



COMMUNITY HEALTH WORKERS & MEDICAID

Current Language on CHW Payment in Michigan

MI Care Team | Health Homes (ACA Section 2703)

The State of Michigan was approved to participate in the Affordable Care Act's Section 2703 program, also known as Health Homes, by CMS in December 2014. Michigan's program is called *MI Care Team*^{1,2} and began July 1, 2016 at eligible Federally Qualified Health Centers (FQHCs) and Tribal Health Centers (THCs).

Michigan Medicaid, in partnership with the Michigan Primary Care Association, designed the MI Care Team program. MI Care Teams will work persons eligible for Medicaid or Healthy Michigan who have depression and/or anxiety and one or more of the following conditions:

- Heart Disease
- COPD
- Hypertension
- Diabetes
- Asthma

MI Care Teams are interdisciplinary teams with at least six on-site team members. One of these team members is a Community Health Worker (CHW). The CHW provides the following functions:

- *Coordinate and provide access to individual and family supports, including referral to community social supports;*
- *Meet regularly with the care team to plan care and discuss cases, and exchange information with team members as part of the daily routine of the clinic;*
- *Identify community resources (i.e. social services, workshops, etc.) for patient to use to maximize wellness;*
- *Referral tracking;*
- *Coordinate and provide access to chronic disease management including self-management support;*
- *Implement wellness and prevention initiatives;*
- *Facilitate health education groups;*
- *Provide education on health conditions and strategies to implement care plan goals including both clinical and non-clinical needs.*

Other required team members are a primary care provider, a behavioral health consultant, a nurse care manager, and a health homes coordinator who will serve in an administrative capacity. There must also be access to a doctoral-level psychologist and/or psychiatrist.

Ten FQHCs are participating statewide, including FQHCs with sites in Bay, Genesee, Houghton, Huron, Iron, Kalamazoo, Kent, Lapeer, Lenawee, Macomb, Marquette, Menominee, Monroe, Montcalm, Montmorency, Oakland, Ontonagon, Presque Isle, Saginaw, Shiawassee, and Wayne counties.

¹ <http://www.michigan.gov/micareteam>

² http://www.michigan.gov/documents/mdhhs/MI_Care_Team_Handbook_528104_7.pdf



MI Care Team Payment

The MI Care Team program relies on a per member per month payment scheme. There are two types of rates that can be billed per beneficiary. All claims must be billed under a provider with a National Provider Identifier (NPI) number. If a CHW does not have an NPI and needs to be bill, services must be billed under the supervising provider.

Payment for the MI Care Team program uses two rates, which are as follows:

- 1. The program uses a once-in-a-lifetime-per-beneficiary “Health Action Plan” rate to be paid only for the first month that a beneficiary participates in the MI Care Team program. This once-in-a-lifetime-per-beneficiary rate represents reimbursement for certain actions and services, including, but not limited to, initial care plan development.*
- 2. Additionally, the program uses an “Ongoing Care Coordination” rate, to be paid for MI Care Team services rendered in all subsequent months of a beneficiary’s participation in the MI Care Team program (provided the beneficiary remains eligible for the program and received MI Care Team services during the month at issue).*

The monthly rate encapsulates the personnel costs of required care team members and administrative personnel. Encounter codes are detailed as follows:

Health Action Plan

To receive the Health Action Plan payment, designated MI Care Team providers must submit the following service encounter code:

- *Comprehensive Care Management: S0280*
 - *This code must only be used for the Health Action Plan encounter.*
 - *This service must be delivered in-person.*

Ongoing Care Coordination

For all subsequent months following the Health Action Plan payment, the “Ongoing Care Coordination” will be paid for eligible MI Care Team beneficiaries. To receive Ongoing Care Coordination payments, designated MI Care Team providers must provide at least one MI Care Team service per calendar month (as defined in Section 1.3) and bill the S0281 service encounter code, along with an applicable ICD-10 diagnosis code. Please note that the TS Modifier should be used on the S0281 code to document non face-to-face encounters rendered to a beneficiary.

