799 9th Street NW
Suite 210
Washington, DC 20001

T (202) 354-2600
vizientinc.com

vizient.

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Submitted electronically via: www.regulations.gov

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244

Re: Advance Notice of Methodological Changes for the Calendar Year (CY) 2023 for Medicare Advantage (MA) Capitation Rates and Part C and Part D Payment Policies (CMS-2022-0021)

Dear Administrator Brooks-LaSure,

Vizient, Inc. appreciates the opportunity to comment on the Centers for Medicare & Medicaid Services' (CMS) Advance Notice of Methodological Changes for the Calendar Year (CY) 2023 Medicare Advantage (MA) Capitation Rates and Part C and Part D Payment Policies (CMS-2022-2021) (hereinafter, "Advance Notice"). While the Advance Notice addresses a range of policy issues relevant to hospital and health systems, and the patients they serve, our comments primarily address CMS's exploration of a health equity index as a methodological enhancement to the Part C and D Star Ratings.

Background

Vizient, Inc. provides solutions and services that improve the delivery of high-value care by aligning cost, quality and market performance for more than 50% of the nation's acute care providers, which includes 95% of the nation's academic medical centers, and more than 20% of ambulatory providers. Vizient provides expertise, analytics, and advisory services, as well as a contract portfolio that represents more than $100 billion in annual purchasing volume, to improve patient outcomes and lower costs. Headquartered in Irving, Texas, Vizient has offices throughout the United States.

Health Equity Index (Part C and D)

In our comments, we respond to CMS's efforts to develop a health equity index as a methodological enhancement to the Star Ratings. According to CMS, the purpose of the enhancement is to summarize a plan's performance for those with social risk factors (SRFs). Also related to performance, in the Advance Notice, CMS indicates that data are readily available to include disability and low-income subsidy (LIS) and dual-eligible (DE) in a future health equity index. CMS also indicates it is considering the feasibility and utility of incorporating the Area Deprivation Index (ADI) into the

health equity index. The ADI indicates levels of "disadvantage" and does not capture other factors that are important to consider for purposes of achieving health equity. Vizient is concerned that the use of the ADI may not be as effective for health equity purposes and could lead to unintended consequences. As such, Vizient urges the agency to ensure that the eventual health equity index is created for health equity purposes. We also urge CMS to work closely with stakeholders in the development and testing of any health equity index that is being considered for use in CMS programs.

Social Determinants of Health (SDOH)
Accurately and comprehensively measuring community SDOH challenges is a critical quantitative component to support the health of our communities. Vizient recommends CMS leverage a comprehensive assessment that evaluates all of the nine social determinants of health as defined by the Communities in Action: Pathways to Health Equity[1] rather than focus exclusively a subset of SDOH factors such as economic or housing. In our assessment (as shown in Appendix 1) of the commonly known SDOH indices available, none, including the ADI, offer a comprehensive assessment of all recognized SDOH factors.

In turn, Vizient created a Vulnerability Index (the "Vizient Vulnerability Index" or "VVI") that achieves the following key assessments:
- Addresses eight of the nine SDOH defined by Communities in Action (public safety is under development)
- Quantifies the variation of SDOH across the country at a census tract level
- Tests each social determinant of health against the health outcomes and utilization data of 800 member hospitals, focusing on primary care and chronic disease management opportunities
- Adjusts weighting of overall index to account for the variable importance of each domain as it may account for local variability in life expectancy measures

While SDOH factors play a critical role in affecting patients' health, Vizient encourages CMS to also consider other factors that influence health and patient access to health resources. Systemic level factors, such as segregation, immigration policies, incarceration policies, and differential resource allocation, play an even broader and longstanding impact on community health. Vizient welcomes the opportunity to further discuss the VVI and our perspectives on health equity with CMS.

