



RI Medicaid

Community Health Workers (CHW) Frequently Ask Questions

Rhode Island Medicaid

CHW Frequently Asked Questions

- 1. Do CHWs use National Provider Identification numbers (NPIs) in RI Medicaid?**
 - No, CHWs are considered atypical (non-medical) providers. Which means they do not use an NPI or taxonomy code to enroll but instead are assigned a 7-character provider ID. This provider ID will be given to the provider once the CHW has been enrolled with RI Medicaid.
- 2. Where do I go if I want to enroll as a CHW provider with RI Medicaid?**
 - To enroll you would go to www.riproviderportal.org and click on the link on the left hand side “Would you like to enroll as a provider?”.
- 3. What if I am already enrolled with RI Medicaid but under a different provider type, will I have to enroll as a CHW?**
 - Providers that currently participate with RI Medicaid and who want to become a CHW provider must perform a separate enrollment for CHW services.
- 4. What is the difference between the trading partner enrollment application and the provider enrollment application?**
 - Provider enrollment application is the application you fill out to enroll as a provider with RI Medicaid. Being an enrolled provider allows you to receive Medicaid reimbursement. The trading partner enrollment application is the application you will need to complete to obtain a trading partner number in order to utilize the Health Care Portal. The Health Care Portal lets you check claim status, view patient eligibility, and download your remittance advices.
- 5. Where do I go to receive a trading partner number?**
 - To enroll to receive a trading partner number you will need to fill out a trading partner enrollment application on the [Health Care Portal](#). Click on the link on the left-hand side “Would you like to enroll as a trading partner?”.

6. Do I need to do both a trading partner application and a provider enrollment application?

- To submit claims to Medicaid, you must be a trading partner. If you are not already a trading partner, you will need to complete a trading partner application in addition to your CHW provider enrollment application. You will need to complete your provider enrollment application first. Once you're enrolled with RI Medicaid, you will receive your 7-character provider ID in the mail. You will then need to use your provider ID to enroll to receive a trading partner number.

7. What is the “recommendation requirement”?

- A licensed healthcare practitioner must have recommended that a patient/client receive CHW services. This is not the same as a referral because the licensed practitioner does not need to send/refer the patient to a specific CHW provider.

8. Who can make a recommendation for a patient to get CHW services?

- At this time, the following Licensed practitioners of the healing arts that are acceptable to recommend CHW services are Physicians including all specialties (e.g., pediatrics), Physician Assistants, Advanced Practice Registered Nurse, Registered Nurses, Licensed Practical Nurse, Certified Nurse Midwife, Dentist, Licensed Dental Hygienist, Licensed Chemical Dependency Counselors, Podiatrist, Psychologist, Occupational Therapists, Licensed Marriage and Family Therapist, Licensed Clinical Social Worker and Licensed Independent Clinical Social Worker, Licensed Mental Health Counselor, Certified Professional Midwives, and Pharmacist. If you are a Licensed practitioners of the healing arts who is also a CHW, you will need to seek a recommendation from another acceptable source since you cannot recommend CHW services to your patient and then perform those services to the same patient.

9. What forms can a recommendation take?

- A licensed practitioner can document a recommendation that a patient receive CHW services in writing, either on paper or in an electronic health record. If the provider uses an electronic health record, this should be a system that the CHW provider can also access so that the CHW provider can see that the recommendation has been made. Licensed practitioners can also use a standing order or protocol to document the conditions under which a patient is recommended to receive CHW services. In that case, a CHW provider would document in their clinical documentation what conditions in the standing order

or protocol match the patient's situation such that the patient meets the recommendation requirement.

10. Does the recommendation need to be made before the CHW provides services to an eligible member?

- Yes, the recommendation must precede service delivery.

11. Are children eligible for CHW services?

- Yes, as long as the child is enrolled in Medicaid and receives a recommendation from a licensed practitioner.

12. How would you bill if you have two CHWs leading a group visit?

- If the CHWs are employed by the same organization and the organization is enrolled as a CHW provider, then that organization would bill for each CHW's time. If the CHWs are employed by two different organizations, then each organization would bill for their own CHW's time. For example:
 - i. If CHW **A** and **B** both work for **organization A**, then organization A will bill for both CHW A and CHW B's time.
 - ii. If CHW **A** works for **organization A** and CHW **B** works for **organization B**, then **organization A** will bill for their CHW's time and **organization B** will bill for their CHW's time.

