

The Medicare Physician Fee Schedule: Opportunities For AAAs, CBOs And Networks

Part 3 of Data, Billing and Coding: What AAAs, CBOs and Networks Need to Know

February 29, 2024

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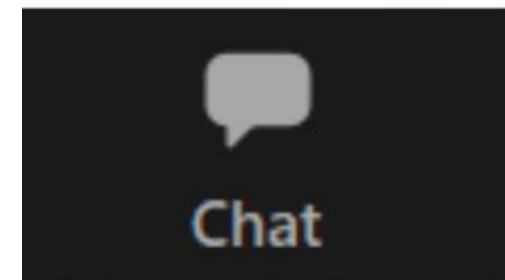
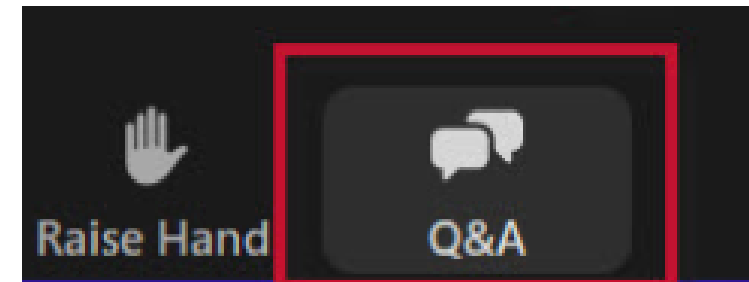
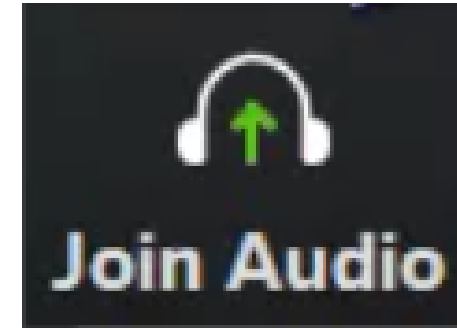
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Speakers

- Olivia Umoren, Director, Public Policy and Advocacy, USAging
- Tim McNeill, Co-Chair, Partnership to Align Social Care & Principal, Freedman's Health
- Moderated by Courtney Baldrige, Business Strategy & Health Systems Integration, USAging



CMS CY 2024 Physician Fee Schedule

Olivia Umoren, Director of Public Policy and Advocacy

2.29.24

CMS CY 2024 Medicare Physician Fee Schedule Final Rule

- The annual schedule that sets Medicare Part B reimbursement/payment rates for physicians, other professionals—and can include policy changes
- USAging submitted comment letter in September 2023: usaging.org/advocacy
- Rates took effect January 1, 2024 as do many policy provisions

CMS CY 2024 Medicare Physician Fee Schedule Final Rule

- **CMS to pay for certain caregiver training services in specified circumstances**
- **USAging Comment:** We urged CMS to consider the role AAAs and others play in providing caregiver training services and create an appropriate pathway for caregiving experts to contribute to the value of this new program.

CMS 2024 Medicare Physician Fee Schedule Rule

Services Addressing Health-Related Social Needs

→ CMS to pay separately “when clinicians involve certain types of health care support staff such as community health workers, care navigators, and peer support specialists in furnishing medically necessary care.”

- **Community Health Integration** (encourages ACO partnerships with CBOs to help address health-related social needs (HRSNs) & it counts toward MIPS)

CMS 2024 Medicare Physician Fee Schedule Rule

Services Addressing HRSNs, Pt. 2

- **Principal Illness Navigation Services** (codes that could be used by CBOs under direction of physician for peer support, CHWs, care navigation)
- **Social Determinants of Health Risk Assessment** (coding and payment to physicians when needed; optional use in Annual Wellness Visit by physicians)

CMS 2024 Medicare Physician Fee Schedule Rule

Services Addressing HRSNs: USAging Comments

- To address HRSNs in the most effective way, it is better to contract with social care entities vs building a new system within health care to provide social care and support.
- Ensure the final rule provides AAAs and other social care CBOs with a clear and leading role in assessing and addressing HRSNs through contracts and partnerships with Medicare providers.



USAging

Leaders in Aging Well at Home

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Health Equity Services in the CY2024 Physician Fee Schedule

Timothy P. McNeill, RN, MPH



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Health Equity Services Approved in the CY2024 PFS Final Rule

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

Key Concepts

- Established a new Medicare Part B benefit
- Medicare Advantage and Special Needs Plans (SNPs) have a statutory requirement to cover all Part B benefits.
- Eligible Medicare Providers can allow auxiliary personnel to provide these services under general supervision.
 - Example: Community Health Workers, and Health Coaches
 - First Medicare benefit that provides a direct pathway for CHW reimbursement for addressing Health-Related Social Needs (HRSNs)
- The final rule specifically states that eligible Medicare providers can contract with community-based organizations to provide these services.

