



# Health Share of Oregon:

Care Coordination and Service Coordination

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October 22, 2025

# Oregon Health Plan and Coordinated Care Organizations (CCOs)

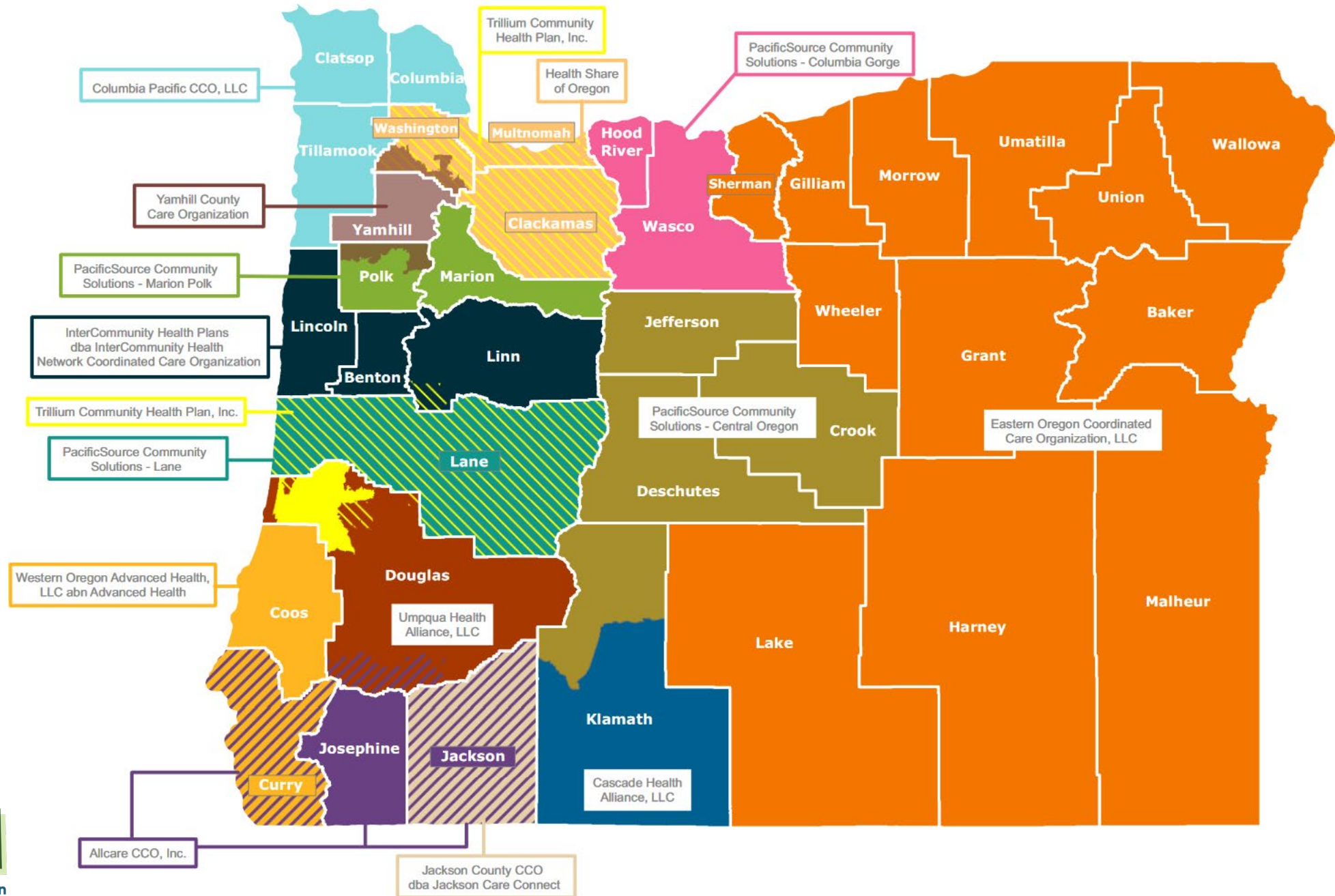
- The Oregon Health Plan (OHP) is our state's Medicaid program. It provides no-cost health coverage to individuals with no or low income.
- Most people with OHP will need to be part of a CCO to receive their Medicaid Benefits.
- CCOs bring together health plans, providers, and community health resources to provide care to OHP members of our community.

