

2026 CCO Health Information Technology Roadmap

Reporting Template

Contract or rule citation	Exhibit J, Section 2
Deliverable due date	April 30, 2026
Submit deliverable via:	CCO Contract Deliverables Portal

Please:

1. Submit a Microsoft Word version of your Health IT Roadmap using the template and
2. Use the following file naming convention for your submission:
CCOname_2026_HealthIT_Roadmap

For questions about the CCO Health IT Roadmap, please send an email to CCO.HealthIT@odhsoha.oregon.gov

Table of Contents

Instructions and expectations.....	4
1. Health IT partnership.....	5
2. (Optional) Overview of CCO health IT approach.....	6
3. Support for EHR adoption, use and optimization	6
A. Support for EHR adoption, use and optimization: 2025 progress and 2026-29 plans	6
B. EHR support barriers.....	19
C. OHA support needs	21
4. Use of and support for HIE for care coordination and hospital event notifications	22
A. CCO use of HIE for care coordination and hospital event notifications: 2025 progress and 2026-29 plans.....	22
B. Supporting increased access to and use of HIE among providers: 2025 progress and 2026-29 plans.....	38
C. HIE for care coordination barriers.....	46
D. OHA support needs.....	60
E. CCO access to and use of EHRs	61
5. Health IT to support SDOH	61
A. CCO use of health IT to support SDOH: 2025 progress and 2026-29 plans	61
B. CCO support of providers with using health IT to support SDOH: 2025 progress and 2026-29 plans.....	75
C. Exceptions process if CCO requires CIE.....	91
D. Health IT to support SDOH barriers.....	103
E. OHA support needs	104
6. (Optional) Other health IT questions.....	104

Instructions and expectations

Please refer to the instructions for each section of the following Health IT Roadmap Template and respond to all of the required questions using the blank spaces below each question. Topics and specific questions where responses are not required are labeled as **optional**. The template includes questions across the following five topics:

Health IT partnership

Support for EHR adoption, use and optimization

Use of and support for HIE for care coordination and hospital event notifications

Health IT to support social determinants of health (SDOH), including but not limited to social needs screening and referrals

Other health IT questions (optional section)

Each required topic includes the following:

- Narrative sections to describe your 2025 strategies, progress, accomplishments/successes, and barriers
- Narrative sections to describe your 2026-2029 plans, strategies, and related activities and milestones

Narrative responses should be concise and specific to how your efforts support the relevant health IT area. OHA is interested in hearing about your progress, successes, and plans for supporting providers with health IT, as well as **any challenges/barriers experienced**, and how OHA may be helpful. CCOs are expected to support physical, behavioral, and oral health providers with adoption of and access to health IT. That said, CCOs' Health IT Roadmaps and plans should:

- ✓ be informed by the CCO's Data Reporting File
- ✓ be strategic, and activities may focus on supporting specific provider types or specific use cases
- ✓ include specific activities and milestones to demonstrate the steps CCO expects to take

Review the Health IT Roadmap Guidance for additional detail on filling out this template.

Notes:

- As part of OHA’s digital accessibility effort, the 2026 Roadmap materials are formatted differently than in past years, but the content is familiar. **CCOs are encouraged to check the “Navigation Pane” box in the View tab of Microsoft Word to help with navigation of this document.** If you have any concerns or challenges with using the new template, please email CCO.HealthIT@odhsoha.oregon.gov to troubleshoot.
- Four strategy sections have been provided for each section of the template. Please copy and paste additional strategy sections as needed. When adding additional strategy reporting sections, please be sure to copy and paste the strategy section from the same part of the Roadmap (checkboxes differ section to section and so will be incorrect if copied and pasted from other parts of the Roadmap).
- Feel free to delete any unused strategy sections (e.g., if CCO only includes three strategies, fourth strategy section can be deleted).
- If CCO is not pursuing a strategy beyond 2025, note “N/A” in the Planned Activities and Planned Milestones sections.
- If CCO is implementing a strategy beginning in 2026, please indicate “N/A” in the progress section for that strategy.
- If CCO is continuing a strategy from prior years, please continue to report and indicate “Ongoing” or “Revised” as appropriate.

CCO Name: Eastern Oregon Coordinated Care Organization (EOCCO)

1. Health IT partnership

Please attest to the following items.

- a. CCO has an active, signed HIT Commons MOU and adheres to the terms.**
 - ☒ Yes
 - ☐ No
- b. CCO paid the annual HIT Commons assessments subject to the payment terms of the HIT Commons MOU.**
 - ☒ Yes
 - ☐ No

- c. **CCO served, if elected, on the HIT Commons governance board or one of its committees.** (Select N/A if CCO does not have a representative on the board or one of its committees.)

☒ Yes

☐ No

- d. **CCO participated in an OHA Health IT Advisory Group (HITAG) meeting at least once during the previous Contract Year.**

☒ Yes

☐ No

2. (Optional) Overview of CCO health IT approach

Please provide an overview of CCO's internal health IT approach/roadmap as it relates to supporting care coordination, including risk stratification. This might include CCO's overall approach to investing in and supporting health IT, any shift in health IT priorities, etc. Any information that is relevant to more than one section would be helpful to include here and referenced as needed (rather than being repeated in multiple sections). **This will be read by all reviewers.**

Please note: EOCCO has kept Roadmap strategy numbers for continued projects consistent from last year's Roadmap. This allows CCO staff to more easily track strategy progress on projects year over year. However, because some strategies are retired, revised, and reorganized with each Roadmap iteration, strategy numbers are no longer completely sequential within this year's deliverable.

In addition to Moda Health, EOCCO also partners with three primary subcontractors to administer behavioral health and dental benefits. Throughout this Roadmap the behavioral health subcontractor Greater Oregon Behavioral Health, Inc. may be referred to as GOBHI. The two dental subcontractors may be referred to as dental care organizations or DCOs, or directly by name as ODS Community Dental and Advantage Dental.

3. Support for EHR adoption, use and optimization

A. Support for EHR adoption, use and optimization: 2025 progress and 2026-29 plans

Please describe your 2025 progress and 2026-29 plans for supporting increased rates of EHR adoption, use, and optimization in support of care coordination, and addressing barriers among contracted physical, oral, and behavioral health providers. In the spaces below (in the relevant sections), please:

- Report the number of physical, oral, and behavioral health organizations without EHR information using the Data Completeness Table in the OHA-provided CCO Health IT Data File (e.g., “Using the OHA-provided Data Completeness Table, 10 physical health, 22 oral health, and 14 behavioral health organizations lack EHR information”). CCOs are expected to use this information to inform their strategies. Where applicable, information in the CCO Data Reporting File should support descriptions of accomplishments and successes.
- Include plans for collecting missing EHR information via CCO already-existing processes (e.g., contracting, credentialing, Letters of Interest).
- Provide an overview of CCO’s approach to supporting EHR adoption, use, and optimization among contracted physical, oral, and behavioral health providers in support of care coordination.
- **For each strategy** CCO implemented in 2025 and/or will implement in 2026-29 to support EHR adoption, use, and optimization among contracted physical, oral, and behavioral health providers in support of care coordination include:
 1. A title and brief description
 - Which category(ies) pertain to each strategy
 - The strategy status
 - Provider types supported
 - A description of 2025 progress, including:
 - i. Accomplishments and successes (including number of organizations, etc., where applicable)
 - ii. Challenges related to each strategy, as applicable
 - iii. How the strategy supports each type of provider selected
 - (Optional) An overview of CCO 2026-29 plans for each strategy

Activities and milestones related to each strategy CCO plans to implement in 2026-29

Using the Data Completeness Table in the OHA-provided CCO Health IT Data Reporting File, **report on the number of contracted physical, oral and behavioral health organizations *without* EHR information.**

Organization Type	Total # Organizations	# Orgs w/o EHR Information	% Orgs w/o EHR Information
Physical	81	23	28.4%
	<i>Has EHR, vendor unknown:</i>	1	1.2%
	<i>No EHR:</i>	0	0.0%
	<i>EHR status unknown:</i>	22	27.2%
Behavioral	18	4	22.2%
	<i>Has EHR, vendor unknown:</i>	0	0.0%
	<i>No EHR:</i>	4	22.2%
	<i>EHR status unknown:</i>	0	0.0%
Oral	32	7	21.9%
	<i>Has EHR, vendor unknown:</i>	0	0.0%
	<i>No EHR:</i>	6	18.8%
	<i>EHR status unknown:</i>	1	3.1%

Click or tap here to enter text.

Briefly describe CCO plans for collecting missing EHR information via CCO existing processes.

- **Physical Health:** EOCCO's physical health team continues to focus on utilizing the Clinical Quality Measure (CQM) Reporting Process to collect EHR vendor and version information from clinics that submit clinical data. Through technical assistance and incentive measure support the CCO Quality team has been able to gather EHR vendor information from sites that do not formally submit CQM data. The Quality team has also gathered EHR, HIE, and CIE information through the annual Social Needs Screening Survey, though not all contracted physical health organizations complete this questionnaire.

- The CCO aims to reduce the percentage of contracted physical health organizations with unknown or missing EHR information from 28.4% to 25.9% by Q1 2027 (see Strategy 2 below).
- **Behavioral Health:** EOCCO reviewed behavioral health contracts that were executed or amended in 2025 to collect data on the adoption and use of EHR and HIE platforms for the HIT Data File. As implemented in 2021, EOCCO's contracting processes continues to require that all new behavioral health contract requests include questions on the adoption and use of EHR and HIE platforms. This expanded HIT survey remains in place for all updated contracts and contract amendments.
 - There are no contracted behavioral health providers with unknown or missing EHR information; however, four sites still do not utilize an EHR system. The CCO aims to reduce the percentage of contracted behavioral health organizations with no EHR system from 22.2% to 16.7% by Q1 2028 (see Strategy 6 below).
- **Oral Health:** Advantage Dental sent its annual provider survey in January 2026. This survey asks about EHR adoption, including vendor/product/version information along with CEHRT certification status of the EHRs. If a provider does not respond to the survey or does not address all sections of the survey, Advantage Dental's provider relations team will reach out to the provider by phone to collect any missing information. Similarly, ODS will collect information about EHR use among its dental providers, including vendor and product version and CEHRT status and year via annual survey in 2026. This will inform the EHR utilization rate and trends in products and versions among ODS providers. This information will be collected through the Annual Provider survey distributed via email. ODS will follow up with providers that do not provide a response to ensure this information is received by 12/31/2026.
 - The CCO and DCOs aim to reduce the percentage of contracted oral health organizations with unknown or missing EHR information from 21.9% to 18.8% by Q1 2027 (see Strategy 4 below).

Click or tap here to enter text.

Complete list of strategy categories

Please review the list of strategies below that you may have employed during 2025 and/or plan to implement during 2026-29. Check the applicable boxes for each strategy and describe your progress/plans in the sections below.

1. EHR training and/or technical assistance
2. Assessment/tracking of EHR adoption and capabilities
3. Outreach and education about the value of EHR adoption/use
4. Collaboration with network partners
5. Incentives to adopt and/or use EHR
6. Financial support for EHR implementation or maintenance
7. Requirements in contracts/provider agreements
8. Leveraging HIE programs and tools in a way that promotes EHR adoption
9. Offer hosted EHR product
10. Assist with EHR selection
11. Support EHR optimization
12. Other strategies for supporting EHR adoption

(Optional) Overview of CCO approach to supporting EHR adoption, use, and optimization among contracted physical, oral, and behavioral health providers in support of care coordination.

EOCCO supports its network of contracted providers in EHR adoption and utilization. As in previous years, in 2025 the CCO attempted to reduce some of the most common barriers to adopting EHR platforms by vetting and researching potential platforms, providing education and technical assistance on available tools, and providing financial incentives to help defray cost. These activities take place across physical, behavioral, and oral health providers.

EHR Adoption Strategy 1: CBIR HIT Opt-In Fund

Brief description: EOCCO developed a Community Benefit Initiative Reinvestment (CBIR) fund specifically for EHR adoption and HIT optimization to expand the use of HIT and risk adjustment tools to support comprehensive and coordinated patient care. The CBIR Opt-in project is open to physical, behavioral, and dental health providers as well as community-based organizations that serve EOCCO members. Applicants can apply for up to \$50,000 of funds to support enhanced HIT for their organization, including implementation of a new EHR, upgrades to an existing EHR, or integration with other HIT tools or platforms.

Strategy categories: Select which categories pertain to this strategy

- ☐1: TA ☐2: Assessment ☐3: Outreach ☒4: Collaboration
☐5: Incentives ☒6: Financial support ☐7: Contracts ☐8: Leverage HIE
☐9: Hosted EHR ☐10: EHR selection ☒11: Optimization
☐12: Other:

Strategy status:

- ☒Ongoing ☐New ☐Paused ☐Revised ☐Completed
☐Ended/retired/stopped

Provider types supported with this strategy:

- ☒Across provider types **OR** specific to:
☐Physical health ☐Oral health ☐Behavioral health

Progress (including previous year accomplishments/successes and challenges with this strategy):

The “OCHIN Epic Unite Us Interface” project discussed in last year’s Roadmap allocated \$29,000 to integrate Unite Us CIE data into the Winding Waters FQHC’s instance of OCHIN Epic. Due to challenges with data integration on the Unite Us side, EOCCO approved an extension for the FQHC to submit their final progress report in July 2025 rather than January 2025 to allow Unite Us more time to complete the infrastructure build. Despite this extension, Winding Waters could not successfully integrate Unite Us into their instance of Epic and the 2025 Roadmap milestone to complete the project by 12/31/2025 was not met. However, the grantee elected to reallocate unused funds from this project to integrate the Parachute Health tool into their EHR to streamline Durable Medical Equipment (DME) orders for patients. The grantee successfully completed integration of the platform, which has helped minimize the need for faxing, improved communication delays with DME suppliers, and allowed providers to review, sign, and manage DME prescriptions in a more streamlined manner.

During the 2025 reporting period the EOCCO grants team also updated the 2026 CBIR Opt-In RFA to promote more HIT applications related to EHR adoption and optimization, specifically adding a focus on use of HIT for risk adjustment and workflow optimization. EOCCO released the 2026 CBIR RFA in Q3 2025 and

received three applications for the HIT Opt-In project, all focused on integrating AI into existing EHR platforms to improve accuracy and efficiency of documentation to reduce burden on providers and improve coordination of care for patients. The EOCCO Board approved two of these projects for partial funding for a total of \$35,000. The third project was rescoped and split into two projects (funded at \$12,500 each) that will focus on integrating new OCHIN EHR workflow enhancements to support patients accessing substance use disorder treatment and social needs screenings. As a result, EOCCO successfully met its second 2025 Roadmap milestone to receive and fund at least two grant applications specific to EHR adoption and optimization for the 2026 grant year.

(Optional) **Overview of 2026-29 plans for this strategy:**

Planned activities and milestones

Enter planned activities and milestones for this strategy in the table below. Please add or delete lines as needed.

Planned activities	Planned milestones
1. The EOCCO Quality and Innovation Manager will evaluate the success of the 2026 HIT CBIR Opt-in projects once grantees submit final reports are received in Q3 2027.	A. By Q4 2026, the 2026 HIT grant projects will be completed and the grant recipients will have submitted their final progress reports to EOCCO.
2. The Quality and Innovation Manager will update the 2027 CBIR Opt-In RFA to continue promoting HIT projects specific to EHR adoption and optimization and provide additional guidance for projects proposing to implement AI tools.	B. By Q4 2026, EOCCO will have received and funded two grant applications specific to EHR adoption and optimization for the 2027 grant year.

EHR Adoption Strategy 2: EHR Technical Assistance & Vendor Alignment with FHIR Standards

Brief description: EOCCO continues to work closely with its contracted physical health providers as they adopt and upgrade their EHRs. EOCCO has a dedicated Quality team that works with clinics to ensure that their EHRs have reporting capabilities for the incentive measure program, particularly for the EHR-based and chart review-based clinical quality measures (CQMs). If clinics are unable to report on specific metrics, the EOCCO Quality team will work with the clinic to modify internal workflows to improve EHR data extraction and help assess usability and reliability of data. The team also facilitates conversations with EHR vendors to improve clinic reporting capabilities.

EOCCO also has a robust Value-Based Payment structure that supports EHR adoption and improvement efforts through financial incentives. The risk model quality amendment awards quality bonus payments to clinics based on their performance on a certain subset of the statewide CCO quality measures. The risk model contract states that clinics are only eligible to receive payment for clinical quality measures if a practice reports in alignment with the requirements documented in the EHR-based measure guidance document published annually on OHA's website.

Strategy categories: Select which categories pertain to this strategy

- ☒1: TA ☒2: Assessment ☐3: Outreach ☒4: Collaboration
☒5: Incentives ☐6: Financial support ☐7: Contracts ☐8: Leverage HIE
☐9: Hosted EHR ☒10: EHR selection ☒11: Optimization
☐12: Other:

Strategy status:

- ☒Ongoing ☐New ☐Paused ☐Revised ☐Completed
☐Ended/retired/stopped

Provider types supported with this strategy:

- ☐Across provider types **OR** specific to:
☒Physical health ☐Oral health ☐Behavioral health

Progress (including previous year accomplishments/successes and challenges with this strategy):

EOCCO continued to collect data from physical health providers on EHR adoption status, vendor, and version data in Q4 2025 and Q1 2026 for the 2025 measurement year. This data has been updated in EOCCO's HIT Data Reporting File.

During 2025 and early 2026, the EOCCO Quality staff also provided reporting guidance to physical health sites during the Clinical Quality Measure data submission process. Ultimately, EOCCO did not add CQM data from the practice using the Athena EHR mentioned in the 2025 Roadmap to the 2025 OHA Submission. This site, ThriveWell Clinic, had outstanding concerns on the validity of their data for measures that are not nationally standardized, specifically Cigarette Smoking Prevalence and SBIRT. ThriveWell still submitted data to EOCCO on the three remaining CQMs for use in their 2025 incentive payment calculations.

EOCCO also did not achieve the first milestone written in the 2025 Roadmap to add at least one new organization to the 2025 Clinical Quality Measure Submission by 3/31/2026. However, the Quality team was able to validate data for the Screening for Depression and Follow-Up (CMS 002) measure for a clinic, La Grande Family Medicine, that had not previously reported on this metric. This was done through conversations with the practice manager, review and technical assistance of the measure specifications, and review of test data from the site's instance of the Greenway Intergy EHR. This data was included on the official CQM submission to OHA. EOCCO also provided CQM reporting technical assistance to Hermiston Medical Center, a site that had split off from their parent organization and reported from their own separate EHR for the first time in 2025.

The CCO continued to use its Value-Based Payment structure to incentivize clinics to adopt EHR systems with reporting capabilities in 2025. Two of ten measures in the 2025 primary care quality bonus payment formula required standard data submission from EHR reports. Through providing technical assistance to physical health organizations and incentivizing use of EHRs for data submission, EOCCO was able to increase the percentage of possible measures reported to OHA from 85.0% on the 2024 Submission to 88.2% in the 2025 Submission. Though this does

not achieve the milestone of 90.0% set in last year's Roadmap, this increase is encouraging and demonstrates that progress is being made.

(Optional) **Overview of 2026-29 plans for this strategy:**

EOCCO will continue working with physical health clinics experiencing reporting challenges to ensure that their reported CQM data follows OHA requirements for non-standardized measures. The Quality team will be more intentional in asking these sites to review EHR-based measure rates mid-year to identify possible reporting issues prior to the end of the measurement period. This will allow time for clinics to revise clinical documentation practices if needed and for their EHR vendors to correct reporting logic prior to the data submission. EOCCO will also specifically work to continuously validate data from Morrow County Health District, the organization that changed to a new EHR in 2024, with the goal of adding it to the 2026 OHA submission. Lastly, the Quality team will continue offering all clinics participating in its VBP agreement the chance to submit CQM data for quality bonus dollars, with the hope that organizations with missing EHR information will choose to report both data and details of their EHR to the CCO.

Planned activities and milestones

Enter planned activities and milestones for this strategy in the table below. Please add or delete lines as needed.

Planned activities	Planned milestones
1. Continue supporting clinics in using EHR products that align with OHA reporting and FHIR standards. This will be done through technical assistance calls and review of reporting requirements with potential vendors. 2. The Quality team will implement mid-year reporting check-ins with clinics experiencing reporting challenges in 2026. Quality staff will request the clinics pull year-to-date rates for EHR-based incentive measures for review and validation.	A. By Q3 2026, EOCCO will have reviewed test CQM data from Morrow County Health District and will determine whether it should be included in the 2026 OHA Submission. B. By Q1 2027, EOCCO will have added at least one new organization to the 2026 OHA Clinical Quality Measure Submission. C. By Q1 2027, EOCCO will increase the percentage of measures reported on the 2026 Clinical

Planned activities	Planned milestones
3. The Quality team will continue offering all VBP-contracted clinics the chance to submit CQM data for quality bonus dollars.	Quality Measure Submission to 90.0%. D. By Q1 2027, EOCCO will reduce the percentage of contracted physical health organizations with unknown or missing EHR information from 28.4% to 25.9%.

