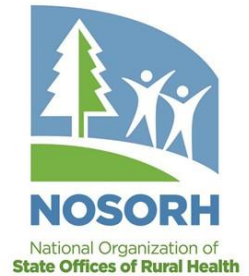


# Promoting Community Health Worker Sustainability

## Hinges on Fostering Innovation

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Exciting news for Certified Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) under the Centers for Medicare and Medicaid Services (CMS). RHCs and FQHCs can now join other primary care clinics being reimbursed on the physician fee schedule because reimbursement is now available for Community Health Integration (CHI) services and others!

You read it right: fee for service providers have been able to be reimbursed for some time now, but starting January 1, 2024, CMS is greenlighting payment for various codes falling under the General Care Management Services category (G0511), with a current rate of \$71.71. Notably, this includes Community Health Integration Services and Principal Illness Navigation Services.

The goal is to reimburse RHCs and FQHCs for services delivered by community health workers under the general supervision of a provider. Billing can be done for principal illness navigation services, assisting patients in navigating the healthcare system and coordinating their care. Additionally, billing is open for Community Health Integration services targeting Social Drivers of Health (SDOH).

RHCs and FQHCs can expand reporting of general care management (G0511) for a broader array of services. RHCs and FQHCs now have the flexibility to report code G0511 multiple times within a calendar month, given compliance with all requirements and avoiding duplication of resource costs.

For example, post-January 1, 2024, if you're offering chronic care management, Community Health Integration, and remote monitoring services, you can bill three units of G0511 separately. This change signifies a significant revenue boost for RHCs and FQHCs as they enhance care management services.

CMS has also tweaked the payment calculation for G0511. In 2024, reimbursement will be based on weighted averages of non-facility utilization for specific services under the fee schedule. While payment for G0511 may see a slight decrease, RHCs and FQHCs now have the potential to collect reimbursement for multiple units of the code.

Capitalizing on this opportunity, your Community Health Workers (CHWs) emerge as ideal candidates to provide these services. No licensure or certification requirements exist for staff delivering these services under general provider supervision. Of course, adequate training for CHWs is imperative to ensure proficient service delivery. RHCs and FQHCs have the flexibility to train their CHWs to serve their own communities specifically.

Please see the resources below for more information.

Resources:

1. National Association of Rural Health Clinics (NARHC)  
CMS Final Rules Overview - Impact for RHCs Beginning January 1, 2024  
[https://www.narhc.org/narhc/TA\\_Webinars1.asp](https://www.narhc.org/narhc/TA_Webinars1.asp)
2. Rural Health Clinics Center  
<https://www.cms.gov/Center/Provider-Type/Rural-Health-Clinics-Center>
3. Federal Register 2024 Physician Fee Schedule Final Rule  
<https://www.federalregister.gov/d/2023-24184>