

# The National Alliance to Impact the Social Determinants of Health

AN ALLIANCE CONVENED BY LEAVITT PARTNERS

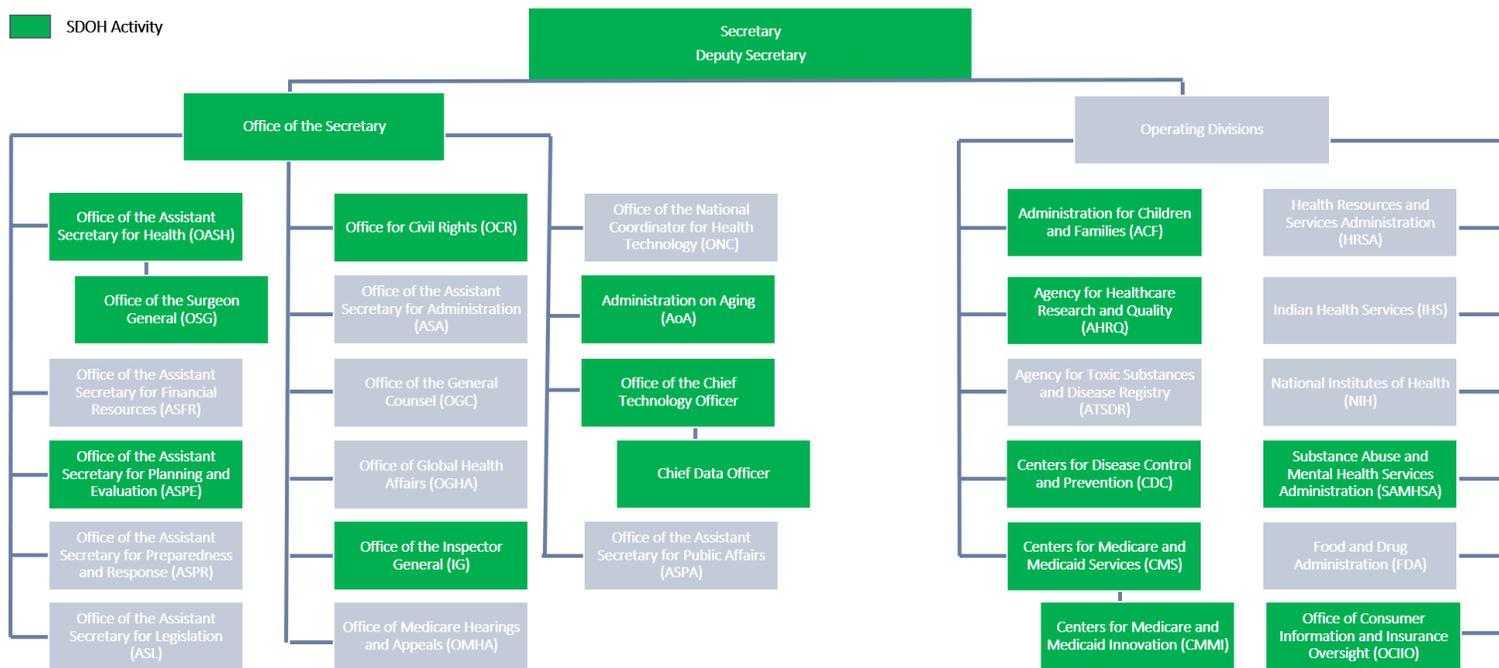
## US Department of Health and Human Services Social Determinants of Health Policy Activity

Health and wellbeing are foundational to economic vitality and business competitiveness, personal achievement, and prosperity. An increased level of health for all Americans is key to the promotion of thriving lives, economies, and communities. NASDOH supports the Healthy People 2020 definition of the social determinants of health: “conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.”<sup>1</sup> Health outcomes strongly relate to these upstream social determinants of health, which include a variety of non-medical factors like food access and nutrition, transportation, housing, incarceration and recidivism, jobs/wages, safety, education, and other community-based, and environmental conditions.

