

Minnesota Accountable Health Model

SIM Grant Overall Target Goals:

- Minnesota population covered by model: **1.77 million**, approximately 40% or 500,00 increased lives under SIM
- Reduced cost: initial projected **savings of \$111 million** to Medicaid, Commercial and Medicare health care expenditures
- **67% of all primary care clinics** providing patient-centered, coordinated care through serving as a health care home, behavioral health home, or similar model
- **Multi-payer alignment** of cost, quality, population health measures and methodologies – **approximately 30+ different ACO/TCOC** arrangements across payers

	Year 1 Targets	Year 2 Targets	Year 3 Targets
Goal 1: Providers participating in accountable health models will have ability to exchange clinical data in a safe and secure manner for treatment, care coordination, quality improvement (QI), and population health	Total Year 1 Funding for Goal 1: Staff: \$502,804 Contracts/Grants: \$2,750,000 Other: \$44,939	Total Year 2 Funding for Goal 1: Staff: \$515,834 Contracts/Grants: \$2,350,000 Other: \$30,539	Total Year 3 Funding for Goal 1: Staff: \$515,834 Contracts/Grants: \$2,350,000 Other: \$30,539
Objective 1: Increase the number of communities and providers (including BH, LTSS, LPH and social services providers) using secure Health Information Exchange (HIE) via community collaborative grants and technical assistance.	<ul style="list-style-type: none"> • Evaluate 2012 HIE connectivity grants and develop MAHM community collaborative grant program requirements. • Award grants: Up to five grants (<75K) for initial development of community collaboratives and up to five grants (\$100k - \$1m) for implementation of community HIE collaboratives. • Assign health Informatician to each grantee to provide technical assistance. 	<ul style="list-style-type: none"> • Continue to support Year 1 grantees • Collect performance/evaluation metrics from Year 1 grantees • Develop/release Year 2 RFP, revised to reflect findings from Year 1 grants 	<ul style="list-style-type: none"> • Continue ongoing reporting and evaluation requirements throughout year 3.
Objective 2: Increase Electronic Health Record adoption among BH, LTSS, LPH, and social services providers via technical assistance and the development of roadmaps and tools/resources.	<ul style="list-style-type: none"> • Evaluate 2012 HIE connectivity grant program to understand technical assistance needs for MAHM technical assistance grants and start developing requirements for RFP. • Award contracts for development of roadmaps and tools/resources for priority settings. • Award contracts for development of tools/resources and training on privacy/security 	<ul style="list-style-type: none"> • Initial roadmaps for BH, LTSS, LPH and social services released to providers • Initial set of tools/resources for priority settings developed, released to providers • Track use of /implementation of tools/resources 	<ul style="list-style-type: none"> • Continue ongoing reporting and evaluation requirements throughout year 3. • Begin to integrate new settings into ongoing HIT/HIE surveillance
Objective 3: Improve population health interventions by	<ul style="list-style-type: none"> • Determine HIE technical requirements for adopting national transport standards. • Finalize priority use cases and transactions 	<ul style="list-style-type: none"> • Secure gateway fully implemented, using a phased approach which includes support to programs and related training and 	<ul style="list-style-type: none"> • Continue ongoing reporting and evaluation requirements throughout year 3.

