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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C. Exceptions process if CCO requires CIE ..... **Error! Bookmark not defined.**

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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:

1. Health IT partnership
2. Support for EHR adoption, use and optimization
3. Use of and support for HIE for care coordination and hospital event notifications
4. Health IT to support social determinants of health (SDOH), including but not limited to social needs screening and referrals
5. Other health IT questions (optional section)

Each required topic includes the following:

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

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

✓ be informed by the CCO's Data Reporting File

- ✓ be strategic, and activities may focus on supporting specific provider types or specific use cases
- ✓ include specific activities and milestones to demonstrate the steps CCO expects to take

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

Notes:

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

CCO Name: **Click or tap here to enter text.**

1. Health IT partnership

Please attest to the following items.

a. **CCO has an active, signed HIT Commons MOU and adheres to the terms.**

☒ Yes

☐ No

b. **CCO paid the annual HIT Commons assessments subject to the payment terms of the HIT Commons MOU.**

☒ Yes

☐ No

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

☒ Yes

☐ No

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

☒ Yes

☐ No

2. (Optional) Overview of CCO health IT approach

Please provide an overview of CCO's internal health IT approach/roadmap as it relates to supporting care coordination, including risk stratification. This might include CCO's overall approach to investing in and supporting health IT, any shift

in health IT priorities, etc. Any information that is relevant to more than one section would be helpful to include here and referenced as needed (rather than being repeated in multiple sections). **This will be read by all reviewers.**

PacificSource Community Solutions' (PCS) health IT approach is focused on establishing a unified, scalable technology foundation to support care coordination, population health management, and risk stratification across physical, behavioral, oral health, and HRSN services. Implementation of the Epic system represents a core investment within this strategy and reflects a deliberate shift away from fragmented, tool-specific solutions toward an integrated, platform-based model that supports consistent workflows, shared data, and long-term sustainability.

PacificSource is implementing Epic as the primary system of record and operational hub for care coordination, enabling centralized documentation, standardized workflows, and improved visibility into member needs across care settings. This approach supports proactive care coordination by embedding risk stratification signals, derived from clinical, utilization, enrollment, and social risk data, directly into operational workflows, allowing care teams to prioritize resources and interventions more effectively. Epic is complemented by continued use of HIE and external data sources to ensure timely hospital event notifications and coordination with providers and community partners that do not operate on the Epic platform.

Overall, PCS's Health IT Roadmap reflects a shift in priorities from retrospective reporting and standalone tools to real-time, action-oriented care coordination supported by enterprise platforms. This Epic-centered architecture underpins multiple roadmap strategies, including EHR optimization, HIE use, risk stratification, and support for SDOH and HRSN services, allowing these efforts to reinforce one another and support a coherent, sustainable care coordination ecosystem.

3. Support for EHR adoption, use and optimization

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

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

- Report the number of physical, oral, and behavioral health organizations without EHR information using the Data Completeness Table in the OHA-provided CCO Health IT Data File (e.g., "Using the OHA-provided Data Completeness Table, 10 physical health, 22 oral health, and 14 behavioral health organizations lack EHR information"). CCOs are expected to use this

information to inform their strategies. Where applicable, information in the CCO Data Reporting File should support descriptions of accomplishments and successes.

- Include plans for collecting missing EHR information via CCO already-existing processes (e.g., contracting, credentialling, Letters of Interest).
- Provide an overview of CCO's approach to supporting EHR adoption, use, and optimization among contracted physical, oral, and behavioral health providers in support of care coordination.
- **For each strategy** CCO implemented in 2025 and/or will implement in 2026-29 to support EHR adoption, use, and optimization among contracted physical, oral, and behavioral health providers in support of care coordination include:
    1. A title and brief description
    2. Which category(ies) pertain to each strategy
    3. The strategy status
    4. Provider types supported
    5. 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
    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

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.**

The following tables below indicate the number of contracted physical, oral, and behavioral health organizations *without* EHR information.

CCO: 2025 Central Oregon	Number of Contracted Providers	Number without EHR Information	Percent w/o EHR Information	Number of contracted PCPCHs	Number w/o EHR Information	Percent w/o EHR Information
Physical Health	106	46	44%	17	0	0%
Behavioral Health	272	158	58%	1	0	0%
Oral Health	17	9	53%	0	0	0%

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

Updates to Strategies: PCS has transitioned EHR-related data collection, support, and provider education into established operational workflows. Information regarding EHR usage across the provider network continues to be maintained as part of the core provider record and is managed through Quality and Population Health teams, with ongoing efforts to expand and routinely validate networkwide visibility in partnership with Quest Analytics. Provider education related to EHR use continues through regular provider workshops and peer or partner discussions and is focused on informing providers of the benefits of EHR use to support member care and coordination. These activities remain part of standard operations and provider engagement but are no longer positioned as standalone strategic initiatives.

