

# Social Need Screening and Intervention (SNS-E)

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**L.A. Care**  
HEALTH PLAN®

*For All of L.A.*



**ELEVATING  
HEALTHCARE**  
IN LOS ANGELES COUNTY  
— SINCE 1997 —

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# Social Need Screening and Intervention (SNS-E)

- This is a first-year measure with 6 different submeasures, 2 for each of the 3 screening categories
- Description: The percentage of members who were screened, using pre-specified instruments, at least once during the measurement period for unmet food, housing and transportation needs, and received a corresponding intervention if they screened positive.
  - *Food Screening.* The percentage of members who were screened for food insecurity.
  - *Food Intervention.* If screened positive, the percentage of members who received a corresponding intervention within 1 month of the positive screening.
  - *Housing Screening.* The percentage of members who were screened for housing instability, homelessness or housing inadequacy.
  - *Housing Intervention.* If screened positive, the percentage of members who received a corresponding intervention within 1 month of the positive screening.
  - *Transportation Screening.* The percentage of members who were screened for transportation insecurity.
  - *Transportation Intervention.* If screened positive, the percentage of members who received a corresponding intervention within 1 month of the positive screening.



# Social Need Screening and Intervention (SNS-E)

- Measurement period: January 1 – December 31.
- Entire Population (all ages) for all lines of business (MY2023 reportable for Medicaid and Medicare).
- Ensure these questions are being asked and entered into the patient's medical record/electronic health record (EHR).
- While the National Committee for Quality Assurance (NCQA) has listed screening tools in the HEDIS Tech Specs, health plans and providers do not need to use the exact survey tool as long as the questions are identical.
- Any response to one of the pre-specified items included in the measure specification counts as numerator compliant for the screening numerator, including a documented decline.



## Social Need Screening and Intervention (SNS-E)

- SNS-E measures how well health plans and providers screen and intervene for barriers to care at the population level.
- Case Management (CM) and Social Worker (SW) are great exemplars in removing Social Determinants of Health (SDOH) barriers.
- Use SNS-E data as a powerful lever to scale Case Management at a membership level to support health optimization, experience and improving health equity.
- Building SNS-E structure into existing touchpoints for each visit being done.
- Ensuring timely and adequate response.



# Social Need Screening and Intervention (SNS-E)

## Value Set Codes for Food Insecurity Instruments

Screening instruments	LOINC Code details	Screening Item LOINC Codes	Positive Finding LOINC Codes
Food Insecurity Instruments	Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool	88122-7	LA28397-0 - Often true LA6729-3 - Sometimes true
		88123-5	LA28397-0 - Often true LA6729-3 - Sometimes true
	American Academy of Family Physicians (AAFP) Social Needs Screening Tool	88122-7	LA28397-0 - Often true LA6729-3 - Sometimes true
		88123-5	LA28397-0 - Often true LA6729-3 - Sometimes true
	Health Leads Screening Panel <sup>®1</sup>	95251-5	LA33-6
	Hunger Vital Sign <sup>™1</sup> (HVS)	88124-3	LA19952-3
	Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences [PRAPARE] <sup>®1</sup>	93031-3	LA30125-1
	Safe Environment for Every Kid (SEEK) <sup>®1</sup>	95400-8	LA33-6
		95399-2	LA33-6
	U.S. Household Food Security Survey [U.S. FSS]	95264-8	LA30985-8 - Low food security LA30986-6 - Very low food security
	U.S. Adult Food Security Survey [U.S. FSS]	95264-8	LA30985-8 - Low food security LA30986-6 - Very low food security
	U.S. Child Food Security Survey [U.S. FSS]	95264-8	LA30985-8 - Low food security LA30986-6 - Very low food security
	U.S. Household Food Security Survey—Six-Item Short Form [U.S. FSS]	95264-8	LA30985-8 - Low food security LA30986-6 - Very low food security
	We Care Survey	96434-6	LA32-8
	WellRx Questionnaire	93668-2	LA33-6



