SHARE Initiative:
Supporting Health for All through REinvestment

FREQUENTLY ASKED QUESTIONS

This FAQ is intended to clarify details of the SHARE Initiative. Full guidance and technical assistance documents are available on OHA's SHARE Initiative webpage.

OHA will update this FAQ periodically. Please email questions to Transformation.Center@odhsoha.oregon.gov.

Contents

Financial requirements

1. When will CCOs be required to determine their SHARE Initiative obligation based on an explicit minimum requirement? What will that formula be?

Beginning in 2023, CCOs' SHARE obligation is subject to a minimum formula set by OHA. This formula is outlined in OAR 410-141-3735 and will be reflected in Exhibit L6.7 starting with the 2022 contract year reporting due in spring 2023. Specifications are available in the "Minimum SHARE spending formula" section of the SHARE Initiative guidance document (copied below), and are also reflected in Report L6.7. See OAR 410-141-3735 for additional details on application of the formula and its defined terms.

The SHARE obligation shall equal or exceed the greater of:

- **A percentage of average adjusted net income** for the prior three calendar years on a sliding scale based on the CCO's risk-based capital (RBC) percentage at the end of the prior calendar year (but prior to the SHARE portion calculation):
  - 0% of adjusted net income at or below 300% RBC, grading up to 20% of adjusted net income at or above 500% RBC; or
- **10% of dividends** recorded or similar payments or both to shareholders, **including adjusted net income earned by capitated affiliates**
  - Capitated affiliates' adjusted net income is calculated with respect to the capitated affiliates' lines of business under the CCO as reported to OHA through the CCO's financial statements under OAR 410-141-5015.
  - Dividends or similar payments solely designated to satisfy tax obligations of affiliates that arise on account of serving the CCO's Oregon Health Plan members shall be excluded, provided that the CCO provides documentation approved by OHA.

2. What would happen if a CCO decided not to spend SHARE Initiative dollars?

The authority for the SHARE Initiative is in statute. Per ORS 414.572(1)(b)(C), CCOs must expend a portion of their annual net income or reserves that exceeds statutory financial requirements (see formula set by OHA, outlined in OAR 410-141-3735, and described in question #1) on services designed to address health disparities and social determinants of health. CCOs that do not spend SHARE Initiative dollars based on minimum requirements could be found to be in breach of CCO contract and subject to sanctions per Exhibit B, Part 8, Section 3 of the contract. Sanctions can include corrective action plans and/or financial penalties.

3. Is a CCO allowed to change their SHARE designation amount?

A CCO may not reduce their SHARE designation below their required minimum obligation (based on the formula applied to their prior year financials). CCOs are also expected to honor their financial commitment (designation) to community partners through SHARE and consider the impact of a funding change before doing so.

If a CCO chooses to change their total SHARE designation amount for any reason (and it is still above the required minimum amount), they must notify OHA of the change for review and approval by submitting the following:

- An **amended SHARE spending plan** reflecting the changes submitted though the CCO Deliverables Portal.
  - The amended plan must describe the change, rationale for the change and the community impact of the requested change, including specific partners affected by the change.
- **Exhibit L** should only reflect SHARE designation changes that have been previously submitted and approved by OHA and received no later than the original due date of the CCO-audited financial reports (June 30).

If a CCO changes their SHARE designation amount, OHA is obligated to publicly post the changed SHARE designation to maintain transparency. All SHARE reporting, including designation changes, will be posted to the SHARE Initiative reports webpage.

4. What does "adjusted net income mean"?

For the purposes of the SHARE Initiative (OAR 410-141-3735), "adjusted net income" is the pre-tax net income reported by a CCO for a calendar year (or a partial year, if relevant) pursuant to OAR 410-141-5015, adjusted by OHA pursuant to Section 3(a)(E) of the rule for items such as the following:

(A) Excessive administrative expenses, including management bonuses
(B) Improper allocation of expenses across lines of businesses
(C) Non-operating revenues and expenses
(D) Adjustments to base data made as part of the capitation rate development
(E) Expenses not supported by legitimate business purposes
(F) Payments or transfers to subcontractors, parent companies, affiliates, or subsidiaries

5. How are CCOs' affiliates impacted by the SHARE minimum requirement?

Net income earned by CCO affiliates that are sub-capitated is reported on the Exhibit L Supplemental Sub-capitated Entity report and is subject to SHARE requirements. This is stated in the spending formula section of the SHARE guidance document, and in Report L6.7.

