

I. Role of a CHW

Q. What is a Community Health Worker?

A. Community Health Workers (CHWs) are trained health workers who come from the communities they serve which aids in building trust and vital relationships with the residents of the community. This peer-to-peer relationship enables the CHWs to be effective links between their own communities and systems of care. The goal of the CHW initiative is to significantly lower health disparities in South Carolina by providing access to services, improving the quality and cultural competence of care, creating an effective system of chronic disease management, and increasing the health knowledge and self-sufficiency for Medicaid recipients.

Q. What are the goals of the CHW initiative?

A.

1. To increase value of the partnership between the Medicaid patient and the physician/medical homes.
2. To decrease emergency room visits and hospitalizations by improving utilization of the medical home.
3. To improve Medicaid recipients' chronic disease management skills and engagement with primary health care.
4. To reduce costs and improve health outcomes.

Q. What are the job duties of the CHW?

A. As members of care delivery teams, CHWs will assist individuals within their Medicaid patient community in managing their own health including promoting compliance with appointments, screenings, treatment and medications. A CHW will assist patients in navigating the health care system, improve patients' health knowledge and self-sufficiency by helping them understand their health condition(s) and develop strategies to improve their health and well being.

CHWs are particularly adept at promoting health and extending primary care compliance since they are a member of the community for which they serve and do in-home peer-to-peer education. CHWs will continue to schedule follow-up visits as recommended. CHWs will help the health care service systems become more culturally relevant and responsive to their service population. They will be required to help build understanding and social capital to support healthier behaviors and lifestyle choices among Medicaid recipients. The CHW deliver health information using culturally appropriate terms and concepts.

CHWs will be required to report back to their clinical supervisors on encounters and the results of such encounters.

Q. How does the CHW differ from a case manager?

A. A CHW is a trained health worker who is a trusted member of the community and/or has an unusually close understanding of the community served. This enables the provision of information about health issues that affect the community and link individuals with the health services they need to achieve wellness. CHWs will do community outreach by traveling to clients or meeting with clients often times outside of the clinical setting.

Q. What is the case load expectation for a CHW?

A. The case load will be dependent on the direction of the clinical practice and the CHW will be expected to work on a full time basis.

Q. Who determines the CHWs responsibilities?

A. 90% of the job function is to improve compliance to all types of screenings, office visits and medication adherence. The practice can choose compliance measures specific to their practice or patients to indicate an improvement (i.e., blood pressure screenings, diabetes glucose injections). Each practice will determine what type of compliance goals they are looking for and the South Carolina Department of Health and Human Services (SCDHHS) will make available clinical peer-to-peer assistance.

Q. Will SCDHHS provide educational pamphlets, models or tools to use or give to Medicaid recipients?

A. The CHW will distribute materials that the practice deems fit for the recipients served by the CHW associated with the clinical practice site. The practice will provide necessary materials. However, SCDHHS will make available any Medicaid Beneficiary bulletins or newsletters with changing policies. These can also be found on the SCDHHS site at scdhhs.gov.

Q. Will primary care practices that serve the geriatric population and children with disabilities receive preference when applying for the CHW program?

A. No, each application will have an equal opportunity for selection as a participant.

Q. What are the salaries of CHWs?

A. The salary has not been set and is up to the hiring entity. Looking at other CHW programs, the salary is generally between \$30,000-35,000 (National and State Salaries for Community Health Workers, 2012).

II. Curriculum & Training

Q. What type of training does the CHW receive?

A. Midlands Technical College has developed a full time six week continuing education program for training CHWs that include a classroom and in office/community curriculum covering the South Carolina recognized core competencies such as working in the community, health coaching and basic medical knowledge. The curriculum will be a minimum of 11 credit hours including actual practice experience and all CHWs will be expected to pass a competency test. “Grandfathering” credentialing through a competency exam may be available for existing CHWs who meet program requirements.

Q. Who is eligible for the CHW curriculum?

A. The interested party should be a member of the community they will serve. They should be at least 18 years of age with a high school diploma/GED. All applicants must provide proof that they are legally able to work in the United States and must pass a background check. Candidates must be interested in the health field and should be comfortable working with medical staff. Comprehension of confidentiality requirements is a key component. The CHW should be comfortable with home visits and demonstrate respect to others. All candidates must have basic computer skills, the ability to communicate clearly in both verbal and non-verbal form, and the ability to keep records on encounters to report to the clinical supervisor.

Q. Is the CHW certified?

A. CHWs will be certified by SCDHHS through a full time six week training program and will be required to pass a competency exam at the conclusion of the curriculum period.

