



## **2025 Social Drivers of Health Provider Incentive Program (SDOHPIP) Description**

**<https://provider.simplyhealthcareplans.com>**

Simply Healthcare Plans, Inc. is a Managed Care Plan with a Florida Medicaid contract.

Simply Healthcare Plans, Inc. is a Managed Care Plan with a Florida Healthy Kids contract.

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## Introduction

We recognize the unique challenges you experience while caring for our Members and we appreciate the quality of care our Providers consistently offer. In recognition of your efforts, we offer the Social Drivers of Health Provider Incentive Program (SDOHPIP). We have designed SDOHPIP to encourage Providers to identify and assist Members with their Social Drivers of Health (SDOH) needs and Adverse Childhood Experiences (ACEs) risk. We believe that by partnering with our Providers to identify and assist Members with their SDOH/ACEs' needs, we will see improved health outcomes for them. SDOHPIP will offer incentives to Providers to screen Members for SDOH needs, to screen for ACEs risk, to submit appropriate SDOH-related diagnosis codes on claims, to refer Members to relevant Community-Based Organizations (CBOs), and for updating the status of those referrals to indicate that a Member attended that appointment.

Simply Healthcare Plans, Inc. (Simply) is collaborating with FindHelp for SDOHPIP. FindHelp is a website and platform that our Providers will use to enter SDOH/ACEs assessment responses for our Members, refer our Members to CBOs and update the status of referrals to indicate when Members have attended their appointments. FindHelp's online platform contains a directory of CBOs that span a variety of SDOH/ACEs categories. For the purposes of SDOHPIP, an instance of the FindHelp platform, called The Community Resource Link, has been created which can be accessed by Simply providers using the following link:  
<https://sdohpip.findhelp.com>

**Note:** Accessing the public-facing FindHelp website will not allow Providers to earn incentives in SDOHPIP. Exception - FindHelp Customers who enroll in SDOHPIP will login to their established FindHelp site. FindHelp will turn on the SDOHPIP feature, which will enable incentives for SDOHPIP activities completed for Simply Members.

SDOHPIP has three types of screening tools available to Providers; the **PRAPARE (Protocol for Responding to and Assessing the Patients' Assets, Risks, and Experiences) screening tool** and the **CMS Accountable Health Communities Health-Related Social Needs (AHC HRSN)** are used to assess SDOH needs and the **ACEs (Adverse Childhood Experiences Screeners) screening tool** is used to assess for Adverse Childhood Experiences. The PRAPARE tool allows Providers to collect and apply the data they need to better understand their patients and ultimately improve health outcomes. The ACEs screeners help providers to assess Adverse Childhood Experiences which helps clinicians assess risk for toxic stress and guide effective responses, ultimately improving health outcomes.

The ACEs screeners come in several formats, De-Identified and Identified screeners, and **PEARLS (Pediatric ACEs and Related Life-events Screener for kids) screeners** to assess for Adverse Childhood Experiences. Providers can choose the approach that works best for them and the Member.

## Program Objectives:

- Identify Members with SDOH/ACEs needs.
- Assist Members with SDOH/ACEs needs by referring them to CBOs.
- Improve Member health outcomes.

## Program Development and Principles

The program offers incentives to Providers to deliver quality and efficient care while keeping the health care needs of Members the primary focus. Providers are prohibited from encouraging Member selection or deselection and from discriminating against Members based on location, ethnicity, culture, race, religion, disability, political belief, sex, age, socioeconomic status, health status or medical history. Providers are also prohibited from withholding or preventing medically necessary services from being delivered to Members enrolled with Simply. The program is not intended to limit the judgment of Providers in treating patients or to limit their ability to discuss available treatment options with patients. The SDOHPIP does not discriminate against Providers who provide services to any patient including any particular ethnic, cultural or socioeconomic groups in particular geographic locations or groups with specific medical conditions.

## Definitions

**Adverse Childhood Experiences (ACEs):** are potentially traumatic events that occur in childhood. According to the CDC, ACEs can include violence, abuse, and growing up in a family with mental health or substance abuse problems. Toxic stress from ACEs can change brain development and affect how the body responds to stress. ACEs are linked to chronic health problems, mental illness, and substance misuse in adulthood. Screening for ACEs and responding with evidenced-based interventions and trauma-informed care can prevent and treat toxic stress to improve patients physical and mental health.

