
Health-Related Services (HRS) 2022 Spending Updates

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Agenda

1. Overview of health-related services (HRS)
2. 2022 HRS spending summary report
3. Update HRS guidance
 - ✓ Examples of past-approved HRS
 - ✓ Frequently-asked questions (FAQ)
4. Q&A

Overview of HRS: Definition and types

HEALTH-RELATED SERVICES:

Services beyond members' covered benefits to improve care delivery, and support overall member and community health and well-being.

FLEXIBLE SERVICES:

Cost-effective services delivered to an individual OHP member to supplement covered benefits and improve their health and well-being.

COMMUNITY BENEFIT INITIATIVES:

Community-level interventions that include — but are not limited to — OHP members and are focused on improving population health and health care quality.

Includes health information technology (HIT) investments

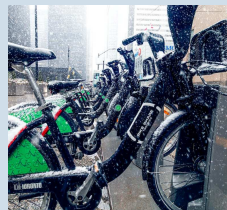
More details in Code of Federal Regulations ([45 CFR 158.150](#), [45 CFR 158.151](#)) and Oregon Administrative Rule ([OAR 410-141-3845](#))

HRS examples

Flexible Services



Community Benefit Initiatives



Overview of HRS

Implementation and reporting

Annually, April 30: CCOs must submit prior calendar year HRS spending details to OHA in Exhibit L financial reporting file



Annually, May-July: OHA reviews CCOs' spending details to ensure all spending meets HRS criteria



Annually, July: Accepted CCO HRS spending is included in the CCOs' PBR calculations for setting CCO capitation rates

CCOs spend on HRS throughout the year

Overview of HRS and HRSN

Definitions health-related services vs. health-related social needs in OHP

Health-related services (HRS)	Health-related social needs (HRSN)
<ul style="list-style-type: none">• Non-covered services• Complement to covered benefits• Could include housing, food, climate supports• Provided to individual members and community partner organizations• Available in Oregon since 2013• Some current HRS will shift to HRSN covered benefits in the next few years!	<ul style="list-style-type: none">• Covered benefits for certain transition populations• Includes housing, food, climate devices• Provided to individual members• Included in the 2022-2027 Oregon Health Plan (OHP) 1115 Waiver• Once approved by Centers for Medicaid and Medicare, benefits will start in phases, beginning in 2024

2022 CCO HRS spending summary

2022 HRS spending summary

Methods and purpose

Findings from OHA review of annual CCO spending is analyzed, coded and summarized in an annual **HRS spending summary**

Accepted HRS spending data is analyzed across CCOs by:

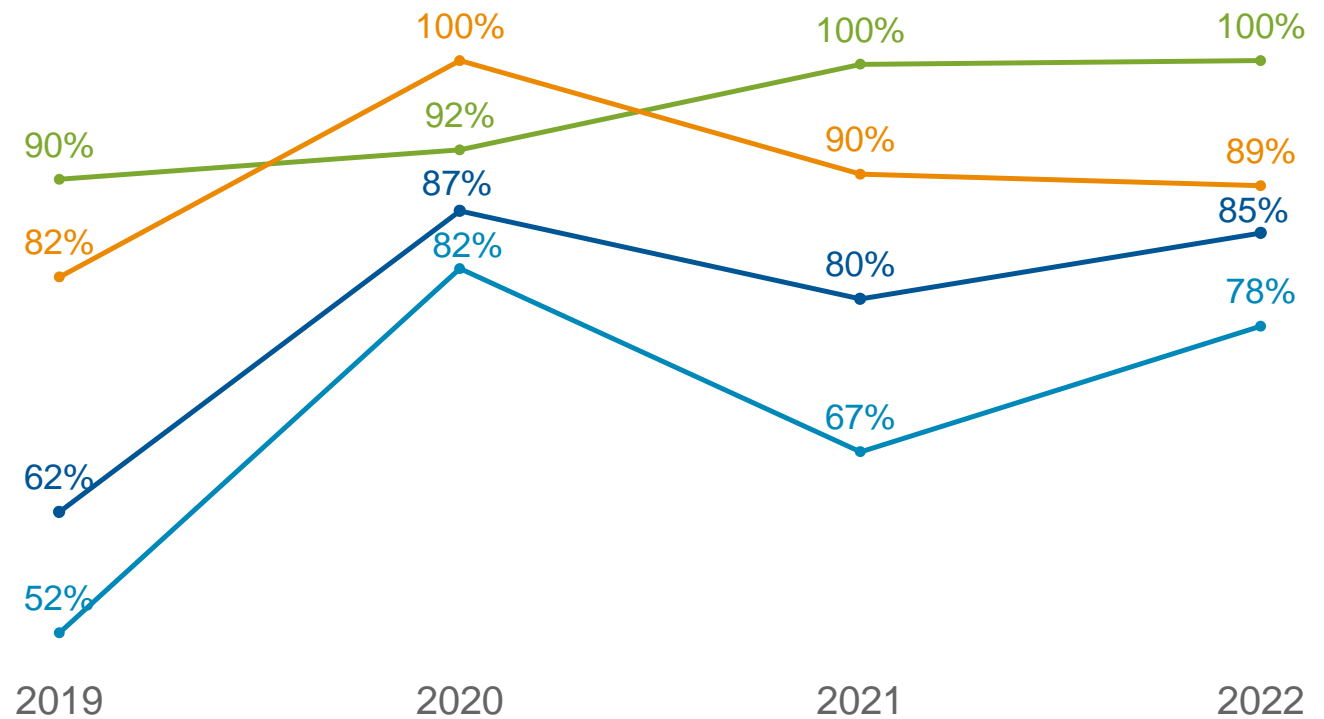
- Total dollars spent
- Type of spending
- Percent of total member service spending
- Per member per month spending
- Category of spending

2022 HRS spending summary

Acceptance rates by year and type

Percentages of **total HRS** and **CBI** spending accepted as meeting HRS criteria increased in 2022

