

Social Determinants of Health: Reporting and Submission Instructions

Version 2.1

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Social Determinants of Health: Reporting and Submission Instructions

Contents

New in This Version	1
Overview	1
Provider Set Up Tasks	1
Form Completion	2
The Importance of File Naming Conventions	7
File Naming Requirements	7
Resubmissions	9
Submission Steps for Providers	11
Communicating File Processing Information	14
Summary	15
Appendix	16
Data Formatting	16
File Structure	17
Process Flow Diagram	18

Social Determinants of Health: Reporting and Submission Instructions

This document contains instructions for providers who will be reporting and submitting data to CABHC about financial assistance and resources provided to address individuals' Social Determinants of Health (SDoH). This document can also be found online at <https://www.cabhc.org/resources/provider-reporting/>.

New in This Version

The process for reporting on SDoH has been updated as follows:

1. The validation process for MA IDs has been updated to allow for the entry of a valid 10-digit MA ID for individuals known to be either currently or previously eligible for Medicaid in a County other than a CABHC County. Providers may also continue to enter the placeholder 9 identifier. Either option is acceptable.

The Reporting Instructions in the template have been updated to reflect this change. There are no structural changes to the SDoH Reporting Form in the template.

Overview

CABHC is working with ACA to manage the overall process of receiving and processing information received from providers, and will be using a product called Sync. Sync is a secure cloud storage solution that allows users to manage files from external sources, such as providers, via an end-to-end encrypted process. Providers do not need to purchase Sync to use it. Designated staff will be using links emailed to them by CABHC to upload files to the CABHC Sync web portal. ACA will then retrieve and process these files via an automated mechanism. Please note that the file includes protected health information (PHI) and, to maintain compliance with HIPAA guidelines, CABHC will only accept files submitted via Sync. Do not transmit any files via encrypted or unencrypted email.

Provider Set Up Tasks

Providers need to complete the following set up tasks to participate in the file sharing process:

1. Identify all providers that will be submitting files participating and their specific service location as follows, and share this list with CABHC:
 - a. FQHCs by the 13-digit PROMISE™ ID of each specific service location
 - b. Community Based Organizations (CBOs) not enrolled as Medicaid providers by their 9-digit tax ID
 - c. Counties will be identified by the 13-digit PROMISE™ ID used for Capitation purposes, which is already available to ACA and CABHC
2. Designate staff who will be responsible for submitting files to CABHC and provide their contact information to CABHC
3. Keep both the service location and staff lists current with CABHC staff

Social Determinants of Health: Reporting and Submission Instructions

Form Completion

Providers will be using Excel spreadsheets to report and submit data to CABHC. The spreadsheet template is designed to standardize the data, so it can be read and processed by ACA’s automated process.

Social Determinants of Health (SDoH) Reporting Form							
Provider Name							
Site Location							
Provider ID							
Month							
Date of Submission							
Version	1.0						
Last Name	First Name	MA ID (aka CIS #)	Date of Birth	Date of SDoH Access	SDoH	CBO	Funding Amount

The Reporting Form has two parts, the header and the body. The header is at the top of the Reporting Form and will be used to record the following information:

1. Provider Name – Select the name of the FQHC Clinic as identified in the PerformCare contract, Community Based Organization (CBO) as recognized by CABHC, or County, from the dropdown
2. Site Location – Once the Provider Name has been selected the Site location address will be automatically populated. NOTE: Services must be reported at the location where the member received financial assistance to address SDoH. If a member accesses financial assistance to address SDoH at more than one location, separate forms must be submitted for each location.
2. Provider ID – Once the Provider Name has been selected, the 13-digit identifier will be automatically populated as follows:
 - FQHCs – The 13-digit PROMISE™ ID of the FQHC Clinic location
 - CBOs – The 9-digit Tax ID of the CBO, with 4 zeros appended at the end to create a 13-digit identifier
 - Counties – The 13-digit PROMISE™ ID used for Capitation purposes

NOTE: The Provider ID must be a 13-digit number to be accepted. The dropdown ensures that this requirement is met; providers will not have to do anything so long as the value in the dropdown is not overwritten. However, if data is entered via another method that causes the dropdown to be overwritten, providers using Tax IDs will have to ensure that the identifier in this field contains 13 digits by adding 4 zeros to any 9-digit Tax ID to create a 13-digit number.

3. Month – enter the month and year for services rendered using format MM/YYYY. Providers should submit one form per month listing all services rendered to all recipients during that month – do not submit separate forms for each recipient
4. Date of Submission – enter the date the file is being submitted using format MM/DD/YYYY

The form has built-in checks that will prevent common data entry mistakes. For example, if numbers are transposed while entering a date, an error will be displayed and the data will not be accepted.

