Instructions for
Care Coordination Report

Background

Oregon Administrative Rules (OARs) 410-141-3500, 410-141-3860, 410-141-3865, 410-141-3870 and 42 CFR 438.208 requires Coordinated Care Organizations (CCOs) implement procedures to deliver care to and coordinate services for all CCO enrollees.

This document provides reporting instructions for the bi-annual Care Coordination Report (CCR) referenced in Exhibit B, Part 2, Section 8, Paragraph a, Sub Paragraph 3 of the 2025 CCO Contract and OAR 410-141-3860 (9).

Instructions for Care Coordination Report

CCOs must submit the Care Coordination Reports twice a year on the due dates listed below. Of note, the data report is due twice a year, but the data must be disaggregated by quarter.

Reporting Periods	Report Due Date
Q1 and Q2 2025 (January 1 – March 31, 2025 and April 1 – June 30, 2025)	August 14, 2025
Q3 and Q4 2025 (July 1 – September 30, 2025, and October 1 – December 31, 2025)	February 14, 2026

Care Coordination data files may be submitted in any of the following file formats:

- ASCII text file*
- Comma-separated values file (CSV)*
- Spreadsheet file (e.g., Excel)
- Other file types as coordinated with OHA

*OHA prefers large data submissions via ASCII text file or Comma-separated values file (CSV).

The report templates are located on the CCO Contract Forms page. Quarterly submissions should be sent via the Contract Deliverables portal. (The submitter must have an OHA account to access the portal.)

If you have questions or concerns about completion of the templates or submitting to the OHA, please email HSD.QualityAssurance@odhsoha.oregon.gov for technical assistance.

Member Risk Stratification Log:

This log is a transaction level report of all members and their risk stratifications during the reporting period. List all members enrolled in the CCO at any point during the reporting period. This includes new members who started their enrollment during the reporting period as well as members continuing enrollment. Include their risk stratification level and whether they have a care plan or not. If a member changes risk stratification levels throughout the time period, list each change on a separate line along with the date of the risk stratification level.

Data Field Name	Data Field Description	Data Field Instructions	Required
Client ID	Member's 8-digit alphanumeric Oregon Health Plan ID number	Enter the Member's 8-digit alphanumeric Oregon Health Plan ID number. Do not enter a CCO or Provider ID number. **Format/Value:** 8-digit alphanumeric value (e.g., AZ19936X).	Yes
Risk stratification occurred during the reporting period.	Did risk stratification occur during the reporting period?	Enter Yes (Y) if it did or No (N) if not. **Format/Value**: 1-digit alphabetic character (Y or N).	Yes
Date of Risk Stratification	Date the member was risk stratified	Enter date the CCO completed risk stratification of the member. If risk stratification was done multiple times within the reporting period, record each instance on a separate line. **Format/Value:** MM/DD/YYYY (e.g., 01/01/2025).	Required if risk stratification was done during the reporting period.
Risk Stratification Level	Risk stratification level of the member.	Enter the risk stratification level of the member 0 = No or low risk 1 = Moderate risk	Required if risk stratification was done during the reporting period.

		2 = High risk **Format/Value:** numeric values 0, 1, or 2 only	
Risk Stratification Indicator	Field to capture if this is an increase, decrease, or the initial risk stratification done on a member.	Enter the risk stratification indicator 0 = Initial Risk Stratification 1 = Decrease 2 = Increase 3 = No change **Format/Value:** numeric values 0, 1, 2 or 3 only	Required if risk stratification was done during the reporting period.
LTSS and/or SHCN Assessment Completion	Date the assessment was completed	Enter the date the CCO completed the assessment for LTSS and/or SHCN member. **Format/Value:** MM/DD/YYYY (e.g., 01/01/2025).	Required if member is identified as LTSS and/or SHCN
Care Plan	Was a care plan developed/modified as a result of the risk level being established or changed?	Enter Yes (Y) if a care plan was developed/modified or No (N) if not. **Format/Value**: 1-digit alphabetic character (Y or N).	Required if risk stratification was done during the reporting period.

Member HRCC and Special Populations Log:

List all members enrolled in the CCO at any point during the reporting period. This includes new members who started their enrollment during the reporting period as well as members continuing enrollment. Per OAR 410-141-3865(3)(g), include the baseline risk stratification level of the member, the number of Health-Related Circumstance Changes (HRCCs) for each member and indicate if they were included in any of the listed special population groups during the reporting period.

