Reimbursement Pathways for Whole Person Health: Updates in the CY 2026 Physician Fee Schedule

December 17, 2025 | 3:30-5:00 PM ET

Partnership to Align Social Care

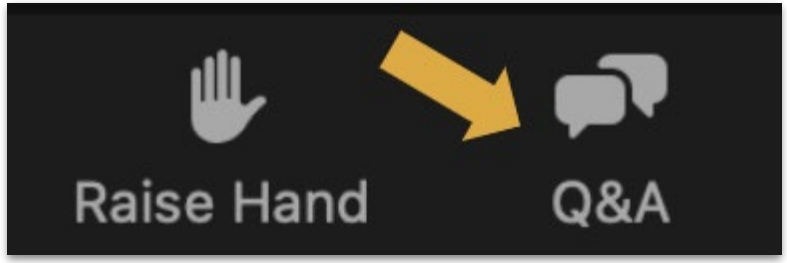
A National Learning & Action Network

FREEDMEN'S CONSULTING

HEALTH IS FREEDOM

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 panel discussion

- Closed captions are provided for this session, can also click "Show Captions" to display automated captions

Partnership
to Align Social Care

A National Learning
& Action Network

Advancing a Proven Model at a National Level

National coalition advancing scalable, sustainable systems that integrate healthcare and social care through Community Care Hubs led by trusted community-based organizations.

June Simmons, Co-Chair
CEO, Partners in Care Foundation
jsimmons@picf.org

Timothy McNeill, Co-Chair
CEO, Freedmen's Health
tmcneill@freedmenshealth.com

Autumn Campbell, Director
Partnership to Align Social Care
acampbell@partnership2asc.org

Jeremiah Silguero, Senior Manager
Partnership to Align Social Care
jsilguero@partnership2asc.org

CY2026 Physician Fee Schedule Final Rule: Changes to CHI/PIN Implementation & Implementation Tips

Timothy P. McNeill, RN, MPH

tmcneill@freedmensconsulting.com

FREEDMEN'S MEDICINE

HEALTH IS FREEDOM

Changes to HCPCS G0019: Community Health Integration

FREEDMEN'S MEDICINE
HEALTH IS FREEDOM

- New Definition of 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, in the following activities **to address upstream driver(s)** that are significantly limiting ability to **diagnose or treat problem(s)** addressed in an **initiating visit.**
- **Key Action:** Replace the term "social determinants of health (SDOH)" with the term "upstream driver(s)"

Upstream Drivers Defined

FREEDMEN'S MEDICINE
HEALTH IS FREEDOM

- Upstream Drivers are factors, such as housing, food insecurity, transportation, and financial constraints, which are common in the Medicare population.

Potential Impact of Upstream Drivers

FREEDMEN'S MEDICINE
HEALTH IS FREEDOM

- Study results with 68,000 Medicare Advantage Participants:
  - 33 percent experienced financial strain,
  - 18.5 percent experienced food insecurity, and
  - 17.7 percent had poor housing quality

- Long CL, Franklin SM, Hagan AS, et al. Health-Related Social Needs Among Older Adults Enrolled In Medicare Advantage. Health Affairs. 2022;41(4):557–562. doi:https://doi.org/10.1377/ hlthaff.2021.01547.

Community Health Integration Services

FREEDMEN'S MEDICINE
HEALTH IS FREEDOM

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	

Person-Centered Assessment

FREEDMEN'S MEDICINE
HEALTH IS FREEDOM

- Person-centered assessment, performed to better understand the individualized context of the **intersection between the upstream driver(s) and the problem(s) addressed in the initiating visit**.
  - Conducting a **person-centered assessment** to understand patient's life story, strengths, needs, goals, preferences and desired outcomes, including understanding cultural and linguistic factors.
  - Facilitating patient-driven **goal setting** and establishing an action plan.
  - **Providing tailored support** to the patient as needed to accomplish the practitioner's treatment plan.

Practitioner, HCBS Coordination

FREEDMEN'S MEDICINE
HEALTH IS FREEDOM

- Practitioner, Home-, and Community-Based Care Coordination.
  - Coordinating receipt of needed services from healthcare practitioners, providers, and facilities; and from home- and community-based service providers, social service providers, and caregiver (if applicable).
  - Communication with practitioners, home- and community-based service providers, hospitals, and skilled nursing facilities (or other health care facilities) regarding the patient's psychosocial strengths and needs, functional deficits, goals, preferences, and desired outcomes, including cultural and linguistic factors.

Community Health Worker (CHW)

Practitioner, HCBS Coordination Example

FREEDMEN'S MEDICINE
HEALTH IS FREEDOM

HEDIS Gap: Colonoscopy

- Provide Health Education
- Determine gastroenterologist that is near the consumer.
- Determine any required accommodations (accessible transportation, language supports, etc.).
- Identify a person to accompany the beneficiary to the procedure.
- Schedule transportation.
- Provide the beneficiary with the plan.
- Facilitate adherence with the plan.
- Ensure completion of the procedure.
- Provide health education to the beneficiary regarding the outcome of the procedure.
- Communicate completion (gap closure) to other members of the care team.

Practitioner, HCBS Coordination (Cont.)

FREEDMEN'S MEDICINE
HEALTH IS FREEDOM

- Practitioner, Home-, and Community-Based Care Coordination.
  - **Coordination of care transitions** between and among health care practitioners and settings, including transitions involving referral to other clinicians; follow-up after an emergency department visit; or follow-up after discharges from hospitals, skilled nursing facilities or other health care facilities.
  - **Facilitating access to community-based social services** to address upstream driver(s).

