

Impact Beyond Boundaries

2017-2018 Annual Report

health
share

Health Share of Oregon

Over the past year, Health Share has faced uncertainties and challenges nationally, across Oregon, and at home—from federal policy changes and a statewide budget gap, to the unexpected closure of FamilyCare Health. Throughout these transitions, Health Share staff and partners have continued to work hard to address the challenges our communities face beyond boundaries—across health and social systems, communities, and county lines.

The weeks leading up to 2018 set in motion major change as FamilyCare Health announced it would not renew its contract with the Oregon Health Authority. Over a six-week transition, Health Share’s health plan and provider partners, staff, and others serving Oregon Health Plan members in our community worked diligently to ensure appropriate care coordination, access, and continuity of care for more than 100,000 new Health Share members. As Health Share coordinates care for OHP members across Clackamas, Multnomah, and Washington counties, staff and partners are continuing efforts to advance health and wellness across the entire service area.

During the transition and beyond, Health Share remained committed to its quality improvement program, earning 100 percent of quality incentive funds available. Health Share also charted a course for Ready + Resilient, a long-term roadmap to create healthy communities for all (page 9). The strategies and tactics that make up Ready + Resilient reflect a continued investment in fundamental system improvement and a thoughtful response to the Life Studies project, an initiative that allowed us to learn more about our members who develop poor health outcomes in adulthood.

Health Share’s Board of Directors remains committed to taking intentional steps to achieve the vision of the coordinated care model: better health, smarter spending, and healthier people. Looking ahead, there are challenges, unknowns, and continued transitions. However, I’m confident of continued positive outcomes for the communities we serve.



Eric C. Hunter
Board Chair, Health Share of Oregon | CEO, CareOregon

Bringing value and improving health community-wide

Health Share serves more than 320,000 members across Clackamas, Multnomah, and Washington counties —100,000 more than last year and almost 100 percent of the area's Oregon Health Plan population.

Serving OHP members across our service area gives us a unique opportunity to create positive change for the communities we serve through:



Building partnerships and making strategic, shared investments across systems to improve community health



Using data in developing community-based care interventions



Addressing early life health, support for recovery, and focused investment in health equity

With these goals at the forefront of our work, we are helping our members and communities be well—inspiring innovation, spreading best practices, and keeping costs in check.

Our Vision: A healthy community for all

Our mission:

We partner with communities to achieve ongoing transformation, health equity, and the best possible health for each individual.

At Health Share, we believe:

- member voice and experience are at the center of what we do
- health equity is achievable and requires deliberate action on our part
- in honoring our commitments
- using continuous improvement is vital to our efforts
- in operating transparently and using data to guide our work
- in working in partnership to maximize our resources

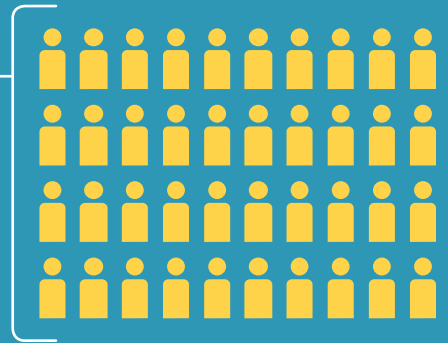
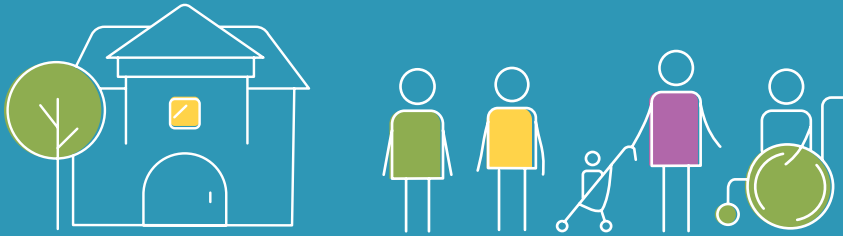


Our Members, Our Community

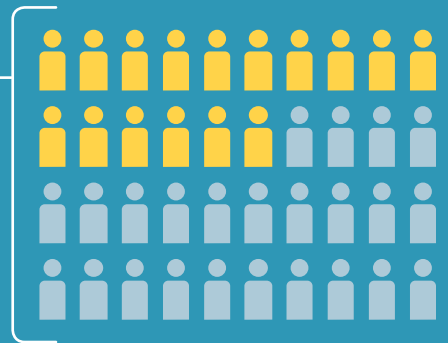
Health Share grew by 45 percent after FamilyCare Health relinquished its OHP contract in February 2018. Health Share's members make up about 18 percent of the population of Clackamas, Multnomah, and Washington counties, and reflect the diversity of the region.

