

Community Health Workers and Medicare Reimbursement Topics



ARIZONA ADVISORY
COUNCIL ON INDIAN
HEALTH CARE

A desert landscape featuring several tall saguaro cacti in the foreground and middle ground. In the background, there are rugged mountains under a bright blue sky with scattered white clouds. The overall scene is bright and clear.

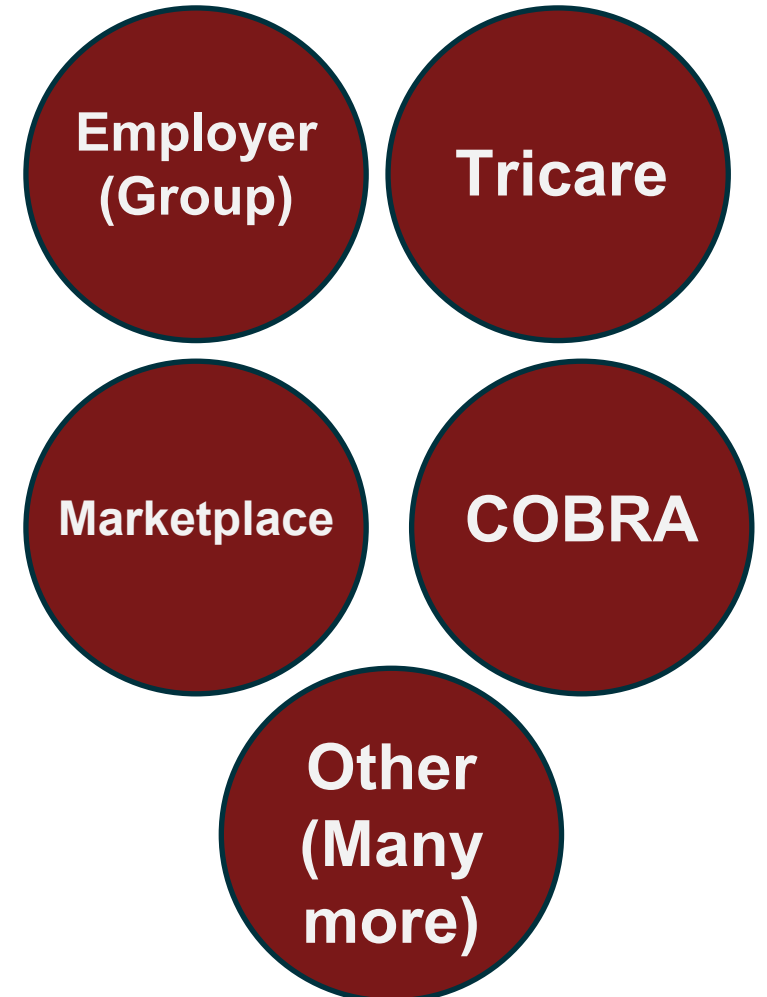
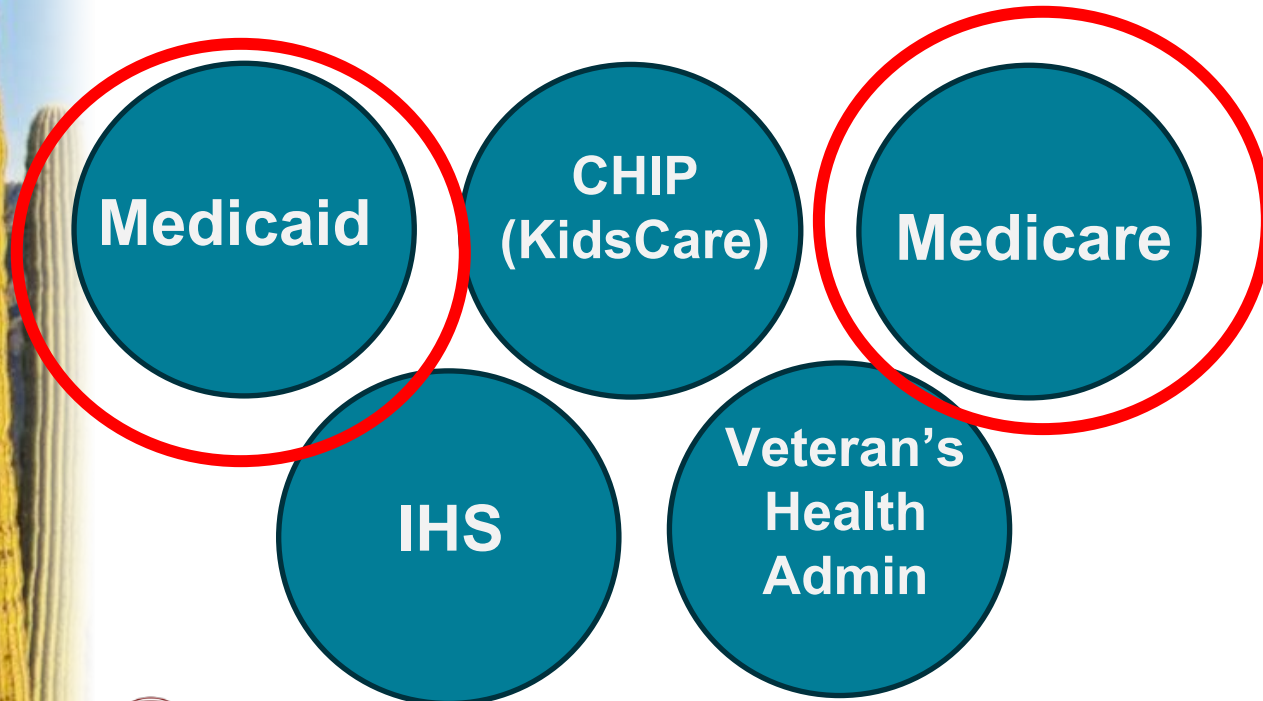
Health Insurance Landscape



