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Administration for Community Living

FREEDMEN'S HEALTH
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Lunch & Learn
CHI/PIN/PIN-PS Toolkit Primer

April 3, 2024 | 12:00 - 1:00 p.m. ET

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Agenda

1. Welcome/Introductions
2. Setting the Stage
3. Recognitions
4. Importance of the CHI/PIN/PIN-PS Primer Document
5. Primer Document Sections
6. Key Concepts for CHI/PIN/PIN-PS Implementation
7. Q&A

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Welcome

- Partnership to Align Social Care Co-Chairs
  - June Simmons (jsimmons@picf.org)
  - Tim McNeill (tmcneill@freedmensconsulting.com)
  - Autumn Campbell, Partnership Director (acampbell@partnership2asc.org)
- Freedmen's Health Consulting Project Management Team
  - Erika Robbins
  - Russell Bland
  - Dr. Matt Longjohn (Epiphany Health)
  - Justin Mendoza (Epiphany Health)

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Setting the Stage: What are SDOH and HRSNs?

HHS defines SDOH as:
"…the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks."

These community-level social factors influence a variety of individual health-related social needs (HRSNs) such as:

- Financial strain
- Housing stability
- Food security
- Access to transportation
- Educational opportunities

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Setting the Stage: Why Is This Important?

Building the Evidence-Base

- "Social determinants of health (SDOH) account for about half of the variation in health outcomes in the nation."
  - HHS Call to Action: Addressing HRSNs in Communities Across the Nation
- "A sizable proportion of health care costs is associated with social determinants of health. …Our results suggest that reducing health care costs in the Medicaid population will require cross-sectoral collaborations and multilevel interventions aimed at eliminating the structural inequities that contribute to large health disparities in the United States."
  - 2022 study funded by the National Institute for Minority Health and Health Disparities (NIMHD)
- "In studies of programs that use multiple types of providers, such as social workers, nurses, physicians, and case managers, to **offer services that coordinate care across provider types** and assist individuals with **managing their health care conditions and HRSNs** some studies have **found reductions in total health care spending and health care utilization**, and improved health outcomes, while in other cases results have been mixed…. **Evidence suggests when partnerships are coordinated and well-funded, they are more likely to be successful.**
  - 2022 HHS Report, Addressing Social Determinants of Health: Examples of Successful Evidence-Based Strategies and Current Federal Efforts

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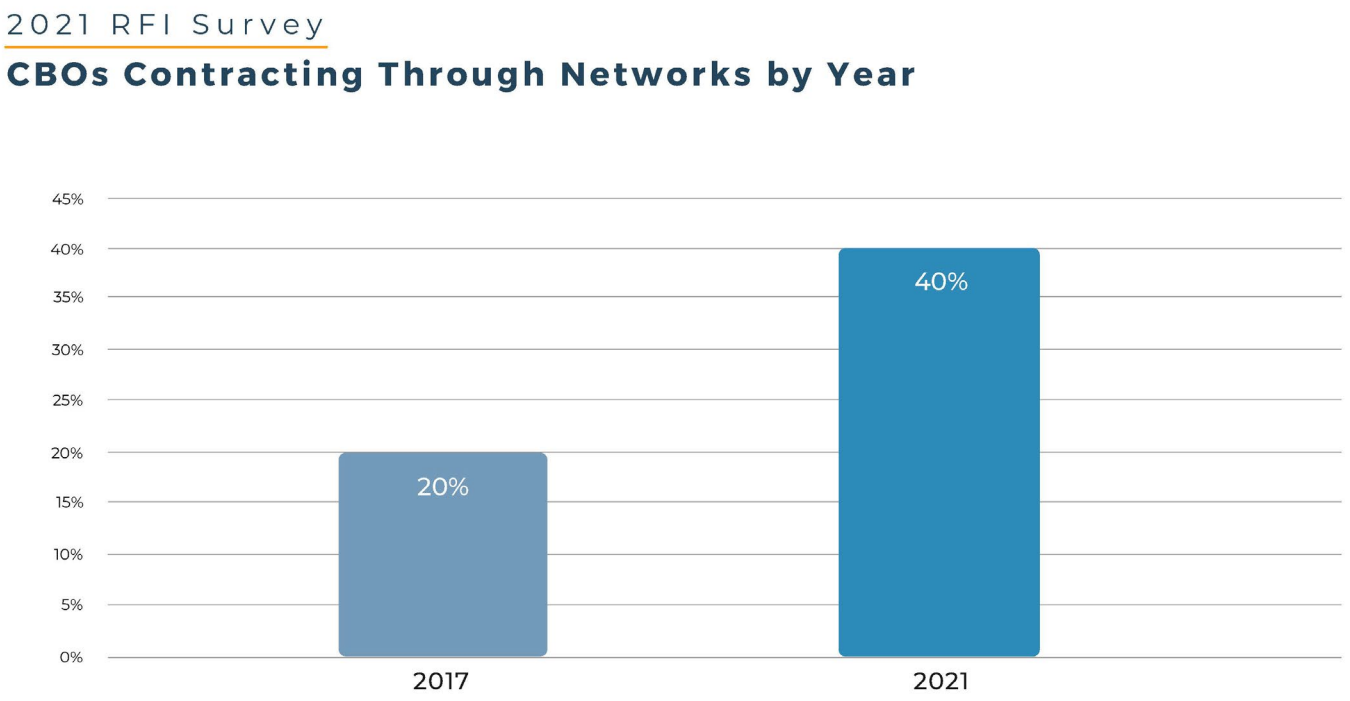
National Trends Driving Alignment btw. Health and Social Services

