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# Health-Related Services 101

September 22, 2020



# Agenda

- Welcome
- Overview of Health-Related Services
- Types of Health-Related Services Support
- Reporting
- CCO Best Practices
- Financial Incentives for Health-Related Services
- Questions
- Technical Assistance and Guidance

# 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**

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

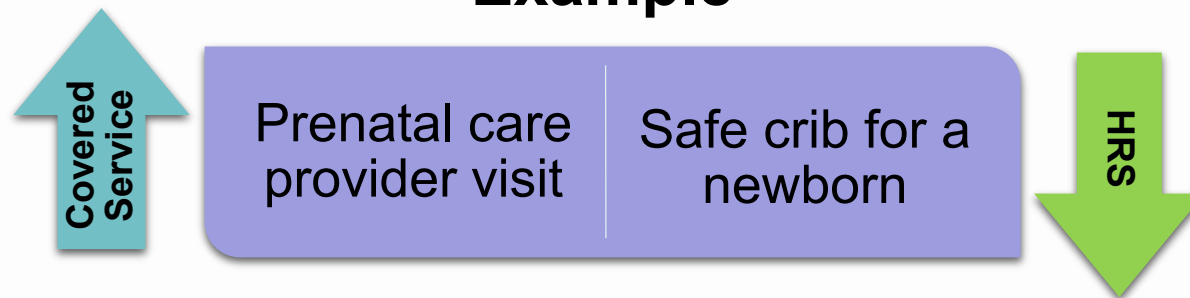
4. Maintain sustainable cost growth

# What are Health-Related Services?

# Oregon's 1115 Medicaid Waiver & Health-related Services

Oregon's 1115 waiver allows CCOs to provide "Health-Related Services (HRS)" which are services beyond members' covered benefits to improve care delivery and support overall member and community health and well-being.

## Example



*More details in CMS definitions and Oregon Administrative Rules:  
45 CFR 158.150 and 45 CFR 158.151 / OAR 410-141-3845*

# Requirements of Health-Related Services

**Must meet these four criteria (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

# Requirements of Health-Related Services

To improve health quality, must be designed to:

1. Improve health outcomes & reduce health disparities;
2. Prevent hospital readmissions;
3. Improve patient safety, reduce medical errors, lower infection and mortality rates;
4. Increase focus on wellness and health promotion activities; **OR**
5. Support Health information technology (HIT) improvements

# Types of Health-Related Services

- Flexible Services
- Community Benefit Initiatives (includes HIT)



# Flexible Services

- Member-level interventions
- Focused on improving member health
- Cost effective
- Supplements covered benefits



# Community Benefit Initiatives

- Community-level interventions
- Focused on improving population and member health
- Includes HIT

**NATIONAL**  
**SUICIDE**  
**PREVENTION**  
**LIFELINE™**  
**I-800-273-TALK**  
[www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)

**needle syringe program**

Needle Syringe Programs have been demonstrated to reduce transmission of HIV.  
 Support your local NSP today.



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*Love and Logic Parenting Online™*

**Free Class**

**HPV vaccine prevents cancers.**

- ▶ The HPV9 vaccine protects against 7 strains of HPV that can cause cancer and 2 that cause genital warts.
- ▶ Your child's best defense: Get the vaccine in adolescence before being exposed to HPV.

**All adolescents should get the HPV vaccine.**

# CCO Use of Health-Related Services

- CCOs can use their global budget to pay for health-related services; there is no other specific funding source for HRS.
- Each CCO is required to have its HRS policies and procedures approved by OHA and should consider posting to the CCO's website.
- Members, member advocates, and providers may be able to request services through provider sites or the CCO directly, depending on that CCO's HRS process.
- Decisions to use HRS to fund individual requests or to invest in programs is at the discretion of the CCO.
- CCOs are responsible for notifying members of refusal of a Flexible Service request (OAR 401-141-3845).

# Using HRS to address SDOH-E: Background

In 2019 OHA adopted a definition of social determinants of health and health equity (SDOH-E), which encompass the following:

## **Social determinants of health:**

- The social, economic and environmental conditions in which people are born, grow, work, live and age, and are shaped by the social determinants of equity. These conditions significantly impact length and quality of life and contribute to health inequities.

## **Social determinants of equity:**

- Systemic or structural factors that shape the distribution of the social determinants of health in communities. Examples include the distribution of money, power and resources at local, national and global levels, institutional bias, discrimination, racism and other factors.

## **Health-related social needs:**

- An individual's social and economic barriers to health, such as housing instability or food insecurity.

