



Department of  
Medicaid

# Resuming Routine Eligibility Operations

Communications Partner Packet

Updated February 2, 2023



# 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). These changes 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 a 6.2% increased federal medical assistance percentage (FMAP). 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.

In December 2022, Congress passed the Consolidated Appropriations Act, 2023 (CAA). Per the CAA, the continuous coverage provision that prohibited states from disenrolling members from Medicaid will expire on March 31, 2023, and, as a result, **states will once again resume routine eligibility operations. Ohio will resume its normal operations on February 1, 2023.** This will cause some Ohio Medicaid members to be disenrolled from the program, with the first round of termination letters being mailed to those who are no longer eligible beginning in April 2023. **Given the termination of the continuous coverage provision, it is critical that Medicaid members take the necessary steps to update their contact information, respond to requests for information (including renewal packets), or transition to other coverage if they are no longer eligible for Medicaid.**

If members do not respond to renewal packets and/or requests for information, they run the risk of losing their healthcare coverage, even if they still meet eligibility criteria. Additionally, members should still send in their renewal packets 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. They can also contact their local County Department of Job and Family Services (CDJFS) or the Medicaid Consumer Hotline to reenroll.

Those who are no longer eligible can be referred to resources, such as Get Covered Ohio Navigators, to help them obtain healthcare coverage outside of Medicaid.

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# Key Messages

The materials and templates included in this toolkit are the best way for you to communicate with Medicaid members about any actions they need to take to renew their coverage or transition to other coverage if they're no longer eligible for Medicaid.

If you prefer to create your own communications, we encourage you to use the following key messages to ensure the information you share is simple, direct, and accurate.

- 1. Communicate to Medicaid members the importance of updating their contact information and responding to requests for information.** Any time a Medicaid member's information changes, they should let their County Department of Job and Family Services (CDJFS) know. 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 1-844-640-6446.** Help is available Monday through Friday 8 a.m. to 4 p.m. ET.
  - Members with an existing Ohio Benefits Self-Service Portal (SSP) account can **report changes online** [benefits.ohio.gov](https://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 CDJFS.** Ohio Medicaid members can find their CDJFS by selecting their county from the dropdown at [medicaid.ohio.gov/dropdown](https://medicaid.ohio.gov/dropdown).
- a. Check their mail.** The CDJFS mails letters to members when it is time to renew or when Medicaid needs more information. Members should watch for mail from their CDJFS.
  - b. Respond 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. If they do not respond by the deadline, they may be at risk of losing their coverage.

## 2. Share with members the importance of responding to their renewal packets

- a. The state will first attempt to renew coverage through the Ex Parte process, an automated process that compares available electronic data sources with an individual's case record to determine continued eligibility. **If the state is unable to verify a member's eligibility with available data, a renewal packet will be mailed, prompting them to go through the renewal process.** Members should update their contact information to ensure they receive a renewal packet at the correct address. The packet will ask them to review whether anything about their situation has changed and will request verification to determine whether they are still eligible to receive Medicaid. Renewal packets can be completed online at [benefits.ohio.gov](https://benefits.ohio.gov), in-person, by mail to the member's local CDJFS office, or by phone at **1-844-640-6446**. **If members don't respond to their renewal packets, they risk losing coverage.** Below are important reminders for members about the renewal packet:

- **Members must sign and return their completed renewal packet.** While the continuous coverage provision was in effect, members may have received renewal packets but non-response did not result in any negative action. It's important that members understand, however, that when routine operations resume, they must complete and submit their renewal.
- Members will receive a renewal packet approximately 30 calendar days before their renewal is due to allow time for completion.
- The renewal packet(s) should be reviewed, changes noted, and new information provided for any Ohio Medicaid members or financially responsible individuals (i.e., spouses or parents of minor children).
- Members may be asked to provide additional information if they've experienced a change, such as proof of income and resources, proof of citizenship or alien status (only if it has changed), and pregnancy status, if applicable. Members should be sure to include documentation of any changes they need to report or indicate the changes on the renewal form. The county caseworker may also request additional information from members in order to review their eligibility.



- The renewal packet must be reviewed fully, including providing updates if applicable. **All renewals must be completed by the deadline specified in the packet, even if there are no changes.**

### **3. Ensure Medicaid members take the necessary steps to transition to other coverage if they're no longer eligible for Medicaid**

- a. 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](https://healthcare.gov).** Losing Medicaid or CHIP coverage is a Qualifying Life Event (QLE), which allows them to enroll in a Marketplace plan outside of the Open Enrollment Period.
- b. If they need help understanding their options, trained, licensed insurance **navigators are available at no cost to them.** Contact Get Covered Ohio for free, unbiased assistance. Go to [getcoveredohio.org](https://getcoveredohio.org) or call **1-833-628-4467**. Insurance navigators can help in-person, online, or over the phone.
- c. For additional questions, **help is available in-person or via phone 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 [medicaid.ohio.gov/dropdown](https://medicaid.ohio.gov/dropdown).

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

- a. 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. For income limits, refer to the modified adjusted gross income (MAGI) income chart at [https://medicaid.ohio.gov/static/Families,%20Individuals/Programs/who Qualifies/Children-Families-Adults.pdf](https://medicaid.ohio.gov/static/Families,%20Individuals/Programs/who%20Qualifies/Children-Families-Adults.pdf). 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. For additional information, members should contact their CDJFS. They can find contact information for their CDJFS by choosing their county from the dropdown at [medicaid.ohio.gov/dropdown](https://medicaid.ohio.gov/dropdown).
- b. Members should still complete and return their renewal packet(s) even if they think their family won’t be eligible, so that coverage can be properly assessed for all household members.

## 5. Other important messages for Medicaid members

- a. Members should still send in their renewal packets 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.
- b. 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 [benefits.ohio.gov](https://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. **Please note, that Medicaid members who create an SSP account after their renewal was completed will not be able to complete their renewal online until their next annual renewal.**
- c. Medicaid members who will require active support and assistance with responding to Medicaid notifications may also have an authorized representative apply/renew on their behalf. An authorized representative is an individual, age 18 or older, who stands in their place. They must provide a written statement naming the authorized representative and the duties the authorized representative may perform on the member's behalf. The form to designate an authorized representative may be found at <https://medicaid.ohio.gov/static/Resources/Publications/Forms/ODM06723fillx.pdf>. With this authorization, all notices and correspondence issued by ODM and the CDJFS will be issued to both the member and the authorized representative.



# How To Use This Toolkit

In anticipation of the return to routine eligibility and enrollment operations, ODM created this toolkit as a resource for 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.

