Partnership
to Align Social Care

A National Learning
& Action Network

FREEDMEN'S HEALTH
HEALTH IS FREEDOM

Partnership Stakeholder Call re: CY 2025 Physician Fee Schedule Proposed Rule

August 6, 2024

2:00-3:30 p.m. ET

Partnership to Align Social Care

A National Learning & Action Network

FREEDMEN'S HEALTH
HEALTH IS FREEDOM

CY 2025 Medicare Physician Fee Schedule

- **Unpublished draft released 7/10**: https://www.partnership2asc.org/wp-content/uploads/2024/07/CY-2025-PFS-Unpublished-Version-7.10.24.pdf
- Comments due **September 9**
- **Issue areas Partnership is reviewing**:
  1. Request for Information Regarding CHI, PIN, and SDOH Risk Assessment Services
  2. Additional Advanced Primary Care Management Services and Request for Information
  3. Updates to Caregiver Training Services
  4. Revised Payment Policies for Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs) Delivering CHI/PIN Services
- **Broad stakeholder engagement including**:
  - Informational webinar and additional calls
  - Partnership sign-on letter
  - Template letter(s)

Partnership
to Align Social Care

A National Learning
& Action Network

FREEDMEN'S HEALTH
HEALTH IS FREEDOM

August 6 Agenda

1. Abbreviated Review of the CY2024 PFS Rule for CHI / PIN / PIN-PS
2. CHI / PIN Request for Information—Key Issues for Comment
3. Reviewing FAQs re: HRSNs in CY2024 and CY2025 PFS
   - Implementation
   - Billing
   - Intersection with Medicaid/other payers, CTS, etc.

Partnership
to Align Social Care

A National Learning
& Action Network

FREEDMEN'S HEALTH
HEALTH IS FREEDOM

Brief Overview:

Community Health Integration (CHI), Principal Illness Navigation (PIN), PIN-Peer Support (PIN-PS),

Partnership
to Align Social Care

A National Learning
& Action Network

FREEDMEN'S HEALTH
HEALTH IS FREEDOM

CMS CY2024 Physician Fee Schedule

- Landmark Final Rule creates the first of its kind pathway for reimbursement for Community Health Worker labor in the Medicare program.
- **Effective Date: January 1, 2024**
- Part B benefit which applies to persons in **Original Medicare, MA, & Special Needs Plans**
- Applies to all Medicare Part B providers – including FQHCs & RHCs
- National Policy that is independent of any State Medicaid Waiver initiatives

