CareSource®

CareSource® MyCare Ohio
(Medicare-Medicaid Plan)

Medicaid-Only Member Handbook

2019

CONTACT US

Member Services Department

Phone: 1-855-475-3163
Street Address: 230 N. Main Street, Dayton, Ohio, 45402
Hours: Monday through Friday, 8 a.m. to 8 p.m.

Online: CareSource.com/MyCare

CareSource24® (24-hour Nurse Advice Line)
Phone: 1-866-206-7861

Care Management

Phone: _____ (write your care manager's direct phone number here)
1-855-475-3163 (during business hours shown above)
1-866-206-7861 (after hours)

Behavioral Health Crisis Line

Phone: 1-866-206-7861

CareSource Privacy Officer

Phone: 937-531-2023

Reporting Fraud, Waste and Abuse

Phone: 1-855-475-3163
Email: fraud@caresource.com

TTY for the hearing impaired: 1-800-750-0750 or 711

ATTENTION: If you speak English, language services, free of charge, are available to you.
Call **1-855-475-3163 (TTY: 1-800-750-0750 or 711)**, Monday – Friday, 8 a.m. – 8 p.m. The call is free.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.
Llame al **1-855-475-3163 (TTY: 1-800-750-0750 o 711)**, el lunes a viernes, 8 a.m. a 8 p.m. La llamada es gratuida.

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: 1-800-750-0750 or 711)**, Monday – Friday, 8 a.m. – 8 p.m. 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: 1-800-750-0750 or 711)**, Monday – Friday, 8 a.m. – 8 p.m. The call is free.

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.

CareSource may not discriminate on the basis of race, color, religion, gender, gender identity, sexual orientation, age, disability, national origin, military status, ancestry, genetic information, health status, or need for health services in the receipt of health services.

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Welcome

Welcome to CareSource® MyCare Ohio (Medicare-Medicaid Plan). 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 managers 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.

Note that CareSource MyCare Ohio is currently only managing your Medicaid benefits. CareSource MyCare Ohio can manage both your Medicare and Medicaid benefits through the MyCare Ohio plan at no cost to you.

By choosing CareSource MyCare Ohio for both your Medicare and Medicaid benefits you will enjoy:

- No copays for your Medicare or Medicaid benefits
- No copays for prescription drugs
- Silver Sneakers® Fitness Program
- One plan and one ID card
- Coordinated Medicare and Medicaid benefits
- Additional vision benefits
- Additional transportation benefits

To have CareSource manage your Medicaid and Medicare benefits, call the Ohio Medicaid Consumer Hotline at 1-800-324-8680 (TTY: Ohio Relay 711) Monday – Friday, 7 a.m. to 8 p.m.; Saturday 8 a.m. to 5 p.m.

Please read this handbook from cover to cover. It will answer many of the questions you might have about your CareSource MyCare Ohio Medicaid benefits. Or you can visit our website at **CareSource.com/MyCare**. Note this handbook does not cover your Medicare benefits.

How to Reach Us

If you ever have a question or need to contact CareSource MyCare Ohio, please call us at:
1-855-475-3163 (toll free)
TTY for the hearing impaired: 1-800-750-0750 or 711

Please let us know if you ever have a question or concern about your health care or our services.

We like to hear what you think. We welcome your suggestions for better service. If you want to tell us about things you think we should change, please call the Member Services Department. Your ideas are important to us.

WHO IS ELIGIBLE TO ENROLL IN A MYCARE OHIO PLAN?

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

- Live in our service area; **and**
- Have Medicare Parts A, B and D; **and**
- Have full Medicaid coverage; **and**
- Are 18 years of age or older at time of enrollment.

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

- Do not have full Medicaid benefits and Medicare Parts A, B and D;
- Are younger than age 18;
- Are enrolled in PACE (Program for All-Inclusive Care for the Elderly);
- Have any private 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)

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

- you are a member of a federally recognized Indian tribe, regardless of your age.
- you are an individual who receives home and community-based waiver services through the Ohio Department of Developmental Disabilities.

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

CareSource MyCare Ohio is available only to people who live in our service area. Our service area includes the following counties:

- Columbiana
- Cuyahoga
- Geauga
- Lake
- Lorain
- Mahoning
- Medina
- Portage
- Stark
- Summit
- Trumbull
- Wayne

If you move to an area outside of our service area, you cannot stay in this plan. If you move, please report the move to your County Department of Job and Family Services office and to CareSource MyCare Ohio.

NEW MEMBER INFORMATION

This 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 services and supports help you stay at home 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.

You can request a printed provider directory by calling the Member Services Department or by returning the postcard you received with your new member letter and member identification (ID) card. You can also request a printed directory by filling out an online form on our website at **CareSource.com/MyCare**. The provider directory lists all of our panel providers as well as other non-panel providers you can use to receive services. You can also visit our website at **CareSource.com/MyCare** to view up to date provider panel information or call Member Services at **1-855-475-3163 (TTY: 1-800-750-0750 or 711)**, Monday – Friday, 8 a.m. – 8 p.m. for assistance.

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 MCOP, see page 41 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 time period.

For a specified time period 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 panel 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. **Please note, the transition periods start on the first day you are effective with any MyCare Ohio plan. If you change your MyCare Ohio plan, your transition period for coverage of an out-of-network provider does not start over.** The New Member Letter enclosed with this handbook has more information on transition time periods, services and providers. If you are currently seeing a provider that is not in our network or if you already have services approved or scheduled, it is important that you call Member Services immediately (today or as soon as possible) 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: 1-800-750-0750 or 711)** or on our website at **CareSource.com/MyCare**. 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**. You can request a printed Provider and Pharmacy Directory at any time by calling Member Services at **1-855-475-3163 (TTY: 1-800-750-0750 or 711)**. Both Member Services and the website can give you the most up-to-date information about changes in our network providers.

WHEN YOU TRAVEL OUTSIDE OF OUR SERVICE AREA

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

If it's an **emergency**:

- Call 911 or go to the nearest emergency room. Prior authorization is not required.

If it's **not an emergency**, we do not routinely cover care outside of our service area. If you think you need to go to an urgent care center while you are away from home and are out of the counties that CareSource MyCare Ohio covers, call your PCP or CareSource24®, our 24/7 Nurse Advice Line. They can help you decide what to do.

If you're **not sure if it's an emergency**:

- Call your PCP or CareSource24. The phone number is **1-866-206-7861 (TTY: 1-800-750-0750 or 711)**. We can help you decide what to do.

You can access urgent care providers on our website at **caresource.com/oh/members/mycare**. Go to the Find A Doctor link.

See page 13 for more information about emergency services and urgent care centers.

IDENTIFICATION (ID) CARDS

You should have received a CareSource MyCare Ohio member ID card. This one card is for all members of your family who have joined CareSource MyCare Ohio. This card replaces your monthly Medicaid card. This card is good for as long as you are a member of CareSource MyCare Ohio You will not receive a new card each month as you did with the Medicaid card.

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. This means that you need your CareSource MyCare Ohio ID card when you:

- See your primary care provider (PCP)
- See a specialist or other provider
- Go to an emergency room
- 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 or assisted living facilities
- Go to waiver service providers
- Get medical supplies
- Get a prescription
- Have medical tests
- See a dental provider
- Get vision care

Call CareSource MyCare Ohio Member Services as soon as possible at **1-855-475-3163 (TTY: 1-800-750-0750 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

If you have a baby, please remember to contact your local county Job and Family Services office.

You will receive a new card if you request a replacement or if you change your primary care provider (PCP).

[FRONT OF ID CARD]

CareSource MyCareOhio Connecting Medicare + Medicaid

Member Name:
<Cardholder Name>
Member ID #: <Cardholder ID#>
Health Plan (80840):
<CareSource MyCare Ohio>
MMIS Number:
<Medicaid Recipient ID#>
PCP Name: <PCP Name>
PCP Phone: <PCP Phone>

CareSource Rxinnovations
RxBIN - 610014
RxPCN - MEDDPRIME
RxGRP - RXINN03

Medicaid Only
H8452 001

[BACK OF ID CARD]

IN AN EMERGENCY, CALL 9-1-1 OR GO TO THE NEAREST EMERGENCY ROOM (ER) OR OTHER APPROPRIATE SETTING. If you are not sure if you need to go to the ER, call your PCP or the 24-Hour Nurse Advice line.

