

Social Determinants of Health: Social Needs Screening & Referral

[Link to OHA Technical Specifications](#)

Who: All patients assigned to the CCO who are continuously enrolled for at least 180 days in the year.

Why: In recent years, recognition has grown of the profound impact social factors like income, environmental conditions and racism have on a person's health. The goal of the Social Needs Screening and Referral measure is that CCO members have their social needs acknowledged and addressed in an equitable and trauma-informed way.

What:

This measure seeks to assess CCOs' action plans to ensure social needs screenings and referrals are implemented in an equitable and trauma-informed manner. This will also measure the percentage of CCO members screened and, as appropriate, referred for services for three domains: (1) housing insecurity, (2) food insecurity, and (3) transportation needs.

How:

Component 1: the CCO must: (1) answer all self-assessment questions and (2) attest to having accomplished all "must-pass" elements required for that year. These elements assess how well CCOs identify and coordinate services for members with social needs in the domains of:

1. Food insecurity
2. Housing insecurity
3. Transportation needs

Component 2: the CCO will report the percentage of screened CCO members through hybrid measure reporting. The data for this component will be pulled using a variety of sources, such as:

- **MMIS/DSSURS** – OHA's repository of claims where codes represent identified social needs.
- **EHR** – we can work with your organization to build this reporting capacity.
- **Community Information Exchanges (CIE)** – CareOregon is supporting the utilization of the UniteUs platform.
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Measurement Period:

Component 1 - January 1, 2025 to December 31, 2025

Component 2 – December 15, 2024 to December 14, 2025

2025 Changes: Changes for 2025 include OHA providing CCOs with a population sample of 1067 members. This does not have an impact on how providers report or collect this information. For more details, please refer to the OHA technical specifications at [SDoH Technical Specs](#).

Note on approved OHA screeners: A list of OHA approved screeners may be found [here on the OHA website](#). OHA expects new tools to be added as the metric grows during its glidepath and will be reviewing new SDoH screening tools, annually. Please reach out to your Innovation Specialist or Quality Improvement analyst to discuss any screening tools that your clinic would like to submit to OHA for an exemption.

Performance Measure Set: CCO Incentive Medicare Star Rating
Quality Measurement Type: Structure Process Outcome Patient Experience
Data Types:
MY2025+: Claims Chart Documentation eCQM Other
State Benchmark:
- Component 1: Meet all required 2025 self-assessment elements.
- Component 2: Reporting Only with 90% completeness threshold