

Ohio

Department of
Medicaid

COVID-19 Public Health Emergency Unwinding

Communications Partner Packet



Overview

In March 2020, the Ohio Department of Medicaid (ODM) made a number of operational changes to its Medicaid program in response to the COVID-19 public health emergency (PHE). This included taking advantage of the flexibilities offered to states such as increasing service limits for home- and community-based waiver services, expanding telehealth, and adding Health Care Isolation Centers (HCICs) as a nursing facility benefit to name just a few. Additionally, with the passage of the Families First Coronavirus Response Act (FFCRA), the federal government provided states with an enhanced federal matching rate (eFMAP) of 6.2%. In exchange, states were prohibited from disenrolling members from Medicaid, even if they were found to be ineligible. This was to ensure members did not lose vital healthcare coverage during the pandemic.

Once the federal government declares the end of the PHE, the eFMAP will go away and states will once again resume normal eligibility operations which will result in some Medicaid members being disenrolled from the program.

While some renewals can be completed without a need to contact the member, some renewals will **require members to respond to mail** from their County Department of Job and Family Services (CDJFS).

It is imperative that Medicaid members **ensure their contact information is up to date, watch for mail from their CDJFS, and respond to requests for information.** If members do not respond to renewal letters or requests for information, they run the risk of losing their healthcare coverage, even if they are still eligible.

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Key Messages

The materials and templates included in this toolkit are the best way for you to help prepare Medicaid members for the end of the public health emergency (PHE) and any actions they need to take. If you prefer to create your own communications, use the following key messages to ensure the information you share is simple, direct, and accurate.

You will receive another Partner Packet with updated messaging and materials for continued outreach to Medicaid members after the PHE ends.

If they don't already have one, Medicaid members are strongly encouraged to create an Ohio Benefits Self-Service Portal (SSP) account as soon as possible at <https://ssp.benefits.ohio.gov>. This is the most convenient way for Medicaid members to complete a renewal or report any changes to their information. Through their SSP account, members can also easily check the status of their benefits.

Update their contact information. Any time a Medicaid member's information changes, they should let their County Department of Job and Family Services (CDJFS) know. Make sure the CDJFS has their current contact information. Contact information includes: name, residential address, mailing address (if different from home address), phone number, and email address.

Medicaid members can update their contact information by:

- **Calling 1-800-324-8680.** Help is available Monday through Friday, 8 a.m.-8 p.m. and Saturday 8 a.m.-5 p.m. ET.
- Members with an existing Ohio Benefits Self-Service Portal (SSP) account can **report changes online** at <https://ssp.benefits.ohio.gov>. After logging in, they should click the Access my Benefits tile, then click Report a Change to my Case from the drop down and follow the prompts.
- **Contacting their County Department of Job and Family Services (CDJFS).** Ohio Medicaid members can find their CDJFS by selecting their county from the dropdown at <https://medicaid.ohio.gov/home/update-contact-info/select-county-dropdown>.

- **Checking their mail.** The CDJFS mails letters to members when it is time to renew or when Medicaid needs more information from them to continue their healthcare coverage. Members should watch for mail from their CDJFS.
- **Responding to requests for information.** If members get a letter telling them it is time to renew, or that their CDJFS needs more information, they should be sure to respond. Their CDJFS needs to hear from them to review their Medicaid eligibility.

Other important messages:

- In-person help is available to Medicaid members at their County Department of Job and Family Services (CDJFS). They can find their CDJFS by selecting their county from the dropdown at <https://medicaid.ohio.gov/home/update-contact-info/select-county-dropdown>.
- If a Medicaid member has been notified they no longer qualify for Medicaid, they may be able to buy low-cost health coverage through the federally facilitated Marketplace at Healthcare.gov. If they need help understanding their options, trained, licensed healthcare Navigators are available at no cost to them. Contact Get Covered Ohio for free, unbiased assistance. Go to www.getcoveredohio.org or call 1-833-628-4467. Navigators can help in-person, online, or over the phone.
- Medicaid members can ask to be represented by someone of their choosing to serve as their proxy in the application and renewal processes and decisions regarding their Medicaid coverage. These member-selected individuals serve as an “authorized representative” and must be age 18 or older and able to stand in their place. Members are asked to submit a written statement naming the authorized representative and the duties he or she may perform on the member’s behalf. The form to designate an authorized representative may be found on the [Ohio Medicaid website](#). With this authorization, all notices and correspondence issued by Medicaid will be issued to both the member and the authorized representative.

