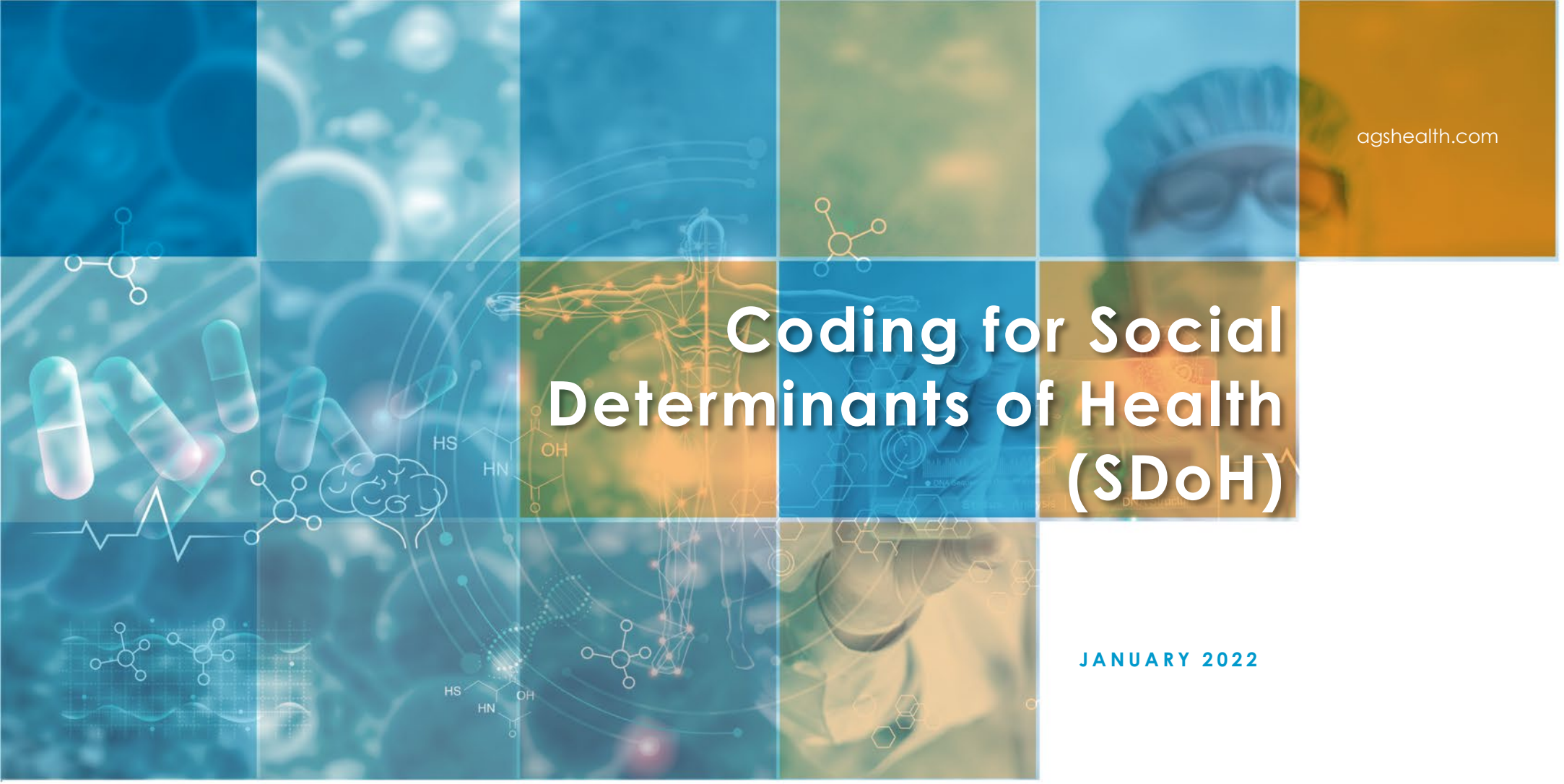


# Coding for Social Determinants of Health (SDoH)

JANUARY 2022

BEST IN KLAS
OUTSOURCED CODING
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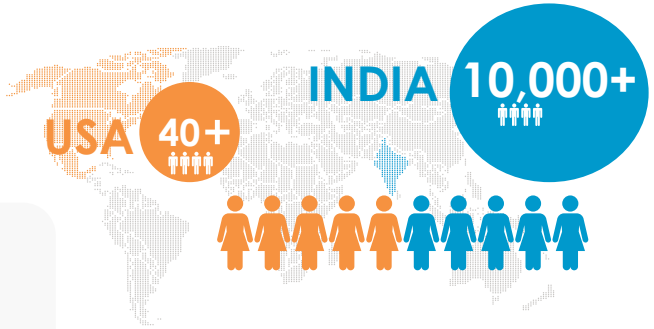