Innovations in addressing the social determinants of health by institutions and communities will require public and private policy action to create a more supportive environment. The U.S. Department of Health and Human Resources (HHS) has a central role to play in this work. Fortunately, HHS has increasingly indicated their understanding of the importance of addressing social determinants of health to improve outcomes for people and communities and to reduce overall costs of care. At a fall policy symposium hosted by the Hatch Foundation and Intermountain Healthcare, HHS Secretary Alex Azar demonstrated significant leadership in this area when he provided remarks in his [speech](#), The Root of the Problem: America’s Social Determinants of Health. He signaled that HHS not only recognized the importance of addressing the social determinants of health as part of success in value-based payment systems, but also that the Department had a responsibility to address the strength of the public health and social care sector as partners and to address upstream health determinants such as affordable housing. Through numerous initiatives and activities across HHS, the Department is demonstrating increasing leadership to address social risk factors. In this brief we provide an overview of HHS activity related to the social determinants of health. NASDOH will continue to track and update the list of activities as they become known. For more information visit our website: [www.nasdoh.org](http://www.nasdoh.org).

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<sup>1</sup> Healthy People 2020 – Social Determinants of Health, at <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>, accessed 30 August 2018.



Around 17 departments and agencies are involved with more than 25 different SDOH-related activities.

## Office of the Secretary

### Social Impact Partnership to Pay for Results Act (SIPPR)

Signed into law on February 9, 2018, the Social Impact Partnership to Pay for Results Act ([SIPPR](#)) would fund social programs that achieve real results and redirect funds from ineffective programs to programs with demonstrable results. \$100 million in funding is now available for proven models integrating social services and medical services care and must include a state or local partner in its model. This amount will be made available until 2028 (10 years). In addition, the OS-HHS is participating on the Federal Interagency Council on Social Impact Partnerships that is tasked with determining the disposition of the funds. The Commission on Social Impact Partnerships, a private-sector advisory panel, has also been appointed. On January 22nd, 2019, the [Notice of Funding Availability](#) was published that invites applications from State and local governments for awards under SIPPR.

## Deputy Secretary

### Sprint to Coordinated Care

The Department of Health and Human Services (HHS) announced the “Regulatory Sprint to Coordinated Care” in the summer of 2018 and stated that it is “focused on identifying regulatory requirements or prohibitions that may act as barriers to coordinated care, assessing whether those regulatory provisions are unnecessary obstacles to coordinated care, and issuing guidance or revising regulations to address such obstacles.” CMS and OIG are currently reviewing comments on several RFIs and are expected to issue proposed rules in 2019. The Deputy Secretary has indicated the sprint will include references to SDOH and cover SDOH in subsequent rules.

## Medical Loss Ratio (MLR)

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The Deputy Secretary has been asked to consider the feasibility of clarifying which plan expenditures on SDOH interventions might be considered as improving health care quality, for medical loss ratio (MLR) purposes, in a variety of federal programs (e.g., Medicare Advantage, qualifying health plans, Medicaid), thus ensuring that plans can use SDOH interventions to improve health without adversely impacting their MLR.

## Center for Medicare and Medicaid Services

### Upcoming MA 2020 Call Letter

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On January 30, 2019, CMS released Part II of the 2020 Advance Notice of Methodological Changes for Medicare Advantage Capitation Rates and Part D Payment Policies (the Advance Notice), and Draft Call Letter. CMS accepted comments on all proposals in Part I and Part II through March 1, 2019 before publishing the final Rate Announcement and Call Letter by April 1, 2019. Beginning in CY2020, MA plans can offer non-primarily health related supplemental benefits to chronically ill enrollees. The 2020 [Call Letter](#) provides guidance about these new special supplemental benefits for the chronically ill, including the definition of a chronic condition and how to submit these benefits in the MA bid.

### Medicare Advantage (MA) Part C Proposed Rule

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On October 26, 2018, CMS issued a [proposed rule](#) that would eliminate barriers for private MA plans to cover additional telehealth benefits. This includes providing MA plans more flexibility to offer government-funded telehealth benefits, greater ability for MA enrollees to receive telehealth from places like their home, and greater flexibility for plans to offer clinically-appropriate telehealth benefits otherwise not available to Medicare beneficiaries.

### 2019 Medicare Advantage (MA) Call Letters

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On April 2, 2018, CMS expanded the definition of “primarily health related” services. As a result of this reinterpretation, plans now have the flexibility to support patients with SDOH interventions that benefit their health, including transportation support and certain home improvements. In coming plan years, at home remote monitoring & food support may be available. On April 27, 2018, CMS submitted a memo that offers a reinterpretation of the “uniformity requirement” that clarifies non-discrimination for disadvantaged groups.

