

Accountable Health Communities Model Offers \$157 Million in CMS Funding

By **Tony Andrade, CPA**
Partner
Moss Adams LLP



It's no secret that the Centers for Medicare and Medicaid Services (CMS) continue to seek opportunities to link payments to value-based outcomes. CMS recognizes that health providers can play a key role in helping patients navigate community services, particularly for those on Medicare and Medicaid. To test this, CMS has introduced a new funding initiative.

The program, announced in

January by CMS, is a five-year program that will support up to 44 bridge organizations offering up to \$157 million in total funding. Over the 5 year period, CMS will implement and test a three-track model initiative based on promising service delivery approaches linking beneficiaries with community services through awareness, assistance and alignment.

Called the Accountable Health Communities Model (Model), it will focus on the health-related social needs of Medicare and Medicaid beneficiaries, including building alignment between clinic and community-based services at the local level. The goal is to test screening beneficiaries for health-related social needs and referring them and helping them navigate through community-based services to see if it improves community health outcomes, quality, and affordability in Medicare and Medicaid.

The Model is based on continuing evidence that addressing health-related social needs with clinical-

community linkages leads to healthier outcomes and reduced costs. The Model aims to identify and address beneficiaries' health-related social needs in at least the following core areas:

- housing instability and quality;
- food insecurity;
- utility needs;
- interpersonal violence; and
- transportation needs.

Eligible applicants include community-based organizations, hospitals and health systems, institutions of higher education, local government entities, tribal organizations, and for-profit and not-for-profit local and national entities with the capacity to develop and maintain a referral network with clinical delivery sites and community service providers.

Organizations will deploy a common, comprehensive screening assessment for health-related social needs among all Medicare and Medicaid beneficiaries accessing care at participating clinical delivery sites. The three-track

model in addressing health-related social needs and linking clinical and community services are:

1. Awareness - increase beneficiary awareness of available community services.
2. Assistance - provide community service navigation services to assist beneficiaries.
3. Alignment - encourage partner alignment to ensure that community services are available and responsive.

CMS will award a total of 44 cooperative agreements ranging from \$1 million to \$4.5 million to successful applicants to implement the Model. Applicants will partner with state Medicaid agencies, clinical delivery sites, and community service providers and are responsible for coordinating community efforts to improve linkage between clinical care and community services. While applicants may apply for more than

one track, applicants may only be awarded one track.

CMS funds for this model cannot pay for community services such as housing, food, transportation, etc. received by community-dwelling beneficiaries as a result of their participation in any of the three intervention tracks. The funding does clarify that it is to be expended to fund interventions intended to connect community-dwelling beneficiaries with those offering such community services.

CMS anticipates announcing awards in the fall of 2016.

The application is due to CMS May 18, 2016. Applications can be found at grantsolutions.com found [here](#).

Applications require a memorandum of understanding (MOU) from their respective state Medicaid agency.

This is only one of many projects

that CMS has embarked on as part of its quality strategy. Whether this demonstration project is deemed successful, it's an additional step that leads to a continued evolution of CMS' reimbursement model. Regardless, providers will continue to be impacted by the results of these initiatives.

Tony Andrade is a CPA and partner at Moss Adams LLP. Tony has more than 22 years of public accounting experience working with health care and insurance related organizations. Tony manages audits of health care and insurance related organizations and provides consulting services. Tony also has spoken numerous times on the impact to employers, providers and managed care organizations on the Affordable Care Act. Tony can be reached at tony.andrade@mossadams.com or 503-478-2287

Reprinted with permission from the Washington Healthcare News. To learn more about the Washington Healthcare News visit wahcnews.com.