

Medicaid Reimbursement for Community Health Worker Services

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COLORADO

Department of Health Care
Policy & Financing



Our Mission:

Improving health care equity, access and outcomes for the people we serve while saving Coloradans money on health care and driving value for Colorado.



Welcome & Introductions

The Department of Health Care Policy and Financing (HCPF) oversees and operates Health First Colorado (Colorado's Medicaid program).



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Meeting Norms

- To reduce background noise, all participants are muted upon entering the webinar.
- Participants are encouraged to use the Q & A pod or raise your hand using Zoom's toolbar to ask your question verbally. We will also be using Zoom polls during today's event.
- As this meeting may be recorded, please refrain from providing personally identifiable information or protected health information.
- Today's event will include a Spanish interpreter and automated captions. Both accessibility services are available through your Zoom toolbar.



Who is HCPF?

- HCPF = Colorado Department of Health Care Policy and Financing
- Designated as Colorado's single state Medicaid agency
- Responsible for supervision and oversight of Colorado's public insurance programs
- Visit our website: <https://hcpf.colorado.gov/>



Acronyms

HCPF = Health Care Policy and Financing

CDPHE = Colorado Department of Public Health and Environment

CMS = Centers for Medicare and Medicaid

CHW = Community Health Worker

SPA = State Plan Amendment

MCO = Managed Care Organization

RAE = Regional Accountable Entity

FFS = Fee For Service

PMPM = Per Member Per Month



What is Medicaid?

- Medicaid provides health coverage to millions of Americans, including eligible low-income adults, children, pregnant people, elderly adults and people with disabilities.
- Medicaid is a federal and state partnership

What is Health First Colorado?

- Free or low-cost public health care coverage for Coloradans who qualify
- Comprehensive benefits and services
- Care coordination



Objectives

After this presentation, stakeholders should have a better understanding of:

- CHWs as providers within the current environment
- Senate Bill 23-002 and its' impact on CHW Medicaid policy
- Options for federal authority and HCPF recommendations
- Timeline and next steps

During this presentation, stakeholders will have the opportunity to provide feedback on:

- How should CHW services be defined?
- Which specific CHW activities should be reimbursed?
- What services are CHWs currently providing? What services do CHWs want to provide that they currently do not?
- Other related concerns?

Agenda

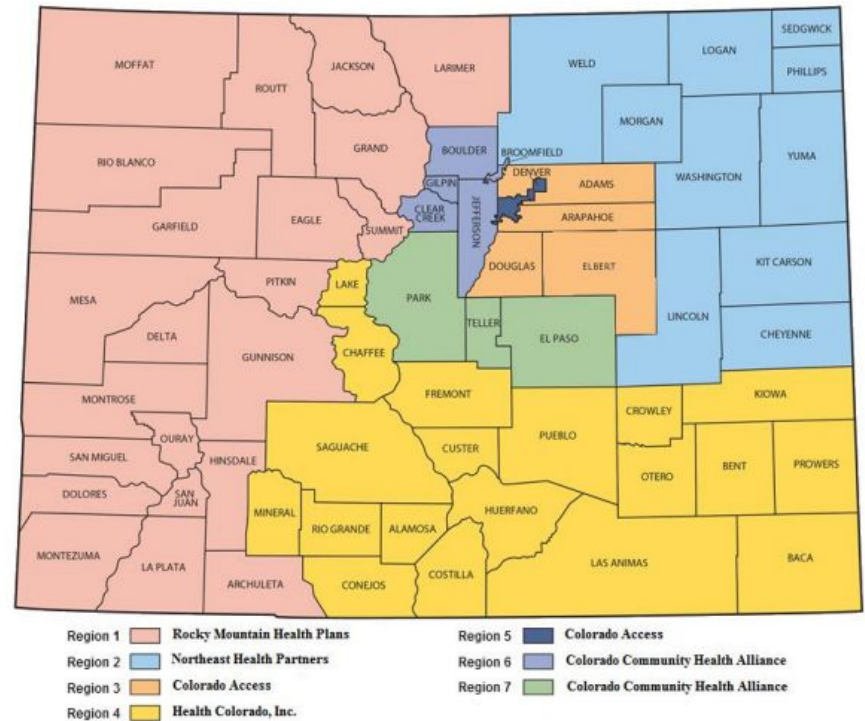
Agenda Items		
1	Welcome/Introductory Comments (5 minutes)	HCPF Staff
2	Meeting Norms and Structure (5 minutes)	HCPF Staff
3	Senate Bill 23-002 Overview (10 minutes)	HCPF Staff
4	Timeline for Implementation (5 minute)	HCPF Staff
5	CHW Competencies vs. Coverage Discussion (5 minutes)	HCPF Staff
6	Federal Authority Option Overview and Discussion (30 minutes)	HCPF Staff
7	Stakeholder Comments (50 minutes)	All
8	Wrap-up and Next Steps (10 minutes)	HCPF staff