Managing **$37 billion** in AR and coding **29m+ charts** annually

**48%** Workforce comprised of **women**

## GLOBAL WORKFORCE BREAKDOWN

- **3,100** Coding
- **3,700** AR
- **2,300** Fin. Clearance, Posting, Refunds
- **600** EZDI/Tech/Other

## SERVICE DELIVERY LOCATIONS

- Hyderabad
- Chennai
- Vellore
- Tirupati
- Ahmedabad
- US

**100+** customers

- HEALTH SYSTEMS
- PHYSICIAN PRACTICES
- OTHERS

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**Awarded based on customer feedback**

- Outsourced Coding

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# VALUE-BASED PURCHASING CODING

# PAY FOR PERFORMANCE CREATED DISRUPTIVE CHANGES

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**Category 1**
**Fee-For-Service:**
No Link to Quality & Value

**Category 2**
**Fee-For-Service:**
Link to Quality & Value

**Category 3**
APMs Build on Fee-For-Service Architecture

**Category 4**
Population-Based Payment

| Fee-For Service | A<br>Foundational Payments for Infrastructure & Operations | B<br>Pay for Reporting | C<br>Rewards for Performance | D<br>Rewards & Penalties for Performance | A<br>APMs with Upside Gainsharing | B<br>APMs with Upside Gainsharing/ Downside Risk | A<br>Condition-Specific Population-Based Payment | B<br>Comprehensive Population-Based Payment |
|---|---|---|---|---|---|---|---|---|
| Traditional FFS | Foundational payments to improve care delivery, such as care coordination fees, and payments for investments in HIT | Bonus payments for quality reporting | Bonus payments for quality performance | Bonus payments & penalties for quality performance | Bundled payment with upside risk only | Bundled payment with up- and downside risk | Population-based payments for speciality, condition, and facility-specific care (e.g., via an ACO, PCMH, or COE) | Full or percent of premium population-based payment (e.g., via an ACO, PCMH, or COE) |
| DRGs not linked to quality | | DRGs with rewards for quality reporting | DRGs with rewards for quality performance | DRGs with rewards & penalties for quality performance | Episode-based payments for procedure-based clinical episodes with shared savings only | Episode-based payments for procedure-based clinical episodes with shared savings & losses | | |
| | | FFS with rewards for quality reporting | FFS with rewards for quality performance | FFS with rewards & penalties for quality performance | Primary Care PCMHs with shared savings only | Primary Care PCMHs with shared savings & losses | Partial population-based payments for Primary Care | Integrated, comprehensive payment & delivery system |
| | | | | **Hospital P4P**<br>• HVBP<br>• HACRP<br>• HRRP | Oncology COEs with shared savings only | Oncology COEs with shared savings & losses | Episode-based, population payments for clinical conditions, such as diabetes | Population-based payments for comprehensive pediatric or geriatric care |
| | | | | | | **EPMs**<br>• CJR<br>• SHFFT<br>• AMI<br>• CABG | | • ACO<br>• MA<br>• CPC+<br>• PCMH |

**Financial and Outcome Accountability Population Focused**

*Source: Recreated from Alternative Payment Model Framework, HCP/LAN, 2016*

# IS CODING AND CDI READY FOR THE FUTURE?

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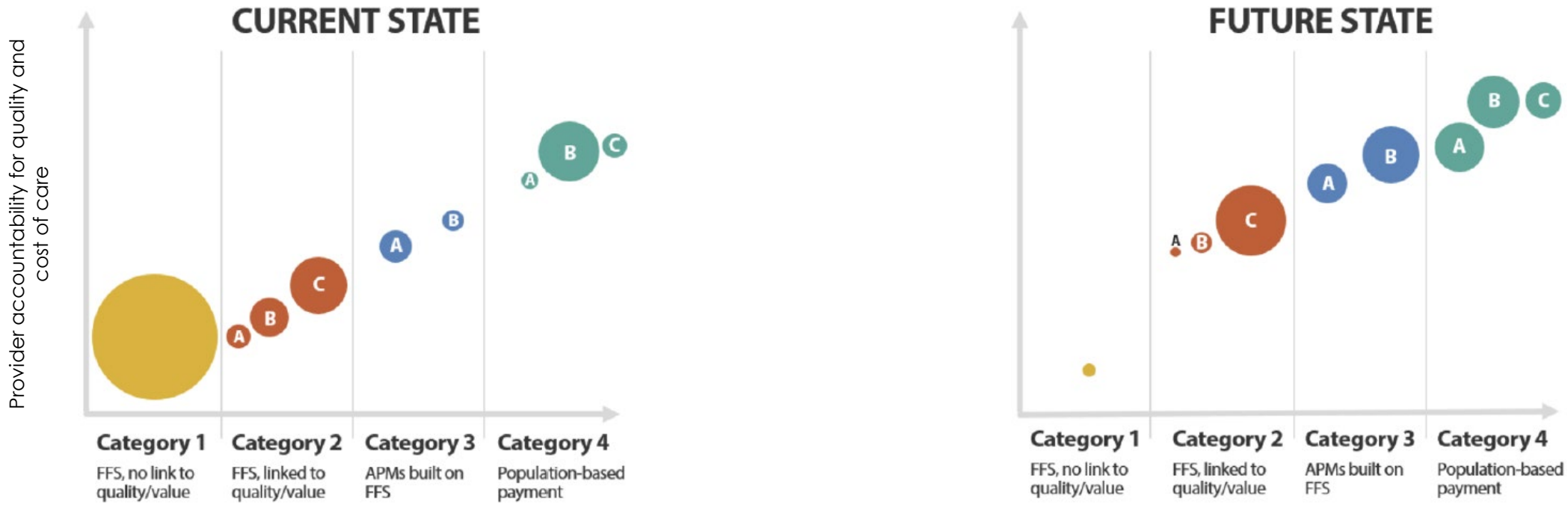
## Exhibit 1: LAN Payment Reform Goals




