

ANNUAL REPORT



Next Generation Medicaid Overhaul Wins National Acclaim

Ohio's bold Medicaid transformation honored with NAMD Spotlight Award

Nov. 20, 2025 – Ohio's ambitious Medicaid overhaul, launched in 2019 and dubbed

Next Generation, has earned the 2025 Spotlight Award from the National Association of Medicaid Directors (NAMD), spotlighting its transformative impact for more than 3 million Ohioans. **People-First Vision Recognized**

Governor Mike DeWine emphasized the program's focus: "... putting people first — especially our most vulnerable." Ohio's Medicaid team and statewide partners have been applauded for delivering measurable results for families.

Key Innovation Highlights

OhioRISE

A specialized managed care program for children with complex behavioral and multi-system needs. It has substantially strengthened in-state supports and outcomes.

Single Pharmacy Benefits Manager (SPBM)

Eliminates spread pricing and raised pharmacy reimbursement from \$0.73 to \$9 per script — cutting \$140 million in costs over two years.

Outcomes Acceleration for Kids (OAK)

A groundbreaking collaboration involving Medicaid, managed care plans, and all seven children's hospitals to boost outcomes in asthma, sickle cell, behavioral health, and well-child care.

Ohio Medicaid Enterprise Systems (OMES)

Introduces a unified digital gateway ("one-front-door") to simplify provider credentialing and streamline transactions.

Collaborative Managed Care Model

Involves nine managed care organizations that meet weekly at the CEO level to align priorities and strategies.

“

“We delivered one of the most ambitious Medicaid transformations in the country — improving care, increasing transparency, and putting people at the center of every decision.”

Scott Partika
ODM Director

“We didn't want to tweak around the edges — we wanted to leap ahead and build a system that reflects what Ohioans truly need.”

Maureen Corcoran
Former ODM Director

"Ohio's human-centered redesign has yielded exciting results and shows what's possible when member needs lead.

Kate McEvoy
NAMD Executive Director

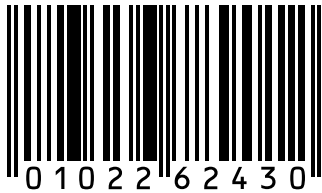
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Give a Hoot
Don't Pollute





Message From the Director

to “rebuild Medicaid the right way” has grown into a nationally recognized model that puts people first, simplifies access, and strengthens accountability at every level.

Every once in a while, a public program reaches a turning point — a moment when you can look back and clearly see how far it has come. For Ohio Medicaid, that moment is now. Over the past seven years, we’ve taken on one of the largest transformations in the history of our program, and the results are reshaping how more than 3 million Ohioans experience care. What began in 2019 as a bold idea

A major part of that progress has been our work to protect the integrity of the program. At its core, program integrity is about trust — trust that services are delivered appropriately, that providers are paid accurately, and that taxpayer dollars are used exactly as intended. Over the past year, we’ve expanded our fraud, waste, and abuse efforts through better analytics, tight-

er oversight, and modern tools that help us catch problems earlier than ever before. From Electronic Visit Verification to improved pharmacy prior authorization systems and stronger provider credentialing, we’re closing gaps that once allowed errors or misuse to go undetected. These safeguards are making the program more reliable, more transparent, and more accountable for everyone we serve.

We also continued strengthening the operational systems that form the backbone of Medicaid. Real-time dashboards now help us spot issues before they become disruptions. Updated care coordination tools let case managers focus more on people than paperwork. And im-

provements in eligibility reviews, managed care oversight, and provider support have made our processes clearer and more consistent. Each of these steps — taken together — ensures a Medicaid program that works better and operates with greater integrity.

This work earned Ohio the 2025 NAMD Spotlight Award, recognizing our statewide efforts to modernize Medicaid and improve outcomes. But the award matters less than what it represents: better experiences for families, stronger support for individuals with complex needs, and a program Ohioans can depend on.

As we look ahead, we remain focused

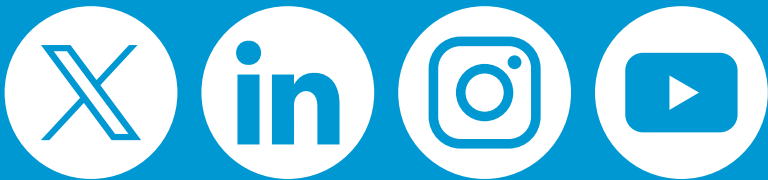
on the fundamentals — keeping people at the center of every decision and ensuring every part of the program operates with the highest standards of accuracy and integrity. I am proud of the progress we’ve made, and grateful to the many partners, providers, and staff who make this work possible every day. Together, we are building a Medicaid program worthy of the people it serves.

Thank you,

Scott Partika,
Director, Ohio
Department of
Medicaid



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STRENGTHENING MEDICAID PROGRAM INTEGRITY:

Targeted Actions to Protect Members and Taxpayers



**Ohio Medicaid Launches First Fraud-Prevention
Provider Suspensions Under Governor DeWine’s
Executive Order**

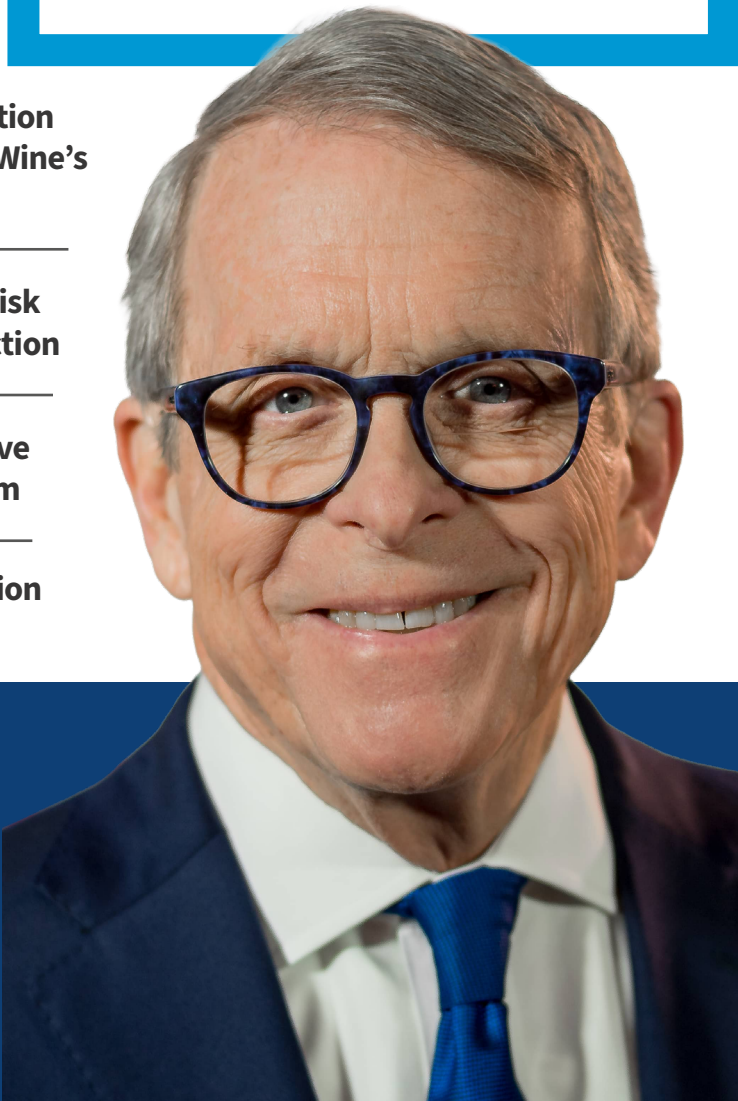
**Ohio Medicaid Suspends Additional High-Risk
Providers Linked to Earlier Enforcement Action**

