Partnership
to Align Social Care

A National Learning
& Action Network

CCH National Learning Community & Health Equity Learning Collaborative Pre-Learning Session

December 11, 2023 | 2:00-3:30 p.m. ET

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Administrative Reminders

- ✓ Please introduce yourself and your organization in the chat
- ✓ Recording and slides will be shared following this session with all participants of the CCH NLC and the HELC
- ✓ Please keep yourself muted until the Q&A
- ✓ A live transcript of the meeting is available. To turn on closed captioning, click on the upward arrow next to Live Transcript and select “Captions.” The Captions option may also be available under the icon labeled “More.”

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Partnership to Align Social Care

Mission:

To enable successful **partnerships** and contracts **between health care and community care networks** to **create** efficient and sustainable **ecosystems** needed to provide **individuals with holistic, person-centered social care** that demonstrates cultural humility.

Vision:

A **sustainably resourced, community-centered social care delivery system** that is **inclusive** of all populations and **empowered by shared governance** and financing, multistakeholder accountability, and federal/state/local policy levers.

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Agenda

1. Welcome and Introductions
2. Background on Joint ECHO sessions
3. Curriculum overview for joint ECHO learning sessions
4. Overview of the CY 2024 Physician Fee Schedule and opportunities to implement HRSNs codes
5. Q&A
6. Closing remarks and reminders

CY2024 Physician Fee Schedule Implications for Providers and CBOs addressing Health-Related Social Needs

Timothy P. McNeill, RN, MPH

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CMS CY2024 Physician Fee Schedule

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Title: CY 2024 Payment Policies under the Physician Fee Schedule & Other Changes to Part B Payment & Coverage Policies; Medicare Shared Savings Program Requirements; Medicare Advantage; Medicare & Medicaid Provider & Supplier Enrollment Policies; and Basic Health Program

- Release Date: November 2, 2023
- **Effective Date: January 1, 2024**
- Pre-publication Version of the final rule:
  - Available: https://public-inspection.federalregister.gov/2023-24184.pdf

How Many People are Potentially Impacted by the Rule Change?

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- Enrollment Data as of **November 2023**
  - Available: https://www.cms.gov/data-research/statistics-trends-and-reports/medicare-advantagepart-d-contract-and-enrollment-data/monthly-enrollment-state
- Universe of Medicare Eligible Beneficiaries (November 2023)
  - **66,170,255 (National Total)**
- Persons enrolled in Original Medicare (Part A & Part B)
  - 34,171,419
  - **51.64%** of all persons eligible for Medicare are enrolled in Original Medicare (November 2023)
- Persons enrolled in Medicare Part C (Medicare Advantage/SNPs)
  - 31,998,836
  - **48.36%** of all persons eligible for Medicare are enrolled in a MA/SNP
- Growth: "More than 10,000 people turn 65 every day in the United States"
  - https://www.hhs.gov/aging/index.html

Variability of MA Enrollment at the State Level (November 2023)

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Examples that Skew MA

- California
  - Original Medicare: 3,391,189 (49.89%)
  - **MA: 3,405,840 (50.11%)**
- North Carolina
  - Original Medicare: 1,022,155 (46.89%)
  - **MA: 1,157,907 (53.11%)**
- New York
  - Original Medicare: 1,902,841 (49.44%)
  - **MA: 1,946,286 (50.56%)**

Examples that Skew Original Medicare

- Kansas
  - **Original Medicare: 396,763 (68.53%)**
  - MA 182,159 (31.47%)
- Illinois
  - **Original Medicare: 1,499,527 (63.27%)**
  - MA: 870,366 (36.73%)
- Wyoming
  - **Original Medicare: 108,634 (87.21%)**
  - MA: 15,932. (12.79%)

Enrollment Data as of **November 2023**

Available: https://www.cms.gov/data-research/statistics-trends-and-reports/medicare-advantagepart-d-contract-and-enrollment-data/monthly-enrollment-state

What does Medicare Reimbursement Mean?

