THW billing guidance for community-based organizations

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Agenda

- Welcome

- New traditional health worker (THW) billing guidance document review

  - THW Billing Guidance

  - Sustainable THW Payment Models Toolkit

- PacificSource Community Solutions CCO programmatic payment model

- Bridges to Health billing hub

- Questions

THW Billing Guidance document

- Document contents
  - **About traditional health workers**: training and certification, requirements for billing
  - **Overview of Medicaid billing**: requirements, processes
  - **THW billing**: approved billing codes for THW services
  - **Payment models and Medicaid spending flexibilities**: Fee-for-service, value-based payment, in lieu of services, health-related services

THW Billing Guidance Document

Oregon Health Authority

Transformation Center

April 2025

OREGON HEALTH AUTHORITY

THW Billing Guidance document: About THWs

- THWs are trusted individuals from their communities who may also share socioeconomic ties and lived experiences with health plan members. THWs provide person- and community-centered care by bridging communities and the health systems that serve them.

- **Traditional health workers (THWs) include:**

  - Community Health Workers (CHWs)

  - Birth doulas

  - Personal Health Navigators (PHNs)

  - Peers: Peer wellness specialists (PWSs) and peer support specialists (PSSs)

    PSSs can be specific to families, youth, adult addictions or adult mental health

  - Tribal health workers

THW Billing Guidance document:
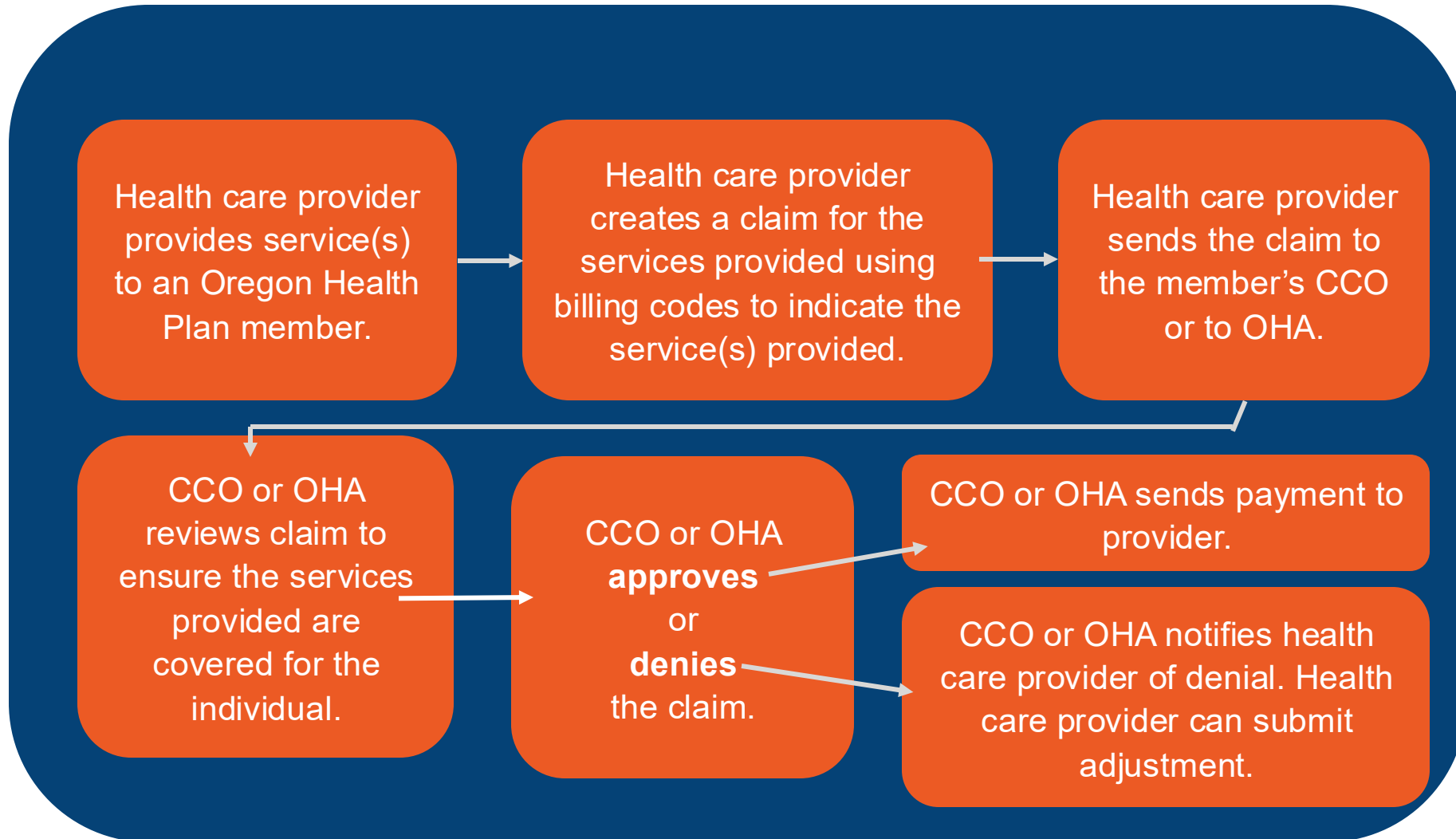# Training and Certification

