2025 CCO Health Information Technology (HIT) Roadmap

Guidance, Evaluation Criteria & Reporting Template

|  |  |
| --- | --- |
| **Contract or rule citation** | Exhibit J, Section 2 |
| **Deliverable due date** | March 15, 2025 |
| **Submit deliverable via:** | [CCO Contract Deliverables Portal](https://oha-cco.powerappsportals.us/) |

**Please:**

1. **Submit a Microsoft Word version of your Health IT Roadmap and**
2. **Use the following file naming convention for your submission: CCOname\_2025\_HealthIT\_Roadmap**

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

Table of Contents

[Guidance Document 3](#_Toc184995497)

[1. Purpose & Background 3](#_Toc184995498)

[2. Overview of Process 4](#_Toc184995499)

[3. Health IT Roadmap Approval Criteria 5](#_Toc184995500)

[2025 Health IT Roadmap Template 10](#_Toc184995501)

[Instructions & Expectations 10](#_Toc184995502)

[1. Health IT Partnership 12](#_Toc184995503)

[2. CCO Data for 2025 SDOH Social Needs Screening and Referral Measure 12](#_Toc184995504)

[3. (Optional) Overview of CCO Health IT Approach 12](#_Toc184995505)

[4. Support for EHR Adoption, Use, and Optimization 13](#_Toc184995506)

[A. Support for EHR Adoption, Use, and Optimization: 2024 Progress and 2025-26 Plans 13](#_Toc184995507)

[B. EHR Support Barriers: 16](#_Toc184995508)

[C. OHA Support Needs: 16](#_Toc184995509)

[5. Use of and Support for HIE for Care Coordination and Hospital Event Notifications 16](#_Toc184995510)

[A. CCO Use of HIE for Care Coordination and Hospital Event Notifications: 2024 Progress & 2025-26 Plans 16](#_Toc184995511)

[B. Supporting Increased Access to and Use of HIE Among Providers: 2024 Progress & 2025-26 Plans 18](#_Toc184995512)

[C. HIE for Care Coordination Barriers 21](#_Toc184995513)

[D. OHA Support Needs 22](#_Toc184995514)

[E. CCO Access to and Use of EHRs 22](#_Toc184995515)

[6. Health IT to Support SDOH Needs 23](#_Toc184995516)

[A. CCO Use of Health IT to Support SDOH Needs: 2024 Progress & 2025-26 Plans 23](#_Toc184995517)

[B. CCO Support of Providers with Using Health IT to Support SDOH Needs: 2024 Progress & 2025-26 Plans 25](#_Toc184995518)

[C. Using Technology to Support HRSN Services 28](#_Toc184995519)

[D. Health IT to Support SDOH Needs Barriers 29](#_Toc184995520)

[E. OHA Support Needs 29](#_Toc184995521)

[7. Other Health IT Questions (Optional) 29](#_Toc184995522)

# Guidance Document

## Purpose & Background

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

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

For Contract Year 1 (2020), CCOs’ responses to the [Health IT Questionnaire](https://www.oregon.gov/oha/OHPB/CCODocuments/08-CCO-RFA-4690-0-Attachment-9-HIT-Questionnaire-Final.pdf) formed the basis of their draft Health IT Roadmap. For remaining Contract Years, CCOs are required to submit an annual Health IT Roadmap to OHA reporting the progress made from the previous Contract Year, as well as plans, activities, and milestones detailing how they will support contracted providers in future Contract Years. OHA expects CCOs to use their approved 2024 Health IT Roadmap as the basis for their 2025 Health IT Roadmap.

