

CareSource[®] MyCare Ohio (Medicare-Medicaid Plan)

Annual Notice of Changes for 2016



CareSource MyCare Ohio Member Services Department: 1-855-475-3163
(TTY: 1-800-750-0750 or 711)

CareSource® MyCare Ohio (Medicare-Medicaid Plan) offered by CareSource

Annual Notice of Changes for 2016

You are currently enrolled as a member of CareSource MyCare Ohio. Next year, there are no changes to the plan's benefits and coverage, though prior authorizations may have changed. See the Medical Benefits chart in Chapter 4 of your 2016 *Evidence of Coverage/Member Handbook* for benefits that require prior authorization. You should still read this [Annual Notice of Changes](#) to learn about your coverage options.

You can end your membership in CareSource MyCare Ohio at any time.

Additional Resources

- You can get this information for free in other languages. Call [1-855-475-3163](tel:1-855-475-3163) (TTY for the hearing impaired: [1-800-750-0750](tel:1-800-750-0750) or [711](tel:1-800-750-7111)). Hours are Monday – Friday 8 a.m. – 8 p.m. The call is free.
- Si usted prefiere esta información en Español, favor de llamar a CareSource at 1-855-475-3163.
- You can get this [Annual Notice of Changes](#) for free in other formats, such as large print, braille or audio. Call our Member Services Department at 1-855-475-3163 (TTY for the hearing impaired: [1-800-750-0750](tel:1-800-750-0750) or [711](tel:1-800-750-7111)). Hours are Monday – Friday, 8 a.m. – 8 p.m. The call is free.

About CareSource MyCare Ohio

- CareSource® MyCare Ohio (Medicare-Medicaid) is a health plan that contracts with both Medicare and Ohio Medicaid to provide benefits of both programs to enrollees. It is for people with both Medicare and Medicaid.
- This CareSource MyCare Ohio plan is offered by [CareSource](#). When this *Annual Notice of Changes* says “we,” “us,” or “our,” it means [CareSource](#). When it says “the plan” or “our plan,” it means CareSource MyCare Ohio.

Disclaimers

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



If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163, Monday – Friday, 8 a.m. to 8 p.m. The call is free. **For more information**, visit CareSource.com/MyCare. 1

Limitations and restrictions may apply. For more information, call CareSource MyCare Ohio Member Services or read the CareSource MyCare Ohio Member Handbook. This means that you may have to pay for some services and that you need to follow certain rules to have CareSource MyCare Ohio pay for your services.

The List of Covered Drugs and/or pharmacy and provider networks may change throughout the year. We will send you a notice before we make a change that affects you.

Benefits may change on January 1 of each year.

Think about Your Medicare and Medicaid Coverage for Next Year

It is important to review your coverage now to make sure it will still meet your needs next year. If it does not meet your needs, you can leave the plan at any time.

If you leave our plan, you will still be in the Medicare and Medicaid programs. You will have a choice about how to get your Medicare benefits (go to page 8 to see your options). You must receive your Medicaid benefits from a MyCare Ohio managed care plan (go to page 9 for additional information).



Important things to do:

- Check if there are any changes to our benefits that may affect you.** Are there any changes that affect the services you use? It is important to review benefit changes to make sure they will work for you next year. Look in section B, *Changes to benefits for next year*, for information about benefit changes for our plan.
- Check if there are any changes to our prescription drug coverage that may affect you.** Will your drugs be covered? Are they in a different tier? Can you continue to use the same pharmacies? It is important to review the changes to make sure our drug coverage will work for you next year. Look in section A, *Changes to the network providers and pharmacies*, for information about changes to our drug coverage.
- Check to see if your providers and pharmacies will be in our network next year.** Are your doctors in our network? What about your pharmacy? What about the hospitals or other providers you use? Look in section A, *Changes to the network providers and pharmacies*, for information about our *Provider and Pharmacy Directory*.
- Think about your overall costs in the plan.** How do the total costs compare to other coverage options?
- Think about whether you are happy with our plan.**

If you decide to stay with CareSource MyCare Ohio:

If you want to stay with us next year, it's easy – you don't need to do anything. If you don't make a change, you will automatically stay enrolled in our plan.

If you decide to change plans:

If you decide other coverage will better meet your needs, you can switch plans at any time. If you enroll in a new plan, your new coverage will begin on the first day of the following month. Look in section D, *Deciding which plan to choose* to learn more about your choices.



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A. Changes to the network providers and pharmacies

Our network of providers and pharmacies has changed for next year.

For the most up to date Provider and Pharmacy Directory please visit our website at CareSource.com/MyCare. You may also call Member Services at 1-855-475-3163 for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*.

It is important that you know that we may also make changes to our network during the year. If your provider does leave the plan, you have certain rights and protections. For more information, see Chapter 3 of your Member Handbook.

B. Changes to benefits for next year

Changes to benefits for medical services

There are no changes to your benefits for medical services. Our benefits will be exactly the same in 2016 as they are in 2015.