Member Services: 1-855-475-3163 (TTY: 711)
Behavioral Health Crisis: 1-866-206-7861
Care Management: 1-855-475-3163
Eligibility Verification: 1-800-488-0134
Pharmacy Help Desk: 1-800-416-3628
Claims Inquiry: 1-800-488-0134
Provider Questions: 1-800-488-0134

Send Medical claims to:
Attn: Claims Department
P.O. Box 8730
Dayton, OH 45401-8738

Send Pharmacy claims to:
Express Scripts
ATTN: Medicare Part D
P.O. Box 14718
Lexington, KY 40512-4718

24-Hour Nurse Advice: 1-866-206-7861 (TTY: 711)

Website: CareSource.com/MyCare
H8452_OHMMC-1459

Please have the member ID number on your card whenever you call our Member Services Department. This will help us serve you faster.

DOCTOR APPOINTMENTS

Please schedule appointments with your doctor as far in advance as possible. It is important to keep your scheduled appointments. If you need to cancel or change appointments, please call the doctor's office at least 24 hours in advance. If you miss too many appointments, your doctor may ask that you choose another doctor.

If you must travel 30 miles or more from your home to receive covered health care services or your transportation requires a wheelchair van, CareSource MyCare Ohio will provide transportation to and from the provider's office. Please contact Member Services at **1-855-475-3163 (TTY: 1-800-750-0750 or 711)** for assistance at least 48 hours (two business days) before you need a ride. See page 20 for more information about your transportation benefits.

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 shots, and he or she 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 manager 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 or emergency department visit. This allows your PCP to manage your care for the best outcomes.

Changing Your PCP

We hope you are happy with the PCP you have chosen, but we know that you may decide to choose a different PCP in the future. If for any reason you change your PCP, it is important to contact CareSource MyCare Ohio's Member Services to ensure your health and long-term care services are coordinated. You can change your PCP as often as once a month, if needed. 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. The Member Services Department can also help you schedule your first appointment, if needed.

If you need help finding a PCP or want the names of the PCPs in our network, you may look in your provider directory if you requested a printed copy, on our website at **CareSource.com/MyCare**, or you can call our Member Services Department at **1-855-475-3163 (TTY: 1-800-750-0750 or 711)**.

Sometimes your PCP may leave our provider network. If this happens, we will send you a letter letting you know and giving you information on a new PCP and/or how you can choose a new PCP. If your PCP tells us that he/she is moving away, retiring or leaving CareSource MyCare Ohio for any reason, we will assign another PCP for you and let you know by mail within 45 days whenever possible. You can call us if you need help choosing another PCP. We also inform you if any of our participating hospitals within your region stop participating.

Provider Directory

Our provider directory is subject to change. Some providers may have been added or removed since it was printed.

If you have a question or want to know which providers participate with CareSource MyCare Ohio, we can help. Just call our Member Services Department or visit our website at **CareSource.com/MyCare**. If you don't have access to our website, you can ask us for a copy of our directory.

We can give you the most current information. And we can give you more details about providers when you call, if you want to know more. We want to make sure you are aware of all of your options.

MEMBER SERVICES

Our Member Services Department is open Monday through Friday from 8 a.m. to 8 p.m., except on the holidays listed below. Our phone number is **1-855-475-3163 (TTY for the hearing impaired: 1-800-750-0750 or 711)**. We are located at **230 N. Main Street in Dayton, Ohio, 45402** and online at CareSource.com/MyCare. You can call, visit or email us to:

- Ask questions about CareSource MyCare Ohio benefits, claims, eligibility, utilization management, or prior authorization requests
- Get help to understand your Medicaid benefits or this member handbook
- Find out what services are covered and how to access them
- Request a new member ID card
- Change your primary care provider (PCP)
- File a complaint about CareSource MyCare Ohio or a provider, or if you think you have been discriminated against
- File an appeal, including expedited appeals
- Get help choosing a network provider
- Change your PCP
- Request interpreter services if you or a family member are visually or hearing impaired and need help
- Request language assistance if you have any problem reading or understanding this handbook
- Let us know if:
  - You have changes to personal information, such as your address or phone number. (You will also need to contact your county caseworker.)
  - Your designated responsible party (such as a caregiver) changes
  - You have health insurance coverage other than Medicare
  - You are admitted to a nursing home or hospital
  - You receive care in an out-of-area or out-of-network hospital or emergency room
  - You are pregnant

Please give us a call. We want to make sure your concerns are taken care of and your questions are answered. Have your member ID number handy when you call. This will help us serve you faster.
After business hours, you can:

- Choose an option from our phone menu that meets your needs.
- Send an email at any time through our website. Just visit **CareSource.com/MyCare**.

You can also use My CareSource® to help you get the most out of your member experience. My CareSource is a confidential and personalized online account. You can:

- Change your doctor
- Request a new ID card
- View claims and plan details
- And more

To sign up, visit **MyCareSource.com**.

CareSource is closed on:

- New Year's Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Christmas Day

A holiday that falls on a Saturday is observed on the Friday before it. One that falls on a Sunday is observed on the Monday after it. If you call after hours, on a weekend or holiday, you may leave a message and we will respond within one business day.

Interpreter Services

We have aids and services available upon request and at no cost for members with special needs. If there is a CareSource MyCare Ohio member in your family whose primary language is not English, is visually or hearing impaired, or has limited reading skills, please call us to arrange interpreter services. We offer sign and other language interpreters for members who need language assistance communicating with us or their health care provider. By calling the Member Services Department at **1-855-475-3163 (TTY for the hearing impaired: 1-800-750-0750 or 711)**, you can arrange to get interpreter services over the phone or in person. We can also provide some printed materials in other languages or formats, such as large print, braille or audio. We can explain materials orally, if needed. This is a service to you free of charge.

CARESOURCE24® NURSE ADVICE LINE

With CareSource24, you have unlimited access to talk with a caring and experienced staff of registered nurses through a toll-free number. You can call 24 hours a day, 7 days a week. CareSource24 services are available at no cost to you. Our nurses can help you:

- Decide when self-care, a doctor visit or the emergency room is appropriate
- Understand a medical condition or recent diagnosis
- Prepare questions for doctor visits
- Find out more about prescriptions or over-the-counter medicines
- Get information on medical tests or surgery
- Learn about nutrition and wellness topics

To reach CareSource24, call **1-866-206-7861 (TTY for the hearing impaired: 1-800-750-0750 or 711)**.

MY CARESOURCE®

My CareSource is a secure, private and personalized online member account where you can get information about your benefits, access plan documents and make changes (like changing your doctor). Once you have an account you can:

- View and print your ID card, or request a new one be mailed
- View claims and plan documents
- Take your Health Risk Assessment
- View important health alerts and more

Signing up is easy!

You can sign up online at **CareSource.com/oh/members/my-caresource-account/mycare**.

CARESOURCE MOBILE APP

This simple, easy to use app lets you manage your CareSource health plan on the go.

- View your digital CareSource ID card
- Get secure access to your personal My CareSource® account
- Find a doctor, hospital, clinic, or urgent care near you (Get directions or make a call)
- Check your claims
- Review your plan benefits
- Call the CareSource24 Nurse Advice Line and speak with a nurse 24/7
- Call and speak with Member Services

And more! The app is free.

The CareSource mobile app is available through the App Store® for iPhone® or Google Play® for Android®*.

** iPhone is a registered trademark of Apple, Inc. The App Store is a service mark of Apple, Inc. Google Play and Android are registered trademarks of Google, Inc.*

CARE MANAGEMENT

CareSource MyCare Ohio offers care management services to all members. When you first join our plan, you will receive a health care needs assessment within the first 15 to 75 days of your enrollment effective date, depending on your health status. You will be contacted by your care manager, or a member of the care management team, to schedule a date to complete the first assessment. The health care needs assessment will be completed with you, your family, caregivers, care manager, or care manager delegate, and other supports as you desire. It can be done at your home or a location of your choice, including at a physician's office or hospital.

