

Resuming Routine Eligibility Operations: Frequently Asked Questions (FAQ) for Members

Updated as of 03/27/2023

Resuming Routine Eligibility Operations

1) What does it mean that Ohio will now resume routine eligibility operations, and what does it have to do with me?

“Routine eligibility operations” refers to Ohio Medicaid’s annual redetermination of member eligibility. Every man, woman and child receiving healthcare coverage through a state Medicaid program must prove their eligibility annually through a process called “Medicaid renewal” or “Medicaid redetermination.” However, since the start of the COVID-19 pandemic, states have not formally conducted nor enforced renewal findings (ended coverage for those found ineligible) in exchange for much needed federal funding to manage the healthcare crisis. “Routine eligibility operations” refers to that annual renewal effort

In December 2022, Congress passed the Consolidated Appropriations Act, 2023 (CAA) that, among other things, required Medicaid agencies to return to normal operations. This includes conducting annual eligibility renewals to confirm enrollees meet state and federal enrollment qualifications. In February, Ohio Medicaid joined other states in beginning annual renewals, which will cause people who no longer qualify to be disenrolled. In April 2023, the first round of discontinuance notices will be mailed to those who are no longer eligible.

2) I want to keep my Medicaid health coverage. What steps do I need to take now?

- Make sure your **contact information is up to date**. If we can't reach you, you risk missing an important deadline and losing your coverage. There are a few ways you can update your information. You should let your County Department of Job and Family Services (CDJFS) know any time your contact information changes. You can make changes to your name, residential address, mailing address (if different from your home address), phone number, and email address by logging onto benefits.ohio.gov or by calling 844-640-6446.
- **Check your mail and respond** to renewal packets and requests for information from your CDJFS or your Managed Care Plan. If you get a letter telling you to renew, or that your CDJFS needs more information, be sure to respond right away.
- If you learn you are no longer eligible for Medicaid coverage, you have options. Losing healthcare coverage is considered a Qualifying Life Event (QLE), which allows you to enroll in a Marketplace plan accessible through healthcare.gov outside of the Open Enrollment Period. If you need help understanding your options, trained, licensed

insurance navigators are available at no cost to you. Contact Get Covered Ohio to receive free, unbiased assistance. Go to getcoveredohio.org or call 833-628-4467. Insurance navigators can help in-person, online, or over the phone.

Renewing Medicaid Coverage

3) What is a Medicaid renewal packet?

The Medicaid renewal packet is a **pre-populated** form that lists information you have previously provided about your household, income, and other details to determine your Medicaid eligibility. Please review the packet and confirm the information is correct.

If you receive a renewal packet, you must complete and return it by the deadline specified in the packet **even if there are no changes**.

An example of a blank renewal packet can be found on the [ODM Resuming Routine Medicaid Eligibility Operations webpage](#).

You can find the due date on the first page of the renewal packet. For reference, an example photo of a renewal form is below with the deadline highlighted in blue.

Ohio
Medicaid Renewal Form

Notice Dates:
Respond By:
Case Number.

Questions? Ask your worker.
TDD - For the
Hearing Impaired: 7-1-1
Phone: (844)640-6446
Phone Hours: (M-F) 7AM – 6PM (Sat) 8AM – 5PM (Sun) Closed

It is time to renew your Medicaid coverage.
If you receive Medicaid, Medicare Premium Assistance, Long Term Care, or Waiver services, you must respond to this notice to renew those services.

If you are unable to read English and need this form translated into your preferred language, contact your case worker. Please call the number listed above for assistance.

Si no puede leer inglés y necesita este formulario traducido a su idioma preferido, póngase en contacto con el trabajador a cargo de su caso. Por favor llame al número mencionado arriba para asistencia.

Haddii aanad awood u lahayn in aad akhrido oo aad u baahantahay in loo turjumo foomkan luqadda aad doorbidayso, la xidhiidh shaqaalaha kiiskaaga. Fadlan wac lambarka kor ku qoran wixii caawimo ah.

