



# Health Related Social Needs

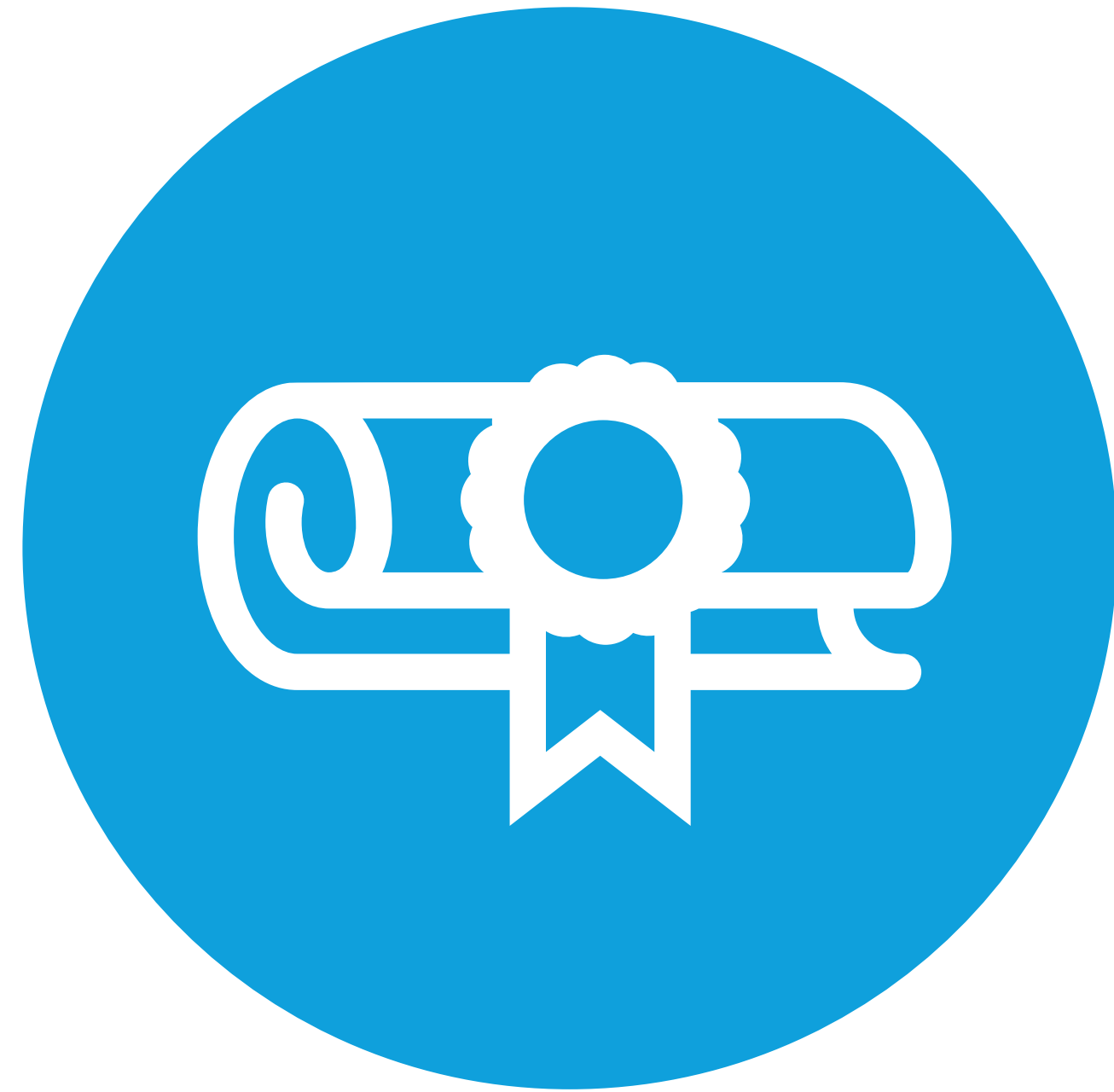
*Provider Information Webinar*





# Credentialing

**Welcome Manda Palmertree!**



# HRSN Credentialing Process

1. DMAP – complete the DMAP process with OHA – prior to contract request form.
2. Email request to contract/credential
3. Complete Contract Request Form
4. Provide Roster of Providers
5. Submit list of required documents

The completion and submission of the request form and documents will start the 30-day timeline to committee.

