
COMMUNITY HEALTH WORKERS

Reimbursement Strategies for Employers of Community Health Workers



KC Regional
**COMMUNITY
HEALTH WORKER**
Collaborative

www.marc.org/communityhealthworkers

AGENDA

- Welcome/Introductions
- Recognitions
- Importance of Toolkit
- KC Regional CHW Collaborative
- Reimbursement Strategies for Employers of CHWs
- Use Case Scenario with Dr. Solano



WELCOME

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RECOGNITIONS

- Developed and written by Erika Saleski (ES Advisors) and Tim McNeill (Freedmen's Health)
- Advisory Committee provided strategic guidance on content.
- Outside reviewers advised on accuracy and completeness of content.
- Supported with funding from the Health Forward Foundation.
- Supported by the Mid-America Regional Council.

IMPORTANCE OF TOOLKIT

- Health care system is moving toward addressing Social Drivers of Health (SDOH).
- CHW/Ps are critical to address SDOH, improve health outcomes, quality of care and reduce cost.
- Neither Missouri or Kansas Medicaid have a unique reimbursement for CHWs.
- Toolkit looks at opportunities for sustaining CHWs within the current health care system to reduce reliance on grant funding

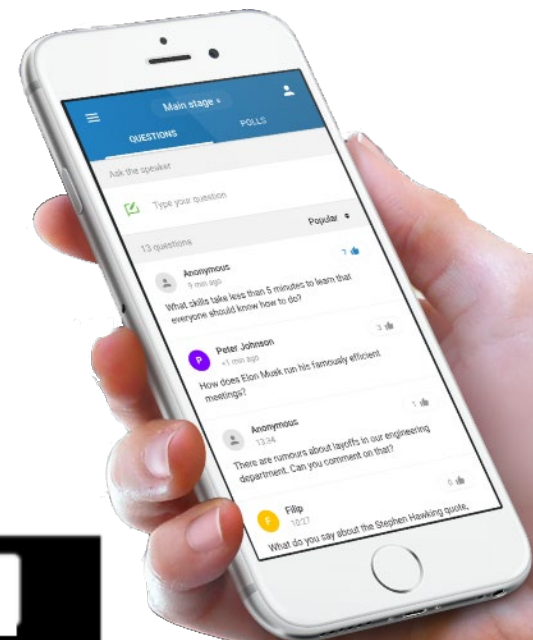


CHW Toolkit: Reimbursement Strategies for Employers of Community Health Workers

JOIN THE CONVERSATION



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TOOLKIT



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**Share your City/State -
Where are you
participating from?**

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**What type of organization
do you represent?**

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Rate your familiarity with Community Health Worker (CHW)/Promotores de Salud (P) scope of work

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What is your role in your organization?

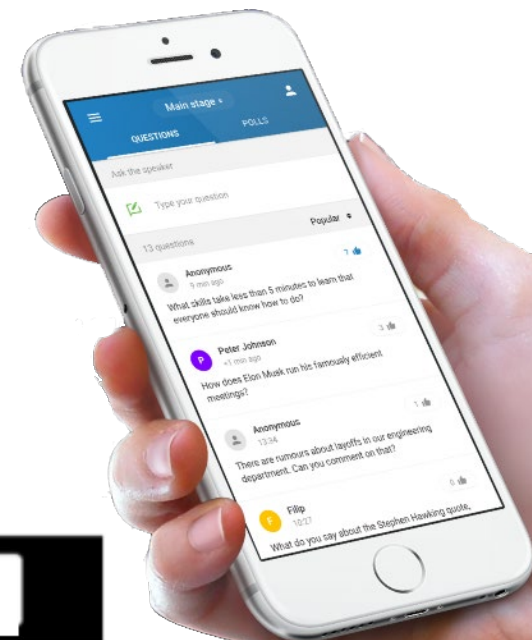
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CHW Toolkit: Reimbursement Strategies for Employers of Community Health Workers

POST YOUR QUESTION ANYTIME



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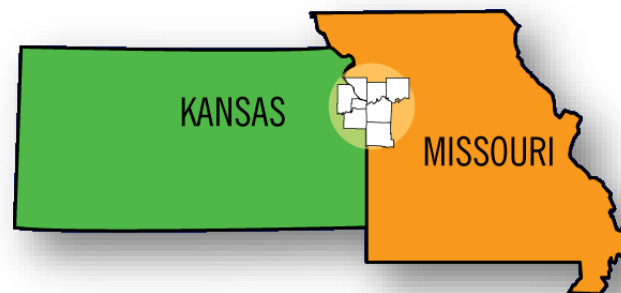
Joining as a participant?

