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## Office of the Secretary

### Social Impact Partnership to Pay for Results Act (SIPPRA)

Signed into law on February 9, 2018, the Social Impact Partnership to Pay for Results Act (SIPPRA) would fund social programs that achieve real results and redirect funds from ineffective programs to programs with demonstratable results. $100 million in funding is now available for proven models integrating social services and medical services care and must include a state or local partner in its model. This amount will be made available until 2028 (10 years). In addition, the OS-HHS is participating on the Federal Interagency Council on Social Impact Partnerships that is tasked with determining the disposition of the funds. The Commission on Social Impact Partnerships, a private-sector advisory panel, has also been appointed.

### Secretary Azar Speech

During the Intermountain Healthcare and the Hatch Center for Civility and Solutions symposium on November 14, 2018, U.S. Secretary of Health, Alex Azar, provided remarks on the ongoing Departmental policy efforts to address SDOH. In his remarks, he highlighted the importance of SDOH at HHS as part of their value-based framework, including their work on integrating services and addressing social determinants through several different models at CMMI (Maternal Opioid Misuses (MOM) Model and Integrated Care for Kids Model) and through the Accountable Health Communities model.

## Deputy Secretary

### Sprint to Coordinated Care

The Department of Health and Human Services (HHS) announced the “Regulatory Sprint to Coordinated Care” in the summer of 2018 and stated that it is “focused on identifying regulatory requirements or prohibitions that may act as barriers to coordinated care, assessing whether those regulatory provisions are unnecessary obstacles to coordinated care, and issuing guidance or revising regulations to address such obstacles.” The Deputy Secretary has indicated the sprint will include references to SDOH and cover SDOH in subsequent rules.

### Medical Loss Ratio (MLR)

The Deputy Secretary is considering the feasibility of clarifying which plan expenditures on SDOH interventions might be considered as improving health care quality, for medical loss ratio (MLR) purposes, in a variety of federal programs (e.g., Medicare Advantage, qualifying health plans, Medicaid), thus ensuring that plans can use SDOH interventions to improve health without adversely impacting their MLR.

## Center for Medicare

### 2018 Medicare Advantage (MA) Call Letters

On April 2, 2018, CMS expanded the definition of “primarily health related” services. As a result of this reinterpretation, plans now have the flexibility to support patients with social determinants of health interventions that benefit their health, including transportation support and certain home improvements. In coming plan years, at home remote monitoring and food support may be available. On April 27, 2018, CMS submitted a memo that offers a reinterpretation of the “uniformity requirement” that clarifies non-discrimination for disadvantaged groups.

### Upcoming MA 2019 Call Letter

The 2019 Call Letter is expected to highlight new possible flexibilities around food, housing, and diagnostics. In addition, CMS is likely to explore allowing MA plans to use a methodology such as cost allocation to determine how to provide supplemental benefits addressing the social determinants of health for MA enrollees with chronic conditions.

### Medicare Advantage (MA) Part C Proposed Rule

On October 26, 2018, CMS issued a proposed rule that would eliminate barriers for private MA plans to cover additional telehealth benefits. This includes providing MA plans more flexibility to offer government-funded telehealth benefits, greater ability for MA enrollees to receive telehealth from places like their home, and greater flexibility for plans to offer clinically-appropriate telehealth benefits otherwise not available to Medicare beneficiaries.

### MyHealthEData

On March 6, 2018, CMS announced the MyHealthEData initiative to empower patients by giving them control of their health care data. Patients can use their data to seek out providers and services that meet their unique needs as well as better understand their overall health needs, prevent disease, and make more informed decisions about their health care. The department has expressed interest in a similar effort to connect patients to additional data, including data beyond primarily “health care data” to include social determinants of health-related data.

## Center for Medicaid

### State Governor and Medicaid Director Letters

On March 14, 2017, former HHS Secretary Price and CMS Administrator Seema Verma sent a letter to the nation’s governors indicating their intent to work with states to improve their Medicaid programs. They indicated several key areas where they will work to collaborate with states, including improvement of the State Plan Amendment approval process, support innovative approaches to increase employment and community engagement using 1115 waivers, and provide a reasonable process to comply with the Home and Community-Based Services rule. CMS released a memo on January 11, 2018 that sets forth waiver options for states pursuing SDOH interventions. These could include behavioral health, mental health, opioids focused, or work-related interventions.

### Medicaid 90/10 Funding

CMS is in early discussion about possible guidance for 90/10 funding to be used to support the health information technology and interoperability needs of social services organizations providing support for Medicaid beneficiaries.

### CMCS Interest Areas

CMS is interested in linking Medicaid models with the broader delivery system reform efforts at CMS/HHS, including considering options for all payer models. They have as a priority interest in addressing models of care and payment for dually eligible beneficiaries including reducing barriers to coordinated care, SDOH, guidance around administrative alignment, and data sharing. They are also interested in approaches to blending and braiding funds to address SDOH, and understanding approaches to Rate Setting, MLR calculation and improving encounter data to better reflect services delivered related to SDOH.

### North Carolina Waiver

On October 19, 2018, CMS approved North Carolina’s Section 1115 waiver that includes an innovative new pilot program focused on addressing the SDOH for high-risk, high-cost beneficiaries. The waiver allows four regional pilots that assemble a network of health care providers, community-based organizations, and social service agencies that contract with managed care plans to provide services to enrollees. The particular service areas included in the pilot are housing, food, transportation, and interpersonal violence/toxic stress. In addition to the CMCS interest areas mentioned above, CMCS has heard from states who have an interest in emulating some of what North Carolina has done with their waiver, as well as advancing their own concepts. CMCS would like to provide more guidance for those states and their MCOs.

