

INDIAN HEALTH SERVICE COMMUNITY HEALTH REPRESENTATIVE PROGRAM

Fee-For-Service Medicaid Billing Environmental Scan and Recommendations



2024



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KEY ACRONYMS AND DEFINITIONS

CBOs – Community-Based Organizations – are nonprofit organizations that work at the local level to improve the health and well-being of their community. CBOs are often service organizations that provide educational or related services to individuals in the community.

CHR – Community Health Representative

CHW – Community Health Worker

Fee-for-Service – Method in which health care providers are paid for each service performed.

Grandfathered-in – A provision in which an old rule continues to apply to some existing situations while a new rule will apply to all future cases.

HRSN – Health-Related Social Needs – social and economic needs that can affect an individual's ability to maintain their health and well-being.

IHS – Indian Health Service

MCOs - Managed Care Organizations – are agencies that contract with a state Medicaid program to operate as a health care delivery system organized to manage cost, utilization, and quality.

SDoH – Social Determinants of Health – non-medical factors that can impact a person's health and longevity.

SPA – State Plan Amendment – When a state intends to alter its program policies or operational methods for Medicaid, it submits state plan amendments (SPAs) to the Centers for Medicare & Medicaid Services (CMS) for evaluation and approval.

Type 1 NPI – An individual National Provider Identification Number

Type 2 NPI – A group (i.e., organization) National Provider Identification Number

INTRODUCTION

The Indian Health Service (IHS) Community Health Representative (CHR) Program is an IHS-funded, tribally contracted program of well-trained and medically guided community-based health workers. The CHR Program was established by Congress in 1968 in response to the expressed needs of American Indian and Alaska Native (AI/AN) governments, organizations, and the IHS, for a health care program that would provide an outreach component to meet specific tribal health care needs.

The primary purpose of the CHR program is unique, distinct, and in line with broader Community Health Worker (CHW) workforce roles and competencies to include¹:

- **Relationship and trust-building** – to identify specific needs of clients,
- **Communication** – especially continuity and clarity, between provider and patient, traditional knowledge and language, and,
- **Focus on Social Determinants of Health** – conditions in which people are born, grow, work, live, and age, including social connectedness, traditional knowledge, spirituality, relationship to the environment, and a shared history.

Today, the CHR program serves as the largest tribally contracted and compacted program with more than 95% of CHR programs being directly operated by Tribes under P.L. 93-638 of the Indian Self-Determination and Education Assistance Act, as amended. There are more than 1,600 CHRs representing over 250 tribes in all 12 IHS Areas. The authority for the CHR program can be found in the Indian Health Care Improvement Act, Section 107 of P.L. 100-713, dated November 23, 1988.²

The CHR Program has made important contributions to Indian health in its efforts to provide community-oriented primary health care services serving to bolster primary and preventive health (HHS Strategic Plan FY 2022-2026 Goal 1, Objective 1.5 Bolster the health workforce to ensure delivery of quality services and care). CHRs are trusted members of the community and serve as a link between the Indian health system, including associated health programs, and AI/AN patients and communities. Importantly, this community-based delivery of care is provided in coordination with tribal health departments and programs.¹

Community Health Representatives funds are subject to tribal shares and are transferred to Tribes when they assume the responsibility for operating the associated programs, functions, services, and activities. A portion of the overall Community Health Representative's budget line is reserved for inherently federal functions and is therefore retained by the IHS to perform the basic operational services of the Agency.¹

Throughout this report, the term CHW is used as an umbrella term to include CHRs, unless otherwise specified (as some states do not recognize CHRs specifically as needed to address important information related to CHR reimbursement).

¹IHS FY2024 Congressional Justification. *IHS.gov*. 2023.

https://www.ihs.gov/sites/budgetformulation/themes/responsive2017/display_objects/documents/FY2024-IHS-CJ32223.pdf

²About Us. *IHS.gov*. 2024. <https://www.ihs.gov/chr/aboutus/>

EXECUTIVE SUMMARY

As CHR's continue to navigate the Medicaid reimbursement opportunities present in states with fee-for-service CHW reimbursement, CHR programs in some states may face equity challenges in accessing reimbursement. An environmental scan of the 14 states with Medicaid reimbursement was conducted from the specific lens of a CHR program. Of the 14 states, only four states would allow for a CHR program (without significant program changes) to bill Medicaid for CHR services.

Key information collected within the environmental scan included the Medicaid website and overview, Managed Care Organization (MCO) summaries, CHR programs in the state, training and supervision, Medicaid enrollment process, certification, provider order/referral process, mode and location of service delivery, covered services, documentation, reimbursement process and rates and billing limits.

When it comes to reimbursement for CHR programs, there are equity barriers present when it comes to organization type and enrollment with Medicaid. Currently, only half of the 14 states allow for a community-based organization (and acting as such) CHR programs to bill Medicaid for services. This is often based on the supervisor requirements and/or the limitations in some states for Community-based Organizations (CBOs) to enroll and bill Medicaid. Additionally, eight (8) of the 14 states with fee-for-service reimbursement require provider supervision which is likely a barrier for CHR programs as CHR programs typically do not directly work with or under a provider.

An additional equity barrier that CHR programs face in some states is the exclusion of the IHS CHR training program being grandfathered in and explicitly called out as an approved training program within a state. In five (5) of the 14 states, the IHS CHR training program would likely be approved as a training program but is not specifically called out.

While billing processes vary among states, CHR programs in states that require billing to be submitted under a provider would likely need to establish contractual relationships to bill for services, resulting in a likely decreased reimbursement rate due to overhead and pass-through dollars kept by the billing provider. This is especially concerning for states with lower reimbursement rates, as hourly equivalent rates range from \$36.22 to \$100.20 for individual services provided. Overall, the average reimbursement rate of the 14 states with fee-for-service reimbursement is \$52.87.

Of the 14 states that currently allow for fee-for-service reimbursement for CHW services, CHR programs in only four (4) states can currently bill for CHW services. The four states without significant barriers to a CHR program billing Medicaid for CHR services are Arizona, New Mexico, Rhode Island, and South Dakota.

State-specific summaries with recommendations for policy changes to allow for equitable CHR reimbursement in all 14 states are found in Appendix A.

BACKGROUND

WORKFORCE DEVELOPMENT

Nationally, the CHW workforce continues to grow and develop at an exponential rate, exacerbated by the COVID-19 pandemic. Many states and regions continue to grow and develop the CHW workforce to continue to address chronic disease management and SDoH. CHR programs are an important and historical part of this growing and developing CHW workforce.³

As the CHW movement continues to evolve, CHR programs across the country are well poised to align with continuing CHW workforce opportunities to grow and further implement sustainability opportunities. As the IHS CHR training program is already developed and available, many CHR programs are able to be grandfathered into various workforce sustainability opportunities, including Medicaid reimbursement for CHW services without needing to obtain any additional trainings.

CHR Training offered through the Indian Health Service consists of asynchronous e-learning modules in three courses: basic training, specialty training and advanced training. Basic Training consists of 18 modules covering three training tracks: Core Skills, Chronic Illness, and Healthy Living. All tracks provide the foundation a CHR will need based on the CHW Core Consensus (C3) Project guidelines for CHW roles, skills, and qualities.⁴

MEDICAID REIMBURSEMENT

Medicaid is the nation's publicly financed health care coverage program for low-income people enacted in 1965 under Title XIX of the Social Security Act and Title XXI the Children's Health Insurance Program (CHIP) enacted in 1997. Medicaid operates under a state and federal partnership between each state or territory and the Centers for Medicare and Medicaid Services (CMS). States administer their Medicaid programs individually with federal oversight through a state plan leading to unique coverage across the nation. States can operate under a number of payment methodologies, including fee-for-service and managed care.

FEE-FOR-SERVICE MEDICAID

Fee-for-service (FFS) Medicaid coverage reimburses an enrolled provider a fee for each service that is rendered. According to Section 1902(a)(30)(A) of the Social Security Act, these payments must align with efficiency, cost-effectiveness, and quality of care standards, ensuring adequate access to services equivalent to that of the general population.⁵

Some State Medicaid programs may offer Fee-for-Service coverage as well as Managed Care coverage, leaving it up to the recipient to choose which option may work best for their needs or offer coverage for certain services through fee-for-service.

³ National Community Health Representative Strategic Plan 2023–2028. *Indian Health Service*. 2023. https://www.ihs.gov/sites/chr/themes/responsive2017/display_objects/documents/nationalchrstrategicplan1123.pdf

⁴ CHR Training and Education. *IHS.gov*. 2024. <https://www.ihs.gov/chr/chrtraining/>

⁵ Provider Payment and Delivery Systems. *Medicaid and CHIP Payment and Access Commission*. 2024. <https://www.macpac.gov/medicaid-101/provider-payment-and-delivery-systems/>

MANAGED CARE MEDICAID

Managed Care is a health care delivery system organized to manage cost, utilization, and quality. Medicaid managed care provides for the delivery of Medicaid health benefits and additional services through contracted arrangements between state Medicaid agencies and managed care organizations (MCOs).⁵

Managed care States have integrated managed care into their Medicaid programs for several reasons. Managed care offers states increased control and predictability regarding future costs, and, unlike Fee-for-Service models, managed care fosters greater accountability for outcomes and facilitates systematic efforts to measure, report, and monitor performance, as well as access and quality of care.⁵

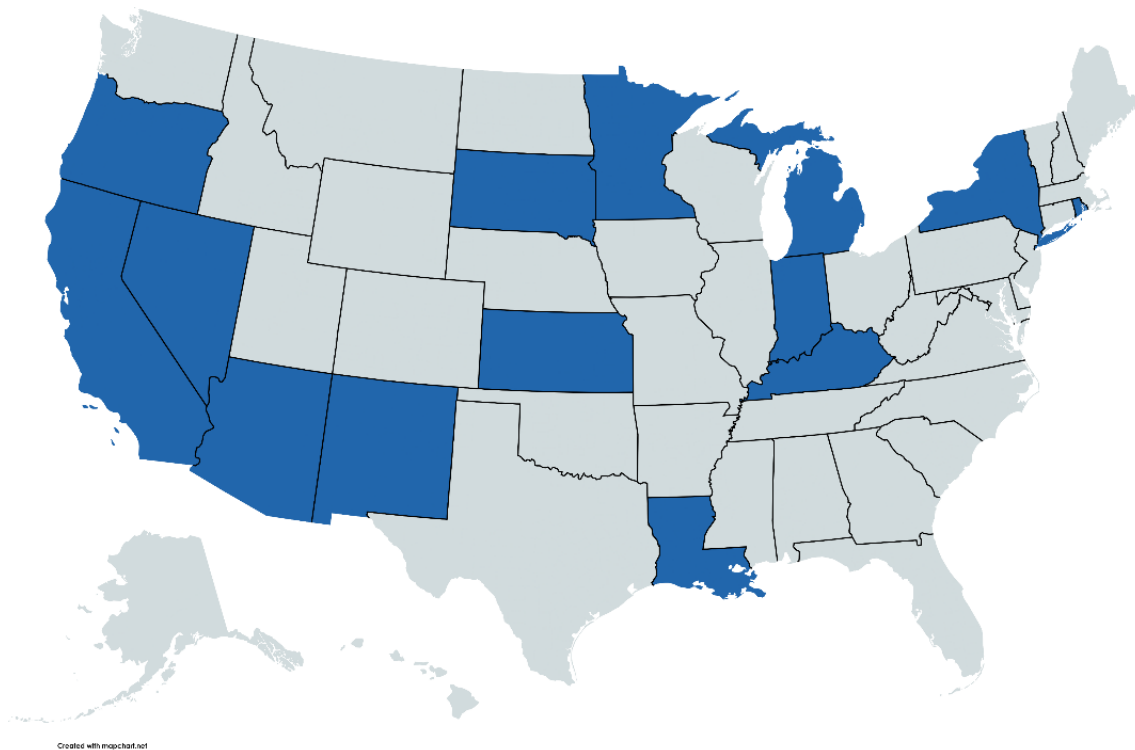
STATE PLAN AMENDMENTS

A Medicaid and CHIP state plan is a formal agreement between a state and the federal government detailing how the state will manage its Medicaid and CHIP programs. This plan ensures that the state will follow federal regulations and allows the state to receive federal matching funds for its program activities. It outlines the populations covered, the services offered, the methods for reimbursing providers, and the administrative procedures in place within the state.⁶

When a state intends to alter its program policies or operational methods, it submits state plan amendments (SPAs) to the Centers for Medicare & Medicaid Services (CMS) for evaluation and approval. These SPAs are used to request program modifications, make necessary corrections, or incorporate new information into the Medicaid or CHIP state plan.⁶ States have begun to utilize SPAs to implement Medicaid reimbursement for CHW services. Currently, 14 states have implemented a SPA to allow for FFS CHW reimbursement.

