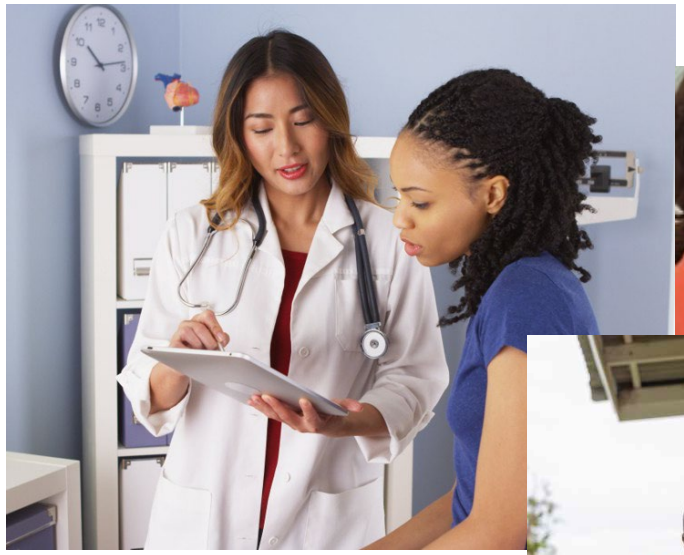
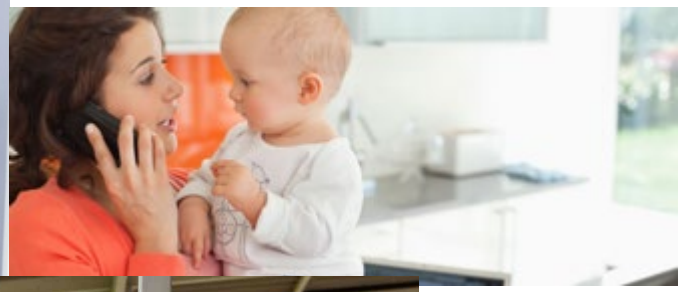
Ohio Department of Medicaid

Topics of Discussion

- Program Integrity Efforts
- Electronic Visit Verification
- Next Generation MyCare Program
- Work and Community Engagement Rules
- Outcomes Acceleration for Kids (OAK)
- OhioRISE


Ohio Department of Medicaid

Program Integrity Efforts

Scott Partika

Ohio Department of Medicaid Director

Department of Medicaid

Strengthening Program Integrity

- Provider Suspensions
- Launch of Advanced Fraud-Detection Analytics
- Federal–State Enforcement Collaboration
- Praise from CMS Administrator Dr. Mehmet Oz

Electronic Visit Verification

Noori Morla

Section Chief of Program Integrity Compliance

Ohio Department of Medicaid

Electronic Visit Verification Overview

The 21st Century Cures Act requires states to use electronic visit verification (EVV) for certain Medicaid personal care and home health services that are delivered in a home or community-based setting. This requirement enhances service delivery, promotes transparency, and ensures that individuals receive the care they need in a timely manner. The Ohio Department of Medicaid (ODM) launched its EVV solution in 2018.

Electronic Visit Verification Overview

The EVV system captures the following visit information:

- ✓ The **type of service** performed
- ✓ The **individual** receiving the service
- ✓ The **date** of the service
- ✓ The **location** of service delivery
- ✓ The **direct care worker** providing the service
- ✓ The **time** the service begins and ends

Functions Strengthened by Use of Electronic Visit Verification Processes and Data

Quality improvement strategies

- Protection of individuals' health and welfare through verification that services were delivered as identified in the service plan

Program integrity

- Delivery of services in the type, scope, amount, duration, and frequency identified in the person-centered service plan
- Participant health and welfare

Fiscal integrity

- Billing validation
- Financial accountability
- Billing and claims record maintenance and retention

Electronic Visit Verification and Claims

- When a claim is processed, the EVV system is queried for a supporting visit

Visits are matched to claims using five data elements:

Provider – Provider Medicaid ID

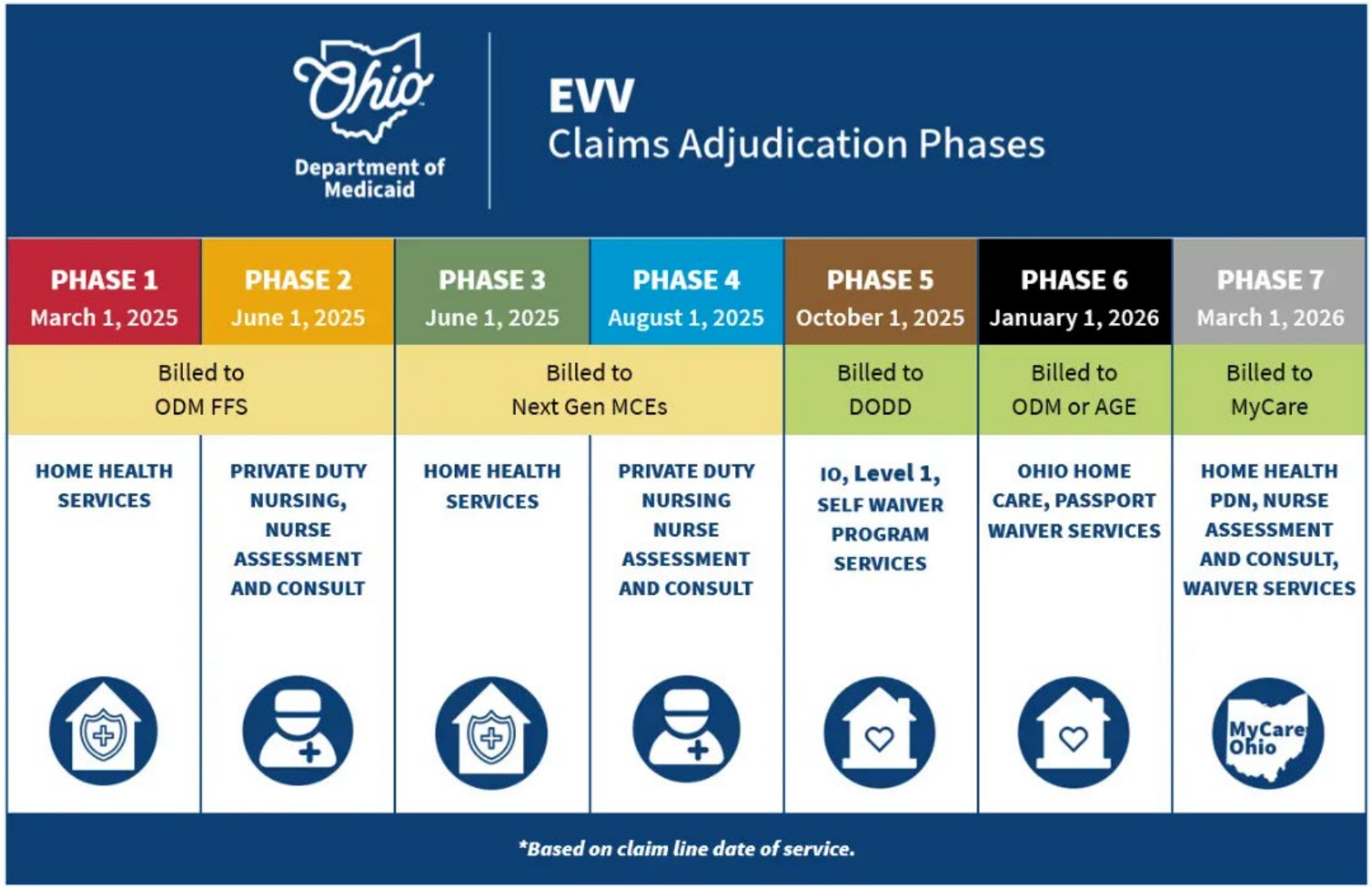
Individual – Member Medicaid ID

Date of service

Type of service – Service code

Number of units

Electronic Visit Verification Claims Processing Phases



Compliance Success Rates

Success Rate = Claims that match with a visit in the EVV system.

Phase	Effective Date	Pre-Go-Live Success Rate	Post-Go-Live Success Rate
1	March 1, 2025	46.9%	**97.5%**
2	June 1, 2025	55.8%	**97.9%**
3	June 1, 2025	51.1%	**91.8%**
4	August 1, 2025	60.7%	**94.5%**
5	October 1, 2025	60.0%	**99.9%**
6	January 1, 2026	61.0%	**97.6%**
7	March 1, 2026	63.2%	**94.3%**

The data covers the period from each phase start (effective) date through June 2026.

Next Generation MyCare Program

Steven Alexander

Section Chief

Integrated Care Policy

Department of Medicaid

Next Generation MyCare Program Overview

The Next Generation MyCare program is an improved healthcare program that helps you **get the care you need all in one plan**.

On January 1, ODM rolled out the program in 29 counties. From April 1 through August 1, ODM is rolling out the program in the rest of Ohio.

Next Generation MyCare Plans

The plans provide **all benefits available through the traditional Medicare and Medicaid programs** including long-term care services in the community, assisted living facility, and nursing facilities and behavioral health services. Additionally, the plans provide **"value-added" benefits** that are specific to each plan.

In the program, there are four plans. Three of the plans are available to you statewide. The plans available statewide are*:

- Anthem Blue Cross and Blue Shield
- CareSource Ohio, Inc.
- Molina Healthcare of Ohio, Inc.

*Buckeye Health Plan is not an option for new members in plan year 2026.

View the **Next Generation MyCare Plan Comparison** at **www.ohiomh.com** by clicking the "Compare Next Generation MyCare Plans" button under "Compare Plans and Find a Provider" section to learn more about the benefits offered by each plan.

What are the Benefits of Having One Next Generation MyCare Plan?

One Care Coordinator

One care coordinator for both Medicaid and Medicare benefits.

Streamlined Communication

Communications coming from one source.

One Organization

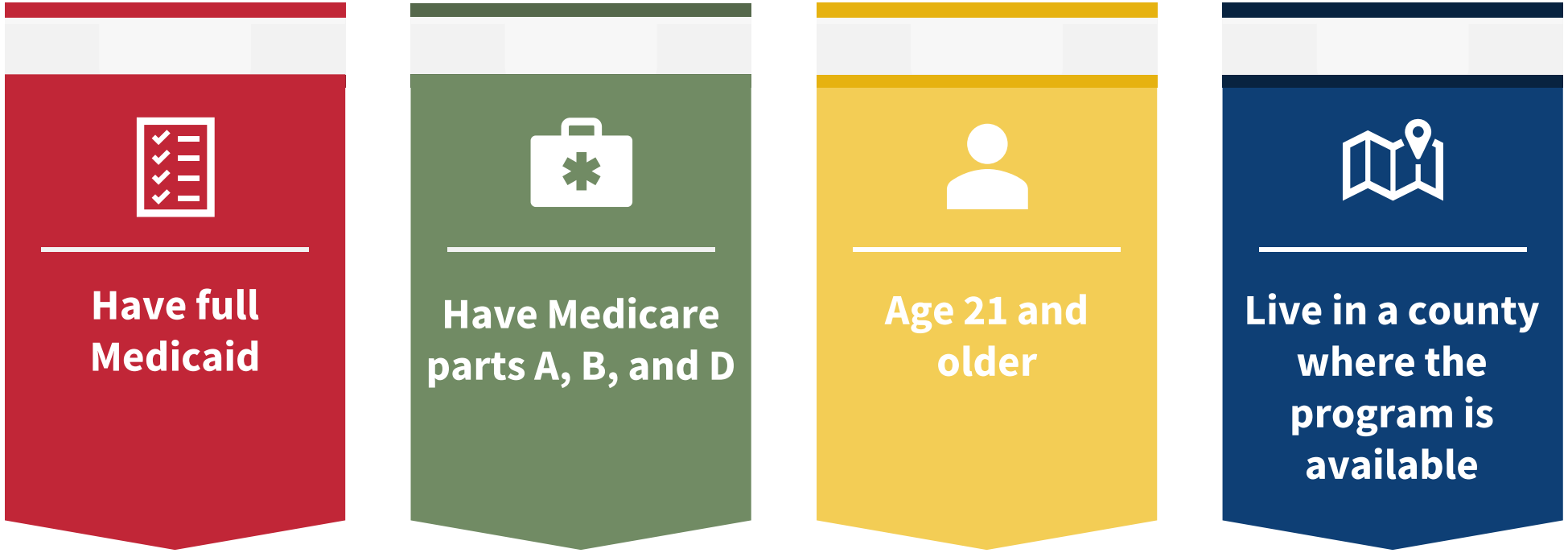
One organization responsible for your entire healthcare benefits, including long-term care services and behavioral health services.

Simple Appeals

One organization to contact to file an appeal.

Who is Eligible for the Next Generation MyCare Program?

In the program, you are enrolled if you meet the following criteria:*



*If you are already enrolled in a Program for All-Inclusive Care for the Elderly (PACE), a Developmental Disabilities waiver, an Intermediate Care Facility, or have other health insurance that covers both inpatient hospital stays and doctor visits, you are not enrolled in the program.

Ohio Department of Medicaid

How is the Next Generation MyCare Program Rolling Out in 2026?

***Note:** Phase 2 began by expanding all participating AAA regions from Phase 1 to bring the counties without MyCare into the program, except for AAA2. Catholic Social Services operates as the PASSPORT Agency Administrator in the non-MyCare counties within AAA2, so additional time was needed.

Phase 1: Original MyCare Counties
On Jan. 1, 2026, the program started in 29 Ohio counties.

Phase 2: Remaining Counties*
From Apr. 1 through Aug. 1, the program is rolling out in the rest of Ohio.

