

**CareSource® MyCare  
Ohio**

**2026**

**Medicaid-  
Only Member  
Handbook**

For more information or other questions, contact us at  
**1-855-475-3163 (TTY: 1-833-711-4711 or 711)**,  
Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET), and from October 1 through  
March 31 we are open the same hours, seven days a week  
or visit **CareSource.com/MyCare-SNP**.

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**Department of  
Medicaid**

Next Generation MyCare

If you have questions, please call Member Services at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET), and from October 1 through March 31 we are open the same hours, seven days a week. For more information, visit **CareSource.com/MyCare-SNP**.

Attention: To help you understand this notice, language assistance, interpretation services, and auxiliary aids and services are available upon request at no cost to you. Services available include, but are not limited to oral translation, written translation, and auxiliary aids. You can request these services and/or auxiliary aids by calling **1-855-475-3163**, Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET), and from October 1 through March 31 we are open the same hours, seven days a week; individuals with a hearing impairment may call **1-833-711-4711 or 711**, Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET), and from October 1 through March 31 we are open the same hours, seven days a week.

If you have any problem reading or understanding this information or any other CareSource MyCare Ohio information, please contact our Member Services at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET), and from October 1 through March 31 we are open the same hours, seven days a week for help at no cost to you. We can explain this information in English or in your primary language. You can get this document for free in other formats, such as large print, braille, or audio. Call **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET), and from October 1 through March 31 we are open the same hours, seven days a week. The call is free.

## Quick Reference

### Care Coordination

**1-855-475-3163** (TTY: 711) Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET), and from October 1 through March 31 we are open the same hours, seven days a week

**1-866-206-7861** (TTY: 711) After hours

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### Your Care Coordinator:

(add their name and phone number here)

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### Member Services

**1-855-475-3163 (TTY: 1-833-711-4711 or 711)**  
Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET), and from October 1 through March 31 we are open the same hours, seven days a week

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### 24-Hour Nurse Advice Line

**1-866-206-7861 (TTY: 1-833-711-4711 or 711)**  
24 hours a day, 7 days a week

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If you have questions, please call Member Services at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET), and from October 1 through March 31 we are open the same hours, seven days a week. For more information, visit **CareSource.com/MyCare-SNP**.

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**Behavioral Health Crisis  
Line**

**1-855-202-1087 (TTY: 1-833-711-4711 or 711)**  
24 hours a day, 7 days a week

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**CareSource Pharmacist  
Helpline**

**1-833-230-2073 (TTY: 711)**  
Monday through Friday, 8 a.m. to 5 p.m. Eastern Time  
(ET)

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

**You are currently enrolled to only have your Medicaid benefits with CareSource Next Generation MyCare Ohio.** We provide your Medicaid covered services through a provider agreement with the Ohio Department of Medicaid. If you have questions about the help you get from Medicaid, call the Ohio Medicaid Consumer Hotline at 1-800-324-8680 (TTY: 711), Monday through Friday from 7 a.m. to 8 p.m. and Saturday from 8 a.m. to 5 p.m.

**Who is eligible to enroll in a MyCare Ohio plan?**

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

- Have Medicare parts A, B and D; **and**
- Have full Medicaid coverage; **and**
- Are 21 years of age or older at the time of enrollment.

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

- Do not have full Medicaid benefits and Medicare parts A, B and D;
- Are younger than age 21;
- Are enrolled in Program for All-Inclusive Care for the Elderly (PACE);
- Have any private creditable medical insurance, including retiree benefits, other than a Medicare advantage plan; or
- Have intellectual or other developmental disabilities and receive services through a waiver or intermediate care facility for individuals with intellectual disabilities (ICF-IID).
- You are an individual who receives home and community-based waiver services through the Ohio Department of Developmental Disabilities.

If you have questions, please call Member Services at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET), and from October 1 through March 31 we are open the same hours, seven days a week. For more information, visit **CareSource.com/MyCare-SNP**.

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

- You are a member of a federally recognized Indian tribe, regardless of your age.

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

## New Member Information

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

While CareSource MyCare Ohio is approved by the state and federal governments to provide both Medicare and Medicaid-covered services, you chose or were assigned to receive only your Medicaid-covered services from our plan. If you want to receive both your Medicare and Medicaid-covered services from your MyCare Ohio plan, see page 47 for more information.

## Network Providers

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

- For a specified time after your enrollment in the MyCare Ohio program, we may allow you to receive care from a provider that is not a CareSource MyCare Ohio network provider (out-of-network provider). Additionally, we may allow you to continue to receive services that were authorized by Ohio Medicaid. This is called your transition of care period. The transition period starts on the first day your MyCare Ohio plan enrollment begins. If you switch to a different MyCare Ohio plan, your transition period for out-of-network providers will not reset. The *new member letter* is mailed in your new member kit and has more information

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on transition time periods, services, and providers. If you are currently seeing a provider that is not in our network of providers or if you already have services approved or scheduled, it is important that you call Member Services immediately so CareSource MyCare Ohio can arrange the services and avoid any billing issues.

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

You can request a printed provider directory by calling Member Services or by returning the postcard you received with your new member kit. You can also request a printed directory by filling out an online form at **CareSource.com/oh/plans/mycare-snp/plan-documents/**. The provider directory lists all our network providers as well as other non-network providers you can use to receive services. You can also visit our website at **CareSource.com/MyCare-SNP** to view up to date network provider information or call Member Services at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET), and from October 1 through March 31 we are open the same hours, seven days a week for assistance.

## Identification Card

You should have received a CareSource MyCare Ohio membership ID card after enrollment. Each member of your family who has joined CareSource MyCare Ohio will receive their own card. These cards replace your Medicaid card. Each card is good for as long as the person is a member of CareSource MyCare Ohio. It is important to note that this ID card will only work for Medicaid-covered services. Any medical services covered by Medicare or a selected Medicare Advantage plan will require a different ID card for those benefits. If you have a separate Medicare Part D plan, please provide your Part D ID card to your pharmacy for prescription drugs.

## Always keep your ID card(s) with you

You must show your CareSource MyCare Ohio member ID card and your Medicare ID card when you get any medical services or prescriptions for any of the following services:

- See your primary care provider (PCP)
- See a specialist or other provider
- Go to an emergency room

If you have questions, please call Member Services at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET), and from October 1 through March 31 we are open the same hours, seven days a week. For more information, visit **CareSource.com/MyCare-SNP**.

- Go to an urgent care facility
- Go to a hospital for any reason
- Go to a pharmacy
- Go to labs or imaging providers
- Go to nursing facilities
- Receive waiver services or start with a new waiver provider
- Get medical supplies
- Get a prescription
- Have medical tests
- See a dental provider
- Get vision services

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

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

## **Primary Care Provider**

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

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

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

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

## **When You Can See a Non-Network Provider**

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

Your PCP may decide you need medical care that you can only get from a doctor or other health care provider who is not in our network. If your PCP gets prior approval from CareSource MyCare Ohio for these services, they will be covered. For other times you may see an out-of-network provider please see page 9.

## **Changing Your PCP**

If you want to change your PCP, please call Member Services to ask for the change to ensure your health and long-term care services are coordinated. You can change your PCP as often as once a month, if needed. If you need help finding a PCP or want the names of the PCPs in our network, you may visit **FindADoctor.CareSource.com**, or you can call Member Services.

CareSource will send you a new member ID card to let you know that your PCP has been changed. If you no longer see the PCP that is on your ID card, CareSource MyCare Ohio will send you a new ID card. Member Services can also help you schedule your first appointment, if needed.

If your PCP tells us that they are moving, retiring or leaving CareSource for any reason, we will let you know by mail within 45 days. We will assign you a new PCP or help you choose a new PCP from the CareSource network. We will also let you know if any of our network hospitals in your area are no longer in network and give you the nearest hospitals that are in the CareSource network.

If you have questions, please call Member Services at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET), and from October 1 through March 31 we are open the same hours, seven days a week. For more information, visit **CareSource.com/MyCare-SNP**.

## Appointments

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

CareSource can provide transportation to and from the provider's office. See page 26 to learn more.

## Member Services

Contact Us:

- Phone: **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET), and from October 1 through March 31 we are open the same hours, seven days a week
- Mailing Address: P.O. Box 8738 Dayton, OH 45401-8738
- Online: **CareSource.com/MyCare-SNP**

Member Services can help you:

- Learn what services are covered and how to access these services.
- Understand any information in this handbook or in other member materials.
- Find out if a service needs prior authorization.
- Learn more about your Medicaid benefits.
- Learn more about getting both your Medicare and Medicaid-covered services from CareSource MyCare Ohio.
- Find a provider in the CareSource network.
- Change your primary care provider (PCP).
- Get a new member ID card.
- File a complaint about CareSource or a provider.
- File a complaint if you think you have been discriminated against.
- File an appeal, including an expedited appeal.
- Get an interpreter to speak to us or your providers if you speak a language other than English.
- Get materials in other formats like large print, braille or audio.

