Health-Related Services (HRS)

An Update

February 28, 2023

Oregon Health Authority

Agenda

- Overview of minor changes to HRS guidance
- HRS & the 1115 waiver
- Questions and discussion

Changes to HRS Guidance

Changes to HRS Guidance

- HRS Brief (updates to executive summary and financial section)
- HRS FAQ (updates outlined on pg. 3)
- HRS and Traditional Health Workers (minor updates to examples on pg. 2)
- HRS Exhibit L Guidance for the 2022 Semi-Annual Exhibit L Financial Reporting Template (updates outlined on pg. 1)
- Health Information Technology and HRS (updates outlined on pg. 3)

Billable vs. Covered Services

HRS FAQ #2

Q: If a service (such as health education, exercise or nutrition classes, or peer-led support groups) is provided in such a way that it cannot be billed using standard medical billing (for example, 837, CMS-1500, UB-02) or is not provided by a licensed provider, can it be an HRS?

A: Yes. As long as the service is not eligible to be a covered service **for the particular member**, and the service meets the other criteria under OAR 410-141-3845, it can be an HRS. Covered services are prohibited by federal rule from being HRS.

Billable vs. Covered Services

It comes down to the member

1. A CCO contracts with a yoga instructor that is not an enrolled Medicaid provider to offer a yoga class in a local community center. The instructor is not supervised by a clinician and the class is free to anyone, but CCO members have priority (meeting the requirement in OAR 410-141-3845(2)(a)(C) that there's no extra cost to offer to non-CCO members) and there is a 20-person limit per class. It's not a covered service because there is no diagnosis (even though there would be a procedure code if the instructor could bill medical claims).

   This can be an HRS.

Billable vs. Covered Services

2. A CCO contracts with a clinic, which is a Patient-Centered Primary Care Home. One of the clinic's employees offers a weekly yoga class for patients, and the employee (who may not be licensed) is supervised by medical professionals. Dr. Sanchez refers Mike, a CCO member, to this class for his back pain and he attends. The clinic bills HCPCS billing code S9451 for a diagnosis of back pain and the CCO covers it at the negotiated rate.

   This is a covered service and cannot be an HRS.

HRS Exclusions

- Those that are designed primarily to control or contain costs
- Those which otherwise meet the definitions for quality improvement activities but were paid for with grant money or other funding separate from premium revenue
- Those activities that can be billed or allocated by a provider for care delivery and which 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 Accountability Act (HIPAA), 42 U.S.C. 1320d-2, as amended

From page 5 of the Health Related Services Brief:
https://www.oregon.gov/oha/HPA/dsi-tc/Documents/OHA-Health-Related-Services-Brief.pdf

HRS Exclusions

- 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
- Marketing expenses

HRS Exclusions

- Costs associated with calculating and administering individual enrollee or employee incentives
- That portion of prospective utilization that does not meet the definition of activities that improve health quality
- Administrative activities to support the delivery of covered services
- CCO and clinic staff time on administering HRS, and community partner staff time for activities not associated with HRS services
- CCO contractual requirements, such as ensuring an adequate provider network, or required care coordination for covered services
- Provider workforce or certification training

HRS Exclusions

- Broad assessments or research that does not directly improve member and/or community health or health care quality
- Advocacy work that does not directly improve member and/or community health or quality of health care
- Marketing and promotional materials of CCO services or products that are distributed to the broader community and are not considered member health education materials.
- That portion of prospective utilization that does not meet the definition of activities that improve health quality.
- Building new buildings and other capital investment activities

Reporting Return-On-Investment (ROI)

Exhibit L Changes:

- Added guidance on reporting cadence and required expenditures.
- Added considerations for completing columns b and l.3.
- Added tips for completing elements with sufficient detail for columns a, c, and n – p.4.
- New OHA assigned expenditure number (column w).

HRS HIT Exclusions

- Funding CCO access to a web-based information exchange that provides real-time hospital event and utilization data.
  - Funding access for organizations beyond the CCO is okay
- Funding for activities to support requirements under the CMS Interoperability and Patient Access Final Rule and OAR 410-141-3591. Federal rules are accessible on OHA's Office of Health Information Technology webpage.

HRS HIT Exclusions

- Funding for activities that support developing and implementing the provider directory (CCO contractual requirement).
- Software enabling member access to claims, encounter, and clinical information (CCO contractual requirement).
- Equipment and supplies for providers or clinics to provide telehealth care coordination and treatment for at risk behavioral health clients (administrative expense).