Changes to prescription drug coverage

Changes to our Drug List

We sent you a copy of our 2016 *List of Covered Drugs* in this envelope. The *List of Covered Drugs* is also called the “Drug List.”

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.**

If you are affected by a change in drug coverage, we encourage you to:

- **Work with your doctor (or other prescriber) to find a different drug** that we cover. You can call Member Services at 1-855-475-3163 (TTY for the hearing impaired: 1-800-750-0750 or 711), Monday – Friday, 8 a.m. – 8 p.m. to ask for a list of covered drugs that treat the same condition. You can visit our website to view an on-line drug formulary. This list can help your provider find a covered drug that might work for you.
- **Ask the plan to cover a temporary supply** of the drug. In some situations, we will cover a **one-time**, temporary supply of the drug during the first **90** days of the



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plan year. (To learn more about when you can get a temporary supply and how to ask for one, see Chapter 5 of the Member Handbook, Section D, *Why your drug might not be covered.*) When you get a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.

Any current formulary exceptions you may have will still be covered next year.

Changes to prescription drug costs

There are no changes to the amount you pay for prescription drugs in 2016. Read below for more information about your prescription drug coverage.

We moved some of the drugs on the Drug List to a lower or higher drug tier. To see if your drugs will be in a different tier, look them up in the Drug List.

The table below shows your costs for drugs in each of our four (4) drug tiers.

	2015 (this year)	2016 (next year)
Drugs in Tier 1 Part D Generic Drugs Cost for a one-month (30 day) supply of a drug in Tier 1 that is filled at a network pharmacy	Your co-pay for a one-month (30-day) supply is \$0 per prescription.	No change. Your co-pay for a one-month (30-day) supply is \$0 per prescription.
Drugs in Tier 2 Part D Brand Drugs Cost for a one-month (30 day) supply of a drug in Tier 2 that is filled at a network pharmacy	Your co-pay for a one-month (30-day) supply is \$0 per prescription.	No change. Your co-pay for a one-month (30-day) supply is \$0 per prescription.



<p>Drugs in Tier 3 (non-Part D generic and brand drugs covered under the Medicaid benefit)</p> <p>Cost for a one-month (30 day) supply of a drug in Tier 3 that is filled at a network pharmacy</p>	<p>In 2015, this tier includes both generic and brand-name non-Part D drugs covered under the Medicaid benefit.</p> <p>Your co-pay is \$0 per prescription.</p>	<p>No change.</p> <p>Your co-pay is \$0 per prescription</p>
<p>Drugs in Tier 4 (over-the-counter) (OTC) drugs covered under the Medicaid benefit)</p> <p>Cost for a one-month (30-day) supply of a drug in Tier 4 that is filled at a network pharmacy.</p>	<p>In 2015, this tier includes only over-the-counter (OTC) drugs covered under the Medicaid benefit.</p> <p>Your co-pay is \$0 per prescription.</p>	<p>No change.</p> <p>Your co-pay is \$0 per prescription</p>

C. Other changes

	2015 (this year)	2016 (next year)
<p>Prior Authorization</p>	<p>Prior Authorization requirements are listed in your 2015 <i>Evidence of Coverage</i>, Chapter 4 Medical Benefits chart. Your provider is responsible for any prior authorization submissions.</p>	<p>Prior Authorization requirements may have changed for 2016. Your provider is responsible for any prior authorization submissions. See the Medical Benefits chart in Chapter 4 of your 2016 <i>Evidence of Coverage/Member Handbook</i> for benefits that require prior authorization.</p>



D. Deciding which plan to choose

If you want to stay in CareSource MyCare Ohio

We hope to keep you as a member next year.

To stay in our plan you don't need to do anything. If you do not sign up for a different MyCare Ohio Plan, change to a Medicare Advantage Plan, or change to Original Medicare, your enrollment in CareSource MyCare Ohio will automatically stay the same for 2016.

If you want to join a different MyCare Ohio plan

If you want to keep getting your Medicare and Medicaid benefits together from a single plan, you can join a different MyCare Ohio plan.

To enroll in a different MyCare Ohio plan, call the Ohio Medicaid Hotline at 1-800-324-8680, Monday through Friday from 7:00 am to 8:00 pm and Saturday from 8:00 am to 5:00 pm. TTY users should call the Ohio Relay Service at 7-1-1.

If you want to change your membership in CareSource MyCare Ohio

You can change your membership in our plan by choosing to get your Medicare services separately (you will stay in our plan for your Medicaid services).

How you will get Medicare services

You have three options for getting your Medicare services. By choosing one of these options, you will automatically stop getting Medicare services from our plan.

