CareSource®
MyCare® Ohio
(Medicare-Medicaid Plan)

2024 MEDICAID-ONLY Member Handbook

CareSource®

CONTACT US

Member Services Department

Phone: 1-855-475-3163 (TTY: 1-833-711-4711 or 711)

Street Address: 230 N. Main Street
Dayton, Ohio 45402

Hours: Monday – Friday, 8 a.m. – 8 p.m.

Online: CareSource.com/MyCare

The Member Services phone number and website are listed at the bottom of each page of this handbook.

Care Management: 1-855-475-3163 (during business hours shown above) 1-866-206-7861 (after hours)

Phone: _____ (write your care manager's direct phone number here)

Behavioral Health Line: 1-866-206-7861 (TTY: 1-833-711-4711 or 711)

CareSource Privacy Officer: 1-937-531-2023 (TTY: 1-833-711-4711 or 711)

CareSource24® (24-hour Nurse Advice Line): 1-866-206-7861 (TTY: 1-833-711-4711 or 711)

Reporting Fraud, Waste and Abuse:

Call: 1-855-475-3163 (TTY: 1-833-711-4711 or 711)

Email: fraud@CareSource.com

ATTENTION: If you speak English, language services, free of charge, are available to you. Call **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, Monday – Friday, 8 a.m. – 8 p.m. The call is free.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-855-475-3163 (TTY: 1-833-711-4711 o 711)**, el lunes a viernes, 8 a.m. a 8 p.m. La llamada es gratuida.

If you have any problem reading or understanding this information or any other CareSource MyCare Ohio information, please contact our Member Services at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, Monday – Friday, 8 a.m. – 8 p.m. for help at no cost to you. We can explain this information in English or in your primary language. You can get this document for free in other formats, such as large print, braille, or audio. Call **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, Monday – Friday, 8 a.m. – 8 p.m. The call is free.

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

CareSource may not discriminate on the basis of race, color, religion, gender, gender identity, sexual orientation, age, disability, national origin, military status, ancestry, genetic information, health status, or need for health services in the receipt of health services.

MyCareOhio
Connecting Medicare + Medicaid

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WELCOME

Welcome to CareSource® MyCare Ohio (Medicare-Medicaid Plan). You are now a member of a MyCare Ohio health care plan, also known as a MyCare Ohio managed care plan (MCOP). An MCOP is an organization made up of doctors, hospitals, pharmacies, providers of long-term services and supports, and other providers. It also has care managers and care teams to help you manage all your providers and services. They all work together to provide the care you need. CareSource MyCare Ohio provides health care services to Ohio residents who are eligible.

Please note that CareSource MyCare Ohio is currently only managing your Medicaid benefits.

CareSource MyCare Ohio can manage both your Medicare and Medicaid benefits through the MyCare Ohio plan at no cost to you. To have CareSource manage your Medicaid and Medicare benefits, call the Ohio Medicaid Consumer Hotline at 1-800-324-8680 (TTY: 711) Monday – Friday, 7 a.m. to 8 p.m.; Saturday 8 a.m. to 5 p.m.

If you decide to choose CareSource MyCare Ohio for both your Medicare and Medicaid benefits you will enjoy:

- No copays for your Medicare or Medicaid benefits.
- No copays for prescription drugs.
- A HealthyBenefits+™ card to use for allowances such as:
  - **$100** quarterly over-the-counter (OTC) allowance for vitamins, first aid supplies and more.
  - **$500** annual flex allowance for dental, vision and hearing services and accessories beyond what the plan already covers.
  - My CareSource Rewards Program® offers you a chance to earn up to **$365** for completing healthy activities.
- 60 one-way rides to you at no cost. You can go to health care visits, the pharmacy, the grocery or to the gym.
- One plan and one ID card.
- Coordinated Medicare and Medicaid benefits.

Please read this handbook from cover to cover. It will answer many of the questions you might have about your CareSource MyCare Ohio Medicaid benefits. Or you can visit our website at **CareSource.com/MyCare**. Please note that this handbook does not cover your Medicare benefits.

If you ever have a question or need to contact CareSource MyCare Ohio, please call us at: **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**. Please let us know if you ever have a question or concern about your health care or our services.

WHO IS ELIGIBLE TO ENROLL IN A MYCARE OHIO PLAN?

You are eligible for membership in our MyCare Ohio plan as long as you:

- Live in our service area; **and**
- Have Medicare Parts A, B and D; **and**
- Have full Medicaid coverage; **and**
- Are 18 years of age or older at time of enrollment.

You are not eligible to enroll in a MyCare Ohio plan if you:

- Do not have full Medicaid benefits and Medicare Parts A, B and D;
- Are younger than age 18;
- Are enrolled in PACE (Program for All-Inclusive Care for the Elderly);
- Have any private medical insurance, including retiree benefits, other than a Medicare Advantage plan; or
- Have intellectual or other developmental disabilities and receive services through a waiver or Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID)

Additionally, you have the option not to be a member of a MyCare Ohio plan if:

- you are a member of a federally recognized Indian tribe, regardless of your age.
- you are an individual who receives home and community-based waiver services through the Ohio Department of Developmental Disabilities.

If you believe that you meet any of the above criteria and should not be enrolled, please contact Member Services for assistance.

CareSource MyCare Ohio is available only to people who live in our service area. Our service area includes the following counties:

- Columbiana
- Cuyahoga
- Geauga
- Lake
- Lorain
- Mahoning
- Medina
- Portage
- Stark
- Summit
- Trumbull
- Wayne

If you move to an area outside of our service area, you cannot stay in this plan. If you move, please report the move to your County Department of Job and Family Services office and to CareSource MyCare Ohio.

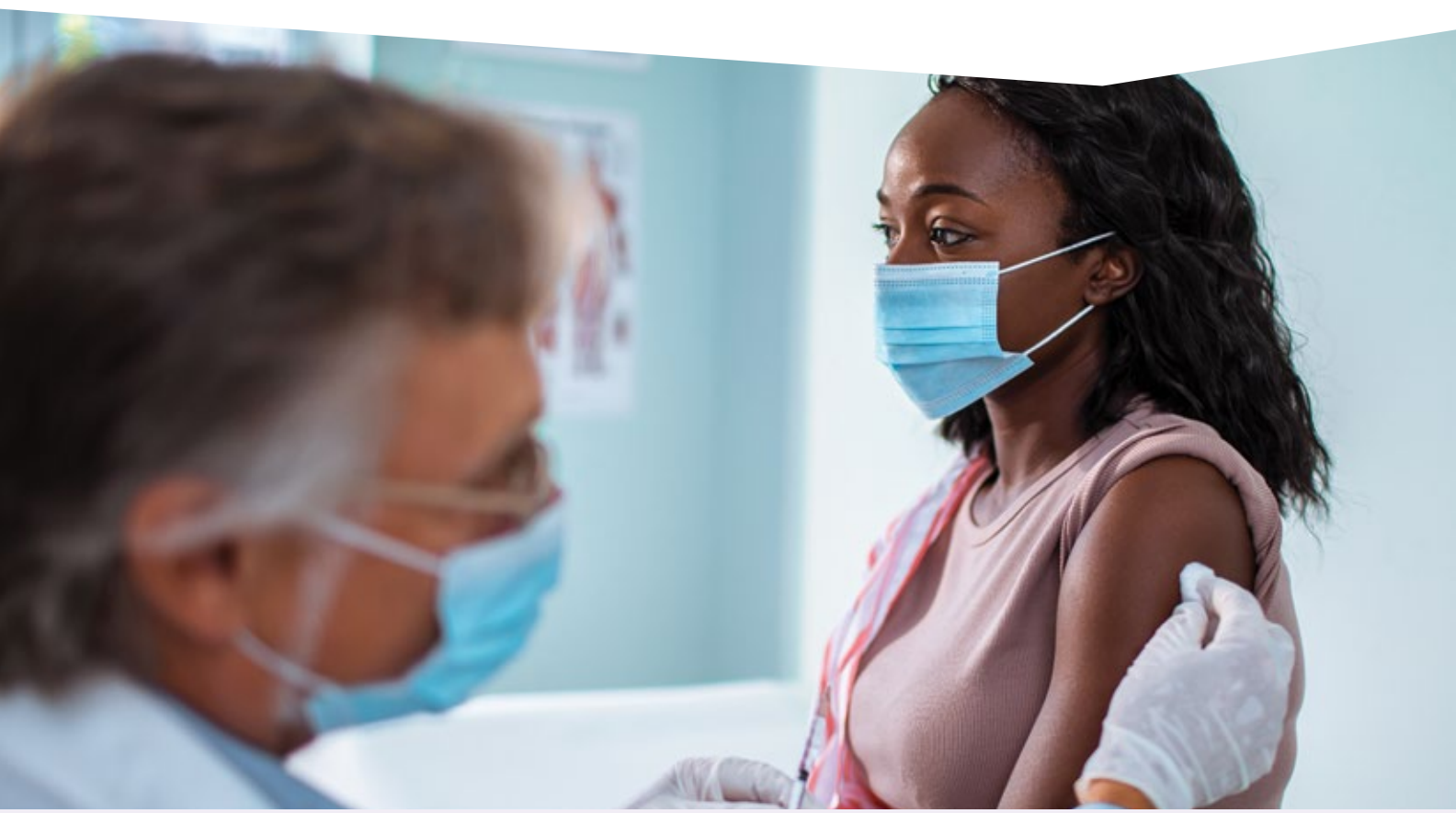
NEW MEMBER INFORMATION

This handbook tells you about your coverage under CareSource MyCare Ohio. It explains how to receive health care services, behavioral health coverage, prescription drug coverage, home and community-based waiver services, also called long-term care services and supports. Long-term services and supports help you stay at home instead of going to a nursing home or hospital. You will also find additional information such as: providers that you can use to receive care (also known as network providers), member rights, additional benefits, and steps you can take if you are unhappy or disagree with something.

You can request a printed provider directory by calling the Member Services Department or by returning the postcard you received with your new member letter and member identification (ID) card. You can also request a printed directory by filling out an online form on our website at **CareSource.com/oh/plans/mycare/plan-documents/**. The provider directory lists all of our panel providers as well as other non-panel providers you can use to receive services. You can also visit our website at **CareSource.com/MyCare** to view up to date provider panel information or call Member Services at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, Monday – Friday, 8 a.m. – 8 p.m. for assistance.

Panel providers are MCOP's contracted providers available to the MCOP's general membership. Non-panel providers are non-contracted providers available to the MCOP's general membership.

While CareSource MyCare Ohio is approved by the state and federal governments to provide both Medicare and Medicaid-covered services, you chose or were assigned to receive only your Medicaid-covered services from our plan. If you want to receive both your Medicare and Medicaid-covered services from your MyCare Ohio MCOP, see **page 4** for more information.



NETWORK PROVIDERS

It is important to understand that members must receive Medicaid services from facilities and/or providers in CareSource MyCare Ohio's provider network. A network provider is a provider who works with our health plan and has agreed to accept our payment as payment in full. Network providers include but are not limited to: nursing facilities, home health agencies, medical equipment suppliers, and others who provide goods and services that you get through Medicaid. The only time you can use providers that are not in network is for services that Medicare pays for OR an out-of-network provider of Medicaid services that CareSource MyCare Ohio has approved you to see during or after your transition of care period.

- For a specified time period after your enrollment in the MyCare Ohio program, we may allow you to receive care from a provider that is not a CareSource MyCare Ohio panel provider (out-of-network provider). Additionally, we may allow you to continue to receive services that were authorized by Ohio Medicaid. This is called your transition of care period. **Please note, the transition periods start on the first day you are effective with *any* MyCare Ohio plan. If you change your MyCare Ohio plan, your transition period for coverage of an out-of-network provider does not start over.** The *New Member Letter* enclosed with this handbook has more information on transition time periods, services and providers. If you are currently seeing a provider that is not in our network or if you already have services approved or scheduled, it is important that you call Member Services immediately (today or as soon as possible) so CareSource MyCare Ohio can arrange the services and avoid any billing issues.

You can find out which providers are in our network by calling Member Services at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)** or on our website at **CareSource.com/MyCare**. You can also contact the Medicaid Hotline at 1-800-324-8680, TTY users should call Ohio Relay at 7-1-1, or on the Medicaid Hotline website at **www.ohiomh.com**. You can request a printed Provider and Pharmacy Directory at any time by calling Member Services at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**. Both Member Services and the website can give you the most up-to-date information about changes in our network providers.

IDENTIFICATION (ID) CARDS

You should have received a CareSource MyCare Ohio member ID card. Each member of your family who has joined CareSource MyCare Ohio will receive their own card. These cards replace your monthly Medicaid card. Each card is good for as long as the person is a member of CareSource MyCare Ohio. You will not receive a new card each month as you did with the Medicaid card.

Always Keep Your ID Card(s) With You

You must show your CareSource MyCare Ohio member ID card and your Medicare ID card when you get any medical services or prescriptions. This means that you need your CareSource MyCare Ohio ID card when you:

- See your primary care provider (PCP)
- See a specialist or other provider
- Go to an emergency room
- Go to an urgent care facility
- Go to a hospital for any reason
- Go to a pharmacy
- Go to labs or imaging providers
- Go to nursing facilities
- Receive waiver service or start with a new waiver provider
- Get medical supplies
- Get a prescription
- Have medical tests
- See a dental provider
- Get vision care

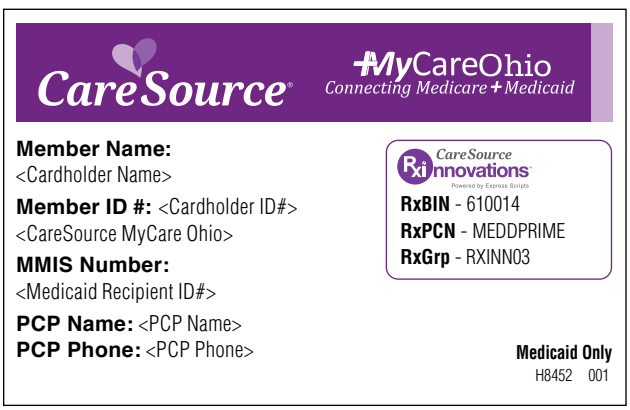
Call CareSource MyCare Ohio Member Services as soon as possible at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)** if:

- You have not received your card(s) yet
- Any of the information on the card(s) is wrong
- Your card is damaged, lost or stolen
- You have a baby

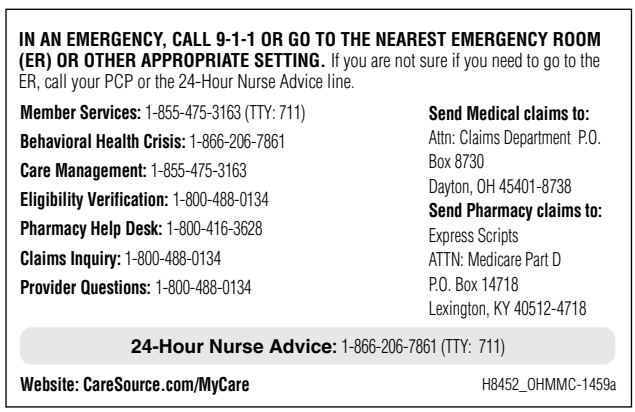
If you have a baby, please remember to contact your local county Job and Family Services office.

You will receive a new card if you request a replacement or if you change your primary care provider (PCP).

FRONT OF ID CARD



BACK OF ID CARD



Please have your member ID number available whenever you call our Member Services Department. This will help us serve you faster.

MEMBER SERVICES

Member Services is open Monday through Friday from 8 a.m. to 8 p.m., except on the holidays listed below. The Member Services phone number and website are listed at the bottom of each page of this handbook.

You can call or visit us online to:

- Ask questions about CareSource MyCare Ohio benefits, claims, eligibility, utilization management or prior authorization requests.
- Get help to understand your Medicaid benefits or this member handbook.
- Find out what services are covered and how to access them.
- Request a new member ID card.
- Change your primary care provider (PCP).
- File a complaint about CareSource MyCare Ohio or a provider, or if you think you have been discriminated against.
- File an appeal, including expedited appeals.
- Get help choosing a network provider.
- Request interpreter services if you or a family member's primary language is not English, are visually or hearing impaired or have limited reading skills and need help.
- Request language assistance if you have any problem reading or understanding this handbook.

