Recommendations for Traditional Health Worker Payment Models (Core Principles)

Approved by Traditional Health Worker (THW) Commission 9/23/19

***Purpose*:** To provide guidance to Coordinated Care Organizations (CCOs) to design payment models that integrate Traditional Health Workers (THWs) within their service area.

***Intent*:** To outline the key components of potential effective payment models as approved by the THW Commission. CCOs can use this document to guide their policy development process. There are multiple payment model types that could incorporate these core principles.

Definitions *(Traditional health workers listed are as recognized by the State of Oregon in ORS 414.025 chapters 411, 413, and 414)*:

THW Commission: The THW Commission promotes the traditional health workforce in Oregon's Health Care Delivery System to achieve Oregon's Triple Aim of better health, better care, and lower costs. The THW Commission advises and makes recommendations to the Oregon Health Authority, to ensure the program is responsive to consumer and community health needs, while delivering high-quality and culturally responsive care.

Doula: A (birth) doula is a birth companion who provides personal, nonmedical support to women and families throughout a woman's pregnancy, childbirth, and postpartum experience (From original version of the THW rules, 410-180-0300).

Personal Health Navigator (PHN): A PHN is an individual who provides information, assistance, tools and support to enable a patient to make the best health care decisions.

Community Health Worker (CHW): A CHW is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served.

Peer Support Specialist (PSS): A PSS is any [range of] individuals with lived experience of substance use and/or a mental healths condition who provides supportive services to a current or former consumer of mental health or addiction treatment.

Peer Wellness Specialist (PWS): A PWS is an individual who has lived experience with a psychiatric condition(s) plus intensive training, who works as part of a person-driven, health home team, integrating behavioral health and primary care to assist and advocate for individuals in achieving well-being.

Youth Support Specialist means an individual who meets qualification criteria adopted under ORS 414.665 and may be either a peer support specialist or a peer wellness specialist and who, based on a similar life experience, provides supportive services to an individual who:
Is not older than 30 years old, and
Is a current or former consumer of mental health or addiction treatment; or
Is facing or has faced difficulties in accessing education, health, and wellness services due to mental health or behavioral health barriers.

Family Support Specialist means an individual who meets qualification criteria adopted under ORS 414.665 and may be either a peer support specialist or a peer wellness specialist who, based on similar life experiences, provides support services to and has experience parenting a child who:
Is a current or former consumer of mental health or addiction treatment; or
Is facing or has faced difficulties in accessing education, health, and wellness services due to mental health or behavioral health barriers.

Health systems: In the context of this document, 'health systems' is an umbrella term that includes health care payers and providers.

Community-based organizations (CBOs): Nonprofit groups that work at a local level to improve life for residents, often with a focus to build equity across society in all streams - health care, environment, quality of education, to name but a few. Many CBOs provide culturally-specific services to communities most affected by disparities.

The THW Commission recommends that payment models for THWs should be:

1) Sustainable (i.e. continuous, not time-limited grants or pilots)

-Rates that sustain services including administrative costs, living wage and benefits for THWs, ancillary program costs (e.g. supervision, training & education, data collection & evaluation), and a career ladder/lattice for THWs.
-THWs are part of members' continuum of care and wellbeing across care settings.

2) Support THWs practicing at the top of their certification

-THW roles and position descriptions should be based on the THW Commission-approved THW scope of practice.
-Enable and support THWs to enact their full range of core roles, including individual-level (health-related social needs) and upstream community and policy-level (social determinants of health) interventions and activities.
-Alternative payment methods such as per-member-per-month, capitated, global are likely to better support the full THW scope of practice compared to fee-for-service.

3) Community and equity-driven

-Health systems are encouraged to leverage the expertise of community-based organizations and other health systems that currently employ or contract with THWs.
-Options for integrating THWs include hiring directly or contracting with community-based organizations.
-Consult the THW Commission for referrals to appropriate CBOs, THW-run organizations, and/or THW-recommended best and promising practices for THW integration.

