

IMPORTANT NOTICE

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OHIO DEPARTMENT OF JOB AND FAMILY SERVICES
HEALTH CARE SELECTION SERVICES CENTER
505 SOUTH HIGH STREET
COLUMBUS, OHIO 43215

TEST A NOTICE
9999 ANYSTREET

YOUNGSTOWN OH 44501-0000

Mailing Date: 01/14/2009 Case Number: 555555555/MA P/01 AG Name: TEST A NOTICE

**You are eligible for health coverage under Medicaid.
You must choose a managed care plan (MCP) by 01/21/2009.**

We recently determined that some or all of your family are eligible for Medicaid health coverage under Healthy Start, Healthy Families, Transitional, or Covered Families and Children.

You will be receiving your Medicaid health care through a managed care plan (MCP). You must now choose an MCP in your region. If you do not tell us your choice by the 01/21/2009 deadline, we will choose an MCP for you.

Your region is SOUTHEAST. The MCP in your region is CareSource.

By the 01/21/2009 deadline, you must phone the Managed Care Enrollment Center toll-free at 1-800-605-3040 or TDD/TTY 1-800-292-3572, Monday through Friday, 8 a.m. to 8 p.m. They will tell you about doctors and hospitals that work with the MCPs, answer your questions, and help you join an MCP. You may also get more information and join an MCP by visiting www.ohiomcec.com on the internet.

Please read the rest of this notice to learn more about your choices. Please keep this notice in a safe place so you can use it again in the future.

KEEP READING >>>

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Do you want help?

If you want help reading or understanding this notice, please phone the Managed Care Enrollment Center. They can provide interpreters, explain this notice, may have it printed in certain other languages, or provide it in other ways.

What is a Managed Care Plan (MCP)?

An MCP is a private health care insurance company that contracts with the state to provide all the medically necessary health care you can get with an Ohio Medicaid card. But there are some important differences. For example, an MCP must provide certain extra health care, such as:

- * A toll-free medical advice phone line that is open 24 hours a day every day
- * Help coordinating care for individuals with special health care needs
- * Annual physical exams for adults

Some MCPs may also choose to provide other services and benefits, such as:

- * Transportation to medical appointments and Medicaid redetermination appointments
- * No or lower co-payments (Individuals who use an Ohio Medicaid card may have co-payments for dental services, routine eye examinations, eye glasses, and non-emergency services provided in a hospital emergency room.)

Other differences are explained on the rest of this notice.

Can anyone who is eligible for "Medicaid under Healthy Start, Healthy Families, Transitional, or Covered Families and Children" join an MCP?

No. You cannot join an MCP if you are eligible for Medicare. If you are eligible for Medicare, please phone the Managed Care Enrollment Center right away and tell them.

Children under nineteen (19) years of age have the option of being an MCP member if they are:

- * Eligible for Supplemental Security Income (SSI) under Title XVI,
- * Receiving foster care or adoption assistance under Title IV-E,
- * In foster care or out-of-home placement, or
- * Receiving services through the Ohio Department of Health's Bureau for Children with Medical Handicaps (BCMh)

If you are a member of a federally recognized Indian tribe, you may join an MCP if you choose to do so, but we will not require you to join one. If you fit in any of the groups above, please phone the Managed Care Enrollment Center right away and tell them.

What happens when you join an MCP?

Your MCP will send you their member identification card and member handbook. You will get health care from doctors and hospitals who work with your MCP. You should choose an MCP that has most of the doctors and hospitals you want to use. If the doctors or hospitals you have been using do not work with your MCP, you will have to change doctors or hospitals. If you decide later you want to change MCPs, you can do so only: during the first 3 months you are enrolled in your MCP; if we decide you have just cause; or during the next open enrollment month. In your region, the open enrollment month is November.

What happens when you join an MCP but you are already approved or scheduled to get health care from a doctor or hospital who does not work with your new MCP?

You must phone the member services office of your new MCP before you receive the health care. You may be able to receive the following health care from a doctor or hospital who does not work with your MCP:

- * Organ, bone marrow, or hematopoietic stem cell transplant
- * Inpatient/outpatient surgery
- * Appointment with a specialty physician in the first month of MCP membership
- * Chemotherapy or radiation treatment
- * Third trimester prenatal (pregnancy) care, including delivery
- * Treatment plan related to a hospital discharge within the last 30 days
- * Durable medical equipment

Your MCP must offer to pay them. If the doctor or hospital agree to the payment, they can provide the above health care. If they do not agree to the payment, your MCP will help you find another doctor or hospital that can provide the health care to you.

What should you consider before joining an MCP?

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

- * Which MCP offers all or most of the doctors you want to go to?
- * Which MCP offers the hospitals you want to use?
- * Which MCP offers the extra services you want (for example additional transportation, vision or dental services, immunization and prenatal programs etc.)?
- * Will you have to pay co-payments for dental services, routine eye exams, eye glasses, or non-emergency services provided in a hospital emergency room?

