

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

Re: Request for Information on Medicare Advantage Data (CMS-4207-NC)

Dear Ms. Brooks-LaSure,

On behalf of the National Alliance to Impact Social Determinants of Health (NASDOH), we thank you for the opportunity to provide comments in response to the Request for Information on Medicare Advantage (MA) data.

About NASDOH

Founded in 2018 by Governor Mike Leavitt and Dr. Karen DeSalvo, NASDOH is a multi-sector coalition of stakeholders working to advance widespread adoption of effective policies and programs to address health-related social needs as well as the underlying social and economic conditions in which people live—often called social drivers of health (SDOH). NASDOH brings together stakeholders from different geographic regions with expertise in health care, public health, social services, patient and consumer perspectives, information technology, and business to share learnings, develop policy recommendations, and build consensus on solutions to address SDOH. NASDOH's work focuses on improving regulatory and reimbursement frameworks, supporting funding opportunities, and addressing practical challenges to implementing and sustaining public and private sector efforts to address SDOH as a core component of advancing health equity.

Medicare Advantage Data

NASDOH is very appreciative of CMS's commitment to addressing health-related social needs (HRSNs) and SDOH, including through the Medicare Advantage program, which covers about half of all Medicare beneficiaries. The rapid growth in MA enrollment has driven significant competition among plans, including by offering new or expanded supplemental benefit options for seniors. Initially limited to a core set of offerings including vision and hearing benefits, over the years, MA supplemental benefits have undergone significant changes that have led to a broader range of allowable benefits. By offering a wider variety of supplemental benefits, MA plans have provided seniors grocery assistance, non-medical transportation, home modifications, pest control, and in-home support services to help enrollees with activities such as dressing, eating, and housework. In 2023, the most common Special Supplemental Benefits

for the Chronically III (SSBCI) offerings were groceries, meals delivered at home or in a congregate setting, general supports for living, and transportation for non-medical needs. The most common new primarily health-related supplemental benefits in 2023 were in-home support services, and support for caregivers.¹ To deliver these services, health plans are partnering with community-based organizations and other entities like NASDOH members the Helper Bees and US Aging affiliates across the country.

These partnerships have made a very meaningful impact in addressing the HRSNs of seniors and provide a model for how health care and social services can work together to support the health and wellbeing of all Americans. These efforts to address HRSNs and SDOH are critical because of the major impact they have on health outcomes and costs, as well as their impact on health disparities.

While significant advancements have been made in offering benefits to address the HRSNs of seniors in MA, more data is needed in several areas to fully understand the impact of supplemental benefits and build the business case for continued provision of these benefits. This includes:

- More granular information about which supplemental benefits are being used and by which beneficiaries, including out of pocket costs for beneficiaries.
- Data to assess the quality of each provider of supplemental benefits, level of variability in quality, and plans' success at overseeing these non-clinical service providers and the benefits offered.

Understanding utilization and quality of supplemental benefits would provide valuable information for stakeholders to design and implement meaningful benefits for seniors that address HRSNs and the underlying SDOH that affect health and well-being outcomes for seniors.

NASDOH appreciates that CMS released new requirements for data collection on eligibility and utilization of supplemental benefits,² as well as guidance on submitting encounter data for supplemental benefits provided to MA enrollees.³ NASDOH encourages CMS to ensure this information is provided to CMS in a standardized manner and to make this data public. NASDOH also encourages CMS to collect information on the use of independent contractors to provide MA supplemental benefits. NASDOH also strongly encourages CMS to collect information stratified by demographic factors in order to identify disparities across groups with differing demographic factors.

¹ <u>https://atiadvisory.com/resources/wp-content/uploads/2023/02/2023-New-Non-Medical-Supplemental-Benefits.pdf?</u> hsmi=246009496& hsenc=p2ANqtz- F2cfqcPzx8d3IGr4t8oWV9vdM3 - QfrsrbnncLzAyPJ4sCdfPxFoyPmnRb6joEzBaj9QqQ6RPKm3qIwfNXD7TVg6hFw

²² https://www.cms.gov/medicare/enrollment-renewal/health-plans/part-c

³ https://www.hhs.gov/guidance/sites/default/files/hhs-guidance-

documents/Encounter Data Software Release Updates February 2024 508 G.pdf

NASDOH appreciates the opportunity to comment on this request for information related to MA data and is greatly appreciative of CMS's vision for Medicare putting the person at the center of care and embedding health equity in its work. For more information on NASDOH and our members, please visit our website at www.nasdoh.org or contact Sara Singleton at <u>Sara.Singleton@leavittpartners.com</u>.

Sincerely,

Sara Singleton

Sara Singleton

Principal, Leavitt Partners and Advisor to NASDOH