Member Handbook

Nevada Medicaid And Nevada Check Up

CareSource®

Get free help in your language with interpreters and other written materials. Get free aids and support if you have a disability. Call **1-833-230-2058 (TTY: 711)**.

CareSource®

Obtenga ayuda gratuita en su idioma a través de intérpretes y otros materiales en formato escrito. Obtenga ayudas y apoyo gratuitos si tiene una discapacidad. Llame **1-833-230-2058 (TTY: 711)**.

احصل على مساعدة مجانية بلغتك من خلال المترجمين الفوريين والمواد المكتوبة الأخرى. إذا كنت من ذوي الاحتياجات الخاصة، ستحصل على المساعدات والدعم مجانًا. اتصل على الرقم **1-833-230-2058** (**TTY: "الهاتف النصيّ للصم وضعاف السمع" 711**).

通过口译员和其他书面材料，获得您所使用语言的免费帮助。 如果您有残疾，可以获得免费的辅助设备和支持。 请致电：**1-833-230-2058**（**TTY 专线： 711**）。

Erhalten Sie kostenlose Hilfe in Ihrer Sprache durch Dolmetscher und andere schriftliche Unterlagen. Beziehen Sie kostenlose Hilfsmittel und Unterstützung, wenn Sie eine Behinderung haben. Rufen Sie folgende Telefonnummer an: **1-833-230-2058 (TTY: 711)**.

Obtenez une aide gratuite dans votre langue grâce à des interprètes et à d'autres documents écrits. Si vous souffrez d'un handicap, vous bénéficiez d'aides et d'assistance gratuites. Appelez le **1-833-230-2058 (TTY: 711)**.

Nhận trợ giúp miễn phí bằng ngôn ngữ của quý vị với thông dịch viên và các tài liệu bằng văn bản khác. Nhận trợ giúp và hỗ trợ miễn phí nếu quý vị bị khuyết tật. Gọi **1-833-230-2058 (TTY: 711)**.

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आपकी भाषा के इंटरप्रेटर तथा आपकी भाषा में अन्य लिखित सामग्रियों संबंधी फ्री मदद पाएं। यदि आपको कोई डिसएबिलिटी हो, तो मुफ्त सहायता और सपोर्ट प्राप्त करें। कॉल करें **1-833-230-2058 (TTY: या 711)**.

통역사와 기타 서면 자료의 도움을 귀하의 언어로 무료로 받으세요. 장애가 있을 경우, 보조와 지원을 무료로 받으세요. **1-833-230-2058 (TTY: 711)**. 로 문의하세요.

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Gba ìrànlọ́wọ́ ọ̀fẹ́ ní èdè rẹ pẹ̀lú àwọn òǵbifọ̀ àti àwọn ohun èlò míràn tí a kọ sílẹ̀. Gba àwọn ìrànlọ́wọ́ àti àtìlẹ́yìn ọ̀fẹ́ bí o bá ní àìlera kan. Pe **1-833-230-2058 (TTY: 711)**.

Makakuha ng libreng tulong sa wika mo gamit ang mga interpreter at mga ibang nakasulat na materyales. Makakuha ng mga libreng pantulong at suporta kung may kapansanan ka. Tumawag sa **1-833-230-2058 (TTY: 711)**.

مورږ کولی شو ستاسو د روغتیا پاملرنې په اړه ستاسو په ژبه کې او د نورو بڼو (یعني فارمیټونو) له لارې له تاسو سره وږیا مرسته وکړو. آیا زمورږ د موادو لوستلو لپاره ملاتړ یا مرستې ته اړتیا لرئ؟ آیا تاسو له مورږ سره خبرو کولو لپاره د ژبې خدمتونه غواړئ؟ زنګ ووهئ په **1-833-230-2058 (TTY: 711)**.

వ్యాఖ్యాతలు మరియు ఇతర రాతపూర్వక మెటీరియల్స్‌తో మీ భాషలో ఉచిత సహాయాన్ని పొందండి. ఒకవేళ మీకు వైకల్యం ఉంటే, ఉచిత ఉపకరణాలు మరియు మద్దతు పొందండి. కాల్ చేయండి: **1-833-230-2058 (TTY: 711)**.

दोभाषे र अन्य लिखित सामग्रीहरूको माध्यमद्वारा आफ्नो भाषामा निःशुल्क मद्दत प्राप्त गर्नुहोस्। तपाईंलाई अशक्तता छ भने निःशुल्क सहायता र समर्थन प्राप्त गर्नुहोस्। **1-833-230-2058 (TTY: 711)** मा कल गर्नुहोस्।

သင့်ဘာသာစကားအတွက် စကားပြန်များနှင့် အခြားပုံနှိပ်စာရွက်များကို အခမဲ့အကူအညီရယူပါ။ သင်သည် မသန်စွမ်းသူတစ်ဦးဖြစ်ပါက အခမဲ့အကူအညီများနှင့် အထောက်အပံ့များ ရယူပါ။ ဖုန်းခေါ်ရန် - **1-833-230-2058 (TTY: 711)**.

Jwenn èd gratis nan lang ou ak entèprèt ansanm ak lòt materyèl ekri. Jwenn èd ak sipò gratis si w gen yon andikap. Rele **1-833-230-2058 (TTY: 711)**.

Bōk jibañ ilo an ejjelok wōnāān ikkijjien kajin eo am ibbān rukok ro im wāween ko jet ilo jeje. Bōk jerbalin jibañ ko ilo an ejjelok wōnāer im jibañ ko ñe ewōr am nañinmejin utamwe. Kall e **1-833-230-2058 (TTY: 711)**.

Your Member Handbook

Welcome to CareSource!

We are happy to serve you as a member of our health plan.

Please look through this handbook. It will tell you about the benefits and services you have as a CareSource member. Call Member Services if you have any questions or visit **CareSource.com**. You can also sign into your account at **MyLife.CareSource.com**.

If you need the member handbook or other materials in another format or language, we can help. We provide free services for members who may need communication support. These include:

- Sign language interpreters
- Written materials in other formats, such as large print, audio, braille and accessible electronic formats
- Information written in other languages
- Language interpreters, including oral interpretation for any language
- Auxiliary aids

You can get materials in other formats by calling us at **1-833-230-2058 (TTY: 711)**. We are open Monday through Friday, 8 a.m. to 6 p.m. Pacific Time (PT).

THIS HANDBOOK IS NOT A CERTIFICATE OF INSURANCE AND SHALL NOT BE CONSTRUED OR INTERPRETED AS EVIDENCE OF INSURANCE COVERAGE BETWEEN CARESOURCE AND YOU.

TABLE OF CONTENTS

WELCOME TO CARESOURCE

We are excited to serve you and glad to have you as a member! Our mission is to make a lasting difference in your health and well-being. This is at the heart of who we are.

Contact Us

There are many ways to contact us. Use one of the ways below to get in touch.

- Use your secure member CareSource MyLife account at **MyLife.CareSource.com**. Learn more on page 3.
- Call Member Services: **1-833-230-2058 (TTY: 711)**
- Open Monday through Friday, 8 a.m. to 6 p.m. PT
- Mail:
  CareSource
  P.O. Box 1949
  Dayton, OH 45401
- Visit us online: **CareSource.com**

Member Services

We can help you:

- Learn about your CareSource benefits and what your plan covers.
- Find out if a service needs a prior authorization (PA).
- Get a new member ID card.
- Change your primary care provider (PCP) or find one in our network.
- Change your address, phone number or email.
- File a grievance about CareSource or a provider.
- File a grievance if you have been discriminated against.
- Access interpreter services.

Interpreter Services

Are you or is someone you care for a CareSource member who:

- Does not speak English?
- Has hearing or vision problems?
- Has trouble reading or speaking in English?

We can help! Call Member Services. We can explain items in English or in your first language. These services are free. We can get you sign language interpreters. We can have someone help you talk with us or your doctors and nurses. You can get any material in other formats for free. These can be in large print, braille or audio.

Important Dates:

CareSource is closed* on:

- New Year's Day
- Martin Luther King, Jr. Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving
- Family Day (the day after Thanksgiving)
- Christmas Day

*Our 24-Hour Nurse Advice Line is open 24 hours a day, seven days a week, 365 days a year, even holidays.

24-Hour Nurse Advice Line

Phone: 1-833-687-7365 (TTY: 711)
Open 24 hours a day, 7 days a week, 365 days a year.

Call us, and we can help you:

- Learn about a health problem.
- Decide when to go to your doctor, urgent care or the Emergency Room (ER).
- If you have a mental health or behavioral crisis.
- Find out more about your medications.
- Find out about health tests or surgery.
- Learn about healthy eating.

This is a free call.

Need Help Now? You Have Options

- Call 988 or text HOME to 741741 to reach a crisis counselor 24 hours a day, 7 days a week.
- Call 911 or go to the nearest ER if you have an emergency.

We Want to Hear From You

You are at the center of what we do. Your experience with our health plan matters to us. If you have an idea on how we can improve our policies and services, we want to hear it. Call Member Services at **1-833-230-2058 (TTY: 711)**.

We would love to have you at one of our Member Advisory Board (MAB) meetings. Join a small group of other members to share feedback on how we can better serve you.

CARESOURCE WEBSITE

Use our website to learn more about your plan. Go to **CareSource.com**. You will find information about:

- Your member handbook.
- Our online provider directory at **findadoctor.CareSource.com**.
- Access to CareSource MyLife, your secure online member account.
- Health programs and services.
- And much more!

CARESOURCE MYLIFE

CareSource MyLife is your safe, personal online account. Manage your health plan and get support on your health journey. With CareSource MyLife, you can:

- View, share or print your digital ID card.
- Manage the care of each person in your family in one place.
- Learn about all the benefits and resources you get as a member.
- And more!

Don't have an account? Sign up at **MyLife.CareSource.com**. You can also scan the QR code to get there.

You can also download the CareSource MyLife app to your smartphone from Google Play® or the App Store® to access your CareSource account on the go!

HEALTH NEEDS ASSESSMENT

Please fill out the Health Needs Assessment (HNA) for each CareSource member in your household. What you share in the HNA helps us work with you to meet your health care needs. There are a few ways to fill out the HNA.

Online:

Visit **MyLife.CareSource.com/Assess**, sign into your secure CareSource MyLife account, or scan the QR code to find your HNA. You will earn a reward through MyHealth if you are a CareSource member age 18+. **This reward is only offered to members who complete their HNA through CareSource MyLife.** (See **page 42** to learn more about rewards).

