

Subject County-Administered Rural Medical Assistance Model

Authors Fischer

Analyst Randall Chun

Date February 14, 2024

Overview

This bill requires the commissioner of human services to develop a county-administered rural medical assistance (CARMA) model as an alternative to county participation in the prepaid medical assistance program (PMAP). Under current practice, county boards have the option of delivering services through county-based purchasing plans, which are responsible for providing all services required by PMAP through their own provider networks, in return for receiving capitation payments from the Department of Human Services. The bill requires the commissioner to report recommendations and an implementation plan for the CARMA model to the legislature by January 15, 2025.

Summary

Section	Description
---------	-------------

1	County-administered rural medical assistance model.
---	--

Subd. 1. Model development. (a) Requires the commissioner of human services, in collaboration with the Association of Minnesota Counties and county-based purchasing plans, to develop a county-administered rural medical assistance (CARMA) model and a detailed implementation plan.

(b) Requires the CARMA model to be designed to:

- 1) provide a county-owned and administered alternative to the prepaid medical assistance program;
- 2) facilitate greater integration of health care and social services to address social determinants of health in rural communities, with the degree of integration varying by county needs and resources;
- 3) account for the small number of MA enrollees and locally available providers in rural communities; and
- 4) promote greater accountability for health outcomes, health equity, customer service, community outreach, and cost of care.

Section	Description
---------	-------------

Subd. 2. County participation. Requires the model to give each rural county the option of participating, and to include a process for the commissioner to determine whether and how a county can participate.

Subd. 3. Report to legislature. (a) Requires the commissioner to report recommendations and an implementation plan for the CARMA model to the legislature by January 15, 2025. Requires the model and recommendations to address the issues and consider the recommendations made by a mediation panel and provided to the commissioner, that were not contingent on the outcomes of recent litigation between county-based purchasing plans and DHS.

(b) Requires the report to identify the clarifications, approvals, and waivers needed from the Centers for Medicare and Medicaid Services, and to include any draft legislation necessary to implement the CARMA model.

2 **Appropriation.**

Appropriates money in fiscal year 2025 from the general fund to the commissioner of human services to develop a CARMA model and implementation plan, and a report to the legislature.



**MN HOUSE
RESEARCH**

Minnesota House Research Department provides nonpartisan legislative, legal, and information services to the Minnesota House of Representatives. This document can be made available in alternative formats.

www.house.mn.gov/hrd | 651-296-6753 | 155 State Office Building | St. Paul, MN 55155