Partnership to Align Social Care

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Partnership to Align Social Care Webinar

Opportunities to Inform Medicare Payment Policies to Address Upstream Drivers of Health

August 6, 2025 | 3:30-5:00 p.m. ET

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A cross-sector collaborative co-designing solutions to advance **Community Care Hubs (CCHs)** as a preferred organized delivery system to **enable sustainable and aligned social and health care ecosystems** providing holistic, person-centered care to promote whole-person health.

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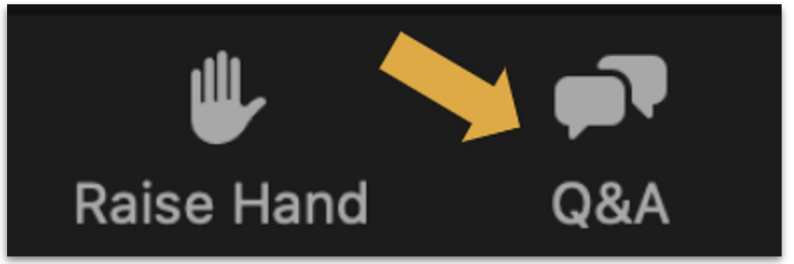
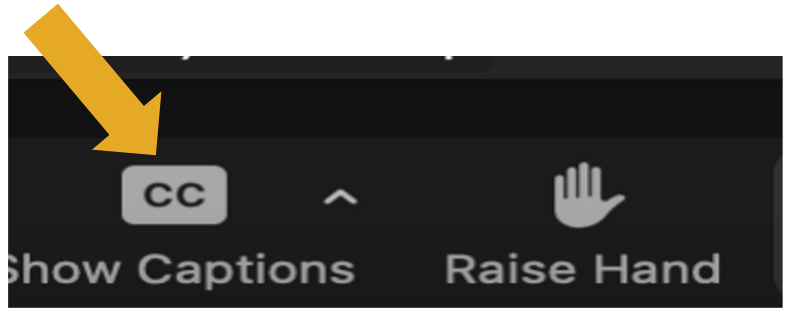
Administrative Notes

- This webinar is being recorded. The recording and slides will be shared with all registrants
- Please use the Q&A tab at the bottom of your screen and we'll try address as many questions as possible at the end of the panel discussion
- Closed captions are provided for this session, can also click "Show Captions" to display automated captions





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National Collaborative of Multi-Sector Stakeholders

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The Case for Cross-Sector Co-Design

Growing recognition about the **importance of** addressing health related social needs **(HRSN)** non-medical drivers of health.

Successful coordination and alignment of health and social care requires co-designed **delivery systems that center the community**.

Effective, sustainable **partnerships** between CBOs and health care can be **facilitated through a Community Care Hub (CCH)**.

Advocate for and **operationalize** opportunities to **adopt CCH as vital partner** to organize and support a network of CBOs providing services to **address HRSNs**.

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August 6 Agenda

1. Overview of Previous Activity and Draft CY 2026 Medicare PFS
2. Context Setting: **Why is this a critical opportunity for advocates and stakeholders?**
3. Discussion about the limited updates for CHI/PIN
4. Request for Information: Prevention and Management of Chronic Disease
5. Discussion and identifying other issues

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Overview of Previous Activity and Draft CY 2026 Medicare PFS

- **CY 2024 and 2025 Medicare Physician Fee Schedule Engagement**
- **CY 2026 Medicare PFS**
  - **NPRM Published on 7/16:** https://www.federalregister.gov/d/2025-13271
  - **Comments due September 12**
  - **Issue areas Partnership is reviewing**:
    - Limited changes proposed for Community Heath Integration (CHI) and Principal Illness (PIN) Navigation Services
    - Request for Information Regarding Prevention and Management of Chronic Disease
    - Elimination of SDOH Risk Assessment Code
    - Other key issues?
  - **Broad stakeholder engagement including**:
    - Informational webinars and additional calls
    - Partnership sign-on letter
    - Template letter(s) for organizations to use as helpful

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Context Setting

Why is it vitally important to weigh in on this opportunity?

