

May 11, 2022

Centering Equity in HRS Flexible Services Programs



Technology

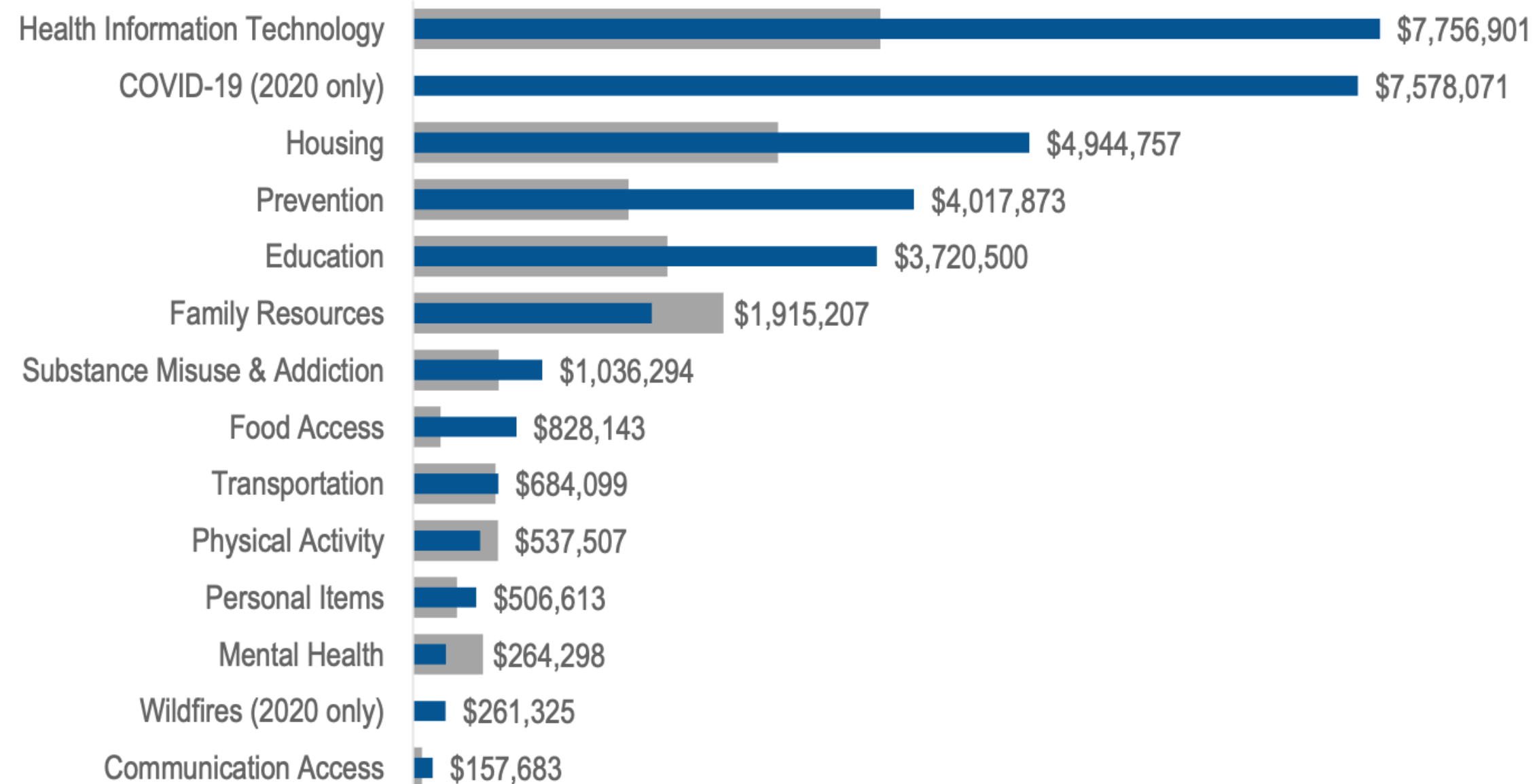
- Please **change your zoom name** to add your CCO (Example: Mary Smith, CCO X)
- Participants feel free to **unmute yourselves, type in the chat or use the raise hand** function
- Reach out to **Sara Wild with any tech issues**
- **Register** if you haven't already (link in the chat)

Agenda for today

- **Centering Equity in HRS Flex Services Programs**, *Nancy Goff*
- **Success Story: Yamhill CCO**, *Emily Johnson & Jenna Harms*

HRS Flex Service offerings vary by CCO

Top three spending categories for 2020 include HIT, COVID-19 and Housing



OHA Health Equity Definition

Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.

Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments to address:

- The equitable distribution or redistribution of resources and power; and
- Recognizing, reconciling and rectifying historical and contemporary injustices.

