Social Determinants of Health (SDOH) Z Code Webinar Minutes - 6/11/2021

- Purpose is to discuss implementing assessments for SDOH and reporting ZCodes.
- Background and Impact of Social Determinants of Health
    - Goal is to focus on whole person care for PerformCare (PC) members. Idea is to improve the overall health functioning of our members.
    - There is little data on the impact on SDOH on how it impacts overall health. Health Catalysts is a good resource for overview of SDOH and how organizations can address efforts of SDOH. It discusses medical care and how they have approx. 10% impact on overall health. Genetics, Environment, Patient Choices, Medical Care and Social are all parts of what makes a person healthy.
    - We are focusing on the SDOH to try and address those additional factors that can improve how members are functioning
    - There is little research on how much it impacts health, but it's definitely a factor. Addressing SDoH does help reduce health disparities.
    - There's clearly evidence that demonstrates that US deaths are attributed to low education, racial segregation, and low social support
    - PerformCare issued a Provider notice AD 21 102 – requiring providers to start using Z codes that address SDOH in claims submitted to PerformCare
- Z Codes versus PA SDoH
    - Not a 1:1 match of the DHS categories and ICD-10. PC doesn't control either - we are using ZCode data that providers submit on claims for analysis.
    - Providers will continuously hear from PerformCare and DHS regarding addressing DHS SDOH domain
    - DHS defines whole person approach that includes addressing employment and childcare, affordable HealthCare and medical access, food security, transportation, housing, utilities, clothing and financial needs. Those are all things that we are going to be talking about how we can help improve our member's access to services and supports that can help address these topics.
- DHS focus on SDoH
    - Examples -
        - PerformCare and providers involved in Value Based Purchasing initiatives that are medium risk or higher plan in CY 2021 are required to address SDoH, including a requirement for either the primary contractor or BH-MCO to fund community based organizations to help address SDoH. For Providers in the CABHC contract, will be working with FBMHS, MST and MH IP providers that are medium risk or higher VBP's. For TMCA - FBMHS and MH IP and possibly FQHC. PerformCare's requirement to identify SDoH using Z Codes is consistent with DHS focus on SDoH.
        - There is also an emphasis on another new program that's a contractual obligation with DHS to implement community based care worker programs that also coordinate with community based organizations to specifically address SDoH.
        - Across Pennsylvania, all MCO's and Primary Contractors have a 3 year Performance Improvement Plan (PIP) (SPEDTAR) that addresses the members use of Substance Use programs and services, with the goal to improve the quality of Substance Use services, reduce recidivism and improve quality of life. Addressing SDoH is part of PC's 3 year PIP project.

- Goal is to work with all providers, whether part of VBP, part of Community Based Care Management or part of Substance Use PIP. PerformCare is taking an across the board approach to analyze SDoH data and improve member's health.
- PerformCare SDoH Initiatives
    - It is continuous quality improvement - we start by identifying and quantifying the prevalence of SDoH and collecting the data that providers will be submitting as part of claims.
    - The goal to work with all providers to analyze SDOH data to improve members health
    - We will be able to analyze ZCode diagnosis info to help inform strategies to prioritize and address SDoH.
    - It may also inform potential use of Reinvestment funding
    - Working with providers over time to improve our efforts over time with making referrals to CBO that can address SDoH.
    - Starting with getting a better handle on the data - do not expect 100% of members will have a ZCode or SDOH that needs addressed.
    - There was a request sent to providers 2-3 years ago to use. Some providers have been reporting ZCodes - 9% of claims total have been using ZCodes (shared with PIP submission). This percentage should be higher. Memo reissued.
- Who can diagnose Z Codes
    - Any member of the care team can collect SDOH data - do not need to be a clinician or someone who diagnose members. Can be anyone at the provider's office (not confined to a licensed clinician)
    - Process is providers develop method to document SDoH impacts, map the identified issue to an acceptable Z Code, add the Z Code in a diagnosis field in the their medical record or in EHR.
    - Collect the SDoH factors, document the issues, map to a ZCode, submit the ZCode on a claim and begin to use the data for trend analysis and to identify Member's needs and whether or how the SDoH are being addressed and resolved..
    - Providers concerned with lack of staff to do ZCode assessments - any member of the care team can do that function.
    - This rule has been in place since 2018 - CMS made a requirement for Medicare in 2016. There were some concerns in the Medicare community to capture SDOH - hospital association put together a concept paper - approved in Feb 2018. Clarified that anyone on a care team can diagnose ZCodes.
- Z codes identifying SDoH Claims Submission
    - There are lots of ZCodes - we are focusing on the ones that are related to SDOH - those categories were listed in the provider memo.
    - SDoH ZCodes are not payable codes - cannot be primary. Can have up to 12 diagnoses on paper claim (8 on electronic claim) - there's only 4 diagnosis codes that can be connected to a procedure code that is being billed (4 diagnosis pointers). Cannot be primary diagnosis, but can be other 3 that diagnoses are pointing to
    - Provider should work with the Clearinghouse to set up (if needed). Clearinghouses should be familiar with submitting ZCodes and doing appropriate diagnosis pointing. More info is available from the National Uniform Claim Committee
- Implementation of SDoH

