

2026 CCO Health Information Technology Roadmap

Reporting Template

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

Please:

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

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

Table of Contents

Instructions and expectations	4
1. Health IT partnership.....	6
2. (Optional) Overview of CCO health IT approach	6
3. Support for EHR adoption, use and optimization	8
A. Support for EHR adoption, use and optimization: 2025 progress and 2026-29 plans.....	8
B. EHR support barriers.....	22
C. OHA support needs	23
4. Use of and support for HIE for care coordination and hospital event notifications.....	23
A. CCO use of HIE for care coordination and hospital event notifications: 2025 progress and 2026-29 plans	23
B. Supporting increased access to and use of HIE among providers: 2025 progress and 2026-29 plans	41
C. HIE for care coordination barriers.....	54
D. OHA support needs.....	54
E. CCO access to and use of EHRs.....	55
5. Health IT to support SDOH	56
A. CCO use of health IT to support SDOH: 2025 progress and 2026-29 plans....	56
B. CCO support of providers with using health IT to support SDOH: 2025 progress and 2026-29 plans	67

C. Exceptions process if CCO requires CIE	76
D. Health IT to support SDOH barriers.....	79
E. OHA support needs	79
6. (Optional) Other health IT questions.....	80

Instructions and expectations

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

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

Each required topic includes the following:

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

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

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

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

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

Notes:

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

CCO Name: Yamhill Community Care

1. Health IT partnership

Please attest to the following items.

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

☒ Yes

☐ No

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

☒ Yes

☐ No

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

☒ Yes

☐ No

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

☒ Yes

☐ No

2. (Optional) Overview of CCO health IT approach

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

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

Yamhill Community Care Organization (YCCO) continues to advance its Health Information Technology (HIT) strategy to support care management and care coordination, population health management, and regulatory compliance. Building on the successful implementation of the Helios care management platform in 2023, YCCO's ongoing focus is on optimizing system capabilities, strengthening provider network management, improving interoperability, and growing member and provider engagement.

YCCO utilizes the Johns Hopkins ACG tool to support risk stratification and population health management. These risk insights help identify members with complex health needs and inform care coordination and care management activities across the organization.

In 2025, YCCO prioritized bringing provider contracting and network management functions in-house, allowing for greater oversight and alignment between provider operations and internal systems. In 2026, YCCO will explore implementing a provider data management system to support network contracting, the provider directory, and other provider data functions.

In 2026, YCCO's HIT priorities also include improving provider and member collaboration through enhancements to the Helios platform. This includes exploring the Helios provider integration, utilizing Helios member communication tools such as secure texting and secure email to improve outreach and care coordination and Helios analytics. YCCO is exploring provider portal capabilities offered through the Helios or Ayin platforms to strengthen communication and information sharing with contracted providers. YCCO

recognizes the importance of timely exchange of health information with providers to support coordinated member care, improve transitions of care, and enhance collaboration across the provider network.

YCCO also continues to expand interoperability capabilities through its partnership with 1upHealth to meet CMS interoperability requirements, including work related to CMS-0057 APIs such as Provider Access, Patient Access enhancements, Payer-to-Payer exchange, and Prior Authorization APIs.

These initiatives support YCCO's broader goal of strengthening care coordination, improving data accessibility, and enhancing the tools available to both care teams and providers in serving YCCO members.

3. Support for EHR adoption, use and optimization

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

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

- Report the number of physical, oral, and behavioral health organizations without EHR information using the Data Completeness Table in the OHA-provided CCO Health IT Data File (e.g., "Using the OHA-provided Data Completeness Table, 10 physical health, 22 oral health, and 14 behavioral health organizations lack EHR information"). CCOs are expected to use this information to inform their strategies. Where applicable, information in the CCO Data Reporting File should support descriptions of accomplishments and successes.

- Include plans for collecting missing EHR information via CCO already-existing processes (e.g., contracting, credentialing, Letters of Interest).
- Provide an overview of CCO's approach to supporting EHR adoption, use, and optimization among contracted physical, oral, and behavioral health providers in support of care coordination.
- **For each strategy** CCO implemented in 2025 and/or will implement in 2026-29 to support EHR adoption, use, and optimization among contracted physical, oral, and behavioral health providers in support of care coordination include:
 1. A title and brief description
 2. Which category(ies) pertain to each strategy
 3. The strategy status
 4. Provider types supported
 5. A description of 2025 progress, including:
 - i. Accomplishments and successes (including number of organizations, etc., where applicable)
 - ii. Challenges related to each strategy, as applicable
 - iii. How the strategy supports each type of provider selected
 6. (Optional) An overview of CCO 2026-29 plans for each strategy
 7. Activities and milestones related to each strategy CCO plans to implement in 2026-29

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

Using the updated 2026 Data Completeness and Adoption Rates Table, Yamhill Community Care Organization (YCCO) has: 21 (11%) Physical health organizations without EHR information; 9 (9%) Behavioral health organizations without EHR information and no Oral health organizations without EHR information.

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

Yamhill Community Care Organization (YCCO) will continue using the same multi-channel approach in 2026 to collect and update provider EHR information. YCCO plans to distribute targeted HIT surveys via email in the third quarter of 2026 to all contracted physical, oral, and behavioral health organizations with email addresses on file, with particular focus on providers whose EHR status remains unknown.

In addition to the survey outreach, YCCO's Provider Relations team will continue collecting EHR and HIT information during provider site visits, share the survey link directly with provider organizations during routine communications, and include the HIT survey link in the monthly provider newsletter during the third quarter of 2026. These combined outreach methods are intended to improve response rates and ensure more complete and accurate information regarding provider HIT capabilities. YCCO has also incorporated HIT data reporting language into provider contracts, including behavioral health provider agreements. This language continues to be used during provider contracting and re-contracting efforts.

The contract language states: *“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.”*

Complete list of strategy categories

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

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

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

The majority of Primary Care Providers (PCPs) contracted with Yamhill Community Care Organization (YCCO) have adopted and actively use Electronic Health Records (EHRs). According to the updated 2026 Health IT Data Reporting file, approximately 91% of YCCO members are assigned to a PCP organization utilizing an EHR. In addition, 100% of hospitals contracted with YCCO use Electronic Health Record systems that have obtained Certified Electronic Health Record Technology (CEHRT) status.

Among behavioral health providers contracted with YCCO, 85% currently utilize EHRs, representing an increase from 57% utilizing an EHR reported in the 2025 HIT Data File. All oral health providers employed by or contracted with Capitol Dental Care, YCCO's oral health care organization, utilize EHR systems.

Given the high rate of EHR adoption among PCP organizations, YCCO's efforts are focused on supporting providers in optimizing EHR use to improve care coordination and health outcomes.

Current efforts include continuing to partner with Wakely to provide access to cost and utilization analytics for key clinics and health systems. Also, using the Johns Hopkins ACG risk stratification tools to develop clinic-level profiles related to YCCO membership and claims experience to support population health management and care coordination.

Understanding EHR adoption, use, and optimization across provider types helps inform YCCO's strategies for leveraging HIT to support member care coordination. YCCO gathers this information through its annual HIT survey and provider site visits throughout the year. In addition, YCCO collects information on Health Information Exchange (HIE) and Community Information Exchange (CIE)

adoption and use through the annual HIT survey distributed to contracted providers via direct outreach, email communications, the provider newsletter, and scheduled site visits.

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

Brief description: 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 categories pertain to this strategy

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

Strategy status:

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

Provider types supported with this strategy:

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

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

In 2025, YCCO conducted a Health Information Technology (HIT) survey with contracted physical, behavioral, and oral health providers with valid email addresses on file, with particular focus on organizations missing EHR information

in the HIT Data Reporting File. YCCO received 45 organizational responses, and the information collected was incorporated into the updated 2026 HIT Data Reporting File.

Survey responses provided some insight into barriers to EHR adoption among providers that have not yet implemented an EHR. One behavioral health organization reported that it does not currently have an EHR and has no plans to implement one due to financial costs and limited staff resources. A physical health organization reported that EHR adoption has not been prioritized by leadership. These responses help inform YCCO's understanding of the operational and financial challenges that may impact EHR adoption among smaller provider organizations.

Based on the 2025 survey results and analysis of the HIT Data Reporting File, YCCO observed the following levels of EHR adoption among contracted providers: 91% of YCCO members are assigned to primary care providers utilizing an EHR; 100% of contracted oral health providers utilize EHR systems; 85% of contracted behavioral health providers utilize EHR systems.

