Next Generation MyCare Ohio: Transition, Lessons and What's Next

COAAA (PSA 6)

COAAA's Next Generation

MyCare Journey:



- Unified team under shared leadership
- Integrated support roles (compliance, training, clinical)
- Coordinated care models with clear specialization areas
- Emphasis on collaboration, flexibility, member-centered coordination

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AREA AGENCY
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Where We Started: COAAA'S MyCare Experience

- COAAA was in the initial MyCare Ohio Demonstration project
- Serving over 5,000 members in 5 of 8 counties
- The largest plan was fully delegated (Aetna)
- Spent last few months of 2025 completing assessments for the Aetna members to prepare for the transition to new plans
- Larger team had developed specialty roles to support staff with the work of full delegation

Preparing Staff for NextGen:

- Focus on Workload vs. Caseload with team philosophy of care
- Facilitating open communication with the following methods:
  - Monthly NextGen Open forums
  - NextGen FAQ kept up to date after these meetings
  - Transparency: if we don't know the answer, saying we don't know
  - Input: asking all staff to provide input
  - Team based approach will allow WSC's to get back to the business of case managing for waiver services while fostering compliance with audit metrics and ensuring quality care for members
  - Nuances with plans will have specialty roles around compliance, offering opportunities for staff who gravitate toward a specialty role
  - 1 documentation platform will allow for continuity both for members and staff.

Building the Structure to Support the Work

Assistant Director of Strategy and Performance

- Leads quality, training, and clinical standards
- Designs new workflows and program processes
- Oversees compliance with regulatory and contract requirements

Specialty Teams

- LOC Assessment
- Hiring and Training
- Office Support
- Service Coordinator Support
- Plan Support
- Medicaid Support

Assistant Director of Care and Coordination

- Oversees daily operations and supervisor support
- Manages documentation, coverage, and case assignment performance
- Provides frontline leadership to supervisors and support staff

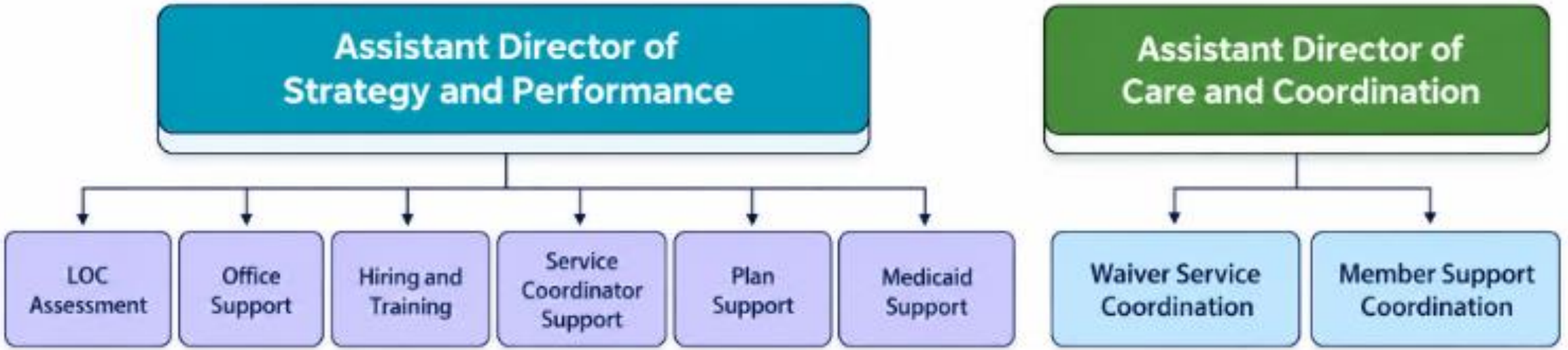
Care and Coordination Team Roles

Waiver Service Coordinators (WSC)
Complete assessments and ongoing clinical work regarding waiver services

Service Coordinators (SC) / Member Support Coordinators (MSC)
Degreed, non-licensed staff completing assessments, interval visits, and support functions (including eyes on portion of some SCE visits)

NextGen MyCare

One Team, One Mission: Quality Care.



