2026 Member Handbook

Buckeye Health Plan-Next Generation MyCare Ohio

Medicaid only

buckeye health plan

Ohio Department of Medicaid
Next Generation MyCare

go.wellcare.com/OHBuckeye

BHP-MMP-111425

New Member Information

This handbook tells you about your coverage under Buckeye Health Plan-Next Generation 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 *Buckeye Health Plan-Next Generation MyCare Ohio member ID card* and a *New Member Letter* with important information, including information about a Provider and Pharmacy Directory. The Provider Directory lists all our panel providers as well as other non-panel providers you can use to receive services. You can also visit our website at **http://go.wellcare.com/findaprovider** to view up to date provider panel information or call Member Services at 1-855-445-3562 TTY: 711 8:00 am to 8:00 pm Monday through Friday for assistance. Panel providers are Buckeye Health Plan-Next Generation MyCare Ohio's contracted providers available to the Buckeye Health Plan-Next Generation MyCare Ohio's general membership. Non-panel providers are non-contracted providers available to the Buckeye Health Plan-Next Generation MyCare Ohio's general membership. Members enrolled in the MyCare Ohio waiver will also receive a supplement to their member handbook. This supplement provides additional information such as waiver service plan development, care management, waiver service coordination and reporting incidents.

If you do not receive these items, please call Member Services for assistance.

While Buckeye 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 Buckeye Health Plan-Next Generation MyCare Ohio, see page 32 for more information.

You can also access information on our website at: go.wellcare.com/OHBuckeye.

All members can communicate with Buckeye Health Plan-Next Generation MyCare Ohio through the use of the website. Each inquiry will receive a response within one business day of receipt of the message through our website. This includes, but is not limited to, requests for member information such as ID cards, member handbooks, and provider directories.

Other services offered on the website include:

- News and events
- Provider search for doctors, specialists, and facilities
- Program information

This Member Handbook is effective **January 2026.**

Important Phone Numbers

Emergency: 911 or local emergency number

Buckeye Health Plan-Next Generation MyCare Ohio
Member Services: 1-855-445-3562

24-hour Nurse Advice Line: 1-855-445-3562, option 7

Ohio Relay Service: TTY only: 711

Member Services hours are 8:00 am to 8:00 pm, Monday thru Friday, excluding holidays. Buckeye Health Plan-Next Generation MyCare Ohio is closed on:

- New Year's Day
- Memorial Day
- Labor Day
- Christmas Day
- Martin Luther King Jr.'s Birthday
- Independence Day
- Thanksgiving 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.

Primary Care Physician (PCP) Name: _____

PCP's Phone #: _____

PCP's After-Hours #: _____

Your Care Coordinator's Name: _____

Your Care Coordinator's Phone #: _____

Your Pharmacy: _____

Pharmacy's Phone #: _____

Your Dentist: _____

Dentist's Phone #: _____

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Welcome

If you have any problem reading or understanding this or any other Buckeye Health Plan-Next Generation MyCare Ohio (a Medicare-Medicaid Plan) information, please contact our Member Services at 1-855-445-3562 (TTY 711), 8 am to 8 pm, Monday thru Friday, for help at no cost to you.

Si tiene algún problema para leer o entender esto o cualquier otra información de Buckeye Health Plan-Next Generation MyCare Ohio (un Plan de Medicare-Medicaid), por favor comuníquese con nuestro departamento de Servicios para los Miembros para obtener ayuda sin ningún costo para usted al 1-855-445-3562 (TTY 711). El horario de atención es de 8 a. m. a 8 p. m., de lunes a viernes.

We can help to explain the information or provide the information orally, in English or in your primary language. You can get this document for free in other formats, such as large print, braille, or audio. Call Member Services at 1-855-445-3562 (TTY 711), 8 am to 8 pm, Monday through Friday. This call is free

Welcome to Buckeye Health Plan-Next Generation MyCare Ohio (Buckeye). You are now a member of a MyCare Ohio health care plan, also known as a MyCare Ohio managed care plan (MCOP). A MCP is an organization made up of doctors, hospitals, pharmacies, providers of long-term services and supports, and other providers. It also has care coordinators and care teams to help you manage all your providers and services. They all work together to provide the care you need. Buckeye provides health care services to certain Ohio residents eligible for both Medicare and Medicaid benefits.

Buckeye Health Plan, a subsidiary of Centene Corporation, is a health plan that contracts with both Medicare and Ohio Medicaid to provide benefits of both programs to enrollees.

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

Buckeye Health Plan-Next Generation MyCare Ohio is a health plan that contracts with both Medicare and Ohio Medicaid to provide benefits of both programs to enrollees.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-445-3562 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-445-3562 (TTY: 711).

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 1-855-445-3562 (TTY: 711).

Who is Eligible to Enroll in a MyCare Ohio Plan?

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

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

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

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

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

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

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

Buckeye is available only to people who live in our service area. Our service area includes Butler, Clark, Clinton, Clermont, Columbiana, Cuyahoga, Delaware, Franklin, Fulton, Geauga, Greene, Hamilton, Lake, Lorain, Lucas, Madison, Mahoning, Medina, Montgomery, Ottawa, Pickaway, Portage, Summit, Stark, Trumbull, Union, Warren, Wayne, Wood.

Additional counties will join the Next Generation MyCare Ohio program on the dates listed below:

April 1, 2026: Ashtabula, Defiance, Erie, Fairfield, Fayette, Henry, Licking, Paulding, Sandusky, Williams

May 1, 2026: Allen, Ashland, Auglaize, Crawford, Champaign, Darke, Hancock, Hardin, Huron, Knox, Logan, Marion, Mercer, Miami, Morrow, Preble, Putnam, Richland, Seneca, Shelby, Van Wert, Wyandot

June 1, 2026: Adams, Brown, Gallia, Highland, Jackson, Lawrence, Pike, Ross, Scioto, Vinton

July 1, 2026: Belmont, Carroll, Coshocton, Guernsey, Harrison, Holmes, Jefferson, Muskingum, Tuscarawas

Aug. 1, 2026: Athens, Hocking, Perry, Meigs, Monroe, Morgan, Noble, Washington

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 Buckeye Health Plan-Next Generation MyCare Ohio.

ID Cards

Identification (ID) Cards

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

You must show your Buckeye Health Plan-Next Generation MyCare Ohio member ID card and your Medicare ID card when you get any medical services or prescriptions for any of the following services:

- see your primary care provider (PCP)
- see a specialist and other provider
- dentists and vision providers
- go to the emergency room
- go to an urgent care facility
- go to the hospital for any reason
- get medical suppliers
- go to the pharmacy
- go to labs or imaging providers
- go to nursing or assisted living facilities
- receive waiver service or start with a new waiver provider
- get a prescription
- have medical tests

Call Member Services as soon as possible at 1-855-445-3562 (TTY:711) if:

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

You should always tell the provider that you also have Medicare coverage and they may want to see your red, white and blue Medicare card.