You Can Renew Your Medicaid in any one of these ways

- **Online:** If you have an online account, go to ssp.benefits.ohio.gov, logon and click on Renew My Benefits
- **By mail:** Complete this form and mail it to your local County Department of Job and Family Services (CDJFS)*.
- **In person:** Visit your local CDJFS*
- **By phone:** (844)640-6446

*Find the address to your local office at: jfs.ohio.gov/county/county_directory.pdf

How to complete this renewal form

1. Answer all of the questions on the form. If you do not have all of the information asked for, still sign and submit this form.
2. Add any missing information. If any information has changed, cross out the old information and write in the new information. If you need more space to provide additional information about yourself or someone in your household or on your tax return, print copies of the page or write the information on a separate sheet of paper and attach it to this form.
3. Sign the form on page 9.
- 4. Respond to this form by . If you do not respond to this form by the deadline, you will lose your Medicaid coverage.**

What we need
Information about each person living in your household or listed on your tax return including employer and income information, for example: information from pay stubs, W-2 forms, or wage and tax statements AND policy numbers for any current health insurance.

What happens next?
We will process your renewal. If you do not hear from us in 1-2 weeks, call (844) 640-6446

If you, someone in your household or on your tax return is not already on Medicaid and would like to apply for health insurance, a new application must be completed. You can apply online at healthcare.gov or benefits.ohio.gov or by calling (844)640-6446 or in person at your local CDJFS.

4) **When will I receive a Medicaid renewal packet?**

Not every Medicaid member will receive a renewal packet. The state will first attempt to renew your coverage without contacting you. About sixty days before your enrollment anniversary, Ohio Medicaid will try to confirm your eligibility through an automated process that scans specific federal systems and databases for information on income, household, assets, and more. This process is called "ex parte" renewal.

If you are determined to be eligible through ex parte renewal, you will not receive a renewal packet. Instead, you will receive a letter confirming your reenrollment but not a renewal packet.

If the state is unable to verify your eligibility via ex parte renewal, a renewal packet will be mailed 30 days before your renewal date, prompting you to go through the renewal process. Make sure your contact information is up to date, so the renewal packet gets sent to you at the correct address.

You should complete the renewal packet for every family member enrolled in Medicaid, note all changes, and provide new information as needed. You may be asked to provide additional information if you've experienced a change, such as proof of income and resources, proof of citizenship or non-citizen status (only if it has changed), and pregnancy status, if applicable.

5) **How do I renew my Medicaid coverage?**

There are multiple ways to renew your coverage. Individuals who were not able to have their Medicaid renewed using information known, or available to, the state will receive a pre-populated renewal packet in the mail and in their existing Self-Service Portal (SSP) account. Your completed renewal packet(s) can be returned in any of the following ways:

- **In-person or by mail** by returning your completed and signed renewal packet to your local CDJFS office. You can find contact information for your CDJFS by choosing your county from the dropdown at: medicaid.ohio.gov/dropdown.
- **Over the phone** by calling 1-844-640-6466, Monday through Friday 8 a.m. to 4 p.m. ET.
- **Online** through the Ohio Benefits eligibility portal. Visit ssp.benefits.ohio.gov *only if you have already created a Self-Service Portal account*. Otherwise, you must submit the renewal through one of the methods listed above. Even if you can't complete your renewal in the Self-Service Portal, you can still use your account to report changes and upload documents.

For additional questions on renewing your Medicaid coverage, call 800-324-8680, Monday through Friday 8 am. to 4 p.m. ET.

6) How will I know my renewal date?

You will receive a letter from your CDJFS and/or your Managed Care Plan with this information, approximately 30 days before the month your renewal is due.

In order to receive this notice, please make sure your contact information is up to date.

7) What if I miss the due date to return my renewal packet?

Send in your renewal packet even if the due date has passed. If you are eligible but miss the deadline, you have 90 days to reenroll without needing to submit a new application.

If you are discontinued from Medicaid coverage because you did not respond to requests for information, the process of sending in your renewal packet to try to reinstate your Medicaid coverage is called reenrollment. To reenroll, you can contact your local CDJFS or call 844-640-6446. Assistance is available by phone Monday through Friday 8 a.m. to 4 p.m. ET.

8) Who can I contact if I need a translated renewal packet?

