Overview of Community Health Integration Services (CHI) Principle Illness Navigation (PIN) & Federally Qualified Health Centers

Agenda

- Introductions
- What are CHI & PIN codes?
- How do you use CHI & PIN codes?
- What are your next steps!
- Helpful Tips & Guides
- Questions

Today's Speakers

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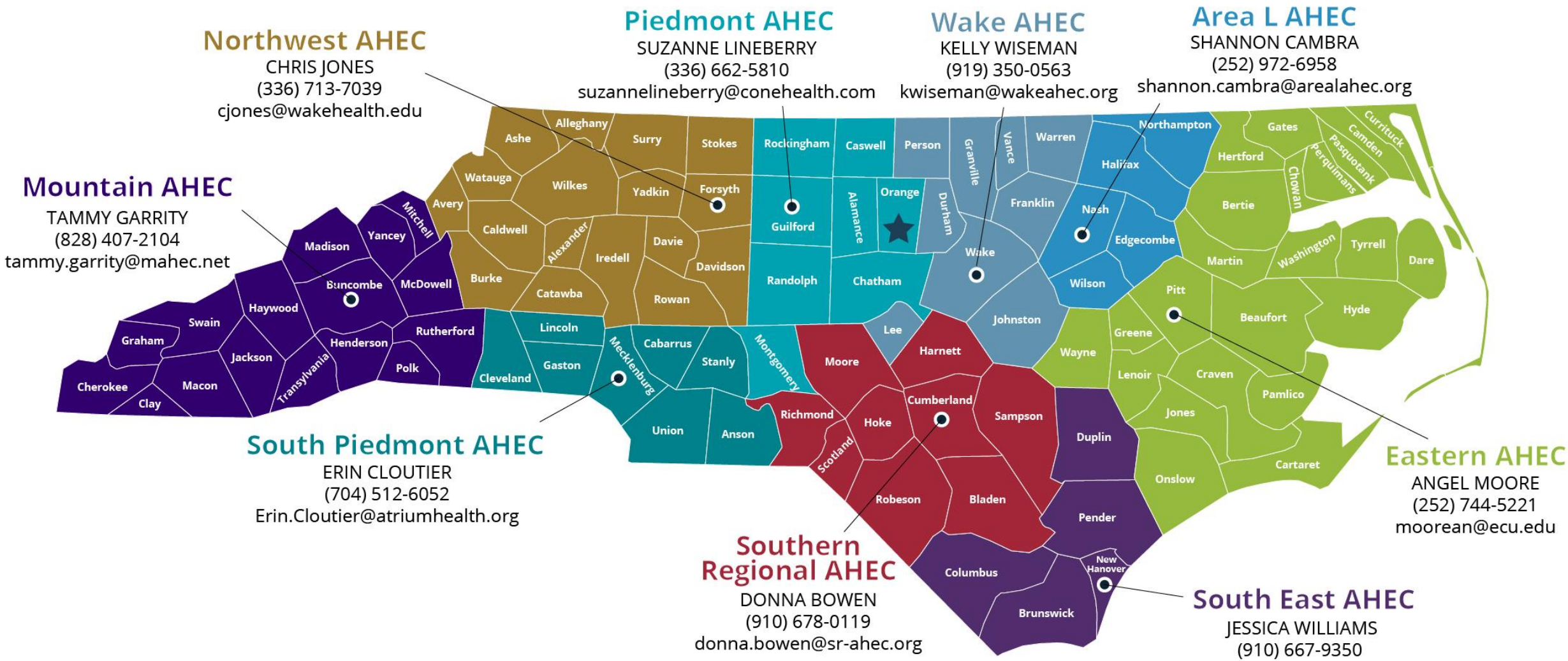
Practice Support Services

- Quality & Health Equity Improvement (Medicaid, Medicare QPP/MIPS, All Payors)
- Medicaid managed care education & issue resolution
- Clinical workflow redesign & process improvement
- Behavioral health integration (including Collaborative Care Model)
- COVID19 vaccine & clinical workflow assistance
- Practice operational assessments
- EHR optimization, telehealth integration
- HIE training and optimization
- Revenue cycle management
- Billing & coding guidance
- Advanced Medical Home (AMH) tier education and support
- Tailored Care Management (AMH+/CMA) support
- Community Health Worker integration and training
- Social Drivers of Health Workflow & NCCARE 360 Optimization
- Virtual Collaborative Educational Programming

NORTH CAROLINA AHEC REGIONAL PRACTICE SUPPORT CONTACTS



What is the purpose of CHI/PIN Services?

