



2025 CCO Health Information Technology (HIT) Roadmap

Guidance, Evaluation Criteria & Reporting Template

Contract or rule citation	Exhibit J, Section 2
Deliverable due date	March 15, 2025
Submit deliverable via:	CCO Contract Deliverables Portal

Please:

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

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

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Guidance Document

1. Purpose & Background

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

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

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

Reminders for Contract Year 6 (2025):

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

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

² New Health IT Roadmap requirement beginning Contract Year 3 (2022)

2. Overview of Process

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

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

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

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

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

2025 Health IT Roadmap Timeline			
Last Revised 12/2/2024			
	March - June 2025	June - July 2025	July - Aug 2025
	<i>2025 HIT Roadmap Submission and Review</i>	<i>CCO/OHA Communication and Collaboration</i>	<i>Revised Roadmap Submission & Review, CCO/OHA meetings</i>
Activities	List of activities	List of activities	List of activities
	CCOs submit <i>2025 HIT Roadmap</i> and HIT Data Reporting File to OHA by 3/15/25	If not approved, CCO contacts OHA by 6/20/25 to schedule a meeting to discuss required revisions	CCO submits Revised 2024 HIT Roadmap to OHA by 7/16/25 OHA reviews CCO Revised 2025 HIT Roadmap
	OHA reviews <i>2025 HIT Roadmap</i>	If approved, CCO contacts OHA by 6/27/25 to schedule a Roadmap follow-up meeting	OHA sends Revised 2025 HIT Roadmap result letter to CCO by 8/15/25
	OHA sends initial <i>2025 HIT Roadmap</i> result letter to CCO by 6/16/25	Collaborative meeting(s) occur between OHA and CCOs required to revise and resubmit their <i>2025 HIT Roadmap</i> by 7/9/25	CCOs with approved Roadmaps meet with OHA by 8/30/25
OHA expects all CCOs will have an approved 2025 HIT Roadmap by 8/29/2025			

3. Health IT Roadmap Approval Criteria

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

Health IT Roadmap Section	Question(s) – Abbreviated (Please see report template for complete question)	Approval Criteria
1. Health IT Partnership	CCO attestation to the four areas of health IT Partnership	CCO meets the following requirements: <ul style="list-style-type: none"> • Active, signed HIT Commons Memorandum of Understanding (MOU) and adheres to the terms • Paid the annual HIT Commons assessments subject to the payment terms of the HIT Commons MOU • Served, if elected on the HIT Commons governance board or one of its committees • Participated in an OHA’s HITAG meeting at least once during the previous Contract Year
2. <i>CCO Data for 2025 SDOH Social Needs Screening and Referral Measure</i>	<i>CCO attests to inclusion of data collected for three elements of SDOH Social Needs Screening and Referral Measure</i>	<i>CCO included data/information collected for the following SDOH Social Needs Screening and Referral Measure:</i> <ul style="list-style-type: none"> • <i>Element 3: Systematic assessment of whether and where screenings are occurring by CCO and provider organizations.</i> • <i>Elements 6 and 7: Identification of screening tools or screening questions in use by CCO and provider organizations.</i> • <i>Element 13: Environmental scan of data systems used in the CCO’s service area to collect information about members’ social needs, refer members to community resources, and exchange social needs data.</i>
4. Support for EHR adoption, use, and optimization	A. 2024 Progress supporting contracted physical, oral, and behavioral health providers to increase EHR adoption, use, and optimization in support of care coordination	<ul style="list-style-type: none"> • Description of progress includes: <ul style="list-style-type: none"> ○ Strategies used to support increased rates of EHR adoption, use, and optimization in support of care coordination, and address barriers among contracted physical, oral, and behavioral health providers in 2024 ○ Specific accomplishments and successes for 2024 related to supporting EHR adoption, use, and optimization in support of care coordination • Sufficient detail and clarity to establish that activities are meaningful and credible.

Health IT Roadmap Section	Question(s) – Abbreviated (Please see report template for complete question)	Approval Criteria
	2025-2026 Plans for supporting contracted physical, oral, and behavioral health providers to increase EHR adoption, use, and optimization in support of care coordination	<ul style="list-style-type: none"> • Description of plans includes: <ul style="list-style-type: none"> ○ The number of organizations (by provider type) for which no EHR information is available (e.g., 10 physical health, 22 oral health, and 14 behavioral health organizations) ○ Plans for collecting missing EHR information via CCO existing processes ○ Additional strategies for 2025-2026 related to supporting increased EHR adoption, use, and optimization in support of care coordination, including risk stratification, and addressing barriers to adoption among contracted physical, oral, and behavioral health providers ○ Specific activities and milestones for 2025-2026 related to each strategy • Sufficient detail and clarity to establish that activities are meaningful and credible.
5. Use of and support for HIE for care coordination and hospital event notifications	A. 2024 Progress using HIE for care coordination and timely hospital event notifications <u>within CCO</u>	<ul style="list-style-type: none"> • Description of progress includes: <ul style="list-style-type: none"> ○ HIE tool(s) CCO is using within their organization for care coordination, including risk stratification, and timely hospital event notifications ○ HIE strategies used for care coordination, including risk stratification, and timely hospital event notifications within the CCO ○ Specific accomplishments and successes for 2024 related to CCO's use of HIE for care coordination and timely hospital event notifications • Sufficient detail and clarity to establish that activities are meaningful and credible.
	2025-2026 Plans using HIE for care coordination and timely hospital event notifications <u>within CCO</u>	<ul style="list-style-type: none"> • Description of plans includes: <ul style="list-style-type: none"> ○ Additional tool(s) (if any) CCO is planning to use for care coordination, including risk stratification, and timely hospital event notifications ○ Additional strategies for 2025-2026 to use HIE for care coordination, including risk stratification, and timely hospital event notifications within the CCO ○ Specific activities and milestones for 2025-2026 related to each strategy • Sufficient detail and clarity to establish that activities are meaningful and credible
	B. 2024 Progress supporting contracted physical, oral, and behavioral health providers with increased access to and use of HIE for care coordination and timely hospital event notifications	<ul style="list-style-type: none"> • Description of progress includes: <ul style="list-style-type: none"> ○ Tool(s) CCO provided or made available to support providers' access to HIE for care coordination and timely hospital event notifications ○ Strategies CCO used to support increased access to and use of HIE for care coordination and timely hospital event notifications for contracted physical, oral, and behavioral health providers in 2024

Health IT Roadmap Section	Question(s) – Abbreviated (Please see report template for complete question)	Approval Criteria
		<ul style="list-style-type: none"> ○ Specific accomplishments and successes for 2024 related to increasing access to and use of HIE for care coordination and timely hospital event notifications (including the number of organizations of each provider type that gained increased access or use as a result of CCO support, as applicable) ● Sufficient detail and clarity to establish that activities are meaningful and credible.
	<p>2025-2026 Plans for supporting contracted physical, oral, and behavioral health providers with increased access to and use of HIE for care coordination and timely hospital event notifications</p>	<ul style="list-style-type: none"> ● Description of plans includes: <ul style="list-style-type: none"> ○ 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) ○ Additional HIE tool(s) CCO plans to support or make available to providers for care coordination and/or timely hospital event notifications ○ Additional strategies for 2025-2026 related to supporting increased access to and use of HIE for care coordination and timely hospital event notifications among contracted physical, oral, and behavioral health providers ○ Specific activities and milestones for 2025-2026 related to each strategy (including the number of organizations of each provider type expected to gain access to or use of HIE for care coordination and hospital event notifications as a result of CCO support, as applicable) ● Sufficient detail and clarity to establish that activities are meaningful and credible.
6. Health IT to support SDOH needs	A. 2024 Progress using health IT to support SDOH needs within CCO, including but not limited to social needs screening and referrals	<ul style="list-style-type: none"> ● Description of progress includes: <ul style="list-style-type: none"> ○ 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 ○ Strategies for using health IT within the CCO to support SDOH needs, including but not limited to social needs screening and referrals in 2024 ○ Any accomplishments and successes for 2024 related to each strategy ● Sufficient detail and clarity to establish that activities are meaningful and credible.
	2025-2026 Plans for using health IT to support SDOH needs within CCO, including but not limited to social	<ul style="list-style-type: none"> ● Description of plans includes: <ul style="list-style-type: none"> ○ 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

Health IT Roadmap Section	Question(s) – Abbreviated (Please see report template for complete question)	Approval Criteria
	needs screening and referrals	<ul style="list-style-type: none"> ○ Additional strategies planned for using health IT to support SDOH needs, including but not limited to social needs screening and referrals ○ Specific activities and milestones for 2025-2026 related to each strategy ● Sufficient detail and clarity to establish that activities are meaningful and credible.
	B. 2024 Progress supporting contracted physical, oral, and behavioral health providers as well as, social services and community-based organizations (CBOs) with using health IT to support SDOH needs, including but not limited to social needs screening and referrals	<ul style="list-style-type: none"> ● Description of progress includes: <ul style="list-style-type: none"> ○ Health IT tool(s) CCO supported or made available to contracted physical, oral, and behavioral health providers, as well as social services and CBOs, for supporting SDOH needs, including but not limited to social needs screening and referrals, including a description of whether the tool(s) have closed-loop referral functionality ○ Strategies used for supporting these groups with using health IT to support SDOH needs, including but not limited to screening and referrals in 2024 ○ Any accomplishments and successes for 2024 related to each strategy ● Sufficient detail and clarity to establish that activities are meaningful and credible
	2025-2026 Plans for supporting contracted physical, oral, and behavioral health providers, as well as social services and CBOs, with using health IT to support SDOH needs, including but not limited to social needs screening and referrals	<ul style="list-style-type: none"> ● Description of progress includes: <ul style="list-style-type: none"> ○ Health IT tool(s) CCO is planning to support/make available to contracted physical, oral, and behavioral health providers, as well as social services and CBOs for supporting SDOH needs, including but not limited to social needs screening and referrals, including a description of whether the tool(s) will have closed-loop referral functionality ○ Additional strategies planned for supporting these groups with using health IT to support social needs screening and referrals beyond 2024 ○ Specific activities and milestones for 2025-2026 related to each strategy ● Sufficient detail and clarity to establish that activities are meaningful and credible.
	C. 2024 Progress and 2025-2027 Plans for using technology to support HRSN Services within the CCO	<ul style="list-style-type: none"> ● Description includes: <ul style="list-style-type: none"> ○ Specific 2024 progress and 2025-27 plans within CCO to adopt and use technology needed to facilitate HRSN Service provision, such as for closed loop referrals, service authorization, invoicing, and payment ○ Any accomplishments and successes for 2024 related to each strategy ○ Specific activities and milestones for 2025-2027 related to each strategy ● Sufficient detail and clarity to establish that activities are meaningful and credible.

