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

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

Oregon Traditional Health Worker Commission | Payment Models Subcommittee

Last update 9.23.19 by angie@orchwa.org

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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			

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Inventory of Existing Patient Health Navigator (PHN) Payment Models*

Oregon Traditional Health Worker Commission | Payment Models Subcommittee

Last update 9.24.19 by angie@orchwa.org

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

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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
Direct Employment Also known as: -Operational overhead -Operating budget	An organization puts PHN positions and program costs directly into their operating budget. Possibly the most common method of funding PHN positions.	-Operating budget	-Freedom to design the PHN program to meet the needs of the organization and community(ies) it serves -Integrated fully in healthcare team	-Organizations vary in size, resources, and responsibilities -Cost prohibitive -Organizational change -Health outcome dependent	-Electronic health record	-Health care organizations (i. e. Kaiser Permanente, Providence, Federally Qualified Health Centers, Public Health Departments)	
Grants & Contracts Also known as: -Pre-Payment -Braided Funding	An organization patches necessary funding together from multiple streams.	-Medicaid -Federal funding -Federal Match Funds -Grants / contracts		-Multiple reporting/accountability requirements -Time-limited funds can cause disruptions to PHN program & employment	-ServicePoint -Community Linked Assistance Referrals Assessment (CLARA) -Electronic health record -Requirements vary based on funding sources	Federally Qualified Health Centers (FQHCs)	

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Inventory of Existing Peer Support Specialist (PSS) Payment Models*

Oregon Traditional Health Worker Commission | Payment Models Subcommittee

Last update 9.24.19 by angie.kuzma@multco.us

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Payment Mechanism Name	Short Description	Funding Source (s)	Pros	Cons	Documentation, Reporting, Accountability	Examples	Where to Find More Info & Technical Assistance
Itemized Fee-for-Service (FFS) Also known as: -Billing -Reimbursement	*Healthcare Common Procedure Coding System (HCPCS) billing codes for peer-delivered services: -H0038: Self-help/peer services, individual, per 15 minutes -H0038 HQ: Self-help/peer services, group, per occurence -G0177: Training and educational services, individual, per occurence -G0177 HQ: Training and educational services, group, per occurence -T1016 HN: Case Management, per 15 minutes -H2014: Skills training and development, individual, per 15 minutes -H2014 HQ: Skills training and development, group, per 15 minutes -H2018: Psychosocial rehabilitation services, per diem (adults) -H0039: Assertive community treatment, face-to-face, per 15 minutes (adults) -H0023: Behavioral health outreach service (planned approach to reach a targeted population) (adults & children) -H0046: Mental health services, not otherwise specified (adults & children) -H0032: Mental health service plan development by non-physician (adults) -H2021: Community-based wrap-around services, per 15 minutes (children) -H2000: Comprehensive multidisciplinary evaluation (children) *Reimbursed to the clinic, not the individual PSS	-Medicaid -Free-standing contracts with counties, behavioral health providers, & physical health providers -Coordinated Care Organizations (CCOs) (Note: CCOs do not necessarily follow a "fee-for-service" matrix. CCOs can also bill for additional codes.)	-Stable, sustainable -Set amount for every billable encounter -May generate claims data on PSS, which is useful for integrating Peer-Delivered Services (PDS) and for evaluating PDS program effectiveness.	-Billable services are limited -Does not not pay for all functions/activities of peer-delived services -Rates can be difficult to renegotiate -If PSS is employed by a peer-run agency but contracted to work out of a clinical organization, they may need to document in multiple databases to satisfy both clinical and peer-run organization's reporting requirments. -May not generate enough revenue to fund peer-delivered service program infrastructure -May limit ability to serve non-CCO members	-Current Procedural Terminology (CPT) codes -Healthcare Common Procedural Coding System (HCPCS) codes -Charting in electronic health record -Oregon Web Infrastructure for Treatment Services (OWITS) -SalesForces -Oregon Family Support Network (OFSN) and YouthERA have developed their own notation/billing system -4th Dimension Recovery Center has a unique system using GoogleDocs with Multnomah County	-4th Dimension Recovery Center -Project Able -Oregon Family Support Network -YouthERA -Marion County -Yamhill County -Albertina Kerr	Ally Linfoot ALinfoot@co.clackamas.or.us Frances Purdy FRANCES.S.PURDY@dhsoha.state.or.us http://www.oregon.gov/oha/HSD/OHP/pages/fee-schedule.aspx
Grants & Contracts Also known as: -Pre-Payment -Braided Funding	An organization patches necessary funding together from multiple streams	-Medicaid -Community-based organizations (CBOs) -Philanthropic funds -County, state, and federal funding -Coordinated Care Organizations (CCOs)	-Allows all peer-delivered service activity specified in contract -Supports a wide range of peer-delivered service activities	-Payment negotiated each year based on contract terms -If PSS is employed by a peer-run agency but contracted to work out of a clinical organization, they may need to document in multiple databases to satisfy both clinical and peer-run organization's reporting requirments	-Negotiated by contract -Varies by funding sources -Generally dependent on peer-run agency's own data system	-Quest Center for Integrative Health -Cascade AIDS Project -HealthShare -Willamette Valley Community Health	Ally Linfoot ALinfoot@co.clackamas.or.us Frances Purdy FRANCES.S.PURDY@dhsoha.state.or.us

