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Health Policy & Analytics Division
Transformation Center

Health-Related Services

2024 CCO Spending Summary



Acknowledgments

The Oregon Health Authority’s cross division health-related services team.

For questions about this summary, please contact health.relatedservices@oha.oregon.gov.

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Executive summary

2024 spending summary purpose

This summary provides an overview of coordinated care organization (CCO) health-related services (HRS) spending. The summary supports increased HRS spending by providing CCOs insight into how other CCOs are using HRS. It also increases transparency. This summary does not reflect all CCO spending on social determinants of health, such as CCO spending through the Supporting Health for All through Reinvestment program and other community investments.

Defining HRS

HRS are defined as 1) non-covered services under Oregon's Medicaid State Plan that are not administrative requirements and 2) are intended to improve care delivery and overall member and community health and well-being. CCOs pay for HRS out of their global budget. Spending on HRS is one way CCOs may address the social determinants of health (SDOH) and the health-related social needs of their members. This flexibility to focus on activities beyond direct medical care improves CCOs' impact on member and community health.

SDOH are the social, economic and environmental conditions in which people are born, grow, work, live and age, and are shaped by the social determinants of equity. These conditions significantly impact length and quality of life and contribute to health inequities.

Health-related social needs are an individual's social and economic barriers to health, such as housing instability or food insecurity.

Some housing and food services previously paid for through HRS spending became covered services for some members in 2024 through the [Oregon Health Plan 1115 Demonstration Waiver](#) health-related social needs (HRSN) benefits.

Those benefits include housing and home services in 2024 and food services in 2025 for eligible Oregon Health Plan (OHP) members (more information is available on the [HRSN webpage](#)). HRS continues to be available for CCO members who are not eligible for the new HRSN benefits through HRS at the member level (flexible services). HRS at the community level (community benefit initiatives) also continues to improve CCO member and the broader community health.

CCO HRS reporting

While CCOs are not required to spend on HRS, all CCOs spent a portion of their global budget on HRS in 2024. CCOs are required to submit annual HRS spending reports to the Oregon Health Authority (OHA). OHA reviews the reports to ensure all spending meets HRS criteria. To meet HRS criteria the spending must comply with state and federal criteria, including the OHA [HRS Brief](#), Oregon Administrative Rules for HRS (OARs [410-141-3500](#) and [410-141-3845](#)), and the Code of Federal Regulations ([45 CFR 158.150](#) and [45 CFR 158.151](#)) for activities that improve health care quality, including health information technology. HRS spending that was accepted by OHA as meeting HRS criteria for 2024 was included in the CCOs' financial incentives that are outlined in the [HRS Brief](#).

Highlights

Total accepted CCO HRS spending decreased by \$10.1 million from 2023 to 2024 while maintaining an overall increasing trend with \$51.3 more in 2024 compared to 2022.

CCOs spent \$111.5 million on HRS in 2024, which is 8.3% less than 2023.

Three CCOs accounted for most of the total accepted HRS spending in 2024 at 63.3% of the total or \$70.6 million. The average per member per month (PMPM) spending followed a similar trend to total spending. The 2024 PMPM decreased to \$7.23 PMPM but maintained an overall upward trend from \$1.51 PMPM in 2019.

Three CCOs accounted for 63.3% of 2024 HRS spending.

Total CCO HRS spending on flexible services was the only type of HRS spending to increase from 2023 to 2024. Flexible services spending also remained higher than health information technology (HIT) spending for the second year in a row with \$36.9 million in flexible services in 2024. This is a 17% increase in flexible services spending compared to a 50% decrease in HIT spending in 2024.

Flexible services spending outspent HIT for the second year in a row.

The increase in flexible services spending, while overall HRS spending decreased, demonstrates CCOs' continued commitment to address their members' health-related social needs.

Background

Health-related services (HRS) began in 2013 with the inception of Oregon's coordinated care organizations (CCOs). The history of HRS and how it has evolved is further detailed in the Oregon Health Authority (OHA) [HRS Brief](#). The purpose of HRS is to give CCOs a way to use their global budgets to address the social determinants of health (SDOH), including the non-covered health-related social needs of their members.

For CCOs to use federal Medicaid funds for HRS, they must comply with state and federal criteria. HRS requirements are detailed in Oregon Administrative Rule (OAR) and Code of Federal Regulations (CFR). For a full definition of HRS, CCOs should rely primarily on the [HRS Brief](#) and OARs [410-141-3500](#) and [410-141-3845](#). The federal regulations ([45 CFR 158.150](#) and [45 CFR 158.151](#)) should be used for supplemental CCO guidance only. More guidance and technical assistance can be found on OHA's [HRS webpage](#).

This summary provides an overview of CCO HRS spending, with a goal of increased transparency. The document also may support increased HRS spending by providing CCOs with insight into how other CCOs are using HRS.

Types of HRS

HRS are defined as 1) non-covered services under Oregon's Medicaid State Plan that are not administrative requirements and 2) aim to improve care delivery and overall member and community health and well-being. The types of HRS are defined below.

Flexible services are cost-effective services offered to an individual CCO member to complement covered benefits.

Community benefit initiatives are community-level interventions focused on improving population health and health care quality. These initiatives include members but are not limited to members.

Health information technology is technology that stores, retrieves, analyzes and shares or uses health information to improve patient care, coordination of care, and population health management. HIT is reported and analyzed in this summary as a separate category of HRS, although it is defined as a community benefit initiative.

OHA review of CCO HRS spending

Reporting and assessment

All CCOs are contractually required to submit annual reports of their health-related service (HRS) spending to OHA. CCOs report HRS spending through the OHA [Office of Actuarial and Financial Analytics](#) annual financial reporting template, [Exhibit L](#). The Exhibit L file includes dollars spent, detailed descriptions of HRS spending (Report L6.21), and descriptions of HRS provided to individual members who received more than \$200 in flexible services for the year (Report L6.22). The annual Exhibit L financial report with HRS spending details is due to OHA by April 30 of the year following the spending.

OHA reviews the annual spending details submitted in the Exhibit L report to ensure the spending meets HRS criteria. For spending that does not initially meet HRS criteria, the CCO may provide more information to better demonstrate how the spending meets criteria. OHA reviews the new information to determine whether the spending meets HRS criteria.

Sometimes reported spending does not meet the criteria. The most common reported spending that does not meet HRS criteria and must be excluded from HRS includes:

1. Spending to increase access to OHP covered benefits (as HRS must exclude covered OHP benefits);
2. Spending to train providers of covered OHP benefits (as HRS excludes provider training, regardless of provider type); and
3. Spending to increase the number of licensed or certified providers of covered services within a region (as HRS cannot be used to increase provider network adequacy).

HRS spending is just one way for CCOs to address the social determinants of health (SDOH), health inequities and social needs of their community and members. The Supporting Health for All through Reinvestment (SHARE) program is another way to invest in health equity and SDOH. More information about CCO spending through SHARE is available on the OHA [SHARE webpage](#).

CCOs may also have invested more broadly than what is reflected in HRS and SHARE, including investments in covered benefits through culturally specific safety net clinics or investments in culturally responsive assessments and listening sessions. Starting in 2024, CCOs were also able to provide covered services for certain eligible members to access housing and home services. In 2025, there will be covered food services for eligible members. These covered services will continue to complement CCO HRS spending that addresses member and community social determinants of health.

Spending analysis methodology

OHA analyzes accepted HRS spending by type and across CCOs based on total dollars spent, per member per month, and percent of total member service

spending. OHA also considers the type of services or program by category (for example, housing) and by spending within racial and ethnic groups, if reported.

HRS spending analysis notes

1. All analyses in the following sections will focus only on the 98% of spending that met HRS criteria in 2024 and all comparative years.
2. HRS spending prior to 2019 is not comparable to current data because OHA did not begin this review process until 2019.
3. Health information technology spending is, by definition, a community benefit initiative, but for the purposes of this report, it is analyzed separately.
4. All CCO names within figures and tables are abbreviated as described in [Appendix A](#).
5. All HRS spending categories and examples are listed in [Appendix G](#).

Overall spending highlights

Spending acceptance rates

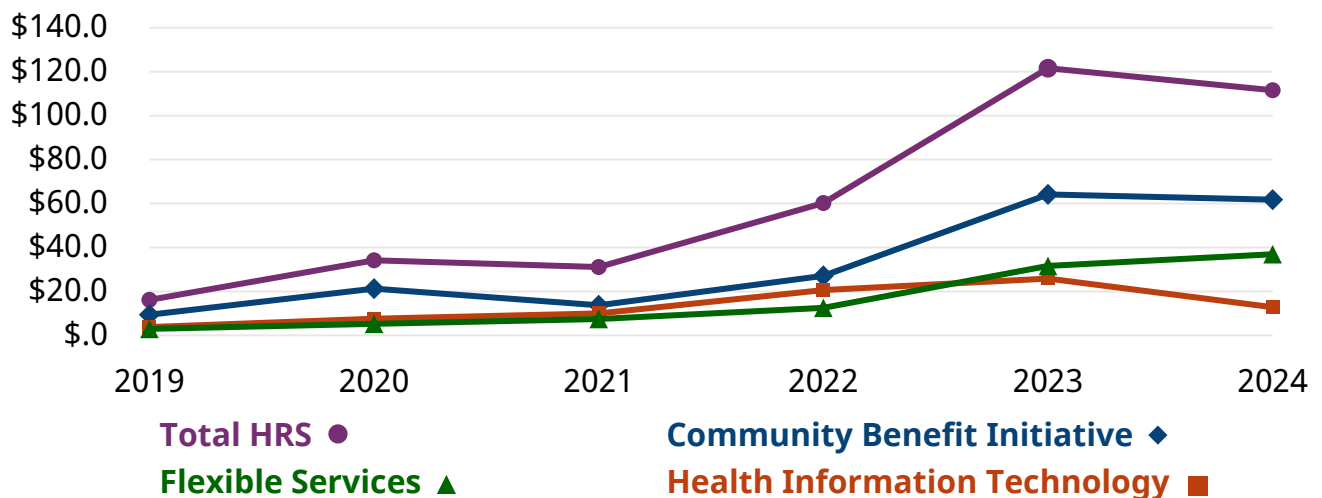
OHA acceptance rates of CCOs' HRS spending continue to increase. CCOs' "submitted spending that met HRS criteria" rate increased from 90% in 2023 to 98% in 2024. While the percentage of HRS spending that met HRS criteria for flexible services has remained relatively stable over the past four years, the percentage accepted for community benefit initiatives and health information technology has increased, which has increased the overall acceptance rate. Of note is that OHA has accepted 100% of HRS flexible services for the past four years, while CCOs have simultaneously increased overall HRS flexible services spending.

Total spending

Total HRS spending decreased from \$121.6 million in 2023 to \$111.5 million in 2024, which represents an 8.3% decrease. Across the types of HRS spending, only flexible services spending increased (17%) with \$36.9 million in 2024. Health information technology spending decreased by 50% to \$12.8 million in 2024 and accounted for most of the overall HRS decrease. Community benefit initiative had just a 3.7% decrease in community benefit initiative with \$61.8 million in 2024.

Despite the decrease in total HRS spending, the 2024 HRS spending maintained an upward trend from 2019 and was significantly higher (\$51.3 million higher) than 2022 spending. Also, for the second year in a row, flexible services spending remained higher than health information technology spending, which decreased by 50% in 2024. See Figure 1 below for total HRS spending by year and type.

Figure 1: Total HRS spending* by year and type show a possible plateau in the upward trends from 2019



* All values shown are in millions of dollars

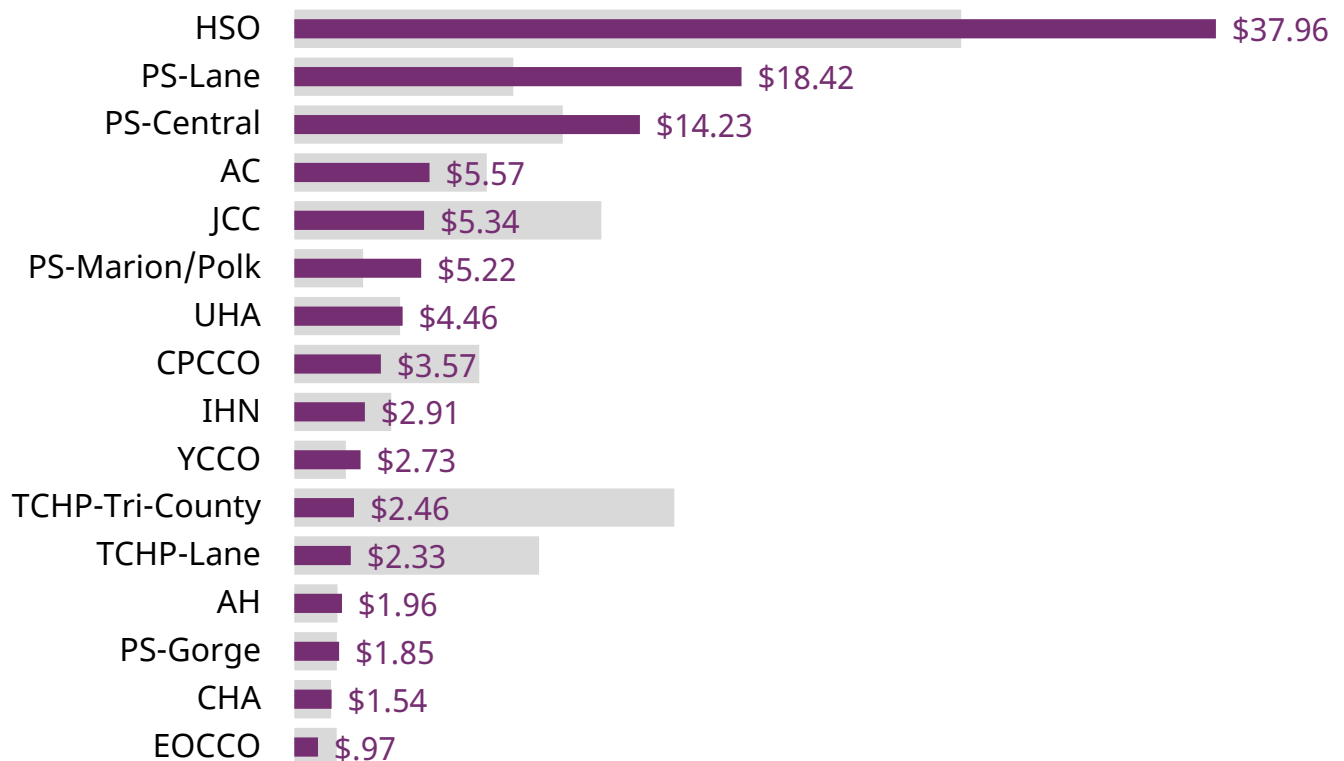
The trend is similar for HRS spending as a percent of total CCO member services spending.¹ HRS spending as a percent of total CCO member service spending

¹ Total CCO spending on member services includes all CCO covered member services plus CCO HRS spending that met HRS criteria.

decreased from 1.74% in 2023 to 1.58% in 2024, but remained close to double the percent in 2022 (0.82%). See Figure 17 and Table 3 in [Appendix C](#) for HRS spending as a percent of total member services spending by CCO and year.