Health IT Roadmap Section	Question(s) – Abbreviated (Please see report template for complete question)	Approval Criteria
	<p><i>2024 Progress and 2025-2027 Plans to support and incentivize HRSN Service Providers to adopt and use technology for closed loop referrals</i></p>	<ul style="list-style-type: none"> • <i>Description includes:</i> <ul style="list-style-type: none"> ○ <i>Specific 2024 progress and 2025-2027 plans to support and incentivize HRSN Service Providers to adopt and use technology for closed loop referrals, such as grants, technical assistance, outreach, education, engaging in feedback, and other strategies for adoption and use</i> ○ <i>Any accomplishments and successes for 2024 related to each strategy</i> ○ <i>Specific activities and milestones for 2025-2027 related to each strategy</i> • <i>Sufficient detail and clarity to establish that activities are meaningful and credible.</i>

2025 Health IT Roadmap Template

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

Instructions & Expectations

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

Narrative responses should be concise and specific to how your efforts support the relevant health IT area. OHA is interested in hearing about your progress, successes, and plans for supporting providers with health IT, 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 Health IT Roadmaps, OHA is focused on health IT to support care coordination activities between organizations caring for the same person. Note: This definition is not a change from previous Roadmap expectations. What has changed is that CCO is now discouraged from including strategies in the Roadmap specific to VBP, population health, or metrics unless they are specifically called out (as in the Health IT to Support SDOH Needs section).

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

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

A note about the template:

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

Health IT Roadmap Template Strategy Checkboxes

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

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

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

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

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

1. Health IT Partnership

Please attest to the following items.

a.	<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input 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. CCO Data for 2025 SDOH Social Needs Screening and Referral Measure

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

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

3. (Optional) Overview of CCO Health IT Approach

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

As mentioned throughout the 2024 HIT Roadmap for Yamhill Community Care (YCCO), our organizational priority was the successful implementation of our new care management, utilization management, and appeals and grievances platform, Helios. The majority of our Information Systems (IS) staff and efforts were dedicated to this project. This included hiring, infrastructure improvements, multiple technical integrations, application configuration, workflow definition, reporting and analytics, etc. The value this project brings is in our ability to serve our members in a more personal and meaningful way, enhance the data and information necessary to make meaningful decisions, and meet state goals and requirements for our CCO within our community. We successfully went live with Helios on 1/1/2024 and continue to assess and improve our workflows, reporting, and more.

The other significant organizational projects that YCCO pursued in 2024 included provider network contracting and credentialing, and implementing CMS interoperability APIs with a new vendor. For the provider network project (PNP), YCCO decided to partner with a vendor named Medallion to assist with provider network contracting and credentialing. In the past, provider contracting and credentialing was contracted to Providence, and Providence managed the full process. With our new Medallion partnership, we now have more control, insight, and ownership over provider network contracting and credentialing processes

In Quarter 1 (Q1) of 2024 YCCO went live with our new CMS Interoperability partner, 1upHealth, to provide Patient Access APIs and Provider Directory APIs. Both the provider networking project (PNP) and CMS interoperability project required significant IS resources throughout 2024. These projects, in addition to supporting a new care management platform, were the primary focus of our IS efforts throughout the entirety of 2024. As a result, you may notice limited movement in several of the “Progress,” “Planned Activities,” and “Milestones” sections of our roadmap. Many of the same activities and milestones from last year will appear again in this year’s roadmap, as these initiatives remain highly important and continue to offer significant impact for YCCO and our members. We plan to pursue many of these activities in 2025 and beyond.

4. Support for EHR Adoption, Use, and Optimization

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

Please describe your 2024 progress and 2025-26 plans for supporting increased rates of EHR adoption, use, and optimization in support of care coordination, and addressing barriers among contracted physical, oral, and behavioral health providers. In the spaces below (in the relevant sections), please:

- Report the number of physical, oral, and behavioral health organizations without EHR information using the Data Completeness Table in the OHA-provided CCO Health IT Data File (e.g., 'Using the OHA-provided Data Completeness Table, 10 physical health, 22 oral health, and 14 behavioral health organizations lack EHR information'). CCOs are expected to use this information to inform their strategies.
- Include plans for collecting missing EHR information via CCO already-existing processes (e.g., contracting, credentialing, Letters of Interest).
- Select the boxes that represent strategies pertaining to your 2024 progress and 2025-26 plans.
- Provide an overview of CCO's approach to supporting EHR adoption, use, and optimization among contracted physical, oral, and behavioral health providers in support of care coordination.
- For each strategy CCO implemented in 2024 and/or will implement in 2025-26 to support EHR adoption, use, and optimization among contracted physical, oral, and behavioral health providers in support of care coordination include:
 - A title and brief description
 - Which category(ies) pertain to each strategy
 - The strategy status
 - Provider types supported
 - A description of 2024 progress, including:
 - 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.

 - (Optional) An overview of CCO 2025-26 plans for each strategy
 - Activities and milestones related to each strategy CCO plans to implement in 2025-26

Notes:

- Four strategy sections have been provided. Please copy and paste additional strategy sections as needed. Feel free to delete any unused strategy sections (e.g., if CCO only includes three strategies, fourth strategy section can be deleted).
- If CCO is continuing a strategy from prior years, please continue to report and indicate "Ongoing" or "Revised" as appropriate.
- If CCO is not pursuing a strategy beyond 2024, note 'N/A' in Planned Activities and Planned milestones sections.
- If CCO is implementing a strategy beginning in 2025, please indicate 'N/A' in the progress section for that strategy.
- If preferred, you may choose to submit a separate document detailing each strategy's activities and milestones.

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

Using the updated 2024 Data Completeness and Adoption Rates Table, Yamhill Community Care Organization (YCCO) has:

- 100 (37%) Physical health organizations without EHR information
- 52 (39%) Behavioral health organizations without EHR information

- 1 (20%) Oral Health Organization without EHR information

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

YCCO plans to collect missing EHR information by sending targeted HIT surveys via e-mail in the third quarter of 2025 to all contracted physical, oral and behavioral health organizations that have e-mails on file, focusing on those with an EHR status of unknown. In addition to the surveys, the YCCO Provider Relations team will collect EHR information during site visits, share the survey weblink directly with provider organizations, and include the Health Information Technology (HIT) survey link in the monthly provider newsletter during the third quarter of 2025. Additionally:

- YCCO added provider contracting language to all contracts, including behavioral health, which is being used in our 2025 re-contracting efforts. The new language is: *“As a contracted agent of the Oregon Health Authority OHA), Yamhill CCO is required to gather information from contracted providers and respective practices related to Health Information Technology (HIT) and Health Information Exchange (HIE) status and capabilities. Accordingly, Yamhill CCO will periodically request from <<contracted provider name>> HIT/HIE status data via surveys from <<contracted provider name>> and its Subcontractors.”*
- HIT/EHR data gathering may also be incorporated into YCCO’s collaborative Teams sites established to support a Behavioral Health (BH) chart audit process. In 2024, we encountered challenges due to changes within the contracted auditing organization and with smaller BH providers utilizing the secure MS Teams sites. As a result, we plan to provide additional technical assistance for the chart audit process to ensure a more effective and seamless experience. BH data gathering re EHR capabilities will follow.

Strategy category checkboxes

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

Progress	Plans		Progress	Plans	
<input type="checkbox"/>	<input type="checkbox"/>	1. EHR training and/or technical assistance	<input checked="" type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input 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 type="checkbox"/>	<input 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

The majority of Primary Care Providers (PCPs) contracted with YCCO have adopted and use an Electronic Health Record (EHR). According to the updated 2024 Health IT Data Reporting file, 94% of YCCO’s membership is assigned to a PCP organization with an EHR.

100% of the hospitals contracted with YCCO have Electronic Health Record systems that have obtained CEHRT status.

57% of the behavioral health providers contracted with YCCO utilize EHRs. This is up from the 46% BH EHR utilization that YCCO reported last year (2023 HIT Data File). All but 1 of the oral health providers employed by or contracted with Capitol Dental Care, YCCO's oral health provider, utilize EHRs.

Given the high rate of members assigned to PCP's utilizing an EHR solution, YCCO will focus efforts on supporting PCPs to optimize the use of their EHRs to improve health outcomes, including the following efforts:

- Working with Wakely to continue providing access to their Cost and Utilization Analytic platform and data for key clinics and systems.
- Use of the John Hopkins ACG risk assessment tools to create clinic profiles related to YCCO membership and claims experience.

Understanding EHR provider adoption, use, and optimization across provider types will aid YCCO in formulating strategies for use of HIT in support of member care coordination. We plan to collect this information from our annual HIT survey and during clinic/provider site visits throughout the year. YCCO will also gather information on Health Information Exchange (HIE) use and adoption in addition to Community Information Exchange (CIE) use and adoption in the 2025 HIT Survey that is distributed to contracted providers via direct contact, email, provider newsletter, and periodic site visits.

Strategy 1 title: *Assessment/tracking of EHR adoption and capabilities*

Assessment/tracking of EHR adoption and capabilities falls under the YCCO strategic plan focus area of health systems transformation and engaging our provider network by encouraging EHR adoption.

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

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

Strategy status:

- Ongoing New Paused Revised Completed Ended/retired/stopped

Provider types supported with this strategy:

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

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

YCCO conducted a HIT survey in 2024 with contracted physical, behavioral, and oral health providers with valid e-mail addresses on file and focused on providers that were missing EHR data in the HIT Data file required for reporting tab. We received 25 organizational responses via survey and have incorporated those responses into the updated 2024 HIT Data Reporting File.

With regards to the providers who have not yet adopted EHRs, some of the survey responses helped us better understand the barriers and challenges of EHR adoption. One behavioral health organization stated that they do not have an EHR and have no plans to implement one. They listed financial cost as a barrier and stated that implementing an EHR is not a priority. Another behavioral health organization responded that they plan to implement an EHR in the future and listed financial cost as a barrier also.

The results of our own HIT investigation coupled with information gathered from the YCCO HIT Data Reporting File has provided insight into EHR adoption and usage across YCCO's contracted providers in 2024. Overall:

- 94% (35,836/38,326) of YCCO members are assigned to primary care providers utilizing an EHR.
- 80% (4/5) of contracted oral health providers have adopted and use EHRs.
- 57% (76/133) of contracted behavioral health providers have adopted and use EHRs.

Challenges with this approach are typical of most surveys: Getting the survey into the appropriate hands at the recipient organization, response rate, and limited staff resources at the recipient organization.

In 2024 we set a goal for collecting EHR data on 70% of all required for reporting organizations to assist with data completeness. Current results show EHR data completeness at 63% (up from 57% in 2023) of physical health provider organizations, 61% (up from 54%) of Behavioral Health organizations, and 80% (up from 67%) of Oral Health required for reporting provider organizations.

In summary, the percentage improvement for physical and oral health providers is primarily due to - smaller denominators and similar numerators. There is an improvement in the number and percentage for BH EHR data completeness. One challenge with comparing the numbers from year to year is that contracted provider organizations change from year to year, so it is challenging to keep a consistent HIT profile as new organizations come onboard.

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

YCCO intends to keep the goal for collecting EHR data on 70% of all required for reporting organizations by the end of 2025 to assist with data completeness. Although reaching the 70% goal for oral health providers and EHR data completeness, additional work is needed on physical health and behavioral health data collection.

The manner of data collection will include contracting, credentialing, auditing, and collecting direct survey data (see examples in Planned Activities.) We will also look at various other touchpoints with providers as opportunities to gather additional HIT adoption data. With the addition of data collection language in the provider contracts, it is expected that YCCO will experience better results from data requests.

For planned activities, the YCCO BH team may integrate HIT-related questions into the behavioral health chart audit process. In 2024, there were challenges with provider participation using the secure MS Teams channel for chart audits, but it is worthwhile to explore this opportunity again in 2025 with more support and training.

