

Community Health Worker Services Policy Manual

eMedNY New York State Medicaid Provider
Policy Manual

Table of Contents

1	Links and eMedNY Contacts	3
	eMedNY	3
	ePACES Reference Guide	4
2	Document Control Properties.....	5
3	Introduction	6
4	Overview	6
5	Description of Covered Services: Community Health Worker Services	7
	5.1 CHW Health Advocacy.....	7
	5.2 CHW Health Education	7
	5.3 CHW Health Navigation	8
	5.4 Covered CHW Services Do NOT Include:.....	8
	5.5 Delivery of covered CHW Services:.....	8
6	Community Health Worker Billing and Supervising Provider/Entity	9
7	Documentation Requirements	9
8	Billing Guidance.....	10
	8.1 Billing Providers.....	10
	8.2 Article 28 Facilities	10
9	Billing Codes	11
10	Language Interpretation Services.....	11
11	Provider Enrollment	11
	11.1 Community Health Worker	11
	11.2 NYS Medicaid FFS Provider Enrollment	12
	11.3 Medicaid Managed Care (MMC) Considerations	12
	11.4 Revalidation of Provider Enrollment	13

1 Links and eMedNY Contacts

NYS Medicaid Updates

NYS Medicaid Updates are published monthly. Updates to the Community Health Worker (CHW) Services policy may be made periodically and posted on the NYS Medicaid program's Medicaid Update website. NYS Medicaid Updates are available at: health.ny.gov/health_care/medicaid/program/update/main.htm

Provider Communications

Provider communications may periodically be posted on eMedNY's CHW Services Provider Manual website. Please follow the link provided and click on the *CHW Services Provider Communications* icon under "Featured Links" for further information visit: [Provider Manuals \(emedny.org\)](https://www.emedny.org)

NYS Medicaid Fee-for-Service CHW Services Fee Schedule

The NYS Medicaid Fee-for-Service (FFS) fee schedule for CHW services is listed on each of the approved licensed, billing provider's FFS fee schedules. Fee schedules can be found in the eMedNY Provider Manuals: [Provider Manuals \(emedny.org\)](https://www.emedny.org)

NYS Medicaid General Policy Manual – Information for All Providers

General Medicaid Policy information and billing guidance is available at: [eMedNY : Provider Manuals : Information For All Providers](https://www.emedny.org)

New York Codes, Rules and Regulations, Title 18 (Social Services)

[New York Codes, Rules and Regulations, Title 18 - New York State Department of Health \(ny.gov\)](https://www.nysenate.gov/legislation/codes/title18)

New York Codes, Rules and Regulations, Title 10

[New York Codes, Rules and Regulations, Title 10 - New York State Department of Health \(ny.gov\)](https://www.nysenate.gov/legislation/codes/title10)

eMedNY

General eMedNY website: <https://www.emedny.org/>

eMedNY Phone Number: (800) 343-9000

Provider Enrollment Forms: [Provider Enrollment \(emedny.org\)](https://www.emedny.org)

Change of Address for Enrolled Providers:

[Provider Enrollment - Change of Address \(emedny.org\)](https://www.emedny.org)

Contact eMedNY for the following: Billing Questions, Remittance Clarification, Request for Claim Forms, ePACES Enrollment, Electronic Claim Submission Support (eXchange,

FTP), Provider Enrollment, Requests for paper prior approval forms:

- Provider Quick Reference Guide: [telephone quick reference.pdf \(emedny.org\)](#)
- [Contact \(emedny.org\)](#)

The eMedNY LISTSERV® is a Medicaid mailing system that offers providers, vendors, and other subscribers the opportunity to receive a variety of notifications from eMedNY. The email notifications are provided as a free service to subscribers and may include information on provider manual updates, fee schedules, edit status changes, billing requirements and other helpful notices. Additional information regarding eMedNY LISTSERV® can be found at: [LISTSERV \(emedny.org\)](#)

