

Considerations in Designing a Benefit for Community Health Worker (CHW) Services



This document was created by CHW Solutions, in partnership with the SD DOH and CHWSD. To read the full Considerations in Designing a Benefit for CHW Services Report, visit www.CHWSD.org/CHWbenefit or contact CHWSD at info@chwsd.org.

Who are Community Health Workers?

Community Health Workers (CHWs) are frontline public health workers who are trusted members of and/or have an extraordinarily close understanding of the communities they serve.(1)

Their cultural competence and understanding of patients' circumstances and backgrounds allows CHWs to act as liaisons between the healthcare system, social services and the community. Additionally, CHWs facilitate access to services, and improve the quality and cultural relevance of service delivery including health education.

Who do Community Health Workers serve?

CHWs generally work with underserved or high-risk patients of all ages. Individuals are referred (or self-refer) to CHWs when they need assistance:

- understanding their health condition,
- self-managing a chronic disease,
- navigating health or social service systems, or
- accessing resources in their community.

Where do Community Health Workers deliver their services?

CHWs provide care and services in a variety of settings: client homes, provider offices, hospitals, social services agencies, schools and in the community at large.(2) Their ability to work in-person with patients allows CHWs to build trust with patients and to attain a first-hand perspective on their patient's environment.

How do CHWs reduce the cost of care?

Evidence shows that CHW programs can be cost effective and a valuable addition to the health care team.

- One study found that a CHW program focused on patients with diabetes, obesity, tobacco dependence or hypertension generated an ROI of \$2.47 for every dollar spent on intervention.(3)
- Another study documented an ROI of \$2.28 for every dollar invested in CHW intervention, which was largely achieved by shifting patients' use of inpatient and urgent care services to primary care.(4)
- A third study found that CHW interventions targeted at "super utilizer" patients generated an ROI of \$1.81 for every dollar expended. These savings were derived from reductions in medical and pharmacy costs, and reduced acute admissions, acute readmissions and urgent care visits.(5)

(1) American Public Health Association (APHA) definition, 2021.

(2) Building a Community Health Worker Program: The Key to Better Care, Better Outcomes & Lower Costs. July 2018.

(3) Evidence-Based Community Health Worker Program Addresses Unmet Social Needs and Generates Positive Return on Investment, Health Affairs 39, No 2, 2020, p 207-213.

(4) Community Health Workers as an Integral Strategy in the Reach US Program to Eliminate Health Inequities," Health Promotion Practice, 15 no. 6, 2014, p 795-802.

(5) Community Health Worker Return on Investment Study Final Report, Center for Program Evaluation, School of Community Health Sciences, University of Nevada, Reno. 2017.

South Dakota Medicaid

<p>Model <u>Ordering Provider</u></p> <ul style="list-style-type: none"> Physician, physician’s assistant, nurse practitioner, certified nurse midwife, dentist <p><u>Service Plan</u></p> <ul style="list-style-type: none"> Written by ordering provider. Plan specifies the condition or barrier that the CHW service is being ordered for, as well as the duration of the service. 	<p>CHW Services <u>Health System Navigation & Resource Coordination</u></p> <ul style="list-style-type: none"> Help patient find Medicaid providers, make appointments, arrange transportation, find relevant community resources and programs, address SDoH <p><u>Health Promotion & Coaching</u></p> <ul style="list-style-type: none"> Provide information or education that helps patient make positive contributions to their health status <p><u>Health Education</u></p> <ul style="list-style-type: none"> Teach methods and measures that have been proven effective in avoiding illness and or lessening its effects
<p>Qualifying Conditions/Barriers <u>Conditions</u></p> <ul style="list-style-type: none"> Asthma, cancer, COPD, depression, diabetes, heart disease, hypercholesterolemia, hypertension, mental health conditions, musculoskeletal and neck/back disorders, obesity, pre-diabetes, high-risk pregnancy, substance use disorder <p><u>Barriers</u></p> <ul style="list-style-type: none"> Geographical distance from health services results in inability to attend medical appointment or pick-up prescriptions Lack of phone results in ER use instead of appointment Cultural/language barrier results in individual not following medical professional’s recommendation 	<p>Coding/Reimbursement Approach <u>Billing Entity</u></p> <ul style="list-style-type: none"> CHW Agency enrolled in SD Medicaid, employing certified CHWs (direct billing) <p><u>Coding</u></p> <ul style="list-style-type: none"> CPT Codes filed on a CMS 1500 form 98960 – self-mgmt. education and training 1 patient 98961 – self-mgmt., education and training 2-4 pts. 98962 – self-mgmt., education and training 5-8 pts. CHW agencies may bill SDoH diagnosis codes as primary or secondary Z codes. No more than 4 units of any combination of codes are billable on a single day. No more than 104 units of service per recipient per plan year.