**Ohio Launches Additional Anti-Fraud Initiative
with New Medicaid Data Intelligence Platform**

**Ohio Medicaid Announces New Prior Authorization
Standards to Behavioral Health Services**

DeWine Announces New Medicaid Fraud Prevention Initiatives

- ✓ Statewide New Provider Moratorium
- ✓ Immediate Payment Suspension to High-Risk Providers
- ✓ Executive Order for Emergency Rules
- ✓ Stronger Rules for Electronic Visit Verification (EVV)



“ Ohio has long been a national leader in fighting Medicaid fraud. Today, we are ready to begin several new initiatives long in development that will enhance this nation-leading work and further protect taxpayer funds from those trying to defraud the State. ”

Governor Mike DeWine

Ohio Medicaid Initiates First Provider Suspensions Under Governor DeWine’s Anti-Fraud Executive Order

ODM has taken its first major enforcement step under Governor Mike DeWine’s fraud-prevention initiative by immediately suspending payments to 49 high-risk home health providers whose billing data showed potential fraud red flags. Enabled by an Executive Order establishing emergency rules, the action allows ODM to act swiftly when analytics reveal suspicious patterns.

“Safeguarding Medicaid resources and ensuring uninterrupted access to care are equally important. This emergency rule allows us to take swift action against potential fraud without jeopardizing the health and safety of our members.”

Scott Partika
ODM Director

“To the leaders in Ohio ... your commitment to this fight isn’t just helpful, It’s necessary for our success. This is an example when federal and state partners work together toward justice, our cases are stronger, the deterrence is greater.”

Todd Blanche
Acting U.S. Attorney General

Strong Partnerships Credited with Fraud Convictions

ODM works closely with the Ohio Auditor of State and the Ohio Attorney General’s Medicaid Fraud Control Unit (MFCU). Since 2011, Ohio has achieved more than 2,300

Medicaid fraud indictments, 2,200 convictions and recovered more than \$633 million in taxpayer funds.

Setting the Standard:

Ohio’s collaboration with federal partners was a prime example for other states to combat fraud.

What This Means



Member Protection: Safeguards ensure services are delivered by trusted providers, improving care reliability.

Fiscal Stewardship: Proactive monitoring and suspensions reduce improper payments and protect public funds.

Provider Accountability: Enhanced revalidation and EVV-GPS requirements elevate compliance standards.

Ohio Department of Medicaid

The Next Generation of Ohio Medicaid



Over the past seven years, Ohio has undertaken a comprehensive transformation of its Medicaid program — modernizing operations, strengthening care coordination, and redefining how man-

aged care serves individuals and families. This long-term effort laid the foundation for the Next Generation of Medicaid Managed Care, a model designed to be more person-centered, data-driven, and fo-

cused on whole-person health. Guided by clear goals such as improving member experience, reducing administrative burden for providers, expanding community-based supports, and advancing value-based pay-

ment, Ohio has shifted from a system that simply financed care to one that actively supports better health outcomes. Through this sustained work, the state has earned national recognition as a leader in Medicaid

innovation, demonstrating the impact of sustained investment, collaboration, and a commitment to continuous improvement.

Section 1.

Focus on the Individual

Goal: Center care around the person rather than the business of managed care. How? By listening to the members. Ohio Medicaid strengthened its commitment to person-centered care by expanding member feedback channels, simplifying program navigation, and enhancing accessibility across systems and communications.

The Ohio Department of Medicaid launched the Customer Experience Manage-



ment System (CEMS) on July 1, 2025, modernizing and centralizing the way grievances and appeals are collected and analyzed across all Managed Care and MyCare Ohio programs. By expanding categories and improving data granularity, CEMS strengthens transparency, accountability, and reporting alignment.

The system enables the bureau to monitor plan performance, identify trends, review individual cases, and address issues earlier — driving targeted improvements in managed care operations and supporting better outcomes for Medicaid members.

Centralized data and enhanced reporting advance the goals of the Next Generation program by improving oversight and member experience.



Project Management Office (PMO) Contribution to Person-Centered Care

"The PMO is the glue that brings it all together."

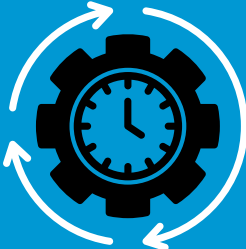
Goal: Ensures ODM systems and operations reflect member needs.

Focus: Supported launch of the centralized CEMS platform to standardize grievance and appeal data statewide. Expanded timely, reliable operational data to strengthen oversight and trend detection. Enhanced governance, cybersecurity, and budget compliance to keep programs accurate and aligned with member experiences.

Why It Matters: Clearer, earlier visibility into member issues. Improved transparency and consistency across managed care operations. Faster, more informed decision-making.

Benefits: Members receive more responsive, person-centered care. Leadership gains dependable insights for stronger oversight. Managed care partners receive clearer expectations and performance signals.

Impact: Higher-quality, centralized member-experience data. Earlier trend identification and intervention. Stronger operational integrity, security, and accountability.

Since CEMS Inception (July 1, 2025)	
 Grievances and Appeals Overview	Total member grievances submitted: 49,905
	Data captured across 12 categories and 18 subcategories to support root cause analysis
	Total member appeals submitted: 11,719
	Overturn rate: 64.8%
 Timeliness and Compliance Metrics	Grievance resolution timeliness: 98% (December 2025)
	Appeal decision timeliness: 99.28% (December 2025)
 Member Experience / Outcomes and Indicators to Monitor as System Matures	Expected changes in grievance and appeal volume as interventions are implemented
	Anticipated reductions in repeat grievances and appeals for the same issue
	Month-over-month or year-over-year trends for grievances and appeals
	Plan level trends highlighting improvements or emerging concerns
	Recurring grievance themes that may indicate systemic issues

Section 2.

Improving Care for Complex Needs

Ohio Medicaid is strengthening services and supports for individuals with the most complex medical, behavioral health, and long-term care needs. This work spans crisis response for youth, enhanced behavioral health services, modernization of self-directed supports, and new technology systems that improve coordination and continuity of care. Together, these initiatives ensure people of all ages receive the right services at the right time through a more responsive, person-centered, and integrated Medicaid system.

OhioRISE: Coordinated Care for Youth with Complex Needs

OhioRISE, a first-of-its-kind program, to strengthens Ohio’s system of care for youth with the most complex behavioral health needs. The program now supports more than 55,000 youth across three tiers of care co-

ordination, offering services such as intensive homebased treatment, behavioral health respite, flexible funding, and Mobile Response and Stabilization Services (MRSS) — resources that were not available statewide before OhioRISE.

