

OHIO MEDICAID MANAGED CARE ENROLLMENT CENTER

MCP Enrollment/Enrollment Change Form

Case Information

Case Number	Cat/Seq (AG)	Last Name	First Name	Init
Phone Number	Social Security No.	Street & Misc Address		City
Zip Code	County	Interpreter Services Required?:	Language:	

Enrollment Information

Type	Old MCP (If any)	New MCP	Reason (If a Change)

Assistance Group Member(s) Information - Section A

Member Name Last	First	Relation- ship	Sex	Date of Birth	Billing Number	Desired PCP/Hospital	Current Patient?	Language

Assistance Group Member(s) Information - Section B

Member Name Last	First	Under Age 21 Code(s) See Back of Form	Scheduled Medical Service or Ongoing Treatment(s)	Date(s) Scheduled Services or Treatment	Provider & Location of Scheduled Services

Name and Policy Number of Other Insurance Coverage(s):

Emergency Contact Information

Name	Relationship	Home Phone	Work Phone

Health Care Enrollment Conditions

As conditions of my assistance group's membership in a managed care plan, I understand and agree that:

- A. While my assistance group is members of a managed care plan (MCP) all services must be obtained from medical providers that are part of the MCP's provider panel;
- B. My assistance group's Primary Care Physician(s) (PCP) must provide all medical care, except in cases of emergency, or with a referral from the PCP, or at certain other times when a self-referral is allowed, and that more information about services and referrals will be outlined in the MCP's member handbook;
- C. All members of my assistance group and any member that is added to my assistance group must be members of the same MCP;
- D. If I am in a voluntary or mandatory county I can ask to change my health care enrollment: 1) during the initial three (3) months of MCP membership, 2) during my county's Open Enrollment month, or 3) for Just Cause. Also, if my assistance group loses eligibility for health care and eligibility is regained within 60 days that my assistance group will be placed back in the same MCP.
- E. I can call the Enrollment Center at 1-800-605-3040 and speak with a health care enrollment counselor about changing my assistance group's medical coverage. I will receive a notice letting me know when the change will occur. The members of my assistance group will continue to receive services through our current MCP until a new MCP identification care is issued (or, if appropriate, I (we) are returned to regular Medicaid.
- F. If I have other insurance I understand that my MCP will co-ordinate benefits with my other medical insurer;
- G. I will allow my MCP to receive and release, as needed, all medical and financial records so that my MCP can coordinate medical care for myself and the other members of my assistance group;
- H. I will allow my MCP to release all medical and financial records that are needed to agencies that are responsible for investigating fraud or collecting payment from those who are responsible for the cost of medical care, which resulted from injury, disease, or disability to myself, or other members of my assistance group. I agree to cooperate in this effort;
- I. The MCP can request to delay the effective date of membership of any member of my assistance group who is hospitalized prior to the effective date of membership and who remains hospitalized on the effective date of membership. The other members of my assistance group's membership will not change.

Any person, who with the intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, is guilty of insurance fraud.

- Codes: A- Asthma
B- Receiving services through the Bureau of Children with Medical Handicaps
C- Have a Chronic Physical, Emotion or Mental Condition for which you receive treatment or counseling
S- Receiving SSI (Supplemental Security Income)