

Addressing HRSNs Through Medicare:

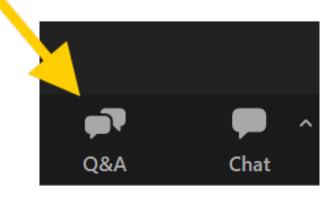
An Update on CY 2025 Changes and Implementation Activity for Community Health Integration and Principal Illness Navigation (CHI/PIN) Codes

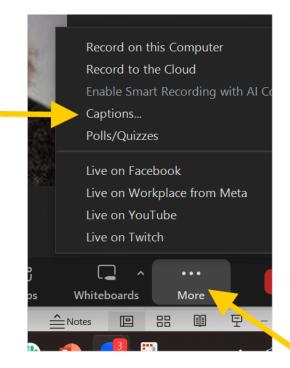
January 29, 2025 | 1:00 - 2:00 p.m. ET



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





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

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CMS Physician Fee Schedule Updates

- 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 updated January 1, 2025
- 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.

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



Service

Purpose

Community Health Integration (CHI)

Reimbursement for labor expended to address Health-Related Social Needs (HRSNs)

Personnel

Community Health Workers, Health Coaches, Social Workers, RDs, Nurses, and other trained staff **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 and has risk of deterioration in status.

Health navigators and other trained staff

Principal Illness Navigation – Peer Support (PIN-PS)

Reimbursement for providing Peer Support Services to persons with a behavioral health need or substance use disorder

Peer support workers (according to SAMSHA National Model Standards)

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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



Panel Discussion Featuring CHI/PIN Implementation Efforts



Lisa Coombs-Gerou
V.P. Business Development
and COO, YMCA of
Metropolitan Milwaukee



David Crocker,
Director, Community Care,
SARCOA, Area Agency on Aging



AJ Diamontopoulos,
Manager, Integrated Health,
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Participant Discussion



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 will support this request with the development of a national repository of innovation in CHI/PIN/PIN-PS implementation.

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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.



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.

✓ 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.

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Thank You!