

INDIAN HEALTH SERVICE COMMUNITY HEALTH REPRESENTATIVE PROGRAM

Fee-For-Service Medicaid Billing Environmental Scan and Recommendations



Second Edition



CONTENTS

Key Acronyms and Definitions	3
Introduction	4
Executive Summary	6
Background	7
Workforce Development	7
Medicaid Reimbursement	7
CHR Programs by State	9
Environmental Scan Process	10
Environmental Scan Findings	11
Pathway to Reimbursement (Table of Findings).....	11
Findings and Barriers	13
Findings and Recommendations	19
Findings	19
Recommendations - Indian Health Service (IHS)	19
Recommendations - State Medicaid Programs	20
Recommendations - CHR Programs and Allies.....	20
Other Reimbursement Opportunities	21
Appendix A – Detailed State Overviews.....	23
Arizona.....	23
California.....	26
Colorado	29
Indiana	31
Kansas.....	33
Kentucky	35
Louisiana.....	37
Michigan	39
Minnesota.....	41
Nevada.....	43
New Mexico	45
New York	46
North Dakota	48
Oklahoma.....	50
Oregon	52

Rhode Island..... 54
South Dakota..... 55
Washington..... 56

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 IHS 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 tribal health care needs.

The primary purpose of the IHS 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 IHS 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 Act², 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, 1988.³

The IHS 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)⁴. 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.⁵

CHR program funds are subject to tribal shares and are transferred to tribes when they assume responsibility for operating the associated programs, functions, services, and activities. A portion of the overall CHR program'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.⁶

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

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

² Indian Self-Determination and Education Assistance Act. *U.S. Government Publishing Office*. 2023.

<https://www.govinfo.gov/app/details/COMPS-10401>

³ About Us. *IHS.gov*. 2024. <https://www.ihs.gov/chr/aboutus/>

⁴ Strategic Plan. *HHS.gov*. January 30, 2025. <https://www.hhs.gov/about/strategic-plan/2022-2026/index.html>

⁵ IHS FY2024 Congressional Justification. *IHS.gov*. 2023.

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

⁶ IHS FY2024 Congressional Justification. *IHS.gov*. 2023.

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

Throughout this report, the term CHW is used as an umbrella term that includes CHR, unless otherwise specified (since some states do not formally recognize CHR, which is relevant when discussing reimbursement for CHR programs).

EXECUTIVE SUMMARY

As CHR programs continue to navigate the Medicaid reimbursement opportunities present in states with fee-for-service CHW reimbursement, CHR programs in some states may face challenges in accessing reimbursement. An environmental scan of the states with Medicaid reimbursement was conducted from the specific lens of a CHR program. Of the 18 states, only six (6) 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 a few possible barriers present related to organization type and enrollment with Medicaid. Currently, only six (6) of the 18 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, 12 of the 18 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 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. Only eight (8) states explicitly note that the IHS CHR Training Program is an approved training program. Additionally, in five (5) of the 18 states, the IHS CHR Training Program would likely be approved as a training program but is not specifically called out.

While billing processes vary amongst 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 18 states with published rates for fee-for-service reimbursement is \$56.37.

Of the 18 states that currently allow for fee-for-service reimbursement for CHW services, CHR programs in only six (6) states can bill for CHW services without significant barriers. The six (6) states without significant barriers to a CHR program billing Medicaid for CHR services are Arizona, California, Colorado, New Mexico, Rhode Island, and South Dakota.

State-specific summaries with recommendations for policy changes to allow for CHR reimbursement in all 18 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 build the capacity of the CHW workforce to address chronic disease management and social determinants of health (SDoH). CHRs are an important and historical part of this growing and developing CHW workforce.⁷

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. Since 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 training.

The CHR Training Program offered through the Indian Health Service consists of asynchronous e-learning modules in three (3) courses: basic training, specialty training, and advanced training. Basic Training consists of 18 modules covering three (3) 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.⁸

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 Act⁹ and Title XXI the Children's Health Insurance Program (CHIP)¹⁰ 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.¹¹

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.

⁷ 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

⁸ CHR Training and Education. *IHS.gov*. 2024. <https://www.ihs.gov/chr/chrtraining/>

⁹ Title XIX – Grants to States for Medical Assistance Programs. *SSA.gov*. 2025. https://www.ssa.gov/OP_Home/ssact/title19/1900.htm

¹⁰ Title XXI – State Children's Health Insurance Program. *SSA.gov*. 2025. https://www.ssa.gov/OP_Home/ssact/title21/2100.htm

¹¹ 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).¹²

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.

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.¹³

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.¹⁴ States have begun to utilize SPAs to implement Medicaid reimbursement for CHW services. Currently, 18 states have a SPA to allow for FFS CHW reimbursement.

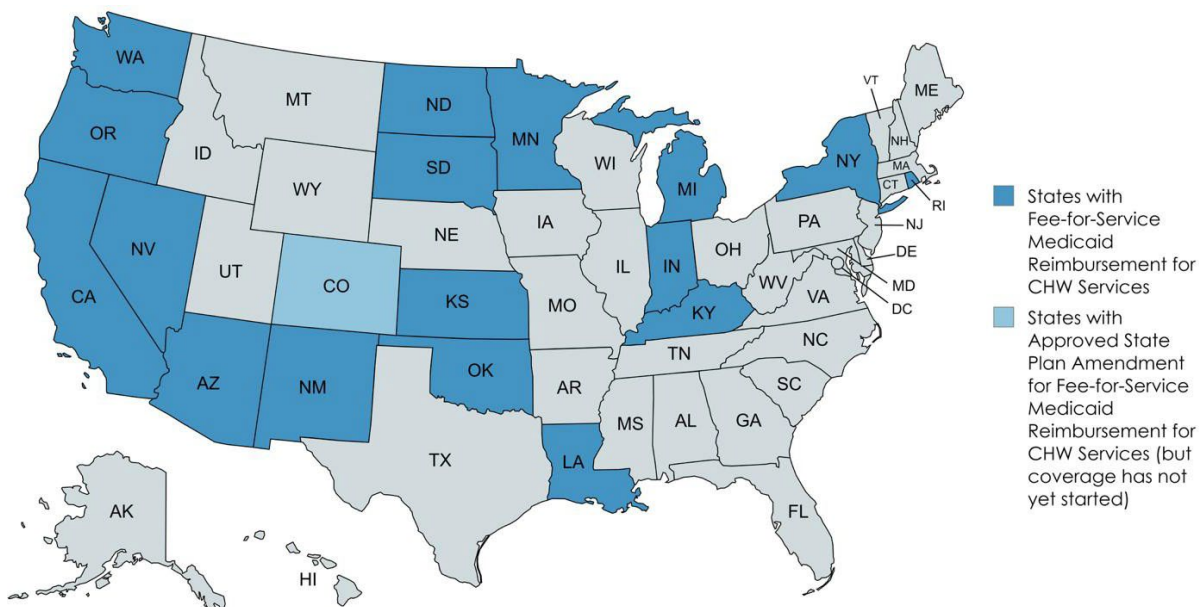
The following map identifies the states that currently reimburse for CHW services using a fee-for-service CHW reimbursement model, as well as the additional state that is working to finalize fee-for-service CHW Reimbursement:

¹² Provider Payment and Delivery Systems. *Medicaid and CHIP Payment and Access Commission*. 2024.

<https://www.macpac.gov/medicaid-101/provider-payment-and-delivery-systems/>

¹³ Medicaid State Plan Amendments. *Medicaid.gov*. 2024. <https://www.medicaid.gov/medicaid/medicaid-state-plan-amendments/index.html>.

¹⁴ 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 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
- **Colorado** – 2 CHR programs (coverage start date delayed to January 1, 2028)
- **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 headquarters in Kentucky; 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
- **North Dakota** – 6 CHR programs (2 overlap border with South Dakota)
- **Oklahoma** – 32 CHR programs
- **Oregon** – 10 CHR programs
- **Rhode Island** – 1 CHR program
- **South Dakota** – 10 CHR programs (2 overlap border with North Dakota)

- **Washington** – 29 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 and at the time that the report was updated in 2025.