4) Not solely contingent upon short-term outcomes

-THW are an important component of strategies moving toward health equity and addressing the social determinants of health, not short-term return on investment or particular health outcomes, though those may well be some results of integrating THWs.
-THWs improve the overall quality and value of healthcare by providing: person-centered care and increasing the timeliness, efficiency, equitability, safety and effectiveness of care.
-It is recommended that THWs and participants of THW programs are involved in planning and implementing qualitative and quantitative THW program evaluation methods.
-It is also recommended that THW program evaluations incorporate the large body of existing research regarding THW program evaluation.

Inventory of Existing Community Health Worker (CHW) Payment Models*

Oregon Traditional Health Worker Commission | Payment Models Subcommittee

Last update 9.24.19 by angie@orchwa.org

DISCLAIMER: NOT FORMAL PAYMENT MODEL RECOMMENDATIONS.

1. Please reference "Recommendations for THW Payment Model Core Principles."

2. The THW Commission does not recommend any one of the following existing payment models over another.

3. Many organizations use a combination of payment models and funding sources to sustain THW staffing, THW contracts, and necessary THW program costs (e.g. supervision, data collection & evaluation, training & education).

4. This is a living document . Please check here for updates: https://www.oregon.gov/OHA/OEI/Pages/THW-Resources-Policies-Laws.aspx

Payment Mechanism Name	Short Description	Possible Funding Source(s)	Pros	Cons	Documentation, Reporting, Accountability	Examples	Where to Find More Info & Technical Assistance
Advanced Payment & Care Model (APCM) Also known as: -Federally Qualified Health Center (FQHC) APM -Per Member Per Month (PMPM) -Capitation -Global Budget -Value-based payment (VBP) -Alternative Payment Methodology/Model (APM)	-Value-Based Payment for FQHCs and Rural Health Clinics (RHCs) in the form of per-member-per-month payments from Medicaid -CHWs may (or may not) be paid with a portion of these funds and are generally employed by health centers, not contracted or paid per service -Other funding sources often support CHWs in tandem with PMPM	Medicaid	-Per-member-per-month payments are up front, whereas fee-for-service is delayed. This allows health centers to plan and devote resources to upstream health interventions such as CHWs - CHWs are valued and integrated into the care team - CHWs may experience greater career mobility as part of the most advanced Patient-Centered Primary Care Homes (PCPCH) in Oregon	-May not necessarily support these CHW roles: Organizing, Assessment, Evaluation, Research -Each individual health center determines how their organization will staff and integrate CHWs -Some health centers may elect not to integrate CHWs because there is no dedicated portion of the per-member-per-month payment that is specifically for financing CHW programming and/or employment	-Electronic health record -Care STEPs (Care Services That Engage Patients; also known as Engagement Touches or Patient Touches) are documented quarterly for each patient. They are used to illustrate the type of non-billable patient engagement activities that address social determinants of health (SDoH) and better coordinate member care. There are 18 categories of Care STEPs, including: Helping members access community resources/services; Coordinating transitions in the care setting; SDoH Screenings; Behavioral & Functional Ability Screenings; Support Groups; Transportation Assistance	Participating Health Centers: -Virginia Garcia Memorial Health Center -Mosaic Medical -Oregon Health & Sciences University Richmond Clinic and Scappoose Clinic -Multnomah County Health Department -Clackamas County Health Centers -Community Health Centers of Benton & Linn Counties -Yakima Valley Farmworkers Clinic -Rogue Community Health -Winding Waters Medical Clinic -The Rinehart Clinic -Northwest Human Services -La Clinica Health -The Wallace Medical Concern -Orchid Health -Neighborhood Health Center -Community Health Centers of Lane County	-Jamal Furqan, FQHC/RHC Program Manager: Jamal.Furqan@dhsoha.state.or.us -Oregon Administrative Rule 410-147-0360 -Oregon Primary Care Association: https://www.orpca.org/initiatives/alternative-care-model https://nashp.org/wp-content/uploads/2017/11/Oregon-APCM-Overview_2016.pdf https://ochin.org/blog/the-oregon-experiment-a-qualitative-examination-of-the-alternative-payment-methodology/ https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5267970/
Itemized Fee-for-Service (FFS)* Also known as: -Billing -Reimbursement *Not operational for OHP Open Card or any CCOs except Eastern Oregon CCO.	-CHWs bill fee-for-service for reimbursement from medical insurance using billing codes under the name of a licensed provider, via "incident-to billing," under the CHWs' own NPI numbers, or standing orders. -Current Procedural Terminology (CPT) codes: 98960: Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; individual patient 98961: Same as above: 2-4 patients 98962: Same as above: 5-8 patients	Medicaid	-Generates claims data about CHWs, which is useful for integrating CHWs and for demonstrating CHW program effectiveness	-More documentation work in the electronic health record for CHWs; more administrative burden -Tendency to only reward certain CHW roles (i.e. education) -Does not generate enough revenue to fund CHW program entirely -Not accessible to CHWs working in/contracted with non-clinical/non-billing organizations	-Electronic health record -Current Procedural Terminology (CPT) -Healthcare Common Procedural Coding System (HCPCS)	Eastern Oregon CHW Billing Policy	Nathan Roberts, Oregon Health Authority nathan.w.roberts@state.or.us Sean Jessup, Moda Health (for Eastern Oregon CCO) sean.jessup@modahealth.com