Our Members

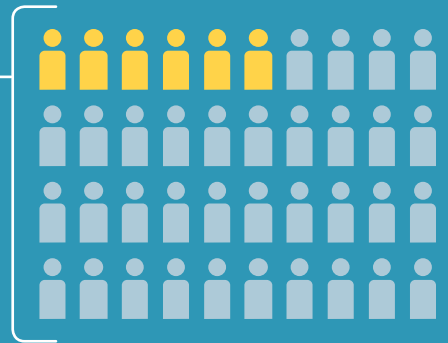
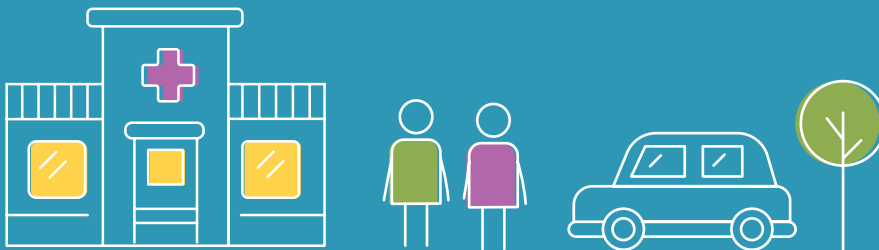
320,348 current members



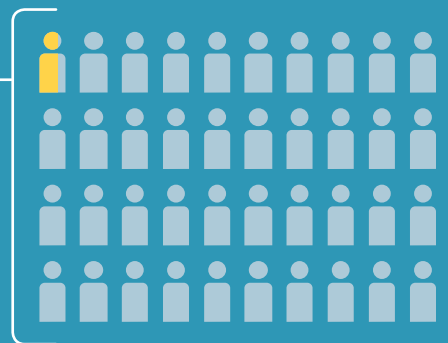
128,241 (40%) under age 18



49,097 (15%) received no services in the past 15 months*



7,399 (5.8%) are youth in foster care

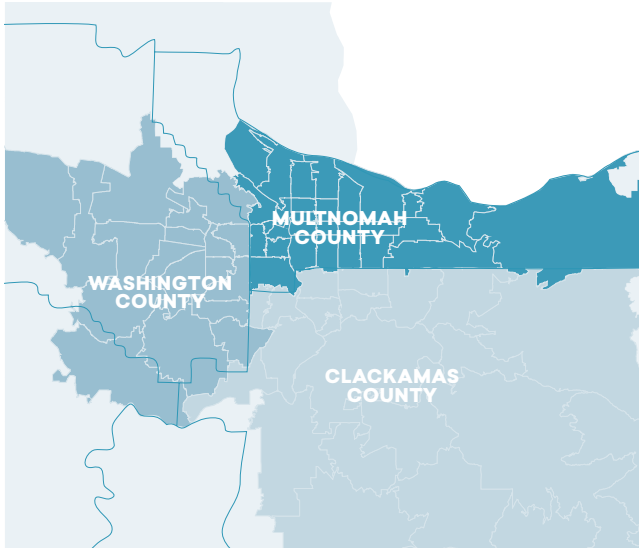


*from June 2017 to June 2018

 = 8,000 people

Where They Live

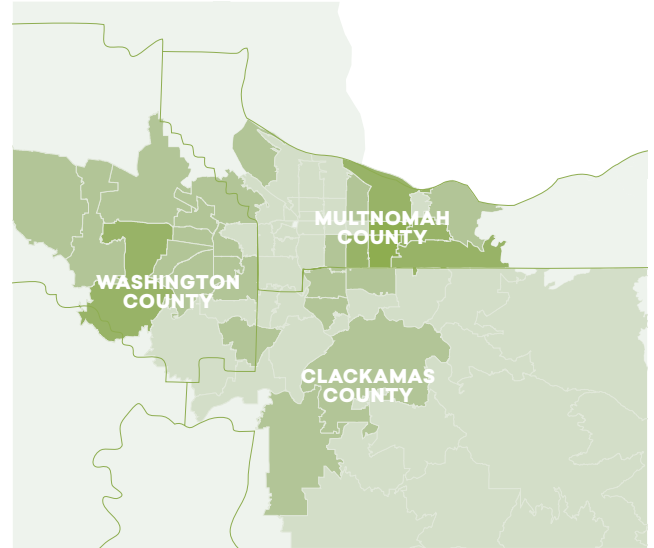
Map of Current Health Share Members | June 2018



- **Clackamas County**
62,009 Members | 20% of Health Share members
- **Washington County**
85,638 Members | 27% of Health Share members
- **Multnomah County**
170,311 Members | 54% of Health Share members

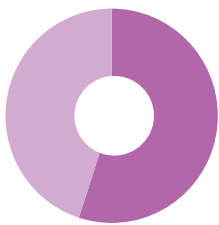
About 1 percent of Health Share members have zip codes outside of the tri-county area due to special circumstances or data entry errors.