Complete

Jan. 1, 2026	AAA1: Butler, Warren, Clinton, Hamilton, Clermont AAA2: Montgomery, Clark, Greene AAA4: Lucas, Fulton, Ottawa, Wood AAA6: Franklin, Delaware, Union, Madison, Pickaway AAA10a: Lorain, Cuyahoga, Medina, Lake, Geauga AAA10b: Summit, Portage, Stark, Wayne AAA11: Columbiana, Mahoning, Trumbull
April 1, 2026	AAA4: Sandusky, Erie, Henry, Williams, Defiance, Paulding AAA6: Fayette, Fairfield, Licking AAA11: Ashtabula
May 1, 2026	AAA2: Preble, Darke, Miami, Shelby, Champaign, Logan AAA3: Van Wert, Putnam, Hancock, Allen, Mercer, Auglaize, Hardin AAA5: Seneca, Huron, Wyandot, Crawford, Richland, Ashland, Marion, Morrow, Knox
June 1, 2026	AAA7: Ross, Vinton, Highland, Pike, Jackson, Gallia, Brown, Adams, Scioto, Lawrence
July 1, 2026	AAA9: Holmes, Tuscarawas, Carroll, Jefferson, Coshocton, Harrison, Belmont, Guernsey, Muskingum

Upcoming

Aug. 1, 2026	AAA8: Hocking, Perry, Morgan, Noble, Monroe, Washington, Athens, Meigs

Ohio Department of Medicaid

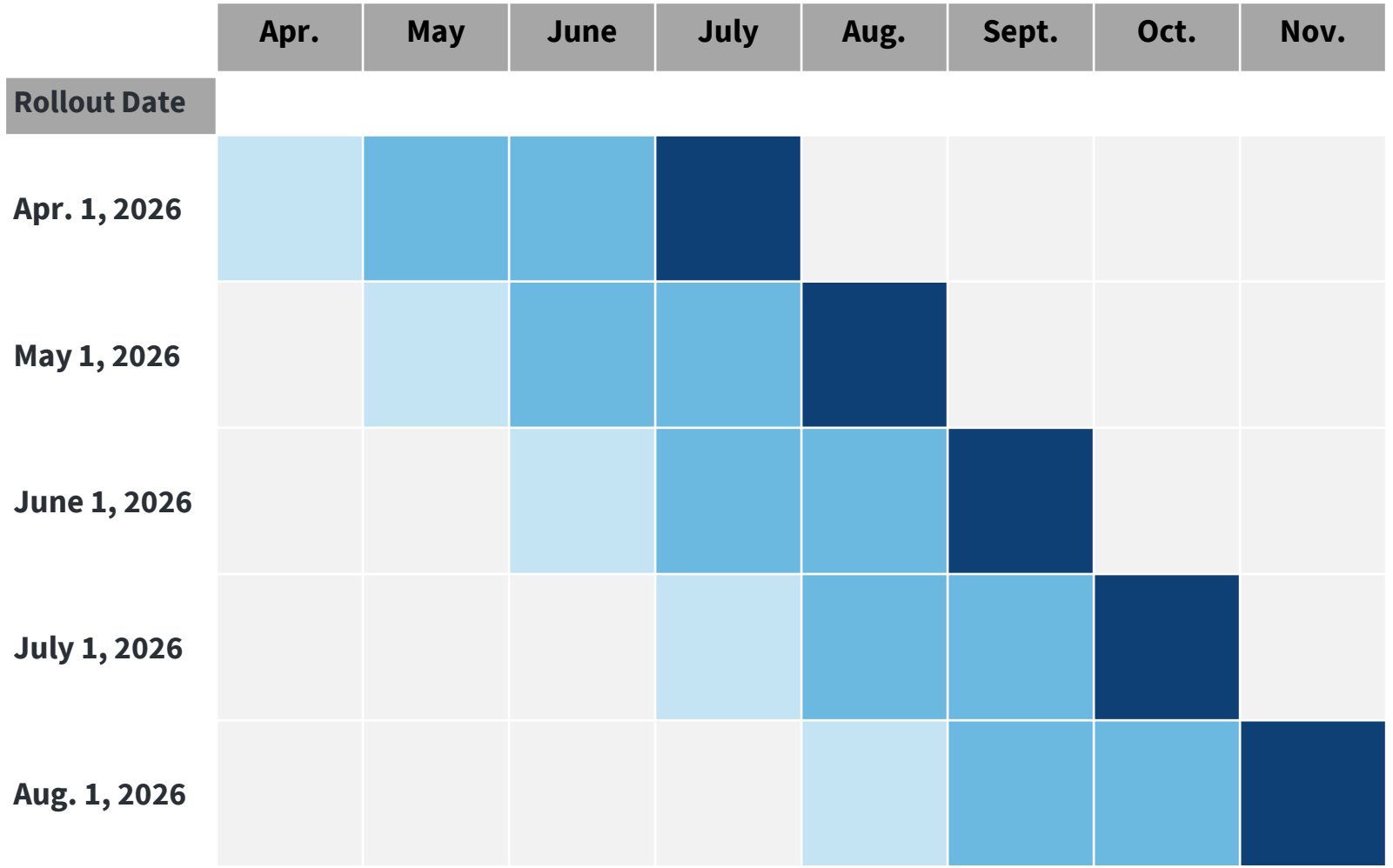
When Will Next Generation Mycare Members Start Receiving Care?

Timing of benefits depends on whether – and when – you select a Next Generation MyCare plan or are automatically assigned one. You cannot begin receiving care through a plan ahead of the date the program becomes available in your county.

Members who **select a Next Generation MyCare plan before the program is available in your county** will begin receiving care through your selected plan on the **day of your county rollout.**

Members who **select a Next Generation MyCare plan after the program is available in your county, but before auto assignments takes effect** will begin receiving care through your selected plan on the **first day of the month following your plan selection**.

Members who **do not select** a Next Generation MyCare plan will be assigned a plan and receive a letter from ODM with information about your plan. Members will get care through assigned plans **90 days after the county rollout** date.



Department of Medicaid

Member Enrollment Statistics

The statistics below reflect Next Generation MyCare program enrollment from January 1 to July 1, 2026. The program has rolled out in AAA regions 1, 2, 3, 4, 5, 6, 7, 9, 10a, 10b, and 11.

156,657

Members enrolled in a Next Generation MyCare plan

Long-Term Services and Support (LTSS)

Number of members receiving LTSS versus members not receiving LTSS.

64,122

Members Receiving LTSS

92,535

Members Not Receiving LTSS

MyCare Plan Alignment

Percentage of members who receive both Medicaid and Medicare benefits through a MyCare plan versus those who receive only Medicaid benefits through a MyCare plan.

44%

Members Receiving Both Medicaid and Medicare Benefits through a MyCare Plan

56%

Members Receiving Only Medicaid Benefits through a MyCare Plan

MyCare Ohio Waiver Enrollment

Number of members enrolled in the MyCare Ohio Waiver.

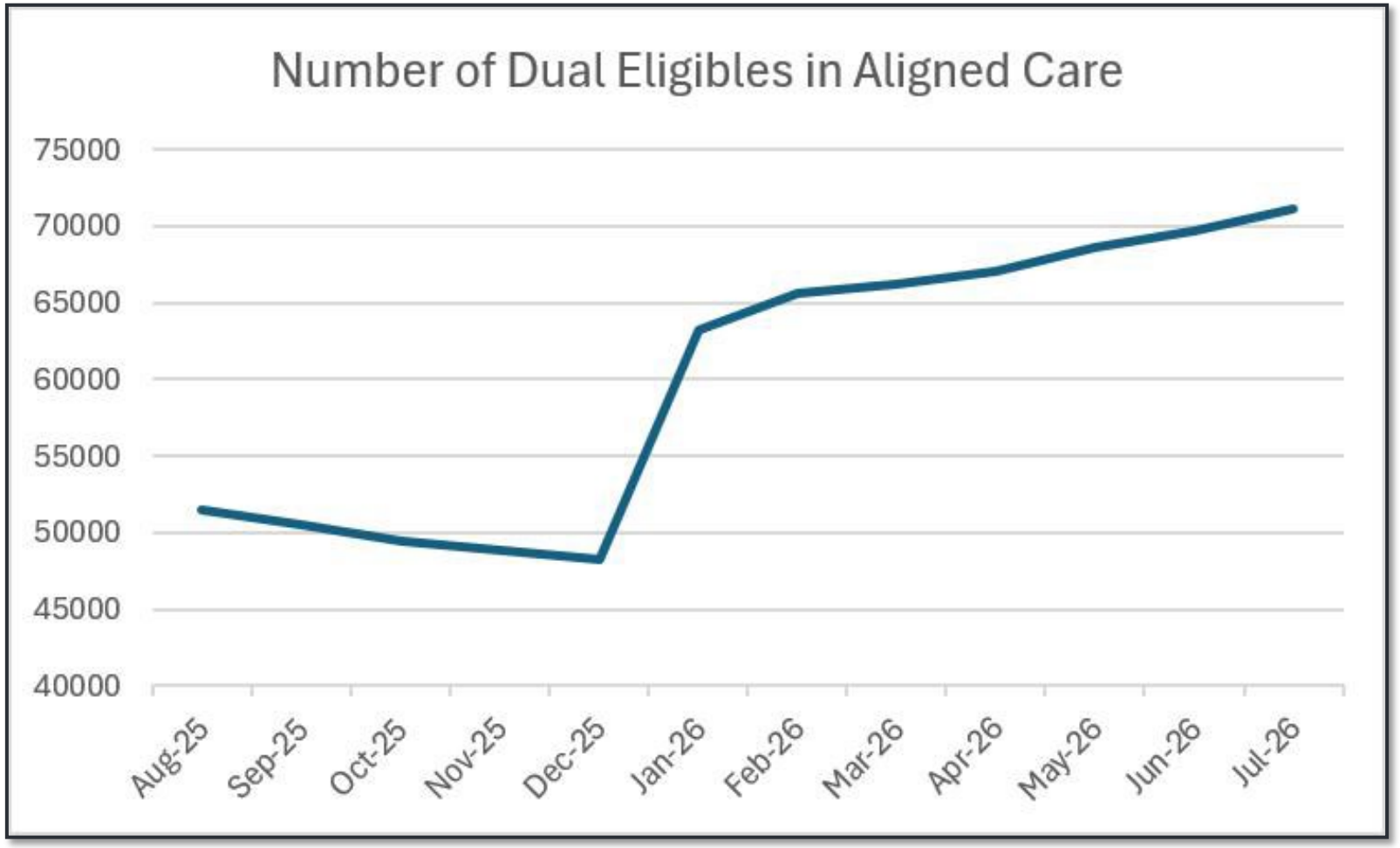
40,712

Members Enrolled in the MyCare Ohio Waiver

Ohio Department of Medicaid

Dual Eligible Member Enrollment Statistics

The chart below reflects the rise in enrollment of dual eligible members from August 1, 2025 – July 1, 2026.



How to Change Your Plan Next Generation MyCare Plan?

If you would like to change your plan through your Next Generation MyCare plan, you have options.

Medicaid and Medicare Benefits

1. **Open Enrollment:** You can select the plan that best fits your healthcare needs each year during Medicaid and Medicare open enrollment.
   - Medicaid: November 1 - November 30
   - Medicare: October 15 - December 7

2. **Remainder of Year:** You can change your plan at any time through Medicare. Your new plan and benefits will begin on the first day of the following month.

Medicaid Benefits

1. **Open Enrollment:** You can select the plan that best fits your healthcare needs each year during Medicaid open enrollment November 1 – November 30.
2. **90-Day Change Period:** You can pick a different plan for your Medicaid benefits for up to 90 days after you joined the program.
3. **Just Cause:** You can request just cause for your Medicaid benefits if you are concerned with or having issues getting care due to the plan you are on.

Contact the **Ohio Medicaid Consumer Hotline** at **800-324-8680** or the **Medicare Customer Service Center** at **800-633-4227** to discuss your options for picking a new plan.

Next Generation MyCare Member ID Card

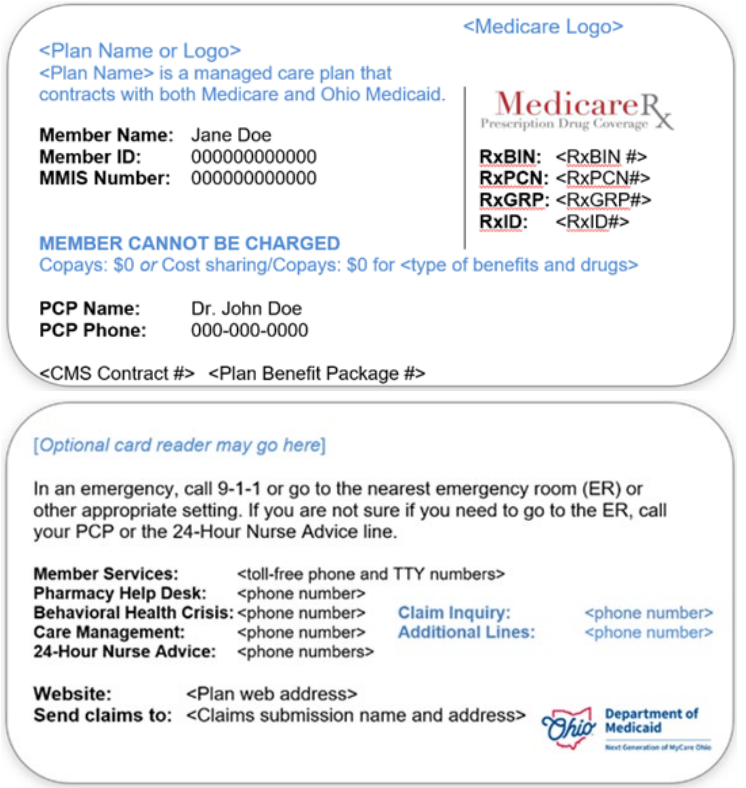
You will receive a member ID card from your plan as part of your member materials. If your plan covers both your Medicaid and Medicare benefits, you will have one card. If your plan covers only your Medicaid benefits, you will have multiple cards for your benefits, up to three.

The front of your member ID card incudes:

- Your plan name so you and your doctors know which plan is providing your care.
- Your name, member ID number, and Medicaid Management Information System (MMIS) ID number to help doctors identify you.
- Pharmacy benefit information, used by pharmacies to help you get your medications.
- Your Primary Care Provider (PCP) name and phone number, so you can easily contact your doctor.

The back of your member ID card includes:

- Information for what to do in an emergency.
- Contact information to help you get answers to questions about your plan, pharmacy benefits, care team, and more.
- The Next Generation MyCare logo showing that you are in the program.



If you need to replace your ID card, call your plan's member services department or sign up with your plan in your member services portal. You can print a copy of your ID card at any time from your plan portal. If you order a card by telephone, it should arrive in the mail in 7-10 business days from the date of your request.

Department of Medicaid

How Do You Become a Next Generation MyCare Provider?

1 Enroll with ODM

Enroll with ODM by visiting the Medicaid Provider Portal and completing the online application. If you are already enrolled with the Ohio Department of Aging (AGE), you can continue to provide services to members and submit claims in the program. However, if you have not already, you must still contract with the Next Generation MyCare plans.

2 Contract with the Next Generation MyCare plans

Contract with the Next Generation MyCare plans. You can contact each plan you wish to contract with directly.