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# OHP Income Eligibility Chart

- OHP Plus determination is made based solely on an individual's income
- There are specific programs i.e. OHP bridge that require more criteria to qualify
- Anyone can apply online, through phone, or in person at various locations

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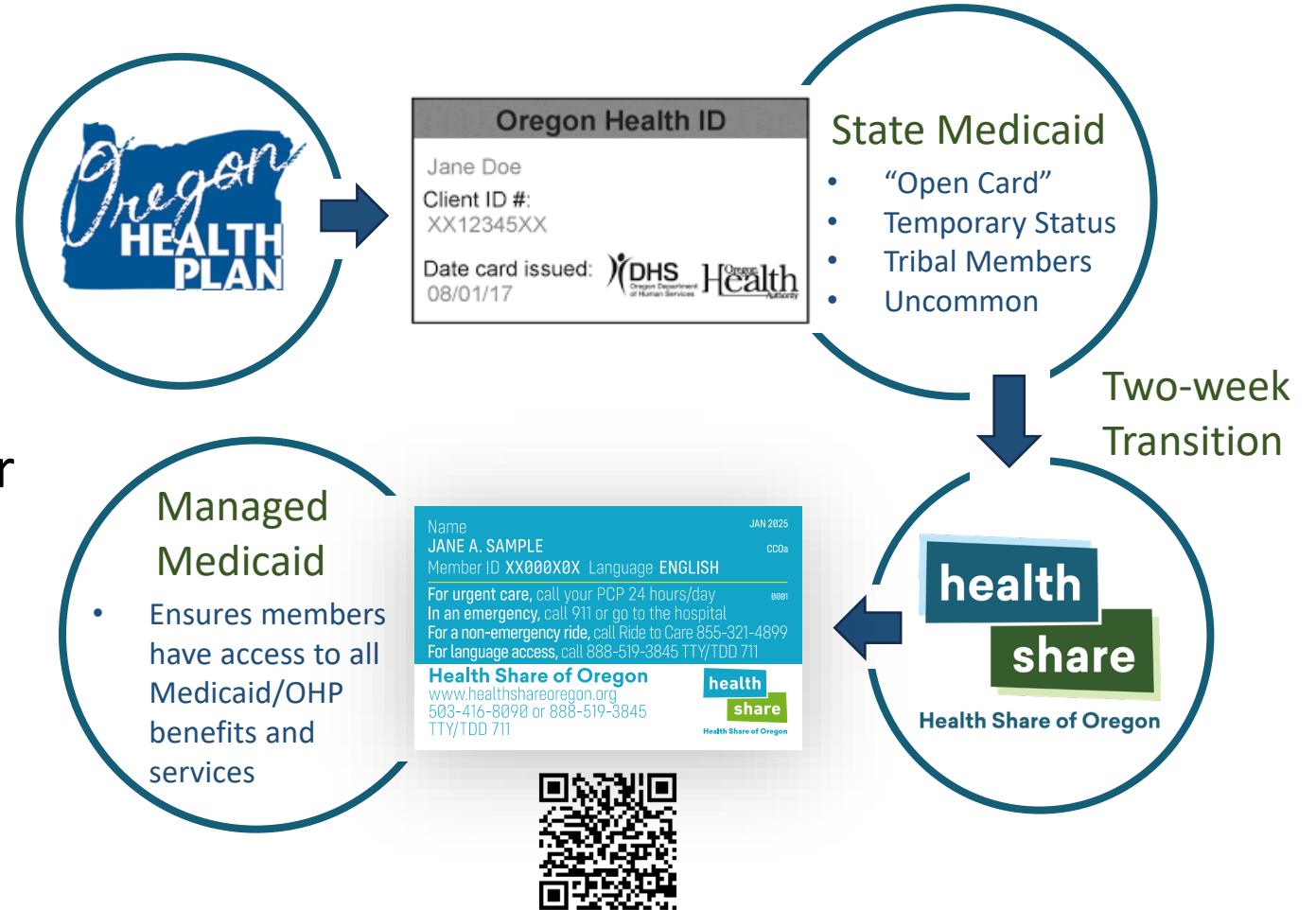
## What am I likely eligible for?