TOOLKIT



KC REGIONAL CHW COLLABORATIVE

- Bi-state coalition to support the growth and sustainability of CHWs.
- Mid-America Regional Council (MARC) provides capacity building, advocacy, and policy support to Collaborative.
- Community Health Workers
 - The link between communities and the health and human services system
 - Scope of Work
 - Individual support
 - Care Coordination/Community Support Planning
 - Healthcare Liaison
 - Health Education
 - Advocacy



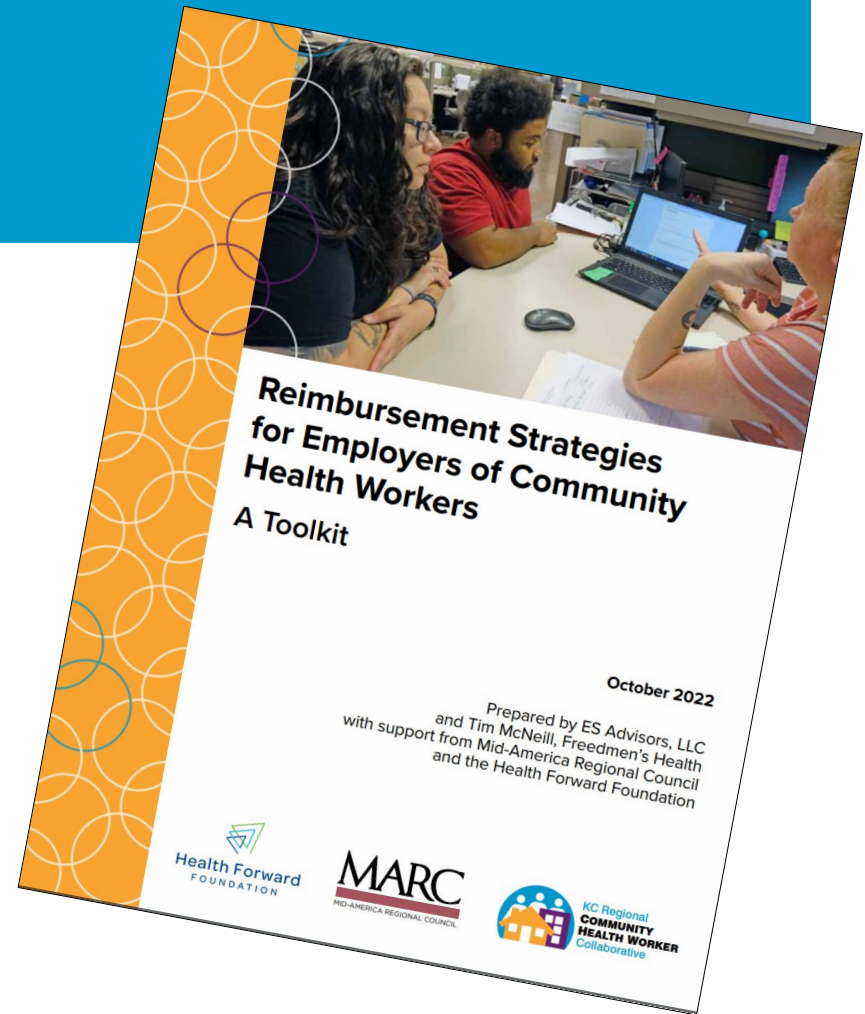


REIMBURSEMENT STRATEGIES



OVERVIEW OF TOOLKIT

- Recognizes broad audience that may use Toolkit
 - Drafted to accommodate various levels of understanding of healthcare billing
 - Includes chapters on basics of health care funding and reimbursement



Available online at:

<https://www.marc.org/aging-health/community-health-workers/chw-toolkit>



KEY TERMS

- CHW/P: Community Health Workers / Promotores de Salud
- CHW/P Organization
- Health Plan/Managed Care Organization (MCO)
- Health care Provider
- Health-related Social Needs
- Payer
 - Health Plan/MCO
 - Health System/ACO/Individual provider/Practice group
 - Medicare/Medicaid (Centers for Medicare and Medicaid)

