Status **Active** PolicyStat ID **15161620**

Origination	09/2014
Last Approved	03/2024
Effective	03/2024
Last Revised	03/2024
Next Review	03/2025

Owner	Kristi Swank: Quality & Compliance Project Manager
Area	EOCCO Access to Care
Applicability	EOCCO Medical/ Dental/ Behavioral Health
References	Behavioral Health, Dental & Medical Services, Healthcare Services + 2 more

EOCCO Health-Related Services Policy

I. Policy Statement and Purpose

EOCCO will utilize Health-Related Services when appropriate. EOCCO is required by the Oregon Health Authority (OHA) to offer Health-Related Services benefits for EOCCO members that improve health care quality pursuant to 45 CFR 158.150 or 45 CFR 158.151. These Health-Related Services efficiently and effectively reduce costs and improve care with no cost sharing for the member and no administrative burden for the member or community.

II. Definitions

A. Health-Related Services: Non-covered services under Oregon's Medicaid State Plan (State Plan) intended to improve care delivery and overall member and community health and well-being. Health-related services include flexible services and community benefit initiatives. Flexible services are cost-effective services offered to an individual member to supplement covered benefits. Community benefit initiatives are community-level interventions that include but are not necessarily limited to members and are focused on improving population health and health care quality:

1. The goals of Health-Related Services are to promote the efficient use of resources and address members' social determinants of health to improve health outcomes, alleviate health disparities, and improve overall community well-being. Health-related services are provided as a supplement to billable office visits and are often cost-effective services offered as an adjunct to covered benefits. Health-related services lack traditional billing or encounter codes, are not encounterable, and may not be reported for utilization purposes;
2. To be considered a Health-Related Service, a service must meet the requirements for:
    a. Activities that improve healthcare quality as defined in 45 CFR 158.150; or
    b. Expenditures related to Health Information Technology and meaningful use requirements to improve healthcare quality, as defined in 45 CFR 158.151.

III. Procedure

A. Health-Related Services may be provided by clinical and non-clinical providers, and include but are not limited to:
    1. Training and education for health improvement or management (for example, classes on healthy meal preparation, diabetes self-management curriculum, etc.)
    2. Care coordination, navigation, or case management activities not covered under State Plan benefits (for example, high utilizers intervention program)
    3. Home and living environment items or improvements not otherwise covered, including, but not limited to non-Durable Medical Equipment (DME) items to improve mobility, access, hygiene, or other improvements to address a particular health condition (for example, an air conditioner, athletic shoes, or other special clothing)
    4. Transportation not covered under the State Plan benefits (e.g. transportation other than to a medical appointment)
    5. Programs to improve the community or public health (for example, a farmers' market in a "food desert" or workforce development)
    6. Housing supports related to social determinants of health (for example, temporary housing or shelter, utilities, or critical repairs)
    7. Assistance with food, or social resources (for example, supplemental food or referral to job training or social services); and
    8. Other non-covered services that comport with the definition of health-related services in OAR 410-141-3500(34).
    9. EOCCO will not limit the range of permissible health-related services by any means other than by enforcing the limits defined in OAR 410-141-3845.

B. Requesting flexible services

1. To support transparency and accessibility to HRS information, participating providers are notified of the option to request flexible services for EOCCO members through the EOCCO Provider Manual, training, and communications.
    a. EOCCO presents flexible services information at the Local and Regional Community Advisory Councils, this includes information on how to access to interpretation for members with Limited English Proficiency (LEP)
2. The EOCCO Flexible Services Request information and form is available on the General Resources page of the EOCCO website.
3. The member handbook also has information on how to access these services, which is available in English and Spanish. Other languages and formats are also available by request.
4. EOCCO distributes additional member materials via mail and at contact points throughout the delivery system. This includes information on how to request flexible services. Materials are available in English and Spanish, other languages and formats are also available by request
5. The member, member representative, or a representative from the member's care team, as well as, community partner may submit to EOCCO a written request via the request form or paper, fax, email, or a telephonic request for consideration of coverage for flexible services for a member.
    a. Representatives of the member's care team include, but are not limited to:
        i. Primary Care Provider (PCP)
        ii. Specialist
        iii. Social Worker
        iv. Aging and People with Disabilities (APD) Case Worker
        v. Traditional Health Worker

