



March 4, 2022

Submitted via regulations.gov

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244

RE: Advance Notice of Methodological Changes for Calendar Year (CY) 2023 for Medicare Advantage (MA) Capitation Rates and Part C and Part D Payment Policies

Dear Administrator Brooks-LaSure,

Thank you for the opportunity to provide comment on the proposal for potential new measure concepts and methodological enhancements for future years within the Advance Notice of Methodological Changes for CY 2023 for Medicare Advantage Capitation Rates and Part C and Part D Payment Policies.

Aligning for Health is an advocacy organization that brings together a broad coalition of members focused on improving health and wellbeing through efforts to address both health and social needs.¹ We support the many steps that the Biden-Harris Administration has taken to prioritize equity for all, including through initiatives and efforts to address social determinants of health (SDOH).

There is a significant body of academic work showing that economic and social conditions have a powerful impact on individual and population health outcomes as well as health care costs. The conditions or environments that we inhabit - including our communities, our homes, and our access to healthy foods, education, employment and transportation - all impact our health outcomes.

Such social risk factors and social needs increase the risk of, and exacerbate existing, chronic conditions and lead to poorer health outcomes.² Additionally, surveys have found that respondents who self-report poor health and higher health care utilization, and who experience high inpatient or ER utilization, are more likely to report multiple unmet social needs.³

However, screening for and collecting social needs and risk factor data has proven to be a continuous challenge. Such data is not always routinely or systematically collected across the health care system and often is not collected in a standardized way, making it difficult to integrate into health records and to share, as appropriate, across coordinated entities. For instance, CMS' 2021 report found that social needs data had only been collected and reported for 1.59 percent of Medicare beneficiaries, a fraction of the likely population with social needs.⁴

¹ <https://aligningforhealth.org>

² <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3863696/>

³ <https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/insights-from-the-mckinsey-2019-consumer-social-determinants-of-health-survey>

⁴ <https://www.cms.gov/files/document/z-codes-data-highlight.pdf>



Comprehensively documenting social risk and social needs data in a standardized way and increasing appropriate exchange of such data will ensure payers and providers delivering health and non-health care to individuals have a more comprehensive view of the factors affecting an individuals' wellbeing as well as overarching disparities contributing to health inequities. This documentation is a foundational first step toward care models that drive better alignment between health and social needs to improve patient outcomes. We believe that the outcome-focused care delivery systems of the future must rest on a data foundation that provides meaningful information about both health and social risks.

Therefore, we were pleased to see CMS propose the following potential new measure concepts and methodological enhancements for future years:

- **Measure of Contracts' Assessment of Beneficiary Needs (Part C)**, which would be developed by CMS and would assess whether a contract's enrollees have had their health-related social needs assessed, using a standardized screening tool; and
- **Screening and Referral to Services for Social Needs (Part C)**, which is being developed by NCQA and would assess screening for unmet needs and referral to intervention for those who screened positive.

Generally, we support CMS' steps to improve screening for and identification of health-related social needs. We agree that it is important to incent plans to perform standardized screenings and we believe these measures will help gather the necessary information to better identify and document social risk and health-related social needs data. Doing so will help to better serve at-risk beneficiaries, improve quality of care and care coordination, and inform a comprehensive care approach to address overall health outcomes for enrollees.

However, we also believe that screening for health-related social needs is only one piece of the puzzle. Information from screenings should be used to connect beneficiaries to covered services or resources to help meet their needs, if consistent with the beneficiary's goals and preferences. Efforts to screen without ensuring availability and access to resources to support whole person care may unintentionally increase burden and risk patients' trust. Therefore, we encourage CMS to consider policies that would encourage both standardized screenings and referrals to address health-related social needs.

Thank you again for the opportunity to provide comments on this important issue. Please do not hesitate to let us know if you have any questions. I can be reached at mquick@aligningforhealth.org.

Sincerely,

Melissa Quick

Melissa Quick
Co-Chair, Aligning for Health