Through expanded services, stronger coordination across child-serving systems, and new in-state treatment options, OhioRISE is helping stabilize families, reduce crises, and give youth a clearer path to long-term wellbeing.

“When OhioRISE came into the picture, it was just this god-send where we had somebody to be able to help me organize and kind of be like a second me to help pull all of the pieces together.”

OhioRISE Parent



Nearly **60,000** kids enrolled

80% reduction in hospital stays, psychiatric hospital stays, and emergency department visits

17% reduction in the average length of inpatient hospital stays

Mobile Response and Stabilization Services (MRSS) Expansion

In 2025, MRSS became available in all of Ohio’s 88 counties. MRSS also serves as an entry point into OhioRISE. After a young person receives immediate crisis intervention, they are also assessed within 72 hours for additional behavioral supports through OhioRISE’s comprehensive care

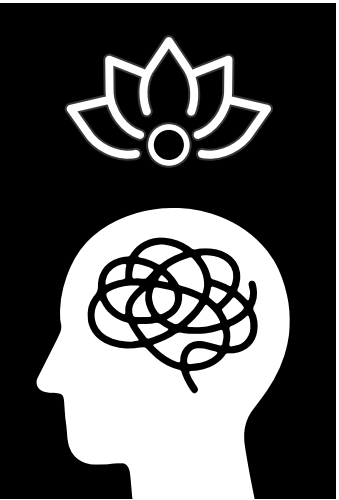
coordination and long-term services. Members who used MRSS had a 49% reduction in emergency department claims and a 58% reduction in inpatient claims, effectively reducing the burden on law enforcement, criminal justice, and hospital emergency departments.

“When it comes to our children, we have no time to lose. Far too many are struggling with their mental health, and parents and caregivers don’t know where to turn when their child needs help. MRSS provides that immediate help to all young people, no matter where in Ohio they live.”

Governor DeWine



Strengthening Behavioral Health Access Across Ohio Medicaid



This year, the Behavioral Health Policy bureau advanced key efforts to strengthen access to high-quality behavioral health services for Medicaid members. The team continued development of a new Applied Behavior Analysis (ABA) rule,

designed to expand access for children with Autism Spectrum Disorder while ensuring strong clinical and program-integrity safeguards.

The bureau also analyzed community behavioral health service utilization to

better align care with individuals’ needs and began implementing improvements with managed care plans and provider partners. In addition, targeted mental health parity training and standardized tools were introduced to strengthen plan compliance and

reduce barriers to behavioral health and wellness services.

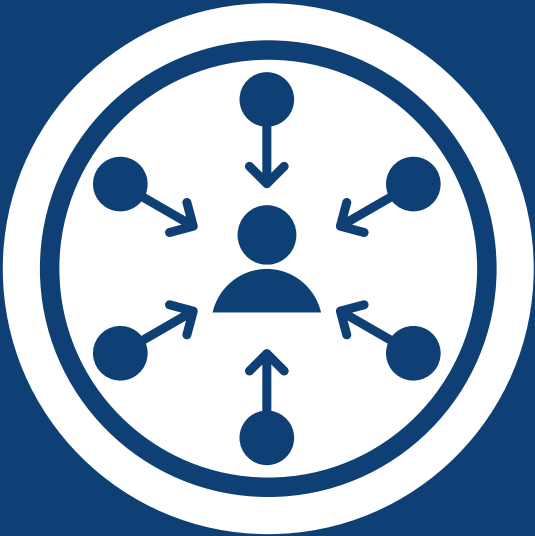
Together, these initiatives improve service quality, promote accountability, and ensure Ohio Medicaid members receive the right care at the right time.

Improving Access to Self-Directed Services

In 2025, Ohio Medicaid partnered with AGE and DAS to select a new Financial Management Services (FMS) vendor to modernize and simplify how members and caregivers use self-directed services. Guided by extensive feedback from individuals receiving services and their caregivers, the new system improves caregiver onboarding, expands access to quality services, and provides real-time budget tracking and faster payment tools. The updated platform will give people who self-direct greater control, clearer information, and more reliable support. Additional enhancements — Self-Direction 2.0 — are planned for 2026–2027 to further strengthen transparency, usability, and long-term program sustainability.

Launching the New Case Management System for Ohio Home Care Waiver (OHCW) and Specialized Recovery Services Programs (SRSP)

Ohio Medicaid launched the Ohio Care Coordination System (OCCS), a modern, centralized case management platform that replaces fragmented vendor systems for the Ohio Home Care Waiver and Specialized Recovery Services programs. Built in-house in under 10 months, OCCS integrates referrals, assessments, service planning, authorizations, and reporting — creating a complete, 360-degree view of each individual. Strong early adoption and ongoing enhancements will continue to expand system functionality, reporting, and integrations in 2026.



Ohio Care Coordination System

Results / Outcomes (as of 4/8/26):

- **80** ODM users and over **610** partner users active
- **20,500** referrals processed; **2600** in processing
- **33,000** recipients supported; **29,900** currently enrolled
- **346,200** documents and **755,850** case notes entered
- Significant cost savings (OCCS = **\$950K** vs. comparable systems at **\$5M–\$12M**)

Wondering if you qualify for Ohio Medicaid?

Check your Ohio Medicaid eligibility. **It's easy!**

- 1 Visit the Ohio Benefits website**
- 2 Answer a few questions to see if you're eligible.**
- 3 Apply online if you qualify!**





MyCare Ohio & Next Generation MyCare

Simplified, coordinated care for Ohioans enrolled in both Medicare & Medicaid

Who's It For?

- ◆ Adults age 21+ with Medicare (Parts A, B & D) and full Medicaid eligibility (not in PACE or specific waivers)
- ◆ Currently eligible in MyCare Ohio counties; expanding further in 2026

Why Join?

- ◆ **All-in-one care plan**
Access both Medicare and Medicaid benefits through a single program
- ◆ **Coordinated care team**
Care coordinator manages services across medical, behavioral, and long-term care
- ◆ **Extra support at home**
Easier access to in-home providers and enhanced transportation options
- ◆ **Faster approvals**
Streamlined authorization for needed services

What Services Are Included?

- ◆ Doctor and hospital visits
- ◆ Mental health & behavioral health
- ◆ Long-term services: in-home help, meals, transportation, personal care
- ◆ A single point of contact for all benefits

How to Learn More or Enroll

Scan the QR code to explore detailed benefits, compare plans, and find local resources





Department of Medicaid
Next Generation MyCare

Section 3.

Improving Individual and Population Wellness

What is Population Health?

The health outcomes of a group of people, along with the factors that influence those outcomes across the group. It focuses on understanding patterns of health, identifying the

conditions that shape those patterns, and working across different sectors to improve health for the group as a whole.

To accomplish this, ODM provides care for people from before birth, well into their golden years.



