

Medicaid Annual Redetermination

PRESENTED BY:



Anne Curwen

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?



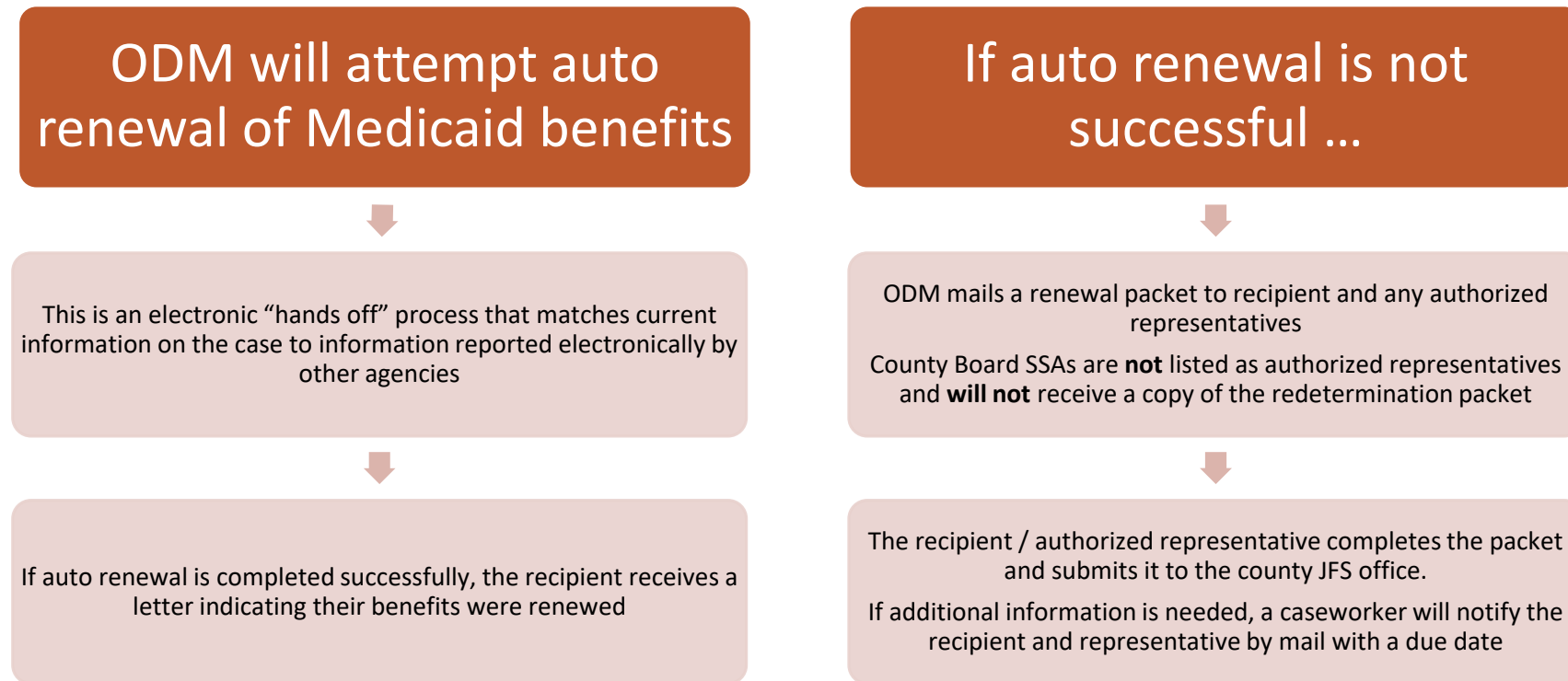
Every Ohio Medicaid recipient must have their Medicaid renewed every 12 months

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:

Packet received by **ALL** authorized representatives and the individual

- Once every 12 months

Packet must be completed and returned within 10 days

- Online
- Mail-In
- Fax
- Email
- In Person *

Once renewal packet is received, income/asset verification is requested

Return income and asset verification within 10 days

- Online
- Mail-In
- Fax
- Email
- In Person *

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

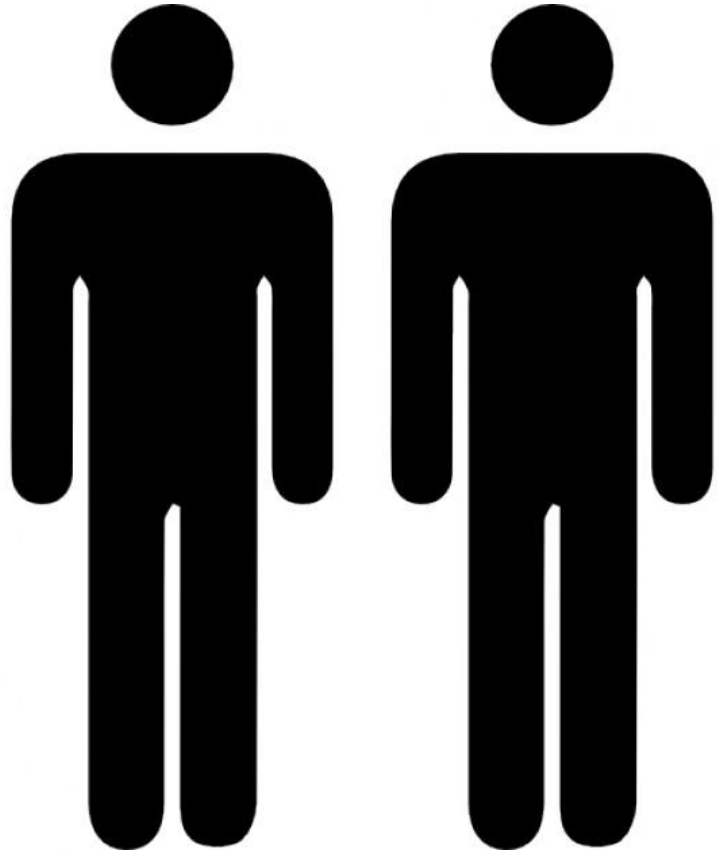
You can appeal a decision within 90 days of the termination letter if you disagree with an action JFS takes on your case

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, in writing, 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 10 calendar days

- 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

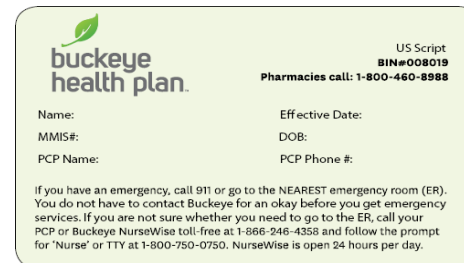
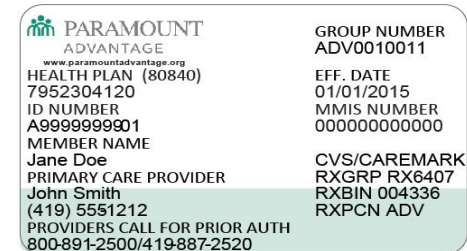
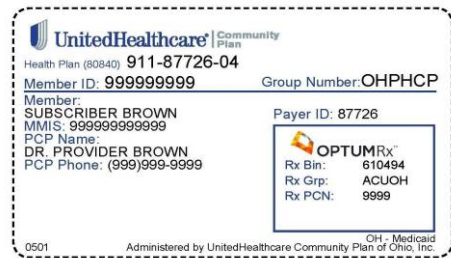
Medicaid Card Information

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



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.



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

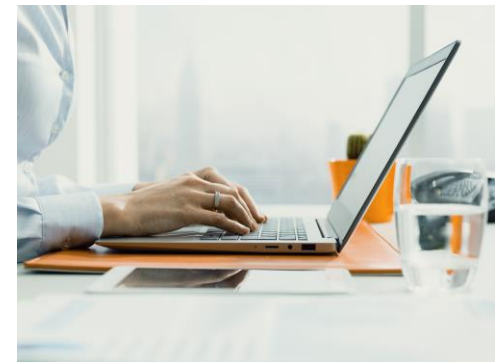
MEDICAID BUY-IN FOR WORKERS WITH DISABILITIES



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 of 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