

STATE: MINNESOTA

ATTACHMENT 3.1-A

Effective: January 1, 2027

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Approved:

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29. **Integrated Care Models (FFS Primary Care Case Management)**

Integrated Health Partnership (IHP). IHP entities provide FFS primary care case management services under authority of § 1905(t) of the Social Security Act, which includes location, coordination and monitoring of health care services. The state ensures that it will comply with the applicable beneficiary protections in § 1905(t)(3) as described below. IHP entities are under contract to share costs and savings gained or lost on the total cost of care for certain services provided on a fee-for-service (FFS) basis. Beginning January 1, 2018, Track 1 and Track 2 IHP entities will receive population-based payments for the provision of evaluation, intervention, and health improvement activities of its attributed patients. Beginning January 1, 2027, Track 1 and Track 2 IHP entities may share savings gained based on overall program savings for the total cost of care for certain services provided on a fee-for-service (FFS) basis. Payments for shared-savings will only be made to eligible IHP entities when the state determines the program has generated sufficient savings overall.

Medical assistance beneficiaries are free to choose from any qualified provider, and IHP entities are not under contract to provide medical assistance covered services for a fixed price. Providers who are participating with IHP entities will provide services and submit claims in accordance with fee-for-service requirements.

Track 1 and track 2 IHP entities have the following characteristics: track 1 & 2 IHPs have contracts that begin January 1, 2018, or after, and they have agreed to be evaluated on utilization and health equity metrics. Additionally, both track 1 and track 2 IHP entities will receive population-based payments. A track 2 entity differs from a track 1 entity because of its ability to manage the risk of loss. Track 2 IHP entities will share costs and savings gained or lost on the total cost of care for certain services provided on a fee-for-service basis.

IHP entities must be under contract with the state and have demonstrated through the procurement process that:

- The delivery system includes or coordinates the full scope of primary care services;
- Methods and approaches are in place to coordinate care across the spectrum of services included in the payment model;
- Partnerships are in place between the IHP entity and community-based organizations and public health resources will be in place;
- A process is in place to engage patients and their families meaningfully in the care they receive;
- The delivery system has the capacity to receive data from the state via secure electronic processes;