Request form: <https://forms.office.com/r/u47ptNSeiP>



# HRSN Credentialing Requirements

1. DMAP number
2. COA – if no COA, then NPI/CAQH
  - A. Business related documents – license, 501C3
3. Serve YCCO Members
4. Appropriate licensure, certificate, trainings
5. Attestation to background check
6. Work history
7. Educational/training program history
8. Insurance – liability and/or malpractice; with claims explained.



## HRSN Contact Information

[credentialing@yamhillcco.org](mailto:credentialing@yamhillcco.org)

[providerrelations@yamhillcco.org](mailto:providerrelations@yamhillcco.org)

[hrsnteam@yamhillcco.org](mailto:hrsnteam@yamhillcco.org)



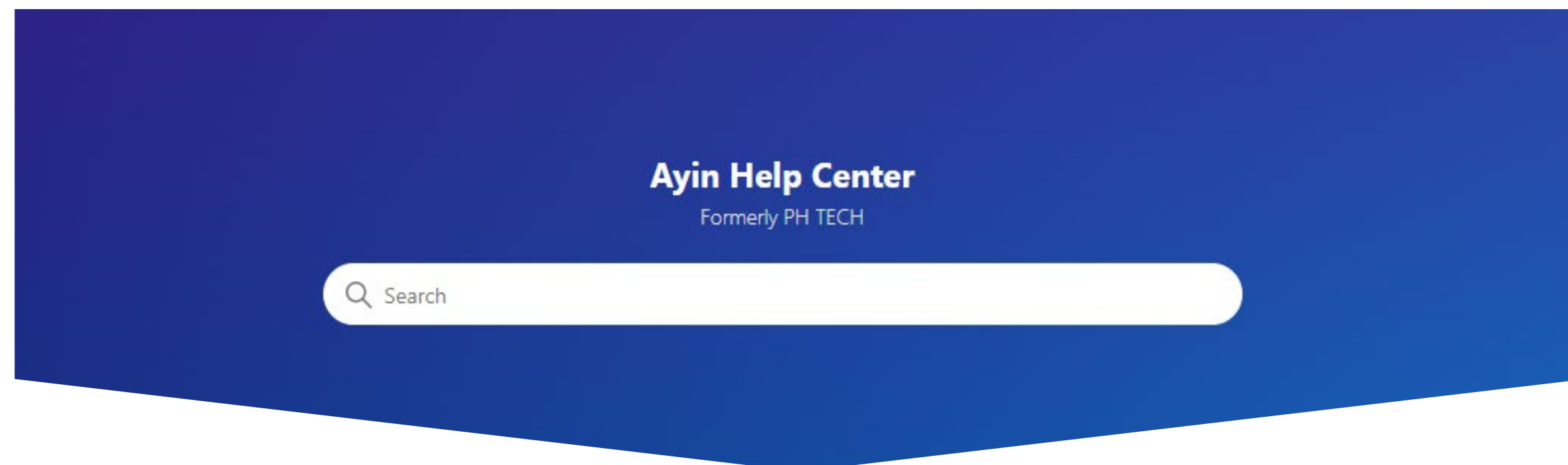
Questions,

Comments,

Concerns...

# Provider Enrollment

## Welcome Ayin Staff!



### Links:

[OHA 3975 Form](#)

[OHA 3974 Form](#)

[Zendesk](#)

# HRSN Provider Requirements

Have Strong  
Community  
Relationships

Able to Provide  
Trauma-Informed,  
Culturally, and  
Linguistically  
Responsive Services

