Updated February 2022

Comparing CCO spending initiatives

Spending programs to meet members' and communities' needs

Background

The Oregon Health Authority (OHA) is committed to advancing efforts on the social determinants of health and equity across the state. To this end, OHA, in partnership with Oregon's coordinated care organizations (CCOs), runs three programs aimed at more fully addressing members' and communities' needs. This includes investments in the social determinants of health and equity in partnership with community-based organizations.

Health-Related Services (HRS) are non-covered services that are offered as a supplement to covered benefits under Oregon's Medicaid State Plan to improve care delivery and overall member and community health and well-being. Health-related services include:

- **Flexible services**, which are cost-effective services offered to an individual member to supplement covered benefits, and
- **Community benefit initiatives**, which are community-level interventions focused on improving population health and health care quality. These initiatives can include but are not necessarily limited to members.

The **Supporting Health for all through Reinvestment (SHARE)** Initiative comes from a legislative requirement for CCOs to invest some of their net income or revenues back into their communities. After meeting minimum financial standards, CCOs must spend a portion of their net income or reserves on services to address health

inequities and the social determinants of health and equity (SDOH-E). SHARE spending must fall into one of four domains: economic stability, neighborhood and built environment, education, and social and community health. A portion of SHARE spending must be on housing-related services and supports.

In Lieu of Services (ILOS) allows CCOs to offer certain pre-approved, medically appropriate, and cost-effective services as an alternative to a covered service. ILOS, which allows for covered services to be provided in alternative settings and by non-traditional providers, is intended to promote access to services in culturally responsive ways, enhance care coordination for high needs or underrepresented members, and reduce hospital, nursing facility and emergency department utilization.

Initiative comparison

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Initiative	In Lieu of Services (ILOS)	Health-Related Services (HRS)	Supporting Health for all through Reinvestment (SHARE)
Summary	CCOs **may** offer certain pre-approved, evidence-based services in lieu of covered services. ILOS' must be medically appropriate and cost-effective services, and any ILOS must be available to all members for whom the service applies.	CCOs **may** use their global budget to fund flexible services and community-based initiatives that are not covered services. • Flexible Services: cost-effective services offered to an individual member to supplement covered benefits • Community Benefit Initiatives (CBI): community-level interventions focused on improving population health and health care quality. This can include spending related to	If they meet minimum financial standards, CCOs **must** spend some of their net income or reserves on community-based initiatives that address health inequities and the social determinants of health and equity.

		health information technology and meaningful use requirements to improve health care quality.	
Required?	No	No	Yes, if the CCO meets minimum financial standards
Purpose	To provide flexibility for innovation, meeting providers' needs, and the ability to provide members with medically appropriate, cost-effective treatment alternatives to covered services.	To give CCOs flexibility to offer services to improve their members' health and provide a specific funding mechanism within the CCO global budgets to address the social determinants of health (SDOH), including the health-related social needs of their members.	Safeguard public dollars by requiring that a portion of CCOs' profits are reinvested in their communities, and improve member and community health by requiring investments in upstream factors that impact health.
How much spending is required?	No requirements for spending; however, if ILOS are offered, the services must be cost-effective. Utilization and costs associated with an ILOS will be used in development of future CCO capitation rates.	No spending floor or ceiling is defined, but HRS spending counts favorably towards the CCOs' medical loss ratio calculation. HRS is also reflected in the performance-based reward component of CCOs' capitation rates (beginning in 2022).	Currently, it is up to CCOs to decide how much to spend on SHARE. Beginning in 2023, CCOs' SHARE spending will be subject to a minimum formula set by OHA.
Spending alignment requirements	The settings or services listed below are determined by OHA to be a medically appropriate and cost-effective substitute for a covered service. CCOs may choose to offer one or more of the following ILOS: (a) Prevention programs (b) Services provided by traditional health workers (c) Community transition services (d) Enhanced case management (e) Post-hospitalization recuperative care	A CCO's HRS spending on CBI must promote alignment with the priorities identified in the CCO's community health improvement plan.	Must align with community priorities in the CCO's current community health improvement plan. SHARE Initiative spending must meet OHA's definition of SDOH-E and fall into one of four domains: economic stability, neighborhood and built environment, education, and social and community health. A portion of a CCO's SHARE Initiative spending must be toward the statewide

