



**THE HEALTH  
COLLABORATIVE**  
Technology Powered by HealthBridge

## Request for Proposal

Software tool to manage and coordinate the health-related social needs of Medicare and Medicaid beneficiaries

**Respond by:**

Friday, July 28, 2017, 1:00pm

**Contact:**

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Senior Director, Informatics  
The Health Collaborative  
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July 5, 2017

To Whom It May Concern:

[The Health Collaborative \(THC\)](#) is a non-profit organization based in Cincinnati that strives to positively impact health status, experience, outcomes, and affordability by fostering a connected system of healthcare and community health through innovation, integration, and informatics in the Greater Cincinnati region and beyond. Its HealthBridge service line serves more than 30 hospitals and 7,500 physicians in Southwest Ohio as well as parts of Indiana and Kentucky.

Through its acceptance into the [Accountable Health Communities \(AHC\) model](#), THC and its local community partners seek to assist the [Centers for Medicare & Medicaid Innovation \(CMMI\)](#) in testing whether systematically identifying and addressing the health-related social needs of Medicare and Medicaid beneficiaries impacts total health care costs, improves health, and enhances the overall quality of care. An integral part of THC's proposed approach is a comprehensive and integrated technology platform that meets the requirements of Track 3 of the AHC model:

- Screening of community-dwelling beneficiaries to identify certain unmet health-related social needs;
- Real-time referral of community-dwelling beneficiaries to community-based service agencies;
- Closed-loop navigation services to ensure appropriate disposition of referrals made to high-risk beneficiaries; and
- Performance monitoring (both at the beneficiary and agency level) to inform community quality improvement efforts

The Health Collaborative's Accountable Health Community application will cover roughly **400,000 Medicare and Medicaid beneficiaries**, and will include one bridge organization and approximately **20-25 sites** (a combination of clinical delivery, navigation, and community service providers) with an estimated **100+ named system users**. THC seeks respondents to this RFP with a proven track record of developing and updating an electronic resource inventory of available community service organizations, managing a patient-centric referral process between clinical and community-based settings, and integrating with resident technology solutions in a variety of care settings (i.e., electronic health records, health information exchange, client relationship management systems, etc.).

To meet the deadline for the initial approval, **all responses to this RFP must be received electronically by 1:00 PM (EDT) on July 28, 2017**. Completed responses to the RFP should be sent to Tim Polsinelli, Senior Director, Informatics, at [tpolsinelli@HealthCollab.org](mailto:tpolsinelli@HealthCollab.org).

## Terms and Instructions:

<u>Process</u>	<u>Deadline</u>
Issue RFP	Wednesday, July 5, 2017
Vendor RFP Question/Answer Webinar	Thursday, July 13 2017
RFP Questions Due	Friday July 14, 2014
RFP Questions and Answers Posted	Wednesday, July 19 2017
RFP Responses Due	Friday, July 28, 2017
Vendor of Choice Selected	Friday, August 18, 2017

## RFP Questions and Answers

Questions related to the RFP can be submitted electronically to [tpolsinelli@HealthCollab.org](mailto:tpolsinelli@HealthCollab.org). Please include the words "AHC RFP: Questions" in the subject line. All questions must be received by **1pm EDT on July 14, 2017**. Submissions will be confirmed by reply email. Additionally, The Health Collaborative will host a webinar for all interested vendors to ask questions. Details for the webinar will be posted on the THC website no later than 2 days prior to the webinar.

The Health Collaborative will post all questions and answers to the THC website by 5pm EDT on July 19, 2017.

## Deadline for Response

Interested vendors must submit an electronic copy of their proposed solution to [tpolsinelli@HealthCollab.org](mailto:tpolsinelli@HealthCollab.org) by **1pm EDT on July 28, 2017**. Submissions will be confirmed by reply email. Late proposals will not be evaluated.

## Submission Process and Requirements

General formatting requirements:

- 8 ½ x 11 pages
- All pages numbered
- One (1) inch margins
- 10 to 12 pt. font
- Single spaced

Responses must be submitted in PDF format and sent using electronic mail. Send your response to: [tpolsinelli@HealthCollab.org](mailto:tpolsinelli@HealthCollab.org) by the date and time specified above. Receipt will be acknowledged via email. Please include the words "**AHC RFP: Vendor Response**" in the subject line.

Vendors should organize their proposals as defined below to ensure consistency and to facilitate the evaluation of all responses. All the sections listed below must be included in the proposal, in the order presented, with the Section Number listed. The responses shall be submitted in the following format:

**Section 1** – Executive Summary (provide a concise description of the products and services proposed while demonstrating compliance with Track 3 of the AHC model and key differentiators from competitors) (Maximum 1 page)

**Section 2** – Vendor Profile (provide answers using the template and instructions below)

**Section 3** – Product Information (provide answers using the template and instructions below) (Maximum 10 pages)

### **General Conditions**

The Health Collaborative is not obligated to any course of action as the result of this RFP. Issuance of this RFP does not constitute a commitment by The Health Collaborative to award any contract.

The Health Collaborative is not responsible for any costs incurred by any vendor or their partners in the RFP response preparation or presentation.

Information submitted in response to this RFP will become the property of The Health Collaborative.

All responses will be kept private from other vendors.

The Health Collaborative reserves the right to modify this RFP at any time and reserves the right to reject any and all responses to this RFP, in whole or in part, at any time.

## Section 2: Vendor Profile

Using the template below, please provide the requested information on your organization. Your response to a specific item may be attached to this section as an additional page if necessary.

