

Next Generation MyCare Key Messages

What is the Next Generation MyCare program?

The Next Generation MyCare is an improved healthcare program for Ohioans who have both Medicaid and Medicare. This program helps members get the care they need all in one plan.

What are the “Next Generation MyCare” program goals?

The Ohio Department of Medicaid (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.

What is the timeline for the Next Generation MyCare program?

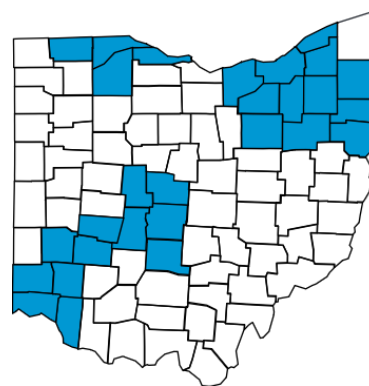
The Next Generation MyCare program will start on January 1, 2026. It will be available in the 29 counties where MyCare Ohio is available today. Later in 2026, it will be available in the rest of Ohio.

View the [roll out schedule](#) 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 MyCare Ohio 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 their care. The [roll out schedule](#) is planned around the AAA regions and the counties they serve.



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
- AAA6: Franklin, Delaware, Union, Madison, Pickaway
- AAA4: Lucas, Fulton, Ottawa, Wood
- AAA10a: Lorain, Cuyahoga, Medina, Lake, Geauga

- AAA10b: Summit, Portage, Stark, Wayne
- AAA11: 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

- 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 will be available in the Next Generation MyCare program?

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 having one plan for both Medicaid and Medicare services?

If a member enrolls in a Next Generation MyCare 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.

If the member's Next Generation MyCare 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.

What improvements are coming to the Next Generation MyCare program for members?

ODM changed the MyCare Ohio program to give members the best care possible. These changes include:

- More support for members to receive the care they need through a care team.
- Better transportation options to get members to and from their appointments.
- More in-home providers available to members.
- Shorter wait time for prior authorizations.

What are the benefits of the Next Generation MyCare program for providers?

ODM changed the MyCare Ohio program to better support providers in serving members. There are several program improvements, including:

- Streamlined credentialing processes with ODM to become an Ohio Medicaid provider. Providers 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 provided will be dependent on their 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.

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.

If a member 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 a member wants a different plan, they can switch during open enrollment.

Next Generation MyCare benefits will begin January 1, 2026. Members will receive information from their plan before the Next Generation MyCare program is available.

If a member 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?

- Members can pick a different plan during open enrollment.
- If a member does not pick a different plan, they will be automatically enrolled in a Next Generation MyCare plan for their Medicaid benefits. Their 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. Members will receive information from their new plan before the Next Generation MyCare program is available.

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

- They will get their Medicaid benefits through fee-for-service until their Next Generation MyCare coverage starts.
- They will get a letter from ODM between October and December of 2025 that tells them:
 - Their Next Generation MyCare plan
 - When their plan starts
 - Options to change their plan or align their Medicare and Medicaid coverage

If an individual becomes 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:

- Their 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 does a member find the plan that is best fit for their healthcare needs?

If a member wants to learn more about the Next Generation MyCare plans, they can contact the Ohio Medicaid Consumer Hotline at 800-324-8680 or www.ohiomh.com.

If a member needs 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.

What is the difference between a dual benefit member and Medicaid-only member in the Next Generation MyCare program?

Dual benefit members are individuals who receive both their Medicaid and Medicare 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.

Who is on a member's care team?

Everyone in the current and Next Generation MyCare program has access to a care team. This includes a care coordinator and others to support the needs they may have such as social workers, mental health and/or substance use disorder licensed independent professionals, gerontologists, housing specialists, transportation specialists, and community health workers.

Members will have a care coordinator who helps them with their care needs. If a member is on a **waiver or has Medicare benefits through a different plan**, there will be more people they need to work with on their care needs.

- 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. The coordinators work together to help them with their needs.
- If a member's **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 members may have to be more involved in their care.

Who is the member's care coordinator?

The MyCare Ohio plans partner with Area Agencies on Aging (AAA) to serve members. A member's care coordinator may be from their plan and/or their local AAA. If a member wants changes to their care team, they should call their plan.

AAAs are regional agencies that work with a member's plan to support their care.

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

In the Next Generation MyCare program, members will have a care coordinator who works closely with members and providers on the member's care needs. The care teams that providers 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 members 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 members 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.

Will a member get a new ID card when the Next Generation MyCare plans are implemented?

If a member has a MyCare Ohio plan for both their Medicaid and Medicare benefits, they have only one member ID card to be used at their appointments. If their MyCare Ohio plan only covers their Medicaid benefits, they will have up to three cards for their benefits.

Members will receive a new Next Generation MyCare member ID card that will be used at their appointments.

How do members get a member ID card?

If a member needs to replace their ID card, they should call the plan's member services department or sign up with their plan in the member services portal. Members can print a copy of their ID card at any time from the plan portal. If a member orders a card by telephone, it should arrive in the mail in 7-10 business days from the date of their request.

Next Generation MyCare plan phone numbers:

- [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

How will providers 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.

What other materials will members get from their Next Generation MyCare plan?