Phone:

1-833-230-2011 (TTY: 711) Monday through Friday, 8 a.m. to 5 p.m. PT.

By Mail:

Copies of the HNA will be sent to you in the mail soon. There will be one for each member of your household. Fill them out and send them back in the postage-paid envelope provided.

Questions?

If you have questions about the HNA or need help filling it out, call our Member Assessment Team at **1-833-230-2011 (TTY: 711)**. We can be reached Monday through Friday, 8 a.m. to 5 p.m. PT.

MEMBER ID CARDS

Your ID card comes in your new member packet. You will get this in the mail when you first join CareSource. Didn't get your ID card or need a new one? Visit **MyLife.CareSource.com** or call us.

- Each CareSource member will get their own ID card.
- Each ID card is good while you are a CareSource member. Cards do not expire.
- You can view your ID card on your CareSource MyLife account.
- Member ID cards will look like the ones below.

Front:

CareSource Nevada Medicaid

Member Name:
<Mary Doe>
Member ID: <123455676-00>
Medicaid ID: <123456789101>

Pharmacy Benefit
Express Scripts
Phone: 1-866-900-0389
RxBIN - 003858
RxPCN - MA
RxGRP - RXINN01

Member Services: 1-833-230-2058
(TTY: 711 or 1-800-326-6868)

SAMPLE

CareSource Nevada Check Up

Member Name:
<Mary Doe>
Member ID: <123455676-00>
Medicaid ID: <123456789101>

Pharmacy Benefit
Express Scripts
Phone: 1-866-900-0389
RxBIN - 003858
RxPCN - MA
RxGRP - RXINN01

Member Services: 1-833-230-2058
(TTY: 711 or 1-800-326-6868)

SAMPLE

Back:

IN CASE OF AN EMERGENCY CALL 911. OR GO TO THE NEAREST EMERGENCY ROOM. CALL YOUR PRIMARY CARE PROVIDER AS SOON AS POSSIBLE.

24-Hour Nurse Advice Line: 1-833-687-7365
(TTY: 711 or 1-800-326-6868)
Provider Services: 1-833-230-2112

Mail medical claims to:
CareSource
Attn: Claims Department
P.O. Box 36
Dayton, OH 45420-0036

CareSource Address:
CareSource
P.O. Box 1949
Dayton, OH 45401

NV-MED-M-4398651

SAMPLE

IN CASE OF AN EMERGENCY CALL 911. OR GO TO THE NEAREST EMERGENCY ROOM. CALL YOUR PRIMARY CARE PROVIDER AS SOON AS POSSIBLE.

24-Hour Nurse Advice Line: 1-833-687-7365
(TTY: 711 or 1-800-326-6868)
Provider Services: 1-833-230-2112

Mail medical claims to:
CareSource
Attn: Claims Department
P.O. Box 36
Dayton, OH 45420-0036

CareSource Address:
CareSource
P.O. Box 1949
Dayton, OH 45401

NV-MED-M-4399400

SAMPLE

Always keep your ID card with you.

You will need your ID card each time you get medical care. You can also view it on your CareSource MyLife account. You need your CareSource member ID card when you:

- See your providers or a specialist.
- Go to an emergency room or go to a hospital for any reason.
- Go to urgent care.
- Get medical supplies.
- Get a prescription.
- Have medical tests.

Call Member Services as soon as possible if:

- You did not get your ID card.
- Your card details are wrong.
- You lose your card.
- You have a baby.

Member Services can also help if you need a replacement card.

CURRENT TREATMENT PLANS AND HEALTH CARE

If you were getting ongoing medical treatment when you became a CareSource member, your treatment may need to be approved by us. You do not need approval for emergency care.

If you don't have an emergency, call us. We will let you know if your care needs to be approved. Some of this care might be:

- Any surgery or medical procedure
- Cancer care
- Care after a hospital stay within the last 30 days
- Equipment (like a breathing machine for asthma)
- Home health care

Your Care Manager can help you find a provider in our network. You can also find a list in our Provider Directory or at **findadoctor.CareSource.com**.

Current Drug Coverage

Your prescription might need prior approval. This means it will need to be approved before you can get it filled. If your drug needs to be approved, ask your provider to call us. You can also check at **CareSource.com**.

SERVICES COVERED BY CARESOURCE

When you see your provider, show them your member ID card. This is how they know you are covered by CareSource and your care will be paid for.

CareSource covers all medically necessary care. These are the services you need to stay healthy or to treat a health problem. This care will prevent, diagnose, cure or treat a condition. This care could help address something that:

- Could cause risk to your life.
- Causes suffering or pain.
- Results in illness or injury.
- Causes or worsens a handicap.
- Causes physical deformity or malfunction.
- Prevents or impacts your growth and development.
- Limits your ability to get, keep or regain function.
- Needs long-term care and would improve with community support.

CareSource does not deny coverage due to religious or moral objections.

Sometimes you may need care that requires a **PA**. PA is our approval of a service before you get it. Your provider will work with us to ask for a PA when needed for certain types of care. You will learn more about PA in the next section.

You should not be billed for these services. Please call us if you get a bill.

What's covered by CareSource*:

- Ambulance services
- Behavioral health services
- ER
- Helping you plan to have a baby
- Inpatient and outpatient care
- Maternity care
- Office visits for all types of health care
- Preventive care
- Vision care
- Well-baby or well-child visits

**This is not a full list. The full list is on pages 12-22.*

PRIOR AUTHORIZATION AND REFERRALS

Prior authorization (PA) means CareSource must approve a service before you get it. Your provider will ask CareSource first. You can learn more about services that need a PA in the benefits list on **pages 12-22**. A full list can also be found on **CareSource.com**. You can call us to learn more or if you need help.

When your provider asks for a service before you can get them, this is called a referral. These can be for lab tests, x-rays or seeing a specialist. They will set up the service, give you a note or tell you next steps. You do not need a referral when choosing a family planning provider.

Please Note:

- You should try to get care in the CareSource network. This means the providers take CareSource. You do not need a PA to visit these offices.
- When you want to see a provider out of network, you need a PA. Your provider will ask for this for you.
- You will not need a PA if it is an emergency.
- Please check the PA list on our website. This list can change. The website is the most up to date.
- For medications, you may get a minimum of a three-day emergency supply for drugs that need a PA until the authorization is completed.

Words to Know

Covered Service: Medically necessary care that we pay for

Medically Necessary: Care that is needed to diagnose or treat an illness, injury, condition, disease or its symptoms

Prior Authorization (PA): Approval that may be needed before you get a service or medication. The service must be medically necessary for your care. Your provider will take care of this for you.

Referral: An order from your provider for you to see a specialist or get certain health care.

Access to Care for Native Americans

Native American access to care includes choosing any Indian Health Service (IHS), Tribal Clinic or Urban Indian Health Clinic provider as your PCP. Native American members may get services or Indian Health Services without PA, or you may choose to go to another CareSource network provider.

Services Outside of Our Network

We can work with a provider outside of the CareSource network to coordinate care. This happens if you need care that you cannot get from a network provider. Your provider will need to get a PA first if they are out of network.

Family planning providers are covered whether they are in- or out-of-network.

Transition of Care

As you transition to CareSource from another plan, we want you to know that you have the right to maintain your current treatments for 90 days. To ensure you have the correct services in place, we depend on you to report any ongoing care needs.

Our Coordination Team will work with you to make sure setting up your care runs smoothly. We can also help if:

- You are new to CareSource.
- Your provider has left the network.
- You leave CareSource to go to another plan.
- You move from CareSource to fee-for-service (FFS) Medicaid.
- You move between settings like an inpatient hospital back to your home.

Call us if you need help transitioning your care.

Other Insurance

Let us know if:

- You have other insurance.
- You are on a family member's health insurance.
- Your children or other dependents are covered through someone else.

Keep in mind:

- If you or your child or dependent has another primary insurance, that insurer is responsible. The other primary insurer must be billed before a claim is sent to us.
- The provider will need your CareSource member ID card and the other insurance card. You must have both cards with you to get care.
- We will help you coordinate payment of claims between your two insurance plans.

UTILIZATION MANAGEMENT

Our Utilization Management (UM) team reviews the health care you get. This is based on a set of guidelines. We review your care to make sure it is the best for your needs. Requests are reviewed by medical experts. You can ask how care is reviewed for procedures.

We do not reward providers or staff for denying services. We want to get you the care you need.

Second Opinion(s)

You are able to get a second opinion from another provider in our network. If one is not available, we will set up a visit for you with a provider not in our network at no cost to you.

Questions about how your care is reviewed? Call Member Services.

YOUR BENEFITS

Nevada Medicaid

We know that there is more to health than great health care. That's why we offer benefits and services that go beyond basic care. This list covers care and services you have with us. You can find out more at **CareSource.com**. You can also call us if you have questions about the benefits and services listed here.

The benefits listed below are for Nevada Medicaid members only. Nevada Check Up members can see their benefits on **pages 18-22**.

