



March 7, 2022

By electronic submission

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, D.C. 20201

Re: The Gravity Project's Comments on CMS's Proposal to Require SDOH Assessments by Medicare Advantage Special Needs Plans, File No. CMS-4192-P

Dear Administrator Brooks-LaSure:

The Gravity Project submits these comments on the proposed Contract Year 2023 Policy and Technical Changes to the Medicare Advantage and Medicare Prescription Drug Benefit Programs, File No. CMS-4192-P, dated January 12, 2022, and specifically the welcome proposal to require assessments of food insecurity, housing instability, and transportation access by Medicare Advantage Special Needs Plans.¹ The Gravity Project develops, tests, and supports implementation of consensus-based standards that facilitate assessment, documentation, and exchange of social determinants of health (SDOH) data nationwide across diverse systems and settings of care and social services. We do this by convening over 2,000 subject-matter experts, stakeholders, and public members across the nation through an open, public collaborative process. We thank you for the opportunity to provide these comments.

In the comments that follow, the Gravity Project addresses the proposal to require assessments of food insecurity, housing instability, and transportation access using questions aligned with those in the SDOH Assessments data element in the U.S. Core Data for Interoperability (USCDI) version 2. The Gravity Project submitted that SDOH Assessments data element which ONC integrated in USCDI v2. We also address the questions whether the Centers for Medicare & Medicaid Services (CMS) should include additional domains such as health literacy or social isolation, and whether CMS should further delay enforcement from contract year 2024 to contract year 2025.

I. The Gravity Project and Its Expertise

Experts have long known that social and environmental factors explain 80-90 percent of a person's and population's health status.² The value of collecting and coding SDOH data for

¹ [Medicare Program; Contract Year 2023 Policy and Technical Changes to the Medicare Advantage and Medicare Prescription Drug Benefit Programs](https://www.govinfo.gov/content/pkg/FR-2022-01-12/pdf/2022-00117.pdf), File No. CMS-4192-P, 87 Federal Register 1842, 1857-1860 (Jan. 12, 2022), available at <https://www.govinfo.gov/content/pkg/FR-2022-01-12/pdf/2022-00117.pdf>.

² Institute for Clinical Systems Improvement, [Going Beyond Clinical Walls: Solving Complex Problems](https://www.icsi.org/wp-content/uploads/2019/08/1.SolvingComplexProblems_BeyondClinicalWalls.pdf) (Oct. 2014), available at https://www.icsi.org/wp-content/uploads/2019/08/1.SolvingComplexProblems_BeyondClinicalWalls.pdf; Robert Wood Johnson

clinical care and other use cases, including SDOH-related assessments, goals, health concerns, and interventions, is well established in the literature.³ For the past two years, the COVID-19 pandemic has highlighted this reality daily across the nation. While SDOH explain 80-90 percent of health status, prior to the Gravity Project no national electronic standard existed to represent and exchange structured SDOH data for health care across the disparate digital systems used by clinical, community, and home settings. This omission highlighted the urgency of a national standard, and the Gravity Project has been working diligently to fill this void.

The Gravity Project began in 2018 after a diverse group of national experts and stakeholders concluded that a concerted strategy was needed to achieve consensus-based, comprehensive coding standards for SDOH data in electronic health record (EHR) systems. Since then, the Gravity Project has provided critical leadership to convene experts, stakeholders, and interested members of the public nationwide and has coordinated a structured, comprehensive, and efficient approach to:

- Understand the value and use of SDOH data for clinical care, population health, social care, public health, and quality measurement;
- Analyze gaps in existing terminology and codes used to represent SDOH-related activities in clinical and community care settings;
- Develop standard terminology, vocabulary, and codes to represent and use SDOH concepts in EHRs and digital health technologies across clinical and community care settings;
- Develop an HL7[®] FHIR[®] Implementation Guide for clinical care to support the capture and nationwide exchange of SDOH data using FHIR release 4 and FHIR-based application program interfaces (APIs);
- Develop a reference implementation to support real-world pilots and end-to-end exchange among individuals, community services, clinical settings, and nationally recognized screening tools (e.g., PRAPARE, AHC HRSN) and community-referral platforms (e.g., UniteUs, findHelp), including design of smartphone and web-based applications using FHIR APIs; and
- Analyze and develop bi-directional mapping between non-health care data and relevant health IT standards (FHIR specifications) for use in clinical care and non-clinical settings.

