GEOH

The Ultimate Ohio Provider Handbook

A GUIDE TO STARTING, GROWING, AND SUSTAINING A MEDICAID HOME CARE AGENCY IN OHIO

(317) 455-3218

https://geoh.app

WHAT'S INSIDE

BEFORE YOU READ

Ohio's Medicaid programs, enrollment rules, and managed care landscape change regularly. This guide gives you a solid foundation, but always verify current requirements directly with the Ohio Department of Medicaid (ODM) and your legal or compliance advisors before making enrollment or operational decisions.

1 The Ohio Home Care Landscape

Ohio is one of the strongest home care markets in the country. The state has a large and growing population of older adults and people with disabilities, a Medicaid system built to support care at home, and a clear policy preference for keeping people out of institutions when possible.

More than 3 million Ohioans are covered by Medicaid. Of those, more than 90% receive their coverage through managed care organizations (MCOs) rather than through the state directly. Within that population, hundreds of thousands of people receive personal care, homemaking, and other support services in their homes through Medicaid waiver programs.

Ohio also has real geographic diversity. Columbus, Cleveland, Cincinnati, and Dayton are dense urban markets. Surrounding suburbs are high-volume. Rural counties have significant unmet needs and less competition.

Understanding your local market (who the clients are, which programs they use, and who the referral sources are) is one of the most important things you can do before and after launch.

3M+
Ohio Medicaid Enrollees

90%
in Managed Care

2 Ohio's Main Medicaid Home Care Programs

Ohio operates several Medicaid programs that fund home care services. You don't need to be an expert in all of them before you open your doors, but you do need to understand which programs your clients are enrolled in — because that determines who authorizes services, how you bill, and who's managing the client's care.

Program	Who it serves	Key note for agencies
PASSPORT	Adults 60+, nursing-facility level of need	Administered through Area Agencies on Aging; AAA case manager coordinates care
Ohio Home Care Waiver	Adults under 60 with physical disabilities	ODM-administered; personal care aide and attendant services are primary service types
MyCare / Next Gen MyCare	Adults dually eligible for Medicare + Medicaid	Single MCO coordinates all Medicare and Medicaid benefits; high-value client population
Structured Family Caregiving	Medicaid-eligible individuals living with a family caregiver	Agency is provider of record; takes on training, monitoring, and oversight responsibilities
State Plan Personal Care	Eligible Medicaid members (any age)	Delivered through MCOs; separate from waivers but often overlaps with waiver-eligible clients

3 Becoming a Provider

Before you can serve Medicaid clients and bill for services, you need to be enrolled as an Ohio Medicaid provider. All enrollment runs through Ohio's Provider Network Management (PNM) system — a single online portal. Ohio does not accept paper applications.

- **Get Your NPI & EIN**
  National Provider Identifier (NPI) and Employer Identification Number are required before starting.

- **Create an OH|ID & Access PNM**
  Ohio's identity management platform is the gateway to PNM. Visit ohpnm.omes.maximus.com to begin.

- **Select a Provider Type Carefully**
  Choosing the wrong provider type is one of the most common causes of delays. Call the IHD at 800-686-1516 if unsure.

- **Complete & Submit Your Application**
  You'll receive a Registration ID immediately. Be sure to save this. Attach all required documents.

- **Receive Approval & Medicaid Provider ID**
  Confirmation comes by email with a Welcome Letter containing your Provider ID. Monitor status through the PNM portal.

Common reasons applications are delayed: incorrect provider type selection, NPI information that doesn't match records, incomplete ownership disclosure, and outstanding background check issues.

4 Clients & Your Network

One of the most underused advantages in home care is simply understanding how a person becomes your client. Knowing the path a client travels tells you exactly where to invest your time and relationships.

HOW A CLIENT FINDS CARE

Need identified

Medicaid eligibility

Assessment & care plan

Referral sources (AAAs, case managers, discharge planners) help influence the first 3 steps

Client picks an agency

Services begin

Your visibility and reputation determine whether you get chosen at step 4.

BUILDING YOUR NETWORK

Most clients won't find you on their own — they arrive through someone in the healthcare system who trusts you. Your job is to be the agency those people think of first.

- Area Agencies on Aging
- Care Coordinators
- Discharge Planners
- Physicians & PCPs
- Senior Centers & Community

5 Contracting with MCOs

Getting enrolled in Medicaid is a starting line, not a finish line. To serve the majority of Ohio Medicaid clients, you also need to be contracted with individual MCOs. Without those contracts, your ability to serve the market is severely limited, regardless of how good your agency is.

Why contracting broadly matters: A client enrolled in Humana Healthy Horizons cannot use your services if you're not in Humana's network. Every plan you're not contracted with is a pool of potential clients you can't reach. Contracting with more plans expands the number of people you can serve.

