



The Minnesota Association of County Health Plans (MACHP) represents Minnesota's three county-based purchasing (CBP) plans serving more than 80,000 Minnesota Health Care Programs (MHCP) enrollees across 32 rural counties.

COUNTY-ADMINISTERED RURAL MEDICAL ASSISTANCE

- County-based plans have been successfully serving public programs enrollees across Greater Minnesota for more than 40 years. 32 counties now serve about 80,000 Minnesota Health Care Programs (MHCP) enrollees under the county-based purchasing (CBP) model started in the 1980s.
- County commissioners, who govern these plans, are passionate about the importance of local, county-based care delivery, integration with other county services, partnering with our local providers and supporting our local communities. It makes for great care and outstanding outcomes.
- We have had disputes with DHS over Minnesota's current CBP laws that passed on a bi-partisan basis in 1997. CARMA is an important opportunity to move past that.
- **CARMA HISTORY:**

In 2022 the CARMA model was first proposed by mediators in that year's disputed MHCP procurement. After years of disagreements with DHS over county authority in procurements under current CBP law, **mediators felt it was time for counties and DHS to build something better together**.

In 2023, the first CARMA Work Group met and has engaged in nearly monthly Steering Committee meetings, with dozens of sub-group meetings, ever since.

In 2024, we passed bi-partisan legislation directing creation of the CARMA model along with a detailed implementation plan.

In 2025, we are introducing the CARMA model legislation and implementation plan.

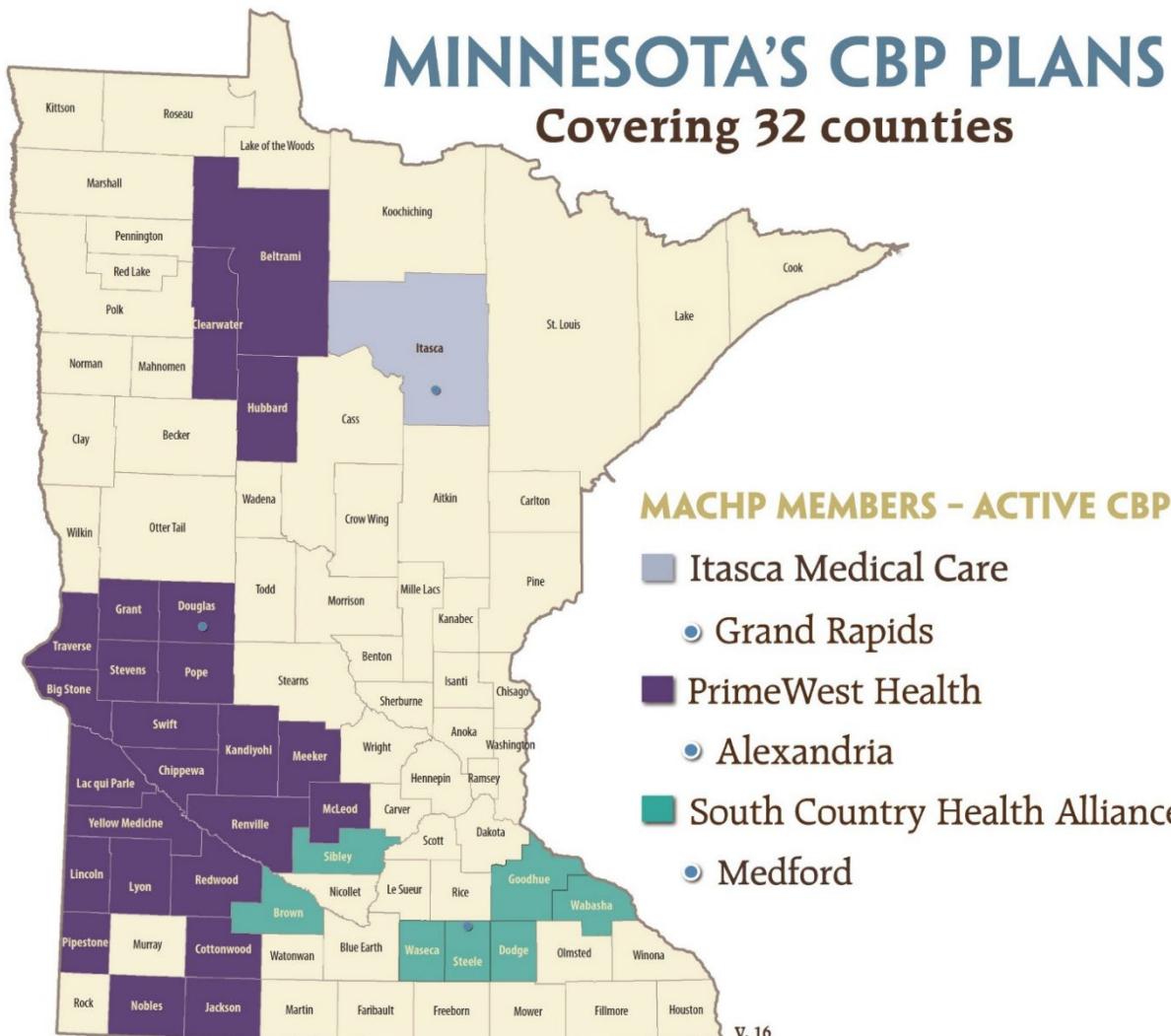
- **WHAT IS CARMA?** – CARMA is a new and innovative, county-based approach to serving MHCP enrollees building on the current CBP model in Minnesota (§256B.692). CARMA is a distinct, county owned and administered alternative to the Prepaid Medical Assistance Program (PMAP), featuring greater integration of health care, public health and social services to address Health Related Social Needs (HRSN). It seeks to account for the smaller number of Medical Assistance enrollees and providers in rural counties, and to promote greater accountability for outcomes.
- **KEY CARMA ELEMENTS** - CARMA moves from a convoluted PMAP procurement process to direct multi-year contracting, allowing stability and time for real results. Rural counties that choose to conduct CARMA, with DHS approval, will replace PMAP with CARMA. CARMA has a unique focus on integration of care with county social services, public health and other county programs and services, particularly in the area of Health-Related Social Needs (HRSN).
- CARMA enjoys strong support from Minnesota's counties, and strong, bi-partisan support among state lawmakers.



MINNESOTA ASSOCIATION OF County Health Plans

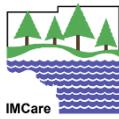


The Minnesota Association of County Health Plans (MACHP) is an alliance of the state's three county-based purchasing (CBP) plans serving **more than 80,000 members** enrolled in Minnesota Health Care Programs (MHCP) each month across 32 counties of Greater Minnesota. Minnesota legislators wrote CBP into state law in the 1990s – a distinct and unique model, owned and operated by the counties they serve. CBP empowers participating counties to exercise local decision-making, self-determination, and community-specific innovations toward improving individual health, population health, and health equity, while reducing health care costs. The result is **better health outcomes and quality of life** for residents enrolled in MHCP.



Itasca Medical Care

Headquartered in
Grand Rapids and owned and
governed by Itasca County.



PrimeWest Health

Headquartered in
Alexandria and owned and
governed by 24 counties.



South Country Health Alliance

Headquartered in
Medford and owned and
governed by 7 counties.