- Anthem Blue Cross and Blue Shield: 833-727-2170
- Buckeye Health Plan: 833-998-4892
- CareSource: 800-488-0134
- Molina HealthCare of Ohio: 855-322-4079

Refer to the Credentialing Guide and Requirements Document for more information.

How Do Providers Submit Claims in the Next Generation MyCare Program?

In the Next Generation MyCare program, claims can be submitted in the following ways.

Direct Data Entry (DDE) Submission of a single claim with Next Generation MyCare plan's portal.	**Electronic Data Interchange (EDI)** Submission of EDI claims are typically submitted using a trading partner.	
	Initial submission through the Ohio Medicaid Enterprise System (OMES) One Front Door	**Initial submission through Medicare**
Visit the plan DDE portals to learn how to enroll and submit claims. • Anthem Blue Cross and Blue Shield • Buckeye Health Plan • CareSource • Molina HealthCare of Ohio	**For Medicaid primary claims for a Medicaid-only or dual benefit MyCare member:** Submit through the OMES One Front Door. Use the member's Medicaid ID, plan Receiver ID, and the appropriate Payer ID in the 2010BB loop.	**For Medicare primary claims for a Medicaid-only MyCare member:** Submit using the normal process. Cross-over occurs automatically when the member has original Medicare. **For Medicare Advantage/Part C primary claims for a Medicaid-only MyCare member:** Submit to the Medicare plan using the normal process. Then submit through the OMES One Front Door using the member's Medicaid ID, plan Receiver ID, and the appropriate Payer ID.

Contact the **ODM Integrated Helpdesk at 800-686-1516** or **IHD@medicaid.ohio.gov** for questions about submitted claims, provider contracting, payment / billing, and more. Representatives are available **Monday through Friday, 8 a.m. - 4:30 p.m. Eastern Time**.

I Am New To Billing In the Program. What Process Should I use?

In the Next Generation MyCare program, claims can be submitted **using Direct Data Entry (DDE)** or **Electronic Data Interchange (EDI)**, typically via a trading partner. Billing services in the Next Generation MyCare program is generally the **same as the Next Generation Managed Care program**. Below outlines options for how to handle claims submission in the Next Generation MyCare program.

If You Submit Claims for Managed Care Members Today

If you submit claims for Managed Care members today, consider using the same process for MyCare members. If you use a trading partner, contact them before the program starts to understand if you need to take any extra steps for your claims to be accepted by ODM.

If You Do Not Submit Claims for Managed Care Members Today

If you **do not have an existing process** for submitting claims for MyCare members today, consider which option is best for you.

- Providers who have a **smaller volume of claims typically utilize the DDE process**.
- Providers with a **large volume of claims typically contract with a trading partner** to support in billing and reconciliation of what has been submitted and processed.

Ohio Department of Medicaid

Claim Submission Resources:

- Learn how to enroll and submit claims via DDE in the Next Generation MyCare program:
  - Anthem Blue Cross and Blue Shield
  - Buckeye Health Plan
  - CareSource
  - Molina HealthCare of Ohio
- See ODM's currently authorized trading partners by viewing Electronic Data Interchange (EDI) Authorized Trading Partners.
- View the Provider Frequently Asked Questions document , the Claims Submission Process One-Pager, and the How Do I Submit Claims For Next Generation MyCare Members? Micro Video to learn more about how to submit claims.

Who Can Providers Reach Out to for Help with Next Generation MyCare?

Help Desk	Who Should Call?	Types of Issues/Questions Supported
MyCare Ohio Conversion Questions MyCareConversionQuestions@medicaid.ohio.gov	• Current Next Generation MyCare providers	• Questions or feedback about the Next Generation MyCare program
ODM Integrated Helpdesk (IHD) 800-686-1516 or IHD@medicaid.ohio.gov Monday - Friday: 8 a.m.-4:30 p.m. ET Interactive Voice Response System (IVR) provides 24/7/365 access to information regarding client eligibility, claim and payment status, and provider information.	• Current Next Generation MyCare providers	• OMES submitted claims, prior authorization, and other administrative tasks • General Medicaid member eligibility • Provider application, enrollment, or waiver support • General Medicaid payment/billing
Local Area Agency on Aging *Hours vary by agency* 866-243-5678	• Current Next Generation MyCare providers	• PASSPORT claims and service authorizations • Assisted Living claims and service authorizations
Next Generation MyCare Plan Hotlines *Hours vary by plan* Anthem Blue Cross and Blue Shield: 833-727-2170 Buckeye Health Plan: 833-998-4892 CareSource: 800-488-0134 Molina Healthcare of Ohio: 855-322-4079	• Current Next Generation MyCare providers • Providers interested in becoming a Next Generation MyCare provider	• Covered services and benefits • Enrolling as a Next Generation MyCare provider

Thank you for your time!

To Learn More About the Program:

- ✓ **Next Generation MyCare Program Overview One-Pager** and **Learn More About the Next Generation MyCare Program! Micro Video**
  Shares information about the Next Generation MyCare program, eligibility, and more.
- ✓ **Next Generation MyCare Rollout Schedule** and **The Next Generation MyCare Program is Rolling Out Across the State. Find Out What It Means for You! Micro Video**
  Shares information about how the Next Generation MyCare program is rolling out across the state.
- ✓ **Next Generation MyCare Member Frequently Asked Questions**
  Highlights common questions about the program and options available to members.
- ✓ **Next Generation MyCare Provider Frequently Asked Questions**
  Highlights common questions about the program and options available to providers.
- ✓ **Next Generation MyCare Member Help Desk One-Pager**
  Provides guidance about which help desk members can contact for different kinds of questions or issues.
- ✓ **Next Generation MyCare Provider Help Desk One-Pager**
  Provides guidance about which help desk providers can contact for different kinds of questions or issues.
- ✓ **Next Generation MyCare Program Member Impacts One-Pager**
  Provides a summary of what members can expect when the program is available in their county.
- ✓ **Next Generation MyCare Program Member Care Coordination One-Pager**
  Provides program information for members about the aspects, goals, and impacts of Next Generation MyCare Program Care Coordination.
- ✓ **Next Generation MyCare Program Member ID Card One-Pager** and **Learn More About the Next Generation MyCare Member ID Cards Micro Video**
  Shares information about the Next Generation MyCare member ID cards.
- ✓ **Next Generation MyCare Plan Delegation Strategies**
  Shares information about the Next Generation MyCare plan delegation strategies and how AAAs could be involved in care coordination.
- ✓ **Next Generation MyCare Claims Submission Process One-Pager** and **How Do I Submit Claims For Next Generation MyCare Members? Micro Video**
  Shares information about the Next Generation MyCare provider claims submission process.

Work and Community Engagement

Patrick Beatty

Deputy Director,

Chief Policy Officer

Ohio Department of Medicaid

Community Engagement Requirement Overview

Due to new federal laws, Medicaid eligibility requirements will be changing for individuals eligible for and enrolled in Group VIII coverage (also known as MAGI Adult or Ribicoff coverage).

To maintain Medicaid eligibility, some individuals enrolled in Group VIII coverage must demonstrate that they meet new qualifying activities such as work, education, job training, or community service, unless they meet an exemption.

The new requirement **only** applies to individuals eligible for and enrolled in Group VIII coverage (also known as MAGI Adult or Ribicoff coverage) — generally, adults ages 19–64 who have Medicaid because their income is at or below 138% of the Federal Poverty Level.

Most individuals currently in receipt of Group VIII (MAGI Adult or Ribicoff coverage) are already known to either meet an exemption or are participating in a qualifying activity.

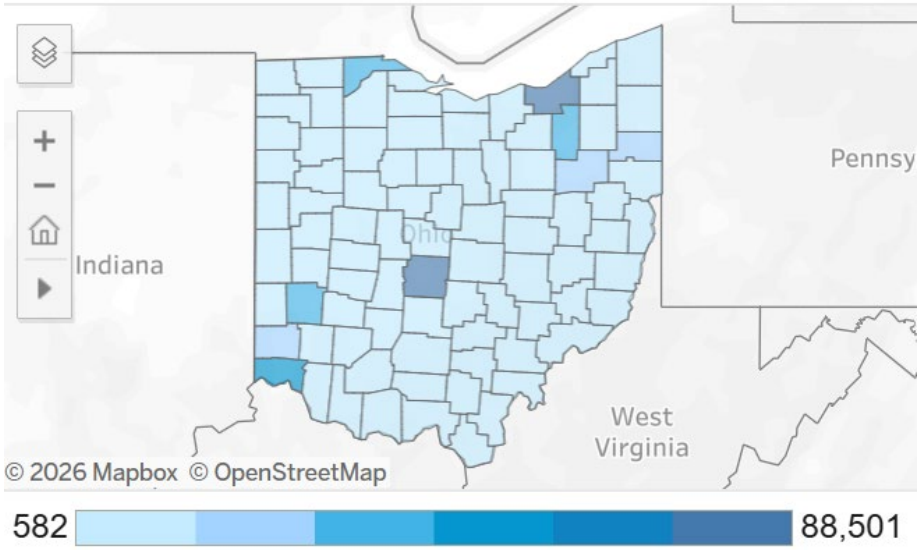
Federal law will also require renewals to take place every six months. This is more frequent than the current 12-month renewal requirement. To renew Medicaid coverage, individuals will need to show they are exempt or met the Work and Community Engagement Requirement for at least one month since their last application or renewal.

General View of the Individuals in Group VIII as of June 2026 Eligibility

Group VIII Breakdown

Total Group VIII Population
690,034

Group VIII Population by Age		
Group	**#**	**%**
Age 19-20	25,215	4%
Age 21-44	405,955	59%
Age 45-64	257,760	37%
Age 65+	1,092	0.1%



Enrollment by County of Residence

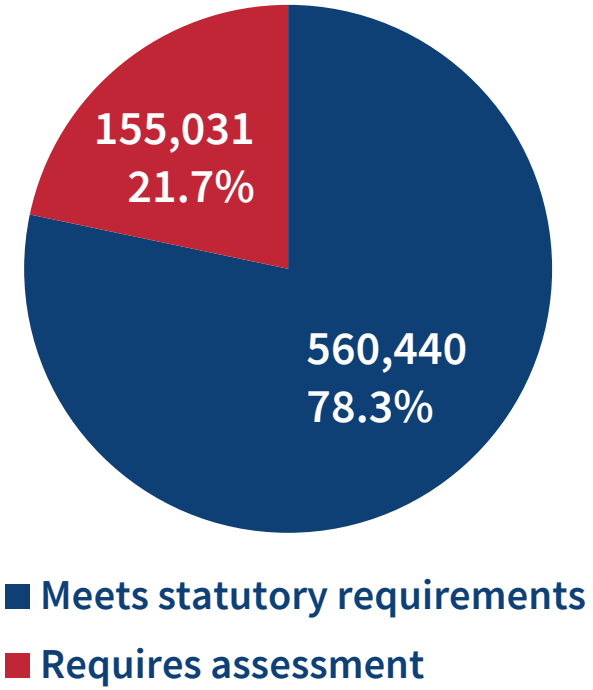
Total Group VIII Population

- 59% are between the ages of 21 and 44
- 64% are White, 26% are Black, and 10% are Other or Unknown
- 54% are male
- 95% are in Managed Care

General view of the individuals in Group VIII
as of June 2026 eligibility

Category	Count	Percent Total
Individuals that meet statutory requirements	**560,4402**	**78.3%**
Working	302,829	42.3%
Age	552	<0.1%
Medically frail or disabled	132,991	18.6%
Parent of a child aged 13 or younger	14,357	2.0%
Pregnant, incarcerated, or former foster care	14,475	1.0%
Other qualifying activity	26,074	3.6%
Other Medicaid eligibility	69,162	9.7%
Requires assessment	**155,031**	**21.7%**
Total Population	**715,471**	**100.0%**

Group VIII Composition



Department of Medicaid

Medical Frailty

People in Group VIII may be exempt from the Work and Community Engagement Requirement if their physical, mental, or other behavioral health condition significantly impairs their ability to comply with the community engagement requirement. An individual is deemed to meet the medical frailty exemption if they:

Are **blind or disabled** as defined by the Social Security Administration	Have a **substance use disorder**, including individuals in recovery for up to five years	Have a **disabling mental disorder**	Have a **physical, intellectual, or developmental disability** that significantly impairs ability to perform daily living activities	Have a **serious or complex medical condition** that impacts their ability to complete WCER activities

Medical Frailty Classification

ODM engaged the Clinical Director's team to compile a list of ICD-10 codes for diagnoses that indicate medical frailty.

ICD-10 Codes

ODM identified **1,935 codes (including sub codes)** that are associated with a medically frail classification.*

For example:

- ICD-10 code A170 indicates tuberculosis meningitis - **a complex medical need**
- ICD-10 code F1010 indicated alcohol abuse, uncomplicated – **a substance use disorder**
- ICD-10 code F259 indicates Schizoaffective disorder, unspecified – **a disabling mental disorder**
- ICD -10 code Q909 indicates down syndrome – **a developmental disability**

Classification Process

Individual will be classified as medically frail if – in the past year – they have the diagnosis codes identified.

For ex parte renewals each month, **ODM will query the last year of claims data for the specific diagnosis codes, then merge that list with the Group VIII population** to identify those individuals who meet this exemption.

*Individuals who are blind or disabled based on SSA definitions are also deemed medically frail, but would likely receive SSDI and not need identification through ICD-10 codes.

