New Provider Orientation

Supervising Community Health Workers (CHW/P/Rs) Provider

Agenda

- Partnership HealthPlan
- Overview of Supervising CHW/P/R Provider
  - APL 24-006
  - Eligibility
  - Supervision Requirements
- Steps to Providing Services to Partnership Members
- Medi-Cal Transformation (CalAIM)
- Additional Resources

About Us

Mission:

To help our members, and the communities we serve, be healthy.

Vision:

To be the most highly regarded managed care plan in California.

Partnership is a County Organized Health Systems (COHS) Plan

Non-Profit Public Plan
Low administrative rate allows for Partnership to have a higher provider reimbursement rate and support community initiatives.

Local Control and Autonomy
A local governance is sensitive and responsive to the area's health care needs.

Community Involvement
Advisory boards participate in decision-making regarding the direction of the plan.

Overview of Supervising CHW/P/R Providers

Define CHW/P/Rs as trusted community members who serve as a link between health and social services and the community to increase access to and improve the quality of services

- ✓ Promotores (CHW/P/R)
- ✓ Community Health Representatives (R)
- ✓ Health Coaches
- ✓ Health Navigators
- ✓ Non-licensed public health workers including violence prevention professionals

- Must have lived experience that aligns with the community or population being served

- May include lived experience related to incarceration, military service, pregnancy and birth, disability, foster system placement, homelessness, mental health conditions or substance use, or being a survivor of domestic or intimate partner violence or abuse and exploitation

- Lived experience may also include shared race, ethnicity, sexual orientation, gender identity, language, or cultural background of one or more linguistic, cultural, or other groups in the community for which the CHW/P/R is providing services

- Supervising providers are encouraged to work with CHW/P/Rs who are familiar with and/or have experience in the geographic communities they are serving

Services provided by CHW/P/Rs:

- ✓ Serve as a cultural liaison or assist a licensed health care provider to create a plan of care
- ✓ Outreach and resource coordination to encourage and facilitate the use of appropriate preventive services
- ✓ Help a beneficiary to enroll or maintain enrollment in government or other assistance programs related to improving their health
- ✓ Individually to groups virtually or in-person with no service location parameters including, but not limited to, outpatient clinics, hospitals, homes, or community settings

- ✓ Connect members to community resources for medical translation/ interpretation or transportation services
- ✓ Assist members in preventing the onset or aggravation of a health condition
- ✓ Provide peer support not duplicative of other covered benefits
- ✓ Support the reentry population
- ✓ Coordinate medication reviews
- ✓ Accompany patients to provider visits

What services are *not* provided/covered by a CHW/P/R?

- ✓ Clinical case management/care management requiring a license
- ✓ Childcare
- ✓ Chore services, including shopping and cooking meals
- ✓ Companion and employment services
- ✓ Helping members enroll in government or other assistance programs <u>not</u> related to improving their health
- ✓ Delivery of medication, medical equipment, or medical supply
- ✓ Personal care and homemaker services
- ✓ Respite care
- ✓ Services duplicating another covered Medi-Cal service already being provided like ECM or CS Service
- ✓ Socialization
- ✓ Transporting Members
- ✓ Individuals not enrolled in Medi-Cal

What are the eligibility criteria for Partnership members to receive CHW/P/R services?

Services are considered medically necessary for Partnership members with one or more chronic health conditions (including behavioral health) or exposure to violence and trauma, who are at risk for a chronic health condition or environmental health exposure, who face barriers meeting their health or health-related social needs, and/or who would benefit from preventive services. Members may not receive CHW services while enrolled in Enhanced Care Management (ECM)