Let Member Services know if:

- ✓ Your address, phone number or email changes. You need to also change this through your County Department of Job and Family Services.
- ✓ Your designated responsible party or caregiver changes.
- ✓ You have health insurance coverage other than Medicare.
- ✓ You are admitted to a nursing home or hospital.
- ✓ You get care in an out-of-area or out-of-network hospital or emergency room.
- ✓ You are pregnant.

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Have your CareSource member ID number handy when you call. This will help us serve you faster. If you call after hours, on a weekend or holiday, you may leave a message, and we will respond within one business day. You can also reach us online at any time. Visit **[secureforms.CareSource.com/en/MemberInquiry/](https://secureforms.CareSource.com/en/MemberInquiry/)**.

We are closed\* in 2026 on these days:

- Memorial Day - Monday, May 25, 2026
- Independence Day - Friday, July 3, 2026 (observed)
- Labor Day - Monday, September 7, 2026
- Thanksgiving Day - Thursday, November 26, 2026
- Christmas - Friday, December 25, 2026

*\*Our 24-Hour Nurse Advice Line is open 24/7, 365 days a year.*

## Care Coordination

CareSource MyCare Ohio offers care coordination services to all members. When you first join our plan, you will receive a health care needs assessment within the first 15-75 days of your enrollment effective date, depending on your health status. You will be contacted by your Care Coordinator, or a member of the Care Coordination team, to schedule a date to complete the first assessment. It will be completed by your Care Coordinator or Care Coordinator delegate and family care givers and other supports per your preference. It can be done at your home or a location of your choice, including at a provider's office or hospital. Assessments will be completed within 90 days of the enrollment start date.

CareSource MyCare Ohio Care Coordinators are Registered Nurses, Licensed Social Workers and Licensed Independent Social Workers. They coordinate all parts of your care. This includes long-term care and/or waiver services if you are a resident of a long-term care facility or enrolled in a Home and Community-based Services (HCBS) waiver program. CareSource delegates Care Coordination and waiver service coordination to the Area Agencies on Aging and works with them to make sure your needs are met. Your Care Coordinator is your main point of contact. They get to know you, your providers and specialty providers, and others who are part of your care. Your Care Coordinator can help you:

- Learn about your health and medications.
- Manage any special health conditions.
- Problem solve with billing issues.
- Get rides to health visits.
- Connect with community resources and services.
- Get support during a transition, like if you have a visit to an emergency room or a have a hospital or facility stay.

A Care Team can help you meet your goals for a healthy life by managing your health conditions. They can help you manage chronic diseases like diabetes, hypertension,

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heart and lung conditions, kidney disease and other health or special conditions. This team includes you, your Care Coordinator and anyone else you choose to include, like your providers, family members or caregivers. Other team members may also include:

- Legal guardians
- Authorized representatives
- External community agency staff

Everyone on the care team works together to make sure your care is coordinated. This means that they make sure tests and labs are done once, and the results are shared with the appropriate providers. It also means that your doctors should know all the medicines you take so they can reduce any negative effects. Your doctors will always have your permission before sharing your medical information with other providers. Your Care Team may ask questions to learn more about your health. The team will give you information to help you to understand how to care for yourself and how to get services, including local resources. The team can also work with you if you need help figuring out where to get care, whether from your primary care provider (PCP) or going to urgent care or the ER.

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

CareSource MyCare Ohio staff, including nurses, Care Coordinators, and outreach workers will contact you as part of the Care Coordination process to ensure your needs are being met.

Please call us if you have any questions or feel that you would benefit from Care Coordination. We are happy to help. All members, including those who receive long-term care and/or waiver services, can access a care team representative 24/7. Just call **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET), and from October 1 through March 31 we are open the same hours, seven days a week. After hours, call 1-866-206-7861.

## **Services Covered by CareSource MyCare Ohio**

Medicaid helps with medical costs for certain people with limited incomes and resources. Ohio Medicaid pays for Medicare premiums for certain people, and may also pay for Medicare deductibles, co-insurance and co-payments except for prescriptions. Medicaid covers long-term care services such as home- and community-based “waiver” services, assisted living services, and long-term nursing home care. It also covers dental and vision services. Because you chose or were assigned to only receive Medicaid-covered services from our plan, Medicare will be the primary payer for most services. You can choose to receive both your Medicare and Medicaid benefits through

If you have questions, please call Member Services at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET), and from October 1 through March 31 we are open the same hours, seven days a week. For more information, visit **CareSource.com/MyCare-SNP**.

CareSource MyCare Ohio so all your services can be coordinated. Please see page 47 for more information on how you can make this choice.

As a CareSource MyCare Ohio member, you will continue to receive all medically necessary Medicaid-covered services at no cost to you. Medically necessary means you need the services to prevent, diagnose, or treat a medical condition.

Services covered by CareSource are listed in the covered services chart below/on page 14.

## **Prior Authorization**

Some services need to be approved by us before you can get them. **Prior authorization** is the approval that may be needed before you get a service. It must be medically necessary for your care. Your network provider will get prior authorization for the care you need. Network or in-network means that these providers see CareSource members. Services that need prior authorization are noted in the covered services chart below/on page 14. You can also call Member Services to learn more.

If you have questions, please call Member Services at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET), and from October 1 through March 31 we are open the same hours, seven days a week. For more information, visit **CareSource.com/MyCare-SNP**.

## Covered Services Chart

SERVICE	MORE INFORMATION	REQUIREMENTS
<b>Acupuncture</b>	Acupuncture for pain management of migraine headaches and lower back pain is covered.	No prior authorization is needed.
<b>Ambulance and wheelchair van transportation</b>	Taking an ambulance or a wheelchair van is covered for emergencies.	Non-emergency ambulance services need prior authorization.
<b>Behavioral health services</b> (including mental health and substance use disorder treatment)	<p>Mental health and substance use disorder treatment services are available through your MyCare plan. These services include:</p> <ul style="list-style-type: none"> <li>• Diagnostic evaluation and assessment</li> <li>• Psychological testing</li> <li>• Psychotherapy and counseling</li> <li>• Crisis intervention</li> <li>• Mental health services including therapeutic behavioral service, psychosocial rehabilitation, community psychiatric supportive treatment, assertive community treatment for adults and intensive home-based treatment for children/adolescents.</li> <li>• Substance use disorder treatment services including case management, peer recovery support, intensive outpatient, partial hospitalization, residential treatment, and withdrawal management.</li> <li>• Medication-assisted treatment for addiction</li> <li>• Opioid treatment program services</li> </ul>	<p>Prior Authorization is needed for the following services:</p> <ul style="list-style-type: none"> <li>• All inpatient services</li> <li>• Applied Behavior Analysis (ABA)</li> <li>• Partial Hospitalization Program (PHP) services</li> <li>• Transcranial Magnetic Stimulation (TMS)</li> <li>• Substance Use Disorder (SUD) Residential: PA needed after 30-days for the first two admissions in a calendar year and initially for a third admission in a calendar year.)</li> <li>• Assertive Community Treatment (ACT) for Adults</li> <li>• Intensive Home-Based Treatment (IHBT)</li> <li>• Intensive Outpatient Program (IOP)</li> <li>• Opioid treatment program (OTP) services</li> </ul>

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SERVICE	MORE INFORMATION	REQUIREMENTS
(continued)	<ul style="list-style-type: none"> <li>• Medical services</li> <li>• Behavioral health nursing services</li> </ul> <p>If you need help right away, call or text 988.</p> <p>You can self-refer to an Ohio Department of Mental Health and Addiction Services (Ohio MHAS) certified community behavioral health center or qualified behavioral health provider.</p> <p>You can find network providers in your provider directory or at <b>FindADoctor.CareSource.com</b>. You can also call Member Services to learn more.</p> <p>If you need help for substance use disorder treatment call the CareSource Addiction Support Line at <b>1-833-674-6437 (TTY: 711)</b>.</p> <p>Medicare also covers some of these services. Your provider of these services may be required to seek payment from Medicare or your Medicare Advantage plan prior to billing your MyCare plan.</p>	
<b>Certified Nurse Midwife (CNM) services</b>	<p>Nurses who help you with pregnancy, labor and giving birth.</p> <p>Find a CNM in the CareSource network at <b>FindADoctor.CareSource.com</b> or by calling Member Services.</p>	No prior authorization is needed. You may self-refer for these services.
<b>Certified Nurse Practitioner (CNP) services</b>	<p>Nurses who are trained in some of the medical care that doctors provide.</p> <p>Find a CNP in the CareSource network at <b>FindADoctor.CareSource.com</b> or by calling Member Services.</p>	No prior authorization is needed. You may self-refer for these services.

If you have questions, please call Member Services at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET), and from October 1 through March 31 we are open the same hours, seven days a week. For more information, visit **CareSource.com/MyCare-SNP**.