Below is a list of reported strategies and activities which will be combined into a single operational strategy going forward.

Strategy 1: Develop Assessment & Monitoring Process for EHR Adoption Across Provider Types
Activities:
Collected data on EHR status across a range of health providers. (Continuing)
Used Delivery Service Network report to identify in-scope providers. (Continuing)
Compare in-scope list with catalog of contributors from HIE operating in region. (Discontinuing)
Collected data from providers with unknown status. (Continuing)
Corroborated baseline against any available external sources. (Continuing)
Collected data via Provider site visits. (Discontinuing)
Completed annual review/update of EHR Adoption Policy. (Continuing)
Added updated EHR data to internal HIT database. (Continuing)
Explored opportunities for storing additional HIT data. (Complete)

Strategy 2: Build Approach and Model for Deploying Adoption Support Resources
Activities:
Developed peer relationships with high-impact provider partners through system integrations and system

relationships as a conduit to education/awareness. (Continuing)
Categorized providers without EHR by impact. (e.g. member/claims volume) (Discontinuing)
Engaged health council, the CCO's governing board, and the Clinical Advisory Panel (CAP) on success and opportunities with EHR; defined high-priority populations that may be better served by EHR adoption and established regional goals and provider targets. (Continuing)
As needed, complete analysis of resources needed to address identified gaps in EHR adoption and developed adoption and optimization plans. (Continuing)

Strategy 3: Encourage and Support EHR Adoption and Optimization
Activities:
Facilitated peer learning with health council and IPA to help them better understand the EHR landscape. (Discontinuing)
Set targets for adoption rates in consultation with the health council, HIT Community Collaboratives and CAP, where relevant. (Discontinuing)
Identified specific providers and sites to target for EHR adoption or optimization. (Discontinuing)
Deployed provider facing EHR/HIE information guides as an alternative approach. (Discontinuing)
Used resource assessments derived from EHR adoption plans to support requests made through our annual enterprise IT planning process. (Discontinuing)
Supported and monitored EHR implementations and report back to stakeholders (e.g., health council, HIT Community Collaboratives, CAP, etc.). (Continuing)
Developed new integration pathways using Epic Payer Platform (EPP). (Continuing)

Complete list of strategy categories

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

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

10. Assist with EHR selection
11. Support EHR optimization
12. Other strategies for supporting EHR adoption

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

Click or tap here to enter text.

Strategy 1 title: Operation of EHR Support and Data Collection
Brief description: Operational efforts around collecting EHR data, supporting and educating providers and partners about EHR and related technologies.

Strategy categories: Select which categories pertain to this strategy

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

☐5: Incentives ☐6: Financial support ☐7: Contracts ☐8: Leverage HIE

☒9: Hosted EHR ☐10: EHR selection ☐11: Optimization

☐12: Other: Click or tap here to enter text.

Strategy status:

☒Ongoing ☐New ☐Paused ☐Revised ☐Completed

☐Ended/retired/stopped

Provider types supported with this strategy:

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

☐Physical health ☐Oral health ☐Behavioral health

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

Ongoing progress captured above in summary of prior year activities.

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
• Collect data on EHR status across range of health providers. (Continuing) • Use Delivery Service Network report to identify in-scope providers. (Continuing) • Collect data from providers with unknown status. (Continuing) • Corroborate baseline against any available external sources. (Continuing) • Complete annual review/update of EHR Adoption Policy. (Continuing) • Add updated EHR data to internal HIT database. (Continuing) • Develop peer relationships with high-impact provider partners through system integrations and system relationships as a conduit to education/awareness. (Continuing) • Engage health council and CAP (as appropriate) on success and opportunities with EHR; define high-priority populations that may be better served by EMR adoption and establish regional goals and provider targets. (Continuing) • As needed, complete analysis of resources needed to address identified gaps in EHR adoption and develop adoption and optimization plans. (Continuing) • Support and monitor EHR implementations and report back to stakeholders (e.g., health council, HIT Community Collaboratives, CAP, etc.). (Continuing) • Develop new integration pathways using EPP. (Continuing) • Explore Quest Analytics to survey EHR usage by provider. (New)	A. Collect EHR data from renewing providers during provider lifecycle. (Ongoing) B. Collect EHR datasets for reporting to the OHA during roadmap submission (Q1 2026) C. Evaluate Quest Analytics to help with survey of providers for EHR information. (Q2 2026)

Strategy 2: EPP Implementation
Brief description: Implement EPP to support collaboration / interoperability between providers and PCS: data sharing, EHR support, member experience, care management and more

Strategy categories: Select which categories pertain to this strategy

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

☐5: Incentives ☐6: Financial support ☐7: Contracts ☐8: Leverage HIE

☒9: Hosted EHR ☐10: EHR selection ☐11: Optimization

☐12: Other: Click or tap here to enter text.

