



Gladys Wheeler, Acting POS Coordinator
Centers for Medicare & Medicaid Services
Mail Stop S2-01-16
7500 Security Blvd
Baltimore, Maryland 21244-1850

RE: Update CMS Place of Service Codes (POS) to Align with Increasing Street Medicine and Field-based Practices

Dear Ms. Wheeler,

On behalf of the Street Medicine Institute, an international organization representing over 80 members in the United States, the University of Southern California Division of Street Medicine in the Department of Family Medicine, and the 228 undersigned organizations and 314 individual signers, we are writing to request the addition of a Centers for Medicaid and Medicare (CMS) place of service (POS) code of "field." A field POS code would allow people experiencing homelessness (PEH) to access eligible healthcare benefits outside the four walls of a clinic via street medicine. As the number of PEH increases along with high levels of morbidity and mortality, there is an urgent need to facilitate the delivery of street medicine practices, which demonstrate efficacy in improving the quality of care for PEH. Additionally, with the growing practice of other field-based care delivery models, the field POS code can have multiple uses resulting in increased access to care for people unable to access brick-and-mortar or mobile van settings, as well as allowing tracking of care provided through street medicine.

What is "street medicine?"

Street medicine, the act of providing healthcare in peoples' lived environment, is a proven best practice in improving health care access and outcomes for PEH, with approximately 90 street medicine programs in operation in the United States. Street medicine was developed specifically to address the unique needs and circumstances of unsheltered homeless individuals on-site where they reside.¹ Street medicine programs provide medical care for acute and chronic health conditions, including behavioral health care and treatment for substance use disorders, such as dispensing medications and drawing blood work on the street to decrease barriers to care. Street medicine programs collaborate with other community-based organizations to help PEH obtain IDs, social security cards, and birth certificates to create a valid medical record and establish housing placement needs, certify disability to help with SSI/SSD, sign up for medical insurance, provide transportation, and ensure continuity of care and connection with patients long enough to complete the housing process which usually takes months. During this time, we improve health and wellbeing so patients can be matched to the least restrictive housing and be healthy enough to succeed in their housing placement.

¹ Withers J. Street medicine: An example of reality-based health care. *J Health Care Poor Underserved*. 2011. doi:10.1353/hpu.2011.0025



A recent poll conducted by the Street Medicine Institute with member programs revealed that street medicine providers face numerous barriers to sustainability and expansion, most notably the inability to be reimbursed by CMS for billable services. The poll included 80 unique programs from around the country providing over 20,000 patient visits on the street yearly. Over 90% are staffed by medical providers (physicians, PAs, and NPs) providing primary care, treatment of acute and chronic disease, vaccinations, mental health treatment, and drug and alcohol counseling. To decrease all barriers for patients, most dispense medications and draw labs on the street. Despite providing a high level of services, over 70% of respondents don't bill for services rendered citing the lack of CMS POS code, raising questions as to the ability to seek reimbursement in this physical setting.

Though still a young field, street medicine has demonstrated encouraging results, with:

- Less than 30% of PEH who are insured have ever seen their Primary Care Physician ever vs 70% of those with Street Medicine providers who are actively engaged in Primary Care within 1 week of referral.²
- Street Medicine has demonstrated a 2/3 decrease in hospital admissions with a hospital-based street medicine consult service.¹²
- Street Medicine has demonstrated a quarter reduction in hospital length of stay for PEH through a hospital-based consult service.¹²
- Street Medicine has demonstrated improved placement in housing after a hospital admission with a hospital-based consult service.¹²
- In 2019, USC Street Medicine, in collaboration with community partners, placed 42% of all patients into housing.¹²

How is street medicine different than mobile medicine?

Street medicine strives to “go to the people,” and serve them in their environment where they feel comfortable, not where providers feel most comfortable. This is done via walking rounds with backpacks, usually working out of a pick-up truck or car, but is also done via horseback, kayak, or any other means to reach hard-to-reach people. The balance of power is shifted to the patient, with them as the lead of their medical team. This philosophy leads to street medicine to be practiced on the street, in the lived environment of those we serve, rather than ask them to come into our space in a mobile van that we've licensed. This philosophical difference between street medicine and mobile medicine is an important one, given the history of trauma many PEH have faced, and opens access to previously impossible to reach people.

Fiscal impact of street medicine

The true fiscal impact of taking street medicine to scale is unknown as our systems haven't caught up with the practice to permit its widespread acceptance. Adding a POS code is part of the needed modernization. Analysis done based on data from CA and Medi-Cal per 100,000 enrollees revealed marked decreases in hospitalization, ED rates, and hospital length of stay. Based on available data, the following can be extrapolated:

1. PEH average 1.0 hospitalizations per year and 4.0 ED visits per year³

² Feldman B, Robinson J, Banerjee J. (2020, October). *Creating a Primer for a Street Medicine Hospital-based Consult Service to Treat the Most Vulnerable while Showing Value*. Presented at International Street Medicine Symposium, virtual.

³ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4627525/>

2. Street medicine inpatient consult services are proven to decrease 30-day readmission rates from 37% to 10%⁴
3. Street medicine inpatient consult service proven to decrease length of stay from 11 to 8 days²
4. Impact on hospitalizations and hospital days
 - a. Per 100,000 enrollees x 1.0 hospitalizations per year= 100,000 hospitalizations
 - b. 100,000 hospitalizations x 37% readmission rate for PEH **without** Street Medicine= 37,000 hospitalizations
 - c. 100,000 hospitalization x 10% readmissions for PEH **with** SM= 10,000 hospitalizations

***Per 100,000 enrollees, lack of Street Medicine results in 27,000 avoidable hospitalizations per year vs. 1,124 for general Medi-Cal population⁵**

Non-SM: 37,000 hospitalizations x 11-day length of stay= 407,000 hospital days

SM: 10,000 hospitalizations x 8-day length of stay= 80,000 hospital days

****Lack of Street Medicine results in 327,000 avoidable hospital days per year for PEH**

5. Impact on ED visits
 - a. PEH average 1.0 hospitalizations per year and 4.0 ED visits per year¹
 - b. Street Medicine has been shown to decrease ED visits by 75%⁶

*****Per 100,000 beneficiaries= 400,000 ED visits x 75%= 300,000 ED visits saved**

Challenges with reimbursements due to lack of a clear POS code

With evidence showing PEH aren't well served in the existing system, and the positive impact of street medicine, and despite providing services reimbursable under CMS, the lack of clarity over the possibility of billing, the experience of billing declination, and the risk of audit, has prevented expansion and jeopardized the sustainability of essential services to our most vulnerable citizens. This is not due to the services provided since they are already reimbursable, rather the absence of an appropriate POS code. Street medicine providers have experienced billing declinations or have considered, but decided against, the use of POS codes 4, 12, 15, 16, and 99. This is understandable, as none accurately describe caring for patients under a bridge or on the street in their lived environment through street medicine. This has led to at least 70% of street medicine organizations to not bill for billable services because there is no POS code indicating a visit can take place in the field. This has also led to a lack of accurate information on the care that's being provided which could inform better care for PEH in the future. Many more potential programs have failed to start since they would rely on grants and philanthropy for revenue, even when patients are insured.

⁴ Feldman B, Robinson J, Banerjee J. (2020, October). *Creating a Primer for a Street Medicine Hospital-based Consult Service to Treat the Most Vulnerable while Showing Value*. Presented at International Street Medicine Symposium, virtual.

⁵ <https://www.chcf.org/wp-content/uploads/2019/02/MediCalFactsFiguresAlmanac2019.pdf>

⁶ <https://www.advisory.com/en/daily-briefing/2017/12/01/street-medicine>

Impact on Patient Care

Catastrophically, the creation of a large gap between benefit eligibility and benefit access exists, contributing to increased morbidity and mortality for PEH. **Recognition of the legitimacy of street medicine, and the need to provide care outside of 4 walls, is also recognition of PEH’s right to life, as this is their relied upon method of receiving care.**

Please consider adding a CMS POS code “field” to allow for billable services delivered outside of four walls to be reimbursed.

Thank you for your time and consideration.

Sincerely,



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- Advocate Aurora
- AHN Center for Inclusion Health
- AIDS Action Baltimore
- AIDS Alabama
- AIDS Foundation Chicago
- AIDS United
- Alameda County Health Care for the Homeless Commission
- Alaska Family Medicine Residency
- Albuquerque Health Care for the Homeless
- Alchemy Integrated Medicine
- Allegheny Health Network
- Alma Family Medicine
- Appalachian Mountain Community Health Center
- Atlantic Prevention Resources
- Bay Clinic, Inc.
- Beaumont Health

Black AIDS Institute
Boston Medical Center
Brilliant Corners
Brown Family Medicine Residency
Brown University
Care Beyond the Boulevard, Inc.
Carilion Clinic
Caring Ambassadors Program
Cascades East Family Medicine
Center for Inclusion Health, Allegheny Health Network
Central Maine Medical Center Family Medicine Residency
Central Outreach Wellness Center
Chas Community Health Association of Spokane
Chicago Department of Public Health
Chicago Street Medicine
Cincinnati Health Network
CLINICA Family Health
Clinica Sierra Vista
CMHC Street Psychiatry
Coastal Street Medicine/Mendocino Coast Hospitality Center
Colorado Coalition for the Homeless
Community Access National Network (CANN)
Community Empowerment Resources
Community Health Project LA
Covenant Community Care
Covid Clinic, Inc.
CU Street Medicine
Dade County Street Response
Department of Family Medicine, Brown University
Department of Family Medicine, University of California Davis
Department of Medicine, Keck Medical Center of USC
DESC
Detroit Street Care, Michigan State University College of Osteopathic Medicine
Dignity Health
Doctors Without Walls - Santa Barbara Street Medicine
Drexel University College of Medicine
Duke School of Medicine
Eliot CHS Homeless Services
End of Life Care for the Homeless
Fort Worth Street Medicine
Grand Rapids Street Medicine
H4H
Harbor Hospice
Hawai'i Department of Health
Hawai'i Health & Harm Reduction Center
Hawaii Homeless Healthcare Hui
Health Care for the Homeless
Health in Justice Action Lab, Northeastern University
Health Leads
Healthcare in Action