SERVICE	MORE INFORMATION	REQUIREMENTS
<b>Chiropractic services</b>	<p>Involves adjustments to the spine or other parts of the body.</p> <p>Find a chiropractor in the CareSource network at <b>FindADoctor.CareSource.com</b> or by calling Member Services.</p>	<p>No prior authorization is needed.</p>
<b>Dental services</b>	<p>One dental exam and cleaning each year for those age 21 and older.</p> <p>Find a dentist in the CareSource network at <b>FindADoctor.CareSource.com</b> or by calling Member Services.</p>	<p>These services need a prior authorization:</p> <ul style="list-style-type: none"> <li>• Some CT scans</li> <li>• Crowns, post and core procedures</li> <li>• Dentures/Partials</li> <li>• Oral Surgery Procedures</li> <li>• Periodontal Services</li> </ul> <p>Please check with your provider about what is needed for dental services.</p>
<b>Diagnostic services</b>	<p>Lab work, x-rays or tests done to learn more about a specific condition or disease.</p>	<p>These services need a prior authorization (including but not limited to):</p> <ul style="list-style-type: none"> <li>• Some bloodwork/lab testing</li> <li>• Scans (CT, MRI, PET)</li> </ul>
<b>Durable Medical Equipment (DME) and supplies</b>	<p>Medical equipment and supplies that can be used more than once for health services.</p> <p>Examples of DME are orthotics, walking aids, blood pressure machines and more. Please call Member Services to learn more.</p> <p>Orthotics can be replaced once each year when medically necessary. More replacements may be allowed if there is damage that cannot be repaired. This</p>	<p>Prior authorization is needed for (including but not limited to):</p> <ul style="list-style-type: none"> <li>• Wheelchairs and some accessories</li> <li>• All rental/lease items like: CPAP/BiPAP, NPPV machines, apnea monitors, ventilators, hospital beds, specialty mattresses, high frequency chest wall oscillators, cough</li> </ul>

If you have questions, please call Member Services at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET), and from October 1 through March 31 we are open the same hours, seven days a week. For more information, visit **CareSource.com/MyCare-SNP**.



SERVICE	MORE INFORMATION	REQUIREMENTS
(continued)	excludes repair/replacement if it was lost or stolen, misused, was broken maliciously or from gross neglect.	<p>assist/stimulating device, pneumatic compression devices, speech generating devices and accessories, and infusion pumps</p> <ul style="list-style-type: none"> <li>• Cochlear implants including most replacements.</li> <li>• Left Ventricular Assist Device (LVAD)</li> <li>• Wound pump</li> <li>• Wound Vacs</li> <li>• Prosthetic/orthotic devices</li> <li>• Oral appliances for obstructive sleep apnea</li> <li>• Patient transfer systems/hoyer lifts</li> <li>• Power wheelchair repairs</li> <li>• Spinal cord stimulators</li> </ul>
<b>Emergency services</b>	<p>Emergency services are covered by Medicare. If you have an emergency, call 911, or go to the nearest emergency room (ER) or other appropriate setting. If you are not sure whether you need to go to the ER, call your primary care provider or the 24-Hour Nurse Advice Line at <b>1-866-206-7861 (TTY: 1-833-711-4711 or 711)</b>. Your PCP or the 24-Hour Nurse Advice Line can talk to you about your medical problem and give you advice on what you should do.</p> <p>Remember, if you need emergency services:</p> <ul style="list-style-type: none"> <li>• Go to the nearest hospital ER or other appropriate setting. Be sure to show them your CareSource</li> </ul>	Emergency services do not need prior authorization. Call 911 or go to the nearest ER.

If you have questions, please call Member Services at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET), and from October 1 through March 31 we are open the same hours, seven days a week. For more information, visit **CareSource.com/MyCare-SNP**.

SERVICE	MORE INFORMATION	REQUIREMENTS
(continued)	<p>MyCare Ohio member ID card and your Medicare ID card.</p> <ul style="list-style-type: none"> <li>• If the provider that is treating you for an emergency takes care of your emergency but thinks that you need other medical care to treat the problem that caused your emergency, the provider must call CareSource MyCare Ohio.</li> <li>• You should check in with your PCP or your Care Coordinator. They can check up on you and help with any follow up care you need. Learn more about follow up care on page 30.</li> <li>• If the hospital has you stay, please make sure that our plan is called within 24 hours.</li> </ul>	
<b>Family planning services and supplies</b>	<p>Family planning includes things like birth control, family planning exams, nurse midwife services, and prenatal and postnatal doctor and home visits.</p> <p>You can get services from your PCP or any OB/GYN or Qualified Family Planning Provider (QFPP) like Planned Parenthood. You may self-refer for these services.</p>	Some genetic testing and some laboratory testing require prior authorization.
<b>Federally Qualified Health Center (FQHC) and Rural Health Clinic (RHC) services</b>	<p>FQHCs and RHCs help people who live in rural or urban areas get care.</p> <p>Covered care includes office visits for primary care and specialists services, physical therapy, speech pathology and audiology services, dental services, podiatry services, vision services, chiropractic services and mental health services.</p> <p>Find a FQHC or RHC in the</p>	No prior authorization is needed.

If you have questions, please call Member Services at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET), and from October 1 through March 31 we are open the same hours, seven days a week. For more information, visit **CareSource.com/MyCare-SNP**.

SERVICE	MORE INFORMATION	REQUIREMENTS
(continued)	CareSource network at <b>FindADoctor.CareSource.com</b> or by calling Member Services.	
<b>Free-standing birth center services</b>	Services at a free-standing birth center are covered. Call Member Services for help finding a center or go to <b>FindADoctor.CareSource.com</b> .	No prior authorization is needed.
<b>Gynecological services (OB/GYN)</b>	OB/GYNs care for the female reproductive organs.  You can get services from your PCP or any OB/GYN or family planning provider. You may self-refer for these services.	No prior authorization is needed for routine OB/GYN services.
<b>Home health services</b>	Home health care is a wide range of health care services that can be given in your home for an illness or injury.	Prior authorization is needed for: <ul style="list-style-type: none"> <li>• Home health aide visits</li> <li>• Private duty nursing (PDN)</li> <li>• Skilled nurse visits</li> <li>• Social worker visits</li> <li>• Occupational Therapy</li> <li>• Speech Therapy</li> <li>• Physical Therapy</li> </ul>
<b>Inpatient hospital services</b>	Procedures or tests done in a hospital or medical center. They usually need an overnight stay.	All inpatient hospital services need prior authorization.
<b>Maternity care</b>	Prenatal and postpartum, including at-risk pregnancy services and gynecological care is covered.  You can get services from your PCP or any OB/GYN or family planning provider. You may self-refer for these services.	Prior authorization is needed if the delivery and inpatient stay is scheduled at less than 39 weeks. It is also needed if the stay is more than 48 hours for vaginal or 96 hours for cesarean delivery.

If you have questions, please call Member Services at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET), and from October 1 through March 31 we are open the same hours, seven days a week. For more information, visit **CareSource.com/MyCare-SNP**.

SERVICE	MORE INFORMATION	REQUIREMENTS
<b>Medical nutrition supplies</b>	<p>Covered care includes diabetic and nutritional supplies.</p> <p>Diabetic supplies are limited to the following manufacturers:</p> <ul style="list-style-type: none"> <li>- Preferred test strips: Abbott</li> <li>- Preferred Continuous Glucose Monitors (CGM): Abbott Freestyle and Dexcom</li> </ul>	<p>Prior authorization is needed for:</p> <ul style="list-style-type: none"> <li>• Continuous glucose monitors</li> <li>• Donor milk</li> <li>• Insulin infusion device</li> <li>• Oral nutrition (for medical purposes) and enteral nutritional therapy.</li> </ul>
<b>Nursing facility/Long Term Care Services and Supports</b>	<p>If you need these services, please call Member Services for information on available providers.</p> <p>The Office of the State Long-term Care Ombudsman helps people get information about long-term care services in nursing homes and in your home or community and resolve problems between providers and members or their families. They also can help you file a complaint or an appeal with our plan. For MyCare Ohio members, help with concerns about any aspect of care is available through the MyCare Ohio ombudsman. You can call 1-800-282-1206 Monday through Friday 8:00 a.m. – 5:00 p.m. Calls to this number are free. You can submit an online complaint at: <a href="http://aging.Ohio.gov/contact/">http://aging.Ohio.gov/contact/</a> or you can send a letter to:</p> <p>Ohio Department of Aging: MyCare Ohio Ombudsman 246 N. High St., 1<sup>st</sup> Fl. Columbus, Ohio 43215-2406</p>	<p>Nursing facility services need prior authorization.</p> <p>A level of care determination is required for custodial or intermediate care.</p>

If you have questions, please call Member Services at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET), and from October 1 through March 31 we are open the same hours, seven days a week. For more information, visit **CareSource.com/MyCare-SNP**.