HRS Flex Requirements

- Designed to improve health quality
- Increase the likelihood of desired health outcomes
- Directed toward individual enrollees
- Grounded in evidence-based best practices

Health-Related Services Brief

November 2021



HRS Flex Requirements

- Designed to improve health quality
- Increase the likelihood of desired health outcomes
- Directed toward individual enrollees
- Grounded in evidence-based best practices
- Promotes health equity

Health-Related Services Brief

November 2021

Oregon
Health
Authority

Oregon
HEALTH
PLAN

CCO HEALTH EQUITY PLAN

Guidance Document for CCOs

March 11, 2020



Strategy & Planning

Build equity into program designs, workflows & HRS policies & procedures:

1. **Identify members experiencing greatest inequities** and ways to reach them
2. Identify their main **HRS needs**
3. Ensure plans are in place to **communicate** services at point of care
4. **Evaluate** the use and impact of services

1. Identify members experiencing inequities

- Who are your members experiencing the greatest health inequities?
- How do you identify these members? Do you leverage community partnerships?
- Where/how do they access care?
- What are their preferred languages?
- How do you identify needs in your members health risk assessments?
- How do they prefer to receive health information?



Photo credit: <https://www.cambiahealth.com/news-and-stories/pulse-blog/healthchangers-podcast-virginia-garcia-memorial-health-center-front>

2. Identify HRS Flex needs

- What are the greatest member needs that HRS could support? How do you know?
- How are HRS Flex service offerings currently determined? Who gets to decide what is covered? Do members or CACs have input?
- How can the decision making process be improved?
- Are HRS Flex services consistently offered to all members?
- How could the offerings be updated to more closely meet the needs of members?



3. Communicate about HRS Flex

- Do your providers know which HRS Flex Services are available (especially providers that work with your priority members)? How do they share the information and with whom?
- Do your members know what services are available? Which communications channels & formats are preferred by members? How do you know?
- Have you made specific plans to target outreach to priority populations?
- Are your communications about HRS in plain language, culturally appropriate and adherent to ADA/CLAS standards?



Photo credit: <https://healthleadsusa.org/resources/integrating-community-health-workers-on-quality-improvement-teams-lessons-from-the-field/>

4. Evaluate your efforts

- Were the members you were hoping to reach offered HRS Flex? How can you track/monitor offerings?
 - Can HIE/CIE systems be used for tracking?
- Did they accept HRS Flex? Why or why not?
- Is there a relationship between HRS Flex use and health improvements?
- Are you monitoring members needs as they shift and change? What is the process for continually updating the HRS Flex offerings to match member needs?





Success Story: Yamhill CCO



Health Related Flexible Services

A System Approach to Address Social Inequity

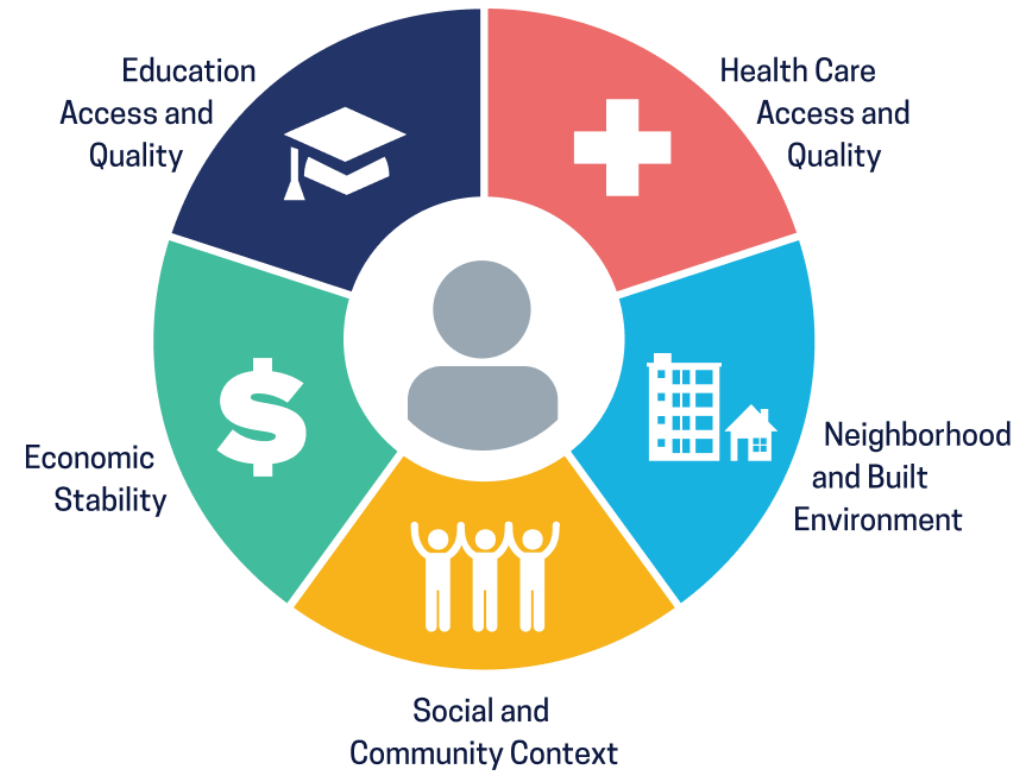
Summary

The YCCO flex strategy is multi-agency, multi-dimensional, and program-driven. Flex dollars are deployed on a system level to address broad social need identified by the Community Health Assessment, Community Health Hub, and local agency and member feedback.