The annual HIT survey also includes questions about HIE adoption and utilization and CIE adoption and utilization. As noted further in the 2025 HIT Roadmap, the annual HIT survey will be an assessment strategy for HIE data collection. Our milestones for 2025 and 2026 include determining the EHR status for 70% of contracted Physical Health providers required for reporting, 70% of Behavioral Health providers, and 80% of Oral Health providers. These targets remain the same for both years due to the annual changes in the contracted provider network, making it challenging to establish a consistent HIT profile for new providers. Our goal is to assess whether maintaining a 70% benchmark is feasible as the network evolves. As mentioned above, current results show EHR data completeness at 63% for physical health, 61% for Behavioral Health and 80% for oral health for 2024. Hitting 70% EHR data completeness consistently for physical and behavioral health and maintaining 80% for oral health as the network evolves seem to be reasonable milestones.

In addition, utilizing the monthly provider newsletter, we may include content highlighting the value of electronic health records (EHRs), particularly for behavioral health providers. This content may also include information about free or low-cost EHR solutions, such as Office Ally, to support providers in adopting or enhancing their digital health infrastructure.

YCCO's primary method of HIT data collection is the annual survey of providers. The timeline is below:

Activity Timeline	2025			2026				2027			
	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Design/refine											
Distribute											
Collect											
Record											
Maintain											

- Active initiation and development efforts
- Recurring activity and ongoing maintenance

Planned Activities

Contracting, Credentialing, and Auditing opportunities for data collection.

- Contracting and credentialing:** As YCCO takes on direct contracting and credentialing activities in 2025, contracts will continue to include data collection language, including HIT, in all contracts.
- Auditing:** YCCO established a chart auditing process for behavioral health providers using MS Teams, but not without challenges. This year YCCO will explore whether additional training and support can improve user experience and engagement. this year.

In Addition: We will continue to expand use and expertise in utilizing the tools provided by Quest Analytics (network adequacy and accuracy vendor), to incorporate data collection and validation into YCCO's provider data mart. As background, Quest Analytics conducts individual and clinic level provider accuracy surveys every 90 days, resulting in more accurate/current provider data.

Planned Milestones

These goals were included in the 2024 Roadmap and are included for 2025 also. The targets for EHR Data Completeness and Adoption Rates are as follows:

- Year 2025:** Provider EHR status is known for 70% of contracted required for reporting Physical Health providers, 70% of Behavioral Health providers, and 80% of Oral Health providers.
- Year 2026:** Provider EHR status is known for 70% of Physical Health providers, 70% of Behavioral Health providers, and 80% of Oral Health providers.

If deemed feasible, data gathering as a component of BH auditing will commence in Q3 of 2025.

Strategy 2 title: Outreach and education about the value of EHR adoption/use

Outreach and education about the value of EHR adoption/use falls under the YCCO strategic plan focus area of health systems transformation. One of the strategies is engaging our provider network by optimizing the use of CEHRT by top contracted providers.

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

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

Strategy status:

- Ongoing
 New
 Paused
 Revised
 Completed
 Ended/retired/stopped

Provider types supported with this strategy:

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

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

During Q3-Q4 of 2024, we successfully distributed and collected responses from our annual HIT provider survey. In addition to gathering specific data points for individual providers—incorporated into the HIT Data Reporting File—the survey also identified providers who have not yet adopted EHRs and provided insights into barriers to adoption.

In 2024, YCCO survey efforts focused on:

- Identifying challenges and barriers to EHR adoption.
- Encouraging and supporting EHR use, including providing HIT resources in YCCO’s monthly provider newsletters.

Common challenges to EHR adoption included:

- Cost and resource constraints
- Lack of prioritization by management

Some behavioral health organizations also expressed a preference for managing physical files, citing long-standing workflows that have worked well for them. This feedback has been valuable in understanding provider perspectives and shaping approaches to support EHR adoption and use.

In addition to ongoing encouragement of EHR adoption, YCCO is now leveraging provider survey data to inform targeted outreach strategies. YCCO will use these insights to offer more tailored support and training opportunities for behavioral health providers. Because many of the providers use written notes, transitioning to electronic files can be a difficult process for them.

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

YCCO will continue efforts to gather information through various interactions with providers regarding EHR adoption and formulate appropriate strategies to support EHR adoption and optimization. YCCO will continue to collect data and provide organizations with the opportunity to share successes, challenges, and barriers to EHR/HIT adoption.

Due to YCCO’s organizational focus on other critical large projects and the simple truth that 94% (up from 92% in 2023) of our overall membership is assigned to a PCP with an EHR, our efforts to create a strategy have not been a focus point. Based on estimates in the 2024 HIT Data Reporting file, approximately 99% of YCCO members that have a PCP assignment are assigned to a PCP with an EHR.

Planned Activities

1. **Survey and Data Utilization** - Continue administering the HIT data survey annually to track provider EHR adoption trends. Review collected survey data to identify patterns, barriers, and provider needs. Use survey insights to refine outreach strategies, ensuring tailored support for providers facing EHR adoption challenges. Incorporate findings into

Planned Milestones

1. **Survey milestones:**
 - Design/Adjust – Q1/Q2 2025 (Refine survey questions based on prior findings to improve data collection)
 - Distribute – Q3 2025
 - Collect – Q3 2025 (Monitor response rates and follow up with providers as needed)

<p>targeted engagement efforts, including training, resource allocation, and provider education.</p> <p>2. Credentialing, Contracting and Auditing - Leverage credentialing, contracting, and audit activities to gather and validate provider EHR status. Conduct site visits to confirm and supplement survey data. Align HIT-related data collection with existing provider interaction points for more comprehensive insights.</p>	<ul style="list-style-type: none"> Analyze & Record – Q4 2025 (Review data to assess trends, challenges, and opportunities for targeted outreach) Outreach & Strategy Implementation – Q1 2026 (Develop training plans and provider support based on survey insights) Maintain & Track Progress – Q2 2026 and ongoing (Monitor provider engagement and EHR adoption trends over time) <p>2. Credentialing and Contracting milestones</p> <ul style="list-style-type: none"> Include HIT Data Language in All Provider Contracts – 2025 (Ensure HIT data collection expectations are integrated into contracting processes) Audit activities milestones - Determine Appropriate HIT Question(s) for BH Chart Audits – Q3 2025 (Identify key data points from most recent survey response or HIT Data file to be incorporated)
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Strategy 3 title: *Requirements in contracts/provider agreements*

YCCO has updated and incorporated language into provider contracts to include data gathering as a component of the contract.

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

1: TA 2: Assessment 3: Outreach 4: Collaboration 5: Incentives 6: Financial support

7: Contracts 8: Leverage HIE 9: Hosted EHR 10: EHR selection 11: Optimization 12: Other:

Strategy status:

Ongoing New Paused Revised Completed Ended/retired/stopped

Provider types supported with this strategy:

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

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

In 2023, YCCO updated and incorporated language into provider contracts to include data gathering as a component of the contract. Recognizing the value of this change, we expanded the use of that language to all provider contracts in 2024 and will continue activities to incorporate this language into the contracting/re-contracting process.

The in-sourcing of provider contracts project (a significant undertaking) was completed in Q4 of 2024 with contract effective dates of Jan 2025.

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

YCCO acknowledges the value of including key HIT adoption and data gathering as component(s) of contract language. As this initial year (2025) of in-sourcing the contracting activities progresses, we will strategically incorporate HIT adoption and data-gathering requirements into contracts as needed. This allows us to better align provider expectations with HIT goals while maintaining network stability. Changes will be implemented incrementally throughout 2025 and beyond as needed, ensuring that the changes support business needs without placing undue burden on providers.

Planned Activities

1. **HIT Data Collection language** - Continue to incorporate HIT data collection language into provider contract templates for all provider types.
2. **Provider Engagement** - Throughout 2025, assess which contracted providers may be missing EHR data and remind the providers of the commitment to share HIT information with YCCO based on the contract language.

Planned Milestones

1. **HIT Data Collection language** – Q1-Q2 2025 - Ensure HIT data collection language is incorporated into provider contract templates for all provider types in Q3-Q4 2025 - Monitor compliance and provider feedback, adjusting language as needed.
2. **Provider Engagement** - Q2 2025 - Identify contracted providers missing EHR data using survey results and audit findings. Q3 2025 - Conduct targeted outreach to remind providers of their contractual commitment to share HIT data. Q4 2025 & Ongoing - Track provider responses, address barriers to compliance, and provide necessary guidance to improve HIT data reporting.

B. EHR Support Barriers:

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

YCCO is still in the process of building our Information Systems (IS) team capabilities, including adding IS staff and implementing infrastructure enhancements to better support YCCO in performing on the organizational mission and vision. It is anticipated that 2025 will be a year to begin optimizing normal operations after working on two major new projects in 2023 and 2024.

C. OHA Support Needs:

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

We would appreciate OHA's guidance, advice, and recommendations on leveraging federal and state funds, programs, and other initiatives to incentivize EHR adoption and effective use among providers, particularly in the behavioral health sector. Support in developing targeted strategies for behavioral health EHR adoption would be especially valuable. Additionally, insights on how CCOs can efficiently access provider EHR data to improve reporting and care coordination would further strengthen our efforts.

5. Use of and Support for HIE for Care Coordination and Hospital Event Notifications

A. CCO Use of HIE for Care Coordination and Hospital Event Notifications: 2024 Progress & 2025-26 Plans

Please describe your 2024 progress and 2025-26 plans for using HIE for care coordination, including risk stratification, AND timely hospital event notifications within your organization. In the spaces below (in the relevant sections), please:

1. Select the boxes that represent strategies pertaining to your 2024 progress and 2025-26 plans.
 2. List and describe specific tool(s) you currently use or plan to use for care coordination, including risk stratification, and timely hospital event notifications.
- (Optional) Provide an overview of CCO's approach to using HIE for care coordination and hospital event notifications.
 - For each strategy CCO implemented in 2024 and/or will implement in 2025-26 for using HIE for care coordination, including risk stratification, and hospital event notifications within the CCO include:
 1. A title and brief description
 2. Which category(ies) pertain to each strategy
 3. Strategy status
 4. Provider types supported
 5. A description of 2024 progress, including:
 - i. accomplishments and successes (including number of organizations, etc., where applicable)
 - ii. challenges related to each strategy, as applicable
 6. (Optional) An overview of CCO 2025-26 plans for each strategy
 7. Activities and milestones related to each strategy CCO plans to implement in 2025-26

Notes:

- Four strategy sections have been provided. Please copy and paste additional strategy sections as needed. Feel free to delete any unused strategy sections (e.g., if CCO only includes three strategies, fourth strategy section can be deleted).
- If CCO is continuing a strategy from prior years, please continue to report and indicate "Ongoing" or "Revised" as appropriate.
- If CCO is not pursuing a strategy beyond 2024, note 'N/A' in Planned Activities and Planned milestones sections.
- If CCO is implementing a strategy beginning in 2025, please indicate 'N/A' in the progress section for that strategy.
- If preferred, you may choose to submit a separate document detailing each strategy's activities and milestones.

Strategy category checkboxes (within CCO)

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

Progress	Plans		Progress	Plans	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1. Care coordination and care management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	4. Enhancements to HIE tools (e.g., adding new functionality or data sources)
<input type="checkbox"/>	<input type="checkbox"/>	2. Exchange of care information and care plans	<input checked="" 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. Risk stratification and population segmentation

7. Other strategies for supporting HIE access or use (please list here):

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

In 2024, YCCO utilized a number of tools, both in-house and through vendor partners, to manage care of our members, including:

Point Click Care (PCC) aka Collective Medical Technology: a hospital event notification system that monitors activities in hospital systems throughout Oregon and provides admit, discharge, and transfer (ADT) notifications to YCCO of those events that occur for YCCO members.