SERVICE	MORE INFORMATION	REQUIREMENTS
<b>Outpatient hospital services</b>	Procedures or tests that can be done in a medical center without an overnight stay.	Some elective surgeries need prior authorization. Talk to your provider or call Member Services for more information.
<b>Out-of-network providers</b>	<p>A doctor, hospital, drugstore or other licensed provider that has not signed a contract agreeing to give services to CareSource members. CareSource will not pay for services from these providers unless it is an emergency or we have given prior authorization.</p> <p>Find providers in the CareSource network at <b>FindADoctor.CareSource.com</b> or by calling Member Services.</p>	Prior authorization is needed for out-of-network providers or services.
<b>Podiatry (foot) services</b>	Services for your feet.	No prior authorization is needed.
<b>Prescription drugs - not covered by Medicare Part D</b>	<p>While most of your prescription drugs will be covered by Medicare Part D, there are a few drugs that are not covered by Medicare Part D but are covered by CareSource MyCare Ohio. You can view our plan's <i>Medicaid List of Covered Drugs</i> on our website at <b>CareSource.com/MyCare-SNP</b>. You do not have any co-pays for Medicaid drugs covered by our plan.</p> <p>We may also require that your provider submit information to us (a prior authorization request) to explain why a specific medication and/or a certain amount of a medication is needed. We must approve the request before you can get the medication. Reasons why we may prior authorize a drug include:</p> <ul style="list-style-type: none"> <li>• There is a generic or pharmacy</li> </ul>	Prior authorization varies by drug. Please see page 13 to learn more.

If you have questions, please call Member Services at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET), and from October 1 through March 31 we are open the same hours, seven days a week. For more information, visit **CareSource.com/MyCare-SNP**.

SERVICE	MORE INFORMATION	REQUIREMENTS
(continued)	<p>alternative drug available.</p> <ul style="list-style-type: none"> <li>• The drug can be misused/abused.</li> <li>• There are other drugs that must be tried first.</li> <li>• Some drugs may have quantity (amount) limits.</li> </ul> <p>If we do not approve a prior authorization request for a medication, we will send you information on how you can appeal our decision and your right to a state hearing. You can call Member Services to request information on medications that require prior authorization. You can also look on our website at <b>CareSource.com/MyCare-SNP</b>. Make sure you are only looking at the drugs on the Medicaid List of Covered Drugs. Please note that our list of medications that require prior authorization can change so it is important for you and/or your provider to check this information when you need to fill or refill a medication.</p>	
<b>Preventive breast cancer and cervical cancer screenings</b>	Screenings for breast cancer (mammograms) and cervical cancer (Pap tests) are covered.	No prior authorization is needed.
<b>Preventive prostate screening</b>	Screenings for prostate cancer for men are covered.	No prior authorization is needed.
<b>Primary care provider (PCP) services</b>	<p>You will get most of your preventive care from your PCP. They will do your checkups, shots and treat you for most of your routine health care needs.</p> <p>Your PCP will refer you to specialists or admit you to the hospital, if needed.</p>	No prior authorization is needed.

If you have questions, please call Member Services at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET), and from October 1 through March 31 we are open the same hours, seven days a week. For more information, visit **CareSource.com/MyCare-SNP**.

SERVICE	MORE INFORMATION	REQUIREMENTS
<b>Renal dialysis (kidney disease)</b>	Dialysis is a procedure where toxins and extra fluids are filtered out of your blood. It is a covered service.	No prior authorization is needed.
<b>Residential treatment</b>	Places where you get therapy for substance use disorder, mental illness, or other behavioral problems.	Prior authorization is needed for residential treatment.
<b>Respite services</b>	Care for people who are elderly or who have a disability so that their caregivers can have some time off.	Prior authorization is required for respite services.
<b>Shots (Immunizations)</b>  (continued)	A shot or immunization helps keep you from getting sick. Some shots protect you for years from diseases. Others are needed every year, like the flu shot. Work with your provider or pharmacist to get your shots at the right time.	No prior authorization is needed.
<b>Specialist services</b>	Includes services from specialists like a dermatologist, cardiologist and other providers.  Find specialists in the CareSource network in your Provider Directory, at <b>FindADoctor.CareSource.com</b> , or by calling Member Services.	Specialists or services outside of the CareSource network need prior authorization.
<b>Speech and hearing services, including hearing aids</b>	Routine hearing exams are covered. Hearing aids are covered by the plan once every 4 years for conventional and 5 years for digital or programmable. Please call Member Services to learn more.	These services need a prior authorization (including but not limited to): <ul style="list-style-type: none"> <li>• Speech therapy</li> <li>• Hearing aids</li> </ul>
<b>Telehealth</b>	Telehealth is the direct delivery of health care to a patient via audio and/or video devices. Instead of coming into the office for your appointment, you stay at your home or office and use your smartphone, tablet or computer to see and talk to your medical and behavioral health professionals. There is no cost for	No prior authorization is needed.

If you have questions, please call Member Services at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET), and from October 1 through March 31 we are open the same hours, seven days a week. For more information, visit **CareSource.com/MyCare-SNP**.

SERVICE	MORE INFORMATION	REQUIREMENTS
(continued)	<p>Medicaid members to use telehealth and telehealth removes the stress of needing transportation services.</p> <p>Medicaid members can see medical and behavioral health professionals via telehealth for many illnesses and injuries, common health conditions, follow-up appointments and screenings as well as prescribing medication(s).</p> <p>Check with your Medicare insurance plan for providers who offer telehealth services.</p>	
<b>Tobacco cessation services</b>	<p>Tobacco cessation services, including tobacco cessation counseling and FDA approved medications for tobacco cessation are covered.</p> <p>Call the Ohio Tobacco Quit Line at 1-800-QUIT-NOW (1-800-784-8669). They are open 24 hours a day, 7 days a week including holidays. Interpreters are available if you do not speak English.</p>	No prior authorization is needed.
<b>Urgent care centers</b>	Urgent Care Centers are for non-emergencies. They are for when you can't see your PCP right away. They help keep an injury, sickness or mental health issue from getting worse.	No prior authorization is required.
<b>Vision care (optical) services,</b>	Includes eye exams, routine checkups, vision surgery and services from an eye doctor.	Providers or services outside of the CareSource network need prior authorization.

If you have questions, please call Member Services at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET), and from October 1 through March 31 we are open the same hours, seven days a week. For more information, visit **CareSource.com/MyCare-SNP**.



SERVICE	MORE INFORMATION	REQUIREMENTS
<b>including eyeglasses</b>  (continued)	<ul style="list-style-type: none"> <li>One comprehensive exam each year.</li> </ul> <p>Eyeglasses and contacts are covered:</p> <ul style="list-style-type: none"> <li>21–59 years old: one pair every two years</li> <li>60 years and older: one pair each year</li> </ul> <p>Deluxe frames, transitions and progressive lenses are not covered.</p> <p>Your vision benefits are covered by EyeMed®. Find eye care at <b>FindADoctor.CareSource.com</b> or by calling Member Services. Make sure the provider knows you are covered by EyeMed before you visit.</p>	
<b>Waiver services</b>	<p>MyCare Ohio waiver services are designed to meet the needs of members 21 years or older, who are determined by the state of Ohio, or its designee, needs assistance with daily activities like meal preparation or getting dressed in order to remain living independently. These services help individuals to live and function independently. If you are enrolled in a waiver, please see your MyCare Ohio home and community-based services waiver member handbook for waiver services information.</p>	All waiver services need prior authorization. You must be enrolled in Care Coordination.
<b>Well-adult exams</b>	<p>A yearly well-adult exam is a checkup with a provider to go over your medical history and check your health and fitness.</p> <p>This is covered at one visit each year.</p>	No prior authorization is needed.

If you have questions, please call Member Services at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET), and from October 1 through March 31 we are open the same hours, seven days a week. For more information, visit **CareSource.com/MyCare-SNP**.

If you must travel 30 miles or more from your home to receive covered health care services, CareSource MyCare Ohio will provide transportation to and from the provider's office. Please contact Member Services for assistance 2 days before you need a ride.

You can get a ride in the same day for urgent trips like:

- when you are discharged from the hospital,
- need to go to an urgent care, or
- need to go to an urgent visit to your provider.

Let us know if you have any special needs or instructions when you schedule your ride. Examples are if you use a walker or wheelchair, need to meet at a back entrance, or do not have a phone where the driver can reach you. This will help us better meet your needs.

In addition to the transportation assistance that CareSource MyCare Ohio provides, members can still receive assistance with transportation for certain services through the local County Department of Job and Family Services non-emergency transportation (NET) program. NET is limited to less than 30 miles. Call your County Department of Job and Family Services for questions or assistance with NET services.

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

## **Services Not Covered by CareSource MyCare Ohio**

CareSource MyCare Ohio will not pay for services or supplies received that are not covered by Medicaid. If you have a question about whether a service is covered, please call Member Services at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET), and from October 1 through March 31 we are open the same hours, seven days a week.