CareSource MyCare Ohio care managers consist of Registered Nurses, Licensed Social Workers and Licensed Independent Social Workers. The care manager is responsible for coordinating 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 an HCBS waiver program. The care manager will be the main point of contact for your case and your care team.

A care team is a group of people who can help you meet your goals for a healthy life by managing your health conditions. Our care management team can help you manage chronic diseases, like diabetes, heart and lung conditions, kidney disease, and other health conditions. The team includes you, your health care providers, family members or caregivers, and your CareSource MyCare Ohio care manager. Other team members may also include:

- Legal guardians
- Authorized representatives
- Home-based staff including Waiver Care Managers/Coordinators
- External community agency staff

Your care team may ask you 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 obtain services, including local resources. The team can also work with you if you need help figuring out when to get medical care from your PCP, an urgent care center or the emergency room.

Everyone on your care team works together to make sure your care is coordinated. This means that they make sure that tests and lab work are done once, with the results being shared with the appropriate providers. It also means that your doctors should know all of the medications you are taking so they can reduce any negative effects. Your doctors will always have your permission before sharing your medical information with other providers.

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

Please call us if you have any questions about care management. We are happy to assist you. 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: 1-800-750-0750 or 711)** during our regular business hours. After hours, call 1-866-206-7861.

PREVENTIVE CARE IS IMPORTANT

Your PCP will play a big part in your preventive care. This means making regular visits to your doctor even if you do not feel sick. Routine checkups, tests and screenings can help your doctor find and treat problems early before they become serious. Preventive care includes:

- Healthchek exams for members under the age of 21
- Yearly well-adult exams
- Pap smears
- Breast exams
- Regular dental and medical checkups

We have preventive health guidelines for:

- Men
- Women
- Pregnant women
- Children

To access these and our clinical practice guidelines, please call the Member Services Department at **1-855-475-3163 (TTY for the hearing impaired: 1-800-750-0750 or 711)**. Or visit our website at **CareSource.com/MyCare**.

WHERE TO GET MEDICAL CARE

We want to make sure you get the right care from the right health care provider when you need it. The following information will help you decide where you should go for medical care:

CareSource24	Primary Care Provider (PCP)	Convenience Care Clinic	Urgent Care	Emergency Room (ER)
Available 24/7 Nurse Advice Line	Available weekdays, normal office hours; some may have evening hours	Available weekdays, some evening and weekend hours	Available weekdays, some evening and weekend hours	Available 24/7
Any health concerns, will help you determine the best care choice	Routine and chronic care. Minor illness and injuries	Common and minor illness and injuries	Illness and injuries needing immediate attention	Serious or life-threatening condition

Remember, if you are not sure if your illness or injury is an emergency, call your doctor or call CareSource24, our Nurse Advice Line. Just dial **1-866-206-7861** to talk to a CareSource24 nurse.

Primary Care Services

Your primary care doctor 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:

- Dizziness
- High/low blood pressure
- Swelling of the legs and feet
- High/low blood sugar
- 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

Convenience Care Clinics

If you are not able to see your PCP, we want to make it easy for you to get medical help when you need it most. A retail clinic visit is quicker and much less expensive than an emergency room visit for basic care. CareSource members can go to select clinics inside of CVS (MinuteClinic®), Kroger (The Little Clinic) and Walgreens to see board-certified family nurse practitioners for basic care. Most clinics are open into the evening, 7 days a week. Appointments are usually available the same day, and walk-ins are welcome.

At the clinic, you can:

- Get a flu shot
- Get health screenings and physicals
- Get care for aches and pains, illnesses and minor injuries

Convenience care clinics are part of the CareSource commitment to providing convenient health care access. Feel free to call or visit the following websites to see the services offered and if there is a clinic near you.

Call 1-855-WALGREENS (1-855-925-4733) or visit **www.walgreens.com/topic/pharmacy/healthcare-clinic.jsp**

MinuteClinic® (located inside of CVS) visit **www.cvs.com/minuteclinic/clinic-locator** or call MinuteClinic® Patient Support 1-866-389-ASAP (2727).

The Little Clinic (located inside of Kroger) 1-877-852-2677 or visit **https://www.thelittleclinic.com/clinic-locator**

Urgent Care Centers

You can visit an urgent care center for non-emergency situations to keep an injury or illness from getting worse after hours or when your PCP's office is closed, or if your PCP is not able to see you right away. If you think you need to go to an urgent care center, you can:

1. Call your PCP for advice. You can reach your PCP, or a back-up doctor, 24 hours a day, 7 days a week.
   OR
2. Call CareSource24, our nurse advice line, at **1-866-206-7861 (TTY for the hearing impaired: 1-800-750-0750 or 711)**.
   OR
3. Go to a network urgent care center listed in your Provider directory or on our website at **CareSource.com/MyCare.** After you go, always call your PCP to schedule follow-up care.

If you have a health need when you are travelling outside the counties that CareSource MyCare Ohio covers, see page 4.

Emergency Services

An illness, injury, symptom or condition that is so serious a reasonable person would get care right away to avoid major harm is called an emergency medical condition. Emergency services are covered when

you have an emergency medical condition. Emergency services evaluate, treat or stabilize an emergency medical condition. They can include services given by a provider inside or outside a hospital, or medical transportation.

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 emergency room, call your primary care provider or the CareSource24 Nurse Advice Line at **1-866-206-7861 (TTY: 1-800-750-0750 or 711)**. Your PCP or CareSource24 can talk to you about your medical problem and give you advice on what you should do.

Remember, if you need emergency services:

- Go to the nearest hospital emergency room or other appropriate setting. Be sure to show them your CareSource MyCare Ohio member ID card and your Medicare ID card.
- 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.
- If the hospital has you stay, please make sure that our plan is called within 24 hours. Call your Care Manager, too. He or she will want to check on you and help with any follow-up care.
- We encourage you to also contact your primary care physician. We will not refuse to cover emergency services and we do not limit the definition of what is an emergency.

Prior authorization is not required for emergency services.

Follow-Up Care (Also Called *Post-Stabilization* Care)

You may need more care after your emergency. This is called follow-up care. It's important to let your Care Manager know that you have had an emergency. Your Care Manager will help you transition back home and schedule follow-up visits. CareSource will talk to the doctors that give you care during your emergency. They will tell us when your medical emergency is over. They need to tell us if you need more care to treat any problems that may have caused the emergency. Your doctor can tell us by calling us at 1-800-488-0134 and asking for approval of these services. If needed, CareSource will cover care for you after your emergency situation 24 hours a day, seven days a week. We want to be sure you continue to improve and your condition is stable and resolved if possible.

If your emergency care was from out-of-network providers, CareSource will work to get network providers to take over your care as soon as possible.

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.

Your PCP may decide that 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 4.

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, coinsurance and copayments except for prescriptions. Medicaid covers long-term care services such as home and community-based "waiver" services and 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 CareSource MyCare Ohio so all of your services can be coordinated. Please see page 41 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.

Services covered by CareSource MyCare Ohio include the following:

Services That Do Not Require a Prior Authorization

The following services do not require a prior authorization. This means that your PCP does not need to get an approval from CareSource MyCare Ohio before you receive them. Just check your provider directory for a list of network providers who offer these services and schedule an appointment yourself. If you are not sure what types of providers offer any of these services, please call CareSource MyCare Ohio for help.

Some services may require a referral. This means you may need to get an OK from your provider before you can get the service. A referral is request from a PCP for his or her patient to see a specialist, such as a surgeon, for care.

