



1310 G Street, N.W.
Washington, D.C. 20005
202.626.4800
www.BCBS.com

November 16, 2018

Ms. Nancy Delew
Associate Deputy Assistant Secretary
Office of the Assistant for Planning and Evaluation
Department of Health and Human Services
200 Independence Avenue SW
Washington DC 20201

Submitted to the Assistant Secretary for Planning and Evaluation (ASPE) at: ASPEImpactStudy@hhs.gov

Re: Request for Information: IMPACT ACT Research Study: Provider and Health Plan Approaches to Improve Care for Medicare Beneficiaries with Social Risk Factors

Dear Associate Deputy Assistant Secretary Delew:

The Blue Cross Blue Shield Association (BCBSA) is pleased to have the opportunity to respond to the "Request for Information: IMPACT ACT Research Study: Provider and Health Plan Approaches to Improve Care for Medicare Beneficiaries with Social Risk Factors" recently issued by your office.

BCBSA – a national federation of 36 independent, community-based and locally operated Blue Cross and Blue Shield (BCBS) companies (Plans) that collectively provide healthcare coverage for one in three Americans – currently enrolls millions of Medicare beneficiaries in our Medicare Advantage (MA), Part D and Medigap products as well as our employer retiree options.

We share the agency's interest and concern with the social risk factors that are present in the Medicare community. Environmental factors, such as access to safe housing and healthy foods, are core to the well-being of individuals and can greatly impact an individual's overall health.

We appreciate the steps the federal government, particularly the Centers for Medicare & Medicaid Services (CMS), has taken to address these needs. We offer the following next steps to improve the health and well-being of Medicare beneficiaries:

- **First**, we commend CMS for expanding guidance on supplemental benefits (i.e., additional services offered by MA plans that are not covered under Medicare Part A, Part B, or Part D, including transportation to physician visits, coverage of over-the-counter drugs, adult day care services, and other supplemental services that promote beneficiary health and wellness). CMS' new guidance allows plans to cover a broader array of items and services as supplemental benefits so long as they are used to diagnose, prevent or improve the effects of injuries or health conditions, or reduce avoidable emergency department visits. However, in practice this new flexibility has been somewhat narrowly interpreted with CMS denying approval for plans to provide meaningful benefits to address food shortage and safe housing needs. While many MA plans will be offering new types of supplemental benefits in 2019, a number of MA plans have been restricted from offering additional benefits designed to improve patients' day-to-day lives. We believe additional flexibility is still needed to more fully address underlying social risk factors.

- **Second**, we urge CMS to continue working with plans to identify a long-term solution to the impact of dual status and socioeconomic status on Star Ratings. Plans appreciate CMS' ongoing attention to the impact of beneficiary-level characteristics on plan performance and understand that the current Categorical Adjustment Index is a temporary solution. However, we urge CMS to work quickly to develop a longer-term, meaningful fix so social risk factors are properly accounted for in measurement. As part of the fix, we recommend CMS base plan performance in the Star Rating program on absolute rather than relative outcomes, weight measures based on outcomes data rather than those from subjective sources, and reflect plan performance in such a way that is consistent with the experience of a beneficiary in the local area.
- **Third**, the healthcare system as a whole could benefit from the federal government developing and disseminating guidelines, best practices, measurement standards and training on collecting, using and sharing social determinants of health (SDoH) data. Improving existing measurement and data infrastructure, such as standardized electronic health record (EHR) data elements or improving access to EHRs, could help plans connect the dots and create a picture of a member's whole environment, risks and challenges. Furthermore, CMS can play a crucial role in incentivizing and facilitating data collection and allowing for data-sharing between Medicaid programs and Medicare plans to ensure higher quality care.
- **Fourth**, we recommend ASPE encourage CMS to improve the network adequacy review processes and increase flexibility for time-and-distance standards for telehealth services. For patients with social risk factors, particularly those with limited ability to ambulate, telehealth is a best practice. CMS' current emphasis on time-and-distance standards can often be overly prescriptive, and ultimately, limit sponsors' ability to serve certain geographic areas and harder-to-reach members. In CY 2018, CMS began allowing organizations to request an exception if they are using a telehealth or a mobile provider to meet network adequacy requirements. CMS will consider this type of rationale on an Exception Request only for Counties with Extreme Access Considerations (CEAC), Rural, or Micro county types. We recommend that CMS improve the guidance for, and increase the flexibility in, the Exception Request process to allow plans to use telehealth to meet adequacy requirements to better address healthcare needs and social risk factors.
- **Fifth**, as CMS updates its demonstrations or launches new ones, we encourage CMS to include quality measures focused on social determinants of health. Demonstrations provide valuable opportunities to examine how these measures can be used and improved to help drive better outcomes for MA beneficiaries.