Percentages of **FS** and **HIT** spending remained fairly stable from 2021 to 2022



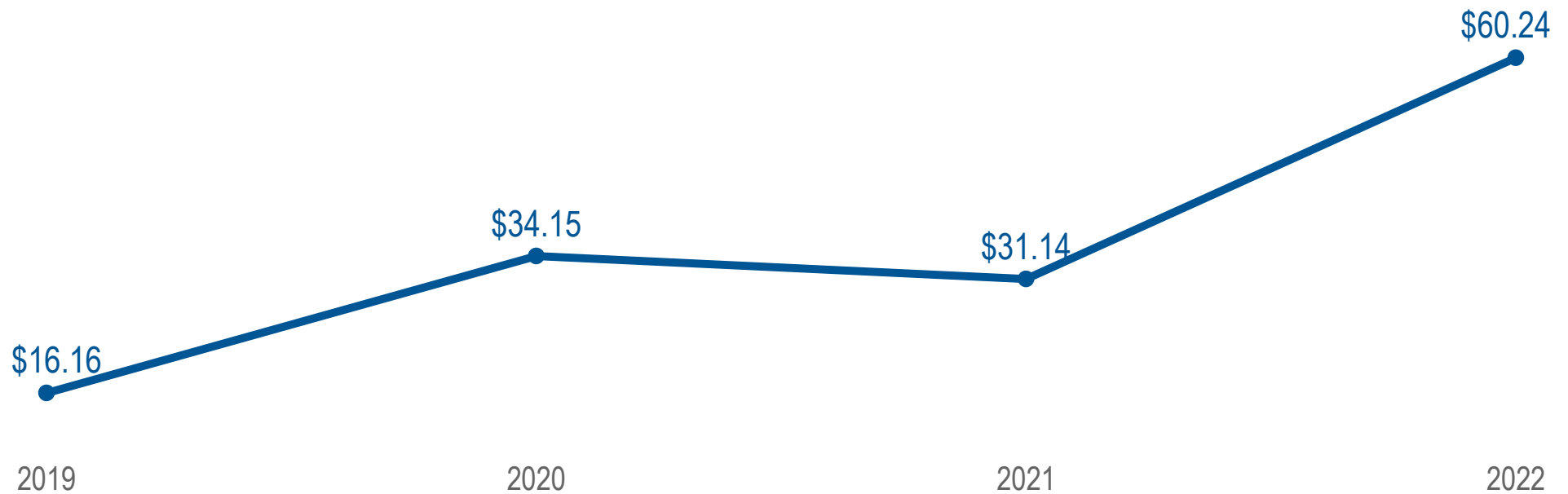
2022 HRS spending summary

CCO spending highlights

Total accepted HRS spending (flexible services (FS) + community benefit initiatives (CBI) + health information technology (HIT)) for 2022 was close to double the 2021 total at **\$60.2 million**.

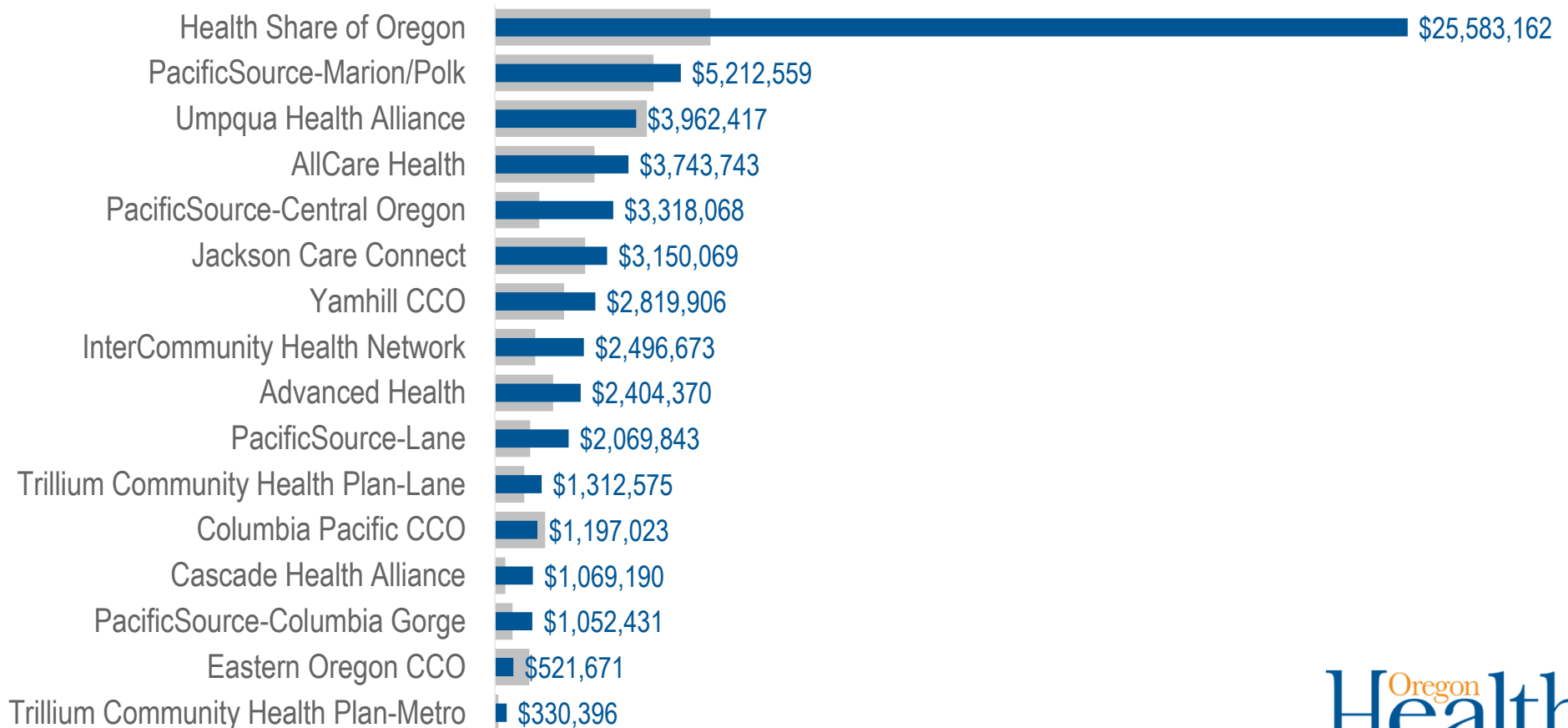
The top three categories of 2022 CCO HRS spending were **health information technology** (\$20.8 million), **housing** (\$10.5 million) and **prevention** (\$7.6 million).