You can also get a copy of your ID card and other helpful care coordination information in the Buckeye Health Plan-Next Generation MyCare Ohio member portal. You can access the member portal at go.wellcare.com/OHBuckeye.

Network Providers

Network Providers

It is important to understand that members must receive Medicaid services from facilities and/or providers in Buckeye's provider network. A network provider is a provider who works with our health plan and except for pharmacy co-pays, has agreed to accept our payment as payment in full. Network providers include but are not limited to: nursing facilities, homes health agencies, medical equipment suppliers and others who provider goods and services 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 Buckeye Health Plan-Next Generation MyCare Ohio has approved you to see during or after your transition of care period.

For a specified time period after your enrollment in the MyCare Ohio program, we may allow you to receive care from a provider that is not a Buckeye provider (out-of-network provider). Additionally, we may allow you to continue to receive services that were authorized by Ohio Medicaid. This is called your transition of care period. Please note, the transition periods start on the first day you are effective with **any** MyCare Ohio plan. If you change your MyCare Ohio plan, your transition period for coverage of an out-of-network provider does not start over. The *New Member Letter* has more information on transition time periods, services and providers. If you are currently seeing a provider that is not in our network or if you already have services approved or scheduled, it is important that you call Member Services immediately (today or as soon as possible) so Buckeye can arrange the services and avoid any billing issues.

You can find out which providers are in our network by calling Member Services at 1-855-445-3562 (TTY 711) or on our website at: **http://go.wellcare.com/findaprovider**.

You can also contact the Medicaid Hotline at 1-800-324-8680. TTY users should call Ohio Relay at 7-1-1, or on the Medicaid Hotline website at www.ohiomh.com. You can request a printed *Provider and Pharmacy Directory* at any time by calling Member Services at 1-855-445-3562.

Both Member Services and the website can give you the most up-to-date information about changes in our network providers.

Primary Care

Primary Care Providers

You can continue to get Medicare services from your doctors and other Medicare providers. Your PCP will be the first point of contact for all your health needs and will work with you to direct your health care. Your PCP should work with your Buckeye care coordinator to coordinate your health and long-term care services. If needed, your PCP will send you to other doctors (specialists) or admit you to the hospital.

- It is important to contact your PCP before you see a specialist or after you have an urgent or emergency department visit. This allows your PCP to manage your care for the best outcomes.
- Although you do not need approval (called a referral) from your PCP to see other providers, it is still 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.

You can reach your PCP by calling the PCP's office. Your PCP's name and telephone number are printed on your Buckeye Health Plan-Next Generation MyCare Ohio ID card.

Appointment Timeframe Standards

Buckeye contracts with providers to provide access within the following times:

- Routine appointments and physicals should be available within 28 days of request
- Primary care urgent appointments (non-life threatening) should be available within 6 hours of request
- Urgent care should be available within 24 hours.
- Urgent Specialty care within 24 hours of referral.
- Referrals to Specialist should be made within 4 weeks of request
- Emergency care should be received immediately and available 24 hours a day.
- Persistent symptoms must be treated no later than the end of the following working day after initial contact with the PCP.
- Referrals to a specialist should be scheduled within four (4) weeks of a request or shorter as medically indicated.
- Non urgent care – sick calls should be available within 72 hours of request.
- Prenatal Care patients should be seen within the following timeframes:
    - Three (3) weeks of a positive pregnancy test (home or laboratory)
    - Three (3) weeks of identification of high-risk
    - Seven (7) days of request in first and second trimester
    - Three (3) days of first request in third trimester

- Behavioral healthcare must be provided immediately for emergency services, within 24 hours of the request for urgent care, and within ten (10) days of the request for routine care.

If you are having trouble getting a provider appointment and need assistance, contact your Care Coordinator or Member Services.

Changing Your PCP

If for any reason you want to change your PCP, you must first call the Member Services Department to ask for the change. You can change your PCP monthly.

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.

Buckeye will send you a new ID card to let you know that your PCP has been changed and the date you can start seeing the new PCP.

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 **http://go.wellcare.com/findaprovider**, or you can call Member Services at 1-855-445-3562 TTY: 711 for help.

Member Services

Member Services

Please visit our website at go.wellcare.com/OHBuckeye or call Member Services for assistance with the following:

- Answer questions about covered Medicare and Medicaid benefits
- Help solve problems you may be having accessing health care or prescription drugs and answer questions about prescription copays
- Answer questions about services that require prior authorization
- Help find a provider
- File a complaint or appeal
- Change your PCP
- Access interpreter services
- Change your address
- Access 24-hour care management and behavioral health services

While Buckeye is approved by the state and federal government to provide both Medicare and Medicaid covered services, you chose or were assigned to receive only your Medicaid covered services from our plan. If you want to receive both your Medicare and Medicaid covered services from your MyCare Ohio MCOP, see page 32 for more information.

Member Services
1-855-445-3562
TTY 711
8:00 am to 8:00 pm, Monday thru Friday

Care Management

Care Management

Buckeye Health Plan-Next Generation 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. A Buckeye care coordinator will reach out to schedule a time to complete your assessment.

What is a Care Coordinator? A care coordinator can be a nurse, social worker or licensed professional counselor educated and trained to coordinate and manage the care of our members. This includes but is not limited to working alongside the member and their specific integrated care team (care givers, family, friends, primary care providers and other disciplines). Care coordinator assist with both medical and behavioral health needs while assuring social needs are met as well. Care coordinator within the MCOP arena also can assist Members in understanding and navigating their health benefits and diagnosis.

What is a Waiver Service Coordinator? All members enrolled with Buckeye in the MyCare Ohio waiver receive assistance with coordinating their waiver services. Waiver service coordination is provided through local Area Agencies on Aging while Care Management is provided through Buckeye. Your Waiver Service Coordinator (WSC) through the Area Agency on Aging and Care Manager (CM) through Buckeye will work together to help support you in all your care coordination needs and are both part of your care team. If for any reason the Area Agency on Aging is unable to provide waiver service coordination your Buckeye Care Manager will.

What is a Care Team? A care team, or integrated care team is the member, their family/friends, primary care provider, specialists, care givers and any other individuals the member identifies as their care team. Additionally, the care coordinator and staff at the MCOP are also part of this team and work to assure all members are part of the MBR's care and healing process.