YCCO shares an example of how, in response to the public health emergency, transportation to day-to-day essential services was offered to address the increased social needs of members. The results of these flex interventions were reviewed to understand the highest needs and determine the most effective supports.

Social Determinants of Health (SDoH)

Social Determinants of Health



Identifying Needs

- CHA/CHIP
- Equity Assessment of Priority Populations
 - People with Special HealthCare Needs
 - People identified with Intensive Care Coordination needs
 - People living in rural parts of the region
 - Children and families living in poverty
- Community Health Hub and Care Management Services
- Decision making - HRS procedure

Yamhill COMMUNITY CARE Community Health Worker Request for Flex Funds

Today's Date: _____

Requestor's Name: _____

Amount Requested: _____

Flex Fund Category:

- Training or Education for health improvement/management
- Self-help or support groups
- Care coordination, navigation or case management activities
- Home/living environment items or improvements
- Transportation (Not otherwise covered by OHP)
- Programs to improve general community health
- Housing supports
- Assistance with food or social resources
- Other

What will the funds cover?

How these funds impact the client:

What other resources have you researched or attempted to use?

Do you anticipate this as a one-time fund or recurring? It is a yearly fee.

One Time Recurring

Has the client received flex funds before?

Yes No

Patient Name: _____
Date of Birth: _____
Medicaid ID Number: _____
RN/CHW Assigned to Case: _____
Date Case Opened: _____
Who Referred Client and contact info: _____
Reason for Referral: _____



