

**A. Date of Meeting: 06/27/2025**

**B. Location of Meeting:** Golden Corral Buffet & Grill, 5730 Opportunity Dr. Toledo Oh 43612

**C. Names of all those in Attendance (Medicaid, MMP Members, MCO, Stakeholders):**

**D. Agenda:**

1.
  - a. Have you completed your annual renewal
    - I. Members were not aware of their Annual Renewal requirement
    - II. Majority of the members were not aware of their renewal dates.
  - b. Feedback on Annual Renewal Mailer
    - I. Did it prompt you action? Yes -because it has AmeriHealth
    - II. Does not signal a call to action
    - III. Need a call to action
    - IV. One front page – verbiage to call to action. (Front – Urgent attention needed)
  - c. Feedback on the Annual Renewal content?
    - I. Reword section one- members do not know the annual renewal copies are coming from the plan or the County
    - II. Like color coding
    - III. Like Numbers bold
    - IV. Very instructive.
    - V. Provides all necessary information to complete your renewal.
2. Transportation Review – members reported being very satisfied with their transportation benefit.
3. Member Portal Review – Well received by members
4. Value Add Services Review - – Well received by members
5. Open Discussion
  - a. One member stated she was unable to auto re-fills on prescriptions

**Meeting Notes:**

**Recommendation Summary:**

1. Provide the local county and jobs and family services contact information
2. Place on front: Attention: It is time to renew your benefits
3. Place on front: Limited time to renew
4. Statement stating there has been a change to the process.

**MCO Response:**

1. MCO provided all CJFS numbers to members.
2. MCO provided feedback to Communication and Marketing Director.
3. MCO provided feedback to Director of Pharmacy
4. MCO provided feedback to Health Equity Director
5. MCO provided members with several PCP choice. All PCP updated and re-issued ID card.

Closed Meeting.

**A. Date of Meeting: 06/17/2025**

**B. Location of Meeting:** Golden Corral Buffet & Grill, 6611 Miller Lane. Dayton Ohio, 45414

**C. Names of all those in Attendance (Medicaid, MMP Members, MCO, Stakeholders):**

**D. Agenda:**

- a. Have you completed your annual renewal
    - I. Some members have completed their annual renewals
    - II. Majority of the members were not aware of their renewal dates.
  - b. Feedback on Annual Renewal Mailer
    - I. Did it prompt you action? No it did not
    - II. Does not signal a call to action
    - III. Need a call to action
    - IV. One front page – verbiage to call to action. (Front – Urgent attention needed)
  - c. Feedback on the Annual Renewal content?
    - I. Like color coding
    - II. Like Numbers bold
    - III. Very instructive.
    - IV. Provides all necessary information to complete your renewal.
- 1. Transportation Review – members reported being very satisfied with their transportation benefit.
  - 2. Member Portal Review – Well received by members
  - 3. Value Add Services Review - – Well received by members
  - 4. Open Discussion
    - a. Members did not have any additional discussion points.

**Meeting Notes:**

**Recommendation Summary:**

- 1. Provide the local county and jobs and family services contact information
- 2. Place on front: Attention: It is time to renew your benefits
- 3. Place on front: Limited time to renew
- 4. Statement stating there has been a change to the process.

**MCO Response:**

- 1. MCO provided all CJFS numbers to members.
- 2. MCO provided feedback to Communication and Marketing Director.
- 3. MCO provided feedback to Director of Pharmacy
- 4. MCO provided feedback to Health Equity Director
- 5. MCO provided members with several PCP choice. All PCP updated and re-issued ID card.

Closed Meeting.