Medical Necessity Criteria

Recommending provider shall determine whether a member meets criteria on the presence of one or more of the following:
- ✓ Diagnosis of one or more chronic health conditions, or a suspected mental disorder or substance use disorder that has not yet been diagnosed
- ✓ Presence of medical indicators of rising risk of chronic disease (for example, elevated BP, elevated blood glucose)
- ✓ Positive Adverse Childhood Events (ACEs) screening
- ✓ Presence of known risk factors, domestic or intimate partner violence, tobacco use, excessive alcohol use, and/or drug misuse
- ✓ Results of a social drivers of health screening indicating unmet health-related social needs, such as housing or food insecurity
- ✓ One or more visits to a hospital emergency department within the previous six months
- ✓ One or more hospital inpatient stays, including stays at a psychiatric facility, within the previous six months
- ✓ At risk of institutionalization
- ✓ One or more stays at a detox facility within the previous year
- ✓ Two or more missed medical appointments within the previous six months
- ✓ Beneficiary expressed need for support in health system navigation or resource coordination services
- ✓ Need for recommended preventive services

A licensed provider per APL 24-006 (Revised) Community Health Worker Services Benefit must provide a referral and must keep a copy of the referral for potential audits.

Training

- No established single standardized curriculum for training CHW/P/Rs or their employers at this time
- Complete 6 hours (minimum) of additional training annually.

Certificate of Completion

- CHW/P/Rs with no certificate but experience must earn certification within 18 months of their first visit to a Medi-Cal member
- Must have completed a training specific curriculum and able to successfully demonstrate their acquired skills

Work Experience Pathway Program (WEP)

- Demonstrated skills and practical training in core competencies, as determined by a Supervising Provider
- CHW/P/Rs demonstrating qualifications through this program, but have no certificate, must earn within one year of the first visit to a member

Violence Prevention Professional (VPP)

- Individuals only providing violence prevention services can obtain a Violence Prevention Professional (VPP) Certification, issued by Health Alliance for Violence Intervention or a certificate in gang intervention training from the Urban Peace Institute

As of August 1, 2024 California is still determining the qualifications and certification requirements.

Visit HCAI Site at: https://hcai.ca.gov/workforce/initiatives/community-health-workers-promotores-chw-p/

Supervision Requirements

- Provider must be enrolled as a Medi-Cal Provider
- Ensure they meet the qualifications listed in APL 24-006
- Be a licensed provider, a hospital, an outpatient clinic, a Local Health Jurisdiction (LHJ), or a Community-Based Organization
- Provide supervision, coaching, direct support, and leadership through training, mentoring, and case conferencing
  - ✓ CHW/P/Rs can be supervised by a CBO or LHJ not having a licensed provider on staff
- Manage day-to-day supervision of CHW/P/Rs
- Maintain evidence of CHW/P/Rs completing CEU requirements in case of audit and may provide and/or require additional training
- Must provide direct or indirect oversight to CHW/P/Rs
  - ✓ Guidance in providing services, participate in development of Plan of Care and follow service progression
  - ✓ Ensure connectivity of CHW/P/Rs with the ordering entity and that appropriate services are provided
- Do not need to be the same entity as the provider who made the written recommendation for services
- Do not need to be physically present at the location when service provided to the Partnership member
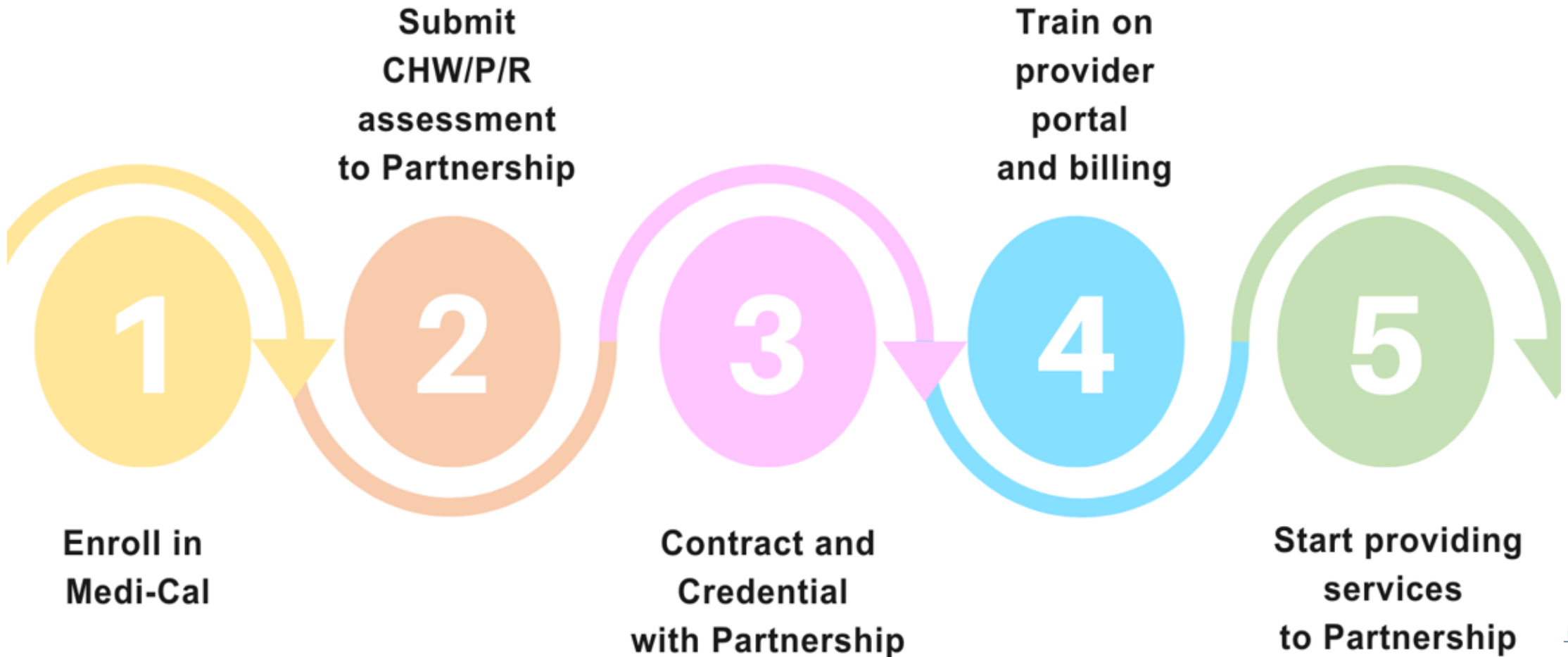
Steps to Providing Services

