

# Medicaid Reimbursement for Community Health Worker Services

February 13, 2024

Presented by: Morgan Anderson - HCPF, Tamara Keeney -  
HCPF, Alaina Kelley - HCPF, Adela Flores-Brennan - HCPF



**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).



**Adela Flores-Brennan,**  
Medicaid Director



**Morgan Anderson,**  
Primary Care Unit  
Supervisor



**Tamara Keeney,**  
Research and Analysis  
Manager



**Alaina Kelley, CHW**  
and Prevention  
Services Benefit and  
Policy Specialist

# 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.



# Objectives

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

- January meeting results
- State Plan Amendment, Prevention Services, and Medical Necessity
- Supervision of CHWs
- Examples of CHW Benefit Limitations and Reimbursement Rates

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

- How do general and direct supervision rules impact the way CHWs are currently providing services?
- What is the average amount of time that CHWs are working with clients on a daily basis?



# Agenda

| Agenda Items |   |            |
|--------------|---|------------|
| 1            | Welcome/Introductory Comments           | HCPF Staff |
| 2            | Meeting Norms and Structure             | HCPF Staff |
| 3            | Summary of January Meetings             | HCPF Staff |
| 4            | Prevention Services & Medical Necessity | HCPF Staff |
| 5            | Supervision of CHWs                     | HCPF Staff |
| 6            | Benefit Limitations                     | HCPF Staff |
| 7            | Reimbursement Rates                     | HCPF Staff |
| 9            | Stakeholder Comments/Questions          | All        |
| 10           | Wrap-up and Next Steps                  | HCPF Staff |

# Summary of January Topics

- Who is HCPF and What is Health First Colorado?
- CHWs and SB 23-002
- Timeline for Implementation
- Federal Authority Options
  - (State Plan vs Managed Care)
- CHW Registry and Training
- Enrollment and Billing
- Medicare and CHWs
- Potential Billing Codes
- The Spectrum of CHW Services

# January Meeting Results

During the January meetings we asked the following polls to attendees:

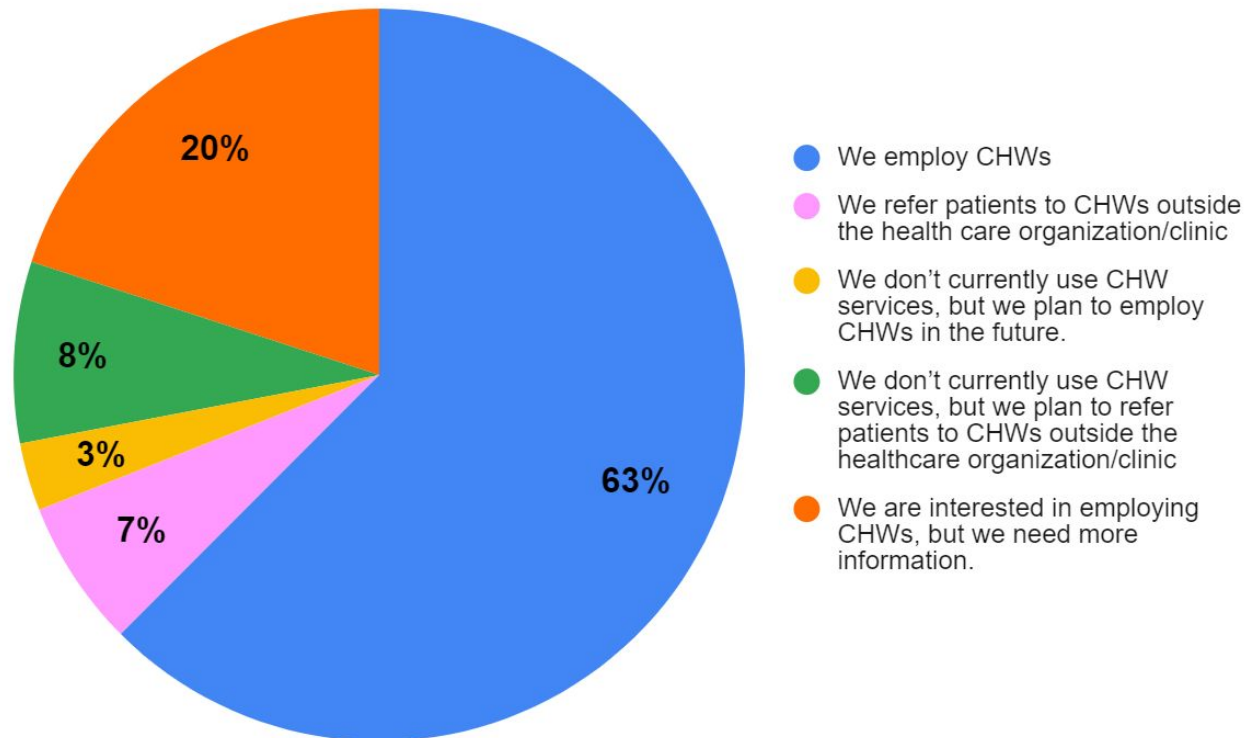
1. If you are a healthcare organization, how are you using CHWs?
2. If you are a community-based organization, what would your interest level be in enrolling in Health First Colorado?
3. What is your preference on the federal authority option?
4. Where do you feel you are in terms of familiarity with Medicaid billing/structure (1-10 with 10 being expert?)