Community Health Worker (CHW)

Transitions of Care

FREEDMEN'S MEDICINE
HEALTH IS FREEDOM

HEDIS Gap: Readmissions

- Provide Health Education
- Conduct a home visit post-discharge
- Provide health education regarding the discharge instructions
- Assist with scheduling follow-up appointments with PCP and Specialist.
- Coordinate transportation.
- Verify new prescriptions have been filled.
- Facilitate transportation to the pharmacy, if indicated.
- Facilitate adherence with the PCP Transitional Care Management visit (support telehealth, if indicated).
- Facilitate enrollment in all applicable social service programs: Medicaid, SNAP, MSP, Extra Help, Housing, Medicaid Waiver, etc.

Health Education

FREEDMEN'S MEDICINE
HEALTH IS FREEDOM

- Helping the patient contextualize health education provided by the patient's treatment team with the patient's individual needs, goals, and preferences, in the context of the upstream driver(s), and educating the patient on how to best participate in medical decision-making.

Building Patient Self-Advocacy Skills

FREEDMEN'S MEDICINE
HEALTH IS FREEDOM

- Building patient self-advocacy skills, so that the patient can **interact with members of the health care team and related community-based services** addressing the upstream driver(s), in ways that are more likely to promote personalized and effective diagnosis or treatment.

Health Care Access/Health System Navigation.

FREEDMEN'S MEDICINE
HEALTH IS FREEDOM

- Helping the patient access healthcare, including identifying appropriate practitioners or providers for clinical care and helping secure appointments with them.

Facilitating Behavior Change

FREEDMEN'S MEDICINE
HEALTH IS FREEDOM

- Facilitating behavioral change as necessary for meeting diagnosis and treatment goals, including promoting patient motivation to participate in care and reach person-centered diagnosis or treatment goals.

Facilitating and Providing Social and Emotional Support

FREEDMEN'S MEDICINE
HEALTH IS FREEDOM

- Facilitating and providing social and emotional support to help the patient cope with the problem(s) addressed in the initiating visit, the upstream driver(s), and adjust daily routines to better meet diagnosis and treatment goals.

Leveraging Lived Experience

FREEDMEN'S MEDICINE
HEALTH IS FREEDOM

- Leveraging lived experience when applicable to provide support, mentorship, or inspiration to meet treatment goals.

CHI/PIN Practitioner Types

CHI/PIN Practitioner Types

FREEDMEN'S MEDICINE
HEALTH IS FREEDOM

- 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.
- Principal Illness Navigation services by certified or trained auxiliary personnel under the direction of a physician or other practitioner, including a patient navigator or certified peer specialist.
- Principal Illness Navigation—Peer Support by certified or trained auxiliary personnel under the direction of a physician or other practitioner, including a certified peer specialist.

Role of Clinical Social Workers (CSWs)

FREEDMEN'S MEDICINE
HEALTH IS FREEDOM

- "In the CY 2025 PFS final rule (89 FR 97822), we [CMS] clarified that when we refer to "certified or trained auxiliary personnel" in the following codes: G0019, G0022, G0023, G0024, G0140, G0146, this also includes clinical social workers (CSWs)."
- CHI and PIN services are typically provided by auxiliary personnel supervised by the billing practitioner, and MFTs and MHCs could serve as auxiliary personnel, as the codes do not limit the types of auxiliary personnel that can perform CHI and PIN services incident to the billing practitioner's professional services, so long as they meet the requirements to provide all elements of the service included in the code, consistent with the definition of auxiliary personnel at § 410.26(a)(1).

Role of Marriage and Family Therapists/Mental Health Counselors

FREEDMEN'S MEDICINE
HEALTH IS FREEDOM

- CHI and PIN services are typically provided by auxiliary personnel supervised by the billing practitioner, and MFTs and MHCs could serve as auxiliary personnel, as the codes do not limit the types of auxiliary personnel that can perform CHI and PIN services incident to the billing practitioner's professional services, so long as they meet the requirements to provide all elements of the service included in the code, consistent with the definition of auxiliary personnel at § 410.26(a)(1).

CSWs, MFTs, & MHCs as the billing practitioner

FREEDMEN'S MEDICINE
HEALTH IS FREEDOM

- CSWs, MFTs, & MHCs can serve as the billing practitioner for CHI and PIN as long as the following factors are met:
- The CSW, MFT, or MHC personally completed a qualifying initiating visit.
- CSWs, MFTs and MHCs bills Medicare directly for CHI and PIN services they **personally perform** for the diagnosis or treatment of mental illness.
  - Time spent by auxiliary personnel cannot be included in a direct claim submitted by a CSW, MFT, or MHC because this practitioner type is not authorized to provide incident to services, under general supervision.
  - Individuals who personally furnish or serve as auxiliary personnel for CHI and PIN services must meet all other service requirements associated with these codes.

Additional Clarification on the Role of CSWs, MFTs, & MHCs as the Billing Practitioner

FREEDMEN'S MEDICINE
HEALTH IS FREEDOM

- Time spent by auxiliary personnel cannot be included in a direct claim submitted by a CSW, MFT, or MHC because this practitioner type is not authorized to provide incident to services, under general supervision.
- Individuals who personally furnish or serve as auxiliary personnel for CHI and PIN services must meet all other service requirements associated with these codes.

Clarification of Auxiliary Personnel and Training Requirements

Do Auxiliary Personnel Include CHWs only

FREEDMEN'S MEDICINE
HEALTH IS FREEDOM

- Clarification:
- As we stated previously in the CY 2024 PFS final rule (88 FR 78926), the codes **do not limit the types of other health care professionals**, such as registered nurses and social workers, that can perform CHI services (and PIN services, as we discuss in the next section) incident to the billing practitioner's professional services, **so long as they meet the requirements to provide all elements of the service included in the code,** consistent with the definition of auxiliary personnel at § 410.26(a)(1).