Partnership
to Align Social Care

A National Learning
& Action Network

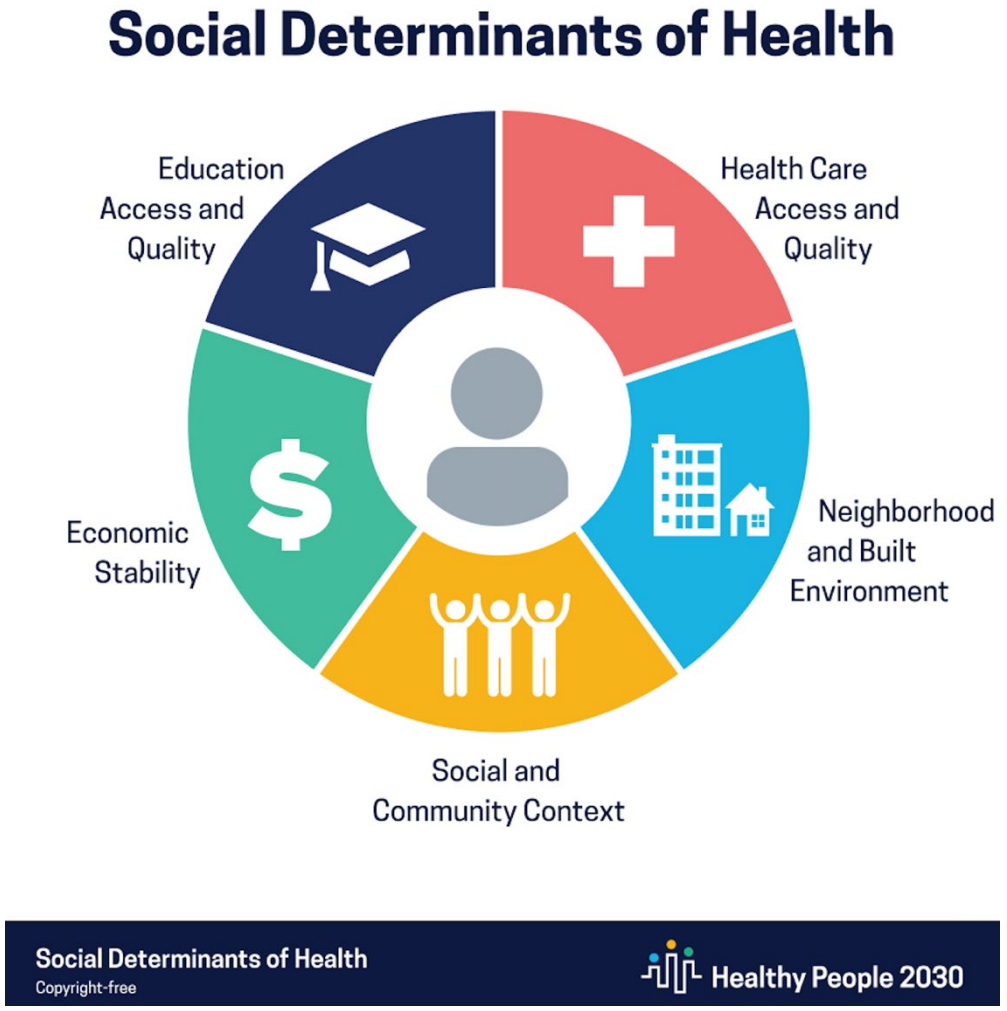
FREEDMEN'S HEALTH
HEALTH IS FREEDOM

New HCPCS Billing Codes for Labor to Address HRSNs

Community Health Integration (CHI)

Reimbursement for labor expended for **addressing Health-Related Social Needs (HRSNs): Food, Housing, Transportation, Utility Difficulty, Interpersonal Safety, Etc.**

Personnel: Community Health Workers, Health Coaches, Social Workers, RDs, Nurses, and other staff with applicable training.



Partnership
to Align Social Care

A National Learning
& Action Network

FREEDMEN'S HEALTH
HEALTH IS FREEDOM

New HCPCS Billing Codes for Health Navigation Labor

Principal Illness Navigation (PIN)

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

Personnel: Community Health Workers, Navigators, Health Coaches, Social Workers, RDs, Nurses, other staff with applicable training.

Partnership
to Align Social Care

A National Learning
& Action Network

FREEDMEN'S HEALTH
HEALTH IS FREEDOM

New HCPCS Billing Codes for Peer Support Services

Principal Illness Navigation – Peer Support (PIN-PS)
Reimbursement for providing **Peer Support Services to persons with a behavioral health or SUD.**
Personnel: Trained Peer Support Workers.

Community Health Integration

- Definition:
  - SDOH(s) may include but are not limited to food insecurity, transportation insecurity, housing insecurity, and unreliable access to public utilities, **when they significantly limit the practitioner's ability to diagnose or treat the problem(s) addressed in the CHI initiating visit**.
- Requires the following:
  - Consent
  - Initiating Visit
  - General Supervision of auxiliary personnel performing incident to services.

Partnership
to Align Social Care

A National Learning
& Action Network

FREEDMEN'S HEALTH
HEALTH IS FREEDOM

CMS Policy Supports Provider Contracting with CBOs

- **Community Care Hub**
  - Network of CBOs organized into a social care delivery system.
- **Other CBOs**
  - Area Agencies on Aging (AAAs),
  - Centers for Independent Living (CILs),
  - Community Action Agencies,
  - Local Health Departments
  - Housing Agencies,
  - Aging and Disability Resource Centers (ADRCs), or
  - **other non-profits that perform social services.**

Partnership
to Align Social Care

A National Learning
& Action Network

FREEDMEN'S HEALTH
HEALTH IS FREEDOM

CHI • PIN • PIN-PS
Request for Information (RFI)

Partnership
to Align Social Care

A National Learning
& Action Network

FREEDMEN'S HEALTH
HEALTH IS FREEDOM

Request for Information: CHI / PIN / PIN-PS / SDOH Risk Assessment

Purpose of the RFI:

- Seeking comment on any related services that may not be described by the current coding.
- There is an opportunity to explore additional opportunities to create codes that describe reasonable and necessary services **furnished by billing practitioners and the auxiliary personnel under their general supervision**.
- Feedback on any barriers to furnishing services.
- Do the services that are described by the codes allowing practitioners to better address unmet social needs.
- Are there other types of auxiliary personnel furnishing these services and the level of training that they may have.

