Social Need Screening and Intervention (SNS-E)

HEDIS® Measurement Year 2024
Electronic Clinical Data Systems (ECDS) Measure

Measure Description: The percentage of members who were screened, using prespecified instruments, at least once during the measurement period for unmet food, housing and transportation needs, and received a corresponding intervention if they screened positive.

Eligible Population

Members of any age enrolled at the beginning of the measurement period.

Product Lines

Commercial, Medicaid, Medicare

Data Collection Method

Administrative (claims), Supplemental data

Exclusions

Members are excluded from the measure if they meet the following criteria:

- Members who are in hospice.

Measure Compliance (numerator)

Numerator 1 – Food Screening

Members with a documented result for food insecurity screening performed between January 1 and December 1 of the measurement period.

Numerator 2 – Food Intervention

Members receiving a food insecurity intervention on or up to 30 days after the date of the first positive food insecurity screen (31 days total).

Numerator 3 – Housing Screening

Members with a documented result for housing instability, homelessness or housing inadequacy screening performed between January 1 and December 1 of the measurement period.

Numerator 4 – Housing Intervention

Members receiving an intervention corresponding to the type of housing need identified on or up to 30 days after the date of the first positive housing screen (31 days total).

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Measure Compliance (numerator), continued

Numerator 5 – Transportation Screening

Members with a documented result for transportation insecurity screening performed between January 1 and December 1 of the measurement period.

Numerator 6 – Transportation Intervention

Members receiving a transportation insecurity intervention on or up to 30 days after the date of the first positive transportation screen (31 days total).

Food Insecurity Screenings

Eligible screening instruments with thresholds for positive findings include:

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

[1]Proprietary; may be cost or licensing requirement associated with use.

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Housing Instability, Homelessness, and Housing Inadequacy Screenings

Eligible screening instruments with thresholds for positive findings include:

Housing Instability and Homelessness Instruments	Screening Item LOINC Codes	Positive Finding LOINC Codes
Accountable Health Communities (AHC) Health- Related Social Needs (HRSN) Screening Tool	71802-3	LA31994-9, LA31995-6
American Academy of Family Physicians (AAFP) Social Needs Screening Tool	99550-6	LA33-6
American Academy of Family Physicians (AAFP) Social Needs Screening Tool – short form	71802-3	LA31994-9, LA31995-6
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
	71802-3	LA30190-5
We Care Survey	96441-1	LA33-6
WellRx Questionnaire	93669-0	LA33-6

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Housing Inadequacy Instruments	Screening Item LOINC Codes	Positive Finding LOINC Codes
Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool	96778-6	LA31996-4, LA28580-1, LA31997-2, LA31998-0, LA31999-8, LA32000-4, LA32001-2
American Academy of Family Physicians (AAFP) Social Needs Screening Tool	96778-6	LA31996-4, LA28580-1, LA31997-2, LA31998-0, LA31999-8, LA32000-4, LA32001-2
American Academy of Family Physicians (AAFP) Social Needs Screening Tool – short form	96778-6	LA31996-4, LA28580-1, LA31997-2, LA31998-0, LA31999-8, LA32000-4, LA32001-2
Norwalk Community Health Center Screening Tool [NCHC]	99134-9	LA33-6
	99135-6	LA31996-4, LA28580-1, LA31997-2, LA31998-0, LA31999-8, LA32000-4, LA32001-2

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Transportation Insecurity Screenings

Eligible screening instruments with thresholds for positive findings include:

Transportation Insecurity Instruments	Screening Item LOINC Codes	Positive Finding LOINC Codes
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
American Academy of Family Physicians (AAFP) Social Needs Screening Tool – short form		
Comprehensive Universal Behavior Screen (CUBS)	89569-8	LA29232-8, LA29233-6, LA29234-4
Health Leads Screening Panel®[1]	99553-0	LA33-6
Inpatient Rehabilitation Facility – Patient Assessment Instrument (IRF-PAI) – version 4.0 [CMS Assessment]	101351-5	LA30133-5, LA30134-3
Outcome and assessment information set (OASIS) form – version E – Discharge from Agency [CMS Assessment]	101351-5	LA30133-5, LA30134-3
Outcome and assessment information set (OASIS) form – version E – Resumption of Care [CMS Assessment]	101351-5	LA30133-5, LA30134-3
Outcome and assessment information set (OASIS) form – version E – Start of Care [CMS Assessment]	101351-5	LA30133-5, LA30134-3
Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences [PRAPARE]®[1]	93030-5	LA30133-5 LA30134-3
PROMIS®[1]	92358-1	LA30024-6, LA30026-1, LA30027-9
WellRx Questionnaire	93671-6	LA33-6

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For questions, please contact your practice management consultant. To identify your practice management consultant please refer to healthplan.org/providers/overview/meet-practice-management-consultant.

The Health Plan has a team of member advocates, health coaches, social workers and nurses who can assist you and your patients to remove or overcome any barriers to care through benefit assistance, community resource referrals or enrollment in a THP clinical program. To refer a patient who is a THP member for assistance, call ***1.877.903.7504*** *and let us know what we can do to help your patient receive and adhere to your recommended plan of care.*