**Reminders for Contract Year 6 (2025):**

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

## Overview of Process

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

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

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

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

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

## Health IT Roadmap Approval Criteria

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

| **Health IT Roadmap Section** | **Question(s) – Abbreviated****(Please see report template for complete question)** | **Approval Criteria** |
| --- | --- | --- |
| 1. Health IT Partnership
 | CCO attestation to the four areas of health IT Partnership | CCO meets the following requirements:* Active, signed HIT Commons Memorandum of Understanding (MOU) and adheres to the terms
* Paid the annual HIT Commons assessments subject to the payment terms of the HIT Commons MOU
* Served, if elected on the HIT Commons governance board or one of its committees
* Participated in an OHA’s HITAG meeting at least once during the previous Contract Year
 |
| 1. ***CCO Data for 2025 SDOH Social Needs Screening and Referral Measure***
 | ***CCO attests to inclusion of data collected for three elements of SDOH Social Needs Screening and Referral Measure*** | ***CCO included data/information collected for the following SDOH Social Needs Screening and Referral Measure:*** * ***Element 3: Systematic assessment of whether and where screenings are occurring by CCO and provider organizations.***
* ***Elements 6 and 7: Identification of screening tools or screening questions in use by CCO and provider organizations.***
* ***Element 13: Environmental scan of data systems used in the CCO’s service area to collect information about members’ social needs, refer members to community resources, and exchange social needs data.***
 |
| 1. Support for EHR adoption, use, and optimization
 | 1. 2024 Progress supporting contracted physical, oral, and behavioral health providers to increase EHR adoption, use, and optimization in support of care coordination
 | * Description of progress includes:
	+ Strategies used to support increased rates of EHR adoption, use, and optimization in support of care coordination, and address barriers among contracted physical, oral, and behavioral health providers in 2024
	+ Specific accomplishments and successes for 2024 related to supporting EHR adoption, use, and optimization in support of care coordination
* Sufficient detail and clarity to establish that activities are meaningful and credible.
 |
| 2025-2026 Plans for supporting contracted physical, oral, and behavioral health providers to increase EHR adoption, use, and optimization in support of care coordination  | * Description of plans includes:
	+ The number of organizations (by provider type) for which no EHR information is available (e.g., 10 physical health, 22 oral health, and 14 behavioral health organizations)
	+ Plans for collecting missing EHR information via CCO existing processes
	+ Additional strategies for 2025-2026 related to supporting increased EHR adoption, use, and optimization in support of care coordination, including risk stratification, and addressing barriers to adoption among contracted physical, oral, and behavioral health providers
	+ Specific activities and milestones for 2025-2026 related to each strategy
* Sufficient detail and clarity to establish that activities are meaningful and credible.
 |
| 1. Use of and support for HIE for care coordination and hospital event notifications
 | 1. 2024 Progress using HIE for care coordination and timely hospital event notifications within CCO
 | * Description of progress includes:
	+ HIE tool(s) CCO is using within their organization for care coordination, including risk stratification, and timely hospital event notifications
	+ HIE strategies used for care coordination, including risk stratification, and timely hospital event notifications within the CCO
	+ Specific accomplishments and successes for 2024 related to CCO’s use of HIE for care coordination and timely hospital event notifications
* Sufficient detail and clarity to establish that activities are meaningful and credible.
 |
| 2025-2026 Plans using HIE for care coordination and timely hospital event notifications within CCO | * Description of plans includes:
	+ Additional tool(s) (if any) CCO is planning to use for care coordination, including risk stratification, and timely hospital event notifications
	+ Additional strategies for 2025-2026 to use HIE for care coordination, including risk stratification, and timely hospital event notifications within the CCO
	+ Specific activities and milestones for 2025-2026 related to each strategy
* Sufficient detail and clarity to establish that activities are meaningful and credible
 |
| 1. 2024 Progress supporting contracted physical, oral, and behavioral health providers with increased access to and use of HIE for care coordination and timely hospital event notifications
 | * Description of progress includes:
	+ Tool(s) CCO provided or made available to support providers’ access to HIE for care coordination and timely hospital event notifications
	+ Strategies CCO used to support increased access to and use of HIE for care coordination and timely hospital event notifications for contracted physical, oral, and behavioral health providers in 2024
	+ Specific accomplishments and successes for 2024 related to increasing access to and use of HIE for care coordination and timely hospital event notifications (including the number of organizations of each provider type that gained increased access or use as a result of CCO support, as applicable)
* Sufficient detail and clarity to establish that activities are meaningful and credible.
 |
| 2025-2026 Plans for supporting contracted physical, oral, and behavioral health providers with increased access to and use of HIE for care coordination and timely hospital event notifications  | * Description of plans includes:
	+ The number of organizations (by provider type) that have not adopted an HIE for care coordination or hospital event notifications tool (e.g., 18 physical health, 12 oral health, and 22 behavioral health organizations)
	+ Additional HIE tool(s) CCO plans to support or make available to providers for care coordination and/or timely hospital event notifications
	+ Additional strategies for 2025-2026 related to supporting increased access to ***and use of*** HIE for care coordination and timely hospital event notifications among contracted physical, oral, and behavioral health providers
	+ Specific activities and milestones for 2025-2026 related to each strategy (including the number of organizations of each provider type expected to gain access to ***or use of*** HIE for care coordination and hospital event notifications as a result of CCO support, as applicable
* Sufficient detail and clarity to establish that activities are meaningful and credible.
 |
| 1. Health IT to support SDOH needs
 | A. 2024 Progress using health IT to support SDOH needs within CCO, including but not limited to social needs screening and referrals | * Description of progress includes:
	+ Current health IT tool(s) CCO is using to support SDOH needs, including but not limited to social needs screening and referrals, including a description of whether the tool(s) have closed-loop referral functionality
	+ Strategies for using health IT within the CCO to support SDOH needs, including but not limited to social needs screening and referrals in 2024
	+ Any accomplishments and successes for 2024 related to each strategy
* Sufficient detail and clarity to establish that activities are meaningful and credible.
 |
| 2025-2026 Plansfor using health IT to support SDOH needs within CCO, including but not limited to social needs screening and referrals | * Description of plans includes:
	+ Additional health IT tool(s) CCO plans to use to support SDOH needs, including but not limited to social needs screening and referrals, including a description of whether the tool(s) will have closed-loop referral functionality
	+ Additional strategies planned for using health IT to support SDOH needs, including but not limited to social needs screening and referrals
	+ Specific activities and milestones for 2025-2026 related to each strategy
* Sufficient detail and clarity to establish that activities are meaningful and credible.
 |
| B. 2024 Progress supporting contracted physical, oral, and behavioral health providers as well as, social services and community-based organizations (CBOs) with using health IT to support SDOH needs,including but not limited to social needs screening and referrals | * Description of progress includes:
	+ Health IT tool(s) CCO supported or made available to contracted physical, oral, and behavioral health providers, as well as social services and CBOs, for supporting SDOH needs, including but not limited to social needs screening and referrals, including a description of whether the tool(s) have closed-loop referral functionality
	+ Strategies used for supporting these groups with using health IT to support SDOH needs, including but not limited to screening and referrals in 2024
	+ Any accomplishments and successes for 2024 related to each strategy
* Sufficient detail and clarity to establish that activities are meaningful and credible
 |
| 2025-2026 Plans for supporting contracted physical, oral, and behavioral health providers, as well as social services and CBOs, with using health IT to support SDOH needs, including but not limited to social needs screening and referrals | * Description of progress includes:
	+ Health IT tool(s) CCO is planning to support/make available to contracted physical, oral, and behavioral health providers, as well as social services and CBOs for supporting SDOH needs, including but not limited to social needs screening and referrals, including a description of whether the tool(s) will have closed-loop referral functionality
	+ Additional strategies planned for supporting these groups with using health IT to support social needs screening and referrals beyond 2024
	+ Specific activities and milestones for 2025-2026 related to each strategy
* Sufficient detail and clarity to establish that activities are meaningful and credible.
 |
| 1. ***2024 Progress and 2025-2027 Plans for using technology to support HRSN Services within the CCO***
 | * ***Description includes:***
	+ ***Specific 2024 progress and 2025-27 plans within CCO to adopt and use technology needed to facilitate HRSN Service provision, such as for closed loop referrals, service authorization, invoicing, and payment***
	+ ***Any accomplishments and successes for 2024 related to each strategy***
	+ ***Specific activities and milestones for 2025-2027 related to each strategy***
* ***Sufficient detail and clarity to establish that activities are meaningful and credible.***
 |
| ***2024 Progress and 2025-2027 Plans to support and incentivize HRSN Service Providers to adopt and use technology for closed loop referrals*** | * ***Description includes:***
	+ ***Specific 2024 progress and 2025-2027 plans to support and incentivize HRSN Service Providers to adopt and use technology for closed loop referrals, such as grants, technical assistance, outreach, education, engaging in feedback, and other strategies for adoption and use***
	+ ***Any accomplishments and successes for 2024 related to each strategy***
	+ ***Specific activities and milestones for 2025-2027 related to each strategy***
* ***Sufficient detail and clarity to establish that activities are meaningful and credible.***
 |

# 2025 Health IT Roadmap Template

Please complete and submit this template via [CCO Contract Deliverables Portal](https://oha-cco-uat.powerappsportals.us/)by **March 15, 2025.**

## Instructions & Expectations

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

1. Health IT Partnership
2. Support for EHR Adoption, Use, and Optimization
3. Use of and Support for HIE for Care Coordination and Hospital Event Notifications
4. Health IT to Support Social Determinants of Health (SDOH) Needs, including but not limited to social needs screening and referrals
5. Other health IT Questions (optional section)

Each required topic includes the following:

* Narrative sections to describe your 2024 strategies, progress, accomplishments/successes, and barriers
* Narrative sections to describe your 2025-2026 plans, strategies, and related activities and milestones. For the activities and milestones, you may structure the response using bullet points or tables to help clarify the sequence and timing of planned activities and milestones. These can be listed along with the narrative; it is not required that you attach a separate document outlining your planned activities and milestones. However, you may attach your own document(s) in place of filling in the activities and milestones sections of the template (as long as the attached document clearly describes activities and milestones for each strategy and specifies the corresponding Contract Year).

