

Next Generation MyCare Provider

Frequently Asked Questions



Department of
Medicaid

Next Generation of MyCare Ohio

The Ohio Department of Medicaid’s (ODM) Next Generation MyCare program will start on **January 1, 2026**. The improvements to the current MyCare Ohio program will better serve Ohioans who have both Medicaid and Medicare and the providers who serve them. This document provides answers to the most commonly asked questions about the current program and Next Generation MyCare program for providers.

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Introduction

What is MyCare Ohio?

MyCare Ohio is a managed care program for Ohioans who have both Medicaid and Medicare. This program helps members get the care they need all in one plan.

For more information about the current MyCare Ohio program, visit the [MyCare Ohio webpage](#).

What are the “Next Generation MyCare” program goals?

The Next Generation MyCare program is a new vision for Ohio’s MyCare program, focusing on the healthcare needs of Ohioans who are dually eligible and the providers who serve them. ODM designed its Next Generation MyCare program to:

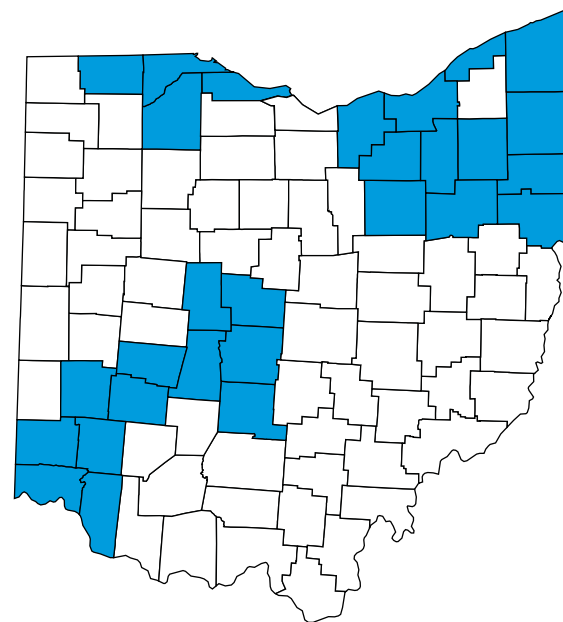
- Focus on the individual.
- Help individuals and communities be healthier.
- Give everyone the best care for their needs.
- Help providers keep making care better.
- Improve care for individuals with complex needs and help them live independently in their communities.
- Make the program more transparent and responsive.

Keep reading or visit the [MyCare Ohio webpage](#) to learn more.

Where is MyCare Ohio available?

The current MyCare Ohio program is available in 29 counties until January 1, 2026. Refer to the map on the right to see the 29 counties where it is available today.

In the Next Generation MyCare program, the plans are partnering with Area Agencies on Aging (AAA) to serve members. AAAs are regional agencies that work with a member’s plan to support your care. The roll out schedule is planned around the AAA regions and the counties they serve. Locate your county in the [roll out schedule](#) to see when the Next Generation MyCare program will be available for you.



Phase 1: Current MyCare Counties (January 1, 2026)

The Next Generation MyCare program will start on January 1, 2026. It will be available in the counties where MyCare Ohio is available today. This includes:

- AAA Region 1: Butler, Warren, Clinton, Hamilton, Clermont
- AAA Region 2: Montgomery, Clark, Greene
- AAA Region 6: Franklin, Delaware, Union, Madison, Pickaway
- AAA Region 4: Lucas, Fulton, Ottawa, Wood
- AAA Region 10a: Lorain, Cuyahoga, Medina, Lake, Geauga
- AAA Region 10b: Summit, Portage, Stark, Wayne
- AAA Region 11: Columbiana, Mahoning, Trumbull

Later in 2026, it will be available in the rest of Ohio. See the [roll out schedule](#) to learn more.

Phase 2: Remaining MyCare Counties (April 1, 2026 – August 1, 2026)

Starting on April 1, 2026, and continuing through the year, ODM will roll out the Next Generation MyCare program throughout the state. This includes:

April 1, 2026

- AAA Region 4: Sandusky, Erie, Henry, Williams, Defiance, Paulding
- AAA Region 6: Fayette, Fairfield, Licking
- AAA Region 11: Ashtabula

May 1, 2026

- AAA Region 2: Preble, Darke, Miami, Shelby, Champaign, Logan
- AAA Region 3: Van Wert, Putnam, Hancock, Allen, Mercer, Auglaize, Hardin
- AAA Region 5: Seneca, Huron, Wyandot, Crawford, Richland, Ashland, Marion, Morrow, Knox