<p>1. You can change to:</p> <p>A Medicare health plan (such as a Medicare Advantage Plan)</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none">▪ Call the Ohio Medicaid Hotline at 1-800-324-8680, Monday through Friday from 7:00 am to 8:00 pm and Saturday from 8:00 am to 5:00 pm. TTY users should call the Ohio Relay Service at 7-1-1. <p>You will automatically stop getting Medicare services through CareSource MyCare Ohio when your new plan's coverage begins.</p>
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<p>2. You can change to:</p> <p>Original Medicare <i>with</i> a separate Medicare prescription drug plan</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> ▪ Call the Ohio Medicaid Hotline at 1-800-324-8680, Monday through Friday from 7:00 am to 8:00 pm and Saturday from 8:00 am to 5:00 pm. TTY users should call the Ohio Relay Service at 7-1-1. <p>You will automatically stop getting Medicare Services through CareSource MyCare Ohio when your Original Medicare and prescription drug plan coverage begins.</p>
<p>3. You can change to:</p> <p>Original Medicare <i>without</i> a separate Medicare prescription drug plan</p> <p>NOTE: If you switch to Original Medicare and do not enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don't want to join.</p> <p>You should only drop prescription drug coverage if you get drug coverage from an employer, union or other source. If you have questions about whether you need drug coverage, call your Ohio Senior Health Insurance Information Program (OSHIP) at 1-800-686-1578.</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> ▪ Call the Ohio Medicaid Hotline at 1-800-324-8680, Monday through Friday from 7:00 am to 8:00 pm and Saturday from 8:00 am to 5:00 pm. TTY users should call the Ohio Relay Service at 7-1-1. <p>You will automatically stop getting Medicare services through CareSource MyCare Ohio when your Original Medicare coverage begins.</p>

How you will get Medicaid services

You must receive your Medicaid benefits from a MyCare Ohio plan. Therefore, even if you don't want to receive your Medicare benefits through a MyCare Ohio plan, you must still get your Medicaid benefits from CareSource MyCare Ohio or another MyCare Ohio managed care plan.



If you do not enroll in a different MyCare Ohio plan, you will remain in our plan to get your Medicaid services.

Your Medicaid services include most long-term services and supports and behavioral health care.

Once you stop getting Medicare services through our plan, you will get a new member ID card and a new *Member Handbook* for your Medicaid services.

If you want to switch to a different MyCare Ohio plan to receive your Medicaid benefits, call the Ohio Medicaid Hotline at 1-800-324-8680, Monday through Friday from 7:00 am to 8:00 pm and Saturday from 8:00 am to 5:00 pm. TTY users should call the Ohio Relay Service at 7-1-1.

E. Getting help

Getting help from CareSource MyCare Ohio

Questions? We're here to help. Please call Member Services at 1-855-475-3163 (TTY only, call 1-800-750-0750). We are available for phone calls Monday – Friday, 8 a.m. – 8 p.m.

Read your 2016 Member Handbook

We will send you a copy of the *2016 Member Handbook* by December 31. The *2016 Member Handbook* is the legal, detailed description of your plan benefits. It has details about next year's benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs.

An up-to-date copy of the *2016 Member Handbook* is always available on our website at CareSource.com/MyCare. You may also call Member Services at 1-855-475-3163 (TTY users should call 1-800-750-0750 or 711) to ask us to mail you a *2016 Member Handbook*.

Visit our website

You can also visit our website at CareSource.com/MyCare. As a reminder, our website has the most up-to-date information about our provider and pharmacy network (*Provider and Pharmacy Directory*) and our Drug List (*List of Covered Drugs*).

Getting help from the Ohio Medicaid Hotline

The Ohio Medicaid hotline can help you find a Medicaid health care provider, explain Medicaid covered services, obtain Medicaid brochures and publications, and understand Medicaid benefits.



If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 Monday – Friday, 8 a.m. – 8 p.m. The call is free. **For more information**, visit CareSource.com/MyCare. 10

You can call the Ohio Medicaid Hotline at 1-800-324-8680, Monday through Friday from 7:00 am to 8:00 pm and Saturday from 8:00 am to 5:00 pm. TTY users should call the Ohio Relay Service at 7-1-1.

Getting help from the MyCare Ohio Ombudsman

The MyCare Ohio Ombudsman can help you if you are having a problem with CareSource MyCare Ohio. The MyCare Ohio Ombudsman is not connected with us or with any insurance company or health plan. The MyCare Ohio Ombudsman helps with concerns about any aspect of care. Help is available to resolve disputes with providers, protect rights, and file complaints or appeals with our plan. The MyCare Ohio Ombudsman works together with the Office of the State Long-term Care Ombudsman, which advocates for consumers receiving long-term services and supports.

The phone number for the MyCare Ohio Ombudsman is 1-800-282-1206. TTY users should call 1-800-750-0750. The MyCare Ohio Ombudsman is available Monday through Friday from 8:00 am to 5:00 pm. The services are free.

Getting help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227).

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

You can visit the Medicare website (<http://www.medicare.gov>). If you choose to stop getting your Medicare services from your MyCare Ohio Plan and enroll in a Medicare Advantage plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare Medicare Advantage plans. You can find information about Medicare Advantage plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to <http://www.medicare.gov> and click on “Find health & drug plans.”)

Read *Medicare & You 2016*

You can read *Medicare & You 2016* Handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (<http://www.medicare.gov>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.





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