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

* be informed by the CCO’s Data Reporting File,
* be strategic, and activities may focus on supporting specific provider types or specific use cases, and
* include specific activities and milestones to demonstrate the steps CCOs expect to take.

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

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

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

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

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

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

***Health IT Roadmap Template Strategy Checkboxes***

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

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

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

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

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

## **Health IT Partnership**

**CCO:** Add your text

**Date:** Click or tap to enter a date.

Please attest to the following items.

|  |  |  |
| --- | --- | --- |
|  | [ ]  Yes [ ]  No  | Active, signed HIT Commons MOU and adheres to the terms. |
|  | [ ]  Yes [ ]  No | Paid the annual HIT Commons assessments subject to the payment terms of the HIT Commons MOU. |
|  | [ ]  Yes [ ]  No [ ]  N/A | Served, if elected, on the HIT Commons governance board or one of its committees. (Select N/A if CCO does not have a representative on the board or one of its committees) |
|  | [ ]  Yes [ ]  No | Participated in an OHA HITAG meeting, at least once during the previous Contract year.  |

## **CCO Data for 2025 SDOH Social Needs Screening and Referral Measure**

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

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

## (Optional) **Overview of CCO Health IT Approach**

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

## **Support for EHR Adoption, Use, and Optimization**

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

|  |
| --- |
| Please describe your 2024 progress and 2025-26 plans for supporting increased rates of EHR adoption, use, and optimization in support of care coordination, and addressing barriers among contracted physical, oral, and behavioral health providers. In the spaces below (in the relevant sections), please: * Report the number of physical, oral, and behavioral health organizations without EHR information using the Data Completeness Table in the OHA-provided CCO Health IT Data File (e.g., ‘Using the OHA-provided Data Completeness Table, 10 physical health, 22 oral health, and 14 behavioral health organizations lack EHR information’). CCOs are expected to use this information to inform their strategies.
* Include plans for collecting missing EHR information via CCO already-existing processes (e.g., contracting, credentialling, Letters of Interest).
* Select the boxes that represent strategies pertaining to your 2024 progress and 2025-26 plans.
* Provide an overview of CCO’s approach to supporting EHR adoption, use, and optimization among contracted physical, oral, and behavioral health providers in support of care coordination.
* For each strategy CCO implemented in 2024 and/or will implement in 2025-26 to support EHR adoption, use, and optimization among contracted physical, oral, and behavioral health providers in support of care coordination include:
	+ A title and brief description
	+ Which category(ies) pertain to each strategy
	+ The strategy status
	+ Provider types supported
	+ A description of 2024 progress, including:
		- accomplishments and successes (including number of organizations, etc., where applicable)
		- challenges related to each strategy, as applicable

Note: Where applicable, information in the CCO Health IT Data Reporting File should support descriptions of accomplishments and successes.* + (Optional) An overview of CCO 2025-26 plans for each strategy
	+ Activities and milestones related to each strategy CCO plans to implement in 2025-26

**Notes:** * Four strategy sections have been provided. Please copy and paste additional strategy sections as needed. Feel free to delete any unused strategy sections (e.g., if CCO only includes three strategies, fourth strategy section can be deleted).
* If CCO is continuing a strategy from prior years, please continue to report and indicate “Ongoing” or “Revised” as appropriate.
* If CCO is not pursuing a strategy beyond 2024, note ‘N/A’ in Planned Activities and Planned milestones sections.
* If CCO is implementing a strategy beginning in 2025, please indicate ‘N/A’ in the progress section for that strategy.
* If preferred, you may choose to submit a separate document detailing each strategy’s activities and milestones.
 |
| Using the Data Completeness Table in the OHA-provided CCO Health IT Data Reporting File, **report on the number of contracted physical, oral, and behavioral health organizations without EHR information** |
|  |
| **Briefly describe CCO plans for collecting missing EHR information via CCO existing processes** |
|  |
| **Strategy category checkboxes**Using the boxes below, please select which strategies you employed during 2024 and plan to implement during 2025-26. Elaborate on each strategy and your progress/plans in the sections below.  |
| **Progress** | **Plans** |  | **Progress** | **Plans** |  |
|[ ] [ ]  1. EHR training and/or technical assistance  |[ ] [ ]  7. Requirements in contracts/provider agreements |
|[ ] [ ]  2. Assessment/tracking of EHR adoption and capabilities  |[ ] [ ]  8. Leveraging HIE programs and tools in a way that promotes EHR adoption |
|[ ] [ ]  3. Outreach and education about the value of EHR adoption/use  |[ ] [ ]  9. Offer hosted EHR product |
|[ ] [ ]  4. Collaboration with network partners |[ ] [ ]  10. Assist with EHR selection |
|[ ] [ ]  5. Incentives to adopt and/or use EHR |[ ] [ ]  11. Support EHR optimization |
|[ ] [ ]  6. Financial support for EHR implementation or maintenance |[ ] [ ]  12. Other strategies for supporting EHR adoption (please list here) |

