

2025

CCO Health IT Data Reporting Requirements

GUIDANCE DOCUMENTATION FOR 2025 REPORTING

Revised 3/5/2025



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Section 1: Executive Summary

This document provides guidance to Oregon’s coordinated care organizations (CCOs) for the following required annual health IT data reporting for their contracted organizations, as stipulated in the CCO 2.0 RFA Attachment 9 and reiterated in the CCO contract, Exhibit J, Section 2:

- EHR product and health IT tool(s) in use by each contracted physical, behavioral, and oral health organization
- Rates of electronic health record (EHR) adoption among contracted physical, behavioral, and oral health organizations
- Rates of health information exchange (HIE) use for care coordination among contracted physical, behavioral, and oral health organizations
- Rates of access to and use of hospital event notifications among contracted physical, behavioral, and oral health organizations

CCOs are expected to use these rates to inform their strategies to support EHR and HIE adoption and use, as well as set targets for increasing that use. Each year, CCOs will report the strategies, progress, and targets to OHA in their Health IT Roadmap. OHA expects to use CCO rates to inform technical assistance and strategic planning. OHA will not establish statewide benchmark/thresholds for health IT access, adoption, or use in Year 6.

2025 Health IT Data Report is due April 30, 2025. OHA is sending each CCO a Health IT Data Reporting File on December 15, 2024. This file includes a list of all the CCOs’ contracted physical, behavioral, and oral health organizations (based on CCO-submitted DSN tables for Q2 2024). These are the organizations for which CCOs are responsible for (1) collecting and tracking health IT data, and (2) increasing health IT adoption and use rates. In the CCO Health IT Data Reporting Files, OHA has provided available health IT information to limit the duplication of data collection efforts. CCOs are expected to use the information for CCO health IT reporting and to inform their revised Health IT Roadmaps.

Reminders for 2025 Reporting

- OHA expects CCOs to continue collecting EHR information for their contracted physical, behavioral, and oral organizations via existing CCO processes (e.g., contracting, credentialing, etc.).
- CCOs have ownership of the Health IT Data Reporting Files. CCOs are expected to update the list of *Required* organizations and health IT information at least annually for submission with their annual Health IT Roadmap.
- Optional: CCOs are encouraged to update the members assigned to primary care within the Data Reporting File. This allows CCOs and OHA to track the percentage of their members receiving primary care from a provider who uses an EHR.

OHA expects CCOs to continue calculating and tracking completeness of EHR data collected, identify clear data collection methods, and set targets for increasing data collection completeness for Year 6 (2025). OHA will continue to collect HIE tool adoption information directly from vendors and make that data available to each CCO for their contracted provider organizations.

Section 2: Health IT Data Reporting Overview

2.1 Background

The requirement to report health IT data was set out in the CCO 2.0 RFA Attachment 9 and is reiterated in the CCO contract, Exhibit J, Section 2. In their responses to the CCO 2.0 RFA Attachment 9, CCOs submitted initial plans for collecting data on EHR and HIE use and setting targets for increased use by their contracted physical, behavioral, and oral health organizations. CCOs also submitted a description of the assistance they would like from OHA in collecting and reporting on data, and setting targets for increased health IT access, adoption, and use. OHA used the CCO-submitted information to inform this Guidance document and has collected additional CCO input since. In addition, OHA plans to offer CCOs technical assistance or office hours to support CCO health IT data reporting activities and deliverables.

OHA expects CCO data collection and reporting to contribute to multiple benefits:

- CCO has more complete health IT information for all their contracted organizations
- CCO has increased their awareness of the health IT landscape, including gaps/needs, among their contracted organizations
- CCO improves its ability to target health IT support to meet their providers' health IT needs
- Increased health IT needed to support the coordinated care model
- OHA improves its ability to assess Health IT Roadmaps and consider strategies or technical assistance, reinforcing the benefits listed above
- OHA's Health IT Oversight Council (HITOC) can better monitor Oregon's health IT landscape
- OHA/HITOC are better informed about the progress being made to increase health IT access and use among CCOs' contracted providers

2.2 Year 6 (2025) CCO Health IT Data Reporting Expectations

The **2025 CCO Health IT Data Report** is due to OHA on **4/30/2025** and includes the following components:

- A. 2024 CCO Health IT Data Reporting File
- B. 2024 EHR Data Completeness and Adoption Rates (Table 1 in [Appendix A](#))
- C. 2024 HIE Adoption Rates (Table 2 in [Appendix A](#))
- D. (Optional) 2024 Rate of CCO Members Assigned to Primary Care Using an EHR (Table 3 in [Appendix A](#))

During 2025, OHA expects CCOs to continue collecting EHR information for their contracted physical, oral, and behavioral health organizations via existing processes.

