OHCA
OHIO HEALTH CARE ASSOCIATION

NextGeneration MyCare Ohio for SNF Providers

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NextGeneration MyCare Ohio

*Note: Phase 2 begins by expanding all currently participating AAA regions to bring the counties without MyCare into the program, except for AAA2. Catholic Social Services operates as the PASSPORT Agency Administrator in the non-MyCare Counties within AAA2, so additional time is needed.

PHASE 1: Current MyCare Counties

On January 1, 2026, ODM will roll out the Next Generation MyCare program in the 29 counties where MyCare is currently available today.

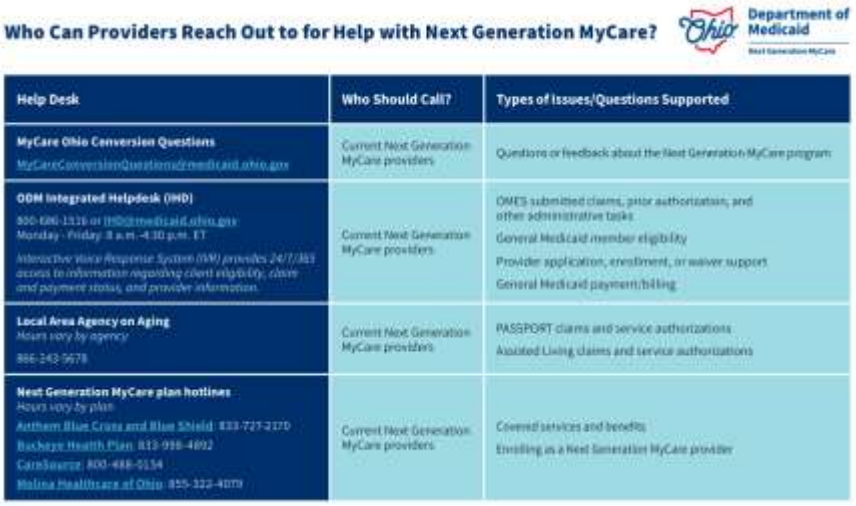
Jan. 1, 2026	AA1: Butler, Warren, Clinton, Hamilton, Clermont AA2: Montgomery, Clark, Greene AA6: Franklin, Delaware, Union, Madison, Pickaway AA4: Lucas, Fulton, Ottawa, Wood AA10a: Lorain, Cuyahoga, Medina, Lake, Geauga AA10b: Summit, Portage, Stark, Wayne AA11: Columbiana, Mahoning, Trumbull

PHASE 2: Remaining Counties*

Starting on April 1, 2026, and continuing through the year, ODM will roll out the Next Generation MyCare program in the remaining counties.

Apr. 1, 2026	AA4: Sandusky, Erie, Henry, Williams, Defiance, Paulding AA6: Fayette, Fairfield, Licking AA11: Ashtabula
May 1, 2026	AA2: Preble, Darke, Miami, Shelby, Champaign, Logan AA3: Van Wert, Putnam, Hancock, Allen, Mercer, Auglaize, Hardin AA5: Seneca, Huron, Wyandot, Crawford, Richland, Ashland, Marion, Morrow, Knox
June 1, 2026	AA7: Ross, Vinton, Highland, Pike, Jackson, Gallia, Brown, Adams, Scioto, Lawrence
July 1, 2026	AA9: Holmes, Tuscarawas, Carroll, Jefferson, Coshocton, Harrison, Belmont, Guernsy, Muskingham
Aug. 1, 2026	AA8: Hocking, Perry, Morgan, Noble, Monroe, Washington, Athens, Meigs

NextGeneration MyCare Ohio



Who Can Providers Reach Out to for Help with Next Generation MyCare?