*Note: While HRS can be used to address SDOH-E, not all HRS address SDOH-E.*

# Allowable HRS Costs: SDOH-E

## SDOH-E investments in these areas could be included as HRS:

- Access to banking/credit
- Access to healthy food
- Access to outdoors, parks
- Access to non-medical transportation
- Citizenship/immigration status
- Corrections
- Crime and violence
- Diaper security
- Discrimination
- Early childhood education and development
- Employment
- Environmental conditions
- Food security
- High school graduation and higher education enrollment
- Income
- Housing stability (including homelessness)
- Housing quality, availability and affordability
- Language and literacy
- Social integration
- Trauma

For more information see this SDOH and HRS guidance:

[www.oregon.gov/oha/HPA/dsi-tc/Documents/Health-Related-Services-SDOH-E-Guide.pdf](http://www.oregon.gov/oha/HPA/dsi-tc/Documents/Health-Related-Services-SDOH-E-Guide.pdf)

# Allowable Housing Costs

HRS can pay for:

- Temporary housing for members with acute and immediate housing needs
  - For example, homeless, at risk of homelessness, homeless and recovering from illness
- Housing services and supports:
  - Pre-tenancy services to help members get stable housing
  - Tenancy-sustaining services to help members stay in stable housing

For more information see this HRS and housing guidance:

[www.oregon.gov/oha/HPA/dsi-tc/Documents/Health-Related-Services-Guide-Housing.pdf](http://www.oregon.gov/oha/HPA/dsi-tc/Documents/Health-Related-Services-Guide-Housing.pdf)

# Unallowable Housing Costs

HRS cannot pay for:

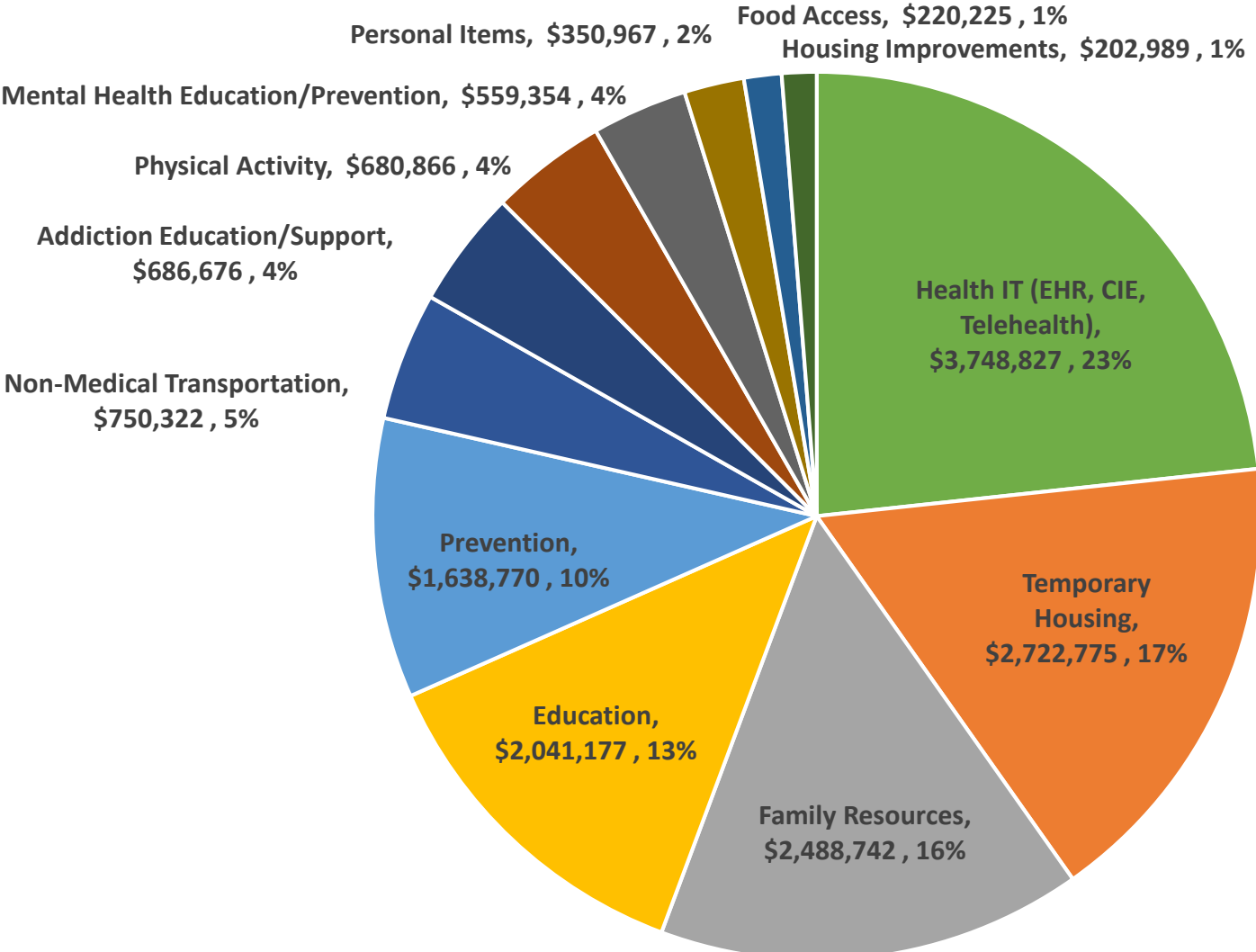
- Bricks and mortar: No new building construction, rooms, or other capital expenses.
- Long-term housing: No ongoing housing costs
- Housing not associated with a crisis intervention, stabilization and/or transition for a patient.