This toolkit includes templates and materials you can use to inform Medicaid members about steps they need to take to renew their coverage or transition to other coverage if they're no longer eligible for Medicaid.

- **Drop-In Articles** – brief stories suitable for use on websites and in newsletters and bulletins
- **Flyers** – printable flyers, 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
- **Social Media** – graphic posts that can be used on your own social media accounts
- **Text Messages** – short reminder messages to encourage updating contact information
- **Medicaid Member Mailers** – 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 end of the continuous coverage provision and ways they can best be prepared
- **Rack Card** – printable rack card in the standard size (4x9 inches)

This toolkit also includes images of the Renewal Letters and Reminder Letters that may be sent out to members. It may be helpful for members to be aware of how these documents appear as they look out for mail.

# Communication Materials

Drop-In Article (continues on following page)



Department of  
Medicaid

## Important changes coming for Ohio Medicaid Members!

Per the Consolidated Appropriations Act, 2023, (CAA) the continuous coverage provision that prohibited states from disenrolling members from Medicaid will expire. Starting with Medicaid renewals due in April 2023, Ohio Medicaid will resume its routine eligibility and enrollment operations. This means that all eligible Medicaid **members will need to have their Medicaid coverage renewed.**

The return to routine operations will bring changes for Ohio Medicaid members. Read the information below to ensure you're prepared for the changes and know what steps you need to take to keep or find new coverage.

**Keep your contact information up to date with your County Department of Job and Family Services (CDJFS).** When it's time to renew, or if Medicaid needs more information to continue your coverage, the CDJFS sends a letter. Make address changes by logging on to [benefits.ohio.gov](https://benefits.ohio.gov) or by calling **1-844-640-6446**. Help is available Monday through Friday 8 a.m. to 4 p.m. ET.

Medicaid members are encouraged to: **check your mail and respond to requests for information from your CDJFS.** While some renewals can be completed without a need to contact the member, some renewals **will require members to respond to mail.** If you receive a letter stating that it is time to renew, or that your CDJFS needs more information, you should respond right away. The CDJFS needs to hear from you to review your Medicaid eligibility. If you do not respond to renewal letters or requests for information, you risk losing coverage even if you still meet the eligibility criteria for Medicaid.

### **To renew your coverage:**

There are multiple ways to renew your coverage:

- In-person at or by mail 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](https://medicaid.ohio.gov/dropdown).
- Over the phone by calling the County Shared Services at **1-844-640-6446**. Agents are available Monday through Friday 8 a.m. to 4 p.m. ET.
- Online at [benefits.ohio.gov](https://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.

### **To find new coverage:**

If you're notified that you are no longer eligible for Medicaid coverage, this is considered a Qualifying Life Event (QLE), which allows you to enroll in a Marketplace plan outside of the Open Enrollment Period.

Members should still complete and return their renewal packet(s) so that coverage can be properly assessed for all household members. Your child may be eligible for coverage even if you are no longer eligible.

If you need help understanding your options, trained, licensed insurance navigators are available at no cost to you. Contact Get Covered Ohio for free, unbiased assistance. Go to [getcoveredohio.org](https://getcoveredohio.org) or call **1-833-628-4467**. Insurance navigators can help in-person, online, or over the phone.

### **Additional resources:**

You can manage your Medicaid account, complete renewals, upload documents, and find out the status of your coverage by logging into your Ohio Benefits Self-Service Portal account at [benefits.ohio.gov](https://benefits.ohio.gov).

You can call **1-844-640-6446**. Assistance is available Monday through Friday 8 a.m. to 4 p.m. ET.

**Flyer** (see the 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 1-844-640-6446, or  
visit us online at [benefits.ohio.gov](https://benefits.ohio.gov).**



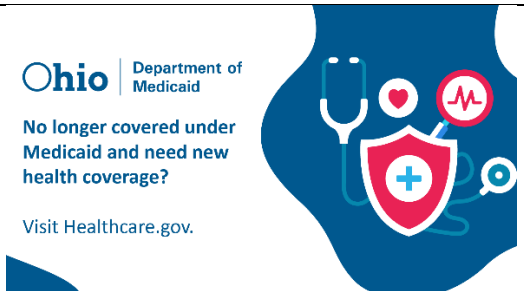

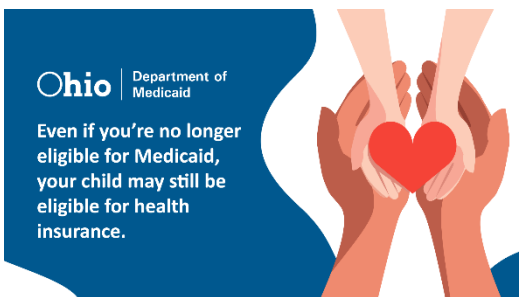
**Don't miss important updates about your health insurance.**

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

## Social Media (see full-sized images on the following pages)

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 JFS office, be sure to respond.</p> <p>Visit <a href="https://benefits.ohio.gov">benefits.ohio.gov</a> or call <b>1-844-640-6446</b> to update your contact information.</p>	 <p><b>Don't miss this letter.</b> Be sure that Ohio Medicaid has your current mailing address.</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 <a href="https://benefits.ohio.gov">benefits.ohio.gov</a> or by calling <b>1-844-640-6446</b> Monday through Friday 8 a.m. to 4 p.m. ET.</p>	 <p><b>Is your mailing address up to date?</b> Be sure that Ohio Medicaid has your current mailing address.</p>
<p>Ohio Medicaid needs your contact information. Otherwise, you may miss important updates about your health insurance and risk losing coverage. Visit <a href="https://benefits.ohio.gov">benefits.ohio.gov</a> or call <b>1-844-640-6446</b> to update your contact information today.</p>	 <p><b>Don't miss this letter.</b> Be sure that Ohio Medicaid has your current mailing address.</p>
<p>If you receive health coverage through Ohio Medicaid, make sure your contact information is up to date. If your account has old information, you may miss important letters and risk losing your coverage.</p> <p>Visit <a href="https://benefits.ohio.gov">benefits.ohio.gov</a> or call <b>1-844-640-6446</b> to update your contact information.</p>	 <p><b>Is your mailing address up to date?</b> Be sure that Ohio Medicaid has your current mailing address.</p>



