

2026 CCO Health Information Technology Roadmap

Reporting Template

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

Please:

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

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

Table of Contents

Instructions and expectations	4
1. Health IT partnership	6
2. (Optional) Overview of CCO health IT approach.....	6
3. Support for EHR adoption, use and optimization	8
A. Support for EHR adoption, use and optimization: 2025 progress and 2026-29 plans	8
B. EHR support barriers.....	20
C. OHA support needs	22
4. Use of and support for HIE for care coordination and hospital event notifications	23
A. CCO use of HIE for care coordination and hospital event notifications: 2025 progress and 2026-29 plans.....	23
B. Supporting increased access to and use of HIE among providers: 2025 progress and 2026-29 plans.....	34
C. HIE for care coordination barriers.....	48
D. OHA support needs.....	51
E. CCO access to and use of EHRs	51
5. Health IT to support SDOH	52
A. CCO use of health IT to support SDOH: 2025 progress and 2026-29 plans	52
B. CCO support of providers with using health IT to support SDOH: 2025 progress and 2026-29 plans.....	62

C. Exceptions process if CCO requires CIE.....	69
D. Health IT to support SDOH barriers.....	72
E. OHA support needs	72
6. (Optional) Other health IT questions.....	72

Instructions and expectations

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

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

Each required topic includes the following:

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

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

- ✓ be informed by the CCO's Data Reporting File

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

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

Notes:

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

CCO Name: Trillium Community Health Plan (Trillium)

1. Health IT partnership

Please attest to the following items.

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

☒ Yes

☐ No

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

☒ Yes

☐ No

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

☐ Yes

☐ No

☒ N/A

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

☒ Yes

☐ No

2. (Optional) Overview of CCO health IT approach

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

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 2026 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), provider EHR platforms, as well as investing and supporting innovative programs at our provider partners. 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. Our strategy includes supporting and expanding information sharing with providers via EHR platforms such as the Epic Payer Platform and working on becoming Blue Ribbon certified. We will focus on the

highest-impact provider groups/partners, making it easier to integrate with us and by offering additional benefits.

3. Support for EHR adoption, use and optimization

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

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

- Report the number of physical, oral, and behavioral health organizations without EHR information using the Data Completeness Table in the OHA-provided CCO Health IT Data File (e.g., “Using the OHA-provided Data Completeness Table, 10 physical health, 22 oral health, and 14 behavioral health organizations lack EHR information”). CCOs are expected to use this information to inform their strategies. Where applicable, information in the CCO Data Reporting File should support descriptions of accomplishments and successes.
- Include plans for collecting missing EHR information via CCO already-existing processes (e.g., contracting, credentialing, Letters of Interest).
- Provide an overview of CCO’s approach to supporting EHR adoption, use, and optimization among contracted physical, oral, and behavioral health providers in support of care coordination.
- **For each strategy** CCO implemented in 2025 and/or will implement in 2026-29 to support EHR adoption, use, and optimization among contracted

physical, oral, and behavioral health providers in support of care coordination include:

1. A title and brief description
2. Which category(ies) pertain to each strategy
3. The strategy status
4. Provider types supported
5. A description of 2025 progress, including:
 - i. Accomplishments and successes (including number of organizations, etc., where applicable)
 - ii. Challenges related to each strategy, as applicable
 - iii. How the strategy supports each type of provider selected
6. (Optional) An overview of CCO 2026-29 plans for each strategy
7. Activities and milestones related to each strategy CCO plans to implement in 2026-29

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

Tri-County (TC) - Physical 66, Behavioral Health 91, Oral 56
South West (SW) - Physical 40, Behavioral Health 78, Oral 11

Briefly describe CCO plans for collecting missing EHR information via CCO existing processes. [Click or tap here to enter text.](#)

Trillium will continue to utilize the provider survey (Provider Health Equity and Technology Survey (PHET)) as the primary means of gathering information, with

supplemental information from personal outreach (e.g. via DCO JOC meetings) to collect the missing EHR data from providers.

In 2025 we made a few changes to our PHET survey that will be explained in detail in Strategy 5 in the EHR section.

Complete list of strategy categories

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

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

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

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.

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 title: Target Providers for Epic Payer Platform Adoption

Brief description: 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 Epic features (e.g., Clinical Document Exchange, Health Plan Clinical Summary, Image Exchange, Chart PDF Request, and Suspect Conditions Exchange) and additional features as they become available. While our efforts are focused on Epic, other Providers utilizing

connections to other EHR platforms (e.g., [REDACTED])
receive concurrent outreach to support education on enabled features.

Strategy categories: Select which categories pertain to this strategy

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

Strategy status:

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

Provider types supported with this strategy:

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

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

Trillium's provider engagement activities yielded incremental progress on deeper integration: Our 2024 Go-Live with PeaceHealth delivered on foundational features with expanded features targeted in 2026. Our 2025 Go-Live with Providence delivered on foundational features with expanded features targeted in 2026. Our 2025 Go-Live with Virginia Garcia as part of the OCHIN implementation delivered on four key features with the full remaining suite of available features rolling out in 2026. Active outreach and discussions are ongoing with other key provider partners ([REDACTED])

[REDACTED]). When these activities involve integrated health plan partners, both physical and BH providers are included.

