

Partnership to Align Social Care Webinar

Ask Us Anything!

Open Discussion re: Exploring Reimbursement
Pathways for Services to Promote Whole
Person Health

February 4, 2026 | 4:00 – 5:00 p.m. ET

Partnership to Align Social Care

A National Learning
& Action Network

A cross-sector collaborative co-designing solutions to advance **Community Care Hubs (CCH)** as a preferred organized delivery system to **enable sustainable and aligned social and health care ecosystems** providing holistic, person-centered care to promote whole-person health.

June Simmons

President/CEO, Partners in Care
Foundation
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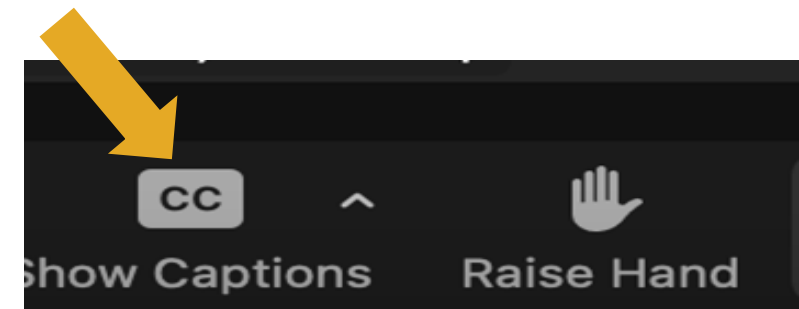
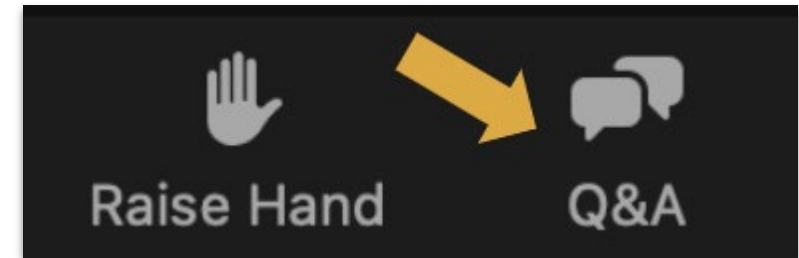
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Administrative Notes

- This webinar is being recorded. The recording and slides will be shared with all registrants
- Please use the Q&A tab at the bottom of your screen and we'll try address as many questions as possible at the end of the panel discussion
- Closed captions are provided for this session, can also click "Show Captions" to display automated captions



Facilitators

Co-Chairs, Billing & Coding Workgroup



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CHaSci
CENTER FOR HEALTH AND SOCIAL CARE INTEGRATION AT RUSH

Background and Resources

Resources

- [Billing Guidance for Community Health Integration and Principal Illness Navigation](#)
- [Implementation Key for the Delivery of Evidence-Based Programs and CHI / PIN Services as Part of a Whole-Person Health Strategy](#)
- [HBAI Services Implementation Resource](#)
- [The Role of CSWs in Providing CHI and PIN](#)

Previous Webinars and Events

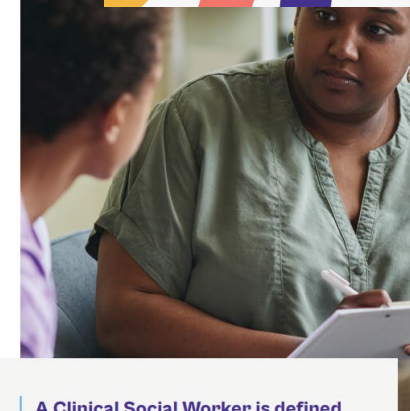
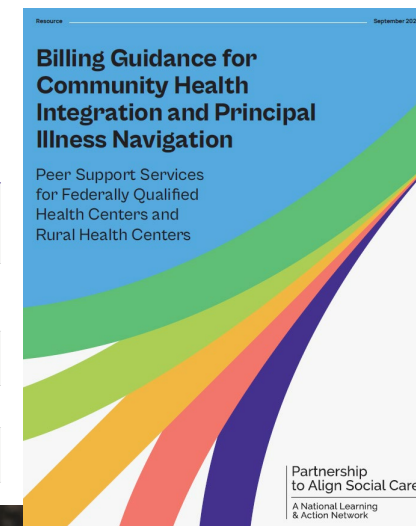
- [Reimbursement Pathways for Whole Person Health: Updates in the CY 2026 Physician Fee Schedule](#)
- [Webinar with the National Association of Community Health Centers and Spring Street Exchange](#)