<p>With routine eligibility and enrollment operations resuming, Medicaid members who are determined no longer eligible will be disenrolled from the program. If you receive a notice that you are no longer eligible, you may be able to buy low-cost health coverage through the federally facilitated Marketplace at <a href="https://healthcare.gov">healthcare.gov</a>.</p>	
<p>Starting with Medicaid renewals due in April 2023, all Medicaid members will have to renew their health coverage. If you receive a notice that you are no longer eligible for Medicaid and need help finding new coverage, visit <a href="https://getcoveredohio.org">getcoveredohio.org</a> or call <b>1-833-628-4467</b>.</p>	
<p>With routine eligibility and enrollment operations resuming with renewals due in April 2023, eligibility for all Medicaid members will be reviewed. Even if you receive a notice that you are no longer eligible for Medicaid, your child may be eligible for coverage through other Ohio Medicaid programs. For more information, contact your County Department of Job and Family Services (CDJFS). You can find contact information for your CDJFS by choosing your county from the dropdown at <a href="https://medicaid.ohio.gov/dropdown">medicaid.ohio.gov/dropdown</a>.</p>	



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Medicaid



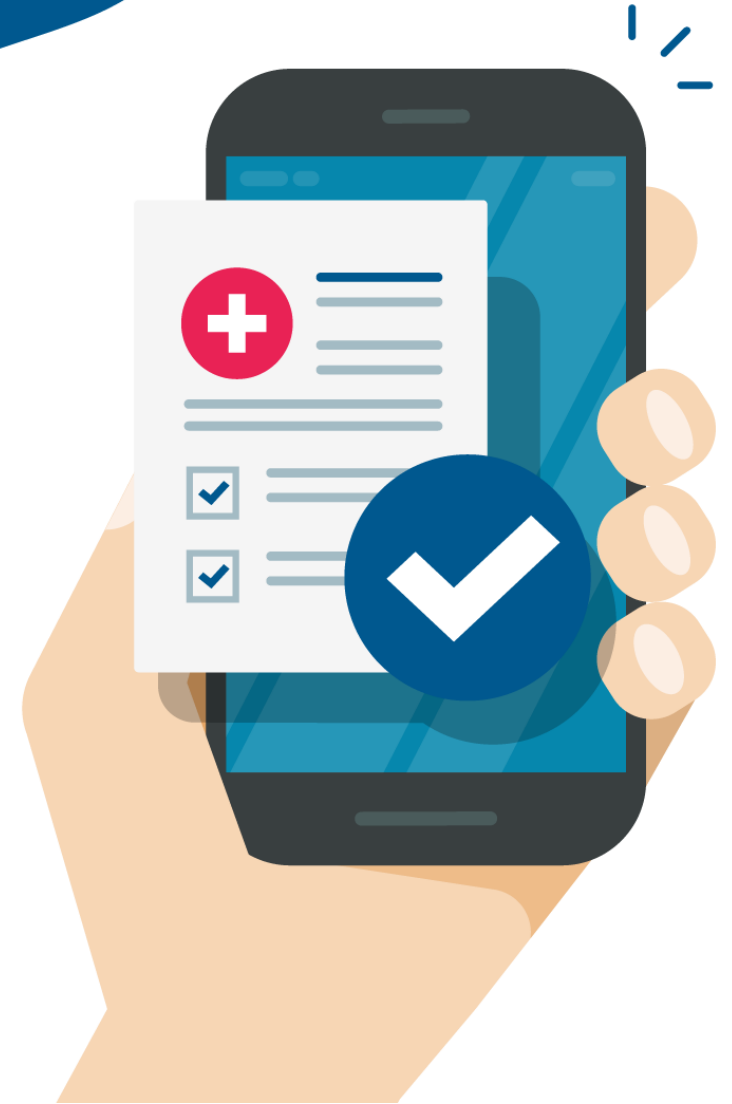
# **Don't miss this letter.**

**Be sure that Ohio  
Medicaid has your  
current mailing address.**



**Need help finding new  
health coverage?**

Visit [www.getcoveredohio.org](http://www.getcoveredohio.org)  
or call 1-833-628-4467



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



**Ohio** | Department of  
Medicaid



**No longer covered under  
Medicaid and need new  
health coverage?**

Visit [Healthcare.gov](https://www.healthcare.gov).



**Ohio**

Department of  
Medicaid

**Even if you're no longer  
eligible for Medicaid,  
your child may still be  
eligible for health  
insurance.**





## Text Messages

- Did you know? If you do not respond to renewal letters or requests for information from your County Department of Job and Family Services (CDJFS), you can lose your coverage even if you still meet eligibility criteria. 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 Job and Family Services (CDJFS) doesn't have your address, you may miss important letters and you could lose your coverage. 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 [medicaid.ohio.gov/dropdown](https://medicaid.ohio.gov/dropdown).
- If you're an Ohio Medicaid member, please log in to or create an account at [benefits.ohio.gov](https://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) may contact 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.
- If you no longer qualify for Medicaid, you may be able to buy low-cost coverage. Losing Medicaid or CHIP coverage is a Qualifying Life Event (QLE), which allows you to enroll in a Marketplace plan outside of the Open Enrollment Period. Questions about finding coverage? Visit [getcoveredohio.org](https://getcoveredohio.org) or call **1-833-628-4467**.
- Questions about your Medicaid coverage? Call **1-844-640-6446**.
- Your child may be eligible for coverage even if you are no longer eligible for Medicaid coverage. Members should still complete and return their renewal packet(s) so coverage can be assessed for all household members. For more information about children's coverage, call your County Department of Job and Family Services (CDJFS). Find your local CDJFS by selecting your county from the dropdown at [medicaid.ohio.gov/dropdown](https://medicaid.ohio.gov/dropdown).

## Medicaid Member Mailer 1



### Department of Medicaid

**Mike DeWine**, Governor  
**Jon Husted**, Lt. Governor

**Maureen Corcoran**, Director



### Important healthcare coverage information for Medicaid members

In December 2022, Congress passed the Consolidated Appropriations Act, 2023 (CAA). Per the CAA, the continuous coverage provision that prohibited states from disenrolling members from Medicaid will expire on March 31, 2023. Ohio will resume routine eligibility operations on February 1, 2023. This will cause some Ohio Medicaid members to be disenrolled from the program, with the first round of termination letters being mailed to those who are no longer eligible beginning in April 2023. It is critical that you take the necessary steps to update your contact information, respond to requests for information (including renewal packets), or transition to other coverage if you are no longer eligible for Medicaid.

#### What do I need to do?



Make sure your contact information is up to date. 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 home address), phone number, and email address by logging on to [benefits.ohio.gov](https://benefits.ohio.gov) or by calling 1-844-640-6446.



Check your mail and respond to renewal packets and requests for information from your CDJFS. If you get a letter telling you to renew, or that your CDJFS needs more information, be sure to respond right away.



If you're notified that you are no longer eligible for Medicaid coverage, this is considered a Qualifying Life Event (QLE), which allows you to enroll in a Marketplace plan 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 for free, unbiased assistance. Go to [getcoveredohio.org](https://getcoveredohio.org) or call 1-833-628-4467. Insurance navigators can help in-person, online, or over the phone.