Expectations for Impacted Recipients

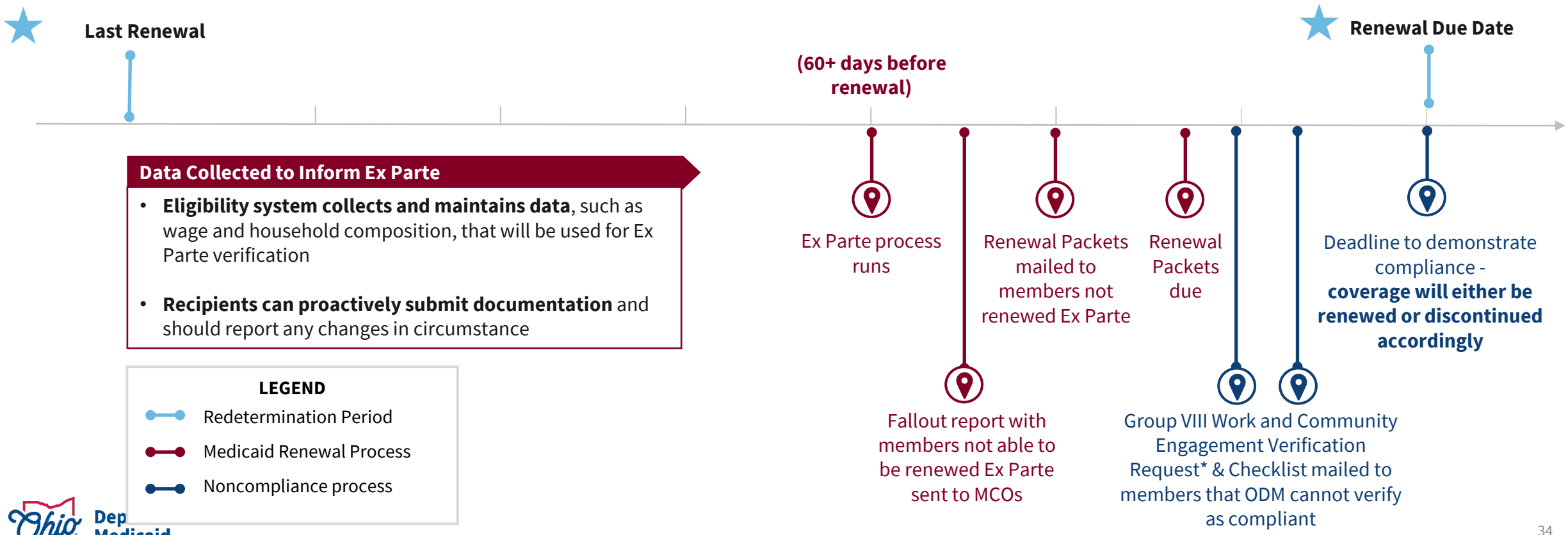
Impacted Group VIII applicants and enrollees will experience some changes in eligibility processes

- When individuals apply for Group VIII eligibility, the State must perform a “look-back” review to determine whether the Medicaid applicant met the Work and Community Engagement Requirement during the month before they applied.
- When a current recipient is renewing their Medicaid coverage, the State must also verify that they met the Work and Community Engagement Requirement for at least one month within each six-month eligibility review period.
- For example, if a recipient’s last renewal was in January and they renew again in July, they must show that they were exempt or met the work requirement for at least one month between January and July.
- When possible, the State is required to use available data to verify compliance ex parte. Ex parte renewals are an automated process where the State checks existing data sources to renew an individual’s eligibility without requiring them to provide any additional information.
- If the State cannot verify that an individual is meeting the Work and Community Engagement Requirement, then the applicant / recipient will receive a notice of non-compliance (called the Group VIII Work and Community Engagement Verification Request).
- After receiving a notice of non-compliance, applicants / recipients have 30 days to demonstrate compliance before disenrollment or denial.

Renewal Process for Impacted Recipients

The Renewal Process will include three primary verification checkpoints:

Ex Parte review	Renewal Packet review	Checklist reviews
As part of Ex Parte, the eligibility system will review existing data sources to identify members who are exempt or already meeting the Work and Community Engagement Requirement.	While reviewing renewal packets, caseworkers will look for newly submitted information that shows that the recipient is exempt or meeting the requirement.	If compliance cannot be verified after return of the renewal packet, two checklists will be sent to guide the individual on types of documentation that can be submitted for review by the caseworker.



Data Collected to Inform Ex Parte

- **Eligibility system collects and maintains data**, such as wage and household composition, that will be used for Ex Parte verification
- **Recipients can proactively submit documentation** and should report any changes in circumstance

LEGEND

- Redetermination Period
- Medicaid Renewal Process
- Noncompliance process

Ohio Department of Medicaid

*The Verification Request is ODM's Notice of Noncompliance required by H.R.1

Application Process for Impacted Applicants

The application process will include two primary verification checkpoints:

Application Review	Checklist Review
As part of the initial application review, the eligibility system and caseworker will review information provided to identify exemptions or compliance with the requirement.	If compliance cannot be verified after the initial application, two checklists will be sent to guide the individual on types of documentation that can be submitted for review by the caseworker.

Note: The steps displayed below reflect actions taken in addition to the typical application process.

Application is initiated and typical information is provided

Based on the information provided by the applicant, **the system will determine if the applicant may be in Group VIII, and if they are meeting a qualifying activity or an exemption**

After caseworker review, if more information is needed to verify compliance, a **Group VIII Work and Community Engagement Verification Request* & Checklist will be mailed to applicants**

30 days after application, if compliance cannot be verified, then the application will be denied

*The Verification Request is ODM's Notice of Noncompliance required by H.R.1

Implementation Rollout

The Work and Community Engagement Requirement will phase in across new applications and renewals through three key implementation milestones in 2027.

January 2027

New applications submitted on or after January 1, 2027, will be evaluated for CE.

- **If additional information is needed** to verify exclusion or compliance, a VCL will be sent to the applicant. This initiates the 30-day noncompliance period during which the applicant can provide more information. If ODM still cannot verify exclusion or compliance at the end of that period, the application will be denied.
- **Approved applicants** will be given a six-month eligibility period from January 1 – July 31, 2027 (due to the transition to six-month renewals for Group VIII.)

Renewals initiated (i.e., those with renewal due dates in March 2027) will be evaluated for CE.

- **If a case can be verified ex parte** as meeting basic eligibility requirements and as either excluded or compliant with CE, it will be approved for a six-month period from April 1, 2027, through September 30, 2027.
- **If a case cannot be verified ex parte** as meeting basic eligibility requirements or CE, a renewal packet (and, if needed, subsequent verification checklists) will be sent.

April 2027

For the first round of CE renewals, if the applicant does not provide additional information that allows ODM to verify exclusion or compliance, the individual will be disenrolled effective April 1, 2027.

July 2027

Renewals will be initiated for twice the normal caseload, including both cases initiated in January 2027 and those regularly scheduled for July 2027. These cases will be reviewed as described previously.

Outcomes Acceleration For Kids (OAK)

Melissa Nance

Cross-System Collaboration Section Chief

Department of Medicaid

What is Outcomes Acceleration for Kids ?

The OAK Learning Network is a first-of-its-kind collaborative effort between Ohio Children's Hospitals, Ohio Managed Care Entities and Ohio Medicaid.

The goal of OAK:

- Deliver the **highest quality care** to Ohio's pediatric Medicaid managed care population
- Connect regional partners to **close health equity gaps**
- Achieve **superior outcomes** and ensure **whole child health**

Why a Learning Network?

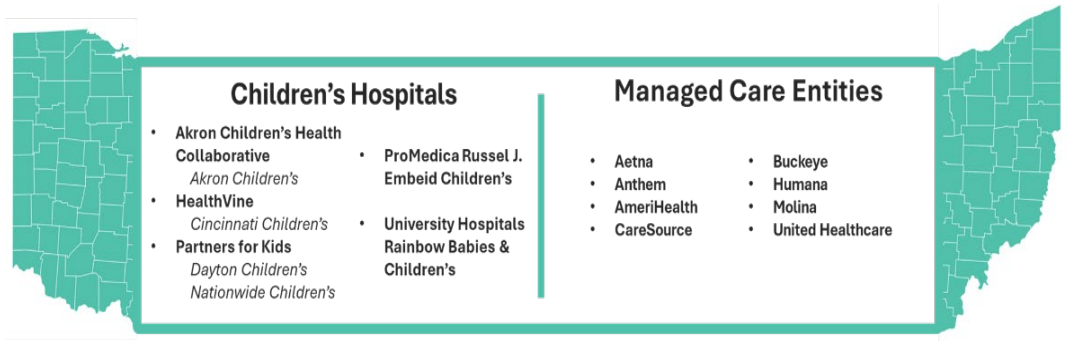
Learning Networks are multi-site, practice-based, clinical networks used to guide **shared improvement** work. They are particularly important in pediatrics because of the limitations posed by having small numbers of patients at any one site.

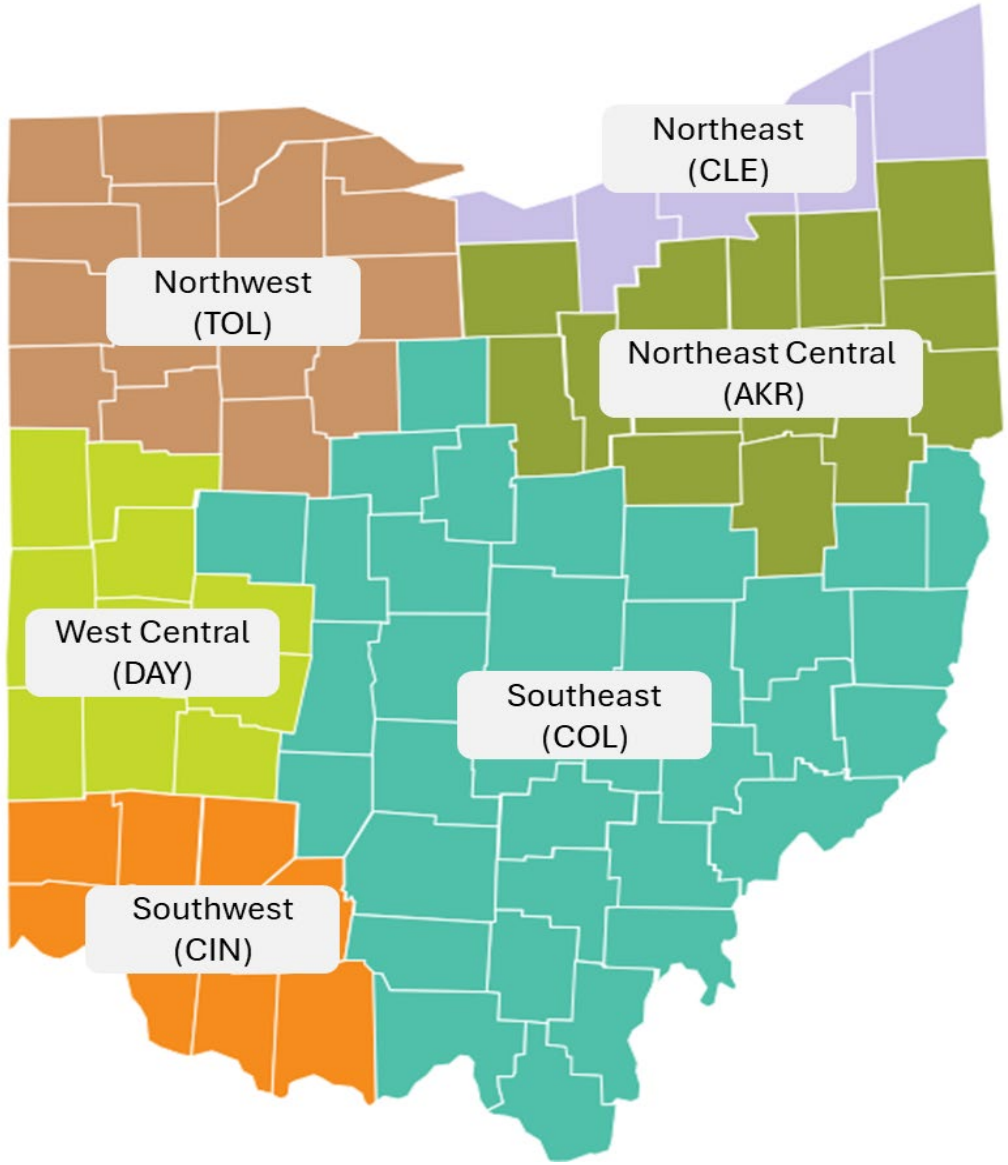
They involve **collaborations** among engaged patients and families, multidisciplinary teams of clinicians and staff, scientists and communities.

Learning Health Networks span a broad reach of conditions, settings and geographic locations.

Children's Hospitals and **Families** representing 6 regions of Ohio, alongside the **Managed Care Entities** that provide care management to all of Ohio's Medicaid population.

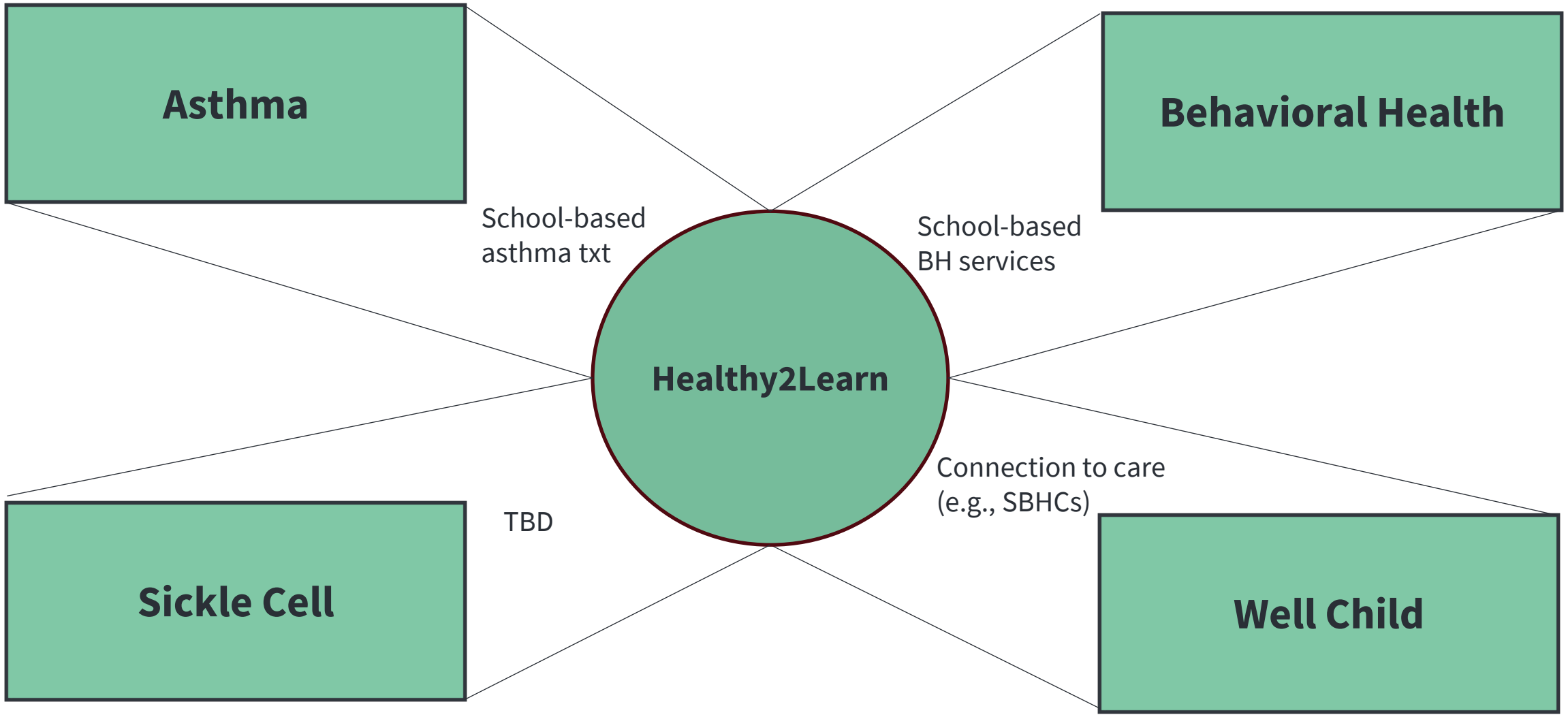
Each region is organized to accomplish outcome improvements locally for a collective impact across the state. Regional outcomes and work will be shared across the state.