In the chart below, first find your family size and follow that row over to the dollar amounts. If you earn less than the income amount listed in one column, you may be eligible for that coverage or assistance.

Federal Poverty Level		Not eligible for OHP? You may be eligible for financial assistance through the Marketplace		Premium Tax Credits (no income limit)					
				Cost-Sharing Reductions				Members of federally recognized Tribes	
								Zero Cost-Sharing	Limited Cost-Sharing
				Oregon Health Plan (OHP)		OHP for Pregnant People	OHP Bridge <sup>1</sup>	OHP Special Programs <sup>2</sup>	OHP for Kids Under 19
100%		138%	190%	200%	205%	250%	300%	305%	
Family Size	1	\$15,650 \$1,304/mo	\$1,800/mo	Plus one per each expected baby	\$31,300 \$2,608/mo	\$2,674/mo	\$37,650 \$3,137/mo	\$45,180 \$3,765/mo	\$3,978/mo
	2	\$21,150 \$1,763/mo	\$2,432/mo	\$3,349/mo	\$42,300 \$3,525/mo	\$3,613/mo	\$51,100 \$4,258/mo	\$61,320 \$5,110/mo	\$5,376/mo
	3	\$26,650 \$2,221/mo	\$3,065/mo	\$4,220/mo	\$53,300 \$4,442/mo	\$4,553/mo	\$64,550 \$5,379/mo	\$77,460 \$6,455/mo	\$6,774/mo
	4	\$32,150 \$2,679/mo	\$3,697/mo	\$5,090/mo	\$64,300 \$5,358/mo	\$5,492/mo	\$78,000 \$6,500/mo	\$93,600 \$7,800/mo	\$8,171/mo
	5	\$37,650 \$3,138/mo	\$4,330/mo	\$5,961/mo	\$75,300 \$6,275/mo	\$6,432/mo	\$91,450 \$7,620/mo	\$109,740 \$9,145/mo	\$9,569/mo
	6	\$43,150 \$3,596/mo	\$4,962/mo	\$6,832/mo	\$86,300 \$7,192/mo	\$7,371/mo	\$104,900 \$8,741/mo	\$125,880 \$10,490/mo	\$10,967/mo
	7	\$48,650 \$4,054/mo	\$5,595/mo	\$7,703/mo	\$97,300 \$8,103/mo	\$8,311/mo	\$118,350 \$9,862/mo	\$142,020 \$11,835/mo	\$12,365/mo
	8	\$54,150 \$4,513/mo	\$6,227/mo	\$8,574/mo	\$108,300 \$9,025/mo	\$9,251/mo	\$131,800 \$10,983/mo	\$158,160 \$13,180/mo	\$13,763/mo
	9	\$59,650 \$4,971/mo	\$6,860/mo	\$9,445/mo	\$119,300 \$9,942/mo	\$10,190/mo	\$145,250 \$12,104/mo	\$174,300 \$14,525/mo	\$15,161/mo