June Simmons
CEO, Partners in Care Foundation
Co-Chair, Partnership to Align Social Care

CY2026 Physician Fee Schedule: Opportunities to Inform Medicare Physician Fee Schedule Payment Rules

Tim McNeill
CEO, Freedmen's Consulting
Co-Chair, Partnership to Align Social Care

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Community Health Integration (CHI) / Principal Illness Navigation (PIN)

Auxiliary Personnel

- Clarification that auxiliary personnel includes all persons that the person must meet training requirements to perform all CHI and PIN service elements in absence of state-level requirements.
- If there are state-level certification requirements, the person must adhere to any state-level requirements.
- Clarification that the following personnel can operate as auxiliary personnel:
  - Clinical social workers (CSWs)
  - Marriage and Family Therapists (MFTs)
  - Mental Health Counselors (MHCs)

CHI Initiating Visit

- Evaluation and Management (E/M)
- Transitional Care Management (TCM)
- Annual Wellness Visit (AWV)

Proposed Change

- Additional qualifying initiating visits for CHI:
  - CMS is proposing to allow for CPT code 90791 (Psychiatric diagnostic evaluation)
  - Health Behavior Assessment and Intervention (HBAI)
    - 96156, 96158, 96159, 96164, 96165, 96167, and 96168.

Technical Refinements to Revise Terminology

- Replace the term social determinants of health (SDOH) with the term "Upstream Driver(s).
- "The term upstream driver(s) encompasses a wider range of root causes of the problems that practitioners are addressing through CHI services."
- This type of Whole-person care can better address the upstream driver(s) that affect patient behaviors:
  - Smoking
  - Poor nutrition
  - Low physical activity
  - Substance misuse
  - Dietary, behavioral, medical and environmental factors

CHI Service List Update

- CHI services have each been updated to reflect the change from SDOH to Upstream driver(s).

Request for Information (RFI)

Rationale

- Six in Ten Americans Have at least one chronic disease and four in ten have two or more chronic diseases.
- Many preventable chronic diseases are caused by Short list of risk behaviors including smoking, poor nutrition, physical inactivity, and excessive alcohol use.
- In 2023, among adults aged 18 or older, 22.8 percent (or 58.7 million people) had any mental illness (AMI) in the past year.

Categories

- Methods to better support prevention and management, including self-management of chronic disease.
- Services rendered in community settings

Physical Activity

Coding to Support Physical Activity Programs

- Are there current services being performed that improve physical activity, where the time and resources to perform the services are not adequately captured by the current physician fee schedule code set?
  - The STEADI Algorithm lists evidence-based fall prevention programs as a key element of the intervention to reduce fall risk.
  - Evidence-based fall prevention programs are not directly reimbursable.

Physical Activity Benefit

- How could CMS consider provider assessment of physical activity, exercise prescription, supervised exercise programs, and referral, given the accelerating use of wearable devices and advances in remote monitoring technology?
  - Considerations:
    - Create a benefit for time-based participation in a supervised program.
    - Include fall prevention programs in the list of eligible programs.
    - Allow the services to be rendered incident-to a billing practitioner, under general supervision.
    - Establish medical necessity during an initiating visit.
    - Allow participation with no limit or cap if the service is medically indicated.

Are the Services Captured in Other Coding

- Does this service code already capture the service?
- Intensive Behavioral Therapy for Obesity
  - Benefit established 2012.
  - CMS covers intensive behavioral therapy for obesity, defined as a body mass index (BMI) ≥ 30 kg/m2.
  - Requires face-to-face encounters with the billing practitioner.
  - General supervision is not allowed.
  - Services are capped at 6 months. If there is a 3kg weight loss, then services can continue for another 6 months.

  - Comment: The limitations on the delivery locations and prohibition on general supervision has made this benefit difficult to implement in a practice setting.

Medically Tailored Meals

MTM Request for Information

- Should CMS consider creating coding and payment for medically tailored meals, as an incident-to service performed under general supervision of a billing practitioner?
- What would be the appropriate description of such a service and under what patient circumstances?