The following map identifies the states that currently reimburse for CHW services using a fee-for-service reimbursement model:

⁶ Medicaid State Plan Amendments. *Medicaid.gov*. 2024. <https://www.medicaid.gov/medicaid/medicaid-state-plan-amendments/index.html>.



CHR PROGRAMS BY STATE

The following details the current makeup of CHR programs within each of the 14 states with a fee-for-service CHW reimbursement model in place:

- **Arizona** – 19 CHR programs
- **California** – 33 contracts administered on behalf of Tribes with a CHR program; one is the California Rural Indian Health Board (CRIHB) consortium with 20 member tribes
- **Indiana** – no tribes with administrative headquarters in Indiana; however, the Pokagon Band of Potawatomi Indians is a federally recognized tribe that lives in a 10-county area of northern Indiana and southwestern Michigan. The tribe's administrative offices are in Dowagiac, Michigan, with a satellite location in South Bend, Indiana.
- **Kansas** – 6 CHR programs
- **Kentucky** – no tribes with administrative headquarters in Kentucky and therefore no CHR programs
- **Louisiana** - 4 CHR programs
- **Michigan** – 12 CHR programs
- **Minnesota** – 10 CHR programs
- **Nevada** – 19 CHR programs
- **New Mexico** – 23 CHR programs
- **New York** – 8 CHR programs
- **Oregon** – 10 CHR programs
- **Rhode Island** – 1 CHR program
- **South Dakota** – there are 10 CHR programs

ENVIRONMENTAL SCAN PROCESS

An environmental scan screening tool was developed to ensure consistency in the data gathering process by state. Key data collected included the Medicaid website and overview, MCO summaries, CHR programs in the state, training and supervision, the Medicaid enrollment process, certification, provider order/referral process, mode and location of service delivery, covered services, documentation, reimbursement process and rates and billing limits.

As some information regarding CHW reimbursement policies was not clearly shared within public documents found on State Medicaid websites, the researchers reached out to individual Medicaid programs for clarification. However, not all Medicaid programs responded at the time of the report writing.

Research for this report and its findings were conducted in the Summer of 2024 by the Community Health Worker Collaborative of South Dakota (CHWSD) on behalf of the Indian Health Services (IHS). While significant efforts were made to connect with State Medicaid Programs regarding clarifying questions about policy language, some states did not respond to clarifying questions and thus, assumptions were made based on individual interpretation of policy manuals. Should a State Medicaid wish to update this report with sourced changes to clarify findings, please email info@chwsd.org with the subject line "IHS Environmental Scan Report Findings."

Suggested Citation: *Indian Health Service (IHS) - Community Health Representative (CHR) Fee-for-Service Medicaid Billing Environmental Scan Summary and Recommendations, October 2024. Indian Health Service.*

ENVIRONMENTAL SCAN FINDINGS

PATHWAY TO REIMBURSEMENT (TABLE OF FINDINGS)

The following table summarizes the barriers that CHR programs may experience as they navigate through the process of enrolling and billing for CHW services. A yellow box indicates a possible barrier, while a red box indicates a confirmed barrier that completely prevents the CHR program from accessing CHW reimbursement. Currently, only four (4) of the 14 states with fee-for-service reimbursement have no significant barriers to CHR reimbursement, as shown in table 1 below.

Table 1

State	Can Community-based organizations (CBOs) and (acting as such) CHR programs bill Medicaid for CHW/CHR Services?	Is the IHS CHR Training Program grandfathered in and/or is it attainable for the CHR Training Program to meet the training requirements necessary for billing?	What provider type (or types) are required to enroll in Medicaid to bill for services?	Does supervision and/or billing of the CHW/CHR need to be under a licensed professional?	Associated fees for certification and/or enrollment.
Arizona	Yes	Yes	Not needed, unless enrolling as a new CHW Provider Type	No	\$300 initial certification, \$200 renewal \$709 enrollment fee (for some program types)
California	Yes	No (supervising provider decides)	Type 2 NPI	No	\$709 enrollment fee
Indiana	No	Likely	Billed under provider	Yes	None
Kansas	No	Likely	Billed under provider	Yes	None
Kentucky	No	No	Billed under provider	Yes	\$50 certification \$25 renewal

Louisiana	No	Likely	Billed under provider	Yes	None
Michigan	No	Yes	Type 1 NPI for enrollment, Billed under provider	Yes	None
Minnesota	Yes	No	Type 1 NPI	No	None
Nevada	No	No (Working on a SPA amendment)	Type 1 NPI (in a medical/clinical setting only)	Yes	\$75 certification
New York	No	Likely	Billed under provider	Yes	None
New Mexico	Yes	Yes	Type 1 NPI or Type 2 NPI	No	\$45 certification
Oregon	No	No	Billed under provider	Yes	None
Rhode Island	Yes	Likely	Type 1 NPI or Type 2 NPI	No	\$125 certification
South Dakota	Yes	Yes	Type 2 NPI	No	\$50 certification

Based on the information above, only the following four (4) states have no significant barriers to an IHS CHR Program billing Medicaid for CHR services:

- Arizona
- New Mexico
- Rhode Island*
- South Dakota

*As the IHS CHR training program would likely be approved as a training program in Rhode Island, CHR programs in Rhode Island could likely bill Medicaid for CHR services.

FINDINGS AND BARRIERS

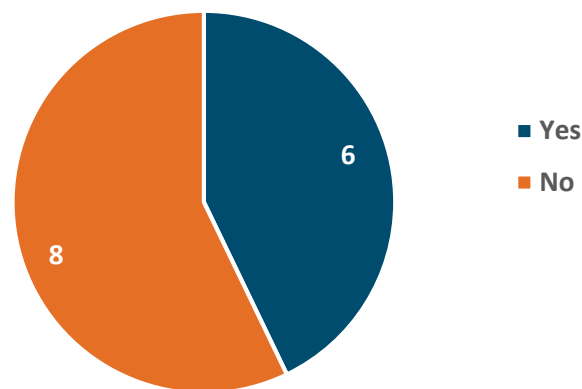
ACCESS TO REIMBURSEMENT BY PROGRAM TYPE

Currently, only six of the 14 states with a Fee for Service Medicaid Reimbursement State Plan Amendment (SPA) allow for Community-based Organizations (CBOs) and (acting as such) CHR programs to bill their State Medicaid Program for CHW/CHR Services. One state has indicated that they are working on a SPA Amendment to include CBOs and (acting as such) CHR Programs. Figure 1 below shows

the number of states where CHR programs could currently even access reimbursement (due to their likely provider type that would be used for Medicaid enrollment).

Figure 1 (n=14)

Can Community-based organization (CBOs) and (acting as such) CHR programs bill Medicaid for CHW/CHR Services?



CHR Programs in the following states could enroll in their state Medicaid program:

- Arizona
- California
- Minnesota
- New Mexico
- Rhode Island
- South Dakota

CHR Programs (acting as a CBO) could not currently enroll in their state Medicaid program in the following states:

- Indiana
- Kansas
- Kentucky
- Louisiana
- Michigan
- Nevada
- New York
- Oregon

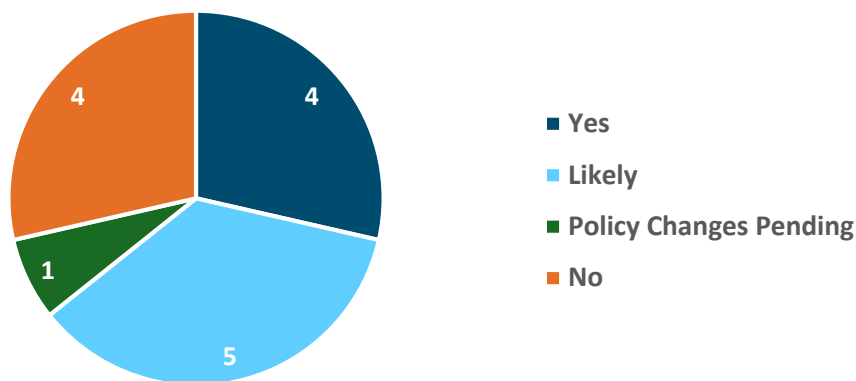
TRAINING REQUIREMENTS

Only four (4) states explicitly state that the IHS CHR training program is an approved training program for Medicaid reimbursement within that state. Further, based on findings from State Medicaid and other relevant websites, the IHS CHR training program is likely an approved training program for

reimbursement, but is not called out as an approved training program. Additionally, some of these states may require payments for curriculum review for the IHS CHR training program to be reviewed and possibly approved. Four (4) states do not allow the IHS CHR training program as an approved training program, as shown in Figure 2 below.

Figure 2 (n=14)

Is the IHS CHR Training Program grandfathered in and/or is it attainable for the CHR Training Program to meet the training requirements necessary for billing?