Your child may be eligible for coverage even if you are no longer eligible. For more information, contact your CDJFS. Scan the QR code to find yours now.



Questions? You can call 1-844-640-6446.

Assistance is available Monday through Friday 8 a.m. to 4 p.m. ET.

## Medicaid Member Mailer 2



### Department of Medicaid

**Mike DeWine**, Governor  
**Jon Husted**, Lt. Governor

**Maureen Corcoran**, Director



### Did you know?

**Children may be eligible for Medicaid coverage even if the member is no longer eligible. It's true!**

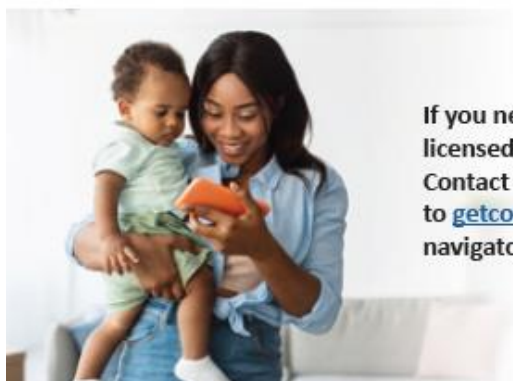
Ohio Medicaid offers a program called "Healthy Start" that is available to insured or uninsured children (up to age 19) in families with income up to 156% of the federal poverty level. The Children's Health Insurance Program (CHIP) is also available to uninsured children (up to age 19) in families with income up to 206% of the federal poverty level.

More information is available at [medicaid.ohio.gov/children-and-families](https://medicaid.ohio.gov/children-and-families).

### Why this is important

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). These changes included taking advantage of the flexibilities offered to states, such as telehealth and increasing services to many Ohioans. Additionally, with the passage of the Families First Coronavirus Response Act (FFCRA), the federal government provided states with increased funding. 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.

In December 2022, Congress passed the Consolidated Appropriations Act, 2023 (CAA). Per the CAA, the continuous coverage provision that prohibited states from disenrolling members from Medicaid will expire on March 31, 2023. This means that states will resume routine eligibility operations. With the return to routine eligibility operations, it is critical that you take the necessary steps to renew coverage or transition to other coverage if you are no longer eligible for Medicaid.



**If you need help understanding your options, trained, licensed insurance navigators are available at no cost to you. Contact Get Covered Ohio for free, unbiased assistance. Go to [getcoveredohio.org](https://getcoveredohio.org) or call 1-833-628-4467. Insurance navigators can help in-person, online, or over the phone.**

## Medicaid Member Mailer 3



### Department of Medicaid

**Mike DeWine**, Governor  
**Jon Husted**, Lt. Governor

**Maureen Corcoran**, Director



### Important healthcare coverage information for Medicaid members

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). These changes included taking advantage of the flexibilities offered to states, such as telehealth and increasing services to many Ohioans. Additionally, with the passage of the Families First Coronavirus Response Act (FFCRA), the federal government provided states with increased funding. In exchange, states were prohibited from disenrolling members from Medicaid, even if they were no longer eligible. This was to ensure members did not lose vital healthcare coverage during the pandemic.

In December 2022, Congress passed the Consolidated Appropriations Act, 2023 (CAA). Per the CAA, the continuous coverage provision that prohibited states from disenrolling members from Medicaid will expire on March 31, 2023. This means that states will resume routine eligibility operations. With the return to routine eligibility operations, it is critical that Medicaid members take the necessary steps to renew coverage or transition to other coverage if they are no longer eligible for Medicaid.

### What does this mean for me?

If you receive a renewal packet, you must respond!

If you are a Medicaid member, the state will first attempt to renew your coverage without contacting you. If the state is unable to verify your eligibility with available information, 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 you receive a renewal packet if one is sent to you.

### Below are important reminders about the renewal packet:

- If you are a Medicaid member and receive a renewal packet, you must return your completed renewal packet. If you are a member and don't respond to your renewal packets, you risk losing coverage.
- All renewals must be completed by the deadline specified in the packet even if there are no changes.
- The renewal packet(s) should be reviewed, changes noted, and new information provided for any Ohio Medicaid members or financially responsible individuals (i.e., spouses or parents of minor children). Be sure to include documentation of any changes you need to report.
- 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 alien status (only if it has changed), and pregnancy status, if applicable.
- Renewal packets may be completed online at [benefits.ohio.gov](https://benefits.ohio.gov), in-person, by mail to your local County Department of Job and Family Services office, or by phone at 1-844-640-6446.

Questions? You can call 1-844-640-6446.  
Assistance is available Monday through Friday 8 a.m. to 4 p.m. ET.



## On-Hold Messages

These 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 has your most up to date contact information. Check your mail. Members who do not respond to renewal letters or requests for information risk losing their coverage, even if they still meet eligibility criteria.

### 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 still meet eligibility criteria. 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.

### Option 3:

Resuming routine Medicaid eligibility and enrollment operations with renewals due in April 2023 will bring changes for Ohio Medicaid members. Make sure to check your mail and respond right away to any requests for information. If you have any questions about the resumption of routine Medicaid eligibility and enrollment operations and what it means for you, contact your County Department of Job and Family Services.

### Option 4:

With routine Medicaid eligibility and enrollment operations resuming with renewals due in April 2023, members will have to renew their Medicaid coverage and eligibility for all members will have to be reviewed. If you receive a notice

that you are no longer eligible for Medicaid, you may be able to buy low-cost health coverage through the federally facilitated Marketplace at [healthcare.gov](https://healthcare.gov).

### **Option 5:**

With the end of the continuous coverage provision on March 31, 2023, eligibility for all members will be reviewed. Even if you receive a notice that you are no longer eligible for Medicaid, your child may be eligible for coverage. For additional information, contact your local County Department of Job and Family Services. Find your County Department of Job and Family Services by selecting your county from the dropdown at [medicaid.ohio.gov/dropdown](https://medicaid.ohio.gov/dropdown).



## Rack Card



### Attention Medicaid Members!

**Don't risk  
losing your  
health insurance.**



**Keep your address and phone  
number up to date.**



Call us today at  
**844-640-6446**  
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.**



# Reference Documents

## Renewal Letter (example of first page of renewal packet)

Page 1

### Ohio Medicaid Renewal Form

**Notice Date:**  
**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 – 8PM (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.

