



*An invitation to participate in our new*

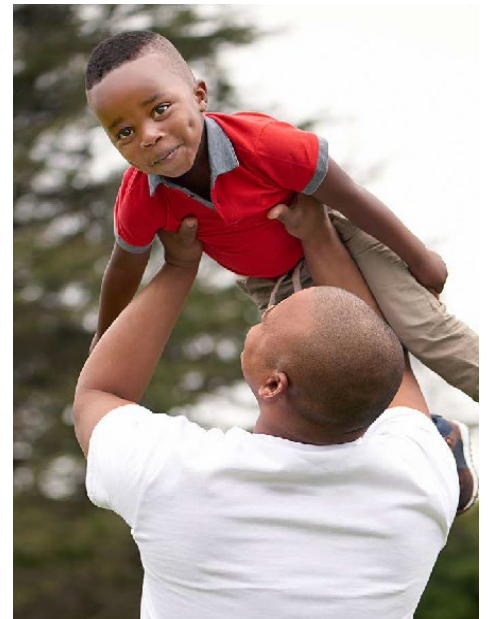
# Social Determinants of Health (SDoH) Incentive Program

## A Message for Providers

Delaware First Health appreciates the care and support you provide our members. We recognize that in addition to access to the quality health care you provide, Social Determinants of Health (SDoH) impact patient outcomes. We anticipate many practices actively document SDoH information in their patient's charts. A smaller number of practices include SDoH diagnoses on their claims.

By including SDoH diagnoses on your claims, you are providing our teams with information that allows them to identify members for additional outreach and assistance. Our team is currently focused on enhancing programs and community connections to address the SDoH diagnosis codes listed below.

To improve submission of applicable SDoH diagnosis codes on claims, Delaware First Health invites all participating primary care and pediatric providers to participate in our SDoH pilot program. No action is needed to participate. Beginning with claims processes on April 01, 2024, we will automatically calculate and pay the SDoH incentive on a quarterly basis, for paid claims processed during the quarter.



At Delaware First Health, we work to improve not only the health of our members, but also the economic and social issues that can act as barriers to proper care. Social factors, including education, social support, and poverty, can affect a person's risk factors for premature death and life expectancy. These factors are referred to as Social Determinants of Health (SDoH) needs.

Assessing the impacts of SDoH is essential to the achievement of greater health equity. The first step to improving health equity is by measuring it!



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## How it Works

To determine eligibility for the incentive, we begin by reviewing all claims with SDoH Z-codes and office visit procedure codes for services rendered in Q2. Next, we calculate the total number of unique members seen by your practice during this period. Once we have that data, we focus on identifying how many of those members had an SDoH diagnosis documented. The percentage of members with an SDoH diagnosis is then calculated by dividing the number of unique members with a Z-code by the total number of unique members seen in Q2.

If the percentage is **50% or higher**, your practice qualifies for the incentive. Providers who meet this threshold receive an additional payment equal to 20% of the total claim payment for the eligible claims.

Here's an example:

If your practice saw 200 unique members in Q2 and 120 of them had an SDoH Z-code, the percentage is:

$$\frac{120}{200} = 60\%$$

Since the percentage is greater than 50%, your practice would qualify for incentive.

Qualified providers will receive 20% of the total claim payment- Not just the service line with the Z- Code as an incentive for addressing and documenting SDoH.

### Payment Parameters:

- Payments will be made approximately 60 days after the end of the quarter for services paid during the quarter.
- SDoH payments are separate from claims or other performance payments.
- Default payment will be made by check unless you are currently enrolled in Payspan. Providers are encouraged to enroll with Payspan. For more information, please visit [www.payspan.com](http://www.payspan.com)

While our SDoH Pilot Program is focused on targeted diagnoses, we encourage providers to submit all applicable SDoH with each service they bill. Under this quarterly incentive pilot program, eligible SDoH diagnosis and CPT codes are currently limited to those indicated in the following tables.