Benefits	Details
Ambulance and Air Ambulance	• Transportation for emergencies by ambulance or an air ambulance is covered. • Ambulance services to a doctor's office or clinic are not covered. It could be covered under certain cases. • Non-emergent ground and air transport requires PA.
Behavioral Health	• Autism screening • Depression screening • Development/behavioral assessment • Inpatient alcohol and substance use services (detox, rehab) • Inpatient mental health • Intensive outpatient program (IOP) • Maternal depression screening • Medication-assisted treatment (MAT) • Mental health residential treatment • Opioid treatment program (OTP) • Outpatient behavioral health • Partial hospitalization (PHP) • Psychosocial/behavioral assessment • Substance use disorder residential treatment
Dental Services	Most dental services available are provided through Liberty Dental Plan, contracted directly through the state of Nevada, not CareSource. CareSource does cover adult emergency dental care provided in the emergency room, hospital or ambulatory surgical center. For information about dental services provided by Liberty Dental Plan, visit client.libertydentalplan.com/nvmedicaid or call 1-866-609-0418. Liberty Dental does not service rural areas.
Diagnostic Services	• Advanced imaging (CT/PET/MRI) • Diagnostic procedures/tests/labs • X-rays and diagnostic imaging • Ultrasounds • Pathology • Genetic testing • Urinary drug test (UDT)

Benefits	Details
Durable Medical Equipment (DME) and Supplies	• Orthotics • Cochlear implants • Other DME • Oxygen and supplies • Standard wheelchairs/walkers • Power wheelchairs • Enteral/parenteral nutrition and supplies • Diabetic supplies • Incontinence supplies • Wound care
Emergency Care	A medical problem that must be treated right away. They are always covered. See **page 37**. No PA is needed.
Eye Care	• Routine/screening eye exams • Non-routine eye exams • Glasses (lenses and frames) • Contact lenses* • Low vision exam • Low vision aides/devices *Contacts are only covered if needed to bring your vision to the minimum criteria to avoid legal blindness, medically needed after cataract surgery or needed to avoid heavy glasses.
Family Planning Services	• Birth control/contraceptives • Family planning exams, sexually transmitted infection (STI) screenings and treatment • Sterilization (Male and female)
Habilitative Services	• Adaptive behavior treatment (ABA) • Habilitative therapy: Physical therapy (PT), occupational therapy (OT), speech therapy (ST) and evaluation/reevaluation

Benefits	Details
Health Care Visits	Health care visits in the following settings: • Federally Qualified Health Center (FQHC)/Rural Health Clinic (RHC) • PCP office • Specialist office • Telehealth • Urgent care
Hearing Services	• Routing hearing screenings/exams. Limited to once a year. • Non-routine hearing screenings/exams • Hearing aids and related items. Limited to one aid per ear every 2 years for those 21 and over.
Home Health Services	• Home health PT and ST evaluation/reevaluation • Home health PT and ST visits • Skilled nursing • Private duty nursing/personal care services • Social worker
Hospice Services	• Home Hospice • Hospice facility
Inpatient Services	• Hospital stays • Maternity/delivery • Newborn intensive care unit (NICU) • Hospital rehab therapy • Surgery • Hospital physician services • Transplant • Dialysis • Custodial/Long term care • Long term acute care • Skilled nursing

Benefits	Details
Maternity Services	• Antepartum/postpartum care • Lactation classes • Lamaze classes/refresher • Parent education • Home visits • Breast pumps • Gestational diabetes screening • Free standing birthing center
Outpatient Services	• Ambulatory surgical center (ASC) • Blood services • Chemotherapy/radiation treatment • Dialysis • Infusion therapy • Outpatient hospital • Outpatient hospital surgery • Observation services
Outpatient Surgery	• General surgery • Abortion surgery • Bariatric surgery • Blepharoplasty surgery • Reconstructive surgery • Transgender surgery • Transplants

Benefits	Details
Other Services	• Allergy testing/treatment • Anesthesia • COVID-19 infusion therapy • Diabetes self-management training • Inhalation therapy • Nutritional counseling • Medical nutrition therapy • Pain management • Personal care services • Physician-administered drugs • Respiratory services • Telemonitoring • TMJ (21 and under)
Podiatry Office Visit	Care for your feet. Does not include preventive care such as cleaning or soaking feet, putting on creams or routine foot care like trimming nails or removing corns and calluses when you don't have an infection or inflammation.

Benefits	Details
Preventive Screenings	• Abdominal aortic aneurysm ultrasound (AAA) for men aged 65-75 • Anemia screening • Bone mass measurements • Cardiovascular disease/cholesterol screening • Colon/colorectal screening • Diabetes screening • ECG/EKG • Hepatitis A, B & C screening • HIV screening/PrEP for HIV • Lead screening • Lung cancer screening • Mammograms • Newborn metabolic/hemoglobin screening • Obesity/BMI screening and dietary counseling • Pap smear/cervical dysplasia screening • Prostate screening • STI/STD screening and counseling • Tobacco/smoking screening and counseling • Tuberculin test (if indicated)
Rehab Therapy Services	• Cardiac rehab • Cognitive therapy • Pulmonary rehab • PT/OT/ST • PT/OT/ST evaluation/reevaluation
Shots (Immunizations)	Your PCP will give you shots to help keep you from getting sick. This includes the COVID vaccine.

CareSource Nevada Medicaid Check Up

Covered services for Nevada Check Up members are listed below.

Benefits	Details
Ambulance and Air Ambulance	• Transportation for emergencies by ambulance or an air ambulance is covered. • Ambulance services to a doctor's office or clinic are not covered. It could be covered under certain cases.
Behavioral Health	• Autism screening • Depression screening • Inpatient alcohol and substance use services (detox, rehab) • Inpatient mental health • Intensive outpatient program (IOP) • Medication-assisted treatment (MAT) • Mental health residential treatment • Opioid treatment program (OTP) • Outpatient behavioral health • Partial hospitalization (PHP) • Psychosocial/behavioral assessment • Substance use disorder residential treatment
Dental Services	Most dental services available are provided through Liberty Dental Plan, contracted directly through the state of Nevada, not CareSource. For information about dental services provided by Liberty Dental Plan, visit client.libertydentalplan.com/nvmedicaid or call 1-866-609-0418. Liberty Dental does not service rural areas.
Diagnostic Services	• Advanced imaging (CT/PET/MRI) • Diagnostic procedures/tests/labs • X-rays and diagnostic imaging • Ultrasounds • Pathology • Genetic testing • Urinary drug test (UDT)

Benefits	Details
Durable Medical Equipment (DME) and Supplies	• Orthotics • Cochlear implants • Other DME • Oxygen and supplies • Standard wheelchairs/walkers • Power wheelchairs • Enteral/parenteral nutrition and supplies • Diabetic supplies • Incontinence supplies • Wound care
Emergency Care	A medical problem that must be treated right away. They are always covered. See **page 37**. No PA is needed.
Eye Care	• Routine/screening eye exams • Non-routine eye exams • Glasses (lenses and frames) • Contact lenses* • Low vision exam • Low vision aides/devices *Contacts are only covered if needed to bring your vision to the minimum criteria to avoid legal blindness, medically needed after cataract surgery or needed to avoid heavy glasses.
Habilitative Services	• Adaptive behavior treatment (ABA) • Habilitative therapy: Physical therapy (PT), occupational therapy (OT), speech therapy (ST) and evaluation/reevaluation
Health Care Visits	Health care visits in the following settings: • Federally Qualified Health Center (FQHC)/Rural Health Clinic • PCP office • Specialist office • Telehealth • Urgent care
Hearing Services	• Routing hearing screenings/exams. Limited to once a year. • Non-routine hearing screenings/exams

Benefits	Details
Home Health Services	• Home health PT and ST evaluation/reevaluation • Home health PT and ST visits • Skilled nursing • Private duty nursing/personal care services • Social worker
Hospice Services	• Home Hospice • Hospice facility
Inpatient Services	• Hospital stays • Newborn intensive care unit (NICU) • Hospital rehab therapy • Surgery • Hospital physician services • Transplant • Dialysis • Custodial/long term care • Long term acute care • Skilled nursing
Outpatient Services	• Ambulatory surgical center (ASC) • Blood services • Chemotherapy/radiation treatment • Dialysis • Infusion therapy • Outpatient hospital • Outpatient hospital surgery • Observation services
Outpatient Surgery	• General surgery • Abortion surgery • Bariatric surgery • Blepharoplasty surgery • Reconstructive surgery • Transgender surgery • Transplants

Benefits	Details
Other Services	• Allergy testing/treatment • Anesthesia • COVID-19 infusion therapy • Diabetes self-management training • Inhalation therapy • Nutritional counseling • Medical nutrition therapy • Pain management • Personal care services • Physician-administered drugs • Respiratory services • Telemonitoring • TMJ
Podiatry Office Visit	Care for your feet. Does not include preventive care such as cleaning or soaking feet, putting on creams or routine foot care like trimming nails or removing corns and calluses when you don't have an infection or inflammation.
Preventive Screenings	• Anemia screening • Bone mass measurements • Cardiovascular disease/cholesterol screening • Diabetes screening • Hepatitis A, B & C screening • HIV screening • Lead screening • Newborn metabolic/hemoglobin screening • Obesity/BMI screening and dietary counseling • Pap smear/cervical dysplasia screening • STI/STD screening and counseling • Tobacco/smoking screening and counseling • Tuberculin test (if indicated)

Benefits	Details
Rehab Therapy Services	• Cognitive therapy • Pulmonary rehab • PT/OT/ST • PT/OT/ST evaluation/reevaluation
Shots (Immunizations)	Your PCP will give you shots to help keep you from getting sick. This includes the COVID vaccine.

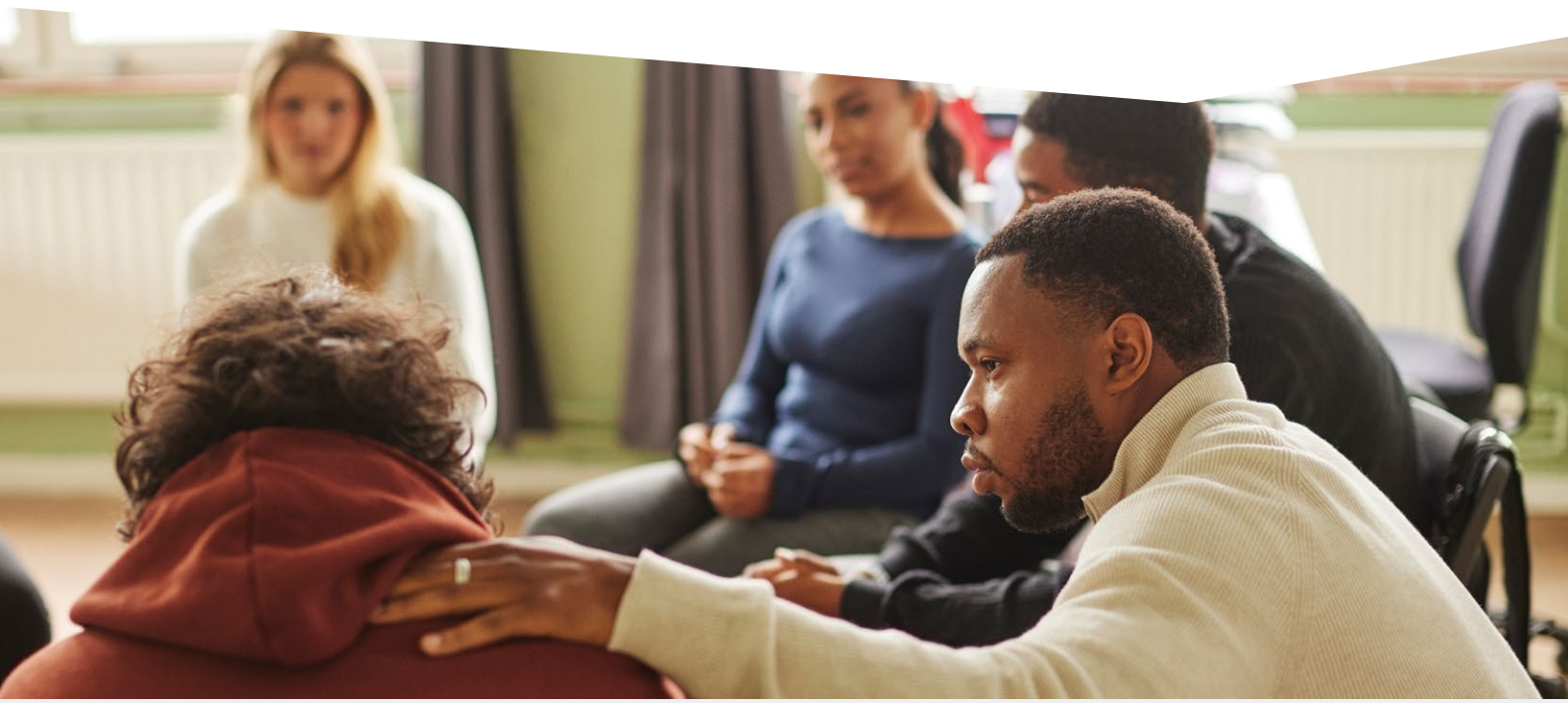
These benefits are a summary of what CareSource covers for Nevada Medicaid and Nevada Check Up members. Some services are covered by the State of Nevada Medicaid Program. You can view the list of those services here: dhcfp.nv.gov.