Across CCOs, total HRS spending ranged from \$0.97 million to \$37.96 million. Three CCOs accounted for most of the total HRS spending in 2024 at 63.3% or \$70.6 million. Nine CCOs increased HRS spending from the prior year, with increases ranging from 1.2% to 104.2%. The decrease of \$10.1 million from 2023 to 2024 is spread across the remaining nine CCOs, with three CCOs representing 77% of the nine CCOs' total decrease. See Figure 2 below and Table 1 in [Appendix B](#) for total HRS spending by year and CCO.

Figure 2: Total HRS spending* by CCO in 2023 and 2024 with three CCOs representing over half of all spending

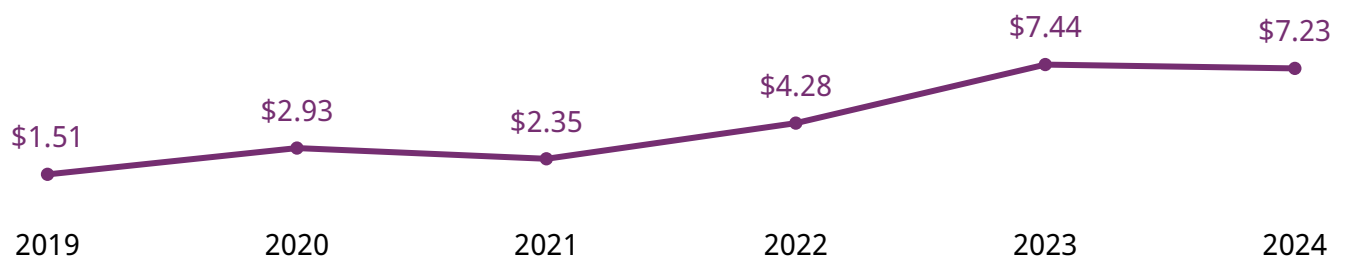


* All values shown are in millions of dollars

Per member per month spending

CCO per member per month (PMPM) HRS spending takes CCO membership size into account and is a more meaningful way to compare how much each CCO is spending on HRS. The total HRS PMPM spending across CCOs decreased (2.7%) from \$7.44 PMPM in 2023 to \$7.23 PMPM in 2024. As noted before, despite this decrease, the upward trend from 2019 (\$1.51 PMPM) and large increase from 2022 (\$4.28 PMPM) have remained generally stable. See Figure 3 below for total HRS PMPM by year, and Figures 13–16 and Table 2 in [Appendix C](#) for total HRS, flexible services, community benefit initiative and health information technology PMPM spending by CCO and year.

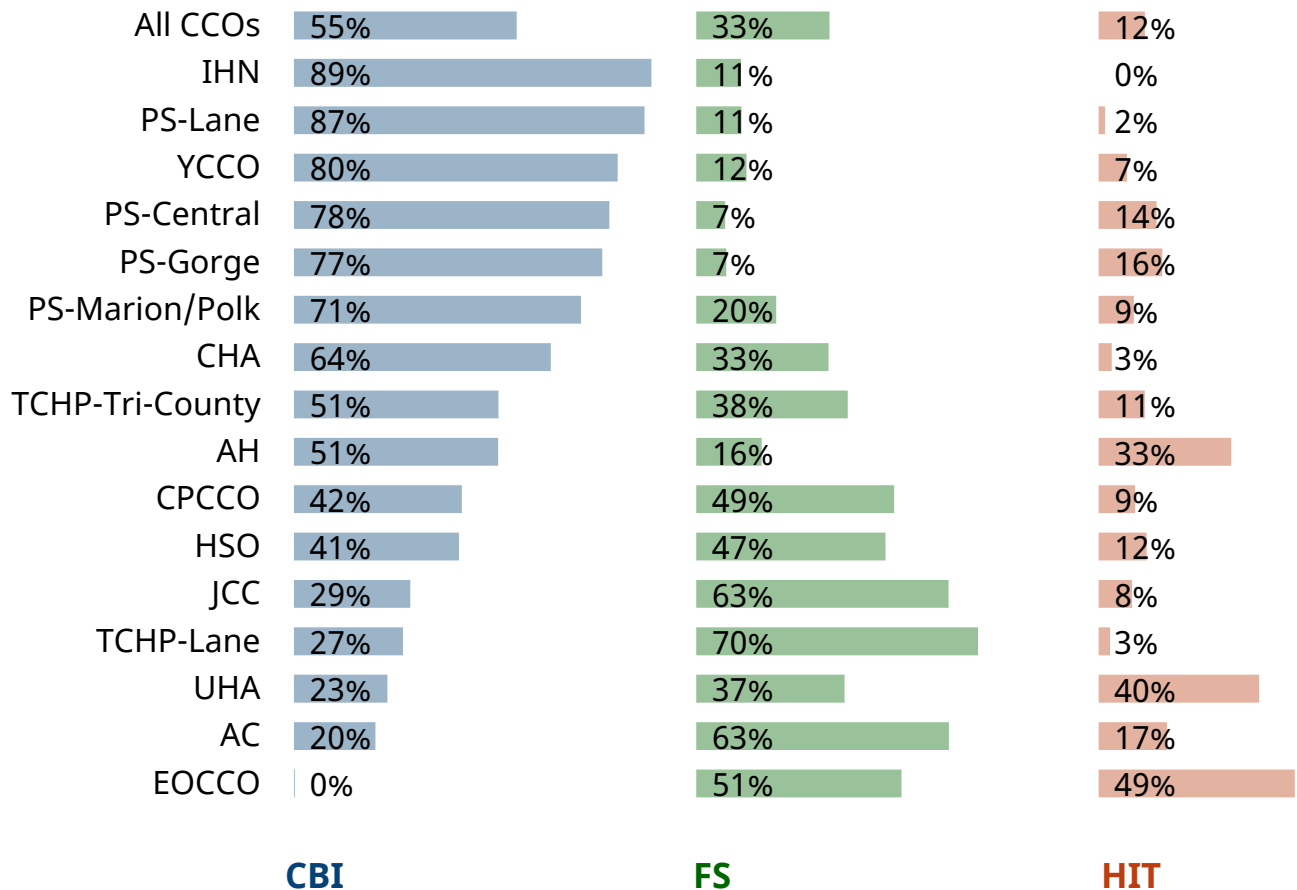
Figure 3: Average HRS PMPM spending in 2024 decreased from 2023, but maintained the upward trend from 2019



Spending types

In 2024, HRS community benefit initiative spending remained the largest spending type, with an increase to 55% of all HRS spending compared to flexible services and health information technology. Health information technology spending decreased its proportion from 21% to 12%, while flexible services spending increased from 26% to 33%. See Figure 4 for the percent of spending by type, year and CCO.

Figure 4: Nine CCOs spent more than half of all HRS on **community benefit initiatives (CBI)**, while four CCOs spent more than half on **flexible services (FS)** and no CCOs spent more than half on **health information technology (HIT)**



Of the flexible services for members who received at least \$200 of services in 2024, the number of members remained relatively stable at 20,464 (a 1% increase from 2023). However, most of these members (86%) were not the same members who received at least \$200 in flexible services in 2023. This could be due members' needs being fully met but could also be partly due to limits or caps CCOs place on total flexible services a member can receive in a calendar year or rolling 12-month period. See [Appendix E](#) for more details about flexible services reported at the OHP member level.

Spending in key areas

Overall spending category trends

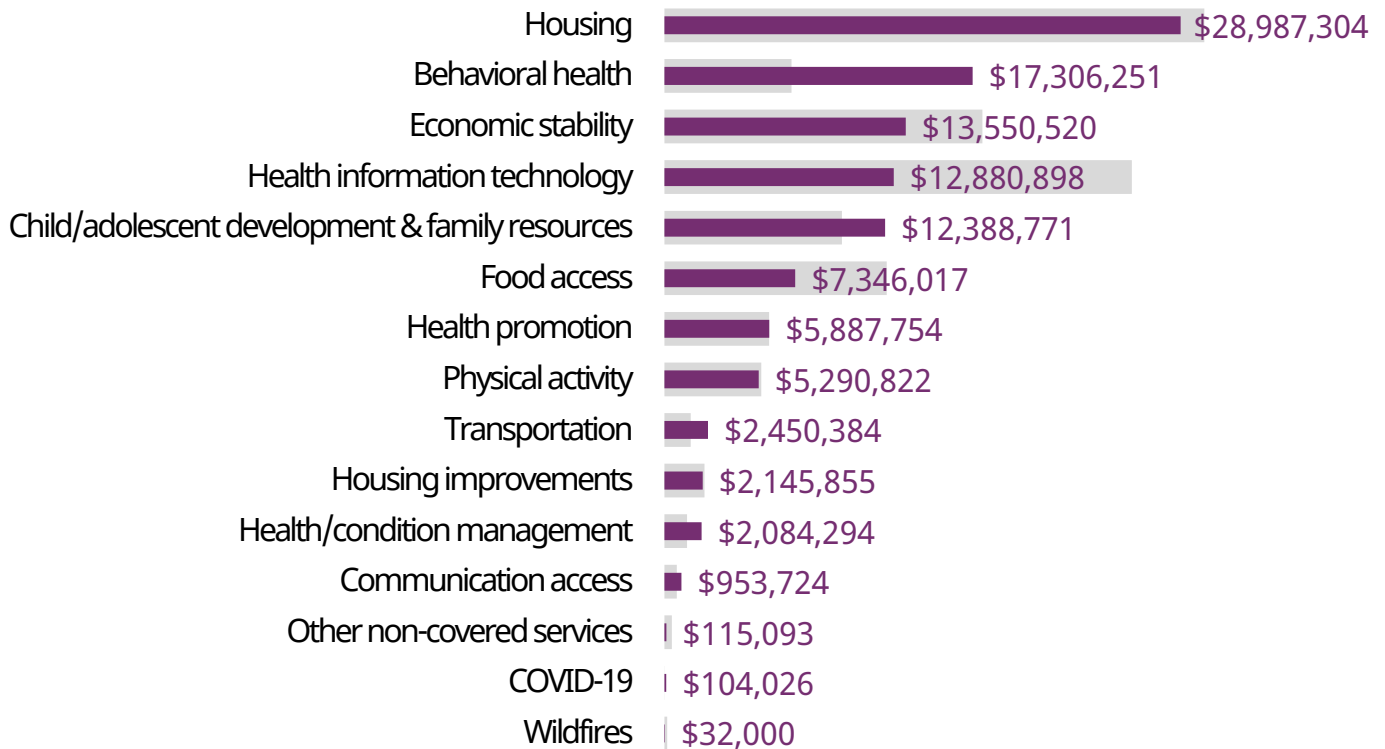
Spending categories are determined through qualitative analysis of spending (see Appendix C for a full list of categories, subcategories and examples).² The qualitative coding was updated for 2023 spending to more accurately reflect and group spending themes. The coding changes were applied back to 2022 HRS spending, so trends reflected here will only go back to 2022.

Housing continued to dominate the 2024 HRS spending with \$28,987,304. Behavioral health (\$17,306,251) took over the second spot and economic stability (\$13,550,520) took over third, while health information technology³ (\$12,880,898) moved down to fourth. Child and adolescent development and family resources rounded out the top five spending categories with \$12,388,771. See Figure 5 below for total spending by category and year. See Tables 4–19 in [Appendix F](#) for total spending by category, year and CCO.

² The qualitative analysis results only reflect one spending category per investment so may represent an undercount for categories. For example, an investment providing housing supports related to COVID-19 efforts are only included as COVID-19. It is not also included as housing.

³ CCO HRS health information technology (HIT) spending here is based on how spending was coded in OHA's final qualitative analysis, not what the CCOs reported as HIT spending. While there is very close alignment across what CCOs report as HIT and what is qualitatively coded as HIT, there can be minor discrepancies.

Figure 5: HRS spending categories in **2023** and **2024** with housing, behavioral health and economic stability taking the top three



Spending trends within categories

Examining spending within categories provides better information about how the spending is being invested in members and the community. See Figures 6–10 below and Figures 22–28 in [Appendix F](#) for details about spending within each category.

