

Subject: Contracting to become a Next Generation MyCare Ohio Waiver care provider

Dear Care Provider:

Thank you for your interest in becoming a Next Generation MyCare Ohio Waiver care provider.

To be eligible for consideration, you must have an Anthem MyCare Ohio care provider number and be waiver certified for each MyCare waiver service you will provide. To begin waiver certification, visit <https://ohiohcbbs.pcgus.com> or call 8779081746.

As part of the process, we ask that you return the following completed documents (attached below) to OHLTSSProviderInquiries@anthem.com:

- Next Generation MyCare Waiver Care Provider Information Form
- IRS Form W-9 (enclosed for your convenience if needed)

What happens next

An assigned contractor will contact you to begin the contracting process. You will be sent an electronic contract packet for signature. Once it is signed, we will be automatically notified of the electronic signature. Once we confirm receipt and review these forms for accuracy, and you are officially contracted with us, your assigned contractor will work with our Provider Relationship Account Management to contact you to arrange for a MyCare care provider orientation.

We also encourage you to register with Availity Essentials. For information, visit [Availity.com](https://www.availity.com).

We are grateful for your partnership and services to MyCare Ohio people.

Sincerely,

Anthem

Enclosure(s):

Next Generation MyCare Ohio Waiver Care Provider Information Form
IRS Form W-9

Subject: Next Generation MyCare Ohio Waiver Care Provider Information Form

Date		Last name		First name	
DOB		Agency legal name			
Agency doing business as (d/b/a name)					
Tax ID		SSN		NPI	
Ohio Medicaid care provider number					
Primary office address				Suite	
Primary office city, state, and ZIP code					
Primary office phone		Primary office fax			
Primary office email					
Care provider type	<input type="checkbox"/> Independent <input type="checkbox"/> Agency				
Certifying agency	<input type="checkbox"/> ODA <input type="checkbox"/> ODJFS <input type="checkbox"/> Other:		Date of certification		

The MyCare waiver service(s) you intend to provide

You must already have certification from the Ohio Department of Job and Family Services (ODJFS) or the Ohio Department of Aging (ODA) for the services you mark below.

- | | |
|---|---|
| <input type="checkbox"/> Out-of-home respite services | <input type="checkbox"/> Waiver nursing services |
| <input type="checkbox"/> Adult day health services | <input type="checkbox"/> Home-delivered meals |
| <input type="checkbox"/> Waiver transportation | <input type="checkbox"/> Assisted living services |
| <input type="checkbox"/> Chore services | <input type="checkbox"/> Home care attendant |
| <input type="checkbox"/> Social work counseling | <input type="checkbox"/> Structured family care |
| <input type="checkbox"/> Emergency response services | <input type="checkbox"/> Enhanced community living services |
| <input type="checkbox"/> Home modification maintenance and repair | <input type="checkbox"/> Nutritional consultation |
| <input type="checkbox"/> Personal care services | <input type="checkbox"/> Independent living assistance |
| <input type="checkbox"/> Homemaker services | <input type="checkbox"/> Community transition services |

- ☐ Pest control
 ☐ Alternative meals services
- ☐ Community integration
- ☐ Home medical equipment and supplemental adaptive and assistive device services

Select which applicable counties you can provide services in:

* Indicates current MyCare county

<input type="checkbox"/> Adams	<input type="checkbox"/> Fairfield	<input type="checkbox"/> Licking	<input type="checkbox"/> Portage*
<input type="checkbox"/> Allen	<input type="checkbox"/> Fayette	<input type="checkbox"/> Logan	<input type="checkbox"/> Preble
<input type="checkbox"/> Ashland	<input type="checkbox"/> Franklin*	<input type="checkbox"/> Lorain*	<input type="checkbox"/> Putnam
<input type="checkbox"/> Ashtabula	<input type="checkbox"/> Fulton*	<input type="checkbox"/> Lucas*	<input type="checkbox"/> Richland
<input type="checkbox"/> Athens	<input type="checkbox"/> Gallia	<input type="checkbox"/> Madison*	<input type="checkbox"/> Ross
<input type="checkbox"/> Auglaize	<input type="checkbox"/> Geauga*	<input type="checkbox"/> Mahoning* <input type="checkbox"/>	<input type="checkbox"/> Sandusky
<input type="checkbox"/> Belmont	<input type="checkbox"/> Greene*	Marion	<input type="checkbox"/> Scioto
<input type="checkbox"/> Brown	<input type="checkbox"/> Guernsey	<input type="checkbox"/> Medina*	<input type="checkbox"/> Seneca
<input type="checkbox"/> Butler*	<input type="checkbox"/> Hamilton*	<input type="checkbox"/> Meigs	<input type="checkbox"/> Shelby
<input type="checkbox"/> Carroll	<input type="checkbox"/> Hancock	<input type="checkbox"/> Mercer	<input type="checkbox"/> Stark*
<input type="checkbox"/> Champaign	<input type="checkbox"/> Hardin	<input type="checkbox"/> Miami	<input type="checkbox"/> Summit*
<input type="checkbox"/> Clark*	<input type="checkbox"/> Harrison	<input type="checkbox"/> Monroe	<input type="checkbox"/> Trumbull*
<input type="checkbox"/> Clermont*	<input type="checkbox"/> Henry	<input type="checkbox"/> Montgomery*	<input type="checkbox"/> Tuscarawas
<input type="checkbox"/> Clinton*	<input type="checkbox"/> Highland	<input type="checkbox"/> Morgan	<input type="checkbox"/> Union*
<input type="checkbox"/> Columbiana*	<input type="checkbox"/> Hocking	<input type="checkbox"/> Morrow	<input type="checkbox"/> Van Wert
<input type="checkbox"/> Coshocton	<input type="checkbox"/> Holms	<input type="checkbox"/> Muskingum	<input type="checkbox"/> Vinton
<input type="checkbox"/> Crawford	<input type="checkbox"/> Huron	<input type="checkbox"/> Noble	<input type="checkbox"/> Warren*
<input type="checkbox"/> Cuyahoga*	<input type="checkbox"/> Jackson	<input type="checkbox"/> Ottawa*	<input type="checkbox"/> Washington
<input type="checkbox"/> Darke	<input type="checkbox"/> Jefferson	<input type="checkbox"/> Paulding	<input type="checkbox"/> Wayne*
<input type="checkbox"/> Defiance	<input type="checkbox"/> Knox	<input type="checkbox"/> Perry	<input type="checkbox"/> Williams
<input type="checkbox"/> Delaware*	<input type="checkbox"/> Lake*	<input type="checkbox"/> Pickaway*	<input type="checkbox"/> Wood*
<input type="checkbox"/> Erie	<input type="checkbox"/> Lawrence	<input type="checkbox"/> Pike	<input type="checkbox"/> Wyandot

If all services do not apply to every county selected above, explain why here:

Attached for convenience:



IRS Form W-9.pdf