Alternative Services and Settings for Behavioral Health Care

The state of Nevada helps people aged 21 to 64 get care in a special mental health facility called an Institutions for Mental Diseases (IMD) for a short time. CareSource can provide members psychiatric help or crisis services in an IMD for up to 15 days each month. This is an option instead of going to a hospital.

Intensive Crisis Stabilization Services (ICSS) are short-term help given by facilities that are trained to treat substance use problems. These services offer community resources for people in a mental health crisis and provide a safe place for them to get better. We will work with discharge planners to help you move from your short stay in the IMD to the right care after you leave.

You can choose whether to use these services.



NO COPAYS

CareSource members do not have copays. This means you should not get a bill or be charged a copay when you get health care services covered by us.

Call Member Services if you get a bill. There may be times when services are not covered, need a PA or are limited. You can be charged for non-covered services if your provider gives you a written letter. This letter will say you have to pay **before** you get the service.

Follow these tips when you get care:

- Keep your CareSource member ID card with you. Show it at the time you get the service or item. If you don't, you may have to pay the bill.
- Before you get care, ask if it is covered.
- If your provider recommends you get a service that is not covered, you may pay for that service if you choose to get it.
- If you get a non-covered service, your provider may ask you to sign a statement that you will pay for the service. If you sign, you must pay for that service.

SERVICES NOT COVERED

CareSource will not pay for care or supplies not covered by Medicaid. This includes:

- Abortions (except for a reported rape, incest or when medically necessary to save the mother's life)
- Acupuncture (therapy with needles)
- All care or supplies that are not medically necessary
- Experimental services and procedures
- Infertility treatment for males or females, along with reversal of voluntary sterilizations
- Care you get in another country
- Alternative medicine
- Voluntary sterilization if under 21 years of age or not able to legally agree
- Plastic or cosmetic surgery that is not medically necessary

This is not a full list of what is not covered by Medicaid or CareSource. If you have a question about what is covered, call us.

PHARMACY

CareSource partners with Express Scripts, Inc. (ESI) to help you manage your prescriptions and save money. We have online tools that list which medicines and pharmacies are covered under your plan. Visit **CareSource.com** and go to Find My Prescriptions and Find a Pharmacy to learn more.

- **Find My Prescriptions** lets you enter the name of your drug. It will tell you if it is covered.
- **Find a Pharmacy** lets you find a pharmacy near you in the CareSource network.

We will pay for your prescription drugs and some prescription medical supplies at the pharmacy. Examples are:

- Diabetic supplies
- Peak flow meters
- Needles
- Condoms
- Inhaler spacers
- Syringes
- Alcohol wipes

You will need to get your prescription drugs at a pharmacy that takes CareSource insurance.

You can contact Express Scripts Member Services at **1-866-900-0257**.

The state of Nevada offers fee-for-service pharmacy benefits through Prime Therapeutics. They can be reached at 1-702-668-4200. For questions about your prescriptions covered under your CareSource plan, reach out to Express Scripts.

Preferred Drug List (PDL)

CareSource covers all medically necessary Medicaid-covered drugs at many pharmacies. We also cover many common over the counter (OTC) products with a written prescription from your health care provider. We have a list of drugs that we like our providers to prescribe. This is called a Preferred Drug List (PDL).

Our drug list will have more than one drug for treating a condition. These are called alternative drugs.

You can find our PDL at **CareSource.com** You can also call Member Services for a copy of our PDL and drugs that need PA. Our PDL and list of drugs that need PA can change monthly. Check this list when you need to fill or refill a prescription drug.

Pharmacy Programs

We have programs that make sure you get drugs that are safe and effective. Learn more about each of them below/on the following pages.

Step Therapy

Sometimes, we have you try a cheaper medicine used for the same condition before "stepping up" to a prescription drug that costs more. This is called step therapy. Certain drugs may only be covered if step therapy is used first.

Generic Substitution

A pharmacy will provide a generic drug if they have it in place of a brand-name drug. This is called generic substitution. You can expect the generic substitution to have the same effect and safety profile as the brand-name drug. Your provider should ask for a PA if there is a generic equivalent available.

Medication Therapy Management (MTM) Program

Correct prescription drug use is key for your health. Medication Therapy Management (MTM) is a program for you to learn about your drugs. You get this service at no cost to you. MTM can help stop drug-related problems and may lower costs. It can help you stick to your plan and ensure you are taking your drugs the right way.

You can work with a local pharmacist or a CareSource pharmacist for MTM. If they think you need help, you can meet face to face with them or talk about your medications on the phone. They will take time to go over all your drugs. This is any pills, creams, eye drops, herbals or OTC items.

MTM Benefits

- Safe use of prescription drugs
- Helps your health care providers and other caregivers work well together
- Teaches you about your prescription drugs and how to use them
- Improves health

Prescription Prior Authorization

We may need to review and approve some drugs before they are covered. This is called PA. Your provider will tell us why you need a certain prescription drug and/or a certain amount of a drug. Here are some reasons a PA may be needed:

- The drug could have dangerous side effects.
- There is a generic or **preferred** alternative drug available.
- The drug could be misused/abused.
- There are other drugs that **should** be tried first.

You can see on the PDL posted online which drugs need PA. You can also call us to ask about our PDL, and which drugs or services need PA.

Therapeutic Interchange

Sometimes you can't take a certain drug, like if you have an allergy. Other times, a drug might not work for you. In these cases, your provider can ask CareSource to cover a drug that is not on the approved drug list.

Exceptions

You may ask us to cover a drug not on the PDL. This is called an exception. You or a person allowed to represent you can make this request. Once we get this request, we will work with your provider to get the forms and information needed.

You may ask for an exception for:

- A drug you need that is not part of your covered health plan subject to medical necessity review by CareSource
- An allergy to a drug
- If you are unable to take a drug
- If you have a bad reaction to a drug listed on the PDL

We will send you information if we do not approve your request, which will cover:

- How you can appeal the decision
- Information on your right to a State Hearing

Medication Disposal

Do you have out of date drugs you no longer use? Expired or unused drugs can be a health risk for toddlers, teens or family pets if they are within reach. It is vital to safely dispose of these drugs before they cause harm.

You can safely get rid of out of date or unused drugs at drug take back sites, like local drugstores or police stations. Visit **www.deadiversion.usdoj.gov/pubdispsearch** to see a list of sites near you.

CareSource also has free DisposeRx® packets to help you safely get rid of these drugs. Get your free packet at **secureforms.CareSource.com/DisposeRx** or call Member Services.

CARE MANAGEMENT

CareSource has a team of nurses, social workers and other staff to help with your health care needs. Our staff is trained to help you work through any health issues or unmet needs.

Members can self-refer to care management or we may assign you based on screenings and assessments.

Care Management has many levels of care. The level of care is tailored to your health needs.

Your Case Manager/Care Coordinator is your main contact for your health and support needs. They will help you through the care planning process. Call your Case Manager/Care Coordinator if you need anything. They can help you:

- Find doctors and care.
- Learn about your health and medications.
- Get the medical, behavioral health and social services you need.
- Get the support you need to live and work in your community.
- Develop your care plan with your team.
- Get the most out of your benefits.
- Keep track of your health care services and add or change them based on your needs.
- Assess your needs to update your care plan.

If you have questions or think you would benefit from care management, call us. We are happy to help. You can reach us at **1-844-206-5948 (TTY: 711)**.

Disease Management

Do you have chronic health issues, like diabetes, asthma or high blood pressure?

Our free programs can help you learn more about your health. You can choose to join the program or your provider will contact us. Call **1-844-206-5948** if you would like to be part of the program. You can also opt-out by calling this number. We want to help you be healthy and well.

EXTRA BENEFITS

Enhanced Vision Benefit

Once per year, members get $100 toward eyeglasses/frames or contact lenses.

Fitness on Demand

Fitness On Demand is a virtual fitness program you can do anytime, anywhere. Track your workouts, learn from video classes and keep up with the latest wellness content—all in one app. Find your perfect workout with a variety of classes. Play it from your phone or cast it to your TV!

To sign up, visit **www.fod247.fitness/i/ox6syw** or download the mobile app from the App Store® or Google Play Store®.

myStrength

Take charge of your mental health and try our tool called myStrength℠. You can get support to help you with your mood, mind, body and spirit. Use it online or on your mobile device. This tool is at no cost to you. Get myStrength in your CareSource MyLife account. Visit **MyLife.CareSource.com.**

MyResources

MyResources helps you find programs and support for food, housing, school and more. You can find it in your **MyLife.CareSource.com** account. You can also call us to find support near you.

Lifeline

You can get a free smartphone. It has unlimited talk and text and 25 GB of data. Sign up at mybenefitphone.com or call 1-888-224-3213.

CareSource Life Services

We can help you reach your life goals. You must be our member or the parent or guardian of a CareSource member. You must be at least 16 years old.