NextGen MyCare Team Structure

One Team, One Mission: Quality Care.

Strategy and Performance

Function / Team	Supervisors	Number of Staff	Details / Notes
LOC Assessment	**1**	**7**	7 LOC assessors
Office Support	**1**	**6**	1 Office Manager 6 Office Associates
Hiring and Training	**2**	**4**	2 supervisors 2 Training Support WSC's (carry a very small case assignment)
Service Coordinator Support	**1**	**11**	Duties include: answering calls and assisting with RFS: PCS, DME, MHM, ERS, missed visit documentation and outreach
Plan Support	**1** (oversees both Plan and Medicaid Support)	**3** (soon to be 4)	1 dedicated to each plan to assist with day to day communication
Medicaid Support		**3**	Invaluable, helping with eligibility and redetermination, also vetting the enrollment and transfer information for us.

Care and Coordination

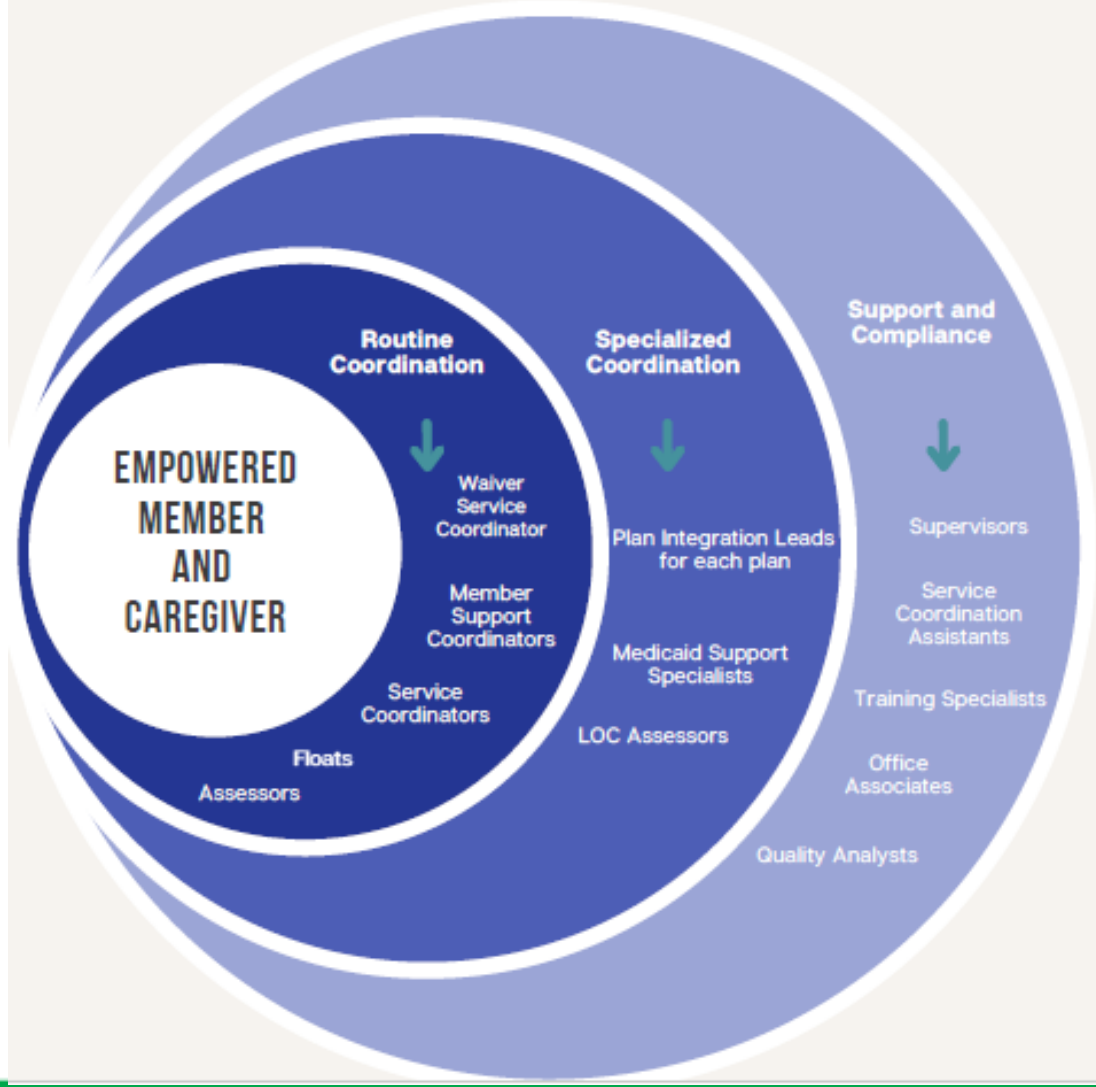
Function / Team	Supervisors	Number of Staff	Details / Notes