The *2025 Health IT Data Reporting File* will be used to calculate the 2024 EHR data completeness rates which CCOs will use to identify Year 6 (2025) targets and inform their revised Health IT Roadmaps. These deliverables are all described, in detail, below.

CCO HIT Data Reporting Timeline

Dec 2024 - Mar 2025	April - Dec 2025	Jan - Mar 2026
OHA Data Distribution/ CCO HIT Data Reporting	CCO HIT Data Collection/ OHA Data Distribution	CCO HIT Data Reporting
List of activities	List of activities	List of activities
12/15/2024: OHA provides CCOs with: (1) available HIT information via Data Reporting Files and (2) 2025 HIT Data Reporting Guidance document	CCOs collect EHR information via already existing processes as described in CCO HIT Roadmap	4/30/2026: 2026 HIT Roadmap and 2026 HIT Data Reporting File due
1/23/2025: HITAG Meeting: Review 2024 HIT Roadmap Summaries, share HIT strategy successes/best practices	12/15/2025: OHA provides CCOs with: (1) available HIT information via Data Reporting Files and (2) 2026 HIT Data Reporting Guidance document	
4/30/2025: 2025 HIT Roadmap and 2025 HIT Data Reporting File due		

Section 3: Health IT Data Reporting Process

The CCO Health IT Data Reporting process has two phases, further detailed below:

Phase A: 2025 Health IT Data Reporting (on 2024 data)

Phase B: Health IT Data Collection (of 2025 data)

3.1 Phase A: Health IT Data Reporting Submission

OHA will continue collaborating with CCOs on data collection and reporting. That is, OHA will continue collecting HIE tool adoption information directly from vendors and provide it to each CCO (for their contracted organizations). This, and any additional health IT information made available to OHA, will be provided to CCO via Health IT Data Reporting file on 12/15/2024.

OHA provides available health IT information to limit the duplication of data collection efforts. CCOs are expected to use the information for CCO health IT data reporting and to inform their Health IT Roadmaps.

Note: OHA will also update the *Reporting Tables* prior to Health IT Data Reporting File distribution.

The Health IT Data Reporting File consists of all the CCOs' contracted physical, behavioral, and oral health organizations (per CCO-submitted DSN table for Q2 2024). These are the organizations for which CCOs are responsible for (1) collecting and tracking health IT data, and (2) increasing health IT adoption and use rates.

CCO is expected to:

- Add any previously unreported CCO-collected health IT data to the Health IT Data Reporting File.
- Review the organizations included on the *Required for Reporting* tab in the Health IT Data Reporting File and revise as needed (i.e., adding CCO-contracted organizations that are missing or removing organizations no longer contracted with CCO).
- Use the *2025 Health IT Data Reporting File* for their 2025 Health IT Data Reporting; that is, to calculate and submit their EHR adoption data completeness and HIE adoption rates (see *Reporting Tables* in the Data Reporting File; see Tables 1 and 2 in [Appendix A](#)).
- Confirm accuracy of the Reporting Tables.
- Submit CCO **2025 Health IT Data Reporting File** to OHA with their 2025 Health IT Roadmap by 4/30/2025.

CCO is expected to use the EHR data completeness rates and HIE adoption rates for each service type to inform their Health IT Roadmaps including their data collection activities. In addition, OHA expects CCO will use health IT adoption rates to inform their Health IT Roadmaps. For example, if CCO reports 75% HIE adoption rates for physical health contracted providers, 50% for behavioral health, and 30% for oral health, OHA expects CCO will analyze which organizations have not yet adopted an HIE tool (e.g., examine organization size, specialty) and include in their Health IT Roadmaps a plan describing how they will support HIE adoption for these specific types of organizations.

