2025 CCO Health Information Technology (HIT) Roadmap

Guidance, Evaluation Criteria & Reporting Template

Contract or rule citation	Exhibit J, Section 2
Deliverable due date	April 30, 2025
Submit deliverable via:	[CCO Contract Deliverables Portal](#)

Please:

1. **Submit a Microsoft Word version of your Health IT Roadmap and**
2. **Use the following file naming convention for your submission: CCOname_2025_HealthIT_Roadmap**

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

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Guidance Document

1. Purpose & Background

CCOs are required to maintain an Oregon Health Authority (OHA) approved Health Information Technology (IT) Roadmap. The Health IT Roadmap must describe how the CCO (1) currently uses and plans to use health IT (including hospital event notifications) to achieve desired outcomes and (2) supports contracted physical, behavioral, and oral health providers throughout the course of the Contract in these areas:

- Electronic health record (EHR) adoption, use, and optimization
- Access to health information exchange (HIE) for care coordination and access to timely hospital event notifications
- Health IT for value-based payment (VBP) and population health management (Contract Years 1 & 2 only)[1]
- Health IT to support social determinants of health (SDOH) needs, including social needs screening and referrals (Starting in Contract Year 3)[2], including for community-based organizations (CBOs)

For Contract Year 1 (2020), CCOs' responses to the Health IT Questionnaire formed the basis of their draft Health IT Roadmap. For remaining Contract Years, CCOs are required to submit an annual Health IT Roadmap to OHA reporting the progress made from the previous Contract Year, as well as plans, activities, and milestones detailing how they will support contracted providers in future Contract Years. OHA expects CCOs to use their approved 2024 Health IT Roadmap as the basis for their 2025 Health IT Roadmap.

> **Reminders for Contract Year 6 (2025):**
> 1. There are no changes to the Roadmap template. TA sessions are available upon request via CCO.HealthIT@odhsoha.oregon.gov.
> 2. Limit the Progress sections to 2024 activities and accomplishments and include planned activities for 2025 through 2026 in the Plans sections.
> 3. If CCO includes previous year progress (i.e., 2023 or earlier) for context/background, be sure to label it as such. 2024 progress should be clearly labeled and described.
> 4. If CCO is continuing a strategy from prior years, please continue to report it and indicate "Ongoing" or "Revised" as appropriate.
> 5. In each Plans section, be sure to include activities and milestones for each strategy. If some strategies are missing activities and milestones, CCO may be asked to revise and resubmit their Roadmap.
> 6. Be sure to include milestones beyond 2025, as applicable.
> 7. 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).
> 8. If interested, CCOs again have the opportunity to provide OHA with a draft of their 2025 Health IT Roadmap (via CCO.HealthIT@odhsoha.oregon.gov) between January 13 and February 28, 2025 for input. OHA will require 1-2 weeks to review and provide high-level feedback.
> 9. Add all CCO-collected health IT data to the Health IT Data Reporting File prior to submitting it with your Roadmaps on 3/15/2025. Data reported in the Roadmaps should align with the Data Reporting File.

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[1] Starting in Contract Year 3 (2022), CCOs' VBP reporting will include their health IT efforts; therefore, this content will not be part of the Health IT Roadmap moving forward.
[2] New Health IT Roadmap requirement beginning Contract Year 3 (2022)

2. Overview of Process

Each CCO shall submit its 2025 Health IT Roadmap to OHA for review on or before **March 15th** of each Contract Year. CCOs are to use the *2025 Health IT Roadmap Template* for completing this deliverable and are encouraged to copy and paste relevant content from their previous Health IT Roadmap if it's still applicable. Please submit the completed 2025 Health IT Roadmap via the [CCO Contract Deliverables Portal.](#)

OHA's Health IT staff will review each CCO's Health IT Roadmap and provide written notice of the approval status, along with a separate document with detailed evaluation results (the Results Report). If the CCO's Health IT Roadmap is <u>not</u> approved, then the CCO must make the required correction/s and resubmit. OHA requests the CCO participate in a meeting to discuss the results and required correction/s prior to resubmission, as follows:

1. CCO is to review the available meeting days/times included in the Results Report and contact OHA by 6/20/25 with their top two meeting choices.
   a. These meetings are only available from 6/23/2025 through 7/9/2025.
   b. CCO is expected to have thoroughly reviewed its results prior to the meeting and to be prepared for an in-depth discussion.
2. CCO resubmission is due 7/16/2025.
3. OHA will complete its review of all resubmissions and provide written notice of the approval status within 30 days of resubmission receipt, by 8/15/2025.

The aim of this process is for CCOs and OHA to work together to better understand how to achieve an approved Health IT Roadmap.

Please refer to the timeline below for an outline of steps and action items related to the 2025 Health IT Roadmap submission and review process.

2025 Health IT Roadmap Timeline
Last Revised 12/2/2024

March - June 2025	June - July 2025	July - Aug 2025
2025 HIT Roadmap Submission and Review	**CCO/OHA Communication and Collaboration**	**Revised Roadmap Submission & Review, CCO/OHA meetings**
List of activities	List of activities	List of activities
CCOs submit *2025 HIT Roadmap* and HIT Data Reporting File to OHA by **3/15/25**	If not approved, CCO contacts OHA by **6/20/25** to schedule a meeting to discuss required revisions	CCO submits Revised 2024 HIT Roadmap to OHA by **7/16/25** OHA reviews CCO Revised 2025 HIT Roadmap
OHA reviews *2025 HIT Roadmap*	If approved, CCO contacts OHA by **6/27/25** to schedule a Roadmap follow-up meeting	OHA sends Revised 2025 HIT Roadmap result letter to CCO by **8/15/25**
OHA sends initial *2025 HIT Roadmap* result letter to CCO by **6/16/25**	Collaborative meeting(s) occur between OHA and CCOs required to revise and resubmit their *2025 HIT Roadmap* by **7/9/25**	CCOs with approved Roadmaps meet with OHA by **8/30/25**

(Activities)

OHA expects all CCOs will have an approved 2025 HIT Roadmap by 8/29/2025

3. Health IT Roadmap Approval Criteria

The table below contains evaluation criteria outlining OHA's expectations for responses to the required Health IT Roadmap questions. Modifications for Contract Year 6 (2025) are in **bold italicized font**. Please review the table to better understand the content that must be addressed in each required response. Approval criteria for Health IT Roadmap optional questions are not included in this table; optional questions are for informational purposes only and do not impact the approval of a Health IT Roadmap. Additionally, the table below does not include the full version of each question, only an abbreviated version. Please refer to the *2025 Health IT Roadmap Template* for the complete question when crafting your responses.

Health IT Roadmap Section	Question(s) – Abbreviated (Please see report template for complete question)	Approval Criteria
1. Health IT Partnership	CCO attestation to the four areas of health IT Partnership	CCO meets the following requirements: • Active, signed HIT Commons Memorandum of Understanding (MOU) and adheres to the terms • Paid the annual HIT Commons assessments subject to the payment terms of the HIT Commons MOU • Served, if elected on the HIT Commons governance board or one of its committees • Participated in an OHA's HITAG meeting at least once during the previous Contract Year
2. CCO Data for 2025 SDOH Social Needs Screening and Referral Measure	*CCO attests to inclusion of data collected for three elements of SDOH Social Needs Screening and Referral Measure*	*CCO included data/information collected for the following SDOH Social Needs Screening and Referral Measure:* • *Element 3: Systematic assessment of whether and where screenings are occurring by CCO and provider organizations.* • *Elements 6 and 7: Identification of screening tools or screening questions in use by CCO and provider organizations.* • *Element 13: Environmental scan of data systems used in the CCO's service area to collect information about members' social needs, refer members to community resources, and exchange social needs data.*

4. Support for EHR adoption, use, and optimization	A. 2024 Progress supporting contracted physical, oral, and behavioral health providers to increase EHR adoption, use, and optimization in support of care coordination	• Description of progress includes:
		  ○ Strategies used to support increased rates of EHR adoption, use, and optimization in support of care coordination, and address barriers among contracted physical, oral, and behavioral health providers in 2024
		  ○ Specific accomplishments and successes for 2024 related to supporting EHR adoption, use, and optimization in support of care coordination
		• Sufficient detail and clarity to establish that activities are meaningful and credible.

