

Healthy Communities Task Force

Accomplishments and Next Steps

December 2019

Task Force Background

In 2014, the Healthy Communities Task Force was established as an advisory group to the Healthy Communities Project – a partnership between Medtronic, HCMC/MVNA, and the Greater Twin Cities United Way (GTCUW). The Healthy Communities Project, which wraps up in December 2018, is a five-year initiative that leverages shared research, resources, and community-based approaches to give people in underserved communities a better chance to understand and manage their health and reduce health-related inequities. The overall project goal is to increase the capacity of the Community Health Worker field within the Twin Cities to improve the health of low-income individuals (200% of poverty or below) living with chronic conditions.

Based on the need and interest of the group, the Task Force has evolved to play a unique role in convening partners from across Minnesota who are committed to advancing policy and reimbursement practices for CHWs. This shift in focus allowed for some funds available through the Medtronic grant to be redirected towards work that could benefit a broader group of stakeholders.

Key Accomplishments

Since inception, the Task Force has contributed greatly to the CHW field in Minnesota. Some example accomplishments include:

Unique Networking Opportunity: First and foremost, the Task Force provides a forum for leadership and practitioners in the field to come together quarterly to share current information and discuss challenges, resources, and potential solutions. It also created the opportunity to present a unified voice to promote needed changes.

“The Task Force helped us understand our CHW initiative in a broader context and provided a venue for pursuing strategies that impact all of us. Our project was better because of the ideas, connections, and resources gained through the Task Force... We need the Task Force function for fostering collaboration and learning.”
– Task Force member

Creation of Tools and Materials: Partnerships nurtured by the Task Force have spurred the development of educational tools, communications materials, and jointly delivered conference presentations across the state and country.

Productive Subgroups: The Task Force prompted the development of two work groups: one focused on policy and reimbursement (financial sustainability) and another focused on the HUB model.

- The **Financial Sustainability Work Group** worked with the Minnesota Department of Human Services (DHS) to identify problems in their systems and procedures for billing including clarifying which provider identification numbers to use; providing more guidance on billing procedures and billable services; updating the department’s Provider Manual to make billing information available to all providers and employers; and providing contact persons for resolving issues and expediting claims.

A number of significant barriers were overcome through this process and more CHW services are now billed and paid. Significant barriers included: provider organizations not understanding which CHW services are billable; how to bill for CHW preventive education services; ongoing denials of CHW claims for dual eligible individuals (Medicare and Medical Assistance); and limitations to CHW education group size (eight participants). The work group worked with DHS to clarify reimbursable CHW education services by providing a list of sample covered activities, and DHS validated that preventive service diagnosis codes can be used with CHW CPT codes. DHS also researched and provided a new method for submitting claims for dual eligible individuals and added a new code modifier that can now be used to bill for CHW-led groups larger than eight participants.

With information from these discussions, the group compiled a useful guide called *“Information and Resources for Community Health Workers Services, Billing and Care Models”* for both provider and community-based organizations. As of mid-2018, several organizations, such as Volunteers of America and HCMC, had successfully initiated billing by adhering to this guidance.

The tracking of billings data for CHW services conducted by the work group showed clear evidence that there were increasing numbers of CHW claims filed and being paid successfully from 2015 - 2018. The reasons for the progress of claims for CHW services being filed and paid successfully is the result of factors both internal and external to the organizations who participated. Organizations worked on improvements in their internal billing systems and processes as their knowledge of billing and claims requirements increased.

The Task Force and work group allowed for this larger collective group to work together to share experiences, identify problems, work on solutions, connect with state agencies, seek changes to the CHW provider manual, increase understanding of best billing practices, and share what they learned as individual organizations with the group for others to employ in their billing practices. Indeed, the work of the Task Force allowed for this collective work and positive change for the organizations providing, billing for, and being successfully paid for CHW services.

- The **Pathways HUB Work Group** committed resources to exploring the feasibility of establishing HUBs in Minnesota and whether there was value in combining efforts across communities. Through a discovery process, the group determined that this is not the best time for a statewide HUB effort. Minneapolis made strides before deciding not to pursue a HUB. Other communities around the state including Winona and Duluth continue to explore this option. Winona is actively planning a HUB that will include one CHW to start in 2019.

Proposed Next Steps

As the Medtronic, HCMC/MVNA, and GTCUW funding partnership comes to an end, members of the Task Force are supportive of continuing quarterly convenings of the group.

- The CHW Alliance is willing to serve as the convener beginning in January 2019 and work internally to build the Task Force into their organizational work plan. GTCUW will pass on the Task Force membership list and transition key materials to their website. The Alliance’s level of engagement beyond serving as the convener will be dependent on the availability of funding.
- CHW Solutions has agreed to continue to provide thought leadership to the Task Force around CHW Medicaid billing, with additional technical assistance contingent on the availability of future funds.
- Other members of the Task Force will be tapped to provide expertise and guidance on the path forward.

“The Task Force provides a unique outcomes-oriented forum for on-the-ground CHW service providers to break through CHW implementation barriers and ultimately advance the CHW field in Minnesota. The work groups on reimbursement and Pathways HUBs have provided the most meaningful and effective recent discussions on coordinating and securing advancements in CHW service sustainability for the state.”

– Task Force member