**Key**

- A Pay for infrastructure/operations
- B Pay for reporting
- C Pay for performance

- A Shared savings
- B Shared savings with downside risk

- A Condition-specific
- B Comprehensive
- C Integrated finance and delivery system

*Source: Health Care Payment Learning and Action Network. "ALTERNATIVE PAYMENT MODEL (APM) FRAMEWORK WHITE PAPER: REFRESHED 2017", July 2017.*

# VALUE-BASED PURCHASING (VBP) PROGRAM

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## CMS uses outcome measures to calculate overall hospital quality

Top 5 categories include:

- Mortality
- Safety of Care
- Readmissions
- Patient experience
- Effectiveness of Care

| CMS Program | Hospital ABC | |
|---|---|---|
| **Value-Based Purchasing Program** | **2020** | **2021** |
| Revenue Adjustment | -$513,425 | -$415,972 |
| Penalty Adjustment | -1.38% | -1.12% |
| **Hospital-Acquired Conditions (HAC) Reduction** | | |
| Revenue Adjustment | $0.00 | -$372,106 |
| Penalty Adjustment | 0 | -1.00% |
| **Hospital Readmission Reduction Program (HRRP)** | | |
| Revenue Adjustment | -$785,144 | -$881,892 |
| Penalty Adjustment | -2.11% | -2.37% |
| Total | -$1,298,569 | -$1,669,970 |

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# SOCIAL DETERMINANTS OF HEALTH (SDOH)

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## SDOH Definitions

SDOH refers to the conditions of an individual's living, learning, and working environments that affect one's health risks and outcomes

- Important predictors in clinical care
- Positive SDOH conditions are associated with improved patient outcomes and reduced costs


Slide developed by Laura Gottlieb, MD, MPH with permission from Jack Maypole, MD

# WHAT ARE SOCIAL DETERMINANTS OF HEALTH (SDOH)?

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**Health encompasses** many facets of our lives and is more than physical well-being

According to the **World Health Organization**, "social determinants of health are the conditions in which people are born, grow, live, work and age

Health begins in our homes, neighborhoods, schools, communities, and workplaces and is influenced by a **number of factors**

These **circumstances** are shaped by the distribution of money, power and resources at global, national and local levels"

# SOCIAL DETERMINANTS OF HEALTH (SDOH)

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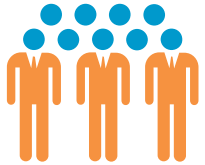
## SDOH Impact on Health

The health outcomes of a group of individuals, including the distribution of such outcomes within the group



## Group can be

- Geographic populations such as nations or communities
- Employees for a large corporation
- Group of interest: Disabled persons, specific ethnic/racial group, prisoners
- A health plan's members (Medicare Advantage, Medicaid HMOs, private insurers)

