
CCO Health-Related Services Policies & Procedures

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Agenda

- Brief overview of criteria used in review of policies
- Monitoring Health-Related Services (HRS) investments- what's required, what's recommended
- CCO sharing- how AllCare monitors HRS
- Q & A throughout

Policy Evaluation Criteria

Transparency and accessibility:

- ✓ Posts HRS information on website (strongly encouraged it also be in the member handbook). OHA will take a look at where you indicate you've posted it.
- ✓ Provides HRS information in multiple languages, electronic and non-electronic formats

Provider and member engagement:

- ✓ Encourage clinics and members to engage in HRS
- ✓ Offer clear instructions on how to request HRS
- ✓ State how providers, both clinical and non-clinical, such as community organizations, are approved to provide HRS (Flexible Services (Flex) and Community Benefit Initiatives (CBI))

Policy Evaluation Criteria

Types of HRS available:

- ✓ States what types of HRS (both flexible services and community benefit initiatives) the CCO provides, but does not place limits (outside of HRS definition in rule) on what is permissible or that exclude certain members

Ease of request:

- ✓ Process does not place undue burden on providers or members
- ✓ Allows care team members beyond providers to request HRS
- ✓ Does not limit requests to online forms

Policy Evaluation Criteria

CCO review & decision making

- ✓ Clear lines of accountability for reviewing requests, informing requestors of outcomes, tracking approved requests and receipt of services, and tracking member requests over time
- ✓ Description of operations to carry out the above
- ✓ Outlines how community benefit initiative spending decisions are made, including how they are requested and approved
- ✓ Outlines how flexible spending decisions are made, including how they are requested and approved
- ✓ Details how members and providers are notified of outcomes of requests

Policy Evaluation Criteria

Alignment:

- ✓ Describes how alignment is promoted between HRS community benefit initiative (CBI) spending and community health improvement priorities (CHPs)
- ✓ Outlines CAC's and tribe's role in CBI decisions

Accounting and monitoring:

- ✓ States how HRS spending is documented, tracked and monitored
- new** ✓ States how HRS fund monitoring is analyzed to identify spending effectiveness and inform quality improvement of how HRS funds are invested

Questions on policy evaluation criteria?

Monitoring HRS Investments

- OHA wants CCOs to have a plan for analyzing their HRS data (e.g. investments, outcomes) to inform improvements to their HRS programs, processes, and investments.
 - OHA is not looking for robust, costly evaluation efforts
 - OHA is looking for how CCOs use data to leverage positive HRS outcomes to:
 - monitor and make specific adjustments over time to improve overall quality of HRS programs
 - expand and/or hone existing investments, and
 - build out complementary flex or community benefits to those HRS investments that are working

Monitoring- Process Measures

Look to your policies to guide the process metrics you monitor, for example:

Policy	Potential Process Metric
“All requests will be reviewed and a decision in most cases made within 7 business days”	Average and median number of business days from request to review completion
“The outcome of requests will be communicated to the member’s provider within 10 business days”	Average and median number of business days to communication to provider
“All requests over \$100, or for air conditioners or other appliances must be reviewed by a supervisor”	Percent approved by supervisors

Monitoring- Basic Impact Measures

For example:

Goals	Basic Metrics
CHP includes increasing member access to healthy food, especially fruits and vegetables.	<ul style="list-style-type: none">• What investments do we have that address this goal? Did we invest in a way that can address it?• How many members received fresh fruit and vegetables through these investments? How does this number compare to our original plan?• Was there a community impact of this investment (e.g. more farmer's markets, food bank distribution sites)

Monitoring- Health Outcomes

Monitoring for equity:

- Do our processes take into account barriers that might exist to requesting services (e.g. literacy, language, technology)?
 - Consider evaluating volume of requests by population subgroup compared to percent of that population in your membership to indicate and investigate possible barriers.
- Does our spending reflect the health and social inequities and needs faced by sub-populations we serve (e.g. racial, ethnic, rural, disabled?) Example:
 - Do our African American, Latinx, and American Indian/Alaska Native members, who have the highest risk of coronary heart disease, receive HRS healthy food and exercise-related services at a higher rate than other populations?

Monitoring- Advanced Impact Measures

Consider picking one or more advanced measures to monitor impact

For example:

Goals	Advanced Metrics (optional)
CHP includes increasing access to recreation options	<ul style="list-style-type: none">• How many members live within ¼ mile of a recreation facility pre- and post-HRS year? (zip code analysis)
CHP includes increasing number of members in permanent housing	<ul style="list-style-type: none">• How many members who were documented as homeless are now in permanent housing? (survey)
Increase utilization of prevention services and decrease costs of hospital services for members receiving more than \$1,000 in HRS	<ul style="list-style-type: none">• What is the change in claims costs for members receiving more than \$1,000 in HRS services pre- and post-intervention?

Return on Investment

- Return on Investment (ROI) is **not required**, however, it does help OHA demonstrate the overall impact of HRS.
 - Many investments do not lend themselves to ROI calculations.
 - However, if you have basic ROI data, include it in your Exhibit L.

Return on Investment

- How do CCOs tend to reflect on return on investment (ROI) in Exhibit L:
 - Most describe where they think health outcomes will improve and/or costs lowered. For example:

“We expect a potential cost savings through ED utilization, reduction of encounters from preventable chronic conditions, improving healthy behaviors, and improved quality of life”
 - Some cite existing evidence or promising practices describing positive ROI
 - You may choose to do something more robust, such as looking at pre- and post-intervention claims for patients provided a particular service. But this is optional.

CCO Monitoring Examples

AllCare Health

- Stick Crosby, Director, Network and Health Equity
- Sam Engel, Director of Social Determinants of Health
- Susan Fischer-Maki, Director of Community Benefit Initiatives
- Carrie Prechtel, Community Engagement Manager

Questions?

Question: I am curious about the expansion of In Lieu of Services and if there will be a cap for HRS funding in the future?

Answer: No, there is no cap on HRS. Please keep investing.

Thank you!

Questions or Comments?

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The logo for the Oregon Health Authority. The word "Oregon" is in a smaller, orange, serif font. Below it, the word "Health" is in a large, blue, serif font. Underneath "Health", the word "Authority" is written in a smaller, orange, serif font. A thin blue horizontal line is positioned between "Health" and "Authority".

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