Acupuncture	Limited to the pain management of migraine headaches and lower back pain. Prior Authorization is required for more than 30 visits in a calendar year.
Behavioral Health Services (including mental health & substance use disorder treatment services)	No prior authorization needed for outpatient when you see a network provider. Prior authorization is required for partial hospitalization, residential treatment, assertive community treatment, intensive home-based treatment and psychological testing. There are many behavioral health services covered under your benefit plan, including mental health services, opioid treatment programs and other services for substance use disorder. Some require a prior authorization. For more information, please contact Member Services at: **1-855-475-3163 (TTY for the hearing impaired: 1-800-750-0750 or 711)**. Mental health and substance use disorder treatment services are available through the plan. These services include: • Medical Services • Medication-Assisted Treatment for Addiction • Office Administered Medications • Psychological Testing • Mental Health Day Treatment • Substance Use Disorder Treatment Services to include Peer Recovery Support, Partial Hospitalization, and Residential Treatment • Therapeutic Behavioral Service • Psychosocial Rehabilitation • Community Psychiatric Support Services In addition to these services, two new services are also available: Assertive Community Treatment and Intensive Home Based Treatment. If you need mental health and/or substance use disorder treatment services, please call our Member Services Department at **1-855-475-3163 (TTY for the hearing impaired: 1-800-750-0750 or 711)**. Or you may self-refer directly to an Ohio Department of Mental Health and Addiction Services (MHAS) certified community behavioral health center or treatment center. Please see your Provider directory, call our Member Services Department, or visit our website at **CareSource.com/MyCare** for the names and telephone numbers of the facilities near you. Some psychiatrists may require a referral, please contact your PCP to help with the referral. Psychiatrists in community behavioral health centers do not require referrals. Please call us if you have questions. You can also call us if you are in crisis. You can talk to someone right away and we can help you get the care you need. Just call our 24-hour behavioral health crisis line at **1-866-206-7861**.

Certified Nurse Midwife Services	You may go to a certified nurse midwife (CNM). Check your provider directory or call us for the names of available CNMs.
Certified Nurse Practitioner Services	Services include preventive care, well checks and pap smears. If you would like to see a certified nurse practitioner (CNP), check the provider directory or call us for the names of available CNPs.
Chiropractic (back) Services	Prior authorization required after 15 visits.
Dental Services	Two (2) dental visits each year including x-rays, fillings, simple extractions, general anesthesia, root canals, Healthchek screenings. See Prior Authorization list on page 18 for additional services. CareSource MyCare Ohio may also pay for one set of full or partial dentures every eight years with prior authorization.
Emergency Services	No prior authorization is required for Emergency Services.
Family Planning Services and Supplies	You may receive services from your PCP, a certified nurse midwife, any obstetrician, gynecologist or qualified family planning provider listed in your provider directory such as Planned Parenthood.
Federally Qualified Health Center (FQHC)	Office visits for primary care and specialists services, physical therapy, speech pathology and audiology services, dental services, podiatry services, optometric and/or optician services, chiropractic services and mental health services.
Free-standing birth center services at a free-standing birth center	Please call our Member Services Department at **1-855-475-3163** for available qualified centers. Healthchek exams, preventive check-ups and other screenings for members under 21; see page 22 for more details
Obstetrical/Maternity Care	Prenatal and postpartum, including at-risk pregnancy services and gynecological services. You may self-refer to any women's health specialist in our network or you may see your PCP.
Prescription drugs (certain drugs not covered by Medicare Part D)	Health care providers will write prescriptions for you that can be filled at a network pharmacy. Most prescriptions will be covered by your Medicare Part D provider. Please see the "Prescription Drugs – Not Covered by Medicare Part D" section of this handbook on page 20 for more details.
Preventive mammogram (breast) and cervical cancer (pap smear) exams	
Rural Health Clinic Services	The plan covers office visits for primary care and specialists services, clinical psychologist services, clinical social worker for the diagnosis and treatment of mental illness and visiting nurse services in certain situations.
Speech and Hearing Services, Including Hearing Aids	Please contact Member Services for details. For hearing aids, see Durable Medical Equipment, page 18.

Vision care (optical) services, including eyeglasses	Routine checkups and services from optometrists as well as eyeglasses, do not require a prior authorization. Other services require a prior authorization from CareSource MyCare Ohio. You can get glasses and eye exams once every year or once every two years depending on your age: **Members ages 21-59:** Eye exams: Once a year Eye glasses: Once every two years **Members ages 60 and older:** Eye exams: Once a year Eye glasses: Once a year *Note: Deluxe frames, Transitions and progressive lenses are not covered.*
Well-child (Healthchek)	Healthchek covers medical exams immunizations (shots), health education, and laboratory tests for Medicaid eligible individuals under the age of 21. Healthchek also covers medical, vision, dental, hearing, nutritional, developmental, and behavioral health exams. Some of the tests and treatment services may require prior authorization. See Healthchek, page 22 for more information.

Services That Require a Prior Authorization

The following services require a prior authorization from CareSource MyCare Ohio before you can get them. Your PCP will ask for a prior authorization from us then schedule these services for you. If you are seeing a specialist, he/she will get approval from your PCP, then your appointment or services will be scheduled.

Ambulance and ambulette transportation	Emergencies do not require a prior authorization. Ambulette/wheelchair van transportation does not require prior authorization. Prior authorization is required for all fixed wing transports.
Dental services, including dentures and orthodontia	Please call Member Services for details. Routine dental orthodontia visits do not require prior authorization.
Durable medical equipment and supplies	These require a physician order. Some supplies, including hearing aids, customized wheelchairs and contact lenses, require a prior authorization. Prior authorization is required for billed charges more than $750. Please contact Member Services for details.
Home and community-based waiver services	MyCare Ohio Waiver services are designed to meet the needs of members 18 years or older, who are determined by the state of Ohio, or its designee, to meet an intermediate or skilled level of care. These services help individuals to live and function independently. If you are enrolled in a waiver, please see your MyCare Ohio Home & Community-Based Services Waiver member handbook for waiver services information.

Home Health Services	Skilled Nurse visits more than 2 hours per day. Prior Authorization required after 3 home visits per calendar year All Home Health Aides All Private Duty Nursing Occupational Therapy Physical Therapy Speech Therapy
Inpatient behavioral health services (including mental health and substance use disorder treatment services)	See page 16 for more information about mental health and substance use disorder treatment services. There are many behavioral health services covered under your benefit plan, including mental health services, opioid treatment programs and other services for substance use disorder. Some require a prior authorization. For more information, please call Member Services at: **1-855-475-3163 (TTY for the hearing impaired: 1-800-750-0750 or 711)**. Prior authorization is required for partial hospitalization, residential treatment, assertive community treatment, intensive home-based treatment and psychological testing. If you need mental health and/or substance use disorder treatment services, please call our Member Services Department at **1-855-475-3163 (TTY for the hearing impaired: 1-800-750-0750 or 711)**. Or you may self-refer directly to an Ohio Department of Mental Health and Addiction Services (MHAS) certified community behavioral health center or treatment center. Please see your Provider directory, call our Member Services Department, or visit our website at **CareSource.com/MyCare** for the names and telephone numbers of the facilities near you. Some psychiatrists may require a referral, please contact your PCP to help with the referral. Psychiatrists in community behavioral health centers do not require referrals. Please call us if you have questions. You can also call us if you are in crisis. You can talk to someone right away and we can help you get the care you need. Just call our 24-hour behavioral health crisis line at 1-866-206-7861.

Nursing facility/long-term care services and supports	If you need these services, please call our Member Services Department at 1-855-475-3163 for information on available providers. 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 can also 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 a.m. to 5 p.m. Calls to this number are free. You can submit an online complaint at **http://aging.ohio.gov/contact/** or you can send a letter to: Ohio Department of Aging: MyCare Ohio Ombudsman 50 W. Broad St. / 9th Floor Columbus, OH 43215-3363
Respite services	Respite services give the primary caregiver temporary relief from the direct care of an eligible individual. An eligible individual must have behavioral health needs and qualify for Supplemental Security Income (SSI) (reference 1915(b) and OAC rule 5160-26-03). These services are limited to qualifying individuals under the age of 21. Prior Authorization is required.
Transportation	If you must travel 30 miles or more from your home to receive covered health care services or your transportation requires a wheelchair van, CareSource MyCare Ohio will provide transportation to and from the provider's office. Please contact Member Services at **1-855-475-3163** for assistance at least 48 hours (two business days) before you need a ride. If any special assistance is needed, tell us when calling to schedule the ride. 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. Call your County Department of Job and Family Services for questions or assistance with NET services. If you have been determined eligible and enrolled in a home and community-based waiver program, there are also waiver transportation benefits available to meet your needs.

