



OREGON HEALTH PLAN
Coordinated Care Organizations

Instructions for submitting
Social Needs Service Coordination Report

General Information

The Social Needs Services Coordination Report includes information on Health-Related Social Needs (HRSN) program member identification, HRSN program closed loop referrals and care coordination, and social needs providers for CCO programs beyond the HRSN program. Please submit all reports via the CCO Deliverables Portal located at <https://oha-cco.powerappsportals.us/>. The submitter must have an OHA account to access the portal.

Coordinated Care Organizations (CCOs) must send the following quarterly reports to OHA no later than 45 calendar days from the end of each calendar quarter:

- HRSN Member Identification
- HRSN Closed Loop Referrals and Care Coordination – Manual
- HRSN Closed Loop Referrals and Care Coordination – Community Information Exchange (CIE)

Coordinated Care Organizations must send the following biannual (twice yearly) report to OHA no later than 45 calendar days from the end of both the first and third calendar quarters:

- Social Needs Providers

Please use the Social Needs Service Coordination Report template posted on the [CCO Contract Forms](#) page. The tables in this guidance document provide expanded definitions of the data to be entered in the Social Needs Service Coordination Report template.

HRSN Member Identification	Due to OHA: 05/15/25, 08/14/25, 11/14/25, 02/17/26
HRSN Closed Loop Referrals and Care Coordination – Manual	Due to OHA: 05/15/25, 08/14/25, 11/14/25, 02/17/26
HRSN Closed Loop Referrals and Care Coordination – Community Information Exchange (CIE)	Due to OHA: 05/15/25, 08/14/25, 11/14/25, 02/17/26
Social Needs Providers	Due to OHA: 05/15/25, 11/14/25

HRSN Member Identification:

The Member Identification tab collects information about the member's first interaction (direct or indirect) with a CCO as it relates to HRSN services. The data here should represent the potentially eligible population before services are authorized or denied. The Member Identification tab should include all requests for HRSN services (whether from members, caregivers, HRSN providers/Connectors, and/or FFS/Open Card or

other CCOs), and all CCO-identified members to whom the CCO has provided initial outreach.

Data Field Name	Data Field Description	Data Field Instructions	Required
Member's OHP Medicaid Number	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
Member's Date of Birth	Date the member was born	Enter the Member's date of birth (DOB). Format/Value: MM/DD/YYYY (e.g., 01/01/2023).	Yes
Method of identifying potential HRSN recipient	Method by which member was identified as potentially eligible for HRSN service	Select the appropriate entry from the following options: 1. Request from member/caregiver (self-referral/caregiver referral); 2. Request from HRSN Connector; 3. Request from HRSN Provider; 4. CCO-identified (e.g. care management team, other); 5. Request from Open Card or another CCO; or 6. Other Format/Value: Dropdown menu.	Yes
Identification Date	Date the potentially eligible HRSN member was identified	Enter one of the following: 1. Date at which the member or caregiver requested services; 2. Date at which a connector, provider, requested services on a members' behalf (or at which FFS/Open Card contractor or other CCO forwarded a request on behalf of a member); or if CCO identified 3. The first date at which the CCO reached out to the member to establish eligibility and need	Yes

Data Field Name	Data Field Description	Date Field Instructions	Required
		<p>If there are two dates that could be used, report the earlier of the two.</p> <p>Format/Value: MM/DD/YYYY (e.g., 01/01/2023).</p>	
Climate Service	Indicate if member is potentially eligible and/or requesting climate services	<p>Enter a 'Y' if the member is potentially eligible and/or requesting climate services; or enter 'N' if the member is not requesting climate services.</p> <p>Format/Value: 1-digit alphabetic character / 'Y' = Yes, 'N' = No. Null Value: Blank – do not use NA, N/A, or other conventions.</p>	Yes
Housing Service	Indicate if member is potentially eligible and/or requesting housing services	<p>Enter a 'Y' if the member is potentially eligible and/or requesting housing services; or enter 'N' if the member is not requesting housing services.</p> <p>Format/Value: 1-digit alphabetic character / 'Y' = Yes, 'N' = No. Null Value: Blank – do not use NA, N/A, or other conventions.</p>	
Nutrition Service	Indicate if member is potentially eligible and/or requesting nutrition services	<p>Enter a 'Y' if the member is potentially eligible and/or requesting nutrition services; or enter 'N' if the member is not requesting nutrition services.</p> <p>Format/Value: 1-digit alphabetic character / 'Y' = Yes, 'N' = No. Null Value: Blank – do not use NA, N/A, or other conventions.</p>	
Outreach & Engagement (O&E) Service	Indicate if member is potentially eligible and/or requesting outreach & engagement services	<p>Enter a 'Y' if the member is potentially eligible and/or requesting O&E services; or enter 'N' if the member is not requesting O&E services.</p> <p>Format/Value: 1-digit alphabetic character / 'Y' = Yes, 'N' = No.</p>	

