771 or 711)**

**24/7 Nurseline:** 1-866-206-0701

**Providers:** 1-855-202-1091

#### BENEFITS MANAGER

<b>Pharmacy</b>	Express Scripts	1-800-433-5468
<b>Vision</b>	EyeMed	1-833-337-3129
<b>Hearing</b>	TruHearing	1-866-202-2561
<b>Fitness</b>	Active&Fit	1-877-771-2746

**PHARMACY NUMBERS:** RxBin: 003858 | RxPCN: A4 | RxGrp: RXINN04

**MEDICAL CLAIMS:** P.O. Box 8730, Dayton, OH 45401-8730

Coverage provided through the Health Insurance Marketplace



## STAYING IN TOUCH

In addition to your monthly invoice, CareSource may send you additional communications to keep you up to date on your plan details and benefits available to all members.

Some of these communications may be about you or your family's specific health conditions, special programs offered to you, or care management opportunities. Some are just to keep you updated with the latest information about CareSource and your plan. Regular communications you will receive include our member newsletters and Explanations of Benefits.

### *Go Green!*

You can choose to receive many communications through your My CareSource account, or through text or email. When you choose email or text, we will send you a notice that a document is available in your My CareSource account. Please remember that even if you choose email and/or text notifications, you will still receive mail from us as required by law.

**Be sure to tell us your preferred method of contact on your My CareSource account as we continue to work to streamline our communication.**

### Member Newsletters

Our MemberSource newsletter is sent out quarterly, and is available online at **CareSource.com/marketplace**, under the **Education** link.

The quarterly newsletter is used to help you take the fullest advantage of your plan benefits, give useful health and wellness information, and keep you up to date with what's happening at CareSource. You can view the most current issue, as well as past issues at **CareSource.com/marketplace**, under **Education**.

### Explanation of Benefits

When you visit the doctor, or have other health care services, we will send you an Explanation of Benefits (EOB). It will outline the care you received, the cost, what CareSource pays for the service and the part of the cost that you may be responsible for paying. Your EOB is not a bill. It will tell you:

- The member who got the service
- The provider who billed for the service
- The date the service was received
- A description of the service
- The amount CareSource paid for the service
- How much you owe or already paid for the service, if anything



If you do owe for a service, you will get a bill from the provider. We encourage you to save these EOB statements and pay only the amount listed as your responsibility. If you get a bill from a provider for more than the amount the EOB shows as your responsibility, or for services you did not receive, call Member Services.

It is important that you review your EOBs to be sure that you are being charged for the correct services and the correct amounts. The EOB is not a bill, it is a summary of the claim for services that your provider submitted and what CareSource paid to the provider. Your review ensures that you are only being charged for services that you have received, and can help us and your provider prevent fraud.

Below is a sample of the summary pages of an EOB. The pages that come after these list individual charges for each service. Your Explanation of Benefits can be several pages long.

P.O. Box 8738, Dayton, OH 45401-8738

Jane M. Doe  
123 Main St.  
Anytown, WV 34567-9999

**Member ID:** 123400000  
**Health Plan:** WV Marketplace  
**Payer ID:** WVCS1

**Your personal explanation of benefits statement.**

**This statement period:**  
1/1/2020 to 2/2/2020

**THIS IS NOT A BILL**

Page 1 of 8

**Payment Summary for Your Family's Health Care Claims this Period:**

<b>Total Billed Charges</b>	<b>\$110.50</b>
<b>Amount CareSource Paid</b>	<b>\$0.00</b>
Medical Costs	\$0
Prescription Costs	\$0
Hearing Benefit Costs	\$0
<b>Discounts*</b>	<b>\$60.50</b>
<b>Your Responsibility</b>	<b>\$50.00</b>
Medical Costs	\$40.00
Prescription Costs	\$10.00
Hearing Benefit Costs	\$0
Excluded Costs**	\$0.00

\*Discounts shown in this statement are for costs and charges CareSource has negotiated for you with doctors, pharmacists, hospitals and other providers. \*\*Excluded Costs represents the items or partial amounts that are not covered by your plan, or amounts from an out-of-network provider, which you may be responsible for paying.

Individual	Medical In-Network	Prescriptions	Hearing	Total
Jane	\$40.00	\$0	\$0	\$40.00
John	\$0	\$10.00	\$0	\$10.00
Jeremy	\$0	\$0	\$0	\$0
<b>Family Total †</b>	<b>\$40.00</b>	<b>\$10.00</b>	<b>\$0</b>	<b>\$50.00</b>

† Family totals are reflected above. Individual claims will be listed separately within this EOB.

AM-EXCM-0772 © 2018 CareSource  
Questions about your plan or this statement? Call 1-855-202-0622, or visit CareSource.com/marketplace.  
Urgent medical questions? Call CareSource24, our 24/7 Nurse Advice Line at 1-866-206-0701

*Explanation of Benefits Front Page – for Family Coverage*

**Your personal explanation of benefits statement.**

Page 2 of 8

**Plan Year-To-Date Summary**

**Payment Summary for Your Family's Health Care Claims this Plan Year**

<b>Total Billed Charges</b>	<b>\$110.50</b>
<b>Amount CareSource Paid</b>	<b>\$0</b>
Medical Costs	\$0
Prescription Costs	\$0
Hearing Benefit Costs	\$0
<b>Member Savings/ CareSource Discounts</b>	<b>\$60.50</b>
<b>Your Family Responsibility</b>	<b>\$50.00</b>
Medical Costs	\$40.00
Hearing Benefit Costs	\$0
Additional Costs*	\$0
Prescription Costs	\$10.00
Excluded Costs**	\$0

**Family Annual Maximums and Year-to-Date Spent**

Deductible \$1,000	Out of Pocket Maximum \$2,000
\$40	\$50

\*Additional costs represent costs that are accumulated for your deductible and out-of-pocket expenses. You will receive separate EOBs with claims details. \*\*Excluded Costs represents the items or partial amounts that are not covered by your plan, or amounts from an out-of-network provider, which you may be responsible for paying.

**Year-to-Date Deductible and Out of Pocket Responsibility by Plan Member**

Plan Name	Amounts Spent to Date	
	<b>Deductible*</b>	<b>Out-of-Pocket*</b>
<i>All Benefits (Medical Pharmacy, Hearing, Vision)</i>	Individual \$500 Family \$1,000	Individual \$1,000 Family \$2,000
Jane Doe	\$40.00	\$40.00
John Doe	\$0.00	\$10.00
Jeremy Doe	\$0.00	\$0.00

Individual member's totals are shown here in grey when the individual maximum has been met. \* When family combined spending meets the Deductible and/or Maximum Out-of-Pocket, the family is considered to have met the Deductible/Out-of-Pocket Maximum for the plan year and the column will be shown in grey. Your out of pocket spending for supplemental benefits may not count toward your yearly out of pocket maximum. This EOB includes the deductible and maximum out-of-pocket amounts accumulated for vision claims associated with Essential Health Benefits only. Claim detail for those and other claims are available on the separate EyeMed Explanation of Benefits. Each member's claims are detailed below.

AM-EXCM-0772 © 2018 CareSource  
Questions about your plan or this statement? Call 1-855-202-0622, or visit CareSource.com/marketplace.  
Urgent medical questions? Call CareSource24, our 24/7 Nurse Advice Line at 1-866-206-0701

*Explanation of Benefits – Page 2 for Family Coverage*



## WHERE TO GET CARE

Generally, you must receive care from a CareSource network provider. A network provider is a doctor, pharmacy, hospital, clinic or other health care provider contracted with CareSource to provide health care services to our members.

You can find network providers listed through our mobile app, through our ***Find a Doctor*** tool at **CareSource.com/marketplace** or you can request a printed Provider Directory for a listing of providers near you. You may also call Member Services and a representative will help find a network provider near you.

In order to have your health care services covered by CareSource, you must get them from a network provider, except as provided for in your plan Evidence Coverage. Please be sure to refer to your plan's Evidence of Coverage for details and exceptions to using a network provider.



