
**In Lieu of Services
Office Hours
8/17/22**

Health
Oregon
Authority

In Lieu of Service (ILOS) Contract Amendment

- CMS examining use of ILOS – consulting with states
- CMS requested CCO contract list including specific ILOS offerings
- Changes in 2023, but also amend 2022 CCO contract

Proposed In Lieu of Services (ILOS)

The proposed ILOS are focused on:

- Allowing services to be provided in **alternative settings**, such as community-based organizations that may have challenges billing.
- Enabling culturally responsive care with services by **traditional health workers**.
- Reducing **barriers to engagement** in prevention, self-management, and behavioral health programs and services.

Example: One ILOS enables peers and qualified mental health associates to engage members with behavioral health needs in community-based settings prior to assessment and diagnosis.

Proposed In Lieu of Services (ILOS)

1. Peer and QMHA Services in Alternative Settings
2. Community Health Worker Services in Alternative Settings
3. Online Diabetes Self-Management Programs
4. National Diabetes Prevention Program in Alternative Settings
5. Chronic Disease Self-Management Education Program in Alternative Setting
6. Infant Mental Health Pre- & Post-Testing Services
7. Lactation Consultations in Alternative Billing & in Alternative Settings

Peer and Qualified Mental Health Associate Services - Alternative Setting

Service gap this ILOS addresses: Enables billing for member engagement in behavioral health services prior to their ability to see a provider for assessment and diagnosis.

Target population: Members with Behavioral Health conditions

- Enables clinical and community organizations to provide outreach and engagement services provided by certified Peer Support Specialists, Peer Wellness Specialists, or Qualified Mental Health Associates either prior to or after assessment and diagnosis.
- Services can be provided in clinical or community settings.
- Services may include drop-in services, care transition services, culturally specific services, and services focused on specific OHP populations.

Community Health Worker Services - Alternative Setting

Service gap this ILOS addresses : Enables billing for CHW services by community agencies that are not able to bill through traditional processes.

Target population: Members of all ages and health conditions

- Community Health Workers (CHW) services in community settings, such as housing or Culturally and Linguistically Appropriate Services from social service agencies that may or may not be able to independently bill for services.
- Services provided to support Members to navigate the healthcare system, facilitate Member attendance at medical and other appointments, contribute to care team/planning, explain health and healthcare information, and help understand needs and locate services.

Online Diabetes Self-Management Programs

Service gap this ILOS addresses: Enables billing for online diabetes self-management training, thus expanding access to services.

Target population: Members 18 years and older with diagnosis of type 1 or type 2 diabetes

- Online training, support, and guidance provided by health coaches in synchronous or asynchronous individual or group sessions.
- Sessions focused on diabetes management and prevention of other chronic diseases.

National Diabetes Prevention Program (DPP)- Alternative Billing

Service gap this ILOS addresses: Enables billing for DPP by community-based organizations

Target population: Members at risk of developing type 2 diabetes

- Allows for provision of the National Diabetes Prevention Program (National DPP) by a Centers for Disease Control and Prevention (CDC) recognized program delivery organization that lacks traditional billing infrastructure.

Chronic Disease Self-Management Education Programs - Alternative Setting

Service gap this ILOS addresses: Enables billing for chronic disease self-management programs by organizations not typically able to bill independently.

Target population: Members with chronic diseases

- Allows for a number of evidence-based diabetes and falls prevention programs to be billed, particularly by community organizations that lack the ability to bill.
- Programs include: Diabetes Self-Management Program, *Programa de Manejo Personal de la diabetes*, Diabetes Self-Management Education and Support (DSMES), Walk with Ease Program, Stepping On: Falls Prevention Program, *Tai Ji Quan: Moving for Better Balance*, Matter of Balance, Otago Exercise Program, and other cultural, linguistic, or physically accessible adaptations of these programs.

Infant Mental Health Pre- & Post-Testing Services

Service gap this ILOS addresses: Enables existing covered service to be allowed for alternative population (infants).

Target population: Infants with identified risk factors associated with the child's attachment or bonding with parent(s) or caregiver(s), a child's parents or caregivers have demonstrated risk factors associated with childrearing, or a child has been identified as in need of assessment to determine whether the child/family may benefit from participation

- Tests, inventories, questionnaires, structured interviews, structured observations, and systematic assessments that are administered to help assess the caregiver-child relationship and to help aid in the development of the treatment plan.

Lactation Consultations – Alternative Setting, Alternative Billing

Service gap this ILOS addresses: Expands access to services provided in non-traditional settings that lack the infrastructure to bill.

State Plan Service(s) In Lieu of: Lactation consultations in office or other outpatient settings