# What Types of Health-Related Services do CCOs Support?



# 2019 CCO HRS Expenditures

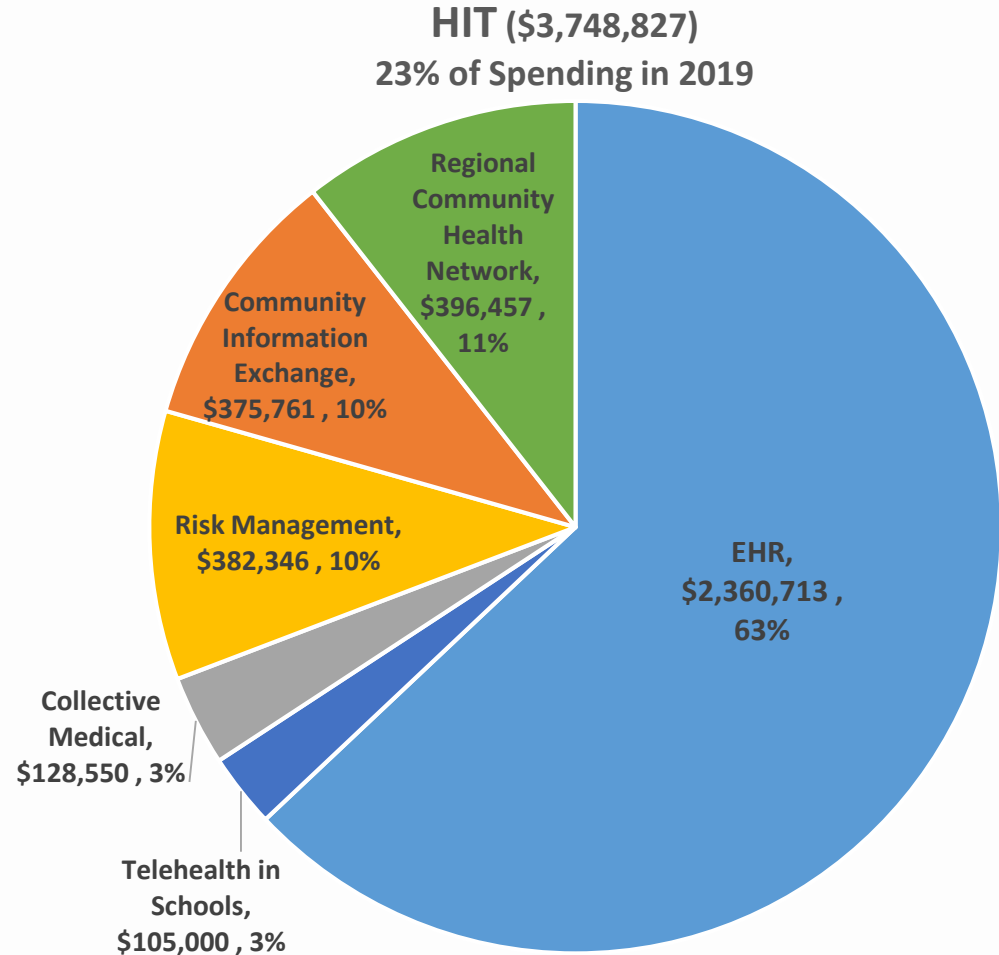
## HRS Total Expenditures (\$16,163,748)



# 2019 Expenditure Breakdown: Health IT

## Examples

- Community health information exchanges
- Community medical records exchange
- Community-wide quality gap reporting systems
- Telehealth capacity building