Clinical Supervisors (Overall)	**10**	—	• 1 lead Clinical Support Supervisor (smaller team; helps Assistant Director with communication and carrying out operations).
			• 9 Clinical Supervisors supervising both WSC's and MSC's:
			  ○ 2 supervisors over AL
			  ○ 1 supervisor over assessors
			  ○ 2 supervisors managing floats and MSC role
			  ○ 4 supervisors oversee "community" WSC's and MSC's

Waiver Service Coordinators (WSC)	—	**92**	Breakdown: • 4 assessors • 4 floats • 9 AL • 75 in home WSC's
Member Support Coordinators (MSC)	—	**11**	3 for F2F only

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MODEL OF CARE NEXT GEN MYCARE



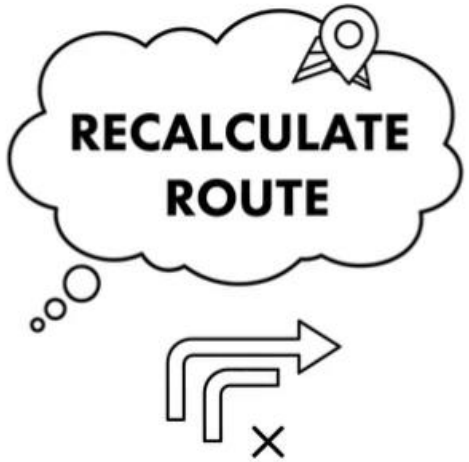
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Orienting Staff: What Helped

- Start communicating before all the answers are available
- Regular open forums for questions and concerns
- Living FAQ updated as answers changed
- Role-specific training rather than expecting everyone to know everythir
- Strong training and support teams available after go-live
- Clear escalation paths
- Normalize that workflows will change
- Ask staff what is and isn't working

Then Reality Happened

Be Ready to Pivot



• Pivot #1: Staffing Changed the Plan

- 61 members/WSC-94 member/WSC in 6 months
- A 54% increase driven by resignations and growth of 600+ members from January to June

2026	Total Census	Monthly Net Growth	APCCs FTEs who carry cases	Total Census Divided APCCs FTEs
January	5,174	330	85	61
February	5,269	39	83	63
March	5,360	77	83.5	64
April	5,493	135	78.5	70
May	5,691	170	70.5	81
June	5,815	129	61.83	94



- **Pivot #2: Simplify Where You Can**
  - Being trained in 2 systems not sustainable for large portion of WSCs
  - Support staff and ALW continue to work in 3 systems
  - Newly hired staff (starting in June) trained in 1 system based on census
  - Supervisors identify staff who could benefit from being in 1 plan
  - Develop a transfer plan for this staff