CIM (Ayin): A comprehensive health plan administration system utilized by our contracted partner, Ayin Health Solutions, which includes Utilization Management functionality for receipt and management of authorization requests and other health plan administrative functions.

Helios: a comprehensive and flexible care management, utilization management, and appeals and grievances management system that YCCO utilizes for these functions. This system allows us to improve the care and services we provide for our membership.

As noted previously, we embarked on an implementation project to bring care management, utilization management, and appeals and grievance responsibilities in-house. On January 1, 2024, care management responsibilities transitioned from Providence Plan Partners to YCCO. As a result, supporting software functionality transitioned to Helios, a product of Virtual Health.

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

In 2024, YCCO’s use of PCC aligned with three general categories:

- Tracking specific visit types;
- Following target populations;
- Using data to facilitate the coordination of care.

There are opportunities for increased usage of the PCC Platform. YCCO currently uses the reporting and monitoring tools to track member activity, including:

Reporting:

- 30-day lookback of Inpatient (IP) admits and discharges
- 5 in 12 report (5 events in 12 months)
- COVID-19 Vaccine report
- Daily YCCO IET encounters
- All ED visits report

Cohorts - total of 36 defined, examples:

- ED/IP Diabetes
- Avoidable ED visits
- Dental
- ACT team ED notifications
- 0-15 day readmissions
- Post-partum ED encounters

Strategy 1 title: Care coordination and care management

Under the YCCO strategic plan focus area of health systems transformation, one of the strategies is engaging our provider network through encouraging HIE Adoption for care coordination and management.

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

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

Strategy status:

- Ongoing New Paused Revised Completed Ended/retired/stopped

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

YCCO went live with Helios on 1/1/2024 as planned and now have direct responsibility for member Care Management activities and engaging more directly with YCCO membership.

Working closely with Point Click Care (PCC), YCCO implemented a PCC-Helios integration in 2024. The integration of PCC Admission Discharge Transfer (ADT) alerts within Helios has significantly improved YCCO's ability to track and respond to member utilization in a timely manner.

Previously, delays in receiving ADT notifications and having to periodically log into another system to check for alerts, made it challenging for Care Managers to proactively engage members. Now, with automated ADT notifications feeding directly into Helios, YCCO receives information on member encounters such as Inpatient Admissions and ED visits and the associated conditions/diagnoses are available for the Care Management team to utilize for working with member care transitions.

YCCO is not currently using automated task creation around the PCC data coming into Helios, but the system is able to support this type of workflow. For now, the PCC data resides in Helios as part of the member care profile (record) for use as needed. This integration not only enhances timely Care Coordination and Care Management but also supports data-driven decision-making.

Helios, and the Member Care Profile, provides an integral tool in ensuring effective and efficient delivery of Care Coordination and Care Management services. All member Assessments, including Health Risk and Social Determinants of Health and Equity (HRA/SDOH) are captured within Helios and assist in the development and completion of member-specific care plans. Helios also provides information on member risk levels, demographics, care team members and captures all member-related interactions providing a single platform for member-related documentation.

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

Although YCCO has an established interface and ADT notifications utilizing the PCC platform, we recognize the need to continue building a more collaborative relationship between our IS department and the PCC team to learn more about the PCC tools and look for opportunities to leverage their tools to better serve our members and contracted providers.

We have a re-occurring meeting series (monthly) designed to strengthen our collaboration, understand the available analytics, and establish a plan for new data extracts from the PCC system. During the monthly meetings the YCCO and PCC teams review the list of contracted providers that are utilizing the PCC software, and which contracted providers are not utilizing the software. Tracking provider organization utilization of the PCC software provides PCC and YCCO with a better understanding of which organizations may need additional assistance with using this tool. We will continue the meetings with the PCC team in 2025. We also plan to continue building on data exchange and developing analytics.

Timeline:

Activity Timeline	2024				2025				2026			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Data exchange												
Develop analytics												

- Active initiation and development efforts
- Recurring activity and ongoing maintenance

Planned Activities

1. **Data exchange:** Continuously monitor the frequency and reliability of the data exchange from the PCC platform to YCCO, with a focus on timely transmission of hospital Admit, Discharge, and Transfer (ADT) notifications. This data will be ingested automatically into our care management platform on a daily basis to ensure real-time updates and response to member status changes. The goal is to maintain a consistent, at least daily, data exchange cadence that ensures our care management team has immediate access to critical information needed for effective member outreach and care coordination.
2. **Develop analytics:** Collaborate closely with the YCCO Data Governance team to manage and validate the receipt of data, ensuring that it is accurate, complete, and aligned with YCCO’s reporting needs. Develop and implement Tableau-based analytic dashboards to track and monitor the use of the PCC system, focusing on key metrics such as care coordination activity, utilization trends, and member outcomes. These dashboards will provide actionable insights to inform strategic decision-making and improve care delivery across the network.

Planned Milestones

1. **Data exchange** - Q1 & Q2 2025 - Finalize and operationalize the data exchange cadence between PCC and YCCO, ensuring that ADT notifications are reliably and automatically ingested into the care management platform daily. This milestone will establish the foundation for real-time care coordination and responsiveness.
2. **Develop analytics** (as described in Planned Activities) - Q3 & Q4 2025. Begin the development of Tableau-based dashboards to visualize and monitor PCC usage and its impact on care management processes. Identify and address any gaps in analytics, with a focus on refining the data to guide decision-making. Additional analytic needs will be assessed and defined as new data trends emerge, with ongoing enhancements planned for 2025 and 2026 to support evolving strategic objectives.

Strategy 2 title: Integration of disparate information and/or tools with HIE and Enhancements to HIE tools (e.g., adding new functionality or data sources)

Under the YCCO strategic plan focus area of health systems transformation, one of our strategies is engaging our provider network by improving the use of HIE by providers.

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

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

Strategy status:

- Ongoing
 New
 Paused
 Revised
 Completed
 Ended/retired/stopped

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

In 2024, we worked to enhance YCCO and appropriate sub-contractor capabilities to support and share data between the plan, providers, community-based organizations (CBO’s), and members.

Some accomplishments and challenges with the 2024 activities included:

- **Helios Case Management system:** A major focus for the entire YCCO organization in 2024 was the implementation of a new comprehensive Care Management, Utilization Management, Appeals and Grievances system from Virtual Health (Helios). We are excited to have the Helios platform implemented and will continue to enhance and adapt using this new platform.
- **SQL Server enhancements:** YCCO recognized the need to enhance our own IS infrastructure to facilitate our internal capability to provide and participate in HIE efforts. In particular, we implemented a cloud-based SQL Server instance providing YCCO with a robust Database Management System (DBMS). This significantly enhances our ability to create and maintain data integrations, curate and manage data from multiple sources, automate and schedule jobs, and create the infrastructure to support data-driven operational and strategic decisions. We are excited that REALD and SOGI data are now being ingested into YCCO's SQL server, supporting enhanced member-level analytics.
- **CIM Analytics metrics updates:** We worked with our Ayin Health Solutions (formerly PHTECH) partners to update Metrics Manager (CIM analytics tool) to reflect 2024 metric requirements. Providers also have access to these metrics' reports, specific to their organization, via the CIM provider portal.
- **Quest Analytics:** In 2024, YCCO continued working with Quest on and their comprehensive provider network management (adequacy and accuracy) system. The accuracy component is especially useful as Quest performs direct outreach to providers to confirm and enhance data relative to their specific profile (demographics, hours, language support, contact info, etc.). This outreach effort occurs on a regular basis and significantly enhances our ability to maintain accurate provider information. This was used extensively for our PNP project to understand contracts we were proposing and the network we wanted to create.
- **Tableau Server implementation:** In 2024, we continued to grow YCCO analytical capabilities through implementation of Tableau Server, enhancing the quality and availability of tools to support data driven decisions at YCCO. Although access to Tableau server is for internal YCCO staff only, analytics from this platform can be used and shared during in-person clinic/provider visits.
- **Electronic rosters EHR integration:** Previously, we engaged Ayin Health Solutions (formerly PHTECH) partners to create and deliver clinic system member (patient) rosters that could be ingested into clinic EHR system(s) to support implementation of Epic's HEDIS module at one of our key clinics. Although the roster ingestion process was successful, The HEDIS module implementation at the clinic sites has been slowed presumably due to lack of resources and other priorities on the Epic/OCHIN side.

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

Some planned timelines of activities and milestones for this strategy are listed below. Timeline:

Activity Timeline	2025				2026				2027			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
SQL Server	Active	Active	Active	Active	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring
CIM Analytics	Active	Recurring			Active	Recurring			Active	Recurring		
Helios CM			Active	Active			Recurring		Recurring		Recurring	
Quest Analytics	Active	Active	Recurring	Recurring			Recurring		Recurring		Recurring	
Tableau Server	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring

- Active initiation and development efforts
- Recurring activity and ongoing maintenance

Planned Activities

1. **SQL Server enhancements:** YCCO will continue with enhancements in 2025 focusing on data collection from various partners (Unite Us, PCC, Ayin Health Solutions, OHA, and others). Data collection is only useful if it is managed and

Planned Milestones

1. **SQL Server infrastructure enhancements:**
Ingestion of Unite Us data - Q1 & Q2 2025
Ingestion of PCC data - Q3 & Q4 2024
2. **CIM Analytics metrics updates:**

<p>accurate...through our Data Governance committee and other oversight structures, we focus on providing reliable and timely data that is meaningful to the organization.</p> <ol style="list-style-type: none"> 2. CIM Analytics metrics updates: We will continue our collaboration with our Ayin Health Solutions (formerly PHTECH) partners to update Metrics Manager (CIM analytics tool) to reflect annual updates reflecting metric requirements. 3. Helios Case Management system: We will continue to enhance and adapt using our new care management platform. We recognize that as new services such as Health Related Service Needs (HRSN) are implemented, YCCO will need to make enhancements in Helios to support this work and adapt our workflow to accommodate the new services. 4. Quest Analytics: We will continue working with Quest on the implementation of a comprehensive provider network management (adequacy and accuracy) system. 5. Tableau Server: We will continue to grow YCCO analytical capabilities through implementation of Tableau Server and enhancing the quality and availability of tools to support data driven decisions. 	<p>Annual updates/metrics adjustments - Q1 2025, Q1 2026, Q1 2027</p> <ol style="list-style-type: none"> 3. Helios Case Management system: Provider portal: Q3 & Q4 2025 Member portal: Q3 & Q4 2025 Mobile app implementation: TBD 4. Quest Analytics implementation: Automate data feeds - Q1 & Q2 2025 Ongoing maintenance - Q3 2025 and ongoing. 5. Tableau Server: No specific milestones for our Tableau Server implementation other than a commitment to providing meaningful data and analytics to internal YCCO staff. Priorities are guided by our Data Governance committee. We intend to take advantage of data as it becomes available.
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Strategy 3 title: *Collaboration with external partners*
One of the YCCO strategies is to build cross-sector partnerships through committees.

