

**MEDICAID FOOD  
SECURITY NETWORK**

# Medicaid Food Security Network Summit

**MAY 7-8, 2025  
WASHINGTON, DC**





# Developing Health Data Standards and Definitions for Nutrition Counseling and Nutrition Case Management

May 8<sup>th</sup>, 2025

**Medicaid Food Security Network Summit 2025**

# Session Speakers



**Katie Ettman**  
Deputy Director,  
FullWell



**Timothy McNeill**  
CEO, Freedmen's Health



**Carly Leon**  
Director, Healthcare  
Policy and Payment,  
Academy of Nutrition  
and Dietetics



**Kathryn Jantz**  
Senior Associate,  
HealthBegins



# Objectives

Attendees will be able to:

- Articulate the value and risks of health data standards and service definitions for services within the nutrition care/Food is Medicine continuum.
- Understand how to engage with organizations leading Food is Medicine health data standards development.
- Provide insight to guide MFSN strategy

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# Session Agenda

Time	Topic	Facilitator
5 min	Welcome	Kathryn Jantz, HealthBegins
10 min	The Value of Standardization  Coding4Food update	Katie Ettman
10 min	The current state of nutrition care	Carly Leon
10 min	The state of coverage of Community Health Worker codes for Community Health Integration and Personal Illness Navigation	Timothy McNeill
25 min	Interactive time	
5 min	Wrap-up	

# Case Management for HRSN interventions

- Case management services for access to housing and nutrition supports\*, including, for example:
  - Outreach and education
  - Linkages to other state and federal benefit programs, benefit program application assistance, and benefit program application fees
- Similar Medicaid benefits and activities
  - Community Health Workers
  - Care coordination or case management required by contract or embedded in value based care contracts
- Similar Medicare codes (that are being used in some states for billing for Community Health Worker service)
  - Community Health Integration
  - Principle Illness Navigation

\*According to the CMS December 10, HRSN Informational Bulletin

# Nutrition Counseling and Instruction

- Nutrition counseling and instruction\*, tailored to health risk, nutrition-sensitive health conditions, and/or demonstrated outcome improvement, including, for example:
  - Guidance on selecting healthy food
  - Healthy meal preparation
- Similar or related codes
  - Diabetes self-management training services - individual or group
  - Diabetes Prevention Program coding

\*According to the CMS December 10, HRSN Informational Bulletin

# Opportunities and Risks in Definition

Using coding as a path to clearer shared understanding

## The Opportunity

- The process of developing codes can be one way to develop a shared understanding of an activity
- Using standardized codes can result in more insights into utilization and impact
- Standardized and specific coding can result in more appropriate payment models

## The Risk

- Standardization may, by definition, eliminate participation from certain organizations or professionals which may impact cost, feasibility (especially in rural areas) and flexibility to meet Members where they are at.
- Not everyone is at the table in the same way in the development of the definitions







Fullwell

# Katie Ettman

## Fullwell



# What is a code? What is a **claim**?

- **Code-** Numeric or Alphanumeric representation of a healthcare diagnosis, procedures, services, or equipment
- **Claim-** A request for payment for services and benefits received that is communicated through codes.
- **Claims Data-** Also known as administrative data, is information collected on millions of clinicians' appointments, bills, insurance, and other patient-provider communications directly from notes made by the health care provider, and happens at the time patient sees the clinician
- The electronic **claim** (ebill) travels seamless between clinicians, payers (both public and private) and those who offer services in clinical and community settings to assist patients, in order to facilitate reimbursement
- The flow also enables use for research and population health analysis

*Definitions from the "Finding and Using Health Statistics" tutorial from the National Library of Medicine*

# Terminology

What	For What	Managed by
LOINC®	Questions and their answers (example Hunger Vital Signs)	Regenstrief Institute supported by U.S. National Library of Medicine
ICD-10-CM	Diagnostics (example diabetes)	The United States extension of the WHO
SNOMED CT	Basically everything– medical, family, and social history; patient and provider goals; problems and their interventions, and assets/protective Factors	The International Health Terminology Standards Development Organisation
CPT® (aka HCPCS Level I)	“Medical” services and procedures	The American Medical Association
HCPCS Level II	Products, supplies, and services not included in the CPT codes	The Centers for Medicare and Medicaid Services

These are codes we are focused on!