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

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

If you have questions, please call Member Services at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET), and from October 1 through March 31 we are open the same hours, seven days a week. For more information, visit **CareSource.com/MyCare-SNP**.

## Services Not Covered by CareSource MyCare Ohio Unless Medically Necessary

CareSource MyCare Ohio will review applicable Ohio Administrative Code rules (e.g. 5160-1-61) and conduct a medical necessity review if appropriate. If you have a question about whether a service is covered, please call Member Services at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET), and from October 1 through March 31 we are open the same hours, seven days a week.

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

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

## Frequency Limitations

Your MyCare plan will review all requests for services from your provider. If you have a question about whether a service is covered, please call Member Services at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET), and from October 1 through March 31 we are open the same hours, seven days a week.

## Additional Benefits or Services

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

### CareSource MyLife

CareSource MyLife lets you manage your health plan on-the-go. Use it to change and find a provider, access your member ID card, view claims and plan details and

### MyResources

MyResources helps you find low or no-cost programs in your community for food, shelter, school, work, financial support and more! Go to

If you have questions, please call Member Services at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET), and from October 1 through March 31 we are open the same hours, seven days a week. For more information, visit **CareSource.com/MyCare-SNP**.

much more.

### **myStrength**

Take charge of your mental health! myStrength<sup>SM</sup> has personalized support to better your mood, mind, body and spirit. To get started, log in to [CareSource MyLife](#) and click on the *myStrength* tab.

**[CareSource.findhelp.com](#)**. You can also call Member Services to find support near you.

### **MyHealth**

Through MyHealth, you have access to interactive health assessments, small step guides and videos, and online tools to set and track health and wellness goals. To get started, log in to [CareSource MyLife](#) and click the *MyHealth* tab.

### **CareSource Life Services®**

Having a good job, community support, and access to education or training opportunities impact your overall health and well-being. That's why CareSource Life Services is here for you. These resources are available to you:

- **CaregiverConnect** is designed specifically to support the caregivers who support our members through educational resources and social support.
- **FoodConnect** helps you get access to culturally and medically appropriate meals in a timely manner.
- **HousingConnect** connects you to housing supports, including resources to facilitate repairs meant to make existing housing safe.
- **PeerConnect** connects you with certified peer supporters who have similar lived experience and who can provide emotional support through life's challenges.
- **CareSource JobConnect** supports you and your key supporters in reaching your educational goals and getting a job.

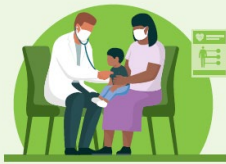
### **YMCA Gym Membership**

If you have diabetes, hypertension or obesity with a BMI > 30, you can get a YMCA membership at no cost. With your YMCA membership you can use workout equipment, the indoor track, sauna, swimming pools and basketball courts. You can also sign up for fitness classes such as stretching or aerobics. Certain options are available based on location. To learn more talk to your Care Coordinator or call Member Services.

If you have questions, please call Member Services at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET), and from October 1 through March 31 we are open the same hours, seven days a week. For more information, visit **[CareSource.com/MyCare-SNP](#)**.

## Where to Get Care

Access care from the right provider when you need it.



**Primary Care  
Provider  
(PCP)**

Used for common illnesses and advice. You will get most of your preventive care from your PCP. You should see your PCP the most often. Learn more about using a PCP on page 8.



**Telehealth**

Visit with a provider by phone or computer from wherever you are. Ask your PCP if they offer telehealth. You can also talk to a doctor 24/7 through Teladoc®. Call 1-800-835-2362 or visit [Teladoc.com/MyCare](https://www.teladoc.com/MyCare) to get started. You can learn more about telehealth in the *Covered Services Chart* on page 14.



**Convenience  
Care Clinics**

They are found in many local drug and grocery stores. For example, you can go to clinics inside of CVS®, Kroger® and Walgreens® for basic care.

Used for common illnesses like coughs, colds, sore throats and to get shots.

Most clinics are open in the evening, seven days a week. Often visits can be scheduled for the same day and walk-ins are welcome.



**Urgent  
Care**

Used to treat non-life-threatening issues like illnesses or a deep cut. Visit them when your PCP is not available, and your health issue cannot wait. They help keep an injury, sickness, or mental health issue from getting worse. Always follow up with your PCP after your visit.



**Hospital  
Emergency  
Room**

Used for life-threatening issues or emergencies like chest pain or a head injury. Call 911 or go to the nearest ER.

Learn more about emergency services in the *Covered Services Chart* on page 14.

If you have questions, please call Member Services at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET), and from October 1 through March 31 we are open the same hours, seven days a week. For more information, visit **CareSource.com/MyCare-SNP**.

## 24-Hour Nurse Advice Line

Not sure where to go for care? Call our 24-Hour Nurse Advice Line.

**Phone: 1-866-206-7861 (TTY: 1-833-711-4711 or 711)**

Open 24 hours a day, 7 days a week, 365 days a year

Our 24-Hour Nurse Advice Line can help you:

- Learn about a health problem.
- Decide when to go to your doctor, urgent care or ER.
- Find out more about your medications.
- Find out about health tests or surgery.
- Learn about healthy eating.
- If you have a mental health crisis or concerns and need help.

## Follow Up Care

You may need more care after your emergency. This is called follow up care (also called post-stabilization care). Let your Care Coordinator know that you had an emergency. They will help you with any follow-up care you need.

We will talk to the providers that give you care during your emergency. They need to tell us if you need more care for issues that may have caused the emergency. They will ask us for approval for this care. We want you to improve.

If your emergency care came from out-of-network providers, we will work to get network providers to take over your care.

## When You Travel Outside of Our Service Area

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

- **If it's an emergency:** Call 911 or go to the nearest emergency room.
- **If it's not an emergency:** Call your PCP or the 24-Hour Nurse Advice Line at **1-866-206-7861 (TTY: 1-833-711-4711 or 711)**. They can help you decide what to do.
- **If you're not sure if it's an emergency:** Call your PCP or the 24-Hour Nurse Advice Line at **1-866-206-7861 (TTY: 1-833-711-4711 or 711)**. They can help you decide what to do.

If you have questions, please call Member Services at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET), and from October 1 through March 31 we are open the same hours, seven days a week. For more information, visit **CareSource.com/MyCare-SNP**.

## Mental Health

Your mental health is a key part of your overall wellness, just like your physical health. That's why we offer mental health and substance use services as a core part of your benefits. Whether it's depression, anxiety, alcohol or drug dependence, we can help. Call Member Services or visit

**FindADoctor.CareSource.com** to find providers. Please see *the behavioral health services* section on the covered services chart on page 14 to learn more.

### Need Help Now?

Call 988 or text HOME to 741741 to reach a crisis counselor 24 hours a day, 7 days a week.

## Behavioral Health Crisis Line

Speak to a licensed professional who has behavioral health training. Call **1-855-202-1087 (TTY: 1-833-711-4711 or 711)**. We are here for you 24/7.

## CareSource Addiction Support Line

If you would like to make changes in your life like limiting alcohol use or stopping drug use, we can help. Call the CareSource Addiction Support Line at **1-833-674-6437 (TTY: 1-833-711-4711 or 711)**.

## Preventive Care

Preventive care is key for the whole family. Seeing your PCP on a routine basis even if you are healthy helps your PCP find and treat problems early before they get worse. Check out the chart of recommended preventive care to get based on your age. The chart is only a guide. Work with your provider to get your preventive care. They will know which recommendations may be right for you based on your health history.

Recommended Preventive Care	20's	30's	40's	50's	60's and older
Yearly well-adult exam	✓	✓	✓	✓	✓
Breast cancer screening (Mammogram) – for women			✓	✓	✓
Cervical cancer screening (Pap test) – for women	✓	✓	✓	✓	✓
Chlamydia screening	✓				
Cholesterol screening	✓	✓	✓	✓	✓
Colon cancer screening			✓	✓	✓
Dental exam	✓	✓	✓	✓	✓

If you have questions, please call Member Services at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET), and from October 1 through March 31 we are open the same hours, seven days a week. For more information, visit **CareSource.com/MyCare-SNP**.

Diabetes screening	✓	✓	✓	✓	✓
Flu vaccine	✓	✓	✓	✓	✓
Pneumococcal vaccine					✓
Prostate cancer screening – for men				✓	✓
Shingles vaccine				✓	✓
Tetanus and diphtheria (Td) vaccine	✓	✓	✓	✓	✓
Vision exam	✓	✓	✓	✓	✓

To learn more please call Member Services or visit our website at **CareSource.com/MyCare-SNP**.

## Pharmacy Services

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

You can request to receive both your Medicare and Medicaid benefits from CareSource MyCare Ohio and allow us to serve as your single point of contact for all of your Medicare-covered services, including prescription drugs, and Medicaid covered services and drugs. See page 47 for more information.

