THE ALLIANCE
OF COLORADO COMMUNITY HEALTH WORKERS
PATIENT NAVIGATORS & PROMOTORES DE SALUD

Alliance Fall 2024 Webinar Series: Session 1 Centers for Medicare & Medicaid Services (CMS) Principal Illness Navigation Codes and Community Health Integration Codes - How Do The New Codes Work?

September 30, 2024

Alliance: Andrea (Andi) Dwyer and Elsa Staples

Guest presenter: Katie Garfield, JD

The purpose of The Alliance is to support the development of a financially sustainable model for all PN and CHW/PdS as well as promote the value that these professionals bring to population health and the healthcare delivery system.

The Alliance promotes policies, programs, and partnerships that: reduce and eliminate barriers to quality health care both within health systems and the community; reduce disparities in health outcomes; and foster ongoing health equity. The Alliance believes that every Coloradan has an equal opportunity to obtain healthcare that personally addresses their medical, dental, mental, emotional, social determinants, and spiritual health needs.

THE ALLIANCE
OF COLORADO COMMUNITY HEALTH WORKERS
PATIENT NAVIGATORS & PROMOTORES DE SALUD

THE ALLIANCE
OF COLORADO COMMUNITY HEALTH WORKERS
PATIENT NAVIGATORS & PROMOTORES DE SALUD

<u>Fall 2024 Webinar Series - Implementation of Reimbursement Mechanisms and Sustainability Support</u>

- Session 2 – October 9 | 11:30-12:45pm: **Medicaid Reimbursement for CHWs – Prepare for Reimbursement Implementation in 2025**
  - **Register for Session 2**

- Session 3 – October 23 | 12pm-1pm: **CHW/PN Workforce and Training Development Opportunities – Impact and Resources**
  - **Register for Session 3**

- Session 4 – November 6 | 1pm-2:15pm: **Performance-Based and Quality-Based Payment Approaches to Support Sustainability of CHW/PN Work**
  - **Register for Session 4**

<u>Community Health Worker, Patient Navigator, and Promotores de Salud Survey</u>

- The Alliance is conducting an assessment to better understand the roles and support needs.

- CHWs, PNs, PdS and similar roles, as well as direct supervisors and administrators for CHW/PN/PdS teams and programs are invited to complete this assessment.

- This survey will take 20-30 minutes to complete.

- 5 respondents will be randomly chosen to receive $100 through Venmo or Zelle as a token of appreciation for completing the full survey.

- Please submit your responses by **September 30, 2024.**

- **Survey link: https://ucdenver.co1.qualtrics.com/jfe/form/SV_8HVNps3EEYJqSgK**

Presenter:

Katie Garfield, JD
Director of Whole Person Care
Clinical Instructor, Health Law and
Policy Clinic

Center for Health Law and Policy
Innovation, Harvard Law School

Bio
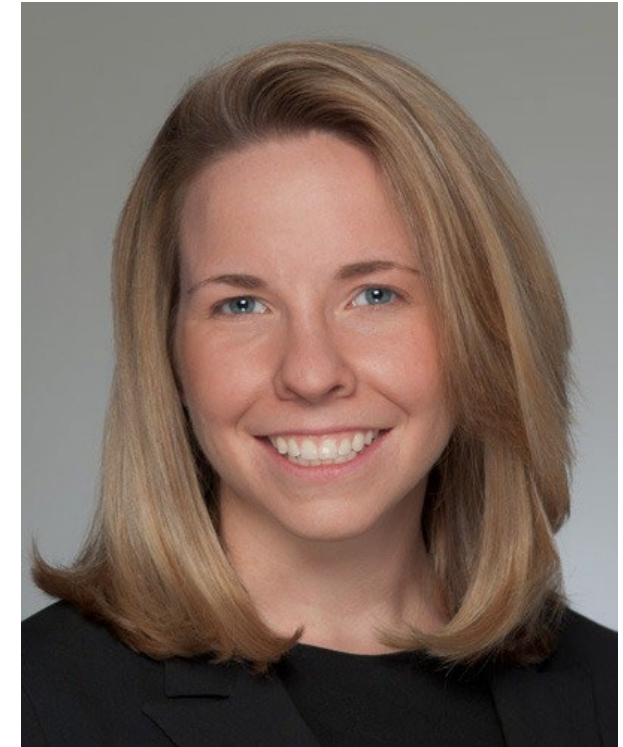
CHLPI CENTER *for* HEALTH LAW
and POLICY INNOVATION
HARVARD LAW SCHOOL