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

|  |
| --- |
|  |

|  |
| --- |
| **Strategy 1 title**: [Brief description] |
| **Strategy categories:** Select which category(ies) pertain to this strategy[ ]  1: TA [ ]  2: Assessment [ ]  3: Outreach [ ]  4: Collaboration [ ]  5: Incentives [ ]  6: Financial support [ ]  7: Contracts [ ]  8: Leverage HIE [ ]  9: Hosted EHR [ ]  10: EHR selection [ ]  11: Optimization [ ]  12: Other: |
| **Strategy status:**[ ]  Ongoing [ ]  New [ ]  Paused [ ]  Revised [ ]  Completed [ ]  Ended/retired/stopped  |
| **Provider types supported with this strategy:**[ ]  Across provider types OR specific to: [ ]  Physical health [ ]  Oral health [ ]  Behavioral health  |
| **Progress** (includingprevious year accomplishments/successes and challenges with this strategy): |
| (Optional) **Overview of 2025-26 plans for this strategy**: |
| **Planned Activities** | **Planned Milestones** |
| **Strategy 2 title**: [Brief description] |
| **Strategy categories:** Select which category(ies) pertain to this strategy[ ]  1: TA [ ]  2: Assessment [ ]  3: Outreach [ ]  4: Collaboration [ ]  5: Incentives [ ]  6: Financial support [ ]  7: Contracts [ ]  8: Leverage HIE [ ]  9: Hosted EHR [ ]  10: EHR selection [ ]  11: Optimization [ ]  12: Other: |
| [ ] **trategy 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** (includingprevious year accomplishments/successes and challenges with this strategy): |
| (Optional) **Overview of 2025-26 plans for this strategy**: |
| **Planned Activities** | **Planned Milestones** |
| **Strategy 3 title**: [Brief description] |
| **Strategy categories:** Select which category(ies) pertain to this strategy[ ]  1: TA [ ]  2: Assessment [ ]  3: Outreach [ ]  4: Collaboration [ ]  5: Incentives [ ]  6: Financial support [ ]  7: Contracts [ ]  8: Leverage HIE [ ]  9: Hosted EHR [ ]  10: EHR selection [ ]  11: Optimization [ ]  12: Other: |
| **Strategy status:**[ ]  Ongoing [ ]  New [ ]  Paused [ ]  Revised [ ]  Completed [ ]  Ended/retired/stopped |
| **Provider types supported with this strategy:**[ ]  Across provider types OR specific to: [ ]  Physical health [ ]  Oral health [ ]  Behavioral health  |
| **Progress** (includingprevious year accomplishments/successes and challenges with this strategy): |
| (Optional) **Overview of 2025-26 plans for this strategy**: |
| **Planned Activities** | **Planned Milestones** |
| **Strategy 4 title**: [Brief description] |
| **Strategy categories:** Select which category(ies) pertain to this strategy[ ]  1: TA [ ]  2: Assessment [ ]  3: Outreach [ ]  4: Collaboration [ ]  5: Incentives [ ]  6: Financial support [ ]  7: Contracts [ ]  8: Leverage HIE [ ]  9: Hosted EHR [ ]  10: EHR selection [ ]  11: Optimization [ ]  12: Other: |
| **Strategy status:**[ ]  Ongoing [ ]  New [ ]  Paused [ ]  Revised [ ]  Completed [ ]  Ended/retired/stopped |
| **Provider types supported with this strategy:**[ ]  Across provider types OR specific to: [ ]  Physical health [ ]  Oral health [ ]  Behavioral health  |
| **Progress** (includingprevious year accomplishments/successes and challenges with this strategy): |
| (Optional) **Overview of 2025-26 plans for this strategy**: |
| **Planned Activities** | **Planned Milestones** |

### EHR Support Barriers:

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

### OHA Support Needs:

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

## **Use of and Support for HIE for Care Coordination and Hospital Event Notifications**

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

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

**Notes:** * Four strategy sections have been provided. Please copy and paste additional strategy sections as needed. Feel free to delete any unused strategy sections (e.g., if CCO only includes three strategies, fourth strategy section can be deleted).
* If CCO is continuing a strategy from prior years, please continue to report and indicate “Ongoing” or “Revised” as appropriate.
* If CCO is not pursuing a strategy beyond 2024, note ‘N/A’ in Planned Activities and Planned milestones sections.
* If CCO is implementing a strategy beginning in 2025, please indicate ‘N/A’ in the progress section for that strategy.
* If preferred, you may choose to submit a separate document detailing each strategy’s activities and milestones.
 |
| **Strategy category checkboxes (within CCO)**Using the boxes below, please select which strategies you employed during 2024 and plan to implement during 2025-26. Elaborate on each strategy and your progress/plans in the sections below.  |
| **Progress** | **Plans** |  | **Progress** | **Plans** |  |
|[ ] [ ]  1. Care coordination and care management |[ ] [ ]  4. Enhancements to HIE tools (e.g., adding new functionality or data sources |
|[ ] [ ]  2. Exchange of care information and care plans |[ ] [ ]  5. Collaboration with external partners |
|[ ] [ ]  3. Integration of disparate information and/or tools with HIE | [ ] [ ]  | [ ] [ ]  | 6. Risk stratification and population segmentation7. Other strategies for supporting HIE access or use (please list here): |
| **List and briefly describe tools used by CCO for care coordination and timely hospital event notifications**  |
|  |
| (Optional) **Overview of CCO Approach to using HIE for care coordination and hospital event notifications** |
|  |
| **Strategy 1 title**: [Brief description] |
| **Strategy categories:** Select which category(ies) pertain to this strategy[ ]  1: Care Coordination [ ]  2: Exchange care information [ ]  3: Integration of disparate information [ ]  4: HIE tool enhancements [ ]  5: Partner collaboration [ ]  6: Risk stratification & population segmentation [ ]  7: Other:  |
| **Strategy status:**[ ]  Ongoing [ ]  New [ ]  Paused [ ]  Revised [ ]  Completed [ ]  Ended/retired/stopped |
| **Progress** (includingprevious year accomplishments/successes and challenges with this strategy): |
| (Optional) **Overview of 2025-26 plans for this strategy**: |
| **Planned Activities**1.
 | **Planned Milestones** |
| **Strategy 2 title**: [Brief description] |
| **Strategy categories:** Select which category(ies) pertain to this strategy[ ]  1: Care Coordination [ ]  2: Exchange care information [ ]  3: Integration of disparate information [ ]  4: HIE tool enhancements [ ]  5: Partner collaboration [ ]  6: Risk stratification & population segmentation [ ]  7: Other:  |
| **Strategy status:**[ ]  Ongoing [ ]  New [ ]  Paused [ ]  Revised [ ]  Completed [ ]  Ended/retired/stopped |
| **Progress** (includingprevious year accomplishments/successes and challenges with this strategy): |
| (Optional) **Overview of 2025-26 plans for this strategy**: |
| **Planned Activities** | **Planned Milestones** |
| **Strategy 3 title**: [Brief description] |
| **Strategy categories:** Select which category(ies) pertain to this strategy[ ]  1: Care Coordination [ ]  2: Exchange care information [ ]  3: Integration of disparate information [ ]  4: HIE tool enhancements [ ]  5: Partner collaboration [ ]  6: Risk stratification & population segmentation [ ]  7: Other:  |
| [ ] **trategy status:**[ ]  Ongoing [ ]  New [ ]  Paused [ ]  Revised [ ]  Completed [ ]  Ended/retired/stopped |
| **Progress** (includingprevious year accomplishments/successes and challenges with this strategy): |
| (Optional) **Overview of 2025-26 plans for this strategy**: |
| **Planned Activities** | **Planned Milestones** |
| **Strategy 4 title**: [Brief description] |
| **Strategy categories:** Select which category(ies) pertain to this strategy[ ]  1: Care Coordination [ ]  2: Exchange care information [ ]  3: Integration of disparate information [ ]  4: HIE tool enhancements [ ]  5: Partner collaboration [ ]  6: Risk stratification & population segmentation [ ]  7: Other:  |
| [ ] **trategy status:**[ ]  Ongoing [ ]  New [ ]  Paused [ ]  Revised [ ]  Completed [ ]  Ended/retired/stopped |
| **Progress** (includingprevious year accomplishments/successes and challenges with this strategy): |
| (Optional) **Overview of 2025-26 plans for this strategy**: |
| **Planned Activities**1.
 | **Planned Milestones** |

