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General Information

Q1: What is a CHW/CHR?

A1: A CHW/CHR is a non-physician, frontline public health worker who is a trusted member of and/or has an in-depth understanding of the community served, often because they are from those communities. This generally means they have deep connections with the vulnerable communities they serve, including experience-based knowledge on how to build individual and community capacity, how to effectively outreach and educate the community, and how to deliver culturally appropriate health education and information. A CHW/CHR serves as a liaison between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery, including the coordination of services to improve medical and behavioral health outcomes.

For purposes of these FAQs, Community Health Worker is an umbrella term used to encompass many different job descriptions including Community Health Representatives, Patient Navigator, Promotores de Salud, Community Health Advisors, and Cultural Health Navigators.

Q2: What services does a CHW/CHR provide?

A2: A CHW/CHR builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as community education, informal counseling, social support, and advocacy. Additional details regarding the CHW/CHR Scope of Practice are covered in the [CHW Voluntary Certification Rules](#).

Q3: What is a Certified CHW/CHR?

A3: In May 2018, Governor Ducey signed [House Bill 2324](#) establishing the Community Health Worker Voluntary Certification in Arizona. A “Certified CHW” means the Arizona Department of Health Services (ADHS) has issued a certificate to an individual who meets the qualifications to practice as a certified CHW in the state of Arizona according to the requirements outlined in the [CHW Voluntary Certification Rules](#).

Q4: How does a CHW/CHR obtain voluntary certification?

A4: A CHW/CHR can obtain a voluntary certification through the Arizona Department of Health Services (ADHS). More information can be found on [ADHS’ Community Health Worker Licensing Management System \(LMS\)](#) web page.

Q5: Does AHCCCS provide Medicaid reimbursement for CHW Services?

A5: Yes. AHCCCS’ [State Plan Amendment \(SPA\)](#) for CHW services was approved by the Centers for Medicare and Medicaid Services (CMS), effective April 1, 2023. The [AHCCCS Medical Policy Manual Policy \(AMPM\) 310-W](#) establishes requirements for services provided by CHWs/CHRs. Additional information on Medicaid billing and provider enrollment can be found in this FAQ Document.

Q6: What are the pathways for reimbursement of CHW Services?

A6: The pathways toward reimbursement are described in the graphic below:

Pathway 1 - Bill through a qualified AHCCCS Provider Type (Listed in Q17)

CHW/CHR obtains certification → CHW/CHR is employed by a currently registered provider. → CHW/CHR delivers a covered service within their scope of practice. → Registered provider submits a claim for the covered service provided by the CHW/CHR.

Pathway 2 - Bill through a CHW/CHR Community Based Organization (CBO)

CHW/CHR obtains certification → CHW/CHR is employed by a CHW/CHR organization. → CHW/CHR organization will enroll with AHCCCS through the AHCCCS provider enrollment process. → CHW/CHR delivers a covered service within their scope of practice. → CHW organization submits a claim for the covered service provided by the CHW/CHR.

Medicaid Claim Reimbursement

Medicaid Billing

Q7: Is CHW/CHR certification required in order to bill Medicaid for services provided?

A7: Yes. While a CHW/CHR may provide community health services in Arizona without obtaining voluntary certification, AHCCCS will only reimburse services provided to eligible members by a certified CHW/CHR. Providers may employ CHWs/CHRs who are not certified, but they will not be able to bill Medicaid for service provided by non-certified CHWs/CHRs.

Q8: What Medicaid covered services will be billable by a CHW/CHR?

A8: Member education and preventive services delivered by certified CHWs/CHRs may be provided to members with a chronic condition, at risk for a chronic condition, or with a documented barrier that is affecting the member's health. Medicaid billable service codes include 98960, 98961, and 98962. The certified CHW/CHR employed by an AHCCCS registered provider can submit claims for a maximum of four units per day, up to 24 units per month, per member. Total units allowable is inclusive of all three billable codes; codes cannot be billed together on the same day for the same member. If additional services are medically necessary, prior authorization is required. For purposes of Federally Qualified Health Centers (FQHCs) billing the Prospective Payment System/Alternative Payment Methodology (PPS/APM) rate, services provided by a CHW/CHR do not meet the definition of a face-to-face encounter with a licensed, AHCCCS registered practitioner during which an AHCCCS-covered ambulatory service is provided. As a result, services provided by the CHW/CHR would be considered services "incident to" an ambulatory service. FQHCs may submit a scope of service change to account for CHW/CHR services as part of the PPS/APM rate calculation until the next rate rebase. For purposes of IHS/638 billing, facilities shall bill the fee schedule rate as opposed to the all-inclusive rate (AIR) based on the same logic provided above for FQHCs.

