Problem

CMS is looking for ways to improve health outcomes and decrease costs for beneficiaries. To do this, CMS is looking to more effectively obtain longitudinal beneficiary claims data by using bridge organizations in the Assistance & Alignment Tracks of the Accountable Health Community (AHC) model. The AHC model is designed to determine if integrating clinical and community services is an effective method of improving health outcomes and decreasing the total cost of health care for Medicare and Medicaid beneficiaries.

At present, the program is testing if the intervention using AHCs will lower hospitalization rates and cost. Screening rates alone are not sufficient to address the issues around cost and longitudinal data. Incorporating this intervention along with the patient's clinical and claims data would help to improve the capacity of bridge organizations to deliver results.

Opportunity

CMS has kept open the door for state Medicaid agencies sharing claims data back with bridge organizations. In order for this to happen, there is an opportunity to use the consumer's individual right of access for CMS to be able to unlock API access to the data associated with the beneficiary. CARIN is available to work with bridge organizations who are keen to test the right of access to allow them to ingest more beneficiary data on behalf of consumers. CARIN is also interested in working with bridge organizations who would be interested in developing a FHIR-based API implementation guide to better share data associated with the CMS screening tool across organizations.

Background

In April of 2017, CMS announced the 32 programs selected to participate as bridge organizations in the AHC model. Funding for the participating bridge organizations began on May 1, 2017, with a five-year performance period. Bridge organizations coordinate the program within their communities and are responsible for forming a consortium with community-based organizations, businesses, local health departments, and a variety of providers to meet the health-related social needs of community-dwelling beneficiaries in their area using the 10-item screening tool created by CMS.

Data Sharing with CMS

Bridge Organizations' Role

Bridge organizations are expected to facilitate data sharing with CMS in a secure manner and in compliance with applicable laws. As part of the application process, bridge organizations submitted a plan of how the consortium members would collect and share identifiable beneficiary-level data with CMS for model evaluation and monitoring. The reported data should include information about who was screened, who accepted the intervention, the results of the implemented intervention, and the availability and utilization of community services.

State Medicaid Agencies' & CMS' Role

State Medicaid agencies agree to participate in the information exchange by reporting claims data to CMS through the Transformed-Medicaid Statistical Information System (T-MSIS) or an alternative method to allow for model evaluation and monitoring. CMS maintains a data collection system for programmatic

data related to AHC intervention service delivery, which will be accessible to the bridge organizations and clinical delivery sites, as appropriate.

Data Sharing within Consortium

Bridge Organizations' Role

Bridge organizations are responsible for creating and updating a community resource inventory, a comprehensive database of community providers who address health-related social needs. Additionally, bridge organizations create a method of sharing data securely within the consortium. When bridge organizations [submitted their application](), they developed a plan to implement the screening and referral process into the clinical delivery sites' patient flow. The plan contained information about infrastructure to record patient data from the screening. They also submitted a narrative and diagram outlining their proposed flow of data, funding, and communication among model participants. Navigators should be hired and trained to interview beneficiaries, develop action plans, follow up, and document the encounter.

Bridge Organization's Role – Alignment Track Only

Bridge organizations in the alignment track are required to create an advisory board and data infrastructure that facilitates the implementation of a QI plan. An interoperable health IT system can serve as a foundation to coordinate the sharing of data in a timely manner across multiple organizations. It would help providers, community-dwelling beneficiaries and their families, community service organizations, and public health entities electronically collect, share, and utilize health information to achieve better care, smarter spending, and healthier people.

State Medicaid Agencies' Role

State Medicaid agencies support data sharing across clinical and community service providers in compliance with local, state, and federal laws.

Accountable Health Community Model – Learning System

CMS created a [learning system]() to facilitate shared learning and continuous quality improvement by bridge organizations, other model participants, and CMS. It helps support bridge organizations as they strive to improve their interventions. The learning system helps participants with sharing experiences, tracking progress, and adopting of new improvement methods. Participants are required to engage in learning system activities.