<b>You Can Renew Your Medicaid in any one of these ways</b>	<ul style="list-style-type: none"><li>- <b>Online:</b> If you have an online account, go to <a href="http://ssp.benefits.ohio.gov">ssp.benefits.ohio.gov</a>, login and click on Renew My Benefits</li><li>- <b>By mail:</b> Complete this form and mail it to your local County Department of Job and Family Services (CDJFS)*.</li><li>- <b>In person:</b> Visit your local CDJFS*</li><li>- <b>By phone:</b> (844)640-6446</li></ul>
	<small>*Find the address to your local office at: <a href="http://jfs.ohio.gov/county/county_directory.pdf">jfs.ohio.gov/county/county_directory.pdf</a></small>
<b>How to complete this renewal form</b>	<ol style="list-style-type: none"><li>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.</li><li>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.</li><li>3. Sign the form on page 9.</li><li>4. <b>Respond to this form by . If you do not respond to this form by the deadline, you will lose your Medicaid coverage.</b></li></ol>
<b>What we need</b>	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 <b>AND</b> policy numbers for any current health insurance.
<b>What happens next?</b>	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](http://healthcare.gov) or [benefits.ohio.gov](http://benefits.ohio.gov) or by calling (844)640-6446 or in person at your local CDJFS.

Print

## Reminder Letter



Reminder Date: 04/06/2022

Respond By:

Case Number:

Questions? Ask your worker.

TDD - For the

Hearing Impaired: 7-1-1

Phone: (844) 640-6446

Office Hours: (M-F) 7AM-8PM (Sat) 8AM-5PM (Sun) Closed

Dear :

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.

### It is time to renew your Medicaid coverage.

In , you were sent a Medicaid renewal form. We have not yet received a response from you. If we do not hear from you by , a Notice of Action proposing to end Medicaid coverage and explaining hearing rights will be mailed to you.

You can renew your Medicaid in any one of these ways:

- o **Online:** If you have an online account, go to [ssp.benefits.ohio.gov](https://ssp.benefits.ohio.gov), logon and click on Renew My Benefits.
- o **By mail:** Complete the Medicaid Renewal Form and mail it to your local County Department of Job and Family Services (CDJFS)\*.
- o **In person:** Visit your local CDJFS\*.
- o **By phone:** (844) 640-6446

\*Find the address to your local office at: [jfs.ohio.gov/county/county\\_directory.pdf](https://jfs.ohio.gov/county/county_directory.pdf)

**NEED HELP WITH YOUR RENEWAL?** Visit [benefits.ohio.gov](https://benefits.ohio.gov) or [HealthCare.gov](https://HealthCare.gov) or call us at (844) 640-6446. Para obtener una copia de este formulario en Español, llame (844) 640-6446. If you need help in a language other than English, call (844) 640-6446 and tell the customer service representative the language you need. We'll get you help at no cost to you.

## Discontinuance Notice of Action (NOA)

Page 1 of 6



Notice Date: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Case Name: \_\_\_\_\_

Questions? Ask your worker.

TDD - For the  
Hearing Impaired: \_\_\_\_\_  
County Phone: \_\_\_\_\_  
Office Hours: \_\_\_\_\_

### NOTICE OF ACTION

**This information is about your benefits. Please read all pages.**

We have made decisions about your Medicaid benefits. You can appeal if you disagree with any of our decisions. This notice explains our decisions and how you can appeal. You can reapply at any time if we denied or stopped your benefits.

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

If you believe you have been discriminated against or if your county agency has not provided you with an interpreter or a translation of this notice; and you wish to file a complaint, contact ODJFS Bureau of Civil Rights at 1-866-227-6353; the hearing impaired may call TDD 7-1-1.

*Spanish*

#### **Esta información trata sobre sus beneficios. Por favor, lea todas las páginas.**

Hemos hecho decisiones sobre su dinero, comida, o beneficios médicos. Usted puede presentar una apelación si no está de acuerdo con cualquiera de nuestras decisiones. Este aviso explica nuestras decisiones y cómo usted puede presentar una apelación. Usted puede presentar una nueva solicitud en cualquier momento si denegamos o ponemos fin a sus beneficios.

Si necesita una traducción u otro tipo de ayuda para leer este aviso o para comunicarse con nosotros, comuníquese con su asistente social. Encontrará el nombre y teléfono de su asistente social debajo de la fecha de envío (Mailing Date), más arriba. Si su asistente social no le puede ayudar, comuníquese con la Agencia de Derechos Civiles de ODJFS (ODJFS Bureau of Civil Rights) llamando al 1-866-227-6353, o con TDD llamando al 7-1-1 (gratuitamente).

---

#### **Your Medicaid benefits will stop on 09/30/2019.**

The people affected by this action are:

(1) Person #1

---

We will stop Medicaid for (1) Person #1 on 09/30/2019 because:

You are already receiving the Medicaid coverage you qualify for. Ohio Administrative Code 5160:1-2-10.

---

### Helpful Information

If you do not agree with the action proposed above, you have the right to appeal by requesting a State Hearing. If your benefits are being stopped or reduced and your hearing request is received by 09/16/2019, we will continue your benefits until a hearing decision is issued. There is more information on how to ask for a hearing below.

Helpful information about Medicaid can be found at [www.medicaid.ohio.gov](http://www.medicaid.ohio.gov).

You may reapply for Medicaid at any time.

Your Medicaid benefits are proposed to be terminated based on the Ohio Administrative Code. The sections used to determine your Medicaid are listed below in the Rules. Information about the Medicaid rules and policy can be accessed at [www.medicaid.ohio.gov](http://www.medicaid.ohio.gov). Under the tab Resources, click on Legal and Contracts then click on Rules.

Please contact your county Department of Job and Family Services (CDJFS) if you have any questions or there are facts you did not tell us.



### Privacy of Your Health Information

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires us to keep your health information private. This includes all of the information we have about your health, your health care services, and payments we make for your health care services.

Our "Notice of Privacy Practices" (Form Number ODM 10102) tells you more about your privacy rights.

You may get a copy of the "Notice of Privacy Practices" (Form Number ODM 10102) by calling our Ohio Medicaid Consumer Hotline toll free at (800) 324 – 8680. The Notice is also available on our web site, [medicaid.ohio.gov](http://www.medicaid.ohio.gov), by going to 'For Ohioans' and selecting 'Already Covered'.  
<http://www.medicaid.ohio.gov/FOROHIOANS/AlreadyCovered/NoticeofPrivacyPractices.aspx>

### You can ask for a State Hearing

Ask for a State Hearing if you disagree with what we are doing. At the hearing you can explain your reasons and we will explain our reasons. A hearing officer from the Ohio Department of Job and Family Services will make a decision after the hearing.