Ohio Department of Medicaid

Help Desk	Who Should Call?	Types of Issues/Questions Supported
MyCare Ohio Conversion Questions MyCareOhioConversionQuestions@medicaid.ohio.gov	Current Next Generation MyCare providers	Questions or feedback about the Next Generation MyCare program
ODM Integrated Helpdesk (IHD) 800-686-1516 or IHD@medicaid.ohio.gov Monday - Friday: 8 a.m.–4:30 p.m. ET *Interactive Voice Response System (IVR) provides 24/7/365 access to information regarding client eligibility, claim and payment status, and provider information.*	Current Next Generation MyCare providers	OMES submitted claims, prior authorization, and other administrative tasks General Medicaid member eligibility Provider application, enrollment, or waiver support General Medicaid payment/billing
Local Area Agency on Aging *Hours vary by agency* 866-243-9678	Current Next Generation MyCare providers	PASSPORT claims and service authorizations Assisted Living claims and service authorizations
Next Generation MyCare plan hotlines *Hours vary by plan* Anthem Blue Cross and Blue Shield: 833-727-2370 Buckeye Health Plan: 833-998-4892 CareSource: 800-488-0134 Molina Healthcare of Ohio: 855-322-4079	Current Next Generation MyCare providers	Covered services and benefits Enrolling as a Next Generation MyCare provider

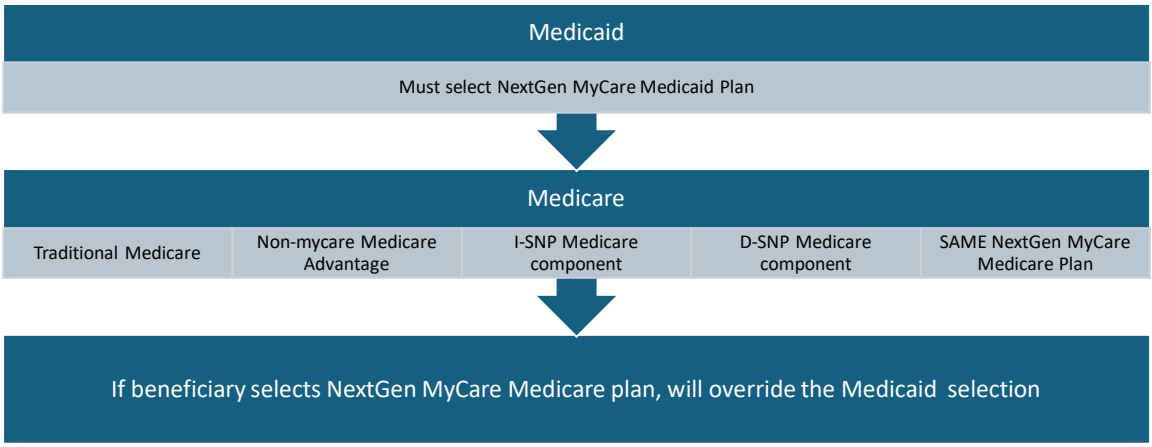
NextGeneration MyCare Ohio: Similarities

- No Opt-out for Medicaid, opt-out permitted for Medicare
- Must have Medicare Part A, B and D AND full Medicaid with no active TPL
- Includes all LTSS, including waiver services
- Excludes ID/DD population
- Maintains many existing provisions from current managed care provider manual

NextGeneration MyCare Ohio: Key Differences

- FIDE-SNP vs. ICDS (Cannot Mix Plans)
- Not required to contract with all providers
- Beneficiary chooses whether PAA or MCOP does care coordination for Waiver services
- Plans not assigned to regions
- Care coordinators manage all care and services*

NextGeneration MyCare Ohio: Plan Possibilities



NextGeneration MyCare Ohio: Contracting

Buckeye Health Plan – Contact Michael George (Michael.T.George@CENTENE.COM) for new provider contract questions. Existing Buckeye MyCare contracts require no additional documents.

Molina Healthcare of Ohio – Complete ODM application and have an active Medicaid ID, then submit the Ohio Provider Contract Request Form to OHContractRequests@MolinaHealthcare.com. No action needed for active contracts covering both Medicaid and Medicare. Updates shared via Provider Bulletin.