Health IT Roadmap Section	Question(s) – Abbreviated (Please see report template for complete question)	Approval Criteria
	2025-2026 Plans for supporting contracted physical, oral, and behavioral health providers to increase EHR adoption, use, and optimization in support of care coordination	• Description of plans includes: ○ The number of organizations (by provider type) for which no EHR information is available (e.g., 10 physical health, 22 oral health, and 14 behavioral health organizations) ○ Plans for collecting missing EHR information via CCO existing processes ○ Additional strategies for 2025-2026 related to supporting increased EHR adoption, use, and optimization in support of care coordination, including risk stratification, and addressing barriers to adoption among contracted physical, oral, and behavioral health providers ○ Specific activities and milestones for 2025-2026 related to each strategy • Sufficient detail and clarity to establish that activities are meaningful and credible.
5. Use of and support for HIE for care coordination and hospital event notifications	A. 2024 Progress using HIE for care coordination and timely hospital event notifications <u>within CCO</u>	• Description of progress includes: ○ HIE tool(s) CCO is using within their organization for care coordination, including risk stratification, and timely hospital event notifications ○ HIE strategies used for care coordination, including risk stratification, and timely hospital event notifications within the CCO ○ Specific accomplishments and successes for 2024 related to CCO's use of HIE for care coordination and timely hospital event notifications • Sufficient detail and clarity to establish that activities are meaningful and credible.
	2025-2026 Plans using HIE for care coordination and timely hospital event notifications <u>within CCO</u>	• Description of plans includes: ○ Additional tool(s) (if any) CCO is planning to use for care coordination, including risk stratification, and timely hospital event notifications ○ Additional strategies for 2025-2026 to use HIE for care coordination, including risk stratification, and timely hospital event notifications within the CCO ○ Specific activities and milestones for 2025-2026 related to each strategy • Sufficient detail and clarity to establish that activities are meaningful and credible
	B. 2024 Progress supporting contracted physical, oral, and behavioral health providers with increased access to and use of HIE for care coordination and timely hospital event notifications	• Description of progress includes: ○ Tool(s) CCO provided or made available to support providers' access to HIE for care coordination and timely hospital event notifications ○ Strategies CCO used to support increased access to and use of HIE for care coordination and timely hospital event notifications for contracted physical, oral, and behavioral health providers in 2024 ○ Specific accomplishments and successes for 2024 related to increasing access to and use of HIE for care coordination and timely hospital event notifications (including the number of

Health IT Roadmap Section	Question(s) – Abbreviated (Please see report template for complete question)	Approval Criteria
		organizations of each provider type that gained increased access or use as a result of CCO support, as applicable) • Sufficient detail and clarity to establish that activities are meaningful and credible.

	2025-2026 Plans for supporting contracted physical, oral, and behavioral health providers with increased access to and use of HIE for care coordination and timely hospital event notifications	• Description of plans includes:
		  o The number of organizations (by provider type) that have not adopted an HIE for care coordination or hospital event notifications tool (e.g., 18 physical health, 12 oral health, and 22 behavioral health organizations)
		  o Additional HIE tool(s) CCO plans to support or make available to providers for care coordination and/or timely hospital event notifications
		  o Additional strategies for 2025-2026 related to supporting increased access to *and use of* HIE for care coordination and timely hospital event notifications among contracted physical, oral, and behavioral health providers
		  o Specific activities and milestones for 2025-2026 related to each strategy (including the number of organizations of each provider type expected to gain access to *or use of* HIE for care coordination and hospital event notifications as a result of CCO support, as applicable
		• Sufficient detail and clarity to establish that activities are meaningful and credible.

6. Health IT to support SDOH needs	A. 2024 Progress using health IT to support SDOH needs within CCO, including but not limited to social needs screening and referrals	• Description of progress includes:
		  o Current health IT tool(s) CCO is using to support SDOH needs, including but not limited to social needs screening and referrals, including a description of whether the tool(s) have closed-loop referral functionality
		  o Strategies for using health IT within the CCO to support SDOH needs, including but not limited to social needs screening and referrals in 2024
		  o Any accomplishments and successes for 2024 related to each strategy
		• Sufficient detail and clarity to establish that activities are meaningful and credible.

	2025-2026 Plans for using health IT to support SDOH needs within CCO, including but not limited to social needs screening and referrals	• Description of plans includes:
		  o Additional health IT tool(s) CCO plans to use to support SDOH needs, including but not limited to social needs screening and referrals, including a description of whether the tool(s) will have closed-loop referral functionality
		  o Additional strategies planned for using health IT to support SDOH needs, including but not limited to social needs screening and referrals
		  o Specific activities and milestones for 2025-2026 related to each strategy

Health IT Roadmap Section	Question(s) – Abbreviated (Please see report template for complete question)	Approval Criteria
		• Sufficient detail and clarity to establish that activities are meaningful and credible.
	B. 2024 Progress supporting contracted physical, oral, and behavioral health providers as well as, social services and community-based organizations (CBOs) with using health IT to support SDOH needs, including but not limited to social needs screening and referrals	• Description of progress includes: 　○ Health IT tool(s) CCO supported or made available to contracted physical, oral, and behavioral health providers, as well as social services and CBOs, for supporting SDOH needs, including but not limited to social needs screening and referrals, including a description of whether the tool(s) have closed-loop referral functionality 　○ Strategies used for supporting these groups with using health IT to support SDOH needs, including but not limited to screening and referrals in 2024 　○ Any accomplishments and successes for 2024 related to each strategy • Sufficient detail and clarity to establish that activities are meaningful and credible
	2025-2026 Plans for supporting 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 social needs screening and referrals	• Description of progress includes: 　○ Health IT tool(s) CCO is planning to support/make available to contracted physical, oral, and behavioral health providers, as well as social services and CBOs for supporting SDOH needs, including but not limited to social needs screening and referrals, including a description of whether the tool(s) will have closed-loop referral functionality 　○ Additional strategies planned for supporting these groups with using health IT to support social needs screening and referrals beyond 2024 　○ Specific activities and milestones for 2025-2026 related to each strategy • Sufficient detail and clarity to establish that activities are meaningful and credible.
	C. 2024 Progress and 2025-2027 Plans for using technology to support HRSN Services within the CCO	• Description includes: 　○ Specific 2024 progress and 2025-27 plans within CCO to adopt and use technology needed to facilitate HRSN Service provision, such as for closed loop referrals, service authorization, invoicing, and payment 　○ Any accomplishments and successes for 2024 related to each strategy 　○ Specific activities and milestones for 2025-2027 related to each strategy • Sufficient detail and clarity to establish that activities are meaningful and credible.
	2024 Progress and 2025-2027 Plans to support and incentivize HRSN Service Providers to adopt and use	• Description includes: 　○ Specific 2024 progress and 2025-2027 plans to support and incentivize HRSN Service Providers to adopt and use technology for closed loop referrals, such as grants, technical

Health IT Roadmap Section	Question(s) – Abbreviated (Please see report template for complete question)	Approval Criteria
	technology for closed loop referrals	*assistance, outreach, education, engaging in feedback, and other strategies for adoption and use* o *Any accomplishments and successes for 2024 related to each strategy* o *Specific activities and milestones for 2025-2027 related to each strategy* • *Sufficient detail and clarity to establish that activities are meaningful and credible.*

2025 Health IT Roadmap Template

Please complete and submit this template via [CCO Contract Deliverables Portal](#) by **March 15, 2025.**

Instructions & Expectations

Please respond to all of the required questions included in the following Health IT Roadmap Template using the blank spaces below each question. Topics and specific questions where responses are not required are labeled as <u>optional</u>. 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) Needs, 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 2024 strategies, progress, accomplishments/successes, and barriers
- Narrative sections to describe your 2025-2026 plans, strategies, and related activities and milestones. For the activities and milestones, you may structure the response using bullet points or tables to help clarify the sequence and timing of planned activities and milestones. These can be listed along with the narrative; it is not required that you attach a separate document outlining your planned activities and milestones. However, you may attach your own document(s) in place of filling in the activities and milestones sections of the template (as long as the attached document clearly describes activities and milestones for each strategy and specifies the corresponding Contract Year).

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, <u>as well as any challenges/barriers</u> 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, and
- ✓ include specific activities and milestones to demonstrate the steps CCOs expect to take.

OHA also understands that the health IT environment evolves and changes, and that plans may change from one year to the next. For the purposes of the Health IT Roadmap, the following definitions should be considered when completing responses.

- ➢ *Health IT to support care coordination*: While CCOs use health IT to support many different functions that relate to care coordination*, for the purposes of the Health IT Roadmaps, OHA is focused on health IT to support care coordination activities between organizations caring for the same person. Note: This definition is not a change from previous Roadmap expectations. What has changed is that CCO is now discouraged from including strategies in the Roadmap specific to VBP, population health, or metrics unless they are specifically called out (as in the Health IT to Support SDOH Needs section).

  *OHA's Care Coordination rules (410-141-3860, 410-141-3865, and 410-141-3870) provide more detail around broader care coordination activities.

- ➢ *Strategies*: CCO's approaches and plans to achieve outcomes and support providers.

➢ *Accomplishments/successes:* Positive, tangible outcomes resulting from CCO's strategies for supporting providers.
➢ *Activities*: Incremental, tangible actions CCO will take as part of the overall strategy.
➢ *Milestones*: Significant outcomes of activities or other major developments in CCO's overall strategy, with indication of when the outcome or development will occur (e.g., Q1 2025). **Note**: Not all activities may warrant a corresponding milestone. For activities without a milestone, at a minimum, please indicate the planned timing.
➢ *Meaningful:* Strategy descriptions are sufficiently informative, applicable to the Roadmap expectations, and align closely with provided approval criteria.
➢ *Credible*: Strategy descriptions include sufficient detail and a realistic timeline supporting plausibility of their achievability.