Reminder of the CHI Training Requirement

FREEDMEN'S MEDICINE
HEALTH IS FREEDOM

- Source: CMS FAQ CHI/PIN 2024
- What kind of certification or training is needed for auxiliary personnel providing CHI services under the general supervision of the billing physician or other practitioner?
- a. Auxiliary personnel, including community health workers, must meet applicable State requirements, including certification or licensure.
- In States with no applicable requirements, auxiliary personnel providing CHI services must be trained or certified in
- the competencies of:
  - i. Patient and family communication
  - ii. Interpersonal and relationship-building
  - iii. Patient and family capacity-building
  - iv. Service coordination and system navigation
  - v. Patient advocacy, facilitation, individual and community assessment
  - vi. Professionalism and ethical conduct
  - vii. Development of an appropriate knowledge base, including of local community-
  - based resources.

Reminder of the PIN Training Requirement

FREEDMEN'S MEDICINE
HEALTH IS FREEDOM

- Source: CMS FAQ CHI/PIN 2024
- What kind of certification or training is needed for auxiliary personnel providing PIN services under the general supervision of the billing physician or other practitioner?
- a. Auxiliary personnel must meet applicable State requirements, including certification or licensure.
- In States with no applicable requirements, auxiliary personnel providing PIN services must be trained or certified in the competencies of:
  - i. Patient and family communication
  - ii. Interpersonal and relationship-building
  - iii. Patient and family capacity building
  - iv. Service coordination and systems navigation
  - v. Patient advocacy, facilitation, individual and community assessment
  - vi. Professionalism and ethical conduct
  - vii. Development of an appropriate knowledge base, including specific certification
  - or training on the serious, high-risk condition, illness, or disease being addressed.

Reminder of the PIN-PS Training Requirement

FREEDMEN'S MEDICINE
HEALTH IS FREEDOM

- Source: CMS FAQ CHI/PIN 2024
- What kind of certification or training is needed for auxiliary personnel providing PIN-PS services under the general supervision of the billing physician or other practitioner?
  - a. Auxiliary personnel performing PIN-PS services (HCPCS codes G0140 and G0146), must meet applicable State requirements, including certification or licensure. In States with no applicable requirements, auxiliary personnel providing PIN-PS services must be trained consistent with the National Model Standards for Peer Support Certification published by the Substance Abuse Mental Health Services Administration (SAMHSA).

Initiating Visit Changes CY2026

FREEDMEN'S MEDICINE
HEALTH IS FREEDOM

- Current initiating visits for CHI/PIN
  - E/M Encounter (level 2 or higher)
  - Transitional Care Management (TCM)
  - Annual Wellness Visit (AWV)
- New: Additional Services that can serve as an Initiating Visit:
  - Psychiatric Diagnostic Evaluation (CPT 90791)
  - Health Behavior Assessment and Intervention (HBAI)
    - CPT codes 96156, 96158, 96159, 96164, 96165, 96167, and 96168 (and any subsequent HBAI codes).

FQHC/RHC Requirements

Application in FQHCs/RHCs

FREEDMEN'S MEDICINE
HEALTH IS FREEDOM

- "For RHCs and FQHCs, we established payment for these suites of care coordination services outside of the RHC AIR and FQHC PPS. **That is, payment is made in addition to the otherwise billable visit.**"
- Suite of care coordination services includes the following:
  - chronic care management (CCM),
  - principal care management (PCM),
  - general behavior health integration (BHI),
  - principal illness navigation (PIN),
  - PIN-peer support services and
  - Advanced Primary Care Management (APCM)

FQHC/RHC: CHI/PIN Rates

FREEDMEN'S MEDICINE
HEALTH IS FREEDOM

- FQHCs and RHCs are paid at the National Rate per applicable service, regardless of the location that the FQHC/RHC operates.
- The add-on codes for CHI/PIN/PIN-PS are applicable to FQHCs/RHCs and paid at the National Rate.
- The CHI/PIN/PIN-PS codes do not have a limit per calendar month as long as the services are medically necessary and all applicable rules are adhered to.

SDOH Risk Assessment

Changes to the SDOH Risk Assessment

FREEDMEN'S MEDICINE
HEALTH IS FREEDOM

- Descriptor Change:
- "Administration of a standardized, evidence-based assessment of physical activity and nutrition, 5–15 minutes, not more often than every 6 months."
  - The purpose of HCPCS code G0136 is to identify and value the work involved in the **administering of a physical activity and/or nutrition risk assessment** as part of a comprehensive medical history when medically reasonable and necessary in relation to the associated E/M or behavioral health visit.

Expected Outcome of the SDOH Risk Assessment

FREEDMEN'S MEDICINE
HEALTH IS FREEDOM

- Refer the patient to relevant resources and take into account the results of the assessment in their medical decision making, or diagnosis and treatment plan for the visit.