ADVANCING HEALTH EQUITY COMMITTEE STRUCTURE



BOARD OF DIRECTORS

HEALTH EQUITY ADMINISTRATOR



EARLY LEARNING

- FAMILY CORE LEADERSHIP
- PARENT LEADERSHIP COUNCIL

COMMUNITY PREVENTION & WELLNESS

- COMMUNITY PREVENTION AND WELLNESS FUND REVIEW

COMMUNITY ADVISORY COUNCIL

- HEALTH EQUITY PLAN APPROVAL
- GRIEVANCE & APPEALS
- CHIP GRANT REVIEW
- MEMBER HANDBOOK REVIEW
- MATERIALS REVIEW

QUALITY & CLINICAL ADVISORY PANEL

- TRANSITIONS OF CARE
- MULTI-DISCIPLINARY TEAM
- BEHAVIORAL HEALTH INTEGRATION
- PRIMARY CARE STEERING

GOVERNANCE

COMPLIANCE

- GRIEVANCE & APPEALS
- POLICY REVIEW
- COMPLIANCE
- DELEGATION & OVERSIGHT

PARTNER & CCO JOINT OPERATIONS

- PHTECH & PROVIDENCE
- BEHAVIORAL HEALTH OPS
- DENTAL OPS
- NEMT OPS
- YCCO COMMITTEE LEADS WORKGROUP

HEALTH EQUITY COMMITTEE

- HEALTH EQUITY PLAN APPROVAL
- LANGUAGE ACCESS WORKGROUP
- SDOH/HRS WORKGROUP

COMMUNICATIONS COMMITTEE

- MEMBER ENGAGEMENT WORKGROUP
- SOCIAL MEDIA WORKGROUP

PROVIDER ENGAGEMENT COMMITTEE

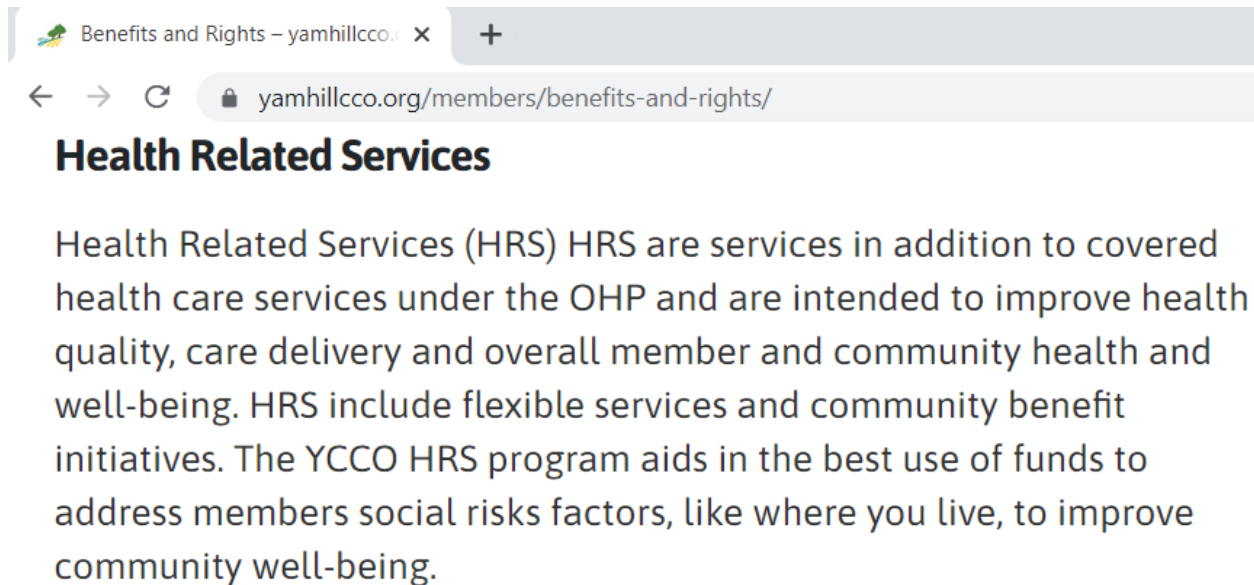
- PROVIDER EDUCATIONS & TRAINING WORKGROUP
- DSN WORKGROUP
- PC3
- PRIMARY CARE STEERING
- PROVIDER CME

OPERATIONS

Review Structures

Communicating the Benefit

- Public member and provider communications regarding HRS processes
- Operations committees and provider engagement for updates like NEMT Flex



