Community Health Worker Service: Training Session

October 25, 2023

RHODE ISLAND

Who Can Provide Reimbursable CHW Services?

1. Individuals certified by the Rhode Island Certification Board as a CHW
2. Individuals who have a plan for working toward RICB certification, to be achieved within 18 months.

➢ An organization – whether a medical practice, hospital, other healthcare organization, or a community-based organization – can enroll as a CHW Provider and submit claims to Medicaid.

- There is no RICB CHW certification at the organizational level.
- Rather, an organizational CHW Provider is responsible for ensuring that the individuals delivering the CHW services billed to Medicaid are either certified or have a plan to become certified within 18 months.

CHW Benefit Overview: Covered Services

1. Health Promotion and Coaching including assessment and screening for health-related social needs, setting goals and creating an action plan, and providing information and/or coaching
2. Health Education and Training for groups of beneficiaries on methods and measures that have been proven effective in preventing disease, disability, and other health conditions or their progression; prolonging life; and/or promoting physical and mental health and efficiency. Covered when the CHW provides the education/training using established training materials.

CHW Benefit Overview: Covered Services

3. Health System Navigation and Resource Coordination
4. Care planning with a beneficiary's interdisciplinary care team as part of a team-based, person-centered approach to prevent disease, disability, and other health conditions, prolong life, and/or promote physical and mental health and efficiency by meeting a beneficiary's situational health needs and health-related social needs, including time-limited episodes of instability and ongoing secondary and tertiary prevention for members with chronic condition management needs.

Health Promotion & Coaching and Education & Training *Example* Topics

- Addressing family/interpartner violence
- Control of asthma
- Control of high blood pressure/cardiovascular disease
- Control of stress
- Control of sexually transmitted disease
- Control of toxic agents
- Diabetes prevention and control
- Chronic pain self-management
- Chronic disease self-management
- Family planning
- Immunizations
- Improvement in safety, environmental health of housing
- Improvement in nutrition
- Improvement of physical fitness
- Injury prevention
- Occupational safety and health
- Prevention of fetal alcohol syndrome/neonatal abstinence syndrome
- Reduction in the misuse of alcohol or drugs
- Tobacco cessation
- Promotion of preventative screenings

Health System Navigation & Resource Coordination Service Examples

- Helping to engage, re-engage, or ensure patient-led follow-up in primary care; routine preventive care; adherence to treatment plans; and/or self-management of chronic conditions
- Helping a beneficiary find Medicaid providers to receive a covered service
- Helping a beneficiary make and keep an appointment for a Medicaid covered service
- Arranging transportation to an appointment for a Medicaid covered service
- Helping a beneficiary find and access other relevant community resources
- Helping a beneficiary with a telehealth appointment and/or educating a member on the use of telehealth technology

“Collateral” Services

- Service time billed must be for either direct contact with a beneficiary (in-person or through telehealth) or for collateral services on an individual basis.
- Collateral services are those delivered on behalf of an individual beneficiary but that are not delivered in that beneficiary’s presence/directly to the beneficiary. The collateral service must actively involve the beneficiary in the sense of being tailored to the beneficiary’s individual needs.
- Many health system navigation and resource coordination activities, for example, can be appropriately delivered for a patient without the patient being present, and care planning with a beneficiary’s interdisciplinary care team may also occur outside the patient’s presence.

“Collateral” Service Examples

Services that can be delivered without the patient’s presence and billed as collateral include, for example:

- Time spent researching the most appropriate medical or social services provider to meet a particular patient’s needs.
- Time spent arranging appointments for a patient to receive services and/or arranging the patient’s travel to an appointment.
- Time spent discussing the patient’s needs and situation with other members of the patient’s care team.

Activities that cannot be billed as collateral services:

- Time spent preparing for a visit – e.g., reviewing notes or preparing a presentation for a training
- Time spent documenting a visit

“Medical Necessity” for CHW Services

Services must be medically necessary to be reimbursed by Medicaid.

CHW services are considered medically necessary for beneficiaries:

1. With one or more chronic health (including behavioral health) conditions;
2. Who are at risk for a chronic health condition; and/or
3. Who face barriers meeting their health or health-related social needs are eligible to receive services from a CHW.

What indicates that a beneficiary meets one of those factors?

- Diagnosis of one or more chronic health (including behavioral health) conditions;
- Presence of medical indicators of rising risk of chronic disease (e.g., elevated blood pressure, elevated blood glucose levels, etc., that indicate risk but do not yet warrant diagnosis of a chronic condition);
- Presence of known risk factors including tobacco use, excessive alcohol use, and/or drug misuse;
- Results of a social determinant of health screening indicating unmet health-related social needs;
- One or more visits to a hospital emergency department;
- One or more hospital inpatient stays, including stays at a psychiatric facility;
- One or more stays at a detox facility;
- Two or more missed medical appointments; and/or
- Beneficiary expressed need for support in health system navigation or resource coordination services.