Health Insurance Landscape

Private Health Insurances

Public Health Insurances



Important Dates

The importance of services offered by Community Health Workers and Community Health Representatives (CHWs/CHRs) is being more and more recognized by health insurance organizations, particularly those that seek to place emphasis on *prevention*.

- **Medicaid in Arizona:** As of 4/1/2023, CHW/CHR Services are billable to AHCCCS (the State Medicaid Program).
- **Medicare Nationwide:** As of 1/1/2024, Community Health Integration (CHI) services and Principal Illness Navigation (PIN) services performed by a CHW/CHR are billable to Medicare.



Costs for Services to the Patient

Medicaid

These important services under Medicaid, are covered under Medicaid enrollment, such as Title XIX.

Medicare

Under Medicare, they are a part of the Medicare Part B plan, and the amount a patient may owe will vary.

- For instance, if they are only on Medicare and do not have dual eligibility to allow for cost sharing of copays, coinsurance and deductibles with Medicaid, then the individual may owe 20% of the Medicare approved amount, after they've met their part B deductible for the year.
- Dual-eligible members for Medicare and Medicaid could feasibly owe nothing, but this should be looked at from person to person, as it will vary based off their eligibility and enrollment types.

Pathways for Reimbursement

Sustainability

To support sustainable programs, CHW/CHR programs need to bill for services rendered.

- This is particularly important as many programs that were grant-funded during the Public Health Emergency (PHE) see their funding sunseting.
- It is important for CHW/CHR organizations to have sustainable billing practices in place prior to the sunset of grant funds.

The following presentation shall address billing basics for billable CHW/CHR services, to both the State Medicaid agency in Arizona, and to Medicare.



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Medicare Sustainability: Billing Basics

Medicare Billable CHW/CHR Services

A Medicare First!

As of January 1, 2024, the new 2024 Medicare Physician Fee Schedule (PFS) went into effect. This applies to Medicare Part B coding requirements.