Step 1: NPI and Enrolling in Medi-Cal

NPI if provider needs one

https://www.partnershiphp.org/Community/Documents/CalAIM%20Webpage/ECM%20Documents/Resources/NPI_Application_Guidance.pdf

After NPI assigned, apply to enroll in Medi-Cal

https://www.dhcs.ca.gov/provgovpart/Pages/CBO-LHJ-Application-Information.aspx

Step 2: Submit CHW/P/R assessment to Partnership

Email CHWS@partnershiphp.org

for a readiness assessment.

Supervising Provider of Community Health Worker/P/Rs
Provider Readiness Questionnaire

Organization Name: _____

Please respond to all of the questions listed below. Incomplete forms will be returned and cause a delay.

1. The executive leadership at my organization has reviewed the DHCS APL 22-016 _____
   https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2022/APL22-016.pdf

2. My organization has an administrative lead or manager identified to lead the implementation of this _____
   benefit. If yes, answer below:
   a. Name: _____
   b. Contact Information: _____

3. My organization has staff in place to provide the CHW/P/R services: ☐ Fully staffed   ☐ Need to hire

   *If your organization is **fully staffed**, please answer the following:*
   a. Total number of CHW/P/Rs, including full-time and part-time positions in the organization
                              Number of full-time staff: _____
                              Number of part-time staff: _____

   *If your organization **needs to hire staff,** please answer the following:*
   b. Target hire date for new staff: _____

   c. Number of hired staff: _____

4. My organization has a closed-loop referral system _____
5. My organization uses or has the ability to use electronic authorization (requests) processes. _____
6. My organization uses or has the ability to use a claims (payment) process, if yes, please mark box below: _____

   ☐ Paper Claims (CMS-1500 Form)   ☐ Paper Claims (UB 04 Form)   ☐ Electronic Claims (EDI 837)

