

STATE: MINNESOTA

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ATTACHMENT 4.19-B

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~~25b.29~~ **Integrated Care Models (FFS Primary Care Case Management)**

Integrated Health Partnership (IHP) Demonstration, Payment Adjustment
(continued).

Gain- and Loss-Sharing for Track 2 IHP Providers. Track 2 IHP entities must accept some risk for losses, in addition to the potential for shared gains. There is no minimum loss-sharing threshold that the provider must accept. Gains and losses are shared between the demonstration provider and the state at negotiated proportions. The state will eliminate shared losses for any month(s) where at least 20% of an IHP's attributed population resides in a county or counties that are impacted by an extreme and uncontrollable circumstance. The state will use the determination of an extreme and uncontrollable circumstance by the HHS Secretary for the Center for Medicare and Medicaid's (CMS) Quality Payment Program, including the identification of affected geographic areas and applicable time periods, for purposes of determining the applicability of the extreme and uncontrollable circumstances policies with respect to the IHP program. When at least 20% of an IHP's attributed population resides in a region that is impacted by a declared extreme and uncontrollable circumstance, then the state would reduce shared losses by an amount determined by multiplying the shared losses by the percentage of the total months in the performance year affected by the extreme and uncontrollable circumstance, and the percentage of the Integrated Health Partnership's (IHP) assigned beneficiaries who reside in an area affected by the extreme and uncontrollable circumstance.

Quality Measures. As noted above, gain-sharing payments will be affected by quality measures. For legacy IHP providers, the measure for reporting data in accordance with requirements will have a 25% effect on the shared savings payments in year 1; meaning that 25% of the dollar amount saved shall be reducible by the percentile score calculated for this measure. For year 2, the quality measures will have a 25% effect on the shared savings payments. For year 3, the quality measures will have a 50% effect. For all subsequent years, the effect of the quality measures will be negotiated between the Department and the demonstration provider.

For track 2 IHP providers, the effect of the quality measures will be negotiated between the Department and the demonstration provider. The effect of the quality measures shall be no more than 50%, and no less than 25%.

For track 1 and track 2 providers, the Department shall determine each entity's ability to continue receiving population-based payments in year 4 and thereafter, based on the entity's performance on select quality measures.