# Social Need Screening and Intervention (SNS-E)

## Value Set Codes for Housing Instability and Homelessness Instruments

Screening instruments	LOINC Code details	Screening Item LOINC Codes	Positive Finding LOINC Codes
Housing Instability and Homelessness Instruments	Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool	71802-3	LA31994-9 - I have a place to live today, but I am worried about losing it in the future LA31995-6 - I do not have a steady place to live
	American Academy of Family Physicians (AAFP) Social Needs Screening Tool	99550-6	LA33-6
	Children's Health Watch Housing Stability Vital Signs™1	98976-4	LA33-6
		98977-2	≥3
		98978-0	LA33-6
	Health Leads Screening Panel®1	99550-6	LA33-6
	Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences [PRAPARE]®1	93033-9	LA33-6
	We Care Survey	71802-3	LA30190-5
WellRx Questionnaire	96441-1	LA33-6	
	93669-0	LA33-6	



# Social Need Screening and Intervention (SNS-E)

## Value Set Codes for Housing Inadequacy Instruments

Screening instruments	LOINC Code details	Screening Item LOINC Codes	Positive Finding LOINC Codes
Housing Inadequacy Instruments	Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool	96778-6	LA31996-4 - Pests such as bugs, ants, or mice
			LA28580-1 - Mold
			LA31997-2 - Lead paint or
			LA31998-0 - Lack of heat
			LA31999-8 - Oven or stove
			LA32000-4 - Smoke detectors missing or not working
			LA32001-2 - Water leaks
	American Academy of Family Physicians (AAFP) Social Needs Screening Tool	96778-6	LA32691-0 - Bug infestation
			LA28580-1 - Mold
			LA32693-6 - Lead
			LA32694-4 - Inadequate
			LA32695-1 - Non-functioning oven/stove
			LA32696-9 - No or non-
			LA32001-2 - Water leaks



# Social Need Screening and Intervention (SNS-E)

## Value Set Codes for Transportation Insecurity Instruments

Screening instruments	LOINC Code details	Screening Item LOINC Codes	Positive Finding LOINC Codes
Transportation Insecurity Instruments	Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool	93030-5	LA33-6
	American Academy of Family Physicians (AAFP) Social Needs Screening Tool	99594-4	LA33-6
	Comprehensive Universal Behavior Screen (CUBS)	89569-8	LA29232-8 - My transportation is available and reliable, but limited and/or inconvenient; drivers are licensed and minimally insured
			LA29233-6 - My transportation is available and reliable, but limited and/or inconvenient; drivers are licensed and minimally insured
			LA29234-4 - I have no access to transportation, public or private; may have car that is inoperable
	Health Leads Screening Panel <sup>®1</sup>	99553-0	LA33-6
	Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences [PRAPARE] <sup>®1</sup>	93030-5	LA30133-5 - Yes, it has kept me from medical appointments or from getting my medications LA30134-3 - Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need
	PROMIS <sup>®1</sup>	92358-1	LA30024-6 - I am not at all confident LA30026-1 - I am a little confident LA30027-9 - I am somewhat confident
WellRx Questionnaire	93671-6	LA33-6	





# Supplemental Data Submissions

## L.A. Care's Lab File Layout

Order	Field Header Name	Data Type	Length	Required for HEDIS	Expected Value	Description
12	LOINC	char	16	Optional		Code for Test done. It can be LOINC codes for the test. If test is present, Code flag should be present (e.g HEDIS measure DMS can expect this Test field to be "44261-6". In this case CPT code field can be blank)  The value for either Procedure_Code or Test should be present in the file. Records without Procedure_Code or Test value will be rejected by the system during Data Intake.
13	SNOMED	char	16	Optional		Code for Test done. It can be SNOMED codes for the test. If test is present, Code flag should be present (e.g HEDIS measure DMS can expect this Test field to be "44261-6". In this case CPT code field can be blank)  The value for either Procedure_Code or Test should be present in the file. Records without Procedure_Code or Test value will be rejected by the system during Data Intake.
14	Lab_Value	numeric	(20,4)	Optional		Lab result value or test result, i.e. "8.2" for HbA1c.PHQ-9 total score, populate the lab result value or test result in the "Lab_Value" field and corresponding code value in the "LOINC" field as applicable.
15	Result_Flag	char	1	Optional	P = Positive N = Negative	Binary field to indicate lab test result as Positive/Negative. (e.g. Diabetes Retinal Screening test result ) It is used for CDC measure, Hybrid Chase Request/Response files