Tri-County Medicaid Enrollment, Ages 0-17 | June 2018



- 0-2,000 Members
- 2,000-4,000 Members
- 4,000-6,000 Members
- 6,000+ Members

Gender



- 55% Female
- 45% Male

Note: Data collected are limited to binary gender identity and therefore inaccurately reflect members who identify as transgender, two spirit, and otherwise outside of the gender binary.

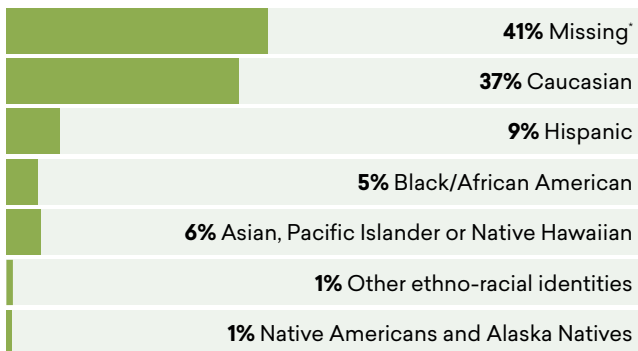
Language

16% of members speak a language other than English

In fact, Health Share members speak over **68** languages, from Urdu to Croatian

Most frequently spoken languages: English, Spanish, Russian, and Vietnamese.

Race/Ethnicity



*OHA did not provide ethno-racial identity data for these members.

How Members Use Care

The #1 reason members sought care in the last 12 months was for routine, preventive health services (as of 6/18/18).

Type of Care

6 in 10 members had a primary care visit

4 in 10 members had a dental visit

1 in 10 members received mental health services

Supporting an expanded population

Increased customer service

To meet members' service needs during and after the FamilyCare transition, Health Share established a Welcome Center with dedicated staff who fielded 14,360 calls from December 2017 through April 2018.

Access to care

Health Share and its partners worked to ensure new members did not experience interruption in care and could access care, even if their care providers did not work with Health Share at the time of transition.

- Approximately 4% of 95,000 former FamilyCare members needed to change their primary care provider.
- Fewer than 10% of 10,000 FamilyCare members receiving behavioral health treatment needed to change providers.



Advancing Health Equity

We believe everyone deserves to be cared for in a way that empowers them. Together with our partners, we are working to ensure high-quality, compassionate health care for communities that have historically been neglected or overlooked by our health system.

In 2017, Health Share hired three health equity strategists who are helping transform how the health care system can better relate to our communities.

A Focus on Community Health

Health Share's 2018-2020 Community Health Needs Assessment (CHNA) looks beyond claims and demographic data and into the complex interplay between the health system and real life. To put equity front and center, we focused on elevating community strengths and being transparent about the limitations of our data. We produced the report in collaboration with our Community Advisory Council. Next up: the Community Health Improvement Plan (CHP)—and a continued focus on equity.

We also supported Multnomah, Washington, and Clackamas counties on their community health improvement projects.

Health Literacy & Accessibility

We created more accessible documents for parents and caregivers of kids seeing a dentist for the first time.

Trainings on Equity in Care

We designed and hosted trainings to build equity capacity for partners. This year's trainings included a Self-Care for People of Color workshop at Cascadia Behavioral Health and a Health Equity 101 Training with the Coalition of Community Health Clinics. The trainings reached 75 providers and are helping them offer more thoughtful services and support.

We hosted quarterly, mandatory two-hour trainings on health equity issues for Health Share staff, focusing on providing tools they can apply to their work. We also hosted seven lunch-and-learns and a series of film screenings and discussions.



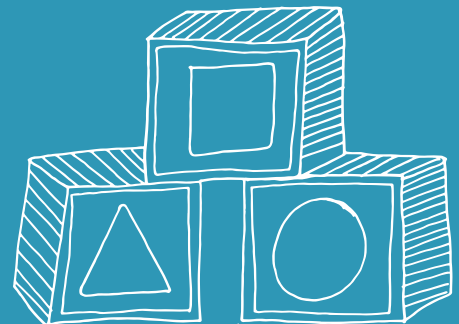
Regional Kindergarten Readiness Network

Poverty, racism, and ableism create barriers that further gaps in kindergarten readiness.

At the end of 2017, six cross-sector systems and organizations committed resources for a Regional Kindergarten Readiness Network to collaborate around common goals to close those gaps, including:

- Health Share of Oregon
- Providence Children's Health
- Early Learning Multnomah
- Oregon Community Foundation
- Social Venture Partners
- United Way of the Columbia Willamette

Families want their kids to be healthy and thrive, and it's our job to make it easy for them. The network is working to identify top priorities to ensure we reach our common goals.