Name	<a href="#">Click here to enter text.</a>
Address (Headquarters)	<a href="#">Click here to enter text.</a>
Address Continued	<a href="#">Click here to enter text.</a>
Main Telephone Number	<a href="#">Click here to enter text.</a>
Website	<a href="#">Click here to enter text.</a>
Publicly Traded or Privately Held	<a href="#">Click here to enter text.</a>
Describe insurance coverage specifically for data security breaches	<a href="#">Click here to enter text.</a>

### Parent Company (if applicable)

Name	<a href="#">Click here to enter text.</a>
Address	<a href="#">Click here to enter text.</a>
Address Continued	<a href="#">Click here to enter text.</a>
Telephone Number	<a href="#">Click here to enter text.</a>

### Main Contact

Name	<a href="#">Click here to enter text.</a>
Title	<a href="#">Click here to enter text.</a>
Address	<a href="#">Click here to enter text.</a>
Address Continued	<a href="#">Click here to enter text.</a>
Telephone Number	<a href="#">Click here to enter text.</a>
Fax Number	<a href="#">Click here to enter text.</a>
Email Address	<a href="#">Click here to enter text.</a>

### Market Data

Number of years as vendor	<a href="#">Click here to enter text.</a>
Number of currently live customers	<a href="#">Click here to enter text.</a>
Number of new customers in 2016	<a href="#">Click here to enter text.</a>
Average number of sites per customer/community (i.e., 1-5, 6-9, 10-25, 25-50, >50)	<a href="#">Click here to enter text.</a>
Does the product have an Ohio, Kentucky, and/or Indiana presence?	<a href="#">Click here to enter text.</a>
If so, # of install sites and total # of users	<a href="#">Click here to enter text.</a>
What is the current implementation timeframe (contract signing to Go Live) and key deliverable milestones?	<a href="#">Click here to enter text.</a>
Number and percentage of customers in 2016 that did not get installed four (4) months after signing contract?	<a href="#">Click here to enter text.</a>
How many organizations have not re-signed with your product de-over the past year? Please specify why?	<a href="#">Click here to enter text.</a>

What is your customer retention rate over the last two (2) years? [Click here to enter text.](#)  
Total FTEs as of December 31, 2016 [Click here to enter text.](#)  
Total FTEs currently [Click here to enter text.](#)

### Section 3: Product Information

1. **General:** Product name and version #. When is your next scheduled version release?
2. **Beneficiary Registration:** Does the product have the capability to record demographics including: preferred language, insurance type, gender, race, ethnicity, phone number, address and date of birth? Can the system allow the entry of the Health Insurance Claim Number (HICN) or Medicare Beneficiary Identifier (MBI)? Can the system be configured to require a minimum set of demographics? Describe the product's ability to identify and merge potential duplicate beneficiary records.
3. **Screening tool:** Briefly describe your screening tool and whether it addresses the core and/or supplemental health-related social needs identified in the AHC Model Data Template (Appendix A). Can your screening tool be customized?
4. **Resource inventory:** Describe the process and timing for creating a resource inventory of local community service agencies in a new customer market? How are existing resource inventories (i.e., 211 system) integrated into the product? Do you have specific experience integrating databases from the 211 Refer platform into your resource inventory? Rather than integrate our 211 system resource inventory into your tool, is it possible to simply link to our community's Refer database and use the data real time? What is the process and frequency for updating the resource inventory? Can updates be integrated into external resource inventories? Does the product support the AIRS-approved 211 taxonomy? Are any 211 organizations using your product for the operation of their overall 211 service (like Refer)? If so, which organizations?
5. **Referrals:** How are community service agencies related to a patient's identified health-related social needs selected for referral? Describe how the product supports closed-loop referrals: Can the product risk stratify the beneficiary based on the answers to the screening questions? Can the product record a beneficiary's refusal for a referral? Can a referral be updated if a beneficiary is rescreened? Describe how the product can be configured to allow or disallow referral updates based on a set of rules.
6. **Navigation:** Describe the process by which a community service agency can navigate a beneficiary to appropriate community resources for health-related social needs (HRSN). Can the system record that a beneficiary has refused navigation services? Can additional HRSNs be added to the beneficiary's record? Can the product allow users to update the HRSN, including the status, results, and how the HRSN was identified (screening, follow-up, etc.)?

7. **Patient record:** Does the system present a chronological, filterable, and comprehensive review of a patient's record (regardless of the different sites of care accessed), which may be summarized and printed?
8. **Care plan:** Describe how the product enables the development of a customized care plan and whether the care plan can be printed for each patient.
9. **Patient communication:** Describe patient communication capabilities (means of communication, such as patient portal, text messaging, email, as well as triggers for communication, such as appointment reminders).
10. **Reporting capabilities:** Provide a list of standard reports (no customization) which can be run at Go Live. Does the product allow custom reports to be created? Can this report information be exported to CD/DVD in CSV or comma text delimited format? Describe the product's adherence to the AHC Model Data Template's list of minimum data elements (Appendix B).
11. **AHC Model Data System Requirements:** CMS requires a non-CMS tool to include specific business rules and logic, outlined in Appendix C. Describe the product's ability to comply with these CMS business rules and logic.
12. **Infrastructure and technology:** Do you provide direct SaaS solutions or require 3<sup>rd</sup> party vendor participation? Does a 3<sup>rd</sup> party vendor host any part of your product and/or data? Can information be exported in CSV or comma text delimited format? Briefly describe your contingency strategy in the event Internet service is lost and customer is unable to access your system? Does the product support multitenancy?
13. **Interoperability:** Does the system support single sign-on capability? Describe if/how the system imports/exports patient information (i.e., demographics, social needs identified, referrals made/care plan, outcome of referrals) from/to community-based health information exchanges, resident electronic health record system, resident case management systems, or other resident IT platforms. What specific EMR systems (i.e., Epic and NextGen) do you have experience with? What standards-based protocols are supported for interoperability? Describe if/how open APIs are used to facilitate sharing of data between disparate systems. What triggers exist to generate an outbound message? Can the product be integrated with an existing Master Patient Index (MPI) platform?
14. **System maintenance and disaster recovery:** How often is maintenance performed (operating system and application)? Do you have normal maintenance windows for system backup and maintenance? In the past two (2) years, how many outages have you experienced outside of normal maintenance? Do you have a business continuity and disaster recovery plan? What is your recovery time objective (RTO) and recovery point objective (RPO)?
15. **Security and security features:** Describe how the product meets all HIPAA, HITECH, and other security requirements. What security framework is your information security program based on (HITRUST, NIST 800-53 v4, ISO 27001/2, etc.)? How often do you perform 3<sup>rd</sup> party audits and when was the last audit performed? Describe the system capability with regard to implementing role based security. List the security reports the

product provides at Go-Live to meet all auditing and HIPAA reporting needs. Describe the product's ability to terminate user connections/sessions by an administrator (remotely) in the event of a security incident. Describe your site's security features (anti-virus/anti-malware, firewalls, DLP, IPS/IDS, etc.). Describe your vulnerability management policies and procedures. Be sure to list all security enhancements which must be accommodated on client workstations (i.e., Internet sites trusted, Active X controls enabled, Dot Net versions supported, registry modifications, etc.).