Clarification of Auxiliary Personnel

"the codes do not limit the types of other health care professionals, such as registered nurses and social workers, that can perform CHI services (and PIN services) incident to the billing practitioner's professional services, so long as they meet the requirements to provide all elements of the service included in the code, consistent with the definition of auxiliary personnel."

Examples

- Clinical Social Workers
- Registered Nurses
- Registered Dietitians

Partnership
to Align Social Care

A National Learning
& Action Network

FREEDMEN'S HEALTH
HEALTH IS FREEDOM

Barriers Specific to Certain Populations

- Rural
- Tribal Communities
- Residents of U.S. Territories
- Island Populations
- Individuals with Disabilities
- Individuals with Limited English Proficiency
- Other Populations

Partnership
to Align Social Care

A National Learning
& Action Network

FREEDMEN'S HEALTH
HEALTH IS FREEDOM

Underserved Communities

"Are there nuances or considerations that CMS should understand related to auxiliary personal and training, certifications or licensure barriers or requirements that are **specifically experienced by practitioners serving underserved communities**."

Partnership
to Align Social Care

A National Learning
& Action Network

FREEDMEN'S HEALTH
HEALTH IS FREEDOM

Setting

Are there barriers specific to the following settings:

- FQHCs
- RHCs
- Tribal Health Centers
- Migrant farmworker clinics
- Facilities located in and serving rural and geographically isolated communities.

CBO Collaborations

- We [CMS] are interested in **hearing more about CBOs and their collaborative relationships with billing practitioners**.
- We [CMS] are seeking comment regarding the **extent to which practitioners are contracting with CBOs** (including current or planned contracting arrangements) **for auxiliary personnel purposes**, and if there is **anything else CMS should do to clarify services** where auxiliary personnel can be employed by the CBO, so long as they are under the general supervision of the billing practitioner.

Incident To Construct

- We [CMS] are seeking comment on **whether the incident to billing construct is appropriate for CBOs** to supplement pre-existing staffing arrangements and the CBO/provider interface.
- We [CMS] are seeking comment on **CBOs' roles**, the **extent to which practitioners are contracting with CBOs**, **incident to billing**, and **auxiliary personnel employed by CBOs under general supervision** of practitioners serving and located in **rural, Tribal and geographically isolated communities**, including the US Territories.

Partnership
to Align Social Care

A National Learning
& Action Network

FREEDMEN'S HEALTH
HEALTH IS FREEDOM

Additional RFI Questions

- We [CMS] are requesting information on **anything else that we should consider in the context of these codes** and **what else we could consider to be included** in this newly established code set.
- We [CMS] are **seeking comments on ways to identify specific services and to recognize possible barriers to improved access** to these kinds of services.

Partnership
to Align Social Care

A National Learning
& Action Network

FREEDMEN'S HEALTH
HEALTH IS FREEDOM

FAQs re: CY2024 & Proposed CY2025 PFS

Partnership
to Align Social Care

A National Learning
& Action Network

FREEDMEN'S HEALTH
HEALTH IS FREEDOM

Implementation (Health Care Partnerships)

- How can CBOs/CCHs realistically work with health care entities to reimburse under this new rule? There is difficulty getting HC orgs to understand this service and partner.
- Are there examples of existing examples of successful implementation?
- Should CBOs/CCHs consider becoming Medicare providers? If so, what are the steps?
- How can CBOs/CCHs work with HC entities to encourage contracting instead of hiring their own workforce?
- Are CBOs that offer other types of services, like social activities to reduce social isolation in low-income communities, eligible for billing?

Implementation (Other Details)

- Can CHI, PIN, PIN-PS, CTS, etc. work with CMMI models? For example, Making Care Primary has a cost sharing reduction option. Is that allowable because a CMMI model? How does a CMMI model benefit become part of the Medicare FFS?
- Does the initiating visit need to occur in a medical facility, or can these visits be conducted by qualified personnel in communities, such as in churches near migrant workers farms, etc. Can they be conducted telephonically?
- Would Z-code documentation of an HRSN need made during an E/M visit qualify as medical necessity documentation?
- What "practitioners" can determine the existence of a link between health status/need and a HRSN such that a patient would qualify for CHI?

