

Implementing Assessments for Social Determinants of Health and Reporting Z Codes

Whole Person Care for PerformCare Members

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PerformCARE[®]

Delivering
High-Quality
Service and Support

Agenda

- Background and Impact of Social Determinants of Health
- Z Codes versus PA SDoH
- DHS and SDoH
- PerformCare SDoH Initiatives
- Who can “diagnose” Z Codes
- Z codes identifying SDoH Claims Submission
- Implementation of SDoH
- Summary of SDoH

Social Determinants of Health: A Requisite for Delivery System and Payment Reform

Figure 1 shows a breakdown of actual health determinants, with patient choices weighing in highest and just above genetics (30 versus 40 percent).

What Determines Health

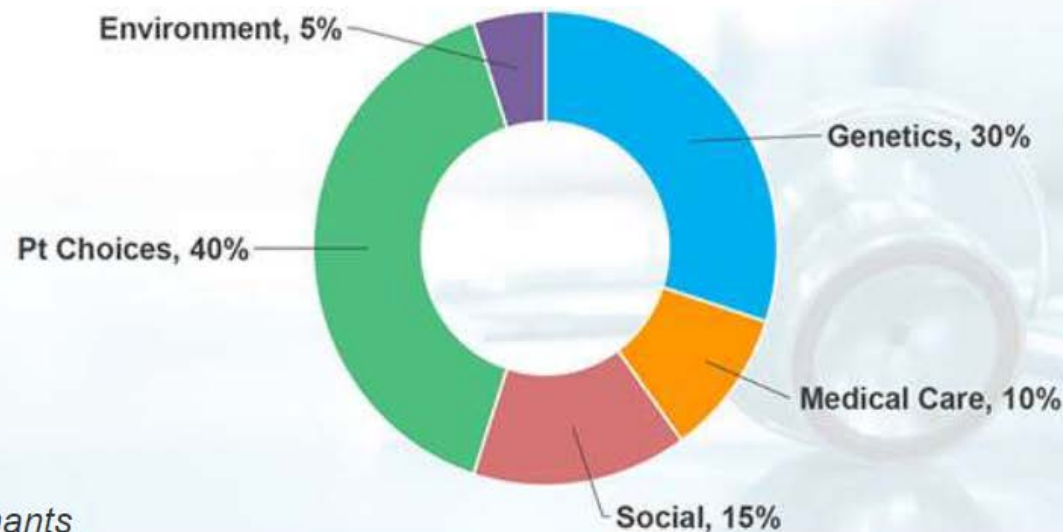


Figure 1: Health determinants



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Research lacks a consensus on what degree SDoH shapes health behaviors but, some of the behaviors do drive health outcomes. Addressing SDoH at Member level does support overall health of the Member, and reduces health disparities.

The Social Determinants of Health: It's Time to Consider
the Causes of the Causes.

Galea and colleagues conducted a meta-analysis, concluding that the number of U.S. deaths in 2000 attributable to low education, racial segregation, and low social support was comparable with the number of deaths attributable to myocardial infarction, cerebrovascular disease, and lung cancer, respectively

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3863696/>

Z Codes Versus DHS SDoH Domains (not a 1:1)

Z Code SDoH Description Categories

(ICD 10)