June 1, 2026

- AAA Region 7: Ross, Vinton, Highland, Pike, Jackson, Gallia, Brown, Adams, Scioto, Lawrence

July 1, 2026

- AAA Region 9: Holmes, Tuscarawas, Carroll, Jefferson, Coshocton, Harrison, Belmont, Guernsey, Muskingum

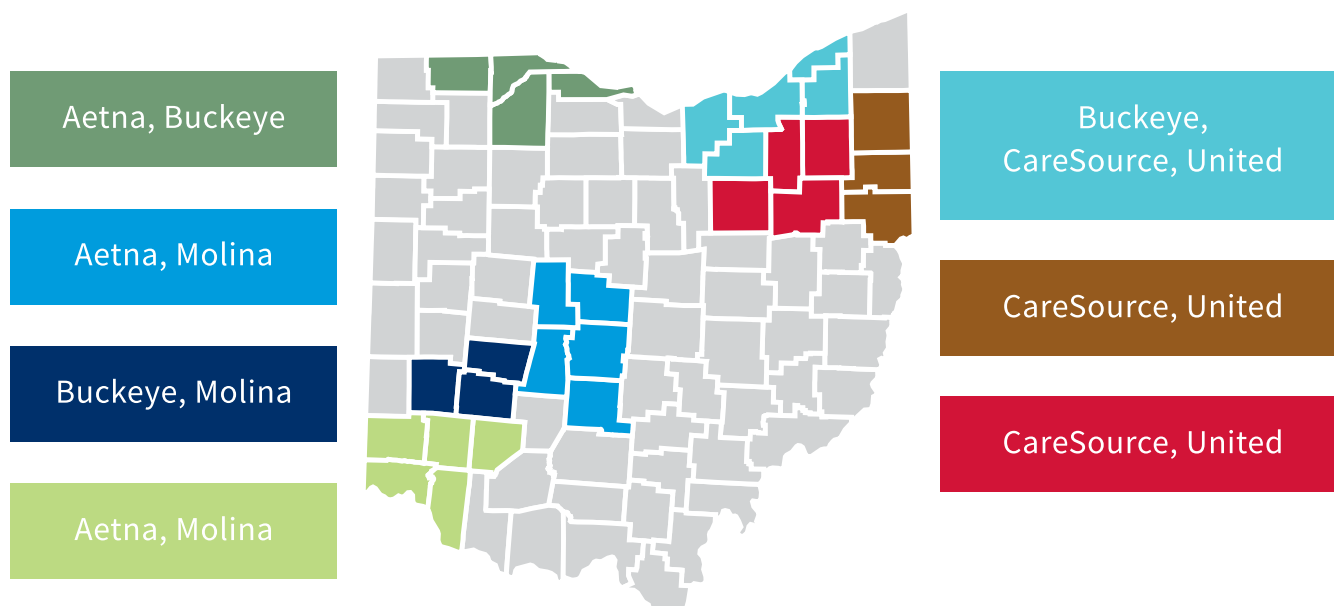
August 1, 2026

- AAA Region 8: Hocking, Perry, Morgan, Noble, Monroe, Washington, Athens, Meigs

What plans are available and what plans will be available in the Next Generation MyCare program?

In the current MyCare Ohio program, there are five plans available. The plans available to a member depend on the county they live in, as shown in the map below. They include:

- [Aetna Better Health of Ohio](#)
- [Buckeye Health Plan](#)
- [CareSource](#)
- [Molina Healthcare](#)
- [United Healthcare Community Plan](#)



In the Next Generation MyCare program, ODM selected four plans. Three of the plans are available for members to select statewide. The plans include some current MyCare Ohio plans and a new plan to the program. All plans will cover a member's Medicare and Medicaid benefits.

The Next Generation MyCare plans available statewide are:

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

[Buckeye Health Plan](#) won't be an option for new members or for those currently receiving care through another MyCare Ohio plan starting in the 2026 plan year. If a member receives care through Buckeye Health Plan today and wants to keep their plan, no action is required.

What are the benefits of the Next Generation MyCare program?

There are several program improvements, including:

- Streamlined credentialing processes with ODM to become an Ohio Medicaid provider. You still need to contract with each of the Next Generation MyCare plans separately.
- Better integration with the Next Generation MyCare plans, leading to shorter turnaround times for prior authorizations.
- New External Medical Review (EMR) process.
- Enhanced clinical coverage policies for Medicaid primary services, requiring more services to be covered by the Next Generation MyCare plans. Changes to the services you provide will be dependent on your contract with each Next Generation MyCare plan.
- Reduced burden for prior authorizations on waiver services in a member's person-centered care plan (same for private duty nursing).
- Potential for more waiver providers due to increased network requirements for Next Generation MyCare plans.
- Additional transportation requirements for the Next Generation MyCare plans to support members in getting to their medical visits and services.



