Early Childhood Developmental Health Systems | EVIDENCE TO IMPACT CENTER

# Community Health Worker Billing and Workflow Support

This resource is a detailed case study of how Pediatrics Northwest in Washington state incorporated community health workers (CHWs) into their care team. The information is based on a webinar held with Transforming Pediatrics for Early Childhood (TPEC) Resource Hubs, state- and community-level teams working to increase early childhood developmental services in pediatric practices.

The webinar featured Dr. Mary Ann Woodruff and Rachel Lettieri of Pediatrics Northwest, along with Kelly Volkmann, project director at the Community Health Worker Institute in Oregon. Pediatrics Northwest was a Washington Healthcare Authority grantee supporting the integration of CHWs in pediatric primary care and served as a Pediatrics Supporting Parents (PSP) "proof point" community, demonstrating how well-child visits can serve as a universal access point for family support.

The first section of this resource describes how Pediatrics Northwest incorporated CHWs into their care teams, including billing strategies to sustainably fund these roles and lessons learned. The second section summarizes a question-and-answer discussion from the webinar with TPEC Resource Hubs.

## HOW PEDIATRICS NORTHWEST INCORPORATED CHWS INTO CARE TEAMS

### Background

- Pediatrics Northwest implements a Collaborative Care Model (CoCM) in their clinic to provide integrated behavioral health to children, starting as early as age 2, who screen positive for mild-to-moderate behavioral concerns, anxiety, and low mood.
- CHWs are part of the CoCM team and accompany all families who have a concern. (View eligibility criteria in the Pediatrics Northwest Billing Registry Template image on the next page.) CHWs are also available for promotion and prevention activities, such as screening for unmet social health needs and follow-up and referral for other screenings.

### Billing for CHWs

- In July 2025, Washington Medicaid billing codes opened, allowing CHWs to begin billing for their services.

- The team implemented a registry that CHWs use to track their hours since many of the billing codes can be added up for the month. Over the span of a month, the CHW accumulates their minutes, and at the end of the month, they add them up and input them into their electronic health record (EHR), Epic, with the proper billing codes.
- There is continued advocacy to open more codes, such as mental health H-codes for non-professionals (H0032) and evaluation and management of a patient without the presence of a physician (S99211). Many of these codes allow more flexibility with smaller billing increments (e.g., 15 or 30 minutes).

## Washington State CHW Codes and Their Use

| Code | Explanation of Use |
|---|---|
| G0019 | Community health integration (CHI) code that focuses on health-related social needs and connections to any barriers to care. There is a 60-minute threshold that must be met within the same calendar month in order to bill this code. |
| G0022 | 30-minute add-on codes that can be used up to three times within the same calendar month. |
| G0023 | CHI code for high-risk principal illness navigation for high-risk conditions. It is focused on care coordination, navigation to specialty care for diagnoses that put the patient at imminent risk of significant health decline, hospitalization, or death. |
| S9446 | Group code that is focused on health promotion and prevention. |

## Pediatrics Northwest Billing Registry Template

| Identifier | | Eligibility Criteria | | | | | | Contact Details | | | | Billing | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| MRN | Insurer | HRSN? | Positive ACEs? | High-Risk Condition? | missed appts in 6 months | Expressed a need? | Patient consent? | Session # | Actual Contact Date | Contact Type | Place of Service | # of Billable Minutes | Billing Code | CHW Notes | Next Follow-up date | Misc. (PCP, Dx, Minutes) |

## Lessons Learned

- For team-based care to be successful, pediatric practices must foster a culture that centers on relationships. It is not enough to have one physician champion; all staff, including administration, must participate in learning activities and see their value.
    - Pediatrics Northwest had CHWs spend time with all team members, including the front-desk staff, to understand their processes.
    - Pediatrics Northwest also implemented family nights. Families were invited to share a meal and their wisdom about the support they are looking for to enhance their families' health and well-being.

- Ensure CHWs have protected time to be in the community to build relationships. The CHWs at Pediatrics Northwest have 1 day a week when they are out in the community, doing outreach, strengthening and building partnerships, and meeting families and referral partners, so they are aware of eligibility criteria and the best way to make warm handoffs for families.
- Build CHW involvement into workflows prior to the care coordination/referral step to ensure CHWs meet and build relationships with all families, not just those needing additional services.

## QUESTION-AND-ANSWER (Q&A) SUMMARY

### Practice Workflows

**Q:** What advice do you [Pediatrics Northwest] have on shifting from being reactive to proactive in how CHWs are utilized in the clinic?
**A:** We shifted to introduce CHWs as members of the care team from the very beginning, rather than only looping them in when referrals are needed. Now, the CHW usually sees the family while they wait for the pediatrician to come into the room, and they build a relationship at that time. They introduce themselves from the beginning, at the newborn visit.

**Q:** Which health-related social need (HRSN) screening tool do you [Pediatrics Northwest] utilize to comprehensively assess the needs of both parents and children?
**A:** Pediatrics Northwest selected the Patient Support Questionnaire, which is a tool they adapted from the Oregon Primary Care Association that addresses the concerns of the whole family. Families can decide what they want support with, instead of only the pediatrician deciding.

### CHW Billing and Sustainability

**Q:** Are there barriers with CHWs having time to track their own time?
**A:** Yes, but seeing how they use their time further proves to the clinic how valuable CHWs are. Moving into automated tracking and billing is the goal. There are various helpful systems out there that can do this, like Pear Suite, Mirah, and Comprehensive Health and Decision Information System (CHADIS). There are also mechanisms within electronic health records.

**Q:** How can you [a pediatric practice] improve the sustainability of CHWs in the clinic?
**A:** A lot of the work that CHWs do is not considered billable. CHWs need time for outreach and community connection, which is not family-facing. Funding also

supports payment when private insurance is used, since many insurers do not currently pay. Additional funding, such as from grants, should be used to sustain and employ CHWs. It is estimated that if more billing codes were to open that allow smaller billing increments (like in Oregon and California), they could pay 50-60% of a CHW's overall salary (not including benefits) if they see an average of 72 families per month. Thus, there is also a need to communicate with payers the value and impact of CHWs, so that reimbursement structures and billing codes can be established and strengthened to support their long-term sustainability

Q: What is the current workflow of tracking and billing for CHWs?
A: CHWs submit their time and corresponding billing code to the supervisor at the end of the month, and it is then entered into Epic. Once the supervisor has entered everything, it is sent to the license provider for final approval. The CHWs bill as the service provider under the licensure of the provider of the healing arts.

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