“Recommendation” Requirement

- As a preventive health service, CHW services must be recommended for a patient by a licensed practitioner of the healing arts. Recommendation must be in place before CHW services are rendered. Screenings conducted before a recommendation is in place are not billable.
- Recommendation Mechanisms:
  - Recorded in a recommending practitioner’s electronic health record.
  - Documented in a written statement given to and retained by the CHW Provider.
  - Documented via a standing order or protocol.
    - CHW must document in clinical notes how the patient meets the requirements of the standing order or protocol.

Who is a Licensed Practitioner of the Healing Arts?

- Physicians
- Physician Assistants
- Advanced Practice Registered Nurses
- Registered Nurses
- Licensed Practical Nurses
- Certified Nurse Midwives
- Certified Professional Midwives
- Dentists
- Licensed Dental Hygienists
- Podiatrists
- Psychologists
- Licensed Marriage and Family Therapists
- Licensed Mental Health Counselors
- Licensed Clinical Social Workers
- Licensed Independent Clinical Social Workers
- Licensed Chemical Dependency Professionals
- Pharmacists

Licensed practitioners of the healing arts who are also CHWs may not both recommend and deliver CHW services to a patient.

Settings of Care

- CHW services, including initial visits, may be delivered in a medical clinic setting or in a community setting, including but not limited to beneficiaries' homes.
    - Accompanying a patient to an appointment – merely being present for the appointment – is not billable.
    - Travel itself (whether traveling alone or with the patient) is not billable.
- CHWs may provide Health Promotion and Coaching services while accompanying (including transporting) a beneficiary to a medical appointment.
    - A CHW might coach the beneficiary before and during the appointment and support the beneficiary in taking further steps after the appointment based on what happens in that appointment. In this case, it is the Health Promotion and Coaching activity that the CHW is providing and that is therefore reimbursed.

New Patient Billing

- Include the New Patient modifier on the first claim submitted for a beneficiary who falls into one of these two categories :
    1. The CHW Provider has never provided CHW services to the beneficiary before.
    2. The CHW Provider has not provided CHW services to the beneficiary in the previous three (3) years
- For organizations providing CHW services, the new patient code can only be billed once, even if different individual CHWs work with the patient over time.
- If an established patient has a new problem, they remain an established patient and the new patient code should not be used.
- If a patient has been seen first in the context of a group Health Education and Training class, and is later seen individually, it is permitted to bill the new patient code for that first individual session

Group Setting Billing

- If a CHW seeks reimbursement for the same unit of time spent with multiple beneficiaries, the group setting code must be used.
- If a patient is seen for the first time in a group setting, the group setting code should be used, not the new patient code.
- If multiple CHWs deliver a training, both CHWs' time can be billed (either separately if they're employed by different agencies or summed and submitted together if they're employed by the same agency).

<u>Which services can be delivered in a group setting?</u>

- The group setting code should be used for "Health Education and Training" delivered to 2+ patients
- The group setting code should not be used in the context of "Care Planning," because that activity is highly individualized
- "Health Promotion and Coaching" and "Health System Navigation" are generally delivered to individuals rather than groups. However, in the case of families, the needs of multiple beneficiaries may overlap such that group sessions might be appropriate.
    - If multiple household members on Medicaid have been recommended to receive CHW services, and the CHW is delivering services to multiple household members at the same time, bill the group setting code for each such member.
    - If there are multiple family members recommended for CHW services and the CHW works individually with each family member, these can be billed as individual sessions.

Diagnosis Codes

- Diagnosis codes from the ICD-10 diagnosis set are required when submitting a claim.
- When the basis for the clinician's recommendation that the beneficiary receive CHW services is a medical diagnosis of a chronic condition :
    - Diagnoses of medical conditions will always be made by the appropriate licensed clinician. EOHHS expects that CHW will collaborate with licensed clinicians to determine the appropriate codes when a medical diagnosis is the basis for the clinician's recommendation that the beneficiary receive CHW services. The CHW can then document that code in the claim.
- When the basis for the clinician's recommendation that the beneficiary receive CHW services is that a beneficiary is experiencing a health-related social need:
    - CHW Providers may use a "Z code" in the range Z55-75 to identify a social determinant of health as a diagnosis code. Z codes are part of the ICD-10 diagnosis set.
- CHWs must ensure that a patient meets the medical necessity criteria and that a licensed practitioner has recommended that the patient receive CHW services. Once these elements are established, the CHW provider may review Z codes to identify any/all that apply to the patient for inclusion on the claim. The existence of a Z code describing a patient's circumstances does not necessarily mean that the person meets the medical necessity criteria.

Contact Information

For any questions on the CHW benefit, please contact:

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