

# MyCare Ohio Advisory Workgroup

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November 7, 2025



**Department of  
Medicaid**

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Next Generation MyCare

# Housekeeping



All participants are muted.



You can use the meeting chat feature to ask questions. To ask a question, type in the chat box and select the arrow in the bottom right corner to send.



The presentation from today's session will be emailed out after this session.

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## Interpreter and written information

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# Agenda

- 1** Next Generation MyCare Plan Comparison
- 2** Next Generation MyCare Plan Delegation Overview
- 3** Next Generation MyCare Feedback Channels
- 4** Interactive Discussion
- 5** Next Generation MyCare Program Webinars
- 6** Wrap-up and Next Steps

# Next Generation MyCare Plan Comparison

# Next Generation MyCare Plan Comparison

ODM has developed a plan comparison to show the value-added services for each of the Next Generation MyCare plans and help members choose the best plan for them.

Value-Added Services for Dual Benefit Members*				
	Anthem Blue Cross and Blue Shield	Buckeye Health Plan**	CareSource	Molina HealthCare of Ohio
24-Hour Nurse Hotline	• Available.	• Available.	• Available.	• Available.
Member Advisory Council	• Opportunity to participate in quarterly meetings.	• Opportunity to participate in quarterly meetings.	• Opportunity to participate in quarterly meetings.	• Opportunity to participate in quarterly meetings.
Pharmacy	• Flex card benefit of \$249 per month for over-the-counter (OTC) drugs and supplies. For members with certain chronic conditions, card can be used for things like food and utilities.	• \$0 copayment for prescription drugs. • WellCare card benefit of \$15 per month for OTC drugs and supplies. For members with certain chronic conditions, card can be used for things like food and utilities.	• \$0 copayment for Medicare and Medicaid prescription drugs.	• Molina Complete Debit Card - \$230 monthly for over-the-counter drugs and supplies. Card may also be used for transportation, OTC items, groceries, and utilities if member has certain chronic conditions.
Dental	• One additional dental cleaning per calendar year. • Dental implants.	• \$0 copayment for dental services. • Supplemental benefit of \$5,000	• \$5,000 supplemental allowance subject to one oral exam, one cleaning.	• Additional preventative dental care. • Maximum allowance of
Hearing	• \$300 OTC hearing aid allowance or \$3,000 prescription hearing aid allowance.	• One ro every y • \$3,000 implant every y		
Vision	• One annual eye exam. • \$350 eye wear allowance.	• \$0 cop eye exam fitting • One ro every y • \$600 e		

\*The Next Generation MyCare Plan Selection Guide may not include all details of the services. Value-added services are subject to change at any time. Visit the Next Gen MyCare Plan Selection Guide for more information.  
\*\*Buckeye Health Plan will not be available for new members or those getting care through another MyCare Ohio plan to pick from in plan year 2026. If you get care through Buckeye Health Plan today and want to keep your plan, no action is required.

Value-Added Services for Medicaid-Only Members*				
	Anthem Blue Cross and Blue Shield	Buckeye Health Plan**	CareSource	Molina HealthCare of Ohio
24-Hour Nurse Hotline	• Available.	• Available.	• Available.	• Available.
Member Advisory Council	• Opportunity to participate in quarterly meetings.	• Opportunity to participate in quarterly meetings.	• Opportunity to participate in quarterly meetings.	• Opportunity to participate in quarterly meetings.
Pharmacy	• Members receive a gift card to use toward the purchase of OTC products.	• Not provided.	• Not provided.	• Not provided.
Dental	• One additional dental cleaning per year.	• Not provided.	• Not provided.	• Not provided.
Hearing	• Not provided.	• Not provided.	• Conventional hearing aids once every four years. • Digital/programmable hearing aids once every five years.	• Not provided.
Vision	• One eye exam per calendar year. • Yearly eye wear allowance toward fitting and purchase of eyeglasses or contact lenses.	• Not provided.	• Not provided.	• Not provided.
Worldwide Emergency/ Urgent Coverage	• Not provided.	• Not provided.	• Not provided.	• Not provided.
Non-Emergency Services	• Not provided.	• Not provided.	• \$0 copayment for Medicaid-covered prescription drugs.	• Not provided.

\*The Next Generation MyCare Plan Selection Guide may not include all details of the health benefits all plans must offer and value-added services. Value-added services are subject to change at any time. Visit the Next Generation MyCare plan websites for more information.  
\*\*Buckeye Health Plan will not be available for new members or those getting care through another MyCare Ohio plan to pick from in plan year 2026. If you get care through Buckeye Health Plan today and want to keep your plan, no action is required.