Able to Invoice for  
Services Provided

Can Receive Closed-  
Loop Referrals for  
Services

History of Financial  
Stewardship and  
Integrity

History of Financial  
Stewardship and  
Integrity



## HRSN Provider Requirements

### Housing Specific

## Housing Service-Specific Provider Qualifications

<b>Rent and Utility Costs</b>	HRSN provider must be able to transmit payments to housing and utility vendors in a timely manner.
<b>Hotel/Motel Stays</b>	HRSN provider must be able to transmit payments to housing vendors in a timely manner.
<b>Utility Arrears</b>	HRSN provider must be able to transmit payments to utility vendors in a timely manner.
<b>Utilities Set Up</b>	HRSN provider must be able to transmit payments to utility vendors in a timely manner.
<b>Storage Fees</b>	N/A
<b>Tenancy Service (paid via 15-minute increments)</b>	<ul style="list-style-type: none"> <li>Providers that deliver the Tenancy Service via the 15-min payment methodology may not receive reimbursement under the Tenancy Service (PMPM).</li> <li>Providers must be able to offer any one or more the activities in the service description.</li> </ul>
<b>Tenancy Service (paid per member per month)</b>	<ul style="list-style-type: none"> <li>Providers that deliver the Tenancy Service via the PMPM methodology may not receive reimbursement under the Tenancy Service (15-min).</li> <li>Providers receiving a PMPM payment on behalf of a member must be able to provide all services listed within the service description.</li> </ul>
<b>Home Modifications</b>	<p>Vendors of home modification services must:</p> <ul style="list-style-type: none"> <li>Be state-licensed, and</li> <li>Have active status and be in good-standing with the State of Oregon Construction Contractors Board.</li> </ul>
<b>Home Remediations</b>	Vendors of home remediation services must be state-licensed.

# Nutrition Service-Specific Provider Qualifications

<b>Assessment for Medically Tailored Meals</b>	<p>HRSN provider must be licensed as a:</p> <ul style="list-style-type: none"> <li>• Licensed dietitian (ORS 691.405) who has received licensure through one of the pathways described in OAR 834-030-0000; or</li> <li>• Primary care provider (OAR 410-141-3500).</li> </ul>
<b>Medically Tailored Meals</b>	<ul style="list-style-type: none"> <li>• HRSN provider must be able to provide one meal per day, for five or more days per week, except in rural areas where such frequency is not feasible and a lesser frequency is approved by the MCE or Authority.</li> <li>• MCE or Authority must ensure sufficient HRSN providers to meet all enrolled Members' needs, including those that are authorized for more frequent service delivery than the minimum requirements.</li> </ul>
<b>Pantry Stocking</b>	<p>HRSN provider must have the ability to administer and coordinate the service, including engaging with Members to explain the service, having relationships with food retailers that will accept payment, and monitoring and overseeing use of the cards.</p>
<b>Meals</b>	<ul style="list-style-type: none"> <li>• Restaurant meal providers must be licensed by the appropriate city or county jurisdiction and maintain health and safety permits as required by state law.</li> <li>• HRSN provider must have the ability to administer and coordinate the service, including engaging with members to explain the service, having relationships with food retailers that will accept payment, and monitoring and overseeing use of the cards.</li> </ul>
<b>Fruit and Vegetable Benefit</b>	<p>HRSN provider must have the ability to administer and coordinate the service, including engaging with members to explain the service, having relationships with food retailers that will accept payment, and monitoring and overseeing use of the cards.</p>
<b>Nutrition Education</b>	<p>MCE and the Authority may contract with HRSN providers to provide this service and are also encouraged to support their existing network of providers (including peer support specialists, traditional health workers, case managers, primary care providers, dental providers, and other individuals with regular Member touchpoints) to receive appropriate training and credentialing to provide this service to Members.</p> <p>Depending on the specific component of this service being provided, appropriate training and credentialing may entail:</p> <ul style="list-style-type: none"> <li>• Relevant training(s) (e.g., webinar courses provided by SNAP-Ed, CDC-approved training for the National Diabetes Prevention Program Lifestyle Coach position, or other trainings from accredited nutrition organizations);</li> <li>• Certification (e.g., Certified Nutrition &amp; Wellness Educator by the American Association of Family &amp; Consumer Sciences); or</li> <li>• Licensure (e.g., licensed dietitian).</li> </ul> <p>MCE may use discretion in determining the appropriate level of training or licensure required for each contracted provider of this service.</p>

## HRSN Provider Requirements

### Nutrition Specific



# HRSN Workflow

## Role of YCCO vs. HRSN Provider



### YCCO

- Eligibility Determination
- Service Authorization
- Member Notification
- Develop Person Centered Service Plan (PCSP)
- Refer Member to HRSN Provider
- Conduct a Minimum 6-Month Check In