Research for this report and its findings were conducted in the summer of 2024 and in the fall of 2025 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 program 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, 2026. 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 in most cases prevents the CHR program from accessing CHW reimbursement. Currently, only six (6) of the 18 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 NPI 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 required, but Type 2 recommended	No	\$300 initial certification, \$200 renewal, \$750 enrollment fee
California	Yes	Likely (supervising provider decides)	Type 2 NPI	No	\$750 enrollment fee
Colorado	Yes	Yes	Type 1 NPI and Type 2 NPI	No	None
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	No	Billed under provider	Yes	None

Michigan	No	Yes	Type 1 NPI for enrollment, billed under provider	Yes	None
Minnesota	No	Yes	Type 1 NPI for enrollment, billed under provider	Yes	None
Nevada	No	No (Working on a SPA amendment)	Type 1 NPI for enrollment, billed under provider	Yes	\$75 certification
New Mexico	Yes	Yes	Type 1 NPI and/or Type 2 NPI	No	\$45 certification
New York	No	Likely	Billed under provider	Yes	None
North Dakota	No	Yes	Type 1 NPI for enrollment, billed under provider	Yes	\$30 certification
Oklahoma	No	No	Billed under provider	Yes	None
Oregon	No	No	Billed under provider	Yes	None
Rhode Island	Yes	Likely	Type 1 NPI and/or Type 2 NPI	No	\$125 certification
South Dakota	Yes	Yes	Type 2 NPI	No	\$50 certification
Washington	No	Yes	Billed under provider	Yes	None

Based on the information above, only the following six (6) states have no significant barriers to an IHS CHR program billing Medicaid for CHR services:

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

*Since the IHS CHR Training Program would likely be approved as a training program in California and Rhode Island, CHR programs in these states could likely bill Medicaid for CHR services.

**Coverage start date delayed to January 1, 2028

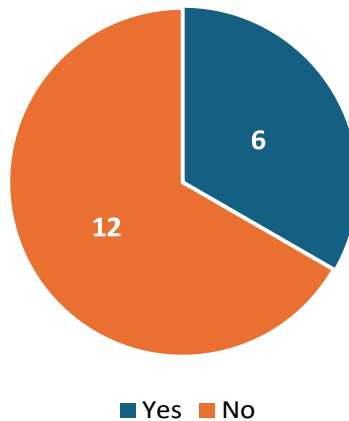
FINDINGS AND BARRIERS

ACCESS TO REIMBURSEMENT BY PROGRAM TYPE

Currently, only six (6) of the 18 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 access reimbursement (due to their likely provider type that would be used for Medicaid enrollment).

Figure 1 (n=18)

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
- Colorado (coverage start date delayed to January 1, 2028)
- 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

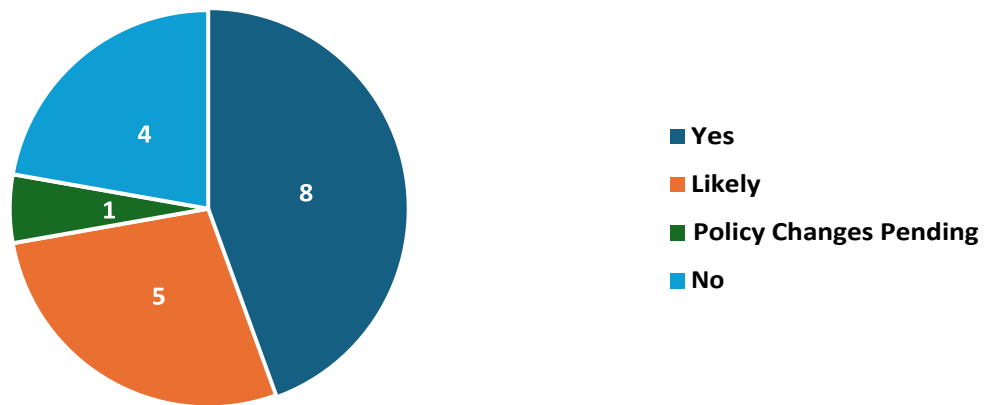
- Minnesota
- Nevada
- New York
- North Dakota
- Oklahoma
- Oregon

TRAINING REQUIREMENTS

Only eight (8) states explicitly share 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 in five (5) states but is not called out as an approved training program. Five (5) states do not allow the IHS CHR Training Program as an approved training program, although one (1) of these five (5) states is working on a policy change, as shown in Figure 2 below.

Figure 2 (n=18)

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
- Colorado (coverage start date delayed to January 1, 2028)
- Michigan
- Minnesota
- New Mexico
- North Dakota
- South Dakota
- Washington

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

- California (supervising provider decides on approved training)
- Indiana
- Kansas
- New York
- Rhode Island

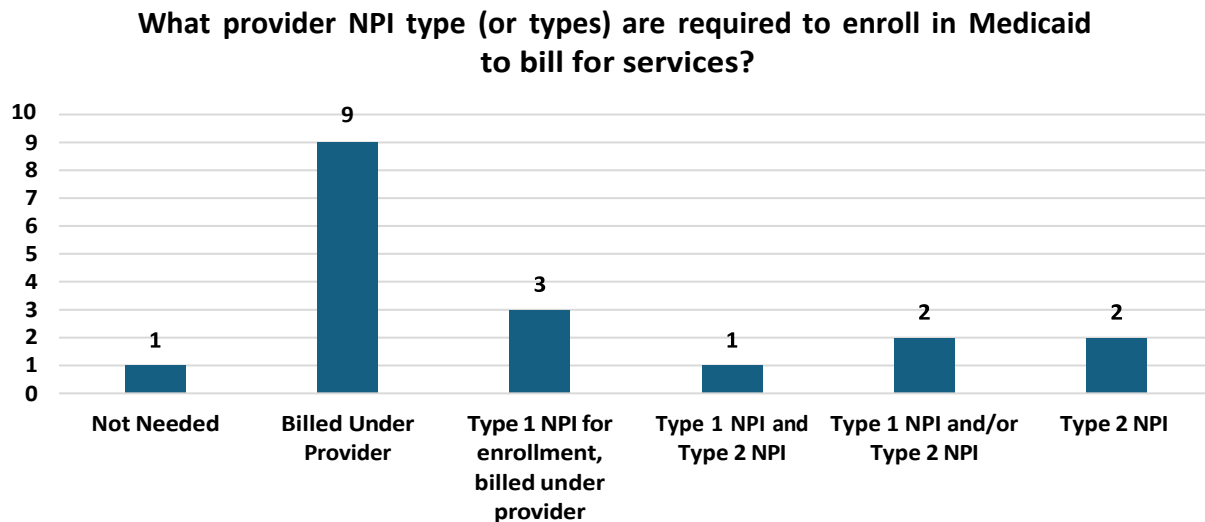
States where the IHS CHR Training Program is not an approved CHW training program for Medicaid reimbursement:

- Louisiana
- Kentucky
- Nevada (looking to implement a SPA amendment to grandfather-in IHS CHR training)
- Oklahoma
- Oregon

BILLING PROVIDER CATEGORIES

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 are multiple approaches by states when it comes to the enrollment provider category (Type 1 or Type 2 National Provider Identifier – “NPI”), when CHW services are billed under a provider, reimbursement is typically 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 category enrollments utilized by states with Medicaid reimbursement for CHW services.

Figure 3 (n=18)



Twelve (12) 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.

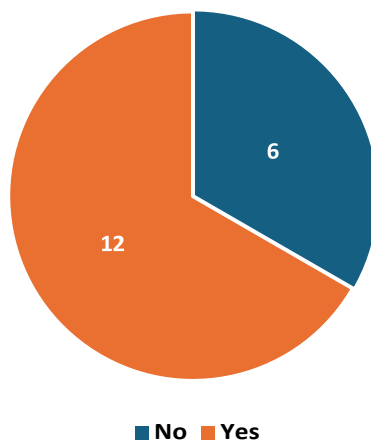
Further, all 12 of the states that currently have CHW services billed under the provider also do not allow a CBO to bill and require provider supervision, as indicated below.

SUPERVISION REQUIREMENTS

Since 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 12 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 CHWs.

Figure 4 (n=18)

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
- Colorado (coverage start date delayed to January 1, 2028)
- New Mexico
- Rhode Island
- South Dakota

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

- Indiana
- Kansas
- Kentucky
- Louisiana
- Michigan
- Minnesota
- Nevada
- New York
- North Dakota
- Oklahoma
- Oregon
- Washington

ASSOCIATED FEES

For some CHR programs, fees related to enrollment may pose a barrier to enrollment. Of the 18 states with Medicaid reimbursement for CHW services, three (3) states have enrollment and/or certification fees that exceed \$100. One (1) state (California) has an initial enrollment fee of \$750. This could pose a significant barrier for a financially strapped CHR program seeking Medicaid reimbursement to further grow and sustain its program. Ten (10) states do not charge any fees for enrollment and/or certification as shown in Table 2 below.

