

# Helping Your Loved One Choose a MyCare Ohio Plan:

A LTC Resident Family Resource



# What families need to know

If your loved one receives services in one of Ohio's long term care facilities, 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 help coordinate care across medical, behavioral health, and long-term care needs .



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

Each plan covers both Medicare and Medicaid benefits. Families should confirm whether the plan includes the long-term care facility and preferred providers in its 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

- One of the biggest benefits of MyCare is dedicated care coordination:
- Every member has a care coordinator to help manage medical, behavioral, and long-term care services.
- Members in assisted living also have a waiver service coordinator to oversee waiver services.
- This support helps ensure residents receive consistent care and reduces the burden on families.

## continuity of care

- If your loved one's current plan is Aetna Better Health of Ohio or UnitedHealthcare, those plans will end on December 31, 2025. Members will need to choose a new plan during open enrollment, or they will be auto-assigned to a Next Generation plan.
- If already enrolled with Buckeye, CareSource, or Molina, they can stay with their current plan unless they wish to switch.

# considerations when selecting a plan

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## transportation and extra benefits

- Plans may include benefits such as:
- Free transportation to medical and non-medical services (e.g., doctor visits, grocery store, haircuts)
- Wellness incentives and rewards
- Expanded in-home providers and shorter prior authorization times
- Families should compare these extras if they matter to the resident's lifestyle.

## communication and accessibility

- Families should ask whether important documents (care plans, benefit summaries, notices of action) will be provided in plain language, and whether translations or large-print/audio options are available if needed.
- Plans should commit to explaining coverage and next steps in ways residents and families can easily understand.
- Ask about the hours of availability for care coordinators and member services.

## prescription drug coverage

- If both Medicaid and Medicare are covered under one plan, prescriptions and over-the-counter drugs are included.
- Due to federal Medicare changes, some members may see new prescription costs regardless of plan.
- Families should review whether the plan covers the resident's current medications affordably.

## provider networks

- **Ensure** the member's primary care provider, specialists, and long term care 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

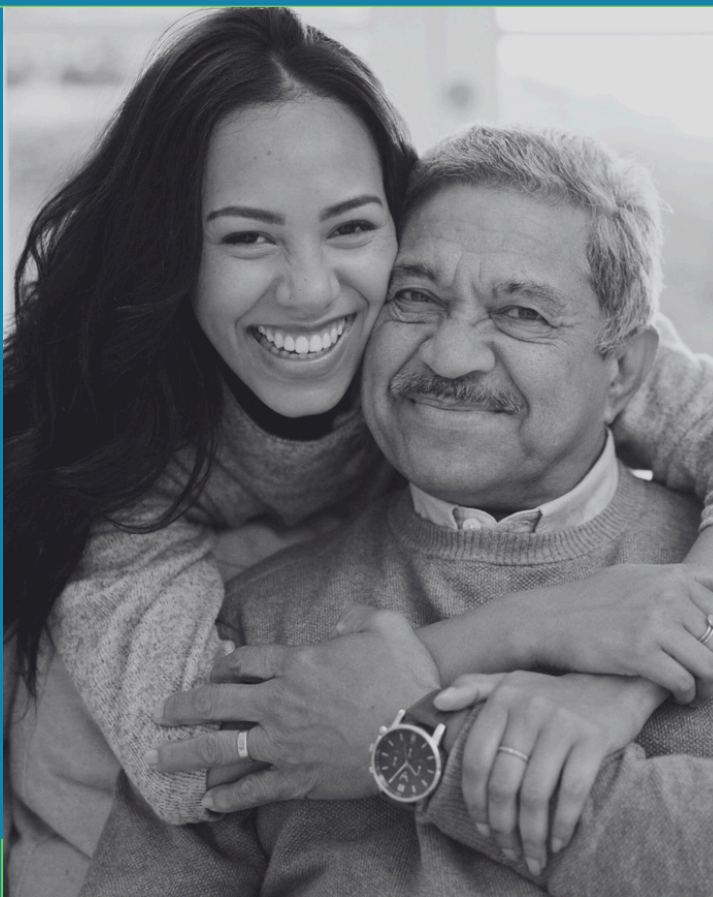
- Services & Extras – Look for value-added benefits such as caregiver training, wellness programs, or extra respite hours.
- Customer Service – Review hotline availability and response times.
- Ease of Access – Fewer prior authorization requirements and faster approvals can mean more timely care.

## 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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