Total HRS spending (FS+CBI+HIT) by year

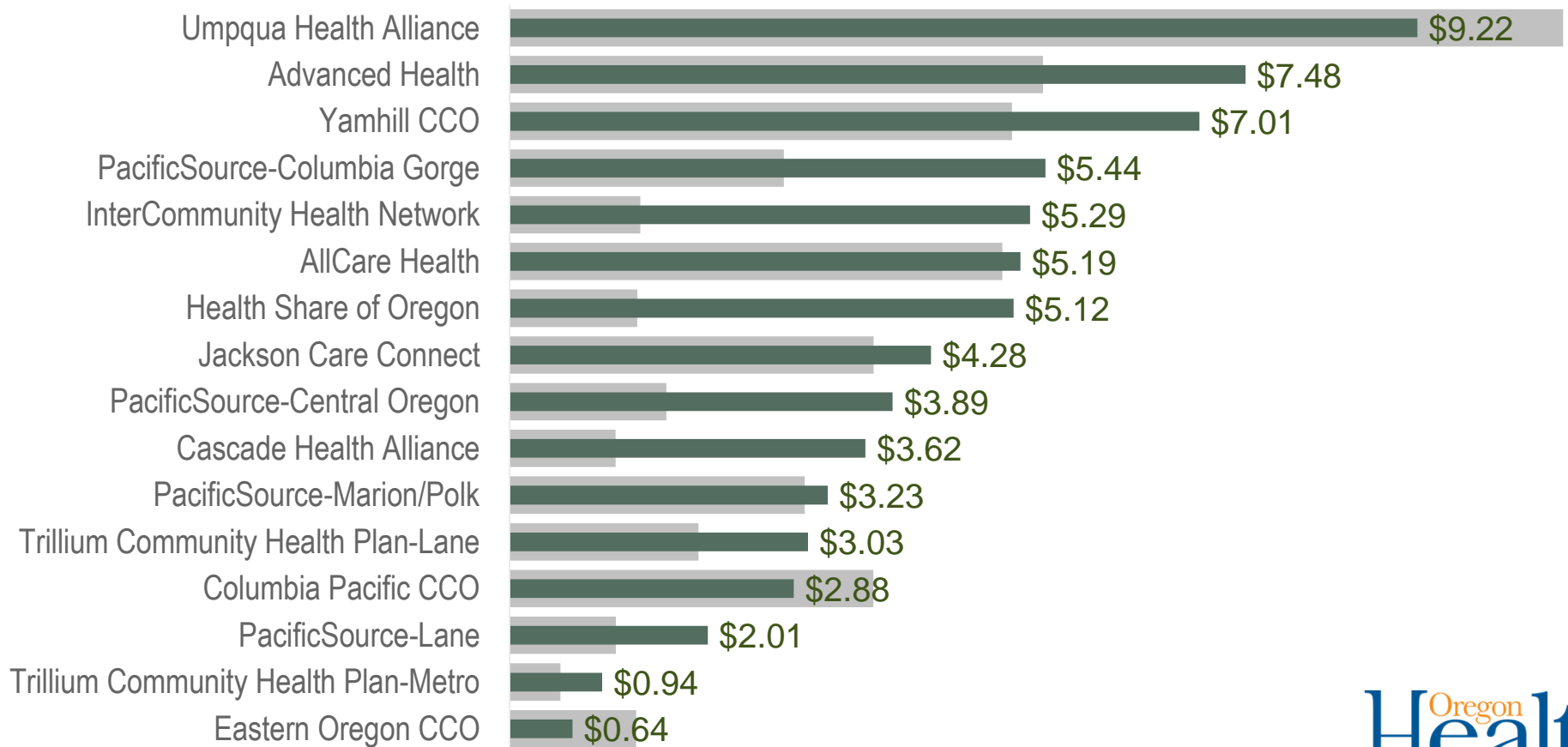


*All values shown are in millions of dollars

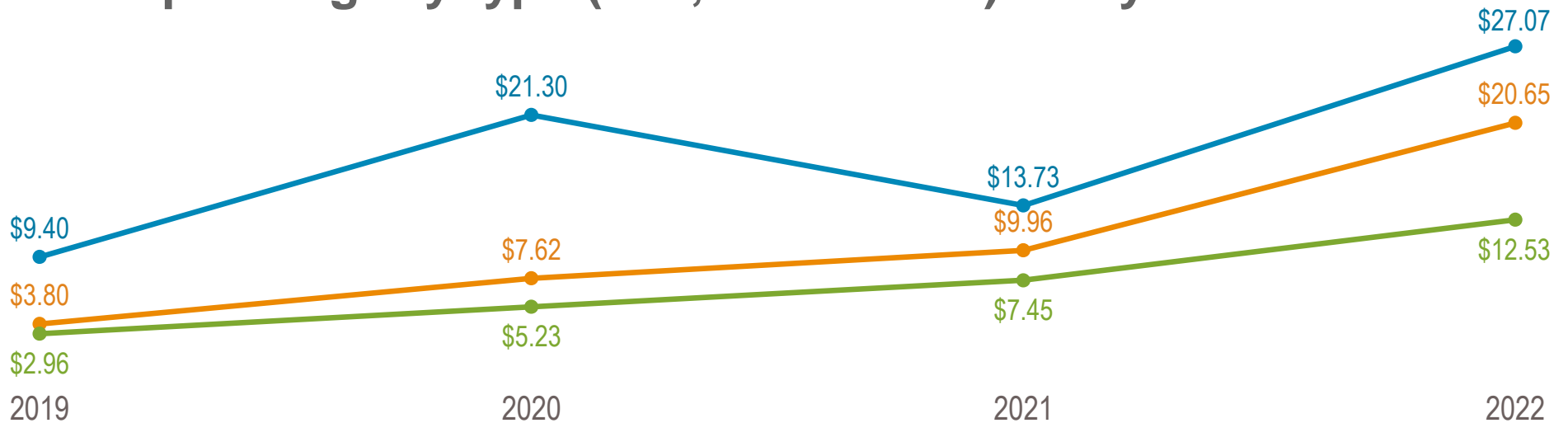
Total HRS spending (FS+CBI+HIT) by CCO from 2021 to 2022



