

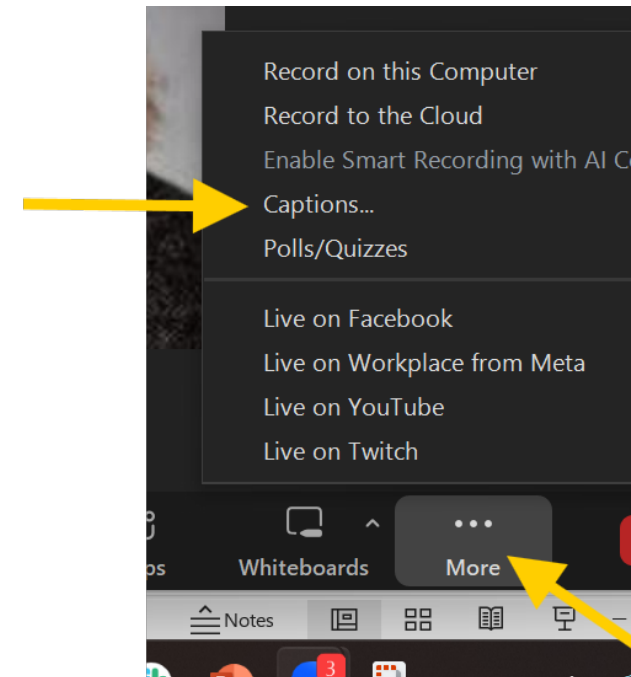
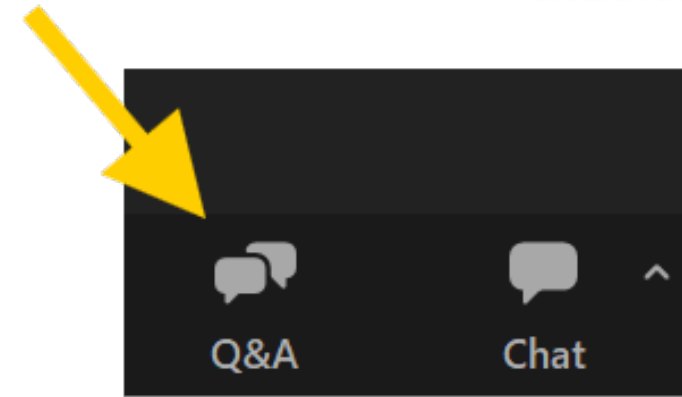
Addressing HRSNs Through Medicare:

An Update on CY 2025 Changes and Implementation Activity for Community Health Integration and Principal Illness Navigation (CHI/PIN) Codes

January 22, 2025 | 1:00 - 2:00 p.m. ET

Administrative Notes

- ✓ This webinar is being recorded. The recording and slides will be shared with all registrants
- ✓ Please use the Q&A tab at the bottom of your screen and we'll try address as many questions as possible at the end of the presentation
- ✓ Closed captions are provided for this session, can also click "Show Captions" to display automated captions



Partnership to Align Social Care

A National Learning
& Action Network

Advancing and socializing
Community Care Hubs (CCH)
as a preferred organized
delivery system to **enable**
equitable, sustainable, and
aligned social and health
care ecosystems providing
holistic, person-centered
care.

June Simmons

President/CEO, Partners in Care
Foundation
Partnership Co-Chair

Timothy McNeill

CEO, Freedman's Health Consulting
Partnership Co-Chair

Autumn Campbell

Director, Partnership to Align Social Care
acampbell@partnership2asc.org

Jeremiah Silguero

Senior Manager
jsilguero@partnership2as.org

National Collaborative of Multi-Sector Stakeholders



The Case for Cross-Sector Co-Design



Growing recognition about the **importance of** addressing social drivers of health (**SDOH**) and health related social needs (**HRSN**).



Successful coordination and alignment of health and social care requires co-designed **social care delivery systems that center the community.**



Effective, sustainable **partnerships** between CBOs and health care can be **facilitated through a Community Care Hub (CCH).**



Advocate for and **operationalize** opportunities to **adopt CCH as vital partner** to organize and support a network of CBOs providing services to **address HRSNs.**

The Impact of the Partnership

Cross-Sector
Stakeholders
Co-Designing
Solutions



Educating about and Socializing CCH Model



Creating Resources to Support CCH Implementation



Focusing on CCH Financial Sustainability



Promoting Health Equity through Multi-Payer Alignment and Shared Learning

Educating about and Socializing CCH Model:

- [Community Care Hubs: Making Social Care Happen](#) (suite of resources)
- [Functions of a Mature Community Care Hub](#)

Creating Resources to Support CCH Implementation:

- [Healthcare Guide to Contracting with CBOs Webinar Series and Resources](#)
- [Coffee & Contracts: A Social Needs Community of Practice](#)

Focusing on CCH Financial Sustainability:

- [Achieving Financial Sustainability: Guide to evaluating Revenue Opportunities for CCHs](#)
- [Compiling the landscape HCPCS and CPT codes for social care billing](#)
- [Implementation resources for Medicare codes to address HRSN and promote health equity](#)

Promoting Health Equity through Multi-Payer Alignment and Shared Learning:

- [Community-Driven, Multi-Payer Health Equity Solutions: An ECHO Collaborative](#)
- [Health Equity Learning Collaborative Participants](#)
- [HELIC Participant Resources](#)

Resource Guide
Operationalizing Contracts: How Payers Can Improve Collaboration with Community-Based Organizations

There is tremendous opportunity to create shared value when health plans and community-based organizations (CBOs) build collaborative relationships to address health related social needs (HRSNs). However, differences in organizational infrastructure and culture can complicate the development and implementation of successful partnerships, in some cases leading to protracted contracting, misalignment or duplication of services, and insufficient collaboration.^{1,2}

To address these challenges, this resource outlines recommended practices across the lifecycle of partnership development between health care organizations and CBOs. The brief is written for health plans, though other health care organizations, including accountable care organizations (ACOs), clinically integrated networks and others engaged in value-based payment strategies, may benefit from its wide range of practical strategies for all parties involved to optimize the partnership. No single partnership is expected to use all of these strategies, but any partnership can employ many of these tools to anticipate, avoid and respond to common challenges that arise when CBOs, community care hubs (CCHs, or hubs) and payers set out to work together.

Figure 1. Contracting Activities Timeline

Resource Guide
A Health Plan's Guide to Paying CBOs for Social Care

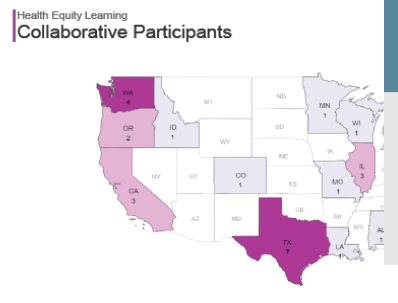
Partnership to Align Social Care
A National Learning & Action Network

HELIC
Participants

Introduction

Payment is a critical element of any contract. When negotiating the payment aspects of a contract between a health care entity and a community-based organization (CBO) or community care hub (CCH), both the amount of the payment and the payment methodology need to be considered. CBOs should keep in mind that there is no single "best" payment methodology that is appropriate in all situations.

How to Read:
- States are colored and labeled by the number of applicant organizations
- Select a state on the map to drill down to cities where applicant organizations are located
- Select an applicant organization on the table to drill down the map to the exact organization's location
- Select the navigation button to return to the state map
- Cities (Texas) may contain more than 1 organization, hover over visual elements for extended information



Understanding the Medicare Physician Fee Schedule Billing Codes for:

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

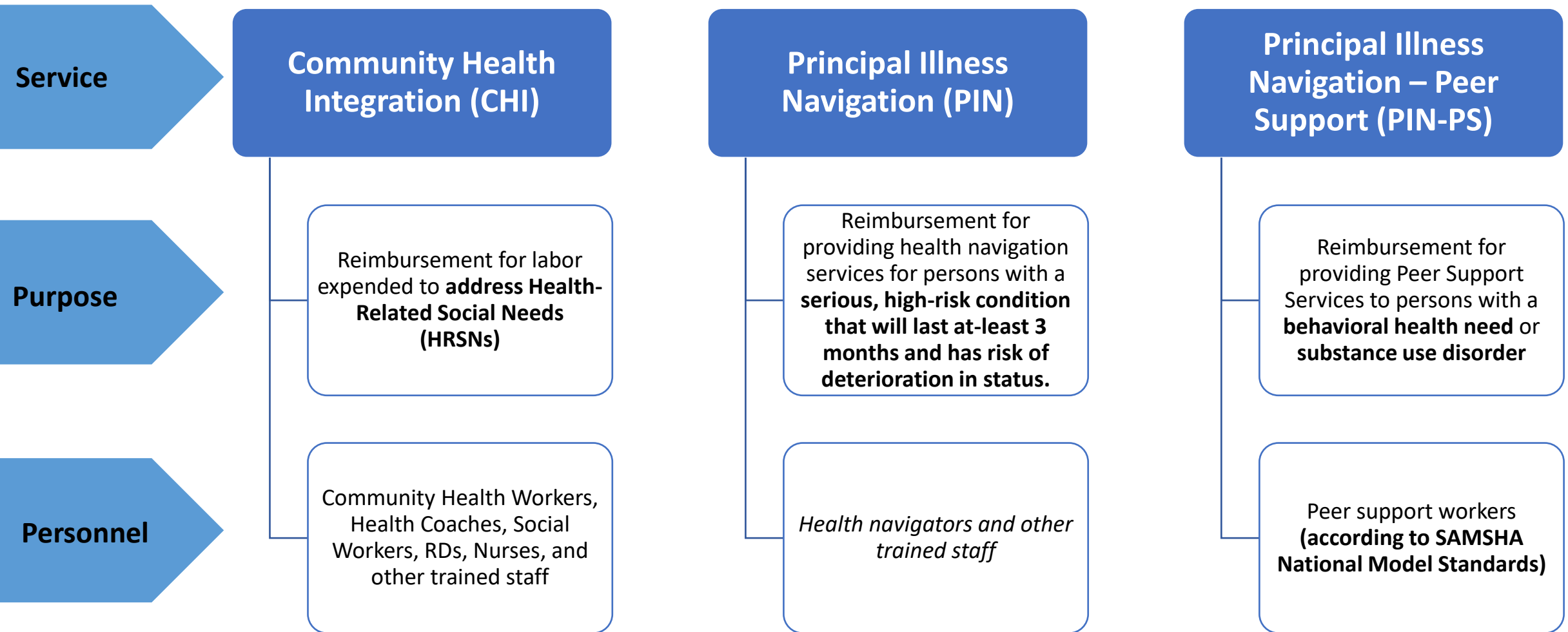
January 22 Agenda

1. Overview of the CHI/PIN/PIN-PS services
2. CY2025 RFI for CHI/PIN
3. FQHC/RHC Billing Changes
4. Advanced Primary Care Management
5. Caregiver Training Services
6. Mapping CHI/PIN/PIN-PS Innovation
7. Q&A

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.
- FQHCs & RHCs can bill for each of these services.

New Healthcare Common Procedure Coding System (HCPCS) Billing Codes for addressing unmet needs



General Supervision Requirements

- CHI/PIN/PIN-PS can be rendered by auxiliary personnel operating under general supervision of a qualified healthcare practitioner.
- Qualified Healthcare Practitioners that can provide general supervision include the following:
 - Physician (MD/DO)
 - Nurse Practitioner
 - Physician Assistant
 - Clinical Nurse Specialist
 - Clinical Psychologist (PIN/PIN-PS Only)

Role of Community-Based Organizations

- Practitioners can use **auxiliary personnel** for CHI, PIN and PIN-PS services.
- Practitioners can contract with CBOs to provide CHI/PIN/PIN-PS
 - CBO staff serve as auxiliary personnel
 - Contract defines the revenue paid to CBO for CHI/PIN/PIN-PS
- Key requirements for auxiliary personnel
 - ✓ Receive general **supervision** by billing practitioner.
 - ✓ Establish a **clinically integrated model of care**.
 - ✓ Have **training** in all aspects of the service and, when applicable, perform services under licensure/state laws.

Community Health Workers (CHWs) are potential auxiliary personnel to deliver health equity services under new final rule.

CBOs Referenced in the CMS Final Rule

- Qualified Healthcare Practitioners can consider contracting with the following types of CBOs to provide auxiliary personnel that can render services under general supervision:
 - Area Agencies on Aging (AAA)
 - Centers for Independent Living (CILs)
 - Community Action Agencies
 - Housing agencies
 - Aging and Disability Resource Centers (ADRCs)
 - Other Non-Profits that provide social services

| CHI HCPCS | Descriptor | Non-Facility Rate | Facility Rate |
|-----------|---|-------------------|---------------|
| G0019 | Community Health Integration Services (CHI) SDOH 60 min | \$77.96 | \$47.55 |
| G0022 | Community Health Integration Services (CHI); add ea. 30 min | \$48.52 | \$33.32 |

| PIN HCPCS | Descriptor | Non-Facility Rate | Facility Rate |
|-----------|-----------------------------------|-------------------|---------------|
| G0023 | PIN Service, 60 minutes per month | \$77.96 | \$47.55 |
| G0024 | PIN Service, add ea. 30 min | \$48.52 | \$33.32 |

| PIN-PS HCPCS | Descriptor | Non-Facility Rate | Facility Rate |
|--------------|--------------------------------------|-------------------|---------------|
| G0140 | PIN-Peer Support, 60 minute | \$77.96 | \$47.55 |
| G0146 | PIN-PS, Peer Support, add ea. 30 min | \$48.52 | \$33.32 |