# Poll #1: How are you using CHWs?

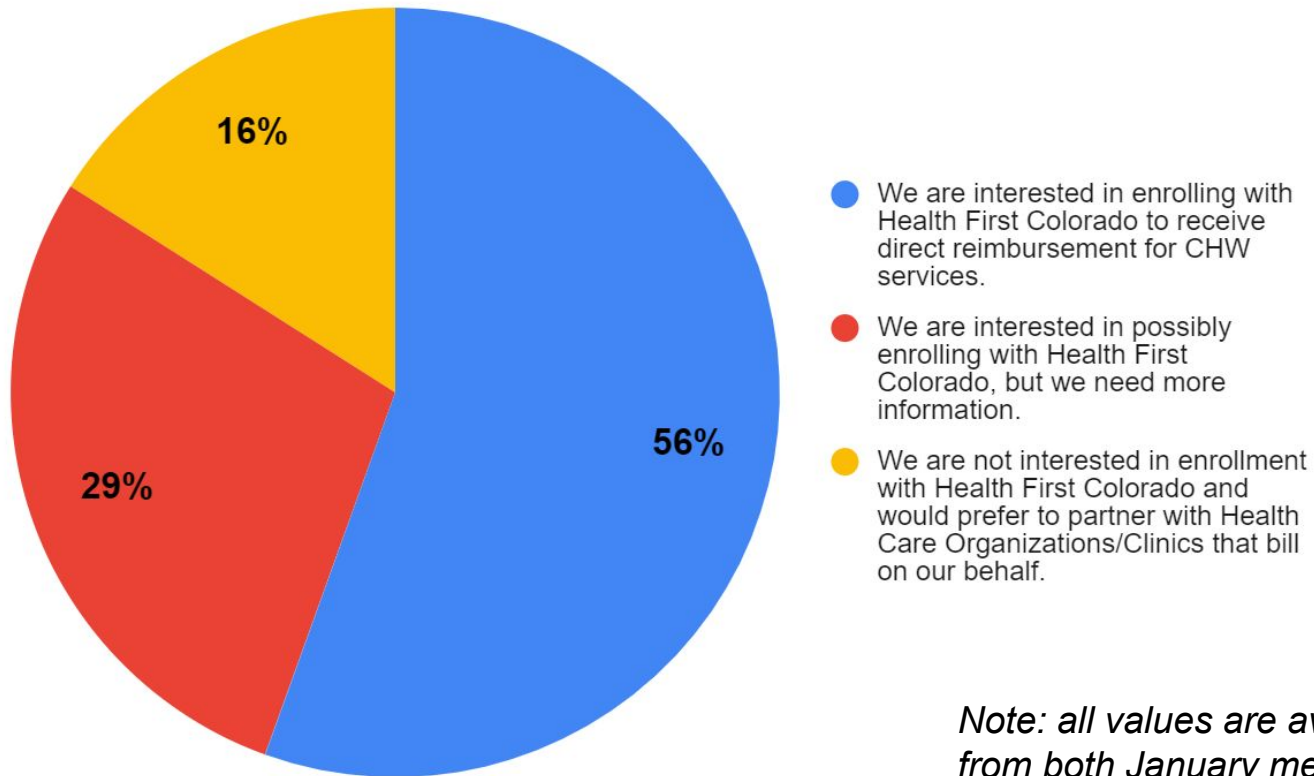
*Health care organizations only*



*Note: all values are averages from both January meetings*

