



**BlueCross BlueShield
Association**

An Association of Independent
Blue Cross and Blue Shield Plans

December 6, 2019

The Honorable Richard Neal
Chairman of the Ways & Means Committee
U.S. House of Representatives
Washington D.C. 20515

The Honorable Kevin Brady
Ranking Member of the Ways & Means Committee
U.S. House of Representatives
Washington D.C. 20515

Attention: Rural and Underserved Communities Health Task Force

Submitted to the Health Task Force via email, Rural_Urban@mail.house.gov.

RE: Request for Information on Priority Topics that Affect Health Status and Outcomes

Dear Representatives Neal and Brady:

The Blue Cross Blue Shield Association (BCBSA) appreciates the opportunity to provide comments on the Request for Information (RFI) on priority topics that affect health status and outcomes (Nov. 15, 2019; RFI).

BCBSA is 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. For 90 years, Blue Cross and Blue Shield Plans have offered quality healthcare coverage in all markets across America – serving those who purchase coverage on their own as well as those who obtain coverage through an employer, Medicare and Medicaid.

Blue Cross and Blue Shield Plans serve communities across every zip code in the United States. As such, for the purposes of our comments, medically underserved areas are defined as geographic areas and populations that experience a lack of access to primary care services—these areas include urban and rural communities. Generally, these populations include members of low-income and minority populations or individuals who have experienced health disparities or encounter barriers to accessing healthcare. More specifically, rural areas do not receive equitable resources and populations often experience challenges with lack of transportation or shortages in primary care providers.

In our comments below, we outline several initiatives and approaches that Blue Cross and Blue Shield Plans currently implement to advance health equity in marginalized rural and urban communities, including methods to ensure underserved communities are considered in healthcare delivery transformation; ideas for building a diverse,

culturally-competent healthcare workforce while supporting small community providers; strategies for strengthening community partnerships to address social determinants of health; recommendations to improve care coordination with an emphasis on chronic conditions; and approaches to ensure equity-focused measurements are improving health outcomes.

We appreciate the opportunity to provide feedback and encourage policymakers to consider these recommendations to strengthen healthcare for all Americans.

Include Underserved Communities in Healthcare Delivery Transformation

Healthcare stakeholders ranging from providers to payers recognize that the development of new business and care delivery models, supported by digital technologies will help to solve today's problems and build a sustainable foundation for affordable, accessible, high-quality healthcare. It is critical that this vision of healthcare delivery transformation tackles healthcare inequities as well.

Blue Cross and Blue Shield Plans are working to transform healthcare delivery to improve care, address rising health care cost, and improve health equity. As a result, Plans are making key investments in infrastructure, point of care solutions and the development of new value-based care models.

For example, Blue Cross and Blue Shield of Texas partnered with the University of Texas A&M Health Science Center and A&M's Rural and Community Health Institute to collaborate on the 'Rural Health Moonshot.' The collaboration is focused on addressing a range of issues: ambulatory rural care delivery systems, rural hospital function and future, community empowerment, and technology and health information. A goal of the collaboration is to develop sustainable financial and service models for rural healthcare providers that improve access to quality, cost-effective healthcare in rural communities across Texas.¹

Another program, Dot Rx—sponsored by Blue Cross and Blue Shield of Massachusetts (BCBSMA)—is a collaboration between the health plan, a community health center and local nonprofits. Through the Dot Rx program, a physician at the community health center can prescribe a lifestyle prescription to patients for a local gym, enrollment in a free cooking class, coupons for fresh fruits and veggies or a guided nature walk for the whole family. The program is being piloted in the Dorchester neighborhood of Boston, where the percentage of residents with heart disease, diabetes, hypertension and obesity are all among the highest in the city. Dot Rx prescriptions are included in patients' medical records so doctors can monitor their progress and see if the program

¹ <https://www.bcbs.com/press-releases/blue-cross-and-blue-shield-of-texas-supports-launch-of-new-rural-health-project>

is making a difference. Currently, 500 families have been referred to the program and BCBSMA is analyzing the data to determine if it can be replicated statewide.²