## Ask Your CareSource Pharmacist

Do you have questions about your medications? Talk to a CareSource pharmacist. They can look over your medications with you and answer questions. You do not need an appointment! Call **1-833-230-2073 (TTY: 1-833-711-4711 or 711)** to speak with a pharmacist today. We are open Monday through Friday, 8 a.m. to 5 p.m. Eastern Time (ET).

## Medication Disposal

Do you have expired drugs or medications you no longer use? These drugs can be a health risk for toddlers, teens, or pets if they are within reach. They can also be misused. Most people who misuse prescription drugs get them from friends or family.

Drug take back sites like local pharmacies or police stations can safely get rid of these drugs for you. Visit **deaddiversion.usdoj.gov/pubdispsearch** to see a list of sites near you.

CareSource has free packets that help you get rid of expired drugs or medications you no longer use. These packets are safe, easy to use, and will help reduce drug misuse. Visit **secureforms.CareSource.com/DisposeRx/** to get your free packet today.

If you have questions, please call Member Services at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET), and from October 1 through March 31 we are open the same hours, seven days a week. For more information, visit **CareSource.com/MyCare-SNP**.



## Advance Care Planning

Get resources and help with advance care planning at no cost to you. Advanced care planning is the process of preparing for decisions about future health care events. This includes mental health care. It helps your family and providers know your wishes about your care. Some people may not want to spend months or years on life support. Others may want all steps taken to live longer.

You will need to answer some tough questions when you make an advance directive. Think about these things when you make yours:

- It is a choice to write one.
- The law states that you can make choices about health care and surgical treatment, such as agreeing to or refusing care.
- Having one does not mean you want your life to end.
- You can choose a person to make health care choices for you when you cannot make them. You may also use it to keep certain people from making decisions for you.
- You must be of sound mind to make one.
- You must be at least 18 years old or an emancipated minor to have one.
- Having one will not change other insurance.
- They can be changed or ended at any time.

Advance directives should be kept in a safe place. Copies should be given to your family, health care agent and providers.

Talking about advance care planning is your choice. To get these services, call **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**. Learn more at **CareSource.com/MyCare-SNP**.

If you have questions, please call Member Services at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET), and from October 1 through March 31 we are open the same hours, seven days a week. For more information, visit **CareSource.com/MyCare-SNP**.

## Member Rights

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

- To receive all information and services that our plan must provide.
- To receive information about CareSource MyCare Ohio, our services, our practitioners and providers and member rights and responsibilities. It can also be information about any provider incentive plan we may have.
- To be treated with respect and with regard for your dignity and privacy.
- To be sure that your medical record information will be kept private.
- To be able to discuss medically necessary treatment options for your condition(s), no matter the cost or benefit coverage.
- To be able to participate with practitioners in making decisions relating to your health care.
- To be given information about your health. This information may also be available to someone who you have legally approved to have the information or who you have said should be reached in an emergency when it is not in the best interest of your health to give it to you.
- To be able to take part in decisions about your health care. Instances believed to work against your best interest may be overridden.
- To get information on any medical care treatment, given in a way that you understand and can follow.
- To be sure others cannot hear or see you when you are getting medical care.
- To be free from any form of restraint or seclusion used as a means of force, discipline, ease, or revenge as specified in federal regulations.
- To request, and receive a copy of your medical records, and to be able to ask that a record be changed or corrected if needed.
- To be able to say yes or no to having any information about you given out unless we have to by law.
- To be able to say no to treatment or therapy. If you say no, the doctor or our plan must talk to you about what could happen and must put a note in your medical record about it.
- To be able to file an appeal, a grievance (complaint) or state hearing. See page 42 of this handbook for information.
- To be able to get all MyCare Ohio plan-written member information from our plan:
  - At no cost to you
  - In the prevalent non-English languages of members in the MyCare Ohio plan's service area
  - In other ways, to help with the special needs of members who may have trouble reading the information for any reason.
- To be able to get help, free of charge, from our plan and its providers if you do

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not speak English or need help in understanding information.

- To be able to get help, free of charge, with sign language if you are hearing impaired.
- To be told if the health care provider is a student and to be able to refuse his/her care.
- To be told of any experimental care and to be able to refuse to be part of the care.
- To make advance directives (also known as a living will). See page 33 which explains about advance directives.
- To file any complaint about not following your advance directive with the Ohio Department of Health.
- To be free to carry out your rights and know that the MyCare Ohio plan, the MyCare Ohio plan's providers or the Ohio Department of Medicaid will not hold this against you.
- To know that we must follow all federal and state laws, and other laws about privacy that apply.
- To choose the provider that gives you care whenever possible and appropriate.
- To change your primary care provider (that is your doctor) no more than once a month.
- If you are a female, to be able to go to a woman's health provider in our network for Medicaid covered woman's health services.
- To be able to get a second opinion for Medicaid covered services from a qualified provider in our network. If a qualified provider is not able to see you, we must arrange a visit with a provider not in our network at no cost to you.
- To get information about CareSource MyCare Ohio from us.
- To make recommendations regarding CareSource's member rights and responsibilities policy.
- To contact the Ohio Department of Medicaid and/or the United States Department of Health and Human Services Office of Civil Rights at the addresses below with any complaint of discrimination based on race, color, religion, gender, gender identity, sexual orientation, age, disability, national origin, military status, genetic information, ancestry, health status or need for health services.

**The Ohio Department of Medicaid**  
**Office of Human Resources, Employee Relations**  
P.O. Box 182709

Columbus, Ohio 43218-2709

E-mail: [ODM\\_employeerelations@Medicaid.Ohio.gov](mailto:ODM_employeerelations@Medicaid.Ohio.gov)

Fax: (614) 644-1434

If you have questions, please call Member Services at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET), and from October 1 through March 31 we are open the same hours, seven days a week. For more information, visit **CareSource.com/MyCare-SNP**.

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

Laws require that we keep your medical records and personal health information private. We make sure that your health information is protected. For more information about how we protect your personal health information, see our privacy practices on page 37.

## **Member Responsibilities**

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

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

Please report fraud, waste, or abuse:

1. Call **1-844-415-1272** (TTY: 711). Select the menu option for reporting fraud. The Fraud, Waste, and Abuse hotline is available 24 hours a day.
2. Fill out the Fraud, Waste and Abuse Reporting Form. It is at

If you have questions, please call Member Services at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET), and from October 1 through March 31 we are open the same hours, seven days a week. For more information, visit **CareSource.com/MyCare-SNP**.

**CareSource.com.** Choose *Forms* under *Member*. We can also mail you a printed copy.

3. Write a letter to:

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

4. Email **[fraud@CareSource.com](mailto:fraud@CareSource.com)**.

5. Fax the form or other information to 1-800-418-0248.

## 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® MyCare Ohio (HMO D-SNP). 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

If you have questions, please call Member Services at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET), and from October 1 through March 31 we are open the same hours, seven days a week. For more information, visit **[CareSource.com/MyCare-SNP](https://www.caresource.com/MyCare-SNP)**.

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

Get a list of those with whom we’ve shared information

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

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

Get a copy of this privacy notice

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

Give CareSource consent to speak to someone on your behalf

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

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us. Use the information at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights. You can send a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, call 1-877-696-6775, or visit [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://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,

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- 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.

If you have questions, please call Member Services at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET), and from October 1 through March 31 we are open the same hours, seven days a week. For more information, visit **CareSource.com/MyCare-SNP**.

## 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](http://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

If you have questions, please call Member Services at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET), and from October 1 through March 31 we are open the same hours, seven days a week. For more information, visit **CareSource.com/MyCare-SNP**.



- We can use or share your information for health research. We can do this as long as certain privacy rules are met.

To obey the law

- We will share information about you if state or federal laws require it. This includes the Department of Health and Human Services if it wants to see that we are obeying federal privacy laws.

To respond to organ and tissue donation requests

- We can share health information about you with organ procurement organizations.

To work with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner or funeral director when a person dies.

To address workers' compensation, law enforcement and other government requests

- We can use or share health information about you:
  - For workers' compensation claims
  - For law enforcement purposes or with a law enforcement official
  - With health oversight agencies for activities allowed by law
  - For special government functions such as military, national security and presidential protective services

To respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a court order.

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

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.

If you have questions, please call Member Services at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET), and from October 1 through March 31 we are open the same hours, seven days a week. For more information, visit **CareSource.com/MyCare-SNP**.

- 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](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

### **Effective date and changes to the terms of this notice**

The original notice was effective April 14, 2003 and was further updated on June 18, 2018. This version 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. You can ask for a paper copy of our notice at any time by mailing a request to the CareSource Privacy Officer.