Once a member is enrolled in a Next Generation MyCare plan, they will get the following in the mail:

- A welcome letter
- Member ID card

Their plan may also send them:

- Member handbook
- Information about their doctors and health services
- Newsletters
- Healthcare reminders
- Opportunities to earn wellness incentives
- Provider and pharmacy directory
- Summary of benefits if they are a new MyCare Ohio member or a summary of year-to-year changes in their plan benefits if they are a current MyCare Ohio member

Will a member's pharmacy benefits change in the Next Generation MyCare program?

If a member has a Next Generation MyCare plan for both their Medicaid and Medicare benefits:

- Their plan will cover their over-the-counter and prescription medicine. Due to a Medicare federal policy change, members may see costs for prescriptions they did not in the past. This change was not made by ODM or the Next Generation MyCare plans.

If a member's Next Generation MyCare plan only covers their Medicaid benefits:

- Their Medicaid plan will cover their over-the-counter drugs, and their prescription drugs will be covered through their Part D plan. Due to a Medicare federal policy change, members may see costs for prescriptions they did not in the past. This change was not made by ODM or the Next Generation MyCare plans.

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

In the Next Generation MyCare program, providers 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).

If a member is enrolled in an Ohio Home Care, Ohio Assisted Living, or PASSPORT waiver program, what should they expect?

If a member is currently enrolled in an Ohio Home Care, Ohio Assisted Living, or PASSPORT waiver program, they will get a letter telling them that they are being enrolled in the MyCare Ohio waiver. They will have the same benefits, or more, available to them. They will not lose coverage due to this change. If they want to keep their services, no action is needed. If they want a different plan, they can pick a new plan during open enrollment. Members will not lose coverage due to this change.

What are the benefits of the MyCare Ohio waiver and how can an individual enroll?

Waiver services help members stay in their home or community.

To enroll in the MyCare Ohio waiver, members should contact their care coordinator. The care coordinator can make sure the member is eligible and help find the right services for them.

To learn more about the MyCare Ohio waiver, review our [MyCare Ohio Waiver document](#).

What are the steps to provider 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, providers 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 providers 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.

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 providers submit claims?

The process for submitting Electronic Data Interchange (EDI) claims in the Next Generation MyCare program is changing. If providers are not an Ohio Medicaid provider, their claims will be rejected.

If providers are submitting claims to the plan's portal using direct data entry (DDE) claim, the provider will submit a single claim to the Next Generation MyCare plan via the plan's existing process.

Not all Next Generation MyCare plans accept paper claims. Submit claims using the plan's existing process.

If providers 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, they will submit the claim **through the one front door**, to the Ohio Medicaid Enterprise System (OMES). Providers 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 providers are submitting an EDI claim for a Medicare covered service for a Medicaid-only member, they 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 normal processes. Claims for Next Generation 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 normal processes. 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 providers 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.

How can providers 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 providers to initiate a member appeal, they 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](#)

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

* HCBS waiver providers cannot request a provider appeal. Within the Next Generation MyCare HCBS program, the case manager waiver service coordinator holds the responsibility of completing these processes and the member can appeal.

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

When a provider receives a prior authorization denial, they have the option to request a peer-to-peer review. They 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 a provider receives a claim denial, they can utilize the provider claim dispute resolution process (PCDR). Once they have completed the PCDR process, If the decision to deny is upheld, they can request an EMR.

If the denial is due to medical necessity, then EMR may be an option for 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 [EMR Provider Authorization Denial Grid](#) or [MCE Claims Denial Resource Grid](#) respectively.

* HCBS waiver providers cannot request a provider appeal. Within the Next Generation MyCare HCBS program, the case manager waiver service coordinator holds the responsibility of completing these processes and the member can appeal.

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 providers.

* HCBS waiver providers cannot request a provider appeal. Within the Next Generation MyCare HCBS program, the case manager waiver service coordinator holds the responsibility of completing these processes and the member can appeal.

Where can members go to learn more about the Next Generation MyCare program?

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

- The [MyCare Ohio webpage on Medicaid.ohio.gov](#) shares information about the Next Generation program and houses all resources.

- The [Next Generation MyCare Overview One Pager](#) helps stakeholders understand what the Next Generation MyCare program is, who it serves, and where to go for more information.
- The [MyCare Ohio Waiver One Pager](#) outlines eligibility, enrollment, and services included in the MyCare Ohio Waiver for members.
- The [Next Generation MyCare Member ID Card One Pager](#) provides an overview of the card template.
- The [Next Generation MyCare Member Frequently Asked Questions \(FAQ\)](#) answers members' most common questions about the current and Next Generation MyCare program.
- The [Next Generation MyCare Member Help Desk One Pager](#) consolidates key contact information by topic area, so members know who to contact when they have questions or need help.

Where can providers go to learn more about the Next Generation MyCare program?

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

Some of the resources available include:

- The [MyCare Ohio 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 providers know who to contact when they have questions or need help.
- The [Next Generation MyCare Provider Frequently Asked Questions \(FAQ\)](#) answers providers' most common questions about the current and Next Generation MyCare program.
- [PSE Provider Registration Portal - Resources webpage](#) for provider education and training resources.
- [Companion Guides](#) to clarify, supplement, and further define specific data content requirements.

How will the Next Generation MyCare program impact AAAs?

In the Next Generation MyCare program, AAAs will continue work with the Next Generation MyCare plans to serve as the care coordinators or waiver service coordinators for Next Generation MyCare members depending on the plan's delegation model. AAAs should work with the Next Generation MyCare plans to prepare for the Next Generation MyCare program and support members.