Strategy status:

☐Ongoing ☒New ☐Paused ☐Revised ☐Completed

☐Ended/retired/stopped

Provider types supported with this strategy:

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

☐Physical health ☐Oral health ☐Behavioral health

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

PCS went live with Phase 1 of EPPin late 2025. This allowed inbound data sharing from providers to PCS and outbound member ID card sharing.

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. Phase 2 EPP go-live – outbound data sharing: claims, eligibility, quality measures, patient roster, and more.	Phase 2 – Q2 2026
1. Phase 3 EPP go-live – Care Management, Disease Management, Utilization Management.	Phase 3 – Q3 2026

Planned activities	Planned milestones
2. Post go-live – Implement e-Prior Auth messages types to support interoperability requirements.	Post Go-live – Q4 2026 – Q1 2027

B. EHR support barriers

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

Staff constraints: Provider staff resource shortages continued to reduce the time and willingness for partners to engage.
Data gaps: While the level of data quality, consistency, and accuracy required to establish an accurate baseline improved, there are still gaps in knowledge of actual adoption rates.
Prioritization: Other relevant HIT Roadmap areas, primarily Community Information Exchange (CIE) and Hospital Event Notifications (HEN) took priority.
Emerging tech landscape: Emerging standards and an immature vendor solution landscape for Fast Healthcare Interoperability Resources (FHIR) based interoperability continue to cause delays in market alignment around these technology options.
IT resource constraints: Small provider groups without dedicated IT staff are not as apt to devote time to the implementation of new technology.
Expense of solutions: Cost of implementing a new EHR system continues to be an obstacle and, in some cases, has increased because of additional financial pressures on small provider groups.
Tech acumen: Providers often don't have a sense of which EHR might be appropriate for an organization of their service type and size, and the research can be overwhelming and confusing.
Business acumen: Smaller (and new) behavioral health providers in private practice don't always understand how an EHR adds value.
Expense of integration: Integration between HIT systems remains expensive and is a barrier to interoperability between HIT platforms from different vendors.

C. OHA support needs

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

Funding: New or additional state funding offsets with a preference for behavioral health and small independent providers.
Rulemaking: Additional leverage for technology vendors to provide low- or no-cost options for interoperability by default. OHA can accomplish this through support of rulemaking or alternatively through state-oriented funding.

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

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

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

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

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

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

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

PointClickCare (PCC) - We remain a proponent of the PCC hospital event notification platform. Widely adopted across all our regions, it has proven to be a key tool as internal operations supports care coordination with customized cohorts and reports. We manage data from PCC within our internal clinical data warehouse.
Emergency Department Optimization (EDO) – formerly EDIE: All hospitals in our service areas have adopted EDO – the emergency department function of the PCC platform. Our internal care teams use the information generated by EDO to support care management. Although HIT Commons continues to add clinics and encourage vendors to push FHIR-based integration forward, progress is slow. The current FHIR-related focus of HIT Commons is to make Oregon POLST Registry data available to providers from their EHR.
Secure File Transfer Protocol (SFTP): We exchange significant health and care coordination information with provider partners using this method. Stakeholders also rely on STFP to share a substantial volume of monthly reporting and other analysis.
Epic Payer Platform (EPP): In 2025, we moved forward with the implementation of EPP after weighing cost and functionality considerations. The platform allows: 1) robust data sharing capabilities, 2) preference for EPP by many of our largest provider partners, and 3) the integration with Epic Tapestry.
Epic Tapestry: We also moved forward with Epic Tapestry, replacing previous software that did not meet needs. Under our Tapestry implementation, Epic has committed to supporting electronic prior authorization requirements for all providers (Epic and non-Epic) required under federal interoperability rules.

Epic Care Link: The majority of our members are treated by physical health providers that use an Epic EHR. This includes many hospital systems and FQHCs. This means that our Care Management and Utilization Management staff can easily access member records via the EpicCare Link web portal. Our Quality, Risk, and Appeals and Grievances teams use a similar route for rapid identification and retrieval of documentation to support chart reviews, audits, and decision making.

Epic Happy Together Link: This allows staff to access multiple Epic Care Link portals via a button on the portal interface. Happy Together Link provides single sign-on functionality to all of a user's credentialed EpicCare Link accounts.