Table 1 List of HBAI Codes, Definition, Description, and Rates Per Unit			
HBAI Code	Definition	Description	Rate
96156	Initial Health and Behavior Assessment/reassessment	Conducted to assess behavioral, cognitive, emotional, or psychosocial factors that may affect the individual's treatment, recovery, or management of the physical health condition. Includes an individualized person-centered plan, based on the assessment findings.	\$98.98
96158	HBAI Individual Intervention, initial 30 minutes	One-on-one time spent with an individual after the initial assessment. May be provided during the course of the CDSME workshop and once the workshop ends to assess progress, reinforce goals, and provide recommendations for follow-up care.	\$67.93
96159	HBAI Individual Intervention, ea. additional 30 min	Each additional 30 minutes, per encounter, beyond the initial 30 minutes for one-on-one time spent with an individual after the initial assessment.	\$23.29
96164	HBAI group, initial 30 minutes	HBAI group intervention provided in a group setting with two (2) or more persons. First 30 minutes, per encounter.	\$10.35
96165	HBAI group, each additional 30 minutes	Each additional 30 minutes, per encounter, beyond the initial 30 minutes for a group HBAI intervention. HBAI group intervention provided in a group setting with two (2) or more persons.	\$4.85
96167	HBAI family intervention.	One-to-one intervention with a beneficiary and the family that is	\$72.13

In the CY2024 Physician Fee Schedule Final Rule, the Centers for Medicare & Medicaid Services (CMS) established new HCPCS codes to address Health-Related Social Needs (HRSNs) or provide health navigation services under the following Medicare Part B benefits:

- Community Health Integration (CHI)
- Principal Illness Navigation (PIN)
- Principal Illness Navigation – Peer Support (PIN-PS)

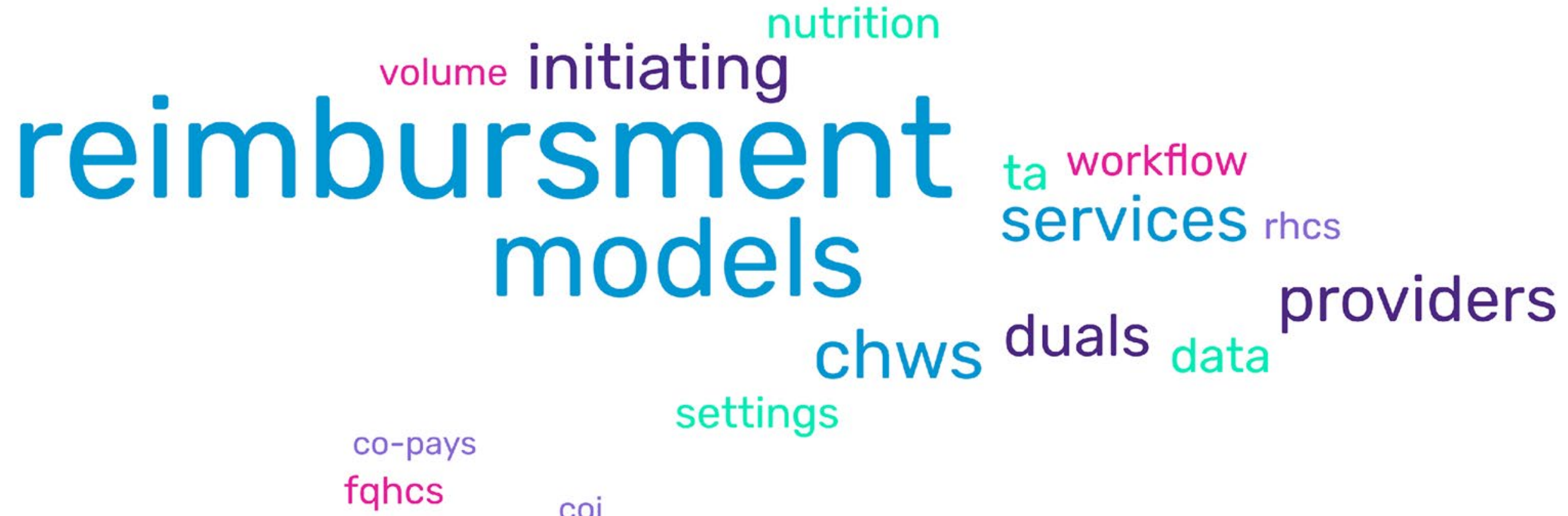
The guidance allows for trained auxiliary personnel to provide these services under general supervision of an eligible healthcare practitioner. Clinical Social



A Clinical Social Worker is defined

Frequently Asked Questions

Exploring Reimbursement Pathways for Services to Promote Whole Person Health



CHI/PIN/PIN-PS Implementation Support Session

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Impact on Total Cost of Care and Clinical Outcomes



AHC Second Evaluation Report: May 2023

- Accountable Health Communities (AHC) Model Evaluation
- A CMMI 5-year model that tested whether identifying and addressing the HRSNs of Medicare and Medicaid beneficiaries impacts total health care costs and utilization.