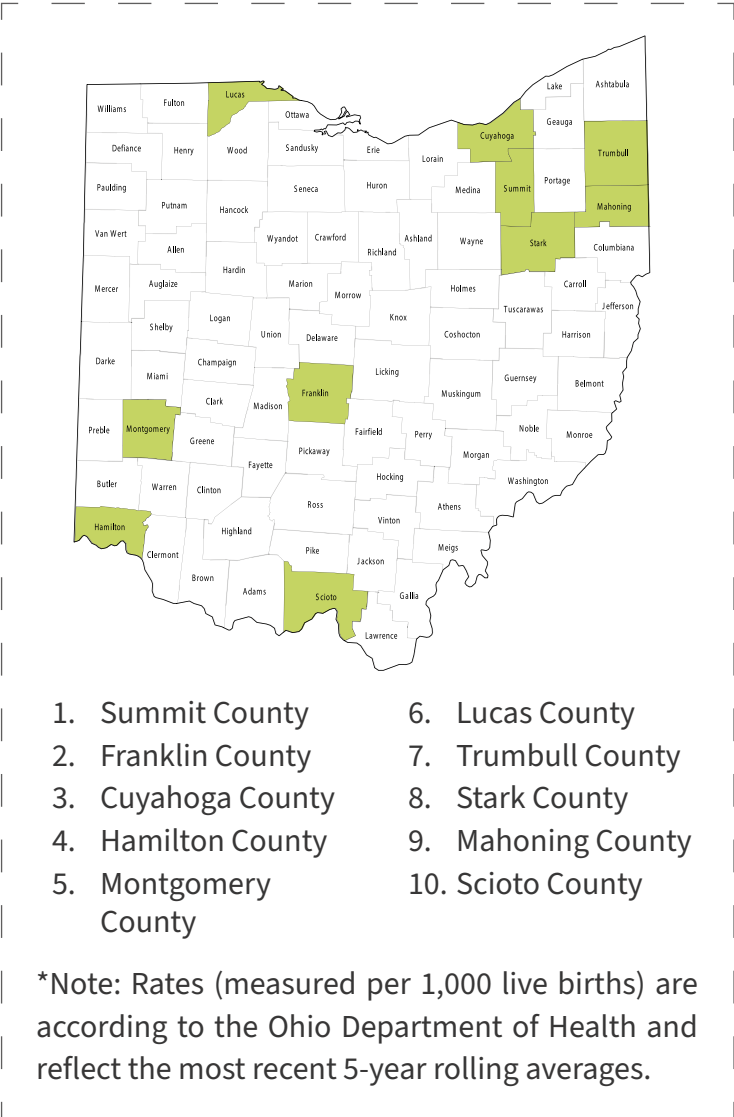
Maternal and Infant Support

In 2025, ODM and its Managed Care Organization partners invested more than \$13.2 million in 106 community-based organizations to strengthen maternal and infant health. These investments supported community health workers, care coordination, legal aid services, and other programs in the 10 counties* with the highest infant mortality rates.

ODM also launched Medicaid coverage for infants receiving care at Pediatric Recovery

Centers (PRCs) beginning July 1, 2025. Brigid's Path became Ohio's first Medicaid-enrolled PRC, offering specialized care for infants experiencing withdrawal and support for their families.

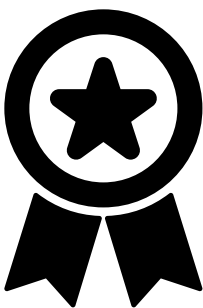
To expand access to perinatal support, ODM and its MCO partners increased outreach and technical assistance for Medicaid doula enrollment. By December 31, 2025, Medicaid had 137 active doulas serving more than 200 members since coverage began in late 2024.



Comprehensive Maternal Care



ODM enrolled 141 practices from 56 entities across 40 Ohio counties in the Comprehensive Maternal Care (CMC) program for Program Year 2026, including 26 new practices. Membership increased by 20 percent from 2025, with the program serving nearly 60,000 pregnant and postpartum women.



ODM also released its first CMC Program Year 2023 annual results in Fall 2025. Among entities eligible for evaluation, 95 percent met for-payment clinical quality measures. Twenty of the 21 eligible entities earned quality incentive bonus payments for improvement activities and collaboration efforts, totaling \$408,000.

Comprehensive Primary Care

ODM organized and hosted an all-day Comprehensive Primary Care (CPC) learning session, bringing together providers and state partners to collaborate and share best practices.

see **Primary** page 7



- Ohio Medicaid increased inpatient maternity and neonatal payments by **\$60 million**, targeted to delivery - and newborn - related services to strengthen outcomes for mothers and infants.
- Outpatient maternity and newborn care received an additional **\$20 million**, improving access in communities facing maternity deserts.
- Rate adjustments include an **8%** increase for inpatient maternity services and a **67%** increase for outpatient maternity and newborn codes, ensuring more adequate reimbursement for high-need, high-acuity care.
- An additional **\$20 million**, in professional rate funding was directed to services supporting infants and mothers, expanding provider capacity and improving care continuity.

Primary

continued from page 6

CPC awarded more than \$120 million in shared savings payments for Performance Year 2022, reflecting strong provider performance and commitment to value-driven care.

ODM also improved its alternative payment model system for CPC, making it easier for providers to track program performance and meet reporting requirements.

Medicaid School Program

ODM updated Ohio’s Medicaid School Program to expand eligibility and services, ensuring more students with disabilities receive the support they need. Updates included new provider types, additional covered services, and improved care plan options.

“Students who would not have been able to attend school, even 10 years ago, due to health conditions are now able to come to school with the health care support they need.”

Columbus City Schools Nurse



88%
of Ohio’s schools participate (658)

538
Public districts

120
Community schools

85,000
More than 85,000 students served

> 1.6
More than 1.6 million school-based services each year

OAK: Outcomes Acceleration for Kids

Children’s hospitals, MCOs, and families collaborated across six regions to improve pediatric health in four priority areas. Over 18 months, OAK teams achieved striking population-level im-

provements — driven by strategies such as integrated data sharing, streamlined care coordination, community health worker engagement, pharmacy alignment, and standardized care pathways.

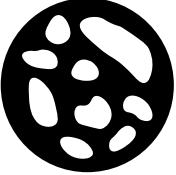


“(His) grandmother (said his asthma was) so out of control that he couldn't even play baseball.

“At his one-month follow-up ... he showed great improvement... he has had very minimal asthma symptoms — even with being in a new school environment and the weather beginning to change!”ditions are now able to come to school with the health care support they need.”

Children's Hospital Staff Member

OAK Primary Areas of Care

 Sickle Cell Disease 66% of children receiving transcranial Doppler stroke-prevention screening, up 31 children	 Behavioral Health 6,203 (54%) of 11,420 children were getting behavioral health follow-up visits — an increase of roughly 592 kids compared to baseline
 Asthma 5–15% improvement in controller medication use; 470+ more children with prescriptions	 Well-Child Care 3,300 more infants and 11,700 more adolescents receiving preventive visits

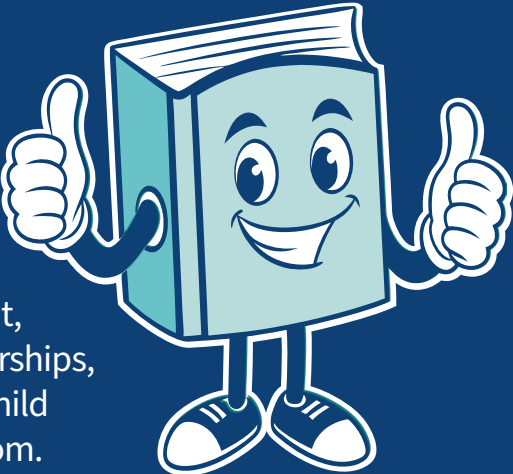
"I really enjoy calling and connecting with these families. They have so much going on after leaving the ED and ... really appreciate talk(ing) it through with someone. Sometimes they need help with follow-up appointments but sometimes they need help with other things like insurance or new stressors in the home that we never would've known about it if not for this ED visit and the follow-up call."

