

MyCare Ohio Member Frequently Asked Questions

Overview

This document provides answers to the most common questions regarding MyCare Ohio and the options available for Ohioans who are dually eligible.

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Options available for receiving your Medicare and Medicaid benefits

What is MyCare Ohio?

MyCare Ohio is a managed care program designed for Ohioans who receive BOTH Medicaid and Medicare benefits. This program has a team approach to coordinating your care based on your needs – a team with you at the center.

The MyCare Ohio plan that you choose provides all the same benefits that Medicare and Medicaid offer, including long-term care services and mental/behavioral health services. Plus, your MyCare Ohio plan may include additional services to you.

You have two choices for receiving your MyCare Ohio benefits:

1. **Dual benefits:** A MyCare Ohio plan provides both your Medicare and Medicaid benefits. You are eligible to receive added benefits the plan might offer, like \$0 copayments for prescription drugs covered by Medicare and added transportation services.
2. **Medicaid-Only Benefits:** A MyCare Ohio plan only covers Medicaid-covered services. You will continue to receive prescription drugs through your Part D plan and any associated co-payments. Traditional Medicare or a private insurance company, commonly referred to as a “Part C” plan, would provide your Medicare benefits.

Why should I choose to receive dual benefits from a MyCare Ohio plan?

One of the main benefits of having MyCare Ohio for both Medicare and Medicaid is the coordination of all your services, including medical, behavioral, and long-term care. Individuals who choose a Medicare Advantage plan or Medicare fee-for-service may not have anyone who helps them arrange and coordinate all their healthcare services, and some services have no care coordination at all, leaving the members to figure it out for themselves.

Knowing which program covers which services can be confusing and difficult to understand. It is common to have different coverage for Medicare, Medicaid, pharmacy, behavioral health, and sometimes dental and vision too. With MyCare Ohio, there is always a care manager who is accountable for coordinating and ensuring all those services are arranged when needed. MyCare Ohio dual-benefits members only have to carry one medical coverage card. MyCare Ohio offers you one point of contact, person-centered care, seamless care across services and settings, easy navigation for members and providers, and wellness, prevention, coordination, and community-based services. MyCare Ohio dual-benefits enrollment integrates care coordination through a care team, led by you, to ensure that all parties are well-informed of and involved in your care.

The MyCare Ohio plan benefit package includes all benefits available through the traditional Medicare and Medicaid programs, including long-term care services both in the community and in a nursing facility as well as behavioral health services. MyCare Ohio plans may also elect to include supplemental ‘value-added’ benefits in their benefit packages, such as additional transportation, over-the-counter allowances, member rewards, and other benefits. You should contact your plans’ member services department or consult your member handbook to learn more about your MyCare Ohio plan benefits.

Additionally, the Ohio Department of Medicaid (ODM) can ensure the MyCare Ohio plan meets certain consumer protections. For example, through our Next Generation of Medicaid managed care, ODM recently increased requirements on the MyCare Ohio plans related to medical transportation.

I'm enrolled in Medicaid and Medicare. What are my options for receiving my Medicare benefits?

There are a few options for receiving your Medicare benefits. The most common ways to receive Medicare benefits are through:

- **MyCare Ohio plan:** MyCare Ohio plans combine Medicaid and Medicare into one streamlined benefit for individuals eligible for both Medicaid and Medicare services to cover the full array of both benefits.
- **Medicare fee-for-service:** The federal government pays your healthcare claims directly. Through Medicare fee-for-service, no additional value-added benefits are available, and members do not receive care coordination support.
- **Medicare Advantage plan:** These plans cover various benefits depending on what part of coverage you are eligible for. Medicare Part A covers your hospital inpatient care, home or skilled care, and hospice. Medicare Part B covers your hospital outpatient care, preventive services, and durable medical equipment. Part D is your prescription drug benefit.
- **Dual eligible special needs plan:** Plan that provides Medicaid benefits to individuals who are dually eligible for both Medicare and Medicaid benefits. Some D-SNPs cover Medicare and help to provide some guidance in obtaining Medicaid services. Others cover the full array of both benefits.
- **Institutional special needs plan:** Plan that provides Medicare Advantage eligible individuals who have had or are expected to need the level of services provided in a long-term care skilled nursing facility, long-term care facility, skilled nursing facility, intermediate care facility for individuals with intellectual disabilities, and inpatient psychiatric facility.
- **Chronic special needs plan:** Plan for individuals with specific severe or disabling chronic conditions.
- **Program for all-inclusive care for the elderly (PACE):** Program to provide individuals with all their needed healthcare, medical care, and ancillary services in acute, sub-acute, institutional, and community settings.