A note about the template*:*

This template has been created to help clarify the information OHA is seeking in each CCO's Health IT Roadmap. The following questions are based on the CCO Contract and Health IT Questionnaire (RFA Attachment 9); however, in order to help reduce redundancies in CCO reporting to OHA and target key CCO Health IT information, certain questions from the original Health IT Questionnaire have not been included in the Health IT Roadmap template. Additionally, at the end of this document, some example responses have been provided to help clarify OHA's expectations on the level of detail for reporting progress and plans.

Health IT Roadmap Template Strategy Checkboxes
To further help CCOs think about their health IT strategies as they craft responses for their Health IT Roadmap, OHA has included checkboxes in the template that may pertain to CCOs' efforts in the following areas:
- *Support for EHR Adoption, Use, and Optimization*
- *Use of and Support for HIE for Care Coordination and Hospital Event Notifications*
- *Health IT to Support SDOH Needs*

The checkboxes represent themes that OHA compiled from strategies listed in CCOs' previous Health IT Roadmap submissions.

Please note: the checkboxes do not represent an exhaustive list of strategies, nor do they represent strategies CCOs are required to implement. It is not OHA's expectation that CCOs implement all of these strategies or limit their strategies to those included in the template. OHA recognizes that each CCO implements different strategies that best serve the needs of their providers and members. The checkboxes are in the template to assist CCOs as they respond to questions and to assist OHA with the review and summarizing of strategies.

Please send questions about the Health IT Roadmap template to CCO.HealthIT@odhsoha.oregon.gov

1. Health IT Partnership

Please attest to the following items.

a.	☒ Yes ☐ No	Active, signed HIT Commons MOU and adheres to the terms.
b.	☒ Yes ☐ No	Paid the annual HIT Commons assessments subject to the payment terms of the HIT Commons MOU.
c.	☐ Yes ☐ No ☒ N/A	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)
d.	☒ Yes ☐ No	Participated in an OHA HITAG meeting, at least once during the previous Contract year.

2. CCO Data for 2025 SDOH Social Needs Screening and Referral Measure

CCO must submit information collected from the following 2025 Social Determinants of Health: Social Needs Screening and Referral Measure, Component 1 elements. Please select the checkboxes indicating whether you have included the data/information with your Health IT Roadmap submission:

a.	☒ Yes ☐ No	**Element 3**: Systematic assessment of whether and where screenings are occurring by CCO and provider organizations, including whether organizations are screening members for (1) housing insecurity, (2) food insecurity, and (3) transportation needs.
b.	☒ Yes ☐ No	**Elements 6 and 7**: Identification of screening tools or screening questions in use by CCO and provider organizations, including available languages and whether tools and questions are OHA-approved or exempted.
c.	☒ Yes ☐ No	**Element 13**: Environmental scan of data systems used in the CCO's service area to collect information about members' social needs, refer members to community resources, and exchange social needs data.

3. (Optional) Overview of CCO Health IT Approach

This will be read by all reviewers. This section is optional but can be helpful to avoid repetitive descriptions in different sections. 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).

Trillium Community Health Plan (Trillium) continues to invest in state-of-the-art health information technology (HIT) to power our data-driven approach to supporting care coordination. We leverage local HIT tools in the Oregon Market to share information for care coordination in support of our members' needs. Our parent company supplies us with IT resources and systems, including our Clinical Data and Interoperability Gateway and Centelligence reporting and analytics platform, which power bi-directional data and information sharing. We will continue to work with OHA and State partners to collaborate on HIT initiatives to support care coordination.

For the 2025 roadmap:

Trillium recognizes that in addition to driving broad Electronic Health Record (EHR) adoption, physical health providers are achieving higher levels of adoption compared to other provider types. This creates an opportunity for us to reassess the level of integration and data sharing with larger established physical health provider groups. Our strategy includes leveraging both Health Information Exchanges (HIEs) and provider EHR platforms. We aim to directly integrate with EHR platforms for a variety of use cases, such as the ability to access data from patient medical charts securely. ██ ██ We will focus on the highest-impact provider groups/partners, making it easier to integrate with us and by offering additional benefits.

4. Support for EHR Adoption, Use, and Optimization

A. Support for EHR Adoption, Use, and Optimization: 2024 Progress and 2025-26 Plans

Please describe your 2024 progress and 2025-26 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.
- Include plans for collecting missing EHR information via CCO already-existing processes (e.g., contracting, credentialling, Letters of Interest).
- Select the boxes that represent strategies pertaining to your 2024 progress <u>and</u> 2025-26 plans.
- 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.
- <u>For each strategy</u> CCO implemented in 2024 and/or will implement in 2025-26 to support EHR adoption, use, and optimization among contracted physical, oral, and behavioral health providers in support of care coordination include:
    - A title and brief description
    - Which category(ies) pertain to each strategy
    - The strategy status
    - Provider types supported
    - A description of 2024 progress, including:
        - <u>accomplishments and successes</u> (including number of organizations, etc., where applicable)
        - challenges related to each strategy, as applicable
        Note: Where applicable, information in the CCO Health IT Data Reporting File should support descriptions of accomplishments and successes.
    - (Optional) An overview of CCO 2025-26 plans for each strategy
    - <u>Activities and milestones</u> related to each strategy CCO plans to implement in 2025-26

Notes:
- Four strategy sections have been provided. <u>Please copy and paste additional strategy sections as needed</u>. 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 continuing a strategy from prior years, please continue to report and indicate "Ongoing" or "Revised" as appropriate.
- If CCO is not pursuing a strategy beyond 2024, note 'N/A' in Planned Activities and Planned milestones sections.
- If CCO is implementing a strategy beginning in 2025, please indicate 'N/A' in the progress section for that strategy.
- If preferred, you may choose to submit a separate document detailing each strategy's activities and milestones.

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 <u>without</u> EHR information**

Tri-County (TC) - Physical 61, Behavioral Health 79, Oral 42
South West (SW) - Physical 40, Behavioral Health 83, Oral 8

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

Trillium will continue to utilize the provider survey (PHET) and personal outreach (e.g. via DCO JOC meetings) to collect the missing EHR data from providers.

Strategy category checkboxes
Using the boxes below, please select which strategies you employed during 2024 and plan to implement during 2025-26. Elaborate on each strategy and your progress/plans in the sections below.

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

(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

Trillium focuses on all HIT adoption, use, and optimization by:

1. Understanding the environment of the providers (physical, behavioral, and oral health) and

2. Working with providers to remove barriers and help providers to understand the benefits of HIT adoption and use.

While we find physical health providers are ready to utilize HIT, the key challenges continue to be integration and interoperability, which Trillium continues to focus on addressing.

Behavioral Health (BH) providers have shared feedback that their priority is to address a foundational need to stabilize care models and focus on providing efficient and effective care. BH providers shared that this foundational priority on care needs to be addressed first before they have the capacity, resources, and time to focus on HIT tools for their processes. Trillium is collaborating with various BH providers and provider groups to support their current processes.

With oral health providers, we continue to work with the dental care organizations (DCOs) to find optimal ways to remove the barriers of cost, capacity/resources to support HIT tools, and lack of oral health information in HIT tools used by and designed for physical health providers.

Strategy 3: Target Providers for ▮▮▮▮▮▮▮▮▮ Adoption

We review EHR adoption statistics and employ targeted outreach to support integration efforts. The goal of outreach is to engage key provider partners to exchange data with existing ▮▮▮▮▮▮▮▮▮
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Strategy categories: Select which category(ies) 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 & population segmentation
☐ 7: Other:

Strategy status:
☒ Ongoing   ☐ New   ☐ Paused   ☐ Revised   ☐ Completed   ☐ Ended/retired/stopped

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

Trillium's provider engagement activities yielded incremental progress on deeper integration:

- ██
- ██

(Optional) **Overview of 2025-26 plans for this strategy**:

Trillium will continue to regularly engage in outreach and discussion with provider groups on ████████
██ Efforts will also aim to understand specific barriers to adoption and how to overcome them and support those providers.

Specific milestones include:

- ███
  ██████████████████████████
  █████████████████████████

Planned Activities	**Planned Milestones**
██████████████████████████ ████████████████████ ██████████████████████████ ██████████████████████████ █████████████████	1. Q4- 2025 2. 2025

Strategy 4: Provider Orientation

Trillium will continue offering provider orientations for new providers and refresher courses, as needed, for existing contracted providers. Post-orientation, one-on-one support is provided, as needed. Larger providers and hospitals have quarterly meetings where EHR support and training opportunities are available. During provider onboarding, we review topics such as electronic reimbursement for claims, access to health information available via secure provider web portals, submitting prior authorization requests, member enrollment rosters for primary care practices, and quality information that can be shared and/or submitted via portals. Our Trillium Provider Performance Team provides support and training ad hoc to ensure reporting of quality metrics.

Strategy categories: Select which category(ies) 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):

All new providers received orientations, and other providers received refreshers, as requested. ██████████
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In 2024, we developed a strategy internally (led by our Trillium Provider Engagement Team) to identify and tier providers using criteria that include the number of members enrolled, the necessity for network adequacy, and other aspects of services offered. This allows us to be more proactive in identifying and resolving any barriers to information sharing.