Q9: What is the AHCCCS fee-for-service rate for CHW/CHR services?

A_9: To find the current rates for CHW/CHR Services, visit the [AHCCCS Physician Fee Schedule webpage](#). The webpage includes a box where a procedure code can be entered to find the rate. The CHW codes are: 98960, 98961 and 98962.

Q10: Are case management services a billable service for a CHW/CHR?

A10: Case management is not a billable service for a CHW/CHR. Current billable codes are limited to 98960, 98961, and 98962.

Q11: Can a CHW/CHR bill for Peer Support Services (PSS)?

A11: No. However, a CHW/CHR can become credentialed as Peer Recovery Support Specialist (PRSS) if they have lived experience with behavioral health or substance use needs and meet the qualifications outlined in AMPM 963. Similarly, a PRSS can become a CHW/CHR if they are uniquely situated to serve their community in the role of a CHW/CHR as described above. If a certified CHW/CHR is credentialed as a PRSS, they would be able to bill for PSS if they are operating within their role as a PRSS. A CHW/CHR without a peer credential may not bill for PRSS. CHW/CHR services must always be billed through the employer.

Q12: Can a CHW/CHR bill for travel expenses?

A12: No. Travel expenses may not be specifically billed, as they are incorporated into the general rate of the services being delivered.

Q13: How does an employer bill for CHW/CHR services?

A13: Regardless of provider type, once an employer is registered with AHCCCS, they must ensure all CHWs/CHRs are certified before submitting Medicaid claims. The employer may then submit claims using the allowed codes for the covered services provided by their CHWs/CHRs. While CHWs/CHRs are able to continue providing services consistent with their job duties within the state without being certified, they must be certified in order to bill Medicaid. Employers must maintain appropriate records and have them available for AHCCCS to audit at any time. Additional billing guidance is available in the AHCCCS Fee-for-Service Provider Billing Manual.

Q14: How does an employer submit claims for reimbursement to an MCO?

A14: Once enrollment processes have been completed, AHCCCS registered CHW Organizations will need to credential and contract with AHCCCS-contracted health plans, as appropriate, to serve members enrolled in a MCO. Please reach out to the individual health plan provider network department. Individual health plan information can be found here: www.azahcccs.gov/healthplans. Once approved as a contracted provider within the health plan's network, please work with the MCO billing department for appropriate billing practices.

Q15: How does an employer submit claims for reimbursement to AHCCCS FFS/AIHP?

A15: Once enrollment processes have been completed, AHCCCS registered CHW Organizations may bill AHCCCS directly for medically necessary services delivered to fee-for-service (FFS)/ American Indian Health Plan (AIHP) members. Billing guidance can be found in the following AHCCCS billing manuals:

- [Fee-for-Service Provider Billing Manual](#)
- [IHS/Tribal Provider Billing Manual](#)

Provider Enrollment

Q16: Does a CHW/CHR need to be an AHCCCS-registered provider to bill for CHW/CHR services?

A16: No, a certified CHW/CHR is not individually registered with AHCCCS. Instead, the CHW/CHR must be employed by an AHCCCS-registered provider. A CHW/CHR can be employed by multiple AHCCCS-registered providers, and AHCCCS-registered providers may employ multiple CHWs/CHRs. Claims for covered services provided by the certified CHW/CHR would be submitted by the registered provider. AHCCCS-registered providers seeking Medicaid reimbursement must provide proof of certification of employed CHW/CHR upon request by AHCCCS.

Q17: What provider types can bill for CHW/CHR services?

