Medicaid Billing for Community Health Worker (CHW) Services in Rhode Island

Evaluation Report—Executive Summary

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Background

Recognizing the important role community health workers (CHWs) play in improving patient outcomes, at least 21 states have implemented Medicaid funding to expand services. (Medicaid and CHIP Payment Access Commission, March 2022) As of July 1, 2022, Rhode Island implemented Medicaid reimbursement for CHW services, using a fee-for-service reimbursement model as a vehicle to expand access to this important service.

The Rhode Island Department of Health (RIDOH) is supportive of organizations becoming Medicaid CHW providers. Recognizing that establishing billing procedures and instituting new or enhanced documentation procedures and systems might be barriers to enrolling as a Medicaid CHW provider and billing Medicaid for services, the Care Transformation Collaborative of Rhode Island contracted with consultants, Mardia Coleman, MS and Roberta E. Goldman, PhD to conduct a qualitative evaluation, using funds from RIDOH's CCR DP21-2109 grant. The goal of the evaluation study was to learn about: medical and community-based organizations' experiences with Medicaid CHW billing, factors that facilitate success and should be maintained or enhanced, challenges organizations encounter, and recommendations for changes EOHHS and RIDOH can make to support existing and new organizations in their adoption of Medicaid CHW billing.

Methods

The evaluators conducted a document review of state documents, interviewed three national key informants and six RI key informants (n=9). They conducted 16 interviews with employees (including CHWs, CHW supervisors, program managers and administrators) across two healthcare organizations (n=6), three community-based organizations (n=6), and with independent community health workers (n=4) currently enrolled as Medicaid CHW billing entities and actively billing Medicaid for CHW services.

Findings and Recommendations

For each content area, the executive summary and the complete report provide a brief presentation of findings followed by recommendations based on data analysis. The term "organization" is used to include both medical and community-based organizations, unless otherwise noted.

Gainwell Technologies customer support and technical assistance

Gainwell Technologies (Gainwell) provides claims management for Rhode Island's Medicaid program. All interviewees found Gainwell's customer support personnel to be extremely helpful. Gainwell provides resources to support billing processes, including the *RI Medicaid, Community Health Workers, Version 2* manual, PowerPoint presentations, and an initial one and a half hour training session. Interviewees had suggestions to improve the manual and to develop additional training materials. All interviewees feel the manual needs more clarity around billing for collateral services. Billing updates must be timely and widely distributed across multiple communication channels.

Technical assistance recommendations:

1. RIDOH/EOHHS: Recognize Gainwell for providing excellent customer service.
2. Gainwell: Consider providing at least one evening a week and/or Saturday morning customer service time block to expand access to technical assistance.

3. EOHHS and Gainwell: Update the billing manual and related PowerPoint presentations. Improvements could include the following:
    a. Incorporate user input and user testing from each user group (e.g., independent CHWs, CBOs, healthcare organizations) in the next version(s) of the manual and related PowerPoint slides.
    b. Incorporate "how-to" videos for key areas such as downloading the free, Provider Electronic Solutions (PES) software, entering claims correctly and other areas identified through user input.
    c. Incorporate detailed information about what constitutes collateral services, either in a standalone document or as a separate section within the manual. Create a companion training video that shows examples of what is or is not a collateral service.
    d. Add a section to the manual regarding the challenges that could be faced modifying an EHR to report claims to billing software.
    e. Add a section to the manual and PowerPoints regarding federal requirements for collection, storage, and transmittal of protected health information, and how to meet those requirements (e.g., locked cabinets for paper records, encrypted email; password protected computer folders). Consider adding HIPAA security modules, such as those offered on the HealthIT.gov website: https://www.healthit.gov/topic/privacy-security-and-hipaa/health-it-privacy-and-security-resources-providers
    f. Provide links to free reading software to aid manual and presentation users who would benefit from listening to the materials.
4. EOHHS and Gainwell: Create a web-based resource that provides current billing information and updates that can be easily accessed. Additionally, send a weekly or monthly bulletin that provides updates and more detail about areas of billing confusion to all who have enrolled for Medicaid CHW billing. Provide a sign-up feature to receive bulletins.
5. CHWARI, EOHHS, RIDOH or Gainwell: Help facilitate, promote, and support a peer-to-peer technical assistance workgroup.

Preparing for Medicaid CHW billing

Interviewees reported encountering few problems enrolling as a Medicaid CHW provider, as well as few problems enrolling as a trading partner for those who needed to do so. Gainwell provides a billing software, PES, to those who do not already have billing software compatible with the Medicaid billing system. Organizations currently billing Medicaid needed to assess whether their current billing software would have to be updated to accommodate CHW billing. All organizations reported spending time training CHWs regarding new documentation and data entry procedures.

