Community Care Hub

Contracting Considerations

Presenter Reference Handout

Contracting Checklist

Use this checklist when entering or renewing contracts with health plan partners.

Before You Sign

- **Industry-Specific Compliance:** Confirm reporting, performance standards, and audit requirements specific to healthcare contracts
- **Rate Structure:** Ensure rates reflect true cost — consider two-tier pricing for rural routes
- **Inflation Indexing:** Build annual adjustment language into every contract from day one
- **Renewal Cycles:** Control your renewal timeline — don't let it default to health plan terms
- **Volume Thresholds:** Understand minimum and maximum volume commitments before signing
- **Licensing Requirements:** Confirm all intervention licensing requirements are met prior to execution

Operational Readiness

- **Referral Methods:** Build referral pipelines you control — don't rely solely on health plan routing
- **Capacity Planning:** Assess whether your systems and work processes can scale to meet contract demands
- **Billing Infrastructure:** Ensure billing team is positioned to handle volume and variable reimbursement
- **Automation:** Identify batch and automation opportunities before volume ramps up

Ongoing Management

- **CMS Code Monitoring:** Review new billing codes quarterly — new CCH opportunities emerge regularly
- **ACCH Network:** Leverage ACCH peer discussions to stay ahead of contracting changes
- **Performance Data:** Track and report outcomes health plans care about: readmissions, SDOH screenings, engagement

Grant vs. Contract Mindset

CBOs moving into health plan contracting must shift how they think about revenue, capacity, and accountability.

Grant Mindset	Contract Mindset
Fixed annual funding	**Variable revenue based on volume delivered**
Spend-down accountability	**Performance & outcome accountability**
Capacity = what we have	**Capacity = what we must build to scale**
Single funder relationship	**Multi-payer contract management**
Reporting = compliance	**Reporting = performance & payment trigger**
Rate is set externally	**Rate is negotiated — and must cover true cost**
Renewals are predictable	**Renewals must be managed and timed strategically**

Key Bridge: Capacity Funds are a critical tool to help CBOs build the infrastructure needed to operate at contract scale before full revenue flows in.

CMS Billing Codes Relevant to CCH Work

Rates reflect 2026 national averages from the CMS Physician Fee Schedule. Verify local rates via the Medicare Physician Fee Schedule Look-Up Tool. Rates vary by region and payer.

Code	Description	2026 Avg. Reimb.
G0019	Community Health Integration (CHI) — monthly non-face-to-face care coordination addressing upstream health drivers	Varies by plan
G0022	CHI add-on — additional time beyond base monthly service	Varies by plan
G0136	Physical activity & nutrition assessment (5–15 min, every 6 months) — formerly SDoH risk assessment, redefined 1/1/2026	~$20
99490	Chronic Care Management (CCM) — non-complex, first 20 min/month	~$62
99439	CCM add-on — each additional 20 min/month	~$47
99487	Complex CCM — first 60 min/month	~$133
99489	Complex CCM add-on — each additional 30 min	~$70
G0556	Advanced Primary Care Management (APCM) — 0–1 chronic conditions	~$15
G0557	APCM — 2+ chronic conditions	~$50
G0558	APCM — high complexity / severe chronic conditions	~$110
99495	Transitional Care Management (TCM) — moderate complexity; contact within 2 business days, face-to-face within 14 days of discharge	~$220
99496	TCM — high complexity; contact within 2 business days, face-to-face within 7 days of discharge	~$298

Important Notes:

- TCM and CCM cannot be billed concurrently within the same 30-day post-discharge period
- G0511 (bundled RHC/FQHC care management) was sunset September 30, 2025 — bill individual CPT codes going forward
- G0136 descriptor changed 1/1/2026: now covers physical activity & nutrition assessment, not broad SDoH screening
- APCM codes (G0556–G0558) are complexity-based, not time-based — a significant shift from CCM billing logic
- Z-codes (Z55–Z65) document social risk factors and support health equity reporting and risk adjustment

ACL-Approved Evidence-Based Programs in Use

The following ACL-approved Evidence-Based Health Promotion (EBHP) programs are currently deployed or planned across CCS and WNYICC's Community Care Hub programs. All programs are on the current ACL Title III-D approved list.

Program	Focus Area	Delivery Format	Source / Developer
Active Choices	Physical activity, chronic disease management, falls prevention	Individual; telephone or video — one-on-one with trained advisor	Stanford Patient Education Research Center
CDSME Toolkit (Phone Adaptation)	Chronic disease self-management; medication adherence; HbA1c management	Individual telephone — 4 of 6 structured calls counts as ACL completer	Stanford Chronic Disease Self-Management Program
PEARLS	Depression & behavioral health for older adults with chronic conditions	Individual; in-home or telephone — delivered by trained care coordinators	University of Washington
HomeMeds	Medication management; identifies medication-related problems	Individual; in-home or telephone — structured medication review	Health Sciences Research Associates
Stepping On	Fall prevention; self-efficacy, balance, strength, home hazards	Group workshop series (7 sessions); community or clinic setting	University of Wisconsin-Madison
Otago Exercise Programme	Fall prevention through strength and balance exercises	Individual; home-based exercise program with instructor follow-up	University of Otago (New Zealand) / CDC STEADI
Healthy IDEAS	Depression identification and management in older adults	Individual; integrated into home and community-based services	Baylor College of Medicine
Care Transitions Intervention (CTI™)	Hospital readmission prevention; 30-day post-discharge transitions	Individual; in-home visit + 3 phone calls within 30 days of discharge	Eric Coleman, MD / Care Transitions Program
National Diabetes Prevention Program (DPP)	Type 2 diabetes prevention; lifestyle behavior change	Group (in-person or online); 16 core sessions + 6 monthly follow-up	CDC-recognized; billed under Medicare DPP benefit

Note: Program selection should align with HEDIS and Star Rating gap priorities identified by your health care partner. All programs above are on the current ACL Title III-D approved EBHP list. Individual/telephone-delivered formats maximize reach for rural, homebound, and high-acuity populations.

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