

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

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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:

- A. Narrative sections to describe your 2025 strategies, progress, accomplishments/successes, and barriers
- B. 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:

- C. 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.
- D. 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).
- E. Feel free to delete any unused strategy sections (e.g., if CCO only includes three strategies, fourth strategy section can be deleted).
- F. If CCO is not pursuing a strategy beyond 2025, note "N/A" in the Planned Activities and Planned Milestones sections.
- G. If CCO is implementing a strategy beginning in 2026, please indicate "N/A" in the progress section for that strategy.
- H. If CCO is continuing a strategy from prior years, please continue to report and indicate "Ongoing" or "Revised" as appropriate.

1. Health IT partnership

Please attest to the following items.

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

Click or tap here to enter text.

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:

- I. 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.
- J. Include plans for collecting missing EHR information via CCO already-existing processes (e.g., contracting, credentialing, Letters of Interest).

- K. 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.
- L. **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

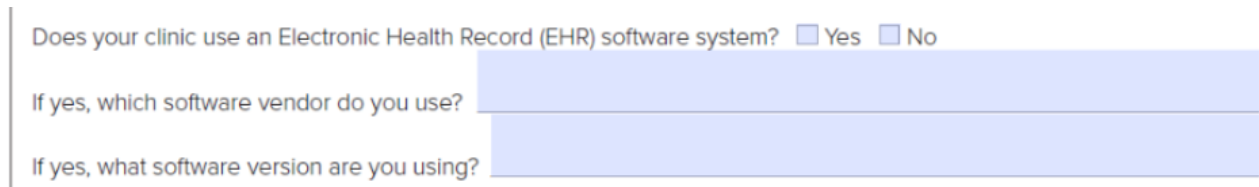
Activities and milestones related to each strategy CCO plans to implement in 2026-29

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.**

Using the OHA-provided Data Completeness Table, 7 physical health, 0 oral health, and 9 behavioral health organizations lack EHR information.

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

Jackson Care Connect (JCC) collects information from providers on their EHR usage through our Provider Information Form (PIF). All contracted providers for physical and behavioral health complete this form as part of the new contract process. They also use this form when they need to update provider information such as adding individual providers to their organization, changes of address etc. This means that we can update missing EHR information any time an organization makes a change to their PIF. Data from the PIF is then uploaded into **REDACTED**, our claims processing system, so that we have ongoing and real-time access to the most current information we have on file. CareOregon Dental uses the same standardized internal PIF process for contracted partners. For subcontracted dental plans, CareOregon partners with the dental plans to review network composition and related activities. A screenshot of the EHR section of the PIF is below.



The screenshot shows a form with three questions and corresponding input fields. The first question is 'Does your clinic use an Electronic Health Record (EHR) software system?' with radio buttons for 'Yes' and 'No'. The second question is 'If yes, which software vendor do you use?' followed by a text input field. The third question is 'If yes, what software version are you using?' followed by a text input field. The input fields are currently empty and have a light blue background.

Additionally, we receive updated EHR information from all subcontracted DCOs on an annual basis for the dental providers they contract with directly. The Provider Network Operations team (PNO) will review the providers with any unknown/missing EHR information and coordinate outreach efforts to obtain updated information

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

Assessment/tracking of EHR adoption and capabilities

Outreach and education about the value of EHR adoption/use

Collaboration with network partners

Incentives to adopt and/or use EHR

Financial support for EHR implementation or maintenance

Requirements in contracts/provider agreements

Leveraging HIE programs and tools in a way that promotes EHR adoption

Offer hosted EHR product

Assist with EHR selection

Support EHR optimization

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.**

Click or tap here to enter text.

Strategy 1 title: Technical Assistance to Support the Optimization of Electronic Health Records

Brief description: Through our team of Network Optimization Specialists, JCC provides technical assistance or practice coaching to our physical health provider network partners to support various clinic and system transformation goals. This includes identifying opportunities to use EHRs more meaningfully to improve workflows, support CCO Quality Metric documentation, support Value Based

Payment performance, and exchange clinical data to inform a comprehensive and shared picture of member and population health.

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, JCC provided approximately 19 hours of technical assistance through learning sessions and site visits. The focus of these activities were workflow optimization, both in terms of using new data received through **REDACTED** connections (as applicable to those participating on EPP with us) and in terms of specific improvements in problem list clean-up and management, risk capture documentation, and leveraging extended care team members in these processes.

Adoption of the **REDACTED** VBPM and HEDIS analytic tools by the two Federally Qualified Health Centers in our network was placed on hold in 2025. While the

intention was to expand implementation of these tools after the VBPM pilot was completed in Q2 of 2025, the pilot sites, REDACTED and CareOregon teams identified multiple opportunities to address and implement enhancements to the tools prior to launching a first wave expansion to additional CHC partners. The 2nd half of 2025 and Q1 of 2026 has been used to refine the VBPM dashboard views, add additional informational metrics, and configure the menu of quality and performance metrics to align with the true metric specifications as outlined in JCC VBP contracts. JCC has maintained funding availability to enable the two FQHC partners to adopt these tools, and plans for implementation are targeted for Q3 2026.

For oral health efforts in 2025, two facilities within JCC's region do not have EHR vendor information on file. Both are specialty providers, and this is not uncommon for smaller specialty providers due to financial constraints. JCC will continue to provide technical assistance and encourage EHR adoption across all facilities.

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

JCC will continue providing support to make optimal use of data shared through EPP exchange features. Plans for expansion of new EPP features as well as participation within the physical health network are fundamental to these efforts and are described in Strategy #2 of section 4A. Additionally, Jackson Care Connect intends to continue providing optional funding to our Federally Qualified Health Centers who have elected to participate with us in the EPP data exchanges, to adopt REDACTED's Value-based Performance Management (VBPM) and NCQA Certified HEDIS measure analytics tools. Lastly, JCC is partnering with CareOregon and REDACTED to hold 1-2 webinars for shared network partners focused on EHR developments and workflow improvements planned and in-process focused on

CHC preparedness for HR1 changes in redetermination timelines and work requirements.

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 funding for adoption of VBPM/HEDIS analytic tools to REDACTED network partners. 2. Provide TA to network partners participating in EPP on optimization of data shared through existing and new exchange features. 3. Encourage EHR usage for all oral health practices.	A. 1-2 FQ partners will adopt VBPM & Certified HEDIS measures analytic tools by Q1 2027. B. Hold 1-2 webinars in partnership with REDACTED on HR1 impacts and plans/developments in process for CHC preparedness by end of Q3 2026.

