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| Commenter | Summary of Comment | Proposed Response |
| UCare | The health plan expressed concern about the CMS requirement at 42 CFR 422.101(f)(1)(iii)(B) for Medicare Advantage special needs plans health risk assessments (HRAs) to include at least one question from a list of screening instruments specified by CMS in sub-regulatory guidance on each of the three domains (housing stability, food security, and access to transportation) beginning in contract year (CY) 2024. The health plan stated that in Minnesota health plans are required to administer a standardized, state-developed HRA, and are unable to incorporate additional CMS-required social determinants of health (SDOH) questions into that tool without state approval. Absent an exception for states with mandated HRAs, the health plan noted that it would need to administer an additional assessment to meet the CMS SDOH requirements. The health plan opined that this additional assessment would create administrative burden for plans and potentially cause confusion or survey fatigue among enrollees. If CMS proceeds with requiring specific SDOH questions, the health plan recommended that CMS consider either mandating that state-developed HRAs incorporate the CMS-required questions; or align the CMS-required questions with the HEDIS-approved Social Need Screening and Intervention (SNS-E) measure.  | We appreciate the comment. It is out-of-scope for CMS-10799, which is focused on the D-SNP Enrollee Advisory Committee requirement at 42 CFR 422.107(f). However, we understand that the Minnesota HRA tool has been updated to allow state-designated questions which accommodate the housing stability, food security, and access to transportation questions. There is no conflict between the Minnesota HRA tool and the requirement at 42 CFR 422.101(f)(1)(iii)(B).  |
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Such alignment would allow plans to meet federal and state requirements using a single,

standardized tool and avoid unnecessary duplication for both plans and enrollees.