Let us know if:

- You have changes to personal information, such as your address or phone number. (You will also need to contact your county caseworker.)
- Your designated responsible party (such as a caregiver) changes.
- You have health insurance coverage other than Medicare.
- You are admitted to a nursing home or hospital.
- You receive care in an out-of-area or out-of-network hospital or emergency room.
- You are pregnant.

If you have questions, please call Member Services at **1-855-475-3163 (TTY: 1-800-750-0750 or 711)** Monday - Friday from 8 a.m. to 8 p.m. For more information, visit **CareSource.com/MyCare**.

Have your CareSource member ID number handy when you call. This will help us serve you faster. If you call after hours, on a weekend or holiday, you may leave a message and we will respond within one business day. You can also send an online request at any time through our website. Just visit **secureforms.CareSource.com/en/MemberInquiry/oh**.

CareSource is closed* on:

- Thanksgiving Day, November 23, 2023
- Christmas Day, December 25, 2023
- Christmas Eve (Observed), December 26, 2023
- New Year's Day, January 1, 2024
- MLK Day, January 15, 2024
- Memorial Day, May 27, 2024
- Independence Day, July 4, 2024
- Labor Day, September 2, 2024
- Thanksgiving Day, November 28, 2024
- Christmas Eve, December 24, 2024
- Christmas Day, December 25, 2024

A holiday that falls on a Saturday is observed on the Friday before it. One that falls on a Sunday is observed on the Monday after it.

*Our CareSource24® Nurse Advice Line is open 24/7, 365 days a year. Just call **1-866-206-7861 (TTY: 1-833-711-4711 or 711)**.

Interpreter Services

We have aids and services available upon request and at no cost for members with special needs. If there is a CareSource MyCare Ohio member in your family whose primary language is not English, is visually or hearing impaired, or has limited reading skills, please call us to arrange interpreter services. We offer sign and other language interpreters for members who need language assistance communicating with us or their health care provider. By calling the Member Services, you can arrange to get interpreter services over the phone or in person. We can also provide some printed materials in Spanish or in other languages or formats, such as large print, braille or audio. We can explain materials orally, if needed. This is a zero cost service to you.

CARESOURCE24 NURSE ADVICE LINE

With CareSource24® Nurse Advice Line, you have unlimited access to talk with a caring and experienced staff of registered nurses through a toll-free number. You can call 24 hours a day, seven days a week. CareSource24 services are available at no cost to you. Our nurses can help you:

- Assess your pain or symptoms
- Decide if your injury or illness is an emergency
- Treat an illness or injury at home
- Decide when to go to your doctor, a convenience care clinic, use telehealth services, go to an urgent care or emergency room
- Know what to ask your doctor
- Learn about your medications
- Get information about medical tests or surgery
- Learn about nutrition and wellness

To reach CareSource24, call **1-866-206-7861 (TTY: 1-833-711-4711 or 711)**.

MY CARESOURCE MEMBER PORTAL

My CareSource® is a secure and private member account where you can find out about your benefits, see plan records, and make changes to your care. My CareSource accounts can be linked to manage health care for families. Here are a few things you can do:

- Choose or change your primary care provider (PCP).
- View and print your CareSource member ID card or ask that a new one be mailed.
- View claims and plan records.
- Take your Health Risk Assessment (HRA).
- View health alerts and more.

Signing up is easy:

1. Go to **MyCareSource.com**.
2. Click ***Sign Up*** at the bottom of the page.
3. Answer the questions.
4. Click ***Register***. You're all set!

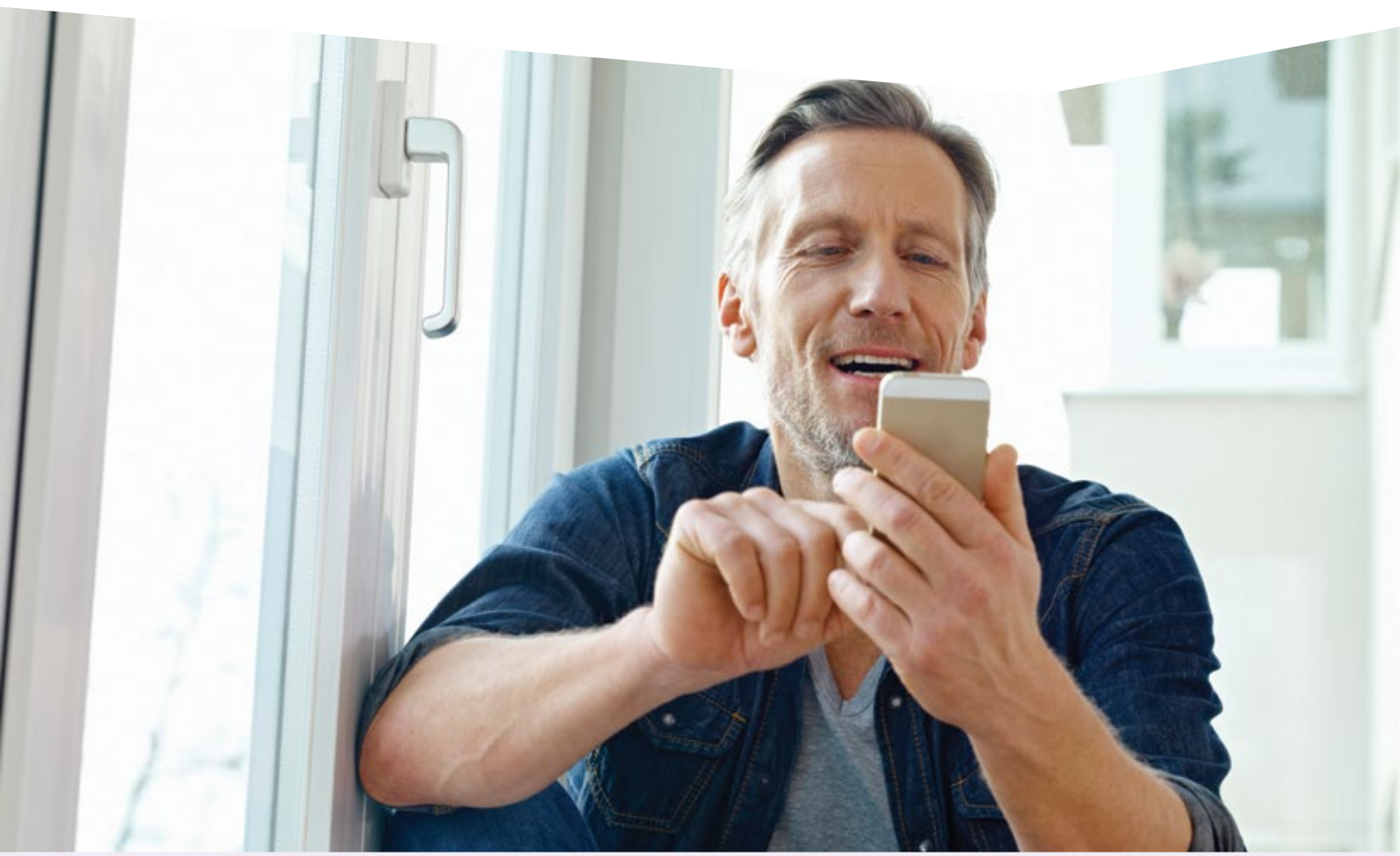
CARESOURCE MOBILE APP

This easy-to-use app lets you manage your CareSource health plan on-the-go. The app is free. With the mobile app you can:

- View your digital CareSource member ID card.
- Access your secure My CareSource® account.
- Find a doctor, hospital, clinic or urgent care near you. (e.g., get directions or make a call)
- Call CareSource24®, our Nurse Advice Line, and speak with a registered nurse 24/7.
- Call and speak with a Member Services representative.
- Connect with Teladoc® and speak with a provider anywhere, anytime through your phone or computer, and more!

The CareSource mobile app is available through the App Store® for iPhone® or Google Play® for Android®*.

** iPhone is a registered trademark of Apple, Inc. The App Store is a service mark of Apple, Inc. Google Play and Android are registered trademarks of Google, Inc.*



CARE MANAGEMENT

CareSource MyCare Ohio offers care management services to all members. When you first join our plan, you will receive a Health Risk Assessment (HRA) within the first 15 to 75 days of your enrollment effective date, depending on your health status. You will be contacted by your care manager, or a member of the care management team, to schedule a date to complete the first assessment. The HRA will be completed with you, your family, caregivers, Care Manager, or Care Manager delegate, and other supports as you desire. It can be done at your home or a location of your choice, including at a physician's office or hospital.

CareSource MyCare Ohio Care Managers consist of Registered Nurses, Licensed Social Workers and Licensed Independent Social Workers. The Care Manager is responsible for coordinating all parts of your care. This includes long-term care and/or waiver services if you are a resident of a long-term care facility or enrolled in a Home and Community-based Services (HCBS) waiver program. The Care Manager will be the main point of contact for your case and your Care Team. More ways your Care Manager helps include:

- Management of any special health conditions
- Problem solving with billing issues
- Assistance with rides to health visits
- Suggestions and connections to community resources and services
- Being your single point of contact for care coordination between your PCP and/or specialty providers.
- Support during any transition, if you have a visit to the emergency room or a hospital/facility stay.
- Assist with access to your care needs

If you have questions, please call Member Services at **1-855-475-3163 (TTY: 1-800-750-0750 or 711)** Monday - Friday from 8 a.m. to 8 p.m. For more information, visit **CareSource.com/MyCare**.

A Care Team is a group of people who can help you meet your goals for a healthy life by managing your health conditions. Our Care Management team can help you manage chronic diseases, like diabetes, hypertension, heart and lung conditions, kidney disease, and other health or special conditions. The team includes you, your health care providers, family members or caregivers, and your CareSource MyCare Ohio Care Manager. Other team members may also include:

- Legal guardians
- Authorized representatives
- Home-based staff including Waiver Care Managers/Coordinators
- External community agency staff

Your Care Team may ask you questions to learn more about your health. The team will give you information to help you to understand how to care for yourself and how to obtain services, including local resources. The team can also work with you if you need help figuring out when to get medical care from your PCP, an urgent care center or the emergency room. CareSource MyCare Ohio staff, including nurses, Care Managers, and outreach workers that may contact you if a doctor has requested a phone call, if you request a phone call, or if we feel that Care Management services would be helpful to you.

Your Care Team works together to make sure your care is coordinated. This means that they make sure that tests and lab work are done once, and the results shared with the appropriate providers. It also means that your doctors should know all of the medications you are taking so they can reduce any negative effects. Your doctors will always have your permission before sharing your medical information with other providers.

If you would like to change your care manager, you, your family, caregiver, legal guardian or authorized representative may do so during face-to-face visits with your Care Manager. You may also call or write to us to request a change.

Please call us if you have any questions or feel that you would benefit from care management. Please call us if you have any questions about care management. We are happy to assist you. All members, including those who receive long-term care and/or waiver services, can access a care team representative 24/7. Just call **1-855-475-3163 (TTY: 1-833-711-4711 or 711)** 8 a.m. to 8 p.m. Monday through Friday. After hours, call **1-866-206-7861**.

PRIMARY CARE PROVIDER (PCP)

You can continue to get Medicare services from your doctors and other Medicare providers. A primary care provider (PCP) is a network provider you have chosen to be your personal doctor. Your PCP works with you to coordinate your health care, including your checkups and immunizations (shots), and he or she will treat you for most of your health care needs. Your PCP will be the first point of contact for all your health needs and will work with you to direct your health care. Your PCP should work with your CareSource MyCare Ohio Care Manager to coordinate your health and long-term care services. If needed, your PCP will send you to other doctors (specialists) or admit you to the hospital.

It is important to contact your PCP before you see a specialist or after you have an urgent or emergency department visit. This allows your PCP to manage your care for the best outcomes.

Preventive Care

Your PCP, dental and medical checkups will play a big part in your preventive care. Routine health exams, tests and screenings can help find and treat problems early before they get worse. Preventive care includes:

- Yearly well-adult exams
- Routine dental and medical checkups
- Healthchek exams for members under the age of 21
- Pap smears
- Breast exams
- Colonoscopy

We have preventive health guidelines for:

- Men
- Women
- Pregnant women
- Children

To access these and our clinical practice guidelines, please call Member Services or visit our website at **CareSource.com/MyCare**.

If you have questions, please call Member Services at **1-855-475-3163 (TTY: 1-800-750-0750 or 711)** Monday - Friday from 8 a.m. to 8 p.m. For more information, visit **CareSource.com/MyCare**.

Changing Your PCP

We hope you are happy with the PCP you have chosen, but we know that you may decide to choose a different PCP in the future. If for any reason you change your PCP, it is important to contact Member Services to ensure your health and long-term care services are coordinated. You can change your PCP as often as once a month, if needed. CareSource will send you a new member ID card to let you know that your PCP has been changed. If you no longer see the PCP that is on your ID card, CareSource MyCare Ohio will send you a new ID card. Member Services can also help you schedule your first appointment, if needed.

If you need help finding a PCP or want the names of the PCPs in our network, you may look in your provider directory if you requested a printed copy, on our website at **CareSource.com/MyCare**, or you can call Member Services.

Sometimes your PCP may leave our provider network. If this happens, we will send you a letter letting you know and giving you information on a new PCP and/or how you can choose a new PCP. If your PCP tells us that he/she is moving away, retiring or leaving CareSource for any reason, we will assign another PCP for you and let you know by mail within 45 days whenever possible. You can call us if you need help choosing another PCP. We also inform you if any of our network hospitals within your region are no longer in network.

Doctor Appointments

Please schedule appointments with your doctor as far in advance as you can. It is important to keep your scheduled appointments. Call the doctor's office at least 24 hours before if you need to change or cancel a visit. If you miss too many appointments, your doctor may ask that you choose another doctor.

If you must travel 30 miles or more from your home to receive covered health care services or your transportation requires a wheelchair van, CareSource MyCare Ohio will provide transportation to and from the provider's office. See **page 31** for more information about your transportation benefits.

Provider Directory

The Provider Directory is a printed list of doctors and other providers who accept CareSource insurance and see patients who are covered through CareSource. Our provider directory is subject to change. Some providers may have been added or removed since it was printed. You can find the most up-to-date list of providers in the CareSource network by using our online ***Find a Doctor/Provider*** tool at **FindADoctor.CareSource.com**.

If you have a question or want to know which providers are in the CareSource MyCare Ohio Network, we can help. Just call Member Services or visit **CareSource.com/MyCare**. We can give you the most current information and details about providers when you call. We want to make sure you are aware of all of your options.

HEALTHCHEK (WELL CHILD EXAMS)

Healthchek is Ohio's early and periodic screening, diagnostic, and treatment (EPSDT) benefit. Healthchek covers medical exams, immunizations (shots), health education, and laboratory tests for everyone eligible for Medicaid under the age of 21. These exams are important to make sure that young adults are healthy and are developing physically and mentally. Members under the age of 21 years should have at least one exam per year.

Healthchek also covers complete medical, vision, dental, hearing, nutritional, developmental, and behavioral health exams, in addition to other care to treat physical, mental, or other problems or conditions found by an exam. Some of the tests and treatment services may require prior authorization.

If you have questions, please call Member Services at **1-855-475-3163 (TTY: 1-800-750-0750 or 711)** Monday - Friday from 8 a.m. to 8 p.m. For more information, visit **CareSource.com/MyCare**.

Healthchek services are available at no cost to members and include:

- Preventive check ups for young adults under the age of 21.
- Healthchek screenings:
  - Medical exams (physical and development screenings)
  - Vision exams
  - Dental exams
  - Hearing exams
  - Nutrition checks
  - Developmental exams
  - Lead testing
- Laboratory tests (age and gender appropriate exams)
- Immunizations
- Medically necessary follow up care to treat health problems or issues found during a screening. This could include, but is not limited to, services such as:
  - visits with a primary care provider, specialist, dentist, optometrist and other CareSource MyCare Ohio providers to diagnose and treat problems or issues
  - inpatient or outpatient hospital care
  - clinic visits
  - prescription drugs
- Health education

It is very important to get preventive checkups and screenings so your providers can find any health problems early and treat them, or make a referral to a specialist for treatment, before the problem gets more serious.