Strategy 2 title: Strategic Healthcare Investment for Transformation (SHIFT)

Brief description: SHIFT is a pilot initiative that aims to transform how behavioral health services are delivered through member-driven and outcomes-focused team-based care models that reduce health disparities and prepare providers for advanced value-based payments. SHIFT was developed on the foundation of the Building Blocks Model which emphasizes:

-Integrated Team Based Care

- Training & Development
- Client-Focused Timely Access
- Leadership
- Whole Person Care Service Array
- Business Intelligence & Applied Use of Data
- Population Focused Care
- Change Management Infrastructure for Transformation

Participating organizations will receive technical assistance and financial support from which will be used in part to enhance and improve HIT infrastructure including EHR optimization. SHIFT providers are using this opportunity to support HIT work via optimization of EHR, data reporting capabilities, and usage of HIE's.

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, REDACTED advanced its goal of establishing a high functioning EHR by adopting a new system and launching Phase 1 improvements. Governance shifted to the QIC subcommittee, and BI work was paused to develop an interim Excel based KPI tracker. The EHR/BI workgroup transitioned into an implementation focused team with a formal charter, initiating the new EHR contract and implementation through kickoff meetings and stakeholder engagement, and reviewing their full SHIFT implementation plan and timeline to guide 2026 tasks.

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

In 2026, the organization will focus on completing EHR optimization and advancing the new EHR implementation while determining an integrated business intelligence strategy and initiating the rollout of BI systems and reporting. Financial reporting processes will be improved, and baseline HelpDesk volumes for EHR, IT, and Training will be established to support the development of dashboards tracking initial response times. These efforts collectively aim to strengthen operational efficiency and ensure that the EHR and BI infrastructure are fully aligned to support quality care and outcomes by Q4 2026.

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. Advance EHR optimization efforts and continue implementation of the new EHR system. 2. Determine and initiate rollout of the integrated business intelligence (BI) strategy and tools. 3. Establish baseline metrics (EHR, IT, Training) and develop dashboards to track initial response times.	A. REDACTED will complete implementation of their EHR by Q4 2026. B. REDACTED will complete their business intelligence rollout and decision on long term BI systems no later than 12/31/2026. C. REDACTED will complete the development of at least 1 dashboard to monitor baseline metrics of EHR, IT, Training functions, and provide an update report quarterly to SHIFT program through 12/31/2026.

B. EHR support barriers

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

Competing priorities across CCO staff, network partners and technology vendors has been a barrier to progress this year. Funding limitations due to OHA rate challenges has impacted previously planned expansion of financial support to the provider network.

C. OHA support needs

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

Provide additional funding to CCOs with promising practices to support uptake and spread. Also, continue to align CCO incentive metric specifications with commercial payers and with nationally recognized and standardized metrics to enable easier EHR configuration, workflow changes, and reporting ability.

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:

- M. List and describe specific tool(s) you currently use or plan to use for care coordination, including risk stratification, and timely hospital event notifications.
- N. (Optional) Provide an overview of CCO's approach to using HIE for care coordination and hospital event notifications.
- O. **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.

Care coordination and care management

Exchange of care information and care plans

Integration of disparate information and/or tools with HIE

Enhancements to HIE tools (e.g., adding new functionality or data sources)

Collaboration with external partners

Risk stratification and population segmentation

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.

REDACTED is a Health Information Exchange that hospitals across Oregon connect to. CareOregon's Regional Care Teams and other outreach teams use

this as a source of hospital inpatient and Emergency Department admission and discharge data to trigger care coordination referrals and our transitional support process. Delegated Dental Care Organizations also utilize REDACTED to assist with oral health related care coordination and outreach.

REDACTED is the new REDACTED -based care coordination platform implemented by CareOregon in November of 2023. It has replaced REDACTED, our previous software. ADT feeds from REDACTED enter REDACTED directly so that care teams are only required to interface with one tool.

REDACTED is a module of REDACTED EHR that allows for the exchange of patient health information between providers who use REDACTED. Care Coordinators and Panel Coordinators who are embedded in clinics that use REDACTED have access to REDACTED.

REDACTED

REDACTED is the name of the functionality within REDACTED we are using to exchange data between ourselves and select network partners (see next section) to provide a more complete picture of our members' health, risks, and to facilitate closer communications with our provider-partners.

There are multiple features within REDACTED that allows us to receive, send, or exchange data for various purposes. Two that are currently operational for our organization are:

-Clinical Data Exchange

- Automated electronic release of appropriate information to insurers
- Reduces manual records requests, denials, and time spent processing claims

-Scheduling Notifications

- Automated notifications to insurers when members schedule/reschedule/cancel appointments

-Increase compliance with follow-up care and support care coordination

CareOregon Link

An extension of REDACTED, REDACTED (titled CareOregon Link for our organization) is an additional REDACTED module (website-based portal) utilized by select, delegated, external community partners. It offers care management functionalities such as documentation (e.g. assessments and program enrollment) and analytics. As of April 2024, our delegated CareOregon Link partners include Housecall Providers' Advanced Illness Care team.

REDACTED is a health information exchange available in Jackson County. Jackson Care Connect's network partners have bidirectional access to REDACTED allowing them to send and receive medical record information on their patients with other providers in the community. Jackson Care Connect also has access to this HIE which can be used to coordinate care for members. Contract ended 12/31/2025.

REDACTED is a clinical communication tool that care teams at REDACTED to communicate about patients. A JCC Care and Outreach Specialist is embedded within the system and uses this tool as part of their care coordination process.

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

Click or tap here to enter text.