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Part B Benefit

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- The new HCPCS procedure codes are a new Medicare Part B Benefit
- MA plans have a statutory requirement to cover all Part A & Part B benefits, but the MA model is care is complete in June of the prior year.
  - Some MA plans will reimburse for these services in CY2024
  - All MA plans will reimburse for these services in CY2025
- Original Medicare Part B benefits pay on a fee-for-service basis
  - Eligible providers are reimbursed only after delivering the service
  - The more that services are rendered, the greater the volume of reimbursement

Deductible and Co-Insurance Requirements

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- The Beneficiary is responsible for all deductible or co-insurance expenses
  - CY2023 annual deductible = $226 (amount of deductible is subject to change annually)
  - Co-insurance amount is 20% of all applicable charges
    - Co-Insurance requirements apply to all Part B services not just the new codes
- Medigap plans **may** cover the cost of any out-of-pocket expenses to cover the deductible or co-insurance fees
  - Examples of Medigap Coverage:
    - AARP (UHC)
    - Tricare For Life
    - Medicaid (Dual-Eligible: Medicare + Medicaid)

Key Benefits Approved in the CY2024 PFS Final Rule

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- Community Health Integration (CHI)
- Principal Illness Navigation (PIN)
- Principal Illness Navigation – Peer Support (PIN-PS)

- Benefits structured similarly to the Chronic Care Management (CCM) Benefit
  - CCM originally approved in 2015
  - Time-based billing
  - Billed once per calendar month
  - General supervision approved

Addressing Social Needs in the Benefit Design

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- Medicare Part B benefit will reimburse providers for the delivery of interventions to address social needs of Medicare beneficiaries.
- <u>Definition:</u>
  - SDOH(s) may include but are not limited to food insecurity, transportation insecurity, housing insecurity, and unreliable access to public utilities, **when they significantly limit the practitioner's ability to diagnose or treat the problem(s) addressed in the CHI initiating visit**.

Claims Management

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How Does Medicare Reimburse for CHI/PIN/PIN-PS

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- Medicare reimbursement is made based on claims
- The entity that is an eligible Medicare provider submits claims for reimbursement under their Tax ID (TIN)
  - CMS-1500
- Claims for CHI/PIN/PIN-PS can be submitted one (1) time per calendar month.
- Only one (1) provider per month can be paid for rendering CHI services.

Rendering Provider Requirements

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- The eligible provider that renders general supervision must submit the claim.
- Claims are submitted electronically to the Medicare Administrative Contractor (MAC)
- The CHW/CBO staff can be auxiliary personnel that support the delivery of CHI services, but the CHW/CBO staff cannot submit the claim.
- The time spent by the CHW/CBO staff is totaled for the calendar month
- The claim is submitted based on the aggregate of time spent

Can CBOs or CHWs bill directly for CHI services

- CMS Response: There is no statutory benefit category that would allow CBOs to bill the PFS directly. Therefore, we are not finalizing such a policy.

Can Multiple Providers bill for CHI

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- Only one (1) provider can bill for CHI services for the same beneficiary, during the same month.
- If more than one provider files a claim for CHI, during the same calendar month for the same beneficiary, the first claim is paid and all further claims are denied.

Does the Provider Receive the Total Amount?

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- Deductible: The Medicare Deductible must be met before Medicare will render payment. The CY2023 Medicare annual deductible for Part B is $226.
- Co-Insurance: Medicare Part B has a 20% co-insurance requirement
- Medigap Coverage: A beneficiary can purchase a Medigap plan to cover some or all of their out-of-pocket expenses for deductibles and co-insurance payments but the beneficiary is ultimately responsible.

Claim Errors

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- Claim Rejections: If the information on the claim is incorrect, a claim rejection can occur. When a claim is rejected, it must be corrected before it can be processed.
- Claim Denials: If a claim is processed and payment is denied there is usually an issue with coverage.
- The CHW/CBO Staff must be cognizant of collections since a third-party contract is dependent on the provider receiving payment for services rendered.

