

Rhode Island Executive Office of Health and Human Services
Medicaid Program



RI Medicaid

Community Health Workers

April, 2022
Version 1.0

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Medicaid Program**

Revision History

Version	Date	Sections Revised	Reason for Revisions
1.0	July 2022	All Sections	Newly Created

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Introduction

The Rhode Island Executive Office of Health and Human Services (EOHHS) partners with Gainwell Technologies as its Fiscal Agent to process the state's Medicaid Program claims, to enroll and train providers, and perform other duties to fulfill State and Federal requirements. EOHHS has the sole responsibility for formatting program policy and procedures.

Purpose of Coverage Policy

The purpose of this policy is to establish the rules of payment for services provided to individuals determined to be eligible for RI Medicaid. The General Rules for RI Medicaid along with this policy are to be used together to determine eligibility for services.

General Policy Requirements

The Rhode Island Medicaid Program will only reimburse providers for medically necessary services. The RI Medicaid conducts both pre-payment and post-payment reviews of services rendered to recipients. Determinations of medical necessity are made by the staff of the RI Medicaid Program, trained medical consultants, and independent State and private agencies under contract with the RI Medicaid.

Medical Necessity

Medicaid provides payment/allowance for covered services only when the services are determined to be medically necessary. CHW services are considered medically necessary for beneficiaries with one or more chronic health (including behavioral health) conditions, who are at risk for a chronic health condition, and/or who face barriers meeting their health or health-related social needs.

The determination of whether a beneficiary meets the medical necessity criteria for CHW services shall be based on the presence of one or more of the following:

- Diagnosis of one or more chronic health (including behavioral health) conditions;
- Presence of medical indicators of rising risk of chronic disease (e.g., elevated blood pressure, elevated blood glucose levels, etc., that indicate risk but do not yet warrant diagnosis of a chronic condition);
- Presence of known risk factors including tobacco use, excessive alcohol use, and/or drug misuse;
- Results of a social determinant of health screening indicating unmet health-related social needs;
- One or more visits to a hospital emergency department;
- One or more hospital inpatient stays, including stays at a psychiatric facility;
- One or more stays at a detox facility;
- Two or more missed medical appointments; and/or
- Beneficiary expressed need for support in health system navigation or resource coordination services.

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Who Can Provide CHW Services

1. Individuals certified by the Rhode Island Certification Board (RICB) as a CHW.
2. Individuals who have a plan for working toward RIBC certification, to be achieved within 18 months.

An organization – whether a medical practice, hospital, other healthcare organization, or a community-based organization – can enroll as a CHW Provider and submit claims to RI Medicaid. There is no RIBC CHW certification at the organizational level. Rather, an organizational CHW Provider must ensure the individuals delivering the CHW services billed to Medicaid are either certified or have a plan to become certified within 18 months.

Enrollment Guidelines

Before a provider can begin seeing RI Medicaid members, an active enrollment is required.

Providers that currently participate with RI Medicaid and who want to become a CHW provider must perform a separate enrollment for CHW services.

CHW's enrolling independently (not part of an agency) will be required to submit proof of CHW certification by the Rhode Island Certification Board (RIBC). If the CHW is not yet certified, they may enroll as a provider, but the enrollment will be limited to an 18-month certification. If the proof of certification is not submitted before the end of the 18-month period, the provider will be disenrolled.

CHW certification is not required for agencies to enroll.

In addition to enrolling as a provider, the CHW must then enroll as a Trading Partner in order to bill and receive payment.

How to Enroll

Enrollment is completed using the RI Medicaid Healthcare Portal (HCP). To access the RI Medicaid Portal, the following link should be utilized: <https://www.riproviderportal.org>.

Step-by-step enrollment instruction can be found on the portal home page. The Healthcare Portal Resource Page can be accessed using the following link:
<http://www.eohhs.ri.gov/ProvidersPartners/HealthcarePortal.aspx>.

On the Healthcare Portal site, you find guides which include: Provider Enrollment User Guide, Trading Partner User Guide, OPR Provider User Guide, and once completed, the Community Health Worker (CHW) Guide will be located here as well.

Key Information Needed to Enroll

To enroll as a CHW Provider, you will need the following information:

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- Address Information, including postal code + 4
- Tax ID – either EIN or SSN
- Completed W-9 as an attachment, including signature
- You may also need to attach some federally required disclosures.