What are the benefits to having a Care Team? Everyone on the care team works together to make sure your care is coordinated. This means that they make sure tests and labs are done once and the results are shared with the appropriate providers. It also means that your doctors should know all of the medicines you take so they can reduce any negative effects. It is *important to note that* coordination of care is not only between care givers and providers, but also includes family/friends that will be part of your specific integrated care team.

Buckeye staff (including care coordinator, nurses, social workers, program coordinators, and licensed professional counselors) may contact you if your doctor has requested a phone call or care management. Buckeye may also contact you if we feel care management may be beneficial to you.

Care Management Services

Buckeye offers care management services that are available to all members. Our care management program helps members learn more about their health concerns such as:

- Asthma
- Diabetes
- Congestive heart failure (CHF)
- Coronary artery disease (CAD)
- Non-mild hypertension (high blood pressure)
- Chronic obstructive pulmonary disease (COPD)
- Severe mental illness
- Severe cognitive and/or developmental limitation
- High-risk or high-cost substance abuse disorder
- Frequent admissions or ED room visits

Care Management Services While You Are in Transition

Make sure to let your Care Coordinator know if you are being admitted to a nursing facility or hospital or being discharged from a facility – especially if you are receiving care from hospital or emergency room that is not in Buckeyes' network. Your Care Coordinator will help make sure your care is coordinated between settings so that all of your providers have information about your medications and plan of care. We want to make sure tests and labs are done just once and that providers like your PCP know the results. Your doctors will always have your permission before sharing medical information with other providers.

When you are a patient in the hospital, if you are feeling well enough to have visitors, our nurses or social workers may come to your hospital room to visit you to discuss your discharge planning needs, answer any questions you may have about our benefits and services offered, and provide information to you about our care management program. Our staff will always check with the hospital staff first before entering your room to be sure that the timing is right for us to visit you.

Additionally:

- Buckeye staff, including nurses, care coordinator, and outreach workers may contact the member if a doctor has requested a phone call, if the member requests the phone call, or if Buckeye feels that care management services would be helpful to the member.
- Buckeye staff may ask the member questions to learn more information about his/her conditions(s).
- Buckeye staff will provide information to help a member understand how to care for his/her self and how to access services (including local resources).
- Buckeye staff will talk to the member's PCP and other service providers to coordinate care.

- Members should call Buckeye's Member Services department at 1-855-445-3562 (TTY 711) if they have any questions about care management services or if they feel they would benefit from care management services.

Although Buckeye Health Plan-Next Generation MyCare Ohio provides care management services for our members, we are aware that some members would prefer to not participate.
For specifically identified members, Buckeye provides an "opt-out of care management" process. If you choose to not participate in our care management program, you can decline participation at any time by notifying your care coordinator.

Please call Member Services department at 1-855-445-3562 (TTY 711) if you would like more information about our care management services. You can access care management services 24 hours a day by calling Member Services. After normal business hours, it is important to contact us if you have a change in care and need immediate assistance.

Covered Services

Services Covered by Buckeye Health Plan

Medicaid helps with medical costs for certain people with limited incomes and resources. Ohio Medicaid pays for Medicare premiums for certain people, and may also pay for Medicare deductibles, co-insurance and co-payments except for prescriptions. Medicaid covers long-term care services such as home and community-based "waiver" services, assisted living services and long-term nursing home care. It also covers dental and vision services. Because you chose or were assigned to only receive Medicaid-covered services from our plan, Medicare will be the primary payer for most services. You can choose to receive both your Medicare and Medicaid benefits through Buckeye so all of your services can be coordinated. Please see page 32 for more information on how you can make this choice.

As a Buckeye member, you will continue to receive all medically-necessary Medicaid-covered services at no cost to you (see page 20).

- Acupuncture – for pain management of migraine and lower back pain.
- Ambulance and wheelchair van transportation
- Behavioral Health Services (including mental health and substance use disorder treatment) (contact Member Services at 1-855-445-3562 or TTY:711, 8 am to 8 pm, Monday thru Friday for access to behavioral health crisis services)
- Chiropractic services
- Dental services
- Durable medical equipment and supplies*
- Federally Qualified Health Center or Rural Health Clinic services
- Home and community-based waiver services
- Home health services

- Nursing facility services*
- Prescription drugs (certain drugs not covered by Medicare Part D)*
- Respite services
- Speech and hearing services, including hearing aids*
- Telehealth (see below for more information)
- Vision care (optical) services, including eyeglasses*

If you must travel <30> miles or more from your home to receive covered health care services, Buckeye Health Plan-Next Generation MyCare Ohio will provide transportation to and from the provider's office. Please contact 1-855-445-3562 (TTY:711) for assistance. NET services are limited to 30 miles from the member's home.

In addition to the transportation assistance that Buckeye provides, embers 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 are determined eligible and enrolled in a home- and community-based waiver program, there are also waiver transportation benefits available to meet your needs.

*Note: Some of these services require ***prior authorization*** by the health plan – that means we need certain information from you, your provider, or waiver services coordinator to approve the service. If we do not approve a service, we will send you information on how you can appeal our decision and your right to a state hearing.

Note: Most services received by a provider who is not part of our network require prior authorization by Buckeye. Contact your Care Coordinator or Member Services for more information.

Telehealth

Telehealth is the direct delivery of health care to a patient via audio and/or video. Instead of coming into the office for your appointment, you stay at your home or office and use your smartphone, tablet or computer to see and talk to your medical and behavioral health professionals. There is no cost for Medicaid members to use telehealth and telehealth removes the stress of needing transportation services.

Medicaid members can see medical and behavioral health professionals via telehealth for many illnesses and injuries, common health conditions, follow-up appointments and screenings as well as prescribing medication(s).

Check with your Medicare insurance plan for providers who offer telehealth services.

Nursing Facility/Long-Term Care

Nursing Facility/Long-Term Care Services and Supports

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 8:00 am to 5:00 pm. Calls to this number are free. You can submit an online complaint at: http://aging.ohio.gov/contact/ or you can send a letter to:

Ohio Department of Aging: MyCare Ohio Ombudsman
246 N. High St/ 1st Floor
Columbus, OH 43215-240

Waiver Services

Waiver Services

Next Generation MyCare Ohio waiver services are designed to meet the needs of members 21 years or older, who are determined by the state of Ohio, or its designee, needs assistance with daily activities like meal preparation or getting dressed in order to remain living independently. These services help individuals to live and function independently. If you are enrolled in a waiver, please see your MyCare Ohio home and community-based services waiver member handbook for waiver services information..

Emergency Services

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 Buckeye Health Plan-Next Generation MyCare Ohio's 24-hour nurse advice line at 1-866-246-4358 (option 7). Your PCP or the 24-hour 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 Buckeye Health Plan-Next Generation MyCare Ohio member ID card and your Medicare ID card.