Children's Hospital Social Worker

NEW!

Healthy2Learn Initiative

Launched in January 2026, Healthy2Learn expands the OAK collaborative beyond clinical settings and into Ohio’s schools — partnering with the Department of Education and Workforce, school districts, school-based health centers, and community organizations. This next phase focuses on improving students’ readiness to learn by addressing the health-related factors that influence attendance, engagement, and academic success. By integrating data, strengthening school–health system partnerships, and tailoring supports to local needs, Healthy2Learn advances a personalized, whole-child approach that keeps children healthy, supported, and prepared to thrive in the classroom.

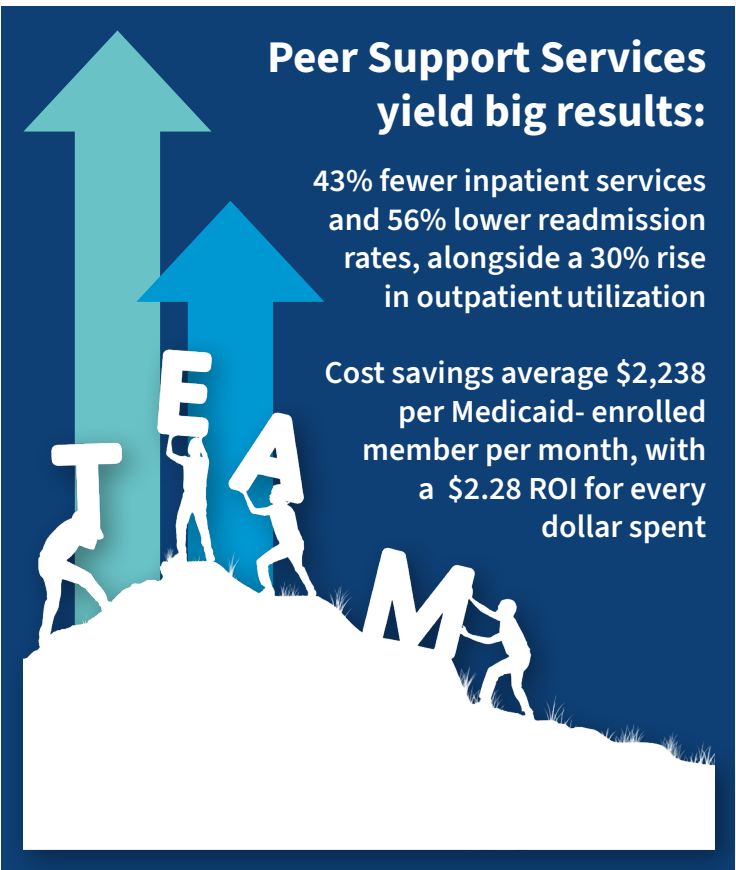


Adult Behavioral Health

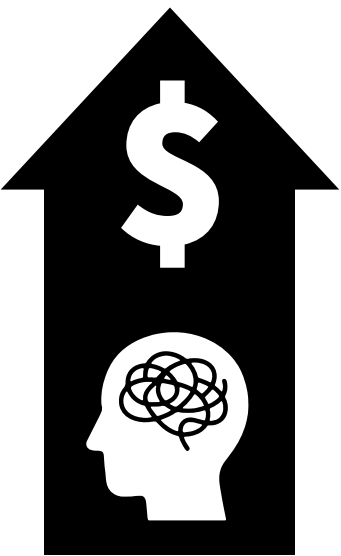
Restoring Stability After Emergency Care Across central and north-west Ohio, Medicaid MCOs worked with hospitals and community partners to improve follow-up within seven days of an ED visit for mental health or substance use.

Innovative strategies included the following:

- Same-day integrated behavioral and physical health appointments
- Providing free cell phones with six months of service to increase care engagement
- Embedded peer supports and high-touch navigators in EDs
- Standardized care coordination and proactive outreach



Sidebar



Ohio Medicaid increased inpatient behavioral health service payments by \$56,000,000, supporting providers who care for individuals with acute and complex mental health needs.

15% inpatient rate increase

12% outpatient rate increase



Implementing Managed Care Enrollment in Ohio Benefits

- Combined eligibility determination and managed care enrollment into one system.
- Improved data accuracy, efficiency, and program integrity.
- Enhanced member experience and long-term sustainability of Medicaid operations.

Next Generation MyCare Ohio Statewide Expansion



In 2026, the Office of Managed Care successfully launched the first phase of the Next Generation MyCare

Ohio Program (NGMCOP), giving Ohioans who receive both Medicaid and Medicare more coordinated,

person-centered care.

With NGMCOP, members now have one integrated care plan, faster access to services, and expanded supports like transportation, in-home care, and behavioral health services. Providers benefit from clearer requirements, more accurate directories, and reduced administrative bur-

den. Enhanced enrollment reconciliation ensures members are accurately enrolled and plans are paid correctly.

New dashboards give care teams real-time insight into member needs, allowing more personalized interventions and improving care coordination for MyCare members.

Next Generation MyCare Ohio is ...



Increasing program accountability through concise contract language and requirements of the NGMCOP plans and enhancing provider network compliance.



Improving wellness and health outcomes of our members by developing clear member marketing material and creating a new supplement file with AHS to support the MCE provider directory, and member enrollment reconciliations.