States where the IHS CHR Training Program is explicitly called out as an approved training program (grandfathered-in):

- Arizona
- Michigan
- New Mexico
- South Dakota

States where the IHS CHR Training Program would likely be an approved training program for Medicaid reimbursement:

- Indiana
- Kansas
- Louisiana
- New York
- Rhode Island

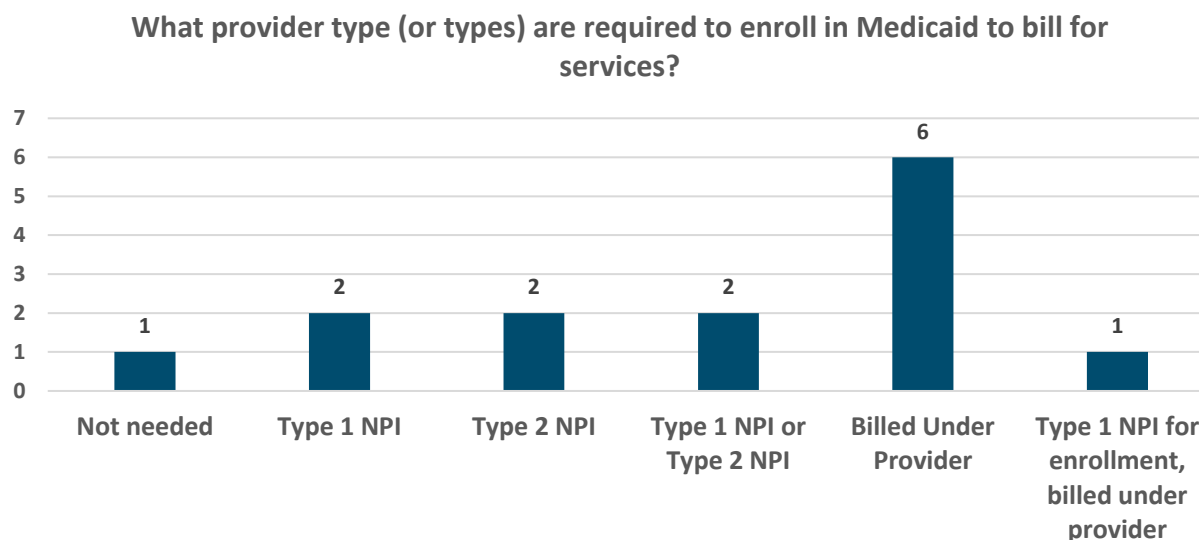
States where the IHS CHR Training Program is not an approved CHW training program for Medicaid reimbursement:

- California (supervising provider decides on approved training)
- Minnesota
- Kentucky
- Nevada (looking to implement a SPA amendment to grandparent-in IHS CHR training)
- Oregon

BILLING PROVIDER TYPES

To begin billing for CHW services, an individual CHW and/or an organization employing a CHW typically enroll with the state Medicaid program to be able to bill for CHW services. While there is no right or wrong answer when it comes to the enrollment provider type, when CHW services are billed under a provider, equitable reimbursement is not an opportunity for CHR programs as the vast majority do not operate within a medical/clinical setting directly under a provider. Figure 3 below shows the different provider type enrollments utilized by states with Medicaid reimbursement for CHW services.

Figure 3 (n=14)



Six (6) states currently require billing for CHW services to fall under a provider, meaning that a CHR program in these states would not need to enroll with Medicaid directly but would need to establish a relationship with a provider to work under the provider and bill under the provider. This relationship would likely need to be a formal contract, as this contract would outline the billing agreements between the CHR program and the provider. This could be a challenge for many CHR programs as they often operate like a CBO and not as a medical/clinical program.

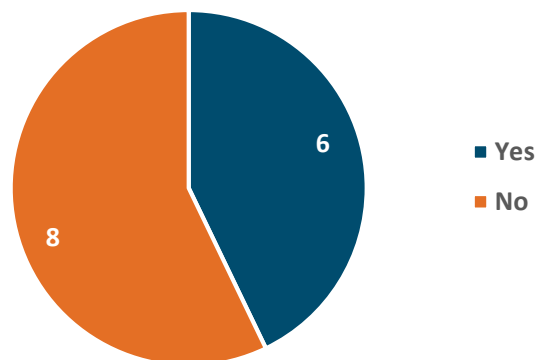
Further, all six (6) of the states that currently have CHW services billed under the provider also do not allow a CBO to bill and require provider supervision, as indicated below. This could continue to create a challenge as CHR typically work with individuals who are seen by many providers and would not necessarily work with individuals seen by just one provider who is also their required supervisor.

SUPERVISION REQUIREMENTS

As CHR Programs are not typically housed directly within a medical/clinical setting, many CHR programs may have a difficult time navigating a contracting process to allow for a provider to bill for and/or supervise a CHW. Additionally, with four states requiring CHW services to be billed under a provider, CHR programs in those states may have more stringent supervision requirements as supervision is tied to CHW billing under the supervising provider. Figure 4 below shows the number of states that require provider supervision of a CHW.

Figure 4 (n=14)

Does supervision and/or billing of the CHW/CHR need to be under a licensed professional?



CHRs in the following states do not require provider supervision:

- Arizona
- California
- Minnesota
- New Mexico
- Rhode Island
- South Dakota

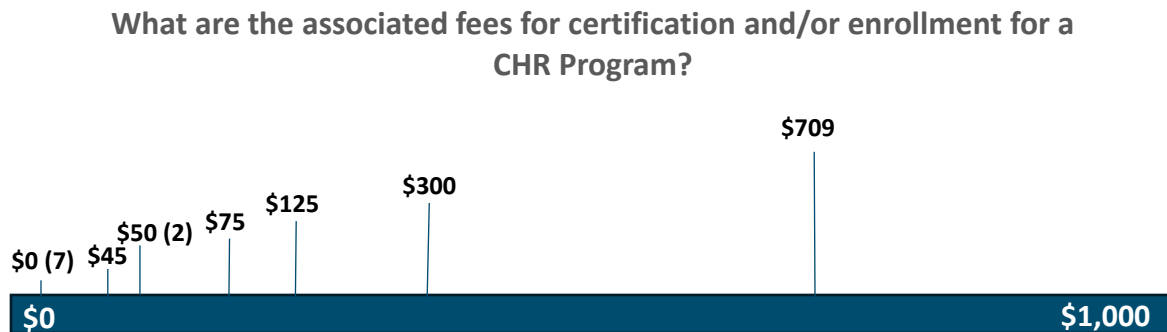
CHRs in the following states would require provider supervision of some sort (a significant equity barrier for most CHR programs):

- Indiana
- Kansas
- Kentucky
- Louisiana
- Michigan
- Nevada
- New York
- Oregon

ASSOCIATED FEES

For some CHR programs, fees related to enrollment may pose a barrier to enrollment. Of the 14 states with Medicaid reimbursement for CHW services, three (3) states have enrollment and/or certification fees that exceed \$100. One state (California) has an initial enrollment fee of \$709. This could pose a significant barrier for a financially strapped CHR program seeking Medicaid reimbursement to further grow and sustain its program. Seven (7) states do not charge any fees for enrollment and/or certification as shown in Figure 5 below.

Figure 5 (n=14)



REIMBURSEMENT RATES BY STATE

The following table shares the individual, one-hour equivalent reimbursement rates for the 14 states with fee-for-service CHW reimbursement. New Mexico has the highest reimbursement rate of \$100.20 per hour while Louisiana has the lowest reimbursement rate at \$36.22 per hour, as shown in table 2 below. Overall, the average reimbursement rate of the 14 states is \$52.87.

Table 2

State	Reimbursement Rate (Hourly Equivalent)
New Mexico	\$100.20
New York	\$70.00
South Dakota	\$67.45
California	\$55.08
Indiana	\$53.12
Rhode Island	\$50.84
Arizona	\$48.46
Oregon	\$46.34
Minnesota	\$45.60
Kentucky	\$45.06
Kansas	\$44.40

Michigan	\$41.04
Nevada	\$36.68
Louisiana	\$36.22

It is important to note that reimbursement rates only cover the hour of CHW services provided and do not cover related travel time or expenses, as well as time spent documenting the visit or billing for the visit.

FINDINGS AND RECOMMENDATIONS

FINDINGS

Given the information found in this environmental scan (based on the information found and available on state Medicaid websites) CHR programs in the following states could navigate the process of enrollment and implementation to begin billing their state Medicaid program for CHW/CHR services:

- Arizona
- New Mexico
- Rhode Island
- South Dakota

This means that of the 14 states with Medicaid reimbursement for CHW services, only four states provide equitable reimbursement for CHR programs.

The remaining 10 states where CHW reimbursement is available have various barriers that will likely require State Medicaid policy changes before a CHR program can equitably bill Medicaid for CHR services under the CHW fee-for-service reimbursement opportunity.

Note: In some instances in the remaining 10 states, depending on the structure of the CHR program (especially a CHR program housed within a clinic or hospital setting), a CHR program may not experience and thus be able to bill for services.

RECOMMENDATIONS - INDIAN HEALTH SERVICE (IHS)

The National CHR Strategic Plan supports the mission, vision, and goals of the IHS and the Indian Health Service Strategic Plan fiscal year 2019 to 2023. As members of AI/AN communities, CHRs build and maintain strong community partnerships and are at the forefront of providing culturally responsive services that raise the physical, mental, social, and spiritual health of AI/AN people to the highest level.¹

INDIAN HEALTH SERVICE STRATEGIC PLAN FY 2019-2023

The priority areas included in the National CHR Strategic Plan 2023-2028 — awareness and advocacy, sustainability, partnerships, workforce strengthening, and data systems — directly align with the goals of the Indian Health Service Strategic Plan FY 2019–2023. Specifically, the priorities align with *Goal 1: To ensure that comprehensive, culturally appropriate personal and public health services are available and accessible to American Indian and Alaska Native people.*¹ Ensuring a sustained, integrated, and collaborative National CHR Program enhances the strategic priorities and fulfills the mission of IHS.⁷

RECOMMENDATIONS:

- IHS should continue to support the CHR workforce across the country and continue to provide awareness and highlight the efforts of the CHR programs.
- When possible, IHS should continue to collaborate with CHR programs to ensure CHR programs are available and accessible to American Indian and Alaska Native people.

⁷ IHS Strategic Plan FY2019-2023. *Indian Health Service*. 2024. <https://www.ihs.gov/strategicplan/ihs-strategic-plan-fy-2019-2023/>

NATIONAL CHR STRATEGIC PLAN 2023-2028

Of the priority areas included in the National CHR Strategic Plan, the goal of sustainability most closely aligns with the recommendations of this report. Specifically, there is alignment with *Goal 3: To strengthen and sustain the CHR workforce to promote continuity of care for AI/AN people, with a strategy of increasing awareness and understanding across Indian health systems about opportunities to bill Medicaid for CHW/CHR services.*³

RECOMMENDATIONS:

- To continue to support the advancement of CHR programs billing Medicaid for CHW/CHR services, IHS can support workgroups and pilot projects to collectively navigate reimbursement opportunities and work towards successfully billing for CHR services.

RECOMMENDATIONS - STATE MEDICAID PROGRAMS

As no two state Medicaid programs are alike, each state Medicaid program will need to take a different approach regarding recommendations for their specific program.

RECOMMENDATIONS:

- See individual state summaries in Appendix A for specific policy recommendations by state.

RECOMMENDATIONS - CHR PROGRAMS AND ALLIES

STATES WHERE CHR PROGRAMS CAN BILL

In the four (4) states where CHR programs can currently bill, continue working with the Medicaid program in the state to navigate the process of enrolling and billing. Consider developing pilot programs to support collaborative efforts towards successfully billing Medicaid for CHR services.

RECOMMENDATIONS:

- CHR programs should work together across states with Medicaid reimbursement (where CHR programs can current bill) to develop CHR-specific workgroups, guides, and supports for billing Medicaid.

STATES WHERE CHR PROGRAMS CANNOT BILL

Overall, within the 10 states where the vast majority of CHR programs cannot currently bill Medicaid for CHW services, the following overarching recommendations are beneficial for the next steps in starting the conversation about policy changes to allow for equitable CHR reimbursement.

