



Mike DeWine, Governor
Jon Husted, Lt. Governor

Department of
Medicaid

Maureen M. Corcoran, Director

**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>



<Date>

<recipient number>

ENROLLMENT REMINDER NOTICE

MyCare Ohio – *Connecting Medicaid & Medicare*

Important Information about your Medicaid and Medicare
benefits

**Important reminder: You're being assigned to a new
health and drug plan. Your new coverage will start on
<Effectivedate>.**

About 30 days ago, the Ohio Department of Medicaid sent
you a notice about important changes to your health and
drug coverage. We did not hear from you to select a
health and drug plan. We will soon enroll you in

<AssignedHealthPlan>

<AssignedHealthPlan> will include your Medicaid,
Medicare, and prescription drug benefits. MyCare Ohio is
designed to help your Medicare and Medicaid benefits
work together and includes new benefits and services that
aren't available to you now.

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

(MyCareReminder) 1

Your new coverage starts <EffectiveDate>

You do not have to do anything. You'll be automatically enrolled in <AssignedHealthPlan>. If you don't make another choice by <date>, your new coverage will start on <effective date>. <Plan name> will send you a new member ID card to use when you need health services. This new card will replace the cards you use now.

For more information about your new plan, to find out what benefits your new plan covers, or to see if you can still see your current doctors, call the Ohio Medicaid Consumer Hotline at (800) 324-8680 Monday through Friday 7 AM to 8 PM and Saturday: 8 AM to 5 PM or visit www.ohiomh.com.

You have other choices

If you **don't** want to be enrolled in <AssignedHealthPlan>, you have other choices, including:

- 1. Keep your current Medicare coverage.** Call the Hotline and tell them you don't want <AssignedHealthPlan> to provide your Medicare benefits. Medicare will maintain your current coverage.

2. **Enroll in a different plan.** Call the Hotline and tell them you don't want to be in <AssignedHealthPlan> and you want to enroll in a different plan.
3. Call by <date> to make sure you get your plan materials in time for the start of your coverage.

Note: You can leave your MyCare Ohio plan that provides the Medicare portion of your coverage at any time and choose another plan. But once you leave the MyCare Ohio plan, there are limits for when you can join or leave other types of Medicare plans. Call 1-800-Medicare for more information about your Medicare enrollment options.

What should you do now?

- Review all of your choices carefully before making any decisions about your health care coverage. To talk about your choices, call the Ohio Medicaid Consumer Hotline at (800) 324-8680 Monday through Friday 7 AM to 8 PM and Saturday: 8 AM to 5 PM or visit www.ohiomh.com.
- **Decide which option is best for you:**
 - **To enroll in <AssignedHealthPlan>**, you don't have to do anything.
 - **To choose another option** (see your list of choices above), call the Hotline by <date>.

- **If you don't call and choose another health option by <date>, you'll be automatically enrolled in <AssignedHealthPlan>.**

Get more information:

- The Office of the State Long-term Care Ombudsman advocates for consumers receiving long-term services and supports. For MyCare Ohio members, help with concerns about any aspect of care is available through the MyCare Ohio Ombudsman. Help is available to gather information about your options, resolve disputes with providers, protect rights and file complaints or appeals with any health plan. Contact an ombudsman by calling **(800) 282-1206** (TTY Ohio Relay Service: (800) 750-0750), Monday through Friday 8 a.m. to 5 p.m. You can also contact an ombudsman by emailing MyCareOmbudsman@age.ohio.gov.
- If you have questions about Medicare plans in your area, visit www.Medicare.gov, or call toll-free number 1-800-MEDICARE (1-800-633-4227) 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Notice of Nondiscrimination

The Ohio Department of Medicaid complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Ohio Department of Medicaid does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The Ohio Department of Medicaid:

- 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 the Ohio Medicaid Consumer Hotline at 800-324-8680.

If you believe that Ohio Medicaid 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 with:

Ohio Department of Medicaid
P.O. Box 182709
Columbus, Ohio 43218-2709
614-466-4693

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 www.hhs.gov/ocr/office/file/index.html

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-324-8680. (TTY: 711).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-324-8680. (TTY: 711).

Chinese: 注意：如果你说中文,可以免費獲得語言援助服務。請電 1-800-324-8680 (TTY: 711)。

German: ACHTUNG: Wenn Sie Deutsch sprechen, koennen Sie kostenlos Hilfe fuer Sprachen zur Verfuegung haben. 1 800-324-8680 (TTY 711).

Arabic: (TTY: 711) 1-800-324-8680

ملاحظة : إذا كنت تتحدث العربية , سيكون بإمكانك استخدام خدمة المساعدة اللغوية المتاحة مجاناً من خلال الاتصال بالرقم التالي

Pennsylvanian Dutch: Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kannsch du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-324-8680. (TTY: 711).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-324-8680. (телетайп: 711).

French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-324-8680. (TTY: 711).

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, chúng tôi có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-324-8680. (TTY: 711).

Cushite: XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-324-8680. (TTY: 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-324-8680 (TTY: 711) 번으로 전화해 주십시오.

Italian: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-324-8680. (TTY: 711).

Japanese: 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-324-8680（TTY: 711）まで、お電話にてご連絡ください。

Dutch: AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel: 1-800-324-8680. (TTY: 711).

Ukrainian: УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-800-324-8680. (телетайп: 711).

Romanian: ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-800-324-8680. (TTY: 711).

Somali: DIGTOONI: Haddii aad ku hadasho Af Soomaali, adeegyada caawimada luqadda, oo lacag la'aan ah, ayaa lagu heli karaa adiga. Wac 1-800-324-8680. (TTY: 711).

Nepali: !यान iदनuहोस्: तपाईं01 2पा3ी बो6नu789 भ2 तपाईं0को नन<तत भाषा सहायता >वाह@ नान:Bu6क @पमा उप3Eध 9 । फोन गनuुहोस् 1-800-324-8680 (iदांdवाई: 711) ।