# SOCIAL DETERMINANTS OF HEALTH (SDOH)

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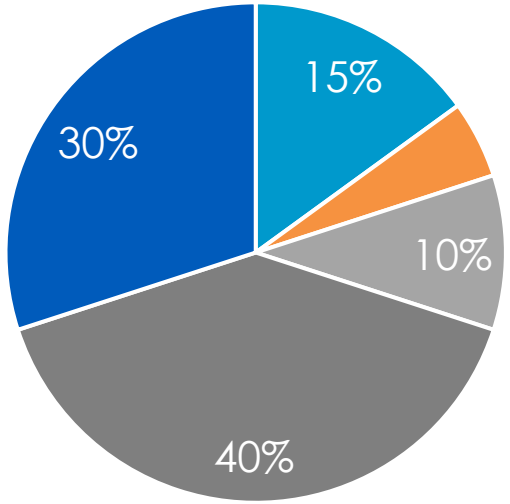
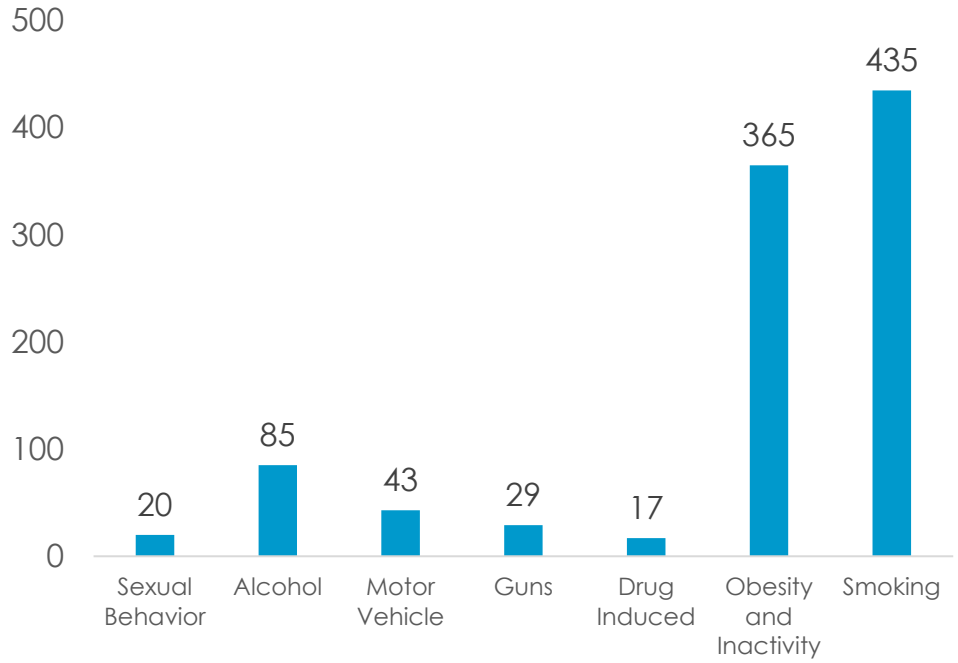
## Proportional Contribution to Premature Death




- Social Circumstances
- Environmental Exposure
- Health Care
- Behaviroal Patterns
- Genetic Predisposition




*REF: https://www.nejm.org/doi/pdf/10.1056/NEJMsa073350*

# SDOH IMPACT ON HEALTH

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**Low literacy linked to poor health outcomes**

- higher rates of hospitalization
- less frequent use of prevention and wellness services

Lack of access to private or public transportation for basic health-related activities spend 41% excess days in the hospital

**Unemployment linked to:**

- declining self-reported health status
- increased mortality rates for males and females ages 16 to 64
- Drug and substance abuse/dependence quadrupled for individuals out of work
- Drug and substance abuse/dependence doubled an individual's chance of being diagnosed with a mental disorder such as depression or general anxiety disorder

*Source: Fink-Samnick(2019)*

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# WHY DOES SDOH MATTER TO THE HEALTHCARE PROFESSIONAL?

**Poor SDoH conditions have been shown to negatively affect outcomes such as**

- Hospital readmissions rates
- Length of stay
- Use of post-acute care

**Value-based payment programs** may penalize organizations that disproportionately serve disadvantaged populations

## GOALS OF STANDARDIZING DATA ON PATIENT SOCIAL RISK

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### Health systems can achieve four central goals by standardizing SDOH data within the EHR:

- Improve health, lower cost, and advance health equity (the overall goal).
- Assess SDOH needs.
- Link patients to community services.
- Develop sustainable business models to fund access to community services.

To meet these goals, health systems need an SDOH strategy that will leverage data for risk stratification as well as connect patients with appropriate community services. Doing so requires data interoperability, common sets of values, and the capability to harness SDOH data for analytic purposes.

# WHY ARE SDOH AND ICD-10-CM REPORTING FOR SDOH IMPORTANT?

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SDOH data captures information at a level traditional health data sources cannot.

By integrating SDOH insights into care plans, healthcare stakeholders can recognize the need for, and enable access to, additional services or interventions for individuals, such as programs related to accessing healthy food, providing reliable housing, or helping patients manage isolation and loneliness, ultimately driving better health and wellness outcomes.

ICD-10-CM Z codes can be used to record this information, directly into patient records, offering deeper insights into factors impacting health.