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

Trillium will continue to regularly engage in outreach and discussion with provider groups on Epic Payer Platform features and Go-Live processes to better drive platform adoption. Efforts will also aim to understand specific barriers to adoption and how to overcome them and support those providers.

Specific milestones include:

~OCHIN will push live features to member provider groups in Q2 2026 with remaining features to go-live throughout 2026.

~Go-Live with [REDACTED] is planned for 2026.

~Exploration and evaluation is ongoing with [REDACTED] leadership.

Planned activities and milestones

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

Planned activities	Planned milestones
1. Work toward a Trillium goal to have a Go-Live of at least one Epic Payer Platform feature with three targeted provider groups by EOY (2026).	A. Q4-2026 Deadline
2. Monthly follow-up with targeted health systems to determine their willingness/ability to engage in Epic Payer Platform efforts or, if already adopted, their ability to Go Live with additional features.	B. Monthly throughout 2026

Strategy 4 title: Provider Orientation

Brief description: 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 categories pertain to this strategy

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

Strategy status:

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

Provider types supported with this strategy:

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

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

All new providers received orientations, and other providers received refreshers, as requested. During 2025, we engaged [REDACTED], including [REDACTED] in orientation activities.

In 2025, 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. When these activities involve integrated health plan partners, both physical and BH providers are included.

(Optional) **Overview of 2026-29 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 2026, 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.

Furthermore, Trillium will focus on higher priority providers to better understand and support technology adoption and use. When these activities involve integrated health plan partners, both physical and BH providers are included.

Planned activities and milestones

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

Planned activities	Planned milestones
1. Informational sessions	A. Monthly 2026

Strategy 5 title: Collecting EHR Information

Brief description: Trillium will continue to administer the Provider Health Equity and Technology Survey (PHET) on an annual basis, with responses being reviewed bi-monthly by our PHET Committee.

Strategy categories: Select which categories pertain to this strategy

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

Strategy status:

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

Provider types supported with this strategy:

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

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

Our PHET survey contains 40 questions including 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. We have included this qualitative feedback in the 'notes' section of the HIT Data Reporting File. A flexible survey framework has been established to enable business areas to incorporate targeted questions as needed, allowing a single survey instrument to

support multiple business objectives. Survey content is reviewed on an ongoing basis through standing governance meetings to ensure relevance and alignment.

In 2025, the survey was distributed via Qualtrics using individualized survey links sent directly to each provider. This new structure ensures that only named contacts have the access to submit responses – if the point of contact needs to be revised, the provider must notify Trillium, which allows our master contact sheet to be updated. Providers are reminded to complete the survey through the provider digest, and quality incentive mechanisms are used to encourage participation and timely completion.

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

Efforts are underway to automate and validate provider contact information and to integrate this information into the systems used to deploy surveys. This approach is intended to improve outreach effectiveness and drive higher response rates with complete and accurate provider feedback.

Planned activities and milestones

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

Planned activities	Planned milestones
1. Gather the 2026 survey	A. Provider submission deadline: 12/31/2026

Strategy 6 title: Financial Support for EHR Implementation or Maintenance

Brief description: Trillium is committed to supporting providers financially with EHR adoption and/or maintenance. Building on the success of the Flexible Services model we intend to continue to reserve funds to support EHR adoption.

Strategy categories: Select which categories pertain to this strategy

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

Strategy status:

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

Provider types supported with this strategy:

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

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

In 2024, we funded a grant to Oregon Integrated Health (OIH) to support Mobile Medical Van services in Lane and Multnomah County, including Multnomah County Integrated Primary Care Clinics. This funding enables EHR optimization and connectivity needed to support the delivery of Mobile Medical Van services. Building on this success, in 2025 Trillium focused on providing seed funding for

two innovative programs: (1) Trillium supported Neighborhood Health Centers (NHC) with a Flexible Services grant to support a one-year, organization-wide pilot of Microsoft's DAX Copilot, an AI-powered clinical documentation tool integrated with Epic. The project will improve efficiency and expand access to care for NHC's patient population, primarily low-income, Medicaid-insured, and linguistically diverse individuals, by reducing administrative burden and enhancing provider and patient engagement. DAX Copilot will allow providers to spend more time with patients, improve continuity of care, and increase appointment availability. (2) Additionally, Trillium furthered HIT goals by supporting Multnomah County Public Health with a Flexible Services grant supporting the tools to eliminate health inequities and improve care coordination for all members served by Mobile Van services. Specifically, this includes support for the Multnomah County Mobile Medical Van Coordination initiative, which aims to empower healthcare professionals, outreach workers, and community partners with real-time data to direct patients to nearby mobile services. The project will integrate public health indicators and community resource overlays to guide van deployment to areas of greatest need. This initiative will enhance mobile service coordination, improve access to care for vulnerable populations, and support data-driven decision-making across the region.