If a member is unable to read English and needs the renewal packet translated into their preferred language, call 844-640-6446 for assistance.

Medicaid Eligibility

9) How will I know if I will no longer be covered by Medicaid?

Fifteen days prior to the date your coverage ends, you will receive a Notice of Action letter explaining who in your household is eligible or ineligible and for what reason.

10) Why would my coverage be discontinued?

There are several reasons why you or someone in your household may have your Medicaid coverage discontinued.

You (or someone in your household) may be notified that your Medicaid coverage is being discontinued because you no longer meet the eligibility criteria. Common reasons include

- having income that exceeds the income limit for your family size
- living outside of the state of Ohio
- for programs that have a resource requirement, having countable resources that are higher than the allowable resource limit.

Eligibility criteria, including income, are different for specific Medicaid categories. Learn more about the financial requirements of eligibility categories or view examples of financial eligibility by visiting the Ohio Medicaid website at: medicaid.ohio.gov/families-and-individuals/coverage/who-qualifies.

Alternatively, you (or someone in your household) may be notified that your Medicaid coverage is being discontinued because you did not respond to requests for additional information by the due date. As noted in Question 6, you should still send in your renewal

packet or the requested verifications even if the due date has passed. Eligible members whose coverage has been discontinued for failing to respond have 90 days to reenroll in Medicaid without needing to submit a new application.

To reenroll, you can contact your local CDJFS or call 844-640-6446 (assistance is available Monday through Friday 8 a.m. to 4 p.m. ET).

11) Is my child or dependent eligible for coverage even if I am not?

Children may be eligible for coverage even if their parent/legal guardian is no longer eligible.

Ohio Medicaid offers a program called "Healthy Start" that is available to insured or uninsured children (up to age 19) in families with income up to 156% of the federal poverty level (FPL). The Children's Health Insurance Program (CHIP) is also available to uninsured children (up to age 19) in families with income up to 206% of the federal poverty level. To estimate your household's potential eligibility for Medicaid, CHIP, or other health insurance programs, you can explore publicly available calculators such as the [Low Cost Marketplace Health Care, Qualifying Income Levels](#) calculator published at [healthcare.gov](#).

More information is available at [medicaid.ohio.gov/children-and-families](#). You can also contact your CDJFS for more information.

12) What can I do if I disagree with an action about my Medicaid coverage?

You have the right to appeal if you disagree with an action about your Medicaid coverage. Instructions for requesting an appeal on your Medicaid coverage can be found in your Notice of Action.

Transitioning to New Coverage

13) If I'm not eligible for Medicaid, where can I learn about other healthcare options?

If you are not eligible for healthcare coverage from Medicaid, low-cost healthcare coverage may be an option for you through the federally facilitated Marketplace at [healthcare.gov](#). Losing Medicaid coverage is a Qualifying Life Event (QLE), which allows you to enroll in a Marketplace plan outside of the open enrollment period. Additionally, you may be eligible for discounts that can lower the cost of your coverage.

Assistance is available at no cost to you to help you understand your healthcare coverage options at no cost to you. Trained, licensed navigators from Get Covered Ohio will provide free and unbiased help. Go to [getcoveredohio.org](#) or call 833-628-4467. Navigators can help you in-person, online, or over the phone. If you are told that you are no longer eligible for Medicaid coverage, enroll in a Marketplace plan as soon as possible to avoid a gap in your healthcare coverage. If you are enrolled in Medicaid Managed Care, your Managed Care plan will likely reach out to you to inform you of your options as well.

Additional Information

14) How does this affect my SNAP coverage and benefits?

For more information or questions about the Ohio Supplemental Nutrition Assistance Program (SNAP), contact your local CDJFS office.

To find your local CDJFS contact information, select your county from the dropdown at: medicaid.ohio.gov/dropdown.

15) Where can I get more information if I have additional questions?

For more information about the return to routine eligibility operations:

- Head to the Ohio Department of Medicaid's dedicated webpage by clicking [here](#)
- Call 1-844-640-6466, Monday through Friday 8 a.m. to 4 p.m. ET
- Submit an inquiry to the ODM contact page [here](#)