Benefits and Rights – yamhillcco.org

yamhillcco.org/members/benefits-and-rights/

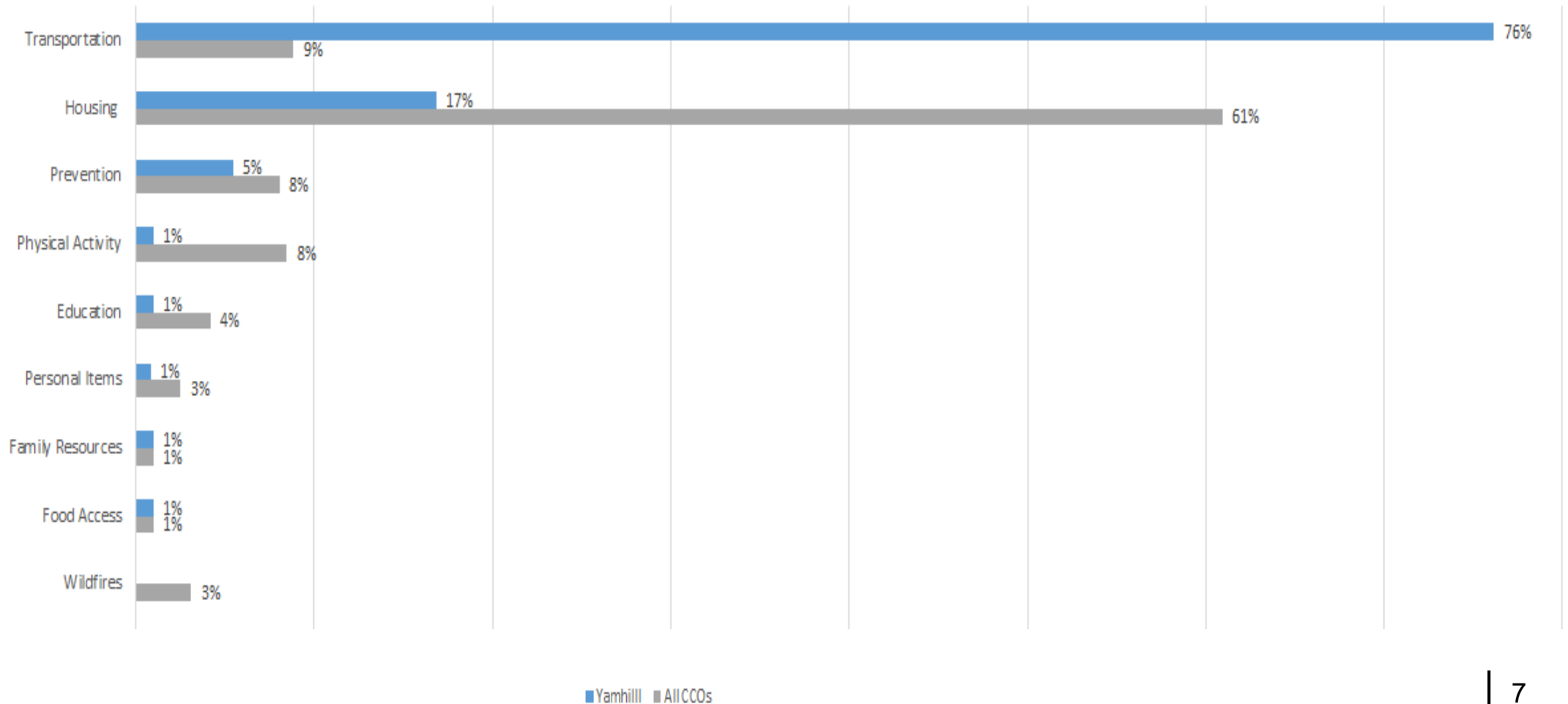
Health Related Services

Health Related Services (HRS) are services in addition to covered health care services under the OHP and are intended to improve health quality, care delivery and overall member and community health and well-being. HRS include flexible services and community benefit initiatives. The YCCO HRS program aids in the best use of funds to address members social risks factors, like where you live, to improve community well-being.



Flex Services Overview

Yamhill Community Care vs. All CCOs: Spending % by Type (Flexible Services)

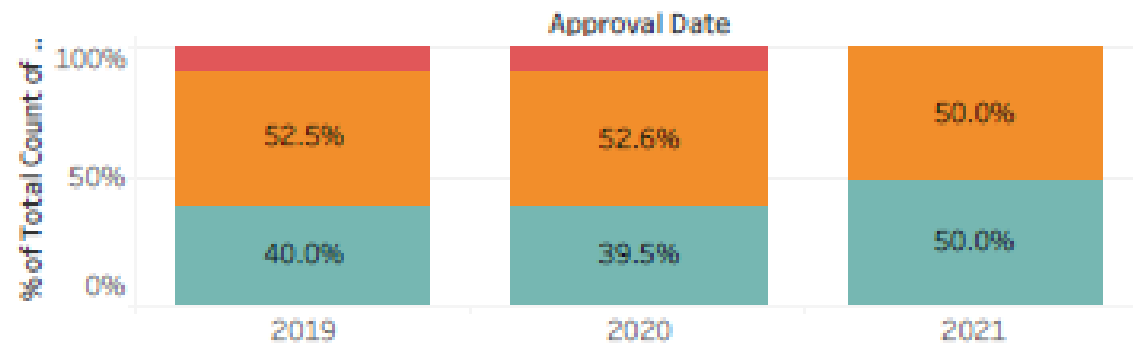


Flex Demographic Review: Ethnicity

Ethnic Group (table)

Year of..	Ethnic Group Ud			
	AFRICAN-A..	CAUCASIAN	HISPANIC	OTHER
2019		21	3	16
2020	1	20	3	14
2021	2	18		16

Ethnic Group (graph)



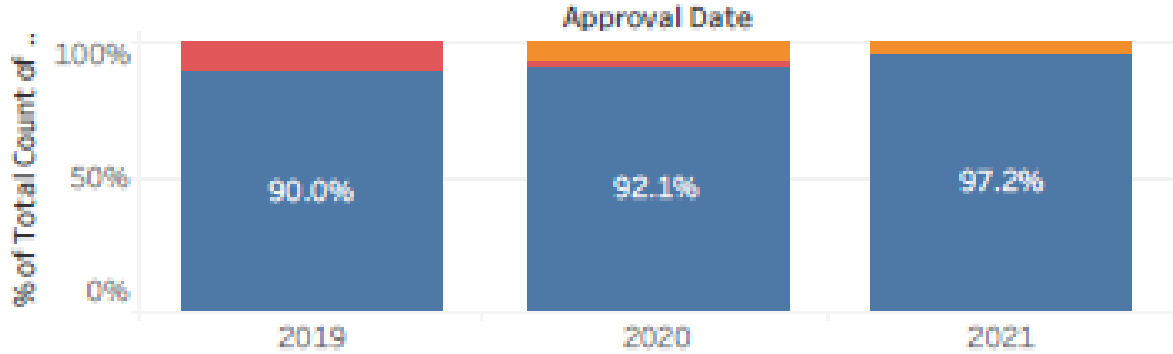
Flex Demographic Review: Language



Language (table)

Year of Approval Date	Language Used		
	English	Other, Undetermined	Spanish
2019	36		4
2020	35	2	1
2021	35	1	

Language (graph)

