AGS Geriatrics Healthcare Professionals
Leading Change. Improving Care for Older Adults.

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June 10, 2025

Dr. Mehmet Oz
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1827-P
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

Re: Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities; Updates to the Quality Reporting Program for Federal Fiscal Year 2026 (CMS-1827-P)

Dear Administrator Oz:

The American Geriatrics Society (AGS) appreciates the opportunity to submit comments on the fiscal year (FY) 2026 Skilled Nursing Facility (SNF) Prospective Payment System (PPS) proposed rule.[1] We commend the efforts of the Centers for Medicare & Medicaid Services (CMS) to advance the SNF Quality Reporting Program (QRP), including the recent addition of four, new standardized patient assessment data elements focused on social needs that can affect patient health to the Minimum Data Set (MDS) in the FY 2025 SNF PPS final rule. We are concerned that CMS is proposing to remove these elements just a year later given their critical importance to optimizing health across settings of care. For our patients in geriatric medicine with complex issues and advancing age, the items in these measures are a critical part of the work that geriatricians do to add value to a health system.

The AGS is a not-for-profit organization comprised of nearly 6,000 physician and non-physician practitioners (NPPs) who are devoted to improving the health, independence and quality of life of all older adults. The AGS provides leadership to healthcare professionals, policy makers, and the public by implementing and advocating for programs in patient care, research, professional and public education, and public policy. Our mission is to advance efforts that promote high quality of care and quality improvement for beneficiaries cared for by physicians and other health care professionals (OHCP) in the SNF setting.

As discussed in greater detail below, we urge CMS to reconsider its proposals and to retain these new data elements about social drivers of health measures because this data is essential to help older adult patients with complex and multiple chronic conditions. Multiple chronic conditions often

[1] 90 Fed. Reg. 18590 (April 30, 2025)

emerge from multiple adverse social drivers of health exposures, leading to morbidity, functional decline, and eventually cascading into the need for institutionalization.[2] [3]

I. CMS Should Not Finalize Its Proposal to Remove Four Standardized Patient Assessment Data Elements (Living Situation (2), Food, and Utilities)

In the FY 2025 SNF final rule, CMS adopted four new items as standardized patient assessment data elements:

1. Living Situation (R0310);
2. Food (R0320A and R0320B): and
3. Utilities (R0330).

SNFs are required to collect these data elements using the MDS beginning with residents admitted on October 1, 2025 through December 31, 2025, for purposes of the FY 2027 SNF QRP and beyond.

In the FY 2025 rulemaking, CMS provided extensive support and rationale for adopting these four data elements, noting that these items would collect information not already captured. CMS expected that screening for concerns related to these items would provide three significant benefits: (1) promote evidence-based building blocks to support healthcare providers in actualizing their commitment to addressing health disparities, (2) allow SNFs to address social needs with the resident, caregiver and community partners during the discharge planning process, if indicated, and (3) support ongoing SNF QRP initiatives by providing data with which to stratify SNF's performance on measures and in future quality measures.[4] CMS also noted that the four items would permit the agency to continue developing the statistical tools necessary to maximize the value of Medicare data and improve the quality of care for all beneficiaries.

Notably, CMS received extensive input from interested parties that informed its decision to adopt these four new items in response to its RFI on "Principles for Selecting and Prioritizing SNF QRP Quality Measures and Concepts Under Consideration for Future Years," and through public comments on its FYs 2020, 2024, and 2025 SNF PPS rulemakings.[5] CMS also provided significant underlying support for the collection of the Living Situation, Food and Utilities items, noting they are included in the AHC HRSN Screening tool and will further standardize screening across quality programs.[6] In particular, CMS noted that lack of access to food, housing, or transportation has been associated with poorer health outcomes, greater use of emergency departments and hospitals and higher costs. The agency stated that collecting the new items would provide key information to SNFs to support effective discharge planning.[7] CMS noted that, for example, information about a resident's food security at home could provide additional insight into their health complexity. Improved information about social needs can help facilitate coordination with other healthcare providers, facilities, and agencies during transitions of care.

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[2] Hajek A, Luppa M, Brettschneider C, van der Leeden C, van den Bussche H, Oey A, Wiese B, Weyerer S, Werle J, Fuchs A, Pentzek M, Löbner M, Stein J, Weeg D, Bickel H, Heser K, Wagner M, Scherer M, Maier W, Riedel-Heller SG, König HH. Correlates of institutionalization among the oldest old-Evidence from the multicenter AgeCoDe-AgeQualiDe study. Int J Geriatr Psychiatry. 2021 Jul;36(7):1095-1102. doi: 10.1002/gps.5548. Epub 2021 Apr 2. PMID: 33772875.