16. **Data protection:** Describe how the patient's data is saved, stored, and secured at all times (i.e., strong password protection or other user authentication, data encrypted at rest, data encrypted in motion). Describe the various ways that patient data may be accessed and how that data is secured with each (e.g., application API, web site, mobile apps, etc.).
17. **Implementation, training and other vendor support:** Describe your implementation process: Would your team provide on-site or remote assistance? What tools/processes will you provide to guide us through analysis, workflow design and technical build to ensure a successful implementation? Describe available training options (i.e., train-the-trainer, direct vendor training of site personnel) and process for bringing a new customer market online. After 'Go-Live', who (i.e., support team, implementation manager, etc.) will be available to answer questions, issues, and/or training requests? Describe process for end-user support (i.e., preferred method of contact, location of support staff, normal hours of support, and how after-hours support is handled).
18. **Pricing and licensing:** What is the proposed pricing model (i.e., based on product license per site, per user, other)? What does each license actually provide? Is training and support included? Will the customer be allowed to make payments based upon milestones with a significant portion of the fees not payable until "Go-Live"? Are there opportunities for multiple AHC communities to purchase the tool at a volume discount?
19. **Upgrades and Enhancements:** Are product upgrades included in the licensing. What is the typical upgrade release schedule? Describe the customer-initiated enhancement request process: How are requests prioritized?
20. **Other:**
  - a. Will you agree to a white labeling arrangement with the bridge organization?
  - b. What is your policy on selling your customers' data?
  - c. Please provide 3 customer references (including customer name, customer address, length of time customer using your product, point of contact (POC), POC phone number and email address)



## Appendix A: AHC Model Screening Questions

Ref ID	Domain	Core?	Question	Choices
info-1	Information	Yes	<b>Who is providing the information?</b> If you are completing this form for another person, please respond to the questions for that person, not yourself.	<ol style="list-style-type: none"> <li>1. Myself</li> <li>2. Parent/Legal Guardian</li> <li>3. Caregiver</li> <li>4. Other (please describe your relationship to the beneficiary) _____</li> </ol>
info-2	Information	Yes	<b>How many times have you received care in an emergency department over the last 12 months?</b> (if you are in the emergency department now, please count your current visit) (Note: high risk is identified by Option 3. "2 or more times")	<ol style="list-style-type: none"> <li>1. 0 times</li> <li>2. 1 time</li> <li>3. 2 or more times</li> </ol>
info-3	Information	Yes	<b>Do you live in any of the following locations (check one)</b> (Note: beneficiary is only eligible to complete screening if Option 7 "none of the above" is selected)	<ol style="list-style-type: none"> <li>1. I live in an assisted living facility (an assisted living facility is a long-term care option that provides personal care support services such as meals, bathing, dressing, or medications)</li> <li>2. I live in a nursing home (a long-term care option that provides 24 hours a day medical care that would not be possible in other housing)</li> <li>3. I live in a rehabilitation center (a rehabilitation center helps a person heal after illness or injury by providing treatments like physical, occupational, or speech therapy)</li> <li>4. I live in an in-patient recovery program for a drug or alcohol problem</li> <li>5. I live in a psychiatric institution</li> <li>6. I live in a correctional facility (such as a jail, prison, detention center, or penitentiary)</li> <li>7. None of the above</li> </ol>
info-4	Information	Yes	<b>Is this beneficiary receiving any additional care that is similar to the AHC intervention?</b> (Note: this question must be asked if one or more core needs were identified during screening and asked after the demographic questions)	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol>
hou-1	Housing	Yes	<b>What is your housing situation today?</b> (Options 1 and 2 identify need)	<ol style="list-style-type: none"> <li>1. I do not have housing (I am staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)</li> <li>2. I have housing today, but I am worried about losing housing in the future.</li> <li>3. I have housing</li> </ol>
hou-2	Housing	Yes	<b>Think about the place you live. Do you have problems with any of the following?</b> (Note: Options 1-7 identify need)	<ol style="list-style-type: none"> <li>1. Bug infestation</li> <li>2. Mold</li> <li>3. Lead paint or pipes</li> <li>4. inadequate heat</li> <li>5. Oven or stove not working</li> <li>6. No or not working smoke detectors</li> <li>7. Water leaks</li> <li>8. None of the above</li> </ol>

foo-1	Food	Yes	<b>Some people have made the following statements about their food situation. Please answer whether the statement was OFTEN, SOMETIMES, or NEVER true for you in the last 12 months. Within the past 12 months, you worried that your food would run out before you go money to buy more.</b> (Note: options 1 and 2 identify need)	<ol style="list-style-type: none"> <li>1. Often true</li> <li>2. Sometimes true</li> <li>3. Never true</li> </ol>
foo-2	Food	Yes	<b>Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.</b> (Note: options 1 and 2 identify need)	<ol style="list-style-type: none"> <li>1. Often true</li> <li>2. Sometimes true</li> <li>3. Never true</li> </ol>
tra-1	Transportation	Yes	<b>In the past 12 months, has lack of transportation kept you from medical appointments, meetings, work or from getting to things needed for daily living? (Check all that apply)</b> (Note: Options 1 and 2 identify need)	<ol style="list-style-type: none"> <li>1. Yes, it has kept me from medical appointments or getting medications</li> <li>2. Yes, it has kept me from non-medical meetings, appointments, work, or getting to things that I need</li> <li>3. No</li> </ol>
uti-1	Utilities	Yes	<b>In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home?</b> (Note: Options 1 and 3 identify need)	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> <li>3. Already shut off</li> </ol>
saf-2	Safety	Yes	<b>Because violence and abuse happens to a lot of people and affects their health we are asking the following questions. How often does anyone, including family, physically hurt you?</b> (Note: Each item (safety questions 1-4) is scored from 1-5 (never = 1; rarely =2; sometimes = 3; fairly often =4; and frequently =5). Scores range between 4-20. A score greater than 10 identifies need)	<ol style="list-style-type: none"> <li>1. Never</li> <li>2. Rarely</li> <li>3. Sometimes</li> <li>4. Fairly often</li> <li>5. Frequently</li> </ol>
saf-2	Safety	Yes	<b>How often does anyone, including family, insult or talk down to you?</b> (Note: Each item (safety questions 1-4) is scored from 1-5 (never = 1; rarely =2; sometimes = 3; fairly often =4; and frequently =5). Scores range between 4-20. A score greater than 10 identifies need)	<ol style="list-style-type: none"> <li>1. Never</li> <li>2. Rarely</li> <li>3. Sometimes</li> <li>4. Fairly often</li> <li>5. Frequently</li> </ol>
saf-2	Safety	Yes	<b>How often does anyone, including family, threaten you with harm?</b> (Note: Each item (safety questions 1-4) is scored from 1-5 (never = 1; rarely =2; sometimes = 3; fairly often =4; and frequently =5). Scores range between 4-20. A score greater than 10 identifies need)	<ol style="list-style-type: none"> <li>1. Never</li> <li>2. Rarely</li> <li>3. Sometimes</li> <li>4. Fairly often</li> <li>5. Frequently</li> </ol>
saf-2	Safety	Yes	<b>How often does anyone, including family, scream or curse at you?</b> (Note: Each item (safety questions 1-4) is scored from 1-5 (never = 1; rarely =2; sometimes = 3; fairly often =4; and frequently =5). Scores range between 4-20. A score greater than 10 identifies need)	<ol style="list-style-type: none"> <li>1. Never</li> <li>2. Rarely</li> <li>3. Sometimes</li> <li>4. Fairly often</li> <li>5. Frequently</li> </ol>
dem-1	Demographic	Yes	<b>Tell me about yourself. What is your sex?</b> (Note: demographic questions will follow any supplemental domain questions that a bridge organization chooses to ask beneficiaries)	<ol style="list-style-type: none"> <li>1. Male</li> <li>2. Female</li> </ol>
dem-1	Demographic	Yes	<b>Are you Hispanic, Latino/a, or Spanish Origin? (One or more categories may be selected)</b>	<ol style="list-style-type: none"> <li>1. No, not of Hispanic, Latino, or Spanish origin</li> <li>2. Yes, Mexican, Mexican American, Chicano</li> <li>3. Yes, Puerto Rican</li> <li>4 Yes, Cuban</li> <li>5 Yes, another Hispanic, Latino, or Spanish origin</li> </ol>

