



Medicare PFS (Part B) 2024: The opportunity for Community Health Workers

Carl H. Rush, MRP, Consultant to:
Pennsylvania CHW Collaborative
National Association of CHWs
National Academy for State Health Policy
Envision Equity (National TA Provider for CDC 2109 CCR Grantees)

Background:

2024 Medicare Physician Fee Schedule

- ▶ <https://www.federalregister.gov/d/2023-24184/page-78920>
- ▶ Services Addressing Health-Related Social Needs
 - ▶ Community Health Integration Services (CHI)
 - ▶ Social Determinants of Health Risk Assessment
 - ▶ Principal Illness Navigation Services (PIN)
- ▶ Final rule published November 2023
- ▶ Implementing guidance memo expected late Spring or early Summer 2024

Basic provisions

- ▶ Community Health Integration (CHI) services (Part B)
 - ▶ can cover wide range of CHW activities
 - ▶ provided by “auxiliary personnel... incident to” clinical care
 - ▶ qualified personnel other than CHWs may be included
- ▶ Must be ordered by “billing provider” during an “initiating visit” – provider also responsible for general supervision
- ▶ Relates to SDOH that interfere with provider’s ability to diagnose and treat an identified medical condition
- ▶ Claims may only be submitted by one billing provider for a given patient
- ▶ Providers encouraged to partner with CBOs, but CBOs cannot bill directly

Community Health Integration Services

CHI Services List		
Person-Centered Assessment	Facilitating patient-driven goal setting	Providing tailored support
Practitioner, HCBS Coordination	Coordinating receipt of needed services	Communication with practitioners, HCBS providers, hospitals, SNFs
Coordination of care transitions	Facilitating access to community-based social services	Health education
Building patient self advocacy skills	Health care access/health system navigation	Facilitating behavioral change
Facilitating and providing social and emotional support	Leveraging lived experience when applicable	

Billing and rates

- ▶ Billing on monthly basis: \$79 for first hour, \$49 each half hour in month, no limit (HCPCS G0019, G0022)
 - ▶ Lower rates for services provided in hospital or other facility (\$49 and \$34)
 - ▶ FQHCs/RHCs: \$78 flat fee per service (G0511)
- ▶ Patient consent required, can be verbal
- ▶ Cost sharing by individual required under Medicare
 - ▶ Generally covered by another source (Medigap, Medicare Advantage, Medicaid)
 - ▶ Not classified as preventive services, which have \$0 cost sharing
- ▶ Claims submitted first to Medicare third party administrator, except for individuals covered by Medicare Advantage plan (Part C)
 - ▶ Remaining authorized charges can be billed to Medicare Supplement plan

SDOH Risk Assessment

- ▶ Part B benefit to complete an assessment of Health Related Social Needs (HRSNs)
- ▶ Must be performed as part of one of the following visit types:
 - ▶ E/M (medical office) visit & TCM visits
 - ▶ Psychiatric diagnostic evaluation (CPT 90791)
 - ▶ Health Behavior Assessment and Intervention (HBAI) services, described by CPT codes **96156, 96158, 96159, 96164, 96165, 96167 and 96168**
 - ▶ Annual Wellness Visit (AWV)
- ▶ Requires the use of an evidence-based HRSN screening tool:
 - ▶ CMS Accountable Health Communities (AHC) HRSN Tool
 - ▶ PRAPARE: Protocol for Responding to & Assessing Patient's Assets, Risks, and Experiences

Who Can Perform the SDOH Risk Assessment?

- ▶ SDOH Risk Assessment must be performed as part of a medical office visit
 - ▶ HCPCS Code G0136
 - ▶ Rate \$18.44
- ▶ The eligible provider can obtain direct **assistance from staff** to complete the screen, but the **responsibility of completing the SDOH risk assessment remains with the billing provider**



Webinar Dec 14, 2023:

“Medicare: CHW Financial Sustainability Strategy”

- ▶ Provided by Envision and NACHW
- ▶ View slides and video at <https://envisionequity.org/webinars>
(look under “Past Webinars”)