RECOMMENDATIONS:

- Partner with other organizations to promote equitable reimbursement (i.e., statewide association, CBO association and organizations, and other statewide or regional organizations that collectively support CHW and CHR programs)
- Share this report with State Medicaid Policymakers to highlight inequities with CHR reimbursement as related to CHW reimbursement.

STATES NAVIGATING STATE PLAN AMENDMENTS FOR REIMBURSEMENT

As more states continue to navigate the SPA process to provide fee-for-service reimbursement for CHW services, it is important to learn from current states' barriers for CHR programs to ensure the following recommendations are followed as they relate to CHR Programs.

Recommendations:

- Certify CHRs without requiring additional training beyond the IHS CHR training.
- Allow CHR programs to enroll with Medicaid as a CHR program versus enrolling under a licensed provider.
- Supervise CHRs directly and bill under the CHR program versus a licensed provider
- Access waivers for associated certification and/or enrollment fees.
- Consider reimbursement rates that not only cover the hour of reimbursement, but also cover costs associated with the hour of services provided, such as mileage reimbursement, documentation time, and billing time. When a State Medicaid program looks at setting rates for CHW reimbursement, it is important to note that the hour of reimbursement likely necessitates multiple hours of CHW time due to travel, documentation, and billing.

OTHER REIMBURSEMENT OPPORTUNITIES

MEDICARE

Beginning January 1, 2024, the Centers for Medicare and Medicaid (CMS) finalized reimbursement for CHW services within the CY2024 CMS Physician Fee Schedule. While this reimbursement opportunity is a step in the right direction for Medicare reimbursement for CHW and CHR services, many limitations and barriers have quickly been identified that prevent the majority of CHW and CHR programs from billing Medicare for services.

In short, the following are likely barriers for CHR programs exploring the opportunity to bill Medicare for CHW services:

- CHWs Bill Under Providers – Just as six (6) Medicaid programs require CHW services to be billed under a provider, Medicare requires a CHR program to establish a relationship with a provider to work under the provider and bill under the provider. This relationship would likely need to be a formal contract, as this contract would outline the billing agreements between the CHR program and the provider. This could be a challenge for many CHR programs as they often operate like a CBO and not as a medical/clinical program.
- Evaluation and Management Visit – Medicare only allows for a referral for CHW services to originate from an evaluation and management (E/M) visit with the Medicare recipient's primary care provider.
- SDoH Screening – A SDoH screening must be completed by the primary care provider prior to referring for CHW services.
- Possibility of Co-Pays – Medicare recipients receiving CHW services may be billed for co-pays for CHW services.

Overall, there are multiple barriers present that currently prevent the vast majority of CHR programs from accessing Medicare reimbursement.

PRIVATE PAYERS

CHW services are relevant for people with commercial health insurance and the employers who sponsor it.

Social Determinants of Health (SDoH) not only impact individuals' health, but also their health outcomes and risks for health issues. While the effect of SDoH on Medicaid and underserved populations is well understood, studies have also determined that a significant portion of commercially insured populations are affected by them as well.

A recent study⁸ examined records of 5.1M commercially insured individuals around the US and found that 27% lived in zip codes where the median income was at or below 200% of the federal poverty line.

Five percent (5%) of the study population self-reported a barrier to getting health care or medications in the past year.

The study further identified significant differences in health care utilization patterns based on employees' zip codes. For example, the study identified a population of "high utilizers" of emergency room services and found that 34% of this population came from low-income zip codes, while only 9% of this population was comprised of employees from wealthier zip codes.

Additionally, a recent survey conducted by the National Business Group on Health (NBGH)⁹, found that large employers are interested in offering insurance coverage that goes beyond the traditional definition of health care, to address the drivers of health and well-being. For example, 84% of large employers surveyed indicated that they were considering health care access/literacy as part of their health and wellness strategy for employees.

⁸ Social Determinants of Health Challenges are Prevalent Among Commercially Insured Population, Journal of Primary Care and Community Health, Volume 12: 1-10, 2021.

⁹ Large Employers' 2020 Health Care Strategy and Plan Design Survey, NBGH, August 13, 2019.

APPENDIX A – DETAILED STATE OVERVIEWS

The following further summarizes and sources the findings of the pathways to reimbursement research summarized in Table 1 on page 11.

ARIZONA

MEDICAID PROGRAM OVERVIEW

Founded in 1982, the Arizona Health Care Cost Containment System (written as AHCCCS and pronounced 'access') is Arizona's Medicaid program, a federal health care program jointly funded by the federal and state governments for individuals and families who qualify based on income level.¹⁰

AHCCCS members may enroll in any health plan that serves their county. American Indian members may choose to use the American Indian Health Program or may enroll in an AHCCCS Complete Care health plan.¹¹

ENROLLMENT PROCESS

In Arizona, AHCCCS has established a “CHW/CHR Organization” provider type (PT CH) for organizations that have not historically been able to register as AHCCCS providers. CHW/CHR Organizations can enroll as AHCCCS providers using the AHCCCS Provider Enrollment Portal. During the enrollment process, entities enrolling as a “CHW Organization” (PT CH) need to ensure all required information is provided through the AHCCCS Provider Enrollment Portal, pay an enrollment fee of \$709, complete a background check, and coordinate a site visit with AHCCCS Provider Enrollment staff.¹²

Current AHCCCS providers described below will not need to register as a “CHW/CHR Organization” in addition to their current provider type. Current AHCCCS registered providers that wish to employ and bill Medicaid for CHWs but are *not* reflected in the list below may enroll as a “CHW Organization” and bill for CHW services under that provider type, so long as all “CHW Organization” provider qualifications are met.¹²

Pathway 1 – Effective April 1, 2023 – current AHCCCS providers described below will *not* need to register as a “CHW/CHR Organization” in addition to their current provider type. The following are eligible providers for Pathway 1: 638 FQHC (PT C5), Behavioral Outpatient Clinics (PT 77), Clinics (PT 05), Community/Rural Health Centers (RHCs) (PT 29), DO-Physician Osteopaths (PT 31), Federally Qualified Health Centers (FQHCs) (PT C2), Hospitals (PT 02), Integrated Clinics (PT IC), MD-Physicians (PT 08), Physician’s Assistants (PT 18), and Registered Nurse Practitioners (PT 19).¹²

Pathway 2 – Effective March 4, 2024- allows for enrollment in a new Provider Type (PT) Called “CHW Organization”. This allows for CBOs, localities, Tribal organizations and other institutions employing

¹⁰ About the Arizona Health Care Cost Containment System (AHCCCS). AHCCCS. 2024.

<https://www.azahcccs.gov/AHCCCS/AboutUs/index.html>

¹¹ Available Health Plans. AHCCCS. 2024.

<https://www.azahcccs.gov/Members/ProgramsAndCoveredServices/availablehealthplans.html>

¹² AHCCCS FAQs – Community Health Worker/Community Health Representative (CHW/CHR). AHCCCS. 2024.

https://www.azahcccs.gov/PlansProviders/Downloads/CHW/CHW_CHRFAQs.pdf

ADHS-certified CHW/CHRs to enroll with AHCCCS. Existing providers not included in pathway one who are interested in CHW/CHR reimbursement may also enroll with AHCCCS as a “CHW Organization”.¹²

TRAINING AND CERTIFICATION

In Arizona, the CHR National Training Program (provided by IHS), along with paid or volunteer CHR or CHW experience is an approved certification pathway.¹³

For services to be eligible for Medicaid reimbursement, the CHW/CHR must complete certification obtained through the Arizona Department of Health Services (ADHS) through one of the following pathways¹⁴: Pathway #1: 960 hours of paid or volunteer experience providing CHR or CHW services in the core competencies, during the previous three-year time-period; Pathway #2: Completion of a CHW certificate program, including core competencies, provided by an accredited college, and 480 hours of paid or volunteer CHR or CHW experience completed during the previous three years; Pathway #3: Completion of a CHW training program provided by an organization or certified CHW trainer, including core competencies and 480 hours of paid or volunteer CHR or CHW experience completed during the previous three years; Pathway #4: Completion of a CHR National Training Program (provided by IHS). This is basic training certification and 480 hours of paid or volunteer CHR or CHW experience completed during the previous three years OR Advanced training certification and 380 hours of paid or volunteer CHR or CHW experience completed during the previous three years.

CHW/CHR applicants are also required to pay fees for certification, specifically a \$100 nonrefundable initial application fee and a \$200 initial certification fee.¹⁵

SUPERVISION AND BILLING

There are no specific supervision requirements for CHWs in Arizona.

CHW claims are submitted in Arizona using CPT codes 98960, 98961, and 98962.¹⁶ The hourly reimbursement equivalent for individual CHW/CHR services in Arizona is \$48.46.¹⁷

RECOMMENDATIONS

In Arizona, fees related to enrollment and certification may pose a barrier to enrollment. Enrollment fees for the new CHW Organization Provider Type of \$709.00 and initial certification fees of \$300.00 per CHR/CHW could pose a significant barrier for a financially strapped CHR program seeking Medicaid

¹³ Special Licensing. *Arizona Department of Health Services*. 2024.

<https://www.azdhs.gov/licensing/special/index.php#community-health-workers>

¹⁴ 310-W-Certified Community Health Worker/ Community Health Representative. *AHCCCS*. 02.19.2024.

<https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/300/310-W.pdf>

¹⁵ Special Licensing. *Arizona Department of Health Services*. 2024.

<https://www.azdhs.gov/licensing/special/index.php#community-health-workers>

¹⁶ AHCCCS FAQs – Community Health Worker/Community Health Representative (CHW/CHR). *AHCCCS*. 2024.

https://www.azahcccs.gov/PlansProviders/Downloads/CHW/CHW_CHRFAQs.pdf

¹⁷ Search AHCCCS Physician Fee Schedule. *AHCCCS*. 2024.

<https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/Physicianrates/FFSCodes.aspx?schedule=2023OctoberPhysicianRates>

reimbursement to further grow and sustain their program. To offset the enrollment fees, CHR Programs may qualify for waivers and subsidies available through AHCCCS.

CALIFORNIA

MEDICAID PROGRAM OVERVIEW

Medi-Cal Managed Care contracts for health care services through established networks of organized systems of care, which emphasize primary and preventive care.¹⁸ Approximately 15.2 million Medi-Cal beneficiaries in all 58 counties receive their health care through five main models of managed care: Two-Plan, County Organized Health Systems (COHS), Geographic Managed Care (GMC), Regional Model (RM), and Single-Plan. Medi-Cal providers who wish to provide services to managed care enrollees must participate in the managed care plan's provider network.

