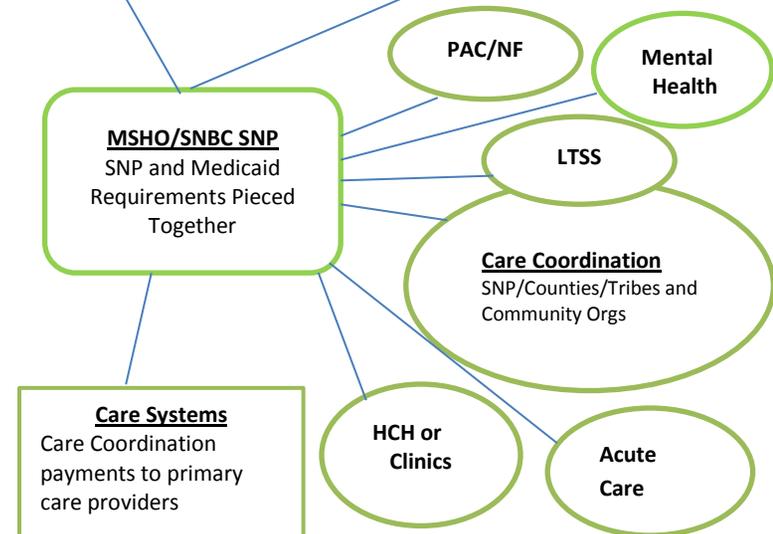


Appendix I: Related Purchasing Models

Current Programs

Aligned Financing



Care Systems
 Care Coordination payments to primary care providers
 Sub-capitation or virtual caps for TCOC
 Gain and risk sharing
 Some include Mental Health or LTC providers
 Enrollee choice of care system
 Serves people in all settings
 May or may not be HCH
 Outcome measures set by SNP

Acronyms
 CD=Chemical Dependency
 CMS=Centers for Medicare and Medicaid
 FFS=fee for service
 HCH=Health Care Home
 ICSP=Integrated Care System Partnership
 LTSS=Long Term Services and Supports
 MMICO=Medicare Medicaid Integrated Care Organization
 MSC+=Minnesota SeniorCare Plus
 MSHO=Minnesota Senior Health Options
 PAC=Post Acute Care
 NF= Nursing Facility
 SNBC=Special Needs BasicCare
 SNP=Medicare Advantage Special Needs Plan
 SMI=Serious Mental Illness
 TCOC= Total Cost of Care

Dual Demo Integrated Financing

4/23/2012

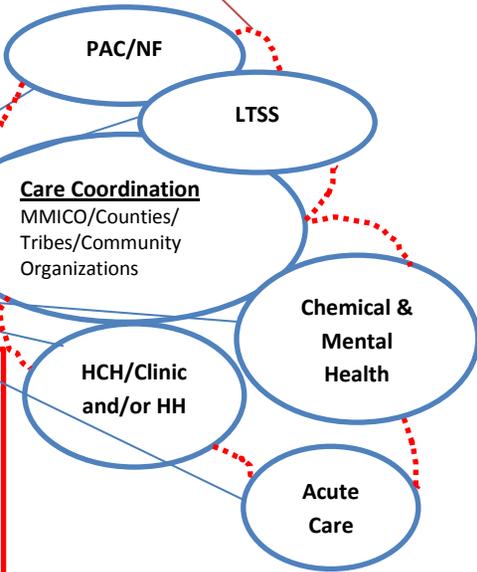
Integrated Medicaid and Medicare Three Way Contracts and Payments
 CMS State MMICO
 -Shared Medicare Savings with State
 -Includes Medicare, Part D, current Medicaid State plan and LTSS (seniors)
 -SNBC LTSS FFS with shared accountability
 -Seamless transition of MSHO members
 -MSC+/SNBC members added with opt out
 -SNBC Phase 2

MMICO DEMO PLANS
 Medicare and Medicaid Integrated Care Organizations
 Contract Requirements and Risk

Model 3: Specialized ICSPs
Mental, Chemical and Physical Health
 -DHS establishes criteria for integrated chemical, mental and physical health care system models for people with SMI enrolled in SNBC under the demonstration
 - DHS issues RFP
 -Requires partnership between county, MMICO, primary care, chemical and mental health providers
 - Could also include non-dual SNBC members
 -Additional details TBD with Chemical and Mental Health and Continuing Care
 -Exploring Health Homes and/or HCH as part of model
 - Standardized outcome measures
 -Dependent on viable Medicare financing under demo for dual eligibles with disabilities

Model 2: Integrated Care System Partnerships (ICSP)
 DHS establishes criteria for model options for ICSPs including:
 -Primary care/payment reforms
 -Integrated care delivery
 -TCOC accountability and options for risk/gain sharing arrangements
 --Opportunities for PAC/NF/LTSS/MH/CD providers
 -HCH Certification/Transition to HCH
 -Enrollee choice of ICSP
 -Incentives to serve people across all settings
 -Standardized outcome measures
New ICSPs
 -DHS Issues RFPs to stimulate additional ICSPs
 -Provider/MMICO Partnership required for response
 -DHS sets payment and risk/gain options and parameters
Existing Care Systems
 -DHS evaluates current care systems arrangements, those meeting or exceeding criteria would be considered ICSPs
 -Transition to HCH if not already HCH
 -Standardized outcome measures

Virtual Care Systems
 Communication Tools
Model 1



Market Incentives and Stimulation

