Minnesota Accountable Health Model

State Innovation Model (SIM)

45 million federal grant

Goals

- The majority of patients receive care that is patient-centered and coordinated across settings.
- The majority of providers are participating in Accountable Care Organizations 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.
- Communities, providers and payers have begun to implement new collaborative approaches to setting and achieving clinical and population health improvements.

How we are doing

Number of Minnesotans receiving care through a Medicaid Accountable Care Organization (ACO)

- 2013 Baseline: 100,000
- 2015 Progress: 205,000
- 2016 Goal: 200,000

Percent of certified Health Care Homes (HCH) or Behavioral Health Homes (BHH) in Minnesota

- 2013 Baseline: 30%
- 2015 Progress: 53%
- 2016 Goal: 67%

Integrated Health Partnership (IHP) cost savings

- 2013 Baseline:
- 2015 Progress: $61.5M
- 2016 Goal: $100M

As of July 2015

Accountable Communities for Health (ACH)

Goal of 15 reached by 2015

Percent of fully insured people covered by an ACO or Total Cost of Care (TCOC Model)

- 2013 Baseline: N/A
- 2015 Progress: *41%
- 2016 Goal: *60%

* Minnesota health plans reported a wide variation in the share of fully insured covered lives in accountable care arrangements, with the weighted average at 41% for 2014. However, many health plans reported that none or less than 5% of their fully insured covered lives are attributed to accountable care arrangements.