For answers to these and other questions, you may phone the Managed Care Enrollment Center or visit them at www.ohiomcec.com on the internet. You may also contact the MCPs in your region using the contact information below:

MCP:
CareSource

Telephone: 1-800-488-0134

Website: www.caresource-ohio.com



How do you obtain health care through your MCP?

Your MCP's member handbook provides the following information about how you get health care through your MCP. You may also phone your MCP's member services phone line to ask questions.

- * What health care services are available to you?
- * How do you get health care services?
- * When is prior authorization required?
- * How do you get health care during the evenings, weekends and in an emergency?
- * When can you go to a doctor, hospital, or other provider that does not work with your MCP without a referral from your primary care provider (PCP)?
- * How do you get a referral for specialty care or other services not provided by your PCP?
- * How can you get information about post-stabilization care services (certain services received in the emergency room after your emergency has been stabilized)?
- * How can you get information about benefits (for example, family planning services) from providers who are not in the MCP?
- * How can you get information about advance directives (for example, a living will or a durable power of attorney for health care)?
- * How can you get information about your rights and responsibilities?

What else should you know about getting your Medicaid health care through an MCP?

Your MCP must:

- * Provide you with all the same medically necessary health care that is covered by Medicaid.
- * Give you a member handbook that explains how to get health care through the MCP, and the rules you must follow when getting health care. Read the handbook as soon as you get it.
- * Give you a member identification card to use every time you get health care. You will not get an Ohio Medicaid card after you are an MCP member.
- * Give you a directory of all doctors, specialists, hospitals, and other health care professionals who are in the MCP, that lists their addresses and telephone numbers, and whether they will see you as a new patient. You can also see this information on your MCP's member 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 every day.
- * Have translation services when needed if you do not speak English.
- * Allow you to change your primary care provider (PCP) at least monthly by phoning the MCP.
- * Help you file a complaint or request a state hearing if you are unhappy with your health care services.



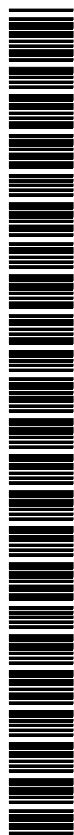
- * Help coordinate care for individuals with special health care needs.
- * Have contracts with doctors, specialists, hospitals, and other health care professionals in your region, and make sure that you can get quality care when you need it.
- * Have a provider agreement with the Ohio Department of Job and Family Services to provide health care to you.
- * Provide annual physical exams for adults.
- * Provide medically necessary emergency or non-emergency ambulance transportation to Medicaid covered services.
- * Provide medically necessary non-emergency ambulette transportation to Medicaid covered services.
- * Provide non-emergency transportation if you must travel 30 miles or more to see MCP-authorized providers and you ask the MCP to provide transportation.

As an MCP member you must:

- * Choose one of the MCP's providers as your primary care provider (PCP) and agree to see your PCP or the providers to whom your PCP refers you.
- * Follow all the rules in your MCP member handbook. Keep it in a safe place.
- * Get your health care through the doctors, specialists, hospitals, and other health care professionals that are in your MCP's provider directory, except under certain circumstances (see options below).
- * Tell your MCP and your county caseworker right away about your address changes so they can send you important information about your health care and your benefits.

As an MCP member you have the option to:

- * Go to certain providers without being sent by, or getting a referral from, your PCP as explained in your member handbook.
- * Go to any pharmacy that accepts Ohio Medicaid to get your prescription drugs and some prescription medical supplies (diabetic supplies, inhaler spacers, peak flow meters, syringes, needles, alcohol wipes, and condoms). You may have to pay a co-payment for some prescription drugs.
- * Ask the MCP for help getting health care, such as help finding a doctor, making an appointment, getting a referral, or arranging transportation.
- * Go to providers who are not in the MCP for emergency care, or for health care provided by certain other providers (federally qualified health centers/rural health clinics, family planning providers listed in your MCP's provider directory, community mental health centers, and Ohio Department of Alcohol and Drug Addiction Services facilities, that are Medicaid providers).
- * Change to a different MCP by phoning the Managed Care Enrollment Center at any time during the first three months you are a member, annually during your region's open enrollment month, or at other times for just cause.
- * Change your PCP by phoning the MCP member services line.
- * Apply for the Non-Emergency Transportation (NET) program at your local county department of job and family services for transportation to Medicaid-covered services.



Where can you get more information?

You may phone the Managed Care Enrollment Center, toll-free at 1-800-605-3040 or TDD/TTY 1-800-292-3572, Monday through Friday, 8:00 a.m. to 8:00 p.m. You may visit them at www.ohiomcec.com on the internet.



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