



NETWORK *Notification*

Notice Date: August 23, 2021
To: All MyCare Nursing Facility Providers
From: CareSource
Subject: Nursing Facility Request Form
Effective Date: September 1, 2021

Summary

The MyCare Ohio Plan (MCOP) and the Medicaid Managed Care Organizations have been working collaboratively to address and reduce the administrative burden Nursing Facility (NF) Providers experience with the prior authorization and level of care process (PA/LOC process).

As such, the Ohio Department of Medicaid (ODM) in collaboration with the MCOs and MMPs have developed a NF Request Form (formerly known as the PA/LOC Form) that can be utilized across all plans as well as with Medicaid.

Impact

The Nursing Facility Request Form is located below and may be used to submit requests for OH Medicaid and MyCare nursing facility care. Supporting clinical documentation must be submitted along with this form.

https://www.caresource.com/documents/h8452_oh-myc-p-871851-2021-nf-request-form-revised/

Training on the use of the form is included below.

https://www.caresource.com/documents/h8452_oh-myc-p-871852-nursing-facility-request-form-ppt/

Questions?

For questions, please send inquiries to CaseManagementCommunication@caresource.com.

For questions, please contact CareSource Provider Services:

MyCare: **1-800-488-0134** (Monday through Friday, 8 a.m. to 6.p.m Eastern Standard Time)

CareSource Dual Advantage: **1-833-230-2176** (Monday through Friday, 8 a.m. to 6.p.m Eastern Standard Time)

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