POLICY AND PROCEDURE

POLICY NAME: Health Related Services – Flexible Funds	**POLICY ID:** OR.MM.OP.07
BUSINESS UNIT: Trillium Community Health Plan	**FUNCTIONAL AREA:**
EFFECTIVE DATE: 3/5/2020	**PRODUCT(S):** Medicaid, OHP
REVIEWED/REVISED DATE: 3/3/2020 ,12/30/2020,1/19/2021,10/27/2021,12/29/2021,3/7/2022, 3/15/2023,9/27/2023, 11/14/2023, 10/01/2024, 11/17/2024, 1/06/2025, 9/11/2025, 11/17/2025	
REGULATOR MOST RECENT APPROVAL DATE(S): 3/5/2020,12/1/2021,1/19/2022,12/14/2023, 1/4/2024, 2/4/2025	

POLICY STATEMENT:

Trillium provides Flexible Funds and Health Related Services (HRS) via community benefit initiatives (CBI). HRS are provided as a supplement to covered health care services.

PURPOSE:

Describes Trillium's administration of health-related services, specifically Flexible Funds, in alignment with OHA's policy goals, initiatives, regulations, and OHP contractual requirements. Applies to staff engaged with support of administration of these funds; encourages transparency, provider and member engagement, and reflects streamlined administrative processes that do not create unnecessary barriers; and provides for accountability to OHA, members, and providers.

SCOPE:

This Policy applies to the Lane/Douglas/Linn County OHP service area and to the Multnomah/Washington/Clackamas County OHP service area.

DEFINITIONS:

Community Benefit Initiatives (CBI) means community-level interventions focused on improving population health and health care quality as defined in OAR 410-141-3500

Flexible Funds – those services that are cost-effective services offered as an adjunct to covered benefits. Flexible Funds shall be consistent with the member's treatment plan as developed by the member's care team and agreed to by the CCO as defined in OAR 410-141-3500 and 410-141-3845.

Health Related Services (HRS) - non-covered services under Oregon's Medicaid State Plan intended to improve care delivery and overall member and community health and well-being as defined in OAR 410-141-3845. Health-related services include Flexible Funds and community benefit initiatives (CBI).

Social Determinants of Health (SDoH) - The social, economic, political and environmental conditions in which people are born, grow, work, live and age and are shaped by the social determinants of equity. These conditions significantly impact length and quality of life and contribute to health inequities

POLICY:

Trillium provides health-related services (HRS) to individuals and its' community through Flexible Funds at the member and community level. The goals of these funds are to promote the efficient use of resources and address members' social determinants of health (SDOH) to improve health outcomes, alleviate health disparities, and improve overall community well-being. Health related services are provided as a supplement to covered health care services. (HRS) may be used to pay for non-covered health care services including physical health, mental health, behavioral health, oral health and tribal-based services.

- This policy in no way limits the allowance under 42 CFR 438.6(e) for the health plan to offer additional services that are separate from HRS.
- Trillium shall not limit the range of permissible HRS by any means other than enforcing the limits defined by OAR 410-141-3845.

Requirements to qualify as an HRS

Trillium has the flexibility to identify and provide health-related services beyond the list of examples in 45 CFR §§ 158.150, 158.151, as long as the HRS satisfy the requirements listed in OAR 410-141-3845. HRS may be used to pay for non-covered health care services including physical health, mental health, behavioral health, oral health, and tribal-based services. To qualify as an HRS within the meaning of this rule, a service must meet the following requirements, consistent with 45 CFR § 158.150.:

- The service must be designed to:
  - Improve health quality;
  - Increase the likelihood of desired health outcomes in a manner that is capable of being objectively measured and produce verifiable results and achievements;
  - Be directed toward the individuals or segments of members or provide health improvements to the population beyond those enrolled without additional costs for the non-members; and
  - Be based on any of the following:
    - Evidence-based medicine; or
    - Widely accepted best clinical practice; or
    - Criteria issued by accreditation bodies, recognized professional medical associations, government agencies, or other national health care quality organizations.
- The service must be primarily designed to achieve at least one of the following goals:
  - Improve health outcomes compared to a baseline and reduce health disparities among specified populations;
  - Prevent avoidable hospital readmissions through a comprehensive program for hospital discharge;
  - Improve patient safety, reduce medical errors, and lower infection and mortality rates;
  - Implement, promote, and increase wellness and health activities;
  - Support expenditures related to health information technology and meaningful use requirements necessary to accomplish the activities above that are set forth in 45 CFR 158.151 that promote clinic community linkage and referral processes or support other activities as defined in 45 CFR 158.150.
- If a member requests to have an approved state plan service rather than an HRS, the approved state plan service request must be honored when medically necessary.
- The following types of expenditures and activities are not considered HRS:
  - Those that are designed primarily to control or contain costs;
  - Those that otherwise meet the definitions for quality improvement activities but that were paid for with grant money or other funding separate from revenue received through Trillium's OHP contract;
  - Those activities that may be billed or allocated by a provider for care delivery and that 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 codes sets adopted pursuant to the Health Insurance Portability and Accountability Act (HIPAA), 42 U.S.C. § 1320d-2, as amended;
  - That portion of the activities of health care professional hotlines that do 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;
  - Costs associated with calculating and administering individual member incentives; and
  - That portion of prospective utilization does not meet the definition of activities that improve health quality.