Providing Services to MyCare Ohio Members

Do I need to do something to continue providing services today to current MyCare Ohio members?

Providers can continue to provide services to MyCare Ohio members as they do today until the transition to the Next Generation MyCare plans starting January 1, 2026.

Providers who wish to offer services to MyCare Ohio members must enroll as a provider with ODM. Providers must also be in network with the Next Generation MyCare plan with which the member is enrolled. Exceptions include emergency services and single case agreements.

Do I need to do something to provide services in the Next Generation MyCare program?

To provide services to MyCare Ohio members in the Next Generation MyCare program starting on January 1, 2026, you must:

1. Enroll with ODM by visiting the [Medicaid Provider Portal](#) and completing the online application (credentialing, if required, will occur automatically during application processing).
2. Contact each of the Next Generation MyCare plans you wish to contract with.
 - [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.

What if a plan will not let me contract with them to provide services to MyCare Ohio members in the Next Generation MyCare program?

Next Generation MyCare plans are not required to contract with every provider. You may still be able to set up a noncontracted reimbursement agreement (single case agreement) if you don't have a contract.

Submitting Claims in the Next Generation MyCare Program

Which ID number should be used when submitting a dual benefit claim or a Medicaid-only claim where Medicaid is the primary payer?

Providers must use the member's Medicaid ID (MMIS number) when submitting claims through the Ohio Medicaid Enterprise System (OMES) one front door. Medicare ID numbers will not be accepted.

View the [Next Generation MyCare Member ID Card One-Pager](#) to see the template.

How do I submit claims?

The process for submitting Electronic Data Interchange (EDI) claims in the Next Generation MyCare program is changing. How you submit a claim depends on the type of MyCare Ohio member and system being used. If you are not an Ohio Medicaid provider, your claims will be rejected.

Dual benefit members are individuals who receive both Medicare and Medicaid benefits through their Next Generation MyCare plan. Medicaid-only members are individuals who only receive their Medicaid benefits through their Next Generation MyCare plan and have a separate plan for their Medicare benefits.

If you are submitting your claims to the plans portal using direct data entry (DDE) claim, you will submit a single claim to the Next Generation MyCare plan via their existing process.

Not all Next Generation MyCare plans accept paper claims. Submit your claims using the plans existing process.

If you are submitting an EDI claim for a dual benefit member (a member who gets their Medicaid and Medicare benefits from one Next Generation MyCare plan) or for a Medicaid-only member (a member who gets only their Medicaid benefits from one Next Generation MyCare plan) where the Medicaid is the primary payer, you will submit the claim **through the one front door**, to the Ohio Medicaid Enterprise System (OMES). You must use the member's Medicaid ID even if they have other ID numbers. The submitted file must use the Next Generation MyCare Plan Receiver ID and the appropriate Payer ID in the 2010BB loop for claims to be directed to the correct Next Generation MyCare plan for processing.

If you are submitting an EDI claim for a Medicare covered service for a Medicaid-only member, you will submit the claim, also known as a crossover claim, to the primary payer.



- **If Medicare is the primary payer**, submit the claim to Medicare using your normal process. Claims for Ohio MyCare members will be automatically crossed-over to the Next Generation MyCare plan.
- **If the primary payer is a Medicare Advantage/Part C plan**, submit the claim to that payer using your normal process. Once the primary payer has adjudicated the claim and returned the Remittance Advice, submit the claim through the OMES one front door using the Receiver ID and Payer ID as described for a dual benefit claim.

Refer to the [Companion Guides](#) for more information.

What if I need to submit a claim for a member who was enrolled in a plan who will not be part of the Next Generation MyCare program (Aetna Better Health of Ohio and United Healthcare Community Plan)?

Aetna Better Health of Ohio and United Healthcare Community Plan will no longer be MyCare plans as of December 31, 2025. Aetna and United will continue to pay claims for up to 365 days from the end of the year and are responsible for any claims that have dates of service through December 31, 2025. Any claims should be submitted to Aetna or United using existing processes.

Appealing a Claim or Prior Authorization Denial

How can I help a member appeal a claim or prior authorization denial?