SDOH Risk Assessment

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SDOH Risk Assessment

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- Part B benefit to complete an assessment of health-related social needs (HRSNs)
- Screening can occur once every six (6) months per beneficiary
- Must be performed as part of a E/M (medical office visit)
- Requires the use of an evidence-based HRSN screening tool
  - Examples
    - CMS Accountable Health Communities (AHC) HRSN Tool
    - PREPARE

Who Can Perform the SDOH Risk Assessment

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- The SDOH Risk Assessment must be performed as part of a medical office visit.
  - HCPCS Code: G0136
  - Rate: $18.44
- An eligible provider that can bill for a E/M (office) visit must perform the SDOH risk assessment.
  - Once every 6 months
- The eligible provider can obtain direct **assistance from staff** to complete the screen, but the **responsibility of completing the SDOH risk assessment remains with the billing provider**.

Results of the SDOH Risk Assessment

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- Findings should be documented int eh clinical record (EMR)
- Positive screens should be added to the problem list with appropriate Z-Codes
- A plan of care should be completed that incorporates the elements of the SDOH Risk Assessment
- If additional information is obtained, at a later time (i.e., newly identified HRSNs), the problem list and plan of care should be updated.

Community Health Integration

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Implementation Requirements

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- Consent is required (Verbal or Written) and must be in the EMR.
- There must be screening for HRSNs with the results documented in the EMR.
- The HRSNs must negatively impact the ability of the provider to diagnose or treat a medical condition.
- A plan is required that includes information on why resolving the HRSN will help in making a diagnosis or treating a condition.
- Key Tip: You cannot address social needs just for the sake of addressing social needs. There must be a direct link to a health outcome that will be achieved if the HRSNs are addressed.

General Supervision

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- The rendering provider can use auxiliary staff or contract with a CBO to deliver CHI services.
- There must be clinical integration between the rendering provider and the CBO for the provision of general supervision.
- The clinical integration must include the following elements (documented in the EMR):
  - Documentation of the HRSNs in the EMR.
  - Connection between HRSNs and the ability to diagnose or treat a condition.
  - HRSN intervention plan
  - Regular communication between the CHW/CBO staff and the rendering provider on progress towards achieving the CHI plan goals.
  - Updates to the CHI plan, based on feedback between the provider and the CWH/CBO staff

Clinical Integration in the Treatment Plan

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- The **focus** of CHI services would need to be on addressing the particular SDOH need(s) **that are interfering with, or presenting a barrier to, diagnosis or treatment of the patient's problem(s) addressed in the CHI initiating visit.**

CHI Initiating Visit

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- Requires an initiating visit
- Initiating visit must be performed by the billing practitioner who would also be furnishing the CHI services during the subsequent calendar months.
- Initiating visit is a pre-requisite to billing for CHI services.
  - Inpatient/observation visits, ED visits and SNF visits do not qualify as an initiating visit.
- During the initiating visit the billing practitioner would assess and identify SDOH needs that significantly limit the practitioners ability to diagnose or treat the patients medical condition and establish an appropriate plan.
- CHI services would be performed by a CHW or other auxiliary personnel incident to the professional services of the practitioner that bills the initiating visit.

Initiating Visit Types

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- Eligible Provider: Physician or Non-Physician Practitioner (NP or PA)

- Approved Visit Type: E/M Visit
- Approved Visit Type: Transitional Care Management

- Not Approved: Annual Wellness Visit (AWV) unless it is done with a E/M visit
- Not Approved: HBAI
- Not Approved: ED Visit, Inpatient. Visit, SNF Visit

Can CBOs or CHWs bill directly for CHI services

- CMS Response: There is no statutory benefit category that would allow CBOs to bill the PFS directly. Therefore, we are not finalizing such a policy.

