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**Appendix A****Artificial Intelligence (AI)**

A field of computer science focused on developing machines that can perform tasks requiring human intelligence, such as learning and problem-solving.

**Accountable Care Organization (ACO)**

A group of healthcare providers—such as doctors, hospitals, and other care professionals—who voluntarily come together to provide coordinated, high-quality care to their patients, especially Medicare beneficiaries.

**Center for Medicaid and Medicare Services (CMS)**

A federal agency within the US Department of Health and Human Services. CMS is primarily responsible for administering Medicare, a national health insurance program, and Medicaid, a joint federal and state program that provides health coverage to low-income individuals and families.

**Electronic Health Record (EHR)**

A digital version of a patient's medical history maintained over time by the provider, including diagnoses, medications, and clinical notes.

**International Classification of Diseases (ICD)**

A coding system maintained by the World Health Organization used to classify diseases and health conditions for clinical and billing purposes.

**ICD-10-CM Z-codes**

A subset of codes within the ICD-10-CM system used to identify non-medical factors affecting health status, such as homelessness, poverty, or social isolation. These codes are particularly relevant for documenting social determinants of health in structured EHR fields.

**LOINC (Logical Observation Identifiers Names and Codes)**

A universal standard for identifying laboratory and clinical observations, including survey instruments and social risk screenings. LOINC is commonly used to encode patient-reported outcomes and standardized SDoH assessments within EHR systems.

**Merit-based Incentive System (MIPS)**

A Medicare payment program under the Quality Payment Program (QPP), created by the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA).

**Medicare Shared Services Program (MSSP)**

The largest and most established ACO (Accountable Care Organization) program under Medicare, run by the Centers for Medicare & Medicaid Services (CMS).

**Natural Language Processing (NLP)**

A branch of artificial intelligence that enables computers to analyze and interpret human language.

**Social Determinants of Health (SDoH)**

Non-medical factors such as housing, education, income, and access to transportation that influence health outcomes.

**SNOMED CT (Systematized Nomenclature of Medicine—Clinical Terms)**

A comprehensive, multilingual clinical healthcare terminology that provides standardized codes, terms, and definitions for clinical documentation. SNOMED CT includes concepts for social risk factors and supports semantic interoperability across health information systems.

**REACH Program**

A Medicare alternative payment model launched by CMS (Centers for Medicare & Medicaid Services) to advance health equity, increase access, and strengthen accountability in value-based care.

**Z-code**

A subset of ICD-10-CM codes used to document social and environmental factors affecting health, such as homelessness or unemployment.

**Appendix B**

## Interview Protocols

### Interview Protocol HCP – Hospital and Hospital Administrator

1. How do you see SDOH being collected? Alt/How is SDOH currently being collected?
2. How would you prefer the data to be collected?
3. How do you use SDOH to treat the patient?
4. Is there a method you prefer or wish to have?
5. What demographics do you find most important?
6. Which SDOH would be most appropriate to analyze?
7. What reporting features would you like to see/need?
8. How would data provide more reimbursement?
9. What do you believe SDOH can provide about your patients that you don't already know?
10. Do patient behaviors tie into current patient data/EHR systems? And does that help to determine therapies?

### Interview Protocol: Patient Navigators/Nurses

1. What type of nurse are you? Charge nurse
2. Do you focus on a specific patient type or therapeutic area?
3. Where do you come in on the patient journey for most of your patients?
4. How do you see SDOH being collected? Alt/How is SDOH currently being collected?
5. Is there a specific way you have to currently collect SDOH?
6. What reporting features would you like to see/need?
7. How would data provide more reimbursement?
8. Are you part of the billing and coding process?

### Interview Protocol: Government/Accountable Care Organizations

1. How do you see SDOH being collected?
2. Is this something you currently use?
3. If so, how do you currently use SDOH data in your work?
4. How would you prefer the data to be collected?
5. Is there a method you prefer or wish to have?
6. What demographics do you find most important?
7. Which SDOH would be most appropriate to analyze?
8. What reporting features would you like to see/need?
9. How would data provide more reimbursement?
10. What do you believe SDOH can provide about patients you don't know?