State and federal law outlines processes for members to appeal a plan's decision to deny, limit, terminate, or suspend a service. A member may request their provider to submit a member appeal on their behalf. For you to initiate a member appeal, you must complete a member appeal form. From there, follow the steps in the plan's member handbook. To get a copy of the member handbook and member appeal form, go to the Next Generation MyCare plan website.

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

How can I dispute a claim or appeal a prior authorization decision using the provider claim dispute resolution (PCDR) or provider appeal process?

When you receive a prior authorization denial, you have the option to request a peer-to-peer review. You also have the option to request a provider appeal. A member appeal and a provider appeal can be requested at the same time and the processes can run parallel to each other; however, they are two separate and distinct appeal processes. Providers are required to exhaust the provider appeal process prior to requesting an EMR.

When you receive a claim denial, you can utilize the provider claim dispute resolution process (PCDR). Once you have completed the PCDR process, If the decision to deny is upheld, you can request an EMR.

If the denial is due to medical necessity, then EMR may be an option for providers.

You will submit EMR requests and provide documentation via the EMR entity's portal. After receiving written notification of the internal appeal for a claim or prior authorization dispute, you have 30 calendar days to request EMR through the [online portal](#) along with submission of required documentation.

You can find the peer-to-peer, provider appeals, and PCDR processes within the Next Generation MyCare plan's provider manual and within the [EMR Provider Authorization Denial Grid](#) or [MCE Claims Denial Resource Grid](#) respectively.

What is an External Medical Review (EMR)?

EMR is the review process conducted by an independent, EMR entity that is initiated by a provider who disagrees with a Next Generation MyCare plan's decision to deny, limit, reduce, suspend, or terminate a covered service for lack of medical necessity.

The EMR is available at no cost to you.

Care Coordination in the Next Generation MyCare Program

What changes are coming to care coordination and the care teams I will work with?

In the Next Generation MyCare program, members will have a care coordinator who works closely with the member, you, and other providers on the member's care needs. The care teams you work with will not always be the same.

- If a member has a Next Generation MyCare plan for both their Medicaid and Medicare benefits, they will have one care coordinator. Their care coordinator helps with all their care needs.
- If a member has a Next Generation MyCare plan for both their Medicaid and Medicare benefits, and they are on a waiver, they will have a care coordinator and a waiver service coordinator. They work together to help the member with their needs.
- If a member's Next Generation MyCare plan only covers their Medicaid benefits, they may have separate teams who help with their Medicaid and Medicare benefits. These two teams may not work together, and the member may need to more actively manage their care.

Individuals on a member's care team may be from their Next Generation MyCare plan and/or their local Area Agencies on Aging (AAA). AAAs are regional agencies that work with the Next Generation MyCare plans to support members in receiving care.

If a member does not know who their care coordinator is, they can call the care management number on their member ID card for help. If the member wants to make changes to their care team, they can call their Next Generation MyCare plan.

Next Generation MyCare Program Pharmacy Benefits

How are pharmacy benefits administered in the Next Generation MyCare program?

In the Next Generation MyCare program, you will work with the Next Generation MyCare plan's Pharmacy Benefit Manager to administer pharmacy benefits for members. Refer to the [MyCare Ohio Pharmacy Billing Reference Guide](#) for more information.

Medicaid-only MyCare members will have a separate Medicare plan that will administer their Part D drug benefit with the Next Generation MyCare plan paying for the non-Part D drugs (i.e. cough and cold products, over-the-counter drugs, prescription vitamins, and more).

Member Identification (ID) Cards

How will I know if a patient is a Next Generation MyCare member?

All MyCare Ohio members will receive a new Next Generation member identification (ID) card that will be used at their appointments. When members go to an appointment, they will show their member ID card which details the Medicare and/or Medicaid coverage. If there is a Next Generation MyCare logo on the back of the member ID card, they are a Next Generation MyCare member.

View the [Next Generation MyCare Member ID Card One-Pager](#) to see the template.

Member Eligibility, Impacts, and Actions

Who is eligible for the Next Generation MyCare program?

Starting January 1, 2026, members are in the Next Generation MyCare program if they*:

- Have full Medicaid
- Have Medicare parts A, B, and D
- Are 21 or older
- Live in one of the 29 counties where MyCare Ohio is available today or until the program is available in their county

*If individuals are on a Program for All-Inclusive Care for the Elderly (PACE) or a Developmental Disabilities waiver (Individual Options, Self-Empowered Life Funding, or Level One) or have health insurance that covers both inpatient hospital stays and doctor visits, they will not be enrolled in the Next Generation MyCare program.

