

# Capturing and Coding Social Determinants of Health (SDoH)

*On-Demand*

## A Continuing Education Training Program

### Online, On-Demand Training 24/7

This course is Online, On-Demand with no scheduled classes to attend during your 3-month access to course materials.

### Earn Continuing Education Units (CEUs)



**4.75 CEUs:** This program has been approved for 4.75 continuing education units by the American Institute of Healthcare Compliance for AIHC Certified Professionals. These continuing education units may be applied towards the Core Category CEU Renewal Requirements for the following AIHC credentials: CCRS, CHA, CMDP, COCAS, CORCM, OHCC, and ICDCT-CM.



## What You Will Learn

### Introduction to Social Determinants of Health (SDoH)

- Overview of SDoH
- Intersection Between SDoH and Disasters
- Basic Terms and Concepts
- How Do Providers Address SDoH?

### Outpatient Reimbursement and Documentation for SDoH

- How Payers Address Reimbursement Related to This Important Issue
- Reimbursement Shift to Value-Based Payment Models
- Reimbursement and Capturing SDoH Documentation
- Creating a pathway for data collection
- Disparities Impact Statement
- Measuring SDoH Program Performance

### Inpatient Cost Reports, Disproportionate Share Hospital (DSH) and SDoH

- Addressing SDoH to Reduce Hospital Re-admissions
- Overview of Disproportionate Share Hospital (DSH) – What it is (and isn't)
- Medicaid and MACPAC
- Medicare & Payment Adjustment Methods
- Medicare DSH Uncompensated Care Payment

### Coding for SDoH

- Documentation and Coding from the Medical Record
- 2021 Risk Table, Medical Decision-Making and Evaluation and Management (E/M) Services
- Coding for Administration of Health Risk Assessment Instruments
- How to locate and code SDoH Diagnoses in ICD-10-CM (2022 codes included in course)



## Computer Requirements and Time Limits

To successfully complete this course, you will need high-speed internet access, email, and [Adobe Reader](#). If you do not have Adobe Reader, use the link provided above to download it for free from the Adobe website.

You will have access to the online AIHC Exams training page for 90 days starting on your enrollment date. Your course enrollment will begin within 2-3 business days of the date that the AIHC Office receives your course tuition payment. You will receive notification from our office when your course enrollment begins. Please check with your employer regarding date requirements for your completion of this training.

## Course Tuition Includes:

- Access to the Training page on the AIHC Exams website is provided for 90 days.
- Online Quizzes throughout the training.
- A Certificate of Completion to give to your employer is awarded for passing the course with a minimum score of 80%.

## Cost of this Training:

**Non-Members Pay \$45**

**Members Pay \$30**

## How to Register for this Course

**Register Online – Return to the Course Page, Enroll and Pay!** We accept online registration payment via credit card.



**Register Via Mail or Fax:** Scroll down for a hard copy enrollment form. Mail or fax your completed form to the AIHC Office to submit your registration and payment information.

## Refund Policy




View the Refund Policy Posted on the Home Page of our Website under Financial Policies [www.aihc-assn.org](http://www.aihc-assn.org)



# HARD COPY REGISTRATION FORM

## SDoH Short Course – Online

Please submit one form per person

<b>Name &amp; Credentials:</b>	<b>Enrollment Date:</b>
<b>Home Address:</b>	<b>Employer Name &amp; Address:</b>
<b>Current Job Position:</b>	
<i>(For website administration and registration confirmation)</i> <b>Primary Email Address:</b>	<b>Work Phone Number:</b>
<b>Alternate Email Address:</b>	<b>Alternate or Cell Phone Number:</b>
<b>Credit Card Payment Information:</b>	
 <input type="checkbox"/> MasterCard	 <input type="checkbox"/> VISA
	 <input type="checkbox"/> Discover
Amount Approved on this Credit Card Tuition: <input type="checkbox"/> \$45 Non-Member Price <input type="checkbox"/> \$30 Member Price	
Card Number: _____	
Security Code: _____	Expiration Date: _____
Billing Address for this Card: _____	
Name As It Appears on this Card: _____	
Authorized Signature & Date: _____	
<b>Please Make Checks Payable to: AIHC</b>	
<input type="checkbox"/> \$45 Non-Member Price <input type="checkbox"/> \$30 Member Price	
<b>AIHC Mailing Address: 5000 Gateway Drive, Suite 202, Medina, Ohio 44256</b>	
<b>AIHC Fax Number: (330) 952-0716</b>	
<b>How did you hear about us?</b>	
<input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Co-Worker <input type="checkbox"/> AIHC Website <input type="checkbox"/> Social Media <input type="checkbox"/> Other: _____	