Accountable Health Communities (AHC) Model Evaluation

Second Evaluation Report

May 2023

Submitted To:

Centers for Medicare & Medicaid Services
Center for Medicare & Medicaid Innovation
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Contract # HHSM-500-2014-000371
TO # 75FCMC18Fnnn2

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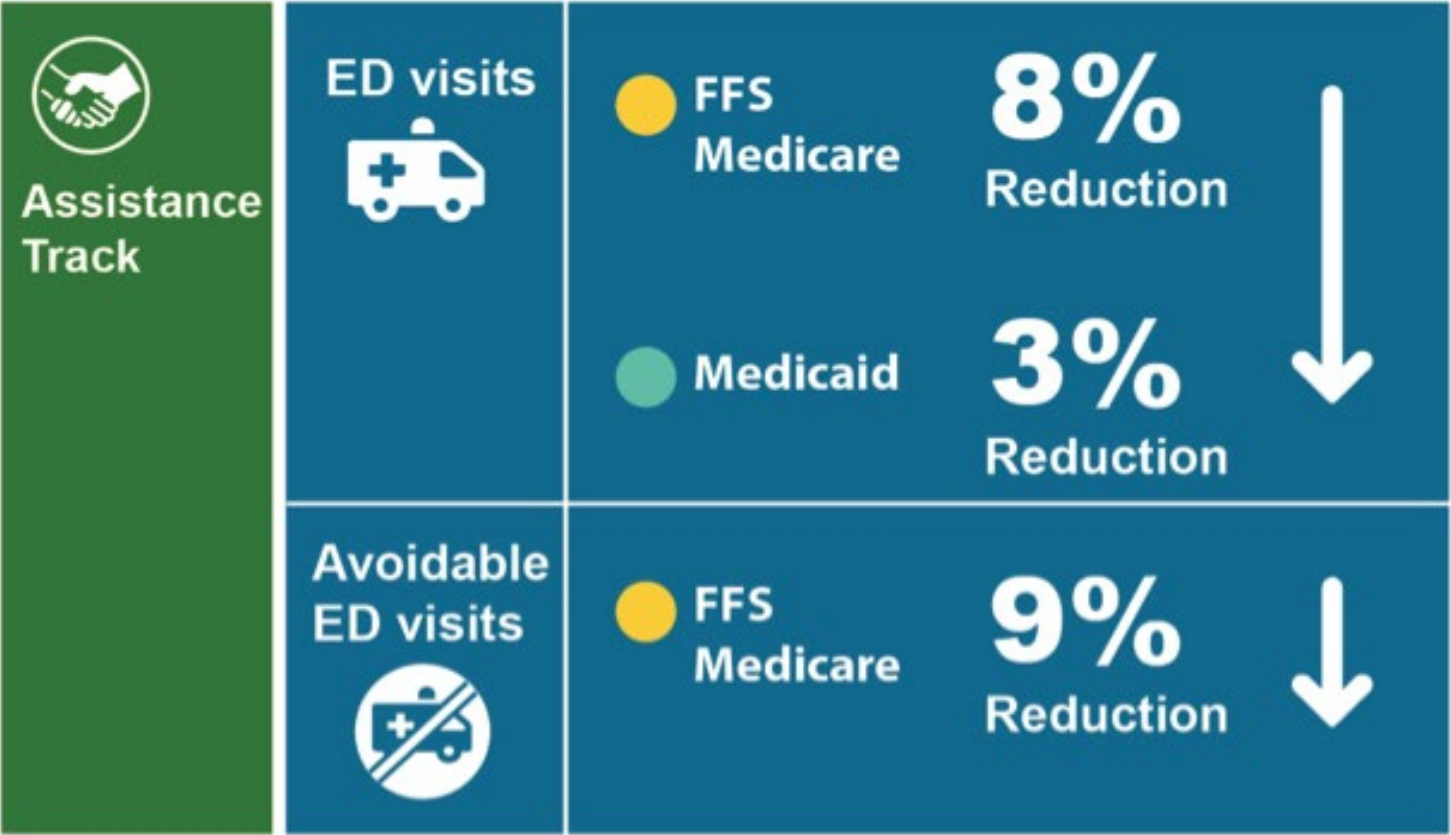
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ICINE
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Statistically Significant Outcome