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Inventory of Existing Peer Wellness Specialist (PWS) Payment Models*

Oregon Traditional Health Worker Commission | Payment Models Subcommittee
Last update 9.24.19 by angie@orchwa.org

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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
Itemized Fee-for-Service (FFS) Also known as: -Billing -Reimbursement	*Healthcare Common Procedure Coding System (HCPCS) billing codes for peer-delivered services: -H0038: Self-help/peer services, individual, per 15 minutes -H0038 HQ: Self-help/peer services, group, per occurence -G0177: Training and educational services, individual, per occurence -G0177 HQ: Training and educational services, group, per occurence -T1016 HN: Case Management, per 15 minutes -H2014: Skills training and development, individual, per 15 minutes -H2014 HQ: Skills training and development, group, per 15 minutes -H2018: Psychosocial rehabilitation services, per diem (adults) -H0039: Assertive community treatment, face-to-face, per 15 minutes (adults) -H0023: Behavioral health outreach service (planned approach to reach a targeted population) (adults & children) -H0046: Mental health services, not otherwise specified (adults & children) -H0032: Mental health service plan development by non-physician (adults) -H2021: Community-based wrap-around services, per 15 minutes (children) -H2000: Comprehensive multidisciplinary evaluation (children) *Reimbursed to the clinic, not the individual PWS	-Medicaid -Free-standing contracts with counties, behavioral health providers, & physical health providers -Coordinated Care Organizations (CCOs)	-Stable, sustainable -Set amount for every billable encounter -May generate claims data on PSS, which is useful for integrating Peer-Delivered Services (PDS) and for evaluating PDS program effectiveness.	-Billable services are limited -Does not not pay for all functions/activities of peer-delived services -Rates can be difficult to renegotiate -If PSS is employed by a peer-run agency but contracted to work out of a clinical organization, they may need to document in multiple databases to satisfy both clinical and peer-run organization's reporting requirments. -Will not generate enough revenue to fund peer-delivered service program infrastructure -May limit ability to serve non-CCO members	-Current Procedural Terminology (CPT) codes -Healthcare Common Procedural Coding System (HCPCS) codes -Charting in electronic health record -Oregon Web Infrastructure for Treatment Services (OWITS) -SalesForces -Oregon Family Support Network (OFSN) and YouthERA have developed their own notation/billing system -4th Dimension Recovery Center has a unique system using GoogleDocs with Multnomah County	-4th Dimension Recovery Center -Project Able -Oregon Family Support Network -YouthERA -Marion County -Yamhill County -Albertina Kerr	Ally Linfoot ALinfoot@co.clackamas.or.us Frances Purdy FRANCES.S.PURDY@dhsoha.state.or.us
Grants & Contracts Also known as: -Pre-Payment -Braided Funding	An organization patches necessary funding together from multiple streams	-Medicaid -Community-based organizations (CBOs) -Philanthropic funds -County, state, and federal funding -Coordinated Care Organizations (CCOs)	-Allows all peer-delivered service activity specified in contract -Supports a wide range of peer-delivered service activities	-Payment negotiated each year based on contract terms -If PSS is employed by a peer-run agency but contracted to work out of a clinical organization, they may need to document in multiple databases to satisfy both clinical and peer-run organization's reporting requirments.	-Negotiated by contract -Varies by funding sources -Generally dependent on peer-run agency's own data system	-Cascadia Behavioral Health -Providence Swindell's -Salem Health	Ally Linfoot ALinfoot@co.clackamas.or.us Frances Purdy FRANCES.S.PURDY@dhsoha.state.or.us

