



Department of Medicaid

Medicaid Managed Care Enrollment Request Form

COMPLETE THIS FORM AND MAIL TO:

Ohio Medicaid Consumer Hotline
505 South High Street, Suite 200
Columbus, Ohio 43215
or **FAX TO:** (614) 280-0977
QUESTIONS? Call (800) 324-8680

1. Choose the Medicaid managed care plan you wish to enroll in:

[Check the box next to the plan you are selecting]

AmeriHealth Anthem Buckeye CareSource Humana Molina United

2. Your information

[Please fill in the spaces below. Be sure to print clearly.]

| | | |
|---------------------------------|-----------|--|
| Your Name [first, middle, last] | | Medicaid Id or Social Security Number: |
| Home address: | | |
| City: | Zip Code: | County: |
| Emergency contact name: | | Emergency contact phone number: |

3. Tell us where you usually get health services:

[Please print clearly.]

| | |
|---|----------------------|
| Name of primary care provider, clinic, or health center | |
| Primary care doctor phone number: | |
| Current medical conditions: | |
| Scheduled medical appointments or treatment: | Date of appointment: |

Your signature: _____ Date: _____

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 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.

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?

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.

Where can I get more information?

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.