**Chapter 2: Important phone numbers and resources**

Introduction

This chapter gives you contact information for important resources that can help you answer your questions about <plan name>, the State of Ohio, Medicare, and your health care benefits. You can also use this chapter to get information about how to contact your care manager and others that can advocate on your behalf. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

[*If applicable, plans should modify this chapter to include contact information for other health services.*]

[*Plans should refer members to other parts of the handbook using the appropriate chapter number, section, and/or page number. For example, "refer to Chapter 9, Section A, page 1." An instruction* [*plans may insert reference, as applicable*] *is listed next to each cross reference throughout the handbook.*]

[*Plans must update the Table of Contents to this document to accurately reflect where the information is found on each page after plan adds plan-customized information to this template.*]

Table of Contents

[A. How to contact <plan name> Member Services 3](#_Toc134442414)

[A1. When to contact Member Services: 3](#_Toc134442415)

[B. How to contact your Care Manager 6](#_Toc134442416)

[C. How to contact the 24-Hour Nurse Advice Call Line 7](#_Toc134442417)

[C1. When to contact the Nurse Advice Call Line 7](#_Toc134442418)

[D. How to contact the 24-Hour Behavioral Health Crisis Line 8](#_Toc134442419)

[D1. When to contact the Behavioral Health Crisis Line 8](#_Toc134442420)

[E. How to contact the Quality Improvement Organization (QIO) 9](#_Toc134442421)

[E1. When to contact Livanta 9](#_Toc134442422)

[F. How to contact Medicare 10](#_Toc134442423)

[G. How to contact the Ohio Department of Medicaid 11](#_Toc134442424)

[H. How to contact the MyCare Ohio Ombudsman 12](#_Toc134442425)

[I. Other resources 13](#_Toc134442426)

# How to contact <plan name> Member Services

| Contact Type |  |
| --- | --- |
| **CALL** | <Phone number(s)> This call is free.  <Days and hours of operation> [*Include information on the use of alternative technologies.*]  We have free interpreter services for people who do not speak English. |
| **TTY** | <TTY phone number> This call is free.  [*Insert if the plan uses a direct TTY number:* This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.]  <Days and hours of operation (must be the same as above)> |
| **FAX** | [*Fax number is optional.*] |
| **WRITE** | <Mailing address>  If you are sending us an appeal or complaint, you can use the form in Chapter 9 [*plans may insert reference, as applicable*]. You can also write a letter telling us about your question, problem, complaint, or appeal. |
| **EMAIL** | [*Email address is optional.*] |
| **WEBSITE** | <Web address> |

## A1. When to contact Member Services:

* questions about the plan
* questions about claims or billing from providers
* member Identification (ID) Cards
* Let us know if you didn’t get your Member ID Card or you lost your Member ID Card.
* finding network providers
* This includes questions about finding or changing your primary care provider (PCP).
* getting long-term services and supports
* In some cases, you can get help with daily health care and basic living needs. If it is determined necessary by Ohio Medicaidand <plan name>, you may be able to get assisted living, homemaker, personal care, meals, adaptive equipment, emergency response, and other services.
* understanding the information in your *Member Handbook*
* recommendations for things you think we should change
* other information about <plan name>
* You can ask for more information about our plan, including information regarding the structure and operation of <plan name> and any physician incentive plans we operate.

[*If plans have different numbers for the functions listed below, plans should insert separate charts with the additional contact information.*]

* coverage decisions about your health care and drugs
* A coverage decision is a decision about:
* your benefits and covered services and drugs, **or**
* the amount we will pay for your health services and drugs.
* Call us if you have questions about a coverage decision.
* To learn more about coverage decisions, refer to Chapter 9 [*plans may insert reference, as applicable*].
* appeals about your health care and drugs
* An appeal is a formal way of asking us to review a decision we made about your coverage and asking us to change it if you think we made a mistake.
* To learn more about making an appeal, refer to Chapter 9 [*plans may insert reference, as applicable*].
* complaints about your health care and drugs
* You can make a complaint about us or any provider or pharmacy. You can also make a complaint to us or to the Quality Improvement Organization about the quality of the care you received (refer to Section E below [*plans may insert reference, as applicable*]).
* If your complaint is about a coverage decision about your health care or drugs, you can make an appeal (refer to the section above [*plans may insert reference, as applicable*]).
* You can send a complaint about <plan name> right to Medicare. You can use an online form at [www.medicare.gov/MedicareComplaintForm/home.aspx](http://www.medicare.gov/MedicareComplaintForm/home.aspx). Or you can call 1-800-MEDICARE (1-800-633-4227) to ask for help.
* You can send a complaint about <plan name> directly to Ohio Medicaid. Call 1‑800-324-8680. This call is free. Refer to page <page number> for other ways to contact Ohio Medicaid.
* You can send a complaint about <plan name> to the MyCare Ohio Ombudsman. Call 1-800-282-1206. This call is free.
* To learn more about making a complaint, refer to Chapter 9 [*plans may insert reference, as applicable*].
* payment for health care or drugs you already paid for