Because CHW services are only reimbursed through Fee For Service (FFS) Medicaid at this time, CHW Providers should select “RI Medicaid Provider – Billing Claims Directly to RI Medicaid” as the Type of Provider Enrollment.

Under “Provider Enrollment Type,” CHW Providers should select “**Atypical**”. Once the provider selects “Atypical,” the application requires that a 10-digit identifier be entered. CHW Providers should enter their 10-digit contact phone number to serve as this identifier.

CHW providers **will not** need to fill out fields for National Provider ID, License, or Taxonomy.

Trading Partner Enrollment

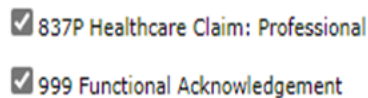
In order to submit Medicaid claims electronically, it is necessary to be enrolled as a Trading Partner. If the organization or person who will submit claims for CHW services is *already* a Trading Partner, it is not necessary to enroll again. Otherwise, it *is* necessary enroll as a Trading Partner.

To enroll as a Trading Partner, go to the Healthcare Portal at this link:

<https://www.riproviderportal.org/hcp/provider/Home/TradingPartnerEnrollment/tabid/931/Default.aspx>

Once there, follow these steps:

1. Scroll to the bottom, and on the left side of the page where it says, “Would you like to enroll as a Trading Partner?”, click on the blue link “Click Here to Enroll”. This will bring you to the Trading Partner Enrollment Application Welcome page.
2. Click Continue at the bottom of the page.
3. On the new page, complete the fields with a red asterisk in each section and select the continue button to move forward to the next page. You will enter:
 - Your Name
 - Your Tax IS/Social Security Number
 - Your contact information
 - EDI information
 - Profile information, including name, address, EDI information
4. When the next page populates displaying X12 transactions, check the 837 professional transaction and the 999 transaction as displayed below.



5. Check off online webservices as displayed below

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- Remittance Advice
- Remittance Advice Payment Amount

6. Select continue, and the Covered provider section populates. This is where you add your Provider ID, SSN, and Provider Type. The provider type for CHW Providers is MA#.
7. The next page will populate with Trading Partner Agreement. You **MUST** click on Trading Partner Agreement, then check off box to accept – type in provider name, Title -CHW, and select Submit.
8. When the next page populates, select **confirm** and then **write down the tracking number** for your trading partner enrollment. Once you have completed that, select **Exit**.

Covered Services

Health and Promotion Coaching including assessment and screening for health-related social needs, setting goals, creating an action plan, and providing information and/or coaching.

Health Education and Training for groups of beneficiaries on methods and measures that have been proven effective in preventing disease, disability, and other health conditions or their progression; prolonging life; and/or promoting physical and mental health and efficiency. Covered when the CHW provides the education/training using established training materials.

The following are examples of Health Promotion & Coaching and Health Education & Training topics:

- Injury prevention
- Addressing family violence/inter-partner violence
- Control of asthma
- Control of high blood pressure/cardiovascular disease
- Control of stress
- Control of sexually transmitted disease
- Control of toxic agents
- Diabetes prevention and control
- Chronic pain self-management
- Chronic disease self-management
- Family planning
- Immunizations
- Improvement in safety and the environmental health of housing, for example to mitigate asthma risk, risk of injury from unsafe housing, lead exposure, etc.
- Improvement in nutrition
- Improvement of physical fitness
- Occupational safety and health
- Prevention of fetal alcohol syndrome/neonatal abstinence syndrome

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- Reduction in the misuse of alcohol or drugs
- Tobacco cessation
- Promotion of preventative screenings, such as cancer screenings

Health System Navigation and Resource Coordination Services that prevent disease, disability, and other health conditions or their progression; prolong life; and/or promote physical and mental health and efficiency.

The following are examples of health system navigation and resource coordination services:

- Helping to engage, re-engage, or ensure patient-led follow-up in primary care; routine preventive care; adherence to treatment plans; and/or self-management of chronic conditions
- Helping a beneficiary find Medicaid providers to receive a covered service
- Helping a beneficiary make and keep an appointment for a Medicaid covered service
- Arranging transportation to an appointment for a Medicaid covered service
- Helping a beneficiary find and access other relevant community resources
- Helping a beneficiary with a telehealth appointment and/or educating a member on the use of telehealth technology.

