

# 2024 CCO Health IT Roadmap

## 2024 Guidance, Evaluation Criteria & Reporting Template



<b>Contract or rule citation</b>	Exhibit J, Section 2, Paragraph d.
<b>Deliverable due date</b>	March 15, 2024
<b>Submit deliverable via:</b>	<a href="#">CCO Contract Deliverables Portal</a>

**Please:**

- 1. Submit a Microsoft Word version of your Health IT Roadmap and**
- 2. Use the following file naming convention for your submission: CCOname\_2024\_HealthIT\_Roadmap**

**For questions about the CCO Health IT Roadmap, please send an email to [CCO.HealthIT@odhsoha.oregon.gov](mailto:CCO.HealthIT@odhsoha.oregon.gov)**

## TABLE OF CONTENTS

<b>GUIDANCE DOCUMENT .....</b>	<b>3</b>
1. Purpose & Background.....	3
2. Overview of Process .....	4
3. Health IT Roadmap Approval Criteria.....	5
<b>2024 HEALTH IT ROADMAP TEMPLATE.....</b>	<b>9</b>
Instructions & Expectations.....	9
1. Health IT Partnership .....	11
2. (Optional) Overview of CCO Health IT Approach .....	11
3. Support for EHR Adoption, Use, and Optimization in Support of Care Coordination .....	12
A. Support for EHR Adoption, Use, and Optimization: 2022 Progress and 2023-24 Plans.....	12
B. EHR Support Barriers: (Optional) .....	17
C. OHA Support Needs: (Optional) .....	17
2. Use of and Support for HIE for Care Coordination and Hospital Event Notifications.....	17
A. CCO Use of HIE for Care Coordination and Hospital Event Notifications: 2023 Progress & 2024-26 Plans .....	17
B. Supporting Increased Access to and Use of HIE Among Providers: 2023 Progress & 2024-26 Plans .....	21
C. HIE for Care Coordination Barriers: (Optional).....	27
D. OHA Support Needs (Optional) .....	27
E. CCO Access to and Use of EHRs (Optional) .....	27
5. Health IT to Support SDOH Needs .....	27
A. CCO Use of Health IT to Support SDOH Needs: 2023 Progress & 2024-26 Plans.....	27
B. CCO Support of Providers with Using Health IT to Support SDOH Needs: 2023 Progress & 2024-26 Plans .....	31
C. Health IT to Support SDOH Needs Barriers (Optional) .....	34
D. OHA Support Needs (Optional) .....	35
6. Other Health IT Questions (Optional).....	35

# Guidance Document

## 1. Purpose & Background

Per the [CCO 2.0 Contract](#), CCOs are required to maintain an Oregon Health Authority (OHA) approved Health Information Technology (IT) Roadmap. The Health IT Roadmap must describe how the CCO (1) currently uses and plans to use health IT (including hospital event notifications) to achieve desired outcomes and (2) supports contracted physical, behavioral, and oral health providers throughout the course of the Contract in these areas:

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

For Contract Year 1 (2020), CCOs' responses to the [Health IT Questionnaire](#) formed the basis of their draft Health IT Roadmap. For remaining Contract Years, CCOs are required to submit an annual Health IT Roadmap to OHA reporting the progress made from the previous Contract Year, as well as plans, activities, and milestones detailing how they will support contracted providers in future Contract Years. OHA expects CCOs to use their approved 2023 Health IT Roadmap as the basis for their 2024 Health IT Roadmap.

### Reminders for Contract Year 5 (2024):

1. Limit the Progress sections to 2023 activities and accomplishments and include planned activities for 2024 through 2026 in the Plans sections.
2. In each Plans section, be sure to include activities and milestones for each strategy. If some strategies are missing activities and milestones, CCOs may be asked to revise and resubmit their Roadmap.
3. Add all CCO-collected health IT data to the Health IT Data Reporting File prior to submitting it with your Roadmaps on 3/15/2024. Data reported in the Roadmaps should align with the Data Reporting File.

coordination. This expansion recognizes that though CCOs continue supporting EHR adoption, in order to support care coordination, some organizations need CCO support for EHR use and optimization.

4. To limit redundancy in reporting, Support for HIE – Care Coordination and Support for HIE – Hospital Event Notifications section have been combined. The section is now called 'Use of and Support for HIE' to more accurately reflect the reporting expectations (CCO use of HIE and CCO support of HIE among contracted providers). The HIE section has also been expanded to include support of HIE use.
5. An optional section has been added to help inform OHA of CCO's current and planned EHR access and use for care coordination purposes.
6. In response to CCO previous submissions, optional sections/boxes have been added to create space for overview descriptions of CCO efforts/approaches (e.g., Overview of CCO Health IT Approach, Overview of EHR Support, Overview of strategy plans).
7. Strategy categories and strategy status checkboxes have been added for each CCO strategy.

<sup>1</sup> Starting in Contract Year 3 (2022), CCOs' VBP reporting will include their health IT efforts; therefore, this content will not be part of the Health IT Roadmap moving forward.

<sup>2</sup> New Health IT Roadmap requirement beginning Contract Year 3 (2022)

## 2. Overview of Process

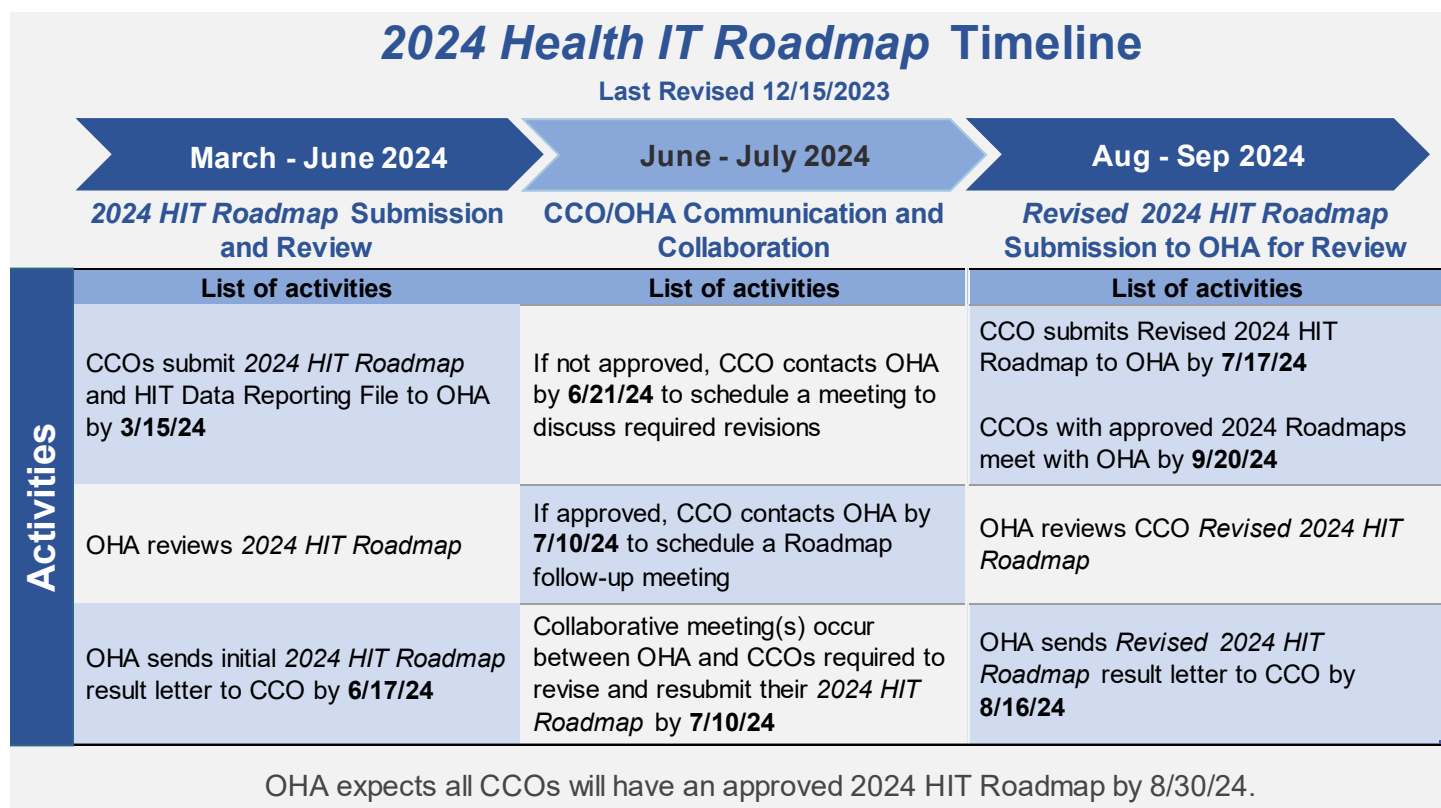
Each CCO shall submit its 2024 Health IT Roadmap to OHA for review on or before **March 15<sup>th</sup>** of each Contract Year. CCOs are to use the *2024 Health IT Roadmap Template* for completing this deliverable and are encouraged to copy and paste relevant content from their previous Health IT Roadmap if it's still applicable. Please submit the completed 2024 Health IT Roadmap via the [CCO Contract Deliverables Portal](#).

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

1. CCO is to review the available meeting days/times included in the Results Report and contact OHA by 6/21/24 with their top two meeting choices.
  - a. These meetings are only available from 6/20/2024 through 7/10/2024.
  - b. CCO is expected to have thoroughly reviewed its results prior to the meeting and to be prepared for an in-depth discussion.
2. CCO resubmission is due 7/17/2024.
3. OHA will complete its review of all resubmissions and provide written notice of the approval status within 30 days of resubmission receipt, by 8/16/2024.

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

Please refer to the timeline below for an outline of steps and action items related to the 2024 Health IT Roadmap submission and review process.



### 3. Health IT Roadmap Approval Criteria

The table below contains evaluation criteria outlining OHA's expectations for responses to the required Health IT Roadmap questions. Modifications for Contract Year 5 (2024) are in ***bold italicized font***. Please review the table to better understand the content that must be addressed in each required response. Approval criteria for Health IT Roadmap optional questions are not included in this table; optional questions are for informational purposes only and do not impact the approval of a Health IT Roadmap. Additionally, the table below does not include the full version of each question, only an abbreviated version. Please refer to the *2024 Health IT Roadmap Template* for the complete question when crafting your responses.

Health IT Roadmap Section	Question(s) – Abbreviated (Please see report template for complete question)	Approval Criteria
1. Health IT Partnership	CCO attestation to the four areas of health IT Partnership.	CCO meets the following requirements: <ul style="list-style-type: none"> <li>• Active, signed HIT Commons MOU and adheres to the terms</li> <li>• Paid the annual HIT Commons assessments subject to the payment terms of the HIT Commons Memorandum of Understanding (MOU)</li> <li>• Served, if elected on the HIT Commons governance board or one of its committees</li> <li>• Participated in an OHA's HITAG meeting at least once during the previous Contract Year</li> </ul>
2. Support for EHR Adoption, <b><i>Use, and Optimization</i></b>	A. 2023 Progress supporting contracted physical, oral, and behavioral health providers to increase EHR adoption, <b><i>use, and optimization in support of care coordination</i></b>	<ul style="list-style-type: none"> <li>• Description of progress includes: <ul style="list-style-type: none"> <li>◦ Strategies used to support increased rates of EHR adoption, <b><i>use, and optimization in support of care coordination</i></b>, and address barriers among contracted physical, oral, and behavioral health providers in 2023</li> <li>◦ Specific accomplishments and successes for 2023 related to supporting EHR adoption, <b><i>use, and optimization in support of care coordination</i></b></li> </ul> </li> <li>• Sufficient detail and clarity to establish that activities are meaningful and credible.</li> </ul>
	2024-2026 Plans for supporting contracted physical, oral, and behavioral health providers to increase EHR adoption, <b><i>use, and optimization in support of care coordination</i></b>	<ul style="list-style-type: none"> <li>• Description of plans includes: <ul style="list-style-type: none"> <li>◦ The number of organizations (by provider type) for which no EHR information is available (e.g., 10 physical health, 22 oral health, and 14 behavioral health organizations)</li> <li>◦ Plans for collecting missing EHR information via CCO existing processes</li> <li>◦ Additional strategies for 2024-2026 related to supporting increased EHR adoption, <b><i>use, and optimization in support of care coordination</i></b>, and addressing barriers to adoption among contracted physical, oral, and behavioral health providers</li> <li>◦ Specific activities and milestones for 2024-2026 related to each strategy</li> </ul> </li> <li>• Sufficient detail and clarity to establish that activities are meaningful and credible.</li> </ul>

