



# NETWORK *Notification*

**Notice Date:** August 16, 2022  
**To:** Ohio Medicaid Providers  
**From:** CareSource  
**Subject:** Provider Alternative Format Request

## Summary

Providers can now see whether their CareSource members have requested an alternate format for communications when they check the member's eligibility. This information can be found on the [Provider Portal](#) under the member eligibility screen (see below).

CareSource ID: 101010101  
Date of Service: 8/10/2022  
Search

Member Information

Member Name:	Address:
CareSource Id:	County of Residence:
Medicaid Id:	County of Eligibility:
Case Number:	Phone:
Gender:	Date of Birth:
Member Profile:	Relationship to Subscriber:
Original Effective Date:	Program Details:
Program:	Member Eligibility Date
Member Alerts:	Span Last Updated:
Language Preference: English	Alternate Communication Format Needed: Alternate Visual Impairment
Special Communication Needs:	
Member Aid:	

Alternative format options include braille, large print, audio CD or verbal. If no alternative format has been requested, the field will be blank.

CareSource encourages providers to consider these needs when communicating with their patients.

OH-MED-P-1440245