ICD-10 diagnosis codes to be used with the S0281 code include the following groups:

- *Z55-Z65 (Persons with potential health hazards related to socioeconomic and psychosocial circumstances)*
- *Z69-Z76 (Problems related to housing and economic circumstances)*
- *Z77-Z99 (Persons with potential health hazards related to family and personal history and certain conditions influencing health status)*



Medicaid Managed Care Contracts

The State of Michigan released their request for proposals for the annual Medicaid Managed Care Rebid³ in May 2015. As part of this rebid, CHWs are specifically included in the contract requirements:

Contractor must provide or arrange for the provision of community health worker (CHW) or peer-support specialist services to Enrollees who have significant behavioral health issues and complex physical co-morbidities who will engage with and benefit from CHW or peer-support specialist services. Examples of CHW services include but are not limited to:

- *Conduct home visits to assess barriers to healthy living and accessing health care*
- *Set up medical and behavioral health office visits*
- *Explain the importance of scheduled visits to clients*
- *Remind clients of scheduled visits multiple times*
- *Accompany clients to office visits, as necessary*
- *Participate in office visits, as necessary*
- *Advocate for clients with providers*
- *Arrange for social services (such as housing and heating assistance) and surrounding support services*
- *Track clients down when they miss appointments, find out why the appointment was missed, and problem-solve to address barriers to care*
- *Help boost clients' morale and sense of self-worth*
- *Provide clients with training in self-management skills*
- *Provide clients with someone they can trust by being reliable, non-judgmental, consistent, open, and accepting*
- *Serve as a key knowledge source for services and information needed for clients to have healthier, more stable lives*

Contractor agrees to establish a reimbursement methodology for outreach, engagement, education and coordination services provided by community health workers or peer support specialists to promote behavioral health integration; Contractor must maintain a CHW to Enrollee ratio of at least one full-time CHW per 20,000 Enrollees

Contractors must ensure CHWs are adequately equipped to serve Enrollees in the community, understand all privacy laws and HIPAA provisions, and have all core competencies, including:

- *Role advocacy and outreach*
- *Navigating community resources*
- *Legal and ethical responsibilities*
- *Teaching and capacity-building*
- *Communication skills and cultural responsiveness*
- *Coordination, documentation and reporting*
- *Healthy lifestyles*

³ http://www.michigan.gov/documents/contract_7696_7.pdf



Michigan Community Health Worker Alliance (MiCHWA)

Ten Medicaid health plans were awarded contracts through the bidding process. There are now four plans that provide coverage through the entirety of Michigan Lower Peninsula (previously, it was only one). One plan, the Upper Peninsula Health Plan, provides coverage to Michigan's Upper Peninsula.

CHWs are mentioned in the following sections of the rebid document:

- Behavioral Health Integration
- Prepaid Inpatient Health Plans
- Patient-Centered Medical Homes
- Data
- Targeted Intervention

Contracts began January 1, 2016. Plans have several options for meeting the CHW requirement. Language related to CHWs matches much of the language used in Michigan's State Innovation Model design document, *Michigan's Blueprint for Health Innovation*. Other facts:

- Health plans are given the option to contract with community-based providers and organizations for existing CHW services
- The APHA definition of a Community Health Worker is used
- Core competencies of a CHW align well with MiCHWA's CHW training (seven of eight listed)
- No funding was allocated by Medicaid to pay for or support CHW services in the rebid process

Medicaid Managed Care Performance Incentives

On April 15, 2016, managed care plans have the option to submit plans for performance incentives as part of their managed care contracts. Because no additional funding was allocated for CHW activities in the rebid, the CHW program performance area may be of particular interest.

1. *Health plans must support design and implementation of CHW interventions & ensure CHWs are equipped to serve Enrollees in the community, understand all privacy laws, HIPAA provisions, and all core competencies (such as navigating community resources, outreach, cultural responsiveness, etc.).*
2. *Health plans must maintain a CHW to Enrollee ratio of at least one full-time CHW per 20,000 Enrollees.*
3. *Health plans must provide CHWs to Enrollees who have significant behavioral health issues and complex physical co-morbidities.*
4. *Health Plans must establish a reimbursement methodology for outreach, engagement, education and coordination services provided by community health workers or peer support specialists to promote behavioral health integration.*
5. *Examples of CHW services include but are not limited to:*
 - i. *Conduct home visits to assess barriers to healthy living and accessing health care; Set up, prepare, accompany, remind and follow-up with members about medical and behavioral health office visits; Advocate for clients with providers; Arrange for social services (such as housing and heating assistance) and surrounding support services; Provide clients with training in self-management skills; and Serve as a key knowledge source for services and information needed for clients to have healthier, more stable lives.*

Details regarding which plans, if any, applied for this performance incentive are still unknown.