



**ACH SUSTAINABILITY: EXPLORING DIVERSE FUNDING OPTIONS**

December 7<sup>th</sup>, 2021

3-5 PM ET, via Zoom

**Meeting Goals:**

- Describe the link between what we are learning from early evaluations of ACHs and the value proposition
- Identify the fixed costs of ACHs by functional categories and local factors
- Explore diverse approaches to sustainability and funding opportunities

**Breakout Sessions (please select one when prompted)**

- **Breakout Room 1:** Medicaid Agreements
- **Breakout Room 2:** Private Sector Opportunities – Insurance Plans, MCOs, and Systems Engaged in Place Based Innovations
- **Breakout Room 3:** Braiding Federal and Other Types of Funding
- **Breakout Room 4:** Hospital Community Benefit Dollars to Support ACH Infrastructure

**3:05-3:10:** Welcome Remarks

- Jeff Levi, George Washington University

**3:10-3:20:** The Value of ACHs and the Cost of Inaction for Our Communities

- Bobby Milstein, ReThink Health

**3:20-3:25:** Q&A

**3:25-3:50:** The Range of Fixed Costs of ACH Infrastructure by Functions and Developmental State

- Barbara Masters, California Accountable Communities for Health Initiative
- Kathleen Noonan, Camden Coalition of Healthcare Providers

**3:50-3:55:** Q&A

**3:55-4:00:** Introduction to Breakout Rooms

- Jeff Levi, George Washington University

**4:00-4:45:** Breakout Rooms

**Breakout Room 1: Medicaid Agreements**

- Moderator: Barbara Masters, California Accountable Community for Health Initiative
- Presenters: Kathleen Noonan, Camden Coalition of Healthcare Providers (NJ Model)  
TBD (NC Model)

ACHs have the potential to be the local/regional translator for Medicaid policy and health care improvements, addressing local priorities in a state. The NJ Regional Health Hubs

model is an example of how ACH type organizations are able to negotiate with state Medicaid officials and the state legislature to obtain funding in exchange for convening stakeholders to address the most critical needs of communities. The NC Healthy Opportunities Pilot Entities under the 1115 demonstration will test the provision of health-related social services to Medicaid beneficiaries on costs and outcomes. They are also building ACH capacity for working with community-based organizations and filling gaps in underserved communities.

### **Breakout Room 2: Private Sector Opportunities – Insurance Plans, MCOs, and Systems Engaged in Place Based Innovations**

- Moderator: Joshua Traylor, Health Care Transformation Task Force
- Presenters: Michael Kobernick, Michigan BCBS

Leveraging partnerships with local, regional, state health plans and large health systems can be a strategy for supporting ACH infrastructure and interventions. There are examples of MCO health plans providing a percentage of profits to ACHs, health plans with a large book of Medicaid business addressing homelessness and housing in partnerships with ACHs, and large health systems investing in ACHs to create linkages between hospitals and local community organizations that provide services to populations in need.

### **Breakout Room 3: Braiding Federal and Other Types of Funding**

- Moderator: Bobby Milstein, ReThink Health
- Presenters: Ana Novais, Rhode Island Health Equity Zones  
Laural Ruggles, Vermont NEK Prosper!

The Rhode Island Department of Health (RIDOH) has developed a toolkit to assist others in building healthy and resilient communities, based on what they are learning from implementing the Health Equity Zones (HEZ). Successful strategies for braiding federal grants to address local needs will be demonstrated. Vermont ACHs, as part of the One Vermont initiative, are partnering across sectors to address population needs for housing, employment and other social services using a variety of funding mechanisms and investment vehicles.

### **Breakout Room 4: Hospital Community Benefit Dollars to Support ACH Infrastructure**

- Moderator: Katherine Johnson, CMMI/CMS
- Presenters: Ji Im, CommonSpirit  
Anna Alonzo, Dignity Health AHC in Phoenix, AZ

Not-for-profit hospitals must provide benefits to the communities they serve to maintain their tax-exempt status. To satisfy this requirement, hospitals can provide community benefits by supporting the ACH infrastructure and programs. Common Spirit Health has a corporate focus on investing in the communities they serve using technology, partnerships and sustainable funding. Dignity Health AHC is partnering with the hospital, the Arizona State Medicaid program and the region in implementing new closed loop

referral systems. They are also working with the corporate system to implement lessons learned.

**4:45-4:55:** Reconvene

**4:55-5:00:** Closing Remarks

- Jeff Levi, George Washington University