enabling states agencies to engage insecure health information exchange with providers.	<p>that would benefit from a secure standards-based gateway.</p> <ul style="list-style-type: none"> In early 2014, begin implementation of the secure gateway. 	documentation	
Goal 2: ACOs will improve the quality of care delivered and at a lower total cost of care as a result of access to data analytics reports, tools and assistance	<p>Total Year 1 Funding for Goal 2:</p> <p>Staff: \$215,946 Contracts/Grants: \$3,500,000 Other: 25,780</p>	<p>Total Year 2 Funding for Goal 2:</p> <p>Staff: \$239,686 Contracts/Grants: \$3,000,000 Other: \$13,780</p>	<p>Total Year 3 Funding for Goal 2:</p> <p>Staff: \$239,686 Contracts/Grants: \$2,500,000 Other: \$13,780</p>
Objective 1: Enable ACOs to better manage patients and total cost of care by providing enhanced data analytics, reporting and technical assistance	<p>Year 1 Targets:</p> <p>State releases and awards first phase of state analytic contract for 9+ ACOs participating in year 1</p> <ul style="list-style-type: none"> -includes streamlined delivery and portal for provider data feedback reporting -technical assistance provided to ACOs provider teams to develop strategies for how data will be used to improve develop -Gain commitment from at least one other payer to participate in contract -Create a baseline assessment for alignment of ACO provider data feedback reporting across payers 	<p>Year 2 Targets:</p> <p>Contract for 2nd phase of data analytics contracts for 11+ ACOs participating in model</p> <ul style="list-style-type: none"> -technical assistance to implement interventions/strategies developed in year 1 and integration of payer claims data with systems clinical data for internal performance reporting and dashboards -enhanced analytics based on feedback from year 1, inclusion of or exchange of some of social service and/or public health data -Develop recommendations and gain commitment from participating payers for data feedback alignment, identify additional state or federal authority needed to implement; begin implementation/piloting with ACOs under multiple payer arrangements 	<p>Year 3 Targets:</p> <p>Contract for 3rd phase of data analytics for 13+ ACOs participating in model</p> <ul style="list-style-type: none"> -Integration of high priority HIE/clinical transactions that support transition of care and care coordination integration into ACO provider data feedback reporting -Sustainability plan for continued Medicaid and multi-payer support for financing and supporting data analytics contract and technical assistance -Full implementation of payer data feedback reporting alignment recommendations
Goal 3: Improve statewide quality of care by expanding the number of patients who are served by team-based integrated/ coordinated care	<p>Total Year 1 Funding for Goal 3:</p> <p>Staff: \$566,175 Contracts/Grants: \$1,675,000 Other: \$49,939</p>	<p>Total Year 2 Funding for Goal 3:</p> <p>Staff: \$581,140 Contracts/Grants: \$1,435,000 Other: \$35,539</p>	<p>Total Year 3 Funding for Goal 3:</p> <p>Staff: \$581,140 Contracts/Grants: \$1,240,000 Other: \$35,539</p>
Objective 1: Improve the quality of primary care delivery by providing direct provider support/TA for practice transformation/transition to team-based, patient centered coordinated care	<ul style="list-style-type: none"> Identify practice facilitation criteria and develop RFPs Implement practice facilitation grants Award grants to 15-25 primary care clinics for clinical systems redesign Certify up to 20 new health care homes Implementation of primary care and behavioral health integration through behavioral health homes for adults and children with severe mental illness– projected start date of 7/1/14 Development of behavioral health 	<ul style="list-style-type: none"> Award grants to 15-25 additional primary care clinics for clinical systems redesign Continue funding for practice facilitators Certify up to 30 new health care homes Designate additional behavioral health homes for 2nd year implementation 	<ul style="list-style-type: none"> Award grants to 15-25 additional primary care clinics for clinical systems redesign Continue funding for practice facilitators Certify up to 30 new health care homes (goal is 80 over three years)

	integration model for primary care clinics/health care homes		
Objective 2: Expand the use of non-MD, innovative provider types (e.g. community health workers, community paramedics, dental therapists) within primary care practices	<ul style="list-style-type: none"> • Award grants to academic institutions to develop implementation guides, best practices, policies and templates for integration of new provider types • Award grants to early adopter providers to integrate new professions • 	<ul style="list-style-type: none"> • Continue grants to academic institutions and early adopter providers to integrate new professions and document lessons learned • Convene provider and educational groups to document changing workforce needs/skills • 	<ul style="list-style-type: none"> • Continue grants to provider organizations for early adoption, document lessons learned • Continue provider/educational group discussions to document changing workforce needs, develop ongoing plan • Develop and implement surveillance plan for new professions
Objective 3: Improve care delivery by providing resources/training on topics identified as providers as necessary for meeting goals for team-based, coordinated care	<ul style="list-style-type: none"> • Identify initial set of high-priority topics for learning collaboratives, through community input • Develop electronic system for learning collaborative registration, performance tracking, and sharing of materials • Release RFPs for contractors to assist in leading learning collaboratives, developing content, resources for participants • In Year 1, launch at least 2 statewide learning collaboratives. 	<ul style="list-style-type: none"> • During year 2, at least 3 statewide learning collaboratives will be implemented on topics to be determined by stakeholders 	<ul style="list-style-type: none"> • During year 3, at least 3 statewide learning collaboratives will be implemented on topics to be determined by stakeholders
Goal 4: Improve population health through provider/community partnerships that engage consumers and are accountable for deploying interventions to improve population health	Total Year 1 Funding for Goal 4: Staff: \$225,232 Contracts/Grants: \$810,000 Other: \$11,024	Total Year 2 Funding for Goal 4: Staff: \$315,194 Contracts/Grants: \$3,215,000 Other: \$11,024	Total Year 3 Funding for Goal 4: Staff: \$315,194 Contracts/Grants: \$2,105,000 Other: \$11,024
Objective 1: Establish and implement models for Accountable Communities for Health	<ul style="list-style-type: none"> • Conduct statewide & regional community engagement sessions on accountability models • In collaboration with stakeholders, develop selection criteria for ACHs • Contract with three pilot ACH communities; document lessons learned and best practices 	<ul style="list-style-type: none"> • Select and contract with 12 additional ACHs 	<ul style="list-style-type: none"> • Ongoing TA and support for 15 ACHs
Objective 2: Develop a methodology/roadmap for incorporating ACH activities into payment models		<ul style="list-style-type: none"> • Collect feedback and data from ACH grants/implementation in year 2 • Contract with vendor for financial model development/utilize existing state actuarial and consulting contracts 	<ul style="list-style-type: none"> • Begin financial modeling/testing for ACH 3rd year • Support development and provide assistance of ACH for financial sustainability
Goal 5: Standardize and evolve ACO requirements, metrics, and payment methodologies, focus models integrate Behavioral Health (BH) and Long Term Care Services and Supports (LTSS)	Total Year 1 Funding for Goal 5: Staff: \$389,188 Contracts/Grants: \$655,000 Other: \$29,471	Total Year 2 Funding for Goal 5: Staff: \$406,620 Contracts/Grants: \$720,000 Other: \$22,271	Total Year 3 Funding for Goal 5: Staff: \$406,620 Contracts/Grants: \$595,000 Other: \$22,271

