CareSource® MyCare Ohio (Medicare-Medicaid Plan)

2017 Medicaid-Only Member Handbook

CareSource®

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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., Eastern Standard Time (EST)
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: 1-855-475-3163

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

*If you have any problem reading or understanding this or any other CareSource MyCare Ohio information, please contact our Member Services Department 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.*

Si tiene algún problema para leer o entender esta o cualquier otra información de CareSource MyCare Ohio, comuníquese con nuestro Departamento de Servicios para Afiliados al 1-855-475-3163 (TTY: 1-800-750-0750 o 711) de lunes a viernes, de 8 a.m. a 8 p.m. horario del Este de EE.UU (EST) para obtener ayuda sin costo alguno para usted.

We can help to explain the information or provide the information orally, in English or in your primary language. We may have the information printed in certain other languages or in other ways. If you are visually or hearing impaired, special help can be provided.

CareSource MyCare Ohio is a health plan that contracts with both Medicare and Ohio Medicaid to provide benefits of both programs to enrollees.

Welcome

Welcome to CareSource® MyCare Ohio (Medicare-Medicaid Plan) by CareSource. You are now a member of a MyCare Ohio health care plan, also known as a MyCare Ohio managed care plan (MCP). An MCP 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 certain Ohio residents eligible for both Medicare and Medicaid benefits.

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 co-pays for your Medicare or Medicaid benefits
- No co-pays for prescription drugs
- One plan and provider network to coordinate all your Medicare and Medicaid benefits
- One ID card for all of your Medicare and Medicaid benefits
- Additional vision and dental 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 at **1-855-475-3163** (TTY for the hearing impaired: 1-800-750-0750 or 711). Your ideas are important to us.

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
- Request interpreter services if you or a family member are visually or hearing impaired and need help
- 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**.

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

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 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, or we can explain materials orally, if needed. This is a free service to you.

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:

- Have a delayed Medicaid spend down.
- Have other third party creditable health care coverage except for Medicare.
- Have intellectual or other developmental disabilities and receive services through a waiver or Intermediate Care Facility for Individuals with Intellectual Disabilities (ICFIID).
- Are enrolled in PACE (Program for All-Inclusive Care for the Elderly).

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;
- Have been determined by the County Board of Developmental Disabilities to qualify for their services; or
- Are 18 years of age and receiving foster care or adoption assistance under Title IV-E, in foster care or an out-of-home placement, or receiving services through the Ohio Department of Health's Bureau for Children with Medical Handicaps (BCMH).

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

SERVICE AREA

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.

Besides this member handbook, you should also receive a CareSource MyCare Ohio member ID card and a New Member Letter with important information, including information about a Provider and Pharmacy Directory. Members enrolled in the MyCare Ohio waiver will also receive a supplement to their member handbook. This supplement provides additional information such as member rights and responsibilities, waiver service plan development, care management, waiver service coordination and reporting incidents. If you do not receive these items, please call our Member Services Department 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 MCP, see page 35 for more information.

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).

Identification (ID) Cards

Your CareSource MyCare Ohio membership ID card replaces your monthly Medicaid card. This card is good for as long as you are a member. You will not receive a new card each month as you did with the Medicaid card.

Never let anyone else use your CareSource MyCare Ohio ID card.

You must show your CareSource MyCare Ohio member ID card and your Medicare ID card when you get any services or prescriptions. This means that you should show your member ID cards if you receive services from:

- Your primary care provider (PCP)
- Specialists and other providers
- Dentists and vision providers
- Emergency rooms or urgent care facilities
- Hospitals for any reason
- Medical suppliers
- Pharmacies
- Labs or imaging providers
- Nursing or assisted living facilities
- Waiver service providers

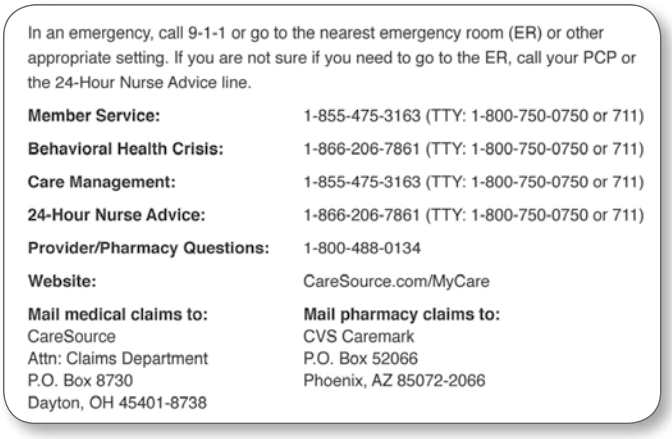
Call our Member Services Department as soon as possible at **1-855-475-3163** (TTY for the hearing impaired: 1-800-750-0750 or 711) if:

- You have not received your card(s) yet
- Any of the information on the card(s) is wrong (If you are changing personal information, such as your phone number or address, you will also need to contact your county caseworker)
- Your card is damaged, lost or stolen
- You have a baby

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

[FRONT OF ID CARD]

[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 Service:	1-855-475-3163 (TTY: 1-800-750-0750 or 711)
Behavioral Health Crisis:	1-866-206-7861 (TTY: 1-800-750-0750 or 711)
Care Management:	1-855-475-3163 (TTY: 1-800-750-0750 or 711)
24-Hour Nurse Advice:	1-866-206-7861 (TTY: 1-800-750-0750 or 711)
Provider/Pharmacy Questions:	1-800-488-0134
Website:	CareSource.com/MyCare

Mail medical claims to:
CareSource
Attn: Claims Department
P.O. Box 8730
Dayton, OH 45401-8738

Mail pharmacy claims to:
CVS Caremark
P.O. Box 52066
Phoenix, AZ 85072-2066

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

Primary Care Providers

CHOOSING A PRIMARY CARE PROVIDER (PCP)

You can continue to get Medicare services from your doctors and other Medicare providers. You will also be asked to identify a primary care provider (PCP).

Your PCP will be the first point of contact for all of your health needs and will be responsible for providing you with 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.

Sometimes there may be a reason that a specialist may need to be your PCP. If you and/or your specialist believe that they should be your PCP, you should call the Member Services Department at 1-855-475-3163 (TTY: 1-800-750-0750 or 711) to discuss.

It is important to try to see your PCP within your first 30 days of enrollment.

The Provider Directory is a list of doctors and other health care providers who accept CareSource MyCare Ohio members. If you haven't chosen a PCP yet, please choose one from the directory or call us to see if any new PCPs have been added to it recently. It is important that you start to build a good doctor/patient relationship with your PCP as soon as you can. For 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 for the hearing impaired: 1-800-750-0750 or 711) for help. To coordinate your Medicare and Medicaid benefits and get the most coverage, it is important that you select a PCP that works with both your CareSource MyCare Ohio plan and your Medicare provider plan.

If you are a new patient to your PCP, please call the office to schedule an appointment. This will help your PCP get to know you and understand your health care needs right away. You should also have all of your past medical records transferred to your new doctor.

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. 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 findng 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 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 at **1-855-475-3163** (TTY for the hearing impaired: 1-800-750-0750 or 711) or visit our website at **CareSource.com/MyCare**. If you don't have access to our website, you can call the Member Services Department to ask 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.

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, 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.

Network Providers

Your primary care provider (PCP) is your personal health provider. For any routine medical needs, contact your PCP first.

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

In addition, 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 a specified time period after your enrollment in the MyCare Ohio program, you are allowed to receive services from certain out-of-network providers and/or finish receiving 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 a non-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 a network provider or if you already have services approved and/or scheduled, it is important that you call Member Services immediately (today or as soon as possible) so we can arrange the services and avoid any billing issues.

You can find out which providers are in our network by calling our Member Services Department at **1-855-475-3163** (TTY for the hearing impaired: 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 711, 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 for the hearing impaired: 1-800-750-0750 or 711). Both our Member Services Department 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 traveling. Here are suggestions for what to do if this happens:

If it's an **emergency**:
- Call 911 or go to the nearest emergency room

If it's **not an emergency**:
- Call your PCP for help for what to do

If you're **not sure if it's an emergency**:
- Call your PCP or
- Call CareSource24, our nurse advice line. The phone number is **1-866-206-7861** (TTY for the hearing impaired: 1-800-750-0750 or 711). We can help you decide what to do.

See pages 13-14 for more information about emergency services and urgent care centers.

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:

Is it safe to wait?

How to decide whether to go to an ER, urgent care or PCP

Ask yourself these questions:
- Is it safe to wait and call my doctor first?
- Is it safe to wait and schedule an appointment in the next day or two with my doctor?
- Is it safe to wait if I can get an appointment today with my doctor?

- If my doctor can't see me, is it safe to wait to be seen at an urgent care clinic as a walk-in?
- Could I die or suffer a serious injury if I don't get immediate medical help?

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

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

URGENT CARE CENTERS

You can visit an urgent care center for non-emergency situations to keep an injury or illness from getting worse 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.

Sometimes you get sick or injured while you are traveling. 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 nurse advice line. The number is **1-866-206-7861** (TTY for the hearing impaired: 1-800-750-0750 or 711). They can help you decide what to do. If you go to an urgent care center, call your PCP as soon as you can to let him or her know of your visit.