Per member per month HRS spending by CCO from 2021 to 2022



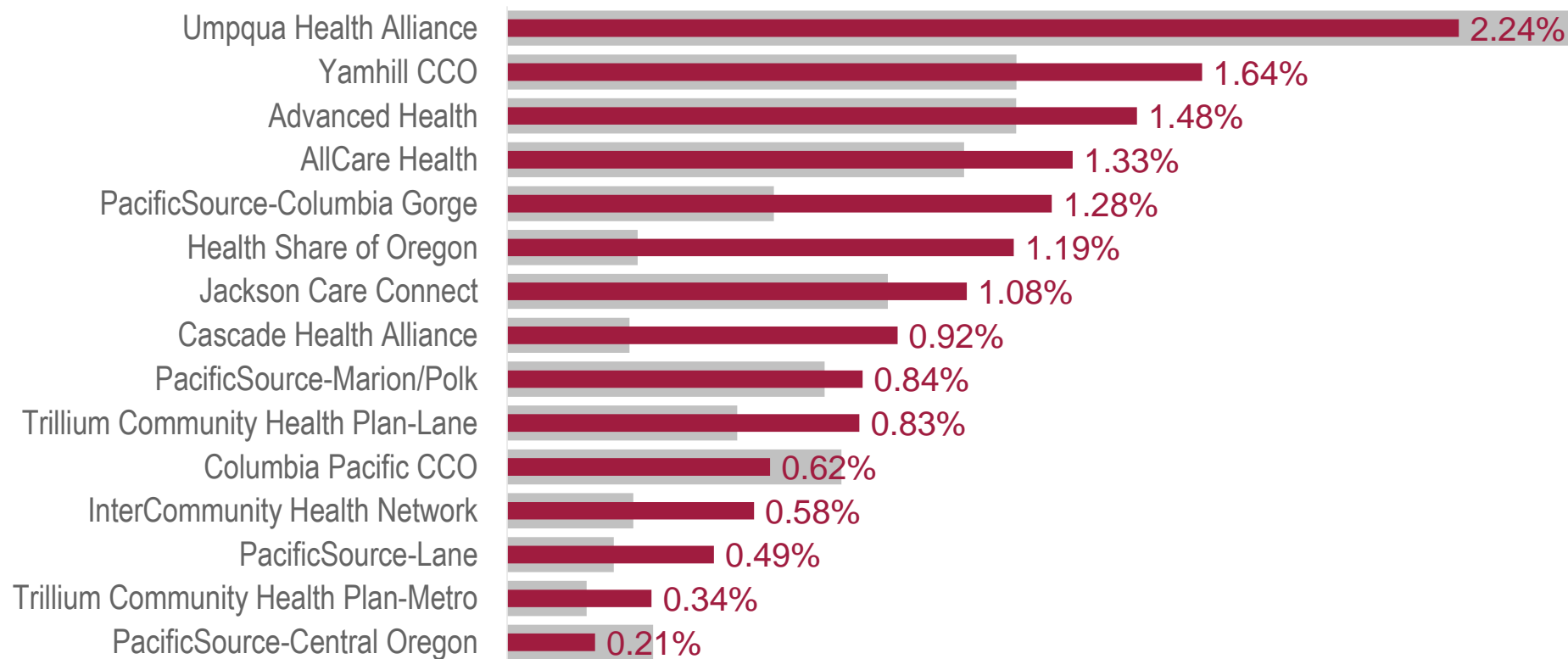
HRS spending* by type (CBI, FS and HIT) and year



- ✓ Since 2019, **CBI** continues to be the primary type of HRS spending and maintains a similar proportion to previous years, accounting for **45%** of all HRS spending in 2022.
- ✓ **HIT** spending increased its proportion slightly from 32% in 2021 to **34%**.
- ✓ **FS** spending decreased its proportion slightly from 24% in 2021 to **21%**.

