

**The secure email should include:**

- Medicaid ID (if on Medicaid)
- Social Security Number
- Qualifying Diagnosis
- Monthly Social Security Income
- Name
- Address
- Telephone number
- Gender
- Whether the individual is scheduled for any surgeries related to his or her diagnosed chronic conditions, and the
- Provider type making the referral

ODM will then connect the person to an assigned recovery manager to begin program enrollment. Please note that ODM **will not** accept incomplete referrals.

**Directions for Establishing a Secure E-mail Connection with Ohio Medicaid:**

1. Access the State's secure e-mail system: <https://web1.zixmail.net/s/login?b=oit>. (Please Note: Providers can only use the State secure e-mail system to send secure e-mail to State of Ohio e-mail addresses.)
2. Click the "Register" button at the bottom center of the page.
3. Follow the registration directions and establish an account.
4. Log-in and use the "Compose" tab to send an SRS referral e-mail or attach a completed SRS referral template to: [BHCP@medicaid.ohio.gov](mailto:BHCP@medicaid.ohio.gov)