A17: In order to obtain Medicaid reimbursement, a certified CHW/CHR may deliver covered services within their scope of practice under the employment of one of the following AHCCCS-registered provider types with category of service "COS01":

| | |
|---|---|
| <ul style="list-style-type: none"> ○ 638 FQHC (PT C5), ○ Behavioral Outpatient Clinics (PT 77), ○ Clinics (PT 05), ○ Community/Rural Health Centers (RHCs) (PT 29), ○ Community Health Worker Organizations (PT CH), ○ DO-Physician Osteopaths (PT 31), | <ul style="list-style-type: none"> ○ Federally Qualified Health Centers (FQHCs) (PT C2), ○ Hospitals (PT 02), ○ Integrated Clinics (PT IC), ○ MD-Physicians (PT 08), ○ Physician's Assistants (PT 18), and ○ Registered Nurse Practitioners (PT 19) |
|---|---|

Q18: How does a CHW/CHR organization become an AHCCCS-registered provider?

A18: AHCCCS has established a "CHW/CHR Organization" provider type (PT CH) for organizations which have not historically been able to register as AHCCCS providers. As of March 4, 2024, CHW/CHR Organizations are able to enroll as AHCCCS providers using the AHCCCS Provider Enrollment Portal. During the enrollment process, entities enrolling as a "CHW Organization" (PT CH) need to ensure all required information is provided through the AHCCCS Provider Enrollment Portal (APEP), pay an enrollment fee, complete a background check, and coordinate a site visit with AHCCCS Provider Enrollment staff.

For additional help with enrollment as a Community Health Worker Organization, please watch this video:

<https://www.youtube.com/watch?v=2RMINu59HJE>

Current AHCCCS providers described above will not need to register as a "CHW/CHR Organization" in addition to their current provider type. Current AHCCCS-registered providers that wish to employ and bill Medicaid for CHWs but are not reflected on the list referenced in Question #17 may enroll as a "CHW Organization" and bill for CHW services under that provider type, so long as all "CHW Organization" provider qualifications are met.

Providers are encouraged to review the resources available at <https://www.azahcccs.gov/PlansProviders/APEP/Resources.html>. This website contains several resources for enrollment such as information on how to be prepared for the application, training videos to help navigate the AHCCCS Provider Enrollment Portal, and more.

Q19: Will AHCCCS provide additional information about how CHW/CHR organizations can enroll and receive Medicaid reimbursement for CHW/CHR services?

A19: Yes. AHCCCS will work with CHW/CHR partners to deliver community presentations on topics pertinent to Medicaid reimbursement, such as provider registration and billing. Questions related to the CHW Organization provider type or CHW billing generally can be directed to publicinput@azahcccs.gov.

CHW Policy

Q20: Who is eligible to receive Medicaid-reimbursable CHW services?

A20: Per [AMPM 310-W](#), members eligible to receive CHW/CHR services shall:

1. Have a chronic condition, or
2. Be at risk of a chronic condition, or
3. Have a documented barrier (e.g. disability, social isolation, language) that is affecting the member's health

Documentation of at least one of the above conditions or barriers shall be included in the member's medical record in order for CHW/CHR services to be reimbursable by AHCCCS or the contractor.

Q21: What are the recommendation/referral requirements for CHW Services?

A21: Medicaid eligible CHW/CHR services must be medically necessary. They must be recommended/referred to by an eligible physician or other licensed practitioner of the healing arts acting within their scope of authorized practice under state law.

Eligible physicians or licensed practitioners recommending services are limited to those affiliated with the following Provider Types (PTs) with the category of service "COS01":

- 638 FQHC (PT C5),
- Behavioral Outpatient Clinics (PT 77),
- Clinics (PT 05),
- Community/Rural Health Centers (RHCs) (PT 29),
- Community Health Worker Organizations (PT CH),
- DO-Physician Osteopaths (PT 31),
- Federally Qualified Health Centers (FQHCs) (PT C2),
- Hospitals (PT 02),
- Integrated Clinics (PT IC),
- MD-Physicians (PT 08),
- Physician's Assistants (PT 18), and
- Registered Nurse Practitioners (PT 19).

The entity billing for CHW services should ensure that a recommendation/referral for services is contained in the member's medical record. AHCCCS does not require the use of a specific referral form, but the referral should indicate that it was made by an eligible physician or licensed practitioner with the category of service "COS01."

