Regulatory Requirements for Social Determinants of Health Data

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The US Department of Health and Human Services (HHS) Centers for Medicare & Medicaid Services (CMS) and Office of the National Coordinator for Health Information Technology (ONC) are two key regulatory bodies governing federal requirements related to health technology and health data. Both federal agencies utilize their regulatory authorities to impose requirements of technology developers and provider organizations related to the implementation and use of certified Health Information Technology (IT), including standardized data elements held in the health IT systems.

Data collection activities governed by these two agencies include social determinants of health (SDOH) data classes and elements, including individual data elements and coding requirements for documenting SDOH. Below is a summary of the current SDOH data elements and requirements implemented by both ONC and CMS.

Centers for Medicare and Medicaid Services (CMS)

CMS requires the following reporting by hospitals related to social determinants of health:

Screening for Social Drivers of Health Measure

A provider must report the number of patients screened for Health-Related Social Needs (HRSNs) compared to the number of people admitted. The five HRSNs patients should be screened for include:

- Food Insecurity;
- Housing Instability;
- Transportation Needs;
- Utility Difficulties; and
- Interpersonal Safety.

Screen Positive Rate for Social Drivers of Health Measure

A provider must report the number of patients screened for all five of the above listed HSRNs that have a need in one of the five HRSNs. Each need is calculated and reported separately.

Reporting of these measures was voluntary in 2023 but is required in 2024.

Medicare Advantage and Part D Plans

CMS requires special needs plans governed by the Medicare Advantage and Part D program to include one or more questions on housing stability, food security, and access to transportation in health risk assessments.

FY 2024 Inpatient Prospective Payment Rule

CMS released its FY 2024 IPPS proposed rule in May 2023 and finalized it in August 2023. Provisions related to SDOH include:

- Designation of the ICD-10-CM codes describing homelessness as a complication/comorbidity under the hospital IPPS. Designated complications/comorbidities have been determined to increase hospital resource use, and cases with at least one complication/comorbidity are classified into higher-paying DRGs (Diagnosis-Related Groups) than cases without a complication/comorbidity.

FY 2025 Inpatient Prospective Payment Rule

CMS released the FY 2025 IPPS proposed rule in April 2024. Provisions related to SDOH include:

- Adding SDOH data elements into the long-term care hospital (LTCH) Quality Reporting Program, requiring LTCHs to report elements on housing, food and utility stability, and access to transportation.

- Changes to the severity of the seven ICD-10-CM diagnosis codes that describe inadequate housing and housing instability from non-complication or comorbidity (NonCC) to complication or comorbidity (CC), based on the higher average resource costs of cases with these diagnosis codes compared to similar cases without these codes.

CY 2024 Physician Fee Schedule

CMS released the CY 2024 Payment Policies Under the Physician Fee Schedule proposed rule in August 2023 and published the final rule in November 2023. Finalized provisions related to SDOH include:

- Establishment of a code for a SDOH risk assessment that is furnished in conjunction with an evaluation and management (E/M) visit. The SDOH needs identified through the risk assessment must be documented in the medical record and may be documented using ICD-10-CM Z codes.

- The addition of a SDOH risk assessment as an optional, additional element of the Medicare Annual Wellness Visit (AWV).

The SDOH risk assessment service must include the administration of a standardized, evidence-based SDOH risk assessment tool, furnished in a manner that meets the patient's needs and accounts for the patient's educational, developmental, and health literacy level, and be culturally and linguistically appropriate.

Office of the National Coordinator for Health IT (ONC)

ONC's Health Data, Technology, and Interoperability: Certification Program Updates, Algorithm Transparency, and Information Sharing (HTI-1) proposed rule proposes mandating the inclusion of the United States Core Data for Interoperability Version 3 (USCDI v3) in all Certified Electronic Health Record Technology (CEHRT) by January 1, 2025. USCDI v3 contains multiple standardized data elements relating to SDOH that certified health IT systems must adopt as part of the certification process, including:

- Assessment and Plan of Treatment: SDOH Assessment;
- Goals: SDOH Goals;
- Problems: SDOH Problems/Health Concerns; and
- Procedures: SDOH Interventions.

The Joint Commission

The Joint Commission, a quality and safety standards setting organization, accredits and certifies over 22,000 healthcare organizations and programs in the US. In addition to the requirements of CMS and ONC, organizations accredited by The Joint Commission must adhere to a set of standards effective July 1, 2023, as part of its health care equity certification program. Accredited organizations must demonstrate the following:

- Healthcare equity is a strategic priority for the organization.
- The organization has defined its leadership roles related to improving healthcare equity.
- The organization collaborates with patients, families, caregivers, and community organizations to support healthcare equity.
- The organization reviews data about the community it serves to identify opportunities to improve healthcare equity.
- The organization collects self-reported patient data to identify opportunities to improve healthcare equity.
- The organization provides staff with the education and training necessary to provide equitable care, treatment, and services.
- The organization communicates effectively with patients and families.
- The organization addresses the health-related social needs of its patients; and
- At least annually the organization analyzes its data to identify opportunities to improve the provision of equitable care, treatment, and services.