Department of Medicaid

Five OAK Domains



Ohio Department of Medicaid

Outcomes Acceleration for Kids

Global Aim:
To deliver the highest quality care to Ohio's pediatric Medicaid population to achieve superior outcomes and ensure whole children health

Strategic Aim:
Improved pediatric outcomes for children with Ohio Medicaid in four focus areas

Population:
Ohio Children with Ohio Medicaid

Asthma Domain
Improve Asthma Medication Control: Ages 5-11 and Age 12-18

- Community Health workers→ school-based health
- Telehealth

Behavioral Health Domain
Increase the 7-day Follow-Up After ED Visit for Substance Use And Mental Health

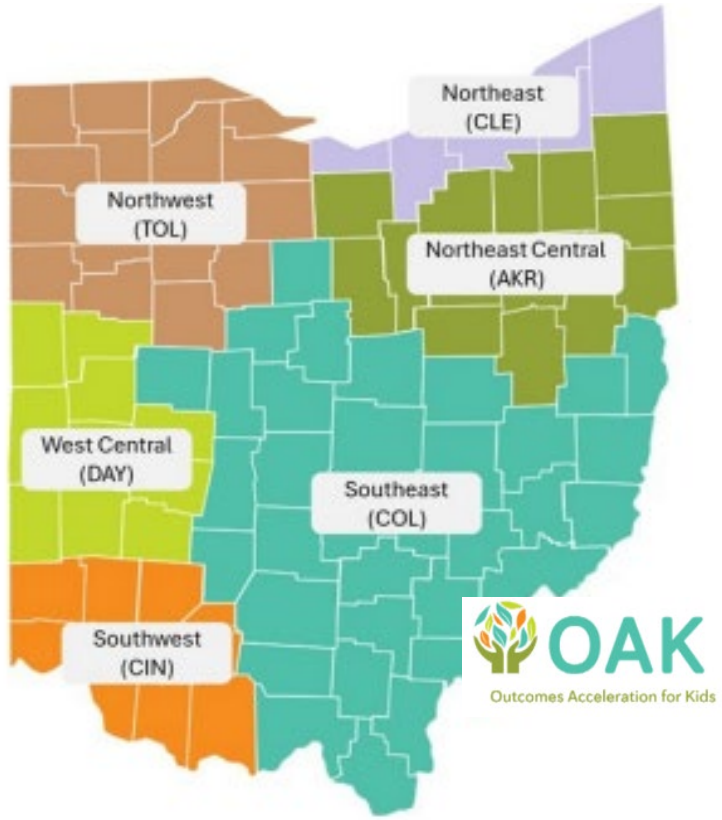
- Standardization of discharge/ follow up protocol across health systems
- Broadening use of HIE/Clinisync

Sickle Cell Disease Domain
Increase the Transcranial Ultrasound completion rate among children with sickle cell disease

- Care coordination/ streamlining of TCD appointments, to include supports such as meal vouchers
- Patient recall lists (unscheduled appts) + addressing barriers

Well Child Care Domain
Improve Well-Care Visits: Children 0-15 Months, 12-17 years

- Conversion of PCP BH/med check appointments to Well-child visits
- Outreach protocols for overdue appts



Core Structure of OAK

OAK divides Ohio into six regions. Teams of Children's Hospitals, Managed Care Entities, and families are collaborating to deliver improved outcomes in priority focus areas:

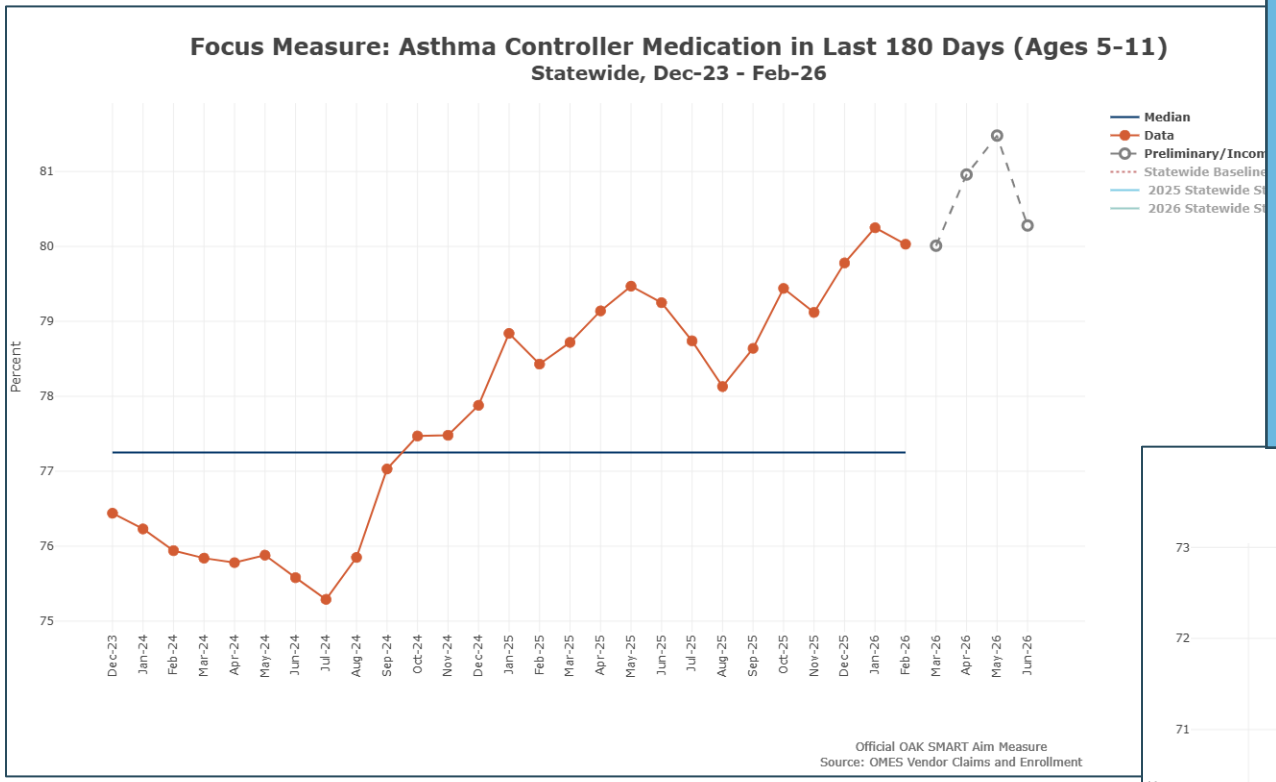
Department of Medicaid

ACCOMPLISHMENTS AND NEXT STEPS

Key Dates

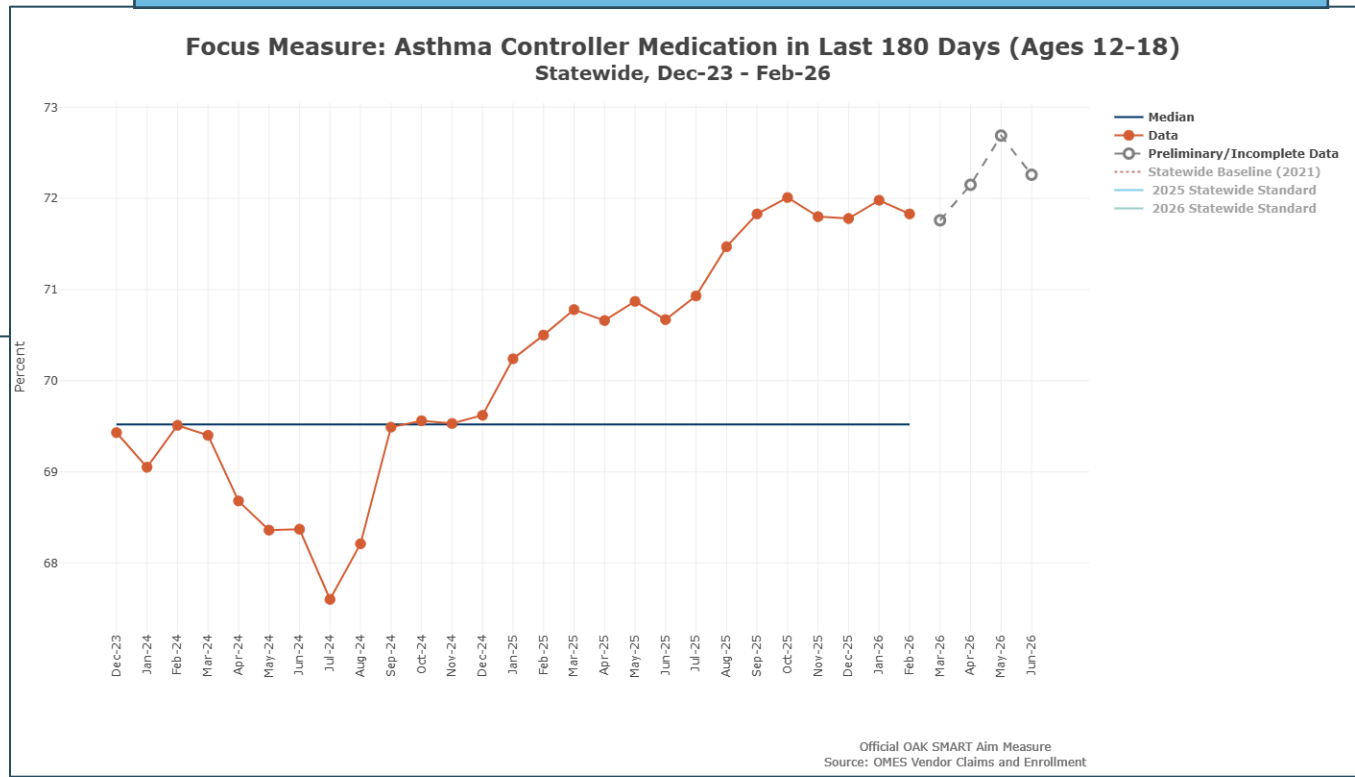
- **January 2024**: OAK Launches
- **July 2024**: Acceleration workshops
- **February 2025**: Increased focus on high impact interventions
- **January 2026:** Scaling up effective interventions to full implementation
- **January 2027:** Expanding reach of effective interventions

ASTHMA



High Impact Interventions

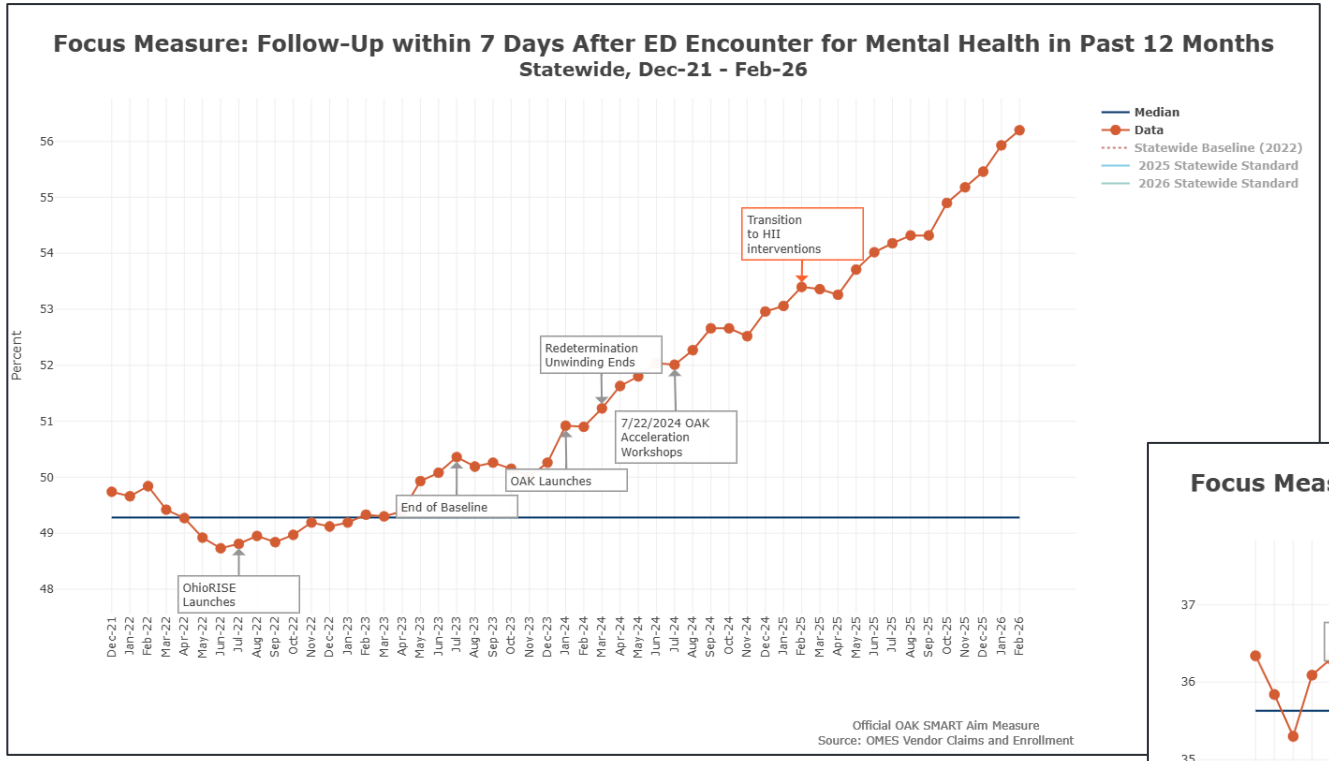
- School-based Asthma Treatment (SBAT)



