



OREGON  
**HEALTH**  
AUTHORITY

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## **HB 2214 SHARE Program**

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# Supporting Health for All through Reinvestment (SHARE)

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- **SHARE Overview:** HB 4018 (2018) requires coordinated care organizations (CCOs) to reinvest a set portion of their “annual net income or reserves that exceed minimum financial requirements to address social determinants of health and health disparities,” consistent with the CCO’s community health improvement plans (CHPs).
- CCOs’ social determinants of health and health equity (SDOH-E) investments must support community efforts in four broad "domains":
  - Economic stability
  - Neighborhood and built environment
  - Education
  - Social and environmental health
- A portion of SHARE investment must be related to housing.

# Current SHARE Investments (reported in 2023)



## **SHARE-funded project topics** (number of projects)

- Housing (64)
- Food (26)
- Community well-being (25)
- Family education and support (22)
- Behavioral health (17)
- Other (4)



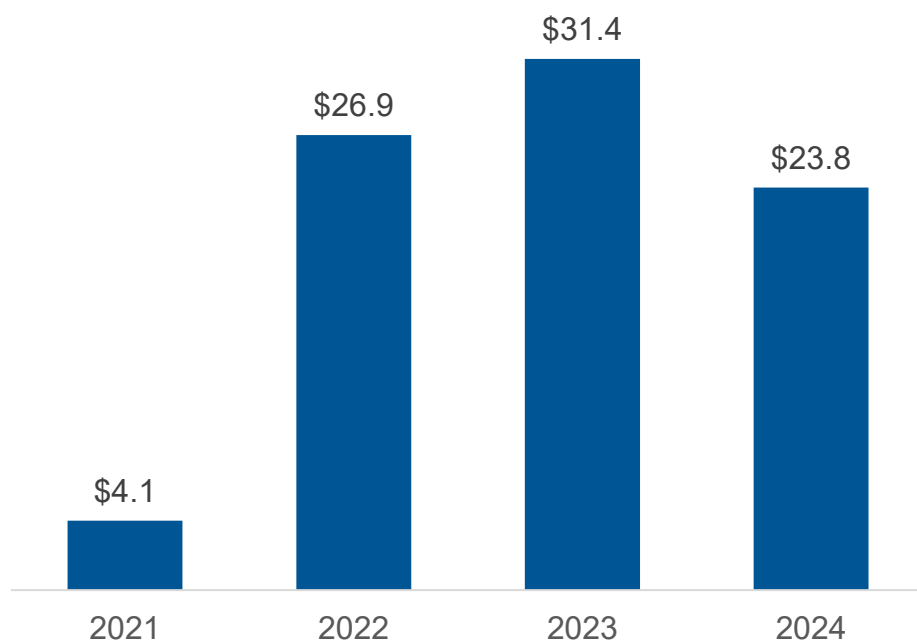
## **Types of activities funded within the topics above** (number of projects)

- Building organizational capacity (staffing, operations, program expansion) (74)
- Buying property (land, buildings, vehicles) (41)
- Improving property (renovations, accessibility features, repairs) (23)
- Workforce training, development (9)
- Data sharing and analysis (5)



# SHARE CCOs' Reported Spending and Investments

*CCO Total SHARE Spending, by year\*  
(in millions)*



- Amounts available to invest in SHARE depend on CCO profits (for example, COVID reduced utilization, which increased profits)
- Since the minimum formula was set in 2023, CCOs invested **\$4.4 million** more than required
- CCOs invested **\$36.8 million in housing** during first three years (2021-2023)\*

\* Year during which CCOs reported planned SHARE investments, which is based on previous year's revenue.

\*\*While OHA has total CCO spending for 2024; detailed/categorical spending for 2024 will be available in late spring.

# SHARE Formula – Calculating the Minimum

**CCO Net Income Total**  
*CCO Profits or Subcontractor Profits or Dividends*



**CCO SHARE Percentage**  
*0 - 20% based on RBC*



**SHARE Minimum Obligation**  
*CCOs can choose to designate more to SHARE than the minimum obligation  
 CCOs then submit spending plans to OHA based on the designation*

Coordinated Care Organization	2023 CCO Net Income (before SHARE)	2023 Net Income from Affiliate Subcontractors***	Dividends**	SHARE Minimum
AllCare CCO	1,370,455			1,233,158
Cascade Health Alliance	4,683,332		5,000,000	500,000
Columbia Pacific	452,271	14,911,568		1,500,000
Eastern Oregon	7,679,886	2,965,345		2,024,000
Health Share of Oregon	219,860	21,970,578		2,800,000
Inter-community Health Network	5,678,966			2,505,704
Jackson Care Connect	5,212,916	9,384,427		1,000,000
PacificSource <b>Consolidated</b>	58,659,697		50,000,000	4,844,399
Trillium <b>Consolidated</b>	25,852,964		14,000,000	4,787,109
Umpqua Health Alliance	8,829,275		12,000,000	1,200,000
Advanced Health	4,573,544	2,355,380		320,000
Yamhill Community Care	(6,022,620)			1,152,584
<b>Totals</b>	<b>117,190,547</b>	<b>51,587,299</b>	<b>81,000,000</b>	<b>23,866,954</b>
<b>Percentage of SHARE of Net Income Total</b>				<b>12.0%</b>