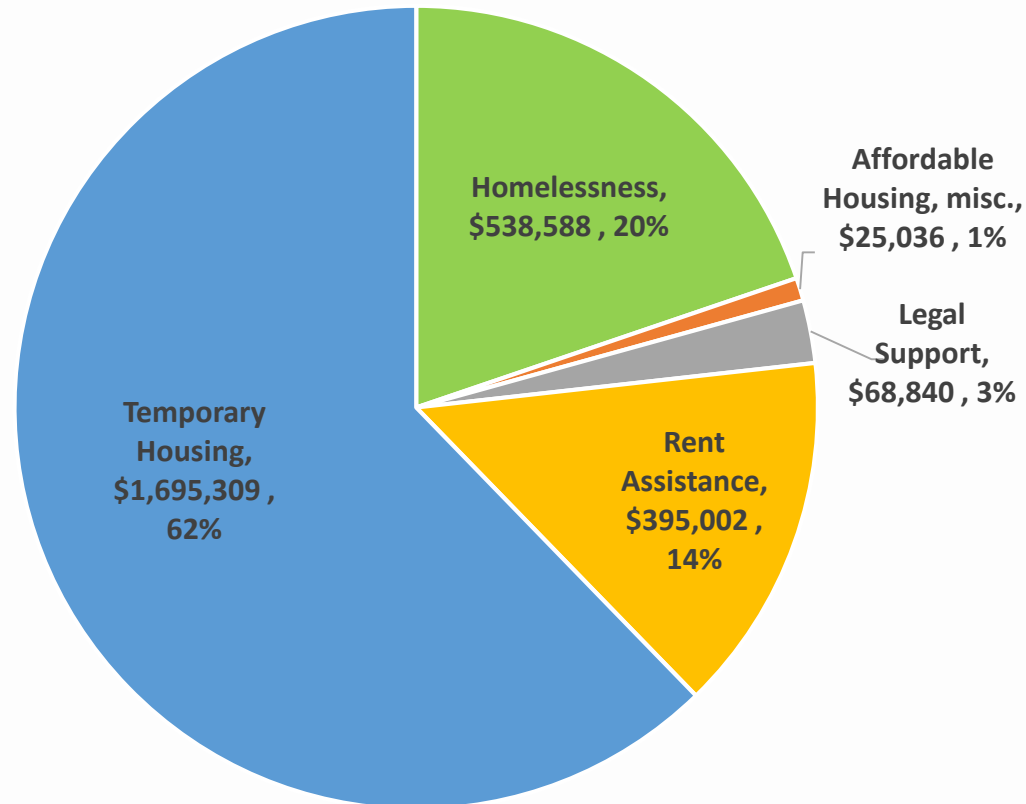


# 2019 Expenditure Breakdown: Temporary Housing

## Examples

- Temporary hotel/motel accommodations
- Homeless supports: storage, tent, sleeping bag, warm clothes, tarps, heater, propane bottles, propane, meals
- Homeless case managers
- Legal assistance: filing fees, court fees
- Documents for housing applications, fees
- Payments for utilities

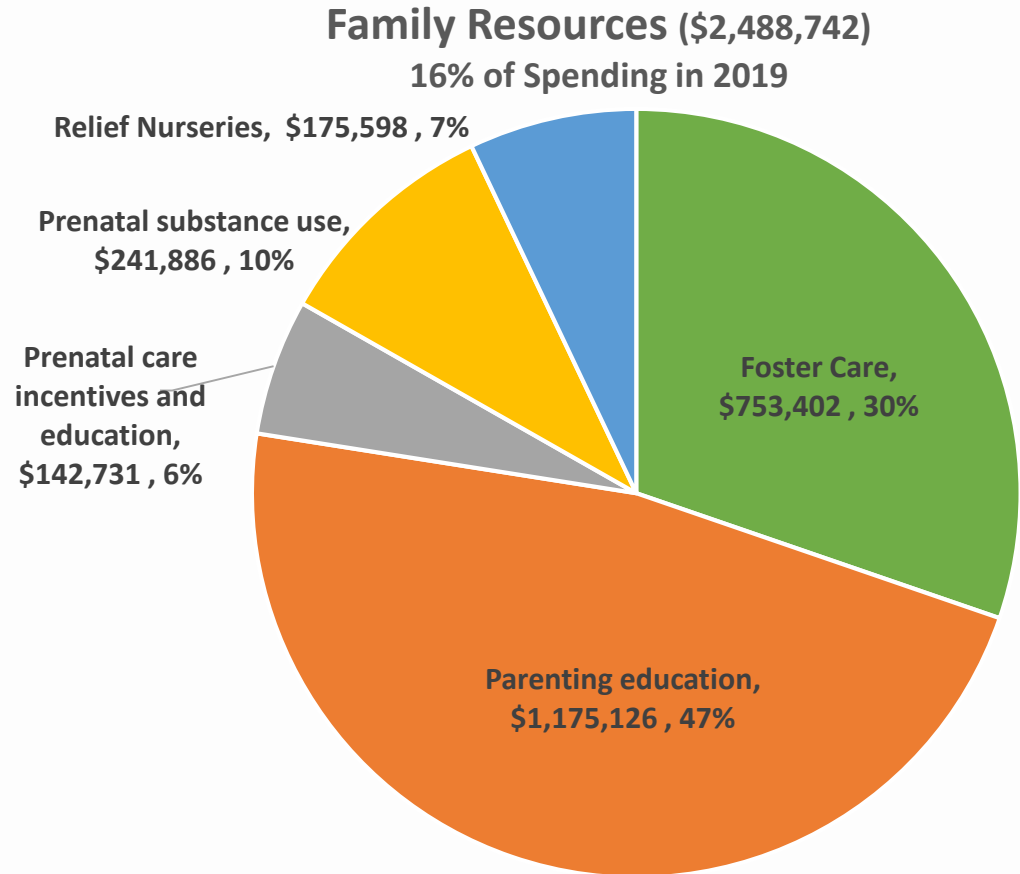
Housing-Related Spending (\$2,722,775)  
17% of Spending in 2019