EHR Adoption Strategy 3: EHR Education Campaign For Dental Practices

Brief description: One of EOCCO's DCOs, Advantage Dental, regularly educates its provider network about EHR adoption through an annually-updated provider-facing policy. In the policy, Advantage recommends the use of a 2015 Certified Electronic Health Record (EHR) system to improve the quality and coordination of care for patients by providing immediate access to their complete and secure health record. The policy links to the Certified Health IT Product List (<https://chpl.healthit.gov/#/search>). Providers are required to attest to reviewing the policy each year. Ad hoc provider outreach and education on EHR programs implemented by EOCCO's other DCO, ODS, are also covered in this strategy.

Strategy categories: Select which categories pertain to this strategy

- ☐1: TA ☐2: Assessment ☒3: Outreach ☒4: Collaboration
☐5: Incentives ☐6: Financial support ☐7: Contracts ☐8: Leverage HIE
☐9: Hosted EHR ☐10: EHR selection ☐11: Optimization
☐12: Other:

Strategy status:

- ☐Ongoing ☐New ☐Paused ☒Revised ☐Completed
☐Ended/retired/stopped

Provider types supported with this strategy:

- ☐Across provider types **OR** specific to:
☐Physical health ☒Oral health ☐Behavioral health

Progress (including previous year accomplishments/successes and challenges with this strategy):

In 2025 the Advantage team updated its EHR policy and distributed it to the provider network. The DCO team researched current dental EHR products and updated the existing set of resources meant to help providers determine which vendor could best suit their practice’s needs. All providers reviewed and attested to the policy again in 2025, meeting the 2025 Roadmap milestone.

As reported above, EOCCO was able to reduce the percentage of contracted oral health organizations with unknown or missing EHR information from 25.0% in 2025 to 21.9% in 2026, in part due to this formalized outreach and attestation process.

(Optional) **Overview of 2026-29 plans for this strategy:**

EOCCO chose to revise this strategy moving forward to incorporate EHR education for dental providers done by the ODS DCO as well. ODS does not have specific campaigns planned for 2026 onward, but any outreach or education that the DCO performs will be reported under this strategy in future Roadmaps.

Planned activities and milestones

Enter planned activities and milestones for this strategy in the table below. Please add or delete lines as needed.

Planned activities	Planned milestones
1. Advantage Dental will review and update its current EHR policy in Q2 2026.	A. By Q4 2026, all contracted Advantage providers will attest to reviewing the 2026 EHR policy.
2. Advantage will distribute the 2026 policy to contracted providers and will require them to attest to reviewing the policy.	B. By Q1 2027, the DCOs will reduce the percentage of contracted oral health organizations with unknown or missing EHR information from 21.9% to 18.8%.

EHR Adoption Strategy 4: Incentives for EHR Adoption Among Dental Practices (ODS)

Brief description: ODS previously provided bonus dollars to its capitated providers that participate in EHR initiatives. Providers who reviewed materials provided by ODS, responded to survey questions, and considered participation in pilot programs regarding EHR adoption had an opportunity to earn additional funding. Funding was only made available if providers achieved all seven bonus participation standards and if they met or exceeded targets for quality and performance measures, submitted all member encounter data and complied with all OHP requirements as outlined by the CCO, OHA, and ODS. Their achievement of this standard was assessed through regular communications and meetings held with these providers and their survey response.

Strategy categories: Select which categories pertain to this strategy

- ☐1: TA ☐2: Assessment ☒3: Outreach ☐4: Collaboration
☒5: Incentives ☐6: Financial support ☒7: Contracts ☐8: Leverage HIE
☐9: Hosted EHR ☐10: EHR selection ☐11: Optimization
☐12: Other:

Strategy status:

- ☐Ongoing ☐New ☐Paused ☐Revised ☐Completed
☒Ended/retired/stopped

Provider types supported with this strategy:

- ☐Across provider types **OR** specific to:
☐Physical health ☒Oral health ☐Behavioral health

Progress (including previous year accomplishments/successes and challenges with this strategy):

No progress was made in 2025 as this strategy was paused in last year's Roadmap.

(Optional) **Overview of 2026-29 plans for this strategy:**

Because many barriers described in previous Roadmaps for dental clinics adopting new or enhanced EHR systems persist (including EHR expense, staff time, and general workforce shortages), EOCCO and ODS have chosen to retire this strategy. ODS will consider re-adding EHR adoption incentives to future provider contracts if it becomes financially feasible and the dental clinics' capacity to adopt new tools increases. If this occurs, the CCO and DCO will create a new Roadmap Strategy for this initiative.

EOCCO will incorporate reporting on future work to educate ODS dental providers on EHRs and HIT pilot programs to existing Strategy 3 - EHR Education Campaign among Dental Practices.

Planned activities and milestones

Enter planned activities and milestones for this strategy in the table below. Please add or delete lines as needed.

Planned activities	Planned milestones
1. N/A	A. N/A

EHR Adoption Strategy 6: EHR Technical Assistance for Non-Community Mental Health Program (CMHP) BH Providers

Brief description: EOCCO's behavioral health subcontractor GOBHI has worked to develop EHR technical assistance (TA) resources for behavioral health providers identified in the HIT Data File and through subsequent analysis. The analysis identified which providers should be prioritized based on volume of services provided and potential for the organization to viably sustain independent EHR adoption. Additionally, GOBHI has compiled documentation of EHR resources and best practices to include in the technical assistance plan to help provide a framework for these efforts. The technical assistance plan is aimed at supporting EHR adoption among smaller behavioral health providers and supporting behavioral health providers who are transitioning or upgrading their EHR tools.

Strategy categories: Select which categories pertain to this strategy

- ☒1: TA
 ☒2: Assessment
 ☒3: Outreach
 ☒4: Collaboration
☐5: Incentives
 ☐6: Financial support
 ☐7: Contracts
 ☐8: Leverage HIE
☐9: Hosted EHR
 ☒10: EHR selection
 ☐11: Optimization

☐12: Other: [Click or tap here to enter text.](#)

Strategy status:

☒Ongoing ☐New ☐Paused ☐Revised ☐Completed
☐Ended/retired/stopped

Provider types supported with this strategy:

☐Across provider types **OR** specific to:
☐Physical health ☐Oral health ☒Behavioral health

Progress (including previous year accomplishments/successes and challenges with this strategy):

EOCCO did not review or update the behavioral health (BH) EHR adoption resource document during this reporting period due to staff changes. The version distributed in December 2024 remains the most current and continues to include comprehensive information on the importance of EHR adoption, current certifications and requirements, contacts for EHR vendors utilized by BH providers in the region, and key EOCCO contacts for technical assistance. No additional updates, field developments, or provider feedback have been incorporated since 2024.

Due to staffing changes within GOBHI's Analytics department, the behavioral health team did not conduct outreach in this reporting period to the two BH providers previously identified as not having an EHR solution, and no technical assistance (TA) meetings were held. As a result, EOCCO did not make progress toward the prior milestone of holding TA meetings with contracted providers, and the percentage of contracted behavioral health organizations with no EHR system increased from 18.8% in Q1 2025 to 22.2% in Q1 2026.

(Optional) **Overview of 2026-29 plans for this strategy:**

The technical assistance resource document remains integrated into the BH technical assistance plan for 2026. GOBHI will continue supporting BH providers in EHR adoption and technical assistance efforts and will push out activities and milestones identified in the 2025 Roadmap to 2026 and 2027.

Planned activities and milestones

Enter planned activities and milestones for this strategy in the table below. Please add or delete lines as needed.

Planned activities	Planned milestones
1. GOBHI will update and redistribute the EHR adoption technical assistance resource document using the latest EHR information and guidance via direct email and GOBHI's monthly provider newsletter. 2. GOBHI's Analytics team will outreach to all BH providers who do not currently have an EHR, as identified via the HIT Data Reporting File, or who have self-identified as undergoing a EHR transition, to offer technical assistance and support.	A. By Q1 2027, GOBHI will have distributed the updated EHR adoption technical assistance resource document to BH providers. B. By Q4 2027, GOBHI staff will have held at least three individualized EHR technical assistance meetings with contracted BH providers. C. By Q1 2028, GOBHI will reduce the percentage of contracted behavioral health organizations with no EHR system from 22.2% to 16.7%.

B. EHR support barriers

Please describe any barriers that inhibited your progress to support EHR adoption, use, and/or optimization among your contracted providers.

Similar to previous years, workforce shortages, high costs of EHR and reporting software, and limited administrative infrastructure continue to be significant barriers to EHR adoption and optimization progress across EOCCO's rural and frontier service areas. Multiple physical health practices have reported a desire to change or upgrade their EHR to a more widely used system with enhanced data interoperability such as Epic. Cost remains the major barrier to these upgrades. As a result of the inability to transition to more modern systems, many small and independent practices across all three provider types are being left further behind as the larger health systems continue advancing their HIT capabilities.

C. OHA support needs

How can OHA support your efforts to support your contracted providers with EHR adoption, use, and/or optimization?

While grant funding and contract incentives remain essential to supporting EHR adoption and optimization, additional support from OHA is needed to address persistent capacity challenges. This includes technical assistance for implementation, clearer guidance on available funding opportunities, training and peer learning collaboratives, and alignment on data reporting standards. The last item would be particularly impactful for primary care physical health providers, who often experience challenges pulling and submitting standardized data for incentive measure requirements. Maintaining a measure set that largely adheres to nationally-standardized metrics reduces documentation and reporting burden on clinic staff and CCOs.

4. Use of and support for HIE for care coordination and hospital event notifications

A. CCO use of HIE for care coordination and hospital event notifications: 2025 progress and 2026-29 plans

Please describe your 2025 progress and 2026-29 plans for using HIE for care coordination, including risk stratification, AND timely hospital event notifications **within your organization**. In the spaces below (in the relevant sections), please:

- List and describe specific tool(s) you currently use or plan to use for care coordination, including risk stratification, and timely hospital event notifications.
- (Optional) Provide an overview of CCO's approach to using HIE for care coordination and hospital event notifications.
- **For each strategy** CCO implemented in 2025 and/or will implement in 2026-29 for using HIE for care coordination, including risk stratification, and hospital event notifications within the CCO include:
 1. A title and brief description
 2. Which category(ies) pertain to each strategy
 3. Strategy status
 4. A description of 2025 progress, including:

- i. **Accomplishments and successes** (including number of organizations, etc., where applicable)
 - ii. Challenges related to each strategy, as applicable
- 5. (Optional) An overview of CCO 2026-29 plans for each strategy
- 6. **Activities and milestones** related to each strategy CCO plans to implement in 2026-29

Complete list of strategy categories (within CCO)

Please review the list of strategies below that you may have employed during 2025 and/or plan to implement during 2026-29. Check the applicable boxes for each strategy and describe your progress/plans in the sections below.

1. Care coordination and care management
2. Exchange of care information and care plans
3. Integration of disparate information and/or tools with HIE
4. Enhancements to HIE tools (e.g., adding new functionality or data sources)
5. Collaboration with external partners
6. Risk stratification and population segmentation
7. Other strategies for supporting HIE access or use

List and briefly describe tools used by CCO for care coordination and timely hospital event notifications. The use of these tools should also be included in the applicable HIE strategies below.

- **Arcadia Analytics:** EOCCO remained contracted with this population health management platform throughout 2025. Arcadia integrates claims and Electronic Health Record (EHR) data to deliver real time information at the point of care, supporting more efficient and informed care coordination. EOCCO terminated its contract with this vendor effective January 1st, 2026. See HIE Strategies 10 and 30 for additional information on this decision and next steps for the CCO.
- **Clinical Care Advance (CCA):** CCA is the Utilization and Disease Management platform used by EOCCO's Healthcare Services department and Physical Health Case Management (PHCM) team. CCA is a flexible,

automated tool that reduces operating costs, enhances case manager efficiency, and supports improved member health outcomes. Its diagnosis-driven assessments generate customizable care plans in alignment with NCQA standards, ensuring optimal member health outcomes. The PHCM team uses this charting tool to document member care plans, which are visible to members of the BH CC team. This helps to avoid duplication of services and allows both teams to remain up to date on the current care planning and goals for each member.

- **HMS Essette:** The EOCCO Behavioral Health Care Coordination (BH CC) team uses HMS Essette to track and document care plans for members. This information is visible to members of the Physical Health Case Management (PHCM) team as well, which avoids duplication of services and allows both teams to remain up to date on the current care planning and goals for each member.
- **Point Click Care (PCC):** The PCC platform supports care coordination among providers and the CCO, through real-time event communication as well as a shared care plan. The shared use of PCC between primary care, EDs, CMHPs, and DCOs is intended to bring attention and coordinated intervention for members who present to emergency service and hospital settings.
- **Smartsheet:** Smartsheet is a web-based tool that allows users to share reports, workflows, dashboards and surveys. Patient information can be shared and updated securely between users at different organizations. Within the CCO this tool is primarily used to support communication regarding incentive measure tracking, outreach for visit scheduling, and care coordination. EOCCO supports users at the physical, behavioral, and dental care organizations within the CCO network.

(Optional) Overview of CCO approach to using HIE for care coordination and hospital event notifications

Click or tap here to enter text.

HIE for CC & HEN Strategy 7: Care Management Vendor Solution

Brief description: The Medicaid Services Director has explored care management and health coaching vendor options for EOCCO members. The goal is to select an

organization that can help the health plan conduct health risk assessments, integrate and share the resulting data across HIE tools, and provide care to members with special health care needs. All vetted organizations are assessed for their ability to identify the rising risk population and provide at-risk members with access to a health coach or case manager as needed.

Strategy categories: Select which categories pertain to this strategy

- ☒1: Care coordination ☒2: Exchange care information
☐3: Integration of disparate information ☐4: HIE tool enhancements
☒5: Partner collaboration ☐6: Risk stratification and population segmentation
☐7: Other: [Click or tap here to enter text.](#)

Strategy status:

- ☐Ongoing ☐New ☒Paused ☐Revised ☐Completed
☐Ended/retired/stopped

Progress (including previous year accomplishments/successes and challenges with this strategy):

In 2025 and early 2026 EOCCO continued to focus its efforts on supporting existing initiatives and vendors who provide care management services to EOCCO members. As mentioned in the 2025 Roadmap, the Medicaid Director and Quality Supervisor have researched care management platforms in use at other Oregon CCOs but have not identified a viable option for EOCCO's geographically large service area and dispersed member population. As such, EOCCO did not meet the 2025 Roadmap milestone to interview at least one new Care Management vendor.

The CCO continued to contract with several vendors that provide management and health coaching services for specific conditions and member needs:

- The CCO revised its contract with the Oregon Rural Practice-based Research Network (ORPRN) to administer social needs screenings to EOCCO members who self-refer to the program rather than proactively contacting high-risk members. ORPRN screeners used these interactions as a means to refer members to EOCCO's Case Management services if needed to address any care coordination or higher level of care needs (see Strategy 24 for more information on this program).

- The Quality team continued to support the Teladoc diabetes management (DM) program. In Q1 2025, the team collaborated with Teladoc and the CCO's Traditional Health Worker (THW) Liaison to host a Train the Trainer session for Eastern Oregon Community Health Workers so they could assist eligible EOCCO members with program enrollment. The Quality team also collaborated with EOCCO and Teladoc Marketing to co-brand and promote educational flyers focused on blood sugar management and understanding the impact of diabetes on the body.
 - As of February 2026, Teladoc had enrolled [REDACTED] members in this program, representing [REDACTED] of the eligible member population. This unfortunately falls short of the 2025 milestone to enroll [REDACTED] of the eligible population by 12/31/2025, despite the CCO's outreach efforts.
 - However, EOCCO did see improvement in health outcomes among members enrolled in this program as reported via monthly Portfolio Performance Summary (PPS) reports from Teladoc. As of February 2026, [REDACTED] of participating members used connected devices such as glucose meters to monitor their health, compared to [REDACTED] in February 2025. Additionally, [REDACTED] of members had blood glucose checks within a normal range of 70-180 mg/dL in the past 90 days, compared to [REDACTED] in 2025. Lastly, members who enrolled with Teladoc with uncontrolled HbA1c levels ($\geq 7\%$) self-reported reducing their HbA1c values by [REDACTED] over 6 months in the February 2026 report, compared to an average reduction of [REDACTED] in February 2025.
- In 2025, the Quality team also collaborated with the Healthcare Services department to maintain the Strive Health vendor solution for individuals with chronic kidney disease (CKD) or end-stage renal disease (ESRD). Strive provided health coaching, dietitian consultation, educational resources on CKD, and care coordination to eligible individuals who opted into the program. Due to resource constraints, the Strive health coaches did not incorporate self-reported blood pressure readings and A1c levels into Strive care plans. However, as of December 2025, Strive Health had enrolled [REDACTED] EOCCO members in its kidney health programs, representing [REDACTED] of eligible members. This surpassed the 2025 Roadmap milestone of onboarding at least [REDACTED] members or [REDACTED] of the admissible population, whichever was greater.

(Optional) **Overview of 2026-29 plans for this strategy:**

Due to financial limitations and competing priorities, specifically with the search for an HIE tool to replace Arcadia Analytics (see HIE Strategy 30 for more details), EOCCO has chosen to pause this strategy for the coming year. The CCO and relevant teams will continue supporting the condition-specific care management programs described above, but will not continue to report on these in the HIT Roadmap as the work does not fall under the HIT umbrella without the goal of centralizing member care management data. The hope is that, when chosen and implemented, the CCO's new HIE tool will support member care coordination initiatives in addition to providing population-level reports and stratifying risk data.

Planned activities and milestones

Enter planned activities and milestones for this strategy in the table below. Please add or delete lines as needed.

Planned activities	Planned milestones
1. N/A	A. N/A

HIE for CC & HEN Strategy 9: Use of Point Click Care to Facilitate Daily ED Rounds

Brief description: Greater Oregon Behavioral Health, Inc. (GOBHI), as part of EOCCO, uses PCC to support care coordination for members who utilize the Emergency Department (ED). Since 2018, GOBHI's utilization management team has held "Daily ED Rounds" to monitor ED Utilization among its members and ensure proper follow up and coordination of care. The intent of these rounds is to identify high ED utilizers and to ensure that interventions are put into place to help provide services to these individuals and reduce unnecessary ED utilization.

Strategy categories: Select which categories pertain to this strategy

- ☒1: Care coordination ☒2: Exchange care information
☐3: Integration of disparate information ☐4: HIE tool enhancements
☒5: Partner collaboration ☐6: Risk stratification and population segmentation
☒7: Other: Utilization monitoring & management

Strategy status:

☒ Ongoing ☐ New ☐ Paused ☐ Revised ☐ Completed
☐ Ended/retired/stopped

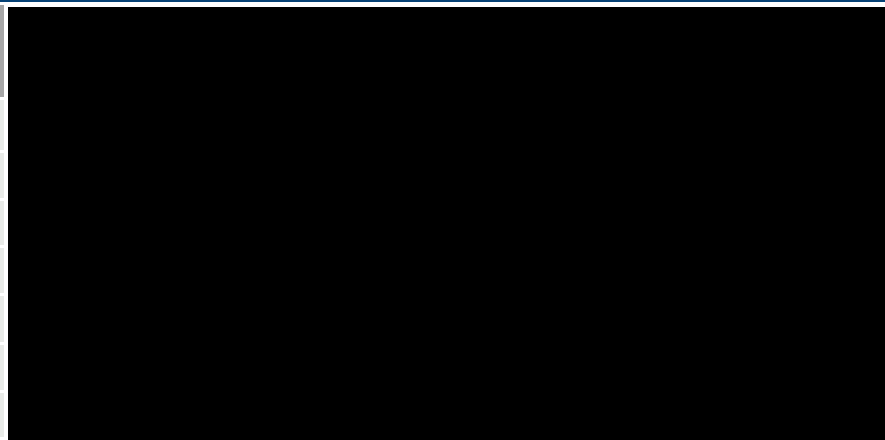
Progress (including previous year accomplishments/successes and challenges with this strategy):

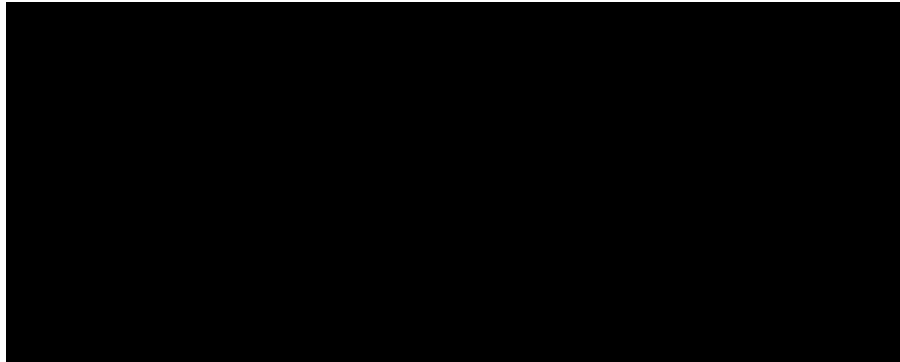
In 2025, EOCCO's Behavioral Health Medical Director continued to meet with the GOBHI Care Management team, Physical Health Case Management (PHCM) team, and representatives from each Eastern Oregon CMHP every weekday to review PCC ED Census reports and cases in 2025. During these meetings, the team reviewed utilization trends and coordinated next steps for member follow-up and care transitions. The team continued to enter care plans in PCC for high-risk behavioral health members, including those with a severe and persistent mental illness (SPMI) diagnoses and/or who are engaged in assertive community treatment (ACT) services. In addition, Data Analysts also worked to integrate EOCCO encounter and enrollment data into the daily ED report from PCC to provide additional patient utilization history for risk stratification.