The Gravity Project's work is open source and technology agnostic for public use nationwide.

On October 23, 2020, the Gravity Project submitted to the Office of the National Coordinator for Health Information Technology (ONC), for inclusion in the U.S. Core Data for Interoperability (USCDI) version 2, an initial set of fourteen critical SDOH domains (food insecurity, housing instability, homelessness, inadequate housing, transportation insecurity, financial insecurity, material hardship, employment status, educational attainment, veteran

Foundation, [Frequently asked questions about the social determinants of health](https://healthforward.org/wp-content/uploads/2015/11/faqsocialdeterminants20101029.pdf) (Oct. 29, 2010), available at <https://healthforward.org/wp-content/uploads/2015/11/faqsocialdeterminants20101029.pdf>.

³ E.g., Abigail Arons, Sarah DeSilvey, Caroline Fichtenberg & Laura Gottlieb, [Documenting social determinants of health-related clinical activities using standardized medical vocabularies](https://doi.org/10.1093/jamiaopen/ooy051), 2 Journal of Am. Med. Info. Ass'n 81 (Apr. 2019), available at <https://doi.org/10.1093/jamiaopen/ooy051>; see also Institute of Medicine, [Capturing Social and Behavioral Domains in Electronic Health Records, Phase 1](https://www.ncbi.nlm.nih.gov/books/NBK195994/pdf/Bookshelf_NBK195994.pdf) (2014), available at https://www.ncbi.nlm.nih.gov/books/NBK195994/pdf/Bookshelf_NBK195994.pdf.

status, stress (general), social isolation, intimate partner violence, and elder abuse), across core clinical activities (e.g., assessments, diagnoses, goals, interventions), using key code systems and value sets (e.g., LOINC, SNOMED-CT, ICD-10-CM, and CPT/HCPCS). On July 9, 2021, ONC added these SDOH data elements to USCDI version 2 for nationwide interoperability.⁴ Other federal agencies are beginning to integrate these SDOH data standards.⁵

The Gravity Project brings the depth and breadth of these and many other efforts to bear in our comments below.

II. CMS's Proposal to Require SDOH Assessments by Medicare Advantage Special Needs Plans

CMS proposes to require assessments of food insecurity, housing instability, and transportation access by Medicare Advantage Special Needs Plans (SNPs), using questions aligned with those in the SDOH Assessments data element in the U.S. Core Data for Interoperability version 2. **The Gravity Project and the literature strongly support CMS's proposal to require at least one question each for food insecurity,⁶ housing instability,⁷ and**

⁴ Office of the National Coordinator for Health Information Technology, [United States Core Data for Interoperability Version 2](#), pp. 5, 10, 15, 16 (July 9, 2021), available at <https://www.healthit.gov/isa/sites/isa/files/2021-07/USCDI-Version-2-July-2021-Final.pdf>.

