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**Moderator:
Andi Dwyer,
ACS NNRT, Chair**

Series Webinar #4

[navigationroundtable.org](https://www.navigationroundtable.org)



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American Cancer Society National Navigation Roundtable Fall 2023 Call to Action Series

Pursuing Patient Navigation Policy Landscape



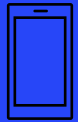
**December 6, 2023
2 p.m. – 3:15 p.m.**

The American Cancer Society National Navigation Roundtable (ACS NNRT) was established in 2017. The ACS NNRT is a national coalition of 80 member organizations to advance navigation efforts that eliminate barriers to quality care, reduce disparities, and foster ongoing health equity across the cancer continuum. The American Cancer Society provides organizational leadership and expert staff support to the ACS NNRT.

Zoom Best Practices



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Polling : Scan the QR Code with your cell phone camera



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Daiichi-Sankyo, and Bristol Myers Squibb**

Objectives

- **What is Medicare, Medicaid and Private Insurers**
- **Overview of the CMS Rule**
- **American Cancer Society
Cancer Action Network On the Horizon**
- **Your Call to Action Opportunity**



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National Navigation Roundtable (NNRT)

<https://navigationroundtable.org/>

Mission: High quality cancer care for all through evidence-based patient navigation

Vision: NNRT is a collaboration that advances patient navigation efforts to eliminate barriers for quality care, reduce disparities in health outcomes and foster ongoing health equity across the cancer continuum.

5-Year Aim (2021 – 2026): To support the creation of a sustainable model for oncology patient navigation to achieve health equity across the continuum of cancer care.

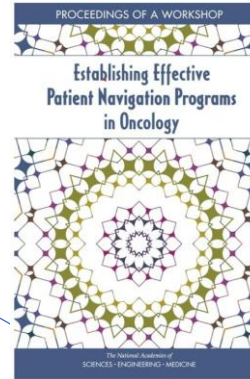


Patient Navigation In Cancer Care – A Review Of Payment Models For A Sustainable Future

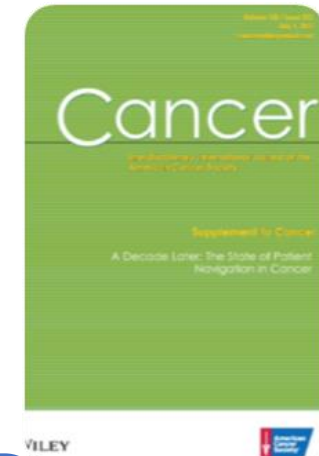


Patient Navigation in Cancer Care Report: Payment Models for a Sustainable Future

Policy



2018 Participant in NAMS Workshop



CANCER Journal June 2022

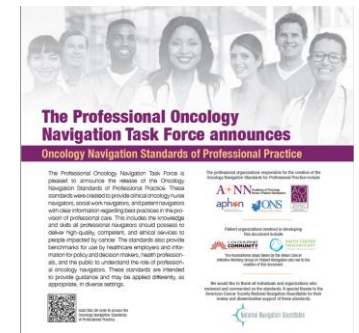


Evidence

EDITORIAL Isn't there enough evidence on the benefits of patient navigation?



Metrics Toolkit AONN & NNRT August 2020



Oncology Navigation Standards

Sustainability Framework

2019 Policy Brief Funding Models

Thought Leadership

Professional Standards & Metrics

Community Guide Webinar, May 2023

Patient Navigation Sustainability Assessment Tool PNSAT



Health Plan & System © 2020 Patient Navigation Sustainability Assessment Tool - Short Version. Columbia School of Public Health and University of Colorado Cancer Center, Aurora, CO