**ACEs Screeners:** Simply will allow clinical Providers to utilize one of the ACEs screeners to assess for adverse childhood experiences. There are multiple versions of the ACEs screeners configured in The Community Resource link for Providers to choose from and all of them come in both the De-identified and Identified versions:

- ACEs for adults
- PEARLS (Pediatric ACEs and Related Life-events Screener\*) child tool, for ages 0-11
- PEARLS adolescent tool, for ages 12-19
- PEARLS for adolescent self-report, for ages 12-19

\* PEARLS has a PART 1 (ACE questions) and a Part 2 (Related Life-events questions)

The ACEs screener for adults can be completed once per lifetime, per Provider and all PEARLS screeners can be completed once per year, per Provider.

Clinical team members who plan to conduct one of the ACEs screeners must complete a certified ACEs Aware Core Training and attest (in the FindHelp platform) to completing the training to qualify for the incentive payment (see form in Appendix). Certified Core Trainings:

- [Pediatric Resiliency | Home \(pedsresiliency.org\)](https://www.pedsresiliency.org) The Pediatric Resiliency Collaborative (PeRC) provides ACEs training for pediatric providers and clinical staff. Through the support of the ACEs Aware initiative (acesaware.org), PeRC has developed a framework for training clinics and community partners. Providers must complete all four sections to receive AMA PRA Category 1 credits.
- [ACEs Aware - Futures Without Violence](#) Futures Without Violence provides this core training that offer healthcare providers a unique opportunity to learn about how to prevent and respond to ACEs in clinical settings, using evidence-based tools and trauma-informed strategies that promote family resiliency. Providers must complete all three sections and the evaluation to receive CE credits.

- [Adverse Childhood Experiences & Trauma Informed Pediatric Care | UCSF Child and Adolescent Psychiatry Portal](#) UCSF has created this ACEs core training that focuses on ACEs and trauma informed pediatric care. Providers must complete all four sections and complete an evaluation to receive AMA PRA Category 1 Credits or AMA MOC Part 2 credits. Additional supplemental trainings are available, and some also provide CEU credits, but they are not required for SDOHPIP incentive purposes: [Training | ACEs Aware – Take action. Save lives.](#)

**ACEs De-Identified Screening:** Respondents count the number of ACEs categories on the screening tool and indicate only the total score – without identifying which ACE(s) they or their child experienced

**ACEs Identified Screening:** Respondents count the number of ACEs categories on the screening tool and indicate which ACE(s) they or their child have experienced

**AHC HRSN - Accountable Health Communities Health-Related Social Needs:** is the CMS standardized screening tool used to identify unmet social needs

**Community-Based Organization (CBO):** a public or private nonprofit organization that is representative of a community or a significant segment of a community and works to meet community needs; examples include: food pantries, homeless shelters, and supported employment programs

**Good Standing:** for purposes of SDOHPIP, Good Standing means the *Provider's Participating Provider Agreement* (the "Agreement") is in full force and effect and that:

- Neither party has notified the other of its intent to terminate the Agreement with or without cause
- Provider is not in breach of the Agreement
- Provider (or any participating Provider under the Agreement) has not been suspended or restricted in the performance of the Agreement for any reason
- Provider does not have any outstanding obligation under a *Corrective Action Plan* that has not been timely met to the reasonable satisfaction of Simply
- Provider has not failed or refused to refund any outstanding overpayment to Simply following notice and opportunity to cure

**Member:** a Member is a Simply enrollee with program eligibility who has been assigned to Simply by the state Medicaid program; a Member's enrollment is determined based on monthly enrollment reports received by Simply from the state Medicaid agency; a Member is subject to retroactive disenrollment by the state Medicaid agency, in which case such individual will not be considered a Member for any period as of the effective date of such disenrollment

**Performance Measurement Period (PMP):** the 12-month period in which the Provider's performance related to SDOHPIP Performance Indicators is measured and upon which the incentive payment is based; for example, for the 2024 program year, the PMP would be January 1, 2024, through December 31, 2024

**PRAPARE Assessment:** Protocol for Responding to and Assessing the Patients' Assets, Risks, and Experiences (PRAPARE) is a standardized patient social risk tool designed to equip Providers to better understand and act on individuals' Social Drivers of Health. Both clinical and non-clinical staff can complete this assessment.