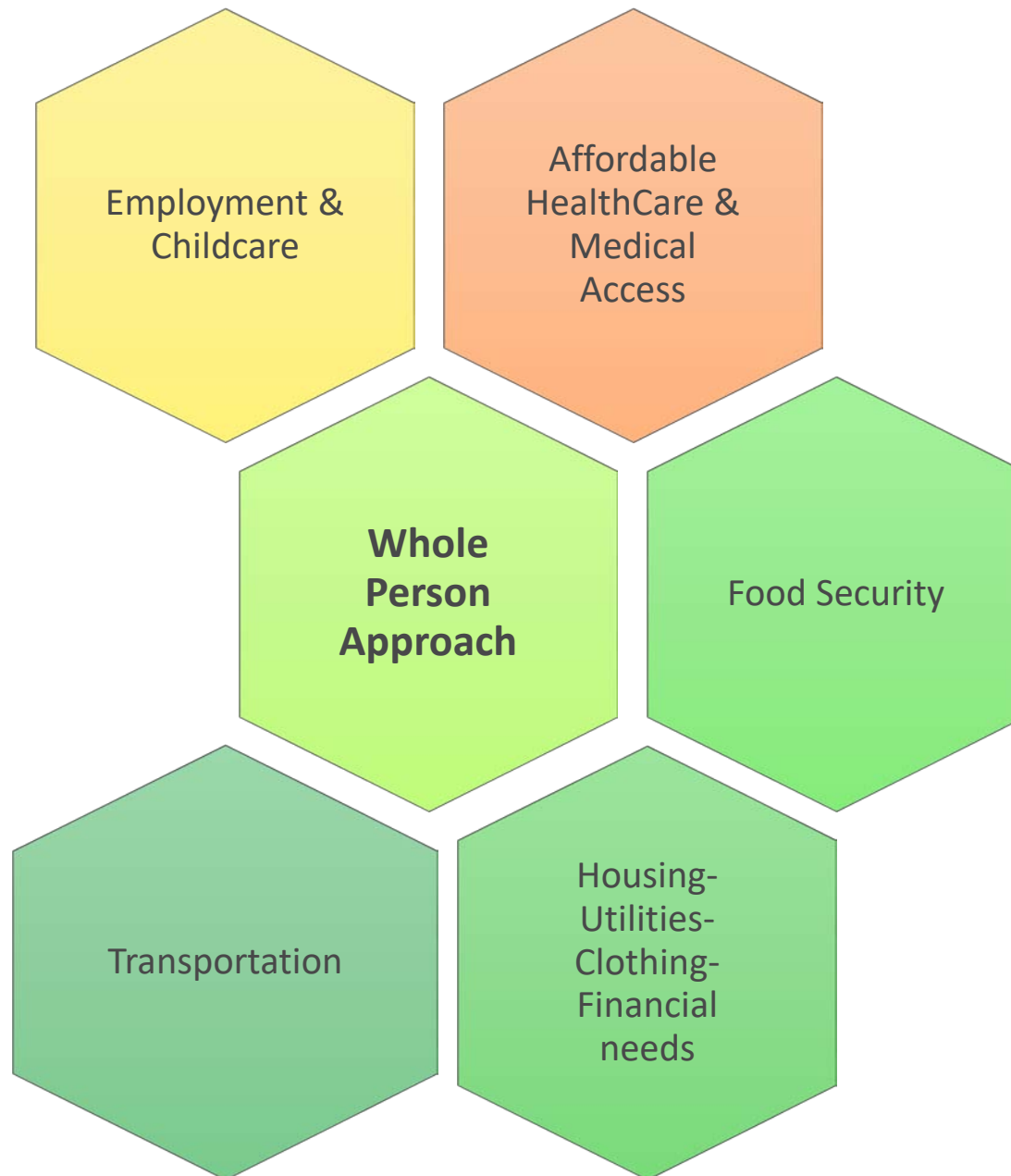
1. Education
2. Employment
3. Housing and Economic
4. Social Environment
5. Upbringing
6. Family and Social Support Issues
7. Experiences with Crime, Violence, and Judicial System
8. Inadequate Material Resources
9. Contact with and Suspected Exposure
10. Stress

**CMS Implemented use of Z codes on Medicare claims in 2016*

DHS SDoH Domains

1. Food Insecurity
2. Health Care/Medical Access/Affordability
3. Housing
4. Transportation
5. Childcare
6. Employment
7. Utilities: Emergency Assistance
8. Clothing: Emergency Assistance
9. Financial Strain

DHS Defines SDoH



- Requiring funding for SDoH in **Value Based Purchasing** medium risk or higher plans
- Emphasis on coordinating with **Community Based Organizations (CBO)** that address SDoH in the Community Based Care Worker Program
- Focus on addressing SDoH as part of Three Year Performance Improvement Project (PIP) “Successful Prevention, Early Detection, Treatment and Recovery (SPEDTAR) for Substance Use Disorders: Addressing the Continuum of Care for Individuals with Substance Use Disorders”

PerformCare's goal is to work with providers to improve our Member's health by:

Continuous Quality Improvement by identifying and quantifying the prevalence of SDoH factors impacting our Members:

- ✓ PerformCare will collect and analyze data on the number of Members impacted and the most common domains impacting health by use of Z code diagnosis information.
- ✓ PerformCare and our Primary Contractors can use the data to identify strategies to address SDoH and potential uses of reinvestment funding to address SDoH.
- ✓ Encourage providers to make referrals to community based organizations to address SDoH where possible.