To address ASPE's research question more specifically, Plans are taking a number of actions to identify needs and improve health outcomes for all members with social risk factors, including Medicare beneficiaries.

Identifying beneficiaries with social risk factors

BCBSA engages in a number of efforts to help Plans identify members with resource needs beyond medical care, leveraging existing data as a key component of the solutions:

- **Blue Cross Blue Shield InstituteSM (BCBS Institute)**. To address the social and environmental factors that influence health and health outcomes, BCBSA created the BCBS Institute, a new subsidiary of BCBSA. A first-of-its-kind organization in scope and scale, the BCBS Institute combines a social mission with business innovation and insight to target barriers to healthcare that can be solved with technology and strategic alliances. The BCBS Institute analyzes geographic population patterns via ZIP code data to inform BCBS providers and payers about the

most problematic gaps in community access to resources. Through these efforts, the BCBS Institute goes beyond the walls of the traditional provider setting to reach into the daily realities of communities across the country.

The BCBS Institute leverages powerful data by ZIP code about social determinants of health and brings together the partners best positioned to tailor solutions to meet community needs. In collaboration over the last year with Lyft®, the BCBS Institute has made it possible to dispatch rides for patients via Lyft's network of drivers. The BCBS Institute additionally plans to address fitness and nutrition-based disparities as well as pharmacy access for BCBS members through strategic partnerships with CVS Health and Walgreens.

- **BCBS Health Index.** BCBSA also produces the BCBS Health Index, which uses de-identified data from more than 41 million BCBS members to identify the top 200 health conditions with the greatest impact on commercially insured Americans by ZIP code. This tool uniquely contributes to other available health data to support national and local discussions about how to improve health, health policy and healthcare practice in America.

In addition to the BCBS Institute and the BCBS Health Index, individual Plans identify members' social risk factors through outreach and through opportunities that arise when members touch the health system, including:

- **Predictive Analytics.** At least one Plan uses an algorithm developed to predict high risk for future hospitalizations. The algorithm includes social risk factors such as zip codes in its model. If a member is identified as high risk, that member is referred for case management where a case manager will work to identify and address social risk factors.
- **In-home Assessments.** Plans conduct in-home assessments of members during which practitioners visit members to provide a more personalized experience. In addition to clinical care, these providers are inquiring and collecting data on social risk factors (e.g., home safety, financial needs, transportation). This information is used to identify the social risk factors of members and, where possible, connect the members to needed services and supports to address those factors.
- **Acute Health Events.** When members with known chronic conditions have acute events that result in them accessing the healthcare system (e.g., hospital admissions), case managers or care coordinators will typically reach out to understand what caused the event. As part of these conversations, the care managers or care coordinators will work to identify any social risk factors driving the event and work to identify ways to prevent a reoccurrence.

These efforts typically operate across lines of business, identifying members regardless of coverage type (e.g., MA, commercial insurance).

Addressing the needs of beneficiaries with social risk factors

Once a need is identified, there are a variety of ways that Plans are working to improve health outcomes for their members with social risk factors, including value-based arrangements, product design, customized messaging and/or interventions, and community partnership expansion. In addition to these approaches, Plans leverage their case management and care coordination programs to provide additional resources and holistic care. Members with social risk factors often benefit from the additional support that such programs offer, including support during transitions of care for members with specified chronic conditions. For Medicare beneficiaries, the most important risk factors are typically access to transportation and nutritious foods.