	(f) Lactation consultations (g) In-home health hazard remediation programs CCOs may propose additional ILOS to OHA for consideration.		priority of housing-related services and supports. Note: SHARE expenditures cannot also be counted as HRS.
Legal requirements	Defined in Federal Law (42 CFR § 438.3(e)(2)); CCO contracts (Exhibit B, SOW, Part 2, section 11); and must be consistent with provisions in Oregon Administrative Rules (OAR 410-141-3820).	Defined in 45 CRF 158.150 and 45 CFR 158.150, 45 CFR 158.151; 1115 Oregon Health Plan Demonstration Waiver (2017-2022); Oregon Administrative Rules (OAR 410-141-3500 and 410-141-3845); and in CCO contracts (Exhibit K, Section 9). Must also follow some federal guidelines per CMS.	Defined in state law (House Bill 4018, Section 3, 1(b)(C) and Senate Bill 1041, Section 57, 1(b)); CCO contracts (Exhibit K, Section 8); and Oregon Administrative Rules (410-141-3735).
Governance requirements	CCOs must have policies and procedures for ILOS provider referrals.	CCOs must ensure a role for the community advisory councils and Tribal Nations in how HRS CBI spending decisions are made.	Must include a role for the CCO's community advisory council.
Reporting requirements	ILOS providers must submit a claim (or invoice utilizing OHA template), followed by CCO submission of encounter data in accordance with Ex. B, Part 8, Secs. 10 and 11). Report claims data and annual report by category on Exhibit L.	Reported on Exhibit L, Report L6.21 and L6.22 annually by April 30. Note: HRS expenditures cannot also be reported as SHARE.	Reported on Exhibit L, Report L6.7 and L6.71 annually on June 30.
Planning requirements	Submit a proposal for an ILOS to OHA. ILOS must be included in the CCO's member handbook and ILOS providers are included in CCO provider directory.	CCOs submit HRS policies and procedures (P&Ps) to OHA to ensure the P&Ps meet all requirements in contract and OAR. Submissions are due annually by October 1 and approved	SHARE spending plans must be submitted to OHA by December 31 annually. Template available on the OHA website.

		P&Ps are posted to the OHA HRS webpage.	
Exclusions	Services that do not provide a substitute to a covered service are ineligible.	Medicaid covered services cannot be considered HRS. The following expenditures are excluded as defined in CRF (45 CFR 158.150 and 45 CFR 158.151): • Those that are designed primarily to control or contain costs; • Those that otherwise meet the definitions for quality improvement activities but were paid for with grant money or other funding separate from revenue received through a CCO's contract; • Those that can be billed or allocated by a provider for care delivery and are, therefore, reimbursed as clinical services; • Establishing or maintaining a claims adjudication system, including costs directly related to upgrades in health information technology that are designed primarily or solely to improve claims payment capabilities or to meet regulatory requirements for processing claims, including maintenance of ICD-10 code sets adopted pursuant to the Health Insurance Portability and	Medicaid-covered services cannot be SHARE expenses (a CCO may not count expenses that are factored into its global budget). The following expenditures are excluded: • Expenses that have been reported separately, such as health-related services (CCOs may not double-count spending); • General administrative costs that are not directly related to a SDOH-E and/or health disparities initiative; • General administrative costs that are otherwise necessary for the regular business operations of the CCO and compliance with federal/state requirements (for example, providing interpreters), including any staffing required by contract (for example, Traditional Health Worker liaison); • Sponsorships or advertising; • Equipment or services to address an identified medical need (for example, corrective lenses, specialized clothing);

		Accountability Act (HIPAA), 42 U.S.C 1320d-2, as amended; • That portion of the activities of health care professional hotlines that does not meet the definition of activities that improve health quality; • All retrospective and concurrent utilization review; • Fraud prevention activities; • The cost of developing and executing provider contracts and fees associated with establishing or managing a provider network, including fees paid to a vendor for the same reason; • Provider credentialing; • Costs associated with calculating and administering member incentives; and • That portion of prospective utilization that does not meet the definition of activities that improve health quality. The following are also excluded from HRS, based on prior OHA guidance: • Capital investments in new buildings • CCO and clinic staff time on administering HRS, and community partner staff time for activities not associated with HRS • Provider workforce training	• Member incentives (for example, gift cards for accessing preventive services); • Costs of SDOH-E-related research in which findings are only used internally, only used by another private entity, or are proprietary; • Educational or promotional items or goods for general distribution through a health fair or other event not targeted at populations experiencing health disparities; • Political campaign contributions; or • Advocacy specific to CCO operations and financing (as opposed to advocacy for policy that advances SDOH-E objectives).

		• Advertising or corporate sponsorships	
For more information	https://www.oregon.gov/oha/HPA/dsi-tc/Pages/In-Lieu-of-Services.aspx	https://www.oregon.gov/oha/HPA/dsi-tc/Documents/OHA-Health-Related-Services-Brief.pdf	https://www.oregon.gov/oha/HPA/dsi-tc/Pages/SHARE.aspx

Examples

Covered Service	In Lieu of Services (alternative to covered service)	Health-Related Services (complementary to covered service)	Supporting Health for all through Reinvestment (complementary to covered service)
Multisector intervention by a community health worker with a member with uncontrolled diabetes	Multisector intervention by a community paramedic in the home of a member with uncontrolled diabetes	Providing fruit and vegetables for the member with uncontrolled diabetes (S)	Supporting a mobile farmers market or grocery store in a food desert (H)
Personal care hours used for making meals for a member post-hospitalization	Medically tailored meals delivered to a member post-hospitalization in the place of covered personal care hours	Temporary housing and hygiene supplies for member post-hospitalization	Investing in low-income housing units with wraparound supports on site
Drug/alcohol misuse screenings (including for adolescents) provided by a clinician in a clinic	Drug/alcohol misuse screenings (including for adolescents) provided by a qualified mental health care provider or a THW in a community setting that cannot bill	Drug/alcohol misuse education in schools outside of a treatment plan	Renovation of drug/alcohol treatment facility to enable access by members with disabilities