Over 900 additional children have received asthma controller medication

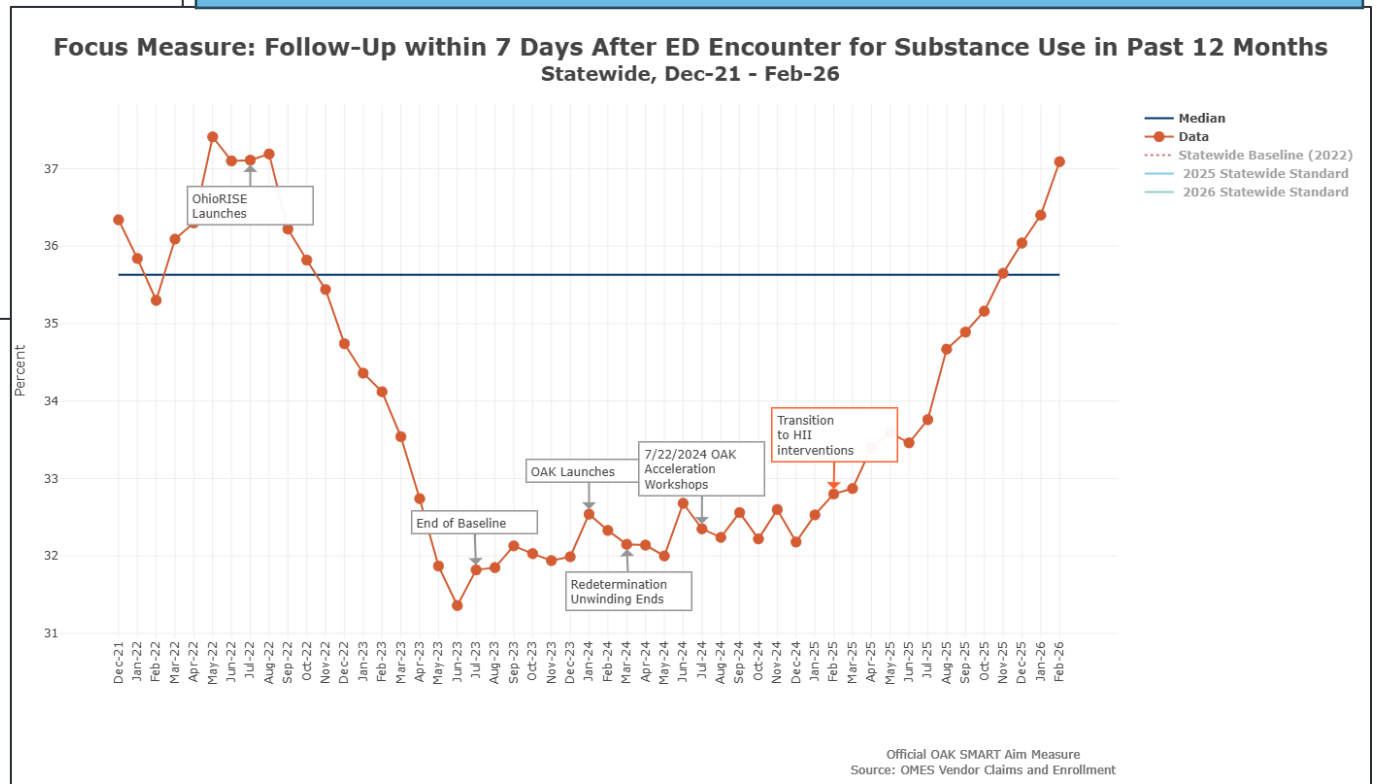
Department of Medicaid

7-day Follow-up after Emergency Department Visit for MH or Substance Use



High Impact Interventions

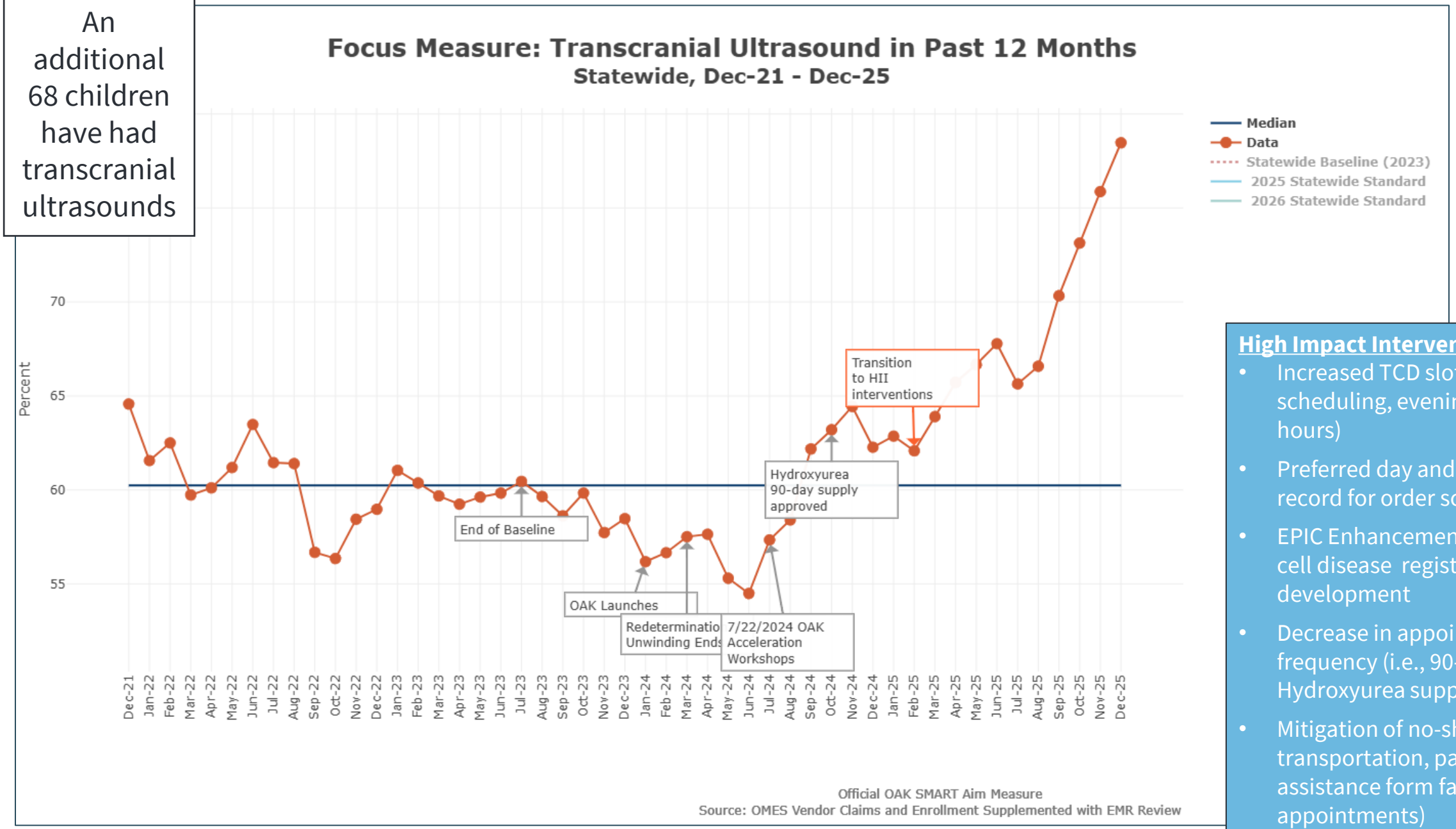
- HIE/Clinisync to improve coordination across the health system
- Standardized follow-up protocol across the health system
- Scheule follow-up prior to discharge
- Standardized care coordination process
- Formal ED/Bridge clinic partnership



Over 1,100 additional children have received follow-up visits after an emergency department visit for mental health or substance use

Department of Medicaid

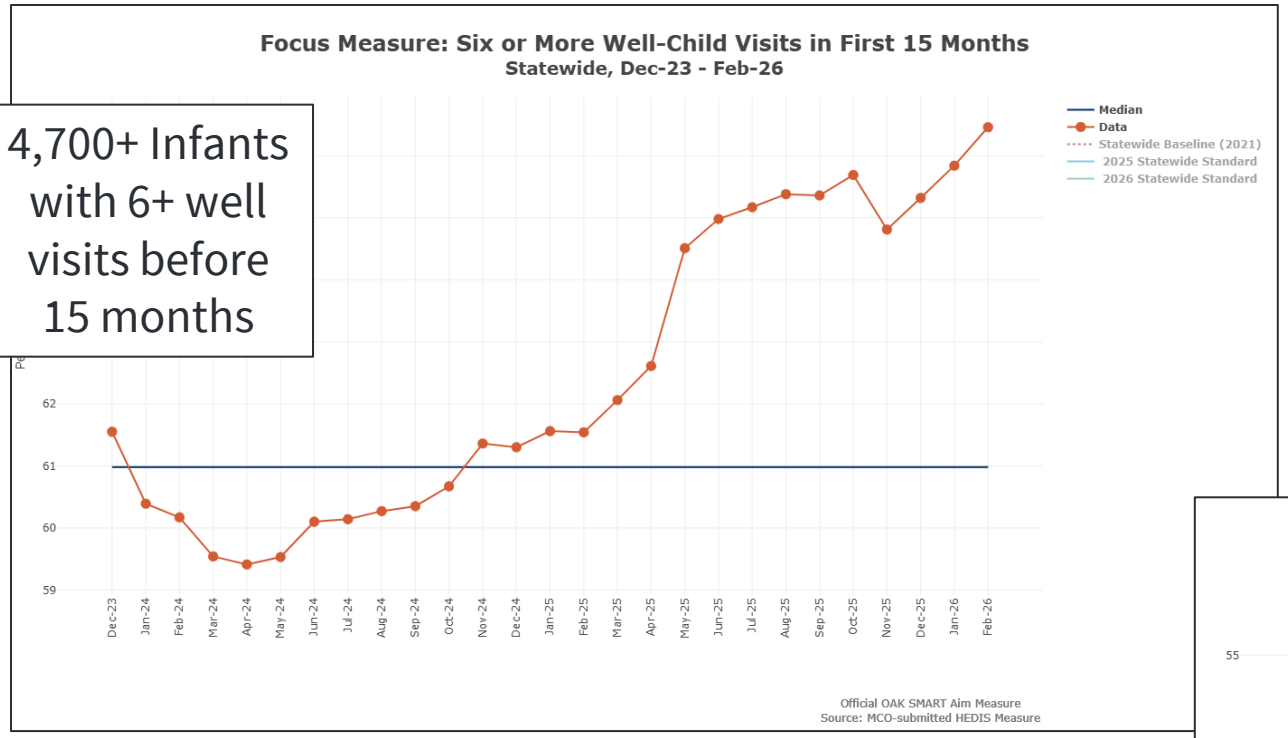
An additional 68 children have had transcranial ultrasounds



High Impact Interventions (HII)

- Increased TCD slots (e.g., flexible scheduling, evening and weekend hours)
- Preferred day and time in patient record for order scheduling
- EPIC Enhancements and sickle cell disease registry development
- Decrease in appointment frequency (i.e., 90-day Hydroxyurea supply)
- Mitigation of no-shows (e.g., transportation, parking, and meal assistance form families in all day appointments)

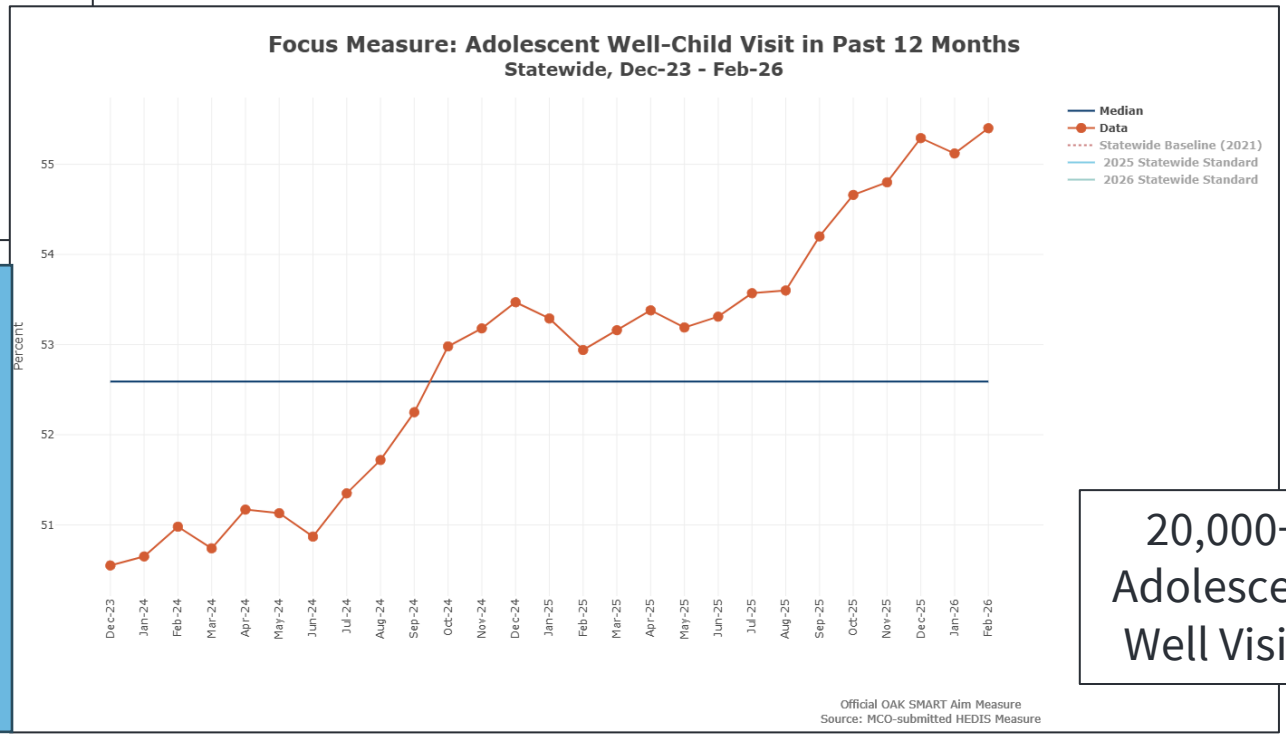
Increased Well Child Visits for Infants and Adolescents



