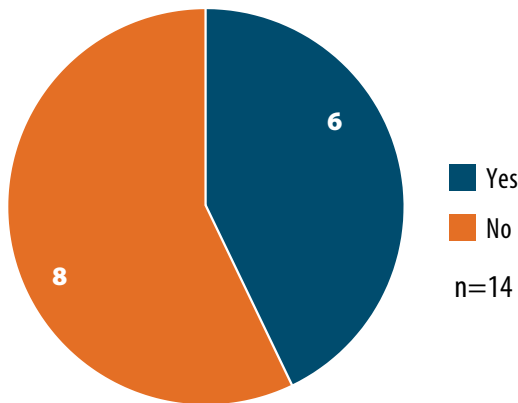


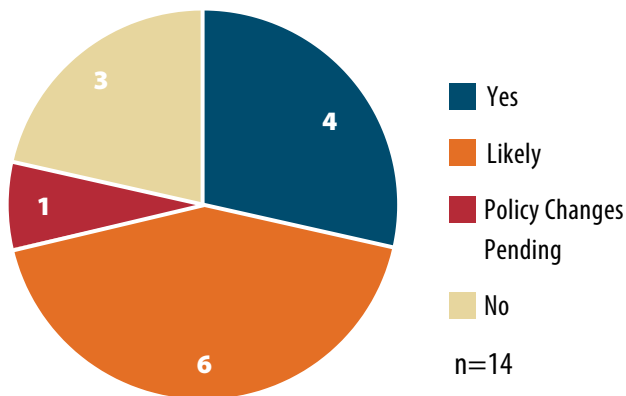
INDIAN HEALTH SERVICE (IHS) COMMUNITY HEALTH REPRESENTATIVE (CHR)

Fee-For-Service Medicaid Billing Environmental Scan and Recommendations

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?



8/14 states require provider supervision,
a likely barrier for CHR programs as CHR programs typically do not directly work with or under a provider.

Recommendations for Medicaid Policy changes to ensure equitable reimbursement for CHR Programs:

Consider the barriers to access for CHR programs. If implementing or considering a State Plan Amendment for CHW services, ensure CHRs are included in the conversations and workgroups to advocate that reimbursement opportunities allow for CHR programs to:

- Certify CHRs without requiring additional training beyond the IHS CHR training
- Allow CHR programs to enroll with Medicaid as a CHR Program versus enrolling under a licensed provider
- Supervise CHRs directly and bill under the CHR Program versus a licensed provider
- Access waivers for associated certification and/or enrollment fees

Reimbursement Rates by State

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

State	Reimbursement Rate (Hourly Equivalent)
New Mexico	\$100.20
New York	\$70.00
South Dakota	\$67.46
California	\$55.08
Indiana	\$53.12
Rhode Island	\$50.84
Arizona	\$48.46
Oregon	\$46.34
Minnesota	\$45.60
Kentucky	\$45.06
Kansas	\$44.40
Michigan	\$41.04
Nevada	\$36.68
Louisiana	\$36.22

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



State	Can community-based organizations (CBOs) and (acting as such) CHR programs bill Medicaid for CHW/CHR services?	Is the IHS CHR Training Program grandfathered in and/or is it attainable for the CHR Training Program to meet the training requirements necessary for billing?	What provider type (or types) are required to enroll in Medicaid to bill for services?	Does supervision and/or billing of the CHW/CHR need to be under a licensed professional?	Associated fees for certification and/or enrollment?
Arizona	Yes	Yes	Not needed unless enrolling as a new CHW Provider Type (then Type 2 NPI)	No	\$300 initial certification, \$200 renewal, \$709 enrollment fee (for some program types)
California	Yes	Likely (supervising provider decides)	Type 2 NPI	No	\$709 enrollment fee
Indiana	No	Likely	Billed under provider	Yes	None
Kansas	No	Likely	Billed under provider	Yes	None
Kentucky	No	No	Billed under provider	Yes	\$50 certification, \$25 renewal
Louisiana	No	Likely	Billed under provider	Yes	None
Michigan	No	Yes	Type 1 NPI for enrollment, billed under provider	Yes	None
Minnesota	Yes	No	Type 1 NPI	No	None
Nevada	No	No (working on a SPA amendment)	Type 1 NPI (in a medical/ Clinical setting only)	Yes	\$75 certification
New York	No	Likely	Billed under provider	Yes	None
New Mexico	Yes	Yes	Type 1 NPI or Type 2 NPI	No	\$45 certification
Oregon	No	No	Billed under provider	Yes	None
Rhode Island	Yes	Likely	Type 1 NPI or Type 2 NPI	No	\$125 certification
South Dakota	Yes	Yes	Type 2 NPI	No	\$50 certification

Based on the information above, only the following five (5) states have no significant barriers to an IHS CHR Program billing Medicaid for CHR services:

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

Type 1 NPI - An individual National Provider Identification Number
Type 2 NPI - A group (i.e., organization) National Provider Identification Number

*As 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.