\*green means this information moves in claims, which support payment

# The Problem

A lack of medical codes that accurately describe the full spectrum of food as medicine interventions.

Which leads to:

- A lack of accurate food as medicine intervention documentation in medical records
- Creating parallel systems to pay for food as medicine services outside of traditional healthcare operations
- A lack of accessible large scale data
- The rise of state-based, provider and payer approaches to coding



# Food & Nutrition Landscape: Many names, Similar Services

Medically tailored home delivered meals (MA, MI)  
Medically Tailored Meals (CA, WA, OR, NY, IL)

Nutritionally appropriate food boxes (MA)  
Healthy Food Pack (MI)  
Pantry Stocking (NJ, WA, OR, IL, DC)  
Short-term grocery provision (NJ, WA)  
Healthy food boxes (NC)  
Grocery provision (IL, DC)  
Protein boxes (DC)

Kitchen supplies (MA)  
Cooking supplies necessary for meal preparation (NY, DC)

Nutrition education classes and skills development (MA)  
Cooking education (CA)  
Teaching Kitchen

Medically-Indicated home delivered meals (NJ)  
Clinically appropriate meals (NY)  
Nutritionally appropriate home delivered meals (MA)  
Healthy home-delivered meal (MI)  
Meals (WA, OR)  
Home delivered meals (IL, DE, NM, DC)

Medically tailored food prescriptions and vouchers (MA)  
Produce Prescriptions (MI)  
Nutritionally appropriate food prescriptions and vouchers (MA)  
healthy food vouchers (CA)  
fruit and veg prescriptions (WA, OR)  
Medically tailored food prescription (NY)  
Clinically appropriate food prescription (NY)  
Nutrition prescriptions (IL, NM)  
Fresh produce prescription (DC)

Medically tailored food boxes (MA)  
Medically tailored groceries (CA)

# Mission

The **Coding4Food (C4F)** project is a community-informed initiative aiming to create new Healthcare Common Procedural Coding System (HCPCS) codes to define a spectrum of Food-based interventions.

# Vision

As a result **standard codes** will be used across the country to accurately **track, bill, and evaluate** a spectrum of Food as Medicine interventions.