CHAPTER I: HEALTHCARE FUNDING

- Chapter Objective:
 - Identify the major sources of healthcare revenue in the U.S.
- Key Learnings:
 - Centers for Medicare & Medicaid Services (CMS) is the largest Payers of health care
 - Medicare
 - Medicaid
 - State Children's Health Insurance Program
 - Health Insurance Exchange (supported by CMS)
 - Employer-sponsored Insurance
 - Role of managed care organizations in Medicare and Medicaid

CHAPTER II: REIMBURSEMENT STRUCTURE

- Chapter Objective:
 - Describe how health care providers are paid to deliver care
- Key Learnings:
 - Fee-For-Service (FFS)
 - Value-based Care Programs (VBP)
 - Pay-for-Performance
 - One-sided Risk (shared savings)
 - Two-sided Risk
 - Capitated Payment
 - Intersection of FFS and VBP



QUESTION

- What type of support do CHW/Ps in your organization provide?
 - Individual support
 - Care Coordination/Community Support Planning
 - Healthcare Liaison
 - Health Education
 - Advocacy
 - Other

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**What type of support do
CHW/Ps in your
organization provide?**

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CHAPTER III: CMS VALUE-BASED INITIATIVES

- Chapter Objective:
 - Identify CMS Innovation Center goals
 - Describe key CMS value-based care initiatives
- Key Learnings:
 - Understand the various Innovation Center initiatives to drive quality including:
 - Accountable Care organizations
 - Episode-based Payment Initiatives
 - Medicare Alternative Payment Models
 - Develop understanding of critical role of CHW/Ps in value-based care:
 - Increased focus on multidisciplinary team approach to address medical, social and behavioral health needs
 - How CHW/P costs can be incorporated into reimbursement strategy

CHAPTER IV: CODING AND BILLING

- Chapter Objective:
 - Increase understanding of how health care providers submit claims for reimbursement
 - Identify which categories of service could be delivered by a CHW/P
- Key Learnings:
 - Healthcare services are reimbursed through claims which require diagnostic and service code sets.
 - All services rendered must be tracked at the beneficiary level, monitored, and available for audit.
 - Within a multi-disciplinary care team, CHW/Ps are the best member to address HRSNs/Social Drivers of Health, however, no codes exist universally in the healthcare market that can be billed directly for CHWs, as a stand-alone provider.

CHAPTER IV: CODING AND BILLING

- Key Learnings:
 - Categories of services that could be delivered by CHW/Ps (unlicensed providers) and could be billed for under the supervision of the rendering provider. (Appendix C)
 - CHW/P costs could be built into FFS (under *incident to rule*) or VBP rates negotiated with the Payer.
 - These are services that are included in the set of reimbursable services under the original Medicare program.
 - Many other Payers/Health Plans adopt the same codes and services.
 - The Medicare *incident to rule* allows for designated care management activities to be delivered under general not direct supervision of rendering provider including Chronic Care Management, Transitional Care Management, Behavioral Health Care Integration
 - Other Payers can choose to follow suit.
 - Requirements to become a rendering provider and submit claims.

CHAPTER IV: CODING AND BILLING

- **Fee-for-Service Example**
 - Federally Qualified Health Center (FQHC) with target population experiencing high rates of comorbid depression
 - Collaborative Care Management (Example)
 - Medicare Learning Network - Resources
 - Combined aggregate time for care team including CHW/P is aggregated per month
 - Reimbursement covers cost of time spent by each team member on a monthly basis

CHAPTER IV: CODING AND BILLING

- Value-Based Payment Example
 - Clinic participating in Medicare Shared Savings ACO program
 - Need to reduce cost among diabetic population
 - Clinic hired a CHW/P as part of the care team
 - CHW/P identified, through HRSN screenings, many could not afford to fill insulin prescriptions
 - CHW/P found a subsidy program and worked with clients and the local Area Agency on Aging to enroll clients
 - Clinic achieved shared savings goals covering the cost of the CHW/P
 - Based on VBP design there may be additional flexibilities for the integration of CHW/P

CHAPTER V: MANAGED CARE INITIATIVES

- Chapter Objectives:
 - Identify contract options and reimbursement models with MCOs for CHW/Ps
 - Understand emerging managed care flexibilities with Medicare Advantage and Medicaid Managed Care (SSBCI and In Lieu Of)
- Key Learnings:
 - MCOs can leverage a variety of payment models to reimburse for CHW/Ps including
 - FFS for CHW/P encounter
 - Value-based models such as per member per month, pay-for-performance
 - MCOs may reimburse for approved services provided by CHW/Ps *incident to*
 - Opportunities require negotiation with MCO

QUESTION

- Do you currently bill for services provided by CHW/Ps?