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

|  |
| --- |
| Please describe your 2024 progress and 2025-26 plans for supporting increased access to and use of HIE for care coordination and timely hospital event notifications for contracted physical, oral, and behavioral health providers. Please include any work to support clinical referrals between providers. In the spaces below (in the relevant sections), please: * Select the boxes that represent strategies pertaining to your 2024 progress and 2025-26 plans.
* List and describe specific HIE tool(s) you currently or plan to support or provide for care coordination and hospital event notifications. CCO-supported or provided HIE tools must cover both care coordination and hospital event notifications. Please include an overview of key functionalities related to care coordination.
* Report the number of physical, oral, and behavioral health organizations that have not currently adopted HIE tools for care coordination or do not currently have access to HIE for hospital event notifications using the Data Completeness Table in the OHA-provided CCO Health IT Data File (e.g., ‘Using the OHA-provided Data Completeness Table, 10 physical health, 22 oral health, and 14 behavioral health organizations lack EHR information’). CCOs are expected to use this information to inform their strategies.
* (Optional) Provide an overview of CCO’s approach to supporting increased access to and/or use of HIE for care coordination and hospital event notifications among contracted physical, oral, and behavioral health providers.
* For each strategy CCO implemented in 2024 and/or will implement in 2025-26 to support increased access to and/or use of HIE for care coordination and hospital event notifications among contracted physical, oral, and behavioral health providers include:
	1. A title and brief description
	2. Which category(ies) pertain to each strategy
	3. Strategy status
	4. Provider types supported
	5. A description of 2024 progress, including:
		1. 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)
		2. challenges related to each strategy, as applicable

Note: Where applicable, information in the CCO Health IT Data Reporting File should support descriptions of accomplishments and successes.* 1. (Optional) An overview of CCO 2025-26 plans for each strategy
	2. Activities and milestones related to each strategy CCO plans to implement in 2025-26

**Notes:** * Four strategy sections have been provided. Please copy and paste additional strategy sections as needed. Feel free to delete any unused strategy sections (e.g., if CCO only includes three strategies, fourth strategy section can be deleted).
* If CCO is continuing a strategy from prior years, please continue to report and indicate “Ongoing” or “Revised” as appropriate.
* If CCO is not pursuing a strategy beyond 2024, note ‘N/A’ in Planned Activities and Planned milestones sections.
* If CCO is implementing a strategy beginning in 2025, please indicate ‘N/A’ in the progress section for that strategy.
* If preferred, you may choose to submit a separate document detailing each strategy’s activities and milestones.
 |
| **Strategy category checkboxes (supporting providers)**Using the boxes below, please select which strategies you employed during 2024 and plan to implement during 2025-26. Elaborate on each strategy and your progress/plans in the sections below. |
| **Progress** | **Plans** |  | **Progress** | **Plans** |  |
|[ ] [ ]  1. HIE training and/or technical assistance |[ ] [ ]  6. Integration of disparate information and/or tools with HIE |
|[ ] [ ]  2. Assessment/tracking of HIE adoption and capabilities |[ ] [ ]  7. Requirements in contracts / provider agreements |
|[ ] [ ]  3. Outreach and education about value of HIE |[ ] [ ]  8. Financially support HIE tools and/or cover costs of HIE onboarding |
|[ ] [ ]  4. Collaboration with network partners |[ ] [ ]  9. Offer incentives to adopt or use HIE |
|[ ] [ ]  5. Enhancements to HIE tools (e.g., adding new functionality or data sources) |[ ] [ ]  10. Offer hosted EHR product (that allows for sharing information between clinics using the shared EHR and/or connection to HIE) |
|[ ] [ ]  11. Other strategies that address requirements related to federal interoperability and patient access final rules (please list here): |
|[ ] [ ]  12. Other strategies for supporting HIE access or use (please list here): |
| **List and briefly describe tools supported or provided by CCO that facilitate care coordination and/or provide access to timely hospital event notifications.** HIE tools must cover both care coordination and hospital event notifications. |
|  |
| (Optional) **Overview of CCO approach to supporting increased access to and/or use of HIE for care coordination and hospital event notifications among contracted providers** |
|  |
| Using the Data Completeness Table in the OHA-provided CCO Health IT Data Reporting File, **report on the number of contracted physical, oral, and behavioral health organizations that do not currently have access to an HIE tool for care coordination or for hospital event notifications**: |
|  |
| **Strategy 1 title**: [Brief description] |
| **Strategy categories:** Select which category(ies) pertain to this strategy[ ]  1: TA [ ]  2: Assessment [ ]  3: Outreach [ ]  4: Collaboration [ ]  5: Enhancements [ ]  6: Integration [ ]  7: Contracts[ ]  8: Financial support [ ]  9: Incentives [ ]  10: Hosted EHR [ ]  11: Other (requirements): [ ]  12: Other: |
| **Strategy status:**[ ]  Ongoing [ ]  New [ ]  Paused [ ]  Revised [ ]  Completed [ ]  Ended/retired/stopped |
| **Provider types supported with this strategy:**[ ]  Across provider types OR specific to: [ ]  Physical health [ ]  Oral health [ ]  Behavioral health |
| **Progress** (includingprevious year accomplishments/successes and challenges with this strategy): |
| (Optional) **Overview of 2025-26 plans for this strategy**: |
| **Planned Activities** | **Planned Milestones** |
| **Strategy 2 title**: [Brief description] |
| **Strategy categories:** Select which category(ies) pertain to this strategy[ ]  1: TA [ ]  2: Assessment [ ]  3: Outreach [ ]  4: Collaboration [ ]  5: Enhancements [ ]  6: Integration [ ]  7: Contracts[ ]  8: Financial support [ ]  9: Incentives [ ]  10: Hosted EHR [ ]  11: Other (requirements): [ ]  12: Other: |
| **Strategy status:**[ ]  Ongoing [ ]  New [ ]  Paused [ ]  Revised [ ]  Completed [ ]  Ended/retired/stopped |
| **Provider types supported with this strategy:**[ ]  Across provider types OR specific to: [ ]  Physical health [ ]  Oral health [ ]  Behavioral health |
| **Progress** (includingprevious year accomplishments/successes and challenges with this strategy): |
| (Optional) **Overview of 2025-26 plans for this strategy**: |
| **Planned Activities** | **Planned Milestones** |
| **Strategy 3 title**: [Brief description] |
| **Strategy categories:** Select which category(ies) pertain to this strategy[ ]  1: TA [ ]  2: Assessment [ ]  3: Outreach [ ]  4: Collaboration [ ]  5: Enhancements [ ]  6: Integration [ ]  7: Contracts[ ]  8: Financial support [ ]  9: Incentives [ ]  10: Hosted EHR [ ]  11: Other (requirements): [ ]  12: Other: |
| **Strategy status:**[ ]  Ongoing [ ]  New [ ]  Paused [ ]  Revised [ ]  Completed [ ]  Ended/retired/stopped |
| **Provider types supported with this strategy:**[ ]  Across provider types OR specific to: [ ]  Physical health [ ]  Oral health [ ]  Behavioral health |
| **Progress** (includingprevious year accomplishments/successes and challenges with this strategy): |
| (Optional) **Overview of 2025-26 plans for this strategy**: |
| **Planned Activities** | **Planned Milestones** |
| **Strategy 4 title**: [Brief description] |
| **Strategy categories:** Select which category(ies) pertain to this strategy[ ]  1: TA [ ]  2: Assessment [ ]  3: Outreach [ ]  4: Collaboration [ ]  5: Enhancements [ ]  6: Integration [ ]  7: Contracts[ ]  8: Financial support [ ]  9: Incentives [ ]  10: Hosted EHR [ ]  11: Other (requirements): [ ]  12: Other: |
| **Strategy status:**[ ]  Ongoing [ ]  New [ ]  Paused [ ]  Revised [ ]  Completed [ ]  Ended/retired/stopped |
| **Provider types supported with this strategy:**[ ]  Across provider types OR specific to: [ ]  Physical health [ ]  Oral health [ ]  Behavioral health |
| **Progress** (includingprevious year accomplishments/successes and challenges with this strategy): |
| (Optional) **Overview of 2025-26 plans for this strategy**: |
| **Planned Activities** | **Planned Milestones** |

