



Submitting Social Determinants of Health Data (SDOH) on Claims & Encounters

What are SDOH?

- ▶ SDOH are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks¹
- ▶ SDOH affect nearly everyone in one way or another
- ▶ SDOH contribute to wide health disparities and inequities
 - ▶ For example, people with no access to grocery stores with healthy foods are less likely to have good nutrition; thus raising their risk of heart disease, diabetes, and obesity
- ▶ Public health organizations and their partners in sectors like education, transportation, and housing need to take action to improve the conditions in people's environments.



Importance of SDOH

Social Determinants of Health Data (SDOH) is important because:

- ▶ SDOH strongly affect the causes and effects of diseases and health. The COVID pandemic brought an even larger focus on the fact that all populations, particularly those that are vulnerable, have SDOH needs that should be primary considerations and integrated with traditional clinical care.
- ▶ CA Department of Health Care Services (DHCS) released All Plan Letter (APL) 21-009 *“Collecting Social Determinants of Health Data”* (August 2021)
 - Provides guidance about developing processes and working with contracted providers to regularly document SDOH.
 - SDOH data capture and reporting will be valuable for all lines of business, not only Medi-Cal
 - The guidelines impact California providers:
 - Physicians
 - Health Plan Participating Physician Groups
 - Hospitals
 - Ancillary Providers

Why Capture SDOH?

Capturing & reporting SDOH data is vital to the success of the CA Advancing and Innovating Medi-Cal (CalAIM) Population Health Management (PHM) initiative, which strives to:

- Identify member traits, health, social and risk needs;
- Emphasize improving health equity and identify health disparities and their root causes; *and*,
- Plan and coordinate care and provide personalized care to patients.



How to Submit SDOH Data

SDOH Codes:

- ▶ Are based on the ICD-10-CM.
- ▶ Should be used to document SDOH on provider claims or encounters.
- ▶ Need to be incorporated by MCPs into all coding and billing guidance and templates developed for Network Providers and Subcontractors.
- ▶ May be set up as triggers to suggest coding when certain statements are made within the Electronic Medical Record (EMR).
- ▶ Can be reported using the documentation of clinicians other than the patient's provider.

The APL 21-009 provides 18 Department of Health Care Services (DHCS) priority codes to document SDOH (see list on next slide).

DHCS Priority SDOH Codes

| Code | Description | Code | Description |
|-------|--|---------|---|
| Z55.0 | Illiteracy and low-level literacy | Z62.819 | Personal history of unspecified abuse in childhood |
| Z59.0 | Homelessness | Z63.0 | Problems in relationship with spouse or partner |
| Z59.1 | Inadequate housing (lack of heating/space, unsatisfactory surroundings) | Z63.4 | Disappearance and death of family member (assumed death, bereavement) |
| Z59.3 | Problems related to living in residential institution | Z63.5 | Disruption of family by separation and divorce (marital estrangement) |
| Z59.4 | Lack of adequate food and safe drinking water | Z63.6 | Dependent relative needing care at home |
| Z59.7 | Insufficient social insurance and welfare support | Z63.72 | Alcoholism and drug addiction in family |
| Z59.8 | Other problems related to housing and economic circumstances (foreclosure, isolated dwelling, problems with creditors) | Z65.1 | Imprisonment and other incarceration |
| Z60.2 | Problems related to living alone | Z65.2 | Problems related to release from prison |
| Z60.4 | Social exclusion and rejection (physical appearance, illness or behavior) | Z65.8 | Other specified problems related to psychosocial circumstances (religious or spiritual problem) |