Strategy 1 title: Optimizing and Expanding the Use of REDACTED by the Regional Care Teams

Brief description: Optimizing and expanding the use of REDACTED (REDACTED) by the Regional Care Teams and other outreach teams. Regional Care Teams (Care Coordination Teams) and other outreach teams use REDACTED to receive

Hospital Event Notifications. The event notifications feed directly into our care coordination platform, refresh hourly, and alert care coordination teams when one of the members on their panel is experiencing an event. We also use cohorts and reports from the application to proactively identify and refer members into care coordination. Examples of cohorts and reports include:

- DSNP Members with Acute Care Admits
- Medicaid members hospitalized for ≥ 4 days
- Psychiatric Acute Care Admits and Discharges
- BH Cohort – Members who present to the ED for a behavioral health related concern
- Diabetes Cohort – Members who present to the ED or Inpatient for diabetes related concern
- 3 ED Visits in 90 Days
- 5 ED Visits in 12 months
- Pediatric Asthma ED Activity
- Rising Risk ED/IP/OBS/SNF – Admit
- Members initiating and engaging in treatment for substance use
- Medicare Members w/Multiple Chronic Conditions/ ED outreach

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):

In 2025, we launched a new workflow to strengthen how we use REDACTED (REDACTED) hospital notifications: **Medicaid Proactive Rounding**. Through this process, Regional Care Teams review REDACTED reports identifying Medicaid members who have been hospitalized for more than four days. Each week, every RCT meets with its assigned medical director to discuss these cases, focusing on whether any members may be clinically ready for discharge but remain inpatient due to social determinants of health (SDOH) barriers. When SDOH related barriers are identified, a care coordinator is assigned to collaborate with the hospital care team to address those barriers and support the member's discharge back to the community or to a more appropriate level of care. This program was launched in October of 2025. We worked with our Informatics and Evaluation team to come up with cost avoidance measures related to the launch of this program. Population estimates were based on the first 3 months of the program which the RCTs were able to engage 156 members. While the final evaluation of this program will occur at the end of 2026 the cost avoidance assumptions include: reduced ED rate post discharge, reduced readmission rate, and increased PCP/specialty care engagement.

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

JCC has several initiatives planned for implementation over the next few years to expand our transitional support capabilities. Soon, we will launch a transitional support program for members who are inpatient due to complications related to Congestive Heart Failure (CHF). Because CHF members experience higher readmission rates than most other populations, this program will focus on

providing post discharge support aligned with each member's discharge plan, with the goal of preventing avoidable readmissions or emergency department visits. In addition, we plan to implement two more transitional support programs: one designed for members residing in Skilled Nursing Facilities, and another for members who are inpatient with a substance use disorder diagnosis.

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. Determine diagnosis codes to include in for CHF	A. Launch of the CHF Transitional Support Program – 3/30/2026
2. Meet with REDACTED to talk through program and cohort design	B. Implementation of SUD Transitional Support Program 7/1/2026
3. Build cohort within REDACTED	C. Determine whether to implement SNF transitions workflow (dependent on contract approval terms) – 7/1/2026
4. Test ADT feed from REDACTED to Compass Rose	
5. Repeat steps 1-4 for Substance Use Disorder	
6. Meet with REDACTED to determine how best to use SNF data in REDACTED	
7. Determine whether we can build a SNF feed from REDACTED to REDACTED	
8. Update contract to include SNF ADT feed if indicated and approved by CO leadership	

Strategy 2 title: REDACTED (REDACTED) Implementation

Brief description: [Click or tap here to enter text.](#) REDACTED is a set of exchange features that facilitate bi-directional data exchange with REDACTED EHR users in network by leveraging technology specifically developed for payer-provider partnerships. REDACTED is the most common EHR used by physical health providers in JCC's network.

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, JCC successfully partnered with REDACTED hospital system in the adoption of REDACTED. Initial discussion with REDACTED delivery system in Jackson County showed interest, but clarified conversation and decision-making regarding adoption is held at the corporate level. Plans to discuss further were paused with intent to revisit when additional exchange features focused on quality metric and member attribution were live.

However, due to rising concerns regarding organizational sustainability amidst

Federal and State financial constraints and challenges, priorities and subsequently staffing and resources necessarily shifted in 2025. As a result, planned implementations of new REDACTED features were pushed out to 2026.

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

JCC intends to continue exploratory conversations with REDACTED -using network partners regarding participation in REDACTED.

In 2026 and 2027, JCC will be implementing the following additional REDACTED features:

- Clinical Analytics Document: Pulls targeted supplemental clinical data from a broader set of visits to improve quality measure accuracy.
- Care Gaps Exchange: Sends CCO-calculated care gap statuses for attributed populations.
- Member and Attribution Exchange (MAX): Automated membership data feed inclusive of total assigned/attributed populations.
Creates REDACTED record for members assigned but not yet seen and enables clinics to manage population health needs, gaps, and outreach for the entire population in the EHR.
- ID Card Exchange: Shares health plan ID card images from payer to provider. Reduces registration time by eliminating need to manually scan ID cards.
- Coverage Finder Exchange: Enables real-time eligibility queries between provider and health plan. Eliminates need to transcribe insurance card IDs during registration.

In mutual recognition and desire to support shared network

partners, JCC represented by CareOregon staff, continues to meet with REDACTED's project team weekly to discuss progress, triage issues and plan next steps. This will continue through, at minimum, end of 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. Approach REDACTED participation with regional hospital systems. 2. Continue support of REDACTED upgrades/implementation of REDACTED features. 3. Continue communication to participating network partners of REDACTED upgrades/implementations of REDACTED features.	A. Hold discussions with REDACTED hospital system in JCC's network to explore REDACTED participation by Q4 2026. B. Implement, socialize and support network partners in uptake of the following REDACTED features: a. CAnD – by end of Q4, 2026 b. MAX – by end of Q4, 2026 c. Care Gaps Exchange – by end of Q4, 2026 d. Coverage Finder – by Q1, 2027 e. ID Card Exchange – by Q1, 2027

Strategy 3 title: Implementation of a New Care Coordination Platform

Brief description: JCC selected and implemented a new care coordination platform in late 2023 which is primarily used by our care coordination and outreach teams. The new platform allows for improved workflows as well as

integrated social determinants of health and social needs data. Our selection was based on high integration with current technology and tools, improved workflows and efficiencies for our care coordination teams to support our members as well as the ability to better report and adapt to the changing needs and requirements. This intervention also applies to the HIT for SDOH section of this report.

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):

JCC implemented several new workflows in **REDACTED** and onboarded multiple new teams, including our dental care coordination team. We also launched a HighRisk Pregnancy program, which involved creating a dedicated assessment, care plan, and documentation templates to capture the key data points needed to measure program outcomes and success. In addition, with the rollout of **REDACTED**, we can now view clinic notes from participating providers, giving our care coordination teams timely access to critical information related to each member's pregnancy journey.