Prescription Drugs – Not Covered by Medicare Part D

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 List of Covered Drugs on our website at **CareSource.com/MyCare**. Drugs with an asterisk (*) are not covered by Medicare Part D but are covered by CareSource MyCare Ohio. You do not have any copays for drugs covered by our plan.

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:

- There is a generic or pharmacy alternative drug available.
- The drug can be misused/abused.
- There are other drugs that must be tried first.
- Some drugs may have quantity (amount) limits.

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 **CareSource.com/MyCare**. Make sure you are only looking at the drugs with an asterisk (*) to see if they require prior authorization. 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.

As a reminder, because you have chosen to 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.

Medication Therapy Management

At CareSource MyCare Ohio, we understand the impact that proper medication use can have on your health. That's why we have a Medication Therapy Management (MTM) program for our members. This program is designed to help you learn about your medications, prevent or address medication-related problems, decrease costs, and stick to your treatment plan.

Through the program, your local pharmacist may get alerts and information about your medications and decide if you may need extra attention. In most cases, a pharmacist will reach out to you and ask if you are interested in scheduling time to learn more about your medications. They are asking because they want to help you. They offer ways to help you with your medications and how to take them the right way. They will also work with your doctor and others to address your needs and improve how you use your medications. These may include any pills, creams, eye drops, herbals, or over-the-counter items.

This service and the pharmacist's help and information are available at no cost to you.

MTM Benefits to Providers and Members

- Improves safe use of medications
- Improves coordination with all your doctors and other caregivers
- Increases knowledge about your medications and how to use them correctly
- Another person to help you with your overall health care

Healthchek (Well Child Exams)

Healthchek is Ohio's early and periodic screening, diagnostic, and treatment (EPSDT) benefit. Healthchek covers medical exams, immunizations (shots), health education, and laboratory tests for everyone eligible for Medicaid under the age of 21. These exams are important to make sure that young adults are healthy and are developing physically and mentally. Members under the age of 21 years should have at least one exam per year.

Healthchek also covers complete medical, vision, dental, hearing, nutritional, developmental, and behavioral health exams, in addition to other care to treat physical, mental, or other problems or conditions found by an exam. Some of the tests and treatment services may require prior authorization.

Healthchek services are available at no cost to members and include:

- Preventive check ups for young adults under the age of 21.
- Healthchek screenings:
  - Medical exams (physical and development screenings)
  - Vision exams
  - Dental exams
  - Hearing exams
  - Nutrition checks
  - Developmental exams
  - Lead testing
- Laboratory tests (age and gender appropriate exams)
- Immunizations
- Medically necessary follow up care to treat health problems or issues found during a screening. This could include, but is not limited to, services such as:
  - visits with a primary care provider, specialist, dentist, optometrist and other CareSource MyCare Ohio providers to diagnose and treat problems or issues
  - inpatient or outpatient hospital care
  - clinic visits
  - prescription drugs
- Health education

It is very important to get preventive checkups and screenings so your providers can find any health problems early and treat them, or make a referral to a specialist for treatment, before the problem gets more serious. *Remember: Some services may require a referral from your PCP or prior authorization by CareSource MyCare Ohio.* Also, for some EPSDT items or services, your provider may request prior authorization for CareSource MyCare Ohio to cover things that have limits or are not covered for members over age 20. Please see pages 18-20 to see what services require a referral and/or prior authorization.

As a part of Healthchek, care management services are available to all members under the age of 21 who have special health care needs. Please see page 10 to learn more about the care management services offered by CareSource MyCare Ohio.

Call your PCP or dentist to schedule regular checkups. Make sure to ask for a Healthchek exam when you call your PCP. You should try to schedule the first exam within 90 days of becoming a member. If you would like more information on the Healthchek program, please contact our Member Services Department at **1-855-475-3163 (TTY for the hearing impaired: 1-800-750-0750 or 711)**. We can help you:

- Access care
- Find a provider in our network
- Make an appointment
- Find out what services are covered and which ones may need prior authorization
- Arrange transportation, if needed
- Refer you to other helpful programs and resources, like
  - Women Infants and Children (WIC)
  - Help Me Grow
  - Bureau for Children with Medical Handicaps (BCMH)
  - Head Start
  - Community services, such as food, heating assistance, etc.

Additional Benefits or Services

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

CareSource24 Nurse Advice Line
CareSource MyCare Ohio has a 24-hour nurse advice line. Our nurses are here to answer your health questions any time – day or night. Get help with how to care for an illness or injury at home, when to go to a doctor or the emergency room (ER). Please see page 9 of this handbook for more details.

Health Information
Preventive medical and dental care is an important part of keeping you and your family healthy. Regular care helps your primary care provider find problems early so they can be treated before they get worse.

Knowing how to lead a healthy lifestyle also helps you to stay well. CareSource MyCare Ohio offers information about health and safety through many brochures and materials. You may receive health information:

- Through the mail
- From our website at **CareSource.com/MyCare**
- From your Care Manager
- By calling us at 1-855-475-3163 to request it

SERVICES NOT COVERED BY CARESOURCE MYCARE OHIO

While Medicare will be the primary payer for most services CareSource MyCare Ohio will not pay for services or supplies received without following the directions in this handbook. We will also not make any payment for the following services that are not covered by Medicaid:

- Abortions except in the case of a reported rape, incest or when medically necessary to save the life of the mother
- Biofeedback services
- All services or supplies that are not medically necessary
- Assisted suicide services, defined as services for the purpose of causing, or assisting to cause, the death of an individual
- 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
- Paternity testing
- Plastic or cosmetic surgery that is not medically necessary
- Services for the treatment of obesity unless determined medically necessary
- Services to find cause of death (autopsy) or services related to forensic studies
- Services determined by Medicare or another third-party payer as not medically necessary
- Sexual or marriage counseling
- Voluntary sterilization if under 21 years of age or legally incapable of consenting to the procedure

This is not a complete list of the services that are not covered by Medicaid or CareSource MyCare Ohio. If you have a question about whether a service is covered, please call Member Services at **1-855-475-3163 (TTY: 1-800-750-0750 or 711)**, Monday – Friday, 8 a.m. – 8 p.m.

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 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 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 unless it is not in your best interest.
- To get information on any medical care treatment, given in a way that you 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 ask, and get, a copy of your medical records, and to be able to ask that the record be changed/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 “How to Let CareSource MyCare Ohio Know if You Are Unhappy or Do Not Agree With a Decision We Made – Appeals and Grievances,” page 34 of this handbook for information.
- To be able to get all MCOP written member information from our plan:
  - At no cost to you;
  - In the prevalent non-English languages of members in the MCOP’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 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 (that is a living will). See page 46 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 MCOP, the MCOP’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 set up a visit with a provider not in our network.
- To get information about CareSource MyCare Ohio from us.
- 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**
Fax: (614) 644-1434

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 27.

PRIVACY PRACTICES

This notice describes how health information about you may be used and given out. It also tells how you can get this information. Please review it carefully. We will refer to ourselves simply as "CareSource" in this notice.

Your Rights

When it comes to your health information, you have certain rights:

Get a copy of your health and claims records

- You can ask to see or get a copy of your health and claims records. You can also get other health information we have about you. Ask us how to do this.
- We will give you a copy or a summary of your health and claims records. We often do this within 30 days of your request. We may charge a fair, cost-based fee.

Ask us to fix health and claims records

- You can ask us to fix your health and claims records if you think they are wrong or not complete. Ask us how to do this.
- We may say "no" to your request. If we do, we will tell you why in writing within 60 days.