# 2019 Expenditure Breakdown: Family Resources

## Examples

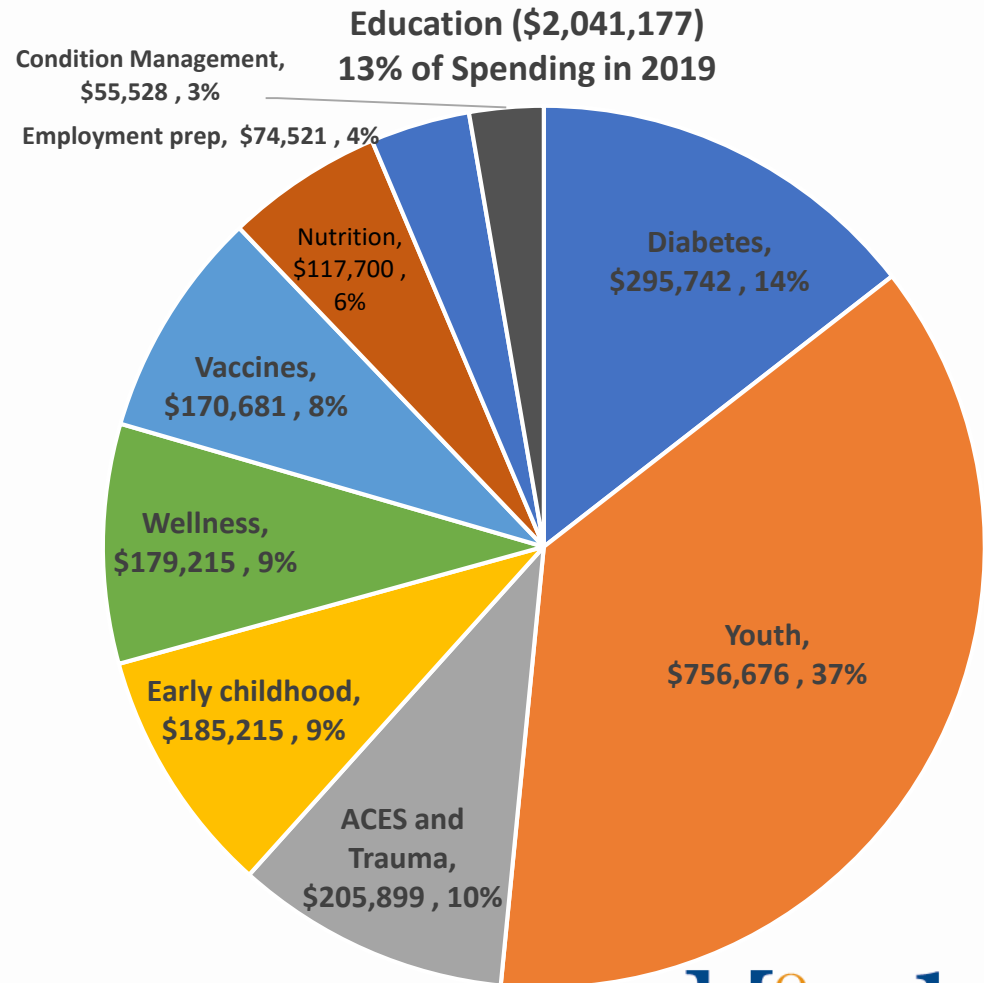
- Parenting education on social and emotional health, children with disabilities, teenagers, behavioral development
- Foster family recruitment, respite care, CASA support, DHS medical liaisons
- Pregnancy yoga and birthing classes, integrated substance use and maternity care
- Incentives for attending prenatal care, parenting classes, well-child visits and vaccinations



# 2019 Expenditure Breakdown: Education

## Examples

- Self-regulation, tobacco cessation, substance abuse
- Education on ACEs, trauma-informed care
- Early childhood programs
- Education on dementia, diabetes, chronic conditions, nutrition, pain management, vaccine education, promotion
- Classes nutrition, financial management, and maintaining housing and employment

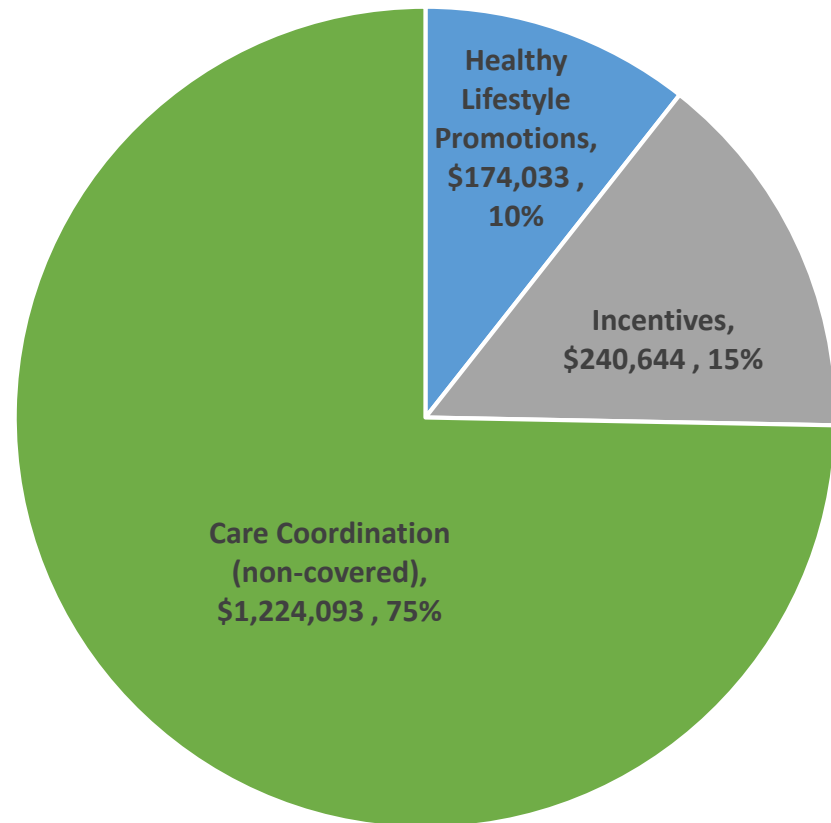


# 2019 Expenditure Breakdown: Prevention

## Examples

- Capacity building for organizations to increase work on social determinants of health
- Incentives for obtaining preventive services, managing and preventing chronic conditions
- Non-covered care coordination (e.g. of CHWs, Peers)