Remember: Some services may require a referral from your PCP or prior authorization by CareSource MyCare Ohio. Also, for some EPSDT items or services, your provider may request prior authorization for CareSource MyCare Ohio to cover things that have limits or are not covered for members over age 20. Please see **pages 23-30** to see what services require a referral and/or prior authorization.

As a part of Healthchek, care management services are available to all members under the age of 21 who have special health care needs. Please see **page 12** to learn more about the care management services offered by CareSource MyCare Ohio.

Call your PCP or dentist to schedule regular checkups. Make sure to ask for a Healthchek exam when you call your PCP. You should try to schedule the first exam within 90 days of becoming a member. If you have questions about the Healthchek program, please contact Member Services. We can help you:

- Access care
- Find a provider in our network
- Make an appointment
- Find out what services are covered and which ones may need prior authorization.
- Arrange transportation, if needed
- Refer you to other helpful programs and resources, like
  - Women Infants and Children (WIC)
  - Help Me Grow
  - Bureau for Children with Medical Handicaps (BCMH)
  - Head Start
  - Community services, such as food, heating assistance, etc.

SERVICES COVERED BY CARESOURCE MYCARE OHIO

Medicaid helps with medical costs for certain people with limited incomes and resources. Ohio Medicaid pays for Medicare premiums for certain people, and may also pay for Medicare deductibles, coinsurance and copayments except for prescriptions. Medicaid covers long-term care services such as home and community-based "waiver" services and assisted living services and long-term nursing home care. It also covers dental and vision services.

Because you chose or were assigned to only receive Medicaid-covered services from our plan, Medicare will be the primary payer for most services. You can choose to receive both your Medicare and Medicaid benefits through CareSource MyCare Ohio so all of your services can be coordinated. Please see **page 4** for more information on how you can make this choice.

As a CareSource MyCare Ohio member, you will continue to receive all medically necessary Medicaid- covered services at no cost to you. Medically necessary means you need the services to prevent, diagnose, or treat a medical condition. You should not be billed for these services. If you receive a bill, please call Member Services.

Behavioral Health Services

Behavioral health, or mental health and substance use services, is an important part of your overall wellness. Our goal is to take care of all your health needs. Whether it's depression, anxiety, alcohol or drug dependence, we provide treatment and counseling options to help you through difficult times in your life. We believe in recovery and that treatment works. We can help you find treatment with an experienced provider.

Mental health and substance use disorder treatment services are available through the plan. These services include:

- Diagnostic Evaluation and Assessment
- Psychological Testing
- Psychotherapy and Counseling
- Crisis Intervention
- Mental Health Services including Therapeutic Behavioral Service, Psychosocial Rehabilitation, Community Psychiatric Supportive Treatment, Assertive Community Treatment for Adults and Intensive Home-Based Treatment for Children/Adolescents
- Substance Use Disorder Treatment Services including Case Management, Peer Recovery Support, Intensive Outpatient, Partial Hospitalization, Residential Treatment, and Withdrawal Management
- Medication-Assisted Treatment for Addiction
- Opioid Treatment Program Services
- Medical Services
- Behavioral Health Nursing Services

If you have questions, please call Member Services at **1-855-475-3163 (TTY: 1-800-750-0750 or 711)** Monday - Friday from 8 a.m. to 8 p.m. For more information, visit **CareSource.com/MyCare**.

It's okay to ask for help. CareSource covers behavioral health services which can help you cope with all kinds of issues. If you need mental health and/or substance abuse services, including opioid treatment programs, we can help connect you to mental health or addiction services and help you find an experienced network provider. Call Member Services for the names and telephone numbers of available providers, including self-referral or PCP referral, and facilities near you. You can also refer to your provider directory or visit **CareSource.com/MyCare** and use our ***Find A Doctor/Provider*** online tool. Please see the ***Benefits*** section to learn more. You can also call us if you are in crisis. You can talk to someone right away and we can help you get the care you need. Just call the 24-hour Suicide and Crisis Lifeline at 988.

Dental Services

Good dental care is a key part of your health. We encourage you to get a checkup every six months. Routine dental exams can help find and correct any problems before they get worse. CareSource covers one dental exam and cleaning every 6 months for members age 20 and under. For members age 21 and older, CareSource covers one dental exam and cleaning per year. Please see the ***Benefits*** section to learn more.

Vision Services

Caring for your eyes can lead to a better quality of life. Your eyesight impacts your performance at work, school and home. Routine checkups and services from an eye doctor, as well as glasses, are covered by CareSource. Please see the ***Benefits*** section to learn more.

Prior Authorization

Prior authorization (PA) is how we decide if health services listed below will be covered by CareSource MyCare Ohio. These services must be evidence-based and medically necessary for your care. They must also fall within the terms of your health plan. Emergency care does **not need prior authorization**.

Please note the difference between a **referral and a prior authorization**:

- **Prior Authorization (PA):** This means that CareSource must approve the service before you receive it. Your Health Care Provider will request the approval from CareSource.
- **Referral:** This means that your PCP or other health care provider will recommend or request these services for you before you can get them. Your PCP will either call and arrange these services for you, give you a written approval to take with you to the referred services, or tell you what to do.

Many services are available to you from your PCP and CareSource does not need to approve these services before you get them. All you need to do is make an appointment with a doctor in our CareSource network. Look at your ***Provider Directory*** or the ***Find a Doctor/Provider*** tool on our website. Then make an appointment yourself. Please call us if you need help finding a provider for any service or making an appointment.

Some services need a prior authorization from CareSource before you can receive them. You will find information about prior authorizations noted in the chart on **pages 23-30** Your PCP or health care provider will ask for a prior authorization from us. Your PCP or health care provider will usually schedule these services for you. CareSource cannot be responsible for services that need prior authorization if they were received without the approval. For a detailed list of services that require a prior authorization from your doctor please visit **CareSource.com/MyCare**. You can also call Member Services.

Some services may need a referral. This means you may need to get an OK from your provider before you can get the service. A referral is request from a PCP for his or her patient to see a specialist, such as a surgeon, for care.

Services Not Covered by CareSource MyCare Ohio

CareSource MyCare Ohio will not pay for services or supplies received that are not covered by Medicaid. If you have a question about whether a service is covered, please call Member Services at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, Monday – Friday, 8 a.m. – 8 p.m.

CareSource MyCare Ohio will not pay for the following services that are not covered by Medicaid:

- All services or supplies that are not medically necessary
- Paternity testing
- Services to find cause of death (autopsy) or services related to forensic studies
- Assisted suicide services, defined as services for the purpose of causing, or assisting to cause, the death of an individual

Services Not Covered by CareSource MyCare Ohio Unless Medically Necessary

CareSource MyCare Ohio will review applicable OAC rules (e.g. 5160-1-61) and conduct a medical necessity review if appropriate. If you have a question about whether a service is covered, please call Member Services at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, Monday – Friday, 8 a.m. – 8 p.m.

CareSource MyCare Ohio will not pay for the following services that are not covered by Medicaid ***unless determined medically necessary***:

- Abortions except in the case of a reported rape, incest or to save the life of the mother.
- Biofeedback services
- Experimental services and procedures, including drugs and equipment, not covered by Medicaid and not in accordance with customary standards of practice.
- Infertility services for males or females, including reversal of voluntary sterilizations
- Inpatient treatment to stop using drugs and/or alcohol (in-patient detoxification services in a general hospital are covered.)
- Plastic or cosmetic surgery
- Services for the treatment of obesity
- Services determined by Medicare or another third-party payer
- Sexual or marriage counseling
- Voluntary sterilization if under 21 years of age or legally incapable of consenting to the procedure.

Frequency Limitations

Your MyCare plan will review all requests for services from your provider. If you have a question about whether a service is covered, please call Member Services at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, Monday – Friday, 8 a.m. – 8 p.m.

BENEFITS

At CareSource, we care about you. We know that there is more to health and well-being than just great health care. That's why CareSource offers benefits and services that go beyond basic care.

Benefits At-A-Glance

These benefits at-a-glance list the covered care and services you have as a CareSource member.

Health Care Visits

- Community Behavioral Health Centers (CBHCs)
- Convenience Care Clinics inside of stores like CVS®, Kroger® and Walmart®
- Emergency Room (ER)
- Federally Qualified Health Center (FQHC) and Rural Health Clinic (RHC)
- Hospital (Inpatient and Outpatient)*
- Primary Care Providers (PCPs) like Doctors, OB/GYNs, Physician Assistants and Nurse Practitioners
- Skilled Nursing Facility*
- Specialists (e.g., Podiatrist, Neurologist and Oncologist)
- Virtual doctor visit over the phone or online including Teladoc®
- Urgent Care

Preventive and Early Detection Care/Screenings

- Abdominal Aortic Aneurysm Screening
- Alcohol Misuse Screening and Counseling
- Annual Wellness Visit (Physical Exam)
- Blood Pressure Screening
- Bone Mass Measurements
- Breast Cancer Screening (Mammogram)
- Cardiovascular Disease Screening Tasks
- Cervical and Vaginal Cancer Test (Pap Smear)
- Cholesterol Screening
- Colorectal Cancer Screening
- Counseling to Prevent Tobacco Use
- Depression Screening
- Diabetes Screening (Kidney Screening)
- Diabetes Self-Management Training
- Disease Tests and Treatments (e.g., Hepatitis, HIV and STI/STD)
- Intensive Behavioral Therapy for Obesity
- Immunizations (shots, flu vaccines)
- Lung Cancer Screening
- Medical Nutrition Therapy
- Nutritional Counseling
- Prolonged Preventive Services
- Prostate Cancer Screening
- Screening Pelvic Exams

Health Condition Management

- Chemotherapy and Radiation*
- Diabetes Self-Management Training
- Diabetic Services and Supplies*+
- Dialysis
- Kidney Disease Services and Supplies*
- Pulmonary (lung) Rehabilitation Services*

Diagnostics

- Blood Work/Lab Testing*
- Scans (e.g., CT, MRI and PET)*
- X-Rays

Heart

- Cardiac Rehabilitation Services*
- Electrocardiogram (ECG/ EKG)
- Heart Disease Risk Reduction Visit (Therapy for heart disease)
- Heart Disease Testing

Behavioral Health Services

- Assertive Community Treatment (ACT)*
- Applied Behavioral Analysis (ABA)*
- Inpatient Services*
- Behavioral Health Care Coordination Services
- Electroconvulsive Therapy (ECT)
- Family, Group and Individual Counseling
- Intensive Home Based Treatment (IHBT)*
- Intensive Outpatient Program (IOP) Services
- Medication Assisted Treatment (MAT)
- Mental Health Day Treatment
- Opioid Treatment Program (OTP) Services*
- Partial Hospitalization Program (PHP) Services*

- Pharmacological (Medication) Management
- Psychiatric Diagnostic Evaluation
- Psychological Testing
- Substance Use Disorder (SUD) Residential*
- Transcranial Magnetic Stimulation (TMS)*

Pharmacy and Medications

- Non-Medicare Part D Brand and Generic Drugs
- Mail Order Drugs for Non-Medicare Part D Drugs and Medicaid Covered OTC items
- Medicaid Covered Over-The-Counter (OTC) Items

Medical Supplies

- Cochlear Implants*
- Incontinence Supplies
- Durable Medical Equipment (DME) and Related Supplies (e.g., Oxygen Tank, Wheelchair/ Walkers, Wound Care and CPAP Machine)*
- Prosthetic Devices and Related Supplies*

Home Health Care*

- Home Infusion Therapy
- Home Nursing Services (e.g., Skilled Nursing, Private Duty, Certified Nurse Aid and Social Worker)
- Physical, Occupational and Speech Therapy

Vision/Eye Care

- Contact Lenses
- Optometrist and Ophthalmologist Services
- Glaucoma Screenings
- Routine Eye Exams
- Glasses:
  - 18-20 years old: (one exam/one pair eyeglasses) every year
  - 21–59 years old: (one exam/one pair eyeglasses) every 2 years
  - 60+: (one exam/one pair eyeglasses) every year

Dental

- Routine Dental Exams & Cleanings
- Anesthesia/Sedation
- Crowns and Posts*
- Dental Labs & Tests
- Dental X-Rays*
- Dentures/Partials*
- Fillings
- Fluoride (under age 21)
- Gum Care (Periodontics)*
- Root Canals
- Routine Tooth Extractions
- Surgical Extractions & Other Oral Surgery*

Transportation Services

- Emergency (Ambulance, Air flights, etc.)
- Non-Emergency Medical Transportation*
- Non-Emergency (Scheduled Ride, Bus, Wheelchair Access)

Other Care

- Acupuncture*
- Allergy Testing and Treatment
- Chiropractic Services
- Hospice and Palliative (comfort) Care, including Short-Term Respite Care*
- Long-Term Acute Care (LTAC)*
- Obesity Screening and Therapy (Weight loss)
- Pain Management*
- Podiatry (foot) Services
- Smoking/Tobacco Cessation (Counseling to quit smoking/tobacco use)
- Supervised Exercise Therapy (SET)
- Surgeries* (e.g., General, Bariatric, Reconstructive and Transplant)
- TMJ treatment (Jaw pain or problems with jaw movement)

Additional Programs and Services

- Care Management
- CareSource24® — 24 Hour Nurse Advice Line
- Disease Management
- Health and Wellness Education Programs
- Medication Therapy Management
- MyHealth Online Tool
- myStrength℠ Online Mental Health Tool

** Indicates that prior authorization may be required. This means that CareSource must approve the service before you receive it. Your health care provider will request the approval from CareSource.*

+ Note: Diabetic supplies are limited to the following manufacturers: Preferred test strips: Abbott/ Lifescan, Preferred Continuous Glucose Monitors (CGM): Abbott Freestyle & Dexcom

Benefits Guide

SERVICE	MORE INFORMATION	REQUIREMENTS
Acupuncture	Acupuncture coverage is limited to pain management of migraine headaches and lower back pain.	No prior authorization is required.
Ambulance and Ambulette Transportation	Transportation for emergency situations by ambulance or an Ambulette, a wheelchair van.	Non-emergency ambulance services must be medically necessary and can only be scheduled by a provider or your Care Manager.
Behavioral Health Services	If you need mental health and/or substance use disorder treatment services, please refer to your provider directory or view a list of up-to-date network providers at **FindADoctor.CareSource.com**. You can also call Member Services to learn more. You can self-refer to an Ohio Department of Mental Health and Addiction Services (Ohio MHAS) certified community behavioral health center or qualified behavioral health provider. If you need help for Substance Use Disorder treatment call the CareSource Substance Use Hotline at 1-833-674-6437. If you need help right away for mental health, please call 988.	These services require a prior authorization: • All inpatient services • Assertive Community Treatment (ACT) for Adults • Intensive Home-Based Treatment (IHBT) • Partial Hospitalization Program (PHP) services • Substance Use Disorder (SUD) Residential: PA needed after 30-days for the first two admissions in a calendar year and initially for a third admission in a calendar year.) • Transcranial Magnetic Stimulation (TMS)
Certified Nurse Midwife Services (CNM)	Find a CNM in the CareSource network in your Provider Directory, at **FindADoctor.CareSource.com**, or by calling Member Services.	No prior authorization is required.
Certified Nurse Practitioner (CNP) Services	Services include preventive care, well checks and pap smears. Find a CNP in the CareSource network in your Provider Directory, at **FindADoctor.CareSource.com**, or by calling Member Services.	No prior authorization is required.
Chiropractic (back) Services	Services for your back. Find a chiropractor in the CareSource network in your Provider Directory, at **FindADoctor.CareSource.com**, or by calling Member Services.	No prior authorization is required.