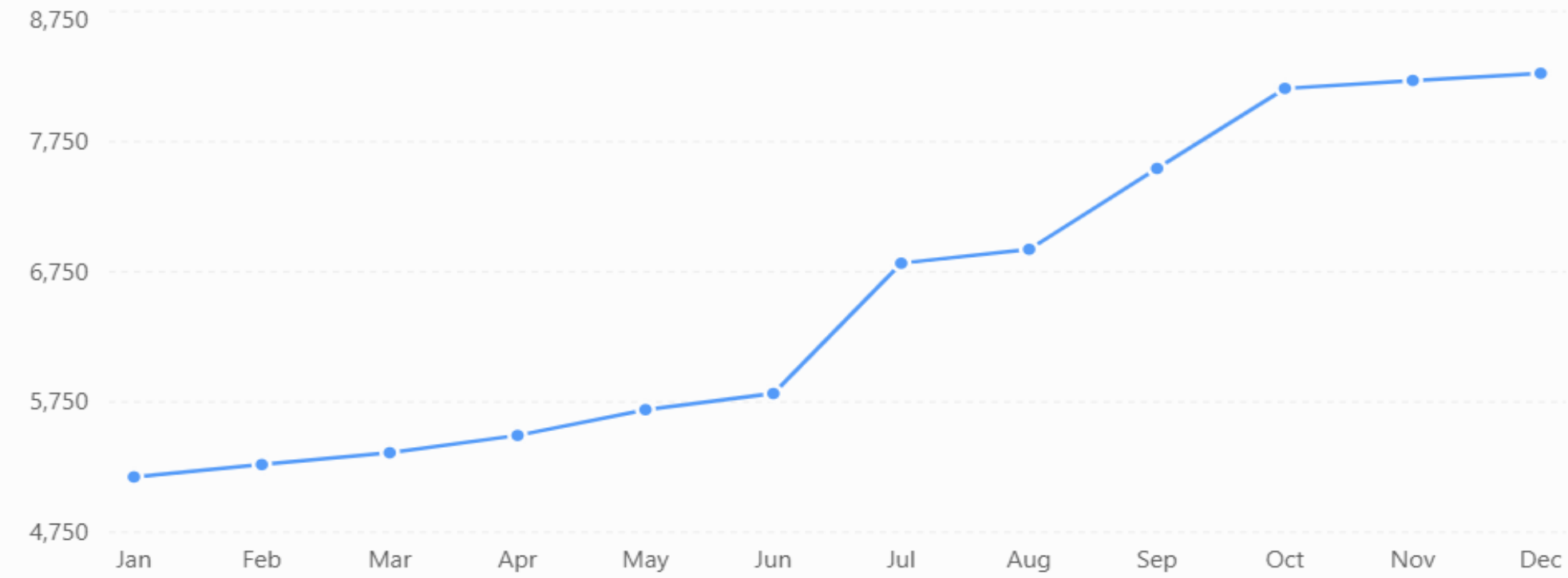
Pivot #3: Growth Kept Coming

2026 Census Growth

5,174 → 8,275 members | +3,101 members (+60%)

2026 Census Growth

COAAA MyCare census increased from 5,174 members in January to 8,275 by December.



Overall growth: 3,101 members | 60% increase

Adapting the Workforce Along With The Program

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Retention

- Recruitment bonus
- Summer Fridays
- Four- day workweek pilot
- WSP retention incentive

Workforce Flexibility

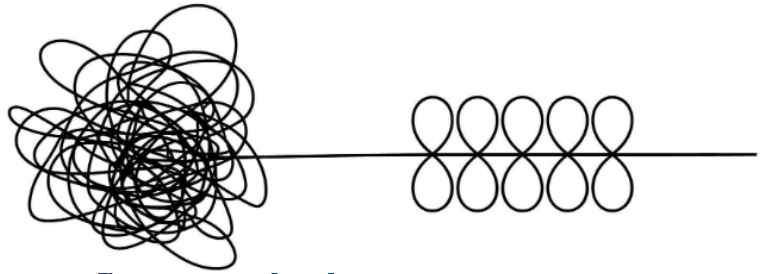
- Expanded use of degreed, non-licensed staff
- Created Member Support Coordinator role
- Protected appropriate licensed-staff capacity