(Optional) **Overview of 2025-26 plans for this strategy**:

Our goal is to continue to ensure all providers receive orientation and refreshers, as needed, that highlight EHR resources and vendor support.

In 2025, to ensure providers know whom to contact for ongoing support, our Trillium Provider Engagement team will reach out and host informational sessions with providers. We will also include dedicated Provider Engagement staff assignments on our Trillium Public Website.

Planned Activities	Planned Milestones
1. Deliver orientation to all new providers	1. Q1-Q4 2024

Strategy 5: Collecting EHR Information

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███████████████████████████████████████

Strategy categories: Select which category(ies) 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 <u>accomplishments/successes</u> and <u>challenges</u> with this strategy):

Our PHET survey asks if an EHR is being used in the practice, what EHR is in use, what type of health and SDOH data is collected, and how and with whom the information is shared via the EHR. If an EHR is not in use, the survey asks the barriers to EHR use and implementation. In 2024, we simplified the format of the PHET survey and employed methods to encourage higher survey response rates to improve the quality of our data collection.

We also automated the matching process between the PHET survey and OHA's HIT Roadmap data deliverable. This automation includes more sophisticated matching, which has resulted in 199 record updates so far this year. Additionally, we included open-text feedback from the survey in the 'Notes' data element to share qualitative feedback we receive from providers.

(Optional) **Overview of 2025-26 plans for this strategy**:

During planning for the development of a dashboard, we uncovered several challenges including how to handle unstructured/inconsistent survey data and how to handle data elements with low response rates. The investments last year helped us to address challenges and continue progress toward the planned development of a dashboard. ██
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███████████████████████████████

Planned Activities	Planned Milestones

1. Outreach via provider communications to encourage participation 2. Conduct PHET survey 3. Continue to simplify our survey and incorporate data validation.	1. Jan 2025 2. Q2 2025 3. Q2-Q3 2025

Strategy 6: Financial Support for EHR Implementation or Maintenance

Trillium is committed to supporting providers financially with EHR adoption and/or maintenance. Building on the success of the Community Benefit Initiative (CBI) funds in 2023, we intend to continue to reserve funds to support EHR adoption.

Strategy categories: Select which category(ies) 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 <u>accomplishments/successes</u> and <u>challenges</u> with this strategy):

██

(Optional) **Overview of 2025-26 plans for this strategy**:

Learnings from the prior year confirmed that Trillium had few organizations utilize the grant process to focus on HIT. Given this, we recommitted to utilizing financial resources to broadly encourage the use of HIT. As a next step, we will promote the availability of funding to encourage the submission of grant requests.

Planned Activities	**Planned Milestones**
• Revise workflows to ensure a priority review of any HIT related requests. • Include provider engagement talking points that specifically cite OIH and past investments (South Lane Mental Health and Orchid Health Clinic in 2023) as examples in provider discussions.	Various - 2025

Strategy 7: Provider Engagement

Our Trillium Provider Performance Team will continue to help providers navigate EHR reporting needs and support EHR adoption through EHR education, including overcoming/addressing barriers. EHR adoption education will include reviewing the potential return-on-investment (ROI) of participating in an EHR; making connections to other providers using the same EHR vendor; and helping providers understand workflow and reporting requirements when new EHR measures are introduced.

Strategy categories: Select which category(ies) 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 <u>accomplishments/successes</u> and <u>challenges</u> with this strategy):

We have re-evaluated our provider engagement strategy and concluded that day-to-day engagement topics should focus more on priority issues impacting member care.

(Optional) **Overview of 2025-26 plans for this strategy**:

Our Trillium Provider Engagement Team will stay focused on member care issues, while engagement around HIT and HIE will shift to a specialized team (███████████████████████████).

Planned Activities	Planned Milestones
1. Our Provider Engagement Team will continue to respond to requests for support and escalate any requests for EHR adoption education/support.	1. 2025

Strategy 8: Continue enhancement on HIT strategy alignment/coordination with the oral health providers

Trillium will continue to align our HIT strategy with the DCOs through engagement in the DCO quarterly JOC meetings between the DCOs and Trillium Provider Performance Team.

Strategy categories: Select which category(ies) 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 <u>accomplishments/successes</u> and <u>challenges</u> with this strategy):

We learned during JOCs that a DCO's EHR adoption rate is directly related to the number of DCO-owned clinics in the network. Oral health clinics directly owned by DCOs tend to have higher levels of EHR adoption, while 'non-affiliated' locations (i.e., those not owned directly by a DCO) tend to have more fragmented EHR adoption.

(Optional) **Overview of 2025-26 plans for this strategy**:

We plan to continue to use the DCO JOCs as the primary forum to learn more about oral health EHR adoption and how the network structure is related to EHR adoption.

While most providers in DCO networks are 'affiliated' (i.e., directly owned by a DCO), we intend to focus our engagement with 'non-affiliated' providers and how best we can encourage the adoption of EHRs among these 'non-affiliated' providers.

Planned Activities	Planned Milestones
1. Conduct four Quarterly JOCs per year with 3 DCOs that include specific EHR adoption agenda items and discussions	1. Q1-Q4 2025

2. Work with identified oral health providers for new HIT or EHR initiatives through support from Trillium's grant funding opportunities	2. Q2-Q4 2025

A. EHR Support Barriers:

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

- Providers continue to report the following barriers: implementation costs, challenges staff face when using the EHR system, training time for staff, and information sharing challenges across different EHR platforms.

- While Primary Care Dentists (PCDs) would like to share information with PCPs, the cost of full medical EHRs that perform both documentation and billing is prohibitive (even with financial support from CCOs). The PCDs do not see an ROI related to the effort of implementing and maintaining EHRs.

C. OHA Support Needs:

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

Given the higher levels of EHR adoption among physical health providers, Trillium suggests a shift in focus toward engagement with the DCOs. Each COO is likely to make some progress, but an OHA-backed initiative across all CCOs may yield quicker, more impactful results.

5. 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: 2024 Progress & 2025-26 Plans

Please describe your 2024 progress and 2025-26 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:
1. Select the boxes that represent strategies pertaining to your 2024 progress and 2025-26 plans.
2. 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 2024 and/or will implement in 2025-26 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. Provider types supported
    5. A description of 2024 progress, including:
        i. accomplishments and successes (including number of organizations, etc., where applicable)
        ii. challenges related to each strategy, as applicable
    6. (Optional) An overview of CCO 2025-26 plans for each strategy
    7. Activities and milestones related to each strategy CCO plans to implement in 2025-26

Notes:

- Four strategy sections have been provided. Please copy and paste additional strategy sections as needed. 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 continuing a strategy from prior years, please continue to report and indicate "Ongoing" or "Revised" as appropriate.
- If CCO is not pursuing a strategy beyond 2024, note 'N/A' in Planned Activities and Planned milestones sections.
- If CCO is implementing a strategy beginning in 2025, please indicate 'N/A' in the progress section for that strategy.
- If preferred, you may choose to submit a separate document detailing each strategy's activities and milestones.

Strategy category checkboxes (within CCO)
Using the boxes below, please select which strategies you employed during 2024 and plan to implement during 2025-26. Elaborate on each strategy and your progress/plans in the sections below.

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

List and briefly describe tools used by CCO for care coordination and timely hospital event notifications

Clinical Data and Interoperability Gateway
Our Clinical Data and Interoperability Gateway powers bi-directional data and information sharing. Our Clinical Data and Interoperability Gateway is based on the Office of the National Coordinator (ONC) or HIT standards-based data interchanges, including Health Level Seven (HL7) Fast Health Care Interoperability Resources (FHIR); Admission, Discharge, and Transfer (ADT) data; Continuity of Care Document (CCD)/Consolidated-Clinical Document exchange; and other standardized health information transactions.

Through our Clinical Data and Interoperability Gateway, we continue to invest in data sharing capabilities that support bidirectional exchange with providers, including through access to EHR platforms and direct integration based on future standards. ██
██

Centelligence Reporting and Analytics Platform
Centelligence is our data hub and proprietary, comprehensive family of integrated decision tools that provides expansive business intelligence support, including Key Performance Indicator (KPI) Dashboards. Centelligence includes a suite of predictive modeling solutions incorporating evidence-based, proprietary care gap and health risk identification applications that identify and report significant health risks at the population, Member, and Provider levels.

TruCare – Internal care management platform
TruCare is our internal care management platform that houses member screenings, assessments, care plans, prior authorizations, and referral data. Through integration with Centelligence, TruCare enables access to unified data

from a variety of sources (e.g., claims, HIEs, EHRs, HENs, SDOH referrals, etc.) to allow our Care Coordination staff to utilize data in support of care coordination activities.

PointClickCare (PCC): formerly named Collective Medical Technologies (CMT)
PCC provides event notification and care collaboration across all points of care, including hospitals, payers, behavioral and physical ambulatory and post-acute settings. The PCC platform identifies at-risk and complex patients and shares actionable, real-time information with care teams, so they can make better care decisions and improve patient outcomes. It then enables the care team members to collaborate with one another to execute a single, shared, and consistent plan of care for the patient.

