Social Care Networks: Data and IT Fact Sheet for Providers

NEW YORK STATE | Department of Health Medicaid

Introduction

Data exchange is vital to the Social Care Network (SCN) program as it enables SCN operations, service delivery, and payments. Each regional SCN uses a technology platform for health-related social needs (HRSNs) Screenings, assessments, referrals to services, fiscal management, and coordination among community-based organizations and other providers. These platforms exchange SCN data through the Statewide Health Information Network for New York (SHIN-NY) by connecting to regional Qualified Entities (QEs), also known as Regional Health Information Organizations (RHIOs).

Additionally, data exchange enables the delivery of needed services to Medicaid members at the right place and right time, and data collection to enable the evaluation of the SCN program's impact on members' health outcomes and health care costs. All stakeholders are required to adhere to state and federal regulations governing data exchange and privacy.

Providers, including physical and behavioral health, are important partners in meeting SCN program and New York Health Equity Reform 1115 Waiver Amendment objectives. This document describes how providers can connect to SCN program data and technology infrastructure. For more information about the SCN program and how providers can get involved, please review the SCN: Introduction for Health Care Providers Guide.

Contents of this document

A. Summary: Social Care Networks, Qualified Entities, and tech platforms

B. Options for how providers can participate in the SCN program

C. Commonly asked questions

D. Key points of contact for providers

E. Helpful Links

A. Summary: Social Care Networks, Qualified Entities, and tech platforms

SCN Lead Entity	SCN Region	Qualified Entity	SCN IT Platform
Care Compass Collaborative	Southern Tier	HealtheConnections	Unite Us
Health Equity Alliance of Long Island	Long Island	Healthix	Unite Us
Healthy Alliance Foundation Inc.	Capital Region	Hixny	Unite Us
	North Country	Hixny	
	Central NY	HealtheConnections	
Hudson Valley Care Coalition, Inc.	Hudson Valley	HealtheConnections	Unite Us
Public Health Solutions	Manhattan, Queens, Brooklyn	Healthix	Unite Us
Somos Healthcare Providers, Inc.	Bronx	Bronx RHIO	FindHelp
Western New York Integrated Care Collaborative Inc.	Western NY	HEALTHeLINK	FindHelp
Forward Leading IPA	Finger Lakes	HealtheConnections	FindHelp
Staten Island Performing Provider System	Staten Island, parts of Kings and Queens	Healthix	Channels360

B. Options for how providers can participate in the SCN program

Providers have multiple options for data exchange with the SCN data / IT infrastructure. The SCN program offers flexibility to accommodate existing technology providers may be using (e.g., EHR systems), and varying levels of provider resources or capacity for technology development. Providers should collaborate with their data / IT teams, their regional SCN Lead Entity, and their Qualified Entity (QE) to determine which option works best for them. SCNs will accept the options outlined below for providers to participate and be reimbursed for SCN program activities.

Screening

Option	Reimbursement[1]	Key Considerations
Option 1: Use the SCN IT Platform		
1a. Use the SCN IT Platform *without* an EHR API (direct connection)	**Reimbursable** for providers contracted with an SCN and using the SCN IT Platform	• May require users to log into a separate website / interface • May require users to re-document Screening data within EHR due to limited direct integration • Possibly minimal to no additional costs from SCN IT platform or EHR vendors, given existing EHR workflows would be unaffected
1b. Use the SCN IT Platform *with* an EHR API (direct / native connection, as available)		• Allows users to access SCN IT Platform Screening tool directly from EHR • Facilitates bidirectional exchange of Screening data within the EHR • May entail additional software costs for EHR integration
Option 2: Use an EHR connection to SHIN-NY QE (bypass the SCN IT Platform)		
2a. Use existing or new connection between EHR and a SHIN-NY QE	**Reimbursable** for providers contracted with the SCN and share data with the SCN via a QE	• Allows users to conduct Screening from EHR, but does not allow direct access to SCN IT Platform tools • May involve EHR interface upgrades, resourcing and associated costs from the EHR vendor to set up QE connection • Data[2] can be shared via CSV (flat file), Consolidated Clinical Document Architecture (CCDA), or Fast Healthcare Interoperability Resources (FHIR) and will be routed through SHIN-NY to the SCN • Likely no cost associated for those with existing SHIN-NY QE connection, unless additional customization is pursued

[1] A comprehensive list of criteria for reimbursement is available in the SCN Operations Manual.

[2] Please see the Helpful Links at the end of this document for NYeC resources for submitting data to the QE via CSV, CCDA, or FHIR.