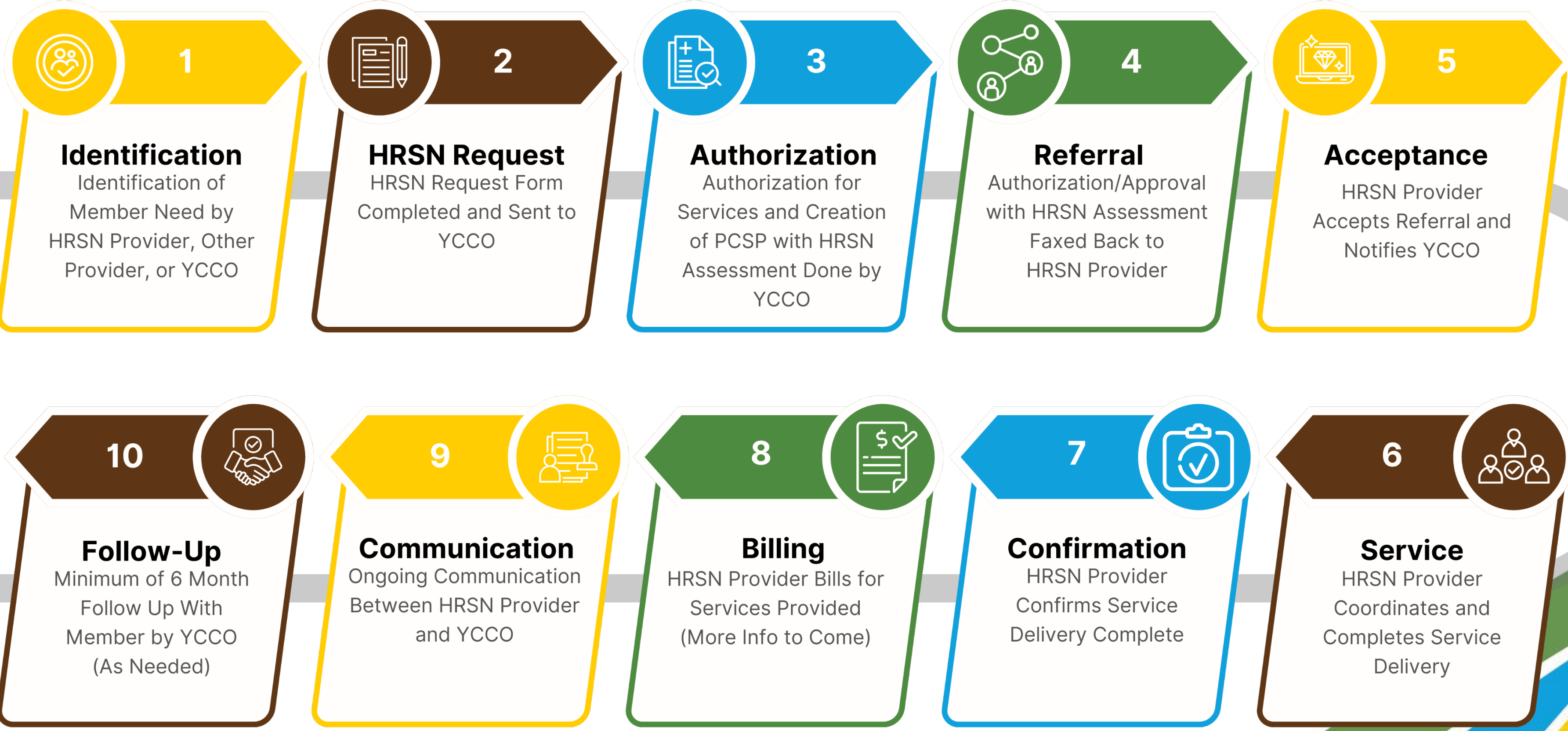


### Provider

- Request for HRSN Services (can be done by anyone)
- Send Service Delivery Acceptance
- Service Delivery
- Documentation
- Invoicing for Payment



# HRSN Workflow





# Closed Loop Referral

## What Is It?

Successfully secures the right resources for members, ensuring that the member's needs are met

Designed to help the community network to manage referrals and "close the loop"

Exchanges information among CCO, OHA, Member, and HRSN Provider

Makes a referral and communicates the status of referrals for member in one place

