## Medicaid Annual Redetermination

PRESENTED BY:



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Lake County Department of Job and Family Services

### What is Medicaid Renewal?

A process through which local Job and Family Service (JFS) departments review eligibility for Medicaid every 12 months

• This includes all waiver recipients



#### Who must renew Medicaid benefits?



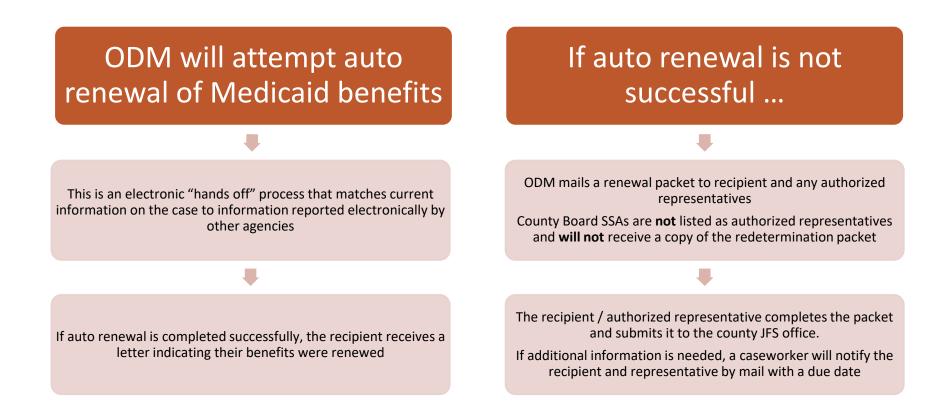
Every Ohio Medicaid recipient must have their Medicaid renewed every 12 months

Recipients must also report any changes in between certifications to their case to the county JFS within 10 days of the change occurring

- Financial changes (income or asset changes)
- Living arrangements, address
- Marital status

#### What is the renewal process?

Typically renewal will happen around the same time each year



#### Annual Redetermination Packet Process

If auto renewal is unsuccessful and a packet is sent out:



#### What happens if a packet is not completed and returned OR income/asset verification is not submitted?

Benefits are discontinued

There is a 90 day reinstatement period for Medicaid if you fail to provide documents

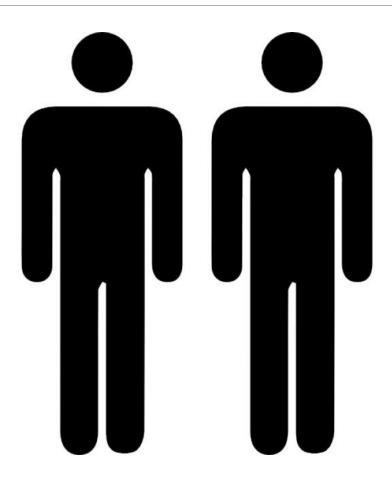
You can appeal a decision within 90 days of the termination letter if you disagree with an action JFS takes on your case

If you submit your packet late -

• It will be treated as a new application



#### Who is the authorized representative?



An individual can designate an authorized representative, <u>in writing</u>, to stand in their place and act with authority on their behalf

If an individual cannot identify an authorized representative, the Administrative Agency will assist the individual with appointing an authorized representative

## Other Responsibilities of an Individual / Authorized Representative

Complete and submit annual redetermination packets

Report any changes in the recipient's circumstances to the Administrative Agency (JFS) within <u>10 calendar days</u>

- Can report at anytime
- Call, email, fax, drop off information\*



A complete list of responsibilities can be found in OAC 5160:1-2-08 Medicaid: Individual Responsibilities What changes in circumstance need to be reported to JFS?

- Address
- Marital status
- Income
- Gain/loss of employment
- Pregnancy status
- Third party responsibility for healthcare costs
- Value of assets exceeding \$2000 or changes
- Change of guardian or authorized representative

#### Medicaid Card Information

Your Medicaid card is a permanent paper card

• You will not receive another card

For those on Managed Care Plans, you will receive a plastic card

Neither card displays your eligibility dates

| Ohi      |   | Member<br>DUMMY NAME<br>Identification |
|----------|---|--|
| Departme | nt of Medicaid  | Primary Care                           |
|          | UnitedHealthcare (F<br>Heath Plan (80840) 911-87726-0<br>Member ID: 999999999<br>Member:<br>SUBSCRIBER BROWN<br>MMIS: 9999999999<br>PCP Name:<br>DR. PROVIDER BROWN<br>PCP Phone: (999)999-9999 | Primary Care                           |

| HEALTHCARE                     |  | Molina Medicaid             |  |
|--------------------------------|--|-----------------------------|--|
| Member<br>DUMMY NAME           |  |                             |  |
| ldentification#<br>xxxxxxxxxxx | Date of Birth:<br>01/01/01             | Effective Date:<br>01/01/01 |  |
|                                |  |                             |  |
| Primary Care Provid            | er: DUMMY PCP                          |                             |  |
|                                | er: DUMMY PCP<br>er Phone: (XXX) XXX-> | XXXX                        |  |

| buckeye<br>health plan. | US Script<br>BIN#008019<br>Pharmacies call: 1-800-460-8988 |
|-------------------------|--|
| Name:                   | Effective Date:  |
| MMIS#:                  | DOB:   |
| PCP Name:               | PCP Phone #:   |

