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.

Moderator: Andi Dwyer, ACS NNRT, Chair

Series Webinar #4

navigationroundtable.org
Zoom Best Practices

- This meeting will be recorded.
- Have your smartphone to interact with polling questions.
- You will be muted with your video turned off when you join the call.
- This call takes place on the Zoom platform. To review Zoom’s privacy policy, please visit zoom.us/privacy
- Questions? Type them in the Question-and-Answer box at the bottom of your screen.

Polling: Scan the QR Code with your cell phone camera
This project is funded partially by Novocure, Genentech, Sanofi, Daiichi-Sankyo, and Bristol Myers Squibb

Thank you!
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
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.
Isn’t there enough evidence on the benefits of patient navigation?
Are you or your organization planning to incorporate the CMS Codes for Patient Navigation?
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)
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.
**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

www.medicare.gov
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.
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

www.healthcare.gov
**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
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
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
<table>
<thead>
<tr>
<th>Principal Illness Navigation (PIN) Services</th>
<th>Purpose</th>
<th>HCPCS Codes (i.e., billing codes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assist Medicare enrollees with high-risk conditions identify and connect with clinical and support services</td>
<td></td>
<td>G0023 – PIN services 60 minutes/month</td>
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<td>G0024 – PIN services, additional 30 minutes</td>
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<tr>
<td></td>
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<td></td>
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<tr>
<th>Community Health Integration (CHI) Services</th>
<th>Purpose</th>
<th>HCPCS Codes (i.e., billing codes)</th>
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<tr>
<td>Address unmet health-related social needs (HRSN) that affect diagnosis and treatment of a Medicare enrollee’s medical conditions</td>
<td></td>
<td>G0019 – CHI services 60 minutes/month</td>
</tr>
<tr>
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<th>Social Determinants of Health (SDOH) Risk Assessment</th>
<th>Purpose</th>
<th>HCPCS Codes (i.e., billing codes)</th>
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<tr>
<td>Assessment of Medicare enrollee’s social determinants of health/social risk factors that influence diagnosis or treatment of medical conditions</td>
<td></td>
<td>G0136 – SDOH risk assessment 5-15 minutes, not more than every 6 months</td>
</tr>
</tbody>
</table>

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/decomposition, 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*
## WHAT Can PIN Services Look Like?

### Overview - Categories of Services*

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
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<tr>
<td>Person-centered assessment</td>
<td>Identifying or referring patient (and caregiver or family) to appropriate supportive services</td>
</tr>
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<td>Practitioner, home, and community-based care coordination</td>
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<td>Health education</td>
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<td>Building patient self-advocacy skills</td>
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</tr>
<tr>
<td>Health care access / health system navigation</td>
<td></td>
</tr>
<tr>
<td>Facilitating behavioral change as necessary for meeting diagnosis and treatment goals</td>
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<tr>
<td>Facilitating and providing social and emotional support</td>
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</tr>
<tr>
<td>Leveraging knowledge of the condition and/or lived experience when applicable to provide support, mentorship, or inspiration to meet treatment goals</td>
<td></td>
</tr>
</tbody>
</table>

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

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<td>Patient and family communication</td>
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<td>Interpersonal and relationship-building</td>
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<tr>
<td>Patient and family capacity-building</td>
</tr>
<tr>
<td>Service coordination and systems navigation</td>
</tr>
<tr>
<td>Patient advocacy</td>
</tr>
<tr>
<td>Facilitation</td>
</tr>
<tr>
<td>Individual and community assessment</td>
</tr>
<tr>
<td>Professionalism and ethical conduct</td>
</tr>
<tr>
<td>Development of an appropriate knowledge base, including training on the</td>
</tr>
<tr>
<td>condition addressed in the initiating visit</td>
</tr>
</tbody>
</table>

*Note: Where states already have certification requirements, CMS defers to those requirements*
PROCESS of Providing PIN Services

- Initiating Visit
- Treatment Plan
- Consent
- Provision of Services
- Documentation
- Billing
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

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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

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<th>PIN Services when Offered at FQHCs/RHCs</th>
<th>PIN - Peer Support Services</th>
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<td><strong>G0140</strong>: 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...</td>
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<td><strong>G0024</strong>: Principal Illness Navigation services, additional 30 minutes per calendar month</td>
<td><strong>G0146</strong>: PIN - Peer Support, additional 30 minutes per calendar month</td>
</tr>
<tr>
<td><strong>G0511</strong>: General care management (code that can be used to support PIN services in FQHCs/RHCs)</td>
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*Note: The final rule does not impose a practitioner, frequency, or duration limit for PIN services.*
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”

Note: Only ONE practitioner may bill for CHI services in a given month.
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
What kind of technical assistance do you need? (select your top 2 needs)
Thank you to Novocure, Genentech, Sanofi, Daiichi-Sankyo and Bristol Myers Squibb for their generous support!
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