Pulse Poll – Part 1
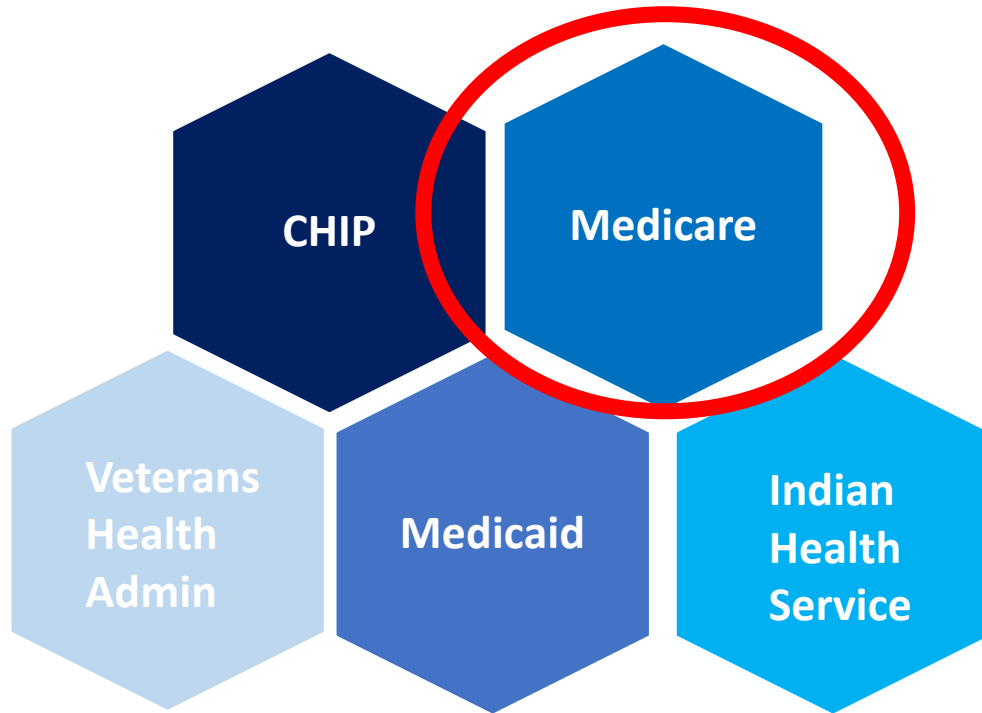
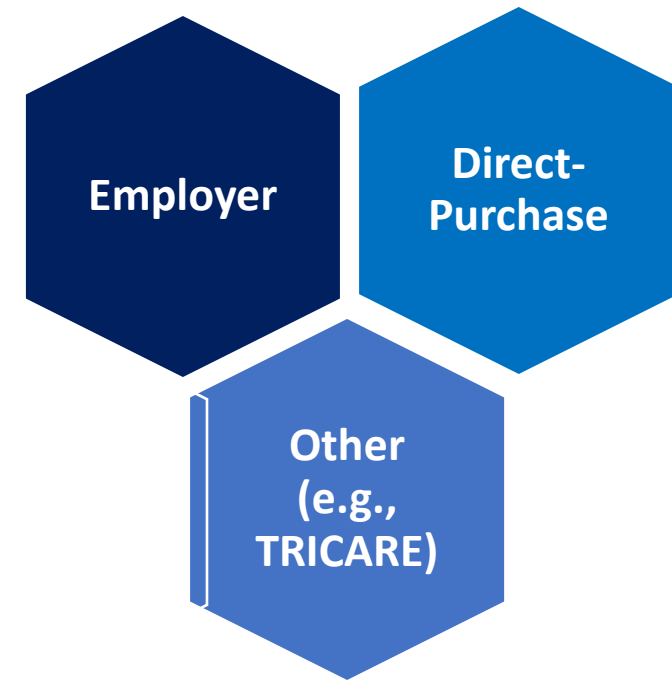# PRINCIPAL ILLNESS NAVIGATION CODES AND COMMUNITY HEALTH INTEGRATION CODES

HOW DO THE NEW CODES WORK?