6. **If a CCO's sub-capitated affiliates meet the SHARE minimum financial requirements to contribute to SHARE, does that sub-capitated entity need to give money *back* to the CCO for SHARE spending? How does reporting work?**

CCOs may either:

1) Collect the SHARE-obligated funds from their affiliates and spend it collectively; or
2) Ask the affiliates to disburse their obligated funds directly to SDOH-E partners (written agreements between funding organization and SDOH-E partner still required).

CCOs must submit a single SHARE spending plan that describes how all funds will be spent (by the CCO and eligible affiliates) and meets all SHARE requirements.

CCOs must report on their spending and their eligible affiliate spending. CCOs will report both 1) the total amounts designated and spent and 2) amounts designated and disbursed to each SDOH-E partner (by the CCO and eligible affiliates) in Exhibit L (due June 30). CCOs can determine how to show affiliate and CCO spending in the annual spending plan (due December 31).

7. **Is a CCO exempt from designating dollars toward the SHARE Initiative if the minimum formula result is $0?**

CCOs that do not exceed financial requirements as specified in OAR 410-141-5195 through OAR 410-141-5220 are presumed exempt from having a SHARE Initiative spending requirement.

CCOs are subject to a minimum spending formula that includes a three-year averaging of net income and takes into account reserves, dividends and net income of affiliates. If CCOs have negative net income for a year but have reserves significantly higher than 300% RBC, they are not automatically exempt from SHARE Initiative. If a CCO has a $0 result from the minimum spending formula, they may voluntarily make a SHARE designation (amount of their choosing) or opt out for that year.

8. **Like SHARE, health-related services (HRS) can also be used to fund services that address social determinants of health and equity (SDOH-E). How are HRS dollars different from SHARE dollars?**

HRS are voluntary investments by CCOs in several areas including, but not limited to, SDOH-E. SHARE is a required investment specifically in SDOH-E. While both HRS and SHARE can fund SDOH-E, their source of funding is different. HRS are funded from a CCO's global budget while SHARE dollars are funded from a CCO's net income. SHARE Initiative spending does not qualify as HRS for the purposes of reporting or capitation rate setting. CCOs may not double count spending as SHARE and HRS. More HRS details are available on the HRS webpage.

SDOH-E domains and housing priority

9. **Can SHARE-funded projects focus on improving access to care?**

No, SHARE dollars may not be spent on activities, projects or initiatives targeted exclusively at delivery of health care or expanding access to care. OHA's definition of SDOH-E does not include health care or access to health care, as these are part of a CCO's foundational work in Oregon's health care system. Dollars from the SHARE Initiative are meant to address needs beyond the "clinic walls" through community partnerships.

10. **What is OHA's definition of "housing investments"?**

Housing investments for the SHARE Initiative refer to **services and supports that help people find and maintain stable and safe housing**. OHA has prioritized both project-based ("supportive") and tenant-based ("supported") housing. These investments can be offered at the individual or community level. SHARE also allows for investments in permanent supportive housing initiatives, which combine lease-based affordable housing with tenancy supports and other voluntary services. Housing supports that are covered services for specific populations under Oregon's Substance Use Disorder 1115 waiver or 1115 Medicaid waiver are not eligible for SHARE spending.

Examples of housing-related services and supports at the individual vs. community level

Individual level:

- Provide healthy homes assessments, repairs and enhancements for members with respiratory illness and/or balance/mobility challenges to improve overall health and prevent potential falls, injuries or worsening of health conditions
- Provide navigation services, move-in and rental assistance for community members living with HIV and experiencing houselessness
- Fund daytime drop-in service center that provides first and next step housing conversations, emergency housing vouchers and help with rental and housing applications
- Provide homeownership trainings and support services for families with children

Community level:

- Partner with local housing organizations and/or community-based organizations to combat discrimination in housing communities
- Create a permanent, affordable housing community for low income and unsheltered residents
- Create, convene and fund a regional housing coalition
- Construct ADA-accessible temporary housing units, including on-site showers, kitchen and laundry units
- Construct permanent supportive housing for individuals experiencing or with a history of substance use or mental illness
- Renovate a substance use treatment facility with on-site peer support social needs services
- Build capacity for a local housing authority to continue construction and repair of homes

11. Can CCOs select only one SDOH-E domain for SHARE projects?

Yes, a CCO may choose to focus on one domain, or multiple domains. SHARE Initiative spending must target at least one of the four domains:

- Economic stability
- Neighborhood and built environment
- Education
- Social and community health

At least one of the CCO's projects must also address the housing-related services and supports priority.

