

Medicaid Redetermination

Frequently Asked Questions (FAQ)

Your Medicaid and MyCare Ohio patients' Medicaid renewal deadline may be approaching soon.

Q: What is Medicaid redetermination?

A: Medicaid redetermination is the process through which your Medicaid patients report their household income to the local County Department of Job and Family Services (CDJFS) every 12 months to redetermine their eligibility for Medicaid. This is also referred to as Medicaid renewal. If your patients' household income is not reported or if their income is now above 138 percent of the Federal Poverty Level, your patients' Medicaid benefits will be terminated.

Q: Who must redetermine Medicaid benefits yearly?

A: Every Ohio Medicaid recipient must report his or her income to CDJFS every 12 months, including MyCare Ohio patients and children.

Q: When is Medicaid redetermination?

A: Medicaid benefits need to be renewed every 12 months. The Ohio Department of Medicaid (ODM) will notify patients 45 days prior to their Medicaid redetermination deadline. If patients have redetermined their Medicaid benefits in the past 12 months, they do not need to redetermine again for another 12 months.

Q: What is the impact on providers?

A: Ohio providers could potentially lose *thousands* of Medicaid patients and *hundreds* of MyCare Ohio patients if they do not verify their income to CDJFS.

Q: What can providers do to help patients?

A: You can help by reminding your Medicaid and MyCare Ohio patients to call CDJFS to ensure their income verification is complete and educate them about the Medicaid redetermination process. You should also remind patients to update their address and phone number with their County Case Worker and with us at Molina Healthcare when necessary. Lastly, you can post Medicaid renewal information in your office. See page 3 for an example, which you can print out and hang up where patients can see it.

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Q: Why is the Medicaid redetermination process restarting now?

A: Medicaid redetermination was not performed in 2014 because of Adult Extension and the implementation of the new Ohio Benefits Eligibility System. Ohio is now required to restart the redetermination process. As a result, many of your Medicaid or MyCare Ohio patients are likely unfamiliar with the redetermination process.

Q: How is this being communicated to Medicaid and MyCare Ohio patients?

A: In early 2015, ODM mailed Medicaid renewal forms to 350,000 Medicaid recipients to remind them to report their income to CDJFS. Medicaid recipients will now receive the Medicaid renewal form in the mail every 12 months when it is time to verify their income. Molina Healthcare is also increasing outreach efforts to reinforce the importance of patients renewing their Medicaid benefits.

Q: How do patients report their income and renew their Medicaid benefits?

A: Your patients can report their household income by completing the Medicaid renewal form they receive from ODM. The completed form can either be mailed to CDJFS or brought to the CDJFS office. If patients have an existing online account with www.benefits.ohio.gov, they can log in and click the “renew my benefits” tab to complete the process. Patients can also choose passive verification on their Medicaid renewal forms, which can last for up to five years.

Q: How do I make sure my patient is eligible?

A: You can check on the status of your patient’s eligibility through the Provider Web Portal, the Medicaid Information Technology System (MITS) or by calling Molina Healthcare Provider Services at (855) 322-4079.

Q: What if a patient’s Medicaid benefits were terminated, but he or she is still eligible?

A: Patients have 90 days from the date on the termination letter to appeal the decision. If the hearing officer determines the patient is still eligible for Medicaid within those 90 days, he or she will get his or her health care benefits back and the coverage will be retroactive. If the patient appeals within the first 15 days from the termination date, he or she can keep his or her Medicaid benefits during the appeal process. If 90 days have passed since termination, the patient can reapply for Medicaid.

Q: Who can I, or my patient, contact for more information?

A: To learn more about Medicaid redetermination, call your or your patient’s local CDJFS. To find the local CDJFS, view the [County Directory](#). Click the county of residence and the page will populate the County Department of Job and Family Services information. Patients can also call the number [2-1-1](tel:2-1-1) for free and confidential help. [Benefit Bank](#) and Certified Application Counselors are also available to assist patients with the Medicaid redetermination process and can be found locally.

Molina Healthcare is not involved in the Medicaid redetermination process. The CDJFS determines the eligibility of members.

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Medicaid Renewal

Medicaid and MyCare Ohio members: It may be time to renew your Medicaid benefits.

You must report your household income to your local County Department of Job and Family Services (CDJFS) **every 12 months** to see if you are still eligible for Medicaid benefits.

If you have already verified your income to CDJFS in the past 12 months, you do not need to renew your Medicaid for another 12 months.

Call your local CDJFS to learn more.