



# NETWORK *Notification*

**Notice Date:** May 5, 2025  
**To:** Ohio MyCare and Medicaid Nursing Facility Providers  
**From:** CareSource  
**Subject:** **Update** - Level of Care and Prior Authorization Requirements for Medicaid Covered Nursing Facility (NF) Stays

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This notification is an update to the [network notification](#) posted on 04/25/2025.

## Summary

CareSource reminds providers of the importance of complying with Ohio Administrative Code (OAC) requirements related to nursing facility (NF) services, including the establishment of Level of Care (LOC) for members and the [OAC rules for ventilator reimbursement](#). A valid LOC determination from CareSource is necessary to confirm a member's eligibility for a Medicaid-covered NF stay and to ensure timely and accurate reimbursement. This includes adherence to the Ohio Department of Medicaid (ODM) requirements for specialized services such as ventilator and ventilator weaning care. Compliance with these guidelines supports care coordination, regulatory adherence, and accurate claims processing.

## Impact

CareSource is providing guidance on existing processes. For CareSource members who need Medicaid-covered nursing facility services, the process varies based on their specific plan:

- CareSource MyCare Ohio Members:** Members must have a LOC determination completed by CareSource. This assessment determines eligibility for a Medicaid-covered NF stay. **Without a current LOC determination from CareSource, NF claims are denied.**
- CareSource Medicaid Managed Care Members:** A Prior Authorization, which includes a LOC determination, is required for a NF stay. This means that the facility must obtain authorization before providing nursing facility services to ensure they are covered under the member's plan. **Without a current Prior Authorization from CareSource, NF claims are denied.**

## Importance and Instructions to Providers

To submit a request for prior authorization or LOC, the NF must provide member demographic information, evidence of Preadmission Screening and Resident Review (PASRR) requirements being met (including Level II results when applicable), clinical documentation that outlines activities of daily living (ADL) self-performance, current orders, therapy as applicable, and progress notes via one of the following options (see notes below):

### CareSource MyCare Ohio Member Level of Care Request:

- Secure email: [MyCareLTCAuthorizations@CareSource.com](mailto:MyCareLTCAuthorizations@CareSource.com)
- Fax: 1-844-417-6157 Attn: MyCare Transition Coordinators
- [Provider portal](#): After logging in, select the "MyCare LOG/Respite Request" option located in the "Provider" drop down in the left navigation panel

CareSource Medicaid Managed Care Member Prior Authorization Request:

1. Fax: 1-888-752-0012
2. Phone: **1-800-488-0134**
3. Mail: CareSource  
P.O. Box 1307  
Dayton, Ohio 45401-1307

NFs may use the [ODM NF Request Form](#) to submit a Prior Authorization or LOC request; use of this form is not required.

**Please note:**

CareSource continues to follow the requirements outlined in [OAC rule 5160-3-18](#) regarding the reimbursement of ventilator services provided in NFs.

To ensure proper reimbursement and compliance with ODM guidelines, it is essential that:

1. Diagnosis codes are accurately reflected on all ventilator service claims.
2. Providers are correctly registered under the appropriate Medicaid specialty code.
3. NFs are not eligible for ventilator reimbursement if they meet any of the following criteria:
  - Those who are on Table A or D of the Centers for Medicare & Medicaid Services (CMS) Special Focus Facility (SFF) list that identifies facilities with poor quality. Table A represents active SFFs, and Table D represents facilities that are candidates to become an SFF.
  - Those with a one-star overall rating on the CMS five-star rating system.

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