JCC also implemented a workflow that allows us to bulk upload PDFs into the

system, saving valuable staff time, and improving efficiency. In addition, HRSN workflows are now fully implemented across the platform. The workflow related to the DHS metric, designed to ensure timely delivery of services for youth new to foster care, has not yet been built or deployed into REDACTED. Although this has not yet been integrated into the system, the workflow is currently happening and documented to capture reporting for the metric. Competing priorities and several higher impact workflow implementations required our focus earlier in the year.

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

Our 2026-2029 plans for this strategy are directly related to our plans for strategy 1 including the implementation of new transitional support programs for members with CHF, SUD, and for members in SNFs. For more details, please see strategy 1.

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. Review what REDACTED currently has built in the system for CHF, SUD, and SNF admissions	A. Launch of the CHF Transitional Support Program – 3/30/2026
2. Determine new build needs	B. Implementation of SNF Transitional Support Program – 9/1/2026
3. CHF - System Configuration and testing	C. Implementation of SUD Transitional Support Program – 7/1/2026
4. CHF – Clinical and workflow training for staff	

Planned activities	Planned milestones
5. SUD - Develop strategy 6. SUD – System Configuration and Testing 7. SUD – Clinical and workflow training for staff 8. SNF - Develop strategy 9. SNF – System Configuration and Testing 10. SNF – Workflow training for staff	

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:

- D. 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.
- E. 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.

- F. (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.
- G. **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

Assessment/tracking of HIE adoption and capabilities

Outreach and education about value of HIE

Collaboration with network partners

Enhancements to HIE tools (e.g., adding new functionality or data sources)

Integration of disparate information and/or tools with HIE

Requirements in contracts/provider agreements

Financially support HIE tools and/or cover costs of HIE onboarding

Offer incentives to adopt or use HIE

Offer hosted EHR product (that allows for sharing information between clinics using the shared EHR and/or connection to HIE)

Other strategies that address requirements related to federal interoperability and patient access final rules

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.

REDACTED is a Health Information Exchange that hospitals across Oregon connect to. Network partners are able to access real time hospital inpatient and Emergency Department admission and discharge data.

REDACTED is a set of exchange features that facilitate bi-directional data exchange with **REDACTED** EHR users in network by leveraging technology specifically developed for payer-provider partnerships.

REDACTED is an e-consult platform that enables primary care providers to access specialists for consult support to review cases, provide guidance, and help determine the necessity of referral to an in-person specialist. Contract ended Q3 2025.

REDACTED is a health information exchange available in Jackson County. network partners have bidirectional access to **REDACTED**, allowing them to send and receive medical record information on their patients with other providers in the community. Contract ended 12/31/2025.

REDACTED is a clinical communication tool that care teams at **REDACTED** use to communicate about patients. In 2024, a JCC Care and Outreach Specialist was embedded within the system and is utilizing this tool as part of their care coordination process.

(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:**

Using the OHA-provided Data Completeness Table, 43 physical health, 13 oral health, and 84 behavioral health organizations do not have access to an HIE tool for care coordination or for hospital event notifications.

Strategy 1 title: Optimizing and Expanding the use of FIDO

Brief description: The **REDACTED** (**REDACTED**) is JCC's data and analytics platform. Analysts across the organization can develop and publish analytic dashboards to support sharing of data, care coordination, quality improvement, and more. **REDACTED** has the capability to make member level and aggregate data accessible to network partners in a secure way. It is a mechanism for sharing CCO data on members with provider partners to improve care coordination and quality of 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): 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):

Behavioral Health: In 2025, the Behavioral Health Department used REDACTED for review of access measurements and other utilization data and continued collaborating with the analytics team to develop and update a care coordination tool that details the likelihood of available access for members.

In Q3 2025, JCC identified which providers have same day access and deployed a Same Day Access document.

In Q4 2025, the one pager was distributed to RCT, PRS, member services and uploaded to the JCC website. The one pager was also distributed to urgent care clinics, behavioral health providers, and some primary care clinics for ease of their own care coordination.

JCC engages in quarterly touchpoints with each provider to discuss same day access status. Changes in same day access status are communicated within internal teams, and the website is updated. Providers are also asked to communicate directly with the JCC BH leadership if there are changes to their

same day access status. JCC has not yet rolled out the survey and plans to pilot it to providers in Q2 2027.

Oral Health: In Q3 2025, REDACTED metric dashboards were made available to external users, including JCC's dental metrics dashboard, and is now available to all JCC's dental plan partners. Partners can monitor progress on oral health measures which include CCO incentive measures as well as other key quality measures of performance, including data assessment by language, race/ethnicity and age.

Our bidirectional referral work is now more fully automated and is using the REDACTED platform in two ways. Primary care and other nondental providers who submit dental referrals can now view the outcome of dental outreach in an external REDACTED dashboard. In addition, CCO staff have an internal dashboard that aggregates care coordination and outreach outcomes by our dental plan partners for internal monitoring and quality assessment. REDACTED dashboard availability was communicated to plan partners who were encouraged to utilize the reports, share awareness with other partners, and request access if not already established.

JCC will continue to build and add internal dashboards that support our oral health quality strategy and the dental benefit, such as third next available reporting for dental appointments, oral health services in primary care settings, and meaningful language access in the dental setting.

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

Behavioral Health: JCC plans to continue to monitor same day access through frequent provider touch points. In 2026, the REDACTED actionable lists were enhanced to include more complete information, enhancing data analysis and member outreach. In Q4 of 2026, JCC will pilot the access survey to 5 providers,

with an intentional outreach focusing on open access and/or TBHA providers.

Oral Health: JCC plans to also continue to build out oral health specific content in our REDACTED dashboard portfolio. This includes additional optimization and disaggregation of some of our current reports such as dental engagement, as well as building new measures such as ED Visits for Nontraumatic Dental needs. As we continue to expand the portfolio of oral health dashboards, we will consider how external users may be able to benefit from use. We are continuing to educate external partners about the availability of REDACTED dashboards.