Figure 6: HRS spending on **housing** in **2023** and **2024**

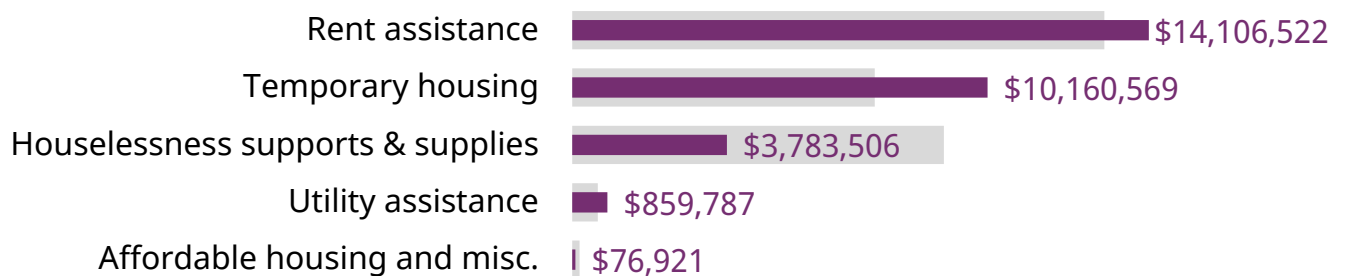


Figure 7: HRS spending on **behavioral health** in 2023 and 2024

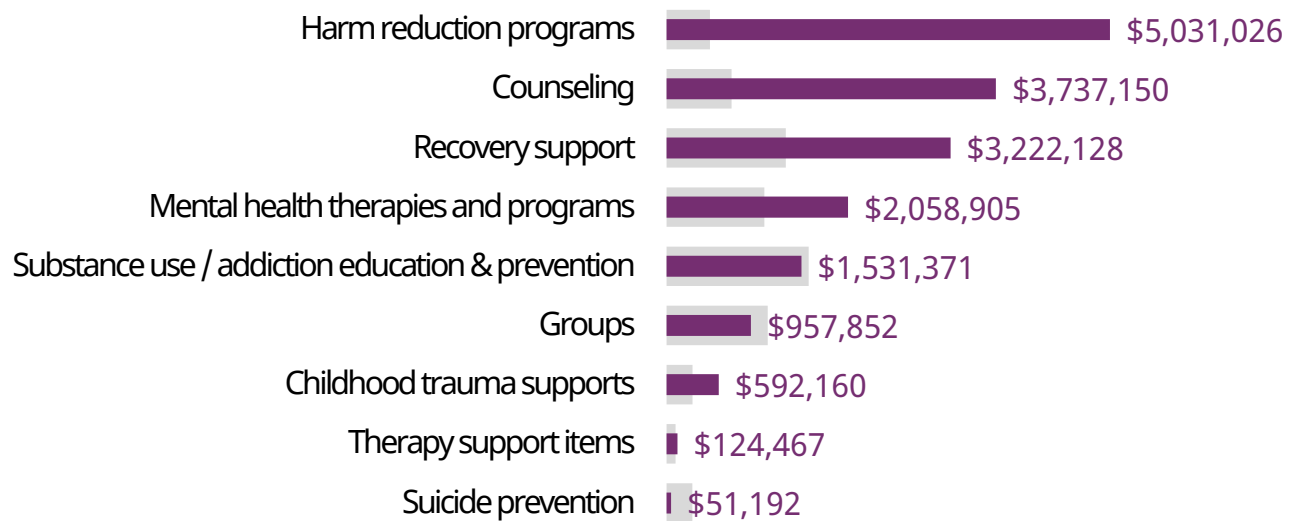


Figure 8: HRS spending on **economic stability** in 2023 and 2024

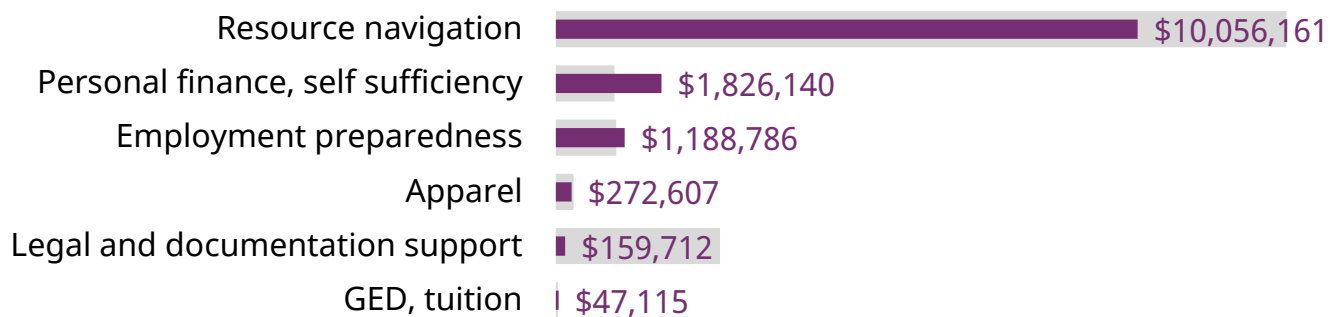


Figure 9: HRS spending on **health information technology** in 2023 and 2024

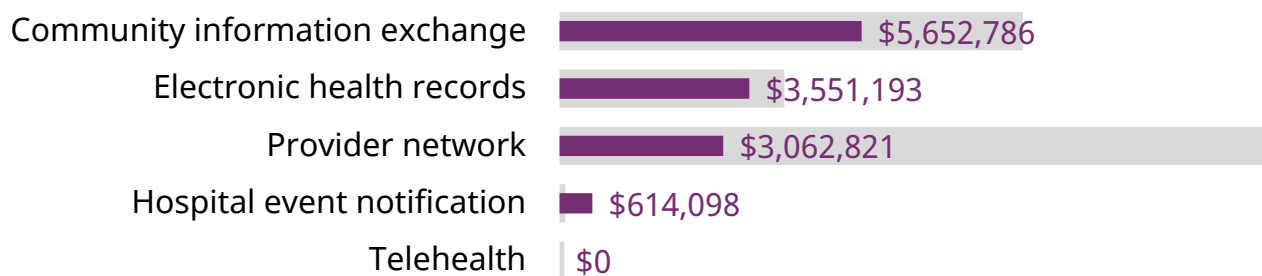
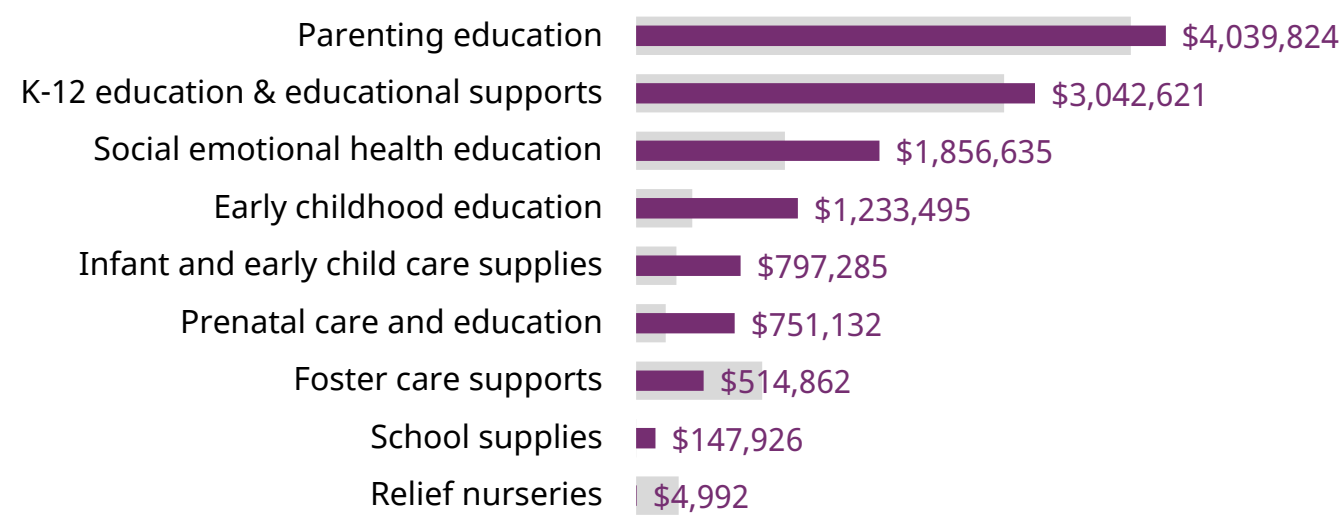


Figure 10: HRS spending on **child/adolescent development and family resources** in **2023** and **2024**



CCO-reported HRS spending among priority populations

OHA has defined priority populations through [Oregon Administrative Rule \(OAR\) 950-020-0010](#) to emphasize and recognize the impact of structural, institutional and interpersonal racism on the health and well-being of communities of color and other priority populations. These priority populations are defined in OAR as:

- 1. Communities of color:
 - American Indian/Alaska Native;
 - Asian;
 - Black/African American;
 - Hispanic/Latino/Latina/Latinx;
 - Middle Eastern/North African;
 - Multi-race or multi-ethnic individuals;
 - Native Hawaiians/Pacific Islanders; or
 - Other racial or ethnic minorities

2. Tribal communities, including the Nine Federally Recognized Tribes of Oregon and other American Indian and Alaska Native people;
3. Immigrants;
4. Refugees;
5. Migrant and seasonal farmworkers;
6. Individuals and families with low incomes;
7. People with disabilities; and
8. Individuals who identify as lesbian, gay, bisexual, transgender, or queer, or who question their sexual or gender identity (LGBTQ+ people).

CCOs can report whether HRS spending focuses on priority populations, although it is currently optional data reporting and may include more than one priority population. Focused HRS spending on priority populations is often through the HRS community benefit initiative or flexible services funding to culturally specific community partners. Increasing spending that focuses on priority populations through culturally specific community partners is one way to address health inequities and further OHA's goal to eliminate health inequities by 2030.

Across all 2024 CCO HRS spending,⁴ only \$20.3 million (18.2%) included no CCO-reported priority populations. Among the \$91.3 million (81.8%) of CCO HRS spending with a reported priority population, most spending was among individuals and families with lower incomes (\$61.1 million) and communities of color (\$13.4 million). In addition to the defined priority populations, CCOs reported \$14.6 million that focused on people living in rural areas. These totals may not reflect all CCO spending among these populations since this data is

⁴ Due to a data reporting change in 2024, priority population data is not comparable to 2023 findings and only the 2024 findings are included here.

optional. Improved reporting would better inform future OHA HRS policy, guidance and technical assistance to encourage increased CCO HRS spending among priority populations. See Figures 11 and 12 for the subset of priority population spending across CCOs.

Figure 11: HRS spending reported among **priority populations**⁵ in **2024**

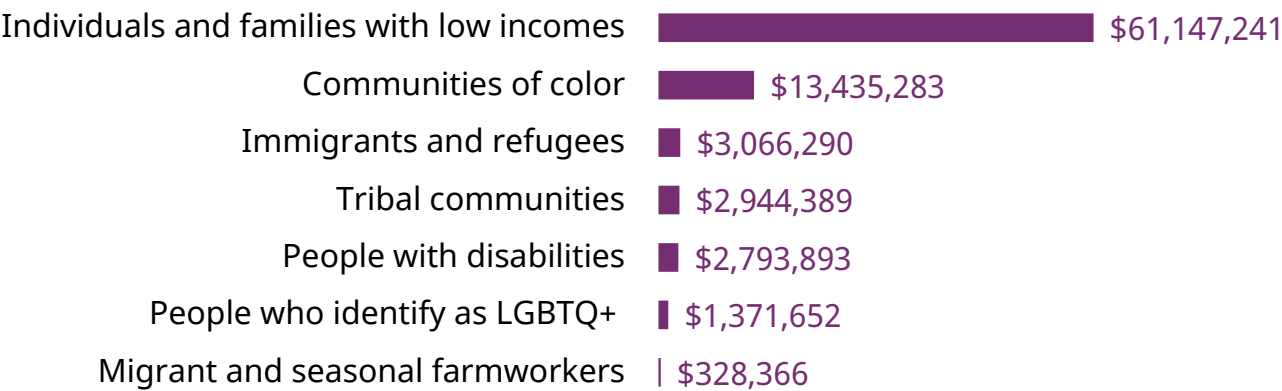
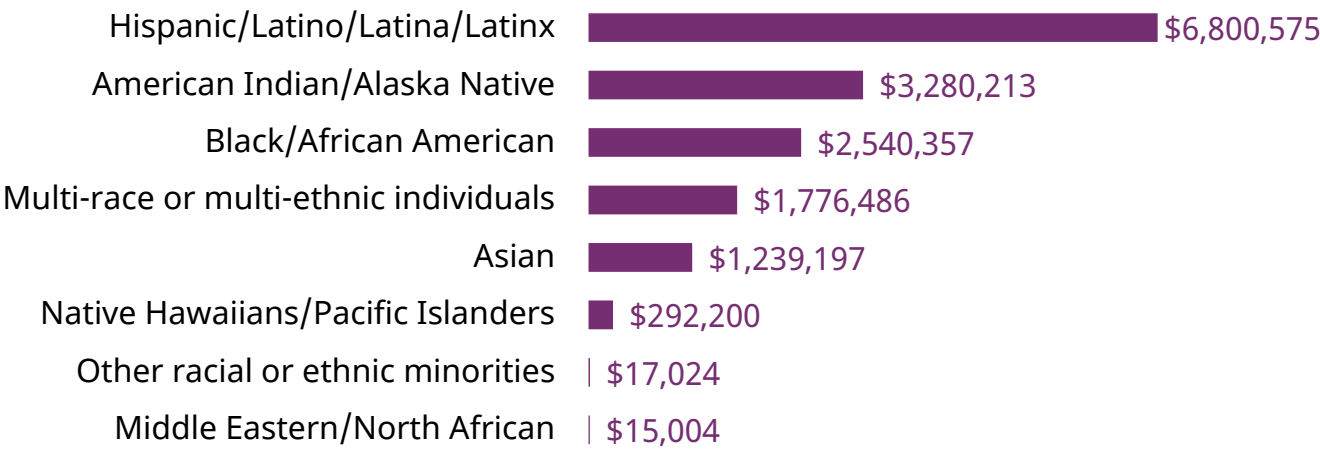


Figure 12: HRS spending among **communities of color**⁵ in **2024**



⁵ CCOs may report more than one priority population for HRS spending. The priority populations spending totals are not mutually exclusive.

Conclusions

While overall HRS spending may have temporarily plateaued, the 17% increase in flexible services spending in 2024 demonstrates CCOs' continued commitment to work within federally allowed flexibilities to address members' health-related social needs.

The continued increase in flexible services spending may also be related to an increase in awareness about flexible services among CCO members, member advocates, providers and community partners that stemmed from the newly covered OHP benefits for housing and food for eligible OHP members. As members request those OHP covered benefits, sometimes prior to the services being implemented, they may learn about flexible services to address non-covered health-related social needs.