ENROLLMENT PROCESS

Effective January 8, 2024, Community Based Organizations (CBOs) and Local Health Jurisdictions (LHJs) providing community health worker and/or asthma preventive (AP) services can now enroll as Medi-Cal providers and submit their applications through the Provider Application and Validation for Enrollment (PAVE) online enrollment portal. Providers who successfully enroll through the Medi-Cal FFS enrollment process are eligible to contract with Managed Care Plans.¹⁹

TRAINING AND CERTIFICATION

In California, the CHR Training Program through IHS is not grandfathered-in. Under existing Medi-Cal policy for the certification pathway, CHRs/CHWs must possess a certificate of completion, which can include any certificate issued by any organization, including the State of California, such as the Department of Health Care Access and Information (or HCAI), that meets the core competency, and other requirements outlined in the State Plan and Medi-Cal Provider Manual. At this time, DHCS does not have a list of approved organizations that may issue the certificate and California more broadly does not have a single, statewide CHW certificate. Accordingly, it is the responsibility of the supervising provider to ensure the certificate – in this case the CHR Training – meets all Medi-Cal requirements.²⁰

Medi-Cal provider enrollment as a CBO includes submission of an application through PAVE and payment of an application fee. The application fee amount for the calendar year 2024 is \$709.00.²¹

SUPERVISION AND BILLING

CHWs must be supervised by a licensed provider, clinic, hospital, pharmacy, CBO, or local health jurisdiction. The supervising provider does not need to be the same entity as the provider who made the written recommendation for CHW services. Supervising providers do not need to be physically present at the location when CHWs provide services to beneficiaries. Management and day-to-day supervision

¹⁸ Medi-Cal Managed Care. *Department of Health Care Services*. 2024.

<https://www.dhcs.ca.gov/services/Pages/Medi-CalManagedCare.aspx>

¹⁹ Community Health Worker. *Department of Health Care Services*. 2024. <https://www.dhcs.ca.gov/community-health-workers>

²⁰ Community Health Worker (CHW) Preventative Services. *Department of Health Care Services*. 07.2022.

https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/03BBA223-8762-4A94-A268-209510E15E37/chwprev.pdf?access_token=6UyVRRfByXTZEWIh8j8QaYyIPyP5ULO

²¹ Application Fees. *Department of Health Care Services*. 2024.

<https://www.dhcs.ca.gov/provgovpart/Pages/Application-Fees.aspx>

of CHWs as employees may be delegated as determined by the supervising provider. However, the supervising provider is responsible for ensuring the provision of CHW services complies with all applicable requirements.²²

A supervising provider is defined as an enrolled Medi-Cal provider who submits claims for services provided by CHWs. The supervising provider ensures a CHW meets the qualifications listed in this document, and directly or indirectly oversees a CHW and their services delivered to Medi-Cal beneficiaries. The supervising provider can be a licensed provider, a hospital, an outpatient clinic, a pharmacy, a local health jurisdiction (LHJ), or a community-based organization (CBO). CHWs may be supervised by a CBO or LHJ that does not have a licensed provider on staff.²²

CHW claims are submitted in California using CPT codes 98960, 98961, and 98962. The hourly reimbursement equivalent for individual CHW/CHR services in California is \$55.08.²³

RECOMMENDATIONS

In California, enrollment fees could pose a barrier. Enrollment fees of \$709.00 for CHW organizations could pose a significant barrier for a financially strapped CHR program seeking Medicaid reimbursement to further grow and sustain their program.

California does not yet have voluntary certification established, nor has the state identified approved training programs. Rather, it becomes the supervising provider's responsibility to ensure a training program certificate (i.e., IHS CHR Training) meets all Medi-Cal requirements. This puts a burden on the supervising provider and may cause hesitation to enroll with Medi-Cal. On July 1, 2023, following a lengthy stakeholder engagement process and in line with statutory requirements, California Department of Health Care Access and Information (HCAI) issued a guidance letter outlining the statewide requirements for: a state-issued CHW/P/R Certificate, certificate renewal, and for state-issued specialty certificates, as well as the requirements for recognizing the experience of existing CHW/P/Rs. This letter also provided statewide requirements for CHW/P/R training programs to become approved training programs.

After hearing from community partners about the need for additional stakeholder engagement on the rollout of the CHW/P/R certificate program in November 2023, the California Health and Human Services Agency (CalHHS), HCAI, and DHCS announced a pause to the July 2023 HCAI guidance letter and that it would conduct a series of dialogue sessions to engage stakeholders about the CHW/P/R certificate program. The dialogues will run through early/mid 2024. No further information has been provided at this time.

²² Community Health Worker (CHW) Preventative Services. *Department of Health Care Services*. 07.2022. https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/03BBA223-8762-4A94-A268-209510E15E37/chwprev.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYyIPyP5ULO

²³ Medi-Cal Rates. *Department of Health Care Services*. 2024. <https://mcweb.apps.prd.cammis.medi-cal.ca.gov/rates?tab=rates>

INDIANA

MEDICAID PROGRAM OVERVIEW

The Indiana Health Coverage Programs (IHCP) contracts with six health plans in Indiana to serve as MCOs for the state Medicaid program.²⁴

ENROLLMENT PROCESS

In Indiana, CHWs are required to be employed by an IHCP-enrolled billing provider and do not directly enroll as an individual CHW or with a CHW organization.²⁵ As the CHW is employed by an already enrolled billing provider, there are no enrollment fees for the CHW.

CERTIFICATION AND TRAINING

The billing provider must maintain documentation of CHW certification for the individual providing the CHW services.²⁵ No further information was found regarding additional certification steps or requirements.

While the IHS CHR Basic Training is not currently recognized as an approved training program, the Indiana Health Coverage Program (IHCP) will recognize any CHW certification program that demonstrates the core competencies of a CHW or an associate degree in a health care-related field.²⁶ Given this information, it is likely that the IHS CHR training would be approved as a training program within Indiana.

SUPERVISION AND BILLING

The CHW must be supervised by one of the IHCP-enrolled billing providers: Physician, Health Services Provider in Psychology, Advanced Practice Registered Nurse, Physician Assistant, Podiatrist, or Chiropractor.²⁵

CHW services in Indiana are reimbursed using CPT codes 98960, 98961, and 98962. Claims submitted for billing must include an appropriate diagnosis. The supervising practitioner's NPI must be listed as the rendering provider on the claim, and the name of the CHW must be included in the claim notes.²⁷ The hourly equivalent for individual CHW services provided to a Medicaid recipient in Indiana is \$53.12.²⁸

²⁴ Managed Care Health Plans. *Indiana Medicaid for Partners*. 2024.

<https://www.in.gov/medicaid/partners/medicaid-partners/managed-care-health-plans/>

²⁵ Provider Enrollment. *Indiana Health Coverage Programs*. 2024.

<https://www.in.gov/medicaid/providers/files/modules/provider-enrollment.pdf>

²⁶ IHCP Adds coverage of community health worker services. *Indiana Health Coverage Programs*. 06.31.2018.

<https://provider.indianamedicaid.com/ihcp/Bulletins/BT201826.pdf>

²⁷ Medical Practitioner Reimbursement. *Indiana Health Coverage Programs*. July 1, 2022.

<https://www.in.gov/medicaid/providers/files/modules/medical-practitioner-reimbursement.pdf>

²⁸ Professional Fee Schedule. *IHCP Fee Schedules*. 2024. <https://www.in.gov/medicaid/providers/business-transactions/billing-and-remittance/ihcp-fee-schedules/>

RECOMMENDATIONS

Based on information gathered regarding CHW reimbursement in Indiana, a CHR program could likely not bill for CHR services due to the provider supervision requirements (unless the entity that administers the CHR program is an eligible provider, or the CHR program developed a contractual relationship to work under an eligible provider). To allow for equitable CHR reimbursement in Indiana, policy changes are needed to allow CHWs to bill independently from a provider, and without the supervision requirement of a provider. This will not only allow CHR programs to bill for services, but also allow CBOs to bill as well.

KANSAS

MEDICAID PROGRAM OVERVIEW

The KanCare program is the State of Kansas' managed care program. KanCare is provided to all Medicaid and CHIP consumers. Kansas has contracted with three health plans, or managed care organizations (MCOs), to coordinate health care for nearly all beneficiaries. The KanCare program began in January 2013. The KanCare health plans are Aetna Better Health of Kansas (Aetna), Sunflower State Health Plan (Sunflower), and UnitedHealthcare Community Plan of Kansas (United).²⁹

ENROLLMENT PROCESS

In Kansas, CHWs are required to be employed by an KDHE-enrolled billing provider and do not directly enroll as an individual CHW or with a CHW organization. As the CHW is employed by an already enrolled billing provider, there are no enrollment fees for the CHW.³⁰

The enrollment process follows what is typical for clinical providers as the CHW services are billed under an enrolled provider.³¹

The billing provider must maintain documentation of CHW certification and background checks for the individual providing the CHW services and the services must be billed using the individual or individual group member National Provider Identification (NPI).³⁰

TRAINING AND CERTIFICATION

While IHS CHR Basic Training is not listed as an approved training program, KDHE has discussed this with the Kansas CHW Coalition who stated that when a CHR applies with training from IHS they will approve it. KDHE plans to raise awareness again about making sure the CHR IHS training is on their approved provider list.

Currently CHRs may apply for certification through one of three pathways listed below and must complete KDHE approved CHW training or work experience requirements³²: 1. Education Pathway: Applicant must complete the KDHE approved CHW training program through the Kansas CHW Coalition or certified Kansas CHW education provider; 2. Work Experience Pathway: Applicant must complete 800 hours over three years plus three letters of recommendation to document work and/or volunteer experience. 3. Reciprocity Pathway: Missouri Community Health Worker-Certified or approved provider.

SUPERVISION AND BILLING

A CHW is an individual certified in the State of Kansas to provide services within the scope of the certification program. Supervision of the certified CHW is included in the scope of practice for each

²⁹ KanCare & Medicaid. *Kansas Department of Health and Environment*. 2024.

<https://www.kdhe.ks.gov/183/KanCare-Medicaid>

³⁰ Community Health Worker Services. *Kansas Department of Health and Environment*. 2024. [https://portal.kmap-state-ks.us/Documents/Provider/Bulletins/23175%20-%20General%20-%20Community Health Workers.pdf](https://portal.kmap-state-ks.us/Documents/Provider/Bulletins/23175%20-%20General%20-%20Community%20Health%20Workers.pdf)

³¹ Online Provider Enrollment System. *Medicaid Management Solutions*. 2024. <https://portal.kmap-state-ks.us/ProviderEnrollment/EnrollmentCreate>

³² Certification. *Kansas Division of Public Health*. 2024. <https://www.kdhe.ks.gov/1870/Certification>

supervising licensed practitioner. Each supervising licensed practitioner shall assume professional responsibility for the services provided by the certified CHW and attest to the CHW's certification. Each supervising licensed practitioner shall bill for the services of the certified CHW. The supervising practitioners must be a physicians, dentists, Advanced Practitioner Registered Nurses, Licensed Mental Health Professional, or Physician Assistant.³³

CHW claims are submitted in Kansas using CPT codes 98960, 98961, and 98962. The hourly reimbursement equivalent for individual CHW/CHR services in Kansas is \$44.40.³³

RECOMMENDATIONS

Based on information gathered regarding CHW reimbursement in Kansas, a CHR program could likely not bill for CHR services due to the provider supervision requirements (unless the entity that administers the CHR program is an eligible provider, or the CHR program developed a contractual relationship to work under an eligible provider). To allow for equitable CHR reimbursement in Kansas, policy changes are needed to allow CHWs to bill independently from a provider, and without the supervision requirement of a provider. This will not only allow CHR programs to bill for services, but also allow CBOs to bill as well.

