

## **Table of Contents**

**State/Territory Name: Minnesota**

**State Plan Amendment (SPA) #: 22-0023**

This file contains the following documents in the order

listed:1) Approval Letter

2) CMS 179 Form/Summary Form (with 179-like data)

3) Approved SPA Pages

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
Center for Medicaid & CHIP Services  
233 North Michigan Ave., Suite 600  
Chicago, Illinois 60601



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**Financial Management Group**

September 29, 2022

Cynthia McDonald  
Assistant Commissioner and Medicaid Director  
Health Care Administration  
State of Minnesota, Department of Human Services  
540 Cedar Street PO Box 64983  
ST. Paul, MN 55167-0983

RE: TN 22-0023

Dear Ms. McDonald:

We have reviewed the proposed State Name State Plan Amendment (SPA) to Attachment 4.19-B, MN-22-0023, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on May 16, 2022. This plan amendment updates the language for the Integrated Health Partnership Demonstration (IHP).

Based upon the information provided by the State, we have approved the amendment with an effective date of July 1, 2022. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact DRR analyst name at 1-312-886-0360 or [Deborah.Benson@cms.hhs.gov](mailto:Deborah.Benson@cms.hhs.gov).

Sincerely,



Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 2 — 0 0 2 3

2. STATE

MN

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX  XXI

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2022

5. FEDERAL STATUTE/REGULATION CITATION

Section 1905(a)(25) of the Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2022 \$ 0  
b. FFY 2023 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

4.19-B page 81

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

same

9. SUBJECT OF AMENDMENT

Integrated Health Partnership Demonstration payment adjustment change.

10. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE

[Redacted Signature]

12. TYPED NAME

Patrick Hultman

13. TITLE

Deputy Medicaid Director

14. DATE SUBMITTED

May 16, 2022

15. RETURN TO

Alley Zoellner  
Minnesota Department of Human Services  
Federal Relations Unit  
540 Cedar Street, PO Box 64983  
Saint Paul, MN 55164

**FOR CMS USE ONLY**

16. DATE RECEIVED

May 16, 2022

17. DATE APPROVED

September 29, 2022

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

July 1, 2022

19. SIGNATURE OF APPROVING OFFICIAL

[Redacted Signature]

20. TYPED NAME OF APPROVING OFFICIAL

Todd McMillion

21. TITLE OF APPROVING OFFICIAL

Director, Division of Reimbursement Review

22. REMARKS

STATE: MINNESOTA

Effective: July 1, 2022

TN: 22-23

Approved: September 29, 2022

Supersedes: 17-25, 15-15 (13-01,  
11-31)

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.