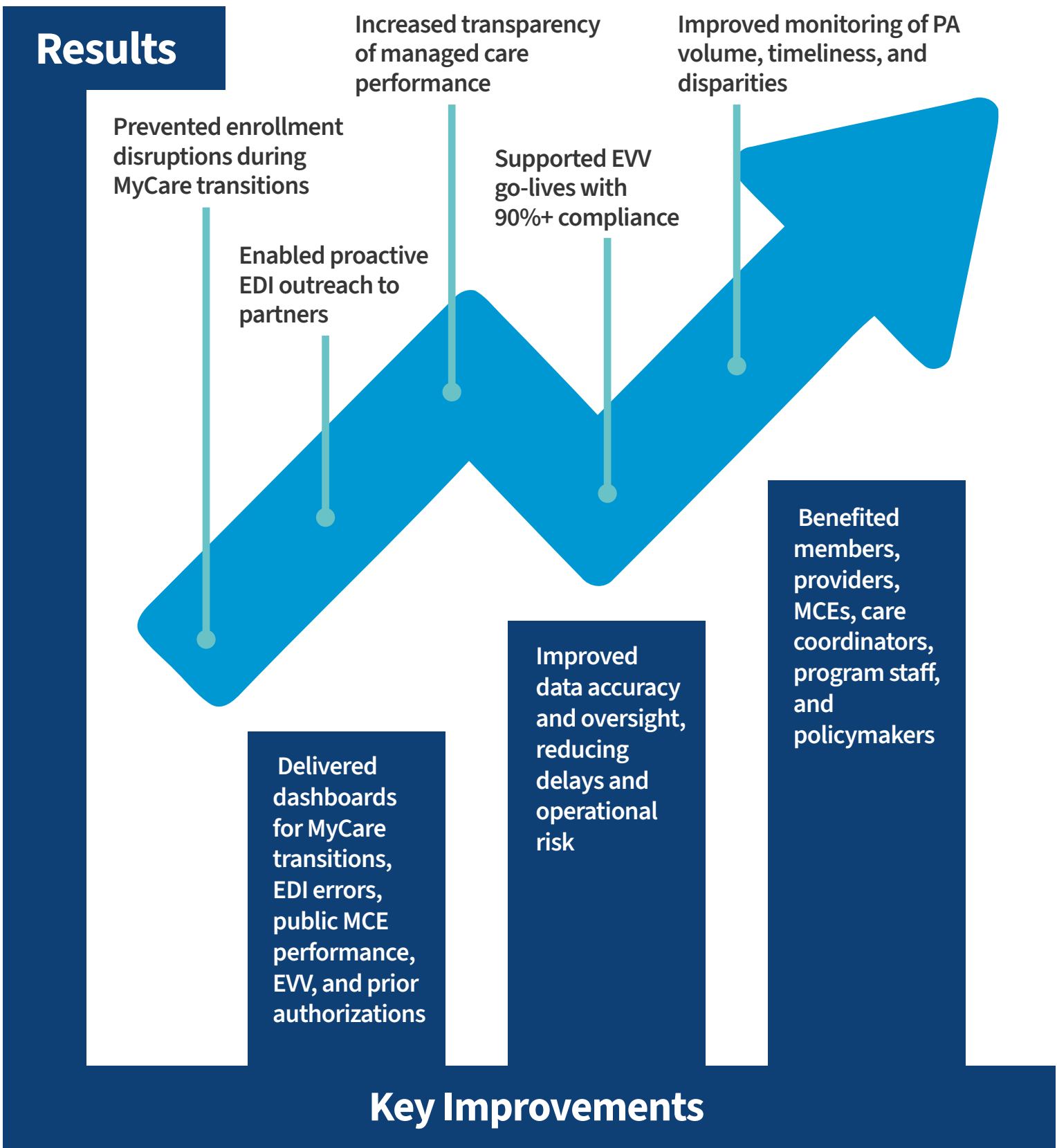
Supporting providers in better patient care by implementing a new managed care provider network (MCPN) file to support new NextGen MyCare long-term service and support provider requirements.

Strengthening Medicaid Performance Through Actionable Dashboards

ODM hosts a suite of dashboards that give ODM staff, providers, and managed care partners real-time insight into program performance. These tools help prevent service disruptions, flag issues earlier, and reduce administrative burden across the Medicaid system.

The dashboards support critical functions — from MyCare member transitions and EDI claim monitoring to public performance transparency, EVV implementation, and prior authorization oversight. By providing intuitive, timely analytics, the dashboards strengthen program integrity and help teams take rapid corrective action.

What’s Next? Continued automation, enhanced capabilities, and deeper integration of dashboards into core Medicaid operations.



NEW!

Utilization Management Committee

Experts from across the agency come together creating a unified, data-driven approach to decision making, ensuring all program areas are involved in service-related changes, and supports clear communication and consistent implementation. Its work will help the agency respond more quickly to member and provider needs while reducing administrative burden.

Section 4.

Creating a Personalized Care Experience

ODM’s Quality Withhold initiatives continue to advance a more personalized, member-centered care experience by strengthening navigation, enhancing access, and tailoring interventions to meet the unique needs of individuals and families. The program is reducing barriers, improving continuity, and ensuring members receive the right care at the right time.



High-Touch Navigation and Community Integration

Across participating regions, Medicaid managed care organizations are bringing support directly to where members receive care by embedding Community Health Workers, navigators, and peer support specialists in clinics and emergency departments. These teams help families understand care plans, offer one-on-one guidance,

and ensure timely follow-up after important health events. Peer supporters use their lived experience to build trust during ED visits, while pediatric teams use tools like asthma action plans, streamlined TCD scheduling, and converting unscheduled visits into well-child visits to make preventive care easier and more personalized for each child.

Member-Centered Access and Continuity: Key Strategies

Category	Personalized Support Provided	Purpose / Impact
Strengthening Communication & Follow-Up	Cell phones with unlimited talk/text/data provided at the 7-day follow-up after a behavioral health–related ED event	Maintains ongoing communication with care coordinators; improves follow-up compliance
Reducing Barriers to Appointments	Transportation pilots; single scheduling access point; allowance for additional passengers and short-notice trips	Reduces missed care and increases reliability of attending appointments
Improving Maternity Access	Mobile units, telehealth, doula supports, and CHWs deployed in maternity deserts	Connects members to early prenatal care; removes geographical and logistical barriers
Early Identification of Pregnancy	Pregnancy tests distributed at community events with QR codes linking to care pathways	Ensures rapid connection to prenatal services and needed supports
Increasing Preventive Pediatric Care	Conversion of same-day or unscheduled visits (sports physicals, behavioral health, sick visits) into wellchild visits	Captures preventive screenings; reduces future gaps in care

Primary Care Integration

To strengthen rapid access to behavioral healthcare, the Medicaid managed care organizations implemented a shared model that enables primary care providers to deliver same-day, billable behavioral health and physical health services during a single visit. Early results show that this approach is increasing timely post-ED follow-up for adults with substance use and mental health needs. By allowing members to receive both types of care from their trusted primary care team, this integrated model reduces delays, supports personalized care planning, and strengthens continuity during critical transitions.



OHIO MEDICAID 101
Your Guide to Coverage

Need Help?

Call the Ohio Medicaid Consumer Hotline
800-324-8680

Monday through Friday:
7 a.m. – 8 p.m.

Saturday:
8 a.m. – 5 p.m.

Visit Us Online

Scan here or visit
www.ohiomh.com

Launching the Ohio Care Coordination System (OCCS)

In June 2025, ODM launched the new Ohio Care Coordination System — an in-house platform that brings all case management activity for the Ohio Home Care Waiver and Specialized Recovery Services programs into one place. This tool creates efficiency and avoids the hassle of navigating multiple outdated systems at the same time

OCCS pulls together referrals, assessments, service plans, authorizations, and

key data from systems like incident management and Medicaid eligibility, giving case managers a 360-degree picture of each individual’s needs and supports as well as speeding up response.

OCCS was built for a fraction of the cost of comparable platforms and will continue to make the care experience smoother, more connected, and more person-centered for members and families across Ohio.

