**Federal Policy Opportunity Regarding Use of Social Risk Data in Inpatient Settings**

Deadline: Friday June 17, 2022, 5pm ET

Submit comments [here](https://www.federalregister.gov/documents/2022/05/10/2022-08268/medicare-program-hospital-inpatient-prospective-payment-systems-for-acute-care-hospitals-and-the#open-comment).

Every year CMS updates rules related to how it pays for inpatient care for Medicare beneficiaries. In the [Fiscal Year 2023 Hospital Inpatient Prospective Payment System (IPPS)](https://www.cms.gov/medicare/acute-inpatient-pps/fy-2023-ipps-proposed-rule-home-page) proposed rule, which is open for comment until June 17, CMS is proposing two new social risk screening quality measures and is seeking information about use of social risk data as part of the clinical severity classification and quality measures stratification. Below is an overview of these three social risk related proposals/requests for information:

1. **New social risk screening measures for the Hospital Inpatient Quality Reporting Program**

As the rule explains, “the Hospital IQR Program is a pay-for-reporting quality program that reduces payment to hospitals that fail to meet program requirements. Hospitals that do not submit quality data or fail to meet all Hospital IQR Program requirements are subject to a one-fourth reduction in their Annual Payment Update under the IPPS.” In the FY2023 proposed rule, CMS is proposing to add two measures related to social risk screening to the IQR program:

1. “Screening for Social Drivers of Health,” which measures the percent of adult inpatient patients who are screened, on their date of admission, for at least one of the following social risks: food insecurity, housing instability, transportation needs, utility needs, and interpersonal violence. Of note, patients who opt out of screening would be excluded from the denominator for this measure.
2. “Screen Positive Rates for Social Drivers of Health,” which would be 5 measures that capture the percent of screened adults who screen positive for each of the above 5 social risks (one measure per social risk).

CMS is proposing that these measures be optional for CY 2023, and mandatory beginning with the CY 2024 reporting period. Hospitals could use the screening tool and approach of their choice. CMS welcomes comments on this proposal.

A link to the section of the rule related to these measures is [here](https://ucsfonline-my.sharepoint.com/personal/caroline_fichtenberg_ucsf_edu/Documents/Quality%20measures/b.%20Proposed%20Adoption%20of%20Two%20Social%20Drivers%20of%20Health%20Measures%20Beginning%20With%20Voluntary%20Reporting%20in%20the%20CY%202023%20Reporting%20Period%20and%20Mandatory%20Reporting%20Beginning%20With%20the%20CY%202024%20Reporting%20Period/FY%202026%20Payment%20Determination%20and%20for%20Subsequent%20Years) (“B. Proposed Adoption of Two Social Drivers of Health Measures Beginning With Voluntary Reporting in the CY 2023 Reporting Period and Mandatory Reporting Beginning With the CY 2024 Reporting Period/FY 2026 Payment Determination and for Subsequent Years”)

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1. **Use of Z codes in Medicare Severity Diagnosis-Related Groups (MS-DRG)**

CMS is seeking public comment on how the reporting of ICD-10 diagnosis codes in categories Z55-Z65 (“Z-codes”) may improve CMS’ ability to recognize severity of illness, complexity of illness, and/or utilization of resources under the MS-DRGs and how CMS could foster the documentation and reporting of Z codes.

Specific questions they would like feedback on include:

● Which specific SDOH Z codes are most likely to influence (that is, increase) hospital resource utilization related to inpatient care, including any supporting information that correlates inpatient hospital resource use to specific SDOH Z codes.

● How the reporting of certain Z codes – and if so, which Z codes - may improve CMS’

ability to recognize severity of illness, complexity of illness, and utilization of resources under

the MS-DRGs.

● Whether CMS should require the reporting of certain Z codes – and if so, which ones –

on hospital inpatient claims to strengthen data analysis.

● The additional provider burden and potential benefits of documenting and reporting of

certain Z codes in the inpatient setting, including potential benefits to beneficiaries.

● How CMS might foster the documentation and reporting of Z codes to more accurately reflect each health care encounter and improve the reliability and validity of the coded data.

● Whether codes in category Z59 (Homelessness) have been underreported and if so,

why? And how factors such as hospital size and type might impact a hospital’s ability to develop standardized consistent protocols to better screen, document and report homelessness.

● How reporting SDOH Z codes may be used to inform community health need assessment activities required by non-profit hospitals.

Read the relevant section of the proposed rule [here](https://www.federalregister.gov/d/2022-08268/p-556) (“D. Request for Information on Social Determinants of Health Diagnosis Codes”)

1. **Principles for Measuring Health Care Quality Disparities**

As part of a Request for Information related to measuring disparities in health care quality, CMS is seeking comments about selection and use of social risk factor data to use in stratifying quality measures. Specifically, CMS seeks feedback on “principles for the selection of social risk factors and demographic data for use measuring disparities, include the importance of identifying new social risk factor and demographic variables to use to stratify measures. CMS also seeks comment on the use of imputed and area-based social risk and demographic indicators for measure stratification when patient reported data are unavailable.”

Read the relevant section of the proposed rule [here](https://www.federalregister.gov/d/2022-08268/p-3230) (“4. Principles for Social Risk Factor and Demographic Data Selection and Use”)

Comments can be submitted [here](https://www.federalregister.gov/documents/2022/05/10/2022-08268/medicare-program-hospital-inpatient-prospective-payment-systems-for-acute-care-hospitals-and-the#open-comment) and must be submitted by **5pm ET on Friday June 17, 2022**.