The CareSource Privacy Officer can be reached by:

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

Email: [HIPAAPrivacyOfficer@caresource.com](mailto:HIPAAPrivacyOfficer@caresource.com)

Phone: **1-855-475-3163 (TTY: 1-833-711-4711 or 711)** We are open Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET), and from October 1 through March 31 we are open the same hours, seven days a week.

### **Appeals and Grievances**

How to let CareSource MyCare Ohio know if you are unhappy or do not agree with a decision we made – appeals and grievances.

If you have questions, please call Member Services at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET), and from October 1 through March 31 we are open the same hours, seven days a week. For more information, visit **CareSource.com/MyCare-SNP**.

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

To contact us, you can:

- Call the Member Services department at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**.
- Fill out the form in your member handbook on page 51.
- Call the Member Services department to request they mail you a form.
- Visit our website at **CareSource.com/MyCare-SNP**.
- Write a letter telling us what you are unhappy about. Be sure to put your first and last name, the number from the front of your CareSource MyCare Ohio Medicaid-only member ID card, and your address and telephone number in the letter so that we can contact you, if needed. You should also send any information that helps explain your problem.

Mail the form or your letter to:

CareSource

Attn: Member Grievances & Appeals

P.O. Box 1947

Dayton, OH 45401-1947

CareSource MyCare Ohio will send you something in writing if we:

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

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

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

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

Unless we tell you a different date, we must give you an answer to your appeal in

If you have questions, please call Member Services at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET), and from October 1 through March 31 we are open the same hours, seven days a week. For more information, visit **CareSource.com/MyCare-SNP**.

writing within 15 calendar days from the date you contacted us. If we do not change our decision or action as a result of your appeal, we will notify you of your right to request a state hearing. **You may only request a state hearing after you have gone through CareSource MyCare Ohio's appeal process.**

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

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

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

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

**Ohio Department of Medicaid  
Bureau of Managed Care Compliance  
and Oversight**  
P.O. Box 182709  
Columbus, Ohio 43218-2709  
1-800-605-3040 or 1-800-324-8680  
TTY: 1-800-292-3572

**Ohio Department of Insurance**  
50 w. Town Street  
3<sup>rd</sup> Floor – Suite 300  
Columbus, Ohio 43215  
1-800-686-1526

## State Hearings

A state hearing is a meeting with you or your authorized representative, someone from the County Department of Job and Family Services, someone from CareSource MyCare Ohio, and a hearing officer from the Bureau of State Hearings within the Ohio Department of Job and Family Services. In this meeting, you will explain why you think CareSource MyCare Ohio did not make the right decision and CareSource MyCare Ohio will explain the reasons for making our decision. The hearing officer will listen and then make a decision based on the rules and the information given by you and CareSource MyCare Ohio.

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

If you want a state hearing, you or your authorized representative must request a hearing **within 90 calendar days**. The 90-calendar day period begins on the day after the mailing date on the hearing form. If your appeal was about a decision to reduce,

If you have questions, please call Member Services at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET), and from October 1 through March 31 we are open the same hours, seven days a week. For more information, visit **CareSource.com/MyCare-SNP**.

suspend, or stop services before you get all the approved services, your letter will tell you how you can keep getting the services if you choose to and when you may have to pay for the services.

**You may only request a state hearing after you have gone through CareSource MyCare Ohio appeal process.**

To request a hearing, you can:

- Sign and return the state hearing form to the address or fax number listed on the form.
- Call the Bureau of State Hearings at 1-866-635-3748.
- Submit your request online at [https://hearings.jfs.Ohio.gov/apps/share/#\\_frmlogin](https://hearings.jfs.Ohio.gov/apps/share/#_frmlogin).
- Submit your request via e-mail at [bsh@jfs.Ohio.gov](mailto:bsh@jfs.Ohio.gov).

If you want information on free legal services but don't know the number of your local legal aid office, you can call the Ohio State Legal Services Association at 1-800-589-8889.

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

### **Accidental Injury or Illness (Subrogation)**

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

### **Other Health Insurance (Coordination of Benefits)**

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

If you have questions, please call Member Services at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET), and from October 1 through March 31 we are open the same hours, seven days a week. For more information, visit **CareSource.com/MyCare-SNP**.

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

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

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

### **Loss of Insurance Notice (Certificate of Creditable Coverage)**

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

### **Loss of Medicaid Eligibility**

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

### **Automatic Renewal of MyCare Ohio Membership**

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

### **Ending Your MyCare Ohio Membership**

You are eligible for the MyCare Ohio program which means you must select a MyCare Ohio managed care plan unless you meet one of the exceptions listed on page 51.

Because you chose or were assigned to receive only your Medicaid benefits through CareSource MyCare Ohio, you can only end your membership at certain times during the year. You can choose to end your membership during the first three months of your initial membership or during the annual open enrollment period. The Ohio Department of Medicaid will notify you by mail when it is your annual open enrollment period.

If you want to end your membership during the first three months of your membership, or during open enrollment period, you can call the Medicaid Hotline at 800-324-8680.

If you have questions, please call Member Services at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET), and from October 1 through March 31 we are open the same hours, seven days a week. For more information, visit **CareSource.com/MyCare-SNP**.

TTY users should call Ohio Relay Services at 7-1-1. You can also submit a request online to the Medicaid Hotline website at [www.Ohiomh.com](http://www.Ohiomh.com). Most of the time, if you call before the last 10 days of the month, your membership will end the first day of the next month. If you call after this time, your membership will not end until the first day of the following month. If you chose another MyCare Ohio managed care plan, your new plan will send you information in the mail before your membership start date.

## Choosing a New MyCare Ohio Plan

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

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

You can request to receive both your Medicare and Medicaid benefits from CareSource MyCare Ohio and allow us to serve as your single point of contact for all your Medicare and Medicaid services. If you would like more information or to request this change you can contact the Medicaid Hotline at 1-800-324-8680 or the Medicare Hotline at 1-800-633-2273 (800-MEDICARE). TTY users should call Ohio relay at 7-1-1.

Choosing CareSource MyCare Ohio for your Medicare and Medicaid benefits means that you will get:

- No copays for your Medicare or Medicaid benefits.
- No copays for Medicare Part D and Medicaid covered drugs.
- Enhanced dental and hearing benefits.
- Enhanced transportation benefits. Get rides to health care visits, the pharmacy, the grocery, the gym or community or wellness services.
- A Healthy Benefits+ card to use on:
  - Healthy Food\*
  - Over-the-Counter (OTC) Items
  - Utilities\*
  - Rent & Mortgage Assistance\*
  - Home & Bathroom Safety Items\*
  - Pest Control Retail Items\*
  - Indoor Air Quality Items\*
  - Household Cleaning Supplies\*

If you have questions, please call Member Services at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET), and from October 1 through March 31 we are open the same hours, seven days a week. For more information, visit **CareSource.com/MyCare-SNP**.

- Personal Care Items\*
- Pet Care Items\*
- Utilities\*
- Dental, Vision & Hearing Services (Including Accessories)

*\*The benefits mentioned are a part of special supplemental benefits for the chronically ill. Not all members qualify.*

- Access to the Silver&Fit® Exercise & Healthy Aging program.
- Earn rewards for completing healthy activities through the My CareSource Rewards® Program.
- An annual physical.
- Six routine podiatry visits.

## **Just Cause Membership Terminations**

Sometimes there may be a special reason that you need to end your MyCare Ohio plan membership. This is called a "just cause" membership termination. Before you can ask for a just cause membership termination you must first call your MyCare Ohio plan and give them a chance to resolve the issue. Requesting a just cause membership termination will not return you to the Medicaid fee-for-service (FFS) program, but it may allow you to change your MyCare Ohio plan outside of the open enrollment period. If your MyCare Ohio plan cannot resolve the issue, you can ask for a just cause termination at any time if you have one of the following reasons:

1. The MyCare Ohio plan does not, for moral or religious objections, cover a medical service that you need.
2. Your doctor has said that some of the medical services you need must be received at the same time and all the services aren't available through your MyCare Ohio plan's network providers.
3. You have concerns that you are not receiving quality care and the services you need are not available from another network provider through your MyCare Ohio plan.
4. Lack of access to medically necessary Medicaid-covered services or lack of access to providers that are experienced in dealing with your special health care needs.
5. The PCP that you chose is no longer a network provider through your MyCare Ohio plan and they were the only PCP participating with your MyCare Ohio plan as a network provider that spoke your language and was located within a reasonable distance from you. Another health plan has a PCP included their network providers that speaks your language that is located within a reasonable distance from you and will accept you as a patient.
6. Other - if you think staying as a member in your current health plan is harmful to you and not in your best interest.

You may ask to end your membership for just cause by calling the Medicaid hotline at 1-

If you have questions, please call Member Services at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET), and from October 1 through March 31 we are open the same hours, seven days a week. For more information, visit **CareSource.com/MyCare-SNP**.