Strategy categories: Select which category(ies) pertain to this strategy
 1: Care Coordination 2: Exchange care information 3: Integration of disparate information
 4: HIE tool enhancements 5: Partner collaboration 6: Risk stratification & population segmentation
 7: Other:

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

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

The following groups and activities are opportunities for collaboration around data and information exchange between YCCO and external partners.

HIT Commons: YCCO recognizes the value of and incorporated internal IS resources in HIT/HIE committees and boards. The YCCO Information Systems Sr. Director served as a member of the HIT Commons Board of Managers in 2024 and that will continue in 2025.

HITAG: YCCO served as an active member of HITAG and has been a participant in every meeting over the course of 2024.

Helios User Group: In 2024 YCCO participated in a monthly meeting of a nationwide collaborative of Helios users, including, but not limited to, The University of Pittsburgh Medical Center in PA, CommunityCare in NC, and PacificSource in OR.

CCO CIE HRSN Work Sessions: In 2024, YCCO participated in quarterly CCO meetings that discussed the successes and challenges of implementing and using CIE for HRSN.

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

YCCO plans to serve in the technical-focused meetings and committees listed below throughout 2025.

Planned Activities	Planned Milestones
1. HIT Commons: YCCO will continue to serve in 2025.	1. HIT Commons: Active involvement and participation in all 2025 meetings.
2. HITAG: YCCO will continue to serve in 2025.	2. HITAG: Active involvement and participation in all 2025 meetings.
3. Helios User Group: YCCO will continue to participate in this user group throughout 2025.	3. Helios User Group: Active involvement and participation in all 2025 meetings.
4. CCO CIE HRSN Work Sessions: YCCO will continue to participate in these work sessions throughout 2025.	4. CCO CIE HRSN Work Sessions: Active involvement, feedback, and participation in all 2025 meetings.

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

Please describe your 2024 progress and 2025-26 plans for supporting increased access to and use of HIE for care coordination and timely hospital event notifications for contracted physical, oral, and behavioral health providers. Please include any work to support clinical referrals between providers. In the spaces below (in the relevant sections), please:

- Select the boxes that represent strategies pertaining to your 2024 progress and 2025-26 plans.
- List and describe specific HIE tool(s) you currently or plan to support or provide for care coordination and hospital event notifications. CCO-supported or provided HIE tools must cover both care coordination and hospital event notifications. Please include an overview of key functionalities related to care coordination.
- Report the number of physical, oral, and behavioral health organizations that have not currently adopted HIE tools for care coordination or do not currently have access to HIE for hospital event notifications using the Data Completeness Table in the OHA-provided CCO Health IT Data File (e.g., ‘Using the OHA-provided Data Completeness Table, 10 physical health, 22 oral health, and 14 behavioral health organizations lack EHR information’). CCOs are expected to use this information to inform their strategies.
- (Optional) Provide an overview of CCO’s approach to supporting increased access to and/or use of HIE for care coordination and hospital event notifications among contracted physical, oral, and behavioral health providers.
- For each strategy CCO implemented in 2024 and/or will implement in 2025-26 to support increased access to and/or use of HIE for care coordination and hospital event notifications among contracted physical, oral, and behavioral health providers include:
 - a. A title and brief description
 - b. Which category(ies) pertain to each strategy

- c. Strategy status
 - d. Provider types supported
 - e. A description of 2024 progress, including:
 - i. accomplishments and successes (including the number of organizations of each provider type that gained access to HIE for care coordination tools and HIE for hospital event notifications as a result of your support, where applicable)
 - ii. challenges related to each strategy, as applicable
- Note: Where applicable, information in the CCO Health IT Data Reporting File should support descriptions of accomplishments and successes.
- f. (Optional) An overview of CCO 2025-26 plans for each strategy
 - g. Activities and milestones related to each strategy CCO plans to implement in 2025-26

Notes:

- Four strategy sections have been provided. Please copy and paste additional strategy sections as needed. Feel free to delete any unused strategy sections (e.g., if CCO only includes three strategies, fourth strategy section can be deleted).
- If CCO is continuing a strategy from prior years, please continue to report and indicate “Ongoing” or “Revised” as appropriate.
- If CCO is not pursuing a strategy beyond 2024, note ‘N/A’ in Planned Activities and Planned milestones sections.
- If CCO is implementing a strategy beginning in 2025, please indicate ‘N/A’ in the progress section for that strategy.
- If preferred, you may choose to submit a separate document detailing each strategy’s activities and milestones.

Strategy category checkboxes (supporting providers)

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

Progress	Plans		Progress	Plans	
<input type="checkbox"/>	<input type="checkbox"/>	1. HIE training and/or technical assistance	<input type="checkbox"/>	<input type="checkbox"/>	6. Integration of disparate information and/or tools with HIE
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2. Assessment/tracking of HIE adoption and capabilities	<input type="checkbox"/>	<input type="checkbox"/>	7. Requirements in contracts / provider agreements
<input type="checkbox"/>	<input type="checkbox"/>	3. Outreach and education about value of HIE	<input type="checkbox"/>	<input type="checkbox"/>	8. Financially support HIE tools and/or cover costs of HIE onboarding
<input type="checkbox"/>	<input type="checkbox"/>	4. Collaboration with network partners	<input type="checkbox"/>	<input type="checkbox"/>	9. Offer incentives to adopt or use HIE
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5. Enhancements to HIE tools (e.g., adding new functionality or data sources)	<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	11. Other strategies that address requirements related to federal 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):			

List and briefly describe tools supported or provided by CCO that facilitate care coordination and/or provide access to timely hospital event notifications. HIE tools must cover both care coordination and hospital event notifications.

YCCO continues to support and promote the use of Health Information Exchange (HIE) tools and strategies with our provider partners. These efforts include the implementation and optimization of platforms such as Point Click Care (PCC), Unite Us, the CIM provider portal, and Helios.

To help contracted providers manage the care of YCCO members, we promote a suite of tools through our vendor partners, including:

- **Point Click Care (PCC), formerly Collective Medical Technology:** An event notification system that monitors activities across Oregon hospital systems and other providers to send real-time admit, discharge, and transfer (ADT) alerts for YCCO members.
- **CIM (Ayin):** A robust health plan administration platform provided by our partner, Ayin Health Solutions. This system includes Utilization Management tools to support the submission and management of authorization requests.

As previously noted, YCCO initiated a project to internalize care management, utilization management, and appeals and grievance functions. As of January 1, 2024, care management responsibilities formally transitioned from Providence Plan Partners to YCCO. We now utilize the Helios platform for these activities, enabling more effective coordination with our contracted providers and partners.

- **Helios:** A comprehensive, flexible system that supports care management, utilization management, and appeals and grievance tracking. The adoption of Helios allows us to strengthen service delivery and improve care outcomes for our members through better coordination with contracted provider partners.

(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

Using the Data Completeness Table in the OHA-provided CCO Health IT Data Reporting File, **report on the number of contracted physical, oral, and behavioral health organizations that do not currently have access to an HIE tool for care coordination or for hospital event notifications:**

Contracted providers currently lacking a confirmed HIE for Care Coordination status, as documented in the YCCO HIT Data Reporting file consist of the following:

- Physical Health – 143/270 (53%)
- Behavioral Health - 109/133 (82%)
- Oral Health - 4/5 (80%)

Strategy 1 title: Assessment/tracking of HIE adoption and capabilities

Under the YCCO strategic plan focus area of health systems transformation, one of our strategies is engaging our provider network by improving the use of HIE by providers.

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

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

Strategy status:

Ongoing New Paused Revised Completed Ended/retired/stopped

Provider types supported with this strategy:

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

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

In 2024, of the 47 PCPs to which most of YCCO's members were assigned, 83% (39/47) acknowledged using some type of HIE technology to obtain/view members' health information. Fifty-five percent (55% or 26/47) PCPs utilized the PCC platform to receive and view notifications regarding emergency department (ED) visits and hospital admits and discharges.

All hospitals contracted with YCCO acknowledge using HIE technology, including Emergency Department Information Exchange (EDIE) to which they not only contribute information – i.e., admits, discharges, and transfers – but also utilize when providing care to patients in the ED and hospital settings. All hospitals leverage the integrated use of OHA's Prescription Drug Monitoring Program (PDMP).

Eighteen percent (18%) of the YCCO required for reporting behavioral health organizations use an HIE for care coordination. Very few behavioral health providers contracted with YCCO acknowledge using HIE technology to obtain/view members' health information residing in another provider's EHR. With few exceptions, when personal health information (e.g., treatment/care plan) is shared by behavioral health providers with other care providers, the mode of sharing is via fax or secure email.

As most of YCCO's contracted hospitals and PCPs have adopted some form of HIE technology, including the PCC Platform, YCCO continued to work with its contracted behavioral health and oral health providers to adopt HIE technology thereby enabling more effective, seamless care coordination to occur between providers and related healthcare settings. YCCO members receiving healthcare services engage primarily with Virginia Garcia, Providence Medical Group, and Physician's Medical Center.

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

The activities for this strategy will occur as a component of the HIT Data Collection plan as described in section 4A (**Strategy 1: Assessment/tracking of EHR adoption and capabilities**), consisting of executing a data collection plan aimed at assessing HIE adoption and use of HIT among YCCO's contracted providers. We will focus more on HIE utilization information since OHA provides us with valuable HIE adoption information. As such, much of the following will coincide with the previously stated activities and timelines.

Planned Activities

1. **See 4A Strategy 1 Planned Activities -**
Execute the HIT Data Collection Plan, focusing on assessing HIE adoption and HIE utilization among YCCO's contracted providers. This will include leveraging the data provided by OHA on HIE adoption and supplementing it with targeted outreach via the annual provider HIT survey to gather further insights.

Planned Milestones

1. **See 4A Strategy 1 Planned Milestones -**
Follow the previously defined milestones in Strategy 1, ensuring that activities related to HIE adoption and utilization are integrated into the overall HIT data collection and reporting framework. Key milestones will include data collection, provider engagement, and analysis to assess current adoption and utilization levels and identify opportunities for increased HIE use.

Strategy 2 title: Enhancements to HIE tools (e.g., adding new functionality or data sources)

Under the YCCO Focus Area of Health Systems Transformation, one of the strategies under engaging our provider network is improving the use of the HIE by providers.

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

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

Strategy status:

- Ongoing New Paused Revised Completed Ended/retired/stopped

Provider types supported with this strategy:

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

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

YCCO recognizes that some of our contracted providers utilize HIE systems integral to or integrated with their respective EHRs – e.g., Reliance, Commonwell, eHealthExchange, Carequality, and Epic CareEverywhere.

For providers that utilize or have an opportunity to utilize PCC, YCCO continued building on PCC collaboration efforts in 2024. Most efforts were in the context of our care management in-sourcing project and integrating PCC data within the Helios care management platform for better care coordination with our contracted providers. YCCO established an integration with PCC in 2024 to automatically ingest ADT events into the Helios platform to initiate appropriate follow up for Helios users (YCCO care managers and UM staff) and follow up with providers as appropriate. The PCC ADT integration with Helios is now live.

The development of analytics for PointClickCare (PCC) has been delayed due to competing organizational priorities. Over the past year, we’ve had to prioritize critical initiatives that required immediate attention and resources. While PCC analytics remains a key objective, these higher-priority tasks temporarily diverted focus from its development. However, we are now refocusing efforts on the PCC analytics project and are committed to advancing this in 2025 to enhance data-driven decision-making and care coordination.

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

Specific activities and milestones to support this strategy with more providers adopting PCC for ADT notifications, include PCC collaboration, data exchange and developing analytics for key providers.