### Primary Care Provider

Your main source of care should be your Primary Care Provider (PCP), also known as a doctor, a primary care physician, a physician, a health care provider, or just provider. Your PCP will get to know you, and can coordinate any additional or extra care you may need, such as testing, or physician specialist referrals. Your PCP should be familiar with your CareSource plan and what is covered, but it is always a good idea to check with your PCP or with CareSource to ensure a test, specialist or treatment is covered.

Going to the same PCP each time you need care will help your PCP get to know you and your needs. The more familiar your PCP is with you and your medical history, the better your PCP will be able to treat you. You can see any in-network PCP or provider that you like.

Selecting a PCP through your My CareSource account or the CareSource mobile app will let us know who your PCP is, and ensure that we are applying the right cost share amount to your claims. It will also allow us to communicate more effectively with your PCP about your care and important health alerts. You do not have to notify us if you change your PCP, and you can change as often as you like. If you want to change the PCP you have on record with us, it is easiest to change it through your My CareSource account.

To locate a PCP, specialist or other in-network provider, use our ***Find A Doctor*** tool available through **CareSource.com/marketplace** or on the CareSource mobile app. You may also call Member Services and they will help you locate a provider.





## CareSource24 Nurse Advice Line

Our CareSource24®, Nurse Advice Line is available 24 hours a day, 365 days a year. If you are injured or sick, call the CareSource24 number on the back of your ID card. A Registered Nurse will ask you questions and advise you: if care is needed, what kind of care, when it is needed and who should provide it. If the nurse refers you to MYidealDOCTOR for a telemedicine visit, you can be connected without making another phone call. CareSource24 services are available at no cost to you.

When you call CareSource24, a nurse can help you\*:

- Discuss care advice for an injury or illness
- Decide when to visit a health care provider, urgent care, or emergency room
- Understand a health condition
- Make a list of questions before visiting a health care provider
- Learn about medication side effects, generic substitutes, and drug-to-drug interactions

Call CareSource24 at **1-866-206-0701**.

*\* CareSource24 Registered Nurses do not provide care or treatment and cannot diagnose conditions. CareSource24 Registered Nurses provide you with general information about your health related questions. In the case of a true medical emergency, always call 911 first.*





## Telemedicine

You can speak with a doctor anytime using your phone or computer with Telemedicine! CareSource has partnered with MYidealDOCTOR to provide telemedicine services to all marketplace plan members. Telemedicine is not meant to replace your primary care provider, but to augment the care you get from your PCP. If you need to see a provider soon, but can't get an appointment quickly, or if your need is urgent but not an emergency, consider MYidealDOCTOR.

Getting care is easy. With one phone call, you can consult with a board certified physician, receive advice, and if necessary, have a prescription called in to a local pharmacy. MYidealDOCTOR is available 24 hours a day, 7 days a week. There are four easy ways to access MYidealDOCTOR, and you can use the CareSource app to do any of them.

- 1) Call 1-855-879-4332
- 2) Go online to [myidealdoctortelehealth.com](https://myidealdoctortelehealth.com)
- 3) Download the MYidealDOCTOR app to your phone
- 4) Use the CareSource mobile app

If it is your first visit, you will need to register using information on your CareSource ID card. Then enter the reason for your call. A doctor will call you back for your consultation, normally within 15 minutes.

This handy service is available 24/7/365 and can be used to treat many common health problems, like:

- Coughs/Colds/Flu
- Rashes
- Congestion/sinus infection
- And more
- Allergies

Best of all, a telemedicine consultation has the same copay as a PCP visit!

*MYidealDOCTOR is a trademark of MYidealDOCTOR, LLC.*



## Urgent Care Clinics

Urgent care clinics should be used for situations that require prompt attention, when you cannot get in to see your Primary Care Provider (PCP) quickly enough. You should also consider going to an urgent care clinic when you require a higher level of care than your PCP or local convenience care clinic can provide. If you aren't sure where to go for care, call our 24 hour Nurse Advice Line, CareSource24. The number is on the back of your ID card.

To find the nearest urgent care clinic, use our ***Find a Doctor*** online tool and look under "Clinic" for Type, then select Urgent Care/After Hours for the Specialty. You can call our Member Services department, or CareSource24 for help finding an urgent care. You can also call a clinic near you directly and ask them if they accept CareSource Marketplace plans.

## Hospital Emergency Room

A hospital emergency room visit should be reserved only for true emergencies. They are typically the most expensive course of action for you, and if your issue is not a true emergency, you may have to wait an extended time to get attention and your claim may not be covered. Some examples of when emergency services are needed include:

- Miscarriage/pregnancy with vaginal bleeding
- Severe chest pain
- Shortness of breath
- Loss of consciousness
- Seizures/convulsions
- Uncontrolled bleeding
- Severe vomiting
- Rape
- Major burns
- Drug overdose
- Psychosis

You do not have to contact CareSource for an OK before you get emergency services. If you have an emergency, call 911 or go to the nearest emergency room (ER) or other appropriate setting. If you are not sure whether you need to go to the emergency room, call your PCP or the CareSource24 Nurse Advice Line at **1-866-206-0701** (TTY: 1-800-982-8771 or 711). Your PCP or the CareSource24 Registered Nurse can talk to you about your medical problem and give you advice on what you should do.



### Remember, if you need emergency services:

- Go to the nearest hospital emergency room or other appropriate setting. Be sure to tell them that you are a CareSource member and show your ID card.
- If the provider treating you for an emergency takes care of your emergency but thinks you need other medical care to treat the problem that caused your emergency, then you or the provider must call CareSource.
- If you are able, call your PCP as soon as you can to let him or her know that you had a medical emergency, or have someone call for you. Call your PCP as soon as you can after the emergency to schedule any follow-up services.
- If the hospital has you stay (admits you to a room in the hospital), please make sure that CareSource is called within 24 hours.

**Please note:** The use of non-network hospitals for emergency services is a benefit of your plan, but will only be covered to the extent outlined in your Evidence of Coverage. Members that receive emergency services from non-network hospitals may be responsible for the balance of any charges that are not paid by CareSource. Please refer to your *Evidence of Coverage, Section 4 – Your Covered Services – Emergency Health Care Services*, for more information.

### When you are Outside of our Service Area

You may get sick or hurt while traveling outside of our service area. If this happens you can get medically necessary covered services for urgent or emergency care from a provider that is not in our network.

Prior to seeking urgent or emergency care, we encourage you to call your PCP or CareSource24 for guidance, but this is not required. You should get urgent care from the nearest and most appropriate health care provider. Urgent and emergency care is covered both in and out of our service area.

If you receive urgent or emergency care from a provider who is not a network provider, you may need to submit the bill you receive to CareSource with a claim form. You can get a member claim form online at **CareSource.com/marketplace**, on the Forms page under **Tools and Resources**, or by calling Member Services.





## CURRENT TREATMENT PLANS AND CONTINUITY OF CARE

Sometimes members who enroll in CareSource plans already have treatment or care planned. If the associated provider is not in our network, please contact us prior to obtaining that service. CareSource will be able to confirm if you qualify for a “Continuity of Care” exception to see an Out of Network provider. Note that these exceptions are limited to specific situations and will only be approved for certain timeframes. Services, outside of emergencies, obtained from an Out Of Network provider without prior approval will not be covered. See the Prior Authorization section of this handbook for more information.





## COVERED SERVICES

CareSource covers a wide range of services to help keep you healthy. They include:

- Primary care and specialty physician services
- Prescription drug coverage
- Outpatient services
- Hospitalizations
- Emergency services
- Maternity and newborn care
- Mental health and substance abuse treatment
- Preventive and wellness services
- Rehabilitative and habilitative services and devices
- Laboratory services
- Chronic disease management
- Covered clinical trials
- Podiatry care
- Pediatric dental and vision services
- Optional Adult Dental, Vision and Fitness Plans cover dental and routine vision services for adults, and provide access to fitness benefits

Please refer to your Evidence of Coverage (EOC) for more details and any limits that may apply.

Mental Health and Behavioral Health Specialists, like other specialists, do not require you to have a referral. However, you may want to work with your Primary Care Provider (PCP) in coordinating your care. If you need a list of Mental Health or Behavioral Health Specialists, you can use our Find a Doctor online tool, or contact Member Services.