- Increased attention on social drivers of health (SDOH)
- Need to ensure capacity exists within communities to effectively partner with health care to address health-related social needs (HRSNs), respond to increase in referral volume
- Community-based organizations (CBOs) are increasingly contracting with health care organizations to address health-related social needs—**specifically among networks of CBOs**



USAging Leaders in Aging Well at Home

Aging and Disability BUSINESS INSTITUTE Connecting Communities and Health Care

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Mission:

To enable successful **partnerships** and contracts **between health care and community care networks** to **create** efficient and sustainable **ecosystems** needed to provide **individuals with holistic, person-centered social care** that demonstrates cultural humility.

Vision:

A **sustainably resourced, community-centered social care delivery system** that is **inclusive** of all populations and **empowered by shared governance** and financing, multistakeholder accountability, and federal/state/local policy levers.

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Co-Designing a Social Care Delivery System

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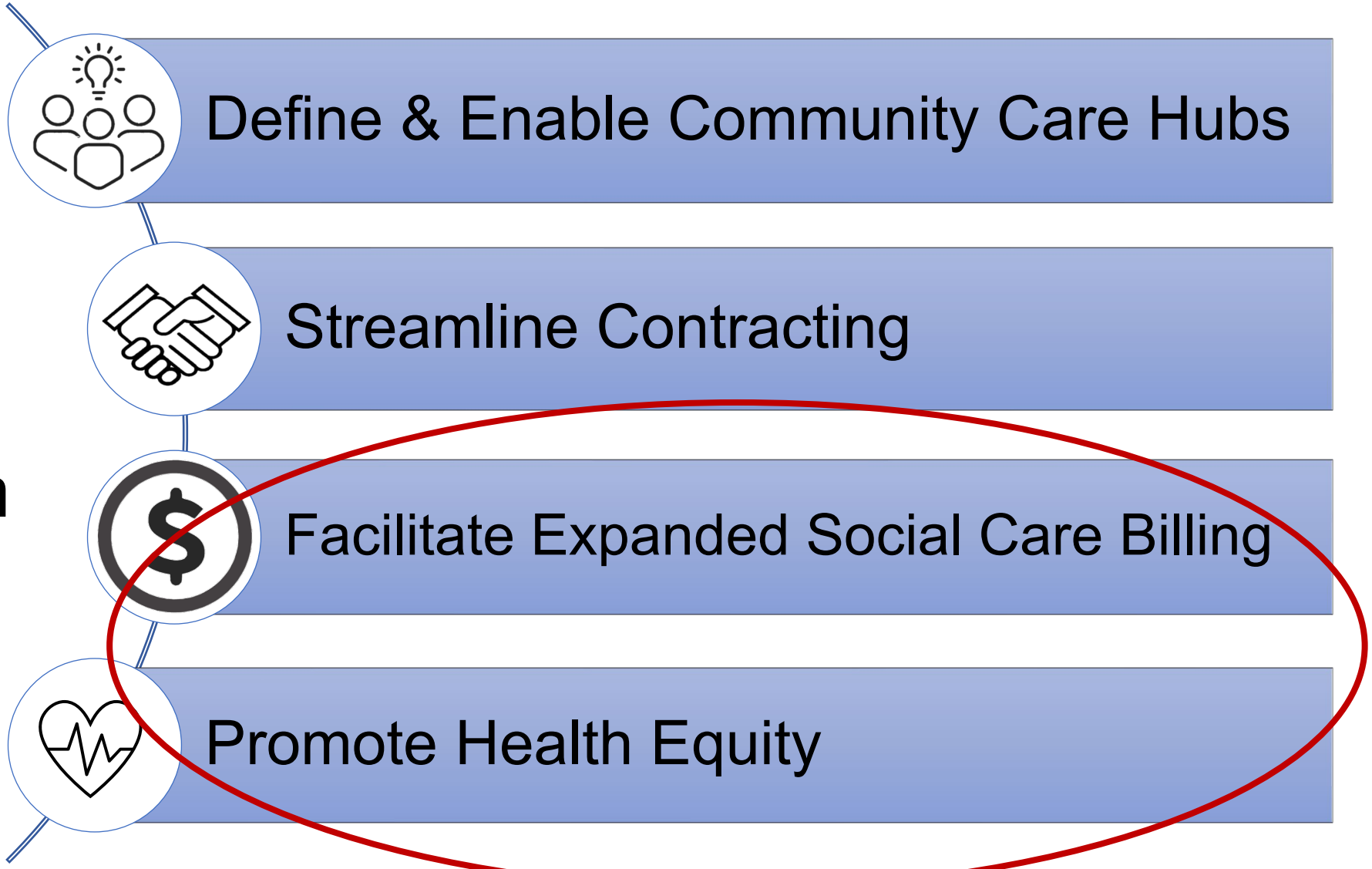
Implementing Co-Designed Social Care Delivery System Changes