# Supplemental Data Submissions

Examples for Food Insecurity Instruments using Accountable Health Communities (AHC)  
Health-Related Social Needs (HRSN) Screening Tool

## 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. <sup>5</sup>

3. **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
  
4. **Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.**
  - Often true
  - Sometimes true
  - Never true



# Supplemental Data Submissions

Examples for Food Insecurity Instruments using Accountable Health Communities (AHC)  
Health-Related Social Needs (HRSN) Screening Tool

<b>Positive Screening</b>		
Order	Field Header Name	Expected Value
12	LOINC	88122-7
14	Lab_Value	LA6729-3
15	Result_Flag	P

<b>Negative Screening/Declined</b>		
Order	Field Header Name	Expected Value
12	LOINC	88122-7
14	Lab_Value	Null
15	Result_Flag	N



# Social Need Screening and Intervention (SNS-E)

## Documented Decline Response

- Documented decline responses are allowed and counted for screening (no intervention is required).
- If fielding a full screening tool or one or more questions per screening area, you have to document a refusal to the screening for numerator credit.
- When you place screening questions in the patient's medical record/electronic health record (EHR), Health Risk Assessment (HRA), portal questionnaire, or annual wellness visit form, you have to add 'declined' as a response option. Missing answers (no response) don't count as a decline, per NCQA.
- If it's a telephonic survey, and the member states they decline to answer, that counts. You don't have to offer 'decline' as a response option on an interactive surveys; you just have to document it.



# Social Need Screening and Intervention (SNS-E)

## Qualitative Data Collection

- Barriers:
  - The screening numerator codes are LOINC codes, which are not a part of claims. We're not getting the LOINC codes as standard data which is a reason for the missing numerator hits.
  - Many provider and provider groups do not have the screening numerator codes or the intervention codes entered as LOINCs in their EHR systems.
- Actions Needed:
  - Provide education and provider resources to screen each member/patient for social need and timely intervention if positive.
  - Documentation and submission of supplemental data.
  - Close gaps within Cozeva platform.
  - Extract LOINC code data from EHR systems and submit as supplemental data if available.
- Assessment:
  - Review impact on data submission and continue with closing gaps and submit incremental data monthly.
    - If no improvement from month to month, reach out to L.A. Care, our plan partners and IPA for support and guidance.



# Resources

- Housing Support:
  - For any questions related to housing, contact the Housing Initiatives team at [HHSS-Program@lacare.org](mailto:HHSS-Program@lacare.org)
  - To submit a referral for housing, contact the Housing Initiatives team's referral inbox at [HHSS-Referrals@lacare.org](mailto:HHSS-Referrals@lacare.org)
- Food insecurity:
  - Food insecurity by itself is not a qualifying criteria for Meals as Medicine. However, if member has a chronic condition or a complex need, they may qualify. For related questions, you can contact the Meals As Medicine team: [MealsAsMedicine@lacare.org](mailto:MealsAsMedicine@lacare.org)
  - For more information on Homeless and Housing Support services, visit our sites at <https://www.lacare.org/providers/forms-manuals> and <https://www.lacare.org/providers/community-supports/meals>
- Transportation Services:
  - For our Medi-Cal and Medicare Plus, transportation benefits for members to see their provider and obtain medically necessary covered services at no cost. Members can call L.A. Care Member Services on their health insurance card.
  - For our L.A. Care Covered/Direct and Personal Assistance Services Council (PASC) members, transportation benefits are covered. Review Member Evidence of Coverage (Member Handbook) for important information about transportation services offered by our plan.





**Thank You!**

**Question?**