The GOBHI care management staff achieved the 2025 Roadmap milestone to meet with at least three non-CMHP providers to discuss onboarding to PCC and joining daily ED Rounds. Representatives from [REDACTED]

[REDACTED] attended daily rounds in 2025.

EOCCO saw an annual average of [REDACTED] ED encounters per enrolled member in 2025 (see ED Encounter summary data below). This decreased from the 2024 average of [REDACTED] encounters per member but still fell slightly short of achieving the 2025 Roadmap milestone to decrease the annual average number of ED encounters per member to [REDACTED]





(Optional) **Overview of 2026-29 plans for this strategy:**

Click or tap here to enter text.

Planned activities and milestones

Enter planned activities and milestones for this strategy in the table below. Please add or delete lines as needed.

Planned activities	Planned milestones
1. GOBHI will continue holding daily ED Rounds for its Care Management team and CMHP representatives in 2026. 2. This team will also continue to extend behavioral health care management meeting invitations to non-CMHP providers by arranging meetings with non-CMHP sites to review PCC case information related to their clients. If these meetings are successful,	A. By 12/31/2026, the annual average number of ED encounters will decrease to [REDACTED] per member. B. By 12/31/2026, at least [REDACTED] non-CMHP providers will regularly join daily ED Rounds to discuss shared clients/patients.

Planned activities	Planned milestones
GOBHI will invite these entities to join daily ED Rounds to review shared care coordination efforts for their shared clients/patients.	

HIE for CC & HEN Strategy 14: Behavioral Health Case Management Self-Referral in Dental Offices Pilot

Brief description: This is a revised version of 2025 Roadmap Strategy 14 “Depression Screening in Dental Offices Pilot”. EOCCO is now partnering with its Dental Care Organizations (DCOs) Advantage Dental and ODS to pilot a behavioral health (BH) case management self-referral process for patients within dental clinics. Participating clinics distribute informational flyers that explain the BH case management benefit and include both a QR code and URL linking patients to a confidential Smartsheet self-referral form. The form collects the core information the EOCCO BH Case Management team needs to contact the patient and offer support. This includes assistance with finding counseling, connecting to substance use treatment, accessing medication support, and other care coordination needs.

Strategy categories: Select which categories pertain to this strategy

- ☒1: Care coordination ☐2: Exchange care information
☐3: Integration of disparate information ☐4: HIE tool enhancements
☒5: Partner collaboration ☐6: Risk stratification and population segmentation
☐7: Other: [Click or tap here to enter text.](#)

Strategy status:

- ☐Ongoing ☐New ☐Paused ☒Revised ☐Completed
☐Ended/retired/stopped

Progress (including previous year accomplishments/successes and challenges with this strategy):

Revisions made to this initiative in 2025 made it an internal strategy focused on CCO HIE use rather than an external strategy supporting provider HIE use. In Q3 2025, ODS and Advantage Dental paused the use of PHQ-2 and PHQ-9 screening

tools due to historically high patient refusal rates. In 2025, █ patients were offered the PHQ-2 and █ declined. Of the patients who completed the PHQ-2, █ screened positive, but █ declined to complete the PHQ-9 or engage in further intervention. This trend was consistent with 2024 data. In Q4 2024, █ patients were offered the PHQ-2 and █ refused. Among the █ patients who completed the screening, █ scored high enough to be referred to BH case management. As a result, EOCCO did not achieve the 2025 milestones to reduce patient refusals to complete the PHQ screening by █ or to █ number of referrals to BH Case Management.

Dental offices also reported that the screening process created administrative burden for front desk staff and added form-related anxiety for patients who may already be experiencing mental health challenges. Staff also expressed discomfort discussing the screening and referral process, even after being offered Question Persuade and Refer (QPR) suicide prevention trainings. This is despite the CCO meeting the 2025 Roadmap milestone to sponsor a Motivational Interviewing training for providers and staff at contracted clinics in Q3 2025. This discomfort, combined with patient burden, likely contributed to the high refusal rates. As a result, EOCCO and the DCOs discontinued the PHQ-2/9 screening process and began redesigning the program entirely.

Patient self-referral models using HIT are increasingly common in community health settings – especially because they offer a low barrier, patient driven pathway to care without the pressure or perceived stigma of in clinic screening. In response, EOCCO revised this program in Q4 2025 through developing a confidential Smartsheet self-referral form that allows patients to directly request behavioral health case management services. This revised 2026 strategy continues to leverage Smartsheet technology and collaboration between DCOs and EOCCO’s BH team to reduce barriers to care. By shifting from in-clinic screening to a low barrier, patient-initiated referral option, dental offices can offer an easier, more confidential, and more streamlined pathway for patients to access behavioral health case management.

(Optional) **Overview of 2026-29 plans for this strategy:**

From 2026 through 2029, EOCCO will continue to refine and expand the behavioral health case management self-referral pilot within dental clinics. The primary focus of this multiyear plan is to strengthen a low barrier, patient

initiated referral pathway that reduces administrative burden on dental staff while improving access to behavioral health services for EOCCO members.

Planned activities and milestones

Enter planned activities and milestones for this strategy in the table below. Please add or delete lines as needed.

Planned activities	Planned milestones
1. The project lead will continue to meet with the DCOs and GOBHI quarterly to stay updated on pilot progress, monitor referral trends, identify barriers, and adjust outreach processes. 2. The project team will work to optimize the self-referral workflow by improving flyer placement, messaging, and visibility within clinics to ensure consistent patient awareness of the service. 3. The project lead will evaluate the effectiveness of the self-referral model by comparing BH case management referrals compared to historical PHQ based referrals. 4. The project lead will partner with the BH Case Management team to develop optional micro-trainings or quick reference guides for dental staff to support consistent messaging about the self-referral option.	A. By Q2 2026, EOCCO will launch the revised behavioral health case management self-referral pilot in participating Advantage Dental and ODS clinics. B. By Q2 2027, EOCCO will expand the self-referral model to two additional dental clinics based on 2026 pilot performance and clinic readiness. C. By Q1 2028, EOCCO will explore opportunities to align the dental self-referral pathway with other EOCCO behavioral health initiatives (e.g., SUD navigation, care coordination hubs). D. By Q1 2029, EOCCO will implement targeted outreach strategies in clinics or regions with low referral uptake.

HIE for CC & HEN Strategy 20: Expansion of PCC Use by Physical Health Case Management Team

Brief description: This is a revised version of 2025 Roadmap Strategy 20 “Care Coordination, Care Management and Collaborations with External Partners”. EOCCO Physical Health Case Managers (PHCMs) work to expand the use of PCC by adding tags and identifying information to help flag members who may need additional support or case management services within the organization. This information can also be used to help connect members to external resources, including, but not limited to contracted providers and Aging and People with Disabilities (APD).

Strategy categories: Select which categories pertain to this strategy

- ☒1: Care coordination ☒2: Exchange care information
☒3: Integration of disparate information ☒4: HIE tool enhancements
☒5: Partner collaboration ☐6: Risk stratification and population segmentation
☐7: Other:

Strategy status:

- ☐Ongoing ☐New ☐Paused ☒Revised ☐Completed
☐Ended/retired/stopped

Progress (including previous year accomplishments/successes and challenges with this strategy):

The initiatives within this strategy remain focused on optimizing the use of PCC within the CCO’s PHCM team rather than for contracted providers. As a result, the CCO chose to move this strategy to section 4A for the 2026 Roadmap. PCC is used at the CCO level in tandem with internal case management tools such as Clinical Care Advance (CCA) and HMS Essette to track and document care plans.

EOCCO continued to share a list of hospital event notifications with the APD department on a biweekly basis to collaborate on care for these members and notify APD of frequent ED users during 2025. APD receives this information via a tab on the securely shared biweekly multidisciplinary team (MDT) spreadsheet. APD employees reviewed the information to ensure their case managers are aware of frequent ED visits by EOCCO members. Cases that have more than one

ED visit within a two-week period are called out in biweekly meetings and CCO Case Managers will offer additional resources and case information to APD if needed.

EOCCO also maintained the Long-Term Services and Supports (LTSS) cohort and report in PCC for the PH Case Management team's use in 2025. The CCO used this report to send weekly inpatient HENs to APD, allowing the CCO and APD to collaborate to ensure efficient and safe patient discharges were completed.

One challenge reported in the 2025 Roadmap was the discrepancy between the LTSS flag on OHA's 834 files and records of members receiving LTSS with local branches. EOCCO has since followed up with OHA on this issue and has received conflicting information on the resolution timeline. This poses a challenge to the PHCM team as they use the 834 file to update member eligibility for LTSS.

The PHCM team continued using the PCC Transitions of Care (TRC) and Quality and Coding Management (QCM) modules to view Continuity of Care Documents (CCDs) for discharged members over the past year. Through discussion with the PCC Customer Success team, the Case Managers learned that the delayed delivery of CCDs to the PCC portal is a result of how long it takes healthcare facilities to enter CCD information into PCC, not issues with the HIE tool. The CCO determined that the information provided by the QCM tool is still useful to the Case Managers, even when received multiple days after discharge, especially because the CCO does not have direct access to any hospital EHRs in the service area.

In early 2026, EOCCO Case Management and Healthcare Services teams met with PCC representatives for a demonstration of the Post-Acute Care (PAC) Management tool. The tool would allow CCO staff to access admission details for members entering contracted skilled nursing facilities (SNFs) and would support discharge planning and care coordination related to the PHEC benefit. As of this Roadmap submission, no decision has been made on adding the tool to EOCCO's PCC contract.

(Optional) **Overview of 2026-29 plans for this strategy:**

Click or tap here to enter text.

Planned activities and milestones

Enter planned activities and milestones for this strategy in the table below. Please add or delete lines as needed.

Planned activities	Planned milestones
1. The PHCM team will continue to share biweekly HENs for shared members with APD via the Multidisciplinary Team group and LTSS cohort and report in PCC. Concurrently, EOCCO will work with OHA to ensure LTSS flags on 834 enrollment files are correct. 2. The CCO Case Management and Healthcare Services teams will continue discussions with PCC on adding the PAC Management function to the CCO's contract.	A. By Q3 2026, EOCCO will make a decision on implementing the PAC Management program within PCC.

HIE for CC & HEN Strategy 30: Search for New Health Information Exchange (HIE) Tool

Brief description: In 2025, EOCCO chose to end its contract with the Arcadia Analytics platform (see Strategy 10 for more details on this decision). Upon making this decision, the CCO began researching alternative health information exchange solutions that would meet the goal of providing a bidirectional data exchange tool that can provide its users with a whole-person view of empaneled members. At a minimum this tool would combine claims and EHR data to support care coordination, gap closure, and population-level reporting. The CCO has convened an internal workgroup to facilitate this research and advise on eventual tool selection.

Strategy categories: Select which categories pertain to this strategy

- ☐ 1: Care coordination ☒ 2: Exchange care information
☒ 3: Integration of disparate information ☒ 4: HIE tool enhancements
☐ 5: Partner collaboration ☐ 6: Risk stratification and population segmentation
☐ 7: Other:

Strategy status:

☐ Ongoing ☒ New ☐ Paused ☐ Revised ☐ Completed
☐ Ended/retired/stopped

Progress (including previous year accomplishments/successes and challenges with this strategy):

Upon making the decision to term its contract with Arcadia Analytics (see Strategy 10 for additional information), the CCO convened an internal workgroup tasked with researching a replacement HIE tool for use by the CCO and its contracted providers. The workgroup began its research by reviewing publicly posted HIT Roadmaps from other CCOs, connecting with other CCOs on HIE tools in use at their organizations, and facilitating conversations with its contracted providers on other tools used in-clinic. Through this research, the CCO identified several vendors that met its identified use-cases and began soliciting demonstrations and price quotes. After this initial round of vendor outreach, the workgroup identified three “front runner” organizations and began weighing the pros and cons of each solution. These front runners were Innovaccer, Reliance, and Skypoint/KNO2.

After narrowing down the list of potential HIE partners the workgroup then compared these solutions in areas such as the vendor’s existing relationship with EOCCO, care coordination and population health reporting functions, cost, current use among other Oregon CCOs, and current footprint in the EOCCO service area. The last item represents one of the greatest barriers to successful HIE implementation by a CCO, which is gaining buy-in from the intended provider network. Through its experience working with the Arcadia platform, EOCCO learned that a bidirectional data-sharing tool is most useful to clinical partners if establishing and maintaining the data feed is not overly burdensome and if relevant partner organizations are also using the tool.

As of Q1 2026, there was no HIE option that met EOCCO’s required use cases and had a sufficient presence among the CCO’s contracted providers. The EOCCO HIT Subcommittee and CCO leadership agreed to continue the HIE search and aim for solution implementation in 2027 rather than 2026. This will allow the CCO more time to determine what HIE tool and functions will best align with the needs of the provider network. This timing will also allow the CCO more time to examine

potential additional HIT funding sources such as the Rural Health Transformation Program (RHTP) grants.

(Optional) **Overview of 2026-29 plans for this strategy:**

The CCO's HIE workgroup has not ruled out working with the three HIE vendors mentioned above but will also consider partnerships with Epic EHR products such as OCHIN or Epic Payer Platform. The CCO's Chief Technology Officer will support the workgroup's exploration of onboarding to an Epic-based tool via a sponsored Epic instance through a CCO provider partner. The workgroup will also continue conversations with key stakeholders such as internal CCO Care Coordination and Case Management teams, CCO Quality Improvement Specialists, and external clinical staff on necessary functions of an HIE tool. The workgroup will use information gathered from these conversations to select a recommended tool or HIE solution to propose to EOCCO leadership. If proposed tool is approved, the workgroup will work with the CCO's Quality and Innovation Manager to apply for Rural Health Transformation Project (RHTP) funding for Phase 2 Budget Period 3 to partially support the HIE solution. The ultimate goal is to implement the selected HIE tool by Q4 2028 and begin supporting clinical partners in implementation and utilization.

Planned activities and milestones

Enter planned activities and milestones for this strategy in the table below. Please add or delete lines as needed.

Planned activities	Planned milestones
1. HIE workgroup and EOCCO CTO will request proposals on Epic-based solutions from OCHIN and Epic Payer Platform. Approach Epic-using clinical partners to explore possibility of EOCCO implementing clinic-sponsored instance of Epic. 2. Select an HIE solution that meets the CCO's use cases, cost parameters, and implementation requirements. Propose recommended HIE tool to EOCCO	A. By Q3 2026, the HIE workgroup will receive implementation proposals from OCHIN and Epic Payer Platform. B. By Q1 2027, the HIE workgroup will have presented a recommended HIE solution to EOCCO leadership groups for approval. C. By Q4 2027 (or published deadline for Phase 2 Budget Period 3 RHTP projects, whichever comes first), EOCCO will submit a Request for

Planned activities	Planned milestones
HIT subcommittee, EOCCO leadership, and EOCCO Board of Directors for feedback and approval. 3. The HIE workgroup will partner with the CCO's Quality and Innovation Manager to identify and apply for relevant RHTP funding opportunities to support HIE implementation.	Grant Proposal for HIE solution funds. D. By Q4 2028, EOCCO will have implemented a new HIE solution.

B. Supporting increased access to and use of HIE among providers: 2025 progress and 2026-29 plans

Please describe your 2025 progress and 2026-29 plans for supporting increased access to and use of HIE for care coordination and timely hospital event notifications for **contracted physical, oral, and behavioral health providers**. Please include any work to support clinical referrals between providers. In the spaces below (in the relevant sections), please:

- List and describe specific HIE tool(s) you currently or plan to support or provide for care coordination and hospital event notifications. CCO-supported or provided HIE tools must cover both care coordination and hospital event notifications. Please include an overview of key functionalities related to care coordination.
- Report the number of physical, oral, and behavioral health organizations that have not currently adopted HIE tools for care coordination or do not currently have access to HIE for hospital event notifications using the Data Completeness Table in the OHA-provided CCO Health IT Data File (e.g., "Using the OHA-provided Data Completeness Table, 10 physical health, 22 oral health, and 14 behavioral health organizations lack EHR information"). CCOs are expected to use this information to inform their strategies. Where applicable, information in the CCO Data Reporting File should support descriptions of accomplishments and successes.
- (Optional) Provide an overview of CCO's approach to supporting increased access to and/or use of HIE for care coordination and hospital event

notifications among contracted physical, oral, and behavioral health providers.

- **For each strategy** CCO implemented in 2025 and/or will implement in 2026-29 to support increased access to and/or use of HIE for care coordination and hospital event notifications among contracted physical, oral, and behavioral health providers include:
 1. A title and brief description
 2. Which category(ies) pertain to each strategy
 3. Strategy status
 4. Provider types supported
 5. A description of 2025 progress, including:
 - i. **Accomplishments and successes** (including the number of organizations of each provider type that gained access to HIE for care coordination tools and HIE for hospital event notifications as a result of your support, where applicable)
 - ii. Challenges related to each strategy, as applicable
 6. (Optional) An overview of CCO 2026-29 plans for each strategy
 7. **Activities and milestones** related to each strategy CCO plans to implement in 2026-29

Complete list of strategy categories (supporting providers)

Please review the list of strategies below that you may have employed during 2025 and/or plan to implement during 2026-29. Check the applicable boxes for each strategy and describe your progress/plans in the sections below.

1. HIE training and/or technical assistance
2. Assessment/tracking of HIE adoption and capabilities
3. Outreach and education about value of HIE
4. Collaboration with network partners
5. Enhancements to HIE tools (e.g., adding new functionality or data sources)
6. Integration of disparate information and/or tools with HIE
7. Requirements in contracts/provider agreements

8. Financially support HIE tools and/or cover costs of HIE onboarding
9. Offer incentives to adopt or use HIE
10. Offer hosted EHR product (that allows for sharing information between clinics using the shared EHR and/or connection to HIE)
11. Other strategies that address requirements related to federal interoperability and patient access final rules
12. Other strategies for supporting HIE access or use

List and briefly describe tools supported or provided by CCO that facilitate care coordination and/or provide access to timely hospital event notifications.

HIE tools must cover both care coordination and hospital event notifications. The use of these tools should also be included in the applicable HIE strategies below.

- **Arcadia Analytics:** EOCCO continued sponsoring utilization of this tool for providers interested in its use for care coordination, patient reporting, measure tracking, and more throughout 2025. EOCCO terminated its contract with this vendor effective January 1st, 2026, which ended HIE access for its sponsored clinics as well. See HIE Strategies 10 and 30 for additional information on this decision and next steps for the provider network.
- **Point Click Care:** The PCC platform supports care coordination among providers and EOCCO through real-time event communication as well as a shared care plan. The shared use of PCC between primary care, EDs, CMHPs, and DCOs is intended to bring attention and coordinated intervention to members who present to emergency services and hospital settings.
- **Smartsheet:** Smartsheet is a web-based tool that allows users to share reports, workflows, dashboards, and surveys. Patient information can be shared and updated securely between users at different organizations. While EOCCO does not grant full user licenses to individuals outside of its component CCO companies, CCO staff use the reporting and form functions in Smartsheet to share both patient-level and system-level information with contracted providers.

(Optional) **Overview of CCO approach to supporting increased access to and/or use of HIE for care coordination and hospital event notifications among contracted providers**

Click or tap here to enter text.

Using the Data Completeness Table in the OHA-provided CCO Health IT Data Reporting File, **report on the number of contracted physical, oral, and behavioral health organizations that *do not* currently have access to an HIE tool for care coordination or for hospital event notifications:**

Organization Type	Total # Organizations	# Organizations w/o HIE Access	% Organizations w/o HIE Access
Physical	81	32 [*]	39.5%
Behavioral	18	7	38.9%
Oral	32	31 [^]	96.9%

Notes:

** EOCCO acknowledges that the percentage of Physical health organizations without access to an HIE has increased from 36.3% in 2025 to 39.5% in 2026. This is primarily due to the CCO's termination of its contract with Arcadia Analytics (see Strategy 10). Though several organizations have maintained access to the Arcadia tool via other sponsors, this decision resulted in 13 physical and behavioral health organizations losing access to Arcadia. This loss of HIE is temporary as EOCCO is actively searching for a suitable replacement HIE tool (see Strategy 30).*

^ The Care Coordination team from Advantage Dental is connected to Reliance and Unite Us on behalf of its provider network.