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Recognitions

- Administration for Community Living (ACL) commissioned the creation of a CHI/PIN/PIN-PS Implementation toolkit and primer
- Developed and written by Freedmen's Health Consulting and Epiphany Consulting
- Developed with input and guidance from the Partnership to Align Social Care stakeholders and Billing and Coding Workgroup
- CMS and ACL reviewers advised on accuracy and completeness of content

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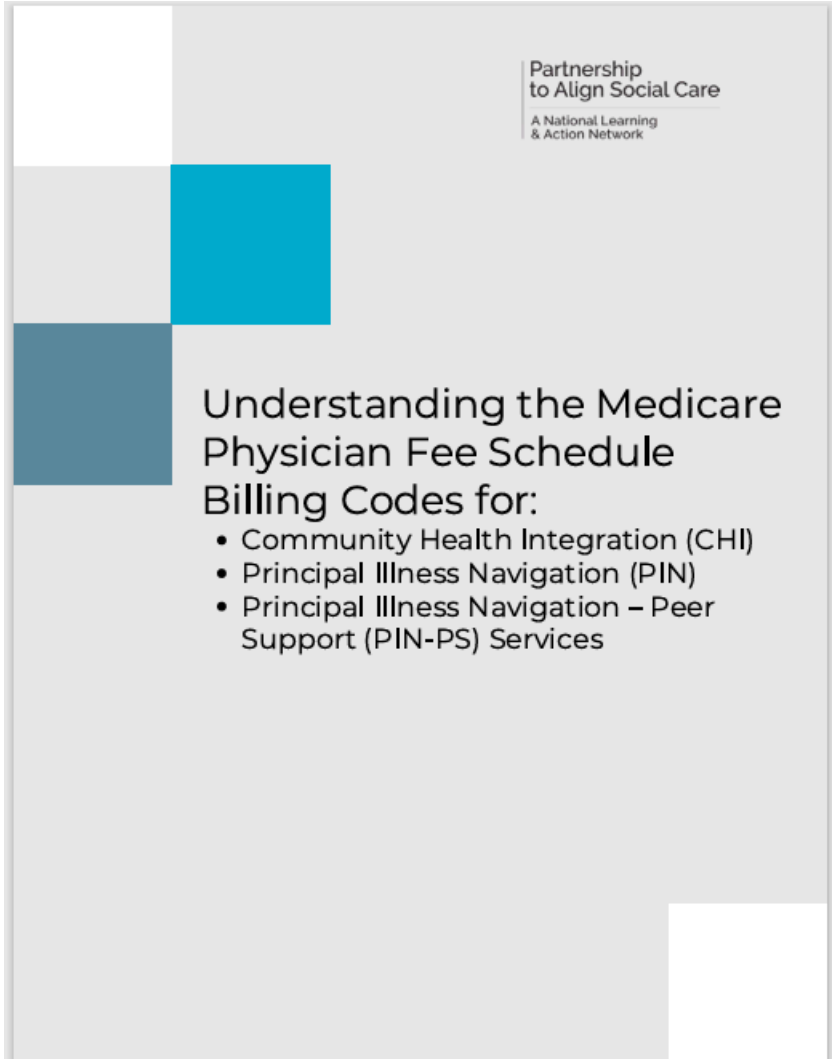