SDOH Risk Assessment



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SDOH Risk Assessment

- Part B benefit to complete an assessment of health-related social needs (HRSNs) [housing insecurity, food insecurity, transportation insecurity]
- Must be performed as part of one of the following visit types:
 - E/M (Medical Office) visit & TCM Visits
 - Psychiatric diagnostic evaluation (CPT 90791)
 - Health Behavior Assessment and Intervention (HBAI) services, described by CPT codes 96156, 96158, 96159, 96164, 96165, 96167, and 96168
 - Annual Wellness Visit (AWV)

Eligible Providers

- Physician
- Non-Physician Provider (Physician Assistant or Nurse Practitioner)
- Clinical Psychologist
- Licensed Clinical Social Worker

Required HRSN Screening Tools

- Provider must use an evidence-based HRSN screening tool
- Examples of evidence-based HRSN screening tools
 - CMS AHC HRSN Screening Tool
 - <https://www.cms.gov/priorities/innovation/files/worksheets/ahcm-screeningtool.pdf>
 - PRAPARE
 - <https://prapare.org>

SDOH Risk Assessment HCPCS Code and Rate

HCPCS	Description	Non-Facility Rate	Facility Rate
G0136	SDOH Risk Assessment 5 – 15 min.	\$18.66	\$8.84

Community Health Integration



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CHI Clinical Application

- Reimbursement for **labor** expended to address Health-Related Social Needs that directly impact the ability to treat or diagnose a health condition.
 - Does not reimburse for services such a food or housing.
- There must be a direct connection between the HRSN and the ability to treat or diagnose a health condition.

Implementation Requirements

- Consent is required (Verbal or Written) and must be in the EMR.
- There must be screening for HRSNs with the results documented in the EMR.
- A plan is required that includes information on why resolving the HRSN will help in making a diagnosis or treating a condition.

General Supervision

- The rendering provider can use auxiliary staff or contract with a CBO to deliver CHI services.
- There must be clinical integration between the rendering provider and the CBO for the provision of general supervision.
- The clinical integration must include the following elements (documented in the EMR):
 - Documentation of the HRSNs in the EMR.
 - Connection between HRSNs and the ability to diagnose or treat a condition.
 - HRSN intervention plan
 - Regular communication between the CHW/CBO staff and the rendering provider on progress towards achieving the CHI plan goals.
 - Updates to the CHI plan, based on feedback between the provider and the CWH/CBO staff

CHI Initiating Visit

- Requires an initiating visit
- Initiating visit must be performed by the billing practitioner who would also be furnishing the CHI services during the subsequent calendar months.
- Initiating visit is a pre-requisite to billing for CHI services.
 - Inpatient/observation visits, ED visits and SNF visits do not qualify as an initiating visit.

Auxiliary Staff

- Auxiliary personnel can include CHWs, health coaches, social workers, or other personnel.
- Provider can contract with CBOs to implement
 - Community Care Hub,
 - Area Agencies on Aging (AAAs),
 - Centers for Independent Living (CILs),
 - Community Action Agencies,
 - Housing Agencies,
 - Aging and Disability Resource Centers (ADRCs), or
 - other non-profits that perform social services.

Consent and Cost-Sharing

- Verbal or Written consent is required.
- Consent must be documented in the medical record.
- Part B benefit
 - Deductible and co-insurance requirements apply
 - Medicaid or Medigap coverage may cover some or all deductible or co-insurance fees but the beneficiary is responsible for the cost.
 - Provider cannot elect to waive the deductible or cost sharing requirement.
 - 94% of Medicare eligible beneficiaries have a form of secondary coverage for cost sharing.
 - Kaiser Family Foundation. A Snapshot of Sources of Coverage Among Medicare Beneficiaries. December 13, 2023. Available Online:
 - [https://www.kff.org/medicare/issue-brief/a-snapshot-of-sources-of-coverage-among-medicare-beneficiaries/#:~:text=Source%20of%20Coverage-,Traditional%20Medicare,or%20another%20source%20\(1%25\).](https://www.kff.org/medicare/issue-brief/a-snapshot-of-sources-of-coverage-among-medicare-beneficiaries/#:~:text=Source%20of%20Coverage-,Traditional%20Medicare,or%20another%20source%20(1%25).)

