NC InCK Alternative Payment Model (APM) Data Companion Guide for Providers

Housing Instability and Food Insecurity

Measure at a Glance

Measure Name	Screening for Housing Instability and Food Insecurity
Measure Abbreviation	N/A
Measure Type	Process
Data Source	Claims Data
Measure Description	% of NC InCK-attributed children who have been screened for housing- and food-related needs by a provider.
Numerator	# of children with a food and housing screening code documented in claims data during the measurement year.
Denominator	Children 0-20 years old with continuous enrollment in Medicaid for at least 90 days and at least one visit with a primary care provider in the measurement year.

Measure Name	Housing Instability Rate
Measure Abbreviation	N/A
Measure Type	Process
Data Source	Claims Data
Measure Description	% of NC InCK-attributed children who have been identified as having a housing-related need during a provider screening.
Numerator	# of children with positive housing screening codes documented in claims data during the measurement year.
Denominator	Children 0-20 years old with continuous enrollment in Medicaid for at least 90 days and at least one visit with a primary care provider in the measurement year.

Measure Name	Food Insecurity Rate
Measure Abbreviation	N/A
Measure Type	Process
Data Source	Claims Data
Measure Description	% of NC InCK-attributed children who have been identified as having food-related needs during a provider screening.
Numerator	# of children with positive food screening codes documented in claims data during the measurement year.
Denominator	Children 0-20 years old with continuous enrollment in Medicaid for at least 90 days and at least one visit with a primary care provider in the measurement year.

Note: The billing codes used to capture housing and food screening data were opened in September 2022

Housing Instability and Food Insecurity: Clinical and Public Health Significance

Housing instability causes major disruptions to a child's life and can result in negative outcomes related to health, education, and interpersonal relationships. Frequent moves may lead to challenges in maintaining continuous health insurance coverage or developing relationships with a trusted medical provider. Living in substandard housing might also expose children to mold, toxins, and vermin that might cause or exacerbate chronic health conditions.

Food insecurity impacts several health domains, including developmental trajectories, cognitive performance, social-emotional health, and physical health. Experiencing food insecurity at any age puts children at risk for poor health outcomes that can continue into adulthood. In particular, the "first 1,000 days" from the prenatal period through a child's second birthday are a critical window of growth and brain development; food insecurity during this time can be particularly harmful.

Why does this measure matter to NC InCK?

Social factors outside of the traditional healthcare setting are the main drivers of poor child health outcomes. Addressing these factors is central to the NC InCK model of improving the health and well-being of children and families. Knowledge of housing instability and food insecurity status will help NC InCK providers, Family Navigators, and other NC InCK team members to work together to focus on the specific challenges that children and families might face.

How will this data be measured?

The data for these measures are captured using non-reimbursable codes. For the Housing Instability and Food Insecurity Screening, the following HCPCS codes are used:

> **G9919**: Screening Performed and Positive and Provision of Recommendations*
>
> **G9920**: Screening Performed and Negative
>
> **G9921**: Screening Performed Without Recommendations (this code does not count toward the numerator of the screening measure)

For the Housing Instability Rate, the combination of either the G9919 or G9921 codes AND the following ICD-10 Z-codes are required to place a child in the numerator for the rate.

> **Z59.00** – Homelessness, Unspecified
>
> **Z59.1** – Inadequate Housing**
>
> **Z59.89** – Other problems related to housing and economic circumstances

For the Food Insecurity Rate, the combination of either the G9919 or G9921 codes AND the following ICD-10 Z-codes are required to place a child in the numerator for the rate.

> **Z59.41** – Lack of adequate food

* Code G9919 indicates that resources were offered. G9919 can be used whether or not a family accepts help/resources.

** Code Z59.1 was updated in April 2023. More information can be found in the March 30, 2023 provider [bulletin](#).

Providers are [highly encouraged, but not required](#) to use the NC DHHS social determinants of health (SDOH) [screening questions](#) for food and housing.

What data will I be receiving on this measure for the NC InCK APM?

In Summer 2023, Prepaid Health Plans (PHPs), Clinically Integrated Networks (CINs), and Advanced Medical Homes (AMHs) will receive data on this measure for calendar year 2022. CINs will be expected to share member-level data with AMHs. In future years, data from the performance year will be provided on an annual basis. These first reports are shared for awareness and will not be tied to quality payments until performance year 2023.

Your CIN will receive member-level information, generated by the Department, indicating whether a screening was conducted for each NC InCK member. CINs will calculate the percentage of the AMH's population that received a food and housing screening. CINs will also calculate AMH-level rates for both food insecurity and housing instability which will be shared for awareness only. Payment will be based on an AMHs' performance, pooled across PHPs. CINs will distribute member-level information and quality performance rates to each AMH. The member-level information will also include numerator and denominator indicators, demographic information, and billing provider information so that CINs and practices can use the data as a tool to support further opportunities for action.

How should I interpret the data I receive?

The billing codes used to capture housing instability and food insecurity screening for the NC InCK APM were implemented in September 2022, so there is no reliable baseline available yet. The APM measure includes screenings conducted at the provider level only; health-plan-administered screenings are not included in the measure.

How is this data linked to quality payments?

In order to earn incentive payments, an AMH must meet the following targets for the Screening for Housing Instability and Food Insecurity measure. These targets were set by the NC InCK External APM Workgroup that included representatives from PHPs, CINs, NC Medicaid, physicians, and NC InCK staff. Please note that this measure will not be tied to quality payments until performance year 2023, with the data shared in 2024.

Tier 1 (50% Quality Payment)	Tier 2 (75% Quality Payment)	Tier 3 (100% Quality Payment)
Documented on 20% of panel	Documented on 40% of panel	Documented on 60% of panel

There are no incentive payments tied to the housing and food insecurity rates. Those measures are being shared for awareness only throughout the course of the NC InCK APM.

How can I improve my practice's performance on this measure?

The list below is a menu of options that have been used in different settings. Different interventions may work for different patient groups and different clinic settings.

- Educate and engage all members of the clinical team on the importance of the screenings and determine the best opportunity for screening within the visit workflow.
- Update EHRs to include prompts for screening.
- Work with your billing team members to ensure that non-reimbursable G codes are being submitted on Medicaid claims.
- Provide a referral menu that is offered to all caregivers, regardless of screening, which has been shown to increase identification of families in need to support and increase likelihood of positive screenings in future visits (Bottino et al.; 2017)

> **TIP:** Focus specifically on how to engage families in trauma-informed and culturally aware conversation.
> A family's journey to food and housing support is a very personal experience. Each family's perception of support networks is influenced by a number of factors, including their own life experiences, culture, family dynamics, where they live, what languages they speak, and their prior experiences with the medical system and government programs. As you build relationships with families, consider how conversations about food and housing support may be affected by how you approach the conversation and the significance of factors such as fear and shame.

Although achieving the current measure benchmark only requires screening, appropriate follow-up after a positive screening is critical to supporting children and families. NC InCK has compiled several resources for providers who want to improve their ability to address food- and housing-related needs, including the NC InCK Food and Housing Resource List. In future years of the NC InCK APM, NC InCK anticipates adjusting this measure so that the numerator only includes screenings that were accompanied by a follow-up action or provision of resources.