Provider Portals
Provider Portals, including our secure Trillium Provider Portal, support a number of provider administrative self-service capabilities including eligibility inquiry, authorization request submission and status, claim submission and status, claim payment history, care management referrals, and a growing number of clinical applications. We also support the Availity Essentials Multi-Payer Portal for providers, with features being implemented in 2025 and 2026.

(Optional) Overview of CCO Approach to using HIE for care coordination and hospital event notifications
Trillium recognizes that HIEs are critical to our success in quality and care coordination. We have staff working on medical chart reviews as part of various workflows. Our strategy is to invest in HIEs and direct EHR integration efforts to reduce the burden of manual chart reviews. Over the last two years, ADT notifications have played a prominent role in our care coordination program internally, and we are exploring new and improved ways to reach members more timely after a care event.
Strategy 1: Enhancements to our Interoperability and Centelligence Data Hub – Medical Record/ADT Collection With the support of our parent company, we have made enhancements to our Clinical Data and Interoperability Gateway and Centelligence data hub to support our ability to access medical records and ADTs that we capture from a variety of sources. This supports our care coordination programs and activities and helps us to share data with external entities, including providers, payers, and other partners.
Strategy categories: Select which category(ies) 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 & population segmentation ☐ 7: Other:
Strategy status: ☒ Ongoing   ☐ New   ☐ Paused   ☐ Revised   ☐ Completed   ☐ Ended/retired/stopped
Progress (including previous year <u>accomplishments/successes</u> and <u>challenges</u> with this strategy):
■■
(Optional) Overview of 2025-26 plans for this strategy:
■■

Planned Activities	Planned Milestones
	1. Q2 2025

1. Training for Trillium staff on accessing the enhanced Centelligence clinical data hub and using reporting/dashboard tools. 2. Execution of the data & analytics roadmap (e.g., ingestion of additional data sources) throughout 2025.	2. 2025

Strategy 2: Payer to Payer Data Exchange

Work towards integrating with prominent payers (e.g., Humana).

Strategy categories: Select which category(ies) 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 & 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):

Our enhancements were completed in 2022. As part of our routine evaluation of viable strategies, we determined that a Payer-to-Payer data exchange will require other payers to be ready and willing to integrate and share data. Without broad adoption among the payer community, Trillium does not view this as a major strategy supporting HIE use.

(Optional) **Overview of 2025-26 plans for this strategy**:

Trillium will continue to monitor and participate where needed. However, this is being de-prioritized as a key HIT strategy under care coordination.

Planned Activities	Planned Milestones

Strategy 3: Incorporate PointClickCare Collective Medical (ADT) records into care management practices.

ADT notifications are received and directed to our Care Coordination team to ensure member-facing staff are aware of status changes and engage in timely activities to support the member (e.g., following up on medication changes or in-home care needs).

Strategy categories: Select which category(ies) 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 & 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):

Trillium executed on planned activities from last year to build a new Care Management Dashboard that provides ADT records to the assigned case manager. This allowed for timely and relevant outreach and coordination within Trillium and with external partners in 2024.

(Optional) **Overview of 2025-26 plans for this strategy**:

Trillium considers this a successful execution of a strategy to enable better care coordination. Additional refinements are planned. Examples include:

Planned Activities	Planned Milestones
1. SNF Notification initiative - Q1 2. Transition of care initiative with the Oregon State Hospital - Q2 3. Carceral transitions initiative - Q4	1. Q1 2025 2. Q2 2025 3. Q4 2025

Strategy 4: Member Risk tracking and stratification

Trillium plans to use HIE data to enhance our current risk stratification capability for our member population. Our Centelligence predictive modeling, risk stratification, and analytic tools allow our Care Coordination team to monitor hospitalizations and emergency room visits, diagnoses, prescriptions, claims, and pregnancies. These tools help ensure that Care Coordination teams efficiently identify members who can benefit most from Care Coordination services.

Strategy categories: Select which category(ies) 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 & 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 2024, we enhanced our capability to identify members who are at higher risk, need care plans, and are due for a risk screening. OHA reviewed and approved risk stratification models and supporting processes. These enhancements allowed us to use data from HIEs for risk stratification.

(Optional) **Overview of 2025-26 plans for this strategy:**

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███
███
████████████████████

Planned Activities	Planned Milestones
1. Extend core monitoring infrastructure 2. Implement a suite of HRCC Flags 3. Care Coordination Report	Q1 2025 Q2 2025 Q3 2025

B. Supporting Increased Access to and Use of HIE Among Providers: 2024 Progress & 2025-26 Plans

Please describe your 2024 progress and 2025-26 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:

- Select the boxes that represent strategies pertaining to your 2024 progress and 2025-26 plans.

- 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.
- (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 2024 and/or will implement in 2025-26 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:
    a. A title and brief description
    b. Which category(ies) pertain to each strategy
    c. Strategy status
    d. Provider types supported
    e. A description of 2024 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
        Note: Where applicable, information in the CCO Health IT Data Reporting File should support descriptions of accomplishments and successes.
    f. (Optional) An overview of CCO 2025-26 plans for each strategy
    g. Activities and milestones related to each strategy CCO plans to implement in 2025-26

Notes:
- Four strategy sections have been provided. Please copy and paste additional strategy sections as needed. 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 continuing a strategy from prior years, please continue to report and indicate "Ongoing" or "Revised" as appropriate.
- If CCO is not pursuing a strategy beyond 2024, note 'N/A' in Planned Activities and Planned milestones sections.
- If CCO is implementing a strategy beginning in 2025, please indicate 'N/A' in the progress section for that strategy.
- If preferred, you may choose to submit a separate document detailing each strategy's activities and milestones.

Strategy category checkboxes (supporting providers)
Using the boxes below, please select which strategies you employed during 2024 and plan to implement during 2025-26. Elaborate on each strategy and your progress/plans in the sections below.

Progress	Plans		Progress	Plans	
☒	☐	1. HIE training and/or technical assistance	☒	☐	6. Integration of disparate information and/or tools with HIE
☒	☒	2. Assessment/tracking of HIE adoption and capabilities	☐	☐	7. Requirements in contracts / provider agreements

☐	☒	3. Outreach and education about value of HIE	☐	☒	8. Financially support HIE tools and/or cover costs of HIE onboarding
☒	☒	4. Collaboration with network partners	☐	☐	9. Offer incentives to adopt or use HIE
☐	☒	5. Enhancements to HIE tools (e.g., adding new functionality or data sources)	☒	☐	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 (please list here):	☒	☐	12. Other strategies for supporting HIE access or use (please list here):

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.

Clinical Data and Interoperability Gateway

Our Clinical Data and Interoperability Gateway powers bi-directional data and information sharing. Our Clinical Data and Interoperability Gateway is based on the Office of the National Coordinator (ONC) or HIT standards-based data interchanges, including Health Level Seven (HL7) Fast Health Care Interoperability Resources (FHIR); Admission, Discharge, and Transfer (ADT) data; Continuity of Care Document (CCD)/Consolidated-Clinical Document exchange; and other standardized health information transactions.

Through our Clinical Data and Interoperability Gateway, we continue to invest in data sharing capabilities that support bidirectional exchange with providers, including through access to EHR platforms and direct integration based on future standards. We support bidirectional data exchange capabilities, including using EHR-based payer platforms, ▮▮▮▮▮▮▮▮▮▮

Centelligence Reporting and Analytics Platform

Centelligence is our data hub and proprietary, comprehensive family of integrated decision tools that provides expansive business intelligence support, including Key Performance Indicator (KPI) Dashboards. Centelligence includes a suite of predictive modeling solutions incorporating evidence-based, proprietary care gap and health risk identification applications that identify and report significant health risks at the population, Member, and Provider levels.

TruCare – Internal care management platform

TruCare is our internal care management platform that houses member screenings, assessments, care plans, prior authorizations, and referral data. Through integration with Centelligence, TruCare enables access to unified data from a variety of sources (e.g., claims, HIEs, EHRs, HENs, SDOH referrals, etc.) to allow our Care Coordination staff to utilize data in support of care coordination activities.

PointClickCare (PCC): formerly named Collective Medical Technologies (CMT)

PCC provides event notification and care collaboration across all points of care, including hospitals, payers, behavioral and physical ambulatory and post-acute settings. The PCC platform identifies at-risk and complex patients and shares actionable, real-time information with care teams, so they can make better care decisions and improve patient outcomes. It then enables the care team members to collaborate with one another to execute a single, shared, and consistent plan of care for the patient.

Provider Portals

Provider Portals, including our secure Trillium Provider Portal, support a number of provider administrative self-service capabilities including eligibility inquiry, authorization request submission and status, claim submission and status, claim payment history, care management referrals, and a growing number of clinical applications. We also support the Availity Essentials Multi-Payer Portal for providers, with features being implemented in 2025 and 2026.

(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

Trillium is focusing on all HIT adoption, including the sharing of care event notifications to member PCPs.

While we find most physical providers are ready to utilize HIT, numerous barriers around interoperability and integration still impede progress. Our strategy is to utilize direct integrations with EHRs wherever possible to gain direct access to medical record data and share critical information on care events.