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

Learnings from the prior year confirmed that Trillium has opportunities utilize the grant process to focus on identifying and supporting pilot HIT programs with limited pathways to secure funding. Given this, Trillium is committed to our strategy of identifying innovative programs and utilizing financial resources to broadly encourage the use of HIT. We intend to continue to promote the availability of funding to encourage the submission of grant requests from physical and BH providers.

Planned activities and milestones

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

Planned activities	Planned milestones
1. Include provider engagement talking points that specifically spotlight OIH and past investments (South Lane Mental Health, Orchid Health Clinic, Neighborhood Health Centers (NHC), Multnomah County Public Health, etc.) as examples in provider discussions.	A. Various - 2026

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

Brief description: 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 categories pertain to this strategy

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

Strategy status:

- ☐Ongoing ☐New ☐Paused ☐Revised ☐Completed

☒ Ended/retired/stopped

Provider types supported with this strategy:

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

☐ Physical health

☒ Oral health

☐ Behavioral health

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

Through Joint Operating Committee (JOC) discussions, we confirmed that EHR adoption within Dental Care Organizations (DCOs) is strongly correlated with the proportion of clinics they directly own. DCO-owned clinics demonstrate materially higher and more consistent EHR adoption, while non-affiliated clinics exhibit fragmented and inconsistent system use. This dynamic is structural: DCOs do not have governance or purchasing influence over EHR selection in non-affiliated clinics and absorbing these clinics into the DCO model has proven cost-prohibitive.

Further, current dental practice workflows are not diagnosis-driven and therefore do not align cleanly with existing medical EHR architectures. Retrofitting dental practices to conform to current EHR standards requires multi-million-dollar investments that are not feasible for most independent dentists. At present, there is no low-cost, feature-complete solution that provides a scalable pathway for non-affiliated dental providers. While the strategic objective remains dental-medical interoperability, the market does not yet offer a solution capable of effectively bridging dental and medical systems at scale. For these reasons we are retiring this strategy.

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

This strategy is sunset.

Planned activities and milestones

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

Planned activities	Planned milestones
2. N/A	A. N/A

B. 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 a ROI related to the effort of implementing and maintaining EHRs.

We have included provider-level detailed feedback on the barriers of EHR adoption in the 'Notes' column on our Data Reporting File.

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 CCO is likely to

make some progress, but an OHA-backed initiative across all CCOs may yield quicker, more impactful results.

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

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

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

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

5. (Optional) An overview of CCO 2026-29 plans for each strategy
6. **Activities and milestones** related to each strategy CCO plans to implement in 2026-29

Complete list of strategy categories (within CCO)

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

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

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

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, such as the Epic Payer Platform, to support use cases with providers.

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. The provider portal allows the providers to engage in many of the strategies below.

(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 three 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 timelier after a care event.

Strategy 1 title: Enhancements to our Interoperability and Centelligence Data Hub – Medical Record/ADT Collection

Brief description: 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 categories pertain to this strategy

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

Strategy status:

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

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

Initial Go-Live of enhancements to the Centelligence clinical data hub were implemented in 2022. 2024 included further enhancements to support parsing of raw data from new data sources. EHR data from Epic, Athenahealth, and PCC are stored in our Centelligence clinical data hub as of the end of 2024. Enhancements in 2025 included investments in data engineering to integrate ADTs directly from the Epic EHR platform.

On the medical record side, in 2025 we added longitudinal medical records at a member level was added to our data hub. Operationalizing and incorporating this data into workflows are ongoing.

Worth noting that while general interoperability goals, Trillium is dedicating significant time and attention to the successful implementation of CMS-0057F required APIs and reports. Given this a regulatory item, it is not listed as a formal strategy, but nevertheless competes for the same pool of resources.

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

Our focus in 2026 will be to use clinical documentation to reduce the volume of first-time denials in order to enhance provider experience. Our providers have identified claims challenges as their #1 concern. Next focus is to build internal APIs to enable HealthPlan staff to pull up detailed medical charting. The focus is on document level details that were previous only accessible through chart review. Finally, we want to continue internally train and onboard our staff on the enhanced data in our Centelligence clinical hub, which can be accessed by our staff via Core Analytics Tables. We anticipate that more direct access to clinical data will help deepen care coordination, provider experience, and ultimately member experience.

Planned activities and milestones

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

Planned activities	Planned milestones
1. Operationalize the incorporation of clinical data into core claims processing workflows.	A. Q4 2026 – Q2 - 2027 B. 2026+ C. 2026
2. Continued training for Trillium staff on accessing the enhanced Centelligence clinical data hub and using reporting/dashboard tools.	
3. Execution of the data & analytics roadmap (e.g., ingestion of additional data sources) throughout 2026.	

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

Brief description: 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 categories pertain to this strategy

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

Strategy status:

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

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

SNF Notifications were added to Trillium's 'Pre Manage' Dashboard, enabling us to better manage members who transition out of a skilled nursing facility (SNF). Additionally, based on PCC feedback, notifications delivered and viewed by members have increased.

Collaboration with state via. HIT Commons has been improved and will benefit future years' work.

One minor delay to note: Carceral settings notifications remain manual via. email currently for FCAA post-release work.