**Provider:** a participating Provider that meets the program eligibility requirements and is offered participation in the program

**Social Drivers of Health (SDOH):** are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks, according to the CDC. Resources that enhance quality of life can have a significant influence on population health outcomes. Examples of these resources include safe and affordable housing, access to education, public safety, availability of healthy foods, local emergency/health services, and environments free of life-threatening toxins.

### Program Eligibility Requirements

All of the following requirements must be met for a provider to be eligible for the program:

- A SDOHPIP *Letter of Agreement* is executed, in the form established by Simply.
- The Provider must remain a contracted Simply provider in Good Standing throughout the entire Performance Measurement Period.
- The provider must provide Simply with medical records upon request.
- The provider agrees that Simply can recoup any incentive payments previously paid to the Provider if it is determined by Simply that those incentive payments were based on Provider performance that did not actually occur.
- Provider is enrolled with Availity Essentials

### Program Components

#### A. SDOHPIP Performance Indicators

The following SDOHPIP Performance Indicators are used to determine each Provider’s SDOHPIP Incentive Payment:

**Table 1: SDOHPIP Performance Indicators and Definitions**

Indicator	Definition
<b>Completed SDOH Member Assessments</b>	A completed SDOH Member assessment submitted to Simply by completing an assessment form in the FindHelp platform, The Community Resource Link.
<b>Completed ACEs Screener</b>	A completed ACEs screener submitted to Simply by completing a screener form in the FindHelp platform, The Community Resource Link.
<b>SDOH/ACEs-Related Diagnosis Codes</b>	A claim from a Provider that contains at least one qualifying SDOH/ACEs-related diagnosis code; a qualifying SDOH/ACEs-related diagnosis code will be a code from ICD-10-CM categories Z00 to Z99 (factors influencing health status and contact with health services) which is relevant to one of the assessment responses; after assessment responses have been entered by the Provider into the FindHelp platform, the platform will display suggested, relevant diagnosis codes that can be used by the Provider based on the needs that were identified in the assessment.

<b>Referrals to CBOs</b>	A referral made to a CBO in FindHelp by the Provider on behalf of a Member.
<b>Successful Referral Status Updates</b>	Each referral where it has been confirmed in FindHelp that a Member has attended that appointment with the CBO; specifically, this will be indicated when the referral status in the FindHelp platform has been updated to <i>Got Help</i> .

**B. Performance Indicator Incentive Payment Amounts and Incentive Eligibility Frequency**

A Provider has the ability to earn an incentive payment multiple times for each Performance Indicator for any given Member. The table below shows the incentive payment amount for each eligible occurrence and the incentive eligibility frequency for each Performance Indicator.

**Table 2: SDOHPIP Incentive Payment Amounts and Incentive Eligibility Frequency**

Performance Indicator	Incentive Payment (For each eligible occurrence)	Incentive Eligibility Frequency
Completed SDOH Member Assessments	[\$25	Provider can earn this incentive payment up to once per quarter per unique Member.
Completed ACEs Screener	\$20 for De-identified, \$40 for Identified screener	Provider can earn this incentive payment once per year for children and once in a lifetime for adults, per Provider. (Only those clinicians that have completed an approved ACEs training are eligible for this incentive.)
SDOH/ACEs-Related Diagnosis Codes	\$15	Provider can earn this incentive once annually per unique Member.
Referrals to CBOs	\$15	Providers can earn this incentive for each referral made in FindHelp up to once per quarter per CBO category per unique Member. The qualifying CBO categories are the top-level categories shown in FindHelp, which include: <ul style="list-style-type: none"> <li>• Food</li> <li>• Housing</li> <li>• Goods</li> <li>• Transit</li> <li>• Health</li> <li>• Money</li> <li>• Care</li> <li>• Education</li> <li>• Work</li> <li>• Legal</li> </ul>

