Community Health Worker Engagement with MCOs

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Please note that this webinar is being recorded and will be posted to DHS's website.

CHW Services in HealthChoices

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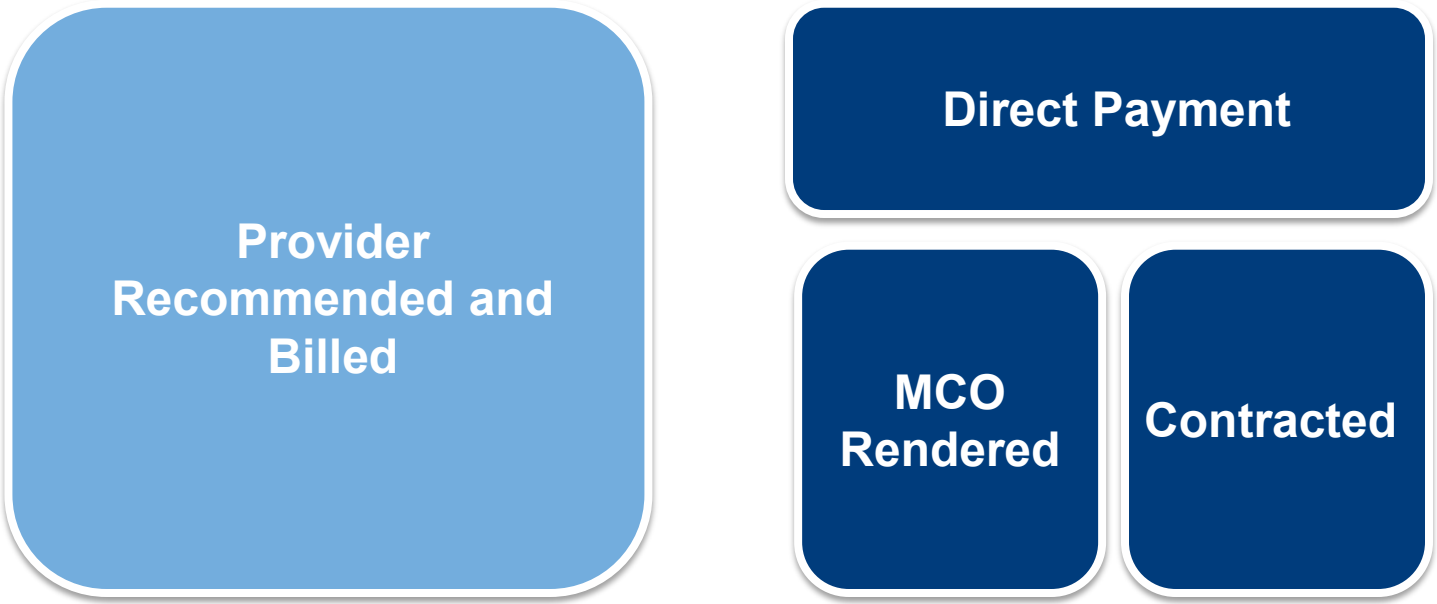
- **Effective January 1, 2026, the HealthChoices program now covers CHW services for all eligible members**
  - See Exhibit B(5b) of the HealthChoices Agreement
  - Two pathways to coverage of CHW services:



Eligible Diagnoses

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- **Providers may bill for services rendered to individuals with the following conditions:**
  - Asthma
  - COPD
  - Diabetes (excluding gestational diabetes)
  - Heart disease
  - Hypercholesterolemia
  - Hypertension
  - Obesity
  - Pre-diabetes
  - Use of multiple medications

CHW Services in HealthChoices

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- **CHW services covered in HealthChoices include:**
  - Health education to promote patient/member health or address barriers to care
  - Closing care gaps
  - Health navigation services to support access and connection to community resources
  - Screening and assessment to help identify need for services
  - Assistance in enrolling with government services
  - Individual support or advocacy services

CHW Services in HealthChoices

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- **CHW services *NOT* covered in HealthChoices include:**
  - Advance care planning
  - Case management/care management
  - Childcare services
  - Chore services
  - Companion services
  - Employment services
  - Exercise services
  - Housing assistance
  - Medication, medical equipment, or medical supply delivery
  - Medical interpretive services
  - Respite care
  - Services for non-Medicaid beneficiaries
  - Services duplicative of other Medicaid covered service
  - Missed appointments, transportation, and travel time

Payments for CHW Services: Path 1

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- **PH-MCOs are required to cover up to 3 visits per member per year with a CHW when:**
  - The billing provider is an MA-enrolled provider with the ability to order, refer, or prescribe services
  - **The rendering provider is an MA-enrolled CHW**
    - Refer to DHS's Provider Enrollment training
    - Enrollment requires a PA Certification Board credential
    - ***It is NOT NECESSARY for a CHW to be credentialed into the MCO's network***
  - The member has a qualifying condition (see slide 2)
  - The need for services is documented in the member's care plan

Payments for CHW Services: Path 2

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- **MCOs may also cover CHW services through MCO-employed CHWs or through contracts with community-based organizations that employ CHWs**
  - These do not require billing and can be paid for through salaries and benefits for MCO-employed CHWs or through invoiced or lump sum payments to community-based organizations
  - The same limits regarding qualifying conditions or maximum number of covered visits do not apply in this pathway
  - CHWs still need to have the PA Certification Board credential, but there may be more flexibility to give time to obtain that credential

How to Engage with MCOs

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- **Billing**
  - Consult the MCO Provider Handbook and fee schedule in the Provider Portal for billing instructions
  - Contact your Payor Relations Representative or the MCO's Provider Services Hotline with questions
  - Ensure the referring/billing provider (physician, PA, CRNP) is credentialed in the MCO's network
  - Confirm that CHW services are within the scope of your contract with the MCO
- **Direct Contracting**
  - Contact the MCO and express interest in a Community-Based Care Management CHW contract
  - Note that funding for these contracts is limited and contracts are typically awarded on an annual cycle in the fall

Billing Best Practices

- **MCOs will pay claims according to the terms of the provider agreement or according to their provider handbook**
  - MCOs may negotiate rates; there is no rate on the MA fee schedule
  - Most commonly used billing codes will be G0019, G0022, and G0023, or 98960, 98961, 98962 (each with U2 modifier) but consult the billing guide for the MCO that covers your patient
  - FQHCs will not receive the PPS rate when the encounter is only with a CHW
- **Avoid Duplication**
  - Duplication of services
    - E.g., case management or nutritional counseling
  - Duplication of payment
    - E.g., submitting a claim when your organization already receives direct funding to support CHW services

Billing Best Practices, continued

- **Document, document, document**
  - Care Plan Documentation
    - Indication of referral for CHW services
    - Results of screening/assessment that precipitated referral
    - Recommendations for:
      - Education and assistance to help the patient to self-manage their disease, disability, health condition; or progression of a health condition
      - Addressing barriers affecting the patient's health
      - Screening for health-related social needs
      - Help with receipt and navigation of local and accessible relevant healthcare, community resources, and support groups

Billing Best Practices, continued

- **Document, document, document**
  - Encounter Documentation
    - Date, time, duration, location and modality of the visit
    - Summary description of any assistance with appointment scheduling
    - Description of the patient's diagnosis or risk comprehension and self-management skills
    - Results of any screenings completed
    - Summary description of assistance with and navigation of resources
    - Summary of educational interventions provided specific to each need
    - Documentation of relevant evidence-supported informational and/or educational healthcare materials provided
    - Summary description of support for medication adherence, if applicable
    - Recommendations provided for community and/or county resources, healthcare events, and healthcare related services

Questions