What Worked, What Changed, What We Learned

What Still Works Well

- Team based approach
- Strong training team
- Support staff in all programs
- Plan Integration Specialists
- Specialty teams for assessments, floats, MSC, AL

Expect It to Be Messy



- Uncertainty drives anxiety — regardless of model
- Provide heavy training support
- Give staff room to feel uncomfortable and grow

Protect the Partnership with Plans

- *Plans are learning too*
- Not every out-of-scope request is a threat
- Use it as an opportunity to educate and clarify

Good Workflows Take Time

- Strong training team + Plan Leads working together is essential
- Staff want perfection immediately — it takes iteration

Encourage:

- Trust in their clinical skills
- Getting out and doing the work
- Learning through experience
- Be open to new ideas

What's Next for COAAA

- **Stabilize**
  Continue balancing staffing, assignments and specialty support as census grows.
- **Refine**
  Keep adjusting workflows based on experience, plan requirements and staff feedback.
- **Develop**
  Continue building the MSC role and other ways to use the full team effectively.
- **Strengthen**
  Move from transition-mode relationships with the plans into sustainable operating partnerships.
- **Measure**
  Watch workload, compliance, member outcomes and staff capacity to determine what needs the next pivot.

Don’t be afraid to



PIVOT

NEXT GENERATION MYCARE

Transition, Lessons & What's Next:
A Rural Perspective

Ashley Lehmkuhle, LSW

Vice President of Program Operations

Area Agency on Aging 3

Service Area

- Mycare Go Live 5-1-2026
- 7 rural counties
- Census 956



Area Agency on Aging
Integrity. Independence. Quality of Life.

Preparing for Go-Live

- Staff interest interviews
- Strategic Meetings with Key Partners:
  - Provider meet and greet with Plans
  - Clinical meeting with JFS
  - Quarterly Council on Aging meetings
- Staff Training on Statement of Work and Comparison of Programs

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Integrity. Independence. Quality of Life.

Assessment: Team & Workflow

- Staff Composition
  - RN/LSW
- 1 Assessment/Program Support Supervisor
  - 5 Assessors
  - Complete all agency assessments
- Mycare Initial (mixture of scheduled by ADRC and self-assign)
- Mycare Reassessment (self-assign)

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Integrity. Independence. Quality of Life.

Waiver Service Coordination

- Staff Composition
  - RN/LSW
- 1 Waiver Service Coordination Supervisor
  - 9 Full Time WSC
  - 2 Part Time WSC
- WSC Teams
  - Anthem/Buckeye
  - Caresource/Molina
- Staff Values & Business Needs

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Member Transitions

MAY	Anthem	Caresource	Molina	Total
Allen	10	8	1	19
Aug	1	3	0	4
Hancock	17	1	1	19
Hardin	1	0	0	1
Mercer	0	1	0	1
Putnam	30	0	0	30
Van Wert	2	0	0	2
Totals	61	13	2	**76**

JUNE	Anthem	Caresource	Molina	Total
Allen	21	11	1	33
Aug	1	4	0	5
Hancock	20	2	1	23
Hardin	2	0	0	2
Mercer	0	5	0	5
Putnam	36	1	0	37
Van Wert	6	1	0	7
Totals	86	24	2	**112**

JULY	Anthem	Caresource	Molina	Total
Allen	35	17	2	54
Aug	1	9	0	10
Hancock	28	2	0	30
Hardin	2	3	0	5
Mercer	1	7	1	9
Putnam	38	1	0	39
Van Wert	8	2	0	10
Totals	113	41	3	**157**