FFS Medicare

<p>Model <u>Ordering Provider</u></p> <ul style="list-style-type: none"> “Billing practitioner” – this must be the same practitioner who provides continuity of care to the patient in the community. <p><u>Initiating Visit</u></p> <ul style="list-style-type: none"> The initiating visit can occur during an evaluation and management (E/M) visit to the patient’s primary care practitioner. <p><u>Service Delivery</u></p> <ul style="list-style-type: none"> Provided by “auxiliary personnel, including CHWs, who render services ‘incident to’ and under the general supervision of, the billing practitioner.” 	<p>CHW Services <u>Covered Services</u></p> <ul style="list-style-type: none"> Person-centered, standardized SDoH assessment Practitioner-, home-, and community-based care coordination Health education Building patient self-advocacy skills Healthcare access / health system navigation Facilitating and providing social and emotional support; and Leveraging lived experience, when applicable.
<p>Qualifying Conditions/Barriers <u>Qualifying conditions</u></p> <ul style="list-style-type: none"> SDoH needs (including but not limited to food insecurity, transportation insecurity, housing insecurity and unreliable access to public utilities) that significantly limit the practitioner’s ability to diagnose or treat the patient. 	<p>Coding/Reimbursement Approach <u>Billing Entity</u></p> <ul style="list-style-type: none"> Billing practitioner employing trained/certified CHWs (indirect billing) <p><u>Coding</u></p> <ul style="list-style-type: none"> HCPCS “G Codes” G0019 – initial CHW service (per month) (60 minutes) G0022 – add-on code (30 min) CHW agencies may bill SDoH diagnosis codes as primary or secondary using Z codes No frequency limit on code G0022 No code/reimbursement for group settings

New Mexico Presbyterian Health Plan

<p>Model <u>Employer-Purchased Benefit</u></p> <ul style="list-style-type: none"> Employers pay a per member per month (PMPM) fee to grant their employees and dependents access to CHW services <p><u>Service Delivery</u></p> <ul style="list-style-type: none"> CHW services are provided by the Health Plan’s internal team of CHWs and supervisors 	<p>CHW Services <u>Assist with SDoH Needs</u></p> <ul style="list-style-type: none"> Housing stability, financial resource strain, utility assistance, transportation, food insecurity, violence and abuse, access to healthcare <p><u>Enhance Primary/Specialty Care Experience</u></p> <ul style="list-style-type: none"> Assist in establishing a relationship with a provider Address gaps in care Create lists of concerns prior to provider appointments Attend PCP appointments with member Ensure patient understands treatment plan plan, support pharmacy compliance Assist with health literacy <p><u>Emphasize Prevention and Optimize Benefit</u></p> <ul style="list-style-type: none"> Help with prior authorization, formularies, transport benefit
<p>Qualifying Conditions/Barriers <u>Qualifying conditions</u></p> <ul style="list-style-type: none"> Employees and their dependents can self-refer to the CHW team The CHW team receives referrals from the employer’s Employee Assistant Program (EAP) service The CHW team can also analyze the employer’s claims data to identify employees and dependents with gaps in care (missed immunizations, screenings, etc.) 	<p>Coding/Reimbursement Approach <u>Billing Entity</u></p> <ul style="list-style-type: none"> CHW services are provided internally by the Health Plan (no claims submitted)