Adopted by NNRT

<p>Barriers and Opportunities to Measuring Oncology Patient Navigation Impact: A National Survey</p> <p>October 25, 2022 8:00 - 4:00 PM ET</p> <p>This session will discuss the challenges of measuring patient navigation programs from an evidence-based perspective. The session will explore the opportunities to measure patient navigation impact and the importance of using a variety of metrics to assess program success.</p>	<p>Oncology Navigation Standards of Professional Practice-PORT Standards</p> <p>November 9, 2022 8:00 - 4:00 PM ET</p> <p>The Professional Oncology Navigation Standards of Professional Practice-PORT Standards provide a framework for the development and implementation of patient navigation programs. This session will discuss the importance of these standards and the role of patient navigators in ensuring their successful implementation.</p>	<p>Flexibility, Adaptation and Roles of Patient Navigators in Oncology During COVID-19</p> <p>November 15, 2022 8:00 - 4:00 PM ET</p> <p>This session highlights the importance of flexibility and adaptation in the role of patient navigators during the COVID-19 pandemic. It will also explore the role of patient navigators in ensuring the continuity of care for patients during this challenging time.</p>	<p>Policy: Evaluating Sustainability of Patient Navigation Programs in Oncology by Length of Existence, Funding, and Payment Model Participation</p> <p>January 12, 2023 8:00 - 4:00 PM ET</p> <p>This session identifies factors that are critical to the long-term sustainability of patient navigation programs. It will also explore the role of funding and payment models in ensuring the sustainability of these programs.</p>
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Call to Action Series 22-23

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Reaching Communities through Patient Navigation: Evidence for Action

ACS NNRT is pleased to facilitate this webinar from national thought leaders from the Community Preventive Services Task Force (CPSTF) and the Professional Oncology Navigation Task Force. During this webinar, participants will learn about the systematic review evidence used as the basis for this CPSTF recommendation. You will also learn about The Community Guide, a resource that houses CPSTF findings, systematic review evidence, promotional materials, and implementation tools. As you listen to the presentation, you may be inspired to implement patient navigation through the lens of the Oncology Navigation Standards of Professional Practice (ONN-Standards) as well as share this information with others.

May 2, 2023 Archived webinar

slido



Are you or your organization planning to incorporate the CMS Codes for Patient Navigation?

ⓘ Start presenting to display the poll results on this slide.

Policy Task Group Leadership

American Cancer Society National Navigation Roundtable



Elizabeth Franklin, PhD, MSW

Head, US Public Affairs and Patient Advocacy, Oncology
Sanofi



Katie Garfield, JD

Director of Whole Person Care
Clinical Instructor, Health Law and Policy Clinic
Center For Health Law Policy Innovation Of Harvard Law School



Gladys Arias, MPA

Principal for Health Equity Policy Analysis
and Legislative Support
American Cancer Society
Cancer Action Network (ACS CAN)



Public Insurance

- Medicare
- Medicaid
- Children's Health Insurance Program (CHIP)
- Veterans Coverage (VA or CHAMPVA)
- State Specific Plans
- Indian Health Service (IHS)

Types of Insurance

Centers for Medicare and Medicaid Services

The federal agency that provides health coverage to more than 160 million people through Medicare, Medicaid, the Children's Health Insurance Program, and the Health Insurance Marketplace. CMS works in partnership with the entire health care community to improve quality, equity, and outcomes in the health care system.

Types of Insurance

Medicare: The federal health insurance program for:

- People who are 65 and older
- Certain younger people with disabilities
- People with end stage renal disease

Medicare Parts:

- **A:** Hospital Insurance
- **B:** Medical Insurance
- **C:** Medicare Advantage
- **D:** Prescription Drug Coverage

Types of Insurance

Medicaid: A joint federal and state program that helps cover medical costs for some people with limited income and resources.

The federal government has general rules that all state Medicaid programs must follow, but each state runs its own program. This means eligibility requirements can vary from state to state.

Types of Insurance

Health Insurance Marketplace: A service run by the federal government that helps people, families, and small businesses:

- Compare health insurance plans for coverage and affordability
- Enroll in or change a health insurance plan
- Find out about tax credits for private insurance or health programs like Medicaid or CHIP
- Get answers to questions about health care insurance

Some states run their own marketplaces:
California, Colorado, Connecticut, DC, Idaho, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Nevada, New Jersey, New Mexico, New York, Pennsylvania, Rhode Island, Vermont, Washington

Types of Insurance

Private Insurance: Insurance coverage by a health plan provided through an employer or union, purchased by an individual from a private health insurance company, or coverage through TRICARE.