Social Determinants of Health: Reporting and Submission Instructions

Social Determinants of Health (SDoH) Reporting Form			
Provider Name			
Site Location			
Provider ID			
Month	54/21		
Date of Submission			
Version	1.0		
Last Name	First Name	MA ID (aka CIS #)	

Microsoft Excel

✘ Month must be entered as a valid date (e.g. 10/31/2021)

Below the header is the body of the form. This is where all service information will be entered. Each encounter should be recorded on its own line as follows:

1. Last Name – enter the recipient’s last name as indicated on the person’s Medicaid enrollment information
2. First Name – enter the recipient’s first name as indicated on the person’s Medicaid enrollment information
3. MA ID (aka CIS #) – enter the recipient’s 10-digit Medical Assistance ID (include the validation digit). NOTE: The MA ID is also called the recipient CIS #. This number consists of the 9-digit ID plus a 10th digit that is a validation digit. It’s best for Providers to enter all 10 digits if available, but if only 9 digits are available, enter those 9 and ACA will calculate the 10th validation digit for known recipients during processing

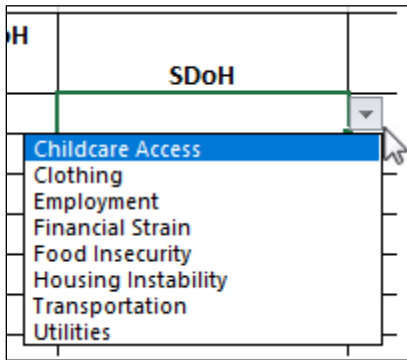
For any recipient known to have never been eligible for Medicaid in any County, providers should enter ten 9s as a placeholder identifier for the MA ID: 9999999999.

For recipients known to be either currently or previously eligible for Medicaid in a County other than a CABHC County, providers may enter the individual’s valid 10-digit MA ID if known, or they may enter the placeholder 9 identifier. Either option is acceptable.

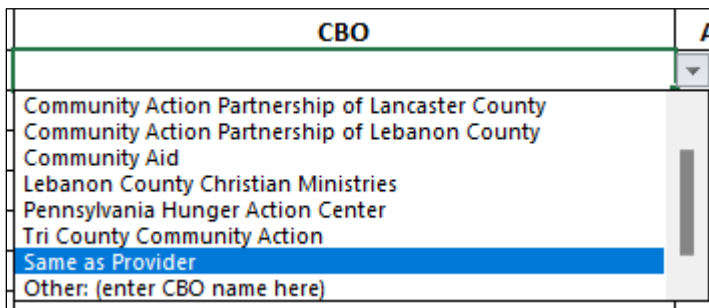
Providers should not use the placeholder 9 identifier as a substitute for the recipient MA ID if the individual is known to be either currently or previously eligible for Medicaid in a CABHC County.

4. Date of Birth – Enter the recipient’s date of birth as MM/DD/YYYY
5. Date of SDoH Access – enter the date the recipient accessed the SDoH – each SDoH must be recorded on its own line, even if more than one SDoH is accessed on the same date by the same recipient
6. SDoH – Select one SDoH category from the dropdown list:

Social Determinants of Health: Reporting and Submission Instructions



7. CBO – Select from the list the name of the Community Based Organization (CBO) that provided the recipient with the identified SDoH. NOTE: If your organization provided the recipient with the resources to obtain the SDoH from another entity that is not a CBO (for example gift cards to purchase food or clothing), and your organization is not listed in the CBO dropdown, select “Same as Provider”.

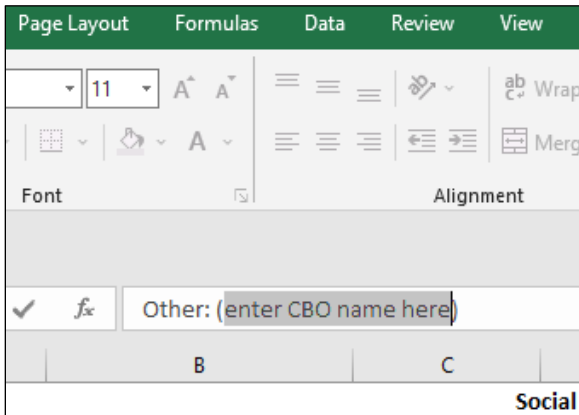


8. If your organization used a new CBO that is not in the list but should be, you can add it manually. NOTE: A manually added CBO will only be saved in that file. For a new CBO to be available in the dropdown all the time, the template must be updated and redistributed. To add a CBO, select “Other: (enter CBO name here)” from the cell’s dropdown:

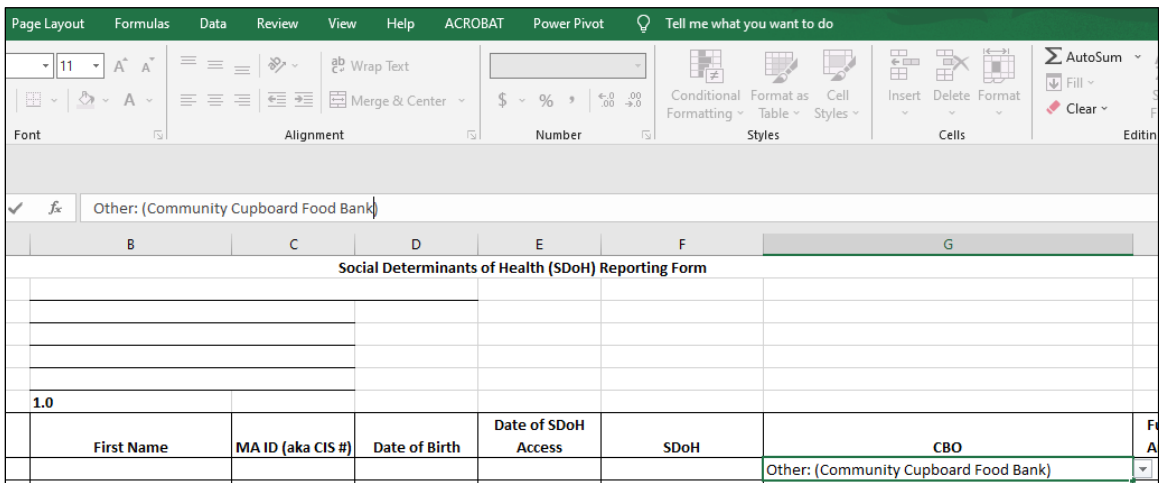


Then, go to the Formula bar at the top of the window, and highlight the text in “()”

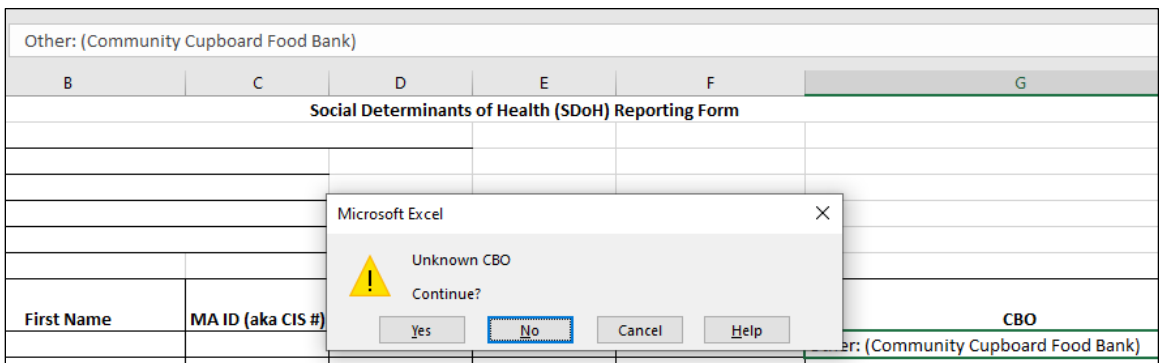
Social Determinants of Health: Reporting and Submission Instructions



and type the name of the CBO between the (), as shown here, without overwriting the word "Other":



When you press enter, a message will be displayed asking to confirm the entry of an unknown CBO and Continue:



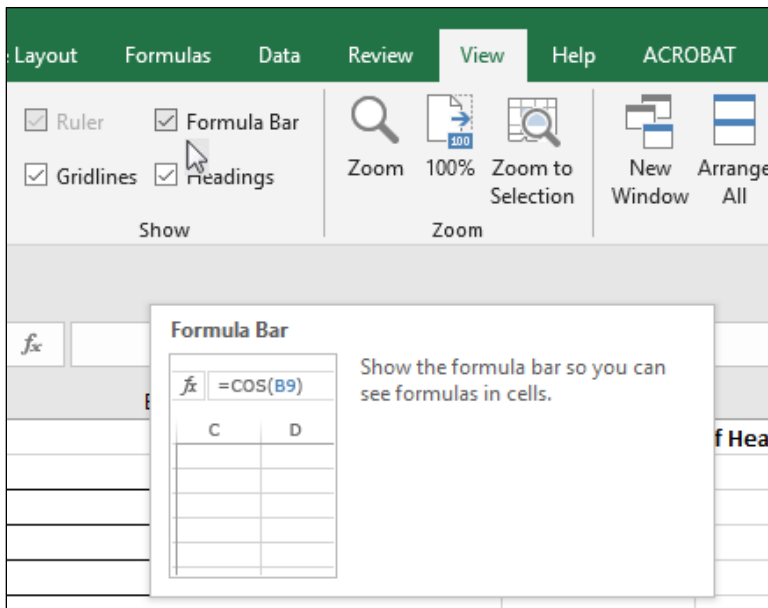
Social Determinants of Health: Reporting and Submission Instructions

Click Yes, and the entry will be recorded in the CBO cell

Reporting Form		
SDoH	CBO	Fu Ar
	Other: (Community Cupboard Food Bank)	
		▼

NOTE: When choosing Other, the CBO name must be entered, or else an error will occur on the service line when the file is processed. If there is a CBO not in the dropdown that you use often, ACA will revise the dropdown to add it, and a new version of the template will be distributed.

If the Formula bar is not displayed in your Excel window, go to the View tab in the ribbon and click the Formula Bar checkbox.



- Funding Amount – Indicate the amount of funds paid to the CBO for the identified SDoH. This field is formatted as currency. Only numbers are acceptable, but the numbers can be entered in any format.

NOTE: It’s important to complete all required columns for each SDoH. Also, do not try to change the names of columns, or to add or delete any columns.

Social Determinants of Health: Reporting and Submission Instructions

The Importance of File Naming Conventions

ACA will be using an automated process to handle and extract data from provider files. This automated process relies on files being named according to precise specifications. If a file isn't named correctly, it won't be recognized by the automated process.