# Phase 1 Work Groups

August-December 2024 with submission to CMS completed January 2025

**Medically  
Tailored  
Meals**

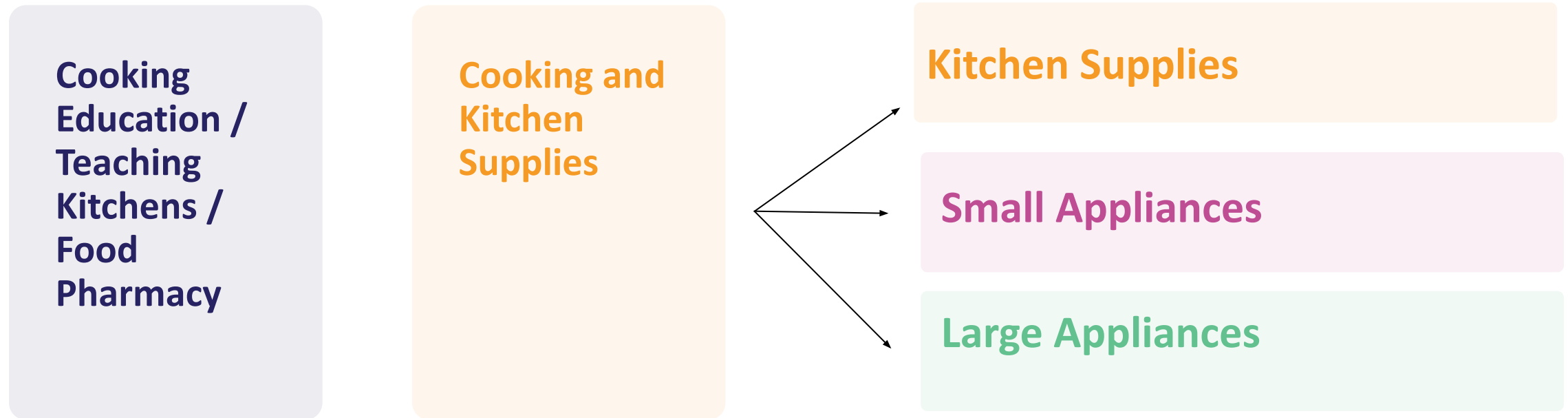
**Medically  
Tailored  
Groceries**

**Produce  
Prescription**

**Healthy  
Groceries**

# Phase 2 Work Groups

February-June 2025 with submission to CMS in July 2025





# CMS Process

- CMS will review the applications and questions will be asked of the submitter, Gravity, for clarification if necessary.
- Post-submission public engagement:
  - Opportunity one: When (and if) CMS agrees that one (or all) of the submissions are ready for review at an HCPCS Level II Public Meeting. Meetings occur in November and May.
  - Opportunity two: Once content is approved by CMS during the public meeting process and ensuing review, all final content enters a period of public comment through the Federal Register.

# Benefits of New Food -based Intervention HCPCS

- **The ability to tell a patient's complete story**
- Shared language
- Standardized service definitions allowing for better data collection and analysis based on claims
- Simplified quality reporting
- Accurate billing and reimbursement for services
- Streamlined payment for service
- HCPCS can be used by any insurer (Medicaid, Medicare, Private insurance)
- Full integration of food as medicine services into healthcare

**Carly Leon**  
Academy of Nutrition  
and Dietetics



# Framing Food as Medicine Within the Nutrition Care Continuum

- Nutrition services are delivered across diverse settings—but standard definitions and funding mechanisms lag.
- Food as Medicine spans interventions from food pantries to medically tailored meals.
- Many roles contribute—CHWs, peer navigators, case managers, and RDNs.