How To Use This Toolkit

In anticipation of the end of the COVID-19 public health emergency (PHE), and the ensuing activities that will occur at both the state and local level, ODM created this toolkit to provide information and guidance to anyone who interacts with Medicaid members. This includes healthcare providers, teachers, advocates, elected officials, professional associations, community organizations, day care facilities, schools, churches, retail locations, and others in order to prepare members for the resumption of eligibility reviews.

This toolkit includes templates and materials you can use to inform Medicaid members about steps they can take to maintain their healthcare coverage:

- **Drop-In Article** – brief story suitable for use on websites and in newsletters and bulletins.
- **Flyer** – a printable flyer, great for posting in your business location or distributing by including it in packaging (such as attached to prescription medicine bags) or as a handout.
- **Medicaid Member Mail** – direct messaging that is suitable in an email or U.S. postal format.
- **On-Hold Messages** – messaging to be provided to Medicaid members when on-hold about the impending COVID-19 PHE end and ways they can best be prepared.
- **Social Media** – graphic posts that can be used on your own social media accounts.
- **Text Messages** – short reminder messages to encourage updating contact information.

If you have any questions about the contents of this partner packet or additional requests, please submit an inquiry by visiting ODM's [Contact Us](#) page.

Communication Materials

Drop In Article (continues on next page)



Department of
Medicaid

Important changes coming for Ohio Medicaid Members!

Once the federal government declares an end to the COVID-19 public health emergency (PHE), Medicaid will resume its normal eligibility review process. This means that all eligible Medicaid **members will have to renew their Medicaid coverage** or risk losing it.

While some renewals can be completed without a need to contact the member, some renewals **will require members to respond to mail** from their County Department of Job and Family Services (CDJFS) regarding their Medicaid eligibility.

To prepare for this process, Medicaid members are encouraged to:

Update their contact information with their CDJFS. When it's time to renew, or if Medicaid needs more information to continue a member's coverage, the CDJFS sends a letter. Make address changes by logging on to Benefits.Ohio.gov or by calling 1-800-324-8680. Help is available Monday through Friday, 8 a.m.-8 p.m. and Saturday 8 a.m.-5 p.m. ET.

Check their mail and respond to requests for information from their CDJFS.

Any member who gets a letter stating that it is time to renew, or that their CDJFS needs more information, should respond right away. The CDJFS needs to hear from members to review their Medicaid eligibility. Members who do not respond to renewal letters or requests for information risk losing their coverage, even if they are eligible.

Members can manage their Medicaid account, complete renewals, upload documents, and find out the status of their coverage by logging into their Ohio Benefits Self-Service Portal account at sps.benefits.ohio.gov.

They can find out more information by calling 1-800-324-8680 or by contacting their local CDJFS. Ohio Medicaid members can find their CDJFS by selecting their county from the dropdown at <https://medicaid.ohio.gov/home/update-contact-info/select-county-dropdown>.

Flyer – See the attached full-page flyer on the following page.

Attention Medicaid Members!



Don't risk losing your health coverage.

Keep your address and phone number up to date.







**Call us today at 1-800-324-8680, or
visit us online at benefits.ohio.gov**



Don't miss important updates about your health insurance.

If you get a letter in the mail, follow the instructions and respond.

Social Media

Text	Image
<p>Are you an Ohio Medicaid member? Be sure your contact information is up to date, so you don't miss important updates about your health insurance. If you get a letter from Medicaid or your County DJFS, be sure to respond. Visit ssp.benefits.ohio.gov or call 1-800-324-8680 to update your contact information.</p>	
<p>Keeping your address up to date with Medicaid helps us get you the important information you need about your healthcare coverage. You can update your address online by visiting Benefits.ohio.gov or by calling Medicaid Customer Service toll free at 1-800-324-8680 Monday through Friday, 8 a.m.-8 p.m. and Saturday 8 a.m.-5 p.m. ET</p>	
<p>Ohio Medicaid needs your contact information. Otherwise, you may miss important updates about your health insurance and risk losing coverage. Visit ssp.benefits.ohio.gov or call 1-800-324-8680 to update your contact information today.</p>	
<p>If you receive health coverage through Ohio Medicaid, make sure your contact information is correct. If your account has old information, you may miss important letters and risk losing your coverage. Visit ssp.benefits.ohio.gov or call 1-800-324-8680 to update your contact information.</p>	

**Is your mailing
address up to date?**
Be sure that Ohio
Medicaid has your current
mailing address.



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**Don't miss
this letter.**

Be sure that Ohio
Medicaid has your
current mailing address.