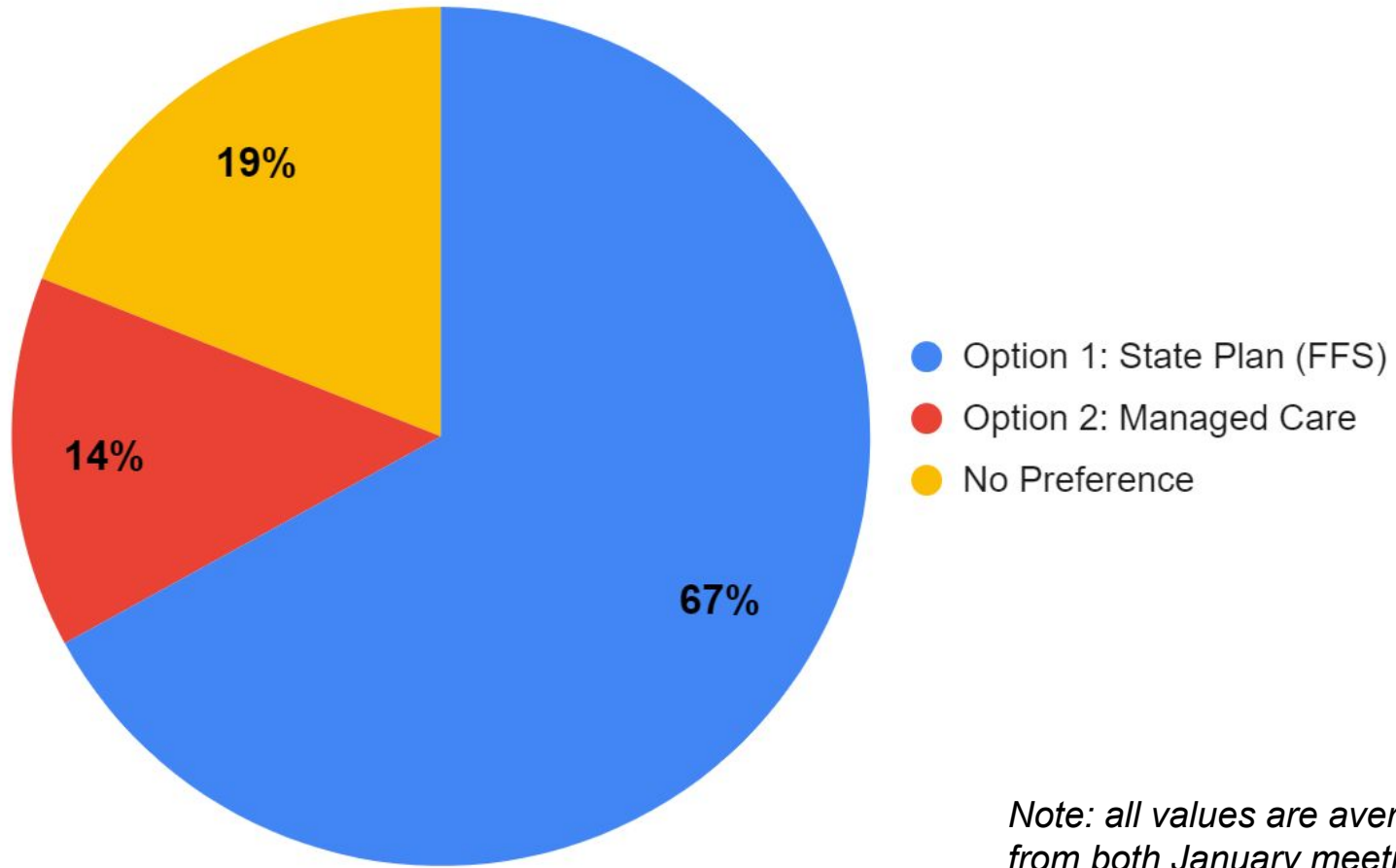
# Poll #2: What would your interest level be in enrolling with Health First Colorado?