Anthem Ohio – OHCA member roster shared with Anthem. Existing Medicaid contracts will receive an "amendment by notification" within 2 months for MyCare inclusion unless you opt out. Contracting inquiries: OHLTSSProviderInquiries@anthem.com.

CareSource Ohio – Request an addendum through your organization's managed care contractor. If unknown, contact OHCA for assistance.

NextGeneration MyCare Ohio: Transitions for January 1

- Aetna and UHC members MUST select new plan or be placed using algorithm into one of four plans
- Medicare open enrollment October 15-December 8
- Medicaid open enrollment November 1-30
- Special Enrollment Period for Default Enrolled MyCare Medicaid January 1- March 2

Billing Stipulations and Considerations

- Must bill all claims submitted on or after January 1, 2026 to the new MyCare payer IDs
- Must bill all claims for MyCare Medicare and MyCare Medicaid to those IDs
- Must bill using the Medicaid ID number for MyCare Medicare and MyCare Medicaid
- Can utilize payer portals to submit claims if EDI is not configured timely
- Monitor all claims submissions daily for first 30 days to check for systemic rejections

Payer IDs

Payer	NextGen MyCare Medicare	NextGen MyCare Medicaid	Managed Medicaid (Non-MyCare)	Medicare Advantage (Non-MyCare)
Anthem	22147	22147	2937	2937
Buckeye	21583	21583	4202	68069
Caresource	21599	21599	3150	31114
Molina	21586	21586	7316	20149

Payer Portals

Anthem	http://www.availity.com/
Buckeye	Buckeye Health Plan Care Portal
CareSource	Caresource Provider Portal
Molina	Molina ePortal Services

Ongoing concerns and considerations

- Institutional pharmacies having issues with payer connectivity
- MCEs communicated issue with eligibility file sent to them, advised to use PNM
- Availity eligibility responses are inaccurate
- MCE facility roster inaccurate
- Escalated to ODM
- Result: Delays in cash flow for providers and possible delays in care for consumers

Authorization Turn Around Time Requirements

- Standard decisions: Up to 7 calendar days
- Expedited (could jeopardize members health or ability to regain maximum function: 48 hours

Concurrent Review and LOC

- MCOP must determine nursing facility level of care (LOC) for all Medicaid NF stays using applicable OAC rules and evaluate intermediate and skilled care concurrently.
- MCOP must validate PASRR Level I through the ODM-designated system for all NF admissions.If serious mental illness or developmental disability is indicated, OMHAS and/or DODD must issue a non-adverse PASRR Level II determination.
- Medicaid payment may not begin before PASRR requirements are met.
- MCOP must provide LOC determination documentation to the nursing facility.
- MCOP must accept the Ohio Medicaid Managed Care/MyCare Ohio NF Request Form when properly submitted for prior authorization and LOC determination.
- MCOP must maintain written documentation supporting the LOC decision.
- If LOC criteria are not met, MCOP must issue a Notice of Action (NOA) identifying the specific unmet criteria
- MCOP must submit a PASRR Report to ODM per Appendix P requirements.

- Beneficiaries will be auto-enrolled in plan on effective date and will have 60 days to change plans
  - April 1> May 30
  - May 1> June 30
  - June 1> July 30
  - July 1> August 30
  - August 1> September 30
- Medicare special enrollment period will be opened as well thirty days PRIOR to go live

Next Gen Phase Transitions

Next Gen Phase Transitions

- Plan benefits begin day one of the month following the date that they make a selection
- If member chooses FIDE-SNP Medicare plan during 30 day window, benefits begin first day of enrollment period.
  - EXAMPLE: Beneficiary chooses Molina MyCare Medicare on March 26. They have Molina for both Medicare and Medicaid April 1.
  - EXAMPLE 2: Beneficiary keeps traditional medicare during 30 day window. They are auto-assigned caresource on April 1, but they switch to Anthem On May 20. Anthem Medicaid becomes their plan on June 1.