## Next Generation MyCare Plan Comparison

Assists members in selecting the plan best fit for their healthcare needs. The guide:



Describes the benefits all Next Generation MyCare plans must offer.



Lists supplemental benefits and value-added services unique to each Next Generation MyCare plan for Dual Benefit Members and Medicaid-only members.



Provides information on how individuals can choose a plan, including plan contact information.

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.

# Next Generation MyCare Plan Delegation Overview

# Delegation Strategies

Examples of how AAAs could be involved in care coordination depending on a Next Generation MyCare plan's delegation.

**Partial Delegation Example:** Next Generation MyCare plans may serve as a member's care coordinator. Next Generation MyCare plans or AAAs may serve as a member's waiver service coordinator or care coordinator for those age 59 and under. AAAs serve as a member's waiver service coordinator for those age 60 or older.

<u>Age 59 and Under</u> Member and care team are supported by:		<u>Age 60 or Older</u> Member and care team are supported by:	
Care coordinator	Waiver service coordinator	Care coordinator	Waiver service coordinator
Next Generation MyCare plan care coordinator	Next Generation MyCare plan waiver service coordinator <b>Or</b> AAA waiver service coordinator	Next Generation MyCare plan care coordinator	AAA waiver service coordinator

**Full Delegation Example:** AAAs serve as a member's waiver service coordinator and care coordinator.

<u>Age 59 and Under</u> Member and care team are supported by:		<u>Age 60 or Older</u> Member and care team are supported by:	
Care coordinator	Waiver service coordinator	Care coordinator	Waiver service coordinator
AAA acting as a care coordinator	AAA waiver service coordinator	AAA acting as a care coordinator	AAA waiver service coordinator

# Delegation Strategies

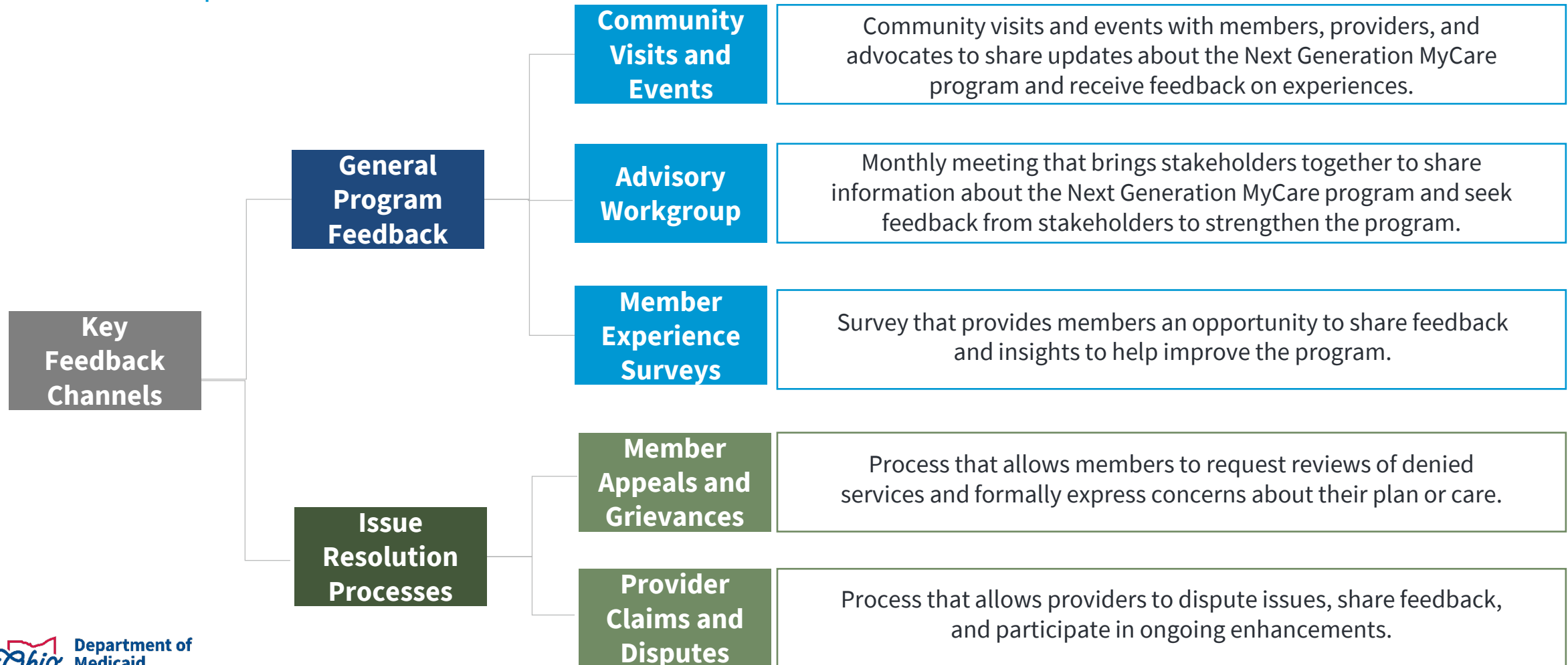
How AAAs will be involved in care coordination and waiver service coordination for members on the MyCare Ohio waiver.

