

Special Meeting Minutes

Community Health Worker Task Force Medicaid Workgroup Thursday August 29, 2024

Call to Order

Members in Attendance

Jo Lynn Rising Sun – Hospital Association Representative

Shannon Bacon – Federally Qualified Health Centers (FQHC)

Mandy Dendy – Medical Services Division

Rebecca Quinn – UND School of Medicine and Health Sciences Center for Rural Health

Melissa Reardon – NDSU State University School of Public Health

Tyler Kientopf – EMS Representative

Absent:

Chris Price – Public Health Division

Tribal Representative – no current appointee

Facilitator

Brian Barrett - APT, Inc

There were many members of the public in attendance with expertise in community health work and community health representative work.

Mandy Dendy presented information pertaining to State Medicaid Coverage:

Medicaid Programs Eligibility Policy Discussion

The Task Force discussed Medicaid eligibility criteria for CHWs. Mandy presented a draft of the policy, which was still in development, and sought feedback from the team. The team provided positive feedback, noting that the policy was well-written and comprehensive without being overly restrictive.

CHW Policy and Health Literacy Discussion

Mandy presented a policy outline for the utilization of Community Health Workers (CHWs), emphasizing the need for members to meet at least one of the outlined criteria shown below.

ELIGIBILITY

Members for whom CHW preventive services are medically necessary include members who meet at least one of the below criteria:

- Has at least one chronic condition¹ (including behavioral health)
- Is at risk for developing at least one chronic condition² based on one or more of the below:
 - Medical indicators indicating increasing risk of developing a chronic condition. These indicators can include elevated blood pressure or glucose levels.
 - The presence of known risk factors including tobacco use, excessive alcohol use, and/or drug misuse
- Is at risk for developing at least one chronic condition and is unable to self-manage the condition based on one or more of the below:
 - One or more visits to a hospital emergency room
 - One or more hospital inpatient stays, including stays at a psychiatric facility
 - One or more stay at a detox facility
 - Two or more missed medical appointments
- Has a documented barrier³ that affects the individual's health as indicated through a health-related social needs or social determinants of health screening;
 - A documented barrier includes a lack of health literacy to self-navigate the health system/coordinate resources.

It was asked if pregnant women in need of CHW services would qualify. Since pregnancy is not a chronic condition, the only place they could qualify is through the documented barrier criteria if it was satisfied. Mandy also noted that ND Medicaid has targeted case management for high-risk pregnant women. Task Force members discussed balancing the desire to have broad enough criteria to not exclude members who need CHW services and have specific enough provider guidance about which members qualify.

¹ Chronic conditions may include asthma, major depressive disorder, diabetes, chronic obstructive pulmonary disease, heart disease, high cholesterol, thyroid disease, post-traumatic stress disorder, substance use disorder, and hypertension.

² At risk for a chronic condition may include the following criteria: obesity, prediabetes, tobacco use.

³ Documented barriers may include transportation needs, cultural or language barriers, and/or lack of a telephone, financial constraints, social isolation, access to healthy food, housing, or transportation.

Health-Related Social Needs Screening Tools

The Task Force discussed the use of screening tools for health-related social needs and potentially listing a handful of approved screening tools in the policy. Challenges with providers using different screening tools and having compatibility issues with electronic health records were discussed. It was noted these screening tools should be culturally and language appropriate. In light of the difficulties in identifying what are appropriate screening tools, Mandy agreed to remove the proposed list of specific screening instruments in the policy. The Task Force members also discussed the need for local entities to customize screening tools to better serve their specific populations.

Billing Code Decision and Explanation

Mandy reported on several items from recent meetings.

- ND Medicaid considered appropriate billing codes and decided to proceed with the self-management and education codes 99960-98962. The decision was not to add G codes as additional CHW billing codes as these are Medicare codes with different timeframes and requirements.
- Billing for encounter-based providers will require further information and discussion. Encounter-based providers like Indian Health Service, Tribal Health Programs, and Federally Qualified Health Centers are paid encounter rates rather than traditional fee-for-service billing per service. IHS and THPs are paid a federally set encounter rates for non-inpatient services and FQHCs are each paid an encounter rate based on a variety of factors specific to their health center. FQHCs are currently in the process of compiling and submitting cost reports for consideration by ND Medicaid. The results of these cost reports will factor into further discussions.
- Dentists and pharmacists are being proposed as allowable referring providers for CHW services. Mandy is proposing that ND Medicaid's list of Ordering, Referring, and Prescribing (ORP) providers be permitted to refer for CHW services. Note: referring providers may not be overseeing providers.

Public Comment

There were questions about which codes ND Medicaid is proceeding with and telehealth criteria/coverage.

Next steps

The Task Force ran out of time to get through all agenda topics and noted there is still public input to receive on many of these items and each meeting that passes is a missed opportunity if the Task Force does not move through agenda items successfully.

- Items for Mandy
 - Update policy language removing specific screening instrument requirements for documenting health-related social needs barriers.

- Remove a / between IHS and Tribal Health Programs to signify the difference between these two.
- Explore options for limiting community health worker hours in clinic settings vs. community.
- Explore follow up with Tribal Health Directors in September meeting regarding CHR/CHW reimbursement.
- Add a FAQ policy section to provide clarity on the “at risk of developing a chronic condition” eligibility criteria.
- Update policy to include telehealth and telephone options for CHW services per Task Force/public feedback.
- Shannon and Melissa to send care plan research and ideas to Brian for distribution to Task Force.

Adjourn 2:30pm CST

Date Posted: 9/6/24