Katie Garfield, JD
Director, Whole Person Care, CHLPI
Sept. 30, 2024

U.S. HEALTH INSURANCE LANDSCAPE

Public Health Insurance

CHIP

Medicare

Veterans Health Admin

Medicaid

Indian Health Service

Private Health Insurance

Employer

Direct-Purchase

Other (e.g., TRICARE)

MEDICARE: AN OVERVIEW

- **Medicare:**
  - Serves individuals aged 65+ or who are living with disabilities or End Stage Renal Disease (ESRD)
- **Broken into 4 Parts:**
  - **Part A:** Hospital Insurance
  - **Part B:** Medical Insurance
  - **Part C:** Medicare Advantage (Private Health Plans)
  - **Part D:** Prescription Drug Coverage

Background

- **Medicare Physician Fee Schedule (PFS)**
    - **Medicare** reimburses physicians (and other enrolled health care providers) for services provided under Medicare Part B based on the Physician Fee Schedule
    - Lists more than 10,000 unique covered service codes and their payment rates
    - Payment policies in the PFS are updated **annually** via the rulemaking process (i.e., the process used to create new regulations)

Medicare Physician Fee Schedule

Background

- **Calendar Year 2024 PFS Rule**
  - Introduced new payment policies (i.e., billing codes) relevant to HRSN supports
  - **Proposed Rule**: Released July 2023 for Comment
  - **Final Rule**: Released November 2023
  - **Implementation**: January 1, 2024

Key Takeaway:

*Beginning in 2024, **Medicare providers** can use these new billing codes to seek payment for community health worker and patient navigation services provided to **Medicare enrollees***

Medicare Physician Fee Schedule

Rule Summary

	Purpose	HCPCS Codes (i.e., billing codes)
Principal Illness Navigation (PIN) Services	Assist Medicare enrollees **with high-risk conditions** identify and connect with clinical and support services	**G0023** – PIN services 60 minutes/month **G0024** – PIN services, additional 30 minutes **G0140** – PIN- Peer Support, 60 minutes/month **G0146** – PIN- Peer Support, additional 30 minutes **G0511** – Payment of PIN services in FQHCs/RHCs
Community Health Integration (CHI) Services	Address **unmet health-related social needs (HRSN)** that affect diagnosis and treatment of a Medicare enrollee's medical conditions	**G0019** – CHI services 60 minutes/month **G0022** – CHI services, additional 30 minutes **G0511** – Payment of CHI services in FQHCs/RHCs
Social Determinants of Health (SDOH) Risk Assessment	**Assessment** of Medicare enrollee's SDOH/social risk factors that influence diagnosis or treatment of medical conditions	**G0136** – SDOH risk assessment 5-15 minutes, not more than every 6 months

https://www.cms.gov/files/document/mln9201074-health-equity-services-2024-physician-fee-schedule-final-rule.pdf-0 .

WHO Can Receive PIN Services?

- **Medicare patient**

- **Who has a "serious high-risk condition"**

    - Expected to last at least **3 months**

    - Places patient at "significant risk of hospitalization, nursing home placement, acute exacerbation/decomposition, functional decline or death"

    - Requires disease-specific care plan, and may require frequent adjustment in medication or treatment regimen or substantial assistance from a caregiver

Note on Peer Support PIN: *Limited to behavioral health conditions*

PIN Services - Eligibility

WHAT Can PIN Services Look Like?

Overview - Categories of Services*
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 goals

PIN Services - Services

Note: Categories of services differ slightly for Peer Supports PIN

WHO May Provide PIN Services?

- **Certified or trained** auxiliary personnel under the **direction** of a physician or other practitioner, including a **patient navigator** or certified peer specialist

  - "Incident to" billing

  - Auxiliary personnel may be **external** to/under contract with the practitioner or practice (e.g., a CBO) if there is "clinical integration"

WHO May Provide PIN Services? - Training

Training Competencies*
Patient and family communication
Interpersonal and relationship-building
Patient and family capacity-building
Service coordination and systems navigation
Patient advocacy
Facilitation
Individual and community assessment
Professionalism and ethical conduct
Development of an appropriate knowledge base, including training on the condition addressed in the initiating visit

*__Note__: Where states already have certification requirements, CMS __defers__ to those requirements