Delivering on Our Mission

Ready + Resilient

The First Year

Through earned quality incentive funds, Health Share tackles issues that impact the health of our community. From health disparities to diabetes control, we are taking on some of health care's biggest obstacles—ensuring everyone has the opportunity to be well. Ready + Resilient, a three-year investment plan, is the roadmap to help us get there.

A Clear Vision for Ready + Resilient

Through the Life Studies project – a 2013 initiative to learn more about our members who developed poor health outcomes in adulthood – we learned what many had suspected: people are better served by changing the question from “what’s wrong with you?” to discovering “what has happened to you?” This shift was a critical step in acknowledging and addressing the early-life trauma, adverse childhood experiences, and social determinants of health that form a pathway to poor health for many of our members.

Ultimately, Ready + Resilient supports the wellbeing of children, families and communities through prevention, support for recovery and focused investment in health equity.

Start Strong – Investing in Early-Life Health

We know that when we invest in early-life health and social resources, we prevent bigger issues down the road. We also know that every child’s needs are different, and many children are falling through the cracks of the current fragmented system.

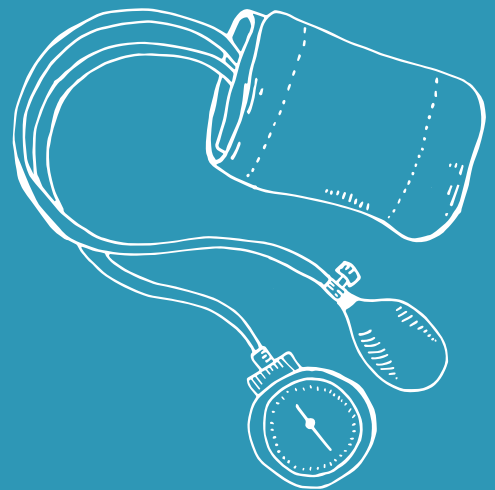
Our goal is to ensure that families and children have the health and social resources they need to thrive in a system of care that connects health care, community partners, and caregivers.

We continue to build on early-life health initiatives, such as:

- Promoting effective contraception use as a core preventive service for women
- Screening pregnant women for behavioral health and social resource needs
- Developing the infrastructure for supporting families (the Help Me Grow program)
- Partnering with schools and communities to promote kindergarten readiness
- Improving services for foster children

“The science is clear—early childhood trauma and social stressors have profound effects on lifelong health and wellness. By investing in early childhood health—and ensuring that children enter kindergarten safe, healthy, and ready to learn—we are securing a better life course for our communities.”

– RJ GILLESPIE, MD
THE CHILDREN’S CLINIC



Support Recovery – Investing in Behavioral Health

Our health is impacted by what happens to us, and nowhere is this clearer than through the trauma and disparities we see in our state’s substance use and mental health crises. By connecting physical and behavioral health services, integrating peers and community health workers, and focusing on populations who are struggling the most, we are supporting recovery in every community.

Our Support Recovery initiatives include:

- Expanding Wheelhouse to primary care, improving access to medication-assisted treatment
- Integrating primary care and specialty behavioral health
- Integrating substance-use treatment with maternity care, including better information exchange
- Enhancing training for a culturally diverse workforce and increasing access to culturally specific peers
- Improving care transitions and continuity from one level of treatment to another (e.g. detox to residential)
- Decrease administrative burden

Share Health – Investing in Health Equity

Ready + Resilient’s equity-first approach means that all of our strategies and tactics include explicit efforts to eliminate health disparities in our communities and ensure that everyone has access to high-quality health care.

Our tactics are driven by data, show demonstrable impact on reducing disparities, and have clear metrics that hold us accountable.

By using an equity-first approach in our initiatives, we hope to:

- Improve access to care for historically marginalized communities
- Reduce disparities in access among special populations
- Increase culturally and linguistically effective and appropriate services
- Integrate culturally specific peer supports with payment models to support them
- Decrease barriers to integration of substance use treatment, primary care, and maternity care
- Better communicate between behavioral health treatment and primary care



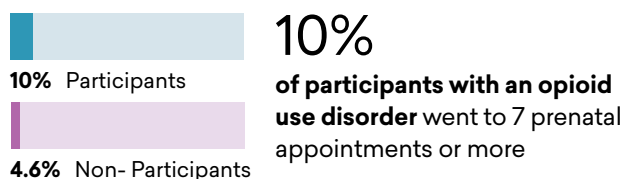
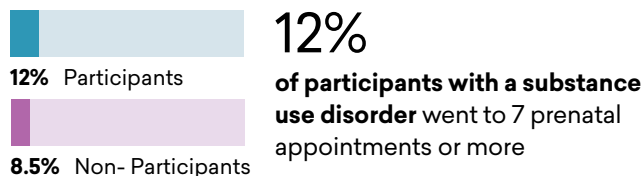
Project Nurture

Early life health and behavioral health are interconnected; when we build resilience and address trauma early in life, we help prevent substance use among adults. In turn, when we support recovery, we help create thriving families who provide healthy beginnings for children. Health Share, along with Providence Health & Services, Legacy Health, LifeWorks NW, CODA, OHSU, and DHS, began Project Nurture to care for women with substance use disorders who become pregnant. The program engages women as early as possible in their pregnancy, and continues care for up to a year after giving birth with peer support, case management, and advocacy services.