13. What software does RI Medicaid offer for electronic billing?

- We have a free software that you can download off of the EOHHS website called [PES \(Provider Electronic Solutions\)](#).

14. How do third -party vendors bill for atypical providers?

- A third-party vendor or clearing house must submit the CHW seven-character billing provider ID in the identified fields below. It is important that you identify yourself as an atypical provider to your clearinghouse or third-party vendor. As a reminder, **CHW providers are atypical meaning they do not have an NPI or taxonomy**. CHWs will use their 7-character provider ID as the billing provider in the REF02 segment with the G2 qualifier, which is noted in the RI companion guide and captured below.

LOOP ID	2010BB PAYER NAME	
Segment	NM1 Payer Name	
Reference	Name	Rhode Island Requirements
NM103	Name Last Organization Name	Populate with 'RI Medicaid'.
NM108	Identification Code Qualifier	Populate with 'PI'.
NM109	Identification Code	Populate with the RI Medicaid EIN '056000522'.
Segment	REF Billing Provider Secondary Identification	
Reference	Name	Rhode Island Requirements
REF01	Reference Identification Qualifier	Populate with 'G2' for atypical providers. This field is required when submitting for an Atypical Billing provider. This field should only be populated if the Billing provider NPI was not submitted.
REF02	Payer Additional Identifier	Populate with 7-digit RI Medicaid Provider ID. This field is required when submitting for an atypical provider. If more than 7 characters are sent the claim will be rejected

15. Is there a deadline for claim submission?

- Yes, please see payment and processing fee schedule on the [EOHHS website](#) for claim submission deadline. Scroll down to the bottom of the page to download the PDF schedule. You will only need to pay attention to the last two columns. For

example, if you submit your claims by 04/05/2024 by 5:00 pm you will receive reimbursement on 04/12/2024.

16. Where can I find the CHW provider manual?

- The manual is found on the [EOHHS website](#). To locate the manual, go to Providers and Partners/ Provider manual and Guidelines/ Medicaid Provider Manual/ Community Health worker.

17. Is travel billable?

- Per federal rules, travel time is not billable. This is true whether travel time is to see patients or transporting/ accompanying patients to appointments.
- Note that CHWs can deliver services such as Health Promotion and Coaching *while traveling* with a beneficiary, because there are not place of service restrictions on CHW services. However, in that case, the travel *itself* is not billable – the Health Promotion and Coaching is the billable activity.

18. Do the managed care plans cover CHW services?

- At this time, the managed care plans (Neighborhood, United, and Tufts) do not cover CHW services. If a member is enrolled in a managed care plan, CHW providers should submit claims to Fee-for-Service Medicaid, not to the managed care plan. In the long-term, CHW services will be added to the managed care plans.

19. Is the member's Medicaid ID number required on the claim?

- Yes, it is required, and is different from a member's managed care number. The member's Medicaid ID number can be found on their anchor card. If you're unable to obtain their anchor card, then you can locate the members Medicaid ID number on the Health Care Portal by searching with their SSN on the eligibility tab. You can also call our Customer Service Help Desk at (401) 784- 8100 for local and long-distance calls or 1-800-964-6211 for in-state toll calls. You will just need to provide the customer service representative with the member's first and last name, date of birth and SSN.

20. What is the billing format for CHW claims?

- Electronic claims are the preferred method for claim submission. CHW services are submitted using claim type 837 professional.
- If you choose to submit your claims on paper. 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. [Step-by-step instruction document for completing the paper claim form is available on the EOHHS website.](#)

20. How Long do I have to submit my claims to RI Medicaid?

- The Rhode Island Executive Office of Health and Human Services has a claim submission restriction of twelve (12) months from the date the service that 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 RI Medicaid over ninety (90) days will be denied for timely filing. Denials must be for reasons other than timely filing to be considered.

21. Who can I contact for more information?

- Questions about claims status, eligibility, and remittance advice call the Customer Service Help Desk at (401) 784- 8100 for local and long-distance calls or 1-800-964-6211 for in-state toll calls. If you have questions regarding how to bill your claims and claim processing, you can also contact your provider representative, Andrea Rohrer at andrea.rohrer@gainwelltechnologies.com.

Revision History

Version	Date	Reason for Revision	Section
1.0	7/3/2023	New Document	All
1.1	9/29/2023	Recommendation Policy	
1.2	01/17/2024	Atypical Billing for Third Party Vendors	