

ODM Next Generation MyCare Communication

Communication Content

Email Title: Learn More About the Changes Coming with the Next Generation MyCare Program

Email Language:

Hello,

The Ohio Department of Medicaid (ODM) will implement its Next Generation MyCare program starting on January 1, 2026. ODM will roll out the program beginning in the 29 counties where MyCare Ohio is currently available. Statewide expansion of the program will follow [throughout 2026](#).

To help you prepare for the Next Generation MyCare program, ODM is sharing important information, including key changes, what those changes mean for you, and steps you may need to take. Keep reading to learn more and help us spread the word by sharing this information with other providers.

What are the benefits of the Next Generation MyCare program?

The Next Generation MyCare program has several improvements for you, including:

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

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

To become a provider in the Next Generation MyCare program, you must:

1. Enroll with ODM by visiting the [Medicaid Provider Portal](#) and completing the online application (credentialing, if required, will occur automatically during application processing).
2. Contact each of the Next Generation MyCare plans you wish to contract with.
 - o [Anthem Blue Cross and Blue Shield](#) : 833-727-2170
 - o [Buckeye Health Plan](#): 833-998-4892
 - o [CareSource](#): 800-488-0134
 - o [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?

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

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

How do I submit claims?

The process for submitting Electronic Data Interchange (EDI) claims in the Next Generation MyCare program is changing. 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) claim**, you will submit a single claim to the Next Generation MyCare plan via their existing process. Not all Next Generation MyCare plans accept paper claims. Submit your claims using the plans existing process.
- **If you are submitting an EDI claim for a dual benefit member (a member who gets their Medicaid and Medicare benefits from one Next Generation MyCare plan) or for a Medicaid-only member (a member who gets only their Medicaid benefits from one Next Generation MyCare plan) where the Medicaid is the primary payer**, you will submit the claim **through the one front door**, to the Ohio Medicaid Enterprise System (OMES). You must use the member's Medicaid ID even if they have other ID numbers. The submitted file must use the Next Generation MyCare Plan Receiver ID and the appropriate Payer ID in the 2010BB loop for claims to be directed to the correct Next Generation MyCare plan for processing.
- **If you are submitting an EDI claim for a Medicare covered service for a Medicaid-only member**, you will submit the claim, also known as a crossover claim, to the primary payer.
 - **If Medicare is the primary payer**, submit the claim to Medicare using your normal process. Claims for Ohio MyCare members will be automatically crossed-over to the Next Generation MyCare plan.
 - **If the primary payer is a Medicare Advantage/Part C plan**, submit the claim to that payer using your normal process. Once the primary payer has adjudicated the claim and returned the Remittance Advice, submit the claim through the OMES one front door using the Receiver ID and Payer ID as described for a dual benefit claim.

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

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

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

View the [Next Generation MyCare Provider Help Desk One-Pager](#) to find out who to contact when you have questions or need help. For more information, visit the [MyCare Ohio webpage](#) of medicaid.ohio.gov.

Thank you,