Standardized, Evidence-based Assessment Tools

FREEDMEN'S MEDICINE
HEALTH IS FREEDOM

Nutrition Assessment Tools

- MiniEAT tool,
  - https://www.ahajournals.org/doi/10.1161/JAHA.121.025064
- Starting the Conversation: Diet tool, and
  - https://www.ajpmonline.org/article/S0749-3797(10)00586-6/pdf
- Short Dietary Assessment Instruments.
  - https://epi.grants.cancer.gov/diet/screeners/

Standardized, Evidence-based Assessment Tools

FREEDMEN'S MEDICINE
HEALTH IS FREEDOM

Physical Activity Assessment Tools

- Physical Activity Vital Sign,
  - https://www.exerciseismedicine.org/wp-content/uploads/2021/04/EIM-Physical-Activity-Vital-Sign.pdf
- CHAMPS Physical Activity Questionnaire for Older Adults, and
  - https://journals.lww.com/acsm-msse/fulltext/2001/07000/champs_physical_activity_questionnaire_for_older.10.aspx
- Rapid Assessment of Physical Activity (RAPA) or Telephone Assessment of Physical Activity (TAPA)
  - https://depts.washington.edu/hprc/programs-tools/tools-guides/rapa/

The Mini-EAT (Eating Assessment Tool) is a quick and simple dietary screener comprised of the following 9 questions aimed to assess your food intake:

1) How often do you eat fresh fruits?

Examples:
Apples, bananas, pears, oranges, grapes, strawberries, blueberries, etc.
Include fresh fruits and frozen fruits with no added sugar.
Please do not include preserved or dried fruits or fruit juice in your estimates.

[One serving equals: 1 small apple or ½ large banana (approximately 1cup, size of a small fist); 1 cup mandarin oranges, melon or raspberries; ¾ cup blueberries; 1½ cup whole strawberries]

- ◯ I do not eat it at all
- ◯ Less than 1 serving per week
- ◯ 1-2 servings per week
- ◯ 3-4 servings per week
- ◯ 5-6 servings per week
- ◯ 1 serving per day
- ◯ 2-3 servings per day
- ◯ 4-5 servings per day
- ◯ 6 or more servings per day

2) How often do you eat vegetables?

Examples:
Tomatoes, peppers, cucumbers, broccoli, carrots, green beans, cabbage, spinach, arugula and other leafy vegetables.
Include raw or cooked non-starchy vegetables.
Please do not include starchy vegetables (such as potatoes) and fried vegetables in your estimates.

[One serving equals: 1 cup raw vegetables (e.g. tomatoes, baby carrots, celery, green peas); ½ cup cooked vegetables (such as broccoli and spinach); 1 cup arugula]

- ◯ I do not eat it at all
- ◯ Less than 1 serving per week
- ◯ 1-2 servings per week
- ◯ 3-4 servings per week
- ◯ 5-6 servings per week
- ◯ 1 serving per day
- ◯ 2-3 servings per day
- ◯ 4-5 servings per day
- ◯ 6 or more servings per day

3) How often do you eat legumes, nuts, and seeds?

Examples:
Legumes - cooked or canned beans, lentils, chickpeas or peas; miso, tofu, tempeh, hummus
Nuts - almonds, walnuts, hazelnuts, peanuts, etc.
Seeds - sesame, sunflower, pumpkin, flax seeds, etc.

(One serving equals: ½ cup of cooked or canned legumes; ⅓ hummus or bean dip; ½ cup tofu; ¼ cup tempeh; a small handful of nuts or seeds)

- ◯ I do not eat it at all
- ◯ Less than 1 serving per week
- ◯ 1-2 servings per week
- ◯ 3-4 servings per week
- ◯ 5-6 servings per week
- ◯ 1 serving per day
- ◯ 2-3 servings per day
- ◯ 4-5 servings per day
- ◯ 6 or more servings per day

(Optional informational text displayed underneath the field.)

4) How often do you eat fish or seafood?

Examples:
Fresh water fish or sea water fish (e.g. salmon, sardines, trout, Atlantic, Pacific mackerel etc.) and seafood.
Include canned fish/seafood in your estimates.

[One serving equals: 3 oz. of cooked or canned fish (about the size of a deck of cards); a palm-size piece of raw fish]

- ◯ I do not eat it at all
- ◯ Less than 1 serving per week
- ◯ 1-2 servings per week
- ◯ 3-4 servings per week
- ◯ 5-6 servings per week
- ◯ 1 serving per day
- ◯ 2-3 servings per day
- ◯ 4-5 servings per day
- ◯ 6 or more servings per day

5) How often do you eat whole grains?

Examples:
Whole grain bread, whole grain bread roll, muesli, unsweetened ready to eat cereal, cooked grits/porridge, brown rice, whole grain pasta, corn tortilla.
Please do not include white bread, white roll or bagels; white rice or pasta; or wheat tortilla in your estimates.

[One serving equals: 1 slice of whole grain bread; ½ cup cooked cereal (oats, oatmeal, quinoa); ½ cup cooked brown rice or whole grain pasta; 1 small corn tortilla; ½ cup cooked grits; 1 cup ready-to-eat cereal flakes]

- ◯ I do not eat it at all
- ◯ Less than 1 serving per week
- ◯ 1-2 servings per week
- ◯ 3-4 servings per week
- ◯ 5-6 servings per week
- ◯ 1 serving per day
- ◯ 2-3 servings per day
- ◯ 4-5 servings per day
- ◯ 6 or more servings per day

(Optional informational text displayed underneath the field.)

6) How often do you eat refined grains?

Examples:
White bread; white roll, bagel or English muffin; white rice or pasta, wheat tortilla.
Please do not include whole grains considered in the above question (such as whole grain bread or bread roll).

(One serving equals: 1 slice white bread; ½ roll; ½ small white bagel or English muffin; ½ cup cooked white rice or pasta; 1 small wheat tortilla)

- ◯ I do not eat it at all
- ◯ Less than 1 serving per week
- ◯ 1-2 servings per week
- ◯ 3-4 servings per week
- ◯ 5-6 servings per week
- ◯ 1 serving per day
- ◯ 2-3 servings per day
- ◯ 4-5 servings per day
- ◯ 6 or more servings per day

(Optional informational text displayed underneath the field.)