Future Meeting Topics

- Supervision of CHWs
- Community Based Organization Enrollment and Reimbursement
- Reimbursement Levels
- Benefit limitations
- Clarification of CHWs' role in the health care delivery system including:
 - Managed Care
 - Case Management
 - RAE Care Coordination
 - Community Centered-Boards/Single Entry Points
 - Behavioral Health Organizations

History of CHWs in Colorado Medicaid

Regional Accountable Entities (RAEs) and their contracted medical homes may use their administrative per member per month funding from Colorado's Medicaid program to pay for CHW services.



Senate Bill 23-002 Overview

- Passed with bipartisan support and signed into law on May 10, 2023
- Requires HCPF to:
 - Hold four public stakeholder meetings
 - Seek federal authorization to reimburse for CHW services from the Centers of Medicare and Medicaid (CMS) by July 1, 2024
 - Leverage the voluntary CHW registry
 - Benefit go-live date: July 1, 2025
 - Report in Smart Act Hearing by January 31, 2026



Community Health Workers

The American Public Health Association defines "community health worker" as a frontline public health worker who is a trusted member of, and has a close understanding of, the community that worker serves. This trusting relationship enables the worker to serve as a liaison between health and social services and improve the quality and cultural competence of service delivery. "Community health worker" is meant to be an umbrella term for individuals who may go by many names, such as health promoters, community outreach workers, promotores de salud, health navigators, and patient navigators.



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Poll

In the chat, please share your answer on how your organization is currently utilizing CHWs.

Please only answer this question if you are a health care organization/clinic.

How are you using CHWs?

1. We employ CHWs.
2. We refer patients to CHWs outside the health care organization/clinic.
3. We don't currently use CHW services, but we plan to employ CHWs in the future.
4. We don't currently use CHW services, but we plan to refer patients to CHWs outside the health care organization/clinic.
5. We are interested in employing CHWs, but we need more information.

Poll

In the chat, please share your answer on how your organization is currently utilizing CHWs.

Please only answer this question if you are a community-based organization.

If you are a community-based organization, what would your interest level be in enrolling with Health First Colorado?

1. We are interested in enrolling with Health First Colorado to receive direct reimbursement for CHW services.
2. We are interested in possibly enrolling with Health First Colorado, but we need more information.
3. We are not interested in enrollment with Health First Colorado and would prefer to partner with Health Care Organizations/Clinics that bill on our behalf.

Timeline and Phases of Implementation

Research and Development Phase

Promulgation Phase

Implementation Phase

May 2023

May-Feb 2024

Feb-July 2024

July 2024 - July 2025

July 2025

SB23-002 Passed

Utilize project management principles to engage internal working teams and external stakeholders to inform CHW reimbursement policy development

Follow existing formal policy promulgation process including public comment, consultation summary and appropriate notices; submit to CMS

Identify and establish process for necessary systems, technical, or operational changes to support final policy implementation

Benefit go-live



CHW Competencies vs. Medicaid Coverage

CDPHE core competencies for CHWs

1. Community Assessment, Engagement and Capacity Building
2. Individuals Assessment and Advocacy
3. Effective Communication
4. Cultural Responsiveness and Mediation
5. Education to Promote Healthy Behavior Change
6. Care Coordination
7. Use of Public Health Concepts and Approaches
8. Professional Skills and Conduct

What CMS has covered in other states

- ▶ Health Promotion and Coaching
- ▶ Health Education and Training
- ▶ Health System Navigation and Resource Coordination



Federal Authority Options

1. State Plan Coverage (Fee for Service)
2. Managed Care
3. 1115 Demonstration Waiver

□ *Concerns with Option 3:*

- *Timeline for approval exceeds deadlines in SB23-002*
- *Temporary authority*
- *Recently CMS has been encouraging states to use State Plan/MCO options for CHW reimbursement*

State Plan Amendment

- What is a SPA?