Table 2 (n=18)

Amount	State(s)	Notes
None	Colorado* Indiana Kansas Louisiana Michigan Minnesota New York Oklahoma Oregon Washington	* Coverage start date delayed to January 1, 2028
\$30	North Dakota	
\$45	New Mexico	
\$50	Kentucky South Dakota	• Individual renewal in Kentucky - \$25
\$75	Nevada	
\$125	Rhode Island	
\$300	Arizona	• Individual renewal - \$200 • Some program types may have a \$750 enrollment fee in addition to individual CHW/CHR certification fees

\$750

California

- CHW organization enrollment fee

REIMBURSEMENT RATES BY STATE

The following table shares the individual, one-hour equivalent reimbursement rates for the 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 3 below. Overall, the average reimbursement rate of the states is \$56.37.

Table 3

State	Reimbursement Rate (Hourly Equivalent)
NM	\$100.20
RI	\$87.92
NY	\$70.00
ND	\$68.54
SD	\$68.30
WA*	\$59.60 *\$47.83 for the first 60 minutes provided each month
CA	\$55.08
IN	\$54.98
AZ	\$52.06
CO	\$51.36 (Coverage start date delayed to January 1, 2028)
OK	\$50.64
MN	\$47.06
OR	\$46.34
KY	\$45.06
KS	\$44.40
MI	\$41.04
NV	\$36.68
LA	\$36.22

It is important to note that reimbursement rates only cover the time of CHW/CHR 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
- California
- Colorado (coverage start date delayed to January 1, 2028)
- New Mexico
- Rhode Island
- South Dakota

This means that of the 18 states with Medicaid reimbursement for CHW services, only six (6) states provide equitable reimbursement for CHR programs.

The remaining 12 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 12 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 these barriers 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.¹⁵

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.*¹⁶ Ensuring a sustained, integrated, and collaborative National CHR Program enhances the strategic priorities and fulfills the mission of IHS.

¹⁵ 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

¹⁶ IHS Strategic Plan FY2019-2023. *Indian Health Service*. 2024. <https://www.ihs.gov/strategicplan/ihs-strategic-plan-fy-2019-2023/>

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.

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.*¹⁷

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 toward 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 six (6) states where CHR programs can bill without significant barriers, 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 toward successfully billing Medicaid for CHR services.

RECOMMENDATIONS:

- CHR programs should work together across states with Medicaid reimbursement (where CHR programs can bill without significant barriers) to develop CHR-specific workgroups, guides, and supports for billing Medicaid.

¹⁷ 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

STATES WHERE CHR PROGRAMS CANNOT BILL

Overall, within the 12 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 Program.
- 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 reflect the time spent on covered services but that also contribute to costs associated with the services provided, such as mileage, documentation time, and billing time. When a state Medicaid program looks at setting rates for CHW reimbursement, it is important to note that an 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 12 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 or auxiliary staff and then reviewed 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 study¹⁸ examined records of 5.1 million 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)¹⁹, 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.

¹⁸ Social Determinants of Health Challenges are Prevalent Among Commercially Insured Population, *Journal of Primary Care and Community Health*. Volume 12: 1-10, 2021.

¹⁹ 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.²⁰

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.²¹

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 \$750 (2026 rate), complete a background check, and coordinate a site visit with AHCCCS Provider Enrollment staff.²²

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.²³

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

²⁰ About the Arizona Health Care Cost Containment System (AHCCCS). AHCCCS. 2024. <https://www.azahcccs.gov/AHCCCS/AboutUs/index.html>

²¹ Available Health Plans. AHCCCS. 2024.

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

²² AHCCCS FAQs – Community Health Worker/Community Health Representative (CHW/CHR). AHCCCS. 2024.

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

²³ AHCCCS FAQs – Community Health Worker/Community Health Representative (CHW/CHR). AHCCCS. 2024.

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

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).²⁴

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 ADHS-certified CHW/CHRs to enroll with AHCCCS. Existing providers not included in Pathway 1 who are interested in CHW/CHR reimbursement may also enroll with AHCCCS as a “CHW Organization”.²⁵

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.²⁶

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 pathways²⁷: 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; or 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 (3) years OR Advanced training certification and 380 hours of paid or volunteer CHR or CHW experience completed during the previous three (3) 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.²⁸

SUPERVISION AND BILLING

There are no specific supervision requirements for CHWs in Arizona. CHW claims are submitted in Arizona using Current Procedural Terminology (CPT) codes 98960, 98961, and 98962.²⁹ The hourly reimbursement equivalent for individual CHW/CHR services in Arizona is \$52.06.³⁰

²⁴ AHCCCS FAQs – Community Health Worker/Community Health Representative (CHW/CHR). AHCCCS. 2024. https://www.azahcccs.gov/PlansProviders/Downloads/CHW/CHW_CHRFAQs.pdf

²⁵ AHCCCS FAQs – Community Health Worker/Community Health Representative (CHW/CHR). AHCCCS. 2024. https://www.azahcccs.gov/PlansProviders/Downloads/CHW/CHW_CHRFAQs.pdf

²⁶ Special Licensing. Arizona Department of Health Services. 2024. <https://www.azdhs.gov/licensing/special/index.php#community-health-workers>

²⁷ 310-W-Certified Community Health Worker/ Community Health Representative. AHCCCS. 02.19.2024. <https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/300/310-W.pdf>

²⁸ Special Licensing. Arizona Department of Health Services. 2024. <https://www.azdhs.gov/licensing/special/index.php#community-health-workers>

²⁹ AHCCCS FAQs – Community Health Worker/Community Health Representative (CHW/CHR). AHCCCS. 2024. https://www.azahcccs.gov/PlansProviders/Downloads/CHW/CHW_CHRFAQs.pdf

³⁰ Search AHCCCS Physician Fee Schedule. AHCCCS. 2024. <https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/CommunityHealthWorker.html>

RECOMMENDATIONS

In Arizona, fees related to enrollment and certification may pose a barrier to enrollment. 2026 enrollment fees for the new CHW Organization Provider Type of \$750 and initial certification fees of \$300 per CHR/CHW could pose a significant barrier for a financially strapped CHR program seeking Medicaid 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.³¹ Approximately 15.2 million Medi-Cal beneficiaries in all 58 counties receive their health care through five (5) 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

Community-based organizations (CBOs) and local health jurisdictions (LHJs) providing CHW services can 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.³²

TRAINING AND CERTIFICATION

While the CHR Training Program through IHS is not grandfathered-in, under existing Medi-Cal policy for the certification pathway, CHR/CHWs must possess a certificate of completion, which can include any certificate issued by any organization, including the State of California, or a state designee. The curriculum completed must include training on communication, interpersonal and relationship building, service coordination and navigation, capacity building, advocacy, education and facilitation, individual and community assessment, professional skills and conduct, outreach, evaluation and research, and basic knowledge in public health principles and social determinants of health, as determined by the supervising provider. Certificate programs shall also include field experience as a requirement. At this time, the Department of Health Care Services (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.³³

Medi-Cal provider enrollment as a CBO includes submission of an application through PAVE and payment of an application fee. The application fee for the calendar year 2026 is \$750.³⁴

SUPERVISION AND BILLING

³¹ Medi-Cal Managed Care. *Department of Health Care Services*. 2024. <https://www.dhcs.ca.gov/services/Pages/Medi-CalManagedCare.aspx>

³² Community Health Worker. *Department of Health Care Services*. 2024. <https://www.dhcs.ca.gov/community-health-workers>

³³ Community Health Worker (CHW) Preventative Services. *Department of Health Care Services*. 04.2025.

https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/03BBA223-8762-4A94-A268-209510E15E37/chwprev.pdf?access_token=6UyVkrRRfByXTZEWlh8j8QaYyIPyP5ULO

³⁴ Application Fees. *Department of Health Care Services*. 2025. <https://www.dhcs.ca.gov/provgovpart/Pages/Application-Fees.aspx>

CHWs must be supervised by a licensed provider, hospital, outpatient clinic (as defined in Title 42 Code of Federal Regulations section 440.90, including an IHS-MOA 638 clinic and a tribal FQHC), pharmacy, CBO, or LHJ. 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 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.³⁵

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 Medi-Cal qualifications, 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, an LHJ, or a CBO.³⁶

CHW claims are submitted in California using CPT codes 98960, 98961, and 98962 and Healthcare Common Procedure Coding Systems (HCPCS) codes G0019 and G0022. The hourly reimbursement equivalent for individual CHW/CHR services in California is \$55.08.³⁷

RECOMMENDATIONS

In California, enrollment fees could pose a barrier. Enrollment fees of \$750 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 Program) 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/CHR Certificate, certificate renewal, and for state-issued specialty certificates, as well as the requirements for recognizing the experience of existing CHW/CHRs. This letter also provided statewide requirements for CHW/CHRs 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/CHR 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

³⁵ Community Health Worker (CHW) Preventative Services. *Department of Health Care Services*. 04.2025. https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/03BBA223-8762-4A94-A268-209510E15E37/chwprev.pdf?access_token=6UyVkkRRfByXTZEWIh8j8QaYyIPyP5ULO

³⁶ Community Health Worker (CHW) Preventative Services. *Department of Health Care Services*. 04.2025. https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/03BBA223-8762-4A94-A268-209510E15E37/chwprev.pdf?access_token=6UyVkkRRfByXTZEWIh8j8QaYyIPyP5ULO

³⁷ Medi-Cal Rates. *Department of Health Care Services*. 2025. <https://mcweb.apps.prd.cammis.medi-cal.ca.gov/rates?tab=rates>

about the CHW/CHR certificate program. The dialogues ran through early/mid 2024. No further information has been provided at this time.

