Ohio Benefits prepared to receive federal cases

- Ohioans who applied for health care benefits on the federal website (<u>www.Healthcare.gov</u>) but
 were denied because that system determined they might be eligible for Ohio Medicaid instead
 were notified by the federal government that an application was forwarded on their behalf to Ohio
 to determine Medicaid eligibility. However, because of glitches in Healthcare.gov, the federal
 government did not transfer those applications to the State.
- The Ohio Department of Medicaid has received inquiries from Ohioans who, based on the federal
 notice, believed their application was pending at the State. Ohio Medicaid is responding to these
 inquiries to clarify that the federal government did not forward these applications and to
 encourage individuals who tried to apply on the federal site to now apply directly for Medicaid
 coverage online at Ohio Benefits (www.Benefits.Ohio.gov).
- Potential Ohio Medicaid cases have been accumulating in the federal system since October. On
 December 10, the Ohio Department of Medicaid was notified by the federal government that Ohio
 can expect to receive Medicaid applications for more than 20,000 Ohioans from the federal system.
 Ohio is one of only seven states the federal government identified as ready to receive the federal
 cases.
- Ohio is prepared to receive these cases, but will take steps to minimize the impact on county Job and Family Services caseworkers related to the sudden influx of cases.
 - First, the State's Ohio Benefits team will test the connections between the federal system
 and State systems before transferring files. This testing is critically important to make sure
 that glitches in the federal system do not transfer into the State system.
 - Second, once testing is complete, Ohio Benefits will turn on new "no touch" functions that
 will allow the State system to resolve more cases automatically by querying the federal
 system instead of referring those cases to a county for final resolution.
- Ohio will process the federal cases as quickly as possible, but not rush the steps described above.
 The goal is to enter all of the federal cases into the State system by the end of January 2014.
- Medicaid coverage will begin on January 1 as planned for people who are eligible for the expansion group even if some of the applications are processed after January 1. This is because federal law requires Medicaid to cover allowable expenses in any of the three months prior to the date a person applies, so anyone found newly eligible with allowable expenses who applies before April 1, 2014 will be eligible for Medicaid coverage dating back to January 1, 2014.