Next Generation MyCare Provider

Frequently Asked Questions

Department of Medicaid

Next Generation MyCare

On January 1, 2026, the Ohio Department of Medicaid (ODM) implemented the Next Generation MyCare program in the 29 counties where the previous program was available. It will be available in the rest of Ohio later in 2026. This document provides answers to the most commonly asked questions about the program for providers.

continued...

continued...

Introduction

What is the Next Generation MyCare program?

On January 1, 2026, the Ohio Department of Medicaid (ODM) implemented the Next Generation MyCare program to provide enhanced healthcare benefits to Ohioans who have both Medicaid and Medicare. This program helps members get the care they need all in one plan and helps providers better serve members through streamlined processes, better integration with the plans, and enhanced clinical coverage policies.

ODM designed the 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.

What is the timeline for the Next Generation MyCare program?

In the Next Generation MyCare program, the plans partner with the Area Agencies on Aging (AAA), regional agencies that work with the plans to serve members. Because of this, the program roll out is based on the AAA regions and the counties they serve. Members should locate their county in the roll out schedule to see when the program will be available for them.

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

On January 1, 2026, the program started in 29 Ohio counties. These include:

- 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

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

Starting on April 1, 2026, and continuing through 2026, the program will become available throughout the state. This includes:

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

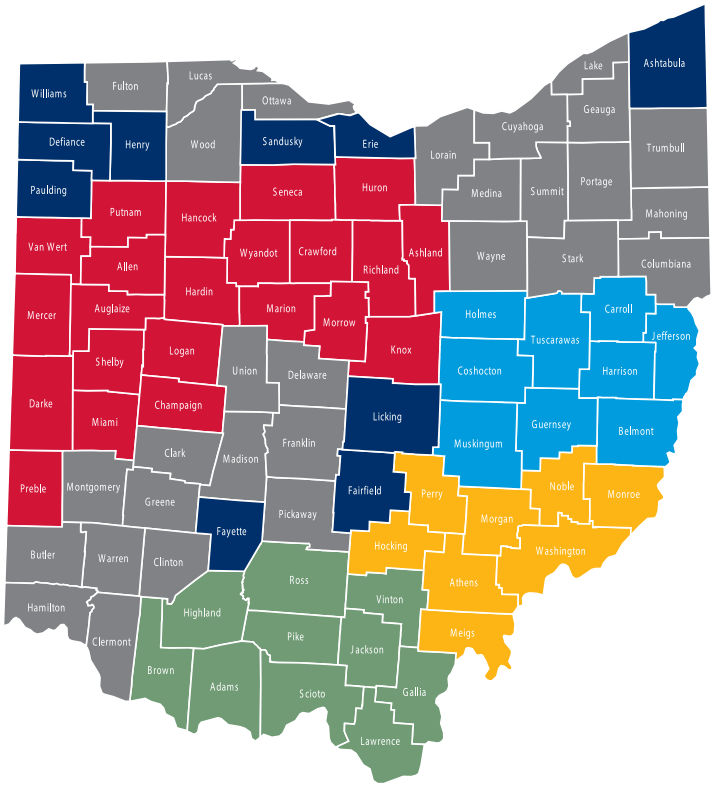
- AAA7: Ross, Vinton, Highland, Pike, Jackson, Gallia, Brown, Adams, Scioto, Lawrence

July 1, 2026

- AAA9: Holmes, Tuscarawas, Carroll, Jefferson, Coshocton, Harrison, Belmont, Guernsey, Muskingum

August 1, 2026

- AAA8: Hocking, Perry, Morgan, Noble, Monroe, Washington, Athens, Meigs



Jan. 1, 2026
Apr. 1, 2026
May 1, 2026
June 1, 2026
July 1, 2026
Aug. 1, 2026

What plans are available in the Next Generation MyCare program?

There are four Next Generation MyCare plans. Three of the plans are available for members to select statewide. These plans cover a member's Medicare and Medicaid benefits.

The plans available statewide are:

- Anthem Blue Cross and Blue Shield
- CareSource
- Molina Healthcare of Ohio

Buckeye Health Plan is not an option for new members in the Next Generation MyCare program. Members who had Buckeye Heath Plan in the previous MyCare Ohio program can continue to receive care through that plan if they choose.