**A. Date of Meeting: 06/20/2025**

**B. Location of Meeting:** Golden Corral: 21 Russell Plaza Drive; Ashland, KY 41101

**C. Names of all those in Attendance (Medicaid, MMP Members, MCO, Stakeholders):**

**D. Agenda:**

- a. Have you completed your annual renewal
    - I. None of the members were aware of their annual renewal requirement
    - II. Majority of the members were not aware of their renewal dates.
  - b. Feedback on Annual Renewal Mailer
    - I. Did it prompt you action? No – it did not prompt me to action.
    - II. Does not signal a call to action
    - III. Need a call to action
    - IV. One front page – verbiage to call to action. (Front – Urgent attention needed)
  - c. Feedback on the Annual Renewal content?
    - I. Easy to understand steps.
    - II. Like color coding
    - III. Like Numbers bold
    - IV. Very instructive.
    - V. Provides all necessary information to complete your renewal.
- 
- 1. Transportation Review – members reported being very satisfied with their transportation benefit.
  - 2. Member Portal Review – Well received by members
  - 3. Value Add Services Review – Well received by members
  - 4. Open Discussion
    - a. Members did not have any additional discussion points

**Meeting Notes:**

**Recommendation Summary:**

- 1. Provide the local county and jobs and family services contact information
- 2. Place on front: Attention: It is time to renew your benefits
- 3. Place on front: Limited time to renew
- 4. Statement stating there has been a change to the process.

**MCO Response:**

- 1. MCO provided all CJFS numbers to members.
- 2. MCO provided feedback to Communication and Marketing Director.
- 3. MCO provided feedback to Director of Pharmacy

4. MCO provided feedback to Health Equity Director
5. MCO provided members with several PCP choice. All PCP updated and re-issued ID card.

Closed Meeting.

**A. Date of Meeting: 06/26/2025**

**B. Location of Meeting:** BJ's Restaurant, 11315 Edmondson Rd, 45246

**C. Names of all those in Attendance (Medicaid, MMP Members, MCO, Stakeholders):**

**D. Agenda:**

- a. Have you completed your annual renewal
    - I. Some members have completed their annual renewals
    - II. All of the members were not aware of their renewal dates.
  - b. Feedback on Annual Renewal Mailer
    - I. Did it prompt you action? Yes -because it has AmeriHealth
    - II. Does not signal a call to action
    - III. Need a call to action
    - IV. One front page – verbiage to call to action. (Front – Urgent attention needed)
  - c. Feedback on the Annual Renewal content?
    - I. Reword section one- members do not know the annual renewal copies are coming from the plan or the County
    - II. Like color coding
    - III. Like Numbers bold
    - IV. Very instructive.
    - V. Provides all necessary information to complete your renewal.
1. Transportation Review – members reported being very satisfied with their transportation benefit.
  2. Member Portal Review – Well received by members
  3. Value Add Services Review - – Well received by members
  4. Open Discussion
    - a. There were not any open discussions

**Meeting Notes:**

**Recommendation Summary:**

1. Provide the local county and jobs and family services contact information
2. Place on front: Attention: It is time to renew your benefits
3. Place on front: Limited time to renew
4. Statement stating there has been a change to the process.

MCO Response:

1. MCO provided all CJFS numbers to members.
2. MCO provided feedback to Communication and Marketing Director.
3. MCO provided feedback to Director of Pharmacy
4. MCO provided feedback to Health Equity Director
5. MCO provided members with several PCP choice. All PCP updated and re-issued ID card.

Closed Meeting.

**A. Date of Meeting: 06/12/2025**

**B. Location of Meeting:** TGI Fridays – 10320 Cascade Crossing Brooklyn, OH 44144

**C. Names of all those in Attendance (Medicaid, MMP Members, MCO, Stakeholders):**

**D. Agenda:**

- a. Have you completed your annual renewal
    - I. Some members have completed their annual renewals
    - II. Majority of the members were not aware of their renewal dates.
  - b. Feedback on Annual Renewal Mailer
    - I. Did it prompt you action? Yes -because it has AmeriHealth
    - II. Does not signal a call to action
    - III. Look like junk mail
    - IV. One front page – verbiage to call to action. (Front – Urgent attention needed)
  - c. Feedback on the Annual Renewal content?
    - I. Content on back is good
    - II. Like color coding
    - III. Like Numbers bold
    - IV. Very instructive.
    - V. Provides all necessary information to complete your renewal.
1. Transportation Review – members reported being very satisfied with their transportation benefit.
  2. Member Portal Review – Well received by members
  3. Value Add Services Review – Well received by members
  4. Open Discussion
    - a. NA