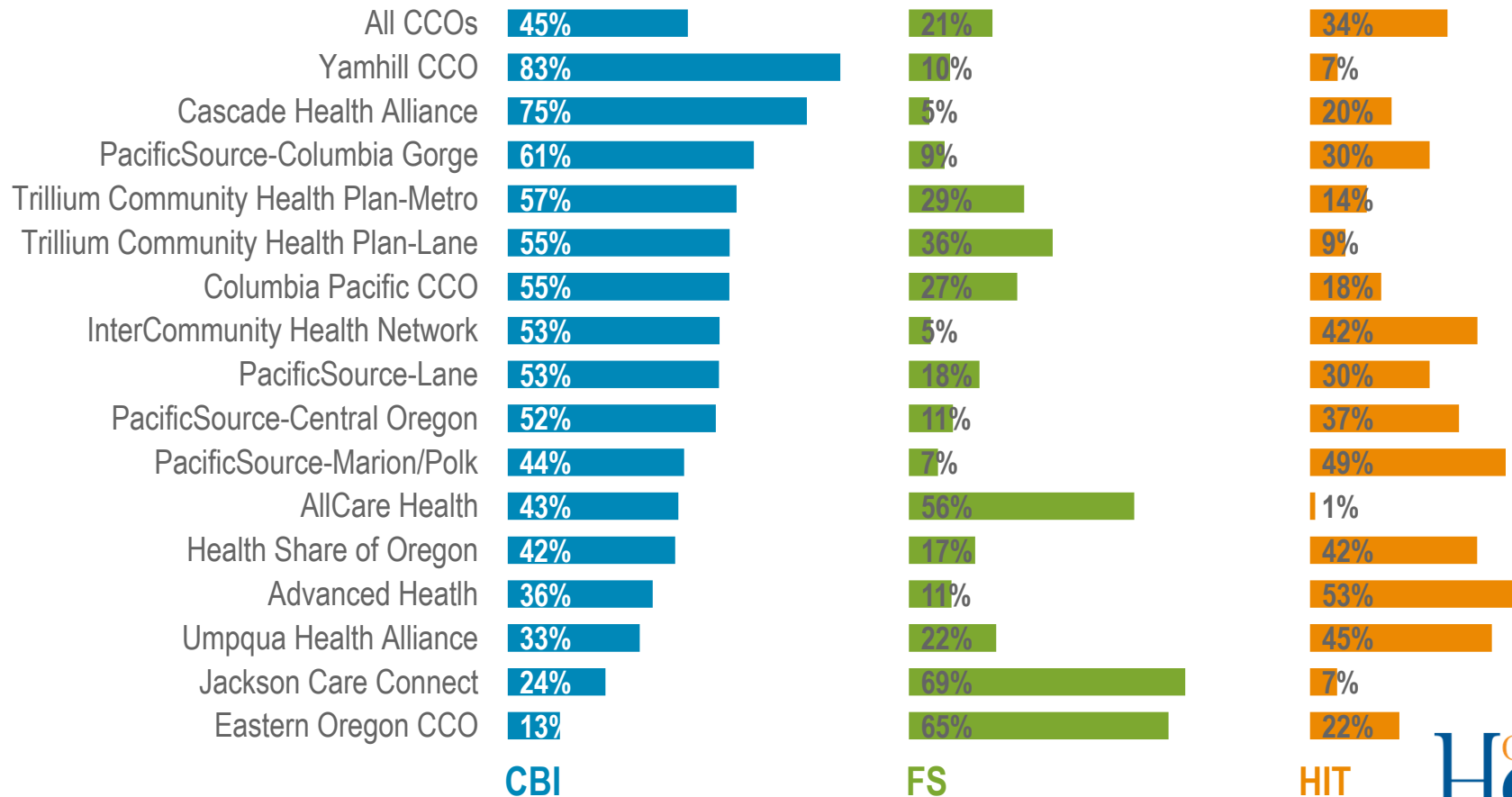
* All values shown are in millions of dollars

Total HRS spending as a percentage of total CCO member services* spending by CCO from 2021 to 2022

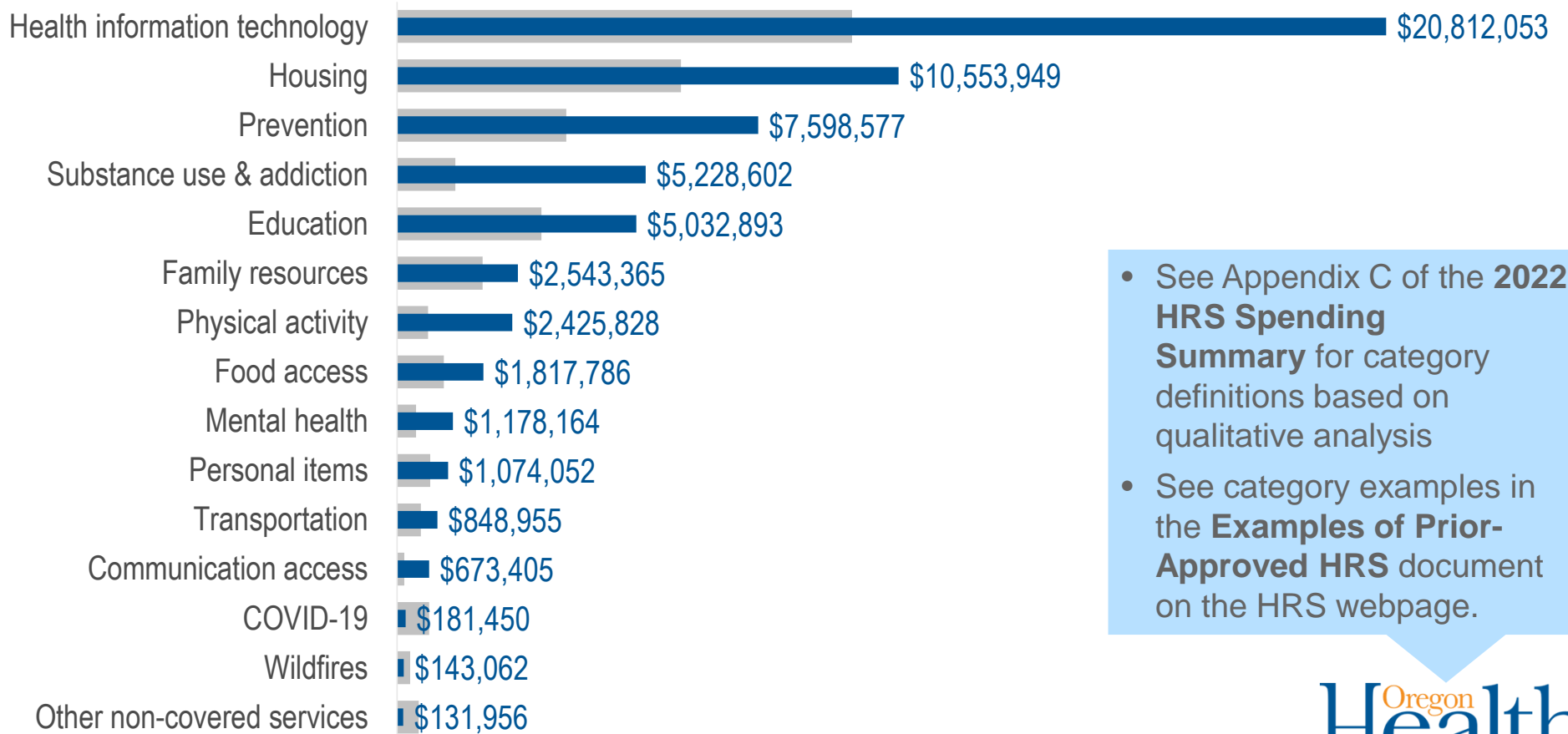


*Total CCO spending on member services includes all CCO covered member services plus CCO HRS spending accepted as meeting HRS criteria.