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:

Tri-County (TC) - Physical 105 Behavioral Health 190, Oral 143

South West (SW) - Physical 68, Behavioral Health 150, Oral 26

Strategy 1: PCP Notification and Follow-up

Notify primary care physicians (PCPs) when members experience care events. (e.g., being admitted to an inpatient care setting.)

Strategy categories: Select which category(ies) 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 <u>accomplishments/successes</u> and <u>challenges</u> with this strategy):

██
██
██

(Optional) Overview of 2025-26 plans for this strategy:

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██
██

Planned Activities	Planned Milestones
See Section 5b - Strategy 6 for additional detail for provider web portals.	

Strategy 2: Epic Payer Platform Adoption and Integration

With the support of our parent company, we are pursuing participation in Epic Payer Platform's Blue Ribbon Program. Blue Ribbon refers to a distinction within the Epic healthcare software system, signifying a high level of performance or achievement by a healthcare organization, particularly in payer connections and data exchanges, often indicating a "best-in-class" status within the Epic Payer Platform network. The primary benefit is to reduce the cost and administrative burden to provider groups when integrating with us through the Epic Payer Platform. A key benefit to providers is having near real-time ability to view and submit authorization requests and claim status.

Strategy categories: Select which category(ies) 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 & 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):

Trillium has re-evaluated our approach to EHR integration and recognized that direct EHR integration offers multiple benefits. ███
██
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(Optional) Overview of 2025-26 plans for this strategy:

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██

Planned Activities	**Planned Milestones**
███████████████████████████ ████████████████████ █████████████████████████████ ████████████████████████	1. Q2 2025 2. Q1-Q2 2025 3. Q4 2025

Strategy 2: Collaboration with Network Partners and others

Trillium will continue partnering with HIE vendors on meeting the needs of CCOs and partners.

Strategy categories: Select which category(ies) 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):

Trillium determined that while we will continue to have active engagement ██████████████████
███████████████████████████

(Optional) Overview of 2025-26 plans for this strategy:

We determined that while the engagement led to many positive discussions, both partners ultimately represented mature solutions in Oregon, and therefore, resources should be directed to support other strategies.

Planned Activities	Planned Milestones
N/A	N/A

Strategy 3: Continue efforts to enhance data sharing with the oral health providers

Utilizing member care gap reports provided directly to oral health providers allows the provider to target specific members still needing care.

Strategy categories: Select which category(ies) 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):

Trillium has elected to retire this strategy ███████████████████████████████████████ We learned that encouraging the implementation of a unified platform was not practical across all DCOs and that we would need to work with each DCO individually to achieve progress.

(Optional) Overview of 2025-26 plans for this strategy:

Planned Activities	Planned Milestones
N/A	N/A

Strategy 3: Explore a deeper opportunity to enhance HIE ███████████████

Trillium is committed to sharing health information to help bridge the gap between dentists, primary care providers, and CCOs. ████████████████████████████████
████████████████████████████████

Strategy categories: Select which category(ies) 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):

██
██

(Optional) Overview of 2025-26 plans for this strategy:

Trillium plans ████████████████████████████████████
████████████████ f any barriers are found, we intend to explore solutions to address technical barriers.

Planned Activities	Planned Milestones
• ███████████████████ • Establish a review of Trillium member data (e.g., eligibility and medical charts) • Remediate any gaps or barriers to data flow	Q2 2024

Strategy 4: HIE training and technical assistance

Ensure provider groups have access to HIE and have the knowledge and training to adopt within their practice, via our Provider Network team's and Provider Performance Team efforts

Strategy categories: Select which category(ies) pertain to this strategy
☒ 1: TA ☐ 2: Assessment ☒ 3: Outreach ☐ 4: Collaboration ☐ 5: Enhancements ☐ 6: Integration ☐ 7: Contracts ☐ 8: Financial support ☐ 9: Incentives ☐ 10: Hosted EHR ☐ 11: Other (requirements): ☐ 12: Other:

Strategy status:
☐ Ongoing ☐ New ☐ Paused ☐ Revised ☐ Completed ☒ Ended/retired/stopped

Provider types supported with this strategy:
☒ Across provider types OR specific to: ☒ Physical health ☐ Oral health ☒ Behavioral health

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

In 2024, we recognized PCC already has a significant market share in Oregon, with most providers currently aware of its capabilities and benefits. As such, Trillium has elected to retire this strategy.

(Optional) Overview of 2025-26 plans for this strategy:

Trillium will continue to offer providers onboarding and training on PCC's tools, as well as secure Provider Portals that support administrative and clinical functions.

Planned Activities	Planned Milestones
N/A	N/A

Strategy 5: Assessment/tracking of HIE adoption and capabilities

Increase adoption of HIE by providers that have access to PCC and Provider Portals but are limited by training, technical, or workforce constraints.

Strategy categories: Select which category(ies) 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):

Trillium's long-term strategy is to focus on investing in direct EHR integration. As such, we are going to retire this strategy.

(Optional) Overview of 2025-26 plans for this strategy:

Planned Activities	Planned Milestone
N/A	N/A

Strategy 5: ██

██
██████████████

Strategy categories: Select which category(ies) 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):

Our survey of the EHR landscape was completed in 2024. ████████████████████
██
████████████████████████████

(Optional) **Overview of 2025-26 plans for this strategy:**

Trillium plans to confirm current technical barriers ████████████████████
██
████████████████████████████

Planned Activities	Planned Milestones
- Confirm and document technical barriers - Align on technical investments to remove barriers - Establish leadership monitoring of progress	2025

Strategy 6: Roll out of Availity Essentials Provider Portal features to provider network

Through our parent company, Trillium has made investments to support Providers in using the Availity Essentials Multi-Payer Portal with enhanced features and functionality. A key benefit of Availity Essentials is provider familiarity and integration into existing provider workflows. These investments will help ease provider administrative burdens and support care coordination through data exchanges.

Strategy categories: Select which category(ies) 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):

██ with basic
functionality: Real-time insurance verification; eligibility and benefits for service inquiry; authorization request and status; and claims payment status inquiry.

(Optional) **Overview of 2025-26 plans for this strategy**:
Trillium plans to launch a Provider Engagement and Education Campaign to ensure providers receive ongoing support and assistance on the Availity Essentials Multi-Payer Portal experience. ████████████████████ ██

Planned Activities	Planned Milestones
1. Provider engagement and feedback 2. Execution of the remainder of the Availity Essentials Multi-Payer Portal roadmap	1. 2025 2. 2025-2026

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
Interoperability with HIEs and provider EHR platforms is a technically complex undertaking for CCOs. Each system "instance" or version of an HIE or EHR platform has technical nuances and can pose unique integration challenges to CCOs. However, as the HIT landscape for EHR/HIE platform connectivity matures, we are seeing tools such as ████████████████████████ In the meantime, we are also optimistic that tools like the Availity Essentials Multi-Payer Portal and rollout of additional features/functionality will help ease provider administrative burden and improve care coordination through data exchanges.

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?
None at this point.

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, etc.)?
Trillium has several EHR platform connections that we support in Oregon today. These include EHR integrations such ██ ████████████████████████ Trillium also uses processes such as manual chart reviews (via provider EHR access log-in) but recognizes the opportunity to ██████████████████████████████████████
What patient information is CCO accessing or will CCO access and for what purpose?

The majority of EHR data initiatives are associated with quality and risk adjustment use cases. A good example is the use of EHR data for meaningful language access. Another example is the collection of member SDOH screenings from EHR platforms. This is an area of focus with investments planned and outlined in the next section.

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

EHR data is ingested, transformed, and stored in our Centelligence data hub. This data can then be used for reporting and analytics or integrated in TruCare for our Care Management teams to use in daily care coordination activities. Additionally, we use data in quality and risk adjustment applications.

6. Health IT to Support SDOH Needs

A. CCO Use of Health IT to Support SDOH Needs: 2024 Progress & 2025-26 Plans

Please describe CCO 2024 progress and 2025-26 plans for using health IT within your organization to support social determinants of health (SDOH) needs, including but not limited to screening and referrals. In the spaces below (in the relevant sections), please:

- Select the boxes that represent strategies pertaining to your 2024 progress and 2025-26 plans.
- List and describe the specific health IT tool(s) you currently use or plan to use for supporting SDOH needs. Please specify if the health IT tool(s) have closed-loop referral functionality (e.g., Community Information Exchange or CIE).
- (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 2024 and/or will implement in 2025-26 for using health IT within the CCO to support SDOH needs, including but not limited to screening and referrals, include:
    1. A title and brief description
    2. Which category(ies) pertain to each strategy
    3. Strategy status A description of 2024 progress, including:
        i. accomplishments and successes (including number of referrals, etc., where applicable)
        ii. challenges related to each strategy, as applicable
    4. (Optional) An overview of CCO 2025-26 plans for each strategy
    5. Activities and milestones related to each strategy CCO plans to implement in 2025-26

Notes:
- Four strategy sections have been provided. Please copy and paste additional strategy sections as needed. 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 continuing a strategy from prior years, please continue to report and indicate "Ongoing" or "Revised" as appropriate.
- If CCO is not pursuing a strategy beyond 2024, note 'N/A' in Planned Activities and Planned Milestones sections.
- If CCO is implementing a strategy beginning in 2025, please indicate 'N/A' in the Progress section for that strategy.
- If preferred, you may choose to submit a separate document detailing each strategy's activities and milestones.