Flexible Funds

Flexible Funds are cost effective services offered to an individual member as an adjunct to covered benefits. Flexible Funds shall be consistent with a member's treatment plan as developed by the member's care team and agreed to by the CCO. The care team and the CCO work with the member and, as appropriate, the family of the member in determining the HRS needed to supplement the member's care. These services shall be documented in the member's treatment plan and clinical record.

- Flexible Funds may be requested by a member, the member's primary care team (Includes any medical, behavioral, or dental provider who is currently providing care and participates in development and support of the member's treatment

plan and medical records) member's representative and must be consistent with the member's treatment plan as developed by the member's care team and the members' Trillium Case Manager.

- Flexible Funds requests are reviewed for eligibility and qualification as an HRS as outlined in the Flexible Funds procedure in this policy, determination does not follow prior authorization process requirements.
- Approved HRS shall not result in;
  - cost sharing by the member or community resources, or
  - undue administrative burden on the member or community resources
    - In the case of determination of refusal, Trillium shall provide member with a written notification of a refusal of individual Flexible Funds request and shall copy any representative of the member and any provider who made or participated in the request on the member's behalf. The written notification shall inform the member and provider of the member's right to file a grievance in response to the outcome.
    - Trillium's refusal to permit an individual flexible service request is not an "adverse benefit determination" within the meaning of OAR 410-141-3875. Trillium has written procedures to acknowledge receipt, disposition, and documentation of each grievance from members, which is modelled on procedures specified in 42 CFR 438.402-408 and OAR 410-141-3835 through 3915.

Roles of The Trillium Re-Investment (TRC) Committee and Community Advisory Council (CAC)

- The TRC provides guidance and strategy recommendations to implement grant funding initiatives.
- The TRC oversees the annual investment process and ensures recommended projects meet initiative and funding criteria, including alignment with regional Community Health Improvement Plan (CHP), Trillium strategic initiatives, and CAC priority areas
- The TRC recommends funding proposals for CAC review and approval in each service region The CAC in each service area approves spending decisions.

Community Benefit Initiatives

Community Benefit Initiatives and spending are reviewed by the multi-disciplinary TRC, Trillium Executive Leadership, and approved by the CAC, informed by strategic initiatives of the CHP, the health plan, and the CAC. The Board of Directors in each service area is then informed.

- The Solicitation of Community Benefit Initiative spending opportunities for consideration are completed by direct outreach, requests for applications, and formal requests for proposals. The process is driven by equitable processes aimed to reduce and eliminate bias, and to encourage engagement from members of historically marginalized and underrepresented populations.
  - Strategic Sourcing or another Executive Leadership-delegated business unit drafts Request for Proposal (RFP) when necessary and develops communication plan with Marketing.
- Requests may be submitted by community organizations, non-profit organizations, or for-profit businesses.
- Determination of which community benefit initiatives are considered is driven by alignment with OHA funding criteria and domains, in addition to;
  - CHP, Health Plan, and CAC Strategic initiatives
  - The Health Equity Plan and associated priorities under the Health Equity Plan as updated annually to OHA,
- Reducing avoidable health care services utilization and cost, creating efficiency and improved quality in service delivery, and improving members'
- All approved CBI's have an initial term and are at a minimum evaluated bi-annually by the business owner

Reporting and data collection

- HRS spending activities are captured through documentation provided on the TCHP HRS Flex Services Request Form. After the form is processed internally the data is transferred to the Flexible Service Spreadsheet that supports gathering of required reporting information.
- Trillium is required to report annual HRS spending to OHA through Exhibit L Financial Report templates L6.2 and L62.1 which are available on the CCO Contract Forms Webpage. OHA reviews the annual CCO Exhibit L HRS expenditures to ensure expenditures meet HRS criteria.
- Completed Flex Forms are uploaded to the member's record and a narrative is added to capture the activity. If the item or service is more than one time, a care plan is created to support next steps and, in some cases, sustainability plans.