OHA will not establish statewide benchmark/thresholds for health IT access, adoption, or use in Year 6. Also, OHA is not requiring CCOs establish HIE adoption targets for Year 6.

CCO Deliverables Due to OHA by 4/30/2025

CCO will submit to OHA their **2025 Health IT Data Report** including the following (see Appendix A):

- A. 2025 CCO Health IT Data Reporting File**
- B. 2024 EHR Data Completeness and Adoption Rates** (Table 1 in [Appendix A](#))
- C. 2024 HIE Adoption Rates** (Table 2 in [Appendix A](#))
- D. (Optional) 2024 Rate of CCO Members Assigned to Primary Care Using an EHR** (Table 3 in [Appendix A](#))

3.2 Phase B: Health IT Data Collection

In Phase B, CCO will pursue data collection activities across their contracted organizations throughout 2025, in preparation for 2026 data reporting. During the Data Collection period, OHA will provide support in the form of technical assistance/office hours to answer questions, discuss challenges, and assist the CCO in meeting the required deadlines. OHA may offer additional opportunities, such as webinars or other support, if appropriate.

OHA will not conduct a health IT survey in 2025. OHA will continue collecting HIE tool adoption information directly from vendors and provide it to each CCO for their contracted provider organizations by 12/15/2025. **OHA expects CCOs to collect EHR information for their contracted physical, behavioral, and oral organizations via existing processes.**

Below is a list of the required health IT measures, including what data are expected to be tracked/included for each measure.

Measure	Data to be collected and tracked
EHR adoption	EHR vendor name, product name, and, if applicable, certification edition (i.e., 2011, 2014, 2015, or 2015 Cures update)
HIE for care coordination (not including hospital event notifications)	Whether onboarded with the following tools/services: <ul style="list-style-type: none"> • Regional HIE <ul style="list-style-type: none"> • Reliance eHealth Collaborative • Query-based network <ul style="list-style-type: none"> • Epic Care Everywhere • Carequality • CommonWell • eHealth Exchange • Arcadia • Other tool (please specify)
Hospital event notifications	Whether contracted entity has onboarded to the PointClickCare (fka Collective Platform/EDie/PreManage) or name of HIE tool via which contracted entity is receiving notifications*
Adoption across all HIE tools (for care coordination and hospital event notifications)	Whether onboarded in the HIE for care coordination and/or hospital even notification tools/services
Community Information Exchange	<ul style="list-style-type: none"> • Connect Oregon (Unite Us) • Findhelp (Aunt Bertha) • Other

* OHA expects the contracted entity has direct access to/use of the HIE tool for hospital event notifications and is not limited to receiving the information via the CCO.

Section 4: Future Years

4.1 Future Information Completeness Reporting

CCO is expected to continue health IT data collection for all their contracted organizations, in collaboration with OHA. The process and deadlines for Year 7 data collection, though expected to follow the Year 6 (2025) Guidance, will be informed by and potentially revised in response to Year 6 successes and challenges. CCO is expected to report on an increasing number of their contracted organizations each year (e.g., 45% of their physical health organizations in Year 1, 60% in Year 2, 70% in Year 3, etc.), until information has been gathered for all health IT measures across all organizations.

4.2 Future Health IT Measures Reporting

CCO will report on Health IT Measures for Year 7 using the same template as Year 6 (see Table 3 in [Appendix B](#)). In response to CCO efforts described in their Roadmap, OHA expects that adoption, and use rates across CCO contracted organizations will increase over time. OHA will assess apparent impact of CCO efforts and provide a forum for sharing of best practices across CCOs.

Section 5: Communication

All CCOs have identified a primary (and additional) data reporting point(s) of contact. OHA will communicate with the point(s) of contact regarding the health IT data reporting process, documents, events, resources, key dates/deadlines, etc. If at any time CCO would like to change the list of contacts, please email the changes to CCO.HealthIT@odhsoha.oregon.gov.