SERVICE	MORE INFORMATION	REQUIREMENTS
Dental Services (including Dentures and Orthodontics)	The plan covers the following services: • Oral Evaluations (e.g., Comprehensive oral evaluation one per 60 months per provider-patient relationship and Periodic oral evaluation once every 180 days for members under 21 years of age, and once every 365 days for members age 21 and older) • Routine radiographs/diagnostic imaging • Prophylaxis (dental cleaning) once every 180 days for members under 21 years of age, and once every 365 days for members age 21 and older. • Preventive services including fluoride, sealants, and space maintainers for members under age 21. • Minor and Major Restorative (e.g., fillings, crowns), • Endodontic (e.g., Root Canal treatment) • Periodontal (e.g., Scaling and Root Planing (Deep Cleaning), • Prosthodontic (e.g., Dentures/Partials), • Orthodontic (Braces) under age 21 • Oral Surgery (e.g., Tooth Extractions) services Age, frequency, and other limitations may apply to some services. Find a dentist in the CareSource network in your Provider Directory, at **FindADoctor.CareSource.com**, or by calling Member Services.	These services require a prior authorization: • Some Special Image Scans (e.g., CT Scans) • Crowns, Post and Core procedures • Dentures/Partials • Some Oral Surgery Procedures • Some Periodontal Services • Orthodontics/ Dental Braces (Must be under age 21) • Unspecified Services from Your Provider Please check with Your Provider for details on all services
Diagnostic Services (lab, x-ray)	Diagnostic services are lab work, x-rays or tests ordered by a doctor or health care professional to learn more about a specific condition or disease.	These services require a prior authorization (including but not limited to): • Some bloodwork/lab testing • Scans (CT, MRI, PET)

SERVICE	MORE INFORMATION	REQUIREMENTS
Durable Medical Equipment and Supplies (DME)	Medical equipment prescribed by your doctor that can be used more than once for health services.	These services require a prior authorization (including but not limited to): • Wheelchairs and some accessories • All rental/lease items like: - CPAP/BiPAP - NPPV machines - Apnea Monitors - Ventilators - Hospital beds - Specialty mattresses - High frequency chest wall oscillators - Cough assist/stimulating device - Pneumatic compression devices - Speech generating devices and accessories - Infusion pumps • Cochlear implants including most replacements. • Left Ventricular Assist Device (LVAD) • Wound pump • Wound Vacs • Prosthetic/orthotic devices* • Oral appliances for obstructive sleep apnea • Patient transfer systems /hoyer lifts • Power wheelchair repairs • Spinal cord stimulators • Tumor treatment field therapy **Orthotics can be replaced once each year when medically necessary. Additional replacements may be allowed if damage and unable to repair or if need driven by rapid growth and member is under 18 years of age. Excludes repair/replacement due to lost or stolen, misuse, malicious breakage, or gross neglect.*
Emergency Services	An emergency is a medical problem you think is so serious that it must be treated right away by a doctor. Emergency Services are always covered. Learn more on **page 38**.	No prior authorization is required for emergency services.

SERVICE	MORE INFORMATION	REQUIREMENTS
Family Planning Services and Supplies	Services like birth control, breast pumps, family planning exams, nurse midwife services, prenatal and postnatal doctor and home visits are covered. Lamaze, parent education and breast feeding classes are also covered.	Infertility services require a prior authorization. You can receive services from your PCP or any OB/GYN or Qualified Family Planning Provider (QFPP) listed in your Provider Directory like Planned Parenthood.
Federally Qualified Health Center (FQHC)	Covered care includes office visits for primary care and specialists services, physical therapy, speech pathology and audiology services, dental services, podiatry services, vision services, chiropractic services, and mental health services. Call Member Services for available qualified centers in Ohio, find one in your Provider Directory, or at **FindADoctor.CareSource.com**.	No prior authorization is required.
Free-Standing Birth Center Services at a Free-Standing Birth Center	Call Member Services for available centers in Ohio, find one in your Provider Directory, or at **FindADoctor.CareSource.com**.	No prior authorization is required.
Home and Community-Based Waiver Services	MyCare Ohio Waiver services are designed to meet the needs of members 18 years or older, who are determined by the state of Ohio, or its designee, to meet an intermediate or skilled level of care. These services help individuals to live and function independently.	All Waiver services require a prior authorization. You must be enrolled in care management. If you are enrolled in a waiver, please see your *MyCare Ohio Home & Community-Based Services Waiver Member Handbook for waiver services information.*
Home Health Services	Home health care is a wide range of health care services that can be given in your home for an illness or injury.	These services require a prior authorization: • Home Health aide visits • Private duty nursing (PDN) • Skilled nurse visits • Social worker visits • Occupational Therapy • Speech Therapy • Physical Therapy
Inpatient Hospital Services	Inpatient hospital services are medical procedures or tests that are done in a hospital or other medical center and usually require an overnight stay.	All inpatient hospital services require a prior authorization.

SERVICE	MORE INFORMATION	REQUIREMENTS
Medical Supplies	Covered care includes diabetic supplies and nutritional supplies. *Note: Diabetic supplies are limited to the following manufacturers:* • *Preferred test strips: Abbott/Lifescan* • *Preferred Continuous Glucose Monitors (CGM): Abbott Freestyle & Dexcom*	These services require a prior authorization (including but not limited to): • Continuous glucose monitors • Donor milk • Insulin infusion device • Oral nutrition (for medical purposes) and enteral nutritional therapy.
Nursing Facility Services/Long Term Care Services and Supports	If you need these services, please call our Member Services Department at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)** for information on available providers. The Office of the State Long-Term Care Ombudsman helps people get information about long-term care services in nursing homes and in your home or community, and resolve problems between providers and members or their families. They can also help you file a complaint or an appeal with our plan. For MyCare Ohio members, help with concerns about any aspect of care is available through the MyCare Ohio Ombudsman. You can call 1-800-282-1206, Monday through Friday, 8 a.m. to 5 p.m. Calls to this number are free. You can submit an online complaint at aging.ohio.gov/contact/ or you can send a letter to: Ohio Department of Aging: MyCare Ohio Ombudsman 50 W. Broad St./ 9th Floor Columbus, OH 43215-3363	Nursing facility services require a prior authorization. Custodial or intermediate care requires a notification.
Obstetrical/ Maternity Care	Prenatal and postpartum, including at-risk pregnancy services and gynecological services. You may self-refer to any women's health specialist in our network or you may see your PCP.	A prior authorization is required for maternity care if delivery and inpatient stay is scheduled at less than 39 weeks or if the stay exceeds 48 hours for vaginal or 96 hours for cesarean delivery.
Outpatient Hospital Services*	Outpatient hospital services are medical procedures or tests that can be done in a medical center without an overnight stay.	These services require a prior authorization (including but not limited to): • Elective surgeries

SERVICE	MORE INFORMATION	REQUIREMENTS
Out-of-Network Providers	A doctor, hospital, drugstore or other licensed provider that has not signed a contract agreeing to give services to CareSource members. CareSource will not pay for services from these providers unless it is an emergency or we have given prior authorization. Find providers in the CareSource network in your Provider Directory, at **FindADoctor.CareSource.com**, or by calling Member Services.	Prior authorization is required for out-of-network providers or services.
Podiatry (Foot) Services	Services for your feet.	No prior authorization is required.
Prescription drugs (certain drugs not covered by Medicare Part D)	All medically necessary Medicaid-covered medications are covered. We use a Preferred Drug List (PDL). Medicaid-covered medications are designated with the abbreviation ADD, Additional Demonstration Drug. Health care providers will write prescriptions for you that can be filled at a network pharmacy. Most prescriptions will be covered by your Medicare Part D provider. Please see the *Prescription Drugs – Not Covered by Medicare Part D* section of this handbook on **page 31**.	Prior authorization varies by drug. Please see **page 31** to learn more.
Preventive Mammogram (breast) and Cervical Cancer (pap smear) Exams	Preventative care is always covered. Mammograms and pap smears for women are covered.	No prior authorization is required.
Preventative Prostate Screening	Preventative care is always covered. Screenings for prostate cancer for men are covered.	No prior authorization is required.
Primary Care Provider (PCP) Services	Preventative care is always covered. Your PCP will do your checkups, shots and treat you for most of your routine health care needs. If needed, your PCP will send you to specialists or admit you to the hospital.	No prior authorization is required.
Renal Dialysis (kidney disease)	Dialysis is covered.	Prior authorization is required for dialysis.

SERVICE	MORE INFORMATION	REQUIREMENTS
Residential Treatment	Residential treatment provides therapy for substance use, mental illness or other behavioral problems in a health care facility. Call Member Services to learn more.	Prior authorization is required for residential treatment.
Respite Services	Respite services give the primary caregiver temporary relief from the direct care of an eligible individual. An eligible individual must have long-term care or behavioral health needs and qualify for Supplemental Security Income (SSI) (reference 1915(b) and OAC rule 5160-26-03). These services are limited to qualifying individuals under the age of 21.	Prior authorization is required for respite services.
Rural Health Clinic Services (RHCs)	Includes office visits for primary care and specialists services, clinical psychologist services, clinical social worker for the diagnosis and treatment of mental illness and visiting nurse services in certain situations.	No prior authorization is required.
Shots (Immunizations)	Your PCP will do your checkups, shots and treat you for most of your routine health care needs.	No prior authorization is required.
Specialist Services	Includes services from specialists like a dermatologist, cardiologist and other providers. Find specialists in the CareSource network in your Provider Directory, at **FindADoctor.CareSource.com**, or by calling Member Services.	Specialists or services outside of the CareSource network require a prior authorization.
Speech and Hearing Services (including Hearing Aids)	Please contact Member Services for details.	These services require a prior authorization (including but not limited to): • Speech therapy • Hearing aids
Telehealth Services	Convenient access to a doctor by phone or computer, from wherever you are. Your PCP may offer telehealth. Contact their office to find out. If your PCP is not available, call Teladoc® at 1-800-TELADOC (835-2362) or visit www.Teladoc.com/MyCareOhio.	No prior authorization is required.
Urgent Care Centers	Urgent Care Centers are for non-emergencies. They are for when you can't see your PCP right away. They help keep an injury, sickness or mental health issue from getting worse.	No prior authorization is required.

SERVICE	MORE INFORMATION	REQUIREMENTS
Vision Care (Optical) Services (including eyeglasses)	Includes eye exams, routine checkups, vision surgery and services from an eye doctor. • One comprehensive exam each year for all members Eyeglasses and contacts are covered: • 18–20 years old: one pair per year • 21–59 years old: one pair every two years • 60 years and older: one pair per year *Note: Deluxe frames, transitions and progressive lenses are not covered.*	Providers or services outside of the CareSource network require a prior authorization.
Well-adult Exams	Preventative care is always covered. Your PCP is your main point of contact for routine care, common illnesses and advice. Your PCP may also offer telehealth. Contact your PCP's office to find out.	No prior authorization is required.
Well-child (Healthchek) Exams for children under the age of 21	Preventative care is always covered. Healthchek covers medical exams, immunizations (shots), health education and lab tests for Medicaid eligible individuals under the age of 21. Healthchek also covers medical, vision, dental, hearing, nutritional, developmental and behavioral health exams. See **page 14** to learn more.	No prior authorization is required.

ADDITIONAL BENEFITS OR SERVICES

CareSource MyCare Ohio also offers the following extra services and/or benefits to their members. They include:

Transportation

If you must travel 30 miles or more from your home to receive covered health care services, CareSource MyCare Ohio will provide transportation to and from the provider's office. Please contact Member Services for assistance at least 48 hours (two business days) before you need a ride. If any special assistance is needed for required wheelchair or stretcher transportation, tell us when calling to schedule the ride.

In addition to the transportation assistance that CareSource MyCare Ohio provides, members can still receive assistance with transportation for certain services through the local County Department of Job and Family Services Non-Emergency Transportation (NET) program. Call your County Department of Job and Family Services for questions or assistance with NET services.

If you have been determined eligible and enrolled in a home and community- based waiver program, there are also waiver transportation benefits available to meet your needs.

myStrength

Take charge of your mental health and try our online wellness tool called myStrength℠. This is a safe and secure tool designed just for you. It offers personalized support to help improve your mood, mind, body and spirit. You can access it online or on your mobile device at no cost to you. myStrength offers online learning, empowering self-help tools, wellness resources and inspirational quotes and articles. You can visit www.mystrength.com/CareSource for more information and to sign up. Complete the myStrength sign-up process and personal profile online. You can also download the myStrength app for Apple® and Android® devices at www.mystrength.com/mobile and sign in using your login email and password.

Express Banking

Your financial health impacts your well-being. Express Banking is a bank account from Fifth Third Bank with no monthly service charge, no minimum balance, no overdraft fees, and a debit card for purchases. Visit 53.com/CareSource to learn more. If you're visiting in person, mention the CareSource member code: **56706**.

CareSource24 Nurse Advice Line

With CareSource24® Nurse Advice Line, you have unlimited access to talk with a caring and experienced staff of registered nurses through a toll-free number. You can call **1-866-206-7861** (TTY: 1-833-711-4711 or 711) 24 hours a day, 7 days a week. CareSource24 is available at no cost to you. The nurses will talk with you about your symptoms. They will help you figure out your next steps for care. Please see **page 10** of this handbook for more details.

MyHealth

Through MyHealth, adults age 18 and older have access to interactive health assessments, small step interactive guides and videos, and online tools to set and track health and wellness goals. To get started, simply log in to your MyCareSource account, click on the ***Health*** tab and scroll down to the to ***MyHealth*** link.

PRESCRIPTION DRUGS – NOT COVERED BY MEDICARE PART D

While most of your prescription drugs will be covered by Medicare Part D, there are a few drugs that are not covered by Medicare Part D but are covered by CareSource MyCare Ohio. You can view our plan's ***List of Covered Drugs*** on our website at **CareSource.com/MyCare**. Drugs with an "ADD" are not covered by Medicare Part D but are covered by CareSource MyCare Ohio. You do not have any copays for drugs covered by our plan.

We may also require that your provider submit information to us (a prior authorization request) to explain why a specific medication and/or a certain amount of a medication is needed. We must approve the request before you can get the medication. Reasons why we may prior authorize a drug include:

- There is a generic or pharmacy alternative drug available.
- The drug can be misused/abused.
- There are other drugs that must be tried first.
- Some drugs may have quantity (amount) limits.

If we do not approve a prior authorization request for a medication, we will send you information on how you can appeal our decision and your right to a state hearing. You can call Member Services to request information on medications that require prior authorization. You can also look on our website at **CareSource.com/MyCare**. Make sure you are only looking at the drugs with "ADD" to see if they require prior authorization. Please note that our list of medications that require prior authorization can change so it is important for you and/or your provider to check this information when you need to fill or refill a medication.

As a reminder, because you have chosen or were assigned to receive only your Medicaid-covered services from our plan, CareSource MyCare Ohio does not provide coverage for your Medicare Part D prescription drugs. CareSource MyCare Ohio will only cover certain drugs that are not covered by Medicare Part D.

Medication Therapy Management (MTM)

At CareSource MyCare Ohio, we understand the impact that proper medication use can have on your health.

That's why we have a Medication Therapy Management (MTM) program for our members. This program is designed to help you learn about your medications, prevent or address medication-related problems, decrease costs, and stick to your treatment plan.

Using medications the right way is vital to your health. That's why we have a Medication Therapy Management (MTM) program. This program will:

- Help you safely use your drugs.
- Help your doctors and other caregivers work better together.
- Help you learn about your drugs and the right way to use them.
- Help your overall health.

You can find this program at many local pharmacies. Ask your pharmacy if they are part of the MTM program or talk with Member Services. Pharmacies may also reach out to you if they think you could benefit from the program. The pharmacist may set a time with you to review your medications. This includes any pills, creams, eye drops, herbals or over-the-counter items you use. They can help you with your medications and teach you the right way to take them. They also work with your providers. You can take part in the MTM program at no cost to you.

Medication Disposal

Is your medicine cabinet full of expired drugs or medications you no longer use? Your prescriptions are for you. What's safe for you might be harmful to someone else. Expired or unused medications can be a serious health risk for toddlers, teens or family pets if they are within their reach. They can also be misused by others. Most people who misuse prescription drugs get them from friends or family members. That's why CareSource wants to remind you to safely get rid of any unused or expired drugs.