### HIE for Care Coordination Barriers

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

### 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?** |
|  |

### CCO Access to and Use of EHRs

|  |
| --- |
| Please describe CCO current or planned access to contracted provider EHRs. Please include which EHRs CCO has or plans to have access to including how CCO accesses or will access them (e.g., Epic Care Everywhere, EpicCare Link, etc.), what patient information CCO is accessing or will access and for what purpose, whether patient information is or will be exported from the EHR and imported into CCO health IT tools.  |
| **Which EHRs does CCO have or will have access to and how does or will CCO access them (e.g., Epic Care Everywhere, EpicCare Link, etc)?**  |
|  |
| **What patient information is CCO accessing or will CCO access and for what purpose?** |
|  |
| **Is/will patient information being/be exported from the EHR and imported into CCO health IT tools? If so, which tool(s)?** |
|  |

## **Health IT to Support SDOH Needs**

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

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

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

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Progress** | **Plans** |  | **Progress** | **Plans** |  |
|[ ] [ ]  1. Implement or use health IT tool/capability for social needs screening and referrals  |[ ] [ ]  7. Use data for risk stratification |
|[ ] [ ]  2. Enhancements to CIE tools (e.g., new functionality, health-related services funds forms, screenings, data sources) |[ ] [ ]  8. Use health IT to monitor and/or manage contracts and/or programs to meet members’ SDOH needs |
|[ ] [ ]  3. Integration or interoperability of health IT systems that support SDOH with other tools |[ ] [ ]  9. Use health IT for CCO metrics related to SDOH  |
|[ ] [ ]  4. CCO leads problem solving efforts and collaboration with their partners |[ ] [ ]  10. Education/training of CCO staff about the value and use of health IT to support SDOH needs |
|[ ] [ ]  5. Care coordination and care management  |[ ] [ ]  11. Participate in SDOH-focused health IT convenings, collaborative forums, and/or education (excluding CIE governance) |
|[ ] [ ]  6. Use data to identify members’ SDOH experiences and social needs |[ ] [ ]  12. Participate in CIE governance or collaborative decision-making |
|[ ] [ ]  13. Other strategies for adoption/use of CIE or other health IT to support SDOH needs within CCO (please list here): |
|[ ] [ ]  14. Other strategies for CCO access or use of SDOH-related data within CCO (please list here): |
| **List and briefly describe Health IT tools used by CCO for supporting SDOH needs**, including but not limited to screening and referrals |
|  |
| (Optional) **Overview of CCO approach to using health IT within the CCO to support SDOH needs, including but not limited to screening and referrals** |
|  |
| **Strategy 1 title**: [Brief description] |
| **Strategy categories:** Select which category(ies) pertain to this strategy[ ]  1: Implement/use health IT [ ]  2: Enhancements [ ]  3: Integration [ ]  4: Collaboration [ ]  5: Care coordination [ ]  6: Data to ID SDOH [ ]  7: Risk stratification [ ]  8: Manage contracts [ ]  9: Metrics [ ]  10. Education/training [ ]  11: Convenings [ ]  12: Governance [ ]  13: Other adoption/use: [ ]  14: Other SDOH data: |
| **Strategy status:**[ ]  Ongoing [ ]  New [ ]  Paused [ ]  Revised [ ]  Completed [ ]  Ended/retired/stopped |
| **Progress** (includingprevious year accomplishments/successes and challenges with this strategy): |
| (Optional) **Overview of 2025-26 plans for this strategy**: |
| **Planned Activities** | **Planned Milestones** |
| **Strategy 2 title**: [Brief description] |
| **Strategy categories:** Select which category(ies) pertain to this strategy[ ]  1: Implement/use health IT [ ]  2: Enhancements [ ]  3: Integration [ ]  4: Collaboration [ ]  5: Care coordination [ ]  6: Data to ID SDOH [ ]  7: Risk stratification [ ]  8: Manage contracts [ ]  9: Metrics [ ]  10. Education/training [ ]  11: Convenings [ ]  12: Governance [ ]  13: Other adoption/use: [ ]  14: Other SDOH data: |
| **Strategy status:**[ ]  Ongoing [ ]  New [ ]  Paused [ ]  Revised [ ]  Completed [ ]  Ended/retired/stopped |
| **Progress** (includingprevious year accomplishments/successes and challenges with this strategy): |
| (Optional) **Overview of 2025-26 plans for this strategy**: |
| **Planned Activities** | **Planned Milestones** |
| **Strategy 3 title**: [Brief description] |
| **Strategy categories:** Select which category(ies) pertain to this strategy[ ]  1: Implement/use health IT [ ]  2: Enhancements [ ]  3: Integration [ ]  4: Collaboration [ ]  5: Care coordination [ ]  6: Data to ID SDOH [ ]  7: Risk stratification [ ]  8: Manage contracts [ ]  9: Metrics [ ]  10. Education/training [ ]  11: Convenings [ ]  12: Governance [ ]  13: Other adoption/use: [ ]  14: Other SDOH data: |
| **Strategy status:**[ ]  Ongoing [ ]  New [ ]  Paused [ ]  Revised [ ]  Completed [ ]  Ended/retired/stopped |
| **Progress** (includingprevious year accomplishments/successes and challenges with this strategy): |
| (Optional) **Overview of 2025-26 plans for this strategy**: |
| **Planned Activities** | **Planned Milestones** |
| **Strategy 4 title**: [Brief description] |
| **Strategy categories:** Select which category(ies) pertain to this strategy[ ]  1: Implement/use health IT [ ]  2: Enhancements [ ]  3: Integration [ ]  4: Collaboration [ ]  5: Care coordination [ ]  6: Data to ID SDOH [ ]  7: Risk stratification [ ]  8: Manage contracts [ ]  9: Metrics [ ]  10. Education/training [ ]  11: Convenings [ ]  12: Governance [ ]  13: Other adoption/use: [ ]  14: Other SDOH data: |
| **Strategy status:**[ ]  Ongoing [ ]  New [ ]  Paused [ ]  Revised [ ]  Completed [ ]  Ended/retired/stopped |
| **Progress** (includingprevious year accomplishments/successes and challenges with this strategy): |
| (Optional) **Overview of 2025-26 plans for this strategy**: |
| **Planned Activities** | **Planned Milestones** |