YCCO also set a goal in 2025 to collect EHR data for 70% of organizations required for reporting in order to improve overall data completeness. Current results show improvement toward this goal: 89% of physical health provider organizations (up from 63%) 91% of behavioral health provider organizations (up from 61%) 100% of oral health provider organizations (up from 80%). Challenges with this approach are typical of survey-based data collection efforts, including ensuring the survey reaches the appropriate contact within provider organizations, achieving sufficient response rates, and the limited administrative capacity of some provider organizations to complete surveys.

Another challenge with year-to-year comparisons is that the set of contracted provider organizations changes over time as new providers join the network and others leave. These changes can affect the total number of organizations required for reporting, making it difficult to maintain a consistent HIT adoption profile from year to year as denominators and percentages fluctuate.

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

YCCO plans to continue its efforts to improve the completeness and accuracy of EHR adoption data among contracted providers. YCCO intends to maintain a goal of collecting EHR data for at least 80% of organizations required for reporting to support a more complete understanding of HIT adoption across the provider network. While this benchmark has been achieved for oral health providers, additional work is still needed to improve data completeness among physical health and behavioral health organizations on a consistent basis.

YCCO will continue to gather HIT and EHR adoption data through multiple operational touchpoints, including provider contracting, credentialing, auditing activities, and direct HIT surveys distributed to contracted providers. The addition of HIT data reporting language within provider contracts is expected to improve provider awareness of these requirements and increase response rates over time. YCCO will also continue identifying other opportunities to collect HIT adoption information during routine provider engagement activities. YCCO's Behavioral Health team may also integrate HIT-related questions into the behavioral health chart audit process as an additional data collection opportunity.

While challenges were encountered previously with provider participation in the secure Microsoft Teams environment used for chart audits, YCCO plans to continue providing technical assistance and training to improve participation and

support future data collection through this process. The annual HIT survey will remain a strategy for gathering information about EHR adoption, Health Information Exchange (HIE) adoption and utilization, and Community Information Exchange (CIE) participation among contracted providers. Survey distribution will continue through direct outreach, email communications, the provider newsletter, and provider engagement activities. YCCO's milestones for 2026–2029 include maintaining or exceeding the following data completeness targets among providers required for reporting: 80% of contracted physical health provider organizations; 80% of contracted behavioral health provider organizations; and 80% of contracted oral health provider organizations. These targets remain consistent across planning years due to ongoing changes within the contracted provider network, which can affect the total number of organizations required for reporting. Maintaining these benchmarks will help YCCO continue monitoring HIT adoption trends while accounting for fluctuations as new providers join the network.

Planned activities and milestones

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

Planned activities	Planned milestones
1. Contracting and Credentialing: As YCCO continues managing provider contracting and credentialing internally, provider agreements will continue to include language requiring the collection of HIT and Health Information Exchange (HIE) information. Incorporating these	A. 2026: Provider EHR status is known for 80% of contracted Physical Health providers, 80% of Behavioral Health providers, and 80% of Oral Health providers required for reporting.

Planned activities	Planned milestones
requirements into contracts helps ensure providers are aware of data reporting expectations and supports ongoing HIT data collection efforts. 2. Auditing: YCCO previously established a behavioral health chart audit process using secure Microsoft Teams channels. While initial implementation presented challenges related to provider participation and technical familiarity, YCCO plans to continue exploring opportunities to incorporate HIT-related data collection into this process. Additional training and technical support will be provided to improve provider engagement and usability. 3. Provider Data Validation and Network Data Tools: YCCO will continue expanding its use of tools provided by Quest Analytics, its network adequacy and provider data accuracy vendor. Quest Analytics conducts provider and clinic-level data validation surveys	B. 2027: YCCO will continue to maintain or improve these benchmarks as the provider network evolves and new organizations join the network. C. YCCO will also continue evaluating whether HIT data gathering can be incorporated into the behavioral health chart audit process. If feasible, integration of HIT-related data collection into the behavioral health audit workflow will be expanded during the roadmap period. D. 2026 - Annual HIT Provider Survey: Design/Adjust survey questions – Q1/Q2 2026; Distribute and collect – Q3 2026 (Monitor response rates and follow up with providers as needed); Analyze & Record – Q4 2026 (Review data to assess trends, challenges, and opportunities for targeted outreach)

Planned activities	Planned milestones
approximately every 90 days, helping ensure provider demographic and practice information remains accurate and up to date. YCCO will continue incorporating these data validation efforts into its provider data mart to support improved data accuracy and additional opportunities to collect and verify HIT adoption information. 4. Annual provider HIT Survey: YCCO will conduct the annual HIT provider survey assessing EHR and HIE (including CIE) adoption and utilization among YCCO's contracted providers.	

Strategy 2 title: Requirements in contracts/provider agreements

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

Strategy categories: Select which categories pertain to this strategy

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

☐ 12: Other:

Strategy status:

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

Provider types supported with this strategy:

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

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

In 2023, Yamhill Community Care Organization (YCCO) updated some of the provider contracts to include requirements for collecting Health Information Technology (HIT) and Health Information Exchange (HIE) data from contracted providers. Recognizing the value of this approach, YCCO expanded the use of this language across all provider contracts in 2024 and continues incorporating it into new contracts and re-contracting efforts.

A significant organizational milestone was the completion of YCCO's provider contracting insourcing project, which transitioned contracting responsibilities from an external partner to internal management. This project was completed in Q4 2024, with newly executed contracts becoming effective January 2025. Bringing provider contracting activities in-house has improved YCCO's visibility into provider network operations and created additional opportunities to collect and validate HIT-related information through the contracting and credentialing process.

In 2025, YCCO began leveraging this contract language more actively through targeted provider outreach. The YCCO Provider Relations team contacted organizations with missing EHR data to remind them of contractual requirements to report HIT and HIE information. This outreach included follow-up communication and education to support providers in submitting the required data. Provider feedback was limited but did not identify significant concerns with the reporting requirements. As a result of these efforts, YCCO anticipates improved completeness in the 2026 HIT Data Reporting File, as providers that were previously missing EHR information are now receiving direct support and reminders to submit this data.

YCCO will continue to leverage contracting, credentialing, and provider engagement processes to support ongoing data collection efforts related to EHR adoption, HIT capabilities, and interoperability across the provider network.

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

During the 2026–2029 roadmap period, YCCO plans to continue using the existing contract language while monitoring its effectiveness in supporting HIT data collection and reporting requirements. At this time, YCCO does not anticipate significant additional HIT-related contract requirements beyond the language added in 2024. However, YCCO will evaluate whether refinements or clarifications to contract language may be appropriate in the future to support evolving state or federal requirements, including interoperability and data sharing initiatives.

Any updates would be implemented incrementally through the contracting and re-contracting process to ensure alignment with business needs while minimizing administrative burden on contracted providers. Through this approach, YCCO

aims to maintain network stability while continuing to support improved HIT data collection across the provider network.

Planned activities and milestones

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

Planned activities	Planned milestones
1. HIT Data Collection language - Continue to incorporate HIT data collection language into provider contract templates for all provider types. 2. Provider Engagement - Throughout 2026, 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.	A. HIT Data Collection language – Q1-Q2 2026 - Ensure HIT data collection language is incorporated into provider contract templates for all provider types in Q3-Q4 2026 - Monitor compliance and provider feedback, adjusting language as needed. B. Provider Engagement – Q2 2026 - Identify contracted providers missing EHR data using survey results and audit findings. Q3 2026 - Conduct targeted outreach to remind providers of their contractual commitment to share HIT data. Q4 2026 & Ongoing - Track provider responses, address barriers to compliance, and

Planned activities	Planned milestones
	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 continues to develop internal Information Systems (IS) capabilities to better support Health Information Technology (HIT) initiatives across the organization. Over the past several years, significant IS resources were dedicated to implementing major system initiatives, including the Helios care management platform and transitioning provider contracting activities in-house. As a result, some internal capacity that could otherwise be dedicated to supporting provider EHR adoption and optimization has been limited.

YCCO is continuing to expand the IS team and strengthen supporting infrastructure to better align technology resources with the organization's mission and operational needs. With the completion of several major projects, the years ahead represent a period of operational stabilization and system optimization, allowing YCCO to focus more attention on improving internal processes, reporting capabilities, and provider engagement related to HIT initiatives.