What are the benefits of the Next Generation MyCare program?

The Next Generation MyCare program offers:

- Streamlined credentialing processes with ODM to become an Ohio Medicaid provider. You still need to contract with each of the plans separately.
- Better integration with the plans, supporting 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 plans. Changes to the services you provide are dependent on your contract with each 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 the plans.
- Additional transportation requirements for the plans to support members in getting to their medical visits and services.

Providing Services

What are the types of Next Generation MyCare members I may see?

In the Next Generation MyCare program, members are either a dual benefit or Medicaid-only member.

- A dual benefit member is a member who gets their Medicaid and Medicare benefits from a single Next Generation MyCare plan.
- A Medicaid-only member is a member who gets only their Medicaid benefits from a Next Generation MyCare plan. They get their Medicare benefits through a separate plan.

Additionally, you may serve members on a MyCare Ohio waiver. The MyCare Ohio waiver helps members receive services at home or in a home-like setting. View our MyCare Ohio Waiver document to learn more.

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

Members should have received a new member ID card to be used at their appointments. When members come to an appointment, they should show their member ID card which details their Medicare and/or Medicaid coverage. If there is a Next Generation MyCare logo on the back of their member ID card, they are a Next Generation MyCare member. If a member did not receive their member ID card, needs to replace it, or their information needs updated, they should contact their plan. If they do not know their plan or have questions, they should contact the Ohio Medicaid Consumer Hotline at 800-324-8680.

View the Next Generation MyCare ID Card One Pager to see the template.

How do I confirm a member's eligibility?

Ensuring members receive care is the Ohio Department of Medicaid's priority. When you provide services to Next Generation MyCare members and are confirming eligibility, the following methods can be used to support verification:

- Check the Member ID Card. If the ID card has a Next Generation MyCare program logo it is indicative that the member is a Next Generation MyCare member.
- Check member eligibility via Provider Network Management (PNM) or the fee-for-service 270/271 process.
- Call the ODM Integrated Helpdesk at 800-686-1516 or IHD@medicaid.ohio.gov. Representatives are available Monday through Friday, 8 a.m. – 4:30 p.m. Eastern Time.

How do I confirm a member's Long Term Care Services or waiver service status?

If you have questions about a Next Generation MyCare member's Long Term Care Services or waiver service status, call the member's plan or call the ODM Integrated Helpdesk at 800-686-1516.

Do I need to do something to provide services to Next Generation MyCare members?

To provide services in the Next Generation MyCare program, you must:

Enroll with ODM by visiting the Medicaid Provider Portal and completing the online application (credentialing, if required, will occur automatically during application processing).

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.

*Providers who are enrolled with the Ohio Department of Aging (AGE) can continue to provide services to members and submit claims in the program. However, they must still contract with the Next Generation MyCare plans if they have not already.

What if a Next Generation MyCare plan will not let me contract with them?

Next Generation MyCare plans are not required to contract with every provider. You may have the option to enter into a single case agreement (SCA) if you don't have a contract. The SCA is a temporary contract between the plan and provider.

I provide services to members who have changed plans or are newly enrolled in the Next Generation MyCare program. Do I have to contract with the Next Generation MyCare plans to continue to serve them?

If you have Next Generation MyCare members who have changed plans or are newly enrolled in the program, you can continue to provide services to those members for a period of time without having a contract with the Next Generation MyCare plan to allow for continuity of care. If you want to continue to serve members in the program, you need to contract with the plans. For more information or questions, contact the plans.

- 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

Submitting Claims or Prior Authorizations

Which ID number should be used when submitting a claim for a Next Generation MyCare member where Medicaid is the primary payer?

All 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 ID Card One-Pager to see the ID card and where the Medicaid ID is located.

How do I submit claims?

The process for submitting Electronic Data Interchange (EDI) claims in the Next Generation MyCare program has changed. If you are not an Ohio Medicaid provider, your claims will be rejected.

- I**f you are submitting claims to the plan's portal using Direct Data Entry (DDE**), submit a single claim to the plan via their existing process. The Next Generation MyCare plans do not accept paper claims.
- **If you are submitting an EDI claim for a dual benefit member (a member who gets their Medicaid and Medicare benefits from a Next Generation MyCare plan) or a Medicaid-only member (a member who gets only their Medicaid benefits from a Next Generation MyCare plan) where the Medicaid plan is the primary payer, submit the claim through the OMES one front door.** 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 plan for processing.
- **If you are submitting an EDI claim for a Medicare covered service for a Medicaid-only member**, 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 Next Generation MyCare members will be automatically crossed-over to the 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.