Strategy category checkboxes (within CCO)
Using the boxes below, please select which strategies you employed during 2024 and plan to implement during 2025-26, within your organization. Elaborate on each strategy and your progress/plans in the sections below.

Progress	Plans		Progress	Plans	

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

List and briefly describe Health IT tools used by CCO for supporting SDOH needs, including but not limited to screening and referrals

UniteUs Community Information Exchange (CIE)
Connect Oregon is a coordinated care network of health and social service providers serving Oregon. Trillium, as well as other partners in the CIE network, is connected through the UniteUs shared technology platform. The CIE network and UniteUs enable Trillium and other stakeholders to send and receive electronic SDOH/HRSN referrals and 'close the loop' on member social service referrals to ensure service delivery.

TruCare – Internal care management platform
TruCare is our internal care management platform that houses member screenings, assessments, care plans, prior authorizations, and referral data. Through integration with Centelligence, TruCare enables access to unified data from a variety of sources (e.g., claims, HIEs, EHRs, HENs, SDOH referrals, etc.) to allow our Care Coordination staff to utilize data in support of care coordination activities.

United Member View (UMV)
Our central data repository and source of truth on our Trillium/CCO membership. Our member data is stored in a unified view across multiple systems and supports our ability to do EHR/HIE integrations.

Provider Portals
Provider Portals, including our secure Trillium Provider Portal, support a number of provider administrative self-service capabilities including eligibility inquiry, authorization request submission and status, claim submission and status, claim payment history, care management referrals, and a growing number of clinical applications. We also support the Availity Essentials Multi-Payer Portal for providers, with features being implemented in 2025 and 2026.

Centelligence Data Hub - ████████

██

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

Trillium's strategy is to use HIT to identify gaps in member assessments and gaps in service utilization that may be indicators of unmet needs and to engage with community partners and social service agencies to 'close the loop' on SDOH service referrals. HIT and data sharing are critical to gathering information on a member to build a holistic member profile. Investments to: (1) enable efficient collection (through screening and assessments) and (2) distribute member data to care coordination teams is our short-term focus. ████████████
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Strategy 1: Social Need Screening and Intervention (SNS-E) NCQA Measure

Ensure that the SDOH assessment data mapping into TruCare aligns with the requirements needed for future reporting. This will align all SDOH data to national standards, allowing for the future sharing of the data across multiple internal and external systems. This will assure that all known SDOH data is available in most environments where the member is, including internal care coordination.

Strategy categories: Select which category(ies) pertain to this strategy
☒ 1: Implement/use health IT   ☐ 2: Enhancements   ☐ 3: Integration   ☐ 4: Collaboration   ☒ 5: Care coordination ☒ 6: Data to ID SDOH   ☐ 7: Risk stratification   ☐ 8: Manage contracts   ☒ 9: Metrics   ☐ 10. Education/training   ☐ 11: Convenings   ☐ 12: Governance   ☐ 13: Other adoption/use: ☐ 14: Other SDOH data:

Strategy status:
☐ Ongoing   ☐ New   ☐ Paused   ☒ Revised   ☐ Completed   ☐ Ended/retired/stopped

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

Trillium has made progress in reviewing all impacted assessments, █████████████████
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██
███████████████████████ - ███████████████████
████████████████████

(Optional) Overview of 2025-26 plans for this strategy:

We are planning to make investments to ████████████████████████
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██

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████████████████████████

Planned Activities	Planned Milestones
███████████████████████████ █████████████ ████████████████████████ █████████████████████████ █████████████	Various milestones in 2025

Strategy 2: Centelligence Data Hub - ████████████████████████

Initiative to enhance our central repository via our Centelligende data hub for SDOH data and consolidate information from various internal and external sources into a standard format.

Strategy categories: Select which category(ies) pertain to this strategy
☒ 1: Implement/use health IT   ☐ 2: Enhancements   ☒ 3: Integration   ☐ 4: Collaboration   ☒ 5: Care coordination ☒ 6: Data to ID SDOH   ☐ 7: Risk stratification   ☐ 8: Manage contracts   ☒ 9: Metrics   ☐ 10. Education/training   ☐ 11: Convenings   ☐ 12: Governance   ☐ 13: Other adoption/use: ☐ 14: Other SDOH data:

Strategy status:
☒ Ongoing   ☐ New   ☐ Paused   ☐ Revised   ☐ Completed   ☐ Ended/retired/stopped

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

Trillium continues to make investments/enhancements to our ██████████████████████████████████
███████████████████████████████

(Optional) **Overview of 2025-26 plans for this strategy:**

In 2025, our plan is to continue to integrate additional data sources ██████████████

Planned Activities	Planned Milestones
████████████████████████████ ██████████ ██████████████ ████████████████████████ ██████████ ██████████████████████ ████████ ████████████████ ████████	██████████████████████████ ████████████████ ██████████

Strategy 3: Create a Comprehensive SDoH, REAL+D, and SOGI Strategy

Trillium is establishing a comprehensive strategy centered around collection and reporting of SDoH, REAL+D, and SOGI data to gather and provide meaningful social determinants of health data that is effectively used by providers and care mangers for care planning. This comprehensive data strategy will also include enhancements to ██████████████████████████████
█████████████████████████

Strategy categories: Select which category(ies) pertain to this strategy
☐ 1: Implement/use health IT   ☐ 2: Enhancements   ☒ 3: Integration   ☐ 4: Collaboration   ☒ 5: Care coordination ☒ 6: Data to ID SDOH   ☒ 7: Risk stratification   ☐ 8: Manage contracts   ☒ 9: Metrics   ☐ 10. Education/training   ☐ 11: Convenings   ☐ 12: Governance   ☐ 13: Other adoption/use: ☐ 14: Other SDOH data:

Strategy status:
☒ Ongoing   ☐ New   ☐ Paused   ☐ Revised   ☐ Completed   ☐ Ended/retired/stopped

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

Trillium has made progress on plans to compile and summarize SDOH data in various dashboards for critical workflow use. For example, this includes a presumed SDOH eligibility dashboard that our care managers use to administer HRSN benefits

Additionally, we launched a ██
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████████████████████████████████████

Additionally, we have made significant investments in rationalizing and simplifying screening tools. See Strategy 1 (section 6a) for additional details.

(Optional) **Overview of 2025-26 plans for this strategy**:
███ ███

Planned Activities	Planned Milestones
Publish an SDOH-informed framework by mid-2025 that helps direct funding to groups and areas that would benefit the most from investments. The goal is to ensure that we direct funding to close DOH gaps.	Q2 2025

B. CCO Support of Providers with Using Health IT to Support SDOH Needs: 2024 Progress & 2025-26 Plans

Please describe your 2024 progress and 2025-26 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 needs, including but not limited to screening and referrals. In the spaces below, (in the relevant sections), please:

- Select the boxes that represent strategies pertaining to your 2024 progress and 2025-26 plans.
- 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. Please specify if the tool(s) have screening and/or closed-loop referral functionality (e.g., CIE).
- (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 2024 and/or will implement in 2025-26 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:
    a. A title and brief description
    b. Which category(ies) pertain to each strategy
    c. Strategy status
    d. Provider types supported
    e. A description of 2024 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

f. (Optional) An overview of CCO 2025-26 plans for each strategy
g. <u>Activities and milestones</u> related to each strategy CCO plans to implement in 2025-26

Notes:
- Four strategy sections have been provided. <u>Please copy and paste additional strategy sections as needed</u>. 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 continuing a strategy from prior years, please continue to report and indicate "Ongoing" or "Revised" as appropriate.
- If CCO is not pursuing a strategy beyond 2024, note 'N/A' in Planned Activities and Planned milestones sections.
- If CCO is implementing a strategy beginning in 2025, please indicate 'N/A' in the progress section for that strategy.
- If preferred, you may choose to submit a separate document detailing each strategy's activities and milestones

Strategy category checkboxes (supporting providers)
Using the boxes below, please select which strategies you employed during 2024 and plan to implement during 2025-26 to support contracted providers and CBOs with using health IT to support SDOH needs. Elaborate on each strategy and your progress/plans in the sections below.

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

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

UniteUs Community Information Exchange (CIE)
Connect Oregon is a coordinated care network of health and social service providers serving Oregon. Trillium, as well as other partners in the CIE network, is connected through the UniteUs shared technology platform. The CIE network and UniteUs enable Trillium and other stakeholders to send and receive electronic SDOH/HRSN referrals and 'close the loop' on member social service referrals to ensure service delivery.

TruCare – Internal care management platform
TruCare is our internal care management platform that houses member screenings, assessments, care plans, prior authorizations, and referral data. Through integration with Centelligence, TruCare enables access to unified data from a variety of sources (e.g., claims, HIEs, EHRs, HENs, SDOH referrals, etc.) to allow our Care Coordination staff to utilize data in support of care coordination activities.