Health IT Roadmap Section	Question(s) – Abbreviated (Please see report template for complete question)	Approval Criteria
3. Use of and support for HIE	A. 2023 Progress using HIE for care coordination and timely hospital event notifications <u>within the CCO</u>	<ul style="list-style-type: none"> <li>• Description of progress includes:               <ul style="list-style-type: none"> <li>○ HIE tool(s) CCO is using within their organization for care coordination and timely hospital event notifications</li> <li>○ HIE strategies used for care coordination and timely hospital event notifications within the CCO</li> <li>○ Specific accomplishments and successes for 2023 related to CCO's use of HIE for care coordination and timely hospital event notifications</li> </ul> </li> <li>• Sufficient detail and clarity to establish that activities are meaningful and credible.</li> </ul>
	2024-2026 Plans using HIE for care coordination and timely hospital event notifications <u>within CCO</u>	<ul style="list-style-type: none"> <li>• Description of plans includes:               <ul style="list-style-type: none"> <li>○ Additional tool(s) (if any) CCO is planning to use for care coordination and timely hospital event notifications</li> <li>○ Additional strategies for 2024-2026 to use HIE for care coordination and timely hospital event notifications within the CCO</li> <li>○ Specific activities and milestones for 2024-2026 related to each strategy</li> </ul> </li> <li>• Sufficient detail and clarity to establish that activities are meaningful and credible</li> </ul>
	B. 2023 Progress supporting contracted physical, oral, and behavioral health providers with increased access to <b>and use of</b> HIE for care coordination and timely hospital event notifications	<ul style="list-style-type: none"> <li>• Description of progress includes:               <ul style="list-style-type: none"> <li>○ Tool(s) CCO provided or made available to support providers' access to HIE for care coordination and timely hospital event notifications</li> <li>○ Strategies CCO used to support increased access to <b>and use of</b> HIE for care coordination and timely hospital event notifications for contracted physical, oral, and behavioral health providers in 2023</li> <li>○ Specific accomplishments and successes for 2023 related to increasing access to <b>and use of</b> HIE for care coordination and timely hospital event notifications (including the number of organizations of each provider type that gained increased access <b>or use</b> as a result of CCO support, as applicable)</li> </ul> </li> <li>• Sufficient detail and clarity to establish that activities are meaningful and credible.</li> </ul>
	2024-2026 Plans for supporting contracted physical, oral, and behavioral health providers with increased access to and use of HIE for care coordination and timely hospital event notifications	<ul style="list-style-type: none"> <li>• Description of plans includes:               <ul style="list-style-type: none"> <li>○ The number of organizations (by provider type) that have not adopted an HIE for care coordination or hospital event notifications tool (e.g., 18 physical health, 12 oral health, and 22 behavioral health organizations)</li> <li>○ Additional HIE tool(s) CCO plans to support or make available to providers for care coordination and/or timely hospital event notifications</li> </ul> </li> </ul>

Health IT Roadmap Section	Question(s) – Abbreviated (Please see report template for complete question)	Approval Criteria
		<ul style="list-style-type: none"> <li>○ Additional strategies for 2024-2026 related to supporting increased access to <b>and use of</b> HIE for care coordination and timely hospital event notifications among contracted physical, oral, and behavioral health providers</li> <li>○ Specific activities and milestones for 2024-2026 related to each strategy (including the number of organizations of each provider type expected to gain access to <b>or use of</b> HIE for care coordination and hospital event notifications as a result of CCO support, as applicable</li> <li>● Sufficient detail and clarity to establish that activities are meaningful and credible.</li> </ul>
4. Health IT to support social determinants of health needs	A. 2023 Progress using health IT to support SDOH needs within the CCO, including but not limited to social needs screening and referrals	<ul style="list-style-type: none"> <li>● Description of progress includes:               <ul style="list-style-type: none"> <li>○ Current health IT tool(s) CCO is using to support SDOH needs, including but not limited to social needs screening and referrals, including a description of whether the tool(s) have closed-loop referral functionality</li> <li>○ Strategies for using health IT within the CCO to support SDOH needs, including but not limited to social needs screening and referrals in 2023</li> <li>○ Any accomplishments and successes for 2023 related to each strategy</li> </ul> </li> <li>● Sufficient detail and clarity to establish that activities are meaningful and credible.</li> </ul>
	2024-2026 Plans for using health IT to support SDOH needs within the CCO, including but not limited to social needs screening and referrals	<ul style="list-style-type: none"> <li>● Description of plans includes:               <ul style="list-style-type: none"> <li>○ Additional health IT tool(s) CCO plans to use to support SDOH needs, including but not limited to social needs screening and referrals, including a description of whether the tool(s) will have closed-loop referral functionality</li> <li>○ Additional strategies planned for using health IT to support SDOH needs, including but not limited to social needs screening and referrals</li> <li>○ Specific activities and milestones for 2024-2026 related to each strategy</li> </ul> </li> <li>● Sufficient detail and clarity to establish that activities are meaningful and credible.</li> </ul>
	B. 2023 Progress supporting contracted physical, oral, and behavioral health providers as well as, social services and community-based organizations (CBOs) with using health IT to support SDOH needs, including but not limited to	<ul style="list-style-type: none"> <li>● Description of progress includes:               <ul style="list-style-type: none"> <li>○ Health IT tool(s) CCO supported or made available to contracted physical, oral, and behavioral health providers, as well as social services and CBOs, for supporting SDOH needs, including but not limited to social needs screening and referrals, including a description of whether the tool(s) have closed-loop referral functionality</li> <li>○ Strategies used for supporting these groups with using health IT to support SDOH needs, including but not limited to screening and referrals in 2023</li> <li>○ Any accomplishments and successes for 2023 related to each strategy</li> </ul> </li> </ul>

Health IT Roadmap Section	Question(s) – Abbreviated (Please see report template for complete question)	Approval Criteria
	social needs screening and referrals	<ul style="list-style-type: none"> <li>○ Any planning and/or preparation CCO has done in anticipation of 2024 requirement to support and incentivize HRSN Service Providers to adopt and use technology for closed loop referrals, such as developing grants, technical assistance, outreach, education, and feedback mechanisms for HRSN Service Providers.</li> <li>● Sufficient detail and clarity to establish that activities are meaningful and credible</li> </ul>
	2024-2026 Plans for supporting contracted physical, oral, and behavioral health providers, as well as social services and CBOs, with using health IT to support SDOH needs, including but not limited to social needs screening and referrals	<ul style="list-style-type: none"> <li>● Description of progress includes:               <ul style="list-style-type: none"> <li>○ Health IT tool(s) CCO is planning to support/make available to contracted physical, oral, and behavioral health providers, as well as social services and CBOs for supporting SDOH needs, including but not limited to social needs screening and referrals, including a description of whether the tool(s) will have closed-loop referral functionality</li> <li>○ Additional strategies planned for supporting these groups with using health IT to support social needs screening and referrals beyond 2023</li> <li>○ Specific activities and milestones for 2024-2026 related to each strategy</li> <li>○ Specific plans to support and incentivize HRSN Service Providers to adopt and use technology for closed loop referrals during Contract Years 2024-2026, such as developing grants, technical assistance, outreach, education, and feedback mechanisms for HRSN Service Providers.</li> </ul> </li> <li>● Sufficient detail and clarity to establish that activities are meaningful and credible.</li> </ul>



# 2024 Health IT Roadmap Template

---

Please complete and submit this template via [CCO Contract Deliverables Portal](#) by **March 15, 2024**.

## Instructions & Expectations

Please respond to all of the required questions included in the following Health IT Roadmap Template using the blank spaces below each question. Topics and specific questions where responses are not required are labeled as 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) Needs, including but not limited to social needs screening and referrals
5. Other health IT Questions (optional section)

Each required topic includes the following:

- Narrative sections to describe your 2023 strategies, progress, accomplishments/successes, and barriers
- Narrative sections to describe your 2024-2026 plans, strategies, and related activities and milestones. For the activities and milestones, you may structure the response using bullet points or tables to help clarify the sequence and timing of planned activities and milestones. These can be listed along with the narrative; it is not required that you attach a separate document outlining your planned activities and milestones. However, you may attach your own document(s) in place of filling in the activities and milestones sections of the template (as long as the attached document clearly describes activities and milestones for each strategy and specifies the corresponding Contract Year).

Narrative responses should be concise and specific to how your efforts support the relevant health IT area. OHA is interested in hearing about your progress, successes, and plans for supporting providers with health IT, 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, and
- ✓ include specific activities and milestones to demonstrate the steps CCOs expect to take.

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

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

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

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

- *Accomplishments/successes*: Positive, tangible outcomes resulting from CCO's strategies for supporting providers.
- *Activities*: Incremental, tangible actions CCO will take as part of the overall strategy.
- *Milestones*: Significant outcomes of activities or other major developments in CCO's overall strategy, with indication of when the outcome or development will occur (e.g., Q1 2024). **Note**: Not all activities may warrant a corresponding milestone. For activities without a milestone, at a minimum, please indicate the planned timing.

#### **A note about the template:**

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

#### ***HIT Roadmap Template Strategy Checkboxes***

To further help CCOs think about their HIT strategies as they craft responses for their HIT Roadmap, OHA has included checkboxes in the template that may pertain to CCOs' efforts in the following areas:

- *Support for EHR Adoption*
- *Support for HIE for Care Coordination and Hospital Event Notifications*
- *Health IT to Support SDOH Needs*

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

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

Please send questions about the Health IT Roadmap template to [CCO.HealthIT@odhsoha.oregon.gov](mailto:CCO.HealthIT@odhsoha.oregon.gov)

## 1. Health IT Partnership

Please attest to the following items.

a.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Active, signed HIT Commons MOU and adheres to the terms.
b.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Paid the annual HIT Commons assessments subject to the payment terms of the HIT Commons MOU.
c.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Served, if elected, on the HIT Commons governance board or one of its committees. (Select N/A if CCO does not have a representative on the board or one of its committees)
d.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Participated in an OHA HITAG meeting, at least once during the previous Contract year.

## 2. (Optional) Overview of CCO Health IT Approach

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

Trillium Community Health Partners is a subsidiary organization of Centene Corporation, which is the largest Medicaid managed care organization in the United States covering 27.5 million members across the nation, a national leader in managed LTSS and managed care services for the foster care population, and with a mission of "transforming the health of the communities we serve, one person at a time."

To take advantage of the strength and resources available to Trillium CHP as a part of this leading healthcare enterprise, Trillium CHP has begun to engage with our Corporate IT partners to ensure that the Oregon Market is being included in corporate level efforts to obtain, utilize, and optimize use of health information technology across Centene. Therefore, our approach to the HIT Roadmap is

(1) participate in and describe corporate technical efforts to obtain, manage, and make health data/information available to our local team, so that

(2) the local OR team can use the data/information to support care coordination.

By partnering with Corporate IT, Trillium is able to leverage technology, skills, and abilities that we could not support alone at the local level. At the same time, we are working to ensure the Corporate IT resources are aware of the OR Market's needs and expectations in the future of health information technology. As we leverage the corporate work, we are able to develop local tools to share information for care coordination in support of our members individual needs.