File Naming Requirements

Excel workbooks submitted for reporting Social Determinants of Health must follow this naming convention to be recognized by ACA's automated process:

FQHCs

- SDH#####CFYYYYMM
 - where "SDH" is constant;
 - ##### is the same 13-digit PROMISE™ ID of the provider service location as contained in the Provider ID field in the header of the report;
 - "CF" is constant; and
 - YYYYMM is the reporting year and month (the dates of service on all encounters in a file must fall within the reporting year and month specified in the file name)
- For example, SDH0123456780001CF202101.xlsx is the correct name for the Excel workbook submitted by a provider with the PROMISE™ ID 0123456780001 for reporting dates of service in the month of January, 2021

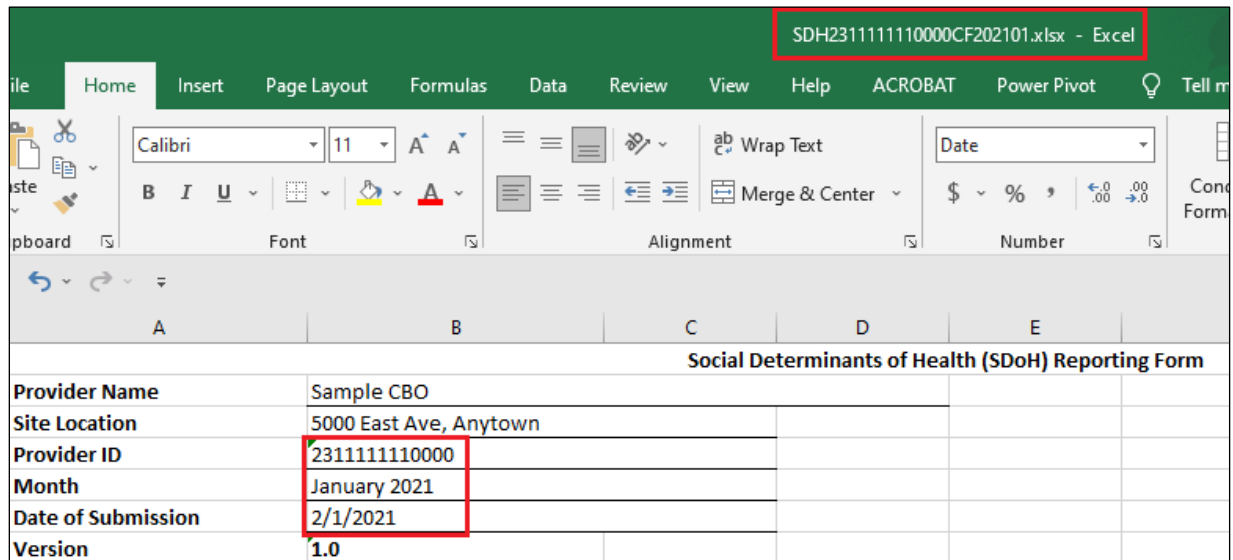
Social Determinants of Health (SDoH) Reporting Form				
Provider Name	Sample Provider			
Site Location	123 Main St Anytown			
Provider ID	0123456780001			
Month	January 2021			
Date of Submission	2/1/2021			
Version	1.0			

CBOs

- SDH#####CFYYYYMM
 - where "SDH" is constant;
 - ##### is the same 9-digit tax ID of the Community Based Organization (CBO) followed by 4 zeros to create a 13-digit number as contained in the header of the report;

Social Determinants of Health: Reporting and Submission Instructions

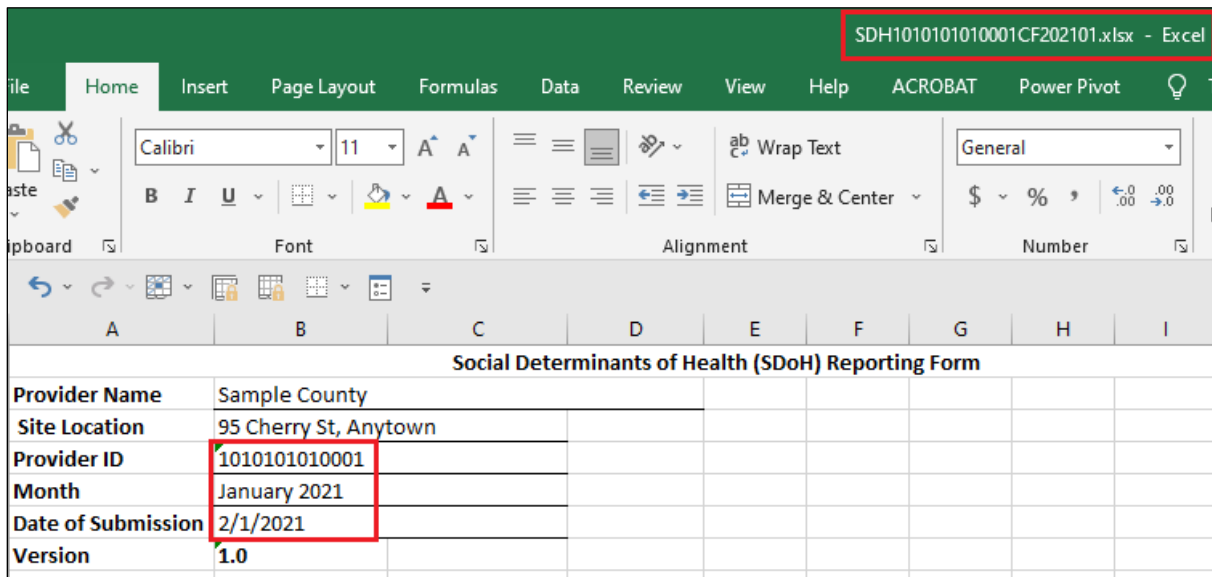
- "CF" is constant; and
- YYYYMM is the reporting year and month (the dates of service on all encounters in a file must fall within the reporting year and month specified in the file name)
- For example, SDH2311111110000CF202101.xlsx is the correct name for the Excel workbook submitted by a Community Based Organization (CBO) with the tax ID 231111111 for reporting dates of service in the month of January, 2021



