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**From:** compliance@constellationhealth.com  
**Sent:** Friday, November 16, 2018 4:23 PM  
**To:** ASPE SES IMPACT Study (OS/ASPE)  
**Cc:** Patricia Saldana  
**Subject:** ASPE Request for Information on Approaches to Improve Care for Medicare Beneficiaries with Social Risk Factors

Good afternoon,

We include our comments related to Improve Care for Medicare Beneficiaries with Social Risk Factors.

Social Risk factors have become a substantial barrier to address the disadvantaged population's health needs and goals. At Constellation Health, we understand the importance to target such barriers and create effective care coordination programs to produce meaningful outcomes. Approximately fifty (50%) of our membership are dual eligible, increasing the vulnerability to social risk factors.

Part of Constellation Health Plan approaches to target social risk factors include the care management team interventions through telephone calls, interdisciplinary care team discussions and the Community Outreach Program assessments and interventions, focal groups and the integration of service providers within the decision making process and other service coordination approaches. All of these interventions produce meaningful information regarding social risk factors and other barriers of the social determinants of the population we serve. This information is used for the development of products that address these barriers and fulfill the needs that could impede reaching the individualized care plan goals. Some examples of these initiatives include, the benefit of transportation to medical appointments, caregiver services, health services provided within the beneficiary's home setting and other coordination provided through health plan providers or other community services. We have other Care management programs that include health condition electronic monitoring to grant direct access to care management teams for members with certain chronic conditions. This program includes an onsite nutritional, social and clinical evaluation process with an interdisciplinary team that targets to better the health status outcome, reduce readmissions and create engagement with the member and their support group.

Our Community Outreach Team has also become a proactive way of assessing, documenting and addressing from a qualified professional the beneficiaries health and functional status, support group issues, socioeconomic position, transportation barriers, physical environment or any other risk factor that may reduce or impede a positive outcome within their healthcare status. This team includes social workers and other professionals that visit the beneficiaries and assess all these aspects with a comprehensive documenting tool. This information is discussed with the Clinical Affairs Team and can be used to produce service coordinations, ICT discussions, Care Management Interventions and other initiatives to target the issues identified by the Community Outreach Team and address all the social risk factors as observed. This has become the best way to identify social risk with the professionalism and sensitivity point of view. The receptivity of the beneficiaries is great, they become part of the process and the intervention's scope, may include the immediate family members or those that become part of the support group. On the other hand, it helps to promptly identify members that lack a support group or that may be in danger due to the present living conditions. It is in our best interest that we could continue to increase resources to this program and extend the scope and the interventions they perform. We will continue to improve and move towards higher standards to identify, assess and address social risk factors within our entire membership.

Thank You,

Regulatory Affairs Department

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