Description

- The delivery of prepared meals, prepared in accordance with dietary guidelines. The service requires the beneficiary to have an individualized assessment by a Registered Dietitian Nutritionist (RDN) and the meal menus should adhere to the specific nutrition needs of the individual, based on the RDN assessment.

Coding4Food Initiative Workgroup. Sarah DeSilvey. 2025.

Considerations

- RFI Question: Under what circumstances would one qualify?
  - Post discharge (including inpatient admission, observation stay, and nursing home transition).
  - Pre-Op
  - Post-Op (including procedures at an ambulatory surgery center)
  - Nutrition Sensitive Conditions
    - Diabetes
    - Prediabetes
    - Heart Failure
    - COPD
    - Chronic Kidney Disease

Questions

- Should there be an option for Clinically Appropriate Meals, as indicated?
  - What if a RDN is not available to provide the assessment?
  - What about rural areas that have limited access to RDNs?
  - Would it be Medically Tailored Meals or Clinically Appropriate under general supervision?
  - Does the rate include the cost of the individualized RDN assessment?
- Recommended duration?
- Incident-to a billing practitioner
  - Physician, Nurse Practitioner, Physician Assistant, Clinical Nurse Specialist.
  - What are the implications of incident-to billing for this service.
    - RDNs: Incident-to billing regulations do not apply to RDNs

MTM and CBOs

- Do community-based organizations providing medically-tailored meals currently employ a physician, nurse practitioner, physician assistant, or other practitioner who could both bill Medicare and supervise a medically-tailored meal service?
- Should CMS consider allowing billing providers to refer to community-based organizations to deliver and ensure quality of medically-tailored meals, while under general supervision of the referring billing provider?

Program Integrity

- If CMS were to create separate coding and payment for medically-tailored meals, how should CMS ensure integrity of the service being delivered?

- Thoughts:
  - Initiating visit to document the need and appropriate circumstances.
  - Documentation of the RDN assessment or clinically appropriate indication.
  - Documentation of the medically indicated duration.
  - Documentation confirming delivery of the meals as noted in the duration.
  - Service should be allowable with concurrent billing with all care management services.

Health Coaching / Motivational Interviewing

CPT Category III Code Description

	Health and Well-Being Coaching ▶Health and well-being coaching is a patient-centered approach wherein patients determine their goals, use self-discovery or active learning processes together with content education to work toward their goals, and self-monitor behaviors to increase accountability, all within the context of an interpersonal relationship with a coach. ~~The coach is a nonphysician health care professional certified by the National Board for Health and Wellness Coaching or National Commission for Health Education Credentialing, Inc.~~ The health and well-being coach is qualified to perform health and well-being coaching by education, training, national examination and, when applicable, licensure/regulation, and has completed a training program in health and well-being coaching whose content meets standards established by an applicable national credentialing organization. ~~Coaches'~~ The training includes behavioral change theory, motivational strategies, communication techniques, health education and promotion theories, which are used to assist patients to develop intrinsic motivation and obtain skills to create sustainable change for improved health and well-being.◀	December 30, 2021	July 1, 2022	CPT® 2023

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Updated December 30, 2021

Key change in the qualifications

- ~~The coach is a nonphysician health care professional certified by the National Board for Health and Wellness Coaching or National Commission for Health Education Credentialing, Inc.~~
- Change to: The health and well-being coach is qualified to perform health and well-being coaching by education, training, national examination, and when applicable, licensure/regulation.

Health Coach training requirements

- CPT Category III guidelines for training requirements
  - Behavioral change theory
  - Motivational strategies
  - Communication techniques
  - Health education and promotion theories
- Other training to consider?
- What about persons trained to deliver evidence-based programs?
- Should the training be certified by a particular agency or board?
- Should there be a list of topics required unless the State has a specific licensure requirement?