Who can “diagnose” Z Codes

- Please refer to the infographic and guidance from CMS
<https://www.cms.gov/files/document/zcodes-infographic.pdf>
- Any member of a person's care team can collect SDOH data during any encounter. Includes providers, social workers, community health workers, case managers, patient navigators, and nurses. Can be collected at intake through health risk assessments, screening tools, person-provider interaction, and individual self-reporting.
- Coders can assign SDOH Z codes based on self-reported data and/or information documented in an individual's health care record by any member of the care team.
- The clarification on who can diagnose or assign Z Codes for Social Determinants of Health was requested by the American Hospital association and made effective in 2018.
- Any clinician can document a patient's social needs. The initial ICD-10-CM Official Guidelines for Coding and Reporting indicated that coding professionals could only report codes that were supported by physician documentation. As a result, many hospitals were unable to report social needs because they are routinely documented by non-physician providers, *such as case managers, discharge planners, social workers and nurses*. In early 2018, the AHA Coding Clinic published advice clarifying that codes from categories Z55-Z65 can be assigned based on information documented by all clinicians involved in the care of the patient. *That advice was approved by the ICD-10-CM Cooperating Parties and effective Feb. 18, 2018.*
<https://www.aha.org/system/files/2018-04/value-initiative-icd-10-code-social-determinants-of-health.pdf>

- Up to twelve diagnosis codes are allowed per claim, but only four diagnosis codes are allowed per line item (each individual procedure code).
 - Up to twelve diagnoses can be reported in the header on the Form CMS-1500 paper claim and up to eight diagnoses can be reported in the header on the electronic claim.
 - **ONLY** four (4) diagnosis codes may be connected (pointed) to each procedure.
 - With the implementation of ANSI 5010 electronic format and the revised CMS 1500 paper form (in 2/12), many organizations have edited their EMR or billing systems to allow up to twelve (12) diagnosis codes per claim as required in the electronic and paper formats.
- Please find full regulations on claims submission here
<https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c26pdf.pdf>
- Also see National Uniform Claim Committee*
https://www.nucc.org/images/stories/PDF/1500_claim_form_instruction_manual_2019_07-v7.pdf

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PerformCare recommends the following:

Work with claims staff, claims clearing houses and/or EMR systems to capture and report Z Codes on claims

Implement procedures to assess for SDoH & convert information to a Z Code & and develop processes to add Z Codes to claims

Enact policies for periodic reassessment of Z Code information and processes to **update** diagnoses in provider's databases or EMR systems

Implement policies to **assess** and **refer** for SDoH when identified as part of an assessment and dependent on the resources for the level of care and provider type.

PerformCare expects that providers will actively pursue these changes to assist us in meeting our Members' needs.

- TCM, ACT/CTT, FBMHS, PSS and CRS are assessing and addressing SDoH assessments as part of their service.
- FBMHS and MST will be addressing SDoH and working with CBOs as part of our VBP requirement during calendar year 2021.
- SU providers ASAM alignment requires providers to perform a biopsychosocial assessment, with six dimensions including Biomedical Conditions and Complications and Recovery/Living Environment*
- By regulation (55 PA. CODE CHS. 1155 AND 5240), the IBHS assessment must include:
 - The strengths and needs of the family system in relation to the child, youth or young adult.
 - Existing and needed natural and formal supports.
- Providers who are able to bill PerformCare using CPT code 96217, per PerformCare Provider Notice “MH 16 100 New CPT Code 96127 Brief Emotional-Behavioral Assessment,” the use of a screening tool for SDoH is reimbursable under code 96217.

