September 11, 2023

Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, Maryland 21244

Re: CMS–1784–P, CY2024 Physician Fee Schedule Proposed Rule

Dear Administrator Brooks-LaSure,

The National Alliance to Impact Social Determinants of Health (NASDOH) thanks you for the opportunity to provide comments on the Centers for Medicare & Medicaid Services' (CMS) Calendar Year 2024 Physician Fee Schedule Proposed Rule.

NASDOH is a group of stakeholders working to systematically and pragmatically build a common understanding of the importance of addressing social needs as part of an overall approach to health improvement. NASDOH brings together health care, public health and social services expertise, local community experience, community-convening competence, business and financial insight, technology innovation, data and analytics competencies, and policy and advocacy acumen to assess and address current regulatory frameworks, funding environments and opportunities, and practical challenges to implementing and sustaining efforts to address social determinants of health (SDOH). Additionally, NASDOH is committed to advancing health equity as a critical component to addressing social needs and SDOH and improving the health of individuals and communities.

NASDOH is grateful to see many provisions in this Proposed Rule which demonstrate CMS' continued commitment to address SDOH and advance health equity. NASDOH provides the following comments in response to the proposals in rule:

SDOH Screening and Risk Assessment
CMS proposes to add a new SDOH Risk Assessment as an optional, additional element with an additional payment to Medicare coverage for the Annual Wellness Visit (AWV) and to add a new HCPCS code, GXXX5, that would allow practitioners to bill Medicare for administering a standardized SDOH screening tool during certain evaluation and management visits.

NASDOH strongly supports adding these payment options for SDOH screening and risk assessments. NASDOH believes direct data, reported by individuals using a standardized tool and process, about social risk factors and demographic data is a useful approach for assessing social risks and health related social needs (HRSNs) and that accurate coding and payments will support the use of SDOH screening tools. NASDOH also supports the proposal to add the new standalone G code, GXXX5, to the Medicare

Telehealth Services List to accommodate a scenario in which the practitioner (or their auxiliary personnel incident to the practitioner's services) completes the risk assessment in an interview format, if appropriate.

Additionally, NASDOH believes it is important to encourage meaningful collaboration between health care providers and community-based organizations to screen and connect patients to the resources they need to be healthy. In some cases, CBOs are best positioned to conduct this screening or a more in-depth assessment of needs due to their history and trust within the community. In the future, NASDOH encourages CMS to take this policy a step further by providing guidance and resources, particularly for providers in under-resourced areas, for addressing social risks and needs in addition to simply completing the assessment. For example, closed loop referrals can support the work of providers and CBOs, along with other resources, to address HRSNs.

Separate Payments for Community Health Integration and Principal Illness Navigation Services

CMS proposes to pay separately for Community Health Integration (CHI), Social Determinants of Health (SDOH) Risk Assessment, and Principal Illness Navigation (PIN) services. CHI and PIN services involve a person-centered assessment to better understand the patient's life story, care coordination, contextualizing health education, building patient self-advocacy skills, health system navigation, facilitating behavioral change, providing social and emotional support, and facilitating access to community-based social services to address unmet social needs. The services described by the proposed codes are the first that are specifically designed to describe services involving community health workers.

NASDOH supports CMS' proposal to add codes specifically designed to describe services involving community health workers (CHWs) and auxiliary personnel. The use of CHWs is one important approach that is being used in many communities. CHWs serve as the link or intermediary between health and social services, facilitating access to services for individuals, and improving the quality and cultural competence of service delivery.

As CMS notes, social workers, CHWs, and other auxiliary personnel are currently obtaining information from patients about health-related social needs and risks, and that the resources involved in these activities are not consistently and appropriately reflected in current coding and payment policies. NASDOH supports adding codes for CHI, SDOH Risk Assessments, and PIN services which will more accurately reflect the important role for CHWs and auxiliary personnel in addressing HRSNs and ensuring these codes appropriately reflect the value of these often-underpaid providers. In addition, NASDOH encourages CMS to consider how standardized tools to track and pay for CHI and PIN services in ways that align with CBO workflows and systems can support the use of these codes.

Connection to Community Service Provider

CMS is proposing a new quality measure for the Merit Based Incentive Payment System (MIPS)—Connection to Community Service Provider—which assesses the percent of patients who screen positive for one or more of the 5 HRSNs and had contact with a community service provider for at least 1 of their HRSNs within 60 days after screening.

NASDOH supports the addition of the Connection to Community Service Provider quality measure to the MIPS program. This measure is an important step forward in moving from screening to interventions for identified HRSNs. Information about an individual's social risk and needs has been shown to be sensitive, and individuals are often hesitant to disclose this information for fear of bias, misuse, or discrimination. Asking beneficiaries to disclose this information without also offering them services and supports to

address identified needs may lead to increased distrust, impact reliability of data overtime, and worsen disparities.

For this reason, NASDOH has consistently advocated that it is essential that we quickly move beyond assessing whether screening was completed to assessing actions taken to ensure efforts are achieving the health equity and disparities reduction goals to which CMS is committed. The addition of the Connection to Community Service Provider quality measure advances these goals. We encourage CMS to continue taking steps towards measuring prompt action to connect to a CBO, interventions to address the HRSN, and resolution of the need.

NASDOH members also note that providers are managing multiple and often competing programmatic requirements. This burden can be disruptive to effective and efficient operations. NASDOH encourages CMS to consider how quality measures and programmatic requirements related to SDOH screening and intervention can be consistently implemented across programs.

NASDOH appreciates the opportunity to comment on this proposed rule. For more information on NASDOH and our members, please visit our website at www.nasdoh.org or contact Sara Singleton at Sara.Singleton@leavittpartners.com.

Sincerely,

Sara Singleton

Sara Singleton
Principal, Leavitt Partners and Advisor to NASDOH