Timeline:

Activity Timeline	2024		2025				2026			
	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Establish PCC collab										
Data exchange										
Develop analytics										

- Active initiation and development efforts
- Recurring activity and ongoing maintenance

Planned Activities

1. **PCC collaboration:** Continue with the re-occurring meeting series designed to strengthen our collaboration, understand the available analytics, and establish data extracts from the PCC system into the Helios platform. These data will inform analytics to be developed by the YCCO team that can be shared with key providers.
2. **Data exchange:** Monitor and adjust the data extract cadence from the PCC platform.
3. **Develop analytics:** Manage data receipt with guidance and direction from the YCCO Data Governance team. Establish Tableau-based analytic dashboards to support monitoring the

Planned Milestones

1. **PCC collaboration:** Continue collaborative series of meetings and interactions established in 2024 with the PCC team throughout 2025 and ongoing.
2. **Data exchange:** Monitor ADT feed from PCC to Helios – Q1 & Q2 2025.
3. **Develop analytics:** Develop internal analytics based on PCC data extracts – Q4 2025, Q1 2026, Q2 2026

use of PCC and produce information designed to guide strategic direction that can be shared with contracted providers.

Strategy 3 title: *Other strategies that address requirements related to federal interoperability and patient access final rules.*

Under the YCCO focus area of health systems transformation, one of the strategies is delivering and coordinating quality services for individual members while satisfying the CMS interoperability and patient access final rule.

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

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

Strategy status:

Ongoing New Paused Revised Completed Ended/retired/stopped

Provider types supported with this strategy:

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

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

In the beginning of 2024, YCCO utilized Change Healthcare to provide solutions addressing the federal requirements related to interoperability, specifically the Provider Directory API, Patient Access API, and developing payer-to-payer data exchange.

- The Provider Directory API was previously completed and implemented into the Change Healthcare production environment in December 2021.
- The Patient Access API was completed and implemented into the Change Healthcare production environment in May 2022.
- The Change Healthcare production site was monitored on a regular basis to ensure file transfer success and customer support procedures were in place to support members as they utilize the patient access API.
- The payer-to-payer data exchange was on hold in 2024 pending additional information/guidance from CMS. CMS also released new guidance re: prior authorization data that will need to be exchanged by 2027.

In March of 2023, Change Healthcare notified all customers that they would no longer be offering a CMS Interoperability solution, including Provider Directory and Patient Access API services, after January 2024.

In 2023, YCCO conducted a search for an alternate solution and selected another vendor, 1upHealth, that offered these same services. YCCO dedicated a significant amount of effort in 2023 and early 2024 to replace the Change Healthcare solution with the 1upHealth solution.

YCCO went live with 1upHealth in Q1 of 2024 and implemented a new Provider Directory API, Patient Access API, and plans to develop a payer-to-payer data exchange.

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

Timeline:

Activity Timeline	2024				2025				2026			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Provider Directory/Patient Access API	●	●	●	●	●	●	●	●	●	●	●	●
Data exchange monitoring	●	●	●	●	●	●	●	●	●	●	●	●
Patient Access API applications	●	●	●	●	●	●	●	●	●	●	●	●
Payer to Payer data exchange (hold)		On hold			●	●	●	●	●	●	●	●

- Active initiation and development efforts
- Recurring activity and ongoing maintenance

<p>Planned Activities</p> <ol style="list-style-type: none"> Provider Directory and Patient Access API: YCCO will monitor adoption and utilization of both APIs. 1upHealth offers a live dashboard to review data exchange processes and notification of any data issues identified during that process. Data exchange monitoring: YCCO will continue monitoring data exchange resources for both live APIs. 1upHealth offers a live dashboard to review data exchange processes and notification of any data issues identified during that process. Patient Access Applications: YCCO members are now able to access their data through various different 3rd party applications that are integrated with 1upHealth. Instructions for patients and a list of the 3rd party applications are on the YCCO website. YCCO will continue to monitor adoption and promote utilization. Payer to Payer data exchange and prior auth rules (on hold): Prepare for payer-to-payer data exchange and prior auth rules. 	<p>Planned Milestones</p> <ol style="list-style-type: none"> Provider Directory API: monitor adoption and utilization Data exchange monitoring: monitor resources Patient Access API: monitor adoption and utilization Payer to Payer: (TBD)

C. HIE for Care Coordination Barriers

<p>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</p>
<p>We are actively strengthening our information systems (IS) capabilities, which includes expanding our IS team and implementing infrastructure improvements to better support YCCO in achieving its mission. Additionally, we've encountered challenges with physical, oral, and behavioral health providers who have been slow to adopt Health Information Exchange (HIE) tools, particularly when these systems do not integrate seamlessly into their existing workflows.</p>

D. OHA Support Needs

<p>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?</p>
<p>We'd appreciate continued guidance, advice, and recommendations on how to leverage federal and/or state funds to incentivize providers to adopt and effectively use HIEs and the PCC platform, particularly to better support care transitions and to engage in collaborative care coordination/management activities targeting specific population cohorts of mutual interest to CCOs, PCPs, and other providers servicing these members.</p> <p>We'd also like more information and some local or regional success stories for CCOs that have been able to connect with some of the national networks such as Carequality, Commonwell, and eHealth Exchange.</p>

E. CCO Access to and Use of EHRs

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

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

YCCO currently has access to Epic through EpicCare Link for utilization management purposes with several of our key clinics. We are also exploring expanding the use of EpicCare Link to support our appeals and grievance team. At this time, Epic is the only EHR that YCCO has been able to access.

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

YCCO is accessing patient information specifically for utilization management purposes. This access helps us ensure appropriate care coordination and service authorization.

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

Yes, some patient information is being manually exported from EpicCare Link and imported into our Helios care management platform to support care coordination and care management activities.

6. Health IT to Support SDOH Needs

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

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

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

Notes:

- Four strategy sections have been provided. Please copy and paste additional strategy sections as needed. Feel free to delete any unused strategy sections (e.g., if CCO only includes three strategies, fourth strategy section can be deleted).
- If CCO is continuing a strategy from prior years, please continue to report and indicate “Ongoing” or “Revised” as appropriate.
- If CCO is not pursuing a strategy beyond 2024, note ‘N/A’ in Planned Activities and Planned Milestones sections.
- If CCO is implementing a strategy beginning in 2025, please indicate ‘N/A’ in the Progress section for that strategy.
- If preferred, you may choose to submit a separate document detailing each strategy’s activities and milestones.

Strategy category checkboxes (within CCO)

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

Progress	Plans		Progress	Plans	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1. Implement or use health IT tool/capability for social needs screening and referrals	<input type="checkbox"/>	<input type="checkbox"/>	7. Use data for risk stratification
<input type="checkbox"/>	<input type="checkbox"/>	2. Enhancements to CIE tools (e.g., new functionality, health-related services funds forms, screenings, data sources)	<input type="checkbox"/>	<input type="checkbox"/>	8. Use health IT to monitor and/or manage contracts and/or programs to meet members’ SDOH needs
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	3. Integration or interoperability of health IT systems that support SDOH with other tools	<input type="checkbox"/>	<input type="checkbox"/>	9. Use health IT for CCO metrics related to SDOH
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	4. CCO leads problem solving efforts and collaboration with their partners	<input type="checkbox"/>	<input type="checkbox"/>	10. Education/training of CCO staff about the value and use of health IT to support SDOH needs

<input type="checkbox"/>	<input type="checkbox"/>	5. Care coordination and care management	<input type="checkbox"/>	<input type="checkbox"/>	11. Participate in SDOH-focused health IT convenings, collaborative forums, and/or education (excluding CIE governance)
<input type="checkbox"/>	<input type="checkbox"/>	6. Use data to identify members' SDOH experiences and social needs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12. Participate in CIE governance or collaborative decision-making
<input type="checkbox"/>	<input type="checkbox"/>	13. Other strategies for adoption/use of CIE or other health IT to support SDOH needs within CCO (please list here):			
<input type="checkbox"/>	<input type="checkbox"/>	14. Other strategies for CCO access or use of SDOH-related data within CCO (please list here):			

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

Helios - YCCO has created and implemented health risk assessment tools, social needs screening tools such as PRAPARE, a Community Health Worker (CHW) screening tool, and a Pathways screening tool in our new Helios platform.

These are the HRA's currently in Helios:

- YCCO Adult HRA Survey
- YCCO PEDS HRA Survey 0-1
- YCCO PEDS HRA SURVEY 1-5
- YCCO PEDS HRA Survey 12-17
- YCCO PEDS HRA Survey 6-11

Unite Us - In 2022, YCCO implemented the Unite Us (Connect Oregon) platform and engaged our provider and community-based organizations in adoption of this platform to assist in providing our members with the appropriate resources. YCCO is also utilizing the Unite Us platform for SDOH screening. The Unite Us tool has closed-loop referral functionality. Please note, the categories and metrics that Unite Us shared with YCCO for 2024 were different than the categories and metrics from 2023. Some of the Unite Us metrics that we include in this year's roadmap will not correlate to the metrics and categories that we shared last year.

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

We continue to work with Unite Us to measure YCCO adoption and use of Connect Oregon. Our goal is to utilize the Unite Us reporting tools as well as our own reporting, based on the Unite Us data feed, to set targets and goals.

Strategy 1 title: *Implement or use health IT tool/capability for social needs screening and referrals and Integration or interoperability of health IT systems that support SDOH with other tools*

Under the YCCO Focus Area of Health Systems Transformation, one of the YCCO strategies is maintaining continuous quality improvement (CQI) structures and supports and increase the ability to collect SDOH data.

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

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

Strategy status:

- Ongoing New Paused Revised Completed Ended/retired/stopped

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

YCCO completed the implementation of the Unite Us (Connect Oregon) platform in 2022. However, adoption has been slower than anticipated throughout 2023 and 2024, as many YCCO referral partners have not enrolled in Connect Oregon or are not actively using the tool. To address this, we are working one-on-one with our referral partners to gather feedback and understand their challenges. Many partners are hesitant to adopt new technology like Community Information Exchange (CIE) due to their comfort with existing workflows and limited time or resources to make changes. We are currently receiving data from Unite Us on YCCO-based activity and are in the process of identifying opportunities to better support these efforts.

YCCO also integrated access to Connect Oregon with our Helios platform in 2024. Helios users now have the ability to single sign on (SSO) to Connect Oregon, and can launch from the Helios member’s chart into the Connect Oregon member profile. We are hoping that this will help with our user’s workflow, so they don’t have to leave Helios in order to launch Connect Oregon.

In 2024, Connect Oregon shared that there were 282 Connect Oregon cases in our region which consists of Yamhill, Polk and Washington counties. The top case volume by service types were for utilities, housing and shelter, individual and family support, followed by food assistance.

Internally, we unfortunately did not make a lot of progress with Connect Oregon analytics in 2024 due to other organizational priorities. We plan to revisit some of the Connect Oregon goals that we outlined in last year’s roadmap.

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

YCCO recognizes the value of enhancements to CIE tools and intends to stay abreast of new functionality within the Connect Oregon platform to promote enhancements that are of value to our providers and community partners.

Specific activities and milestones to support this strategy include data receipt, reporting/analytics, and community promotion.