⁵ E.g., [Medicare Program; CY 2022 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment Policies](#), 86 Federal Register 64996, 65385 (Nov. 19, 2021) (listing Gravity Project's standards), available at <https://www.govinfo.gov/content/pkg/FR-2021-11-19/pdf/2021-23972.pdf>; Office of the National Coordinator for Health Information Technology, [Special Emphasis Notice \(SEN\) Interest in Applications to Advance Health IT Standards and Tools to Improve Social Determinants of Health Data Exchange](#), pp. 3-4 (Aug. 11, 2021) (requiring use of same), available at <https://www.healthit.gov/sites/default/files/page/2021-02/ONC-LEAP-in-Health-IT-SEN-FY2021.pdf>; Administration for Community Living (ACL), [Innovative Technology Solutions for Social Care Referrals](#) (Mar. 26, 2021) (requiring use of same); [CMS State Health Officials Letter No. 21-001 on Opportunities in Medicaid and CHIP To Address Social Determinants of Health](#), p. 34 (Jan. 7, 2021) (listing same), available at <http://www.medicaid.gov/federal-policy-guidance/downloads/sho21001.pdf>; U.S. Department of Health and Human Services, [Report to Congress: Social Risk Factors and Performance in Medicare's Value-Based Purchasing Program](#), pp. 20, 213, 272 (Mar. 2020) (listing same), available at https://aspe.hhs.gov/sites/default/files/migrated_legacy_files/195191/Second-IMPACT-SES-Report-to-Congress.pdf.

⁶ E.g., Sarah DeSilvey, Alexandra Ashbrook, Richard Sheward, Heather Hartline-Grafton, Stephanie Ettinger de Cuba & Laura Gottlieb, [An Overview of Food Insecurity Coding in Health Care Settings: Existing and Emerging Opportunities](#) (Feb. 15, 2018), available at https://childrenshealthwatch.org/wp-content/uploads/An-Overview-of-Coding_2.15.18_final.pdf.

⁷ E.g., Richard Sheward, Allison Bovell-Ammon, Nayab Ahmad, Genevieve Preer, Stephanie Ettinger de Cuba & Megan Sandel, [Promoting Caregiver and Child Health Through Housing Stability Screening in Clinical Settings](#), 39 Zero to Three Journal 52, 52-53 (Mar. 2019), available at <https://www.zerotothree.org/resources/3199-promoting-caregiver-and-child-health-through-housing-stability-screening-in-clinical-settings>; Barbara DiPietro & Sandra Edgington, National Health Care for the Homeless Council, [Ask & Code: Documenting Homelessness Throughout the Health Care System](#) (Oct. 2016), available at <https://nhchc.org/wp-content/uploads/2019/08/ask-code-documenting-homelessness-throughout-the-healthcare-system.pdf>; Tamara J. Winden, Elizabeth S. Chen & Genevieve B. Melton, [Representing Residence, Living Situation, and Living Conditions: An Evaluation of Terminologies, Standards, Guidelines, and Measures/Surveys](#), 2016 Proceedings of the American Medical Informatics Association Annual Symposium 2072 (2016), available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5333311/pdf/2500156.pdf>.

transportation access,⁸ although we recommend some improvements to this proposed requirement as well. As CMS notes in the preamble, it is appropriate to require SNPs to include standardized questions about these core social risk factors in light of the impacts that they have on health care and outcomes for enrollees in SNPs and how access to this information better enables SNPs to design and implement effective models of care for their enrollees.⁹ Requiring at least one question each also aligns with the Accountable Health Communities Health-Related Social Needs (AHC HRSN) Screening Tool.¹⁰

We note that the illustrative questions for housing identified in the preamble and proposed regulatory text cover housing stability only.¹¹ The Gravity Project’s SDOH Assessments data element in USCDI v2 includes assessments across *three* housing domains, not just housing stability: homelessness, housing instability, and inadequate housing. **All three housing risk domains are critical, and we recommend that CMS require SNPs to include questions for all three.** The AHC HRSN Screening Tool likewise identifies all three.¹²

CMS also asks whether it should require Special Needs Plans to include assessment questions about other domains, such as health literacy or social isolation.¹³ As immediate priorities for additional domains, **we recommend adding at least one question each for social isolation; interpersonal violence and its subdomains intimate partner violence and elder abuse; and utilities insecurity.** All are validated and actionable. For example, the AHC HRSN Screening Tool already identifies interpersonal safety and utilities insecurity.¹⁴

⁸ E.g., Alix Gould-Werth, Jamie Griffin & Alexandra K. Murphy, [Developing a New Measure of Transportation Insecurity: An Exploratory Factor Analysis](https://www.surveypractice.org/article/3706-developing-a-new-measure-of-transportation-insecurity-an-exploratory-factor-analysis), 11 Survey Practice , p. 1 (July 30, 2018), available at <https://www.surveypractice.org/article/3706-developing-a-new-measure-of-transportation-insecurity-an-exploratory-factor-analysis>.

