

Screen Positive for Health-Related Social Needs Confidential Feedback Report for Post-Acute Care Quality Reporting Programs

Frequently Asked Questions

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Acronyms

CMS	Centers for Medicare & Medicaid Services
CCN	CMS Certification Number
HARP	Health Care Quality Information Systems Access Roles and Profile
HRSN	Health-Related Social Need
HH	Home Health
IMPACT Act	Improving Medicare Post-Acute Care Transformation Act of 2014
IRF	Inpatient Rehabilitation Facility
IRF-PAI	Patient Assessment Instrument
iQIES	Internet Quality Improvement and Evaluation System
LTCH	Long-Term Care Hospital
LCDS	LTCH Continuity Assessment Record and Evaluation Data Set
MDS	Minimum Data Set
OASIS	Outcome and Assessment Information Set
PAC	Post-Acute Care
ROC	Resumption of Care
SNF	Skilled Nursing Facility
SOC	Start of Care

1. Introduction

The Centers for Medicare & Medicaid Services (CMS) Division of Chronic and Post-Acute Care developed a new Screen Positive for Health-Related Social Needs (HRSN) Indicator Confidential Feedback Report that was released to Post-Acute Care (PAC) providers starting in October 2024.¹ This Frequently Asked Questions (FAQs) document provides responses to key questions regarding the Screen Positive for HRSN Indicator Confidential Feedback Report. This document is intended to be referenced in conjunction with the Screen Positive for HRSN Indicator Confidential Feedback Report Fact Sheet, Educational Webinar materials, and Methodology Report.²

2. Frequently Asked Questions and Answers

In this document, CMS has gathered frequently asked questions about Screen Positive for HRSN Indicator Confidential Feedback Reports and has summarized the answers. The document is broken into the following sections to provide responses to:

- [Section 2.1](#): Report Basics
- [Section 2.2](#): Accessing Your Report
- [Section 2.3](#): Methodology
- [Section 2.4](#): Using Results

2.1 Report Basics

In this section, CMS provides responses to questions regarding the basics of the Screen Positive for HRSN Indicator Confidential Feedback Reports, such as what the report is, the HRSNs included in the reports and how they were selected, and the frequency of report distribution.

2.1.1 What is the Screen Positive for HRSN Indicator Confidential Feedback Report?

The purpose of this report is to help providers better understand their patients/residents' HRSNs so they can use that information to improve care delivery and quality of care. The Screen Positive for HRSN Indicator Confidential Feedback Report shows PAC providers summary statistics on their patient/resident population's HRSNs. Screen positive for HRSN means that a patient has answered "yes" to one or more questions on the assessment instrument designed to identify HRSN needs. Screening positive indicates patients are experiencing challenges in areas like health literacy need, need for interpreter services, social isolation, and transportation need, which could impact their overall health.

¹ In Fall 2024, CMS released the new quarterly Screen Positive for HRSN Indicator Confidential Feedback Report to PAC providers in Home Health (HH), Inpatient Rehabilitation Facility (IRF), and Long-Term Care Hospital (LTCH) settings. CMS plans to release the Screen Positive for HRSN Indicator Confidential Feedback Report for Skilled Nursing Facility (SNF) providers starting in Fall 2025, which is when a full Fiscal Year of HRSN data will become available for this setting.

² Providers can access Education & Outreach materials from the following PAC QRP Training webpages: [HH Training Page](#), [IRF Training Page](#), [LTCH Training Page](#). Education & Outreach materials are expected to become available on the [SNF Training Page](#) in Fall 2025.

2.1.2 What HRSNs are included in this report?

In 2022-2023, CMS introduced four standardized HRSN data elements across PAC settings: Health Literacy, Need for Interpreter Services, Social Isolation, and Transportation. These standardized data elements were designed to be interoperable irrespective of care setting. For more information, please see [Exhibit 1](#).