³³ Community Health Worker Services. *Kansas Department of Health and Environment*. 2024. https://portal.kmap-state-ks.us/Documents/Provider/Bulletins/23175%20-%20General%20-%20Community_Health_Workers.pdf

KENTUCKY

MEDICAID PROGRAM OVERVIEW

Kentucky Medicaid utilizes MCOs to provide Medicaid coverage for Kentuckians.³⁴

ENROLLMENT PROCESS

Community based organizations are not currently eligible for reimbursement for CHW services unless they are enrolled as an eligible Medicaid provider type or contract through an enrolled eligible Medicaid provider type.³⁵

TRAINING AND CERTIFICATION

The only currently approved training program in Kentucky is offered through Appalachian Kentucky Health Care Access Network.³⁶

To be eligible for CHW reimbursement, a CHW must be certified by the Kentucky Office of CHWs and be employed at a Kentucky health facility that has a billing relationship with Kentucky Medicaid.³⁷ To be eligible for certification based on experience the applicant must have a minimum of 2,500 hours of verifiable employment as a community health worker within three (3) years prior to application.³⁵ The fee for initial certification as a CHW is fifty dollars (\$50), with subsequent renewal (annually) of twenty-five dollars (\$25).³⁵

SUPERVISION AND BILLING

CHW services must be ordered by a physician, physician assistant, nurse practitioner, certified nurse midwife, or dentist. Only enrolled eligible Medicaid provider types are eligible for reimbursement for CHW services.³⁵

CHW services may be billed using codes 98960, 98961, 98962, and in conjunction with the UB modifier to indicate that the rendering provider (Physician, APRN, Dentist, or Physician Assistant) is overseeing/supervising the service.³⁵ The hourly reimbursement equivalent for individual CHW/CHR services in Kentucky is \$45.06.³⁸

RECOMMENDATIONS

Based on information gathered regarding CHW reimbursement in Kentucky, the only approved training program leading to certification is through Appalachian Kentucky Health Care Access Network. The IHS

³⁴ Managed Care Organizations. *Team Kentucky*. 2024. <https://www.chfs.ky.gov/agencies/dms/dpqo/mco-cmb/Pages/mco-options.aspx>

³⁵ Community Health Workers (CHW) Frequently Asked Questions. *Team Kentucky*. 06.12.2023. <https://www.chfs.ky.gov/agencies/dms/Documents/CHW%20Medicaid%20FAQ.pdf>

³⁶ Kentucky Office of Community Health Workers Approved Training Organization. *Kentucky Office of Community Health Workers*. <https://kochw.mailchimpsites.com/>

³⁷ Office of Community Health Workers. *Team Kentucky*. 2024. <https://kochw.mailchimpsites.com/>

³⁸ KY Medicaid Physician Fee Schedule 2024. *Team Kentucky*. 06.06.2024. <https://www.chfs.ky.gov/agencies/dms/DMSFeeRateSchedules/2024PhysicianFeeSchedule.pdf>

CHR training program is not grandfathered in; therefore, CHRs would need to obtain the required certificate or meet the work experience conditions to be eligible for certification.

Additionally, a CHR program could likely not bill for CHR services due to the provider supervision requirements (unless the entity that administers the CHR program is an eligible provider, or the CHR program developed a contractual relationship to work under an eligible provider). To allow for equitable CHR reimbursement in Kentucky, policy changes are needed to allow CHWs to bill independently from a provider, and without the supervision requirement of a provider. This will not only allow CHR programs to bill for services, but also allow CBOs to bill as well. Given that there are no tribes or CHR programs in Kentucky, the above recommendations would easily apply to CBOs within Kentucky.

LOUISIANA

MEDICAID PROGRAM OVERVIEW

Medicaid services in Louisiana are currently provided by six MCOs.³⁹

ENROLLMENT PROCESS

As CHW services in Louisiana are reimbursed incident to the supervising physician, APRN, or PA, CHWs in Louisiana do not individually or group enroll with Louisiana Medicaid.³⁹ Given that no additional enrollment steps are necessary for providers to begin billing for CHW services provided ancillary to provider services, no additional enrollment fees are required.

TRAINING AND CERTIFICATION

CHW certification is not required, however, a CHW providing services must have completed state-recognized training curricula approved by the Louisiana Community Health Worker Workforce Coalition; or have a minimum of 3,000 hours of documented work experience as a CHW.⁴⁰

Given the requirements to become an approved training program in Louisiana, the IHS CHR training is very likely to pass the minimum training requirements as outlined by the Louisiana Community Health Worker Core Competency Training Program Approval Process and Application.⁴¹ The Louisiana Community Health Worker Workforce Coalition charges \$650 for a curricula to be reviewed and approved as a training program in Louisiana.

SUPERVISION AND BILLING

CHW services in Louisiana must be rendered under a supervising provider's general supervision, which is defined as being under the supervising provider's overall direction and control, but not requiring the provider's presence is during the performance of the CHW services.⁴⁰

Specific information regarding CHW billing submission was not found within the research conducted in reviewing the Louisiana Medicaid website. Given that the CHW services are provided ancillary to the provider, CHW services are likely billed under the provider as well. CHW services are currently reimbursed in Louisiana at \$36.22 as an hourly rate for one recipient.⁴²

RECOMMENDATIONS

Based on information gathered regarding CHW reimbursement in Louisiana, a CHR program could likely not bill for CHR services due to the provider supervision requirements (unless the entity that administers the CHR program is an eligible provider, or the CHR program developed a contractual relationship to

³⁹ View Health Plans. *Healthy Louisiana*. 2024. <https://www.myplan.healthy.la.gov/en/compare-plans>

⁴⁰ Community Health Workers. *Louisiana Medical Program – Professional Services*. 06.30.2022.

<https://www.lamedicaid.com/provweb1/providermanuals/manuals/PS/PS.pdf>

⁴¹ Community Health Worker Core Competency Training Program Approval Process. *LACHON*. 2021.

<https://www.lachon.org/general-8-1>

⁴² Professional Services, Lab, X-Ray, Radiology and ASC Fee Schedule. *Louisiana Medicaid*. 05.01.2024.

https://www.lamedicaid.com/Provweb1/fee_schedules/ProServLabXRayRadASC_Fee.htm

work under an eligible provider). To allow for equitable CHR reimbursement in Louisiana, policy changes are needed to allow CHWs to bill independently from a provider, and without the supervision requirement of a provider. This will not only allow CHR programs to bill for services, but also allow CBOs to bill as well. Additionally, given the low hourly equivalent reimbursement rate for CHW services, organizations may not even breakeven with the hourly salary costs and associated travel time and costs related to billable CHW services.

MICHIGAN

MEDICAID PROGRAM OVERVIEW

Michigan Medicaid operates several types of managed care programs to provide health services to Medicaid beneficiaries. Managed care plans include Medicaid Health Plans, Dental Plans, and Prepaid Inpatient Health Plans (specialty mental health and substance use disorder treatment). After a person is determined eligible for services, the person may also be eligible for enrollment into a managed care plan.⁴³

ENROLLMENT PROCESS

For individual CHWs, a Type 1 NPI is required when registering for the CHW Registry. The billing provider must have a Group/Organizational (Type 2) NPI or be an Individual Sole Proprietor with an Individual (Type 1) NPI.⁴⁴

Michigan Department of Health & Social Services (MDHHS) recognizes Community Based Organizations as an important partner in the delivery of services aimed at addressing health related social needs and the delivery of Community Health Worker Services. CBOs are currently not a recognized provider group and therefore unable to enroll in CHAMPS as a MI Medicaid provider. MDHHS is committed to further exploring opportunities to expand coverage of services aimed at addressing Health-Related Social Needs and the inclusion of non-traditional medical providers. MDHHS will provide updates related to CBO enrollment in CHAMPS.⁴⁵

TRAINING AND CERTIFICATION

The IHS CHR Training is an approved MDHHS Training Program for Community Health Workers (CHWs).⁴⁶

CHWs must become an approved Michigan Medicaid CHW provider. Individuals can become MI Medicaid certified CHWs through either the CHW Training Program Pathway or the Work Experience Pathway. To become an approved Michigan Medicaid CHW provider, CHWs must⁴⁶: Acquire a Type 1 NPI, Complete the Michigan Medicaid CHW Registry Application and Complete a Provider Enrollment Application.⁴⁴

SUPERVISION AND BILLING

⁴³ Managed Care Organizations. *Michigan Health and Human Services*. 2024.

<https://www.michigan.gov/mdhhs/doing-business/providers/providers/managedcare>

⁴⁴ Medicaid Community Health Worker Beginner Guide. *Michigan Department for Health and Human Services*. 2024. <https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Medicaid-Provider-Assets/Provider-Alerts-Assets/CHW-Beginner-Guide.pdf?rev=66b5692daaf34097a963366f29627cc1&hash=BCFCDA846314D90CE2EB970F80A5A428>

⁴⁵ Consultation Summary Project 2332 – CHW – Medicaid Coverage of Community Health Worker (CHW)/Community Health Representative (CHR) Services. *Michigan Department of Health and Human Services*. 12.05.2023. <https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Assistance-Programs/Medicaid-BPHASA/2023-Bulletins/Consultation-Summary-Project-Number-2332-CHW.pdf>

⁴⁶ MI Medicaid CHW Registry. *MICHWA*. 2024. <https://michwa.org/mi-medicareid-chw-credential-registry/>

CHWs must be associated with an organization. CHWs as rendering/servicing providers are required to associate to a billing provider who will bill claims on their behalf. The billing provider must be approved in CHAMPS prior to the submission of their application. Associated billing providers may be employers or organizations the CHW is contracted with to perform services.⁴⁷

CHW claims are submitted in Michigan using CPT codes 98960, 98961, and 98962. The hourly reimbursement equivalent for individual CHW/CHR services in Michigan is \$41.04.⁴⁸

RECOMMENDATIONS

Based on information gathered regarding CHW reimbursement in Michigan, a CHR program could likely not bill for CHR services due to the provider supervision requirements (unless the entity that administers the CHR program is an eligible provider, or the CHR program developed a contractual relationship to work under an eligible provider). To allow for equitable CHR reimbursement in Michigan, policy changes are needed to allow CHWs to bill independently from a provider, and without the supervision requirement of a provider. This will not only allow CHR programs to bill for services, but also allow CBOs to bill as well.

There is good momentum towards this already, with IHS CHR Training recognized as an approved training program, and MDHHS committing to further exploring opportunities to expand coverage of services aimed at addressing Health-Related Social Needs and the inclusion of non-traditional medical providers.