2022 HRS spending distribution by type and CCO



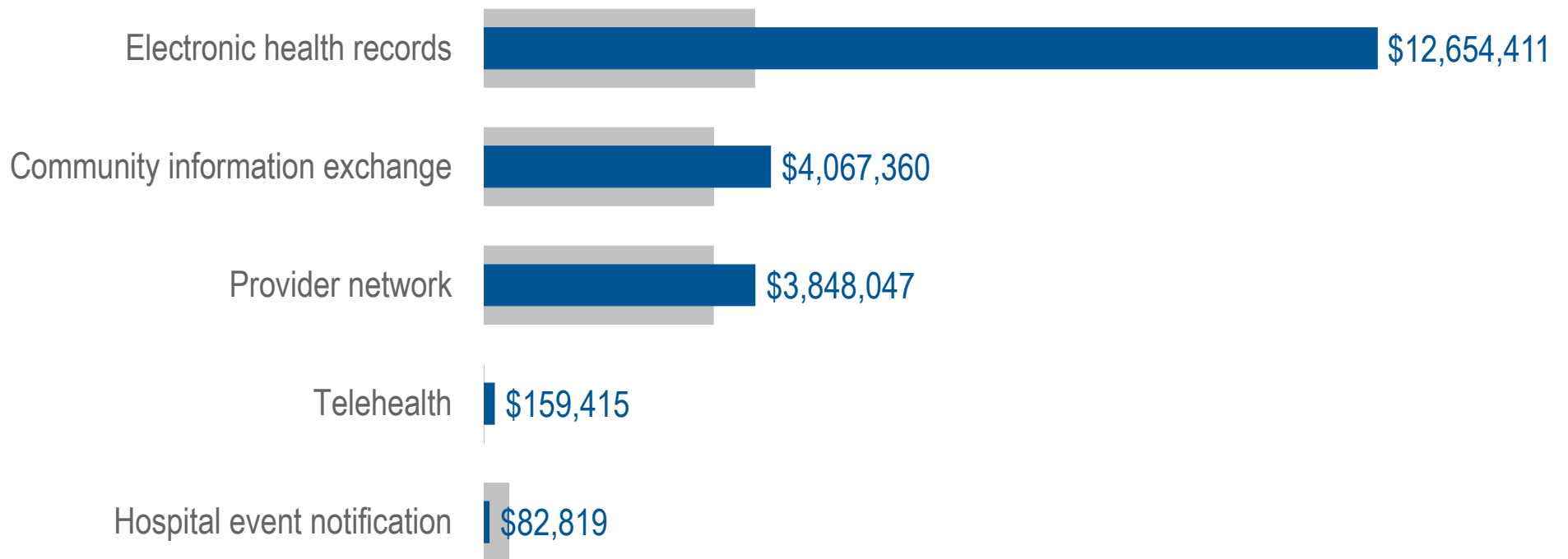
Total HRS spending by category



- See Appendix C of the **2022 HRS Spending Summary** for category definitions based on qualitative analysis
- See category examples in the **Examples of Prior-Approved HRS** document on the HRS webpage.