800-324-8680. TTY users should call Ohio relay at 7-1-1. The Ohio Department of Medicaid will review your request to end your membership for just cause and decide if you meet a just cause reason. You will receive a letter in the mail to tell you if the Ohio Department of Medicaid will end your membership and the date it ends. If your just cause request is denied, the Ohio Department of Medicaid will send you information that explains your state hearing right for appealing the decision.

*Things to keep in mind if you end your membership:*

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

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

## **Can CareSource MyCare Ohio End My Membership?**

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

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

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

**Ohio Department of Medicaid  
Bureau of Managed Care**

P.O. Box 182709

Columbus, Ohio 43218-2709

1-800-324-8680 (Monday through Friday 7 a.m. - 8 p.m. and Saturday 8 a.m. - 5 p.m.)

TTY users should call Ohio Relay at 7-1-1

You can also visit the Ohio Department of Medicaid on the web at:

If you have questions, please call Member Services at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET), and from October 1 through March 31 we are open the same hours, seven days a week. For more information, visit **CareSource.com/MyCare-SNP**.

[www.Medicaid.Ohio.gov/providers/managedcare/integratingMedicareandMedicaidbenefits.aspx](http://www.Medicaid.Ohio.gov/providers/managedcare/integratingMedicareandMedicaidbenefits.aspx).

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

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

If you have questions, please call Member Services at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET), and from October 1 through March 31 we are open the same hours, seven days a week. For more information, visit **CareSource.com/MyCare-SNP**.

Complete Sections I and II of the form entirely, describe the issue(s) in as much detail as possible, and submit it to CareSource. To ensure a decision can be made by CareSource, the following documentation should be submitted with this form:

- | Section I – Member Information  |   |
|---|---|
| Member Name:  | Date of Birth (MM/DD/YYYY):   |
| Member ID Number:   | Member Phone Number:  |
| Member Address:   |   |
| Date of Request (MM/DD/YYYY):   | Request Type:<br><input type="checkbox"/> Grievance/Complaint <input type="checkbox"/> Appeal |
| Section II – Description of Specific Issue  |   |
| Please state all details relating to your request including names, dates and places. Attach another sheet of paper to this form if more space is needed.  |   |
|   |   |
| By signing below, you agree that the information provided is true and correct. If someone else is completing this form for you, you are giving written consent for the person named above to submit on your behalf. |   |
| Member Signature:   | Date of Request (MM/DD/YYYY):   |
| Member's Authorized Representative Name<br>(if applicable):   | Authorized Representative Signature (if applicable):  |

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## Non-Discrimination Notice

We follow all state and federal civil rights laws. We do not discriminate, exclude, or treat people differently based on race, color, national origin, disability, age, religion, sex (which includes pregnancy, gender, gender identity, sexual preference, and sexual orientation), or based on marital, health, or public assistance status. We want all people to have a fair and just chance to be as healthy as they can be.

We offer free aids, services, and reasonable modifications if you have a disability. We can get a sign language interpreter. This helps you talk with us or to your providers. Get your printed materials in large print, audio, or braille at no cost. We can also help if you speak a language other than English. We can get an interpreter who speaks your language. Or get printed materials in your language. You can get this all at no cost to you. Call <**1-855-475-3163 (TTY: 1-833-711-4711 or 711)**> if you need any of this help. We are open <Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET).> We are here for you.

You may file a grievance if we did not provide these services to you or if you think we discriminated in any other way.

**Mail:** <CareSource  
Attn: Civil Rights Coordinator  
P.O. Box 1947  
Dayton, OH 45401  
**Phone:** 1-844-539-1732 (TTY: 711)  
**Fax:** 1-844-417-6254  
**Email:** CivilRightsCoordinator@CareSource.com>

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

**Mail:** <U.S. Department of Health and Human Services  
200 Independence Ave., S.W.  
Room 509F, HHH Building  
Washington, D.C. 20201  
Mail the complaint form found at  
[www.hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf](http://www.hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf).  
**Phone:** <**1-800-368-1019 (TTY: 1-800-537-7697)**>  
**Online:** [ocrportal.hhs.gov](http://ocrportal.hhs.gov)>

You can find this notice at <**CareSource.com**.>

<Insert plan-specific disclaimers>



Get free help in your language with interpreters and other written materials. Get free aids and support if you have a disability. Call **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**.



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 **1-855-475-3163 (TTY: 1-833-711-4711 o 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 **1-855-475-3163 (TTY: 1-833-711-4711 أو 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：**1-855-475-3163 (TTY 专线：1-833-711-4711 或 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: **1-855-475-3163 (TTY: 1-833-711-4711 oder 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 **1-855-475-3163 (TTY: 1-833-711-4711 ou le 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 **1-855-475-3163 (TTY: 1-833-711-4711 hoặc 711)**.

Grick Hilfe mitaus Koscht in dei Schprooch mit Iwwersetzer un annere schriftliche Dinge. Grick Aids un Hilfe mitaus Koscht wann du en Behinderung hoscht. Ruf **1-855-475-3163 (TTY: 1-833-711-4711 odder 711)**.

आपकी भाषा के इंटरप्रेटर तथा आपकी भाषा में अन्य लिखित सामग्रियों संबंधी फ्री मदद पाएं। यदि आपको कोई डिसेबिलिटी हो, तो मुफ्त सहायता और सपोर्ट प्राप्त करें। कॉल करें **1-855-475-3163 (TTY: 1-833-711-4711 या 711)**।

통역사와 기타 서면 자료의 도움을 귀하의 언어로 무료로 받으세요. 장애가 있을 경우, 보조와 지원을 무료로 받으세요. **1-855-475-3163 (TTY: 1-833-711-4711 또는 711)** 로 문의하세요.

በአስተርጓሚዎች እና በሌሎች የጽሑፍ ቁሳቁሶች በቋንቋዎ ከክፍያ ነፃ እርዳታ ያግኙ። የአካል ጉዳት ካለብዎት ከክፍያ ነፃ እርዳታ እና ድጋፍ ያግኙ። ወደ **1-855-475-3163 (TTY: 1-833-711-4711 ወይም 711)** ይደውሉ።

Gba irànlówó ọfẹ ní èdè rẹ pẹlú àwọn ògbifò àti àwọn ohun èlò mírán tí a kọ sílẹ̀. Gba àwọn irànlówó àti àtílẹ̀yìn ọfẹ bí o bá ní àìlera kan. Pe **1-855-475-3163 (TTY: 1-833-711-4711 tàbí 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 **1-855-475-3163 (TTY: 1-833-711-4711 o 711)**.

موڤر كولى شو ستاسو د روغتيا پاملرني په اړه ستاسو په ژبه كې او د نورو ښو (يعني فارميتونو) له لارې له تاسو سره وړيا مرسته وكړو. آيا زموږ د موادو لوستلو لپاره ملاتړ يا مرستې ته اړتيا لرئ؟ آيا تاسو له موږ سره خبرو كولو لپاره د ژبې خدمتونه غواړئ؟ زنگ ووهئ په **1-855-475-3163 (TTY: 1-833-711-4711) يا 711**.

వ్యాఖ్యాతలు మరియు ఇతర రాతపూర్వక మెటీరియల్స్‌తో మీ భాషలో ఉచిత సహాయాన్ని పొందండి. ఒకవేళ మీకు వైకల్యం ఉంటే, ఉచిత ఉపకరణాలు మరియు మద్దతు పొందండి. కాల్ చేయండి: **1-855-475-3163 (TTY: 1-833-711-4711 లేదా 711)**.

दोभाषे र अन्य लिखित सामग्रीहरूको माध्यमद्वारा आफ्नो भाषामा निःशुल्क मद्दत प्राप्त गर्नुहोस्। तपाईंलाई अशक्तता छ भने निःशुल्क सहायता र समर्थन प्राप्त गर्नुहोस्। **1-855-475-3163 (TTY: 1-833-711-4711 वा 711)** मा कल गर्नुहोस्।

သင့်ဘာသာစကားအတွက် စကားပြန်များနှင့် အခြားပုံနှိပ်စာရွက်များကို အခမဲ့အကူအညီရယူပါ။ သင်သည် မသန်စွမ်းသူတစ်ဦးဖြစ်ပါက အခမဲ့အကူအညီများနှင့် အထောက်အပံ့များ ရယူပါ။ ဖုန်းခေါ်ရန် - **1-855-475-3163 (TTY: 1-833-711-4711 သို့မဟုတ် 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 **1-855-475-3163 (TTY: 1-833-711-4711 oubyen 711)**.

Bök jibañ ilo an ejjelok wōnāān ikkijjien kajin eo am ibbān rukok ro im wāween ko jet ilo jeje. Bök jermalin jibañ ko ilo an ejjelok wōnāer im jibañ ko ñe ewōr am nañinmejin utamwe. Kalle **1-855-475-3163 (TTY: 1-833-711-4711 ak 711)**.

H6396\_OH-SNP-M-4151482\_C

ODM Approved: 08/31/2025



**Department of  
Medicaid**

Next Generation MyCare