Data Field Name	Data Field Description	Data Field Instructions	Required

Client ID	Member's 8-digit alphanumeric Oregon Health Plan ID number	Enter the Member's 8-digit alphanumeric Oregon Health Plan ID number. Do not enter a CCO or Provider ID number. **Format/Value:** 8-digit alphanumeric value (e.g., AZ19936X).	Yes
Baseline Risk Stratification	Baseline Risk stratification level of the member as of 1/1/2025	Enter the risk stratification level of the member 0 = No or low risk 1 = Moderate risk 2 = High risk **Format/Value:** numeric values 0, 1, or 2 only	Yes
HRCC Change Number	Please indicate the number of times the individual has had a Health-Related Circumstance Change (HRCC) during the reporting period.	Enter the number of changes. If there were no changes, report '0'. **Format/Value:** numeric values	Yes
Individuals readmitted to hospital in less than 30 days from discharge for any reason	Please indicate if the individual was readmitted to the hospital in less than 30 days from discharge for any reason during the reporting period.	Enter Yes (Y) if the individual was readmitted to the hospital in less than 30 days from discharge for any reason or No (N) if not. **Format/Value**: 1-digit alphabetic character (Y or N).	Yes
Individuals with ER visit resulting in risk level change	Please indicate if the individual had an ER visit resulting in a risk level change during the reporting period.	Enter Yes (Y) if the individual had an ER visit during the reporting period that resulted in a risk level change or No (N) if not.	Yes

		Format/Value: 1-digit alphabetic character (Y or N).	
Individuals with LTSS needs	Please indicate if the individual has been identified as having LTSS needs.	Enter Yes (Y) if the individual has been identified as having LTSS needs or No (N) if not. **Format/Value**: 1-digit alphabetic character (Y or N).	Yes
Individuals involved in mobile crisis response or crisis services	Please indicate if the individual was involved in mobile crisis response.	Enter Yes (Y) if the individual was involved in mobile crisis response or No (N) if not. **Format/Value**: 1-digit alphabetic character (Y or N).	Yes
Individuals with chronic disease diagnosis	Please indicate if the individual has a chronic disease diagnosis or not.	Enter Yes (Y) if the individual has a chronic disease diagnosis or No (N) if not. **Format/Value**: 1-digit alphabetic character (Y or N).	Yes
Individuals with complex behavioral health diagnosis, including Substance Use Disorders or Serious and Persistent Mental Illness	Please indicate if the individual has a behavioral health diagnosis or not.	Enter Yes (Y) if the individual has a complex behavioral health diagnosis or No (N) if not. **Format/Value**: 1-digit alphabetic character (Y or N).	Yes
Individuals with Intellectual/developmental disability diagnosis	Please indicate if the individual has an intellectual/developmental disability diagnosis.	Enter Yes (Y) if the individual has an intellectual/developmental disability diagnosis or No (N) if not.	Yes

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		Format/Value: 1-digit alphabetic character (Y or N).	
Individuals recently homeless or at risk for homelessness or non-placement	Please indicate if the individual has recently been or is at risk for homelessness or non-placement.	Enter Yes (Y) if the individual has recently or is at risk for homelessness or non-placement or No (N) if not. **Format/Value**: 1-digit alphabetic character (Y or N).	Yes
Individuals with newly identified HRSN eligible diagnosis	Please indicate if the individual has a newly identified HRSN eligible diagnosis.	Enter Yes (Y) if the individual has an HRSN eligible diagnosis or No (N) if not. **Format/Value**: 1-digit alphabetic character (Y or N).	Yes
Individuals with two or more caregiver placements in past six months	Please indicate if the individual has two or more caregiver placement in the past six months.	Enter Yes (Y) if the individual has had two or more caregiver placements in the past six months or No (N) if not. **Format/Value**: 1-digit alphabetic character (Y or N).	Yes
Individuals discharged from carceral settings (Including state, federal prisons, local jail or correctional facilities, tribal correctional facilities and juvenile detention)	Please indicate if the individual has been discharged from a carceral setting (Including state, federal prisons, local jail or correctional facilities, tribal correctional facilities and juvenile detention)	Enter Yes (Y) if the individual discharged from a correctional facility (Including state, federal prisons, local jail or correctional facilities, tribal correctional facilities and juvenile detention) during the reporting period or No (N) if not.	Yes

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		Format/Value: 1-digit alphabetic character (Y or N).	
Individuals discharged from other residential or long-term care settings	Please indicate if the individual has been discharged from other residential or long-term care settings.	Enter Yes (Y) if the individual was discharged from other residential or long-term care settings or No (N) if not. **Format/Value**: 1-digit alphabetic character (Y or N).	Yes
Individuals leaving from a Condition Specific Program or Facility	Please indicate if the individual is leaving from a Condition Specific Program or Facility (OAR 410-141-3500).	Enter Yes (Y) if the individual was leaving from a condition specific program or facility during the reporting period or No (N) if not. **Format/Value**: 1-digit alphabetic character (Y or N).	Yes
Individuals with orders for home health	Please indicate if the individual has orders for home health.	Enter Yes (Y) if the individual has orders for home health or No (N) if not. **Format/Value**: 1-digit alphabetic character (Y or N).	Yes
Individuals with orders for hospice	Please indicate if the individual has orders for hospice.	Enter Yes (Y) if the individual has orders for hospice or No (N) if not. **Format/Value**: 1-digit alphabetic character (Y or N).	Yes
Individuals with orders for Palliative Care	Please indicate if the individual has orders for Palliative Care.	Enter Yes (Y) if the individual has orders for	Yes

