

Ohio Department of Medicaid
Ohio Medicaid Consumer Hotline
505 South High Street
Columbus, OH 43215

If you need assistance with this form, contact us.

Ohio Medicaid Consumer Hotline: (800) 324-8680
Monday - Friday: 7a.m. to 8p.m. and Saturday: 8a.m to 5p.m.
Aquí se habla español.

<http://www.ohiomh.com>

Any Sample
12545 Street
SAMPLE, OH 12345-1234

06/17/2014

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MyCare Ohio – *Connecting Medicaid & Medicare*

Important information about your Medicaid and Medicare benefits

ENROLLMENT NOTICE

Our records show that you receive both Medicaid **and** Medicare benefits.

To help improve the way your benefits work together, you must enroll in a MyCare Ohio managed care plan. The plan you select will provide your Medicaid and Medicare health benefits.

The plans in your area are:

AETNA BETTER HEALTH INC	http://www.aetnabetterhealth.com/ohio	(855) 364-0974
MOLINA HEALTHCARE OF OHIO INC	http://www.molinahealthcare.com/duals	(855) 665-4623

Please call the Ohio Medicaid Consumer Hotline at **(800) 324-8680** or visit the enrollment website at www.ohiomh.com. Representatives are available from 7 a.m. to 8 p.m. Monday through Friday and 8 a.m. to 5 p.m., Saturday. They can help you identify which MyCare Ohio plan includes your doctor, pharmacy, or hospital in their network.

If you do not wish to receive your Medicare benefits from the MyCare Ohio plan, tell a customer service representative at the Ohio Medicaid Consumer Hotline and you can continue to receive your Medicare benefits the way you do today. Your Medicaid benefits will be provided by the plan you choose.

We hope you will choose to get both your Medicare and Medicaid benefits from one of the MyCare Ohio plans. Choosing this option will make coordination between the two programs easier for you and your health care providers.

Do you want help?

If you want help reading or understanding this notice, please phone the Ohio Medicaid Consumer Hotline. They can provide interpreters, explain the contents of the notice, have it printed in certain other languages, or provide it in other ways.

What is MyCare Ohio?

MyCare Ohio is a managed care program that will coordinate physical, behavioral, and long-term care services for individuals age 18 and older, who are eligible for both Medicaid and Medicare. This includes people with disabilities, older adults, and individuals who receive behavioral health services.

Here are some of the benefits you will receive **at no additional cost** by enrolling with a **MyCare Ohio** plan:

- You will have access to a **Nurse Advice line** available **24 hours a day, 7 days a week**, which will offer immediate assistance with your health care questions and concerns.
- You will have a **care team**, which will include you, your family, your doctor(s), your MyCare Ohio health plan and anyone else you choose to help you make decisions about your health care.

In addition, if you choose to have a MyCare Ohio plan provide **both** your Medicaid **and** Medicare benefits:

- You will have a MyCare Ohio plan to serve as your **single point of contact** for all of your Medicare and Medicaid services.
- You will have a **single ID card** for all of your Medicare and Medicaid Services.

Who is eligible to enroll in a MyCare Ohio plan?

You are eligible and must enroll in a MyCare Ohio plan if you:

- live in one of the following counties: Butler, Clark, Clermont, Clinton, Columbiana, Cuyahoga, Delaware, Franklin, Fulton, Geauga, Greene, Hamilton, Lake, Lorain, Lucas, Madison, Mahoning, Medina, Montgomery, Ottawa, Pickaway, Portage, Stark, Summit, Trumbull, Union, Warren, Wayne, or Wood.
- have Medicare Parts A, B and D.
- have full Medicaid coverage.
- are 18 years of age or older at time of enrollment.

You cannot enroll in a MyCare Ohio plan if you:

- have a delayed Medicaid spenddown.
- have other third party creditable health care coverage except for Medicare.
- have intellectual or other developmental disabilities and receive services through a waiver or Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID).
- are enrolled in PACE (Program for All-Inclusive Care for the Elderly).

Additionally, you have the option not to enroll in a MyCare Ohio plan if you:

- are a member of a federally recognized Indian tribe.
- have been determined by the County Board of Developmental Disabilities to qualify for their services.
- are 18 years of age and receiving foster care or adoption assistance under Title IV-E, in foster care or an out-of-home placement, or receiving services through the Ohio Department of Health’s Bureau for Children with Medical Handicaps (BCMh).

If you believe that you meet any of the above criteria, please contact the Ohio Medicaid Consumer Hotline at 800-324-8680 or www.ohiomh.com for assistance.

Will I have any cost after I enroll in a MyCare Ohio plan?