[*Plans with an arrangement with the state may add language to reflect that the organization is not allowed to reimburse members for Medicaid-covered benefits. Plans adding this language should include reference to the plan’s Member Services.*]

* For more on how to ask us to assist you with a service you paid for or to pay a bill you got, refer to Chapter 7 [*plans may insert reference, as applicable*].
* If you ask us to pay a bill and we deny any part of your request, you can appeal our decision. Refer to Chapter 9 [*plans may insert reference, as applicable*] for more on appeals.

# How to contact your Care Manager

[*Plans should include information explaining what a care manager is, how members can get a care manager, how they can contact the care manager, and how they can change their care manager.*]

| Contact Type |  |
| --- | --- |
| **CALL** | <Phone number(s)> This call is free.  The care manager call line is available 24 hours a day, 7 days a week, 365 days a year. [*Include information on the use of alternative technologies.*]  We have free interpreter services for people who do not speak English. |
| **TTY** | <TTY phone number> This call is free.  [*Insert if the plan uses a direct TTY number:* This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.]  <Days and hours of operation (must be the same as above)> |
| **FAX** | [*Fax number is optional.*] |
| **WRITE** | <Mailing address> |
| **EMAIL** | [*Email address is optional.*] |
| **WEBSITE** | [*Web address is optional.*] |

# How to contact the 24-Hour Nurse Advice Call Line

[*Plans should include a brief description and information about what the Nurse Advice Call Line is, including the name for the plan’s line if different.*]

| Contact Type |  |
| --- | --- |
| **CALL** | <Phone number(s)> This call is free.  The <nurse advice call line name> is available 24 hours a day, 7 days a week, 365 days a year. [*Include information on the use of alternative technologies.*]  We have free interpreter services for people who do not speak English. |
| **TTY** | <TTY phone number> This call is free.  [*Insert if the plan uses a direct TTY number:* This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.]  <Days and hours of operation (must be the same as above)> |

## C1. When to contact the Nurse Advice Call Line

* questions about your health care

# How to contact the 24-Hour Behavioral Health Crisis Line

[*Plans should include information about what the behavioral health crisis line is.* *If plans include a Behavioral Health Crisis Line, they should also briefly describe what it is.*]

|  |  |
| --- | --- |
| Contact Type |  |
| **CALL** | <Phone number(s)> This call is free.  The Behavioral Health Crisis Line is available 24 hours a day, 7 days a week, 365 days a year. [*Include information on the use of alternative technologies.*]  We have free interpreter services for people who do not speak English. |
| **TTY** | <TTY phone number> This call is free.  [*Insert if the plan uses a direct TTY number:* This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.]  <Days and hours of operation (must be same as above)> |

## D1. When to contact the Behavioral Health Crisis Line

* questions about behavioral health services
* [*Insert when applicable:* questions about substance use disorder services]

# How to contact the Quality Improvement Organization (QIO)

An organization called Livanta serves as Ohio’s QIO. This is a group of doctors and other health care professionals who help improve the quality of care for people with Medicare.Livanta is not connected with our plan.

| Contact Type |  |
| --- | --- |
| **CALL** | 1-888-524-9900 |
| **TTY** | 1-888-985-8775  This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it. |
| **WRITE** | 10820 Guilford Rd., Suite 202  Annapolis Junction, MD 20701 |
| **EMAIL** | [*Email address is optional.*] |
| **WEBSITE** | [www.livantaqio.com](http://www.livantaqio.com) |

## E1. When to contact Livanta

* questions about your health care
* You can make a complaint about the care you got if you:
  + - have a problem with the quality of care,
    - think your hospital stay is ending too soon, **or**
    - think your home health care, skilled nursing facility care, or comprehensive outpatient rehabilitation facility (CORF) services are ending too soon.

# How to contact Medicare

Medicare is the federal health insurance program for people 65 years of age or older, some people under age 65 with disabilities, and people with end-stage renal disease (permanent kidney failure requiring dialysis or a kidney transplant).