Importance of Toolkit Primer

- Health care providers are increasingly recognizing the impact of health-related social needs (HRSNs) on clinical outcomes
- Community care hubs/CBOs are vitally important to provide interventions to address HRSNs
- Changes to the Physician Fee Schedule creates new HCPCS codes that provide reimbursement for labor to address HRSNs

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Overview of Primer

- A CHI/PIN/PIN-PS Implementation Guide is in development
- The Primer provides the necessary context for the Guide
- Recognize the broad audience that may use the Guide
  - Drafted to accommodate various levels of understanding of healthcare billing
- Primer available for immediate download:
  - www.partnership2asc.org/implementation-resources

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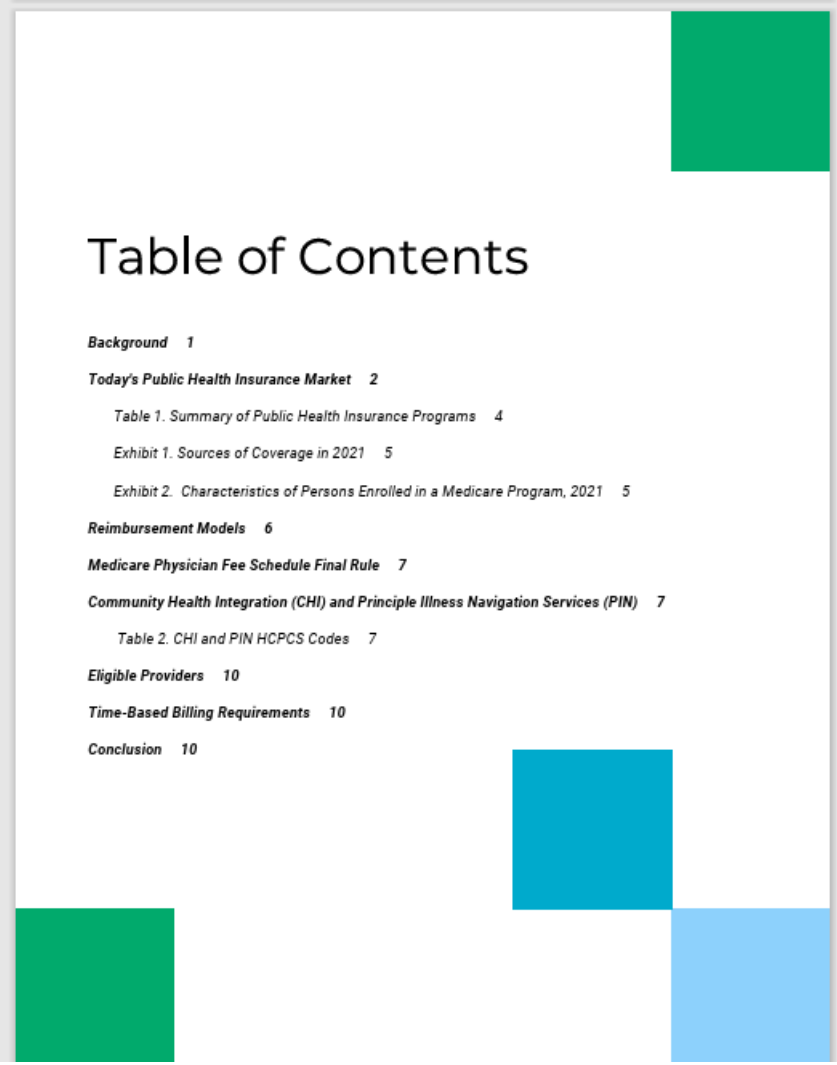

Key Sections

- Public Health Insurance Market
- Reimbursement Models
- Medicare Physician Fee Schedule Final Rule
- CHI / PIN Overview
- Eligible Providers
- Time-Based Billing Requirements