**If your benefits are being stopped or reduced, and we receive your hearing request by 09/16/2019 we will continue your benefits until a hearing decision is issued. If we receive your hearing request by 11/29/2019 you can have a hearing but we will change your benefits as proposed above.**

Please use the last page of this notice ("State Hearing Request") to ask for a State Hearing. Save all other pages of this notice.

Someone else may help you with your State Hearing (a lawyer, social worker, friend, relative, etc.). They may ask for a hearing and go to the hearing for you if they send us your signed authorization.

You may contact your local Legal Aid program for free help with your case by phoning 1-866-LAW-OHIO (1-866-529-6446) or by searching the Legal Aid directory at <http://www.ohiolegalservices.org/programs> on the internet.

You can ask for a hearing in one of the following ways:

**Online** - <https://www.odjfs.state.oh.us/BSHform/>

**Email** – [bsh@jfs.ohio.gov](mailto:bsh@jfs.ohio.gov). In the subject line, put "State Hearing Request". In the Message, include your name, case number, and reason for requesting a hearing, or attach a copy of this completed form.

**Phone** – Call the ODJFS Consumer Access Line at 866-635-3748. Follow the instructions for State Hearings, and mention this notice.

**Fax** – Complete and sign this form, and fax it to (614) 728-9574.

**Mail** – Complete and sign this form, and mail it to Bureau of State Hearings, P.O. Box 182825, Columbus, Ohio 43218-2825. Keep a copy for your records.

**Contact your county DJFS office** -- It is better to send this form using one of the methods above. But, you may complete and sign this form, and contact your local CDJFS.

**NOTE:** Page 4 of 6 of the NOA is blank, and therefore not included here.



**STATE HEARING REQUEST FORM**

You may use this form to request a State Hearing to appeal the actions proposed in the Notice of Action mailed on 08/30/2019. You may request a state hearing online by visiting <https://www.odjfs.state.oh.us/BSHform/>.

**Review this information:**

If any of the following information has changed, please cross out the old information and write in the new information. You must also notify your County Department of Job & Family Services (CDJFS) of your new information.


**Check all boxes that apply:**

I disagree with the actions proposed in the Notice of Action mailed 08/30/2019 for:

<input type="checkbox"/> Person #1 : termination of Medicaid.
---

**Note:** To appeal any action or lack of action by your local CDJFS not listed above, please call our Customer Access Line at 866-635-3748 to request your hearing.

**Check all boxes that apply:**

- ☐ I want to do my hearing by telephone. My number is: ( ) -
- ☐ I need an interpreter at my State Hearing. My language is: \_\_\_\_\_
- ☐ In addition to requesting a State Hearing, I would like someone from the Bureau of State Hearings to see if my issue can be resolved without a hearing.
- ☐ I want a county conference. (This is a meeting to discuss your case with your local CDJFS.)
- ☐ This person has agreed to help me with my state hearing (my "authorized representative"):

Name			Telephone Number
Address			Fax
City	State	Zip	E-mail

**Sign and date:**

If you are an authorized representative signing for the person requesting the State Hearing, you must provide an authorization signed by that person along with this hearing request.

Sign here	Date	Telephone Number ( ) -
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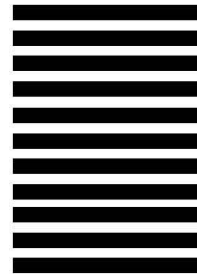
**Mailing Steps:**

- (1) Fold this page only along the dotted lines.
- (2) Tape after folding

Page 6 of 6



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NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



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FIRST-CLASS MAIL PERMIT NO 5249 COLUMBUS OH

POSTAGE WILL BE PAID BY ADDRESSEE

OHIO DEPT OF JOB AND FAMILY SERVICES  
BUREAU OF STATE HEARINGS  
P.O. BOX 182825  
COLUMBUS, OH 43218-2825

END

Page 6 of 6

PRINT SEQ 010040

# Benefit Change Notice of Action (NOA)

Page 1 of 6



Notice Date: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Case Name: \_\_\_\_\_

Questions? Ask your worker.

TDD - For the  
Hearing Impaired: \_\_\_\_\_  
County Phone: \_\_\_\_\_  
Office Hours: \_\_\_\_\_

## NOTICE OF ACTION

**This information is about your benefits. Please read all pages.**

We have made decisions about your Medicaid benefits. You can appeal if you disagree with any of our decisions. This notice explains our decisions and how you can appeal. You can reapply at any time if we denied or stopped your benefits.

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

If you believe you have been discriminated against or if your county agency has not provided you with an interpreter or a translation of this notice; and you wish to file a complaint, contact ODJFS Bureau of Civil Rights at 1-866-227-6353; the hearing impaired may call TDD 7-1-1.

*Spanish*

### **Esta información trata sobre sus beneficios. Por favor, lea todas las páginas.**

Hemos hecho decisiones sobre su dinero, comida, o beneficios médicos. Usted puede presentar una apelación si no está de acuerdo con cualquiera de nuestras decisiones. Este aviso explica nuestras decisiones y cómo usted puede presentar una apelación. Usted puede presentar una nueva solicitud en cualquier momento si denegamos o ponemos fin a sus beneficios.

Si necesita una traducción u otro tipo de ayuda para leer este aviso o para comunicarse con nosotros, comuníquese con su asistente social. Encontrará el nombre y teléfono de su asistente social debajo de la fecha de envío (Mailing Date), más arriba. Si su asistente social no le puede ayudar, comuníquese con la Agencia de Derechos Civiles de ODJFS (ODJFS Bureau of Civil Rights) llamando al 1-866-227-6353, o con TDD llamando al 7-1-1 (gratuitamente).

---

**A change in your household situation affects the benefits of only the following individuals.  
The benefits of other individuals in your household will not change.**

(1) Person #1

---

We will stop Medicaid for (1) Person #1 on 09/30/2021 because:

You have left the home. Ohio Administrative Code 5160:1-2-01.

---

### Helpful Information

If you do not agree with the action proposed above, you have the right to appeal by requesting a State Hearing. If your benefits are being stopped or reduced and your hearing request is received by 09/22/2021, we will continue your benefits until a hearing decision is issued. There is more information on how to ask for a hearing below.

Helpful information about Medicaid can be found at [www.medicaid.ohio.gov](http://www.medicaid.ohio.gov).

Changes are being proposed to your Medicaid eligibility based on the Ohio Administrative Code. The sections used to determine your Medicaid are listed below in the Rules. Information about the Medicaid rules and policy can be accessed at [www.medicaid.ohio.gov](http://www.medicaid.ohio.gov). Under the tab Resources, click on Legal and Contracts then click on Rules.