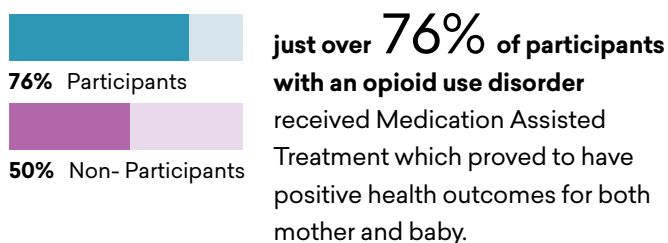
Between 2015 and 2017, Project Nurture showed the following improvements in health and care for the women it served:

More Prenatal Care

Participants were more likely to attend prenatal appointments (7 or more).

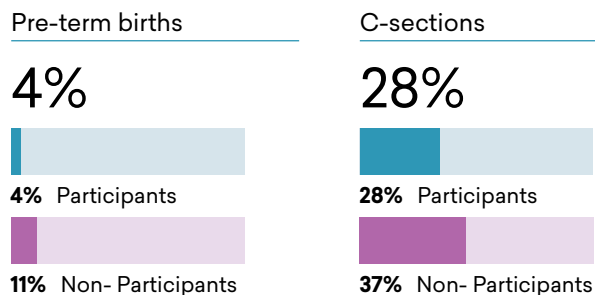


More access to Medication Assisted Treatment



Fewer Pre-term Births and C-sections

Participants were less likely to experience pre-term births and C-sections. **Percent of Project Nurture participants who experienced:**



93% of women kept custody of their baby after graduating from the program—speaking volumes to Project Nurture’s potential to ensure women with addictions who become pregnant can get the care they need and prepare to be a safe and healthy parent, ultimately preventing foster care placement.

Thought Leadership

Engaging Our Members & Community

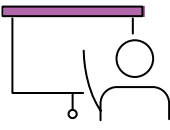
Sharing Knowledge, Convening Partners



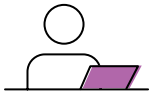
431
Partner meetings convened



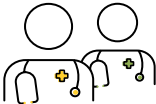
30
Community events and \$24,000 in sponsorships



69
Events where Health Share spoke or served on a panel



117
External committees on which Health Share staff served



259
Clinicians trained

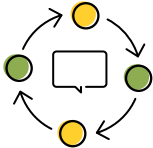


24.5 hours
Health Share staff equity trainings

Community Advisory Council

Our Community Advisory Council is comprised of Oregon Health Plan members and community leaders from Clackamas, Multnomah, and Washington Counties. Now in its seventh year, the Council is charged with keeping Health Share accountable to our members and the community by supporting our mission of ongoing transformation, health equity, and the best possible health for each individual.

Some of the Community Advisory Council's Work Over the Past Year



Providing advice and feedback on key issues including Health Share's Ready + Resilient Strategic Investment Plan, and the transition of the Non-Emergent Medical Transportation benefit (Ride to Care)



Completing a new Community Health Needs Assessment (CHNA) and starting work on the Community Health Improvement Plan (CHP) based on the assessment



Developing tools and processes to ensure a more equitable and engaged Council



Designing a community engagement process to raise member and community voice in the CHP

Ride to Care

Opinion Pieces and Media Mentions

Protecting health care for Oregonians and funding for the Oregon Health Plan through support of Measure 101 was a high priority for Health Share leading up to 2018. In addition, and at the same time, Health Share grew by 100,000 members, encouraging increased media outreach and publishing four op-eds that ignited productive conversation around how best to serve our diverse, growing population.

In addition, Health Share engaged the press directly, resulting in 51 media mentions in local and national outlets.

Op-Eds

“Delaying health care tax risks care for a million Oregonians,”

by Janet Meyer, former Health Share CEO. The Oregonian, August 6, 2017.

“Toward equity in health care, deliberately and thoughtfully,”

by Michael Anderson-Nathe, Chief Equity and Engagement Officer. Basic Rights Oregon, February 5, 2018.

“Better Health Care for Communities of Color,”

by Michael Anderson-Nathe, Chief Equity and Engagement Officer. Portland Observer, February 7, 2018.