4,700+ Infants with 6+ well visits before 15 months

Infant Interventions

- Increased focus on high impact interventions
- Well visit components integrated into already scheduled visits; standardized billing
- Proactive visit scheduling
- Connection to pregnant patients



Adolescent Interventions

- Increased focus on high impact interventions
- Well visit components integrated into already scheduled visits; standardized billing
- Proactive visit conversion
- Mobile care option
- Well child registry and text messages to families whose children are overdue

20,000+ Adolescent Well Visits

Healthy2Learn Workstreams: Same outcomes, different interventions & timelines

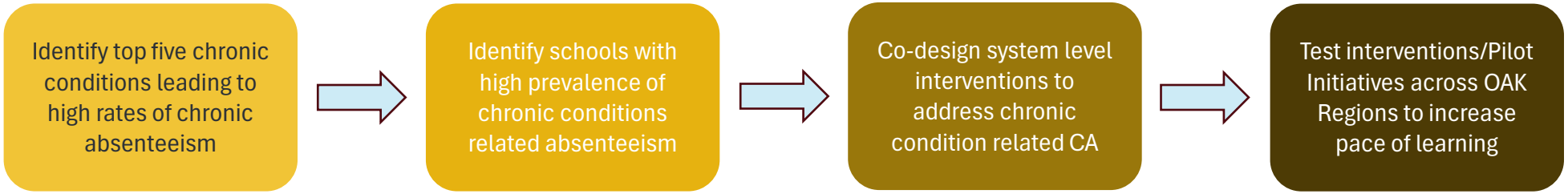
30-60-90 Work

Designed to meet the Governor's more short-term objectives

- Focused on implementation ready projects for rapid deployment (i.e., schools with established school-based health care)
- Expanding scope of existing programs based on existing gaps (e.g., school profile)

Extended Timeline (18 months)

Focused on innovative, system-level changes to address healthcare and related needs that lead to chronic absenteeism



System Gaps Identified

- Need for increased access to and convenience of healthcare
- Lack of awareness of services
- Insufficient/inconsistent healthcare provider funding
- Fragmentation across health plans and system partners
- Lack of data integration
- Importance of relationships, trust and safety to families
- Need to meet basic social determinants of health

Current Interventions

- Increase access to school-based health care
- Increased outreach and education
- Improved communication across the health system (e.g., BOOST) to connect children with care and meet health-related social needs
- Improved transportation to school-based health centers

Next Steps

- **OAK Asthma, BH, Well Child and Sickle Cell**:
  - Expansion of proven interventions for statewide reach
  - Continued innovation
- **OAK Healthy2Learn**:
  - Expansion of effort to schools without school-based health centers
  - Piloting of BOOST in Cincinnati Public Schools to learn what will be needed to improve information exchange between schools, primary care, and MCOs in order to meet healthcare and health-related needs

OhioRISE

Dawn Puster

Deputy Director,

OhioRISE

Department of Medicaid

2026 OhioRISE Focus Areas

A look into key focus areas for the OhioRISE Program.

Update Program Policies

- Implement OhioRISE enrollment on the first day of the month of OhioRISE eligibility.
- Improving quality of CANS assessments via standardized implementation of CANS Quality Review Tool.

Increase Transparency

- Ensure transparent and consistent reporting by publishing standardized data and methodologies on a regular schedule to promote accountability and informed decision-making.

Enhance Family and Youth Engagement

- Engage OhioRISE youth, including those enrolled on the OhioRISE waiver, through surveys and meetings to understand their experience.
- Increase engagement and technical assistance with system of care partners and families for high-acuity youth.

Expand Access to Care

- Add additional in-state Psychiatric Residential Treatment Facility (PRTF) beds, opening in 2026.
- Implement behavioral health respite provider onboarding process for natural supports.
- Update OhioRISE provider network standards to encompass a greater variety of provider types ensuring access to care for OhioRISE members.

Celebrating 2026 OhioRISE Graduates!

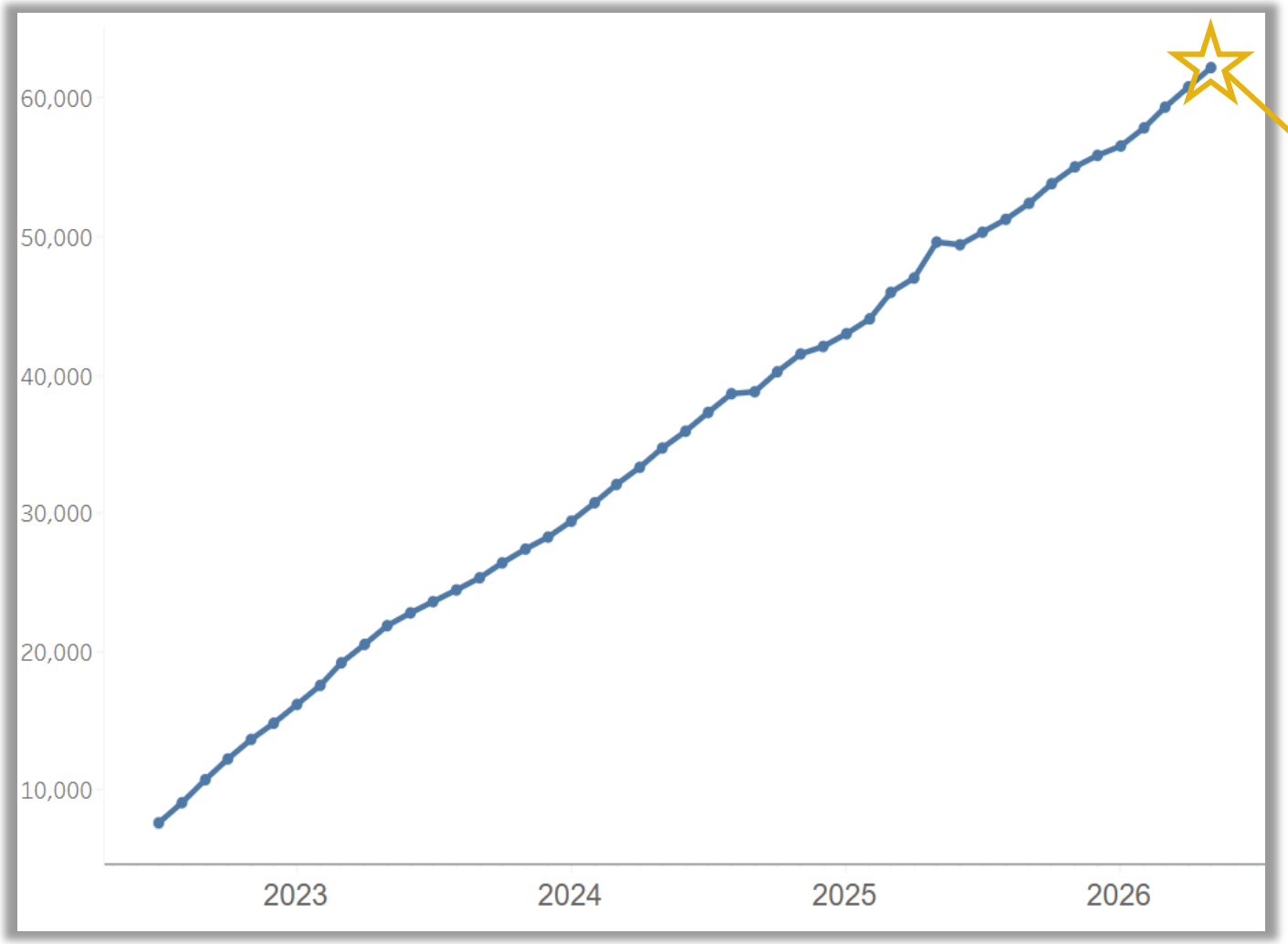
Behind every number is a powerful story.

One graduate plans to become a psych tech so she can help others the way she was once helped. Another is pursuing culinary training and says she feels hopeful about her future. Others are heading to Cleveland State, enrolling at Ohio State Beauty Academy, and graduating with high GPAs while building clear plans for what comes next.

We're proud of every OhioRISE graduate and excited for all that lies ahead!

OhioRISE Enrollment Update

OhioRISE Enrollment Trend



In **May 2026**, there were **62,140** recipients enrolled in OhioRISE.

OhioRISE Program Four-Year Anniversary

OhioRISE continues to celebrate many milestones, program and process improvement activities, and crossed the four-year program anniversary.

This summer, OhioRISE turns four—and there is a lot to celebrate. Time and again, we've seen what becomes possible when families, providers and communities rally around Ohio's children. Because of OhioRISE, more kids are alive, engaged with behavioral health services and receiving evidence-based care close to their homes.

OhioRISE by the numbers

62,140 kids

Today, OhioRISE serves nearly **60,000 enrolled kids**. These youth are receiving a level of behavioral health care they would not have received without OhioRISE.

$2.6B invested in local behavioral healthcare services through OhioRISE

Instead of costly ED and in-patient care, OhioRISE invests in **specialized and highly-effective** local behavioral health services and supports.

Nearly $700 million of behavioral health care costs avoided for Ohio

Through a reduction in emergency department-driven care and a reduction of in-patient hospitalizations and other out-of-home treatment, OhioRISE has helped **avoid nearly $7000M in behavioral healthcare costs** since 2022.

Top 5% in National Behavioral Healthcare rankings

OhioRISE is a national leader in behavioral health outcomes for youth; outperforming Ohio's Medicaid Managed Care **in twelve critical categories of health effectiveness** for youth.

Reaching kids in crisis and helping kids receive care in their homes

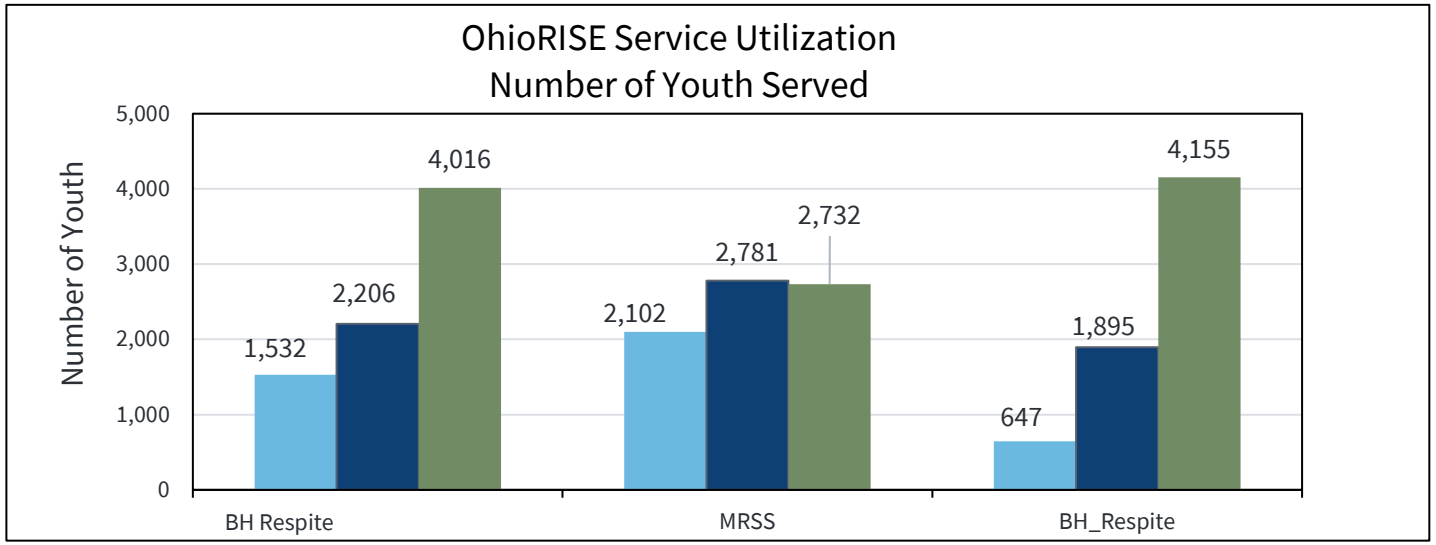
In 2025, members who used mobile response and stabilization services (MRSS) had a **49% reduction in Emergency Department claims** and a **58% reduction in inpatient claims**.

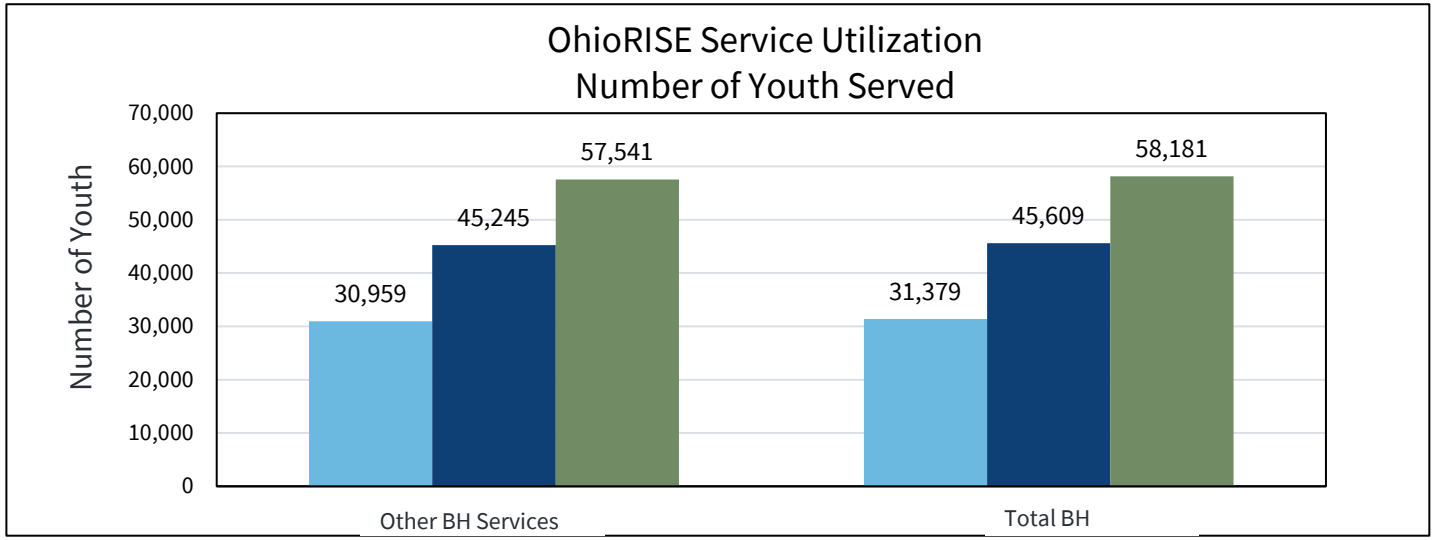
OhioRISE families value OhioRISE

3,000 Ohio families participated in an independent survey of OhioRISE, and nearly 80% of respondents had a favorable opinion of the services and support they receive, and nearly **90% indicated the services they receive are right for their family.**

OhioRISE Capacity Expansions

OhioRISE has expanded capacity to increase the number of youth receiving services.