HIE for CC & HEN Strategy 10: Arcadia Analytics Adoption & Technical Assistance

Brief description: EOCCO supports and utilizes the Arcadia Analytics HIE tool for care coordination. Clinic staff can use this tool to view gap lists, monitor quality measure performance, prepare for upcoming visits, and compare performance by provider. The tool also includes a full patient registry with condition history, risk scores, and cost-savings data. Access to this information allows for smoother care coordination between different care settings and provider types. The EOCCO Quality team strives to promote this tool to contracted physical health organizations, provide technical assistance to existing clinic users, and offer onboarding assistance and financial sponsorship to future clinic partners.

Strategy categories: Select which categories pertain to this strategy

- ☒1: TA ☒2: Assessment ☒3: Outreach ☒4: Collaboration
☐5: Enhancements ☒6: Integration ☐7: Contracts ☒8: Financial support
☐9: Incentives ☐10: Hosted EHR
☐11: Other (requirements):
☐12: Other:

Strategy status:

- ☐Ongoing ☐New ☐Paused ☐Revised ☐Completed
☒Ended/retired/stopped

Provider types supported with this strategy:

- ☐Across provider types **OR** specific to:
☒Physical health ☐Oral health ☐Behavioral health

Progress (including previous year accomplishments/successes and challenges with this strategy):

In 2025, EOCCO continued to provide technical assistance to clinical partners onboarded to the platform. Despite biweekly meetings with the Arcadia account team and regular contact with clinical users, minimal progress was made on expanding and optimizing use of the platform. Though back-end data file improvements were made in 2024 that improved member attribution data, incentive measure calculations remained unreliable, which further eroded user trust in the platform. EOCCO continued to request platform utilization data from Arcadia to inform its technical assistance and outreach efforts and was again told that accessing this data required an additional reporting package. This lack of progress discouraged the CCO from recruiting new physical health organizations to the platform, and consequently no new connectors were onboarded in 2025. Unfortunately, these challenges resulted in EOCCO not achieving the planned milestones from the 2025 Roadmap.

Due to this lack of progress and continued difficulty in making meaningful improvements to the CCO instance of Arcadia, EOCCO began evaluating the relative benefit of continuing its contract with this vendor in Q2 2025. The Quality team conducted outreach to all external (i.e. clinical connector) and internal (i.e.

care coordination teams, data analysts, and other Quality staff) users to assess how crucial Arcadia is to their work. In short, the CCO learned that external users were using the tool extremely minimally due to lack of trust in the data and ability to get their reporting needs met via other tools. In 2025, ██████████ clinical users logged in to the tool at all. Some internal users also reported finding that the tool provided little benefit, though EOCCO’s Case Management teams who regularly logged in to gather member-level information not available through other CCO data sources.

As a result of these findings and historic challenges in working with the vendor, EOCCO chose to end its contract with the Arcadia Analytics platform in Q3 2025, effective at the end of the year. The EOCCO Quality team announced this decision to all stakeholders shortly afterward and worked with the Arcadia account team to close out the contract. The CCO received a full database backup from Arcadia and all claims, eligibility, and clinical connector data feeds were terminated in Q1 2026.

(Optional) **Overview of 2026-29 plans for this strategy:**

EOCCO is retiring this strategy due to the 12/31/2025 Arcadia contract termination. Moving forward, the CCO will focus its efforts on selecting a new HIE tool as outlined in Strategy 30.

Planned activities and milestones

Enter planned activities and milestones for this strategy in the table below. Please add or delete lines as needed.

Planned activities	Planned milestones
1. N/A	A. N/A

HIE for CC & HEN Strategy 11: Arcadia Analytics Care Coordination Training

Brief description: As mentioned in Strategy 10, the Arcadia tool has multiple care coordination features that can be used by members of a patient’s care team. This interactive web tool provides Eastern Oregon clinic partners with real-time data to allow them to provide coordinated patient care. Users can take advantage of the pre-visit planning tool to coordinate services and close gaps in care and can view condition and visit history on the patient registry and in individual patient charts. The EOCCO Quality team works in collaboration with Arcadia account

representatives to ensure users are aware of these features and can use them to have a more complete picture of a patient's care.

Strategy categories: Select which categories pertain to this strategy

- ☒1: TA ☐2: Assessment ☒3: Outreach ☒4: Collaboration
☐5: Enhancements ☐6: Integration ☐7: Contracts ☐8: Financial support
☐9: Incentives ☐10: Hosted EHR
☐11: Other (requirements):
☐12: Other:

Strategy status:

- ☐Ongoing ☐New ☐Paused ☐Revised ☐Completed
☒Ended/retired/stopped

Provider types supported with this strategy:

- ☐Across provider types **OR** specific to:
☒Physical health ☐Oral health ☐Behavioral health

Progress (including previous year accomplishments/successes and challenges with this strategy):

As reported in last year's HIT Roadmap, this strategy was paused for 2025. The physical health Quality team continued meeting with engaged clinics and provided technical assistance as requested on using Arcadia for a variety of functions, including care coordination. Though EOCCO's Case Management teams did report using Arcadia in their care coordination efforts, that benefit alone was not enough to justify continuing the vendor contract. As noted in Strategy 10 above, EOCCO chose to terminate its contract with Arcadia Analytics in Q3 2025 effective 12/31/2025.

(Optional) **Overview of 2026-29 plans for this strategy:**

EOCCO is retiring this strategy due to the 12/31/2025 Arcadia contract termination. Moving forward, the CCO will focus its efforts on selecting a new HIE tool that can better support care coordination efforts as outlined in Strategy 30.

Planned activities and milestones

Enter planned activities and milestones for this strategy in the table below. Please add or delete lines as needed.

Planned activities	Planned milestones
1. N/A	A. N/A

HIE for CC & HEN Strategy 12: Expansion of CMHP Participation with Arcadia Analytics

Brief description: EOCCO has been working toward getting all contracted CMHPs fully connected to the Arcadia Analytics platform. All CMHPs in Eastern Oregon are past users of Arcadia's HIE service, and we are hopeful that this process of reengagement will shorten onboarding timelines as a result. EOCCO data sharing agreements have been updated and all CMHPs have agreed to future participation and project timelines.

Strategy categories: Select which categories pertain to this strategy

- ☒1: TA ☒2: Assessment ☒3: Outreach ☒4: Collaboration
☐5: Enhancements ☒6: Integration ☐7: Contracts ☒8: Financial support
☐9: Incentives ☐10: Hosted EHR
☐11: Other (requirements):
☐12: Other:

Strategy status:

- ☐Ongoing ☐New ☐Paused ☐Revised ☐Completed
☒Ended/retired/stopped

Provider types supported with this strategy:

- ☐Across provider types **OR** specific to:
☐Physical health ☐Oral health ☒Behavioral health

Progress (including previous year accomplishments/successes and challenges with this strategy):

Progress on this strategy during 2025 was slower than anticipated due to the Arcadia platform barriers described in Strategy 10. Though the GOBHI team continued promoting Arcadia as a tool for care coordination and quality measure

tracking during engagement with CMHPs, most providers remained hesitant to move forward with implementation. Poor communication from the Arcadia implementation team as well as technical limitations with some behavioral health EHR systems used in Eastern Oregon resulted in most CMHP partners being unwilling to move forward with implementation.

GOBHI chose not to include incentives for HIE adoption in the 2026 CMHP contracts due to the CCO's decision to terminate its contract with Arcadia Analytics. The CCO communicated this decision to relevant CMHP stakeholders and ensured that the existing CMHP data feeds, though already inactive, were fully discontinued in Q1 2026. As of December 2025, no CMHPs were sending regular data files to Arcadia. The two providers that were technically connected had not sent updated data all year.

(Optional) **Overview of 2026-29 plans for this strategy:**

EOCCO is retiring this strategy due to the 12/31/2025 Arcadia contract termination. Moving forward, the CCO will focus its efforts on selecting a new HIE tool that can be used by physical and behavioral health providers as outlined in Strategy 30.

Planned activities and milestones

Enter planned activities and milestones for this strategy in the table below. Please add or delete lines as needed.

Planned activities	Planned milestones
1. N/A	A. N/A

HIE for CC & HEN Strategy 13: HIE Education Among Dental Practices

Brief description: HIE adoption rates continue to be low within the dental industry as this type of tool is relatively new in this sector, aside from the use of PCC in some clinics and at some DCOs. Further information about the different platforms available, their benefits and use cases for dental is needed to help educate and promote HIE use among our providers.

Strategy categories: Select which categories pertain to this strategy

- ☐ 1: TA ☒ 2: Assessment ☒ 3: Outreach ☒ 4: Collaboration
☐ 5: Enhancements ☐ 6: Integration ☐ 7: Contracts ☐ 8: Financial support

☐9: Incentives ☐10: Hosted EHR

☐11: Other (requirements): [Click or tap here to enter text.](#)

☐12: Other: [Click or tap here to enter text.](#)

Strategy status:

☐Ongoing ☐New ☒Paused ☐Revised ☐Completed
☐Ended/retired/stopped

Provider types supported with this strategy:

☐Across provider types **OR** specific to:

☐Physical health ☒Oral health ☐Behavioral health

Progress (including previous year accomplishments/successes and challenges with this strategy):

This strategy was Paused in the 2025 Roadmap, so no significant progress was made in the past year. Though as reported at the top of this section, EOCCO was able to reduce the percentage of contracted oral health organizations with no known EHR system from 25.0% in Q1 2025 to 21.9% in Q1 2026. This is relevant to this strategy because EOCCO's Dental Care Organizations have decided to place HIE education efforts on hold to better focus on increasing the use of electronic health record systems among dental practices.

(Optional) **Overview of 2026-29 plans for this strategy:**

Because the DCOs feel that increasing basic EHR utilization will allow dental practices to make better use of HIE tools, this strategy will remain on hold for the remainder of 2026, and the DCOs will continue to focus on EHR education and adoption in dental clinics as discussed in Strategy 3. Once 90% or more of contracted dental providers report using a known EHR system (conversely, <10% of oral health providers have no or unknown EHR system) the DCOs feel that dental practice technology use will have increased sufficiently to warrant adding HIE tools to their practices.

Planned activities and milestones

Enter planned activities and milestones for this strategy in the table below. Please add or delete lines as needed.

Planned activities	Planned milestones
1. N/A	A. N/A

HIE for CC & HEN Strategy 15: Increase PCC Platform Adoption & Engagement Among Physical Health Organizations

Brief description: EOCCO is committed to increasing the number of contracted physical health organizations onboarded with and actively using PointClickCare (PCC) to access timely hospital event notifications. The CCO sponsors PCC platform onboarding and participation for physical health practices to reduce the financial and administrative burden that adding a new HIE tool can place on contracted organizations. The CCO Quality team also provides technical assistance to engaged clinics via regular quality check-ins with both clinic staff and PCC account managers.

Strategy categories: Select which categories pertain to this strategy

- ☒1: TA ☒2: Assessment ☒3: Outreach ☒4: Collaboration
☐5: Enhancements ☐6: Integration ☐7: Contracts ☒8: Financial support
☐9: Incentives ☐10: Hosted EHR
☐11: Other (requirements):
☐12: Other:

Strategy status:

- ☒Ongoing ☐New ☐Paused ☐Revised ☐Completed
☐Ended/retired/stopped

Provider types supported with this strategy:

- ☐Across provider types **OR** specific to:
☒Physical health ☐Oral health ☐Behavioral health

Progress (including previous year accomplishments/successes and challenges with this strategy):

In 2025, the EOCCO Quality team continued allocating time during monthly meetings with engaged physical health providers for an “HIT Check-In”. This agenda item provided an opportunity for the Quality team to promote the PCC platform as a hospital event notification tool for clinics that were not yet using it and for clinics already using the PCC platform to bring up questions or requests about the tool.

As a follow up to last year’s analysis of PCC use among physical health clinics, EOCCO’s Quality team engaged with contacts at [REDACTED] to assess barriers to using PCC more actively. [REDACTED] primary care site reported that they have not been using the tool because there is little need in their community. The primary care clinic and hospital are located in the same complex and share an instance of Cerner, making the use of an HEN largely redundant. The CCO was unable to connect with [REDACTED], the [REDACTED] CMHP, to discuss their PCC utilization since last year’s Roadmap submission. [REDACTED] reported that their decrease in PCC utilization was due to a combination of clinic staffing turnover and the availability of other HIE tools, such as Epic Care Everywhere, that are better integrated into their current workflows.

The 2026 HIT Data Reporting File reflects that 39.0% of EOCCO’s contracted physical health providers are onboarded with PCC. This is unfortunately a 2.8% decrease from the 41.8% prevalence reported in last year’s Roadmap, meaning that EOCCO did not achieve the 2025 Roadmap milestone of increasing the percentage of EOCCO-contracted physical health organizations utilizing PCC to at least 45.0% by 12/31/2025. This is in part because the overall count of physical health organizations on the DRF increased from 79 to 82 while the count of PCC-onboarded physical health organizations decreased from 33 to 32.

Despite this seeming decrease in PCC use, the HITAG “PointClickCare Clinic Report” published in January 2026 indicates that nine of EOCCO’s contracted physical health organizations fall into the “Actively Engaged” or “Highly Engaged” categories, meaning they regularly provide eligibility files, log into the platform, and edit patient content. As a result, 28.1% of EOCCO’s physical health organizations that use PCC are actively engaged in the platform (increased from 18.2% in 2025) and 11.0% of *all* contracted physical health organizations are active users (increased from 7.6% in 2025). This marked rise in PCC engagement is

encouraging and resulted in EOCCO achieving the 2025 milestone of increasing the percentage of engaged physical health partners to 10.0% by 12/31/2025.

	Count	% of PCC-Onboarded Physical Health Orgs	% of All Physical Health Orgs
Total Contracted Physical Health Orgs on DRF	82	n/a	100.0% (82/82)
Contracted Physical Health Orgs on PCC	32	100.0% (32/32)	39.0% (32/82)
Contracted Physical Health Orgs “Actively” or “Highly Engaged” in PCC	9	28.1% (9/32)	11.0% (9/82)

The quarterly “PointClickCare Clinic Reports” provided by OHA are useful in determining engagement status for most connected clinics, however they are still missing several out of state entities that EOCCO works closely with and are confirmed users of PCC. The number of missing entities is not large but still contributes to an incomplete picture of true PCC utilization among the EOCCO provider network.

(Optional) **Overview of 2026-29 plans for this strategy:**

Moving forward, the CCO plans to facilitate a PCC platform training for clinic staff. The training will cover basic PCC platform functions as well as workflows specific to the Initiation and Engagement in Substance Use Disorder Treatment (IET) CCO incentive measure and the Follow-up after Emergency Department Visits for Mental Illness (FUM) HEDIS measure, both of which are current PIP topics for the CCO. See HIE Strategy 16 for additional details on this training.

Planned activities and milestones

Enter planned activities and milestones for this strategy in the table below. Please add or delete lines as needed.

Planned activities	Planned milestones
1. The Quality team will continue holding “HIT Check-Ins” at monthly meetings with engaged physical health organizations.	A. By Q1 2027, the percentage of EOCCO-contracted physical health organizations utilizing PCC will increase to at least 41.0%.

Planned activities	Planned milestones
2. The CCO Quality team will coordinate meetings between [REDACTED] to facilitate sharing of PCC best practices.	B. By Q1 2027, the percentage of contracted physical health partners falling into the “Actively Engaged” or “Highly Engaged” categories on the quarterly HITAG PCC reports will increase to at least 13.0%. C. By Q1 2027, the Quality team will have facilitated a meeting between the primary care, hospital, and behavioral health providers [REDACTED].

HIE for CC & HEN Strategy 16: Encourage Use of the IET Cohort in PCC Platform

Brief description: The EOCCO Quality Team has a workgroup focusing on improving performance on the Initiation and Engagement of Substance Use Disorder Treatment (IET) CCO incentive measure. One of the frequent barriers encountered in this work is the lack of timely notification when a member or patient receives a diagnosis of substance abuse or dependence. The workgroup has received feedback from behavioral and physical health providers that it is challenging to meet the 14 and 34-day treatment deadlines set by this measure when they aren’t immediately aware that a patient may have entered the measure denominator. The workgroup plans to partner with the PCC CCO Customer Success Manager (CSM) to help clinics that already use PCC enable and use the standardized IET cohort. This will allow these clinics to receive real-time notifications when their patients receive SUD diagnoses in emergency care settings.

Strategy categories: Select which categories pertain to this strategy

- ☒1: TA
☒2: Assessment
☒3: Outreach
☒4: Collaboration
☒5: Enhancements
☐6: Integration
☐7: Contracts
☐8: Financial support
☐9: Incentives
☐10: Hosted EHR
☐11: Other (requirements):
☐12: Other:

Strategy status:

☒ Ongoing ☐ New ☐ Paused ☐ Revised ☐ Completed
☐ Ended/retired/stopped

Provider types supported with this strategy:

☐ Across provider types **OR** specific to:
☒ Physical health ☐ Oral health ☒ Behavioral health

Progress (including previous year accomplishments/successes and challenges with this strategy):

In April 2025, the CCO staff reviewed a process mapping activity with IET Learning Collaborative attendees using sample workflows that involve the PCC IET-HEDIS cohort. This was intended to reduce the impact of claims lag in identifying and following up on patient SUD episodes in a timely manner. After this collaborative, the CCO received inquiries from four physical health organizations [REDACTED] [REDACTED] requesting more information on the IET Cohort within PCC. In one-on-one meetings with [REDACTED] and via email with [REDACTED] the IET workgroup reviewed use and functionality of the tool and connected each organization with the PCC Customer Success team.

Two other sites have had anecdotal increases in PCC usage. [REDACTED] [REDACTED] completes a weekly review of PCC cases with a member of the IET workgroup to identify any SUD Episodes that need follow-up. [REDACTED] reviews PCC intermittently to determine if follow-up is needed and subsequently completes a regular review of their IET denominator list with a member of the IET workgroup to ensure SUD cases and treatment are being captured accurately. The IET workgroup continues to promote the use of the IET-HEDIS cohort within PCC to clinics during virtual meetings and in-person visits, as well as via the quarterly Learning Collaborative series. Due to competing demands, CCO staff did not complete the 2025 Roadmap milestones to draft and distribute educational resources on the use of PCC and the IET-HEDIS cohort in 2025. As of Q1 2026, one behavioral health organization [REDACTED] [REDACTED] and two physical health organizations [REDACTED] [REDACTED] have enabled the HEDIS IET cohort. Though this falls slightly short of the 2025 milestone to

have two behavioral and two physical health organizations enable the cohort, this is still an improvement over last year's Roadmap when zero organizations had enabled this function.

In August of 2025, the PCC Product Manager reached out to representatives from EOCCO to help test a new "Shot-Clock" feature for managing patient care gaps as they arise. The goal of the feature is to produce a list of patients who enter certain quality measure denominators through hospital encounters such as Timeliness of Postpartum Care, Follow-up after Emergency Department Visits for Mental Illness (FUM), and IET. In September 2025, EOCCO Quality staff began meeting with the PCC team on a bi-weekly basis to review tool-use, bugs, and feature updates. While the tool's function does not yet fully support work on the IET measure, closely working with the Product team on beta testing for this function has been valuable for EOCCO's relationship building with PCC and for the development of the IET care gap feature of the tool for future clinical use.

(Optional) **Overview of 2026-29 plans for this strategy:**

In 2026 onward, the IET workgroup plans to more proactively advocate for and train on the use of PointClickCare among clinics in order to improve the timeliness of SUD follow-up and decrease clinic reliance on the workgroup for identifying when their patients have a SUD episode that emerges in the Emergency Department or Hospital setting.

Planned activities and milestones

Enter planned activities and milestones for this strategy in the table below. Please add or delete lines as needed.

Planned activities	Planned milestones
1. The CCO will partner with the PCC CSM to host a training with Continuing Medical Education (CME) credits for onboarded clinics and providers on the use of PCC and its Cohorts for measure improvement. Depending on its public release date and IET measure functionality, the Care	A. By Q2 2026, the CCO will have hosted a provider training with CME credits in collaboration with PCC staff. B. By Q3 2026, the CCO and PCC staff will have drafted educational resources for both physical and behavioral health providers on using the IET cohort and reports.

