

6/16/22

Ms. Chiquita Brooks-LaSure
Administrator, Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
P.O. Box 8013
Baltimore, MD 21244-1850
(Submitted electronically via regulations.gov)

Re: Docket (CMS-2022-0074) Medicare Program: Hospital Inpatient Prospective Payment Systems; Quality Programs and Medicare Promoting Interoperability Program Requirements, etc.

Dear Ms. Brooks-LaSure:

On behalf of SPUR, I strongly recommend that Centers for Medicare and Medicaid Services (CMS) enact both proposed measures: “Screening for Social Drivers of Health” and “Screen Positive Rate for Social Drivers of Health”.¹

SPUR is a nonprofit public policy organization in the San Francisco Bay Area. As part of our work, we lead a statewide coalition of more than 100 organizations focused on integrating food based interventions such as food pharmacies, produce prescriptions, healthy groceries and medically tailored meals into healthcare.² Evidence strongly indicates that these interventions can help reduce average blood sugar in those with diabetes, high blood pressure and preterm birth as well as reduce healthcare costs.

In December 2021, California received permission to pilot new approaches to providing healthcare to the more than 13 million Californians who rely on Medicaid. One cutting-edge aspect of the reforms is Community Supports, a set of fourteen alternatives to covered health services that are designed to address social drivers of health, such as lack of access to food. This is an important step in the right direction but does not fully institutionalize these new food-based services in Medicaid. Including food insecurity in federal healthcare measures would support fully embedding food based interventions into Medicare and Medicaid because health plans could better track the impact social drivers of health (SDOH) have on health outcomes and costs. This would lay the groundwork for helping transition food-based benefits from a special pilot or initiative like in California – and other states – to a standard benefit for all health plan members.

¹ Department of Health and Human Services, Centers for Medicare & Medicaid Services 42 CFR Parts 412, 413, 482, 485, and 495, <https://www.govinfo.gov/content/pkg/FR-2022-05-10/pdf/2022-08268.pdf>: (p. 28,497-28,506).

² Medically Supportive Food and Nutrition Coalition Letter to the California Department of Health Care Services requesting expanded coverage of food based interventions in Medi-Cal: <https://www.spur.org/publications/policy-letter/2020-03-16/spur-comments-proposed-changes-medi-cal>

In addition, providers are not required or incentivized to use SDOH Z diagnostic codes currently available to identify social determinants of health such as food insecurity. This results in underreporting of food insecurity and other drivers of health among patients. The most immediate and important action CMS could take to increase the use of Z codes is to finalize the Social Drivers of Health measures for the Hospital Inpatient Quality Reporting Program included in the proposed inpatient prospective payment system (IPPS) rule.³ Absent these measures and associated data, CMS SDOH Z codes will continue to be underreported and unreliable, thus reducing quality of care.

Given all this, we urge CMS to enact both the SDOH Screening and the Screen Positive Rate measures to support improved health.

Sincerely,



Katie Ettman

Food and Agriculture Manager

³ See footnote #1, p. 28,497.