2.1.3 How did CMS select the four HRSNs included in this report?

Under the Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act), CMS selected the four HRSNs included in this report – Health Literacy, Need for Interpreter Services, Social Isolation, Transportation – based on public comments (e.g., listening session) and pre-rulemaking information gathering (e.g., review of research literature, tools, and frameworks for addressing SDOH; stakeholder engagement).

2.1.4 Why is CMS sharing patient/resident HRSN data with PAC providers and how you can use your Confidential Feedback Report?

CMS is committed to advancing health equity so that each person has a fair and just opportunity to achieve their best possible health. HRSNs are associated with poorer health outcomes nationally and contribute to health disparities.³ Sharing patient/resident HRSN information with PAC providers is an important first step towards advancing health equity. This information will help providers better understand the social needs of their patients/residents, which can inform the development of tailored strategies to address barriers to care and improve quality of care for vulnerable patients/residents.

2.1.5 Which PAC providers can access these reports?

The Screen Positive for HRSN Indicator Confidential Feedback Report is available for the following provider types: Home Health (HH) Agencies, Inpatient Rehabilitation Facilities (IRFs), Long-Term Care Hospitals (LTCHs). The Screen Positive for HRSN Indicator Confidential Feedback Report is expected to become available for Skilled Nursing Facility (SNF) providers beginning Fall 2025. Please note that several types of PAC providers are not compared to one another.

2.1.6 When will these reports be released and how frequently will they be updated?

The initial reports for HH, IRF, and LTCH were released on October 15th, 2024. For SNF, the initial report is expected to be released in October 2025. For all four PAC settings, these reports will be updated on a quarterly basis.

2.1.7 What is the reporting period used for HRSN results?

The reporting period of the results included in the Screen Positive for HRSN Indicator Confidential Feedback Report spans the most recent 12 calendar months. Therefore, data for the initial Screen Positive for HRSN Indicator reports use the following reporting periods:

³ Coughlin SS, Vernon M, Hatzigeorgiou C, George V. Health Literacy, Social Determinants of Health, and Disease Prevention and Control. *J Environ Health Sci*. 2020;6(1):3061; Juckett G, Unger K. Appropriate use of medical interpreters. *Am Fam Physician*. 2014 Oct 1;90(7):476-80; Holt-Lunstad J. Social isolation and health. *Health Aff*. 2020 Jun 21;10; Syed ST, Gerber BS, Sharp LK. Traveling towards disease: transportation barriers to health care access. *J Community Health*. 2013 Oct;38(5):976-93.

- HH, IRF, and LTCH: Initial Fall 2024 reports are based on data from October 1, 2023 to September 30, 2024.
- SNF: Initial Fall 2025 reports will be based on data from October 1, 2024 to September 30, 2025.

2.1.8 How are these reports generated?

The Screen Positive for HRSN Indicator Confidential Feedback Report is provider-generated in the Internet Quality Improvement and Evaluation System (iQIES). Please refer to [Section 2.2.1](#) for information on how to generate your report in iQIES.

2.1.9 Will these reports be publicly available?

No. These reports are not publicly available. The Screen Positive for HRSN Indicator Confidential Feedback Report is strictly confidential and released to PAC providers for their reference. Results from the Screen Positive for HRSN Indicator Confidential Feedback Reports do not impact publicly reported quality program scores nor provider reimbursement.

2.2 Accessing Your Report

In this section, CMS responds to questions regarding accessing your Screen Positive for HRSN Indicator Confidential Feedback Report results.

2.2.1 How can I access my facility/agency's report?⁴

To generate your Screen Positive for HRSN Indicator Confidential Feedback Reports in iQIES, please follow the instructions listed below:

1. Log into iQIES at <https://iqies.cms.gov/iqies> using your Health Care Quality Information Systems Access Roles and Profile (HARP) user ID and password. If you do not have a HARP account, you may [register for a HARP ID](#).
2. From the 'Reports' tab, select the option for 'Find a Report'.
3. Select the Report Category of 'Health Equity' and Report Type of 'Health-Related Social Need Indicator'.
 - Alternatively, you can use the Report Keyword search feature by typing in 'Screen Positive'.
4. Displayed for you is a list of reports available for download.
5. Select the 'Screen Positive for Health-Related Social Need Indicator Report' link OR the 'Run Report' option to view the report.
6. The reports filter page displays the specific filter criteria required for this report: Provider and Date Range.
 - For the Provider filter, search for up to 25 providers by Provider Name, CMS Certification Number (CCN) or Facility ID and add each provider to the filter