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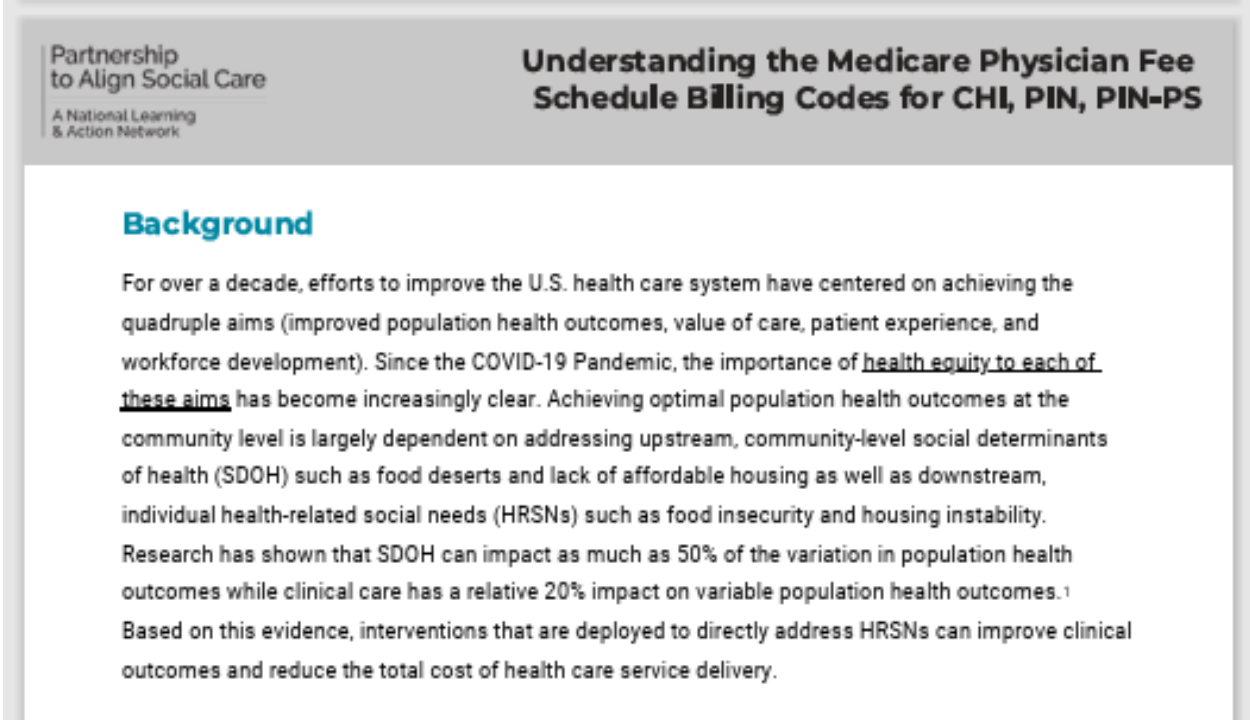
Background

- SDOH can impact as much as 50% of the variation in health outcomes
- References the U.S. Department of Health and Human Services Call to Action: Addressing Health-Related Social Needs in Communities Across the Nation
- Creation of new Medicare Part B benefits
  - CHI / PIN / PIN-PS
  - Application to Medicare Advantage and Special Needs Plans



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Understanding the Medicare Physician Fee Schedule Billing Codes for CHI, PIN, PIN-PS

Background

For over a decade, efforts to improve the U.S. health care system have centered on achieving the quadruple aims (improved population health outcomes, value of care, patient experience, and workforce development). Since the COVID-19 Pandemic, the importance of health equity to each of these aims has become increasingly clear. Achieving optimal population health outcomes at the community level is largely dependent on addressing upstream, community-level social determinants of health (SDOH) such as food deserts and lack of affordable housing as well as downstream, individual health-related social needs (HRSNs) such as food insecurity and housing instability. Research has shown that SDOH can impact as much as 50% of the variation in population health outcomes while clinical care has a relative 20% impact on variable population health outcomes.[1] Based on this evidence, interventions that are deployed to directly address HRSNs can improve clinical outcomes and reduce the total cost of health care service delivery.