⁴⁷ Medicaid Community Health Worker Beginner Guide. *Michigan Department for Health and Human Services*. 2024. <https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Medicaid-Provider-Assets/Provider-Alerts-Assets/CHW-Beginner-Guide.pdf?rev=66b5692daaf34097a963366f29627cc1&hash=BCFCDA846314D90CE2EB970F80A5A428>

⁴⁸ Community Health Worker. *Michigan Health and Human Services*. 2024. <https://www.michigan.gov/mdhhs/doing-business/providers/providers/billingreimbursement/community-health-worker>

MINNESOTA

MEDICAID PROGRAM OVERVIEW

The Minnesota Department of Human Services (DHS) contracts with several managed care organizations (MCOs) to serve Minnesotans through the Minnesota Health Care Programs (MHCP). Approximately two-thirds of the MHCP members are enrolled in an MCO, with the remaining one-third of the members receiving services directly from MN DHS through fee-for-service support.⁴⁹

ENROLLMENT PROCESS

In Minnesota, individual CHWs enroll with Minnesota DHS through the Minnesota Provider Screening and Enrollment (MPSE) portal. CHWs in Minnesota are required to enroll through MN DHS using a Type 1 NPI. For those who do not meet the federal definition of a health care provider under HIPAA, they can apply for enrollment with MHCP and will be assigned a 10-digit Unique Minnesota Provider Identifier (UMPI) that will allow them to complete the MN DHS enrollment process.⁵⁰

Individual CHWs can enroll with MN DHS and do not need to be associated with an organization. CHWs are considered high-risk and are required to complete a fingerprint background check as part of the enrollment process with MN DHS. One potential barrier identified for CHWs enrolling with MN DHS is the \$709 provider enrollment fee. While there may be an opportunity for a CHW to receive a Hardship Exemption, there is no information on the MN DHS website noting that this fee does not apply to CHWs enrolling through the MPSE portal. Anecdotal feedback from contacts working to enroll CHW staff members in MN Medicaid shared that the \$709 fee does not apply to CHW enrollment, despite research within the MPSE generating a payment invoice for the enrollment fee.⁵¹

CERTIFICATION AND TRAINING

Minnesota does not have a statewide certification for CHWs; however, MN does require a CHW to have completed and received a CHW Certificate from a MnSCU training program. As there is no certification, there are no associated fees related to certification. The IHS CHR training program is not grandfathered in, however, Tribal community health representatives (CHRs) may enroll as CHWs if they complete the MnSCU certification or meet the five years of supervised experience with an MHCP-enrolled physician or advanced practice registered nurse (APRN) providing educational services. MHCP and MnSCU will work with the tribes and Indian Health Services to determine how CHR training might be used to meet CHW requirements.

SUPERVISION AND BILLING

⁴⁹ Information for Managed Care Organizations. *MN Department of Human Services*. 06.17.2024.

<https://mn.gov/dhs/partners-and-providers/policies-procedures/minnesota-health-care-programs/provider/mcos/>

⁵⁰ Provider Enrollment Requirements. *MN Department of Human Services*. 06.18.2024.

https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LastReleased&dDocName=DHS16_160862#fees

⁵¹ Minnesota Provider Screening and Enrollment (MPSE). *MN Department of Human Services*. 05.17.2024.

https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LastReleased&dDocName=mpse-home

In Minnesota, direct supervision by a provider is not required, however, an order is required from an MHCP-enrolled physician, APRN, dentist, mental health professional or non-enrolled registered nurse or public health nurse working for an enrolled organization before a CHW can begin providing services to a Medicaid recipient.⁵²

CHW services in Minnesota are billed using CPT Codes 98960, 98961, and 98962. CHWs may also bill the following codes for community health integration services, as outlined by CMS. CHWs must bill G0019 and G0022 following MHCP Medicare and Other Insurance billing policies.⁵³ CHW claims are submitted with the CHWs NPI (or UMPI) number. The hourly reimbursement equivalent for individual CHW services provided in Minnesota is \$45.60.⁵⁴

RECOMMENDATIONS

Based on the findings of this environmental scan and review of Minnesota's Medicaid reimbursement for CHW services, CHR programs currently would be unable to bill for CHW services without the individual CHR providing the services having completed an additional training program through MNSCU. To allow for equitable access to CHW reimbursement in Minnesota, policy changes are needed to grandparent-in the IHS CHR training program.

⁵² Community Health Worker (CHW) Provider Manual. *MN Department of Human Services*. 06.12.2024. https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_140357

⁵³ Minnesota Provider Screening and Enrollment (MPSE). *MN Department of Human Services*. 05.17.2024. https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=mpse-home

⁵⁴ MHCP Fee Schedule. *MN Department of Human Services*. 06.17.2024. <https://mn.gov/dhs/partners-and-providers/policies-procedures/minnesota-health-care-programs/provider/billing/fee-schedule/mhcp.jsp>

NEVADA

MEDICAID PROGRAM OVERVIEW

Nevada has four (4) MCOs, but these MCO plans are only provided in managed care covered areas. Outside of the two largest counties in Nevada, Medicaid services are provided using a FFS model.⁵⁵

ENROLLMENT PROCESS

Based on a search of Community Health Worker Providers within the Nevada Department of Health and Human Services System, CHWs must enroll as an individual with a Type 1 NPI.⁵⁶ Although the CHW enrolls as an individual, they do need to be associated with a group.⁵⁷ Currently, there is not a CHW provider type, so CHWs in Nevada must enroll under an already established provider group. This does not allow for most CHR programs in Nevada to enroll as an organization if they are not already enrolled as a medical clinic, or other provider group.

TRAINING AND CERTIFICATION

To bill Nevada Medicaid, individuals are required to complete an approved training program and apply for certification. The IHS CHR training is not currently an approved training program in Nevada, but Nevada Medicaid staff members indicated that they are working on a SPA amendment to include the IHS CHR training as an approved training program for Nevada.⁵⁸

Additionally, CHWs in Nevada must be certified through the Nevada Certification Board. Initial certification has an application fee of \$75.⁵⁹

SUPERVISION AND BILLING

In Nevada CHWs must be supervised by a Nevada Medicaid enrolled Physician, Physician Assistant (PA), Advanced Practice Registered Nurse (APRN), Dentist, Licensed Clinical Social Worker (LCSW), Licensed Marriage and Family Therapist (LMFT), Licensed Clinical Professional Counselor (LCPC), Nurse Midwife, and Nurse Anesthetist.⁶⁰

⁵⁵ Enrollee Information. *Nevada Department of Health and Human Services*. 2024.

<https://www.medicaid.nv.gov/providers/enrollees/MCOinfo.aspx>

⁵⁶ Search Provider. *Nevada Department of Health and Human Services*. 07.12.2024.

<https://www.medicaid.nv.gov/hcp42/provider/Home/tabid/477/Default.aspx>

<https://www.medicaid.nv.gov/hcp/provider/Resources/SearchProviders/tabid/220/Default.aspx>

⁵⁷ Provider Enrollment. *Nevada Department of Health and Human Services*. 07.12.2024.

<https://www.medicaid.nv.gov/hcp42/provider/Home/tabid/477/Default.aspx>

⁵⁸ Certified Community Health Worker (CHW). *Nevada Certification Board*. 2024.

<https://nevadacertboard.org/cchw/chw-requirements/>

⁵⁹ Certified Community Health Worker (CHW). *Nevada Certification Board*. 2024.

<https://nevadacertboard.org/cchw/>

⁶⁰ Medicaid Services Manual. *Nevada Division of Health Care Financing and Policy*. 05.01.2024.

https://dhcfp.nv.gov/uploadedFiles/dhcfpnvgov/content/Resources/AdminSupport/Manuals/MSM/C600/MSM_600_24_05_01.pdf

CHW services in Nevada are billed using CPT codes 98960, 98961, and 98962, as well as Q3014 for the telehealth originating site fee.⁶¹ The hourly reimbursement rate for individual services is \$36.68.⁶²

RECOMMENDATIONS

Although Nevada Medicaid staff have indicated that a SPA amendment is in progress to grandparent-in the IHS CHR training program, Nevada CHW reimbursement is currently not attainable for most CHR programs due to the provider supervisor requirements as well as the enrollment process not offering a new CHW provider type. Policy changes need to be made in Nevada to allow CHWs to bill independently from a provider, and without the supervision requirement of a provider. Additionally, to avoid the need for a contractual relationship with a provider, policy changes need to be implemented to allow CBOs and CHR programs to enroll with

Nevada Medicaid as a CHW provider. This will not only allow CHR programs to bill for services, but also allow CBOs to bill as well.

Additionally, given the low hourly equivalent reimbursement rate for CHW services, organizations may not even breakeven with the hourly salary costs and associated travel time and costs related to billable CHW services.

⁶¹ Community Health Workers – Provider Type 89 Billing Guide. *Nevada Division of Health Care Financing and Policy*. 02.01.2022. https://www.medicaid.nv.gov/Downloads/provider/NV_BillingGuidelines_PT89.pdf

⁶² Medicaid Services Manual. *Nevada Division of Health Care Financing and Policy*. 05.01.2024. https://dhcfp.nv.gov/uploadedFiles/dhcfpnvgov/content/Resources/AdminSupport/Manuals/MSM/C600/MSM_600_24_05_01.pdf

NEW MEXICO

MEDICAID PROGRAM OVERVIEW

New Mexico is an MCO state, with four MCOs providing Medicaid services for New Mexicans.⁶³

ENROLLMENT PROCESS

A CHW/CHR must have an active enrollment with New Mexico Medicaid with individual CHWs/CHRs enrolling with their Type 1 NPI, or an organization employing CHWs/CHRs enrolling with a Type 2 NPI.⁶⁴

TRAINING AND CERTIFICATION

Per Provider Enrollment within the New Mexico Medicaid Portal, a Copy of a NM DOH Certification as Certified CHW/CHR is required to be submitted. The fee for certification is \$45.⁶⁵ New Mexico Medicaid recognizes that CHRs are an integral part of tribal communities. A CHR is an individual who has completed an approved CHR training program through Indian Health Service (IHS) and works under the American Public Health Association (APHA) definition of a CHW and the IHS definition of a CHR. The IHS CHR training is grandfathered-in as an approved training program in New Mexico.

SUPERVISION AND BILLING

There are no specific supervision requirements for CHWs in New Mexico.

CHW claims are submitted in New Mexico using CPT codes 98960, 98961, and 98962.⁶⁴ The hourly reimbursement equivalent for individual CHW/CHR services in New Mexico is \$100.20.

RECOMMENDATIONS

New Mexico fully supports CHR reimbursement and has policies and procedures in place to adequately support CHR programs in accessing CHW/CHR reimbursement. New Mexico continues to be a leader for other state Medicaid programs to understand best practices in providing CHR programs.

⁶³ Centennial Care Overview. *Health Care Authority*. 2012.

<https://www.hca.nm.gov/lookingforassistance/centennial-care-overview/>.

⁶⁴ State of New Mexico Medical Assistance Program Manual Supplement – Community Health Workers (CHW) and Community Health Representatives (CHR) Providers. *Health Care Authority*. May 31, 2024.

https://www.hca.nm.gov/wp-content/uploads/Final-24-08-Supplement-CHW-CHR-LR_TDG5.20.24-003-1.pdf

⁶⁵ Certification – Community Health Workers. *New Mexico Department of Health*. 2024.

<https://www.nmhealth.org/about/phd/pchb/ochw/cert>

NEW YORK

MEDICAID PROGRAM OVERVIEW

New York State has many different MCOs that provide Medicaid coverage.⁶⁶ New York is second only to California for having the greatest number of MCOs.

