Medicaid Renewal / Reinstatement FAQ’s

Renewal Questions

1. I'M NOT SURE OF MY RENEWAL PERIOD. HOW CAN I FIND OUT?
The state mails out the form 2 months in advance of the last month of eligibility, so individuals can renew their Medicaid coverage. For this reason, individuals are advised to pay close attention to all JFS mail and promptly notify the agency of household address changes. Individuals that have not received a letter but think it may be time to renew can call 233-2000 to inquire. It should be noted that individuals can always request a Renewal form over the phone, or at any Opportunity Center.

2. HOW EARLY SHOULD I SUBMIT MY RENEWAL FORM?
As early as possible... Responding early gives JFS agencies time to resolve any issues and renew benefit coverage without interruption. Renewal forms are always available via 233-2000, or any Opportunity Center upon request if the mailed-out form is misplaced.

*Clients may be able to renew online @ https://benefits.ohio.gov/ if they have an online account and attempt to do so within their renewal month.

3. WHAT IF I DON’T RENEW BEFORE MY LAST AUTHORIZED MONTH OF MEDICAID?
The state will send individuals a letter prompting them to renew or face losing coverage. If they fail to do so by the beginning of their scheduled renewal month, the state will stop coverage beginning the first of the next month. The state will then mail a letter explaining why they lost their coverage.

4. I JUST RENEWED COVERAGE FOR MY CHILD LAST MONTH, DO I NEED TO RESPOND TO A SEPARATE RENEWAL REQUEST FOR ME?
Yes. Individuals in the same household may have different renewal dates, so people are advised to respond to every renewal request they receive.

5. SOMEONE ELSE IN MY HOUSE DIDN’T RENEW AND THEY LOST COVERAGE, CAN THAT AFFECT OTHERS IN MY HOUSE?
Potentially, regulations require individuals to meet eligibility requirements which may include relationships to other eligible household members. Therefore, one member losing eligibility may affect other household member(s).
Reinstatement Questions

1. WHY DID MY BENEFITS CLOSE?
   Individuals receiving Medicaid are required to complete and submit a Medical Renewal Form. Medicaid Coverage – like Food Assistance – now expires the month after their scheduled renewal, if eligibility hasn’t been established for the next period.

2. DO I NEED TO REAPPLY?
   In most cases, NO.* If the benefits were closed within 90 days, individuals need to complete the Renewal Form that was mailed out as best they can and submit it to Franklin County JFS for processing. Anyone with benefits closed longer than 90 days will have to reapply. *For exceptions to this rule, see rule #9.

3. I LOST / DIDN’T RECEIVE THIS FORM IN THE MAIL. HOW DO I GET MY BENEFITS BACK?
   Individuals can call 233-2000 and request a “#629 Renewal Form” be sent to them along with an envelope for its return. They can also walk into any local Opportunity Center and request one. Once completed, submissions are accepted in the in the following ways:

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<tr>
<th>METHOD?</th>
<th>WHERE?</th>
<th>WHEN?</th>
<th>HOW?</th>
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<tbody>
<tr>
<td>A IN PERSON</td>
<td>Any Local Opportunity Center</td>
<td>7:30 am - 5:00 p.m., or drop box</td>
<td>Submit renewal form</td>
</tr>
<tr>
<td>B MAIL</td>
<td>1721 Northland Park Ave. Columbus, OH 43229</td>
<td>Anytime</td>
<td>Submit renewal form</td>
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<tr>
<td>C FAX</td>
<td>(614) 233-2398</td>
<td>Anytime</td>
<td>Submit renewal form</td>
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<tr>
<td>D ONLINE</td>
<td><a href="https://benefits.ohio.gov/">https://benefits.ohio.gov/</a></td>
<td>Only until the end of the certification period</td>
<td>Log on with account</td>
</tr>
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4. HOW LONG DO I HAVE TO REINSTATE MY BENEFITS?
   If Medicaid eligibility is closed for failing to renew benefits, individuals have 90 days to renew and meet coverage requirements. If done within 90 days, Medicaid will be backdated and there will be no lapse in coverage.

5. WHAT IF I KEEP SUBMITTING NEW APPLICATIONS? WILL THE PROCESS GO FASTER?
   Clients should NOT submit multiple new applications during their renewal period, as this will only slow down processing with duplicate information. “Presumptive Eligibility” applications – as with other initial applications – do not fulfil the requirements of the renewal process. Clients only need to submit a Renewal form.

6. WHAT IF I DON’T REINSTATE MY COVERAGE WITHIN 90 DAYS?
   Individuals must reapply.

7. WHAT IF I SUBMITTED A RENEWAL BUT IGNORED FOLLOW-UP LETTERS?
   If these individuals are within 90 days of their termination, they can still provide the information and regain coverage. If it’s been longer than 90 days, they need to reapply.

8. WHEN WILL MY BENEFITS BE ACTIVE AGAIN?
   We are processing Renewal forms in the order they are received. Once we complete the determination, individuals will receive a letter detailing their coverage and status.

9. MY BENEFITS WERE CLOSED BECAUSE I WAS OVER INCOME.
   The 90 day rule does not apply to these individuals. They need to reapply.