dem-2	Demographic	Yes	<b>Which one or more of the following would you say is your race? (Check all that apply)</b>	<ul style="list-style-type: none"> <li>1. American Indian/Alaska Native</li> <li>2. Asian</li> <li>3. Black or African American</li> <li>4. Native Hawaiian/Other Pacific Islander</li> <li>5. White</li> <li>6. Other</li> </ul>
dem-3	Demographic	Yes	<b>How many people are currently living or staying with you in your home?</b>	Open-ended.
dem-4	Demographic	Yes	<b>What is your annual household income from all sources?</b>	<ul style="list-style-type: none"> <li>1. Less than \$10,000</li> <li>2. \$10,000 to less than \$15,000</li> <li>3. \$15,000 to less than \$20,000</li> <li>4. \$20,000 to less than \$25,000</li> <li>5. \$25,000 to less than \$35,000</li> <li>6. \$35,000 to less than \$50,000</li> <li>7. \$50,000 to less than \$75,000</li> <li>8. \$75,000 or more</li> </ul>
dem-5	Demographic	Yes	<b>What is the highest level of school you have completed?</b> (Note: if Option 4 is selected, the beneficiary must select from the following sub-options: no diploma, high school diploma, GED, or alternative credential)	<ul style="list-style-type: none"> <li>1. No schooling completed</li> <li>2. Less than 8th grade</li> <li>3. Some High School (Grades 9-12)</li> <li>4. High school graduate</li> <li>5. Completed all or some vocational or technical training or some vocational or technical training.</li> <li>6. Completed college or some college or higher</li> </ul>
fin-1	Financial Strain	No	<b>How hard is it for you to pay for the very basics like food, housing, medical care, and heating? Would you say it is:</b> (Note: Options 1 and 2 identify need)	<ul style="list-style-type: none"> <li>1. Very hard</li> <li>2. Somewhat hard</li> <li>3. Not hard at all</li> </ul>
emp-1	Employment	No	<b>Do you want help finding or keeping work or a job?</b> (Note: Options 1 and 2 identify need)	<ul style="list-style-type: none"> <li>1. Yes, help finding work</li> <li>2. Yes, help keeping work</li> <li>3. I do not need or want help</li> </ul>
fcs-1	Family and Community Support	No	<b>If for any reason you need help with day-to-day activities such as bathing, preparing meals, shopping, managing finances, etc., do you get the help you need?</b> (Note: Options 3 and 4 identify need)	<ul style="list-style-type: none"> <li>1. I don't need any help</li> <li>2. I get all the help I need</li> <li>3. I could use a little more help</li> <li>4. I need a lot more help</li> </ul>
fcs-2	Family and Community Support	No	<b>How often do you feel lonely or isolated from those around you?</b> (Note: Options 4 and 5 identify need)	<ul style="list-style-type: none"> <li>1. Never</li> <li>2. Rarely</li> <li>3. Sometimes</li> <li>4. Often</li> <li>5. Always</li> </ul>
edu-1	Education	No	<b>Do you speak a language other than English at home?</b> (Note: Option 1 identifies need)	<ul style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ul>
edu-2	Education	No	<b>Do you want help with school or training? For example, starting or completing job training or getting a high school diploma, GED or equivalent.</b> (Note: Option 1 identifies need)	<ul style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ul>