Data Field Name	Data Field Description	Data Field Instructions	Required
		<p>Null Value: Blank – do not use NA, N/A, or other conventions.</p>	
<p>HRSN Covered Population</p>	<p>HRSN covered population that the member is in</p>	<p>Select the appropriate population from the following options:</p> <ol style="list-style-type: none"> 1. Adults and youth discharged from an HRSN Eligible Behavioral Health Facility; 2. Adults and youth released from incarceration; 3. Individuals currently or previously involved in Oregon’s child welfare system; 4. Individuals transitioning to dual Medicaid and Medicare status; 5. Individuals who are homeless; 6. Individuals who are at risk of homelessness; or 7. Young adults with Special Health Care Needs (YSHCN) <p>If a member falls into multiple HRSN covered populations, use subsequent columns to indicate additional populations. Preference member self-identification for selecting primary population.</p> <p>Format/Value: Dropdown menu.</p>	<p>Yes</p>
<p>Second HRSN Covered Population</p>	<p>HRSN covered population that the member is in</p>	<p>If member belongs to multiple populations (listed above) please list additional population here.</p> <p>Format/Value: Dropdown menu.</p>	<p>Optional</p>
<p>Third HRSN Covered Population</p>	<p>HRSN covered population that the member is in</p>	<p>If member belongs to multiple populations (listed above) please list additional population here.</p> <p>Format/Value: Dropdown menu.</p>	<p>Optional</p>

HRSN Closed Loop Referrals and Care Coordination – Manual:

The HRSN Manual Referrals tab is to be used when the CCO receives closed-loop referral reports from HRSN providers through any system that is not Community Information Exchange (CIE). If a CCO receives all their closed-loop referral data through CIE, then the HRSN Manual Referrals tab can be left blank.

Each row represents a referral attempt to a single organization for a single service. If a member is receiving multiple services and/or if a single referral covers multiple services, there should be multiple rows with unique service IDs that correspond respectively. A separate line should also be used for every referral attempt for the same service (e.g., first attempt to Organization A is declined and member is subsequently referred to Organization B). Data elements ‘Referral Status’ and ‘Service Status’ could change for a single referral attempt over the course of a quarter; CCOs should report the final status of each referral attempt as of the end of the reporting period.

Data Field Name	Data Field Description	Date Field Instructions	Required
Unique Service-level ID	Unique service identification number	Enter one of the following: <ol style="list-style-type: none"> 1. Unique service-level internal identification number. Or; 2. Sequential number with “SERV” in front such as: SERV#. (e.g., SERV1, SERV2, SERV3...) Each quarter, the numbering will start over and begin with 1 again. Format/Value: alphanumeric characters, spaces, special characters associated with ID #s.	Yes
Member’s OHP Medicaid Number	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
Member’s Date of Birth	Date the member was born	Enter the Member’s date of birth (DOB). Format/Value: MM/DD/YYYY (e.g., 01/01/2023).	Yes