AUG	Anthem	Caresource	Molina	Total
Allen	130	170	43	343
Aug	34	63	18	115
Hancock	72	53	10	135
Hardin	12	37	5	54
Mercer	20	68	9	97
Putnam	60	28	1	89
Van Wert	26	47	8	81
Totals	354	466	94	**914**

Waiver Service Coordination: Caseloads

- Caseload Sizes
  - Average: 1:93 FT (1:65 PT)
  - Anthem: 1:99
  - Caresource/Molina: 1:90
- Pilot of 1 WSC serving all 4 plans

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Program Supports: Staff Development & Home Modifications

- Staff Development
  - Assigned trainings per plan with timeframes to complete
  - Attended onboarding trainings with the Plans
  - Assist with triaging questions and Platform navigation
- Home Modification
  - Utilized our Home Modification Team from previous contracts to be an extension of WSC and obtain signed documents, take pictures, etc

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Program Supports: Operations & Compliance

- Program Support Specialists- 3 FTE
  - Maintain Master Tracking Sheet of transitions and review reports
  - Ohio Benefits/PNM work
  - Monitor pending enrollment status
  - Ordering/resume and hold/stop services
  - Confirming services with provider/members
- Compliance Department
  - Submission of reports to Plans
  - Reconcile billing in collaboration with fiscal
  - Review charts focused on KPI

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Integrity. Independence. Quality of Life.

Lessons Learned & What's Next

- Mental Shift- Preparing Staff for the change
- Continuing Support for the Team
- Provider Support and Engagement
- Member Education
- Data Tracking and Analysis
- Collaboration with the Plans

Ohio Association of Area Agencies on Aging MyCare Update 2026

October 21, 2026

Department of Medicaid

Next Generation MyCare

Member Enrollment Statistics

The statistics below reflect Next Generation MyCare program enrollment as of October 2026. The total number of aligned members are 80,585 — up from 48,226 in December.

216,651

Members enrolled in a Next Generation MyCare plan

Department of Medicaid
Next Generation MyCare

Long-Term Services and Support (LTSS)

Number of members receiving LTSS versus members not receiving LTSS.

89,850
Members Receiving LTSS

126,801
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.

37%
Members Receiving Both Medicaid and Medicare Benefits through a MyCare Plan

63%
Members Receiving Only Medicaid Benefits through a MyCare Plan

MyCare Ohio Waiver Enrollment

Number of members enrolled in the MyCare Ohio Waiver.

56,951
Members Enrolled in the MyCare Ohio Waiver

CO D-SNPs Overview

What are CO D-SNPs?

- CO D-SNPs are a specific type of Medicare Advantage plan for individuals enrolled in both Medicare and Medicaid.
- These plans do not manage or cover Medicaid benefits. They only provide a member's Medicare-covered services.
- The Centers for Medicare & Medicaid Services (CMS) allows CO D-SNPs to enroll the following populations.
  - Full dual eligible members qualify for both Medicare and the full range of Medicaid benefits.
  - Certain members who qualify for Medicare and receive Medicare premium assistance support from the Ohio Department of Medicaid (ODM) through the Medicare Savings Program.

CO D-SNP Organizations

As of 2026, nine (9) organizations* offer 25 CO D-SNPs under 14 CMS contracts. These include:

- **Aetna Better Health of Ohio**
- **Anthem Blue Cross and Blue Shield****
- **Buckeye Health Plan****
- **Cigna Healthcare of Ohio**
- **Devoted Health Plan of Ohio**
- **Humana Health Plan of Ohio**
- **Molina Healthcare of Ohio****
- **The Health Plan**
- **United HealthCare**

*Organizations may also offer other Medicare plans. Other Medicare plans are not changing because of updates to CO D-SNPs.
**CO D-SNPs offered by Anthem, Buckeye, and Molina are separate from MyCare plans. The MyCare plans are not changing.

ODM's Decision on CO D-SNPs

ODM will not be extending State Medicaid Agency Contracts (SMACs) to CO D-SNPs in 2027. This decision:



Maximizes the number of dual eligible members who receive integrated Medicare and Medicaid benefits through the Next Generation MyCare plans.