## Eligible CPT Codes

Code	Description
99202	Office or other outpatient visit for the evaluation and management of a new patient which requires a medically appropriate history and/or examination and straightforward medication decision making.
99203	New patient office or other outpatient visit, 30-44 minutes.
99204	New patient office or other outpatient visit, 45-59 minutes.
99205	Office or other outpatient visit for the evaluation and management of a new patient which requires a medically appropriate history and/or examination and high medical decision making.
99211	Office or other outpatient visit for the Evaluation and Management (E&M) of an established patient that may not require the presence of a physician.
99212	Established patient office or other outpatient visit, 10-19 minutes.
99213	Established patient office or other outpatient visit, 20-29 minutes.
99214	office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a detailed history, a detailed examination and medical decision making of moderate complexity.
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity.
99241	Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making.
99242	Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Straightforward MDM or 20 minutes must be met or exceeded.
99243	Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Low MDM or 30 minutes must be met or exceeded.
99244	Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Moderate MDM or 40 minutes must be met or exceeded.
99245	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 55 minutes must be met or exceeded.
99381	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; infant (age younger than 1 year)
99382	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; early childhood (age 1 through 4 years)
99383	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; late childhood (age 5 through 11 years)



## Eligible CPT Codes - continued

Code	Description
99384	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; adolescent (age 12 through 17 years)
99385	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 18-39 years
99386	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 40-64 years
99387	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 65 years and older
99391	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; infant (age younger than 1 year)
99392	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; early childhood (age 1 through 4 years)
99393	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; late childhood (age 5 through 11 years)
99394	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; adolescent (age 12 through 17 years)
99395	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 18-39 years
99396	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 40-64 years
99397	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 65 years and older



## Eligible Diagnosis Codes

Code	Description
Z55	Problems related to education and literacy
Z56	Problems related to employment and unemployment
Z57	Occupational exposure to risk factors
Z58	Problems related to physical environment
Z59	Problems related to housing and economic circumstances
Z60	Problems related to social environment
Z62	Problems related to upbringing
Z63	Other problems related to primary support group, including family circumstances
Z64	Problems related to certain psychosocial circumstances
Z65	Problems related to other psychosocial circumstances

### Important Notes

Discussing SDoH with your patients is the first step in helping address social risk. After discussing, providers are encouraged to document their findings in their medical records/EMR system. Once discussed and documented, providers can include applicable SDoH diagnoses codes on their claims in addition to their primary diagnosis codes. While SDoH diagnosis codes are not generally used as primary diagnosis codes, it is still critical to the member's overall health that these diagnosis codes be included on the claim.

The incentive program is being launched as a pilot and will be evaluated at regular intervals to determine if receipt of this information supports our care management goals and/or if changes are needed to promote improved member health outcomes.

### SDoH Community Resources

Delaware First Health is committed to building strong relationships with our providers to ensure our members receive the best possible care. A critical component in providing care is making sure that both members and providers are aware and able to reach necessary community resources. We continue to offer digital assistance to search for local community resources, additional programs and support on our Delaware [Find Help website](#).

Additional important Delaware First Health contacts:

- Member Services: 1-877-236-1341 (TTY: 711), option 2
- Care Coordination: 1-877-236-1341 (TTY: 711), option 2
- **24-Hour Nurse Advice Line /Behavioral Health Crisis Line:** 1-877-236-1341 (TTY: 711), press \* to connect to the Nurse Advice/Crisis Line

As always, we welcome provider feedback to ensure we are moving forward, working together, to continue offering our members the best possible care. We would love to hear from you either by reaching out to our Provider Engagement team or via our digital [Provider Feedback Form](#) located on our website under the provider section of our website. You may use the following resource to locate your specific [Provider Engagement Administrator](#) or email [DE.ProviderEngagement@delawarefirsthealth.com](mailto:DE.ProviderEngagement@delawarefirsthealth.com) with additional questions