*Community-based organizations only*



*Note: all values are averages from both January meetings*

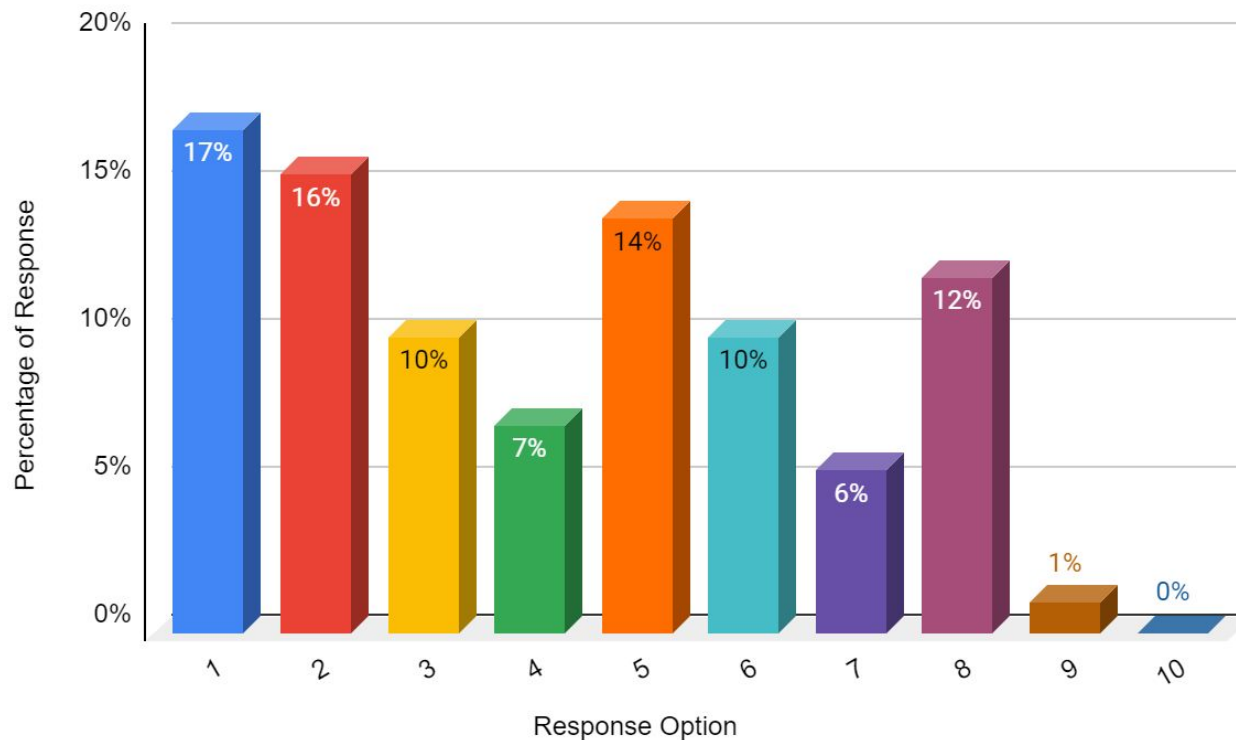
# Poll #3: What is your preference of the federal authority options?



*Note: all values are averages from both January meetings*

# Poll #4: Please rank how you feel in terms of familiarity with Medicaid billing & structure?

*1 = no familiarity, 10 = expert*



*\*Note: Option 10 was excluded from data set as there was no response from attendees. All values are averages from both January meetings.*

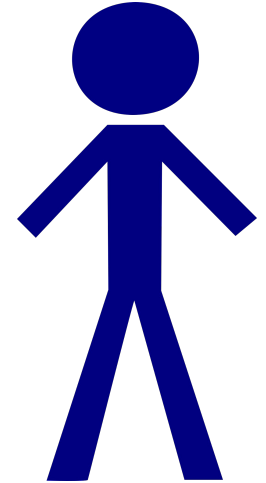
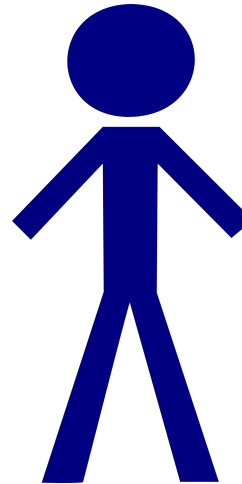
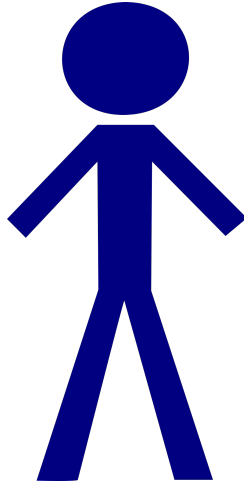
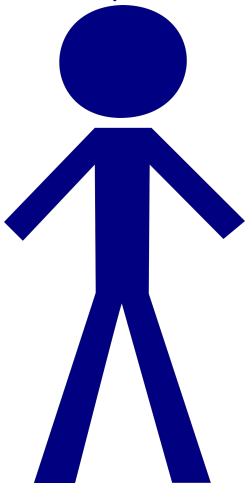
# Stakeholder Feedback