# SOCIAL DETERMINANTS OF HEALTH (SDOH)

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| ICD-10-CM Code Category | | Problems/Risk Factors Included in Category |
|---|---|---|
| Z55 | Problems related to education and literacy | Illiteracy, schooling unavailable, underachievement in a school, educational maladjustment and discord with teachers and classmates |
| Z56 | Problems related to employment and unemployment | Unemployment, change of job, threat of job loss, stressful work schedule, discord with boss and workmates, uncongenial work environment, sexual harassment on the job, and military deployment status |
| Z57 | Occupational exposure to risk factors | Occupational exposure to noise, radiation, dust, environmental tobacco smoke, toxic agents in agriculture, toxic agents in other industries, extreme temperature, and vibration |
| Z59 | Problems related to housing and economic circumstances | Homelessness, inadequate housing, discord with neighbors, lodgers and landlord, problems related to living in residential institutions, lack of adequate food and safe drinking water, extreme poverty, low income, insufficient social insurance and welfare support |
| Z60 | Problems related to social environment | Adjustment to life-cycle transitions, living alone, acculturation difficulty, social exclusion and rejection, target of adverse discrimination and persecution |
| Z62 | Problems related to upbringing | Inadequate parental supervision and control, parental overprotection, upbringing away from parents, child in welfare custody, institutional upbringing, hostility towards and scapegoating of child, inappropriate excessive parental pressure, personal history of abuse in childhood, personal history of neglect in childhood, Z62.819 Personal history of unspecified abuse in childhood, parent-child conflict, and sibling rivalry |
| Z63 | Other problems related to primary support group, including family circumstances | Absence of family member, disappearance and death of family member, disruption of family by separation and divorce, dependent relative needing care at home, stressful events affecting family and household, stress on family due to return of family member from military deployment, alcoholism and drug addiction in family |
| Z64 | Problems related to certain psychosocial circumstances | Unwanted pregnancy, multiparity, and discord with counsellors |
| Z65 | Problems related to other psychosocial circumstances | Conviction in civil and criminal proceedings without imprisonment, imprisonment and other incarceration, and exposure to disaster, war and other hostilities |

# WHO CAN DOCUMENT SDOH?

Coding professionals may utilize documentation of social information from social workers, community health workers, case managers, or nurses, if their documentation is included in the official medical record

Patient self-reported documentation may be used to assign codes for social determinants of health, as long as the patient self-reported information is signed-off by and incorporated into the medical record by either a clinician or provider

# OFFICIAL CODING GUIDELINES FOR SDOH CODING

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- Codes describing social determinants of health (SDOH) should be assigned when this information is documented.
- For social determinants of health, such as information found in categories **Z55-Z65**, Persons with potential health hazards related to socioeconomic and psychosocial circumstances, code assignment may be based on medical record documentation from clinicians involved in the care of the patient who are not the patient's provider since this information represents social information, rather than medical diagnoses.
- For example, coding professionals may utilize documentation of social information from social workers, community health workers, case managers, or nurses, if their documentation is included in the official medical record
- Patient self-reported documentation may be used to assign codes for social determinants of health, as long as the patient self-reported information is signed-off by and incorporated into the medical record by either a clinician or provider

# SOCIAL DETERMINANTS OF HEALTH (SDOH)

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## FY 2022 IPPS Final Rule:

- In the final rule, CMS sought stakeholder input, via a request for information (RFI), on ideas to make reporting of health disparities based on social risk factors and race and ethnicity more comprehensive and actionable for hospitals, providers, and patients. CMS sought comment from stakeholders on future potential additional stratification of quality measure results by race, Medicare/Medicaid dual eligible status, disability status, LGBTQ+, and socioeconomic status
- CMS sought comment from stakeholders on the possible collection of a minimum set of demographic data elements by hospitals at the time of admission, and using electronic data definitions to permit nationwide, interoperable health information exchange, for the purposes of incorporating into measure specifications and other data collection efforts relating to quality

**REF: FY 2022 IPPS Final Rule**

*https://www.cms.gov/newsroom/fact-sheets/fiscal-year-fy-2022-medicare-hospital-inpatient-prospective-payment-system-ipps-and-long-term-care-0*

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## FY 2022 IPPS Final Rule:

- CMS also sought comment on the potential development of a health equity score measure modeled off the Health Equity Summary Score applied to Medicare Advantage contracts/plans' data, but adapted to the context of risk-adjusted hospital outcome measures and potentially other hospital quality measures used in CMS programs. CMS received many comments in response to this RFI, reflecting the importance of these policies. We will consider this input carefully in developing future policies.

**REF: FY 2022 IPPS Final Rule**

*https://www.cms.gov/newsroom/fact-sheets/fiscal-year-fy-2022-medicare-hospital-inpatient-prospective-payment-system-ipps-and-long-term-care-0*

# CONSIDERATIONS BEYOND ICD-10-CM CODING GUIDELINES

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- SDoH data needed for outcomes analysis, quality improvement, risk adjustment, reimbursement and healthcare policy making
- Four major data concepts need to be addressed to fully integrate SDoH with clinical data and care plans

**Screening tools**
Identifying patients with social risk factors

**Diagnosis/identified need(s)**
Reporting of SDoH issues identified

**Interventions**
Actions needed to address the specific SDoH need

**Goals**
What is expected to be achieved to resolve the patient's identified need

# DOCUMENTATION –SDOH SCREENING (EXAMPLE FROM CMS AHC MODEL)

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## LIVING SITUATION

What is your living situation today?

