



November 4, 2022

Submitted via [CMS Request for Information Form](#)

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

***Re: Request for Information: Make Your Voice Heard***

Dear Administrator Brooks-LaSure,

Thank you for the opportunity to submit comments in response to the request for information (RFI) titled "Make Your Voice Heard: Promoting Efficiency and Equity Within CMS Programs."

[Aligning for Health](#) is an advocacy organization that brings together a broad coalition of members focused on improving health and wellbeing through interventions related to better aligning health and social needs. We are supported by an Advisory Board of individuals representing public health, mental health, housing, community development, human services, and many other sectors. As a coalition, we work to develop and promote actionable, bipartisan policies that create opportunities - and remove challenges - for states and local governments, health care organizations, and non-health care organizations to work together to develop cross-sector, coordinated solutions to address both health and social needs.

We support many of the steps that the Biden-Harris Administration has taken to prioritize equity for all, including through initiatives to address social determinants of health (SDOH). Below, we provide comments in response to the specific questions posed in the RFI as it pertains to opportunities to better understand and address health-related social needs and to embed health equity into all CMS efforts.

***Advancing Health Equity***

We appreciate CMS' interest in and commitment to better understanding individual and community-level burdens, health-related social needs, and recommended strategies to address health inequities. Below, we offer a number of considerations and recommendations for CMS to consider as it develops policies to further advance health equity.

***Recommendations for CMS focus areas to address health disparities and advance health equity, particularly policy and program requirements that may impose challenges to the individuals CMS serves and those who assist with delivering healthcare services.***

While there has been great momentum in addressing social determinants of health at the federal level, many barriers still exist.

*Coordinating Across Sectors*

Today's health and social services systems and services are largely siloed, despite clear evidence that social needs can have an impact on overall health and wellbeing. Investments to better align and coordinate between health care providers and plans, and social services providers, will yield better, more



efficient health interventions, reduce preventable health costs, and keep the most vulnerable populations from falling through the cracks. Reducing these siloes is the best way to make these programs more effective, particularly in rural, Tribal, and underserved areas.

Aligning for Health has worked to energize stakeholders and policymakers around the need for targeted technical assistance and funding to states and communities to help them design high-impact, cross-system, data-driven strategies that achieve better health outcomes for Medicaid beneficiaries, improve program effectiveness, and lower health care costs. We have also supported policies that would catalyze the development and expansion of interoperable, integrated community referral and information exchange networks to better connect health and social services providers to improve outcomes for all; that would support efforts to analyze racial and ethnic disparities or other factors that may affect health outcomes for Medicaid enrollees; and to ensure Medicaid and CHIP programs have the tools they need to address social determinants.

### *Identifying and Addressing Social Needs and Disparities*

Addressing social needs is a complex task; some needs are easily identified and tackled while others much less so. Access to structured data on social needs will help to better understand prevalence and complexities and provide insights into what interventions can be addressed at an individual level and what interventions, like affordable housing and transportation, may need to be addressed at a system-level.

Advancing equity will require better understanding of where inequities occur. However, data on race, ethnicity, language, sexual and gender identity, and social needs are not uniformly identified and captured. Comprehensively documenting social risk and social needs data 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 the disparities contributing to health inequities.

This documentation is the 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.

The challenge, however, is that social needs and risk factor data has not traditionally been a part of health screenings and is not always routinely or systematically collected across the health care system. A lack of standardization around how data should be collected makes it difficult to integrate this data into health records and to share, as appropriate, across coordinated entities, or to use for purposes of risk adjustment.

For example, a CMS [2021 report](#) found that diagnosis codes for social determinants of health (Z-codes) had only been collected and reported for 1.59 percent of Medicare beneficiaries, a fraction of the likely population with social needs.

We applaud the guidance CMS issued in 2021 on use of Z codes to capture SDOH. These updated coding guidelines are a significant step forward to supporting whole person care. The move formally recognizes how SDOH can contribute to moderate medical decision-making complexity when a social need or social risk significantly limits diagnosis or treatment. CMS should continue to promote the use of these Z codes by providers, including through additional training, guidance, and incentives, to better and more consistently identify social needs of beneficiaries.