Counties

- SDH#####CFYYYYMM
 - where "SDH" is constant;
 - ##### is the same 13-digit PROMISe™ ID as contained in the Provider ID field in the header of the report;
 - "CF" is constant; and
 - YYYYMM is the reporting year and month (the dates of service on all encounters in a file must fall within the reporting year and month specified in the file name)
- For example, SDH1010101010001CF202101.xlsx is the correct name for the Excel workbook submitted by a County with PROMISe™ ID 1010101010001 for reporting dates of service in the month of January, 2021.

Social Determinants of Health: Reporting and Submission Instructions



If a provider wishes to submit services rendered during more than one month, they must submit separate files for each month, with the name of each file corresponding to the year and month of the encounters contained in that file.

- For example, if a provider missed their January submission and accumulated unreported encounters spanning two months (e.g., January and February), they would need to submit two files in February; one file for services that were rendered in January with the name ending in the digits '01', and another file for services rendered in February with the name ending in the digits '02'

Resubmissions

A file cannot be changed by anyone once it is submitted; the provider, CABHC or ACA. If it is necessary to correct or update a previously submitted file, the provider should submit the revised version using the **same file name** as the original, and with an updated Date of Submission on the spreadsheet. NOTE: If a provider needs to resubmit a file and wants to keep separate versions for their own records, they can save those versions, using a naming configuration that is determined by the provider. However, the name of the file resubmitted to CABHC must **always match** the original file name, so the automated process will know to overwrite the original file.

If a provider needs to correct an existing encounter already submitted, they should:

1. Open the previously submitted file
2. Correct the existing encounter
3. Leave all the remaining encounters as is
4. Change the Date of Submission on the spreadsheet to the current date
5. Save the file with the same name as before
6. Resubmit the file via Sync

If a provider needs to add encounters for a month, they should:

1. Open the previously submitted file

Social Determinants of Health: Reporting and Submission Instructions

2. Add the additional encounters
3. Leave all the remaining service lines as is
4. Change the Date of Submission on the spreadsheet to the current date
5. Save the file with the same name as before
6. Resubmit the file via Sync

Suppose the FQHC in the previous example needs to correct their submission for services rendered in January 2021. The original file was submitted on February 1, 2021, with file name SDH0123456780001CF202101.xlsx, and a Date of Submission of 02/01/2021 on the spreadsheet.

The FQHC submits another file for January services rendered on March 15, 2021. They would use the same file name, SDH0123456780001CF202101.xlsx, and enter the Date of Submission 03/15/2021 in the header of the spreadsheet.

Social Determinants of Health (SDoH) Reporting Form	
Provider Name	Sample Provider
Site Location	123 Main St Anytown
Provider ID	0123456780001
Month	January 2021
Date of Submission	3/15/2021
Version	1.0

And, for the CBO in the previous example resubmitting a file on March 15, 2021, the Date of Submission and file naming would be as follows:

Social Determinants of Health: Reporting and Submission Instructions

Social Determinants of Health (SDoH) Reporting Form	
Provider Name	Sample CBO
Site Location	5000 East Ave, Anytown
Provider ID	231111110000
Month	January 2021
Date of Submission	3/15/2021
Version	1.0

Finally, for the County in the previous example resubmitting a file on March 15, 2021, the Date of Submission and file naming would be as follows:

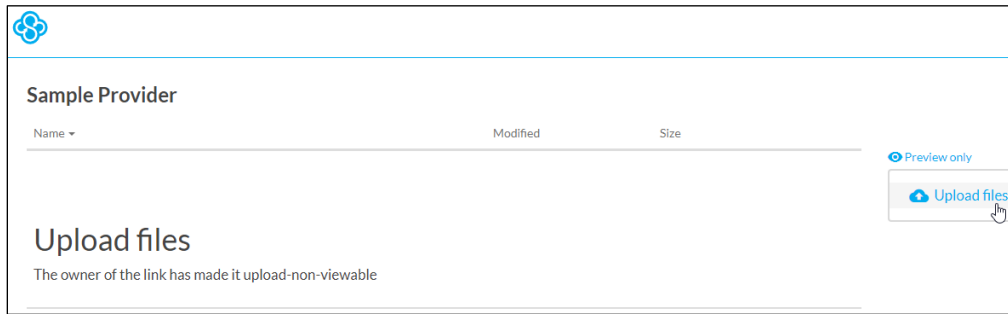
Social Determinants of Health (SDoH) Reporting Form	
Provider Name	Sample County
Site Location	95 Cherry St, Anytown
Provider ID	101010100001
Month	January 2021
Date of Submission	3/15/2021
Version	1.0

For any given reporting month, the report with the latest submission date will replace any previously submitted service lines for the same reporting month.

