CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Accountable Health Communities

Preventive & Population Health Models Group

The Innovation Center at CMS

January 2016

CMS Aims

Better Care: We have an opportunity to realign the practice of medicine with the ideals of the profession—keeping the focus on patient health and the best care possible.

Smarter Spending: Health care costs consume a significant portion of state, federal, family, and business budgets, and we can find ways to spend those dollars more wisely.

Healthier People: Giving providers the opportunity to focus on patient-centered care and to be accountable for quality and cost means keeping people healthier for longer.

Overview of the Accountable Health Communities Model

Accountable Health Communities Model Dates

Funding Opportunity Announcement Posting Date:	January 5, 2016
Letter of Intent to Apply Due:	February 8, 2016
Electronic Cooperative Agreement Application Due:	March 31, 2016 (1 PM Eastern Time)
Anticipated Issuance of Notices of Award:	December 15, 2016
Anticipated Start of Cooperative Agreement Period of Performance:	January 2017

Why the Accountable Health Communities Model?

- Many of the largest drivers of health care costs fall outside the clinical care environment.
- Social and economic determinants, health behaviors and the physical environment significantly drive utilization and costs.
- There is emerging evidence that addressing health-related social needs through enhanced clinical-community linkages can improve health outcomes and impact costs.
- The AHC model seeks to address current gaps between health care delivery and community services.

What Does the Accountable Health Communities Model Test?

The Accountable Health Communities Model is a 5-year model that tests whether systematically identifying and addressing the health-related social needs of community-dwelling Medicare and Medicaid beneficiaries impacts health care quality, utilization and costs.

Health-Related Social Needs

Core Needs	*Supplemental Needs
Housing Instability	Family & Social Supports
Utility Needs	Education
Food Insecurity	Employment & Income
Interpersonal Violence	Health Behaviors
Transportation	

* This list is not inclusive

Key Innovations

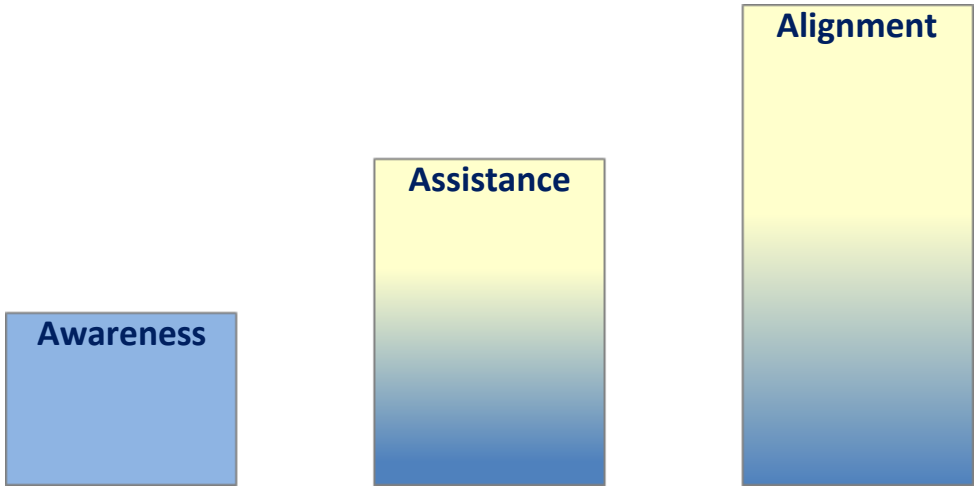
- **Systematic screening** of all Medicare and Medicaid beneficiaries to identify unmet health-related social needs
- Testing the **effectiveness of referrals** to increase beneficiary awareness of community services using a rigorous mixed method evaluative approach
- Testing **the effectiveness of community services navigation** to provide assistance to beneficiaries in accessing services using a rigorous mixed-method evaluative approach
- **Partner alignment** at the community level and implementation of a quality improvement approach to address beneficiary needs

The Accountable Health Communities Model Structure

Model Structure

- The AHC model will fund awardees, called bridge organizations, to serve as “hubs”
- These organizations will be responsible for coordinating AHC efforts to test three community-focused interventions of varying intensity:
  - Partnering with clinical delivery sites to conduct systematic health-related social needs screenings and make referrals
  - Coordinating community resources for high-risk beneficiaries with identified health-related social needs
  - Aligning model partners to optimize community capacity to address these needs