- Employment-Based
- Direct-Purchase
- Tricare

Types of Insurance

Rulemaking is the policy-making process for Executive and Independent agencies of the Federal government. Agencies use this process to develop and issue rules.

1. Origins of the Rule—Authority
2. Notice of Proposed Rulemaking
3. Final Rule Stage

Federal Rulemaking

www.regulations.gov

www.federalregister.gov

Overview of CMS Rule



Background

- **Medicare Physician Fee Schedule (PFS)**

- Medicare reimburses physicians (and other enrolled health care providers) for services provided under Medicare Part B based on the Physician Fee Schedule
- Lists more than 10,000 unique covered service codes and their payment rates
- Payment policies in the PFS are updated annually via the rulemaking process

Medicare Physician Fee Schedule


Background

- **Calendar Year 2024 PFS Rule**

- Introduced new payment policies (i.e., billing codes) relevant to patient navigation
- **Proposed Rule:** Released July 2023 for Comment
- **Final Rule:** Released November 2023
- **Implementation:** January 1, 2024

Key Takeaway:

Beginning in 2024, Medicare providers can use these new billing codes to seek payment for patient navigation services provided to Medicare enrollees

	Purpose	HCPSC Codes (i.e., billing codes)
 Principal Illness Navigation (PIN) Services	Assist Medicare enrollees with high-risk conditions identify and connect with clinical and support services	G0023 – PIN services 60 minutes/month G0024 – PIN services, additional 30 minutes G0140 – PIN- Peer Support, 60 minutes/month G0146 – PIN- Peer Support, additional 30 minutes G0511 – Payment of PIN services in FQHCs/RHCs
Community Health Integration (CHI) Services	Address unmet health-related social needs (HRSN) that affect diagnosis and treatment of a Medicare enrollee’s medical conditions	G0019 – CHI services 60 minutes/month G0022 – CHI services, additional 30 minutes G0511 – Payment of CHI services in FQHCs/RHCs
Social Determinants of Health (SDOH) Risk Assessment	Assessment of Medicare enrollee’s social determinants of health/social risk factors that influence diagnosis or treatment of medical conditions	G0136 – SDOH risk assessment 5-15 minutes, not more than every 6 months

For detailed analysis of *all three* of these new services, see:

<https://navigationroundtable.org/wp-content/uploads/Review-of-CY-2024-PFS-Final-Rule-CHLPI-11-03-23.pdf>

WHO Can Receive PIN Services?

- Medicare patient
- Who has a “serious high-risk condition”
 - Expected to last at least 3 months
 - Places patient at “significant risk of hospitalization, nursing home placement, acute exacerbation/decompensation, functional decline or death”
 - Requires disease-specific care plan, and may require frequent adjustment in medication or treatment regimen or substantial assistance from a caregiver

Note on Peer Support PIN: Limited to behavioral health conditions

PIN Services - Eligibility

WHAT Can PIN Services Look Like?

Overview - Categories of Services*

Person-centered assessment

Identifying or referring patient (and caregiver or family) to appropriate supportive services

Practitioner, home, and community-based care coordination

Health education

Building patient self-advocacy skills

Health care access / health system navigation

Facilitating behavioral change as necessary for meeting diagnosis and treatment goals

Facilitating and providing social and emotional support

Leveraging knowledge of the condition and/or lived experience when applicable to provide support, mentorship, or inspiration to meet treatment goals

**Note: Categories of services differ slightly for Peer Supports PIN*

PIN Services - Services

WHO May Provide PIN Services?