- **Blue Cross and Blue Shield of New Mexico (BCBSNM): Addressing Food Security**

Through BCBSNM's support in 2017, more than 2.5 million pounds of food were distributed, impacting more than 73,000 individuals. Key partners working with BCBSNM to increase access to food and educate individuals on healthy eating across the state include:

 - Casa de Peregrinos – The Doña Ana County Rural Food Initiative distributes 50 pounds of nutritious food monthly to approximately 1,000 low-income, largely Hispanic rural colonias – families of southern Doña Ana County, New Mexico.
 - St. Felix Pantry – The Good Eats program provides nutritious food for low-income elementary school students and their families in the Rio Rancho community. Food boxes containing fruits, vegetables and other healthy foods are delivered to the school for distribution to food insecure families.
 - Food Bank of Eastern New Mexico – The food bank supports programs that feed low- to moderate-income individuals, families and homebound persons and students.
 - The Food Depot – The Mobile Food Pantry program provides nutritious food to rural, isolated communities in northern New Mexico where there are high rates of hunger and poverty. This program engages the community by requiring community volunteers to organize and execute the food distribution. The program also serves as an opportunity to develop partnerships with healthcare centers to provide screenings, immunizations and health information to underserved communities.
 - Roadrunner Food Bank – Childhood Hunger Initiative partners with 47 Title I elementary schools, which have a high percentage of students and their families living in poverty. With the funding BCBSNM provided, Roadrunner Food Bank gave significantly more food to families – 1.2 million pounds of food in 2017 compared with 400,000 pounds previously. Through the Senior Hunger Initiative program, fixed and mobile food pantries serve seniors at 18 low-income senior center locations. In 2017, BCBSNM funded food pantries at eight elementary schools and two senior centers as part of Roadrunner's programs.
- **Highmark Foundation: Basic Cardiopulmonary Resuscitation (CPR) and First Aid Training for Transportation Personnel**

The Highmark Foundation awarded a \$2,400 grant to In Touch and Concerned, an organization that provides door-to-door transportation to non-emergency medical appointments and reassurance to the elderly, individuals with disabilities and low-income members to support basic CPR and first aid training for transportation personnel. The goal of the project is to provide training to transportation personnel from 30-35 nonprofits in Monongalia County, indirectly benefitting approximately 3,000 individuals receiving transportation services.
- **Blue Cross and Blue Shield of Minnesota (BCBSMN): Lifeworks Employees**

Lifeworks, a nonprofit that serves people with disabilities, helps connect people with jobs that give them a sense of purpose, a way to contribute and the ability to live an ordinary life. BCBSMN has partnered with Lifeworks for over 30 years and contracts 12 associates with special needs and developmental disabilities for general clerical work.
- **Anthem Foundation: American Lung Association – Smoking Cessation for Low-Income Housing Residents**

Building on the organizations' longstanding relationship, the Anthem Foundation has developed a two-year, nearly \$900K partnership with the American Lung Association (ALA) to deliver smoking

cessation programming in low-income housing units across 14 states. Reducing the use of tobacco and its harmful effects on consumers – and their families and neighbors – builds on Anthem Foundation’s mission to create a healthier generation of Americans through strategic philanthropy. Near the end of 2016, the U.S. Department of Housing and Urban Development (HUD) announced a nationwide smoking ban in public housing that would go into effect July 31, 2018. HUD called for local public housing authorities to provide support services and programs to help residents comply with the ban by the deadline, but, unfortunately, not all facilities were able to provide such measures for their tenants. To address this gap, and what continues to be the nation’s number one most preventable cause of death, Anthem Foundation’s support mobilized the industry-recognized “Gold Standard” of smoking cessation programs – Freedom from Smoking.

- **Blue Cross and Blue Shield of Kansas (BCBSKS): Pathways to a Healthy Kansas**
BCBSKS’ Pathways to a Healthy Kansas is a major community grant program that provides community coalitions with the tools and resources needed to remove barriers and engage their communities in ways that enable healthy eating and tobacco-free, active living to become a way of life. Sixteen communities across the state have been awarded a three-year, \$100,000 coordination grant, along with a variety of technical assistance and support. In addition, each community has the opportunity to earn supplemental grants of up to \$400,000 per community. In all, each Pathways community may receive up to \$500,000 in grants. These coalitions are working within their communities on implementing health strategies across the sectors - or pathways - of community policy, resident/community well-being, the food retail sector, healthcare, restaurants, schools and worksites. More than 360,000 Kansans have the opportunities to live healthier lifestyles through the Pathways initiative. The first round of communities funded include the counties of Atchison, Bourbon, Crawford, Franklin, northern Barton, Kearny, Reno and Seward as well as the city of Hoisington. The second round of communities receiving grants are the counties of Cowley, Dickinson, Geary, Harvey and Lyon. The city of Chanute and the Northwest Collaborative (cities of Atwood, Bird City, Colby and St. Francis) were also round two grant recipients.
- **Blue Cross and Blue Shield of Minnesota (BCBSMN): Willmar Community Initiative**
The face of Minnesota is changing — and Willmar is a city that’s ahead of that trend. Home to growing Latino and Somali populations, Willmar is a vibrant and ethnically diverse community. Through its Corporate Social Responsibility initiative, BCBSMN partnered with the community and has committed up to \$2 million through 2018 to improve the health of all residents of Willmar. Willmar, Minnesota, located 100 miles west of the Twin Cities metro area, is a community of approximately 20,000 people that continues to experience significant transformations, including rapid growth with increasingly diverse and aging populations. Within the community, many are facing considerable barriers to health.
- **Blue Cross and Blue Shield of Nebraska (BCBSNE): Heart Ministry Center**
Heart Ministry Center provides food, clothing, healthcare and supportive services to individuals impacted by poverty in North Omaha. The organization’s programs include a food pantry, clothing closet, urgent care and dental clinic, legal services, job skills and training and social work services. BCBSNE funding supported the Center’s “choice” food pantry, which gives clients the dignity of selecting food to feed their families in a grocery store-style environment. Because the food selection process is more intensive and interactive, staff have the opportunity to connect with clients and provide wrap-around services and additional resources to improve every aspect of their life.