“Health Share Welcomes New Members,”

by Janet Meyer, former Health Share CEO. The Oregonian, February 12, 2018.

Member Engagement & Social Marketing

Health Share increased its member engagement and social marketing efforts over the past year, including display ads, Facebook and Instagram, Snapchat, Google Adwords, Transit Tracker, radio ads, print ads, and billboards designed to increase member engagement with our partners for care and services.

19 per 1,000 | Overall click-through rate (national average: 8 per 1,000)

47 per 1,000 | Facebook and Instagram click-through rate (national average: 30 per 1,000)

202% increase | Facebook page likes

Reliable transportation to health care appointments is important for Health Share members' ongoing health. Ride to Care provides free rides for covered services in the Portland metro region to members who have no other transportation options. The service uses local drivers and transportation organizations to get them to and from their appointments.

2018 Transportation Transition

Due to challenges experienced by members and drivers with our previous transportation partner, we began working with a new vendor, Gridworks IC, in 2018. The new program features a local call center, improved intake process, improved relationships with drivers, reloadable gas cards, and Tri-Met Hop passes.

Initial Challenges

- High call volume—many from members with questions about how to use the new reloadable gas cards—resulted in long hold times
- Launch of the new dispatching system resulted in delayed pickups or difficulty scheduling rides for some members

Timely Solutions:

- Hired 29 additional call center staff who have greatly reduced wait times
- Created an additional, dedicated phone line specifically for hospital discharges
- Established a back-up dispatching team to ensure members with critical ongoing needs receive ride support



Our Impact

Leading Health Policy

Health Share and our partners actively and effectively advocate on behalf of our members, plan partners, providers, and the Oregon Health Plan as a whole.

The unexpected and rapid enrollment of over 100,000 new members in 2018 brought new opportunities for our relationships with Oregon’s health policy leaders. During the transition, we spoke with state officials almost daily to ensure a smooth transition for our members and effective communication with impacted providers. We also continued our usual role in public policy advocacy.

State Legislative Advocacy

During the one-month 2018 Legislative Session, Health Share supported legislation that bolsters the CCO priorities of better care, smarter spending, and healthier people.

Most notable was Health Share’s early support for Representative Mitch Greenlick’s CCO transparency and accountability bill—HB 4018, which requires:

- Meetings of a CCO’s governing body where substantive final decisions are made (votes are taken) to be held in public
- CCOs to expend a portion of net income or excess reserves on addressing social determinants of health
- Public notices by CCOs choosing not to contract as a CCO
- CCOs to have the option of fewer than 50% of their board seats held by risk-bearing entities

In addition to HB 4018, Health Share supported several other bills that became law around the following priorities:

- Prescription drug price transparency
- Establishment of a Maternal Mortality and Morbidity Review Commission in Oregon
- Empowering the State’s Alcohol and Drug Policy Commission to develop policy guidance for the Oregon Health Authority to address the substance use disorder system of care
- Requiring the state to study barriers to medication assisted treatment for substance use disorders
- Requiring continuation of OHP eligibility following admission to the Oregon State Hospital

Health Share also supported the following state budget line items, which were included in the end-of-session budget bill:

- Budget increases for school-based mental health services
- Mental health provider rate increases
- Expansion of the Oregon Psychiatric Access Line

State Administrative Advocacy

In addition to our work with the state legislature, we are constantly advocating for improvement of the Oregon Health Plan and our ability to care for our members.

- Former Health Share CEO, Janet Meyer, was again asked to serve on the Governor’s OHP budget advisory group, which is working to develop long-term funding solutions for the OHP.
- Health Share used its 2017 Behavioral Health Workforce Study to successfully advocate with the Oregon Health Authority for parity between some fee-for-service payment rates for mental health providers and substance use providers doing equivalent work. This should ultimately lead to parity from other payers.
- Many of our partners and staff participated in Oregon’s Behavioral Health Collaborative for more than a year to develop recommendations for reforming the state’s behavioral health systems of care. From that work, the tri-county region was selected as the pilot site for a regional behavioral health collaborative.
- Health Share and our partners actively participated in the Governor’s Children and Youth with Specialized Health Needs Workgroup to define a set of policy and budget proposals to improve access to behavioral health and high-needs foster care services for our members.