Why are Medicare Advantage plans not right for everyone?

If you choose to receive your Medicare benefits through a Medicare Advantage plan instead of a MyCare Ohio plan, you will be navigating two separate healthcare payment systems. This means that you will receive separate communications, deal with multiple appeals and grievance processes, and need to determine what plan will pay for what services. The providers in your Medicare plan's network may not be Medicaid providers, making it more likely that you will receive bills from your providers for deductibles and out-of-pocket costs than if a single plan managed both benefits.

Receiving both your Medicare and Medicaid benefits through a MyCare Ohio plan allows you to have one care coordinator to streamline both your Medicare and Medicaid benefits, streamlined communications, one appeals and grievance process, and increased healthcare service coverage due to Medicaid paying some of the additional costs you would have without care coordinated through MyCare Ohio. You will not have to worry about what plan covers what service with MyCare Ohio. The integration of both benefits into a single plan also reduces delays and denials and lowers barriers to care that more often occur when separate plans manage Medicare and Medicaid benefits.

MyCare Ohio enrollment

What if I still want to pick a Medicare Advantage plan?

You do not have to receive your Medicare benefits from your MyCare Ohio plan despite the benefits it offers. You may choose to continue to receive your Medicare benefits through Medicare, Medicare Advantage, or possibly one of the other options listed above. However, your Medicaid benefits will only be available through a MyCare Ohio plan.

MyCare Ohio is currently only available in 29 counties. Not all plans are available in each of the 29 counties. [Review the “What MyCare Ohio plans are currently available?”](#) question below to find out which plans are available in your area and your enrollment options. Please note that if your county is not in the list, it means that MyCare Ohio is not available in your county. In the future, MyCare Ohio will be available statewide.

You will be enrolled in a MyCare Ohio plan if you:

- Are age 18 or older, until the Next Generation program implementation. In the Next Generation MyCare program, an individual must be age 21 or older. Review the [“Next Generation MyCare program”](#) section below to learn more.
- [Live in one of the 29 counties where MyCare Ohio is currently available, until statewide expansion occurs.](#)
- Currently have full Medicaid and Medicare parts A, B, and D.

You cannot enroll in a MyCare Ohio plan if you:

- Are under age 18 in the current MyCare Ohio program. In the Next Generation MyCare program, an individual cannot enroll if they are under age 21.
- Do not live in one of the 29 counties where MyCare Ohio is currently available, until statewide expansion occurs.
- Have creditable third-party insurance (i.e. insurance that covers both inpatient hospital stays and doctor visits), other than Medicare or Medicare Advantage plans.
- Are enrolled in a Department of Developmental Disabilities waiver or live in an Intermediate Care Facility for Individuals with Intellectual Disabilities.
- Do not have full Medicaid benefits and do not have Medicare parts A, B, and D.
- Are enrolled in the Program for All-Inclusive Care for the Elderly (PACE).

If you are eligible for MyCare Ohio and do not make a choice of a MyCare Ohio plan, the Ohio Department of Medicaid will select a plan for you.

What MyCare Ohio plans are currently available?

MyCare Ohio is currently available in 29 counties. The plans available to you depend on the county you reside in as noted in the map below. The plans available include [Aetna Better Health of Ohio](#), [Buckeye Health Plan](#), [CareSource](#), [Molina Healthcare](#), and [United Healthcare Community Plan](#).



Is there someone impartial I can talk to about my healthcare options?