We can help with:

- Finding full-time employment
- Food
- Housing
- Education or training
- Budgeting and finances

CareSource WorkConnect

CareSource WorkConnect helps you get new skills, find services and search for jobs. You will be paired with a life coach. Life coaches give one-on-one coaching for up to 24 months. CareSource WorkConnect partners with employers to help you in your job search. We also offer free rides to and from our coaching and training sessions.

TRANSPORTATION

Nevada Transportation for CareSource Members

CareSource is here to help our members in rural Nevada with their transportation needs. We are excited to offer **unlimited trips** for health care visits!

For our rural members, we also have special benefits that include **10 one-way trips monthly** for things like:

- Getting food resources
- Attending CareSource-sponsored events
- Joining community wellness and religious activities
- Visiting state Medicaid offices for eligibility and redetermination
- Participating in medical education and outreach programs
- Going to Women, Infants and Children offices
- Visiting the Department of Motor Vehicles (DMV)

Please call three days prior to schedule your ride. If your trip is urgent or a hospital discharge, you may call same day or the next day. The transportation team is available 24/7 to address your needs or schedule rides after hours.

These transportation options are available:

- Taxi
- Ride share
- Mileage reimbursement
- Bus passes, if applicable
- Wheelchair van

Please advise if you need assistance to and from your ride when making your reservation.

If you need to schedule a ride, please call Member Services.

For members living in Urban Clark and Urban Washoe counties, transportation is provided by a company called MTM. You can reach them at 1-844-879-7341.

To find out if you are a rural or urban member, you can look up your zip code on our website at **CareSource.com**. We are here to help you get where you need to go!

WHERE TO GET CARE

Primary Care Provider (PCP)

Your PCP is your main health partner. They will play a big role in your care. Routine health exams and tests can help find and treat problems early. Visit your PCP for routine health care. This helps them get to know you and your health care needs. It can also help you get a visit set up more quickly when you are sick.

You should choose a PCP when you join CareSource. We can help you choose one. Make an appointment with your PCP within 90 days of enrolling.

Native American access to care includes choosing any IHS, Tribal Clinic, or Urban Indian Health Clinic provider as your PCP. Native American members may get services or IHS without PA, or you may choose to go to another CareSource network provider.

The Role of Your PCP

Your PCP is responsible for:

- Ensuring your care needs are known and met in a timely manner.
- Providing health care for your physical and mental health.
- Helping you get appropriate preventive care, including immunizations.
- Providing ongoing care for chronic conditions.
- Helping to set up other appointments.
- Accessing the care you need (including specialty services and referrals when you need them).
- Helping with PA requests.

Some things your PCP can treat are:

- Colds/flu
- Earache
- High or low blood pressure
- High or low blood sugar
- Pains
- Rash
- Sore throat
- Swelling of the legs and feet

Sometimes your PCP is not able to treat your health issue. If so, they will send you to other providers or a specialist. Your PCP can also admit you to the hospital.

Female members can see a network women's health specialist for covered care necessary for routine health. Your PCP can be a women's health specialist. You can also see a women's health specialist in addition to your PCP.

Choosing a PCP

Find a PCP at **findadoctor.CareSource.com** or on CareSource MyLife. These are the most up-to-date sources. The online directory will tell you about each provider. It lists their name, telephone numbers, specialty and more. You can also use the printed Directory or call Member Services for help. You can ask Member Services for a printed provider directory or use the reply card you received in your new member kit to request one.

If you chose a PCP when you enrolled, your PCP will be listed on your member ID card.

Changing Your PCP

If you want to change your PCP, call us. We can help you find a new doctor. You can also use your CareSource MyLife account or the *Find a Doctor* tool at **findadoctor.CareSource.com**. You have the right to see a PCP who meets your cultural and/or racial preferences. You are free to choose from all of our in-network providers.

We will also let you know if your PCP leaves our network. We will let you know in writing 30 days before the date they plan to leave our network or 15 calendar days from when CareSource learns the provider is leaving the network.

Specialists

Specialists are providers that give care for certain diseases or parts of the body. A few examples of specialists are:

- Oncology care for those with cancer
- Cardiologists for those with heart conditions
- Orthopedic care for those with bone, joint or muscle conditions

When your PCP cannot treat a specific health issue, they can send you to a provider that specializes in your health condition for treatment.

Telehealth

With telehealth, you use your phone or computer to speak to a doctor online. It can be a good way to see a provider if you do not have a ride to a visit or need care outside of normal hours. It is an easy way to get care.

You can use telehealth for many issues, such as sinus problems, rashes and more. They can give you advice on keeping your issue from getting worse. They can prescribe medication to treat your issue. Check with your provider to see if they offer telehealth.

If your PCP doesn't offer telehealth, you can use Teladoc®. Visit a board-certified doctor 24/7. Connecting with Teladoc is easy.

- Visit www.teladoc.com/CareSource.
- Access Teladoc through CareSource MyLife.
- Call 1-800-TELADOC (835-2362).
- Get a referral from our 24-Hour Nurse Advice Line.
- Use the Teladoc app.

Convenience Care Clinics

You can go to a convenience care clinic if you can't see your PCP. A retail visit is quicker than a visit to urgent care or an ER. You can go to a clinic in a local drug or grocery store. 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, 7 days a week. Visits can be made for the same day. Walk-ins are often welcome. You can find them online with our Find a Doctor tool at **findadoctor.CareSource.com**.

Urgent Care

Urgent care is for non-emergencies when you cannot see your PCP right away. An urgent condition is not life threatening but may need prompt attention. Urgent care services can help keep an injury, sickness or mental health issue from getting worse. They typically treat conditions including, but not limited to, sprains, strains and minor broken bones.

You can find one at **findadoctor.CareSource.com**. Call Member Services if you need a ride. Always check in with your PCP after you go to an urgent care.

Emergency Services

An emergency medical condition is a serious health problem. It has sudden and severe symptoms, including severe pain. A person with average knowledge of health and medicine would know that if the person doesn't get immediate medical attention, it could lead to serious health problems, such as:

- Putting the person's life in danger
- For a pregnant woman, could put the health of the woman or her unborn child's life in danger
- Causing serious problems with the body's functions
- Causing serious problems with an organ or body part

When you have an emergency, you need to get medical attention right away. We cover emergency care anywhere. Some examples are listed below. This is not a full list.

- Miscarriage/pregnancy with vaginal bleeding
- Major chest pain
- Shortness of breath
- Loss of consciousness
- Seizures
- Uncontrolled bleeding
- Severe vomiting
- Rape
- Major burns
- Sudden change in your mental health
- Suicidal thoughts

CareSource does not limit what counts as an emergency medical condition based on a list of diagnoses or symptoms.

We cannot refuse to cover emergency services because the ER, hospital or other provider did not tell your doctor, CareSource or the state about your care within 10 days after you were seen for the emergency.

If You Need Emergency Care

- Go to the nearest ER or call 911. There is no need to call us first.
- You do not need to see an in-network provider for emergency care. You have the right to use any hospital or other setting for emergency care. Your care will be covered.
- We do not deny payment for treatment you get when you have an emergency medical condition or when someone from CareSource tells you to get emergency services.
- You can visit **findadoctor.CareSource.com** to see our emergency care providers and locations.
- You do not need a PA to get emergency care.
- Show your member ID card.
- The hospital must call us if they think you need more care.
- Please have the hospital call us within 24 hours if you need to stay overnight.
- For emergency transportation, call 911.

No PA is needed for emergency care. Remember, if you're not sure if you are having an emergency, we can help. Call the 24-Hour Nurse Advice Line at **1-833-687-7365 (TTY: 711)**. We are here for you 24 hours a day, 7 days a week.

Post-Stabilization Services

Post-stabilization services are covered services you get after you had a health emergency. This care is provided once you are stable. It helps you feel better and stay stable.

Let us know if you have an emergency. We can help you get back home and set up visits. We will talk to the doctors that cared for you during your emergency. CareSource will cover your care after your emergency, 24 hours a day, seven days a week.

If your emergency care was out of network, we will find network providers for your follow-up care. If your post-stabilization care is not in network, your care will still be covered the same as if it were in network.

When You Travel

Sometimes you get sick or hurt when you are traveling. Here are some things you can do:

- **If it is an emergency:** Call 911 or go to the nearest ER. You have the right to use any hospital or other setting for emergency care.
  - **If you call 911,** you will be transported by ambulance.
- **If it is not an emergency:** Call your doctor for help on what to do.
- **If you're not sure if it is an emergency:** Call our 24-Hour Nurse Advice Line at **1-833-687-7365 (TTY: 711)**. We can help you decide what to do.

Remember, if you need transportation and it's not an emergency, you can call Member Services.

PREGNANCY AND FAMILY PLANNING

Thinking of having a baby? We want you to have a healthy pregnancy. CareSource covers family planning services.

Pregnancy and family planning services help:

- You be healthy before getting pregnant.
- Put off pregnancy until you are ready.
- Protect you and your partner from sexually transmitted infections (STIs).

You may choose **any** provider to get family planning services and supplies. This includes providers that are out-of-network. You **do not** need a referral for a family planning provider.

Pregnant women can earn rewards for completing healthy activities. See **page 42** to learn more about rewards.

Before You Are Pregnant

If you want to have a baby, you can take healthy steps now.

- Visit your PCP or obstetrician/gynecologist (OB/GYN) doctor.
- Talk with your provider about healthy eating.
- Stop smoking now.
- Take folic acid daily.
- Do not drink alcohol or use illegal drugs.

During Pregnancy

See a provider as soon as you know you are pregnant. Seeing your provider on a routine basis helps them spot problems early so you can get the care you need.

Mom and Baby Beginnings

For extra help during your pregnancy, join our Mom and Baby Beginnings program. This program is here to support you while you are pregnant and after your baby is born. Our caring team includes nurses, social workers, behavioral health specialists and breastfeeding experts. If your pregnancy is high-risk, we are ready to give you the extra support you need.

We will explain how doulas can help you during your pregnancy and after your baby arrives. Our team will also make sure you understand your options for providers, like midwives, so you can make the best choices for you and your baby. When you call to join the program, we will tell you about any rewards and extra benefits you may get during your pregnancy.

To join the Mom and Baby Beginnings program, call us at **1-833-230-2034 (TTY: 711)**.

After You Have Your Baby

Visit your provider after you have your baby. They can make sure your body is healing. They will also check on your mental health and answer any questions you have.

If your baby is born early or sick and needs to go to the Neonatal Intensive Care Unit (NICU), your baby may be eligible for the NICU program.