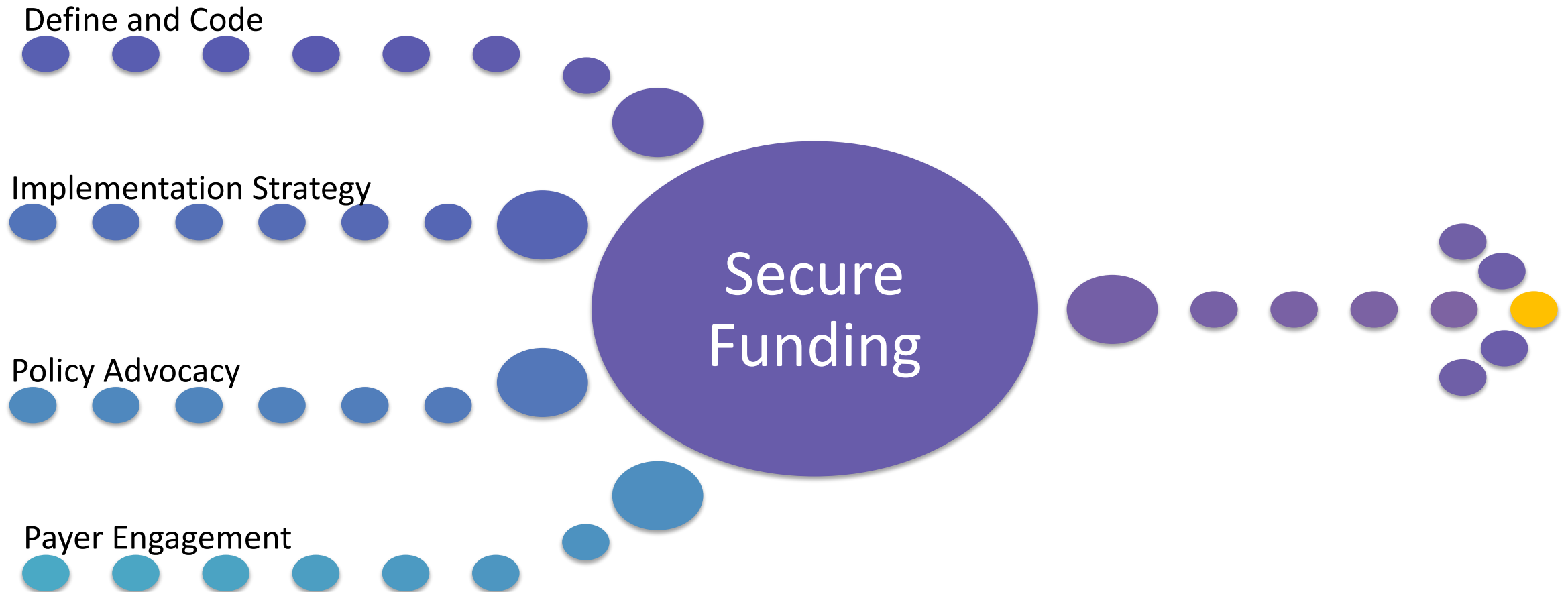


# From Food to Clinical Care



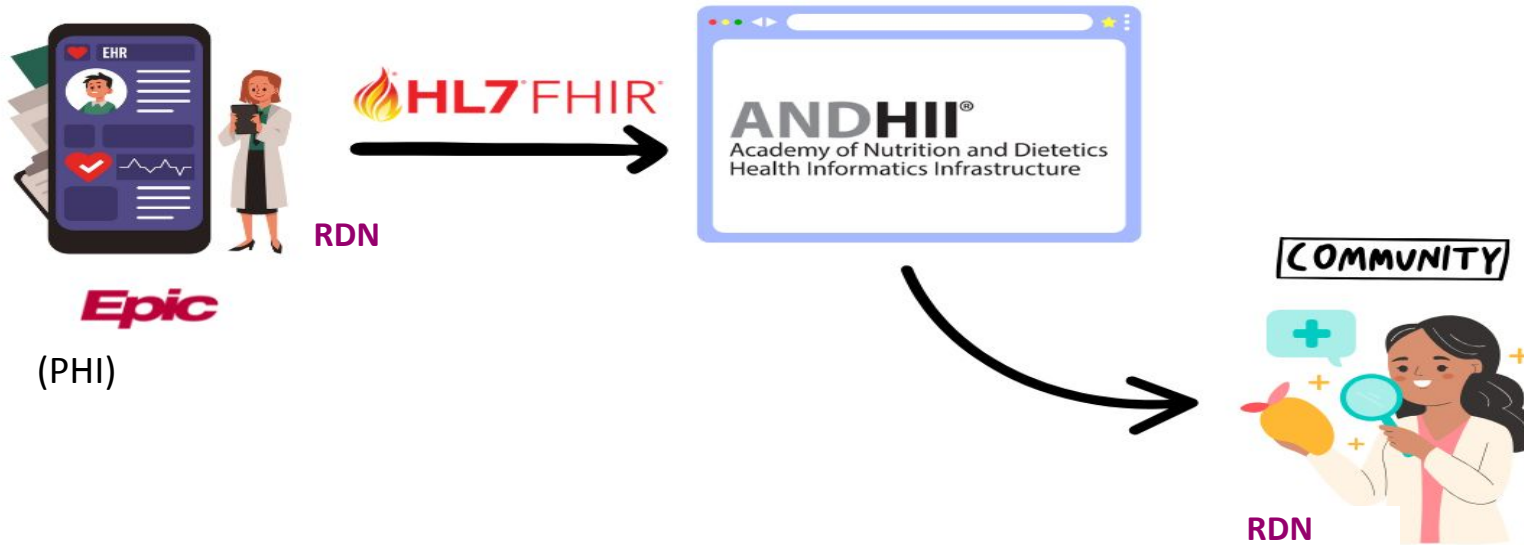
*MNT links food provision to clinical outcomes*

# Defining Services, Access and Payment



# Interoperability

- E.g., CONNECT Study



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    {
      "url": "https://madeup-hospital.com/pt/3659/imgs/hs.jpg"
    }
  ]
}
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Timothy  
McNeill





# Health Data Standards and Pathways to Sustainable CHW Models

Timothy P. McNeill, RN, MPH



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# Evidence Supporting Health Benefits for SDOH



# AHC Third Evaluation Report: November 2024



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- <https://www.cms.gov/priorities/innovation/data-and-reports/2024/ahc-3rd-eval-report>
- A CMMI 5-year model (2017 – 2021) that tested whether identifying and addressing the HRSNs of Medicare and Medicaid beneficiaries impacts total health care costs and utilization.



