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INSPIRING HEALTHY ACTS

# COMMUNITY HEALTH WORKERS

## An Overview

## Introduction

Arkansas could strengthen connections between its healthcare providers and its communities by investing in an often overlooked and underutilized subset of the healthcare workforce — community health workers (CHWs). CHWs play a vital role in bridging the gap between healthcare systems and underserved communities. These frontline health workers are typically members of the communities they serve, equipped with the knowledge and skills to address local health needs. This explainer discusses the roles of CHWs, evidence of their effectiveness, Arkansas's certification process, reimbursement for their services, and other policy considerations.

## Background

A CHW is generally a community member who is involved in improving the overall health for different populations either through employment or on a voluntary basis. CHWs are integrated within the communities they serve and typically help to address both the clinical and non-clinical needs of patients. CHWs act as a link between healthcare providers and community members and may provide a variety of services including coordinating care, offering health education, and acting as patient navigators within the healthcare system. The U.S. Bureau of Labor Statistics estimates that there were 58,550 CHWs employed in the U.S. as of May 2023.[1]

## Evidence on the Effectiveness of Community Health Workers

Numerous studies have explored the effectiveness of CHWs in various settings. Research indicates that CHWs can improve health outcomes and access to care, particularly among underserved and vulnerable populations. A systematic review found that CHW-led interventions

were effective compared with alternative programs for certain health conditions, especially when these interventions prioritized low-income and racial/ethnic minority communities.[2]

There is also evidence that CHWs may reduce healthcare costs. One example is the Kentucky Homeplace program, which has trained CHWs since 1994 and serves 31 counties in the Appalachian region of the state. Clients served by the program are typically at 100%-133% of the federal poverty level and receive a variety of services including chronic disease management, health coaching, eye exams and eyeglasses, and reduced-cost hearing aids. The estimated return on investment from the program is $11.31 saved for every dollar invested.[3]

CHWs also help to prevent hospitalizations by addressing patient health issues before they become serious. A Maryland-based study found that patients who received services from both a nurse care manager and a CHW had the greatest improvements in blood sugar levels[4] and other key health indicators compared to patients who received either nursing case management or CHW services alone.[5] CHWs may also increase the efficiency of healthcare systems by providing basic services such as routine health screenings, allowing specialized providers to target patients with more complex care needs.

There is also evidence that CHWs can help to improve the cultural competency and responsiveness of healthcare systems.[6] CHWs often come from the same communities as the patients they serve and can therefore provide a more personalized and culturally appropriate approach to care. Additionally, CHW programs have been successfully deployed in rural community settings. For example, individuals who participated in a South Dakota-based patient navigator program intended to reduce cancer disparities among American Indians had an average of three fewer days of treatment interruptions compared to those who did not receive navigation services during their cancer treatment.[7]

## Training and Certification of Community Health Workers

States have taken different approaches in the training and certification of CHWs, as there is no standardized national curriculum or set of core training methods — although the Community Health Worker Core Consensus Project,[8] a working group of experienced professionals in the field, has recommended a set of roles and core competencies for community health workers. In lieu of national standardization, many states have developed their own training and licensure requirements.

In Arkansas, the Arkansas Community Health Workers Association (founded in 2013) has established a voluntary certification process for the state's CHWs. Through this process, CHWs are trained in 11 core competencies (see Figure 1) which are aligned to the roles and competencies outlined in the Community Health Worker Core Consensus Project.[9]

FIGURE 1: CORE COMPETENCIES OF ARKANSAS-CERTIFIED COMMUNITY HEALTH WORKERS

There are three approved tracks for CHW certification through the association. The traditional training track requires successful completion of an approved CHW core competency training program and the ability to document at least two years of experience (equating to 4,160 service hours), with experienced gained through either employment or volunteer opportunities.[10] The experiential track requires documentation of at least four years of full-time experience (equating to 8,240 service hours). The hours may be collected over a 10-year period, but at least half of the hours must have been collected within the past five years at the time of applying for certification. The apprenticeship track requires the completion of an approved CHW apprenticeship program and documentation of at least one year of experience (equating to 2,080 service hours).[11]

# Reimbursement for Community Health Worker Services

## MEDICAID

State Medicaid programs take varying approaches to reimbursing CHW services. States may pursue coverage of CHW services by amending their state Medicaid plans; by exercising Section 1115 demonstration waiver authority, which allows states to test new and innovative programs; or by requiring or encouraging managed care organizations (MCOs) to render CHW services or include CHWs in patient care teams.[12] Fifteen states, including neighboring

Louisiana, authorize Medicaid reimbursement for CHW services in their state plans, and five states utilize 1115 demonstration waiver authority to reimburse for CHW services. In 11 states, MCOs operating within the state are either required or encouraged to provide reimbursement for CHW services directly. Arkansas's Medicaid program is one of 26 state Medicaid programs that do not reimburse for CHW services.[13]