Appendix A: CCO Health IT Data Report

2025 CCO Health IT Data Report is due to OHA with the 2025 CCO Health IT Roadmap by 4/30/2025

A. 2025 CCO Health IT Data Reporting File

CCO submits their **2025 CCO Health IT Data reporting File** with data collected throughout 2024, including all OHA-provided and CCO-collected data.

B. Table 1: 2024 EHR Data Completeness and Adoption Rates

CCO submits completed **2024 EHR Data Completeness and Adoption Rates** with rates for each category of EHR adoption by service/organization type. OHA will provide CCO with an Excel template to use for reporting. **CCO will be expected to submit numerator, denominator, and rates for each measure.**

- Data completeness and adoption rates are to be calculated as a percentage (by type):
 - ❖ numerator = # of organizations for which CCO has the required health IT data
 - ❖ denominator = total # of contracted organizations

2024 EHR Data Completeness and Adoption Rates														
Measure	Physical Health		Behavioral Health		Oral Health		PCPCH		FQHC		Incentive Measures Reporting		RHC	
	Org count	Rate	Org count	Rate	Org count	Rate	Org count	Rate	Org count	Rate	Org count	Rate	Org count	Rate
Denominator (total # of orgs)	#		#		#		#		#		#		#	
Has EHR, vendor known	#	#%	#	#%	#	#%	#	#%	#	#%	#	#%	#	#%
Has EHR, vendor unknown	#	#%	#	#%	#	#%	#	#%	#	#%	#	#%	#	#%
No EHR	#	#%	#	#%	#	#%	#	#%	#	#%	#	#%	#	#%
EHR status unknown	#	#%	#	#%	#	#%	#	#%	#	#%	#	#%	#	#%

C. Table 2: 2024 HIE Adoption Rates

CCO submits completed **2024 HIE Adoption Rates** with rates for each HIE measure by service type. OHA will provide CCO with an Excel template to use for reporting. **CCO will be expected to submit numerator, denominator, and rates for each measure.**

- Adoption rates are to be calculated as a percentage:
 - ❖ numerator = # of organizations who have adopted/access to the health information technology
 - ❖ denominator = total # of organizations for which the CCO has collected the information

2024 HIE Adoption Rates														
Measure	Physical Health		Behavioral Health		Oral Health		PCPCH		FQHC		Incentive Measures Reporting		RHC	
	Org count	Rate	Org count	Rate	Org count	Rate	Org count	Rate	Org count	Rate	Org count	Rate	Org count	Rate
Denominator (total # of orgs)	#		#		#		#		#		#		#	
HIE for care coordination excluding Collective	#	#%	#	#%	#	#%	#	#%	#	#%	#	#%	#	#%
Hospital event notifications (Collective)	#	#%	#	#%	#	#%	#	#%	#	#%	#	#%	#	#%
HIE for care coordination including Collective	#	#%	#	#%	#	#%	#	#%	#	#%	#	#%	#	#%
Community Information Exchange	#	#%	#	#%	#	#%	#	#%	#	#%	#	#%	#	#%

D. (Optional) Table 3: 2024 Rate of CCO Members Assigned to Primary Care Using an EHR

OHA encourages CCO to submit the rate of CCO members assigned to primary care organizations using an EHR, such as organizations participating in Incentive Metrics Reporting and/or additional PCPCHs, FQHCs, and RHCs that have implemented an EHR. OHA has included a calculation of this rate in the CCO Health IT Data Reporting Files.

OHA has added a couple of columns to the 'Required for Reporting' tab so that CCO can easily update the members assigned to primary care in the '# CCO members assigned to PCP' column and the rate on the '% Members at PCP Orgs with EHR' tab will automatically recalculate. Please be sure to update the 'Total CCO members' value as needed. Below is the table included in the '% Members at PCP Orgs with EHR' tab.

Members at PCP orgs with EHR (numerator)	Total CCO members (denominator)	Rate
###	#####	##%

Steps required to update the above table in the '% Members at PCP Orgs with EHR' tab in the CCO Health IT Data Reporting File

1. Revise values in the '# CCO members assigned to PCP' column in the 'Required for Reporting' tab
2. Update the 'Total CCO members' value, as needed

Email questions about this guidance to CCO.HealthIT@odhsoha.oregon.gov