"The purpose of these new codes is to promote person centered assessment to better understand the patient's life story, care coordination, contextualizing health education, building patient self-advocacy skills, health system navigation, facilitating behavioral change, providing social and emotional support, and facilitating access to community-based social services to address unmet social determinants of health (SDOH) needs."

-Partnership to Align Social Care

How do you use CHI codes?

Treatment and SDOH Intersection

CHI services must address the health related social need(s) that present as a barrier to the diagnosis and treatment of the presenting problem raised during the initiating visit.

-Partnership to Align Social Care

G0511

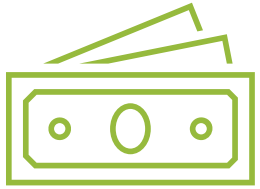
Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs) bill for Community Health Integration services using a separate code G0511. FQHCs/RHCs use the same code for the first 60 minutes and for each subsequent 30 minutes of services rendered.

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.

G0022

Community Health Integration services, subsequent 30 minutes per calendar month (list separately in addition to G0019).



How do you use PIN codes?

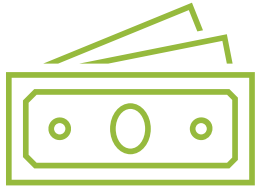
Principal Illness Navigation and Principal Illness Navigation – Peer Support services are intended to "help people with Medicare who are diagnosed with high-risk conditions (for example, dementia, HIV/AIDS, substance use disorder, cancer) identify and connect with appropriate clinical and support resources."
-Partnership to Align Social Care

G0023
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; 60 minutes per calendar month. (*FQHCs/RHCs use G0511 when rendering this service.)

G0024
Principal Illness Navigation services, subsequent 30 minutes per calendar month.
(*FQHCs/RHCs use G0511 when rendering this service.)

G0140
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; 60 minutes per calendar month.
(*FQHCs/RHCs use G0511 when rendering this service.)

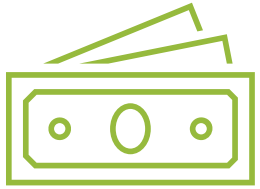
G0146
Principal Illness Navigation – Peer Support, subsequent 30 minutes per calendar month.
(*FQHCs/RHCs use G0511 when rendering this service.) are



Ancillary Codes for Social Determinants of Health Risk Assessment

G0136

Administration of a standardized, evidence based SDOH risk assessment, 5-15 minutes, not more than every 6 months (per practitioner, per beneficiary). These services are rendered during an evaluation and management (E/M) visit.



What are CHI/PIN auxiliary personnel requirements?

Auxiliary personnel must meet applicable state requirements, including licensure. In states with no applicable requirements, auxiliary personnel must be certified and trained in the following competencies:

- Patient and family communication
- Interpersonal and relationship-building skills
- Patient and family capacity building
- Service coordination and systems navigation
- Patient advocacy, facilitation, individual and community assessment
- Professionalism and ethical conduct
- Development of an appropriate knowledge base, including of local community-based resources
- Any individual who is acting under the supervision of a physician (or other practitioner),

And

- Has not been excluded from the Medicare, Medicaid, and all other federally funded health care programs, and
- Has not had his or her Medicare enrollment revoked,

And

- Meets any applicable requirements to provide incident to services, including licensure, imposed by the state in which the services are being furnished.

What are the billing requirements?

To bill for CHI, and PIN services, personnel must include a range of services including the following:

- Conduct a person-centered assessment to identify the person's cultural and linguistic requisites, strengths, health and social care needs, goals, preferences, and desired outcomes.
- The assessment must surface the intersection between the person's health care needs and health-related social needs.
- Promote person-centered action planning tailored uniquely to the person.
- Coordinate connection to, and receipt of, needed services including communication with health and social care providers on the person's strengths, needs, and desired outcomes.
- Facilitate access to community-based services such as housing, utility assistance, transportation, and food.
- Provide health education to support the person's medical and social decision-making.
- Support development of self-advocacy skills.
- Motivate the person to participate and reach their care plan goals resulting in behavioral change.
- Provide social and emotional support throughout the health care journey including leveraging lived experience when possible.

What are the billing requirements?