Successful Referral Status Updates	\$40]	Each Referral to CBO occurrence where the referral status has been updated to <i>Got Help</i> in FindHelp (to indicate that a Member has attended their appointment with the CBO) will qualify for this incentive payment.
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**C. SDOHPIP Incentive Payment Calculation**

The SDOHPIP incentive payment earned by the Provider will be calculated by adding the incentive measure subtotals earned for each of the five incentive measures during the PMP. Incentive measure subtotals are calculated by multiplying the number of eligible incentive occurrences in the PMP by the incentive payment amount for any given SDOHPIP incentive measure.

**D. Enhanced Payment Model and Scoring Example**

The enhanced scorecard for SDOHPIP entails three substantive changes from the prior model. These changes are being implemented to align more closely with the SDOH HEDIS measure (SNS-E) to improve members’ SDOH outcomes by addressing SDOH needs and closing loops at a higher volume:

1. Modifying Complete SDOH Member Assessment:
  - a. Introduction of a new composite measure: Percent Total Eligible Members with Complete SDOH Member Assessment.
  - b. This member-specific measure is derived from dividing number of members with a complete SDOH members assessed [numerator, sourced from FindHelp data] by total eligible members [denominator, sourced by Elevance claims data].
  - c. This measure is distributed among six quality gate ranges, stratified by intervals of 20 percentiles with one range for 100% +, that assign a corresponding multiplier to each quality gate range. Multiplier values range from 0.33 to 2.0 and are applied to the market incentive rates negotiated by each market for SDOHPIP.
  - d. The quantities of 20 percentiles for the quality gate interval range and the exact value of the multipliers were determined through iterative modeling of historic SDOHPIP data from the last two completed measurement periods (source: FindHelp data) and by applying proposed new methodologies to that historic data.
2. Successful Referral Status Updates in FindHelp:
  - a. Introduction of a new composite measure: Percent Successful Referral Status Updates in FindHelp.
  - b. This measure is derived from dividing the number of successful referrals [numerator] over the total number of referrals made via FindHelp data [denominator].
    - o This measure is distributed among five quality gate ranges, stratified by intervals of 25 percentiles with one category for 100% and each corresponds to a multiplier applied to each market incentive. Multiplier values range from 0.75 to 2.0 and are applied to the market incentive rates negotiated by each market for SDOHPIP.
1. Display Only Measures:
  - a. Members With No Emergency Department (ED) Utilization (Display Only) - A comprehensive breakdown of the ED utilization by members from the last two SDOHPIP measurement periods from claims data. A new metric was established, at the member level, that looked at the number of SDOHPIP members who did not utilize the ED in the measurement period.



- b. Inpatient Admissions (IP) (Display Only) - this measure will record, at the member level, the count of members over the past two SDOHPIP measurement periods who were admitted to an Inpatient facility at least once per claims data.

Performance Results for the Measurement Period (New Scorecard)						
Performance Metrics	Max Incentive (Per Compliant Result)	Numerator	Denominator	Performance Metric	Multiplier*	Earned Incentive (RATE)(MULTIPLIER)(NUMERATOR)
Complete SDOH Member Assessment	[\$25	2,000	6,000	33%	0.67	\$33,500.00 (Max incentive)(Numerator)(Multiplier)
Completed ACEs Screeners (De-Identified)	\$20	-	-	50	N/A	\$500.00
Completed ACEs Screeners (Identified)	\$40	-	-	500	N/A	12,500.00
Billing Appropriate SDOH-related Diagnosis Codes	\$15	-	-	25	N/A	\$250.00
FindHelp Referrals to Community Based Organizations	\$15	-	-	1,000	-	\$10,000.00
Successful Referral Status Updates in FindHelp	\$40	200	1,000	20%	0.75	\$6,000.00 (Max incentive) (Numerator)(Multiplier)
Members With No Emergency Department (ED) Utilization (Display Only)	-	-	-	100	-	N/A
Inpatient Admissions (IP) [Display Only]	-	-	-	100	-	N/A
<b>Total SDOHPIP Incentive</b>						<b>\$62,750.00]</b>