Option	Reimbursement[1]	Key Considerations
2b. Use a SMART on FHIR application embedded in EHR		• Uses standard and interoperable framework (SMART on FHIR) to plug-into EHR with shorter average time to deployment • May require less EHR configuration and lower software costs than Option 1B due to a lesser degree of data exchange • Some applications may not be able to send data back to the EHR • No cost to install application in compatible EHRs but may require internal resources
Option 3: Use a QE's Clinical Portal (bypass the SCN IT Platform and EHR)		
3. Use a QE's Clinical Portal to screen members and send data to SHIN-NY data lake	**Reimbursable** for providers contracted with the SCN	• May require users to log into a separate website (e.g., via browser) • May require users to re-document Screening data within EHR due to limited direct integration • Only offered by some QEs • No cost associated
Option 4: Use the NYS Medicaid SSS (bypass the SCN IT Platform and EHR)		
4. Use the New York State Medicaid Statewide Screening Site (SSS)	**Not reimbursable** for providers contracted with the SCN	• Centralized website where the AHC screening tool is accessible across regions, regardless of a member's assigned SCN • Designed to enable Medicaid members to self-screen and to allow other individuals or organizations (e.g., caregivers, MCOs, health care providers) to submit screenings on behalf of members • Providers should coordinate with their SCN to track member Screenings submitted via the NYS Medicaid SSS • Current functionality does not allow for reimbursement of Screenings for contracted providers at this time • May require users to log into a separate website / interface • May require users to re-document Screening data within EHR due to limited direct integration • No cost associated

Option	Reimbursement[1]	Key Considerations
Option 5: Submit Self-Screenings		
5. Submit Self-Screenings through Options 1 - 4 or a mobile app	**Reimbursable only** when reviewed by a provider in a one-on-one interaction with the member	• Allows member to complete Screening prior to visit (e.g., at home, during registration) • There are several ways providers can review self-screening data with the member (e.g., EHR / patient app, clinical portal, SCN IT Platform, SMART on FHIR app) • There are mobile apps that can both conduct and submit data from self-screenings without EHR configuration, but could require separate login • SCN LEs offer Self-Screening tools on their websites' landing page (*linked below in Section D. Key points of contacts for providers*) • To receive reimbursement, providers must review the Screening responses with the member in a one-on-one interaction and discuss the member's HRSN needs; the NYS Medicaid SSS is not a viable path to receive reimbursement at this time

Navigation, Care Management, and / or Service Delivery

Option	Reimbursement	Key Considerations
1. Use the SCN IT Platform *without* an EHR API (direct connection)	**Reimbursable** for providers contracted with an SCN and using the SCN IT Platform	• May require users to log into a separate website / interface • May require users to re-document Screening data within EHR • No cost associated
2. Use the SCN IT Platform *with* an EHR API (direct / native connection)		• Allows users to access SCN IT Platform Screening tool from EHR • Facilitates bidirectional exchange of Screening data within the EHR • May entail additional software costs for EHR integration and workflow development

C. Commonly asked questions

Q1. If I am contracted with an SCN Lead Entity, do I need to use the SCN's IT Platform to be reimbursed for Screenings?

A. No, a provider contracted with an SCN does not need to use the SCN's IT Platform to be reimbursed for Screenings. As outlined in Options 2 and 3 in the Screening table above, providers contracted with an SCN can use an EHR connection to the SHIN-NY QE to send Screening data or use a QE clinical portal if your QE offers this functionality. Reimbursement to providers under Options 2 and 3 is limited to Screenings, and those Screenings must include the New York State (NYS) Accountable Health Communities (AHC) Screening question-and-answer pairings and SHIN-NY Consent Question.[3] Please see section *5.B.IV "Screening Methodology"* of the SCN Operations Manual for a comprehensive list of criteria for Screening reimbursement.

Q2. If I am not contracted with an SCN Lead Entity, can I still screen members for HRSNs using my EHR?

A. Yes, providers that do not have a contract established with an SCN Lead Entity are still encouraged to screen members and can send Screenings to their QE in an acceptable format. Screening data is then shared with SCNs for Navigation and Service Delivery as long as the provider collects and sends SHIN-NY member consent (i.e., NYS-specific "Question 0"). However, providers not contracted with an SCN Lead Entity cannot be reimbursed for Screenings.

Q3. Can an Independent Physician Association (IPA) submit Screenings through its regional QE on behalf of its provider network?

A. An IPA can submit Screenings and receive payment for the submitted Screenings on behalf of its networked providers if it is contracted with an SCN Lead Entity. IPAs not contracted with an SCN Lead Entity can submit Screenings; however, those Screenings will not be reimbursed.

