

How do I apply for Medicaid?

The most efficient way to learn about your Medicaid eligibility and to apply for benefits is to go online to: *Benefits.Ohio.gov* and answer the questions about your household and income. If you do not have access to a computer you can use one in the Stark County Job and Family Services (SCJFS) computer lab, located in the Customer Service lobby, 221 3rd Street SE. Or you can contact Stark County Job and Family Services Human Services Division at 1(844) 640-OHIO (6446).

What information do I need to apply for Medicaid?

When you apply for Medicaid you will be asked for your name and address. You will also be asked for the name(s) of each person living in the household. You will be asked for the following information for yourself and each member of the household:

- social security number
- income and tax filing information

Additional verification may be required based on household circumstances.

Information on eligibility for Aged, Blind and Disabled individuals is available separately in the Stark County Job and Family services brochure: Aged, Blind and Disabled Medicaid.

Stark County Job & Family Services

Human Services Division

221 3rd Street S.E.
Canton, OH 44702

*Cash, Food, Medical Assistance
Applications & Customer Service:*
1.844.640.OHIO (6446)
Child Care: 330.452.4661

Children Services Division

402 2nd Street S.E.
Canton, OH 44702

Child Abuse/Neglect Report Line:
330.455.KIDS
Foster/Adopt:
330.451.8789

Child Support Division

221 3rd Street S.E.
Canton, OH 44702

Customer Service: 330.451.8930
Payment information:
jfs.ohio.gov/ocs

SCJFS Executive Offices

221 3rd Street S.E.
Canton, OH 44702
330.452.4661



starkjfs.org



revised
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Medicaid Medical Coverage



Human Services Division



Stark County Job & Family Services

What is Medicaid?

Medicaid is a federal and state healthcare program for individuals with low income and limited resources. Medicaid helps with medical expenses and also offers benefits not normally covered by Medicare, such as nursing home care and personal care services.

What is the difference between Medicaid and Medicare?

Medicaid is an assistance program. Most Ohioans enrolled on Medicaid must choose from one of five managed care plans after becoming eligible for benefits. Managed Care Plans are health insurance companies that contract with many different types of medical providers and health care facilities to offer health care services. Ohio's Managed Care Plans are:

- Buckeye Community Health Plan
- CareSource
- Molina Healthcare
- Paramount Advantage
- UnitedHealthcare Community Plan

Medicare is an insurance program. Through Medicare, medical bills are paid from trust funds which those covered have paid into. Medicare primarily serves people over 65, whatever their income; and serves younger disabled people and dialysis patients.

Who is eligible for Medicaid?

Medicaid provides health care coverage for MAGI extension eligible adults between 18 and 64 who are not on Medicare and who are between 0 and 138% of poverty or below. Coverage is determined by MAGI (Modified Adjusted Gross Income) eligibility.

Medicaid provides healthcare for eligible pregnant women of any age, infants, children, young adults, parents or caretaker relatives. To be eligible for coverage, you must:

- be a United States citizen or meet Medicaid citizenship requirements;
- have, or get, a Social Security number;
- be an Ohio resident;
- meet financial requirements, which vary depending on the program.

If you are not sure you or your family qualify for coverage, you should still apply. Non-U.S. citizens may be eligible for Alien Emergency Medical Assistance or Refugee Medical Assistance.



What is MAGI eligibility?

MAGI standards are based on federal income tax rules. MAGI uses a tax filer's family size and income to determine eligibility. Income eligibility varies by program and is based on how you file your taxes, whose income is used in filing, and who resides in your home. Generally only income included for federal tax purposes is counted. Income not included when filing federal taxes is likely not counted for MAGI calculations.

For example, child support is not considered income when filing federal taxes, so it is not counted as income when determining Medicaid eligibility. Spousal support is considered income when filing federal taxes and is counted as income when determining Medicaid eligibility.

If you do not file taxes, your family size will be based on number and age of immediate family members who live with you.

What does Medicaid include?

Those covered by a Medicaid managed care plan, receive:

- a primary care doctor;
- pregnancy-related services to promote healthy mothers and babies;
- regularly scheduled medical checkups for infants and toddlers;
- children and young adults (to age 21) receive annual exams and services which include doctor's office/ clinic visits, prescriptions and hearing, vision and dental checks;
- 24/7 medical advice hotline;
- health education materials.