



2018 New Member Information

Please keep this with your 2017 member handbook!

Grievance & Appeals (see pages 30 - 32 of the member handbook)

If you do not agree with certain decisions/actions (adverse determinations) made by CareSource, you can contact us **within 60 calendar days** to ask that we change our decision/action. This is called an appeal. The timeframe for you to appeal a decision we have made has changed from 90 calendar days to 60. If we do not change our decision or action as a result of your appeal, we will notify you of your right to request a state hearing. **You may only request a state hearing after you have gone through our appeal process.** The timeframe for you to request a state hearing has changed from 90 calendar days to 120.

ADDITIONAL MEDICAID BENEFITS

You can add the following services to page 14 of the 2017 CareSource MyCare Ohio Medicaid-only member handbook.

Acupuncture

Acupuncture is now a covered service. The benefit is limited to the pain management of migraine headaches and lower back pain. **No Prior Authorization is required.**

Respite services

Respite services give the primary caregiver temporary relief from providing direct care to an eligible individual. An eligible individual must have behavioral health needs and qualify for Supplemental Security Income (SSI).

These services are *limited to qualifying individuals under the age of 21*. **Prior Authorization is required.**

CareSource® MyCare Ohio (Medicare – Medicaid) is a health plan that contracts with both Medicare and Ohio Medicaid to provide benefits of both programs to enrollees.

You can get this information for free in other languages. Call 1-855-475-3163 (TTY: 711). The call is free.

Puede obtener esta información de forma gratuita en otros idiomas. Llame al 1-855-475-3163 (TTY: 711). La llamada es gratuita.



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