Area Deprivation Index
In the Advance Notice, CMS specifically notes that it is considering the feasibility and the utility of incorporating the ADI into the health equity index. In recent years, Vizient

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[1] National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Population Health and Public Health Practice; Committee on Community-Based Solutions to Promote Health Equity in the United States. Communities in Action: Pathways to Health Equity. Baciu A, Negussie Y, Geller A, Weinstein JN, editors. Washington (DC): National Academies Press (US); 2017 Jan 11. PMID: 28418632.

has worked diligently to assess and analyze various indices to determine whether such resources can help hospitals and health systems meaningfully address SDOH.

As CMS is aware, the ADI includes 17 census variables in a principal components analysis. The weighting of these variables was established in a 2003 paper[2] using 1990 census data. Although the data has been updated, the relative weighting of the variables has not been updated. Therefore, the relative weighting of variables in the ADI may be outdated and no longer accurate.

Also, the combination of variables in the ADI provides a single summary value for each area, which principally reflects poverty rates and property values. In other words, although there are 15 other variables included in the ADI, virtually all variation in the index is explained by poverty rates and property values. Vizient recognizes that in a health care context, other factors and other combinations of factors are also important to consider. For example, patients living in food deserts or with limited access to transportation have different obstacles to care than those with neighborhood resources, even if their poverty levels are similar. Vizient believes additional attention to other factors and combinations of factors is needed beyond the ADI in the context of health care and a health equity index.

Vizient also notes that population density is not one of the factors included in the ADI. Based on our findings, since population density is not included in the ADI, cities are generally ranked as less deprived than rural areas. The differences in ranking are concerning because those living in cities may improperly appear less deprived while those in rural areas are more broadly considered deprived without a clear understanding of variability between areas, including those areas that are identified by the ADI as being more deprived. These issues could result in persistent health inequities.

To build on this point, Vizient notes our consideration of the reliability of the ADI in the context of COVID-19 diagnosis, admission and mortality. In our analysis we found that overall, the ADI had an unreliable relationship to COVID-19 risks. In addition, the ADI was too broad a measure to identify different factors that may contribute to an increased risk of severe disease and mortality due to COVID-19. We highlight these findings to reiterate our concerns regarding the ADI as a health equity index, including its limited ability to provide more actionable insights.

In addition, the ADI applies a single algorithm for the weighting of variables for the entire country. Vizient has found that this approach may be too rigid to account for geographic differences since it presumes different factors have a uniform impact across the country. A more accurate index of risk factors would allow for different risks in different areas. For instance, access to transportation may be a more important factor in an area that has a greater distance to healthcare providers, and much less

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[2] Singh, G.K. (2003). Area Deprivation and Widening Inequalities in US Mortality, 1969-1998, *American Journal of Public Health,* 93(7): 1137-1143.

important in more densely populated areas where several providers are readily available.

In turn, Vizient recommends CMS evaluate these components of the ADI as well as other indices evaluated in Appendix 1 for further consideration to ensure the most meaningful measurement approach to address health equity. While the Advance Notice focuses on Part C and D plan policies, given the potential for similar policies in the context of other quality programs, including those in which hospitals participate, Vizient urges CMS to gain a wide range of stakeholder feedback before selecting an index or other health equity-related measurement approach.

Conclusion

Vizient thanks CMS for requesting comments as it develops a health equity index. As noted above, Vizient has completed several analyses regarding the use of different indices, including the ADI, for health equity purposes. We look forward to sharing our insights and expertise, including more information about the VVI, with CMS to help inform future policymaking.

Vizient membership includes a wide variety of hospitals ranging from independent, community-based hospitals to large, integrated health care systems that serve acute and non-acute care needs. Additionally, many are specialized, including academic medical centers and pediatric facilities. Individually, our members are integral partners in their local communities, and many are ranked among the nation's top health care providers. In closing, on behalf of Vizient, I would like to thank CMS for providing us the opportunity to respond to the Advance Notice. Please feel free to contact me, or Jenna Stern at jenna.stern@vizientinc.com, if you have any questions or if Vizient may provide any assistance as you consider these issues.

Respectfully submitted,

Shoshana Krilow
Senior Vice President of Public Policy and Government Relations
Vizient, Inc.