- ❑ I have a steady place to live
- ❑ I have a place to live today, but I am worried about losing it in the future
- ❑ I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)

## FOOD

Some people have made the following statements about their food situation. Please answer whether the statements were OFTEN, SOMETIMES, or NEVER true for you and your household in the last 12 months

Within the past 12 months, you worried that your food would run out before you got money to buy more

- ❑ Often true
- ❑ Sometimes true
- ❑ Never true

## TRANSPORTATION

In the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings, work or from getting things needed for daily living?

- ❑ Yes
- ❑ No

# DOCUMENTATION –SDOH SCREENING (EXAMPLE FROM CMS AHC MODEL)

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## SAFETY

How often does anyone, including family and friends, physically hurt you?

- ❑ Never (1)
- ❑ Rarely (2)
- ❑ Sometimes (3)
- ❑ Fairly often (4)
- ❑ Frequently (5)

## FINANCIAL STRAIN

How hard is it for you to pay for the very basics like food, housing, medical care, and heating? Would you say it is

- ❑ Very hard
- ❑ Somewhat hard
- ❑ Not hard at all

## EMPLOYMENT

Do you want help finding or keeping work or a job?

- ❑ Yes, help finding work
- ❑ Yes, help keeping work
- ❑ I do not need or want help

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# DATA INSIGHTS

# EXISTING SITUATION OF SDOH SCREENING

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In a cross-sectional study of US hospitals and physician practices, approximately 24% of hospitals and 16% of physician practices reported screening for

- food insecurity
- housing instability
- utility needs
- transportation needs
- interpersonal violence

- Practices that treat severely disadvantaged patients report higher screening rates
- SDoH data collection lacks standardization and reimbursement across clinical settings

*Source: https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2751390*

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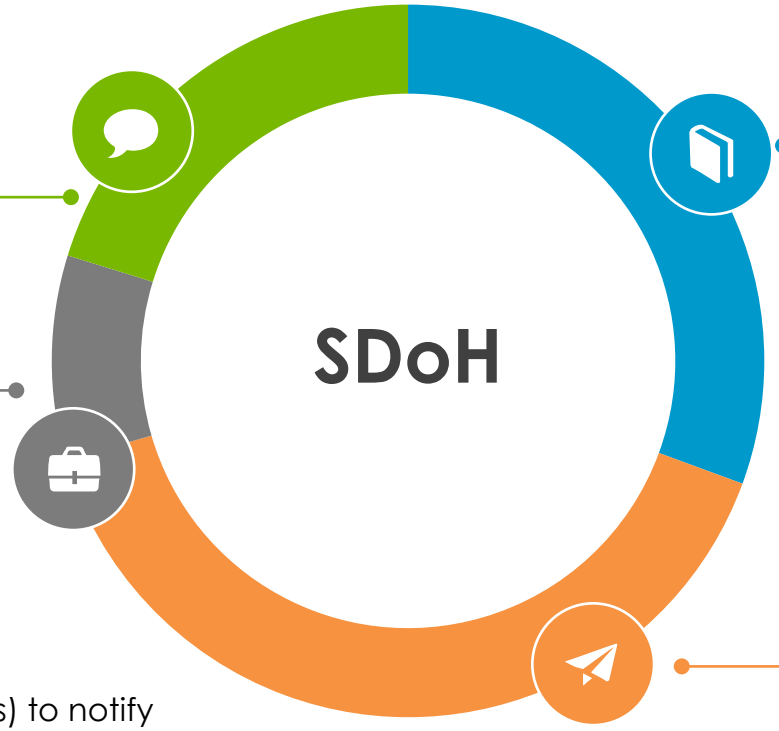
## AHIMA SDoH Survey 2020




**37%**
Registration/Patient Financial services collect and use SDoH

**56%**
of organizations collect SDoH data

**17%**
uses EHR technology (alerts/triggers) to notify clinicians that SDoH documentation (e.g., food or housing insecurity) has been captured