Target population: Postpartum individuals and their infants

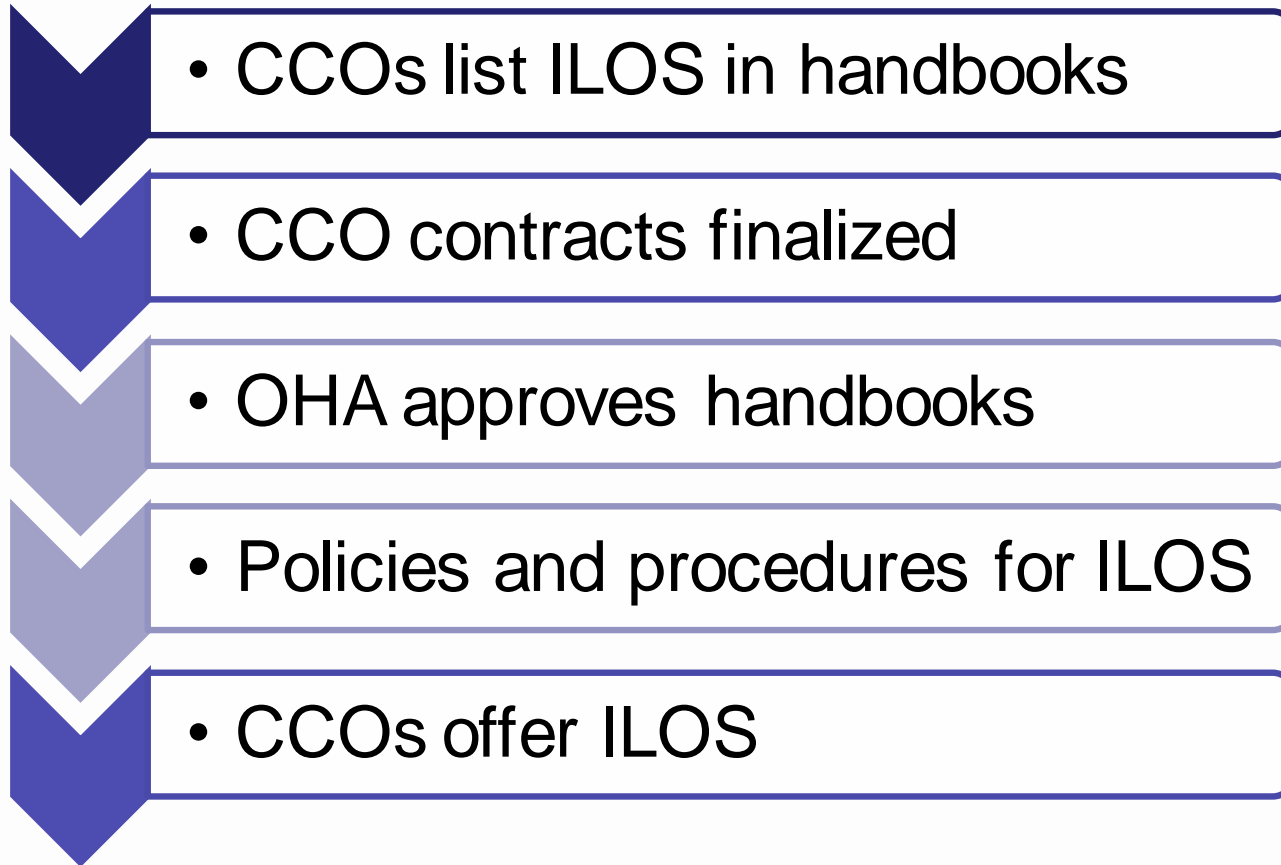
- Lactation consultations provided by a registered nurse, or a Traditional Health Worker with training in lactation (such as a certified lactation education counselor, or certified breastfeeding specialist training), in a community setting that may or may not be able to independently bill for those services.

Billing- minimum data set

OHA worked to identify a minimum data set for ILOS claims that includes:

1. Valid and enrolled NPI for Billing and Rendering Provider (unless atypical provider)
 2. Medicaid ID# and Name of Patient/Member
 3. Valid Diagnosis, Procedure code(s) and Modifiers
 4. Billed Amount
 5. CCO Allowed and Paid Amounts
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- CCOs can arrange to prepopulate the majority of these data to reduce the burden on community organizations
 - CCOs are working to develop a common billing template to make billing easier on community organizations

Next Steps

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- CCOs list ILOS in handbooks
 - CCO contracts finalized
 - OHA approves handbooks
 - Policies and procedures for ILOS
 - CCOs offer ILOS

*CCOs may be able to start before January 2023 through 2022 contract amendment, but would need to follow the same process (e.g. handbook revision, etc.) again for 2023.

Questions

What is this program and how can we use it?

- Guidance document on this topic available at:
<https://www.oregon.gov/oha/HSD/OHP/Tools/ILOS%20Brief.pdf>

What are the differences between HRS, SHARE and ILOS?

- Guidance document on this topic available at:
<https://www.oregon.gov/oha/HPA/dsi-tc/Documents/HRS-SHARE-ILOS-Comparison.pdf>

Questions

Can CCOs add new ILOS?

- Currently CMS is requiring ILOS to be included in CCO contracts. Contact Dave Inbody re adding additional ILOS.

How does ILOS apply to the medical loss ratio?

- ILOS is currently listed in Oregon's MLR template as a category of Medical Costs included in the medical loss ratio numerator.

Will there be technical assistance to support implementation of ILOS?

- Yes, contact Anne King kinga@ohsu.edu

Next Steps

- Technical assistance (TA) on implementation of ILOS in preparation for handbook inclusion
- Workgroup to work on CBO billing template with the goal of reducing CBO data burden in ILOS.
 - Let Anne King kinga@ohsu.edu know if you would like TA and/or to participate in the workgroup.

Thank you!

Questions or Comments?

-David Inbody: david.g.inbody@dhsosha.state.or.us

-Anne King: kinga@ohsu.edu

The logo for the Oregon Health Authority is centered within a light blue, rounded rectangular background. The word "Oregon" is written in a smaller, orange, serif font above the word "Health". The word "Health" is written in a large, blue, serif font. Below "Health", the word "Authority" is written in a smaller, orange, serif font. A thin blue horizontal line is positioned just above the word "Authority".

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