Our team of nurses and social workers can help support you. When your baby joins the program, we can tell you about rewards and extra benefits your baby may get, and we can help you find a doctor to take care of your baby when they are ready to go home from the hospital. To find out more, call us at **1-833-230-2036 (TTY: 711)**.

EARLY AND PERIODIC SCREENING, DIAGNOSTIC AND TREATMENT (EPSDT)

EPSDT covers care at no cost for Nevada Medicaid members under the age of 21. This does not include Nevada Check Up members.

EPSDT stands for:

Early – So problems are found and treated soon
Periodic – To set up routine visits
Screening – To check for a health problem
Diagnostic – To find and identify a health problem
Treatment – To care for a problem

EPSDT covers:

- ✓ Preventive health visits
- ✓ Vision and hearing tests
- ✓ Health education
- ✓ Lab testing
- ✓ Lead screening
- ✓ Dental exams*

EPSDT covers medically necessary care for issues found by an exam. This care can be things like glasses and hearing aids.

*Dental exams are provided by the state of Nevada through Liberty Dental Plan. Liberty Dental does not service rural areas.

When should children have an EPSDT check?
From **birth to 15 months** of age, children may have six checks.

- These checkups are along with the newborn screening they have in the hospital.

- ✓ Children aged **15 months to 24 months** may have two checks.
- ✓ Children may have one check between the ages of **24 months to 30 months** and again between **30 months and three years old**.
- ✓ After age three, children should have at least one exam per year.

How to Get EPSDT Services

Call your PCP or dentist to set up a visit for an exam. Questions? Want to learn more or need help scheduling an appointment with your PCP? Please call our Member Services team. The number is at the bottom of every page.

MYHEALTH REWARDS

Earn rewards when you get preventive care and complete healthy activities. Use your rewards to shop for anything from groceries and clothing to diapers and personal care products. The MyHealth Rewards program is for adults 18 and older.

1. **Log in.** You can earn, track and view your rewards balance in MyHealth through CareSource MyLife.
2. **Complete healthy activities.** Learn what activities you can do to earn rewards on page 43.
3. **Redeem your rewards.** Earn, track and view your rewards balance in MyHealth through your CareSource MyLife account. Go to **MyLife.CareSource.com** and choose “Get Help,” then “Resources.” From there, choose “MyHealth.”

SHOP AT: Walmart®, TJ Maxx®, Old Navy® and more!

BUY:

- **Groceries:** Fresh and frozen foods and pantry staples
- **Personal care:** Makeup, shampoo and deodorant
- **Home goods:** Clothing, cleaning products and shoes
- **And so much more!**

Some restrictions apply.

Rewards are earned once each year unless noted. Rewards earned in the current year expire mid-December of the next year.

If someone is no longer a CareSource member, their access to the Rewards Portal will be deactivated and any unused rewards may no longer be available. Rewards are subject to change. Rewards may vary by age, gender and health needs.

What rewards can I earn?

Rewards for Expectant Moms	
$30	First prenatal visit. Earn once each pregnancy.
$50	Postpartum visit. Earn once each pregnancy.
$20	Syphilis screening. Earn once per calendar year. Applicable to pregnant females ages 18 to 54.

Rewards for Preventive Care	
$20	Cervical cancer screening. Women ages 18 to 64 can earn once each year.
$25	Breast cancer screening. Women ages 40 to 74 can earn once each year.
$15	Colorectal cancer screening. Earn once each year.
$25	Health Needs Assessment (HNA).

Rewards for Immunizations	
$25	Annual flu shot. Earn once each year.

Rewards for Chronic Care	
$10	Diabetes kidney health evaluation. Adults with diagnosed diabetes can earn once each year.
$25	Diabetes retinal exam. Adults with diagnosed diabetes can earn once each year.
$25	Stop using tobacco.

ADVANCE DIRECTIVES

An advance directive is your written record about your future health care. It helps your family and provider know your wishes about your care.

You must be of sound mind and 18 years or older to have an advance directive. You choose a person to make health care choices for you when you cannot make them. It can also keep certain people from making health care choices for you.

Using Advance Directives to State Your Wishes About Your Health Care

Many people worry about what happens if they become too sick to make their wishes known. Some people may not want to spend months or years on life support. Others may want all steps taken to live longer.

You Have a Choice

You do not have to have an advance directive, but we suggest you do. Many people write their wishes while they are healthy. Providers must make it clear you have a right to state your health care wishes. They must ask if your wishes are in writing. They also must add your advance directive to your medical record.

If your network provider cannot follow your advance directive for personal reasons, they must provide you with a written statement explaining why, which includes, at minimum:

1. The difference between objections that apply to the whole industry and those that only apply to that specific provider.
2. Reference to the state law permitting their objection.
3. The medical conditions or procedures affected by their objection.

You'll need to answer some tough questions when you make advance directives. Think about these things when you write your advance directive:

- It is a choice to write one.
- The law states that you can make choices about health care. This can be agreeing to or refusing care.
- Having one does not mean you want to die.
- It can only be filled out by people of sound mind.
- You must be at least 18 and an emancipated minor to have one.
- Your care or coverage will not rely on whether you have an advance directive.
- It should be kept in a safe place. A copy should be given to your family, health care agent and PCP.
- It can be changed or ended at any time.

Please call us if you would like to know more.

If you have a complaint about your advance directive, you may file a grievance with the Division of Health Care Financing and Policy.

Mail: Division of Nevada Medicaid
1919 E. College Parkway
Carson City, NV 89701

Phone: 1-775-684-3157

Email: civilrights@dhcfp.nv.gov

Website: dhcfp.nv.gov/Resources/PI/AdvanceDirectives

This information is for general use only. It is not meant to be legal advice.

QUALITY IMPROVEMENT

We keep a close watch on the quality of care and services we offer. This is done by using data and reports to monitor how well our providers are taking care of members. We look at data to decide what types of programs we need to improve your care and health results. Our goals include:

- National Committee for Quality Assurance (NCQA) accreditation. NCQA's goal is to improve the quality of health care in the United States.
- Complying with NCQA Accreditation Standards for health care and services.

We use HEDIS® to help measure the quality of care we provide. HEDIS is used by health plans in the United States to determine if you are getting important health care services and how well we do at providing the services. HEDIS measures are based on national scientific guidelines that are known to help you take care of your health condition and improve your health. This includes:

- Regular check-ups for adults and children
- Preventive screenings, for example, a breast cancer screening
- Follow-up on long-term health conditions, for example, asthma, depression, diabetes or high blood pressure
- Mental health and addiction
- Vaccines
- Lead testing (children)
- Pregnancy check-ups

We also use the CAHPS® survey. This member survey provides us with your comments on the quality of care you receive. The CAHPS survey is directed by the United States Department of Health and Human Services, Agency for Healthcare Research and Quality. CAHPS asks about:

- Customer service
- How quickly you were able to get the care you needed
- Rating your personal doctor and specialists, including how well they communicate with you
- Rating other health care services you received
- Overall rating of CareSource as your health plan

Our goal for HEDIS measures and the CAHPS survey is to get the highest possible scores. We work with all our providers to make sure the diverse needs of our members are met. We make changes based on member needs. Changes are based on the comments we get from members, providers and other business. Each year, we update information about the program. You can find it on our website at **CareSource.com**.

MEMBER RIGHTS AND RESPONSIBILITIES

Your Rights

As a CareSource member, you have the right to:

- Be treated with respect and with regard to your dignity and privacy.
- Get information about CareSource, its services and our providers.
- Receive information in a format that you can understood and is easy to access. This includes getting help free of charge:
  - If you do not speak English or need help understanding information.
  - With auxiliary aids like TDD/TTY and sign language if you are hearing impaired.
- Be able to get all written member information from CareSource:
  - At no cost to you.
  - In the prevalent non-English languages of members in our service area.
  - In other formats, including paper form.
  - Within 5 business days of your request.
- Choose your PCP (including specialists if you have a chronic condition) from our provider network.
- Refuse care from specific providers.
- See a women's health provider for covered women's health care if you are a female member.
- Get all services that CareSource covers under your plan.
- Get information on your treatment options and other options for your condition in a manner appropriate to your condition and ability to understand.
- Take part in decisions about your health care. This includes the right to say no to treatment.
- Get a second opinion from another provider in our network. If one is not available, we must set up a visit for you with a provider not on our panel at no cost to you.

- Go out of network for care if we cannot provide a covered service that is in network.
- Continue to get any ongoing care you had at the time of enrollment on a transitional basis.
- Choose if you would like to receive ILOS services (alternative services or settings) that CareSource offers, and:
  - Get the same rights and protections given to all members.
  - Get covered services just like you would if the ILOS wasn't available if you do not choose the ILOS.
  - Get covered services without denial even if you were offered, currently get, or have used an ILOS in the past.
- File a grievance or appeal.
- Create an advance directive.
- Ask for and get a copy of your medical records. And to be able to ask that the record be changed or corrected.
- Ask for and get information on our physician incentive plan.
- Ask for and get a copy of clinical practice guidelines. Call Member Services to learn more.
- Be free from any form of restraint or seclusion as a means of coercion, discipline, convenience or retaliation, as specified in other federal regulations on the use of restraints and seclusion.
- Request to be disenrolled from the plan:
  - For cause, at any time.
  - Without cause
    - During the first 90 days after you enroll or are sent notice of enrollment with CareSource.
    - Every 12 months from your date of signing up.
- Get services in a culturally competent manner. This is regardless of
  - Limited ability to speak English.
  - Diverse cultural and ethnic backgrounds.
  - Disabilities.
  - Sex, which includes
    - Sex characteristics, including intersex traits.
    - Pregnancy or related conditions.
    - Sexual orientation.
    - Gender identity.
    - Sex stereotypes.
- Be free to carry out these rights and know that CareSource and our providers will not hold it against you.

Your Responsibilities

- Use only approved providers.
- Keep doctor and dentist visits. Be on time and call 24 hours before to cancel.
- Report any third-party payment service to CareSource. This is important because they must pay claims for your care before CareSource does. Knowing this helps us reduce costs and fraud.
- Report any ongoing care you are getting at the time of enrollment with CareSource.
- Give as much information as you can to your provider or staff caring for you.
- Follow the advice and care you have agreed to with your providers.
- Always carry your ID card. Show it when you get care.
- Never let others use your ID card.
- Tell us if your phone number or address change.
- Contact your PCP after going to an urgent care or after medical or behavioral health care.
- Tell us of suspected fraud as described in the Fraud, Waste and Abuse section. See page 63.
- Understand as much as possible about your health issues and take part in reaching goals agreed to with your health care provider.

