Next Generation MyCare Provider

Frequently Asked Questions

Department of Medicaid
Next Generation MyCare

Overview

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.

Contents

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.

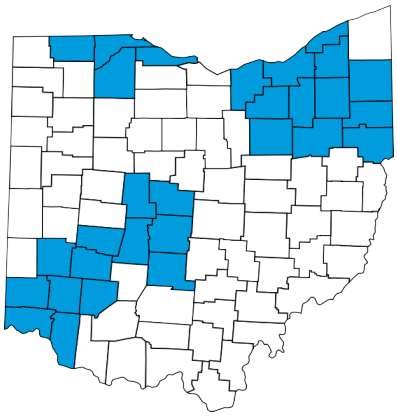
What are the Next Generation MyCare program goals?

The Next Generation MyCare program is an improved health program for 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 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.

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 MyCare Ohio is available today.



In the Next Generation MyCare program, the plans partner with the Area Agencies on Aging (AAA), regional agencies that work with the Next Generation MyCare 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: 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. 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 across 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

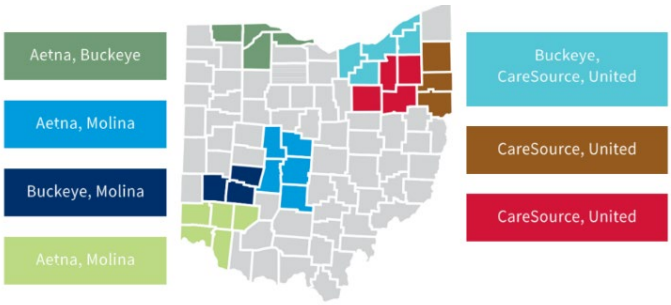
- AAA9: Holmes, Tuscarawas, Carroll, Jefferson, Coshocton, Harrison, Belmont, Guernsey, Muskingum

August 1, 2026

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

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 on the right.



They include:

- Aetna Better Health of Ohio
- Buckeye Health Plan
- CareSource
- Molina Healthcare
- United Healthcare Community Plan

In the Next Generation MyCare program, there are 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 members' 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 will not 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 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 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 until the transition 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 (SCA).

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

To provide services 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. Contract with the Next Generation MyCare plan. 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, you must still contract with the Next Generation MyCare plans if you have not already.

What if a 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 SCA if you don't have a contract. The SCA is a temporary contract between the plan and provider.

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

If you will have Next Generation MyCare members who are changing plans or 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 will want to continue to serve members in the program, you will 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 in the Next Generation MyCare Program

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 is changing. If you are not an Ohio Medicaid provider, your claims will be rejected.

- **If you are submitting your claims to the plans portal using Direct Data Entry (DDE)**, you will submit a single claim via their existing process. The Next Generation MyCare plans will 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 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 plan is the primary payer,** you will **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,** 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 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 or after January 1, 2026, 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 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 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:

- Is approved before January 1, 2026, and the service will be provided after January 1, 2026, the new Next Generation MyCare plan providing services to a member will honor the approved prior authorization.
- Is still being reviewed as of January 1, 2026, then you must submit the request to a member's new Next Generation MyCare plan.
- Is 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 Next Generation MyCare 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 Next Generation MyCare 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 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 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 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 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.

- Anthem Blue Cross and Blue Shield
- Buckeye Health Plan
- CareSource

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 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 to get everything they need.

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 will have one care coordinator. Their care coordinator will help 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 will 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 will 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.

Next Generation MyCare Program Pharmacy Benefits

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

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

Medicaid-only MyCare members will have a separate Medicare plan that will administer their Part D drug benefit with the 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 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 ID Card One Pager to see the template.

Member Eligibility, Impacts, and Actions

Who is eligible for the Next Generation MyCare program?

In the current MyCare Ohio program, individuals are eligible if they*:

- Have full Medicaid
- Have Medicare parts A, B, and D
- Are 18 or older
- Live in one of the 29 counties where MyCare Ohio is available

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
- Live in one of the 29 counties where MyCare Ohio is available today or wait 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 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 https://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.

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 their entire healthcare benefits, including long-term care services and behavioral health services.
- Communications coming from one source.
- One organization to contact if they need to file an appeal.

A member's plan may also give them extra benefits like additional transportation, rewards, and more. View the **Next Generation MyCare Plan Comparison** at https://ohiomh.com/ by clicking the "Compare MyCare Ohio Plans" button under "Compare Plans and Find a Provider" section 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 their entire healthcare benefits, including long-term care services and behavioral health services.
- Communications coming from multiple sources.
- Multiple organizations to contact if they need to appeal a denial.

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 get discuss getting their Medicare and Medicaid benefits through one plan.

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?

They will get care through a Next Generation MyCare plan starting on January 1, 2026.

- If they did not pick a plan during open enrollment, they will get their care through their plan today.
- If they picked a different plan during open enrollment, they will get their care through the plan they selected.

If they did not already, they will receive a new member ID card and other materials explaining their benefits. They should contact their plan if they did not receive 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, they should contact the Ohio Medicaid Consumer Hotline at 800-324-8680.

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?

Because Aetna Better Health of Ohio and United Healthcare Community Plan are not available in the Next Generation MyCare program, they will get their care through a different plan. They should have received letters from ODM with information about what this means for them and how to pick a new plan.

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

If they did not already, they will receive 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 a current MyCare Ohio county and will become eligible for the MyCare Ohio program before January 1, 2026. What do they need to do?

They are now part of the Next Generation MyCare program and get 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

Once they are enrolled in their Next Generation MyCare plan, they should receive their new member ID card and other materials explaining their benefits. They should contact the Ohio Medicaid Consumer Hotline at 800-324-8680 of:

- 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 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 their county, they will get a letter from ODM that will share the following:

- 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

If an individual is enrolled in an Ohio Home Care, Assisted Living, or PASSPORT waiver program. What do they need to do?

If a member is in MyCare Ohio and gets their waiver services through the Ohio Home Care Waiver, PASSPORT, or the Assisted Living Services Waiver, they will be enrolled in the MyCare Ohio waiver starting on January 1, 2026. In the MyCare Ohio waiver program, they will 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.

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 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 Next Generation MyCare program webpage on Medicaid.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.