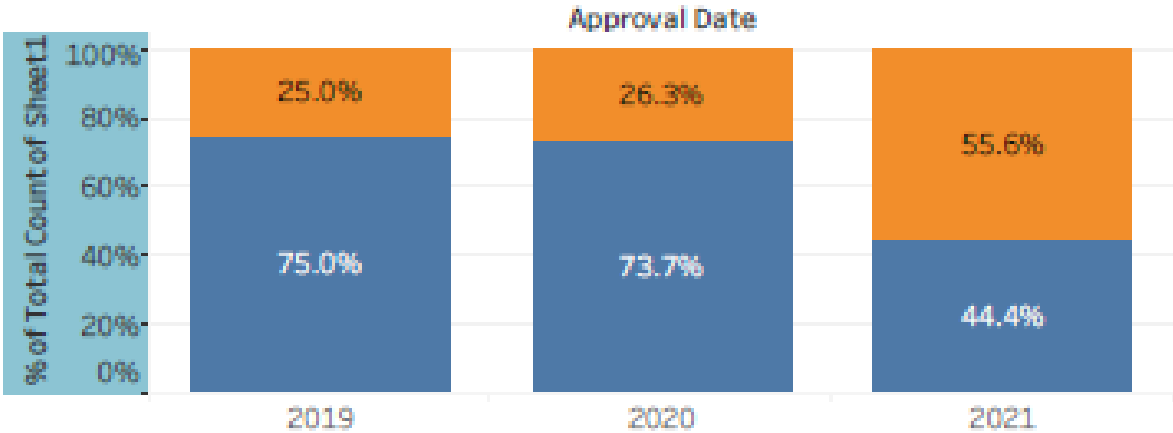


Flex Demographic Review: Gender

Gender (table)

Year of..	Gender	
	Female	Male
2019	30	10
2020	28	10
2021	16	20

Gender (graph)

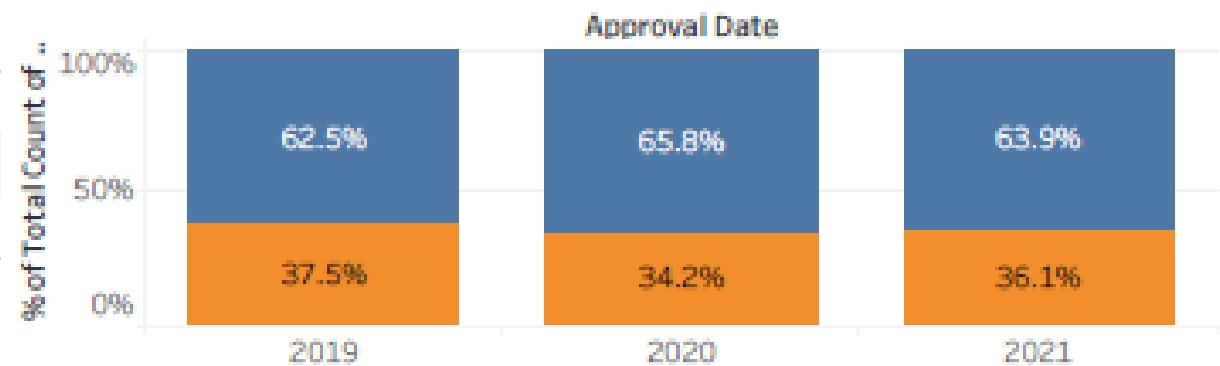


Flex Demographic Review: Special Health Care Needs

SHCN Status (table)

Year of..	SHCN Status	
	Non-SHCN	SHCN
2019	25	15
2020	25	13
2021	23	13

SHCN Status (graph)



Essential Services Flex Trips

- Expanded the NEMT benefit to include non-medical "essential services"