<b>*Appendix: Multiplier Tiers</b>					
% Screened Quality Gate	Gate #	Multiplier	% Successful Referrals Quality Gate	Gate #	Multiplier
[100% +	1	2	100%+	1	2
80-99%	2	1.67	75-99%	2	1.5
60-79%	3	1.33	50-74%	3	1.25
40-59%	4	1	25-49%	4	1
20-39%	5	0.67	0-24%	5	0.75
0-19%	6	0.33			

The Provider in this example would receive an incentive payment of [\$62,750.00] payable as a lump-sum distribution.

## **New HEDIS® Measure: Social Needs Screening and Intervention (SNS-E)**

**SNS-E Description:** The percentage of members who were screened, using prespecified instruments, at least once during the measurement period for unmet food, housing and transportation needs, and received a corresponding intervention if they screened positive:

- Engaging in SDOHPIP can assist with meeting NCQA requirements for this measure.

### **Reporting**

Simply will supply Providers with reports as described below:

- The PMP will be split into two reporting periods so that reporting and payment can be made available to Providers semi-annually.
- Reporting Period 1 is January 1, 2025, to June 30, 2025.
- Reporting Period 2 is July 1, 2025, to December 31, 2025.
- Performance scorecard reports will be generated semi-annually approximately five months after the end of each reporting period to allow for claims run out and report production time.

Additionally, FindHelp will make self-service reporting available within their platform for Providers to view their eligible incentive occurrences in real time (except for the SDOH/ACEs-Related Diagnosis Codes incentive measure which is sourced from claims data).

### **SDOHPIP Incentive Payment**

Payment is made to Providers semi-annual about five months after the reporting period ends. Any inquiries regarding the incentive payment must be submitted by the Provider within 90 days of receiving payment.

### **Program Changes**

Simply reviews program components annually and updates them as needed to ensure that industry-wide, evidence-based information is used to measure and incentivize Providers. Simply reserves the right to modify or amend the program at any time at its discretion and with 30-day notice provided to the Provider.

Simply may terminate the program at any time upon written notice to the Provider. If Simply terminates the program, Simply is responsible for the current PMP SDOHPIP incentive payment earned by the Provider up to the date of termination.

## Appendix

### Adverse Childhood Experiences (ACEs) Provider Training Attestation

SDOHPIP Providers with Simply must attest to completing a Certified Core ACEs Aware Provider training to be eligible for the SDOHPIP incentive for qualified ACEs screenings. Surveyor must have a clinical license to conduct the screenings.

By clicking **Yes** below, you are self-attesting that you have completed one of the Certified Core ACEs Aware Provider trainings listed below:

#### Certified Core ACEs Aware Provider Trainings:

- [Pediatric Resiliency | Home \(pedsresiliency.org\)](#): The Pediatric Resiliency Collaborative (PeRC) provides ACEs training for pediatric providers and clinical staff. Through the support of the ACEs Aware initiative (acesaware.org), PeRC has developed a framework for training clinics and community partners. Providers must complete all four sections to receive AMA PRA Category 1 credits.
- [ACEs Aware - Futures Without Violence](#): Provides this core training that offers healthcare providers a unique opportunity to learn about how to prevent and respond to ACEs in a clinical setting, using evidence-based tools and trauma-informed strategies that promote family resiliency. The provider must complete all three sections and the evaluation in order to receive CE credits.
- [Adverse Childhood Experiences & Trauma Informed Pediatric Care | UCSF Child and Adolescent Psychiatry Portal](#): UCSF has created this ACEs core training that focuses on ACEs and trauma informed pediatric care. Providers must complete all four sections and complete an evaluation to receive AMA PRA Category 1 Credits or AMA MOC Part 2 credits.

\* Additional supplemental trainings are available and some also provide CEU credits, but they are not required for SDOHPIP incentive purposes: [Training | ACEs Aware – Take action. Save lives.](#)

Do you attest that you have completed a Certified Core Adverse Childhood Experiences (ACEs) Provider Training?

Yes