Timeline:

Activity Timeline	2024		2025				2026			
	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Data receipt	Active	Active	Active	Active						
Reporting/Analytics				Active	Active	Active				
Community promo	Active	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring		

- Active initiation and development efforts
- Recurring activity and ongoing maintenance

Planned Activities

1. **Data receipt:** Develop and stabilize a streamlined process for receiving weekly data feeds from Unite Us, ensuring timely and accurate integration of referral activity data into YCCO systems. YCCO aims to track key referral metrics such as sending organization, referral status (e.g., accepted, rejected), and referral category (e.g., education, food, individual support) to better monitor and support community resource connections.

Planned Milestones

1. **Data receipt** - Q1 & Q2 2025
2. **Reporting/Analytics** - Q2-Q4 2025
3. **Community promotion** - recurring and ongoing 2025

<p>2. Reporting/Analytics: Leverage YCCO’s internal analytics tools, such as Tableau, to create tracking and analytics dashboards that will inform strategic decision-making. For example, by tracking trends in accepted referrals through Connect Oregon, we will gather data that supports our investments in community resources and helps us optimize referral management and resource allocation.</p> <p>3. Community Promotion: Promote the adoption of the Unite Us (Connect Oregon) platform across YCCO, contracted providers, and community partners to enhance resource access for members. We will coordinate and host community events to raise awareness about the platform and collect feedback to assist in increasing adoption and integration with Electronic Health Records (EHRs). Additionally, we will organize engagement sessions with community members and providers, focusing on their experiences with Community Information Exchange (CIE) and workflows, to gather insights that will inform future strategies and improve system integration.</p>	
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Strategy 2 title: *Participate in CIE governance or collaborative decision-making*
 Under the YCCO strategic focus area of health systems transformation, one of our strategies is convening system and community partners to find ways to maintain healthy lives.

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

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

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

YCCO has been actively involved in advancing the Community Information Exchange (CIE) strategy across multiple platforms. This includes participation in the Board of Managers of the HIT Commons, membership in the HIT Advisory Group (HITAG), and serving on the Advisory Committee for the OHLC-sponsored UCSF Siren evaluation of the Connect Oregon (Unite Us) implementation in Oregon. In 2024, YCCO also engaged in the newly established CCO CIE HRSN Work Sessions. Additionally, we have been key sponsors of collaborative sessions with Community-Based Organizations (CBOs) and other CIE users, aimed at promoting utilization, sharing best practices, and fostering peer learning across participants.

While there has been notable engagement, challenges remain, particularly with the adoption and integration of the CIE platform among some community partners. Many organizations are still adjusting their workflows to fully incorporate CIE tools, and continued efforts are needed to increase awareness, address technical barriers, and enhance user adoption.

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

Planned Activities	Planned Milestones
1. HIT Commons: YCCO will continue to serve in 2025.	1. HIT Commons: 2025 Board representation and active participation.
2. HITAG: YCCO will continue to serve in 2025.	2. HITAG: 2025 active participation.
3. OHLC Sponsored feedback: YCCO will continue to participate in 2025.	3. OHLC Sponsored feedback: 2025 active participation.
4. CCO CIE HRSN Work Sessions: YCCO will continue to participate in 2025.	4. CCO CIE HRSN Work Sessions: 2025 participation.

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

Please describe your 2024 progress and 2025-26 plans for supporting community-based organizations (CBOs), social service providers in your community, and contracted physical, oral and behavioral health providers with using health IT to support SDOH needs, including but not limited to screening and referrals. In the spaces below, (in the relevant sections), please:

- Select the boxes that represent strategies pertaining to your 2024 progress and 2025-26 plans.
- List and describe the specific tool(s) you currently or plan to support or provide to your contracted physical, oral, and behavioral health providers, as well as social services and CBOs. Please specify if the tool(s) have screening and/or closed-loop referral functionality (e.g., CIE).
- (Optional) Provide an overview of CCO’s approach to supporting contracted physical, oral, and behavioral health providers, as well as social services and CBOs with using health IT to support social needs, including but not limited to social needs screening and referrals.
- For each strategy CCO implemented in 2024 and/or will implement in 2025-26 to support contracted physical, oral, and behavioral health providers, as well as social services and CBOs with using health IT to support social needs, including but not limited to social needs screening and referrals, include:
 - a. A title and brief description
 - b. Which category(ies) pertain to each strategy
 - c. Strategy status
 - d. Provider types supported
 - e. A description of 2024 progress, including:
 - i. Accomplishments and successes (including the number of organizations of each provider type that gained access to health IT to support SDOH needs as a result of your support, where applicable)
 - ii. Challenges related to each strategy, as applicable
 - f. (Optional) An overview of CCO 2025-26 plans for each strategy
 - g. Activities and milestones related to each strategy CCO plans to implement in 2025-26

Notes:

- Four strategy sections have been provided. Please copy and paste additional strategy sections as needed. Feel free to delete any unused strategy sections (e.g., if CCO only includes three strategies, fourth strategy section can be deleted).
- If CCO is continuing a strategy from prior years, please continue to report and indicate “Ongoing” or “Revised” as appropriate.
- If CCO is not pursuing a strategy beyond 2024, note ‘N/A’ in Planned Activities and Planned milestones sections.

- If CCO is implementing a strategy beginning in 2025, please indicate 'N/A' in the progress section for that strategy.
- If preferred, you may choose to submit a separate document detailing each strategy's activities and milestones

Strategy category checkboxes (supporting providers)

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

Progress	Plans		Progress	Plans	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1. Sponsor CIE for the community	<input type="checkbox"/>	<input type="checkbox"/>	7. Support payments to CBOs through health IT
<input type="checkbox"/>	<input type="checkbox"/>	2. Enhancements to CIE tools (e.g., new functionality, health-related services funds forms, screenings, data sources)	<input type="checkbox"/>	<input type="checkbox"/>	8. Requirements to use health IT in contracts/provider agreements
<input type="checkbox"/>	<input type="checkbox"/>	3. Integration or interoperability of health IT systems that support SDOH with other tools	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	9. Track or assess CIE/SDOH tool adoption and use
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	4. Training and/or technical assistance	<input type="checkbox"/>	<input type="checkbox"/>	10. Outreach and education about the value of health IT to support SDOH needs
<input type="checkbox"/>	<input type="checkbox"/>	5. Support referrals from CBOs to clinical providers and/or from clinical providers to CBOs	<input type="checkbox"/>	<input type="checkbox"/>	11. Support participation in SDOH-focused health IT convenings, collaborative forums and/or education (excluding CIE governance)
<input type="checkbox"/>	<input type="checkbox"/>	6. Financial support to adopt or use health IT that supports SDOH (e.g., incentives, grants)	<input type="checkbox"/>	<input type="checkbox"/>	12. Support participation in CIE governance or collaborative decision-making
<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 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: In 2022, YCCO successfully completed the implementation of the Unite Us platform, initially securing 100 licenses with the option to expand as needed. While adoption has been slower than originally expected, the platform has now achieved sufficient volume to meet the transaction thresholds required for generating weekly activity data extracts. 66/100 Unite Us licenses are currently being utilized. The Unite Us tool is available to YCCO's contracted physical, oral, and behavioral health providers, as well as social service partners and community-based organizations (CBOs). It offers critical functionality, including SDOH screening and closed-loop referrals, to help streamline care coordination and resource connection across our network.

Helios: The Helios care management system features comprehensive health risk assessment (HRA) and SDOH screening functionality. During the 2024 implementation, the primary focus was on configuring the state-required HRAs. Moving forward, we plan to explore additional HRA capabilities as we transition from the go-live phase to fully utilizing the robust configuration options available within the system. This will

enhance our ability to conduct deeper assessments and improve care management processes across the organization.

(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**

Strategy 1 title: Sponsor CIE for the community and Provide Training and/or technical assistance

Under the YCCO strategic focus area of operations, one of our strategies is supporting data driven decisions and actions by improving SDOH data collection. Under the YCCO strategic focus area of community needs, one of the YCCO strategies is enhancing SDOH data collection.

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

- 1: Sponsor CIE 2: Enhancements 3: Integration 4: TA Assessment 5: Clinical&CBO referrals
 6: Financial support 7: Payments 8: Contract requirements 9: Track use 10: Outreach/education
 11: Convenings: 12: Governance 13: Other adoption/use: 14: Other SDOH data:

Strategy status:

- Ongoing New Paused Revised Completed Ended/retired/stopped

Provider types supported with this strategy: Across provider types OR specific to:

- Physical health Oral health Behavioral health Social Services CBOs

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

YCCO receives a monthly report from Unite Us that highlights the top 10 sending organizations and the top 10 receiving organizations on the platform in Yamhill, Polk, and Washington counties. These reports provide valuable insights into referral activity, helping YCCO track and assess the use of the Unite Us platform across the region.

Additionally, YCCO receives a detailed report on managed cases, including their status (unresolved, open, resolved), as well as an overview of all cases in the three counties categorized by status. Receiving these regular reports is a significant achievement, enabling YCCO to effectively track internal case management and monitor referral activity. The reports also help identify contracted organizations that are actively sending and receiving referrals, further supporting collaboration and resource coordination.

By the end of 2024, 66 out of 100 licenses were being utilized by contracted providers and community-based organizations (CBOs), a notable increase from 52 out of 100 licenses in 2023. Upon completion of our project to implement the Unite Us platform and joining the Connect Oregon collaborative, YCCO utilized training events, videos, and other collaborative meetings and tactics to communicate the value of the platform to promote adoption. The Unite Us team has been very collaborative, available, and supportive with our outreach efforts.

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

Planned Activities

1. YCCO will continue to sponsor CIE licenses for the community and promote adoption of Connect Oregon.

Planned Milestones

1. YCCO will continue outreach efforts throughout 2025.
2. YCCO will continue to partner with Unite Us for training and technical assistance throughout 2025.

2. YCCO will continue to partner with Unite Us to provide Connect Oregon training and technical assistance with our network and CBOs.

Strategy 2 title: Assessment/tracking of CIE/SDOH tool adoption and use

Under the YCCO strategic focus area of community needs, one of our strategies is supporting member and community social needs by encouraging CIE adoption.

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

- 1: Sponsor CIE
 2: Enhancements
 3: Integration
 4: TA Assessment
 5: Clinical&CBO referrals
 6: Financial support
 7: Payments
 8: Contract requirements
 9: Track use
 10: Outreach/education
 11: Convenings:
 12: Governance
 13: Other adoption/use:
 14: Other SDOH data:

Strategy status:

- Ongoing
 New
 Paused
 Revised
 Completed
 Ended/retired/stopped

Provider types supported with this strategy: Across provider types OR specific to:

- Physical health
 Oral health
 Behavioral health
 Social Services
 CBOs

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

The Unite Us platform provides basic adoption and usage analytics; however, in 2024, YCCO focused on implementing data extracts from Unite Us to generate more comprehensive internal analytics. As mentioned earlier in this document, YCCO has also initiated the implementation of Tableau Server to enhance our analytical capabilities, enabling better data-driven decision-making. The monthly reports from Unite Us have been helpful in tracking adoption and utilization metrics, supporting both YCCO and Unite Us in assessing progress throughout 2024. Due to other organizational priorities, YCCO did not get as far as planned in 2024 with CIE analytics thus many of the planned activities and milestones are the same for the 25-26 HIT Roadmap.

