



2026 Social Drivers of Health Provider Incentive Program (SDOHPIP) Description

Florida | Simply Healthcare Plans, Inc. (Simply) | Statewide Medicaid Managed Care (SMMC) • Florida Healthy Kids (FHK)
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Introduction

We recognize the unique challenges you experience while caring for 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 and CHA is collaborating with an SDOH Social Care Platform Vendor [findhelp] for SDOHPIP. Our Providers will use the SDOH platform to enter SDOH/ACEs assessment responses for Members, refer Members to CBOs and update the status of referrals to indicate when Members have attended their appointments.

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 tools allow 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 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 healthcare needs of Members as 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 in Simply and CHA. 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 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 evidence-based interventions and trauma-informed care can prevent and treat toxic stress to improve patients' physical and mental health.

ACEs Screeners: Simply and CHA will allow clinical Providers to utilize one of the ACEs screeners to assess adverse childhood experiences. There are multiple versions of the ACEs screeners configured in SDOH platform 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 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 to complete the training to qualify for the incentive payment (see form in **Appendix**). Certified Core 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:** 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 clinical settings, using evidence-based tools and trauma-informed strategies that promote family resiliency. The provider 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 and CHA
- Provider has not failed or refused to refund any outstanding overpayment to Simply and CHA following notice and opportunity to cure

Member: a Member is an Simply and CHA enrollee with program eligibility who has been assigned to Simply and CHA by the state Medicaid program; a Member’s enrollment is determined based on monthly enrollment reports received by Simply and CHA 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 2026 program year, the PMP would be January 1, 2026, through December 31, 2026

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 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 and CHA.
- The Provider must remain a contracted Simply and CHA provider in Good Standing throughout the entire Performance Measurement Period.
- Provider must provide Simply and CHA with medical records upon request.
- Provider agrees that Simply and CHA can recoup any incentive payments previously paid to the Provider if it is determined by Simply and CHA that those incentive payments were based on Provider performance that did not actually occur.

Important Security Measures for Email Communication

As part of our commitment to maintaining the highest standards of data security and protecting member information, we kindly ask you to adhere to the following guidelines when sending emails that contain member Protected Health Information (PHI) or Personally Identifiable Information (PII):

- **Secure Email Subject Line:** Please type "SECURE" in the subject line of any email containing PHI/PII. This ensures that email is flagged appropriately for secure handling.
- **Spreadsheet Security:** If you are attaching a spreadsheet containing PHI/PII, please password-protect the document. Ensure that the password is sent in a separate email to maintain confidentiality.

We appreciate your cooperation and diligence in safeguarding sensitive information. Thank you for your continuous commitment to our security protocols.

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
Completed SDOH Member Assessments	A completed SDOH Member assessment submitted to Simply and CHA by completing an assessment form in the SDOHPIP platform, The Community Resource Link.
Completed ACEs Screener	A completed ACEs screener submitted to Simply and CHA by completing a screener form in the SDOHPIP platform.

Indicator	Definition
SDOH/ACEs-Related Diagnosis Codes	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 SDOHPIP 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.
Referrals to CBOs	A referral made to a CBO in the SDOHPIP platform by the Provider on behalf of a Member.
Successful Referral Status Updates	Each referral where it has been confirmed a Member has attended that appointment with the CBO; specifically, this will be indicated when the referral status in the SDOHPIP platform has been updated to Got Help.

B. Performance Indicator Incentive Payment Amounts and Incentive Eligibility Frequency

A Provider can 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 measurement period (semi-annually) 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	Provider can earn this incentive for each referral made in the SDOHPIP platform up to once per measurement period (semiannually), per CBO category per unique Member. The qualifying CBO categories are the top-level categories shown, which include:

Performance Indicator	Incentive Payment (For each eligible occurrence)	Incentive Eligibility Frequency
		<ul style="list-style-type: none"> • Food • Housing • Goods • Transit • Health • Money • Care • Education • Work • Legal
Successful Referral Status Updates	\$40]	Each Eligible Referral to CBO occurrence where the referral status has been updated to Got Help (to indicate that a Member attended their appointment with the CBO) will qualify for this incentive payment.

