

See the table below for the Ohio Medicaid members on your case who were automatically assigned to <AssignedManagedCarePlan>.

Who was enrolled in <AssignedManagedCarePlan>?

- <AssignedRecipientName> <AssignedRecipientID>
- <AssignedRecipientName> <AssignedRecipientID>
- <AssignedRecipientName> <AssignedRecipientID>

Important dates to remember:

Based on when a member selects a plan, the table below details when the next generation plan will be effective.

Plan Choice Date	Plan Effective Date
Now – June 11, 2022	July 1, 2022
June 12, 2022 – July 31, 2022	August 1, 2022
August 1, 2022 – November 30, 2022	1st day of the following month

This means that in 2022, you can change your managed care plan anytime from now to November 30, 2022. If you have concerns about the quality of your healthcare, you can also change your plan at any time for just cause. You can make a just cause request by contacting the Ohio Medicaid Consumer Hotline at (800) 324-8680.

To change your managed care plan or ask questions about your existing plan:



Visit the Ohio Medicaid Consumer Hotline Portal at <https://members.ohiomh.com> where you can login and make a plan selection.



Call the Ohio Medicaid Consumer Hotline at (800) 324-8680. Representatives are available 7 a.m. to 8 p.m. Monday through Friday and 8 a.m. to 5 p.m. on Saturday. They can provide interpreters and explain this notice.

Questions to consider when selecting a managed care plan:

A managed care plan is a private health care insurance company, which works with the Ohio Department of Medicaid, to coordinate your care, provide care management, and provide services to address your health care needs. Because health care is so important, choosing the plan that best fits your health care needs is also important. Here are some questions to consider when choosing your managed care plan:

- Which plan works with all or most of your doctors?
- Which plan works with the hospitals you want to use?
- Which plan offers the extra services you need, such as additional unemployment assistance, access to nutritious foods, education, wellness programs, vision, or dental services?
- Will you have to pay co-pays for dental services, routine eye exams, eyeglasses, mental health, substance use disorder (SUD) benefits, or non-emergency services provided in a hospital emergency department?

To learn more about Ohio Medicaid's next generation managed care plans and what they have to offer, refer to the Ohio Medicaid Next Generation Health Plan Comparison located on www.ohiomh.com.

You may have other questions or concerns that are important to you. You can contact Ohio Medicaid's next generation managed care plans using the information provided in the "To change your managed care plan" section of this letter. They can help you learn more about the providers and extra services each plan offers. You can also use the Find a Provider tool at www.ohiomh.com to find out which providers each plan offers.

Next steps after enrollment:

After the next generation plans go live, your managed care plan will send you your member ID card and a member handbook. Your plan will also give you access to their health care provider directory. You will get health care from doctors and hospitals that work with your plan.

If your doctor does not work with your managed care plan, you can talk to your doctor about becoming part of the plan's network. If you have a medical appointment or a scheduled service and your health care provider does not work with your plan, call your managed care plan right away.