What Changed?

Medicare will now pay for:

1. Social determinants of health (SDOH) assessments every 6 months, *and*
2. If indicated by the assessment, monthly Community Health Integration (CHI) services and Principal Illness Navigation (PIN) services, provided by certified or trained auxiliary personal, which includes Community Health Workers and Community Health Representatives (CHWs/CHRs).

Please note that CHI services, when performed by a CHW/CHR, ***must be performed under the direction of a Medicare-billing practitioner.*** This simply means a provider that is able to independently bill for services, such as a physician or D.O. must be responsible for overseeing the services rendered.

Medicare Codes: What Codes are Reimbursable?

Billable Codes to Medicare: SDOH Assessment

The assessment component allows a provider to assess any Social Determinants of Health (SDOH) or risk factors that may influence diagnosis or treatment of medical conditions that the patient has.

- Typically done at an evaluation & management visit, or a wellness visit
- Can be repeated every 6 months
- Takes approximately 5-20 minutes of the provider's time
- Requires use of an approved SDOH Screening Tool.

Medicare Reimbursable Codes for CHR Services – SDOH Assessment

CPT Code	Service Description
G0136	Social Determinant of Health (SDOH) Assessment, occurring with an evaluation and management services (or wellness visit) performed a maximum of once every 6 months.

Medicare Codes: What Codes are Reimbursable?

Billable Codes to Medicare: SDOH Assessment

What SDOH Screening Tools are Permitted?

A SDOH Assessment must be done, prior to CHI or PIN services initiating. Example screening tools for performing this assessment include:

1. The National Association of Community Health Centers' [Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences tool](#) (PRAPARE) – This includes 15 core questions and 5 supplemental questions.
 - <http://www.nachc.org/research-and-data/prapare/toolkit/>
2. The Centers for Medicare & Medicaid Services Accountable Health Communities' 10-question [Health-Related Social Needs Screening Tool](#) (AHC-HRSN) - This is a self-administered tool.
 - <https://innovation.cms.gov/Files/worksheets/ahcm-screeningtool.pdf>
3. The American Academy of Family Physicians has both a short- and long-form in both English and Spanish, as part of [The EveryONE Project](#).
 - The [short-form](#) includes 11 questions. It can be self-administered or administered by clinical or nonclinical staff.
 - <https://bit.ly/2GTkKUu>

Medicare Codes: What Codes are Reimbursable?

Billable Codes to Medicare: Community Health Integration (CHI)

Medicare Reimbursable Codes for CHR Services – Community Health Integration (CHI) Services

CPT Code	Service Description
G0019	Services performed by certified or trained auxiliary personnel, including a CHW, under the direction of a physician or other practitioner; for first 60 minutes per calendar month. The national payment amount is approximately \$79 (non-facility) or \$49 (facility).
G0022	CHI services, for each additional 30 minutes per calendar month. The national payment amount is approximately \$49 (non-facility) or \$34 (facility).
G0511	For use by FQHCs and RHCs - This general care management code is used by federally qualified health centers and rural health centers to bill for each CHI service and PIN service. The national payment amount is approximately \$77.

Medicare Codes: What Codes are Reimbursable?

What are Community Health Integration (CHI) Services?

CHI Services address *unmet social determinant of health (SDOH) needs* that are significantly limiting the ability to diagnosis and treat the patient's medical problems.

Prior to billing for these services, there must have been an initial visit (like an evaluation and management visit or an annual wellness visit) between the patient and the provider, where the provider:

- (1) Conducted an assessment for SDOH needs using an evidence-based assessment tool; and
- (2) Proceeded to document the SDOH(s) that was/were interfering with the person's ability to treat medical problems they may have; and
- (3) Established a treatment plan.
- Services provided **must be:**
 - Directly related to the SDOH that has been documented in an initial visit, and the SDOH must pose a valid concern for the ability of the patient to maintain their treatment plan.

