

Frequently Asked Questions (FAQs) Unwinding from the COVID-19 Public Health Emergency

Updated as of 12/01/2022

1. What is the federal public health emergency (PHE), and what does it have to do with me?

The federal government declared a federal PHE in March 2020 in response to the COVID-19 pandemic. As a condition of receiving enhanced federal funding during the PHE, state Medicaid agencies have continued Medicaid coverage for all members, even if members did not renew their eligibility or are no longer eligible.

2. When will routine Medicaid processes begin again?

The timing is unknown, but once the federal government announces the end of the PHE, the state will resume normal eligibility and enrollment activities for all Ohioans covered by Medicaid. The federal government has committed to giving states 60 days' notice before the end of the PHE.

3. What should I do now to prepare?

- Update your contact information (name, address, phone number, and email address) to ensure you receive important notices and can be reached if more information is needed. You can update your contact information by calling the Medicaid Consumer Hotline at 1-800-324-8680, Monday through Friday 7 a.m. – 8 p.m.

You can also update your contact information by logging into your existing Self-Service Portal (SSP) account and report changes by visiting <https://ssp.benefits.ohio.gov>. After logging in, you should click the “Access My Benefits” tile, click “Report a Change to My Case” from the drop down, and follow the prompts.

- Keep an eye out for mail from the Ohio Department of Medicaid (ODM) or your local County Department of Job and Family Services (CDJFS) office and make sure you respond to requests for information by the deadline.

You can also check the [Ohio Department of Medicaid website](#) frequently for more information, resources, and tools.

4. What should I do if I receive a Verification Request Checklist in the mail?

You may receive a Verification Request Checklist in the mail that says your local CDJFS office needs more information in order to renew your Medicaid eligibility. You should respond right away. Until the PHE ends, Ohio is not allowed to end Medicaid coverage for members. After the PHE ends, Ohio will restart normal eligibility operations, and members who do not respond to mailed requests risk losing Medicaid coverage even if they are eligible.

5. What is a Medicaid renewal packet?

The Medicaid renewal packet is a pre-populated renewal form that lists information you have provided about your household, income, and other details to determine your Medicaid eligibility. If additional information is needed to renew your coverage, you may receive this packet.

Follow the instructions to complete your renewal packet and return the information in a timely manner.

6. How do I renew my Medicaid coverage?

There are multiple ways to renew your coverage:

- **In-person or by mail** at your local CDJFS office. You can find contact information for your CDJFS by choosing your county from the dropdown at: <https://medicaid.ohio.gov/home/update-contact-info/select-county-dropdown>.
- **Over the phone** by calling the Ohio Medicaid Consumer Hotline at 1-800-324-8680. Agents are available Monday through Friday 7 a.m. – 8 p.m.
- **Online** at <https://ssp.benefits.ohio.gov>. You'll need to create a Self-Service Portal account a couple of months **before** you can complete a renewal online. Otherwise, you must submit the renewal through one of the other 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.

For more information about how to apply for or renew your Medicaid coverage, please visit <https://medicaid.ohio.gov/families-and-individuals/coverage/01-how-to-apply>.

7. Is my child or dependent eligible for coverage, even if I am not?

Your child may be eligible for coverage even if you are not. 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 a family size of two, that means your gross monthly household income can be as much as \$2,381 for your child to be financially eligible for Medicaid. And for a family size of three, the limit is \$2,994 per month.

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 your child to financially qualify for CHIP, your gross monthly household income can be as

much as \$3,144 for a household size of two and up to \$3,954 for a household size of three.

For more information, please visit <https://medicaid.ohio.gov/families-and-individuals/citizen-programs-and-initiatives/children-families-and-women>.

8. How does this affect my Ohio Supplemental Nutrition Assistance Program (SNAP) coverage and/or benefits?

To find out more information about how the COVID-19 PHE effects your Ohio Supplemental Nutrition Assistance Program (SNAP) coverage and/or benefits, you will need to contact your local CDJFS office.

To find your local CDJFS's contact information, select your county from the dropdown at: <https://medicaid.ohio.gov/home/update-contact-info/select-county-dropdown>.

9. What if I no longer need Medicaid or want to have my case closed?

You can ask to have your case closed for any reason at any time. You can call 1-844-640-6446 and ask to have your case closed.