Can Multiple Providers bill for CHI

FREEDMEN'S CONSULTING
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- Only one (1) provider can bill for CHI services for the same beneficiary, during the same month.
- If more than one provider files a claim for CHI, during the same calendar month for the same beneficiary, the first claim is paid and all further claims are denied.

Focus of CHI

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- "The focus of CHI services would need to be on addressing the particular SDOH need(s) that are interfering with, or presenting a barrier to, diagnosis or treatment of the patient's problem(s) addressed in the CHI initiating visit."
- Documentation in the medical record should support this goal.
  - Plan
  - Monthly CHI encounter notes
  - Clinical Integration meetings
  - Re-evaluation documentation

Consent and Cost-Sharing

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- Verbal or Written consent is required.
- Consent must be documented in the medical record.
- Part B benefit
  - Deductible and co-insurance requirements apply
  - Medicaid or Medigap coverage may cover some or all deductible or co-insurance fees but the beneficiary is responsible for the cost.
  - Provider cannot elect to waive the deductible or cost sharing requirement.

Third Party Contract Arrangement with CBOs

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- CHI and PIN services can be performed by staff provided by community-based organizations.
- Requires clinical integration between the eligible billing provider and the CBO.
- Documentation must be included in the EMR of the billing provider but to reduce administrative burden the provider can review documentation that is in a CBO system but the documentation responsibility ultimately rests with the billing provider.

CBO Types

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- Community Care Hub,
- Area Agencies on Aging (AAAs),
- Centers for Independent Living (CILs),
- Community Action Agencies,
- Housing Agencies,
- Aging and Disability Resource Centers (ADRCs), or
- other non-profits that perform social services.

Community Health Integration Services

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CHI Services List		
Person-Centered Assessment	Facilitating patient-driven goal setting	Providing tailored support
Practitioner, HCBS Coordination	Coordinating receipt of needed services	Communication with practitioners, HCBS providers, hospitals, SNFs
Coordination of care transitions	Facilitating access to community-based social services	Health education
Building patient self-advocacy skills	Health care access / health system navigation	Facilitating behavioral change
Facilitating and providing social and emotional support	Leveraging lived experience when applicable	

CHI HCPCS Codes

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- **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, in the following activities to address social determinants of health (SDOH) need(s) **that are significantly limiting ability to diagnose or treat problem(s)** addressed in an initiating E/M visit.

CHI HCPCS Codes

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- **G0022** – Community health integration services, each additional 30 minutes per calendar month (List separately in addition to G0019).

Community Health Integration Rate

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HCPCS	Descriptor	Non-Facility Rate	Facility Rate
G0019	Community Health Integration Services SDOH 60 min	$79.24	$48.79
G0022	Community Health Integration Services; add 30 min	$49.44	$34.05
G0511 (FQHCs/RHCs)	Each eligible CHI service	$77.94 (Flat Fee)	

*The rates listed are the published National Rate. There will be some variation in the rate depending on the MAC and local market where services are being rendered.
**The facility rate is less because the facility receives a separate "facility fee" in addition to the services rendered.
***For CY2024, CMS is not establishing a cap on the number of G0022 add on units per calendar month. Each 30 minutes spent would be added to support additional reimbursement.

Frequency and coding limitations

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- Therefore, we are finalizing 60 minutes for the base code [CHI] and 30 minutes for the add-on code **with no frequency limitation for the add-on code** as long as the time spent is **reasonable and necessary**.

FQHC/RHC HCPCS Codes for CHI/PIN

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- CHI and PIN Services are billed under one code = G0511
- A FQHC/RHC is not limited to billing one G0511 per beneficiary per month.

CHI Documentation – Source File

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- Documentation, in the end, is the responsibility of the billing practitioner. CBOs may enter data following our general policy, as long as the biller reviews and verifies the documentation.