- Information on community-based initiatives is posted to our website, social media, and shared over email to providers and community-based organizations. It is also communicated through committees such as the Board of Directors, the Community Advisory Council (CAC), and Clinical Advisory Panel.
- Bi-annually the Trillium HRS team routinely reviews all HRS services including Flexible Funds and Community Benefit Initiatives and SDOH activities to develop a strategy for HRS spending which is in alignment with Health Equity, Community Advisory Council, Community Health Improvement Plan, and Clinical Advisory Panel Priorities. The committee also reviews the data for trends and opportunities for improvement in process or programming.

Additional information regarding Flexible Funds is located on the Trillium website below which also links to a Flexible Service request forms. All reporting related to Flex funds are completed utilizing Financial reporting templates L6.21 and L6.22

https://www.trilliumohp.com/members/oregon-health-plan/Benefits-and-Services/Flexible-Services.html

Transparency and accessibility

Written member materials shall comply with the following language and access requirements:

- Materials are translated into the prevalent non-English languages as defined in OAR 410-141-3575. Additionally, all materials include a tagline in large print (font size 18) explaining the availability of written translation or oral interpretation services to help understand the information provided. This tagline also includes information about alternate formats and the toll-free and TTY/TDY telephone number for Trillium's member/customer service unit;
- Materials shall be made available in alternative formats upon request of the member at no cost.
- Electronic versions of member materials shall be made available on the MCE website.
  - Information on Flexible Funds can be located:

    Trillium Website:

    Oregon Medicaid, Medicare & Health Insurance | Trillium (trilliumohp.com)

    Member Handbooks (available in additional languages)

    https://www.trilliumohp.com/members/oregon-health-plan/handbooks-forms.html

    Provider Manual

    https://www.trilliumohp.com/providers/resources/forms-resources.html

    Via presentation at internal trainings and external meetings.

PROCEDURE:

Eligibility

Flexible Funds Requests

At the time request is submitted, the member must be eligible with Trillium for benefits and services and must have a demonstrated need for an item/service that is not covered by any other benefits. The item/service must support improved health outcomes for the member with effectiveness measured through verifiable means.

Receipt of request from member or provider when requests are not on hold:

- Member, members' representative or a community-based organization may request assistance in coordination of a flex services request by;
  - Calling: Trillium Member Connections @ 1-877-600-5472
  - Faxing: Attn: Member Connections @ 1-866-703-0958
  - Emailing: CHW@Trilliumchp.com
  - Mailing: Attn: Member Connections

    Trillium Community Health Plan

    P.O. Box 11740

    Eugene, Or. 97440-3940

- Member's Primary Care Team (includes any clinical/non-clinical - medical, behavioral or dental provider currently providing care and participates in development and support of the member's treatment plan and medical records) may make a request on behalf of the member by completing the TCHP HRS Flex Services form from the first to the 15th of every month and send via;
  - Email: CHW@Trilliumchp.com, or
  - Fax: Attn: Member Connections @ 1-866-703-0958, or
  - Call Trillium Member Connections @ 1-877-600-5472 to assist with coordination of request.
- Member Connections Representative receives the submitted form. Reviews form for;
  - Members Current eligibility for benefits
  - Reviews for completeness and to determine whether the item/service qualifies as a flexible service
    - If incomplete, the reviewer notifies requestor to coordinate completion of the form or to provide additional information.
  - Member Connections Representative encourages and supports engagement between the member and their providers throughout the Flexible Funds process to ensure the agreed upon outcome. Routine and open communication allows for course correction during the process if access issues arise or the member's needs change.
  - Flexible Funds are processed within 90 days if they meet the criteria in this policy
  - Determination of item/service being requested is based on the following details;
    - Description item/service need and how it will improve health quality for the member,
    - Confirmation that the request is for funding an item or service and not direct payment to a member or member relative to obtain the item or service.
    - Condition/Diagnosis
    - Other funding sources tried/failed
    - Is it part of the member's treatment plan?
    - If ongoing expense, is there a plan to support it beyond request?
    - Item cost/quantity
      - Team members review the request, make a determination, then vote. Decision is based on simple majority; If the vote is:
      - Approved, Member Connections Representative notifies member and coordinates telephonically and provides a letter of approval.
      - Refused, Member Connections Representative contacts members via phone or in person regarding the outcome of the request.
- Trillium may, on occasion, need to temporarily pause the acceptance of new flex fund requests when request volume exceed the capacity required to process requests within 90-days. In the event of a pause becomes necessary, Trillium will provide 30 days advance notice to The OHA, members and providers. The Pause will be in the effect for up to 90 days.
  - Trillium will not accept any requests for new flex fund requests during a temporary pause. Notification of the pause will be issued through the following channels and will utilize the same communication channels to inform all parties when the acceptance of new requests resumes
    - Members: Announcement posted on the member website and through automatic email replies.
    - Providers: Notice included in the Provider Digest.
    - OHA: Notification sent via email.