CCO Provider Portal: Our CCO provider portal offers several tools to support care coordination. These include patient assignment, benefits confirmation, and quality performance reporting. Providers access the portal via a OneHealthPort landing page. Internal staff rely on provider use of this portal to receive critical information, including prior authorization requests.

CCO Member Portal: Our CCO member portal offers a digital experience via a dedicated Medicaid Members section on PacificSource.com. This secure web portal improves accessibility and access to care by helping our members stay connected online via desktop or mobile devices. Members have direct access to personalized information about their care. They can view, print and order ID cards, learn about benefits, find a doctor, see claims, track pre-authorizations and referrals, and ultimately get the most from their plan. Requirements include Spanish localization, ADA accessibility, Medicaid-specific content and customizations by CCO region and type.

Fax/e-Fax: Fax technology still supports numerous provider-to-provider and CCO-to-provider workflows. This is still the primary method for health information exchange.

FHIR: We continue to build FHIR-based interoperability capabilities focused on extension/engineering of internal data resources, improvements to authentication, authorization, and consent management. We also continue to pursue integrations with existing business platforms and development of HIE and other partnerships in support of existing and new requirements of the Office of National Coordinator/Centers for Medicare & Medicaid Services rules with HIE. Our interoperability roadmap includes the use of FHIR to support internal and partner data exchange beyond those required for regulatory purposes. We have also planned for key infrastructure components, including streaming/messaging clusters, FHIR stores/servers, Open Authorization/OpenID Connect services, API Management services, and "FHIRstore/endpoint servers" to support FHIR-based use cases.

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

Updates to Strategies: As with other sections of our roadmap, PCS has transitioned many previously reported strategies to standard work. Below is a summary of previously reported strategies, which will now retire, restructure into a single operational strategy, or move to another new strategy.

Strategy 1: Develop Assessment and Monitoring Process for HIE Access and Data Contribution Rates Across Provider Types

Activities:
Continue collecting data on HIE status across a range of providers using internal and external sources. (Continuing)
Use Delivery System Network report to identify in-scope providers. (Continuing)
Compare in-scope list with catalog of data contributors from Regional Health Information Organization operating in region. (Discontinuing)
Collect data from providers with unknown status. (Continuing)
Corroborate baseline against any available external sources. (e.g., Certified Health IT Product List) (Discontinuing)

Strategy 2: Establish and Maintain Appropriate Resourcing/Staffing to Support Multiple CCO Regions (Retired)

Strategy 3: Implement New High Value, Internal HIE Use Cases (Retired)

Strategy 4: Implement New High Value, Internal Hospital Event Notification (HEN) Use Cases
Activities:
Integrate real time ADT feeds in the PCS Data Warehouse. (Complete)
Attend regular PCC vendor partnership meetings. (Continuing)
Work with PCC and internal teams to identify additional high-value use cases. (Continuing)
Review PCC cohorts for revisions related to State Hospital ADT data. (Continuing)

Strategy 7: Maintain an Enterprise Technology Roadmap for Health Information Exchange
Activities:
Implement EPP and Tapestry. (Continuing)
Implement Payer to Payer API. (Complete)

Strategy 8: Internal Health Information Exchange Governance (Retired)

Strategy 9: Make Structural PointClickCare System Improvements for Internal Use (Retired)

Click or tap here to enter text.

Strategy 1 title: Operation of HIE Support, Data Collection, and Reporting Capability

Brief description: Operational efforts around collecting HIE data, enhancing platform infrastructure and high-value use cases.

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):

Over the course of 2025, PCS added risk stratification of our members into our Eligibility File and began the process of layering that information into reports. We also made improvements to key reporting on our Dual-Eligible Special Needs Plan (DSNP) members, our Long-Terms Supports & Services (LTSS) population, and our Inpatient Psychiatric Discharges reports, along with numerous others. By developing our Eligibility File, we can target vulnerable populations more effectively as well as provide our caregivers with additional information relevant to both Care Management and Utilization Management. Additionally, the more complex reports built with these enhanced tools allow our staff to focus on our most vulnerable members. For example, a member may be part of a vulnerable group at baseline (i.e. LTSS) while also struggling with other factors that magnify that vulnerability such as underlying health conditions or risk stratification designations.

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

PCS has transitioned this work from a discrete roadmap strategy to an ongoing operational approach embedded in standard HIE operations. Activities such as maintaining provider HIE status data using internal and external sources, identifying in-scope providers through Delivery System Network reporting, and closing gaps with providers of unknown status are now part of routine operational data stewardship. Regular engagement with PointClickCare, including vendor partnership meetings, cohort review for State Hospital ADT data, and joint identification of high-value use cases are a standing operational practice rather than time-bound initiatives. PCS treats piloting and scaling new PCC use cases as continuous improvement work, triggered by operational needs and partner readiness, and managed through established governance and prioritization processes.