Additional barriers to EHR adoption and optimization among contracted providers include financial costs, staffing limitations, and competing operational priorities, particularly among smaller provider organizations and behavioral health providers. These challenges can make it difficult for some organizations to adopt or fully optimize EHR systems without additional support or incentives.

C. OHA support needs

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

YCCO would appreciate continued guidance from OHA regarding opportunities to leverage federal and state funding, programs, or other initiatives that support EHR adoption and effective use among contracted providers. The targeted support for behavioral health EHR adoption and optimization is particularly valuable, as behavioral health providers often face unique financial and operational challenges when implementing or upgrading EHR systems. Additional guidance on strategies and best practices that CCOs can use to efficiently access provider EHR data for reporting, interoperability, and care coordination purposes would also strengthen YCCO's efforts to improve data sharing and support coordinated care for members.

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

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

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

- List and describe specific tool(s) you currently use or plan to use for care coordination, including risk stratification, and timely hospital event notifications.

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

Complete list of strategy categories (within CCO)

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

1. Care coordination and care management
2. Exchange of care information and care plans
3. Integration of disparate information and/or tools with HIE
4. Enhancements to HIE tools (e.g., adding new functionality or data sources)
5. Collaboration with external partners

6. Risk stratification and population segmentation
7. Other strategies for supporting HIE access or use

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

YCCO utilizes several internal systems and vendor-supported tools to support care coordination, care management, utilization management, and timely notification of hospital events for YCCO members. Key tools include:

PointClickCare (PCC): PCC is used as a hospital event notification system that monitors hospital activity across Oregon and provides admission, discharge, and transfer (ADT) notifications when YCCO members receive hospital services. PCC also has selected Skilled Nursing Facility (SNF) activity in their system. These notifications support timely care coordination by alerting YCCO care teams when members experience hospital events. ADT alerts help trigger care coordination workflows, allowing care teams to conduct outreach, coordinate follow-up care, and support smooth transitions of care after hospital discharge. PCC is also being utilized for bi-directional information sharing with providers, especially Emergency Departments, through the treatment planning section. A Care Team tag can be set for YCCO follow up. Once a specific Member is selected, information can be shared about the Member's history, specific needs, treatment planning, or requests to contact the Care Manager when the Member is in the ED to facilitate on-site engagement. Another important feature within PCC is available through the Cohort Analytics that allows for review of utilization activity in established areas from 1-30 days. Specialty reports can also be requested for longer periods or for areas of interest not listed through an established cohort.

CIM (Ayin Health Solutions): The CIM platform is a comprehensive health plan administration system utilized by YCCO's contracted partner, Ayin Health Solutions. The system includes utilization management functionality, supporting the receipt, review, and management of authorization requests as well as other core health plan administrative functions. CIM Analytics is another valuable feature to evaluate current utilization patterns, as well as areas of -over and under-utilization as identified through claims submissions. This provides a more global view for population management of the YCCO membership.

Helios (Elligint Health): Helios is YCCO's primary platform for care management, utilization management, and appeals and grievances management. Following the transition of care management responsibilities from Providence Plan Partners, Helios became the primary system supporting these functions. The platform allows YCCO care teams to coordinate care, manage member cases, and track interventions, process prior authorizations, and process and track grievance/appeal activities that support improved member outcomes. While not a primary function, Helios also provides reports to track staff productivity and Helios utilization, which is helpful in performance management.

YCCO also utilizes the **Johns Hopkins ACG risk stratification tool** to identify members with complex health needs and prioritize care management resources. Risk stratification insights help inform care management and care coordination activities within Helios and support proactive outreach to members who may benefit from additional care management services. Together, these systems enable YCCO to monitor hospital events, prioritize member needs using risk stratification, and coordinate care across providers to support improved health outcomes for YCCO members.

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

YCCO's use of the PCC platform generally aligns with three primary activities: 1. Tracking specific visit types to identify member utilization patterns, including emergency department visits and inpatient admissions. 2. Following targeted member populations to support care management and identify members who may benefit from additional outreach or intervention. 3. Using data to facilitate care coordination, enabling care teams to respond to hospital events, support transitions of care, and coordinate follow-up services with providers.

YCCO currently utilizes PCC's reporting and monitoring tools to track member activity and support care coordination efforts. Key reports include: 30-day lookback of inpatient (IP) admissions and discharges; "5 in 12" report (members with 5 or more events within 12 months); Daily YCCO IET encounters; All emergency department (ED) visits report; and Cohort Monitoring (36 cohorts defined, examples include): ED/IP encounters for members with diabetes; Avoidable emergency department visits; Dental-related encounters; ACT team emergency department notifications; 0–15 day readmissions; and Postpartum emergency department encounters.

These reports and cohort monitoring tools allow YCCO to identify members with high utilization, monitor priority populations, and support care teams in conducting timely outreach and follow-up after hospital events. An additional area of PCC use in 2026 is to facilitate bi-directional communication by tagging specific Members and entering treatment plan information that would be of beneficial use to the provider/Emergency department. YCCO continues to explore opportunities to expand the use of PCC reporting and cohort monitoring

capabilities to further strengthen care coordination and population health management efforts.

Strategy 1 title: Care coordination and care management

Brief description: 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 categories pertain to this strategy

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

Strategy status:

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

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

In collaboration with PCC, Yamhill Community Care Organization (YCCO) implemented a PCC–Helios integration in 2024. This integration enables Admission, Discharge, and Transfer (ADT) alerts from PCC to feed directly into Helios, significantly improving YCCO’s ability to track and respond to member hospital utilization in a timely manner. With this integration, automated ADT notifications are now available directly within Helios, providing timely information on inpatient admissions and emergency department visits. This allows the Care Management team to more effectively support member outreach and care

transitions following hospital encounters. These notifications can also be reviewed alongside member risk information, including Johns Hopkins ACG risk scores, helping care teams prioritize outreach to members with the greatest care coordination needs.

At present, PCC data is incorporated into the member care profile within Helios, allowing care managers to access utilization information alongside other member data when coordinating care. Helios serves as a centralized platform supporting care coordination and care management activities. The system captures member assessments—including Health Risk Assessments (HRA) and Social Determinants of Health and Equity (SDOH-E) information—which inform the development of individualized care plans. Helios also provides care teams with access to member risk levels, demographics, care team information, and documentation of member interactions, supporting more effective and coordinated care management across YCCO programs.

In 2025, YCCO continued to build on this integration through ongoing collaboration with PCC, including recurring meetings to review ADT data flows, provider participation, and opportunities to enhance care coordination reporting and workflows. Through these discussions, PCC introduced the capability to share member care plans across participating providers within the PCC platform. YCCO is currently exploring the feasibility of leveraging this functionality to support care plan exchange and improve coordination between providers. This functionality has the potential to strengthen transitions of care, reduce communication gaps, and improve continuity of services for members receiving care across multiple settings.

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

Although YCCO has an established interface and ADT notifications, YCCO plans to continue strengthening collaboration between its Information Systems (IS) team and the PCC team to better leverage available PCC tools and analytics. YCCO and PCC currently maintain a recurring quarterly meeting series designed to support collaboration, review available reporting and analytics capabilities, and identify opportunities to enhance data exchange and reporting.

During these meetings, YCCO and PCC review the list of contracted providers utilizing the PCC platform and identify providers who are not currently participating. Monitoring provider participation helps both organizations identify opportunities to support additional provider onboarding or technical assistance. YCCO plans to continue these collaborative meetings while exploring opportunities to expand data exchange, reporting capabilities, and analytics available through the PCC platform such as exchanging care plans with participating providers. These efforts are intended to strengthen YCCO's ability to monitor member utilization, support timely care coordination activities, and identify trends that may inform population health management strategies.