### 3. Support for EHR Adoption, Use, and Optimization in Support of Care Coordination

#### A. Support for EHR Adoption, Use, and Optimization: 2023 Progress and 2024-26 Plans

Please describe your 2023 progress and 2024-26 plans for supporting increased rates of EHR adoption, use, and optimization in support of care coordination, and addressing barriers among contracted physical, oral, and behavioral health providers. In the spaces below (in the relevant sections), please:

1. 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.
2. Include plans for collecting missing EHR information via CCO already-existing processes (e.g., contracting, credentialing, Letters of Interest).
3. Select the boxes that represent strategies pertaining to your 2023 progress and 2024-26 plans.
4. (Optional) 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.
5. For each strategy CCO implemented in 2023 and/or will implement in 2024-26 to support EHR adoption, use, and optimization among contracted physical, oral, and behavioral health providers in support of care coordination include:
  - a. A title and brief description
  - b. Which category(ies) pertain to each strategy
  - c. The strategy status
  - d. Provider types supported
  - e. A description of 2023 progress, including:
    - accomplishments and successes (including number of organizations, etc., where applicable)
    - challenges related to each strategy, as applicable

Note: Where applicable, information in the CCO Health IT Data Reporting File should support descriptions of accomplishments and successes.

  - f. (Optional) An overview of CCO 2024-26 plans for each strategy
  - g. Activities and milestones related to each strategy CCO plans to implement in 2024-26

#### Notes:

- Four strategy sections have been provided. Please copy and paste additional strategy sections as needed. Feel free to delete any unused strategy sections (e.g., if CCO only includes three strategies, fourth strategy section can be deleted).
- If CCO is not pursuing a strategy beyond 2023, note 'N/A' in Planned Activities and Planned milestones sections.
- If CCO is implementing a strategy beginning in 2024, please indicate 'N/A' in the progress section for that strategy.
- If preferred, you may choose to submit a separate document detailing each strategy's activities and milestones.

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

TC - Physical 76, Behavioral Health 71, Oral 55

LC- Physical 51, Behavioral Health 89, Oral 18

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

Trillium will continue to utilize the provider survey (PHET) and personal outreach to collect the missing EHR data from providers.

**Strategy category checkboxes**

Using the boxes below, please select which strategies you employed during 2023 and plan to implement during 2024-26. Elaborate on each strategy and your progress/plans in the sections below.

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

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

Trillium is focusing on all HIT adoption, use and optimization by 1. Understanding the environment of the providers (physical, BH, and oral) and 2. Working with providers to remove barriers and help the providers to understand the benefit of HIT adoption and use.

While we find physical providers are ready to utilize HIT behavioral health (BH) first needs to stabilize care models and focus on providing efficient and effective care before they have the resources to add HIT tools to their processes. Trillium is working with various providers and provider groups to support this process. With oral providers we continue to work with the DCO's to find the best ways to remove the barriers of cost, resource needs to support HIT tools, and the fact that most existing HIT tools utilized by physical providers are too costly and do not provide needed oral information.

**Strategy 4: Provider Orientation**

Trillium will continue offering provider orientations, within 30 days of contract, for new providers and refresher courses as needed for existing contracted providers. The provider orientations include information on EHR resources (including options available, use of Epic Payer Platform within the CCO, reporting expectations, vendor support available), individualized implementation plans, and how the features tie into our prospective Risk Adjustment and Quality Improvement programs and reduces administrative burden of chart chase. In addition to Epic, Centene partners with multiple EHR options to support our provider partners, including Athena, SES, Azara, Konza, SVMS, Lanes, Manifest, and SDHC.

Post-orientation one-on-one support is provided as needed. Larger providers, groups, and hospitals have quarterly meetings where EHR support and training opportunities are available.

The Provider Performance team additionally provides support and trainings ad hoc to assure reporting of quality metrics.

**Strategy categories:** Select which category(ies) pertain to this strategy

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

**Strategy status:**

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

**Provider types supported with this strategy:**

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

<b>Progress</b> (including previous year <u>accomplishments/successes</u> and <u>challenges</u> with this strategy): All new providers received orientations, and others received refreshers as requested.	
<b>Overview of 2024-26 plans for this strategy</b> (Optional): To continue to assure all providers receive orientation and refreshers, as needed, that highlight EHR resources and vendor support.	
<b>Planned Activities</b> 1. Deliver orientation to all new providers	<b>Planned Milestones</b> 1. Q1-Q4 2024
<b>Strategy 5: Collecting EHR Information</b> Trillium will continue to administer the Provider Health Equity and Technology Survey (PHET) on an annual basis, with responses being reviewed bi-monthly by the PHET committee. An analysis of the full data set will be completed by Q2 of the following year.	
<b>Strategy categories:</b> Select which category(ies) pertain to this strategy <input checked="" type="checkbox"/> 1: TA <input checked="" type="checkbox"/> 2: Assessment <input checked="" type="checkbox"/> 3: Outreach <input type="checkbox"/> 4: Collaboration <input type="checkbox"/> 5: Incentives <input type="checkbox"/> 6: Financial support <input type="checkbox"/> 7: Contracts <input type="checkbox"/> 8: Leverage HIE <input type="checkbox"/> 9: Hosted EHR <input type="checkbox"/> 10: EHR selection <input type="checkbox"/> 11: Optimization <input type="checkbox"/> 12: Other:	
<b>Strategy status:</b> <input checked="" type="checkbox"/> Ongoing <input type="checkbox"/> New <input type="checkbox"/> Paused <input type="checkbox"/> Revised <input type="checkbox"/> Completed/ended/retired/stopped	
<b>Provider types supported with this strategy:</b> <input type="checkbox"/> Across provider types OR specific to: <input checked="" type="checkbox"/> Physical health <input type="checkbox"/> Oral health <input checked="" type="checkbox"/> Behavioral health	
<b>Progress</b> (including previous year <u>accomplishments/successes</u> and <u>challenges</u> with this strategy): Outreached to top 10% of scoring providers to celebrate. Outreached to bottom 10% of scoring providers to determine what we can do to support future year participation and discussed their CLAS scored questions. CLAS standards are utilized to determine the top and bottom scorers however the survey answers use of HER and any barriers to use of EHR. This process helps us drive technology uses in collaboration with a focus on Health Equity. The PHET survey asks if a EHR is being used in the practice and what EHR is in use, what type of health and SDOH data is collected and how and who the information is shared with via. the EHR. If an EHR is not it use the survey asks the barriers to use and implementation of an EHR. Responses are being consolidated to identify trends and barriers and develop improvement plans. ADA questions were added to the survey in 2023. Bi-monthly meetings were started to work on improving survey and timeline, and develop strategy to utilize responses for outreach, support, and improvement opportunities.	
<b>Overview of 2024-26 plans for this strategy</b> (Optional): Development of dashboard will help identify HIT opportunities including a focus on health equity strategy by paring health equity (SDOH, SOGI, Real D) data to high utilization providers and identifying where limited use of EHR is impacting health equity.	
<b>Planned Activities</b> 1. Conduct PHET survey 2. Convene bi-monthly meetings 3. Develop dashboard 4. Develop strategies to support resolution of EHR barriers	<b>Planned Milestones</b> 1. 7/1/23 – 12/31/23, 12/31/2024 2. Begin 6/1/23, 2024 3. Q2 2024 4. Q3 2024
<b>Strategy 6: Financial Support for EHR Implementation or Maintenance</b> Trillium is committed to working with providers and supporting them financially with EHR adoption and/or maintenance. We are analyzed our data from OHA in combination with our data from our EHR metrics to identify provider groups who would benefit from assistance. We developed an RFP and a grant process by using our Community Benefit Initiative (CBI) funds that would allow providers to request direct financial assistance. HRS CBI RFPs were scored in Q2, with all grants being awarded in Q4 2023. Providers identified as needing assistance were encouraged and supported to engage in these opportunities.	
<b>Strategy categories:</b> Select which category(ies) pertain to this strategy <input type="checkbox"/> 1: TA <input type="checkbox"/> 2: Assessment <input checked="" type="checkbox"/> 3: Outreach <input type="checkbox"/> 4: Collaboration <input type="checkbox"/> 5: Incentives <input checked="" type="checkbox"/> 6: Financial support <input type="checkbox"/> 7: Contracts <input type="checkbox"/> 8: Leverage HIE <input type="checkbox"/> 9: Hosted EHR <input type="checkbox"/> 10: EHR selection <input type="checkbox"/> 11: Optimization <input type="checkbox"/> 12: Other:	
<b>Strategy status:</b> <input type="checkbox"/> Ongoing <input type="checkbox"/> New <input type="checkbox"/> Paused <input type="checkbox"/> Revised <input checked="" type="checkbox"/> Completed/ended/retired/stopped	



<b>Provider types supported with this strategy:</b> <input checked="" type="checkbox"/> Across provider types OR specific to: <input type="checkbox"/> Physical health <input type="checkbox"/> Oral health <input type="checkbox"/> Behavioral health	
<b>Progress</b> (including previous year <u>accomplishments/successes</u> and <u>challenges</u> with this strategy): 35 large grants and 17 small grants were provided in 2023. Two grants had a focus on HIT EHR improvement and/or adoption. South Lane Mental Health Services received a grant to support their EHR system subscription and improve equipment and Orchid Health Clinic received funds to upgrade equipment to be able to continue to utilize EHR system. This strategy was in place to utilize the existing CBI funds. Based on learnings discussions are being held to 1. Determine if large scale grants can meet the HIT priorities or if a different funding methodology will better support the HIT priorities. We had few organizations utilize the grant process to focus on HIT so we are considering if funding needs to be addressed in a different manner when focused on HIT priorities.	
<b>Overview of 2024-26 plans for this strategy</b> (Optional):	
<b>Planned Activities</b> N/A	<b>Planned Milestones</b> N/A
<b>Strategy 7: Provider Engagement</b> Our growing Provider Performance team will continue to expand their knowledge base to help providers navigate all their EHR reporting needs and to support increased rates of EHR adoption by discussing EHR training, adoption, and barriers. EHR adoption strategy discussions will include reviewing the potential return on investment of participating in an EHR, making connections to other providers using the same vendor, and helping providers with understanding workflow and reporting requirements when new EHR measures are introduced.	
<b>Strategy categories:</b> Select which category(ies) pertain to this strategy <input checked="" type="checkbox"/> 1: TA <input type="checkbox"/> 2: Assessment <input checked="" type="checkbox"/> 3: Outreach <input checked="" type="checkbox"/> 4: Collaboration <input type="checkbox"/> 5: Incentives <input type="checkbox"/> 6: Financial support <input type="checkbox"/> 7: Contracts <input type="checkbox"/> 8: Leverage HIE <input type="checkbox"/> 9: Hosted EHR <input type="checkbox"/> 10: EHR selection <input checked="" type="checkbox"/> 11: Optimization <input type="checkbox"/> 12: Other:	
<b>Strategy status:</b> <input checked="" type="checkbox"/> Ongoing <input type="checkbox"/> New <input type="checkbox"/> Paused <input type="checkbox"/> Revised <input type="checkbox"/> Completed/ended/retired/stopped	
<b>Provider types supported with this strategy:</b> <input type="checkbox"/> Across provider types OR specific to: <input checked="" type="checkbox"/> Physical health <input type="checkbox"/> Oral health <input checked="" type="checkbox"/> Behavioral health	
<b>Progress</b> (including previous year <u>accomplishments/successes</u> and <u>challenges</u> with this strategy): The targeted 30 providers were engaged and trained on PointClickCare Collective Medical and other EHRs as pertained to them. The continued barriers are implementation costs, staffing constraints for both using EHR and training time, and the sharing of information across different EHR platforms. 30 providers that were scoring low on quality metrics where EHR use would improve the quality metrics were engaged and trained in PointClickCare Collective Medical to help address quality and EHR gaps.	
<b>Overview of 2024-26 plans for this strategy</b> (Optional):	
<b>Planned Activities</b> 1. Engage or re-engage with 30 providers across regions on EHR training, adoption, and barriers. Provide technical assistance and training providers in utilizing their EHR systems in a meaningful way.	<b>Planned Milestones</b> 1. 2024
<b>Strategy 8: Continue enhancement on HIT strategy alignment/coordination with the oral health providers</b> Trillium will continue its efforts to align on HIT strategy with the DCOs through engagement in the DCO quarterly JOCs, meetings between the DCOs and Trillium's Provider Performance Specialist position within the Provider Performance team, and Trillium's healthcare collaboratives with the provider network.	
<b>Strategy categories:</b> Select which category(ies) pertain to this strategy <input checked="" type="checkbox"/> 1: TA <input type="checkbox"/> 2: Assessment <input checked="" type="checkbox"/> 3: Outreach <input checked="" type="checkbox"/> 4: Collaboration <input type="checkbox"/> 5: Incentives <input type="checkbox"/> 6: Financial support <input type="checkbox"/> 7: Contracts <input type="checkbox"/> 8: Leverage HIE <input type="checkbox"/> 9: Hosted EHR <input type="checkbox"/> 10: EHR selection <input type="checkbox"/> 11: Optimization <input type="checkbox"/> 12: Other:	