Principal Illness Navigation (PIN) Services

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Proposed Service Definition

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- For CY 2024, we are proposing to better recognize through coding and payment policies when certified or trained auxiliary personnel under the direction of a billing practitioner, which may include a patient navigator or certified peer specialist, are involved in the patient's health care navigation as part of the treatment plan for a serious, high-risk disease expected **to last at least 3 months**, that places the patient at significant risk of hospitalization or nursing home placement, acute exacerbation/decompensation, functional decline, or death.

Final Rule

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- **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, in the following activities.
- **G0024** – Principal Illness Navigation services, additional 30 minutes per calendar month (List separately in addition to G0023).

PIN Services

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List of PIN Services		
Person-Centered assessment	Patient-driven goal setting	Providing tailored support
Coordinating Home and Community Based Care	Communicating with practitioners and HCBS services	Coordination of care transitions
Facilitating access to social services	Health education	Building self-advocacy skills
Health care access/health system navigation	Helping the patient access healthcare	Providing the patient with information/resources to consider participation in clinical trials
Facilitating behavioral change	Facilitating and providing social and emotional support	Leverage knowledge of the serious condition

Target Populations

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- Examples of serious, high-risk diseases for which patient navigation services could be reasonable and necessary could include cancer, chronic obstructive pulmonary disease, congestive heart failure, dementia, HIV/AIDS, severe mental illness, and substance use disorder.

Principal Illness Navigation Rate

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HCPCS	Descriptor	Non-Facility Rate	Facility Rate
G0023	PIN Service, 60 minutes per month	$79.24	$48.79
G0024	PIN Service, add 30 min	$49.44	$34.05
G0511 (FQHCs/RHCs)	Each eligible CHI service	$77.94 (Flat Fee)	

*The rates listed are the published National Rate. There will be some variation in the rate depending on the MAC and local market where services are being rendered.

**For CY2024, CMS is not establishing a cap on the number of G0024 add on units per calendar month. Each 30 minutes spent would be added to support additional reimbursement.

Auxiliary Personnel operating Incident To the Physician

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- The subsequent PIN services would be performed by auxiliary personnel incident to the professional services of the practitioner who bills the PIN initiating visit. The same practitioner would furnish and bill for both the PIN initiating visit and the PIN services, and PIN services must be furnished in accordance with the "incident to" regulation at § 410.26.
- We would not require an initiating E/M visit every month that PIN services are billed, but only prior to commencing PIN services, to establish the treatment plan, specify how PIN services would help accomplish that plan, and establish the PIN services as incident to the billing practitioner's service.

Contracting with CBOs to Perform PIN

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- "…we [CMS] are finalizing as proposed that a billing practitioner may arrange to have PIN services provided by auxiliary personnel who are external to, and under contract with, the practitioner or their practice, such as through a community-based organization (CBO) that employs CHWs, if all of the "incident to" and other requirements and conditions for payment of CHI services are met, and that there must be sufficient clinical integration between the third party and the billing practitioner in order for the services to be fully provided.

Principal Illness Navigation-Peer Support (PIN-PS)

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Nursing Home Transitions

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- We [CMS] attempted to recognize this work with our proposed PIN code, but given the public comments we received, we are also finalizing two new codes, **HCPCS code G0140 and HCPCS code G0146 for Principal Illness Navigation – Peer Support (PIN-PS).**
- Given the nature of work typically performed by peer support specialists, **we are limiting these codes to the treatment of behavioral health conditions** that otherwise satisfy our definition of a high-risk condition(s).

Principal Illness Navigation – Peer Support

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HCPCS	Descriptor	Non-Facility Rate	Facility Rate
G0140	Navigation Services, Peer Support, 60 minute	$79.24	$48.79
G0146	Navigation Services, Peer Support, add 30 min	$49.44	$34.05
G0511 (FQHCs/RHCs)	Each eligible CHI service	$77.94 (Flat Fee)	

*The rates listed are the published National Rate. There will be some variation in the rate depending on the MAC and local market where services are being rendered.
**For CY2024, CMS is not establishing a cap on the number of G0146 add on units per calendar month. Each 30 minutes spent would be added to support additional reimbursement.
***PIN and PIN-PS services cannot be billed concurrently for the same condition for the same beneficiary.