12. What should a CCO report if a SHARE project can fall under multiple SDOH-E domains?

If a CCO's SHARE project could fall under multiple SDOH-E domains, the CCO may select multiple domains on the SHARE Initiative spending plan template. All the domains have connections and overlap. OHA will not scrutinize how the SHARE spending is categorized in any given domain. It is critical, however, that the CCO can justify that 1) each project meets OHA's definition of SDOH-E and at least one of the required SDOH-E domains; and 2) at least one of the CCO's projects addresses the housing-related services and supports priority.

13. How does OHA define "neighborhood and built environment"?

The neighborhood and built environment category includes spaces and places created or modified by people. It includes buildings, venues for physical activity, public transportation, etc. It can either encourage or serve as a barrier to a healthy lifestyle. For example, neighborhoods perceived as unsafe provide a barrier to physical activity, which may result in a higher likelihood of residents being overweight. On the other hand, higher neighborhood walkability encourages physical activity and can help prevent residents from becoming overweight.

Examples of topics or projects that fall under this category can be found in [OHA's SHARE Initiative guidance document]() and below.

Neighborhood and built environment examples:

Topic examples	Project examples
• Access to healthy foods • Access to transportation (non-medical) • Quality, availability, and affordability of housing • Crime and violence (including intimate partner violence) • Environmental conditions • Access to outdoors, parks	• Provide nutritious meals for homebound seniors and in congregate settings • Implement Veggie Rx programs • Purchase age-inclusive accessible playground equipment • Implement oral health campaign to promote increased fruit/vegetable or decreased sugar-sweetened beverage consumption • Build a commercial kitchen to provide shelf stable, nutritious meals for community members • Fund site and architecture planning for a community of small, affordable cottages • Remodel a former hotel into transitional housing with wrap-around services for community members transitioning out of substance use disorder recovery facilities • Build an ADA-accessible wheelchair ramp to a community storefront that provides free clothes, furniture and household items • Renovate and provide critical repairs to restore operations of a local fire department • Purchase and install signage in community parks that provide exercise prompts, tips on navigating unfamiliar areas and a map of accessibility features to encourage physical activity through the winter *This list is not comprehensive.*

14. Can SHARE fund the training of community health workers (CHWs)?

Yes, SHARE funds can be used for training CHWs. This could fall under the social and community health domain or the economic stability domain. CCOs will need to describe how this workforce investment addresses SDOH-E.

Social and community health examples:

Topic examples	Project examples
• Social integration • Civic participation/community engagement • Meaningful social role • Discrimination (for example, race, ethnicity, culture, gender, sexual orientation, disability) • Citizenship/immigration status • Corrections • Trauma (for example, adverse childhood experiences)	• Fund staff time and training for traditional health worker and peer wellness support for social service navigation • Fund community-based organizations for start-up, staffing and training for a social needs screening and referral system through a community information exchange • Support interagency strategic planning to assist unhoused and housing insecure individuals to access resources through community information exchange • Build capacity and develop workforce to provide social-emotional health resources for families and children • Fund capital expenses for a community health worker community center *This list is not comprehensive.*

Economic stability examples:

Topic examples	Project examples
• Income/poverty • Employment • Food security/insecurity • Diaper security/insecurity • Access to quality childcare • Housing stability/instability (including houselessness) • Access to banking/credit	• Train childcare teachers of children of domestic violence survivors • Purchase mobile shower and laundry facility • Purchase a multi-unit residence to create transitional housing • Develop an independent living curriculum for residents at a youth transitional housing facility • Fund local food system resiliency efforts, including strategic planning, Farm to School implementation, nutrition education and supports for culturally specific food organizations • Renovate a multi-service center for providing housing supports and services *This list is not comprehensive.*

15. Can SHARE dollars be used to fund a paid position at a nonprofit to help SDOH-E?

Yes, a CCO may use SHARE dollars to fund staff at SDOH-E partner organizations if 1) that position is not CCO staff and 2) the funded position is not providing Medicaid benefits or meeting CCO contractual requirements. Be sure to describe the position's responsibilities in the SHARE spending plan.