pa-1	Physical Activity	No	<p><b>On average, how many days per week do you engage in moderate to strenuous exercise (like walking fast, running, jogging, dancing, swimming, biking, or other activities that cause a light or heavy sweat)?</b></p> <p>(Note: To identify a physical activity need, the “number of days” in question pa-1 should be multiplied by the “number of minutes” in question pa-2 to determine the amount of exercise that the beneficiary receives each week.</p> <p>Based on Beneficiary’s age, the need should be identified:</p> <ul style="list-style-type: none"> <li>• Age 0 to less than 6: answer doesn’t matter (no need will be identified)</li> <li>• Age greater than or equal to 6 and less than 18: a screen positive is anything less than an average of 60 min per day</li> <li>• Age 18 or older: a screen positive is anything less than 150 min/week)</li> </ul>	<ol style="list-style-type: none"> <li>1. 0</li> <li>2. 1</li> <li>3. 2</li> <li>4. 3</li> <li>5. 4</li> <li>6. 5</li> <li>7. 6</li> <li>8. 7</li> </ol>
pa-2	Physical Activity	No	<p><b>On average, how many minutes do you engage in exercise at this level?</b></p> <p>(Note: see pa-1 for instructions for identifying a physical activity need)</p>	<ol style="list-style-type: none"> <li>1. 0</li> <li>2. 10</li> <li>3. 30</li> <li>4. 40</li> <li>5. 50</li> <li>6. 60</li> <li>7. 90</li> <li>8. 120</li> <li>9. 150 or greater</li> </ol>
sub-1	Substance Abuse	No	<p><b>The next questions relate to your experience with alcohol, cigarettes, and other drugs. Some of the substances are prescribed by a doctor (like pain medications), but only record those if you have taken them for reasons or in doses other than prescribed. One question is about illicit or illegal drug use—but we only ask in order to identify community services that may be able to help you.</b></p> <p><b>How many times in the past year have you had 4 or more drinks (for women) or 5 or more drinks (for men) with alcohol in a day? One drink is 12 ounces of beer, 5 ounces of wine, or 1.5 ounces of 80-proof spirits.</b></p> <p>(Note: Options 2-5 identify need)</p>	<ol style="list-style-type: none"> <li>1. Never</li> <li>2. Once or Twice</li> <li>3. Monthly</li> <li>4. Weekly</li> <li>5. Daily or Almost Daily</li> </ol>
sub-2	Substance Abuse	No	<p><b>How many times in the past year have you used tobacco products (like cigarettes, cigars, snuff, chew, electronic cigarettes)?</b></p> <p>(Note: Options 2-5 identify need)</p>	<ol style="list-style-type: none"> <li>1. Never</li> <li>2. Once or Twice</li> <li>3. Monthly</li> <li>4. Weekly</li> <li>5. Daily or Almost Daily</li> </ol>
sub-3	Substance Abuse	No	<p><b>How many times in the past year have you used prescription drugs for non-medical reasons?</b></p> <p>(Note: Options 2-5 identify need)</p>	<ol style="list-style-type: none"> <li>1. Never</li> <li>2. Once or Twice</li> <li>3. Monthly</li> <li>4. Weekly</li> <li>5. Daily or Almost Daily</li> </ol>
sub-4	Substance Abuse	No	<p><b>How many times in the past year have you used illegal drugs?</b></p> <p>(Note: Options 2-5 identify need)</p>	<ol style="list-style-type: none"> <li>1. Never</li> <li>2. Once or Twice</li> <li>3. Monthly</li> <li>4. Weekly</li> <li>5. Daily or Almost Daily</li> </ol>
mh-1	Mental Health	No	<p><b>Over the past 2 weeks, how often have you been bothered by any of the following problems:</b></p> <p><b>Little interest or pleasure in doing things?</b></p> <p>(Note: Options 2-4 identify need)</p>	<ol style="list-style-type: none"> <li>1. Not at all</li> <li>2. Several days</li> <li>3. More than half the days</li> <li>4. Nearly every day</li> </ol>

mh-2	Mental Health	No	<b>Feeling down, depressed, or hopeless?</b> (Note: Options 2-4 identify need)	1. Not at all 2. Several days 3. More than half the days 4. Nearly every day
mh-3	Mental Health	No	<b>Stress means a situation in which a person feels tense, restless, nervous, or anxious, or is unable to sleep at night because his or her mind is troubled all the time. Do you feel this kind of stress these days?</b> (Note: Options 2-5 identify need)	1. Not at all 2. A little bit 3. Somewhat 4. Quite a bit 5. Very much
dis-1	Disabilities	No	<b>Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? (5 years old or older)</b> (Note: Option 1 identifies need)	1. Yes 2. No 3. N/A
dis-2	Disabilities	No	<b>Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? (15 years old or older)</b> (Note: Option 1 identifies need)	1. Yes 2. No 3. N/A

## Appendix B : AHC Model Data Elements

Ref ID	Topic	Element (Field)	Purpose
A-01	Beneficiary	Beneficiary: ID	Unique ID for each Beneficiary in the AHC program
A-02	Beneficiary	Name: First	First name of the Beneficiary
A-03	Beneficiary	Name: Middle	Middle name of the Beneficiary
A-04	Beneficiary	Name: Last	Last name of the Beneficiary
A-05	Beneficiary	Address: Line 1	Address, first line
A-06	Beneficiary	Address: Line 2	Address, second line
A-07	Beneficiary	Address: City	City of the address
A-08	Beneficiary	Address: State	US State abbreviation
A-09	Beneficiary	Address: ZIP code	ZIP code
A-10	Beneficiary	Address: +4 (ZIP)	ZIP code's 4-digit extension
A-11	Beneficiary	Phone: Number	10-digit telephone number
A-12	Beneficiary	Phone: Type: ID	<b>CMS-Supplied:</b> Unique ID of a type of telephone
A-13	Beneficiary	Demographics: Birthdate	Date of birth of the Beneficiary
A-14	Beneficiary	Demographics: Sex	Sex of the Beneficiary
A-15	Beneficiary	Benefits program ID: Started	Date when the Beneficiary's ID (enrollment) is active
A-16	Beneficiary	Benefits program ID: Ended	Date when the Beneficiary's ID is terminated
A-17	Beneficiary	Benefits program: ID (current)	Current HICN, Medicaid ID, or Medicare Beneficiary ID (MBI)
A-18	Beneficiary	Benefits program: ID (previous)	Previous HICN, Medicaid ID, Medicare Beneficiary ID (MBI), if any
A-19	Beneficiary	Randomization group assignment	<b>CMS-Supplied:</b> Group code for Control or Intervention
A-20	Beneficiary	Home Bridge Organization: ID	<b>CMS-Supplied:</b> ID of the BO where the Beneficiary was first registered
A-21	Beneficiary	Home SNS: ID	<b>CMS-Supplied:</b> ID of the SNS where the Beneficiary was first registered
A-22	Beneficiary	Non-CMS system: ID: (current)	Beneficiary's current unique ID in a non-CMS system
A-23	Beneficiary	Non-CMS system: ID: (previous)	Beneficiary's previous unique ID in a non-CMS system
A-24	Beneficiary	Last updated	Last time the information on this record was updated