Preparing for Medicaid CHW billing recommendations

1. Gainwell and EOHHS/RIDOH: Create a separate document that describes what activities individuals and organizations likely will need to do to prepare for Medicaid billing, and what barriers they likely will face, especially in regard to EHR modifications.
2. EOHHS/RIDOH: Provide a source for start-up funds to support organizations making these preparations and EHR modifications.
3. Gainwell: Continue to support organizations as they prepare for billing.

4. Gainwell and EOHHS/RIDOH: Support the creation of a technical support user group as described in the Technical Support recommendations.

Billing-related issues

Key findings include:

- Interviewees felt there should be a much easier way to obtain a patient's or client's Medicaid Anchor number. Additionally, interviewees wanted to be able to use the patient's Medicaid managed care number to enter claims.
- While CHW service recommendations can come from any licensed professional of the healing arts, interviewees rely almost exclusively on recommendations from medical providers.
- Organizations use standing orders for health education classes, but otherwise do not have a standing order process in place. Independent CHWs also do not use standing orders.
- While EOHHS allows retrospective billing going back to July 1, 2022, retrospective billing is being stymied primarily because it can take more time to track down the information needed to bill than the amount billed would yield, and so considered not worthwhile.
- Despite that only T codes and Z codes are needed to bill for CHW services, many interviewees felt they also need to obtain ICD-10 diagnostic codes for internal documentation purposes.
- Billing for health education classes is not producing enough reimbursement to make classes self-supporting. Often, many or most class participants do not have Medicaid as their insurer.
- Because of the confusion around collateral services, these services are under-billed.
- There are a number of opportunities to make errors when submitting claims, for instance, forgetting to enter the T code. All organizations and independent CHWs spend time and effort verifying claims before submission.
- "Word-of-mouth" sharing of new billing decisions has occasionally led to misinterpretation and then misinformation being shared across CHW billers.

Billing-related issues recommendations

1. Gainwell and EOHHS: Consider ways to make retrieval of Medicaid numbers easier.
2. Gainwell and EOHHS: Consider if it is possible to make modifications to the existing Gainwell billing software so that the patient's Medicaid MCO number can be used for CHW billing purposes.
3. Gainwell and EOHHS: Consider making concrete recommendations in the manuals and presentations that explain exactly how to obtain recommendations from licensed practitioners of the healing arts, as well as how to implement standing orders recommendations (e.g., what types of practitioners are eligible to make recommendations, what a recommendation would look like, how to obtain the recommendation, and how to store the recommendation in the patient/client record).
4. Gainwell and EOHHS/RIDOH: See technical assistance section for recommendations for addressing which collateral services are eligible for billing. Overall, ensure any billing changes or updates are broadly shared with all CHW billers.
5. EOHHS/RIDOH: Consider using the monthly CHW strategy meetings, as long as these are occurring, and the CHWARI newsletter or other information outlets as forums to address questions about collateral services.

6. EOHHS: Consider creating a specific billing code for collateral services.
7. Gainwell: Consider reducing billing burden by adding a "Help" function directly in the Gainwell software, and a drop-down menu of Z codes so there is no need to type the codes in.

CHW services documentation

EHRs, with or without modification, can be an effective means for collecting and reporting the data needed to meet Medicaid billing requirements and to document the range of services provided. In some cases, EHRs also serve as a way for CHWs to communicate directly with medical providers and share patient progress. CBOs and independent CHWs use a variety of methods to collect CHW billing data and to document services and varied in how they communicated with medical providers.

CHW service documentation recommendations:

1. EOHHS: Consider establishing uniformity in what CHW data are collected through patient/client records and what the format should be for those data. When establishing a more uniform data set, consider what data EOHHS/RIDOH or other internal or external researchers will need to measure CHW service effectiveness.
2. Gainwell and EOHHS: Provide service documentation templates that include the above referenced data set, and that can be used or adapted by any organization or independent CHW. These templates can help standardize data collection.
3. Add information in the manual about how organizations and independent CHWs can communicate with licensed providers, e.g., secure email or fax.

CHW certification

Across all interviewees and organizations interviewed, there is a universal expectation that all CHWs will be certified within the required 18-month timeframe. Some interviewees reported the hours trainings are offered can be problematic because there are limited opportunities for weekend or evening classes.

CHW certification recommendation

1. EOHHS/RIDOH: Consider advocating with organizations that provide CHW certification training to expand CHW training opportunities to include more evening and/or weekend classes. This will accommodate those who work full-time within traditional work hours.

Independent CHWs

Independent CHW interviewees described providing needed CHW services to underserved community members both within and outside the usual nine-to-five workday, in settings such as shelters, elder housing, and with on-the-street outreach. Independent CHWs are small business owners. They like having their own business and the autonomy to focus on clients who best match their skills and professional and lived experience.

Independent CHW interviewees vary in their experience as small business owners. Most independent CHWs said they would like and benefit from mentoring or technical assistance from a small business association or a local Chamber of Commerce. They would appreciate having an organization or support group specifically focused on independent CHWs, where they could share ideas and advice.