<b>Strategy status:</b> <input checked="" type="checkbox"/> Ongoing <input type="checkbox"/> New <input type="checkbox"/> Paused <input type="checkbox"/> Revised <input type="checkbox"/> Completed/ended/retired/stopped	
<b>Provider types supported with this strategy:</b> <input type="checkbox"/> Across provider types OR specific to: <input type="checkbox"/> Physical health <input checked="" type="checkbox"/> Oral health <input type="checkbox"/> Behavioral health	
<b>Progress</b> (including previous year <u>accomplishments/successes</u> and <u>challenges</u> with this strategy): Conducted the JOCs and continued to have robust HIT discussions. Surveys continue to be a challenge in the DCO space, but we received 2 of 3 in 2023, and had a discussion with the remaining DCO as all their providers utilize the same systems. In 2023, we did not have any DCOs request grants or assistance with HIT adoption but in 2024 one DCO will be working towards a modified Epic interface with their larger providers, and we will be supporting.	
<b>Overview of 2024-26 plans for this strategy</b> (Optional):	
<b>Planned Activities</b> 1. Conduct four Quarterly JOCs per year with 3 DCOs that include specific EHR adoption agenda items and discussions 2. Work with identified providers for new HIT or EHR solutions to access grants from the health plan	<b>Planned Milestones</b> 1. Q1-Q4 2024 2. Q2-Q4 2024
<b>Strategy 9: Develop list of oral health providers who would benefit from EHR adoption support</b> Trillium worked with the DCOs to develop a focused list of oral health providers without EHRs and to validate specific EHR adoption rate details, including the percentage of Trillium membership assigned to oral health providers that have EHRs versus the providers that do not, by using both the data included in the 2021 CCO HIT Survey and data compiled by the DCOs and Trillium's own provider surveys. <ul style="list-style-type: none"> <li>If oral health providers with meaningful Trillium membership assignment and no implemented EHRs were identified, Trillium worked with the DCOs to facilitate, educate, and support.</li> <li>If financial assistance was required, Trillium offered to work with the DCOs on financial support options, including considering carving out a specific amount to be allocated to provider EHR adoption support from the Trillium Innovation Grant Funds.</li> </ul>	
<b>Strategy categories:</b> Select which category(ies) pertain to this strategy <input type="checkbox"/> 1: TA <input checked="" type="checkbox"/> 2: Assessment <input checked="" type="checkbox"/> 3: Outreach <input checked="" type="checkbox"/> 4: Collaboration <input type="checkbox"/> 5: Incentives <input type="checkbox"/> 6: Financial support <input type="checkbox"/> 7: Contracts <input type="checkbox"/> 8: Leverage HIE <input type="checkbox"/> 9: Hosted EHR <input type="checkbox"/> 10: EHR selection <input type="checkbox"/> 11: Optimization <input type="checkbox"/> 12: Other:	
<b>Strategy status:</b> <input type="checkbox"/> Ongoing <input type="checkbox"/> New <input type="checkbox"/> Paused <input type="checkbox"/> Revised <input checked="" type="checkbox"/> Completed/ended/retired/stopped	
<b>Provider types supported with this strategy:</b> <input type="checkbox"/> Across provider types OR specific to: <input type="checkbox"/> Physical health <input checked="" type="checkbox"/> Oral health <input type="checkbox"/> Behavioral health	
<b>Progress</b> (including previous year <u>accomplishments/successes</u> and <u>challenges</u> with this strategy): We worked closely with DCO to identify areas for EHR adoption and found in general EHRs are too expensive and do not provide value to DCOs and they are unwilling to adopt. Various of the larger DCO ran practices are working to utilize shared electronic records in their own systems but there is not a fully viable option for sharing with other provider types. One DCO is beginning to look into the ability to utilize EPIC in the DCO owned practices and we will partner with them on this work as allowed.	
<b>Overview of 2024-26 plans for this strategy</b> (Optional): Retiring this strategy because oral health providers are resistant to adopting EHRs because the systems oral health providers use to document their work are tied to their payment systems. 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), and the PCDs do not see a return on the investment related to the effort of implementing and maintaining EHRs.	
<b>Planned Activities</b> N/A	<b>Planned Milestones</b> N/A



## A. EHR Support Barriers: (Optional)

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

1. Providers continue to describe their barriers as implementation costs, staffing constraints both for using the EHR and for training time, and the sharing of information across different EHR platforms.
2. 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), and the PCDs do not see a return on the investment related to the effort of implementing and maintaining EHRs.

## C. OHA Support Needs: (Optional)

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

## 2. 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: 2023 Progress & 2024-26 Plans

Please describe your 2023 progress and 2024-26 plans for using HIE for care coordination AND timely hospital event notifications within your organization. In the spaces below (in the relevant sections), please:

1. Select the boxes that represent strategies pertaining to your 2023 progress and 2024-26 plans.
2. List and describe specific tool(s) you currently use or plan to use for care coordination and timely hospital event notifications.
3. (Optional) Provide an overview of CCO's approach to using HIE for care coordination and hospital event notifications.
4. For each strategy CCO implemented in 2023 and/or will implement in 2024-26 for using HIE for care coordination and hospital event notifications within the CCO include:
  - a. A title and brief description
  - b. Which category(ies) pertain to each strategy
  - c. Strategy status
  - d. Provider types supported
  - e. A description of 2023 progress, including:
    - accomplishments and successes (including number of organizations, etc., where applicable)
    - challenges related to each strategy, as applicable
  - f. (Optional) An overview of CCO 2024-26 plans for each strategy
  - g. Activities and milestones related to each strategy CCO plans to implement in 2024-26

#### Notes:

- Four strategy sections have been provided. Please copy and paste additional strategy sections as needed. Feel free to delete any unused strategy sections (e.g., if CCO only includes three strategies, fourth strategy section can be deleted).
- If CCO is not pursuing a strategy beyond 2023, note 'N/A' in Planned Activities and Planned milestones sections.
- If CCO is implementing a strategy beginning in 2024, please indicate 'N/A' in the progress section for that strategy.
- If preferred, you may choose to submit a separate document detailing each strategy's activities and milestones.

**Strategy category checkboxes (within CCO)**

Using the boxes below, please select which strategies you employed during 2023 and plan to implement during 2024-26. Elaborate on each strategy and your progress/plans in the sections below.

Progress	Plans		Progress	Plans	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1. Care coordination and care management	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4. Enhancements to HIE tools (e.g., adding new functionality or data sources
<input type="checkbox"/>	<input checked="" type="checkbox"/>	2. Exchange of care information and care plans	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5. Collaboration with external partners
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	3. Integration of disparate information and/or tools with HIE	<input type="checkbox"/>	<input type="checkbox"/>	6. Other strategies for supporting HIE access or use (please list here):

**List and briefly describe tools used by CCO for care coordination and timely hospital event notifications****TruCare – Internal HIE system**

Information from EHR/HIE/HEN is fed into TruCare and then utilized by care management, members services, call centers and other to assure the full member profile is available to all associates working with the member or provider on the members' care.

**PointClickCare (PCC) formerly 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.

**Epic Payer Platform**

EHR system

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

Trillium is focusing on all HIT adoption, use and optimization by 1. Understanding the environment of the providers (physical, BH, and oral) and 2. Working with providers to remove barriers and help the providers to understand the benefit of HIT adoption and use.

While we find physical providers are ready to utilize HIT behavioral health (BH) first needs to stabilize care models and focus on providing efficient and effective care before they have the resources to add HIT tools to their processes. Trillium is working with various providers and provider groups to support this process. With oral providers we continue to work with the DCO's to find the best ways to remove the barriers of cost, resource needs to support HIT tools, and the fact that most existing HIT tools utilized by physical providers are too costly and do not provide needed oral information.

**Strategy 1: Clinical Data Hub – Medical Record/ADT Collection**

Centene Corporate has engaged in an ambitious and lengthy project to create an internal repository as a single place to access medical records and ADT's that we capture from all health plans across the nation, parse and make available for use in care coordination across our corporation and to share with any external entities, including providers, other payers, or regulators. The repository includes the ingress of data via direct connect to EMRs and participating Health Information Exchanges (HIEs) and the egress of Centene sourced gaps in care directly into providers workflows via the provider portal.

**Strategy categories:** Select which category(ies) pertain to this strategy

☒ 1: Care Coordination    ☒ 2: Exchange care information    ☒ 3: Integration of disparate information  
☐ 4: HIE tool enhancements    ☐ 5: Partner collaboration    ☐ 6: Other:

**Strategy status:**

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

<b>Provider types supported with this strategy:</b> <input type="checkbox"/> Across provider types OR specific to: <input checked="" type="checkbox"/> Physical health <input type="checkbox"/> Oral health <input checked="" type="checkbox"/> Behavioral health	
<b>Progress</b> (including previous year <u>accomplishments/successes</u> and <u>challenges</u> with this strategy): N/A – new on this year’s roadmap	
<b>Overview of 2024-26 plans for this strategy</b> (optional): We are focused on the expansion of access to clinical information across our networks to capture clinical documentation for all of Centene’s membership. This will include the growth and coverage of additional EMR’s and new features and functions that will let us exchange historical claims information, enhance established prior authorization process along with other additional areas of data exchange. The first areas of focus were medical record information, exchanging of care and risk gaps and ADT transactions. Current vendors include EPIC, Athena, eClinicalWorks and roughly 20 more connectors. Our current use cases are for Quality Supplemental Data Submissions and Risk Adjustment Processing (RAPs) Submission; upcoming use cases will be Appeals/Denials, Care/Utilization Analytics, and Payment Integrity/Financial.	
<b>Planned Activities</b> <ol style="list-style-type: none"> <li>1. Extend coverage to additional EMR/HIE’s</li> <li>2. Broaden BI Directional Exchange of Risk/Care Gaps</li> <li>3. Enable ADT Transactions with EPIC Payer Platform</li> <li>4. Use EMR Medical records across claims processing</li> <li>5. Use Epic Payer Platform for PDF Medical records</li> <li>6. Use Epic Payer Platform for Prior Authorizations</li> <li>7. Enable Additional connections to EMR’s</li> </ol>	<b>Planned Milestones</b> <ol style="list-style-type: none"> <li>1. Extend coverage to additional EMR/HIE’s</li> <li>2. Broaden BI Directional Exchange of Risk/Care Gaps</li> <li>3. Enable ADT Transactions with EPIC Payer Platform</li> <li>4. Use EMR Medical records across claims processing</li> <li>5. Use Epic Payer Platform for PDF Medical records</li> <li>6. Use Epic Payer Platform for Prior Authorizations</li> <li>7. Enable Additional connections to EMR’s</li> </ol>
<b>Strategy 2: Epic Payer Platform (EPP)</b> Developing data exchange features	
<b>Strategy categories:</b> Select which category(ies) pertain to this strategy <input type="checkbox"/> 1: Care Coordination <input checked="" type="checkbox"/> 2: Exchange care information <input checked="" type="checkbox"/> 3: Integration of disparate information <input type="checkbox"/> 4: HIE tool enhancements <input checked="" type="checkbox"/> 5: Partner collaboration <input type="checkbox"/> 6: Other:	
<b>Strategy categories:</b> Select which category(ies) pertain to this strategy <input type="checkbox"/> 1: TA <input type="checkbox"/> 2: Assessment <input checked="" type="checkbox"/> 3: Outreach <input checked="" type="checkbox"/> 4: Collaboration <input type="checkbox"/> 5: Incentives <input type="checkbox"/> 6: Financial support <input type="checkbox"/> 7: Contracts <input type="checkbox"/> 8: Leverage HIE <input type="checkbox"/> 9: Hosted EHR <input type="checkbox"/> 10: EHR selection <input type="checkbox"/> 11: Optimization <input type="checkbox"/> 12: Other:	
<input type="checkbox"/> <b>Strategy status:</b> <input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> New <input type="checkbox"/> Paused <input type="checkbox"/> Revised <input type="checkbox"/> Completed/ended/retired/stopped	
<b>Provider types supported with this strategy:</b> <input type="checkbox"/> Across provider types OR specific to: <input checked="" type="checkbox"/> Physical health <input type="checkbox"/> Oral health <input checked="" type="checkbox"/> Behavioral health	
<b>Progress</b> (including previous year <u>accomplishments/successes</u> and <u>challenges</u> with this strategy): N/A	
<b>Overview of 2024-26 plans for this strategy</b> (Optional):	
<b>Planned Activities</b> <ol style="list-style-type: none"> <li>1. <b>Clinical Analytics Document Exchange (CANDE)</b> – Similar to Care Gaps – This feature allows for CCO to</li> </ol>	<b>Planned Milestones</b> <ol style="list-style-type: none"> <li>1. Q2 2024</li> <li>2. Q2 2024</li> </ol>