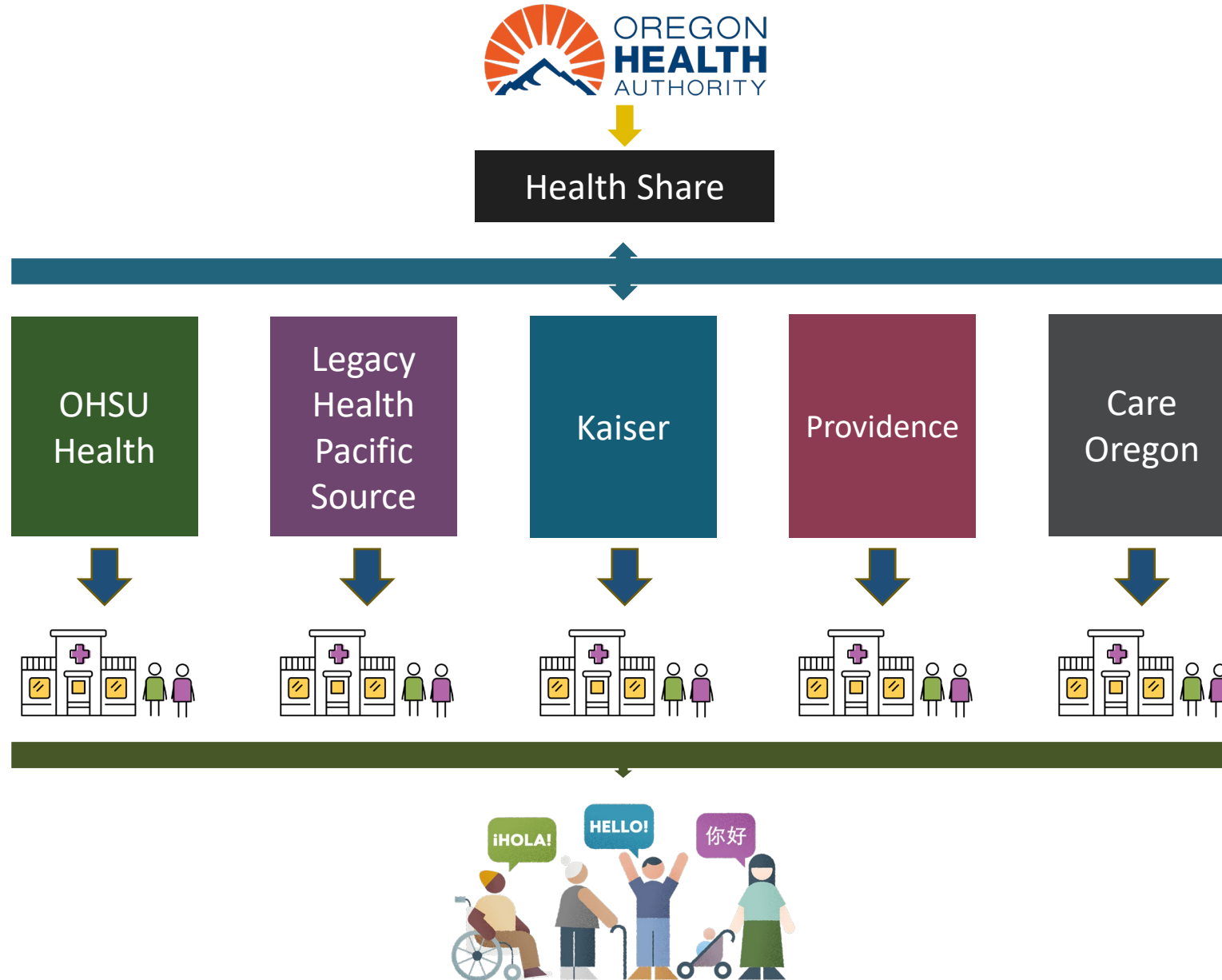
# OHP Application Overview

1. Interested individual applies and selects their preferred CCO
2. Member is approved and information is sent to CCO
3. Member is on “Open Card” for ~2 weeks while the CCO obtains their information
4. New Health Share member is automatically assigned to 1 of 5 Physical and Dental Health Plans

