

Medicare Reimbursement for Community Health Workers

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In the face of funding changes, how can organizations use Medicare to sustain their Community Health Workers (CHWs)?

CHWs are critical to identifying and creating patient action plans to address nonmedical needs, such as access to a stable food supply, housing or transportation. Their support in helping patients navigate health, social and community services has shown improvements in health outcomes, quality of life, access to preventive care, as well as reductions in health care cost and utilization.

In recent years, important changes occurred in Medicare that offer opportunities to fund CHWs in the face of reductions in other funding sources. The 2024 Medicare Physician Fee Schedule introduced new codes for Community Health Integration (CHI). CHI is a new Part B benefit that provides reimbursement for the labor to identify and address patient's nonmedical needs. CHI is delivered by auxiliary personnel under general supervision of the Medicare practitioner* that conducts the initiating visit and determines the need for CHI bills for CHI services.

Clinical organizations, such as Federally Qualified Health Centers or individual provider practices, can bill Medicare directly for their employed CHWs time under CHI. Or they can partner with a community-based or nonprofit organization that employs CHWs to deliver these services.

How does Community Health Integration (CHI) work?



- Medicare practitioner conducts a social determinants of health risk assessment during the initiating visit.
- They identify nonmedical needs impacting health condition(s) being treated.
- Medicare practitioner documents the identified nonmedical needs impacting the health condition being treated.
- They refer patient to CHW.
- CHW
 obtains and
 documents
 patient's
 consent to
 receive CHI.
- CHW
 conducts
 person centered
 assessment
 to understand
 individual's
 history and
 intersection
 of nonmedical
 needs
 and health
 condition(s)
 being treated.
- CHW provides CHI services, under general supervision, including:
 - Patient-driven goal setting and establishing an action plan.
 - Facilitating access to communitybased social services.
 - Clinical integration meetings.
 - Documenting patient interactions and nonmedical interventions deployed in the electronic medical record.

- Medicare practitioner who conducted the initiating visit bills CHI services provided by CHW on a monthly basis, based on aggregate time spent per calendar month in the following increments:
 - Initial 60-minutes (G0019): \$75.67 (2025 KC Metro Non-facillity rate)
 - Additional 30-minutes (G0022): \$47.32 (2025 KC Metro Non-facillity rate)
- If a Medicare practitioner is contracted with a third party to deliver CHI, they can reimburse the organization monthly based on a negotiated rate.

Want more information? Contact CHWinfo@marc.org.

Sources:

- Medicare 2025 Physician Fee Schedule
- Centers for Medicare and Medicaid 2024 Final Rule

^{*} The types of Medicare practitioners that can refer and bill for CHI services include Physicians, Physician Assistants, Nurse Practitioners, Certified Nurse Midwives, and Clinical Nurse Specialists.