Community Care Hubs:
What are they and why do we need them?

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Community Care Hubs (CCH) are a new term in healthcare that are becoming increasingly important in how we look at health in the community and how services may be structured moving forward. Another day, another three letter acronym in healthcare; but what exactly are they?

Why do we need them?

There is a large and growing body of evidence around social determinants (SDoH) of health being responsible for up to 80% of health outcomes (1,2), yet so many of those drivers are in the community. They include things like housing, education, and food environments – and the physical circumstances and personal behaviors they create and influence have an incredible upstream impact on quality of life, overall health and costs to the system.

The definition of healthcare is always changing, and we find ourselves at a moment in time where SDoH and services that tackle them are being included in today's evolving definition. The economics of this make sense in an environment of increasing U.S. healthcare costs as they speak to primary prevention and upstream intervention, which are considerably more cost effective than secondary or tertiary care (3, 4).

Medicaid populations suffer far more than the average American from SDoH issues, and these underlying drivers lead to considerable health inequity (5, 6). Given this, state entities and managed Medicaid organizations are looking to tackle these factors in an integrated fashion, to improve outcomes and lower the cost of care. It is not possible for federal Medicaid funds to be used to pay for traditionally non-medical benefits like housing (7), but a variety of state plans and waivers allow for funding to flow towards these aspects through routes such as section 1115 demonstration projects (8).

CCHs can help expand the reach and capacity of Medicaid funding to address the root causes of health disparities. Folks with underlying SDoH often have multiple complex social issues and through having an integrated social care delivery system of diverse CBOs, CCHs ensure stakeholders are working together to create a holistic delivery system to address these drivers and underlying health disparities.

Many of these services are delivered by community based organizations (CBO's), which are emerging as critical to tackling these needs (9,10). However, these organizations often operate in silos with different business incentives and areas of focus. Like many aspects of U.S. healthcare there is fragmentation and a lack of holistic community integration of services.

Enter community care hubs.

What are they?

A Community Care Hub (CCH) is a community centered entity that organizes and supports a network of CBO's providing services to address health-related social needs. It centralizes administrative functions and operational infrastructure including, but not limited to, contracting with healthcare organizations, payment operations, management

of referrals, service delivery fidelity and compliance, technology, information security, data collection, and reporting. A CCH has trusted relationships with and understands the capacities of local community based and healthcare organizations and fosters cross-sector collaborations that practice community governance with authentic local voices (11).

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What do they do?
CCHs have four core functions (11)

1. Developing and maintaining a network of CBOs
   a. Through contracting and onboarding independent CBO's
   b. Ensuring they serve the diverse and local needs of the population
   c. Having the capability and capacity to address needs
   d. Leading to a comprehensive directory of services
2. Advancing a collective vision for CBO health care partnerships, SDoH initiatives and health equity
   a. Through being part of the design planning and governance of new policies and initiatives
3. Centralizing administrative and operational infrastructure
   a. Through identifying and capitalizing on efficiencies of scale
   b. Establishing centralized infrastructure to support billing and payment operations, referral management, outreach and service delivery fidelity, training and technical assistance support, and compliance with contractual, regulatory, and business requirements
   c. Evaluating program delivery and ROI
4. Managing financial resources
   a. Through negotiating agreements that ensure CBOs are paid sufficiently and equitably for their services to support operational sustainability
   b. Where needed, braiding together multiple funding sources to maintain and support operations and growth

How state entities can work with CCHs?
Depending on the state there are different requirements around if and how Medicaid plans and providers work with CBO's. There is still a growing body of literature around best practices and no dominant standardized framework or recommendation. The CCH concept provides one such framework and there are examples of Medicaid authorities

already financing and supporting CCH's through section 1905a (case management, preventative and rehabilitation services), c and i (home and community based services), k (community first choice), section 1945 (health home services), section 1115 (demonstration waivers), in lieu of service and value-add services (11, 14). A playbook from the partnership to align social care details specific examples of different payment routes in a variety of states such as Washington, New York, and Ohio (11).

States starting out on their CCH journey will take different financial and operational approaches in absence of standardization, but there are some guiding principles that may be helpful in leading to success. States should recognize the role of "upstreamists" in addressing SDoH (15, 16). There are countless CBO's operating in the system detached from state efforts, which represents a huge missed opportunity. These CBO's are often surviving month to month financially. State Medicaid agencies can work together with CBO's through CCH's to address this and create a pathway to financial and long-term sustainability. In addition, best practices around operational, financial, and technical aspects will allow CCH's to coordinate with CBO's and deliver at state-wide scale. Finally, and perhaps most importantly, states must engage with their communities upstream. By embedding deeply in the community through CCH's to build trust and understand the people they serve, states will design products that are not only truly important to their members, but that members will actually change their behaviors around through hyper local cultural competence and engagement.

How does Wider Circle operate as a CCH?