⁴ The terms "facility" and "agency" are used together to describe appropriate terminology for different PAC settings: IRF/LTCH/SNF (facility) and HH (agency), respectively.

selection. Users can only run the report for those providers to which their HARP ID is associated.

- For the Date Range filter, the system defaults to the latest quarter end date available. Users can also view previous quarter's reports by selecting the relevant prior quarter end dates. Select the desired End Date Range.
 - Select the Run Report button at the bottom of the page.
7. To download a 508-compliant copy of your report, select "Download" on the top right of the page and select the specified file type (PDF or CSV).

2.2.2 Why did my facility/agency's report not contain results for my patients/residents?

If a facility/agency is active but has missing assessment data for the selected time period, the provider will receive a report without any provider-level results, rather, a dash (-) will be displayed in place of your facility/agency results. This scenario is more common among new facilities/agencies that have not yet submitted data. However, you will still be able to view benchmarking results, which include national averages (for all settings), and state averages (for HH agencies only).

2.3 Methodology

In this section, CMS responds to questions regarding the methods used to generate Screen Positive for HRSN Indicator Confidential Feedback Report results, such as what data are used and how results are calculated. For additional technical detail on the methodology, you may access the Screen Positive for HRSN Indicator Confidential Feedback Report: Methodology Report from the following PAC QRP training webpages: [HH Training Page](#), [IRF Training Page](#), [LTCH Training Page](#). The Methodology Report is expected to become available on the [SNF Training Page](#) in Fall 2025.

2.3.1 What data did CMS use to calculate the results included in the reports?

The results presented in the Screen Positive for HRSN Indicator Confidential Feedback Report are calculated using data from each PAC setting's respective assessment tool⁵ via the following four standardized HRSN items.

- **Health Literacy (B1300):** How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?
- **Need for Interpreter Services (A1110B):** Do you need or want an interpreter to communicate with a doctor or health care staff?
- **Social Isolation (D0700):** How often do you feel lonely or isolated from those around you?
- **Transportation (A1250):** Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?

⁵ The Outcome and Assessment Information Set (OASIS), IRF-Patient Assessment Instrument (IRF-PAI), LTCH Continuity Assessment Record and Evaluation Data Set (LCDS), and the Minimum Data Set (MDS) are the assessment tools used for HH, IRF, LTCH, and SNF, respectively.

2.3.2 When are HRSN data collected?

Assessment tool data for the four standardized HRSN items are collected at start of care (SOC) and resumption of care (ROC) for HH⁶ and at admission for IRF, LTCH, and SNF.

2.3.3 How is “screen positive” defined in the report?

For each HRSN item, specific responses indicate a positive screening result for that HRSN. Exhibit 1 below displays the responses that indicate a positive screen for each HRSN item based on expert thresholds for a documented need.

Exhibit 1. HRSN Assessment Tool Items and Responses Indicating a Positive Screen

HRSN Indicator	Item	Responses that Indicate a Positive Screen
Health Literacy	B1300: How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?	<ul style="list-style-type: none">• Sometimes• Often• Always
Need for Interpreter Services	A1110B: Do you need or want an interpreter to communicate with a doctor or health care staff?	<ul style="list-style-type: none">• Yes
Social Isolation	D0700: How often do you feel lonely or isolated from those around you?	<ul style="list-style-type: none">• Sometimes• Often• Always
Transportation	A1250: Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?	<ul style="list-style-type: none">• Yes, it has kept me from medical appointments or from getting my medications• Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need

2.3.4 How are patients/residents counted in the HRSN data?

The HRSN data captures unique patients/residents admitted by the facility/agency in the specified 12-month period. This means that admitted patients/residents with multiple records in the specified period are counted only once.