PIN Services – Providers

PROCESS of Providing PIN Services

Initiating Visit → Treatment Plan → Consent → Provision of Services → Documentation → Billing

PIN Services - Process

Starting Out – Initiating Visit + Treatment Plan

- Before PIN services can begin, billing practitioner must perform an "initiating visit"

  - **Visit types:** Evaluation and management (E/M) visit; annual wellness visit; psychiatric diagnostic evaluation; or visit involving Health Behavior Assessment and Intervention services

  - **Visit elements:** Establish medical necessity, develop treatment plan

Starting Out – Consent

- Before PIN services can begin, must obtain **patient consent**
  - Written or verbal
  - Documented in patient medical record
  - Must explain that cost-sharing applies
  - Must be obtained annually
  - Can be obtained by auxiliary personnel

PIN Services – Consent

Provision of Services - PIN Services

Overview - Categories of Services

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 goals

PIN Services - Services

Documentation

- **Billing practitioner must document in the medical record:**
  - **Time spent providing PIN services**
  - **Activities performed by auxiliary personnel**
  - **How activities are related to the treatment plan**
  - **Identified SDOH needs, if present**

Billing

	HCPCS Codes (i.e., billing codes)
PIN Services	**G0023**: PIN services by certified or trained auxiliary personnel under the direction of a physician or other practitioner, including a patient navigator; 60 minutes per calendar month, in the following activities…
	G0024: Principal Illness Navigation services, additional 30 minutes per calendar month
PIN - Peer Support Services	**G0140**: PIN- Peer Support by certified or trained auxiliary personnel under the direction of a physician or other practitioner, including a certified peer specialist; 60 minutes per calendar month, in the following activities…
	G0146: PIN - Peer Support, additional 30 minutes per calendar month
PIN Services when Offered at FQHCs/RHCs	**G0511:** General care management (code that can be used to support PIN services in FQHCs/RHCs)

*__*Note:__ The final rule does not impose a practitioner, frequency, or duration limit for PIN services. Can be billed by one practitioner **per condition** per month.*

PIN Services - Billing

SWITCHING GEARS

Community Health Integration (CHI) Services

WHO Can Receive CHI Services?

- **Medicare patient**

- **Who has <u>social determinants of health needs</u> that significantly limit the practitioner's ability to diagnose or treat the patient's medical problem(s)**

WHAT Can CHI Services Look Like?

Overview - Categories of Services
Person-centered assessment
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 lived experience when applicable to provide support, mentorship, or inspiration to meet treatment goals

CHI Services - Services

WHO May Provide CHI Services?

- **Certified or trained** auxiliary personnel, including a community health worker, under the **direction** of a physician or other practitioner

  - "Incident to" billing

  - Auxiliary personnel may be **external** to/under contract with the practitioner or practice (e.g., a CBO) if there is "clinical integration"

WHO May Provide CHI Services? - Training

Training Competencies*
Patient and family communication
Interpersonal and relationship-building
Patient and family capacity-building
Service coordination and systems navigation
Patient advocacy
Facilitation
Individual and community assessment
Professionalism and ethical conduct
Development of an appropriate knowledge base, including of local community-based resources

*Note: Where states already have certification requirements, CMS _defers_ to those requirements

CHI Services – Providers

PROCESS of Providing CHI Services

Initiating Visit → Treatment Plan → Consent → Provision of Services → Documentation → Billing

CHI Services - Process

Starting Out – Initiating Visit + Treatment Plan

- Before CHI services can begin, billing practitioner must perform an "initiating visit"

    - **Visit types:**

        - Evaluation and management (E/M) visit (other than low-level visit performed by clinical staff)

            - CAN be an E/M visit provided as part of Transitional Care Management

        - Annual wellness visit;

    - **Visit elements:** Identify SDOH needs significantly limiting ability to diagnose or treat the patient, establish treatment plan

CHI Services – Initiating Visit

Starting Out – Consent

- Before CHI services can begin, must obtain **patient consent**
  - Written or verbal
  - Documented in patient medical record
  - Must explain that cost-sharing applies
  - Can be obtained by auxiliary personnel
  - *Must explain that only 1 practitioner can bill for CHI services per month*
  - *Only needs to be obtained once (unless billing practitioner changes)*

CHI Services – Consent

Provision of Services - CHI Services

Overview - Categories of Services
Person-centered assessment
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 lived experience when applicable to provide support, mentorship, or inspiration to meet treatment goals