- A Medicaid and CHIP state plan is an agreement between a state and the Federal government describing how that state administers its Medicaid program.
- The state plan sets out groups of individuals to be covered, services to be provided, methodologies for providers to be reimbursed and the administrative activities that are underway in the state.
- When a state is planning to make a change to its program policies or operational approach, states send state plan amendments (SPAs) to the Centers for Medicare & Medicaid Services (CMS) for review and approval.



State Plan Coverage -FFS

- SPA Example
 - Minnesota
- Pros
 - Quick timeline
 - Consistent funding
 - Streamlined and efficient
 - CMS encourages SPAs for CHW services
 - Budget
- Cons
 - Less flexibility in reimbursement
 - Billing administrative burden

Managed Care

- What is Managed Care?
 - Medicaid managed care provides for the delivery of Medicaid health benefits and additional services through contractual arrangements between state Medicaid agencies and managed care organizations (MCOs) that accept a set per member per month (capitation) payment for these services.

MCOs in Colorado (~10% of Medicaid population)

- Denver Health Medicaid Choice
- Rocky Mountain PRIME

Primary Care Case Management in Colorado (Entire Medicaid population except PACE program)

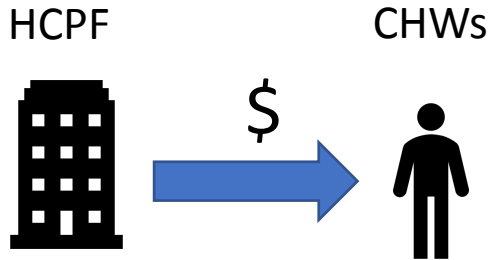
- Regional Accountable Entities (RAEs)
 - HCPF sends Per Member Per Month (PMPM) payments to RAEs for care coordination

Managed Care - PMPMs

- Managed Care Example
 - Idaho
- Pros
 - Reimbursement could be more flexible
- Cons
 - Administrative Burden: multiple RAEs = multiple billing paths
 - Providers will still need to enroll with HCPF
 - Potential variation between RAEs

Discussion

Option 1: State Plan Coverage (FFS)



CHWs and Providers bill HCPF directly, receive Fee Schedule Reimbursement

Option 2: Managed Care



CHWs and Providers bill RAEs

CHW Reimbursement Options

Option 1: State Plan Coverage (FFS)

- CHWs and Providers bill HCPF directly, receive reimbursement based on fee schedule
- Consistent funding
- **Key Considerations:** streamlined review process ensures a July 2025 start date, limited to fee schedule reimbursement

Option 2: Managed Care

- CHWs and Providers bill RAEs
- Consistent funding but RAE contracts must be procured every 7 years
- **Key Considerations:** reimbursement could include care coordination, but every RAE would have own reimbursement process.

CHW Registry, Training, and Enrollment

- SB23-002 requires HCPF to use the voluntary competency-based CHW registry for Medicaid reimbursement.
- Other state approaches to CHW lived experience:



More Prescriptive



More Flexible

Enrollment and Billing

- Medicaid Enrolled Providers
 - Need National Provider Identifier (NPI) and other enrollment criteria
- Submit claims through online portal
 - Billing details (who, what, when, where, why)
- Reimbursement or Denial
 - Based on accuracy of claim submission

Poll: Where do you feel you are in terms of familiarity with Medicaid billing/structure *(1-10 with 10 being “expert”)*

Medicare and CHWs

- G0019 and G0022
 - Community Health Integration Services
- G0136
 - Social Determinants of Health (SDOH) Risk Assessment

Clarifying Questions

(will be moderated via chat)



Stakeholder Discussion Questions

- How should CHW services be defined?
- Which specific CHW activities should be reimbursed?
- What services are CHWs currently providing? What services do CHWs want to provide that they currently do not?
- Other related concerns?

Next Steps

- January 23rd Stakeholder Meeting
- Draft proposal for federal authority
- February 13th Stakeholder Meeting
- February 27th Stakeholder Meeting

Contact Info

Written comments are welcome!

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Thank you!