Information for all Providers – General Policy: [eMedNY : Provider Manuals : Information For All Providers](#)

Timely Billing:

- [Timely Billing Information \(emedny.org\)](#)
- [eMedNY : Provider Manuals : Information For All Providers](#)
- Includes information on:
 - Frequently Asked Questions on Delayed Claim Submission
 - Submitting Claims over 90 Days from Date of Service

Search Tool for Denied Claims: [eMedNYHIPAASupport - EEKB Search Tool](#)

Medicaid Eligibility Verification System (MEVS):
[MEVS DVS Provider Manual \(emedny.org\)](#)

Medicaid Managed Care (MMC) Plan Directory:
[Medicaid Managed Care \(MMC\) Plan Directory](#)

ePACES Reference Guide

[ePACES Reference Guide](#)

2 Document Control Properties

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3 Introduction

Reducing maternal and infant morbidity and mortality and establishing equitable access to quality healthcare are New York State (NYS) priorities. Community Health Workers (CHWs) foster trusting relationships with the populations they serve, function as a link between healthcare providers and patients, reduce barriers to care, and provide health advocacy, health education, and health navigation services. These services aim to improve health knowledge and self-sufficiency and to support a reduction in maternal mortality, injury, illness, or the progression thereof.

4 Overview

NYS Medicaid covers CHW services for NYS Medicaid fee-for-service (FFS) and Medicaid Managed Care (MMC) members during pregnancy and up to 12 months after pregnancy ends, regardless of the pregnancy outcome.

CHW services are a preventative health service, and as such, must be recommended by a physician or other licensed practitioner of the healing arts acting within his or her scope of practice under State law to be eligible for Medicaid reimbursement.

A CHW is a public health worker, not otherwise recognized as a licensed or certified Medicaid provider type, that reflects the community served through lived experience that may include but is not limited to pregnancy and birth; housing status; mental health conditions, substance use or other chronic conditions; shared race, ethnicity, language, and/or sexual orientation; or community of residence. The CHW functions as a liaison between healthcare systems, social services, and community-based organizations to improve overall access to services and resources and to facilitate improved health outcomes for the populations served.

The CHW must be supervised by a NYS licensed, Medicaid-enrolled provider. The CHW will not bill Medicaid directly CHW services; eligible CHW services are to be billed by the supervising provider or Medicaid-enrolled institution.

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 CDC-endorsed CHW Core Consensus Competencies (C3) <https://www.c3project.org/roles-competencies> OR 1400 hours of experience working as a CHW in formal paid or volunteer roles within the past three years.
- Basic HIPAA training

5 Description of Covered Services: Community Health Worker Services

Covered CHW services include health advocacy, health education, and health navigation supports aiming to improve health outcomes and overall health literacy, and to prevent the development of adverse health conditions, injury, illness, or the progression thereof.

5.1 CHW Health Advocacy

Covered CHW services may include advocating for the individual’s direct needs, healthcare service needs, and connection with community-based resources and programming. Advocacy may include linguistic and cultural brokering where factors such as language, culture, socioeconomic status, ethnicity, race/skin tone, gender, and/or historical mistrust of the health care system may impact connection to and use of resources or understanding between the individual and the health care team or community partners. Advocacy efforts of the CHW are to promote empowerment and self-confidence of individuals to ensure respectful and equitable care and support to prevent health conditions, illness, problem or injury, or progression thereof. CHWs bridge cultural, communication and linguistic divides between the health care system and community members accessing care and services.

5.2 CHW Health Education

Covered CHW services may include health education to Medicaid members to optimize health and to address barriers to accessing health care, health education, and/or community resources that incorporate the needs, goals, and life experience of the individual. This may include providing instruction/training and/or information.