- **Blue Cross and Blue Shield of North Carolina (Blue Cross NC) Foundation: Looking at Health from All Sides**
Good health starts long before patients enter the doctor's office. Therefore, the Blue Cross NC Foundation is committed to addressing the social, environmental and economic factors that are at the root of poor health and health disparities and investing in – and supporting – North Carolina individuals, organizations and communities that act on those factors. In 2017, this included continued investments in clinical-community collaborations in Asheville, Gastonia and Greensboro through the Community-Centered Health Initiative; joining both national and local funders in supporting the BUILD Health Challenge; and funding a partnership between Legal Aid North Carolina and medical providers in Eastern North Carolina to address legal issues that are barriers to good health.
- **Wellmark Blue Cross and Blue Shield: Healthy HometownSM Powered by Wellmark**
When it comes to health, ZIP Code may be more important than genetic code. Think about how surroundings can affect a person's health. Is processed food easier to fit into a hectic schedule than a healthy meal? Is driving to the store easier than walking? Healthy HometownSM Powered by Wellmark was created in 2017 to help communities change their environments and positively impact social behaviors. This initiative is designed to improve overall well-being by making the healthy choice the easy choice. Healthy Hometown offers proven tools and techniques, available in the public domain, that have shown to be effective in terms of creating healthier communities and individuals. Communities, schools and worksites can complete an online self-assessment that provides insight into not only what they can do to make the healthy choice the easy choice — but also how to do it. Those communities wanting to take a broader approach can receive expert consultation and assistance. Healthy Hometown is free and available to all Iowa communities willing to do the work.
- **Anthem Blue Cross and Blue Shield in Colorado (BCBSCO): Double Up Food Bucks Colorado**
Through a \$50,000 grant to LiveWell Colorado, Anthem BCBSCO's parent company foundation is helping increase access to, and affordability of, healthy produce for low-income families in Colorado. The Double Up program helps families make the most of their Supplemental Nutrition Assistance Program (SNAP) funding, increase consumption of fruits and vegetables, and promote healthy eating behaviors.
- **Arkansas Blue & You Foundation: Addressing Hunger and Good Nutrition**
Helping to feed the hungry and provide better nutrition for those in need is the focus of five grants from the Arkansas Blue & You Foundation in 2017. These include backpack meals for students in the Fort Smith and Berryville school districts; a mobile food pantry in Little Rock, gardening classes in Nashville; and a food bank in Little Rock for Hispanic immigrants.
- **Blue Cross Blue Shield of Arizona (BCBSAZ): Fresh Express**
BCBSAZ is one of several businesses that are partnering with the Discovery Triangle Development Corporation to offer Farm Express, a mobile food initiative. Fresh Express travels to underserved neighborhoods to sell affordable fresh fruits and vegetables at convenient, nearby locations. Fresh Express also features onboard health resources such as nutrition education, healthy food demonstrations and health screenings. Residents can pay with cash, debit/credit cards and even SNAP cards.