Ask for private communications

- You can ask us to contact you in a specific way, such as home or office phone. You can ask us to send mail to a different address.
- We will think about all fair requests. We must say "yes" if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

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

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

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

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

Get a copy of this privacy notice

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

Give CareSource consent to speak to someone on your behalf

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

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us. Use the information at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights. You can send a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, call 1-877-696-6775, or visit www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not take action against you for filing a complaint. We may not require you to give up your right to file a complaint as a condition of:
  - care,
  - payment,
  - enrollment in a health plan, or
  - eligibility for benefits.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear choice for how we share your information in the situations described below, talk to us. Tell us what you want us to do. We will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your choice, such as if you are unconscious, we may go ahead and share your information. We may share it if we believe it is in your best interest. We may also share your information when needed to lessen a serious and close threat to health or safety.

In these cases we often cannot share your information unless you give us written consent:

- Marketing purposes
- Sale of your information
- Disclosure of psychotherapy notes

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.

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:

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. For more information see: **www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html**

To help with public health and safety issues

- We can share health information about you for certain reasons such as:
  - Preventing disease
  - Helping with product recalls
  - Reporting harmful reactions to drugs
  - Reporting suspected abuse, neglect, or domestic violence
  - Preventing or reducing a serious threat to anyone's health or safety

To do research

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

To obey the law

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

To respond to organ and tissue donation requests

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

To work with a medical examiner or funeral director

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

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

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

To respond to lawsuits and legal actions

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

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

Our Responsibilities

- We protect our members' health information in many ways. This includes information that is written, spoken or available online using a computer.
  - CareSource employees are trained on how to protect member information.
  - Member information is spoken in a way so that it is not inappropriately overheard.
  - CareSource makes sure that computers used by employees are safe by using firewalls and passwords.
  - CareSource limits who can access member health information. We make sure that only those employees with a business reason to access information use and share that information.
- We are required by law to keep the privacy and security of your protected health information. We are required to give you a copy of this notice.
- We will let you know quickly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice. We must give you a copy of it.
- We will not use or share your information other than as listed here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: **www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html**.

Effective date and changes to the terms of this notice

The original notice was effective April 14, 2003, and this version was effective June 18, 2018. 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 web site. 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: **HIPAAPrivacyTeam@caresource.com**

Phone: **1-855-475-3163, ext. 12023 (TTY: 1-800-750-0750 or 711)**
We are open 8 a.m. – 8 p.m. Monday through Friday.

MEMBER RESPONSIBILITIES

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

- Use only approved providers.
- Keep scheduled doctor 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 ID card and present it when receiving services.
- Never let anyone else use your ID card.
- Notify your county caseworker and CareSource MyCare Ohio of a change in your phone number or address.
- Contact your 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 CareSource MyCare Ohio and your health care providers need in order to provide care for you.
- Understand as much as possible about your health issues and take part in reaching goals that you and your health care provider agree upon.
- Let us know if you suspect health care fraud or abuse

Visit our website (**CareSource.com/MyCare**) annually for any updates to member rights and responsibilities.

FRAUD, WASTE AND ABUSE

CareSource MyCare Ohio has a program designed to handle cases of managed care fraud. Fraud can be committed by providers, pharmacies, or members. We monitor and take action on any member, pharmacy, or provider fraud, waste and abuse. Some examples are:

Provider fraud, waste and abuse:

- Prescribing drugs, equipment or services that are not medically necessary
- Scheduling more frequent return visits than are medically necessary
- Billing for tests or services not provided to you
- Billing for more expensive services than provided

Pharmacy fraud, waste and abuse include:

- Not dispensing medicines as written
- Submitting claims for a more expensive brand name drug that costs more when you actually receive a generic drug that costs less

- Dispensing less than the prescribed quantity and then not letting the member know to get the rest of the drug

Member fraud, waste and abuse:

- Sharing your CareSource MyCare Ohio ID card with another person
- Selling prescribed drugs or other medical equipment paid for by CareSource MyCare Ohio to others
- Providing inaccurate symptoms and other information to providers to get treatment, drugs, etc.

If You Suspect Fraud, Waste or Abuse

If you think a doctor or a CareSource MyCare Ohio member is committing fraud, waste or abuse, you can report your concerns to us by:

- Calling us at **1-855-475-3163 (TTY for the hearing impaired: 1-800-750-0750 or 711)**
- Visiting our website at **CareSource.com/MyCare** and completing the Fraud, Waste and Abuse Reporting Form and mailing it to the address shown
- Sending us a letter addressed to:
  CareSource MyCare Ohio
  Attn: Special Investigations Unit
  P.O. Box 1940
  Dayton, OH 45402

You do not have to give us your name when you write or call. There are other ways you may contact us that are not anonymous. If you are not concerned about giving your name, you may also use one of the following means to contact us:

- Fraud email: **fraud@caresource.com**
- Fraud fax: 1-800-418-0248

When you report fraud, waste or abuse, please give us as many details as you can, including names and phone numbers. You may remain anonymous, but if you do, we will not be able to call you back for more information. Your report will be kept confidential to the extent permitted by law.

*Most email systems are not protected from third parties. This means people may access your email without you knowing or saying it's okay. Please do not use email to tell us information that you think is confidential. Like your member ID number, social security number or health information. Instead, please use the form or phone number above. This can help protect your privacy.

Thank you for helping us keep fraud, waste and abuse out of health care.

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 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: 1-800-750-0750 or 711)**, or
- Fill out the form in your Member Handbook on page 37, or
- Call the Member Services Department to request they mail you a form, or
- Visit our website at **CareSource.com/MyCare**, or
- 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 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 Appeals
P.O. Box 1947
Dayton, OH 45401-1947

CareSource MyCare Ohio will send you something in writing if we make a decision to:

- Deny a request to cover a service for you;
- Reduce, suspend or stop services before you receive all of the services that were approved; or
- 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, or
- 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 of 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 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:

- 2 working days for grievances about not being able to get medical care
- 30 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
3rd 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 (ODJFS). 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 decide who is right based on the rules and the information given.

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 120 calendar days**. The 120 calendar day period begins on the day after the mailing date on the hearing form. If your appeal was about a decision to reduce, 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.

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, or submit your request via e-mail at **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 1-800-589-5888, for the local number. **You may only request a state hearing after you have gone through CareSource MyCare Ohio's appeal process.**

State hearing decisions are usually issued no later than 70 calendar days after the request is received. However, if the MCOP 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 3 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.

Member Grievance/Appeal Form *Ohio*

Member Name _____ Member Address _____ _____	Member ID# _____ Member Telephone _____

If the grievance/appeal concerns a provider(s), please supply the following information, if known.

Name of Provider(s)_____

Address_____

Telephone _____

Please write a description of the grievance/appeal with as much detail as possible. Attach extra pages, if needed.

_____ _____

(Member Signature) (Date Filed)

OFFICE USE ONLY Date Received: _____ Received By: _____ Grievance Level 1 2 Hearing Date: _____	Action taken to resolve grievance/appeal: _____ _____ (Signature Plan Rep) (Resolution Date)

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ACCIDENTAL INJURY OR ILLNESS (SUBROGATION)

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

OTHER HEALTH INSURANCE (COORDINATION OF BENEFITS – COB)

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 the Member Services Department 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 bills.

You will need to show your CareSource MyCare Ohio ID card and any other health insurance ID cards at all of your appointments. Please bring all your health insurance ID cards with you to every appointment.

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. CareSource MyCare Ohio is secondary. You should follow the guidelines of your primary insurance when you get medical care. Be sure to show your providers and pharmacists both insurance ID cards 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 your old 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 happened, our plan would be told to stop your membership as a Medicaid member, and you would no longer be covered.

AUTOMATIC RENEWAL FOR MCP 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.

MEMBERSHIP TERMINATIONS

We hope you will be happy with CareSource MyCare Ohio and discuss with us any problems or concerns you may have so we can try to resolve them.

Ending Your MCOP Membership

You live in a MyCare Ohio mandatory enrollment area which means you must select a MyCare Ohio managed care plan unless you meet one of the exceptions listed on page 2. If your area would change to a voluntary enrollment area, the Ohio Department of Medicaid would notify you of the change.

Because you chose or were assigned to only have 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 (3) months of your initial membership or during the annual open enrollment month. The Ohio Department of Medicaid will send you something in the mail to let you know when it is your annual open enrollment month. If you live in a MyCare Ohio mandatory enrollment area, you must choose another MyCare Ohio plan to receive your health care.