(N = 1+ Million)

Exhibit ES-5. Assistance Track Impacts on Emergency Department Visits



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Resolution of HRSN in AHC Population (N = 1+ Million)

- The majority of persons, positive for HRSNs, did not have all of their HRSNs resolved – **within one year** of receiving social care navigation.
 - 38% with one or more HRSNs had at least one (1) HRSN resolved.
 - 20% had all of their HRSNs resolved.
 - **80% did not have all HRSNs resolved after 1-year of receiving supports.**
- **National Data on Impact of HRSNs on Medicare Population**
 - **Duals: 80% of Duals report at least one HRSN**
 - **Non-Duals: 48% of non-duals report at least one HRSN**

CY2026 Update Overview



CHI HCPCS	Descriptor	Non-Facility Rate	Facility Rate
G0019	Community Health Integration Services (CHI) SDOH 60 min	\$86.17	\$44.09
G0022	Community Health Integration Services (CHI); add ea. 30 min	\$54.11	\$30.73

PIN HCPCS	Descriptor	Non-Facility Rate	Facility Rate
G0023	PIN Service, 60 minutes per month	\$86.17	\$44.09
G0024	PIN Service, add ea. 30 min	\$54.11	\$30.73

PIN-PS HCPCS	Descriptor	Non-Facility Rate	Facility Rate
G0140	PIN-Peer Support, 60 minute	\$86.17	\$44.09
G0146	PIN-PS, Peer Support, add ea. 30 min	\$54.11	\$30.73

***CY2026 Rate Schedule. Rates listed are the National Rate, effective January 1, 2026**

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Changes to HCPCS G0019: Community Health Integration

- New Definition of G0019.
 - Community health integration services performed by certified or trained auxiliary personnel, including a community health worker, under the direction of a physician or other practitioner; 60 minutes per calendar month, in the following activities **to address upstream driver(s)** that are significantly limiting ability to **diagnose or treat problem(s)** addressed in an **initiating visit**.
- **Key Action:** Replace the term “social determinants of health (SDOH)” with the term “upstream driver(s)”

Upstream Drivers Defined

- Upstream Drivers are factors, such as housing, food insecurity, transportation, and financial constraints, which are common in the Medicare population.

Community Health Integration Services

CHI Services List		
Person-Centered Assessment	Facilitating patient-driven goal setting	Providing tailored support
Practitioner, HCBS Coordination	Coordinating receipt of needed services	Communication with practitioners, HCBS providers, hospitals, SNFs
Coordination of care transitions	Facilitating access to community-based social services	Health education
Building patient self-advocacy skills	Health care access / health system navigation	Facilitating behavioral change
Facilitating and providing social and emotional support	Leveraging lived experience when applicable	

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CHI/PIN Practitioner Types



CSWs, MFTs, & MHCs as the billing practitioner

- CSWs, MFTs, & MHCs can serve as the billing practitioner for CHI and PIN as long as the following factors are met:
- The CSW, MFT, or MHC personally completed a qualifying initiating visit.
- CSWs, MFTs and MHCs bills Medicare directly for CHI and PIN services they **personally perform** for the diagnosis or treatment of mental illness.
 - Time spent by auxiliary personnel cannot be included in a direct claim submitted by a CSW, MFT, or MHC because this practitioner type is not authorized to provide incident to services, under general supervision.
 - Individuals who personally furnish or serve as auxiliary personnel for CHI and PIN services must meet all other service requirements associated with these codes.

Additional Clarification on the Role of CSWs, MFTs, & MHCs as the Billing Practitioner



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- Individuals who personally furnish or serve as auxiliary personnel for CHI and PIN services must meet all other service requirements associated with these codes.

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Billing Tips



Actual Payment Rates

- Medicare Reimbursement Rate application to Co-Insurance concept:
- 2 hours of CHI services reimburses in the following manner:

Aggregate of Time per calendar month	Allowable Reimbursement Amount
Hour 1	\$86.17
+30 minutes	\$54.11
+30 minutes	\$54.11
Total Time – 2 hours	$\$86.17 + \$54.11 + \$54.11 = \194.39

Provider Type Adjustments

Provider Type	Allowable Amount	Provider Adjustment	Amount prior to co-insurance (80%)
MD/DO	\$194.39	\$194.39	\$155.51
NP/PA (85%)	\$194.39	\$165.23	\$132.18
CSW/MFT/MHC (75%)	\$194.39	\$145.79	\$116.63

Claim Filing Details

- **Diagnosis Code:** Should be the diagnosis code of the health condition that is adversely impacted by the Upstream Drivers.
- **Concurrent Billing:** Concurrent billing is allowed for other care management services during the same calendar month.
- **TCM:** Care management services can be rendered during the same episode as a transitional care management visit and both will be reimbursed.
- **Home Health episode:** Services cannot be rendered during a Medicare home health episode of care.