You have options to dispose of medications that have expired or that you are no longer taking:

- **Drug Take Back Day:** The U.S. Drug Enforcement Administration (DEA) sponsors the National Prescription Drug Take Back Day each year. To learn more, go to takebackday.dea.gov.
- **Year-Round Drug Disposal:** There are also drug disposal sites available year-round. To see a list of sites near you, visit deadiversion.usdoj.gov/pubdispsearch. To learn more about how to properly dispose of old, unused, or expired medicine, check out the DEA's drug disposal page.
- **DisposeRx® Packets:** CareSource offers free DisposeRx packets to help you get rid of expired drugs or medications you no longer use. These packets are safe for the environment, easy to use, and can help stop drug misuse. Please fill out the form at **CareSource.com/oh/members/tools-resources/find-my-prescriptions/medication-disposal/mycare/** to get your free DisposeRx packet. You can also call Member Services.

WHERE TO GET MEDICAL CARE

We want to make sure you get the right care from the right health care provider when you need it.

Primary Care Provider (PCP)

Usually open during regular business hours. Appointment needed.

For routine care, common illnesses and advice. May also offer telehealth. Contact your PCP's office to find out. **Visit your PCP the most often!**

Telehealth & Teladoc

Convenient access to a doctor by phone or computer from wherever you are.

Your PCP may offer telehealth. Contact their office to find out. If your PCP is not available, call Teladoc® at 1-800-TELADOC (835-2362) or visit www.Teladoc.com/MyCareOhio.

Convenience Care Clinics

Usually open seven days a week with evening and weekend hours.

When your PCP is not available. Convenience care clinics are found inside many local drug and grocery stores. Visit for common illnesses such as coughs, sinusitis, colds, sore throats and immunizations (shots).

Urgent Care

Usually open seven days a week with evening and weekend hours.

When your PCP is not available. Go to an urgent care site if your condition or injury can't wait. For common illnesses, x-rays, deep cuts, etc.

Hospital Emergency Room (ER)

Open 24 hours a day, 365 days a year.

When you are very sick or need immediate help. Visit the ER for life-threatening situations such as chest pain or a head injury.

Not every situation falls neatly into one of the above options. If you are not sure where to go, call the CareSource24® Nurse Advice Line. We're here for you 24 hours a day, 7 days a week. Just call **1-866-206- 7861** (TTY: 1-833-711-4711 or 711) to talk to a CareSource24 nurse.

Primary Care Provider (PCP)

Your PCP is often the best choice for managing your health care needs. They know your health history. You should see your PCP for all routine visits. Some examples of conditions that can be treated by your PCP are:

- Dizziness
- High/low blood pressure
- Swelling of the legs and feet
- High/low blood sugar
- Persistent cough
- Loss of appetite
- Restlessness
- Joint pains
- Colds/flu
- Headache
- Earache
- Backache
- Constipation
- Rash
- Sore throat
- Removal of stitches
- Vaginal discharge
- Pregnancy tests
- Pain management

Telehealth

Telehealth is a convenient option for care. Telehealth is the direct delivery of health care to a patient via audio and/or video. Instead of coming into the office for your appointment, you stay at your home or office and use your smartphone, tablet or computer to see and talk to your medical and behavioral health professionals. There is no cost for CareSource MyCare Ohio members to use telehealth, and telehealth removes the stress of needing transportation services.

Medicaid members can see medical and behavioral health professionals via telehealth for many illnesses and injuries, common health conditions, follow-up appointments and screenings as well as prescribing medication(s). Check with your Medicare insurance plan for providers who offer telehealth services.

Your PCP may offer telehealth services via phone or computer. Please check with your provider for available options and details.

For those times when you can't get a same day appointment with your provider, or your provider's office is closed, Teladoc® is a great option to use from the comfort of your home. Skip the trip and the wait. Save money, time and worry when you use Teladoc. You and your family can talk to a Teladoc provider by phone or video from wherever you are. Use Teladoc for general medical and behavioral health services, like:

General Medical
Talk to a provider 24/7. Use for non-emergency health care needs like:

- Cold and flu
- Sore throat
- Sinuses
- Allergies
- Pink eye
- Ear infections
- Urinary tract infections
- Rash
- Skin conditions
- And more

Behavioral Health
Talk to a therapist or prescriber seven days a week, 7 a.m. to 9 p.m.

- Anxiety
- Depression
- Stress
- Substance use
- Trauma
- Relationship issues
- And more

Connecting with Teladoc is easy:

- Visit www.Teladoc.com/MyCareOhio
- Call 1-800-TELADOC (835-2362)
- Access directly from the CareSource mobile app
- Referral and direct connection from CareSource24®
- Download the Teladoc app

Have your CareSource member ID number ready when you call. You will need to answer a few questions about the reason for yourcall. A doctor will contact you, normally within 15 minutes.

NOTE: Teladoc should not be used for trauma, chest pain, shortness of breath or the prescribing of DEA (Drug Enforcement Agency) controlled substances.

Convenience Care Clinics

If you can't see your PCP, we want to make it easy for you and your family to get care when you need it most.

A retail visit is quicker than a visit to urgent care or an ER. You can go to clinics inside of CVS®, Kroger® and Walgreens® for basic care. At the clinic, you can:

- Get a flu shot.
- Get health screenings and physicals.
- Get care for aches and pains, sicknesses and minor injuries.

Most clinics are open in the evening, seven days a week. Visits can be scheduled for the same day.

Often walk-ins are welcome. Find one near you using our online ***Find a Doctor/Provider*** tool at **FindADoctor.CareSource.com**.

Urgent Care Centers

You can visit an urgent care center for non-emergency situations to keep an injury or illness from getting worse after hours or when your PCP's office is closed, or if your PCP is not able to see you right away. If you think you need to go to an urgent care center, you can:

1. Call your PCP for advice. You can reach your PCP, or a back-up doctor, 24 hours a day, seven days a week.
2. Call CareSource24, our Nurse Advice Line, at **1-866-206-7861 (TTY: 1-833-711-4711 or 711)**.
3. Go to a network urgent care center listed in your Provider Directory or on our website at **CareSource.com/MyCare**. After you go, always call your PCP to schedule follow-up care.

If you have a health need when you are traveling outside the counties that CareSource MyCare Ohio covers, see **page 39**.

Emergency Services

An illness, injury, symptom or condition that is so serious a reasonable person would get care right away to avoid major harm is called an emergency medical condition. Emergency services are covered when you have an emergency medical condition. Emergency services evaluate, treat or stabilize an emergency medical condition. They can include services given by a provider inside or outside a hospital, or medical transportation. You have the right to use any hospital or other appropriate setting for emergency services.

Emergency services are covered by Medicare. If you have an emergency, call 911 or go to the nearest emergency room (ER) or other appropriate setting. If you are not sure whether you need to go to the emergency room, call your primary care provider (PCP) or the CareSource24 Nurse Advice Line at **1-866-206-7861 (TTY: 1-833-711-4711 or 711)**. Your PCP or CareSource24 can talk to you about your medical problem and give you advice on what you should do.

Remember, if you need emergency services:

- Go to the nearest hospital emergency room or other appropriate setting. Be sure to show them your CareSource MyCare Ohio member ID card and your Medicare ID card.
- If the provider that is treating you for an emergency takes care of your emergency but thinks that you need other medical care to treat the problem that caused your emergency, the provider must call CareSource MyCare Ohio.
- If the hospital has you stay, please make sure that our plan is called within 24 hours. Call your Care Manager, too. He or she will want to check on you and help with any follow-up care.
- We encourage you to also contact your primary care physician. We will not refuse to cover emergency services and we do not limit the definition of what is an emergency.

Prior authorization is not required for emergency services.

Follow-Up Care (Also Called *Post-Stabilization* Care)

You may need more care after your emergency. This is called follow-up care. It's important to let your Care Manager know you had an emergency. Your Care Manager will help you transition back home and schedule follow-up visits. CareSource will talk to the doctors that give you care during your emergency. They will tell us when your medical emergency is over. They need to tell us if you need more care to treat any problems that may have caused the emergency. Your doctor can tell us by calling us at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)** and asking for approval of these services. If needed, CareSource will cover care for you after your emergency situation 24 hours a day, seven days a week. We want to be sure you continue to improve and your condition is stable and resolved if possible.

If your emergency care was from out-of-network providers, CareSource will work to get network providers to take over your care as soon as possible.

When You Can See a Non-Network Provider

Your primary care provider (PCP) is your personal health provider. For any routine medical needs, contact your PCP first. Members must receive Medicaid services from facilities and/or providers in the CareSource MyCare Ohio network. Exceptions include when you need emergency services and when you travel outside of our service area.

Your PCP may decide you need medical care that you can only get from a doctor or other health care provider who is not in our network. If your PCP gets prior approval from CareSource MyCare Ohio for these services, they will be covered. For other times you may see an out-of-network provider please see **page 6**.

When You Travel Outside of Our Service Area

Sometimes you get sick or injured when you are traveling. Here are suggestions for what to do if this happens:

If it's an emergency: Call 911 or go to the nearest emergency room

If it's not an emergency: Call your PCP or call CareSource24, our Nurse Advice Line at **1-866-206-7861 (TTY: 1-833-711-4711 or 711)**. They can help you decide what to do.

If you're not sure if it's an emergency: Call your PCP or CareSource24 at **1-866-206-7861 (TTY: 1-833-711-4711 or 711)**. They can help you decide what to do. Find a list of urgent care providers in the CareSource network in your Provider Directory, at **FindADoctor.CareSource.com**, or by calling Member Services.

MEMBER RIGHTS

As a member of our health plan you have the following rights:

- To receive all information and services that our plan must provide.
- To be treated with respect and with regard for your dignity and privacy.
- To be sure that your medical record information will be kept private.
- To be able to discuss medically necessary treatment options for your condition(s), no matter the cost or benefit coverage.
- To be able to participate with practitioners in making decisions relating to your health care.
- To be given information about your health. This information may also be available to someone who you have legally approved to have the information or who you have said should be reached in an emergency when it is not in the best interest of your health to give it to you.
- To be able to take part in decisions about your health care. Instances believed to work against your best interest may be overridden.
- To get information on any medical care treatment, given in a way that you understand and can follow.
- To be sure others cannot hear or see you when you are getting medical care.
- To be free from any form of restraint or seclusion used as a means of force, discipline, ease, or revenge as specified in Federal regulations.
- To request, and receive a copy of your medical records, and to be able to ask that a record be changed or corrected if needed.
- To be able to say yes or no to having any information about you given out unless we have to by law.
- To be able to say no to treatment or therapy. If you say no, the doctor or our plan must talk to you about what could happen and must put a note in your medical record about it.
- To be able to file an appeal, a grievance (complaint) or state hearing. See “How to Let CareSource MyCare Ohio Know if You Are Unhappy or Do Not Agree With a Decision We Made – Appeals and Grievances,” **page 49** of this handbook for information.
- To be able to get all MCOP-written member information from our plan:
  - at no cost to you;
  - in the prevalent non-English languages of members in the MCOP’s service area;
  - in other ways, to help with the special needs of members who may have trouble reading the information for any reason.
- To be able to get help, free of charge, from our plan and its providers if you do not speak English or need help in understanding information.
- To be able to get help, free of charge, with sign language if you are hearing impaired.
- To be told if the health care provider is a student and to be able to refuse his/her care.

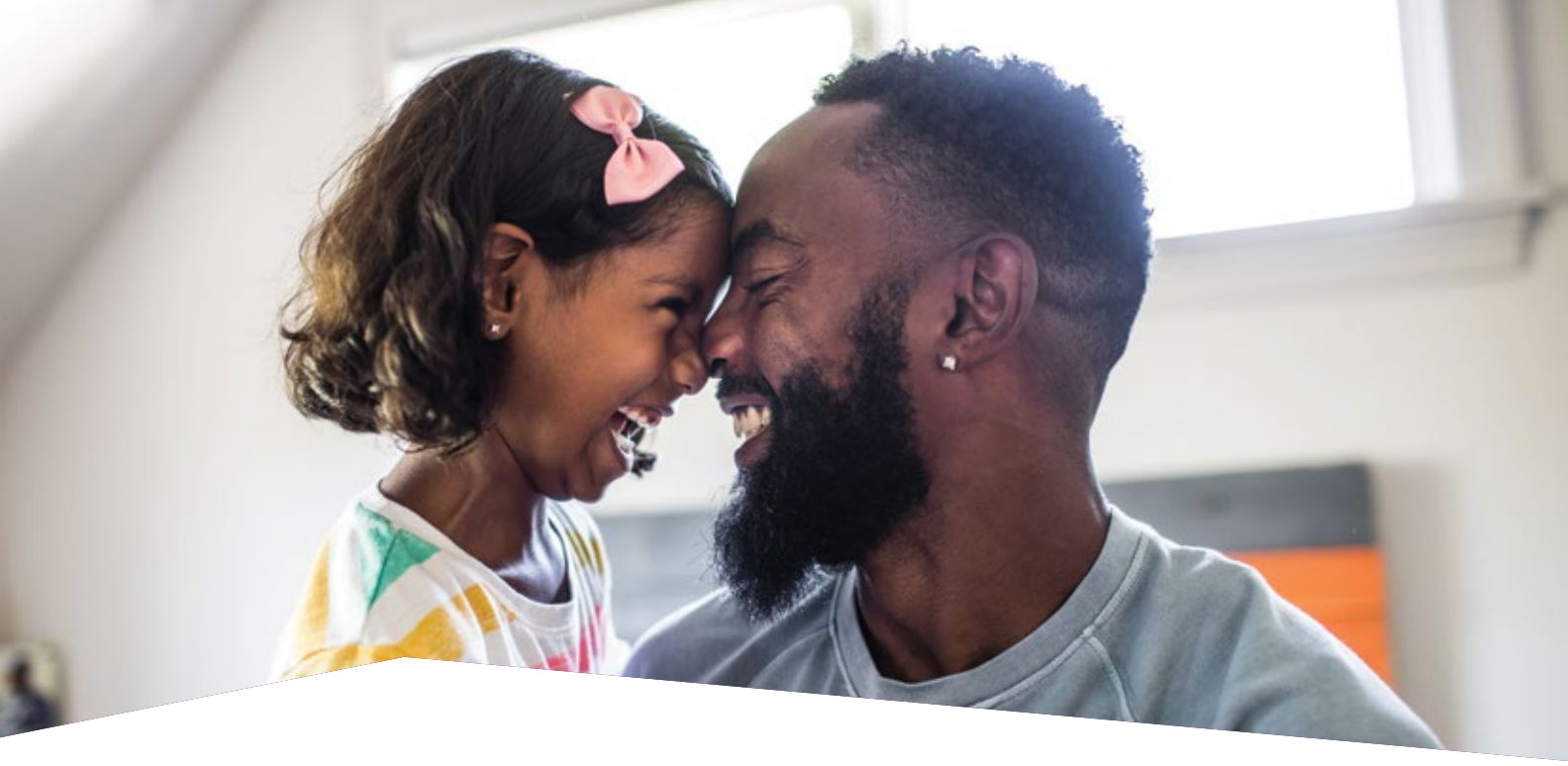
- To be told of any experimental care and to be able to refuse to be part of the care.
- To make advance directives (that is a living will). See **page 57**, which explains about advance directives.
- To file any complaint about not following your advance directive with the Ohio Department of Health.
- To be free to carry out your rights and know that the MCOP, the MCOP's providers or the Ohio Department of Medicaid will not hold this against you.
- To know that we must follow all federal and state laws, and other laws about privacy that apply.
- To choose the provider that gives you care whenever possible and appropriate.
- To change your primary care provider (that is your doctor) no more than once a month.
- If you are a female, to be able to go to a woman's health provider in our network for Medicaid covered woman's health services.
- To be able to get a second opinion for Medicaid covered services from a qualified provider in our network. If a qualified provider is not able to see you, we must set up a visit with a provider not in our network at no cost to you.
- To get information about CareSource MyCare Ohio from us.
- To contact the Ohio Department of Medicaid and/or the United States Department of Health and Human Services Office of Civil Rights at the addresses below with any complaint of discrimination based on race, color, religion, gender, gender identity, sexual orientation, age, disability, national origin, military status, genetic information, ancestry, health status or need for health services.