7) How often do you eat low-fat dairy?

Examples:
Low-fat milk (1%) or fat-free (skim) milk or soy milk; yogurt with reduced fat content; low fat cheese, mozzarella, cottage cheese.

[One serving equals: 1 cup low fat or skim milk; ¾ cup (6oz.) yogurt low fat; 1 pre-packagedslice low fat cheese; 1½ oz. mozzarella]

- ◯ I do not eat it at all
- ◯ Less than 1 serving per week
- ◯ 1-2 servings per week
- ◯ 3-4 servings per week
- ◯ 5-6 servings per week
- ◯ 1 serving per day
- ◯ 2-3 servings per day
- ◯ 4-5 servings per day
- ◯ 6 or more servings per day

(Optional informational text displayed underneath the field.)

8) How often do you eat high-fat dairy and saturated fats?

Examples:
2% milk or whole milk; butter; cream; cream cheese; cheese with not reduced-fat content; yogurt with 2% or higher milk fat; ice cream.
Butter, coconut oil or shortening used for cooking.
Please do not include low fat dairy in the above question in your estimates.

[One serving equals: 1 cup 2% milk and whole milk; ¾ cup (6 oz.) yogurt; 1 pre-packaged slice of cheese; 2 oz. processed cheese; 1/2 cup ice cream; 1 teaspoon butter, shortening or coconut oil]

- ◯ I do not eat it at all
- ◯ Less than 1 serving per week
- ◯ 1-2 servings per week
- ◯ 3-4 servings per week
- ◯ 5-6 servings per week
- ◯ 1 serving per day
- ◯ 2-3 servings per day
- ◯ 4-5 servings per day
- ◯ 6 or more servings per day

(Optional informational text displayed underneath the field.)

9) How often do you eat sweets and sweet foods?

Examples:
Commercial sweets, candies, cookies, cakes, pastries, sweet snacks.

[One serving equals: 1.5 oz. gummi candy (e.g. Haribo); 3 pcs hard candy (e.g. Werther's); 1 small piece of cake or pastry; 1 medium doughnut or sweet snack; 2-3 sweet biscuits or cookies (about 1 oz.)]

- ◯ I do not eat it at all
- ◯ Less than 1 serving per week
- ◯ 1-2 servings per week
- ◯ 3-4 servings per week
- ◯ 5-6 servings per week
- ◯ 1 serving per day
- ◯ 2-3 servings per day
- ◯ 4-5 servings per day
- ◯ 6 or more servings per day

(Optional informational text displayed underneath the field.)

Kyla M. Lara-Breitinger. Journal of the American Heart Association. Validation of a Brief Dietary Questionnaire for Use in Clinical Practice: Mini-EAT (Eating Assessment Tool), Volume: 12, Issue: 1, DOI: (10.1161/JAHA.121.025064)

Community Health Worker (CHW)

MiniEAT Tool

FREEDMEN'S MEDICINE
HEALTH IS FREEDOM

Consumer Dietary Intake Primarily Includes Non-Recommended foods

- Provide Health Education.
- Determine enrollment in social service programs to address food insecurity.
- Obtain the recommended diet from the clinical team and reinforce the dietary requirements with the beneficiary.
- Determine barriers to adherence with recommended dietary changes.
- Update person-centered plan based on identified barriers.
- Determine resources to overcome perceived barriers to adherence.
- Assist with menu planning, based on clinical recommendations.
- Determine options to increase access to recommended dietary items:
  - **Enrollment in SNAP.**
  - **Amazon Prime for SNAP beneficiaries.**
  - **Walmart + for SNAP beneficiaries.**
  - **Assist with managing phone applications for online ordering with membership.**
  - **Leverage food bank resources as part of the overall strategy.**
- Provide health education regarding menu planning, food preparation, and label reading.
- Provide ongoing monitoring and reinforce key educational concepts regarding dietary requirements.

PFS Request for Information (RFI)

RFI

FREEDMEN'S MEDICINE
HEALTH IS FREEDOM

- Health Coaching
- Medically Tailored Meals
- Falls Prevention
- Motivational Interviewing
- Evidence-based programs funded by ACL formula grants

- Numerous responses received. Information will be used for future rulemaking.

CHI/PIN Implementation Support Summary

Status of CHI/PIN Implementation Support Services

- RWJF Grant to the Partnership to Align Social Care.
  - Health Equity Learning Collaborative
  - 38 Markets participated
- Freedmen's Health Consulting
  - Numerous State and local implementation projects
    - CHI
    - PIN
    - PIN-PS
    - Collaborative Care Management (CoCM)
  - Project based
  - TA range: Custom education webinars –to– Custom process flows & Intensive on-site implementation project management.