Q. Can other entities do their own CHW training?

A. For the purpose of the CHW initiative as supported by SCDHHS we ask that the CHWs complete the Midlands Technical College training and pass the competency exam, or are eligible to be “grandfathered” with the passing of the competency exam. At this time, training from other entities will not be accepted for new CHWs.

Q. Will CHWs be trained in mental health and behavioral health?

A. Yes, the curriculum contains courses that cover mental health and behavioral health content.

Q. Will a study guide be available for those interested in taking the competency exam?

A. Yes, a study guide reflecting the course topics within the curriculum will be available to all CHWs before taking the competency exam.

Q. Is there ongoing training for CHWs? If so, who will pay for training?

A. There will also be a continuing education component for the CHW as they are integrated into the clinical care team however, the clinical supervisor should teach and train the CHW in ways that fit the practice and fulfill responsibilities. Quarterly meetings with the state coordinator will also be opportunities for peer-to-peer exchange and learning. After the initial one year period of the grant, additional follow-up training will be the responsibility of the practice or Managed Care Organization (MCO) employing the CHW. For PCPs, stipends can be used for additional training if necessary.

Q. Where will the CHW training sites be located?

A. The educational training sites will be located throughout SC at satellite locations dependent on where the practices are located.

III. Grandfathering Policy

Q. If “grandfathering” is approved by SCDHHS, what are qualifications for a CHW to be “grandfathered” into the program?

A. Requirements to meet the criteria for “grandfathering” are:

- Must be a member of the community to be served
- At least 18 years of age
- Have a high school Diploma/GED
- Be legally available to work in the U.S.
- Pass a SLED background check
- Previous experience as a CHW
- Pass the CHW pass core competency test

Q. If existing CHWs wish to be “grandfathered” can they take some of the CHW curriculum courses to prepare for the competency test?

A. Yes, a CHW can take one or more of the courses for which they may need extra training in order to pass the competency exam. The class/es must be paid for either through the stipend or by the MCO.

IV. Employment of CHW, Codes and Billing

Q. Who pays for the CHW?

A. Selected primary care physician practices will be responsible for employing a CHW for their individual practices and will receive a \$6,000 grant from SCDHHS. Of this stipend an estimated \$3,000-3,500 will be allocated towards payment of the six-week curriculum. The suggested use of the remainder of the stipend will be to cover the costs for in-office administrative purposes necessary to integrate the CHW into the health care team.

MCOs have the option to employ a CHW with the capability to target PCPs within their network that would benefit most from having a CHW to assist with recipient compliance and chronic disease management. The CHW can travel between practices seeing MCO recipient members of a plan. The MCO will pay salary and training cost for the CHW.

Q. Do you foresee these CHW positions continuing after a year?

A. SCDHHS will track health improvement outcomes of the participating practice site locations and community the CHW serves to determine whether the program is successful. However, SCDHHS in the initial planning stages of implementing a phase II of the program.

Q. How long is this grant?

A. The grant term is 1 year.

Q. Can PCPs bill nationally recognized CPT codes to MCOs?

A. Yes, if the MCO plan is contracted with the PCP, codes will be submitted and paid by the plan. The practice will bill the MCO the service encounters for reimbursement. If a recipient is seen at a PCP and is NOT a recipient of a contracted MCO plan, the practice will not be reimbursed for the services provided by the CHW to the recipient.

Q. Can a CHW in a primary care practice see all payer patients as long as they are only billing Medicaid for services provided to Medicaid recipients?

A. Yes, the CHW is permitted to see all patients but will only receive reimbursement for services provided to Medicaid recipients.

Q. Will CHWs be employed by Medicaid?

A. No, the CHW will be hired by the primary care practice directly or by an MCO plan.

Q. What motivates a primary care physician to bill for services done by the CHW?

A. Documentation of the number of units and type of service provided verifies the work of the CHW. It benefits the provider to bill the CPT codes for service to Medicaid recipients in order to receive reimbursement to the practice.

Q. Can a nurse practitioner bill for CHW services?

A. Yes, if the primary care practice hires the CHW, a clinician with a NPI number can bill the CPT codes for the services of a CHW.

Q. Are there any restrictions to billing patients on the same day that they are also being billed for a physician visit?

A. The only restrictions are based on the limits provided with submitting codes because a CHW cannot provide services to a recipient more than 4 units per day (30 min units=2 hrs) with no more than 8 units per month (4 hrs) for the individual encounter code. The CHW providing service/s to a group of recipients should not exceed 2 units (1 hr) maximum session per day with no more than 8 units (4 hrs) per month with a maximum of five recipients in a group. Limits are based on each individual patient.