MCO	Standard	Next Gen MyCare
Anthem Blue Cross and Blue Shield	✓	✓
Buckeye Health Plan	✓	✓
CareSource Ohio	✓	✓
Molina HealthCare of Ohio	✓	✓
AmeriHealth Caritas Ohio	✓	
Humana Healthy Horizons in Ohio	✓	
UHC of Ohio	✓	

How contracting works: Each MCO has its own provider relations team and credentialing process. You'll generally need your ODM Medicaid Provider ID, proof of insurance, current policies and procedures, background check attestations, and NPI information. Start conversations with provider relations teams early to avoid delays or enrollment pauses.

6 Caregiver Recruitment & Retention

In home care, your caregivers are your product. Everything else you build depends on having enough of the right people who show up reliably, are trained well, and stay.

Caregiver demand is growing, and the supply of people entering the field hasn't kept pace. Turnover in home care is high across the industry. Building a stable workforce requires an intentional strategy.

Competitive Compensation

Pay is the most immediate driver of both recruitment difficulty and turnover. A caregiver who can count on reliable hours will often choose you over a slightly higher rate at a less predictable place.

Hiring Speed

Candidates applying for home care positions are typically interviewing at multiple agencies at once. A slow hiring process loses good candidates.

Thorough Onboarding

Caregivers who feel prepared and supported in their first few weeks stay significantly longer than those who feel thrown into the deep end. Spend time preparing your caregivers for their jobs.

Retention Strategies

Retention in home care is mostly a function of how caregivers are treated. Regular check-ins. Recognition when they do something right. Prompt resolution when they raise a concern. Regular hours.

7 Quality & Standing Out

Ohio's home care market has more agencies competing for clients than it did a decade ago. The most reliable way to differentiate your agency is through measurable outcomes, and the most reliable way to demonstrate outcomes is to track them consistently.

MCOs increasingly track these metrics for providers in their networks. AAA case managers notice when clients served by a particular agency have more problems than clients served by others. Referral sources often route clients toward agencies whose track records they trust.

OUTCOMES THAT MATTER TO PAYERS AND REFERRAL SOURCES

- Hospitalization and emergency department visit rates, particularly potentially avoidable ones
- Client and family satisfaction
- Care plan adherence and visit completion rates
- Incident rates and safety events
- Caregiver turnover (a proxy for operational health that referral sources notice over time)

8 Scaling Your Agency

Scaling requires different skills than starting. The qualities that make you successful as a small agency, such as hands-on involvement in everything, can become limiting factors as you grow. The key is building infrastructure slightly ahead of the growth it needs to support.

STAGE 1

Startup

1–10 clients
Owner-operated
1–2 MCO contracts
Building referral relationships

STAGE 2

Established

10-30 clients
Dedicated billing
Field supervisors
Multiple MCO contracts

STAGE 3

Scaling

30+ clients
Multi-county
Added service lines
Management layer in place

The most common scaling mistake
Waiting until you're overwhelmed to get help. Hire extra hands, staff, or consider asking about GEOH's Executive Package!

Most agencies hit their first significant growing pain around 20–40 active clients. At this stage, operations are still largely owner-dependent, billing often hasn't been systematized, and referral relationships are still being developed.

Growing beyond this requires three things: more reliable referral sources, enough caregivers to accept new clients without straining existing staff, and administrative capacity to handle billing, documentation, and compliance without the owner doing it all.

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THANKS FOR READING!

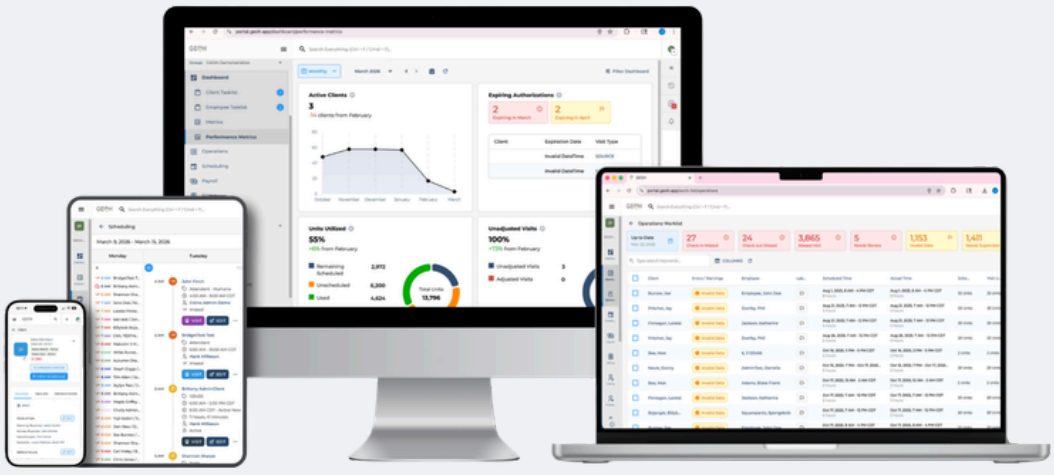
We hope you found this guide helpful!

If questions come up along the way, our team works with agencies like yours every day and is happy to help you work through the details.

Ready to see what GEOH can do for your agency?

Book a Meeting!

Call (317) 455-3218



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