Planned activities	Planned milestones
Gap Management tool will also be reviewed. 2. The CCO will continue partnering with the PCC CSM to create basic educational resources and sample workflows on how to use the HEDIS-IET cohort to better coordinate care for patients with SUD diagnoses. The CCO will strive to create separate versions of these resources for physical and behavioral health/CMHP providers. The CCO will work with its behavioral health arm to capitalize on PCC promotion tactics outlined in Strategy 18 to share this information with CMHPs. 3. The IET workgroup will continue engaging with the PCC CSM to outreach to contracted organizations who have expressed interest in enabling the IET cohort.	These resources will incorporate feedback and questions from the Q2 training. C. By Q4 2026, CCO and PCC staff will have finalized and distributed educational resources for both physical and behavioral health providers on using the IET cohort and reports. D. By Q2 2027, at least four contracted organizations (two physical and two behavioral) will enable and actively use the IET cohort in PCC.

HIE for CC & HEN Strategy 17: Engagement of Non-CMHPs in the Use of PCC

Brief description: EOCCO looks to expand the use of PCC among non-CMHP behavioral health providers not currently utilizing the platform, who tend to be smaller, single therapist agencies. EOCCO currently offers behavioral health providers in its network support in setting up access either through an EOCCO instance of Point Click Care or through independent provider instances.

Strategy categories: Select which categories pertain to this strategy

- ☒1: TA
 ☒2: Assessment
 ☒3: Outreach
 ☒4: Collaboration
☐5: Enhancements
☐6: Integration
☐7: Contracts
☒8: Financial support
☐9: Incentives
☐10: Hosted EHR

☐ 11: Other (requirements): [Click or tap here to enter text.](#)

☐ 12: Other: [Click or tap here to enter text.](#)

Strategy status:

☒ Ongoing ☐ New ☐ Paused ☐ Revised ☐ Completed
☐ Ended/retired/stopped

Provider types supported with this strategy:

☐ Across provider types **OR** specific to:
☐ Physical health ☐ Oral health ☒ Behavioral health

Progress (including previous year accomplishments/successes and challenges with this strategy):

In 2025, EOCCO continued its efforts to support contracted non-CMHP behavioral health providers in utilizing PCC for hospital event notifications, care coordination, and quality improvement. The bulk of this support was offered through existing initiatives such as the daily ED Rounds (see Strategy 9) rather than by making separate outreach attempts to these providers.

As discussed in Strategy 9, representatives from four non-CMHP practices

attended daily ED rounds in 2025.

, which is one of the non-CMHP behavioral health sites not connected to PCC identified in last year's Roadmap. Though is not yet connected to PCC, EOCCO and GOBHI staff provided significant exposure to the PCC tool to this group via ED rounds calls.

Despite this work, EOCCO did not achieve the 2025 Roadmap milestone to onboard at least two non-CMHP providers to PCC by the end of 2025 as no new Eastern Oregon BH providers joined the platform in 2025.

(Optional) **Overview of 2026-29 plans for this strategy:**

EOCCO will continue both Planned Activities reported in the 2025 Roadmap. GOBHI will make a concerted effort to proactively outreach to non-CMHP providers serving members identified as "high-risk"

Planned activities and milestones

Enter planned activities and milestones for this strategy in the table below. Please add or delete lines as needed.

Planned activities	Planned milestones
1. EOCCO staff will continue to provide technical assistance as requested to non-CMHP providers on the further adoption and use of PCC. 2. EOCCO care coordinators will outreach to providers serving members identified as “high-risk”, meaning they visited the ED three or more times in the last 24 months or who were ACT eligible but are not yet utilizing PCC. GOBHI Care Coordinators will provide education on the value of using PCC and offer assistance onboarding if necessary.	A. By Q4 2026, GOBHI Care Coordinators will engage with at least three non-CMHP providers serving high-risk members on the value of using PCC. B. By Q4 2027, EOCCO will help onboard at least two non-CMHP behavioral health providers to PCC.

HIE for CC & HEN Strategy 18: Develop Training Modules on Integrating PCC Data into Behavioral Health Clinical Workflows

Brief description: EOCCO’s care coordination and care management teams provide ongoing individual technical assistance and training to behavioral health providers that utilize PCC. The CCO has created a training curriculum designed to engage providers in platform best practices including identifying at high-risk populations, outlining care plans, pulling reports centered on CCO priorities, and integrating the use of the platform into clinical workflows. With these training offerings, EOCCO staff aim to create further buy-in from currently participating providers, aid in recruitment of new providers to the platform, and optimize current care coordination efforts for our most vulnerable in the behavioral health service array.

Strategy categories: Select which categories pertain to this strategy

☒1: TA ☒2: Assessment ☒3: Outreach ☐4: Collaboration

- ☐5: Enhancements ☐6: Integration ☐7: Contracts ☐8: Financial support
☐9: Incentives ☐10: Hosted EHR
☐11: Other (requirements):
☐12: Other:

Strategy status:

- ☒Ongoing ☐New ☐Paused ☐Revised ☐Completed
☐Ended/retired/stopped

Provider types supported with this strategy:

- ☐Across provider types **OR** specific to:
☐Physical health ☐Oral health ☒Behavioral health

Progress (including previous year accomplishments/successes and challenges with this strategy):

In 2025, EOCCO continued to share PCC workflow information with BH providers with an emphasis on the integration of PCC data into clinical workflows.

As with several other Behavioral Health-specific strategies, staffing turnover meant that EOCCO did not complete the planned activities or achieve both planned milestones for this strategy in 2025. It also proved to be challenging to track which behavioral health providers were *newly* authoring or updating care insights in 2025 as previous strategy owners did not save provider-level care insight data. Q1 2026 Cost and Utilization data from PCC showed that contracted BH providers from three different organizations authored or updated a total of 12 insights from April 2025 to March 2026. The care insights milestone will be revised moving forward to track the total number of BH-authored insights rather than just those by providers new to using PCC.

(Optional) **Overview of 2026-29 plans for this strategy:**

EOCCO will update PCC training modules to reflect evolving best practices and platform capabilities in 2026 and 2027. The focus will remain on outreach to providers who have not yet contributed to care plans and ensuring those already participating have the tools and knowledge needed for effective use.

Planned activities and milestones

Enter planned activities and milestones for this strategy in the table below. Please add or delete lines as needed.

Planned activities	Planned milestones
1. EOCCO staff will update the training modules on integrating PCC data into behavioral health clinical workflows. 2. EOCCO care coordinators will continue making these trainings available to all in-network behavioral health providers and will provide them to those who express interest.	A. By Q4 2026, PCC training modules will be updated. B. By Q4 2027, EOCCO will deliver updated trainings to at least 15 BH agencies within 60 days of their request. C. By Q1 2028, at least five BH providers will have authored or updated a total of 25 care insights in the previous 12 months.

HIE for CC & HEN Strategy 34: Pilot Partnership with FQHC for High-Risk Members

Brief description: EOCCO's Physical Health Case Management (PHCM) team has partnered with a contracted FQHC site to coordinate care for shared high-risk members via PCC reports and Smartsheet documentation.

Strategy categories: Select which categories pertain to this strategy

- ☐1: TA ☐2: Assessment ☐3: Outreach ☒4: Collaboration
☐5: Enhancements ☒6: Integration ☐7: Contracts ☐8: Financial support
☐9: Incentives ☐10: Hosted EHR
☐11: Other (requirements):
☐12: Other:

Strategy status:

- ☐Ongoing ☒New ☐Paused ☐Revised ☐Completed
☐Ended/retired/stopped

Provider types supported with this strategy:

- ☐Across provider types **OR** specific to:

☒ Physical health

☐ Oral health

☐ Behavioral health

Progress (including previous year accomplishments/successes and challenges with this strategy):

N/A

(Optional) **Overview of 2026-29 plans for this strategy:**

The EOCCO Physical Health Case Management team has begun a pilot partnership with [REDACTED] a contracted FQHC in [REDACTED], to coordinate care for shared high-risk members. The PHCM team uses the ED Census report from PCC to identify all EOCCO members who visited the Emergency Room or were Inpatient in the previous week. The Project Manager then identifies the members that are assigned to [REDACTED] for primary care and shares this patient list with the clinic via a secure shared Smartsheet. EOCCO Case Managers and clinic staff will meet on a bi-weekly basis to discuss these cases and will track case management progress through shared Smartsheet pages.

Planned activities and milestones

Enter planned activities and milestones for this strategy in the table below. Please add or delete lines as needed.

Planned activities	Planned milestones
1. EOCCO PHCM and FQHC staff will continue to share member information via PCC reports and Smartsheet to coordinate care for high-risk members.	A. By Q4 2026, EOCCO and [REDACTED] will have coordinated care for at least 100 high-risk members through this partnership. B. By Q4 2026, EOCCO and [REDACTED] will evaluate the efficacy of their care coordination partnership and will decide whether to expand the program.

C. HIE for care coordination barriers

Please describe any barriers that inhibited your progress to support access to and use of HIE for care coordination and/or timely hospital event notifications among your contracted providers.

EOCCO providers continue to face significant barriers in adopting and effectively using Health Information Exchange (HIE) tools to support care coordination. The fragmented HIE landscape with multiple competing tools, inconsistent data-sharing and reporting requirements, and an ever-growing list of required functions, makes it challenging to generate widespread buy-in to a single tool.

EOCCO continues to encounter unique barriers to broad HIE use within the oral health provider network. Many dental providers, especially standalone practices, lack clarity on which members are assigned to them. This uncertainty limits their willingness to engage with HIE tools, as some Primary Care Dentists (PCDs) have expressed concerns about receiving referrals for members outside their assigned panels. While some Dental Care Organizations (DCOs), such as Advantage Dental, have taken steps to connect to HIEs on behalf of their provider networks, this approach presents limitations. The DCO's participation in HIE does not necessarily translate into direct engagement at the provider level—where care coordination activities most often occur. As such, it may not be reasonable to expect year-over-year increases in HIE adoption among dental providers if their primary interaction with HIE occurs indirectly through their DCO.

D. OHA support needs

How can OHA support your efforts to support your contracted providers with access to and use of HIE for care coordination and/or hospital event notifications?

Like the feedback shared in the 2025 Roadmap, EOCCO would benefit from additional technical assistance or facilitated peer sharing from OHA to support practices in onboarding to and using new HIE tools. This would be particularly helpful for standalone dental and behavioral health practices where HIE use is extremely rare.

For tools like PointClickCare where OHA is involved in producing utilization reports, it would be helpful to have more transparency into how the reports are generated and how PCC is tracking engagement. Many CCOs would also benefit if these reports were expanded to include organizations in states bordering

Oregon, as this would provide a much more complete picture of CCO HIE utilization.

E. CCO access to and use of EHRs

Please describe CCO current or planned access to contracted provider EHRs. Please include which EHRs CCO has or plans to have access to including how CCO accesses or will access them (e.g., Epic Care Everywhere, EpicCare Link, etc.), what patient information CCO is accessing or will access and for what purpose, whether patient information is or will be exported from the EHR and imported into CCO health IT tools.

Which EHRs does CCO have or will have access to and how does or will CCO access them (e.g., Epic Care Everywhere, EpicCare Link)?

EOCCO does not have permanent access to any provider EHRs. However, the Quality team will be able to gain temporary access to EpicCare Link at several sites for the purposes of incentive measure data collection and chart review. These sites are [REDACTED].

What patient information is CCO accessing or will CCO access and for what purpose?

EOCCO will be granted temporary access to charts, flowsheets, and visit notes for a specific list of patients included in OHA's sample for the Timeliness of Prenatal and Postpartum Care measure and members included in the denominator for the Meaningful Language Access incentive measure. The Quality team will review patient information for proof of services related to either incentive measure and will document this information in OHA's measurement year 2025 reporting templates.

Is/will patient information being/be exported from the EHR and imported into CCO health IT tools? If so, which tool(s)?

No.

5. Health IT to support SDOH

A. CCO use of health IT to support SDOH: 2025 progress and 2026-29 plans

Please describe CCO 2025 progress and 2026-29 plans for using health IT **within your organization** to support social determinants of health (SDOH), including but not limited to screening and referrals. In the spaces below (in the relevant sections), please:

- List and describe the specific health IT tool(s) you currently use or plan to use for supporting SDOH. **For listed tools, include an explanation of their use/role in the strategy descriptions.**
- (Optional) Provide an overview of CCO's approach to using health IT within the CCO to support SDOH needs, including but not limited to screening and referrals.
- **For each strategy** CCO implemented in 2025 and/or will implement in 2026-29 for using health IT within the CCO to support SDOH, including but not limited to screening and referrals, include:
 1. Title and brief description
 2. Which category(ies) pertain to each strategy
 3. Strategy status
 4. Description of 2025 progress, including:
 - i. **Accomplishments and successes** (including number of referrals, etc., where applicable)
 - ii. Challenges related to each strategy, as applicable
 5. (Optional) Overview of CCO 2026-29 plans for each strategy
 6. **Activities and milestones** related to each strategy CCO plans to implement in 2026-29

Complete list of strategy categories (within CCO)

Please review the list of strategies below that you may have employed during 2025 and/or plan to implement during 2026-29. Check the applicable boxes for each strategy and describe your progress/plans in the sections below.

1. Implement or use health IT tool/capability for social needs screening and referrals
2. Enhancements to CIE tools (e.g., new functionality, health-related services funds forms, screenings, data sources)

3. Integration or interoperability of health IT tools to systems that support SDOH with other tools
4. CCO leads problem solving efforts and collaboration with their partners
5. Care coordination and care management
6. Support HRSN services
7. Use data to identify members' SDOH experiences and social needs
8. Use data for risk stratification
9. Use health IT to monitor and/or manage contracts and/or programs to meet members' SDOH needs
10. Use health IT for CCO metrics related to SDOH
11. Education/training of CCO staff about the value and use of health IT to support SDOH needs
12. Participate in SDOH-focused health IT convenings, collaborative forums, and/or education (excluding CIE governance)
13. Participate in CIE governance or collaborative decision-making
14. Other strategies for adoption/use of CIE or other health IT to support SDOH needs within CCO
15. Other strategies for CCO access or use of SDOH-related data within CCO

List and briefly describe health IT tools used by CCO for supporting SDOH needs, including but not limited to screening and referrals. The use of these tools should also be included in the applicable SDOH strategies below.

Clinical Care Advance (CCA): CCA is the Utilization and Disease Management platform for EOCCO's Healthcare Services department and Physical Health Case Management (PHCM) team. The PHCM team uses this charting tool to document care plans for members. Charting is visible to members of the BH CC team as well, which helps to avoid duplication of services and allows both teams to remain up to date on the current care planning and goals for each member. Member-level HRSN requests feed directly into the CCA system for CCO authorization and referral.

Health Related Social Needs (HRSN) Request webform: EOCCO IT has built

a proprietary HRSN Request Web Form on its website to facilitate HRSN service requests and provider payments. Responses to the online form feed into data tables which then generate downloadable PDFs, both of which are fed into the CCA tool to generate member-level HRSN service requests that are sent to the CCO Case Management and HRSN teams. The webform is also integrated with the CCO's claims payment and case management systems, allowing for seamless authorization, provider claims payments, case management/person-centered service plans and overall HRSN benefit administration.

Smartsheet: Smartsheet is a web-based tool that allows users to share reports, workflows, dashboards, and surveys. Patient information can be shared and updated securely between users at different organizations. Within the CCO SDoH work, this tool is primarily used to facilitate flexible service requests and health-related social needs (HRSN) requests and payments. EOCCO supports users at the physical, behavioral, and dental care organizations that make up the CCO as well as at external Community Benefit Organizations (CBOs) that use the tool for HRSN tracking.

Unite Us: Unite Us (Connect Oregon) is a Community Information Exchange (CIE) tool that connects health care and social service providers through a shared secure web-based technology platform. In Unite Us, organizations can conduct social need screenings, send referrals for clients, and track outcomes in real time, holistically addressing the SDoH needs of individuals and communities more broadly.

(Optional) **Overview of CCO approach to using health IT within the CCO to support SDOH needs, including but not limited to screening and referrals.**

EOCCO has been engaged in the Connect Oregon/Unite Us initiative since its inception. The CCO has implemented Unite Us across its 12-county service area. EOCCO has collaborated with Unite Us and partner organizations to build out SDoH screening forms and is leveraging the closed-loop referral system built into the CIE to support meeting members' SDoH and care coordination needs. EOCCO has also added the SDoH assistance request form to the tool and is utilizing Unite Us data to inform Social Needs Screening & Referral metric implementation and support reporting requirements. EOCCO participates in the statewide Connect Oregon CCO Use Case Workgroup, helping to identify opportunities for

leveraging the CIE tool to support CCOs in meeting state requirements and best serving OHP members.

HIT for SDOH Strategy 22: Unite Us Member Assistance Request Process

Brief description: EOCCO members may use an Assistance Request Form (ARF) to request an SDOH screening and services directly from the CCO via a link to Unite Us which is embedded in the EOCCO website. When a member or their representative submits an ARF the request is directed to EOCCO's SDOH screening team, staffed through the CCO's partnership with the Oregon Rural Practice-Based Research Network (ORPRN). Once the ARF submission is received, EOCCO's SDOH screening team outreaches to the member via phone and gains consent to conduct an Accountable Health Communities (AHC) social needs screening and REALD questionnaire. The SDOH screening team inputs screening result data directly into Unite Us and utilizes the platform to navigate and refer members to local resources. The screeners can also refer members to internal CCO benefits or resources such as Case Management, Flex Funds, or HRSN depending on identified need(s) and eligibility.

Strategy categories: Select which categories pertain to this strategy

- ☒1: Implement/use health IT ☒2: Enhancements ☒3: Integration
☐4: Collaboration ☒5: Care coordination ☐6: Support HRSN
☒7: Data to ID SDOH ☐8: Risk stratification ☐9: Manage contracts
☐10: Metrics ☐11: Education/training ☐12: Convenings
☐13: Governance ☐14: Other (adoption/use): [Click or tap here to enter text.](#)
☐15: Other (SDOH data): [Click or tap here to enter text.](#)

Strategy status:

- ☒Ongoing ☐New ☐Paused ☐Revised ☐Completed
☐Ended/retired/stopped

Progress (including previous year accomplishments/successes and challenges with this strategy):

EOCCO completed both planned Assistance-Request Form (ARF) implementation activities and achieved one of the two milestones during 2025. The completed Unite Us ARF form link was embedded on the EOCCO member-facing "General

Resources” webpage in Q1 2025, surpassing the planned Q2 2025 ARF launch-date milestone. Additionally, member-facing materials advertising the ARF form were collaboratively developed with EOCCO’s marketing team. These materials included a scannable QR code linking directly to the ARF, as well as a direct phone line for members to connect with EOCCO’s SDOH screening team in cases where internet access or digital literacy posed a barrier. The member materials [See Figures 1 & 2 below] were disseminated, and ARF process advertised, to various community and clinical groups/spaces during 2025, including: 12 Local Community Health Partnership (LCHP) groups, contracted primary care clinics, Eastern Oregon THW distro list, EOCCO provider newsletter, and OHA’s Community Partner Outreach Program (CPOP) meetings.

EOCCO received 13 unique ARF submissions by 12/31/25, attaining partial progress toward the 20 ARF submission milestone. Though uptake of the ARF form among members has been slow, all 13 submissions received during 2025 were fully processed by EOCCO’s SDOH screening team and members were appropriately connected to services/resources depending on identified need(s).



Figures 1 (above) & 2 (below): Member postcards advertising EOCCO’s SDOH Screening program and ARF form. Available in English and Spanish and other languages upon request.

Los **determinantes sociales de la salud** son factores no médicos (aspectos) que influyen en la salud y el bienestar. Algunos ejemplos de los determinantes sociales de la salud son la vivienda, el transporte, la educación, el empleo y el acceso a los alimentos.

Organización de Atención Coordinada del Este de Oregon (EOCCO) puede realizar una evaluación (hacer preguntas) por teléfono para ayudarle a identificar sus necesidades relacionadas con los determinantes sociales de la salud y los de su familia.

Si tiene alguna necesidad, la EOCCO puede brindarle recursos y ayudarle a conectar con los servicios de su comunidad.

Haga lo siguiente para recibir una llamada de la EOCCO y realizar una evaluación de los determinantes sociales de la salud:

- Complete el formulario en línea escaneando el código QR con la cámara de su teléfono inteligente.

- También puede comunicarse con la EOCCO y solicitar una evaluación al:

833-597-3290 (línea gratuita)

(Optional) **Overview of 2026-29 plans for this strategy:**

During 2026-2027, EOCCO aims to increase ARF submissions by implementing new targeted communication strategies and internal referral workflows. EOCCO will work collaboratively with SDOH Screening and Community Engagement teams to develop a communication plan. This plan will focus on disseminating program materials to a broader range of organizations in the Eastern Oregon service area and educating community partners about the SDOH screening and service navigation supports available to members. Additionally, EOCCO plans to collaborate with internal member-facing support/care teams (including Customer Service, Social Health Member Navigators, Case Management, Health Coaching, etc.) to develop internal referral processes to connect members to the SDOH screening program through ARF submission.

