

Fee-for-Service Billing for Community Health Worker Services



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A little about me

Master of Public Health graduate student at PSU

CHW/navigator at Multnomah County Health Department

HIV Health Services Center

I serve clients who are:

- People living with HIV/AIDS
- Men who have sex with men & other LGBTQ-identified people
- Refugees
- People who experience homelessness & unstable housing
- People who have mental health diagnosis(es) and/or substance use disorder
- People who have other chronic health conditions as well as HIV/AIDS.

Emphasis of Internship

1) Investigate CHW payment mechanisms

- Literature review
- Payment mechanism matrix
- Environmental scan

2) Further develop CHW payment mechanisms

- CHW billing *fee-for-service*
- Implementation at state and county levels

What is a CHW Payment Mechanism?

I offer a working definition: “The process by which funding from a particular source is administered to a specific CHW program.”

Two key components:

1. Funding source
2. Funds actually make their way to CHW program somehow

Background

HB 3650 (2011):

-Oregon Health Authority applied for and was granted federal approval for use and reimbursement of THWs through Medicaid.

-Form 3113 edited to include THWs.

HB 3407 (2013):

-Established THW Commission.

-Training & education requirements for THWs.

-CHW certification.

2017

Billing is not yet up and running for CHWs statewide.

Missing pieces

- ❑ Align the CHW scope of practice with medical billing codes.
- ❑ Set up fee schedule for Oregon Health Plan Open Card.
- ❑ Meet with Coordinated Care Organizations and invite them to participate with CHWs as providers in their networks.

Billing codes: Process

- Roxanne Mcanally and I identified some 200 codes to examine.
 - Current Procedural Terminology (CPT)
 - Health Care Common Procedure Coding System (HCPCS)
- Workgroup formed from Systems Integration Subcommittee.
- Workgroup sunsetted.

Billing codes: Process

- Collaboration with Jonique Dietzen, Certified Professional Coder, Multnomah County Health Department.

Goal: find codes that may be appropriate and allowable for CHWs.

We selected codes based on:

- CHW scope of practice.
- Certified CHWs have a certification, not a license.

Billing codes: Process

- Overlay potential CHW codes with the Oregon Health Plan (OHP) Prioritized List of Health Services.
- Codes that are covered by OHP sent to Oregon Health Authority for approval.
- Medicaid spending restrictions per Oregon's State Plan (for Open Card):
 - Service must be rendered to an individual.
 - No groups/classes or community-level codes.
 - No housing or employment-related codes.

Question:

Is it a worthy cause to try to establish billing codes for CHWs?

On one hand,

- Uncertainty
- Lots of work
- Will it pay off?

On the other hand,

- Sense of job security
- Further legitimize CHW profession in the eyes of health systems

Point of uncertainty #1:

Reimbursement is moving away from fee-for-service. With Alternative Payment Methodology (APM) and bundling, codes are almost old-fashioned and probably going away eventually.

- Doctors, nurses, etc. use billing codes under APM.
- Billing codes are building blocks of APM.
- CHWs, too, need a way to track their work.
- Payers want to see exactly what services are being rendered.

Point of uncertainty #2:

The states that have successfully billed for CHW services were only able to use a small number of codes—not representative of the CHW scope of practice.

- Impossible to assign a code to every single CHW service.
- CHWS ought to retain freedom and flexibility.
- Honor CHW work by showing that a handful of CHW activities are reimbursable.
- Medicaid programs vary from state to state.

Point of uncertainty #3:

Even if CHWs could bill for services, the revenue wouldn't be enough money to fund their positions.

- True that billing revenue alone would not be enough to sustain a CHW program.
- CHW programs are often supported by multiple funding streams.
- Billing revenue as one more funding stream to have in our pocket.
- Small cushion of funds without an expiration date.

Point of uncertainty #4:

Using billing codes could lead to the over-professionalization of CHWs.

- Most clinic-based CHWs already document work in electronic health record.
- Impossible to assign billing codes to every CHW service.
- Impractical to attempt to confine CHW services to a set of billing codes.
- A new skill but not a change to the core of the profession.

Point of uncertainty #5:

How will billing benefit CHWs who don't work in clinics?

- CHW would need ties to an established clinic in order to bill.
- CHW profession as a whole benefits from billing.
- Resist dividing the CHW profession based on work site.
- Strength in numbers. We should work together for shared goals.

Question:

Is it a worthy cause to try to establish billing codes for CHWs?

The answer: Yes, billing is worthwhile.

- Billing codes are an imperfect CHW payment mechanism.
- The perfect payment mechanism doesn't exist (yet)
- “We belong here.”
- Claims data is the preferred language of payers.
- Very important for CHW programs to be able to “speak” this language.

Next steps

- Set up fee schedule for OHP Open Card
- Meet with CCOs; show them the codes; invite them to participate
- Potential pilot project at Multnomah County Health Department to test out the billing codes
- Payment Models Ad Hoc Committee
- Identify point person within OHA to move the process along.

Questions?