

# Model Overview

In February 2013 the Center for Medicare and Medicaid Innovation (CMMI) awarded Minnesota a State Innovation Model (SIM) testing grant of over \$45 million to use across a three-year period. The goal is to help its providers and communities work together to create healthier futures for Minnesotans.

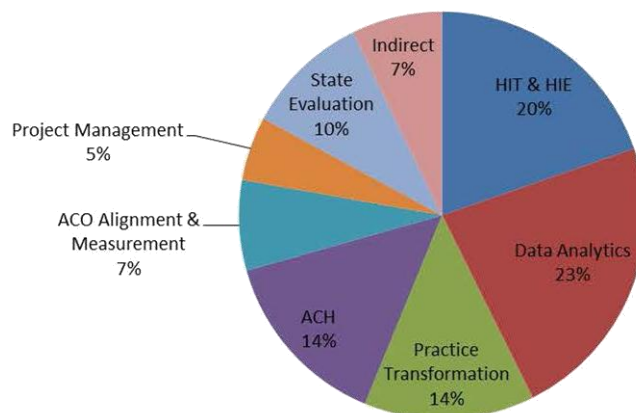
- Minnesota's SIM initiative is a joint effort between DHS and MDH with support from Governor Mark Dayton's office.
- Minnesota will use the grant money to test new ways of delivering and paying for health care using the Minnesota Accountable Health Model framework.
- The goal of this model is to improve health in communities, provide better care, and lower health care costs by expanding patient-centered, team-based care through service delivery and payment models that support integration of medical care, behavioral health, long-term care and community prevention services.

## Goals

By 2017, Minnesota's health care system will be one where:

- The majority of patients receive care that is patient-centered and coordinated across settings;
- The majority of providers are participating in ACO or similar models that hold them accountable for costs and quality of care;
- Financial incentives for providers are aligned across payers, and promote the Triple Aim goals; &
- Communities, providers and payers have begun to implement new collaborative approaches to setting and achieving clinical and population health improvement goals.

**Minnesota Accountable Health Model Budget Project Totals**  
\$45.2 million over 3.5 years.



## Five Drivers of Better Health

The Minnesota Department of Health (MDH) and the Department of Human Services (DHS) have divided the Minnesota Accountable Health Model's goals into five primary drivers. Those drivers identify main areas of work and are subdivided into secondary drivers to break work down into specific focus areas.

### 1. *E-HEALTH*

Increasing providers' ability to share clinical data for treatment, care coordination and quality improvement

### 2. *DATA ANALYTICS*

Understanding data trends to manage cost and improve quality

### 3. *COORDINATED CARE*

Serving more patients through care teams

### 4. *COMMUNITY PARTNERSHIP*

Identifying health goals and strategies in partnership with impacted populations

### 5. *PAYMENT AND MEASUREMENT*

Standardizing accountability measures with a focus on complex populations

## Timeline

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Implementation Period: 4/1/13 – 9/30/13

Test Year One: 10/1/13 – 12/31/14

Test Year Two: 1/1/15 – 12/31/15

Test Year Three: 1/1/16 – 12/31/16

## Organization

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MDH and DHS have formed several groups made up of individuals from both agencies to oversee the direction and administration of the Minnesota Accountable Health Model's goals, including:

- The Executive Committee to provide strategic direction and decision-making.
- A Community Advisory Task Force and a Multi-payer Alignment Task Force who focus on strategies to identify and address barriers to achieving SIM goals, and provide practical insight in those areas.
- A Leadership Team to provide general oversight and management, as well as act as the liaisons to federal funders.
- An Interagency Operations Team to consult on decisions made by project teams; assist in developing overall work plan; ensure integration and alignment of activities/projects
- Core Workgroups who are charged with day-to-day implementation of the grant projects/RFPs.

## Contact

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For more information about the Minnesota Accountable Health Model – SIM testing grant please visit us [online](#) or contact SIM staff via email at [sim@state.mn.us](mailto:sim@state.mn.us).