### Preventive Care

Preventive care means making regular visits to your Primary Care Provider (PCP), even when you do not feel sick. Routine checkups, tests and screenings can help your doctor find and treat problems early before they become serious.

Preventive care services received from in-network providers are covered at no cost to you. These include screening mammograms, pap tests, vision and hearing screenings, as well as mental health screenings, like a depression screening.



Below are some of the preventive care screenings and exams recommended for men and women of different ages. To see the preventive care visits for children age two and under, visit **CareSource.com/marketplace** and choose **KidsHealth** under the **Education** menu.

## Preventive Care by Age

Recommended Activities	2-12*	Teens	20s	30s	40s	50s	60 & Older
Annual Physical Exam.	✓	✓	✓	✓	✓	✓	✓
Breast Cancer Screen (Women Only)					✓	✓	✓
Cholesterol Screen					✓	✓	✓
Diabetes Screen			✓ <sup>+</sup>	✓ <sup>+</sup>	✓	✓	✓
Dental Exam (covered for all Pediatric members and adults with optional Dental, Vision & Fitness plans)	✓	✓	✓	✓	✓	✓	✓
Eye Exam (covered for all Pediatric members and adults with optional Dental, Vision & Fitness plans)	✓	✓	✓	✓	✓	✓	✓
Chlamydia Screen (women only)			Under 25				
Cervical Cancer Screen (women only)			✓	✓	✓	✓	✓
Colon Cancer Screen						✓	✓
Lung Cancer Screen							✓
Flu Shot			✓	✓	✓	✓	✓
Pneumococcal Vaccine	✓	✓	✓	✓	✓	✓	✓
Shingles Vaccine						✓	✓
Td Vaccine (Tetanus, Diphtheria)			✓	✓	✓	✓	✓
Behavioral Assessment	✓	✓ <sup>**</sup>					
Anemia Screen	✓	✓					
Lead Screen	✓	✓					
Autism Screen	✓	✓					
Immunizations (ages 0-18)	✓	✓					
Hearing Screening	✓	✓				✓	✓

\* Children under the age of two should have regular physical exams every 2-3 months.

\*\* Tdap (Tetanus, Diphtheria, Pertussis) is recommended once for teens and older.

+ Recommended for those at higher risk. Consult with your Provider about getting this screening at an earlier age. Applicable cost-shares may apply to these screenings



## Routine Hearing Benefits

All CareSource members have access to hearing benefits and a hearing aid discount program. Members can have a routine hearing test at no charge, and then select from a variety of hearing aid devices at varying price points.

## Pediatric Dental and Vision

All CareSource marketplace plans cover pediatric dental and vision services and accidental/medical adult dental service. Pediatric vision services are covered through our EyeMed partnership, allowing us to offer one of the largest nationwide network of providers, covering annual eye exams, glasses contact lenses, and more. To find a provider, you can use our **Find A Doctor** tool, or call EyeMed directly at 1-833-337-3129.

Dental care providers can be found using our **Find A Doctor** tool on **CareSource.com**. Search for Dentistry as the specialty to locate a provider near you.

## Optional Adult Dental, Vision and Fitness Benefits

If you chose our Adult Dental, Vision and Fitness Plan, adult members gain access to:

1. An annual routine eye exam
2. An annual allowance for eyewear (glasses or contacts)
3. Two dental checkups each year
4. An annual allowance for routine, basic and major dental services
5. Access to a network of gyms (see Active&Fit Program section for more details)
6. Additional services and benefits

See your EOC and Schedule of Benefits for your cost sharing amounts and more details, or call Member Services for more information.

To find a provider for routine vision services you can use our **Find A Doctor** tool, or call EyeMed directly at 1-833-337-3129.

Dental care providers can be found using our **Find A Doctor** tool on **CareSource.com**. Search for “Dentistry” as the specialty to locate a provider near you.



## The Active&Fit Program

### ***Now at NO COST to Members with Adult Dental, Vision, and Fitness Plans***

Another advantage of choosing a CareSource plan with Adult Dental, Vision, and Fitness coverage is that adults 18 and over can participate in the Active&Fit® program at no cost. The Active&Fit program allows members to join a network of participating fitness centers, or choose the Active&Fit Home Fitness program and receive up to two home fitness kits each benefit year, all at no cost to you! Members with wearable fitness devices can track their progress on the Active&Fit website. Visit [www.ActiveandFit.com](http://www.ActiveandFit.com) to learn more about this great no cost fitness membership program.

*The Active&Fit program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). Active&Fit is federally registered trademarks of ASH and used with permission herein.*

## Prescription Drugs

We want to make sure you get the safest, most cost-effective drugs for your needs. CareSource uses a Marketplace Drug Formulary, also known as a Formulary. Drugs are categorized into tiers that represent different cost-sharing amounts. To learn more about how to use our Formulary, look in the introduction section of the document. The Formulary can be found on the Pharmacy pages of our website. If you do not have access to the Internet, please call Member Services for assistance.

Some drugs may have limits on how much can be dispensed to you at one time (called quantity or dosing limits). You may need to try one drug before taking another (called step therapy).

We may also require your provider to submit clinical information to us to explain why a specific drug is being used (called clinical prior authorization). These are called Utilization Management reviews. We must approve the request before you can get the drug. These requirements help limit misuse and abuse, and ensure you get the most appropriate drugs.

Drugs not listed on the Formulary are generally not covered without the prior approval of an exceptions request.

Your provider can help you get an exception, or you can submit an electronic Member Exception Request at [CareSource.com/marketplace](http://CareSource.com/marketplace), on the Forms page under **Tools and Resources**.

To find out which drugs are on the Formulary, which tier they are in, and whether they require Utilization Management review, you can:

- Use our search tool, **Find My Prescriptions** under **Tools and Resources**. After you select your plan, you can search by drug name (generic or brand). This tool will confirm coverage, if prior approval is needed, and your cost.
- Look at the full list on our website. You can find the Formulary on the Pharmacy page under **Plans**.
- Call our Member Services department and ask for help with your prescriptions.





## Network Pharmacies

In order to have your prescriptions covered by CareSource, you must get them filled at a pharmacy in our network. Our network includes many major plus many smaller pharmacies. We also have mail-order pharmacies in our network. To see a full list of network pharmacies, go to our ***Find A Doctor*** tool at **CareSource.com/marketplace**.

## Medication Therapy Management

At CareSource, we know the impact that proper medication use can have on your health. That's why we have a Medication Therapy Management (MTM) program for our members. This program can help you learn about your medications, prevent or address medication-related problems, decrease costs, and stick to your treatment plan.

The MTM program may be available from your local pharmacists if they have chosen to take part. In many cases, a pharmacist will reach out to you and ask if you are interested in learning more about your medications. They ask because they want to help you. Through this program, your local pharmacist may get alerts and information about your medications and decide if you may need extra attention. They offer ways to help you with your medications and how to take them the right way. They will also work with your provider and others to address your needs and improve how you use your medications. The pharmacist may ask to schedule time with you to go over all of your medications, including any pills, creams, eye drops, herbals or over-the-counter items.

This service and the pharmacist's help and information are all part of being a CareSource member and are available at no cost to you.

## MTM Benefits to Members and Health Partners

- Improves safe use of medications
- Provides better coordination of care with all your providers and other caregivers
- Gives you more information about your medications and how to use them correctly
- Adds another person to help you with your overall health care



## Services that Require a Prior Authorization

CareSource keeps track of the services you get from health care providers. We discuss some services with your providers before you get them. We do this to make sure the services are appropriate and necessary.

Your doctor will assist you in getting a prior authorization from us for services that need one. For example, some procedures and most inpatient hospital stays require a prior authorization.

Except in emergencies, call Member Services before getting these services from any provider:

- Transplants (like kidney or bone marrow)
- Any surgery
- Cancer care
- Care after a hospital stay within the last 30 days
- Medical equipment
- Home health services

You do not need to call if the provider is in the CareSource Marketplace network *and* the planned services do not need a prior authorization.

