

MyCare Ohio Replacement Program (FIDE-SNP)

Background:

- The existing MyCare Ohio program is a time-limited demonstration authorized by CMS to test integrated care for beneficiaries eligible for both Medicare and Medicaid (dual eligibles).
- The General Assembly in 2013 gave ODM statutory authority to participate in the MyCare demonstration under the rubric “integrated care delivery system” or “ICDS.”
- The demonstration was not altogether successful, as shown by CMS’s official evaluation of the program.
- As a result, CMS is terminating the demonstration, effective December 31, 2025, to be replaced by a program that uses fully-integrated dual eligible special needs plans (FIDE-SNPs) under pre-existing CMS regulations. As is the case for all Medicare products, dual-eligible beneficiaries cannot be forced into a FIDE-SNP, but may enroll at their free choice.
- ODM is proposing to add to the CMS-regulated FIDE-SNP program a mandatory Medicaid managed care component for dual-eligible individuals (managed long-term services and supports or MLTSS) who do not choose to enroll in a FIDE-SNP.
- Pursuant to statutory authority, ODM currently operates a mandatory MLTSS program alongside the MyCare demonstration. It is specifically not part of the demonstration itself because it does not integrate care as intended by CMS.
- In 2018, a legislative study committee opted not to recommend Ohio move to MLTSS outside of MyCare.
- Save for a single temporary-law reference in HB 33 in a different context, ODM has no statutory authority for the FIDE-SNP program and no authority at all for the mandatory MLTSS adjunct that is not actually part of the FIDE-SNP program. Current law prohibits including long-term services and supports in Medicaid managed care without express legislative action.
- ODM is proceeding to implement the FIDE-SNP program and the mandatory MLTSS adjunct without seeking legislative authorization.

Proposal:

- Provide ODM with express statutory authority to operate the FIDE-SNP program on a permanent basis, within legislatively-determined guardrails.
- This statutory authority would not include the mandatory MLTSS program, ensuring that dual-eligible beneficiaries have free choice for both their Medicare and Medicaid coverage.
- ODM’s selling points for the FIDE-SNP program all emphasize the benefits of integrated care (combining Medicare and Medicaid benefits under a single managed care plan). Mandatory MLTSS is not integrated care because the beneficiary’s Medicare coverage is not under the same plan.

- Additionally, the legislation would establish the following statutory protections for beneficiaries and providers, most of which would be implemented through ODM's contract with the FIDE-SNPs (called a state Medicaid agency contract or SMAC):
 - Limit the FIDE-SNP program to the existing MyCare regions, as permitted by federal regulations, by amending the HB 33 temporary law on statewide expansion of MyCare.
 - Ensure that FIDE-SNPs cannot pay providers less than fee-for-service rates, which is a feature of existing MyCare for certain Medicaid providers. The legislation would expand this protection to all post-acute and long-term services and supports providers and apply it to both Medicare and Medicaid rates.
 - Prohibit auto-enrollment or default enrollment of dual-eligible beneficiaries into FIDE-SNPs.
 - As is the case for existing MyCare and as permitted by CMS regulations, exempt people receiving services in Ohio's developmental disabilities system from the FIDE-SNP program.
 - Require FIDE-SNPs to contract with all willing, Medicare/Medicaid-certified providers operating in the MyCare regions.
 - Ensure beneficiaries have timely access to medical transportation.
 - Require MCOs to continue coverage for SNF residents determined not to meet medical necessity until the plan finds a safe discharge destination.
 - Require FIDE-SNPs to develop value-based purchasing programs with providers.
 - Ensure timely payment of claims.
 - Mandate timely authorization of post-acute and long-term services and supports.
 - Ensure ongoing, bidirectional communication between plans and providers.
 - Maintain in the FIDE-SNP program the role that area agencies on aging have in MyCare and require ODM to create a uniform definition of waiver service coordination.
 - Require a uniform system for beneficiary and provider appeals.
 - Specify that ODM creates a stakeholder advisory group for the new program.
 - Ensure ODM operates a beneficiary and provider complaint system for the new program.