The Ohio Department of Medicaid
Office of Human Resources, Employee Relations
P.O. Box 182709
Columbus, Ohio 43218-2709

E-mail: ODM_EmployeeRelations@medicaid.ohio.gov
Fax: (614) 644-1434

Office for Civil Rights
United States Department of Health and Human Services 233 N. Michigan Ave. – Suite 240
Chicago, Illinois 60601
(312) 886-2359 (312) 353-5693 TTY

Laws require that we keep your medical records and personal health information private. We make sure that your health information is protected. For more information about how we protect your personal health information, see our Privacy Practices on **page 43**.



MEMBER RESPONSIBILITIES

As a member of CareSource MyCare Ohio you must also be sure to:

- Use only approved providers.
- Keep scheduled doctor appointments, be on time, and if you have to cancel, call 24 hours in advance.
- Follow the plans and instructions for care you have agreed upon with your doctors and other health care providers.
- Always carry your member ID card and present it when receiving services.
- Never let anyone else use your ID card.
- Notify your county caseworker and CareSource MyCare Ohio of a change in your phone number or address.
- Contact your PCP after going to an urgent care center or after getting medical care outside of CareSource MyCare Ohio's covered counties or service area.
- Let CareSource MyCare Ohio and your county caseworker know if any member of your family has other health insurance coverage.
- Provide the information that CareSource MyCare Ohio and your health care providers need in order to provide care for you.
- Understand as much as possible about your health issues and take part in reaching goals that you and your health care provider agree upon.
- Let us know if you suspect health care fraud or abuse.

Visit our website (**CareSource.com/MyCare)** annually for any updates to member rights and responsibilities.

If you have questions, please call Member Services at **1-855-475-3163 (TTY: 1-800-750-0750 or 711)** Monday - Friday from 8 a.m. to 8 p.m. For more information, visit **CareSource.com/MyCare**.

PRIVACY PRACTICES

This notice describes how health information about you may be used and given out. It also tells how you can get this information. Please review it carefully. We will refer to ourselves simply as “CareSource” in this notice.

Your Rights

When it comes to your health information, you have certain rights:

Get a copy of your health and claims records.

- You can ask to see or get a copy of your health and claims records. You can also get other health information we have about you. Ask us how to do this.
- We will give you a copy or a summary of your health and claims records. We often do this within 30 days of your request. We may charge a fair, cost-based fee.

Ask us to fix health and claims records.

- You can ask us to fix your health and claims records if you think they are wrong or not complete. Ask us how to do this.
- We may say “no” to your request. If we do, we will tell you why in writing within 60 days.

Ask for private communications.

- You can ask us to contact you in a specific way, such as home or office phone. You can ask us to send mail to a different address.
- We will think about all fair requests. We must say “yes” if you tell us you would be in danger if we do not.

Ask us to limit what we use or share.

- You can ask us not to use or share certain health information for care, payment, or our operations.
- We do not have to agree to your request. We may say “no” if it would affect your care or for certain other reasons.

Get a list of those with whom we've shared information.

- You can ask for a list (accounting) of the times we've shared your health information. This is limited to six years before the date you ask. You may ask who we shared it with, and why.
- We will include all the disclosures except for those about:
  - care,
  - payment(s),
  - health care operations, and
  - certain other disclosures (such as any you asked us to make).

We will give you one list each year for free. If you ask for another within 12 months, we will charge a fair, cost-based fee.

Get a copy of this privacy notice.

- You can ask for a paper copy of this notice at any time. You can ask even if you have agreed to get the notice electronically. We will give you a paper copy promptly.

Give CareSource consent to speak to someone on your behalf.

- You can give CareSource consent to talk about your health information with someone else on your behalf.
- If you have a legal guardian, that person can use your rights and make choices about your health information. CareSource will give out health information to your legal guardian. We will make sure a legal guardian has this right and can act for you. We will do this before we take any action.

File a complaint if you feel your rights are violated.

- You can complain if you feel we have violated your rights by contacting us. Use the information at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights. You can send a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, call 1-877-696-6775, or visit www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not take action against you for filing a complaint. We may not require you to give up your right to file a complaint as a condition of:
  - care,
  - payment,
  - enrollment in a health plan, or
  - eligibility for benefits.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear choice for how we share your information in the situations described below, talk to us. Tell us what you want us to do. We will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your choice, such as if you are unconscious, we may go ahead and share your information. We may share it if we believe it is in your best interest. We may also share your information when needed to lessen a serious and close threat to health or safety.

In these cases we often cannot share your information unless you give us written consent:

- Marketing purposes
- Sale of your information
- Disclosure of psychotherapy notes

Consent to Share Health Information

CareSource shares your health information, including Sensitive Health Information (SHI). SHI can be information related to drug and/or alcohol treatment, genetic testing results, HIV/AIDS, mental health, sexually transmitted diseases (STD), or communicable/other diseases that are a danger to your health. This information is shared to handle your care and treatment or to help with benefits. This information is shared with your past, current, and future treating providers. It is also shared with Health Information Exchanges (HIE). An HIE lets providers view information that CareSource has about members. You have the right to tell CareSource you do not want your health information (including SHI) shared. If you do not agree to share your health information, it will not be shared with providers to handle your care and treatment or to help with benefits. It will be shared with the provider who treats you for the specific SHI. If you do not approve sharing, all providers helping care for you may not be able to manage your care as well as they could if you did approve sharing.

Other Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in these ways:

- **Help you get health care treatment.** We can use your health information and share it with experts who are treating you.
  - **Example:** *We may arrange more care for you based on information sent to us by your doctor.*
- **Run our organization.** We can use and give out your information to run our company. We use it to contact you when needed. We are not allowed to use genetic information to decide whether we will give you coverage. We cannot use it to decide the price of that coverage.
  - **Example:** *We may use your information to review and improve the quality of health care you and others get. We may give your health information to outside groups so they can assist us with our business. Such outside groups include lawyers, accountants, consultants and others. We require them to keep your health information private, too.*
- **Pay for your health care.** We can use and give out your health information as we pay for your health care.
  - **Example:** *We share information about you with your dental plan to arrange payment for your dental work.*

How else can we use or share your health information? We are allowed or required to share your information in other ways. These ways are often to help the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these reasons. For more information see: **www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html**

- **To help with public health and safety issues.** We can share health information about you for certain reasons such as:
  - Preventing disease
  - Helping with product recalls
  - Reporting harmful reactions to drugs
  - Reporting suspected abuse, neglect, or domestic violence
  - Preventing or reducing a serious threat to anyone's health or safety
- **To do research.** We can use or share your information for health research. We can do this as long as certain privacy rules are met.
- **To obey the law.** We will share information about you if state or federal laws require it. This includes the Department of Health and Human Services if it wants to see that we are obeying federal privacy laws.
- **To respond to organ and tissue donation requests.** We can share health information about you with organ procurement organizations.
- **To work with a medical examiner or funeral director.** We can share health information with a coroner, medical examiner, or funeral director when a person dies.
- **To address workers' compensation, law enforcement, and other government requests.** We can use or share health information about you:
  - For workers' compensation claims
  - For law enforcement purposes or with a law enforcement official
  - With health oversight agencies for activities allowed by law
  - For special government functions such as military, national security, and presidential protective services
- **To respond to lawsuits and legal actions.** We can share health information about you in response to a court or administrative order, or in response to a court order.

We may also make a collection of "de-identified" information that cannot be traced back to you.

Our Responsibilities

- We protect our members' health information in many ways. This includes information that is written, spoken or available online using a computer.
  - CareSource employees are trained on how to protect member information.
  - Member information is spoken in a way so that it is not inappropriately overheard.
  - CareSource makes sure that computers used by employees are safe by using firewalls and passwords.
  - CareSource limits who can access member health information. We make sure that only those employees with a business reason to access information use and share that information.
- We are required by law to keep the privacy and security of your protected health information. We are required to give you a copy of this notice.
- We will let you know quickly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice. We must give you a copy of it.
- We will not use or share your information other than as listed here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: **www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html**.

Effective date and changes to the terms of this notice

The original notice was effective April 14, 2003, and this version was effective June 18, 2018. We must follow the terms of this notice as long as it is in effect. If needed, we can change the notice. The new one would apply to all health information we keep. If this happens, the new notice will be available upon request. It will also be posted on our web site. You can ask for a paper copy of our notice at any time by mailing a request to the CareSource Privacy Officer.

The CareSource Privacy Officer can be reached by:

Mail: CareSource
Attn: Privacy Officer
P.O. Box 8738
Dayton, OH 45401-8738

Email: HIPAAPrivacyTeam@caresource.com

Phone: 1-855-475-3163, ext. 12023 (TTY: 1-833-711-4711 or 711)

We are open 8 a.m. – 8 p.m. Monday through Friday.

FRAUD, WASTE AND ABUSE

We have a comprehensive fraud, waste and abuse program in our Program Integrity Department. It is designed to handle cases of managed care fraud. Help us by reporting questionable situations.

Fraud can be committed by providers, pharmacies or members. We monitor and take action on any provider, pharmacy or member fraud, waste and abuse.

Cases of **provider** fraud, waste and abuse are health workers and doctors who:

- Order drugs, equipment, or services that are not medically necessary.
- Don't give medically necessary services due to lower reimbursement rates.
- Bill for tests or care not provided.
- Use wrong medical coding on purpose to get more money.
- Plan more visits than are needed.
- Bill for more expensive care than provided.
- Unbundling services to get a higher repayment.

Cases of **pharmacy** fraud, waste and abuse are:

- Not giving drugs as written.
- Sending claims for a brand-name drug that costs more but giving a cheaper drug that costs less.
- Giving less than the prescribed amount and then not letting the member know to get the rest of the drug.

Cases of **member** fraud, waste and abuse are:

- Selling prescribed drugs or trying to get controlled drugs from more than one doctor or drugstore.
- Changing or forging prescriptions.
- Using pain medications you do not need.
- Sharing your ID card with someone else.
- Not telling us that you have other health insurance.
- Getting equipment and supplies you don't need.
- Getting care or drugs under some other person's ID.
- Giving wrong symptoms to get treatment, drugs, and other care.
- Too many ER visits for problems that are not an emergency.
- Lying about eligibility for Medicaid.

If you are proven to have misused your covered benefits, you may:

- Have to pay back money that was paid for care that was a misuse of benefits.
- Be charged with a crime and go to jail.
- Lose your Medicaid benefits.
- Be locked in to one PCP, one controlled substance provider, one pharmacy, and/or one hospital for non-emergency services.

If You Suspect Fraud, Waste or Abuse

Please report fraud, waste, or abuse in one of these ways:

1. **Calling us at** 1-855-475-3163 (TTY for the hearing impaired: 1-833-711-4711 or 711)
2. Complete the ***Fraud, Waste and Abuse Reporting Form*** on **CareSource.com**, or write and send a letter to:

   CareSource
   Attn: Program Integrity Department
   P.O. Box 1940
   Dayton, OH 45401-1940

You do not have to give us your name when you write or call. If you are not concerned about giving your name, you may also send an email* to **fraud@CareSource.com** or fax us at 1-800-418-0248. Please give us as many facts as you can. Add names and phone numbers. If we don't get your name, we will not be able to call you back for more information. This will be kept private as allowed by law.

**If your email is not secure, people may read your email without you knowing or saying it is okay. Please do not use email to tell us anything private, like a member ID number, social security number or health information. Instead, please use the form or phone number above. This can help protect your privacy.*

Thanks for helping us keep fraud, waste and abuse out of health care.

HOW TO LET CARESOURCE MYCARE OHIO KNOW IF YOU ARE UNHAPPY OR DO NOT AGREE WITH THE DECISION WE MADE – APPEALS AND GRIEVANCES

If you are unhappy with anything about our plan or its providers, you should contact us as soon as possible. This includes if you do not agree with a decision we have made. You, or someone you authorize to speak for you, can contact us. If you want someone to speak for you, you will need to let us know. CareSource MyCare Ohio wants you to contact us so we can help you.

To contact us, you can:

- Call the Member Services Department at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, or
- Fill out the form in your Member Handbook on **page 60**, or
- Call the Member Services Department to request they mail you a form, or
- Visit our website at **CareSource.com/MyCare**, or
- Write a letter telling us what you are unhappy about. Be sure to put your first and last name, the number from the front of your CareSource MyCare Ohio member ID card, and your address and telephone number in the letter so that we can contact you, if needed. You should also send any information that helps explain your problem.

Mail the form or your letter to: CareSource
Attn: Member Grievances & Appeals
P.O. Box 1947
Dayton, OH 45401-1947

CareSource MyCare Ohio will send you something in writing if we make a decision to:

- Deny a request to cover a service for you;
- Reduce, suspend or stop services before you receive all of the services that were approved; or
- Deny payment for a service you received that is not covered by CareSource MyCare Ohio.

We will also send you something in writing if, by the date we should have, we did not:

- Make a decision on whether to cover a service requested for you, or
- Give you an answer to something you told us you were unhappy about.

If you do not agree with the decision or action listed in the letter, and you contact us within **60 calendar days** of getting our letter to ask that we change our decision or action, this is called an **appeal**. The 60 calendar day period begins on the day after the mailing date on the letter. If we have made a decision to reduce, suspend or stop services before you receive all of the services that were approved, your letter will tell you how you can keep receiving the services if you choose and when you may have to pay for the services.

Unless we tell you a different date, we must give you an answer to your appeal in writing within 15 calendar days from the date you contacted us. 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 CareSource MyCare Ohio's appeal process.**

If you contact us because you are unhappy with something about CareSource MyCare Ohio or one of our providers, this is called a **grievance**. CareSource MyCare Ohio will give you an answer to your grievance by phone (or by mail if we can't reach you by phone) within the following time frames:

- Two working days for grievances about not being able to get medical care
- Thirty calendar days for all other grievances

If we need more time to make a decision for either an appeal or a grievance, we will send you a letter telling you that we need to take up to 14 more calendar days. That letter will also explain why we need more time. If you think we need more time to make a decision on your appeal or grievance, you can also ask us to take up to 14 calendar days.

You also have the right to file a complaint **at any time** by contacting the:

Ohio Department of Medicaid Bureau of Managed Care Compliance and Oversight

Mail: P.O. Box 182709
Columbus, Ohio 43218-2709

Phone: 1-800-605-3040 or 1-800-324-8680
TTY:1-800-292-3572

Ohio Department of Insurance

Mail: 50 W. Town Street 3rd Floor – Suite 300
Columbus, Ohio 43215

Phone: 1-800-686-1526

STATE HEARINGS

A State Hearing is a meeting with you or your authorized representative, someone from the County Department of Job and Family Services, someone from CareSource MyCare Ohio, and a hearing officer from the Bureau of State Hearings within the Ohio Department of Job and Family Services (ODJFS). In this meeting, you will explain why you think CareSource MyCare Ohio did not make the right decision and

CareSource MyCare Ohio will explain the reasons for making our decision. The hearing officer will listen and then decide who is right based on the rules and the information given.

CareSource MyCare Ohio will notify you of your right to request a state hearing if we do not change our decision or action as a result of your appeal.

If you want a state hearing, you or your authorized representative must request a hearing **within 90 calendar days.** The 90-calendar day period begins on the day after the mailing date on the hearing form. If your appeal was about a decision to reduce, suspend, or stop services before you get all the approved services, your letter will tell you how you can keep getting the services if you choose to and when you may have to pay for the services.

To request a hearing you can sign and return the state hearing form to the address or fax number listed on the form, call the Bureau of State Hearings at 1-866-635-3748, or submit your request via e-mail at **bsh@jfs.ohio.gov**. If you want information on free legal services but don't know the number of your local legal aid office, you can call the Ohio State Legal Services Association at 1-800-589-5888, for the local number. **You may only request a state hearing after you have gone through CareSource MyCare Ohio's appeal process.**

State hearing decisions are usually issued no later than 70 calendar days after the request is received. However, if the MCOP or Bureau of State Hearings decides that the health condition meets the criteria for an expedited decision, the decision will be issued as quickly as needed but no later than 3 working days after the request is received. Expedited decisions are for situations when making the decision within the standard time frame could seriously jeopardize your life or health or ability to attain, maintain, or regain maximum function.