To include underserved communities in healthcare delivery transformation, Congress should consider the following:

- Expand telehealth and remote monitoring to help address underserved communities, especially in rural areas with provider access issues, by expanding the geographic areas and services eligible for telehealth reimbursement across all payers and removing other regulatory barriers to using telehealth. Additionally, support infrastructure to enable the use of telehealth and remote patient-monitoring capabilities in rural areas.
- Encourage the development of innovative payment models and demonstrations targeted to underserved and rural populations, particularly through the CMS Center for Medicare and Medicaid Innovation (CMMI) that focuses on improving value-based payment (VBP) designs.
- Expand flexibility requirements to ensure that stakeholders (such as rural providers) are not excluded from participating in VBP payment models. Many rural organizations do not meet the minimum number of patients required to participate. For example, the Comprehensive Primary Care Plus (CPC+) program is a model that would strengthen rural primary care organizations, but rural organizations lack the minimum number of patients (150 attributed Medicare fee-for-service beneficiaries) required to be part of the program. Additionally, participating in these models also requires the capacity to meet reporting guidelines, which is often burdensome.

Build a Diverse, Culturally-Competent Healthcare Workforce and Support Small Community Providers

The increased demand for healthcare providers in the United States continues to grow, especially in the areas of primary care and chronic conditions, due to the large aging population and increasing prevalence of obesity and diabetes among Americans. As trends continue, it is projected that there will be a severe shortage of primary healthcare practitioners to meet the needs of those seeking medical services. Additionally, as our nation's diverse population develops, so will the need for a diverse healthcare workforce that is representative of the American population to deliver culturally competent and equitable care.

To alleviate increasing workforce shortages and ensure we are creating the workforce of the future, BCBS Plans are investing in developing the next generation of healthcare providers and creating incentives to promote workforce retention in rural communities. For example, Blue Cross and Blue Shield of Alabama (BCBS Alabama) established the

² <https://www.bcbsprogresshealth.com/community/142/A-prescription-for-healthy-living>

“Circle of Care” program to help local, often rural, doctors keep their doors open, remain independent and provide the best quality care for patients. With a 41 percent rural population in the state, many rural communities find independent doctors leaving for urban centers with larger health systems. To empower rural physicians to stay and practice in local communities, BCBS Alabama provides participating doctors with benefits of lower malpractice insurance premiums, consultative assistance from BCBS Alabama and an opportunity to earn more money for meeting quality and cost-efficiency benchmarks. More than 90 percent of qualifying physicians have joined the program.

Several BCBS Plans also offer scholarships for medical students who agree to practice in medically underserved communities and funding for new residency positions. For example, this year, Premera invested more than \$26 million in improving access to healthcare in rural communities in Washington and Alaska.³ Following recent changes in the U.S. corporate tax system, Premera committed a large portion of its March 2018 tax refund toward these efforts, including funding behavioral health resources and developing training programs to bring more providers to rural areas.

To address the growing healthcare workforce shortage concerns, Congress should consider the following:

- Increase federal funding for Title VII Health Professions and Title VIII nursing workforce development programs to improve the supply of a diverse primary care workforce and train the next generation of health professionals.
- Increase the amount of loan repayment, loan forgiveness and other financial incentives available for healthcare practitioners and mid-level providers from under-represented groups and/or to a provider who practice in health professional shortage areas, such as through the National Health Service Corps.
- Provide direct financial incentives for healthcare organizations to hire and retain healthcare providers and organizational leaders from under-represented groups, with a particular focus on hiring those individuals from the health organization’s own community.
- Build mid-level providers into the design of broad CMMI value-based models, Medicaid waivers or other Medicaid value-based waivers. We also recommend that Congress design a CMMI model to specifically test the best models for integrating more mid-level providers into care teams.

Support Community Partnerships to Address Social Determinants of Health

Clinical care is not the sole factor that shapes an individual’s overall health. Socially determined factors have profound and measurable impacts on health, which may be beneficial or harmful. Some social determinants of health (SDOH) include, but are not limited to, experience with discrimination, socioeconomic status, education level, access to healthy foods and whether one lives in a segregated neighborhood. To address these

³ https://www.premera.com/wa/visitor/about-premera/press-releases/2019_07_31/

social inequities, BCBS Plans continue to develop robust cross-sector collaboratives with community-based organizations to deliver needed services and meet individuals in the community where they are.