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Inventory of Existing Doula Payment Models*

Oregon Traditional Health Worker Commission | Payment Models Subcommittee

Last update 9.24.19 by angie@orchwa.org

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Bundled Fee-for-Service (FFS)* Also known as: -Billing -Reimbursement *itemized option is also available as needed for exceptions	-Bundling: Set rate of $350 for 2 visits prior to birth and 2 visits after birth -Itemized: $150 for the day of birth; $50 each separate visit. Cap of $350	Medicaid	-Potential to serve clients who historically may not have had financial access to (but who could benefit greatly from) Doula services	-Not all Coordinated Care Organizations (CCOs) contract with doulas -Rate is not sufficient to provide full-time compensation for doula work -Heavy administrative burden if organization or doula is new to billing -Doula has less control under this model as opposed to independent practice -Each CCO may have additional requirements beyond the standard set by Oregon Health Plan Open Card's process for reimbursement -Potential for burn-out	-No stipulated documentation method. Can be electronic or written. Must document dates of service and service performed.	Oregon Health Plan Open Card	-Open Card: Call center to troubleshoot claims issues: "OHP Provider Services" http://www.oregon.gov/oha/HSD/OHP/Pages/Providers.aspx https://www.oregon.gov/oha/HSD/OHP/Tools/Oregon%20Medicaid%20reimbursement%20for%20doula%20services.pdf -Contact specific CCO for their own "Provider Services" -Oregon Doula Association
Grants & Contracts Also known as: -Pre-Payment -Braided Funding	An organization patches necessary funding together from multiple streams	-Medicaid -Coordinated Care Organizations -Philanthropic funds	-Doula program is not 100% dependent on any one funding source -Potentially allows for contracting with culturally-specific, community-based organizations -Potentially allows for provision of other services, including outreach -Potential to provide a more regular work schedule for doulas	-Multiple reporting requirements -Time-limited funds can cause disruptions to doula program & employment	-No stipulated documentation method; hand-written notes	-Black Parent Initiative -Linn-Benton	-Oregon Doula Association www.oregondoulas.org/
Self-Pay	Private practice; doula contracts directly with client	Client pays out of pocket	-Does not require certification or billing administration -Potential to enhance continuity of care -Doula has autonomy	-Cost prohibitive -Requires marketing -Potential for burn-out -Liability insurance issues	-No stipulated documentation method; hand-written notes		-Oregon Doula Association www.oregondoulas.org/

Direct Employment Also known as: -Operational overhead -Operating budget	Doulas are salaried staff at the organization where they work.	Organization's operating budget	-Flexibility to design Doula program and provide additional services	-Cost prohibitive -Potential to inhibit continuity of care	-No stipulated documentation method. Organization-specific.	-Providence Women's Clinic Pregnancy Care Package -Providence BirthPlace-Medford https://oregon.providence.org/our-services/d/doula-services/	-Oregon Doula Association www.oregondoulas.org/
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