# Community Health Integration (CHI) & Principal Illness Navigation (PIN) — by CareBranch

Medicare now covers trained Care Guides to coordinate non-clinical needs between visits for patients and caregivers — CareBranch manages the Care Guide program and splits the revenue with your practice.

In 2024, CMS created billing codes for **non-clinical care coordination** performed by Community Health Workers (Care Guides) and other trained professionals. In 2026, CMS updated the G0019 descriptor to include **upstream drivers**. Per CMS: *"upstream drivers encompasses a wider range of root causes, including dietary, behavioral, medical, and environmental drivers"* — meaning most Medicare patients may qualify for support.

**CHI**
G0019
**$83 · 60 min/mo**

### Community Health Integration

Any Medicare patient with a chronic condition and upstream driver.

**PIN**
G0023
**$95 · 60 min/mo**

### Principal Illness Navigation

Serious or high-risk condition lasting 3+ months. No definitive diagnosis required.

*Add-on codes G0022 (CHI) and G0024 (PIN) reimburse an additional ~$52 per 30 minutes of documented contact. Billing is incident-to your NPI.*

### What Your Practice Does

1. Identify, consent, and refer eligible Medicare patients
2. Provide general incident-to supervision
3. Submit monthly billing summary CareBranch delivers

### What CareBranch Does

- ✓ Hire, train, and manage all Care Guides
- ✓ Conduct all telephonic patient contact and documentation
- ✓ Deliver a billing-ready summary to your practice monthly

## WHAT A CARE GUIDE DOES BETWEEN YOUR VISITS

### Consistent Monthly Contact

A Care Guide engages monthly by phone or text — proactive outreach and on-demand support provided.

### Navigates the System

Helps patients and caregivers navigate referrals, prior authorizations, and insurance questions — without burdening your staff.

### Removes Barriers to Care

Finds rides, connects to food resources, addresses prescription costs, and resolves day-to-day gaps that derail follow-through.

### Supports Caregivers Too

A consistent professional contact between appointments — reducing caregiver burden, confusion, and the feeling of going it alone.

### Prepares Patients for Visits

Patients arrive knowing what to ask and what's changed. Better prepared patients mean more productive time with you.

### Keeps You Informed

Relevant updates on patient status and progress are routed to you — staying informed without being in the loop on every interaction.

## EVIDENCE BEHIND THE CARE GUIDE MODEL

**70%**
Lower Odds of 30-Day Hospital Readmission
*IMPaCT RCT · JAMA Internal Medicine 2019*
*Multicenter randomized controlled trial*

**$2.47**
Returned Per $1 Invested in the CHW Model
*IMPaCT RCT · Health Affairs 2020*
*Medicaid payer perspective RCT*

**21%**
Reduction in Hospitalizations Across Enrolled Patients
*IMPaCT RCT · Health Services Research 2020*
*Pooled RCT, n=1,334*

## FINANCIAL IMPACT — PER PHYSICIAN

**~$48K**
PER PHYSICIAN / YEAR

Based on **100 enrolled patients** — approximately 5% of a typical PCP panel.
No upfront cost · No staffing cost · No technology cost to your practice