Q. Can a patient be billed on the same day as discharge?

A. Yes. The codes for CHW services are built in the Medicaid system to not have a “procedure to procedure” edit. Therefore, services provided to a recipient by a CHW will not conflict with discharge codes or other services.

Q. Do CHWs submit codes for Medicaid and Medicare recipients?

A. The primary care practice will only be reimbursed for CHW services provided to Medicaid recipients based upon the practice’s billing of approved codes.

V. Supervision of CHW

Q. Who supervises the CHW?

A. The CHWs will be supervised by a clinical supervisor who has been designated by and resides at the primary care practice where the CHW is anchored.

Q. Who supervises CHWs if they are directly hired by the MCO?

A. A supervisor within the MCO will supervise, provide guidance and have the flexibility to use a CHW across practices to target areas of need for Medicaid recipients. For example, a focus may be on a practice's HEDIS measures.

Q. Who does the clinical supervisor report to?

A. An Area Health Education Consortium (AHEC) coordinator will be in place for providing support and receiving the clinical supervisor reports pertaining to the work of the CHW. The coordinator will be available to assist practices in integrating CHWs into their health care teams.

Q. Can the clinical supervisors be located in a hospital as opposed to the practice?

A. No, the clinical supervisor should be anchored in a primary care practice in order for the CHW to become familiar with the Medicaid patient population for which the CHWs serve.

VI. Documentation and Reporting Expectations

Q. Who will provide data and process reports to SCDHHS?

A. A clinical supervisor will be established in the practice who will report to an AHEC coordinator who will be the liaison between the practice site and SCDHHS. SCDHHS will expect a monthly report showing documentation of CHW encounters from the practice that will be delivered from the clinical supervisor to the coordinator, then from the coordinator to SCDHHS. This monthly documentation in accordance with CPT code encounters will be used as verification for reimbursement.

Q. What documentation is needed for the reporting?

A. The state coordinator will provide a reporting template to the clinical supervisor. SCDHHS will have basic requirements to track (documentation of date of service, start and end time of service, whether the service was group or individual and if group the number of patients present, summary of the session's content and CHW's signature and printed name) and the practice can track specific measures that are unique to the practice's needs. However, all services by the CHW should relate to improved health outcomes. The clinical supervisor will complete the report; give the report to the coordinator, and the coordinator will give the report to SCDHHS.

Q. How should a CHW document patient encounters?

A. The practices will be provided a reporting template for the CHW to use for patient encounters. The template includes the Patient Medicaid Number, Last Name, First Name, Practice Name, Date, Individual Patient Education Session (S99445) # of units, Individual Patient Education Session (S99445) topic, Group Patient Education Session (S9446) # of units and Group Patient Education Session (S9446) topic. The coordinators will collect the template from the practice on a monthly basis and send it to SCDHHS through a secure mechanism, because the template will include recipient sensitive information.

Q. Since not all practice sites are electronic (EHR), will a hard copy of any paperwork required be distributed? Also, can this be scanned into the computer systems?

A. The paperwork will be provided as an Excel spreadsheet. The transmission of this information is not done through the EHR. However, the reports can be developed from the EHR for submission to SCDHHS.

Q. What information is the CHW required to obtain for patient encounter documentation?

A. For each patient encounter the CHW must include the following information for documentation:

- recipient Medicaid number
- recipient name
- date of service
- time of service
- CPT code number
- brief description of the encounter

Q. How should a CHW document for billing? Is it by time, session or patient and/or disparity?

A. The CHWs should use the two codes allocated for education and outreach services and should document every patient encounter or session. The CHW will submit services rendered through the agreed upon physician NPI number. The two CPT codes are as follows:

Individual Encounter Code

S9445-Patient education, not otherwise classified, non-physician provider, face to face, individual per session-\$20.00 per patient for no more than 4 units per day (30 min units=2 hrs) with no more than 8 units per month (4 hrs)

Group Encounter Code

S9446- Patient education, not otherwise classified, non-physician provider, face to face, group per session-\$6.00 per patient with a maximum of 5 recipients in a group for no more than 2 units (1 hr) maximum session per day with no more than 8 units (4 hrs) per month

Q. How can a CHW document for a group visit?

A. CHWs should use the group code for billing purposes:

S9446- Patient education, not otherwise classified, non-physician provider, face to face, group per session-\$6.00 per patient with a maximum of 5 recipients in a group for no more than 2 units (1 hr) maximum session per day with no more than 8 units (4 hrs) per month.