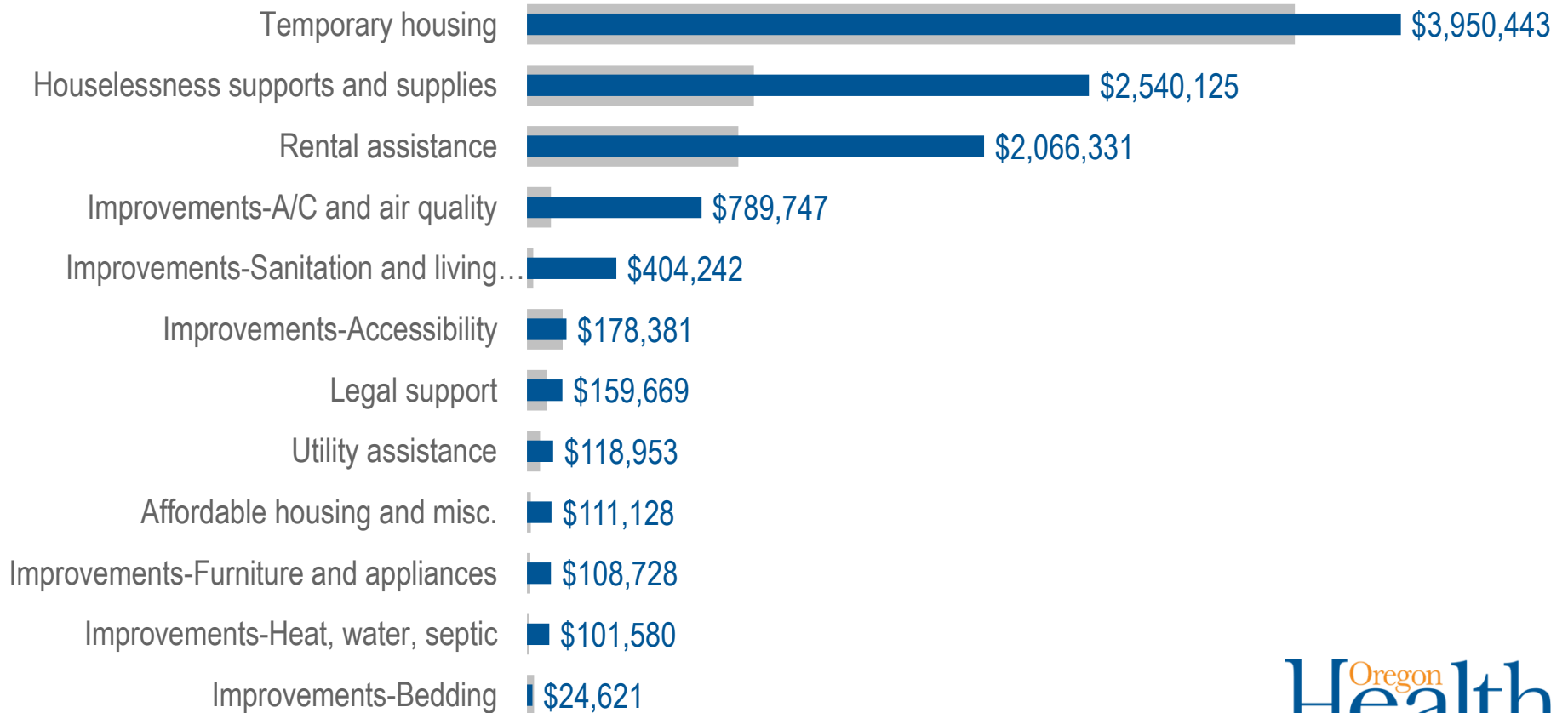
Top categories of total HRS spending

Health information technology = \$20,812,053



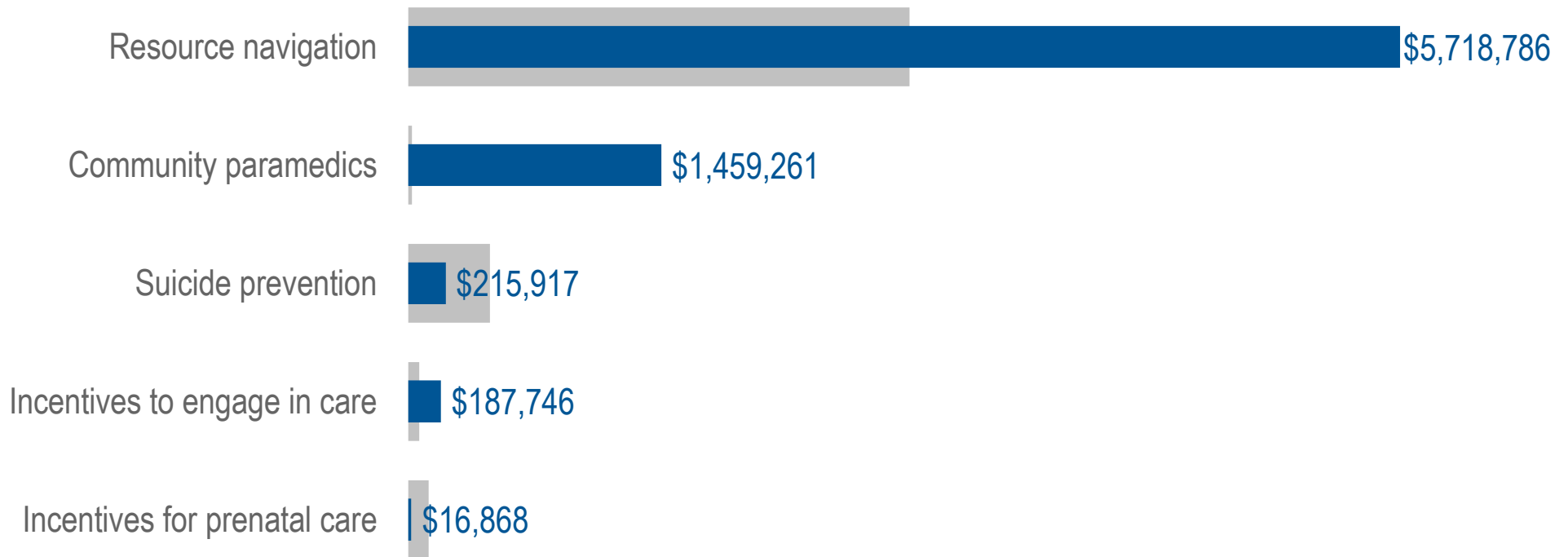
Top categories of total HRS spending

Housing = \$10,553,949



Top categories of total HRS spending

Prevention= \$7,598,577



Key takeaways of 2022 CCO HRS spending

CCO HRS spending has **significantly increased over the past few years**, with a \$50.4 million increase in total annual CCO HRS spending from 2018 to 2022.

CCOs' use of HRS **continues to evolve** as CCOs explore new ways to meet the needs of their members and communities:

- ✓ **Consistent spending trends:** HIT, housing and prevention continued to lead overall HRS spending as the top three categories
- ✓ **Impressive increases:** Substance use and addiction, communication access, and physical activity had the largest percentage increases from 2021 to 2022.

Future CCO HRS spending

The significant increase of HRS spending over the past few years and increased acceptance rate are testaments to CCOs' growing understanding, confidence and innovation with HRS.

As other Medicaid spending flexibilities develop, like the 1115 Oregon Health Plan Demonstration Waiver's health-related social needs (HRSN) benefit and in lieu of services (ILOS), CCOs will have the opportunity to use HRS as a solid backbone to comprehensive, strategic solutions to address member and community needs.

Reporting tips for 2023 spending

Reporting guidance: HIT

Evaluation of HIT

- ✗ Broad assessments and research, including evaluation of CIE platforms and other HIT, still do not align with HRS criteria as they do not directly improve member and/or community health or health care.