B-01	Community Resource Inventory	Organization: ID	Each organization must have a Unique ID
B-02	Community Resource Inventory	Organization: ID: Parent	<b>CMS-Supplied:</b> Unique ID of the associated Bridge Organization
B-03	Community Resource Inventory	Organization: Name	Official or public name of the service (Example: Maryland Food Pantry Network)
B-04	Community Resource Inventory	Organization: Description	Summary of the service (can contain markup)
B-05	Community Resource Inventory	Organization: Email	Email address for the service
B-06	Community Resource Inventory	Organization: Website	URL of the service
B-07	Community Resource Inventory	Organization: Address Line 1	Address, first line
B-08	Community Resource Inventory	Organization: Address Line 2	Address, second line
B-09	Community Resource Inventory	Organization: City	City of the address
B-10	Community Resource Inventory	Organization: State	US State abbreviation
B-11	Community Resource Inventory	Organization: ZIP code	ZIP code
B-12	Community Resource Inventory	Organization: +4 (ZIP)	ZIP code's 4-digit extension
B-13	Community Resource Inventory	Organization: Last updated	Last time the information on this record was updated
B-14	Community Resource Inventory	Program: ID	Unique ID of the program
B-15	Community Resource Inventory	Program: ID: Parent	<b>CMS-Supplied:</b> Unique ID of the associated Bridge Organization
B-16	Community Resource Inventory	Program: Name	Name of the program (Example: Baltimore City Food Pantry)
B-17	Community Resource Inventory	Program: Description	Description of the program
B-18	Community Resource Inventory	Program: Last updated	Last time the information on this record was updated
B-19	Community Resource Inventory	Location: ID	Unique ID of a Service Location
B-20	Community Resource Inventory	Location: ID: Parent	Program ID that the location is associated with
B-21	Community Resource Inventory	Location: Name	Name of the Service Location (Example: West Baltimore Food Pantry)
B-22	Community Resource Inventory	Location: Description	Description of the Service Location
B-23	Community Resource Inventory	Location: Alternate name	Alternate name for the Service Location
B-24	Community Resource Inventory	Location: Email	Email address for the Service Location
B-25	Community Resource Inventory	Location: Website	URL of the Service Location
B-26	Community Resource Inventory	Location: Virtual site?	Y/N if Service Location is non-physical
B-27	Community Resource Inventory	Location: Address Line 1	Address, first line
B-28	Community Resource Inventory	Location: Address Line 2	Address, second line
B-29	Community Resource Inventory	Location: City	City in which the address is located
B-30	Community Resource Inventory	Location: State	US State abbreviation
B-31	Community Resource Inventory	Location: ZIP code	ZIP code
B-32	Community Resource Inventory	Location: +4 (ZIP)	ZIP code's 4-digit extension
B-33	Community Resource Inventory	Location: Latitude	Latitude of the Resource location
B-34	Community Resource Inventory	Location: Longitude	Longitude of the Resource location
B-35	Community Resource Inventory	Location: Need domain(s)	List of Needs that the Location handles
B-36	Community Resource Inventory	Location: Eligibility Requirements	Explanation of requirements for service, e.g. Medicaid, Medicare, US Citizenship
B-37	Community Resource Inventory	Location: Service instructions	Explanation of how to acquire services, e.g. fill out an online application online
B-38	Community Resource Inventory	Location: Required documents	List of documents required for service, e.g. government-issued ID, latest utility bill
B-39	Community Resource Inventory	Location: Transportation options	Description of transportation options to get to/from a Service Location
B-40	Community Resource Inventory	Location: Payment options	Methods of payment accepted for the service, eg "Cash", "Money Order", "EBT Card"
B-41	Community Resource Inventory	Location: Language(s)	List of one or more languages (other than English) spoken at the Service Location
B-42	Community Resource Inventory	Location: Schedule: Regular	Description of regular operating days/hours per week
B-43	Community Resource Inventory	Location: Schedule: Holiday	Description of holiday operating days/hours

B-44	Community Resource Inventory	Location: Available?	switch which indicates the 'Active'/Inactive' status of a Service Location
B-45	Community Resource Inventory	Location: Last updated	Last time the information on this record was updated
B-46	Community Resource Inventory	Contact: ID	Unique ID of the CRI's contact person
B-47	Community Resource Inventory	Contact: ID: Parent	This is the organization or location ID that the contact is associated with
B-48	Community Resource Inventory	Contact: First Name	First name of the contact
B-49	Community Resource Inventory	Contact: Last Name	Last name of the contact
B-50	Community Resource Inventory	Contact: Job title	Job title of the contact
B-51	Community Resource Inventory	Contact: Department	Department that the contact is part of
B-52	Community Resource Inventory	Contact: Email	Email address of the contact
B-53	Community Resource Inventory	Contact: Last updated	Last time the information on this record was updated
B-54	Community Resource Inventory	Phone: ID	Unique ID of the phone number for a contact
B-55	Community Resource Inventory	Phone: ID: Parent	Unique ID of the phone number's parent organization
B-56	Community Resource Inventory	Phone: Number	Phone number
B-57	Community Resource Inventory	Phone: Extension	Extension of the phone number
B-58	Community Resource Inventory	Phone: Type	Phone type
B-59	Community Resource Inventory	Phone: Department	Department using this phone number
B-60	Community Resource Inventory	Phone: Last updated	Last time the information on this record was updated
C-01	Screening	Screening tool: ID	Unique ID for each screening software tool
C-02	Screening	Screening tool: Screening tool code	<b>CMS-Supplied:</b> Unique ID for each approved screening software tool version
C-03	Screening	Screening tool: Name	Screening software tool version name
C-04	Screening	Screening tool: Description	Description of the screening software tool
C-05	Screening	Screening tool: Total number of questions	Total number of answerable questions in the screening
C-06	Screening	Screening tool: Effective date	Start date for screening software tool use
C-07	Screening	Screening tool: Termination date	Date the screening software tool's use is terminated
C-08	Screening	Screening tool: Last updated	Last time the information on this record was updated
C-09	Screening	Encounter: Specific: ID	Unique ID for each screen encounter event
C-10	Screening	Encounter: Specific: Need from screening?	Y/N switch that the screening identified a Health Related Social Need
C-11	Screening	Encounter: Specific: HRSN: ID	Unique ID for an identified Health Related Social Need during this encounter
C-12	Screening	Encounter: Specific: Last updated	Last time the information on this record was updated
C-13	Screening	Encounter: Summary: ID	Unique ID of the screening encounter
C-14	Screening	Encounter: Summary: Type	<b>CMS-Supplied:</b> Encounter type
C-15	Screening	Encounter: Summary: Community dwelling?	Y/N switch that Beneficiary meets the AHC community-dwelling criteria
C-16	Screening	Encounter: Summary: High risk?	Y/N switch that Beneficiary is high risk
C-17	Screening	Encounter: Summary: CRS: ID	Unique ID of Community Referral Summary provided to the Beneficiary
C-18	Screening	Encounter: Summary: CRS: Beneficiary accepts?	Y/N switch to indicate if the AHC community referral summary has been accepted
C-19	Screening	Encounter: Summary: Date/time	Date and time that the screening was completed for the Beneficiary
C-20	Screening	Encounter: Summary: Last updated	Last time the information on this record was updated
C-21	Screening	Questions: Specific: ID	Unique ID for each screening question
C-22	Screening	Questions: Specific: Order	Sequence of the question, within the entire set of screening questions
C-23	Screening	Questions: Specific: Domain	<b>CMS-Supplied:</b> Domain of the screening questions
C-24	Screening	Questions: Specific: Question	<b>CMS-Supplied:</b> Full text of each question, including numbering and all answer options
C-25	Screening	Questions: Specific: Last updated	Last time the information on this record was updated
C-26	Screening	Answers: Specific: ID	Unique ID for each answer detail

