The National Alliance to Impact the Social Determinants of Health

AN ALLIANCE CONVENED BY LEAVITT PARTNERS

April 1, 2019

Ms. Seema Verma
Administrator
U.S. Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244

Dear Administrator Verma:

We are writing to express our support for the leadership Secretary Azar and you have shown in highlighting the critical role the social determinants play in health. Similarly, we are encouraged by the number of states that are actively addressing social determinants of health (SDOH) in innovative ways through their Medicaid managed care contracts and other mechanisms such as Section 1115 Demonstrations. This includes efforts like that in North Carolina, where, with your support, they are undertaking an innovative approach to test and learn from promising models deployed in the field. The National Alliance to Impact the Social Determinants of Health (NASDOH) encourages the Centers for Medicare and Medicaid Services (CMS) to further encourage state Medicaid programs to address the social determinants of health without undermining its core purpose.

NASDOH is a group of diverse stakeholders working to systematically and pragmatically build a common understanding of the importance of addressing the social determinants of health as part of an overall approach to health improvement. We believe that health and wellbeing are foundational to economic vitality, business competitiveness, personal achievement, and prosperity, and an increased level of health for all Americans. We define the social determinants of health in keeping with the Healthy People 2020 definition of "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." We have attached a brief to this letter that provides additional information about NASDOH and the membership.

Our members believe clarifying Medicaid state guidance, developing template language, establishing learning collaboratives, and supporting enhanced flexibility to build best practices on addressing the social determinants of health could accelerate the work of states and providers by easing the process. The opportunities and requests reflect the extensive field and policy experience of our NASDOH members, as well as conversations with members of your staff, states, and other experts.

Specifically, NASDOH requests that CMS:

1. Consolidate approved guidance to states in a State Medicaid Director letter to facilitate development of State Plan Amendments or waivers;

2. Establish a learning collaborative for states addressing SDOH through their Medicaid programs as part of the Innovation Accelerator Program;

3. Provide ongoing, direct technical assistance and guidance to state Medicaid programs in developing, implementing, and evaluating programs that incorporate SDOH interventions.

4. Outline provisions of the Medicaid managed care regulations that can be used to address SDOH and encourage states to use these flexibilities. The list could include but not be limited to:
    a. 42 C.F.R. 438.208(b)(3) encouraging Medicaid MCOs make "a best effort to conduct an initial screening of each enrollee's needs, within 90 days of the effective date of enrollment for all new enrollees." CMS could encourage the inclusion of questions regarding SDOH in the screening;
    b. 42 C.F.R. 438.208(b)(2)(iv) encouraging Medicaid MCOs to coordinate the services the MCO provides the enrollee with "the services the enrollee receives from community and social support providers." CMS could encourage states to promote that MCOs not only coordinate care but also refer and link enrollees to social services;
    c. 42 C.F.R. 438.330 allow MCO contracts to include the establishment and implementation of "an ongoing comprehensive quality assessment and performance improvement program that addresses the SDOH, and would count as the required Quality Assessment and Performance Improvement project within an MCO's contract; and
    d. 42 C.F.R. 438.3 allowing MCOs to provide "services or settings that are in lieu of services or settings covered under the State plan." CMS could provide guidance on how SDOH services could be an "in lieu of" service and how this can count toward experience in the rate setting process to properly align incentives to promote health and well-being.

5. Release a Request for Information on mechanisms through which CMS could address "premium slide" concerns raised by MCOs and states such as when medical costs come down so will capitated rates making it potentially more difficult for MCOs to continue investing in SDOH interventions;

6. Clarify that provision of evidence-driven SDOH interventions can be counted as an incurred claim under the Medicaid Medical Loss Ratio;

7. Encourage states to establish capitation rates that support SDOH interventions as quality improvement activities;

8. Provide guidance indicating appropriate flexibility for states to use 90/10 funding to help community-based organizations that serve Medicaid beneficiaries to link to a state's Medicaid eligibility and enrollment system and invest in information systems;

9. Support efforts to make available template language for states to use for MCO contracts addressing SDOH; and

10. Provide guidance to states surrounding inducements and gifts, and how SDOH activities may fit within "safe harbor exceptions."

SDOH play a critical role in health care cost and health outcomes. Thank you in advance for your consideration of our requests related to Medicaid program opportunities to further advance this important and impactful work. With your permission, NASDOH will follow up with your office to schedule

a conversation with you. We look forward to discussing these requests with you and your team when we meet.

On behalf of NASDOH,

Vince Ventimiglia
Chairman, Leavitt Partners Board of Managers and Advisor to NASDOH