ACCIDENTAL INJURY OR ILLNESS (SUBROGATION)

If you must see a doctor for an injury or illness that was caused by another person or business, you must call the Member Services Department to let us know. For example, if you are hurt in a car wreck, by a dog bite, or if you fall and are hurt in a store then another insurance company might have to pay the doctor's and/or hospital's bill. When you call we will need the name of the person at fault, their insurance company and the name(s) of any attorney(s) involved.

OTHER HEALTH INSURANCE (COORDINATION OF BENEFITS – COB)

We are aware that you also have health coverage through Medicare. If you have any other health insurance with another company, it is **very important** that you call the Member Services Department and your county caseworker about the insurance. It is also important to call Member Services and your county caseworker if you have lost health insurance that you had previously reported. Not giving us this information can cause problems with getting care and with payment of potential medical bills.

You will need to show your CareSource MyCare Ohio member ID card, your Medicare ID card and any other health insurance ID cards at all of your appointments. Please bring all your health insurance ID cards with you to every appointment.

Members with other insurance: CareSource MyCare Ohio follows Ohio insurance guidelines for members who have other insurance. Your other insurance coverage is considered your primary coverage. You should follow the guidelines of your primary insurance when you get medical care. Be sure to show your providers and pharmacists your Medicare ID card, your CareSource MyCare Ohio member ID card and any other insurance coverage you have at every visit.

Providers will bill your primary insurance first. After your primary insurance pays its allowable amount, your provider will bill CareSource MyCare Ohio. CareSource MyCare Ohio will pay the remaining amount after the primary insurance payment (up to the amount CareSource MyCare Ohio would have paid as the primary insurance).

You should let CareSource MyCare Ohio and your county caseworker know right away if your other insurance changes.

LOSS OF INSURANCE NOTICE (CERTIFICATE OF CREDITABLE COVERAGE)

Anytime you lose health insurance, you should receive a notice, known as a certificate of creditable coverage, from your old insurance company that says you no longer have insurance. It is important that you keep a copy of this notice for your records because you might be asked to provide a copy.

LOSS OF MEDICAID ELIGIBILITY

It is important that you keep your appointments with the County Department of Job and Family Services. If you miss a visit or don't give them the information they ask for, you can lose your Medicaid eligibility. If this happened, our plan would be told to stop your membership as a Medicaid member, and you would no longer be covered.

AUTOMATIC RENEWAL OF MCOP MEMBERSHIP

If you lose your Medicaid eligibility but it is started again within 90 days, you will automatically be re-enrolled in CareSource MyCare Ohio.

MEMBERSHIP TERMINATIONS

We hope you will be happy with CareSource MyCare Ohio and discuss with us any problems or concerns you may have so we can try to resolve them.

Ending Your MCOP Membership

You live in a MyCare Ohio mandatory enrollment area, which means you must select a MyCare Ohio managed care plan unless you meet one of the exceptions listed on **page 4**. If your area would change to a voluntary enrollment area, the Ohio Department of Medicaid would notify you of the change.

Because you chose or were assigned to only have your Medicaid benefits through CareSource MyCare Ohio, you can only end your membership at certain times during the year. You can choose to end your membership during the first three (3) months of your initial membership or during the annual open enrollment month. The Ohio Department of Medicaid will send you something in the mail to let you know when it is your annual open enrollment period. If you live in a MyCare Ohio mandatory enrollment area, you must choose another MyCare Ohio plan to receive your health care.

If you want to end your membership during the first three months of your membership or open enrollment month you can call the Medicaid Hotline at 1-800-324-8680. TTY users should call Ohio Relay at 7-1-1. You can also submit a request online to the Medicaid Hotline website at **www.ohiomh.com**. Most of the time, if you call before the last 10 days of the month, your membership will end the first day of the next month. If you call after this time, your membership will not end until the first day of the following month. If you chose another managed care plan, your new plan will send you information in the mail before your membership start date.

Choosing A New Plan

If you are thinking about ending your membership to change to another health plan, you should learn about your choices, especially if you want to keep your current provider(s) for Medicaid services. Remember, each health plan has a network of providers you must use. Each health plan also has written information which explains the benefits it offers and the rules you must follow. If you would like written information about a health plan you are thinking of joining, or if you simply would like to ask questions about the health plan, you may either call the plan or call the Medicaid Hotline at 1-800-324-8680. TTY users should call Ohio Relay at 7-1-1. You can also find information about the health plans in your area by visiting the Medicaid Hotline website at **www.ohiomh.com**.

Choosing to Receive Both Your Medicare and Medicaid Benefits From a MyCare Ohio Plan

You can request to receive both your Medicare and Medicaid benefits from CareSource MyCare Ohio and allow us to serve as your **single point of contact** for all your Medicare and Medicaid services. If you would like more information or to request this change, you can contact the Medicaid Hotline at 1-800-324-8680. TTY users should call Ohio Relay at 7-1-1

Just Cause Membership Terminations

Sometimes there may be a special reason that you need to end your health plan membership. This is called a "Just Cause" membership termination. Before you can ask for a just cause membership termination you must first call your managed care plan and give them a chance to resolve the issue. If they cannot resolve the issue, you can ask for a just cause termination at any time if you have one of the following reasons:

1. You move and your current MCOP is not available where you now live, and you must receive non-emergency medical care in your new area before your MCOP membership ends.
2. The MCOP does not, for moral or religious objections, cover a medical service that you need.
3. Your doctor has said that some of the medical services you need must be received at the same time and all the services aren't available on your MCOP's panel.
4. You have concerns that you are not receiving quality care and the services you need are not available from another provider on your MCOP's panel.
5. Lack of access to medically necessary Medicaid-covered services or lack of access to providers that are experienced in dealing with your special health care needs.
6. The PCP that you chose is no longer on your MCOP's panel and he/she was the only PCP on your MCOP's panel that spoke your language and was located within a reasonable distance from you. Another health plan has a PCP on their panel that speaks your language that is located within a reasonable distance from you and will accept you as a patient.
7. Other – If you think staying as a member in your current health plan is harmful to you and not in your best interest.

You may ask to end your membership for Just Cause by calling the Medicaid Hotline at 1-800-324-8680. TTY users should call Ohio Relay at 7-1-1. The Ohio Department of Medicaid will review your request to end your membership for just cause and decide if you meet a just cause reason. You will receive a letter in the mail to tell you if the Ohio Department of Medicaid will end your membership and the date it ends. If you live in a mandatory enrollment area, you will have to choose another managed care plan to receive your health care unless the Ohio Department of Medicaid tells you differently. If your just cause request is denied, the Ohio Department of Medicaid will send you information that explains your state hearing right for appealing the decision.

Things to Keep in Mind if You End Your Membership

If you have followed any of the above steps to end your membership, remember:

- Continue to use CareSource MyCare Ohio doctors and other providers until the day you are a member of your new health plan, unless you are still in your transition period or live in a voluntary enrollment area and choose to return to regular Medicaid.
- If you chose a new health plan and have not received a member ID card before the first day of the month when you are a member of the new plan, call the plan's Member Services Department. If they are unable to help you, call the Medicaid Hotline at 1-800-324-8680. TTY users should call Ohio Relay at 7-1-1.
- If you were allowed to return to the previous Medicaid card and you have not received a new Medicaid card, call your county caseworker.
- If you have chosen a new health plan and have any Medicaid services scheduled, please call your new plan to be sure that these providers are on the new plan's list of providers and any needed paperwork is done. Some examples of when you should call your new plan include: *when you are getting home health, private duty nursing, mental health, substance use disorder, dental, vision and waiver services.*
- If you were allowed to return to regular Medicaid and have any medical visits scheduled, please call the providers to be sure that they will take the regular Medicaid card.

Can CareSource MyCare Ohio End My Membership?

CareSource MyCare Ohio may ask the Ohio Department of Medicaid to end your membership for certain reasons. The Ohio Department of Medicaid must okay the request before your membership can be ended. The reasons that we can ask to end your membership are:

- For fraud or for misuse of your member ID card
- For disruptive or uncooperative behavior to the extent that it affects the MCOP's ability to provide services to you or other members.

CareSource MyCare Ohio provides services to our members because of a contract that our plan has with the Ohio Department of Medicaid. If you want to contact the Ohio Department of Medicaid, you can call or write to:

Ohio Department of Medicaid Bureau of Managed Care
P.O. Box 182709
Columbus, Ohio 43218-270

1-800-324-8680 (Monday through Friday, 7 a.m. to 8 p.m. and Saturday 8 a.m. to 5 p.m.)
TTY users should call Ohio Relay at 7-1-1

You can also visit the Ohio Department of Medicaid on the web at:
www.medicaid.ohio.gov/ PROVIDERS/ManagedCare/IntegratingMedicareandMedicaidBenefits.aspx.

You may also contact your local County Department of Job and Family Services if you have questions or need to submit changes to your address or income or other insurance.

You can contact CareSource MyCare Ohio to get any other information you want including the structure and operation of our plan and how we pay our providers or if you have any suggestions on things we should change. Please call the Member Services department at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**.

ASSURING QUALITY HEALTH CARE

CareSource works to make sure the care and services you receive are the best they can be. We want you to be happy with your care. We do this by:

- Reviewing the care you get from your doctors and other health care providers
- Finding and correcting any problems related to proper medical care
- Making sure care is available to you when you need it
- Providing health education information to you and your providers

CareSource keeps track of the services you get from health care providers. We discuss some services with your providers before you get them to make sure they are appropriate and necessary. For example, we review surgeries or stays at a hospital (unless they are emergencies). This is called Utilization Management. It makes sure you get the right amount of care you need when you need it.

Our Utilization Management (UM) team reviews the health care you get based on a set of guidelines. We review care to make sure it is the best for your needs. You can ask how care is reviewed for procedures including: preservice review, urgent concurrent review, post service review, and filing an appeal. CareSource does not reward providers or our staff for denying services. We want you to get the care you need. We can arrange interpreter services if you or your family's primary language is not English. We can also help if you have problems with your eyesight, hearing, or have trouble reading.

CareSource determines if a service is medically necessary or not within 10 calendar days. This can be done quicker if your medical condition warrants it. We notify your doctor in writing of the determination and the reason for it. If we are not able to cover the service, we notify you in writing, too. The letter includes our phone number in case you want to call us for more information. If you are not happy with the determination, you can appeal it by calling or writing to CareSource. Your case will be re-reviewed by a different doctor from an appropriate specialty area, and you will be notified of the determination in writing.

Call **1-855-475-3163 (TTY: 1-833-711-4711 or 711)** if you have any questions about UM. When calling UM, please keep this in mind:

- We are open for calls Monday – Friday from 8 a.m. to 8 p.m.
- You can leave a message after normal business hours.
- You can reach UM using the secure "Tell Us" form under Tools and Resources at CareSource.com. You will get an answer the next business day.
- UM staff will say their name and title and that they are from CareSource when initiating or returning calls regarding UM issues.

Any decisions we make with your providers about the medical necessity of your health care are based only on how appropriate the care setting or services are. CareSource does not reward providers or our own staff for denying coverage or services. We do not offer financial incentives to our staff that encourage them to make decisions that result in underutilization.

CareSource MyCare Ohio may decide that a new medical service or procedure that is not currently covered by Medicaid will be a covered benefit. CareSource depends on research and advances in science to provide their patients with evidence-based, high-quality care. Our New Technology Committee, made up of physicians across CareSource, evaluates medical advances to determine their quality and safety. Participating providers may submit requests for evaluation. By regularly reviewing medical technologies and our benefit coverage, we strive to provide up-to-date, effective and affordable medical care.

You can contact CareSource MyCare Ohio to get any other information you want including the structure and operation of our plan and how we pay our providers or if you have any suggestions on things we should change. You can also find out about:

- How we work with other health plans if you have other health insurance coverage.
- Results of member surveys.
- How many members disenroll from CareSource MyCare Ohio.
- Your health care benefits, eligibility claims or participating providers (including doctors, therapists and hospitals).

ADVANCE DIRECTIVES

Many people today worry about the medical care they would get if they became too sick to make their wishes known. Some people may not want to spend months or years on life support. Others may want every step taken to lengthen life.

You Have a Choice

A growing number of people are acting to make their wishes known. You can state your medical care wishes in writing while you are healthy and able to choose.

Your health care facility must explain your right to state your wishes about medical care. It also must ask you if you have put your wishes in writing.

This information explains your rights under Ohio law to accept or refuse medical care. It will help you choose your own medical and/or behavioral health care. This information also explains how you can state your wishes about the care you would want if you could not choose for yourself.

This information does not contain legal advice, but will help you understand your rights under the law. For legal advice, you may want to talk to a lawyer.

What are my rights to choose my medical care?

You have the right to choose your own medical care. If you don't want a certain type of care, you have the right to tell your doctor you don't want it.

What if I'm too sick to decide? What if I can't make my wishes known?

Most people can make their wishes about their medical care known to their doctors. But some people become too sick to tell their doctors about the type of care they want. Under Ohio law, you have the right to fill out a form while you're able to act for yourself. The form tells your doctors what you want done if you can't make your wishes known.

What kinds of forms are there?

Under Ohio law, there are four different forms, or advance directives, you can use. You can use either a Living Will, a Declaration for Mental Health Treatment, a Durable Power of Attorney for medical care or a Do Not Resuscitate (DNR) Order.

You fill out an advance directive while you're able to act for yourself. The advance directive lets your doctor and others know your wishes about medical care.

Do I have to fill out an advance directive before I get medical care?

No. No one can make you fill out an advance directive. You decide if you want to fill one out.

Who can fill out an advance directive?

Anyone 18 years old or older who is of sound mind and can make his or her own decisions can fill one out.

Do I need a lawyer?

No, you don't need a lawyer to fill out an advance directive. Still, you may decide you want to talk with a lawyer.

Do the people giving me medical care have to follow my wishes?

Yes, if your wishes follow state law. However, Ohio law includes a conscience clause. A person giving you medical care may not be able to follow your wishes because they go against his or her conscience. If so, they will help you find someone else who will follow your wishes. If you have any concerns about someone not following your wishes, you may file a complaint with the Ohio Department of Health.

Can I change my advance directive?

Yes, you can change your advance directive whenever you want.

If you already have an advance directive, make sure it follows Ohio's law. You may want to contact a lawyer for help. It is a good idea to look over your advance directives from time to time. Make sure they still say what you want and that they cover all areas.

If I don't have an advance directive, who chooses my medical care when I can't?

If you are in terminal condition or a permanently unconscious state, then Ohio law recognizes an order of decision makers if you are unable to make health care decisions for yourself and you do not have an advance directive. Ohio law recognizes this order of your decision makers: legal guardian, spouse, majority of adult children, parents, and other nearest relative.

Where do I get advance directive forms?

Many of the people and places that give you medical care have advance directive forms. A lawyer could also help you.

What do I do with my forms after filling them out?

You should give copies to your doctor and health care facility to put into your medical record. Give one to a trusted family member or friend. If you have chosen someone in a Health Care Power of Attorney, give that person a copy.

Put a copy with your personal papers. You may want to give one to your lawyer or clergy person. Be sure to tell your family or friends about what you have done. Don't just put these forms away and forget about them.

Organ and Tissue Donation

Ohioans can choose whether they would like their organs and tissues to be donated to others in the event of their death. By making their preference known, they can ensure that their wishes will be carried out immediately and that their families and loved ones will not have the burden of making this decision at an already difficult time. Some examples of organs that can be donated are the heart, lungs, liver, kidneys and pancreas. Some examples of tissues that can be donated are skin, bone, ligaments, veins and eyes.

There are two ways to register to become an organ and tissue donor:

1. You can state your wishes for organ and/or tissue donation when you obtain or renew your Ohio Driver License or State ID Card, or
2. You can complete the Donor Registry Enrollment Form that is attached to the Ohio Living Will Form, and return it to the Ohio Bureau of Motor Vehicles.

What Is a Guardian?

