



233 N. Michigan Ave., 21st Fl., Chicago, IL USA 60601-5809 | www.ahima.org | 312.233.1100

June 30, 2023

Yale New Haven Health Services Corporation/Center for Outcomes Research and Evaluation

RE: Addressing Social Needs (ASN) Electronic Clinical Quality Measure (eCQM) Specifications

Dear Sir or Madam:

The American Health Information Management Association (AHIMA) respectfully submits the following comments on the Addressing Social Needs (ASN) Electronic Clinical Quality Measure (eCQM) Specifications. Our comments specifically focus on the proposed scoring approach.

AHIMA is a global nonprofit association of health information (HI) professionals. AHIMA represents professionals who work with health data for more than one billion patient visits each year. AHIMA's mission of empowering people to impact health drives our members and credentialed HI professionals to ensure that health information is accurate, complete, and available to patients and providers. Our leaders work at the intersection of healthcare, technology, and business, and are found in data integrity and information privacy job functions worldwide.

AHIMA fully supports the inclusion of a documented assessment of a social need with domain-specific ICD-10-CM codes as an alternative path to the use of a standardized screening instrument for ASN eCQM reporting purposes. We applaud CMS' efforts to incentivize the use of ICD-10-CM codes to capture individual-level social risks. Promoting the reporting of ICD-10-CM codes for social problems and risk factors will improve the reliability and validity of coded data and produce a more accurate reflection of an individual patient encounter.

We recommend that clinician review and assessment of positive screening results be factored into the scoring criteria for the ASN eCQM measure. We disagree that "evaluation/assessment" can be excluded as a follow-up action because it is satisfied by screening. Standardized social risk screening instruments are a tool to aid providers in identifying social needs, and as a tool, they provide a mechanism for healthcare providers to gather data that allows them to assess their patients' social needs. We believe positive screening results should be followed up with a review and assessment by a member of the patient's care team in order to confirm the presence of a social need and ensure appropriate documentation of identified social needs in the patient's medical record. A more in-depth assessment following the patient's completion of a screening instrument allows for a greater understanding of specific needs and enables the development of

an individualized action plan to address these needs, taking into consideration contextual factors and patient preferences. This assessment may conclude that no further action is necessary. Therefore, we believe “evaluation/assessment” is an important follow-up step after a patient has been screened using a standardized screening instrument.

Per the *ICD-10-CM Official Guidelines for Coding and Reporting*, ICD-10-CM Z codes for social determinants of health (SDOH) are reported based on medical record documentation of a clinician involved in the patient’s care (e.g., physician, nurse, community health worker, case manager, social worker). Patient self-reported documentation, may be used to assign ICD-10-CM SDOH Z codes as long as this information is signed off by and incorporated into the medical record by a clinician or the patient’s healthcare provider. Therefore, a follow-up step involving review and assessment of positive screening results by a clinician or the patient’s healthcare provider is necessary in order to report SDOH Z codes. Also, social circumstances classified to ICD-10-CM codes outside the Z code section of ICD-10-CM (such as abuse) must be documented in the patient’s medical record by the patient’s healthcare provider (physician or any qualified healthcare practitioner who is legally accountable for establishing the patient’s diagnosis) in order for an ICD-10-CM code to be reported.

Thank you for the opportunity to comment on the development of an eCQM designed to measure screening of patients for social needs within the four domains of food insecurity, housing insecurity, utility insecurity, and transportation insecurity. If you have any questions, please feel free to contact Sue Bowman, Senior Director of Coding Policy and Compliance, at (312) 233-1115 or sue.bowman@ahima.org.

Sincerely,



Lauren Riplinger, JD
Chief Public Policy and Impact Officer