Covered Service	In Lieu of Services (alternative to covered service)	Health-Related Services (complementary to covered service)	Supporting Health for all through Reinvestment (complementary to covered service)
Drug/alcohol misuse recovery support (including for children/adolescents) provided as peer delivered services clinician in a clinic	Drug/alcohol misuse recovery support (including for children/ adolescents and their parents) provided by a qualified mental health care provider or a peer support specialist (PSS), peer wellness specialist (PWS), family support specialist (FSS) or youth support specialist (YSS) in a community setting that cannot bill	Drug/alcohol misuse recovery support and prevention education in schools and for the student's parents outside of a treatment plan	Renovation of drug/alcohol treatment facility to enable access by members with disabilities or parents with their children
Multi-sector intervention by a community health worker (CHW) with a member with uncontrolled diabetes, obesity or other chronic health condition in a clinical setting	Multi-sector intervention by a CHW with a member with uncontrolled diabetes, obesity or other chronic health conditions in a community setting that is unable to bill	Prepaid mobile phone cards to enable member to communicate with CHW; fresh fruit and vegetables to member with limited access, dissemination of health promotion communications, school or child-care based nutrition and physical activity (S)	Interventions or investment in public transportation or parks infrastructure (H)
Multi-sector intervention by a peer-delivered services staff (PSS/PWS) with a member with complex or persistent behavioral health treatment plan in a clinical or community setting	Multi-sector intervention by a peer-delivered services staff (PSS/PWS) with a member with complex or persistent behavioral health treatment plan in a clinical setting in a community setting that is unable to bill	Support and attendance at meetings with member to coordinate housing, services for children, apply for public benefits or non-medically necessary services/supports	Interventions or investment in community-based support services, such as respite, specialized recreation or engagement with public policy work groups

Covered Service	In Lieu of Services (alternative to covered service)	Health-Related Services (complementary to covered service)	Supporting Health for all through Reinvestment (complementary to covered service)
Breastfeeding intervention for pregnant people, new parents, and their children by a clinician in a clinic	Breastfeeding intervention for pregnant people, new parents, and their children provided by a THW or a postpartum doula in a community setting	Childbirth and breastfeeding education series for members in a community setting	Public information campaign to advocate for breastfeeding supports in the workplace for parents with lower incomes (H)
Emergency behavioral healthcare in a facility provided by a psychiatrist	Peer delivered services de-escalation of a crisis situation by a non-Medicaid billing agency	Short-term rent support for houseless member with mental health condition (S) Post-treatment support peer delivered services to avert a crisis or relapse provided by a non-Medicaid billing agency	Funding a community center to develop or host targeted health and community-building activities such as group exercise and meditation (H)
Inpatient psychiatric care for acute mental health crisis	Ongoing peer support groups for individuals with a treatment plan when provided by a non-Medicaid billing agency and hosted in the community	Ongoing peer support groups hosted for individuals without a treatment plan at a local community center	Grant to a community-based organization to support connections to community services for members in acute mental health crisis (H)
Clubhouse services	Community drop-in center classes to promote life skills conducted by a PSS/PWS/FSS/YSS for individuals with a treatment plan when provided by a non-Medicaid billing agency	Transportation to a non-covered social event to practice life skills Community drop-in center classes to promote life skills conducted by a PSS/PWS/FSS/YSS for individuals without a treatment plan and provided by a non-Medicaid billing agency	Renovation of community center to include physical space to host drop-in classes

Covered Service	In Lieu of Services (alternative to covered service)	Health-Related Services (complementary to covered service)	Supporting Health for all through Reinvestment (complementary to covered service)
Walk-in crisis services for behavioral health	Crisis lines with available call, text 24/7 response by qualified SUD/MH clinicians and PSS/PWS/FSS/YSS	Availability of warm lines for adults, youth, parents of children/adolescents/youth in transition for psychoeducation, implementation of safety and relapse plans, resources/services navigation and peer support provided by PSS/PWS/FSS/YSS through a non-Medicaid billing agency	Development of resource directories for use by warm lines Development of EHR for use by both non-Medicaid billing and Medicaid billing agencies, training for community recreation agencies to serve children/adolescents with physical or behavioral health related disabilities (H)
National Diabetes Prevention Program (National DPP) provided by a trained lifestyle coach in CDC-recognized program with billing capabilities	Lifestyle education classes, resources or supports (non-National DPP recognized)	Patient equipment/tools, wrap-around support for delivery of National Diabetes Prevention Program (National DPP)	Support for development of a food pantry program for members at risk for diabetes (H)
Office-based treatment for anxiety, depression and other mental health conditions	School-based therapeutic services delivered by behavioral health providers in a setting that cannot bill	Mental Health First Aid training for school staff members	Renovations for child care center to enhance ability to effectively serve children with behavioral health needs

(H): may also be HRS
(S): may also be SHARE