**FIGURE 2: STATE APPROACHES TO MEDICAID REIMBURSEMENT OF COMMUNITY HEALTH WORKER SERVICES**

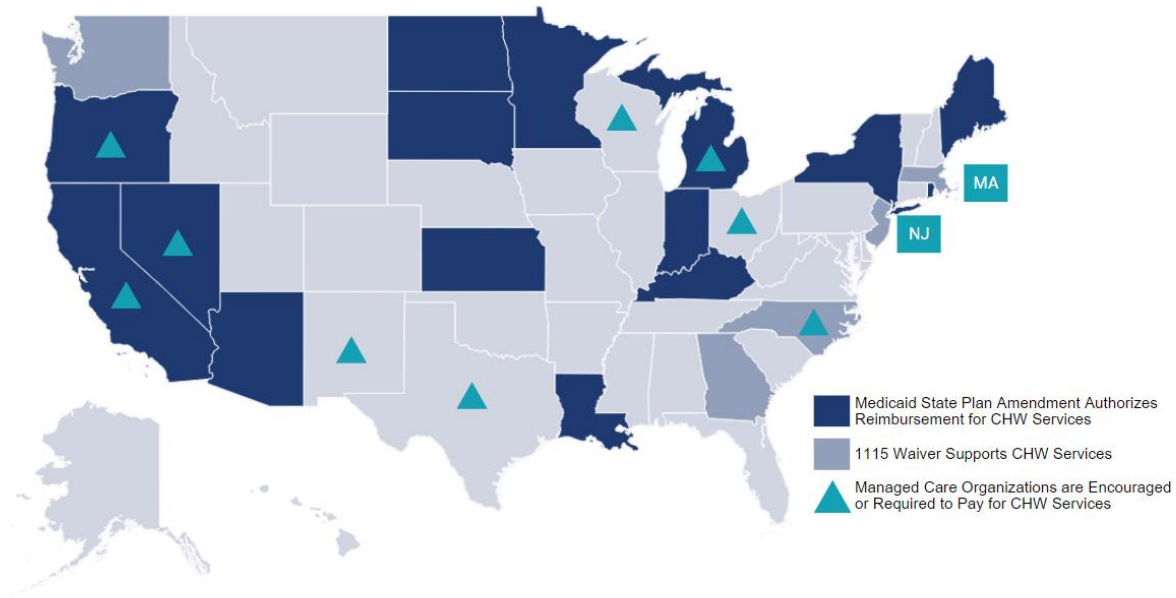


**TABLE 1: REIMBURSEMENT RATES FOR CPT CODE 98960**

| State | Rate | State | Rate |
|---|---|---|---|
| Arizona | $23.29 | Michigan | $17.23 |
| California | $26.66 | Minnesota | $21.56 |
| Indiana | $26.56 | Nevada | $18.34 |
| Kansas | $9.70 | New York | $35.00 |
| Kentucky | $22.53 | Oregon | $21.44 |
| Louisiana | $18.11 | South Dakota | $32.43 |

Most states that cover CHW services make them available to all Medicaid enrollees — services such as care coordination, health coaching, and patient advocacy. Medicaid reimbursement rates vary by state and billing code. For example, MediCal (California) pays $26.66 for Current Procedural Terminology (CPT) code 98960 (education and training for one patient for 30 minutes), whereas Kentucky pays $22.53 for the same billing code. Table 1 shows Medicaid fee-for-service reimbursement rates for this billing code in 12 states.[14]

## OTHER PAYERS

The 2024 Medicare Physician Fee Schedule Final Rule includes Medicare Part B payment changes allowing auxiliary personnel — including community health workers — to be reimbursed for providing community health integration (CHI) services under the direction of a Medicare billing practitioner. CHI services are intended to address a patient's unmet social determinants of health needs that could impact a patient's medical care needs. For example, a CHW could receive reimbursement for helping to coordinate care transitions following an emergency department visit for an eligible beneficiary. This policy change marks the first time that Medicare services have included a specific role for community health workers.[15] The final rule outlines specific codes eligible for reimbursement, which include:

- **G0019**: This code is used to bill for services performed by certified or trained auxiliary personnel, including a CHW, under the direction of a physician or other practitioner for 60 minutes per calendar month. The national payment amount is $79 (non-facility) or $49 (facility).
- **G0022**: This code is used to bill for each additional 30 minutes of CHI services provided per calendar month. The national payment amount is $49 (non-facility) or $34 (facility).
- **G0511**: This code is used by federally qualified health centers and rural health centers to bill for each CHI service. The national payment amount is $77.

Private insurance coverage for community health worker services can also vary depending on the plan and the specific services provided. Some private plans may offer coverage for community health worker services as part of their benefits. However, the extent of coverage and reimbursement may differ between insurance companies and plan offerings. Clinics may also employ CHWs directly to improve patient care and access and to help meet quality or other performance requirements. Healthcare systems may also benefit from incorporating CHWs into quality improvement teams to better address patients' health-related social needs. For example, CHWs may offer important insights on social needs screening methods, such as adjusting housing-related questions to better align with existing resources.[16]

# Federal Investment in Community Health Worker Services

Federal agencies are recognizing the need for greater investment in CHW services. In April 2022, the U.S. Department of Health and Human Services announced through the Health

Resources and Services Administration (HRSA) that $226.5 million in American Rescue Plan funding would be used to launch the Community Health Worker Training Program.[17] The program is a multiyear initiative aimed at education and on-the-job training to increase the number of CHWs in the workforce. Through the program, HRSA plans to train approximately 13,000 community health workers through apprenticeships at over 500 healthcare and public health sites across the country to meet the public health needs of underserved communities. Additionally, the Consolidated Appropriations Act of 2023 authorized $50 million annually to bolster the CHW workforce through 2027.[18]

## Conclusion

CHWs play a crucial role in bridging the gap between healthcare systems and underserved communities. Evidence suggests that CHWs can improve health outcomes, increase access to care, and reduce healthcare costs. CHWs are assets to healthcare systems because they provide personalized and culturally appropriate care. The training and certification of CHWs vary across states, with Arkansas having established a certification process through the Arkansas Community Health Workers Association. Overall, recognizing the value and impact of CHWs and exploring avenues for reimbursement and integration within the healthcare system can further enhance the delivery of comprehensive and patient-centered care, particularly in underserved and vulnerable communities.

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