

# Social Determinants of Health (SDoH) Reporting Guidance

To support clinical and community-based organization (CBO) partners in selecting a method for reporting social needs screenings and referrals, Umpqua Health Alliance (UHA) has identified four (4) available submission options. This document also outlines the required data elements for reporting screenings and referrals related to housing, food, and transportation.

First Tier Reporting	
Clinical Data Feed	<p>This option is ideal for primary care practices or organizations with an existing data feed established with UHA.</p> <p>For more information or questions about data specifications, please contact UHA at <a href="mailto:UHQualityImprovement@umpquahealth.com">UHQualityImprovement@umpquahealth.com</a>.</p>
Unite Us	<p>Organizations may use screening tools such as PRAPARE, AHC, Health Leads, Hunger Vital Signs, or the Screener of Screeners and submit referrals through Unite Us. UHA receives data feeds directly from Unite Us, ensuring all required data points are captured.</p> <p>To learn more about using Unite Us for screening and referrals, contact <a href="#">Kristin</a> to schedule a meeting.</p>
Second Tier Reporting	
Billing	<p>Billable entities can document whether a social needs screening was completed and whether the patient screened positive for a need.</p> <p>However, this method must be paired with another reporting source to capture all required data elements related to both screening and referral outcomes.</p>
Annual Chart Review	<p>Organizations may choose to complete a manual reporting process in which UHA provides a list of members, and the organization returns a completed spreadsheet with the required data.</p> <p>This would be a one-time data request distributed in Q1 following the close of the measurement year.</p>

## Data Elements Required for Reporting:

- **Which screening tool was used?**
- **What was the date of the screening & referral?**
  - The referral must be sent within 15 days of an SDoH need being identified.
- **Who completed the screening?**
  - i.e., patient, patient's guardian, physician, medical assistant
- **Did the member refuse any of the screening domains?**
  - If yes, which one(s)?
- **Did the member score positive on any of the domains?**
  - If yes, was the member referred to a service for each domain they identified as having a need for?
    - If yes, did the member decline any of the referrals?
      - If yes, which positively identified domain(s) were declined?
- **Note:** Reporting to the Oregon Health Authority (OHA) is based on a sample population (1,067). However, the goal is to screen all UHA members for SDoH needs annually and UHA's intent is to proactively collect this data as much as possible to use when coordinating care with members.