⁹ 87 Federal Register at pp. 1857-1860. We underscore and support CMS’s proposal to require “standardized questions” (emphasis added), specified by sub-regulatory guidance. CMS is correct that merely requiring SNPs to address a domain without specifying the standardized questions and data that all SNPs must use and exchange, injects all the “challenges posed by use of multiple different questions used by different SNPs across the country. Having different questions that touch on the same topics in different ways would pose difficulties for interoperability, comparability, and reporting on these risk factors.” Id., p. 1860.

¹⁰ Centers for Medicare & Medicaid Services, [The Accountable Health Communities Health-Related Social Needs Screening Tool](https://innovation.cms.gov/files/worksheets/ahcm-screeningtool.pdf), pp. 1-2 (Aug. 10, 2021), available at <https://innovation.cms.gov/files/worksheets/ahcm-screeningtool.pdf>.

¹¹ 87 Federal Register at pp. 1859, 1953 (“One or more questions on housing stability.”)

¹² Centers for Medicare & Medicaid Services, [A Guide to Using the Accountable Health Communities Health-Related Social Needs Screening Tool: Promising Practices and Key Insights](https://innovation.cms.gov/media/document/ahcm-screeningtool-companion), p. 53 (June 2021) (“Living situation. The first question under this core domain was adapted from the Protocol for Responding to and Assessing Patients’ Assets, Risks, and Experiences (PRAPARE) assessment tool, developed to identify individuals who are homeless or at risk of losing their housing for any reason.¹⁶ The second question was adapted from a question developed by Nuruzzaman and colleagues¹⁷ and is intended to identify individuals living in substandard housing.”), available at <https://innovation.cms.gov/media/document/ahcm-screeningtool-companion>.

¹³ 87 Federal Register at p. 1860.

¹⁴ For utilities, the ACH HRSN Screening Tool asks, “In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home?” Centers for Medicare & Medicaid Services, [The Accountable Health Communities Health-Related Social Needs Screening Tool](https://innovation.cms.gov/files/worksheets/ahcm-screeningtool.pdf), pp. 1-2 (Aug. 10, 2021), available at <https://innovation.cms.gov/files/worksheets/ahcm-screeningtool.pdf>.



Lastly, CMS asks whether it should further delay enforcement from contract year 2024 to contract year 2025.¹⁵ **CMS should not delay enforcement beyond contract year 2024.** All of the domains we recommend are already well-developed in 2022 (except social isolation), and all are too important to wait beyond 2024.

Conclusion

Thank you very much for the opportunity to provide these comments. The Gravity Project looks forward to working with the Centers for Medicare & Medicaid Services, the Office of the National Coordinator, individuals and patients, federal agencies, providers, community-based organizations, vendors, developers, and stakeholders across the nation to leverage technology to achieve national goals articulated by the Triple Aim. If you have additional thoughts or questions, please contact Mark Savage, the Gravity Project's SDOH Policy Advisor, at MarkSavage.eHealth@pacbell.net.

Sincerely,

The Gravity Project

cc: Micky Tripathi, National Coordinator for Health Information Technology

[screeningtool.pdf](#). Telecommunications, including Internet, smartphone, and broadband access, is also a utility, and should be included in an assessment of utilities insecurity, especially when assessing the implications for health information technology used in health care.

¹⁵ 87 Federal Register at p. 1860.