



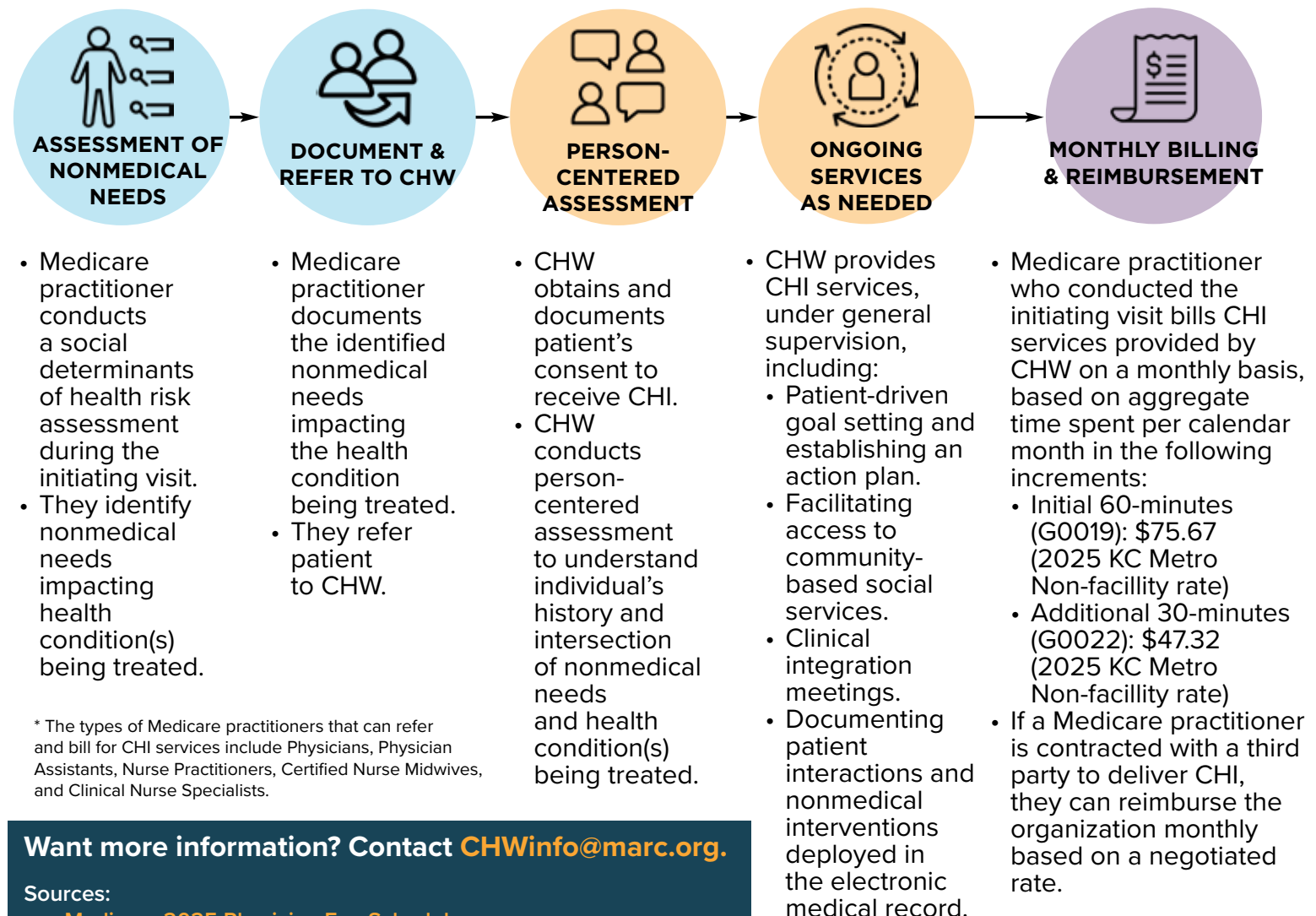
In the face of funding changes, how can organizations use Medicare to sustain their Community Health Workers (CHWs)?

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?



Want more information? Contact CHWinfo@marc.org.

Sources:

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