The Ohio Department of Insurance provides Medicare beneficiaries with free, objective health insurance information and one-on-one counseling through its Ohio Senior Health Insurance Information Program (OSHIIP). OSHIIP's speaker's bureau, hotline experts and trained volunteers educate consumers about Medicare, Medicaid, MyCare Ohio, Medicare prescription drug coverage (Part D), Medicare Advantage options, Medicare supplement insurance, long-term care insurance and other health insurance matters.

- Toll Free Number: 800-686-1578
- Fax Number: 614-752-0740
- Email: oshiipmail@insurance.ohio.gov

Additionally, ODM has a hotline to help dual-eligible individuals choose the MyCare Ohio plan that best meets their needs. The hotline has no affiliation with any of the MyCare Ohio plans and can offer one-on-one help with no conflicts of interest. You can reach the Ohio Medicaid Consumer Hotline at 800-324-8680 Monday through Friday 7 a.m. – 8 a.m. and Saturdays 8 a.m. – 5 p.m. Eastern time or by visiting www.ohiomh.com.

How do I know which plan to choose?

Each MyCare Ohio plan provides a variety of value-added benefits to their members. To compare plan benefits, please refer to this [comparison chart](#). Additionally, ODM operates the Ohio Medicaid Consumer Hotline to help dual eligible individuals pick the MyCare Ohio plan that best fits their needs. You can reach the Ohio Medicaid Consumer Hotline at 800-324-8680 Monday through Friday 7 a.m. – 8 a.m. and Saturdays 8 a.m. – 5 p.m. Eastern time.

What should I expect to receive from my MyCare Ohio plan as a new member?

Once you enroll in a MyCare Ohio plan, you will get a welcome letter, member identification (ID) card, and member handbook in the mail. MyCare Ohio plans send one member ID card when you enroll. Keep your ID card while you are on the plan. The MyCare Ohio plan will also send you information about your doctors, health services, and scope of coverage. You will receive other communications from your managed care plan, including newsletters, healthcare reminders, opportunities to earn wellness incentives, and more.

If you need to replace your ID card, you can get a new card by either calling your MyCare Ohio plan member services department or by signing up with your MyCare Ohio plan in their member services portal. You can print a copy of your ID card at any time from your MyCare Ohio 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.

I am enrolled in a MyCare Ohio plan, but I recently moved to a county that is not part of the MyCare Ohio program. What happens now?

When you move to a county that does not have MyCare Ohio, enrollment in MyCare Ohio will end on the last day the month. You will receive more information on your Medicaid enrollment in the mail moving forward. In the Next Generation of MyCare program, MyCare will be available statewide so you can move within the state and keep your MyCare plan.

Receiving healthcare services and other benefits through MyCare Ohio

I am enrolled in a MyCare Ohio plan. What about medical services I already have approved or scheduled? What if my doctor or hospital is not in the MyCare Ohio plan network?

MyCare Ohio plans must provide transition of care benefits for non-contracted providers of many services, including physician and pharmacy services. After the transition period, you must use providers who are within the MyCare Ohio plan's provider network. You can contact your plan's member services department, visit the plan's website, or use the provider search available on the Ohio Medicaid Consumer Hotline at

<http://www.ohiomh.com/home/findaprovider>.

What services does my managed care plan cover?

Managed care plans cover all the same services covered by Medicaid fee-for-service but may require prior approval for some services. Your plan's member handbook will tell you what services require prior approval. Your provider requests prior approval from the managed care plan on your behalf. Medicaid waiver services can operate differently.

If you need help to get to a medical appointment, your managed care plan may be able to help you. If your medical appointment is 30 or more miles away from your home, and there aren't any closer participating network providers, your managed care plan must assist you with getting to and from your appointment, if you need help. Managed care plans also offer enhanced transportation benefits, which vary by region, to help you with transportation to medical appointments, Women, Infants, and Children (WIC) Nutrition Program appointments, and visiting your County Department of Job and Family Services.

How can I arrange transportation?

If you have full Medicaid eligibility and are having difficulty in getting a medically necessary service, you may request transportation assistance. The type of assistance available may depend on the which county you live and whether you are bringing along a non-folding wheelchair or power scooter that doesn't fit easily in a standard vehicle.