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**Do you currently bill for
services provided by
CHW/Ps?**

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CHAPTER VI: CROSSWALK

- Chapter Objective:
 - Outline reimbursement opportunities based on the type of CHW/P Organization.
- CHW/P Organization Examples:
 - CBO
 - Federally Qualified Health Center
 - Hospital
 - Individual healthcare provider/practice
- Reimbursement Strategy examples:
 - *Incident To*
 - Managed Care contracting
 - Value-based payment participation

CHAPTER VII: CONTRACT CAPTURE

- Chapter Objective:
 - Develop understanding of the components of successful negotiations with Payers
- Key Learnings:
 - Capturing a contract with a Payer requires a robust strategy including clearly defined:
 - Target population
 - Services to be rendered
 - Referral process
 - Segmentation strategy to enroll target population
 - Expected outcomes / CHW/P value proposition
 - Method of tracking intervention
 - Method of evaluating impact of intervention
 - Payment terms, including level of risk CHW/P organization is willing to take

KEY APPENDICES

- Appendix C: Categories of Services for Organizations Employing CHW/Ps
 - References to billing codes and guides that could support the role of a CHW/P
 - These are services that are included in the set of reimbursable services under the original Medicare program. Many other Payers/Health Plans adopt the same codes and services.
- Appendix D: Tips to becoming a Medicare Enrolled Provider
- Contract Capture Checklists (Appendices F-K)
 - Completing a Market Analysis
 - Determining Value Proposition
 - General Payer Contract Negotiations
 - MCO Contract Negotiations
 - ACO Contract Negotiations
 - BPCI-A Negotiations
- Appendix L: Examples of incorporating CHW/P costs into both FFS and VBP structure



USE CASE DISCUSSION:

DR. MANUEL SOLANO

**DIRECTOR OF BEHAVIORAL HEALTH,
SAMUEL U. RODGERS HEALTH CENTER**



TOOLKIT USE CASE

- Samuel U. Rodgers Health Center and Community Health Council
 - FQHC
 - CBO
- Three uses for Toolkit
 - Define CHW/P Scope of Work for leadership and within multi-disciplinary care team
 - Focus on addressing HRSNs
 - Leadership used categories of services listed in Appendix C to bill for CHW/Ps
 - Instrument to leverage other funders to reimburse for similar services

USE CASE DISCUSSION – DR. MANUEL SOLANO

- What do you like best about the Toolkit?
- Can you provide examples for how you've used Appendix C in the Toolkit?
- Can you share tips for using the Toolkit?



QUESTIONS?

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Audience Q&A Session

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QUESTIONS

- Based on today's webinar, do you have suggestions for further discussion?
- Possible Topics:
 - Maternal and Child Health CHW/P Billing
 - FQHC perspective
 - Community Based Organization Challenges
 - Medicare Value Based Payment
 - Learning collaborative for opportunities under original Medicare

Select multiple topics, then suggest your own.

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**Based on today's webinar,
do you have suggestions for
further discussion?**

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Based on today's webinar, do you have suggestions for further discussion?

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NEXT STEPS

- Follow up email - Link to Evaluation, Recording and Toolkit.
- Please download and review the Toolkit at:
 - <https://www.marc.org/aging-health/community-health-workers/chw-toolkit>
- We are collecting feedback! Please email CHWinfo@marc.org with:
 - Questions about the Toolkit
 - Suggestions for improvement
 - Suggestions for a future webinar for a detailed view of a specific component of the Toolkit
- Our plan is to release an FAQ document based on questions and comments received.
- Thank you!



Thank you!

Please complete the
Session Evaluation Survey



Hannayd Ruiz

Community Health Worker
Project Manager



Evaluation Survey QR