Accountable Health Communities Model Intervention Approaches: Summary of the Three Tracks



Track 1 **Awareness –** Increase beneficiary ***awareness*** of available community services through information dissemination and referral

Track 2 **Assistance –** Provide community service navigation services to ***assist*** high-risk beneficiaries with accessing services

Track 3 **Alignment –** Encourage partner ***alignment*** to ensure that community services are available and responsive to the needs of beneficiaries

Model Performance Metrics

- Healthcare utilization: emergency department visits, inpatient admissions, readmissions and utilization of outpatient services
- Total cost of care
- Provider and beneficiary experience

Model Requirements

Model Participants

- Bridge organization
- At least one state Medicaid agency
- Community service providers that have the capacity to address the core health-related social needs
- Clinical delivery sites, including at least one of each of the following types:
  - Hospital
  - Provider of primary care services
  - Provider of behavioral health services

Bridge Organizations Must Establish a Consortium

- **Purpose**
  - To facilitate timely data sharing between the state Medicaid agency, bridge organization, and other model partners that join the consortium
  - To support collaboration on continuous quality improvement and sustainability planning (Track 3 – Alignment)
- **Members**
  - **Required:** Bridge organization and the state Medicaid agency(ies) that administer funds to Medicaid beneficiaries in the geographic target area
  - **Optional:** Community service providers and clinical delivery sites

Screening Tool

Bridge organizations will:

- Use the screening questions provided by CMS to screen for core health-related social needs
- Choose an appropriate method to administer the screening tool — on paper, electronically, or by trained staff, such as a counselor, community health worker, or other designated professional
- Systematically submit all information, including beneficiary identifiers, received through this screening tool to CMS or its contractors
- Make the tool available to all beneficiaries regardless of language, literacy level, or disability status (e.g., 508 compliant)

State Medicaid Agency Consortium Requirements

As consortium members, state Medicaid agencies agree to:

- Facilitate the reporting of Medicaid claims data to CMS and its contractors
- Support data sharing across clinical delivery sites and community service providers consistent with federal, state, and local law
- Ensure alignment with existing Medicaid policy, waivers, and State Plan Amendments to achieve scalability and sustainability if the model is successful
- Provide a point of contact for data collection and reporting

Community Resource Inventory

Bridge organizations will:

- Create a **Community Resource Inventory** of available community services and community service providers to address each of the domains included in the screening tool
- Update this inventory every six (6) months

The inventory will include:

- Contact information, addresses, hours of operation, and other relevant information that a beneficiary would need to access the resources of an organization

Learning System

The learning system will:

- Support shared learning and continuous quality improvement between bridge organizations, their partners and CMS
- Facilitate movement of timely, accurate, and relevant information to allow bridge organizations and partners to share promising practices and learn from their peers about Accountable Health Communities activities

Learning System

Bridge organizations and their model partners will work with the learning system to:

- Create a driver diagram as a framework to guide and align intervention design and implementation activities
- Provide data and feedback to CMS at regular intervals on quality improvement efforts, activities, and measures
- Align data-driven decisions with the successful outcomes sought by the model
- Participate in learning system events in person and virtually (i.e., web series, online seminars, and teleconferences)
- Engage state Medicaid agencies as necessary to achieve model goals

Eligibility Criteria

Eligible Applicants

Eligible applicants include:

- Community-based organizations
- Individual and group provider practices
- Hospitals and health systems
- Institutions of higher education
- Local government entities
- Tribal organizations

Applicants from all 50 states, U.S. territories, and the District of Columbia will be accepted.

Letter of Intent and Application Submission Requirements

- A Letter of Intent (LOI) may be submitted prior to application submission, and can be completed using the online LOI form located at http://innovationgov.force.com/ahc .
- The application is available at http://www.grants.gov and must be submitted electronically through the grants.gov website
- Questions can be directed to the CMS mailbox at AccountableHealthCommunities@cms.hhs.gov; responses will be posted weekly as part of FAQs at https://innovation.cms.gov/initiatives/ahcm