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Supporting Health for All through REinvestment (SHARE) 2025 Program Changes



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Agenda

- Background
 - Summary of SHARE
 - Identifying changes to SHARE
- Changes to SHARE
 - Reporting and accountability
 - Reinvestment criteria
 - Financial set-aside
 - Financial carry forward
- Implementation timeline
- Questions

Supporting Health for All through REinvestment (SHARE)

- SHARE comes from a legislative requirement for coordinated care organizations (CCOs) to invest some of their profits back into their communities.
- After meeting minimum financial standards, CCOs must spend a portion of their net income or reserves on services to address health inequities and social determinants of health and equity (SDOH-E).
- 2024 was the fourth year of the SHARE program.

Identifying changes to SHARE

- In the first half of 2024, the Governor's Office and Oregon Health Authority (OHA) convened CCO leadership to recommend changes to CCO financial policies, including SHARE.
- Goals of this effort:
 - Spur greater reinvestment in community
 - Align with the Governor's priorities
 - Reduce community recipient burden
 - Maximize flexibility
 - Increase cohesion across financial policies

Changes to SHARE

In December 2024, OHA notified CCOs that OHA will be implementing **four changes** related to SHARE from this effort.

1. Reporting and accountability
2. Reinvestment criteria
3. Financial set-aside
4. Financial carry forward

Impacts of changes

- The changes expand the flexibility of CCO reinvestments.
- All activities previously SHARE-funded will still be allowable.
- The changes will impact:
 - CCOs' SHARE **reporting process**
 - How CCOs report to OHA
 - How SHARE reinvestments are reported publicly
 - The **type of SHARE reinvestments** CCOs make
 - The **timing** of CCOs' SHARE reinvestments



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Change #1: Reporting and accountability

Spending plan attestation

Change: Replace OHA pre-approval of CCOs' SHARE spending plans with **CCO spending plan attestation**.

- Attestation will include a brief table of spending details (not subject to OHA approval).

Timing: 2025

- CCOs will attest to meeting SHARE requirements annually by December 31.
- OHA will issue a 2025 CCO contract waiver memo for shift to attestation.

Posting SHARE investments

Change: Move to CCO public posting of SHARE investments to maintain public transparency.

- CCOs will choose the format.

Timing: Applies to 2026 investments

- OHA will update the 2026 CCO contract with details and timeline.



Change #2: Reinvestment criteria

Expand reinvestment criteria

Change: Add “Health care access and quality” as an SDOH-E domain.

- Access to care investments intended to reduce disparities would be allowed as long as they’re not supplanting a Medicaid covered service or other CCO requirements within their global budget.
- All previous SHARE-funded activities will still be allowable.

Timing: 2025

- OHA will draft changes to [Oregon Administrative Rule 141-414-3735](#), open a rules advisory committee (RAC) in April 2025 and apply final changes to 2025 SHARE spending plan attestation.



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Change #3: Financial set-aside

Financial set-aside

Change: CCOs may choose to **set aside up to 25% of their annual designations** to allocate to partners (and report to OHA) within three years.

- If choosing to do this, a CCO would submit their spending plan attestation with up to 25% of funds not yet allocated to partners and would report it in a future year's attestation once the partners are known.

Timing: 2025

- This set-aside flexibility is allowed currently, but it will be clarified in 2025 SHARE guidance.



Change #4: Financial carry forward

Financial carry forward

Change: CCOs may choose to count SHARE spending beyond a given year's required amount **to meet a future year's SHARE requirement** (within three years).

Timing: 2025

- OHA will draft changes to [Oregon Administrative Rule 141-414-3735](#), open a rules advisory committee (RAC) in April 2025 and apply final changes to 2025 spending plan attestation.
- CCOs will report this decision to OHA through annual attestation (Dec. 31).

SHARE financial reporting stays the same

Exhibit L reporting on SHARE continuing from 2024:

- **Report L6.7** - SHARE obligation for previous year based on formula and SHARE designation if more than obligation
- **Report L6.71** - Total SHARE spending and per partner spend down from previous years



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**Questions submitted
through webinar registration**

How do these changes impact how funding decisions are made?

- Each CCO will continue to have their own SHARE funding decision process. This includes the requirement for Community Advisory Councils (CACs) to be a part of spending decisions. SHARE investments must also still align with CCOs' community health improvement plans (CHPs).
- CCOs won't submit SHARE spending plans for OHA to approve before funding projects. This will be replaced by an attestation.
- CCOs will have more flexibility to meet the goals and activities in their CHP through SHARE investments. CCOs may:
 - Invest in reducing disparities in health care access and quality.
 - Carry forward excess SHARE spending to count toward future years' requirements.
 - Set aside funds for future years.

How do these changes impact community partners?

- Community partners can learn about their local CCO's SHARE investments posted on the CCO's website.
- SHARE funding will support a broader range of SDOH-E activities and projects. Examples:
 - CCOs may invest in community partners working on health care access and quality.
 - CCOs may decide to fund larger, more impactful projects with a community partner and count any extra SHARE spending toward their future years' SHARE obligation.
 - CCOs may decide to set aside funds so they have more time to identify a community partner to meet a need.

Do these changes impact traditional health worker programs and trainings allowable through SHARE?

- All previous SHARE-funded traditional health worker (THW) activities will still be allowable. Past THW funded efforts include:
 - THW trainings and outreach to recruit participants
 - THW certification costs
 - Establish Medicaid billing infrastructure for THW services
 - Launch and grow THW support networks or collaboratives, regional planning efforts to integrate and sustain THW workforce
 - Non-covered THW services, such as community health workers providing non-covered outreach and housing navigation services and peer support specialists providing non-covered substance use support
- SHARE funding may not be used for Medicaid-covered services (no change).
- OHA will provide more guidance in this area later in 2025.

Implementation timeline

- **April 2025** – Rules advisory committee is opened.
- **~July 2025** – OHA releases 2025 CCO contract waiver memo, attestation form and final 2025 SHARE guidance.
- **By December 31, 2025** – CCOs submit 2025 SHARE spending plan attestation.
- **2026** – Final changes included in the 2026 CCO contract.



Questions

Resources

- [OHA SHARE webpage](#)
- [CCO memo \(12/13/24\)](#)
- 2025 SHARE office hours
 - February 13, 1:30–2 p.m.
 - [Join here](#)
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Thank you

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