Planned activities and milestones

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

Planned activities	Planned milestones
1. Data Exchange: Yamhill Community Care Organization (YCCO) will continue monitoring the frequency and reliability of data exchange between the	A. Data Exchange (2026): Continue maintaining and monitoring the operational data exchange between PCC and YCCO systems to ensure reliable daily ingestion of ADT

Planned activities	Planned milestones
PointClickCare (PCC) platform and YCCO systems, with particular focus on the timely transmission of hospital Admission, Discharge, and Transfer (ADT) notifications. These notifications are automatically ingested into YCCO’s care management platform to support near real-time awareness of member hospital encounters. Maintaining a consistent daily data exchange cadence ensures that care management staff have timely access to information needed to support member outreach, care transitions, and coordination of services. YCCO may also consider exchanging care plans with participating PCC providers. 2. Develop Analytics: YCCO will continue collaborating with the Data Governance team to validate and manage PCC	notifications into the care management platform. Ongoing monitoring will focus on maintaining system reliability and ensuring timely availability of utilization data to support care coordination activities. YCCO may explore the feasibility of exchanging care plans through PCC. B. Develop Analytics (2026–2029): Continue development and refinement of Tableau-based dashboards to monitor PCC data and support care coordination analytics. This includes identifying opportunities to enhance reporting on hospital utilization, emergency department visits, and other care coordination indicators. Additional analytic needs will be assessed as new data trends emerge, with ongoing dashboard enhancements planned

Planned activities	Planned milestones
data, ensuring the information received is accurate, complete, and aligned with organizational reporting needs. YCCO will further develop Tableau-based analytic dashboards to monitor PCC utilization and track key indicators such as hospital utilization trends, care coordination activity, and member outcomes. These dashboards will help inform strategic decision-making and support improvements in care delivery across the provider network.	throughout the roadmap period.

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)

Brief description: 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 categories pertain to this strategy

☐ 1: Care coordination ☐ 2: Exchange care information

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

Strategy status:

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

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

In 2025, YCCO has continued building by expanding the use of data to support care coordination and population health management. Key accomplishments are:

Helios Care Management System: A major organizational focus in 2024 was the implementation of the Helios platform for care management, utilization management, and appeals and grievances. In 2025, YCCO has continued to optimize use of Helios to support care coordination, including improved documentation, care planning, and integration of data sources to support member-level decision-making. In addition to general optimization, a key area of focus in 2025 was the development of Care Management and Care Coordination Episodes to better identify the level of care management intervention and improve the delivery of needs-based services.

Johns Hopkins ACG Risk Stratification: In 2025, YCCO expanded the use of the Johns Hopkins ACG system to support risk stratification and population health management. ACG risk scores are used to identify members with complex health needs and prioritize care management outreach, supporting more proactive and targeted care coordination.

SQL Server Enhancements: YCCO enhanced its Information Systems infrastructure through implementation of a cloud-based SQL Server environment, strengthening its ability to manage and integrate data from multiple sources. This supports automated data processes, improved reporting, provider network management, and enhanced analytics capabilities. The ingestion of REALD and SOGI data into the SQL environment further supports more comprehensive member-level analysis and equity-focused reporting.

CIM Analytics (Ayin Health Solutions): YCCO partnered with Ayin Health Solutions to update Metrics Manager (CIM analytics tool) to align with 2025 metric requirements. Providers continue to have access to organization-specific reports through the CIM provider portal, supporting performance monitoring and quality improvement activities.

Quest Analytics: YCCO continued its work with Quest Analytics to support provider network adequacy and data accuracy. Quest’s regular provider outreach to validate demographic and practice information has improved the accuracy of YCCO’s provider data and supported network management activities, including those associated with provider contracting and network development.

Tableau Server: YCCO expanded its analytic capabilities through the continued use of Tableau Server, improving access to data-driven insights for internal teams. While Tableau access is limited to YCCO staff, insights generated from the platform can be shared with providers during engagement activities to support care coordination and performance improvement.

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

Click or tap here to enter text.

Planned activities and milestones

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

Planned activities	Planned milestones
1. SQL Server Enhancements and Data Integration - YCCO will continue enhancing its SQL Server environment to support the ingestion, integration, and management of data from multiple partners, including Unite Us, PCC, Ayin Health Solutions, OHA, ACG and other sources. Through YCCO's Data Governance committee, efforts will focus on ensuring data is accurate, timely, and actionable to support care coordination, reporting, and strategic decision-making.	A. SQL Server and Data Integration – (2026) Continue expansion of data ingestion from key partners (e.g., Unite Us, PCC, Ayin, ACG, OHA) and enhance data validation processes (2027–2029) Ongoing data integration, automation, and refinement of data to support reporting and analytics
2. CIM Analytics Metrics Updates (Ayin Health Solutions) YCCO will continue collaborating with Ayin Health Solutions to	B. CIM Analytics Metrics – Updates - Annually (2026–2029): Update Metrics Manager to align with current measure specifications and reporting requirements Helios Platform Enhancements - (2026) Continue implementation and optimization of provider portal and member engagement tools (e.g., texting capabilities)

Planned activities	Planned milestones
maintain and update Metrics Manager (CIM analytics tool) in alignment with annual metric requirements. These updates will ensure that providers and YCCO staff have access to current, relevant performance data to support quality improvement and care coordination. 3. Helios Care Management System Enhancements YCCO will continue optimizing and enhancing the Helios platform to support evolving care coordination needs. This includes supporting services such as Health-Related Social Needs (HRSN), improving workflows, and expanding functionality such as provider and member engagement tools. YCCO will also continue integrating data sources (e.g., PCC ADT alerts, ACG risk scores) into Helios to support comprehensive member care profiles.	(2027–2029) Ongoing system enhancements to support programs (e.g., HRSN), workflow improvements, and expanded integrations. Potentially explore new Helios analytics platform once available. C. ACG Risk Stratification (2026) Expand integration of ACG risk scores into care management workflows and reporting (2027–2029) Refine use of ACG analytics to support proactive care coordination and population health strategies D. Quest Analytics (2026) Maintain automated data validation processes and integrate outputs into YCCO data systems (2027–2029) Ongoing provider data validation and network analytics support

Planned activities	Planned milestones
4. Johns Hopkins ACG Risk Stratification YCCO will continue expanding the use of the Johns Hopkins ACG tool to support population health management. This includes integrating risk scores into care management workflows, and using ACG insights to prioritize outreach and resource allocation for high-risk members. 5. Quest Analytics (Provider Data and Network Management) YCCO will continue leveraging Quest Analytics to support provider network adequacy and data accuracy. Ongoing efforts will focus on maintaining accurate provider data, incorporating validation processes into YCCO's data environment, and supporting network management and regulatory reporting.	E. Tableau Server (2026–2029) Ongoing development and refinement of dashboards to support care coordination, utilization monitoring, and strategic decision-making, with priorities guided by the Data Governance committee

Planned activities	Planned milestones
6. Tableau Server (Analytics and Reporting) - YCCO will continue to expand its use of Tableau Server to enhance internal analytics capabilities. Tableau dashboards will support monitoring of utilization trends, care coordination activities, and member outcomes. Priorities for dashboard development will continue to be guided by YCCO's Data Governance committee.	

Strategy 3 title: **Collaboration with external partners**

Brief description: One of the YCCO strategies is to build cross-sector partnerships through committees.

Strategy categories: Select which categories pertain to this strategy

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

Strategy status:

- ☒ Ongoing ☐ New ☐ Paused ☐ Revised ☐ Completed

☐ Ended/retired/stopped

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

Yamhill Community Care Organization (YCCO) continues to engage in collaborative groups and initiatives that support data sharing, Health Information Technology (HIT), and Health Information Exchange (HIE) across partners. These efforts provide valuable opportunities to align with statewide initiatives, share best practices, and strengthen YCCO's approach to data exchange and care coordination. Key activities in 2025 include:

HIT Commons: YCCO recognizes the value of participating in statewide HIT/HIE governance and collaborative efforts. In 2025, YCCO's Chief Information Officer (CIO) served as a member of the HIT Commons Board of Managers, contributing to discussions on statewide interoperability and data exchange strategies.

Health Information Technology Advisory Group (HITAG): YCCO was an active participant in HITAG throughout 2025, attending all scheduled meetings. Participation in HITAG supports YCCO's awareness of policy updates, technical standards, and statewide priorities related to HIT and HIE.

CCO CIE HRSN Work Sessions: YCCO participated in quarterly CCO work sessions focused on Community Information Exchange (CIE) and Health-Related Social Needs (HRSN). These sessions provided opportunities to share successes and challenges related to CIE implementation and to align approaches for integrating social needs data into care coordination workflows.

PointClickCare (PCC) Collaboration: YCCO established a recurring quarterly meeting series with PCC to strengthen collaboration, review ADT data exchange

performance, and explore opportunities to expand reporting and analytics capabilities. These meetings also include reviewing provider participation in the PCC platform and identifying opportunities to support onboarding and improve utilization among contracted providers. Through participation in these groups, YCCO has strengthened its understanding of evolving HIT, CIE and HIE requirements, enhanced collaboration with external partners, and identified opportunities to improve data sharing and care coordination across the network.