*“Very much appreciate the commitment to dig into the opportunities for CHWs with schools to benefit along with other settings that have not traditionally been able to obtain reimbursement”*

*“Please let CHWs lead.. I often feel these conversations are had by everyone but navigators.”*

*“Telemedicine is essential for rural areas with low access to broadband services and transportation challenges.”*

*“Community based organizations should be able to access this. They connect to the system in powerful ways.”*



# Commonly Asked Questions Update

We have been collecting the questions that have been asked during all the webinars and will be posting those on the [CHW web page](#) during the Spring of 2024.



# State Plan vs. Managed Care

|             | State Plan Amendment- FFS  | Managed Care- PMPMs   |
|-------------|--|---|
| What is it? | <p>A Medicaid and CHIP state plan is an agreement between a state and the Federal government describing how that state administers its Medicaid program.</p>             | <p>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.</p> |
| Pros        | <ul style="list-style-type: none"> <li>- Quick timeline</li> <li>- Consistent funding</li> <li>- Streamlined and efficient (CMS encouraged)</li> <li>- Budget</li> </ul> | <ul style="list-style-type: none"> <li>- Reimbursement could be flexible</li> </ul>   |
| Cons        | <ul style="list-style-type: none"> <li>- Less flexibility in reimbursement</li> <li>- Billing administrative burden</li> </ul>   | <ul style="list-style-type: none"> <li>- Administrative Burden (multiple RAEs = multiple billing paths)</li> <li>- Providers would still need to enroll with HCPF                             <ul style="list-style-type: none"> <li>- Potential variation between RAEs</li> </ul> </li> </ul>    |
| Example     | <p><a href="#">Minnesota SPA</a></p>   | <p><a href="#">Oregon MCO</a><br/><a href="#">Idaho MCO</a></p>   |



# What's in a CHW SPA?

States seeking to add coverage under the preventive services benefit would need to submit a state plan amendment (SPA) describing:

- the specific CHW services to be delivered,
- the qualifications for practitioners who will deliver the services,
- any limitations on services, and
- the payment methodology for the coverage of the services.

# Prevention Services Definitions

- “Preventative services” means services recommended by a physician or other licensed practitioner of the healing arts acting within the scope of authorized practice under State law to:
  - Prevent disease, disability, and other health conditions or their progression
  - Prolong life
  - Promote physical and mental health and efficiency

[Source: Preventative Services Definition](#)



# Prevention Services

Prevention Services often includes:

- Prevention of disease, disability, and other health conditions
- Limiting the progression for individuals with chronic conditions or those that are at risk for a chronic condition
- Individual who is unable to self-manage the condition
- Individuals with a documented barrier that is impacting their health

# Medical Necessity

- Must reasonably expect to prevent, diagnose, cure, correct, reduce, or ameliorate the pain and suffering, or the physical, mental, cognitive, or developmental effects of an illness, condition, injury, or disability.
- Must meet the following:
  - Accepted as professional standards for health care in the U.S.
  - Clinically appropriate (type, frequency, extent, site, and duration)
  - Is not primarily for the economic benefit of the provider or for the convenience of the client, caretaker, or provider
  - Care is delivered in the most appropriate setting required by the client's condition
  - Cannot be experimental or investigational
  - Can not be more costly than other effective treatment options.

# Proposed Definition of CHW Services

## Health Promotion and Coaching

The purpose of this service is to provide information and training to members that enables them to make positive contributions to their health status. Health Promotion and Coaching includes screening for health-related social needs, setting goals and creating an action plan, and providing information and/or coaching.

## Health Education and Training

The purpose of this service is to train and/or increase the member's awareness of methods and measures that have been proven effective in avoiding illness and/or lessening its effects. The content of education must be consistent with established or recognized healthcare standards.

