



Mike DeWine, Governor
Jon Husted, Lt. Governor

Maureen M. Corcoran, Director

OHIO DEPARTMENT OF MEDICAID
OHIO MEDICAID CONSUMER HOTLINE
505 SOUTH HIGH STREET
COLUMBUS OH 43215

If you need assistance with this letter, contact us.
Ohio Medicaid Consumer Hotline: (800) 324-8680
Monday - Friday: 7 AM to 8 PM and
Saturday: 8 AM to 5 PM
www.ohiomh.com

<mail_name>
<mail_address_1>
<mail_address_2>
<mail_city>, <mail_state> <mail_zip>-<mail_zip4>

<dte_mailed>

<recip_case_num>

<ATTN: Authorized Representative for> <first_name_recip> <last_name_recip>

MEDICAID MANAGED CARE ENROLLMENT NOTICE

Important information about your Medicaid benefits

You are being enrolled in a Medicaid Managed Care plan.

You were recently determined eligible for Ohio’s Medicaid program. If you want to choose a different plan, you can do so within the first three months of enrollment. Your managed care plan is:<AssignedManagedCarePlan> effective <EffectiveDate>

For more information on your new plan and the benefits and services that are available to you, call <AssignedProviderServicePhoneNumber> or online at <AssignedProviderWebAddress>. Enrollment in <AssignedManagedCarePlan> means that they will provide your Medicaid benefits and you can only see providers that are in their network.

Who was enrolled in <AssignedManagedCarePlan>?

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

50 W. Town Street, Suite 400
Columbus, Ohio 43215
medicaid.ohio.gov

Do I have other choices?

- **Yes.** You have other choices, including:
 - **Keep your assigned managed care plan.** If you are satisfied with the managed care plan that Medicaid assigned to you, you do not have to do anything.
 - **Change your managed care plan.** The other managed care plans are similar to <AssignedHealthPlan>, but may have a different network of health care providers, pharmacies, or include different supplemental benefits and incentives. The other managed care plans available are:

<ProviderName>	<ProviderWebAddress>	<ProviderServicePhoneNumber>
<ProviderName>	<ProviderWebAddress>	<ProviderServicePhoneNumber>
<ProviderName>	<ProviderWebAddress>	<ProviderServicePhoneNumber>
<ProviderName>	<ProviderWebAddress>	<ProviderServicePhoneNumber>

You can change your managed care plan within the first three months after enrollment, during annual open enrollment, or at any time for Just Cause. Any changes in enrollment are effective the first day of the month following your request.

Before making any decisions about your managed care plan, review all of your choices carefully. For assistance with your decision, you can call the Ohio Medicaid Consumer Hotline at **(800)-324-8680**. They can help you identify which managed care plan works with your doctors, pharmacy, and hospital, answer your questions about Medicaid, and change your managed care plan. Representatives are available from 7 a.m. to 8 p.m., Monday through Friday and 8 a.m. to 5 p.m., Saturday or visit www.ohiomh.com.

What is 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 your health care needs. Some of the benefits you will receive at no additional cost are:

- Nurse advice line, available 24 hours a day, 7 days a week.
- Care management to help you coordinate your medical care.

Some managed care plans offer additional benefits, such as:

- Transportation to and from medical and Medicaid renewal appointments.
- No or lower co-pays for prescriptions, dental services, routine eye exams, eye glasses, and non-emergency services provided in a hospital emergency room.

Do I have to be in a managed care plan?

Most individuals on Medicaid must be in a managed care plan. Enrollment is optional if you are a member of a federally recognized Indian tribe or are receiving waiver services from the Ohio Department of Developmental Disabilities.

You cannot enroll in managed care plan if you are enrolled in the Program of All-Inclusive Care for the Elderly (PACE) or are living in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID).

What happens next?

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.

Where can I get more information?

For more information or if you have questions call the Ohio Medicaid Consumer Hotline at 800-324-8680 Monday through Friday 7 a.m. to 8 p.m. and Saturday 8 a.m. to 5 p.m. or online at www.ohiomh.com.