Community Health Integration Services

CHI Services List		
Person-Centered Assessment	Facilitating patient-driven goal setting	Providing tailored support
Practitioner, HCBS Coordination	Coordinating receipt of needed services	Communication with practitioners, HCBS providers, hospitals, SNFs
Coordination of care transitions	Facilitating access to community-based social services	Health education
Building patient self-advocacy skills	Health care access / health system navigation	Facilitating behavioral change
Facilitating and providing social and emotional support	Leveraging lived experience when applicable	

Community Health Integration Rate

HCPCS	Descriptor	Non-Facility Rate	Facility Rate
G0019	Community Health Integration Services SDOH 60 min	\$79.24	\$48.79
G0022	Community Health Integration Services; add 30 min	\$49.44	\$34.05
G0511 (FQHCs/RHCs)	Each eligible CHI service	\$70.71 (Flat Fee)	

*The rates listed are the published National Rate. There will be some variation in the rate depending on the MAC and local market where services are being rendered.

**The facility rate is less because the facility receives a separate “facility fee” in addition to the services rendered.

***For CY2024, CMS is not establishing a cap on the number of G0022 add on units per calendar month. Each 30 minutes spent would be added to support additional reimbursement.

Principal Illness Navigation (PIN) Services



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PIN Clinical Application

- Reimbursement for providing healthcare navigation services for persons with a serious, high-risk disease expected **to last at least 3 months**, that places the patient at significant risk of hospitalization or nursing home placement, acute exacerbation/decompensation, functional decline, or death.

Example Conditions Eligible for PIN Services

- Dementia
- Diabetes
- Heart Failure
- HIV
- Serious Mental Illness

PIN Services

List of PIN Services		
Person-Centered assessment	Patient-driven goal setting	Providing tailored support
Coordinating Home and Community Based Care	Communicating with practitioners and HCBS services	Coordination of care transitions
Facilitating access to social services	Health education	Building self-advocacy skills
Health care access/health system navigation	Helping the patient access healthcare	Providing the patient with information/resources to consider participation in clinical trials
Facilitating behavioral change	Facilitating and providing social and emotional support	Leverage knowledge of the serious condition

Principal Illness Navigation Rate

HCPCS	Descriptor	Non-Facility Rate	Facility Rate
G0023	PIN Service, 60 minutes per month	\$79.24	\$48.79
G0024	PIN Service, add 30 min	\$49.44	\$34.05
G0511 (FQHCs/RHCs)	Each eligible CHI service	\$70.71 (Flat Fee)	

*The rates listed are the published National Rate. There will be some variation in the rate depending on the MAC and local market where services are being rendered.

**For CY2024, CMS is not establishing a cap on the number of G0024 add on units per calendar month. Each 30 minutes spent would be added to support additional reimbursement.

Principal Illness Navigation- Peer Support (PIN-PS)



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PIN Clinical Application

- Reimbursement for providing peer support services for persons with a a serious behavioral health condition, that places the patient at significant risk of hospitalization or nursing home placement, acute exacerbation/decompensation, or functional decline.
- Limited to persons that have a behavioral health condition

Personnel

- Auxiliary personnel
- Providers can contract with CBOs to provide staff to deliver PIN-PS.
- Peer Support Workers should meet applicable Federal or State training requirements for peer support workers.

Principal Illness Navigation – Peer Support

HCPCS	Descriptor	Non-Facility Rate	Facility Rate
G0140	Navigation Services, Peer Support, 60 minute	\$79.24	\$48.79
G0146	Navigation Services, Peer Support, add 30 min	\$49.44	\$34.05
G0511 (FQHCs/RHCs)	Each eligible CHI service	\$70.71 (Flat Fee)	

*The rates listed are the published National Rate. There will be some variation in the rate depending on the MAC and local market where services are being rendered.

**For CY2024, CMS is not establishing a cap on the number of G0146 add on units per calendar month. Each 30 minutes spent would be added to support additional reimbursement.

***PIN and PIN-PS services cannot be billed concurrently for the same condition for the same beneficiary.

Case Study



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Sample CHI Process Flow Steps: 1 → 8



1. Consumer Screened Positive for HRSNs by clinic staff.



2. PCP SDOH Risk Assessment and Referral to CBO for CHW.



3. Electronic Referral from Provider to CBO with identified HRSNs.



4. CHW completes a secondary HRSN screen



ACTION PLAN



5. SDOH Person-Centered Plan will combine Multiple CBO Resources to address HRSNs.



6. CBOs Blend & Braid Resources to address HRSNs through social care navigation.



7. Closed-Loop Outcome Reporting documented in EMR, with individual and aggregate time spent performing CHI/month.



8. CHWs regularly **participates** in care team meetings and coordinate CHI to support achievement of **medical treatment goals**.