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 monitor same day access through frequent provider touchpoints. 2. Pilot the access survey to providers. 3. Build oral specific content into REDACTED portfolio dashboards to include optimization of current dashboards. 4. Continue to educate external partners about the availability of REDACTED dashboards	A. Identify a timeline and strategy for deploying access survey by Q4 2026. B. Pilot the access survey to 5 Providers by Q2 2027. C. Launch REDACTED dashboard with oral specific content by Q4 2026. D. Educate partners about the availability of REDACTED dashboards by Q4 2026.

Strategy 2 title: Optimization of Dental Referral Platform

Brief description: The dental department of CareOregon is working on an enterprise-wide HIT enhancement to improve our dental care referral platform and bidirectional communication. This project strives to improve dental access and utilization of services for our members. Cross-departmental teams are working to automate and optimize the current process. The goal is to improve referral data sharing with DCOs for all dental care coordination lists, including the dental care requests, and to improve the referring PCP's ability to access referral outreach and visit completion data in efforts to move to a close loop system.

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):

JCC's bidirectional dental referral work is now more fully automated. Primary care and other nondental providers can continue to submit dental care requests to the CCO through the provider portal. That information is automated and shared with the member's dental plan. Results of care coordination activities are added to the platform by the dental plan partner and then viewable and reportable by the CCO. Individual member results and outcomes are now available to primary care in an externally facing dashboard for our primary care providers. This work will allow primary care providers to fulfill "closed loop" referrals for oral health and dental services for their patients. We also added an internal dashboard that supports the CCOs monitoring and aggregations of care coordination and outreach outcomes by our dental plan partners.

1. The **REDACTED** Referral Outcome Dashboard was completed and made available for both internal and external use in Q4 2025.

2. The Referral Outcome Report, which includes outreach outcomes and associated claims detail reflecting member engagement, was also completed in Q4 2025.

The completion of both milestones represents a significant achievement in ensuring timely communication of referral management and care coordination between the dental plans and primary care.

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

JCC's 2026-2029 plans include continuing to optimize the use and functionality of the dashboards.

We also plan to continue to promote increased use of dental referral submissions by primary care clinics. Activities to promote increased use include sharing opportunities through provider newsletters and workgroups.

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. Optimize use and functionality of dashboards. 2. Promote REDACTED dashboard availability in Physical Health Networks through opportunities such as provider newsletters and workgroup	A. Promote increased use of dental referrals by primary clinics by Q4 2027.

Strategy 3 title: Optimization and Expanding the Use of Point Click Care by Providers

Brief description: JCC supports the use of REDACTED by physical, behavioral, and oral health providers. JCC identifies opportunities to help clinics modify their operations and optimize the use of REDACTED through workflow development, development of platform-based tools, and innovative ways to use the platform that close care gaps.

JCC's Behavioral Health team will meet quarterly with anchor providers, review their internal workflows, and review their adherence to a daily review of REDACTED data and outreach to all members currently enrolled. Five contracted behavioral health providers/clinics adhere to daily review of REDACTED hospital event data, and one checks 1-2x/week. This REDACTED strategy will support increased IET metric data and MOUD and MAUD engagement.

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):

REDACTED was utilized to identify members discharging from the ED or IP with a SUD related dx. Care Coordination Rapid Response Teams (RRT) engaged in proactive outreach to support members at hospital discharge. RRT was trained on **REDACTED** list utilization and SUD outreach best practices. Barriers to proactive outreach included limited connections with members post discharge even with **REDACTED** support and RRT workload and competing priorities.

Throughout 2025, JCC worked collaboratively to track Specialty Behavioral Health and Physical Health Provider adoption and utilization of the platform. JCC leveraged Cross Regional Mental Health and Substance Use workgroups to further define successful engagement with the platform. The workgroups use Average Age of Eligibility File, Average Actives Users in the Past month,

and Average Patient Records to help identify a picture of engagement. Additionally, JCC networks completed a deeper scan regarding current network utilization, identifying current workflows and opportunities for further adoption and enhancement moving forward.

Additionally, JCC continued to leverage REDACTED to support oral health care coordination. REDACTED enhances oral health care coordination by improving access to current contact information provided at facilities. This helps in reducing failed outreach attempts and providing visibility into the members' physical and behavioral health needs to support their dental care.

Work focused on increasing adoption of REDACTED and provision of provider focused training on the platform was delayed after staffing reductions and reallocation of work in 2025. These goals will continue on beginning in the 2026 year.

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

Rapid Response Team proactive outreach work was discontinued due to staffing and resource changes in 2025. In 2026, JCC's Mental Health and SUD workgroups will use the engagement metrics defined in 2025 to identify high and low performers. This information will help inform targeted technical assistance, and identification of additional clinics to onboard with the platform. Targeted TA will continue through 2027, with a review period for effectiveness occurring in 2028. In 2026 and 2027, additional Behavioral Health clinics will be identified for onboarding and upskilling to the platform. Additional provider education related to platform maximization will be offered as needed.

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. Increase provider adoption and utilization of REDACTED.	A. Identify high and low performers across regions by 6/1/2026. B. Develop targeted technical assistance packages and deploy across identified provider cohorts by 3/31/2027. C. Complete evaluations of targeted technical assistance impact by 12/31/2027. D. Identify additional providers not currently on REDACTED 12/31/2026. E. Conduct outreach to providers and determine feasibility of onboarding by 12/31/2027. F. Identify and provide any additional provider supports identified to maximize utilization by newly onboarded providers by 12/31/2028.

Strategy 4 title: Use of Telehealth to Improve Communication, Referrals, and Quality of Care

Brief description: JCC provides financial and technical support for providers to participate in telehealth initiatives REDACTED and REDACTED. REDACTED provides telemonitoring where expert teams lead virtual clinics. REDACTED is an electronic consultation (e-consult) platform that connects primary care providers to a national network of board-certified specialists that provide guidance on diagnosis work up and treatment advice options. The platform can be integrated with EHRs and clinical workflows. Both interventions aim to improve the quality of care received by members as well as improve the quality of referrals/transitions from primary to specialty 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):

JCC sunsetted REDACTED contracts during Q3 2025 due to funding constraints.

JCC continues to provide support through REDACTED. In 2025, we had a total of 1000 providers from our networks register for REDACTED offerings. REDACTED provided a total of 34 different programs in 2025 including: Foundations of Substance Use Disorders, Implementing Pharmacologic Weight Management in Primary Care, Psychiatry in Primary Care Community of Practice, Sexually Transmitted Infections – Syphilis Focus, Suicide Prevention, and others. Per REDACTED’s annual report, 97% of participants agree that “participating and learning through REDACTED is an effective way for our practice to enhance it’s expertise.”

