American Health Information Management Association
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August 26, 2025

Dr. Mehmet Oz
Administrator
Centers for Medicare & Medicaid Services
US Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244-1850

Dear Administrator Oz:

On behalf of the American Health Information Management Association (AHIMA), I am writing in response to the Centers for Medicare and Medicaid Services (CMS) calendar year (CY) 2026 Medicare Hospital Outpatient Prospective Payment System (OPPS) proposed rule published in the July 17, 2025 *Federal Register* (CMS-1834-P).

AHIMA is a global nonprofit association of health information (HI) professionals, with over 61,000 members and more than 88,500 credentials in the field. The AHIMA mission of empowering people to impact health® drives our members and credentialed HI professionals to ensure that health information is accurate, complete, and available to patients and clinicians. Leaders within AHIMA work at the intersection of healthcare, technology, and business, occupying data integrity and information privacy job functions worldwide.

Following are our comments and recommendations on selected sections of the OPPS proposed rule.

V. Proposed OPPS Payment for Drugs, Biologicals, and Radiopharmaceuticals

9. Payment for Skin Substitutes

d. Proposed Payment of Skin Substitutes Under the PFS and OPPS

AHIMA fully supports alignment of Medicare payment and coding policies for the application of skin substitute products across the physician office and hospital outpatient department settings. We agree with CMS' proposal to treat skin substitutes in a uniform manner across different outpatient care settings, to the extent permitted by law.

We support CMS' proposal to group skin substitutes based on FDA regulatory categories, as this represents a clear, logical, transparent, and consistent approach.

We also support CMS' proposal to maintain the current structure of HCPCS codes for skin substitutes.

XIV. Cross-Program Proposals for the Hospital Outpatient Quality Reporting (OQR), Rural Emergency Hospital Quality Reporting (REHQR), and Ambulatory Surgical Center Quality Reporting (ASCQR) Programs

B. Measure Concepts Under Consideration for Future Years in the Hospital OQR, REHQR, and ASCQR Programs – Request for Information (RFI): Well-Being and Nutrition

CMS seeks input on well-being and nutrition measures for future years in the Hospital OQR, REHQR, and ASCQR Programs, including feedback on tools and measures that assess overall health, happiness, and satisfaction in life that could include aspects of emotional well-being, social connections, purpose, and fulfillment.

AHIMA encourages CMS to consider the value that SDOH-related screening and reporting measures can contribute to understanding and managing patients' well-being and nutrition. The rule states that well-being is a comprehensive approach to disease prevention and health promotion that emphasizes person-centered care by promoting the well-being of patients and family members. Social risk factors contribute significantly to patients' well-being and nutritional status, and no comprehensive approach to promote health and prevent disease can be effective without considering social risk factors. Growing evidence demonstrates that specific social risk factors are directly associated with patient health outcomes as well as healthcare utilization, costs, and performance in quality-based payment programs.[1] Health-related social needs negatively impact a person's health or healthcare and are significant risk factors associated with worse health outcomes as well as increased healthcare utilization. Consistent collection of high-quality data on SDOH and understanding how many patients experience challenges in these areas will enable clinicians to work together with patients, leveraging community support services and resources to manage chronic disease, improve health outcomes, prevent disease, and promote health.

For example, poor nutrition may be related to food insecurity, which is defined as limited or uncertain access to adequate quality and quantity of food at the household level.[2] It is associated with diminished mental and physical health and increased risk for chronic conditions. Food insecurity is also associated with high-cost healthcare utilization, including emergency department visits and hospitalizations. Therefore, AHIMA believes that measuring a patient's nutritional status should include screening for food insecurity. Accordingly, the patient can be connected to appropriate resources to ensure adequate access to food so that nutritional status, and thus health, can be improved.

Screening for these social risk factors would allow healthcare providers to identify and help address health-related social needs as part of treatment plans and contribute to long-term improvements in patient outcomes and prevention and mitigation of chronic diseases. This has the potential to reduce healthcare provider burnout by systematically acknowledging patients' social needs that contribute to adverse health outcomes and linking providers with community-based organizations to enhance patient-centered treatment. The availability of quality SDOH information could help clinicians and organizations, as well as state and federal agencies, better understand the prevalence and trends of various social risk factors within communities and enable the analysis of the impact of these factors on the severity of illness, resource utilization, healthcare costs, and health outcomes. Widely adopted, consistent documentation and reporting mechanisms would aid in formulating more comprehensive and actionable policies to improve health outcomes, promote the highest quality care for all patients, and reduce healthcare costs overall.

