

Ohio Medicaid Disability Determination Redesign Overview

1. What is happening to Medicaid customers on Aug. 1, 2016?

On Aug. 1, 2016, the Ohio Department of Medicaid (ODM) converted all Aged, Blind or Disabled (ABD) Medicaid customer cases from the more than 30-years-old CRIS-E eligibility system to the newer Ohio Benefits system. The state also changed policies around how residents qualify for ABD Medicaid (from 209(b) to 1634). This change is referred to as the Disability Determination Redesign (DDR).

The new State DDR policies increase the income/asset limits for ABD Medicaid to match those for Supplemental Security Insurance (SSI). The ABD Medicaid eligibility/disability guidelines and definitions are the same, but now SSI customers don't need obtain a separate disability determination from ODM.

The new DDR policies also eliminate the Spend Down portion of ABD Medicaid, which allowed customers with monthly incomes too high to be eligible for ABD Medicaid to spend the difference in their income on medical bills and have the remaining expenses covered by the program – similar to an insurance deductible.

Customers who qualified for ABD Medicaid by meeting a Spend Down in at least one month during the previous 12 months (from Aug. 1, 2015 to July 31, 2016) will retain full, ongoing Medicaid coverage under the DDR.

Customers who did not meet a Spend Down in at least one month during the previous 12 months (from Aug. 1, 2015 to July 31, 2016) will be required to reapply for Medicaid or obtain medical insurance from another source (see **Question #9**). The Affordable Care Act requires that all individuals obtain some form of health coverage or they must pay a penalty on their tax returns.

Customers who were previously covered with Long-Term-Care (LTC/Waiver) Medicaid benefits and are over the \$2,199 monthly income limit will need to establish a Qualified Income Trust (QIT) to maintain coverage. For more information, they should contact Automated Health systems (AHS) at **1-844-265-4722** or by email at OhioQIT@automated-health.com.

2. Where can I or customers find additional information regarding the changes to ABD Medicaid eligibility?

<https://benefits.ohio.gov/ddr.html> or <http://www.medicaid.ohio.gov/ddr> or call the Franklin County Department of Job and Family Services at **614-233-2000**.

3. When do ABD customers get their new Medicaid cards?

Provided an ABD customer met his/her Spend Down once in the 12 months prior to conversion, he/she will receive a new fee-for-service Medicaid card in the mail within 3 days of conversion. If the customer is already on fee-for-service Medicaid but does not pay a Spend Down, he/she should have received a new card in the mail before Aug. 1. If a customer is already enrolled in a Medicaid Managed Care Plan and doesn't pay a Spend Down, nothing changes. The customer should simply continue to use their existing card.

4. What can customers use until they get their new Medicaid card?

Customers can use their Medicaid billing number on previous cards. If they don't have access to a card, they should contact the **Ohio Medicaid Consumer Hotline (1-800-324-8680)** or FCDJFS.

5. A customer claims that they paid their Spend Down this year but the pharmacy/doctor says the customer is not covered.

The customer should first verify his/her information with the pharmacy/doctor is correct (name, date of birth, billing number). If pharmacy/doctor's information is correct, the customer should contact the **Ohio Medicaid Consumer Hotline (1-800-324-8680)** or FCDJFS.

6. Can customers submit a check or money order payment to meet a Spend Down after Aug. 1?

Effective Aug. 1, 2016, FCDJFS can no longer accept payments from Medicaid customers who try to meet their Spend Down – regardless of the postmark date, or if the payment is for a previous month or a future month. If a customer attempts to send a payment by mail after Aug. 1, 2016 the County Auditor will send a refund to the customer's mailing address on file. Refunds should arrive within 14 days from receipt.

If a customer receives a message from FCDJFS asking for an updated address to send a refund, it means the refund was returned due to an invalid address and the customer must contact FCDJFS to update the address within 14 days or the Auditor's Office will void the check.

7. Can customers submit a medical bill for incurred expenses to meet a Spend Down after Aug. 1?

If a customer submits a medical bill for incurred expenses that has a date of service between Aug. 1, 2015 and July 31, 2016 and it meets the entire Spend Down amount for the month, it can be used to open up eligibility for the month the expenses were incurred as well as ongoing Medicaid coverage, beginning Aug. 1. The customer will remain covered until his/her scheduled renewal date or a change in his/her case, but will no longer be required to meet a Spend Down.

If the medical bill for incurred expenses has a date prior to Aug. 1, 2015, it can be used to establish coverage for that month only. He/she must reapply to obtain ongoing Medicaid coverage. Medical bills for incurred expenses that do not meet the entire Spend Down amount and/or that have a date of service after Aug. 1, 2016, cannot be used to obtain ongoing Medicaid coverage. He/she must reapply for Medicaid or find alternative coverage.

8. When are customers required to complete a renewal?

Medicaid customers must renew their eligibility at least every 12 months or whenever a case change is reported that would affect the customer's eligibility (such as change in household size, address, income, etc.). If a customer was scheduled for a renewal between August 2016 and December 2016, the renewal will be deferred until the same month in 2017. This state policy change is still pending approval from the federal government). Customers will receive a renewal packet by mail at the home address on file approximately 2 ½ months before their renewal deadline.

9. What resources are available for former ABD customers who no longer qualify for Medicaid?

If customers no longer qualify for ABD Medicaid at the time of their renewal, they may need to explore medical coverage through one of the following places:

- The Federal Marketplace Exchange (www.healthcare.gov or by phone **1-800-318-2598**)
- Ohio Navigator Program (www.areyoucoveredohio.org or by phone **1-800-648-1176**)