Claim submissions through the OMES one front door are based on the date of submission.

Any claims submitted on January 1, 2026, or after should be submitted to the OMES one front door, even if the date of service was before January 1, 2026.

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 that is not 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 are no longer MyCare Ohio plans as of December 31, 2025. They will continue to pay claims for previous members up to December 31, 2026 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.

If you have questions about this process, contact Aetna or United.

- Aetna Better Health of Ohio: 855-364-0974
- UnitedHealthcare Community Plan of Ohio: 800-600-9007

What happens to a member's pre-existing prior authorization for services?

For prior authorizations for Medicaid covered services or medications submitted before January 1, 2026, if the prior authorization:

- Was approved before January 1, 2026, and the service will be provided after January 1, 2026, the new plan providing services to the member will honor the approved prior authorization.
- Is still being reviewed as of January 1, 2026, you must submit the request to the member's new plan.
- Was denied before January 1, 2026, there are options available for both members and providers:
  - » Members have the right to submit an appeal to their original plan and seek a state hearing if the appeal is not in their favor, or they can submit an appeal to their new plan.
  - » Providers have the right to appeal and seek an external medical review if the appeal is not in their favor, or they can request prior authorization from the members' new plan.

To learn more about the member appeal process, view the 'How can I help a member appeal a claim or prior authorization denial?' question.

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 for their provider to submit an 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 plan website.

- Anthem Blue Cross and Blue Shield
- Buckeye Health Plan
- CareSource
- Molina HealthCare of Ohio

Completing a member appeal does not fulfill the requirement to complete a provider appeal, which is necessary for you to complete an External Medical Review (EMR).

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 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 external medical review (EMR- see below for definition).

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 can 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 plan's provider manual on each plan's website, and within the EMR Provider Authorization Denial

Grid or MCE Claims Denial Resource Grid respectively.

- Anthem Blue Cross and Blue Shield
- Buckeye Health Plan
- CareSource
- Molina HealthCare of Ohio

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.

Pharmacy Benefits

I am a pharmacy provider – what has changed for me in the Next Generation MyCare program?

In the Next Generation MyCare program, you work with the plan's Pharmacy Benefit Manager to administer pharmacy benefits for members. Refer to the Pharmacy Billing Reference Guide on the Pharmacy Billing Information webpage on Medicaid.ohio.gov to learn more.

Medicaid-only members have a separate Medicare plan that can 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).

Care Coordination

Are there changes to care coordination and the care teams I work with in the Next Generation MyCare program?

In the Next Generation MyCare program, members have a care coordinator who helps manage their health and support services. If a member is on a **waiver or receives Medicare through a different plan**, they may need to work with additional people for their care needs.

Their care team may be different depending on the options below:

- If a member is a **dual benefit member** (has a Next Generation MyCare plan for both their Medicaid and Medicare benefits), they have one care coordinator. Their care coordinator helps with all their care needs.
- If a member is a **dual benefit member and they are on a waiver**, they may have a care coordinator and a waiver service coordinator. These two work together to help them with their needs.
- If a member is a **Medicaid-only member** (their Next Generation MyCare plan only covers their Medicaid benefits), they may have separate teams who help them with their Medicaid and Medicare benefits. These two teams may not work together, and the member may have to be more involved in their own care.

A member's care coordinator may be from their plan and/or their local AAA. If a member doesn't know who their care coordinator is, they can call the Care Management number on the back of their member ID card for help. If they want to change their care coordinator, they should call their plan.

Member Eligibility, Impacts, and Actions

Who is eligible for the Next Generation MyCare program?

In the Next Generation MyCare program, individuals are in the program, when the program is available in their county, if they meet the following criteria*:

- Have full Medicaid
- Have Medicare parts A, B, and D
- Are 21 or older

*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 are not enrolled in the program.

How is the Next Generation MyCare program improving member care?

The Next Generation MyCare program coordinates a member's Medicaid and Medicare benefits through one care team focused on the member and their care needs.