A guardian is someone chosen by a court to be legally in charge for another person.

When Will a Guardian Be Chosen?

A court will choose a guardian for someone who can no longer make safe choices by themselves. This is usually due to legal or mental incapacity. In certain situations a minor may also have a guardian chosen for them.

How Do I Get a Guardianship?

Only a court can choose a guardian. The court that chooses a guardian is your local court. This could differ based on where you live. Call your local court, a local lawyer or local legal aid service for more information.

MEMBER GRIEVANCE/APPEAL FORM

Ohio

Member Name _____	Member ID# _____
Member Address _____	Member Phone _____
_____	
_____	

If the grievance/appeal concerns a provider(s), please supply the following information, if known.

Name of Provider(s) _____

Address _____

Telephone _____

Please write a description of the grievance/appeal with as much detail as possible. Attach extra pages, if needed.

_____

_____

_____

_____

_____

Member Signature _____ Date Filed _____

OFFICE USE ONLY

Date Received _____	Action taken to resolve grievance/appeal:
Received By _____	
Grievance Level 1 2	Signature Plan Rep _____
Hearing Date _____	Resolution Date _____

If you have questions, please call Member Services at **1-855-475-3163 (TTY: 1-800-750-0750 or 711)** Monday - Friday from 8 a.m. to 8 p.m. For more information, visit **CareSource.com/MyCare**.

WORD MEANINGS

Abuse – Actions that cause unneeded costs to the Medicaid Program. Abuse can be caused by a provider or a member. Provider abuse could be caused by actions that do not meet good fiscal, business or health practices. It can also be paying for services that are not medically necessary.

Advance Directives – Documents you sign in case you become seriously ill to let your doctor and others know your wishes concerning medical treatment. You sign them while you are still healthy and able to make such decisions.

Appointment – A visit you set up to see a provider.

Authorized Representative – A person you allow in writing to make your health decisions.

Behavioral Health Services – Care for mental, emotional or substance use disorders.

Business Days – Monday through Friday, 8 a.m. to 5 p.m., except for holidays.

Benefit – Health care services covered by CareSource MyCare Ohio.

Calendar Days – Each day on a calendar, along with weekends and holidays.

Chronic Condition – Any physical or behavioral disorder that lasts at least 12 months.

Claim – Bill for services.

Covered Services – Medically necessary health care that CareSource must pay for.

Diagnostic – Any medical procedure or supply to find the nature of an injury or sickness.

Disenrollment – The removal of a member from CareSource benefits

Durable Medical Equipment (DME) – Certain items your doctor orders for use in your own home. Examples of these items are wheelchairs, crutches, IV infusion pumps, oxygen equipment, medical supplies, nebulizers and walkers.

Emergency Medical Condition – A medical problem you think is so serious it must be treated right away, like a miscarriage or difficulty breathing.

Emergency Medical Transportation – Ground or air ambulance services for an emergency medical condition.

Emergency Room Care – Services you get in an emergency room.

Emergency Services – Services given by a qualified provider that is needed to check, treat or stabilize an emergency medical condition.

EPSDT – Early and Periodic Screening, Diagnostic and Treatment benefit.

Explanation of Benefits (EOB) – A statement you may get from CareSource that shows what health care services were billed to CareSource and how they were paid. An EOB is not a bill.

Family Planning Provider – Someone who gives family planning services to you.

Fraud – Misusing benefits on purpose.

Grievance – A complaint about CareSource MyCare Ohio or its health care providers.

Guardian – A person appointed by a court to be legally responsible for another person.

Health Care Services – Care linked to your health, such as preventive, diagnostic or treatment.

Health Insurance – A contract that requires your health insurer to pay your covered health care costs in exchange for a premium.

Home Health Care – Health care a person gets at home.

Hospice Services – Services that give comfort and support for a person in the last stages of a terminal illness and their families.

Hospitalization – Care in a hospital where you are admitted as an inpatient. Often needs an overnight stay.

Hospital Outpatient Care – Care in a hospital that often doesn't need an overnight stay.

Member – An eligible Medicaid recipient who has joined CareSource MyCare Ohio and receives health care services from network providers.

Network Provider or In-Network Provider – A doctor, hospital, drugstore or other licensed health care provider that has signed a contract agreeing to give services to CareSource members. They are listed in our Provider Directory and on our website.

Out-of-Network Provider – A doctor, hospital, drugstore or other licensed health care provider that has not signed a contract agreeing to give services to CareSource members. CareSource will not pay for services from these providers unless it is an emergency, we have given prior authorization, or you are getting family planning services.

Over-the-Counter Drug – A drug you can often buy without a prescription.

Pharmacy – Drugstore.

Physician Services – Health care services a doctor gives or arranges.

Post Stabilization – These are services needed after you were treated for an emergency condition. Once your emergency is over, these services help to improve or resolve your condition.

Primary Care Provider (PCP) – A network provider you have chosen to be your personal doctor. Your PCP works with you to coordinate your health care, such as giving you checkups and shots, treating you for most of your health care needs, sending you to specialists if needed, or admitting you to the hospital.

Preferred Drug List (PDL) – A list of covered drugstore medicines.

Prescription – A health provider's order for a drugstore to fill and give a drug to their patient.

Preventive Care – Care that you get from a doctor to help keep you healthy.

Prior Authorization – Sometimes participating providers contact CareSource MyCare Ohio about the care they want you to get. This is done before you get the care to make sure it is the best care for your needs and that it will be covered. It is needed for some services that are not routine, such as home health care or some scheduled surgeries.

Provider Directory – A list of the doctors and other health care providers you can go to as a CareSource MyCare Ohio member.

Provider Panel – A complete list of all health care providers in the CareSource MyCare Ohio network from which the provider directory is created.

Referral – A request from a PCP for his or her patient to see a specialist, such as a surgeon, for care. This means you need to get an OK from your provider before you can get the service.

Rehabilitation services and devices – Health care services or supplies that help you keep, get back, or improve skills and functioning for daily life. The skills may have been lost or harmed because you were sick, hurt or disabled. They may involve physical and occupational therapy, speech-language pathology and psychiatric rehabilitation services in inpatient and/or outpatient settings.

Service Area – The geographical locations in Ohio where CareSource MyCare Ohio is an option as a managed care provider for Medicaid consumers.

Skilled Nursing Care – Care from licensed nurses in your own home or in a nursing home.

Specialist – A doctor who focuses on a particular kind of health care such as a surgeon or a cardiologist (heart doctor).

Substance Abuse – Harmful use of substances, like alcohol and street drugs.

Telehealth – A way to get care from a provider using a phone or computer. Telehealth lets a doctor see and talk to you through technology instead of face-to-face. The doctor can then make decisions about the care you need from far away.

Urgent Care – Needed care for an injury or sickness that should be treated within 24 hours, mostly not life threatening.

Utilization Management – When CareSource MyCare Ohio keeps track of the services you get from health care providers and discusses some services with your providers before you get them. This is to make sure they are appropriate and necessary and that you get the right amount of care you need when you need it.

Waiver Program – The Medicaid waiver program allows states to choose groups of people with particular needs and health conditions to receive tailor-made health care options at home or within the community.

Waste – Overusing benefits when they are not needed.

CareSource

English: We have free interpreter services to answer any questions that you may have about our health or drug plan. To get an interpreter, just call us at **1-855-475-3163** (TTY: 1-833-711-4711 or 711), 8 a.m. - 8 p.m., Monday – Friday. Someone who speaks your language can help you. This is a free service.

Spanish: Contamos con servicios gratuitos de intérprete para responder cualquier pregunta que pueda tener acerca de nuestro plan de salud o de medicamentos. Para obtener los servicios de un intérprete, llámenos al **1-855-475-3163** (TTY: 1-833-711-4711 o 711), de 8 a. m. a 8 p. m., de lunes a viernes. Una persona que habla español puede brindarle ayuda. Este servicio es gratuito.

Chinese Mandarin: 我们提供免费口译服务，以回答您对我们的健康或药物计划的任何问题。 如要获取口译服务，请在周一至周五的上午 8:00 至晚上 8:00 致电 **1-855-475-3163** (聋哑人电传打字服务专线：1-833-711-4711 或 711) 联系我们。 届时，我们将安排会讲普通话的人员为您提供帮助。 此项服务免费提供。

Chinese Cantonese: 我們提供免費的口譯服務，以回答您可能對我們的健康或藥物計劃擁有的任何疑問。 如需口譯員，請致電 **1-855-475-3163** 聯絡我們（TTY 聽障電話專線：1-833-711-4711 或 711）；服務時間為： 週一至週五上午 8 點至晚上 8 點。 我們將安排會說繁體中文的人員為您提供幫助。 此項服務免費提供。

Tagalog: Mayroon kaming mga libreng serbisyo ng interpreter upang sagutin ang anumang mga katanungan na maaaring mayroon ka tungkol sa aming plano sa kalusugan o gamot. Upang makakuha ng interpreter, tawagan lang kami sa **1-855-475-3163** (TTY: 1-833-711-4711 o 711), 8 a.m. - 8 p.m., Lunes - Biyernes. Matutulungan ka ng isang taong nagsasalita ng Tagalog. Libreng serbisyo ito.

French: Des services d'interprétation vous sont proposés gratuitement pour répondre à toutes vos questions sur notre programme relatif à la santé ou aux médicaments. Pour obtenir un interprète, contactez-nous au **1-855-475-3163** (téléscripteur : 1-833-711-4711 ou 711) de 8 h 00 à 20 h, du lundi au vendredi. Une personne parlant français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có các dịch vụ thông dịch miễn phí để trả lời bất kỳ câu hỏi nào mà quý vị có thể có về chương trình sức khỏe hoặc thuốc của chúng tôi. Để có thông dịch viên, chỉ cần gọi cho chúng tôi theo số **1-855-475-3163** (TTY: 1-833-711-4711 hoặc 711), 8 giờ sáng - 8 giờ tối, từ Thứ 2 đến Thứ 6. Một người nói Tiếng Việt có thể giúp quý vị. Dịch vụ này miễn phí.

Russian: Мы бесплатно предоставляем услуги устного перевода в случае, если у вас могут возникнуть вопросы о нашем медицинском или лекарственном плане. Для получения услуг устного перевода, просто позвоните нам по номеру **1-855-475-3163** (телетайп: 1-833-711-4711 или 711) с 8:00 до 20:00 с понедельника по пятницу. Вам может помочь человек, говорящий на русском языке. Эта услуга предоставляется вам бесплатно.

Arabic: لدينا خدمات المترجمين الفوريين للإجابة على أي أسئلة قد تكون لديك حول خطتنا الصحية أو الدوائية. للحصول على مترجم فوري، فقط اتصل بنا على **1-855-475-3163** (TTY: 1-833-711-4711 أو 711)، 8 صباحًا حتى 8 مساءً، من الإثنين إلى الجمعة. يمكن لشخص يتحدث اللغة العربية تقديم المساعدة لك. هذه الخدمة مجانية.

Italian: Disponiamo di servizi gratuiti di interpretariato per rispondere a qualsiasi domanda in merito al nostro piano sanitario o farmaceutico. Per richiedere un interprete è sufficiente chiamarci al numero **1-855-475-3163** (TTY: 1-833-711-4711 o 711), dalle 8.00 alle 20.00, dal lunedì al venerdì. Potrai ricevere assistenza da qualcuno che parla italiano come te. Il servizio è gratuito.

Portuguese: Oferecemos serviços de interpretação gratuitos para responder a quaisquer perguntas que possa ter sobre o nosso plano de saúde ou medicamentos. Para obter um intérprete, basta ligar para **1-855-475-3163** (Teletipo: 1-833-711-4711 ou 711), das 8:00 às 20:00, de segunda a sexta-feira. Alguém que fale [Português] pode ajudá-lo. Este serviço é gratuito.

French Creole: Nou gen sèvis entèprèt gratis pou reponn nenpòt kesyon ou kapab genyen sou plan sante oswa medikaman. Pou w jwenn yon entèprèt, jis rele nou nan **1-855-475-3163** (TTY: 1-833-711-4711 oswa 711), 8 a.m. - 8 p.m., Lendi – Vandredi. Yon moun ki pale kreyòl kapab ede w. Sa se yon sèvis gratis.

Polish: Oferujemy bezpłatne usługi tłumacza, który odpowie na wszelkie pytania dotyczące naszego planu opieki zdrowotnej lub planu leczenia farmakologicznego. W celu skorzystania z usług tłumacza prosimy o kontakt pod numerem **1-855-475-3163** (TTY (dalekopis): 1-833-711-4711 lub 711), od 8:00 do 20:00, od poniedziałku do piątku. Asystent mówiący po polsku udzieli Państwu pomocy. Usługa jest bezpłatna.

German: Bei Fragen zu unserem Gesundheits- oder Arzneimittelplan steht Ihnen ein kostenloser Dolmetscherdienst zur Verfügung. Um einen Dolmetscher in Anspruch zu nehmen, rufen Sie uns einfach montags bis freitags von 8.00 Uhr bis 20.00 Uhr unter **1-855-475-3163** (TTY: 1-833-711-4711 oder 711) an. Jemand, der Deutsch spricht, wird Ihnen weiterhelfen. Dieser Dienst ist kostenlos.

Korean: 건강 플랜이나 처방약 플랜에 대하여 궁금하신 점에 대해 답을 드릴 때 무료 통역 서비스를 이용하실 수 있습니다. 통역가가 필요하시면 **1-855-475-3163** (TTY: 1-833-711-4711 또는 711)으로 월요일부터 금요일까지 오전 8시부터 오후 8시 사이에 전화 주십시오. 한국어를 구사하는 담당자가 도와드릴 수 있습니다. 본 서비스는 무료로 제공됩니다.

Hindi: हमारी स्वास्थ्य या दवा योजना के बारे में आपके हो सकने वाले किसी भी प्रश्नों का उत्तर देने के लिए हमारे पास निःशुल्क दुभाषिया सेवाएं हैं। दुभाषिया प्राप्त करने के लिए, बस हमें **1-855-475-3163** (TTY: 1-833-711-4711 या 711), 8 a.m. - 8 p.m., सोमवार - शुक्रवार, पर कॉल करें। हिंदी में बात करने वाला कोई व्यक्ति आपकी मदद कर सकता है। यह सेवा निःशुल्क है।

Japanese: 医療保険または医薬品プランに関するご質問にお答えするため、無料の通訳サービスがあります。 通訳をご希望の方は、**1-855-475-3163** (TTY: 1-833-711-4711 または 711) までお電話下さい。 月～金曜日、午前8時～午後8時にご利用いただけます。 日本語を話す通訳者が対応いたします。 こちらは無料サービスです。

Notice of Non-Discrimination

CareSource complies with applicable state and federal civil rights laws. We do not discriminate, exclude people, or treat them differently because of age, gender, gender identity, color, race, disability, national origin, ethnicity, marital status, sexual preference, sexual orientation, religious affiliation, health status, or public assistance status. CareSource offers free aids and services to people with disabilities or those whose primary language is not English. We can get sign language interpreters or interpreters in other languages so they can communicate effectively with us or their providers. Printed materials are also available in large print, braille or audio at no charge. Please call Member Services at the number on your CareSource ID card if you need any of these services. If you believe we have not provided these services to you or discriminated in another way, you may file a grievance.

Mail: CareSource
Attn: Civil Rights Coordinator
P.O. Box 1947
Dayton, Ohio 45401

Email: CivilRightsCoordinator@CareSource.com
Phone: 1-800-488-0134 (TTY: 711)
Fax: 1-844-417-6254

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

Mail: U.S. Dept of Health and Human Services
200 Independence Ave, SW Room 509F HHH Building
Washington, D.C. 20201

Online: ocrportal.hhs.gov/ocr/portal/lobby.jsf

Phone: 1-800-368-1019 (TTY: 1-800-537-7697)

Complaint forms are found at: http://www.hhs.gov/ocr/office/file/index.html.

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Member Services:
1-855-475-3163
(TTY: 1-833-711-4711 or 711)
8 a.m. to 8 p.m., Monday – Friday
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H8452_OH-MYC-M-2456034
CMS/ODM Approved: 12/27/2023