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Public Health Insurance Market

- Listing of Public Health Insurance Programs
  - Medicare
  - Medicare Advantage (MA)
  - Medicaid/CHIP
  - Health Insurance Exchange
- Distribution of coverage: 27.6 million MA, 30.6 million Traditional Medicare (2021)
- 95% of Medicare population have Medigap coverage

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Payment Model Overview

- Fee for Service
- Pay for Performance
- Bundled Payment
- Shared Savings and other risk-bearing models

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Medicare Physician Fee Schedule Final Rule Overview

- New Part B benefits that went into effect on January 1, 2024
  - Community Health Integration
  - Principal Illness Navigation
  - Principal Illness Navigation – Peer Support
- Explanation of each service along with the HCPCS codes
- FQHCs/RHCs have a separate HCPCS code for each of these services that also went into effect on January 1, 2024

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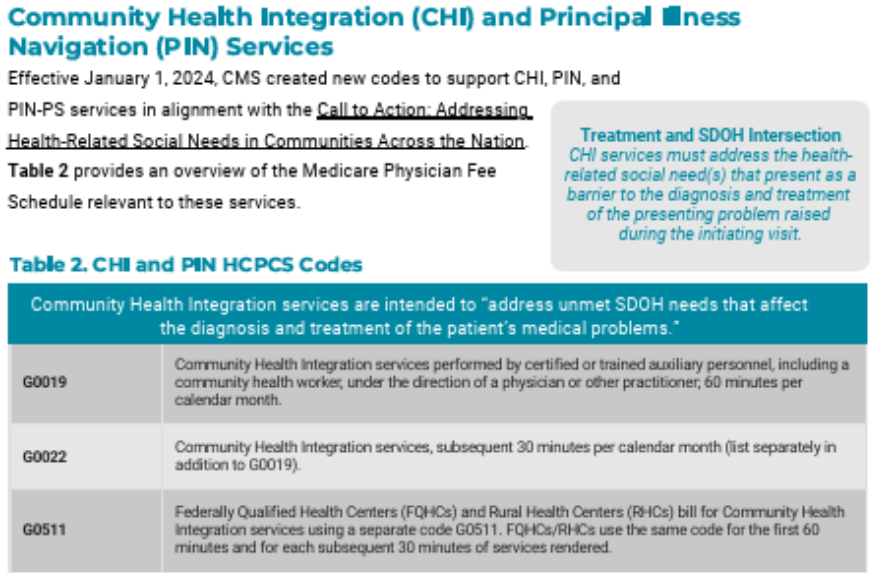
Time-Based Billing and Auxiliary Personnel

- CHI/PIN/PIN-PS services can be performed by auxiliary personnel
  - Community health workers
  - Health coaches
  - Social workers
  - Navigators
- Services are performed under general supervision
- Aggregate of time supports the claim amount that is billed once per calendar month per beneficiary



Community Health Integration (CHI) and Principal Illness Navigation (PIN) Services

Effective January 1, 2024, CMS created new codes to support CHI, PIN, and PIN-PS services in alignment with the Call to Action: Addressing Health-Related Social Needs in Communities Across the Nation. **Table 2** provides an overview of the Medicare Physician Fee Schedule relevant to these services.

Treatment and SDOH Intersection
CHI services must address the health-related social need(s) that present as a barrier to the diagnosis and treatment of the presenting problem raised during the initiating visit.

Table 2. CHI and PIN HCPCS Codes

Community Health Integration services are intended to "address unmet SDOH needs that affect the diagnosis and treatment of the patient's medical problems."	
G0019	Community Health Integration services performed by certified or trained auxiliary personnel, including a community health worker, under the direction of a physician or other practitioner; 60 minutes per calendar month.
G0022	Community Health Integration services, subsequent 30 minutes per calendar month (list separately in addition to G0019).
G0511	Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs) bill for Community Health Integration services using a separate code G0511. FQHCs/RHCs use the same code for the first 60 minutes and for each subsequent 30 minutes of services rendered.

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Conclusion

- Exciting innovation in health care delivery, effective January 1, 2024
- First direct pathway to reimburse for labor addressing health-related social needs.
  - Payment to support the full integration of health and social care
- Formation of new HCPCS codes that can be adopted by all payers

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Next Steps

- Please download and review the Primer at:
  - Understanding-Medicare-PFS-Schedule-Primer.508.pdf (partnership2asc.org)
- Provide feedback to us regarding the Primer and other implementation assistance
  - Autumn Campbell (acampbell@partnership2asc.org) and Timothy McNeill (tmcneill@freedmensconsulting.com)
  - We want to know the demand for technical assistance for implementation
  - Suggestions requested on other technical assistance resources needed
- Be on the lookout for the Implementation Guide to be released later this Spring 2024

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Questions

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Thank You!