Case Study

- Michael is a 68 y/o male with a history of mild dementia and diabetes. He lives alone in a senior apartment complex.
- Neighbors report that he often wanders the apartment looking disheveled.
- His sister is notified by the apartment complex that he is at risk of eviction due to his inability to maintain his unit.
- Sister reports that Michael frequently reports being lonely and depressed.
- Michael's sister takes him to his doctor to determine if his dementia has worsened.



PCP SDOH Risk Assessment

- PCP completes a SDOH Risk Assessment (G0136) & documents HRSNs in the EMR.
- PCP documents that HRSNs are resulting in increased depression symptom and having a negative impact on the ability to manage diabetes, and live independently due to the inability to perform ADLs without assistance.
- HRSNs:
 - Housing insecurity [At risk of eviction].
 - Transportation insecurity.
 - Inadequate medication adherence contributing to poor insulin control. [Forgets to take medication as prescribed].
 - Inadequate community supports leading to worsening depression symptoms.



PCP Treatment Plan

- Improve adherence to low-sugar, low-carbohydrate diet.
- Improve diabetes medication management and adhere to daily diabetes medications.
- Daily blood glucose monitoring.
- Improve adherence to PCP visit schedule and quarterly HgbA1c testing and dementia screening.
- Goal:
 - Maintain HgbA1c below 7
 - Support independent living with assistance with ADLs.
 - Implement supports to minimize functional impairments due to dementia.
 - Identify community resources to address reports of loneliness and social isolation to address positive depression screen.



PCP Orders CHI Services

- **PCP and CHW** Develop a CHI Plan
 - PCP contracts with local CBO for CHW services.
 - Assigned CHW works with PCP to develop and implement an individualized plan for daily medication adherence.
 - Apply for Medicaid waiver services to obtain assistance with ADLs, including meal preparation.
 - Secure consistent access to food that conforms with low-sugar, low-carbohydrate diet recommendations.
 - Develop transportation plan for medications and follow-up visits for PCP and psychiatrist.
 - Identify community activities to address social isolation and loneliness.



CHI Interventions Deployed



**SOCIAL
SERVICES**



- CHW assists with completing a **Medicaid Waiver** application to secure personal care aide services & **Medicaid Meals on Wheels**.
- CHW assists with applying to attend a Medicaid **Adult Day Health Program**
- CHW helps apply for USDA Emergency Food Assistance and **SNAP Benefits**.
 - https://www.fns.usda.gov/fns-contacts?f%5B0%5D=fns_contact_related_programs%3A27
- CHW sets up **FCC Lifeline Cell Phone** with medication text reminders.
 - <https://cnm.universalservice.org>
- Enrollment in a **Medicaid accessible transportation** program for medication, appointment adherence, and attendance at the Adult Day Health program.

CHW Participates in Care Team Meetings



- CHW provides a summary of tailored support provided at weekly team meetings.
 - Assisted the family with completing the Medicaid waiver application.
 - LOC assessment, organizing the application, and person-centered planning
 - Met with property manager to review plan to obtain PCA services.
 - Assisted patient with setting up accessible transportation to obtain medication and adhere to scheduled appointments and Adult Day Health Program.
 - Setup text message reminders for medication administration and blood glucose testing.

CHW EMR Documentation Requirements



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- Each intervention deployed to address HRSNs.
- Description of social care navigation services.
- Meetings with members of the care team to discuss integrated care requirements.
- Assessment of the impact of deployed HRSN interventions and care plan updates, as needed.
- Tailored support and education provided to the patient and sister.
- Time spent for each activity
 - Start Time
 - Stop Time
 - Total of time for each encounter
 - Aggregate of time per calendar month

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Third-Party Contract Agreement



- CBO provides access to trained CHWs.
- CHWs are deployed to local physician practices that execute a third-party contract agreement with the CBO for CHI services.
- CBO submits monthly invoices detailing the aggregate of time per patient by CHWs.
- Provider submits claims and receives payment.
- Provider remits payment to CBO and provides a report on claims paid to CBO each month.



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Free CHI / PIN Implementation
Resources Available Online:

www.communityhealthintegration.info



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Questions?