



COVID-19: Medicaid/CHIP Ensures Ohio Children Get a Healthy Start

Keeping Ohio's Families Healthy and Insured: Medicaid and the Children's Health Insurance Program

Ohio's Healthy Start program provides critical services for children from birth through age 18 and in some cases beyond that age. These services include preventive care such as well-check visits and immunizations, behavioral health services, alcohol & drug addiction treatment, and prescription medication. For children up to age 19 and children transitioning out of foster care through age 26. Essential services also provided include dental care, vision care and eyeglasses, and other services. These

Eligibility

If you have become unemployed and have also lost your insurance as a result, you and your children may be eligible for Medicaid/CHIP, however you must visit to [Benefits.gov](https://www.benefits.gov) to apply and begin taking advantage of services.

Enroll Your Family Today through [Ohio Benefits.gov](https://www.benefits.gov)

When applying for benefits you will be asked questions about your family, your income, and the bills you pay. It's important to answer the questions and provide information as completely as possible, including your contact information, so that caseworkers can reach out to you if there are any questions or follow-up information needed.

The online application through [Benefits.gov](https://www.benefits.gov) include the following:

1. Welcome
2. Start Application: Personal Information, such as name, address, phone number, and email address, and importantly – the types of benefits you are applying for such as health coverage, food assistance, child care, or cash assistance.
3. People: information about all who live in the home
4. Jobs and School: information about
5. Other Income: additional sources of income such as worker's compensation, child support

Ohio's Healthy Start: Are you eligible?

To determine eligibility – you'll be asked a series of questions:

How many individual's live in your household?

Is anyone pregnant?

Is anyone 18 or younger?

Does anyone need Medicaid long-term care services in a home or a facility?

Was anyone in foster care in Ohio at age 18 and is now 26 or younger?

Are all the following true for any one individual in your family?

- Is 21 or older?
- Earns monthly income between \$743-2,199
- Has been determined disabled by the SSA or believe that you have a disability
- Has been diagnosed with a severe mental illness
- Needs help with activities such as medical appointments, social interactions, and living skills.

Have you or your spouse ever served/are serving in the U.S. military?

If you have questions, call the Ohio Medicaid Consumer Hotline at 800-324-8680

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6. Other Expenses: child care, school expenses, rent, utilities, and other types of household expenses
7. Resources: Savings account, real estate, personal property, etc.
8. Other: Military service, previous benefits received, etc.
9. Submit: Once you complete the online application on Ohio Benefits.gov, you will receive a confirmation code with the name of the county office that will be managing your case and the contact information for that office.

What to Expect Next?

Step 1: Case Review

After you apply, you may get a letter asking for more information. If you need help getting the information, you should ask your case worker with the county department of job and family services. After the county office has all of the information needed to review your case, the eligibility determination process will begin.



Step 2: Approval

If your application for Medicaid is approved, you are automatically enrolled in Fee-For-Service coverage. You will get a letter with your Medicaid card and can start using services right away. Ohio Medicaid has a statewide network of providers including hospitals, family practice doctors, pharmacies and durable medical equipment companies. As with most types of coverage, it's important to ask whether the provider accepts Medicaid before you schedule an appointment.

Step 3: Managed Care

In Ohio, most individuals who have Medicaid must join a managed care plan to receive their health care. Shortly after you are approved for Medicaid you will get a letter asking you to pick a plan. The best way to enroll in managed care is online with the Consumer Hotline. Managed care acts like regular private health insurance and a health insurance card will be issued to you.

Step 4: Stay in Touch

Individuals covered by Medicaid should be aware that their eligibility will be reviewed every 12 months. However, no individuals will be disenrolled during this public health crisis.

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