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. Collect data on HIE status across a range of providers using internal and external sources. (Continuing) 1. Use Delivery System Network report to identify in-scope providers. (Continuing) 2. Collect data from providers with unknown status. (Continuing) 3. Attend regular PCC vendor partnership meetings. (Continuing) 4. Work with PCC and internal teams to identify additional high-value use cases. (Continuing) 5. Review PCC cohorts for revisions related to State Hospital ADT data. (Continuing) 6. Pilot new high-value use cases with PCC. (Ongoing)	A. Complete Reporting on HIE use in Roadmap submission. - Q2 2026

Strategy 2 title: **EPP Implementation**

Brief description: Implement EPP as a central collaboration hub for our Epic provider partners. Integrate ADT and HEN feeds from PointClickCare into EPP.

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):

Progress toward this strategy reflects continued advancement of EPP as a core interoperability and collaboration capability. In 2025, PCS went live with Phase 1 of EPP, enabling initial inbound data sharing from Epic provider partners and outbound member ID card distribution. This established the foundational connectivity required for broader care coordination and information exchange. Work during the year focused

on stabilizing these capabilities, aligning internal workflows, and preparing for expansion of outbound data sharing and integration of additional use cases. Integration planning with PointClickCare to incorporate ADT and hospital event notification feeds into EPP progressed in parallel, positioning EPP as a centralized hub for consolidating hospital event data within Epic-based workflows. Challenges primarily centered on sequencing platform phases alongside other Epic initiatives and coordinating readiness across multiple provider partners, but the strategy remains on track as an ongoing, multi-phase implementation.

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

Planned work beyond 2025 focuses on expanding EPP from foundational connectivity to broader, operationally embedded interoperability. Efforts will prioritize scaling outbound data sharing capabilities to support additional use cases such as eligibility, claims, quality, and care management data exchange, and embedding these capabilities into standard PCS workflows. The platform will continue to be positioned as the primary collaboration layer with Epic-based provider partners rather than a standalone integration point.

Integration of hospital event and ADT data from PointClickCare into EPP workflows will advance, with the intent of consolidating hospital event visibility directly within Epic-based care coordination and utilization management processes. We expect this work to reduce reliance on parallel tools and manual reconciliation while improving timeliness and consistency of hospital event information.

Beyond initial integrations, the strategy emphasizes incremental expansion through phased enhancements rather than a single end-state deployment. PacificSource will sequence future work with other Epic initiatives and external partner readiness, with governance and prioritization handled through established Epic and interoperability planning processes. EPP will remain an evolving, multi-year capability supporting care coordination, information exchange, and partner collaboration as core operational functions rather than discrete roadmap projects.

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. Expand EPP outbound data sharing to support eligibility, claims, quality, and care management use cases. 2. Integrate PointClickCare ADT and hospital event notification feeds into EPP workflows. 3. Embed EPP capabilities into standard care coordination and utilization management operations. 1. Reduce reliance on parallel HIE tools by consolidating hospital event visibility within Epic-based workflows.	A. Phase 2 EPP go-live – Q2 2026 B. ADT and HEN availability – Q3 2026 C. Care Coordination go-live – Q3 2026 D. Electronic Prior Auth planning and implementation - Q3 2026 to Q1 2027

Planned activities	Planned milestones
2. Sequence additional interoperability enhancements through Epic and enterprise governance processes.	

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

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

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

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

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

Complete list of strategy categories (supporting providers)

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

1. HIE training and/or technical assistance
2. Assessment/tracking of HIE adoption and capabilities

3. Outreach and education about value of HIE
4. Collaboration with network partners
5. Enhancements to HIE tools (e.g., adding new functionality or data sources)
6. Integration of disparate information and/or tools with HIE
7. Requirements in contracts/provider agreements
8. Financially support HIE tools and/or cover costs of HIE onboarding
9. Offer incentives to adopt or use HIE
10. Offer hosted EHR product (that allows for sharing information between clinics using the shared EHR and/or connection to HIE)
11. Other strategies that address requirements related to federal interoperability and patient access final rules
12. Other strategies for supporting HIE access or use

List and briefly describe tools supported or provided by CCO that facilitate care coordination and/or provide access to timely hospital event notifications. HIE tools must cover both care coordination and hospital event notifications. The use of these tools should also be included in the applicable HIE strategies below.