COLORADO

MEDICAID PROGRAM OVERVIEW

Colorado Department of Health Care Policy & Financing (HCPF) administers Health First Colorado (Colorado's Medicaid program).³⁸

The state of Colorado contracts with MCOs to manage the delivery of most health benefits for Medicaid recipients. Colorado organizes its managed care program into different regions, with specific MCOs assigned to each region.³⁹

ENROLLMENT PROCESS

Effective January 1, 2028, Health First Colorado members are eligible to receive Community Health Worker (CHW) services.⁴⁰ Community-based organizations will be eligible to enroll with HCPF as providers as long as they have met the Community Health Agency requirements.⁴¹ There will be no cost for organizations to enroll.

The Colorado Legislature passed Senate Bill 23-002 to add CHW services as a Health First Colorado benefit. Given the acute budget crisis the state of Colorado faces, the Governor extended and amended Executive Order D25 014 on October 31, 2025, making additional State Fiscal Year 2025-26 reductions, which includes an additional delay to the Health First Colorado CHW benefit until January 1, 2028. The Health First Colorado reimbursement for CHW services will not begin on January 1, 2026, but will instead begin on January 1, 2028.⁴²

To provide CHW/CHR services, new and existing HCPF providers will be required to enroll as a Community Health Agency (Group) and have a CHW/CHR who is on the Colorado Department of Public Health and Environment (CDPHE) Community Health Worker Registry who is enrolled with HCPF as a CHW or CHR (Individual within the Group). A Type 2 Organizational NPI is required for Group enrollment as a Community Health Agency. A Type 1 Individual NPI will be required when enrolling as a CHW/CHR (Individual within a Group).⁴³

CERTIFICATION AND TRAINING

CDPHE oversees the CHW credentialing process, including training, assessment, and a registry of CHWs in the state.

Individuals may qualify for the Community Health Worker (CHW) registry through various pathways including CHR training or relevant work experience. Required documentation includes a CHR

³⁸ Health First Colorado. *Colorado Department of Health Care Policy & Financing*. 2025. <https://hcpf.colorado.gov/>

³⁹ Health First Colorado Managed Care Contracts. *Colorado Department of Health Care Policy & Financing*. 07.2024. <https://hcpf.colorado.gov/health-first-colorado-managed-care-contracts>

⁴⁰ Colorado State Plan Amendment (SPA) 24-0046. *Colorado Department of Health Care Policy & Financing*. 05.13.2025. <https://hcpf.colorado.gov/sites/hcpf/files/Approval-CO-24-0046-SPA.pdf>

⁴¹ Community Health Workers (CHW) & Community Health Representatives (CHR). *Colorado Department of Health Care Policy & Financing*. 05.2023. https://hcpf.colorado.gov/sites/hcpf/files/Community%20Health%20Workers%20Fact%20Sheet_2025%20Update_0.pdf

⁴² Community Health Workers. *Colorado Department of Health Care Policy & Financing*. 2025. <https://hcpf.colorado.gov/sites/hcpf/files/CommunityHealthWorkers>

⁴³ Community Health Worker and Community Health Representative Enrollment Quick Guide. *Colorado Department of Health Care Policy & Financing*. 2025. <https://hcpf.colorado.gov/sites/hcpf/files/CHW%20Provider%20Enrollment%20Fact%20Sheet.pdf>

training certificate or a job description that demonstrates CHR experience. Unlike other pathways, the Community Health Representative pathway does not require completion of a competency assessment to receive the CHW credential.⁴⁴

SUPERVISION AND BILLING

There are no specific supervision requirements for CHWs in Colorado.

CHW claims are submitted in Colorado using CPT codes 98960, 98961, and 98962.⁴⁵ The hourly reimbursement equivalent for individual CHW/CHR services in Colorado is \$51.36.⁴⁶

RECOMMENDATIONS

Colorado fully supports CHR reimbursement and has policies and procedures in place to adequately support CHR programs in accessing CHW/CHR reimbursement. Colorado is a leader for other state Medicaid programs to understand best practices in providing access to this reimbursement for CHR programs.

⁴⁴ How to Become a Credentialed Community Health Worker. *Colorado Department of Health Care Policy & Financing*. 2025. <https://cdphe.colorado.gov/chronic-disease-prevention/health-navigator-workforce-development/how-to-become-a-credentialed-community-health-worker>

⁴⁵ Community Health Workers (CHW) & Community Health Representatives (CHR). *Colorado Department of Health Care Policy & Financing*. 05.2023. https://hcpf.colorado.gov/sites/hcpf/files/Community%20Health%20Workers%20Fact%20Sheet_2025%20Update_0.pdf

⁴⁶ Provider Rates and Fee Schedule. *Colorado Department of Health Care Policy & Financing*. 10.01.2025. <https://hcpf.colorado.gov/provider-rates-fee-schedule>

INDIANA

MEDICAID PROGRAM OVERVIEW

The Indiana Health Coverage Programs (IHCP) contracts with six (6) health plans in Indiana to serve as MCOs for the state Medicaid program.⁴⁷

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.⁴⁸ 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. The CHW must have completed a training program through one of the following programs: Mental Health America of Northeast Indiana, Affiliated Service Providers of Indiana, or HealthVisions Midwest.⁴⁹ Additionally, the updated IHCP CHW Billing Bulletin from 2024 indicates that additional training programs could be approved.⁵⁰ 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's (IHCP) updated 2024 CHW Bulletin indicates that 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.⁵¹ Given this information, it is likely that the IHS CHR Training Program 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 (PA), podiatrist, or chiropractor.⁵²

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 National Provider Identification (NPI) must be listed as the rendering provider on the claim, and the name of

⁴⁷ Managed Care Health Plans. *Indiana Medicaid for Partners*. 2024. <https://www.in.gov/medicaid/partners/medicaid-partners/managed-care-health-plans/>

⁴⁸ Provider Enrollment. *Indiana Health Coverage Programs*. 2024. <https://www.in.gov/medicaid/providers/files/modules/provider-enrollment.pdf>

⁴⁹ Provider Enrollment. *Indiana Health Coverage Programs*. 2024. <https://www.in.gov/medicaid/providers/files/modules/provider-enrollment.pdf>

⁵⁰ IHCP CHW Coverage Bulletin. *Indiana Health Coverage Programs*. 2024. <https://www.in.gov/medicaid/providers/files/bulletins/BT2024198.pdf>

⁵¹ IHCP CHW Coverage Bulletin. *Indiana Health Coverage Programs*. 2024. <https://www.in.gov/medicaid/providers/files/bulletins/BT2024198.pdf>

⁵² Provider Enrollment. *Indiana Health Coverage Programs*. 2024. <https://www.in.gov/medicaid/providers/files/modules/provider-enrollment.pdf>

the CHW must be included in the claim notes.⁵³ The hourly equivalent for individual CHW services provided to a Medicaid recipient in Indiana is \$54.98.⁵⁴

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.

⁵³ Medical Practitioner Reimbursement. *Indiana Health Coverage Programs*. July 1, 2022.
<https://www.in.gov/medicaid/providers/files/modules/medical-practitioner-reimbursement.pdf>

⁵⁴ Professional Fee Schedule. *IHCP Fee Schedules*. 2025.
https://provider.indianamedicaid.com/ihcp/Publications/MaxFee/fee_home.asp

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 (3) 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).⁵⁵

ENROLLMENT PROCESS

In Kansas, CHWs are required to be employed by a Kansas Department of Health and Environment (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.⁵⁶

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 NPI.⁵⁷

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 Program is on their approved provider list.

Currently, CHR may apply for certification through one (1) of three (3) pathways listed below and must complete KDHE approved CHW training or work experience requirements:⁵⁸ 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 (3) years plus three (3) letters of recommendation to document work and/or volunteer experience; and 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 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.

⁵⁵ KanCare & Medicaid. *Kansas Department of Health and Environment*. 2024. <https://www.kdhe.ks.gov/183/KanCare-Medicaid>

⁵⁶ Community Health Worker Services. *Kansas Department of Health and Environment*. 2024. https://portal.kmap-state-ks.us/Documents/Provider/Bulletins/UPDATED%2023175%20-%20General%20-%20Community_Health_Workers.pdf.