- Training and certification are required to be recognized as a THW in Oregon

- To become a THW in Oregon, THWs must:

  1. Complete an **OHA-approved training**, qualify under the **legacy clause** or **receive reciprocity**
  2. Complete an OHA-approved **oral health training**
  3. Create an account and apply through **Oregon's Health Workforce Registry**
  4. Complete a **background check**

- Additional steps are required for THWs to bill Medicaid for covered services

THW Billing Guidance document: Requirements for billing

- THW requirements:
  - Obtain a **National Provider Identifier (NPI)**
  - **Enroll as a Medicaid provider** with the Oregon Health Plan
  - **Enroll as a provider with your CCO**
  - Arrange **clinical supervision** by a licensed health care provider

- Health care service organization (for example, community-based organization or a clinic) requirements:
  - **Enroll as a billing provider** with the Oregon Health Authority
  - Enter into an **agreement with a CCO** to provide THW services
  - Offer **supervision by a licensed health care provider**

- CCO requirements:
  - **Receive, review and pay claims** for covered services provided by credentialed THWs
  - Designate a **THW liaison**
  - Submit regular **deliverables** to OHA on THW integration, utilization and payment
  - Meet additional requirements for **THW networks and service provision**

THW Billing Guidance document: Billing process

Health care provider provides service(s) to an Oregon Health Plan member.

→

Health care provider creates a claim for the services provided using billing codes to indicate the service(s) provided.

→

Health care provider sends the claim to the member's CCO or to OHA.

CCO or OHA reviews claim to ensure the services provided are covered for the individual.

→

CCO or OHA **approves** or **denies** the claim.

→ CCO or OHA sends payment to provider.

→ CCO or OHA notifies health care provider of denial. Health care provider can submit adjustment.

THW Billing Guidance document: Payment models

Fee-for-service (FFS)

- CCO or OHA pays a set amount for individual covered services provided to an OHP member

Health-related services (HRS)

- Medicaid spending program for non-covered services that complement covered services
- **Flexible services**: cost-effective services provided to a member
- **Community benefit initiatives**: community-level interventions to improve population health

Value-based payment (VBP)

- Range of payment models that incentivize high-value health care provision
- Typically relies on encounters rather than claims

In lieu of services (ILOS)

- Pre-approved, cost effective and medically appropriate substitutes to covered services
- Ability to provide services in alternative or non-clinical settings

THW Billing Guidance document: Payment models

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HRS examples:

- **Flexible service**: Post-partum doula visits beyond the number of doula visits included as a covered benefit to improve health outcomes for parent and baby.