Frequent Implementation Barriers Identified from Direct TA Projects #1

FREEDMEN'S MEDICINE
HEALTH IS FREEDOM

- Process
  - Role confusion
  - Changing the current clinical process flow
    - Initiating Visit
    - Referral to CHW
    - Clinical Integration
    - Auxiliary personnel role confusion
    - Confusion regarding CHW/CBO activities that are included in CHI/PIN delivery.
- Information Technology Barriers
  - Systems to capture time and file claims.
  - Revenue Cycle Management (RCM)
- Management Issues
  - Clinical Integration
- Sustainability Implementation Strategy

Frequent Implementation Barriers Identified from Direct TA Projects #2

FREEDMEN'S MEDICINE
HEALTH IS FREEDOM

- Information Technology Barriers
  - Documentation of interventions
  - Capturing time
  - Reporting time
  - Calculating time-based billing
  - Quality Assurance
- Management Issues
  - Performance measurement
- Sustainability Implementation Strategy

Frequent Implementation Barriers Identified from Direct TA Projects #3

FREEDMEN'S MEDICINE
HEALTH IS FREEDOM

- Different expectations between supervising practitioner and the auxiliary personnel.
  - Alignment with Value-Based Contract requirements/goals
  - Confusion Regarding Evaluation metrics
    - Process metrics
    - Outcome metrics

Frequent Implementation Barriers Identified from Direct TA Projects #4

FREEDMEN'S MEDICINE
HEALTH IS FREEDOM

- Integration of CBOs into the Delivery Model

CHI Intervention Example: Financial Constraints

Examples of Interventions

FREEDMEN'S MEDICINE
HEALTH IS FREEDOM

- Upstream Driver: Financial Issues
  - Medicare Cost Sharing Issue
    - Medicare Savings Program
  - Prescription Drug Costs Issue
    - Extra Help (Part D Subsidy)
  - Transportation for Medical Care
    - Paratransit
    - Medicaid transportation programs
    - Public Transportation
  - Lack of Income
    - SSI
    - SSDI
  - Lack of Assistance with Activities of Daily Living
    - Medicaid Waiver
    - State Plan

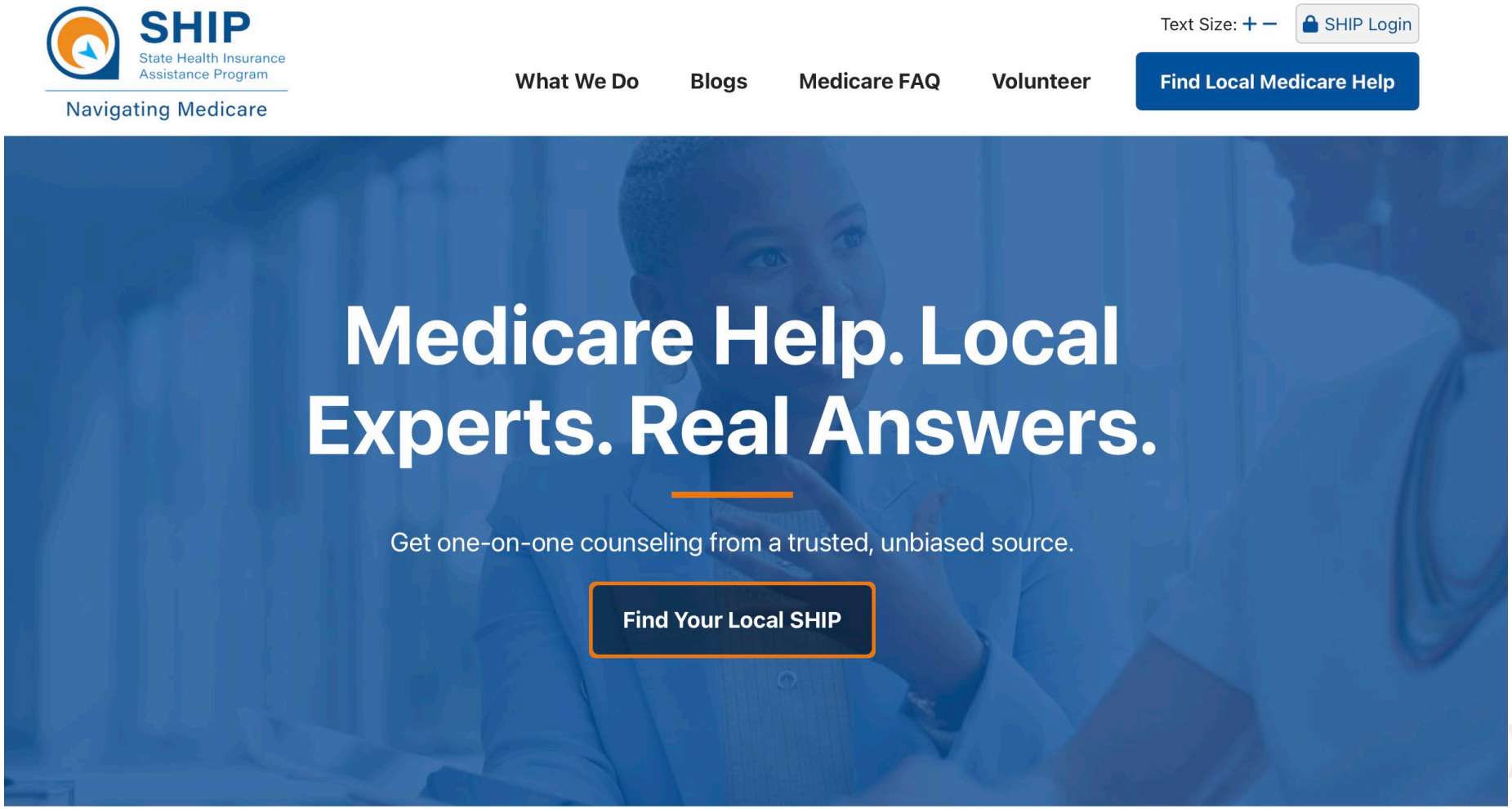
Focus on Cost Sharing Challenges: MSP

FREEDMEN'S MEDICINE
HEALTH IS FREEDOM

- State Health Insurance Program (SHIP)
  - SHIP Locator
  - https://www.shiphelp.org
- There are 54 SHIPs (50 States, Puerto Rico, Guam, & The District of Columbia).
- Provide assistance with enrollment in programs to address out-of-pocket costs associated with Medicare including the Medicare Savings Program (MSP) and Extra Help (Part D Subsidy).