⁵⁷ Community Health Worker Services. *Kansas Department of Health and Environment*. 2024. https://portal.kmap-state-ks.us/Documents/Provider/Bulletins/UPDATED%2023175%20-%20General%20-%20Community_Health_Workers.pdf.

⁵⁸ Certification. *Kansas Division of Public Health*. 2024. <https://www.kdhe.ks.gov/1870/Certification>

Each supervising licensed practitioner shall bill for the services of the certified CHW. The supervising practitioners must be physicians, dentists, advanced practitioner registered nurses, licensed mental health professionals, or physician assistants.⁵⁹

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 \$44.40.⁶⁰

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.

⁵⁹ Community Health Worker Services. *Kansas Department of Health and Environment*. 2024. https://portal.kmap-state-ks.us/Documents/Provider/Bulletins/UPDATED%2023175%20-%20General%20-%20Community_Health_Workers.pdf

⁶⁰ Community Health Worker Services Rate Increase. *Kansas Department of Health and Environment*. June 2024. [https://portal.kmap-state-ks.us/Documents/Provider/Bulletins/24105%20-%20General%20-%20Community_Health_Worker_\(CHW\)_Services_Rate_Increase.pdf](https://portal.kmap-state-ks.us/Documents/Provider/Bulletins/24105%20-%20General%20-%20Community_Health_Worker_(CHW)_Services_Rate_Increase.pdf).

KENTUCKY

MEDICAID PROGRAM OVERVIEW

Kentucky Medicaid utilizes MCOs to provide Medicaid coverage for Kentuckians.⁶¹

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.⁶²

TRAINING AND CERTIFICATION

The currently approved training programs in Kentucky are offered through Appalachian Kentucky Health Care Access Network, Kentucky Homeplace, and University of Louisville Trager Institute.⁶³

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.⁶⁴ 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. The fee for initial certification as a CHW is \$50 with subsequent renewal (annually) of \$25.⁶⁵

SUPERVISION AND BILLING

CHW services must be ordered by a physician, physician assistant, nurse practitioner, certified nurse midwife, dentist, or optometrist. Only enrolled eligible Medicaid provider types are eligible for reimbursement for CHW services.⁶⁶

CHW services may be billed using codes 98960, 98961, 98962, and in conjunction with the UB modifier to indicate that the rendering provider is overseeing/supervising the service. The hourly reimbursement equivalent for individual CHW/CHR services in Kentucky is \$45.06.⁶⁷

⁶¹ Managed Care Organizations. *Team Kentucky*. 2024. <https://www.chfs.ky.gov/agencies/dms/dpqo/mco-cmb/Pages/mco-options.aspx>

⁶² CHW Medicaid Billing Best Practice Guide for Local health Departments. *Kentucky Public Health*. 2025. https://www.chfs.ky.gov/agencies/dph/dpqi/cdpb/CHW%20Program/LHD%20CHW%20Billing%20Guide_Final_2025.pdf

⁶³ Kentucky Office of Community Health Workers Approved Training Organization. *Kentucky Office of Community Health Workers*. <https://kochw.mailchimpsites.com/>

⁶⁴ CHW Medicaid Billing Best Practice Guide for Local health Departments. *Kentucky Public Health*. 2025. https://www.chfs.ky.gov/agencies/dph/dpqi/cdpb/CHW%20Program/LHD%20CHW%20Billing%20Guide_Final_2025.pdf

⁶⁵ 902 KAR 21:040. Community Health Worker Certification. *Kentucky General Assembly*. 2022. <https://apps.legislature.ky.gov/law/kar/titles/902/021/040/>

⁶⁶ Community Health Workers Kentucky Medicaid Frequently Asked Questions. *Kentucky Medicaid*. 11.01.2024. https://www.chfs.ky.gov/agencies/dms/Documents/CHW-Medicaid-FAQ-11-7-24_Abbigail-Newsome.pdf

⁶⁷ KY Medicaid Physician Fee Schedule 2025. *Team Kentucky*. 07.01.2025. <https://www.chfs.ky.gov/agencies/dms/DMSFeeRateSchedules/2025PhysicianFeeSchedule.pdf>

RECOMMENDATIONS

Based on information gathered regarding CHW reimbursement in Kentucky, the IHS CHR Training Program is not grandfathered-in as an approved training program leading to certification; 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 (6) MCOs.⁶⁸

ENROLLMENT PROCESS

As CHW services in Louisiana are reimbursed incident to the supervising physician, advanced practice registered nurse (APRN), or PA, CHWs in Louisiana do not individually or group enroll with Louisiana Medicaid.⁶⁹ 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

Currently, the Louisiana Community Health Outreach Network (LACHON) is the only organization offering training in Louisiana.⁷⁰ This training is co-led with the Louisiana State University Health Sciences and is an 80-hour virtual training. No state certification is required at this time.

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 during the performance of the CHW services.⁷¹

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 (1) recipient.⁷²

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 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

⁶⁸ View Health Plans. *Healthy Louisiana*. 2024. <https://www.myplan.healthy.la.gov/en/compare-plans>

⁶⁹ Community Health Workers. *Louisiana Medical Program – Professional Services*. 08.04.2025
<https://www.lamedicaid.com/provweb1/providermanuals/manuals/PS/PS.pdf>

⁷⁰ Training. *Louisiana Community Health Outreach Network*. 2021. <https://www.lachon.org/copy-of-our-work>

⁷¹ Community Health Workers. *Louisiana Medical Program – Professional Services*. 08.04.2025
<https://www.lamedicaid.com/provweb1/providermanuals/manuals/PS/PS.pdf>

⁷² Professional Services, Lab, X-Ray, Radiology and ASC Fee Schedule. *Louisiana Medicaid*. 07.01.2025.
https://www.lamedicaid.com/Provweb1/fee_schedules/ProServLabXRyRadASC_Fee.htm.

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.⁷³

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.⁷⁴

Michigan Department of Health & Social Services (MDHHS) recognizes CBOs 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 as a Michigan Medicaid provider. MDHHS is committed to further exploring opportunities to expand coverage of services aimed at addressing health-related social needs and adding coverage for non-traditional medical providers. MDHHS will provide updates related to CBO enrollment in the Community Health Automated Medicaid Processing System (CHAMPS).⁷⁵

TRAINING AND CERTIFICATION

The IHS CHR Training Program is an approved MDHHS training program for Community Health Workers (CHWs).⁷⁶

CHWs must become an approved Michigan Medicaid CHW provider. Individuals can become Michigan Medicaid certified CHWs through either the CHW Training Program Pathway or the Work Experience Pathway. To become an approved Michigan Medicaid CHW provider, CHWs must: acquire a Type 1 NPI, complete the Michigan Medicaid CHW Registry Application, and complete a Provider Enrollment Application.⁷⁷

SUPERVISION AND BILLING

⁷³ Managed Care Organizations. *Michigan Health and Human Services*. 2024. <https://www.michigan.gov/mdhhs/doing-business/providers/providers/managedcare>

⁷⁴ 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>

⁷⁵ 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>

⁷⁶ MI Medicaid CHW Registry. *MiCHWA*. 2024. <https://michwa.org/mi-medicareid-chw-credential-registry/>

⁷⁷ 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.⁷⁸

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 \$41.04.⁷⁹

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 toward this already, with IHS CHR Training Program 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 adding coverage for nontraditional medical providers.

⁷⁸ 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>

⁷⁹ Community Health Worker. *Michigan Health and Human Services*. 2025. <https://www.michigan.gov/mdhhs/doing-business/providers/providers/billingreimbursement/community-health-worker>

MINNESOTA

MEDICAID PROGRAM OVERVIEW

The Minnesota Department of Human Services (MN 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.⁸⁰

CHWs providing services to enrollees of MCOs must contact the MCOs for enrollment requirements and coverage policies.⁸¹

ENROLLMENT PROCESS

MHCP requires CHWs to enroll so they are represented on a claim as the individual who rendered the CHW services. During the enrollment process, MHCP will assign the CHW worker a Unique Minnesota Provider Identifier (UMPI) if the CHW does not have a National Provider Identifier (NPI). CHWs need to be employed or contract with an MHCP eligible provider to obtain a provider number and bill for services. CHWs and their employer must become MHCP-enrolled providers.⁸²

CERTIFICATION AND TRAINING

Minnesota does not have a statewide certification for CHWs; however, Minnesota does require a CHW to have completed and received a CHW certificate from a Minnesota State Colleges and Universities (MnSCU) training program.