It is intended that with an increase in ARF submissions, EOCCO will be better able to identify any patterns among members requesting SDOH screenings and supports. This data will inform the development of targeted strategies to address potential ARF submission disparities (e.g. geographic, REALD, age, etc.) in the coming years.

Due to the AHC Screening Project contract changes that occurred in 2025 (see Strategy 24), Strategy 24 will be retired with this Roadmap submission and ongoing AHC-related work is embedded into this Strategy. Therefore, a planned activity for Strategy 22 moving forward includes sustaining funding for the AHC

Screening Project, and hence the ARF screening pathway, through annual contract renewal.

Planned activities and milestones

Enter planned activities and milestones for this strategy in the table below. Please add or delete lines as needed.

Planned activities	Planned milestones
1. Continue to sustain the ARF screening pathway by funding the Accountable Health Communities (AHC) screening project through annual contract renewal. 2. Develop communications and supporting materials to advertise EOCCO's SDOH screening program and ARF to a diverse range of organization types serving Medicaid members across the CCO service area. 3. Collaborate with EOCCO's member-facing support/care teams to develop internal workflows to refer members with SDOH needs to EOCCO's SDOH Screening team through ARF submission.	A. By Q4 2026, EOCCO will receive and process at least twice as many ARF form submissions through Unite Us from 2025 Baseline (minimum 26 ARF form submissions). B. By Q4 2027, EOCCO will have developed internal ARF member-referral workflows with at least two unique EOCCO member-facing support/care teams.

HIT for SDOH Strategy 23: SDOH Data Integration

Brief description: EOCCO is working to map and operationalize the member-level social needs screening and referral data fed through Unite Us into a usable form that will allow for evaluation of SDOH need trends across EOCCO's service area. The CCO Quality and Analytics teams also aim to integrate this data into reports that can be used across CCO departments and shared with EOCCO's contracted provider network to support SDOH screening best-practice and SDOH Incentive Measure reporting.

Strategy categories: Select which categories pertain to this strategy

- ☐1: Implement/use health IT ☐2: Enhancements ☐3: Integration
☐4: Collaboration ☐5: Care coordination ☐6: Support HRSN
☒7: Data to ID SDOH ☐8: Risk stratification ☐9: Manage contracts
☒10: Metrics ☐11: Education/training ☐12: Convenings
☐13: Governance ☒14: Other (adoption/use): [Click or tap here to enter text.](#)
☐15: Other (SDOH data): [Click or tap here to enter text.](#)

Strategy status:

- ☒Ongoing ☐New ☐Paused ☐Revised ☐Completed
☐Ended/retired/stopped

Progress (including previous year accomplishments/successes and challenges with this strategy):

EOCCO made strides toward the planned Unite Us SDOH data integration milestones from the 2025 Roadmap but did not achieve the goal of integrating the final SDOH Provider Report into the monthly primary care provider Quality Measure reports by 12/31/2025. The EOCCO Quality and Analytics teams worked throughout 2025 to draft and finalize versions of the two reports capturing member-level Unite Us Social Needs Screening and Referral Data. The two reports include:

1-Provider Report: Contains Unite Us social needs screening and referral history for providers with assigned EOCCO members. The intent is to support holistic and patient centered care delivery by reducing the risk of over-screening members for social needs and ensuring that providers are informed of any identified social needs and referrals their members received. Ultimately this report will be integrated into EOCCO's monthly Quality Measures reports for contracted providers.

2-Internal Report: Contains member-level social needs screening & referral data from Unite Us, formatted to include all required data fields for Social Needs Screening & Referral (SDOH) metric reporting. The report also aggregates any member REALD data stored in Unite Us to support analysis of social need prevalence and trends across the Eastern Oregon service area to inform EOCCO's SDOH and health equity work.

EOCCO's Quality team was able to utilize the finalized Internal Report as a primary data source for 2025 SDOH measure reporting, meeting the planned Internal Report utilization milestone from the 2025 Roadmap.

(Optional) **Overview of 2026-29 plans for this strategy:**

In Q2 2026, EOCCO is planning to go-live with a new enhanced SDOH screening feature in Unite Us. The enhanced SDOH screening feature is being implemented by Unite Us to better align platform screening and referral functionality with the statewide CCO Social Needs Screening and Referral (SDOH) metric requirements and reporting structure. Turning on the enhanced SDOH screening feature will alter the screening and referral data elements fed through Unite Us into the internal CCO data warehouse, requiring re-mapping of Unite Us data. The EOCCO Quality and Analytics teams will work during the latter half of 2026 to update the Provider and Internal Unite Us Reports to ensure appropriate conversion and capture of member-level SDOH screening and referral data.

Though EOCCO aims to continue progressing towards Unite Us data integration into the monthly provider Quality Reports, the 2026 data feed updates will take precedence over this milestone to ensure the revised Internal and Provider Reports are finalized by end of year to support SDOH metric strategies and maintain SDOH reporting capabilities.

Planned activities and milestones

Enter planned activities and milestones for this strategy in the table below. Please add or delete lines as needed.

Planned activities	Planned milestones
1. The EOCCO Quality team will work in partnership with EOCCO Analytics to re-map Unite Us screening and referral data post enhanced screening feature go-live and convert the data into updated Internal and Provider reports. These reports will capture key SDOH data elements relevant for both contracted providers and	A. By Q2 2026, EOCCO will turn on the Enhanced Screening feature in the Unite Us platform B. By 10/31/2026, EOCCO's Analytics team will develop updated draft versions of the Internal and Provider Unite Us Reports capturing enhanced screening & referral data.

Planned activities	Planned milestones
CCO-wide reporting on the Social Needs Screening & Referral metric. 2. EOCCO Analytics will develop logic to support integration of the final SDoH Provider Report into the primary care provider Quality Measures Report.	C. By Q4 2026, the updated Internal Report will be transformed into a finalized version that captures key SDoH data reporting elements. D. By Q3 2027, EOCCO Analytics will integrate the final SDoH Provider Report into the primary care provider Quality Report.

HIT for SDOH Strategy 24: Accountable Health Communities Project Expansion

Brief description: EOCCO works to provide SDoH screenings to members through the Accountable Health Communities (AHC) Screening Project conducted in partnership with the Oregon Rural Practice-based Research Network (ORPRN). Members are identified for screening via PCC hospital event notifications for individuals with two or more ED visits in the past twelve months as well as members who have no history of primary care engagement according to internal service claims data. EOCCO sends weekly member outreach lists from the PCC cohort and internal claims data to the ORPRN AHC screening team. REALD data is also collected for each member who consents to the AHC screening. The ORPRN AHC screening team inputs screening result data directly into Unite Us and utilizes the platform to navigate and refer members to community resources. The screeners can also refer members to internal CCO benefits or resources such as Case Management, Flex Funds, or HRSN depending on identified need(s) and eligibility.

Strategy categories: Select which categories pertain to this strategy

- ☒1: Implement/use health IT ☐2: Enhancements ☐3: Integration
☒4: Collaboration ☒5: Care coordination ☐6: Support HRSN
☒7: Data to ID SDOH ☐8: Risk stratification ☐9: Manage contracts
☐10: Metrics ☐11: Education/training ☐12: Convenings
☐13: Governance ☐14: Other (adoption/use):
☐15: Other (SDOH data):

Strategy status:

- ☐ Ongoing
- ☐ New
- ☐ Paused
- ☐ Revised
- ☐ Completed
- ☒ Ended/retired/stopped

Progress (including previous year accomplishments/successes and challenges with this strategy):

During 2025, significant adjustments were made to the AHC Screening project contract which impacted progress towards planned milestones. Due to changes in funding availability, EOCCO was no longer able to sustain the ORPRN contract to fund the screener FTE to conduct SDOH screening outreach calls after June 30th 2025. In order to ensure that SDOH screenings are still available and accessible to members in need, EOCCO and ORPRN revised the AHC Screening project contract to limit SDOH screenings to member self-referrals received through the Assistance Request Form (ARF) submission pathway (see Strategy 22). This amended AHC screening project contract went into effect 7/1/2025.

Given the amended AHC screening project contract, EOCCO did not implement the proposed project evaluation plan activities or develop the internal THW program referral workflows identified in the 2025 Roadmap. Though the project screening structure changed in Q3 2025, EOCCO still screened ██████████ in 2025, nearly achieving the 2025 milestone to ██████████ by 12/31/25.

(Optional) **Overview of 2026-29 plans for this strategy:**

Since any newly developed activities and milestones for Strategy 24 will be in direct alignment with the Strategy 22 self-referral ARF submission screening pathway, Strategy 24 is being retired and all future AHC Screening project activities/milestones will be embedded into Strategy 22 to avoid duplication of effort.

Planned activities and milestones

Enter planned activities and milestones for this strategy in the table below. Please add or delete lines as needed.

Planned activities	Planned milestones
1. N/A	A. N/A

HIT for SDOH Strategy 31: Use of Webform, CCA, and Smartsheet for HRSN Requests and Authorizations

Brief description: EOCCO's HRSN team uses a proprietary webform integrated to the EOCCO website, Clinical Care Advance (CCA), and the Smartsheet platform to receive member-level HRSN service requests from members and review and authorize services.

Strategy categories: Select which categories pertain to this strategy

- ☐1: Implement/use health IT ☒2: Enhancements ☐3: Integration
☐4: Collaboration ☒5: Care coordination ☒6: Support HRSN
☐7: Data to ID SDOH ☐8: Risk stratification ☐9: Manage contracts
☐10: Metrics ☐11: Education/training ☐12: Convenings
☐13: Governance ☐14: Other (adoption/use):
☐15: Other (SDOH data):

Strategy status:

- ☐Ongoing ☒New ☐Paused ☐Revised ☐Completed
☐Ended/retired/stopped

Progress (including previous year accomplishments/successes and challenges with this strategy):

In 2025, the CCO continued to use the Smartsheet tool and a webform integrated to the EOCCO website to facilitate HRSN service requests, authorization, provision, invoicing, and payment. Members use the webform to submit requests for climate, housing, and nutrition support. As described above, responses to the online form feed into data tables which then generate downloadable PDFs, both of which are fed into the CCA tool to generate member-level HRSN service requests that are sent to the CCO Case Management and HRSN teams. All service requests are reviewed and authorized if appropriate by the CCO's Social Health Member Navigation authorization team. If approved, the information for all authorized services is entered into Smartsheet and assigned to a provider in the approved member's service area for service delivery (see Strategy 33 for additional information on the referral process). In order to minimize sharing of PHI, only the EOCCO Social Health Member Navigators have full access to the HRSN Smartsheets. CCO Accounting and Case Management staff have guest-level

access to HRSN data that allows them to view only minimum necessary data.

In 2025, the HRSN team used the webform to review and authorize thousands of requested services for EOCCO members. The team reviewed a total of [REDACTED] requests and authorized [REDACTED] services, resulting in [REDACTED] request authorization rate. All authorized services were then sent as referrals to contracted HRSN providers:

Benefit	Requests	Requests Authorized & Referred	% of Requests Authorized & Referred
Climate Devices	[REDACTED]		
Housing-Related Supports			
Nutrition: Medically-Tailored Meals			
Total			

The CCO also created a general request process for members or requesters who need assistance but aren't certain what specific HRSN benefit they may need or be eligible for. This is done through the same HRSN webform as a general "Connect with a service provider for help" request. The information is then uploaded directly into Smartsheet, reviewed by EOCCO's HRSN Services Program Specialist, and the member is referred to an Outreach & Engagement provider in their service area. "Referrals for help" are defined by EOCCO as "requests where a member would like to be connected to a contracted HRSN service provider for help with gathering documentation for a request, submitting a request, and any other Outreach and Engagement-related activities prior to any requests for service and authorizations." The CCO's HRSN team holds bi-weekly meetings with contracted HRSN providers to review members referred for help or assigned to them for HRSN services. See Strategy 33 for additional information on EOCCO's use of HIT in working with HRSN providers.

(Optional) **Overview of 2026-29 plans for this strategy:**

In Q1 2026, a series of enhancements were made to the webform to facilitate data-sharing for HRSN service provision. These updates include requiring uploaded information for income and lease documentation as well as adding a question to ask members if they would like to be screened for other SDOH needs outside of HRSN services.

Beginning in July 2026, the EOCCO webform will also be able to accept requests for HRSN nutrition Fruit & Vegetable and Pantry Stocking requests. Based on these requests, EOCCO staff will use Smartsheet to assign members approved for Fruit & Vegetable and Pantry Stocking services to contracted vendors.

Planned activities and milestones

Enter planned activities and milestones for this strategy in the table below. Please add or delete lines as needed.

Planned activities	Planned milestones
- EOCCO's HRSN and website teams will launch updates to the EOCCO webform, allowing members to submit requests for the Fruit & Vegetable and Pantry Stocking benefits. - EOCCO's HRSN team will continue using the webform and CCA to review and authorize member requests for all HRSN services and will enter authorized services to Smartsheet for provider assignment.	- By Q3 2026, EOCCO will begin using the webform and Smartsheet to review and authorize HRSN service requests for the Fruit & Vegetable and Pantry Stocking benefits. - By Q4 2026, EOCCO will have reviewed and authorized [REDACTED] of all HRSN service requests.

B. CCO support of providers with using health IT to support SDOH: 2025 progress and 2026-29 plans

Please describe your 2025 progress and 2026-29 plans for **supporting** community-based organizations (CBOs), social service providers in your community, and **contracted physical, oral and behavioral health providers** with using health IT to support SDOH, including but not limited to screening and referrals. In the spaces below (in the relevant sections), please:

- List and describe the specific tool(s) you currently or plan to support or provide to your contracted physical, oral, and behavioral health providers, as well as social services and CBOs. **For listed tools, include a description of their use/role in the strategy descriptions.**

- (Optional) Provide an overview of CCO's approach to supporting contracted physical, oral, and behavioral health providers, as well as social services and CBOs with using health IT to support social needs, including but not limited to social needs screening and referrals.
- **For each strategy** CCO implemented in 2025 and/or will implement in 2026-29 to support contracted physical, oral, and behavioral health providers, as well as social services and CBOs with using health IT to support social needs, including but not limited to social needs screening and referrals, include:
 1. Title and brief description
 2. Which category(ies) pertain to each strategy
 3. Strategy status
 4. Provider types supported
 5. Description of 2025 progress, including:
 - i. **Accomplishments and successes** (including the number of organizations of each provider type that gained access to health IT to support SDOH needs as a result of your support, where applicable)
 - ii. Challenges related to each strategy, as applicable
 - iii. How the strategy supports each type of provider selected
 6. (Optional) Overview of CCO 2026-29 plans for each strategy
 7. **Activities and milestones** related to each strategy CCO plans to implement in 2026-29

Complete list of strategy categories (supporting providers)

Please review the list of strategies below that you may have employed during 2025 and/or plan to implement during 2026-29. Check the applicable boxes for each strategy and describe your progress/plans in the sections below.

1. Sponsor CIE for the community
2. Enhancements to CIE tools (e.g., new functionality, health-related services funds forms, screenings, data sources)
3. Integration or interoperability of health IT tools to support SDOH
4. Training and/or technical assistance

5. Support referrals between CBOs and clinical providers
6. Support HRSN service providers
7. Financial support to adopt or use health IT that supports SDOH (e.g., incentives, grants)
8. Support payments to CBOs through health IT
9. Requirements to use health IT in contracts/provider agreements
10. Track or assess CIE/SDOH tool adoption and use
11. Outreach and education about the value of health IT to support SDOH needs
12. Support participation in SDOH-focused health IT convenings, collaborative forums and/or education (excluding CIE governance)
13. Support participation in CIE governance or collaborative decision-making
14. Other strategies for supporting adoption of CIE or other health IT to support SDOH needs
15. Other strategies for supporting access or use of SDOH-related data

List and briefly describe health IT tools supported or provided by CCO that support SDOH needs, including but not limited to screening and referrals.

The use of these tools should also be included in the applicable SDOH strategies below.

- **Health Related Social Needs (HRSN) Request webform:** EOCCO IT has built a proprietary HRSN Request Web Form on its website to facilitate HRSN service requests and provider payments. Responses to the online form feed into data tables which then generate downloadable PDFs. The online form is integrated with the CCO's claims payment and case management systems, allowing for seamless authorization, provider claims payments, case management/person-centered service plans and overall HRSN benefit administration. [Click or tap here to enter text.](#)
- **Smartsheet:** Smartsheet is a web-based tool that allows users to share reports, workflows, dashboards, and surveys. Patient information can be shared and updated securely between users at different organizations. While EOCCO does not grant full user licenses to individuals outside of its component CCO companies, CCO staff use both the reporting and form

functions in Smartsheet to share patient-level information with contracted HRSN providers.

- **Unite Us:** Unite Us (Connect Oregon) is a Community Information Exchange (CIE) tool that connects health care and social service providers through a shared secure web-based technology platform. In Unite Us, organizations can conduct social need screenings, send referrals for clients, and track outcomes in real time, holistically addressing the SDoH needs of individuals and communities more broadly.

(Optional) **Overview of CCO approach to supporting contracted physical, oral, and behavioral health providers, as well as social services and CBOs with using health IT to support social needs, including but not limited to social needs screening and referrals.**

EOCCO continues to sponsor licensed access to Unite Us CIE platform for the entire Eastern Oregon region, supporting training and technical assistance for providers and community partners while continuously assessing adoption and utilization of the tool. EOCCO's HIT and Social Needs Screening Implementation Opt-in Community Benefit Initiative Reinvestment (CBIR) grant opportunities offer an incentive for organizations to adopt Unite Us and integrate it into new or existing social needs screening and referral workflows. EOCCO also facilitates Guest access to Smartsheet forms and trackers to securely share PHI related to social needs and HRSN screenings and referrals.

HIT for SDOH Strategy 25: Community Information Exchange Implementation & Adoption

Brief description: EOCCO works to promote best practices for care coordination by implementing and supporting a community information exchange (CIE) network for clinical health care settings, CBOs, and social service organizations in all twelve Eastern Oregon counties. EOCCO and its partner organizations have recognized CIEs as a key framework to share care coordination strategies with healthcare and community-based organizations. EOCCO is becoming a leader in CIE care coordination workflows by using Unite Us/Connect Oregon to send and receive referrals to and from community partners, innovatively integrating CIE tools to improve healthcare and social service delivery and ensuring meaningful use of the platform to address members' social needs.

Strategy categories: Select which categories pertain to this strategy

- ☒1: Sponsor CIE ☐2: Enhancements ☐3: Integration ☐4: TA/training
☐5: Clinical/CBO referrals ☐6: Support HRSN ☐7: Financial support
☐8: Payments ☐9: Contract requirements ☒10: Track use
☒11: Outreach/education ☐12: Convenings ☐13: Governance
☐14: Other (adoption/use): [Click or tap here to enter text.](#)
☐15: Other (SDOH data): [Click or tap here to enter text.](#)

Strategy status:

- ☒Ongoing ☐New ☐Paused ☐Revised ☐Completed
☐Ended/retired/stopped

Provider types supported with this strategy:

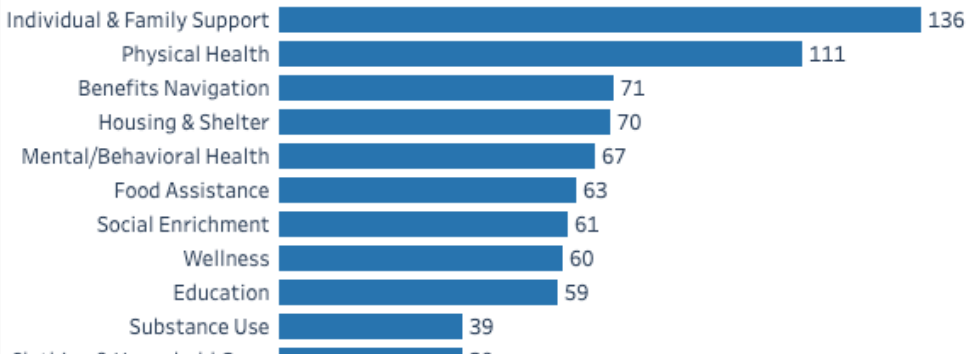
- ☒Across provider types **OR** specific to:
☐Physical health ☐Oral health ☐Behavioral health ☐CBOs
☐Social services

Progress (including previous year accomplishments/successes and challenges with this strategy):

During 2025, EOCCO continued strategies related to supporting user onboarding and utilization of Unite Us/Connect Oregon CIE. EOCCO witnessed growth of the Unite Us network in its 12 county-service area, with a total of 302 unique organizations providing services to the Eastern Oregon region configured to the platform by the end of 2025. Most of the Eastern Oregon organizational partners in Unite Us provide services or programs related to: Individual or Family Support (136), Physical Health (111), Benefits Navigation (71), Housing and Shelter (70), Mental/Behavioral Health (67), and Food Assistance (63) [See Figure 1 Below]. This organizational growth surpassed the set milestone of a 20% increase in partner organizations onboarded to the platform (minimum of 232 onboarded organizations) from year-end 2024 baseline (193 organizations). This growth reflects a nearly 60% increase in onboarded partners, with 72.2% of all organizations in the Eastern Oregon Unite Us network configured to receive referrals in the platform.