16. Can SHARE funds be used to provide "housing" supplies in an established homeless camp (such as canvas tents, generators for power, sleeping bags, etc.)?

Yes, supplies at a homeless camp could fit the SDOH-E domains of economic stability or neighborhood and built environment. However, it may not meet the requirement that a portion of SHARE funds be spent on housing-related services and supports because the focus isn't to "help people find and maintain stable and safe housing." In this case, the CCO would need to have another project or other activities to meet the required statewide housing priority.

17. Can SHARE funds be used for capital expenses if the building will provide both medical services and SDOH-E?

Yes, if the CCO can clearly describe how the project and specific activities, items or services being funded support SDOH-E. SDOH-E partners are intended to be non-clinical partners. However, organizations that offer both clinical and non-clinical services (such as a housing organization with a clinic or a local public health authority) may also be appropriate partners.

SDOH-E partners

18. Can a CCO award all SHARE funds to one SDOH-E partner?

Yes, a CCO can award SHARE funds to one or multiple SDOH-E partner(s).

19. Can a SDOH-E partner reserve SHARE funds for housing emergencies?

Yes, a SDOH-E partner can reserve SHARE funds for housing emergencies. Once OHA has approved SHARE plans and the CCO disburses funding to a SDOH-E partner, there is no restriction or deadline from OHA or OAR for usage of funds.

20. Is there a formal application process for distributing funds to SDOH-E partners? Is this necessary?

OHA isn't specifying how CCOs select their SDOH-E partners or projects. It is up to the CCO to determine whether a formal application process is necessary. In the SHARE Initiative spending plan, CCOs are asked to describe how SDOH-E partners were selected and the CAC's role in spending decisions for SHARE funds.

Community advisory council (CAC) role

21. Do CACs need to select and/or approve SHARE projects?

CACs must have a role in SHARE Initiative spending decisions. It is up to the CCO to determine what that role includes. In the submitted SHARE spending plan, CCOs are required to describe the designated role for their CAC, along with the ongoing engagement and feedback loop with the CAC as it relates to SDOH-E spending.

Examples of CAC role in SHARE

- The CAC identifies and/or approves SDOH-E priorities for SHARE in line with community priorities in the CHP.
- The CAC develops a rubric to score SHARE Initiative proposals.
- The CAC (or a subset of its CAC members) reviews SHARE Initiative proposals and makes recommendations to the CCO board.
- The CCO designates a portion of funding for the CAC to direct to SHARE Initiative efforts.
- The CAC designs the SHARE spending process, including plans for ongoing monitoring and evaluation.

This list is not comprehensive.

Planning

22. Do SHARE spending plans need to include projects, partners and spending decisions at the time of submission?

Yes, SHARE spending decisions about projects and SDOH-E partners must be included in the SHARE plan submitted by December 31. CCOs must have a formal agreement in place with each partner before disbursing SHARE funds, but starting in 2024, they do not need to submit these agreements to OHA.

23. Why are CCOs no longer required to submit partner agreements to OHA?

OHA intends to reduce administrative burden for CCOs and their partners by simplifying the partner agreement process. Instead of submitting the executed agreements to OHA, CCOs will report on specific funded activities and budgets for each partner within the spending plan template. This change also gives CCOs more flexibility in their timelines for executing their partner agreements. Prior to disbursing funds to partners, CCOs still must have partner agreements in place that include all required elements from SHARE guidance. These formal agreements could be contracts, memorandums of understanding, grant agreements or other forms of agreement. Starting in 2024, CCOs will no longer be required to submit the partner agreements to OHA.

24. When are SHARE spending plans due?

2024 SHARE spending plans are due December 31, 2024, and CCOs may submit as early as **April 1, 2024**. OHA will review within 30 days of submission. This earlier submission option is intended to add flexibility in how CCOs align SHARE with other work and distribute funds to partners. These dates are reflected in 2024 CCO contracts.

25. Can SHARE spending plans be submitted earlier than December 31?

Yes. In 2024, SHARE plans may be submitted as early as April 1. OHA will notify each CCO about the approval status of its plan within 30 days of receipt. If a CCO's plan cannot be approved as submitted, OHA will work with the CCO to resolve the identified issues as quickly as possible. An early submission allows for more time to make corrections, while a later submission reduces the ability to collaborate with OHA on any necessary changes.