Prevention (\$1,638,770)  
10% of Spending in 2019



# 2019 CCO HRS Expenditures: Other

## Transportation (5% of spending):

- Non-medical transportation
- Car repairs, tires, insurance, DEQ
- Bus pass
- Bike repairs
- Fuel cards
- Moving support

## Physical Activity (4% of spending):

- Gym memberships and swim passes
- Exercise supplies
- Exercise classes
- Exercise and weight loss programs

## Addiction (4% of spending):

- Syringe exchange programs
- Alternative pain management therapy
- Pain, opioid addiction and self-care education
- Smoking cessation hotline
- Sobering center support
- Mental health and substance use drop in centers
- Mental health and addiction groups

# 2019 CCO HRS Expenditures: Other

## Mental Health (4% of spending):

- Community strategy and cross-organization coordination
- Non-covered care coordination for individuals with mental illness
- Educational programs
- Suicide awareness and prevention education
- Telephonic crisis services

## Personal Items (2% of spending):

- Baby supplies: cribs, diapers, stroller, books, onesies, swing, car seats
- Toothbrush kits
- Clothing, athletic shoes, swimsuits
- Eyeglasses
- Sensory items, weighted blankets
- Home health equipment: Back brace, bath chair, heating pad, disability equipment and supplies, pulse oximeter, insulin storage container, mobility supports, wedge pillow, scale, pill dispenser



# 2019 CCO HRS Expenditures: Other

## Housing Improvements (1% of spending):

- Air conditioners, Air purifiers
- ADA ramps, fall protection
- Sheets, blankets
- Smoke alarms
- Trash clean up and removal
- Exterminator services, mold removal
- Chairs, beds, tables
- Cleaning and cooking supplies
- Propane tank, burner, camp shower, heaters

## Food Access (1% of spending):

- Groceries
- Community gardens
- Meal programs
- Script and other payments for food

# How do CCOs Report Health- Related Services?

# Exhibit L Financial Reporting

- Due bi-annually to OHA
  - April: Annual financial report for prior year
  - August: Quarters 1 and 2 report for current year
- OHA reviews and provides CCO feedback annually
  - May-June: OHA assesses each expenditure to see if meets HRS criteria
  - May-June: CCOs able to resubmit with additional information showing how expenditures meet HRS criteria
  - July: OHA makes final determination

# Exhibit L Financial Reporting

- Includes detailed information on all HRS expenditures:
  - Service provided
    - Must name the service, not the vendor (e.g. “grab bars”, not “home depot”)
  - Description of service
  - Amount spent on service
  - Rationale for service, including evidence-base
  - Start and end date of service
  - Number of members receiving the service
    - Required for flexible services
  - Intended measurable outcomes
  - Return on investment
    - When possible or available (not required)
  - Member ID for flexible services when the member receives more than \$200 total flexible services

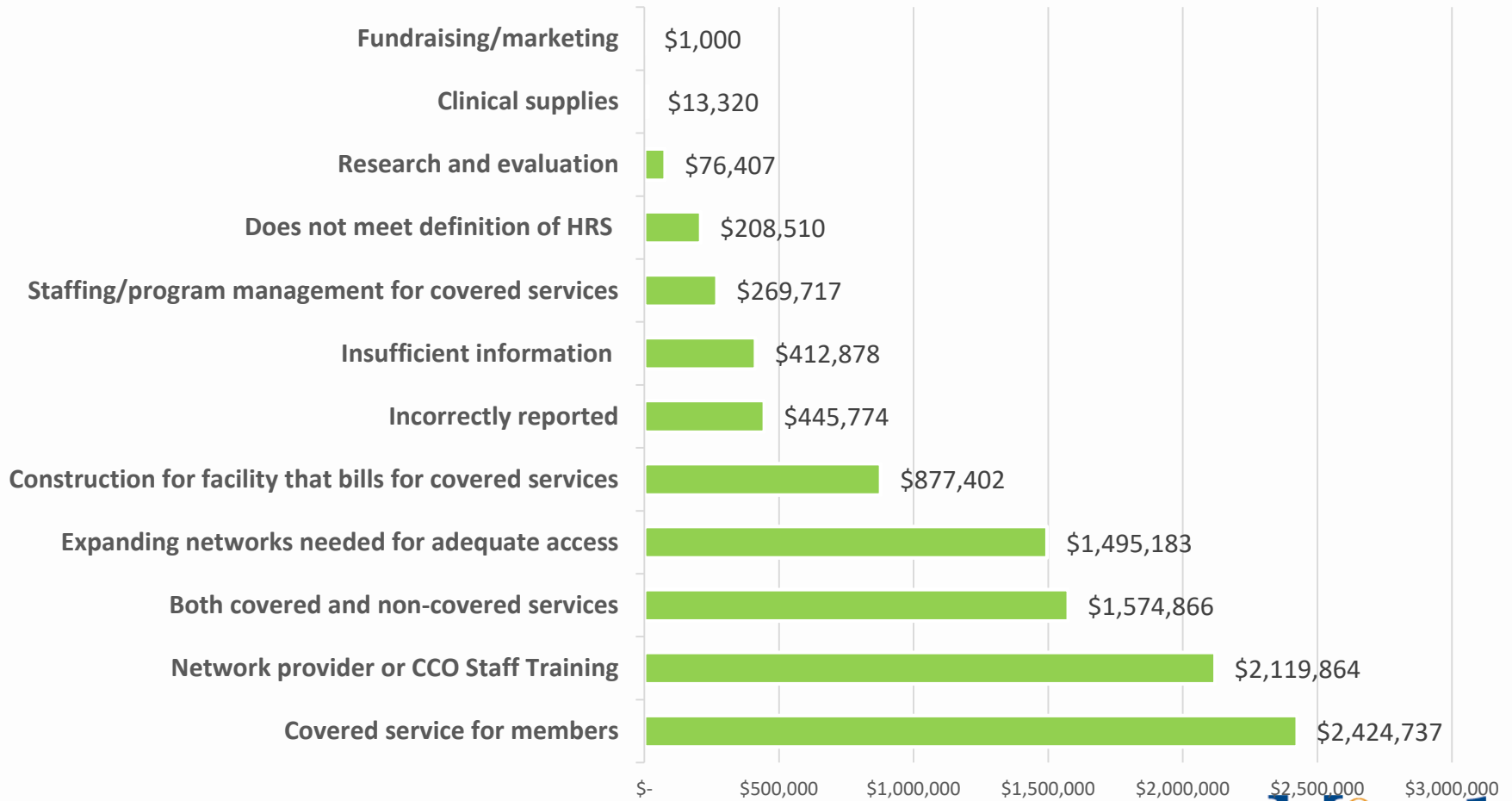
# How Much Have CCOs Spent on HRS?