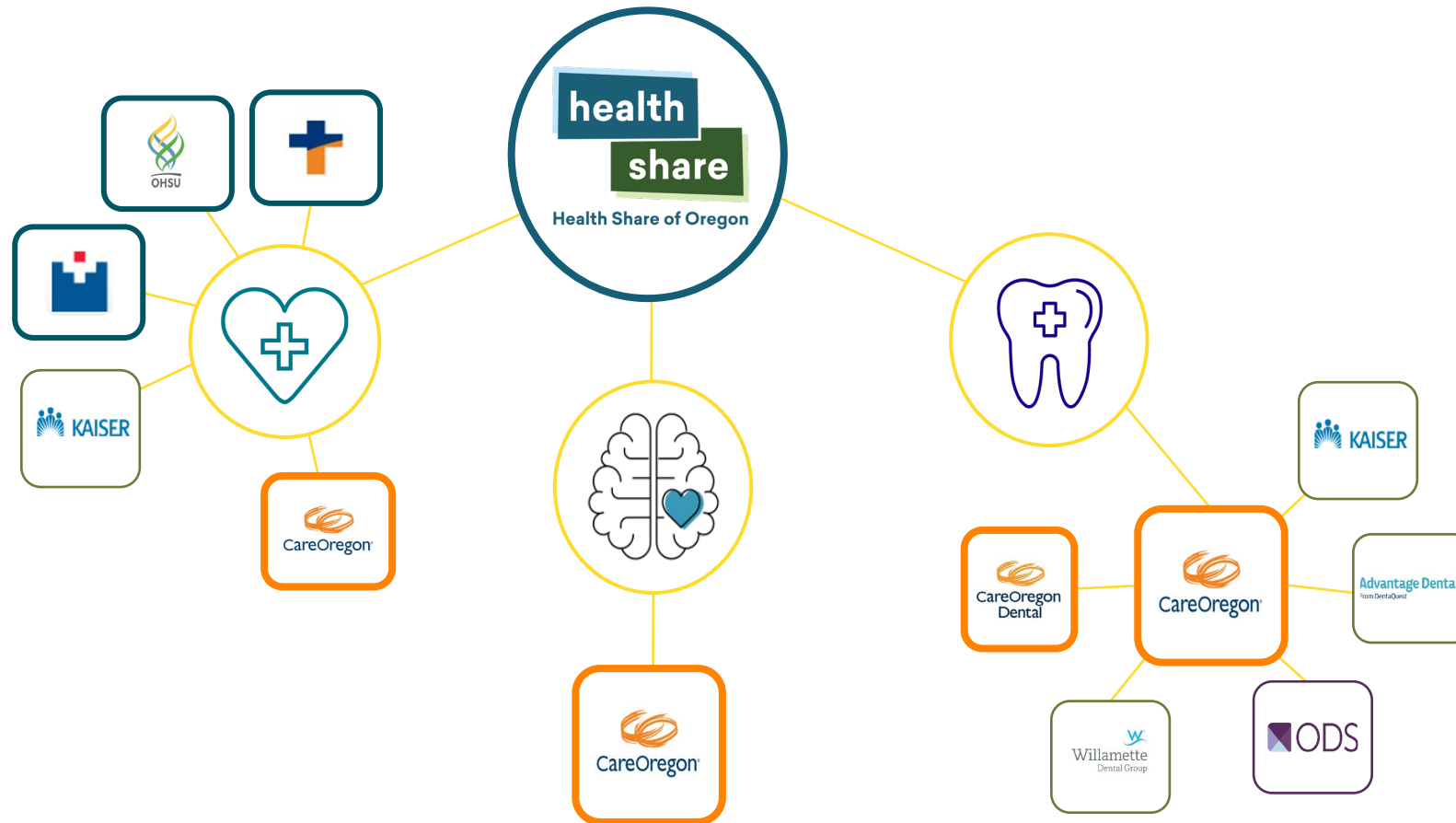




# Health Share's Unique Collaborative



# Understanding the Health Share Collaborative



# Who Are Our Members?

## **Currently approx. 450,000 Assigned Oregon Health Plan Members (Medicaid)**

- Clackamas County: 90,000 members
- Multnomah County: 235,000 members
- Washington County: 125,000 members

## **Member Demographics:**

- 32% (of members we have info on) identify as People of Color
- 17% report a language other than English as primary
- 150,000+ Members under the age of 18

## **Key Populations served:**

- People who receive Long Term Care Services and Supports
- Children and Youth involved with the Foster Care System
- People who belong to Blind/Deaf communities
- Healthier Oregon Population (HOP)

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# Understanding your Health Share ID Card

1. This is The month and year your card was issued
2. Call here for Medical Care & Prescription drugs
3. Call here for Dental Care
4. Call here to make an appointment with your main doctor (Primary Care Provider)
5. Call here for Behavioral Health and Substance use Care



# Physical Health

- Examples of PH Services:
  - Primary Care Provider (PCP) Visits
  - Preventive Care (annual check-ups, immunizations, flu shots, certain screenings, etc.)
  - Specialist Provider Access
  - Inpatient and Outpatient Hospital
  - Emergency Department & Urgent Care
  - Transgender Services
  - Supplies/Durable Medical Equipment (DME)
  - Eyeglasses for Under 21







