

**ECM members will receive an Enhanced Care Management (ECM) monthly Medicaid card (see sample card) that allows them to receive all regular Medicaid fee-for-service benefits that they currently receive. For physicians and other providers who serve ECM members, the fee-for-service payment is identical to the current fee-for-service system where the provider renders the service and subsequently bills Medicaid. ECM members must show their ECM monthly Medicaid card each time they see a health care provider or get medical services. ECM members can also use this card to receive case management services when such services are arranged through their enhanced care management plan (ECMP). Health care provider offices can call the Medicaid Interactive Voice Response System at 1-800-686-1516 to confirm that the ECM member is a current Medicaid consumer.**

**Your new  
ECM Card  
is attached below.**

**Please tear off the card.  
Sign and keep the card.**

**Carry your card with you all the time  
so you can get medical care,  
even in an emergency.**

**For help call the Consumer Hotline  
at 1-800-324-8680  
or TDD 1-800-292-3572.**

**Messages:**

**LEAD POISONING CAN HARM YOUR CHILD!  
LEARN ABOUT LEAD POISONING PREVENTION AND LEAD TESTING  
REQUIREMENTS AT:  
<http://www.state.oh.us/odjfs/ohp/0001consumers.stm>**

Tear on Perforation

Tear on Perforation

**Notice to the Consumer:** Please carry this card at all times and present this card whenever you request Medical Services. If this card is lost or stolen, contact the county department of Job and Family Services at once.

**Explanation of the ECM Program:** This individual receives care management services in addition to all services through the Medicaid Program. Questions regarding ECM should be directed to ODJFS, Bureau of Managed Health Care, 30 E. Broad Street, Columbus, Ohio 43266-0423, or contact the ECM Plan listed on the insider of this card.

**Notice to Providers of Medical Services:** If there is evidence of tampering or if card is mutilated contact the local department of Job and Family Services. Check "Void After Date" to be sure client is eligible for service. Questions regarding claim for services should be directed to the Ohio Department of Job and Family Services, Interactive Voice Response System (IVR) at 1-800-686-1516, or the Provider Network Management Section at 1-800-686-6108, Option 1.

**Note:** Use the billing number for all claim submissions. THIS INDIVIDUAL IS NOT SUBJECT TO CO-PAYS.

**Consumer's Signature:**

Fold

County

Case/Category/Sequence

Eligibility Begin Date

Void After Date

**ECM Medicaid**

Enhanced Care  
Management Program

Ohio Department of Job and Family Services  
Consumer Hotline - 1-800-324-8680  
or TDD 1-800-292-3572

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Mailing Address

Print Sequence No.

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Billing Number

Eligible Individual

Date of Birth

Medicare Number

TPL - Other Insurance Codes

Fold

ECM Plan Name

ECM 24 hour Nurse Helpline

**ECM Medicaid**

Enhanced Care Management Program

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