Social Determinants of Health: Screening Tools Update

Covering:
HEDIS Social Needs Survey (SNS-E)
Oregon Quality Incentive Metric (QIM) SDOH Metric
D-SNP Health Risk Assessment Questionnaire

Currently, the HEDIS SNS-E, Oregon QIM SDOH Metric, and D-SNP Health Risk Assessment Questionnaire all require that specific tools be used to screen for three SDoH: food, housing, and transportation.

To help providers choose from among the many screening tools available, and to assist with any Electronic Health Record (EHR) builds, we've identified three common tools (below) approved by the National Committee for Quality Assurance (NCQA) and the Centers for Medicare & Medicaid Services (CMS) that include questions covering all three required domains. We've also provided additional information on each tool in this document, along with a list of other approved tools.

Common screening tools with required questions for Oregon Medicaid SDoH Metric QIM, HEDIS SNS-E, and D-SNP Health Risk Assessment Questionnaire

Adult Screening Tools[2]	Food Insecurity	Housing Insecurity	Transportation
Accountable Health Communities (AHC)[3]	✔	✔	✔
WellRx Questionnaire	✔	✔	✔
Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE)[3]	✔	✔	✔

[1] Health plans typically conduct the screening for D-SNP.
[2] Adult screening tools may be used in pediatric populations.
[3] Tool is available in Connect Oregon.

Continued >

Social Determinants of Health (SDoH), such as food, housing, and transportation insecurity, significantly affect health outcomes. Screening for them and providing referrals or assistance to address positive findings is becoming standard healthcare practice.

Reflecting this, metric stewards, including the NCQA and state Medicaid agencies, now have metrics designed to help address SDoH. Additionally, SDoH screening is required by CMS for vulnerable populations who qualify for Medicare Dual Special Needs Programs (D-SNP[1]).

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Common screening tools: SDoH questions

Approved Screening Tools	Food Insecurity	Housing Insecurity[1]	Transportation
Accountable Health Communities (AHC)	Within the past 12 months, you worried that your food would run out before you got money to buy more. Often true Sometimes true Never true Within the past 12 months, the food you bought didn't last, and you didn't have money to get more. Often true Sometimes true Never true	What is your living situation today?[2] I have a steady place to live I have a place to live today, but I am worried about losing it in the future I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)	In the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? Yes No
WellRx Questionnaire	In the past 2 months, did you or others you live with eat smaller meals or skip meals because you didn't have money for food? Yes No	Are you homeless or worried that you might be in the future? Yes No	Do you have trouble finding or paying for a ride? Yes No
Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE)	In the past year, have you or any family members you live with been unable to get any of the following when it was really needed? Check all that apply. Food Clothing Utilities Child care Medicine or any healthcare (medical, dental, mental health, vision) Phone Other (please write) _____ I choose not to answer this question	What is your housing situation today? I have housing I do not have housing (staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, or in a park) I choose not to answer this question	Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? Check all that apply. Yes, it has kept me from my medical appointments **or** Yes, it has getting kept me from nonmedical meetings, appointments, work, or from getting things that I need No I choose not to answer this question

[1] Housing Inadequacy not included

[2] Time frames can be altered as needed

Other approved tools

HEDIS SNS-E Metric (listed by question)

Food Insecurity Instruments

- Hunger Vital Sign[1] (HVS)
- Safe Environment for Every Kid (SEEK)®
- U.S. Adult/Child/Household Food Security Surveys (multiple surveys)
- We Care (BMC Thrive)

Housing Instability and Homelessness Instruments

- Children's Health Watch Housing Stability Vital Signs™
- We Care (BMC Thrive)

Transportation Insecurity Instruments

- CMS OASIS (various tools)
- Comprehensive Universal Behavior Screen (CUBS)
- Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI)
- PROMIS

Codes by common tool for screening, positive finding, and intervention

Screening and Positive Finding Codes

Common Approved Screening Tools	Food Insecurity LOINC Codes		Housing Instability/ Homelessness LOINC Codes[1]		Transportation LOINC Codes	
	Screening	Positive Finding	Screening	Positive Finding	Screening	Positive Finding
Accountable Health Communities (AHC)	88122-7 88123-5	LA28397-0 LA6729-3	99550-6 71802-3 (short) 71802-3	LA31994-9 LA31995-6	93030-5	LA33-6
WellRx Questionnaire	95251-5	LA33-6	99550-6	LA33-6	99553-0	
Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE)	93031-3	LA30125-1	93033-9 71802-3	LA33-6 LA30190-5	93030-5	LA30133-5 LA30134-3

Intervention Codes

SDoH Intervention (Procedure) Codes	CPT Codes	Select SNOMED Codes					
Food Insecurity	96156 97802 96160 97803 96161 97804	1759002 61310001 103699006	308440001 385767005 710824005	710925007 711069006 713109004	1002223009 1002224003 1002225002	1004109000 1004110005 1148446004	1230338004 1162436000
Housing Insecurity/ Homelessness	96156 96160 96161	308440001 710824005 711069006	1148446004 1148447008 1148812007	1148814008 1148817001 1148818006	1156869006 1162436000 1162437009	1230338004	
Transportation	96156 96160 96161	308440001 710824005 711069006	1148446004 1162436000 1230338004				

[1] Housing Inadequacy questions are not included

SDoH screening and referral declines

Patients who decline SDoH screening or referral are not included as denominator exceptions for the HEDIS SNS-E metric, so there are no associated codes for such patients in the tables. These exceptions *are* included in the QIM metric. As of December 2024, the Oregon Health Authority had not provided guidance regarding codes to use for declinations.

Resources

Common screening tools with required questions for Oregon Medicaid SDoH Metric QIM, HEDIS SNS-E, and D-SNP Health Risk Assessment Questionnaire

Accountable Health Communities (AHC)
PacSrc.co/AHC

WellRx Questionnaire
PacSrc.co/WellRx-toolkit

Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE)
PacSrc.co/PRAPARE

Other approved tools

Hunger Vital Sign
PacSrc.co/Hunger-Vital-Sign

Safe Environment for Every Kid (SEEK)
PacSrc.co/SEEK

US Adult/Child/Household Food Security Surveys
PacSrc.co/survey-tools

We Care (BMC Thrive)
PacSrc.co/BMC-thrive

Housing Stability Vital Sign
PacSrc.co/housing-stability-screening

Comprehensive Universal Behavior Screen (CUBS)
PacSrc.co/CUBS

Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI)
PacSrc.co/IRF-PAI

PROMIS
PacSrc.co/PROMIS

OHA-approved Social Needs Screening Tools
PacSrc.co/social-needs-screening-tools

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