



May 11, 2016

RE: Letter of Support, Accountable Health Communities Funding Opportunity

Dear Sir or Madam:

In February 2015, the State of West Virginia was awarded a State Innovation Model (SIM) design grant from the Centers for Medicare & Medicaid Services. Since then the SIM grant Steering Committee, a full-time project management team and payer, provider and consumer stakeholders have been engaged in determining how to transition the state from a fee-for-service health care system to one that is linked to value. West Virginia's State Health System Innovation Plan (SHSIP) developed under SIM's auspices strongly aligns with the goals of the Accountable Health Communities (AHC) funding opportunity. For this reason, I write in support of the AHC application.

This AHC application and West Virginia's SIM SHSIP are inexorably connected. In February 2016, at the request of the West Virginia Department of Health and Human Resources, the SIM project management team hosted an informational session for parties interested in pursuing the AHC funding opportunity. The aim of the session was to encourage a single state application that included all interested parties. Interested parties were identified at that session, and two individuals volunteered to lead the AHC application process. The SIM project management team then transitioned to a supporting rather than convening role.

Concurrent with the AHC funding opportunity announcement, the SIM project management team was developing the SHSIP delivery and payment transformation section. This section recognizes the major role that social determinants of health play in population health, as well as health outcomes and spending. For instance, a strategy under driver 2 of the SIM SHSIP's delivery and payment transformation section states that:

West Virginia seeks to link community-based health and social support resources to the health care delivery system. This, in turn, will help address social determinants of health through a patient-centered, holistic model of health promotion and management.

The inspiration for the above strategy was the AHC approach to holistic health. Moreover, holistic health was an ever-present issue and mantra in the comments and insights of various SIM stakeholders regarding a redesigned health care delivery system.

The SIM SHSIP delivery and payment transformation section showcases the AHC model as an innovative way of providing community navigation services to assist high-risk Medicare and Medicaid beneficiaries in addressing unmet social needs. The SIM SHSIP even envisions the AHC funding opportunity—as well as models similar in design—as a means to map social service resources and detect logical, self-identified communities willing to collaborate to improve the health of their respective populations and geographic regions.

For West Virginia, devising this AHC application has been a model public-private sector collaboration to address a major health care issue. West Virginia Medicaid, Partners in Health Network, Inc., Charleston Area Medical Center Institute for Health Education and Research, the

West Virginia University Center for Excellence in Disabilities and West Virginia Medical Institute are all working together to serve the most vulnerable Medicare and Medicaid members. Furthermore, the overarching approach of the AHC model forms a key strategy of the SIM SHSIP, making West Virginia poised to address the significant underserved needs of these Medicare and Medicaid members through the AHC funding opportunity.

Simply put, securing the AHC funding opportunity is vital to West Virginia achieving the value-based transition goals in the SIM SHSIP given the undeniable link between social determinants and poor health and spending outcomes. It is also important to West Virginia Medicaid and the state's Medicaid managed care organizations in learning how to achieve—or if it is even possible to achieve—savings or cost neutrality through enhanced holistic case management processes such as those utilized in the AHC model.

Should you have further questions about the topics discussed in this letter of support, please do not hesitate to contact me at (304) 400-8300 or at jaustin3@hsc.wvu.edu.

Sincerely,

A handwritten signature in blue ink that reads "Joshua L. Austin". The signature is written in a cursive style with a large initial 'J'.

Joshua L. Austin,
West Virginia SIM Project Coordinator