

Expanding Access to Care and Social Supports

Addressing social determinants is the foundation to improving health outcomes. While there is increasing attention on Social Determinants of Health (SDOH), Anthem’s affiliated health plans have always focused on impacting social determinants as a critical component of integrated care and healthy communities.

We understood from our beginning that if someone is experiencing challenges with an unstable housing situation or food insecurity, basic health care becomes less of a priority. We continually invest in new programs and partnerships to help support not just access to care, but also access to the life essentials that form the foundation of healthy living.

Successful Housing First Partnerships

The **Blue Triangle Safe Haven** program was introduced in 2017 in the city of Indianapolis where approximately 12,000 individuals experience homelessness at some point each year. With housing costs paid for by the City of Indianapolis, our Indiana health plan continues to invest in wrap-around services to address an important need of members — a safe place to live. Through a low barrier, housing first, trauma-informed and harm reduction approach, they provide intensive engagement and navigation services and work with members to stabilize their physical, mental health and substance use conditions and reduce crisis utilization of health care services. Members are moved into permanent housing as soon as it can be located.

In 2015 HUD awarded Tarrant County a permanent supportive housing (PSH) grant to serve high utilizers. **Tarrant County Pathways to Housing** is a collaborative partnership between The Salvation Army, JPS Health Network, Tarrant County Community Development, and Amerigroup (an Anthem company). The program focuses on providing homeless high utilizers with housing units as a part of a comprehensive care plan. The goal is to improve health outcomes and reduce the number of Emergency Department visits made by homeless individuals who were high utilizers of emergency care. The program launched in November 2015 and was created to provide rental assistance, long-term comprehensive case management, and supportive services for 14 chronically homeless individuals at scattered sites within Tarrant County. In total, the program has housed thirty-nine homeless high utilizers since 2015 and was approved for expansion in the 2018 HUD Continuum of Care (CoC) competition.

Blue Triangle Results

- 160** members served
 - All **160** members participated in housing case management
- 32%** decrease in medical spend for these members
 - **102** members were assisted with housing application completion
- 22,907** services have been provided
 - **57%** have exited positively into stable housing or treatment

- Program retention is **69%**
- **95%** of clients have remained housed in the program for one year or more
- JPS Emergency Department has saved more than **\$1M** in costs
- Total rate of admissions **decreased by half** from Year 0 to Year 3 among participants

Other Housing Partner Highlights

Ohio Star House	California City of Sacramento	Wisconsin Milwaukee County Housing and Redevelopment Agency
Housed 24 Transition Age Youth households including 18 children for an average cost of \$1,208. One year later all 24 households are still living in their home.	Pathways to Health + Home program has enrolled over 1,000 patients and re-housed almost 250 since inception.	Provides rent and tenancy support for high utilizers or complex care members. 71% of participants experienced decreased medical spend post-housing placement.

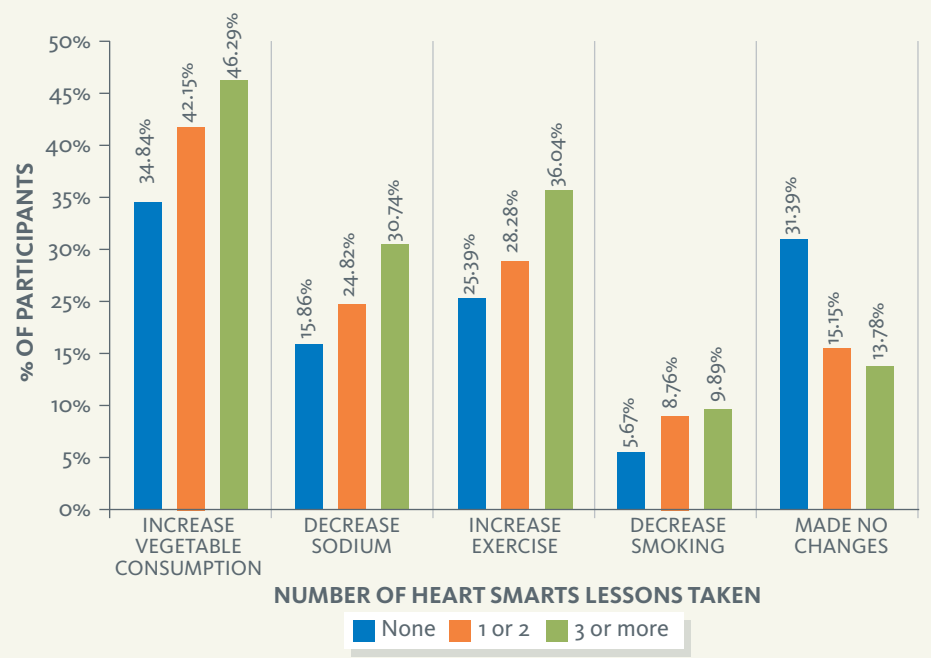
Impacting Communities Through Expanded Healthy Food and Nutrition Resources

Research indicates that poor nutrition, often a result of food insecurity, is a leading risk factor for many chronic conditions, including heart disease, hypertension, diabetes and other diet-related diseases. And food insecurity is reported to cost the healthcare system an additional \$53 billion a year.

The Anthem Foundation partnered with The Food Trust to expand and promote access to heart-healthy foods, including culturally relevant foods and locally grown fresh produce where possible, in neighborhood food stores. Through the Anthem Foundation grant, The Food Trust also launched its Heart Smarts program, an evidence-based approach for community-clinical linkages in neighborhood food stores. Heart Smarts includes nutrition education on a heart-healthy diet coupled with health screenings (e.g., blood pressure) to teach shoppers how to shop heart-healthy and provide a convenient, trusted location for residents to access preventive care from community health workers or health educators.