- **Community benefit initiative**: CBO provides non-covered peer counseling and THW services community wide to houseless individuals and families in a safe living environment.

THW Billing Guidance document: Payment models

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ILOS examples:

- **Peer** providing skills training for managing mental health concerns in a community setting

- **Community health worker (CHW)** providing education for patient self-management of HIV diagnosis

Sustainable THW Payment Models Toolkit

- Document contents
  - **About traditional health workers**: scope of practice, THW integration, statewide THW efforts

  - **Potential funding sources for THWs**: Medicaid and Medicare, grants, fundraising

  - **Case studies**: EOCCO's THW program, Bridges to Health billing hub

  - **Resources**: Links to OHA and external resources, job description template, program cost structure template, documentation and billing templates

Sustainable THW Payment Models Toolkit

Oregon Health Authority
Transformation Center
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Sustainable THW Payment Models Toolkit: Statewide THW efforts

- **OHA Equity and Inclusion Division**: Home to the THW program, which manages THW training, certification, THW resources and other requirements.

- **THW Commission**: Managed by the THW program, the THW Commission promotes the THW workforce. Advises and makes recommendations to OHA to ensure the program is responsive to consumer and community needs.

- **OHA Transformation Center**: OHA's hub for innovation and quality improvement, including spending programs and alternative payment models.

- **Oregon Health Plan (OHP)**: Oregon's Medicaid program, administered by OHA's Medicaid Division.

- **Coordinated Care Organizations (CCOs)**: Local health plans that manage benefits for most OHP members. Each CCO is required to have a THW liaison to support and advance the THW workforce.

Sustainable THW Payment Models Toolkit: Potential funding sources

Medicaid and Medicare

- Government-run health insurance programs for specific populations.
- Oregon Health Plan (OHP) is Oregon's Medicaid program.

Grants

- Flexible source of funds often available from private foundations, governments, businesses or health care organizations.

Fundraising

- Non-profit organizations can raise funds from individual donors for meaningful work.

Braiding funding brings together multiple sources of funding to fund an overall program or service.

Sustainable THW Payment Models Toolkit: Case studies

EOCCO's THW program

Key elements of EOCCO's THW program include:

- Guidance documents
- Policies
- Newsletters
- Meetings
- Trainings
- Convenings
- Targeted technical assistance
- Grants

Bridges to Health billing hub

Using PacificSource's programmatic payment model, the Columbia Gorge Health Council created Bridges to Health, a billing hub for CHW services across their community.

Billing hubs offer centralized approach to contracting and billing activities to reduce the administrative burden on service delivery organizations.

Sustainable THW Payment Models Toolkit: Resources

Links to OHA and external resources

- Resources related to THW requirements, funding opportunities, and professional THW associations

THW job description template

- Template job description with sample points for various THW positions

THW program budget estimator

- Excel document to estimate THW program costs and revenues
- Includes approved THW billing codes and fee-for-service rates to estimate potential program revenue

Documentation and billing templates

- Excel template for collecting data about THW services provided
- Sample claim form

PacificSource's Programmatic Payment Model
For THWs working in community-based organizations
Presented by: Cheryl Cohen, Traditional Health Workforce Manager

