

June 10, 2022

Chiquita Brooks-LaSure  
Administrator  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard  
Baltimore, MD 21244

Dear Administrator Brooks-LaSure,

On behalf of The Patient Access Network (PAN) Foundation, one of the nation's largest charities, I write to provide comment on the Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Proposed Policy Changes and Fiscal Year 2023 proposed rule. PAN lauds CMS for making advancing health equity one of its strategic pillars. Measurement and payment for screening of social needs is essential to achieving that goal.

PAN is an independent, national 501(c)(3) organization dedicated to helping federally and commercially insured people living with life-threatening, chronic, and rare diseases with the out-of-pocket costs for their prescribed medications. PAN provides patients with direct assistance through nearly 70 disease-specific programs and collaborates with national patient advocacy organizations to provide patients with education and additional support. Since 2004, we have helped more than 1 million underinsured patients.

PAN supports addressing the social drivers of health (SDOH) also called the social determinants of health, which has the potential to improve patient health outcomes and reduce avoidable healthcare spending. We believe both public and private insurers should adopt policies that mitigate barriers to good health. In January of this year, we conducted a national poll of adults and seniors on Medicare to learn about their concerns regarding six key social determinants of health. The [survey](#) found that 72 percent of individuals indicated that it was "very hard" or "somewhat hard" to pay for their basic needs, such as food, housing, doctors' visits, transportation, and heating. Leaving social factors unaddressed leads to disparities in health status, lack of medication adherence, and poor health outcomes.

Therefore, PAN strongly recommends that Centers for Medicare and Medicaid Services (CMS) enact both the proposed measures "Screening for Social Drivers of Health" and "Screen Positive Rate for Social Drivers of Health" (p. 28,497-28,506). PAN also notes that screening and collecting/reporting data is critical, however it is just as important that hospitals take action on the data. This includes working with their local communities to provide the follow-up social support needed by patients.

The current absence of standard drivers of health data or measures in federal healthcare programs – including Medicare or Medicaid – impedes efforts to improve health outcomes, reduce healthcare costs, and address health disparities, especially given the disproportionate and profound impact of these factors on people and communities of color.

Nearly [90 percent of hospitals](#) and health systems across the country are already conducting social drivers of health screening to identify patients' unmet social needs, including via a number of CMMI models, but without the benefit of any formal quality measures, guidance, or tools from CMS.

CMS's proposing these measures represents a significant milestone for accountability in our healthcare system and an affirmation of this Administration's commitment to making visible and acting upon health disparities. Indeed, these measures are particularly significant given that of all the potential Medicare measures under consideration by CMS this cycle, these are the only patient-level health equity or SDOH measures.

In particular, these measures are important for the many reasons cited by CMS in its proposed rule. If implemented together, these two measures will:

- *Advance health equity* by addressing the health disparities that underlie the country's health system, a key Biden-Harris Administration priority;
- *Make visible* to the healthcare system the impact of food insecurity, housing instability, and other drivers of health on patients – including fueling health disparities;
- Support hospitals and health systems in *actualizing their commitment to address disparities* and implement associated equity measures to track progress;
- Encourage meaningful *collaboration between healthcare providers and community-based organizations* to connect patients to the resources they need to be healthy; and
- *Guide future public and private resource allocation* to promote collaboration between hospitals, health systems and health departments in leveraging assets and addressing capacity and other gaps in the community resource landscape.

In addition, person-level SDOH data – which will be generated by the screen positive rate measure in the proposed rule – is essential to begin quantifying the health and economic implications of SDOH and to inform work on SDOH-related billing codes, risk-adjustment, and cost benchmarks.

It is also imperative that CMS require screening for *all five* of the drivers of health domains or Health-Related Social Needs (HRNs) for the reasons that CMS states in the proposed rule. We note that the SDOH screening measure numerator (p. 25802, column 3) and “measure calculation” (p. 25803, column 1) introduce confusion by stating “patients... are screened for *one or all* of the following five HRSNs.” The screening measure numerator and calculation should provide that patients are *screened for all five SDOH domains*. This is consistent with CMS's screen positive rate “measure calculation” (p. 25,806, column 1) which references “the total number of patients... screened for all five HRSNs.”

The SDOH data collected via these proposed measures will enable and align with other elements of this proposed rule, including CMS's Hospital Commitment to Health Equity Measure and its RFIs relative to SDOH Diagnosis Codes and Inclusion of Health Equity Performance in the Hospital Readmissions Reduction Program (HRRP).

In response to CMS's requested information regarding SDOH Z codes, we believe that the most immediate and important action CMS could take to increase the use of Z codes is to finalize the

proposed SDOH measures discussed above. These measures create an opportunity to collect inpatient SDOH data at a scale that could improve Medicare Severity Diagnosis-Related Groups' (MS-DRGs) precision and ability to recognize severity and complexity of illness and utilization of resources.

PAN urge CMS to enact both the SDOH Screening *and* the Screen Positive Rate measures, recognizing these measures are crucial to align policymaking with the realities of people's lives; to lay the foundation to invest in those community resources necessary for health; and to illuminate and enable action in addressing health disparities. If you would like further information or have questions, please contact Amy Niles, Executive Vice President at [aniles@panfoundation.org](mailto:aniles@panfoundation.org).

Sincerely,

A handwritten signature in black ink that reads "Kevin L. Hagan".

Kevin L. Hagan  
President and Chief Executive Officer