- **Blue Cross and Blue Shield of Illinois (BCBSIL): Addressing Food Insecurity**
In 2017, BCBSIL worked with key partners and various food banks to increase access to food and educate individuals on healthy food consumption across Illinois. Over 62,000 pounds of food were distributed, impacting more than 11,000 individuals.
- **Blue Cross and Blue Shield of Minnesota (BCBSMN): Giving Garden**
The community giving garden came to life ten years ago and continues to flourish today. Planted on BCBSMN corporate property, the giving garden is completely maintained by employee volunteers. The main goal of the garden is to grow and give fresh, healthy produce to families in need. Providing employees with an opportunity to include physical activity into their workday and reducing its corporate carbon footprint are welcomed bonuses of this project. Over the years, the garden has doubled in size, seen well over 500 different volunteers, delivered over 7,000 pounds of produce to local food shelves and added another food shelf to its donation list. During the 2017 growing season, the giving garden harvested and delivered over 500 pounds of produce. Garden volunteers held 11 events for employees to come out and get their hands dirty and hosted seven teams of employees who wanted to volunteer their time as a group.
- **Blue Cross and Blue Shield of North Carolina (Blue Cross NC): Increasing Access to Healthy Nutritious Food**
Blue Cross NC partnered with four food banks across the state. By supporting MANNA Food Bank in Asheville, Charlotte's Second Harvest Food Bank of Metrolina, Central & Eastern North Carolina Food Bank and Second Harvest of NWNC, Blue Cross NC enabled each food bank to purchase new refrigeration equipment or refrigerated trucks for distribution, reducing waste and increasing the volume of healthy foods — meats, dairy, fruits and vegetables — that reached their partner agencies. Gifts to these four food banks impacted food assistance programs in 82 of North Carolina's 100 counties through more than 2,100 partner agencies.
- **Blue Cross and Blue Shield of North Carolina (Blue Cross NC): Nourishing North Carolina**
Research shows that when communities have access to fresh fruits and vegetables, they eat them – and they're healthier for it, having lower rates of obesity, diabetes and other diet-related diseases. To address this, Blue Cross NC and the North Carolina Recreation & Park Association (NCRPA) have joined forces to establish community gardens throughout North Carolina. Through this partnership, Blue Cross NC has established or enhanced community gardens in all 100 North Carolina counties.
- **Blue Cross Blue Shield of Arizona (BCBSAZ): Nourishing Arizona**
Research shows a staggering one in three Arizonans is considered "working poor," and families with limited incomes are often forced to make food choices based on price or convenience alone. Building upon BCBSAZ's strong community ties and ongoing commitment to health and wellness, the program highlights four main focus areas: 1) raising awareness of food insecurity and food deserts, 2) educating Arizonans on making better food choices, 3) directing people to resources and access to help, and 4) maintaining healthy habits learned and sharing learnings.
- **Blue Cross and Blue Shield of Oklahoma (BCBSOK): Addressing Food Security**
Providing access to healthy and nutritious food is a core focus of BCBSOK's work within its communities. Without access to consistent food, individuals, especially children, are not able to lead healthy and productive lives. Through BCBSOK's support in 2017, 392,242 pounds of food were distributed through two food bank partners – the Community Food Bank of Eastern Oklahoma and Regional Food Bank of Oklahoma – impacting 2,971 individuals. Food as medicine is a key priority for BCBSOK and their work with their food bank partners has focused

on ensuring individuals with health challenges have access to appropriate foods for their conditions and that all clients have access to fresh and healthy food options.