Text Messages

- Did you know? If you do not respond to renewal letters or requests for information from your County Department of Family Services (CDJFS), you can lose your coverage even if you are eligible. Watch your mail for anything from your CDJFS and be sure to follow the instructions in the letter.
- If your health coverage is with Ohio Medicaid, be sure your contact information is up to date. If your County Department of Family Services (CDJFS) doesn't have your address, you may miss important letters and you could lose your coverage. You can call 1-800-324-8680 to learn more.
- If your health coverage is with Ohio Medicaid, be sure your contact information is up to date. To learn more, you can contact your County Department of Job and Family Services (CDJFS). Find your local CDJFS by selecting your county from the dropdown at <https://medicaid.ohio.gov/home/update-contact-info/select-county-dropdown>.
- If you're an Ohio Medicaid member, please log in to or create an account at ssp.benefits.ohio.gov and make sure your phone number, email address, and mailing address are up to date. Your County Department of Job and Family Services (CDJFS) needs to hear from you to review your Medicaid eligibility.
- Reminder: If you receive a letter from your County Department of Job and Family Services (CDJFS) telling you it's time to renew, or they need more information, be sure to respond. Your CDJFS needs to hear from you to review your Medicaid eligibility.

Medicaid Member Mail (continues to next page)

Re: Important healthcare coverage information for Medicaid Members

The end of the COVID-19 public health emergency will bring changes for Ohio Medicaid members. Read the information below to ensure you're prepared and don't experience a gap in your coverage.

How does the public health emergency (PHE) effect my Medicaid?

In March 2020, the Ohio Department of Medicaid made a number of operational changes to its Medicaid program in response to the COVID-19 public health emergency (PHE). This included taking advantage of the flexibilities offered to states such as increasing service limits for home and community-based waiver services, expanding telehealth, and adding Health Care Isolation Centers (HCICs) as a nursing facility benefit to name just a few. Additionally, most Medicaid disenrollments were stopped. This was to ensure members did not lose vital healthcare coverage during the pandemic. When the COVID-19 PHE ends, **members will have to renew their Medicaid coverage** and eligibility for all members will have to be reviewed.

What do I need to do?

Watch for any mail from your County Department of Job and Family Services (CDJFS). It is important that you respond to all requests for information. If you get a letter telling you that it's time to renew, or that your CDJFS needs more information, be sure to respond.

- **Make sure your contact information is up to date.** You can make changes to your address, telephone number, and email address by logging on to Benefits.ohio.gov or by calling Medicaid customer service at **1-800-324-8680**.

- **Check your mail and respond to requests for information** from your County Department of Job and Family Services (CDJFS). If you get a letter telling you it is time to renew, or that your CDJFS needs more information, be sure to respond right away. You should also let your CDJFS know any time your information changes. If you move or any other information changes, you need to update that information.

Where can I find more information?

- You can manage your Medicaid account, complete your renewal, upload documents, and find out the status of your coverage online at [Benefits.ohio.gov](https://benefits.ohio.gov).
- You can call **1-800-324-8680**. Assistance is available Monday through Friday, 8 a.m.-8 p.m. and Saturday 8 a.m.-5 p.m. ET.
- You can also contact your County Department of Job and Family Services (CDJFS). Find your local CDJFS by selecting your county from the dropdown at <https://medicaid.ohio.gov/home/update-contact-info/select-county-dropdown>.

On-Hold Message

On-hold messages: These on-hold messages can be used to deliver information to members while they are on hold or being transferred.

Option 1:

If you or someone in your family has health insurance through Ohio Medicaid, you may need to provide information to keep your coverage. Make sure your County Department of Job and Family Services (CDJFS) has your most up to date contact information. Check your mail and respond right away to any requests for information from your CDJFS. Members who do not respond to renewal letters or requests for information risk losing their coverage, even if they are eligible.

Option 2:

Did you know? If you do not respond to renewal letters or requests for information, you could lose your Medicaid coverage even if you are eligible. Please ensure your contact information is up to date, watch your mail for anything from your County Department of Job and Family Services, and be sure to follow the instructions in the letter carefully and respond right away.