7. My organization is currently enrolled as a Medi-Cal provider? If no, please visit _____
   https://www.dhcs.ca.gov/provgovpart/Documents/Enrollment-for-CBOs-LHJs-using-PAVE.pdf

8. My organization is currently contracted with PHC for services, if yes, list all services below: _____

   _____

9. My organization is a non-profit entity. _____
10. My organization has an NPI number. _____
    If yes, list the NPI: _____

11. My organization has a federal EIN number. _____
    If yes, list the EIN:: _____

12. My organization is contracted with other commercial payers and/or other Medi-Cal payers _____

Step 3: Contracting and Credentialing

- With approval letter comes additional documents to complete

- Once complete, documents including a W-9 are returned and Provider Contracting will send a contract for signature

- After contract executed Supervising Provider will be credentialed

- When credentialed, training and access to Provider Portal to begin seeing Partnership members

See Partnership's policy MPCR11/MPCR11A to review contracting and credentialing requirements at https://public.powerdms.com/PHC/documents/2740977

Step 4: Training and Provider Portal

Provider Online Services
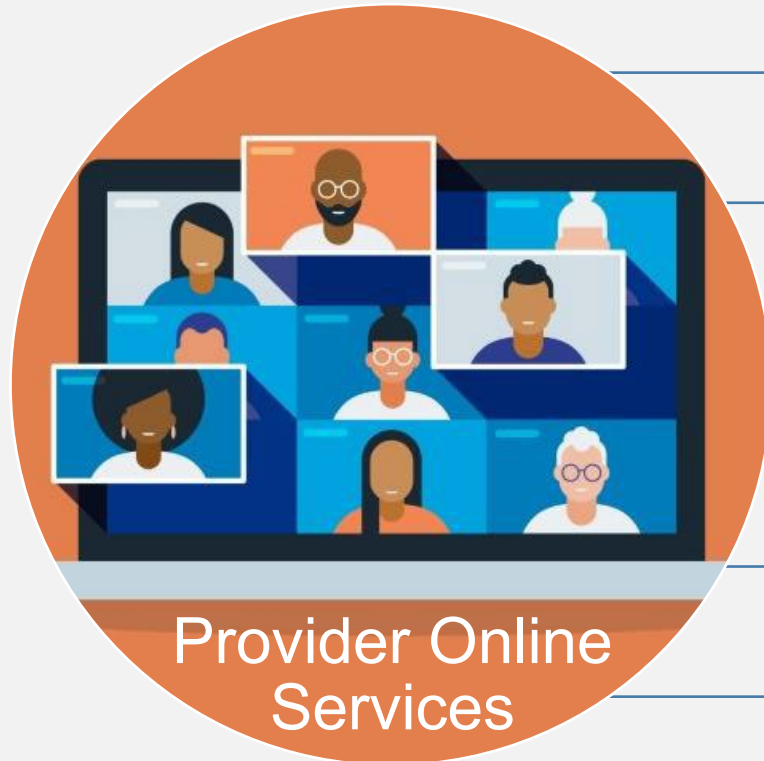
- Check eligibility
- Submit authorizations
- View status of authorizations
- View status of claims
- Submit Provider Dispute Resolution Form (PDR)

- For portal inquiries and trainings, please contact eSystemsSupport@partnershiphp.org.

https://provider.partnershiphp.org/ui/login.aspx

Step 4: DHCS Quarterly Reporting and Survey

- ✓ Total number of active, individual CHW/P/Rs contracted with organization?
- ✓ Are the CHW/P/Rs involved in or refer members to Transitional Care Services?
- ✓ Total number of CHW/P/Rs working in an emergency department setting?
- ✓ Do the CHW/P/Rs refer members to ECM services?
- ✓ Do the CHW/P/Rs provide Health Education services?
- ✓ Do the CHW/P/Rs provide Health Navigation services?
- ✓ Do the CHW/P/Rs provide Screening and Assessment services?
- ✓ Do the CHW/P/Rs provide Individual Support or Advocacy services?
- ✓ Do the CHW/P/Rs provide Violence Prevention services?