Tribal community health representatives (CHRs) may enroll as CHWs if they complete the MnSCU certification, the IHS CHR Training Program, or meet the five (5) years of supervised experience with an MHCP-enrolled physician or advanced practice registered nurse (APRN) providing educational services.⁸³

SUPERVISION AND BILLING

MHCP requires general supervision and an order by an MHCP-enrolled physician, APRN, dentist, mental health professional, non-enrolled certified public health nurse, or registered nurse working for an enrolled organization before a CHW can begin providing services to a Medicaid recipient.

⁸⁰ Information for Managed Care Organizations. *Minnesota Department of Human Services*. 09.11.2025. <https://mn.gov/dhs/partners-and-providers/policies-procedures/minnesota-health-care-programs/provider/mcos/>

⁸¹ Community Health Worker (CHW). *Minnesota Department of Human Services*. 06.12.2024. https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_140357

⁸² Community Health Worker (CHW). *Minnesota Department of Human Services*. 06.12.2024. https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_140357

⁸³ Community Health Worker Enrollment Criteria and Forms. *Minnesota Department of Human Services*. 10.02.2025. https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=ENROLL-55

Enrolled CHWs are considered a non-pay-to provider but must be listed on the claim as the individual who rendered the CHW services. CHWs must provide an eligible MHCP-enrolled billing provider with their UMPI or NPI, so the eligible billing provider can submit claims for their services.⁸⁴

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](#)⁸⁵ billing policy.⁸⁶ CHW claims are submitted with the CHWs NPI (or UMPI) number. The hourly reimbursement equivalent for individual CHW services provided in Minnesota is \$47.06.⁸⁷

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 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 Minnesota, 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 toward this already, with IHS CHR Training recognized as an approved training program and MHCP expanding coverage of services aimed at addressing health-related social needs.

⁸⁴ Community Health Worker (CHW). *Minnesota Department of Human Services*. 06.12.2024.

https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_140357

⁸⁵ Medicare and Other Insurance. *Minnesota Department of Human Services*. 04.09.2024.

https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=DHS16_146872

⁸⁶ MPSE Home. *Minnesota Department of Human Services*. 08.08.2025.

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

⁸⁷ MHCP Fee Schedule. *Minnesota Department of Human Services*. 09.11.2025. <https://mn.gov/dhs/partners-and-providers/policies-procedures/minnesota-health-care-programs/provider/billing/fee-schedule/mhcp.isp>

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 (2) largest counties in Nevada, Medicaid services are provided using an FFS model.⁸⁸

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.⁸⁹ Although the CHW enrolls as an individual, they do need to be associated with a group.⁹⁰ Currently, there is not a CHW provider group, 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.⁹¹

TRAINING AND CERTIFICATION

To bill Nevada Medicaid, individuals are required to complete an approved training program and apply for certification. The IHS CHR Training Program 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 Program as an approved training program for Nevada.⁹²

Additionally, CHWs in Nevada must be certified through the Nevada Certification Board. Initial certification has an application fee of \$75.⁹³

SUPERVISION AND BILLING

In Nevada, CHWs must be supervised by a Nevada Medicaid enrolled physician, physician assistant, advanced practice registered nurse, dentist, licensed clinical social worker (LCSW), licensed marriage and family therapist (LMFT), licensed clinical professional counselor (LCPC), nurse midwife, or nurse anesthetist.⁹⁴

⁸⁸ Enrollee Information. *Nevada Department of Health and Human Services*. 2025. <https://www.medicaid.nv.gov/providers/enrollees/MCOinfo.aspx>

⁸⁹ 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>

⁹⁰ Provider Enrollment. *Nevada Department of Health and Human Services*. 07.12.2024. <https://www.medicaid.nv.gov/hcp42/provider/Home/tabid/477/Default.aspx>

⁹¹ Provider Enrollment Information Booklet. *Nevada Health Authority*. 09.15.2025. https://www.medicaid.nv.gov/Downloads/provider/Provider_Enrollment_Information_Booklet.pdf

⁹² Certified Community Health Worker (CHW). *Nevada Certification Board*. 2024. <https://nevadacertboard.org/cchw/chw-requirements/>

⁹³ Certified Community Health Worker (CHW). *Nevada Certification Board*. 2024. <https://nevadacertboard.org/chw/>

⁹⁴ Medicaid Services Manual. *Nevada Division of Health Care Financing and Policy*. 05.01.2024. https://dhcfp.nv.gov/uploadedFiles/dhcfpnv.gov/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.⁹⁵ The hourly reimbursement rate for individual services is \$36.68.⁹⁶

RECOMMENDATIONS

Although Nevada Medicaid staff have indicated that a SPA amendment is in progress to grandfather-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 CHW provider group. 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 group. 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.

⁹⁵ 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

⁹⁶ Fee Schedules. *Nevada Department of Health Care Financing and Policy*. 07.2025. <https://dhcfp.nv.gov/resources/rates/feeschedules/>

NEW MEXICO

MEDICAID PROGRAM OVERVIEW

New Mexico is an MCO state, with four (4) MCOs providing Medicaid services for New Mexicans.⁹⁷

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.⁹⁸

TRAINING AND CERTIFICATION

Per Provider Enrollment within the New Mexico Medicaid Portal, a copy of a New Mexico Department of Health (NM DOH) Certification as Certified CHW/CHR is required to be submitted. The fee for certification is \$45.⁹⁹ 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 and works under the American Public Health Association (APHA) definition of a CHW and the IHS definition of a CHR. The IHS CHR Training Program 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. The hourly reimbursement equivalent for individual CHW/CHR services in New Mexico is \$100.20.¹⁰⁰

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.

⁹⁷ Centennial Care Overview. *Health Care Authority*. 2012. <https://www.hca.nm.gov/lookingforassistance/centennial-care-overview/>.

⁹⁸ 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

⁹⁹ Certification – Community Health Workers. *New Mexico Department of Health*. 2025. <https://www.nmhealth.org/about/phd/pchb/ochw/cert>

¹⁰⁰ Community Health Workers (CHW) and Community Health Representatives (CHR) Benefit Fee Schedule. *New Mexico Health Care Authority*. 01.01.2025. <https://www.hca.nm.gov/providers/fee-for-service/>

NEW YORK

MEDICAID PROGRAM OVERVIEW

New York State (NYS) has many different MCOs that provide Medicaid coverage.¹⁰¹ 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.¹⁰²

TRAINING AND CERTIFICATION

CHW services are covered when the following training or work experience requirements have been met by the CHW providing the direct service: 20-hour minimum training that includes the Centers for Disease Control and Prevention (CDC)-endorsed CHW Core Consensus Competencies (C3)¹⁰³ OR 1,400 hours of experience working as a CHW in formal paid or volunteer roles within the past three (3) years.¹⁰⁴

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

Given the training and certification requirements for New York, CHR training does meet the above criteria for minimum training requirements.

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.¹⁰⁵

New York reimburses for CPT codes 98960, 98961, and 98962 with an hourly reimbursement rate for individual services being \$70.¹⁰⁶

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

¹⁰¹ Managed Care. *New York State Department of Health*. 2024. https://www.health.ny.gov/health_care/managed_care/

¹⁰² Community Health Worker Services Policy Manual. *EMedNY New York State Medicaid Provider Policy Manual*. 08.01.2025. https://www.emedny.org/ProviderManuals/CommunityHealth/PDFS/CHW_Policy_Manual.pdf

¹⁰³ C3 Council Findings: Roles & Competencies. *The National Council on CHW Core Consensus Standards*. 2024. <https://www.c3council.org/roles-competencies>

¹⁰⁴ Community Health Worker Services Policy Manual. *EMedNY New York State Medicaid Provider Policy Manual*. 08.01.2025. https://www.emedny.org/ProviderManuals/CommunityHealth/PDFS/CHW_Policy_Manual.pdf

¹⁰⁵ Community Health Worker Services Policy Manual. *EMedNY New York State Medicaid Provider Policy Manual*. 08.01.2025. https://www.emedny.org/ProviderManuals/CommunityHealth/PDFS/CHW_Policy_Manual.pdf

¹⁰⁶ NYS Medicaid Community Health Worker Services Fee Schedule. *EMedNY New York State Medicaid*. 03.01.2025. https://www.emedny.org/ProviderManuals/CommunityHealth/PDFS/CHW_Fee_Schedule.pdf

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.