		<u>Age 59 and Under</u> Member and care team are supported by:		<u>Age 60 or Older</u> Member and care team are supported by:	
		Care coordinator	Waiver service coordinator	Care coordinator	Waiver service coordinator
<b>Anthem Blue Cross and Blue Shield</b>	<b>All Available Counties</b>	Anthem	Anthem	Anthem	AAA
<b>Buckeye Health Plan</b>	<b>All Available Counties</b>	Buckeye	Buckeye	Buckeye	AAA
<b>CareSource</b>	<b>Northeastern Counties Across State</b>	AAA	AAA	AAA	AAA
	<b>Remainder of Available Counties</b>	CareSource	CareSource	CareSource	AAA
<b>Molina Healthcare of Ohio</b>	<b>All Available Counties</b>	Molina	Molina	Molina	AAA

# Next Generation MyCare Feedback Channels

# Key Feedback Channels for Members and Providers

ODM has several feedback channels to gather member and provider feedback to allow them to contribute insights and discuss their experiences.



# Next Generation MyCare Community Visit Program Feedback

ODM has held 38 community visits and events since March 2024 to educate members, providers, and advocates on the Next Generation MyCare program and gather feedback for future program improvements.

## What we've heard



### Communication & Outreach

- Use member preferred channels and local community organizations.
- Focus on consistent, clear, and accessible messaging.
- Lower the reading level of communications for better understanding.



### Access to Care/Choice

- Simplify the process for members to choose plans and clarify available benefits.
- Support integrated care and smoother transitions when members move between regions.
- Reduce administrative burdens and approval delays that might limit member choice.



### Transportation

- Improve transportation reliability, make scheduling faster, and expand options.
- Provide clear guidance around logistics (e.g. pickup/drop-off and provider wait time compensation).
- Prioritize working with local vendors and strengthen oversight of services.



### Provider Network Clarity

- Address provider network gaps through regular reviews.
- Clarify provider requirements, enrollment, and contract processes.
- Clearly outline different agreement types and make information of certified providers easy to find.



### Claims/Billing

- Streamline claims, billing, and authorization processes.
- Offer provider education on new workflows and clarify billing for all service types.
- Strengthen prompt pay policies and minimize administrative burden.

# Next Generation MyCare Community Visit ODM Actions

ODM has held 38 community visits and events since March 2024 to educate members, providers, and advocates on the Next Generation MyCare program and gather feedback for future program improvements.

## Actions we're taking

### Provider Agreement Updates

- ✓ ODM has updated the Next Generation MyCare Provider Agreement, the contract between ODM and the Next Generation MyCare plans, to include updated requirements to enhance member and provider experience such as shorter prompt pay turnaround time and dedicated provider relations staff for Home and Community-Based Services providers.

### Website Updates

- ✓ MyCare Medicaid webpages are regularly updated to share critical information about the Next Generation MyCare program.

### Resource Updates

- ✓ ODM is continuously updating public facing documents to reflect the most up-to-date information.

### Stakeholder Engagement

- ✓ ODM is engaging various stakeholder groups to collect feedback and address questions in real time through community events, member advocacy group meetings, and more.

### Continuous Improvement

- ✓ ODM incorporates feedback where applicable and appropriate. We encourage all stakeholders to submit feedback through our channels.

# Member Appeals and Grievances Process

## Member Appeals and How to File One

**An appeal is when a member asks their Next Generation MyCare plan to review a decision to deny a service they or their doctor may have requested.** A member may have a representative, like a family member or their doctor, submit an appeal for them.

**They can find the member appeal form on their plan's website. The form will ask for:**

- Their name and ID number as shown on their Next Generation MyCare member ID card
- Their doctor's name
- The date of the service
- The reason they disagree with the denial
- Any other information to support their request

**Members can learn more about appeals in their Next Generation MyCare plan's member handbook.** To get a copy of their member handbook, find the appeal form, and submit a member appeal, they should go to their Next Generation MyCare plan's website.