Blue Cross and Blue Shield of North Carolina (BCBS North Carolina) has partnered with four food banks across the state, enabling each to purchase new refrigeration equipment or refrigerated trucks for distribution, reduce waste and increase the volume of healthy food for partner agencies. Gifts to these four food banks, through more than 2,100 partner agencies, supported food assistance programs in 82 of North Carolina's 100 counties, many of which are rural.

In an effort to reduce the number of missed healthcare appointments—especially for individuals who live in rural areas and are low income, disabled or elderly—many BCBS Plans have partnered with ride-sharing services, such as Lyft, to provide access to reliable transportation to healthcare appointments.

Many BCBS Plans are leveraging new flexibilities in supplemental benefits in MA to address SDOH for underserved communities. For example, in multiple states Anthem offers MA beneficiaries the choice of multiple innovative benefits, like sessions with a dietitian, up to 64 healthy food deliveries per year, non-emergency rides to appointments, quarterly pest control, health and fitness devices, an allowance to help care for a service dog, access to acupuncture or massages, and more. Additionally, Anthem is a leader in focusing on programs to reduce loneliness, an increasingly serious risk factor, especially for seniors.

To promote community-based partnerships that provide a coordinated care approach and address SDOHs, Congress should consider the following:

- Preserve the mandatory Medicaid non-emergent medical transportation (NEMT) benefit and build off of recent Medicare Advantage flexibilities to include NEMT in supplemental benefits. We also recommend building off of recent Medicare Advantage flexibilities to include non-emergent transportation in supplemental benefits and explore the addition of NEMT services in Medicare's basic benefits as a cost-effective way to address transportation challenges for beneficiaries that rely on regular healthcare services.
- Direct CMMI to prioritize implementation and scaling of models specifically designed to minimize the health impacts of negative social determinants of health and that prioritize community partnerships as a key feature of the model, such as the Accountable Health Community model's "Alignment Track."
- Incentivize the multi-purposing and leveraging of existing community infrastructure in addition to community-based organizations (CBOs), such as faith-based organizations, schools and recreation centers.
- Direct CMMI to develop a State Innovation Model (SIM)-like approach that is explicitly focused on health equity to assist in the creation of regional planning

organizations or other infrastructure to help health systems and CBOs coordinate their efforts.

- Preserve broad-based categorical eligibility in the Supplemental Nutrition Assistance Program (SNAP) which provides flexibility for states to raise SNAP income eligibility limits and reduces the administrative burden of the SNAP application process for states and households. Congress should oppose limitations to the categorical eligibility of households receiving “ongoing” and “substantial benefits” from Temporary Assistance for Needy Families (TANF) funded programs that provide subsidized employment, work supports and childcare benefits.
- Adequately fund the Lifeline Program, administered by the Federal Communications Commission (FCC), that partners with wireless providers to provide phones to Medicaid beneficiaries, giving healthcare providers and BCBS Plans a pathway to connect with patients and beneficiaries in medically underserved areas. These phones are used to deliver vitally important health messages and provide support designed to address many of our nation’s key population health goals and health disparities for families with young children to the very frail and elderly.

Improve Care Coordination with an Emphasis on Chronic Conditions

The nation must address chronic disease as an urgent priority. Failure to take action has enormous—and unacceptable—implications for mortality and disability, workplace productivity and healthcare costs in the coming decades.

Treating people with chronic disease such as diabetes, heart disease and behavioral health conditions like depression accounts for 90 percent of U.S. healthcare spending, which totaled \$3.5 trillion in 2017. Nearly 150 million Americans—6 in 10—are living with at least one chronic condition, and about 100 million people have more than one chronic illness. According to the Centers for Disease Control (CDC), Medicare beneficiaries with four or more chronic conditions account for 90 percent of Medicare hospital readmissions and 74 percent of overall Medicare spending. Additionally, Medicare-Medicaid dual eligible beneficiaries have a higher prevalence of most chronic conditions than those who qualify only for Medicare, yet many of these individuals do not have access to integrated care, especially if they are in FFS Medicare or FFS Medicaid⁴.