All instruction/training and information are intended to:

- prevent a health condition, illness, problem or injury, or the progression thereof
- be provided by the CHW, and
- be consistent with evidence-based standards

Health education facilitates the acquisition of knowledge, skills, and abilities necessary to support informed decision-making, agency, problem-solving, active collaboration, and self-efficacy related to health and social care needs. CHWs must use culturally informed and evidence-based knowledge and skills to facilitate the individual’s optimal experience in the health care system.

5.3 CHW Health Navigation

Covered CHWs services may include assistance to Medicaid members for health navigation in the following areas:

- Community-based and healthcare-related referrals and follow-up to referral, or “closed loop” referral services
- Completion of screening tools that do not require a licensed provider to complete
- Identifying health and social care needs and follow-up to connect to services including, but not limited to transportation, employment, job training, food insecurity, childcare, and housing (the CHW may not provide these services directly)
- Resource coordination directed to the individual (not case management)
- Help with enrollment or maintaining enrollment in government programs or other assistance programs (can assist and educate but cannot directly select services/benefits); and
- Accompaniment to in-person and virtual healthcare visits and to get established with community resources that will improve or maintain the individual’s health.

5.4 Covered CHW Services Do NOT Include:

- Clinical case management/care management services that require a license, including Comprehensive Medicaid Case Management services.
- The provision of companion services/socialization, respite care, transportation, direct patient care, personal care services/homemaker services (e.g., chore services including shopping, cleaning, and cooking, assistance with activities of daily living, errands), or delivery of medication, medical equipment, or medical supplies
- Services that duplicate another covered Medicaid service or that are otherwise billed to Medicaid/Medicaid Managed Care
- Services outside the level of training the CHW has attained
- Advocacy for issues not directly related to the Medicaid member’s health or social care needs
- Language interpretation services (see below)
- Time and activities that do not include direct engagement with the Medicaid member

5.5 Delivery of covered CHW Services:

- CHW services will be delivered under the supervision of a Medicaid-enrolled, licensed billable provider

- CHW services may be provided on an individual or group basis
- The CHW service must involve direct, face-to-face interaction with the Medicaid member and meet the minimum time frame for CHW service length to meet the criteria for Medicaid coverage of services
- Current NYS Medicaid telehealth service policy applies to coverage of CHW services as indicated in the telehealth service policy
- Medicaid members identified as in need of or qualified for a higher or specialized level of health education, support, or assistance with the management of chronic conditions, such as Asthma Self-Management Education provided by a Certified Asthma Educator, or Case Management Services provided through a Health Home, should be referred to and connected to the appropriate level of service.

6 Community Health Worker Billing and Supervising Provider/Entity

To be eligible for NYS Medicaid reimbursement, CHWs must provide services under the supervision of a NYS licensed, Medicaid-enrolled provider with an active National Provider Identification (NPI). CHW services may be billed by the following NYS Medicaid-enrolled billing provider types:

- Clinic
- Hospital Outpatient Department
- Physician
- Midwife
- Nurse Practitioner
- Psychologist
- Licensed Clinical Social Worker
- Licensed Mental Health Counselor
- Licensed Marriage Family Therapist

7 Documentation Requirements

In addition to the “Record Keeping Requirements” found in the “Information to All Providers General Policy,” guidelines are available on the eMedNY website under information for providers.

CHW services must be documented in the Medicaid member’s record and accessible to the supervising provider. Documentation of CHW services provided should include, but may not be limited to:

- Recommendation for CHW services
- Date, time, and duration of the CHW service provided to Medicaid member(s)
- Information on the nature of the CHW service provided, including support for the length of time spent with the Medicaid member on the date of the CHW service

- CHW services must be documented in the Medicaid member's health record and may be documented directly by the CHW

8 Billing Guidance

8.1 Billing Providers

Billing for eligible CHW services is to occur using the Medicaid NPI of the Medicaid-enrolled:

- Clinic
- Hospital Outpatient Department
- Physician
- Midwife
- Nurse Practitioners
- Psychologists
- Licensed Clinical Social Workers
- Licensed Marriage and Family Therapists
- Licensed Mental Health Counselors.