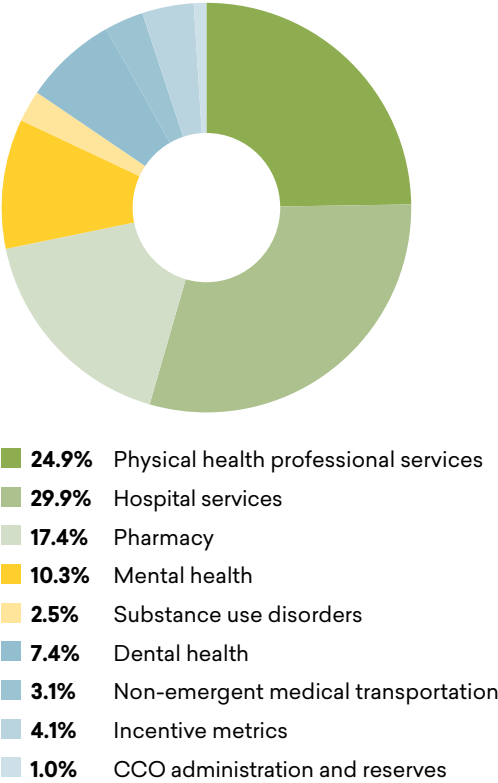
Smarter Spending, Healthier People

By coordinating care for OHP members across our region, we have the unique ability to see beyond the symptoms of one individual—and beyond single health systems—to paint a more accurate picture of our community’s health. This helps us to spend limited resources in smarter ways, and ultimately lead to better health outcomes in our communities.

In 2017, Health Share had a member benefit ratio—the proportion of premium revenue spent on direct services to members—of 92 percent.

| 2017 MEMBER BENEFIT RATIO | |
|---|-------|
| Member Benefit Premium revenue spent on direct services to members | 92.1% |
| Health Plan Administration Allowances to subcontracted health plans | 7.1% |
| Health Share CCO Operations | 1.0% |
| State Financial Solvency Requirements | 0% |

2017 Revenue Allocation



Excludes all hospital reimbursement adjustment (HRA) pass-through revenue and prior period dual eligible recoupments.

2017 Program Investments & Partnerships

Health Share invested \$9.5 million in strategic initiatives.

Community Health Workers
\$3,640,000
 ORCHWA, IRCO

PreManage
\$327,000
 Collective Medical Technologies
(to benefit behavioral health provider organizations)

Help Me Grow
\$292,000
 211 Info, Providence Swindells

Project Nurture
\$1,100,000
 CODA, Legacy, Lifeworks, OHSU, Providence

Peer Family Navigator Program
\$320,000
 Providence Swindells

DHS Medical Liaison
\$140,000
 Oregon Department of Human Services

Foster Care Medical Homes
\$248,000
 Hillsboro Pediatrics, Randall Children's Clinic

Wheelhouse
\$1,600,000
 CODA, Central City Concern

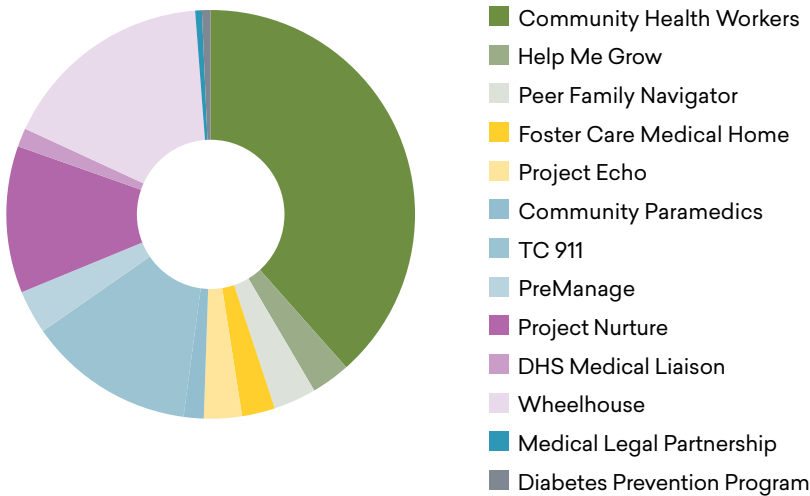
Project Echo
\$284,000
 OHSU, Albertina Kerr

Medical Legal Partnership
\$50,000
 Medical Legal Partnership Oregon, OHSU Richmond Clinic

Community Paramedics
\$150,000
 Legacy/MetroWest, American Medical Response, Tualatin Valley Fire + Rescue

Diabetes Prevention Program
\$65,000
 Omada Health, YMCA of Columbia-Willamette, Asian Health, Lifestyle Medicine, African American Health Coalition

TC911
\$1,250,000
 Multnomah County



These figures are reflective of multi-year investments made through contracts that were active during 2017. Excluded are investments from projects that concluded prior to 2017 and new investments that were contracted in 2018.

Metrics for Improving Care

As part of Oregon’s commitment to better quality health care and improved health outcomes, CCOs like Health Share are scored for their performance on efforts to improve the health of the communities they serve. In 2017, Health Share met improvement targets or benchmarks on 14 of 17 measures, qualifying for 100 percent of pay-for-performance dollars, a total of \$43 million.