To address these challenges and better manage the care of patients with these illnesses, we need a health system approach where providers, hospitals, health plans and community partners meet patients where they are. With these shifts of healthcare needs among the nation, Plans recognize that there will be an increased demand for care in the home, including long-term services and supports (LTSS) and integrated care among low-income individuals that qualify for Medicare and Medicaid coverage.

⁴ <https://bipartisanpolicy.org/report/improving-care-and-lowering-costs-for-chronic-care-beneficiaries-implementing-the-bipartisan-budget-act/>

Blue Cross and Blue Shield of South Carolina and the Greenville County Emergency Medical Services (EMS) have partnered to provide in-home disease management. This pilot program identifies residents who call emergency services frequently for non-emergency issues and refers them to trained community paramedics. These paramedics then arrange a visit to the patient's home to conduct a health assessment, empower the patient to manage chronic diseases at home and connect them with a local primary care provider. As a result, the program has reduced emergency room visits by more than 40 percent since 2015 in Greenville County, a mix of rural and urban communities. Expansion and additional funding to replicate this successful program across the nation would ensure individuals who face obstacles to good health, such as lack of access to primary care, poverty and limited transportation, could overcome these obstacles.

By leveraging technological advances to bridge care gaps, BlueCross BlueShield of Tennessee (BCBST) is piloting a technology-enabled behavioral therapy approach that aims to help beneficiaries with concerns, such as reducing pain and opioid use post-surgery, as well as coping with depression and bereavement.⁵ Preliminary clinical findings show significant decreases in depression, anxiety and stress in addition to a reduction in hospital days and emergency room visits.

As Congress continues to innovate and strengthen the Medicare program following enactment of the Bipartisan Budget Act of 2018 (BBA), we propose the following strategies:

- Support the growth of better-coordinated care to underserved and rural communities by exploring ways to increase the penetration of Medicare Advantage (MA) and Medicaid Managed Care, such as adding incentives that account for the additional cost of creating a high-value network in rural areas.
- Require that quality systems account for health equity issues. For example, ensuring the Medicare Advantage Star Rating system better accounts for plans with a high percentage of individuals in underserved and/or rural areas.
- Combine program authority for dual-eligible individuals within the Medicare-Medicaid Coordination Office at CMS to improve the integration of care.
- Support federal legislation that builds upon the BBA provisions to strengthen MA plans' ability to design benefits and cost-sharing around patients' specific chronic conditions, such as extending more value-based insurance design flexibility in Part D, and to partner with community groups to address social needs that can sometimes leave seniors without adequate access to the services they need.
- Incorporate additional measures tied to improvement in patient outcomes within the Medicare Advantage Stare Quality System (Star Rating System) that incentivizes health plans to improve quality, such as ensuring beneficiaries have flu shots and diabetic foot exams.

⁵ <http://www.bcbst.com/>

- Increase funding to the State Health Insurance Assistance Program (SHIAP) to help Medicare-Medicaid dual eligible beneficiaries better understand the options available to them in order to make informed choices. Additionally, enact learnings from the Duals Financial Alignment demonstration from CMMI.

Equity-Focused Measurements Improving Health Outcomes

Health systems are utilizing data analytics tools to transition to new patient-centered care models that focus on providing care tailored to patient's needs, improving quality and lowering cost. It is essential that new payment models incorporate equity-focused metrics tied to payment to reward the delivery of high-quality holistic care.

Additionally, conducting research and gathering data that is reflective of the diversity of our population is essential to developing accurate clinical guidelines and developing a more inclusive healthcare system. The interoperability of electronic health records (EHRs) are essential to this effort, but the complexity of healthcare data and lack of standards around types of data and their classification are barriers to progress. This impacts the ability to exchange necessary SDOH data among organizations.

