CCO	PROJECT ID #	PROJECT TITLE
Advanced Health	410	Medical Shelter Program
	40	South Coast Together – ACEs Training and Prevention
	42	Member Grievance System Improvements
	43	Oral Health Integration for Members with Diabetes
	44	Community Collaborative – Initiation and Engagement in SUD Treatment
	45	Improve Language Services Access
	46	Roadmap to Improved Behavioral Health Access and Integration
	161	Patient-Centered Primary Care Home Advancement and Enrollment
	409	Improved coordination of care and increased depression screening and follow up for FBDE LTSS members with SHCN in a Medically Underserved and Health Professional Shortage Area
	497	Integrated Clinical Pharmacist
	498	Asthma Medication Adherence and Optimization
AllCare CCO	412	Increasing engagement of individuals newly diagnosed with a SPMI
	48	Intervening on Social Determinants of Health of the Special Needs Population
	499	Continuous Glucose Monitor expansion / increased diabetic oral health care
	56	Health Equity, African American PCP visits
	413	Education on the Appeals and Grievance Process for Targeted Patient Populations
	54	Patient-Centered Primary Care Home (PCPCH)
	500	MEPP - Addressing Pediatric Asthma in AllCare members
	50	MEPP - CGM expansion to address under utilization
	53	Provider Training Program to Increase the use of Medically Certified Interpreters
	501	MEPP - Addressing compliance with monitoring and medications in adults with hypertension
	55	Support Increased Access to Oral Health Services within a Physical and/or Behavioral Health Setting and Oral Health Referrals to Community Services
Cascade Health Alliance	415	Establishing Housing Infrastructure
	364	Medical Dental Integration
	61	Closed-loop Grievance System
	365	Comprehensive PCPCH Plan
	33	Cultural and Linguistic Services Provision
	366	Holistic Diabetes Management (MEPP Episode: Diabetes)
	59	Potentially Avoidable Costs in SPMI and THW Sustainable Capacity (MEPP Episodes: Schizophrenia and SUD
	368	Collaboration and Care Coordination for LTSS FBDE Population
Columbia Pacific CCO	78	PCPCH Supports
	73	Improved access to grievances and appeals for members with Limited English Proficiency
	417	Improving Behavioral Health Access: Expansion & Integration of Behavioral Health Services in additional outpatient settings
	416	Meaningful Language Access
	421	Oral Health Services in Primary Care
	80	Trauma Informed Network
	419	RCT Psych Transitions Tracking
	502	Vulnerability Framework and Rapid Access Care Planning
	420	Pediatric Asthma
	503	Diabetes management
	504	SUD services in the Emergency Department
Eastern Oregon CCO	91	Improvement and Stratification of Health Equity Data
	92	Culturally Responsive Services by Community Health Workers
	94	Technical Assistance for PCPCHs
	95	3 Day Follow Up Post Emergency Department (ED) Visit
	96	Frontier Veggie Rx
	423	Expansion of Behavioral Health Integration Using THWs and HIT
	424	Diabetes Self-Management Program
	425	Umatilla Community Paramedics Program
	426	Opioid and Stimulant Use Disorder Housing Support Program
	505	Increasing Pediatric Dental Access through First Tooth Certification in the Eastern Oregon Service Area
	506	Improve Health Outcomes of Full Benefit Dual Eligible Patients with Chronic Kidney Disease
	507	Improve Health Outcomes of Non-dual Medicaid Patients with Chronic Kidney Disease
	103	Expanding Integrated Behavioral Health Services
	371	Increasing Meaningful Language Access
	104	Expanding Grievance and Appeals Analysis

Health Share of Oregon	372	Improving Access to Health-Related Services
	100	Expanding Access to Traditional Health Workers (THWs)
	105	Equity Driven Data Best Practices
	431	Oral Health Services in Primary Care
	107	Strategic Patient-Centered Primary Care Home (PCPCH) Efforts
	430	Seven Day Follow-Up Improvement Project
	109	Community Investments to Support Social Determinants of Health and Equity
	508	Vulnerability Framework and Rapid Access Care Planning
	428	Dual Eligible SHCN Outreach Initiative
	429	Emergency Department Pilot for Members with SUD
	111	Implementing Medicaid Efficiency and Performance Program (MEPP)
InterCommunity Health Network	438	Equitable Access to Traditional Health Workers
	441	Expanded Dental Health Delivery Model
	116	Grievances and Appeals
	509	Interpreter Integration with Primary Care
	440	Medicaid Efficiency and Performance Program (MEPP)
	434	Mental Health Home Clinic
	436	PCPCH: VBP & Consultant
	437	Pharmacy Care Coordination for high-risk members
	510	Under Pressure; Managing High Blood Pressure to Decrease Morbidity and Mortality Risks
Jackson Care Connect	511	Hospital Based SUD Navigators
	449	Interpreter and Member Engagement to support CLAS Standards
	127	Grievance and Appeals Accessibility
	129	Supporting the Communication Needs of JCC Members
	450	Using Health Equity Data to Address Disparities
	448	Oral Health Services in Primary Care
	131	Patient-Centered Primary Care Home (PCPCH) Member Assignment
	379	Patient-Centered Primary Care Home Tier Advancement
	512	Co-occurring Support for SPMI (Severe and Persistent Mental Illness)
	513	Hearing Loops addressing SDOH
	445	Special Health Care Needs – Full Benefit Dual Eligible: Mercy Flights Mobile Integrated Health Project and Transitional
	446	Post-Acute SUD Residential Treatment