PacificSource

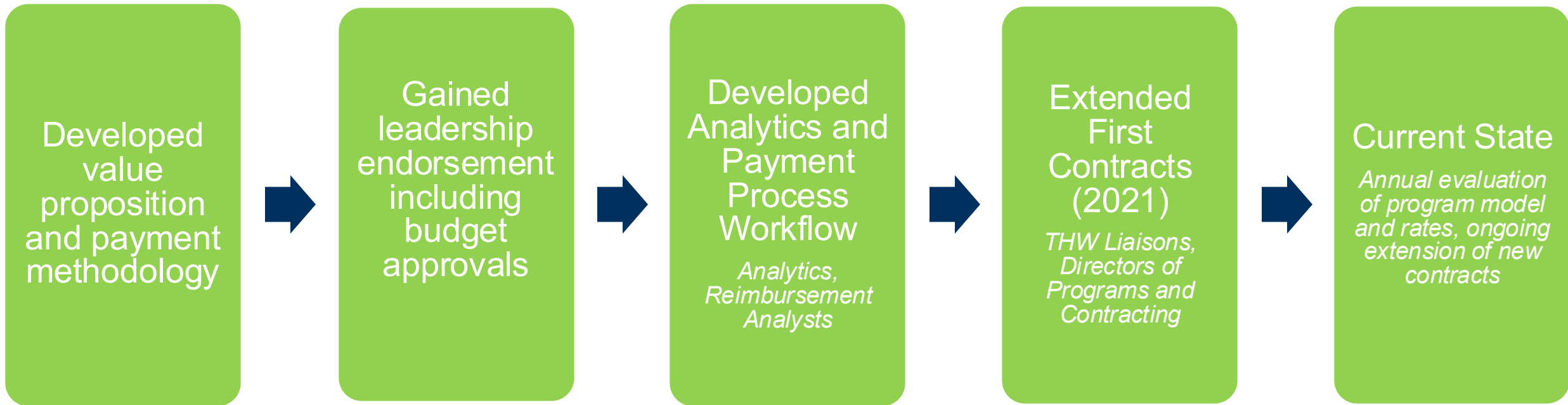# Why was the THW Programmatic Payment Model created?

- To provide financial sustainability for community-based organizations (CBOs) and the greater THW workforce who are already serving PacificSource members

- To increase access to THW services in the settings, languages, and methods preferred by our members

Value Proposition

Access to Traditional Health Workers (THWs), including in community-based settings, aligns with PacificSource Health Plans' mission and reflects our commitment to ensuring members get the right care, at the right time, and in the right place. THWs benefit members, providers, health systems and communities in key ways:

- Provide access to low-barrier, evidence-based care
- Are cost-effective and cost-saving
- Bridge social and medical complexities
- Deliver culturally responsive care
- Meet members "where they are"
- Connect marginalized members to health services
- Support members in building self-advocacy and self-empowerment
- Improve individual and population health management
- Reduce social isolation
- Reduce health disparities and promote health equity

THW Programmatic Payment: Development and Program Launch

| Developed value proposition and payment methodology | → | Gained leadership endorsement including budget approvals | → | Developed Analytics and Payment Process Workflow

Analytics, Reimbursement Analysts | → | Extended First Contracts (2021)

THW Liaisons, Directors of Programs and Contracting | → | Current State

Annual evaluation of program model and rates, ongoing extension of new contracts |

THW Programmatic Payment Eligibility

- Close alignment with the THW scope of practice

- Not currently contracted with PacificSource to deliver Medicaid member services

- Cannot bill for services due to OHA supervision requirements and/or COA

- Can demonstrate they serve PCS CCO region-specific Medicaid clients

- Can meet OHA liability insurance requirements

- Can provide member-level encounter data

- Can meet THW certification and/or OHA background check requirements

- Can have a mix of certified/uncertified THWs, but must commit to training

CBO Readiness Assessment
Determining a CBO's readiness level for contracting

Phase I – Initial Screening	Phase II – Prioritization
• Must meet all eligibility requirements on previous slide	• THW type, network adequacy • THW scope of work • THW supervision • Service array: One-on-one, group, drop-in, culturally/linguistically specific, rural, SDoH navigation • Geographic region served • Population/s served • Service delivery model • Growth capacity • Ability to collect necessary data (services, workforce, satisfaction information) • Willingness to utilize CIE (ConnectOregon)