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

YCCO will continue participating in collaborative groups and partner engagements that support Health Information Technology (HIT), Health Information Exchange (HIE), Community Information Exchange (CIE), and care coordination efforts.

Planned activities and milestones

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

Planned activities	Planned milestones
1. HIT Commons: YCCO will continue active participation in HIT Commons. 2. Health Information Technology Advisory Group (HITAG): YCCO will continue active engagement in HITAG to remain informed on policy updates,	A. HIT Commons: Maintain active involvement and participation in all scheduled 2026 meetings and governance activities. B. HITAG: Maintain active involvement and participation in all scheduled 2026 meetings. C. CCO CIE HRSN Work Sessions: Maintain active participation

Planned activities	Planned milestones
technical standards, and statewide/federal HIT priorities. 3. CCO CIE HRSN Work Sessions: YCCO will continue participating in CCO-led work sessions focused on Community Information Exchange (CIE) and Health-Related Social Needs (HRSN). 4. PCC Collaboration: YCCO will continue its recurring quarterly meetings with PointClickCare (PCC) to review ADT data exchange performance, enhance reporting and analytics capabilities, and monitor provider participation in the PCC platform.	and provide feedback in scheduled 2026 work sessions. D. PointClickCare (PCC) Collaboration: Maintain quarterly collaboration meetings with PCC throughout 2026, including ongoing review of ADT data exchange performance, reporting capabilities, and provider participation.

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

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

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

- i. **Accomplishments and successes** (including the number of organizations of each provider type that gained access to HIE for care coordination tools and HIE for hospital event notifications as a result of your support, where applicable)
 - ii. Challenges related to each strategy, as applicable
- 6. (Optional) An overview of CCO 2026-29 plans for each strategy
- 7. **Activities and milestones** related to each strategy CCO plans to implement in 2026-29

Complete list of strategy categories (supporting providers)

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

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

11. Other strategies that address requirements related to federal interoperability and patient access final rules
12. Other strategies for supporting HIE access or use

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

HIE tools must cover both care coordination and hospital event notifications. The use of these tools should also be included in the applicable HIE strategies below.

Yamhill Community Care Organization (YCCO) continues to support and promote the use of Health Information Exchange (HIE) tools and strategies among contracted physical, oral, and behavioral health providers to improve care coordination and enable timely hospital event notifications. In 2025, YCCO focused on optimizing existing tools, strengthening integrations, and expanding provider engagement with HIE-enabled platforms.

To support providers in managing the care of YCCO members, YCCO promotes **PointClickCare (PCC)**: YCCO tracks contracted provider organizations utilizing PCC and works collaboratively with PCC to monitor participation and identify opportunities to expand adoption. YCCO is also exploring the capability to support exchange of member care plans through PCC to further enhance coordination between providers.

CIM (Avin Health Solutions) Provider Portal: The CIM platform supports utilization management and provider communication, including submission and management of authorization requests. The provider portal facilitates information exchange between YCCO and contracted providers, supporting coordination of services and administrative workflows.

Unite Us (Community Information Exchange – CIE): Unite Us supports referrals to community-based organizations (CBOs) and facilitates closed-loop referrals for social needs. This platform enhances coordination between healthcare providers and community partners, particularly for Health-Related Social Needs (HRSN).

1upHealth: YCCO is actively working with 1upHealth to implement CMS interoperability requirements, including Provider Access APIs, Patient Access API enhancements, Payer-to-Payer APIs, and Prior Authorization APIs. These efforts will expand HIE capabilities by enabling more seamless data exchange between payers, providers, and members, and support improved access to clinical and administrative data.

(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**

Click or tap here to enter text.

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:**

Using the Data Completeness Table in the OHA-provided CCO Health IT Data Reporting File, YCCO identified the following number and percentage of contracted provider organizations that do not currently have confirmed access to a Health Information Exchange (HIE) tool for care coordination and/or hospital event notifications: Physical Health: 85 of 187 organizations (45%); Behavioral Health: 81 of 103 organizations (79%); Oral Health: 3 of 4 organizations (75%).

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

Brief description: 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 categories pertain to this strategy

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

Strategy status:

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

Provider types supported with this strategy:

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

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

In 2025, YCCO continued to assess and support the use of Health Information Exchange (HIE) tools among contracted providers to improve care coordination and access to timely hospital event notifications. Among primary care providers (PCPs), the majority of YCCO members are assigned to organizations that report using HIE technology. Of the 47 PCP organizations to which most YCCO members

were assigned, 83% (39/47) reported using some form of HIE to access and view member health information. Additionally, 55% (26/47) reported utilizing the PCC platform to receive notifications related to emergency department (ED) visits and hospital admissions and discharges.

All hospitals contracted with YCCO report using HIE technology to support care delivery. This includes participation in Emergency Department Information Exchange (EDIE), through which hospitals both contribute and access admission, discharge, and transfer (ADT) information. Hospitals also utilize the Oregon Health Authority's Prescription Drug Monitoring Program (PDMP) as part of their clinical workflows. HIE adoption among behavioral health providers remains limited.

Approximately 21% of behavioral health organizations required for reporting reported using an HIE tool to support care coordination. Many behavioral health providers do not routinely access health information from external EHR systems. In most cases, when patient information (such as treatment or care plans) is shared with other providers, it is done through fax or secure email, rather than through integrated HIE tools. These findings highlight ongoing opportunities to expand HIE adoption and improve data sharing capabilities, particularly among behavioral health providers, to support more coordinated and timely care across the provider network.

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

YCCO will continue to assess and support Health Information Exchange (HIE) adoption and utilization as part of its broader HIT strategy. These activities align with Section 3A, Strategy 1 (Assessment and Tracking of EHR Adoption and Capabilities) and will be incorporated into YCCO's annual HIT survey/data

collection efforts. YCCO will use the HIE adoption data provided by OHA and YCCO will supplement this information through targeted outreach to contracted providers to better understand how HIE tools are being used to support care coordination and hospital event notifications.

Planned activities and milestones

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

Planned activities	Planned milestones
1. HIT Data Collection (Survey): YCCO will execute its annual HIT survey, with a focus on assessing HIE adoption and utilization among contracted physical, behavioral, and oral health providers. This will include leveraging OHA-provided HIE adoption data and supplementing it with provider-reported information collected through the survey and provider engagement activities. 2. Provider Outreach and Engagement: YCCO will continue targeted outreach efforts (e.g., site visits,	A. Alignment with 3A - Strategy 1 Milestones: YCCO will follow the milestones established in Section 3A, Strategy 1, ensuring that HIE-related data collection and analysis are integrated into the broader HIT reporting framework. B. Assessment of HIE Utilization (2026) Complete analysis of HIE adoption and utilization data collected through the annual HIT survey and OHA data sources, with a focus on identifying gaps, trends, and opportunities to increase HIE use across the provider network.

Planned activities	Planned milestones
and newsletters) to encourage survey participation and gather additional insights on HIE use, including barriers and opportunities for increased adoption.	

Strategy 2 title: Other strategies that address requirements related to federal interoperability and patient access final rules.

Brief description: 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 categories pertain to this strategy

- ☐ 1: TA ☐ 2: Assessment ☐ 3: Outreach ☐ 4: Collaboration
☐ 5: Enhancements ☐ 6: Integration ☐ 7: Contracts ☐ 8: Financial support
☐ 9: Incentives ☐ 10: Hosted EHR
☒ 11: Other (requirements): CMS Interoperability APIs
☐ 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 March 2023, Change Healthcare notified customers that it would discontinue its CMS Interoperability solutions, including Provider Directory and Patient Access API services, effective January 2024. In response, Yamhill Community Care Organization (YCCO) conducted a vendor evaluation and selected 1upHealth as its new interoperability partner. YCCO dedicated significant resources in 2023 and early 2024 to transition from Change Healthcare to 1upHealth. YCCO successfully went live with 1upHealth in Q1 2024, implementing a new Provider Directory API and Patient Access API to maintain compliance with federal interoperability requirements.

In 2025, YCCO continued building on this implementation and worked with 1upHealth to prepare for upcoming CMS requirements, including the Provider Access API, Prior Authorization API, and Payer-to-Payer API. YCCO also began identifying potential pilot provider organizations for the upcoming Provider Access API. As part of this effort, YCCO started to identify provider for participation in future data exchange pilots.

