NASDOH
NATIONAL ALLIANCE TO IMPACT THE SOCIAL DETERMINANTS OF HEALTH

September 12, 2025

Dr. Mehmet Oz, Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, Maryland 21244

Re: CMS-1832-P, CY 2026 Payment Policies Under the Physician Fee Schedule (PFS) and Other Changes to Part B Payment and Coverage Policies; Medicare Shared Savings Program Requirements; and Medicare Prescription Drug Inflation Rebate Program

Dear Administrator Oz,

On behalf of the National Alliance to Impact Social Determinants of Health (NASDOH), we appreciate the opportunity to provide comments on the calendar year (CY) 2026 Physician Fee Schedule proposed rule.

Founded in 2018 by Governor Mike Leavitt and Dr. Karen DeSalvo, NASDOH is a multi-sector coalition of stakeholders seeking to make a material improvement in the health of individuals and communities by advancing the adoption of effective policies and programs to address upstream drivers of health, such as food insecurity, housing instability, interpersonal safety, and transportation insecurity. 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 support health. Our website lists all the NASDOH members.

SDOH HCPCS Code

In the CY 2026 PFS proposed rule, CMS proposes to delete the Social Determinants of Health Risk Assessment HCPCS code G0136 and remove the code from the Medicare Telehealth Services list.

NASDOH supported adding these payment options for SDOH screening and risk assessments in the CY2024 Physician Fee Schedule. The standalone G code for SDOH risk assessment accommodates 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. Upstream drivers of health account for the vast majority of health outcomes, including cost. For this reason, it is critical that continued movement towards value-driven care recognizes the importance of screening for and addressing upstream drivers. Screening for and addressing SDOH is also aligned with CMS's focus on chronic disease prevention and management. Identification, within the clinical environment, of factors that relate to health risk is an essential first step toward fulfilling unmet needs and improving health by linking people with both non-medical care and health systems.

SDOH risk assessments are generally administered as a written form or in interview format during a patient encounter and **NASDOH supports reimbursing clinicians appropriately for administering assessments as a first step towards connecting to resources to address identified needs impacting health outcomes.**

Merit-based Incentive Payment System (MIPS)

CMS proposes to remove health equity from the definition of a "high priority measure" in MIPS and remove the Screening for Social Drivers of Health quality measure. CMS also proposes to remove the Achieving Health Equity (AHE) subcategory in the MIPS Improvement Activity Inventory and add a new subcategory, Advancing Health and Wellness, and to reassign five existing improvement activities under AHE to other subcategories.

NASDOH has and continues to support the inclusion of SDOH measures across quality programs. Identification, within the clinical environment, of upstream drivers that relate to health risk is an essential first step toward fulfilling unmet needs and improving health. Quality measures are an important tool for advancing the use of social needs screenings and connecting people to services that improve outcomes. The SDOH measures consider patient needs across five domains impacting health outcomes—food insecurity, housing instability, transportation needs, utility needs, and interpersonal safety. Particularly, the measures encourage more providers to consistently screen for social needs across the five domains to gain a clearer picture of the individual's needs and highlight where further assessment may be needed, as well as the scope of services or care modification that are needed to improve care and health outcomes.

Ambulatory Specialty Model

CMS proposes to create the Ambulatory Specialty Model to improve prevention and upstream management of chronic disease to reduce avoidable hospitalizations and unnecessary procedures. As part of this model, CMS proposes to establish Improvement Activity 1 as "Connecting to Primary Care and Ensuring Completion of Health-Related Social Needs Screening."

Research affirms what we intuitively know: the ability of individuals and families to lead healthy and productive lives is significantly influenced by upstream factors. When unfavorable or adverse, these upstream drivers can lead to unmet non-medical needs, poor health outcomes, and otherwise avoidable medical costs. Due to their impact on access to care and health outcomes for all people, addressing upstream drivers and unmet non-medical needs are an important part of providing optimal holistic care and can impact health outcomes, utilization and costs.

NASDOH supports CMS's proposal to address upstream drivers of chronic disease through the new Ambulatory Specialty Model (ASM), particularly the inclusion of Improvement Activity 1 – Connecting to Primary Care and Ensuring Completion of Health-Related Social Needs (HRSN) Screening.

Specifically, conducting HRSN screening in the outpatient setting is sensible given primary care providers and specialists providing chronic condition care in ambulatory settings develop deep, longitudinal relationships with patients.

NASDOH appreciates the opportunity to comment on these important proposals. For more information on NASDOH and our members, please visit our website at www.nasdoh.org. Should you have any questions or wish to discuss our comments further, please contact Laura Pence at Laura.Pence@LeavittPartners.com.

Sincerely,

Laura Pence

Laura Pence
Advisor to NASDOH