<u>Community Benefit Initiative Proposals</u>

- Trillium's Reinvestment committee reviews and votes to approve funding proposals based on set criteria (see above policy section)
- Proposals which meet criteria are submitted to OHA for technical assistance and preliminary feedback including verification proposal meets HRS CBI criteria
- Recommended proposals are presented to the CAC along with the criteria used to determine approval thresholds.
- Proposals are then presented to Trillium's Board of Directors which were approved by the CAC
- Approved proposals are returned to the TRC for identification of a business owner.
  - Business owners in collaboration with strategic sourcing are responsible for managing/overseeing CBIs and ensuring data collection and monitoring.
- Letters are sent to requestors with the results indicating if the proposals are being funded or denied

Member notification of request outcome

For requests which are denied

- Trillium shall CCOs provide members with a written notification of a refusal of individual Flexible Funds request and shall copy any representative of the member and any provider who made or participated in the request on the member's behalf. The written notification shall inform the member and provider of the member's right to file a grievance in response to the outcome. ;
  - Trillium's denial of an individual flexible service request is not an "adverse benefit determination" within the meaning of OAR 410-141-3875 therefor, members do not have any appeal or hearing rights in regard to a health-related services outcome.
- For requests which are approved
- Once Member Connections Representative receives confirmation the approval and the payment is in process, they mail a letter to member and a copy to any representative of the member and any provider who made or participated in the request on the member's behalf.
  - For approved items and services, Member Connections Representative or other Trillium staff;
    - Track the approval,
    - Coordinate acquisition/order,
    - Arrange for payment, with payment terms of immediate
    - Coordinate access to or delivery of approved item/service.
    - Document member receipt of item/service in tracker for reporting purposes.
- The Member Connections representative may also contact members via phone or may relay the decision of the flexible service request in person.

Measuring outcomes for Flexible Funds at member level and community level

- All outcomes available in Trillium's data systems will be pulled by Member Connections Representative and tracked.
- Bi-annually, Member Connections Representative will review spending and services provided, including review of services with an identified desired outcome.
  - Member Connections Representative will present review to the Trillium SDOH-HE/HRS Committee on at least the following:
    - Services provided by volume and cost
    - # of members receiving Flexible Funds year-to-date
    - Identified trends in services and costs
    - Process challenges and process and quality improvement recommendations
  - TRC reviews and recommends projects which may be looked at for future investments at the community level that match the priorities of the various community advisory councils

REFERENCES:	
Code of Federal Regulations (CFR)	45 CFR 158.150 45 CFR 158.151
Oregon Administrative Rules (OAR)	410-141-3500, 410-141-3845, 410-141-3585
	Addressing Housing Needs Through Health Related Services 12/2020
2025 CCO Contract	Health Related Services
Oregon Health Authority	https://www.oregon.gov/oha/HPA/dsi-tc/Pages/Health-Related-Services.aspx

ATTACHMENTS:

ROLES & RESPONSIBILITIES:

REGULATORY REPORTING REQUIREMENTS:
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REVISION LOG

REVISION TYPE	REVISION SUMMARY	DATE APPROVED & PUBLISHED
Annual Review	Moved to the new corporate template and removal of Urgent request information along with needed formatting	Publish date to be determined once OHA has approved
Annual Review	Updated to current template, Combined Flexible Funds and CBI policies into one policy. Updated information regarding Flex Funds pause	11/18/2025

POLICY AND PROCEDURE APPROVAL

The electronic approval retained in RSA Archer, the Company's P&P management software, is considered equivalent to a signature.