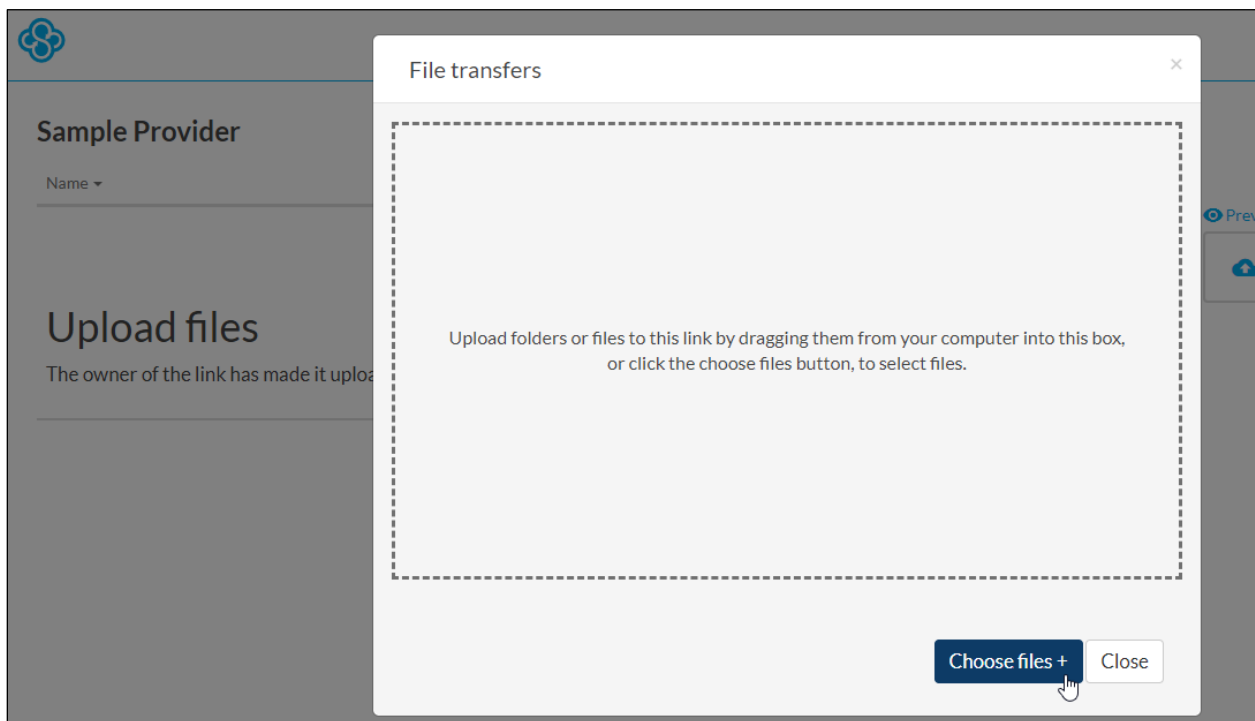
Submission Steps for Providers

CABHC will create and send a link to designated provider staff. When the provider staff clicks the link, they will have access to their Sync folder.

