

CAC's Role in Reviewing CCO Spending Decisions

CAC Coordinator Meeting
June 25, noon-1 p.m.

- **Tom Cogswell**, Project Coordinator, OHA Transformation Center
- **Anona Gund**, Transformation Analyst, OHA Transformation Center
- **Tom Wunderbro**, Medicaid 1115 Waiver Manager, OHA Health Systems Division
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Presentation Objectives

- Clarify CAC's role in reviewing CCO spending decisions
- Provide an overview of:
 - ❑ Health-related Services, including the role of Community Benefit Initiatives
 - ❑ The Supporting Health for All through Reinvestment (SHARE) Initiative
 - And how each can impact the Social Determinants of Health & Equity (SDOH-E)

Clarifying CAC's Role in Reviewing CCO Spending Decisions

1. CCO should determine a role for CAC's in Health-related Services Community Benefit Initiatives

2. CAC should be involved in directing, tracking and reviewing CCO's spending related to SHARE

*CCO contact language to be updated in 2021 to reflect these roles.

Governor Brown's Priorities for CCO 2.0

1. Improve the behavioral health system
2. Increase value and pay for performance
3. Focus on social determinants of health and health equity
4. Maintain sustainable cost growth

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1. Improve the behavioral health system
2. Increase value and pay for performance
3. **Focus on social determinants of health and health equity**

OHA has prioritized health-related services as the primary way for CCOs to address their members' SDOH.

4. Maintain sustainable cost growth

HRS Goals

- **Provide a mechanism for CCOs to address members' social determinants of health**
- Improve care delivery
- Promote efficient use of resources
- Alleviate health disparities
- Improve overall member health and community well-being

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What are health-related services (HRS)?

- HRS are non-covered services under Oregon's Medicaid State Plan intended to improve care delivery and overall member and community health and well-being

HRS Types

- **Flexible Services:** cost-effective services offered to an individual member to supplement covered benefits
- **Community Benefit Initiatives:** community-level interventions focused on improving population health and health care quality

- HRS are defined by OARs 410-141-3500 & 410-141-3845
- HRS must meet requirements for 45 CFR 158.150 or 45 CFR 158.151

What counts as HRS?

Activities that improve
health care quality
(45 CFR 158.150)

OR

Expenditures related to
HIT and meaningful use
requirements to improve
health care quality
(45 CFR 158.151)

EXCLUDED: Medical services covered under the State Plan

What counts as HRS?

Activities that improve health care quality

(45 CFR 158.150)

AND

Designed to:

- a. Improve health outcomes and reduce health disparities;
- b. Prevent avoidable hospital readmissions;
- c. Improve patient safety, reduce medical errors, and lower infection and mortality rates;
- d. Increase focus on wellness and health activities; **OR**
- e. Support expenditures related to HIT and MU requirements necessary to accomplish activities.

What counts as activities that improve health care quality?

Must meet all four of the following (45 CFR 158.150)

1. Designed to improve health quality



2. Increase the likelihood of desired health outcomes in ways that can be objectively measured and produce verifiable results and achievements



3. Directed toward either individuals or segments of enrollees, or provide health improvements to the population beyond those enrolled without additional costs for the non-members



4. Grounded in evidence-based medicine, widely accepted best clinical practice **OR** criteria issued by accreditation bodies, recognized professional medical associations, government agencies, or other national health care quality organizations

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What categories of HRS are reported?

- CCOs can identify and provide HRS that meet the needs of their members and communities
- HRS may include, but are not limited to:
 - Care coordination, navigation or case management activities not otherwise covered under State Plan benefits, including Traditional Health Workers
 - Education provided to members for health improvement or education supports, including those related to SDOH-E
 - Food services and supports, including those related to SDOH-E
 - Housing services and supports, including those related to SDOH-E
 - Items for the living environment, not otherwise covered under 1915 Home and Community Based Services Waivers, to support a particular health condition;
 - Transportation services and supports, including those related to SDOH-E, not otherwise covered under the State Plan
 - Trauma informed services and supports across sectors, including those related to SDOH-E
 - Other non-covered clinical services and improvements, or non-covered social and community health services and supports

Community Benefit Initiative Examples

- Funding a local food bank: **Counts as HRS**, even if non-Medicaid members use food bank services
- Funding non-covered services and education campaigns provided by a public health clinic: **Counts as HRS**, as long as services are not covered by OHP
- Funding for clinic staff who provide Medicaid covered services: **Does not count as HRS**, considered an Administrative expense by CMS

What is the SHARE Initiative?

- The SHARE Initiative comes from a legislative requirement passed in 2018
- HB 4018 required that CCOs spend “a portion” of end-of-year profits (“net income or reserves”) on services to address **health disparities** and **the social determinants of health** (SDOH)
- Purpose is to safeguard public dollars by requiring CCOs that have excess income/reserves to put some of these dollars **back into the community**
 - Reminder: the primary way that CCOs address members’ SDOH is through HRS

What are the SHARE Initiative requirements?

- In order to count* as SHARE Initiative dollars:
 - Spending must be consistent with the **Community Health Improvement Plan** and the **Transformation and Quality Strategy**
 - A portion of SHARE dollars must go directly to **“SDOH-E Partners”**
 - The CCO must provide a **role for CACs** in this work
 - Spending priorities must fit into one of four **domains** (next slide), and must **include housing**

*Note: see Exhibit K, Part 8 of the CCO contracts and OAR 141-414-3735

SHARE: Four domains and examples

Domains	Examples	
Economic Stability	<ul style="list-style-type: none"> Income/Poverty Employment Food security/insecurity Diaper security/insecurity 	<ul style="list-style-type: none"> Access to quality childcare Housing stability/instability (including homelessness) Access to banking/credit
Neighborhood and Built Environment	<ul style="list-style-type: none"> Access to healthy foods Access to transportation (non-medical) Quality, availability, and affordability of housing 	<ul style="list-style-type: none"> Crime and violence (including intimate partner violence) Environmental conditions Access to outdoors, parks
Education	<ul style="list-style-type: none"> Early childhood education and development Language and literacy 	<ul style="list-style-type: none"> High school graduation Enrollment in higher education
Social and Community Health	<ul style="list-style-type: none"> Social integration Civic participation/community engagement Meaningful social role Citizenship/immigration status Corrections 	<ul style="list-style-type: none"> Discrimination (e.g. race, ethnicity, culture, gender, sexual orientation, disability) Trauma (e.g. adverse childhood experiences)

Annual SHARE Initiative timeline (e.g. 2021)



End of prior year

SHARE Initiative starts end-of-year 2020.

At the end of the year CCOs* designate \$ to spend for the SHARE.

CCOs decide how much, for now.



April 30, 2021

CCOs report their SHARE designation to OHA in their “Exhibit L” annual report.



June (e.g. 2021)

CCOs submit **SHARE Initiative Spending Plan** to OHA. Must meet all requirements for SHARE spending (including the role played by the CAC).

*Note: CCOs that don't exceed minimum financial requirements aren't required to set aside money for the SHARE Initiative.

Additional Resources

- [Addressing Social Determinants of Health & Equity through Health-related Services \(HRS Guide for CCOs\)](#)
- [OHA Health-related Services Webpage](#)
- [Community Benefit Initiatives \(HRS Guide for CCOs\)](#)

Contact Information

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