Starting in late 2023 and continuing through 2024, CCOs communicated to OHA that they were receiving large increases in flexible services requests to address non-covered HRSN. This increased activity suggests CCO HRS programs are well positioned to fill the gaps in the HRSN OHP covered benefits as HRS continues to complement all OHP covered benefits. OHA looks forward to the continued CCO contribution and innovation in all HRS spending to improve both member and community health.

Questions about HRS or this spending summary can be directed to OHA at health.relatedservices@oha.oregon.gov.

Appendix A: CCO abbreviations and counties served

- Advanced Health (**AH**): Coos, Curry
- AllCare CCO (**AC**): Douglas*, Curry, Jackson, Josephine
- Cascade Health Alliance (**CHA**): Klamath*
- Columbia Pacific CCO (**CPCCO**): Clatsop, Columbia, Tillamook
- Eastern Oregon CCO (**EOCCO**): Baker, Gilliam, Grant, Harney, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, Wheeler
- Health Share of Oregon (**HSO**): Clackamas, Multnomah, Washington*
- InterCommunity Health Network (**IHN**): Benton, Lincoln, Linn
- Jackson Care Connect (**JCC**): Jackson
- PacificSource – Central Oregon (**PS-Central**): Crook, Deschutes, Jefferson, Klamath*
- PacificSource – Columbia Gorge (**PS-Gorge**): Hood River, Wasco
- PacificSource – Lane (**PS-Lane**): Lane
- PacificSource – Marion/Polk (**PS-Marion-Polk**): Marion, Polk*
- Trillium Community Health Plan** (**TCHP**): Douglas*, Lane, Linn*
- Trillium Community Health Plan – Lane (**TCHP-Lane**): Douglas*, Lane, Linn*
- Trillium Community Health Plan – Tri-County (**TCHP-Tri-County**): Clackamas, Multnomah, Washington
- Umpqua Health Alliance (**UHA**): Douglas*
- Yamhill Community Care Organization (**YCCO**): Polk*, Washington*, Yamhill

* CCO serves part of county

** In 2021, TCHP began reporting HRS data as two separate CCOs: TCHP-Lane and TCHP Tri-County. Due to this, comparative spending for TCHP-Lane and TCHP Tri-County cannot be presented prior to 2021 nor for TCHP after 2021. Those data points will be noted as not applicable (N/A) in all tables in the following appendices.

Appendix B: Total HRS spending

Table 1: Total HRS spending in millions by CCO and year

CCO	2019	2020	2021	2022	2023	2024
AC	\$1.57	\$2.50	\$2.80	\$3.74	\$7.93	\$5.57
AH	\$.53	\$4.14	\$1.63	\$2.40	\$1.78	\$1.96
CHA	\$.22	\$.29	\$.29	\$1.07	\$1.52	\$1.54
CPCCO	\$1.46	\$1.68	\$1.41	\$1.20	\$7.62	\$3.57
EOCCO	\$.09	\$1.06	\$.97	\$.52	\$1.75	\$.97
HSO	\$2.72	\$11.69	\$6.04	\$25.58	\$27.47	\$37.96
IHN	\$.96	\$.76	\$1.13	\$2.50	\$3.99	\$2.91
JCC	\$1.04	\$2.32	\$2.54	\$3.15	\$12.65	\$5.34
PS-Central	\$.11	\$.32	\$1.24	\$3.32	\$11.06	\$14.23
PS-Gorge	\$.54	\$.52	\$.50	\$1.05	\$1.75	\$1.85
PS-Lane	N/A	\$.38	\$.99	\$2.07	\$9.02	\$18.42
PS-Marion-Polk	N/A	\$.68	\$4.45	\$5.21	\$2.83	\$5.22
TCHP	\$2.31	\$.89	N/A	N/A	N/A	N/A
TCHP-Lane	N/A	N/A	\$.82	\$1.31	\$10.09	\$2.33
TCHP-Tri-County	N/A	N/A	\$.10	\$.33	\$15.65	\$2.46
UHA	\$3.33	\$4.39	\$4.26	\$3.96	\$4.36	\$4.46
YCCO	\$1.13	\$2.53	\$1.94	\$2.82	\$2.13	\$2.73
All CCOs	\$16.16	\$34.15	\$31.14	\$60.24	\$121.58	\$111.52

Appendix C: HRS spending rates

Figure 13: Per member per month (PMPM) HRS spending by CCO in **2023** and **2024**

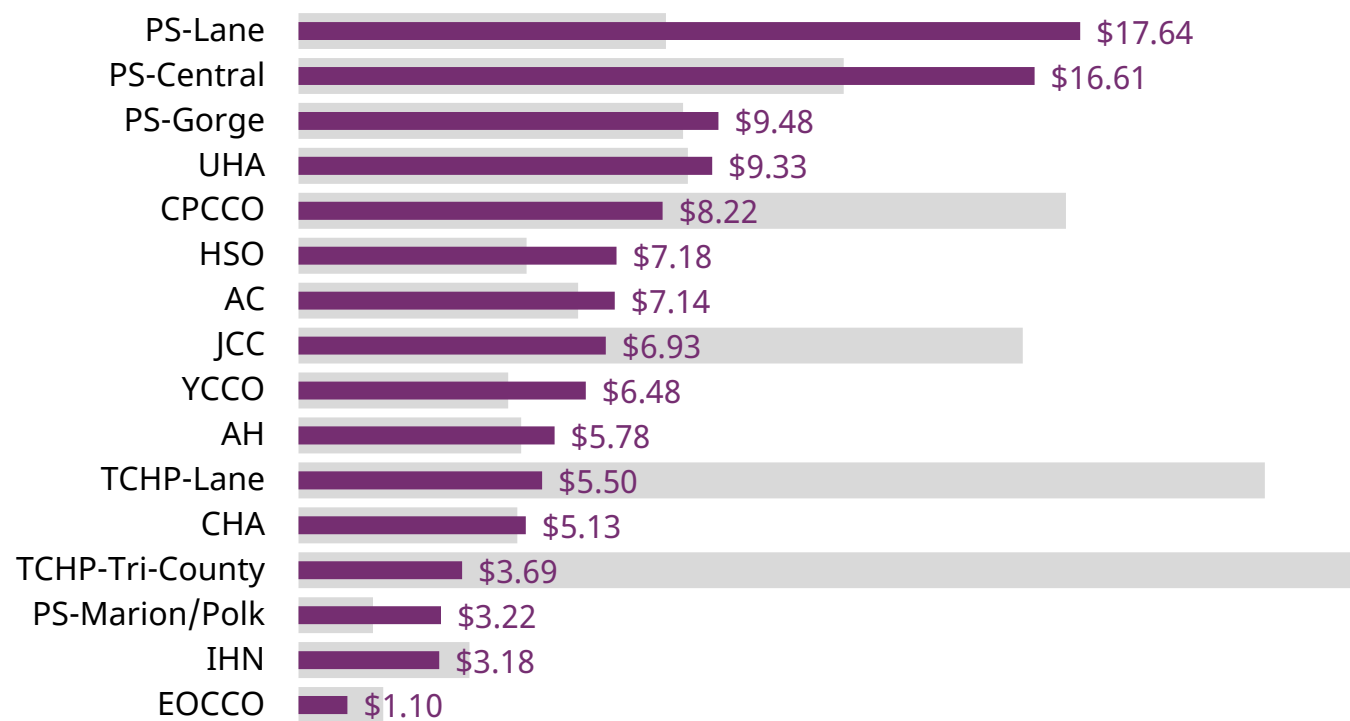


Table 2: Per member per month (PMPM) HRS spending by CCO and year

CCO	2019	2020	2021	2022	2023	2024
AC	\$2.60	\$4.16	\$5.00	\$5.19	\$6.31	\$7.14
AH	\$2.21	\$15.51	\$5.42	\$7.48	\$5.02	\$5.78
CHA	\$1.04	\$1.21	\$1.08	\$3.62	\$4.94	\$5.13
CPCCO	\$4.74	\$5.01	\$3.69	\$2.88	\$17.32	\$8.22
EOCCO	\$0.15	\$1.59	\$1.29	\$0.64	\$1.91	\$1.10
HSO	\$0.71	\$2.80	\$1.30	\$5.12	\$5.15	\$7.18
IHN	\$1.39	\$1.03	\$1.33	\$5.29	\$3.86	\$3.18
JCC	\$2.72	\$3.86	\$3.70	\$4.28	\$16.34	\$6.93
PS-Central	\$0.19	\$0.48	\$1.59	\$3.89	\$12.30	\$16.61
PS-Gorge	\$3.73	\$3.26	\$2.79	\$5.44	\$8.68	\$9.48
PS-Lane	N/A	\$0.50	\$1.08	\$2.01	\$8.29	\$17.64
PS-Marion-Polk	N/A	\$0.52	\$3.00	\$3.23	\$1.68	\$3.22

CCO	2019	2020	2021	2022	2023	2024
TCHP	\$2.08	\$1.88	N/A	N/A	N/A	N/A
TCHP-Lane	N/A	N/A	\$1.92	\$3.03	\$21.81	\$5.50
TCHP-Tri-County	N/A	N/A	\$0.51	\$0.94	\$23.91	\$3.69
UHA	\$10.29	\$12.25	\$10.70	\$9.22	\$8.79	\$9.33
YCCO	\$3.75	\$8.44	\$5.10	\$7.01	\$4.73	\$6.48
CCO average	\$1.51	\$2.93	\$2.35	\$4.28	\$7.44	\$7.23

Figure 14: Per member per month (PMPM) **flexible services** spending by CCO in **2023** and **2024**

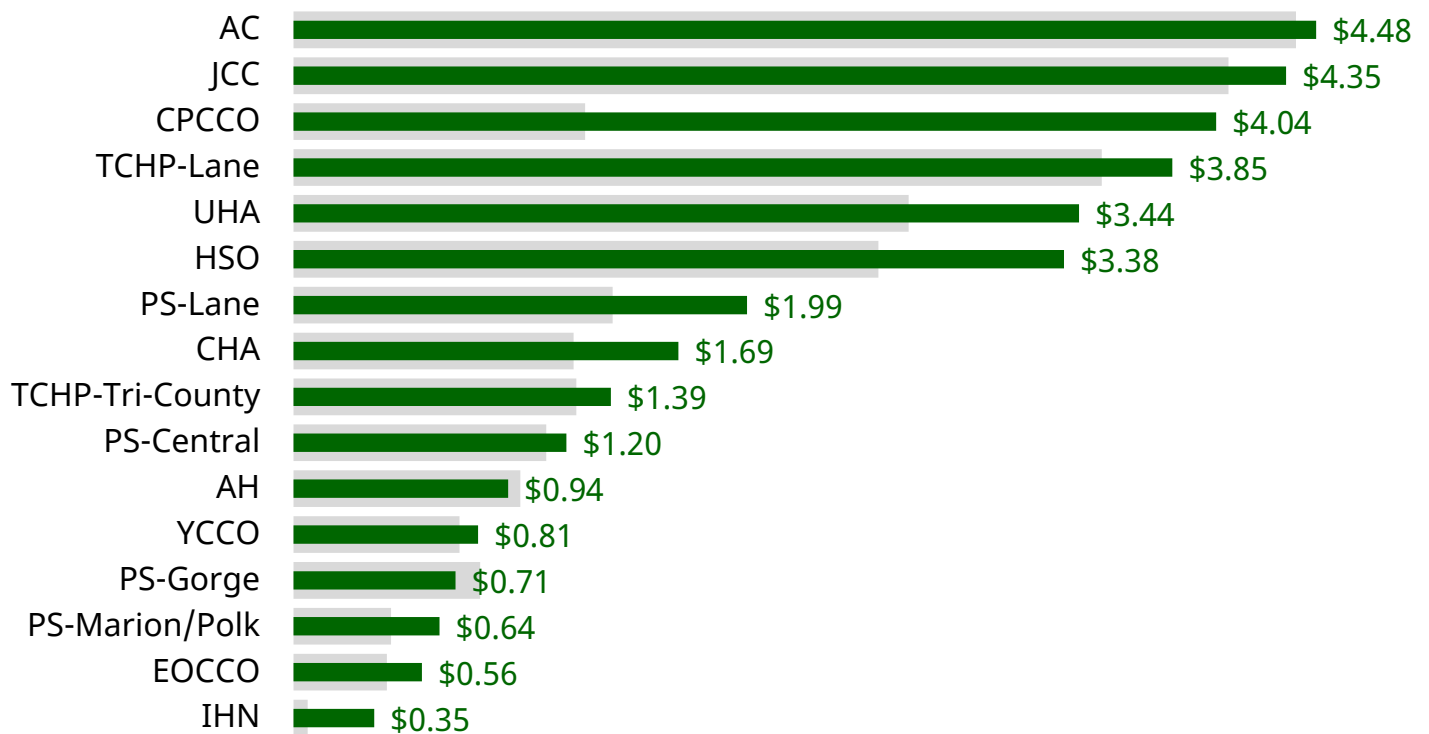


Figure 15: Per member per month (PMPM) **community benefit initiative** spending by CCO in **2023** and **2024**