Social Determinants of Health: Reporting and Submission Instructions

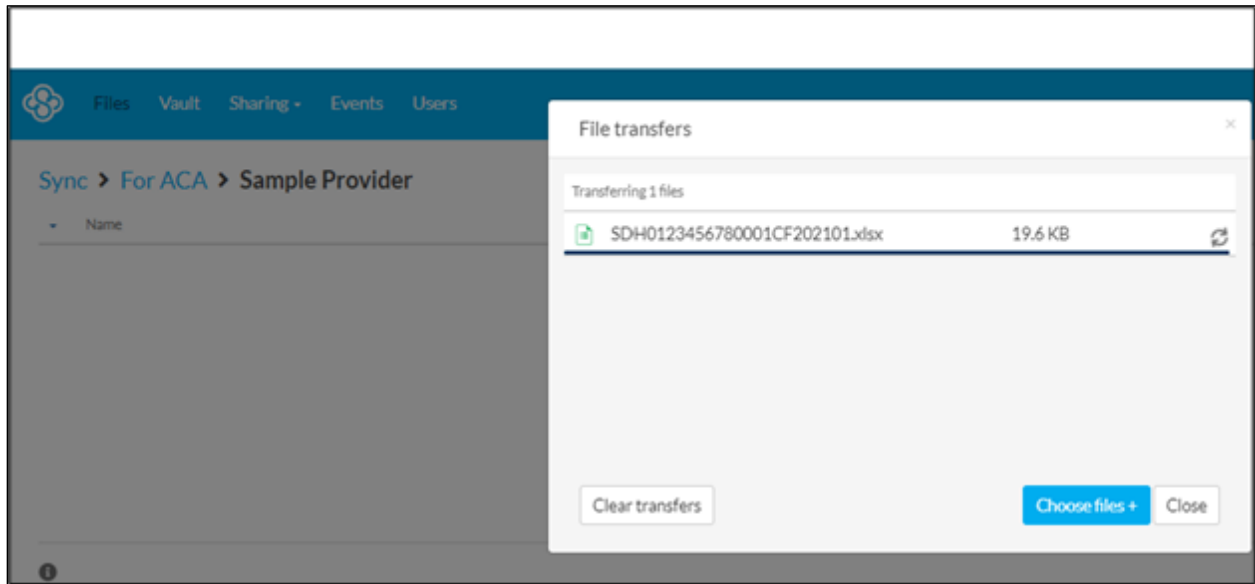


The provider staff can then click Upload files and choose the file to upload.



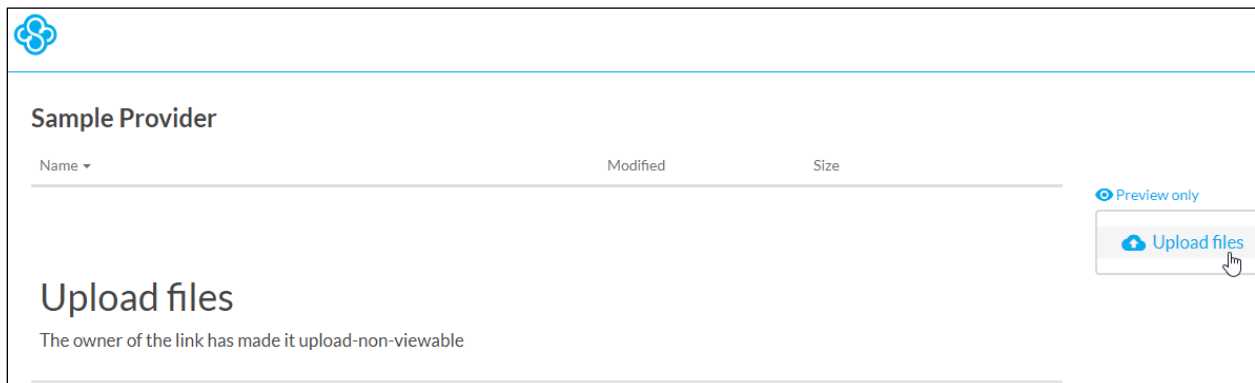
Sync will display the name of the file being uploaded in the File transfers window.

Social Determinants of Health: Reporting and Submission Instructions



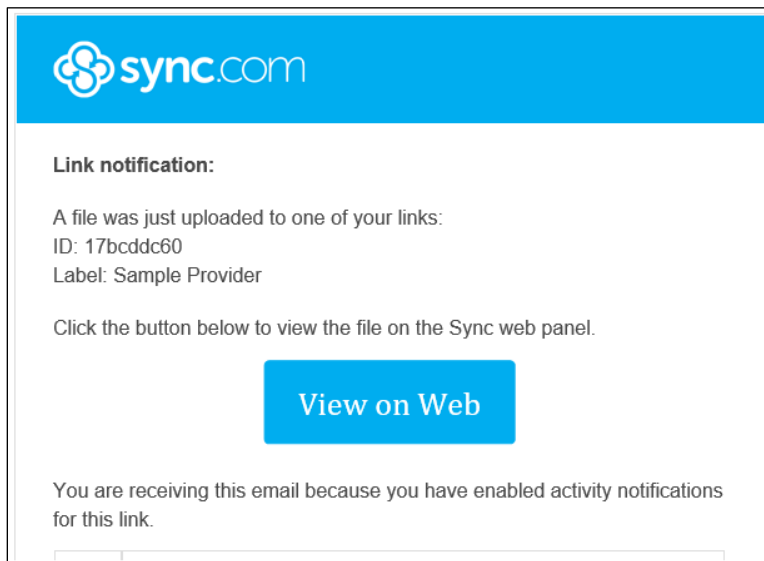
Once the file has finished uploading, the provider staff can choose another file to upload if necessary, or click the Close button. Once they click Close, they WILL NOT see the file(s) in the folder.

Since files are no longer visible in the provider folder once uploaded, the same link can be reused for different provider staff. For example, in the case of staff turnover, the same link can be used by the new staff as was used by the former staff.

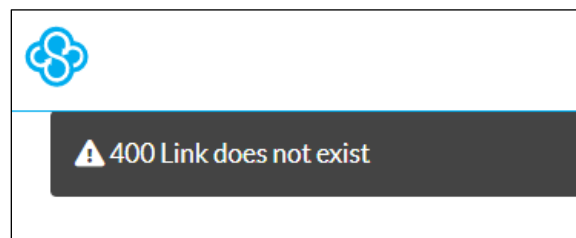


CABHC will receive a notification email when a file has been uploaded.