Figure 1. Eastern Oregon regional partners by service type (CY 2025).

Organization by Service Types



EOCCO also continued to see trending improvements in regional Unite Us network efficiency and utilization of the platform by onboarded organizations. During 2025, [REDACTED] of referrals sent by network partners were accepted in the platform, with [REDACTED] of referrals resulting in a resolved outcome, indicating the referral receiving organization was able to successfully connect with the client and resolve the case. Additionally, there was a notable decrease in the platform referral rejection rate, with [REDACTED] of platform referrals rejected during 2025. This achieved the milestone of a [REDACTED] referral rejection rate or lower (a [REDACTED] reduction from EOY 2024 baseline) by EOY 2025. Due to trending improvements in network efficiency and platform utilization metrics during 2025, EOCCO did not develop any new quality improvement strategies as planned. However, EOCCO continued to provide technical assistance and education around Unite Us platform standards for timely referral action in meetings held with partners.

EOCCO achieved the milestone of holding Unite Us platform technical assistance meetings with at least three critical service partners organizations during 2025. The CCO met with [REDACTED] to provide tailored Unite Us workflow support and platform education. EOCCO also completed the planned activity of conducting outreach to the top off-platform referral receiving organizations in Eastern Oregon to initiate conversations about joining the Unite Us network. Though outreach did not yield any scheduled meetings during 2025, this activity did set the trajectory for 2026 activities and milestones related to platform onboarding and network growth.

To ensure the space and opportunity for continued Eastern Oregon Unite Us network growth, EOCCO was able to secure a Unite Us contract amendment

during 2025 that expanded the available network licenses from 100 to 150 licenses. This expansion allowed EOCCO to add 12 new licensed users during 2025 (109 total licenses utilized) with space to continue growth.

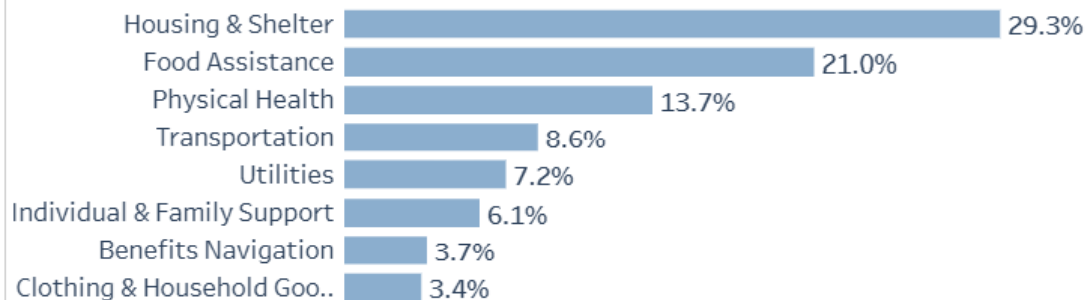
(Optional) **Overview of 2026-29 plans for this strategy:**

In 2026 EOCCO will continue community engagement strategies to help expand its regional Unite Us network and increase onboarding and utilization of Unite Us by contracted physical, dental, and behavioral health partners, social service providers, CBOs, and public health agencies. Plans for engaging specific provider types are outlined in Strategies 26-29 below. EOCCO will maintain efforts related to ensuring clients served in Unite Us are able to have their health or social needs addressed by the Unite Us organizational network by working to onboard local partners that provide services/resources that can address the prevalent SDOH needs identified in the Eastern Oregon region. From 1/1/25-12/31/25 the most prevalent needs identified among Eastern Oregon clients served through the Unite Us platform include: Housing and Shelter (29.3%), Food assistance (21.0%), Physical Health (13.7%), and Transportation (8.6%) [See Figure 2 Below].

Figure 2. Identified service types for Unite Us client cases served between 1/1/25-12/31/25.

Case Volume by Service Type

Click (+) service types below to expand service subtypes.



Since the 2025 strategy of outreaching to off-platform organizations directly did not yield any meetings or successful Unite Us onboardings, EOCCO is developing a new outreach strategy to identify a Unite Us user champion in each Eastern Oregon county to facilitate information sharing about the platform and encourage organizations that provide services/resources that address prevalent SDOH needs to onboard--ultimately supporting county-wide goals/priorities.

Additionally, to help develop and tailor future Quality Improvement strategies related to network efficiency and utilization to current Unite Us platform users,

EOCCO will gather feedback from users through structured research methods including surveys and focus groups. EOCCO aims to hold two regional Unite Us user focus groups to disseminate a user survey with a 20% response rate in 2026. Gathering qualitative feedback from users will help EOCCO to better understand how partners are interacting with the Unite Us platform and to develop an evidence-base to highlight utilization or network gaps to inform new QI strategies in the coming years.

Planned activities and milestones

Enter planned activities and milestones for this strategy in the table below. Please add or delete lines as needed.

Planned activities	Planned milestones
1. EOCCO will conduct outreach to Unite Us users across Eastern Oregon to identify champion organizations that can support with developing and participating in county-specific strategies to support local organizational onboarding and growth of the regional Unite Us network in alignment with prevalent SDOH needs. 2. EOCCO will gather meaningful qualitative feedback from regional Unite Us users through focus groups and surveys to better understand current platform usage and utilization gaps, and to inform QI strategies related to network efficiency.	A. By Q3 2026, EOCCO will develop and disseminate a Unite Us user survey with a 20% survey response rate. B. By Q4 2026, the percentage of referrals rejected in the Unite Us platform will decrease by at least [REDACTED] from 2025 year-end baseline (a [REDACTED] referral rejection rate or lower). C. By Q4 2026, the number of onboarded Unite Us partners will increase by at least 15% from EOY 2025 baseline to a minimum of 347 unique partner organizations. D. By Q4 2026, EOCCO will identify a Unite Us organizational champion in at least two Eastern Oregon counties and begin development of county-specific engagement plans. E. By Q4 2026, EOCCO will have held at least two Unite Us user focus groups.

HIT for SDOH Strategy 26: Unite Us Technical Assistance for Physical Health Partners

Brief description: EOCCO strives to enhance adoption and meaningful utilization of Unite Us by covering the cost of licenses for contracted physical health providers. Through technical assistance opportunities, EOCCO supports providers in gaining comfort with utilizing the tool to conduct social needs screenings and to send/receive referrals to appropriately address members' social needs and care gaps. EOCCO also provides funding pathways through the CBIR Opt-in HIT and Social Needs Screening implementation grants to support clinic integration of Unite Us into new or existing social needs screening and referral workflows.

Strategy categories: Select which categories pertain to this strategy

- ☐1: Sponsor CIE ☐2: Enhancements ☐3: Integration ☒4: TA/training
☒5: Clinical/CBO referrals ☐6: Support HRSN ☒7: Financial support
☐8: Payments ☐9: Contract requirements ☒10: Track use
☒11: Outreach/education ☐12: Convenings ☐13: Governance
☐14: Other (adoption/use):
☐15: Other (SDOH data):

Strategy status:

- ☒Ongoing ☐New ☐Paused ☐Revised ☐Completed
☐Ended/retired/stopped

Provider types supported with this strategy:

- ☐Across provider types **OR** specific to:
☒Physical health ☐Oral health ☐Behavioral health ☐CBOs
☐Social services

Progress (including previous year accomplishments/successes and challenges with this strategy):

In 2025, EOCCO continued to see increased Unite Us platform adoption among physical health providers. By the end of 2025, 34 contracted physical health organizations were configured to the Connect Oregon network in Unite Us with two new physical health organizations joining during the year. Though network

growth trends have continued in the Eastern Oregon region since Unite Us launch in 2021, the number of cases referred in the platform had a substantial reduction during 2025. In total, [REDACTED] cases were referred during 2025 compared to [REDACTED] cases referred during 2024. This reduction in cases referred is largely due to the AHC Screening Project structure change [see retired Strategy 24 above] which led to all direct member outreach SDOH screening calls stopping as of 7/1/25—overall reducing the total number of clients served through the platform. Due to this significant referred case reduction, EOCCO will be re-baselining the referred case milestone and setting a more realistic goal for 2026.

During 2025, EOCCO continued work on socializing the use of Unite Us, providing TA and training opportunities for contracted physical health providers/clinics, and identifying and addressing providers' concerns or barriers to increase utilization. In the Spring and again in the Fall, the EOCCO Quality Improvement team traveled to meet with contracted physical health clinics in-person and discussed Unite Us as a tool for conducting social needs screenings and referring patients to local services. Additionally, EOCCO surpassed the set milestone of offering at least one provider-focused training session related to social needs screening and referral processes by holding two SDOH incentive measure learning collaborative webinars during 2025. These webinars held in February and June of 2025 discussed strategies and best practices for implementing social needs screening and referral workflows and shared Unite Us as a tool for integrating clinical screening/referral workflows and meeting SDOH measure reporting requirements.

To further educate providers on the utility of Unite Us in supporting SDOH screening and referral workflows, EOCCO disseminated a clinical partner focused Connect Oregon informational video to the Eastern Oregon provider network in 2025. Though a 'new' resource was not developed during 2025, sharing the Connect Oregon video to EOCCO's provider network partially met the Unite Us resource development/sharing milestone. EOCCO plans to collaborate with the Unite Us team to develop a provider-facing resource in 2026 specifically tailored to the Eastern Oregon region and rural health care providers.

Lastly, EOCCO continued to offer the Opt-in Social Needs Screening CBIR grant funding opportunity in 2025. During the 2025 CBIR application cycle EOCCO received two Social Needs Screening Opt-in grant applications and met the set

milestone of funding one Opt-in project. The funded project supports a clinical partner in integrating Unite Us into their OCHIN Epic instance to support closed-loop SDOH referral activities and streamline SDOH reporting efforts.

(Optional) **Overview of 2026-29 plans for this strategy:**

EOCCO plans to continue the provider engagement and funding strategies described above into 2026 to encourage adoption and utilization of Unite Us by physical health providers. Through the lens of platform utility in supporting Social Needs Screening & Referral metric activities, EOCCO plans to develop targeted resources, provide TA, and host trainings to encourage Unite Us utilization in clinical settings. Specifically, EOCCO plans to educate providers on the new Unite Us platform update which will embed a new enhanced screening feature into the platform [See Strategy 23 above]. EOCCO intends to go-live with the screening feature in Q2 of 2026, providing a more streamlined SDOH screening and referral user experience that aligns with SDOH incentive measure screening and reporting requirements.

Additionally, EOCCO will continue offering the Social Needs Screening CBIR Opt-in grant and conduct targeted outreach to advertise the funding opportunity to clinical partners. The Social Needs Screening CBIR Opt-in will support integration of Unite Us into developed or existing clinical social needs screening workflows.

With the significant reduction of referral activity in the Unite Us platform during 2025, the case-referral rate will be re-baselined to set a realistic 2026 referral activity milestone. The AHC Screening Project contract change went into effect on 7/1/25, and between 7/1/25-12/31/25 [REDACTED] total cases were referred in Unite Us [See Figure 3 below]. The estimated total number of cases referred during 2025 if the AHC Screening Project contract change were in effect for full 2025 calendar year is [REDACTED]. EOCCO expects case referral activity to increase from the 2025 estimated baseline of [REDACTED] cases in 2026 as more organizations across all service types adopt the platform and receive training/resources to support utilization.

Figure 3. Total number of Eastern Oregon originating cases referred in Unite Us during 7/1/25-12/31/25.

Referred Cases

Referred Case Created At
07/01/2512/31/25

Network
Unite Us Network

Originating Organization
(All)

Service Type
(All)

Service Subtype
(All)

Origin

Referred Case Summary

Planned activities and milestones

Enter planned activities and milestones for this strategy in the table below. Please add or delete lines as needed.

Planned activities	Planned milestones
1. Provide individualized Unite Us support and TA to onboarded physical health partners. 2. Collaborate with the Unite Us account team to create clinic-facing resources on platform workflows and functionality specifically related to supporting rural health and Social Needs Screening & Referral metric reporting and requirements. 3. Provide peer-learning opportunities and trainings for physical health providers to help socialize use of Unite Us for improving care coordination, addressing members’ social needs, and meeting Social Needs	A. By Q4 2026, EOCCO will host at least one training session covering the Unite Us enhanced screening feature update to support social needs screening & referral processes and best practices. B. By Q4 2026, EOCCO and Unite Us will have created and disseminated at least one educational provider resource. C. In 2026, EOCCO will fund at least one Social Needs Screening Opt-in CBIR project related to social needs screening and/or Unite Us implementation and integration. D. By Q4 2026, utilization of the Unite Us platform will increase by from re-baselined 2025 case

Screening & Referral metric requirements.	referral rate for a minimum of [REDACTED] cases referred during 2026.
4. Continue to offer the Opt-in Social Needs Screening CBIR funding opportunity to support integration of Unite Us into clinical social needs screening workflows and conduct targeted outreach to clinical partners to advertise this funding opportunity.	

HIT for SDOH Strategy 27: Unite Us Technical Assistance for Community Partners

Brief description: EOCCO will continue to provide targeted technical assistance to Community Based Organizations (CBOs), social service providers, and Traditional Health Workers (THWs) to support adoption and meaningful use of the Unite Us platform. This strategy focuses on onboarding THWs to Unite Us, strengthening referral workflows, and increasing the quality and consistency of referrals sent by community partners, particularly in rural and frontier settings. EOCCO will leverage collaboration between the Unite Us team, EOCCO Field (Community Engagement) staff, and THW program leadership to provide onboarding support, training, and workflow consultation tailored to partners' operational capacity.

Strategy categories: Select which categories pertain to this strategy

- ☐1: Sponsor CIE ☐2: Enhancements ☐3: Integration ☒4: TA/training
☒5: Clinical/CBO referrals ☐6: Support HRSN ☐7: Financial support
☐8: Payments ☐9: Contract requirements ☒10: Track use
☒11: Outreach/education ☐12: Convenings ☐13: Governance
☐14: Other (adoption/use): [Click or tap here to enter text.](#)
☐15: Other (SDOH data): [Click or tap here to enter text.](#)

Strategy status:

- ☒Ongoing ☐New ☐Paused ☐Revised ☐Completed
☐Ended/retired/stopped

Provider types supported with this strategy:

☐ Across provider types **OR** specific to:

☐ Physical health

☐ Oral health

☐ Behavioral health

☒ CBOs

☒ Social services

Progress (including previous year accomplishments/successes and challenges with this strategy):

During 2025, EOCCO continued supporting Traditional Health Workers (THWs) and community-based organizations (CBOs) with onboarding and technical assistance for using the Unite Us platform. Progress was impacted by a staff vacancy in the CCO THW Liaison position between June and December 2025, which slowed direct engagement and contributed to several milestones being partially met. Before the staffing gap, EOCCO advanced several key activities, including developing the first THW-specific workflow (doula referral pathway) and providing Unite Us licenses to [REDACTED] doulas participating in an EOCCO-supported training. THW onboarding continued throughout 2025, reaching [REDACTED] total individuals onboarded to Unite Us by year end—just below the 2025 milestone of [REDACTED] onboarded THWs. EOCCO facilitated targeted outreach to THWs and CBOs and hosted Unite Us presentations at all twelve county Local Community Health Partnership (LCHP) meetings, as well as with organizations such as [REDACTED] [REDACTED] and [REDACTED]. THWs continued to use the platform to support closed-loop referral processes and connect clients with social needs resources across the region.

EOCCO also hosted a THW-focused SDOH referral webinar in June 2025, which highlighted how THWs support the Social Needs Screening & Referral incentive metric and how Unite Us can streamline referral processes. Overall, although staffing challenges temporarily slowed progress, the THW program expanded meaningfully, and foundational workflows were strengthened.

(Optional) **Overview of 2026-29 plans for this strategy:**

In 2026, EOCCO will focus on reestablishing momentum on this project following the 2025 vacancy in the Traditional Health Worker (THW) Liaison role, and strengthening the meaningful use of Unite Us among THWs and community-based partners. EOCCO will prioritize rebuilding direct engagement with THWs through targeted technical assistance, training, and structured outreach

delivered in collaboration with the EOCCO Field (Community Engagement) Team and the Unite Us customer support team.

A key focus in 2026 will be supporting THWs and community-based organizations in understanding and utilizing new Unite Us platform functionality, including the Enhanced Screening Feature scheduled to launch in Q2 2026. EOCCO will provide THW-specific education and training opportunities that highlight how Unite Us can support social needs screening, referral workflows, and closed-loop coordination in alignment with statewide Social Needs Screening & Referral metric requirements.

EOCCO also plans to continue expanding support for specialty THW groups, including doulas, by integrating doula-specific workflows and offering Unite Us licenses to participants in EOCCO-supported doula training cohorts, such as the Spring 2026 Spanish-language doula cohort, when appropriate. These efforts are intended to increase access to Unite Us among independently practicing THWs who may not otherwise qualify for organizational licenses.

Outreach and engagement efforts will continue throughout EOCCO’s service area through presentations at Local Community Health Partnership (LCHP) meetings, Regional Outreach Collaboratives (ROC), Community Partner Outreach Program (CPOP) meetings, and other regional convenings to increase awareness of Unite Us among CBOs that employ THWs or provide services addressing prevalent social needs. As part of a broader quality improvement approach, EOCCO will participate in planned survey and focus group activities in 2026 (described in Strategy 25) to gather qualitative feedback from THWs and other community partners. Feedback from these efforts will help inform future technical assistance strategies, identify barriers to platform utilization, and guide refinements to outreach and training approaches. Together, these activities are intended to support continued growth of the THW program within Unite Us, improve navigation and resource-sharing capacity across the community network, and strengthen closed-loop referral workflows that support EOCCO members’ social needs.

Planned activities and milestones

Enter planned activities and milestones for this strategy in the table below. Please add or delete lines as needed.

Planned activities

1. In collaboration with the EOCCO Field (Community Engagement) and Unite Us Customer Support teams, EOCCO will provide individualized and group-based technical assistance to THWs and CBOs, including onboarding support, license setup, and guidance on developing effective Unite Us workflows for social needs screening and referrals.
2. EOCCO will plan and host a THW-focused training session on the Unite Us Enhanced Screening Feature, providing education on how the updated platform functionality can support standardized social needs screening, referral workflows, and closed-loop coordination aligned with statewide Social Needs Screening & Referral metric requirements.
3. EOCCO will partner with the Unite Us team and internal stakeholders to incorporate THW perspectives into EOCCO's planned 2026 survey and focus group efforts (described *in Strategy 25*) to better understand how THWs utilize Unite Us, identify workflow barriers, and inform future technical assistance strategies.
4. EOCCO will conduct outreach and education efforts at regional and community convenings, including

Planned milestones

- A. By Q4 2026, EOCCO will onboard at least [REDACTED] THW users to the Unite Us platform, increasing the total number of onboarded THWs to [REDACTED]
- B. By Q4 2026, EOCCO will host at least one THW-focused training addressing the Unite Us Enhanced Screening Feature
- C. By Q4 2026, feedback from THWs will be collected through participation in at least one EOCCO-led focus group or survey effort related to Unite Us utilization.
- D. By Q4 2026, EOCCO will present Unite Us information at three or more regional or community meetings to promote THW and CBO engagement with the platform.
- E. By Q2 2026, EOCCO will finalize updates to the doula referral workflow and issue Unite Us licenses to eligible doula cohort participants, as appropriate.

Local Community Health Partnership (LCHP) meetings, Regional Outreach Collaboratives (ROC), and Community Partner Outreach Program (CPOP) meetings, to increase awareness of Unite Us functionality and encourage adoption among CBOs that employ or work closely with THWs. 5. EOCCO will continue to expand and refine the doula-specific workflow within Unite Us and support access to the platform for doulas participating in EOCCO-supported training cohorts.	
---	--

HIT for SDOH Strategy 28: Unite Us Expansion to Oral Health Providers and Dental Care Organizations

Brief description: One of EOCCO's Dental Care Organizations (DCOs), Advantage Dental, uses Unite Us at the DCO level. Both Advantage and ODS indicated interest in having dental practices utilize the platform if it provides sufficient benefit to their members. The use of a CIE could be beneficial to capitated providers, especially those that have case management teams onsite. The goal is for DCO Case Management and Care Coordination teams to be able to send and receive referrals in Unite Us for both internal Case Management/Coordination services.

