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HRSN Provider Introduction

Acentra
HEALTH

Acentra Health Overview

- ❖ Acentra Health (formerly Kepro) has served the OHP Open Card members in Oregon for over 13 years in partnership with OHA.
- ❖ Our work centers around risk assessment and in providing equity-centered, culturally and linguistically appropriate care coordination services.

Care Coordination Services

2011 - Current

- Member Outreach
- Provider Referrals
- Service Referrals
- Nurse Advice Line
- Language Translation
- Warm Handoffs
- SDOH Assessments
- Lead Coordinating Entity Assessment

Case Management Services

2011 - Current

- Clinical Care Coordination
- Clinical Management
- Intensive Case Management
- Individualized Service Plans
- Coordination of Benefits

Health Related Social Needs

Phase-in starts 3/1/2024

- Climate Device Outreach, Referral Intake, and Service Coordination
- November 2024: Housing Supports Service Coordination
- January 2025: Nutrition Supports Service Coordination



HRSN Process Summarization

The goal of HRSN is to connect members with appropriate resources for climate-control devices, nutritional resources with education, and safe housing.



Acentra Receives Referral

- Member
- Connector Agent
- Provider
- Family
- Other

Eligibility and Assessment

- Open Card Member
- At Risk Groups
- At Risk Diagnoses

Coordinate Needed Services

- Appropriate Resources for
- Climate Related Devices
 - Safe Housing
 - Nutritional Resources

Invoicing Submitted to Ayin

Payment for Services will be submitted by each individual HRSN service provider to Ayin for payment processing.



Acentra Health Provider and Program Process Overview

Acentra Health will support OHA, HRSN Providers and Ayin end to end to ensure a closed loop process.



Recruitment

Acentra will be recruiting providers and organizations for HRSN services in partnership with CCOs and OHA.



Enrollment

Acentra will support enrollment for the HRSN program with enrollment links and forms posted on our website.



Resources

Acentra will connect providers to OHA and Ayin processes necessary to serve members in all aspects of the HRSN program.



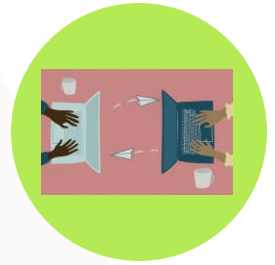
Referrals

Acentra will be coordinating referral submissions to initiate service coordination and provider invoicing to Ayin for O & E.



Coordination

Acentra will outreach to HRSN program service providers and members for service coordination of eligible devices or services.



Provider Portal

Acentra has a web-based provider portal designed to streamline service requests, bi-directional communication and coordination.



HRSN Eligibility Form

Member Information

<i>Required Information</i>	
Full Legal Name	[first] [middle] [last]
Medicaid ID	
Date of Birth	
<i>Additional optional Information</i>	
Preferred name	
Pronouns	
Language and accessibility needs	
Preferred Contact Information	

Member Attestation and Authorization

Check each box to confirm that the Member has:

- Attested if they are receiving the same or a substantially similar service as the identified HRSN Services need from a local, state, or federally funded program.
- Agreed to receive authorized HRSN Services.
- Agreed to be contacted for essential communications related to delivery of HRSN Services or member rights and responsibilities.



HRSN Provider Referral Form (Partial Example)

Health-Related Social Needs (HRSN) Request Form

CLIMATE-RELATED SERVICES

OHP may be able to help you get a heater, air conditioner, air filter, mini-refrigerator, and power supply to manage certain medical conditions during extreme weather.

AGREEMENT for SERVICE REQUEST

I am requesting help from my health plan to see if I qualify for a heating, cooling, or air purification equipment to help me during times of extreme weather.

- Yes
- No

My health plan can contact me to get more information about this request.

- Yes
- No

OHP MEMBERSHIP	
I have OHP/Medicaid	Yes / No / Unsure
My OHP/Medicaid Card	Name
	Picture of OHP card
My Medicaid ID #	

IF "No" to have OHP, get help applying for OHP:
<https://healthcare.oregon.gov/Pages/find-help.aspx>

Member Information	
My Name on OHP/Medicaid Card	
Preferred Name	
Accessibility Needs (preferred spoken language, sign language, braille, large font)	
Pronouns	
Date of Birth MM/DD/YYYY	
The best way to contact me is:	
<input type="checkbox"/> Phone	
<input type="checkbox"/> Text	
<input type="checkbox"/> Email	



HRSN Eligibility Form – 2 (Partial Example)



HRSN Transition Populations criteria

Check which of the following transition populations the member falls into

- Adults or youth discharged from an Institute of Mental Disease (IMD)
- Adults or youth released from incarceration
- Youth involved with child welfare
- Individual transitioning to Dual Medicaid/Medicare Status
- Individual meets HUD definition of homeless or at risk of homelessness

Climate Service Needs and Clinical Criteria

Please fill out the following table with the specific clinical device needs and corresponding qualifying clinical criteria.

Check which of following climate devices is the member authorized to receive. Identify at least one qualifying clinical criteria for each climate device. Include the date of climate service authorization as applicable.

Climate Devices	Qualifying Clinical Criteria by Device (current medical condition, active in past 12mo)
<input type="checkbox"/> Air Conditioners Date of service authorization: _____	<input type="checkbox"/> Schizophrenia spectrum and other psychotic disorders <input type="checkbox"/> Bipolar and related disorders <input type="checkbox"/> Major depressive disorder, moderate severity, severe severity, with psychotic features, with a suicide attempt in the past 12mo, or with crisis services (emergency department, mobile crisis team), acute psychiatric hospitalization, or residential treatment in the past 12mo. <input type="checkbox"/> One or more of the following <u>Substance Use Disorders</u> : alcohol use disorder, hallucinogen use disorders, inhalant use disorder, opioid use disorder, stimulant use disorder



Contact Information

HRSN RESOURCES CAN BE FOUND
ONLINE @ OHPCC.ORG

ACENTRA HRSN PHONE:
888-834-4304

ACENTRA HRSN FAX:
833-551-2607

ACENTRA HRSN WEBSITE:
ORHRSN@ACENTRA.COM

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Oregon's Health Related Social Needs Program

Acentra's ORHRSN (Oregon Health Related Social Needs) program is offered at no-cost to Oregon Health Plan qualified, Open Card Medicaid members who are not enrolled with a Coordinated Care Organization. We support you through care coordination services related to Health-related social needs. HRSN refers to the social and economic needs that individuals experience that affect their ability to maintain their health and well-being. They include things such as housing instability, housing quality, food insecurity, employment, personal safety, lack of transportation and affordable utilities, and more.



Providers



Members



Connectors and Navigators





Questions?