Reimbursement Domains

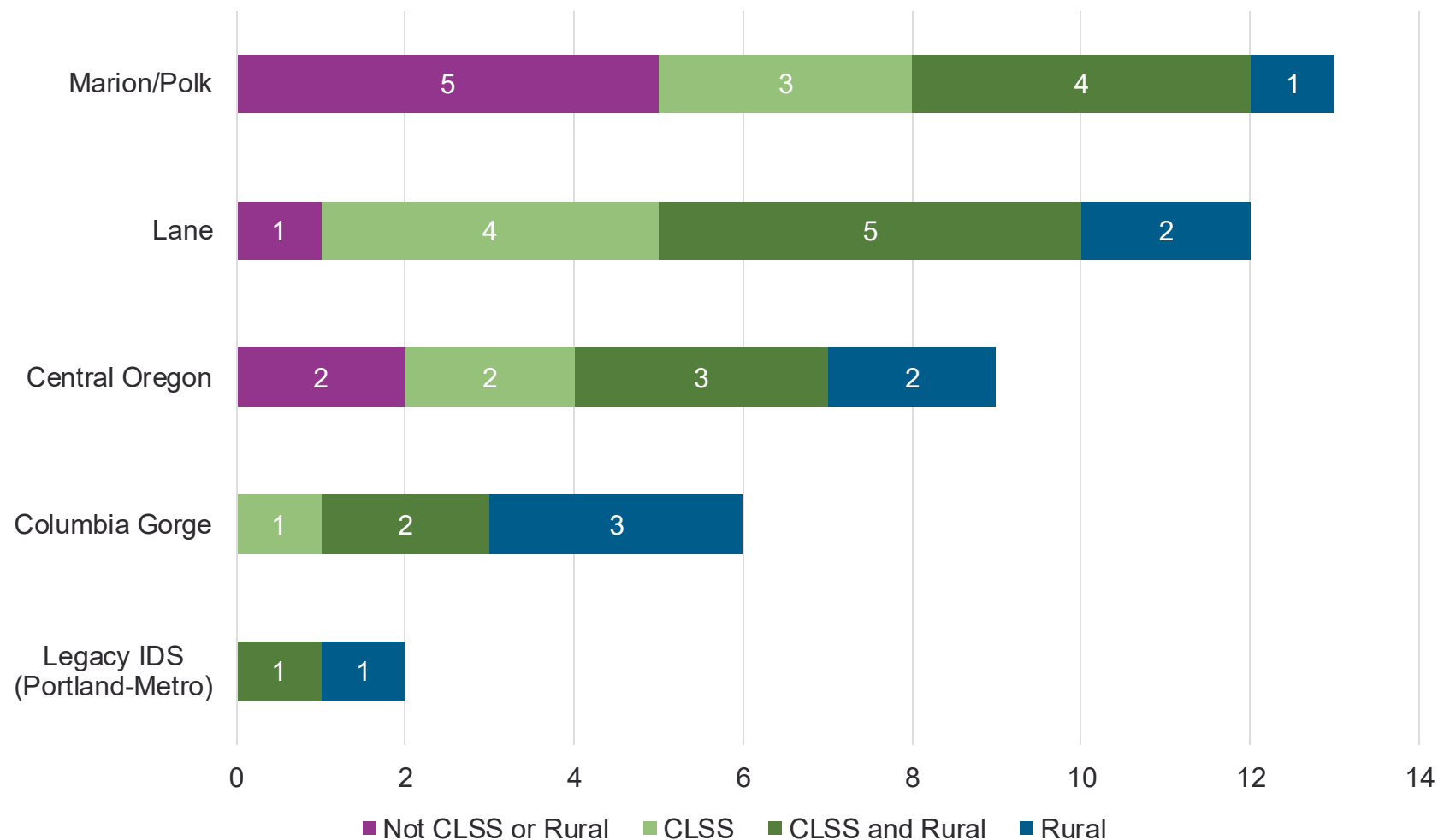| One-on-one Services	Group Activities	Overhead Payment
• Payment for working 1:1 with a PacificSource member within the THW scope of practice • Per-member-per month flat rate, inclusive of all services • Certified and uncertified THWs • 20 member threshold	• Payment for administering THW services in a group setting with 2 or more PacificSource members • Paid based on an hourly group rate • 50% member threshold • Examples: life-skills groups, recovery support groups, chronic disease management groups	• Payment for expenses related to THW programming but not billable through 1:1 or group services • Examples include THW supervision, professional development, mileage, community or cultural events, drop-in centers, rent/utilities • Up to 10% of gap between income and expenses