2.3.5 What exclusions are applied to the HRSN results?

No exclusions are applied so that results capture the entirety of the provider’s patient/resident population admitted in the defined reporting period.

2.3.6 Which results are included in the report?

The report includes results for three types of metrics presented in two tables, as follows:

- Table 1, “Health-Related Social Need Indicator”:

⁶ Health Literacy, Social Isolation, and Transportation items are collected at both SOC and ROC for HH. Need for Interpreter Services is only collected at SOC.

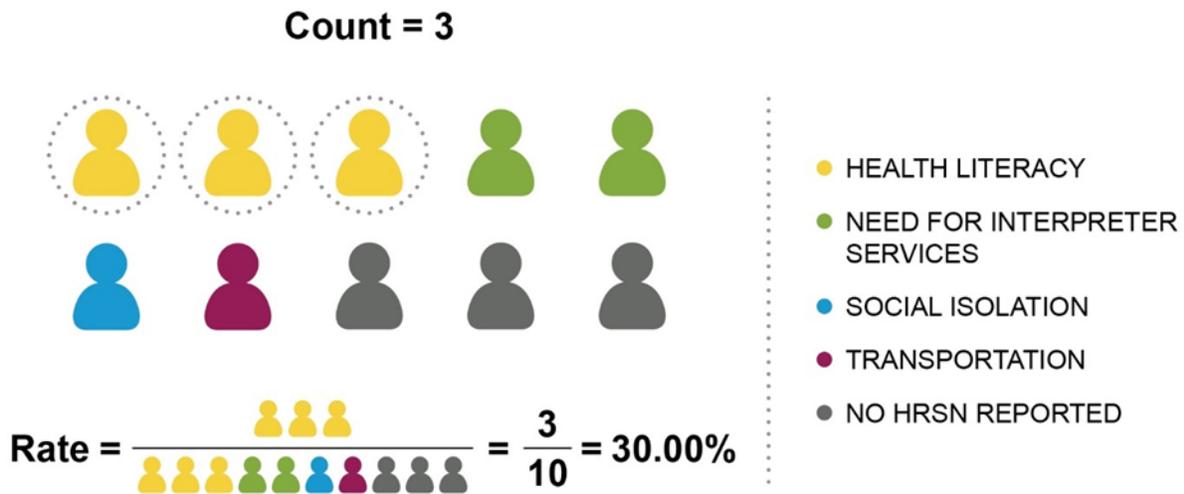
- **Individual HRSN Indicators:** These four indicators identify patients/residents who screened positive for each of the four individual HRSNs: Health Literacy, Need for Interpreter Services, Social Isolation, and Transportation.
- **Overall HRSN Indicator:** This single indicator identifies patients/residents who screened positive for at least one of the four HRSNs.
- Table 2, “Patients/Residents with Health-Related Social Needs”:
- **Number of HRSNs Reported:** These five indicators identify the patients/residents who screened positive for zero, one, two, three, and all four HRSNs.

2.3.7 How are results calculated for the Individual HRSN Indicators?

For each Individual HRSN Indicator (i.e., Health Literacy, Need for Interpreter Services, Social Isolation, and Transportation) your facility/agency’s count is the total number of unique patients/residents who screened positive for the HRSN in the defined period. The rate for each Individual HRSN Indicator is calculated by dividing the Individual HRSN Indicator’s count (numerator) by the facility/agency’s total number of admitted patients/residents in the defined period (denominator) and expressed as a percentage.

Exhibit 2 displays an example calculation for one Individual HRSN Indicator: Health Literacy. This example shows an example IRF⁷ with a patient population of 10. In this example, three, or 30%, of the IRF’s patients screened positive for a health literacy need.