8.2 Article 28 Facilities

Article 28 freestanding clinics and hospital outpatient departments can bill for CHW services using the codes below on the Ambulatory Patient Group (APG) claim.

At this time, Federally Qualified Health Centers (FQHCs) may bill for CHW services ONLY if the FQHC has elected to be reimbursed under APGs.

9 Billing Codes

CPT Code + *Modifier	Code Description	Annual Per Member Allowance	Reimbursement Rate
98960 U1, U3	Self-management education and training face-to-face using a standardized curriculum for an individual Medicaid member, each 30 minutes.	12 units total (30 minutes = 1 unit*) <i>* One unit must be a minimum of 16 minutes with a maximum of 37 minutes.</i>	\$35.00
98961 U1, U3	Self-management education and training face-to-face using a standardized curriculum for 2-4 Medicaid members, each 30 minutes.		\$16.45
98962 U1, U3	Self-management education and training face-to-face using a standardized curriculum for 5-8 Medicaid members, each 30 minutes.		\$12.25

*When billing for CHW services both modifiers **U1 and U3** must appear consecutively, in this order, on the claim line when seeking reimbursement for CPT codes 98960, 98961, or 98962.

10 Language Interpretation Services

Reimbursement is available for language interpretation services; however, interpretation services are not included as covered CHW services and cannot be billed as such. The licensed billing provider will bill for the interpretation services. To be reimbursed for interpretation services, the service must be provided by a dedicated employee or an independent third-party vendor (e.g., telephonic interpretation service) whose sole function is to provide interpretation services for individuals with limited English proficiency and communication services for people who are deaf and hard of hearing. It is recommended that such individuals be recognized by the National Board of Certification for Medical Interpreters (NBCMI). The need for this service must also be documented in the medical record.

11 Provider Enrollment

11.1 Community Health Worker

The CHW will not enroll as a NYS Medicaid provider or be listed on the claim form at this time. Billing and supervising NYS Medicaid-enrolled providers will be expected to follow published guidance on provider enrollment and revalidation.

The CHW employer is responsible for completing background checking on the CHW that is sufficient and relevant to ensure the safety of the population(s) being served.

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 CDC-endorsed CHW Core Consensus Competencies (C3) <https://www.c3project.org/roles-competencies> OR 1400 hours of experience working as a CHW in formal paid or volunteer roles within the past three years.
- Basic HIPAA training

11.2 NYS Medicaid FFS Provider Enrollment

The NYS-licensed, Medicaid-enrolled billing provider with a NPI or a NYS Medicaid-enrolled freestanding clinic or hospital outpatient department with a NPI can bill for CHW services to receive reimbursement for eligible CHW services provided to NYS Medicaid Members, as described in the sections above.

Additional provider enrollment information can be found in eMedNY, see Provider Manuals: <https://www.emedny.org/>. The general information for all providers applies to billing providers of CHW services as well as to the CHWs providing services, including the general Medicaid policy governing recipients, providers, and programs

https://www.emedny.org/ProviderManuals/AllProviders/PDFS/Information_for_All_Providers-General_Policy.pdf. For CHW services, it is the CHW's employer responsibility to determine if a person has engaged in unacceptable practices that would result in the CHW being excluded from participation in the Medicaid Program. CHW employers are responsible for completing background checks that are sufficient to ensure the safety of the population being served.

11.3 Medicaid Managed Care (MMC) Considerations

When CHW services are being provided to a MMC member, the billing provider must contact the MMC Member's specific MMC plan for coverage, billing and reimbursement guidance. MMC Plan contact information can be found in the [eMedNY New York State Medicaid Program Information for All Providers Managed Care Information](#) document

11.4 Revalidation of Provider Enrollment

Medicaid-enrolled providers must revalidate information provided at the time of enrollment every 5 years.

Additional information on the Revalidation of Enrollment is available in the provider revalidation section of the eMedNY [website](#).