## Health System Navigation and Resource Coordination

Health system navigation and resource coordination services includes helping to engage, re-engage, or ensure patient-led follow-up in primary care, routine preventative care, adherence to treatment plans, and/or self-management of chronic conditions including assisting beneficiaries to access covered services and other relevant community resources.





# Qualifying Condition Examples

Asthma

Cancer

Depression

Pre-Diabetes &  
Diabetes

Heart Disease

Hypercholesterolemia

Hypertension

Mental Health  
Conditions

Musculoskeletal  
and Neck/Back

Obesity

High Risk  
Pregnancy

Tobacco Use

Use of Multiple  
Medications (6+  
classes)

# Supervision of CHWs

CHWs must be supervised by a licensed provider in a community-based organization, clinic, or hospital.

Qualifying supervising practitioners will be:

- Physicians
- Advanced Practitioner Registered Nurses (APRN)
- Licensed Mental Health Professionals (LMHP)
- Physician Assistants (PA)
- *Certified Nurse Midwives (CNM)*

# General vs Direct Supervision

- Direct Supervision: the supervising provider **must** be on-site during the rendering of services and immediately available to give assistance and direction throughout the performance of the service
- General Supervision: the supervising provider **may not** be on-site, but is **immediately available** via telephone or other electronic means to give assistance and direction throughout the performance of the service.

# Supervision Rules Impacting CHWs

A non-physician provider may provide covered goods or services only under the Direct Supervision of an enrolled provider who has the authority to supervise those services.

**Supervision for Health Education Services:** a non-physician provider is authorized to provide Health Education Services under General Supervision of a provider who has the authority to supervise them in accordance with Colorado Department of Regulatory Agencies rules.

*Code of Colorado Regulations: Rule 8.200.2.D*



# CHW Supervision Discussion

What are your questions, thoughts and concerns about the supervision requirements?

| Direct Supervision  | General Supervision   |
|---|---|
| The supervising provider <b>must</b> be on-site during the rendering of services and immediately available to give assistance and direction throughout the performance of the service | The supervising provider <b>may not</b> be on-site, but is <b>immediately available</b> via telephone or other electronic means to give assistance and direction throughout the performance of the service. |

# Benefit Limitations- Example

## Michigan Medicaid

| Daily Limit        | Monthly Limit        | Total                         | Additional Units  |
|--------------------|----------------------|-------------------------------|---|
| 2 hours per member | 16 visits per member | 32 hours per member per month | Can be exceeded based on medical necessity. Would follow the Prior Authorization Request process. |



## Minnesota Medicaid

| Daily Limit        | Monthly Limit       | Total                         | Notes                                   |
|--------------------|---------------------|-------------------------------|---|
| 2 hours per member | 12 hours per member | 12 hours per member per month | Previously limited to 4 hours per month |





# Benefit Limitations Poll

How many hours per day per individual do you provide services?

1. Less than 1 hour per day per individual
2. 1-2 hours per day per individual
3. More than 2 hours per day

# Reimbursement Rates

## What is a reimbursement rate?

The dollar amount at which providers are reimbursed for the services they provide based on the procedure codes submitted