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Payment Mechanism Name	Short Description	Possible Funding Source(s)	Pros	Cons	Documentation, Reporting, Accountability	Examples	Where to Find More Info & Technical Assistance
Grants & Contracts Also known as: -Pre-Payment -Braided Funding	An organization patches necessary funding together from multiple streams. This is possibly the most common method of funding CHW programs/employment	-Medicaid -Federal funding -Federal Match Funds -Grants / contracts -Donations	-CHW program may not be 100% dependent on any one funding source -Potentially allows for contracting with culturally-specific and/or community-based organizations	-Multiple reporting/accountability requirements -Time-limited funds can cause disruptions to CHW program & employment	-ServicePoint -Community Linked Assistance Referrals Assessment (CLARA) -Electronic health record -Requirements vary based on funding sources		Oregon Community Health Workers Association (ORCHWA)
Medicaid Administrative Claiming (MAC)* *It is unknown if MAC is used anywhere in Oregon to pay for CHWs at this time but it holds potential to be a viable funding option. There is also precedent for using this model to fund CHW programs/employment in Texas.	The MAC program allows entities to claim federal Medicaid reimbursement for activities related to the administration of the state's Medicaid plan including costs associated with identifying and enrolling populations in need of Medicaid services, linking individuals and families to service providers, and coordinating and monitoring health related services. Agencies that are capable of collecting operations revenue through taxes or levies are eligible to participate in MAC through an intergovernmental agreement (IGA) with Oregon Health Authority. Subcontractors of these entities can also participate, but participation must be through the entity's IGA. Local public health departments and school districts are examples of eligible entities.	Medicaid	-Allows community-based organizations to access Medicaid funding if they are contracted with local health departments	-Federally Qualified Health Centers (FQHCs) are not eligible	-Web-based time study	Multnomah County Health Department's Healthy Families program has contracted with community-based organizations for home visitors who have been reimbursed through this model. -Immigrants & Refugees Community Organization (IRCO) -Impact NorthWest -Insights Teen Parent Services	Dave Anderson, Medicaid Administrative Claims Specialist david.v.anderson@dhsoha.state.or.us
Targeted Case Management	Uses Targeted Case Management billing code. The nurse does an assessment and develops a plan, then CHWs can help carry out the plan.	Medicaid	-Electronic health record not required	-Nurse must see the patient at certain key visits, otherwise the CHW work is not billable	-Paper forms	Multnomah County Healthy Birth Initiative	Lizzie Fussell, Program Specialist Senior, Multnomah County Health Department Early Childhood Services Healthy Start lizzie.fussell@multco.us
Direct Employment Also known as: -Operational overhead -Operating budget	An organization puts CHW positions and program costs directly into their operating budget	-Operating budget -Administrative or medical budgets	-Freedom to design the CHW program and/or positions to meet the needs of the organization and community(ies) it serves	-Organizations vary in size, resources, and responsibilities -Cost prohibitive			

*The Traditional Health Worker Commission acknowleges that an unknown number of certified CHWs may volunteer their services in various capacities and communitites. This document intentionally does not recognize CHW volunteerism as a payment model because CHW volunteers are unpaid by nature of their volunteer status. The Traditional Health Worker Commission strongly discourages the integration of certified CHWs in health systems on a volunteer basis.