MyCare Ohio plans can offer free transportation to you as an added benefit above and beyond what the state requires. This value-added benefit can be limited to a specific number of trips a year. You may take these trips to get to healthcare appointments and other services as well, but you are not required to use them at all. Any Medicaid-eligible individual may contact the local County Department of Job and Family Services to request transportation assistance.

If you are a member of a MyCare Ohio plan, contact your plan in any of the following circumstances:

- You use a non-folding wheelchair or power scooter that doesn't fit easily in a standard vehicle, or you need to sit in your folding wheelchair during transport.
- You must travel 30 miles or more (one way) because the medically necessary treatment covered under your plan is not available at a closer location.
- You have a value-added ride available that you want to use.

More information on [Transportation Assistance](#).

Share feedback or suggestions about the MyCare Ohio program

How can I share feedback or suggestions about the current MyCare Ohio program or future Next Generation MyCare program?

ODM wants to continue to hear your experiences with the MyCare Ohio program and healthcare in general. You can share feedback and suggestions for the program by:

- Emailing MyCareConversationQuestions@medicaid.ohio.gov.
- Sending ODM a letter to:
Ohio Department of Medicaid
MyCare Ohio Program
P.O. Box 182709
Columbus, Ohio 43218-2709
- Joining our MyCare Ohio advisory workgroup by emailing MyCareConversionQuestions@medicaid.ohio.gov.

Next Generation MyCare program

What is the “Next Generation of MyCare”?

The Next Generation of MyCare refers to the innovative changes ODM is making to upgrade the current MyCare Ohio program to deliver a better person-centered experience for Ohioans across the state. ODM designed its Next Generation MyCare program to:

- Focus on the individual.
- Improve individual and population wellness and health outcomes.
- Create a personalized care experience.
- Support providers in continuously improving care.
- Improve care for individuals with complex needs to promote independence in the community.
- Increase program transparency and accountability.

To learn more, visit the [MyCare Ohio webpage on medicaid.ohio.gov](https://mycare.ohio.gov).

When will the Next Generation MyCare program begin?

Starting in January 2026, the selected Next Generation MyCare plans selected will cover the full Medicare and Medicaid benefit for those who qualify in the 29 counties where MyCare is currently available. Statewide expansion will follow as quickly as possible.

Which new plans will be available to me through the Next Generation MyCare?

ODM awarded four managed care organizations as ODM's Next Generation MyCare plans. The selected plans include a continued partnership of some of the MyCare Ohio plans who have served MyCare Ohio members in the current demonstration as well as the addition of new plans that have served in the Next Generation managed care program to allow members to have more choices to meet their healthcare needs. The Next Generation MyCare plans available are:

- [Anthem Blue Cross and Blue Shield](#)
- [Buckeye Health Plan](#)
- [CareSource](#)
- [Molina HealthCare of Ohio](#)

Do I need to do something now to keep my coverage or change plans?

No. There are no changes to your coverage at this time. MyCare Ohio members in the 29 counties where MyCare Ohio is currently available will continue to receive services with their current MyCare Ohio plan until the Next Generation MyCare plans begin serving members in January 2026 and will not lose coverage.

Prior to the Next Generation MyCare plans beginning in January 2026, MyCare Ohio members in the 29 counties where MyCare Ohio is currently available will have the opportunity to select from the plans available to them.

MyCare Ohio members enrolled in Buckeye Health Plan, CareSource, or Molina HealthCare of Ohio will continue to receive services through that plan until January 2026. If you would like to keep your current plan starting January 2026, no action is required. If you would like to change your plan, ODM will send out enrollment information in the mail ahead of the 2026 plan year for you to select from one of the Next Generation MyCare plans available.

MyCare Ohio members currently enrolled in Aetna Better Health of Ohio or United Healthcare Community Plan will continue to receive services through that plan until January 2026 but will need to select a Next Generation MyCare plan, which will begin serving them in January 2026. ODM will send out enrollment information in the mail ahead of the 2026 plan year for members to select from one of the Next Generation MyCare plans available.

Members can also contact the Ohio Medicaid Consumer Hotline at 800-324-8680 with questions or to select a new plan.