### MyHealthEData

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On March 6, 2018, CMS [announced](#) the MyHealthEData initiative to empower patients by giving them control of their health care data. Patients can use their data to seek out providers and services that meet their unique needs as well as better understand their overall health needs, prevent disease, and make more informed decisions about their health care. The department has expressed interest in a similar effort to connect patients to additional data, including data beyond primarily “health care data” to include SDOH-related data.

### State Medicaid Director Letters

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CMS released a [memo](#) on January 11, 2018 that sets forth waiver options for states pursuing SDOH interventions. These could include behavioral health, mental health, opioids focused, or work-related interventions. CMS noted the broad range of social, economic, and behavioral factors that influence or impact an individual's health and wellness and the growing body of evidence that suggest targeting certain health determinants may improve health outcomes. In particular, CMS noted productive work and community engagement as an area that has the potential to improve health outcomes.

### State Governor Letter

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On March 14, 2017, former HHS Secretary Price and CMS Administrator Seema Verma sent a [letter](#) to the nation's governors indicating their intent to work with states to improve their Medicaid programs. They indicated several key areas where they will work to collaborate with states, including improvement of the State Plan Amendment approval process, support innovative approaches to increase employment and community engagement using 1115 waivers, and provide a reasonable process to comply with the Home and Community-Based Services rule.

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### Medicaid 90/10 Funding

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CMS has been asked about possible guidance for 90/10 funding to be used to support the health information technology and interoperability needs of social services organizations providing support for Medicaid beneficiaries.

### North Carolina Waiver

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On October 19, 2018, CMS approved North Carolina's Section [1115 waiver](#) that includes an innovative new pilot program focused on addressing the SDOH for high-risk, high-cost beneficiaries. The waiver allows four regional pilots that assemble a network of health care providers, community-based organizations, and social service agencies that contract with managed care plans to provide services to enrollees. The particular service areas included in the pilot are housing, food, transportation, and interpersonal violence/toxic stress. In addition to the CMCS interest areas mentioned above, CMCS has heard from states who have an interest in emulating some of what North Carolina has done with their waiver, as well as advancing their own concepts. CMCS would like to provide more guidance for those states and their MCOs.

## Center for Medicare and Medicaid Innovation (CMMI)

### Maternal Opioid Misuse (MOM) model

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On October 23, 2018, the Center for Medicaid and Medicare Innovation [announced](#) the Maternal Opioid Misuse (MOM) model to combat the country's opioid crisis. Specifically, the model addresses fragmentation in the care of pregnant and postpartum Medicaid beneficiaries with opioid use disorder (OUD). The model aims to improve the quality of care and reduce costs for mothers and infants.

### Accountable Health Communities (AHC)

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On September 8, 2018, CMMI [announced](#) the Accountable Health Communities (AHC) model addresses the gap between critical care and community services through testing whether systematically identifying and addressing health-related social needs of Medicare and Medicaid beneficiaries' through screening, referral, and community navigation services will impact health care costs and reduce health care utilization.

### The Integrated Care for Kids (InCK) model

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On August 23, 2018, CMMI [announced](#) the Integrated Care for Kids (InCK) model is focused on local service delivery and state payment model aimed at reducing expenditures and improving quality of care for children covered by Medicaid or CHIP. The model incorporates prevention, early identification, and treatment of priority health concerns including behavioral health and physical health needs.

### Model One

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The Center for Medicaid and Medicare Innovation is developing new social determinants of health models and, in particular, actively seeking feedback on a model (Model One) that aligns resources for health and social care sectors.

## Center for Consumer Information & Insurance Oversight

### Plan Benefit Structure

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The Center for Consumer Information and Insurance Oversight (CCIIO) is responsible for helping implement many reforms of the Affordable Care Act (ACA) and oversees the implementation of the provisions related to private health insurance, including the medical loss ratio (MLR) rules. The CCIIO has indicated interest in directing states to address SDOH through plan benefit structure and off-exchange plan benefits.

## Centers for Disease Control and Prevention

### Stakeholder Convening

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On March 6-7, 2019, the CDC and the Association of State and Territorial Health Officials (ASTHO) hosted a convening to share knowledge, strengthen relationships, and explore collaborations between participants and community integrators to address health-related social needs.

### Health Impact in 5 Years

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The Health Impact in 5 Years (HI-5) [initiative](#) aims to achieve lasting impact on health outcomes within communities through interventions that address the conditions in the places where we live, learn, work, and play. HI-5 focuses on non-clinical, community-wide approaches that have evidence reporting health impacts, results within five years, and cost effectiveness or cost savings.

