

Welcome!



Wednesday November 20, 2024

NAF presentation



Mission and Vision

Northern Michigan Community Health Innovation Regions (NMCHIR)

- ✓ NMCHIR Mission: Improving population health, increasing health equity, and reducing unnecessary medical costs through partnerships and system change
- ✓ NMCHIR/CCL Vision: Healthy People in Equitable Communities, which includes A “Universally Accessible Comprehensive CHW Navigation System”

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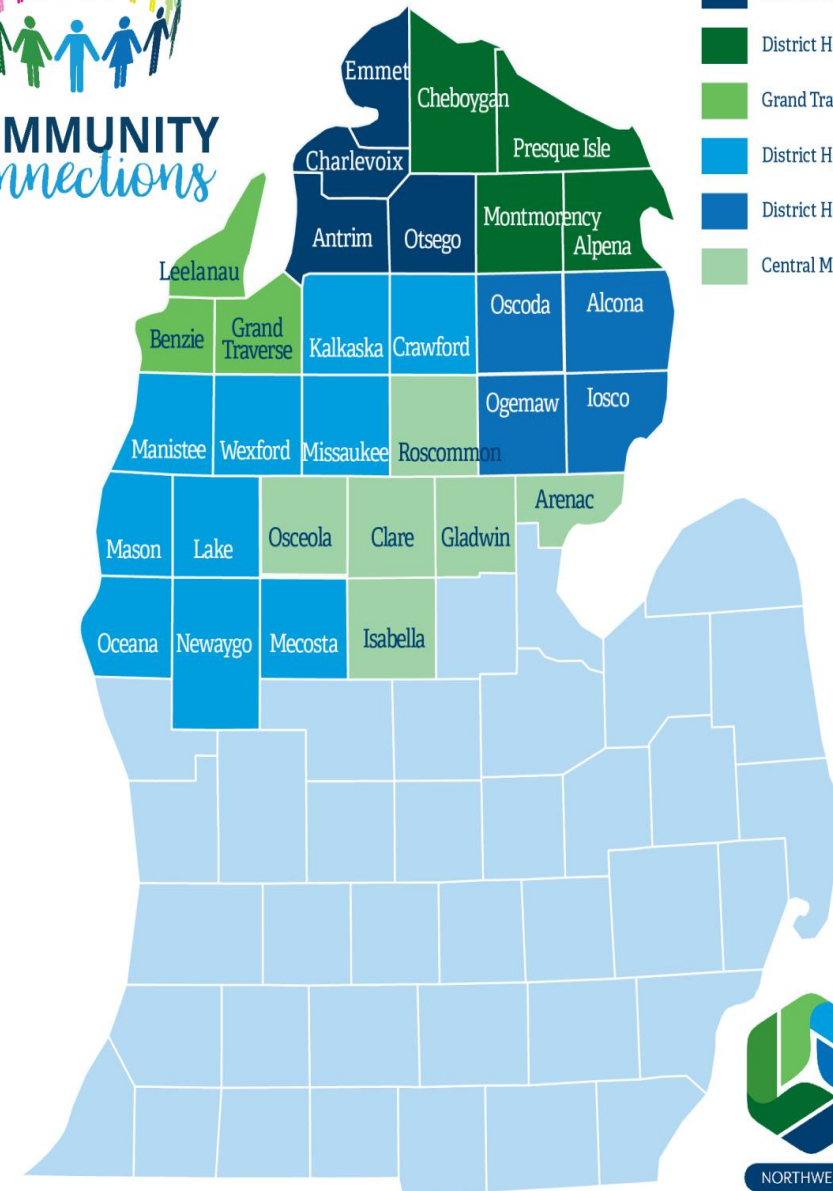
Community Health Work Billing

Community Health Workers

Medicaid Billing

Medicare Billing

Northern CHIR Community
Connections CHW Pathway Program



- Northwest HUB
- District Health Department #4 HUB
- Grand Traverse Region HUB
- District Health Department #10 HUB
- District Health Department #2 HUB
- Central Michigan District Health Department HUB