EMERGENCY SERVICES

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 CareSource 24-hour nurse advice line at **1-866-206-7861** (TTY: 1-800-750-0750 or 711). Your PCP or our 24-hour nurse advice line 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 hospital has you stay, please make sure that our plan is called within 24 hours.

Covered Services

Medicaid helps with medical costs for certain people with limited incomes and resources. Ohio Medicaid pays for Medicare premiums for certain people, and may also pay for Medicare deductibles, co-insurance and co-payments except for prescriptions. (Please note that there are no copays for prescription drugs covered by your CareSource MyCare Ohio plan.) 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 35 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.

Dental Services	Good dental care is an important part of your health. You should visit your dentist for a routine dental exam every six months. These exams help catch problems early. Then you can get proper treatment to help correct any problems before they get worse. CareSource MyCare Ohio will pay for

	two dental exams every year. We will also cover the following: • X-rays • Fillings • Simple extractions • Impacted tooth extractions • General anesthesia • Anterior (Front teeth) root canals • Healthchek screenings CareSource MyCare Ohio may also pay for one set of full or partial dentures every eight years with prior authorization. Routine checkups and cleaning do not require a prior authorization. We encourage you to get a checkup every six months. Some services may require a prior authorization from CareSource MyCare Ohio. Your dentist will take care of this for you. Please contact the Member Services Department at **1-855-475-3163** (TTY for the hearing impaired: 1-800-750-0750 or 711) if you have questions about your dental benefit coverage.
Durable medical equipment and supplies	These require a physician order. Some supplies require a prior authorization. Please contact Member Services for details.
Family planning services and supplies	You may receive services from your PCP or any obstetrician, gynecologist or qualified family planning provider listed in your Provider Directory such as Planned Parenthood.
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.
Mental health and substance abuse services	If you need mental health and/or substance abuse 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 mental 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. You can have up to 30 visits per year with any network provider for behavioral health counseling services without a referral or prior authorization. A

	psychiatrist may require a referral, please contact your PCP to help with the referral. Referrals are not required for a psychiatrist located at the community mental health centers. 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**.
Physical exam required for employment or for participation in job training programs if the exam is not provided free of charge by another source	
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 for more details.
Services for children with medical handicaps (Title V)	Services can be obtained from your PCP or a specialist
Hearing services	Hearing exams do not require a prior authorization. Members under 21 years of age may have more visits if medically necessary as part of Healthcheck services. Prior authorization may be required. Please contact Member Services for details.
Vision (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

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
Assisted living services	Eligibility requires waiver services
Some dental services, including orthodontia and dentures	Some services require prior authorization. Please contact Member Services for details.
Some durable medical equipment and supplies, including hearing aids, customized wheelchairs, contact lenses	
Some Medicaid home health and private duty nursing services	
Hospice care in a nursing facility (care for terminally ill, e.g., cancer patients)	
Nursing facility and 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, 50 W. Broad St., 9th Floor Columbus, OH 43215-3363

If you must travel 30 miles or more from your home to receive covered health care services, CareSource MyCare Ohio will provide transportation to and from the provider's office. Please contact Member Services at 1-855-475-3163 for assistance at least 48 hours (two business days) before you need a 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.

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.

Please call the CareSource MyCare Ohio Member Services Department if you have any questions about covered services at **1-855-475-3163** (TTY for the hearing impaired: 1-800-750-0750 or 711).

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 co-pays 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.

There are certain medications that are more complex for diseases that require special attention and need to be handled differently than medications you pick up at your local pharmacy. These medications are called "specialty" medications, and most of these drugs require a prior authorization from your doctor.

Many of these medications need to be given to you by a doctor or nurse, and your doctor's office will help you get that done. If the prior authorization is approved, we will work with your doctor's office and the specialty pharmacy to get the medications you need.

You can call the Member Services Department at **1-855-475-3163** (TTY: 1-800-750-0750 or 711) 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/refill a medication.

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 and to help make sure the medications that you are taking can be taken together and safely.

This program may be available from your local pharmacists if they are signed up to take part. In many cases, a pharmacist will reach out to you and ask if you are interested in learning more about your medications. They are asking because they want to help you. Through the program, your local pharmacist may get alerts and information about your medications and decide if you may need extra attention. 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. The pharmacist may ask to schedule time with you to go over all of your medications, which also includes anything you take over the counter, and how to use them.

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

MTM Benefits to Providers and Members

- Safer medication choices that will be allowed by your doctor
- Better coordination of care with all your doctors
- More information given to you about your medications
- Another person to help you with your overall health care

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. 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 you receive coordinated (organized) care. 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 doctor 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 using CareSource24. Just call **1-855-475-3163** (TTY: 1-800-750-0750 or 711) during our regular business hours. After hours, you can reach us at 1-866-206-7861.