Exhibit 2. Example Calculation for an Individual HRSN Indicator: Health Literacy



2.3.8 How are results calculated for the Overall HRSN Indicator?

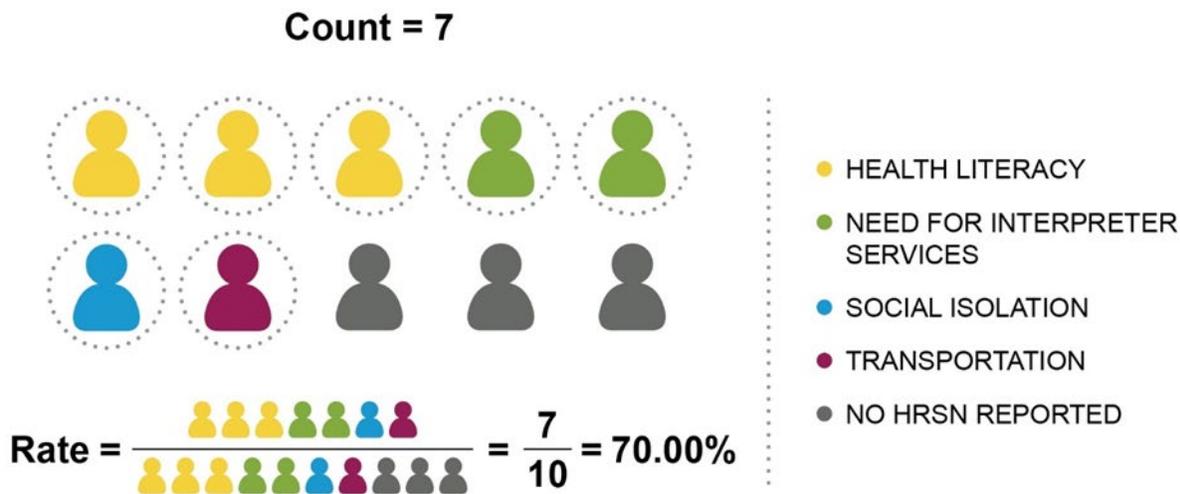
Your facility/agency’s Overall HRSN Indicator count is the total number of unique patients/residents who screened positive for at least one of the HRSNs in the defined period.

⁷ The example uses a fictitious IRF but applies to all PAC settings.

Your facility/agency’s rate is calculated by dividing the Overall HRSN Indicator count (numerator) by the facility/agency’s total number of admitted patients/residents in the defined period (denominator) and expressed as a percentage.

Exhibit 3 displays an example calculation for the Overall HRSN Indicator. This example shows an example IRF⁸ with a patient population of 10. In this example, seven, or 70%, of the IRF’s patients screened positive for at least one HRSN.

Exhibit 3. Example Calculation for Overall HRSN Indicator (At Least One HRSN)



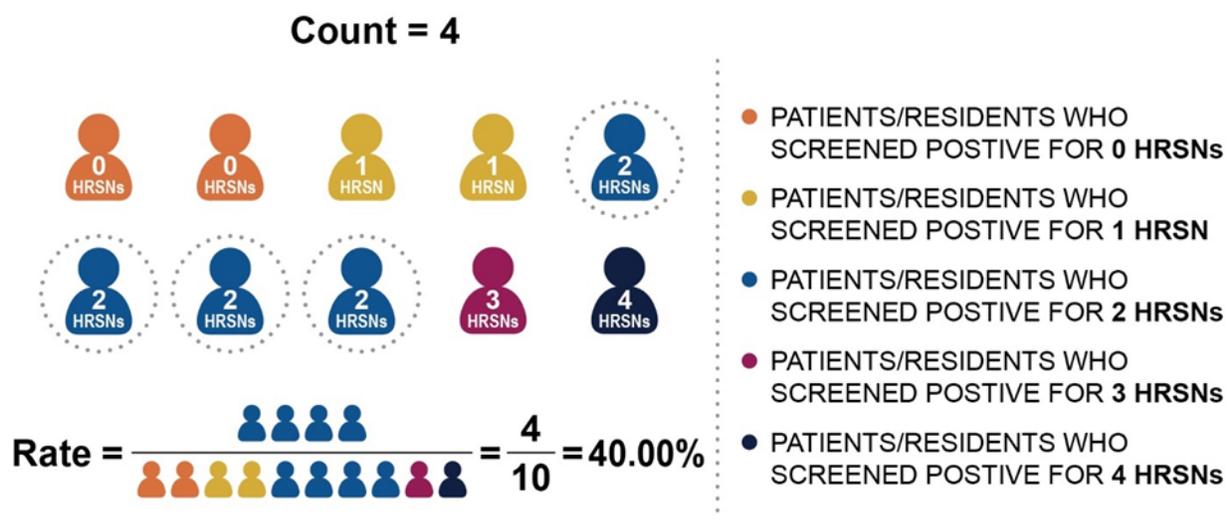
2.3.9 How are results calculated for the Number of HRSNs Reported indicators?