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

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

1. Making PCC data available for the Oregon State Hospital, enabling us to better manage inpatient psychiatric member transitions of care.
2. Trillium is in the preliminary stages of exploring/planning an initiative to transition members in carceral settings to the community. This work is in partnership with the OHA initiative which was delayed until 2027.
3. In 2025 Trillium entered into an agreement with [REDACTED] for enhanced case management for our complex DSNP population. For 2026, the plan is working with [REDACTED] to streamline and support timely member engagement.

Planned activities and milestones

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

Planned activities	Planned milestones
1. Transition of care initiative with the Oregon State Hospital	A. 2026 B. Q4 2026
2. Carceral transitions initiative	

Strategy 3 title: Member Risk tracking and stratification

Brief description: 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 categories pertain to this strategy

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

Strategy status:

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

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

In 2025, Trillium continued strategic investments in health information technology and leveraged health information exchange (HIE) data to enhance member risk stratification and care management. These efforts enabled accurate identification of members experiencing health-related circumstance changes (HRCC) through an enterprise dashboard. Trillium also implemented a next-generation Care Coordination Report that meets all applicable compliance requirements and is used to identify additional outreach opportunities to strengthen care coordination and improve member outcomes.

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

Trillium will continue to be an active participant in sub-workgroup with OHA for ongoing enhancements development for the Care Coordination report. Additionally, we are always evaluating ways to more deeply incorporate member level risk profiling data in the day-to-day member management activities.

Planned activities and milestones

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

Planned activities	Planned milestones
1. Sub-workgroup with OHA for Care Coordination report enhancement	A. 2026

Strategy 4 title: AI system HERO

Brief description: CM HERO is a care-management enablement platform that improves the member/patient experience by equipping care teams with timely, integrated, and actionable information—so members receive more coordinated, proactive, and efficient care, especially those with higher risk or complex needs.

Strategy categories: Select which categories pertain to this strategy

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

Strategy status:

☐Ongoing ☒New ☐Paused ☐Revised ☐Completed

☐ Ended/retired/stopped

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

This is a new initiative that is the early evaluation, planning, and pilot phase in 2025.

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

Centene is evaluating how to use AI system HERO to identify all Care Coordination information at the time of need while also providing templates for the Care Manager to work with the member.

CM HERO (Helper for Engagement, Research & Outreach) is a health information technology solution designed to strengthen care coordination and improve outcomes for insurance members by reducing administrative burden on care managers and enabling more meaningful member interactions. By unifying data from multiple systems into a single, patient-specific view, CM HERO supports risk stratification and targeted outreach—ensuring high-risk and high-need members are identified early and engaged with the right interventions at the right time.

The platform enhances pre-call preparation, in-call guidance, and post-call documentation through intelligent summaries, real-time prompts, and automated assessments. This allows care teams to focus less on data hunting and documentation and more on relationship-based care, shared decision-making, and closing care gaps. CM HERO advances the effective use of health information exchanges and enterprise health IT by surfacing critical clinical, utilization, and care coordination data across systems, improving continuity of care across providers and settings. The result is a more connected care ecosystem that

reinvests thousands of care-manager hours into direct member support—driving better experiences, better coordination, and better health outcomes.

Important to note that Trillium’s perspective is for technology to enable data synthesis, it is no way a substitute for human review, connection and decision making.

Planned activities and milestones

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

Planned activities	Planned milestones
1. Development, confirming fit for OR specific needs, and business requirement gathering	2026 - 2027

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

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

- List and describe specific HIE tool(s) you currently or plan to support or provide for care coordination and hospital event notifications. CCO-supported or provided HIE tools must cover both care coordination and hospital event notifications. Please include an overview of key functionalities related to care coordination.

- Report the number of physical, oral, and behavioral health organizations that have not currently adopted HIE tools for care coordination or do not currently have access to HIE for hospital event notifications using the Data Completeness Table in the OHA-provided CCO Health IT Data File (e.g., “Using the OHA-provided Data Completeness Table, 10 physical health, 22 oral health, and 14 behavioral health organizations lack EHR information”). CCOs are expected to use this information to inform their strategies. Where applicable, information in the CCO Data Reporting File should support descriptions of accomplishments and successes.
- (Optional) Provide an overview of CCO’s approach to supporting increased access to and/or use of HIE for care coordination and hospital event notifications among contracted physical, oral, and behavioral health providers.
- **For each strategy** CCO implemented in 2025 and/or will implement in 2026-29 to support increased access to and/or use of HIE for care coordination and hospital event notifications among contracted physical, oral, and behavioral health providers include:
 1. A title and brief description
 2. Which category(ies) pertain to each strategy
 3. Strategy status
 4. Provider types supported
 5. A description of 2025 progress, including:
 - i. **Accomplishments and successes** (including the number of organizations of each provider type that gained access to HIE for care coordination tools and HIE for hospital event notifications as a result of your support, where applicable)

- ii. Challenges related to each strategy, as applicable
- 6. (Optional) An overview of CCO 2026-29 plans for each strategy
- 7. **Activities and milestones** related to each strategy CCO plans to implement in 2026-29

Complete list of strategy categories (supporting providers)

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

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

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

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, such as the **Epic Payer Platform**, to support use cases with providers.