Additional Services/Benefits

CareSource MyCare Ohio also offers the following extra services and/or benefits to members. They are available at no cost to you. They include:

DENTAL CARE

Good dental care is an important part of your health. You should visit your dentist for a routine dental exam every six months. These exams help catch problems early. Then you can get proper treatment to help correct any problems before they get worse. As a CareSource MyCare Ohio member, you can receive two dental exams every year.

CARESOURCE24 NURSE ADVICE LINE

CareSource MyCare Ohio has a 24-hour nurse advice line you can call any time with health or medical questions. Please see page 7 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**
- By calling us at **1-855-475-3163** to request it

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 years. 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 mental health exams, in addition to other care to treat physical, mental, or other problems or conditions found by an exam. Healthchek covers tests and treatment services that may not be covered for people over age 20; some of the tests and treatment services may require prior authorization.

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

- Preventive checkups for young adults under the age of 21
- Healthchek screenings:
  - Complete medical exams (with a review of physical and mental health development)
  - Vision exams
  - Dental exams
  - Hearing exams

  - Nutrition checks
  - Developmental exams
- Laboratory tests for certain ages
- Immunizations
- Medically necessary follow-up care to treat physical, mental, or other 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
  - Laboratory tests
- Health education

Additionally, care management services are available to all members. Please see page 20 to learn more about the care management services offered by our plan.

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. Some services may require prior authorization by our plan. Also, for some EPSDT items or services, your provider may request prior authorization to cover services that have limits or are not covered for members over age 20.

Call your Medicare provider 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

Non-Covered Services

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
- Acupuncture and 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

- Inpatient treatment to stop using drugs and/or alcohol (inpatient detoxification services in a general hospital are covered)
- 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.
- Medications that are being used for erectile dysfunction, weight loss, infertility or cosmetic purposes

This is not a complete list of the services that are not covered by Medicaid or our plan. If you have a question about whether a service is covered, please call the Member Services Department at **1-855-475-3163** (TTY for the hearing impaired: 1-800-750-0750 or 711).

Medicaid Eligibility and Other Health Insurance

ACCIDENTAL INJURY OR ILLNESS (SUBROGATION)

If you have to 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 the Member Services Department 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. If you have questions about your eligibility, please contact your county caseworker.

AUTOMATIC RENEWAL OF MCP MEMBERSHIP

If you lose your Medicaid eligibility but it is started again within 60 days, you will automatically be re-enrolled in CareSource MyCare Ohio again.

If you are a member who is automatically re-enrolled into our plan, you will be sent a complete new member kit.

Member Rights

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

- To receive information about CareSource MyCare Ohio, our services, our practitioners and providers and member rights and responsibilities.
- To receive all 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 discuss information on any appropriate or medically necessary treatment options for your condition, regardless of cost or benefit coverage.
- 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 for, 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 they must put a note in your medical record about it.
- To be able to file an appeal, a grievance (complaint) or state hearing. See pages 30-34 of this handbook for information.
- To be able to get all CareSource MyCare Ohio written member information from our plan:
  – At no cost to you.
  – In the prevalent non-English languages of members in CareSource MyCare Ohio'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 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 (a living will). See pages 39-43 which explain about advance directives. You can also contact the Member Services Department at **1-855-475-3163** (TTY: 1-800-750-0750 or 711) for more information.
- 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 CareSource MyCare Ohio, CareSource MyCare Ohio's providers or the Ohio Department of Medicaid (ODM) 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.
- 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.
- If CareSource MyCare Ohio is unable to provide a necessary and covered service in our network, we will cover these services out of network for as long as we are unable to provide the service in network. If you are approved to go out of network, this is your right as a member and will be provided at no cost to you.
- To get information about CareSource MyCare Ohio from us.
- To make recommendations regarding CareSource MyCare Ohio's member rights and responsibility policy.
- To contact the United States Department of Health and Human Services Office of Civil Rights and/or the Ohio Department of Job and Family Services' Bureau of Civil Rights at the addresses below with any complaint of discrimination based on race, color, religion, sex, sexual orientation, age, disability, national origin, veteran's status, ancestry, health status or need for health services.

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

Bureau of Civil Rights
Ohio Department of Job and Family Services
30 E. Broad St., 30th Floor
Columbus, Ohio 43215
(614) 644-2703 1-866-227-6353 1-866-221-6700 TTY
Fax: (614) 752-6381

CareSource MyCare Ohio may not discriminate on the basis of race, color, religion, gender, sexual orientation, age, disability, national origin, veteran's status, ancestry, health status, or need for health services in the receipt of health services.

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 the "Notice of Privacy Practices" section of this handbook.

Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed by CareSource MyCare Ohio and how you can get access to this information. Please review it carefully.

CareSource MyCare Ohio respects your right to privacy. This notice explains how, when and why we use or share the protected health information (PHI) we keep about you.

Your PHI includes information used to identify you and to document your health, your medical treatment, or payment for health care you receive.

This notice also explains your rights with respect to your PHI.

The CareSource Privacy Officer can be reached by mail at:
CareSource MyCare Ohio
Attn: Privacy Officer
P.O. Box 8738
Dayton, OH 45401-8738

Or by telephone at **1-855-475-3163** (TTY for the hearing impaired: 1-800-750-0750 or 711). Please use this address or phone number for any issue in this notice that asks you to contact the CareSource Privacy Officer.

HOW AND WHEN WE USE OR SHARE YOUR PHI

CareSource MyCare Ohio is required by law to keep your PHI private. We must also give you this notice of our legal duties and how we keep your information private. Below are the ways the law allows or requires us to use or share your PHI without getting your permission.

To pay claims – We may use or share your PHI in order to pay for health services you receive. For example, we may use information about your treatment or condition to make sure the services you get are covered by CareSource MyCare Ohio. We may also give your PHI to another health plan that may need it to process and pay claims for you.

To operate our business – We may use or share your PHI to administer our health plan. For example, we may use it to review and improve the quality of health care you receive, to contact you to remind you about an appointment, to tell you about a different type of treatment, or to send you health-related materials.

Business associates – Sometimes we give your PHI to outside organizations so they can assist us with our operations. They include lawyers, accountants, consultants and others. We require them to keep your PHI private, too.

So you can get treatment – We may share your PHI with a friend, a family member or others when you need care and are unable to make health care decisions for yourself at the time. For example, if you are unconscious or if there is an emergency, we may find it in your best interest to share your PHI with a relative or friend so they can help you get the care you need. If you are able to make health care decisions for yourself, we will not share your PHI with others unless you ask us to.

Other uses and disclosures – We may share your PHI:

- For any purpose required by law
- For public health activities such as required reports of diseases, injuries, births or deaths
- If we think you or a child is involved in or a victim of abuse, neglect or domestic violence
- If a government agency is doing an investigation
- If a court orders us to (In most cases, you will be notified of this)
- To report crimes or injuries to law enforcement agencies
- To a coroner or medical examiner so that a deceased body can be identified or to learn the cause of death
- To arrange an organ or tissue donation or transplant for you
- For research approved by an institutional review board that has rules to ensure privacy
- If you are a member of the military or for national security activities
- To obey workers' compensation laws
- If we believe, in good faith, that it is necessary in order to save someone else's health or life

We will not use or share your PHI for any other purpose unless you sign a form that permits us to. This includes uses and disclosures of your PHI:

- For marketing purposes
- That constitute the sale of your PHI
- That include psychotherapy notes, in most instances

If you sign a form then change your mind, you can take back your permission for future uses by writing to the CareSource Privacy Officer.

We will not use your genetic information for underwriting purposes.

Special Rules for Disclosure of Your Mental Health, Substance Abuse, HIV/AIDS, and Long-term Care Information – Ohio law requires that we obtain your authorization in many instances before disclosing the performance or results of an HIV test or diagnosis of AIDS or an AIDS-related condition; before disclosing information about drug and alcohol treatment you may have received in a drug and alcohol treatment program; before disclosing information about mental health services you may have received; and before disclosing certain information to Ohio's long-term care investigators. For full information on when such authorization may be necessary, you can contact the CareSource Privacy Officer.

Your rights
You have the right to:

- Look at or get copies of your PHI that we have. Requests are normally fulfilled within 30 days.
- Receive a list of times we have disclosed (shared) your PHI for the past six (6) years before your request.
- Ask us to change or correct your PHI. Your request must include your reason for it. We will carefully consider all change requests. However, we are not required to make them. If we do make a change, we may also notify others who work with us and who have copies of the uncorrected records if we think they need to know.
- Ask us to limit how we use or share your PHI for certain purposes. We will carefully consider all requests. However, we are not required to make them. If we agree to a limit, both you and CareSource MyCare Ohio have the right to cancel the agreement. If CareSource MyCare Ohio cancels the agreement, we will notify you.
- Ask us to send communications regarding your PHI to you in another way or to another place. For example, if you don't want messages left on your answering machine or if you want information mailed to a different address, you can request it. We will accommodate requests that clearly provide information that the disclosure of all or part of the information could endanger you.
- Receive notice following a breach of your unsecured PHI.

Please make the above requests in writing. They must be signed by you or your representative. If you would rather use one of our printed forms to make your request, you can ask for forms from the CareSource Privacy Officer. Please send all requests to the CareSource Privacy Officer.