Data Field Name	Data Field Description	Data Field Instructions	Required
Does the Member Have an HRSN Person Centered Service Plan?	Indicate if member has an HRSN person-centered service plan	Enter a 'Y' if the member has an HRSN person-centered service plan; or enter 'N' if the member does not have an HRSN person-centered service plan. Format/Value: 1-digit alphabetic character / 'Y' = Yes, 'N' = No.	Yes
Procedure Code	Procedure code, as identified in fee schedule	Enter the procedure code for the specific HRSN service being referred, as identified in the fee schedule. Format/Value: 5-digit alphanumeric value (e.g., S5165). Null Value: Blank – do not use NA, N/A, or other conventions.	Yes
Modifier Code(s)	Modifier code(s) as identified in fee schedule	Enter the modifier code(s), as identified in the fee schedule. If entering multiple codes, separate each with a semi-colon. Format/Value: 2-digit alphanumeric value (e.g., V1). Null Value: Blank – do not use NA, N/A, or other conventions.	Yes
Date of the Referral	Date the member was referred to an HRSN provider to receive services	Enter the date at which the member was referred to an HRSN provider to receive services. Format/Value: MM/DD/YYYY (e.g., 01/01/2023).	Yes
Provider Name/ Organization Name to Which Member is Referred	Name of enrolled HRSN provider	Enter the name of the HRSN provider. For multiple referrals provided for the same member for the same service, record each referral on a separate line. Format/Value: alphabetic characters, spaces, special characters associated with names.	Yes

Data Field Name	Data Field Description	Data Field Instructions	Required
DMAP_ID	Individual Service Provider's DMAP (Medicaid ID)	<p>This data field must be populated with the Individual Provider's Group, Clinic, or Organization's ID issued upon enrollment as an Oregon Medicaid provider.</p> <p>Format/Value: 6 or 9-digit numeric value.</p>	Yes
Referral Status	Status of referral	<p>Select the appropriate referral status as it stands at the end of the quarter, from the following options:</p> <ol style="list-style-type: none"> 1. Sent; 2. Recalled; 3. Rejected; or 4. Accepted <p>Format/Value: Dropdown menu; select one.</p>	Yes
Date of Outreach	Date the HRSN provider first attempted to contact the member after accepting the referral	<p>Enter the date at which the HRSN provider first attempted to contact the member. Leave blank if Referral Status is Sent, Recalled, or Rejected. Leave blank if HRSN provider outreach to member has not yet occurred.</p> <p>Format/Value: MM/DD/YYYY (e.g., 01/01/2023).</p> <p>Null Value: Blank – do not use NA, N/A, or other conventions.</p>	Optional field as of 1/1/25. Required field as of 7/1/2025.
Service Status	Indicate if service has been rendered	<p>Select the appropriate service status from the following options to indicate whether service has been rendered:</p> <ol style="list-style-type: none"> 1. Yes; 2. No; or 3. Pending <p>Format/Value: Dropdown menu; select one.</p>	Yes

Data Field Name	Data Field Description	Date Field Instructions	Required
Service Status Reason	Reason for status of service	Select the appropriate reason from the following options to further detail service status: 1. Yes - service provided; 2. No – member no longer interested; 3. No – unable to reach member; 4. No - couldn't provide help (for example: deceased, unsafe environment for install, etc.); or 5. Pending – referral in progress Format/Value: Dropdown menu; select one.	Yes

HRSN Closed Loop Referrals and Care Coordination - CIE:

The HRSN CIE Referrals tab is to be used for when the CCO receives closed loop referral reports from HRSN providers through Community Information Exchange (CIE). If a CCO receives all their closed loop referral data through other processes, then the HRSN CIE Referrals tab can be left blank. The HRSN CIE Referrals tab is meant to mirror options found in Connect Oregon/Unite Us and findhelp systems.

Each row represents a referral attempt to a single organization for a single service. If a member is receiving multiple services and/or if a single referral covers multiple services, there should be multiple rows with unique service IDs that correspond respectively. A separate line should also be used for every referral attempt for the same service (e.g., first attempt to Organization A is declined and member is subsequently referred to Organization B). Data elements 'Referral Status' and 'Service Status' could change for a single referral attempt over the course of a quarter; CCOs should report the final status of each referral attempt as of the end of the reporting period.

