

# The National Alliance to Impact the Social Determinants of Health

AN ALLIANCE CONVENED BY LEAVITT PARTNERS

March 1, 2019

Demetrios Kouzoukas  
Principal Deputy Administrator and Director, Center for Medicare  
U.S. Centers for Medicare & Medicaid Services  
7500 Security Boulevard  
Baltimore, Maryland 21244

Re: CMS-2018-0154, 2020 Draft Call Letter

Dear Mr. Kouzoukas,

On behalf of the National Alliance to impact Social Determinants of Health (NASDOH), we thank you for the opportunity to provide comments on the 2020 Draft Call Letter. 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 social determinants of health (SDOH) efforts.

NASDOH was extremely encouraged by Secretary Azar's comments at the Orrin G. Hatch Center and Intermountain Healthcare Policy Symposium regarding the importance of addressing SDOH to improve the overall health of an individual. Specifically, we appreciated the acknowledgement that each individual has unique social needs and that the Department of Health and Human Services was intent on designing models that connect individuals to the services they need, rather than offering a one-size-fits-all approach. We are excited to see that the Centers for Medicare and Medicaid Services (CMS) has taken this same approach in its 2020 Draft Call Letter allowing Medicare Advantage (MA) plans to "vary, or target, [Special Supplemental Benefits for the Chronically Ill] SSBCI as they relate to the individual enrollee's specific medical condition and needs."

Because MA plans hold the risk for their enrollees, they do have an incentive to offer benefits, including benefits not traditionally considered health benefits, to improve the health of the members and bring down health care costs. Therefore, NASDOH recommends the following in response to the two requests for comments in the 2020 Draft Call Letter:

#### Solicitation for Comment

*CMS solicits comment on whether plans should have flexibility to determine what is a chronic condition that meets the statutory standard ("is life threatening or significantly limits the overall health or function of the enrollee") and if CMS should consider alternative approaches to determining what meets this criterion.*

#### Response

CMS could allow plans to determine eligibility for a "support" benefit if:

1. A need for the benefit was identified by a licensed medical professional (e.g. primary care physician, nurse practitioner, or other licensed allied health professional) or CMS-recognized provider (e.g. registered dietician) as a preventative measure or the benefit would mitigate progression of any underlying/existing disease or condition;
2. A need for the benefit was due to an acute medical event, underlying chronic condition or functional impairment; or
3. A licensed medical provider or CMS-recognized provider determined wraparound services addressing social determinants of health, were necessary to diminish the impact of injuries or health conditions or would reduce avoidable emergency and health care utilization.

#### Solicitation for Comment

*CMS is soliciting comments on the limits of these supplemental benefits discussed here and whether we should permit consideration of other factors, like financial need, in determining permissible supplemental benefits for chronically ill enrollees.*

#### Response

CMS could take a broader approach when defining benefits to include more than just the specific service. An example of this would be: the definition of nutrition could be broadened to a nutrition “support” benefit that would not only include food delivery but also a brief social interaction to reduce the sense of isolation, nutrition education, a safety check to reduce the risk of falls, connectivity to other community based services as needed, and an opportunity to determine if there are any changes in conditions requiring attention and being reported back to the MA plan.

Additionally, NASDOH does not believe that financial need should be considered in determining permissible supplemental benefits for chronically ill enrollees. Determining permissible supplemental benefits for chronically ill enrollees should be based on medical necessity similar to how other Medicare benefits are determined. Specifically, if the SSBCI has *a reasonable expectation of improving or maintaining the health or overall function of the enrollee* as it relates to the chronic disease.

NASDOH appreciates the work that CMS has done to allow MA plans the opportunity to provide supplemental benefits to chronically ill enrollees that are not tied to primarily health related standard and more specifically your willingness to allow community -based organizations to help “determine whether an individual meets the eligibility requirements for SSBCI.”

Thank you for the opportunity to provide comments on the 2020 Draft Call Letter. NASDOH believes that providing coverage of benefits not primarily related to health such as food, housing and diagnostics can improve or maintain the health or overall function of MA enrollees and we would welcome an opportunity to discuss our comments with you further.

Sincerely,



Vince Ventimiglia  
President, Leavitt Partners Collaborative Advocates and Advisor to NASDOH