Prevents Medicare organizations cost-shifting to ODM.



Creates a less complex Medicare landscape for dual eligible members.

What Should Members Expect?

Members will not lose their Medicare or Medicaid benefits because of this change.



In October, members enrolled in CO D-SNP will receive a letter in the mail informing them that the plan will no longer be available as of January 1, 2027, and instructions for how to select a new plan.

Members have options for how to enroll in a new plan:

- Members can call Medicare at 800-633-4227.
- Members can contact the Ohio Senior Health Insurance Information Program (OSHIIP) at 800-686-1578 or oshiipmail@insurance.ohio.gov for help comparing the plans available in their area.



They will receive their Medicare benefits through fee-for-service if they do not choose another Medicare Advantage plan.

Next Generation MyCare Open Enrollment Overview

What is open enrollment?

Open enrollment is when eligible members can review the plans available and select the plan that best fits their healthcare needs.

When can a member select a plan?

During Medicaid or Medicare open enrollment, members can pick a MyCare plan.

- Each year **Medicaid** open enrollment is from **November 1 to November 30**.
- Each year **Medicare** open enrollment is from **October 15 to December 7**.

What plans are available?

Anthem Blue Cross and Blue Shield

Buckeye Health Plan

CareSource Ohio, Inc.

Molina Healthcare of Ohio, Inc.

How Do Members Change Their Plan Next Generation MyCare Plan?

If members would like to change their plan, they have options.

Medicaid and Medicare Benefits

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

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

Medicaid Benefits

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

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

Tailoring Supplemental Benefits for LTSS Population

For 2027, Next Generation MyCare plans must operate a General Statewide Plan and may also offer an Optional Long-Term Services and Supports (LTSS) Statewide Plan. This is for the Medicare portion of the benefit only.

Options

- **General Statewide Plan:** Plan must operate a single MyCare statewide plan for the full dual eligible population.
- **Optional LTSS Statewide Plan:** Plan may be tailored with supplemental services to better meet the specific needs of members receiving LTSS.

Regardless, all MyCare members will continue to receive the full Medicaid benefit, including long-term care.

Current MyCare Plans From Plan Finder

Anthem I MyCare Ohio Full Dual Advantage (HMO D-SNP)

- Anthem Blue Cross and Blue Shield
- Plan ID: H2628-001-0

Wellcare Buckeye MyCare Ohio Dual Align (HMO D-SNP)

- Wellcare
- Plan ID: H4158-001-0

CareSource MyCare Ohio (HMO D-SNP)

- CareSource
- Plan ID: H6396-017-0

Molina Complete Care for MyCare Ohio (HMO D-SNP)

- Molina Healthcare of Ohio
- Plan ID: H9955-008-0

Supplemental Benefits

In plan year 2027, members may see updates to their services and benefits, including changes to their transportation benefits, respite services, and pharmacy coverage. These updates are designed to better support members' care.



Transportation Benefits

While all MyCare members receive non-emergency medical transportation, coverage is usually split between the MyCare plans and the county Jobs and Family Services offices depending on how far the ride is.

In 2027, aligned members will be able to have their MyCare plan cover all their medical transportation, even if it would have previously been the county's responsibility.



Respite Services

Respite services offer caregivers and families a short break from their everyday challenges. These breaks are essential to the caregivers' and families' own self-care.

Members receiving waiver services will have 40 hours a year of respite personal care in addition to approved waiver services to relieve unpaid caregivers and grant more flexibility.



Less Out-Of-Pocket Costs

The MyCare plans will be able to offer zero-copay Part D prescription drug coverage. Other Medicare plans cannot offer similar assistance with prescription drug copays beyond the federal "Extra Help" program.

MyCare plans contract exclusively with Medicaid providers who are less likely to send surprise bills for Medicare cost-sharing that members shouldn't have to pay.