26. Can CCOs disburse funds to SDOH-E partners before approval from OHA?

Yes, with caution. OHA strongly recommends that CCOs wait to disburse SHARE funds to partners until their spending plan is approved, especially for new partners, projects or activities. If CCOs disburse SHARE funds to partners prior to spending plan approval, the CCO bears the risk of the work not being approved as SHARE and needing to fund the work outside of SHARE. If OHA does not approve a project, activity or partner, the CCO must reallocate SHARE funds to an approved project, activity or partners (see question 29). CCOs may also reach out to OHA to discuss project ideas prior to spending plan submission to reduce risk.

27. What happens if a CCO changes their SHARE spending plan (partners, activities or dollar amounts) after it's been approved by OHA?

A CCO may not reduce their SHARE designation below their required minimum obligation (based on the formula applied to 2022 financials and beyond). CCOs are also expected to honor their financial commitment (designation) to community partners through SHARE and consider the impact of a funding change before doing so.

If a CCO needs to change their total SHARE designation amount (and it is still above the required minimum amount); the partners they're funding; or major activities, they must notify OHA of the change for review and approval by submitting the following:

- An **amended SHARE spending plan** reflecting the changes submitted though the CCO Deliverables Portal.
    - The amended plan must describe the change, rationale for the change and the community impact of the requested change, including specific partners affected by the change.
- **Exhibit L6.7 and 6.71** should only reflect SHARE designation changes that have been previously submitted and approved by OHA and received no later than the original due date of the CCO-audited financial reports (June 30).

All SHARE reporting, including revised plans, will be posted to the SHARE Initiative reports webpage.

Spending

28. How long do CCOs have to spend down each year's SHARE designation?

CCOs have three years from when OHA approves their spending plan to spend down that year's SHARE designation. CCOs may request a one-year extension. All such requests must be made at least 90 days prior to the expiration of the three-year period. Requests for extensions must be submitted to OHA via administrative notice.

29. What criteria will OHA use to approve CCO requests for a one-year extension to spend down their SHARE funds?

CCOs need to demonstrate extenuating circumstances, such as community emergencies or unforeseen partner changes. Spend-down extension requests need to delineate how much of the SHARE funds need to be extended. The criteria for review will include ensuring clear documentation of the emergency/unforeseen partner change that does not allow funds to be spent on time and clear examples of how SHARE funding was managed over the three years provided to spend. Requests must be submitted at least 90 days prior to the expiration of the three-year period to the CCO deliverables mailbox at CCO.MCODeliverableReports@odhsoha.oregon.gov.

30. Does the three-year deadline for spending SHARE funds refer to CCO disbursement or partner spending?

The three-year deadline for spending refers to CCO disbursement. SHARE funds must be disbursed by the CCO within three years from the date of OHA approval. There is no deadline for SDOH-E partners to spend SHARE funds.

31. Can a CCO include expenditures from previous years to count as part of their SHARE designation?

No. Expenditures from previous years cannot be counted as part of a future SHARE designation. A CCO's SHARE spending plan must include planned eligible expenditures made after April 1 of the current year.

32. Will SHARE spending count toward the CCO's medical loss ratio (MLR)?

No. A CCO's SHARE Initiative spending will be excluded from its MLR.

1115 Medicaid waiver and SUD waiver impact

33. How does the Substance Use Disorder (SUD) 1115 demonstration waiver affect the SHARE Initiative?

The SUD 1115 waiver expands covered services to include specific housing and employment supports for specific Medicaid populations with SUD. For more details about benefits and eligibility criteria in the SUD waiver, see Attachment F: Community Integration Services and Eligibility. **These covered services for eligible members are not eligible for SHARE spending**.

34. How does the 1115 Medicaid demonstration waiver affect the SHARE Initiative?

The 1115 Medicaid waiver presents an additional opportunity for CCOs to address equity and the social determinants of health or social needs of their members. As part of the 1115 Medicaid waiver, covered services for the HRSN benefit will include climate-related supports, housing supports, nutrition supports and related administrative costs as outlined in future amendments to the 2024 CCO contract and in the 2025 CCO contract. The covered services will be implemented over the waiver demonstration period (2022–2027) for eligible populations. Please refer to the CCO contract documents and **2022–2027 Medicaid 1115 Demonstration Waiver webpage** for updates on HRSN benefit guidance, details on implementation timelines, eligible populations and covered services.

SHARE dollars may only be spent on these supports and services 1) prior to them becoming covered services, or 2) for populations not covered in the waiver.