YCCO is also exploring a new clinical access pilot with 1upHealth that would allow exchange of clinical data with a provider organization that has FHIR-enabled API capabilities through their EHR. These activities represent an important next step in exchanging timely access to clinical information, reducing manual data requests, and improving care coordination.

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

YCCO plans to continue expanding provider-facing interoperability capabilities in partnership with 1upHealth. Priority efforts include launching the Provider Access API, testing clinical data exchange pilots, and increasing provider participation in modern API-based data sharing tools that improve care coordination and administrative efficiency.

Planned activities and milestones

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

Planned activities	Planned milestones
1. Provider Directory and Patient Access APIs: YCCO will continue to monitor adoption and utilization of the Provider Directory and Patient Access APIs. Using dashboards provided by 1upHealth, YCCO will track data exchange activity, identify errors or gaps, and ensure ongoing compliance with federal interoperability requirements. 2. Data Exchange Monitoring: YCCO will continue monitoring data exchange performance across all live APIs. This includes leveraging	A. Provider Directory (2026–2029): Ongoing monitoring of adoption, utilization, and data quality through 1upHealth dashboards B. Patient Access API (2026–2029): Ongoing monitoring of adoption, utilization, and member engagement with third-party applications C. CMS API Implementation: (July 2026 – January 2027): Implement Prior Authorization API, Payer-to-Payer API, and Provider Access API in partnership with 1upHealth; (2027–2029) Ongoing

Planned activities	Planned milestones
1upHealth’s real-time dashboards to review data flows, validate successful transactions, and quickly address any data quality or transmission issues. 3. Patient Access Applications: YCCO members are able to access their health data through third-party applications integrated with 1upHealth. YCCO will continue to monitor adoption and promote awareness of these tools to improve member access to health information and engagement in care. 4. CMS Interoperability APIs (Provider Access, Payer-to-Payer, and Prior Authorization): YCCO will continue preparing for and implementing new CMS-required APIs, including the Provider Access API, Payer-to-Payer API, and Prior	optimization, monitoring, and expansion of API use to support interoperability and care coordination D. Provider Access API and Clinical Access Pilot: (2026): Identify pilot provider organization(s) for Provider Access API and Clinical Access API. Working with 1upHealth, initiate a clinical data exchange pilot with a FHIR-enabled provider organization partner. Also identify a provider organization to test the Provider Access API. (2027) Evaluate pilot results and expand participation to additional providers, as appropriate

Planned activities	Planned milestones
Authorization (PA) APIs, with compliance deadlines extending through 2027. These efforts will support improved data exchange between payers and providers and create opportunities to enhance care coordination through more timely and comprehensive data sharing. 5. Provider Access API Pilot and Clinical Data Exchange: YCCO will identify and engage pilot provider organizations to support implementation of the Provider Access API and explore a clinical data exchange pilot with 1upHealth. This includes identifying providers with FHIR-enabled API capabilities through their EHR vendor and collaborating to test exchange of clinical data to support care coordination and reduce administrative burden.	

C. HIE for care coordination barriers

Please describe any barriers that inhibited your progress to support access to and use of HIE for care coordination and/or timely hospital event notifications among your contracted providers.

YCCO continues to strengthen its Information Systems (IS) capabilities, including expanding internal staffing and enhancing infrastructure to better support the organization's mission and operational goals. YCCO has also encountered challenges with some contracted physical, oral, and behavioral health providers related to the adoption and use of Health Information Exchange (HIE) tools. In particular, adoption can be limited when HIE solutions do not integrate seamlessly into existing provider workflows or require additional administrative effort. These barriers can impact provider adoption and slow broader utilization of HIE tools across the network.

D. OHA support needs

How can OHA support your efforts to support your contracted providers with access to and use of HIE for care coordination and/or hospital event notifications?

YCCO would appreciate continued guidance and recommendations OHA on leveraging federal and state funding opportunities to support provider adoption and effective use of Health Information Exchange (HIE) tools, including the PCC platform. Support for strategies that improve care transitions and care coordination across providers would be especially valuable. YCCO would also benefit from shared best practices and success stories, particularly from organizations that have connected to national HIE networks such as Carequality, CommonWell, and eHealth Exchange. Additional guidance on supporting

provider adoption—especially for smaller and behavioral health providers—would further strengthen these efforts.

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)?

Yamhill Community Care Organization (YCCO) currently has access to Epic through EpicCare Link for utilization management purposes with several key provider partners including Providence. Approximately 10 YCCO team members currently have EpicCare Link access.

YCCO is exploring opportunities to expand the use of EpicCare Link to support additional functions, including appeals and grievances. At this time, Epic is the primary EHR system YCCO directly accesses. However, YCCO is actively exploring how 1upHealth interoperability tools may enable access to additional clinical data across multiple provider EHR systems through API-based data exchange. YCCO is also evaluating emerging capabilities within PCC, including the potential to share care plans across providers, to further enhance care coordination.

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

YCCO currently accesses patient information through EpicCare Link primarily to support utilization management and care coordination activities, including review of clinical documentation to inform authorization decisions. As interoperability capabilities expand, YCCO is exploring access to additional clinical data through 1upHealth APIs and PCC tools. These data will support broader use cases, including care coordination, care transitions, population health management, and improved visibility into member health status across care settings.

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

Currently, some patient information is manually accessed and incorporated from EpicCare Link into the Helios care management platform to support care coordination and care management activities. YCCO is exploring opportunities to move toward more automated data exchange through interoperability solutions (1upHealth), which may allow for more efficient and scalable integration of clinical data into YCCO systems, including Helios. Additionally, YCCO continues to evaluate potential care plan sharing functionality through PCC.

5. Health IT to support SDOH

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

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

- List and describe the specific health IT tool(s) you currently use or plan to use for supporting SDOH. **For listed tools, include an explanation of their use/role in the strategy descriptions.**

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

Complete list of strategy categories (within CCO)

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

1. Implement or use health IT tool/capability for social needs screening and referrals
2. Enhancements to CIE tools (e.g., new functionality, health-related services funds forms, screenings, data sources)

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

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

YCCO utilizes several Health IT tools to support the identification of social determinants of health (SDOH), screening, and referrals to community-based services.

Helios: YCCO utilizes the Helios platform to support SDOH screening, assessment, and care coordination. Within Helios, YCCO has implemented multiple screening tools, including Health Risk Assessments (HRAs), a Community Health Worker (CHW) screening tool based on the Pathways model, a Maternity Assessment, all of which include social needs questions.. These tools allow care teams to identify member social needs and incorporate them into individualized care plans. Current HRA tools available in Helios include: YCCO Adult HRA Survey; YCCO Pediatric HRA Survey (0–1); YCCO Pediatric HRA Survey (1–5); YCCO Pediatric HRA Survey (6–11); YCCO Pediatric HRA Survey (12–17), Initial Health Risk Screening Form, and Maternity Assessment. These assessments support identification of SDOH needs and inform care coordination activities within the Helios platform. YCCO also includes SDOHE needs in its care plan development, all of which are built into Helios. Care plans may include Housing, Transportation, Food Insecurity, Home Safety, and Clothing as fields, allowing report generation based on not only what needs are present but how social needs are being addressed.

Unite Us (Connect Oregon): YCCO utilizes the Unite Us platform to support SDOH screening and referrals to community-based organizations (CBOs). Since implementation in 2022, YCCO has engaged both providers and community partners in using Unite Us to connect members with appropriate services. The platform supports closed-loop referrals, allowing YCCO and its partners to track referral status and outcomes, improving coordination and accountability in addressing members' social needs.

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

YCCO continues to leverage Health IT tools to support the identification of social needs, facilitate referrals, and improve coordination with community-based organizations. YCCO utilizes the Unite Us (Connect Oregon) platform to support SDOH screening and closed-loop referrals, enabling care teams and partners to connect members with appropriate community resources and track referral status. YCCO is actively working with Unite Us to monitor provider and partner adoption and use of the platform. This includes utilizing Unite Us reporting tools, as well as YCCO's internal reporting based on Unite Us data feeds. YCCO has initiated project implementation of the Unite Us enhanced screening function, which will allow greater insight into screening data and outcomes, as well as reduce the risk of over screening members.

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

Brief description: 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 categories pertain to this strategy

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

☐ 15: Other (SDOH data): [Click or tap here to enter text.](#)

Strategy status:

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

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

YCCO continues to support the use of the Unite Us (Connect Oregon) platform to address social determinants of health (SDOH) through screening and referrals to community-based organizations. While the platform was implemented in 2022, provider and partner adoption remained slower than anticipated through 2025.