Social Determinants of Health: Reporting and Submission Instructions



If the provider staff tries to use a link that has expired or been deleted, they will receive an error. If this occurs, the provider should contact CABHC to receive a new link.



Communicating File Processing Information

There are several types of problems that may occur with the processing of provider files:

1. A file does not conform to naming conventions, and so isn't recognized by the ACA automated process. In this situation, the file is not processed at all. CABHC staff will communicate these issues to the provider. The provider will need to correct the problem and resubmit the file.
2. There is an issue in the file header information (e.g., Reporting Month, Submission Date, Provider identifier, etc.) that prevents the service line information in the body of the file from being processed. CABHC staff will communicate these issues to the provider. The provider will need to correct the problem and resubmit the file.
3. There are errors among the service lines reported in the file (e.g., unknown recipient; illogical date; duplicate record, etc.). These errors would not prevent the overall processing of the file.

For each file that is processed, ACA's system will generate reports for CABHC, who may share them with providers. These reports will summarize the file processing and any errors to be corrected.

Social Determinants of Health: Reporting and Submission Instructions

Summary

The flowchart shows the overall process flow between CABHC, the provider and ACA. The vast majority of tasks will be handled by CABHC and ACA. The provider will be responsible for uploading files to Sync via the links they receive, interacting with CABHC as needed in the event of file or data problems, and resubmitting files if needed.

Social Determinants of Health: Reporting and Submission Instructions

Appendix

Following is additional information about formatting and file structure for providers using a method other than direct entry to input data.

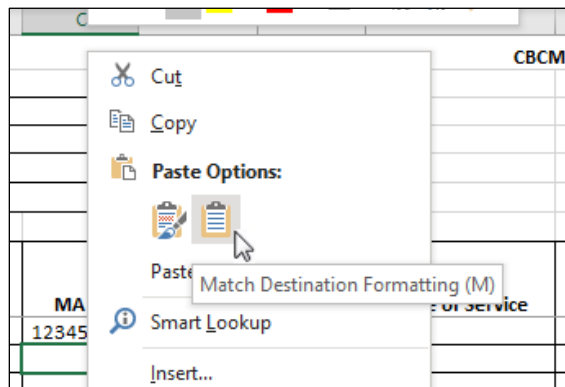
Data Formatting

Provider ID

This cell is formatted to be automatically populated with the 13-digit identifier of the Provider once the Provider Name is chosen. If data is entered via another method that causes the dropdown to be overwritten, this field must be configured so that the leading zeros (0s) for any ID is retained, and 4 zeros are appended to any 9-digit Tax ID to create a 13-digit number.

MA ID (aka CIS #)

This cell is formatted as text, which ensures that an ID with a zero (0) as the first one or two digit(s) will be displayed correctly. For those who are using copy/paste from another document to input data, matching the destination formatting of the template will ensure that the leading zero (0) for an ID will not be lost.



For those exporting data from an Electronic Medical Record (EMR) system, the export process must be configured to ensure that the leading zero (0) for any ID is retained.

NOTE: It is recommended that providers do not copy and paste directly from PROMISE™ into the template, as this is known to overwrite the format of the field. For example, if providers are looking up MA IDs in PROMISE™, they should type the MA ID into the template. If the same recipient has multiple services, they may then copy and paste the MA ID within the template, as this will not overwrite the format.

Dates

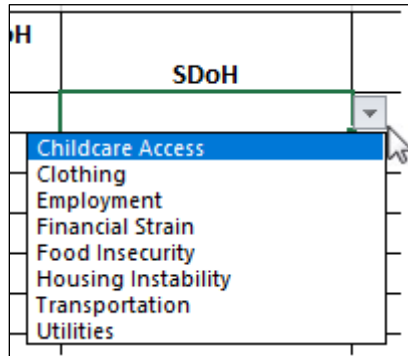
Dates must be formatted as follows:

- Date of Submission, Date of Birth and Date of Service must be formatted MM/DD/YYYY
- Reporting Month must be formatted MM/YYYY

Social Determinants of Health: Reporting and Submission Instructions

SDoH

SDoH is formatted as a dropdown. If pasting data from another source, the dropdown formatting could be overwritten. However, in order for data to be captured and analyzed completely, each SDoH must match what is displayed in the dropdown, even if pasted from another source. For example, “Job” would not be an acceptable value for “Employment”.



CBO

CBO is also formatted as a dropdown with the ability to enter a choice not shown in the list. To do so, select Other: (enter Other CBO Name) and then type the name of the CBO. NOTE: Providers should attempt to identify the CBO from the dropdown list first, and only use the “Other” option if those efforts fail. This will allow CABHC to more accurately report on each CBO.

Funding Amount

This field is formatted as currency. Only numbers are acceptable in this field, but the numbers can be entered in any format.

File Structure

The file structure must be maintained as it exists in the template. Altering the structure by changing the name of any existing tabs (worksheets) or adding additional tabs will prevent the file from being recognized by the automated process.

Also, a separate file must be submitted for each service month and location, as described in [The Importance of File Naming Conventions](#).

Social Determinants of Health: Reporting and Submission Instructions

Process Flow Diagram