\*\* excluding tax distributions. Source is L6 Corp

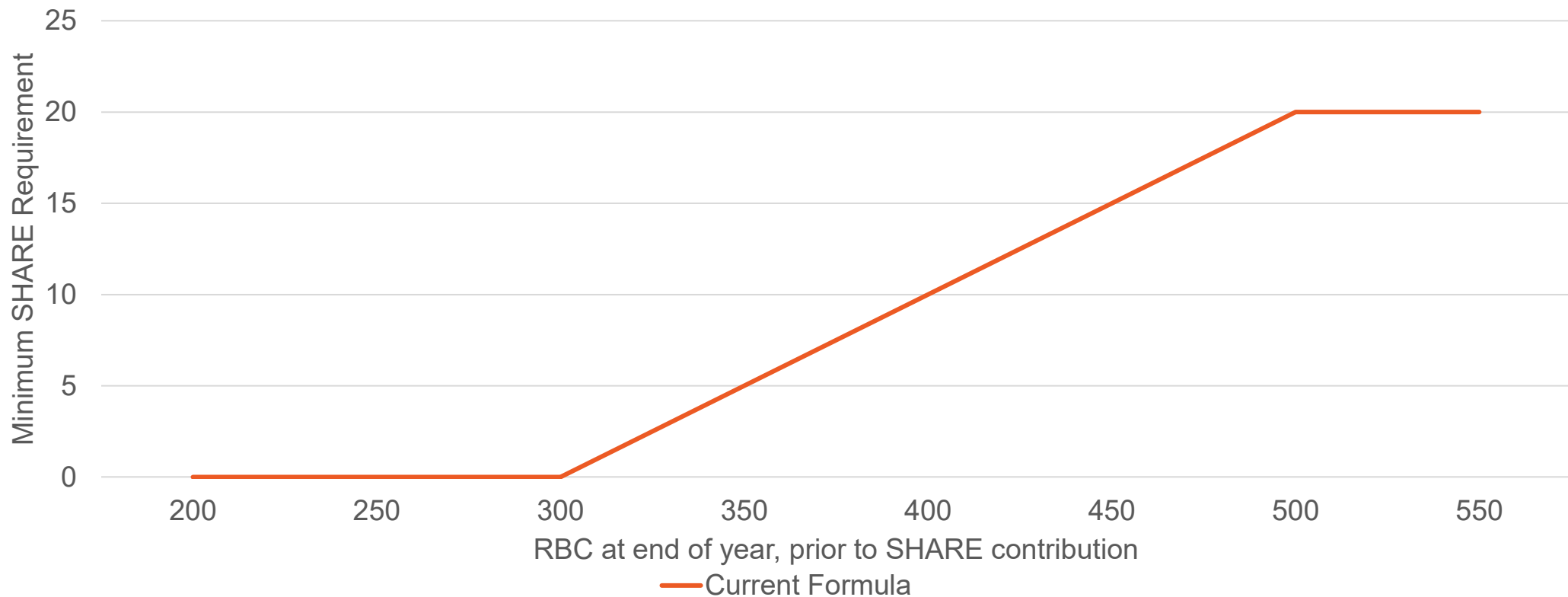
\*\*\* OAFAs included self-reported amount reported as Adj from Peer-Through is the RAE income

\*\*\*\* Legacy IDS is reported as a part of HealthShare (~\$155,601), but is designated and reported from PacificSource Community Solutions, this amount should not be double-counted for all SHARE Obligations

# HB 2214 - SHARE Formula Illustration

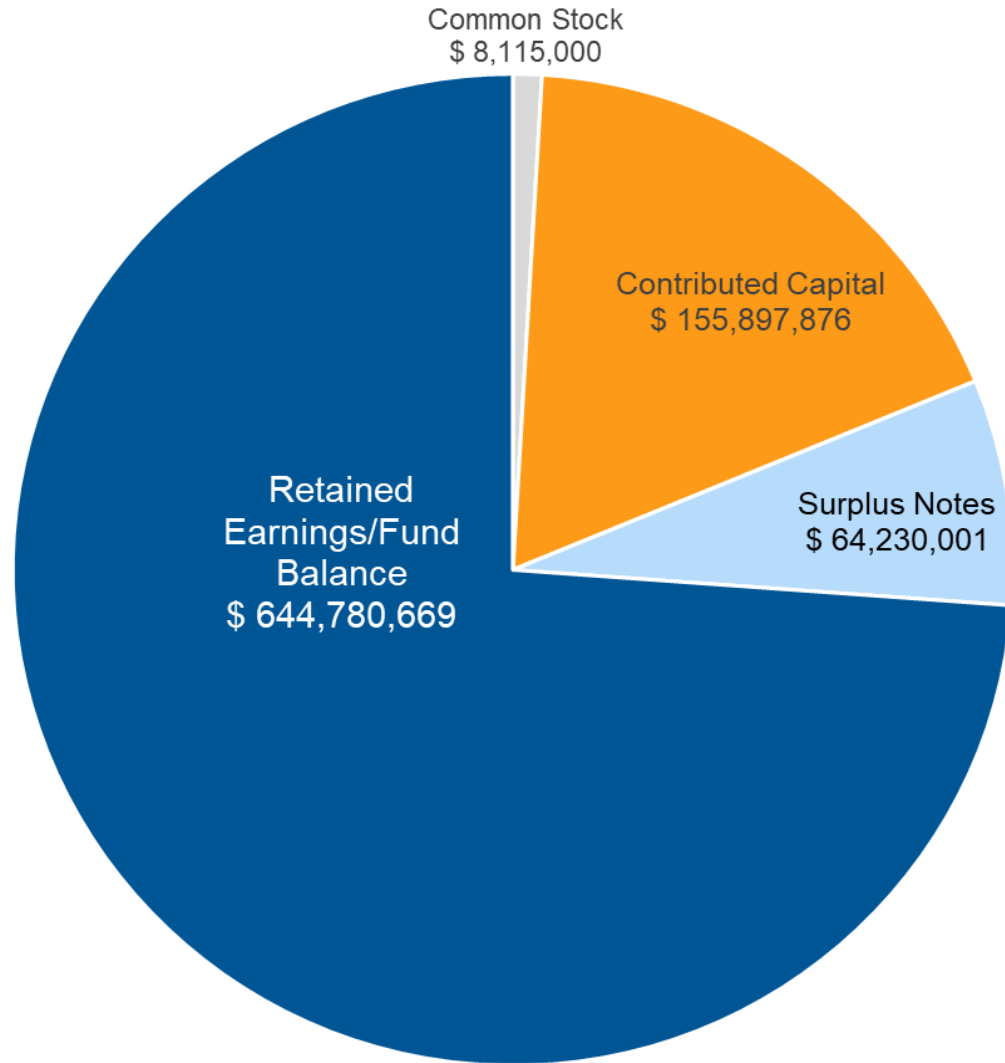
*Reserves are evaluated when applying the SHARE percentage in the formula*

Illustration of Minimum SHARE Formula consideration of reserves  
(net income = 100)



# CCO Reserves (Capital & Surplus)

*Of the \$873M in CCO Capital in 2023, \$645M are prior years' profits*



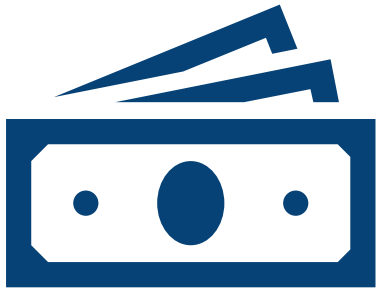
## Definitions

- **Retained Earnings:** Earnings from current and prior years retained in CCO
- **Surplus Notes:** Unsecured debt, paying interest, to affiliates of the CCO
- **Common Stock:** Stock of CCO issued to members in exchange for funding
- **Contributed Capital:** Additional funding provided by members
- **Capital:** Common Stock, Contributed Capital, and Surplus Notes

# Profits and Reserves Outside of SHARE

*CCOs are business entities and have a variety of ways they use their profits and/or reserves*

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- **Reserves:** Hold Reserves for RBC and other Statutory Capital Requirements to manage risk
- **Members & Community:** Invest in Community Benefits or Flexible Services for OHP Members (e.g., HRS, etc.)
- **Business Investments:** Invest funds in CCO improvements or projects
- **Dividends:** Distribute Reserves and/or Earnings as Dividends to CCO Owners
- **Additional SHARE or Other:** SHARE Investments with Community Partners



# HB 2214 – Program Impact Summary

**Summary:** Removes references to “reserves” from the SHARE formula and changes requirements for the type of investments that are eligible under the SHARE Program.

	Formula	Types of Investments
Bill	Removing "reserves"	Changing investment options to align with Code of Federal Regulations (CFR) or CCOs' Community Health Improvement Plans (CHPs)
Impact	<p><b>Solvency:</b> RBC/reserves as a part of the financial formula protects a CCO's financial solvency</p> <p><b>Varied Impact:</b> Impact to other portions of the formula would create disproportionately impacts CCOs</p>	<p><b>Modifies flexibility:</b></p> <ul style="list-style-type: none"><li>• Using 45 CFR 158.150/45 CFR 158.151 and CCOs' CHPs as the SHARE investment framework could modify the potential SHARE reinvestments by allowing, for example, coverage of all access to care initiatives or some administrative expenses.</li><li>• CFR exclusions could restrict OHA from allowing some current SHARE investments (e.g., provider contracts/fees associated with establishing a provider network; or staff costs for administering member incentive programs)</li></ul>

# Thank you

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