



NETWORK *Notification*

Notice Date: October 15, 2024
To: Ohio MyCare Providers
From: CareSource
Subject: Reminder – Prior Authorization Request and Appeals Process for Part B (Medical Drugs)
Effective Date: July 1, 2024

Summary

As a reminder, effective July 1, 2024, there was a change of process when initiating the prior authorization (PA) requests for Part B (medical drugs) for Ohio MyCare members.

Impact

Medicare providers no longer submit PA requests for Part B drugs to CareSource. As of July 1, 2024, providers submit PA requests for Part B (medical drugs) through [ESI – Evicore portal](#) or via fax at 1-833-812-0187. A step-by-step guide to submitting requests through the [ESI – Evicore portal](#) is available. Send any appeals related to Part B (medical drug) denials to CareSource:

- Via the [CareSource provider portal](#)
- Via fax at 937-531-2398
- Via phone at 1-833-230-2020

All service authorization requests for medical services and durable medical equipment (DME) products or devices will continue to be submitted to CareSource.

Questions?

Please contact Ohio MyCare Provider Services at **1-800-488-0134**, available Monday through Friday from 8 a.m. to 6 p.m. Eastern Time (ET).

H8452_OH-MYC-P-3322287