You also have the right to:

- Get a paper copy of this notice.
- File a written complaint with the CareSource Privacy Officer if you feel your privacy rights have been violated. You can also file a written complaint with the Secretary of the U.S. Department of Health and Human Services within 180 days of when you think your rights were violated. You will not be penalized for filing a complaint.

This original notice was effective April 14, 2003. This version of the notice was effective May 20, 2013. We must follow the terms of this notice as long as it is in effect. If needed, we can change the notice and the new one would apply to all PHI we keep. If this happens, we will mail you a copy of the new notice. You can also ask for a paper copy of our notice at any time by mailing a request to the CareSource Privacy Officer.

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.

Consult 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 or members. We monitor and take action on any member 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

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.

How to Let CareSource MyCare Ohio Know If You Are Unhappy or Do Not Agree With a Decision We Made

We hope you will be happy with CareSource MyCare Ohio and the service we provide. 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 to authorize someone to speak for you, you will need to let us know. We want you to contact us so that we can help you.

COMPLAINTS (ALSO CALLED GRIEVANCES)

If you contact us because you are unhappy with something about our plan or one of our providers, this is called a grievance. For example, if you cannot get a timely appointment, if you think the provider office staff did not treat you fairly, or if you receive a bill for a service covered by Medicaid, you should contact us. You need to contact us within 90 calendar days from the day when you had the problem. We will give you an answer to your grievance by phone (or by mail if we can't reach you by phone) within the following time frames:

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

If your grievance is about getting a bill for care you or a family member received, please call the telephone number on the bill to make sure they have your CareSource MyCare Ohio ID number, or to give them the primary insurance for the family member who received the care. If they tell you they have this information, please ask them why you are receiving a bill.

After you have done this, please contact our Member Services Department and provide us with the following information contained on your bill:

- The date you or your family member received services
- The amount of the bill
- The provider's name
- The telephone number
- The account number
- Tell us why the provider's office told you they were billing you

If you are not happy with our answer to your grievance, please contact our Member Services Department and we will be happy to discuss it with you.

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

Ohio Department of Medicaid
Bureau of Managed Care
P.O. Box 182709
Columbus, Ohio 43218-2709
1-800-324-8680

Ohio Department of Insurance
50 W. Town Street
3rd Floor – Suite 300
Columbus, Ohio 43215
1-800-686-1526

APPEALS

If you do not agree with certain decisions/actions made by our plan, and you contact us within 90 calendar days to ask that we change our decision/action, this is called an appeal. We will send you something in writing if we make a decision to:

- Deny, or only give partial approval for, a request to cover a service;
- Reduce, suspend or stop services that we had approved before you receive all of the services that were approved; or
- Deny payment for a service you received because it is not a covered benefit.

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/action listed in the letter, you can contact us to appeal. The 90 calendar day period begins on the day after the mailing date on the letter. Unless we tell you a different date, we will give you an answer to your appeal in writing within 15 calendar days from the date you contacted us. You, or your provider making the request on your behalf or supporting your request, can ask for a faster decision. This is called an expedited decision. 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. If it is decided that your health condition meets the criteria for an expedited decision, the decision will be issued as quickly as needed but no later than 72 hours after the request is received. If we deny the request to expedite the decision we will notify you in writing within two (2) calendar days.

If we 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 and when you may have to pay for the services. You can also appeal by phone or in writing. You can submit information to help explain your case if you want.

How to contact our plan with a grievance or appeal

- 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, 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

STATE HEARINGS

If you do not agree with certain decisions/actions made by our plan, you can also ask the state to change our decision/action by requesting a state hearing. A state hearing is a meeting with you, someone from the County Department of Job and Family Services, someone from our plan and a hearing officer from the Ohio Department of Job and Family Services. We will explain why we made our decision and you will tell why you think we made the wrong decision. The hearing officer will listen and then decide who is right based upon the information given and whether we followed the rules. We will notify you of your right to request a state hearing when a:

- Decision is made to deny, or only give partial approval for, a request to cover a service.
- Decision is made to reduce, suspend, or stop services that we previously approved before all of the approved services are received.
- Provider is billing you for services he/she provided. If you receive a bill, contact member services as soon as possible. We will first try and contact the provider to see if he/she will agree to stop billing.

If you are on the MyCare Ohio Waiver, you may have other state hearing rights. Please refer to your Home & Community-Based Services Waiver Member Handbook regarding waiver eligibility and services.

