



To: MyCare Ohio Stakeholders  
Date: March 5<sup>th</sup>, 2024  
Subject: MyCare Informational Update

The Ohio Department of Medicaid (ODM) has officially begun work on the procurement of the Next Generation of MyCare Ohio. In the coming months, ODM will release a request for applications for managed care plans to serve as the MyCare Ohio plans as we transition out of the Financial Alignment Initiative demonstration and move toward a Fully Integrated Dual-Eligible Special Needs Plan (FIDE SNP) model. Plans awarded the contract will need to notify CMS of their intent to establish a FIDE SNP in Ohio by the fall of this year in order to be authorized to begin operations by the end of the demonstration which concludes at the end of calendar year 2025. Beginning in January of 2026, the selected FIDE SNPs will begin covering the full Medicare and Medicaid benefits for those who qualify in the current 29 demonstration counties, with statewide expansion as expeditiously as possible.

In the fall of 2022, ODM released its MyCare Conversion Charter and Principles (see [here](#)) and completed a series of meetings around the state to engage members, advocates, providers, current D-SNPs, and many others. ODM is grateful for everyone who offered feedback during this process, and we are committed to incorporating it in developing the new MyCare program, just as we did in the Next Generation of Medicaid managed care.

We will be announcing shortly a series of in-person meetings throughout the state with dual-eligible Ohioans as well as virtual meetings with provider stakeholders over the coming months. In these meetings, we expect to hear the experiences and suggestions of Ohioans enrolled in both Medicare and Medicaid navigating the healthcare system and the providers who serve them. We are also reopening the MyCare Conversion email and inviting stakeholders to send comments and suggestions to [MyCareConversionQuestions@medicaid.ohio.gov](mailto:MyCareConversionQuestions@medicaid.ohio.gov). The additional feedback we receive will be invaluable to us as we move toward full implementation.

In order to assure the highest quality services for Medicaid members and, as with all competitive selections, the timing and release of information must be done in a way that safeguards the integrity of the selection process. Please send your questions to the MyCareQuestions link above.