NORTH DAKOTA

MEDICAID PROGRAM OVERVIEW

Blue Cross Blue Shield of North Dakota (BCBSND) is the Managed Care Organization (MCO) that provides coverage for North Dakota's Medicaid Expansion Program.¹⁰⁷ For all other eligibility groups, North Dakota Medicaid does not currently operate with comprehensive managed care organizations (MCOs); instead, it uses a fee-for-service model with the state paying providers directly for each service they render to a Medicaid enrollee.¹⁰⁸

ENROLLMENT PROCESS

In North Dakota, CHWs are required to be employed by a Medicaid-enrolled billing provider and each CHW must obtain their own NPI before enrolling with North Dakota Medicaid.¹⁰⁹

CERTIFICATION AND TRAINING

For CHW services to be eligible for Medicaid reimbursement, Community Health Workers must be certified in the state of North Dakota. There are four (4) ways to become a certified community health worker in North Dakota. They include CHW training and internship, IHS CHR Training Program, supervised work experience or reciprocity with another state for individuals already certified or licensed in another state.¹¹⁰

SUPERVISION AND BILLING

CHWs must be employed by a Medicaid-enrolled billing provider, and the billing provider must have and maintain documentation of CHW's North Dakota certification. CHW services must be rendered under the general supervision of a physician, pharmacist, dentist, or other licensed practitioner (OLPs). Practitioners currently recognized as OLPs are nurse practitioners, physician assistants, certified nurse midwives, clinical nurse specialists, licensed psychologists, licensed clinical social workers, licensed professional clinical counselors, licensed professional counselors, licensed marriage and family therapists, licensed addiction counselors, and licensed school psychologists.

¹⁰⁷ Medicaid Expansion Program – Provider Information. *Blue Cross Blue Shield of North Dakota*. 2025. <https://www.bcbsnd.com/providers/medicaid-expansion>

¹⁰⁸ North Dakota Medicaid. *North Dakota Health & Human Services*. 2025. <https://www.hhs.nd.gov/healthcare/medicaid>

¹⁰⁹ North Dakota Medicaid Billing and Policy Manual, CHW Services. *North Dakota Health & Human Services*. 10.1.2025. <https://www.hhs.nd.gov/sites/www/files/documents/medicaid-policies/community-health-worker.pdf>

¹¹⁰ Pathways to Become a Certified Community Health Worker (CHW) in North Dakota. *North Dakota Health & Human Services*. 2025. https://www.hhs.nd.gov/regulation-licensure-and-certification/comm-hlth-worker?utm_medium=email&utm_source=govdelivery

Supervision can occur through a signed supervision agreement with a physician, pharmacist, dentist, or an OLP and the agreement must be in writing and maintained by the CHW billing provider.¹¹¹

CHW claims are submitted in North Dakota using CPT codes 98960, 98961, and 98962.¹¹² The hourly reimbursement equivalent for individual CHW/CHR services in North Dakota is \$68.54.¹¹³

RECOMMENDATIONS

In North Dakota, a CHR program could likely not bill for CHR services due to the provider supervision and billing 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 North Dakota, 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 toward this already, with IHS CHR Training recognized as an approved training program.

¹¹¹ North Dakota Medicaid Billing and Policy Manual, CHW Services. *North Dakota Health & Human Services*. 10.1.2025. <https://www.hhs.nd.gov/sites/www/files/documents/medicaid-policies/community-health-worker.pdf>

¹¹² North Dakota Medicaid Billing and Policy Manual, CHW Services. *North Dakota Health & Human Services*. 10.1.2025. <https://www.hhs.nd.gov/sites/www/files/documents/medicaid-policies/community-health-worker.pdf>

¹¹³ Rates and Fee Schedules. *North Dakota Health & Human Services*. 10.12.2025. <https://www.hhs.nd.gov/healthcare/medicaid/provider/fee-schedules>

OKLAHOMA

MEDICAID PROGRAM OVERVIEW

The Oklahoma Health Care Authority (OHCA) administers Oklahoma's Medicaid program, commonly known as SoonerCare.¹¹⁴

SoonerSelect is a Medicaid managed care program in Oklahoma, administered by OHCA. Under this program, members choose from contracted managed care organizations (MCOs) including Aetna Better Health, Humana Healthy Horizons, and Oklahoma Complete Health to receive their SoonerCare benefits.¹¹⁵

ENROLLMENT PROCESS

In Oklahoma, CHWs are required to be employed by an OHCA-enrolled billing provider and do not directly enroll as an individual CHW or with a CHW organization. Since CHWs are employed by an already enrolled billing provider, there are no enrollment fees for CHWs.¹¹⁶

CERTIFICATION AND TRAINING

There is no statewide certification for CHWs in Oklahoma. However, CHWs must obtain a certificate of completion of a C3 core competency-based Community Health Worker training offered by the Oklahoma State Department of Health, Tulsa City County Health Department, and/or Oklahoma City County Health Department; or have 2,000 documented hours of paid, volunteer, or lived experience.¹¹⁷

SUPERVISION AND BILLING

Eligible providers of community health services include CHWs working in a public health clinic. Services must be provided under the direction of a physician or other licensed provider practicing within their scope of practice in accordance with state law.¹¹⁸

CHWs are required to work and bill under a licensed provider.¹¹⁹

¹¹⁴ Oklahoma Health Care Authority About Us. *Oklahoma Health Care Authority*. 2025. <https://oklahoma.gov/ohca/about.html>

¹¹⁵ SoonerSelect Health Plans. *Oklahoma Health Care Authority*. 08.15.2025. <https://oklahoma.gov/ohca/soonerselect/health-plans.html>

¹¹⁶ Oklahoma State Plan Amendment (SPA) – 24-0024. *Medicaid.gov*. 02.27.2025. <https://www.medicaid.gov/medicaid/spa/downloads/OK-24-0024.pdf>

¹¹⁷ Oklahoma State Plan Amendment (SPA) – 24-0024. *Medicaid.gov*. 02.27.2025. <https://www.medicaid.gov/medicaid/spa/downloads/OK-24-0024.pdf>

¹¹⁸ Oklahoma State Plan Amendment (SPA) – 24-0024. *Medicaid.gov*. 02.27.2025. <https://www.medicaid.gov/medicaid/spa/downloads/OK-24-0024.pdf>

¹¹⁹ OHCA Policies and Rules. *Oklahoma Health Care Authority*. 09.01.2025. <https://oklahoma.gov/ohca/policies-and-rules/xpolicy/medical-providers-fee-for-service/individual-providers-and-specialties/public-health-clinic-services/community-health-services.html>

Community Health Services:

(1) Must be performed at the main clinic site or satellite clinic or mobile clinic site that is open to the public.

(2) Only when an eligible individual does not reside in a permanent dwelling or does not have a fixed home or mailing address can services be provided outside of the clinic, satellite clinic, or mobile clinic.¹²⁰

CHW claims are submitted in Oklahoma using CPT codes 98960, 98961, and 98962. The hourly reimbursement equivalent for individual CHW/CHR services in Oklahoma is \$50.64.¹²¹

RECOMMENDATIONS

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

In Oklahoma, a CHR program could likely not bill for CHR services due to the provider supervision and billing 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). Additionally, in most cases, community health services must be performed in a clinical setting in Oklahoma, thus services delivered in the community or home setting are not eligible for reimbursement.

To allow for equitable CHR reimbursement in Oklahoma, policy changes are needed to allow CHWs to bill independently from a provider, without the supervision requirement of a provider, and to deliver covered services in the community or home setting. Given that there are 32 CHR programs in Oklahoma, the above recommendations could have broad implications.

¹²⁰ OHCA Policies and Rules. *Oklahoma Health Care Authority*. 09.01.2025. <https://oklahoma.gov/ohca/policies-and-rules/xpolicy/medical-providers-fee-for-service/individual-providers-and-specialties/public-health-clinic-services/community-health-services.html>

¹²¹ SoonerCare Fee Schedules. *Oklahoma Health Care Authority*. 10.06.2025. <https://oklahoma.gov/ohca/providers/claim-tools/fee-schedule.html>

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.¹²²

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 providers”. CHWs must work and bill “under the supervision of a licensed provider.” When the CHW is the rendering provider, Oregon Health Authority (OHA) will allow the code to pay. The billing provider must be a clinic or supervising licensed provider.¹²³

TRAINING AND CERTIFICATION

The IHS CHR Training Program is not grandfathered-in as an option for Traditional Health Worker (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 Oregon Health Authority before, gets recognition for certification because of their prior training and work experience and fulfillment of all additional requirements for the Legacy clause.^{124 125}

The Oregon Health Authority’s Traditional Health Worker Program certifies Community Health Workers.¹²⁶ Oregon Health Authority state certification and registration including renewals is free once training requirements are met.¹²⁷

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 (LHCP) will bill for services.