**Meeting Notes:**

**Recommendation Summary:**

1. Provide the local county and jobs and family services contact information
2. Place on front: Attention: It is time to renew your benefits

3. Place on front: Limited time to renew
4. Statement stating there has been a change to the process.

MCO Response:

1. MCO provided all CJFS numbers to members.
2. MCO provided feedback to Communication and Marketing Director.
3. MCO provided feedback to Director of Pharmacy
4. MCO provided feedback to Health Equity Director
5. MCO provided members with several PCP choice. All PCP updated and re-issued ID card.

Closed Meeting.

**A. Date of Meeting: 06/30/2025**

**B. Location of Meeting:** Golden Corral 2620 Elida Road, Lima, OHIO 45805

**C. Names of all those in Attendance (Medicaid, MMP Members, MCO, Stakeholders):**

**D. Agenda:**

- A. Have you completed your annual renewal
    - I. Some members have completed their annual renewals
    - II. Majority of the members were not aware of their renewal dates.
  - B. Feedback on Annual Renewal Mailer
    - I. Did it prompt you action? NO – I thought it was junk mail
    - II. Does not signal a call to action
    - III. Need a call to action
    - IV. One front page – verbiage to call to action. (Front – Urgent attention needed)
  - C. Feedback on the Annual Renewal content?
    - I. Reword section one- members do not know the annual renewal copies are coming from the plan or the County
    - II. Like color coding
    - III. Like Numbers bold
    - IV. Very instructive.
    - V. Provides all necessary information to complete your renewal.
1. Transportation Review – members reported being very satisfied with their transportation benefit.
  2. Member Portal Review – Well received by members
  3. Value Add Services Review – Well received by members
  4. Open Discussion
    - a. NA

**Meeting Notes:**

**Recommendation Summary:**

1. Provide the local county and jobs and family services contact information
2. Place on front: Attention: It is time to renew your benefits
3. Place on front: Limited time to renew
4. Statement stating there has been a change to the process.

**MCO Response:**

1. MCO provided all CJFS numbers to members.
2. MCO provided feedback to Communication and Marketing Director.
3. MCO provided feedback to Director of Pharmacy
4. MCO provided feedback to Health Equity Director
5. MCO provided members with several PCP choice. All PCP updated and re-issued ID card.

Closed Meeting.

**A. Date of Meeting: 06/11/2025**

**B. Location of Meeting:** O' Charley's Restaurant, 930 Windham Court, Boardman, OH 44512

**C. Names of all those in Attendance (Medicaid, MMP Members, MCO, Stakeholders):**

**D. Agenda:**

- a. Have you completed your annual renewal
    - I. Some members have not completed their annual renewals or aware of their dates for completion.
    - II. Majority of the members were not aware of their renewal dates.
  - b. Feedback on Annual Renewal Mailer
    - I. Did it prompt you action? Yes -any anything from my health plan I review
    - II. Does not signal a call to action
    - III. One front page – verbiage to call to action. (Front – Urgent attention needed)
  - c. Feedback on the Annual Renewal content?
    - I. Content on back is good
    - II. Like color coding
    - III. Like Numbers bold
    - IV. Very instructive.
    - V. Provides all necessary information to complete your renewal.
1. Transportation Review – members reported being very satisfied with their transportation benefit.
  2. Member Portal Review – Well received by members
  3. Value Add Services Review – Well received by members
  4. Open Discussion

- a. Two members needed a new PCP

**Meeting Notes:**

**Recommendation Summary:**

1. Provide the local county and jobs and family services contact information
2. Place on front: Attention: It is time to renew your benefits
3. Place on front: Limited time to renew
4. Statement stating there has been a change to the process.