The CHW can provide education/counseling to a group greater than 5, but in order to be reimbursed for the maximum amount the CHW must obtain 5 Medicaid recipient numbers for verification.

Q. Do data on encounters count as documentation?

A. Yes, but it is only a part of the reporting requirements.

Q. Once a patient is referred and seen by a CHW, is a signature then required on the note by a physician?

A. Before the CHW sees a recipient they should obtain a referral from a physician in the practice. The clinical supervisor, which may be the physician or a nurse practitioner, must approve the service before the code/s are submitted.

Q. Will clinical practices have access to previous information on patients who could benefit from this program offered by Medicaid?

A. SCDHHS will provide the participating practice sites a monthly utilization report on the number of hospitalizations and emergency room visits of their Medicaid recipients. The Institute for Families in Society (IFS) will provide each practice site a community assessment of the prevalence of disease/illness and population health demographics that is relevant to each practice site location.

Q. Will HEDIS measures be used to evaluate the performance of the CHWs and this program?

A. Yes, HEDIS measures will be used to evaluate the effectiveness of improving health outcomes within each participating primary care practice and the communities they serve. The measures will include Emergency Department and inpatient visits. Other measures will be determined based upon an individual practice's specific patient population and/or geographic location.

Q. Do the primary care practice sites have to send proof or data of CHW recipient encounters to SCDHHS directly?

A. No, SCDHHS will collect all data through recipient claims/encounters submitted at the time of service through the physician NPI number in addition to the documentation template that the Coordinator will collect from the practice sites and deliver to SCDHHS monthly.

Q. Can patients sign the EHR and would that be valid for the grant? What to do if a patient cannot sign?

A. No. The required documentation is the Medicaid claim billed by the provider with the documentation template to be submitted securely to SCDHHS.

VII. Liability

Q. Who is responsible for the liability of the CHW especially while traveling or going into homes?

A. Whatever entity is employing the CHW will be responsible for the CHW under standard employment law.

Q. What are the responsibilities and duties a CHW will perform in the patient homes?

A. CHWs will travel and meet with patients to encourage compliance with medical treatment plans and health care. CHWs will need to pass a SLED check before being allowed to practice. CHWs in their training learn about assessing situations and being safe during home visits. CHWs will not be expected to fulfill the duties of a licensed clinical supervisor or practitioner. As clinic employees they should be under the same protections as any clinic employee while traveling outside the clinic setting. MCO CHWs will have the same protections as any other employee operating off site.

VIII. Partnerships

Q. Of the selected practices can a CBO or MCO be selected as one of the participating entities?

A. An MCO has the option to employ a CHW to use across practices to target areas of need for Medicaid recipients. An MCO can further contract directly with a CBO to use one of their CHWs in the primary care practice; MCOs may work out these arrangements with their PCP/CBO partners.

Q. Can an underutilized CHW with a particular MCO serve multiple practices sites?

A. Yes, the CHW has the flexibility to move across practices to serve Medicaid recipients within the particular MCO network.

Q. Is it acceptable for MCOs to come to a collective pooling agreement where they can agree to hire a CHW that sees all Medicaid recipients within the MCOs?

A. As this initiative is in the early stages, collective pooling will not be an option at this time.

Q. If the MCO employs a CHW will the PCP receive the stipend for training and administrative costs?

A. No, the stipend will not be granted to the practice. The MCO will pay for the training and education costs as well as employ the CHW. The practice can bill the MCO the approved services of the CHW. The CHW role will help the MCO bottom line as health outcomes for Medicaid recipients improve with coordinated care and support for compliance and medication adherence. For example, a focus may be on improving a practice's specific HEDIS measure/s.

Q. Who pays for the CHW education if a practice contracts with an MCO/CBO partnership to place a CHW?

A. The MCO will be expected to pay for the training and education costs for the CHW to complete the curriculum; MCOs may work out these arrangements with their PCP/CBO partners.

Q. Will Rural Health Clinics (RHC) be considered as a practice to participate in the CHW program?

A. Yes, RHC's are qualified to participate and be reimbursed for CHW services to Medicaid recipients.

Q. Will Federally Qualified Health Centers (FQHC) be considered as a practice to participate in the CHW program?

A. No, FQHCs have an all-inclusive rate which precludes Medicaid reimbursement for CHW services to Medicaid recipients.

“FQHCS are required to provide case management services on site or through arrangements with other case management agencies. FQHCs are also required to provide outreach and translation enabling services”

- HRSA, 2006