***Rates listed are the National Rate, effective January 1, 2025**

Partnership
to Align Social Care

A National Learning
& Action Network



FREEDMEN'S HEALTH
HEALTH IS FREEDOM

CY2025 Physician Fee Schedule Final Rule RFI

CY2025 Physician Fee Schedule Request for Information

- CMS issued a Request for Information (RFI) in the CY2025 PFS on Community Health Integration (CHI), Principal Illness Navigation (PIN), and Principal Illness Navigation-Peer Support (PIN-PS) to engage interested parties on additional policy refinements for CMS to consider in future rulemaking.
- Numerous organizations signed on to the Partnership to Align Social Care CY2025 Physician Fee Schedule submission.

RFI Response

- CHWs and other trained personnel can operate as auxiliary personnel to provide CHI/PIN.
- CSWs, Nurses, RDs and other licensed personnel can meet the definition of auxiliary personnel to provide CHI/PIN.
- Clinical Social Workers (CSWs)
 - CSWs can bill Medicare directly for services they personally perform for the diagnosis or treatment of mental illness but are not authorized by status to bill for services that are provided by auxiliary personnel incident to their professional services.
 - CSWs cannot directly bill for CHI/PIN/PIN-PS.
 - CSWs can operate as trained auxiliary personnel supervised by an eligible billing practitioner providing general supervision for CHI/PIN/PIN-PS.

CMS Position on CBOs Providing Auxiliary Personnel


- “We [CMS] believe such organizations [CBOs] know the populations and communities they serve and may have the infrastructure or systems in place to assist practitioners to provide CHI and PIN services.”

Other RFI Responses

- CMS noted that there were many responses to the RFI and the information provided will be used for future rulemaking.

FQHC/RHC Care Management Billing Rule Changes

FQHC/RHC Billing Updates Posted

CMS.gov Centers for Medicare & Medicaid Services About CMS Newsroom Data & Research 

[Medicare](#) [Medicaid/CHIP](#) [Marketplace & Private Insurance](#) [Initiatives](#) [Training & Education](#)

[Home](#) > [Medicare](#) > [Enrollment & renewal](#) > [Providers & suppliers](#) > [Federally Qualified Health Centers \(FQHC\) Center](#)

Providers & suppliers

- Medicare Enrollment for Providers & Suppliers
- Health care provider taxonomy
- Revalidations
- Durable Medical Equipment, Prosthetics/Orthotics, & Supplies (DMEPOS) enrollment
- Federally Qualified Health Centers (FQHC) Center**
- Ambulatory Surgical Centers (ASC) Center
- Clinical Labs Center
- Critical Access Hospitals Center
- Hospitals Center

Federally Qualified Health Centers (FQHC) Center

Spotlights

- > [PrEP for HIV](#)
- > [End of the COVID-19 Public Health Emergency \(PHE\)](#)
- > [CY 2025 Physician Fee Schedule \(PFS\) Final Rule Effective January 1, 2025](#)
- ▼ [Care Coordination Services](#)

Starting January 1, 2025, care coordination services (previously care management services) provided in RHCs/FQHCs will include Advanced Primary Care Management Services (APCM) in the suites of care coordination services as well as Transitional care management (TCM), Chronic care management (CCM), Principal care management (PCM), Chronic pain management (CPM), General behavioral health integration (BHI), Remote physiologic monitoring (RPM), Remote therapeutic monitoring (RTM), Community Health Integration (CHI), Principal Illness Navigation (PIN) and Principal Illness Navigation Peer-Support (PIN-PS).

RHCs/FQHCs will report the individual CPT/HCPCS base codes and add-on codes for each of the care coordination services which will replace HCPCS code G0511. These services will be paid at the national non-facility PFS payment rates.

For those RHCs and FQHCs that need additional time to update their billing systems, they may continue to bill G0511 until July 1, 2025. For those that are ready, you may bill the individual HCPCS codes starting January 1, 2025. RHCs/FQHCs should do one or the other on a facility basis.