	514	CHW Home Visiting Program
	515	Utilization Management of Sublocade
	447	Pediatric Asthma
PacificSource-Central Oregon	137	Behavioral Health Integration Value-based Payment Program
	138	Advancing CLAS Standards
	139	Monitoring of CCO and Subcontractor Grievance and Appeals Data
	383	Connect Oregon
	140	Diabetes: Interprofessional Care Collaboration between Primary Care and
	452	PCPCH Plus Value-based Payment Program
	453	Facilitating Member Engagement to Improve Health Care Outcomes
	454	Improving Health Outcomes of SHCN: Non-Duals Medicaid Members with Housing Insecurity and Diabetes
	455	Implementation of the Medicaid Efficiency and Performance Improvement Program: Asthma Episode of Care
	457	Implementation of the Medicaid Efficiency and Performance Program: Substance Use Disorder Episode of Care
PacificSource-Columbia Gorge	144	Behavioral Health Integration Value-Based Payment Program
	145	Advancing CLAS Standards
	146	Monitoring of CCO and Subcontractor Grievance and Appeals Data
	384	Connect Oregon
	147	Diabetes: Inter-professional Care Collaboration between Primary Care and Dental Providers
	459	PCPCH Plus Value-based Payment Program
	460	Facilitating Member Engagement to Improve Health Care Outcomes
	461	Improving Health Outcomes of SHCN: Non-Duals Medicaid Members with Housing Insecurity and Diabetes
	462	Implementation of the Medicaid Efficiency and Performance Improvement Program: Asthma Episode of Care
	464	Implementation of the Medicaid Efficiency and Performance Program: Substance Use Disorder Episode of Care
PacificSource-Lane	181	Behavioral Health Integration Value-Based Payment Program
	182	Advancing CLAS Standards
	183	Monitoring of CCO and Subcontractor Grievance and Appeals Data
	385	Connect Oregon
	184	Diabetes: Inter-professional Care Collaboration between Primary Care and Dental Providers
	466	PCPCH Plus Value-based Payment Program

	467	Facilitating Member Engagement to Improve Health Care Outcomes
	468	Improving Health Outcomes of SHCN: Non-Duals Medicaid Members with Housing Insecurity and Diabetes
	469	Implementation of the Medicaid Efficiency and Performance Improvement Program: Asthma Episode of Care
	471	Implementation of the Medicaid Efficiency and Performance Program: Substance Use Disorder Episode of Care
PacificSource-Marion Polk	188	Behavioral Health Integration Value-Based Payment Program
	189	Advancing CLAS Standards
	290	Monitoring of CCO and Subcontractor Grievance and Appeals Data
	386	Connect Oregon
	191	Diabetes: Inter-professional Care Collaboration between Primary Care and Dental Providers
	473	PCPCH Plus Value-based Payment Program
	474	Improving Member Engagement and Care Integration with Personal Health Navigators in partnership with Medicare
	475	Improving Health Outcomes of SHCN: Non-Duals Medicaid Members with Housing Insecurity and Diabetes
	476	Implementation of the Medicaid Efficiency and Performance Improvement Program: Asthma Episode of Care
	478	Implementation of the Medicaid Efficiency and Performance Program: Substance Use Disorder Episode of Care
Trillium Community Health Plan-Southwest	485	Maternal Health Case Management
	486	BIPOC Behavioral Health Utilization
	488	Imaging Appeals
	489	Integrating Oral Healthcare for Diabetic Patients
	155	PCPCH Tiers & Enrollment
	158	Trillium Produce Plus Program
	389	Diabetic Management and Integration with Case Management
	490	Diabetes Management and Integration with Case Management - Duals
	516	HALO
	517	Heat Mapping Dashboard
Trillium Community Health Plan-North	479	Maternal Health Case Management
	480	Access to Care for Native Hawaiian and Pacific Islanders
	482	Imaging Appeals
	483	Integrating Oral Healthcare for Diabetic Patients
	397	PCPCH Tiers & Enrollment
	400	Rockwood Culturally Specific Food Project
	402	Diabetic Management and Integration with Case Management
	484	Diabetes Management and Integration with Case Management - Duals
	518	HALO
	519	Heat Mapping Dashboard
Umpqua Health Alliance	171	New Beginnings Coordination of Care for Members Prenatal to Five Years
	162	Improve and Standardize Communication Between Physical and Behavioral Health Providers
	520	SDoH-E Capacity, Services, and Community Information Exchange
	521	Member Satisfaction and Interpreter Services Quality Assessment
	406	IMPACTS Focused care coordination for frequent ED utilizers with SPMI
	522	NEMT Service Improvement
	523	Medicaid Efficiency and Performance Program (MEPP) - Substance-Use Disorder (SUD)
	524	Medicaid Efficiency and Performance Program (MEPP) - Diabetes & Hypertension
	159	Expanding Dental Care in PCP Offices
	525	Pharmacy Tobacco Cessation for Rural Populations
	526	Reducing Readmissions for LTSS population through Effective Transitions of Care
Yamhill Community Care Organization	173	Community Housing Needs
	174	Oversight and Monitoring Member Language Accessibility
	177	Behavioral Health Neighborhood
	492	PCPCH Tier Advancement and Member Enrollment Improvement
	496	Integrated Oral Health Services for Diabetic Members
	407	Supporting Members Who Experience System Barriers
	494	MEPP Episode 1: Case Management Efficacy for Members with Diabetes
	493	MEPP New Episode for 2022: Population Management focus for Hypertension
	495	MEPP Episode 3: Increased Number of SUD Providers Under Long Term Contracts