



Department of
Medicaid

Next Generation MyCare

2026



Member portal

Buckeye Health Plan–MyCare Ohio

Member Name: <Cardholder Name>

Member ID: <Cardholder ID#>

MMIS Number: <Medicaid Recipient ID#>

PCP Name: <PCP Name>

PCP Phone: <PCP Phone>

<CMS Contract #> <Plan Benefit Package #>

Medicare^{Rx}
Prescription Drug Coverage

RxBIN: <RxBIN #>

RxPCN: <RxPCN#>

RxGRP: <RxGRP#>

RxID: <RxID#>

*** Buckeye Medicaid Member Only ***

In an emergency, call 9-1-1 or go to the nearest emergency room (ER) or other appropriate setting. If you are not sure if you need to go to the ER, call your PCP or the 24-Hour Nurse Advice line.

Member Services: 1-866-549-8289, TTY: 711

Behavioral Health Crisis: 1-866-549-8289, Opt. 4

Care Management: 1-866-549-8289, Opt. 3

24-Hour Nurse Advice: 1-866-549-8289, TTY: 711

Website: <http://mmp.BuckeyeHealthPlan.com>

Send Medicaid claims to: Buckeye Health Plan
PO Box 6200
Farmington, MO 63640

Eligibility

Verification: 1-866-246-4358

Claim Inquiry: 1-866-246-4358

*Note: Member is eligible for Medicare through original Medicare or another health plan. You must submit Medicare claims to the member's primary care insurance.