C-27	Screening	Answers: Specific: ID: Summary	Unique identifier associated the answer detail record(s) to the summary record
C-28	Screening	Answers: Specific: Question	Question/requested input ID that matches the answer
C-29	Screening	Answers: Specific: Answer	Recorded answer to the screening question/requested input
C-30	Screening	Answers: Specific: Last updated	Last time the information on this record was updated
C-31	Screening	Answers: Summary: ID	Unique ID for each summary of answers
C-32	Screening	Answers: Summary: Date/time	Date and time that the answer was completed by/for the Beneficiary
C-33	Screening	Answers: Summary: Last updated	Last time the information on this record was updated
D-01	Navigation	Case: ID	Unique ID for a navigation case
D-05	Navigation	Case: Navigation opt-out?	Y/N switch that the Beneficiary is declining the Navigation
D-06	Navigation	Case: Navigation opt-out comments	All notes entered as the result of an Opt Out encounter
D-07	Navigation	Case: Navigation opt-out date	Date of opt-out
D-08	Navigation	Case: Navigation Case: Started	Date when the SNS User first updates the navigation case
D-09	Navigation	Case: Navigation Case: Ended	Date when the the navigation case is no longer active
D-10	Navigation	Case: Navigation Case: Status Code	<b>CMS-Supplied:</b> Code for if the current status of the navigation case is open or closed
D-11	Navigation	Case: Last updated	Last time the information on this record was updated
D-12	Navigation	Event: Summary: ID	Unique ID for each event (action) associated with the navigation case
D-15	Navigation	Event: Summary: Service type code	<b>CMS-Supplied:</b> Code for a navigation action, within a case (i.e., navigation follow-up)
D-16	Navigation	Event: Summary: Comment(s)	Note(s) entered during or after an navigation encounter
D-17	Navigation	Event: Summary: Navigation duration: Code	<b>CMS-Supplied:</b> Code for the duration of a navigation action such as "less than 5 minutes"
D-18	Navigation	Event: Summary: Date/time	Date and Time that the navigation event occurred
D-19	Navigation	Event: Summary: Last updated	Last time the information on this record was updated
D-20	Navigation	Event: Summary: Provider type code	<b>CMS-Supplied:</b> Code for the type of provider conducting the encounter such as "social worker"
D-21	Navigation	Event: Specific: ID	Unique ID of a specific action (e.g., identification of a new Health Related Social Need) within an event
D-22	Navigation	Event: Specific: ID: Parent	Unique ID that this navigation event detail record is associated with
D-23	Navigation	Event: Specific: Need: ID	<b>CMS-Supplied:</b> Unique ID of the Health Related Social Need associated with a navigation case
D-24	Navigation	Event: Specific: Need: Started	Date the AHC Beneficiary navigation Health Related Social Need became effective
D-25	Navigation	Event: Specific: Need: Ended	Date the AHC Beneficiary navigation Health Related Social Need terminated
D-26	Navigation	Event: Specific: Last updated	Last time the information on this record was updated



## Appendix C: AHC Model Alignment Track Data System Logic

### Introduction

This document introduces the following business rules and logic:

1. **Required** business rules that explain how data elements must be structured in a non-CMS data system to produce required data (see AHC Data Template spreadsheet version 1.0)
2. **Suggested** business rules and logic that CMS used in the creation of the AHC Model Data System that may inform the design of a non-CMS data system used to collect AHC data.

It is organized according to the following system functions:

Beneficiary Registration  
Screening  
Community Referral Summary (CRS)  
Risk Stratification  
Navigation  
Community Resource Inventory (CRI)  
Merging Beneficiary Records

### Acronyms

<b>CRI</b>	Community Resource Inventory
<b>CRS</b>	Community Referral Summary
<b>HICN</b>	Health Insurance Claim Number
<b>HRSN</b>	Health-Related Social Need
<b>MBI</b>	Medicare Beneficiary Identifier
<b>SSNRI</b>	Social Security Number Removal Initiative

### Beneficiary Registration

#### Required

1. The system must indicate that an offer to screen has been made to a beneficiary when it has recorded **all** of the following information about the beneficiary:
  - a. Name: First

- b. Name: Last
  - c. Address: Line 1
  - d. Address: ZIP code
  - e. Demographics: Birthdate
  - f. Benefits program: ID (current)
2. The system must accommodate the Social Security Number Removal Initiative (SSNRI) by allowing beneficiaries to provide either a Health Insurance Claim Number (HICN) or Medicare Beneficiary Identifier (MBI) during the transition phase of the initiative, which will begin no earlier than April 1, 2018 and run through December 31, 2019. For more information, please visit the SSNRI website at: <https://www.cms.gov/medicare/ssnri/index.html>.

### Suggested

- 3. System users may not register a beneficiary without first searching the database of existing participants to attempt to identify a match, thereby avoiding duplicative records.
- 4. If a HICN/MBI or Medicaid ID (as applicable) is unknown, then the beneficiary can be registered and counted toward an offer to screen but cannot complete the screening.
- 5. The system allows staff to update the beneficiary record as necessary.
- 6. When users are searching for previously registered beneficiaries, the system makes records of previous HICN/MBI and Medicaid ID numbers, ZIP codes, and phone numbers accessible for system users to identify beneficiaries to avoid duplicate records.