For dual benefit members, this means they have communications coming from one source, one organization to contact if they need to file an appeal, and one plan that covers their entire healthcare benefits. This includes behavioral health services and long-term care services for members in the community, assisted living, and in a nursing facility. The program offers better transportation options, more in-home providers, and shorter wait time for prior authorizations

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

A member wants to pick a different Next Generation MyCare plan. When can they do that?

If a member is a Medicaid-only member and wants to pick a different Next Generation MyCare plan for their Medicaid benefits, they can pick a different plan for up to 90 days after they joined the program. They can also change plans throughout the year for just cause. Just cause is when a member is concerned with or has issues getting care due to the plan they are on.

If a member is a dual benefit member, they can change their Next Generation MyCare plan at any time through Medicare. Their new plan and benefits will begin on the first day of the month following their selection.

Members should contact the Ohio Medicaid Consumer Hotline at 800-324-8680 to discuss their options for picking a new plan.

A member wants to align their Medicare and Medicaid benefits through a Next Generation MyCare plan. When can they do that?

If a member is currently a Medicaid-only member and wants to align their Medicare and Medicaid benefits through a Next Generation MyCare plan, they have the option to enroll at any time through Medicare. Their new plan and benefits will begin on the first day of the month following the selection.

Members should contact the Ohio Medicaid Consumer Hotline at 800-324-8680 to discuss getting their Medicare and Medicaid benefits through one plan.

An individual lives in one of the 29 counties where the Next Generation MyCare program is available and previously got care through Buckeye Health Plan, CareSource, or Molina Healthcare of Ohio. What does this mean for them?

They are now part of the program and get their care through a Next Generation MyCare plan.

- If they did not pick a new plan during open enrollment, they still get their care through the same plan as they did in the previous MyCare Ohio program.
- If they did pick a new plan during open enrollment, they get their care through the plan they selected.

They should have received a new member ID card and other materials explaining their benefits. They should contact their plan if they did not receive or have questions about these materials.

- Anthem Blue Cross and Blue Shield: 833-727-2169
- Buckeye Health Plan: 855-445-3562
- CareSource: 855-475-3163
- Molina Healthcare of Ohio: 866-856-8295

If they have other questions or are unsure of who their plan is, they should contact the Ohio Medicaid Consumer Hotline at 800-324-8680.

If an individual lives in one of the 29 counties where the Next Generation MyCare program is available and previously got care through Aetna Better Health of Ohio or United Healthcare Community plan. What does this mean for them?

They are now part of the program and get their care through a Next Generation MyCare plan. Because Aetna Better Health of Ohio and United Healthcare Community Plan are not available in the program, they now get their care through a different plan. They should have received letters from ODM with options to pick a new plan.

- If they did not pick a different plan during open enrollment, they were automatically enrolled in one for their Medicaid benefits. This plan has as many of their current doctors as possible.
- If they did pick a new plan, they get their care through the plan they selected.

They should have received a new member ID card and other materials explaining their benefits. They should contact the Ohio Medicaid Consumer Hotline at 800-324-8680 if:

- They do not know their plan
- They want to pick a different plan
- They want to align their Medicaid and Medicare benefits into one plan
- They did not receive their member ID card or need help with their benefits

If an individual lives in one of the 29 counties where the Next Generation MyCare program is available and previously got care through Medicaid fee-for-service. What does this mean for them?

They are now part of the Next Generation MyCare program and get their care through a Next Generation MyCare plan.

They should have received a letter from ODM with important information, including:

- The name of their Next Generation MyCare plan
- The date their new plan begins
- Their options for changing their plan or coordinating their Medicare and Medicaid coverage

Additionally, they should have received their new member ID card and other materials from their new plan explaining their benefits. They should contact the Ohio Medicaid Consumer Hotline at 800-324-8680 if:

- They do not know their plan

- They want to pick a different plan
- They want to align their Medicaid and Medicare benefits into one plan
- They did not receive their member ID card or need help with their benefits

If an individual is eligible for the Next Generation MyCare program and lives in a county where the program will be available later in 2026. What should they expect?

When the program is available in their county, they will get a letter from ODM with important information, including:

- The name of their Next Generation MyCare plan
- The date their new plan begins
- Their options for changing their plan or coordinating their Medicare and Medicaid coverage

A member is in the Next Generation MyCare program. What if they move into another county where the program is available?