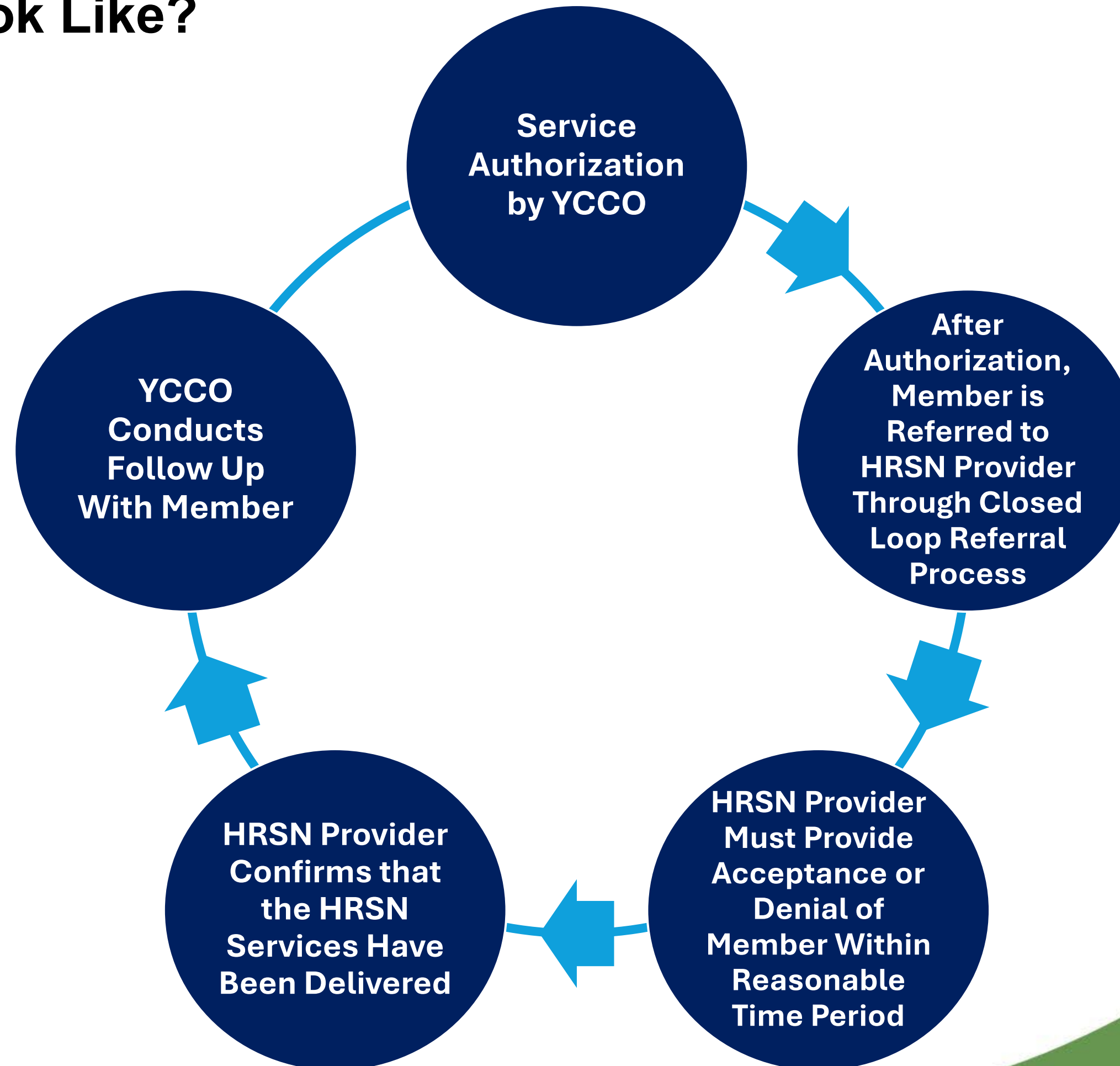
Closed once referring organization is notified of status

