Aetna Better Health® of Ohio
COE Duals Correspondence
PO Box 981106
El Paso, TX 79998

Aetna Better Health® of Ohio - Provider Notification of the Ohio Department of Medicaid MyCare Ohio Provider Agreement for MyCare Ohio Plan Termination

Notice of Termination

Dear Valued Provider,

We are writing to make you aware of important changes to Aetna Better Health of Ohio's MyCare Ohio plan.

Effective January 1, 2026, Aetna Better Health of Ohio will no longer serve members as a MyCare Ohio plan. Aetna Better Health of Ohio services outside of the MyCare Ohio plan, however, will not be impacted by this termination and continue operating in their current capacity. Potential impacts of this termination on providers are included below.

If you have additional questions about the Next Generation MyCare Ohio program, you can submit them to IHD@medicaid.ohio.gov or call the ODM Integrated Helpdesk at **(800) 686-1516** Monday through Friday 8 a.m. to 4:30 p.m. For additional resources related to MyCare, please visit the MyCare Ohio webpage on medicaid.ohio.gov to learn more.

Effective January 1, 2026, all MyCare members will receive a new member ID card from their Next Generation MyCare plan. Providers should update the member's ID card number to ensure appropriate billing. The following changes may require updates to the billing information.

For member enrollment:

Medicaid-only MyCare Ohio members currently enrolled in Aetna Better Health of Ohio will continue to receive services through Aetna Better Health of Ohio through December 31, 2025. As of January 1, 2026, all Medicaid-only MyCare Ohio members currently enrolled in Aetna Better Health of Ohio will be enrolled in and receiving Medicaid-only coverage from a Next Generation MyCare plan.

If members made a selection via Medicaid open enrollment and would like their MyCare Ohio plan to cover their Medicaid, Medicare, and prescription drug benefits, they may call the Ohio Medicaid Hotline at 1-800-324-8680.

For OMES submitted claims:

If a provider claim was submitted to Aetna Better Health of Ohio 365 calendar days from the date of service prior to January 1, 2026, the claim must be accepted. Any claims submitted after January 1, 2026, and fall outside the 365 calendar days of service, should be billed to the new Next Generation MyCare plan via the one front door.

For complaints:

Via standard processes, providers should utilize this link to submit any appropriate complaints: Provider Complaint Form.

For prior authorization redirection:

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For Medicaid-only Members:

- If you submitted a prior authorization for a Medicaid covered service and the service will be provided before January 1, 2026, no action is needed.
- If you submitted a prior authorization for a Medicaid covered service and it was approved before January 1, 2026, and the service will be provided after January 1, 2026, the new MyCare plan providing services to a member will honor the approved prior authorization.
- If you submitted a prior authorization for a Medicaid covered service and it is still being reviewed as of January 1, 2026, then you must submit the request to a member's new MyCare plan.
- If you submitted a prior authorization for a Medicaid-covered service that was denied before January 1, 2026, there are options available. Members have the right to appeal the denial with their original plan and may request a state hearing if the appeal is not resolved in their favor. Providers may also appeal the denial through the plan's standard process. Additionally, you can choose to request a prior authorization from the new Next Generation MyCare plan.

For Dual Benefit Members:

- If you submitted a prior authorization for a service or medication and the service or medication will be provided before January 1, 2026, no action is needed.
- If you submitted a prior authorization for a service or medication and it was approved before January 1, 2026, and the service or medication will be provided after January 1, 2026, the new MyCare plan providing services to a member will honor the approved prior authorization.
- If you submitted a prior authorization for a service or medication and it is still being reviewed as of January 1, 2026, then you must submit the request to a member's new MyCare plan.
- If you submitted a prior authorization for a service or medication and it was denied before January 1, 2026, there are options available to both members and providers. Members have the right to submit an appeal to their original plan and seek a state hearing if the appeal is not in their favor. Providers may also appeal the denial through the plan's standard process. Additionally, you can choose to request a prior authorization from the new Next Generation MyCare plan.

If you have any questions regarding this notice, please contact your provider liaison or Provider Services at **1-855-364-0974**.

Sincerely,
Provider Experience Department

Questions?
If you have general questions about this communication, please contact our **Provider Services Department:**
By Phone: 1-855-364-0974 (TTY: 711)
By Email: COEProviderServices@aetna.com