



Network Notification

Date: February 24, 2016

To: CareSource MyCare Ohio Providers

From: CareSource

Re: Clarification on the CareSource Transportation Benefit

We are providing additional guidance on the transportation benefit available to the members of CareSource® MyCare Ohio (Medicare-Medicaid Plan).

The CareSource transportation benefit is different ***depending upon the type of MyCare Ohio coverage the member has with CareSource.*** The member may have either Medicare and Medicaid coverage (opt-in) with us, **or** Medicaid-only (opt-out) coverage with us. Additionally, the member ***may*** be eligible for waiver services, including waiver transportation, ***provided the waiver transportation is approved (prior authorization) and included in the member's service plan.***

Member Status	Transportation Benefits
Medicare & Medicaid (Opt In)	<ul style="list-style-type: none">• CareSource provides up to 30 round trips of less than 30 miles; if the trip is over 30 miles, there is no limit and CareSource provides transportation.• After 30 round trips have been exhausted, Non-Emergency Transportation (NET) may be available from Job and Family Services (JFS).• After NET is exhausted, waiver-eligible members can get van/car or ambulance/ambulette service (depending on member mobility) through waiver transportation.
Medicaid Only (Opt Out)	<ul style="list-style-type: none">• NET is available from JFS unless the trip is over 30 miles or the member is waiver-eligible.• If the trip is over 30 miles, CareSource provides services.• Waiver-eligible members can get van/car or ambulance/ambulette service (depending on member mobility) through waiver transportation.

Additional points:

- **CareSource transportation is arranged by calling 1-855-475-3163.**
- **JFS transportation is arranged by calling the member's local JFS office.**
- **Waiver transportation must be coordinated through the member's Care Manager (requires prior authorization and updated service plan).**
- **Ambulette services must be billed using medical codes and via Electronic Data Interchange (EDI) or paper claims.**

The following ambulette services qualify (no prior authorization required).

Emergent and Facility transfers; Hospital to hospital	Hospital based dialysis facility to nursing facility; Nursing facility to hospital based dialysis facility	Residence/Nursing Facility to Non-hospital based dialysis facility; Non-hospital based dialysis facility to residence/nursing facility
Residence to Physician's office; Physician's office to residence	Hospital to nursing facility; Nursing facility to hospital	Nursing facility to physician's office; Physician's office to nursing facility

- **Ambulance services are a covered benefit by the member's Medicare plan. If the member does not have CareSource for Medicare (opt-out status), providers are responsible for working with the member's Medicare carrier/plan for payment.**

Thank you for your attention.