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

JCC continues to support its provider network through REDACTED. In 2026, we are supporting the development of programming around a topic related to chronic care management and prescribing that was proposed by our Medical Director to support networks in better utilization and management of those with chronic illnesses. We consider this in a maintenance phase and therefore are not seeking to actively plan enhancements in the future.

JCC is also actively exploring in 2026 contracting with one or more telehealth providers specific to specialty services.

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. Evaluate telehealth vendors 2. Select vendor for prioritized specialties 3. Implement telehealth vendor services	A. Develop RFP by end of 2026. B. Contract with selected vendor for defined prioritized specialties by end of Q1 2027. C. Implement vendor services, socialize with primary care referral network by Q3 2027.

Strategy 5 title: Optimizing and Expanding the Use of REDACTED HIE

Brief description: REDACTED facilitates the exchange of information among providers through its: Community health record Provider-to-provider referrals Provider-to-provider secure messaging REDACTED gives timely clinical information from participating provider EHRs to support our patient outreach and clinic quality improvement efforts. As an example, the information JCC receives on new pregnancies among our member population allows us to identify members early in their pregnancies to ensure they are engaging in prenatal care. This information is used in partnership with our provider network to engage and provide care for members throughout their pregnancy. Similarly, we get information about members with hepatitis C, which allows us to reach out to members directly or inform their primary care clinic to ensure eligible members receive treatment. This also helps guide development of new programs and helps us discover areas in which diabetes care can be improved. In order to support and improve utilization of REDACTED, two of JCC's providers, REDACTED (FQ) and REDACTED (specialty clinic focused on high-risk members), both received funds from JCC to improve their reporting and utilization capacity for REDACTED. Both entities continue to explore the optimal use of information available in REDACTED to improve coordination of member care. Note: REDACTED and REDACTED were selected to receive financial support to utilize REDACTED as they were willing to expand on their current practices for member outreach and specifically requested support to integrate the additional data provided by REDACTED. Additionally, REDACTED and REDACTED serve specific marginalized populations that benefit from improved data. JCC's contract with REDACTED ended on 12/31/2025, and the region is in the process of scoping out new data sources. This strategy description will reflect those changes in JCC's 2027 HIT Roadmap.

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):

REDACTED was successfully used to identify pregnant members for opportunities of outreach related to JCC missions and the OHA Post-Partum Visit metric. Additionally, REDACTED was used in conjunction with REDACTED-enabled EHR's to improve capture data related to the Diabetes HbA1c Poor Control measure at REDACTED. Challenges included implementation in adapting current workflows in the clinical settings as well as the decreasing number of programs that REDACTED could uniquely provide to maximize use of the data. As a result, this contract expired on 12/31/2025 and REDACTED's use will be discontinued moving forward in 2026.

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

For MY2026, the REDACTED HIE contract has been discontinued, and JCC is no longer using this HIE with our data sources. To address this new barrier, we've

explored alternative data sources such as chart notes from REDACTED and other claims-related (e.g. bundled claims) data. Currently, we are exploring and validating avenues to best utilize this newly built data source.

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. Identify and assess alternative data sources.	A. Identify and begin using replacement data source/s by Q4 2026. B. Pivot the strategy to account for new data sources by Q2 2027.

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 even notifications among your contracted providers.

Due to time and resource constraints, we have not yet integrated SNF notifications from REDACTED into REDACTED. This absence has posed a challenge for our care coordination team, as it leads to less efficient workflows. Additionally, providers often express the need for more technical assistance/IT

resources to assist with REDACTED implementation, specifically around submitting eligibility files.

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?

OHA can support our efforts by increasing the adoption of the HIE or compatible interfaces to increase the breadth of data that is available. Expanded use of HIE data sharing in dental and behavioral health would also be useful amongst plan partners.

OHA could also provide more financial support to improve the integration of HIE vendors with EHR vendors. It is a limitation to adoption when providers have to sign on to multiple platforms or are pulled out of their EHR to access additional data.

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)?

JCC's Health Resilience Specialists and Panel Coordinators have direct access to the EHR system of their clinics with the permission to view and edit records for JCC members assigned to the clinic. The Regional Care Teams and other outreach teams also have EMR access to hospitals and facilities across the state. Gaining access to these systems is part of our standard onboarding process for new hires. Panel Coordinators, the Regional Care Teams and other outreach teams have access to Epic OCHIN, Care Everywhere, and Cerner.

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

JCC Regional Care Teams, outreach teams, and panel coordinators use their EHR access to outreach and schedule appointments for members due for preventative visits and to those with identified gaps in care. EHR access is also used to support quality and performance measure accuracy and completeness.

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

Data sent via **REDACTED** to JCC is populated into **REDACTED** and stored in the CCO EDW to support future-state analysis for quality and performance measure reporting, risk gaps and closures, and member attribution management.

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:

- C. 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.**
- D. (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.
- E. **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.

CareOregon employs a coordinated suite of platforms below to address social determinants of health (SDOH) across the member population. These tools go beyond health-related social needs (HRSN) to support broad, population-based social needs screening and referrals for individuals with positive screenings, ensuring that members receive timely and appropriate support.

Connect Oregon is a network of health care and social service providers that are linked through a shared technology platform called **REDACTED**. Providers use the platform to securely send and receive referrals for care and social needs, such as food and housing assistance, and employment support. CareOregon uses it to conduct population-level screenings for social needs such as housing, food, and transportation, refer members with positive screenings to appropriate services and track referral outcomes, strengthen cross-sector collaboration by enabling real-time, electronic referrals and feedback loops, and to support trauma-informed care and crisis response through partnerships with organizations.

REDACTED is the **REDACTED**-based care coordination platform implemented by CareOregon in November 2023. It has replaced **REDACTED**, our previous software. **REDACTED** allows for improved collection and use of social needs information. Multiple assessments built in **REDACTED** include or address social needs. Examples include the Health Risk Assessment (HRA), along with **REDACTED** builds that maintain their own SDOH question set database, and clinical assessments like the Signify Assessment, Care Coordination Assessment, and Transitional Support Assessment all address social needs like comprehension of

medical instructions/medications, housing, and transportation. CareOregon uses REDACTED to embed SDOH screening tools into clinical workflows for broad member outreach, generate and manage referrals to community services based on screening results, support care teams in developing whole-person care plans that address both clinical and social needs, and to monitor member engagement and service utilization across sectors.