CHI Services - Services

Documentation

- **Billing practitioner must document in the medical record:**

  - **Time spent providing CHI services**

  - **Activities performed by auxiliary personnel**

  - **SDOH needs that the CHI services are addressing (can use ICD-10 Z-codes)**

Billing

	HCPCS Codes (i.e., billing codes)
CHI Services	**G0019:** Community health integration services performed by certified or trained auxiliary personnel, including a community health worker, under the direction of a physician or other practitioner; 60 minutes per calendar month, in the following activities to address social determinants of health (SDOH) need(s) that are significantly limiting the ability to diagnose or treat problem(s) addressed in an initiating visit:…
	G0022: Community health integration services, each additional 30 minutes per calendar month
CHI Services when Offered at FQHCs/RHCs	**G0511:** General care management (code that can be used to support CHI services in FQHCs/RHCs)

Note: The final rule does not impose a frequency or duration limit for PIN services. But DOES limit billing for CHI to **1 practitioner per month*

CHI Services - Billing

SWITCHING GEARS

Social Determinants of Health (SDOH) Risk Assessment

WHO can receive an SDOH Risk Assessment?

- **Medicare patient**

- **When the billing practitioner has <u>reason to believe there are unmet SDOH needs</u> that are interfering with the practitioner's diagnosis and treatment of a condition or illness or will influence choice of treatment or plan of care**

  - **_Not_ intended for routine screening**

WHAT can the SDOH Risk Assessment Look Like?

- **Must use a standardized, evidence-based SDOH risk assessment tool (though flexible on which tool) that includes:**

    - Food insecurity, housing insecurity, transportation needs, utility difficulties

- **Must be documented in the medical record**

- **Can be provided via telehealth**

SDOH Risk Assessment - Service

WHEN can the SDOH Risk Assessment Occur?

- **Can be provided <u>no more often</u> than every 6 months per practitioner, per beneficiary**

- **Can be provided in association with:**

  - An evaluation and management (E/M) visit (which can include hospital discharge or transitional care management)

  - Behavioral health office visits (psychiatric diagnostic evaluation and health behavior assessment and intervention)

  - Annual wellness visit

SDOH Risk Assessment – Timing

Billing

	HCPCS Codes (i.e., billing codes)
Social Determinants of Health Risk Assessment	**G0136** – Administration of a standardized, evidence-based SDOH risk assessment, 5-15 minutes, not more than every 6 months

SDOH Risk Assessment - Billing

Questions?

	Purpose	HCPCS Codes (i.e., billing codes)
Principal Illness Navigation (PIN) Services	Assist Medicare enrollees **with high-risk conditions** identify and connect with clinical and support services	**G0023** – PIN services 60 minutes/month **G0024** – PIN services, additional 30 minutes **G0140** – PIN- Peer Support, 60 minutes/month **G0146** – PIN- Peer Support, additional 30 minutes **G0511** – Payment of PIN services in FQHCs/RHCs
Community Health Integration (CHI) Services	Address **unmet health-related social needs (HRSN)** that affect diagnosis and treatment of a Medicare enrollee's medical conditions	**G0019** – CHI services 60 minutes/month **G0022** – CHI services, additional 30 minutes **G0511** – Payment of CHI services in FQHCs/RHCs
Social Determinants of Health (SDOH) Risk Assessment	**Assessment** of Medicare enrollee's SDOH/social risk factors that influence diagnosis or treatment of medical conditions	**G0136** – SDOH risk assessment 5-15 minutes, not more than every 6 months

Resources

MLN Matters: https://www.cms.gov/files/document/mln9201074-health-equity-services-2024-physician-fee-schedule-final-rule.pdf-0 .

FAQ Document: https://www.cms.gov/files/document/health-related-social-needs-faq.pdf

Federal Rule: https://www.federalregister.gov/documents/2023/11/16/2023-24184/medicare-and-medicaid-programs-cy-2024-payment-policies-under-the-physician-fee-schedule-and-other

CHLPI's Health Law Lab resources: https://www.healthlawlab.org/topics/community-health-workers/

Pulse Poll – Part 2

THE ALLIANCE
OF COLORADO COMMUNITY HEALTH WORKERS
PATIENT NAVIGATORS & PROMOTORES DE SALUD