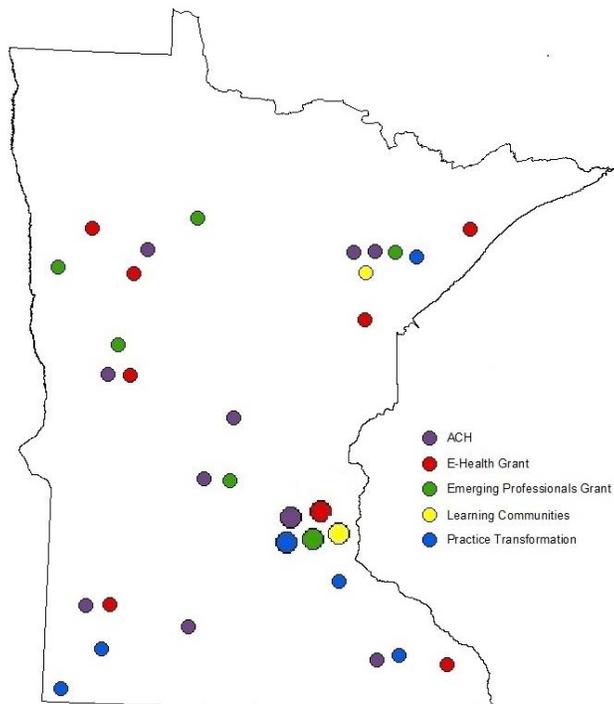


MINNESOTA ACCOUNTABLE HEALTH MODEL

SIM MINNESOTA

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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 the Department of Human Services (DHS) and the Department of Health (MDH) with support from Governor Mark Dayton's office.

Minnesota is using the grant money to test new ways of delivering and paying for health care using the Minnesota Accountable Health Model framework. Thanks to SIM funding, dedicated programs are now in place to improve health in Minnesota communities, provide better care to our state's residents, 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.

Integrated Health Partnerships

Partnerships save \$76 million in Medicaid costs

AUGUST 2015

Minnesota's nation-leading Integrated Health Partnerships (IHP) demonstration, a key component of Minnesota's State Innovation Model (SIM) Grant, is showing that it's possible to reduce costs without sacrificing quality.

The voluntary program enlists Minnesota medical providers' help in improving care and holding down Medicaid costs by promising to share some of the savings with them. Providers also must meet quality benchmarks and some providers share in the downside risks if they do not meet targets.

In 2013, the first year of the Integrated Health Partnerships program saw a saving of \$14.8 million. In 2014, that number has more than quadrupled to a savings of \$61.5 million.

Nine providers and 165,000 Minnesota medical assistance enrollees participated the program in 2014. As of June 2015, the IHP demonstration was continuing to grow, with 16 providers covering over 200,000 enrollees, about one in five people served by Minnesota's public health care programs.

These providers are taking innovative steps such as providing more intensive primary care services and building stronger relationships with mental health care providers and community resources. Together, their efforts to better coordinate care are leading to decreases in hospitalizations and in emergency room visits.

Such great success over the past two years makes it no surprise that this Medicaid payment reform program has drawn national praise. With other states starting to explore similar models, it could save taxpayers substantial sums nationwide.