Many services do not need a prior authorization. You do not need a prior authorization to see your PCP or most in-network specialists. You do not need a prior authorization for lab work, X-rays or many outpatient services either, as long as the provider is in our network. Your provider will tell you when you need these, but you are responsible to ensure that you receive these types of care from an in-network provider.

A list of the services that require prior authorization is available through your My CareSource account and on **CareSource.com**. Hover over **Plans**, select **Plan Documents** under **Marketplace**. Pick your state, then **General Plan Information** from the menu or from the **Quick Links** menu. Your Evidence of Coverage also contains information about prior authorizations.





## ADDED BENEFITS

### MyHealth

All CareSource members over the age of 18 can use our new **MyHealth** tool on **MyCareSource.com** to explore healthy living tips and suggestions.

What does good health mean to you? Have you ever asked yourself “How healthy am I?” or “Could I be healthier?” CareSource may have the answers to your questions.

Now you can take a FREE online health risk assessment (HRA) that will help you understand how you can be healthier. It’s quick and easy to take. Sign in to your My CareSource account, and click the **Health** tab at the top of the screen. Then click **Start** next to Health Risk Assessment under Assessments.

When you finish, you’ll get your personal health score and a plan to help you live a healthier life. You can also set up your own account page, build a profile and set goals and preferences.

### myStrength

Take charge of your mental health and try our wellness tool called myStrength. This is a safe and secure tool designed just for you. It offers personalized support to help improve your mood, mind, body and spirit. You can access it online or on your mobile device at no cost to you. The myStrength program offers online learning, empowering self-help tools, wellness resources and inspirational quotes and articles.

You can access myStrength through your MyCareSource.com account, or by going to <https://www.mystrength.com/r/caresource> for more information and to sign-up. Complete the myStrength sign-up process and personal profile to get started. You can also download the myStrength app for iOS and Android devices at [www.mystrength.com/mobile](http://www.mystrength.com/mobile) and sign in using your existing myStrength login email and password.

### MyResources

*Do you desire help with social needs?* Use CareSource’s MyResources tool to connect with local low-cost and no-cost community programs and services. You can find it on your personal **MyCareSource.com** account page.

MyResources is for those times in life when you may be struggling with something other than your physical or mental health.



Find resources for help with:

- Food
- Shelter
- Health care
- Work
- Financial assistance
- And more

We have programs serving every zip code, from small towns to large cities, with more being added each day.

You can also call CareSource Member Services to help you locate resources near you.

## Express Banking

Your financial health can play a part in your overall health and wellness. Express Banking® is a bank account from Fifth Third Bank with no monthly service charge, no balance requirement, no overdraft fees and a debit card for purchases. Visit [53.com/CareSource](https://53.com/CareSource) for more information.

*Express Banking is provided by Fifth Third Bank.*

## Care Management and Outreach Services

CareSource offers Care Management services that are available to children and adults with special health care needs.

We have registered nurses, social workers and other outreach workers. They can work with you one-on-one to help coordinate your health care needs. These needs may include finding appropriate community resources.

We may contact you if:

- Your doctor requests it
- You request a phone call
- Our staff feels their services would be helpful to you or your family



CareSource offers Care Management for conditions that include, but are not limited to:

- Asthma
- Chronic obstructive pulmonary disease
- Heart failure
- Coronary artery disease
- Diabetes
- Depression
- High blood pressure
- Bipolar disease
- Pain management
- Controlled substance usage management
- High-risk pregnancy
- Emergency department usage management

CareSource staff may ask you questions to learn more about your health. Our staff will give you information to help you understand how to care for yourself and access services, including local resources.

Our staff will talk to your PCP and other service providers to make sure you receive coordinated care. You may also have other medical conditions that our Care Managers can help you with.

Please call us if you have any questions about Care Management or feel that you would benefit from Care Management services. We are happy to assist you. You may also call us if you want to opt-out or stop participating in Care Management services. You can reach Care Management Support Services at **1-855-202-0622**.

## Care Transitions

CareSource offers a program designed to assist you and/or your family members upon discharge from the hospital.

The goals of the program are to:

- Answer any questions you may have related to discharge
- Ensure that you and/or your family members understand your medications and answer any questions related to your medications
- Help coordinate your PCP and/or specialist appointments
- Help coordinate your or your family's needs when home

If you or your family member needs assistance with discharge from the hospital, call Member Services and ask for a member of the Care Transitions team.





## Disease Management

CareSource offers a free Disease Management program that can help you learn about your health and how you can better manage your specific health conditions such as asthma, diabetes or high blood pressure. Our goal is to make sure you have the right tools to stay as healthy as possible.

We may receive information from your doctor, pharmacy or other health care source, letting us know that you would benefit from this program. We will send you materials related to your health condition along with tips for use in the online MyHealth tool.

The goals of our programs include:

- Helping you understand how to take good care of yourself
- Helping you adopt a healthy lifestyle
- Working with your doctor to reach your health goals

If you would like additional information on these conditions or you would like to opt-out of a program, please call **1-844-438-9498**. We are committed to improving the health and wellness of our members.





## UTILIZATION MANAGEMENT (UM)

Utilization Management (UM) is when CareSource reviews a request for certain health care services either before, during, or after service. We will review the request for the medical necessity, efficiency or appropriateness of health care services and treatment that our members receive.

### Access to Utilization Management Staff

- CareSource staff is available from 8 a.m. to 5 p.m. Eastern Standard Time (EST) during normal business hours for calls about Utilization Management (UM) issues. Call Member Services and ask to speak to someone in the Utilization Management department.
- If you do not speak English, Member Services can also provide you with interpreter services.
- For assistance with UM issues outside of normal business hours, you may leave a voicemail message.
- You can also contact us electronically through our website. Visit the **CareSource.com** homepage and click **About Us**, then **Contact Us**, to access the “Tell Us” form.
- Voicemails or emails received after normal business hours are returned on the next business day and communications received after midnight on Monday through Friday are responded to on the same business day.
- Staff are identified by name, title, and organization name when initiating or returning calls regarding UM issues.

CareSource uses current clinical information and generally accepted guidelines to guide clinical decision making. We do not give rewards to health partners or employees for not providing services to you, and we do not encourage or reward health care decisions that could reduce services to members.

CareSource does not give incentives to health partners to put up any barriers to your care. We also do not allow any staff member or representative of CareSource to make hiring, promotion or termination decisions about health partners or others based on any likelihood that they will support denying benefits and services to members.



## Review of New Technology

CareSource will review any requests for newly developed technology or services that are not currently covered by your plan. This includes newly developed:

- Health care services
- Medical devices
- Therapies
- Treatment options

Coverage is based on one or more of the following:

- Health Insurance Marketplace rules
- External technology assessment guidelines
- Food and Drug Administration (FDA) approval
- Medical literature recommendations





## PLANNING AHEAD

### Advance Directives

You have the right to make Advance Directives. You sign these documents now in case you are not able to make your own health care decisions in the future.

Advance Directives are used if you become unable to communicate because of an illness or injury. They let your doctor and others know your wishes concerning future medical care. You can also use them to give someone you trust the right to make decisions for you if you are not able. You sign them while you are still healthy and able to make such decisions.

We do not put any limits on your right to have an Advance Directive under state law. Contact your attorney or local legal aid service for more information on Advance Directives\*. You can learn more about Advance Directives on our website at **CareSource.com**.

*\* Please Note: This is not legal advice and is provided for general information purposes only.*

### Mental Health Treatment Directive

You may also state your specific preferences regarding the mental health treatment that you may or may not wish to receive in the event you become unable to make your own decisions. For example, you may want to only be treated at a certain facility or only be given certain medications.

For more information on how you can state your preferences on the mental health treatment you wish to receive, please visit **CareSource.com**. Contact your attorney or local legal aid service for more information on mental health treatment directives\*.

*\* Please Note: This is not legal advice and is provided for general information purposes only.*

## GUARDIANSHIP

### What is a Guardian?

A guardian is a person appointed by a court to be legally responsible for another person.

### When Will a Guardian be Appointed?

A court will usually appoint a guardian to manage the personal affairs of an adult who can no longer make safe and sound decisions by themselves due to legal or mental incapacity. A minor may also have a guardian appointed by a court in certain situations.





## How do I Obtain a Guardianship?

Only a court may appoint a guardian. The court that usually appoints a guardian is your local probate court, although this may be different depending on where you live. Contact your local court, a local attorney or local legal aid service for more information on guardianship\*.

If you obtain a guardianship for a CareSource member, please send a copy of the court documents to the CareSource Privacy Office so that it may be added to the member's record. See the *Privacy Notice Statement* section in this handbook for the address and contact information for the Privacy Office.

*\* Please Note: This is not legal advice and is provided for general information purposes only.*

## FRAUD, WASTE AND ABUSE

CareSource has a program designed to handle cases of health care fraud. Providers or members can commit fraud. We monitor and take action on any member or provider fraud, waste and abuse. Some examples are:

### Provider Fraud, Waste and Abuse

- Prescribing drugs, equipment or services that are not medically necessary
- Scheduling more frequent return visits than are medically necessary
- Billing for tests or services not provided to you
- Billing for more expensive services than provided

### Member Fraud, Waste and Abuse

- Sharing or misusing your CareSource ID card with another person
- Selling prescribed drugs or other medical equipment paid for by CareSource to others
- Submitting false information
- Forging a doctor's signature on prescriptions, etc.
- Providing inaccurate symptoms and other information to providers to get treatment, drugs, etc.





## Pharmacy Fraud, Waste and Abuse

- Providing drugs that are not dispensed according to the prescription order
- Giving you a generic drug and sending in a claim for a more expensive brand-name drug
- Giving you less than the prescribed drug amount without telling you and without giving you the rest of the amount you should receive

## If You Suspect Fraud, Waste or Abuse

If you think a provider or a CareSource member is committing fraud, waste or abuse, you can report your concerns to us by:

- Calling us at **1-855-202-0622** (TTY/TDD: 1-800-982-8771 or 711) and selecting the menu option for reporting fraud. **Our Fraud, Waste and Abuse hotline is available 24 hours a day.**
- Visiting our website at **CareSource.com**, completing the Fraud, Waste and Abuse Reporting Form and mailing it to the address shown.
- Sending us a letter addressed to:

CareSource  
Attn: Special Investigations Unit  
P.O. Box 1940  
Dayton, OH 45401

You do not have to give us your name when you write or call. There are other ways you may contact us that are not anonymous. If you are not concerned about giving your name, then you may also use one of the following means to contact us:

- Fraud email: **fraud@CareSource.com**
- Fraud fax: **1-800-418-0248**

When you report fraud, waste or abuse, please give us as many details as you can, including names and phone numbers. You may remain anonymous, but if you do, we will not be able to call you back for more information. Your report will be kept confidential to the extent permitted by law.



# QUALITY IMPROVEMENT PROGRAM

## Program Purpose

Your care means a lot to us. CareSource continually reviews the quality of care and service offered to our members. We put programs in place to improve how we work internally, provide health care services to members, and help members with their health.

Our Quality Improvement Program receives a written evaluation each year. This helps determine how well our Quality Improvement activities are working. A cross-functional team participates in the evaluation process.

In 2015, CareSource (then known as CareSource Just4Me™) was awarded an accreditation status of Accredited by the National Committee for Quality Assurance (NCQA®). This accreditation status shows our commitment to service and clinical quality that meets or exceeds requirements for consumer protection and quality improvement.

## Program Scope

CareSource supports an active, ongoing, and comprehensive Quality Improvement Program.

The Quality Improvement Program will:

- Advocate for members
- Meet member access and availability needs for physical and behavioral health care
- Demonstrate enhanced care coordination and continuity for members across settings
- Meet members' cultural and language needs
- Monitor important aspects of care to ensure the safety of members across health care settings
- Determine provider adherence to clinical practice guidelines
- Support member self-management efforts
- Work collaboratively with network partners, practitioners, regulatory agencies, and community agencies
- Develop interventions that improve and support members' acute and chronic health conditions and complex needs
- Develop interventions that enrich member and health partner experiences and overall satisfaction
- Ensure regulatory and accrediting agency compliance



## Quality Measures

CareSource uses an annual member survey, *Qualified Health Plan Enrollee Experience*, to find out how our members feel about the quality of the health care they receive. You might receive a request to complete this survey. Your experiences and opinions are important to us. Please complete and return the survey promptly.

This is a quality survey overseen by the United States Department of Health and Human Services—Agency for Healthcare Research and Quality (AHRQ). Potential measures for the Health Insurance Marketplace include:

- Customer Service
- Getting Care Quickly
- Getting Needed Care
- How Well Doctors Communicate
- Ratings of All Health Care, Health Plan, Personal Doctor, Specialist

We continually assess the quality of care and services offered to you. We use an objective monitoring and evaluation system to create programs that will improve your health outcomes.

CareSource uses the Healthcare Effectiveness Data and Information Set (HEDIS®) to measure the quality of care delivered to members. HEDIS is one of the most widely used means of health care measurement in the United States. HEDIS is developed and maintained by The National Committee for Quality Assurance (NCQA).

The HEDIS tool is used by America's health plans to measure important dimensions of care and service, and allows for comparisons across health plans in meeting state and federal performance measures and national HEDIS benchmarks. HEDIS measures evidence-based care and addresses the most pressing areas of care. Potential quality measures for the Health Insurance Marketplace include:

- Wellness and Prevention
  - Preventive Screenings (breast cancer, cervical cancer, chlamydia)
  - Well-child care
- Chronic Disease Management
  - Comprehensive diabetes care
  - Controlling high blood pressure
- Behavioral Health
  - Follow-up after hospitalization for mental illness
  - Antidepressant medication management
  - Follow-up for children prescribed adhd medication



- Safety
  - Use of Imaging Studies for Low Back Pain

*HEDIS® and NCQA® are registered trademarks of the National Committee for Quality Assurance.*

*CMS evaluates qualified health plans (QHPs offered through the Marketplace using QHP Enrollee Survey response data. QHP issuers contract with HHS-approved survey vendors that independently conduct the survey each year. QHP Enrollee Survey results may change from one year to the next. For more information, please see CMS' Health Insurance Marketplace Quality Initiatives website at: [http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Quality InitiativesGenInfo/Health-Insurance-Marketplace-Quality-Initiatives.html](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Quality%20InitiativesGenInfo/Health-Insurance-Marketplace-Quality-Initiatives.html)*

## Clinical Practice and Preventive Guidelines

Your health is important. That's why CareSource uses and promotes preventive and clinical guidelines to help guide the care offered to our members.

Health information and clinical practice guidelines are made available to CareSource members through member newsletters, the CareSource member website, or upon request. Preventive Guidelines and health links are available to members and providers on the website or in print.

Preventive and Clinical Guidelines are reviewed at least every two years, and are updated as necessary. Updated guidelines are then presented to the CareSource Quality Enterprise Committee.

Topics for guidelines are identified by analyzing CareSource member data. Guidelines may include, but are not limited to:

- Behavioral Health (i.e., depression)
- Adult Health (i.e., hypertension, diabetes)
- Child/Adolescent Health (i.e., immunizations)
- Population Health (i.e., obesity, tobacco cessation)





## GRIEVANCES AND APPEALS

We hope you will be happy with CareSource and the service we provide. If you are unhappy with anything about CareSource or our providers, let us know as soon as possible. Even if you do not agree with a decision we have made, please contact us.

You can find out more about how to file an appeal or a grievance by visiting **CareSource.com/marketplace**, by calling Member Services or by reviewing your *Evidence of Coverage*.

## MEMBER RIGHTS AND RESPONSIBILITIES

### You have the right to:

- Receive information about CareSource, our services, our network providers, and member rights and responsibilities.
- Be treated with respect and dignity by CareSource personnel, network providers and other health care professionals.
- Privacy and confidentiality for treatments, tests and procedures you receive.
- Participate with your provider in making decisions about your health care.
- Candidly discuss with your provider the appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage.
- Voice complaints or appeals about the plan or the care it provides.
- Make recommendations regarding the plan's Member Rights and Responsibilities policy.
- Choose an Advance Directive to designate the kind of care you wish to receive should you be unable to express your wishes.
- Be able to get a second opinion from a qualified network provider. If a qualified network provider is not able to see you, then CareSource will set up a visit with a provider not in our network.





**You have the responsibility to:**

- Provide information needed, to the extent possible, in order to receive care.
- Follow the plans and instructions for care that you have agreed to with your providers.
- Understand your health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible.
- Be enrolled and pay any required premiums.
- Report any suspicion of fraud, waste and abuse using the reporting mechanisms located in this handbook.
- Pay an annual deductible, copayments and coinsurance.
- Pay the cost of limited and excluded services.
- Choose network providers and network pharmacies.
- Show your ID card to make sure you receive full benefits under the plan.

## PRIVACY NOTICE STATEMENT

**This notice describes how health information about you may be used and given out. It also tells how you can get this information.** Please review it carefully. We will refer to ourselves simply as “CareSource” in this notice.

### Your Rights

**When it comes to your health information, you have certain rights:**

Get a copy of your health and claims records

- You can ask to see or get a copy of your health and claims records. You can also get other health information we have about you. Ask us how to do this.
- We will give you a copy or a summary of your health and claims records. We often do this within 30 days of your request. We may charge a fair, cost-based fee.

Ask us to fix health and claims records

- You can ask us to fix your health and claims records if you think they are wrong or not complete. Ask us how to do this.
- We may say “no” to your request. If we do, then we will tell you why in writing within 60 days.



#### Ask for private communications

- You can ask us to contact you in a specific way, such as home or office phone. You can ask us to send mail to a different address.
- We will think about all fair requests. We must say “yes” if you tell us you would be in danger if we do not.

#### Ask us to limit what we use or share

- You can ask us not to use or share certain health information for care, payment or our operations.
- We do not have to agree to your request. We may say “no” if it would affect your care or for certain other reasons.

#### Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we have shared your health information. This is limited to six years before the date you ask. You may ask who we shared it with, and why.
- We will include all the disclosures except for those about:
  - care,
  - payment(s),
  - health care operations, and
  - certain other disclosures (such as any you asked us to make).
- We will give you one list each year for free. If you ask for another within 12 months, we will charge a fair, cost-based fee.

#### Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time. You can ask even if you have agreed to get the notice electronically. We will give you a paper copy promptly.

#### Give CareSource consent to speak to someone on your behalf

- You can give CareSource consent to talk about your health information with someone else on your behalf.
- If you have a legal guardian, then that person can use your rights and make choices about your health information. CareSource will give out health information to your legal guardian. We will make sure a legal guardian has this right and can act for you before we take any action.



File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us. Use the information at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights. You can send a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, call 1-877-696-6775, or visit [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not take action against you for filing a complaint. We may not require you to give up your right to file a complaint as a condition of:
  - care,
  - payment,
  - enrollment in a health plan, or
  - eligibility for benefits.

## Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear choice for how we share your information in the situations described below, talk to us. Tell us what you want us to do. We will follow your instructions.

**In these cases, you have both the right and choice to tell us to:**

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

*If you are not able to tell us your choice, such as if you are unconscious, we may go ahead and share your information. We may share it if we believe it is in your best interest. We may also share your information when needed to lessen a serious and close threat to health or safety.*

**In these cases we often cannot share your information unless you give us written consent:**

- Marketing purposes
- Sale of your information
- Disclosure of psychotherapy notes



## Consent to Share Health Information

CareSource shares your health information, including Sensitive Health Information (SHI). SHI can be information related to drug and/or alcohol treatment, genetic testing results, HIV/AIDS, mental health, sexually transmitted diseases (STD), or communicable/other diseases that are a danger to your health. This information is shared to handle your care and treatment or to help with benefits. This information is shared with your past, current, and future treating providers. It is also shared with Health Information Exchanges (HIE). An HIE lets providers view information that CareSource has about members. You have the right to tell CareSource you do not want your health information (including SHI) shared. If you do not agree to share your health information, it will not be shared with providers to handle your care and treatment or to help with benefits. It will be shared with the provider who treats you for the specific SHI. If you do not approve sharing, all providers helping care for you may not be able to manage your care as well as they could if you did approve sharing.

## Other Uses and Disclosures

To help you get health care treatment.

- We can use your health information and share it with experts who are treating you.  
**Example:** A provider sends us information about your diagnosis and care plan so we can arrange more care.

To run our company.

- We can use and give out your information to run our company and contact you when needed.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage.
- We may use or share your health information to run our company.  
**Example:** We may use your information to review and improve the quality of health care you and others get. We may give your health information to outside groups so they can assist us with our business. Such outside groups include lawyers, accountants, consultants and others. We require them to keep your health information private, too.

To pay for your health care.

- We can use and give out your health information as we pay for your health care.  
**Example:** We share information about you with your dental plan to arrange payment for your dental work.



**How else can we use or share your health information?** We are allowed or required to share your information in other ways. These ways are often to help the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these reasons. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html)

To help with public health and safety issues

- We can share health information about you for certain reasons such as:
  - Preventing disease
  - Helping with product recalls
  - Reporting harmful reactions to drugs
  - Reporting suspected abuse, neglect, or domestic violence
  - Preventing or reducing a serious threat to anyone's health or safety

To do research

- We can use or share your information for health research. We can do this as long as certain privacy rules are met.

To obey the law

- We will share information about you if state or federal laws require it. This includes the Department of Health and Human Services if it wants to see that we are obeying federal privacy laws.

To respond to organ and tissue donation requests and work with a medical examiner or funeral director.

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner or funeral director when a person dies.

To address workers' compensation, law enforcement and other government requests. We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities allowed by law
- For special government functions such as military, national security and presidential protective services

To respond to lawsuits and legal actions.

- We can share health information about you in response to a court or administrative order, or in response to a court order.

We may also make a collection of "de-identified" information that cannot be traced back to you.



## Our Responsibilities

We protect our members' health information in many ways. This includes information that is written, spoken or available online using a computer.

- CareSource employees are trained on how to protect member information.
- Member information is spoken in a way so that it is not inappropriately overheard.
- CareSource makes sure that computers used by employees are safe by using firewalls and passwords.
- CareSource limits who can access member health information. We make sure that only those employees with a business reason to access information use and share that information.
- We are required by law to keep the privacy and security of your protected health information and to give you a copy of this notice.
- We will let you know quickly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice. We must give you a copy of it.
- We will not use or share your information other than as listed here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

### Effective date and changes to the terms of this notice.

The original Privacy notice was effective April 14, 2003, and this version was effective June 13, 2018. We must follow the terms of this notice as long as it is in effect. If needed, we can change the notice and the new one would apply to all health information we keep. If this happens, the new notice will be available upon request and will be posted on our web site. You can also ask for a paper copy of our notice at any time by mailing a request to the CareSource Privacy Officer.

### The CareSource Privacy Officer can be reached by:

Mail: CareSource  
Attn: Privacy Officer  
P.O. Box 8738  
Dayton, OH 45401-8738

Email: [HIPAAPrivacyOfficer@caresource.com](mailto:HIPAAPrivacyOfficer@caresource.com)

Phone: **1-855-202-0622**, ext. 12023 (TTY/TDD: 1-800-982-8771 or 711)





## Member Consent/HIPAA Authorization Form

This form lets CareSource Management Group Co. and its affiliated health plans ("CareSource"), share your health information as described below. All of this form must be filled out. Mail or fax it to the address listed at the end of this form. Or, you may choose to fill out this form online at [www.caresource.com](http://www.caresource.com).

### Section 1: Member Information

Member Last Name	MI	Member First Name	Member Date of Birth	
Member Street Address	City		State	Zip Code
Member Home Phone	Member Cell Phone		Member ID Number (Found on Plan ID Card)	
<i>By giving your cell phone number, you are saying that CareSource may use it to contact you.</i>				

### Section 2: Consent to Share Health Information

The CareSource policy is to share your health information. This includes Sensitive Health Information (SHI). SHI can be information related to drug and/or alcohol treatment, genetic testing results, HIV/AIDS, mental health, sexually transmitted diseases (STD), or communicable/other diseases that are a danger to your health. This information is shared to handle your care and treatment or to help with benefits. This info is shared with your past, current, and future treating providers. It also is shared with Health Information Exchanges (HIE). An HIE lets providers view health information that CareSource has about members. You have the right to ask for a list of everyone who was given your health information by CareSource.

If you do not want your health information (including SHI) to be shared for treatment, to manage your care and help with benefits, check here: ☐

If you check the box above, none of your health information (including SHI) will be shared. It will not be shared with your providers. (It will be shared with the provider who treats you for the specific SHI.) If you do not approve sharing, all providers helping care for you may not be able to manage your care as well as if they could if you did approve sharing.

### Section 3: Representative Designation

If you would like to name someone that CareSource may speak to on your behalf, please fill out this section. CareSource will share all of your health information with the person you name. If you name a group, like a law firm, the group is called an entity. Please give the entity's info and the name of a contact person at the entity.

Last Name	First Name	MI	Entity Name (if law firm or other entity)
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Street Address	City	State	Zip Code
Home Phone		Cell Phone	

#### Section 4: Review and Approval

##### By signing my name, I agree:

To let CareSource share my health information as marked in Sections 2 and/or 3. I agree that signing this form is my choice. I agree the information shared may be subject to being shared again by the person or entity receiving it. After that it may no longer be protected by federal privacy laws. Substance use disorder information from specific treatment programs (42 CFR Part 2), may be kept private and not allowed to be shared again without my permission. I agree this form is not making a Health Care Power of Attorney. I agree that I may cancel this permission at any time. To cancel permission, I must send a written letter to CareSource. I can send the letter to the address at the bottom of this form. I can also fax it to the number at the bottom of this form. Or, I may cancel my permission on [www.caresource.com](http://www.caresource.com). I agree that if I cancel this permission, it will not change any actions CareSource took before I cancelled permission. I agree that my treatment, payment, enrollment or eligibility for benefits do not depend on whether I sign this form. ***Please sign below.***

Member/Minor Member's Parent Signature or Designated Legal Representative Signature*:		Date:	
Date this Permission Ends:			
<i>If no date given, the permission will remain on your record unless/until you ask us to cancel it. For minor members, it will end on their 18<sup>th</sup> birthday.</i>			
<i>*If signed by someone other than the member/minor member's parent, that person must be a designated legal representative. A designated legal representative is someone who has been given the authority to act on the behalf of the member. If you have not already done so, you must provide a copy of the Power of Attorney or court papers that prove the person is a designated legal representative. Also complete these fields:</i>			
Legal Representative (print full name)	Legal Relationship to Member, e.g., Power of Attorney, Court-Appointed Guardian or Custodian:		
Legal Representative's street address	City	State	Zip code

***Please send your completed form to:***

CareSource/ Attn: Privacy Office, P.O. Box 8738, Dayton, OH 45401-8738, **or**,  
Fax it to 1-833-334-4722, **or**,  
you may choose to fill out this form online at [www.caresource.com](http://www.caresource.com).



## WORD MEANINGS

**Annual Deductible** means the amount you must pay for covered services in a benefit year before we will begin paying for certain benefits in that benefit year. Copayments do not count toward the annual deductible. Network benefits for defined preventive health care services are never subject to payment of the annual deductible.

**Annual Out-of-Pocket Maximum** means the maximum amount you pay in a benefit year relating to obtaining benefits. When you reach the annual out-of-pocket maximum, benefits for covered services that apply to the annual out-of-pocket maximum are payable at 100% of eligible expenses during the rest of the benefit year. Payments toward the annual deductible, copayments and coinsurance for covered services will apply to your annual out-of-pocket maximum, unless otherwise noted below.

The following costs will never apply to the annual out-of-pocket maximum:

- Any charges for services that are not covered services;
- Copayments and coinsurance amounts for covered services available by an optional rider/enhancement, unless specifically stated otherwise in the rider/enhancement; and
- Copayments and coinsurance for adult dental, vision and fitness benefits or any other optional rider/enhancement.

Even when the annual out-of-pocket maximum has been reached, you will still be required to pay:

- Any charges for non-covered services;
- Charges that exceed eligible expenses;
- Copayments and coinsurance amounts for covered services available by an optional rider/enhancement, unless specifically stated otherwise in the rider/enhancement; and
- The amount of any benefits if you do not obtain authorization from us when required to do so under the terms of the plan.

**Coinsurance** means the charge, stated as a percentage of eligible expenses, that you are required to pay for certain covered services after the annual deductible is satisfied and until you reach your annual out-of-pocket maximum.

**Copayment** means the charge, stated as a flat dollar amount, that you are required to pay for certain covered services.



**Covered Services** means those health care services that are (1) covered by a specific benefit provision of the plan; (2) not excluded under the plan; and (3) determined to be medically necessary per the plan's medical policies and nationally recognized guidelines; and that we determine to be all of the following: provided for the purpose of preventing, diagnosing, or treating a sickness, injury, behavioral health disorder, substance use disorder, or their symptoms; consistent with nationally recognized scientific evidence, as available, and prevailing medical standards and clinical guidelines, as described below; and not provided for the convenience of you, a Provider, or any other person.

*In applying the above definition, "scientific evidence" and "prevailing medical standards and clinical guidelines" have the following meanings: "Scientific evidence" means the results of controlled clinical trials or other studies published in peer-reviewed, medical literature generally recognized by the relevant medical specialty community. "Prevailing medical standards and clinical guidelines" means nationally recognized professional standards of care including, but not limited to, national consensus statements, nationally recognized clinical guidelines, and national specialty society guidelines.*

**Evidence of Coverage (EOC)** means the important legal document that describes the relationship between you and CareSource. It serves as your contract with CareSource and it describes your rights, responsibilities, and obligations as a covered person under the plan. The EOC, including the Schedule of Benefits (SB), also tells you how the plan works and describes the covered services you and your dependents are entitled to, any conditions and limits related to covered services, the health care services that are not covered by the plan, and the annual deductible, copayments, and coinsurance you must pay when you receive covered services.

**Explanation of Benefits (EOB)** means the statement you may receive from CareSource that shows what health care services were billed to CareSource and how they were paid. An EOB is not a bill.

**Member** has the same meaning as covered person. Covered person means an individual, including you, who is properly enrolled under the plan.

**Network Provider** means a provider who has entered into a contractual arrangement with us or is being used by us, or another organization that has an agreement with us, to provide certain covered services or certain administration functions for the network associated with this EOC. A network provider may also be a non-network provider for other services or products that are not covered by the contractual arrangement with us as covered services. In order for a pharmacy to be a network provider, it must have entered into an agreement with the pharmacy benefit manager (PBM) to dispense prescription drugs to covered persons, agreed to accept specified reimbursement rates for prescription drugs, and been designated by the PBM as a network pharmacy.

**Plan** means CareSource.



**Premium** means the periodic fee required for each member, in accordance with the terms of the plan.

**Marketplace Drug Formulary** means a list that categorizes into tiers medications and products that have been approved by the U.S. Food and Drug Administration. This list is subject to periodic review and modification . You can find out which tier a particular prescription drug has been assigned to by contacting CareSource Member Services at the toll-free number on your ID card or by logging onto [CareSource.com/marketplace](https://www.caresource.com/marketplace) and going to the pharmacy pages.

**Prior Authorization** means a benefit or service must be approved by CareSource before the service is performed or the benefit is received or prescribed, as applicable. This includes prospective or utilization review procedures conducted before providing a health care service.

**Schedule of Benefits (SB)** means the written description of the benefits that are available for Covered Services that is provided to you when you are enrolled under the plan. The SB shows covered services and their associated costs, and is included in your Evidence of Coverage..

**Summary of Benefits and Coverage (SBC)** means a summary of the benefits and costs for covered services that is provided to you when your enrollment is received by CareSource. The SBC includes examples of the coverage you will have for certain health events, such as a broken bone or pregnancy.

