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.

<table>
<thead>
<tr>
<th>Member Status</th>
<th>Transportation Benefits</th>
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| Medicare & Medicaid (Opt In)| • 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)     | • 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):

<table>
<thead>
<tr>
<th>Emergent and Facility transfers; Hospital to hospital</th>
<th>Hospital based dialysis facility to nursing facility; Nursing facility to hospital based dialysis facility</th>
<th>Residence/Nursing Facility to Non-hospital based dialysis facility; Non-hospital based dialysis facility to residence/nursing facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residence to Physician’s office; Physician’s office to residence</td>
<td>Hospital to nursing facility; Nursing facility to hospital</td>
<td>Nursing facility to physician’s office; Physician’s office to nursing facility</td>
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- 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.