**MCO Response:**

1. MCO provided all CJFS numbers to members.
2. MCO provided feedback to Communication and Marketing Director.
3. MCO provided feedback to Health Equity Director
4. MCO provided members with several PCP choice. All PCP updated and re-issued ID card.

Closed Meeting.

A. **Date of Meeting:** 06/10/2025

B. **Location of Meeting:** Salvation Army: 420 MARKET AVENUE SOUTH, CANTON, OHIO 44702

C. **Names of all those in Attendance (Medicaid, MMP Members, MCO, Stakeholders):**

D. **Agenda:**

1. Welcome
2. Your Voice-Annual Renewal/Redetermination
  - a. Have you completed your annual renewal
    - I. All members have not completed their annual renewals or aware of their dates for completion.
    - II. Majority of the members were not aware of their renewal dates.
  - b. Feedback on Annual Renewal Mailer
    - I. Did it prompt you action? No. -it is very Generic
    - II. Does not signal a call to action
    - III. One front page – verbiage to call to action.
    - IV. Member stated. Reliable internet
  - c. Feedback on the Annual Renewal content?
    - I. Content on back is good
    - II. Very instructive.
    - III. Provides all necessary information to complete your renewal.
3. Transportation Review – members reported being very satisfied with their transportation benefit.
4. Member Portal Review – Well received by members
5. Value Add Services Review – Well received by members



6. Open Discussion
  - a. Member did not have any additional feedback or concerns.

**Meeting Notes:**

**Recommendation Summary:**

1. Provide the local county and jobs and family services contact information
2. Place on front: Attention: It is time to renew your benefits
3. Place on front: Limited time to renew
4. Artwork (on the right) need to be tweaked

**MCO Response:**

1. MCO provided all CJFS numbers to members.
2. MCO provided feedback to Communication and Marketing Director.
3. MCO provided feedback to Health Equity Director

Closed Meeting.

**A. Date of Meeting: 06/24/2025**

**B. Location of Meeting:** Golden Corral Buffet & Grill, 4750 E. Main Street, Whitehall, OH 43213

**C. Names of all those in Attendance (Medicaid, MMP Members, MCO, Stakeholders):**

**D. Agenda:**

- A. Have you completed your annual renewal
    - I. Some members have completed their annual renewals
    - II. Majority of the members were not aware of their renewal dates.
  - B. Feedback on Annual Renewal Mailer
    - I. Did it prompt you action? Yes -because it has AmeriHealth
    - II. Does not signal a call to action
    - III. Need a call to action
    - IV. One front page – verbiage to call to action. (Front – Urgent attention needed)
  - C. Feedback on the Annual Renewal content?
    - I. Reword section one- members do not know the annual renewal copies are coming from the plan or the County
    - II. Like color coding
    - III. Like Numbers bold
    - IV. Very instructive.
    - V. Provides all necessary information to complete your renewal.
1. Transportation Review – members reported being very satisfied with their transportation benefit.
  2. Member Portal Review – Well received by members
  3. Value Add Services Review – Well received by members

4. Open Discussion
  - a. Members did not have any additional discussion items.

**Meeting Notes:**

**Recommendation Summary:**

1. Provide the local county and jobs and family services contact information
2. Place on front: Attention: It is time to renew your benefits
3. Place on front: Limited time to renew
4. Statement stating there has been a change to the process.

**MCO Response:**

1. MCO provided all CJFS numbers to members.
2. MCO provided feedback to Communication and Marketing Director.
3. MCO provided feedback to Director of Pharmacy
4. MCO provided feedback to Health Equity Director
5. MCO provided members with several PCP choice. All PCP updated and re-issued ID card.

Closed Meeting.