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State of Indiana

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To: Medicaid Managed Health Care Plans

Date: May 11, 2018

Please accept answers to the following questions around the community health worker (CHW) reimbursement initiative (**UPDATED RESPONSES**):

### **CHW REIMBURSABLE ACTIVITIES**

#### ***What CHW activities will Medicaid reimburse?***

Indiana Medicaid will reimburse:

- Diagnosis-related patient education towards self-managing physical, mental, or oral health in conjunction with a health care team - *This means to extend education efforts around any physical, mental, or oral health concern that a member may encounter.*
- Facilitation of cultural brokering between an individual and a member (or members) of a health care team – *This allows a CHW to act as a facilitator between a Medicaid member and a provider when cultural factors (such as language or socioeconomic status) become a barrier to properly understanding treatment or direction.*
- Health promotion education to a member to prevent chronic illness – *This allows a CHW to discuss and promote healthy behaviors with an individual on behalf of the health care provider.*

#### ***Are translation services provided by a CHW reimbursable?***

Translation is not a covered Indiana Medicaid benefit. However, a CHW can be used to interpret verbal or written information given by a medical professional as well as education material related to the patient's diagnosis or treatment in a way that is clearly understood by a member.

#### ***Can CHWs provide hands on care to their clients/patients?***

Medicaid reimbursement is not available for CHWs to provide direct patient care.



***Are there activities which CHWs are trained to do that Medicaid will not reimburse for?***

Yes. Medicaid can only reimburse for medically necessary services. Many activities that a CHW is trained and eligible to perform are not reimbursable. The following are examples of CHW activities that will not be reimbursable:

- Insurance enrollment and “navigator” assistance
- Case management and care coordination
- Group advocacy efforts
- Arranging of transportation/transporting a member to and from services
- Direct patient care

***Can CHW services be provided over the phone or internet?***

It is generally expected that CHW services will be provided “in-person”. The use of telemedicine for CHW services may be considered for reimbursement in the future.

***Is the OMPP encompassing Certified Recovery Specialist (CRS) within the “CHW” classification?***

An individual certified as a CRS by Mental Health America of Northeast Indiana (MANI) or ASPIN would be considered a CHW for reimbursement purposes under Medicaid.

***Is every provider with a CHW expected to perform a social determinant assessment?***

No. Social determinant assessments are neither required nor reimbursable.

***Could you please clarify the difference between a case manager and a CHW?***

OMPP recognizes that as an occupation, there can be significant overlap between the responsibilities of a case manager and a CHW. However, as a billable service under Medicaid, the CHW role should closely resemble that of an instructor and cultural mediator but will not include the “social work” aspect that a case manager would typically provide.

The CHW service will not typically include making referrals to other support agencies, providing supportive counseling, or removing access barriers. The CHW may educate the member on how to do these things on their own.

OMPP is drawing the following distinction between a case manager and a CHW:

- Case managers provide a service on behalf of the member, not to the member.
- Community health workers provide a service to the member.

## **BILLING & REIMBURSEMENT**

***Will CHWs be IHCP enrolled and therefore will have an Indiana Medicaid Provider ID? Will credentialing activities be necessary?***

No. CHWs will not be enrolled IHCP providers. Supervising providers will be responsible for maintaining certification for a CHW.

***Who can bill for CHW services?***

The IHCP will allow reimbursement for CHW services to any billing provider who employs a CHW under the supervision of an approved provider. Approved supervisory and billable providers include:

- Physicians
- Health service providers in psychology (HSPP)
- Advanced practice nurses (APN)
- Physician assistants (PA)
- Podiatrists
- Chiropractors.

Billing providers are responsible for ensuring that only reimbursable CHW activities are billed.

***Are dentists allowed to bill for CHW services?***

Due to coding guidance, IHCP will not allow dentists to bill for CHW services at this time. If an appropriate dental code for this service is identified, IHCP will modify policy to allow a dentist to oversee a CHW at that time.

***Are there limits to how many hours of CHW services can be billed to Medicaid?***

There is a limit of four (4) 30-minute units per 24 hours, and no more than 24 units per calendar month, per recipient.

***What is the anticipated start date for CHW reimbursement?***

July 1, 2018

***Is HAF available for CHW services?***

CHW services will be billed on a CMS-1500 claim type. Therefore, HAF is not available.

***Where on a claim should providers indicate who the CHW is performing the service?***

We anticipate providers using a Claim Note to indicate the name of the CHW who performed the service.

***What are the reimbursement rates for CHW services?***

Reimbursement for CHW services is based on 50% of the Resource-based Relative Value Scale (RBRVS). This equates to the following rates:

<b>Procedure Code</b>	<b>Description</b>	<b>Per 30 minute unit</b>
98960	Self-management education & training, face-to-face, 1 patient	\$ 9.70
98961	Self-management education & training, face-to-face, 2 - 4 patients	\$ 4.67
98962	Self-management education & training, face-to-face, 5 - 8 patients	\$ 3.43

These codes will be activated as of July 1, 2018 and will only be utilized for CHW activities.

***Has OMPP considered tiered reimbursement with a higher level dedicated to more skilled CHWs, such as Emergency Medical Services (EMS) providers?***

There is no current plan to reimburse for CHW services on a tiered basis.

***Will Medicaid Managed Care entities reimburse providers for CHW services?***

Yes.

***What happens if a provider bills the maximum number of units for the member during the month, and the member sees a separate provider during the same month?***

IHCP will monitor utilization over the coming months. If this becomes a significant problem, we will revisit the unit limitation.

***What are the rules around group sessions?***

Each individual who is Medicaid eligible should be billed separately if a CHW has performed a service in a group setting. The group can be a mixture of Medicaid and non-Medicaid patients; however, when considering the appropriate code to bill for each member, providers should only include Medicaid-eligible individuals in the overall group count.

**QUALIFICATIONS, SUPERVISION & MONITORING**

***What qualifications must an individual meet in order to qualify for CHW reimbursement?***

The IHCP will recognize certifications from entities that demonstrate the core competencies of a community health worker. The Community Health Worker Workgroup, which was a directive from the Governor's Health Workforce Council, has identified and defined the following core competencies:

- Communication Skills
- Interpersonal and Relationship Building Skills
- Service Coordination and Navigation Skills
- Capacity Building Skills
- Advocacy Skills
- Education and Facilitation Skills
- Individual and Community Assessment Skills
- Outreach Skills
- Professional Skills and Conduct
- Evaluation and Research Skills
- Knowledge Base

***What specific certifying bodies will Indiana Medicaid recognize for CHW certification?***

At this time, Indiana Medicaid recognizes certifications from the following Indiana entities:

- Mental Health America Indiana (MANI)
- Affiliated Service Providers of Indiana (ASPIN)
- HealthVisions Midwest

OMPP will accept certifications from other recognized training organizations, which address the draft core competencies in their curriculum. Additional certifying entities that adhere to the draft core competencies in their curriculum will be announced by Indiana Medicaid via bulletin/banner.

***Is prior authorization (PA) required for a member to receive CHW services?***

Prior authorization is not required for CHW services. Providers are expected to limit services to the established unit limitations and adherence will be subject to post-payment review.

***Will Community Health Workers need to be registered with the Indiana State Health Department?***

There is no plan at this time to require registration with the ISDH.

***Will Indiana Medicaid recognize CHW credentials issued by entities outside of Indiana?***

Indiana Medicaid will recognize credentials from entities outside of Indiana as long as the credentialing entity generally adheres to the core competencies identified by the State of Indiana.

***Are CHWs required to renew their credentials each year? Or after any other time period?***

CHWs are required to renew their credentials as required by their credentialing entity. Indiana Medicaid does not have a separate requirement.

***What documentation must a provider retain in order to justify reimbursement for CHW services?***

CHW billing providers must possess and retain a statement of medical necessity, or order, for CHW services and the diagnosis the CHW services will address. Additionally, the billing provider must have documentation of the CHW's qualifying credentials or certification.

***When will a definition of CHW be communicated for this project?***

OMPP has tentatively adopted the American Public Health Association's definition of a CHW:

A Community Health Worker (CHW) is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the CHW to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. A CHW also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy.

CHWs extend the reach of providers into underserved communities, reducing health disparities, enhancing provider communication, and improving health outcomes and overall quality measures.

***For billing, how will oversight (tracking and auditing) of CHWs be instituted?***

Providers billing for CHW services are responsible for assuring that CHW personnel are properly certified and maintain documentation of certification. All IHCP enrolled providers are subject to audit by FSSA.

***This project places a lot of trust in providers without the means for any legitimate oversight to ensure Medicaid dollars are being spent appropriately.***

As with all other Medicaid services, provider usage is subject to investigation and audit. Providers are required to maintain documentation of medical necessity, services provided, and credentials and qualification of personnel providing CHW services.

***If MCEs decide to employ a CHW, does the MCE have discretion as to what functions the CHW performs, specifically regarding advocacy efforts on behalf of members?***

The definition and scope of services performed by a CHW who bills Medicaid should be separate and distinct from CHWs employed by MCEs. IHCP is not limiting the activities a CHW may perform, only what it reimburses as a billable Medicaid service. There will be no change as to how managed care entities may use CHWs.

***With the CHWs not being enrolled in the IHCP or contracted with the MCEs, the individual CHW providing a reimbursable service should be identified on the claim***

Services utilization can be monitored through development of reports which track the procedure codes used for CHW services. These codes are 98960, 98961, and 98962.

***Any further details regarding the supervision of the CHWs?***

OMPP is using the term supervision in a very broad sense. We are not implying that the supervising entity must directly supervise the CHW but rather that they must have general accountability for the work performed by the CHW.

***Are the MCEs allowed to do a post claim review for trends and utilization of the codes and ask information of high utilizers to support their claims?***

Yes, the MCEs are allowed to request documentation supporting claims.