<p>request charts from EPIC providers for care coordination decisions as well as for targeted quality measures and usually focuses on a lengthier time lookback (~10 years). This also enables CCO to pull documents regardless of who the payer was in the past.</p> <p>2. <b>ADT (Admission Discharge Transfer) Exchange</b> – Streamlines the process for EPIC providers to send the CCO direct ADT messages when we have a member visit their enabled facility</p> <p>3. <b>Prior Authorization</b> (business case pending) – Allows CCO and EPIC Providers to transact Prior Authorization requests via the EPP platform, including support for RFI (request for information) with documents on hand, which streamlines the exchange of information process.</p> <p>4. <b>SIU (Scheduling Information Unsolicited)</b> (Not yet planned) – Allows EPIC providers to send Scheduling notifications to CCO for members who have a scheduled, cancelled, or no show on a setup appointment</p> <p>5. <b>Coverage Finder (Not yet planned)</b> – Allows providers' EPIC solutions to automatically retrieve basic coverage information from the CCO to speed up patient registration process and reduce transcription errors</p>	<p>3. Q4 2024</p> <p>4. TBD</p> <p>5. TBD</p>
<p><b>Strategy 3: Target Providers for Epic Portal Platform Adoption</b>  Targeting key provider partners to exchange data with the existing features (e.g. Clinical Document Exchange, Health Plan Clinical Summary, Image Exchange, Chart PDF Request, and Suspect Conditions Exchange) and additional features as they come online. Agencies already utilizing Epic will be targeted in the first wave and partners using other 'connectors' to other systems (e.g. Athena) will be targeted in the following waves.</p>	
<p><b>Strategy categories:</b> Select which category(ies) pertain to this strategy  <input checked="" type="checkbox"/> 1: Care Coordination    <input checked="" type="checkbox"/> 2: Exchange care information    <input checked="" type="checkbox"/> 3: Integration of disparate information  <input checked="" type="checkbox"/> 4: HIE tool enhancements    <input checked="" type="checkbox"/> 5: Partner collaboration    <input type="checkbox"/> 6: Other:</p>	
<p><b>Strategy status:</b>  <input type="checkbox"/> Ongoing    <input checked="" type="checkbox"/> New    <input type="checkbox"/> Paused    <input type="checkbox"/> Revised    <input type="checkbox"/> Completed/ended/retired/stopped</p>	
<p><b>Provider types supported with this strategy:</b>  <input type="checkbox"/> Across provider types OR specific to:    <input checked="" type="checkbox"/> Physical health    <input type="checkbox"/> Oral health    <input type="checkbox"/> Behavioral health</p>	
<p><b>Progress</b> (including previous year <u>accomplishments/successes</u> and <u>challenges</u> with this strategy):  N/A</p>	
<p><b>Overview of 2024-26 plans for this strategy</b> (Optional):</p>	
<p><b>Planned Activities</b></p> <ol style="list-style-type: none"> <li>1. Outreach to 14 OR health systems about establishing EPP connectivity agreements</li> <li>2. Establish an EPP connections with at least one targeted OR health system provider</li> </ol>	<p><b>Planned Milestones</b></p> <ol style="list-style-type: none"> <li>1. Q4-2024</li> <li>1. 2025</li> </ol>
<p><b>Strategy 2: Payer to Payer Data Exchange</b>  Work towards integrating with Humana and other prominent payers</p>	
<p><b>Strategy categories:</b> Select which category(ies) pertain to this strategy  <input checked="" type="checkbox"/> 1: Care Coordination    <input checked="" type="checkbox"/> 2: Exchange care information    <input type="checkbox"/> 3: Integration of disparate information  <input type="checkbox"/> 4: HIE tool enhancements    <input type="checkbox"/> 5: Partner collaboration    <input type="checkbox"/> 6: Other:</p>	
<p><b>Strategy status:</b>  <input type="checkbox"/> Ongoing    <input checked="" type="checkbox"/> New    <input type="checkbox"/> Paused    <input type="checkbox"/> Revised    <input type="checkbox"/> Completed/ended/retired/stopped</p>	

<b>Progress</b> (including previous year <u>accomplishments/successes</u> and <u>challenges</u> with this strategy): N/A	
<b>Overview of 2024-26 plans for this strategy</b> (Optional): Centene will look for additional payers prominent in OR market for participation in Availity Cohort II to enable access to historic claims & clinical data to enable Trillium to have a longitudinal view of the member health history across all past payers to support coordination of member care. This will be achieved by shared data being available to those payers in the exchange assuring all payers are utilizing the same data and have access to the full data set available on the member.	
<b>Planned Activities</b> 1. Schedule the OR Health Plan to be included in this integration work	<b>Planned Milestones</b> 1. TBD
<b>Strategy 3: Use of PointClickCare Collective Medical</b> As a part of ongoing business all ADT notifications are received and directed to the Care Coordination team to assure all areas that will impact the members care are 1. Aware of the status changes 2. Engage in standard business practices to support the member (e.g. follow up on medication changes or in home care needs)	
<b>Strategy categories:</b> Select which category(ies) pertain to this strategy <input checked="" type="checkbox"/> 1: Care Coordination <input checked="" type="checkbox"/> 2: Exchange care information <input type="checkbox"/> 3: Integration of disparate information <input type="checkbox"/> 4: HIE tool enhancements <input type="checkbox"/> 5: Partner collaboration <input type="checkbox"/> 6: Other:	
<b>Strategy status:</b> <input checked="" type="checkbox"/> Ongoing <input type="checkbox"/> New <input type="checkbox"/> Paused <input type="checkbox"/> Revised <input type="checkbox"/> Completed/ended/retired/stopped	
<b>Provider types supported with this strategy:</b> <input type="checkbox"/> Across provider types OR specific to: <input checked="" type="checkbox"/> Physical health <input type="checkbox"/> Oral health <input checked="" type="checkbox"/> Behavioral health	
<b>Progress</b> (including previous year <u>accomplishments/successes</u> and <u>challenges</u> with this strategy): Case management was able to reach out and coordinate support within Trillium business areas and vendors as appropriate in 2024	
<b>Overview of 2024-26 plans for this strategy</b> (Optional): Case management uses ADT notifications to trigger a follow-up with a patient when they are discharged and ensure they understand their care and medication changes and to assist with any other needs.	
<b>Planned Activities</b> 1. Work with analytics team to develop a care management dashboard to better identify trends and opportunities	<b>Planned Milestones</b> 1. Q4 2024

## B. Supporting Increased Access to and Use of HIE Among Providers: 2023 Progress & 2024-26 Plans

<p>Please describe your 2023 progress and 2024-26 plans for supporting increased access to and use of HIE for care coordination and timely hospital event notifications for <u>contracted physical, oral, and behavioral health providers</u>. Please include any work to support clinical referrals between providers. In the spaces below (in the relevant sections), please:</p> <ol style="list-style-type: none"> <li>1. Select the boxes that represent strategies pertaining to your 2023 progress and 2024-26 plans.</li> <li>2. 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.</li> <li>3. 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</li> </ol>
--

organizations lack EHR information'). CCOs are expected to use this information to inform their strategies.

4. (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.
5. For each strategy CCO implemented in 2023 and/or will implement in 2024-26 to support increased access to and/or use of HIE for care coordination and hospital event notifications among contracted physical, oral, and behavioral health providers include:
  - a. A title and brief description
  - b. Which category(ies) pertain to each strategy
  - c. Strategy status
  - d. Provider types supported
  - e. A description of 2023 progress, including:
    - 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)
    - challenges related to each strategy, as applicable

Note: Where applicable, information in the CCO Health IT Data Reporting File should support descriptions of accomplishments and successes.
  - f. (Optional) An overview of CCO 2024-26 plans for each strategy
  - g. Activities and milestones related to each strategy CCO plans to implement in 2024-26

**Notes:**

- Four strategy sections have been provided. Please copy and paste additional strategy sections as needed. Feel free to delete any unused strategy sections (e.g., if CCO only includes three strategies, fourth strategy section can be deleted).
- If CCO is not pursuing a strategy beyond 2023, note 'N/A' in Planned Activities and Planned milestones sections.
- If CCO is implementing a strategy beginning in 2024, please indicate 'N/A' in the progress section for that strategy.
- If preferred, you may choose to submit a separate document detailing each strategy's activities and milestones.

**Strategy category checkboxes (supporting providers)**

Using the boxes below, please select which strategies you employed during 2023 and plan to implement during 2024-26. Elaborate on each strategy and your progress/plans in the sections below.

Progress	Plans		Progress	Plans	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1. HIE training and/or technical assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. Financially support HIE tools and/or cover costs of HIE onboarding
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2. Assessment/tracking of HIE adoption and capabilities			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	3. Outreach and education about value of HIE	<input type="checkbox"/>	<input type="checkbox"/>	9. Offer incentives to adopt or use HIE
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	4. Collaboration with network partners	<input type="checkbox"/>	<input type="checkbox"/>	10. Offer hosted EHR product (that allows for sharing information between clinics using the shared EHR and/or connection to HIE)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	5. Enhancements to HIE tools (e.g., adding new functionality or data sources)			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	6. Integration of disparate information and/or tools with HIE	<input type="checkbox"/>	<input type="checkbox"/>	11. Other strategies that address requirements related to federal



<input type="checkbox"/>	<input type="checkbox"/>	7. Requirements in contracts / provider agreements			interoperability and patient access final rules (please list here):
<input type="checkbox"/>	<input type="checkbox"/>	12. Other strategies for supporting HIE access or use (please list here):			
<b>List and briefly describe tools supported or provided by CCO that facilitate care coordination and/or provide access to timely hospital event notifications.</b> HIE tools must cover both care coordination and hospital event notifications.					
<b>PointClickCare (PCC) formerly Collective Medical Technologies (CMT)</b> 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.					
<b>Epic Payer Platform</b> EHR system					
<b>(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</b>					
Using the Data Completeness Table in the OHA-provided CCO Health IT Data Reporting File, <b>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:</b>					
TC - Physical 105 Behavioral Health 146, Oral 146 LN - Physical 65, Behavioral Health 133, Oral 35					
<b>Strategy 1: PCP Notification and Follow-up</b> Notifying primary care physicians when members are being admitted to an inpatient care setting					
<b>Strategy categories:</b> Select which category(ies) pertain to this strategy <input type="checkbox"/> 1: TA <input type="checkbox"/> 2: Assessment <input checked="" type="checkbox"/> 3: Outreach <input checked="" type="checkbox"/> 4: Collaboration <input type="checkbox"/> 5: Enhancements <input type="checkbox"/> 6: Integration <input type="checkbox"/> 7: Contracts <input type="checkbox"/> 8: Financial support <input type="checkbox"/> 9: Incentives <input type="checkbox"/> 10: Hosted EHR <input type="checkbox"/> 11: Other (requirements): <input type="checkbox"/> 12: Other:					
<b>Strategy status:</b> <input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> New <input type="checkbox"/> Paused <input type="checkbox"/> Revised <input type="checkbox"/> Completed/ended/retired/stopped					
<b>Provider types supported with this strategy:</b> <input type="checkbox"/> Across provider types OR specific to: <input checked="" type="checkbox"/> Physical health <input type="checkbox"/> Oral health <input type="checkbox"/> Behavioral health					
<b>Progress</b> (including previous year <u>accomplishments/successes</u> and <u>challenges</u> with this strategy): N/A					
<b>Overview of 2024-26 plans for this strategy</b> (Optional): Case management staff/team utilizes HIE/HEN information to make sure PCPs are aware, utilizing the provider portal, phone calls, and other provider preferred communication, when a patient is admitted to inpatient care.					
<b>Planned Activities</b> 2. Work with analytics team to develop a care management dashboard to better identify trends and opportunities			<b>Planned Milestones</b> 2. Q4 2024		
<b>Strategy 2: Collaboration with Network Partners and others</b> Trillium will continue Partnering with HIE vendor on meeting needs of CCO and partners.					
<b>Strategy categories:</b> Select which category(ies) pertain to this strategy <input checked="" type="checkbox"/> 1: TA <input type="checkbox"/> 2: Assessment <input type="checkbox"/> 3: Outreach <input checked="" type="checkbox"/> 4: Collaboration <input checked="" type="checkbox"/> 5: Enhancements <input type="checkbox"/> 6: Integration <input type="checkbox"/> 7: Contracts					