35. Can SHARE funding be used for things that might be eligible later for HRSN capacity-building dollars?

Yes, SHARE funds may be used to support most health-related social needs (HRSN) community capacity-building work.

As part of the 1115 Medicaid waiver, Oregon has been approved to spend up to $119 million in community capacity-building funds (CCBF), specifically to support investments to enable partners that will become HRSN providers to develop what they need to be able to participate in the Medicaid delivery system and deliver HRSN services to qualified OHP members. CCOs will administer the majority of CCBF, via grants, except for those funds reserved for Tribal Governments. CCOs will be responsible for activities including conducting outreach to entities regarding the funding opportunity, receiving and reviewing applications and awarding funding to eligible entities. Some of the activities these capacity-building funds can support[1] are similar to what SHARE Initiative funding can support, including:

- Technology
- Development of business or operational practices
- Workforce development
- Outreach, education and convening

For these activities to be eligible for SHARE funding, they will need a direct and clearly described connection to SDOH-E (as defined in SHARE guidance) and not include anything specifically excluded from SHARE (see list in guidance). Some examples of exclusions are marketing/advertising for covered services and equipment or services to address an identified medical need.

Note that community capacity-building funds aren't expected to be disbursed to community partners until the second half of 2024. The funds will only be available during the waiver period and will have a finite dollar amount for each CCO. OHA encourages CCOs to be strategic in braiding funding to best meet community needs.

Learn more about CCBF on the community capacity-building funds webpage.

36. Can SHARE funds be used for climate-related supports and services?

Not directly. Climate devices and related care coordination become covered services for specific populations in March 2024, so therefore are ineligible for SHARE. For members not eligible for the benefit, CCOs would

[1] CCBF are authorized by the Centers for Medicare and Medicaid Services (CMS) and restricted to CMS-authorized uses. CMS refers to CCBF as "designated state health programs (DSHP) infrastructure funds."

need to use health-related services flexible funds because the climate device would be connected to a specific medical need.

However, SHARE funds could likely be used to support capacity building or capital expenses for an organization providing a variety of health-related social needs including climate-related needs. The CCO would need to describe how the activities fit into one of the SDOH-E domains or is part of permanent supportive housing.

Tracking and reporting

37. When are SHARE Initiative deliverables due?

- By June 30, each CCO must report its
  - **Annual SHARE Initiative Designation** in Exhibit L6.7 to identify its SHARE Initiative designation based on the *prior year's financials*.
  - **Annual SHARE Initiative Spend-Down** in Exhibit L6.71 to track year-over-year total SHARE spending and to tie such spending to the appropriate year's SHARE Initiative Spending Plan.
  - **Annual SHARE Detailed Spending** in Exhibit L, Report L6.71 to track spend-down to each SDOH-E partner each year.
- By December 31, each CCO must complete the **Annual SHARE Initiative Spending Plan** for the *prior year's financials* using the spending plan template.

38. How will SHARE be reported publicly?

Approved CCO SHARE spending plans will be posted to OHA's SHARE Initiative webpage. All required attachments to the spending plans are subject to public posting. CCOs have 20 business days from spending plan approval to submit a redacted version and the required redaction log in the CCO Contract Deliverables Portal. Even if the CCO is not redacting information, they are responsible for combining their SHARE documents into a single post-ready PDF and submitting it to OHA. CCOs' audited Exhibit L reports are posted on OHA's CCO Financial Information webpage.

39. If a CCO doesn't exceed minimum financial reserve requirements, what SHARE deliverables are required?

CCOs that do not exceed financial requirements as specified in OAR 410-141-5195 through OAR 410-141-5220 are presumed exempt from SHARE Initiative spending. For example, if a CCO were exempt based on 2023 financials, they would submit Report L6.7 by June 30, 2024, without a minimum SHARE obligation or an optional SHARE designation. If the CCO had designated SHARE funds for a prior contract year (2022 in this case), they would report their 2023 spend-down in Exhibit L6.71, due June 30.

40. How does the pre-SHARE risk-based capital (RBC) and post-SHARE RBC ratio work in the Report L and National Association of Insurance Commissioners (NAIC) filings, respectively?

The figure reported in Exhibit L6.7 is the CCO's RBC ***prior*** to the SHARE Initiative. That figure is an interim calculation that is not filed with the NAIC. The NAIC filing will reflect the CCO's financial position ***after*** reflecting the SHARE designation determined by the CCO.