Recipients of funding

- ✓ Confirm whether funds paid for the vendor and EHR, or whether funds went to clinic staff to implement the EHR.
- ✓ Confirm provider type(s) accessing data and how data is used to improve health care quality.

Sufficient detail

- ✓ Confirm that costs do not include the CCO access fees for hospital event notification systems required under CCO contract.
- ✓ Report adequate details of the service provided to the member and/or community and rationale to support the spending as meeting HRS criteria, including how this improves care delivery and overall member and community health and well-being.

Reporting guidance: **Housing**

Aggregation of supports/services

- ✓ When reporting flexible services, it is appropriate and encouraged to aggregate like items. Non-like items should be reported as separate expenditures.
- ✓ The list should note all services or item categories provided to members. Do not aggregate items by providing an “including, but not limited to” list of services or a list of potential services.

Recipients of funding

- ✓ Flexible services must include the number of members receiving the service.

Covered services

- ✓ Confirm whether funding pays for any covered behavioral health or Substance Use Disorder (SUD) services

Reporting guidance: Prevention

Staff time

- X** HRS excludes funding for CCO or clinic staff. HRS also excludes funding hiring and onboarding costs for non-CCO or non-clinic staff. HRS costs should be reported in terms of the services being provided to CCO members and/or the community.

Provider training

- X** Provider workforce training, for any provider of covered services, is excluded from HRS and is considered an administrative expense.

Covered services

- ✓ Confirm whether funding pays for any covered services in Column C description field.
- ✓ For example: Confirm that Peer Support Specialists are not providing any covered services or required care coordination for covered services.

HRS frequently-asked questions (FAQ)

Updated September 2023 with new questions

Updated December 2023 with reorganization of questions

FAQ: Member eligibility

Q5: Are all CCO member types eligible to receive HRS, or are CCO A members the only CCO members eligible?

- OHA has not restricted CCOs from providing HRS based on CCO member type.
- Any decision to fund HRS is at the discretion of the CCO that administers the contract with OHA and that receives a global budget to manage the care of its member population.

FAQ: Health-related social needs (HRSN) benefit

Q#: Can HRS continue to include housing and food related flexible services with the upcoming HRSN covered benefits in the [2022-2027 Medicaid 1115 Demonstration Waiver](#)?

- ✓ Beginning in 2024, some HRS services that become covered HRSN benefits for defined eligible members within a transition population will no longer be eligible for HRS.
- ✓ HRS can continue to include housing, food, and other flexible services to meet members' health-related social needs until the specific member is eligible to receive the same HRSN benefit.
- ✓ **For example:** If a CCO provided short-term rental assistance to a member as an HRS flexible service in 2023, it will be excluded as HRS beginning in 2024 if that specific service is a covered HRSN benefit and that member is an eligible member within a life transition population.

FAQ: Provider workforce training

Q#: Can provider workforce training be considered HRS?

No. Workforce training for providers of covered services is excluded from HRS because it is an administrative expense, including:

- ✓ Network development and recruitment
- ✓ Benefits and bonuses for providers or individuals the CCO intends to become providers
- ✓ Education, training, certification or licensure, training materials

Note: Funding educational scholarships for students as part of an equity strategy **may qualify** as HRS if the scholarship does not pay for qualification or certification to become provider of OHP covered services.

FAQ: Requests for OHA pre-approval

Q30: Can OHA pre-approve CCOs' HRS spending?

OHA **cannot provide official pre-approval** for CCO HRS spending. Official approval can only happen through OHA review of CCO HRS data submitted in the annual Exhibit L financial template.

OHA can provide feedback on:

- ✓ Whether spending aligns with HRS criteria and OHA published guidance on HRS.
- ✓ If spending does not align, why it does not align.

CCOs can request feedback by attending quarterly HRS office hours, emailing the HRS team (health.relatedservices@odhsoha.oregon.gov) and using the optional HRS data submission in the Quarter 2 Exhibit L financial template.

HRS FAQ | September & December 2023 updates

September updates

- ✓ **Question 2** was updated to reflect HRS exclusions referenced in other HRS guidance documents
- ✓ **Question 10** was updated and **question 16** was added to address questions about HRS and the upcoming health-related social needs (HRSN) benefits in the [2022-2027 Medicaid 1115 Demonstration Waiver](#)
- ✓ **Questions 13-15** were added to address specific service provider and eligibility questions
- ✓ **Question 20** was updated to address questions about education and scholarships
- ✓ **Question 23** was added to address questions related to HRS eligibility by CCO member type
- ✓ **Question 25** was added to outline how CCOs can request OHA feedback on HRS spending prior to OHA's annual review of CCO HRS spending

December updates

- ✓ **Organizational and formatting updates** were made to improve document navigation and readability
- ✓ **Question 24** was added to address questions about CCOs' responsibility in sharing HRS timelines with community partners

Questions?



Resources

- ✓ [OHA HRS webpage](#)
- ✓ 2022 CCO HRS Spending Summary will be posted to [HRS webpage](#) shortly!
- ✓ [HRS FAQ](#)
- ✓ [Examples of Past-Approved HRS Expenditures](#)
- ✓ [Exhibit L Financial Reporting Template and HRS Expenditures Guidance](#)
- ✓ [Oregon's 2022-2027 Medicaid 1115 Demonstration Waiver and Health-Related Services](#)
- **Coming soon!** Following this webinar, CCOs will be sent analyses of their individual CCO's 2022 HRS spending. Keep an eye out for an email from the ORPRN TA team.

Contacts

OHA HRS team

- ✓ Anona Gund: anona.e.gund@oha.oregon.gov
- ✓ HRS email: health.relatedservices@oha.oregon.gov

ORPRN TA team (ORPRN_TA@ohsu.edu or lowbe@ohsu.edu)

2024 HRS office hours

Jan. 5, April 5, July 12, Oct. 5 (9:05-9:30 a.m. all sessions)

- [Join meeting](#)
- Call in: +1 971-277-2343
- Phone ID: 649 358 553#