While updated SDOH coding guidance assists with enhancing the capture of structured data, limitations at the provider level persist. Even with the benefits of accurate billing and coding, including higher reimbursement rates, coding guidance, and education, physicians often continue to have an incomplete understanding of medical billing and coding. Moreover, workforce shortages limit a provider organization's ability to educate, train and hire staff to ensure that proper documentation is occurring. SDOH data elements, when captured accurately and frequently in structured claims data, help health care managers, providers and policymakers gain the insights needed for strategic, quality-driven, and equitable health care planning.

Aligning for Health also supports ongoing CMS efforts to promote screening for social needs within federal health programs, including through efforts to include standardized social needs screenings as part of Health Risk Assessments, as was finalized for Special Needs Plans (SNPs) in the Calendar Year (CY) 2023 MA and Part D Final Rule. These questions will help SNPs gather the necessary information to inform the development and implementation of each enrollee's comprehensive individualized plan of care.

We also support CMS' other steps to include new measure concepts in quality programs that feasibly and accurately assess whether a beneficiary has had their health-related social needs assessed using a standardized screening tool and to assess screenings and referrals to interventions for unmet social needs.

Finally, we note that it is not enough to just screen for social needs; CMS should consider how to provide incentives and ensure supports are in place to encourage providers and other entities to provide referrals and take steps to address identified social needs. 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.

***Input on how CMS coverage and payment policies impact providers, suppliers, and patients, including individuals who are dually eligible for Medicare and Medicaid.***

Comprehensive, standardized, and timely data is a key component to successful care coordination and to connect individuals to needed services to address their health and social needs. But data sharing also requires that community-based organizations (CBOs) and other entities have the technical capability and capacity to seamlessly share data with the health care system or health care organizations.

Over the past few years, CMS has taken steps to promote and require interoperability and exchange of health data. However, social services organizations and CBOs have not benefitted from the same level of infrastructure and systems funding, and often experience difficulty in connecting with and sharing information with health care organizations. Many CBOs do not have the capacity to invest in the tools and functionality required to connect with individual primary care providers or other entities that would allow for seamless closed loop referrals and data exchange.

We recommended that CMS consider the following ways to address data sharing within federal health programs:

- Provide sustainable funding for the technological infrastructure and human intervention needed to connect the health and social services sectors together and ensure that funding can flow where

the referrals are going. These investments to connect health care entities and social services organizations can help to reimburse CBOs, track capacity, and understand the true cost of and where such organizations are successful in addressing basic needs. Funding should be woven into the reimbursement methodology through value-based payment or other alternative payment methods to ensure that social care services are reimbursed for all members.

- We recommend CMS continue to promote and catalyze additional efforts to develop statewide, or regional, integrated networks that have the infrastructure necessary to exchange data. Additionally, efforts to incent connectivity and coordination between programs and systems will help to ensure that they are most effective in addressing social determinants of health and improving health and wellbeing for all.
- Bolster CBO capacity, including by providing CBOs with support and assistance in navigating health care partnerships and in addressing data sharing exchange. Partnerships between CBOs and trusted community partners such as community health workers or other health care supports help to close gaps in care and focus on more upstream challenges – improving outcomes.

Additionally, demonstration projects that waive certain requirements, allow for braided or blended funding to more efficiently use federal dollars, or shared incentives and outcome metrics can help to break down some of these barriers. Many of these models rely on value-based arrangements, which provide needed flexibility to support care that is patient-centered, and which align incentives among participants. We believe that breaking down the siloes and incentivizing coordination between programs and systems will help to ensure that they are most effective in improving health and wellbeing.

