



PCMH Health Measure TIPS (To Improve Performance Sheet): Addressing Social Determinants of Health in HUSKY Health Members to Improve Health Outcomes

The World Health Organization defines Social Determinants of Health (SDOH) as the “structural determinants and conditions in which people are born, grow, live, work and age.”¹

Did you know?

- Over 12% of people in the U.S. are food insecure (lacking reliable access to sufficient quantity of affordable, nutritious food)²
- 8.3 million renters were classified as having worst-case needs or as having experienced housing instability in 2015, according to the U.S. Department of Housing and Urban Development (HUD)³
- Individuals who are housing unstable are more likely to visit an emergency room, have longer hospital stays once admitted, and have higher likelihoods of readmission

SDOH can cause significant barriers to your patients’ ability to effectively manage their health and engage in recommended care. By identifying and addressing these barriers, either directly or through timely referrals, you can help improve health outcomes for your patients.

A PCMH recognized practice must collect data on social determinants of health and use the information to continuously enhance care systems and community connections to systematically address needs. Below you will find the 2017 NCQA PCMH criteria related to SDOH that must be met.

KM 02 (CORE) COMPREHENSIVE HEALTH ASSESSMENT	KM 21 (CORE) COMMUNITY RESOURCE NEED
G. Collects information on social determinants of health: conditions in a patient’s environment that affect a wide range of health, functioning and quality-of-life outcomes and risks.	The practice identifies needed resources by assessing collected population information. Practice may assess social determinants, predominate conditions, emergency department usage, and other health concerns to prioritize community resources (e.g. food banks, support groups) that support the patient population.

Help available to you and your patients

Connecticut 2-1-1

2-1-1 is a one-stop service that can help people find the local resources they need. You or your patient can dial 2-1-1 or visit www.211ct.org.

Community Health Network of Connecticut, Inc. (CHNCT) Intensive Care Management (ICM)

In an effort to support you, CHNCT offers an ICM program that helps patients who you have identified with SDOH needs. An ICM care manager will coordinate referrals to ensure that your patient is connected to the appropriate resources to meet their needs.

To refer your HUSKY Health patients to ICM, download the referral form at www.ct.gov/husky, click “For Providers,” “Provider Forms” under the “Reports & Resources” menu item, then “ICM Referral Form.”



Codes*

Ensuring that the proper ICD-10 codes are captured on a claim will allow individuals who may need assistance to be identified and connected to the appropriate community resources.

DESCRIPTION	ICD 10 CODES
FOOD INSECURITY	Z59.4
HOUSING INSTABILITY	Z59.0
DOMESTIC VIOLENCE RISK	Z63.0
PROBLEMS RELATED TO SOCIAL ENVIRONMENT	Z60.0, Z60.2, Z60.3, Z60.4, Z60.5, Z60.8, Z60.9
PROBLEMS WITH PRIMARY SUPPORT GROUP INCLUDING FAMILY CIRCUMSTANCES	Z63.0, Z63.1, Z63.31, Z63.32, Z63.4, Z63.5, Z63.6, Z63.71, Z63.72, Z63.79, Z63.8, Z63.9
PROBLEMS RELATED TO PSYCHOSOCIAL CIRCUMSTANCES	Z64.0, Z64.1, Z64.4, Z65.0, Z65.1, Z65.2, Z65.3, Z65.4, Z65.5, Z65.8, Z65.9
PROBLEMS RELATED TO EDUCATION AND LITERACY	Z55.0, Z55.1, Z55.2, Z55.3, Z55.4, Z55.8, Z55.9
PROBLEMS RELATED TO EMPLOYMENT AND UNEMPLOYMENT	Z56.0, Z56.1, Z56.2, Z56.3, Z56.4, Z56.5, Z56.6, Z56.81, Z56.82, Z56.89, Z56.9
OCCUPATIONAL EXPOSURE RISK	Z57.0, Z57.1, Z57.2, Z57.31, Z57.39, Z57.4, Z57.5, Z57.6, Z57.7, Z57.8, Z57.9
ECONOMIC BARRIERS	Z59.1, Z59.2, Z59.3, Z59.5, Z59.6, Z59.7, Z59.8, Z59.9
PROBLEMS RELATED TO UPBRINGING (ADVERSE CHILDHOOD EXPERIENCES [ACE])	Z62.0, Z62.1, Z62.21, Z62.22, Z62.29, Z62.3, Z62.6, Z62.810, Z62.811, Z62.812, Z62.819, Z62.820, Z62.821, Z62.822, Z62.890, Z62.891, Z62.898, Z62.9, Z04.81, Z04.82, Z62.813, Z91.42

Additional Information

For information on health measures or the programs and services made available through the HUSKY Health program:

- Visit: www.ct.gov/husky, click “**For Providers**,” then “**Health Measures**” under the “**Reports & Resources**” menu item
- Email: Quality@chnct.org
- Call: 1.866.317.3301

References

¹ http://www.who.int/social_determinants/en/

² <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/key-statistics-graphics.aspx>

³ <https://www.huduser.gov/portal/sites/default/files/pdf/Worst-Case-Housing-Needs.pdf>

*Code sets are routinely updated. Please reference the current year’s manuals when billing for services. Not all codes listed above are reimbursable. For a list of codes reimbursed by DSS, please refer to the Physician Office and Outpatient Services Fee Schedule on the Connecticut Medical Assistance Program website: www.ctdssmap.com.