Step 5: Claims

Providing and billing for services

- CHW/P/R services must be reimbursed through a supervising provider
- Claims for CHW/P/R services must be submitted by the Supervising Provider with allowable current procedural terminology codes as outlined in the Medi-Cal Provider Manual
- Claims must not bill for duplicative CHW/P/R services for the same member, for the same time reimbursed through other benefits such as ECM
- Charges for the services of the member must be billed under the member's Medi-Cal Number/CIN
- Reminder to retain the member referral from the licensed provider for audit purposes

Coding Information			Details
CPT Code	Session Length	Patient Numbers	Rate
98960	30 Minutes	1	$26.66
98961	30 Minutes	2 - 4	$12.66
98962	30 Minutes	5 - 8	$9.46
In addition, the following allowable modifiers must be used with these CPT codes:			
Modifiers	Description		
U2	Used to denote services rendered by Community Health workers		

Step 5: Claims – Treatment Authorizations

- No Treatment Authorization Requirements (TARs) needed for the first 12 Units (6 hours of service)
- Authorizations, Care Plans and Referrals are required for ongoing services <u>after</u> 12 Units (6 hours)
- Supervising Provider will need to submit TAR with a Care Plan <u>and</u> the member Referral
- Maximum frequency: 4 units (2 hours) daily, per beneficiary
  - ✓ Additional units per day may be provided with an approved Treatment Authorization Request (TAR) for medical necessity

Care Plan
- Written document developed by one or more licensed providers including the support and services a CHW/P/R will provide to address ongoing member needs
- CHW/P/Rs may assist in developing a plan of care with the licensed provider

Medi-Cal Transformation (CalAIM)

Enhanced Care Management (ECM)

Medi-Cal Transformation (CalAIM)

Enhanced Care Management (ECM)

- ECM is a Medi-Cal benefit that provides a standardized set of case management services and interventions to improve quality of life.
- ECM referrals can come to Partnership from anyone, anywhere. There is no wrong door.
  - Fill out the ECM Referral Form or contact Partnership directly.

For more information go to: http://www.partnershiphp.org/Community/Pages/CalAIM.aspx
For ECM/CS general questions, email CalAIM@partnershiphp.org

Enhanced Care Management

ECM Populations of Focus

- Individuals experiencing homelessness
- Individuals at risk for avoidable hospital or ED Utilization
- Individuals with serious mental health and /or SUD needs
- Adults living in the community and at risk for long-term care (LTC) institutionalization
- Adult nursing facility residents transitioning to the community
- Children and Youth
- Justice
- Birth equity

For more information: Enhanced Care Management
More details on timeline and criteria: Enhanced Care Management (ECM) Timeframes

Community Supports Services (CS)

Medi-Cal Transformation (CalAIM)

Community Supports (CS)

- CS services are provided as cost-effective alternatives or in-lieu of, traditional medical services or settings.
- CS referrals can come to Partnership from anyone, anywhere. There is no wrong door.
  - Fill out the CS Referral Form or contact Partnership directly.

For more information go to: http://www.partnershiphp.org/Community/Pages/CalAIM.aspx
For ECM/CS general questions, email CalAIM@partnershiphp.org

Community Supports

Community Supports Services:

Housing Transition and Navigation	Housing Deposits	Housing Tenancy and Sustaining	Short-Term Post-Hospitalization
Recuperative care (Medical Respite)	Personal Care and Homemaker Services	Medically Supportive Foods	Respite Care