[3] Please refer to the SCN Operations Manual, "Table 5-2: AHC HRSN Screening Tool" in Section 5: Care Delivery Approach, Subsections B. Screening, v. AHC Screening Tool."

Q4. Can I use a Screening tool other than Accountable Health Communities (AHC) if it is already embedded in my EHR, and will those screenings be reimbursed?

A. OHIP strongly recommends using the AHC Screening tool, or an AHC Embedded Screening tool (which includes a consent to Screen question). Providers can use an AHC Embedded Screening tool if it includes all of the exact question-and-answer pairings in the AHC tool outlined in "Table 9-3: Select required data elements for screenings conducted outside the SCN IT Platform" of the SCN Operations Manual. Any custom Screening form must embed the exact AHC Screening tool, and the EHR must be capable of sending the required LOINC codes (*See "Social Care Coding" document available on the SCN Program Extranet and NYeC FHIR IG homepage for LOINC code permutations that will be permitted for AHC Screens and AHC-Embedded Screens)*. The AHC embedded Screening tool used must include NYS-specific "Question 0" to obtain consent for Screening. If providers use a Screening tool that does not satisfy these requirements, those Screenings will not be reimbursed. Please see section *5.B.IV "Screening Methodology"* of the SCN Operations Manual for a comprehensive list of criteria for Screening reimbursement.

Q5. How can I be reimbursed if a member completes a Self-Screening?

A. Providers can complete Screenings interactively with a member, or Screenings may be completed by the member prior to the visit (e.g., during registration) and then reviewed with the provider during the face-to-face visit. Per the SCN Operations Manual, providers will not receive payment if a member self-screens without a subsequent one-on-one interaction with a provider, including Screenings in which the member only uses an online Self-Screening tool or other digital Screening with no one-on-one human interaction (e.g., NYS Medicaid SSS, online form, AI chatbot). Please see section *5.B.IV "Screening Methodology"* of the SCN Operations Manual for a comprehensive list of criteria for Screening reimbursement.

Q6. Why do I need to collect consent data and how often does consent need to be renewed?

A. It is important that members understand how their HRSN Data may be shared upon consent. Any member must be allowed to decline Screening in any setting where Screening is offered. If a member consents, their Screening data will be shared with a regional QE, and SHIN-NY will share the Screening data with the SCN Lead Entity. Providers are required to collect member consent before conducting the Screening. If a member declines, the Screening should not take place. For more information, refer to the SCN Operations Manual, Section 5: Care Delivery Approach, sub-sections k: Member Consent, i-iii. Member Consent for Screening, Eligibility Assessment and Referral / Navigation.

Q7. Does a provider need to work with the QE located in its own region, or can a provider work with another QE to share Screening data?

A. Providers are encouraged to collaborate with their regional QE. However, a provider may contribute Screening data via any QE. Providers with existing connections to a QE for other services are not required to use that same QE to share Screening data.

Q8. Does the QE charge providers for getting connected and will the QE charge providers who are already connected to send their Screening data?

A. No, there is no cost to providers in getting connected to a QE and no additional costs for providers that are connected to a QE to share Screening data.

Q9. Will I be able to see whether a member has been seen elsewhere by another entity (e.g., a community-based organization)?

A. Yes, all six regional QEs have expanded their QE Clinical Query Portals to include a section for HRSN information. Providers with the member's SHIN-NY consent can see whether a member has been screened, assessed and/or referred for services.

Q10. Will I be reimbursed for all Screenings that I conduct?

A. Providers will only be reimbursed for screening members that are eligible Medicaid members, have not been screened in the last 12 months, unless a major life event warranted a Re-Screening, and the Screening involved a one-on-one interaction between the provider and member. Providers should refer to “Table 5-1: Frequency of HRSN Screening” for a list of possible major life events and “Table 5-3: Excluded Populations” in the SCN Operations Manual for a list of ineligible populations. For an individual member, providers can receive up to one additional reimbursed Re-Screen per year following a member’s annual Screening by submitting the Re-Screening Healthcare Common Procedure Coding System (HCPCS) code and supporting modifier in the invoice to the SCN Lead Entity. Please see section *5.B.IV “Screening Methodology”* of the SCN Operations Manual for a comprehensive list of criteria for Screening reimbursement.

Q11. How will I be reimbursed for the time I spend with a member for HRSN Screenings done in my EHR?