C. Review and Approval Process

1. All requests for consideration of coverage for flexible services from a clinical or non-clinical provider will be routed to the EOCCO Care Coordination team for review through the case management referral process.
2. If the member already has an assigned Case Manager, the request will be forwarded to that Case Manager who is then responsible for evaluating the flexible services request pursuant to the Flexible Services User Procedure Manual.
3. If the member does not already have an assigned Case Manager, an Care Coordinator will be assigned by the EOCCO Nurse Supervisor no later than 3

business days from the receipt of the email notification. The assigned Care Coordinator is responsible for evaluating the flexible services request pursuant to the Flexible Services User Procedure Manual.

4. The Care Coordinator reviews the flexible services request to:
    a. Determine whether there is compelling documentation that the requested service is cost-effective and would improve the member's health outcome;
    b. Ensure the requested service is consistent with the member's treatment plan as developed by the member's care team and agreed to by EOCCO; and
    c. Determine whether there are community resources or other services that are available to provide the service to the member to improve the member's health outcome and ensure Medicaid is the payer of last resort. If other resources are available to meet the member's need, the Care Coordinator will coordinate those services for the member.
5. If the Care Coordinator believes the request may be appropriate for coverage as a flexible service after the review, the Care Coordinator sends the request for approval based on medical appropriateness and/or reasonableness.
6. If the requested dollar amount if over the designated threshold, as outlined in the Flexible Services User Procedure Manual, the request is routed to the EOCCO Medical Director for review.
7. All requests are final reviewed by the Director of Healthcare Services and the Director of Medicaid Programs to ensure:
    a. The request is properly documented and completed.
    b. The cost for the item requested seems reasonable.
    c. Verifies the services improve healthcare quality as defined in 45 CFR 158.150.
8. Upon approval or denial received from Directors:
    a. If the request is approved, the ICM:
        i. Works with the Medicaid Services department to arrange delivery of the services to the member.
        ii. Captures any flexible services offered to individual members within the treatment plan and clinical record as specified in OAR 410-141-3520.
        iii. Contacts the member and clinical or non-clinical provider verbally, indicating what service or supply is being authorized.

b. If the request is refused, the ICM sends a notification letter to the member and clinical or non-clinical provider; this letter informs of the member's right to file a grievance in response to the outcome.

D. Community Benefit Initiative Reinvestments (CBIR)

1. CBIRs are:

a. Innovative projects to support better health, better health care, and lower costs for EOCCO members and their communities;

b. Interventions focused on improving population health and health care quality;

c. Community-level interventions as opposed to member-specific; or

d. Services that are not Medicaid State Plan services, but have an impact on member health.

2. The EOCCO Board approved to allocate a percentage of each year's quality pool funding to CBIR Projects and CBIR Grants. Additionally, adminsitrative investments are reviewed and approved by the EOCCO Board on an ad hoc basis:

a. The amounts allocated are based on the total amount of quality pool funding received each year.

b. Tribal participation is encouraged through communication with the EOCCO Tribal Liason communication and participation in the LCACs. Tribal members are involved int he HRS CBIR spending decisions described in this section.

c. EOCCO identifies areas of opportunities based on

i. Prior year incentive measure performance

ii. Community health improvement plan priories

iii. Community needs assessment.

d. The Oregon Rural Practice-based Research Network (ORPRN), on behalf of EOCCO, develops RFPs to create CBIR Grants and CBIR Project opportunities to address areas of opportunity.

e. The EOCCO Board approves the CBIR Grant and CBIR Project RFPs prior to distribution. CBIR Projects and CBIR grants are reviewed and are not payable for the same items under other programs such as SHARE. However, projects may include components that are not HRS, and will be separated by the budget table line items when submit to OHA through the annual reporting mechanism.

f. Examples of CBIR Projects and CBIR Grant programs include, but are not

limited to:

i. COVID-19 primary care, hospital, and public health capacity building

ii. Language Access Services (Not HRS eligible).

iii. Kindergarten Readiness

iv. Access to Primary Care Services (Not HRS eligible).

v. Social Needs Screening Implementation.

