

Subject: Oregon Health Plan Flexible Services (Page 1 of 4)

Objective:

To ensure flexible services are administered in a fair and equitable manner and compliant with CMS requirements and Oregon Health Authority (OHA) guidance, Health Share/Tuality Health Alliance (THA) has outlined guidelines that are intended to support managing flexible services consistently, while providing flexibility to meet individual member needs. These services are provided instead of or as an adjunct to benefits and are intended to improve health delivery and member health and lower cost.

Definition:

Flexible Services are health related non-billable health related services intended to improve care delivery and Oregon Health Plan (OHP) Medicaid member health. Flexible services are unable to be reported using CPT or HCPCS codes. If a service has a CPT or HCPCS code, it may not be provided using Flexibles Services even if it is not a covered benefit. Flexible Services funds are used when no other funding source is available to cover the cost of the service or items purchased (e.g. AMHI, ENCC, and client funds). These services may effectively treat or prevent physical, oral, or behavioral health conditions, improve health outcomes, and prevent or delay health deterioration. Flexible Services are cost effective alternatives to traditional services and may include, but are not limited to, classes, programs, equipment, appliances or special clothing or footwear. Flexible services lack traditional billing or encounter codes, are not encounterable, and cannot be reported for utilization funds.

Flexible services funds for Health Share/THA members are allocated from OHP state funds and they are subject to all applicable rules and regulations for Medicaid expenditures. Flexible services may only be provided to OHP members.

Policy:

Health Share/THA supports flexible services funds to be used for the benefit of members to promote health, prevent decompensation, divert from higher levels of care, and assist in environmental stability and increase independence from formalized services. Health Share/THA Flexible Services Leadership Committee consisting of the COO, the Medical Director, the Operations Manager, the Medical Management Manager and the QI Coordinator will monitor expenses and activities on a quarterly basis. Health Share/THA Nurse Case Managers will review all requests and make final determinations. Flexible Services Funds will be distributed based on the OHP active membership. The QI Coordinator will be responsible for the management, distribution and the reporting of Flexible Services dollars.

Flexible Services categories, per Oregon Health Authority, include, but are not limited to:

1. Training/education for health improvement or management (e.g., class on healthy meal preparation or diabetes self-management)
 2. Self-help or support group activities (e.g., post-partum depression programs, Weight Watchers groups)
 3. Care coordination, navigation or case management activities (not covered and billable under OHP benefits)
 4. Home/living environment items or improvements (non-DME items to improve mobility, access, hygiene or other improvements to address a particular health condition)
 5. Transportation not covered under OHP benefits
 6. Programs to improve general community health
 7. Housing supports related to social determinants of health (e.g., shelter, utilities, critical repairs)
- I. Requesting Funds for Flexible Services
- A. Any participating Health Share/THA provider, Nurse Case Manager or staff, or any member can request the use of Flexible Services funding by filling out the Flexible Services Request Form.
 - B. Funding requests for Flexible Services require completion of the Flexible Services Request Form. Forms can be obtained through Health Share/THA website at www.tualityhealthalliance.org, THA provider offices, or by calling our customer service at 503-844-8104.
 - C. All Flexible Services Request forms must be sent to the Health Share/THA Referral & Authorizations department via fax at 503-681-1823. Health Share/THA Referral Coordinators will review request for completion and forward request to Health Share/THA Nurse Case Managers.
 - D. Health Share/THA Nurse Case Managers will review request and make a final determination. Services requested may require additional documentation prior to final determination. This determination will be returned to the Referral and Authorization department for notification of approval/denial to the appropriate parties (member/provider). The Referral and Authorization Coordinators will send the determination to the QI Coordinator for distribution of funds, services and reporting.
 - E. Health Share/THA Quality Improvement Coordinator will utilize the Clara System to provide Flexible Services directly to the members. The priority for Health Share/THA will be to promote and utilize all Tuality Healthcare services as applicable. Health Share/THA will make every attempt to purchase supplies from Tuality Medical Equipment and Supplies and use Tuality Health Education Center for classes prior to purchasing services elsewhere.

Subject: Oregon Health Plan Flexible Services (Page 3 of 4)

F. The Health Share/THA Quality Improvement Coordinator will document all purchases in the Clara System for Flexible Services for OHP members. Documentation in Clara will include the following:

- a. Medicaid number
- b. Date of Request
- c. Health Condition to be Improved
- d. Service Requested
- e. Cost of purchase
- f. Flexible Service Category
- g. Brief Rationale for the flexible service
- h. Dx code and treatment goals tied to Flexible Services provided
- i. Date approved and duration of approval

G. Health Share/Tuality Referral and Authorization Coordinators will send the written determination outcome to the requesting provider/member. The written communication to the member and provider will notify the member that these funds maybe discontinued at any time; if other benefits are secured that would cover the same need, funding will be discontinued; and flexible services are intended to cover one time needs or limited duration ongoing needs.

Members have no appeal or hearing rights in regard to a flexible services outcome.

All determinations will be:

1. Documented in the member file in Fuerza by the NCM.
2. Include the reason for approval/denial.

Subject: Oregon Health Plan Flexible Services (Page 4 of 4)

- II. Financial Reporting and Monitoring Related to Flexible Services
 - A. If required for audit, Health Share/Tuality will provide evidence that Flexible Services requests were managed according to this procedure and Flexible Services were provided in support of patient care goals.
 - B. All flexible services provided are tracked including number of members served, services provided and associated costs.
 - C. In conjunction with performance and development discussions with Health Share/Tuality Case Managers, documentation will be reviewed to assure that Flexible Services are linked to goals and treatment of care.

References:

Oregon Administrative Rule 410-141-3150
Oregon Administrative Rule 410-141-3180
Health Share of Oregon Policy Number CORP-17
Providence Health Plan Draft Oregon Health Plan Services Policy

Formulated:	June 2015
Reviewed	
Revised:	February 2017