

# Helping Your Loved One Choose a MyCare Ohio Plan:

## An Assisted Living Family Resource



# What families need to know

If your loved one receives services through Ohio's Assisted Living Waiver, choosing the right health plan during open enrollment is one of the most important decisions you'll make. The right plan ensures they can continue receiving the care they need without service gaps and may offer extra supports for daily living.



In the Next Generation program, four plans will be available statewide:

- Anthem Blue Cross and Blue Shield
- Buckeye Health Plan\*
- CareSource
- Molina Healthcare of Ohio

For Assisted Living Waiver residents, your choice affects access to transportation for medical and personal needs, prescription drug coverage, and whether your preferred assisted living facility and doctors remain in-network.

*\*As of September 2025, Buckeye is only an option for current Buckeye enrollees*

# When can you choose a plan?

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Open Enrollment runs October 15 – December 7 each year for Medicare and November 1 – 30 for Medicaid

During this time, you can review available plans, compare benefits, and switch to the one that best fits your loved one's needs. If you do not choose a Medicaid plan, one will be assigned—so it's important to act during open enrollment.

## *Make a Selection for Medicaid*

- *Online: Visit [ohiomh.com](http://ohiomh.com) (the Ohio Medicaid Managed Care Enrollment Center).*
- *By Phone: Call the Ohio Medicaid Consumer Hotline at 1-800-324-8680 (TTY: 711).*
- *By Mail: Complete and return the enrollment form included in the packet on the website listed above.*

## *Make a Selection for Medicare:*

- *Select "Enroll" for the plan you want to join at [Medicare.gov/plan-compare](http://Medicare.gov/plan-compare).*
- *Contact the plan to join. You can call them or visit their website. You can also ask for a paper form to fill out and mail back to the plan, but they must get it before your enrollment period ends.*
- *Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.*

## Plan Combination Options

The NextGen MyCare Ohio is a Fully Integrated Dual Eligible Special Needs Plan (FIDE-SNP), and differs from the previous version in a very important way. If a beneficiary would like the plan to coordinate all of the care, as the model intends, they need to select that plan for both Medicare and Medicaid. However there are other options available

- Beneficiaries must enroll in a NextGen MyCare Medicaid Plan, but they can combine that with:
  - The same NextGen MyCare Medicare Plan for a fully integrated option
  - A non-NextGen MyCare Medicare Advantage plan, such as Humana Gold, or UHC AARP Medicare Advantage
  - Traditional Medicare

What beneficiaries cannot do is enroll in different NextGen MyCare Medicare and NextGen MyCare Medicaid plans. If they select a NextGen MyCare Medicare plan, it will also determine their NextGen MyCare Medicaid plan.





## care coordination and support

- **Ask** how the care team **supports** members with **cognitive impairment**, including help scheduling appointments, arranging transportation, and managing medications.
- Beneficiaries have the choice of using the local Area Agency on Aging or the Care Coordinator from the plan to manage care coordination for their waiver services. If you choose the AAA, there will still be a care coordinator from the plan to coordinate all other services

## assisted living service coverage

- **Verify** that the plan has **contracts** with your chosen **assisted living facility**.
- **Ask** about **availability** and timeliness of in-home or on-site services such as personal care aides, meal delivery, and respite care.
- **Check** whether the plan offers **extra supports** like fall prevention programs or memory care assistance

# considerations when selecting a plan

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## communication and accessibility

- Evaluate how the plan communicates with family/caregivers—are there secure online portals, regular check-ins, or caregiver hotlines.
- For cognitive impairment, choose a plan that offers clear, simplified communication and caregiver-inclusive decision making.

## prescription drug coverage

- Compare Medicare Part D formularies to ensure all current medications are covered without high copays.
- Ask about coverage for memory care medications or other specialty drugs, and if prior authorizations are required.
- Confirm the plan works with a preferred pharmacy or offers home delivery, which can reduce confusion and missed doses or more pages, containing details about a business, event, product, promotion, etc

## transportation options

- Review transportation benefits in each plan—how many trips are covered per month, whether escorts can accompany the member, and scheduling flexibility.
- For members with cognitive impairment, confirm the plan provides door-to-door assistance rather than curbside drop-off only.

## provider networks

- Ensure the member's primary care provider, specialists, and assisted living facility are in network.
- For cognitive care, confirm access to neurologists, geriatric psychiatrists, and memory clinics.
- Ask how the plan coordinates with behavioral health providers for dementia-related symptoms

# considerations when selecting a plan

## Differences between plans

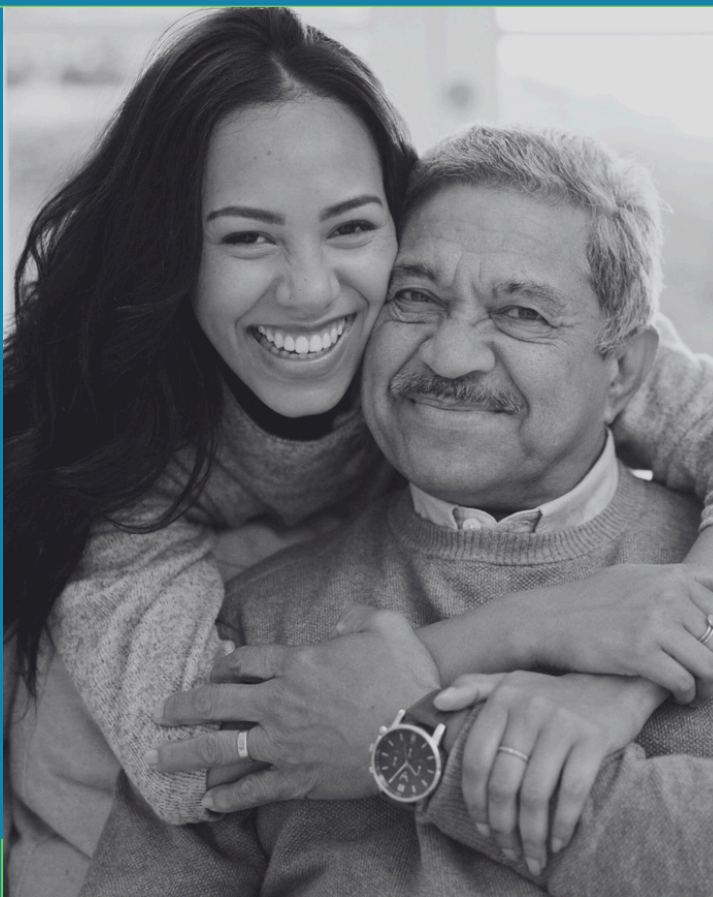
- Services & Extras – Look for value-added benefits such as caregiver training, wellness programs, or extra respite hours.
- Customer Service – Review hotline availability and response times.
- Ease of Access – Fewer prior authorization requirements and faster approvals can mean more timely care.

## Enrollment resources

- Ohio Medicaid Consumer Hotline: 800-324-8680 – help with plan comparisons and enrollment.
- Area Agency on Aging: 866-243-5678 – guidance on assisted living and PASSPORT services.
- OSHIP: 800-686-1578 – unbiased Medicare and Medicaid benefit counseling







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