CULTURAL COMPETENCY

Tribal Approach

CareSource is committed to providing health care services that are culturally competent. We provide trainings and tools to raise awareness and ensure our organization and providers have the knowledge and skills to care for you.

We do this through:

- A **Tribal Liaison** who knows what resources are available for care, including physical and behavioral health, and recognizes the importance of traditional health practices.
- The **community-based organizations** we work with that enhance trust and improve our outreach efforts in the communities we serve.
- Paying attention to the unique needs and traditions of tribal communities. We honor their resilience and work to support their clinical practices.

CRITICAL INCIDENT REPORTING

A critical incident is an event that causes harm to a member or may put their health or safety at risk. At CareSource, we take the safety and well-being of our members seriously.

As part of this commitment to your care, Nevada State Medicaid requires all critical incidents (actual and suspected) involving members be reported to the Department of Health Care and Finance (DHCFP). The report must be made within 24 hours or one business day of becoming aware of the incident.

The following situations are considered critical incidents. They must be reported.

- Major injury or trauma that could cause long-term disability or death of a member at a state-licensed facility for behavioral health services
- An unexpected death of a member at a state-licensed facility for behavioral health services
- Abuse, neglect or exploitation of a member or an unexpected death (not to include child abuse)
- Any event involving a member that gets—or is likely to get—media attention
- Unauthorized leave of a mentally ill, violent or sexual offender from a mental health facility that accepts voluntary admissions. This includes secure community transition facilities such as:
    - Evaluation and treatment centers
    - Crisis stabilization units
    - Secure detox units
    - Triage facilities

If you experience any of these situations, please tell us right away. Call Care Management at **1-844-206-5948** (option 5).

HIPAA PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This notice is for CareSource. 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).

You may revoke your authorization at any time, but it will not affect information that we have already used and or disclosed.

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

You may revoke your authorization at any time, but it will not affect information that we have already used and or disclosed.

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. To the extent we collect or process substance use treatment-related records under 42 U.S.C. §290dd-2 and 42 C.F.R. Part 2 (“Part 2”), we follow the confidentiality protections of Part 2.

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 (we have included some examples, but we have not listed every permissible use or disclosure):

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. To learn more, go to 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.

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

Part 2 Records: To the extent we collect or process any Part 2 records, in a civil, criminal, administrative or legislative proceeding against an individual, we will not use or share information about your Part 2 records unless a court order requires us to do so, or you give us your written permission.

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

This notice is effective as of January 1, 2026. 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 website and a copy will be mailed in the next annual mailing. You can ask for a paper copy of our notice at any time by mailing a request to the CareSource Privacy Team.

The CareSource Privacy Team can be reached by:

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

Email: HIPAAPrivacyTeam@CareSource.com

Phone: **1-844-633-0391 (TTY: 711)** We are open Monday through Friday, 8 a.m. to 5 p.m. Pacific Time (PT).

GRIEVANCES AND APPEALS

We hope you are happy with CareSource and the care you get. But if you aren't, let us know.

We will help you fill out forms and take other needed steps. We have toll-free numbers with TTY and translators if needed. Call us if you need help filing a grievance or appeal.

What Is a Grievance?

If you are unhappy with your provider or us, you can file a grievance. It can be about anything except CareSource benefit decisions. Grievances do not go to the state for a hearing.

Examples are:

- CareSource staff was unkind
- Quality of care was not as expected
- A provider was rude
- Your rights were not respected

A grievance includes a member's right to dispute an extension of time proposed by CareSource to make an authorized decision.

How and When to File a Grievance

You or your authorized representative may file a grievance at any time. This can be verbally or in writing. You or your representative can file a grievance with the state or with CareSource. An authorized representative is someone who can speak on your behalf. A provider may only file a grievance for you with your written consent.

To file a grievance,

Visit: **MyLife.CareSource.com**

Call: **1-833-230-2058 (TTY: 711)**

Mail to: CareSource
Attn: Nevada Medicaid Grievance & Appeals
P.O. Box 1947
Dayton, OH 45401

Member Grievance Process

We will send you a letter within three business days of getting your grievance.

- We will look into your grievance.
- We make sure people who decide on grievances for medical issues are health care professionals. They are supervised by CareSource's medical director. They are not involved in prior levels of review or decision making.
- We will respond as soon as possible, but no later than 45 days.
- We will let you know of the outcome.

Extending the Grievance Time Frame

You or someone acting for you with your written consent can ask that CareSource extend the time frame to resolve a grievance up to 14 days. CareSource may also ask for up to 14 more days to resolve a grievance.

We will give you prompt verbal notice and give you written notice within two calendar days of the reason for the extension and the date that a decision must be made.

What Is an Appeal?

If you do not agree with our decision, you can file an appeal. An appeal is asking us to review an adverse benefit determination (ABD).

An ABD means any of these:

- Denying or limiting a service. This is based on the type or level, medical necessity, setting or success of a covered benefit.
- Reducing, delaying or stopping a previously approved service.
- Denying part or all of a payment for a service.
- Not giving care in a timely way.
- CareSource not processing grievances and appeals on time.
- Denying your right to argue a charge.

You can also appeal when we only approve part of a claim. You have 60 calendar days to file an appeal. With your written consent, your provider or an authorized representative may request an appeal on your behalf.

You have the right to a state fair hearing or state external review with an appeal. For external reviews, you have four months after receiving the notice of our decision to submit a request. The request should be sent to the Office for Consumer Health Assistance.

Examples are:

- Denial of service
- Denial, termination or reduction on a service that was previously approved
- Not giving a timely service or a timely appeal answer

Online: **MyLife.CareSource.com**

Call: **1-833-230-2058 (TTY: 711)**
Monday through Friday, 8 a.m. to 6 p.m. PT

Mail to: CareSource
Attn: Nevada Medicaid Member Grievance & Appeals
P.O. Box 1947
Dayton, OH 45401

The people making appeals decisions do not take part in earlier reviews. They are health care professionals supervised by CareSource's medical director. They are clinical experts of your health problem or disease.

They can decide:

- An appeal of a denial that is based on lack of medical necessity
- An appeal that involves clinical issues

You or someone acting for you can share proof in person or in writing. If your appeal is expedited, it should be given to CareSource within 24 hours of the request. You can also view your case file and health records. You can review any other appeal process papers free of charge. CareSource will tell you when we need this information for an expedited review.

Appeal Decision

CareSource will tell you and your provider or facility of the appeal decision. CareSource will send written notice of the decision. It will be sent to you and others acting for you with your written consent.

CareSource will respond to an appeal in writing as fast as your health issue needs. It will be no later than 30 calendar days for a standard appeal. It will be within 72 hours for an expedited appeal.

Appeals are expedited when the standard time frame could harm your life, health or ability to gain, maintain or regain full function. You or your provider can ask for an expedited appeal. If we agree it should be expedited, we will let you know within 72 hours. If your appeal does not meet expedited review rules, we will contact you by phone and send you a letter within two days. It will be handled under the standard appeal process.

You may ask for a state fair hearing or state external review if you do not agree with our appeal decision.

Before you can ask for a state fair hearing, the internal appeal process must be completed. If CareSource does not follow the notice and timing rules in this handbook, then you may ask before our internal appeal process is done.

Extending the Appeal Time Frame

You or someone acting for you with your written consent can ask that CareSource extend the time frame to resolve a standard or expedited appeal up to 14 calendar days. CareSource may also ask for up to 14 calendar days to resolve a standard or expedited appeal.

CareSource will give you prompt oral notice and give you written notice within two calendar days of the reason for the extension and the date that a decision must be made. CareSource will resolve the appeal as quickly as your health condition requires but no later than the date the extension expires.

Medicaid State Fair Hearing

If you do not agree with our appeal decision, ask for a state fair hearing. For Nevada Check Up members, this is called a state external review. You or your authorized representative must ask for one within 90 days of the decision. You can send your request by:

MAIL: Nevada Division of Medicaid, Hearings Unit
9850 Double R Blvd., Suite 200
Reno, NV 89521

EMAIL: dhcfphearings@dhcfp.nv.gov

FAX: 775-684-3610

What to Expect at State Fair Hearing

The Office of State Administrative Hearings will tell you the time, place and date of your hearing. You and others acting for you with your written consent will go to the hearing. CareSource agents and a fair administrative law judge will also be there. In the hearing, you can speak for yourself or let someone speak for you. You may also have a lawyer speak for you. You will have time to review your files and other vital information. CareSource will send a copy to you before the hearing.

CareSource will explain its decision. You will explain why you do not agree with it. The administrative law judge will make the final decision. CareSource will obey the decision.

Continuation of Benefits During an Appeal or State Fair Hearing

For Medicaid members, CareSource will continue your benefits if:

- You or your authorized representative files an appeal within 10 days of
  - CareSource mailing the note of our appeal decision, or
  - The planned effective date of the adverse benefit decision.
- The appeal ends, delays or reduces a previously authorized course of treatment and is filed within 60 days of the date of the denial notice.
- The services were ordered by an authorized provider.
- The time covered by the original authorization has not ended.
- You ask for an extension of the benefits.

If you want, CareSource will continue your benefits while the appeal or state fair hearing is pending. Your benefits will continue until:

- You withdraw the appeal or request for the administrative law hearing.
- You do not ask for an administrative law hearing and continuation of benefits within 10 days after CareSource sends its appeal decision.
- Ad administrative law judge makes a decision that is not in your favor.
- The time or service limits of pre-approved care have been met.

If the final decision of an appeal or administrative law hearing is not in your favor, CareSource may ask you to pay back the cost of care you got while the appeal or hearing was pending. If CareSource or the administrative law judge changes a decision to deny, limit or delay services, we will get you those services as quickly as your health requires. We will approve the care no later than 72 hours from the date we got the notice changing the decision.

If CareSource or the administrative law judge changes a decision to deny services, but you already got the services, CareSource will pay for those services.

FRAUD, WASTE AND ABUSE

Our Program Integrity department handles cases of managed care fraud, waste and abuse.

- **Fraud** means the purposeful misuse of or for gain of benefits.
- **Waste** means overusing benefits when they are not needed.
- **Abuse** is action that causes unneeded costs to CareSource. Abuse can be caused by a provider or a member. Provider abuse could be actions that do not make good fiscal, business or medical sense.