## How does it work?

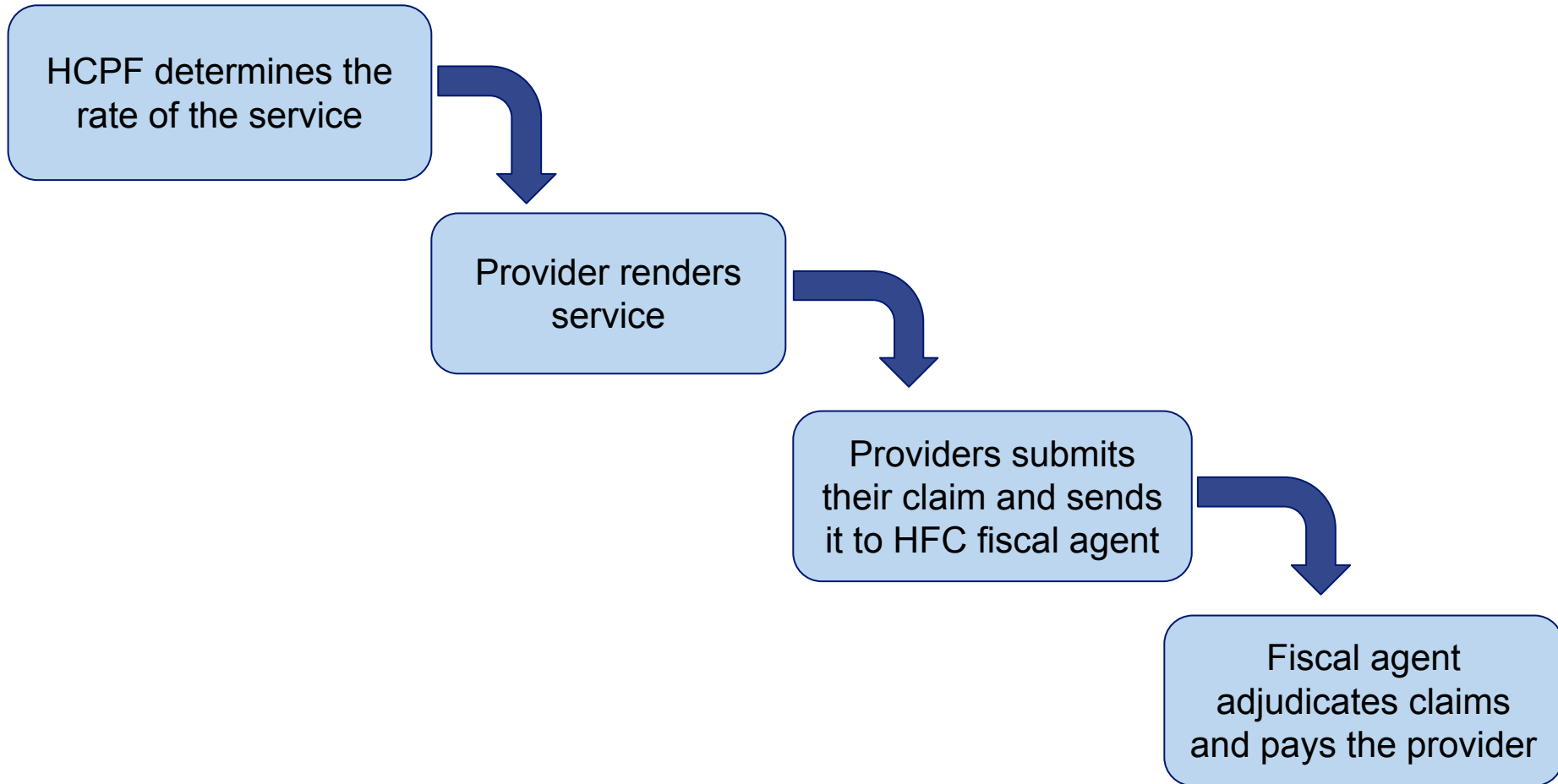
Generally, claims for reimbursement must be submitted by the provider to the fiscal agent on the appropriate claim form. FFS specifics are discussed on the next slide.

## Where can I find the reimbursement rates for Colorado Medicaid covered services?

Health First Colorado Provider Rates and Fee Schedule can be found [here](#).



# How does FFS work with Reimbursement Rates?



# Example Reimbursement Rates

*What have other states done?*

| State Example | CPT Code                   | Fee     |
|---------------|----------------------------|---------|
| Arizona       | 98960 (Individual Patient) | \$24.23 |
|               | 98961 (2-4 patients)       | \$11.54 |
|               | 98962 (5-8 patients)       | \$8.66  |

| State Example | CPT Code                   | Fee     |
|---------------|----------------------------|---------|
| Michigan      | 98960 (Individual Patient) | \$10.26 |
|               | 98961 (2-4 patients)       | \$5.23  |
|               | 98962 (5-8 patients)       | \$4.21  |

*Note: Rates for CO reimbursement have not been set. Rates are dependent on many factors and discussions are ongoing. These are for example purposes only and not to discuss whether reimbursement should be more or less than what is listed above.*



# Clarifying Questions

(will be moderated via chat)



# Next Steps

- [CHW Feedback Form](#)
- February 27<sup>th</sup> Stakeholder Meeting

# Contact Info

Written comments are welcome!

[hcpf\\_chw\\_benefit@state.co.us](mailto:hcpf_chw_benefit@state.co.us)

**Alaina Kelley**

CHW and Prevention Services Benefit  
and Policy Specialist

[Alaina.Kelley@state.co.us](mailto:Alaina.Kelley@state.co.us)



# Thank you!



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