A key challenge has been that some referral partners have not enrolled in Connect Oregon or are not actively using the platform. Through direct outreach in 2025, YCCO has engaged referral partners to better understand barriers to adoption. Common challenges include limited staff capacity, competing priorities, and reliance on existing workflows, which can make adoption of a new Community Information Exchange (CIE) tool more difficult.

To support improved utilization internally, YCCO implemented integration between Helios and Connect Oregon in 2024, enabling users to access Connect Oregon through single sign-on (SSO) directly from the Helios platform. This enhancement is intended to improve workflow efficiency and reduce barriers for internal care teams by allowing them to initiate and manage referrals without leaving the Helios platform.

In 2025, YCCO continues to receive and review data from Unite Us to better

understand platform utilization and referral activity. In 2024, there were 282 Connect Oregon cases across Yamhill, Polk, and Washington counties, with the highest volume of referrals related to utilities, housing and shelter, individual and family support, and food assistance.

In 2025, YCCO has been able to use the Unite Us dashboard capabilities more fully. There were 2,477 referrals impacting 948 clients, specifically in the zip codes of YCCO’s service area. YCCO sent 192 referrals through Unite Us. The highest volume of referrals continues to be for housing and shelter and utilities. An increase in “benefits navigation” needs indicates an influx in HRSN-related Unite Us utilization. These data provide insight into priority social needs among YCCO members and opportunities to strengthen community partnerships.

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

Click or tap here to enter text.

Planned activities and milestones

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

Planned activities	Planned milestones
1. Data Receipt and Integration: YCCO will continue to develop and stabilize processes for receiving and integrating regular data feeds from Unite Us (Connect Oregon). Efforts will focus on ensuring timely,	A. Data Receipt and Integration: (2026) Establish and stabilize regular data feeds from Unite Us (Connect Oregon), ensuring consistent and reliable integration of referral data into YCCO systems

Planned activities	Planned milestones
accurate, and consistent ingestion of referral data into YCCO systems. YCCO will track key metrics such as sending organization, referral status (e.g., accepted, rejected), and referral category (e.g., housing, food, individual support) to better monitor community resource connections and identify gaps in services. 2. Reporting and Analytics: YCCO will leverage internal analytics tools, including Tableau, to develop dashboards that support monitoring of referral activity, utilization trends, and outcomes. These analytics will inform strategic decision-making, including identifying high-need areas, evaluating effectiveness of referrals, and guiding investments in community-based resources and services.	(2027–2029) Ongoing monitoring and refinement of data integration processes to support data quality and completeness B. Reporting and Analytics: (2026) Develop and implement initial Tableau dashboards to monitor referral activity, utilization trends, and outcomes (2027–2029) Expand and refine analytics to support strategic planning, resource allocation, and evaluation of community-based services C. Community Engagement and Promotion: (2026–2029) Ongoing provider and community outreach efforts to increase adoption and effective use of the Unite Us (Connect Oregon) platform, including education, feedback sessions, and workflow integration support

Planned activities	Planned milestones
3. Community Engagement and Promotion: YCCO will continue to promote adoption and use of the Unite Us (Connect Oregon) platform among contracted providers and community-based organizations. Activities will include provider outreach, community engagement sessions, and targeted education efforts to increase awareness, gather feedback, and support integration into existing workflows. YCCO will also explore opportunities to improve alignment with provider EHR systems to support more seamless referral processes.	

Strategy 2 title: Participate in CIE governance or collaborative decision-making

Brief description: 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 categories pertain to this strategy

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

Strategy status:

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

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

In 2025, YCCO continued to actively support and advance Community Information Exchange (CIE) efforts across multiple collaborative platforms. YCCO maintains engagement through participation in the HIT Commons Board of Managers, membership in the Health Information Technology Advisory Group (HITAG), and involvement in the OHLC-sponsored UCSF SIREN evaluation of the Connect Oregon (Unite Us) implementation.

YCCO also continues to participate in CCO CIE HRSN Work Sessions, supporting alignment and shared learning across CCOs. In addition, YCCO has supported and sponsored collaborative sessions with community-based organizations (CBOs) and other CIE partners to promote platform utilization, share best practices, and encourage peer learning. These efforts have helped strengthen relationships across partners and increase awareness of CIE tools and their role

in supporting care coordination and addressing health-related social needs.

Despite these efforts, challenges remain with adoption and integration of the CIE platform among some community partners. Many organizations continue to adapt their workflows to incorporate CIE tools, and barriers such as limited staff capacity, competing priorities, duplication of data entry in multiple platforms, and technical challenges impact consistent use. YCCO continues to focus on increasing awareness, providing support, and identifying opportunities to improve adoption and integration across the network.

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

Click or tap here to enter text.

Planned activities and milestones

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

Planned activities	Planned milestones
1. HIT Commons: YCCO will continue active participation in HIT Commons, including representation on governance bodies, to support statewide CIE and interoperability efforts. 2. Health Information Technology Advisory Group (HITAG): YCCO will continue	A. HIT Commons: Maintain board representation and active participation throughout 2026. B. HITAG: Maintain active participation in all scheduled 2026 meetings. C. OHLC-Sponsored Evaluation (UCSF SIREN): Provide ongoing participation and feedback throughout 2026.

Planned activities	Planned milestones
active engagement in HITAG to stay aligned with statewide HIT and CIE priorities. 3. OHLC-Sponsored Evaluation (UCSF SIREN): YCCO will continue participating in the OHLC-sponsored UCSF SIREN evaluation of Connect Oregon (Unite Us), contributing feedback and insights to support statewide evaluation efforts. 4. CCO CIE HRSN Work Sessions: YCCO will continue participation in CCO-led work sessions focused on Community Information Exchange (CIE) and Health-Related Social Needs (HRSN), supporting shared learning and alignment across CCOs.	D. CCO CIE HRSN Work Sessions: Maintain active participation in all scheduled 2026 work sessions.

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

Please describe your 2025 progress and 2026-29 plans for **supporting** community-based organizations (CBOs), social service providers in your

community, and **contracted physical, oral and behavioral health providers** with using health IT to support SDOH, including but not limited to screening and referrals. In the spaces below (in the relevant sections), please:

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

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

Complete list of strategy categories (supporting providers)

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

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

14. Other strategies for supporting adoption of CIE or other health IT to support SDOH needs
15. Other strategies for supporting access or use of SDOH-related data

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

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

YCCO supports contracted providers in addressing social determinants of health (SDOH) by offering tools that facilitate screening, referrals, and coordination with community-based organizations (CBOs), as well as communication between providers and care teams.

Unite Us (Connect Oregon): YCCO provides access to the Unite Us platform for contracted physical, oral, and behavioral health providers, as well as community-based partners. Unite Us supports SDOH screening and closed-loop referrals, enabling providers to connect members with community resources and track referral outcomes. YCCO initially secured 100 licenses for the platform, with 91 currently in use, and continues to promote adoption across the network. The platform supports referrals for key social needs such as housing, food access, utilities, and other supports. YCCO also provides onboarding and engagement support to help providers integrate Unite Us into their workflows.

Helios: YCCO utilizes the Helios platform to support communication and coordination with contracted providers related to member SDOH needs. Through Helios, YCCO care teams can securely share information with providers, including assessments, and SDOH-related documentation, as well as facilitate communication through secure messaging and fax capabilities. These tools

support coordination of care and ensure providers have relevant information needed to address members' social needs.

(Optional) **Overview of CCO approach to supporting contracted physical, oral, and behavioral health providers, as well as social services and CBOs with using health IT to support social needs, including but not limited to social needs screening and referrals.**

Click or tap here to enter text.

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

Brief description: 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 categories pertain to this strategy

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

Strategy status:

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

Provider types supported with this strategy:

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

☐ Physical health

☐ Oral health

☐ Behavioral health

☐ CBOs

☐ Social services

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

In 2025, Yamhill Community Care Organization (YCCO) continued to monitor and support the use of the Unite Us (Connect Oregon) platform through regular reporting and provider engagement efforts. YCCO receives monthly reports from Unite Us that highlight the top sending and receiving organizations within Yamhill, Polk, and Washington counties.

