

REGIONAL ACCOUNTABLE HEALTH COUNCILS (RAHCs) **Program Overview**

Purpose:

RAHCs are forums which provide regional strategic community-wide efforts to improve health outcomes across the state. The purpose of the RAHCs is to implement the planning and coordination of activities that promote health equity, address regional Social Determinants of Health (SDOH) needs, reduce health care costs, and improve the quality of health care, with the goal of advancing a more accountable and equitable health care system.

RAHC Goals:

The core goals of the RAHCs are to:

- Promote health equity and eliminate health disparities;
- Identify and mitigate regional SDOH needs;
- Align value-based purchasing initiatives to achieve better care and better health at lower costs;
- Support and steer population health improvement processes, including regional efforts to advance the integration of physical and behavioral health care; and
- Center health improvement efforts in the communities where needs exist.

Performance Expectations:

RAHCs will address health equity as a top priority and will use a collaborative regional approach to focus on communities with a high burden of disease and demographic groups with the highest health disparities. The RAHCs will work to identify the root causes of such disparities and will establish policies and interventions to reduce these disparities.

RAHCs will use evidence-based practices to advance the delivery of effective and efficient high-quality health care to all populations, improve access to affordable

high-quality health care, and provide more equitable health care by addressing systematic inequities, including any cultural or linguistic barriers.

To guide the development of population health planning, RAHCs will use state and community-based health assessments, regional SDOH needs assessments, and other significant health indicators.

Program Organization:

A RAHC will be established by the Managed Care Organizations (MCOs) and Behavioral Health Primary Contractors within each region defined by the five Physical Health HealthChoices Zones: Southeast, Southwest, New East, New West, and Lehigh Capital. The RAHC will work in cooperation with all other Medical Assistance (MA) and Children's Health Insurance Program (CHIP) MCOs and Behavioral Health Primary Contractors that operate within each of the five Physical Health HealthChoices Zones. The MCOs will also collaborate with other organizations and individuals as identified in the RAHC governing body below.

All RAHCs will have a governing body and a governing document and will develop an annual Regional Health Transformation Plan (RHTP) for its HealthChoices Zone.

RAHC Governing Body:

The governing body of the RAHC will take the form of a council including a chair and vice chair. The chair and vice chair will be elected by the RAHC members and will communicate with the Department of Human Services (Department) on behalf of their members.

At a minimum, RAHC membership must include one representative from the executive leadership team of each MA and CHIP MCO and Behavioral Health Primary Contractor operating under agreement with the Department in the Physical Health HealthChoices Zone; one representative from each of the high MA utilization

health systems (as defined by the Department); one representative from three Community-Based Organizations (CBOs) that focus on SDOH (as identified by the Department); and at least one representative from each of the following sectors:

- Mental health administrators not otherwise represented by a Behavioral Health Primary Contractor;
- Single County Authorities;
- Federally Qualified Health Centers;
- Mental health treatment providers;
- Institutional long-term care service providers;
- Home and community-based service providers;
- Substance use disorder treatment providers;
- Other community institutions outside of clinical settings, such as faith-based organizations, schools, or libraries; and
- MA and CHIP beneficiaries.

Each RAHC will have discretion to choose its members and should include members from any entity they feel would advance their collaborative goals. The RAHC membership should also reflect the racial and ethnic diversity of the HealthChoices Zone.

RAHC Governing Document:

The RAHC's governing document will include, at a minimum, the name and purpose of the RAHC; the constituent parts of the RAHC, such as the members or partners; the governing body of the RAHC, including appointment, removal, resignation, and filling vacancies of positions on the governing body; the standing and ad hoc committees; the procedures for conduct of meetings; the procedures for exercise of the RAHC's powers; and the enunciation of the RAHC's fiscal year. The governing document shall include a conflict of interest policy for organizations and individuals in the RAHC. The governing document shall allow other health care payers to join the strategic direction outlined by the RAHC, such as regional business groups on

health, commercial health insurance plans, special needs plans, health foundations, and other lines of business.

Regional Health Transformation Plan:

The RHTPs are driven by community-based health needs assessments and stakeholder input and will work to promote health equity, eliminate health disparities, address regional SDOH needs, and support and guide population health improvement processes. The RHTPs will build on priorities already identified and work underway at the local level. The RAHC will coordinate with other MA and CHIP MCOs and Behavioral Health Primary Contractors in the MCO's HealthChoices Zone to implement the strategies outlined in the RHTP.

Each RAHC will ensure the following is included in each RHTP:

- Identification of demographic groups impacted by health disparities, and geographic areas with significant health disparities (“health equity zones”) and strategies for eliminating disparities in these groups and areas;
- Identification of SDOH needs in the area and strategies for addressing these needs;
- Identification of population health priority measures across physical, behavioral, and integrated health measures of the HealthChoices Zone that should be improved and population health strategies for improvement;
- Identification of strategies and interventions for bending the cost curve and limiting regional cost growth, including aligning value-based purchasing arrangements across payers, which must in no way be construed to indicate that payers will coordinate to set prices;
- Identification of CBOs and other trusted community partners and how they are incorporated into the overall plan; and
- Identification of strategies and interventions to continuously monitor for improvement in health equity, SDOH, and population health priority measures

established by the regional transformation plan, including a rapid-cycle quality improvement strategy to rapidly scale interventions that are successful.

All five RAHCs will have the same overall purpose and goals, but each RAHC will establish its own focus areas and improvement goals that respond to its region's health disparities and needs identified in its RHTP. The RHTP must be approved by the Department prior to implementation. The Department will provide oversight as each RAHC implements the strategies outlined in the RHTP and align quality incentives that address disparities and promote whole-person care within the health equity zones.

Program Coordination:

RAHCs will serve as a bridge to coordinate the existing infrastructure of MCOs, health systems, and CBOs. Each RAHC will be a part of a larger statewide RAHC learning network developed by the Department. The RAHCs will collectively share information to learn best practices from one another in improving health equity, improving population health, reducing costs, reducing preventable admissions, and addressing SDOH needs.

Community Engagement and Collaboration:

The RAHCs will work with the community to identify high priority geographic areas impacted by disparities.

The RAHC will be responsible for providing CBOs with technical assistance, which is available on consultation. The goals of the technical assistance will be to provide support to the administrative functions of CBOs that are important in their ability to improve population health, improve equity, and address the SDOH needs of the region. The technical assistance must include the ability to assist with data analytics and measurement, contract management and negotiation coaching, sharing best practices and outcomes, measuring return on investment, and incorporation of

CBOs into value-based purchasing agreements. The MCOs will also support a regional or statewide learning network that is informed by frequently asked questions or topics.