OHA first began reviewing and providing feedback to CCOs with their 2018 reported HRS spending:

- 2018 HRS Spending
  - \$20,446,142 reported as HRS
  - \$9,836,916 accepted (48%) as meeting HRS criteria
- 2019 HRS Spending
  - \$26,082,997 reported as HRS
  - \$16,163,748 accepted (62%) as meeting HRS criteria

# Why were Some HRS Dollars not Accepted?

Rationale for Denied Expenditures (\$9,919,659)



# Why is Reporting HRS Important?

- HRS is a core component of Oregon's 1115 waiver
- HRS is one of the four waiver evaluation priorities:  
*“Implementation and impact of health-related services, including the degree to which HRS are addressing social determinants of health”*
- Including member IDs allows for evaluation of the spending on, and impact of, HRS on members.

# How Can We Improve Reporting?

- Ensure systems are in place to capture all allowable HRS-related personnel costs.
  - Many CCO staff and contracted providers think that they likely underreport HRS expenses such as: care coordination (e.g. by traditional healthcare workers), personnel costs of community agencies and other contractors. This is likely due to challenges of capturing staff time on HRS.
- Develop efficient reporting systems for providers.
  - Many clinics feel the burden of reporting to CCOs on small expenses is too high.

*\*From 2019 interviews of with representatives from 13 CCOs and clinics*



# CCO Best Practices for Health-Related Services

# Potential best practices for CCOs\*

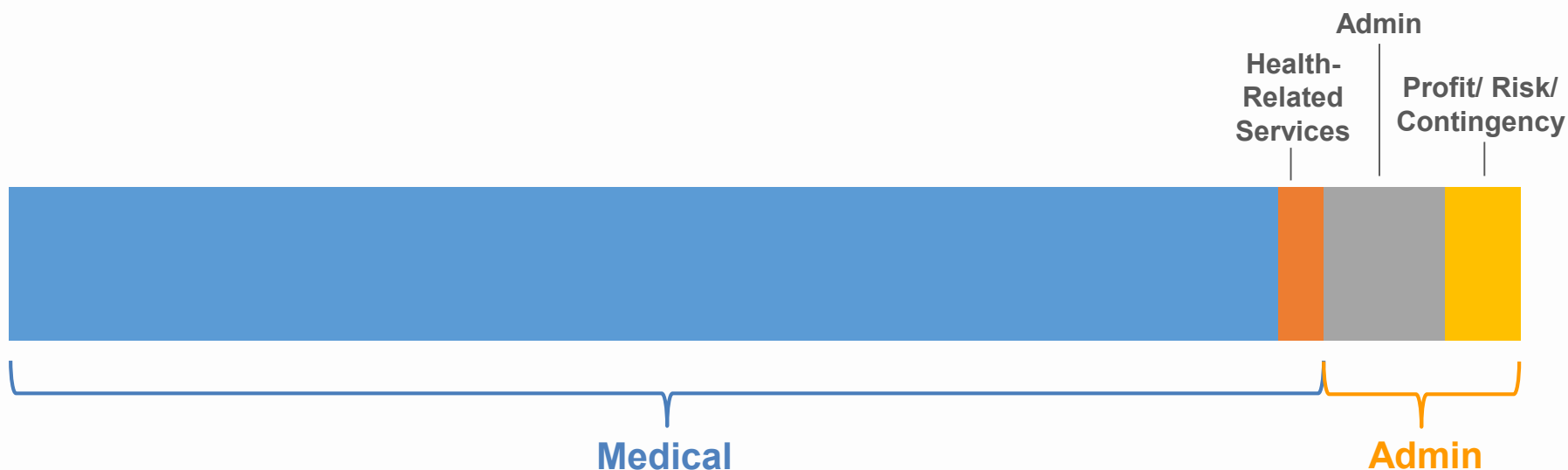
- Ability for CCO staff to independently approve requests under certain dollar threshold
- Data systems to easily track, follow and report on requests
- Standardized process for community benefit requests by external organizations
- In addition to finance staff, program staff participate in reporting to ensure context is included
- Regular provider education on when and how to use HRS
- Use HRS to address issues identified on health risk assessments