ENROLLMENT PROCESS

As a CHW must be enrolled and work under a licensed, Medicaid-enrolled provider in New York, CHWs and/or CHW programs do not need to enroll with New York Medicaid.⁶⁷

TRAINING AND CERTIFICATION

CHW services are covered when the following training or work experience requirements have been met by the CHW providing the direct service⁶⁷: 20-hour minimum training that includes the CDC-endorsed CHW Core Consensus Competencies (C3) <https://www.c3project.org/roles-competencies> OR 1400 hours of experience working as a CHW in formal paid or volunteer roles within the past three years.

There is no certification requirements at this time in New York.

SUPERVISION AND BILLING

CHWs must work under their enrolled and supervising NYS Medicaid-enrolled provider. A CHW may be part of a community-based organization that works with a NYS licensed, Medicaid-enrolled provider. The CHW will not bill Medicaid directly for CHW services; eligible CHW services are to be billed by the supervising provider or Medicaid-enrolled institution.⁶⁷

New York reimburses for CPT codes 98960, 98961, and 98962 with an hourly reimbursement rate for individual services being \$70.00.⁶⁸

RECOMMENDATIONS

Based on information gathered regarding CHW reimbursement in New York, a CHR program could likely not bill for CHR services due to the provider supervision requirements (unless the entity that administers the CHR program is an eligible provider, or the CHR program developed a contractual relationship to work under an eligible provider. To allow for equitable CHR reimbursement in New York, policy changes are needed to allow CHWs to bill independently from a provider, and without the supervision requirement of a provider. This will not only allow CHR programs to bill for services, but also allow CBOs to bill as well.

⁶⁶ Managed Care. *New York State Department of Health*. 2024.

https://www.health.ny.gov/health_care/managed_care/

⁶⁷ Community Health Worker Services Policy Manual. *EMedNY New York State Medicaid Provider Policy Manual*.

01.01.2024. https://www.emedny.org/ProviderManuals/CommunityHealth/PDFS/CHW_Policy_Manual.pdf

⁶⁸ NYS Medicaid Community Health Worker Services Fee Schedule. *EMedNY New York State Medicaid*. 02.01.2024.

https://www.emedny.org/ProviderManuals/CommunityHealth/PDFS/CHW_Fee_Schedule.pdf

OREGON

MEDICAID PROGRAM OVERVIEW

Oregon utilizes MCOs and CCOs (Coordinated Care Organizations) to provide Medicaid coverage. Oregon established CCOs to serve as the single point of accountability for the health care access and quality of Medicaid members.⁶⁹

ENROLLMENT PROCESS

A Type 1 NPI is required for CHWs, whereas a Type 2 NPI is required for supervising licensed provider organizations. Community Health Workers will be enrolled as “non-payable rendering provider”. CHWs must work and bill “under the supervision of a licensed provider.” When the CHW is the rendering provider, OHA will allow the code to pay. The billing provider must be a clinic or supervising licensed provider.⁷⁰

TRAINING AND CERTIFICATION

CHR Training is not grand parented as an option for THW certification in Oregon. CHRs could possibly apply to be certified through the “Legacy Clause for Traditional Health Workers” meaning an individual who has never been certified with the Authority before gets recognition for Certification as a result of their prior training and work experience and fulfillment of all additional requirements for the Legacy clause.^{71 72}

The Oregon Health Authority Equity and Inclusion Division’s Traditional Health Worker Program certifies Community Health Workers (CHW).⁷⁰ Oregon Health Authority state certification and registration including renewals is free once training requirements are met.⁷³

SUPERVISION AND BILLING

CHWs must be supervised by existing licensed practitioners and perform services for them within the licensed practitioner’s scope of practice. Licensed health providers are responsible for the work that they order, delegate or supervise when health care professionals work under their supervision. The state assures that only the Licensed Health Care Professional will bill for services.

Community Health Worker services are provided under the supervision of a Licensed Health Care Professional (LHCP) which includes the following provider types: Physicians*, Nurse Practitioners,

⁶⁹ Oregon Health Plan (MCO and CCO) Program. *Oregon Health Authority*. 2024.

<https://www.oregon.gov/oha/hsd/ohp/pages/policy-ohp.aspx>

⁷⁰ Community Health Worker (CHW) Fee-for-Service (Open Card) Billing Guide. *Oregon Health Authority*. 01.2024.

<https://www.oregon.gov/oha/HSD/OHP/Tools/CHW-Billing-Guide.pdf>

⁷¹ Oregon Health Authority – Traditional Health Workers. *Oregon Secretary of State*. 2024.

<https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=301292>

⁷² Traditional Health Worker Training Programs. *Oregon Health Authority*. 2024.

<https://www.oregon.gov/oha/EI/Pages/THW-Training-Programs.aspx>

⁷³ Community Health Worker (CHW). *Oregon Health Authority*. 2024. <https://www.oregon.gov/oha/ei/pages/thw-chw.aspx>

Physician Assistants, Dentists, Dental hygienists with an Expanded Practice Permit, Ph.D. Psychologists, PsyD Psychologists, LCSW Social Workers and Licensed Professional Counselors.⁷⁴

CHW claims are submitted in Oregon using various CPT codes, including 98960, 98961, and 98962.⁷⁵ Additional codes include 97535, 99211, 99401, 99402, 99403, 99404, 99406, 99407, 99408, 99409, 99600, G0176, G0177, H0032, H0033, H0048, H2014, H2016, and H2032.

The hourly reimbursement equivalent for individual CHW/CHR services in Oregon is \$46.34.⁷⁶

RECOMMENDATIONS

Based on information gathered regarding CHW reimbursement in Oregon, the IHS CHR training program is not grandfathered in; therefore, CHRs would need to obtain the required certificate or meet the work experience conditions to be eligible for certification.

Additionally, a CHR program could likely not bill for CHR services due to the provider supervision requirements (unless the entity that administers the CHR program is an eligible provider, or the CHR program developed a contractual relationship to work under an eligible provider). To allow for equitable CHR reimbursement in Oregon, policy changes are needed to allow CHWs to bill independently from a provider, and without the supervision requirement of a provider. This will not only allow CHR programs to bill for services, but also allow CBOs to bill as well.

⁷⁴ Oregon State Plan Amendment. *Oregon Health Authority*. 12.13.2023.

<https://www.oregon.gov/oha/HSD/Medicaid-Policy/StatePlans/23-0034.pdf>

⁷⁵ Community Health Worker (CHW) Fee-for-Service (Open Card) Billing Guide. *Oregon Health Authority*. 01.2024.

<https://www.oregon.gov/oha/HSD/OHP/Tools/CHW-Billing-Guide.pdf>

⁷⁶ OHP Fee-for-Service Fee Schedule. *Oregon Health Authority*. 2024.

<https://www.oregon.gov/oha/HSD/OHP/Pages/Fee-Schedule.aspx>

RHODE ISLAND

MEDICAID PROGRAM OVERVIEW

Rhode Island utilizes MCOs to provide Medicaid coverage.⁷⁷

ENROLLMENT PROCESS

Individual CHWs may enroll using their Type 1 NPI number or an organization may enroll using a new Type 2 NPI number specific to the CHW program.⁷⁹

TRAINING AND CERTIFICATION

CHWs in Rhode Island must meet the following training requirements:⁷⁸ Community Health Worker Experience: Six (6) months of full-time or 1000 hours of part-time work or volunteer experience as a community health worker, or current Volunteer/Job Description: Copy of current community health worker volunteer/job description, obtained from current organization, and which must be signed by both the applicant and their immediate supervisor and/or on-The-Job Supervision: 50 hours of on-the-job supervision of qualifying work experience in the community health worker domains and Education/Training: 70 total hours of relevant education/training specific to the Community Health Worker domains.

Certification is required for CHWs in Rhode Island.⁷⁹ Initial certification costs \$125 in Rhode Island and requires the individual to complete the training requirements within 18 months of enrolling with Rhode Island Medicaid.

SUPERVISION AND BILLING

There are no direct supervision requirements for CHWs in Rhode Island.

CHW services in Rhode Island are billed using the HCPCS Procedure Code: T1016.⁷⁹ Individual CHW services in Rhode Island are reimbursed at an hourly rate equivalent of \$50.84.⁸⁰

RECOMMENDATIONS

Although the IHS CHR training program is not grandfathered-in in Rhode Island, it does meet the minimum requirements necessary to become certified within Rhode Island. As Community-based organizations are able to bill Medicaid for CHW services, CHR programs should also be able to bill Rhode Island Medicaid for services as well.

⁷⁷ Apply For Coverage. *HealthSource RI*. 2024.

<https://healthyrhode.ri.gov/HIXWebI3/StartAnonymousBrowsing.action>

⁷⁸ Certified Community Health Worker (CCHW). *Rhode Island Certification Board*. 2022.

⁷⁹ Community Health Workers. *RI Medicaid – Executive Office of Health and Human Services*. 07.2022.

<https://eohhs.ri.gov/sites/g/files/xkgbur226/files/2022-07/CHW%20Manual%207%2019%202022.pdf>

⁸⁰ Fee For Service Fee Schedule. *Executive Office of Health and Human Services*. 2024.

<https://providersearch.riproviderportal.org/ProviderSearchEOHHS/FFSFeeSchedule.aspx>.

SOUTH DAKOTA

MEDICAID PROGRAM OVERVIEW

There are no MCOs in South Dakota. The South Dakota Department of Social Services, Division of Medical Services provides Medicaid coverage for South Dakotans.⁸¹

ENROLLMENT PROCESS

Organizations enrolling with SD Medicaid as a CHW Agency must obtain a new Type 2 NPI dedicated to billing for CHW services only, followed by completing a SD Medicaid enrollment application. This includes organizations that are already enrolled with SD Medicaid.⁸²

TRAINING AND CERTIFICATION

Indian Health Service CHR Basic Training is an approved training program in South Dakota for CHWs to become certified.⁸³ South Dakota Medicaid recognizes certified CHWs and CHRs meaning CHRs will need to become certified if their organization is looking to receive Medicaid reimbursement for services provided.⁸² The South Dakota CHW and CHR certification process is managed by the Community Health Worker Collaborative of South Dakota (CHWSD). There is a \$50 certification and recertification fee.

SUPERVISION AND BILLING

There are no direct supervision requirements for CHWs in South Dakota. CHW claims are submitted in South Dakota using CPT codes 98960, 98961, and 98962. The hourly reimbursement equivalent for individual CHW/CHR services in South Dakota is \$67.46.⁸⁴

RECOMMENDATIONS

South Dakota fully supports CHR reimbursement and has policies and procedures in place to adequately support CHR programs in accessing CHW/CHR reimbursement. South Dakota continues to be a leader for other state Medicaid programs to understand best practices in providing CHR programs.

⁸¹ Medicaid. *South Dakota Department of Social Services*. 2024. <https://dss.sd.gov/medicaid/>.

⁸² Community Health Worker Services – Billing and Policy Manual. *South Dakota Medicaid*. 12.2023. https://dss.sd.gov/docs/medicaid/providers/billingmanuals/Professional/Community_Health_Worker_Services.pdf

⁸³ CHW and CHR Certification. *Community Health Worker Collaborative of South Dakota*. 2024. <https://chwsd.org/chw-and-chr-certification/>

⁸⁴ Community Health Worker Services Fee Schedule. *South Dakota Medicaid*. 07.01.2024. https://dss.sd.gov/docs/medicaid/providers/feeschedules/Other_Services/Community_Health_Worker_Agencies_SF25.pdf