Care Planning with a beneficiary's interdisciplinary care team. As part of a team-based, person-centered approach, the prevention of disease, disability, and other health conditions are considered. By meeting a beneficiary's situational health needs and health-related social needs, prolonging life, and/or promoting physical and mental health and efficiency are taken into account. These include time limited episodes of instability and ongoing secondary and tertiary prevention for members with chronic condition management needs.

Recommendation Requirement

As a preventive health service, CHW services must be recommended for a patient by a licensed practitioner of the healing arts. Licensed practitioners of the healing arts include any licensed care professional. This definition is not limited to physicians.

The recommendation may be recorded in a recommending practitioner's electronic health record. Alternatively, the recommending practitioner may provide the patient with a written statement that the practitioner recommends the patient receives CHW services and the patient may then provide this written statement to the CHW provider.

A licensed practitioner of the healing arts may establish a standing order or protocol as their mechanism to implement the recommendation.

Settings for Services

Services, including initial visits, may be delivered in a medical clinic setting or in a community setting, including but not limited to beneficiaries' homes. For example, CHW's may provide Health Promotion and Coaching services while accompanying (including transporting) a beneficiary to a medical appointment. A CHW may coach the beneficiary

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before and during the appointment and support the beneficiary in taking further steps after the appointment based on what happens in that appointment. In this case, it is the Health Promotion and Coaching activity that the CHW is providing and that is therefore reimbursed.

Collateral Services

Service time billed must be for either direct contact with a beneficiary (in-person or through telehealth) or for collateral services on an individual basis. Collateral services are those delivered on behalf of an individual beneficiary but that are not delivered in that beneficiary's presence/directly to the beneficiary.

The collateral service must actively involve the beneficiary in the sense of being tailored to the beneficiary's individual needs. There may be times when, based on clinical judgment, the beneficiary is not present during the delivery of the service, but remains the focus of the service. Many health system navigation and resource coordination activities, for example, can be appropriately delivered for a patient without the patient being present, and care planning with a beneficiary's interdisciplinary care team may also occur outside the patient's presence.

For example, time spent preparing for a visit – such as reviewing patient notes or preparing a presentation for a training – is not considered a billable collateral service. Time spent documenting a visit is also not considered a billable collateral service.

Information on Billing Procedure

Requirement to Verify Eligibility

To ensure that a patient is enrolled in Medicaid and therefore that CHW services provided to the patient may be reimbursed by Medicaid, the CHW must first **verify** the beneficiary's Rhode Island Medicaid eligibility. Eligibility information is located on the Health Care Portal and is available 24 hours per day, seven days per week. The member's eligibility must be verified, by the CHW, on **each date of service**.

Timely Filing Guidelines

The Rhode Island Executive Office of Health and Human Services has a claim submission restriction of **twelve (12)** months from the date the service was provided to Medicaid recipients.

Gainwell Technologies must receive a claim for services for Medicaid clients within 12 months of the date of service in order to process claims for adjudication.

Any claim with a service date over one year and a remittance advice date from GWT over ninety (90) days will be denied for timely filing. Denials must be for reasons other than timely filing to be considered.

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Claims Submission Formats

Providers have a choice of using Electronic Claim submission or Paper Claim Submission.

Electronic claims are the preferred method for claim submission. CHW services are submitted using HIPPA compliant software and electronic claim type 837 professional.

To submit claims electronically, providers have access to the free Provider Electronic Solutions (PES) software. The software along with written instructions for download and setup can be found on the EOHHS website.

Paper claims are to be submitted using the 02/2012 version of the CMS 1500 professional claim form, which providers will need to purchase. Claim forms can be purchased at medical supply stores.

Information Needed for Claim Submission

Diagnosis Code

It is important that the proper diagnosis code(s) be indicated on the claim form when billing for CHW services.

Diagnosis codes are required when submitting a claim. It is the provider's responsibility to determine the correct diagnosis code.

Ex. Almost any diagnosis code for a chronic disease, including Behavioral Health (BH) conditions, may be used.

Ex. Providers may also use a "Z code" in the range Z55-65 to identify a social determinant of health as a diagnosis code.