The REDACTED module allows information exchange between the CCO and its provider networks, which includes data on SDOH needs. Social needs screening data flows via the Clinical Data Exchange (CDE) REDACTED feature. CareOregon uses the REDACTED for population health analytics to identify social risk factors and target interventions, integration with REDACTED and Healthy Planet to align SDOH efforts with value-based care, and bidirectional data sharing that enables providers to view screening results and referral statuses.

REDACTED is a population health analytics software that has a new SDOH module that CareOregon is adding. It will provide social needs markers that are driven by medical and diagnostic codes in claims.

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

Click or tap here to enter text.

Strategy 1 title: Development of Social Needs Member Table to Inform Population Segmentation Models

Brief description: JCC is doing an environmental scan and mapping of all different various sources that have social needs data. The purpose is to develop and

design a data table that will allow for a source of truth regarding member identified social needs and to inform strategy outreach and population segmentation models.

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):

Significant progress has been achieved this past year around SDOH data availability; all previously set milestones in the 2024 HIT Roadmap have been completed. JCC launched a social health needs team to begin scoping and developing a data plan by Q1 2025. By Q2, organization wide SDOH data requirements were documented, beginning with an initial table based on OHA specifications and pulling from existing data sources (REDACTED, REDACTED, REDACTED, internal referrals). The Informatics & Evaluation team met multiple times with Care Coordination to understand the data flow from clinical applications and to identify qualifying sources for SDOH data within each of these

data sources. The table has been iteratively improved over 2025 to provide ongoing tracking and reporting for all eligible Medicaid members.

The ACG upgrade progressed in 2025, with phase 2 completed in April 2025, including all necessary changes to implement ACG V13. Phase 3, which incorporates Tribal data, and is currently underway. By Q4 2025, a social needs data dictionary was developed and made accessible to internal teams, with documentation outlining data sources within the SDOH table. Additionally, the member data table, originally planned for completion by Q3 2026, was brought into production early in January 2025, with ongoing updates as new data becomes available. Testing and piloting of the data table have also been completed ahead of schedule, and the table is now live and actively used for SDOH reporting.

The table contains available data on SDOH-related referrals for all Medicaid members with JCC physical health (including both primary and secondary Medicaid). Includes a flag for 180-day continuous enrollment which can be used for filtering, but all members are included by default.

Current data sources for SDOH referrals and screenings:

- 1) REDACTED referrals and screenings (housing, food, transportation — but primarily housing)
- 2) CO_PLANDATA referrals (housing, food, transportation)
- 3) REDACTED screenings (housing, food, transportation)

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

Current plans for 2026 include incorporating additional data resources into the existing SDOH data product. Specifically, newly available clinical data is starting to become available through the REDACTED and the clinical data exchange.

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. Incorporate additional data resources and overcome obstacles. 2. Incorporate data from REDACTED data sources into the existing data product.	A. Develop possible solutions to the lack of provider IDs in the REDACTED -based SDOH data resources by Q4 2026. B. List and prioritize further data related issues by Q2 2027. C. Incorporate new data sources into the existing SDOH data product by Q1 2027.

Strategy 2 title: Health Risk Assessment Tool (HRAT) to Support Social Needs

Screenings

Brief description: The Health Risk Assessment Tool (HRAT) helps identify social, access, or coordination needs, and assesses mental, cognitive, physical, psychosocial, and functional health. The HRAT is completed for Medicaid members who are new to the CCO, otherwise known as “new to plan.” Specific questions are flagged to assist with identifying members with the most urgent needs. These elements include, for example, when the HRAT indicates housing instability or food insecurity. All HRAT outreach activities and assessment

completions are documented in **REDACTED**. A member's responses are reviewed by care coordination staff to determine care coordination needs and inform the member's individual care plan and health goals.

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):

In 2025, JCC has been able to screen members for key social needs, including food insecurity, transportation, and housing stability. This data was then populated into the members' record in **REDACTED** and is available for care coordination and navigation team members to reference in their interactions with members, as appropriate.

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

In future years we would like to use HRAT data, specifically positive screens for housing stability concerns to make proactive referrals to HRSN O&E providers to

have an in-depth conversation about individual housing needs and subsequent HRSN housing benefit requests, as needed. Similarly, we would like to pilot proactive responses to positive HRAT food insecurity screening outcomes.

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. Complete HRAT social needs proactive follow up.	A. Pilot a workflow for Medicaid members with positive HRAT screening for housing concerns that connects members with HRSN benefit resources by Q1 2027.

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:

- F. 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.**

- G. (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.
- H. **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.

Connect Oregon is a network of health care and social service providers that are linked through a shared technology platform called **REDACTED**. Providers use the platform to securely send and receive referrals for care and social needs, such as food and housing assistance, and employment support. It serves as the intermediary between CBOs and our claims system to create one workflow that connects CBO invoicing to claims encounter submission to OHA. It houses our authorization information for the HRSN benefit, which allows contracted HRSN providers (CBOs) to verify benefit eligibility and authorization limits and caps which informs payments the CBOs make on behalf of members who are authorized for services under the benefit. Additionally, after CBOs have provided authorized HRSN services to members, they submit invoices to us via the **REDACTED** platform which are then converted to claims and encounters sent to OHA.

(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.**

Click or tap here to enter text.

Strategy 1 title: **Supporting the Adoption and Optimization of Connect Oregon**

Brief description: Connect Oregon/**REDACTED** is a community information exchange that allows bi-directional information sharing and transparency across referral networks. JCC has a multi-pronged approach to advance the use of this tool among clinical providers, community-based organizations, and JCC staff that includes education/technical assistance, use case identification, and addressing adoption barriers and challenges.

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):

Over the past year, JCC identified and operationalized new use cases for our Community Information Exchange (CIE) to receive, track, and manage HRSN benefit and flexible services requests. Use of the CIE is a standard requirement included in all HRSN service provider contracts, establishing the platform as the primary and consistent source for request submission and end-to-end tracking across social health supports. As part of this work, JCC fully integrated the flexible services request process into our CIE platform, REDACTED, further streamlining intake, review, and decision-making processes.