If you want to end your membership during the first three months of your membership or open enrollment month you can call the Medicaid Hotline at 1-800-324-8680. TTY users should call Ohio Relay at 7-1-1. You can also submit a request online to the Medicaid Hotline website at **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 managed care plan, your new plan will send you information in the mail before your membership start date.

Choosing A New Plan

If you are thinking about ending your membership to change to another health plan, you should learn about your choices. Especially if you want to keep your current provider(s) for Medicaid services. Remember, each health plan has a network of providers you must use. Each health 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 health plan you are thinking of joining or if you simply would like to ask questions about the health 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 health plans in your area by visiting the Medicaid Hotline website at **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 of 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. TTY users should call Ohio Relay at 7-1-1.

Just Cause Membership Terminations

Sometimes there may be a special reason that you need to end your health 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 managed care plan and give them a chance to resolve the issue. If they cannot resolve the issue, you can ask for a just cause termination at any time if you have one of the following reasons:

1. You move and your current MCOP is not available where you now live, and you must receive non-emergency medical care in your new area before your MCOP membership ends.
2. The MCOP does not, for moral or religious objections, cover a medical service that you need.
3. Your doctor has said that some of the medical services you need must be received at the same time and all of the services aren't available on your MCOP's panel.
4. You have concerns that you are not receiving quality care and the services you need are not available from another provider on your MCOP's panel.
5. 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.
6. The PCP that you chose is no longer on your MCOP's panel and he/she was the only PCP on your MCOP's panel that spoke your language and was located within a reasonable distance from you. Another health plan has a PCP on their panel that speaks your language that is located within a reasonable distance from you and will accept you as a patient.
7. 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 1-800-324-8680. 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 you live in a mandatory enrollment area, you will have to choose another managed care plan to receive your health care unless the Ohio Department of Medicaid tells you differently. 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 health plan, unless you are still in your transition period or live in a voluntary enrollment area and choose to return to regular Medicaid.
- If you chose a new health plan and have not received a member ID card before the first day of the month when you are a member of the new plan, 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 were allowed to return to the regular Medicaid card and you have not received a new Medicaid card, call your county caseworker.

- If you have chosen a new health plan and have any Medicaid services scheduled, please call your new 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 plan include: when you are getting home health, private duty nursing, mental health, substance use disorder, dental, vision and waiver services.
- If you were allowed to return to regular Medicaid and have any medical visits scheduled, please call the providers to be sure that they will take the regular Medicaid card.

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 MCOP's ability to provide services to you or other members.

CareSource MyCare Ohio provides services to our members because of a contract that our plan has 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, 7:00 am to 8:00 pm and Saturday 8:00 am to 5:00 pm)
TTY users should call Ohio Relay at 7-1-1

You can also visit the Ohio Department of Medicaid on the web at: **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: 1-800-750-0750 or 711)**.

ASSURING QUALITY HEALTH CARE

We want to make sure that you receive the best health care available. We do this by:

- Reviewing the care you receive from your doctors and other health care providers, like nurse practitioners and home health care
- Finding and correcting any problems where proper medical care was not provided
- Making sure care is available to you when you need it
- Providing health education information to you and national standards of medical care to your providers

Review of Health Care Services, or Utilization Management

CareSource MyCare Ohio keeps track of the services you get from health care providers. We discuss some services with your providers before you get them to make sure they are appropriate and necessary. For example, we review surgeries or stays at a hospital (unless they are emergencies). This is called utilization management. It makes sure you get the right amount of care you need when you need it.

All utilization management determinations are made by qualified Physician Reviewers. CareSource MyCare Ohio monitors the work of our reviewers on an ongoing basis. Part of the monitoring includes testing reviewers by presenting each of them with the same cases to ensure they make consistent and fair determinations.

CareSource MyCare Ohio decides if a service is covered, or not, within 14 calendar days. This can be done quicker if your medical condition is more serious. We notify your doctor in writing of the decision and the reason for it. If we are not able to cover the service, we notify you in writing, too. The letter you receive includes our phone number in case you want to call us for more information. If you are not happy with the decision you can appeal it (ask for a review) by calling or writing to us. Your case will be re-reviewed by a different doctor from an appropriate specialty area. You will be notified of the decision in writing.

Some services may have to be reviewed by CareSource before you get them. This is called a prior authorization. You can contact us at any time about prior authorization or utilization management requests. Just call the Member Services Department at **1-855-475-3163 (TTY: 1-800-750-0750 or 711**). You can also send us an email at any time through our website. Just visit **CareSource.com/MyCare**.

Any decisions we make with your providers about the medical necessity (need) of your health care are based only on how appropriate the care setting or services are. This is to help make sure you get the right care, at the right time, in the right place CareSource does not reward providers or our own staff for denying coverage or services. We do not offer financial incentives to our staff that encourage them to make decisions that result in underutilization (low health care use). Our members' health is always our top priority.

CareSource MyCare Ohio may decide that a new medical service or procedure not currently covered by Medicaid will be a covered benefit. This includes newly developed:

- Health care services
- Medical devices
- Therapies
- Treatment options
- Coverage is based on:
  - Updated Medicaid and Medicare rules
  - External technology assessment guidelines
  - Food and Drug Administration (FDA) approval
  - Medical literature recommendations

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. You can also find out about:

- How we work with other health plans if you have other health insurance coverage
- Results of member surveys
- How many members disenroll from CareSource MyCare Ohio
- Your health care benefits, eligibility claims or participating providers (including doctors, therapists and hospitals).

USING ADVANCE DIRECTIVES TO STATE YOUR WISHES ABOUT YOUR MEDICAL CARE

Many people today worry about the medical care they would get if they became too sick to make their wishes known.

Some people may not want to spend months or years on life support. Others may want every step taken to lengthen life.

You Have a Choice

A growing number of people are acting to make their wishes known. You can state your medical care wishes in writing while you are healthy and able to choose.

Your health care facility must explain your right to state your wishes about medical care. It also must ask you if you have put your wishes in writing.

This information explains your rights under Ohio law to accept or refuse medical care. It will help you choose your own medical and/or behavioral health care. This information also explains how you can state your wishes about the care you would want if you could not choose for yourself.

This information does not contain legal advice, but will help you understand your rights under the law. For legal advice, you may want to talk to a lawyer.

What are my rights to choose my medical care?
You have the right to choose your own medical care. If you don't want a certain type of care, you have the right to tell your doctor you don't want it.

What if I'm too sick to decide? What if I can't make my wishes known?
Most people can make their wishes about their medical care known to their doctors. But some people become too sick to tell their doctors about the type of care they want. Under Ohio law, you have the right to fill out a form while you're able to act for yourself. The form tells your doctors what you want done if you can't make your wishes known.

What kinds of forms are there?
Under Ohio law, there are four different forms, or advance directives, you can use. You can use either a Living Will, a Declaration for Mental Health Treatment, a Durable Power of Attorney for medical care or a Do Not Resuscitate (DNR) Order.

You fill out an advance directive while you're able to act for yourself. The advance directive lets your doctor and others know your wishes about medical care.

Do I have to fill out an advance directive before I get medical care?
No. No one can make you fill out an advance directive. You decide if you want to fill one out.

Who can fill out an advance directive?
Anyone 18 years old or older who is of sound mind and can make his or her own decisions can fill one out.

Do I need a lawyer?
No, you don't need a lawyer to fill out an advance directive. Still, you may decide you want to talk with a lawyer.

Do the people giving me medical care have to follow my wishes?
Yes, if your wishes follow state law. However, Ohio law includes a conscience clause. A person giving you medical care may not be able to follow your wishes because they go against his or her conscience. If so, they will help you find someone else who will follow your wishes. If you have any concerns about someone not following your wishes, you may file a complaint with the Ohio Department of Health.

Can I change my advance directive?
Yes, you can change your advance directive whenever you want.

If you already have an advance directive, make sure it follows Ohio's law. You may want to contact a lawyer for help. It is a good idea to look over your advance directives from time to time. Make sure they still say what you want and that they cover all areas.