## Assistant Secretary for Health

### Healthy People 2030

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The Healthy People 2030 [framework](#) includes language around “social health,” “eliminating health disparities,” and “social, physical, and economic environments.” One of the overarching goals for 2030 includes: “Create social, physical, and economic environments that promote attaining full potential for health and well-being for all.”

### National Academy of Medicine (NAM) Convening

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The Office of Disease Prevention and health Promotion is partnering with NAM on a one-day summit on social determinants of health and is anticipated to take place in April 2019. Of particular interest to the agency is how social determinants of health can support the Department of Health and Human Services (HHS) value-based care work.

## Chief Data Officer

### CDO Report

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The HHS Chief Data Officer is interested in better understanding how data and information that exists within various agencies can be successfully shared between and among all agencies to better utilize the data and increase data transparency. They are seeking feedback and recommendations on an HHS [report](#) titled, “The State of Data Sharing at the U.S. Department of Health and Human Services” that will be released on September 18, 2019. In addition, the agency is developing Action Steps and plan to convene numerous Federal agencies in the first quarter of 2019 to discuss data sharing.

## Surgeon General (OSG)

### Call to Action: “Community Health and Economic Prosperity” RFI

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The Surgeon General is writing a report on the connection between community health and prosperity, business investment in local community health, investment strategies, the role of a healthy workforce in business success, and contributions of local policy makers toward community development. In an effort to better inform this report, the OSG and Center for Disease Control and Prevention released a Request for Information ([RFI](#)) soliciting views, recommendations, and data on the connection between community health and prosperity.

## Assistant Secretary for Planning and Evaluation

### IMPACT Act RFI

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Section 2(d) of the Improving Medicare Post-Acute Care Transformation (IMPACT) Act calls for a study evaluating the effect of individuals' socioeconomic status (SES) on quality measures and measures of resource use under the Medicare program. The [RFI](#) specifically seeks information on how plans and providers serving Medicare beneficiaries with social risk factors, approaches plans and providers have used to address the needs of beneficiaries with social risk factors, evidence regarding the impact of these approaches on quality outcomes and the total cost of care, and ways in which plans and providers disentangle beneficiaries' social and medical risks.

## Office of Civil Rights

### RFI on Modifying HIPAA Rules to Improve Coordinated Care

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On December 12, 2018, the Office of Civil Rights (OCR) [announced](#) a request for information (RFI) on how the Health Insurance Portability and Accountability Act (HIPAA) privacy and security rules may impede the transformation to coordinated, value-based health care. Comments were due by February 11, 2019.

## Office of Inspector General

### RFI Regarding the Anti-Kickback Statute

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The Office of Inspector General (OIG) requested for information from the public on how to address any regulatory provisions that may act as barriers to coordinated care in an attempt to accelerate transformation to a value-based system that included care coordination. The OIG is also reviewing Stark Act Safe Harbors, where appropriate, among social services and health care providers (e.g., providing a patient “something of value”, like transportation vouchers or food bank coupons).

## Agency for Healthcare Research and Quality

### Phase One: Visualization Resources of Community-Level SDOH Challenge

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AHRQ asked participants to develop an app that addresses the need for increased use of standardized patient-reported outcomes data in clinical care and research in an effort to bring the voice of the patient into care delivery and wellness processes.

### Phase Two: Visualization Resources of Community-Level SDOH Challenge

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On March 7, 2019, the Agency for Healthcare Research and Quality (AHRQ) [announced](#) a “challenge competition” in which participants develop new online tools to present and encourage the use of free, publicly available SDOH data to better understand and foresee communities’ unmet health care needs. These visualization tools must utilize information from at least 3 or more free, publicly available data sources and must be developed and presented so AHRQ can apply them in at least 2 of the following ways:

1. To develop data linkage, machine learning and modeling studies

2. To understand how consumers seek and make health care decisions
3. To evaluate community health status
4. To predict needs for emergency, hospital, and community health care services

The challenge includes two phases: In phase 1, participants submit concept abstracts and prototype designs of data visualization methods (due June 7, 2019). In phase 2, semifinalists will develop proofs-of-concept.

#### *About NASDOH*

*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. We seek to make a material improvement in the health of individuals and communities and, through multi-sector partnerships within the national system of health, advance holistic, value-based, person-centered health care that can successfully impact the social determinants of health. 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 efforts.*