In addition to the tools listed in the section above, PCS regularly works with external partners to create new reports and provide ongoing HIE Support in PointClickCare.

Some examples from 2025 include:
*Reporting to local APD offices that allows them to see their entire Medicaid population.
*New daily reports for provider partners for post-hospital follow-up.
*New analytics assisting counties in our footprint with access to a broader population than they can generate with their eligibility file alone.

(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**

Our strategies for support of HIE for care coordination and HEN with provider partners align with the strategies shared above. Strategies focus on operationalization of our support of the system, and the implementation of the EPP for improved collaboration with our providers.

PCS continues to support onboarding for new partners as it did in 2025. Additionally, we share our internal innovations broadly and drive not just increased participation but enhanced utilization in the service of both growing the platform's reputation and innovating to help keep up with new directives from the State of Oregon and the federal government. One strong 2025 example of this is assisting in the socialization and adoption of PointClickCare's HEDIS Turnkey Cohort for the Initiation and Engagement of Treatment (IET) quality incentive metric (QIM).

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:**

Click or tap here to enter text.

CCO: **2025 Central Oregon**	Number of Contracted Providers	Number w/o HIE Information (includes PCC)	Percent w/o HIE Information (includes PCC)	Number of contracted PCPCHs	Number w/o HIE Information	Percent w/o HIE Information
Physical Health	106	52	49%	17	0	0%
Behavioral Health	272	263	97%	1	0	0%
Oral Health	17	14	84%	0	0	0%

Strategy 1 title: **Operation of HIE Support, Data Collection, and Reporting Capability**

Brief description: Operational Efforts around collecting HIE data, enhancing platform infrastructure and high-value use cases.

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):

PCS continues to support the experience of our external partners using our HIE tools. External partners frequently approach us directly or through other PCS connections, seeking support to identify and monitor populations requiring post-acute engagement. These requests vary in frequency and urgency: sometimes they are isolated, and other times we receive a surge of inquiries when new requirements arise (such as the introduction of the IET QIM) or when new tools become available. Our assistance extends to updating eligibility files, establishing new workflows, and developing innovative solutions for unique challenges that partners bring to our attention. Each year, the scope of these requests range from routine tasks, like generating basic reports, to pioneering efforts, such as the Assigned Unengaged Pilot highlighted below.

This strategy applies both to the support of HEN platforms and of HIE adoption broadly.

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

PCS will continue to operationally support our providers' use of these tools. The activities shared above indicate our plans for this work beyond 2025.

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. Collect data on HIE status across range of providers using internal and external sources (Continuing) 2. Use Delivery System Network report to identify in-scope providers (Continuing) 3. Collect data from providers with unknown status (Continuing) 4. Attend regular PCC vendor partnership meetings (Continuing) 5. Work with PCC and internal teams to identify additional high-value use cases (Continuing) 6. Review PCC cohorts for revisions related to State Hospital ADT data (Continuing) 7. Pilot new high-value use cases with PCC (Ongoing)	A. Complete Reporting on HIE use in Roadmap submission. - Q2 2026

Strategy 2 title: **EPP Implementation**

Brief description: Implement EPP as a central collaboration hub for our Epic provider partners. Integrate ADT and HEN feeds from PointClickCare into EPP.

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):

No additional progress to share beyond what we have indicated above. We would simply like to indicate that this strategy is applicable to our support of Provider use of HIE tools and HEN as well.

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

Planned activities and milestones

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

Planned activities	Planned milestones
1. Expand EPP outbound data sharing to support eligibility, claims, quality, and care management use cases. 2. Integrate PointClickCare ADT and hospital event notification feeds into EPP workflows. 3. Embed EPP capabilities into standard care coordination and utilization management operations. 4. Reduce reliance on parallel HIE tools by consolidating hospital event visibility within Epic-based workflows. 5. Sequence additional interoperability enhancements through Epic and enterprise governance processes.	A. Phase 2 EPP go-live – Q2 2026 B. ADT and HEN availability – Q3 2026 C. Care Coordination go-live – Q3 2026 D. Electronic Prior Auth planning and implementation - Q3 2026 to Q1 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 event notifications among your contracted providers.

Barriers to this work remain largely unchanged. The most persistent challenge is staff turnover in clinical settings. Frequently, HIE responsibilities are assigned to individuals with limited familiarity with both the historical context and current utilization of these systems. When turnover occurs, the transfer of HIE knowledge is often overlooked, resulting in ongoing knowledge loss that is difficult to manage at the CCO level. Additionally, provider partners' willingness and ability to participate in more complex or innovative efforts can vary unpredictably. For instance, a failed Epic implementation by a provider partner delayed our Assigned Unengaged work by six months. Broader challenges, such as events that strain the entire healthcare system, like the uncertainty regarding new or pending federal legislation, also continue to impact progress. Finally, lack of availability of resources is persistent, especially during the challenging economic environment in healthcare.