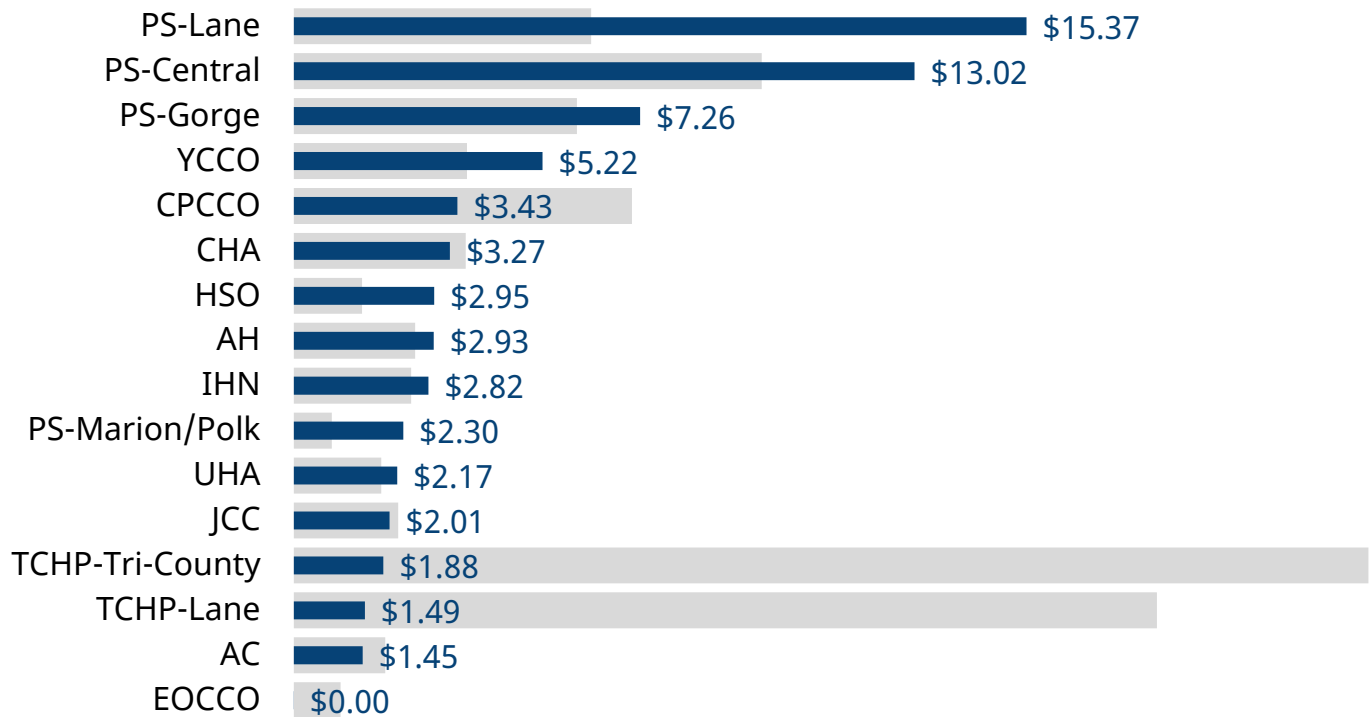


Figure 16: Per member per month (PMPM) **health information technology** spending by CCO in **2023** and **2024**

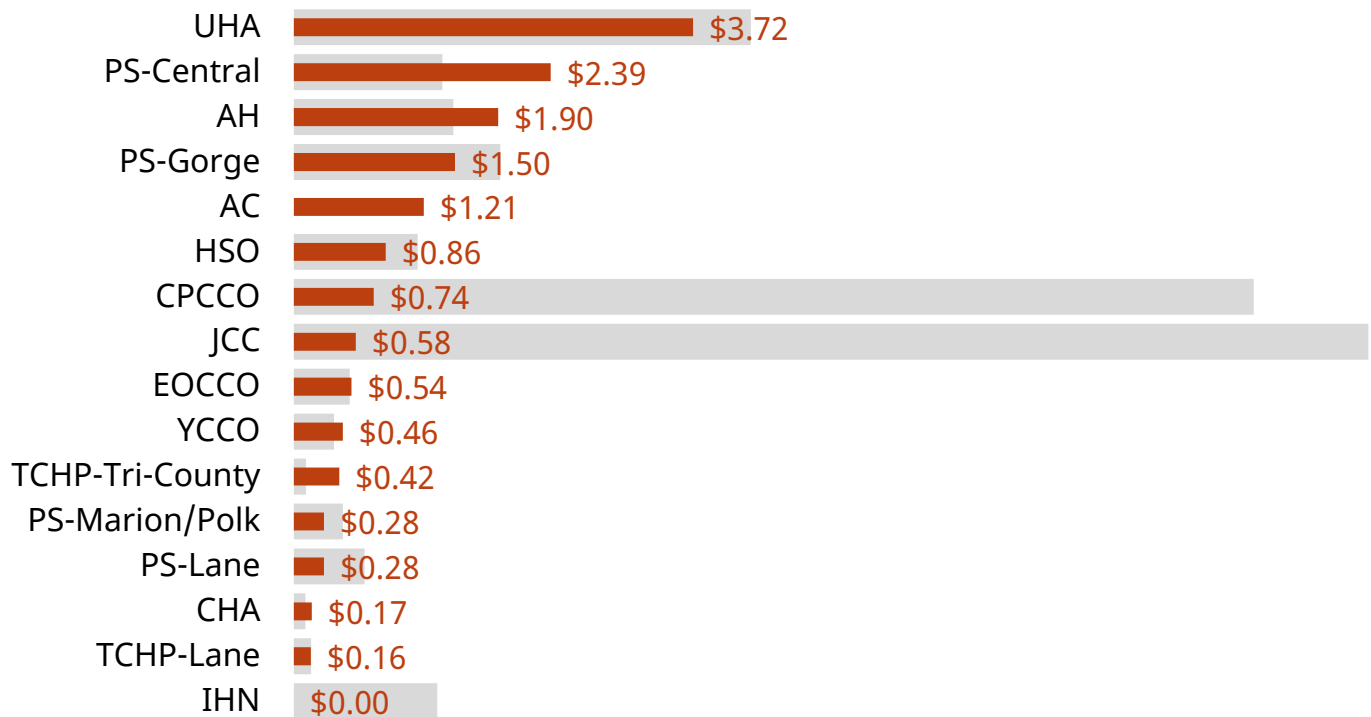


Figure 17: HRS as a percent of total CCO member services spending by CCO in **2023** and **2024**

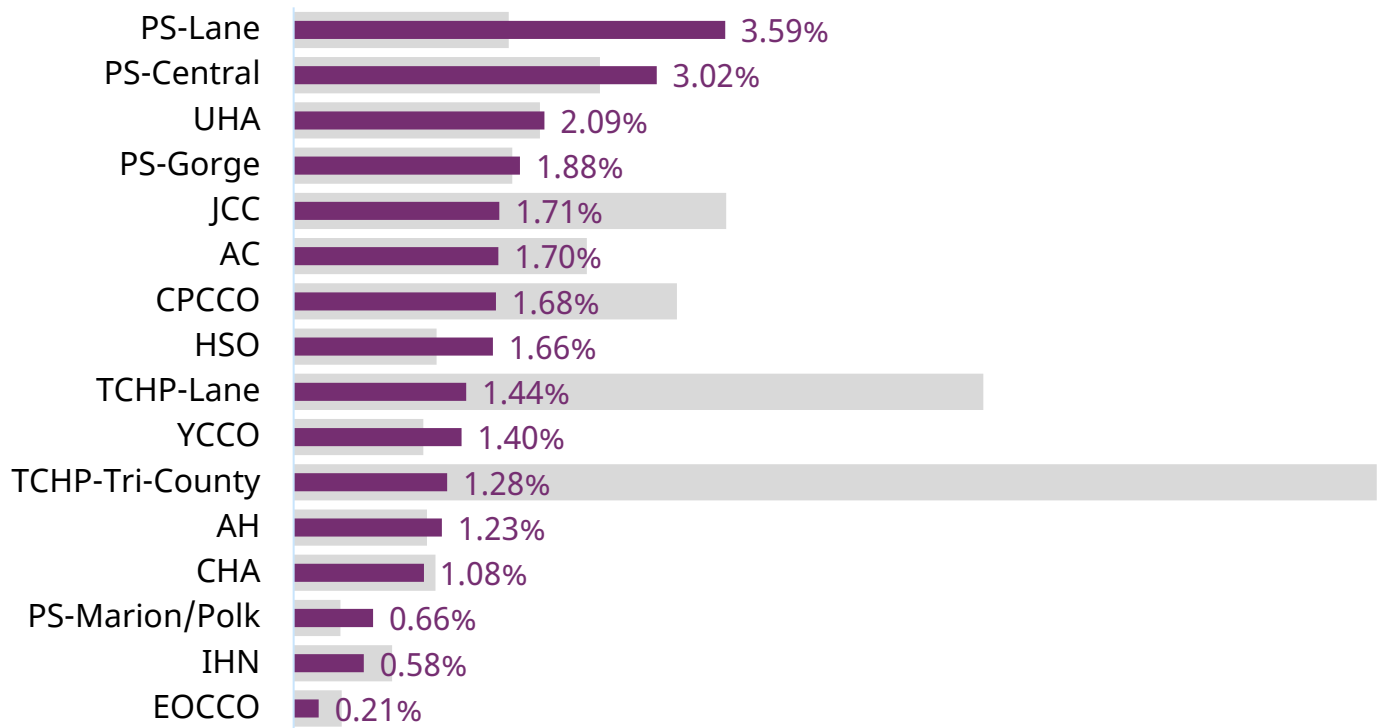


Table 3: HRS as a percent of total CCO member services spending by CCO and year

CCO	2019	2020	2021	2022	2023	2024
AC	0.68%	1.08%	1.08%	1.33%	2.44%	1.70%
AH	0.49%	3.27%	1.20%	1.48%	1.11%	1.23%
CHA	0.26%	0.31%	0.29%	0.92%	1.18%	1.08%
CPCCO	1.01%	0.99%	0.79%	0.62%	3.19%	1.68%
EOCCO	0.03%	0.32%	0.29%	0.13%	0.40%	0.21%
HSO	0.17%	0.68%	0.31%	1.19%	1.19%	1.66%
IHN	0.32%	0.22%	0.30%	0.58%	0.82%	0.58%
JCC	0.70%	0.96%	0.90%	1.08%	3.60%	1.71%
PS-Central	0.05%	0.11%	0.34%	0.21%	2.55%	3.02%
PS-Gorge	0.92%	0.77%	0.63%	1.28%	1.82%	1.88%
PS-Lane	N/A	0.12%	0.25%	0.49%	1.79%	3.59%
PS-Marion-Polk	N/A	0.13%	0.75%	0.84%	0.39%	0.66%

CCO	2019	2020	2021	2022	2023	2024
TCHP	0.50%	0.51%	N/A	N/A	N/A	N/A
TCHP-Lane	N/A	N/A	0.54%	0.83%	5.74%	1.44%
TCHP-Tri-County	N/A	N/A	0.19%	0.34%	9.04%	1.28%
UHA	2.76%	3.00%	2.57%	2.24%	2.05%	2.09%
YCCO	0.95%	2.08%	1.20%	1.64%	1.08%	1.40%
CCO average	0.36%	0.70%	0.56%	0.82%	1.74%	1.58%

Appendix E: Flexible services and OHP member level data

The data in this appendix only represents the OHP members CCOs reported receiving at least \$200 in flexible services during a calendar year.

Figure 18: Percent of CCO members who received at least \$200 in flexible services remained relatively stable from 2023 to 2024.

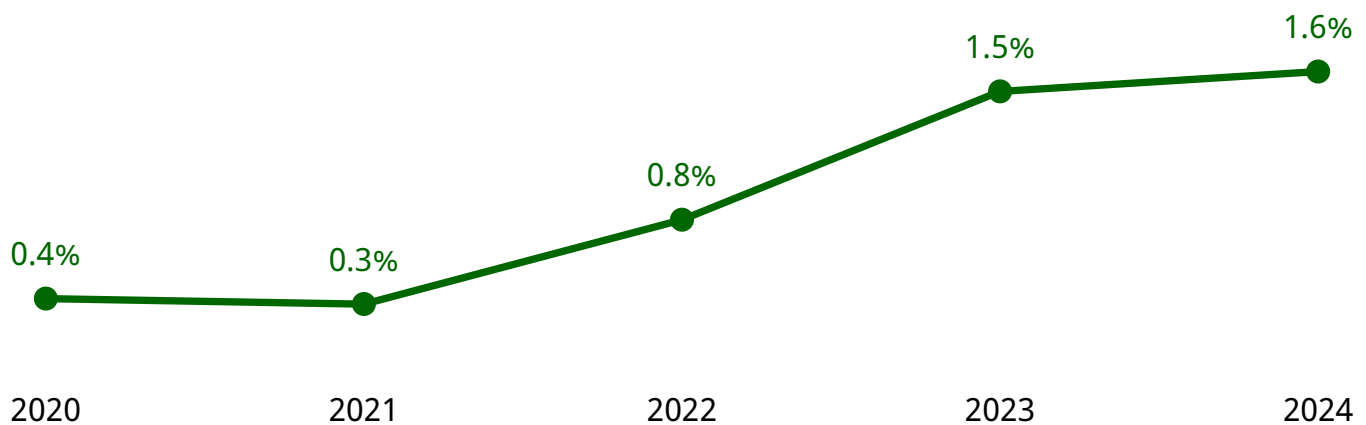
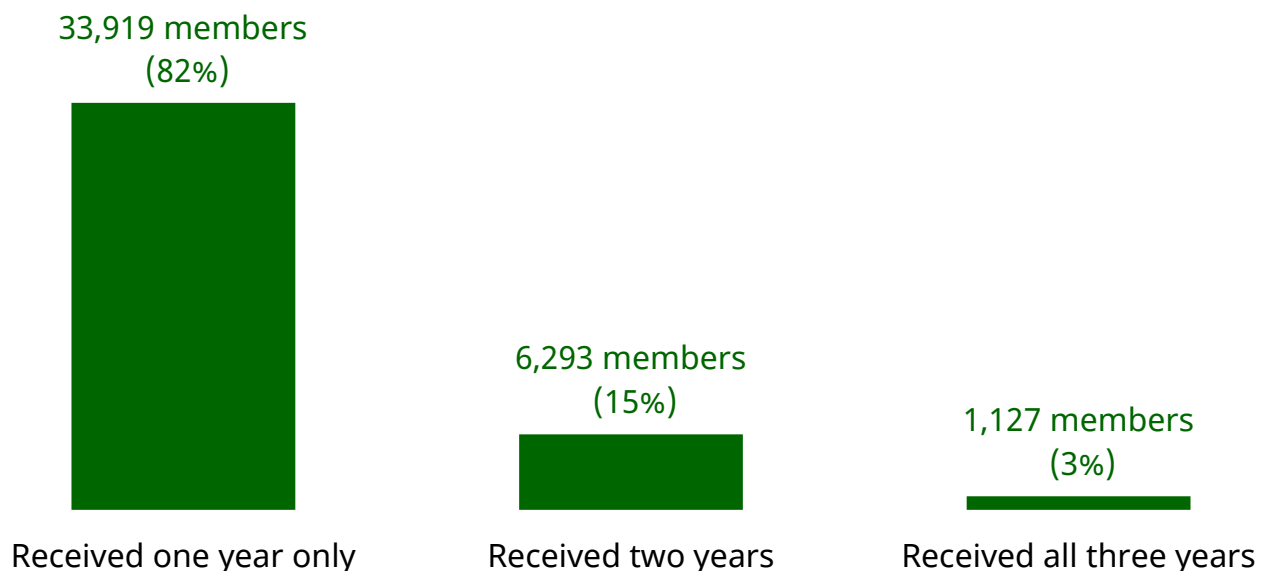
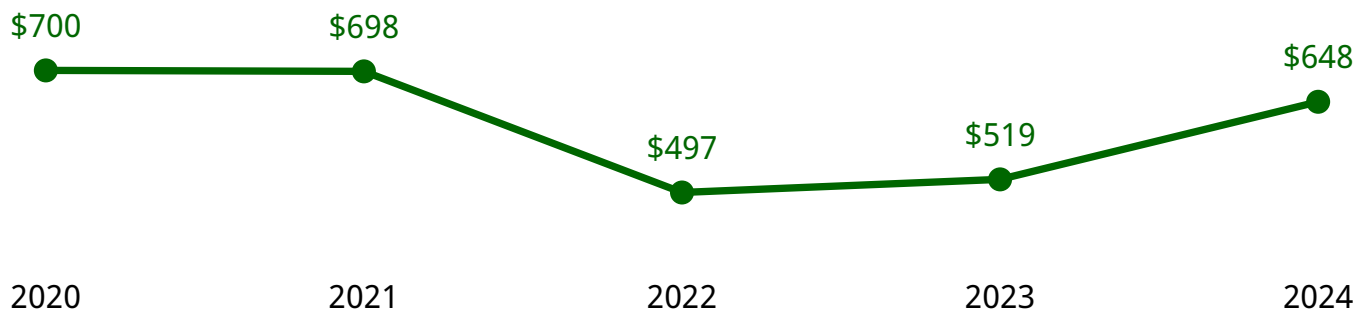