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. The provider portal allows the providers to engage in many of the strategies below.

(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 120 Behavioral Health 224, Oral 157

South West (SW) - Physical 72, Behavioral Health 159, Oral 32

Strategy 1 title: PCP Notification and Follow-up

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

Strategy categories: Select which categories pertain to this strategy

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

Strategy status:

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

Provider types supported with this strategy:

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

☒ Physical health

☐ Oral health

☐ Behavioral health

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

Highlights of 2025 include: (1) Implementation of the Availity PCP notification – clinical data gateway gathers this, and notifications are now surfaced in the multi-payer portal. (2) Direct connection to EPIC for ADT notification. No HIE involved; Direct connections are better because you can trigger workflows, so we are anticipating positive impact on time sensitive measures such as [REDACTED] for NCQA. We note that Centene is one of the first payers nationally to have this capability. Testing underway with [REDACTED] prior to Trillium rollout. (2) [REDACTED] for scheduling notification (new / missed / cancelled) is underway with a focus on technology investments – operationalization is pending.

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

Trillium plans to make additional investments to expand PCP notifications through direct connections with two EHR vendors: [REDACTED]

Planned activities and milestones

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

Planned activities	Planned milestones
1. [REDACTED] integration for notifications	A. Q3 2025 – no delays anticipated at this time.
2. [REDACTED] (planning and initial discussions)	

Planned activities	Planned milestones
See Section 5b - Strategy 6 for additional detail for provider web portals.	B. Q4 2025 – Early discussions underway

Strategy 2 title: Epic Payer Platform Adoption and Integration

Brief description: With the support of our parent company, we are pursuing participation in [REDACTED]. [REDACTED] refers to a distinction within the [REDACTED], 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 [REDACTED]. The primary benefit is to reduce the cost and administrative burden to provider groups when integrating with us through the [REDACTED]. A key benefit to providers is having near real-time ability to view and submit authorization requests and claim status.

Strategy categories: Select which categories pertain to this strategy

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

Strategy status:

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

Provider types supported with this strategy:

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

☒Physical health ☐Oral health ☒Behavioral health

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

In 2024, Trillium has re-evaluated our approach to EHR integration and recognized that direct EHR integration offers multiple benefits. To realize these benefits, we need to encourage larger providers to directly integrate with us. One way to accomplish this is via the [REDACTED]. In 2024, we embarked on understanding the requirements of the [REDACTED] Program and steps to attain the certification. In 2025 we continued implementation of required features. See below for an update on key features:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

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

Our plan for 2026 is to continue participate in the [REDACTED], including implementation of required features. This will be a focus going into 2026 with an [REDACTED] by demonstrating provider usage metrics in order to receive the final certification.

Planned activities and milestones

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

Planned activities	Planned milestones
1. Implementation of features: "CDE-Claims Use"; "Electronic Auths" (targeted for Q4 2026) 2. Documentation of feature: "Electronic ID Card Exchange" (targeted for Q3 2026)	A. Q4 2026 B. Q3 2026

Strategy 3 title: Explore a deeper opportunity to enhance HIE adoption with Capitol Dental

Brief description: Trillium is committed to sharing health information to help bridge the gap between dentists, primary care providers, and CCOs. The focus of this strategy is to work with Capitol Dental as a pilot partner to explore integration opportunities with their implementation of the Reliance HIE.

Strategy categories: Select which categories pertain to this strategy

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

Strategy status:

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

Provider types supported with this strategy:

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

☐ Physical health

☐ Oral health

☐ Behavioral health

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

2025 was the launch year. Capitol dental was able to implement Reliance as a pilot that:

Established an integrated “Ecosystem of CareSM” combining co-located sites, mobile dental vans, teledentistry, CHWs, and HIE connectivity—linking dental practices with medical EHRs to improve coordination, quality, and cost avoidance.

Expanded statewide access footprint through partnerships with 12 CCOs, 60+ brick-and-mortar dental homes, 437 co-located/community sites (including schools and pre-schools), mobile vans, and teledentistry, with member choice across affiliated and non-affiliated providers

Deployed advanced digital capabilities including integrated dental practice management + Reliance HIE, digital intraoral scanning, AI-assisted diagnosis (OverJet®), proprietary Oral Health Score (OHS), and interpreter-enabled care—unique capabilities among Oregon dental offices.

Improved pediatric and special-needs access, including a sensory-designed pediatric location (Gentle Dental® Keizer Kids) and Exceptional Needs Dental Services (ENDS) across community settings.

Strengthened orthodontic administration for OHP Severe Handicapping Malocclusion via validated digital HLD scoring, reducing administrative burden and improving member experience.

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

2026 will be a year we work with Capitol to understand what they have learned in their pilot and determine is and how to expand the program. JOCs will be used as a communication pathway.

From 2026 through 2029, the strategy focuses on **scaling access where members are** and **deepening clinical integration** (across all provider types). Planned efforts include expanding co-located care into middle and high schools and hospital settings to improve utilization, prevent hospital-associated complications, and reduce avoidable ED visits. The model will continue to **grow community access points** (brick-and-mortar, mobile, and virtual), prioritize **pediatric and rural access** (e.g., new pediatric sites to address time-and-distance barriers), and **re-activate mobile services** in underserved communities as utilization data guides placement.