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?

Funding: New or additional state funding offsets with a preference for behavioral health and small independent providers.

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)?

Planned access to provider EHR information is set to be enabled through Epic-based capabilities and related enhancements managed by the PCS Quality and Population Health teams. This includes Epic interoperability functionality that supports appropriate data exchange with contracted providers using Epic. Quality and Population Health teams maintain visibility into which EHRs are used across the provider network, and this monitoring is being expanded to be routinely validated through a partnership with Quest Analytics.

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

EPP enhancements will allow Quality and Population Health teams to access patient information for quality improvement, care coordination, and reporting purposes. Epic materials describe planned access to clinical summaries and related data elements necessary to support these functions.

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

In Phase 2 of our Epic implementation, patient information will be available within Epic, and the Quality Team has designed workflows to allow access and review of data directly in Epic tools rather than through downstream exports to standalone CCO systems.

5. Health IT to support SDOH

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

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

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

Complete list of strategy categories (within CCO)

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

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

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

Unite Us/Connect Oregon (to support screening, information exchange, documentation), Tableau (for evaluation and reporting).

(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: **Employ Unite Us to support SDOH Initiatives**

Brief description: PCS uses Unite Us' Connect Oregon CIE to support member screenings and referrals, as well as to collect data for related quality metrics.

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, PCS surveyed providers and community-based organizations (CBOs) regarding their existing SDOH screening and referral practices. The data gathered from the surveying process provided valuable insights that helped with reporting on the SDOH QIM. Additionally, PCS continues to collaborate with Unite Us to explore platform and data exchange enhancements to meet SDOH QIM requirements and promote adoption of its statewide platform, Connect Oregon. The platform supports screening, engagement, and referral tracking. At the end of 2025 and into 2026, PCS implemented Connect Oregon's Enhanced Screening protocol. The Enhanced Screening option allows platform users to document critical data for the SDOH QIM and provides screening tools in languages other than English, two key enhancements requested by PCS. With these enhancements, we hope to encourage providers to increase their use of the platform, especially as the primary source of data from CBOs.

Since the SDOH QIM does not align with national measures, its unique data collection requirements are challenging. Additionally, individual CCOs have had to determine different approaches to gathering SDOH QIM data that are not consistent across CCOs/payers. While PCS will continue to pursue information exchange via CIE and other pathways, the lack of guidance for systematic collection from providers will continue to cause reporting and data ingestion challenges. As PCS continues its EPP implementation, it anticipates opportunities to streamline data collection opportunities with provider partners.

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. Maintain data systems to clean and use data. 2. Maintain a data-sharing approach within the CCO service areas.	A. 12/31/2026 for both activities

Strategy 2 title: **Employ Unite Us to Support Members' Health Related Social Needs (HRSN)**

Brief description: Increase adoption and use of the Unite Us platform within our organization to support the HRSN benefit and flexible services.

Strategy categories: Select which categories pertain to this strategy

☒ 1: Implement/use health IT ☐2: Enhancements ☒3: Integration

☐4: Collaboration ☒5: Care coordination ☐6: Support HRSN

☒7: Data to ID SDOH ☐8: Risk stratification ☐9: Manage contracts

☐10: Metrics ☒11: Education/training ☐12: Convenings

☐13: Governance ☒14: Other (adoption/use): Flexible Services

☐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):

PCS has continued integration of Connect Oregon's platform with our internal systems to facilitate HRSN service delivery and SDOH screenings.

Successes over the prior year include continued support from PCS staff as Unite Us users and collaborating on enhancements to the platform and improvements in HRSN claims integration and technical support. We also added HRSN Service Provider support staff to help with technical assistance.

Challenges of the past year include limited PCS staff roles in Connect Oregon with reliance on Connect Oregon staff for issue resolution.