Figure 19: Most members* did not receive this level of flexible services for more than one year from 2022 to 2024.



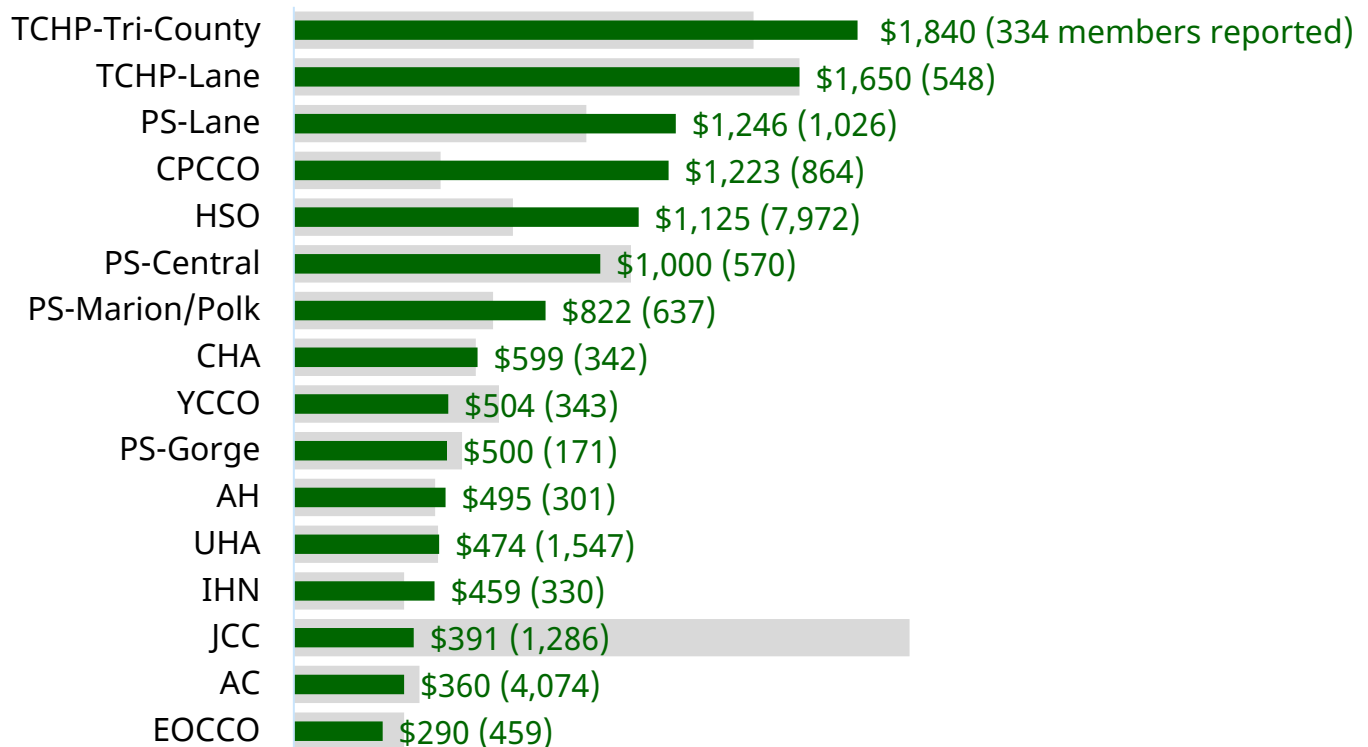
*Members receiving at least \$200 of flexible services in a calendar year.

Figure 20: Median annual flexible services* spending per member increased by 25% from 2023 to 2024.



*Flexible services for members receiving at least \$200 of flexible services in a calendar year.

Figure 21: Nine CCOs increased median annual flexible services* spending per member from 2023 to 2024.



*Flexible services for members receiving at least \$200 of flexible services in a calendar year.

Appendix F: HRS spending⁶ categories⁷

For definitions and examples of spending categories, see [Appendix G](#).

HRS spending within categories for 2023 and 2024

Figure 22: HRS spending on **food access** in 2023 and 2024

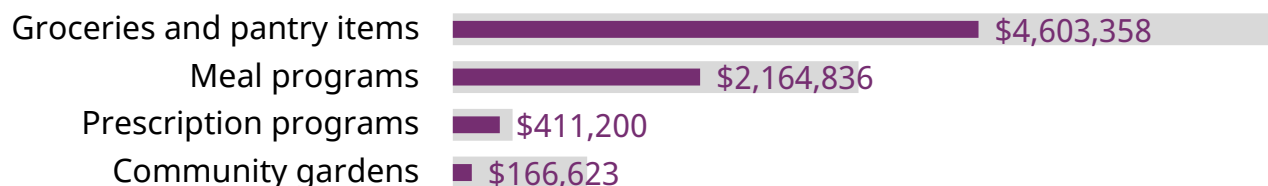


Figure 23: HRS spending on **health promotion** in 2023 and 2024

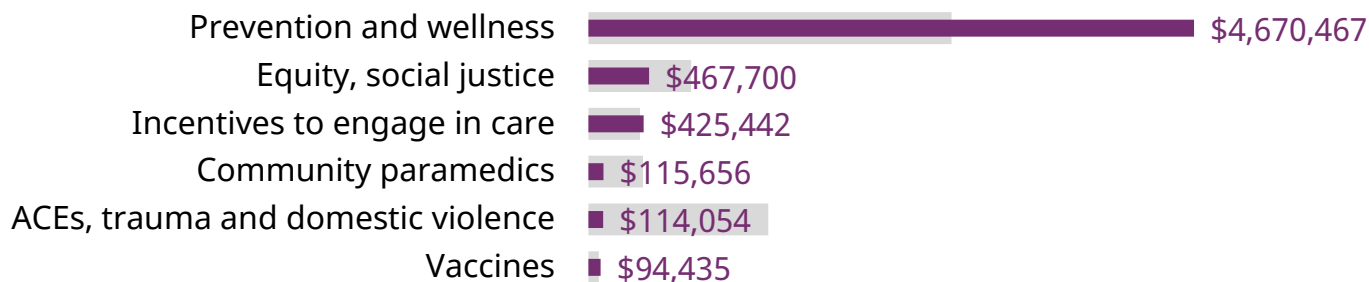


Figure 24: HRS spending on **physical activity** in 2023 and 2024



⁶ Negative values for the total in a category reflect potential refunds for HRS spending.

⁷ The qualitative coding was updated in 2023 to more accurately reflect and group spending themes. Those changes were applied back to 2022 spending so this data will only go back to 2022.

Figure 25: HRS spending on **transportation** in 2023 and 2024

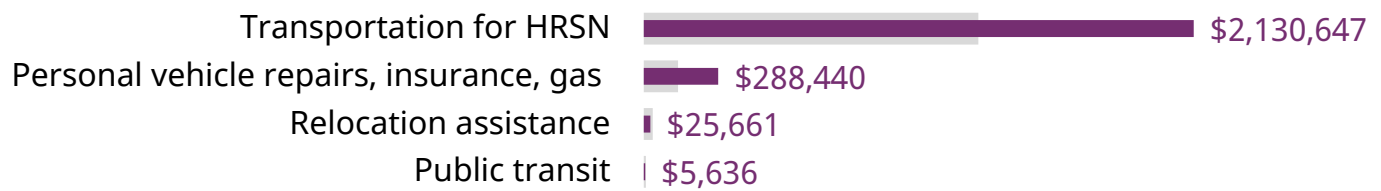


Figure 26: HRS spending on **housing improvements** in 2023 and 2024

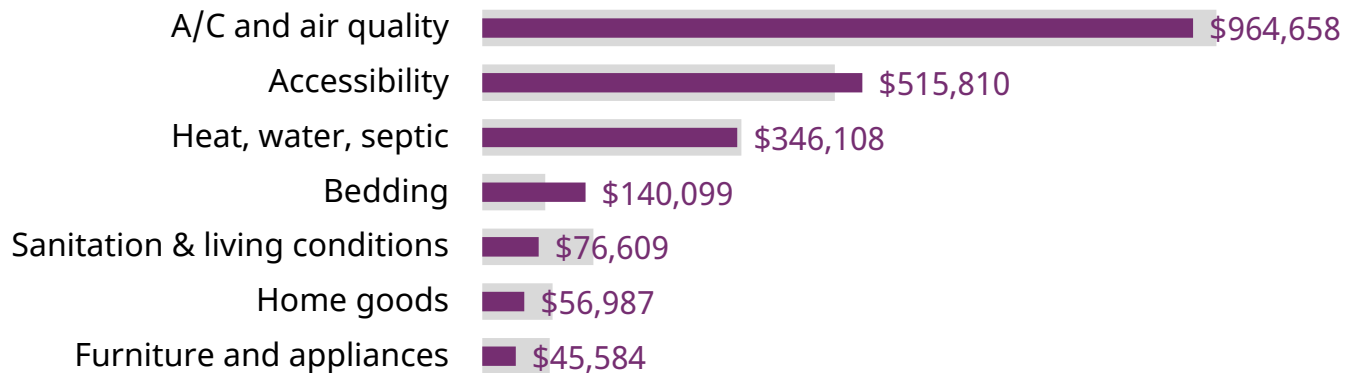


Figure 27: HRS spending on **health and condition management** in 2023 and 2024

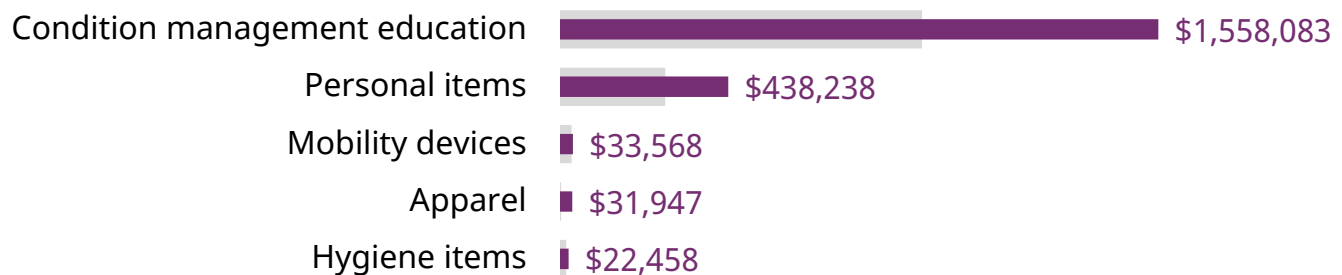
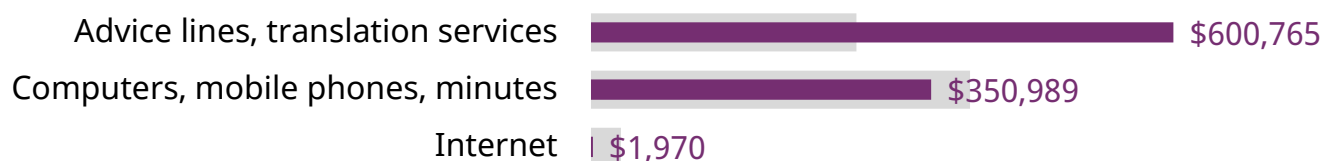