Medicare Billable CHW/CHR Services

What are Community Health Integration (CHI) Services?

Services can include things like:

- Conducting a person-centered assessment, facilitating goal setting, and providing tailored support to patients according to the provider's treatment plan.
- Coordinating patient services from a range of provider types (e.g., healthcare, home- and community-based services, social services), facilitating access to social services, and communicating with providers about patient goals, needs, and preferences.
- Coordinating care transitions, including follow-up after emergency department visits or discharges from hospitals or skilled nursing facilities.
- Supporting patients to participate in medical decision-making and use provider health education to help identify individual patient goals and preferences.
- Building patient self-advocacy skills to help them self-promote for better treatment

Medicare Billable CHW/CHR Services

What are Community Health Integration (CHI) Services?

Services can include things like:

- Helping the patient access the healthcare system and navigate it, including identifying providers and making appointments.
- Assisting with social and emotional supports
- Facilitating behavioral change as necessary for meeting diagnosis and treatment goals
- Drawing on lived experience to support patients to meet treatment goals.



Medicare Codes: What Codes are Reimbursable?

Billable Codes to Medicare: Principal Illness Navigation (PIN)

Medicare Reimbursable Codes for CHR Services – Principal Illness Navigation (PIN) Services

CPT Code	Service Description
G0023	Services performed by certified or trained auxiliary personnel, including a CHW, under the direction of a physician or other practitioner; for first 60 minutes per calendar month.
G0024	PIN Services, for each additional 30 minutes per calendar month.
G0140 and G0146	Used for PIN-Peer Support for Behavioral Health Conditions
G0511	Use for PIN services in FQHCs/RHCs

Medicare Codes: What Codes are Reimbursable?

Initiating PIN Services

- Prior to billing for these services, there must have been an evaluation & management visit; annual wellness visit; psychiatric diagnostic visit; or other Health Behavior and Intervention Services visit. At this visit they must have:
 - (1) Conducted an assessment for SDOH needs using an evidence-based assessment tool, and
 - (2) Established medical necessity for PIN services, and
 - (3) Developed a treatment plan.



Medicare Codes: What Codes are Reimbursable?

What are Principal Illness Navigation (PIN) Services?

Principal Illness Navigation (PIN) Services assist Medicare enrollees with high-risk conditions, and they allow CHWs/CHRs to identify and connect patients with clinical and support services.

PIN services are for patients who have a disease that:

1. Is considered a serious, high-risk disease expected to last 3 months or more; *and*
2. Requires a disease-specific care plan, that may require frequent adjustment in medication or treatment regimen or substantial assistance from a caregiver; *and*
3. Places the individual at a significant risk of hospitalization, nursing home placement, or acute exacerbation/decompensation, functional decline, or death.



Medicare Codes: What Codes are Reimbursable?

What are Principal Illness Navigation (PIN) Services?

Examples of conditions with significant risk of hospitalization, nursing home placement, or acute exacerbation/decompensation, functional decline, or death, include things like:

- Chronic Obstructive Pulmonary Disease (COPD)
- Cancer
- Congestive Heart Failure
- Dementia
- HIV/AIDS
- Severe Mental Illness
- Substance Use Disorders
- Uncontrolled Diabetes Type 1 or 2



Medicare Billable CHW/CHR Services

What are Principal Illness Navigation (PIN) Services?

Services can include things like:

- Person-centered assessment Identifying or referring patient (and caregiver or family) to appropriate supportive services
- Practitioner, home, and community-based care coordination
- Health education
- Building patient self-advocacy skills
- Health care access / health system navigation
- Facilitating behavioral change as necessary for meeting diagnosis and treatment goals
- Facilitating and providing social and emotional support
- Leveraging knowledge of the condition and/or lived experience when applicable to provide support, mentorship, or inspiration to meet treatment goal

Medicare Billable CHW/CHR Services

Who Can Bill?

- Medicare-billing providers and practices *only*.

The setup is very similar to how the 'phase 1' of the Medicaid billing rollout worked.

