## Agenda

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<th>Topic</th>
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<td>Ohio Integrated Eligibility Project Overview</td>
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<td>Future Functionality</td>
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<td>Community Partner Assistance</td>
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Residents Have Multiple Channels to Apply for Medicaid

When applying for health coverage, there is a “No Wrong Door” policy, meaning there is a single seamless process when applying for health coverage regardless of where a resident applies. Below are the three different avenues for a resident to apply for health care coverage.

Ohio Benefits enables residents to apply for a variety of services 24/7 through a user friendly self-service website.

In Person
Residents can still visit their local county JFS office to apply for benefits.

Phone
Phone representatives are available to assist residents with Medicaid applications through the Medicaid hotline.

Benefits.Ohio.gov
New Resident Tool for Applying for Medicaid

NEW Ohio Benefits

MAGI applicants

The Ohio Benefits website is secure, multi-lingual (English, Spanish, Somali) and integrates with the new Ohio Integrated Eligibility System. It allows residents to create and access their cases.
Future Functionality
What is Presumptive Eligibility

**Presumptive Eligibility (PE) is:**
- Process in which certain qualified entities are able to perform a simplified eligibility review and grant immediate medical assistance to people applying for Medicaid (or CHIP, if applicable)
  - Residents must provide: name, household size, and estimated monthly income
- Those determined presumptively eligible must complete the full application process within a 60 day cycle period to continue Medicaid coverage

**Who is Eligible for PE:**
- Pregnant women (eligible once per pregnancy)
- Individuals who are in a family with a gross family income of no more than 200 percent of the FPL
- Must be an Ohio resident
- Can not be an inmate of a public institution
- Can not be currently enrolled in Medicaid
- Must be a U.S. citizen or qualified alien as defined in rule 5101: 1-38-02 3 of the Administrative Code
### Presumptive Eligibility Details

<table>
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<th>What Groups are Eligible?</th>
<th>Who Can Submit PE Applications?</th>
<th>What Type of Coverage is Available Through PE?</th>
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<tr>
<td>• Children</td>
<td>• ODJFS County Offices</td>
<td>• Full Medicaid Services</td>
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<td>• Pregnant Women</td>
<td>• Federally Qualified Health Centers (FHQCs)</td>
<td>• Ambulatory Prenatal Care</td>
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<td>• Parent Caretaker</td>
<td>• Federally Qualified Health Centers Look Alike</td>
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<td>• Deemed Newborns</td>
<td>• Medicaid Participating Hospitals</td>
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**When does PE begin?**

Once eligible, PE begins immediately on the date a qualified provider determines eligibility (not the day the PE application was filed).

**When does PE end?**

1) When the resident is determined ineligible for full Medicaid benefits
2) If a full Medicaid application is not filed, PE ends the last day of the following month in which the individual was determined to be presumptively eligible.
**Benefits of Presumptive Eligibility (Residents)**

The benefits that both residents and providers may receive through presumptive eligibility are highlighted below:

<table>
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<tr>
<th>Residents</th>
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<td>• Reduces the time for emergency eligibility-determinations. Full eligibility determination can take as long as 45 days</td>
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<td>• Allows prospective Medicaid beneficiaries to receive immediate, time-limited access (60-day cycle) to medical services</td>
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<td>• Provides a gateway into full Medicaid for Ohioans who are uninsured and if not for PE may not have known they were eligible for full Medicaid benefits</td>
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<td>• Increases the efficiency of the eligibility-determination process and improves access and overall health outcomes for Medicaid eligible individuals</td>
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<td>• Gives pregnant, uninsured mothers access to prenatal care, providing multiple health benefits for the mother and baby and saving Ohioans money in the long run</td>
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<td>• The overall health of the state will improve by meeting the needs of uninsured Ohioans at the point of care, and assisting them through the full Medicaid application process</td>
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<td>• Empowers Providers to perform temporary Medicaid eligibility determinations at the point of care</td>
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<td>• Improves the continuum of care by ensuring that the PE recipient completes a full Medicaid application</td>
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<td>• Guarantees the reimbursement of services rendered by the Provider to the PE recipient by Medicaid</td>
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Who?