CHI / PIN / PIN-PS Highlights

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Decision Support Table

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Decision Matrix	SDOH Risk Assessment	CHI	PIN	PIN-PS
HCPCS Code(s)	G0136	G0019 – 60 min; G0022 – add 30 min.	G0023 – 60 min; G0024 – add 30 min.	G0140 – 60 min; G0146 – add 30 min.
Rate (Non-Facility)	$18.64	60min: $79.24. Add 30 min: $49.44	60min: $79.24. Add 30 min: $49.44	60min: $79.24. Add 30 min: $49.44
Eligible Provider	Physician or Non-Physician Provider (PA, NP)	Physician or Non-Physician Provider (PA, NP)	Physician or Non-Physician Provider (PA, NP)	Physician, Non-Physician Provider, Psychologist
General Supervision Rules apply	No	Yes	Yes	Yes
Auxillary staff	Not Applicable	Yes	Yes	Yes
Billing Frequency	Once every six (6) months	G0019 first 60 minutes; G0022 each additional 30 min (no limit per month)	G0023 first 60 minutes; G0024 each additional 30 min (no limit per month)	G0140 first 60 minutes; G0146 each additional 30 min (no limit per month)

Sample CHI Process Flow Steps: 1 → 8

1.

Consumer Screened Positive for HRSNs by clinic staff.

2.

PCP SDOH Risk Assessment and Referral to CBO for CHW.

3.

Electronic Referral from Provider to CBO with identified HRSNs.

4.

CHW completes a secondary HRSN screen

5.

SDOH Person-Centered Plan Plan will combine Multiple CBO Resources to address HRSNs.

6.

CBOs **Blend & Braid Resources** to address HRSNs through social care navigation.

7.

Closed-Loop Outcome Reporting documented in EMR, with individual and aggregate time spent performing CHI/month.

8.

CHWs regularly participates in care team meetings and coordinate CHI to support achievement of **medical treatment goals**.

Case Study

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Case Study

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- Gertrude is a 62 y/o female with a history of bipolar disease, homelessness, food insecurity, and frequent ED visits for uncontrolled diabetes.
  - Enrolled in Medicare due to Disability
- She is not able to store her insulin and manage her medications between transient housing sites.
- Reports that the low-barrier shelter provides donuts, muffins, and orange juice for breakfast and she has to leave the shelter during the day.
- Recently had her insulin needles and glucose testing strips stollen at the shelter.

PCP SDOH Risk Assessment

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- PCP documents HRSNs in the EMR.
- HRSNs are having a negative impact on the ability to manage diabetes by contributing to poor medication adherence and inability to adhere to prescribed dietary regimen.
- HRSNs:
  - Housing insecurity.
  - Transportation insecurity.
  - Poor health literacy deficit contributing to inadequate medication adherence.
  - Inadequate medication adherence contributing to poor insulin control.

PCP Diabetes Treatment Plan

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- Improve adherence to low-sugar, low-carbohydrate diet.
- Improve diabetes medication management and adhere to daily diabetes medications.
- Daily blood glucose monitoring.
- Improve adherence to PCP visit schedule and quarterly HgbA1c testing.

- Goal: Maintain HgbA1c below 7

PCP Orders CHI Services

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- **PCP and CHW** Develop a CHI Plan
  - PCP contracts with local CBO for CHW services.
  - Assigned CHW works with PCP to develop and implement an individualized plan for daily medication adherence
  - Apply for housing assistance
  - Secure consistent access to food that conforms with low-sugar, low-carbohydrate diet recommendations.
  - Develop transportation plan for medications and follow-up visits for PCP and psychiatrist.
  - Coordinate with Psychiatrist to ensure awareness of CHI interventions and expected outcomes.