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

## Member Grievances and How to File One

**A grievance is when a member is not happy with their Next Generation MyCare plan or doctors. This can mean they are not happy with the operations, activities, or behaviors of their plan or doctors.** They have the right to file a grievance without fear of discrimination or negative treatment.

**A member or their representative can file a grievance verbally or in writing at any time with their plan.** They can mail their letter to their plan's address listed on their website, or they can call their plan's Member Services to help them file a grievance over the phone.

**Members can learn more about grievances in their plan's member handbook.** To get a copy of their member handbook, find their plan's address, and to file a grievance, they should go to their Next Generation MyCare plan's website.

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

# Provider Claims Dispute and Prior Authorization Denials Process

## Prior Authorization Denial

When providers receive a prior authorization denial, they have the option to:

- Request a peer-to-peer review, or
- 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 External Medical Review (EMR).

## Claim Denial

When providers receive a claim denial, they can:

- Utilize the provider claim dispute resolution process (PCDR).

Once providers have completed the PCDR process, If the decision to deny is upheld, they can request an EMR.

# External Medical Reviews

**If denial is due to medical necessity, then EMR may be an option for providers once they have exhausted the provider appeal process and/or completed the PCDR process.**

## External Medical Review

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 providers.

Providers 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, they have 30 calendar days to request EMR through the [online portal](#) along with submission of required documentation.

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

# Consumer Assessment of Healthcare Providers and Systems Consumer Experience Survey

**Consumer experience surveys were previously conducted only for dual benefit members. Next Generation MyCare plans are now required to conduct annual surveys of member experience and satisfaction for all members, including Medicaid-only members.**

- The Consumer Assessment of Healthcare Providers and Systems (CAHPS) Consumer Experience Surveys are annual surveys conducted by Medicaid managed care plans and MyCare Ohio Plans to survey member experience and satisfaction with care using an independent survey organization.
- Ohio Medicaid issues three Program-specific reports each year to provide a comprehensive analysis of the data.
- A high-level overview and key findings are contained in an Executive Summary Report, while detailed analyses and findings are presented in a Full Report. A Methodology Report offers a detailed description of the analytical methodology.
- Visit the [Medicaid Ohio webpage](#) to view the annual Executive Summary Reports and Full Reports.

# Interactive Discussion

# Interactive Discussion



1. What feedback channels have you or your members found most helpful when engaging with ODM staff and communicating feedback?
2. What feedback channels have you or your members found most helpful when engaging with MyCare Ohio plans and communicating feedback?
3. As open enrollment continues, are there any questions or concerns you are hearing about the Next Generation MyCare program roll out?

# **Next Generation MyCare Program Webinars**

# Next Generation MyCare Program Webinar

	Next Generation MyCare Program Overview for Providers	Next Generation MyCare Program Overview for Members
Overview	Public webinar to share information with providers about the Next Generation MyCare program, what it means for them, what steps they may need to take, impacts to members, and how they can continue to provide them with care.	Public webinar to share information with members about the Next Generation MyCare program, what it means for them, and what steps they may need to take ahead of the new program.
Date/ Time	<ul style="list-style-type: none"><li>• November 14, 2025</li><li>• 10 a.m. – 11 a.m.</li></ul>	<ul style="list-style-type: none"><li>• November 21, 2025</li><li>• 3 p.m. – 4 p.m.</li></ul>
Registration	<a href="#">Click here to register.</a>	<a href="#">Click here to register.</a>
Agenda	<ul style="list-style-type: none"><li>• Program Overview</li><li>• Provider Benefits, Changes, and Impacts</li><li>• Member Key Information</li><li>• Care Coordination</li></ul>	<ul style="list-style-type: none"><li>• Program Overview</li><li>• Member Benefits, Changes, and Impacts</li><li>• Open Enrollment Overview</li><li>• Next Generation MyCare Materials</li><li>• Care Coordination</li></ul>

# Wrap-up and Next Steps

# Next Steps



**Check your email** for information ahead of next meeting.



Share information about the **Next Generation MyCare program** with your community.



Think of **questions or topics** for the discussion during these meetings and enter them via chat or email the Managed Care Integrated Care Policy email ([IntegratedCarePolicy@medicaid.ohio.gov](mailto:IntegratedCarePolicy@medicaid.ohio.gov)).

To share additional questions or comments related to the **Next Generation MyCare program**:

- Email us at: [MyCareConversionQuestions@medicaid.ohio.gov](mailto:MyCareConversionQuestions@medicaid.ohio.gov)
- Send us a letter to:  
Ohio Department of Medicaid  
MyCare Ohio program  
PO Box 182709  
Columbus, OH 43218-2709