*<https://www.asam.org/asam-criteria/about>

Summary of SDoH Implementation

1. PerformCare's goal is to assess, identify, and address health care and social determinants of health needs in the populations we serve; helping to enable them to live healthier lives and achieve maximum independence.
2. For providers: what makes sense in the scope of service delivery based on previous slide.
3. PerformCare does not expect that every level of care has the resources to directly address SDoH.
4. But every level of care has the capacity to assess, and refer, or even refer for additional MH resources when appropriate such as TCM or PSS or CRS who can address SDoH.
5. Providers can refer Members to 211 resources and various community resources or agencies that can help address their SDoH needs.
6. PerformCare's goal is a systemic approach to identify and resolve SDoH where and how it makes sense for each provider within the scope of services provided.

The Agency for Healthcare Research and Quality (AHRQ)

<https://www.ahrq.gov/sdoh/practice-improvement.html>

The Rural Health Information Hub

<https://www.ruralhealthinfo.org/toolkits/sdoh/4/assessment-tools>

American Academy of Family Physicians (AAFP)

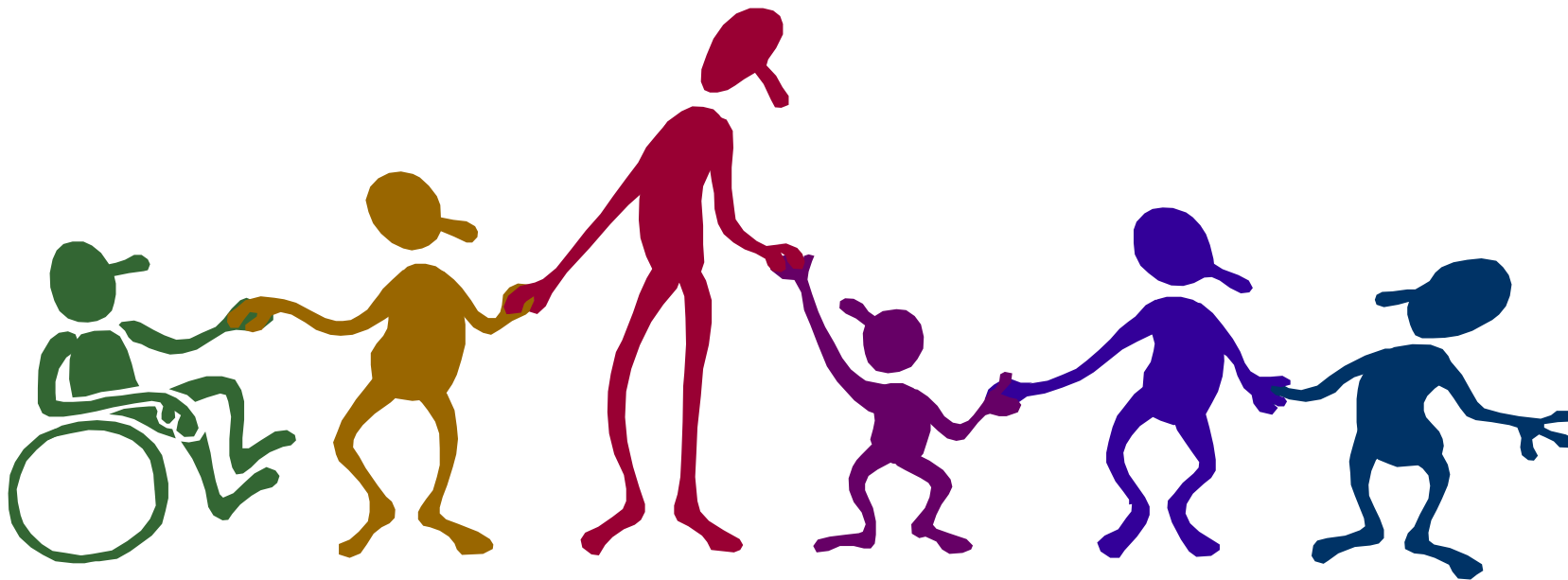
https://www.aafp.org/dam/AAFP/documents/patient_care/everyone_project/hops19-physician-guide-sdoh.pdf

Health Catalyst

<https://www.healthcatalyst.com/insights/social-determinants-health-todays-data-imperative>

Questions and Comments

Thank you for your participation and partnership in improving the health of PerformCare Members!



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heart of
our work.

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