What are the benefits of having one plan for both Medicaid and Medicare services?

If a member enrolls in a MyCare Ohio plan for both their Medicare and Medicaid benefits, they will have:

- One care coordinator for both their Medicaid and Medicare benefits.
- One organization responsible for both their Medicaid and Medicare benefits, including long-term care services and behavioral health services.
- One set of communications.
- One organization to contact if they need to appeal a denial.

A member's plan may also give them extra benefits like additional transportation, rewards, and more. View the MyCare Health Plan Comparison Chart to learn more.

If their MyCare Ohio plan only covers their Medicaid benefits, they may have:

- Multiple care coordinators for both their Medicaid and Medicare benefits.
- Multiple organizations responsible for both their Medicaid and Medicare benefits, including long-term care services and behavioral health services.
- Multiple sets of communications.
- Multiple organizations to contact if they need to appeal a denial.

If an individual lives in a current MyCare Ohio county and has Buckeye Health Plan, CareSource, or Molina Healthcare of Ohio, what do they need to do?

If a member wants to keep their plan, no action is needed. If they want a different plan, they can switch during open enrollment. Their Next Generation MyCare benefits will begin January 1, 2026. The member will receive information from their plan before the program is available.

If an individual lives in a current MyCare Ohio county and has Aetna Better Health of Ohio or United Healthcare Community plan, what do they need to do?

This member's current plan will not be a MyCare plan after December 31, 2025. The member can pick a different plan during open enrollment. If they do not pick a different plan, they will be automatically enrolled in a Next Generation MyCare plan for their Medicaid benefits. The member's new plan will have as many of their current doctors as possible.

Members will not lose coverage due to this change. Their Next Generation MyCare plan and benefits start on January 1, 2026. They will receive information from ODM about their new plan and options before the program is available.

If an individual lives in a current MyCare Ohio county and will become eligible for the MyCare Ohio program before January 1, 2026, what do they need to do?

This member will get their Medicaid benefits through fee-for-service until their Next Generation MyCare plan starts. They will get a letter from ODM between October and December of 2025 that will share the following:

- The member's Next Generation MyCare plan
- When their plan starts
- Options to change their plan or align their Medicare and Medicaid coverage

If an individual will become eligible for the Next Generation MyCare program after January 1, 2026, and lives in a county where MyCare is not currently available, what should they expect?

When the Next Generation MyCare program is available in the member's county, they will get a letter from ODM that will share the following:

- The member's Next Generation MyCare plan
- When their Next Generation MyCare plan starts

- Options to change their Next Generation MyCare plan or align their Medicare and Medicaid plan

How does an individual enroll in a Next Generation MyCare plan?

During Medicaid or Medicare open enrollment, members can pick Anthem Blue Cross and Blue Shield, CareSource, or Molina HealthCare of Ohio as their Next Generation MyCare plan.

- Each year Medicaid open enrollment is from November 1 to November 30. Members can call the Ohio Medicaid Consumer Hotline at 800-324-8680.
- Each year Medicare open enrollment is from October 15 to December 7. Members can call Medicare at 800-633-4227.

Buckeye Health Plan won't be an option for new members or for those currently receiving care through another MyCare Ohio plan starting in the 2026 plan year. If members get care through Buckeye Health Plan today and wants to keep their plan, no action is required.

How is the Next Generation MyCare program improving member care?

Just like the current program, MyCare Ohio will coordinate to provide additional help with a member's Medicaid and Medicare benefits, through one care team focused on the member and their care needs. For members who receive both their Medicaid and Medicare benefits through a Next Generation MyCare plan, the plan will cover their entire healthcare benefit. This includes all behavioral health services and long-term care services for members in the community, assisted living, and in a nursing facility. ODM has also improved the MyCare Ohio program to give members the best care possible. These changes include:

- Better transportation options to get members to and from their appointments
- More in-home providers available
- Shorter wait time for prior authorizations

Additional Resources

Where do I go to learn more about the Next Generation MyCare program?

There are many resources available to help you understand more about the Next Generation MyCare program and the changes coming.

Some of the resources available to you include:

- The [MyCare Ohio webpage on Medicaid.ohio.gov](https://mycare.ohio.gov) shares information about the Next Generation program and houses all resources.
- The [Next Generation MyCare Provider Help Desk One-Pager](#) shares contact information by topic in one place, so you know who to contact when you have questions or need help.
- [PSE Provider Registration Portal - Resources webpage](#) for provider education and training resources.
- [Companion Guides](#) to clarify, supplement, and further define specific data content requirements.