# Behavioral Health

## Examples of BH Services:

- Outpatient Psychologist & Psychiatrist Visits (counseling and therapy)
- Applied Behavioral Analysis (ABA)
- Electroconvulsive Therapy (ECT)
- Inpatient Psychiatric Treatments
- Substance Use Disorder (SUD) Treatments
- Outpatient and Inpatient Detox



# Oral Health

## Examples of Oral Health Services:

- Preventive visits and dental exams
- X-rays, cleanings, fluoride varnish
- Fillings, dentures, limited crowns
- Sealants
- Deep cleaning for gum disease
- Extractions
- Limited root canals
- Urgent and specialty dental treatment



# Pharmacy and Prescription Drug Benefits

- **Medicaid/OHP covers most prescriptions.**
- **All plans cover the same types of medications**
  - Differences between plans include the specific brand of medicines, how you can access them and which pharmacies you can visit.
- **Most medications are available in a 30-day supply**
  - You can ask for some medications like birth control and blood pressure medications to come in a 90-day supply





# Medical Equipment and Supplies

Examples of DME benefits:

- Wheelchairs
- Prosthetics
- Breast Pumps
- Hearing Aids and Batteries
- Glucose Monitoring Kits
- Walkers
- Diabetic Shoes
- CPAP Machines
- Air Humidifiers
- Lice Treatment Kits
- Blood Pressure Monitor



# Accessing Care

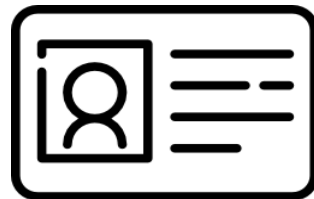
Language Access



Non-Emergent Medical Transportation



Health-Related Services



Care Coordination



# Language Access

Members have the right to understand their medical care. We provide interpretation services so members can receive information in their preferred language.

Most clinics can be contacted directly to arrange interpretation.

Members may also reach Health Share at 503-416-8090 to connect with:

- **Qualified sign language interpreters**
- **Written materials in other formats (large print, audio, accessible electronic formats)**  
\*provided within 5 business days
- **Qualified interpreters for languages other than English**

*\*call us as soon as you know that you need an interpreter to make sure we can be there on time*

# Ride to Care (NEMT)

A free service to OHP members who need help getting to/from medical appointments.

**To schedule a ride, call 1.855.321.4899.** Please call as soon as you know that you will need help getting to your appointment



**Public Transportation** for members who can take transit



**Mileage Reimbursement** for members with access to a vehicle



**Vehicle-provided Rides** for members unable to use transit or drive

# Ride to Care

**This is what you will need to schedule your appointment:**

- First and Last Name
- Date of Birth
- Health Share of Oregon Medicaid ID #
- Date and Time of your Appointment
- Full Start and Destination Address
- Facility Name, Dr.'s Name, Dr.'s Phone #
- Medical Reason for Visit
- Round Trip or One-Way Trip

For information on taxi availability and current demand [visit www.RideToCare.com](http://www.RideToCare.com)

# Flexible Services

These are services provided to a member to complement covered benefits to improve member and community health and well-being\*.

Health-related services are items/services like:

- Temporary Lodging to recover from a hospital stay
- Gym membership to build strength after an injury
- Cell phone and Service Plan to enable connection to a care team

*\*must be connected to a member's treatment/ service plan*

How to access?

- 1 Contact your Primary Care Team or
- 2 Call your assigned Health Plan.

***Health Share's plan partners are responsible for accepting, reviewing, and fulfilling requests. First verify client's assigned health plan and check plan's website/contact member services for guidance.***





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### Authorization to Release Personal Health Information

I, \_\_\_\_\_, give the following person(s) permission to contact Health Share of Oregon on my medical behalf. I give permission to Health Share of Oregon to discuss personal information, including address, phone number, member ID number, plan information, and effective dates in order to verify information and/or make any necessary updates and changes.

Please fill out (print) the following lines.

\_\_\_\_\_  
(Name) (Relationship)

\_\_\_\_\_  
(Name) (Relationship)

I understand that I am not giving permission for any discussion of my information other than reasons listed above. I understand that Health Share of Oregon may only speak with the above listed person(s) unless another form is completed or such information is specifically required by law.

I understand that this form is for use by Health Share of Oregon only and I may be required to submit additional releases to other organizations involved in my healthcare.