If you have an emergency, call 91 or go to the NEAREST emergency room (ER). You do not have to contact Buckeye for an okay before you get emergency services. If you are not sure whether you need to go to the ER, call your PCP or Buckeye NurseWise toil free at 1-866-246-4358 and follow the prompt for Yours<sup>®</sup> or TT at 1-800-7505. NurseWise is open 24 hours per day.

| ADVANTAGE   | GROUP NUMBER<br>ADV0010011 |
|---|----------------------------|
| www.paramountadvantage.org<br>HEALTH PLAN (80840) | EFF. DATE                  |
| 7952304120  | 01/01/2015                 |
| ID NUMBER   | MMIS NUMBER                |
| A9999999901                                       | 000000000000               |
| MEMBER NAME                                       |                            |
| Jane Doe  | CVS/CAREMARK               |
| PRIMARY CARE PROVIDER                             | RXGRP RX6407               |
| John Smith  | RXBIN 004336               |
| (419) 5551212                                     | RXPCN ADV                  |
| PROVIDERS CALL FOR PRIOR AUTH                     |                            |
| 800-891-2500/419-887-2520                         |                            |

| CareSource                                   | Health Care with Heart              |
|--|-------------------------------------|
| Member Name                                  | Date of Birth                       |
| Mary Doe SAMPL                               | E 04-12-73                          |
| CareSource Member ID #: 123                  | 345678900                           |
| MMIS #: 987654321000                         | Case #: 7654321000                  |
| Primary Care Provider/Clinic<br>Good, Iam A. | Name:                               |
| Provider/Clinic Phone: (937)                 | 123-4567                            |
| Member Services: 1-800-488                   | -0134 (TTY: 1-800-750-0750 or 711)  |
| 24-hour Nurse Line: 1-866-200                | 6-0554 (TTY: 1-800-750-0750 or 711) |

# Important information for parents and providers of DODD waiver services

DODD waiver services are Medicaid services

• An individual who uses their DODD waiver to receive services must maintain Medicaid eligibility to remain enrolled on their waiver and not experience interruption to services

Providers have access to MITS (Medicaid Information Technology System) and can check the individual's Medicaid eligibility and see eligibility dates.



Department of Developmental Disabilities



#### Who to contact with questions

Lake County Department of Job & Family Services

- Customer service hotline at 440-350-4011. The call center is open from 8am 4:15pm each business day. However, if your questions are specifically regarding a waiver case, you should contact the caseworker at the phone number listed on your notices.
- To submit your documents or applications for public assistance by email:
  - LakeJFS documents@jfs.ohio.gov
  - Be sure to include your case number and allow 10 days for processing
- Have a question? Email us:
  - LakeJFS inquiries@jfs.ohio.gov
- Contact your caseworker directly by phone

#### Questions regarding Medicaid services-

• Please contact the Medicaid Consumer Hotline at 1-800-324-8680



# MBIWD

#### MEDICAID BUY-IN FOR WORKERS WITH DISABILITIES

Through the Medicaid Buy-In for Workers with Disabilities (MBIWD) program, Ohioans with disabilities are able to work and still keep their health care coverage.

You may be eligible for the program if you are:

- > Between 16 to 64 years old
- > Living with a disability as defined by the Social Security Administration (SSA)
- > Employed in paid full or part time work
- > Within the financial guidelines or the program
- > A U.S. citizen or qualified immigrant.
- > An Ohio resident
- > Pay a premium (if applicable)



\* You can be a resident of ICF-IID or on a waiver program and still be potentially eligible for MBIWD

## **MBIWD** Financials

MBWID HAD ITS OWN BUDGETING FOR INCOME AND FINANCIAL ELIGIBILITY.

YOUR CASEWORKER WILL ALWAYS CONSIDER IF YOU ARE ELIGIBLE FOR THIS PROGRAM. WE WILL ALWAYS EXPLORE ALL MEDICAID PROGRAMS AND OFFER THE MEDICAID PROGRAM THAT IS MOST BENEFICIAL TO YOU.

IF YOU'RE REQUIRED TO PAY A PREMIUM, WE WOULD NOTIFY YOU AND GIVE YOU THE OPPORTUNITY TO DECLINE MBIWD COVERAGE.





#### What to report

\* Any changes to disability status, income, employment status must be reported within 10 calendar days (in addition to the typical changes such as address change, asset changes, household status, etc.)

*If someone stops working or loses disability status, there is potential for the individual to remain on MBIWD for a time.* 

If you have questions about MBIWD, contact your JFS caseworker or call us at 440-350-4011