New in 2025

- Incentives for Culturally and Linguistically Specific Services (CLSS) and Rural Services
  - Paid at the organizational level
  - Based on attestation of providing CLSS and/or Rural Services in alignment with OARs and state definitions
  - 5% payment increase for all 1:1 and group activities for each incentive. Organizations can receive both incentives.
- Inclusion of Personal Health Navigators (PHNs)
  - PacificSource's first ever contracts to provide reimbursement for this THW worker type

Ongoing Technical Assistance and Support

- Scholarships for CBO staff to complete THW training
- Assistance with state certification and registration process
- Ongoing support around integration and utilization of THWs, based on best practices and assessed needs
- Reporting and invoicing support

Current Programmatic Payment Contracts (April 2025)

By PacificSource CCO/IDS Region

Total of 31 contracts across all PCS regions

Organizations are providing a variety of services: SDoH and health system navigation, recovery housing, a youth drop-in shelter, safe parking programs, refugee resettlement support, migrant farmworker outreach, perinatal health support, empowering individuals with disabilities

PCS holds contracts with two THW billing hubs who partner with additional CBOs for reimbursement

Chart data:

Region	Not CLSS or Rural	CLSS	CLSS and Rural	Rural
Marion/Polk	5	3	4	1
Lane	1	4	5	2
Central Oregon	2	2	3	2
Columbia Gorge		1	2	3
Legacy IDS (Portland-Metro)			1	1

Legend: Not CLSS or Rural, CLSS, CLSS and Rural, Rural

Bridges to Health

A program of the Columbia Gorge Health Council

A network of Community Health Workers

Increasing access and addressing barriers to health and well-being

A network of Community Health Workers

- Address barriers to health and wellbeing.
- Improve health quality, access, and equity.
- Grow a skilled network of community health workers.

Bridges to Health Program

- *NEW* South Wasco Alliance
- Mid-Columbia Housing Authority
- The Next Door, Inc.
- Adventist Health Columbia Gorge
- One Community Health
- Hood River Health Dept
- Youth Empowerment Shelter

B2H Hub Services

- Embeds CHWs in regional health care and community-based organizations (CBOs)
- Oversees CHW training, certification and support.
- Invests through a variety of Pacific Source-Columbia Gorge CCO funding mechanisms:
- Coordinates funding streams, applies for grants and issues payments to organizations.
- Handles data, reporting and quality assurance and hosts the shared data platform, Activate Care.

What to expect from B2H

Referral

- People struggling to access services on their own.
- Referrals can come from anyone/ agency in the community.

Assess and identify needs

- CHWs visit with clients to understand what they are struggling with.
- Home
- Community
- Office

Prioritize and plan

- Prioritize client needs and plan next steps for success.

Refer to services

- Make referrals to needed services
- Transportation
- Mental Health
- Older Adult supports
- Medical and dental health