Figure 28: HRS spending on **communication access** in 2023 and 2024



HRS spending categories by CCO and year

Table 4: Advanced Health HRS spending by category and year

Category	2022	2023	2024
Behavioral health	\$18,512	\$19,500	\$98,500
Child and adolescent development & family resources	\$82,550	\$64,400	\$113,217
Communication access	\$80,970	\$94,413	\$67,660
COVID-19	\$0	\$0	\$0
Economic stability	\$192,050	\$208,500	\$176,000
Food access	\$65,878	\$110,045	\$157,785
Health information technology	\$1,279,515	\$526,093	\$646,870
Health promotion	\$73,760	\$89,410	\$41,697
Health/condition management	\$92,084	\$107,554	\$156,256
Housing	\$362,722	\$342,880	\$328,367
Housing improvements	\$37,160	\$0	\$0
Other non-covered services	\$0	\$16,804	\$0
Physical activity	\$84,376	\$116,733	\$128,193
Transportation	\$34,793	\$81,598	\$48,067
Wildfires	\$0	\$0	\$0
Total	\$2,404,370	\$1,777,930	\$1,962,612

Table 5: AllCare HRS spending by category and year

Category	2022	2023	2024
Behavioral health	\$600	\$226,300	\$164,550
Child and adolescent development & family resources	\$431,308	\$471,625	\$471,195
Communication access	\$661	\$20,000	\$3,498
COVID-19	\$11,050	\$0	\$0
Economic stability	\$166,313	\$449,350	\$1,022,185
Food access	\$416,099	\$462,170	\$233,334
Health information technology	\$62,085	\$0	\$945,457

Category	2022	2023	2024
Health promotion	\$145,639	\$207,542	\$27,500
Health/condition management	\$31,405	\$14,996	\$54,250
Housing	\$750,161	\$1,514,000	\$460,091
Housing improvements	\$112,314	\$10,000	\$11,952
Other non-covered services	\$30,205	\$65,000	\$0
Physical activity	\$1,152,187	\$4,047,814	\$1,830,880
Transportation	\$305,654	\$312,429	\$344,916
Wildfires	\$128,062	\$125,000	\$0
Total	\$3,743,743	\$7,926,226	\$5,569,807

Table 6: Cascade Health Alliance HRS spending by category and year

Category	2022	2023	2024
Behavioral health	\$7,250	\$65,938	\$57,428
Child and adolescent development & family resources	\$2,000	\$21,017	\$14,566
Communication access	\$0	\$100	\$5,157
COVID-19	\$0	\$0	\$0
Economic stability	\$690,000	\$770,000	\$768,623
Food access	\$1,258	\$12,038	\$39,753
Health information technology	\$217,400	\$33,133	\$50,120
Health promotion	\$19,902	\$33,368	\$36,438
Health/condition management	\$0	\$3,957	\$2,526
Housing	\$1,004	\$378,280	\$244,488
Housing improvements	\$23,639	\$18,310	\$29,290
Other non-covered services	\$90,000	\$94,500	\$95,670
Physical activity	\$16,684	\$10,857	\$12,601
Transportation	\$54	\$60,952	\$147,014
Wildfires	\$0	\$15,000	\$32,000
Total	\$1,069,190	\$1,517,451	\$1,535,674

Table 7: Columbia Pacific CCO HRS spending by category and year

Category	2022	2023	2024
Behavioral health	\$170,050	\$116,737	\$376,290
Child and adolescent development & family resources	\$143,480	\$453,497	\$182,499
Communication access	\$0	\$13,109	\$63,131
COVID-19	\$0	\$0	\$0
Economic stability	\$39,955	\$954,889	\$285,351
Food access	\$79,683	\$36,990	\$236,733
Health information technology	\$227,154	\$3,936,145	\$323,283
Health promotion	\$25,000	\$312,267	\$19,250
Health/condition management	\$306,902	\$277,299	\$109,674
Housing	\$142,386	\$1,458,026	\$1,874,113
Housing improvements	\$8,100	\$10,638	\$58,894
Other non-covered services	\$0	\$0	\$0
Physical activity	\$53,228	\$36,144	\$31,932
Transportation	\$1,085	\$11,690	\$6,500
Wildfires	\$0	\$0	\$0
Total	\$1,197,023	\$7,617,430	\$3,567,650

Table 8: Eastern Oregon CCO HRS spending by category and year

Category	2022	2023	2024
Behavioral health	\$0	\$25,000	\$0
Child and adolescent development & family resources	\$31,722	\$291,325	\$40,795
Communication access	\$1,109	\$29,111	\$3,235
COVID-19	\$950	\$0	\$0
Economic stability	\$0	\$99,227	\$0
Food access	\$0	\$254,695	\$0
Health information technology	\$116,275	\$558,847	\$475,295
Health promotion	\$54,650	\$122,526	\$44,196

Category	2022	2023	2024
Health/condition management	\$187,020	\$76,901	\$76,944
Housing	\$41,677	\$158,149	\$131,817
Housing improvements	\$70,320	\$70,566	\$98,145
Other non-covered services	\$0	\$0	\$0
Physical activity	\$16,983	\$43,317	\$63,991
Transportation	\$965	\$16,610	\$40,083
Wildfires	\$0	\$0	\$0
Total	\$521,671	\$1,746,274	\$974,501

Table 9: Health Share of Oregon HRS spending by category and year

Category	2022	2023	2024
Behavioral health	\$4,561,796	\$1,674,134	\$9,094,837
Child and adolescent development & family resources	\$685,883	\$868,971	\$2,183,449
Communication access	\$356,971	\$259,084	\$301,042
COVID-19	\$27,086	\$0	\$104,026
Economic stability	\$3,391,598	\$8,058,091	\$4,325,238
Food access	\$319,020	\$303,599	\$1,318,034
Health information technology	\$10,664,502	\$6,162,934	\$4,529,068
Health promotion	\$1,800,739	\$208,844	\$712,180
Health/condition management	\$107,864	\$259,355	\$958,408
Housing	\$2,860,124	\$8,523,045	\$12,952,824
Housing improvements	\$697,847	\$814,973	\$769,558
Other non-covered services	\$2,841	\$7,485	\$525
Physical activity	\$40,561	\$260,218	\$75,309
Transportation	\$66,331	\$68,333	\$636,635
Wildfires	\$0	\$0	\$0
Total	\$25,583,162	\$27,469,066	\$37,961,133

Table 10: InterCommunity Health Network HRS spending by category and year

Category	2022	2023	2024
Behavioral health	\$385,600	\$25,000	\$267,245
Child and adolescent development & family resources	\$92,227	\$200,332	\$378,234
Communication access	\$0	\$0	\$12,000
COVID-19	\$0	\$1,810	\$0
Economic stability	\$254,141	\$839,035	\$593,083
Food access	\$4,804	\$35,000	\$269,009
Health information technology	\$1,056,461	\$1,384,552	\$0
Health promotion	\$197,730	\$324,721	\$56,511
Health/condition management	\$183,297	\$120,035	\$398
Housing	\$52,181	\$687,045	\$997,435
Housing improvements	\$52,000	\$176,815	\$285,462
Other non-covered services	\$0	\$162,825	\$0
Physical activity	\$210,060	\$30,748	\$28,122
Transportation	\$8,174	\$6,857	\$20,044
Wildfires	\$0	\$0	\$0
Total	\$2,496,673	\$3,994,776	\$2,907,543

Table 11: Jackson Care Connect HRS spending by category and year

Category	2022	2023	2024
Behavioral health	\$52,102	\$193,102	\$420,536
Child and adolescent development & family resources	\$64,540	\$311,643	\$105,070
Communication access	\$24,896	\$62,677	\$89,983
COVID-19	\$6,000	\$0	\$0
Economic stability	\$186,741	\$374,108	\$380,624
Food access	\$40,106	\$78,584	\$47,147
Health information technology	\$338,733	\$7,781,125	\$495,533
Health promotion	\$53,723	\$375,214	\$63,000

Category	2022	2023	2024
Health/condition management	\$88,609	\$2,727	\$246,695
Housing	\$1,819,287	\$3,189,471	\$2,706,793
Housing improvements	\$67,999	\$92,029	\$61,004
Other non-covered services	\$0	\$10,000	\$0
Physical activity	\$330,044	\$3,762	\$364,994
Transportation	\$77,287	\$156,209	\$363,133
Wildfires	\$0	\$15,000	\$0
Total	\$3,150,069	\$12,645,651	\$5,344,514

Table 12: PacificSource – Central Oregon HRS spending by category and year

Category	2022	2023	2024
Behavioral health	\$264,822	\$1,638,008	\$3,136,150
Child and adolescent development & family resources	\$254,419	\$1,620,417	\$1,366,376
Communication access	\$1,131	\$3,763	\$43,587
COVID-19	\$0	\$0	\$0
Economic stability	\$367,150	\$1,662,334	\$1,217,434
Food access	\$186,000	\$1,458,076	\$1,432,014
Health information technology	\$1,232,479	\$1,243,782	\$2,051,612
Health promotion	\$274,322	\$730,356	\$1,751,712
Health/condition management	\$91,292	\$18,722	\$178,980
Housing	\$393,039	\$1,861,190	\$1,689,927
Housing improvements	\$104,742	\$460,093	\$349,236
Other non-covered services	\$0	\$49,825	\$6,399
Physical activity	\$83,940	\$306,141	\$1,004,111
Transportation	\$64,731	\$6,027	\$5,796
Wildfires	\$0	\$0	\$0
Total	\$3,318,068	\$11,058,735	\$14,233,335

Table 13: PacificSource – Columbia Gorge HRS spending by category and year

Category	2022	2023	2024
Behavioral health	\$846	\$10,569	\$646
Child and adolescent development & family resources	\$1,310	\$4,351	\$42,734
Communication access	\$484	\$16,877	\$7,504
COVID-19	\$0	\$0	\$0
Economic stability	\$337,064	\$823,294	\$922,349
Food access	\$59,062	\$26,022	\$34,878
Health information technology	\$313,318	\$388,372	\$292,635
Health promotion	\$55,122	\$81,841	\$173,388
Health/condition management	\$2,418	\$4,339	\$522
Housing	\$156,144	\$108,936	\$85,215
Housing improvements	\$10,432	\$155,265	\$151,070
Other non-covered services	\$900	\$10,622	\$0
Physical activity	\$109,478	\$114,324	\$129,235
Transportation	\$5,853	\$7,332	\$5,038
Wildfires	\$0	\$0	\$0
Total	\$1,052,431	\$1,752,143	\$1,845,213

Table 14: PacificSource – Lane HRS spending by category and year

Category	2022	2023	2024
Behavioral health	\$290,158	\$260,592	\$1,997,776
Child and adolescent development & family resources	\$385,565	\$1,687,321	\$5,122,325
Communication access	\$713	\$2,644	\$2,480
COVID-19	\$0	\$0	\$0
Economic stability	\$75,180	\$320,284	\$1,797,140
Food access	\$115,492	\$2,509,820	\$3,020,577
Health information technology	\$616,306	\$716,841	\$293,719
Health promotion	\$143,000	\$598,602	\$1,170,293

Category	2022	2023	2024
Health/condition management	\$15,501	\$88,373	\$13,786
Housing	\$290,363	\$2,314,887	\$4,027,576
Housing improvements	\$101,560	\$121,607	\$190,925
Other non-covered services	\$412	\$1,500	\$5,080
Physical activity	\$17,690	\$50,847	\$594,682
Transportation	\$2,904	\$347,994	\$185,527
Wildfires	\$15,000	\$0	\$0
Total	\$2,069,843	\$9,021,311	\$18,421,888

Table 15: PacificSource – Marion/Polk HRS spending by category and year

Category	2022	2023	2024
Behavioral health	\$272,537	\$133,597	\$489,126
Child and adolescent development & family resources	\$631,136	\$588,810	\$819,237
Communication access	\$3,155	\$2,128	\$202,118
COVID-19	\$0	\$0	\$0
Economic stability	\$429,789	\$490,643	\$1,623,168
Food access	\$430	\$23,050	\$217,500
Health information technology	\$2,541,874	\$769,794	\$456,767
Health promotion	\$52,217	\$108,000	\$131,345
Health/condition management	\$150,887	\$40,377	\$15,740
Housing	\$691,740	\$530,944	\$894,046
Housing improvements	\$78,596	\$81,325	\$85,438
Other non-covered services	\$1,012	\$0	\$0
Physical activity	\$356,426	\$54,094	\$285,493
Transportation	\$2,759	\$8,944	\$3,934
Wildfires	\$0	\$0	\$0
Total	\$5,212,559	\$2,831,706	\$5,223,911

Table 16: Trillium Community Health Plan – Lane HRS spending by category and year

Category	2022	2023	2024
Behavioral health	\$64,501	\$505,067	\$136,782
Child and adolescent development & family resources	\$0	\$2,062,223	\$313,966
Communication access	\$0	\$11,306	\$6,160
COVID-19	\$0	\$0	\$0
Economic stability	\$77,756	\$1,153,679	\$70,944
Food access	\$7,250	\$2,451,073	\$1,348
Health information technology	\$115,891	\$273,500	\$67,151
Health promotion	\$584,427	\$646,738	\$292,828
Health/condition management	\$128,613	\$10,728	\$8,248
Housing	\$294,931	\$2,884,128	\$1,377,412
Housing improvements	\$33,506	\$37,517	\$19,673
Other non-covered services	\$0	\$0	\$0
Physical activity	\$0	\$17,911	\$16,484
Transportation	\$5,700	\$32,720	\$16,917
Wildfires	\$0	\$0	\$0
Total	\$1,312,575	\$10,086,591	\$2,327,914

Table 17: Trillium Community Health Plan – Tri-County HRS spending by category and year

Category	2022	2023	2024
Behavioral health	\$5,629	\$1,271,602	\$500,000
Child and adolescent development & family resources	\$0	\$491,205	\$474
Communication access	\$362	\$7,456	\$3,369
COVID-19	\$0	\$0	\$0
Economic stability	\$165,928	\$1,643,753	\$51,195
Food access	\$660	\$4,315,127	\$9,389
Health information technology	\$46,833	\$189,192	\$282,073

Category	2022	2023	2024
Health promotion	\$28,950	\$1,738,977	\$897,833
Health/condition management	\$22,610	\$230,400	\$851
Housing	\$56,459	\$5,625,690	\$688,946
Housing improvements	\$1,486	\$120,719	\$14,175
Other non-covered services	\$0	\$0	\$0
Physical activity	\$1,478	\$4,428	\$4,027
Transportation	\$0	\$14,069	\$5,756
Wildfires	\$0	\$0	\$0
Total	\$330,396	\$15,652,618	\$2,458,087

Table 18: Umpqua Health Alliance HRS spending by category and year

Category	2022	2023	2024
Behavioral health	\$262,212	\$366,732	\$98,772
Child and adolescent development & family resources	\$74,260	\$117,175	\$84,209
Communication access	\$37,267	\$37,202	\$6,142
COVID-19	-\$10,511*	\$0	\$0
Economic stability	\$52,913	\$9,650	\$77,463
Food access	\$478,550	\$406,257	\$270,457
Health information technology	\$1,931,248	\$2,111,982	\$1,778,884
Health promotion	\$244,549	\$131,500	\$267,072
Health/condition management	\$4,353	\$4,517	\$251,948
Housing	\$570,056	\$652,722	\$450,285
Housing improvements	\$171,256	\$53,623	\$21,032
Other non-covered services	\$15,757	\$0	\$7,419
Physical activity	\$72,388	\$337,380	\$720,768
Transportation	\$58,118	\$127,739	\$426,103
Wildfires	\$0	\$0	\$0
Total	\$3,962,417	\$4,356,477	\$4,460,554

* Negative values reflect potential refunds for HRS spending.