Table: Heart Smarts participants across all three cities (San Jose, Cleveland and Indianapolis) showing decreased cardiovascular risks by final month of programming, December 2019.

Healthy Behavior Changes



The Food Trust estimates that more than 39,000 individuals were positively impacted by the Healthy Food Retail enhancements made to neighborhood stores in San Jose, California, Cleveland, Ohio, and Indianapolis, Indiana.

Innovative Approaches for Reducing Rural Food Insecurity

According to Feeding America, 52% of counties with the highest rates of food insecurity are in rural areas. Across Anthem's Medicaid plans, more than 59% of our services area is rural, and we understand and work to address the unique challenges faced by these communities.

In Texas, our health plan partnered with United Family and the South Plains Food Bank to increase access to healthy foods in 20 of Texas's most rural and underserved counties, launching a refrigerated mobile pantry in September 2020. Food bank nutrition educators will travel with the vehicle to assist individuals with selecting items and building food boxes. Educators will provide printouts of quick nutrition facts and health benefits about products that are available in the trailer as well as recipe cards, food samples and meal prep advice. They will also provide nutrition education and cooking demonstrations to help clients make healthy choices.



In West Virginia our affiliated health plan is collaborating with Think Kids and the West Virginia Chapter of the American Academy of Pediatrics to build better bridges between healthcare and access to healthy food. The Health and Hunger Summit Series is a virtual series that took a candid look at connections between the health care system and community resources that address hunger in West Virginia. More than 70 participants have registered for the sessions, which concluded with an audience-engaged session to identify next steps to promote positive policy change and bridge the gaps between health and hunger.

Simplifying Access to Care



In 2018 our West Virginia affiliated health plan launched a paramedicine outreach program, aligned with their community-based care management model, through a partnership with Kanawha County Emergency Ambulance Authority. Through analytics, the health plan identified members who may benefit from care management, but who have been non-responsive to outreach. These members are often affected by multiple SDOH factors, such as environmental needs, transportation restrictions, and financial limitations. Community paramedics are able to complete in-person outreach, conducting assessments and connecting members to available community resources, health education, and immediate care needs and then linking them to health plan care managers.

Since implementation:

- **40%** of members contacted agreed to complete the assessment
- **74%** of members who completed the assessment went on to complete a care management program



Over the years, our Indiana affiliate health plan has worked closely with the Indiana Rural Health Association (IRHA) on various initiatives to expand access to school-based services. In 2016, the health plan provided grant funding to the IRHA, through a collaboration with the Indiana Primary Care Health Care Association IPHCA and the Upper Midwest Telemedicine Resource Center. Together, they supported the establishment of a telemedicine site at Landis Elementary School in Logansport. Facilitated by a presenter at the school location or the school nurse, students can connect to a clinician for immediate treatment on demand. From September 2018 through November 2019, 74 children received visits through the site.

Due to the program's success: Four additional school-based telemedicine sites are planned for rural Putnam, Monroe, and Owen counties based on the success of the initial site at Landis Elementary School.

Beyond increasing access to behavioral health counseling, the sites will also expand the availability of physical health visits through TytoCare's portable digital solutions. TytoCare's Virtual Exam Platform and suite of medical-grade, FDA-cleared handheld devices connect patients to clinicians for a complete virtual office visit.



Access to transportation can be a key driver of health. In 2019, our health plan affiliate in Tennessee partnered with Lyft to improve access to care for its members. The health plan started with a 12-month pilot in Memphis, and given early successes, quickly moved to scale the service statewide.

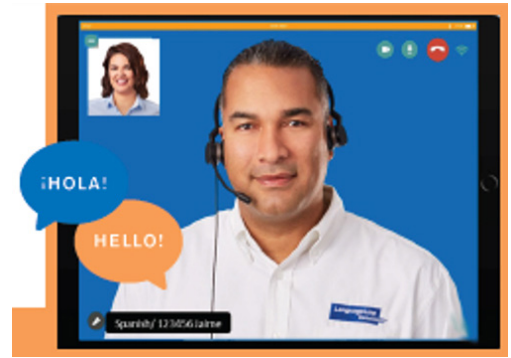
“Lyft has actually made it easier for our members to access primary care,” said Rob Garnett, president of Amerigroup Tennessee. “Before, when someone wasn’t feeling well and had to schedule a ride three days in advance, that delay in seeking care meant they may end up in an emergency room or urgent care as a result. We’ve made it easier and faster for members to meet with their doctors and ultimately stay healthy.”

Results-to-date include:

- **50%** decrease in primary care gaps
- **44%** increase in primary care physician (PCP) visits
- **90%** decrease in transportation-related grievances
- **92%** of rides receive 5/5 stars

Our California affiliated health plan has deployed more than 300 hundred Digital Solutions Kiosks inside 120 safety net health centers across the state since January 2020 to provide real-time video interpretation services and access to telehealth.

This first-to-market solution is compatible with other health insurance reimbursement models. The kiosks help clinicians overcome communication barriers and improve service to the growing number of non-English speaking residents in California.



Impact of language barriers



Risk of incorrect diagnosis, duplicative testing, and inappropriate prescribing increases



Individuals may be less likely to seek care or build trusting relationships with their doctors and less likely to adhere to treatment programs

Anthem's kiosks include Wi-Fi enabled tablets that:

- Allow treating clinicians to engage certified interpreters in more than 240 languages, including American Sign Language
- Eliminate the need to pre-schedule in-person interpreter appointments or wait with third-party call centers
- Promote whole person care by providing access to medical specialists via telehealth, patient and health plan portals, patient health insurance information, and available community resources

This transformative, multi-payer solution has already reduced costs and administrative burdens for many health centers, realizing \$44k in savings, with hundreds of thousands of dollars in savings expected as the initiative grows.

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