<https://www.cms.gov/medicare/payment/prospective-payment-systems/federally-qualified-health-centers-fqhc-center>

History of FQHC/RHC Billing for Care Management Services

- Separate payment was established for RHCs and FQHCs in the CY2016 PFS final Rule for Chronic Care Management Services as separately payable from the FQHC prospective payment system (PPS) and RHC all-inclusive rate (AIR).
- Beginning January 1, 2018, CMS initiated the use of HCPCS codes G0511 and G0512 as a general care management code for FHCs and FQHCs.
- Beginning January 1, 2024, CMS added CHI/PIN/PIN-PS as services that can be paid to FQHCs and RHCs, under HCPCS G0511, when all other requirements are met.

CY2025 FQHC/RHC Rule

- CMS finalized technical changes to the care management billing rules for FQHCs/RHCs
 - “After consideration of public comments, we [CMS] will finalize our proposed technical changes to § 405.2464(c) to accurately reflect the iterations of our payment policy for care coordination services [for FQHCs/RHCs].”
- The flat rate billing structure that bundles care management services into HCPCS code G0511 will transition to unbundling the services beginning January 1, 2025.

FQHC/RHC Billing for CHI/PIN/PIN-PS

- FQHCs/RHCs will bill for CHI/PIN/PIN-PS using the PFS HCPCS codes to include the add-on codes for additional time spent once the minimum threshold of time was met to account to complete the encounter.
- FQHCs/RHCs have six months to come into compliance with billing the unbundled codes and reporting each individual service rendered.
- When billing Medicare FQHCs/RHCs should report the unbundled services using the PFS HCPCS codes or the bundled code G0511 during the transition period January 1 – July.
- After July, all FQHC/RHC billing must report the individual codes.

Advanced Primary Care Management (APCM)

APCM Services

- Population based care management
- Time-based billing is not required at the beneficiary level
- Three levels of billing categories:

TABLE 24: Patient-Centered Risk Stratification for Billing APCM Codes

| Level 1 [G0556] | Level 2 [G0557] | Level 3 [G0558] |
|--|---|--|
| Patients with one or fewer chronic conditions. | Patients with two or more chronic conditions. | Patients with two or more chronic conditions and who are Qualified Medicare Beneficiaries. |

APCM Concurrent Services

- Practitioners cannot bill for APCM, CCM, or TCM for the same beneficiary.
- Practitioners CAN bill for CHI/PIN/PIN-PS while billing for APCM.

Partnership
to Align Social Care

A National Learning
& Action Network



FREEDMEN'S HEALTH
HEALTH IS FREEDOM

Caregiver Training Services

Services

- Training that teaches a patient's caregiver the skills they need to help the patient comply with their treatment plan. During the training, the caregiver may learn how to:
 - Give medications
 - Help with daily tasks
 - Move the patient safely
 - Communicate effectively with the patient
 - Better understand the patient's medical condition(s)
 - Provide emotional support
 - Give personalized care
 - Preventing wounds or bed sores

Caregiver Training Codes

- Caregiver Training Services are on the Telehealth Service list.
- Caregiver Training Codes
 - CPT codes: 97550, 97551, 97552, 96202, and 96203
- Caregiver Assessment: Assessment of the caregiver's knowledge to be included in the caregiver training.
 - CPT 96161

Eligible Practitioners

- Physicians (MD or DO)
- Nurse Practitioners
- Clinical Nurse Specialists
- Certified Nurse Midwives
- Physician Assistants
- Clinical Psychologists
- Therapists
 - Occupational Therapists
 - Physical Therapists
 - Speech-Language Pathologists

Incident To Services

- “Payment for CTS may be made to physicians, nurse practitioners (NPs), clinical nurse specialists (CNSs), certified nurse-midwives (CNMs), physician assistants (PAs) and clinical psychologists (CPs) under the PFS when they bill for CTS personally performed by them or by other practitioners or auxiliary personnel as an incident to their professional services.”
- General supervision rules do not apply for caregiver training. The incident to service must meet the direct supervision requirement.

Behavioral Health Related CTS

- Clinical Social Workers (CSWs), Marriage and Family Therapists (MFTs), and Mental Health Counselors (MHCs) can furnish caregiver training services they personally perform for the diagnosis or treatment of a mental illness as long as all other billing requirements are met.
- This provider category cannot provide incident to billing for caregiver training services.

