NORTH Dakota | Health & Human Services
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Special Meeting Minutes

Community Health Worker Task Force
Medicaid Workgroup
Monday August 5, 2024

Call to Order

Members in Attendance
Jolyn 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

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:

Typical Medicaid CHW Service "Buckets" are as follows

- Health System Navigation and Resources Coordination
- Health Promotion and Education/Coaching
- Health Education/Training

The Task Force discussed the service buckets above and decided to use Health System Navigation and Resources along with Health Promotion and Education/Coaching to describe what type of services would be covered under CHW services. The work group decided to use this as a "draft" moving forward.

The work group discussed CPT codes and Medicare codes. Mandy indicated that the 98960 code is the only code she found that is standardly used for patient education and self-management services by a non-physician Healthcare professional (which would be a CHW). This code covers the Health System Navigation bucket, health promotion and education bucket and Health education/training bucket.

The work group also discussed various aspects of Medicare codes pertaining to CHW services. Mandy will review these and provide feedback during the next meeting.

Who are we going to serve?

The work group began this discussion with reviewing the North Dakota Century Code section 43-66-01(2) which says CHWs are certified to provide preventive services. It also indicates preventive services are for people with the following

- With a chronic condition
- At risk of a chronic Condition who is unable to self-manage the chronic condition or
- With a documented barrier that affects the individual's health

The work group discussed chronic conditions and the need to create a definition. They also explored the meaning of a "documented barrier". Health-related social needs were also discussed, and Mandy will explore if using "standardized health-related social need screeners" can serve to satisfy the eligibility criteria of having a "documented barrier" that affects the individual's health.

The work group also reviewed proposed language taken from Medicare. The following language was presented by Shannon after consultation with the health centers. Mandy is going to review this proposed eligibility criteria language.

- 1 or more chronic conditions, or (using Medicare approved language as a basis)
- 1 or more health related social needs
- Recommendation of a health provider as related to a chronic condition, someone being at risk of developing a chronic condition or having a health-related social need.

Target populations for other states:

Mandy advised that for Medicaid policy purposes, "chronic condition" and "health-related social needs" as related to "documented barriers" need to be defined. This gives providers and the Medicaid program clarity in who qualifies for CHW services. The Task Force is helpfully poised to assist in defining these terms.

This was tabled until the next meeting.

CPT Codes

The work group discussed using 15- or 30-minute codes. Mandy explained that CPT® coding for the 98960 and related group codes are 30 minute codes and she doesn't believe ND Medicaid would deviate from this. Rhode Island uses a 15-minute code and Mandy will look into this further. The work group also discussed having billing limits such as daily, monthly and yearly. Shannon will bring this question back to the health centers for further discussion as a two-hour per day limit was discussed as a standard limit among states with CHW Medicaid coverage. She will also look into how South Dakota CHWs are able to bill when they sit with a patient during a doctor's visit. Melissa will also review information about limits.

Service locations and delivery

The work group discussed the service locations listed below:

- Telehealth-should there be limits to telehealth (e.g., live communication, see person)
- in-person,
- clinics
- Community locations – home, residential living facilities, hospital
- Carceral System

Upon discussion, the work group reviewed the above and agreed that services may be provided in-person or virtually with services in both settings, reimbursed at the same rate. It was recommended that audio-only services be covered. Mandy will look into whether there is anything that would prevent this. Work group members had no concerns about CHW services being initiated in a clinic through an ordering physician or similar practitioner as one way where a member would be connected with a CHW..

What is the expected utilization of CHW Services

The Task Force discussed obtaining date regarding the yearly fiscal impact and how many people might utilize this service along with how many hours per month. In addition, the Task Force will need to decide how this is utilized (i.e., individually or as a group)

The work group explored the following:

- Creating a list of chronic conditions and use Medicaid's data to provide an estimate.
- Identify the level of Care Screening failures to use as data.
- Obtaining information from actively practicing CHWs on what would be anticipated billing per individual per month (or something similar). What

is the amount of time they spend on average doing billable activities over the course of a month?

- Discussed obtaining information on the following:
  - How many members do we think will qualify for the service
  - How much will be use (individual and group)
  - Will there be a ramp up of service?

Melissa will contact CHR's and see about obtaining information listed above.

Shannon will contact CHWs and see about obtaining information above.

Mandy will contact South Dakota and see about getting their utilization data.

How will CHWs enroll in ND Medicaid?

Upon discussion, the work group preferred agency enrollment over individual enrollment.

How are CHWs part of an integrated care team? What does this look like?

The work group was advised that, under the state plan, preventive services must be referred to by a qualified health provider who is a physician or other licensed practitioner in the healing arts.

The work group discussed dentists and pharmacists as qualified health providers. Mandy will review and see about these providers being on the list.

Shannon and Melissa will look at states and bring back recommendations regarding the care plan and what this looks like.

Goals of the CHW Program

Mandy advised that there will be a purpose statement for policy, and it will identify the primary goals for CHW coverage. Some of the potential goals are as follows:

- Reduce care received at higher level (i.e., ED use)
- Connect people to care
- Help address barriers to care
- Ensure members are educated on their care
- Ensure regular preventive care
- Addressing Social Determinants of health (SDOH) barriers to care?

Mandy advised that measuring the efficacy of goals is necessary to make appropriate coverage adjustments.

- What is our goal of implementing this coverage?
- How do we measure if we are reaching those goals?
- If not meeting the goals, how do we re-adjust?

Action Items

- Mandy will review Medicare codes and provide feedback during the next meeting.
- Mandy will explore if using “standardized health-related social need screeners” can serve to satisfy the eligibility criteria of having a “documented barrier” that affects the individual’s health.
- Mandy will review eligibility criteria as a draft (see p. 2).
- Mandy will investigate Rhode Island’s 15-minute codes and explore how they do this.
- Shannon will bring information back pertaining to South Dakota’s billing limits (daily, monthly, annually). She will also investigate the 2-hour daily limit with health centers.
- Melissa will bring information back pertaining to daily limits.
- Melissa will contact CHR’s and obtain information identified on page 3.
- Shannon will contact CHWs and see about obtaining information identified on page 3.
- Mandy will contact South Dakota about their utilization data.
- Mandy will review information to see if dentists and pharmacists can be identified as referring health providers.
- Shannon and Melissa will look at states and bring back recommendations regarding the care plan and what this looks like.

Adjourn 2:54pm CST

Date Posted: