

Housekeeping Reminders

Please submit questions via the Zoom chat during the presentation.

For attendance, please type in your name and organization in the chat.

Attendees are muted upon entry. Click “Unmute” when you would like to speak. Please mute yourself after speaking.

The presentations are posted on Tomorrow’s HealthCare www.tomorrowshhealthcare.org

2026 HealthChoices PCMH Learning Network

March 26, 2026

PCMH Statewide Learning Session - New Physical HealthChoices
Community Health Worker (CHW) Policies

Pittsburgh Regional Health Initiative

Continuing Education Information

In support of improving patient care, this activity has been planned and implemented by the University of Pittsburgh and The Jewish Healthcare Foundation. The University of Pittsburgh is jointly accredited by the **Accreditation Council for Continuing Medical Education (ACCME)** and the **American Nurses Credentialing Center (ANCC)**, to provide continuing education for the healthcare team. **1.0 hours are approved for this course.**

As a Jointly Accredited Organization, University of Pittsburgh is approved to offer social work continuing education by the **Association of Social Work Boards (ASWB)** Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved under this program. State and provincial regulatory boards have the final authority to determine whether an individual course may be accepted for continuing education credit. University of Pittsburgh maintains responsibility for this course. Social workers completing this course receive **1.0 continuing education credits.**

Disclosures

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Learning Objectives

- ✓ Increase awareness and understanding of the new Physical HealthChoices' CHW policies
- ✓ Receive general guidance to inform PCMH next steps

Welcome

Robert Ferguson, MPH

Chief Policy Officer

Pittsburgh Regional Health Initiative

New Physical HealthChoices Community Health Worker (CHW) Policies

Gwendolyn B. Zander, Esq., Director, Bureau of Managed Care Operations, PA Department of Human Services' Office of Medical Assistance Programs (PA DHS OMAP)



Patient Centered Medical Homes and Community Health Workers

Gwendolyn Zander, Director of Managed Care
Operations

Office of Medical Assistance Programs



- **PCMHs are required to use community-based care management teams**
 - May (but are not required to) include CHWs
 - Key activities include:
 - Working within their local community to receive warm hand-offs from inpatient and acute care settings or specialty providers
 - Developing care plans that help individuals with complex chronic conditions to stay engaged in comprehensive treatment regimens
 - Connecting individuals as needed to community resources and social support services
 - See Exhibit DDD of the [HealthChoices Agreement](#)



- **The PH-MCO make monthly payments to each PCMH based on factors such as clinical complexity, age, medical costs, and composition of the care management team**
 - These payments cover all supplemental (i.e., non-billable) activities involved in meeting PCMH participation requirements, including:
 - Data collection
 - Establishing and maintaining connectivity to the P3N
 - Completion of health-related social needs screenings
 - Measuring patient satisfaction
 - Offering extended practice hours



- **Effective January 1, 2026, the HealthChoices program now covers CHW services for all eligible members**
 - Two pathways to coverage of CHW services:
 - Provider recommended and billed
 - MCO rendered or contracted
 - Services are available to individuals with the following conditions:
 - Asthma
 - COPD
 - Diabetes (excluding gestational diabetes)
 - Heart disease
 - Hypercholesterolemia
 - Hypertension
 - Obesity
 - Pre-diabetes
 - Use of multiple medications
 - See Exhibit B(5b) of the [HealthChoices Agreement](#)



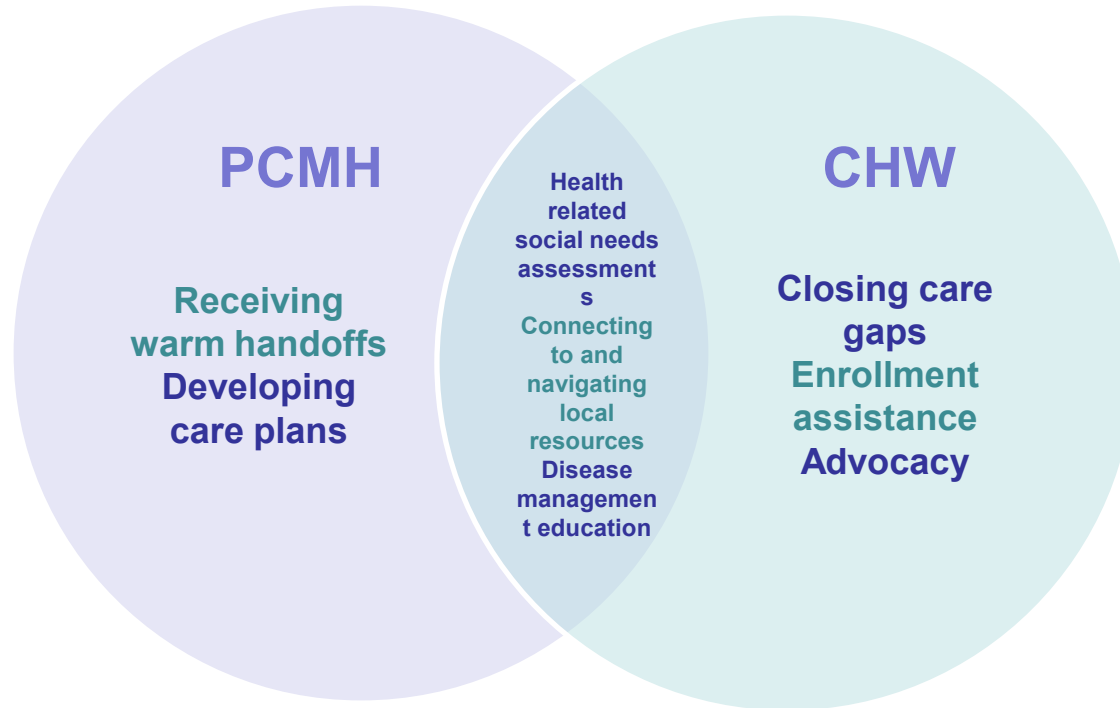
- **CHW services covered in HealthChoices include:**
 - Health education to promote patient/member health or address barriers to care
 - Closing care gaps
 - Health navigation services to support access and connection to community resources
 - Screening and assessment to help identify need for services
 - Assistance in enrolling with government services
 - Individual support or advocacy services



- **PH-MCOs are required to cover up to 3 visits per member per year with a CHW when:**
 - The billing provider is an MA-enrolled provider with the ability to order, refer, or prescribe services
 - The rendering provider is an MA-enrolled CHW
 - The member has a qualifying condition
 - The need for services is documented in the member’s care plan
 - *Note that when the billing provider is an FQHC, the MCO is not required to pay the PPS rate for CHW services*
- **MCOs may also cover CHW services through MCO-employed CHWs or through contracts with community-based organizations that employ CHWs**
 - These do not require billing and can be paid for through salaries and benefits for MCO-employed CHWs or through invoiced or lump sum payments to community-based organizations



- **PCMHs are not prohibited from billing for CHW services rendered by employees merely because they receive a monthly care coordination payment from a PH-MCO**
 - A PCMH may submit a claim for CHW services rendered by employed CHWs when the service rendered is not duplicative of the activities performed by the PCMH's CBCM team that is funded through the enhanced monthly payments from MCOs
 - See next slide for comparison of PCMH CBCM activities vs. CHW activities
- **Documentation in the member's medical record will help demonstrate when CHW services went beyond standard PCMH CBCM care coordination**
 - Documentation should include a description of the patient's self-management skills for their diagnosis, results of screenings, summary of assistance with/navigation of community-based resources, summary of educational interventions, evidence-supported informational/educational materials provided, description of support for medication adherence, and any other specific activities performed during the encounter



Discussion

Next Steps, Wrap Up & Session Evaluation

Lisa Boyd, Program Specialist

Pittsburgh Regional Health Initiative

Next Steps from Today's Session

1. Remember to update and submit PDSA plan(s)
2. Reach out with any questions or to request 1:1 support or TA
3. Make sure you and your team are registered for the Midyear Statewide Session, Tuesday, June 2nd at 9:00 – 10:30 a.m. via Zoom <https://us06web.zoom.us/meeting/register/E2ptAV8TQ2WsxXWAa7u0Sg>



Statewide Supplemental Sessions

Sepsis in Primary Care Settings – Thursday, June 4th at 5:00 – 6:00 p.m. via Zoom
<https://us06web.zoom.us/meeting/register/Bnmb3Ly9SyWEckYwPZybow#/registration>



HIV in Primary Care – Thursday, July 9th at 5:00 – 6:00 p.m. via Zoom
<https://us06web.zoom.us/meeting/register/QY4Q84qBQzasiZlsORIErg#/registration>

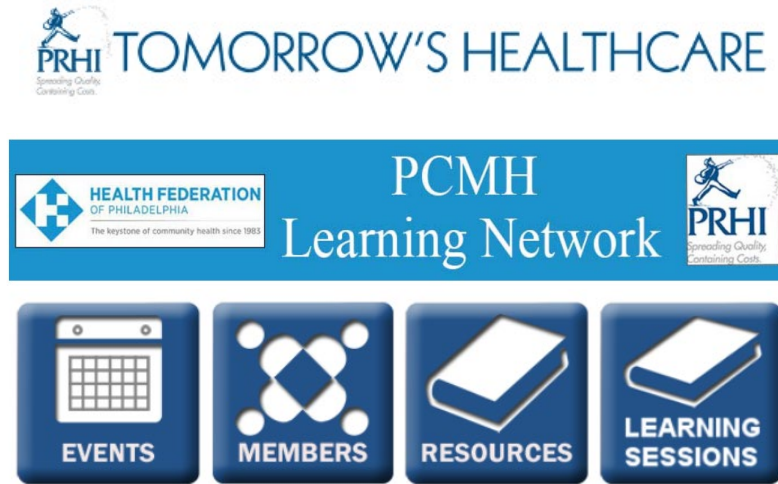


Stay tuned for additional information on these sessions and dates for fall supplemental sessions.

PCMH Online Community

<https://www.tomorrowshhealthcare.org/>

Members of your PCMH's multi-disciplinary learning team will receive log-ins



- Access the session materials in “Learning Sessions”
- Look for guides and tools in “Resources”
- Find session dates and registration links under “Events”

CEU Process

You will receive a follow up email with links to

Complete the survey at: <https://www.surveymonkey.com/r/NCNYL6C> by Thursday, April 2nd



1. Please be sure to designate which CEU credits you are requesting **CME, CNE, Social Worker or Certificate of Attendance**. If you already have an account with the UPMC Center for Continuing Education, **please be sure the email you enter on the survey matches the UPMC CCE account email that you create.**
2. The UPMC Center for Continuing Education will follow up with you via email after April 2nd with instructions on how to claim your credits.
 - To prepare, we recommend you create an account with UPMC CCE via this website <https://cce.upmc.com>.

Thank You!