One sources of ICD-10 diagnosis codes; ICD10Data.com. Printed versions of ICD-10 diagnosis code listings are also available.

Anchor Card/Medicaid ID

It is necessary to include the patient's Anchor card/Medicaid ID on claims submitted to Medicaid. If the patient is a member of a Medicaid managed care organization and does not have their Anchor card with them and does not know their Medicaid ID number, CHW Provider can obtain the number in one of two ways:

1. Use the Health Care Portal. By entering the social security number, the CHW Provider can look up the beneficiary's Medicaid ID number.
2. Call the Gainwell Customer Service Help Desk at **401-784-8100** or **Toll Free 1-800-964-6211**. The provider will be **required** to have the beneficiary's name, date of birth **and** social security number. The Customer Service Help Desk will not release the Medicaid ID if the provider does not have all three (3) pieces of information.

Procedure Code and Modifiers

CHW services will be billed using the Healthcare Common Procedure Coding System (HCPCS) **Procedure Code: T1016 – Case Management – Each Fifteen (15) Minutes**. There are three versions of this code that should be used in three distinct circumstances:

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- T1016 – without a modifier will be used when billing for services rendered to an *established patient*
- T1016 – with the U3 Modifier will be used when billing for services rendered to a *new patient*
- T1016 – with HQ Modifier will be used when rendering services in a *group setting* (*The rate is paid for each eligible Medicaid member*)

New Patient Definition

It is appropriate to bill with the New Patient modifier in the following circumstances:

1. The CHW Provider has never provided CHW services to the beneficiary before.
2. The CHW Provider has not provided CHW services to the beneficiary in the previous three (3) years.

CHW Providers should include the New Patient modifier on the first claim they submit for services rendered to a beneficiary who falls into one of the two categories above.

Payment for Services

Payment for services is made by EFT (electronic funds transfer) only. You will set this up during enrollment.

Payment frequency is determined by the State Fiscal Year (SFY) Claims Payment and Processing Schedule. The schedule can be found [here](#) on the EOHHS website.

The reimbursement rates for Community Health Workers are listed in the Fee Schedule. Community Health Workers cannot, by law, be paid more than the amount allowed in the published fee schedule.

Clinical Documentation

CHW Providers are required to maintain notes reflecting the dates and time/duration of services provided to beneficiaries. The notes should also reflect information on the nature of the service provided and support the length of time spent with the patient that day.

For example, a note might state, “Discussed the patient’s challenges accessing healthy food and options to improve the situation for 15 minutes. Assisted with SNAP application for 30 minutes. Referred patient to XYZ food pantry.”

General Policy and Claims Guidelines

A provider enrolled both as a provider type other than CHW and as a CHW provider can submit claims for the provider’s other services and for CHW services on the same day.

Ex. A dental provider enrolls as a CHW provider. A member goes in for a cleaning by a hygienist. The dentist can bill for the cleaning using their dental provider number and also for a CHW that performed oral health coaching on the same date/visit, using their CHW provider number.

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Each unit billed represents 15 minutes of time. Total amount of time spent with a member should be totaled and billed on one detail of the claim.

Ex. One hour with a member should be billed on one line as 4 total units.

There is no limit to the number of visits/hours allowed per member

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Appendix

Access to the RI Medicaid Healthcare Portal (HCP) <https://www.riproviderportal.org>.

The Healthcare Portal Resource Page can be accessed using the following link:
<http://www.eohhs.ri.gov/ProvidersPartners/HealthcarePortal.aspx>.

State Fiscal Year (SFY) Claims Payment and Processing Schedule
[SFY2022 payment schedule.pdf \(ri.gov\)](#)

ICD-10 diagnosis codes: ICD10Data.com

Executive Office of Health and Human Services: <https://eohhs.ri.gov/>

Contact Information

Provider Services: riproviderservices@gainwelltechnologies.com

Provider Enrollment: rienrollment@gainwelltechnologies.com

Customer Service Help Desk: 401-784-8100 (Local); 1-800-964-6211 (Toll Free)
Available Monday through Friday 8:00 A.M -5:00 P.M. (EST)

Celine Johnson: celine.johnson@gainwelltechnologies.com; 401-400-4229

Amy Katzen (OHHS): Amy.Katzen@ohhs.ri.gov

Additional Resources



CMS 1500 Claim Form Example