



April 19, 2022

The Honorable Xavier Becerra
Secretary, U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

The Honorable Chiquita Brooks-LaSure
Administrator, Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Secretary Becerra and Administrator Brooks-LaSure:

Covered California writes to urge CMS to advance the [first-ever drivers of health \(DOH\) measures](#), focused on key DOH screenings and the screen positive rate. These measures have secured the [conditional support](#) of the National Quality Forum (NQF) Measures Application Partnership Coordinating Committee, on which Covered California sits, and are now in CMS' hands.

Twenty years ago, the healthcare sector committed to tackling patient quality and safety – and, in doing so, established the first quality and safety measures. Despite resultant gains in patient safety, we are no healthier as a nation, with widespread racial and ethnic disparities. While the reasons for this are complex, it is in part because we have been looking for our keys under the healthcare lamppost when there are decades of public health and economic research demonstrating the impact of DOH on health outcomes.

Recognizing these longstanding challenges, the Administration has identified equity as a central tenet of its agenda, including recognizing and addressing health disparities. Specifically, CMS has named health equity as a top goal in its [strategy refresh](#) and its vision for the [next decade of CMMI](#), both of which call for “collecting self-reported demographic and social-needs data.” At the same time, those of us in the healthcare sector – whether Medicaid, Medicare, or the Marketplace – have few pragmatic tools at our disposal.

Here in California, for example, we have twelve health plans in the marketplace, each of which are addressing DOH in their own ways and using different measures – signifying both the broad recognition of the importance of DOH on health outcomes, disparities, and costs *and* creating risk of measure proliferation and fragmentation that is harmful to both patients and providers. Together, these create a pressing imperative for CMS to lead the way on DOH measures.

While no measure is perfect, a crucial starting point for identifying and acting upon health disparities is enacting a standard set of measures to collect patient-level DOH data for the first

time in a federal quality or payment program. For this reason, Covered California – like dozens of other entities across the health care sector – were galvanized by CMS’ decision to include these historic DOH measures on its Measures Under Consideration (MUC) list.

We strongly urge CMS to move forward *both* the screening measure (percent of patients screened for DOH) *and* the screen positive measure (percent of patients who screened positive for these DOH).

We know from decades of research – including [CMS’ own social needs screening data](#) – that racial and ethnic minorities screen positive at higher rates. Given this, requiring screening, but *not* reporting the results will mask inequities and impede action to address them. In particular, the screen positive rate measure is crucial not only to enable a point of care intervention to address the beneficiary’s unmet social needs, but also to illuminate the prevalence of such needs at a systems level, so that we know how and where to invest and where to prioritize our resources. Absent such data, providers, plans, and purchasers will not know how to redistribute resources and how to adjust payment.

These measures are also an essential foundation to future measures – which will be submitted for the next CMS MUC review cycle in May 2022 – that are focused on action taken to address the social needs identified via the screening and screen positive measures.

We appreciate your call for bold action – and commitment to an ambitious agenda to realize this goal. We view the enactment of these dual DOH measures as an expression of this commitment and a crucial step in the direction of equitable access, quality and outcomes for all.

Sincerely,



Alice Hm Chen, MD, MPH
Chief Medical Officer
Covered California

Cc: Dr. Elizabeth Fowler, Deputy Administrator and Director, Center for Medicare and Medicaid Innovation

Dr. Meena Seshamani, Deputy Administrator and Director, Center for Medicare

Daniel Tsai, Deputy Administrator and Director, Center for Medicaid and CHIP Services

Dr. Lee Fleischer, Chief Medical Officer and Director, Center for Clinical Standards and Quality

Dr. Ellen Montz, Deputy Administrator and Director, Center for Consumer Information and Insurance Oversight