



September 11, 2023

Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
US Department of Health and Human Services
7500 Security Boulevard
Baltimore, Maryland 21244

Dear Administrator Brooks-LaSure:

The Health IT End Users (HITEU) Alliance appreciates the opportunity to comment on the Centers for Medicare & Medicaid Services' (CMS) proposed rule entitled *Medicare and Medicaid Programs; CY 2024 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies; Medicare Shared Savings Program Requirements; Medicare Advantage; Medicare and Medicaid Provider and Supplier Enrollment Policies; and Basic Health Program*, as published in the August 7 *Federal Register*.

The HITEU Alliance brings together health information professionals, physicians, hospitals, and other front-line health care providers and organizations that use health IT in the provision of care to ensure that policy and standards development activities reflect the complex web of clinical and operational challenges facing those who use technology tools for care. By working collaboratively across settings of care, the HITEU Alliance is focused on priorities for how technology can best support clinical care and operations.¹

Our comments below focus on the section of the proposed rule that supports collecting and using data to address social determinants of health (SDOH). Specifically, CMS proposes to add codes and payment rates for three services that support the needs of individuals when social and other factors affect the ability of physicians and other clinicians to create and carry out a plan of care. The proposals include:

- Two new G codes for Community Health Integration (CHI) Services (initiating visit and subsequent services) that are incident to a professional service and that can be provided by certified or trained auxiliary personnel, which may include a community health worker. These services would allow for the identification of and services to address particular SDOH needs that are interfering with, or presenting a barrier to, diagnosis or treatment of a patient's problem. These codes would support both conducting a person-centered assessment, as well as coordinating receipt of needed services from health care practitioners, home- and community-based services, social services, and caregivers, as well as care transitions.
- One new stand-alone G code to support the administration of a standardized, evidence-based Social Determinants of Health Risk Assessment that can be billed on the same day as an

¹ <https://hitenduser.org>

evaluation and management visit. The assessment would include the domains of food insecurity, housing insecurity, transportation needs, utility difficulties, and any other relevant factors.

- Adding the SDOH risk assessment to the annual wellness visit as an optional, additional element with an additional payment.
- New coding for Principal Illness Navigation (PIN) Services focused on patients with a serious, high-risk illness. Parallel to the proposed CHI services, PIN services could be incident to a professional service and provided by certified or trained auxiliary personnel, which may include a community health worker or care navigator.

The HITEU Alliance supports the Agency's goal of improving the ability of physicians and other clinicians to gather information on social determinants of health and to involve community health workers, care navigators, and peer support specialists in furnishing medically necessary care. We commend CMS for recognizing the need to reimburse clinicians for the costs associated with identifying and addressing the social and other non-clinical factors that affect the health of individuals. Collecting this information in a way that is culturally appropriate, favors self-reporting, and aligns with individual preferences requires specific skills, and connecting individuals with appropriate services to address SDOH needs requires significant effort. We caution, however, that achieving the Agency's goals will require federal support to create and test standardized and validated data elements and data collection tools, as well as mechanisms to share these types of data with semantic interoperability. We encourage CMS to work with end users in the clinician community as well as standard development organizations such as HL7 in informing these tools.

While we understand the urgency to address SDOH needs today and encourage CMS to finalize its proposals, we also recommend that CMS work with the Office of the National Coordinator for Health IT (ONC) and other agencies to support the development of standardized data elements and tools that can be tailored to the needs of a given setting or specialty. Without standardization, it will be challenging to share data across care providers and community-based organizations (CBOs) with common understanding, and providers may find that they need to collect data that others have already collected, leading to burden for both the care team and the individual. Most CBOs will not be able to easily document CHI or PIN services in patients' health records and will have to find alternate ways to share information with a patient's care team, slowing care coordination and adding administrative burden. CMS is well positioned to work with ONC and other stakeholders to advance solutions that better enable interoperable data between the traditional health care system and CBOs.

In our Consensus Statement on Data to Support Equity, the HITEU Alliance identified eleven principles to guide public and private sector efforts to ensure that relevant demographic and social factor data are available to advance equity.² They include, among others, the need to:

- Develop consensus on validated instruments to be used for data collection (as appropriate for a given setting, context, or domain), with a preference for self-reporting of race, ethnicity, and other factors.
- Develop and support adoption of validated technical tools to support both the collection and electronic sharing of these data, as well as technical tools to protect privacy and maintain autonomy over how personal information is used, consistent with individual preferences.
- Keep the primary focus for collecting demographic and SDOH data on meeting patient needs versus secondary uses of the data.

² [Equity consensus statement \(hitenduser.org\)](https://www.hitenduser.org/equity-consensus-statement)

- Retain individuals' privacy through the adoption of comprehensive data privacy practices by CBOs and other entities.
- Governmental and health plan funding, technical resources, and infrastructure to support coordination between health care organizations and CBOs to connect individuals to resources that will meet their needs.
- Continued and expanded research on how best to collect and leverage SDOH data in ways that are clinically relevant, linked to care plans, and respectful of patient attitudes toward and preferences for the collection of SDOH data.

Tools to collect and share SDOH data should also undergo real-world testing, consistent with the HITEU Alliance's Consensus Statement on Real-World Testing.³ Engaging with end users to conduct real-world testing of standardized instruments and tools to collect, share, and use SDOH data in ways that are respectful of individual preferences will increase the likelihood that these technical approaches will succeed and achieve the goals of improving health by addressing the social drivers of health.

Conclusion

The HITEU Alliance supports CMS' proposals to advance the ability of physicians and other clinicians to identify and address SDOH and related challenges that affect the health of individuals. We look forward to engaging with the Agency and other federal partners on how to advance the development of standardized data elements, evidence-based collection tools, and semantic interoperability in this area. For further questions related to the contents of this letter, or the Alliance and our policy positions, please contact American Health Information Management Association (AHIMA) Directory of Regulatory Affairs Andrew Tomlinson at andrew.tomlinson@ahima.org or by phone at 443-676-7106.

³ [Real-world testing consensus statement \(hitenduser.org\)](https://www.hitenduser.org/real-world-testing-consensus-statement)