A. By default, a Screening submitted by providers will be reimbursed for one 15-minute service unit if the provider spends at least 8 minutes interacting with the member. Screening reimbursement is time based and includes the time spent explaining the SCN program to a member, obtaining consent, walking through the Screening, inputting the member's information and answers to Screening questions, and responding to the member's questions about next steps. Providers should work with their SCN Lead Entity to understand options for reimbursement of multiple service units and required documentation. For example, providers may configure their EHRs to capture the time spent on Screening and share that data with the QE. The data will then be routed to the SCN Lead Entity.

Q12. Am I qualified for 2025 NYS Patient-Centered Medical Home (PCMH) Managed Care incentives if I submit an HRSN Screening through one of the options outlined in the Screening table above?

A. Yes, the submission of HRSN Screenings satisfies the NYS PCMH Managed Care Incentive requirement for PCMH providers to develop a workflow to refer members to SCNs. PCMH providers were required to submit an attestation by March 31, 2025, confirming their participation in the SCN program. PCMH practices can submit attestations after the March 31, 2025 deadline and the PCMH practice will be included in the subsequent participation list for the additional incentives. Please see here for more details on the 2025 PCMH incentives.

Q13. Is there funding to support providers in connecting to the SCN data/IT infrastructure?

A. SCN Lead Entities can fund contracted providers to connect and onboard to their SCN IT Platform. However, SCN program funds cannot be used to pay for IT infrastructure outside of the SCN IT Platform, including EHR integrations such as APIs or changes to EHR workflows or other systems (e.g., care management software).

Q14. What data security / compliance requirements should providers be aware of?

A. Providers should adhere to SHIN-NY data privacy and security policies, as well as federal and New York State requirements, and New York State's guidance (e.g., HIPAA compliance, 1115 SHIN-NY interoperability). Please see the Privacy and Security Guidance for Qualified Entities and Their Participants for additional details on data privacy and security requirements.

D. Key points of contact for providers

SCN Lead Entities

SCN Lead Entity	Point of contact
Care Compass Collaborative	Mark Ropiecki - mropiecki@carecompassnetwork.org
Health Equity Alliance of Long Island	Lori Andrade - landrade@hwcli.com
Healthy Alliance Foundation Inc.	Erica Coletti - erica.coletti@healthyalliance.org
Hudson Valley Care Coalition, Inc.	Amie Parikh - aparikh@hvcare.net
Public Health Solutions	Zachariah Hennessey - zhennessey@healthsolutions.org
Somos Healthcare Providers, Inc.	Lidia Virgil - lvirgil@somoscommunitycare.org
Western New York Integrated Care Collaborative Inc.	Support inbox - info@wnyicc.org
Forward Leading IPA	Patricia McMahon - pmcmahon@forwardleadingipa.org
Staten Island Performing Provider System	Joseph Conte - jconte@statenislandpps.org

For general questions about the SCN program and how to participate, please contact SDH@health.ny.gov.

Qualified Entities

Qualified Entity	Points of contact
Hixny	Bryan Cudmore - Bcudmore@hixny.org
HealtheConnections	Bernard Bush - bbush@healtheconnections.org Rachel Kramer - rkramer@healtheconnections.org
Healthix	Harold Del Pino - hdelpino@healthix.org Nick VanDuyne - nvanduyne@healthix.org
Bronx RHIO	Sujatha Thalappillil - Sujatha@shatzkinsystems.com Keela Shatzkin - Keela@Shatzkinsystems.com
HEALTHeLINK	Stacy Goyette - SGoyette@wnyhealthelink.com Charles McCarthy - CMcCarthy2@wnyhealthelink.com

For general questions about SHIN-NY, Qualified Entities and how to get connected, please contact 1115-waiver@nyehealth.org.

E. Helpful Links

SCN Information for Health Care Providers website	The NYS DOH website with information for providers about participating in the Social Care Networks
SCN: Program, Billing, and Data Governance Operations Manual	Guidance on requirements governing the delivery of HRSN services, as well as instructions related to data management, security and sharing
NYeC 1115 Waiver website	Links to criteria and specifications for submitting Screening data to the QE via CSV (flat file), CCDA, or through the FHIR IG
SCN Program Extranet	Links to SCN Program documents and guidance including “Social Care Coding”
LOINC Coding Specifications	Guidelines on the LOINC coding specifications for the AHC Screening tool
NYS PCMH Managed Care Incentive	NYS website with additional details on the NYS PCMH Managed Care incentives
SHIN-NY Privacy and Security Policies	Privacy and security guidelines for Qualified Entities and providers participating in the New York’s Statewide Health Information Network