We at Wider Circle have many features of a CCH and are fulfilling the four core functions of CCH's through our own program. We are a community health organization that comes to members' neighborhoods, building trust to engage in places plans and providers can't reach. We are an extension of health plans like managed Medicaid organizations, acting upstream to address SDoH, improve outcomes, and lower the cost of care. We create neighborhood networks of members who influence and support one another, helping them maximize their benefits and community resources to live happier, healthier lives. We marry these neighborhood networks with our team of culturally competent community engagement liaisons, hired from the communities they serve, and a network of local CBO's who we partner with to address, refer and close SDoH needs. In addition we have a comprehensive data and analytics team that is able to conduct analyses that demonstrate cost effectiveness and ROI to plans and providers.

The future of CCH's is still being formed and at present recommendations are being drawn up by a multidisciplinary group of stakeholders to create guidance on how to become a "certified" CCH by the partnership to align social care. Wider Circle is part of this stakeholder group and looks forward to the publishing of these guidelines becoming a certified CCH and collaborating with more states to deliver the best possible care for our members.

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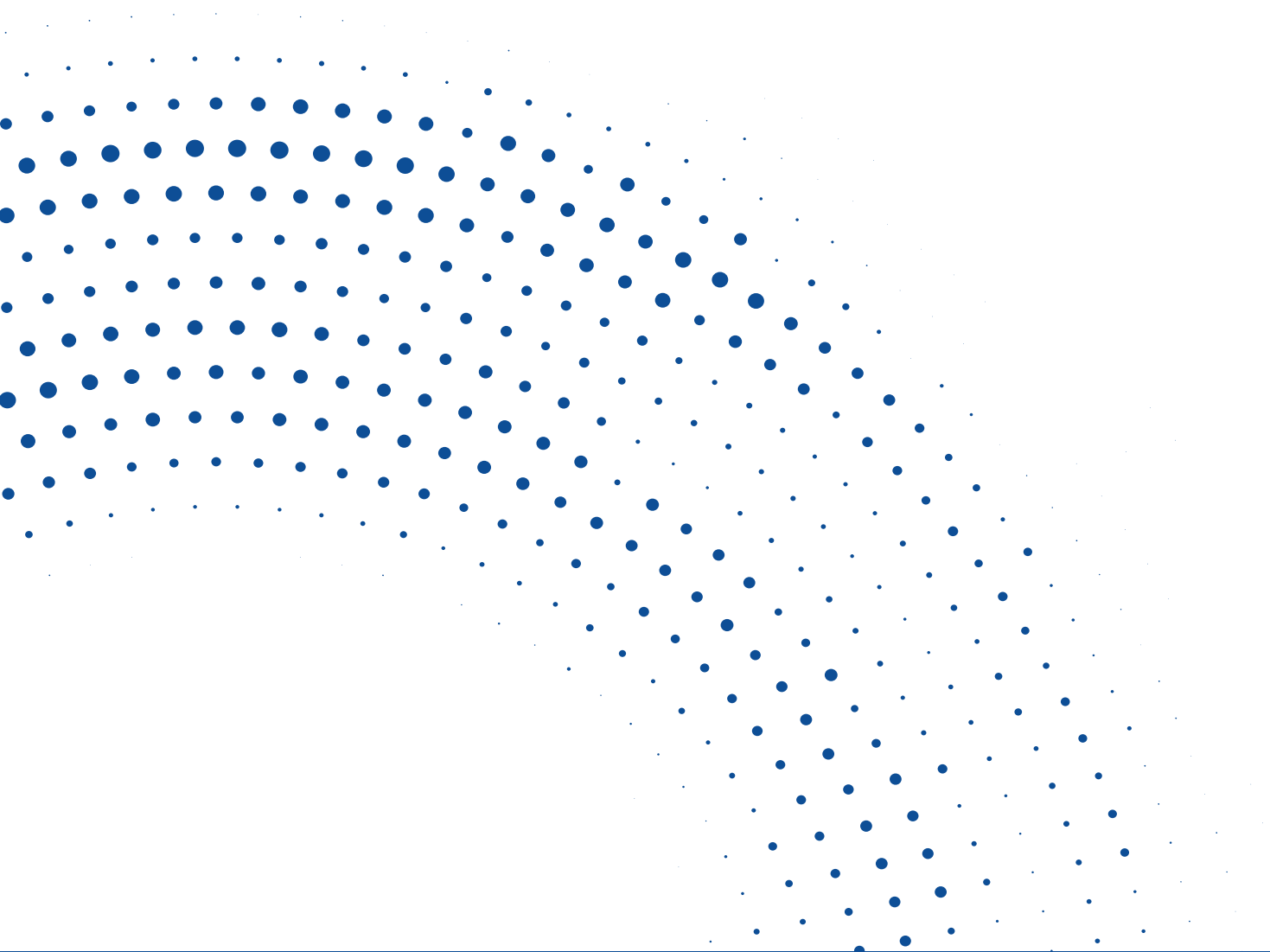
Wider Circle is a community health organization that comes to members' neighborhoods, building trust to engage in places plans and providers can't reach. We are an extension of the health plan, acting upstream to address SDOH, improve outcomes and lower the cost of care. By leveraging proprietary technology to group similar individuals together, we create a neighborhood network of members who influence and support one another, bonding them to their plan and helping them maximize their benefits and community resources to live a happier, healthier life.

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