Partnership
to Align Social Care

A National Learning
& Action Network

March 13, 2025

Ms. Margaret E. O'Kane
President
National Committee for Quality Assurance (NCQA)
1100 13th St, NW
Third Floor
Washington, DC 20005

RE: 2026 HEDIS PUBLIC COMMENTS

Submitted electronically

Dear Ms. O'Kane,

On behalf of the Co-Chairs of the Partnership to Align Social Care (Partnership), which serves as a national learning and action network with the purpose of advancing the alignment between healthcare and social care service delivery systems, and the below signed organizations representing health and social care sector stakeholders, we are writing in response to the opportunity to comment on the 2026 NCQA HEDIS® proposed changes.

The Partnership has brought together leaders from across the healthcare and social care sectors, including health plans, health systems, providers, community-based organizations, national associations, and other key stakeholders in a cross-sector collaborative co-designing solutions to advance Community Care Hubs (CCHs) as a preferred organized delivery system to enable sustainable and aligned health and social care ecosystems. The Partnership envisions sustainable, community-centered, social care delivery systems that include shared governance and financing, multistakeholder accountability, and policy changes.

We appreciate the opportunity to comment on these changes and look forward to collaborating as you review comments and consider updates to NCQA HEDIS® measures.

1. ***General Comment:***

We generally applaud the efforts of the NCQA to establish revisions to the Social Need Screening and Intervention (SNS-E) HEDIS measure. The Social Need Screening and Intervention measure is vitally important in measuring the impact of health-related social needs (HRSNs) on populations enrolled with a health plan. Recognizing the need to expand achievement in the quality measures through HCPCS coding will have a meaningful impact on the adoption of G-codes for HRSN screening and interventions deployed to address identified social needs. We strongly support NCQA's proposal to include HCPCS coding as recognized measures for HRSN screening and interventions to address identified needs within one month of identifying a HRSN need. We believe that using HCPCS coding to report the completion of SNS-E HEDIS measures will reduce health plan and provider administrative reporting costs and increase adoption of the HCPCS G-codes.

2. ***Add the G-Code G0136, Social Determinants of Health Risk Assessment as proof of completing an HRSN screen.***

The HCPCS code G0136 was established on January 1, 2024, to capture the labor of a qualified healthcare practitioner to complete an assessment of HRSNs using a specified HRSN tool. The SDOH Risk Assessment documents the presence of HRSNs that affect the ability of the practitioner to treat or diagnose a health condition.

The adoption of HCPCS code G0136 captures the labor for completing a comprehensive assessment of HRSNs. We strongly support NCQA in recognizing the Social Determinants of Health Risk Assessment (G0136) as proof of completing an HRSN screen for housing, food, and transportation to meet the SNS-E screening requirement.

3. Add the G-Codes for CHI, PIN, & PIN-PS (G0019, G0023, & G0140) as proof of deploying an HRSN intervention.

We applaud the inclusion of G-Codes for Community Health Integration (CHI), Principal Illness Navigation (PIN) and Principal Illness Navigation-Peer Support (PIN-PS) as proof of the deployment of interventions to address identified health-related social needs within one month of identifying a need. CHI, PIN, & PIN-PS capture the labor resulting from deploying interventions to address identified needs. The submission of claims for CHI, PIN, or PIN-PS serves as proof that there was at least 60 minutes of labor expended to address identified needs. Adding G-Codes for labor to address identified HRSNs will reduce administrative costs for tracking and reporting interventions deployed to address identified HRSNs. We appreciate NCQA recognizing the value of CHI, PIN, and PIN-PS to address HRSNs, and we support NCQA's proposal to include CHI, PIN, and PIN-PS G-Codes documentation as proof of deploying HRSN interventions.

4. Update the list of acceptable interventions serving as proof of addressing identified HRSNs.

We applaud NCQA for making changes to the list of acceptable interventions that serve as proof that an intervention was deployed to address identified HRSNs. The update includes the removal of "assessment" as an intervention to address identified HRSNs. We fully support the removal of assessment from the list of approved HRSN interventions.

The proposed list of interventions includes the following:

- Counseling,
- Coordination,
- Education,
- Evaluation of eligibility,
- Provision or
- Referral.

a) While we applaud the removal of "assessment" from the list of interventions, we do not support including "referral" as an approved intervention. We strongly recommend that the referral indicator be changed to "closed-loop referral". We are recommending the referral indicator be changed to closed-loop referral based on our awareness of numerous instances of health plan member referrals—made using a social care referral IT platform to a community-based organization (CBO)—that are never received by the CBO and thus result in no action taken or services rendered to address a member's HRSN. Unfortunately, in many instances, IT referrals that are not confirmed through closed-loop reporting are often not adequately communicated to, or received by, the intended CBO. Therefore, in absence of closed-loop reporting, there is often inadequate or no proof that an actual intervention was deployed to address an identified HRSN. We strongly believe that a closed-loop referral, with proof of receipt of the referral by the intended CBO, is a better indicator demonstrating proof of an intervention.