Clinically, the plan emphasizes **wider deployment of OHS and AI-enabled diagnostics**, integration of additional point-of-care capabilities (e.g., saliva testing pilots), and tighter **medical-dental data exchange** to support risk stratification, care coordination, and value-based outcomes. Operationally, the roadmap targets **quality performance (including HSAG readiness)**, administrative simplification, and continued innovation partnerships to improve member experience, equity, and total cost of care.

Planned activities and milestones

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

Planned activities	Planned milestones
1. Include Capitol strategy in larger dental strategy.	A. Q2 2024 B. 2026

Planned activities	Planned milestones
2. Budgeted expansion of +50 outreach sites (including 20 in Multnomah County) 3. Pilot saliva testing at point-of-care as an additional OHS domain 4. Phased expansion of school- and hospital-based co-locations, re-established mobile services, broader OHS/AI deployment, and quality performance targets (including 100% HSAG Dental pass)	C. Q1 2026 D. 2026-2029

Strategy 5 title: Focus on removing barriers to OCHIN's Epic Payer Platform integration with Trillium

Brief description: Analysis of the EHR landscape identified OCHIN's Epic Payer Platform integration as a high priority target based on membership represented.

Strategy categories: Select which categories pertain to this strategy

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

Strategy status:

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

Provider types supported with this strategy:

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

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

Our survey of the EHR landscape was completed in 2024. Our EHR analysis identified OCHIN's Epic Payer Platform integration as a high-priority target based on affiliation with providers and covered membership. This analysis showed that they are already live with [REDACTED], so the incremental cost of integration with Trillium would be manageable.

In 2025 Trillium overcame barriers for OCHIN adoption of the EPIC platform, by engaging stakeholders at the provider and shifting the larger Centene roadmap to include the claims exchange feature.

Trillium is happy to report that OCHIN went live with EPIC payer platform integration (in OR and nationally) and is pushing it out to all it's member clinics. This includes the following features

- Clinical Data Exchange
- Clinical Analytics Document
- Health Plan Clinical Summary
- Coverage Finder Clinical Data Exchange
- Clinical Analytics Document

- Health Plan Clinical Summary
- Coverage Finder

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

Oregon onboarded Virginia Garcia Clinic as one of the four nationwide pilot clinics. The success of the pilot drove OCHIN to roll out nationally.

In 2026 additional features will be added to OCHIN’s platform:



Planned activities and milestones

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

Planned activities	Planned milestones
1. N/A	A.

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

Brief description: 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 categories pertain to this strategy

- ☒1: TA ☐2: Assessment ☐3: Outreach ☒4: Collaboration
- ☒5: Enhancements ☐6: Integration ☐7: Contracts ☐8: Financial support
- ☐9: Incentives ☐10: Hosted EHR
- ☐11: Other (requirements): [Click or tap here to enter text.](#)
- ☐12: Other: [Click or tap here to enter text.](#)

Strategy status:

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

Provider types supported with this strategy:

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

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

In early 2025, Trillium launched the Availity Essentials Multi-Payer Portal (Go Live on 1/18/2025) 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 2026-29 plans for this strategy:**

In 2025, Trillium Community Health Plan experienced a successful year of provider engagement and education supporting the use of the Availity Essentials® Multi Payer Portal. Enhancements supported key provider workflows, including prior authorization submissions for participating and non-participating providers, PCP referral submissions, care reminder messaging, concurrent review and continued stay requests, and ADT provider notifications. Trillium also introduced the Continuity of Care Plus (CoC+) and Clinical Care Advance (CCA) tools within Availity to strengthen care coordination and transitions of care. Provider utilization reflects strong engagement, with [REDACTED] transactions submitted by Oregon providers. This is available to both physical and BH providers.

2026 and beyond will be focused on encouraging adoption and supporting providers with training.

Planned activities and milestones

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

Planned activities	Planned milestones
1. Provider engagement and feedback	A. 2026+
2. Execution of the remainder of the Availity Essentials Multi-Payer Portal roadmap	B. 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 the Epic Payer Platform continue to increase in adoption and use. 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.

Additionally, qualitative feedback we gathered around the barriers to HIE adoption was included on the Data Reporting File in the ‘notes’ column.

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?

The plan notes that HIE adoption with DCOs remain extremely low, while the feedback has generally been a lack of need relative to costs. It might be worth OHA’s direct engagement with DCOs to understand challenges.

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)?

Trillium has several EHR platform connections that we support in Oregon today. These include EHR integrations such as Epic Payer Platform, Athenahealth, Oracle, etc. Additionally, we source EHR data through HIEs vendors such as Point Click Care (PCC).

Trillium also uses processes such as manual chart reviews (via provider EHR access log-in) but recognizes the opportunity to leverage EHR tools such as the Epic Payer Platform for more timely reviews.

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.