This release is effective for one (1) year from the date it is signed.

**X** \_\_\_\_\_  
Member Signature Date

\_\_\_\_\_  
Member's Oregon Health Plan ID

**X** \_\_\_\_\_  
Signature of Parent, Guardian or Legal Representative if member is a minor (state your relationship to the patient) Date

Please return this document to Health Share of Oregon one of the following ways:

Fax: 503-459-5749

Email: [info@healthshareoregon.org](mailto:info@healthshareoregon.org)

Mail: 2121 Sw Broadway, Ste 200, Portland, Or 97201

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# Importance of Release of Information

A release of information (ROI) form is a document the client signs allowing specific individuals to share Protected Health Information (PHI) with Health Share.

To navigate the health system on your client's behalf, an ROI will be required.



# Navigating Complex Care Needs

# Health Share Care Coordination Ecosystem

A care coordinator from each benefit (Physical and Specialty BH) may be assigned to a member, sometimes a single care coordinator will be assigned for both. Of the 14 Specialty BH care coordination teams, a member will only have a care coordinator from one assigned.

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Leadership | Community Impact | Strategic Initiatives | Oversight | Performance Improvement / Analytics | Global Budget Management | Equity Strategy

Benefit	Benefit Administration	Health Plan Care Coordination Services	Care Coordination Teams by Benefit & Integrated Delivery System				
			OHSU / Adventist / Tuality	Legacy	Kaiser Permanente	Providence	CareOregon
Physical Health	Delegated to Integrated Delivery Systems	Complex Physical / Routine BH Needs, General Care Coordination Needs, No Wrong Door	OAT	LMG	Permanente	PMG	Regional Care Teams
Specialty BH	CareOregon						
		Wraparound (County Teams): Intensive, Fidelity Based Model, Multisystem Involvement Required, Family/Youth Involvement Required. Youth only.	Washington County: Wrap Clackamas County: Wrap Multnomah County: Wrap				

# Care coordinators

Members have a consistent, multidisciplinary care team that collaborates across disciplines to develop and implement action-oriented care plans through telephonic, electronic or community-based interventions to resolve needs and promote healthy outcomes.

## Care coordinators

Are responsible for coordinating the provision of all covered services and some non-covered services for members.

- Use Motivational Interviewing, Trauma Informed Care and Person-Centered Care Planning within the services' delivery system to ensure consideration is given to members' needs in treatment planning, and to ensure comprehensive, coordinated and integrated person-centered care for members.
- Assist members in navigating the health care delivery system and connect members with services, providers and other appropriate settings such as:
  - Primary care providers and specialty providers
  - Oral health providers
  - Behavioral health providers
  - Oregon Youth Authority
  - Oregon State Hospital
  - DHS Medicaid-funded long-term care and community-based services
  - DHS office of Developmental Disability Services
  - DHS Child Welfare
  - Substance use disorder treatment
  - Crisis management services
  - Wellness & prevention resources & preventative screenings
  - Services and/or resources that address social determinants of health
  - Community and social support services
  - Traditional health workers or other peer-delivered services
  - NEMT services

# Behavioral Health Care Coordination Teams

- Regional Care Teams (CareOregon):
  - Focus is general care coordination needs - complex physical health and routine behavioral health needs
  - RCT does not have same level of requirements for coordination intensity. However, expectation is that if member rolls over from ICC or Choice, RCT will provide the same intensity.
- Wraparound (Administered at County Level):
  - Intensive, fidelity-based model with multisystem involvement required
  - Youth only. Family/youth involvement required

# Case Conferencing Overview

## Washington County

- Began case conferencing in Spring 2023
- Using Washington County specific data sharing agreement between county homeless services and health systems
- Every other week case conferencing –health systems, county homeless services and numerous homeless service providers participating

## Clackamas County

- Began conferencing in March 2024
- Using a release of information model
- Every other week case conferencing –health systems, county homeless services, behavioral health, peer support and multiple homeless services providers participating

## Multnomah County

- Began conferencing November of 2024
- Pilot phase
- **Data sharing agreement and ROI\* hybrid model**
- Every other week case conferencing –health systems, county homeless services, behavioral health, onboarding new homeless services providers and expanding referral criteria

# All Together, All for You.