*Note: Your EOC has more details about these terms and many more. You should read the entire EOC and keep it in a safe place for future reference.*





## NON-DISCRIMINATION NOTICE

CareSource complies with applicable state and federal civil rights laws and does not discriminate on the basis of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status. CareSource does not exclude people or treat them differently because of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status.

CareSource provides free aids and services to people with disabilities to communicate effectively with us, such as: (1) qualified sign language interpreters, and (2) written information in other formats (large print, audio, accessible electronic formats, other formats). In addition, CareSource provides free language services to people whose primary language is not English, such as: (1) qualified interpreters, and (2) information written in other languages. If you need these services, please call the member services number on your member ID card.

If you believe that CareSource has failed to provide the above mentioned services to you or discriminated in another way on the basis of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status, you may file a grievance, with:

CareSource  
Attn: Civil Rights Coordinator  
P.O. Box 1947, Dayton, Ohio 45401  
1-844-539-1732, TTY: 711  
Fax: 1-844-417-6254  
CivilRightsCoordinator@CareSource.com

You can file a grievance by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office of Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW Room 509F  
HHH Building Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.





If you, or someone you're helping, have questions about CareSource, you have the right to get help and information in your language at no cost. Please call the member services number on your member ID card.

#### ARABIC

إذا كان لديك، أو لدى أي شخص تساعد، أية استفسارات بخصوص CareSource، فيحق لك الحصول على مساعدة ومعلومات مجاناً وباللغة التي تتحدث بها. للتحدث إلى أحد المترجمين الفوريين، رجي الاتصال على رقم خدمة الأعضاء الموجود على بطاقة تعريف العضو الخاصة بك.

#### AMHARIC

እርስዎ፣ ወይም እርስዎ የሚያግዙት ግለሰብ፣ ስለ CareSource ጥያቄ ካላችሁ፣ ያለ ምንም ክፍያ በቋንቋዎ እርዳታና መረጃ የማግኘት መብት አላችሁ። ከአስተርጓሚ ጋር እባክዎን በመታወቂያ ካርዱ ላይ ባለው የአገልግሎቶች ቁጥር ይደውሉ።

#### BURMESE

CareSource အကြောင်း သင် သို့မဟုတ် သင်အကူအညီပေးနေသူ တစ်စုံတစ်ယောက်က မေးမြန်းလာပါက သင်ပြောဆိုသော ဘာသာစကားဖြင့် အကူအညီနှင့် အချက်အလက်များအား အခမဲ့ ရယူနိုင်ရန် အခွင့်အရေးရှိပါသည်။ ဘာသာပြန်တစ်ဦးအား ရွေးချယ် ပြုပြင်ခြင်း၏ အသက်သာချက်ရှိ အသက်သာချက်ရှိ ဝက်ဘ်ဆိုက်တွင် ပိုမိုသိရှိနိုင်ပါသည်။

#### CHINESE

如果您或者您在帮助的人对 CareSource 存有疑问，您有权免费获得以您的语言提供的帮助和信息。如果您需要与一位翻译交谈，请拨打您的会员 ID 卡上的会员服务电话号码。

#### CUSHITE – OROMO

Isin yookan namni biraa isin deeggartan CareSource irratti gaaffii y qabaattan, kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabdu. Nama isiniif ibsu argachuuf, Maaloo lakkoofsa bilbilaa isa waraqaa eenyummaa keessan irra jiruun tajaajila miseensaatiif bilbilaa.

#### DUTCH

Als u, of iemand die u helpt, vragen heeft over CareSource, hebt u het recht om kosteloos hulp en informatie te ontvangen in uw taal. Als u wilt spreken met een tolk. Bel naar het nummer voor ledendiensten op uw lidkaart

#### FRENCH (CANADA)

Des questions au sujet de CareSource? Vous ou la personne que vous aidez avez le droit d'obtenir gratuitement du soutien et de l'information dans votre langue. Pour parler à un interprète. Veuillez communiquer avec les services aux membres au numéro indiqué sur votre carte de membre.

#### GERMAN

Wenn Sie, oder jemand dem Sie helfen, eine Frage zu CareSource haben, haben Sie das Recht, kostenfrei in Ihrer eigenen Sprache Hilfe und Information zu bekommen. Um mit einem Dolmetscher zu sprechen, Bitte rufen Sie die Mitglieder-Service Nummer auf Ihrer Mitglieder-ID-Karte an

#### GUJARATI

જો તમે અથવા તમે કોઈને મદદ કરી રહ્યાં તમે [થી] કોઈને CareSource વિશે પ્રશ્નો હોય તો તમને મદદ અને મહત્વની માહિતી અવિરત છે. તે ખર્ચ વિન તમ રી ભ પ મ i પ્ર પત કરી શક ર છે. દ ભ વપરો તિ કરિ મ દે, કૃપા કરીને તમારા સભ્ય આઈડી કાર્ડ પર સભ્ય સેવા માટે ના નંબર પર ફોન કરો.

#### HINDI

यदि आपके, या आप जिसकी मदद कर रहे हैं उसके CareSource के बारे में कोई सवाल हैं तो आपके पास बगैर किसी लागत के अपनी भाषा में सहायता और जानकारी प्राप्त करने का अधिकार है। एक दुभाषिए से बात करने के लिए कॉल करें, कृपया अपने सदस्य आईडी कार्ड पर दिये सदस्य सेवा नंबर पर कॉल करें।

#### ITALIAN

Se Lei, o qualcuno che Lei sta aiutando, ha domande su CareSource, ha il diritto di avere supporto e informazioni nella propria lingua senza alcun costo. Per parlare con un interprete. Chiamare il numero dei servizi ai soci riportato sulla tessera di iscrizione.

#### JAPANESE

ご本人様、または身の回りの方で、CareSource に関するご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます（無償）。通訳をご利用の場合は、お持ちの会員IDカードにある、会員サービスの電話番号までお問い合わせ下さい。

#### KOREAN

귀하 본인이나 귀하께서 돕고 계신 분이 CareSource에 대해 궁금한 점이 있으시면, 원하는 언어로 별도 비용 없이 도움을 받으실 수 있습니다. 통역사가 필요하시면 다음 번호로 전화해 귀하의 회원 ID 카드에 적힌 회원 서비스 팀 번호로 전화하십시오.

#### PENNSYLVANIA DUTCH

Wann du hoscht en Froog, odder ebber, wu du helpscht, hot en Froog baut CareSource, hoscht du es Recht fer Hilf un Information in deinre eegne Schprooch griegel, un die Hilf koschtet nix. Wann du mit me Interpreter schwetze witt, Bel alstublieft met het Ledenservice nummer op uw lid ID -kaart.

#### RUSSIAN

Если у Вас или у кого-то, кому Вы помогаете, есть вопросы относительно CareSource, Вы имеете право бесплатно получить помощь и информацию на Вашем языке. Для разговора с переводчиком. Пожалуйста, позвоните по телефону отдела обслуживания клиентов, указанному на вашей идентификационной карточке клиента.

#### SPANISH

Si usted o alguien a quien ayuda tienen preguntas sobre CareSource, tiene derecho a recibir esta información y ayuda en su propio idioma sin costo. Para hablar con un intérprete. Por favor, llame al número de Servicios para Afiliados que figura en su tarjeta de identificación.

#### UKRAINIAN

Якщо у вас, чи в особи, котрій ви допомагаєте, виникнуть запитання щодо CareSource, ви маєте право безкоштовно отримати допомогу та інформацію вашою мовою. Щоб замовити перекладача, Зателефонуйте за номером обслуговування учасників, який вказано на вашому посвідченні учасника

#### VIETNAMESE

Nếu bạn hoặc ai đó bạn đang giúp đỡ, có thắc mắc về CareSource, bạn có quyền được nhận trợ giúp và thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên. Vui lòng gọi số dịch vụ thành viên trên thẻ ID thành viên của bạn.

[illegible]





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**CareSource.com/marketplace | 1-855-202-0622**

TTY/TDD for the hearing impaired: 1-800-982-8771 or 711