Aligning for Health encourages CMS to continue to leverage the CMS Innovation Center (CMMI) to pilot, evaluate, and expand models that address social needs, and encourage efforts to develop value-based arrangements and demonstrations within federal health programs. Future CMMI models should be focused on specific changes that could be evaluated and implemented as permanent changes to the Medicare and Medicaid programs.

***Feedback on enrollment and eligibility processes, including experiences with enrollment and opportunities to communicate with eligible but unenrolled populations.***

Program administration often exists in siloes – funding, eligibility, outcome measures, reporting, and data systems all tend to be program specific. Therefore, efforts to better coordinate care and services provided across health and human service programs, or to reduce burden on individuals applying for or receiving services, are often difficult to accomplish.

Improving coordination of federal programs and services is critical to removing certain barriers faced by individuals in accessing needed benefits and services. We encourage CMS to consider advancing policies and strategies that would help to coordinate eligibility and enrollment processes for cross-sector programs.

We encourage CMS to provide flexibility within federal health insurance programs to leverage non-traditional health care providers, such as community health workers, eligibility support workers, Navigators, social workers and others as part of integrated care teams that can better reach underserved communities and assist with referrals, and other supports and services. Doing so will help to reach more individuals, and help individuals to be able to support applicants in understanding, applying for, and enrolling in multiple benefit programs, or to help provide referrals to other non-governmental support.



Additionally, CMS should continue to provide guidance to states on integrating and aligning eligibility and enrollment processes for benefit programs. This could include use of an integrated application and eligibility system, or expansion of express lane eligibility initiatives to include additional populations, and allowing individuals to jointly apply for and enroll in Medicaid and other programs such as Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF), among others. CMS could also work with other federal agencies to streamline applications for federal programs and enable data sharing across programs that serve the same populations.

***Recommendations for how CMS can promote efficiency and advance health equity through our policies and programs.***

CMS can work to improve the health of individuals by taking steps to address screening for social needs and increase data sharing through the following measures:

- Take steps to enable comprehensive screening for both health and social needs, and provide training, education, incentives and resources for providers and payers to make social needs referrals.
- Continue ongoing CMS efforts to promote screening for social needs within federal health programs, including through efforts to include new measure concepts that feasibly and accurately assess whether a beneficiary has had their health-related social needs assessed using a standardized screening tool and to assess screenings and referrals to interventions for unmet social needs. Take steps to share, with appropriate privacy and consent safeguards in place, demographic data with providers and payers that CMS may have access to.
- Continue to explore opportunities to incorporate social risk information into risk adjustment calculations; clinical and social risks should be viewed together to get a complete patient picture.
- Provide sustainable funding for the technological infrastructure and human intervention needed to connect the health and social services sectors together and ensure that funding can flow where the referrals are going. These investments to connect health care entities and social services organizations can help to reimburse CBOs, track capacity, and understand the true cost of and where such organizations are successful in addressing basic needs. Funding should be woven into the reimbursement methodology through value-based payment or other alternative payment methods to ensure that social care services are reimbursed for all members.
- Bolster CBO capacity, including by providing CBOs with support and assistance in navigating health care partnerships and in addressing data sharing exchange. Partnerships between CBOs and trusted community partners, such as community health workers or other health care supports, close gaps in care and focus on more upstream challenges – improving outcomes.
- Continue to pursue cross-agency coordination activities with other agencies working to improve health outcomes and address drivers of health. Such activities provide insight for federal officials about innovative work being done at the state and local level that impact consumers across CMS programs. This also helps to shed light on common barriers or challenges that stakeholders experience at the local level in addressing social determinants of health.
- CMS should consider providing guidance to states on how to better integrate data sources across federal and other disparate programs. For instance, federal programs do not necessarily have access to data to inform whether the individual is also eligible for or enrolled in other federal assistance programs. Finding ways for Medicaid, SNAP, WIC, housing-related programs, and other federal programs to coordinate and share data as appropriate would help to improve outcomes.

\*\*\*\*\*



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](mailto:mquick@aligningforhealth.org).

Sincerely,

Melissa Quick  
Co-Chair, Aligning for Health