**73%**
organizations report not having a governance committee that oversees collection and use of SDoH data

# UTILIZATION OF Z CODES FOR SOCIAL DETERMINANTS OF HEALTH AMONG MEDICARE FEE-FOR-SERVICE BENEFICIARIES, 2019

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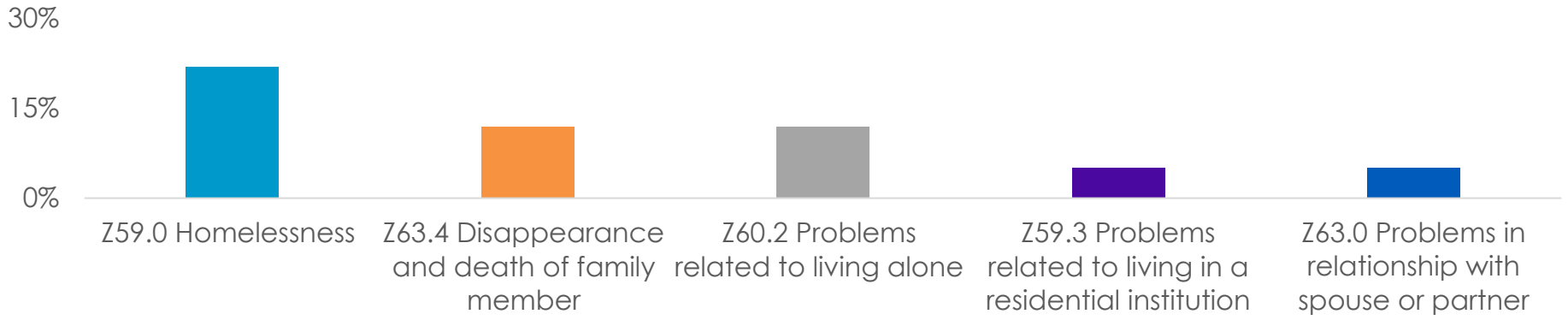
## Among the 33.1 million continuously enrolled Medicare FFS beneficiaries in 2019, 1.59% had claims with Z codes

### The 5 most utilized Z codes




Beneficiaries in rural areas were overrepresented (39.7%) among those with a Z59.3 – Problems related to living in a residential institution claim

*Source: https://www.cms.gov/files/document/z-codes-data-highlight.pdf*

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# Actions to Improve SDoH Data Collection

## Awareness & Education

- Ensure that coding staff have access to and are aware of all the locations in the EHR where SDoH information may be documented
- Educate CDI and coding staff on the importance of SDoH code assignment

## Importance

- Educate providers and clinicians on the importance of consistently documenting SDoH information
- Work with staff responsible for computer-assisted coding product to create logic for the review of SDoH documentation and generation of suggested ICD-10-CM codes

## Monitor

- Monitor for improvement (increased reporting) of SDoH code assignment by patient type, diagnosis, provider and SDoH domain

## Audits

- Conduct audits on the quality of SDoH documentation and ICD-10-CM coding accuracy. Provide feedback, as needed
- For example, if needed, request EHR templates be developed to support more complete capture of SDoH information

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# WHAT PAYERS DO WITH SDOH DATA

# WHAT PAYERS DO WITH SDOH DATA

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Payers equipped with SDoH data are empowered to facilitate greater care coordination, identify patients who can benefit from care management programs, and identify patients who may benefit from social, community and government services and refer them to local and national resources. Payers are also able to track impacts on patient/member health outcomes

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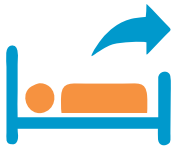
# WHAT CAN YOU DO?

# WHAT CAN YOU DO?

More than 50% of all hospital readmissions are related to SDoH alone (Fink -Samnick , p. 43)



As providers, health systems, payers, policymakers and researchers continue to address SDoH, the ability to analyze patient outcomes and assess the effectiveness of various initiatives will be essential

Coding professionals must act now by consistently documenting SDoH information to be able to support these goals to improve health outcomes and reduce costs

*Source - Fink-Samnick, E. (2019). The Social Determinants of Health Case Management's Next Frontier.HCPro.*

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## Final Thoughts

- Provide monthly data analysis for all AGS professional and facility clients
- Provide internal audits to determine if coding of SDOH is correct
- Track common coding errors and CDI trends/outcomes
- Share this coding and audit analysis on monthly summary reports
- Provide education to client on findings and opportunities for improvement
  - What trends are you seeing with coding and CDI?
  - The importance of SDOH data capture, coding, auditing and analysis
- Provide SDOH audits, analysis, and education as a new service to new and existing clients
- Look for new tools to help with capturing, coding, auditing, and analysis