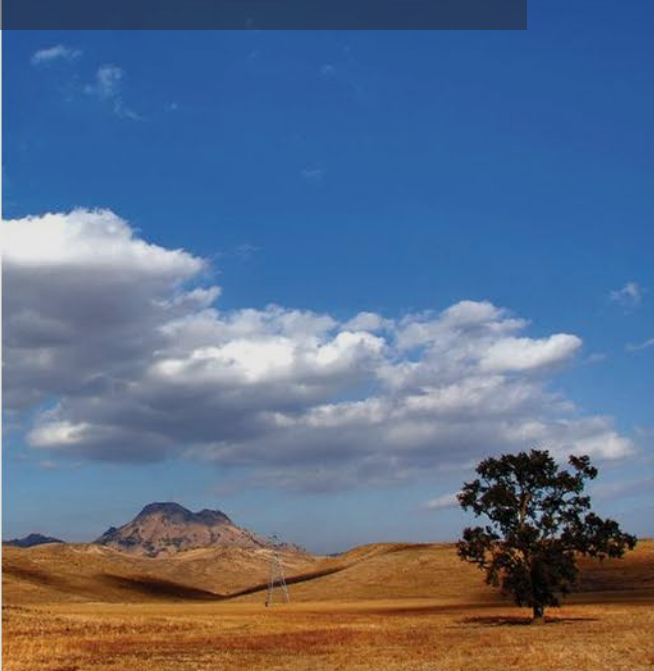CS referrals can come from anyone. **There is no wrong door.**

https://www.partnershiphp.org/Community/Pages/Community-Supports.aspx
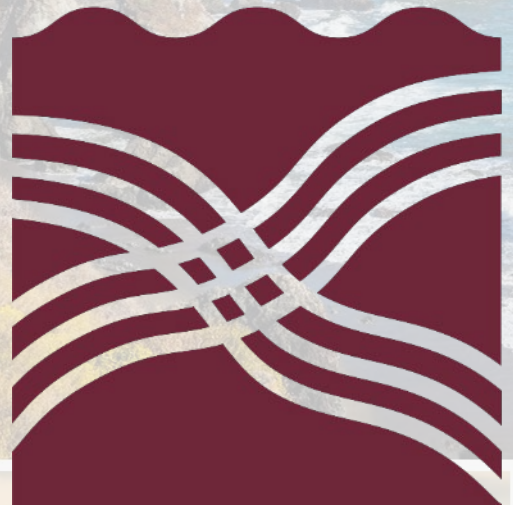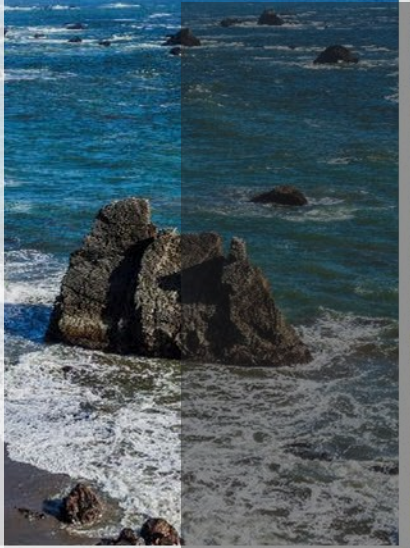
Resources

Compliance and Regulatory Affairs

PRIVACY INCIDENTS

It is the acquisition, access, use, or disclosure of protected health information (PHI) in a manner not permitted under the HIPAA Privacy Rule, which compromises the security or privacy of PHI. Privacy incidents must be reported immediately even if you don't have all the details. When in doubt, report it to Partnership:

Unsecure Email with PHI	Mistakenly sent fax with PHI	Computer breach	Malware detection

Report discovery of incident within 24 hours by:
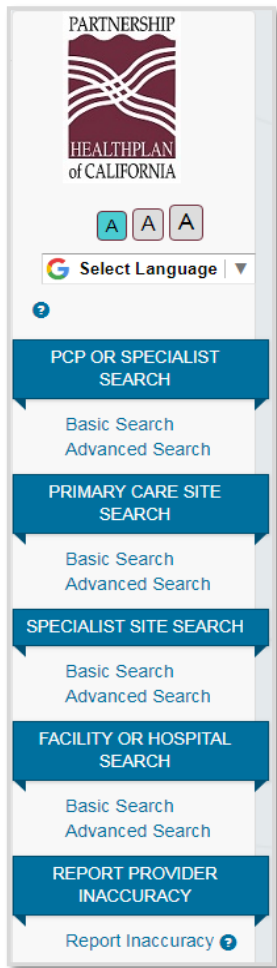
Email: RAC_Reporting@partnershiphp.org

Fax: (707) 863-4363

Phone: (800) 601-2146

Provider Directory

Partnership launched our new searchable Online Provider Directory with interactive tools. If you believe that you have found an error email PHCDirectory@partnershiphp.org.