Additional Health Coaching/Motivational Interviewing Questions

- Should CMS create separate coding and payment for motivational interviewing?
- What is the best definition for motivational interviewing?
- What type of clinical Staff should be able to perform motivational interviewing under the general supervision of a billing practitioner?
  - Should "Clinical Staff" be changed to "Auxiliary Personnel"

Health Coaching Billing

- How long does a session of motivational interviewing typically last?
- Are health coaches able to perform motiviatonal interviewing incident-to billing practitioners under general supervision?
- What are the clinical characteristics of a patient where motivational interviewing and health coaching would be medically reasonable and necessary?
  - Consideration: Person with 1+ chronic conditions and the need, exemplified as the presence of risk for the development of complications related to the chronic condition.
  - The need for health coaching is identified during an initiating visit with the billing practitioner.

Health Coaching Billing (cont.)

- If CPT were to create permanent codes with staff able to operate under the general supervision of a billing practitioner, would this capture the time and resources to perform health coaching?
  - Time-based billing
  - What are the recommended billing time increments?
  - Is there a minimum threshold?
  - Is there a maximum allowable per month or no limit?
- To what extent would new coding for motivational interviewing or health coaching better support some of the evidence-based programs funded and overseen by ACL that effectively manage or prevent chronic disease?

Methods of Engagement

- Can motivational interviewing and health coaching appropriately be performed via audiovisual or audio-only synchronous telecommunication?
- Considerations:
  - Is asynchronous an acceptable method?
  - Does email and text count as communication?
  - There are multiple AI-Assisted health coaching models in the market. Should an AI-Assisted asynchronous option be available?

ACL supported Evidence-Based Programs in Community Settings

Background

- Fifty-six State units on aging that work with over 600 area agencies on aging (AAAs) and their networks of service providers receive formula grants from ACL to administer programs, but **the need exceeds available federal funding**.
- Examples:
  - **Chronic Disease Self-Management Education (CDSME)**
    - CDSMP
    - DSMP
    - Healthy Thriving and Surviving
    - Chronic Pain
  - **Fall Prevention Programs**
  - **Caregiver Support Programs**

Options to Expand Evidence-Based Programs

- Are there certain existing or new Physician Fee Schedule codes and payment, or Innovation Center Models that could better support practitioner provision of successful interventions through partnerships between health care entities, AAAs, community care hubs, and other local aging and disability organizations? If so, please provide specific examples.
  - Considerations: Incident-to, billing under general supervision for health coaching, fall prevention programs, and physical activity.

Response to the RFI

Every Stakeholder Should Submit a Response

- The Partnership will prepare a response to the proposed rules and RFI.
- Organizations will have an option to sign on to the Partnership response.
- Organizations can opt to use the Partnership response to inform the development of their own response.
- Important to have your voice heard.

Optional Stakeholder Groups to Develop the Partnership Comments and Template Materials

- We are facilitating discussions for interested stakeholders.
- We are soliciting volunteers with interest in providing input into a response to the RFI.
- There will be three workgroups:
  - Medically Tailored Meals RFI
  - Health Coaching RFI
  - Physical Activity/Falls Prevention Program RFI

Each group will consider the pathway to support the expansion of ACL's formula funding for evidence-based programming.

Respond to poll or email name and preferred stakeholder group(s) to:

Autumn Campbell (acampbell@partnership2asc.org)

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Options to Respond to the CMS RFI

- Due Date: September 12, 2025 @ 5pm EST
- In commenting please refer to the file code CMS-1832-P.
- Link to CY2026 Proposed Rule:
- 1. Electronically. You may submit electronic comments on this regulation to http://www.regulations.gov. Follow the "Submit a comment" instructions.
- By **Regular Mail:**

  Centers for Medicare & Medicaid Services,
  Department of Health and Human Services,
  Attention: CMS–1832–P, P.O. Box 8016,
  Baltimore, MD 21244–8016.

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Express Mail Delivery Option

Centers for Medicare & Medicaid Services,

Department of Health and Human Services,

Attention: CMS–1832–P,

Mail Stop C4–26–05, 7500

Security Boulevard, Baltimore, MD 21244–1850

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Thank You!

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