- While CH Provider Types, registered with the State Medicaid agency cannot bill Medicare directly for CHI services, they *can* enter into contracts with Medicare-billing practitioners.
- This means that CH Provider Types, who have registered with the State Medicaid agency, *and* who have entered into a contract with a Medicare-billing provider, have opened a pathway for billing *both* Medicaid and Medicaid for services provided by their CHW/CHWs.



Medicare Billable CHW/CHR Services

Framework for Contracting (Between Medicare-Billing Providers and CHR Organizations)

- When a CHR organization enters into a contract with a Medicare-billing practitioner, such as a doctor's office, an IHS or 638 clinic, or an urban Indian health organization, the doctor or their staff will conduct the initial evaluation and management visit with the patient.
- During this visit, they will administer the SDOH assessment.
- If any SDOH are identified that are a concern, they will document the need for CHI and/or PIN services.
 - Please note, for dual eligible patients, who have both Medicare and Medicaid, the referral is required for Medicaid services. There are different codes for Medicare and Medicaid, and it is important for referral requirements to be met for Medicaid.

Medicare Billable CHW/CHR Services

Framework for Contracting (Between Medicare-Billing Providers and CHR Organizations)

- The CHR organization will then perform the CHI or PIN services.
- All visit notes and documentation will be turned into the CHR organization *and* to the Medicare-billing practitioner's billing office.
- The Medicare-billing practitioner's billing office will then handle billing Medicare for the services.
- Once the Medicare-billing practitioner receives reimbursement for the CHI services from Medicare, they will pay the CHR organization their contracted rate.
 - Please note, that this rate will vary based on the contract setup between the CHR organization and Medicare-billing provider.



Medicare Sustainability of CHW/CHR Services

Who Can Medicare-Billing Practitioners Contract With?

Please note, this is not an all encompassing list. However, some examples of organizations that can provide CHR services, and that a Medicare-Billing Practitioner can contract with include:

- Tribal CHR Programs
- Community Based Organizations (CBO's)
- Community Health Organizations
- Community-Action Agencies
- Housing Agencies
- Area Agencies on Aging
- Centers for Independent Living
- Aging and Disability Resource Centers



Medicare Sustainability of CHW/CHR Services

Should CHW/CHR be Certified or Licensed?

- While no license is necessary, the rule states that all CHWs/CHR who provide CHI services need to be “certified or trained to perform all included service elements, and authorized to perform them under applicable State laws and regulations.”
 - The final rule does not require a certain number of training hours, but instead defers to relevant state rules on CHW training and certification. This means that, for Arizona, the CHW/CHR should be voluntarily certified through ADHS.



Resources



Important Portals and Reference Publications

Medicare References

- **Health Equity Services in the 2024 Physician Fee Schedule Final Rule:** <https://www.cms.gov/files/document/mln9201074-health-equity-services-2024-physician-fee-schedule-final-rule.pdf-0>
- **CHW Medicare Summary:** <https://www.paahec.org/post/medicare-to-start-paying-for-community-health-worker-services>
- **SDOH Assessment Information:**
 - <http://www.nachc.org/research-and-data/prapare/toolkit/>
 - <https://innovation.cms.gov/Files/worksheets/ahcm-screeningtool.pdf>
 - <https://bit.ly/2GTkKUu>
 - https://www.aafp.org/pubs/fpm/blogs/inpractice/entry/social_determinants.html
- **Medicare.gov CHI Services:** <https://www.medicare.gov/coverage/community-health-integration-services>
- **CHI Services Summary:** <https://www.astho.org/topic/resource/changes-to-2024-medicare-physician-fee-schedule-for-chi-services/>
- **Webinar Series on 2023/2024 Funding:** https://www.healthlawlab.org/wp-content/uploads/2024/03/Funding-for-CHWs-and-Navigators-New-Medicare-Codes-Webinar-Slides_2023.pdf

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Thank you!