If a member moves to a different county where the program is available and is already on a Next Generation MyCare plan, they will stay with their current plan.

A member is in the Next Generation MyCare program. What if they move to a county where the program is not available?

If a member moves to a county where the program is not available, they will no longer get their benefits through their Next Generation MyCare plan. Until the program is available in their county, they will be enrolled in Medicaid fee-for-service for their Medicaid benefits. They will continue to get their Medicare benefits from their existing Medicare plan.

When the program is available in their county, they will get a letter from ODM with important information, including:

- The name of their Next Generation MyCare plan
- The date their new plan begins
- Their options for changing their plan or coordinating their Medicare and Medicaid coverage

An individual is not in the Next Generation MyCare program but is eligible. What if they move to a county where the program is available?

If they move to a county where the program is available, they will be enrolled in a Next Generation MyCare plan.

They will get a letter from ODM with important information, including:

- The name of their Next Generation MyCare plan
- The date their new plan begins
- Their options for changing their plan or coordinating their Medicare and Medicaid coverage

They should contact the Ohio Medicaid Consumer Hotline at 800-324-8680 if:

- They do not know their plan
- They want to pick a different plan
- They want to align their Medicaid and Medicare benefits into one plan
- They did not receive their member ID card or need help with their benefits

A member was in the Ohio Home Care, Assisted Living, or PASSPORT Waiver. What does this mean for them?

If a member was in the Ohio Home Care, Assisted Living, or PASSPORT Waiver when they were enrolled in the Next Generation MyCare program, they are now enrolled in the MyCare Ohio Waiver. In the MyCare Ohio waiver program, they have the same benefits, or more, available to them.

If a member has questions, they should contact their care coordinator. If they don't know who their care coordinator is, they can call the Care Management number on the back of their member ID card for help.

What happens to the services a member already has approved or scheduled from the previous program?

Next Generation MyCare plans provide transition of care benefits for services, including doctors and pharmacy. After the transition period, members must use doctors who are part of their plan.

Members should contact their plan if they have questions about approved or scheduled services.

- Anthem Blue Cross and Blue Shield: 833-727-2169
- Buckeye Health Plan: 855-445-3562
- CareSource: 855-475-3163
- Molina Healthcare of Ohio: 866-856-8295

Did a member's doctor or hospital change due to the Next Generation MyCare program?

Most doctors and hospitals are part of the Next Generation MyCare program. If a member's doctor or hospital is not part of the Next Generation MyCare program, they can continue seeing them. If their doctor is not in the program, they may need to choose a new doctor.

To check if their doctor is in the program, they can:

- Contact their plan's Member Services found on the back of their member ID card.
- Call their Primary Care Provider's phone number found on the front of their member ID card.
- Visit their plan's website.
- Use the provider search available on the Ohio Medicaid Consumer Hotline at www.ohiomh.com/home/findaprovider. They should select your Next Generation MyCare plan in the "Health Plan" dropdown and "MyCare Ohio" in the "Program" dropdown.

How can members find out more information about their Next Generation MyCare plan?

To learn more about the Next Generation MyCare plans, members should contact the Ohio Medicaid Consumer Hotline at 800-324-8680 or www.ohiomh.com.

If they need help comparing the plans available in their area, including the Next Generation MyCare plans, they can contact the Ohio Department of Insurance Ohio Senior Health Insurance Information Program (OSHIIP) at 800-686-1578 or oshiipmail@insurance.ohio.gov.

Additional Resources

Where can I go with questions about the Next Generation MyCare program?

Contact Ohio Medicaid Integrated Helpdesk at 800-686-1516 or IHD@medicaid.ohio.gov for questions related to the following:

- OMES submitted claims, prior authorization, and other administrative tasks.
- Verification of Medicaid member eligibility.
- Provider application, enrollment, or waiver support.
- General Medicaid payment/billing.

Representatives are available Monday through Friday, 8 a.m. - 4:30 p.m. Eastern Time.

Where can a member go with questions about the Next Generation MyCare program?

To learn more about the Next Generation MyCare plans or doctors available by plan, members can contact the Ohio Medicaid Consumer Hotline at 800-324-8680 or visit www.ohiomh.com.