ACHIEVED THE BENCHMARK

- Adolescent well-care visits
- Cigarette smoking prevalence
- Colorectal cancer screening
- Controlling hypertension
- Dental sealants for children
- Depression screening and follow-up planning
- Developmental screening
- Follow-up after hospitalization for mental illness
- Parental and postpartum care: Prenatal care
- Patient-centered primary care home (PCPCH) enrollment

MET IMPROVEMENT TARGET

- Ambulatory care – Emergency department (ED) utilization
- Assessments for children in DHS custody
- Childhood immunization status
- Effective contraceptive use (ages 18-50)



The Role of Data in Equity

Health Share evaluates all quality incentive metrics data by race, ethnicity, language, gender, age, and other demographics in order to identify health care disparities to address.

In 2016, we saw dramatic disparities in the rate of developmental screenings based on language. In response, we spent two years working with culturally specific organizations in our community to develop culturally and linguistically appropriate Ages and Stages Questionnaires (ASQ)—the most common developmental screening tool.

Today, as a result, Spanish, Vietnamese, and Somali speaking populations outperform English speakers on the developmental screening metric. We ended 2017 a full seven points above the benchmark for developmental screenings, advancing our five-year trend of continuous improvement on this measure.



Our Founding Partners: Advancing Care

ADVENTIST HEALTH PORTLAND

Adventist Health

Adventist Health providers reduced opioid prescriptions by 25 percent and improved the quality of life for hundreds of patients suffering from chronic pain over the past year. This is the result of combined efforts with primary care, behavioral health, the interventional pain management clinic, and community addiction providers.



CareOregon®

CareOregon

Over the last two years, CareOregon invested more than \$20 million in grants, sponsorships and nontraditional provider funding to ensure members have housing, nutrition and access to excellent care.



CENTRAL CITY CONCERN

HOMES HEALTH JOBS

Central City Concern

Some of Central City Concern's 13 Federally Qualified Health Centers now offer walk-in services to improve access to care. Old Town Clinic is open for those needing to establish a primary care provider and Eastside Concern accepts walk-in screenings for outpatient Medication Supported Recovery from opioid use disorder.



Clackamas County

Participation in Health Share Pathways' peer delivered services programs increased by more than 45% in 2017. Of members who participated, 91% report they would have returned to a higher level of care if not for peer delivered services. Since 2015, members participating in peer delivered services programs who report that they feel accepted in their communities has nearly doubled.



KAISER PERMANENTE®

Kaiser Permanente

Children face many obstacles that can prevent them from reaching their potential. Kaiser Permanente NW partnered with Oregon Pediatric Improvement Partnership and OHA to develop a health complexity stratification tool that takes into account both chronic medical diseases and social risk factors, called a "health complexity" score.



Legacy Health

To enhance Legacy Medical Group Primary Care clinics as patient-centered primary care homes, clinical pharmacists have been integrated into clinic care teams to provide patients with medication management and chronic disease support, as well as conduct annual wellness exams, resulting in better outcomes for patients.



Multnomah County

Health Share Pathways' Addictions Benefit Coordination (ABC) team provides client centered outreach and care coordination to overcome barriers and increase access to addictions services; the team is on target to serve 500 unique clients in 2018 with a successful case closure rate greater than 80%. In addition to general care coordination, the ABC team provides culturally specific coordination services for Latino and African American clients and partners with HIV services to provide integrated coordination for this specialty population.



OHSU

OHSU's Department of Family Medicine partnered with CODA in a Health Share-supported program, Project Nurture, which provides prenatal, inpatient maternity and postpartum care for women who struggle with addiction as well as pediatric care for their infants.



Providence Health & Services

Providence Children's Health and Providence Health & Services organized with the Children's Health Alliance to form a pediatric accountable care organization, or ACO to provide high quality, comprehensive care for more than 13,000 children in Health Share's service area.



TUALITY HEALTHCARE
An OHSU Partner

Tuality Health Alliance

Tuality has worked closely with Hillsboro Pediatric Clinic and dental partners to implement a First Tooth dental workflow that includes an assessment and follow-up referral process. Additionally, Tuality is assisting in the local launch of Help Me Grow, a national initiative supporting early childhood interventions.



Washington County

Health Share Pathways supported development of 7 Certified Community Behavioral Health Centers (CCBHCs) across the Portland Metropolitan area. CCBHCs are centers that offer comprehensive behavioral health services with integrated medical care and rapid access to service. The centers are operated by Cascadia Behavioral Healthcare and Lifeworks NW.

“The community, once expanded to the dimensions of larger ideas, never returns to its original size.”

— OLIVER WENDELL HOLMES

Leading Beyond Boundaries

Our dedicated board of directors provides invaluable leadership as we work together to transform health systems while spending smartly and serving more members than ever with equitable, high-quality, comprehensive care.

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CareOregon

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Health Share of Oregon