[3] Geyskens L, Jeuris A, Deschodt M, Van Grootven B, Gielen E, Flamaing J. Patient-related risk factors for in-hospital functional decline in older adults: A systematic review and meta-analysis. Age Ageing. 2022 Feb 2;51(2):afac007. doi: 10.1093/ageing/afac007. PMID: 35165688.

[4] 89 Fed. Reg. at 64101.

[5] *Id*. at 64104-64105 (also citing various reports, including two (2016 and 2020) National Academies of Sciences, Engineering, and Medicine reports regarding the patient assessment items).

[6] *See id*. 64102-64104.

[7] *Id*. at 64106

Improved care coordination and seamless care transitions is of critical importance to AGS and our members. The mission of AGS is to improve the health, independence, and quality of life of all older people and our vision for the future includes having access to high-quality, person-centered care for all. Person-centered care should include continuation of services during care transitions and knowledge of and coordination with entities that may help address social needs can improve care outcomes. We note that these priorities align with CMS' stated focus for data elements for the MDS – *i.e.*, how the data and associated recommendations exchanged can improve care coordination, efficiency, reduction in errors, and resident experience.

The agency's rationale for the proposed removal of these data elements is the burden associated with reporting the four additional elements; however, CMS addressed that concern in the FY 2025 SNF PPS rulemaking. CMS acknowledged that there was some additional burden with the addition of new items to the MDS, but found that the benefit of collecting additional data elements that will inform care planning and coordination and quality improvement across care settings took priority.[8] AGS agrees with this assessment and believes that the modest burden of roughly 2 additional hours per year is far outweighed by the potential for improved care coordination and health outcomes for older beneficiaries. Apart from the burden concerns, CMS does not set forth any reasoning why these four assessment items are no longer important and offers no explanation of any changes in facts or circumstances that would necessitate the proposed removal of these elements.

The AGS strongly opposes this proposal and urges the agency to retain these data elements as previously planned. As CMS has acknowledged (with ample supporting evidence), an individual's living situation, food, and utilities are areas that bear on their health and wellbeing and worthy of assessing particularly before discharge from the SNF setting. Housing instability, food insecurity, and inadequate household energy needs can have negative impacts on Medicare beneficiaries and can complicate care transitions, increase healthcare costs, and lead to unnecessary readmissions. It is essential for post-acute care facilities, including SNFs, to collect information on these elements in order to accurately identify patient needs and potential avenues of assistance. Without this information, facilities cannot fully support patients transitioning to home which increases the likelihood of poor health outcomes that may be associated with future Medicare expenditures. Acquiring and being able to utilize information about the patient's living situation and access to food and utilities during a facility stay will help ensure that the post-facility care is most appropriate for the individual patient's needs. Such improved coordination between the facility and community care providers will help ensure that Medicare dollars are spent efficiently and better facilitates high quality care across settings. Medicare policy changes have already helped reduce the impact of socioeconomic status on healthcare utilization, and these new measures are the next important step.[9] It is precisely the geriatric population whose health is most vulnerable to effects of these issues, and we encourage you to keep these measures to help health systems better identify ways to care for the health of our oldest citizens.

Accordingly, AGS continues to support the inclusion of these data elements in a standardized patient assessment. We urge CMS to maintain its existing policy and not to finalize its proposal.

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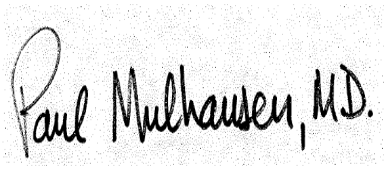
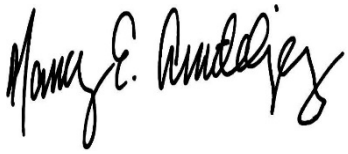
[8] *Id*. at 64105.

[9] Escarce JJ, Kapur K. Racial and ethnic differences in public and private medical care expenditures among aged Medicare beneficiaries. Milbank Q. 2003;81(2):249-75, 172. doi: 10.1111/1468-0009.t01-1-00053. PMID: 12841050; PMCID: PMC2690217

The AGS appreciates the opportunity to provide the above comments and recommendations. We would be pleased to answer any questions you may have. Please contact Alanna Goldstein, agoldstein@americangeriatrics.org.

Sincerely,





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