



Findings at a Glance

Accountable Health Communities Model

Final Evaluation (2018–2023)

MODEL OVERVIEW

The Accountable Health Communities (AHC) Model served beneficiaries with core needs related to upstream drivers of health. The model tested whether navigation services to connect these beneficiaries to community resources could reduce health care expenditures and utilization.

There were two tracks:

- **Assistance Track:** Eligible beneficiaries were randomly assigned to receive navigation (intervention group) or referral only (control group).
- **Alignment Track:** Eligible beneficiaries were offered navigation; participating organizations engaged with model stakeholders in continuous quality improvement to align community resources with beneficiaries' needs.

The AHC Model focused on five core needs:



PARTICIPANTS



32 bridge organizations worked with clinical partners and community-based organizations to screen over **1.1 million** unique Medicaid and Medicare beneficiaries.



87% of eligible beneficiaries were **Medicaid-only** or **dually eligible** for Medicare and Medicaid.

FINDINGS



AHC Generated More Than \$200 Million in Net Savings

The AHC Model reduced expenditures. Almost 80% of the total savings were among Medicaid-only beneficiaries, which represented about 70% of AHC beneficiaries.



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FINDINGS



AHC Reduced Utilization, Suggesting Higher Quality of Care

The AHC Model reduced inpatient stays and ED visits. While there was some variation between tracks and payers, both tracks and payers showed savings and improvements in utilization patterns.



Navigation Was More Effective for Beneficiaries Whose Needs Were More Complex

Navigation impacts were more pronounced for Medicaid beneficiaries with multiple needs versus those with one need.

FFS Medicare beneficiaries with transportation needs also had larger impacts on their expenditure and utilization outcomes. Transportation was previously identified as a key need for resolving other needs, and was associated with higher baseline costs, potentially allowing for greater cost reductions.

In the [Third Evaluation Report](#), we also found that beneficiaries with chronic physical or behavioral health conditions were more likely to see significant health care impacts.



Navigation May Complement Care Management and Coordination Provided Under Other Medicare Models

Beneficiaries who were also served by a Medicare alternate payment model (APM) had larger reductions in expenditures and greater improvements in quality of care.

KEY TAKEAWAYS

Overall, AHC generated more than **\$200 million in savings**. This demonstrates the **value in providing navigation services for core needs**. By screening over a million beneficiaries, the AHC Model further demonstrated that it is feasible to **screen for needs on a large scale**. We also found that **core needs are prevalent** in Medicaid and Medicare. The AHC Model's **targeted navigation services** found patients who could benefit significantly from these patient-centered services, as indicated by high navigation acceptance rates and **reduced expenditures and utilization**. Patients with complex needs particularly benefited from navigation. AHC navigation services also complemented other efforts to improve health care.