Strategy categories: Select which categories pertain to this strategy

- ☐1: Sponsor CIE ☐2: Enhancements ☐3: Integration ☒4: TA/training
☒5: Clinical/CBO referrals ☐6: Support HRSN ☐7: Financial support
☐8: Payments ☐9: Contract requirements ☒10: Track use
☒11: Outreach/education ☐12: Convenings ☐13: Governance
☐14: Other (adoption/use):
☒15: Other (SDOH data):

Strategy status:

☒ Ongoing ☐ New ☐ Paused ☐ Revised ☐ Completed
☐ Ended/retired/stopped

Provider types supported with this strategy:

☐ Across provider types **OR** specific to:
☐ Physical health ☒ Oral health ☐ Behavioral health ☐ CBOs
☐ Social services

Progress (including previous year accomplishments/successes and challenges with this strategy):

In 2025 ODS maintained that Unite Us was still not beneficial to its contracted providers or the members it serves without a critical mass of local community organizations that accept referrals using the tool as well. Currently there are not enough community partners in Eastern Oregon using the tool to meet the demonstrated needs of the ODS EOCCO member population. The DCO's care coordination team remains integrated with its members and CCO partners and has successfully connected members to resources in 2025 without the use of a CIE.

Advantage Dental also did not expand the use of Unite Us beyond their central DCO Care Coordination team in 2025. The centralized approach continues to function well for their provider network as most contracted dental clinics have indicated that they do not currently have the capacity to implement and train staff on the Unite Us tool. The Advantage Care Coordination team actively intercepts referrals via Unite Us. While DCO Community Outreach was able to send referrals, only [REDACTED] were sent in 2025 due to the limited number of regional community-based organizations that accept referrals via the tool. All [REDACTED] were rejected for various reasons. Advantage Dental's Community Care team continues to push referrals out to appropriate CBOs on behalf of their provider network.

EOCCO discussed Unite Us use among DCOs at a 2025 HIT Subcommittee meeting and determined that the CIE network had not grown enough to warrant another push for dental providers to onboard with the tool directly.

(Optional) **Overview of 2026-29 plans for this strategy:**

ODS' participation in this strategy will remain paused for 2026 while the pool of Eastern Oregon community partners using Unite Us grows. The EOCCO Quality Team will aim to improve Unite Us usability for both DCOs and dental providers that connect to the platform in the future by working to understand reasons behind referral rejections.

Planned activities and milestones

Enter planned activities and milestones for this strategy in the table below. Please add or delete lines as needed.

Planned activities	Planned milestones
1. Advantage Dental's Care Coordination team will continue to intercept referrals for its members via Unite Us. 2. The EOCCO Quality team will partner with Unite Us staff to provide education to the Advantage Care Coordination team on how to view eligibility requirements for receiving organization's and reduce the likelihood of referral rejections.	A. By Q4 2026, the Advantage Community Outreach team will send at least [REDACTED] referrals to CBOs via Unite Us. B. By Q4 2026, at least one of the [REDACTED] referrals sent by Advantage will be accepted by the receiving CBO.

HIT for SDOH Strategy 29: Unite Us Expansion to CMHPs

Brief description: EOCCO is working to continue expanding its network of referring partners utilizing the Unite Us platform. This extends to all areas of the care continuum including contracted Community Mental Health Programs (CMHPs) in the region. Through technical assistance opportunities, EOCCO supports providers in gaining comfort with the tool to conduct social needs screenings and to send/receive referrals to appropriately address members' social needs and care gaps.

Strategy categories: Select which categories pertain to this strategy

☐1: Sponsor CIE ☐2: Enhancements ☐3: Integration ☒4: TA/training

- ☒5: Clinical/CBO referrals ☐6: Support HRSN ☐7: Financial support
☐8: Payments ☐9: Contract requirements ☒10: Track use
☒11: Outreach/education ☐12: Convenings ☐13: Governance
☐14: Other (adoption/use): [Click or tap here to enter text.](#)
☐15: Other (SDOH data): [Click or tap here to enter text.](#)

Strategy status:

- ☒Ongoing ☐New ☐Paused ☐Revised ☐Completed
☐Ended/retired/stopped

Provider types supported with this strategy:

- ☐Across provider types **OR** specific to:
☐Physical health ☐Oral health ☒Behavioral health ☐CBOs
☐Social services

Progress (including previous year accomplishments/successes and challenges with this strategy):

Progress on this initiative remained stalled throughout 2025, despite concerted efforts by the GOBHI Community Engagement team, the EOCCO Behavioral Health Director, and EOCCO QI teams to re-engage CMHP partners and promote the Unite Us platform. Unfortunately, the barriers identified in the 2025 Roadmap (confusion with multiple CIEs, provider and community partner hesitation to fully collaborate on the CIE, and concerns about the transfer of secure BH data on an unfamiliar tool) persisted throughout the year. GOBHI's team also identified several new barriers to increased use, including licensing issues with integrating Unite Us to an existing EHR system, staff time required to effectively use the CIE, and limited availability of providers on the platform that can receive referrals.

As of Q1 2026 the CMHP onboarding status remained unchanged, with only [REDACTED] CMHP partners fully onboarded. Consequently, EOCCO did not achieve the 2025 Roadmap milestone to have at least [REDACTED] CMHPs using the tool by the end of 2025.

(Optional) **Overview of 2026-29 plans for this strategy:**

To address ongoing engagement challenges and identified barriers, EOCCO is prioritizing individualized outreach and specialized leaning opportunities for CMHPs. In 2026, Unite Us and the GOBHI Quality Assurance (QA) team will provide targeted technical assistance sessions to ensure the [REDACTED] CMHPs with active Unite Us licenses are successfully utilizing the platform, addressing any workflow barriers or concerns related to serving behavioral health clients through the platform.

EOCCO will also leverage its partnership with Unite Us to provide informational presentations to CMHPs and highlight the new Enhanced screening feature of the platform to support integration of SDOH screening/referral workflows. Ultimately, it's intended that these learning sessions will help partners navigate technical obstacles and ideally promote platform adoption.

Planned activities and milestones

Enter planned activities and milestones for this strategy in the table below. Please add or delete lines as needed.

Planned activities	Planned milestones
1. In collaboration with Unite Us, the GOBHI Quality Assurance (QA) team will host individual targeted technical onboarding sessions to CMHPs not yet connected to the tool or utilization support sessions for onboarded CMHPs. 2. EOCCO will support opportunities for the CMHPs to discuss how to resolve onboarding friction points, SDOH screening and referral workflows, current CIE utilization barriers, and refine understanding of how the Unite Us platform can fit their specific workflows. These workshops will include both educational presentations from CCO and Unite Us representatives	A. By Q4 2026, Unite Us and the GOBHI QA team will host at least two Unite Us onboarding or utilization TA sessions with individual CMHPs. B. By Q4 2026, EOCCO and Unite Us will host at least one educational peer-sharing workshop for CMHPs. C. By Q4 2027, EOCCO will have onboarded a total of [REDACTED] out of the [REDACTED] CMHPs (an increase of [REDACTED]) to Unite Us.

as well as substantial opportunity
for CMHP staff to peer-share.

HIT for SDOH Strategy 32: Funding HRSN Provider Use of HIT through CCBF Projects

Brief description: Community Capacity Building Funds (CCBF) grants support organizations in building capabilities and capacity to provide HRSN services. CCBF grants can span four funding categories, two of which (*Technology* and *Development of business or operational practices*) include using HIT for HRSN service referral and provision. EOCCO's HRSN team and Quality and Innovation Manager partner to administer the CCBF program for HRSN providers and organizations.

Strategy categories: Select which categories pertain to this strategy

- ☐1: Sponsor CIE ☐2: Enhancements ☐3: Integration ☐4: TA/training
☐5: Clinical/CBO referrals ☒6: Support HRSN ☒7: Financial support
☐8: Payments ☐9: Contract requirements ☐10: Track use
☐11: Outreach/education ☐12: Convenings ☐13: Governance
☐14: Other (adoption/use): [Click or tap here to enter text.](#)
☐15: Other (SDOH data): [Click or tap here to enter text.](#)

Strategy status:

- ☐Ongoing ☒New ☐Paused ☐Revised ☐Completed
☐Ended/retired/stopped

Provider types supported with this strategy:

- ☐Across provider types **OR** specific to:
☐Physical health ☐Oral health ☐Behavioral health ☒CBOs
☒Social services

Progress (including previous year accomplishments/successes and challenges with this strategy):

EOCCO funded [REDACTED] Community Capacity Building Funds (CCBF) grant projects at the end of 2024 for initiatives implemented from Q3 2024 – Q3 2026. Two of the

four funding categories (*Technology* and *Development of business or operational practices*) supported increasing capacity to send and process HRSN referrals. [REDACTED] CCBF recipients received funding in one or both of those categories. Rather than transitioning to a completely new closed-loop referral system such as a CIE, many of these funded projects included initiatives to adjust existing systems such as [REDACTED] or their EHR to the HRSN-specific referral structure. The adaptation of existing EHR, case management systems and Smartsheet logic allows providers in the EOCCO service area to more quickly on-board and build sustainable capacity to serve HRSN members.

Since the funding decisions were announced, all [REDACTED] relevant CCBF projects have been implemented. EOCCO collected progress reports from all [REDACTED] first wave grant recipients in Q1 and Q3 2025 and [REDACTED] recipients in Q1 2026. One organization received an extension to submit the most recent progress report.

EOCCO re-opened applications for CCBF grant opportunities in spring 2025 to continue supporting providers in implementation of HRSN benefits. [REDACTED] organizations were awarded funds in the same four categories of work (technology, development of business or operational practices, workforce development, and outreach education and convening) as in previous grant cycles. All [REDACTED] of these projects received *Technology* and/or *Development* funding. Funded projects include initiatives addressing implementation of case management documentation platforms such as [REDACTED] and funding Microsoft Teams access for the HRSN Housing Case Manager and Project Manager to facilitate document and report sharing.

(Optional) **Overview of 2026-29 plans for this strategy:**

EOCCO will collect final progress reports from the first wave of grant recipients in Q3 2026 and the second wave of CCBF grant recipients in late Q3 and/or early Q4 2026.

Second wave grant recipients will implement their projects for the remainder of 2026 through Q3 2027 when the current 1115 waiver ends. Any initiatives extended beyond fall 2027 will be based on the renewal of the waiver and changes to the program.

Planned activities and milestones

Enter planned activities and milestones for this strategy in the table below. Please add or delete lines as needed.

Planned activities	Planned milestones
1. EOCCO's HRSN and Grants teams will continue providing technical assistance to grant recipients as requested on project implementation and reporting.	A. By Q3 2026, all first wave CCBF recipients will submit their final progress reports to EOCCO. B. By Q4 2026, all second wave CCBF recipients will submit progress reports to EOCCO.

HIT for SDOH Strategy 33: Use of Smartsheet & Webform for HRSN Provider Referrals & Payments

Brief description: EOCCO uses a webform embedded in its website and the Smartsheet tool to facilitate closed-loop referrals to contracted HRSN providers for climate, housing, and nutrition services. These same tools are also used to track and approve payments to HRSN providers for services rendered.

Strategy categories: Select which categories pertain to this strategy

- ☐1: Sponsor CIE ☐2: Enhancements ☐3: Integration ☐4: TA/training
☐5: Clinical/CBO referrals ☒6: Support HRSN ☒7: Financial support
☒8: Payments ☐9: Contract requirements ☐10: Track use
☐11: Outreach/education ☐12: Convenings ☐13: Governance
☐14: Other (adoption/use):
☐15: Other (SDOH data):

Strategy status:

- ☐Ongoing ☒New ☐Paused ☐Revised ☐Completed
☐Ended/retired/stopped

Provider types supported with this strategy:

- ☐Across provider types **OR** specific to:

☐ Physical health

☐ Oral health

☐ Behavioral health

☒ CBOs

☒ Social services

Progress (including previous year accomplishments/successes and challenges with this strategy):

EOCCO uses its online webform and Smartsheet to facilitate HRSN service referrals and payments for its [REDACTED] contracted HRSN providers. In 2025, HRSN service providers were required to use the CCO's Smartsheet and webform as the main pieces of technology facilitating closed loop referrals. As described in Strategy 31, once the CCO authorizes an HRSN service request submitted via the webform, the member referral information is entered into Smartsheet and assigned to a contracted provider's Smartsheet for service delivery. The CCO's HRSN team holds bi-weekly meetings with contracted HRSN providers to review members referred for help or assigned to them for HRSN services. This referral process has been very successful; in 2025, only [REDACTED] referrals were not completed, resulting in a 99.2% referral completion rate.

Providers may also use the EOCCO webform themselves if they are helping the member submit a request for HRSN services. If a contracted provider indicates that they are helping the member fill out the form, they receive an approval or denial letter when a decision is made on that request. If the member is approved for the requested service and the provider has capacity on their caseload, the member will be assigned back to them for service delivery via the provider's shared Smartsheet.

CCO staff also launched the Payments module of the EOCCO webform in January 2025, allowing the CCO to process payments and reimbursements to contracted HRSN providers. HRSN providers report HRSN services rendered and provide supporting billing documentation via a Smartsheet spreadsheet. Providers then use the Payments module of the EOCCO webform to request service payments from the CCO. HRSN providers are required to enter their Tax Identification Number, DMAP Identification Number, and all other traditional claim form data fields when submitting the form. EOCCO generates a claim for each reported service which then goes through the normal claims payment process.

In order to minimize sharing of member PHI, only the EOCCO Social Health Member Navigators have full access to the HRSN Smartsheets. CCO Accounting

staff and contracted HRSN service providers have guest-level access that allows them view-only access to the minimum necessary data. HRSN providers have guest-level access to their specific Smartsheet, which only contains referrals assigned to them.

(Optional) **Overview of 2026-29 plans for this strategy:**

EOCCO will continue to use the existing webform and Smartsheet processes to facilitate closed-loop referrals and HRSN service provision in 2026 and 2027. At the request of CCO network providers, EOCCO does not plan to use a CIE for HRSN activities in 2026. However, CIE utilization for HRSN will be reevaluated when the 1115 waiver renewal takes place in late 2027 and new program guidelines are being implemented.

Planned activities and milestones

Enter planned activities and milestones for this strategy in the table below. Please add or delete lines as needed.

Planned activities	Planned milestones
- EOCCO's HRSN team will continue using its webform and Smartsheet tools to send HRSN service referrals to contracted providers in 2026 and 2027. - HRSN providers will continue documented services rendered in Smartsheet and requesting service payments using the EOCCO webform in 2026 and 2027.	By Q4 2026, the HRSN team will have maintained its 99% referral completion rate.

C. Exceptions process if CCO requires CIE

Does your CCO require HRSN service providers to use CIE for HRSN closed loop referrals? If "Yes," you are **required** to complete the rest of this section. If "No," please continue to SDOH section D: Health IT to support SDOH barriers.

☐ Yes

☒ No

Describe your CCO's exceptions process, including:

1. How this process is communicated to HRSN providers

How HRSN providers request an exception to your CCO's CIE requirement

Your CCO's process for how those requests are reviewed, decided and communicated to the provider

Click or tap here to enter text.

CCO exceptions requests from HRSN service providers

On the following page, use the table provided **OR** your own table formatted with the same columns to report exceptions requests. You may remove rows or add additional rows as needed. Responses to this question must include:

1. Provider name
2. NPI/Provider ID #
3. Date of request
4. Reason for request
5. Request decision and reason for decision if denied
6. Date decision was communicated to HRSN provider

Provider name	NPI/Provider ID #	Date of request	Reason for request	Request decision and reason for decision if denied	Date decision was communicated to HRSN provider
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

D. Health IT to support SDOH barriers

Please describe any barriers that inhibited your progress to support contracted physical, oral, and behavioral health providers, as well as social services and CBOs with using health IT to support SDOH needs, including but not limited to screening and referrals.

There are several barriers which inhibited both utilization and adoption of Unite Us CIE by contracted physical, oral, and behavioral providers, social service agencies, and CBOs across EOCCO's service area. A lack of organizations that provide services/programs in prevalent social need service domains poses a challenge for organizations utilizing the platform to meet clients/members' needs. This has likely contributed to the continuation of off-platform referrals being sent by Unite Us users and a high rate of referral rejections. Additionally, some contracted health care partners, social services agencies, and CBOs have expressed hesitancy to onboard to Unite Us given the perception that organizations within the Unite Us network are not able to adequately address client or community needs. EOCCO is planning to focus efforts on implementing research-based strategies to better understand the current utilization landscape of Unite Us as well as any existing network gaps. The CCO will also develop evidence-based quality improvement strategies to help support platform best-practices and ensure the regional Eastern Oregon Unite Us network meets the needs of users and members/clients.

The geography and expansiveness of the Eastern Oregon region also poses unique challenges that have prevented unified adoption of the tool across the service area. Some Eastern Oregon counties (like [REDACTED]) have had substantial Unite Us network growth, while other counties (like [REDACTED]) have had very few organizations adopt the platform. This has led to network gaps across our service area, preventing some organizations from being able to utilize Unite Us to make social needs referrals for EOCCO members. Furthermore, there are several different CIEs that exist across the Eastern Oregon region (e.g. Find Help and the Eastern Oregon Community Resource Network). Organizations using different CIEs may be hesitant or unwilling to transition to Unite Us, which poses a challenge for growing a unified Eastern Oregon care network oriented around one CIE tool.

Additionally, physical health organizations have expressed challenges with limited

EHR integration capability of Unite Us and needing to shift or establish new social need screening and referral workflows in order to move toward organization-wide utilization of the Unite Us platform. Though this poses a significant challenge for some providers, EOCCO hopes that providing funding pathways through CBIR grants will support contracted providers in covering costs related to adopting and integrating the CIE.

E. OHA support needs

How can OHA support your efforts in using and supporting the use of health IT to support SDOH needs, including social needs screening and referrals?

EOCCO would appreciate additional Social Needs Screening and Referral TA or resources oriented toward supporting clinical and community-based partners in reporting SDOH metric data. Specifically, many partners have expressed interest in how coding for Social Needs Screenings in combination with structured EHR data can be utilized for reporting, and with limited guidance from OHA it is challenging for CCOs to develop any clear coding guidelines. Additionally, developing technical assistance for structured EHR SDOH measure reporting will be critical to ensure partners are capturing screening and referral data in a way that allows for full-population reporting when the metric transitions away from hybrid sample reporting structure in the coming years.

6. (Optional) Other health IT questions

The following questions are optional to answer. They are intended to help OHA assess how we can better support the health IT efforts.

- A. Describe CCO health IT tools and efforts that support **patient engagement**, both within the CCO and with contracted providers.

- B. **How can OHA support your efforts** in accomplishing your Health IT Roadmap goals?

EOCCO has invested significant time and effort in researching a health information exchange tool to replace Arcadia Analytics (see Strategy 30). Funding for this solution remains a challenge, though the CCO is hopeful that the RHTP grant program will provide some needed funds to support

implementation. EOCCO appreciates OHA's continued facilitation of the Oregon RHTP funds and clear communication on RFGP timing, requirements, and limitations.

- C. What have been your organization's **biggest challenges in pursuing health IT strategies**? What can OHA do to better support you?

Many EOCCO-contracted providers operate within EHR systems that lack the functionality needed for seamless integration with HIE tools or advanced reporting. Additionally, buy-in to existing HIE tools remains low due to concerns about data reliability, overpromising from HIE vendors, and challenges establishing realistic workflows. As noted in last year's Roadmap, EOCCO believes OHA could provide valuable support by funding or assigning a regional health IT liaison to help CCOs and providers navigate implementation and troubleshooting. Encouraging EHR vendors to participate in interoperability initiatives and offering simplified reporting pathways for low-resource clinics would also reduce barriers. Continued financial and technical support for rural providers is critical to expanding and sustaining HIT adoption across Oregon.

- D. How have your organization's health IT strategies supported **reducing health inequities**? What can OHA do to better support you? If not already described above, how does your organization use REALD/SOGI data to support reducing health inequities? What has your organization learned about the impact on outcomes?

EOCCO continues to prioritize the collection and integration of REALD data to identify and address health inequities within our member population. This data is now linked to key quality metrics and outcomes within the CCO's data warehouse, allowing staff to analyze disparities in preventive care, chronic disease management, and maternal health services. EOCCO has created a process to generate quarterly membership rosters that marry member information from 834 enrollment files and OHA REALD-SOGI Repository data.

EOCCO continues to face challenges in resolving data discrepancies between CCO-held records and state enrollment data. EOCCO recommends that OHA develop a process to allow CCOs to submit updated REALD data to inform and enhance OHA's enrollment records. Additionally, the availability of robust standardized SOGI data sets from OHA would significantly strengthen staff's

ability to evaluate disparities and develop targeted interventions. Improved data alignment and infrastructure would reduce confusion and reporting burden on clinics, improve data quality, and ultimately support more equitable outcomes for members.

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact the Health IT Policy & Program Unit at CCO.HealthIT@odhsoha.oregon.gov or 503-373-7859. We accept all relay calls.

Health Policy and Analytics Division

Office of Health IT and Analytics Infrastructure
Health IT Policy & Program Unit

421 SW Oak Street, Suite 875

Portland, Oregon 97204

503-373-7859

CCO.HealthIT@odhsoha.oregon.gov

<https://www.oregon.gov/oha/HPA/OHIT/Pages/index.aspx>