<input type="checkbox"/> 8: Financial support <input type="checkbox"/> 9: Incentives <input type="checkbox"/> 10: Hosted EHR <input type="checkbox"/> 11: Other (requirements): <input type="checkbox"/> 12: Other:	
<b>Strategy status:</b> <input checked="" type="checkbox"/> Ongoing <input type="checkbox"/> New <input type="checkbox"/> Paused <input type="checkbox"/> Revised <input type="checkbox"/> Completed/ended/retired/stopped	
<b>Provider types supported with this strategy:</b> <input type="checkbox"/> Across provider types OR specific to: <input checked="" type="checkbox"/> Physical health <input type="checkbox"/> Oral health <input type="checkbox"/> Behavioral health	
<b>Progress</b> (including previous year <u>accomplishments/successes</u> and <u>challenges</u> with this strategy): Began PCC weekly meeting. Continued to identify data and use barriers and needs and develop plans to address lack of provider participation and/or complete data entry. Continue to meet and partner with Unite Us to review usage and resolve barriers	
<b>Overview of 2024-26 plans for this strategy</b> (Optional):	
<b>Planned Activities</b> 1. Engage in weekly meetings with PointClickCare (PCC) to discuss opportunities and community engagement 2. Continue partnering with Unite Us at quarterly meetings to drive CBO partnerships and refinements to provide broader care coordination opportunities in the Unite Us tool for items that are health related not SDOH related	<b>Planned Milestones</b> 1. 2024 2. 2024
<b>Strategy 3: Continue efforts to enhance data sharing with the oral health providers</b> Utilizing member gap reports provided directly to oral health providers, allowing the provider to target specific members still needing care.	
<b>Strategy categories:</b> Select which category(ies) pertain to this strategy <input type="checkbox"/> 1: TA <input type="checkbox"/> 2: Assessment <input type="checkbox"/> 3: Outreach <input checked="" type="checkbox"/> 4: Collaboration <input type="checkbox"/> 5: Enhancements <input type="checkbox"/> 6: Integration <input type="checkbox"/> 7: Contracts <input type="checkbox"/> 8: Financial support <input checked="" type="checkbox"/> 9: Incentives <input type="checkbox"/> 10: Hosted EHR <input type="checkbox"/> 11: Other (requirements): <input type="checkbox"/> 12: Other:	
<b>Strategy status:</b> <input checked="" type="checkbox"/> Ongoing <input type="checkbox"/> New <input type="checkbox"/> Paused <input type="checkbox"/> Revised <input type="checkbox"/> Completed/ended/retired/stopped	
<b>Provider types supported with this strategy:</b> <input type="checkbox"/> Across provider types OR specific to: <input type="checkbox"/> Physical health <input checked="" type="checkbox"/> Oral health <input type="checkbox"/> Behavioral health	
<b>Progress</b> (including previous year <u>accomplishments/successes</u> and <u>challenges</u> with this strategy): Utilizing the presentation of data gathered we were able to assure that oral providers were aware of the impact they were having on member care and the quality metrics demonstrate the impact of the continual data sharing. We met Preventive Dental for Children ages 1-5 and 6-14 quality metrics in the South and North. We met Oral Evaluation for Adults with Diabetes in the South but did not meet it in the North due to lack of member response.	
<b>Overview of 2024-26 plans for this strategy</b> (Optional): Sharing health information is an important part of Trillium's plan and will help bridge the gap between dentists, primary care providers, and Trillium. Integrating and sharing health information will allow Trillium to better capture important health data. Capturing this essential data is important to better focus our efforts to make sure important services are being provided. Trillium will continue to work closely with the DCOs to establish the feasibility of a unified platform for the cross-collaboration of our members' health information.	
<b>Planned Activities</b> 1. Deliver Quality Performance dashboards shared with DCOs with notes and follow-up discussions as needed	<b>Planned Milestones</b> 1. 2024
<b>Strategy 4: HIE training and technical assistance</b> Ensure provider groups have access to HIE and have the knowledge and training to adopt within their practice, via our Provider Network team's and Provider Performance team efforts.	



<b>Strategy categories:</b> Select which category(ies) pertain to this strategy <input checked="" type="checkbox"/> 1: TA <input type="checkbox"/> 2: Assessment <input checked="" type="checkbox"/> 3: Outreach <input type="checkbox"/> 4: Collaboration <input type="checkbox"/> 5: Enhancements <input type="checkbox"/> 6: Integration <input type="checkbox"/> 7: Contracts <input type="checkbox"/> 8: Financial support <input type="checkbox"/> 9: Incentives <input type="checkbox"/> 10: Hosted EHR <input type="checkbox"/> 11: Other (requirements): <input type="checkbox"/> 12: Other:	
<b>Strategy status:</b> <input checked="" type="checkbox"/> Ongoing <input type="checkbox"/> New <input type="checkbox"/> Paused <input type="checkbox"/> Revised <input type="checkbox"/> Completed/ended/retired/stopped	
<b>Provider types supported with this strategy:</b> <input checked="" type="checkbox"/> Across provider types OR specific to: <input type="checkbox"/> Physical health <input type="checkbox"/> Oral health <input type="checkbox"/> Behavioral health	
<b>Progress</b> (including previous year <u>accomplishments/successes</u> and <u>challenges</u> with this strategy): Training and support were provided to the identified providers based on requests for assistance and key metrics utilized to gauge network adequacy area's of concern and new DCOs in how to use the Trillium provider portal. The portal provides HIE/HEN information as available (e.g admit, discharge, and any health records available) and allows all provider types to access this information per member. They can also access any assessments, such as the health assessment survey, completed by Trillium on the member.	
<b>Overview of 2024-26 plans for this strategy</b> (Optional): Continue onboarding and training providers in PointClickCare Collective Medical and the Trillium provider portal to drive additional data collection and collaboration.	
<b>Planned Activities</b> 1. Identify two physical health, three oral health, and three behavioral health organizations to train and onboard the use of PCC and CCO Provider portal in their practice, to include at least 1 (SW) provider for each provider type.  2. Provider Portal: •Physical health- Identify an additional two providers to train and onboard •Behavioral health- N/A •Oral health- Train any new users within the DCOs, ensure DCOs maintain access to the Portal	<b>Planned Milestones</b> 1. 2024 2. 2024
<b>Strategy 5: Assessment/tracking of HIE adoption and capabilities</b> Increase adoption of HIE by providers that have access to PCC and the Provider Portal but are limited by education, technical, or workforce constraints.	
<b>Strategy categories:</b> Select which category(ies) pertain to this strategy <input checked="" type="checkbox"/> 1: TA <input type="checkbox"/> 2: Assessment <input checked="" type="checkbox"/> 3: Outreach <input checked="" type="checkbox"/> 4: Collaboration <input type="checkbox"/> 5: Enhancements <input type="checkbox"/> 6: Integration <input type="checkbox"/> 7: Contracts <input checked="" type="checkbox"/> 8: Financial support <input type="checkbox"/> 9: Incentives <input type="checkbox"/> 10: Hosted EHR <input type="checkbox"/> 11: Other (requirements): <input type="checkbox"/> 12: Other:	
<b>Strategy status:</b> <input checked="" type="checkbox"/> Ongoing <input type="checkbox"/> New <input type="checkbox"/> Paused <input type="checkbox"/> Revised <input type="checkbox"/> Completed/ended/retired/stopped	
<b>Provider types supported with this strategy:</b> <input type="checkbox"/> Across provider types OR specific to: <input checked="" type="checkbox"/> Physical health <input type="checkbox"/> Oral health <input checked="" type="checkbox"/> Behavioral health	
<b>Progress</b> (including previous year <u>accomplishments/successes</u> and <u>challenges</u> with this strategy): Outreached to top 10% of to celebrate. Outreached to bottom 10% of scoring providers to determine what we can do to support future year participation. Responses are being consolidated to identify trends and barriers and develop improvement plans. CLAS standards are utilized to determine the top and bottom scorers however as the survey also answers use of technology to assure that the provider office use or barriers to use of HIE are addressed in the survey. This process helps us drive technology uses in collaboration with a focus on Health Equity.	
<b>Overview of 2024-26 plans for this strategy</b> (Optional):	
<b>Planned Activities</b>	<b>Planned Milestones</b> 1. Q2-Q3 2023 – Q2-Q4 2024 2. 2024

<ol style="list-style-type: none"> <li>1. Drive broader response to the provider survey to gather data on provider barriers to adoption of HIT/HIE tools for Care Coordination.</li> <li>2. Analyze the data through 2024 to develop a plan for outreach to our highest volume of providers who have an identified barrier to HIE.</li> <li>3. Continue identify (2023) and develop strategies (2024) to address the top 3 barriers for all provider types to adopting HIT/HIE tools.</li> <li>4. Seek opportunities where CCO can support providers reporting one of the top 3 barriers.</li> </ol>	<ol style="list-style-type: none"> <li>3. Q3-Q4 2023 – Q2-Q4 2024</li> <li>4. 2024</li> </ol>
<b>Strategy 7: EMR/EHR connectivity</b> Centene is focusing on establishing Epic Payer Platform connections with Oregon providers, streamlining the exchange of HIE/HEN information in the future. This specific strategy is covered by other efforts listed in this section.	
<b>Strategy categories:</b> Select which category(ies) pertain to this strategy <input checked="" type="checkbox"/> 1: TA <input type="checkbox"/> 2: Assessment <input checked="" type="checkbox"/> 3: Outreach <input type="checkbox"/> 4: Collaboration <input type="checkbox"/> 5: Enhancements <input type="checkbox"/> 6: Integration <input type="checkbox"/> 7: Contracts <input type="checkbox"/> 8: Financial support <input type="checkbox"/> 9: Incentives <input type="checkbox"/> 10: Hosted EHR <input type="checkbox"/> 11: Other (requirements): <input type="checkbox"/> 12: Other:	
<b>Strategy status:</b> <input type="checkbox"/> Ongoing <input type="checkbox"/> New <input type="checkbox"/> Paused <input type="checkbox"/> Revised <input checked="" type="checkbox"/> Completed/ended/retired/stopped	
<b>Provider types supported with this strategy:</b> <input type="checkbox"/> Across provider types OR specific to: <input checked="" type="checkbox"/> Physical health <input type="checkbox"/> Oral health <input checked="" type="checkbox"/> Behavioral health	
<b>Progress</b> (including previous year <u>accomplishments/successes</u> and <u>challenges</u> with this strategy): Training on EHR systems ‘connector’ use completed as planned in 2023. For providers currently connected via an EMR/EHR 81% of encounters show that we previously had the ADT information through a ‘connector’ and case management was able to act on the information.	
<b>Overview of 2024-26 plans for this strategy</b> (Optional):	
<b>Planned Activities</b> N/A	<b>Planned Milestones</b> N/A
<b>Strategy 8: Outreach and education about value of HIE</b> Educate providers on the value of HIE.	
<b>Strategy categories:</b> Select which category(ies) pertain to this strategy <input checked="" type="checkbox"/> 1: TA <input type="checkbox"/> 2: Assessment <input checked="" type="checkbox"/> 3: Outreach <input type="checkbox"/> 4: Collaboration <input type="checkbox"/> 5: Enhancements <input type="checkbox"/> 6: Integration <input type="checkbox"/> 7: Contracts <input type="checkbox"/> 8: Financial support <input type="checkbox"/> 9: Incentives <input type="checkbox"/> 10: Hosted EHR <input type="checkbox"/> 11: Other (requirements): <input type="checkbox"/> 12: Other:	
<b>Strategy status:</b> <input type="checkbox"/> Ongoing <input type="checkbox"/> New <input type="checkbox"/> Paused <input type="checkbox"/> Revised <input checked="" type="checkbox"/> Completed/ended/retired/stopped	
<b>Provider types supported with this strategy:</b> <input type="checkbox"/> Across provider types OR specific to: <input checked="" type="checkbox"/> Physical health <input type="checkbox"/> Oral health <input type="checkbox"/> Behavioral health	
<b>Progress</b> (including previous year <u>accomplishments/successes</u> and <u>challenges</u> with this strategy): This is being retired as we found that the case examples PCC was able to provide were not driving to any improvements. The case examples continue to be for non-systematic issues or delayed to the point the issue has been addressed.	
<b>Overview of 2024-26 plans for this strategy</b> (Optional):	
<b>Planned Activities</b> N/A	<b>Planned Milestones</b> N/A

### C. HIE for Care Coordination Barriers: (Optional)

**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**

### D. OHA Support Needs (Optional)

**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?**

### E. CCO Access to and Use of EHRs (Optional)

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

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

Centene has several HIEs and EMR connections that we work with in Oregon, including Epic Payer Platform, Athena, Azara, Konza, Lanes, Manifest, SDHC, SES, and SVMS. The data is pulled into TruCare for our Care Management team to use in daily care coordination activities.