- If the provider that is treating you for an emergency takes care of your emergency but thinks that you need other medical care to treat the problem that caused your emergency, the provider must call Buckeye Health Plan.
- Call your Buckeye Health Plan-Next Generation MyCare Ohio PCP (or ask the hospital to call your PCP) as soon as possible. This lets your PCP know the care you received. Your PCP can then take over coordination of your care. You must contact your PCP within 24 hours to arrange follow-up care within the service area with participating providers.
- If the hospital has you stay, please make sure that our plan is called within 24 hours.

Additional Services/Benefits

Additional Services/Benefits

Buckeye Health Plan-Next Generation MyCare Ohio also offers the following extra services and/or benefits to their members.

24-Hour Nurse Advice Line

A 24-hour, toll free phone line through which callers can reach both customer service representatives and bilingual nursing staff. The nurse triage service provides access to a broad range of health-related services including health education, urgent pharmacy re-fills, transportation for treatment, and crisis interventions.

The services listed below are available by contacting 1-855-445-3562 (TTY 711): Say “Nurse” when prompted.

- Medical advice line
- Health information library
- Help in determining where to go for care
- Answers to questions about your health
- Advice about a sick child
- Information about pregnancy
- Advice on how much medicine to give your child

Not sure if you need to go to the emergency room? Sometimes, you may not be sure if you need to go to the Emergency Room. Call the 24-Hour Nurse Advice Line. They can help you decide where to go for care.

Over-The-Counter Benefit

Buckeye Health Plan-Next Generation MyCare Ohio also overs $25 a month toward over-the-counter items from our mail order pharmacy. Members can have items such as vitamins, antacids, first aid supplies, oral care items, and pain relievers delivered free to their home.

For more information on any of these additional benefits we provide, please call MemberServices at 1-855-445-3562 (TTY 711), 8 am to 8 pm, Monday thru Friday.

Transportation

Transportation for non-emergency services (see also "Ambulance and wheelchair van services")

You are covered for 60 one-way trips to plan-approved locations every year. Types of non-emergency transportation includes:

- Wheelchair equipped van
- Taxicab

Please call Member Services or your care coordinator for additional information.

If you **must** travel <30> miles or more from your home to get covered health care services, Buckeye will provide transportation to and from the provider's office.

In addition to the transportation assistance that Buckeye Health Plan-Next Generation MyCare Ohio provides, you can still get help with transportation for certain services through the Non-Emergency Transportation (NET) program. Call your local County Department of Job and Family Services for questions or assistance with NET services.

Waiver Transportation – Limitations and Exceptions

Waiver transportation services and the provider of such services must be identified on the waiver service plan. Waiver transportation services do not include services performed in excess of what is approved pursuant to, and specified on, the individual's waiver service plan.

Non-Covered Services

Services Not Covered by Buckeye Health Plan-Next Generation MyCare Ohio

Buckeye Health Plan-Next Generation MyCare Ohio will not pay for services or supplies received that are not covered by Medicaid. If you have a question about whether a service is covered, please call Member Services at 1-855-445-3562 TTY: 711 Monday through Friday 8 a.m. to 8 p.m.

Services Not Covered by Buckeye Health Plan-Next Generation MyCare Ohio Unless Medically Necessary

Buckeye Health Plan-Next Generation MyCare Ohio will review applicable OAC rules (e.g. 5160-1-61) and conduct a medical necessity review if appropriate. If you have a question about whether a service is covered, please call Member Services at 1-855-445-3562 TTY: 711 Monday through Friday 8 a.m. to 8 p.m.

Buckeye Health Plan-Next Generation MyCare Ohio will not pay for the following services that are not covered by Medicaid **unless determined medically necessary:**

- Abortions except in the case of a reported rape, incest or when medically necessary to save the life of the mother
- Biofeedback services
- All services or supplies that are not medically necessary
- Assisted suicide services, defined as services for the purpose of causing, or assisting to cause, the death of an individual
- Experimental services and procedures, including drugs and equipment, not covered by Medicaid and not in accordance with customary standards of practice
- Infertility services for males or females, including reversal of voluntary sterilizations
- Inpatient treatment to stop using drugs and/or alcohol (in-patient 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

This is not a complete list of the services that are not covered by Medicaid or Buckeye.
If you have a question about whether a service is covered, please call the Member Services at 1-855-445-3562 (TTY:711) Monday thru Friday 8am-8pm.

Frequency Limitations

Your MyCare plan will review all requests for services from your provider. If you have a question about whether a service is covered, please call Member Services at 1-855-445-3562 (TTY:711) Monday thru Friday 8am-8pm.

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 Buckeye Health Plan. You can view our plan's *List of Covered Drugs* on our website at go.wellcare.com/OHBuckeye. You do not have co pays for drugs covered by our plan.

Note: Medicare-covered drugs must be obtained from Medicare. You can join Buckeye Health Plan-Next Generation MyCare Ohio to receive all of your Medicare-covered services, including prescription drugs, from Buckeye Health Plan-Next Generation MyCare Ohio. Contact Member Services at 1-855-445-3562 for more information or the Ohio Medicaid Consumer Hotline at 1-800-324-8680 (www.ohiomh.com) to enroll.

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.

We must approve the request before you can get the medication. Reasons why we may prior authorize a drug include:

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

If we do not approve a prior authorization request for a medication, we will send you information on how you can appeal our decision and your right to a state hearing. You can call Member Services to request information on medications that require prior authorization. You can also look on our website at go.wellcare.com/OHBuckeye. Make sure you are only looking at the drugs with a * symbol. Please note that our list of medications that require prior authorization can change so it is important for you and/or your provider to check this information when you need to fill or refill a medication.

Member Rights

Member Rights

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

- To receive all information and services that our plan must provide.
- To be treated with respect and with regard for your dignity and privacy.
- To be sure that your medical record information will be kept private.
- To be able to discuss medically necessary treatment options for your condition(s), no matter the cost or benefit coverage.
- To be able to participate with practitioners in making decisions relating to your health care.
- To be given information about your health. This information may also be available to someone who you have legally approved to have the information or who you have said should be reached in an emergency when it is not in the best interest of your health to give it to you.
- To be able to take part in decisions about your healthcare. Instances believed to work against your best interest may be overridden.
- To get information on any medical care treatment, given in a way that you understand and can follow.
- To be sure others cannot hear or see you when you are getting medical care.
- To be free from any form of restraint or seclusion used as a means of force, discipline, ease, or revenge as specified in Federal regulations.
- To request, and receive a copy of your medical records, and to be able to ask that a record be changed or corrected if needed.
- To be able to say yes or no to having any information about you given out unless we have to by law.
- To be able to say no to treatment or therapy. If you say no, the doctor or our plan must talk to you about what could happen and must put a note in your medical record about it.
- To be able to file an appeal**,** a grievance (complaint) or state hearing. See page 26 of this handbook for information.