Pharmacies, providers and members can all commit fraud, waste or abuse. Examples of fraud, waste and abuse are:

Providers who:

- Order drugs, equipment or services that are not medically necessary.
- Do not give medically necessary services due to lower reimbursement rates.
- Bill for tests or care that they do not provide.
- Use wrong medical coding on purpose to get more money.
- Plan more visits than are needed.
- Bill for more expensive care than provided.
- Unbundle services to get a higher payment.

Pharmacies that:

- Do not fill prescriptions as written by your provider.
- Send claims for a brand-name drug that costs more but give you a generic or less expensive drug.
- Give less than the prescribed amount and do not tell you to get the rest of your medication.

Members who:

- Sell prescribed drugs or try to get controlled drugs from more than on doctor or pharmacy.
- Change or forge prescriptions.
- Use pain medications they do not need.
- Share their ID card with someone else.
- Do not tell us that they have other health insurance.
- Get equipment and supplies they do not need.
- Get care or drugs using someone else's ID card.
- Give wrong symptoms to get treatment, drugs and other care.
- Have too many ER visits for problems that are not an emergency.
- Lie about eligibility for Medicaid.

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

- Have to pay back money that was paid for a benefit misuse.
- Be charged with a crime and go to jail.
- Lose your Medicaid benefits.

If You Suspect Fraud, Waste or Abuse

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

1. Call **1-844-415-1272**
2. Go to our website at **CareSource.com** and fill out the reporting form
3. Write and send a letter to:
   CareSource
   Attn: Program Integrity
   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 OK to give your name, you may send an email or fax. Please give us as many facts as you can. Add names and phone numbers. If you do not give your name, we will not be able to call you for more details. This will be kept private as allowed by law.

1. Email: **Fraud@CareSource.com**
2. Fax: **800-418-0248**

ENDING YOUR CARESOURCE BENEFITS

If you are not happy with CareSource, please let us know. We want to make it right. If you still want to leave CareSource after we try to help, you can file a grievance to disenroll.

You have the right to change to another managed care plan. This is allowed:

- During the first 90 days after you enroll or are sent notice of enrollment with CareSource.
- At least once a year during the October open enrollment period.
- Upon automatic enrollment if you temporarily lose Medicaid eligibility and miss the annual open enrollment.
- If the state would stop enrollment in our plan.

You can ask to disenroll for cause at any time, such as:

- If you move out of state.
- If CareSource would not cover services because of moral or religious objections.
- If all related services are not available in our network.
- If you use Managed Long-Term Services and Supports and a provider changes to out-of-network, which would require you to change your supports.
- For reasons like poor quality of care, lack of access to covered services or providers experienced with your care needs, or if the state would impose intermediate sanctions on or end the plan's contract.

You can ask to disenroll from CareSource by:

- Calling Member Services at **1-833-230-2058 (TTY: 711)**
- Sending your request in writing to:
  CareSource
  P.O. Box 1947
  Dayton, OH 45401-1947

We will respond to your request within 14 days, or as soon as your health requires. If approved, you can choose another Nevada Medicaid or Nevada Check Up plan. We will tell you how to do so and tell the state of your new plan choice.

We will complete this process and if approved for disenrollment, finish the disenrollment process no later than the first day of the second month following the month you ask to disenroll. If we do not approve disenrollment, we will send your request to the state.

In some cases, CareSource may ask that you be disenrolled if you:

- Move out of the state.
- Seriously impair our ability to provide you or other members services. We would only take this step after trying to solve any issues with you first.

WORD MEANINGS

Abuse: An intentional action that causes unneeded costs.

Administrative Law Judge: Person who runs a state fair hearing.

Advance Directives: A written record about your wishes for medical care. They let you decide on your care before serious illness or injury, where you may not be able to state your wishes.

Adverse Benefit Determination: Means any of these:

- Denying or limiting a service. This is based on the type or level, medical necessity, setting or success of a covered benefit.
- Reducing, delaying or stopping a previously approved service.
- Denying part or all of a payment for a service.
- Not giving care in a timely way.
- CareSource not processing grievances and appeals on time.
- Denying your right to argue a charge.

Appeal: Asking us to review an adverse benefit determination.

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

Authorization: A decision to approve non-medical community support or other medically necessary care.

Authorized Representative: A person or entity you allow to make health decisions for you. We must have this on record in writing.

Behavioral Health Services: Care to prevent, diagnose and treat mental health issues.

Benefits: Health care that is covered by CareSource. Benefits are also extra member programs, services and care.

Business Days: Monday through Friday, 8 a.m. to 6 p.m. PT, except for holidays.

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

Care Management: A team of registered nurses, social workers and other outreach workers who work with you, your PCP and/or other specialists, and any family or other caregivers you would like to help coordinate your care.

Chronic Condition: A problem that affects your health for at least 12 months and requires more treatment than your routine care.

Claim: Bill for services

Convenience Care Clinic: A health clinic in a retail or grocery store, such as CVS®. These are often open late and on weekends for care for routine sicknesses.

Copayment/Copay: A fixed amount you pay for a covered health care service. Your plan does not have copays.

Covered Services: Medically necessary care that CareSource pays for.

Diagnostic: Medical procedure or supply to find the nature of an injury or sickness.

Disenrollment: The removal of a member from CareSource.

Durable Medical Equipment (DME): Supplies that can be used more than once for health services or equipment that can endure repeated use. They are usually used to serve a medical purpose and are not generally useful to a person without an illness or injury.

Emancipated Minor: A person under the age of 18 who is legally free from parental control.

Emergency Medical Condition: An illness, injury, symptom or condition that needs care right away. If you do not get this care:

- Your health would be in danger; or
- You would have problems with your bodily functions; or
- You would have damage to any part or organ of your body.

Emergency Medical Transportation: Urgent transport of a person who has a medical emergency to a health care facility. This is typically by ambulance.

Emergency Room (ER) Care: Care that a person gets in a hospital's ER to treat or evaluate an emergency condition.

Emergency Services: Covered inpatient and outpatient services that are given by a qualified provider and are needed to evaluate or stabilize an emergency medical condition.

Enrollment: The process by which an eligible person applies for health coverage and is approved.

EPSDT: Early and Periodic Screening, Diagnostic and Treatment benefit. A range of services required by law to be given to those under age 21 in Medicaid.

Excluded Services: Health care that CareSource does not pay for or cover.

Expedited Appeal: A process to help you get the care you request more quickly.

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

Fraud: The purposeful misuse of—or for gain of—unauthorized benefits by a person or group.

Grievance: A complaint about CareSource or its providers.

Guardian: A person appointed by the court to be legally responsible for another person.

Habilitation Services and Devices: Health care that helps you keep, learn or fix skills for daily living. This can be:

- Therapy for a child who is not walking or talking at the expected age.
- Services for physical and occupational therapy.
- Other services for people with disabilities in inpatient and/or outpatient settings.

Health Care Services: All Medicaid services provided by CareSource under contract with the DHCP in any setting, including but not limited to medical care, behavioral health care and supports.

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

Home Health Care: Services that are given to a medically homebound member by a health care professional. These are done in the member's home.

Hospice Services: Comfort and support services in the last stages of a terminal illness.

Hospitalization: Care in a hospital where you are admitted as a patient. This often means you are staying overnight.

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

Medically Necessary: Care, supplies and equipment that a provider gives to a patient or uses to diagnose or treat an illness, injury, condition, disease or its symptoms.

Member: A person who is enrolled in CareSource.

Network: A group of doctors, hospitals and other providers that work together. CareSource has a network of providers you can go to for care.

Network Provider or In-Network Provider: Any provider, group of providers or entity that is approved by CareSource and has an agreement with CareSource to provide covered services. Also called a participating provider.

Non-Participating Provider/Out-of-Network Provider: A health care provider who has not been approved, does not hold current approved status and/or does not have a signed agreement with CareSource.

Over-the-Counter (OTC) Drug: A drug you can often buy with a prescription. Many are covered by CareSource.

Participating Provider: Any provider, group of providers or entity that is approved by CareSource and has an agreement with CareSource to provide covered services. Also called a network or in-network provider.

Pharmacy: Where to go to get medications or prescriptions.

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

Plan: Health insurance, like CareSource, that helps provide and pay for your medical care.

Post-stabilization: Covered services related to an emergency medical condition, provided after your condition is treated to improve your health.

Preferred Drug List (PDL): A list of covered medications.

Premium: An amount you pay for your health insurance every month. CareSource members do not pay a premium.

Prescription: A provider's order for a drugstore to fill and give medicine to you.

Prescription Drugs: Medications that a doctor prescribes to treat a specific health condition. You cannot buy these kinds of drugs over the counter, and they can only be obtained with a prescription from a licensed health care provider.

Prescription Drug Coverage: When the health plan pays for prescription and OTC medications.

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

Primary Care Provider or Primary Care Physician (PCP): An in-network provider you choose as your personal doctor. Your PCP works with you to handle your health care. This can be your checkups or shots or treating your health care needs. They can also send you to specialists or admit you to the hospital.

Prior Authorization (PA) or Preauthorization: When CareSource approves a service that your provider requests for you before you get the service. The approved service or course of treatment is for a specific time frame and scope.

Provider: A doctor or other health care professional that has agreed to care for CareSource members.

Provider Directory: A book of providers that you can go to as a CareSource member.

Referral: A written order from your provider for you to get medically necessary care from a different provider.

Rehabilitation Services and Devices: Optional care suggested by provider to help you keep, get back or improve skills for daily life. The skills may have been harmed because you were sick, hurt or disabled. They may be:

- Physical and occupational therapy
- Speech-language pathology
- Psychiatric rehabilitation services
- Inpatient and/or outpatient settings

Schedule: To set up a time for a future visit.

Screening: A test done as a preventive measure to spot health issues or diseases.

Service Areas: Where CareSource gives managed care to members.

Skilled Nursing Care: Care that needs the training and experience of a licensed nurse.

Specialist: A doctor who has advanced training in a certain kind of health care. Examples are a surgeon or a heart doctor.

Substance Use: Harmful use of substances, like alcohol or illegal drugs.

Telehealth: A way to get care from a provider using a phone or computer. Telehealth lets a doctor see and talk to you with technology. The doctor can then make decisions about the care you need.

Urgent Care: Medical care for urgent conditions. An urgent condition is not life threatening but may need prompt attention to avoid serious injury or disability. Urgent care centers can typically treat conditions including, but not limited to, sprains, strains and minor broken bones.

Utilization Management: A review to make sure the care you get is needed, effective and suitable for your health. It can happen before care starts, while you get care or after care has been given.

Waste: Overusing or misusing Medicaid funds, resources or services.

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