Data Field Name	Data Field Description	Date Field Instructions	Required
Unique Service-level ID	Unique service identification number	Enter one of the following: 1. Unique service-level internal identification number. Or; 2. Sequential number with "SERV" in front such as: SERV#. (e.g., SERV1, SERV2, SERV3...) Each quarter, the numbering will start over and begin with 1 again.	Yes

Data Field Name	Data Field Description	Data Field Instructions	Required
		<p>Format/Value: alphanumeric characters, spaces, special characters associated with ID #s.</p>	
<p>Member's OHP Medicaid Number</p>	<p>Member's 8-digit alphanumeric Oregon Health Plan ID number</p>	<p>Enter the Member's 8-digit alphanumeric Oregon Health Plan ID number. Do not enter a CCO or Provider ID number.</p> <p>Format/Value: 8-digit alphanumeric value (e.g., AZ19936X).</p>	<p>Yes</p>
<p>Member's Date of Birth</p>	<p>Date the Member was born</p>	<p>Enter the Member's date of birth (DOB).</p> <p>Format/Value: MM/DD/YYYY (e.g., 01/01/2023).</p>	<p>Yes</p>
<p>Does the Member Have an HRSN Person Centered Service Plan?</p>	<p>Indicate if member has an HRSN person-centered service plan</p>	<p>Enter a 'Y' if the member has an HRSN person-centered service plan; or enter 'N' if the member does not have an HRSN person-centered service plan.</p> <p>Format/Value: 1-digit alphabetic character / 'Y' = Yes, 'N' = No.</p>	<p>Yes</p>
<p>Procedure Code</p>	<p>Procedure code, as identified in fee schedule</p>	<p>Enter the procedure code for the specific HRSN service being referred, as identified in the fee schedule.</p> <p>Format/Value: 5-digit alphanumeric value (e.g., S5165). Null Value: Blank – do not use NA, N/A, or other conventions.</p>	<p>Yes</p>
<p>Modifier Code(s)</p>	<p>Modifier code(s) as identified in fee schedule</p>	<p>Enter the modifier code(s), as identified in the fee schedule. If entering multiple codes, separate each with a semi-colon.</p> <p>Format/Value: 2-digit alphanumeric value (e.g., V1). Null Value: Blank – do not use NA, N/A, or other conventions.</p>	<p>Yes</p>

Data Field Name	Data Field Description	Data Field Instructions	Required
Date of the Referral	Date the member was referred to an HRSN provider to receive services	Enter the date at which the member was referred to an HRSN provider to receive services. Format/Value: MM/DD/YYYY (e.g., 01/01/2023).	Yes
Provider Name/ Organization Name to Which Member is Referred	Name of enrolled HRSN provider	Enter the name of the HRSN provider. For multiple referrals provided to the same member for the same service, record each referral on a separate line. Format/Value: alphabetic characters, spaces, special characters associated with names.	Yes
DMAP ID	Individual Service Provider's DMAP (Medicaid ID)	This data field must be populated with the Individual Provider's Group, Clinic, or Organization's ID issued upon enrollment as an Oregon Medicaid provider. Format/Value: 6 or 9-digit numeric value.	Yes
Referral Status	Status of referral	Select the appropriate referral status from the following options: <ol style="list-style-type: none"> 1. Sent; 2. In Review; 3. Recalled; 4. Auto-Recalled; 5. Rejected; or 6. Accepted Options for findhelp: <ol style="list-style-type: none"> 7. Not Updated 8. Needs client action 9. Pending 10. Eligible 11. Referred Elsewhere Format/Value: Dropdown menu; select one.	Yes

Data Field Name	Data Field Description	Date Field Instructions	Required
Date of Outreach	Date the organization first attempted to contact the member	Enter the date at which the organization first attempted to contact the member. Leave blank if Referral Status is Sent, In-Review, Recalled, Auto-Recalled, or Rejected. Leave blank if outreach has not yet occurred. Format/Value: MM/DD/YYYY (e.g., 01/01/2023). Null Value: Blank – do not use NA, N/A, or other conventions.	Optional field as of 1/1/25. Required field as of 6/1/2025.
Service Status Reason	Reason for status of service	Enter the appropriate detailed reason as it is displayed in CIE. Format/Value: Open text field	Yes

Social Needs Providers:

The Social Needs Providers tab is a record of all providers the CCO is paying to deliver social needs services across all social needs spending programs. The Social Needs Providers tab includes providers offering services through Health-Related Services (HRS), Supporting Health for All through Reinvestment (SHARE), and other social needs spending programs (exclusive of HRSN). CCOs are still required to report HRSN providers biannually in the Delivery Service Network (DSN), thus CCOs do not need to duplicate reporting of providers who only provide HRSN services in this tab.