Key:
- Calendar Year 2023
- Calendar Year 2024
- Calendar Year 2025

IHBT Impact Measure – Program Capacity

The growth of the Intensive Home-Based Treatment (IHBT) Program Reach from March 2024 to March 2026.

IHBT Program Reach by County

March 2024

March 2026

Any type of IHBT program

none

Over **two years**, the IHBT program's reach grew **from 40 counties (45%), to 83 counties (94%)**.

Psychiatric Residential Treatment Facilities (PRTF) – Overview

An overview of Ohio's Psychiatric Residential Treatment Facilities.

PRTF programs are designed to offer intense, focused mental health treatment program to promote a successful return of the youth to the community. Specific outcomes of the mental health services include the youth returning to the family or to another less restrictive community living situation as soon as clinically possible and when treatment in a PRTF is no longer medically necessary.

Before OhioRISE, children had to be sent **out of state** to receive PRTF services.

ODM is **partnering with DCY, DBH and DODD** to **expand capacity** for youth who are difficult to connect with PRTF, including those with developmental disabilities, eating disorders, transition-age needs, or sexually based behaviors.

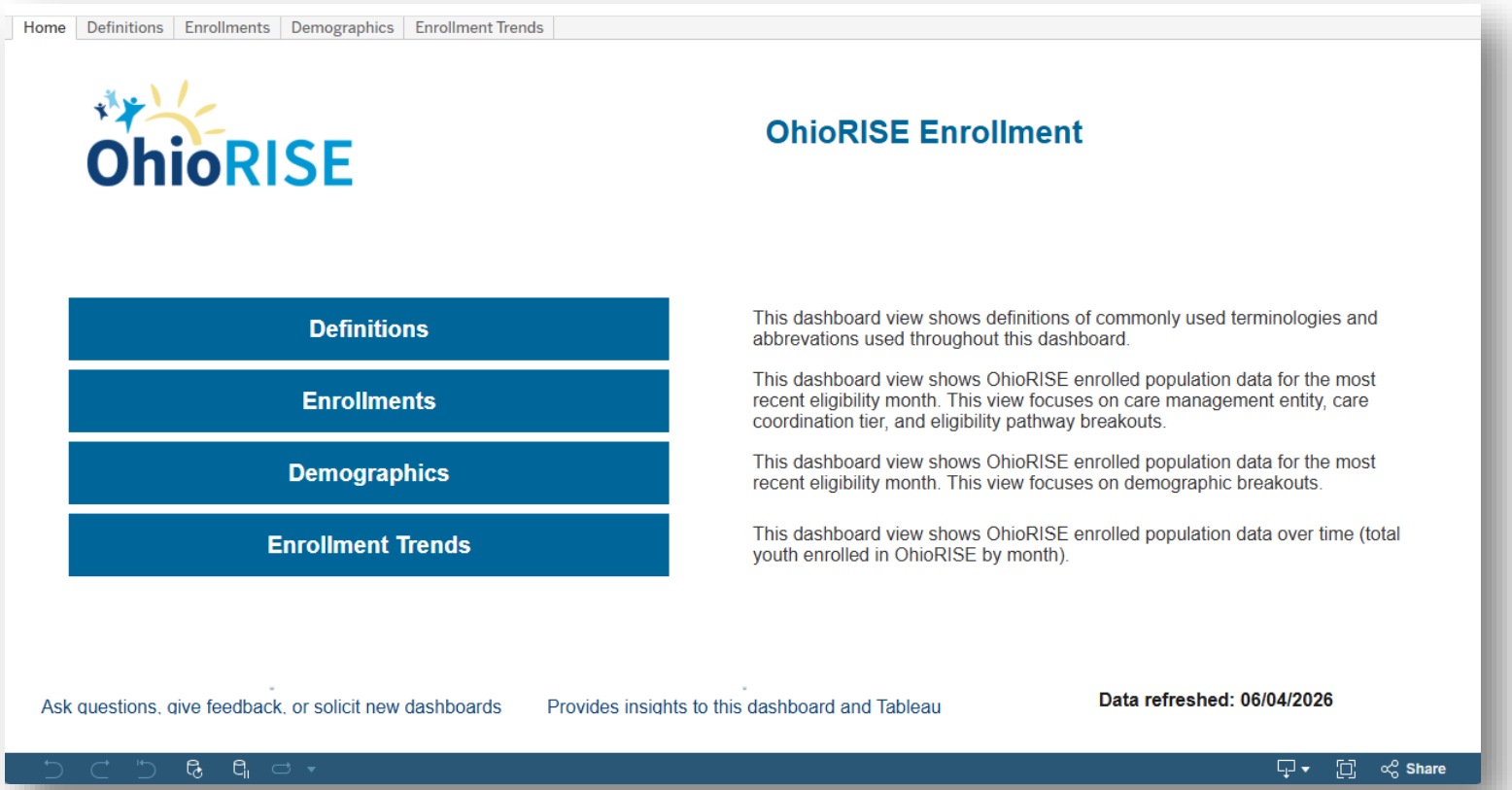
The state team is committed to **building quality PRTF services** that **prioritize returning to the family** or less restrictive settings .

PRTF	Occupied Beds	Open Beds	Total Beds
The Buckeye Ranch	7	1	**8**
Belmont Pines	6	0	**6**
Bellefaire	6	0	**6**
CCHMC	7	1	**8**
Applewood	3	3	**6**
I Am Boundless	1	5	**6**

Introducing the OhioRISE Enrollment Dashboard!

An overview of the recently published OhioRISE Enrollment Dashboard.

The **OhioRISE Enrollment Dashboard provides a centralized, easy-to-access view of key information** related to the OhioRISE program. The dashboard is designed to support monitoring and analysis of OhioRISE enrollment and demographics from the start of the program in July 2022 through the most recent reporting period.



By organizing information across dedicated landing pages, the dashboard enables stakeholders to review current enrolled OhioRISE population data, examine trends over time, and better understand member characteristics. The OhioRISE Enrollment Dashboard is a resource for consistent interpretation of data through clearly defined measures and supporting definitions. This first version, published in July 2026, reflects what we heard from stakeholders and our focus on data transparency, with more data to come in future versions.

Updated 2024 HEDIS Data

2024 Healthcare Effectiveness Data and Information Set Results

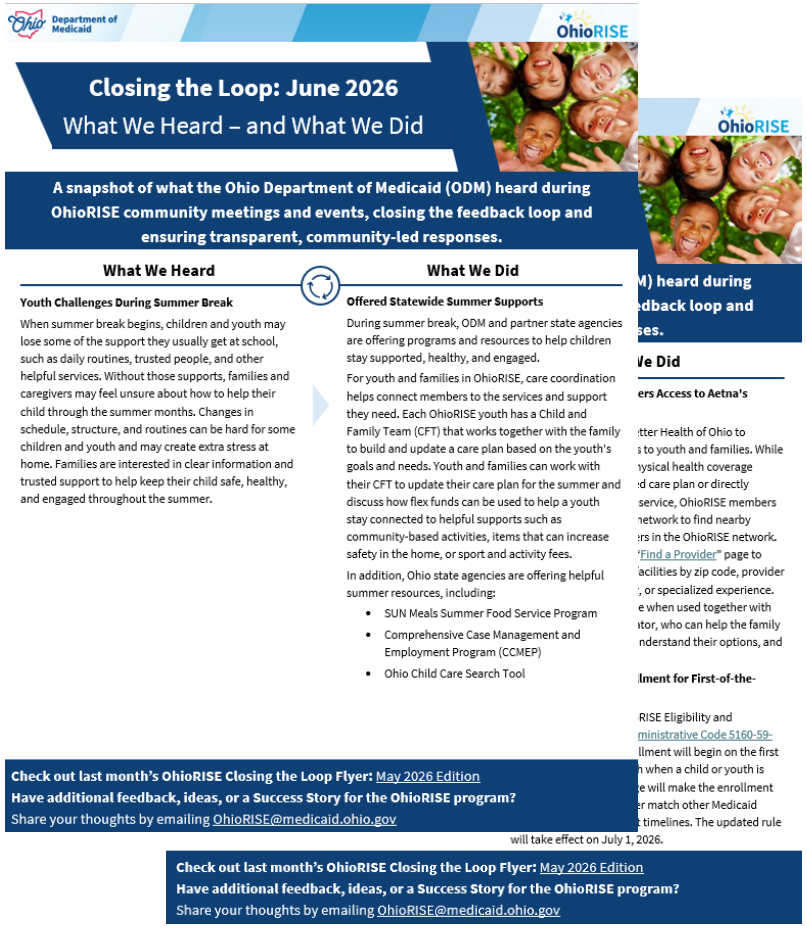
Measure	OhioRISE	Ohio Medicaid Managed Care (MMC)	OhioRISE outperforms MMC by
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics, Ages 1-17	89.73% > than 95th National Percentile	77.78%	15.36%
Follow-Up After Emergency Department Visit for Substance Use, 7-Day Follow-Up, Ages 13-17	52.31% > than 95th National Percentile	36.15%	44.70%
Follow-Up After Emergency Department Visit for Substance Use, 30-Day Follow-Up, Ages 13-17	64.1% > than 95th National Percentile	47.72%	34.33%
Follow-Up After Emergency Department Visit for Mental Illness, 7-Day Follow-Up, Ages 6-17	82.79% > than 95th National Percentile	74.32%	11.40%
Follow-Up After Emergency Department Visit for Mental Illness, 30-Day Follow-Up, Ages 6-17	92.51% > than 95th National Percentile	85.34%	8.40%
Follow-Up After Hospitalization for Mental Illness, 7-Day Follow-Up, Ages 6-17	62.28% > than 75th National Percentile	61.48%	1.30%

2024 Healthcare Effectiveness Data and Information Set Results

Measure	OhioRISE	Ohio Medicaid Managed Care (MMC)	OhioRISE outperforms MMC by
Initiation and Engagement of Substance Use Disorder Treatment — Initiation of SUD Treatment, Total (13-17)	60.72% > than 95th National Percentile	42.26%	43.68%
Initiation and Engagement of Substance Use Disorder Treatment — Engagement of SUD Treatment, Total (13-17)	28.86% > than 95th National Percentile	19.28%	49.69%
Metabolic Monitoring for Children and Adolescents on Antipsychotics, Blood Glucose and Cholesterol Testing, Ages 1-17	39.87% > than 50th National Percentile	34.8%	14.57%
Child and Adolescent Well-Care Visits, Ages 3-11	63.36% > than 50th National Percentile	60.2%	5.25%
Child and Adolescent Well-Care Visits, Ages 12-17	55.18% > than 50th National Percentile	53.71%	2.74%
Child and Adolescent Well-Care Visits, Ages 18-21	33.57% > than 50th National Percentile	29.98%	11.97%

“Closing the Loop” Flyer – June 2026

The Ohio Department of Medicaid (ODM) has created the “Closing the Loop” flyer to showcase the collaborative solutions and actions that occur as a result of discussions during OhioRISE community engagement meetings and events.


Department of Medicaid

OhioRISE

Closing the Loop: June 2026

What We Heard – and What We Did

A snapshot of what the Ohio Department of Medicaid (ODM) heard during OhioRISE community meetings and events, closing the feedback loop and ensuring transparent, community-led responses.

What We Heard

Youth Challenges During Summer Break

When summer break begins, children and youth may lose some of the support they usually get at school, such as daily routines, trusted people, and other helpful services. Without those supports, families and caregivers may feel unsure about how to help their child through the summer months. Changes in schedule, structure, and routines can be hard for some children and youth and may create extra stress at home. Families are interested in clear information and trusted support to help keep their child safe, healthy, and engaged throughout the summer.

What We Did

Offered Statewide Summer Supports

During summer break, ODM and partner state agencies are offering programs and resources to help children stay supported, healthy, and engaged.

For youth and families in OhioRISE, care coordination helps connect members to the services and support they need. Each OhioRISE youth has a Child and Family Team (CFT) that works together with the family to build and update a care plan based on the youth's goals and needs. Youth and families can work with their CFT to update their care plan for the summer and discuss how flex funds can be used to help a youth stay connected to helpful supports such as community-based activities, items that can increase safety in the home, or sport and activity fees.

In addition, Ohio state agencies are offering helpful summer resources, including:

- SUN Meals Summer Food Service Program
- Comprehensive Case Management and Employment Program (CCMEP)
- Ohio Child Care Search Tool

Check out last month’s OhioRISE Closing the Loop Flyer: May 2026 Edition
Have additional feedback, ideas, or a Success Story for the OhioRISE program?
Share your thoughts by emailing OhioRISE@medicaid.ohio.gov

Check out last month’s OhioRISE Closing the Loop Flyer: May 2026 Edition
Have additional feedback, ideas, or a Success Story for the OhioRISE program?
Share your thoughts by emailing OhioRISE@medicaid.ohio.gov

Department of Medicaid

Check out the OhioRISE “Closing the Loop” Flyer!

The “Closing the Loop” flyer is a snapshot of what the Ohio Department of Medicaid (ODM) heard during OhioRISE community meetings and events, closing the feedback loop and ensuring transparent, community-led responses. Check out the March, April, May, and June 2026 editions on the “**Monthly Program Updates**” tile of the OhioRISE Website.

June 2026 OhioRISE “Closing the Loop” flyer content includes:

- An overview of Ohio’s statewide summer supports available to youth and families that can help them stay supported, healthy, and engaged over summer break.
- A spotlight on Aetna Better Health of Ohio's provider network search tool that can help youth, families, and care coordinators find nearby behavioral health providers to help meet their needs.
- An announcement of the OhioRISE First-of-the-Month Enrollment rule update, effective July 1, 2026.

Have questions, feedback, or want share a Success Story for the OhioRISE Program? Share your thoughts by emailing OhioRISE@medicaid.ohio.gov

Ohio Department of Medicaid

medicaid.ohio.gov