### CMS Working Group

CMS has established a working group on core measure review, where one of the core measures they are considering involves the social determinants of health. The group is headed by the Director of the Division of Quality and Health Outcomes and reports to the Deputy Director of the Center for Medicaid and CHIP Services.

## Center for Medicare and Medicaid Innovation (CMMI)

### The Integrated Care for Kids (InCK) model

The Integrated Care for Kids (InCK) model is focused on local service delivery and state payment model aimed at reducing expenditures and improving quality of care for children covered by Medicaid or CHIP. The model incorporates prevention, early identification, and treatment of priority health concerns including behavioral health and physical health needs.

### Accountable Health Communities (AHC)

The Accountable Health Communities (AHC) model addresses the gap between critical care and community services through testing whether systematically identifying and addressing health-related social needs of Medicare and Medicaid beneficiaries’ through screening, referral, and community navigation services will impact health care costs and reduce health care utilization.

### Maternal Opioid Misuse (MOM) model

On October 23, 2018, the Center for Medicaid and Medicare Innovation announced the Maternal Opioid Misuse (MOM) model to combat the country’s opioid crisis. Specifically, the model addresses fragmentation in the care of pregnant and postpartum Medicaid beneficiaries with opioid use disorder (OUD). The model aims to improve the quality of care and reduce costs for mothers and infants.

### Model One

The Center for Medicaid and Medicare Innovation is highly interested in better understanding ideas around social determinants of health models and, in particular, actively seeking feedback on a model (Model One) that aligns resources for health and social care sectors.

## Center for Consumer Information & Insurance Oversight

### Plan Benefit Structure

The Center for Consumer Information and Insurance Oversight (CCIIO) is responsible for helping implement many reforms of the Affordable Care Act (ACA) and oversees the implementation of the provisions related to private health insurance, including the medical loss ratio (MLR) rules. The CCIIO has indicated interest in directing states to address SDOH through plan benefit structure and off-exchange plan benefits.

## Centers for Disease Control and Prevention

### Health Impact in 5 Years

The Health Impact in 5 Years (HI-5) initiative aims to achieve lasting impact on health outcomes within communities through interventions that address the conditions in the places where we live, learn, work, and play. HI-5 focuses on non-clinical, community-wide approaches that have evidence reporting health impacts, results within five years, and cost effectiveness or cost savings.

### Stakeholder Convening

On March 6-7, 2019, the CDC and the Association of State and Territorial Health Officials (ASTHO) are hosting a convening to share knowledge, strengthen relationships, and explore collaborations between participants and community integrators to address health-related social needs.

## Assistant Secretary for Health

### Healthy People 2030

The Healthy People 2030 framework includes language around “social health,” “eliminating health disparities,” and “social, physical, and economic environments.” One of the overarching goals for 2030 includes: “Create social, physical, and economic environments that promote attaining full potential for health and well-being for all.”

### National Academy of Medicine (NAM) Convening

The Office of Disease Prevention and health Promotion is partnering with NAM on a one-day summit on social determinants of health and is anticipated to take place in April 2019. Of particular interest to the agency is how social determinants of health can support the Department of Health and Human Services (HHS) value-based care work.

## Chief Data Officer

### CDO Report

The HHS Chief Data Officer is interested in better understanding how data and information that exists within various agencies can be successfully shared between and among all agencies to better utilize the data and increase data transparency. They are seeking feedback and recommendations on an HHS report titled, “The State of Data Sharing at the U.S. Department of Health and Human Services” that will be released on September 18, 2019. In addition, the agency is developing Action Steps and plan to convene numerous Federal agencies in the first quarter of 2019 to discuss data sharing.

## Surgeon General (OSG)

### Call to Action: “Community Health and Prosperity” RFI

The Surgeon General is writing a report on the connection between community health and prosperity, business investment in local community health, investment strategies, the role of a healthy workforce in business success, and contributions of local policy makers toward community development. In an effort to better inform this report, the OSG and Center for Disease Control and Prevention released a Request for Information (RFI) soliciting views, recommendations, and data on the connection between community health and prosperity.

## Assistant Secretary for Planning and Evaluation

### IMPACT Act RFI

Section 2(d) of the Improving Medicare Post-Acute Care Transformation (IMPACT) Act calls for a study evaluating the effect of individuals' socioeconomic status (SES) on quality measures and measures of resource use under the Medicare program. The RFI specifically seeks information on how plans and providers serving Medicare beneficiaries with social risk factors, approaches plans and providers have used to address the needs of beneficiaries with social risk factors, evidence regarding the impact of these approaches on quality outcomes and the total cost of care, and ways in which plans and providers disentangle beneficiaries' social and medical risks.

## Office of Civil Rights

### RFI on Modifying HIPAA Rules to Improve Coordinated Care

On December 12, 2018, the Office of Civil Rights (OCR) announced a request for information (RFI) on how the Health Insurance Portability and Accountability Act (HIPPA) privacy and security rules may impede the transformation to coordinated, value-based health care. Comments are due by February 11, 2019.

## Office of Inspector General

### RFI Regarding the Anti-Kickback Statute

The Office of Inspector General (OIG) requested for information from the public on how to address any regulatory provisions that may act as barriers to coordinated care in an attempt to accelerate transformation to a value-based system that included care coordination. The OIG is also reviewing Stark Act Safe Harbors, where appropriate, among social services and health care providers (e.g., providing a patient “something of value”, like transportation vouchers or food bank coupons).

## Miscellaneous

### Substand Abuse and Mental Health Services Administration (SAMHSA)

### Administration for Children and Families (ACF)

### Agency for Healthcare Research and Quality (AHRQ)

### Administration on Aging