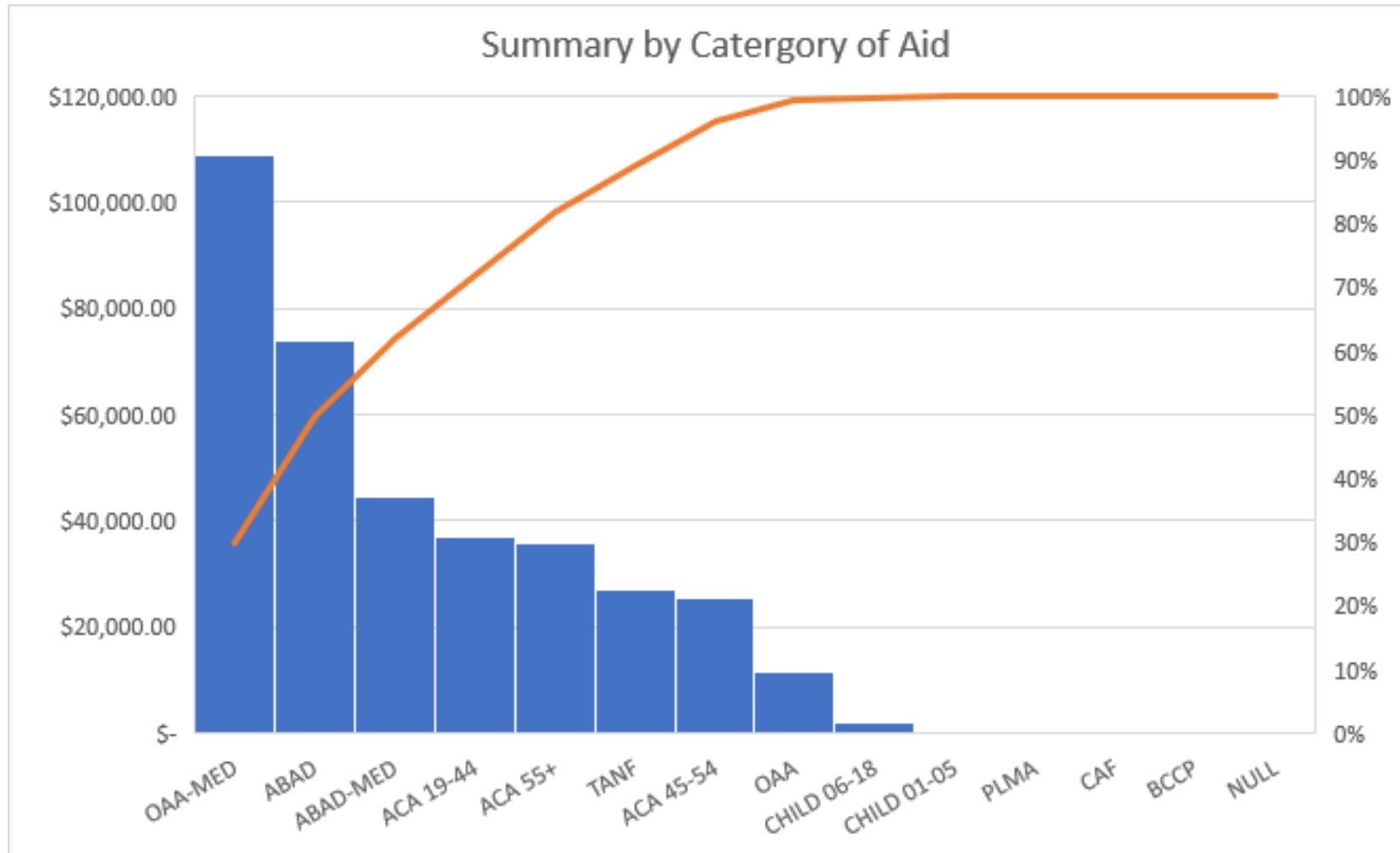
- Two purposes:

- Support lagging NEMT utilization
- Bolster social needs support for members during the pandemic

Total Charges	Unique Members
10,000 and Greater	4
5,000 to 9,999	5
1,000 to 4,999	89
500 to 999	51
250 to 499	67
100 to 249	100
100 or Less	172

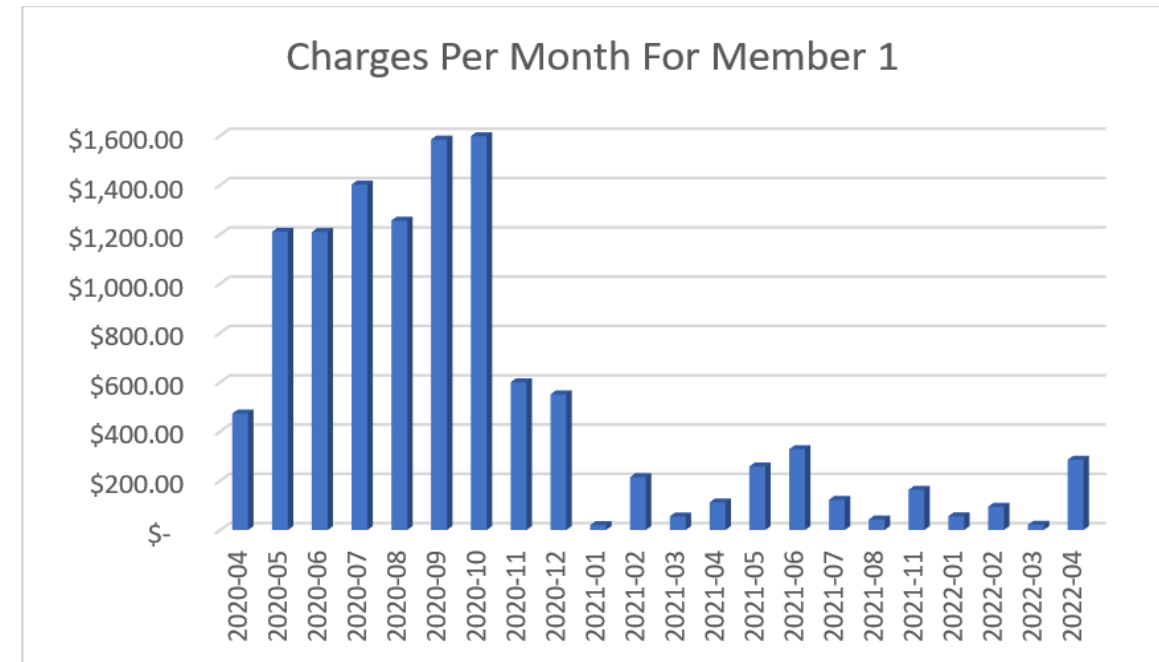
Drop Off Location	Unique Members per Service Date
Home	3595
Other	1834
WALMART	896
WINCO	855
PHARMACY	761
MARKET	574
BANK	538
FRED MEYER	343
GROCERY OUTLET	230
DOLLAR STORE	146
DHS	120
FOOD PANTRY	118
SAFEWAY	117