# SOCIAL DETERMINANTS OF HEALTH

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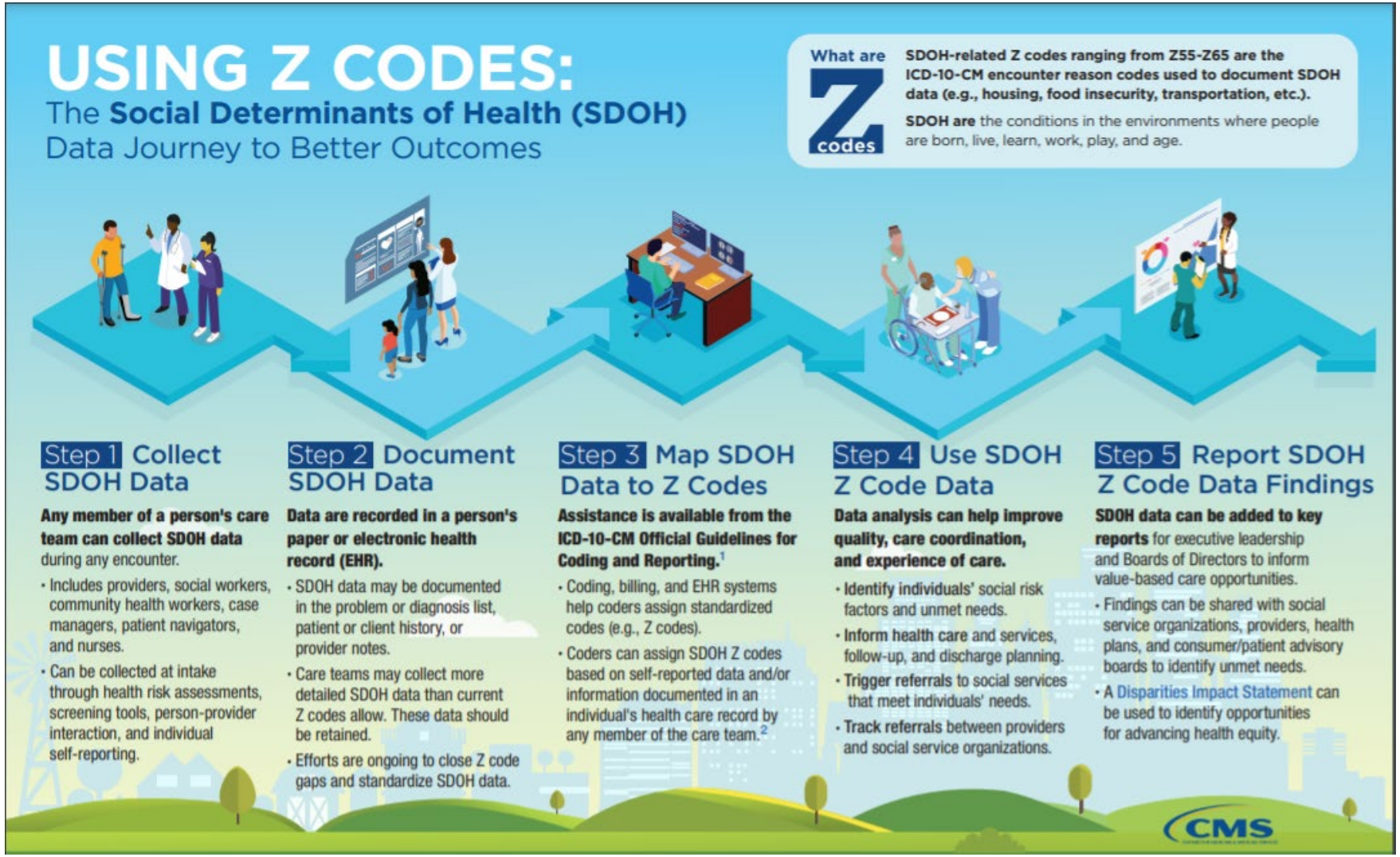

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# USING SDOH Z CODES

## Can Enhance Your Quality Improvement Initiatives

### Health Care Administrators

**Understand how SDOH data can be gathered and tracked using Z codes.**

- Select an SDOH screening tool.
- Identify workflows that minimize staff burden.
- Provide training to support data collection.
- Invest in EHRs that facilitate data collection and coding.
- Decide what Z code data to use and monitor.

**Develop a plan to use SDOH Z code data to:**

- Enhance patient care.
- Improve care coordination and referrals.
- Support quality measurement.
- Identify community/population needs.
- Support planning and implementation of social needs interventions.
- Monitor SDOH intervention effectiveness.

### Health Care Team

**Use a SDOH screening tool.**

- Follow best practices for collecting SDOH data in a sensitive and HIPAA-compliant manner.
- Consistently document standardized SDOH data in the EHR.
- Refer individuals to social service organizations and appropriate support services through local, state, and national resources.

### Coding Professionals

**Follow the ICD-10-CM coding guidelines.**[3]

- Use the CDC National Center for Health Statistics ICD-10-CM Browser tool to search for ICD-10-CM codes and information on code usage.[4]
- Coding team managers should review codes for consistency and quality.
- Assign all relevant SDOH Z codes to support quality improvement initiatives.

**Z code Categories**

- **Z55** – Problems related to education and literacy
- **Z56** – Problems related to employment and unemployment
- **Z57** – Occupational exposure to risk factors
- **Z59** – Problems related to housing and economic circumstances
- **Z60** – Problems related to social environment
- **Z62** – Problems related to upbringing
- **Z63** – Other problems related to primary support group, including family circumstances
- **Z64** – Problems related to certain psychosocial circumstances
- **Z65** – Problems related to other psychosocial circumstances

This list is subject to revisions and additions to improve alignment with SDOH data elements.

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# Thank You