[1]Available at: https://aspe.hhs.gov/topics/health-health-care/social-drivers-health/social-risk-factors-medicares-valuebased-purchasing-programs.

[2]Available at: Berkowitz SA, Seligman HK, Meigs JB, Basu S. Food insecurity, healthcare utilization, and high cost: a longitudinal cohort study. Am J Managed Care. 2018 Sep;24(9):399-404.

AHIMA continues its commitment to improving health outcomes through its Data for Better Health® initiative.[3] Data for Better Health provides tools, resources, and education to advance the collection, sharing, and use of SDOH data to improve health outcomes. The goals of the initiative include:

- Engaging healthcare professionals working with SDOH data to understand the business case for the collection of SDOH data and share strategies for success;
- Educating and engaging with consumers to build trust and a greater understanding of SDOH and the benefits of sharing SDOH data with healthcare professionals;
- Advancing policy and advocacy among policymakers by developing and promoting a SDOH advocacy agenda; and
- Supporting innovation within the healthcare ecosystem to accelerate the adoption of best practices and new models related to SDOH.

AHIMA encourages CMS to consider the importance of tools and measures that screen for SDOH to inform improved and more holistic assessments of patient well-being and nutrition. AHIMA is committed to working with CMS on appropriate policies to encourage the collection, access, sharing, and use of all data that impact an individual's well-being, nutrition, and overall health.

C. Proposed Changes to the Hospital OQR, REHQR, and ASCQR Program Measure Sets

3. Proposed Removal of Two Social Drivers of Health Measures from the Hospital OQR, REHQR, and ASCQR Programs Beginning with the CY 2025 Reporting Period

CMS proposes to remove two social drivers of health (SDOH) process measures from the Hospital OQR, REHQR, and ASCQR Programs beginning with the CY 2025 reporting period: Screening for Social Drivers of Health and Screen Positive Rate for Social Drivers of Health.

AHIMA opposes the proposal to remove these two measures related to screening and screening positive for SDOH. The measures screen for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety, which contribute to the outlined vision and goals within the Make America Healthy Again (MAHA) initiative to address chronic disease and improve health outcomes.[4]

We appreciate CMS acknowledging the lack of understanding of whether patients are receiving resources or services or are benefiting from these screenings as we believe this issue indicates a need for more standardization of data collection and reporting, education, and support for providers to implement these processes. However, the removal of these measures will be detrimental to ongoing efforts and progress made related to addressing factors influencing patients' health to address chronic disease and improve health outcomes. AHIMA encourages CMS to consider maintaining the Screening for Social Drivers of Health measure and the Screen Positive Rate for Social Drivers of Health measure and related reporting on these measures.

If these measures are removed, AHIMA urges CMS to consider implementing a measure in the future that would better reflect whether providers are connecting patients with resources and services and if patients are benefiting. AHIMA recommends CMS publish a request for information and host listening sessions to gather feedback on the

[3]Available at: www.dataforbetterhealth.com.
[4]Available at: https://www.whitehouse.gov/presidential-actions/2025/02/establishing-the-presidents-make-america-healthyagain-commission/.

challenges across healthcare organizations in implementing and fulfilling SDOH screening measures, and how they can be improved to be more meaningful and impactful for both providers and patients. Since it has been estimated that SDOHs drive as much as eighty percent (80%) of health outcomes, identifying and addressing SDOH should be an integral part of the provision of healthcare.[5] If social needs are not met, healthcare providers will be limited in their ability to improve patient outcomes and overall health. AHIMA is committed to working with CMS on future measures and appropriate policies to encourage the collection, access, sharing, and use of all data that impacts individuals' health, including SDOH data.

Thank you for the opportunity to comment on the CY 2026 OPPS proposed rule. If AHIMA may provide any further information, or if there are any questions regarding this letter and its recommendations, please feel free to contact Sue Bowman, senior director of coding policy and compliance, at Sue.Bowman@ahima.org or Tara O'Donnell, manager, regulatory affairs, at Tara.ODonnell@ahima.org.

Sincerely,

Lauren Riplinger, JD
Chief Public Policy & Impact Officer

[5]Available at: Manatt, Phelps & Phillips, LLP. Medicaid's role in addressing social determinants of health. Robert Wood Johnson Foundation. Feb. 1, 2019. https://www.rwjf.org/.