- More than **690** users (ODM and Partner Agencies)
- Support nearly **33,000** individuals
- More than **20,500** referrals
- More than **755,000** case notes have been captured

Self-Direction — Taking Control Over Care

People involved in self-direction make decisions about the type of care they receive, the way certain services are delivered, and the caregivers who provide those services.

Improving Access:
Ohio Medicaid part-

nered with AGE and DAS to select a new Financial Management Services (FMS) vendor, modernizing how people access and manage self-directed services. Built on extensive feedback from individuals and caregivers, the updated system strength-

ens transparency, expands access to quality services, and improves caregiver support.

The new platform will provide real-time budget tracking, a streamlined caregiver roster, and a faster Goods and Services

payment card. Caregivers will benefit from easier onboarding, clearer documentation tools, and improved EVV and time-entry processes. The FMS scope also now includes OhioRISE Behavioral Health Respite enrollment.



Section 5.

Supporting Providers

ODM is focused on making it easier for providers to deliver high-quality care by removing friction, improving clarity, and strengthening day-to-day support. Across the agency, teams work to simplify administrative processes, enhance transparency, and ensure providers have the tools and information they need to serve members effectively.

Provider Rate Modernization Highlights



- Ambulatory Surgery Centers received a **\$4 million** rate increase, supporting expanded access to lower-cost outpatient procedural care.
- Outpatient dental services received an additional **\$10 million**, helping improve oral-health access for Medicaid members statewide.
- Psychologists and pharmacists were elevated to practitioner-of-physician-services status, accompanied by **\$2.5 million** in targeted rate investment.
- Visiting Nurse Services (VNS) received an additional **\$1 million**, supporting in-home care for medically fragile individuals.

Electronic Visit Verification (EVV)

Ohio Medicaid successfully completed the statewide rollout of its Electronic Visit Verification (EVV) Claims Validation initiative, marking a major milestone in program integrity and service accuracy.

Throughout the year, the program strengthened oversight of home- and community-based services by ensuring that submitted claims align with verified EVV data. This transition improved payment accuracy, reduced administrative burden for providers, and enhanced protection of both members and taxpayer resources. Early results show increased data quality, smoother processing, and strong provider adoption — positioning Ohio Medicaid for continued modernization in the years ahead.

Current Status of Compliance - Success Rate Phases 1-7

Phase	Post Go-Live Success Rate
1	97.5%
2	97.9%
3	91.8%
4	94.5%
5	99.9%
6	97.6%
7	94.3%



Ohio Medicaid’s Single Pharmacy Benefit Manager (SPBM) oversees nearly **50 million** annual prescription claims, about **500,000** prior authorizations, and more than **300,000** customer service calls for Medicaid members statewide.



Single Pharmacy Benefit Manager (SPBM):

This year, ODM and Gainwell Technologies modernized the pharmacy prior authorization process by launching Electronic Prior Authorization (ePA) through CoverMyMeds and SureScripts. ePA allows prescribers to submit requests directly from their electronic medical record systems, eliminating paperwork and faxes. ODM and Gainwell also introduced automatic decisioning for select requests, giving members and prescribers immediate determinations and faster access to needed medications.

Further enhancements to streamline prior authorization and reduce provider burden are planned through 2027.

Power Agent Role Enhances PNM Verification and Provider Support

This year, Ohio Medicaid introduced the new Power Agent role in the Provider Network Management (PNM) module, bringing much-needed flexibility to organizational providers.

In the past, a single Provider Adminis-

trator had to handle tasks like credentialing, enrollment, and roster updates, which often created bottlenecks and slowed down important changes. With the new Power Agent role, organizations can now have multiple trusted staff manage nearly all

administrative functions. This shared access eases workload pressures, improves data accuracy, and helps large provider networks keep their information current much more quickly.

The impact reaches far beyond office workflows. Provider

organizations and their staff benefit from smoother operations, ODM and Managed Care Entities see cleaner, more reliable data, and members experience more accurate provider information — supporting clearer, easier access to care.



Sidebar



Qualified Entities (QE) Reporting and Compliance Oversight Improvements

We currently provide oversight and guidance to over 300 qualified entities (QE) across the state. These QEs submitted over 7,000 Presumptive Eligibility determinations during the SFY. Oversight and education assure the accuracy and completeness of PE applications. During SFY 2026, Provider Audits and Compliance review team provided education and technical assistance to providers that recovered \$120,000 in improper Medicaid payments.

Upon conclusion of the power agent training, the Maximus team received the following complimentary statements from the attendees:

Adopted by 400+ organizations. Assigned to 1,000+ Agents



Strengthening Transparency and Trust

“My fellow Ohioans, it is the right of every Ohioan to have transparency in government, and the duty of every elected official to provide it.”

Attorney Dave Yost
Ohio Sunshine Laws Manual, 2026

The Ohio Department of Medicaid’s Legal Office plays a vital role in supporting transparency and accountability across the Next Generation program by managing public records requests with accuracy, consistency, and compliance. Through centralized intake and tracking, the team ensures each request is logged, routed, and responded to efficiently — creating a clear, defensible record and

improving visibility across program areas. Sensitive requests involving member or provider information are carefully reviewed and deidentified when needed, protecting privacy while still delivering meaningful responses.

As public engagement grows, the Legal Office will continue advising on records management practices, see [Trust](#) page 14

Fiscal Year 2026 stats:

July 1, 2025 - December 31, 2025

148 requests

January 1, 2026 - June 30, 2026

187 requests

Trust

continued from page 13

supporting technology improvements, and guiding policy updates to ensure responses remain timely, accurate, and aligned with Ohio’s Public Records Act — upholding the principle that government transparency strengthens public trust.

Calendar Year Stats		
Category	2025	2026 (as of March 27)
Average response time	13.68 days	7.70 days
Most common types of requests	cost reports / HR records / procurement records / provider data	cost reports / claims data / contracts and amendments

Strengthening Rural and Critical Access Hospital Capacity



Critical Access Hospitals received \$7 million in inpatient funding and \$14.8 million in outpatient funding to stabilize care delivery in high-need rural regions.

Rural hospitals statewide received \$28 million, in inpatient enhancements and \$59.2 million, in outpatient rate increases, ensuring sustainable access to essential hospital services for Ohioans living outside metropolitan areas.

General Rate Increases & Totals

Ohio Medicaid implemented **\$41 million** in inpatient and **\$34.5 million** in outpatient general rate increases to strengthen provider stability across the healthcare system.

Across all funding streams, these hospital-support initiatives represent **\$192 million** in inpatient and **\$143,499,999** in outpatient enhancements, with a total state share of **\$335,499,999**.

Funding applied to the January 1, 2026 – June 30, 2027 period includes **\$288 million** for inpatient services and **\$62 million** for outpatient services, reflecting multiyear budget execution.

This includes a dedicated **\$20 million**, professional-rate increase aligned with maternal and infant services.



Section 6.

Fiscal

Implementing HR1: Strengthening Integrity and Modernizing Medicaid Operations

Ohio is actively preparing to implement HR1 Medicaid reforms, ensuring strong program integrity, fiscal responsibility, and alignment with federal timelines. Starting by December 31, 2026, the state will initiate bi-annual eligibility redeterminations for adult expansion enrollees (previously annual), tightening checks to reduce improper payments. Robust systems are being built to eliminate duplicate enrollments, automate the removal of deceased individuals, and track provider eligibility. Ohio also will enforce community engagement requirements for able-bodied adults, laying groundwork with existing administrative infrastructure.