If you want a state hearing, you must request a hearing within 90 calendar days. The 90 calendar day period begins on the day after the mailing date on the hearing form. If we made a decision to reduce, suspend, or stop services before all of the approved services are received and you request the hearing within 15 calendar days from the mailing date on the form, we will not take the action until all approved services are received or until the hearing is decided, whichever date comes first. You may have to pay for services you receive after the proposed date to reduce, suspend, or stop services if the hearing officer agrees with our decision. State hearing decisions are usually issued no later than 70 calendar days after the request is received. You or your authorized representative can ask for a faster decision, called an expedited decision. 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. If the Bureau of State Hearings decides that your health condition meets the criteria for an expedited decision, the decision will be issued as quickly as needed but no later than three (3) working days after the request is received.

How to request a state hearing

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 email 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 Legal Services toll free at **1-866-529-6446** (1-866-LAW-OHIO).

EXTERNAL REVIEW

If your request for a Medicaid-only covered service is not approved, you can request a state hearing (see above) or an external review. Reviews are done by a certified medical review company. They are not done by CareSource MyCare Ohio. You must go through CareSource MyCare Ohio's appeal process first. You have 45 days from the date that you were notified of our decision on your appeal request to ask for the external review.

To ask for one, please write to us at:

CareSource
Attn: Independent Review – QI Dept.
P.O. Box 8738
Dayton, OH 45401-8738

Or you can call the Member Services Department to request it. Just call **1-855-475-3163**. You will receive a decision on your request directly from the external review entity within 30 calendar days of the submission unless your request was an expedited request.

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)

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 MCP MEMBERSHIP

You live in a MyCare Ohio mandatory enrollment area which means you must select a MyCare Ohio managed care plan (MCP) unless you meet one of the exceptions listed on page 6. 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 receive only your Medicaid benefits through 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 711. 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 711. 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. Additional benefits of choosing CareSource MyCare Ohio for both your Medicare and Medicaid services include:

- No co-pays for your Medicare or Medicaid benefits
- No co-pays for prescription drugs
- One plan and provider network to coordinate all your Medicare and Medicaid benefits
- One ID card for all of your Medicare and Medicaid benefits
- Additional vision and dental benefits
- Additional transportation benefits

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 711.

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 MCP is not available where you now live and you must receive non-emergency medical care in your new area before your MCP membership ends.
2. The MCP 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 MCP'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 MCP'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 MCP's panel and he/she was the only PCP on your MCP'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 711. 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 711.
- 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 abuse, 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 our 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 a.m. to 8 p.m., and Saturday, 8 a.m. to 5 p.m.
TTY users should call Ohio Relay at 711

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.

Quality Health Care

We want to make sure that you receive quality health care. We do this by:

- Reviewing the care you receive from your doctors and other health care providers
- Finding and correcting any problems related to proper medical care
- Making sure care is available to you when you need it
- Providing health education information to you and your providers

REVIEW OF HEALTH CARE SERVICES

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 objective determinations.

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

You can contact us at any time about utilization management or prior authorization 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 of your health care are based only on how appropriate the care setting or services are. 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. Our members' health is always our top priority.

CareSource MyCare Ohio may decide that a new development 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 coverage
- Results of member surveys
- How many members disenroll from CareSource MyCare Ohio
- Benefits, eligibility, claims or participating providers

Please call the Member Services Department at **1-855-475-3163** (TTY: 1-800-750-0750 or 711).

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 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. For information about free legal services, call **1-800-589-5888**, Monday through Friday, 8:30 a.m. to 5 p.m.

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.

Living Will
This form allows you to put your wishes about your medical care in writing. You can choose what you would want if you were too sick to make your wishes known. You can state when you would or would not want food and water supplied artificially.

How does a Living Will work?
A Living Will states how much you want to use life-support methods to lengthen your life. It takes effect only when you are:

- In a coma that is not expected to end, OR
- Beyond medical help with no hope of getting better and can't make your wishes known, OR
- Expected to die and can't make your wishes known.

The people giving you medical care must do what you say in your Living Will. A Living Will gives them the right to follow your wishes.

Only you can change or cancel your Living Will. You can do so at any time.

Do Not Resuscitate Order
State regulations offer a Do Not Resuscitate (DNR) Comfort Care and Comfort Care Arrest Protocol as developed by the Ohio Department of Health. A *DNR Order* means a directive issued by a physician or, under certain circumstances, a certified nurse practitioner or clinical nurse specialist, which identifies a person and specifies that CPR should not be administered to the person so identified. *CPR* means cardiopulmonary resuscitation or a component of cardiopulmonary resuscitation, but it does not include clearing a person's airway for a purpose other than as a component of CPR.

The DNR Comfort Care and Comfort Care Arrest Protocol lists the specific actions that paramedics, emergency medical technicians, physicians or nurses will take when attending to a patient with a DNR Comfort Care or Comfort Care Arrest order. The protocol also lists what specific actions will not be taken.

You should talk to your doctor about the DNR Comfort Care and Comfort Care Arrest order and protocol options.