- To be able to get all MCOP-written member information from our plan
  - at no cost to you;
  - in the prevalent non-English languages of members in the MCOP's service area;
  - in other ways, to help with the special needs of members who may have trouble reading the information for any reason.
- To be able to get help, free of charge, from our plan and its providers if you do not speak English or need help in understanding information.
- To be able to get help, free of charge, with sign language if you are hearing impaired.
- To be told if the health care provider is a student and to be able to refuse his/her care.
- To be told of any experimental care and to be able to refuse to be part of the care.
- To make advance directives (that is a living will). See page 39 which explains about advance directives.
- To file any complaint about not following your advance directive with the Ohio Department of Health.
- To be free to carry out your rights and know that the MCOP, the MCOP's providers or the Ohio Department of Medicaid will not hold this against you.
- To know that we must follow all federal and state laws, and other laws about privacy that apply.
- To choose the provider that gives you care whenever possible and appropriate.
- To change your primary care provider (that is your doctor) no more than once a month.
- If you are a female, to be able to go to a woman's health provider in our network for Medicaid covered woman's health services.
- To be able to get a second opinion for Medicaid covered services from a qualified provider in our network. If a qualified provider is not able to see you, we must set up a visit with a provider not in our network at no cost to you.
- To get information about Buckeye Health Plan-Next Generation MyCare Ohio from us.
- To contact the Ohio Department of Medicaid and/or the United States Department of Health and Human Services Office of Civil Rights at the addresses below with any complaint of discrimination based on race, color, religion, gender, gender identity, sexual orientation, age, disability, national origin, military status, genetic information, ancestry, health status or need for health services.

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

The Ohio Department of Medicaid
Office of Human Resources, Employee Relations
P.O. Box 182709
Columbus, Ohio 43218-2709
E-mail: ODM_EmployeeRelations@medicaid.ohio.gov
Fax: (614) 644-1434

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 page 35.

Your Member Responsibilities

Your Membership Responsibilities

As a member of Buckeye Health Plan-Next Generation MyCare Ohio, you also have several responsibilities. They are to learn and understand each right you have under the Medicaid and Medicare programs. That includes the responsibility to:

- Ask questions if you don't understand your rights.
- Make any changes in your health plan and primary care provider in the ways established by the Medicaid and Medicare programs and Buckeye.
- Keep your scheduled appointments.
- Have ID card with you.
- Notify PCP of emergency room treatment.
- Cancel appointments in advance when you can't keep them.
- If Buckeye is providing transportation for you to a medical appointment, you must provide a car seat for any child riding with you if the child is 4 years of age or younger, or if the child weighs less than 40 pounds.
- Always contact your PCP or Buckeye's 24-hour nurse advice line (1-855-445-3562) first for your non-emergency medical needs.
- Only go to the emergency room when you think it is an emergency.
- To share information relating to your health status with your PCP and become fully informed about service and treatment options. That includes the responsibility to:
    - Tell your PCP about your health.
    - Talk to your providers about your healthcare needs and ask questions about the different ways your healthcare problems can be treated.
    - Help your providers get your medical records.
    - Actively participate in decisions relating to safe service and treatment options, make personal choices, and take action to maintain your health. That includes the responsibility to:
        - Work as a team with your provider in deciding what healthcare is best for you.
        - Do the best you can to stay healthy.
        - Treat providers and staff with respect.

Complaints and Appeals

How to Let Buckeye Health Plan-Next Generation MyCare Ohio Know If You Are Unhappy or Do Not Agree With a Decision We Made – Appeals and Grievances

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

Complaints (Also Called Grievances)

If you contact us because you are unhappy with something about Buckeye Health Plan-Next Generation MyCare Ohio 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 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.
- thirty calendar days for all other grievances not about being able to get medical care.

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

You also have the right 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 60 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 that is not covered by *Buckeye Health Plan.*

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

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

If you do not agree with the decision or action listed in the letter, and you contact us **within 60 calendar days** of getting our letter to ask that we change our decision or action, this is called an **appeal**. The 60 calendar day period begins on the day after the mailing date on the letter.

If we have made a decision to reduce, suspend or stop services before you receive all the services that were approved, your letter will tell you how you can keep receiving the services if you choose and when you may have to pay for the services.

Unless we tell you a different date, we must give you an answer to your appeal in writing within 15 calendar days from the date you contacted us. If we do not change our decision or action as a result of your appeal, we will notify you of your right to request a state hearing. **You may only request a state hearing after you have gone through Buckeye Health Plan-Next Generation MyCare Ohio's appeal process.**

How to Contact Our Plan with a Grievance or Appeal

- Call the Member Services Department at 1-855-445-3562, or
- Fill out the form in this handbook, see page 30
- Call the Member Services Department to request they mail you a form, or
- Visit our website at go.wellcare.com/OHBuckeye, 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 Buckeye 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:

Attention: Appeals and Grievances
Buckeye Health Plan-Next Generation MyCare Ohio
4349 Easton Parkway, Suite 120
Columbus, Ohio 43219

Member Services: 1-855-445-3562
TTY: 711

State Hearings

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 make a decision based upon the information given by you and Buckeye Health Plan-Next Generation MyCare Ohio.

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.

How to Request a State Hearing

You may only request a state hearing after you have gone through Buckeye Health Plan's appeal process.

To request a hearing:

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

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

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.

Grievance/Appeals Form

If you wish to file a grievance/appeal, please contact Member Services at 1-855-445-3562 (TTY 711). If you do not have access to a phone, you can complete this form or write a letter that includes the information requested below. **The completed form or your letter should be mailed to:**

Buckeye Health Plan-Next Generation MyCare Ohio
Appeals/Grievance Coordinator
4349 Easton Way, Suite 120
Columbus, OH 43219
Or fax to 1-866-719-5404 following the incident causing the complaint.

Please note: You must provide complete and accurate contact information below so Buckeye can contact you to work with you on resolving your issue.

Name of Member: _____

Address of Member: _____

Phone number of Member: _____

Member MMIS Number: _____

Legal Guardian/Custodial Parent: _____

Has this issue been brought to the attention of a Buckeye employee before? _____

If yes, when? _____ To whom? _____

Nature of Complaint: (Please state all details relating to the incident in question, including names, dates, places, etc. Please attach additional sheets of supporting documentation about your grievance/appeal, if necessary.)