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

|  |
| --- |
| Please describe your 2024 progress and 2025-26 plans for supporting community-based organizations (CBOs), social service providers in your community, and contracted physical, oral and behavioral health providers with using health IT to support SDOH needs, including but not limited to screening and referrals. In the spaces below, (in the relevant sections), please: * Select the boxes that represent strategies pertaining to your 2024 progress and 2025-26 plans.
* List and describe the specific tool(s) you currently or plan to support or provide to your contracted physical, oral, and behavioral health providers, as well as social services and CBOs. Please specify if the tool(s) have screening and/or closed-loop referral functionality (e.g., CIE).
* (Optional) Provide an overview of CCO’s approach to supporting contracted physical, oral, and behavioral health providers, as well as social services and CBOs with using health IT to support social needs, including but not limited to social needs screening and referrals.
* For each strategy CCO implemented in 2024 and/or will implement in 2025-26 to support contracted physical, oral, and behavioral health providers, as well as social services and CBOs with using health IT to support social needs, including but not limited to social needs screening and referrals, include:
	1. A title and brief description
	2. Which category(ies) pertain to each strategy
	3. Strategy status
	4. Provider types supported
	5. A description of 2024 progress, including:
		1. 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)
		2. Challenges related to each strategy, as applicable
	6. (Optional) An overview of CCO 2025-26 plans for each strategy
	7. Activities and milestones related to each strategy CCO plans to implement in 2025-26