CHI Interventions Deployed

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- CHW contacts the the local HUD funded Continuum of Care (CoC) program for emergency housing voucher.
  - https://www.hudexchange.info/programs/coc/
- CHW helps apply for USDA Emergency Food Assistance and SNAP Benefits.
  - https://www.fns.usda.gov/fns-contacts?f%5B0%5D=fns_contact_related_programs%3A27
- CHW sets up FCC Lifeline Cell Phone with medication text reminders.
  - https://cnm.universalservice.org
- Enrollment in an accessible transportation program for medication and appointment adherence.

CHW Participates in Care Team Meetings

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- CHW provides a summary of tailored support provided at weekly team meetings.
  - Communication with the local shelters and friend to identify a single location to store medication.
  - Met with shelter programs to discuss diabetes-friendly breakfast options
  - Assisted patient with setting up accessible transportation to obtain medication and adhere to scheduled appointments.
  - Setup text message reminders for medication administration and blood glucose testing.

CHW EMR Documentation Requirements

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- Each intervention deployed to address HRSNs.
- Description of social care navigation services.
- Meetings with members of the care team to discuss integrated care requirements.
- Assessment of the impact of deployed HRSN interventions and care plan updates, as needed.
- Tailored support and education provided to the patient.
- Time spent for each activity
  - Start Time
  - Stop Time
  - Total of time for each encounter
  - Aggregate of time per calendar month

Third-Party Contract Agreement

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- CBO provides access to trained CHWs.
- CHWs are deployed to local physician practices that execute a third-party contract agreement with the CBO for CHI services.
- CBO submits monthly invoices detailing the aggregate of time per patient by CHWs.
- Provider submits claims and receives payment.
- Provider remits payment to CBO and provides a report on claims paid to CBO each month.

Comparison Utilization Data

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CHI Financial Analysis

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- One Community Health Worker supporting a caseload of 80 patients
- Each person receives 1 hr. of CHI per calendar month (80 hours of CHI/mo.).
  - 1.0 FTE CHW works 160 hours per month (40 hours per week)
- Reimbursement
  - G0019 = $79.24 / 60 min. CHI
  - 80 patients (80 hours CHI/mo.) X $79.24 = $6,339.20

Salary (1.0 FTE CHW)	Fringe (20%)	Labor Expense	Gross Revenue	Net to CBO/CHW	Net for 20 CHWs
$25/hr. X 160 hrs./month = $4,000.00/month	$800/month	$4,800/month	$6,339.20	$1,539.20	$30,784.00/mo. $369,408.00/yr.

ASPE Analysis of CCM/TCM Utilization

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- ASPE Report on the 2019 utilization of CCM and TCM by eligible Medicare beneficiaries:

Exhibit 2: Medicare FFS Beneficiaries Receiving CCM or TCM Services in 2019

Category	CCM	TCM
Total Medicare FFS beneficiaries with Part B coverage	35,598,051	35,598,051
Number of FFS beneficiaries potentially eligible for CCM or TCM	22,570,404	6,282,242
Percent of FFS beneficiaries potentially eligible for CCM or TCM	63.4%	17.7%
Beneficiaries with one or more CCM or TCM claims	882,728	1,078,580
Percent of potentially eligible beneficiaries with CCM or TCM claims	4.0%	17.9%

https://aspe.hhs.gov/sites/default/files/documents/31b7d0eeb7decf52f95d569ada0733b4/CCM-TCM-Descriptive-Analysis.pdf

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Thank you

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Reminders!