5. Health IT to support SDOH

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

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

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

Complete list of strategy categories (within CCO)

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

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

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

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 – SDOH Real Time Repository (RTR)

As part of our Centelligence data hub, our SDOH RTR is our source of truth for member-supplied SDOH data. Our SDOH RTR currently stores the SDOH data collected through TruCare so that it can be used in Application Programming Interface (API) data connections and downstream reporting.

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

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. We are in the early stages of using EHR data directly to help fill out a member risk profile, to further capture member screening data. This member profile will eventually be used to connect members and providers to appropriate referrals.

Strategy 1 title: Social Need Screening and Intervention (SNS-E) NCQA Measure

Brief description: 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 categories pertain to this strategy

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

Strategy status:

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

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

Trillium is happy to report that the goal of aligning SNS-E questions from TruCare with SDOH questions is complete. We are now able to incorporate more EHR data into our on-going hybrid (i.e. EHR data + manual chart review) SDOH project for MY2025.

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

Strategy has reached its natural conclusion.

Planned activities and milestones

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

Planned activities	Planned milestones
1. None	A. None

Strategy 2 title: Centelligence Data Hub - SDOH Real-Time Repository (RTR)

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

Strategy categories: Select which categories pertain to this strategy

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

Strategy status:

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

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

Trillium continues to make investments/enhancements to our SDOH RTR. In 2024, we set up the SDOH RTR to integrate assessment data from TruCare, our care management platform. In 2025, we continue to integrate additional data sources into the SDOH RTR.

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

In 2026 and beyond, our plan is to continue to integrate additional data sources into the SDOH RTR and explore ways we can use this unified dataset to replace

the existing approach of querying against multiple source systems. This should ensure all teams are using the same source of truth for member SDOH needs.

Planned activities and milestones

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

Planned activities	Planned milestones
1. Continue to invest in tools (e.g., API-based capabilities) to allow access to SDOH data that are captured via TruCare assessments 2. Explore, plan, and build capabilities for integrating additional sources of assessment and intervention data into the SDOH RTR 3. Utilize the data from the SDOH RTR to support care coordination activities	A. 2026 Deliverable: Update the MegaMember dashboard to utilize data from the main SDOH RTR

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

Brief description: 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 managers for care planning. This comprehensive data strategy also includes enhancements to the health assessment survey that will increase the availability of SDoH screening results, including additional SDoH and REAL+D data for providers and care managers

Strategy categories: Select which categories pertain to this strategy

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

Strategy status:

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

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

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 revised SDOH risk model (Neighborhood Economic and Social Trait (NEST) v3.0 - launched 7/2024) along with an updated dashboard that allows us to assess how our service area counties compare to statewide averages. (The NEST model predicts adverse health outcomes based on the social, economic, and environmental conditions that our members experience in the neighborhoods in which they live.) Trillium has engaged in deeper discussion with our two advisory boards and two clinical advisory panels on our challenges and plans to mitigate them using these new dashboards. Additionally, we have made significant investments in rationalizing and simplifying screening tools. See Strategy 1 (section 6a) for additional details.

In 2025, Trillium used member aggregated and community census tract data to better inform community investments in each region. Trillium consulted with the Board to gather input on which data to include in the community investment process. A process was established to refresh the data annually to ensure we are responsive to member and community needs.

Trillium Community Health Plan implemented IRS v5 (Initial Risk Screener v5) as part of its member assessment workflow. IRS v5 was operationalized through the member portal, supported by a finalized IRS v5 assessment instrument, and accompanied by member-facing guidance and communications that underwent formal compliance and communications review.

Expected / Realized Benefits

Improved early risk identification IRS v5 provides a standardized mechanism to capture health, behavioral health, and social risk indicators, supporting earlier identification of member needs and more timely intervention.

Consistent, scalable member experience Deployment through the member portal and standardized user guidance enabled consistent execution across the Oregon market and reduced reliance on manual or ad-hoc screening processes.

Operational integration IRS v5 was integrated into existing Population Health and Case Management activities, allowing screening results to inform downstream workflows without creating a separate system or parallel process.

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

In 2026, we intend to mature the model that was established in 2025 and to ensure we are utilizing the investments in data systems and dashboards. One way we will do this is to take an incremental approach to implementing a targeted universalism framework. We intend to use existing resources and published literature to inform our approach; utilize data that is available in

dashboards and external reputable sources to assess population metrics and identify groups that have variations. We intend to seek input from our Board to gain additional perspectives, train staff that are closely involved in health equity work and spread this approach throughout our CCO to ensure sustainability. In 2026 Trillium will deploy SMS texting as a compliant second outreach modality alongside existing automated calls to drive completion of health risk assessments. We will also implement a supporting member-facing web page, and secure all required state, compliance, and corporate approvals for these implementations.