On the financing side, Ohio is reviewing current provider tax and state-directed payment mechanisms to comply with new HR1 mandates. The state is developing strategies to manage restriction of provider taxes, address caps on payment-error penalties, and establish compliant funding frameworks. Meanwhile, Ohio has positioned itself to meet HR1’s new cost-sharing rules and home-equity thresholds, reducing immediate implementation risk.

SFY2026 Medicaid Budget and Expenditures

Introduction

State Fiscal Year 2026 marked continued progress in strengthening Ohio’s Medicaid program through datadriven oversight, modernization efforts, and targeted investments. Even as caseloads declined following the unwinding of the federal Public Health Emergency,

the Ohio Department of Medicaid (ODM) maintained program stability, advanced personcentered reforms, and sustained historic provider rate increases. Efficiencies gained through fraud prevention, managed care enhancements, pharmacy reforms, and federal match optimization helped

ensure that Ohio Medicaid delivered highvalue care while carefully managing taxpayer dollars.

Total SFY2026 Medicaid Expenditures

In SFY2026, total Medicaid spendingreached \$45.6 billion across all service and administrative categories. Two thirds of spend-

ing flowed through managed care, while fee-for-service (FFS) accounted for 25.6%. Administrative costs — includingthose processed through partner agencies — represented only 2.5% of total expenditures. Payments made to the federal government represented an additional 3.8%.

Total SFY2026 Expenditures: \$45,612,783,475

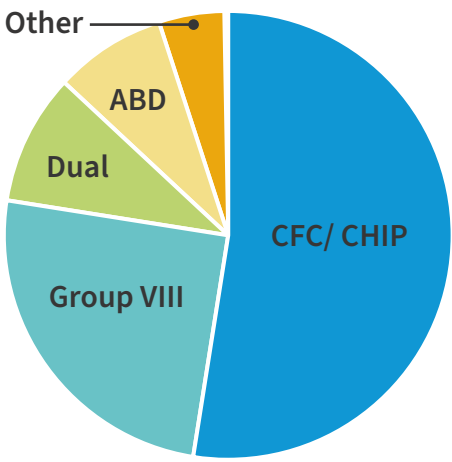


SFY2026 Breakdown of Expenditures	Fee for Service	\$11,686,221,894
	ODM (FFS)	\$6,525,692,517
	Developmental Disabilities (DDD) Services	\$5,160,529,377
	Managed Care	\$30,234,696,278
	ABD	\$2,081,697,274
	ABD / ADFC Kids	\$830,281,400
	MyCare	\$4,311,558,652
	CFC	\$6,257,714,865
	Group VIII	\$5,422,245,243
	OhioRISE	\$1,118,034,634
	SPBM	\$5,837,199,254
	Withholding Release	\$531,914,756
	HAP	\$3,102,479,511
	State Directed Payments	\$741,570,689
	Hospital HCAP	\$833,846,966
	Medicare Premium Assistance	\$1,722,369,260
	Medicare Buy-in	\$1,029,807,287
	Medicare Part D	\$692,561,974
	Administration	\$1,135,649,077

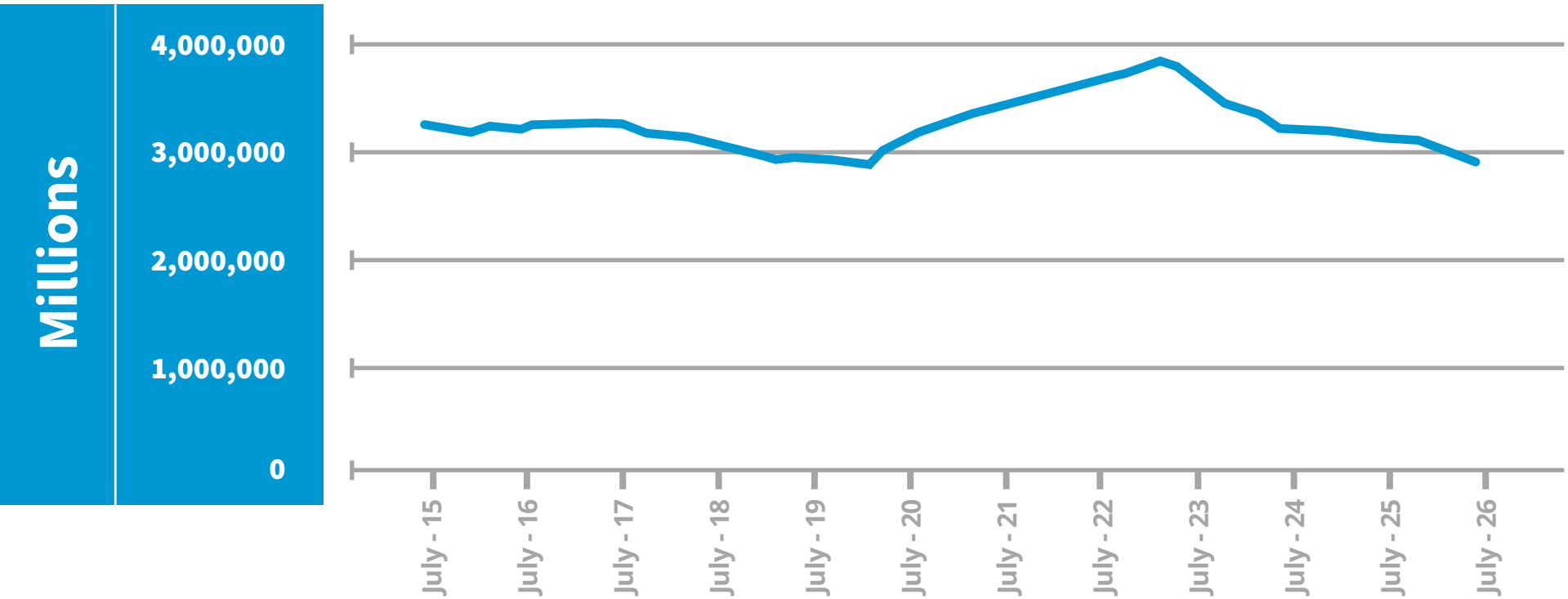
SFY2026 Medicaid Budget and Expenditures

Ohio’s Medicaid caseload averaged 2.91 million members in SFY2026. Caseloads continued to decline following the end of pandemic-related continuous coverage policies. From June 2025 to June 2026, enrollment fell by 190,000 (-6.4%).

Broad Eligibility Category		SFY26 Avg Monthly Statewide Caseload Total
CFC / CHIP		1,543,259
Group VIII		726,526
Dual		266,242
ABD		237,660
Other / Limited		141,153
Total		2,914,840



Ohio Medicaid Caseload Total



Medicaid Makes a Difference

-  Helps children with special health needs live at home with family
-  Covers prenatal care for moms, helping babies start life healthy
-  Provides treatment for asthma, diabetes, mental health, and more
-  Also helps with substance use treatment for those who need it