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

YCCO will continue collaborating with the Unite Us team to monitor and assess the adoption and usage of the platform by YCCO’s contracted providers and community-based organizations (CBOs). In addition, YCCO will focus on integrating data extracts from Unite Us into the Tableau analytics dashboard, enabling more effective tracking of platform adoption and usage. This data will further support YCCO's efforts to measure impact and optimize utilization. Specific activities and milestones to support this strategy include data exchange and developing analytics.

Timeline:

Activity Timeline	2024		2025				2026			
	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Data exchange										
Develop analytics										

- Active initiation and development efforts
- Recurring activity and ongoing maintenance

Planned Activities

1. **Data exchange:** Design and implement a regular cadence for data extracts from the Unite Us platform to ensure timely and accurate reporting for YCCO’s internal use.
2. **Develop analytics:** Work with the YCCO Data Governance team to manage the receipt of Unite Us data. Develop Tableau-based dashboards to

Planned Milestones

1. **Data exchange** - Q1 & Q2 2025
2. **Develop analytics** - Q1 & Q2 2026

monitor platform usage and adoption, and generate insights to inform strategic decision-making.

C. Using Technology to Support HRSN Services

Please use this section to describe progress and plans to support use of technology for HRSN Services, particularly for closed loop referrals. Include work and strategies:

1. Within your organization to use technology to support HRSN Services and
2. To support and incentivize HRSN Service Providers to adopt and use technology, particularly for closed loop referrals (such as grants, technical assistance, outreach, education, and engaging in feedback).

Note: If referring to a strategy already described elsewhere, please name the section and number, and ensure it is clear how the strategy supports use of technology for HRSN Services.

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

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

For the Health Related Social Needs (HRSN) rollout, YCCO organized and developed processes related to screening, billing, and tracking to roll out these benefits. Some procedures and resources already existed within YCCO, allowing the organization to utilize these structures and weave them into the 1115 waiver's requirements. By March 2024 YCCO established screening, sourcing, billing, and monitoring procedures for climate change needs and by November 2024 the same was established for housing support. YCCO worked closely with our vendor Ayin to operationalize HRSN billing and authorization processes. YCCO also made several internal updates to our care management Helios platform to roll out HRSN services.

2025-27 Plans: For the years 2025 through 2027, YCCO will continue to build on established processes and adjust processes and procedures, as necessary. YCCO will also continue to provide technical assistance, outreach and education to encourage the use of technology for closed loop referrals internally and externally.

YCCO continues to refine the HRSN referral, authorization, and service delivery workflows within our IS infrastructure. Referrals may be received through any medium (fax, CIE, etc.), but all referrals are entered into Helios, from which all member and provider interactions are documented. HRSN requests and authorization referrals to HRSN providers have the capability in 2025 to come through Unite Us (Connect Oregon), while still being documented in the core member service documentation system Helios.

YCCO is working with Unite Us to integrate CIE into workflows and process. Using Unite Us to send and receive referrals from and to authorized HRSN providers and receive closed-loop documentation of service delivery should help both YCCO and providers better track where a member is in the referral process. YCCO has worked with Unite US to develop the capacity to receive HRSN requests through Unite Us and send authorization approvals or denials through CIE, closing the loop on HRSN requests.

The HRSN Team is also working closely with Ayin to ensure the appropriate information is documented in the authorization in Helios so that claims can be processed, and timely payments are made. HRSN workflows are defined for each benefit. As HRSN benefits are expanded, HRSN providers will need additional training through webinars and other outreach mechanisms, including ensuring providers receive training from Ayin on using the claims portal correctly.

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

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

YCCO supported and encouraged HRSN service providers to use Connect Oregon for closed loop referrals. YCCO purchased 100 licenses for contracted and/or approved providers, Community Based Organizations (CBOs) and social service organizations to utilize the Unite Us licenses as needed.

In 2024, 66/100 Connect Oregon licenses are being utilized. There is still opportunity for contracted CBOs to use Connect Oregon. Providers continue to require technical assistance with creating claims, creating proper documentation, and reporting accurately.

In 2024, YCCO awarded more than \$1.3M to nine agencies. Of those awarded, seven requested financial support for technology, but all awards have contributed to the capacity of organizations to implement systems to monitor and report on HRSN activities.

2025-27 Plans:

YCCO will continue to encourage HRSN providers to use Connect Oregon and to utilize Community Capacity Building Funding (CCBF) to build out the infrastructure and support needed to use technology like Connect Oregon for the closed loop referral process. The YCCO team continues to proactively provide outreach, technical assistance, and education to CBOs and social service agencies that meet the HRSN criteria.

Connect Oregon also hosts educational meetings and webinars, as well as technical assistance sessions with individual providers. In 2025, YCCO has ~\$1.8M available in CCBF to award local agencies to support additional capacity building. YCCO focus areas for awards are nutrition, housing, and outreach and engagement providers.

D. Health IT to Support SDOH Needs Barriers

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

YCCO has made steady progress in enhancing internal information systems, including expanding our IS team and implementing infrastructure improvements to better support our mission. One key barrier has been the complexity of claims and billing related to SDOH services, which has posed challenges for many providers. As providers adapt to new documentation and systems, these challenges have been mitigated through additional support and robust technical assistance.

YCCO continues to strengthen internal capacity and partnerships, particularly through the use of the Unite Us platform. Ongoing efforts to improve data management within Connect Oregon (Unite Us) will enhance our ability to track and analyze the adoption and impact of SDOH referrals. Additionally, we recognize that seamless integration of SDOH tools into provider workflows is essential to improving adoption and utilization across physical, oral, and behavioral health providers, as well as social service organizations and CBOs.

E. OHA Support Needs

How can OHA support your efforts in using and supporting the use of health IT to support SDOH needs, including social needs screening and referrals?

YCCO appreciates OHA's continued flexibility and responsiveness as new HRSN benefits are implemented. Ongoing support from OHA, particularly through clear guidance and transparent communication, remains critical during this evolving process. YCCO regularly participates in HRSN office hours to stay informed on reporting requirements and program updates. We also value the adaptability OHA has demonstrated in response to our feedback. YCCO understands that updates to reporting templates and related tools require time, and we are grateful for OHA's patience and collaboration as we work to meet data and reporting expectations.

OHA can also support our efforts around social needs screening and referrals measure data collection by providing clear guidance for the reporting process. Our organization encountered challenges collecting consistent SDOH screening and referral data from our provider community because the original instructions did not contain the exact questions to ask for each element and how the responses should be formatted.

The additional clarification from OHA and specific questions regarding elements 3, 6, 7, and 13, was extremely helpful, but it came after we already conducted outreach and data collection. Looking ahead, we would greatly benefit from:

1. A standardized questionnaire for each required element that we can directly share with our providers and community organizations.
2. A template or data dictionary that outlines required fields, response formats, and any dropdown options (e.g., organization type, standardized coding).

We appreciate that this is a first-time effort and acknowledge the learning curve for us all. Going forward, clear guidance and standardized tools would enhance our ability to collect and share accurate, actionable SDOH data that aligns with OHA's expectations.

7. Other Health IT Questions (Optional)

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

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

YCCO continues to build out and enhance our new care management platform to support the development of our internal staffing structure and assume full responsibility for care management, utilization management, and appeals and grievances. As part of this growth, we are exploring the implementation of both a provider and member portal offered through the Helios platform.

We are to have more direct oversight of member care management through the adoption of Helios, which enhances our engagement with members and strengthens our ability to deliver high-quality, coordinated care. Direct access to the platform's underlying data will significantly improve our capacity to collect, analyze, and leverage data in support of broader Health Information Technology (HIT) strategies.

Looking ahead, YCCO will continue to assess opportunities to engage members with digital health solutions. Key initiatives include:

- Launching multiple applications that give members access to their health data through the 1upHealth interoperability project;
- Encouraging member participation in curated digital health tools; and
- Licensing and promoting remote monitoring solutions for targeted member populations, with data shared directly with key provider clinics to support care coordination.

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

We appreciate OHA's ongoing support and flexibility as we work collaboratively to advance our Health IT Roadmap goals. Continued guidance on emerging HIT opportunities and strategic direction is helpful as we navigate this evolving landscape together.

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

One of YCCO's biggest challenges in advancing Health IT strategies has been the understandable resistance to new technologies that disrupt existing workflows within the provider community. There remains a need for improved communication, training, and collaboration to support successful adoption among our partners.

Additionally, many of the HIT systems that support YCCO's health plan operations contain incomplete or inaccurate demographic data for our members. This presents significant barriers to our ability to:

- Accurately analyze and report on health outcomes based on REALD and SDOH characteristics;
- Share meaningful demographic insights with strategic partners, contracted providers, and community-based organizations (CBOs) to support coordinated population health efforts; and
- Identify and prioritize impactful partnerships and investments with CBOs.

To address this, YCCO asks care and case managers, contracted providers, county agencies, and CBOs to manually collect, verify, and update REALD data during member or patient encounters.

We appreciate OHA's continued support in promoting standardized data collection practices, offering technical assistance, and training efforts to help ensure the accuracy and completeness of demographic data across systems.

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

YCCO's Health IT strategies are designed to support the reduction of health inequities. YCCO has established multiple policies that require the integration of REALD data into all forms of member-level reporting and has been actively implementing these policies over the past several years to help reduce health inequities. REALD data is now embedded in internal dashboards that monitor a wide range of member-level information, including demographics, grievances and appeals, care utilization, access to interpreter services, and both current and historical performance on incentive metrics. Additionally, with the ongoing delivery of SOGI data and the completion of an automated decoding process, efforts are now underway to incorporate key elements of this data into several of YCCO's existing data systems.

YCCO's Data Equity Workgroup analyzes YCCO data for disparities and shares the findings with the appropriate internal and external partners to support the improvement of systems of care. For example, in 2024 this workgroup reviewed care utilization data about members with diabetes diagnoses. The workgroup examined cost and count of diabetes-related services per member year over year, and ratios of all English-speaking members to all Spanish-speaking members. It reviewed care utilization data of the population with diabetes-related diagnosis codes by member months enrolled to normalize for length of enrollment and conducted analyses of diabetes-related diagnosis codes and of the cost of those claims. It analyzed the population, claims, and costs by Primary Care Provider (PCP) by all available REALD/SOGI categories. These analyses determined that there is a difference in care provided to Spanish-speaking members and English-speaking members. These findings were shared with the Community Engagement, Quality Improvement and Care Management teams for community feedback about the root cause(s) of the potential

disparity and potential solutions, if applicable. Thereafter, provider and member feedback will be used to guide quality improvement projects.

Data collection for the Meaningful Language Access (MLA) metric continues to be a largely manual process, with most clinics shouldering the administrative burden of pulling the required data from patient charts on a per-encounter basis. OHA could better support CCOs and providers by developing EHR and billing code guidelines and considering financial support options for EHR updates so this data can be captured efficiently and accurately. Developing and implementing a new SDOH data collection process on top of the current issues with language access reporting intensifies the issues that smaller, rural clinics are facing.

Significant structural development work has been done over the last 3 years in the MLA space, and YCCO has learned is that capturing and reporting on data, with the levels of specificity that OHA is requiring, eliminates some of the streamlining that could normally be done through our IS team. Instead, this data collection requires much more human intervention and coordination to pull things together to meet the requirements. Similar levels of structural building have taken place within the SDOH screening and referral space, and YCCO recognizes that significant manual intervention will be required to ensure full capture of the data within that realm. Continued collaboration and thoughtful support from OHA will be critical as we work to align equity goals.

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

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