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

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

The data is flows into TruCare for our Care Management team to use in daily care coordination activities.

## 5. Health IT to Support SDOH Needs

### A. CCO Use of Health IT to Support SDOH Needs: 2023 Progress & 2024-26 Plans

Please describe CCO 2023 progress and 2024-26 plans for using health IT within your organization to support social determinants of health (SDOH) needs, including but not limited to screening and referrals. In the spaces below (in the relevant sections), please:

1. Select the boxes that represent strategies pertaining to your 2023 progress and 2024-26 plans.
2. List and describe the specific health IT tool(s) you currently use or plan to use for supporting SDOH needs. Please specify if the health IT tool(s) have closed-loop referral functionality (e.g., Community Information Exchange or CIE).
3. (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.
4. For each strategy CCO implemented in 2023 and/or will implement in 2024-26 for using health IT within the CCO to support SDOH needs, including but not limited to screening and referrals, include:
  - a. A title and brief description
  - b. Which category(ies) pertain to each strategy

- c. Strategy status
- d. Provider types supported
- e. A description of 2023 progress, including:
  - accomplishments and successes (including number of organizations, etc., where applicable)
  - challenges related to each strategy, as applicable
- f. (Optional) An overview of CCO 2024-26 plans for each strategy
- g. Activities and milestones related to each strategy CCO plans to implement in 2024-26

**Notes:**

- Four strategy sections have been provided. Please copy and paste additional strategy sections as needed. Feel free to delete any unused strategy sections (e.g., if CCO only includes three strategies, fourth strategy section can be deleted).
- If CCO is not pursuing a strategy beyond 2023, note 'N/A' in Planned Activities and Planned Milestones sections.
- If CCO is implementing a strategy beginning in 2024, please indicate 'N/A' in the Progress section for that strategy.
- If preferred, you may choose to submit a separate document detailing each strategy's activities and milestones.

**Strategy category checkboxes (within CCO)**

Using the boxes below, please select which strategies you employed during 2023 and plan to implement during 2024-26, within your organization. Elaborate on each strategy and your progress/plans in the sections below.

Progress	Plans		Progress	Plans	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	1. Implementation/use of health IT tool/capability for social needs screening and referrals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6. Integration or interoperability of health IT systems that support SDOH with other tools
<input type="checkbox"/>	<input checked="" type="checkbox"/>	2. Care coordination and care management of individual members	<input type="checkbox"/>	<input type="checkbox"/>	7. Collaboration with network partners
<input type="checkbox"/>	<input checked="" type="checkbox"/>	3. Use data to identify individual members' SDOH experiences and social needs	<input type="checkbox"/>	<input type="checkbox"/>	8. CCO metrics support
<input type="checkbox"/>	<input type="checkbox"/>	4. Use data for risk stratification	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9. Enhancements to CIE tools (e.g., new functionality, health-related services funds forms, screenings, data sources)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5. Use health IT to monitor and/or manage contracts and/or programs to meet members' SDOH needs	<input type="checkbox"/>	<input type="checkbox"/>	10. Participate in SDOH-focused health IT collaboratives, convening, and/or governance
<input type="checkbox"/>	<input type="checkbox"/>	12. Other strategies for CCO access or use of SDOH-related data within CCO (please list here):			11. Other strategies for supporting CIE use within CCO (please list here):

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

**Unite Us CIE**

Connect Oregon is a coordinated care network of health and social service providers serving Oregon. Partners in the network are connected through Unite Us' shared technology platform, enabling them to send and receive electronic referrals, address people's social needs, and improve health across communities.

**TruCare – Internal HIE system**

Information from EHR/HIE/HEN is fed into TruCare and then utilized by care management, members services, call centers and other to assure the full member profile is available to all associates working with the member or provider on the members' care.

**Provider Portal:**

The Provider Portal supports 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

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

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

Ensuring 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 systems internal and external. This will assure that all known SDOH data is available in most environments where the member is including internal care coordination.

**Strategy categories:** Select which category(ies) pertain to this strategy

☒ 1: Health IT Implementation   ☒ 2: Care coordination   ☒ 3: Use data to ID SDOH   ☐ 4: Risk stratification  
☐ 5: Contracts   ☐ 6: Integration   ☐ 7: Collaboration   ☒ 8: Metrics support   ☐ 9: CIE Enhancements  
☐ 10: Governance   ☐ 11: Other CIE Use:   ☐ 12: Other SDOH data:

**Strategy status:**

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

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

**Overview of 2024-26 plans for this strategy** (Optional):

**Planned Activities**

1. Identify impacted assessments for all Health Plan product lines, confirm list of active assessment by product line, and map LOINC codes for existing assessment questions
2. Define additional questions with LOINC codes to meet SNS-E measure & SDOH domains
3. Approve updates for SNS-E measure and state specific requirements
4. Update to all impacted assessments by TruCare config team
5. Train Health Plan clinical staff and update workflows

**Planned Milestones**

1. 2023 - Q1 2024
2. Q2-Q3 2024
3. Q2-Q3 2024
4. Q4 2024 – Q2 2024
5. Q1 2025

**Strategy 2: SDOH Real-Time Repository (RTR)**

Initiative to consolidate all sources for SDOH data internal and external. Capture data from various sources, standardize it according to CMS standards and then store it at an enterprise level repository.

**Strategy categories:** Select which category(ies) pertain to this strategy

☒ 1: Health IT Implementation   ☒ 2: Care coordination   ☒ 3: Use data to ID SDOH   ☐ 4: Risk stratification  
☐ 5: Contracts   ☒ 6: Integration   ☐ 7: Collaboration   ☒ 8: Metrics support   ☐ 9: CIE Enhancements  
☐ 10: Governance   ☐ 11: Other CIE Use:   ☐ 12: Other SDOH data:

**Strategy status:**

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

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

<b>Overview of 2024-26 plans for this strategy</b> (Optional): Consolidate all sources of SDOH data into one data store and develop an API for analytic teams to access and utilize data.	
<b>Planned Activities</b> <ol style="list-style-type: none"> <li>1. First target is to capture SDOH assessments, problems, goals, interventions from TruCare</li> <li>2. Second build and populate the enterprise repository</li> <li>3. Third go after other sources of SDOH data (community orgs...)</li> <li>4. Build tools (API) to allow access to the data</li> </ol>	<b>Planned Milestones</b> <ol style="list-style-type: none"> <li>1. 3/2024</li> <li>2. Q2 2024</li> <li>3. TBD</li> <li>4. TBD</li> </ol>
<b>Strategy 3: Create a Comprehensive SDOH, REAL+D, and SOGI Strategy</b> The Health Plan 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 will also include enhancements to the provider portal that will increase the availability of SDOH screening results, including additional SDOH and REAL+D data for providers and care managers.	
<b>Strategy categories:</b> Select which category(ies) pertain to this strategy <input type="checkbox"/> 1: Health IT Implementation <input checked="" type="checkbox"/> 2: Care coordination <input checked="" type="checkbox"/> 3: Use data to ID SDOH <input checked="" type="checkbox"/> 4: Risk stratification <input type="checkbox"/> 5: Contracts <input checked="" type="checkbox"/> 6: Integration <input type="checkbox"/> 7: Collaboration <input checked="" type="checkbox"/> 8: Metrics support <input type="checkbox"/> 9: CIE Enhancements <input type="checkbox"/> 10: Governance <input type="checkbox"/> 11: Other CIE Use: <input type="checkbox"/> 12: Other SDOH data:	
<b>Strategy status:</b> <input checked="" type="checkbox"/> Ongoing <input type="checkbox"/> New <input type="checkbox"/> Paused <input type="checkbox"/> Revised <input type="checkbox"/> Completed/ended/retired/stopped	
<b>Progress</b> (including previous year <u>accomplishments/successes</u> and <u>challenges</u> with this strategy): Strategies and actions have been put in place to begin to pull all SDOH data into one repository and to create data sets for REAL data from both 834 files, supplemental OHA files, screenings, and other data sources.	
<b>Overview of 2024-26 plans for this strategy</b> (Optional): Continue work to identify and consolidate data. Analytics will identify needed reporting and dashboards and develop customized solutions for various business areas.	
<b>Planned Activities</b> <ol style="list-style-type: none"> <li>1. Develop a comprehensive strategy across Health Plan functional areas to address the processes needed for data capture of SDOH, REAL+D, and SOGI data from all sources, and to minimize abrasion to providers and members.</li> <li>2. Develop a process for use of SDOH, REAL+D, and SOGI data for reporting Oregon Health Authority and for improving care management in collaboration with providers.</li> <li>3. Prepare and educate CCO Staff and Provider Communications</li> <li>4. Execute the strategy and defined processes</li> <li>5. Identify and develop analytic reporting/dashboards for various business areas</li> <li>6. Update member profile in provider portal to include race and disability.</li> <li>7. Update member assessments section in provider portal to make all REAL+D, SOGI, and SDOH screening results available on a member (in addition to those performed by providers)</li> </ol>	<b>Planned Milestones</b> <ol style="list-style-type: none"> <li>1. Q2-Q3 2023</li> <li>2. Q4 2023-Q2 2024</li> <li>3. Q3-Q4 2024</li> <li>4. Q4 2024-Q1 2025</li> <li>5. Q4 2024</li> <li>6. Q3-Q4 2024</li> <li>7. Q3-Q4 2024</li> </ol>



**Strategy 4: PCPCH PCP Assignment Preference**

Enable members to receive care based on SDOH criteria and needs by a Patient-Centered Primary Care Home (PCPCH) focused on addressing the members' SDOH needs, as the guidelines for achieving PCPCH recognition requires.

- Oregon Health Authority, *Patient-Centered Primary Care Home (PCPCH) Program Recognition Criteria, Technical Specifications and Reporting Guide* standard 3.D relates to health-related social needs such as housing instability, food insecurity, and exposure to interpersonal violence directly impact health outcomes.
- The intent of this standard is for PCPCHs to assess and, when possible, intervene in patients' health-related social needs as part of routine wellness care.

**Strategy categories:** Select which category(ies) pertain to this strategy

☐ 1: Health IT Implementation   ☐ 2: Care coordination   ☐ 3: Use data to ID SDOH   ☐ 4: Risk stratification  
☐ 5: Contracts   ☐ 6: Integration   ☐ 7: Collaboration   ☐ 8: Metrics support   ☐ 9: CIE Enhancements  
☐ 10: Governance   ☐ 11: Other CIE Use:   ☒ 12: Other SDOH data: Assigning members to practices that meet the SDOH requirements defined by OHA.