Address barriers

- Advocate to service providers when needs go unmet.
- Lean on network of CHWs and community partners
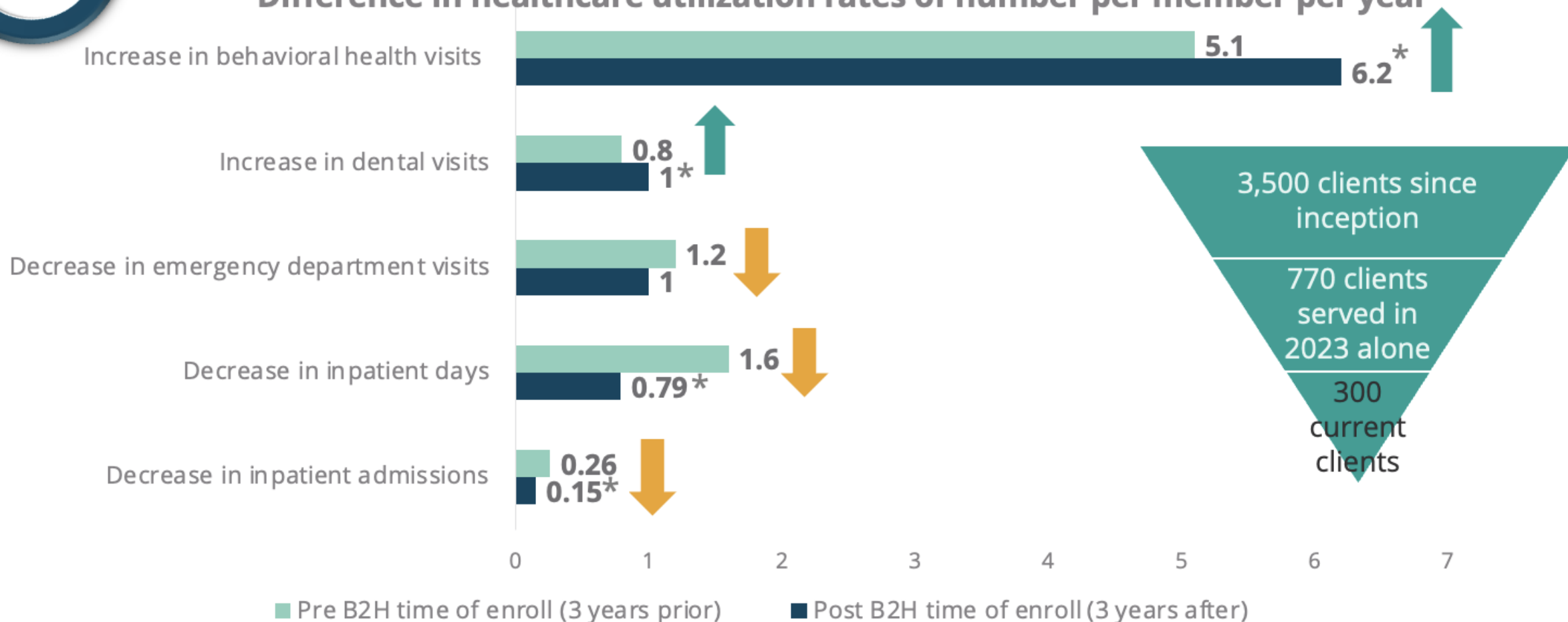- Utilize incidental funds

B2H Outcomes and Impacts

- Increased support to clients in getting and staying housed through connections to local housing resources.

- Strengthened support and shared learnings across CHWs in the network.

- Improved health outcomes and reduced health care costs: B2H clients more likely to use health care appropriately after participating in B2H

B2H Clients More Likely to Use Health Care Appropriately after Participating in B2H Compared to Before Participation
Difference in healthcare utilization rates of number per member per year

Increase in behavioral health visits — 5.1 / 6.2*

Increase in dental visits — 0.8 / 1*

Decrease in emergency department visits — 1.2 / 1

Decrease in inpatient days — 1.6 / 0.79*

Decrease in inpatient admissions — 0.26 / 0.15*

3,500 clients since inception

770 clients served in 2023 alone

300 current clients

■ Pre B2H time of enroll (3 years prior)   ■ Post B2H time of enroll (3 years after)

Source: PacificSource CCO/Medicaid members enrolled 36 months before and up to 36 months after enrollment in the Bridges to Health Program as recorded on claims incurred and paid by November 2022.

* = Statistically Significant at p ≤ .05

Questions?

Thank you!

Contact:

Transformation Center

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