Blue Cross and Blue Shield companies have a long-standing commitment to utilizing healthcare information to improve targeted health outcomes among underserved populations. For example, the Health Care Service Corporation (HCSC), which operates Blue Cross and Blue Shield health plans in five states, analyzes its medical claims data to identify neighborhoods with the highest rates of hospitalization and emergency care for asthma patients. Using nationally recognized care guidelines, the health plans then team up with the American Lung Association to provide monthly training and mentoring to clinics in these community "hotspots."

The project is making a dramatic impact on the health and quality of life for children with asthma. For example, the partnership has delivered specialized training and resources to more than 150 clinics in five states, leading to the treatment of nearly 641,000 children since 2012 through its Enhancing Care for Children with Asthma initiative. In addition, asthma educators have conducted more than 270 home assessments to identify and remove environmental factors, such as carpets and dust, which can trigger asthma attacks for patients who suffer from poorly controlled asthma. Patients receiving asthma education in the clinics and at home have seen a 42 percent drop on average in emergency visits and hospitalizations.⁶

To address the need for equity-focused measurements and data collection aimed at improving health outcomes, Congress should consider the following:

- Direct efforts to improve reporting and analysis of demographic characteristics in clinical and delivery systems research and evaluation. Additionally, increasing the

⁶ <https://www.bcbsprogresshealth.com/data/45/How-data-is-helping-children-with-asthma-breathe-easier>

collection of SDOH data through patient assessment forms completed at various points of care.

- Support private-public partnership in the development of national standards around required SDOH data sets and exchange standards including development of additional ICD-10 codes.

Strengthening Patient Safety and Care Quality in Health Systems

BCBS Plans recognize the importance of building a health equity framework that is sustainable and takes into account the role policy plays in shaping structures that impact health outcomes. Oftentimes, the lack of a health equity framework, culturally competent healthcare and solutions disproportionately affect underserved communities, such as older populations, rural communities, people of color and LGBTQ populations. With the right tools and training, providers and community partners can build more inclusive environments for these patients inside and outside the doctor's office.

For example, Excellus BlueCross BlueShield leads a doctor education initiative called Project ECHO (Extension for Community Healthcare Outcomes)⁷, which helps boost healthcare professionals' capacity to treat patients with opioid use disorder. There are many ECHOs around the country focused on helping community healthcare professionals offer more specialty care to patients, particularly in underserved rural communities.

The virtual networking model brings a multidisciplinary team of experts together every other week on a video conference with doctors eager to deepen their skills. Participants have the opportunity to present their own cases, seeking the group's expertise and input. Dr. Ann Griep, chief medical officer of behavioral health at Excellus, says ECHO has helped doctors feel less isolated and more confident about handling complicated patients.

Project Echo now addresses more than 100 complex conditions globally. In the United States, more than half of the 429 Project Echo programs are providing support to medical professionals in medically underserved regions.⁸

To improve and strengthen patient safety and care quality, Congress should consider the following:

- Shift toward value-based care and provide incentives that maintain clinicians' accountability for positive health outcomes beyond just services within health systems. This will enable providers to address the total care of patients, and by providing comprehensive services, providers will become more intentional about the patients' goals and needs.

⁷ <https://echo.unm.edu/>

⁸ <https://www.bcbsprogresshealth.com/community/40/A-lifeline-for-rural-Americans-struggling-against-the-opioids-tide>

- Support broadband access in rural and underserved areas to increase patient access to telehealth, including specialists, and increase support and training for practitioners in rural and underserved areas.
- Support consumer empowerment by enabling public-private partnerships around digital health literacy.
- Expand the use of programs such as Project ECHO to additional states as a strategy to help ensure that people struggling with opioid use disorder and other healthcare challenges can access the right care in the right setting, no matter who they are or where they live.

We appreciate your consideration of our comments, and we look forward to working with the Ways and Means Committee and the Rural and Underserved Communities Health Task Force. If you have any questions or want additional information, please contact Molly Turco at Molly.Turco@bcbsa.com or 202.626.8624.

Sincerely,

A handwritten signature in black ink that reads "Justine Handelman". The signature is written in a cursive, flowing style.

Justine Handelman
Senior Vice President
Blue Cross Blue Shield Association