United Member View (UMV)
Our central data repository and source of truth on our Trillium/CCO membership. Our member data is stored in a unified view across multiple systems and supports our ability to do EHR/HIE integrations.

Provider Portals
Provider Portals, including our secure Trillium Provider Portal, support a number of provider administrative self-service capabilities including eligibility inquiry, authorization request submission and status, claim submission and status, claim payment history, care management referrals, and a growing number of clinical applications. We also support the Availity Essentials Multi-Payer Portal for providers, with features being implemented in 2025 and 2026.

Centelligence Data Hub - ████████████████████████
██
██

(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**

We continue to approach our outreach to partners and gauge interest in using UniteUs, as well as their barriers/challenges to using UniteUs.

Strategy 1: Unite Us Implementation

██ Provider types included in this strategy are community-based organizations. We continue to reach out to CBOs that are not part of the UniteUs platform to help address barriers to implementation. As appropriate, the CBOs are encouraged to apply for CBI grants to support the adoption of CIE tools

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Strategy categories: Select which category(ies) pertain to this strategy
☒ 1: Sponsor CIE   ☐ 2: Enhancements   ☐ 3: Integration   ☒ 4: TA Assessment   ☐ 5: Clinical←→CBO referrals   ☐ 6: Financial support   ☐ 7: Payments   ☐ 8: Contract requirements   ☐ 9: Track use   ☒ 10: Outreach/education   ☐ 11: Convenings: ☐ 12: Governance   ☐ 13: Other adoption/use: ☐ 14: Other SDOH data:

Strategy status:
☒ Ongoing   ☐ New   ☐ Paused   ☐ Revised   ☐ Completed   ☐ Ended/retired/stopped

Provider types supported with this strategy: ☐ Across provider types OR specific to:
☐ Physical health   ☐ Oral health   ☐ Behavioral health   ☐ Social Services   ☐ CBOs

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

The plan accomplished all its intended implementation goals in 2024. The UniteUs platform was established as the primary source of referrals and assistance requests.

The plan currently has initial screening via Trillium's electronic Assistance Request Form, which uses skip logic to determine appropriate screening questions based on the member request: https://uniteus.com/networks/oregon/get-help/trilliumchphrsn

(Optional) Overview of 2025-26 plans for this strategy:

In 2024, ██████████████ to UniteUs and plans to continue onboarding targeted SDOH providers (especially those contracting for HRSN) and ensure they are in place for 2025/2026. CBOs will continue to be provided with 1:1 technical assistance from the Trillium and UniteUs team to support the successful adoption and use of the platform.

Participate in UniteUs workgroups to build better support for SDOH data

Planned Activities	Planned Milestones
1. Continuing to identify CBOs that provide identified support for SDoH needs 2. Work with identified CBOs to adopt UniteUs ████ 3. ███████████████████	Ongoing activity throughout 2025

Strategy 2: Unite Us Payment Module adoption

Implement UniteUs payment and claims modules for support of ILOS (In Lieu of Services) and HRSN benefit management and payment.

Our UniteUs contract covers the cost for CBOs sponsored by the Health Plan to utilize the CIE system. Provider types included in this strategy are community-based organizations. The Heath Plan continues reaching out to CBOs that are not part of the UniteUs platform to help address barriers to implementation. As appropriate, the CBOs are encouraged to apply for CBI and CCFB grants to support the adoption of CIE tools.

Strategy categories: Select which category(ies) pertain to this strategy
☒ 1: Sponsor CIE   ☒ 2: Enhancements   ☐ 3: Integration   ☐ 4: TA Assessment   ☐ 5: Clinical←→CBO referrals   ☐ 6: Financial support   ☒ 7: Payments   ☐ 8: Contract requirements   ☐ 9: Track use   ☐ 10: Outreach/education   ☐ 11: Convenings: ☐ 12: Governance   ☐ 13: Other adoption/use: ☐ 14: Other SDOH data:

Strategy status:
☐ Ongoing   ☐ New   ☐ Paused   ☐ Revised   ☒ Completed   ☐ Ended/retired/stopped

Provider types supported with this strategy: ☐ Across provider types OR specific to:
☐ Physical health   ☐ Oral health   ☐ Behavioral health   ☒ Social Services   ☒ CBOs

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

In 2024, the plan executed on the planned implementation of the UniteUs ████████████████████
██.

(Optional) Overview of 2025-26 plans for this strategy:

Now that the platform is available, the plan is to encourage adoption among the CBO community. ███████
███████████████████

Planned Activities	Planned Milestones
N/A	

Strategy 3: ███████████████████

Developing data exchange feature

Strategy categories: Select which category(ies) pertain to this strategy
☐ 1: Sponsor CIE   ☐ 2: Enhancements   ☒ 3: Integration   ☐ 4: TA Assessment   ☐ 5: Clinical←→CBO referrals   ☐ 6: Financial support   ☐ 7: Payments   ☐ 8: Contract requirements   ☐ 9: Track use   ☐ 10: Outreach/education   ☐ 11: Convenings: ☐ 12: Governance   ☐ 13: Other adoption/use: ☐ 14: Other SDOH data:

Strategy status:
☐ Ongoing   ☐ New   ☐ Paused   ☐ Revised   ☐ Completed   ☒ Ended/retired/stopped

Provider types supported with this strategy: ☐ Across provider types OR specific to:
☐ Physical health   ☐ Oral health   ☐ Behavioral health   ☐ Social Services   ☐ CBOs

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

We reviewed this tactic against the larger goals of EHR adoption and integration and determined that outbound SDOH was no longer on the roadmap.
Note that inbound SDOH will still be supported. We intend to support the mapping of any SDOH assessments to standard industry-wide codes.

(Optional) **Overview of 2025-26 plans for this strategy:**

We are always seeking to understand which ███████████████████████ and open to learning more.

Planned Activities	Planned Milestones
Inbound SDOH assessments will continue to be mapped and used for Quality purposes.	

C. Using Technology to Support HRSN Services

Please use this section to describe progress and plans to support use of technology for HRSN Services, particularly for closed loop referrals. Include work and strategies:
  1. Within your organization to use technology to support HRSN Services and
  2. To support and incentivize HRSN Service Providers to adopt and use technology, particularly for closed loop referrals (such as grants, technical assistance, outreach, education, and engaging in feedback).
Note: If referring to a strategy already described elsewhere, please name the section and number, and ensure it is clear how the strategy supports use of technology for HRSN Services.

Within CCO: Specific progress and plans within CCO to adopt and use technology needed to facilitate HRSN Service provision, such as for closed loop referrals, ██████████████████████████.

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

Trillium has made a major investment in internal data tools to determine member eligibility based on available data. UniteUs has been the key technology for managing referrals. The plan is to continue investing in solutions to ██.

Regarding UniteUs CIE: Trillium, along with other CCOs, have made specific enhancement requests to make the platform more user-friendly and will continue to track CBO/CCO challenges and provide feedback to UniteUs.

2025-27 Plans:

We are in the early stages of planning to explore integrating closed-loop referral data (under HRSN) back into the larger SDOH measure framework. Assessments are being used to inform HRSN eligibility today, but the referral flow needs additional investments.

Support for HRSN Service Providers: Specific progress and plans to support and incentivize HRSN Service Providers to adopt and use technology for closed loop referrals in 2025 and for Contract Years 2025-2027, such as grants, technical assistance, outreach, education, engaging in feedback, and other strategies for adoption and use.

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

Trillium meets 1:1 with all identified and interested CBOs to share details and expectations of HRSN providers and UniteUs. During the onboarding process and after contracting, weekly to monthly technical assistance calls take place (dependent on CBO need), and grant funds are made available to assist with adoption. ████████ ██. Trillium will coordinate internally to utilize other grant funding streams to assist potential HRSN providers who were not funded by CCBF.

2025-27 Plans:

We are also exploring incentives outside of grant funding to assist CBOs in UniteUs adoption. To date, all CBOs have adopted the platform, but Trillium recognizes that this may be a barrier for CBOs that have yet to engage in HRSN services.

D. Health IT to Support SDOH Needs 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.

A primary barrier continues to be the pace of change within the ecosystem. As cited last year, projects, programs, and products (e.g., BHP, HRSN, etc.) are being introduced that run into constraints on their time and resources at providers and CBOs to commit to changes and enhancements.

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?

None to report at this time.

7. Other Health IT Questions (Optional)

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

A.	Describe CCO health IT tools and efforts that support **patient engagement**, both within the CCO and with contracted providers.
B.	How can **OHA support** your efforts in accomplishing your Health IT Roadmap goals?
C.	What have been your organization's **biggest challenges** in pursuing health IT strategies? What can OHA do to better support you?
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?

Note: For an example response to help inform on level of detail required, please refer to the Appendix in the 2023 Health IT Roadmap Guidance on the HITAG webpage.

For questions about the CCO Health IT Roadmap, please contact CCO.HealthIT@odhsoha.oregon.gov.