Clarification of Auxiliary Personnel and Training Requirements



Do Auxiliary Personnel Include CHWs only

- Clarification:
- As we stated previously in the CY 2024 PFS final rule (88 FR 78926), the codes **do not limit the types of other health care professionals**, such as registered nurses and social workers, that can perform CHI services (and PIN services, as we discuss in the next section) incident to the billing practitioner's professional services, **so long as they meet the requirements to provide all elements of the service included in the code**, consistent with the definition of auxiliary personnel at § 410.26(a)(1).

Reminder of the CHI Training Requirement

- Source: CMS FAQ CHI/PIN 2024
- What kind of certification or training is needed for auxiliary personnel providing CHI services under the general supervision of the billing physician or other practitioner?
- a. Auxiliary personnel, including community health workers, must meet applicable State requirements, including certification or licensure.
- In States with no applicable requirements, auxiliary personnel providing CHI services must be trained or certified in
- the competencies of:
 - i. Patient and family communication
 - ii. Interpersonal and relationship-building
 - iii. Patient and family capacity-building
 - iv. Service coordination and system navigation
 - v. Patient advocacy, facilitation, individual and community assessment
 - vi. Professionalism and ethical conduct
 - vii. Development of an appropriate knowledge base, including of local community-based resources.

Reminder of the PIN Training Requirement

- Source: CMS FAQ CHI/PIN 2024
- What kind of certification or training is needed for auxiliary personnel providing PIN services under the general supervision of the billing physician or other practitioner?
- a. Auxiliary personnel must meet applicable State requirements, including certification or licensure.
- In States with no applicable requirements, auxiliary personnel providing PIN services must be trained or certified in the competencies of:
 - i. Patient and family communication
 - ii. Interpersonal and relationship-building
 - iii. Patient and family capacity building
 - iv. Service coordination and systems navigation
 - v. Patient advocacy, facilitation, individual and community assessment
 - vi. Professionalism and ethical conduct
 - vii. Development of an appropriate knowledge base, including specific certification
 - or training on the serious, high-risk condition, illness, or disease being addressed.

Provider Agreements with CBOs

Federal Register / Vol. 88, No. 220 / Thursday, November 16, 2023 / Rules and Regulations **78931**

After consideration of public comments, we are finalizing as proposed that a billing practitioner may arrange to have CHI services provided by auxiliary personnel who are external to, and under contract with, the practitioner or their practice, such as through a community-based organization (CBO) that employs CHWs, if all of the “incident to” and other requirements and conditions for payment of CHI services are met, and that there must be sufficient clinical integration between the third party and the billing practitioner in order for the services to be fully provided. We are also finalizing as proposed that CHI

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Productivity



Establishing Productivity goals

- It is common practice for medical clinics and outpatient practices to establish a productivity goal and manage the schedule of all billing providers:
 - Physicians
 - Nurse Practitioners
 - Physician Assistants
 - Clinical Social Workers
- When CHW labor moves from grant-based to claims-based, the same level of productivity management is required.

Sample CHW Workday Plan

Time	Activity	Billable vs Non-Billable
8:30 – 9:00am	Morning Huddle, call list prep	Non-Billable
9:00 – 12:00pm	3 hours of member engagement and service delivery	3 Billable hours
12:00 – 12:30pm	Lunch	Non-Billable
12:30 – 3:30pm	Member encounters and service delivery to address identified needs.	3 Billable hours
3:30 – 4:30pm	Member encounter follow-up	1 Billable hour
4:30 – 5:00pm	Daily wrap-up and planning for the next day/week	Non-Billable
Total Billable Time per Day		7 Billable Hours Total

Sample CHW Productivity Report Card & Grading Ruberic

Daily Productivity	Daily Productivity Grade	Average Weekly Productivity (Hrs)	Weekly Grade
7+ Hours per day	A	7+ Average for the week	A
6.0 – 6.9 Hours per day	B	6.0 – 6.9 Average for the week	B
5.0 – 5.9 Hours per day	C	5.0 – 5.9 Average for the week	C
4 hours or less for the day	F	4 hours or less, average for the week	F



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