Table 19: Yamhill Community Care Organization HRS spending by category and year

Category	2022	2023	2024
Behavioral health	\$612,364	\$608,925	\$467,613
Child and adolescent development & family resources	\$689,374	\$708,853	\$1,150,426
Communication access	\$27,466	\$135,872	\$136,659
COVID-19	\$0	\$0	\$0
Economic stability	\$348,567	\$1,928	\$239,723
Food access	\$43,494	\$402	\$58,060
Health information technology	\$193,200	\$168,200	\$192,430
Health promotion	\$321,163	\$167,175	\$202,511
Health/condition management	\$23,342	\$5,401	\$9,068
Housing	\$304,707	\$90,297	\$77,968
Housing improvements	\$41,071	\$26,150	\$0
Other non-covered services	\$0	\$0	\$0
Physical activity	\$612	\$0	\$0
Transportation	\$214,546	\$212,676	\$194,920
Wildfires	\$0	\$0	\$0
Total	\$2,819,906	\$2,125,879	\$2,729,379

Appendix G: Spending category definitions and examples

Behavioral health

- **Childhood trauma supports:** Non-covered childhood trauma supports (for example, Talking to Kids about Tough Stuff: Serious Illness, Death and Grief), children's education/supports for survivors of unexpected loss to suicide; trauma-informed mentorship for children who have experienced childhood trauma/abuse
- **Counseling:** Non-covered counseling services, including 1:1 mentoring and reintegration counseling
- **Groups:** Group mental health supports, including caregiver/parent support groups, LGBTQ+ support groups, community healing circles, dual diagnosis support groups
- **Harm reduction programs:** Non-covered harm reduction programming, including needle exchange programs
- **Mental health therapies and programs:** Mental health phone apps (for example, Headspace, Happier, Calm), workbooks, meditation courses, alternative therapy programs (for example, equine, art, music), non-covered clubhouse model services; media and communications to normalize, destigmatize and encourage accessing mental health therapies, including how to access therapies
- **Recovery support:** Non-covered recovery supports, including contingency management incentives, sober living and substance use disorder peer support
- **Substance use and addiction education and prevention:** Education around substance use and addiction, including tobacco and vaping cessation campaigns, drug/alcohol-free programs and events to provide alternatives to substance use; trainings for teachers to identify early signs of substance use/substance use disorder; school curriculums and presentations on pain and substance use; media and communications to normalize and destigmatize conversations about addiction
- **Suicide prevention:** Suicide prevention campaigns, lifelines

- **Therapy support items:** Non-covered items related to managing behavioral health conditions or supporting behavioral health services: weighted blankets for anxiety, light therapy lights, therapeutic supports (for example, art supplies, board games, instruments), emotional support animal supports/supplies (for example, paperwork, pet deposit), sensory items

Child/adolescent and family resources

- **Infant and early childcare supplies:** Cribs, car seats, diapers, strollers and other care supplies for infancy through preschool age
- **Early childhood education:** Education programs/services before kindergarten/school, kids under age 5, preschool and childcare costs, early learning hubs
- **Foster care supports:** Resource parent recruitment and resource parenting education, supports/services to children in foster care
- **K-12 education and educational supports:** Education and educational supports for children in grades K-12 (above age 5) including youth leadership classes, student success programs, college prep for high-school students, mentoring for youth educational attainment/success, kids' camps when school is out of session, youth resource rooms and learning hubs, after-school programs
- **Parenting education:** Parenting classes, including non-covered postpartum doula services and lactation services
- **Prenatal care and education:** Pregnancy-related education, non-covered prenatal and birth doula services, non-covered prenatal supports
- **Relief nurseries:** Relief nurseries that prevent the cycle of child abuse and neglect through early intervention/supports/services
- **School supplies:** School supplies, including basic needs for youth to successfully engage in school
- **Social emotional health education:** Programs for children's social skills development and social-emotional learning; mentoring/education for children on

social-emotional health, understanding feelings; supplies and items to support social-emotional health learning

Communication access

- **Advice lines, translation services:** Advice lines, translation services: Advice and nurse lines, interpretation services for noncovered services and supports, warm lines
- **Computers, mobile phones, minutes:** Mobile devices, minutes, laptops, tablets, equipment or funds for communicating with friends, family, traditional health workers and care team, health care providers
- **Internet:** Internet access, bills to communicate with health care providers and social support networks, teachers, employers or potential employers, etc.

COVID-19

- **Basic needs, including food, housing, utilities, transportation, supplies:** Basic needs to reduce burden of COVID-19, provide supports during pandemic
- **Childcare:** Childcare for the purpose of reducing burden during COVID-19
- **Health information technology (HIT) capacity building:** HIT investments to expand telehealth due to COVID-19
- **Personal protective equipment (PPE):** COVID-19 masks, hand sanitizer, other PPE
- **Prevention and wellness campaigns:** Wellness initiatives (for example, teacher appreciation, wellness or resilience stipend due to working through COVID-19)
- **Remote learning:** Livestreaming access for remote learning due to COVID-19

Economic stability

- **Apparel:** Clothing (not tied to a condition) for daily wear; clothes for job interviews
- **Employment preparedness:** Job training courses, professional development trainings, transitional employment pilots
- **GED, tuition:** Tuition and education costs, including academic and vocational tuition, costs associated with GED preparation, internships

- **Legal and documentation support:** Government document supports and fees (for example, ID cards, driver's licenses, guardianship fees); legal advocacy services for reduced housing costs, contesting eviction notices, negotiating reduced or waived fees for health care, etc.; financial management services/legal payee for members who are not able to manage their own finances
- **Personal finance, self-sufficiency:** Finance classes/coaching, life skill building, independent living prep, consumer credit counseling, student loan counseling, home ownership education
- **Resource navigation:** Non-covered resource navigation services, including housing and other social services navigation, immigration counseling and access, support in attending non-medical appointments, resource fairs, resource hubs, social service directories

Food access

- **Community gardens:** Community gardens, school gardens, garden programming
- **Groceries and pantry items:** Food boxes, community supported agriculture (CSA) shares, grocery gift cards, mobile farmers markets, double-up food bucks and protein bucks at farmers markets, nutritional supplements and protein shakes as pantry items; food pantry supports (for example, fridge)
- **Meal programs:** Ready-to-eat meals, meals for kids to take home after school, Meals on Wheels, meal kits (for example, Hello Fresh, Blue Apron, etc.)
- **Prescription programs:** Food prescription programs (for example, Veggie Rx)

Health promotion

- **ACEs, trauma and domestic violence:** Cross-sector training in non-health care settings (for example, workplace context such as school district trainings for teachers) on adverse childhood experiences (ACEs), trauma and domestic violence
- **Community paramedics:** Mobile/pop-up care for non-covered services, tents for community organizations providing non-covered services, cross-sector training in

non-health care settings for first response trainings (for example, automated external defibrillator use), mental health first aid and CPR

- **Equity, social justice:** Cross-sector training in non-health care settings (for example, workplace context such as school district trainings for teachers) on equity, health equity, anti-racism, social justice or related topics
- **Incentives to engage in care:** Incentives (gift card and supplies) to engage in physical, behavioral or oral health care and to complete preventive screenings; including incentives to engage in prenatal care
- **Prevention and wellness:** Health and wellness classes for general wellness/health promotion (for example, fire safety and prevention, oral health, healthy eating and fitness, arts and music classes, environmental education, community centers offering a variety of community wellness programs); community building programs, including culture preservation and education; programs and senior living environments to increase community building and decrease social isolation
- **Vaccines:** Vaccine education campaigns

Health/condition management

- **Apparel:** Non-covered apparel related to managing a specific condition: compression wear, heated gloves, bedwetting underwear, etc.
- **Hygiene items:** Personal cleaning supplies, menstrual products, toothbrushes, laundry supplies
- **Mobility devices:** Non-covered canes, walkers, scooters and scooter chargers, step stools, crutches, wheelchairs and wheelchair equipment (cover, gloves), lift chairs, supplies aiding mobility
- **Condition management education:** Classes/programs for managing health conditions: pain management courses, classes for managing arthritis (Walk With Ease), medically tailored nutrition counseling, diabetes education and self-management

- **Personal items:** Non-covered items related to managing a specific condition: blood pressure cuffs/devices for at-home monitoring, pill organizers, scales, supplements related to a condition, eyeglasses, massage chairs, incontinence supplies, gender-affirming items

Health information technology

- **Community information exchange (CIE):** CIE to refer people to social services (Connect Oregon, Unite Us, Aunt Bertha, Find Help, etc.)
- **Electronic health records (EHRs):** EHRs (for example, EPIC, Oracle, etc.), EHR improvements to online sites for members to access their health information and referrals, EHR adoption incentives for providers
- **Hospital event notification (HEN):** HEN software that alerts CCO to member emergency department use (Collective, Collective Medical, EDIE, PreManage, etc.)
- **Provider network:** Health information exchange (HIE) and other types of software for providers that calculate metrics, perform data analytics and data aggregation, address care gaps, and support other quality improvement and population health improvement efforts
- **Telehealth:** Telehealth equipment, telemedicine software, and software platforms to enable non-covered services or enable covered services in public spaces (for example, public libraries), video conferencing equipment, online messaging system to streamline the patient intake process, shorten telehealth visit times, increase telehealth appointment access, provide better patient education by providing electronic documents

Housing improvements:

- **Air conditioner (A/C) and air quality:** A/C units, air filtration devices, portable fans, humidifiers
- **Accessibility:** Improvements to buildings/housing for accessibility (elevator installation/repairs, grab bars, ramps, movable showerhead, portable toilet, wheelchair accessible entrances/showers, etc.)

- **Bedding:** Mattresses, bunk beds, bed frames, comforters
- **Furniture and appliances:** Refrigerators, mini fridge/freezers, couches, tables and chairs, microwaves, vacuums, washing machines, other household appliances
- **Heat, water, septic:** Improvements to large utility appliances, furnace and heat pump repair, propane/gasoline, generators
- **Home goods:** Silverware, cooking utensils and pots/pans, measuring cups, utility/grocery cart, hand towels, rugs, small fireproof safes, home security items such as a door lock or security camera for a family member's safety, batteries
- **Sanitation and living conditions:** Trash removal, pest removal, specialty/biohazard cleaning, hoarding assistance, bedbug removal, general cleaning, repairs, commercial garbage can, drywall repair

Housing

- **Affordable housing and miscellaneous:** Storage units, recreational vehicle parking, mailboxes and post office boxes, heavy equipment haul away; lumber, gravel, and other materials used to repair and maintain housing; affordable housing programming not specific to resource navigation
- **Houselessness supports and supplies:** Emergency housing/shelter, houseless supports/services, warming/cooling shelters, housing first programs, wraparound supports for people experiencing houselessness, camping supplies (tents, sleeping bags, gas stove, etc.), campground rental fees
- **Rent assistance:** Short-term rental and mortgage assistance, housing application fees, move-in fees
- **Temporary housing:** Temporary lodging for defined number of days, short-term housing (motel/hotel) during transitions from hospital or other facility
- **Utility assistance:** Short-term utility payments (except internet or Wi-Fi), including electric, gas, trash, water payments, etc.

Other non-covered services

- Non-covered orthodontic services, dental services including non-covered dentures, and optometry-related services, evaluation for non-covered conditions (for example, Ehlers-Danlos syndrome), non-covered adult caregiving, non-covered hospice caretaking, non-covered advanced care planning (for example, IRIS); non-covered gender affirming services (for example, voice-transition therapy services, electrolysis); medical tattoo removal

Physical activity

- **Apparel:** Apparel for physical activity/exercise (not tied to a condition), activewear, sports uniforms, running shoes
- **Equipment:** Weights and dumbbells, treadmills, bikes, bike helmets, life vests, pedometers/fitness trackers, sports equipment (soccer balls, basketballs, baseball bats, etc.)
- **Facilities access:** Gym memberships, pool memberships, playground equipment and park improvements, including improvements for accessibility
- **Groups:** Hiking groups, swim classes, yoga groups, martial arts classes, dance programs, tennis classes, personal and group physical fitness training

Transportation

- **Health-related social needs:** Trips to meet health-related social needs and non-covered services (for example, grocery stores, housing and other social services, other non-medical care appointments, recovery support group meetings)
- **Personal vehicle repairs, insurance, gas:** Car payments, repairs, car insurance, gas/gas cards, replacement car key, parking pass
- **Public transit:** Bus, light rail, and train tickets or passes
- **Relocation assistance:** Moving assistance, moving vans and movers

Wildfires

- **Emergency funding:** Emergency funding for wildfire recovery and survivors

- **Houseless supports, supplies:** Funding to meet needs of houseless community members due to wildfires, including resources navigation services for wildfire survivors
- **Supplementary food:** Food supports for wildfire survivors
- **Temporary housing and rent assistance:** Temporary housing and rental assistance for wildfire survivors

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