_____

_____

_____

_____

The section below will be completed by Buckeye. Resolution:

_____

_____

_____

_____

Representative: _____ Date: _____

Plan Coverage

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 Member Services and your county caseworker if you have lost health insurance that you had previously reported. Not giving us this information can cause problems with getting care and with bills.

Loss of Insurance Notice (Certificate of Creditable Coverage)

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

Loss of Medicaid Eligibility

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

Automatic Renewal of MCP Membership

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

Ending Your MCP Membership

You live in a MyCare Ohio mandatory enrollment area which means you must select a MyCare Ohio managed care plan unless you meet one of the exceptions listed on page 7. 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 have your Medicaid benefits through Buckeye, you can only end your membership at certain times during the year. You can choose to end your membership during the first three (3) months of your initial membership or during the annual open enrollment month. The Ohio Department of Medicaid will send you something in the mail to let you know when it is your annual open enrollment month. If you live in a MyCare Ohio

mandatory enrollment area, you must choose another MyCare Ohio plan to receive your health care.

If you want to end your membership during the first three months of your membership or open enrollment month you can call the Medicaid Hotline at 1-800-324-8680. TTY users should call Ohio Relay at 7-1-1. You can also submit a request on-line 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). Remember, each health plan has a network of providers you must use. Each health plan also has written information that explains the benefits it offers and the rules you must follow. If you would like written information about a health plan you are thinking of joining or if you simply would like to ask questions about the health plan, you may either call the plan or call the Medicaid Hotline at 1-800-324-8680. TTY users should call Ohio Relay at 7-1-1. You can also find information about the health plans in your area by visiting the Medicaid Hotline website at www.ohiomh.com.

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

You can request to receive both your Medicare and Medicaid benefits from Buckeye and allow us to serve as your single point of contact for all of your Medicare and Medicaid services.

If you would like more information or to request this change you can contact the Medicaid Hotline at 1-800-324-8680. TTY users should call Ohio Relay at 7-1-1.

Ohio Medicaid Hotline: 1-800-324-8680
www.ohiomh.com

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 MyCare Ohio plan and give them a chance to resolve the issue. Requesting a just cause membership termination will not return you to the Medicaid Fee-For-Service (FFS) program, but it may allow you to change your health plan outside of the open enrollment period.

If MyCare Ohio plan cannot resolve the issue, you can ask for a just cause termination at any time if you have one of the following reasons:

1. 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 7-1-1. The Ohio Department of Medicaid will review your request to end your membership for just cause and decide if you meet a just cause reason. You will receive a letter in the mail to tell you if the Ohio Department of Medicaid will end your membership and the date it ends. If you live in a mandatory enrollment area, you will have to choose another managed care plan to receive your health care unless the Ohio Department of Medicaid tells you differently. If your just cause request is denied, the Ohio Department of Medicaid will send you information that explains your state hearing right for appealing the decision.

Things to Keep in Mind If You End Your Membership

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

Continue to use Buckeye Health Plan-Next Generation 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.

If you chose a new health plan and have not received a member ID card before the first day of the month when you are a member of the new plan, call the plan's Member Services Department.

If they are unable to help you, call the Medicaid Hotline at 1-800-324-8680. TTY users should call Ohio Relay at 7-1-1.

If you have chosen a new health plan and have any medical visits 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 have an appointment to see a new doctor, a surgery, blood test or x-ray scheduled and especially if you are pregnant.

Can Buckeye Health Plan-Next Generation MyCare Ohio End My Membership?

Buckeye Health Plan-Next Generation MyCare Ohio may ask the Ohio Department of Medicaid to end your membership for certain reasons. The Ohio Department of Medicaid must okay the request before your membership can be ended.

The reasons that we can ask to end your membership are:

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

Buckeye Health Plan-Next Generation MyCare Ohio provides services to our members because of a contract that our plan has with the Ohio Department of Medicaid**. If you want to contact the Ohio Department of Medicaid you can call or write to:**

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

1-800-324-8680 Monday through Friday 7:00 am to 8:00 pm
and Saturday 8:00 am to 5:00 pm
TTY users should call Ohio Relay at 7-1-1

You can also visit the Ohio Department of Medicaid on the web at: http://www.medicaid.ohio.gov/PROVIDERS/ManagedCare/IntegratingMedicareandMedicaidBenefits.aspx.

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

You can contact Buckeye Health Plan-Next Generation MyCare Ohio to get any other information you want including the structure and operation of our plan and how we pay our providers or if you have any suggestions on things we should change. Please call the Member Services department at 1-855-445-3562, (TTY 711).

Privacy Notice

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Effective January 1, 2022
For help to translate or understand this, please call 1-855-445-3562.
Hearing impaired TTY 711.
Si necesita ayuda para traducir o entender este texto, por favor llame al telefono.
1-855-445-3562, (TTY 711).
Interpreter services are provided free of charge to you.

At Buckeye Health Plan-Next Generation MyCare Ohio your privacy is important to us. We will do all we can to protect your health records. By law, we must protect your health records and send you this notice.

This notice tells you how we use your health records. It describes when we can share your records with others. It explains your rights about the use of your health records. It also tells you how to use those rights and who can see your health records. This notice does not apply to information that does not identify you.

When we talk about your health records in this notice, it includes any information about your past, present or future physical or mental health while you are a member of Buckeye Health Plan. This includes providing health care to you. It also includes payment for your health care while you are our member.

How We Use or Share Your Health Records

Here are ways we may use or share your health records:

- To help pay your medical bills given to us by health care providers.
- To help your health care providers give you the proper care. For example, if you are in the hospital, we may give them your records sent to us by your doctor.
- To help manage your health care. For example, we might talk to your doctor to suggest a disease or wellness program that could help improve your health.
- To help resolve any appeals or grievances filed by you or a health care provider with Buckeye Health Plan or the State of Ohio.
- To assist others who help us provide your health services. We will not share your records with these outside groups unless they agree to protect your records.
- For public health or disaster relief efforts.
- To remind you if you have a doctor's visit coming up.
- To give you information about other health care treatments and programs, such as information on how to stop smoking or lose weight.

State and federal laws may call for us to give your health records to others for the following reasons:

- To state and federal agencies that control us, such as the Ohio Department of Medicaid.
- For public health actions. For example, the Food and Drug Administration may need to check or track medicines and medical device problems.
- To public health groups if we believe there is a serious public health or safety threat.
- To a health agency for certain activities, such as audits, inspections, licensure and disciplinary actions.
- To a court or administrative agency.
- To law enforcement. For example, we may give your records to a law enforcement officer to identify or locate a suspect, fugitive, material witness or missing person.
- To a government person about child abuse, neglect or violence in your home.
- To a coroner or medical examiner to identify a dead person or help find a cause of death or to a funeral director to help them carry out their duties.
- For procurement, banking or transplantation of organs.
- For special government roles, such as military and veteran activities, national security and intelligence activities, and to help protect the President and others.
- Regarding job-related injuries due to your state's worker compensation laws.