Partnership
to Align Social Care

A National Learning
& Action Network

FREEDMEN'S HEALTH
HEALTH IS FREEDOM

Billing

- Why does the amount reimbursed differ from the fees schedule's listed amount?
- if you drop OPPS bills in outpatient settings, can you get reimbursement for CHI, PIN, and SDOH Risk Assessment services?
- Can you review the co-pay requirement again? We still have concerns.
- Is the provider doing the billing for the social services? Even if they are contracting with a CBO to deliver the service?
- What are some ways that a CBO can bill for the many hours of services they provide? Especially if they make multiple visit with a client per month, and also telephonic contacts?
- Where can I find out more about billing technology challenges and solutions?
- Is there consideration being given to adjusting funding levels for the various auxiliary personnel given the different level of training/work?

Partnership
to Align Social Care

A National Learning
& Action Network

FREEDMEN'S HEALTH
HEALTH IS FREEDOM

Intersection with Medicaid, CTS, etc.

- What is the role of Accountable Communities of Health in this fee schedule as they implement Waiver 2.0?
- How has Medicaid and MCO's responded to the new PIN and CHI codes? Are they covering CHI and PIN?
- Are Medicaid, or Commercial insurances doing this too?
- Who can deliver CTS? Can Clinical Social Workers?
- What does CMS see as a reasonable number of years to give a new code a fair test of its useability?
- Can pharmacists be considered auxiliary personnel?
- How is CMS defining Clinical Social Workers? Are they referring to LCSW or MSW in a clinical setting? Would like clarity on MSW as auxiliary personnel

Partnership
to Align Social Care

A National Learning
& Action Network

FREEDMEN'S HEALTH
HEALTH IS FREEDOM

Next Steps

Join us next week, **August 14 @ 3:30-4:30 ET** to discuss other critical issues included in the CY2025 PFS.

Register at: https://bit.ly/CY2025PFS

Check out additional resources at:
https://www.partnership2asc.org/implementation-resources/

Partnership
to Align Social Care

A National Learning
& Action Network

FREEDMEN'S HEALTH
HEALTH IS FREEDOM

Thank You!

Partnership to Align Social Care

A National Learning & Action Network

FREEDMEN'S HEALTH
HEALTH IS FREEDOM

Co-Chairs

June Simmons
Partners in Care Foundation
jsimmons@picf.org
818-837-3775 x101

Timothy P. McNeill
Freedmen's Health
tmcneill@freedmenshealth.com
202-344-5465

Director

Autumn Campbell
acampbell@Partnership2ASC.org
202-805-6202

Project Manager

Jeremiah Silguero
jsilguero@Partnership2ASC.org
818-408-5269

@Partners2ASC

Partnership
to Align Social Care

A National Learning
& Action Network

FREEDMEN'S HEALTH
HEALTH IS FREEDOM

Co-Insurance Waiver Policy

- Effective for dates of service on or after January 1, 2011, Medicare will provide 100 percent payment (in other words, will waive any coinsurance or copayment) for the Initial Preventive Physical Examination (IPPE), the Annual Wellness Visit (AWV), and for those preventive services that: **1) Are identified with a grade of A or B by the United States Preventive Services Task Force (USPSTF) for any indication or population**; and 2) Are appropriate for the individual.

US Preventive Task Force

- Website: https://www.uspreventiveservicestaskforce.org/uspstf/
- In order to Waive the Co-insurance, the US Preventive Task Force must issue a Grade A or B for the service.
- There must be scientific evidence to support the issuance of a Grade A or B recommendation.

Grade	Definition	Suggestions for Practice
A	The USPSTF recommends the service. There is high certainty that the net benefit is substantial.	Offer or provide this service.
B	The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial.	Offer or provide this service.
C	The USPSTF recommends selectively offering or providing this service to individual patients based on professional judgment and patient preferences. There is at least moderate certainty that the net benefit is small.	Offer or provide this service for selected patients depending on individual circumstances.
D	The USPSTF recommends against the service. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits.	Discourage the use of this service.
I Statement	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.	Read the clinical considerations section of USPSTF Recommendation Statement. If the service is offered, patients should understand the uncertainty about the balance of benefits and harms.