Who is newly eligible for Medicaid coverage?

A new group of residents, (childless adults*) living up to 138% of the FPL, are now eligible for Medicaid in Ohio:

- This new group includes parents between 91-138% of the FPL.
- This group is also defined as adults between the ages of 19 to 64, who are between 0 – 138% FPL and are not eligible under another category of Medicaid.

*Childless adults: Includes residents with children over the age of 18

How many?

How many Ohioans will be newly eligible under Medicaid extension?

Through the recent eligibility change, Ohio is expected to see an additional 275,000 low-income residents come onto the Medicaid rolls.

**Based on a monthly average through 2015**
When can the group newly eligible for Medicaid coverage apply?

The new Ohio Integrated Eligibility system was built with the ability to support the new eligibility population. With the extension of Medicaid, Ohio has started the process of turning on that function within the system. This will take a matter of weeks to complete.

Where should the newly covered Medicaid population apply for benefits?

Benefits.Ohio.Gov will begin accepting Medicaid applications for newly eligible adults in the coming weeks. Further information on when newly eligible adults can apply will be provided on the Ohio Benefits website.
Visual Medicaid Extension Population Information

Lowest-Income Ohioans Face a Coverage Gap in 2014

Private Insurance

Federal Health Insurance Exchange

Ohio Medicaid

Coverage Gap

Optional Medicaid Expansion below $15,415 (138% Poverty)

Gold: Marketplace Eligibility
Blue: Current Ohio Medicaid Eligibility
White: Coverage gap that will be covered by the extension of Medicaid

SOURCE: Ohio Medicaid; Medicaid eligibility as of February 2013; Federal Health Insurance Exchange eligibility as of January 2014; 2012 poverty level is $11,170 for an individual and $23,050 for a family of 4; over age 65 coverage is through Medicare, not the exchange.
### Integrated Eligibility Project Timeline

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
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<tr>
<td>2013</td>
<td>Launch of Ohio Benefits and Ohio IE system</td>
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<td>Oct. 2013 Medicaid Extension Approval</td>
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<tr>
<td>2014</td>
<td>Jan. 2014 MAGI Medicaid Categories Coverage Begins</td>
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<td></td>
<td>Presumptive Eligibility</td>
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<td></td>
<td>All Medicaid benefits in Ohio Benefits and Ohio IE system</td>
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<tr>
<td>2015</td>
<td>SNAP, TANF, and Medicaid benefits in Ohio Benefits and Ohio IE system</td>
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The Ohio Integrated Eligibility project is made up of several phases:

- **October 1, 2013** – Launch of a resident Ohio Benefits for MAGI eligible individuals
- **January 2014** – All MAGI Medicaid individuals, including the newly eligible Medicaid extension population should apply through Ohio Benefits and their applications will be processed through the Ohio Integrated Eligibility system. The Ohio Integrated Eligibility system will also include increased functionality for presumptive eligibility.
- **November 2014** – Increased functionality in Ohio Benefits to support the Aged, Blind, and Disabled (ABD), Long Term Care, Waiver, etc.
- **July 2015** – Increased functionality in Ohio Benefits and Ohio Integrated Eligibility system to support SNAP and TANF
Nonprofits / Community Partners Can Assist Residents

Nonprofits, Community Partners may assist residents in checking their eligibility and reviewing guidelines at:

- Benefits.Ohio.Gov

Things to Note:

New income rules, procedures and handoffs may cause delays for residents

- For example: residents who apply through the federal Health Insurance Marketplace but are Medicaid eligible will have their applications transferred to Ohio Integrated Eligibility system to be processed

Residents and others can find further information (e.g. Medicaid policy, federal Marketplace, etc.) at the following websites

- Medicaid.Ohio.Gov
- HealthCare.Gov (federal Health Insurance Marketplace)

Thank you for your continued support!
Questions?