We implemented several enhancements to the flexible services digital request form, including new fields to identify urgent flexible service requests for specific scenarios and new functionality to streamline request review and support timely HRSN benefit authorization decisions or flexible services funding determinations. These improvements improved clarity, prioritization, and operational efficiency across teams.

To support adoption and ensure the platform met provider needs, JCC established ongoing technical assistance and feedback mechanisms. We held monthly office hours with HRSN service providers to gather real-time feedback on user experience and referral workflows. Insights from these sessions directly informed system enhancements, refinements to technical assistance offerings, and the development of supporting documentation made available on our social needs assistance webpage. Together, these efforts strengthened provider engagement, reinforced consistent use of the CIE, and enhanced its role as core infrastructure for social needs supports requests and coordination.

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

Moving forward, JCC aims to enable document attachments within Connect Oregon’s digital request form, both at the time of initial submission and additional documentation submitted later in the process. We also plan to streamline and consolidate questions across the climate, housing, nutrition, and flexible services forms to reduce length and improve usability, ensuring that only relevant questions are presented based on the member’s request. Additionally, JCC is exploring the feasibility of establishing a data connection between REDACTED and our member app and/or portal to provide updates on a member’s request. This would allow the information to be easily accessed and viewed by the member rather than requiring a call to get a status update. Part of this exploration would include the ability to send text messages with updates to members. All of this is in service to broader member digital experience strategic goals for the next three 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. HRSF Request Process 2. Member SMS text messaging	A. Align form questions and use of document upload feature by end of Q2 2026. B. Send automated text messages to members when the status of their HRSN and/or flexible services request changes by end of Q3 2026.

Strategy 2 title: **Implementation of REDACTED to Support CBO Payment Arrangements**

Brief description: JCC is working to provide access to a sustainable HIT solution to support contracts with community-based organizations (CBOs). Our standard CBO contract payment terms provide reimbursement for services provided for our members through CBO submission of monthly reports and invoices. Access to REDACTED, the selected platform, allows CBOs to verify eligibility and securely submit invoices and PHI-containing reports for payment. In addition, CBOs who are contracted HRSN providers use REDACTED re access claims remittance data reporting to support HRSN benefit claims submission and payment processes and reconciliation

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):

JCC was able to contract and onboard five HRSN nutrition service providers by the end of Q1 2025. Four new housing providers also joined the region to support the growing need for housing support under the HRSN benefit. All providers use **REDACTED** to access their claims remittance reports to review payments made to them by CareOregon for HRSN services. Focused support around financial reconciliation and Medicaid claims processes helps build CBO capacity to accurately interpret remittance data, manage payment workflows, and sustain participation in Medicaid-funded HRSN benefits, particularly for providers new to Medicaid billing.

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

We will continue to build on its REDACTED support model to strengthen CBO billing and payment capacity while preparing for provider expansion in 2026. Ongoing support will focus on providing technical assistance to existing contracted providers to ensure effective use of REDACTED for invoicing, payment workflows, and financial reconciliation. This includes continued guidance on best practices for reconciling Medicaid claims and interpreting remittance data, critical capabilities for HRSN providers, many of whom are newly operating as Medicaid billing organizations. These efforts help ensure providers can meet standard contract payment requirements and sustain participation in HRSN benefits over time. In parallel, JCC will expand this support model to onboard new providers in Q2 2026 in advance of the July 1, 2026 launch of the fruit and vegetable and pantry stocking benefit. Onboarding will include orientation to invoicing and payment processes, establishment of REDACTED access, and training to ensure key staff can verify member eligibility, securely submit invoices and PHI-containing reports, and access remittance and financial reporting. Together, these planned activities reinforce REDACTED as a scalable, sustainable HIT solution that supports both continued CBO engagement and successful expansion of the HRSN provider network.

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 ongoing technical assistance (TA) focused on REDACTED and Medicaid claims reconciliation and use of remittance reports. 2. Develop and maintain standard guidance (job aids, quick-reference guides) for claim-invoice reconciliation and common payment issues and resolution pathways. 3. Offer targeted 1:1 support for providers experiencing payment delays or reconciliation challenges, prioritizing newer Medicaid billing organizations as they are onboarded.	A. Existing HRSN providers can accurately reconcile REDACTED remittance reports to submitted invoices by the end of Q3 2026. B. Reduction in invoicing errors, rework, or payment-related TA escalations by end of Q4 2026. C. REDACTED is consistently used as the primary platform and “source of truth” for payments tracking by end of Q3 2026.

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

Per OAR requirements, we have established a process for organizations seeking to become HRSN providers to request an exception to the CIE requirement. This process is outlined in the readiness assessment and the HRSN provider contract. Providers requesting an exception must submit a written request via email to the HRSN benefit operations team lead. The operations team reviews each request and first offers technical assistance or training to support use of the CIE. If the provider chooses to proceed with the exception request, the HRSN benefit leadership team evaluates the current provider network to assess adequacy and responsiveness to culturally and linguistically specific populations. If network adequacy would be maintained without the provider, a follow-up discussion is held with the organization's leadership prior to a final decision on contract termination. If approved, the provider would no longer meet the readiness criteria as defined in the HRSN provider contract.

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

Date decision was communicated to HRSN provider

JCC has not had an exception request.

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.

While progress was made, JCC continued to balance moving forward the HIT/SDOH program with limited capacity to engage in new work. Significant staffing losses in 2025, while experiencing an increase in utilization, has resulted in difficulty managing patient populations who are experiencing higher levels of illness. While we have established workflows, processes, and policies to address social health needs, the costs and effort to adopt new platforms are the main barriers.

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?

Integrating existing systems and key EHRs, like REDACTED, HMIS, and core CIEs, such as REDACTED, would be helpful in moving the dial towards interoperability. Establishing real-time bidirectional data exchange between systems would allow us to implement and adopt new workflows, tools, and platforms. This would also significantly reduce the likelihood of repeated social needs screenings and the potential re-traumatization of members. Funding to support this work would ensure an aligned experience statewide for providers, CBOs, and members, especially those who seek services across CCO boundaries.

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.

Click or tap here to enter text.

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

Click or tap here to enter text.

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

Click or tap here to enter text.

- 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?

Click or tap here to enter text.

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