Durable Power of Attorney
A Durable Power of Attorney for medical care is different from other types of powers of attorney. This information is only about a Durable Power of Attorney for medical care, not about other types of powers of attorney.

A Durable Power of Attorney allows you to choose someone to carry out your wishes for your medical care. The person acts for you if you can't act for yourself. This could be for a short or a long while.

Who should I choose?
You can choose any adult relative or friend whom you trust to act for you when you can't act for yourself. Be sure to talk with the person about what you want. Then write down what you do or don't want on your form. You should also talk to your doctor about what you want. The person you choose must follow your wishes.

When does my Durable Power of Attorney for medical care take effect?
The form takes effect only when you can't choose your care for yourself, whether for a short or long while.

The form allows your relative or friend to stop life support only in the following circumstances:
- If you are in a coma that is not expected to end, OR
- If you are expected to die.

Declaration for Mental Health Treatment
A Declaration for Mental Health Treatment gives more specific attention to mental health care. It allows a person, while capable, to appoint a proxy to make decisions on his or her behalf when he or she lacks the capacity to make a decision. In addition, the declaration can set forth certain wishes regarding treatment. The person can indicate medication and treatment preferences, and preferences concerning admission/retention in a facility.

The Declaration for Mental Health Treatment supersedes a Durable Power of Attorney for mental health care, but does not supersede a Living Will.

What is the difference between a Durable Power of Attorney for medical care and a Living Will?
Your Living Will explains, in writing, the type of medical care you would want if you couldn't make your wishes known.

Your Durable Power of Attorney lets you choose someone to carry out your wishes for medical care when you can't act for yourself.

If I have a Durable Power of Attorney for medical care, do I need a Living Will, too?
You may want both. Each addresses different parts of your medical care.

A Living Will makes your wishes known directly to your doctors, but states only your wishes about the use of life-support methods.

A Durable Power of Attorney for medical care allows a person you choose to carry out your wishes for all of your medical care when you can't act for yourself. A Durable Power of Attorney for medical care does not supersede a Living Will.

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 (effective October 10, 1991). 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?
Ohio law allows your next-of-kin to choose your medical care if you are expected to die and can't act for yourself. If you are in a coma that is not expected to end, your next-of-kin could decide to stop or not use life support after 12 months. Your next-of-kin may be able to decide to stop or not use artificially supplied food and water also.

OTHER MATTERS TO THINK ABOUT

What about stopping or not using artificially supplied food and water?
Artificially supplied food and water means nutrition supplied by way of tubes placed inside you. Whether you can decide to stop or not use these depends on your state of health.

- If you are expected to die and can't make your wishes known, and your Living Will simply states you don't want life-support methods used to lengthen your life, then artificially supplied food and water can be stopped or not used.
- If you are expected to die and can't make your wishes known, and you don't have a Living Will, then Ohio law allows your next-of-kin to stop or not use artificially supplied food and water.
- If you are in a coma that is not expected to end, and your Living Will states you don't want artificially supplied food and water, then artificially supplied food and water may be stopped or not used.
- If you are in a coma that is not expected to end, and you don't have a Living Will, then Ohio law allows your next-of-kin to stop or not use artificially supplied food and water. However, he or she must wait 12 months and get approval from a probate court.

By filling out an advance directive, am I taking part in euthanasia or assisted suicide?
No, Ohio law doesn't allow euthanasia or assisted suicide.

Where do I get advance directive forms?
Many of the people and places that give you medical care have advance directive forms. Ask the person who gave you this information for an advance directive form — either a Living Will, a Durable Power of Attorney for medical care, a DNR Order, or a Declaration for Mental Health Treatment. 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 Durable Power of Attorney for medical care, 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.

This information is endorsed by the following organizations:
Association of Ohio Philanthropic Homes and Housing for the Aging
Office of the Attorney General, State of Ohio
Ohio Academy of Nursing Homes
Ohio Council for Home Care
Ohio Department of Aging
Ohio Department of Health
Ohio Department of Job and Family Services
Ohio Department of Mental Health and Addiction Services (MHA)
Ohio Health Care Association
Ohio Hospice Organization
Ohio Hospital Association
Ohio State Bar Association
Ohio State Medical Association

Office of Communications
JFS 08095 (Rev. 10/2009)
Equal Opportunity Employer

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.

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

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

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

NETWORK 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 – 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 11 of this handbook.

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.

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).

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 bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. 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 निःशुल्क भाषा सहायता सेवाहरू उपलब्ध छन्। फोन गर्नुहोस् 1-855-475-3163 (टिटिवाइ: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).

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200 Independence Avenue, SW Room 509F
HHH Building Washington, D.C. 20201
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