




HEALTH CARE
AUTHORITY

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Letter of Direction #38

Date: December 5, 2024

To: Turquoise Care Managed Care Organizations

From: Dana Flannery, Director, Medical Assistance Division 

Subject: Implementation of Community Health Workers (CHW) and Community Health Representatives (CHR)

Title: Community Health Workers (CHW) and Community Health Representatives (CHR) Benefit

The New Mexico Health Care Authority, Medical Assistance Division (HCA/MAD) is issuing this Letter of Direction (LOD) to Managed Care Organizations (MCO) as guidance in implementing reimbursement to increase access to Community Health Workers (CHW) and Community Health Representatives (CHR) services in an outpatient setting starting July 1, 2023. CHW/CHR services include health education, health navigation, and clinical support. Research into CHW/CHR interventions indicates reduced healthcare costs, improved control of chronic conditions including hypertension, diabetes, and pediatric asthma, reduced use of emergency services, and reductions in rehospitalizations.

CHW services are preventive health services, as defined in 42 CFR 440.130(c), to prevent disease, disability, and other health conditions or their progression and to promote physical and mental health and efficiency.

New Mexico Medicaid recognizes that CHRs are an integral part of tribal communities. A CHR is an individual who has completed an approved CHR training program through Indian Health Service (IHS) and works under the American Public Health Association (APHA) definition of a CHW and the IHS definition of a CHR.

1. Provider Requirements

- a. CHW/CHR must have an active enrollment with New Mexico Medicaid. Enrollment information such as Online Application, Forms, Provider Type & Specialty Spreadsheet and Provider Enrollment Workshop can be found on the New Mexico Medicaid Portal at <https://nmmedicaid.portal.conduent.com/static/index.htm>.

- i. Providers will complete a Provider Participation Agreement (PPA) MAD 312 for individual applicants who perform services within a group or other organization or MAD 335 for groups, organizations, or individual applicants to whom payments will be made.
 - ii. Complete enrollment as a Provider Type 462 and Provider Specialty 230 Certified Community Health Worker (CHW) /Community Health Representative (CHR).
 - iii. Attestation issued from New Mexico Department of Health (DOH) Office of Community Health that an individual, or group may bill Medicaid.
- b. CHW/CHRs are responsible for verifying eligibility of the recipient before providing services using the New Mexico Medicaid Portal.
- c. CHW/CHRs are required to complete New Mexico Statewide Standing Order & Form for Community Health Workers (CHW) and Community Health Representatives (CHR) for each date of service. This completed form must be attached to each claim for potential auditing by the Office of CHWs or HSD.
 - i. Incomplete/inaccurate standing order forms are subject to recoupment. See Attachment #1: New Mexico Statewide Standing Order & Form for Community Health Workers (CHW) and Community Health Representatives (CHR) services in an outpatient setting. The standing order can also be found at New Mexico Medicaid Portal <https://nmmedicaid.portal.conduent.com/static/index.htm>

2. Eligible Recipient Requirements

Individuals must be a New Mexico Medicaid eligible recipient.

3. Services

CHW/CHR services include system navigation, health promotion and health coaching, and clinical support. CHW/CHR services will be reimbursed for outpatient Medicaid eligible recipients, when the services adhere to the quality guidelines as set out by DOH, Office of CHWs, and when the services are medically necessary. Oversight and program integrity are managed with DOH, Office of CHWs. The work of CHW/CHRs will operate independently under the standing orders generated and signed by the Chief Medical Officer of the Medical Assistance Division. CHW/CHRs should utilize the HSD/MAD CHW Scope of Work form as their standing order form and save this document for potential auditing by the DOH, Office of CHWs or HCA.

- a. Standing Orders Scope of Work:
 - i. System Navigation
 - 1. Address basic needs such as food, shelter and safety;
 - 2. Navigate health and social service system;
 - 3. Facilitate enrollment in health programs and services;
 - 4. Translate and interpret; and
 - 5. Arrange transportation.
 - ii. Health Promotion and Health Coaching
 - 1. Identify individual strengths and needs;
 - 2. Set goals and provide action planning;
 - 3. Teach health promotion and prevention;
 - 4. Coach on problem solving, self-care, and self-management;
 - 5. Utilize harm reduction principles;
 - 6. Support and model behavior change;

- 7. Promote understanding of health information and health education materials;
- 8. Promote self-sufficiency;
- 9. Lead educational and support groups; and
- 10. Teach families how to self-advocate.
- iii. Clinical Support
 - 1. Conduct home safety assessments;
 - 2. Measure and respond to vital signs;
 - 3. Promote follow-up/maintenance of medical treatment plans;
 - 4. Provide feedback to medical providers; and
 - 5. Coordinate referrals, care, and follow-up.
- b. Non-Covered Services: The CHW/CHR benefit is based on preventive health services and case management services. Several CHW roles do not fall within this benefit including:
 - i. Population health activities such as community outreach, community organizing, community needs assessments, and community advocacy.
 - ii. Duplicative services such as care coordination activities including performing Health Risk Assessments (HRAs) and Comprehensive Needs Assessments (CNAs).
 - 1. These services may be covered when a contract is in place with an MCO to take this responsibility on as a delegated care coordination entity.
 - iii. Transportation of members.
 - iv. Personal and in-home care services such as childcare, assistance with Activities of Daily Living (ADLs), and housekeeping.

4. Billing

- a. Claims must be submitted on CMS-1500 claim form.
 - i. Allow taxonomy 172V00000X.
 - ii. Allow CHW/CHR’s individual NPI number must be entered in the “rendering provider” field on the claim form.
 - iii. Require CHW/CHR’s providing services through a clinic the NPI number for the clinic must be entered in the billing provider field on the claim form.
- b. Reimbursement methodology is at the fee schedule rate.
- c. The following Current Procedural Terminology (CPT) codes may be billed by CHW/CHRs:

Procedure Code	Description
98960	Education and training for patient self-management, each 30 minutes
98961	Education and training for patient self-management, 2-4 patients, each 30 minutes
98962	Education and training for patient self-management, 5-8 patients, each 30 minutes

- d. A CHW service provided via telehealth in accordance with NMAC 8.310.2.12.M may be billed using one of the following modifiers:
 - i. GT: Interactive telecommunication (or)
 - ii. 95: Synchronous Telemedicine Service Rendered via Real-Time Interactive Audio and Video Telecommunications System.
- e. Reimbursement limitations:
 - i. A CHW/CHR is limited to 10 units or 5 hours per day of member facing time; and

- ii. A member is limited to 16 units or 8 hours per 30-day period without prior authorization.

5. Claim Adjustments

The MCO's must allow providers who have met the requirements listed above and provided CHW services to Medicaid eligible individuals within dates of service July 1, 2024, to the present to submit a new claim or resubmit a corrected claim using the instructions above. MCOs must waive timely filing for any submitted claim that denies for timely filing for 90 days from the date of this LOD. MCOs must review the claims submitted or resubmitted prior to this LOD to ensure the claims are paid based on the direction in this LOD.

This LOD will sunset upon inclusion in the Managed Care Services Agreement, MCO Policy Manual, and 8.310.2 NMAC.