

# Partnership to Align Social Care

A National Learning  
& Action Network

## May 13, 2025, Coffee & Contracts Summary

### **Implementing Community Health Integration & Principal Illness Navigation (CHI/PIN) Codes: How to overcome barriers and prepare community stakeholders**

#### **Presenters:**

- Sherri Ohly, Envision Director of Development & Operations, University of Wisconsin-Madison
- Tim McNeil, CEO, Freedman's Health

#### **Introduction**

This month's session focused on implementation of the new Medicare reimbursement codes, Community Health Integration (CHI), Principal Illness Navigation (PIN), and Peer Support Codes (PSC), and their potential to transform the sustainability of CHW programs.

#### **Expanding Financial Pathways for CHWs**

These new Medicare codes offer a reimbursement pathway for CHW services related to health-related social needs for individuals covered by Medicare, dual eligibility (Medicare and Medicaid), and Medicare Advantage and Special Needs Plans. Envision is helping states align their Medicaid CHW reimbursement with Medicare. Our session highlighted the difficulties in navigating this landscape and demonstrated the value of the Community Care Hub (CCH) model, which provides the administrative infrastructure to overcome barriers, particularly billing and documentation, in achieving CHW integration across clinical and non-clinical settings.

#### **State-Level Progress and Opportunities**

To date, 21 states have adopted Medicaid reimbursement for CHWs through state plan amendments, and others have used waivers. California, Washington, and Minnesota have already incorporated the new Medicare CHI and PIN codes into their Medicaid programs and now are leveraging higher Medicare reimbursement rates and choosing to pay higher rates than the Medicare fee schedule. Currently, CMS provides pathways for states interested in adopting the codes, not all of which require a formal waiver, making this an accessible option for those looking for a path forward in this work. **For a complete rundown of state CHW models,** including state definitions, certification and training, Medicaid reimbursement, and

other funding mechanisms, [check out this resource](#) from the National Academy for State Health Policy (NASHP).

### **CHW Integration: Clinical & Community Collaboration**

Throughout our discussion, Tim and Sherry underscored that meaningful integration of CHWs into care teams is essential for CHWs to operate at the top of their skill set and deliver meaningful care to individuals with complex health and social needs. Many health systems are exploring whether to build their own in-house CHW teams or buy CHW services from community-based organizations (CBOs). CBOs that provide CHW services often offer stronger community trust and engagement, culturally competent understanding of local networks, and better experience with collaborating across sectors. Partnerships with hospitals and CBOs to expand the capacity of CHWs can strengthen both clinical-community integration and the effectiveness of care interventions. This will require meeting people where they're at and bespoke, person-centered approaches that look different from community to community.

Some key challenges include:

- the complexity of Medicare billing,
- creating shared workflows between clinical and community-based partners, and
- satisfying the "initiating clinical visit" requirement.

Speakers and participants in small groups shared strategies for overcoming these challenges. Several have used telehealth-enabled clinical visits coordinated by CHWs in the community to satisfy the initiating visit requirement. Various technology platforms are trying to support the documentation and integration of records to satisfy the Medicare requirements

### **Conclusion:**

The session concluded with our presenters noting that there will be opportunities to advocate for more flexibility in the requirements when the next fee schedule is introduced for public comment. They also advocated for state-level alignment of Medicare and Medicaid funding to enhance CHW sustainability and outreach. In doing so, they highlighted that sustaining CHW programs requires intentional collaboration, financial alignment, and respect for community expertise, all of which are more attainable now with the introduction of these new Medicare codes.

**Resources**

- [HRSN Codes Implementation Resources | Partnership to Align Social Care](#)
- Envision's [CHW financial sustainability toolkit](#)
- National Academy for State Health Policy's State Tracker: [State Community Health Worker Policies - NASHP](#)
- [National Association of Community Health Workers](#)
- [Home - NACHW - National Association of Community Health Workers](#)