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 (Implementation PY2025)

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.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

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 the SDOHPIP Vendor platform data] by total eligible members [denominator, sourced by Simply and CHA claims data].
 - c. This measure is distributed among six quality gate ranges, stratified by intervals of 20 percentiles, with one range for 100%, which assigns 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: SDOHPIP vendor platform data) and by applying proposed new methodologies to that historic data.
- 2. Successful Referral Status Updates in the SDOHPIP Platform:
 - a. Introduction of a new composite measure: Percent Successful Referral Status Updates
 - b. This measure is derived from dividing the number of successful referrals [numerator] over the total number of referrals made via SDOHPIP platform data [denominator].
 - c. 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.
- 3. 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 (Max incentive)(Numerator)(Multiplier)
Completed ACEs Screeners (De-Identified)	\$20	-	-	50	N/A	\$1,000
Completed ACEs Screeners (Identified)	\$40	-	-	500	N/A	\$20,000
Billing Appropriate SDOH-related Diagnosis Codes	\$15	-	-	20	N/A	\$300
Referrals to Community	\$15	-	-	4,000	-	\$60,000

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)
Based Organizations						
Successful Referral Status Updates	\$40	1,950	4,000	48.75%	1	\$78,000 (Max incentive)(Numerator)(Multiplier)
Members With No Emergency Department (ED) Utilization (Display Only)	-	-	-	100	-	N/A
Inpatient Admissions (IP) [Display Only]	-	-	-	100	-	N/A
Total SDOHPIP Incentive						[\$192,800.00]

*Appendix: Multiplier Tiers					
% 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	0	0]

The Provider in this example would receive an incentive payment of [\$192,800.00] payable as a lump sum

Workflow Recommendation for Timely SDOH Assessment, Referral, and Update:

1. Structured Assessment Schedule:

- a. Months 1-2 of each Measurement Period (Jan- Feb and Jul-Aug):
 - i. Conduct assessments for all members, with a priority focus on those with potential SDOH needs.
 - ii. Enter assessment results in the SDOHPIP platform and prioritize based on urgency (for example, members with positive SDOH needs)

2. Proactive Referral Process:

- a. Months 2-3 of each Measurement Period (Feb-Mar and Aug-Sept):
 - i. Initiate referrals immediately for urgent needs (ideally within 5 days) and for non-urgent needs, ideally within 30 days after assessment.

3. Systematic Follow-up & Referral Updates:

- a. Months 4-5 of each Measurement Period (Apr-May and Oct-Nov):
 - i. Conduct follow-ups with service providers and members to confirm service delivery.
 - ii. Update referral statuses in the system as soon as confirmation is received, ideally within 30 to 60 days of service provision.

4. Final Review and Compliance Check:

- a. Month 6 of each Measurement Period (June and Dec):
 - i. Perform a final review of all referrals to ensure updates are completed before the end of the measurement period.
 - ii. Utilize this period for any final assessments or reassessments needed for new emergent SDOH needs.
 - iii. Successful Referral Status Updates: To qualify for the "Successful Referral Status Update" incentive measure, providers must update the referral status to "Got Help." This should be done within the same measurement period in which the referral was created. There is an exception for referrals initiated in the last 10 days of the measurement period, which should be updated within an additional 30 days after the period ends.
 - iv. Conduct an internal audit to ensure all referrals and updates comply with reporting requirements.
 - v. Utilize this period for any final assessments or reassessments needed for newly emergent SDOH needs

By following this **recommended** structured workflow, providers can ensure they meet the measurement period guidelines effectively, maintaining a balance between timely assessments, referrals, and accurate updates, ultimately enhancing the quality of care delivered to members. This will also maximize your incentives by providing the opportunity for falling in performance gates with higher incentive rates. The more members who are serviced in the measurement period that are assessed, the higher the incentive rate you receive for each of those occurrences, and the more referrals that are updated to indicate the member received help, the higher the incentive rate is for each of those successfully updated referrals.

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

Reporting

Simply and CHA 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, 2026, to June 30, 2026.
- Reporting Period 2 is July 1, 2026, to December 31, 2026.

- 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, our SDOHPIP vendor 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 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 and CHA 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 and CHA 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 and CHA may terminate the program at any time upon written notice to the Provider. If Simply and CHA terminate the program, Simply and CHA are responsible for the current PMP SDOHPIP incentive payment earned by the Provider up to the date of termination.