Planned activities and milestones

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

Planned activities	Planned milestones
1. Refresh member aggregated and community census tract SDOH data.	1. Q1 2026
	2. Q1 2026
	3. Q3 2026
2. Consult with Board on Targeted Universalism framework.	4. Q4 2026
	5. Q4 2026
3. Train health equity staff on framework.	
4. Train CCO staff on framework.	
5. Identify any gaps in data availability	

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

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

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

- ii. Challenges related to each strategy, as applicable
- iii. How the strategy supports each type of provider selected
- 6. (Optional) Overview of CCO 2026-29 plans for each strategy
- 7. **Activities and milestones** related to each strategy CCO plans to implement in 2026-29

Complete list of strategy categories (supporting providers)

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

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

13. ☐ Support participation in CIE governance or collaborative decision-making
14. ☐ Other strategies for supporting adoption of CIE or other health IT to support SDOH needs
15. ☐ Other strategies for supporting access or use of SDOH-related data

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

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

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 - SDOH Real Time Repository (RTR)

As part of our Centelligence data hub, our SDOH RTR is our source of truth for member-supplied SDOH data. Our SDOH RTR currently stores the SDOH data collected through TruCare so that it can be used in Application Programming Interface (API) data connections and downstream reporting.

(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 title: Unite Us Implementation

Brief description: Our UniteUs contract covers the cost for CBOs and clinical organizations sponsored by Trillium to utilize the CIE system. Provider types included in this strategy are clinical and community-based organizations. We continue to reach out to CBOs that are not part of the UniteUs platform to help address barriers to implementation and onboard clinical partners by request. In 2026, Trillium upgraded to unlimited licenses to allow clinical organizations to send referrals for members with identified social needs. As appropriate, CBOs are

encouraged to apply for CBI and CCBF grants to support the adoption of CIE tools.

Strategy categories: Select which categories pertain to this strategy

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

Strategy status:

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

Provider types supported with this strategy:

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

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

The plan accomplished all its intended implementation goals in 2025. The Unite Us platform expanded and continued as the primary source of referrals and assistance requests.

In 2025, over [REDACTED] were submitted through the Unite Us platform, increasing from [REDACTED] In 2025, [REDACTED] were onboarded

to Unite Us related to HRSN contracting, with plans to continue onboarding HRSN providers through the remainder of the waiver period. In 2024, [REDACTED] were onboarded, and [REDACTED] in 2023. Trillium 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 2026-29 plans for this strategy:**

CBOs will continue to be provided with 1:1 technical assistance from the Trillium and Unite Us teams to support the successful adoption and use of the platform. In 2026, Unite Us will work closely with Trillium to reduce bugs, improve reporting capabilities, and expand to accept additional HRSN benefits. Additionally, Trillium will provide input to OHA on provider training sessions that are currently being developed in collaboration with Unite to better meet the TA needs of HRSN providers statewide.

Planned activities and milestones

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

Planned activities	Planned milestones
1. Continuing to identify CBOs that provide identified support for SDOH needs 2. Work with identified CBOs to adopt Unite Us (under our license agreement free to the CBO) 3. Participate in Unite Us workgroups to build better support for SDOH data	• Ongoing activity throughout 2026

C. Exceptions process if CCO requires CIE

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

☒ Yes

☐ No

Describe your CCO’s exceptions process, including:

4. How this process is communicated to HRSN providers
5. How HRSN providers request an exception to your CCO’s CIE requirement
6. If 1:1 conversations reveal barriers that cannot be overcome, Trillium provides a low-barrier CIE exception form to make contracting determinations.
7. Your CCO’s process for how those requests are reviewed, decided and communicated to the provider

Trillium's HRSN application includes a question about whether a provider is willing and able to utilize Unite Us. If the provider indicates the inability to do so, Trillium's HRSN Provider Engagement Account Manager follows up 1:1 to understand barriers and discuss options, including a CIE exception.

Upon completion of an exception request from the potential HRSN provider, the request is first reviewed by the HRSN team who brings a recommendation to Trillium's HRSN Committee. HRSN Committee members are representatives from each functional area and vote to approve or deny CIE requests. The HRSN Committee must have at least 51% of attendees present and members who are present must vote unanimously to move forward with the exception. Decisions are communicated back to the provider by the HRSN Provider Engagement Account Manager via email, with an option for a follow-up conversation at the provider's request.

CCO exceptions requests from HRSN service providers

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

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

Provider name	NPI/Provider ID #	Date of request	Reason for request	Request decision and reason for decision if denied	Date decision was communicated to HRSN provider
NA - providers have not requested CIE exceptions to-date.	NA - providers have not requested CIE exceptions to-date.	NA - providers have not requested CIE exceptions to-date.	NA - providers have not requested CIE exceptions to-date.	NA - providers have not requested CIE exceptions to-date.	NA - providers have not requested CIE exceptions to-date.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

D. Health IT to support SDOH barriers

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

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. Social service organizations and CBOs face barriers due to a lack of regular, structured onboarding and training from UniteUs.

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?

Trillium appreciates OHA's commitment to ensuring that HRSN providers receive needed technical assistance by contracting with UniteUs. We look forward to providing input on training content.

6. (Optional) Other health IT questions

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

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

Click or tap here to enter text.

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

Click or tap here to enter text.

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

Unique to 2026, is the plan's focus on the expansion in Lane County. Trillium added [REDACTED] started in February that required careful planning to ensure a positive member experience. No specific impact or OHA support requested.

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

Click or tap here to enter text.

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

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