- **Regence BlueShield (Regence): Idaho Foodbank**
Regence and the Idaho Foodbank have partnered to increase the awareness of the crucial community support for the more than 240,000 Idahoans – or one in seven Idahoans - who are living at risk of hunger. Of those at risk are at least 80,000 children who are food insecure. Aiming to promote healthy families and communities, Regence invested in four direct focus areas within the Foodbank’s Nutrition Services program.
- **Regence BlueShield (Regence): Second Harvest**
Second Harvest, with Regence’s support, launched a new volunteer center to increase the capacity of food sorting, leverage larger groups of volunteers more frequently and accommodate processing more fresh fruits and vegetables to help people in need. Second Harvest combats hunger by bringing community resources together to feed the hungry in eastern Washington and northern Idaho with its partnership of more than 250 neighborhood food banks and meal centers. The partnership has also advanced Second Harvest’s Feeding Children and Healthy Eating initiatives, also increasing its capacity to deliver fresh, nutritious food where it is most needed.
- **Blue Shield of California: Shield Cares: Solutions to Homelessness in San Francisco**
The commitment to service in San Francisco is evidenced in Blue Shield of California’s annual participation in Project Homeless Connect (PHC), which brings nonprofit medical and social service organizations together to offer comprehensive, holistic services to the city’s homeless population. Blue Shield of California has contributed more than \$250,000 to the project since 2004, with more than 600 employees offering their time and support. An estimated 6,000-12,000 people are homeless on any given night in San Francisco, and 20 percent are chronically homeless. In 2004, the San Francisco Department of Public Health created PHC as a way to bring necessary services to this population. Today, more than 1,000 community volunteers partner with government agencies, nonprofits, and the private sector every two months to provide a single location with comprehensive health and human services for homeless San Franciscans. During PHC’s events, participants are able to accomplish in one day what might normally take eight months.
- **Excellus BlueCross BlueShield (Excellus BCBS): Dual Recovery/Rapid Engagement Homeless Assistance Team**
Excellus BCBS and Upstate Cerebral Palsy Inc. partnered for the Dual Recovery/Rapid Engagement Homeless Assistance Team (REHAT). Through the REHAT program, homeless and housing vulnerable individuals in Oneida County with documented mental illness and/or substance use issues are provided stabilization services using the “housing first” model. REHAT works with clients to develop a service/treatment plan, which addresses medication adherence, and mental health treatment.
- **Regence BlueCross BlueShield of Oregon (Regence BCBSO): Building Community Alongside Habitat for Humanity Portland Metro**
To create healthier living situations for those in need, Regence BCBSO has regularly partnered with Habitat for Humanity Portland Metro since 2013 to address the pressing issues of affordable housing and inadequate, substandard housing. In addition to significant funding, over 100 employees have participated in homebuilding activities.

- **Health Care Service Corporation (HCSC): Feeding America**

Families facing food insecurity often experience stress, limited income and diet-related chronic illness, which negatively affects health. According to the U.S. Department of Agriculture, 40 million people are food insecure. HCSC works with Feeding America®, the nation's largest hunger-relief organization, to address the complex and often overlapping challenges that increase families' risk of food insecurity, the lack of consistent access to enough food for an active, healthy life. Through a \$1.2 million grant to Feeding America® over two years across its five health plan states, including Illinois, Montana, New Mexico, Oklahoma and Texas, HCSC is driving toward a whole-person approach that empowers families with employment skills training and the knowledge to sustain healthy eating behaviors. HCSC selected 26 food banks to implement Feeding America's nutrition education and intervention strategies, including:

- Nudges in food pantries: Recommended on-site changes, such as placing fresh produce, dairy and protein in areas with high-visibility near the entrance and using signage to encourage healthy selection
- Community kitchens: 10- to 16-week culinary job training programs that prepare adults in-need for jobs in the food service industry
- Nutrition policy: Nutrition guidelines that help food pantries identify healthful foods and beverages as they shift toward nutrition-focused food banking

- **Hawaii Medical Service Association (HMSA): Federally Qualified Health Center (FQHC) Community Grant Program**

The Federally Qualified Health Center (FQHC) Community Grant Program is a two-year grant which aims to address medical and non-medical health needs within communities. All 14 FQHCs across the state were awarded funds to support community-driven solutions that include: lifestyle change programs, cultural practices, integration of community health workers, and programs that address social determinants of health such as transportation, education, housing, medical legal, and social support. HMSA plans to work aside these FQHCs to incorporate community perspectives into their understandings of health and to inform our strategies overall. The Community Grant Program is expected to be complete by October 2019.

Investing in the health and well-being of our communities has been a long-standing tradition of BCBS companies for nearly 90 years. We are proud to be a part of the great work taking place in the communities where our members live and work. By supporting these efforts, we can make progress toward reducing health disparities and achieving healthier outcomes for every American across the country and for future generations. For more information on what BCBS Plans are doing to address these issues, visit www.bcbsprogresshealth.com.

We appreciate your consideration of our comments on how BCBS companies are working to identify needs and improve health outcomes for all members with social risk factors and what the federal government can do to move these efforts forward. We look forward to continuing to work with ASPE on this topic as BCBS companies are committed to improving the health and well-being of all their members. If you have questions, please contact Jane Galvin at 202.626.8651 or Jane.Galvin@bcbsa.com.

Sincerely,



Kris Haltmeyer
Vice President, Legislative and Regulatory Policy
Blue Cross and Blue Shield Association