Appendix 1

	Area Deprivation Index	Distressed Communities Index	Social Vulnerability Index	Intercity Hardship Index	County Health Rankings	Vizient Vulnerability Index
Data granularity	✗ County ✗ Zip Code ✗ Census Tract ✓ Block Group	✓ County ✓ Zip Code ✗ Census Tract ✗ Block Group	✓ County Zip Code possible ✓ Census Tract Block Group possible	County possible Zip Code possible Census Tract possible Block Group possible	✓ County ✗ Zip Code ✗ Census Tract ✗ Block Group	County possible ✓ Zip Code ✓ Census Tract Block Group possible
Timeliness	Updated in 2015 and 2019	Updated annually	Updated every two years	Not provided at the national level; algorithm available	Variable update schedules for different data sources	Updated annually
Social Determinants of Health Domains	✓ Income & Wealth ✓ Employment ✓ Education ✓ Housing ✗ Health Systems ✓ Transportation ✓ Social Environment ✗ Physical Environment ✗ Public Safety	✓ Income & Wealth ✓ Employment ✓ Education ✓ Housing ✗ Health Systems ✗ Transportation ✗ Social Environment ✗ Physical Environment ✗ Public Safety	✓ Income & Wealth ✓ Employment ✓ Education ✓ Housing ✗ Health Systems ✓ Transportation ✓ Social Environment ✗ Physical Environment ✗ Public Safety	✓ Income & Wealth ✓ Employment ✓ Education ✓ Housing ✗ Health Systems ✗ Transportation ✗ Social Environment ✗ Physical Environment ✗ Public Safety	✓ Income & Wealth ✓ Employment ✓ Education ✓ Housing ✗ Health Systems ✓ Transportation ✓ Social Environment ✓ Physical Environment ✓ Public Safety	✓ Income & Wealth ✓ Employment ✓ Education ✓ Housing ✓ Health Systems ✓ Transportation ✓ Social Environment ✓ Physical Environment ✗ Public Safety (in development)
Health Care Focus	✓ Life Expectancy / Mortality ✗ Chronic Disease Prevalence ✓ Readmissions ✗ ED utilization ✗ Maternal Health	✗ Life Expectancy/ Mortality ✗ Chronic Disease Prevalence ✗ Readmissions ✗ ED utilization ✗ Maternal Health	✗ Life Expectancy / Mortality ✗ Chronic Disease Prevalence ✗ Readmissions ✗ ED utilization ✗ Maternal Health	✗ Life Expectancy / Mortality ✗ Chronic Disease Prevalence ✗ Readmissions ✗ ED utilization ✗ Maternal Health	✓ Life Expectancy / Mortality ✓ Chronic Disease Prevalence ✗ Readmissions ✗ ED utilization ✗ Maternal Health	✓ Life Expectancy / Mortality ✓ Chronic Disease Prevalence ✓ Readmissions ✓ ED utilization ✓ Maternal Health.
Measurement Focus	17 components 2 components account for almost all of the variation (income and housing) Intended to predict mortality, but a poor fit to life expectancy (r^2 0.25)	7 components 2 components account for almost all of the variation (income and housing) Intended to describe economic differences; poor fit to life expectancy (r^2 0.31)	14 components in 4 domains, 2 components account for almost all of the variation (income and education) Intended for disaster management planning; poor fit to life expectancy (r^2 0.20)	6 components 2 components account for almost all of the variation (income and education) Intended to describe economic differences; poor fit to life expectancy (r^2 0.14)	Although County Health Rankings *has* an index, its strength is in its broad and relevant data sources, and research connecting county obstacles to county outcomes.	19 components in 8 domains. All are significant in different locations Intended to describe differences in life expectancy (r^2 0.63)
Geospatial Adjustments	Single index algorithm for the whole country	Single index algorithm for the whole country. Small zip codes excluded.	Single index algorithm for the whole country	Single index algorithm for the whole country	Single index algorithm for the whole country	Index adapts to local relevance of each domain as it correlates with life expectancy