HRS and the 1115 OHP and SUD Waivers

HRS and 1115 OHP Waiver

HRS will continue to be HRS

- CCOs will still be able to provide Flexible Services and Community Benefit Initiatives.
- HRS will still include short term housing assistance, food assistance, and other services to support members' health-related social needs.
- CMS has underscored the need for CBI funds to not incur additional costs for non-enrollees, which may affect 2023 CCO HRS spending guidance. *OHA will communicate any changes once guidance is cleared by CMS.*
  - § 158.150 (b) (III): Be directed toward individual enrollees or incurred for the benefit of specified segments of enrollees or provide health improvements to the population beyond those enrolled in coverage as long as no additional costs are incurred due to the non-enrollees.

HRS and Covered Services

HRS will still exclude members' covered services

- **Covered services in Oregon's 1115 OHP waiver (benefits effective 2024):** Defined housing, food and case management benefits for transition populations
- **Covered services in Oregon's 1115 SUD waiver (refer to annual CCO contracts beginning in 2022 for implementation details):** Defined housing or employment supports for members with a substance use disorder (SUD) diagnosis and other qualifying social needs

Waiver Planning

Administration

- CCOs are encouraged to determine what administrative changes (e.g. tracking, billing) are needed to provide the HRSN benefit while continuing key HRS services for those not eligible for the new benefit.
    - OHA is tracking CCO questions and working on an FAQ.

Equity

- CCOs are encouraged to continue work toward providing HRS, especially Flexible Services, more equitably.

Questions and Discussion

- Do you have questions about the HRS guidance updates?

- What questions do you have about HRS and the 1115 and SUD waivers?

For more information

1115 Medicaid Waiver and Substance Use Disorder Waiver information:

- www.oregon.gov/oha/hsd/medicaid-policy/pages/waiver-renewal.aspx
- www.oregon.gov/oha/HSD/Medicaid-Policy/Pages/SUD-Waiver.aspx

For HRS guidance, please contact:

- OHA HRS team (health.relatedservices@odhsoha.oregon.gov)
- Anona Gund at OHA (anona.e.gund@dhsoha.state.or.us)
- Tom Wunderbro at OHA (thomas.wunderbro@oha.oregon.gov)
- Nancy Goff (nancy055@gmail.com) or Anne King (kinga@ohsu.edu) at the Oregon Rural Practice-Based Research Network (ORPRN, OHSU)

Reference

1115 Medicaid waiver: Housing benefit*

Note- OHA is still working through details on what will be offered

Who is eligible?

- Members transitioning out of institutional care or congregate settings such as nursing facilities, large group homes, congregate residential settings, Institutions for Mental Diseases (IMDs), correctional facilities, and acute care hospitals;
- Homeless, at risk of homelessness, or transitioning out of an emergency shelter as defined by 24 CFR 91.5
- Youth transitioning out of the child welfare system including foster care

What are they eligible for?

- Housing supports and services (rental assistance or temporary housing up to 6 months, utility assistance up to 6 months, one time transition and moving costs, housing deposits and fees, medically necessary home modifications, pre-tenancy and tenancy support services, navigation and/or case management for housing)

*These represent the CMS approved populations and benefits. OHA will refine eligible population definitions and benefits details in 2023 to support implementation in 2024.

1115 Medicaid waiver: Food benefit*

Note- OHA is still working through details on what will be offered

Who is eligible?

- Members transitioning out of institutional care or congregate settings such as nursing facilities, large group homes, congregate residential settings, Institutions for Mental Diseases (IMDs), correctional facilities, and acute care hospitals;
- Homeless, at risk of homelessness, or transitioning out of an emergency shelter as defined by 24 CFR 91.5
- Youth transitioning out of the child welfare system including foster care

What are they eligible for?

- Food benefits to include nutrition and cooking education, fruit and vegetable prescriptions, meals or healthy food boxes for pregnant members, children, and YSHCN, medically tailored meal delivery, navigation and/or case management for community-based food resources

*These represent the CMS approved populations and benefits. OHA will refine eligible population definitions and benefits details in 2023 to support implementation in 2024.

1115 Substance Use Disorder waiver benefits

Who is eligible?

- Members coming out of residential treatment that have OHP benefits, a substance use disorder (SUD) diagnosis, and no longer need residential treatment

What are they eligible for?

- Housing support services for members that meet the above criteria and are also at risk of houselessness, have frequent emergency visits/hospitalizations, or residential instability.
- Employment support services for members that meet the above criteria and are also unemployed (or meet other criteria).

*1115 SUD Waiver effective April 2021 – March 2026. Refer to annual CCO contracts beginning in 2022 for implementation details.