### Screening

#### Required

- 7. The system must be able to identify each health-related social need (HRSN) based on a beneficiary's responses to screening questions in the CMMI HRSN Screening Tool as determined by CMS (see Tab 2 in the AHC Data Template spreadsheet version 1.0).
- 8. The system must supply the screening questions in the CMMI HRSN Screening Tool in the order determined by CMS. However, it should allow a beneficiary to skip ahead and return to previous questions during screening.
- 9. The system must allow rescreening of beneficiaries over the course of the model. Rescreens will be counted towards the annual screening milestones.

Suggested

10. The system does not offer any supplemental HRSN screening questions to the beneficiary if a core HRSN is not first identified.
11. The system does not impose a time limit within which a beneficiary must complete the screening.
12. After a beneficiary answers demographic questions once, their answers are auto-filled during rescreening but editable.

Community Referral Summary (CRS)

Required

13. The system must record a beneficiary as eligible for a Community Referral Summary (CRS) if the beneficiary meets **all** of the following criteria:
  - a. The beneficiary answered the three information questions:
    - i. Who is providing the information?
    - ii. How many times have you received care in an emergency department over the last 12 months?
    - iii. Do you live in any of the following locations?
  - b. The beneficiary's responses to the core HRSN screening questions identified at least one core HRSN.
14. The system must document a beneficiary's refusal to accept a CRS.
15. In the event that a beneficiary is rescreened, the system must not allow the resources in the beneficiary's CRS to be altered or changed, **except** for the following situations:
  - a. If the beneficiary is rescreened more than 365 days after their last screening, the system must allow for a new CRS with all new resources to be generated.
  - b. If a rescreening results in the identification of a new HRSN, the system must allow the beneficiary's most recent CRS to be updated to include resources for the newly identified HRSN(s). All other resources in the updated CRS should otherwise be unaltered or unchanged from the resources in the beneficiary's most recent CRS.
  - c. If a resource in the beneficiary's most recent CRS is inactive, as determined by the bridge organization (see CR section below), the system must allow a system user to update the beneficiary's most recent CRS to include new resources for the HRSN(s) for which resources were inactivated.

- d. If beneficiary is in an open navigation period (see [Navigation](#)), the system must allow the navigator to update resources at any time without restriction, as CRS is a tool to support navigation.

## Risk Stratification

### Required

16. Unless the beneficiary is in an open navigation period (see [Navigation](#)), the system must assign a beneficiary to the high risk group **only if all** of the following criteria are met:
  - a. The beneficiary self-reports 2 or more ED visits in the previous 12 months.
  - b. At least one core HRSN is identified during screening.
17. During an open navigation period, the system must record the beneficiary's self-reported ED visits at every rescreening. Notwithstanding the beneficiary's self-reported ED visits at the time of rescreening, the system must maintain the risk stratification assignment for each beneficiary within an open navigation period.

## Navigation

### Required

18. The system must indicate that a beneficiary is eligible for navigation services only if the beneficiary has been risk stratified to the high-risk group (see [Risk Stratification](#) above, [Appendix 1](#) and [Figure 1](#) for clarification).
19. If a beneficiary that is eligible to receive navigation services consents to receiving such services, the system must open a navigation case for a period of 12 months (navigation period).
20. The system must document and report whether a beneficiary has refused navigation services.
21. The system must allow navigators to add additional HRSN(s) to the beneficiary's record during the navigation period.
22. The system must allow navigators to update the status (open/closed) and results (resolved/unresolved) of a HRSN during the navigation period.
23. The system must differentiate between a HRSN identified through screening and a HRSN identified through navigation.

### Suggested

24. The system opens a navigation case automatically after determining the beneficiary is eligible.
25. The system allows for the generation of a CRS as a part of navigation.

26. The system does not allow users to edit navigation case information after the case is closed.
27. The system allows navigators to view information from a previous navigation case.
28. The system flags cases as “needs attention” if they are closing within 60 days to alert navigators to update the navigation data before the case is automatically closed.
29. The system allows for a navigator to re-identify a HRSN that was previously (within the same navigation case) indicated as resolved without conducting a full rescreening of the beneficiary. The system should mark the re-identified need as identified during navigation.
30. The system stores and displays the entire history of HRSNs identified and updated for each navigation case, as well as a history of all navigation cases associated with each beneficiary.
31. The system documents when a beneficiary refuses navigation services for a specific HRSN domain and allows navigators to update the status and results of the HRSN accordingly. During that navigation case, the system allows navigators to identify that need again, if appropriate.

#### Community Resource Inventory (CRI)

##### Required

32. The system must allow the CRI to be updated at least every 6 months.

##### Suggested

33. The system allows the CRI to be updated at any time.
34. The system allows any system user to filter and search community resources by attributes such as HRSN domain, language spoken, zip code and name.
35. The system allows any system user to flag a resource as active or inactive, and include the reason they have added the flag.
36. The system allows all clinical delivery sites or other partners conducting screening to see flags and the reason for the flags.
37. Only bridge organizations are allowed to activate or inactivate resources.

#### Merging Beneficiary Records

##### Required

38. If the system merges partially complete beneficiary records it must follow the same business rules as the AHC Data System. CMS will provide these business rules to bridge organizations that choose to collect data in a non-CMS data system.

### An Example

At a local hospital, a community health worker screens Sam, a beneficiary, on 6/1/17. It identifies that

Sam has a housing need. Sam reports visiting the ED 3 times in the past 12 months. The system assigns Sam to the high-risk group. In the high-risk group, Sam is offered navigation services for one year.

Sam returns to the hospital on 6/2/18 (366 days following the first screening). A community health worker rescreens him and identifies a food insecurity need. However, Sam reports visiting the ED only one time in the past 12 months. The system records his self-reported ED utilization history, but maintains Sam in the intervention group as this assignment is for the life of the model. Because Sam is now low-risk, he is NOT eligible for navigation services. Sam may receive usual care and the CRS.

If Sam were to return three months later on 9/2/18, and a screening identifies a food insecurity need AND Sam reports additional trips to the ED since 6/2/18 totaling more than two in the prior 12 months, the system would note that he is eligible for one year of navigation services beginning 9/2/18.

**Figure 1. Alignment Track Logic**