*\*From 2019 interviews of with representatives from 13 CCOs*

# Is there a Financial Incentive for CCOs to Invest in HRS?

# HRS and medical loss ratio

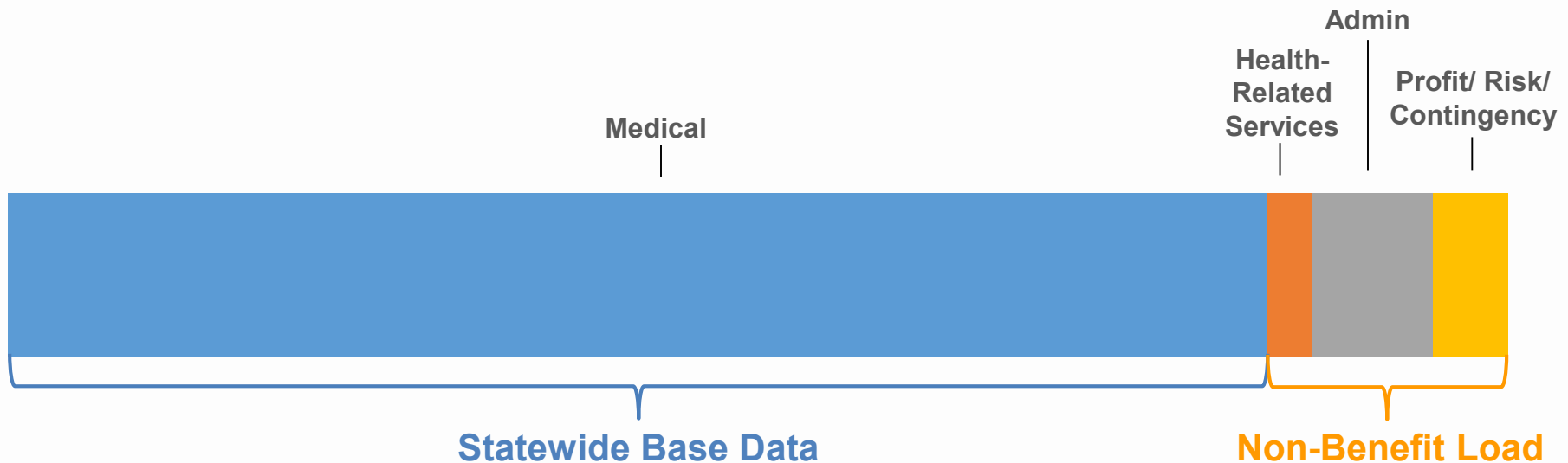
Similar to previous years, CCOs' HRS spending will be included as medical expenditures in the medical loss ratio (MLR), helping the CCO meet the state's MLR standard. See example of MLR calculation with HRS below.



*Note: the graphic above is illustrative. Relative sizes of the bar chart components are not intended to be meaningful.*

# HRS and rate development

HRS is considered for rate development within non-benefit load. See example of rate development with HRS below.



*Note: the graphic above is illustrative. Relative sizes of the bar chart components are not intended to be meaningful.*

# HRS and Performance-based Reward (PBR)

- CCO-specific PBR profit margins are authorized by 2017 waiver renewal.
- Waiver language specifies goal to motivate effective HRS use by CCOs.
- PBR measurements begin in 2020. HRS spending is a primary driver of PBR.
- CCOs' performance, including HRS spending in 2020, will be reported and approved by OHA in 2021 and reflected in the 2022 rates.

# Questions?

# Technical Assistance and Guidance



# CCO technical assistance and guidance

- Updated and New Guidance (3/2020)
  - HRS Brief
  - FAQ
  - Exhibit L reporting guidance
  - Address SDOH through HRS (new)
  - HRS Community Benefit Initiatives (new)
- Upcoming guidance documents (dates TBD):
  - HRS Housing Guidance update
  - Traditional Health Workers
  - Care Coordination & Case Management
  - Health Information Technology
- Two HRS webinars (TBD)
- 2021 HRS Convening (spring)

# Resources and Contact Information

- OHA Health-Related Services website:  
[www.oregon.gov/oha/HPA/dsi-tc/Pages/Health-Related-Services.aspx](http://www.oregon.gov/oha/HPA/dsi-tc/Pages/Health-Related-Services.aspx)
- Health-Related Services email address:  
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