Q22: Can CHW/CHR Medicaid covered services be provided via telehealth?

A22: CHW/CHR Medicaid covered services may be provided via telehealth so long as they align with the telehealth requirements outlined in the AHCCCS Medical Policy Manual (AMPM) 320-I.

Additional Information

Q23: If I have additional questions about Medicaid reimbursement for CHWs/CHRs, who should I contact?

A23:

| Issue | Contact Information |
|-----------------------------|--|
| Medicaid Billing (MCO) | Contact the specific health plan that the member is enrolled in. Contact information for each health plan is available on the following webpage: http://www.azahcccs.gov/healthplans . |
| Medicaid Billing (FFS/AIHP) | <p>The Division of Member and Provider Services (DMPS) manages the Claims Customer Service calls for AHCCCS Fee For Service (FFS) recipients. The Division of Member and Provider Services unit is designed to assist providers with complex claim inquiries. To reach Provider Services, call (602) 417-7670.. Providers should use the on-line claim status as the first step in checking the status of claims/payments. For claims assistance providers can submit a ticket to servicedesk@azahcccs.gov. In the request, specifically indicate the request is about a claim for division of fee for service management and include a specific CRN or ICN number. If the question is about a claim with an AHCCCS Managed Care Organization (MCO), then you must contact the MCO directly.</p> <p>The Division of Fee-For-Service Management (DFSM) Provider Education and Training Unit can assist providers with the following:</p> <ul style="list-style-type: none"> ● How to submit and status claims or prior authorization requests through the AHCCCS Online Provider Portal (FFS programs, including AIHP, TRBHAs and Tribal ALTCS) ● Submission of documentation using the Transaction Insight Portal (e.g., The AHCCCS Daily Trip report, requested medical records, etc.) <p>The DFSM Provider Education and Training Unit does not instruct providers on how to code or bill for a particular service. The DFSM Provider Training Team can be outreached at providertrainingffs@azahcccs.gov.</p> |
| Provider Enrollment | <p>For questions about the provider enrollment process or how to troubleshoot through APEP, please contact the AHCCCS Provider Assistance.</p> <ul style="list-style-type: none"> ● Email: APEPTrainingQuestions@azahcccs.gov and include the provider's name, NPI, and a brief description of the issue. <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> ● Phone: <ul style="list-style-type: none"> Maricopa County: (602) 417-7670 Outside Maricopa County: 1-800-794-6862 Out-of-State: 1-800-523-0231 <p>Providers may also request an office visit with a member of the Provider Enrollment team. Visit https://www.azahcccs.gov/PlansProviders/APEP/Contact.html for details.</p> |

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| Other Issues (Including CHW Policy) | Please direct any additional questions, suggestions, necessary clarifications, or feedback on CHW/CHRs to publicinput@azahcccs.gov . |
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Q24: What resources are available for CHW CBOs that are new to Medicaid billing?

A24: The following resources may be helpful for CHW CBOs that are new to Medicaid billing:

| Topic | Resources |
|---------------------|--|
| Medicaid Billing | <ul style="list-style-type: none"> ● Division of Fee for Service Management (DFSM) Training Resources. This webpage includes a variety of training guides, videos and presentations to support individuals with fee-for-service billing questions. ● Fee-for-Service Provider Billing Manual. This manual includes details on how to bill for CHW/CHR services through the AHCCCS Fee-for-Service program. ● IHS/Tribal Provider Billing Manual. This manual includes details on how IHS/Tribal providers can bill for CHW/CHR services through the AHCCCS Fee-for-Service program. |
| Provider Enrollment | <ul style="list-style-type: none"> ● Video on CHW/CHR CBO Provider Enrollment. This video describes the process for CHW/CHR Community Based Organizations (CBOs) to register as AHCCCS Providers. ● Provider Enrollment Resources. This webpage includes a variety of resources related to provider enrollment including a glossary, trainings and FAQs. |
| CHW Policy | <ul style="list-style-type: none"> ● AMPM 310-W. This policy outlines the requirements for services provided by certified CHWs/CHRs. |