CENTER for HEALTH LAW and POLICY INNOVATION
HARVARD LAW SCHOOL

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Director, Center for Medicare
Centers for Medicare and Medicaid Services
Hubert H. Humphrey Building
200 Independence Ave
SW Washington, DC 20201

Attn: CMS-2023-0010

Dear Director Seshamani,

The Center for Health Law and Policy Innovation of Harvard Law School (CHLPI) appreciates the opportunity to provide comments on the Centers for Medicare & Medicaid Services' (CMS) Advance Notice of Methodological Changes for Calendar Year (CY) 2024 for Medicare Advantage (MA) Capitation Rates and Part C and Part D Payment Policies.

CHLPI advocates for reforms to improve the health of underserved populations, with a focus on the needs of low-income people living with chronic illnesses. We have an active portfolio dedicated to nurturing the integration of social determinants of health (SDOH) interventions into health care delivery and financing. For a number of years, CHLPI has worked with stakeholders including health systems, private and public health plans, community-based organizations (CBOs), and government officials across the country to address the damaging impact of food insecurity on health outcomes and advance Food is Medicine interventions (such as medically tailored meals and produce prescriptions). Our comments focus on matters set forth in **Attachment IV. Updates for Part C and D Star Ratings**.

I. Universal Foundation

We applaud the Universal Foundation initiative and the inclusion of equity considerations (in particular, screening for social drivers/social needs screening and intervention) therein. Social determinants of health underlie disparities in the incidence of and in outcomes of diseases and conditions that CMS prioritizes in the measure set, including diabetes,[1] high blood pressure,[2] and cancer.[3] We also applaud CMS' stated intention to add, in the future, follow-up to address identified social needs.[4] Collectively, older adults experience a high burden of health-related social need. A national survey of Medicare Advantage

[1] *See, e.g.*, Victoria L. Mayer et al. Food Insecurity, Coping Strategies and Glucose Control in Low-Income Patients with Diabetes, 19(6) PUB. HEALTH NUTRITION 1103, 1105 (2015), https://perma.cc/SF99-P9SV.
[2] *See, e.g.*, Craig Gunderson & James P. Ziliak, The Health Consequences of Senior Hunger in the United States: Evidence from the 2019-2014 NHANES, Feeding America, FEEDING AMERICA & THE NAT'L FOUND. TO END SENIOR HUNGER, 3, 7 (2017), https://perma.cc/JN9H-ZASM.
[3] *See, e.g.*, Fang Fang Zhang et al. Preventable cancer burden associated with poor diet in the United States, 3(2) JNCI CANCER SPECTRUM pkz034 (2019), doi:10.1093/jncics/pkz034.
[4] Douglas B. Jacobs et al. Aligning Quality Measures across CMS—The Universal Foundation, 388 NEJM 776-779 (2023), https://www.nejm.org/doi/full/10.1056/NEJMp2215539.

beneficiaries, conducted between October 2019 and February 2020, found that roughly 50% of respondents reported at least one need.[5] Moreover, when it comes to responsive supports, MA organizations have an array of levers available to facilitate quality, coordinated integration (e.g., Special Supplemental Benefits for the Chronically Ill and the Value-Based Insurance Design model). It is our hope that the Universal Foundation measures will encourage greater uptake of such tools towards more equitable, high-quality care in the MA program.

II. Potential New Measure Concepts

CHLPI is excited by several of the Star Ratings measures under consideration by CMS. We urge continued momentum towards securing a new HEDIS measure focused on screening and referral to services for social needs. We also see benefits to the complementary proposal to add questions that assess enrollee experiences and perceptions to the HEDIS Health Outcomes Survey (HOS). Asking enrollees about care received has the potential to promote greater accountability and quality improvement on the part of MA organizations. As CMS considers which questions to include, we encourage those that would reach experiences with the integration of screening results into a person's care plan, experiences with community service navigation, and satisfaction with the availability of community services as well as the ability of community services to resolve a person's health-related social need(s).[6] While an MA organization does not have total, sole control over beneficiaries' community-based supports, MA organizations are in a position to lead alignment activities, strengthen linkages, and bolster community service capacity. We look forward to opportunities to review and comment on any such measure as it is defined further.

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Once again, CHLPI applauds CMS's leadership in creating measures of HRSN in the Star Ratings program and across models. We look forward to future opportunities to review and comment further as proposals develop. In the interim, we would be happy to work with CMS on these initiatives. Please contact Kathryn Garfield (kgarfield@law.harvard.edu) or Rachel Landauer (rlandauer@law.harvard.edu).

Sincerely,

Kathryn Garfield
Clinical Instructor and Director, Whole Person Care

on behalf of

The Center for Health Law and Policy Innovation
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[5] Charron L. Long et al. Health-related social needs among older adults enrolled in Medicare Advantage, 41(4) HEALTH AFFAIRS 557-562 (2022), doi: 10.1377/hlthaff.2021.01547.
[6] Kate Abowd Johnson et al. Lessons from five years of the CMS Accountable Health Communities Model HEALTH AFFAIRS FOREFRONT (2022), https://www.healthaffairs.org/content/forefront/lessons-five-years-cms-accountable-health-communities-model.