If one of the above reasons does not apply, we must get your written approval to use or share your health records with others. If you change your mind, you may stop your written approval at any time.

What Are Your Rights?

The following are your rights about your health records. If you would like to use any of the following rights, please contact us. We can be reached at **1-855-445-3562**.

- ***You have the right to ask us to give your records only to certain people or groups and to say for what reasons.*** You also have the right to ask us to stop your records from being given to family members or others who are involved in your health care. Please note that while we will try to honor your wishes, the law does not make us do so.
- ***You have the right to ask to get confidential communications of your health records.*** For example, if you believe that you would be harmed if we send your records to your current mailing address, you can ask us to send your health records by other means. Other means might be fax or an alternate address.

- ***You have the right to view and obtain a copy of all the records we keep about you in your designated record set.*** This consists of anything we use to make decisions about your health. It includes enrollment, payment, claims processing and medical management records.
- You do not have the right to get certain types health records. We may decide not to give you the following:
    - Information contained in psychotherapy notes.
    - Information collected in reasonable anticipation of, or for use in a civil, criminal or administrative action or proceeding.
    - Information subject to certain federal laws about biological products and clinical laboratories.

In certain situations, we may not let you obtain a copy of your health records. You will be informed in writing. You may have the right to have our action reviewed.

- ***You have the right to ask us to make changes to wrong or incomplete health records we keep about you.*** These changes are known as amendments. We need you to ask for the change in writing. You need to give a reason for your change(s). We will get back to you in writing no later than 60 days after we receive your letter. If we need additional time, we may take up to another 30 days. We will inform you of any delays and the date when we will get back to you.

  If we make your changes, we will let you know they were made. We will also give your changes to others who we know have your health records and to other persons you name. If we choose not to make your changes, we will let you know why in writing. You will have a right to submit a letter disagreeing with us. We
  have a right to answer your letter. You then have the right to ask that your original request for changes, our denial and your second letter disagreeing with us be put with your health records for future disclosures.
- You have the right to receive a list of certain times we have given your health records to others during the past six years. By law, we do not have to give you a list of the following:
    - Any health records collected prior to January 1, 2004.
    - Health records given or used for treatment, payment and health care operations purposes.
    - Health records given to you or others with your written approval.
    - Information that is incidental to a use or disclosure otherwise permitted.
    - Health records given to persons involved in your care or for other notification purposes.
    - Health records used for national security or intelligence purposes.
    - Health records given to correctional institutions, law enforcement officials or health oversight agencies.
    - Health records given or used as part of a limited data set for research, public health or health care operations purposes.

Your request must be in writing. We will act on your request within 60 days. If we need more time, we may take up to another 30 days. Your first list will be free. We will give you one free list every 12 months. If you ask for another list within 12 months, we may charge you a fee. We will tell you the fee in advance and give you a chance to take back your request.

Using Your Rights

You have a right to get a copy of this notice at any time. We reserve the right to change the terms of this notice. Any changes in our privacy practices will apply to all the health records that we keep. If we make changes, we will send a new notice to you.

If you have any questions about this notice or how we use or share your health records, please call. We can be reached at 1-855-445-3562. That office is open 8 am to 8 pm, Monday thru Friday.

If you believe your privacy rights have been violated, you may file a complaint in writing to:

Privacy Official
Buckeye Health Plan-Next Generation MyCare Ohio
Appeals/Grievance Coordinator
4349 Easton Way, Suite 120
Columbus, OH 43219

1-855-445-3562 (TTY 711)

You may also contact the Secretary of the U.S. Department of Health & Human Services:

Office for Civil Rights - Region V
U.S. Department of Health & Human Services
233 N. Michigan Ave., Suite 240
Chicago, IL 60601

1-312-886-2359 (TDD 1-312-353-5693)
1-312-886-1807 FAX
1-866-627-7748
www.hhs.gov/ocr

WE WILL NOT TAKE ANY ACTION AGAINST YOU FOR FILING A COMPLAINT.

Using Advance Directives to State 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 down 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. - 5 p.m.

What Are My Rights?

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 21 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 own 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 own 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 cardio-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 brochure talks 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. This 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.

Advance Directives

What Is the Difference Between a Durable Power of Attorney for Medical Care and a Living Will?

Your Living Will explain, 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.

Your 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?

You, 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 (see below).

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 them 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 directives forms. Ask the person who gave you this brochure 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 any already difficult time. Some examples of organs that can be donated are 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:

- You can state your wishes for organ and/or tissue donation when you obtain or renew your Ohio Driver License or State I.D. Card, or
- 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, Ohio Health Care Association, Ohio Hospice Organization, Ohio Hospital Association, Ohio State Bar Association, and Ohio State Medical Center.

Buckeye Health Plan – MyCare Ohio (Medicare-Medicaid Plan) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Buckeye Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Buckeye Health Plan-Next Generation MyCare Ohio:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact Member Services at 1-855-445-3562 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day.

If you believe that Buckeye Health Plan-Next Generation MyCare Ohio has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance by calling the number above and telling them you need help filing a grievance; Buckeye Health Plan-Next Generation MyCare Ohio Member Services is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800–368–1019, (TDD: 1-800–537–7697).

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

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

ATTENTION: If you speak a language other than English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-844-428-2224 (TTY: 711).

Español ATENCIÓN: Contamos con servicios de asistencia lingüística que se encuentran disponibles para usted de manera gratuita. También se encuentran disponibles de manera gratuita ayudas y servicios auxiliares adecuados para proporcionar información en formatos accesibles. Llame al 1-844-428-2224 (TTY: 711).

יִידיש אויפמערקזאַמקייט: פרייע שפּראַך הילף סערוויסעס זענען פאַר אײַך פאַראַן. פּאַסיקע הילפסמיטלען און סערוויסעס צו צושטעלן אינפאָרמאַציע אין צוגענגלעכע פאָרמאַטן זענען אויך פאַראַן פריי פון אָפּצאָל. רופט 1-844-428-2224 (TTY: 711).

Pennsylvania Deitsch GEB ACHT: Schprooch Helfe sin meeglich mitaus Koscht. Rechtliche Auxiliary Aids un Helfe um Information zu gewwe in helfreiche Formats sin aa meeglich mit aus Koscht. Ruf 1-844-428-2224 (TTY: 711).

