SNP Alliance
The National Voice for Special Needs and Medicare-Medicaid Plans
A National Nonprofit Leadership Organization

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Dear Mr. Parham,

The Special Needs Plan Alliance (SNP Alliance) is the national non-profit leadership organization for Special Needs Plans and Medicare-Medicaid Plans. The SNP Alliance represents 26 health plan organizations with over 400 plan products, serving over 2.8 million enrolled beneficiaries (about 60% of all beneficiaries enrolled in SNPs). These special needs plans (SNPs) and Medicare-Medicaid plans are subsets of Medicare Advantage (MA) plans.

A large proportion of the individuals enrolled in SNPs are dually eligible for both Medicare and Medicaid and have high social risk issues. Nationally, dually eligible individuals comprise about 11% of beneficiaries, but account for 30% of costs due to their condition and social risk complexity. See: SNPA-Member-Profile-Brief-FINAL-June-30-2021.pdf (snpalliance.org)

Comments

We have reviewed the CMS memorandum and Supporting Statement A issued through the HPMS, and the PRA notice issued in the FR on October 28, 2022, pertaining to new requirements for special needs plans around health risk assessment (HRA) and social risk screening (SRS). These documents offer guidance for SNPs to include one or more questions on housing stability, food security, and transportation access in the SNP health risk assessment beginning CY 2024. Comments were requested by CMS which we provide here, based on our review of current practices, discussions with SNPs, information provided by SNPs in our annual member survey and additional analysis.

While SNPs already conduct health risk assessments and while many already have one or more screening items on housing, food, or transportation, it is important to note the challenges ahead in moving toward a consistent national approach for this HRA and SRS.

We focus our comments in two areas pertinent to the CMS-issued notices:

- Social Risk Screening (SRS) instruments, measures and processes – National/State
- Burden/Cost estimates to SNPs

I. *SRS Instruments, Measures: National Standards and State Practices*

We appreciate the work CMS has done to review current practices and include valid SRS instruments. Thank you for listing the instruments that meet the stated criteria. We agree that a standardized set of items/instruments with attention to the criteria set by the Gravity Project, is an important step in improving consistency in identification of people with social risk issues. We appreciate that CMS has recognized current and emerging state mandates around social risk screening and health risk assessment instruments. Across the country we are seeing increasing specificity and action around State-directed HRAs and Models of Care elements. We are encouraged by federal and state policies to provide greater support for beneficiaries dealing with these social risk issues. Special needs health plans, providers, community service organizations and other stakeholders are working together to better understand how to address these issues.

However, in our review and discussions with SNPs we have identified several challenges:

1. *Unclear about future screening instruments/updates* – It is unclear how/if SNPs can utilize new screening instruments that are validated in the future. What will be the pathway for approving these? Will CMS issue an updated list annually or more often? Could SNPs use instruments that have been validated in research even if they are not yet on the Gravity Project list? Please clarify process and timing on using future SRS screening instruments.

2. *Not fully aligned with the NCQA standards*- The National Committee on Quality Assurance (NCQA) has also developed and tested a measure on social risk screening and follow-up for housing, food, and transportation. This measure is being applied to all MA plans. NCQA requires that all social risk screening items/instruments that will be used by MA plans, including SNPS, have LOINC® coding terminology and meet the Gravity Project standards around validity. Unfortunately, there is not full alignment between the CMS requirements and the NCQA standards around social risk screening. This will be a problem uniquely faced by special needs plans, as only SNPs have to to navigate between the requirements of CMS for HRAs and the NCQA measure specifications (only SNPs are included in CMS' SRS/HRA new requirements).

3. *Federal Mandate and State Practices Challenge SNPs* – Currently some states require special needs health plans serving the dually eligible to conduct social risk screening and use the State-mandated instrument. Based on our analysis, some instruments in use by states have not been fully tested for validity and they also do not have LOINC® coding terminology. Yet, SNPs are required to use these instruments if they operate in that state. Unless this LOINC® coding is completed prior to the effective date of the requirement (2024), the health plan will be faced with having to ask the beneficiary twice about these three social risks—once using the State required tool (which is approved by CMS but is not approved by NCQA), and once using another validated tool that NCQA approves. This is unnecessary duplication, wastes resources, and will increase member abrasion, dissatisfaction, and likelihood of non-response. Notably, this only affects special needs MA plans, as general MA plans (non-SNPs) do not have this HRA requirement. Thus, the extra cost burden is unequally felt across MA plans—and will only be borne by special needs plans.