		Palliative Care or No (N) if not. **Format/Value**: 1-digit alphabetic character (Y or N).	
Individuals entering or changing placement in foster care	Please indicate if the individual is entering or changing placement in foster care.	Enter Yes (Y) if the individual entered or changed placements in foster care during the reporting period or No (N) if not. **Format/Value**: 1-digit alphabetic character (Y or N).	Yes
Individuals receiving APD services	Please indicate if the individual is receiving APD services.	Enter Yes (Y) if the individual received APD services during the reporting period or No (N) if not. **Format/Value**: 1-digit alphabetic character (Y or N).	Yes
Individuals discharged from an Institute of Mental Disease	Please indicate if the individual was discharged from an Institute of Mental Disease.	Enter Yes (Y) if the individual was discharged from an institute of mental disease during the reporting period or No (N) if not. **Format/Value**: 1-digit alphabetic character (Y or N).	Yes

Aggregate Level Care Coordination Log

CCOs must report aggregate statistics reflecting care coordination activities that took place during the reporting time period. Specific items requiring reporting are listed below. ==*Note: The values reported in rows 2 (New member HRAs within 90 days), 3 (New member HRAs outside 90 days), and 4 (New member HRA incomplete) should add up to the value reported in row 1 (New members enrolled).*==

Data Field Name	Data Field Description	Date Field Instructions	Required
New members enrolled	The number of new members enrolled during the reporting time period.	Enter the number of new members enrolled in the CCO during the reporting period. **Format/Value:** numeric values 0-9 only	Yes
New member completed HRAs within 90 days	The number of new members enrolled during the reporting time period who had an HRA completed within the first 90 days.	Enter the number of new members enrolled during the reporting time period who had an HRA completed within the first 90 days. **Format/Value:** numeric values 0-9 only	Yes
New member completed HRAs outside 90 days	The number of new members enrolled during the reporting time period who had an HRA completed more than 90 days from enrollment.	Enter the number of new members enrolled during the reporting time period who had an HRA completed more than 90 days from enrollment. **Format/Value:** numeric values 0-9 only	Yes
Health-Related Circumstance Change Moderate or High-Risk level status	The number of Health-related Circumstance Changes (HCC) during the reporting period which resulted in a member moving to a 'Moderate' or 'High' risk status.	Report the number of Health-related Circumstance Change (HRCC) events during the reporting period which resulted in a member moving to a 'Moderate' or 'High' risk status. *This should be a subset of the number reported above.* **Format/Value:** numeric values 0-9 only	Yes

HRCC Time to Risk Stratification	The average time between a Health-related Circumstance Change (HRCC) and risk stratification (RS).	Report the average number of days between a Health-related Circumstance Change and completion of new risk stratification assessment. **Calculation:** Sum of days between HRCC and RS divided by total number of HRCCs during the reporting period. **Format/Value:** numeric values 0-9 only (decimals allowed).	Yes
HRCC Time to Outreach	The average time between a Health-related Circumstance Change (HRCC) and outreach to the member.	Report the average number of days between a Health-related Circumstance Change and outreach to the member. **Calculation:** Sum of days between HRCC and Outreach divided by total number of HRCCs during the reporting period. **Format/Value:** numeric values 0-9 only (decimals allowed).	Yes
Risk Stratification time to Care Plan	The average time from determining moderate or high-risk level change for a member to development of care plan.	Report the average number of days between Risk Stratification (RS) and initiation or reevaluation of a care plan for members. **Calculation:** Sum of days between RS and Care Plan initiation or reevaluation divided by total number of HRCCs during the reporting period. **Format/Value:** numeric values 0-9 only (decimals allowed).	Yes
Non-engaged members	The number of members classified as non-engaged	Report the number of members classified as non-engaged in care coordination activities according to the CCO's policy.	Yes

Waitlist	The number of members listed on a waitlist to receive services as an activity of Care Coordination.	Report the average number of days members on a waitlist during the reporting period.	

Narrative Response Requirements:

1. Please provide an overview of the CCO's care coordination staffing model. In the response, provide the number and types of clinical and non-clinical staff directly involved in care coordination, included but not limited to Interdisciplinary Team Meetings, readmission, complex care, and Emergency Room case management.
2. Please provide the CCO's definition of a non-engaged member.
3. What progress has been made to establish information sharing with healthcare partners (APD, CW, etc.) since the initial Risk Stratification demonstration.
4. Please describe any changes to the CCO's approved risk stratification model.