Community Health Worker

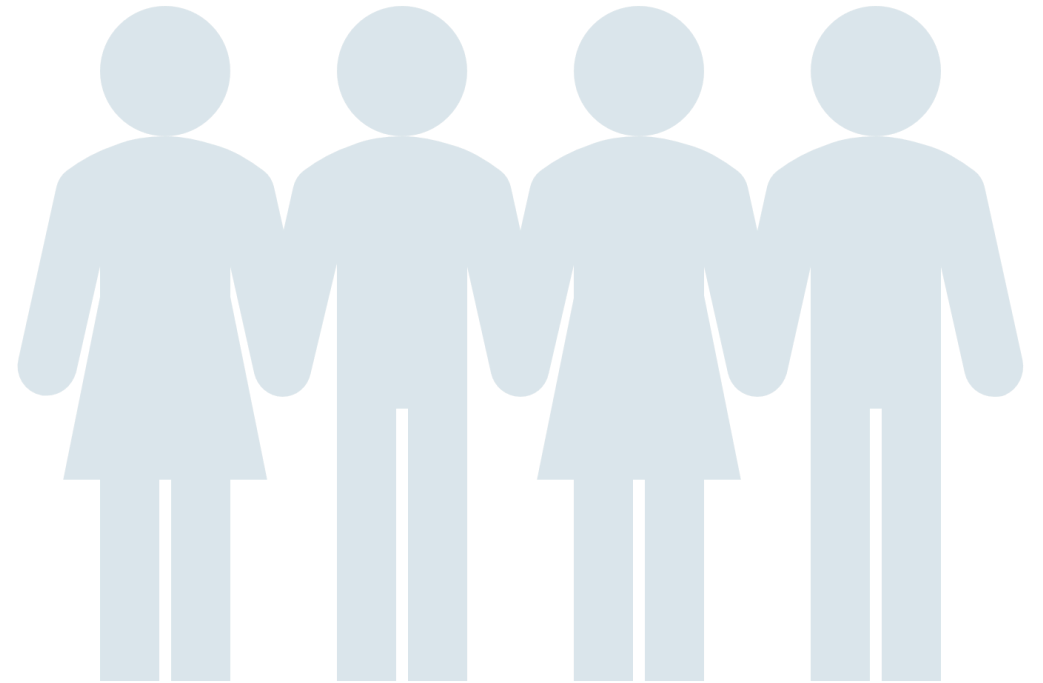
A Community Health Worker (CHW) is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served.

This trusting relationship enables the worker to serve as a liaison/link intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.

(APHA 2009)

CHW's Qualifications for Medicaid billing:

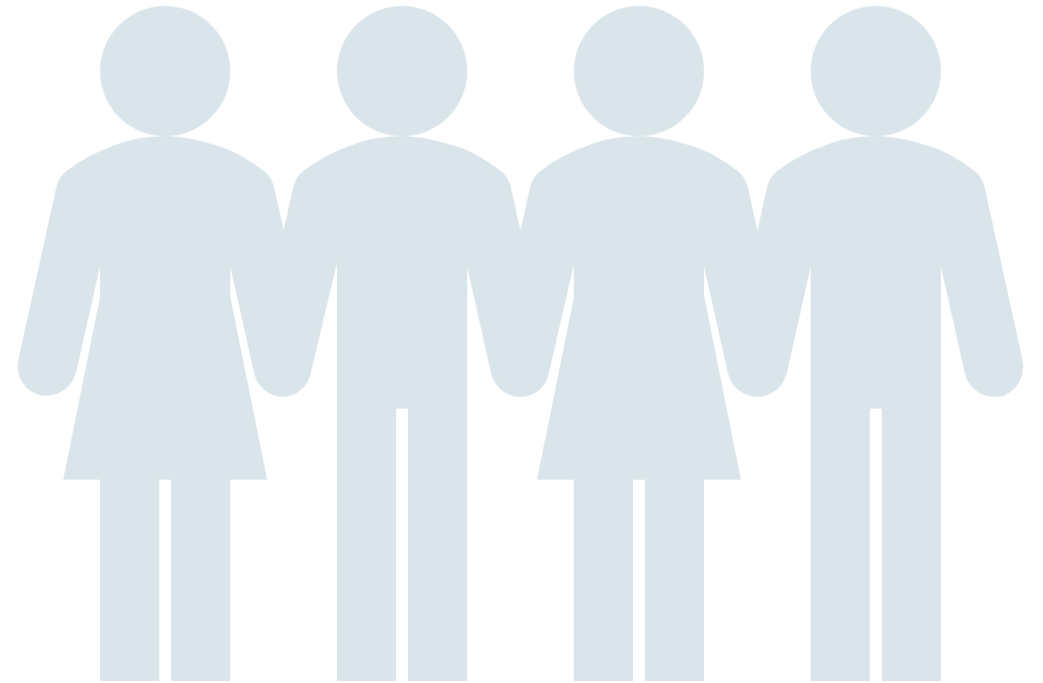
Must complete a MICHWA approved
training program or meet work experience
pathway



CHW's Qualifications for Medicaid billing:

Successfully complete an application to the Mi Medicaid CHW Registry and be listed in good standing on the MI Medicaid CHW Registry

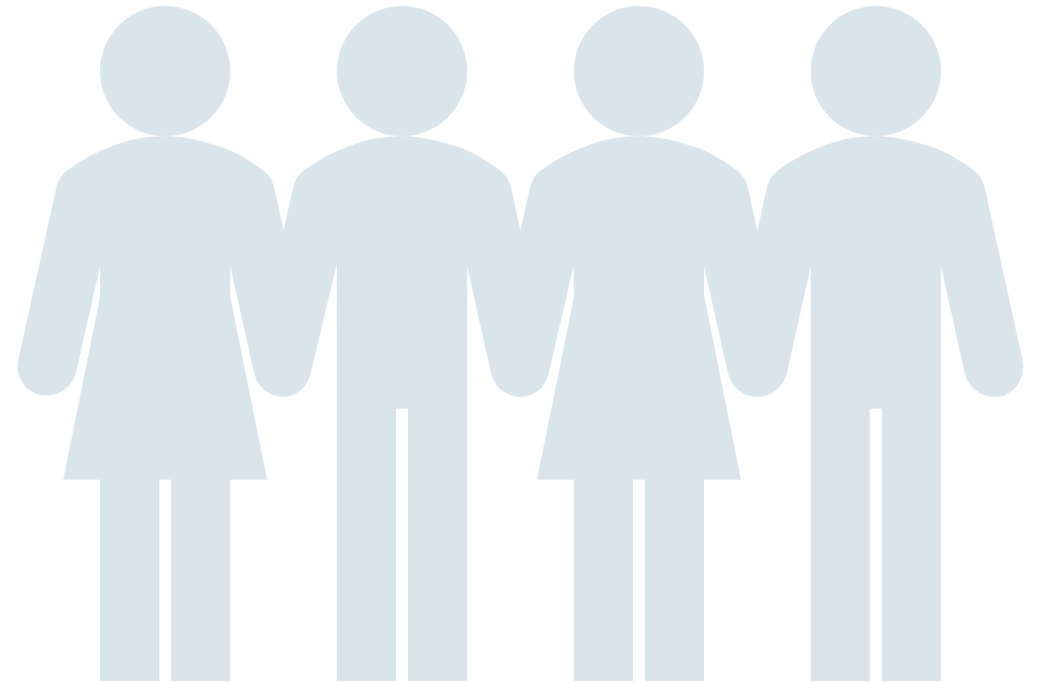
<https://michwa.org/mi-medicaid-chw-credential-registry/>



CHW's Qualifications for Medicaid billing:

Complete Medicaid provider enrollment through the (CHAMPS) including obtaining an individual (type 1) NPI

Associate to at least one Medicaid –enrolled billing provider (Type 1 or Type 2)



Community Health Worker

Billing Guidance Michigan Medicaid Policy (MMP 23-74) effective Jan 1, 2024

Services must be provided **face to face**, and beneficiary need must be assessed utilizing an appropriate health risk or social determinant of health (SDOH) screening/assessment tool.

Examples of conditions that may support the need for CHW services include:

- One or more chronic health conditions including behavioral health
- Unmet health related social need
- Pregnancy and up to 12 months post partum

Community Health Worker

**Billing Guidance
MMP 23-74
effective Jan 1, 2024**

CHW services available to beneficiaries include:

- Health system navigation and resource coordination
- Health Promotion and Education
- Screening and assessment (standardized, validated tool)

Community Health Worker

Billing Guidance
MMP 23-74
effective Jan 1, 2024

CHW services must be recommended by a licensed healthcare provider:

- Physician or PA
- RN or NP
- LMSW
- Dentist
- Psychiatrist or Psychologist

Do not have to be part of the beneficiary's healthcare team, but collaboration is highly encouraged.

You can use standing orders from your medical provider.

Community Health Worker

Billing Guidance

MMP 23-74
effective Jan 1,
2024

CPT Code	Detail	Rate/15 min unit
98960	Education and training for patient self-management; individual patient	\$10.26
98961	Education and training for patient self-management; 2-4 patients	\$5.23
98962	Education and training for patient self management; 5-8 patients	\$4.21

Codes are reported in 15 min increments, and must be billed with the CG modifier and claims notes included

Claim submitted by the Medicaid enrolled billing provider, and lists the CHW as the rendering/servicing provider

Limitations: 2 hrs. (8 units) per day and 16 visits per month for a maximum of 32 hours (128 units) per month per beneficiary

Community Health Worker

**Billing Guidance
MMP 23-74
effective Jan 1, 2024**

Identified Barriers:

No duplication of services are allowed per MDHHS.

What is duplication?

- MIHP enrolled: (can use CHW to provide care coordination activities requested and billed by care coordinator)
- CHW at an FQHC working with the client
- Childhood lead program CHW (CLPPP)

Do clients know the title of others working with them, are they CHWs who may also be billing?

Community Health Worker

**Billing Guidance
MMP 23-74
effective Jan 1, 2024**

Identified Barriers continued: (we are only billing FFS currently)

- Must bill through CHAMPS
- Currently using Direct Data Entry to submit claims because our new technology(PTS; Pathway Technology Solutions) is not connected with a clearinghouse
- Some are doing entry into Patagonia just to bill.
- Most billing being rejected
- Reason: not sure, working with provider support

**Medicare
CMS CY2024
Physician Fee
Schedule**

**Centers for Medicare and Medicaid Services
(CMS)**

Final Rules provide for reimbursement for
Community Health Workers in the Medicare
Program

Effective Jan 1, 2024

Part B benefit which applies to persons in
Original Medicare, MA, and special needs plans



Medicare CMS CY2024 Physician Fee Schedule

Community Health Workers can provide:

Community Health Integration (CHI)

- Reimbursement for addressing Health Related Social Needs (HRSN)

Principal Illness Navigation (PIN)

- Reimbursement for providing health navigation services for persons with serious, high-risk condition that will last at least 3 months

Medicare CMS CY24 Physician Fee Schedule

CHI HCPCS	Detail	Rate
G0019	Community Health Integration Services (CHI) SDOH 60 min	\$80.56*
GOO22	Community Health Integration Services (CHI) add ea. 30 min	\$50.26*
GOO23	Principal Illness Navigation (PIN) Service, 60 minutes per month	\$80.56*
GOO24	Principal Illness Navigation (PIN) Service add ea. 30 min	\$50.26*

Monthly reimbursement is for time of the CHW's based on total time spent working on behalf of the person (face to face time and non face to fact time counts in the total).

You cannot address social needs just for the sake of addressing social needs. There must be a direct link to a health outcome that will be achieved if the Health-related social needs (HRSNs) are addressed.

*these are rates for CBO/HD



Medicare CMS CY2024 Physician Fee Schedule

There must be clinical integration between the rendering (billing) practitioner and the CBO (Health Dept) for general supervision

- Clinical Integration must include the following elements documented in the client EMR
- Documentation of the Health Related Social Needs (HRSNs) in the EMR
- Connection between the HRSN and the ability to diagnose or treat a condition.
- Regular communication between the CHW and the rendering provider on progress toward achieving the CHI plan goals

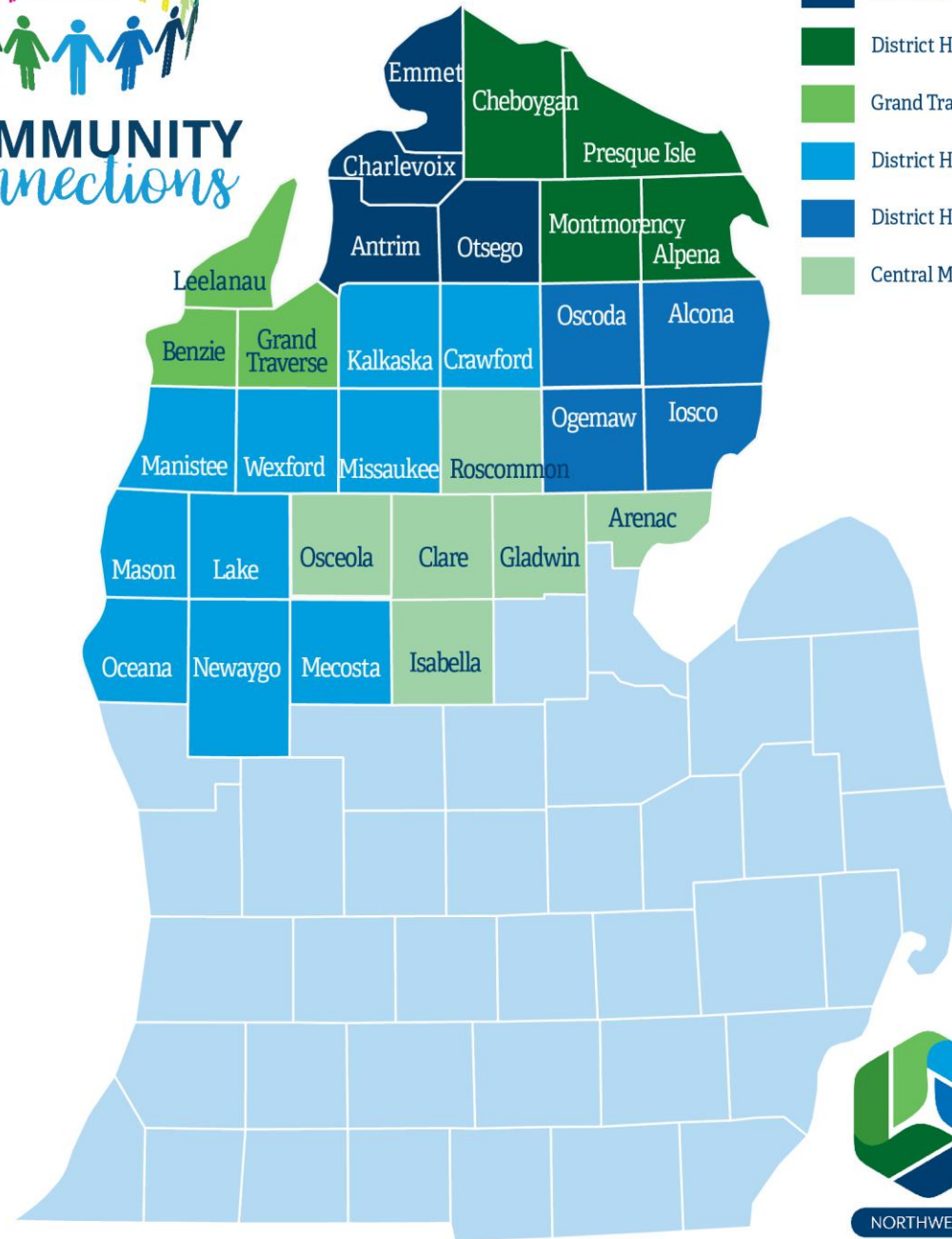


Medicare CMS CY2024 Physician Fee Schedule

- Must be consent of the beneficiary documented in the medical record
- Part B benefit
 - Deductible and co-insurance requirements apply
 - Medicaid or medigap coverage may cover some or all deductible or co-insurance fee, but the beneficiary is responsible for the cost
 - Provider cannot elect to waive the deductible or cost sharing requirement.
- No frequency restriction on the number of times the additional 30min can be billed

Community Connections Service Area

Local Public Health
Model of Care



- Northwest HUB
- District Health Department #4 HUB
- Grand Traverse Region HUB
- District Health Department #10 HUB
- District Health Department #2 HUB
- Central Michigan District Health Department HUB





COMMUNITY *connections*



A FREE PROGRAM

Connecting adults,
children, and families to
community resources



ADDRESSING SOCIAL DETERMINANTS OF HEALTH

Like food, housing,
transportation, physical
and mental health



THROUGH MULTIPLE CHANNELS

Phone calls, home visits,
and office visits



BY PROFESSIONALS

Community Health
Workers, Registered
Nurses, or Social Workers

COMMUNITY CONNECTIONS SCREENING & NAVIGATION PROCESS



EVIDENCE BASED PATHWAYS COMMUNITY HUB MODEL

- Adult Learning
- Behavioral Health
- Developmental screening and referral
- Education
- Employment
- Family Planning
- Health Insurance
- Housing
- Immunization Screening/Referral
- Lead
- Medical Home
- Medical Referral
- Medication Assessment/Management
- Pregnancy/Postpartum
- Tobacco Cessation

- Social Services:
 - Childcare
 - Clothing
 - Family Crisis
 - Financial Assistance
 - Food Security
 - Household Items
 - Legal Service
 - Translation
 - Transportation
 - Utilities
 - And more....



Certified November 2022-November 2024

Pathway Community HUB Institute
www.pchi-hub.com



Data from January 1st, 2023 to December 31st, 2023

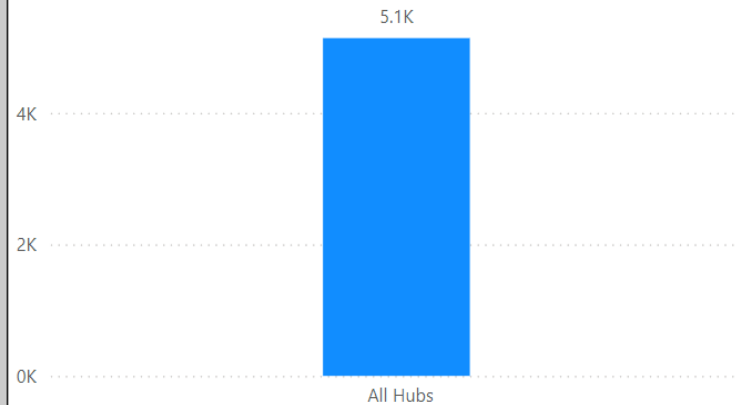
- ☐ Alcona
- ☒ All Hubs
- ☐ Antrim
- ☐ Arenac
- ☐ Benzie
- ☐ Central Michigan District Health Departm...
- ☐ Charlevoix
- ☐ Clare
- ☐ Crawford
- ☐ District Health Department #10 HUB
- ☐ District Health Department #2 HUB
- ☐ Emmet
- ☐ Gladwin
- ☐ Grand Traverse
- ☐ Grand Traverse Regional Hub
- ☐ Iosco
- ☐ Isabella
- ☐ Kalkaska
- ☐ Lake
- ☐ Leelanau
- ☐ Manistee
- ☐ Mason
- ☐ Mecosta
- ☐ Missaukee

Instructions:

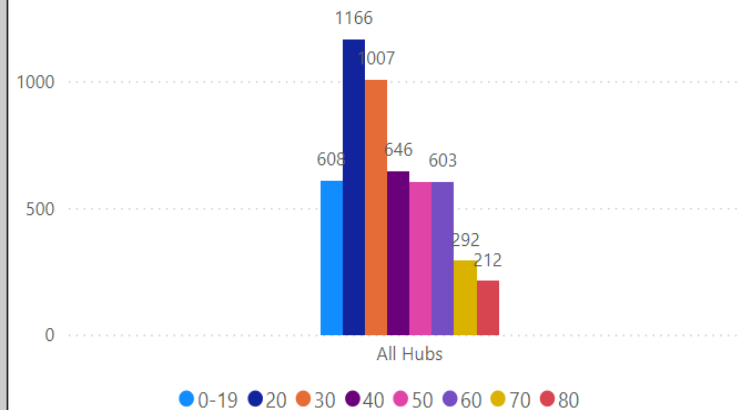
Click County/Hub to view data

Hold Ctrl button down to multi select

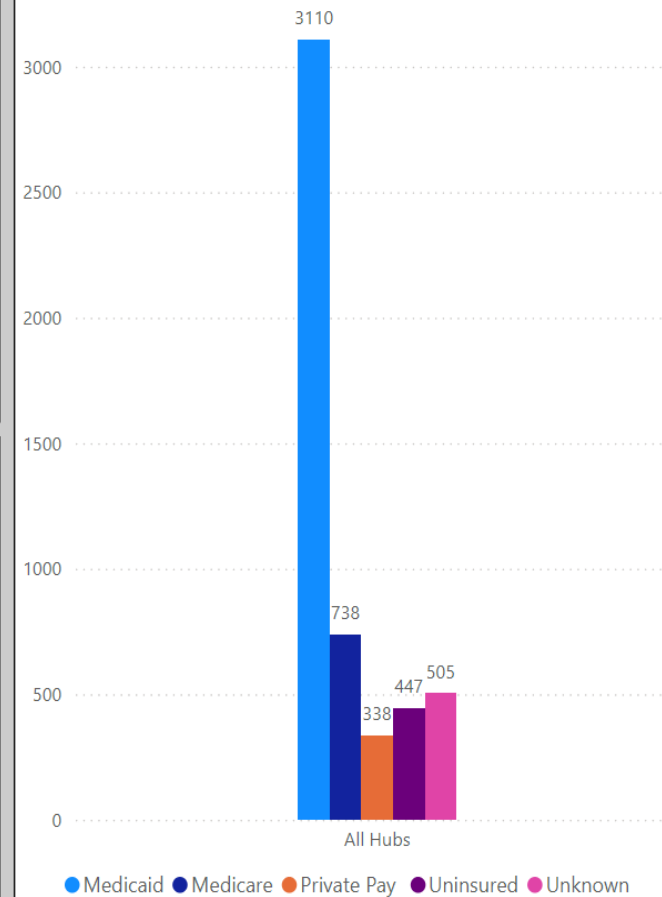
Referral Numbers



Referrals by Age



Insurance Breakdown



POWERFUL IMPACT



COST SAVINGS \$3M in Medicaid Health Plan savings Jan 2016 - Jan 2021 by reducing ER visits by 23.5% and inpatient stays by 25.5% ¹



EFFECTIVE COLLABORATION Unprecedented levels of cross-sector collaboration and increased recognition among local leaders of the role of social determinants of health in influencing health and other outcomes ²



INCREASED SELF-EFFICACY 80% of clients who participated in the NMCHIR's Community Connections CHW Program reported being able to help themselves in the future ³



COORDINATED SYSTEM Transformation of individual lives and the creation of more responsive & effective organizations and a more accessible, coordinated, service system ⁴



EXPENSE REDUCTION \$1.21 in averted medical costs for every \$1 of navigation services provided ⁵



STRONG ROI Partnerships have provided \$500K of base funding bringing in an additional \$1M to local communities & reimbursement contracts

Sources: 1) MDHHS Analysis 2) 2022 MPHI Analysis 3) 2019 Customer Service Satisfaction Survey by UofM 4) 2019 Collective Impact Evaluation by MSU 5) 2021 MDHHS 2021 Report

Sustainability



Funding partnerships with Physician Organizations, Delta Dental, Community Based Organizations and businesses

Grants (Federal, State & Local)

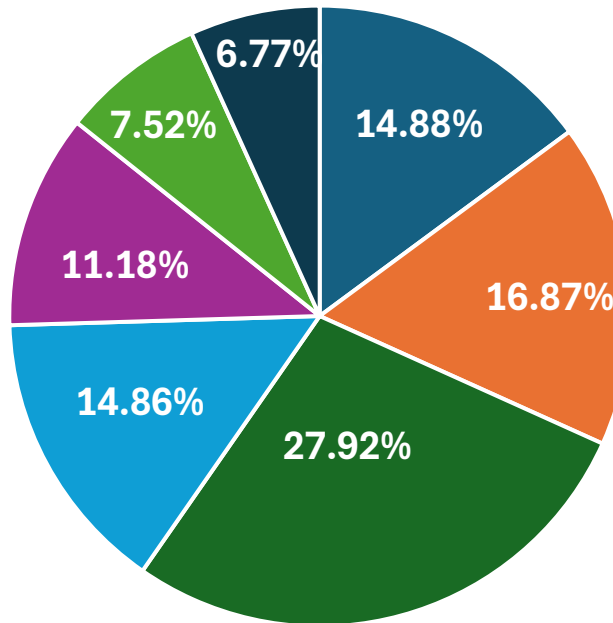
Medicaid Health Plans/Fee for Service Medicaid. We have current or in process with all 6 local Medicaid health plans, but they do not all cover their entire service area.

Medicaid Outreach: Local Health Department Funding Mechanism

Advocacy Efforts: Legislator Education, Michigan Association of Local Public Health

Sustainability at BLDHD

CHIR Funding



- Managed Health Care Plan
- Northern Michigan Health Consortium (NMHC)
- Michigan Health Endowment Foundation
- Medicaid Outreach
- State - CPBC
- Michigan Center for Rural Health (BLDHD & GTCOHD)
- Local Grants