

MODEL OVERVIEW

The AHC Model tested whether connecting beneficiaries to community resources for their health-related social needs (HRSNs) improved health care utilization outcomes and reduced costs. The model screened all Medicare and Medicaid beneficiaries for core HRSNs in two tracks:

- **Assistance Track:** Eligible beneficiaries were randomly assigned to receive navigation (intervention group) or referral only (control group).
- **Alignment Track:** All eligible beneficiaries were offered navigation and received care from organizations that engaged with model stakeholders in continuous quality improvement to align community resources with beneficiaries' HRSNs.

The AHC Model focuses on five core HRSNs:



PARTICIPANTS



29 organizations located across the United States (referred to as bridge organizations) in collaboration with clinical delivery sites and community service providers (CSPs) screened 1,020,864 unique Medicaid and Medicare beneficiaries through December 2021.



Medicaid and Medicare beneficiaries who reported at least one core HRSN and at least two emergency department (ED) visits in the 12 months before screening were eligible for navigation services.

FINDINGS

Food insecurity was the most prevalent and persistent HRSN

Beneficiaries with food needs were more likely to use community services than those with other needs, yet they were the least likely to be resolved.

"I go monthly to 2 different organizations to get my monthly food package. Beginning of the month, I go to the local [name of organization] and the end of the month, I go to my church."

Bridge organizations found new strategies for screening and navigation

The COVID-19 pandemic initially disrupted screening and navigation processes, but bridge organizations found new strategies that minimized the pandemic's overall impact. These included transitioning to virtual interactions and using the same staff for screening and navigation, which eliminated challenges with handoffs between staff.

Navigation alone did not increase beneficiaries' connection to community services or HRSN resolution

77% of eligible beneficiaries accepted navigation.

More than half of beneficiaries had no HRSNs resolved and were not connected to a CSP for any HRSNs.

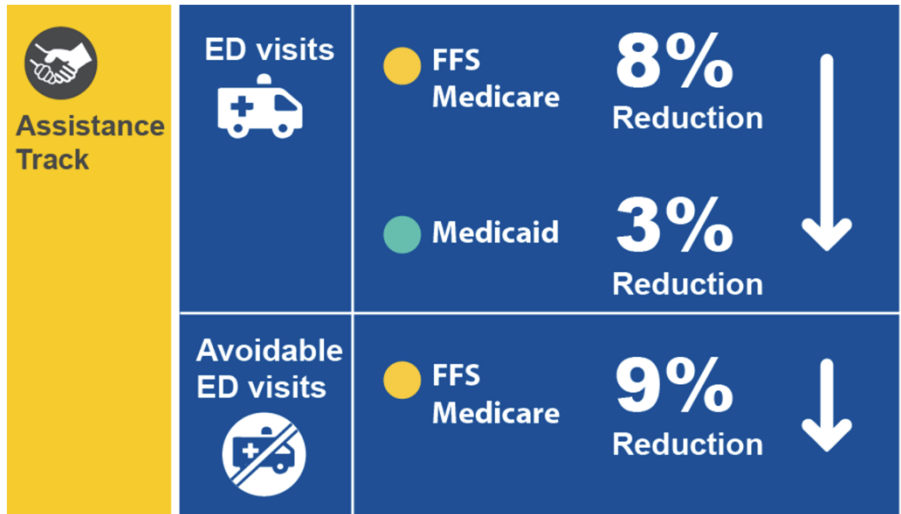
Beneficiaries experienced four key challenges to using community services: lack of transportation, ineligibility for services, long wait-lists, and lack of resources (e.g., housing vouchers, utility assistance).



The AHC Model reduced ED visits among Medicaid and fee-for-service (FFS) Medicare beneficiaries in the Assistance Track



Medicaid and FFS Medicare beneficiaries in the Assistance Track intervention group who were eligible for navigation services had lower ED use than those randomized to the control group and were not offered navigation. Particularly for FFS Medicare beneficiaries, the reduction in ED use in the Assistance Track was driven by avoidable ED visits that were considered likely to be nonemergent or potentially preventable through better ambulatory care.



Other impact estimates were not statistically significant, but some were directionally promising

Total expenditures and other hospital-based utilization outcomes almost all showed reductions for Medicaid and FFS Medicare beneficiaries in both the Assistance and Alignment Tracks, but estimates were not statistically significant.



Impacts on some outcomes differed for subpopulations

Assistance Track impacts were more favorable for Medicaid beneficiaries with more than one HRSN and FFS Medicare beneficiaries who are non-White and/or Hispanic. Several model impacts differed for particularly vulnerable subpopulations within Medicaid and FFS Medicare beneficiaries, but differences were not consistent across payers or tracks.

KEY TAKEAWAYS

AHC Model participants continued to screen and offer navigation services despite challenges from the COVID-19 pandemic. However, the model did not appear to increase beneficiaries' connection to community services or HRSN resolution. This may be due, in part, to gaps between community resource availability and beneficiaries' needs. Even without these connections or the resolution of HRSNs, early results from the first 3 years suggest that the AHC Model may reduce ED visits among beneficiaries. Although navigation may not lead to resolution of needs, qualitative interviews indicated that it may alter beneficiary behavior in ways that change health care utilization. We will explore this in future reports.

This document summarizes the evaluation report prepared by an independent contractor. For more information about the AHC Model and to download the Second Evaluation Report, visit <https://innovation.cms.gov/innovation-models/ahcm>.