The federal agency in charge of Medicare is the Centers for Medicare & Medicaid Services, or CMS.

|  |  |
| --- | --- |
| Contact Type |  |
| **CALL** | 1-800-MEDICARE (1-800-633-4227)  Calls to this number are free, 24 hours a day, 7 days a week. |
| **TTY** | 1-877-486-2048 This call is free.  This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it. |
| **WEBSITE** | [www.medicare.gov](http://www.medicare.gov)  This is the official website for Medicare. It gives you up-to-date information about Medicare. It also has information about hospitals, nursing homes, doctors, home health agencies, dialysis facilities, inpatient rehabilitation facilities, and hospices.  It includes helpful websites and phone numbers. It also has booklets you can print right from your computer. If you don’t have a computer, your local library or senior center may be able to help you visit this website using their computer. Or, you can call Medicare at the number above and tell them what you are looking for. They will find the information on the website, print it out, and send it to you. |

# How to contact the Ohio Department of Medicaid

Medicaid helps with medical and long-term services and supports costs for people with limited incomes and resources. Ohio Medicaid pays for Medicare premiums for certain people, and pays for Medicare deductibles, co-insurance and copays except for prescriptions. Medicaid covers long-term care services such as home and community-based “waiver” services and assisted living services and long-term nursing home care. It also covers dental and vision services.

You are enrolled in Medicare and in Medicaid. <Plan name> provides your Medicaid covered services through a provider agreement with Ohio Medicaid. If you have questions about the help you get from Medicaid, call the Ohio Medicaid Hotline.

| 0 |  |
| --- | --- |
| **CALL** | 1-800-324-8680 This call is free.  The Ohio Medicaid Hotline is available Monday through Friday from 7:00 am to 8:00 pm and Saturday from 8:00 am to 5:00 pm. |
| **TTY** | 1-800-292-3572 This call is free.  This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.  The Ohio Medicaid TTY number is available Monday through Friday from 7:00 am to 8:00 pm, and Saturday from 8:00 am to 5:00 pm. |
| **WRITE** | Ohio Department of Medicaid  Bureau of Managed Care  50 W. Town Street, Suite 400  Columbus, Ohio 43215 |
| **EMAIL** | [bmhc@medicaid.ohio.gov](mailto:bmhc@medicaid.ohio.gov) |
| **WEBSITE** | [www.medicaid.ohio.gov/provider/ManagedCare](https://medicaid.ohio.gov/resources-for-providers/managed-care/managed-care) |

You may also contact your local County Department of Job and Family Services if you have questions or need to submit changes to your address, income, or other insurance. Contact information is available online at: [jfs.ohio.gov/County/County\_Directory.pdf](https://jfs.ohio.gov/County/County_Directory.pdf).

# How to contact the MyCare Ohio Ombudsman

The MyCare Ohio Ombudsman works as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do. The MyCare Ohio Ombudsman also helps with concerns about any aspect of care. Help is available to resolve disputes with providers, protect rights, and file complaints or appeals with our plan.

The MyCare Ohio Ombudsman works together with the Office of the State Long-term Care Ombudsman, which advocates for consumers getting long-term services and supports. The MyCare Ohio Ombudsman is not connected with our plan or with any insurance company or health plan. Their services are free.

| Contact Type |  |
| --- | --- |
| **CALL** | 1-800-282-1206 This call is free.  The MyCare Ohio Ombudsman is available Monday through Friday from 8:00 am to 5:00 pm. |
| **TTY** | Ohio Relay Service: 1-800-750-0750 This call is free.  This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it. |
| **WRITE** | Ohio Department of Aging  Attn: MyCare Ohio Ombudsman  246 N. High Street, 1st Floor  Columbus, Ohio 43215-2406 |
| **WEBSITE** | [www.aging.ohio.gov/wps/portal/gov/aging/care-and-living/get-help/get-an-advocate/my-care-ohio-ombudsman](https://aging.ohio.gov/care-and-living/get-help/get-an-advocate/my-care-ohio-ombudsman)  You can submit an online complaint at: [aging.ohio.gov/Contact](https://aging.ohio.gov/about-us/contact-us). |

# Other resources

[*Plans may insert this section to provide additional information resources, such as county aging and disability resource centers, choice counselors, enrollment brokers, or area agencies on aging. Plans should format consistently with other sections and include a brief description and information about any other resources they add.*]