- Certified or trained auxiliary personnel under the direction of a physician or other practitioner, including a patient navigator or certified peer specialist
 - “Incident to” billing
 - Auxiliary personnel may be external to/under contract with the practitioner or practice (e.g., a CBO) if there is “clinical integration”

WHO May Provide PIN Services? - Training

Training Competencies*

Patient and family communication

Interpersonal and relationship-building

Patient and family capacity-building

Service coordination and systems navigation

Patient advocacy

Facilitation

Individual and community assessment

Professionalism and ethical conduct

Development of an appropriate knowledge base, including training on the condition addressed in the initiating visit

**Note: Where states already have certification requirements, CMS defers to those requirements*

PIN Services – Providers

PROCESS of Providing PIN Services

Initiating
Visit

Treatment
Plan

Consent

Provision
of Services

Documentation

Billing

PIN Services - Services

Starting Out – Initiating Visit + Treatment Plan

- Before PIN services can begin, billing practitioner must perform an “initiating visit”
 - **Visit types:** Evaluation and management (E/M) visit; annual wellness visit; psychiatric diagnostic evaluation; or visit involving Health Behavior Assessment and Intervention services
 - **Visit elements:** Establish medical necessity, develop treatment plan

Starting Out – Consent

- Before PIN services can begin, must obtain patient consent
 - Written or verbal
 - Documented in patient medical record
 - Must explain that cost-sharing applies
 - Must be obtained annually
 - Can be obtained by auxiliary personnel

Provision of Services - PIN Services

Overview - Categories of Services

Person-centered assessment

Identifying or referring patient (and caregiver or family) to appropriate supportive services

Practitioner, home, and community-based care coordination

Health education

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Facilitating and providing social and emotional support

Leveraging knowledge of the condition and/or lived experience when applicable to provide support, mentorship, or inspiration to meet treatment goals

PIN Services - Services

Documentation

- **Billing practitioner must document in the medical record:**
 - Time spent providing PIN services
 - Activities performed by auxiliary personnel
 - How activities are related to the treatment plan
 - Identified SDOH needs, if present

Billing

	HCPCS Codes (i.e., billing codes)
PIN Services	G0023: PIN services by certified or trained auxiliary personnel under the direction of a physician or other practitioner, including a patient navigator; 60 minutes per calendar month, in the following activities...
	G0024: Principal Illness Navigation services, additional 30 minutes per calendar month
PIN - Peer Support Services	G0140: PIN- Peer Support by certified or trained auxiliary personnel under the direction of a physician or other practitioner, including a certified peer specialist; 60 minutes per calendar month, in the following activities...
	G0146: PIN - Peer Support, additional 30 minutes per calendar month
PIN Services when Offered at FQHCs/RHCs	G0511: General care management (code that can be used to support PIN services in FQHCs/RHCs)

**Note: The final rule does not impose a practitioner, frequency, or duration limit for PIN services.*

PIN Services - Billing

Key Distinctions: CHI vs PIN Services

Eligibility: Medicare enrollee with social determinants of health (SDOH) needs that significantly limit the practitioner's ability to **diagnose or treat** the patient's medical problem(s)

Codes:

- **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 in the following activities to address social determinants of health (SDOH) need(s)..."
- **G0022:** "Community health integration services, each additional 30 minutes per calendar month"

Initiating
Visit

Treatment
Plan

Consent

Provision
of Services

Documentation

Billing

Note: Only ONE practitioner may bill for CHI services in a given month.

CHI Services – Differences from PIN

❖ **In a critical first step to increase access to patient navigation,** the Administration announced a proposed rule to reimburse for patient navigation services under Medicare Part B.



❖ **ACS CAN submitted two comment letters,** including one with National Navigation Roundtable members.

❖ On November 2nd, CMS released the final payment rule which takes effect on January 1, 2024. **CMS finalized reimbursement for patient navigation services and the final rule aligned with majority of our letter.**

Other Reimbursement Pathways:

- Medicaid Reimbursement for Community Health Workers
- State Plan Amendments
- State Appropriations



Ensuring access **across** the cancer care continuum





Questions and Answers
Moderator: Andi Dwyer
Chair of ACS NNRT

Have Questions?
Type them in the Question-and-Answer
box at the bottom of your screen.



Participant Call to Action

- Slido
- Post Evaluation

Your action opportunity



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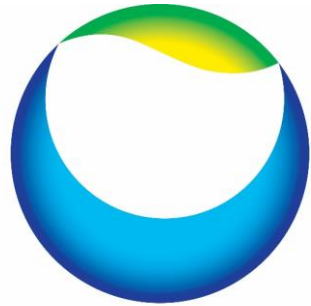
What kind of technical assistance do you need? (select your top 2 needs)

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