732 Mott Street, Suite 150 | San Fernando, CA 91340 | Office 818-408-5270 | Info@Partnership2ASC.org | www.partnership2asc.org

CBO experiences in North Carolina are an example of the importance of using a "closed-loop referral" indicator to capture proof of receipt of a referral by the CBO. North Carolina was one of the first states that mandated statewide adoption of a centralized IT referral platform for screening HRSNs and making referrals to CBOs. The experience of CBOs in the State of North Carolina is an excellent indication of the need for closed-loop referral reporting to indicate an intervention has been deployed to address HRSNs. The Partnership to Align Social Care has repeatedly heard from stakeholders about instances in which referrals were sent to CBOs, but the referrals were never received by the intended CBO. As a result, no actual interventions were deployed to address the identified HRSNs of the members. **A referral that is not received or acted on should not serve as proof that a member received an intervention to address an identified HRSN.** There are numerous states that have adopted IT platforms to facilitate HRSN referrals, but without closing the referral loop, there is no guarantee that referrals result in effective HRSN interventions. Therefore, we strongly recommend that NCQA change the options of interventions to address HRSNs by removing "referral" and instead including "closed-loop referral".

b) We also recommend that NCQA create a mechanism for health plans to obtain additional credit toward meeting the measure when the health plan can demonstrate documented evidence that specific interventions were deployed to address identified HRSNs. The negative impact of unaddressed HRSNs is well established in the literature. Health plans that ensure that there are distinct interventions deployed to address identified HRSNs are demonstrating a commitment to improving health outcomes for their member population. As a result, there are direct population health benefits attained when HRSNs are identified and addressed through a direct intervention and confirmed by the health plan. The ultimate goal of identifying HRSNs is to resolve those factors that negatively impact health outcomes. **Therefore, health plans that document the delivery of direct interventions to resolve HRSNs should earn additional credit toward meeting this NCQA HEDIS measure.** We urge NCQA to consider developing a weighted incentive in the measure to account for documented success of deploying a targeted invention (i.e., medically tailored meals delivery, transportation voucher, housing subsidy, etc.) to address identified HRSNs given that the delivery of targeted interventions is more resource intensive than other HRSN interventions.

Conclusion

We admire NCQA's commitment to establishing HEDIS® clinical quality measures that include screening for health-related social needs and separately report about an intervention deployed to address needs within one month of identifying a need. We fully support the recognition of Social Determinants of Health Risk Assessment (G-Code G0136) to serve as proof that a screen was performed for each HRSN category (food, housing, and transportation). We also fully support the recognition of the CHI, PIN, and PIN-PS codes (G0019, G0023, and G0140) as proof of an intervention deployed within one month of identifying a need.

However, we strongly recommend that the list of approved interventions to address identified HRSNs be amended to reflect the importance of confirming a referral was received by the intended CBO as a closed-loop referral. A referral that is never received by the intended CBO is not adequate proof of HRSN intervention. There should be proof that a referral is received by a CBO before the referral can serve as proof of an intervention.

In addition, we strongly believe that health plans that deploy direct interventions to address identified HRSNs should be given additional credit towards meeting the HRSN intervention measure. We are suggesting that additional weight be provided towards meeting the HRSN intervention measure when the health plan documents that a direct intervention was deployed to address identified needs. Therefore, we strongly recommend that NCQA change "Referral" to "Closed-Loop Referral" as proof of an intervention to address identified HRSNs within one month of identifying a need, and that NCQA provide additional weight towards the HRSN intervention when the health plan documents that a direct intervention was deployed to address identified HRSNs.

On behalf of the Partnership to Align Social Care Co-Chairs and the undersigned organizations, we appreciate the opportunity to comment on the proposed NCQA HEDIS® quality measures. If you have any questions

732 Mott Street, Suite 150 | San Fernando, CA 91340 | Office 818-408-5270 | Info@Partnership2ASC.org | www.partnership2asc.org

regarding these suggestions, please do not hesitate to contact Partnership Director, Autumn Campbell at acampbell@partnership2asc.org.

Sincerely,

Co-Chairs, Partnership to Align Social Care

Timothy McNeill, RN, MPH
CEO, Freedmen's Health Consulting

June Simmons, MSW
CEO, Partners in Care Foundation

SIGNING ORGANIZATIONS

American Association on Health and Disability
Belmont Housing Resources for WNY, Inc
Buffalo Prenatal Perinatal Network
Child and Family Services
Coalition of Accountable Communities of Health
Concert Health
EPIC - Every Person Influences Children
Faith Based Fellowship
Family Help Center
Freedmen's Health Consulting
Harmonia Collaborative Care
Homespace Corp.
Independent Living Systems and its Healthplan Affiliates,
Florida Community Care & Fla Complete Care
Lakeshore Foundation
LifeSource Systems, Inc.
Lt. Col. Matt Urban Human Services Center of WNY
Partners in Care Foundation
Pathways Community HUB Institute
Pinnacle Community Services
Southwest Washington Accountable Community of Health
United Way of Orleans County, NY
Visually Impaired Advancement (VIA)
Western New York Integrated Care Collaborative
WNY Mobile Overdose Prevention Services Inc.
YMCA of Metropolitan Milwaukee

732 Mott Street, Suite 150 | San Fernando, CA 91340 | Office 818-408-5270 | Info@Partnership2ASC.org | www.partnership2asc.org