Partnership updates the Provider Directory with new information as received.

Community Resources

COMMUNITY RESOURCES

PARTNERSHIP SERVICE AREA

We provide quality care to members in 24 Northern California counties.

Select your county below to find resources for your area.

Butte	Colusa	Del Norte	Glenn
Humboldt	Lake	Lassen	Marin
Mendocino	Modoc	Napa	Nevada
Placer	Plumas	Shasta	Sierra
Siskiyou	Solano	Sonoma	Sutter
Tehama	Trinity	Yolo	Yuba

Members can access health education materials and community resources online at: https://www.partnershiphp.org/Community/Pages/Community-Resources.aspx

- Support Groups
- Emergency Response
- Vision Services
- Support Groups
- Veteran Services
- Children and Families

- Dental
- Disabilities
- Clothing and Personal Care
- COVID-19
- Transportation
- Utilities

Interpretive Services
AMN Healthcare

Telephone Language Services: (844) 333-3095
Providers will be asked to provide the following at the start of the call:
- Partnership number, provider site name and city, member ID (if applicable)
- If you do not have the member's ID, bypass the prompt by stating you do not have that information but will still require interpreting services.

Video Language Services:
- Determine if the device meets the technical requirements for the app (linked below).
- Request a license from AMN by completing the VRI Setup Form link and submitting.
- AMN will contact provider within three business days to confirm approval status.
- Please note that each individual device will require a separate license and login.

There is no cost for each provider license. Partnership will pay the cost of interpreting services.

Resources:
AMN Healthcare Training Video: https://bit.ly/3A7x8uM   VRI Guidelines:
https://bit.ly/3DjCF3z Where to find your Partnership number: https://bit.ly/2YpnruI   VRI Setup
Form: https://bit.ly/3lchVEv

Fraud, Waste, and Abuse

FRAUD
- An intentional act of deception, misrepresentation, or concealment in order to gain something of value.

WASTE
- Over-utilization of services (not caused by criminally negligent actions) and the misuse of resources.

ABUSE
- Excessive or improper use of services or actions that is inconsistent with acceptable business or medical practices. This refers to incidents that, although not fraudulent, they may directly or indirectly cause financial loss.

Partners in Fighting Fraud
We ask our providers help us combat fraud by reporting suspicious and fraudulent activity. DHCS and CMS require us to maintain a robust anti-fraud plan and share it with our providers, members, and employees.

- ➤ Partnership Anonymous Fraud Hotline (800) 601-2146
- ➤ Medi-Cal Fraud Issues (800) 822-6222
- ➤ Medicare Fraud Issues (800) 633-4221

Examples
- Charging excessive costs for services or supplies
- Billing for services at a higher rate than justified
- Providing medically unnecessary services

Required Trainings

Required Trainings:

- Cultural Competency Training

- Seniors and Persons with Disabilities (SPD) Training

- Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Provider Training

Provider Learning Portal:
https://wwww.partnershiphp.org/Providers/MediCal/Pages/ProviderEducationTrainingMaterials.aspx

Additional Resources

- DHCS APL 24-006: https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL%202024/APL24-006.pdf

- Medi-Cal Manual: https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/03BBA223-8762-4A94-A268-209510E15E37/chwprev.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYyIPyP5ULO

- CHW/P/R DHCS Website: https://www.dhcs.ca.gov/community-health-workers

- SDOH codes for look up: https://www.cms.gov/files/document/cms-2023-omh-z-code-resource.pdf

- Partnership HealthPlan Website:

Contact Us

Claims Resolution Unit

1-855-798-8761

Provider Portal Assistance:
esystemssupport@partnershiphp.org

Partnership HealthPlan of California Provider Online Services at:
https://provider.partnershiphp.org

claimshelpdesksr@partnershiphp.org

CHWS@partnershiphp.org

Questions

Thank You

Eureka | Fairfield | Redding | Santa Rosa