Level of Certainty*	Description
High	The available evidence usually includes consistent results from well-designed, well-conducted studies in representative primary care populations. These studies assess the effects of the preventive service on health outcomes. This conclusion is therefore unlikely to be strongly affected by the results of future studies.
Moderate	The available evidence is sufficient to determine the effects of the preventive service on health outcomes, but confidence in the estimate is constrained by such factors as: • The number, size, or quality of individual studies. • Inconsistency of findings across individual studies. • Limited generalizability of findings to routine primary care practice. • Lack of coherence in the chain of evidence. As more information becomes available, the magnitude or direction of the observed effect could change, and this change may be large enough to alter the conclusion.
Low	The available evidence is insufficient to assess effects on health outcomes. Evidence is insufficient because of: • The limited number or size of studies. • Important flaws in study design or methods. • Inconsistency of findings across individual studies. • Gaps in the chain of evidence. • Findings not generalizable to routine primary care practice. • Lack of information on important health outcomes. More information may allow estimation of effects on health outcomes.

*The USPSTF defines certainty as "likelihood that the USPSTF assessment of the net benefit of a preventive service is correct." The net

Partnership
to Align Social Care

A National Learning
& Action Network

FREEDMEN'S HEALTH
HEALTH IS FREEDOM

Co-Insurance

- What is Co-Insurance?
- Answer, HealthCare.Gov: https://www.healthcare.gov/glossary/co-insurance/

Co-insurance

- The percentage of costs of a covered health care service you pay (20%, for example) after you've paid your deductible.
- Let's say your health insurance plan's allowed amount for an office visit is $100 and your coinsurance is 20%.
- If you've paid your deductible: You pay 20% of $100, or $20. The insurance company pays the rest.
- If you haven't met your deductible: You pay the full allowed amount, $100.

Partnership to Align Social Care

A National Learning & Action Network

FREEDMEN'S HEALTH
HEALTH IS FREEDOM

Medicare Out-of-Pocket Expenses

- Medicare Costs
- Available Online: https://www.medicare.gov/basics/costs/medicare-costs

Part B (Medical Insurance) costs

Part B costs:	What you pay in 2024:
Premium	**$174.70 each month** (or higher depending on your income). The amount can change each year. You'll pay the premium each month, even if you don't get any Part B-covered services. Who pays a higher Part B premium because of income? You might pay a monthly penalty if you don't sign up for Part B when you're first eligible for Medicare (usually when you turn 65). You'll pay the penalty for as long as you have Part B. The penalty goes up the longer you wait to sign up. Find out how the Part B penalty works and how to avoid it.
Deductible	**$240 before Original Medicare starts to pay.** You pay this deductible once each year.
General costs for services (coinsurance)	Usually 20% of the cost for each Medicare-covered service or item after you've paid your deductible (and as long as your doctor or health care provider accepts the Medicare-approved amount as full payment – called "accepting assignment"). Find out how assignment affects what you pay.

Co-Insurance & Secondary Coverage

- In order to reduce out-of-pocket expenses, many Medicare beneficiaries enroll in a Medicare Advantage Plan or obtain a Medicare Supplement or Medigap policy.
- If a beneficiary is a dual-eligible (Medicare + Medicaid) then Medicaid becomes the secondary policy.

Breakdown of Coverage

- Kaiser Family Foundation. A Snapshot of Sources of Coverage Among Medicare Beneficiaries. Available online: https://www.kff.org/medicare/issue-brief/a-snapshot-of-sources-of-coverage-among-medicare-beneficiaries/
- Findings:

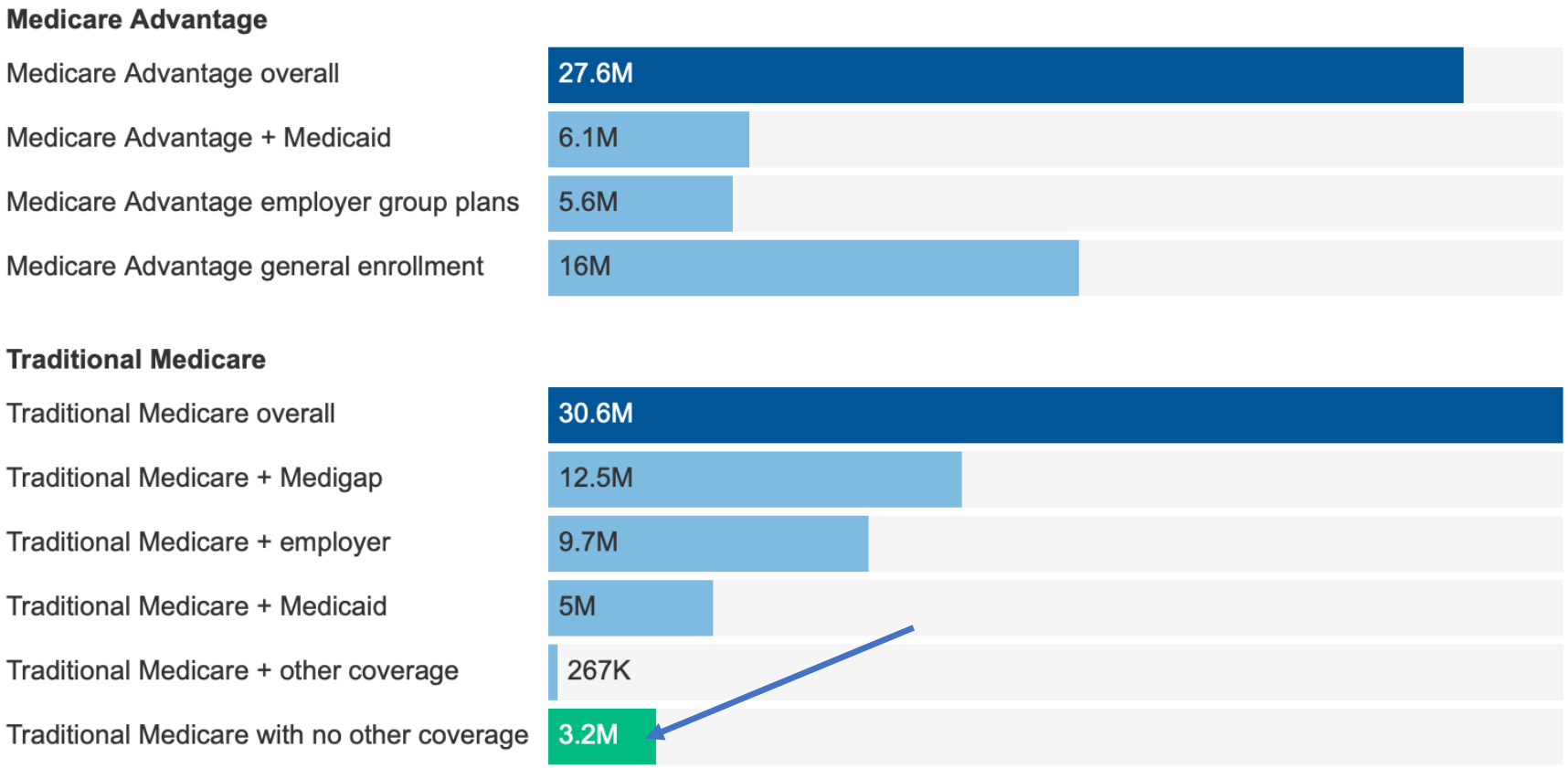
  "Nearly all People with Medicare Had Coverage Either Through Medicare Advantage Plans or Traditional Medicare Coupled with Some Other Type of Coverage in 2021.

Partnersh
to Align S
A National Le
& Action Netv

Figure 1

Nearly all People with Medicare Had Coverage Either Through Medicare Advantage Plans or Traditional Medicare Coupled with Some Other Type of Coverage in 2021

Three Million Medicare Beneficiaries in Traditional Medicare Had No Additional Coverage in 2021



NOTE: Total excludes beneficiaries with Part A only or Part B only for most of the year (n=5.0 million) or Medicare as a Secondary Payer (n=1.6 million).
SOURCE: KFF analysis of CMS Medicare Current Beneficiary Survey, 2021 Survey File. • PNG

KFF

DMEN'S HEALTH
ALTH IS FREEDOM

Partnership
to Align Social Care

A National Learning
& Action Network

FREEDMEN'S HEALTH
HEALTH IS FREEDOM

Percentage of the Population with Traditional Medicare and No Other Coverage

Total Population Based on Kaiser Family Foundation Analysis (2021)