There is no additional premium or deductible with MyCare Ohio. If you currently pay your Part B premium for Medicare, or have a spend-down or patient liability for your Medicaid benefits, you will continue to be responsible for those expenses.

You may have a copayment for some outpatient prescription drugs.

What should I consider before I choose a MyCare Ohio plan?

Because your health care is so important, choosing the plan that best fits your needs is also important. Here are some questions to ask before making your choice:

- 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 transportation, vision, or dental services, etc.)?

For answers to these and any other questions you have, call the Ohio Medicaid Consumer Hotline or visit www.ohiomh.com. You may also contact the plans directly if you have questions.

What happens after I choose a MyCare Ohio plan?

After you have made a choice, the plan you have selected will mail your member ID card and a handbook.

After a transition period, you will get health care from doctors and hospitals who work with your plan. If the doctors or hospitals you use do not work with the plan you choose, you can talk with your doctor and the plan about your doctor becoming a part of your plan's network.

If the doctor or hospital does not want to work with your plan, after a transition period, you may have to change doctors or hospitals.

If you receive **both** Medicaid and Medicare services from your plan, you may change your plan each month.

If you receive **only** Medicaid benefits through your plan, you may **only** make a change within the first three months (90 days) after you enroll, during the annual open enrollment period, or at other times for just cause.

As a member of a MyCare Ohio plan, you have the option to:

- Go to certain doctors, clinics, or other health care professionals without getting a referral from your provider as explained in your member handbook.
- Ask your plan for help getting health care, finding a doctor, making an appointment, getting a referral, or arranging transportation.
- Go to doctors, clinics, or other health care professionals who do not work with the plan for emergency care.
- Change your primary care doctor by calling your plan.
- Apply for the Non-Emergency Transportation (NET) program at your local county department of job and family services for transportation to Medicaid-covered services.

How will my MyCare Ohio plan provide my health care?

Your MyCare Ohio plan's member handbook will provide the following information about how to get health care through your MyCare Ohio plan.

You may also call the MyCare Ohio plan's member services toll-free number, or go to their website for answers to your questions, such as:

- What health care services are available to you?
- How do you get health care services?
- When is prior authorization required?
- How you get health care in an emergency?
- When can you go to a doctor, hospital, or other provider that does not work with your plan?
- How do you get a referral for specialty care or other services not provided by your primary doctor?
- How do you get post emergency health care services?
- How can you get information about benefits from doctors, clinics, hospitals, or other health care professionals who do not work with your plan?
- Where do you go to get information about a living will or a health care power of attorney?

What happens if I am approved or scheduled to get health care when I join a MyCare Ohio Plan and my doctor or care provider does not work with the plan?

Call your MyCare Ohio plan right away, before you receive the care.

What are the responsibilities of the MyCare Ohio plan I choose?

Your plan must:

- Provide you with all the same medically necessary health care that Medicaid and Medicare cover.
- Give you a member handbook that explains how to get health care and the plan's guidelines.
- Give you an identification card to use every time you get health care. You will not get a Medicaid card after you are a plan member.
- Give you a directory of all doctors, specialists, hospitals, pharmacies and other health care professionals who work with the plan. You can get this information on your plan's website.
- Have a toll-free member services line to help you and answer your questions.
- Have a toll-free medical advice phone line that is open 24 hours a day, seven days a week.

- Have free translation services available for you if you do not speak English.
- Allow you to change your primary care doctor.
- Allow you file a complaint if you are unhappy with your health care services.
- Help coordinate care if you have special health care needs.
- Work with doctors, specialists, hospitals, and other health care professionals in your area and make sure that you can get quality care when you need it.
- Have a contract with Medicare and the Ohio Department of Medicaid to provide health care to you.
- Provide annual physical exams.
- Provide medically necessary transportation.
- Provide non-emergency transportation if you must travel 30 miles or more to see MyCare Ohio plan-authorized providers and you ask the plan to provide transportation.

What are my responsibilities as a member of a MyCare Ohio plan?

As a member of your plan, you must:

- Choose one of the plan's providers as your primary care doctor and agree to see your primary care doctor or the providers he or she refers you to.
- Follow all the rules in your plan's member handbook. Read it as soon as you get it. Keep it in a safe place.
- Receive your health care through the doctors, specialists, hospitals, pharmacies and other health care professionals that are in your plan's provider panel, after a transition period.
- Tell your county caseworker and your plan right away about address changes so they can send you important information about your health care and your benefits.

Where can I get more information?

Call the Ohio Medicaid Consumer Hotline toll-free at 800 324-8680 or visit www.ohiomh.com. If you have questions about Medicare, you can call 1-800-MEDICARE (1-800-633-4227) 24 hours a day, 7 days a week or visit <http://www.medicare.gov>. TTY users should call 1-877-486-2048.