Find Your Local SHIP Resource: https://www.shiphelp.org

FREEDMEN'S MEDICINE
HEALTH IS FREEDOM



Role of the CHW / Auxiliary Personnel

FREEDMEN'S MEDICINE
HEALTH IS FREEDOM

- Assist with gathering required documents.
- Review application options (online, in person, mail, etc.).
- Provide direct assistance with completing application.
  - Answer all questions completely.
  - Report gross monthly income.
  - Obtain SSA Income statement/
    - Coordinate travel to the SSA office to obtain SSA Income Statement.
  - List all bank accounts (even low balances).
  - Sign and date application.
  - Make copies of all required documents.
- Submit all supporting documents, with delivery confirmation.

Role of the CHW / Auxiliary Personnel (Cont.)

FREEDMEN'S MEDICINE
HEALTH IS FREEDOM

- Watch mail for notices of application.
- Determine MSP type listed in approval (QMB, SLMB, QI, or QWDI).
- Determine effective date.
- Assess for retroactive coverage (often up to 3 months).
- Confirm Part B premium stops being deducted from SSA income.
- Notify practitioners of MSP enrollment type.
- Apply for Extra Help (LIS).
- Choose or update Part D plan.

Potential Impact: MSP

FREEDMEN'S MEDICINE
HEALTH IS FREEDOM

- JAMA Study shows that 56.7% of eligible persons have enrolled in the Medicare Savings Program.
- https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2839593
- **QMB (Qualified Medicare Beneficiary) has no cost sharing.**
  - **Many eligible persons never apply.**
- If we moved the enrollment from **56.7% to 75%** there would be a significant expansion of enrolled persons that have improved financial stability due to the elimination of most cost sharing or out-of-pocket costs for a Medigap plan.
- *Note that enrolled persons must recertify each year to maintain enrollment.

Potential Impact: Extra Help (Part D Subsidy)

FREEDMEN'S MEDICINE
HEALTH IS FREEDOM

- Enrollment varies from 25% (partial) to 73% (full) based on one study.
- Increased adherence to prescribed medications due to the elimination of cost sharing by the beneficiary that was eligible but did not enroll.
- Once enrolled in Extra Help, the person should have a prescription plan review to determine if they are enrolled in the plan that best covers their prescribed medications. (make changes to prescription drug plan as necessary).
- *Note that enrolled persons must recertify each year to maintain enrollment.

Operationalizing The Model

FREEDMEN'S MEDICINE
HEALTH IS FREEDOM

- Screening every person for financial constraints related to Medigap coverage, out-of-pocket costs, and prescription drug costs.
- Persons that report financial strains should be screened for current enrollment in MSP and Extra Help.
- Educate the beneficiary on the role of MSP and Extra Help in addressing medical costs.
- Connect with the SHIP for assistance as needed.
- Provide direct assistance to the beneficiary to complete enrollment in all applicable programs.
- Notify all members of the care team when enrollment is complete.
- Educate the beneficiary on how to best use their new benefits.

Process Workflow

Financial Screening Screen for constraints related to Medigap, out-of-pocket, and Rx costs.

Check Eligibility If strains are reported, screen for enrollment in MSP and Extra Help.

Education Explain the role of MSP and Extra Help in reducing medical costs.

SHIP Connection Connect beneficiary with SHIP (State Health Insurance Assistance Program).

Direct Assistance Provide hands-on support to complete enrollment in all applicable programs.

Team Notification Notify the entire care team once enrollment is successfully completed.

Benefit Utilization Educate the beneficiary on how to effectively use their new benefits.

Sample Auxiliary Personnel/CHW Management Resources

CHW Productivity Management

FREEDMEN'S MEDICINE
HEALTH IS FREEDOM

- Should CHW productivity be managed? Yes
  - Optimizing patient access
  - Ensuring financial sustainability
  - Improving team efficiency
  - Supporting clinical integration

Establishing Productivity goals

FREEDMEN'S MEDICINE
HEALTH IS FREEDOM

- It is common practice for medical clinics and outpatient practices to establish a productivity goal and manage the schedule of all billing providers:
  - Physicians
  - Nurse Practitioners
  - Physician Assistants
  - Clinical Social Workers
- When CHW labor moves from grant-based to claims-based, the same level of productivity management is required.

Sample CHW Workday Plan

FREEDMEN'S MEDICINE
HEALTH IS FREEDOM

Time	Activity	Billable vs Non-Billable
8:30 – 9:00am	Morning Huddle, call list prep	Non-Billable
9:00 – 12:00pm	3 hours of member engagement and service delivery	3 Billable hours
12:00 – 12:30pm	Lunch	Non-Billable
12:30 – 3:30pm	Member encounters and service delivery to address identified needs.	3 Billable hours
3:30 – 4:30pm	Member encounter follow-up	1 Billable hour
4:30 – 5:00pm	Daily wrap-up and planning for the next day/week	Non-Billable
Total Billable Time per Day		7 Billable Hours Total