## Accountable Health Communities (AHC) Model Evaluation

### Third Evaluation Report






November 2024

**Submitted To:**  
Centers for Medicare & Medicaid Services  
Center for Medicare and Medicaid Innovation  
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Baltimore, MD 21244-1850  
Contract # HHSM-500-2014-000371  
TO # 75FCMC18F0002

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# Prevalence of HRSNs in the AHC Population (N=1+ Million)

67%		<b>Food Insecurity:</b> Sometimes or often worried that food would run out before money was available to buy more, or food bought did not last and money was unavailable to buy more
53%		<b>Housing:</b> Worried about losing housing or having no steady place to live or problems with pests, mold, lead, heat, ovens, smoke detectors, or water
44%		<b>Transportation:</b> Lack of reliable transportation for medical appointments, meetings, work, or getting things for daily living
36%		<b>Utilities:</b> Electric, gas, oil, or water company threatened to shut off services or already shut off services
5%		<b>Interpersonal Violence:</b> Regular occurrence of being physically hurt, insulted, threatened with harm, or screamed or cursed at by another person, including a family member



# Impact on Hospital Utilization

**Exhibit ES-2. Assistance Track Impacts on Expenditures and Hospital Use**

 Assistance Track	Total Medicaid/Medicare expenditures 	 FFS Medicare <b>4%</b> Reduction	 Medicaid <b>3%</b> Reduction	
	Inpatient admissions 	 Medicaid <b>4%</b> Reduction		
	ED visits 	 FFS Medicare <b>5%</b> Reduction		
	Avoidable ED visits 	 FFS Medicare <b>7%</b> Reduction		

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# CY2024 Medicare Physician Fee Schedule Rule



# CMS CY2024 Physician Fee Schedule

- Landmark Final Rule creates the first of its kind pathway for reimbursement for Community Health Worker labor in the Medicare program.
- **Effective Date: January 1, 2024**
- Part B benefit which applies to persons in **Original Medicare, MA, & Special Needs Plans.**
- Applies to all Medicare Part B providers – including FQHCs & RHCs.
- National Policy that is independent of any State Medicaid Waiver initiatives.

# New HCPCS Billing Codes for Labor of Auxiliary Staff

Community Health Integration (CHI)	Principal Illness Navigation (PIN)
Reimbursement for labor expended for <b>addressing Health-Related Social Needs (HRSNs)</b>	Reimbursement for providing <b>health navigation services</b> for persons with a serious, high-risk condition that will last at-least 3 months.
<b>Personnel:</b> Community Health Workers, Health Coaches, Social Workers, RDs, Nurses, and other staff with applicable training.	<b>Personnel:</b> Community Health Workers, Navigators, Health Coaches, Social Workers, RDs, Nurses, other staff with applicable training.



# Community Health Integration Services

CHI Services List		
<b>Person-Centered Assessment</b>	<b>Facilitating patient-driven goal setting</b>	Providing tailored support
Practitioner, HCBS Coordination	Coordinating receipt of needed services	Communication with practitioners, HCBS providers, hospitals, SNFs
<b>Coordination of care transitions</b>	<b>Facilitating access to community-based social services</b>	<b>Health education</b>
Building patient self-advocacy skills	Health care access / health system navigation	<b>Facilitating behavioral change</b>
Facilitating and providing social and emotional support	Leveraging lived experience when applicable	

CHI HCPCS	Descriptor	Non-Facility	Facility
G0019	Community Health Integration Services (CHI) SDOH 60 min	\$79.24	\$48.79
G0022	Community Health Integration Services (CHI); add ea. 30 min	\$49.44	\$34.05

PIN HCPCS	Descriptor	Non-Facility	Facility
G0023	PIN Service, 60 minutes per month	\$79.24	\$48.79
G0024	PIN Service, add ea. 30 min	\$49.44	\$34.05

\*Rates listed are the Oregon rates, effective January 1, 2025

# Medicaid Adoption

- States have the option of adopting the Community Health Integration and Principal Illness Navigation codes as a Medicaid benefit.
- Medicaid adoption requires CMS approval.
- Most States that have adopted the CHI & PIN codes have used it to cover Community Health Worker Services.
- States with current adoption of CHI & PIN in Medicaid:
  - Washington State
  - Minnesota
  - California



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# Thank you



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# Question and Answer

25 Minutes



# THANK YOU

Your feedback is important to us, please take a moment to fill out our survey. The first 10 respondents get a \$10 e-gift card, and you can submit the survey multiple times if you think of more to share.