For assistance in locating a Medicaid provider, call the Ohio Medicaid Consumer Hotline at toll-free phone numbers 1-800-324-8680 or TTY for the hearing impaired 1-800-292-3572. Please contact your county Department of Job and Family Services (CDJFS) if you have any questions or there are facts you did not tell us.

### Privacy of Your Health Information

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires us to keep your health information private. This includes all of the information we have about your health, your health care services, and payments we make for your health care services.

Our "Notice of Privacy Practices" (Form Number ODM 10102) tells you more about your privacy rights.

You may get a copy of the "Notice of Privacy Practices" (Form Number ODM 10102) by calling our Ohio Medicaid Consumer Hotline toll free at (800) 324 – 8680. The Notice is also available on our web site, [medicaid.ohio.gov](http://www.medicaid.ohio.gov), by going to 'For Ohioans' and selecting 'Already Covered'.

<http://www.medicaid.ohio.gov/FOROHIOANS/AlreadyCovered/NoticeofPrivacyPractices.aspx>

### You can ask for a State Hearing

Ask for a State Hearing if you disagree with what we are doing. At the hearing you can explain your reasons and we will explain our reasons. A hearing officer from the Ohio Department of Job and Family Services will make a decision after the hearing.

**If your benefits are being stopped or reduced, and we receive your hearing request by 09/22/2021 we will continue your benefits until a hearing decision is issued. If we receive your hearing request by 12/06/2021 you can have a hearing but we will change your benefits as proposed above.**

Please use the last page of this notice ("State Hearing Request") to ask for a State Hearing. Save all other pages of this notice.

Someone else may help you with your State Hearing (a lawyer, social worker, friend, relative, etc.). They may ask for a hearing and go to the hearing for you if they send us your signed authorization.

You may contact your local Legal Aid program for free help with your case by phoning 1-866-LAW-OHIO (1-866-529-6446) or by searching the Legal Aid directory at <http://www.ohiolegalservices.org/programs> on the internet.

You can ask for a hearing in one of the following ways:

**Electronically** – Submit the hearing request to the Bureau of State Hearings SHARE Portal at <https://hearings.jfs.ohio.gov/SHARE/>. Log into the SHARE Portal using your Ohio Benefits ID and password to submit your request. (If you do not have an Ohio Benefits account, sign up at [ssp.benefits.ohio.gov](http://ssp.benefits.ohio.gov).)

**Email** – [bsh@jfs.ohio.gov](mailto:bsh@jfs.ohio.gov). In the subject line, put "State Hearing Request". In the Message, include your name, case number, and reason for requesting a hearing, or attach a copy of this completed form.

**Phone** – Call the ODJFS Consumer Access Line at 866-635-3748. Follow the instructions for State Hearings, and mention this notice.

**Fax** – Complete and sign this form, and fax it to (614) 728-9574.

**Mail** – Complete and sign this form, and mail it to Bureau of State Hearings, P.O. Box 182825, Columbus, Ohio 43218-2825. Keep a copy for your records.

**Contact your county DJFS office --** It is better to send this form using one of the methods above. But, you may complete and sign this form, and contact your local CDJFS.

**NOTE:** Page 4 of 6 of the NOA is blank, and therefore not included here.

**STATE HEARING REQUEST FORM**

You may use this form to request a State Hearing to appeal the actions proposed in the Notice of Action mailed on 09/07/2021. You may request a state hearing online by visiting <https://hearings.jfs.ohio.gov/SHARE>.

**Review this information:**

If any of the following information has changed, please cross out the old information and write in the new information. You must also notify your County Department of Job & Family Services (CDJFS) of your new information.


**Check all boxes that apply:**

I disagree with the actions proposed in the Notice of Action mailed 09/07/2021 for:

<input type="checkbox"/>	Person #1 : termination of Medicaid.
--------------------------	--------------------------------------

**Note:** To appeal any action or lack of action by your local CDJFS not listed above, please call our Customer Access Line at 866-635-3748 to request your hearing.

**Check all boxes that apply:**

- ☐ I want to do my hearing by telephone. My number is: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_
- ☐ I need an interpreter at my State Hearing. My language is: \_\_\_\_\_
- ☐ In addition to requesting a State Hearing, I would like someone from the Bureau of State Hearings to see if my issue can be resolved without a hearing.
- ☐ I want a county conference. (This is a meeting to discuss your case with your local CDJFS.)
- ☐ This person has agreed to help me with my state hearing (my "authorized representative"):

Name			Telephone Number
Address			Fax
City	State	Zip	E-mail

**Sign and date:**

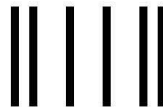
If you are an authorized representative signing for the person requesting the State Hearing, you must provide an authorization signed by that person along with this hearing request.

Sign here	Date	Telephone Number ( ) -
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**Mailing Steps:**

- (1) Fold this page only along the dotted lines.
- (2) Tape after folding

Page 6 of 6



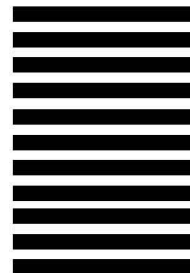
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UNITED STATES

**BUSINESS REPLY MAIL**

FIRST-CLASS MAIL PERMIT NO 5249 COLUMBUS OH

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OHIO DEPT OF JOB AND FAMILY SERVICES  
BUREAU OF STATE HEARINGS  
P.O. BOX 182825  
COLUMBUS, OH 43218-2825



END

Page 6 of 6

PRINT SEQ 010040



## No Change Notice of Action (NOA)

Page 1 of 6



Notice Date: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Case Name: \_\_\_\_\_

Questions? Ask your worker.

TDD - For the  
Hearing Impaired: 7-1-1 \_\_\_\_\_  
County Phone: \_\_\_\_\_  
Office Hours: \_\_\_\_\_

### NOTICE OF ACTION

**This information is about your benefits. Please read all pages.**

We have made decisions about your Medicaid benefits. You can appeal if you disagree with any of our decisions. This notice explains our decisions and how you can appeal. You can reapply at any time if we denied or stopped your benefits.

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

If you believe you have been discriminated against or if your county agency has not provided you with an interpreter or a translation of this notice; and you wish to file a complaint, contact ODJFS Bureau of Civil Rights at 1-866-227-6353; the hearing impaired may call TDD 7-1-1.

*Spanish*

#### **Esta información trata sobre sus beneficios. Por favor, lea todas las páginas.**

Hemos hecho decisiones sobre su dinero, comida, o beneficios médicos. Usted puede presentar una apelación si no está de acuerdo con cualquiera de nuestras decisiones. Este aviso explica nuestras decisiones y cómo usted puede presentar una apelación. Usted puede presentar una nueva solicitud en cualquier momento si denegamos o ponemos fin a sus beneficios.