   There is not much time for states to get their instruments reviewed and have LOINC® codes created, and it is unclear if state activity to accomplish this task is underway. We understand that NCQA will assist states to bring their instruments up to the standards set by the Gravity Project. To address this issue time is of the essence, as this would need to be accomplished in calendar year 2023 for implementation in 2024.

4. *Differing State Requirements Impedes Consistency and Adds Costs and Inhibits Clarity around Risk Identification* - Health plans that operate in more than one state where each state has differing social risk screening requirements will face the additional challenge of modifying their HRA instrument and processes multiple ways, to conform to State-specific HRA/SRS requirements—even if the HRA is valid and has LOINC® coding. This will mean that no enterprise-wide HRA can be implemented by SNPs that operate across state lines where each state has different requirements. This will increase costs to SNPs (both programming and clinical/care management staff costs) and restrict the ability of the health plan to work toward a uniform data set around social risk screening. This may inhibit the plans' work to create a learning risk identification and follow-up system and to make full use of population risk group modeling and data analytics.

II. Burden/Cost Estimates to SNPs

Based on our analysis, the cost and burden estimates to special needs health plans are not accurate in the PRA. What is presented by CMS in the PRA is less then our estimates on costs that will be incurred by special needs health plans nationally.

We offer the following evidence:

- *Health Plan Subject Matter Call – Additional labor costs and possible consultant expenses* - We discussed with member special needs health plans their estimates of cost and burden of these new requirements in a call on November 16, 2022. Health plan subject matter experts indicated that the PRA/memo did not adequately enumerate the costs to the plans and that the given estimates were low.
    - First, they explained that HRA vendor reprogramming costs can be substantially higher than what was calculated.
    - Second, they pointed out that the programming costs are not the only costs that will need to be covered. Plans will have to retrain those who administer the HRA (includes plan staff and delegated care managers from other organizations). Plans need to cover the costs of the training and the staff time. Additional anticipated costs include:
        - For SNPs that need to coordinate HRA/SRS screening with the state, costs of meetings to coordinate and clarify federal vs. state policy and processes
        - All SNPs will need to consider changes to their Model of Care which may include having to revise and submit through HPMS in the off-cycle submission process (labor and consultant costs)

- *Almost 70% of SNPs anticipate changes due to this rule* - SNP Alliance surveys all member health plans annually. These SNPs enroll/serve about 2/3 of all beneficiaries enrolled in SNPs nationwide. Our 2022 survey queried plans about the impact of the SRS/HRA requirements on their organizations. Results were:
    - 69% of SNPs reported that their organization will have to modify their HRA tool
    - 44% reported that they have work to do to assimilate state-directed tools into their HRA pertaining to social risk screening and an additional 31% were unsure yet about process and requirements for assimilating state(s) tools
    - 38% reported that they will need to work with community-based organizations to enhance feedback loops as the plan makes referrals to the CBO--in order to trace and document follow-up when a social risk screening indicates high risk
    - 34% reported that they need to re-program their algorithm(s) connected to the HRA tool (including alerts and triggers for enhanced care management)

- Furthermore, in canvassing our plan members, SNPs indicated they currently screen for SDOH/social risk factors, but not always these 3 items. Therefore, many more than 35% of plans will need to revise their HRAs and revise instruments/forms, processes by contractors if the plan delegates this function. In addition, most plans use a variety of items from several screening instruments, and some plans have more than one HRA form (more than one version) and processes for different beneficiary groups/plan products, so each will have to be updated/reprogrammed.

Recommendations:

SNPs in Affected States *- We request that CMS delay implementation (provide a temporary exemption) to SNPs in those States that require use of specific social risk screening tools or questions where the tools/questions are not validated and do not meet the Gravity Project standards until the process to validate these tools and secure LOINC® coding is finalized by the state.*

State Capacity *- We request that CMS work with States to bring their SRS requirements in line with the standards set by the Gravity Project. One way to accomplish this would be for CMS to contract with a quality measurement organization such as NCQA to provide technical assistance to affected states.*

NCQA *- We urge CMS to work with NCQA to provide a temporary period so that all state instruments accepted by CMS are also accepted by NCQA.*

Updates *- We request that CMS clarify how/if/when the list of approved screening instruments will be updated.*

Cost/Burden *- We request that OMB/CMS revise their cost/burden estimates to incorporate and respond to this additional information from special needs plans.*

Administrative Expenses Borne by SNPs *- We request that CMS consider and clarify how SNPs should cover these additional costs in their administrative expenses without impacting their Medical Loss Ratio and related regulatory parameters.*

Thank you for the opportunity to comment on these regulations and notices impacting special needs health plans. We appreciate your attention. Please let us know if you would like to discuss this further.

Sincerely,

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