Sample CHW Productivity Report Card & Grading Ruberic

FREEDMEN'S MEDICINE
HEALTH IS FREEDOM

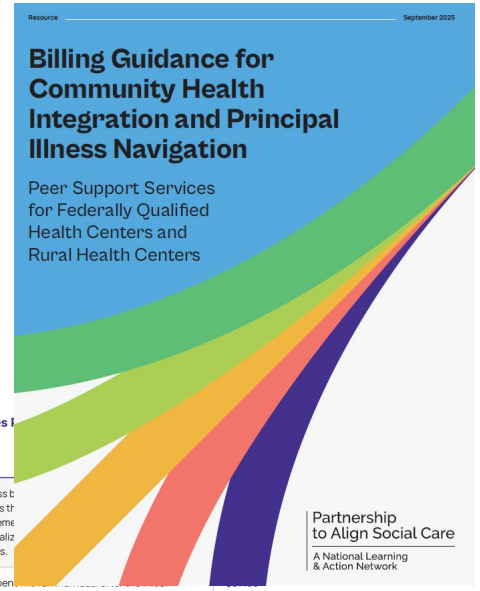
Daily Productivity	Daily Productivity Grade	Average Weekly Productivity (Hrs)	Weekly Grade
7+ Hours per day	A	7+ Average for the week	A
6.0 – 6.9 Hours per day	B	6.0 – 6.9 Average for the week	B
5.0 – 5.9 Hours per day	C	5.0 – 5.9 Average for the week	C
4 hours or less for the day	F	4 hours or less, average for the week	F

Partnership
to Align Social Care

A National Learning
& Action Network

Additional Resources

- **Billing Guidance for Community Health Integration and Principal Illness Navigation** (https://www.partnership2asc.org/wp-content/uploads/2025/10/FINAL-FQHC-RHC-Billing-Guidance-for-CHI-PIN_.pdf)
- **Implementation Key for the Delivery of Evidence-Based Programs and CHI / PIN Services as Part of a Whole-Person Health Strategy** (https://www.partnership2asc.org/wp-content/uploads/2025/10/FINAL-Implementation-Key-for-Whole-Person-Health-Strategy.pdf)
- **HBAI Services Implementation Resource** (https://www.partnership2asc.org/wp-content/uploads/2025/10/FINAL-HBAI-Services-Implementation-Resource.pdf)
- **The Role of CSWs in Providing CHI and PIN** (https://www.partnership2asc.org/wp-content/uploads/2025/10/FINAL-CSW-CHI-PIN-Implementation-Resource.pdf)



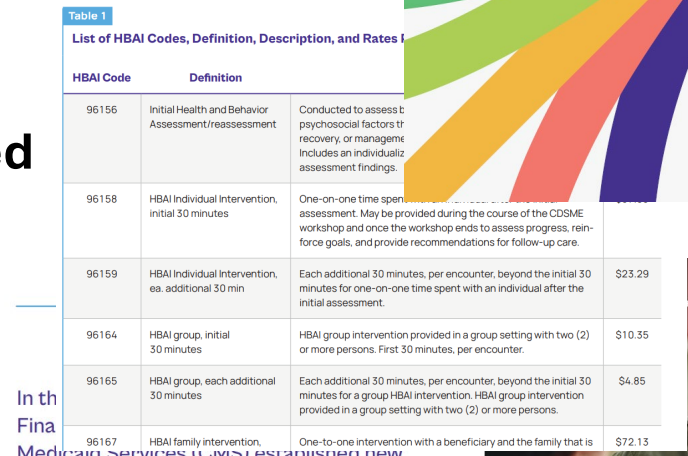


Table 1

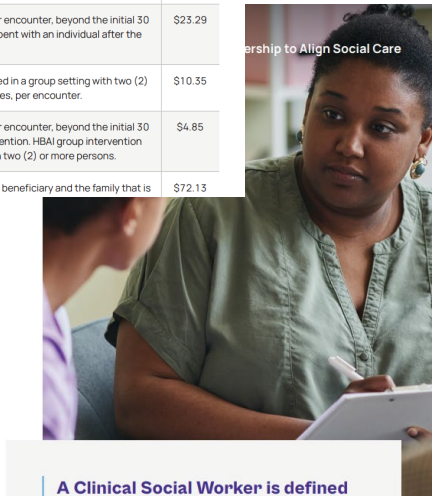
List of HBAI Codes, Definition, Description, and Rates

HBAI Code	Definition		
96156	Initial Health and Behavior Assessment/reassessment	Conducted to assess b psychosocial factors th recovery, or manageme Includes an individualiz assessment findings.	
96158	HBAI Individual Intervention, initial 30 minutes	One-on-one time spen assessment. May be provided during the course of the CDSME workshop and once the workshop ends to assess progress, rein-force goals, and provide recommendations for follow-up care.	
96159	HBAI Individual Intervention, ea. additional 30 min	Each additional 30 minutes, per encounter, beyond the initial 30 minutes for one-on-one time spent with an individual after the initial assessment.	$23.29
96164	HBAI group, initial 30 minutes	HBAI group intervention provided in a group setting with two (2) or more persons. First 30 minutes, per encounter.	$10.35
96165	HBAI group, each additional 30 minutes	Each additional 30 minutes, per encounter, beyond the initial 30 minutes for a group HBAI intervention. HBAI group intervention provided in a group setting with two (2) or more persons.	$4.85
96167	HBAI family intervention,	One-to-one intervention with a beneficiary and the family that is	$72.13

In th
Fina
Medicaid Services (CMS) established new HCPCS codes to address Health-Related Social Needs (HRSNs) or provide health navigation services under the following Medicare Part B benefits:

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

The guidance allows for trained auxiliary personnel to provide these services under general supervision of an eligible healthcare practitioner. Clinical Social



A Clinical Social Worker is defined


Q
A

Thank You!

Autumn Campbell
acampbell@partnership2asc.org

Partnership
to Align Social Care

A National Learning
& Action Network

FREEDMEN'S CONSULTING
HEALTH IS FREEDOM