For each Number of HRSNs Reported indicator (i.e., zero, one, two, three, and four HRSNs), your facility/agency’s count is the total number of unique patients/residents who screened positive for the specified number of HRSNs in the defined period. To calculate the *rate* for each “Number of HRSNs Reported” indicator, the count of unique/patients who reported the specified number of HRSNs (numerator) is divided by the facility/agency’s total number of admitted patients/residents (denominator) in the defined period and expressed as a percentage.

Exhibit 4 displays an example calculation for one Number of HRSNs Reported indicator: Two HRSNs Reported. This example shows an example IRF⁸ with a patient population of 10. In this example, four, or 40%, of the IRF’s patients screened positive for two HRSNs.

⁸ The example uses a fictitious IRF but applies to all PAC settings.

Exhibit 4. Example Calculation for Number of HRSNs Reported: Patients with Two HRSNs



2.3.10 What benchmarking data are included in the report?

Your facility/agency's rates for each result are presented alongside the national average rates for providers in your care setting. For HH agencies, rates are also presented alongside the average rates for HH agencies in your state.⁹ These benchmarks are included to give a sense of how your patient/resident HRSN results compare to those of patients/residents in the same setting across your state and nationally.

2.4 Using Results

In this section, CMS responds to questions regarding how you can use and get more information on your Screen Positive for HRSN Indicator Confidential Feedback Report results.

2.4.1 How can PAC providers use the Screen Positive for HRSN Indicator Confidential Feedback Report?

Providers can use these results to inform the development of effective strategies to reduce barriers to care and improve quality care for their patients/residents.

2.4.2 Where should I go if I would like more information on the Screen Positive for HRSN Indicator Confidential Feedback Report?

For further information regarding the Screen Positive for HRSN Indicator Confidential Feedback Report, please refer to:

- Screen Positive for HRSN Indicator Confidential Feedback Report Fact Sheet
- Screen Positive for HRSN Indicator Confidential Feedback Report Educational Webinar

⁹ State averages are only presented for HH to align with the existing HH reporting in iQIES, which includes state benchmarks. State averages are not reported in iQIES for IRF, LTCH, and SNF and therefore are not presented in the Screen Positive for HRSN Indicator reports for these settings.

- Screen Positive for HRSN Indicator Confidential Feedback Report Methodology Report

Providers can access these Education & Outreach materials from the following PAC QRP training webpages: [HH Training Page](#), [IRF Training Page](#), [LTCH Training Page](#). Education & Outreach materials are expected to become available on the [SNF Training Page](#) in Fall 2025.

2.4.3 Where can I ask any additional questions or share feedback with CMS on the Screen Positive for HRSN Indicator Confidential Feedback Report?

If you have any remaining questions or would like to submit feedback to CMS on the Screen Positive for HRSN Indicator Confidential Feedback Report, please submit an email to your provider-specific helpdesk:

- HH: HomeHealthQualityQuestions@cms.hhs.gov
- IRF: IRF.questions@cms.hhs.gov
- LTCH: LTCHQualityQuestions@cms.hhs.gov
- SNF: SNFQualityQuestions@cms.hhs.gov