**Strategy status:**

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

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

Established PCP auto-assignment criteria as a permanent solution, giving priority to PCPCHs that meet the SDOH requirement.

In April 2023, only 3690 members were assigned to PCPCH providers who meet SDOH Standard 3.D compared to 18,146 in December 2023, which is an increase of 392%.

**Overview of 2024-26 plans for this strategy** (Optional):

**Planned Activities**

N/A

**Planned Milestones**

N/A

## B. CCO Support of Providers with Using Health IT to Support SDOH Needs: 2023 Progress & 2024-26 Plans

Please describe your 2023 progress and 2024-26 plans for supporting contracted physical, oral, and behavioral health providers with using health IT to support SDOH needs, including but not limited to screening and referrals. Additionally, describe any progress made supporting social services and community-based organizations (CBOs) with using health IT in your community. In the spaces below, (in the relevant sections), please:

1. Select the boxes that represent strategies pertaining to your 2023 progress and 2024-26 plans.
2. List and describe the specific tool(s) you currently or plan to support or provide to your contracted physical, oral, and behavioral health providers, as well as social services, and CBOs. Please specify if the tool(s) have screening and/or closed-loop referral functionality (e.g., CIE).
3. (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.
4. For each strategy CCO implemented in 2023 and/or will implement in 2024-26 to support contracted physical, oral, and behavioral health providers, as well as social services and CBOs with using health IT to support social needs, including but not limited to social needs screening and referrals, include:
  - a. A title and brief description
  - b. Which category(ies) pertain to each strategy
  - c. Strategy status
  - d. Provider types supported
  - e. A description of 2023 progress, including:
    - 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)
    - challenges related to each strategy, as applicable

- f. (Optional) An overview of CCO 2024-26 plans for each strategy
- g. Activities and milestones related to each strategy CCO plans to implement in 2024-26

**Notes:**

- Four strategy sections have been provided. Please copy and paste additional strategy sections as needed. Feel free to delete any unused strategy sections (e.g., if CCO only includes three strategies, fourth strategy section can be deleted).
- If CCO is not pursuing a strategy beyond 2023, note 'N/A' in Planned Activities and Planned milestones sections.
- If CCO is implementing a strategy beginning in 2024, please indicate 'N/A' in the progress section for that strategy.
- If preferred, you may choose to submit a separate document detailing each strategy's activities and milestones

**Strategy category checkboxes (supporting providers)**

Using the boxes below, please select which strategies you employed during 2023 and plan to implement during 2024-26. Elaborate on each strategy and your progress/plans in the sections below.

Progress	Plans		Progress	Plans	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1. Sponsor CIE for the community	<input type="checkbox"/>	<input type="checkbox"/>	8. Requirements in contracts/provider agreements
<input type="checkbox"/>	<input type="checkbox"/>	2. Financial support for CIE implementation and/or maintenance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9. Enhancements to CIE tools (e.g., new functionality, health-related services funds forms, screenings, data sources)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	3. Training and/or technical assistance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10. Integration or interoperability of health IT systems that support SDOH with other tools
<input type="checkbox"/>	<input checked="" type="checkbox"/>	4. Assessment/tracking of CIE/SDOH tool adoption and use	<input type="checkbox"/>	<input type="checkbox"/>	11. Support CBOs sending of referrals to clinical providers (i.e., to physical, oral, and behavioral health providers)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5. Outreach and education about the value of health IT adoption/ use to support SDOH needs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12. Utilization of health IT to support payments to community-based organizations
<input type="checkbox"/>	<input type="checkbox"/>	6. Support participation in SDOH-focused health IT collaboratives, education, convening, and/or governance	<input type="checkbox"/>	<input type="checkbox"/>	13. Other strategies for supporting adoption of <u>CIE or other health IT</u> to support SDOH needs (please list here):
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	7. Incentives and/or grants to adopt and/or use health IT that supports SDOH	<input type="checkbox"/>	<input type="checkbox"/>	14. Other strategies for supporting access or use of <u>SDOH-related data</u> (please list here):

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

**Unite Us**

Connect Oregon is a coordinated care network of health and social service providers serving Oregon. Partners in the network are connected through Unite Us' shared technology platform, enabling them to send and receive electronic referrals, address people's social needs, and improve health across communities.

**Provider Portal:**

The Provider Portal supports 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.



(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**

### **Supporting and Incentivizing HRSN Service Providers**

**Any planning and/or preparation CCO has done in anticipation of 2024 requirement to support and incentivize HRSN Service Providers to adopt and use technology for closed loop referrals, such as developing grants, technical assistance, outreach, education, and feedback mechanisms for HRSN Service Providers.**

As of March 2024, we do not have incentive plans developed but it's part of the ongoing discussion in preparation for go-live of Housing in November 2024. We are planning to contract with Unite Us to use their Payment platform to encourage HRSN Service Providers to also use Unite Us for closed loop referrals (see strategy 1 below for more).

**Specific plans to support and incentivize HRSN Service Providers to adopt and use technology for closed loop referrals during Contract Years 2024-2026, such as developing grants, technical assistance, outreach, education, and feedback mechanisms for HRSN Service Providers.**

Identified key partners to outreach to identify their interest in using Unite Us under our license, as well as their barriers/challenges to using Unite Us.

### **Strategy 1: Unite Us Implementation**

The Unite Us platform that serves as the foundation for Connect Oregon was launched for the Health Plan in July 2022. Since that time, the Health Plan has engaged community-based organizations (CBO) in their adoption of the Unite Us closed loop referral platform. The Health Plan will continue to support and educate CBOs on the value of using the closed loop referral system. Care Managers within the Health Plan are actively using the Unite Us platform to refer members to community-based organizations within the Connect Oregon network. Our United Us contract covers the cost for CBOs sponsored by the Health Plan to utilize the CIE system. Provider types included in this strategy are community-based organizations. The Health Plan continues reaching out to CBOs that are not part of the Unite Us platform to help address barriers to implementation. As appropriate, the CBOs are encouraged to apply for CBI grants to support the adoption of CIE tools

**Strategy categories:** Select which category(ies) pertain to this strategy

☐ 1: Health IT Implementation   ☒ 2: Care coordination   ☐ 3: Use data to ID SDOH   ☐ 4: Risk stratification  
☐ 5: Contracts   ☐ 6: Integration   ☐ 7: Collaboration   ☐ 8: Metrics support   ☒ 9: CIE Enhancements  
☐ 10: Governance   ☐ 11: Other CIE Use:   ☐ 12: Other SDOH data:

**Strategy status:**

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

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

In 2023, almost 1300 referrals were submitted through the Unite Us platform, where 1261 were for Medicaid members. We are working with Unite Us to report additional CBOs added to the network during any given time period.

**Overview of 2024-26 plans for this strategy** (Optional):

#### **Planned Activities**

1. 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

#### **Planned Milestones**

1. Q3 2024
2. Q4 2024
3. 2024

### **Strategy 2: Unite Us Payment Module adoption**

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

<p>Our United Us contract covers the cost for CBOs sponsored by the Health Plan to utilize the CIE system. Provider types included in this strategy are community-based organizations. The Health Plan continues reaching out to CBOs that are not part of the United Us platform to help address barriers to implementation. As appropriate, the CBOs are encouraged to apply for CBI grants to support the adoption of CIE tools.</p>	
<p><b>Strategy categories:</b> Select which category(ies) pertain to this strategy</p> <p> <input checked="" type="checkbox"/> 1: Sponsor CIE    <input type="checkbox"/> 2: Financial    <input type="checkbox"/> 3: TA    <input type="checkbox"/> 4: Assessment    <input type="checkbox"/> 5: Outreach/Education    <input type="checkbox"/> 6: Participation  <input type="checkbox"/> 7: Incentives    <input type="checkbox"/> 8: Contracts    <input checked="" type="checkbox"/> 9: Enhancements    <input type="checkbox"/> 10: Integration    <input type="checkbox"/> 11: Clinical referrals:    <input checked="" type="checkbox"/> 12: Payments  <input type="checkbox"/> 13: Other adoption:    <input type="checkbox"/> 14: Other data access/use: </p>	
<p><b>Strategy status:</b></p> <p> <input type="checkbox"/> Ongoing    <input checked="" type="checkbox"/> New    <input type="checkbox"/> Paused    <input type="checkbox"/> Revised    <input type="checkbox"/> Completed/ended/retired/stopped </p>	
<p><b>Provider types supported with this strategy:</b> <input type="checkbox"/> Across provider types OR specific to: <input type="checkbox"/> Physical health    <input type="checkbox"/> Oral health    <input type="checkbox"/> Behavioral health    <input checked="" type="checkbox"/> Social Services    <input checked="" type="checkbox"/> CBOs</p>	
<p><b>Progress</b> (including previous year <u>accomplishments/successes</u> and <u>challenges</u> with this strategy): N/A</p>	
<p><b>Overview of 2024-26 plans for this strategy</b> (Optional):</p>	
<p><b>Planned Activities</b></p> <ol style="list-style-type: none"> <li>1. Implement screening forms</li> <li>2. Implement Payment Module</li> <li>3. Implement Claims Module</li> <li>4. Reporting - 837</li> </ol>	<p><b>Planned Milestones</b></p> <ol style="list-style-type: none"> <li>1. Q1 2024</li> <li>2. Q3 2024</li> <li>3. Q3 2024</li> <li>4. Q3 2024</li> </ol>
<p><b>Strategy 3: Epic Payer Platform (EPP)</b> (main strategy description is located in HIE/HEN as Strategy 2) Developing data exchange features</p>	
<p><b>Strategy categories:</b> Select which category(ies) pertain to this strategy</p> <p> <input type="checkbox"/> 1: Health IT Implementation    <input type="checkbox"/> 2: Care coordination    <input type="checkbox"/> 3: Use data to ID SDOH    <input type="checkbox"/> 4: Risk stratification  <input type="checkbox"/> 5: Contracts    <input checked="" type="checkbox"/> 6: Integration    <input type="checkbox"/> 7: Collaboration    <input type="checkbox"/> 8: Metrics support    <input type="checkbox"/> 9: CIE Enhancements  <input type="checkbox"/> 10: Governance    <input type="checkbox"/> 11: Other CIE Use:    <input type="checkbox"/> 12: Other SDOH data: </p>	
<p><b>Strategy status:</b></p> <p> <input type="checkbox"/> Ongoing    <input checked="" type="checkbox"/> New    <input type="checkbox"/> Paused    <input type="checkbox"/> Revised    <input type="checkbox"/> Completed/ended/retired/stopped </p>	
<p><b>Progress</b> (including previous year <u>accomplishments/successes</u> and <u>challenges</u> with this strategy): N/A</p>	
<p><b>Overview of 2024-26 plans for this strategy</b> (Optional): As part of the overall EPP implementation, Centene plans to implement the capability to share SDOH data in within the EPP</p>	
<p><b>Planned Activities</b></p> <ol style="list-style-type: none"> <li>1. <b>Social Determinants of Health (Outbound)</b> – Allows Centene to send our internal SDoH assessments to Epic Physicians for use in referral programs for additional benefits to assist members with SDoH needs</li> </ol>	<p><b>Planned Milestones</b></p> <ol style="list-style-type: none"> <li>1. TBD</li> </ol>

### C. Health IT to Support SDOH Needs Barriers (Optional)

<p><b>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.</b></p>
<p>A primary barrier has been many new projects, programs, and products (e.g., BHP, HRSN, etc.) being introduced that providers and CBOs have constraints on their time and resources to commit to changes and enhancements.</p>

## D. OHA Support Needs (Optional)

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?

## 6. Other Health IT Questions (Optional)

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

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

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

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

D. How have your organization's health IT strategies supported **reducing health inequities**? What can OHA do to better support you?

**Note:** For an example response to help inform on level of detail required, please refer to the [2023 Health IT Roadmap Guidance](#) on the [HITAG webpage](#).

For questions about the CCO Health IT Roadmap, please contact [CCO.HealthIT@odhsoha.oregon.gov](mailto:CCO.HealthIT@odhsoha.oregon.gov).