Provider Preparation

90 days prior to go live

- ☐ Submit clearinghouse enrollment requests to all payers
  - Anthem
  - Buckeye (page 89)
  - Caresource
  - Molina (page 111)
- ☐ Take payer portal training (if not using clearinghouse)
- ☐ Add payers to EMR system

Establish GL Mapping for A/R, Revenue, Contractual Adjustments

Connect Ancillary codes to payer source as well as HCPCS codes

- ☐ Follow up on contract execution
- ☐ Watch PNM training videos
- ☐ Verify and update provider demographics and EFT info

Provider Preparation

60 days prior to go live

- ☐ Configure UB-04 claim forms in EMR
- ☐ Ensure NPI and Medicaid ID populate properly
- ☐ Configure SNF Room and Board Revenue Codes (see checklist)
- ☐ Establish case manager contacts for all plans
- ☐ Request communication preferences for admissions and SCS
- ☐ Ensure admissions staff have portal access

Provider Preparation

30 days prior to go live

- ☐ Submit test claims from EMR to clearinghouse
- ☐ Confirm EMR → Clearinghouse → Payer connectivity
- ☐ Obtain payer portal access as backup
- ☐ Request list of residents who elected your plan
- ☐ Confirm authorization process for go-live residents

OHCA Mycare Ohio Family Resources

Developed to help family members prepare for their decisions.

- In the assisted living version, we highlight considerations for beneficiaries with cognitive impairment and provide access to community resources.
- In the long-term care version, we address provider network affiliation, care coordination, and communication considerations.
- The ODM Handouts Document compiles all materials issued by the Ohio Department of Medicaid, including the transition schedule for each region and the official Frequently Asked Questions.

Resident and Family Conversations

- Talking points
  - Medicare Advantage Plans are not required to contract with all providers, only establish minimum network adequacy
  - As a provider, you are permitted to disclose which plans you are in-network with and which plans you are out-of-network with.
  - You cannot tell a resident which plan to pick

Resident and Family Communication

•**CMS MCMG rules** (42 CFR § 422.2266) distinguish between *communication* and *marketing* in healthcare settings; simply stating a plan is accepted is allowed, but promoting or steering enrollment is considered marketing.

•**Although primarily directed at MA plans**, providers can be implicated if their actions resemble soliciting or selling a plan, which may require licensure or implicate state law.

•**Noncompliance** may result in enforcement actions, including intermediate sanctions and civil monetary penalties.

Resident and Family Communication

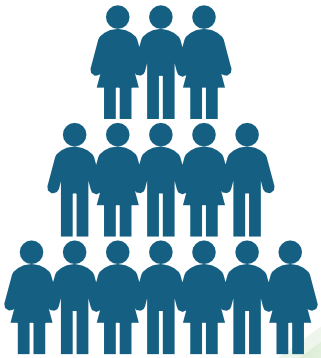
- FACT: Under traditional Medicare you have the right to use any health care provider or specialist that participates in Medicare. Medicare Advantage plans are permitted to restrict access to in-network providers or create financial incentives to use in-network providers (11534-Medicare-Rights-and-Protections.pdf)
- Train staff on **difference between education vs marketing**:
- Example: "We offer many Medicare coverage options. Here is a list of plans in our region and how to compare them" is education. "You should choose Plan X because it's better for you; I recommend enrolling now" may cross into marketing/steering.

Contracting

- Residents who live in your facility and are placed in a plan or choose a plan that you are out of network with must covered by the plan.
- Buckeye, Caresource and Molina all have an open panel for all LTSS providers (including SNF and AL Waiver)
- Anthem has a selective panel
  - Offering amendments to existing Anthem providers first
  - Screening providers who request a contract
  - Met network adequacy

Transitions of Care

- Facility has a specific case manager assigned, but the residents would have a community case manager if they are admitting from the community.
- Requires a transition in care managers if the beneficiary was living in the community prior to their skilled stay and move to long term care.
- Current residents would have one case manager for all care transitions.
- The Molina Transition Coordinator role is responsible for all continuity of care information (reports), authorizations, etc. The transition Coordinator works closely with the assigned care coordinator to ensure continuity of care.



AL Waiver Services

Delegation Strategies

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

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

Questions?

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