

## Minnesota Senior Health Options (MSHO)

<b>Start Date</b>	1997
<b>Target Group</b>	Older persons (65+) who are dually eligible for Medicaid and Medicare, whether or not they have long-term service needs.
<b>Service Area</b>	Nearly statewide (83 of 87 counties)
<b>Medicaid Enrollment Policy</b>	Voluntary. Program benefited from one-time passive enrollment with Part D implementation in 2006.
<b>Persons Enrolled 2011</b>	36,000
<b>Contractors</b>	8 private and county-based plans
<b>Scope of Medicaid Capitation</b>	All Medicaid services, including primary and acute health care, HCBS, and up to 180 days of institutional long-term services. Behavioral services are also included. (Medicare services are also fully capitated in a separate payment to Minnesota Senior Health Options from the Medicare program.)
<b>Approach to Medicare</b>	Fully integrated.
<b>Authorities</b>	<b>§1915(a) authority and §1915(c) waiver.</b> When this program began in 1997, it was an experimental model to combine Medicaid and Medicare and integrate financing for primary and acute health services and long-term services under a §1115 waiver. By renewal time, other states had developed combination approaches, and Minnesota decided to change to the (a)(c) combination at that time. Medicare authority also shifted over time, from special payment authority and variances under the Medicare statute, to Medicare Special Needs Plan authority.

**For more information:**

[http://www.dhs.state.mn.us/main/idcplg?IdcService=GET\\_DYNAMIC\\_CONVERSION&dDocName=id\\_006271&RevisionSelectionMethod=LatestReleased](http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&dDocName=id_006271&RevisionSelectionMethod=LatestReleased)