These reports provide valuable insight into referral activity and help YCCO assess platform utilization, identify key partners, and better understand how community resources are being accessed across the region. In addition, YCCO receives detailed reporting on managed cases, including case status (e.g., unresolved, open, resolved) and overall referral activity across the three counties. These detailed reports support YCCO's ability to track referral outcomes, monitor case progress, and identify opportunities to strengthen coordination between providers and community-based organizations.

Adoption of the Unite Us platform has continued to improve. By the end of 2025, 91 of 100 licenses were in use, an increase from 52 licenses in 2023. Twelve of the thirteen currently contracted and active HRSN Providers are actively using Unite Us, and as providers are added this number is expected to increase.

Throughout 2025, YCCO played an active role in supporting provider and

community partner adoption by coordinating training opportunities with Unite Us, conducting outreach to contracted providers and CBOs, assisting with onboarding and user access, and helping organizations integrate Unite Us into their referral workflows. YCCO also worked with providers to reinforce expectations related to use of Connect Oregon for HRSN closed-loop referrals. In 2025, YCCO, in conjunction with Unite Us, supported 21 training events that had a combined total of 543 participants across participating organizations. These participant totals were not limited to YCCO partners alone.

YCCO and Unite Us also held multiple collaborative meetings during 2025 to review adoption barriers, gather user feedback, share best practices, and identify technical assistance needs. The Unite Us team has also been a strong partner, providing consistent support to advance adoption and utilization. While progress has been made, YCCO continues to focus on increasing adoption and consistent use of the platform across providers and community partners to further strengthen referral workflows and coordination of services.

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

Click or tap here to enter text.

Planned activities and milestones

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

Planned activities	Planned milestones
1. CIE Licensing and Adoption: YCCO will continue to sponsor Connect Oregon (Unite Us) licenses for contracted providers and community-based organizations (CBOs) and promote adoption and consistent use of the platform across the network. 2. Training and Technical Assistance: YCCO will continue to partner with Unite Us to provide training, onboarding, and ongoing technical assistance to providers and CBOs. These efforts will support increased utilization of the platform and help integrate CIE workflows into existing HRSN provider processes. YCCO will host a Lunch and Learn in 2026 focused on Unite Us functionality, HRSN referral expectations, and available technical assistance resources.	A. Provider and Community Outreach: Continue outreach and engagement efforts throughout 2026 to increase adoption and active use of the Connect Oregon platform. B. Training and Support Activities: Provide ongoing training sessions and technical assistance in partnership with Unite Us throughout 2026 to support provider and CBO participation. Conduct at least one HRSN provider community Lunch and learn training event in 2026.

Strategy 2 title: Requirements to use health IT in contracts/provider agreements

Brief description: YCCO has updated and incorporated language into provider contracts to include using CIE as a component of the contract.

Strategy categories: Select which categories pertain to this strategy

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

Strategy status:

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

Provider types supported with this strategy:

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

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

In 2025 YCCO explored incorporating requirements into provider contracts for Health-Related Social Needs (HRSN) service providers to utilize the Community

Information Exchange (CIE) platform (Connect Oregon/Unite Us) for closed-loop referrals. Because the existing adoption rate was so high YCCO did not create a requirement. YCCO wanted to avoid unnecessary administrative burden for providers who were already complying, but as the network grows this requirement will be implemented in 2026. This requirement is intended to promote consistent use of CIE tools, improve tracking of referral outcomes, and strengthen coordination with community-based organizations supporting members' social needs.

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

Click or tap here to enter text.

Planned activities and milestones

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

Planned activities	Planned milestones
1. 2026 - YCCO will implement contract requirements for HRSN providers to utilize Connect Oregon (Unite Us) for closed-loop referrals.	A. 2026 - Monitor and evaluate provider compliance with CIE contract requirements.

C. Exceptions process if CCO requires CIE

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

☐ Yes

☒ No

Describe your CCO's exceptions process, including:

1. How this process is communicated to HRSN providers
2. How HRSN providers request an exception to your CCO's CIE requirement
3. Your CCO's process for how those requests are reviewed, decided, and communicated to the provider

N/A

CCO exceptions requests from HRSN service providers

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

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

Provider name	NPI/Provider ID #	Date of request	Reason for request	Request decision and reason for decision if denied	Date decision was communicated to HRSN provider
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

D. Health IT to support SDOH barriers

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

A couple of barriers inhibiting progress with contracted providers using HIT to support SDOH needs include CIE adoption and administrative complexity of the HRSN benefits. For some providers, the complexity of claims and billing for SDOH and HRSN services has created challenges for providers adapting to new documentation requirements and workflows.

While these challenges have been partially addressed through training and technical assistance, they continue to impact provider adoption and consistent use of related Health IT tools. Additional barriers include limited staff capacity, competing priorities, and workflow integration challenges among contracted providers, social service organizations, and community-based organizations (CBOs).

Adoption of tools such as Connect Oregon (Unite Us) can be slower when they do not align seamlessly with existing processes. YCCO also identified challenges related to data collection and reporting, particularly in gathering consistent SDOH screening and referral data from providers. Variability in how data is reported in different systems impacts data quality and completeness. While improvements are being made, continued efforts are needed to standardize data collection and improve reporting processes.

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 Health-Related Social Needs (HRSN) benefits are implemented. Ongoing support through clear guidance, timely communication, and consistent expectations remains critical as these programs evolve. YCCO values OHA's collaboration and recognizes the complexity of implementing new HRSN and reporting requirements.

6. (Optional) Other health IT questions

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

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

YCCO continues to enhance its Health IT capabilities to support patient engagement and care coordination. YCCO has implemented the Helios care management platform, which supports care management, utilization management, and appeals and grievances.

This platform enables YCCO to engage more directly with members and providers by supporting care planning, documentation, and communication across care teams. YCCO is exploring additional functionality within Helios such as member texting.

YCCO is also leveraging interoperability efforts through its partnership with 1upHealth to expand member access to health information. Members are able to access their data through third-party applications connected to the Patient

Access API, supporting increased transparency and engagement in their care. Looking ahead, YCCO will continue to explore and implement digital tools to enhance patient engagement, including a new Prior Authorization API.

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

YCCO appreciates OHA's ongoing support and flexibility as we work to advance our Health IT Roadmap goals. Continued guidance on emerging Health IT priorities, interoperability initiatives, and strategic direction is valuable as we navigate this evolving landscape.

- 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 continues to be provider adoption of new technologies and Health Information Exchange. Many of these tools require changes to established workflows, additional resources, and costs.

Another significant challenge is the completeness and accuracy of demographic data, including REALD and SDOH information, within systems that support YCCO's operations. Data gaps limit YCCO's ability to: Accurately analyze and report on health outcomes and disparities; Share meaningful insights with providers and community-based organizations (CBOs); and identify and prioritize impactful partnerships and interventions. To address this, YCCO relies on care teams, providers, and community partners to manually collect and verify demographic data, which can be resource-intensive and inconsistent.

YCCO appreciates OHA's continued support in promoting standardized data collection practices, technical assistance, and training to improve data quality and consistency across systems. Additionally, as OHA continues efforts to reduce administrative burden on CCOs, YCCO encourages consideration of opportunities to streamline or simplify reporting requirements, including evaluation of the ongoing need and scope of the HIT Roadmap.

- 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 identification and reduction of health inequities through the use of REALD and SOGI data. YCCO has established policies requiring integration of REALD data into member-level reporting and has embedded these data into internal dashboards that track key indicators such as care utilization, grievances and appeals, interpreter services, and performance on incentive metrics.

YCCO's Data Equity Workgroup analyzes data to identify disparities and shares findings with internal teams and external partners to inform quality improvement efforts. YCCO continues to expand integration of SOGI data into its systems and reporting processes to further enhance equity-focused analysis. However, challenges remain. Data collection for measures such as Meaningful Language Access (MLA) and SDOH screening continues to rely heavily on manual processes, placing administrative burden on providers, particularly smaller and rural clinics. The level of specificity required for reporting often limits opportunities for automation and increases reliance on

manual data collection and coordination.

YCCO would benefit from OHA support in: Developing standardized EHR and billing code guidance for capturing language access and SDOH data; Supporting EHR enhancements or funding opportunities to enable more automated data capture; and continuing collaboration to ensure that reporting requirements are aligned with operational realities while advancing shared equity goals.

YCCO remains committed to advancing health equity and recognizes that continued partnership with OHA will be essential to improving data collection, reducing administrative burden, and achieving meaningful outcomes for members.

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

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