! CLOSURE REFERRALS ARE REQUIRED BY OHA TO CCO

! HRSN PROVIDERS MUST HAVE THE ABILITY TO FULFILL CLOSED LOOP OBLIGATIONS FROM ACCEPTANCE TO CONFIRMATION

# Closed Loop Referral

## What Does It Look Like?



# Reporting Expectations

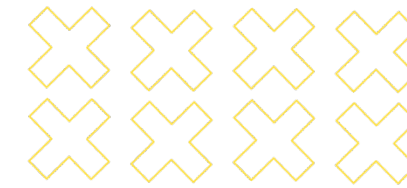
**OHA Requires CCOs to Gather Information from HRSN Providers to Fulfill Reports as Specified in Contract**

**This includes information related to:**

- **HRSN member identification**
- **HRSN services**
- **HRSN requests**
- **HRSN authorizations**
- **HRSN financial information**
- **HRSN outreach and engagement**
- **HRSN closed loop referrals and care coordination**

Category	Data Elements	Variable Definition	Cadence
<b>HRSN Member Identification</b>	Member's OHP Medicaid Number	Member's OHP Medicaid number	<b>Quarterly, 30 days after the end of the quarter</b>
	Member's Date of Birth	DOB MM/DD/YYYY	
	Method of identifying potential HRSN member	1. Member self-referral/caregiver referral; 2. HRSN Connector; 3. HRSN Provider; 4. Direct outreach from Contractor; 5. Referral from Open Card or another CCO; or 6. Other	
	Identification date	Date at which: 1. The member/caregiver requested services; or 2. A connector or provider requested services on a members' behalf; or if CCO identified 3. Member is offered, accepts services by CCO	
	The Member's HRSN Clinical Risk Factor(s)	ICD-10 codes including Z-codes	
	The HRSN Covered Population(s)	List of all covered populations to which member belongs	
	Service type	Climate, Housing, Nutrition, O&E	
	Procedure code	5 character procedure code from fee schedule	
	Modifier code(s)	2 character modifier code from fee schedule	
	<b>HRSN Referrals and Care Coordination</b>	Member's OHP Medicaid Number	
Member's Date of Birth		DOB MM/DD/YYYY	
Procedure code		5 character procedure code from fee schedule	
Modifier code(s)		2 character modifier code from fee schedule	
Does the member have a Person Centered Care Plan		Y/N	
The date of the referral		Date at which: the member was referred to an HRSN provider to receive services	
Provider name/ organization name to which member is referred		Name of enrolled HRSN provider (each referral documented)	
Provider tax identification number		Provider EIN/Tax ID	
Referral outcome (accepted or declined by provider)		Options: Provider accepted referral; provider declined referral	
Date of member contact		The first date at which a member was contacted after referral	
Service rendered?		Yes/No	
Reason no service rendered		Options: member declined service, provider unable to complete service delivery, member death, other	
<b>HRSN Service Delivery</b>	Member's OHP Medicaid Number	Member's OHP Medicaid number	<b>Quarterly, and as aligned with encounter data submission</b>
	Member's Date of Birth	DOB MM/DD/YYYY	
	Diagnosis code(s)	ICD-10 codes, including Z-codes	
	Procedure code	5 character procedure code from fee schedule	
	Modifier code(s)	2 character modifier code from fee schedule	
	Date(s) of service Delivery	First date of service, last date of service	
	HRSN Providers delivering HRSN	Name of enrolled HRSN provider	
	Provider tax identification number	Provider EIN/Tax ID	





## Service Delivery

Just enough info will be shared about you to authorize and pay for the service delivered.

# WHAT HAPPENS TO MY INFO WHEN I'M REFERRED TO SERVICES?

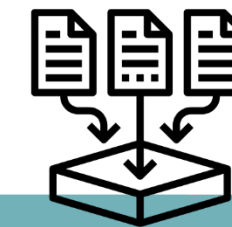
## Service referral and/or authorization

Staff will share your information with other privacy-trained staff members to either offer care management services or identify the right agency to help.



## Your info is secured

Your information is kept in secure servers with the highest level of safety protections.



## Member Privacy

**Secure message to YCCO staff member**  
A staff member trained in privacy protections will review your case and determine if you might qualify for more services.



## Referral to more support

Provider will ask for your consent to share your information with YCCO to connect you to more help.



## Visit with a trusted service provider

Share information you feel comfortable sharing with them.



As a health plan, we are required by law to protect health information, and keep it safe for 10 years. As a YCCO member, we keep information like your address, member ID, and health services you've received so we can pay your doctors and providers and make sure you get care.



# Questions?

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