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 for additional internal onboarding opportunities. 2. Continue to train internal staff for additional provider and community partner support opportunities. 3. Explore opportunity to add Flexible Services to the Connect Oregon platform and align HRS/HRSN functionality where possible.	12/31/2026 for all activities

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

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

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

Complete list of strategy categories (supporting providers)

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

1. Sponsor CIE for the community
2. Enhancements to CIE tools (e.g., new functionality, health-related services funds forms, screenings, data sources)
3. Integration or interoperability of health IT tools to support SDOH
4. Training and/or technical assistance
5. Support referrals between CBOs and clinical providers
6. Support HRSN service providers
7. Financial support to adopt or use health IT that supports SDOH (e.g., incentives, grants)
8. Support payments to CBOs through health IT
9. Requirements to use health IT in contracts/provider agreements
10. Track or assess CIE/SDOH tool adoption and use
11. Outreach and education about the value of health IT to support SDOH needs
12. Support participation in SDOH-focused health IT convenings, collaborative forums and/or education (excluding CIE governance)
13. Support participation in CIE governance or collaborative decision-making
14. Other strategies for supporting adoption of CIE or other health IT to support SDOH needs
15. Other strategies for supporting access or use of SDOH-related data

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

Unite Us/Connect Oregon/CIE: In an ongoing effort to address our members' SDOH needs, we continue a significant investment in the Connect Oregon CIE network powered by the Unite Us platform. Our contract with Unite Us has empowered our employees, contracted providers, and community partners to access the Connect Oregon system. Our purchase of unlimited Connect Oregon licenses across all regions continues to be a key component of our HIE strategy. Our Unite Us contract includes coverage for Social Care, defined as non-clinical services reimbursable when rendered to qualifying members. We are incorporating SDOH screenings into workflows that support HRSN eligibility as well as SDOH referrals.

PointClickCare (PCC): Formerly Collective Medical and PreManage, the PCC platform has been widely adopted by provider groups across our regions and has proven key to supporting both internal operations and providers' care coordination. To better flag members at risk for housing insecurity, we access their addresses from this platform and cross-reference these with shelter addresses, shelter names, and phrases associated with housing insecurity. We also incorporate PCC data to enhance SDOH and chronic condition identification. PCC data feeds are staged in our data warehouse and integrated into SDOH identification logic.

EPP: PCS expects to enable a new mechanism for the collection of SDOH data through its provider collaboration capability with the Epic Platform. We are not yet sure of the full scope of this dataset but remain confident it will provide a valuable source of information.

(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: Connect Oregon and Unite Us Implementation – Contracted Providers and CBOs

Brief description: Increase adoption and use of the Connect Oregon platform by external partners

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):

Much of our progress with increased adoption and use of the Connect Oregon platform by external partners is the result of contracting with new HRSN Service Providers. PCS has seen growth in adoption in each of its CCO regions. The progress is mostly contained to HRSN, as there continues to be hesitancy by CBOs to adopt Connect Oregon as a broad CIE platform for other types of screenings and referrals.

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

Click or tap here to enter text.

Planned activities and milestones

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

Planned activities	Planned milestones
1. Facilitate learning sessions in each PCS CCO region leveraging Unite Us events for learning and support with on-boarded partners. 1. Continue onboarding providers and CBOs and assist with the establishment of Connect Oregon licenses and workflows. 2. Socialize the capabilities of Connect Oregon with Providers and partners to support the SDOH and Social-Emotional QIMs and HRSN benefits.	A. 12/31/2026 for all activities

Strategy 2 title: CIE Enhancements to Support Broad Data Capture

Brief description: PCS continues to collaborate with Unite Us to build out the platform for efficient and effective user experience, which will ultimately result in better member support.

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):

PCS continues to work with Unite Us to complete platform enhancements that will better capture SDOH data in alignment with the SDOH QIM. This includes adding options for providers to enter data in the platform in different ways and ensuring questions in Unite Us tools match OHA-approved SDOH screening tools.
Enhancements completed in 2025:
1. Alignment of the Unite Us "Screener of Screeners" tool with metric requirements.
2. Alignment of the approved PRAPARE and AHC screening tools with metric requirements.

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

Click or tap here to enter text.

Planned activities and milestones

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

Planned activities	Planned milestones
1. Continue work with Unite Us to launch Enhanced Screening capabilities to include a decline option and tools in languages other than English.	A. 12/31/2026

Strategy 3 title: **Evaluate Epic as a source of SDOH data**

Brief description: PCS is evaluating how to use Epic to source SDOH data from provider partners.

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):

N/A

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
Evaluate EPP capabilities for receiving SDOH data.	A. 12/31/2026

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

Click or tap here to enter text.

D. Health IT to support SDOH barriers

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

There is a lack of participation in scalable, automated mechanisms for interoperability between providers, vendor partners, and CBOs. Each group has its own systems and processes, with limited capacity to engage with others' preferred methods for sharing data, resulting in a primarily manual data-sharing process.

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?

The Health Information Technology Oversight Council (HITOC) notes that the success of a CIE is dependent on widespread adoption by CBOs. OHA can support CIE network efforts by developing sustainable funding to help CBOs adopt and use CIEs.

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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