Community Health Worker services are provided under the supervision of an LHCP which includes the following provider types: physicians, nurse practitioners, physician assistants, dentists, dental

¹²² Oregon Health Plan (MCO and CCO) Program. *Oregon Health Authority*. 2025. <https://www.oregon.gov/oha/hsd/ohp/pages/policy-ohp.aspx>

¹²³ 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>

¹²⁴ Oregon Health Authority – Traditional Health Workers. *Oregon Secretary of State*. 2024. <https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=301292>

¹²⁵ Traditional Health Worker Training Programs. *Oregon Health Authority*. 2024. <https://www.oregon.gov/oha/EI/Pages/THW-Training-Programs.aspx>.

¹²⁶ Oregon Health Authority – Traditional Health Workers. *Oregon Secretary of State*. 2024. <https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=301292>

¹²⁷ Community Health Worker (CHW). *Oregon Health Authority*. 2024. <https://www.oregon.gov/oha/ei/pages/thw-chw.aspx>

hygienists with an expanded practice permit, Ph.D. psychologists, PsyD psychologists, LCSW social workers, and licensed professional counselors.¹²⁸

CHW claims are submitted in Oregon using various CPT codes, including 98960, 98961, and 98962.¹²⁹ 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 \$46.34.¹³⁰

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.

¹²⁸ Oregon State Plan Amendment. *Oregon Health Authority*. 12.13.2023. <https://www.oregon.gov/oha/HSD/Medicaid-Policy/StatePlans/23-0034.pdf>

¹²⁹ 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>

¹³⁰ 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.¹³¹

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.¹³²

TRAINING AND CERTIFICATION

CHWs in Rhode Island must meet the following training requirements:¹³³ Community Health Worker Experience – six (6) months of full-time or 1,000 hours of part-time work or volunteer experience as a CHW; Current Volunteer/Job Description - copy of current CHW volunteer/job description, obtained from current organization, and which must be signed by both the applicant and their immediate supervisor; On-The-Job Supervision - 50 hours of on-the-job supervision of qualifying work experience in the CHW domains; and/or Education/Training - 70 total hours of relevant education/training specific to the CHW domains.

Certification is required for CHWs in Rhode Island.¹³⁴ 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 code T1016. Individual CHW services in Rhode Island are reimbursed at an hourly rate equivalent of \$87.92.¹³⁵

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 CBOs are able to bill Medicaid for CHW services, CHR programs should also be able to bill Rhode Island Medicaid for services as well.

¹³¹ About Us. *HealthSource RI*. 2025. <https://healthyrhode.ri.gov/HIXWebI3/healthcare-aboutUs>

¹³² 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>

¹³³ Certified Community Health Worker (CCHW). *Rhode Island Certification Board*. 2022. <https://www.ricertboard.org/cchw>

¹³⁴ 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>

¹³⁵ Fee For Service Fee Schedule. *Executive Office of Health and Human Services*. 2025. <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.¹³⁶

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.¹³⁷

TRAINING AND CERTIFICATION

Indian Health Service CHR Basic Training is an approved training program in South Dakota for CHWs to become certified.¹³⁸ 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.¹³⁹ 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 \$68.30.¹⁴⁰

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.

¹³⁶ Medicaid. South Dakota Department of Social Services. 2024. <https://dss.sd.gov/medicaid/>

¹³⁷ Community Health Worker Services – Billing and Policy Manual. South Dakota Medicaid. 01.2025. https://dss.sd.gov/docs/medicaid/providers/billingmanuals/Professional/Community_Health_Worker_Services.pdf

¹³⁸ CHW and CHR Certification. Community Health Worker Collaborative of South Dakota. 2024. <https://chwsd.org/chw-and-chr-certification/>

¹³⁹ Community Health Worker Services – Billing and Policy Manual. South Dakota Medicaid. 01.2025. https://dss.sd.gov/docs/medicaid/providers/billingmanuals/Professional/Community_Health_Worker_Services.pdf

¹⁴⁰ Community Health Worker Services Fee Schedule. South Dakota Medicaid. 08.01.2025. <https://dss.sd.gov/Medicaid/providers/feeschedules/default.aspx>

WASHINGTON

MEDICAID PROGRAM OVERVIEW

Washington State Health Care Authority (HCA) administers Apple Health (Medicaid) for the state of Washington.¹⁴¹

Most Apple Health clients are enrolled in an HCA-contracted managed care organization (MCO). CHW services will be carved into managed care contracts. Providers must contract with MCOs to be paid for CHW services provided to Apple Health clients enrolled in managed care.¹⁴²

American Indian/Alaska Native (AI/AN) clients have two (2) options for Apple Health coverage:¹⁴³

- Apple Health Managed Care
- Apple Health coverage without a managed care plan (also referred to as fee-for-service)

ENROLLMENT PROCESS

In Washington, CHWs are required to be employed by or contract with an HCA-enrolled billing provider and do not directly enroll as an individual CHW or with a CHW organization.¹⁴⁴ Since the CHW is employed by an already enrolled billing provider, there are no enrollment fees for the CHW.

CERTIFICATION AND TRAINING

A CHR training certificate through Indian Health Service is an approved training program in Washington. CHRs are recognized as CHWs by Apple Health. To qualify to provide the Apple Health CHW benefit, CHWs and CHRs must have relevant lived experience, complete at least 2,000 hours of supervised work, and obtain either a CHW/CHR Certificate or a Supervision Attestation from an Apple Health-enrolled licensed supervisor confirming completion of health-specific training.¹⁴⁵

No specific degree or certification is required. However, CHWs must meet the requirements listed in [WAC 182-562-0400](#)¹⁴⁶ in order to be eligible for reimbursement.¹⁴⁷

¹⁴¹ Apple Health. *Washington State Health Care Authority*. 2025. <https://www.hca.wa.gov/>

¹⁴² Apple Health (Medicaid) Community Health Worker Benefit. *Washington State Health Care Authority*. 04.2025. <https://www.hca.wa.gov/assets/billers-and-providers/chw-benefit-fact-sheet.pdf>

¹⁴³ Community Health Worker (CHW) Services Billing Guide. *Washington State Health Care Authority*. 07.01.2025. <https://www.hca.wa.gov/assets/billers-and-providers/community-health-workers-bg-20250701.pdf>

¹⁴⁴ Community Health Worker (CHW) Services Billing Guide. *Washington State Health Care Authority*. 07.01.2025. <https://www.hca.wa.gov/assets/billers-and-providers/community-health-workers-bg-20250701.pdf>

¹⁴⁵ Community Health Worker (CHW). *Washington State Health Care Authority*. 07.01.2025. <https://www.hca.wa.gov/billers-providers-partners/program-information-providers/community-health-workers-chw>

¹⁴⁶ Community Health Workers – Provider Requirements. *Washington State Legislature*. 07.01.2025. <https://app.leg.wa.gov/WAC/default.aspx?cite=182-562-0400>

¹⁴⁷ Community Health Worker (CHW) Apple Health (Medicaid) Reimbursement FAQ. *Washington State Health Care Authority*. 06.2025. <https://www.hca.wa.gov/assets/billers-and-providers/chw-billing-guide-faq.pdf>

SUPERVISION AND BILLING

CHW services must be delivered under the general supervision of a Medicaid-enrolled, licensed practitioner within the scope of their licensure. CHWs and individual providers do not submit claims directly. Instead, services are billed under the clinic's National Provider Identifier (NPI).¹⁴⁸

Apple Health uses new HCPCS codes established by the Centers for Medicare and Medicaid (CMS):

- Community Health Integration (CHI) codes: G0019, G0022;
- Principal Illness Navigation (PIN) codes: G0023, G0024; and
- Non-physician provided patient education code: S9446.

The hourly reimbursement equivalent for individual CHW/CHR services in Washington is \$47.83 for the first hour per calendar month and \$59.60 per hour for additional hours per calendar month.¹⁴⁹

RECOMMENDATIONS

In Washington, a CHR program could likely not bill for CHR services due to the provider supervision and billing 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). Additionally, CHW services currently covered under HCPCS codes in Washington require an initiating visit by a licensed health care professional, which can be a barrier for patients who do not regularly visit a provider.

To allow for equitable CHR reimbursement in Washington, policy changes are needed to allow CHWs to bill independently from a provider, without the supervision requirement of a provider, and to cover CHW services billed under 98960, 98961, and 98962 without the requirement of an initiating visit by a licensed health care professional. Given that there are 29 CHR programs in Washington, the above recommendations could have broad implications.

¹⁴⁸ Community Health Worker (CHW) Apple Health (Medicaid) Reimbursement FAQ. *Washington State Health Care Authority*. 06.2025. <https://www.hca.wa.gov/assets/billers-and-providers/chw-billing-guide-faq.pdf>

¹⁴⁹ Apple Health (Medicaid) Community Health Worker Benefit Fact Sheet. *Washington State Health Care Authority*. 04.2025. <https://www.hca.wa.gov/assets/billers-and-providers/chw-benefit-fact-sheet.pdf>