vi. Continuation of Current Projects

vii. New Idea Projects;

viii. Projects that address social determinants of health

3. Requesting CBIRs:

    a. Organizations part of the delivery system are eligible to apply for EOCCO CBIR. This includes health care providers, Local Community Health Partnerships, community based organizations, non-profit organizations, and other organizations that provide benefits and/or services that intersect with EOCCO members.

    b. To request EOCCO reinvestment funds, applications must be filled out and should include: cover sheet, project narrative, cover all questions described in the RFP, a budget and budget justification, and any required letters of commitment.

    c. EOCCO has contracted with ORPRN to manage the CBIR program and provide feedback as well as Technical Assistance (TA) to LCACs and additional applicants.

    d. ORPRN sends CBIR applications to each LCAC Chair and Coordinator.

    e. Local LCACs and EOCCO staff send and distribute applications to clinic and community partners.

    f. CBIR applications can be accessed on the EOCCO website.

4. CBIR Approval Process:

    a. Each LCAC has funding authority of their allocated amounts. Each LCAC votes and approves how CBIR project funds will be utilized at the local level.

        i. The Confederated Tribes of Umatilla Indian Reservation is a voting member of the Umatilla LCAC.

ii. The Burns Piaute Tribe is invited to participate and vote in the Harney LCAC.

b. LCAC CBIR decisions are documented in each local LCAC minutes.

c. All CBIR applications including LCACs and Transformation CBIRs are submitted formally to ORPRN through the RFP process.

d. Unbiased and qualified personnel from ORPRN read and score each proposal using an established rubric.

e. The EOCCO Grant Subcommittee of the EOCCO Board makes the final funding decisions based on ORPRN's recommendations, subject to final approval by the EOCCO Board.

E. Evaluation and Reporting:

1. EOCCO collects data on the Health-Related Services provided each time a service is authorized and reports to OHA quarterly on the exhibit L.

    a. Flexible services are tracked on the flexible services reimbursement spreadsheet upon receipt of proper approval.

    b. The ICM confirms receipt with the member to ensure delivery and any additional follow up needed.

    c. CBIR funds are tracked, monitored and reported to accounting quarterly and annually, in collaboration with ORPRN.

    d. Health-Related Services are reviewed by accounting and the Director of Medicaid Programs to ensure proper and accurate reporting on the quarterly and annual exhibit L.

2. EOCCO evaluates the data it collects on Health-Related Services semi-annually to:

    a. Enable alignment between EOCCO's Health-Related Service investments and CHP priorities;

    b. Monitor funds spent on Health-Related Services;

    c. Report to the Quality Improvement Committee or appropriate subcommittee

    d. EOCCO analyzes how spending on Health-Related Services correlates to the effectiveness of Health-Related Services and how the analysis has impacted any change in EOCCO's Health-Related Services policies by:

        i. Evaluating the utilization of Health-Related Services to:

            a. Identify areas of opportunity to expedite approval pathways

b. Opportunities to partner with Community Based Organization to execute Memorandums of Understanding to ensure funding and streamline deliver Health-Related Services to EOCCO members

c. Identify gaps in utilization in priority areas outlined in the Community Health Assessments

d. Provide training opportunities to the delivery system and Community Based Partners within under-utilized counties

e. ORPRN annually provides a standardized evaluation and assessment of CBIR projects to measure the effectiveness of the programs and reports to the Grant Sub-Committee of the EOCCO Board of Directors

IV. Related Policies and Procedures, Forms and References

EOCCO Flexible Services Request Form

EOCCO Flexible Services User Procedure Manual

Flexible Services Reimbursement Spreadsheet

Oregon Health Authority Health-Related Services FAQ

OAR 410-141-3500

OAR 410-141-3845

OAR 410-141-3520

45 CFR 158.150

45 CFR 158.151

Coordinated Care Organization contract, Exhibit K (9)

EOCCO Service Authorization/Referral General Policy and Procedure

LCAC CBIR Application 2019

V. Affected Departments:

Healthcare Services

Medicaid Services

Approval Signatures

Step Description	Approver	Date
EOCCO QIC Policy Subcommittee	Becky Miller: GOBHI Policy Analyst	03/2024
	Kristi Swank: Quality & Compliance Project Manager	02/2024

Applicability

EOCCO, GOBHI

References

Behavioral Health, Dental & Medical Services, Healthcare Services, Medical, Submit to OHA within 5 business days of request