

# MANAGED CARE ORGANIZATIONS IN MINNESOTA

House Health Finance and Policy Committee  
February 2, 2021



# PARTICIPATING MANAGED CARE ORGANIZATIONS

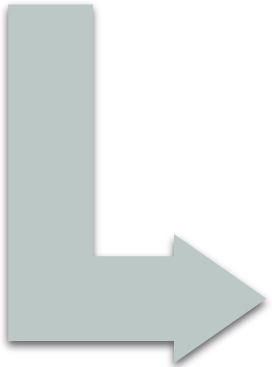


# PMAP: STATE AND MCO PARTNERSHIP



State

- Decides what services and treatments are covered.
- Decides who is eligible and then signs people up.
- Pays insurers a set amount per person for all covered services.



MCOs

- Work with providers, pharmacists and community services to ensure access to care.
- Manage delivery of services and their authorization or referral.
- Provide additional benefits and alternative services that are cost effective and medically necessary to the needs of the member.

# BENEFITS TO THE STATE



# BENEFITS TO ENROLLEES: MEETING PEOPLE WHERE THEY ARE IN THE SPECTRUM OF CARE



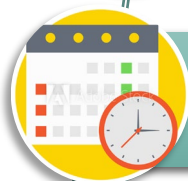
Coordinate medical care and community-based services.



Spot gaps in members' care and address those needs.



MCO's robust network of providers offers culturally competent and person-centered care.



Ensure that people get the appointments they need and have appropriate transportation.



Create predictability for about 1M people who get care through Medicaid and MinnesotaCare.

# COMMITMENT & ACCOUNTABILITY

- **DHS and other state agencies:**
  - Make sure MCOs are in line with the rules set by the state.
  - Measure MCOs' performance based on the goals established in their contracts.
  - Regularly present independent audits and reports to the Legislature showing MCOs' financial accountability.
  - Make financial reports available for review.







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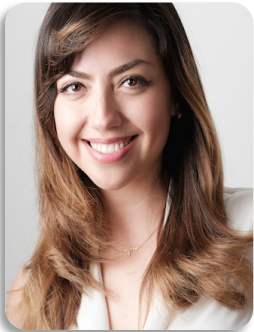
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