Mapping Innovation in CHI/PIN/PIN-PS Implementation

The CMS RFI for Utilization and CBO Partnerships

- CMS requests ongoing information on utilization patterns for CHI/PIN/PIN-PS.
- The utilization information should highlight models that include CBO partnerships and sites that provide the services without a CBO partners.
- The Partnership 2 Align Social Care will support this request with the development of a national repository of innovation in CHI/PIN/PIN-PS implementation.

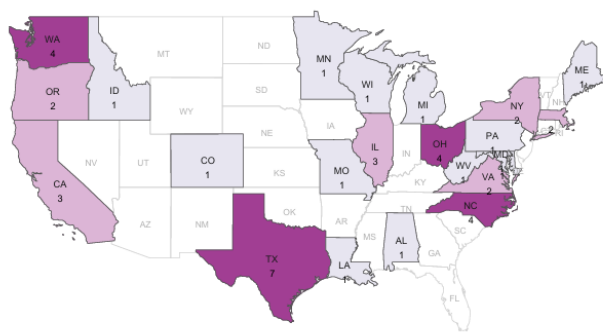
Benefits to Your Organization

The Partnership will launch an interactive mapping tool documenting where innovation in CHI/PIN/PIN-PS is occurring or planned to occur.

Participants can have their organization added to the map outlining participating organizations.

Will support collaboration with other organizations and payers in your market and inform CMS where services are occurring.

Health Equity Learning Collaborative Participants



- How to Read:
- States are colored and labeled by the number of applicant organizations
 - Select a state on the map to drill down to cities where applicant organizations are located
 - Select an applicant organization on the table to drill down the map to the exact organization's location
 - Select the navigation button to return to the State map
 - Cities (Texas) may contain more than 1 organization, hover over visual elements for extended information

Organization
select organization

State
select state

| <input checked="" type="checkbox"/> | Applicant organization name | State | City | Address |
|-------------------------------------|---------------------------------|----------------|--------------|--|
| <input type="checkbox"/> | AgeOptions | Illinois | Oak Park | 1048 Lake Street |
| <input type="checkbox"/> | AgeSpan, Inc. | Massachusetts | Lawrence | 280 Merrimack Street, Suite 400 |
| <input type="checkbox"/> | AHN Foundation | California | Lakewood | 4924 Pearce Ave |
| <input type="checkbox"/> | ASSURED HEART FOUNDATION | Texas | DALLAS | 9319 LBJ FWY |
| <input type="checkbox"/> | Beacon Community Connections | Louisiana | Lafayette | 123 E Main St. Ste 200 |
| <input type="checkbox"/> | Better Health Together | Washington | Spokane | 157 S Howard Street |
| <input type="checkbox"/> | Cartmill Empowerment Solutions | North Carolina | Monroe | 2242 W. Roosevelt Blvd |
| <input type="checkbox"/> | CCAH | California | Scott Valley | 1600 Green Hills Road |
| <input type="checkbox"/> | Center For Independence | Washington | Lakewood | 7801 Bridgeport Way W #200 Lakewood W. |
| <input type="checkbox"/> | ChefHome Metz | Pennsylvania | Dallas | 2 Woodland Dr |
| <input type="checkbox"/> | Chinese American Service League | Illinois | Chicago | 2141 S Tan Court |
| <input type="checkbox"/> | CHW Liberation Consulting, LLC | Virginia | Alexandria | 5510 5510 Cherokee Avenue |

Innovation Site Key

- There will be two (2) different eligibility criteria to self-certify to participate:
#1. Organizations that have filed at least one eligible claim for CHI/PIN/PIN-PS.
 - With internal staff only.
 - With auxiliary personnel provided by an eligible CBO.
- #2. Organizations that are developing revised workflows to initiate billing CHI/PIN/PIN-PS and anticipate filing claims within six (6) months.**
 - With internal staff only.
 - With auxiliary personnel provided by an eligible CBO.

Next Steps

- ✓ An information solicitation request will be coming to all webinar participants to be included in the innovation mapping tool.
- ✓ **Join us January 29 @ 1-2 p.m. ET** for the next webinar featuring **three sites that are in the process of billing** for these services to provide prospective on the infrastructure requirements to implement the services.
- ✓ A survey will be sent to all participants to request input on the types of implementation assistance you would like to have to assist with full implementation of these services.

Partnership
to Align Social Care

A National Learning
& Action Network



FREEDMEN'S HEALTH
HEALTH IS FREEDOM

Questions

Partnership
to Align Social Care

A National Learning
& Action Network



Thank You!