- 27.6 M Enrolled in a MA Plan
- 30.6 M Enrolled in Traditional Medicare
- Total = 58.2 Million

- Traditional Medicare with no other coverage = 3.2 M
- Percentage with no secondary coverage for Co-insurance expenses = **5.49%**
- **Percentage of Population with Medicare + Other Insurance = 94.51%**

Partnership
to Align Social Care

A National Learning
& Action Network

FREEDMEN'S HEALTH
HEALTH IS FREEDOM

Advanced Primary Care

New Codes for Advanced Primary Care

- CMS is proposing to establish new coding and payment policy to recognize advanced primary care management (APCM) services for use by practitioners who are providing services under a specific model of advanced primary care, when the practitioner is the continual focal point for all needed health care services and responsible for all primary care services.

Partnership
to Align Social Care

A National Learning
& Action Network

FREEDMEN'S HEALTH
HEALTH IS FREEDOM

Advanced Primary Care RFI

- CMS is seeking input on an Advanced Primary Care Hybrid Payment.
- The Advanced Primary Care payment would include a bundle of services with an emphasis on coordinating care.
- Questions:
  - Would The Advanced Primary Care Management payment be duplicative of CHI, PIN, and other care management services?
  - Should a bundled payment for Advanced Primary Care Management include CHI & PIN?

Partnership
to Align Social Care

A National Learning
& Action Network

FREEDMEN'S HEALTH
HEALTH IS FREEDOM

FQHC & RHC Payment Method for Care Management Services

Proposed CY2025 Change for FQHCs & RHCs

- New Codes for Advanced Primary Care Management Services (APCM) applicable to Federally Qualified Health Centers and Rural Health Centers (FQHCs and RHCs).
- The proposed coding for APCM incorporates elements of several existing care management services into a bundle to be paid separately to RHCs and FQHCs using code G0511.

Partnership
to Align Social Care

A National Learning
& Action Network

FREEDMEN'S HEALTH
HEALTH IS FREEDOM

FQHCs & RHCs billing for CHI & PIN

- CMS proposes that FQHCs & RHCs, when furnishing APCM to use the three (3) codes created for the PFS (G-codes).
- Payment would be at the non-facility rate.
- Billing would occur per calendar month bundles.
- Would be paid separately from RHC AIR or FQHC PPS payment.

Partnership
to Align Social Care

A National Learning
& Action Network

FREEDMEN'S HEALTH
HEALTH IS FREEDOM

Direct Caregiver Training Services (CTS)

Partnership
to Align Social Care

A National Learning
& Action Network

FREEDMEN'S HEALTH
HEALTH IS FREEDOM

Direct Caregiver Training Services

- Proposed New HCPCS Codes for Direct Caregiver Training Services
- GCTD1: Caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound dressing changes, and infection control (without the patient present) face-to-face; initial 30 minutes.

Direct Caregiver Training Services (GCTD2)

- Proposed New HCPCS Codes for Direct Caregiver Training Services
- GCTD2: Caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound dressing changes, and infection control (without the patient present) face-to-face; each additional 15 minutes.

Direct Caregiver Training Services (GCTD2 & GCTD3)

- Proposed New HCPCS Codes for Direct Caregiver Training Services
- **GCTD2**: Caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound dressing changes, and infection control (without the patient present) face-to-face; each additional 15 minutes.
- **GCTD3**: Group caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (without the patient present), face-to-face with multiple sets of caregivers.

Individual Behavior Management/Modification Caregiver Training Services

- Proposed New HCPCS Codes for Direct Caregiver Training Services
- GCTD1 & GCTD2
- Caregiver training in behavior management/modification for caregiver(s) of a patient with a mental or physical health diagnosis, administered by physician or another qualified health care professional (without the patient present), face-to-face; initial 30 minutes.
- GCTD2: each additional 15 minutes.

Partnership
to Align Social Care

A National Learning
& Action Network

FREEDMEN'S HEALTH
HEALTH IS FREEDOM

New ACO Quality Measures for SDOH

Partnership
to Align Social Care

A National Learning
& Action Network

FREEDMEN'S HEALTH
HEALTH IS FREEDOM

ACO Quality Measure Proposed Rule

For ACO Performance Year 2028 and Subsequent Performance Years (Highlighted Changes)

- Initiation and Engagement of Substance use Disorder Treatment
- Screening for Social Drivers of Health