Health Equity Learning Collaborative (HELC)

- HELC Kick-Off Meeting
  December 20 @ 2 ET / 11 PT

ACL CCH NLC & HELC Joint ECHO Sessions

- January 4 @ 2-3:30 ET
- February 1 @ 2-3:30 ET
- March 7 @ 2-3:30 ET

Operationalizing contracts: Improving contracting implementation and collaboration

Contracting to Align Health and Social Care Ecosystems:
A Webinar Series Sharing Leading Practices
Hosted by the Partnership to Align Social Care

December 12, 2023 | 12-1 pm

Register now: www.partnership2asc.org/contractingwebinarseries2023

Hear from speakers

Natasha Dravid
Senior Director, Camden Coalition

Stephanie Orlando
COO, Western NY Independent Living Center, Inc.

Nikki Kmicinski
Executive Director, Western New York Integrated Care Collaborative, Inc.

Dawn Odrzywolski
VP Medicare Programs, Independent Health

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How to Get Involved in the Partnership…

- Sign up for our email list: https://www.partnership2asc.org/sign-up/

- Follow the Partnership on social media:

www.linkedin.com/company/partnership-to-align-social-care

@partnership2asc

- Reach out directly to:
  - ✓ *Support the Partnership*
  - ✓ *Ask about getting involved in leadership/workgroup activities*
  - ✓ *Share your expertise/experiences*

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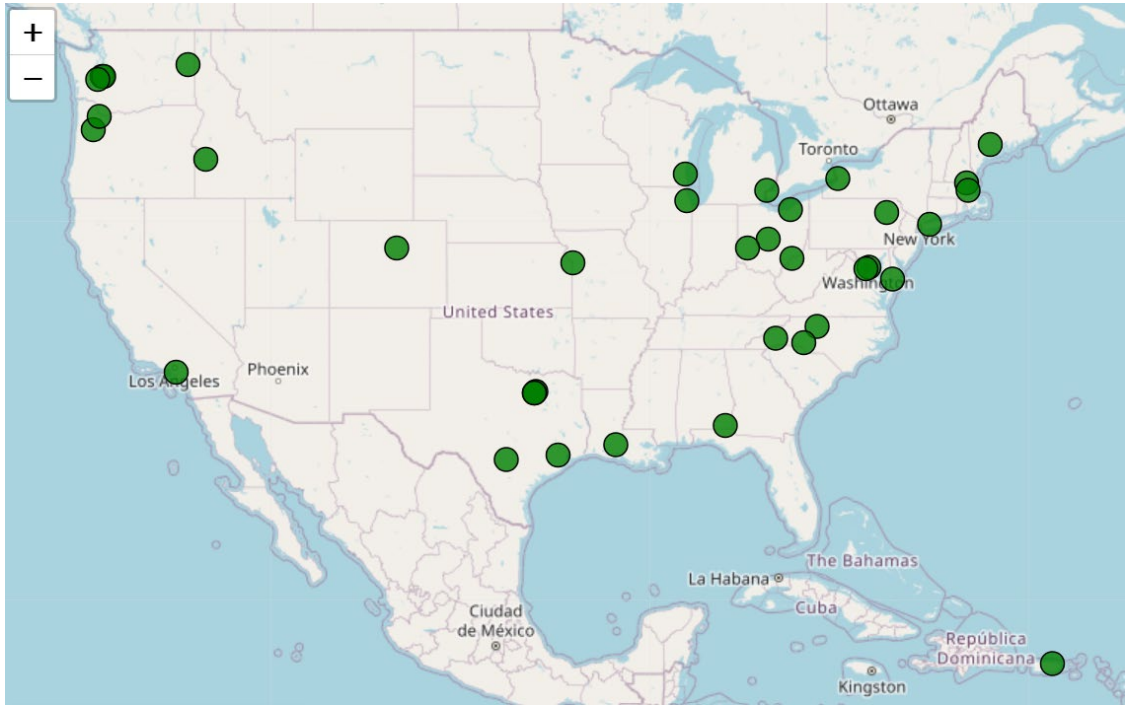
Health Equity Learning Collaborative

28 Community-Clinical Team
participants accepted
(total applications = 66)



12 sites provisionally accepted
14 sites pending outreach