HealthPoint
HealthRIGHT 360
Heartland Health Outreach
Hep B United
Hep Free Hawaii
Hepatitis B Foundation
Hepatitis C Mentor and Support Group, Inc. - HCMSG
House of Hope
Housing First Umpqua
Illinois Public Health Institute
Illumination Foundation
Institute for Family-Centered Childbirth
Intown Collaborative Ministries
Jackson Memorial Hospital
Janian Medical Care
Johns Hopkins School of Medicine
Kaweah Health Street Medicine
Kealahou West Oaahu
Keck School of Medicine, University of Southern California
KSOM Street Medicine
L.A. County Department of Mental Health
LA Harm Reduction Network
Lehigh Valley Health Network Street Medicine
LifeLong Medical Care
Lilly's Place Affordable & Workforce Housing
Los Angeles Christian Health Centers
Los Angeles County Department of Mental Health
Louisiana State University Health Sciences Center SRCC (Student Run Community Clinics)
Loyola University of Chicago Stritch School of Medicine
Macomb County Street Medicine
Madison Area Care for Homeless OneHealth (MACH One)
Malama I Ke Ola Health Center
Marian Regional Medical Center, Family Medicine Residency Program
Maui AIDS Foundation / Maui Health
Mayo Clinic
Meadville Medical Center
Medical College of Wisconsin
Memorial Health University Medical Center - Family Medicine
Mendocino Coast Clinics
Mercy Care
MercyWatch
Miami Street Medicine
Michigan State College of Human Medicine, Spartan Street Medicine
National Health Care for the Homeless Council
National Sobering Collaborative
National Task Force on Hepatitis B
National Working Positive Coalition
Neighborcare Health
New Jersey Harm Reduction Coalition
New York University

North Carolina AIDS Action Network
Northwestern University Feinberg School of Medicine
Nova Southeastern University College of Osteopathic Medicine
NW Instituto Latino de Adiciones
NYC Health + Hospitals
Olive View-UCLA Medical Center
On The Bright Side, LLC
Operation Safety Net
Oregon Health & Science University
OSF St. Francis Medical Center
Pacifica Graduate Institute
Partners in Care
PATH
Pathways to Housing PA
Patient Care Intervention Center
Paul's Place
Pennsylvania Academy of Family Physicians
Phillips County Health systems
PHSKC Street Medicine Team
Piedmont Health Services
PLNU
PlusInc
Point Loma Nazarene University
Porterville College
Portland Street Medicine
Pottstown Hospital - Tower Health
Prevention Point Philadelphia
Providence Community Health Centers
Red Roots Medicine
Regional Harm Reduction Collaborative
Regis University
REMSA Health
Residential Youth Services & Empowerment (RYSE)
Ritter Health Center
Rush University Medical Center
Safe Haven Clinic Institute
Santa Barbara Street Medicine-Doctors Without Walls
Santa Rosa Community Health
SFDPH
Showering Love Inc.
Smith-Bernardin Consulting, Inc.
Social Artistry Consulting
St. Peter Family Medicine
StoptheDrugWar.org
Street Health DC
Street Medicine at Pitt
Street Medicine Detroit, Wayne State University School of Medicine
Street Medicine Institute
Street Medicine Oakland at Oakland University William Beaumont School of Medicine
Street Medicine Phoenix

Street Psychiatry
Streetside Clinic at Prevention Point
Stritch School of Medicine
Sulzbacher
SUNY Upstate Medical University
SUNY Upstate Medical University
Tampa Bay Street Medicine
Team PSBG LLC
The AIDS Institute
The County of Alameda (California)
The Institute for Human Services, Inc.
The Night Ministry
The Olympia Free Clinic
The Radical Hale
The Shop at Rancho Milagrito
The University of Michigan
Tiburcio Vasquez Health Center Street Health
Traverse Health Care Clinic
Treatment Action Group
TRUST clinic
Tulane Street Health Response
TUN Street Medicine
UC Davis School of Medicine
UC Riverside Street Medicine
UCLA
UMass Chan Medical School/UMass Memorial Health
Union Station Homeless Services
Unity Health Care, Inc
University District Street Medicine, University of Washington
University Health Partners of Hawai'i
University of California, Davis
University of California, Riverside
University of Colorado, Anschutz
University of Colorado School of Dental Medicine
University of Florida, Sulzbacher
University of Florida
University of Illinois College of Medicine Rockford
University of Massachusetts Medical School, Road to Care Mobile Addiction Service
University of Miami
University of Miami Miller School of Medicine
University of North Carolina At Wilmington
UPMC
Utah Naloxone
Valley Health Partners (VHP) Street Medicine
Venice Family Clinic
Village Health Center at Father Joe's Villages
Virginia Hepatitis Coalition
Vituity
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Waikiki Health Center

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