- Providers need to work with claims staff/clearinghouse/EMR systems to capture and report ZCodes on claims
- Providers should Implement procedures internally so that you are assessing for SDoH, convert information to a ZCode and develop a process to get the information onto claims.
- Establish policies and procedures for period reassessment of ZCodes - it should not be a stale, one-time event for providers to diagnosis a Z Code. Providers should also implement policies to refer members to agencies or services that can address SDoH when identified
- Reassessment - i.e. if someone is assessed as having a housing challenge (i.e. homeless), provider should assess homelessness or makes referral to other agency that can address. Hopefully will see ZCode with housing instability and then in the future, the ZCode drops off, indicating that ZCode was addressed.
- Providers doing assessments and reassessments - goal is to see ZCodes on and off claims - shows that members are getting better
- We understand that this is a strategy that will be implemented over time.
- Contract mandate in VBP now but we expect that DHS will broaden the requirements to address SDoH across the network in the coming years

- Summary of SDoH
  - Building into workflow - everyone should already be doing an assessment on SDoH (all LOC's) – Goal is to connect the dots to what you are already doing and capturing ZCodes in EHR's and getting code on the claims. All providers are already assessing and addressing SDoH as part of the service being provided. See PowerPoint that addresses how each LOC is already assessing and addressing SDoH.
  - OP providers are able to bill 96127, which can include a screening tool for SDoH.
  - Goal is to assess, identify and address healthcare and the SDoH needs of the members served. We want to help member's live healthier lives and strive for more independence.
  - We don't expect all LOC's to have resources to address SDOH - some LOCs should have hands on approach (i.e. TCM, ACT, CRS, Peer Support). OP may not be able to address directly, but should have capacity to address and refer. Can also rely on 211 resources
  - Goal to develop systematic approach to identify and resolve SDOH
  - PA DHS withdrew their implementation of the PA RISE resource - not sure if it will be resurrected at a later time. Every county has 211 resources
  - Except for CABHC FBMHS providers who must use CANS SDoH assessment, we are not prescribing what particular screening tool is used. Providers should just select one for your agency
    - Resources for screening for SDoH are provided in the PowerPoint
    - MCO in NC - implemented a screening tool in PH and BH plan - required use of the SDoH screening tool of all providers on every single well-check for infants and children and families on every visit - we are not going that route but instead asking providers to pick a tool that makes sense for your organization and incorporate and identify a way to assess moving forward.

Provider questions:

- Who can use the 96127 CPT code?
  - You must be an OP provider or a group or individual that's billing OP services
- Provider noted that there are a few extra ZCodes that are not in the DSM 5

    - DSM 5 not used - we are using the CMS ICD-10 guidelines for claims purposes. Using category 65-75. There are hundreds of Z codes - we are just asking the 10 broad areas that address SDoH. Other ZCodes can be used if appropriate but focus for claims submission should be on the ones that address SDoH (and which are referenced in the provider notice).
- Provider noted that they do their own billing - when they fill out a form, prior billing in comments put that they met a ZCode that it was addressed and met. Is this required or something they are doing extra?
    - Something we are asking that providers do extra. It is not a payment field. It's an informational diagnosis. Providers must have a qualifying MH or SU diagnosis in the primary diagnosis filed in order to have the claim paid. Use one of the dx. pointers for the ZCode (can be 2, 3, 4).
- For SUD providers, do you recommend reassessing for ZCodes during ASAM assessment?
    - We are not prescribing the frequency on how often providers should do a reassessment. Each provider needs to think of how to incorporate into workflow - not required every single visit. There are some obvious opportunities for each provider to fit into workflow, such as when updating treatment plan or service plan or IBHS assessment
- If no Z code, does it need documented somewhere? If not on a claim, will it be understood that was assessed but not present?
    - No enforcement of this yet - PerformCare will discuss with QI staff to see if it needs incorporated into TRR. There is no penalty for not submitting ZCode. Absence of ZCodes is either that providers are not doing or member doesn't have SDOH need that needs addressed.
- If member already has 4 current MH dx, how does that impact ZCodes or VBP in the future?
    - Can fit 12 dx. on a paper claim, 8 dx. on electronic claim. Can only be 4 pointers. If dx. code is on the claim and not being pointed to, PerformCare will need to check with claims staff if we can see and capture. PerformCare will follow up. The first dx. code must be a payable MH or SU diagnosis code (F Code)
- If member doesn't fit one of our ZCodes list, can use DSM 5?
    - No, all claims submitted must be ICD10 codes.
- Do we know if this applies to all BH-MCO's in the State?
    - The contractual obligation for use of CBO's in VBP plans medium risk or higher is across all BH MCO's
    - Cannot speak to other BH-MCO requirements. PerformCare's use of ZCodes and a strategy to address the member's health overall may possibly be unique to PerformCare.
- Are providers expected to report all applicable ZCodes, not just those identified on the list?
    - We are interested in SDoH ZCodes. If there are others that are appropriate and fit on a claim, then OK. We are asking providers to prioritize and fit the 10 SDOH categories on claims.
- Does the ZCode need to be incorporated on the encounter form?
    - Diagnosis codes are not a requirement on an encounter form. This form is for the member verifying that they received the service on a particular date/time. For SDoH, it's a matter of transferring the information obtained from the assessment into a ZCode in the billing/claims department so that it can be reflected on claims.

- What if individuals have multiple SDoH's that map to a ZCode?
    - Providers should prioritize what ZCode to list if there are many.

As a reminder, all claims are submitted with an ICD-10 code. There are hundreds of ICD-10 ZCodes - we are interested in capturing ZCodes in the range of 55-65 that address SDoH. There are sub-codes and there's also 100s of ZCodes that can appear. Prioritize the ones that you think is the most issue impacting members' health. Additional SDoH Z Codes that cannot fit on a claim can be documented in the Members chart/medical record. PerformCare has baseline data from last year (9% of claims have a ZCode) - goal is to see more claims with ZCodes in the future.