If I don't have an advance directive, who chooses my medical care when I can't?
If you are in terminal condition or a permanently unconscious state, then Ohio law recognizes an order of decision makers if you are unable to make health care decisions for yourself and you do not have an advance directive. Ohio law recognizes this order of your decision makers: legal guardian, spouse, majority of adult children, parents, and other nearest relative.

Where do I get advance directive forms?
Many of the people and places that give you medical care have advance directive forms. A lawyer could also help you.

What do I do with my forms after filling them out?
You should give copies to your doctor and health care facility to put into your medical record. Give one to a trusted family member or friend. If you have chosen someone in a Health Care Power of Attorney, give that person a copy.

Put a copy with your personal papers. You may want to give one to your lawyer or clergy person.

Be sure to tell your family or friends about what you have done. Don't just put these forms away and forget about them.

Organ and Tissue Donation
Ohioans can choose whether they would like their organs and tissues to be donated to others in the event of their death. By making their preference known, they can ensure that their wishes will be carried out immediately and that their families and loved ones will not have the burden of making this decision at an already difficult time. Some examples of organs that can be donated are the heart, lungs, liver, kidneys and pancreas. Some examples of tissues that can be donated are skin, bone, ligaments, veins and eyes.

There are two ways to register to become an organ and tissue donor:

1. You can state your wishes for organ and/or tissue donation when you obtain or renew your Ohio Driver License or State ID Card, or
2. You can complete the Donor Registry Enrollment Form that is attached to the Ohio Living Will Form, and return it to the Ohio Bureau of Motor Vehicles.

What Is a Guardian?
A guardian is someone chosen by a court to be legally in charge for another person.

When Will a Guardian Be Chosen?
A court will choose a guardian for someone who can no longer make safe choices by themselves. This is usually due to legal or mental incapacity. In certain situations a minor may also have a guardian chosen for them.

How Do I Get a Guardianship?
Only a court can choose a guardian. The court that chooses a guardian is your local court. This could differ based on where you live. Call your local court, a local lawyer, or local legal aid service for more information.

WORD MEANINGS

Advance Directives or Living Will – Documents you sign in case you become seriously ill to let your doctor and others know your wishes concerning medical treatment. You sign them while you are still healthy and able to make such decisions.

Authorized Representative – A person you choose to act or speak on your behalf. In order for CareSource MyCare Ohio to talk with your authorized representative, a CMS-1696 Appointment of Representative Form must be completed.

Benefits – Health care services that are covered by CareSource MyCare Ohio.

Durable Medical Equipment (DME) – Certain items your doctor orders for use in your own home. Examples of these items are wheelchairs, crutches, IV infusion pumps, oxygen equipment, medical supplies, nebulizers and walkers.

Grievance – A complaint about CareSource MyCare Ohio or its health care providers.

Legal Guardian – A person appointed by the courts to make choices about your health information. This person can use your rights and act for you.

Member – An eligible Medicaid recipient who has joined CareSource MyCare Ohio and receives health care services from network providers.

Network Provider (or Participating Provider or Panel Provider) – A doctor, hospital, pharmacy or other licensed health care professional who has signed a contract agreeing to provide services to CareSource MyCare Ohio members.

They are listed in our Provider directory.

Non-Network Provider (or Non-Participating Provider or Non-Panel Provider) – A doctor, hospital, pharmacy or other licensed health care professional who has not signed a contract agreeing to provide services to CareSource MyCare Ohio members. Please see “Network Providers” on page 4 of this handbook.

Post Stabilization – These are services needed after you were treated for an emergency condition. Once your emergency is over, these services help to improve or resolve your condition.

Primary Care Provider (PCP) – A network provider you have chosen to be your personal doctor. Your PCP works with you to coordinate your health care, such as giving you checkups and shots, treating you for most of your health care needs, sending you to specialists if needed, or admitting you to the hospital.

Prior Authorization – Sometimes participating providers contact CareSource MyCare Ohio about the care they want you to get. This is done before you get the care to make sure it is the best care for your needs and that it will be covered. It is needed for some services that are not routine, such as home health care or some scheduled surgeries.

Provider Directory – A list of the doctors and other health care providers you can go to as a CareSource MyCare Ohio member.

Provider Panel – A complete list of all health care providers in the CareSource MyCare Ohio network from which the provider directory is created.

Referral – A request from a PCP for his or her patient to see a specialist, such as a surgeon, for care. This means you need to get an OK from your provider before you can get the service.

Service Area – The geographical locations in Ohio where CareSource MyCare Ohio is an option as a managed care provider for Medicaid consumers.

Specialist – A doctor who focuses on a particular kind of health care such as a surgeon or a cardiologist (heart doctor).

Utilization Management – When CareSource MyCare Ohio keeps track of the services you get from health care providers and discusses some services with your providers before you get them. This is to make sure they are appropriate and necessary and that you get the right amount of care you need when you need it.

Notice of Non-Discrimination

CareSource

CareSource complies with applicable state and federal civil rights laws and does not discriminate on the basis of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status. CareSource does not exclude people or treat them differently because of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status.

CareSource provides free aids and services to people with disabilities to communicate effectively with us, such as: (1) qualified sign language interpreters, and (2) written information in other formats (large print, audio, accessible electronic formats, other formats). In addition, CareSource provides free language services to people whose primary language is not English, such as: (1) qualified interpreters, and (2) information written in other languages. If you need these services, please contact CareSource at 1-855-475-3163 (TTY: 1-800-750-0750 or 711).

If you believe that CareSource has failed to provide the above mentioned services to you or discriminated in another way on the basis of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status, you may file a grievance, with:

CareSource
Attn: Civil Rights Coordinator
P.O. Box 1947, Dayton, Ohio 45401
1-844-539-1732, TTY: 711
Fax: 1-844-417-6254

CivilRightsCoordinator@CareSource.com

You can file a grievance by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office of Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F
HHH Building Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

ENGLISH

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-475-3163 (TTY: 1-800-750-0750).

SPANISH

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-475-3163 (TTY: 1-800-750-0750).

CHINESE

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-475-3163 TTY：1-800-750-0750)。

GERMAN

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-475-3163 (TTY: 1-800-750-0750).

ARABIC

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-475-3163 (رقم هاتف الصم والبكم:1-800-750-0750).

PENNSYLVANIA DUTCH

Wann du Deitsch schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-855-475-3163 (TTY: 1-800-750-0750).

RUSSIAN

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-475-3163 (телетайп: 1-800-750-0750).

FRENCH

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-475-3163 (ATS : 1-800-750-0750).

VIETNAMESE

CHÚ Ý: Nếu ban nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho ban. Gọi số 1-855-475-3163 (TTY: 1-800-750-0750).

CUSHITE/OROMO

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-855-475-3163 (TTY: 1-800-750-0750).

KOREAN

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-475-3163 (TTY: 1-800-750-0750) 번으로 전화해 주십시오.

ITALIAN

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-475-3163 (TTY: 1-800-750-0750).

JAPANESE

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-855-475-3163 (TTY:1-800-750-0750) まで、お電話にてご連絡ください。

DUTCH

AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-855-475-3163 (TTY: 1-800-750-0750).

UKRAINIAN

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-855-475-3163 (телетайп: 1-800-750-0750).

ROMANIAN

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-855-475-3163 (TTY: 1-800-750-0750).

NEPALI

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ। फोन गर्नुहोस् 1-855-475-3163 (टटिविाई:1-800-750-0750)।

SOMALI

DIGTOONI: Haddii aad ku hadasho Af Soomaali, adeegyada caawimada luqada, oo lacag la'aan ah, ayaa laguu heli karaa adiga. Wac 1-800-475-3163 (TTY: 1-800-750-0750).

CareSource®

CareSource® MyCare Ohio
(Medicare-Medicaid Plan)

CareSource | MyCareOhio
Connecting Medicare + Medicaid

CareSource® MyCare Ohio Member Services:
1-855-475-3163 (TTY: 1-800-750-0750 or 711)
8 a.m. to 8 p.m., Monday – Friday

CareSource.com/MyCare

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