**Notes:** * Four strategy sections have been provided. Please copy and paste additional strategy sections as needed. Feel free to delete any unused strategy sections (e.g., if CCO only includes three strategies, fourth strategy section can be deleted).
* If CCO is continuing a strategy from prior years, please continue to report and indicate “Ongoing” or “Revised” as appropriate.
* If CCO is not pursuing a strategy beyond 2024, note ‘N/A’ in Planned Activities and Planned milestones sections.
* If CCO is implementing a strategy beginning in 2025, please indicate ‘N/A’ in the progress section for that strategy.
* If preferred, you may choose to submit a separate document detailing each strategy’s activities and milestones
 |
| **Strategy category checkboxes (supporting providers)**Using the boxes below, please select which strategies you employed during 2024 and plan to implement during 2025-26 to support contracted providers and CBOs with using health IT to support SDOH needs. Elaborate on each strategy and your progress/plans in the sections below.  |
| **Progress** | **Plans** |  | **Progress** | **Plans** |  |
|[ ] [ ]  1. Sponsor CIE for the community |[ ] [ ]  7. Support payments to CBOs through health IT |
|[ ] [ ]  2. Enhancements to CIE tools (e.g., new functionality, health-related services funds forms, screenings, data sources) |[ ] [ ]  8. Requirements to use health IT in contracts/provider agreements |
|[ ] [ ]  3. Integration or interoperability of health IT systems that support SDOH with other tools |[ ] [ ]  9. Track or assess CIE/SDOH tool adoption and use |
|[ ] [ ]  4. Training and/or technical assistance |[ ] [ ]  10. Outreach and education about the value of health IT to support SDOH needs |
|[ ] [ ]  5. Support referrals from CBOs to clinical providers and/or from clinical providers to CBOs |[ ] [ ]  11. Support participation in SDOH-focused health IT convenings, collaborative forums and/or education (excluding CIE governance) |
|[ ] [ ]  6. Financial support to adopt or use health IT that supports SDOH (e.g., incentives, grants)  |[ ] [ ]  12. Support participation in CIE governance or collaborative decision-making |
|[ ] [ ]  13. Other strategies for supporting adoption of CIE or other health IT to support SDOH needs (please list here): |
|[ ] [ ]  14. Other strategies for supporting access or use of SDOH-related data (please list here): |
| **List and briefly describe health IT tools supported or provided by CCO that support SDOH needs,** including but not limited to screening and referrals**.**  |
|  |
| (Optional) **Overview of CCO approach to supporting contracted physical, oral, and behavioral health providers, as well as social services and CBOs with using health IT to support social needs, including but not limited to social needs screening and referrals** |
|  |
| **Strategy 1 title**: [Brief description] |
| **Strategy categories:** Select which category(ies) pertain to this strategy[ ]  1: Sponsor CIE [ ]  2: Enhancements [ ]  3: Integration [ ]  4: TA Assessment [ ]  5: ClinicalßàCBO referrals [ ]  6: Financial support [ ]  7: Payments [ ]  8: Contract requirements [ ]  9: Track use [ ]  10: Outreach/education [ ]  11: Convenings: [ ]  12: Governance [ ]  13: Other adoption/use: [ ]  14: Other SDOH data: |
| **Strategy status:**[ ]  Ongoing [ ]  New [ ]  Paused [ ]  Revised [ ]  Completed [ ]  Ended/retired/stopped |
| **Provider types supported with this strategy:** [ ]  Across provider types OR specific to:[ ]  Physical health [ ]  Oral health [ ]  Behavioral health [ ]  Social Services [ ]  CBOs |
| **Progress** (includingprevious year accomplishments/successes and challenges with this strategy): |
| (Optional) **Overview of 2025-26 plans for this strategy**: |
| **Planned Activities** | **Planned Milestones** |
| **Strategy 2 title**: [Brief description] |
| **Strategy categories:** Select which category(ies) pertain to this strategy[ ]  1: Sponsor CIE [ ]  2: Enhancements [ ]  3: Integration [ ]  4: TA Assessment [ ]  5: ClinicalßàCBO referrals [ ]  6: Financial support [ ]  7: Payments [ ]  8: Contract requirements [ ]  9: Track use [ ]  10: Outreach/education [ ]  11: Convenings: [ ]  12: Governance [ ]  13: Other adoption/use: [ ]  14: Other SDOH data: |
| **Strategy status:**[ ]  Ongoing [ ]  New [ ]  Paused [ ]  Revised [ ]  Completed [ ]  Ended/retired/stopped |
| **Provider types supported with this strategy:** [ ]  Across provider types OR specific to:[ ]  Physical health [ ]  Oral health [ ]  Behavioral health [ ]  Social Services [ ]  CBOs |
| **Progress** (includingprevious year accomplishments/successes and challenges with this strategy): |
| (Optional) **Overview of 2025-26 plans for this strategy**: |
| **Planned Activities** | **Planned Milestones** |
| **Strategy 3 title**: [Brief description] |
| **Strategy categories:** Select which category(ies) pertain to this strategy[ ]  1: Sponsor CIE [ ]  2: Enhancements [ ]  3: Integration [ ]  4: TA Assessment [ ]  5: ClinicalßàCBO referrals [ ]  6: Financial support [ ]  7: Payments [ ]  8: Contract requirements [ ]  9: Track use [ ]  10: Outreach/education [ ]  11: Convenings: [ ]  12: Governance [ ]  13: Other adoption/use: [ ]  14: Other SDOH data: |
| **Strategy status:**[ ]  Ongoing [ ]  New [ ]  Paused [ ]  Revised [ ]  Completed [ ]  Ended/retired/stopped |
| **Provider types supported with this strategy:** [ ]  Across provider types OR specific to:[ ]  Physical health [ ]  Oral health [ ]  Behavioral health [ ]  Social Services [ ]  CBOs |
| **Progress** (includingprevious year accomplishments/successes and challenges with this strategy): |
| (Optional) **Overview of 2025-26 plans for this strategy**: |
| **Planned Activities** | **Planned Milestones** |
| **Strategy 4 title**: [Brief description] |
| **Strategy categories:** Select which category(ies) pertain to this strategy[ ]  1: Sponsor CIE [ ]  2: Enhancements [ ]  3: Integration [ ]  4: TA Assessment [ ]  5: ClinicalßàCBO referrals [ ]  6: Financial support [ ]  7: Payments [ ]  8: Contract requirements [ ]  9: Track use [ ]  10: Outreach/education [ ]  11: Convenings: [ ]  12: Governance [ ]  13: Other adoption/use: [ ]  14: Other SDOH data: |
| **Strategy status:**[ ]  Ongoing [ ]  New [ ]  Paused [ ]  Revised [ ]  Completed [ ]  Ended/retired/stopped |
| **Provider types supported with this strategy:** [ ]  Across provider types OR specific to:[ ]  Physical health [ ]  Oral health [ ]  Behavioral health [ ]  Social Services [ ]  CBOs |
| **Progress** (includingprevious year accomplishments/successes and challenges with this strategy): |
| (Optional) **Overview of 2025-26 plans for this strategy**: |
| **Planned Activities** | **Planned Milestones** |

### Using Technology to Support HRSN Services

|  |
| --- |
| Please use this section to describe progress and plans to support use of technology for HRSN Services, particularly for closed loop referrals. Include work and strategies: 1. Within your organization to use technology to support HRSN Services and
2. To support and incentivize HRSN Service Providers to adopt and use technology, particularly for closed loop referrals (such as grants, technical assistance, outreach, education, and engaging in feedback).

**Note:** If referring to a strategy already described elsewhere, please name the section and number, and ensure it is clear how the strategy supports use of technology for HRSN Services. |
| **Within CCO:** Specific progress and plans within CCO to adopt and use technology needed to facilitate HRSN Service provision, such as for closed loop referrals, service authorization, invoicing, and payment.  |
| **Progress** (includingprevious year accomplishments/successes and challenges with this strategy): |
| **2025-27 Plans**: |
| **Support for HRSN Service Providers:** Specific progress and plans to support and incentivize HRSN Service Providers to adopt and use technology for closed loop referrals in 2025 and for Contract Years 2025-2027, such as grants, technical assistance, outreach, education, engaging in feedback, and other strategies for adoption and use. |
| **Progress** (includingprevious year accomplishments/successes and challenges with this strategy): |
| **2025-27 Plans**: |

### Health IT to Support SDOH Needs Barriers

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

### 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?**  |
|  |

## **Other Health IT Questions (Optional)**

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

|  |
| --- |
| 1. Describe CCO health IT tools and efforts that support **patient engagement**, both within the CCO and with contracted providers.
 |
|  |
| 1. How can **OHA support** your efforts in accomplishing your Health IT Roadmap goals?
 |
|  |
| 1. What have been your organization’s **biggest challenges** in pursuing health IT strategies? What can OHA do to better support you?
 |
|  |
| 1. How have your organization’s health IT strategies supported **reducing health inequities**? What can OHA do to better support you? If not already described above, how does your organization use REALD/SOGI data to support reducing health inequities? What has your organization learned about the impact on outcomes?
 |
|  |

**Note**: For an example response to help inform on level of detail required, please refer to the Appendix in the [2023 Health IT Roadmap Guidance](https://www.oregon.gov/oha/HPA/OHIT/Documents/2023%20HIT%20Roadmap%20Guidance%2C%20Evaluation%20Criteria%2C%20and%20Report%20Template_OptionB.docx) on the [HITAG webpage](https://www.oregon.gov/oha/hpa/ohit/pages/hitag.aspx).

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

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