For the purposes of this report, OHA defines social needs providers to include providers offering services to address health-related social needs as defined in OAR 410-141-3735 (inclusive of but also beyond the Medicaid programs Health-Related Social Needs benefit). For example, a provider who a CCO pays to deliver housing supports to a member that does not qualify under an HRSN Covered Population would be a “social needs provider” for the purposes of this report.

Data Field Name	Data Field Description	Date Field Instructions	Required
Provider/ Organization Name	Name of provider or organization	Enter the name of the provider or organization.	Yes

Data Field Name	Data Field Description	Data Field Instructions	Required
		<p>Format/Value: alphabetic characters, spaces, special characters associated with names.</p>	
<p>Tax Identification Number (TIN)</p>	<p>Provider Tax identification number</p>	<p>Enter the provider's tax identification number (TIN).</p> <p>Format/Value: 9-digit numeric value.</p>	<p>Yes</p>
<p>HRS</p>	<p>Indicate if services provided under HRS flexible services and/or HRS community benefit initiatives funding</p>	<p>Enter a 'Y' if provider/organization provides services via HRS flexible services and/or HRS community benefit initiatives; or enter 'N' if provider/organization does not provide HRS services.</p> <p>Format/Value: 1-digit alphabetic character / 'Y' = Yes, 'N' = No.</p>	<p>Yes</p>
<p>SHARE</p>	<p>Indicate if services provided via SHARE Initiative funding</p>	<p>Enter a 'Y' if provider/organization provides services via SHARE Initiative; or enter 'N' if provider/organization does not provide SHARE Initiative services.</p> <p>Format/Value: 1-digit alphabetic character / 'Y' = Yes, 'N' = No.</p>	<p>Yes</p>
<p>Other</p>	<p>Indicate if services provided via funding from another program or source other than HRSN (reported elsewhere, HRS, or SHARE)</p>	<p>Enter a 'Y' if provider/organization provides services outside of HRS, SHARE, or HRSN; or enter 'N' if provider/organization does not provide services outside of HRS, SHARE, or HRSN.</p> <p>Format/Value: 1-digit alphabetic character / 'Y' = Yes, 'N' = No.</p>	<p>Yes</p>
<p>Address 1</p>	<p>First line of provider's or organization's address</p>	<p>Enter the first line of the provider or organization's physical street address.</p> <p>Format/Value: alphanumeric characters, spaces, special characters associated with addresses.</p>	<p>Yes</p>

Data Field Name	Data Field Description	Data Field Instructions	Required
Address 2	Second line of provider's or organization's address	<p>This data field identifies the individual provider or organization's site location (suite number, etc.) Leave blank if none.</p> <p>Format/Value: alphanumeric characters, spaces, special characters associated with addresses.</p> <p>Null Value: Blank – do not use NA, N/A, or other conventions.</p>	Yes, when applicable
City	Provider's or organization's city	<p>Enter the city where the provider or organization is located.</p> <p>Format/Value: alphabetic characters, spaces, special characters associated with city names.</p>	Yes
State	Provider's or organization's state	<p>Enter the state where the provider or organization is located.</p> <p>Format/Value: alphabetic characters, spaces, special characters associated with state names.</p>	Yes
Zip	Provider's or organization's zip code	<p>Enter the zip code where the provider or organization is located.</p> <p>Format/Value: 5-digit numeric value.</p>	Yes
Phone	Provider's or organization's phone number	<p>Enter the phone number of the provider or organization.</p> <p>Format/Value: 10-digit numeric value.</p>	Optional
Website	Provider's or organization's website	<p>Enter the web address/URL for the provider's or organization's website.</p> <p>Format/Value: alphabetic characters, spaces, special characters associated with website addresses.</p>	Optional
Contract Status	Indicate if provider or organization has a current formal	<p>Enter a 'Y' if provider/organization has a current formal agreement with CCO (e.g. contract, grant, memorandum of understanding, data use agreement); or</p>	Optional field as of 1/1/25. Required

Data Field Name	Data Field Description	Data Field Instructions	Required
	agreement with CCO	enter 'N' if provider/organization does not have a formal agreement with CCO. Format/Value: 1-digit alphabetic character / 'Y' = Yes, 'N' = No.	field as of 1/1/2026.