Reaching People with Greatest Needs



Essential Services Flex Trips: Case Study 1

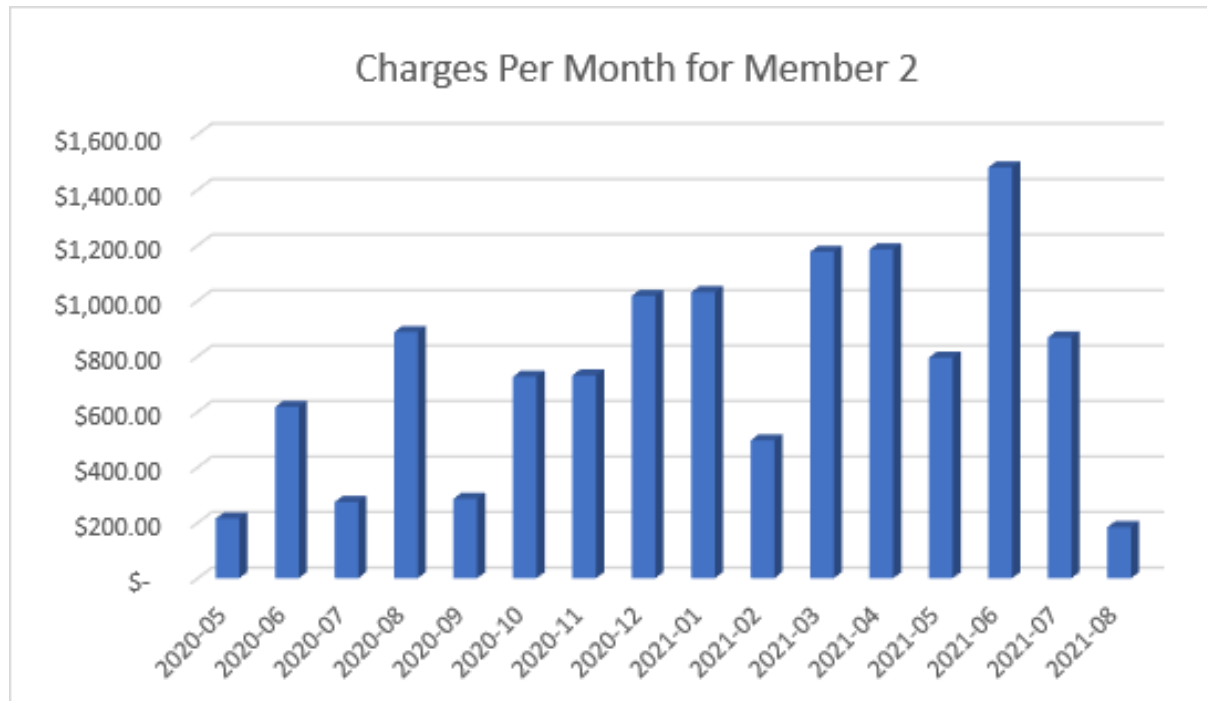
- **Category of Aid: AB/AD**
(Aid to the Blind and Aid to the Disabled)
- **Designated ICC needs**
(Intensive Care Coordination)
- **Lives in a rural area**
(More than 30 miles/30 minutes from major town)
- **Transportation mode both Wheelchair and Sedan**



Daily grocery trips

Flex-funded refrigerator purchase for member

Essential Services Flex Trips: Case Study 2



- **Category of Aid: OAA-MED**
(Old Age Assistance with Medicare)
- **Designated ICC needs**
(Intensive Care Coordination)
- **Lives in a rural area**
(More than 30 miles/30 minutes from major town)
- **Transportation mode**
Wheelchair
- **Average utilization is weekly to bi-weekly**

Questions?

Jenna Harms, MPH
Director of Health Plan Operations

jharms@yamhillcco.org

Emily Johnson
Community Health Specialist

ejohnson@yamhillcco.org

Evaluation

Upcoming Technical Assistance Opportunities

- **Webinar:** Permanent Supportive Housing & Beyond (June 2)
- **Office Hours:** SHARE Initiative deliverables with OHA staff
 - May 18, 9:30 – 10 am
 - June 15, 9:30 – 10 am
- **Office Hours:** HRS with OHA staff
 - July 12, 11-11:30 a.m.
 - October 11, 11-11:30 a.m.
- **Save the date!** HRS Conference, September 20 – 23 (Conference theme: Housing)