

Using Z Codes to Analyze Social Determinants of Health for Dually Eligible Beneficiaries

Questions and Answers

This document captures the questions posed and answers provided during the presentation on this topic held on August 18, 2020. If you have further questions, please do not hesitate to contact the SDRC Support Team. Questions can be submitted via email to SDRC@Econometricalnc.com or by phone at (877) 657-9889.

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Question Number	Question	Answer
1	Where can I locate the 2020 Centers for Medicare & Medicaid Services (CMS) Quality Conference materials?	All conference presentations and materials can be located at https://www.CMSQualityConference.com . The “Addressing the Social Determinants of Health under Medicaid” slide deck is located in the “Day 2” folder, available at https://www.cmsqualityconference.com/myqualcon/conference-archived-presentations/ .
2	Where can I locate the Chronic Conditions Data Warehouse (CCW) data dictionaries?	The CCW record layouts and codebooks can be located on the CCW website for historic Parts A and B, Master Beneficiary Summary File (MBSF), Assessments, and Medicare-Medicaid Linked Enrollee Analytic Data Sources (MMLEADS) data.
3	What is included in the “other specified problems related to psychosocial circumstances” in the pie chart on slide 23 of the presentation?	In this pie chart, “other psychosocial circumstances” include (but are not limited to) problems related to upbringing, employment, and education/literacy.
4	Can my state Medicaid agency request Medicare data for behavioral health initiatives?	Absolutely. CMS has approved use justifications that support state’s behavioral health initiatives. For an example, please review Massachusetts’ August 2019 webinar, posted on the SDRC Assistance website.
5	Can I use SQL to analyze Z codes using Medicare and Medicaid datasets?	Yes. We have an on-demand tutorial located on the SDRC Assistance website, which explains how states can merge Medicare and Medicaid data via SQL. If you need one-on-one assistance, please upload a data sample to the web portal and SDRC’s data experts can provide you with tailored guidance.
6	Will Medicare Advantage encounter data be made available to states through SDRC in the future?	CMS has not announced additional releases of encounter data at this time. If encounter data becomes publicly available, SDRC will provide an announcement via the SDRC Public Website.

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7	Are Z codes also available for Medicaid claims data? Or for Medicare Advantage encounter data?	While this webinar focused on Z Codes existing in Medicare fee-for-service (FFS) claims data, Z Codes can be used on any claim in any setting and for any payer – public or private.
8	What percentage of full-benefit dually eligible beneficiaries had a claim with a Z code?	The publication referenced in this webinar did not provide a breakdown of Z code utilization among full- vs. partial-benefit dually eligible beneficiaries. Please see the referenced publication for more information about the data used for this presentation (available at https://www.cms.gov/files/document/cms-omh-january2020-zcode-data-highlightpdf.pdf).
9	What is the breakdown by Medicare eligibility (65+ or disability) of dually eligible beneficiaries who had a claim with a Z code?	The publication we referenced did not provide a breakdown of Z code utilization among dual eligibility type or reason. Please see the referenced publication for more information about the data used for this presentation (available at https://www.cms.gov/files/document/cms-omh-january2020-zcode-data-highlightpdf.pdf).
10	What was the total number of dually eligible beneficiaries and the total number of claims with Z codes in the dataset?	<p>Our dataset referred directly to a CMS publication using 2017 data (available at https://www.cms.gov/files/document/cms-omh-january2020-zcode-data-highlightpdf.pdf). In 2017, there were a total of 33.7 million Medicare fee-for-service (FFS) beneficiaries. Approximately 1.4 percent of the Medicare FFS beneficiaries, (or 467,136 beneficiaries), had claims with Z codes.</p> <p>The total number of dually eligible FFS beneficiaries in 2017 was 3.9 million. Of these dual eligible FFS beneficiaries, approximately 3 percent (or 117,478 beneficiaries) had claims with Z codes.</p>
11	Would SDRC be able to work with Medicaid-eligible only data?	Although SDRC generally provides technical assistance limited to data for the dually eligible population, SDRC is available to discuss your state needs. Please contact SDRC at sdrc@econometricainc.com .

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12	Are there any specific resources that you could recommend to learn more about how to best help this population?	<p>SDRC recommends a recent webinar recording hosted by the CMS Office of Minority Health. This webinar, titled “Roundtable on Using SDOH Data to Fight COVID-19 and Support Recovery Efforts,” specifically seeks to share data-driven insights to address social determinants of health. While the webinar does not specifically speak to the dually eligible population, we find this webinar highly useful for attendees looking to implement programs for social determinants of health.</p> <p>The webinar can be accessed at https://sdoh4covid.crowdcity.com/hubbub/communitypage/21542 with a password provided below the recording link.</p> <p>More general information about social determinants of health can be found on the HHS Office of Minority Health webpage for briefs and publications at https://www.minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=96.</p> <p>More information on the dually eligible population can be found on the CMS Medicare-Medicaid Coordination Office website at https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office.</p>
13	What caused the increase in provider use of Z codes on claims for dually eligible beneficiaries?	<p>While it is hard to say that one specific event caused an increase in provider utilization of Z codes on claims for dually eligible beneficiaries, one possibility is the Centers for Disease Control and Prevention published a set of guidelines in 2018 that indicates what kinds of providers can use Z codes.</p> <p>Other possible reasons for an increase in Z code utilization include a general increase in awareness of Z codes or of social determinants of health as a significant issue.</p>