- CHI & PIN services can be rendered each calendar month, based on a defined plan of care.
- There is no limit or cap on services that can be provided per calendar month, as long as the services are medically necessary, appropriately documented, and are delivered in accordance with a defined plan of care.
- The services can be provided concurrently with other care management services such as chronic care management (CCM) and transitional care management (TCM).
- Physicians, non-physician practitioners (nurse practitioners and physician assistants), and clinical psychologists are eligible to render services.
- Billing for CHI & PIN services occurs under an eligible rendering provider.
- Eligible rendering providers can use auxiliary personnel to provide CHI and PIN services if they have relevant training and meet all applicable licensure or certification requirements in the state where the beneficiary is receiving the service.

What are the billing requirements?

- The state-level requirements apply to the location of the beneficiary when services are rendered and not the location of the rendering provider.
- Part B Medicare benefit- deductible and cost sharing requirements apply; can't be waived for patient.
- Billable by PCP, 1 PCP can bill for services per month.
- CMS requires that the medical record includes all time spent providing CHI & PIN services, including the activities of the auxiliary staff.
- The time of each encounter should include the start time, stop time, and total time spent providing services on behalf of the beneficiary. The total time spent each month should be the aggregate of each eligible encounter.
- The medical record must reflect the connection of CHI & PIN to the clinical problem presented during the initiating visit. CMS further recommends that the medical record and the claim contain associated ICD-10 Z-codes (Z55-Z65).
- Codes cover face to face time either on-site or telehealth, cover admin time (travel time included) to coordinate or perform services.
- New codes are effective January 1, 2024 (waiting on Chapter 13 guidance).

Is Patient Consent Required for CHI & PIN?

- Yes, patient consent is required, verbal or written. Consent can be obtained from any care team member
- Must be documented in Electronic Health Record and should be done by the billing provider.
- Initial visit with your doctor or health care provider before you can start services.
- After a year, you'll need another initial visit if you continue to need these services.

Practice Example

CHI Example:

A patient who hasn't been seen recently requests an appointment at a specific time or on a specific date due to limited availability of transportation to or from the visit or requests a refill of refrigerated medication that went bad when the electricity was terminated at their home. If the patient hasn't gotten an SDOH risk assessment in the past 6 months, you could have the patient fill out an SDOH risk assessment 7–10 days in advance of an appointment as part of intake to ensure that you have enough information to appropriately treat them.

You may also furnish SDOH risk assessments as an optional element of the AWV, in which case it's a preventive service and cost sharing won't apply. SDOH risk assessment refers to a review of the individual's SDOH needs or identified social risk factors influencing the diagnosis and treatment of medical conditions. Use a standardized, evidence-based SDOH risk assessment tool to assess for:

- Housing insecurity
- Food insecurity
- Transportation needs
- Utility difficulty

Practice Example

PIN example:

Medicare patient is diagnosed with cancer.

Patient navigator (PN) completed person centered assessment to identify strengths, needs, goals, preferences, and desired outcomes including any unmet social needs.

Establish an action plan.

PN will then identify and refer pt to specialists (under provider's orders), address needs or connect with appropriate support services.

Other eligible diagnoses:
Dementia, HIV/AIDS, cancer, substance use disorder

Your Next Steps!

Reach out to your AHEC Practice Support Coach!

practicesupport@ncahec.net

1. Run report on how many Medicare/Medicare Managed patients would qualify. Is this worth it?
2. Identify lead staff for service. In-house or need to hire?
3. Train lead staff on service. (Trainings available at AHEC, Community Colleges)
4. Identify lead biller who will submit time-based codes. Develop the billing workflow for your clinic.
5. Educate providers/staff on new service. Socialize the new program with ALL clinic members.
6. Providers or lead staff enroll patients. How are patients going to get to this service?
7. Lead staff obtain patient consent and document.
8. Lead staff perform activities and track time.
9. Lead staff document activities and time, add billing code. (Billed under PCP.)
10. Lead biller monitors claims submission and payment.

Helpful Tips & Guides

Community Health Integration

- NC AHEC CHW Training Modules
- Example CHW Program Operations Guide
- NC Care 360
- NCDHHS SDOH Screening Questions

Principle Illness Navigation

- Principal illness navigation services | Medicare.

Sources for the Presentation

- CMS 2024 Medicare Physician Fee Schedule Final Rule
- Understanding the Medicare Physician Fee Schedule Billing Codes for: Community Health Integration (CHI), Principal Illness Navigation (PIN), and Principal Illness Navigation – Peer Support (PIN-PS) Services–A Primer (pdf)

Questions & Answers