简体中文 注意：我们为您提供免费的语言协助服务，同时也可免费提供适当的辅助设施与服务，以便提供无障碍格式的信息。请致电 1-844-428-2224（TTY：711）。

繁體中文 注意：我們爲您提供免費的語言協助服務，還免費提供適當的輔助工具和服務，以無障礙格式提供資訊。請致電 1-844-428-2224 (TTY：711)。

العربية انتباه: تتوفر لك خدمات مساعدة لغوية مجانية. تتوفر كذلك مجانًا مساعِدات وخدمات إضافية ملائمة لتزويد المعلومات بتنسيقات قابلة للوصول إليها. اتصل على الرقم 1-844-428-2224 (TTY: 711).

Deutsch ACHTUNG: Sprachdienstleistungen stehen Ihnen kostenlos zur Verfügung. Geeignete zusätzliche Unterstützung und Dienstleistungen für Informationen in zugänglichen Formaten stehen Ihnen ebenfalls kostenlos zur Verfügung. Rufen Sie folgende Nummer an: 1-844-428-2224 (TTY: 711).

नेपाली ध्यान दिनुहोस्: तपाईंका लागि भाषासम्बन्धी सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छन्। सुलभ फर्म्याटहरूमा जानकारी प्रदान गर्नका निम्ति उचित सहायक सामग्री र सेवाहरू पनि निःशुल्क रूपमा उपलब्ध छन्। 1-844-428-2224 (TTY: 711) मा कल गर्नुहोस्।

तुमच्यासाठी विनामूल्य भाषा सहाय्य सेवा उपलब्ध आहेत. सुलभ स्वरूपात माहिती प्रदान करण्यासाठी योग्य अतिरिक्त मदत आणि सेवादेखील विनामूल्य उपलब्ध आहेत. 1-844-428-2224 (TTY: 711) वर कॉल करा.

አማርኛ ይነበብ፡- ነጻ የቋንቋ እገዛ አገልግሎቶች ለእርስዎ ይገኛሉ። በተጨማሪም አግባብነት ያላቸው ለእርስዎ ተደራሽ በሆኑ ቅርጸቶች መረጃ የሚያቀርቡልዎ አጋዥ መሳሪያዎች እና አገልግሎቶችን ከክፍያ ነጻ ያገኛሉ። ወደ 1-844-428-2224 (TTY: 711) ይደውሉ።

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Soomaali DIGNIIN: Adeegyada kaalmada luqadda bilaashka ah ayaa kuu diyaar ah. Sidoo kale, qalab iyo adeegyo kaabayaal ku habboon ayaa diyaar ah si macluumaadka loogu helo qaabab sahlan oo la heli karo, iyadoo aan wax kharash ah lagaaga qaadin. Wac 1-844-428-2224 (TTY: 711).

Français REMARQUE : des services d'assistance linguistique gratuits sont à votre disposition. Des services et aides pour obtenir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-844-428-2224 (TTY : 711).

Français cadien COMMUNIQUE: Des services d'aide linguistique sans frais sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations en formats accessibles sont également proposés sans frais. Composez le 1-844-428-2224 (TTY : 711).

Yorùbá ÀKÍYÈSÍ: Àwọn iṣẹ́ ìránlọ́wọ́ ti èdè wà nílè fún ọ lọ́fẹ̀ẹ́. Àwọn iṣẹ́ àti àwọn ìrànwọ́ aranníḷọ́wọ́ tóyẹ láti pèsè ìwífúnni ní àwọn ọ̀nà kíkọsílẹ̀ tóṣeé ráàyè sí tún wà nílè bákan náà lọ́fẹ̀ẹ́ láisan owó rárá. Pe 1-844-428-2224 (TTY: 711).

Twi HYƐ NO NSO: Kasa ho mmoa dwumadie ahodoɔ wɔ hɔ ma wo a wontua hwee. Nneɛma a ɛbɛboa wo ama wate nsɛm ne dwumadie ahodoɔ a ɛde nsɛm bɛma wo wɔ akwan bebree so nso wɔ hɔ a wontua hwee. Frɛ 1-844-428-2224 (TTY: 711).

Igbo NLERUANYA: A na-enye gị ọrụ enyemaka asụsụ n'efu. Enyemaka na ọrụ ndị kwesịrị ekwesị iji nye ozi n'ụdị ndị dị mfe inweta dikrawa n'akwụghị ụgwọ. Kpọọ 1-844-428-2224 (TTY: 711).

हिंदी ध्यान दें: आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध हैं. एक्सेस करने योग्य फ़ॉर्मेट में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएं भी निःशुल्क उपलब्ध हैं. 1-844-428-2224 (TTY: 711) पर कॉल करें.

Русский ВНИМАНИЕ! Вам доступны бесплатные услуги языковой поддержки. Вы также можете бесплатно получить соответствующие вспомогательные средства и услуги, направленные на предоставление информации в доступных форматах. Позвоните по номеру 1-844-428-2224 (TTY: 711).

Українська УВАГА! Вам доступні безкоштовні послуги мовної допомоги. Відповідні допоміжні засоби та послуги для надання інформації у доступних форматах також доступні безкоштовно. Зателефонуйте за номером 1-844-428-2224 (TTY: 711).

Tagalog ATENSYON: May mga libreng serbisyo ng tulong sa wika na available para sa inyo. Available din nang libre ang mga naaangkop na karagdagang tulong at serbisyo para makapagbigay ng impormasyon sa mga accessible na format. Tumawag sa 1-844-428-2224 (TTY: 711).

తెలుగు గమనిక: మీకు ఉచిత భాష సంబంధ సహాయక సేవలు అందుబాటులో ఉన్నాయి. యాక్సెస్ చేయదగిన ఫార్మాట్‌లలో సమాచారాన్ని అందించడానికి తగిన సహాయక టూల్‌లు, సేవలు కూడా ఉచితంగా అందుబాటులో ఉన్నాయి. 1-844-428-2224 (TTY: 711) నంబర్‌కి కాల్ చేయండి.

Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy and sexual orientation). **Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan)** does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (including pregnancy and sexual orientation).

Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan)

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages
- If you need these services, contact us at 1-866-549-8289 (TTY: 711). Hours are 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day.

If you believe that **Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan)** has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex (including pregnancy and sexual orientation), you can file a grievance with:

1557 Coordinator
PO Box 31384, Tampa, FL 33631
855-577-8234
TTY: 711
FAX: 866-388-1769
SM_Section1557Coord@centene.com

You can file a grievance by mail, fax, or email. If you need help filing a grievance, our **1557 Coordinator** is available to help you.

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

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)
Complaint forms are available at https://www.hhs.gov/ocr/complaints/index.html

Department of Medicaid

Next Generation MyCare

4349 Easton Way, Suite 120
Columbus, OH 43219

1-855-445-3562
TTY: 711

go.wellcare.com/OHBuckeye

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