Si necesita una traducción u otro tipo de ayuda para leer este aviso o para comunicarse con nosotros, comuníquese con su asistente social. Encontrará el nombre y teléfono de su asistente social debajo de la fecha de envío (Mailing Date), más arriba. Si su asistente social no le puede ayudar, comuníquese con la Agencia de Derechos Civiles de ODJFS (ODJFS Bureau of Civil Rights) llamando al 1-866-227-6353, o con TDD llamando al 7-1-1 (gratuitamente).

---

**Medicaid will continue with no change for the following individuals:**

- (1) Person #1
- (2) Person #2
- (3) Person #3

---

(1) Person #1 will continue to get Medicaid benefits as of 02/01/2021.

---

(2) Person #2 will continue to get Medicaid benefits as of 02/01/2021.

---

(3) Person #2 will continue to get Medicaid for Children benefits as of 02/01/2021.

---

### Helpful Information

If you do not agree with the action proposed above, you have the right to appeal by requesting a State Hearing. If your benefits are being stopped or reduced and your hearing request is received by 01/20/2021, we will continue your benefits until a hearing decision is issued. There is more information on how to ask for a hearing below.

You must report within ten (10) days any changes, such as changes in your household income, property, medical condition, or household situation. Any change can be made using the Self Service Portal or by contacting the case worker.

Helpful information about Medicaid can be found at [www.medicaid.ohio.gov](http://www.medicaid.ohio.gov).

Some Medicaid medical and dental procedures require pre-approval. If you have questions, call the Ohio Medicaid Consumer Hotline at toll-free phone numbers 1-800-324-8680 or TTY for the hearing impaired 1-800-292-3572.

In order to remain eligible for this program you must complete your next annual review when it comes due. The county will notify you when it is time to complete your next review.

For assistance in locating a Medicaid provider, call the Ohio Medicaid Consumer Hotline at toll-free phone numbers 1-800-324-8680 or TTY for the hearing impaired 1-800-292-3572. Please contact your county Department of Job and Family Services (CDJFS) if you have any questions or there are facts you did not tell us.

### Privacy of Your Health Information

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires us to keep your health information private. This includes all of the information we have about your health, your health care services, and payments we make for your health care services.

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You may get a copy of the "Notice of Privacy Practices" (Form Number ODM 10102) by calling our Ohio Medicaid Consumer Hotline toll free at (800) 324 – 8680. The Notice is also available on our web site, [medicaid.ohio.gov](http://www.medicaid.ohio.gov), by going to 'For Ohioans' and selecting 'Already Covered'.  
<http://www.medicaid.ohio.gov/FOROHIOANS/AlreadyCovered/NoticeofPrivacyPractices.aspx>

### You can ask for a State Hearing

Ask for a State Hearing if you disagree with what we are doing. At the hearing you can explain your reasons and we will explain our reasons. A hearing officer from the Ohio Department of Job and Family Services will make a decision after the hearing.

**If your benefits are being stopped or reduced, and we receive your hearing request by 01/20/2021 we will continue your benefits until a hearing decision is issued. If we receive your hearing request by 04/05/2021 you can have a hearing but we will change your benefits as proposed above.**

Please use the last page of this notice ("State Hearing Request") to ask for a State Hearing. Save all other pages of this notice.

Someone else may help you with your State Hearing (a lawyer, social worker, friend, relative, etc.). They may ask for a hearing and go to the hearing for you if they send us your signed authorization.

You may contact your local Legal Aid program for free help with your case by phoning 1-866-LAW-OHIO (1-866-529-6446) or by searching the Legal Aid directory at <http://www.ohiolegalservices.org/programs> on the internet.

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**Electronically** – Submit the hearing request to the Bureau of State Hearings SHARE Portal at <https://hearings.jfs.ohio.gov/SHARE/>. Log into the SHARE Portal using your Ohio Benefits ID and password to submit your request. (If you do not have an Ohio Benefits account, sign up at [ssp.benefits.ohio.gov](http://ssp.benefits.ohio.gov).)

**Email** – [bsh@jfs.ohio.gov](mailto:bsh@jfs.ohio.gov). In the subject line, put "State Hearing Request". In the Message, include your name, case number, and reason for requesting a hearing, or attach a copy of this completed form.

**Phone** – Call the ODJFS Consumer Access Line at 866-635-3748. Follow the instructions for State Hearings, and mention this notice.

**Fax** – Complete and sign this form, and fax it to (614) 728-9574.

**Mail** – Complete and sign this form, and mail it to Bureau of State Hearings, P.O. Box 182825, Columbus, Ohio 43218-2825. Keep a copy for your records.

**Contact your county DJFS office --** It is better to send this form using one of the methods above. But, you may complete and sign this form, and contact your local CDJFS.

**NOTE:** Page 4 of 6 of the NOA is blank, and therefore not included here.

**STATE HEARING REQUEST FORM**

You may use this form to request a State Hearing to appeal the actions proposed in the Notice of Action mailed on 01/05/2021. You may request a state hearing online by visiting <https://hearings.jfs.ohio.gov/SHARE>.

**Review this information:**

If any of the following information has changed, please cross out the old information and write in the new information. You must also notify your County Department of Job & Family Services (CDJFS) of your new information.


**Check all boxes that apply:**

I disagree with the actions proposed in the Notice of Action mailed 01/05/2021 for:

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

**Note:** To appeal any action or lack of action by your local CDJFS not listed above, please call our Customer Access Line at 866-635-3748 to request your hearing.

**Check all boxes that apply:**

- ☐ I want to do my hearing by telephone. My number is: (\_\_\_\_)\_\_\_\_-\_\_\_\_
- ☐ I need an interpreter at my State Hearing. My language is: \_\_\_\_\_
- ☐ In addition to requesting a State Hearing, I would like someone from the Bureau of State Hearings to see if my issue can be resolved without a hearing.
- ☐ I want a county conference. (This is a meeting to discuss your case with your local CDJFS.)
- ☐ This person has agreed to help me with my state hearing (my "authorized representative"):

Name			Telephone Number
Address			Fax
City	State	Zip	E-mail

**Sign and date:**

If you are an authorized representative signing for the person requesting the State Hearing, you must provide an authorization signed by that person along with this hearing request.

Sign here	Date	Telephone Number ( ) -
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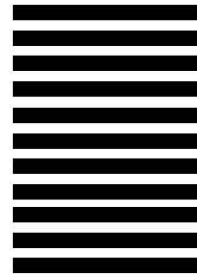
**Mailing Steps:**

- (1) Fold this page only along the dotted lines.
- (2) Tape after folding

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END

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