<p>Objective 1: Develop community core measures for ACO cost and quality; establish ACO core competencies and regulatory structures</p>	<ul style="list-style-type: none"> • Conduct baseline assessment of ACO/TCOC models across payers/markets • Develop and release RFP for measurement and aggregation of Medicaid ACO quality measures 	<ul style="list-style-type: none"> • Study existing and alternative or complementary data collection mechanisms for collection of performance data and develop recommendations. • Require an additional year of reporting for patient experience measure of for Medicaid ACOs 	<ul style="list-style-type: none"> • Develop a set of recommendations about measurement approaches that cover market metrics, clinical quality and population health metrics, and data collection approaches.
<p>Objective 2: Develop financial model and measures for integrated team-based models specific to complex populations</p>	<ul style="list-style-type: none"> • Develop methodology and analytics (e.g. Target/cost development and testing, risk adjustment) for inclusion of additional services and providers into ACO model (i.e. behavioral, LTSS) • Release Medicaid ACO RFP that includes new financial arrangement for inclusion of additional services for complex populations • Begin assessment and make recommendations for quality measures inclusion in ACO model for complex populations 	<ul style="list-style-type: none"> • Contract with a minimum of one ACO demonstration site that includes accountability for additional behavioral health and/or LTSS beginning 1/1/15 • Recommendation of measures selection, inclusion, and benchmarking methodology for complex populations into ACO contracting 	<ul style="list-style-type: none"> • Release a second RFP for Medicaid ACOs serving complex populations for 1/1/16; goal of contracting for 2+ demonstration sites • Implementation of measures and quality methodology into payment methodology for participating ACOs
<p>Objective 3: Align and evolve ACO payment methodologies</p>	<ul style="list-style-type: none"> • Provide a comparative analysis and identification/development of recommendations for: opportunities for methodology alignment/agreement and joint contracting, barriers, expanding/evolving the payment model, and additional financial modeling needed 	<ul style="list-style-type: none"> • Contract for actuarial and consulting services to model impacts of recommendations/changes to payment model for participating payers RFP 	<ul style="list-style-type: none"> • Develop options and model expanding/evolving the model (e.g. phasing in downside risk, prospective/global payments, enhancement of risk adjustment, i.e. social complexity (expand DHS' existing actuarial contract))
<p>Grant and Project Management</p>	<p>Total Year 1 Funding for Grant & Project Management:</p> <p>Staff: \$1,397,203 Contracts/Grants: \$1,053,222 Other: \$64,280</p>	<p>Total Year 2 Funding for Grant & Project Management:</p> <p>Staff: \$1,414,670 Contracts/Grants: \$1,589,003 Other: \$64,280</p>	<p>Total Year 3 Funding for Grant & Project Management:</p> <p>Staff: \$1,328,305 Contracts/Grants: \$1,957,776 Other: \$64,280</p>

Notes:

1. Staff amount includes: salary and wages + fringe; other amount includes: travel, equipment, supplies.
2. The State evaluator is included under Grant and Project Management, Contracts/Grants.
3. Overall indirect costs are included under Grant and Project Management, Staff.