Independent CHW recommendations:

1. The Alliance for Community Health Worker Employers is getting established in RI for support and professional development. There are independent CHWs who are licensed business entities and/or who employ other CHWs to provide services to a caseload of clients; all are small business owners. The Alliance should consider inviting independent CHWs into their network. This could serve as a source of peer support until an independent CHW group is developed.
2. EOHHS/RIDOH: See Documentation Recommendations regarding creating sample templates for time spent, documentation of services, and other record keeping.
3. CHWARI or other organizations providing CHW trainings: These organizations can enhance existing trainings to include more information on documentation and HIPAA requirements regarding safeguarding protected health information, particularly for those working in a home office setting.
4. CHWARI: CHWARI was a primary source for CHWs to learn about the opportunity to become an independent CHW. In addition to providing information about this opportunity, CHWARI could support prospective independent CHWs by offering optional, online training modules that address what is involved in becoming an independent CHW, and providing information about organizations that offer small business development support such as the Rhode Island Small Business Development Center, the Rhode Island Small Business Coalition and the RI Department of State Business Services Division.
5. CHWARI: CHWARI could also develop and distribute a small business owner manual that provides basic information regarding setting up and managing one's own business and/or provide a resource list of books and guides regarding small business management.

Impact of Medicaid reimbursement for community health worker services

Some key informants and interviewees noted that for grant funded CHW services, or for contracted CHW services, CHWs provide the services they deem clients/patients need, without considering time spent in units of service. They offered that once organizations bill Medicaid for CHW services in a fee-for-service format, community organizations effectively become medical organizations and have to consider productivity measures as well as patient needs.

In another example of the impact of Medicaid billing, a mission-driven CBO with a specific focus of service worried Medicaid CHW billing could mean their organization would have to address their clients' broad social needs, not just the issue historically addressed by their organization, creating a possibly unwelcome expansion of their mission and necessity to expand their areas of expertise.

Recommendation regarding impact of Medicaid reimbursement for community health worker services:

1. EOHHS/RIDOH: When reevaluating Medicaid CHW billing, consider how fee-for-service billing affects the nature of providing community-based services.

Medicaid reimbursement and CHW service sustainability

All organizations in this study reported that Medicaid billing will supplement, but not replace, existing funding sources such as contracts, grants or philanthropy. Some interviewees expect Medicaid CHW billing will give them more financial stability by providing a stable source of revenue. Others are finding

their volume of Medicaid CHW billing does not cover their costs for providing individual services or for health education classes. Most interviewees believe RI Medicaid reimbursement rates are too low to sustain the business of providing quality services. Two independent CHWs feel the rate either is sufficient or would be sufficient once they fully understand how to bill for collateral services.

Organizational interviewees believe the way to make CHW services more sustainable is to incorporate CHW services into alternate payment models such as bundled payments or value-based contracting with payments that cover the costs of providing CHW services.

Medicaid reimbursement and CHW service sustainability recommendations:

1. EOHHS: Reconsider the fee-for-service payment model and reimbursement rates once they have collected sufficient data to inform appropriate changes.
2. EOHHS: Ensure that any restructuring provides a sustainable reimbursement rate for each of the three billing categories—new, individual and group—and continues to support a broad range of services. A sustainable rate should consider a broad range of administrative costs (e.g., time spent verifying eligibility, obtaining service recommendations, CHW wage increases and career ladders, and time spent ensuring claims data are entered correctly).
3. EOHHS/RIDOH: It is important to keep in mind that any alternate payment model should include methods for contracting with CBOs and independent CHWs.

Conclusion

Rhode Island recognizes the importance of CHW services and supports services through Medicaid CHW billing. EOHHS and Gainwell have tried to make the enrollment and billing process easy to understand and easy to implement, and for the most part, they have succeeded. For instance, enrolling as a Medicaid provider and as a trading partner is considered by interviewees to be a straightforward process. Gainwell provides excellent customer service throughout the billing process.

Opportunities for improvement include updating training materials to be more user friendly. Additionally, helping organizations proactively think through what is needed to become a Medicaid provider, e.g., assessing the capabilities of their EHR or other client data collection system, assessing and updating billing procedures, and updating Medicaid billing training materials to be more user-friendly and informative. Establishing a peer workgroup around Medicaid billing and EHR modifications could help healthcare and other organizations share lessons learned. Community-based organizations and independent CHWs would benefit from templates for service documentation. All Medicaid CHW providers would benefit from having multiple and readily accessible channels to receive billing protocol updates. An immediate area that should be addressed and communicated widely is what constitutes billable collateral services. Many are not billing or not billing fully for these services because they are unsure about what services are eligible for reimbursement.

The billing issues that interviewees described during qualitative data collection highlight the need for a Medicaid reimbursement rate that is sufficient to cover the cost of providing CHW services. No organization believes Medicaid reimbursement will replace other funding streams, but all anticipate that it can provide a stable source of revenue. Organizations felt that moving to alternative payment methods would be an improvement over the fee-for-service model, but only if the rate is sufficient.