Community Health Worker Benefit Provider Guide

California | Anthem Blue Cross | Medi-Cal Managed Care

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Table of contents

1. Introduction to the Community Health Worker Benefit and Asthma Preventive Services Benefit

Per State Plan Amendment (SPA) 22-0001, DHCS established the Community Health Worker Services benefit on July 1, 2022. Medi-Cal Managed Care (Medi-Cal) covers Community Health Worker (CHW) services, pursuant to *Title 42* of the *Code of Federal Regulations, Section 440.130(c).*[1,2] CHW services may assist with a variety of concerns impacting members enrolled in Medi-Cal including but not limited to: the control and prevention of chronic conditions or infectious diseases, behavioral health conditions, and need for preventive services. Additionally, CHW services can help members receive appropriate services related to perinatal care, preventive care, sexual and reproductive health, environmental and climate-sensitive health issues, oral health, aging, injury, and domestic violence and other violence prevention services.

Medi-Cal Asthma Preventive Services (APS) will comprise clinic-based asthma self-management education, home-based asthma self-management education, and in-home environmental trigger assessments for eligible beneficiaries of any age, as medically necessary, subject to applicable utilization controls. Pursuant to *Title 42* of the *Code of Federal Regulations, Section 440.130(c)*, asthma preventive services must be recommended by a physician or other licensed practitioner of the healing arts within their scope of practice under state law.

2. Getting ready: The CHW and the CHW supervising provider

2.1 CHW definitions and roles

CHW services are defined as preventive health services delivered by a CHW to prevent disease, disability, and other health conditions or their progression; to prolong life; and to promote physical and mental health.

A CHW is a trusted member of the community they serve and is a link between health, social services, and the community to facilitate access to services and improve the quality and cultural competence of service delivered.

Primary roles:
- Health navigator
- Health educator

CHWs may include individuals known by a variety of job titles, such as promotores, community health representatives, navigators, and other non-licensed public health workers, including violence prevention professionals, with the qualifications specified below.

2.2 APS definitions

APS are defined as information about the basic facts of asthma, proper use of long-term controllers and quick relief medications, evidence-based self-management techniques and self-monitoring skills, and actions to mitigate or control environmental exposures that exacerbate asthma symptoms.

In-home environmental trigger assessments are defined as the identification of environmental asthma triggers commonly found in and around the home, including allergens and irritants. This assessment will guide the self-management education about actions to mitigate or control environmental exposures.

Poorly controlled asthma is defined as:
- Having a score of 19 or lower on the *Asthma Control Test*, or
- An asthma-related emergency department visit or hospitalization or two instances of sick or urgent care asthma-related visits in the past 12 months.

2.3 Individual CHW minimum qualifications

Supervising providers are encouraged to work with CHWs who are familiar with and/or have experience in the geographic communities they are serving. CHWs must have lived

experience that aligns with and provides a connection between the CHW and the community or population being served. This may include, but is not limited to:

- Lived experience related to incarceration
- Military service
- Pregnancy and birth
- Disability
- Foster system placement
- Homelessness, mental health conditions or substance use
- Being a survivor of domestic or intimate partner violence or abuse and exploitation

Lived experience may also include:

- Shared race
- Ethnicity
- Sexual orientation
- Gender identity
- Language
- Cultural background of one or more linguistic, cultural, or other groups in the community for which the CHW is providing services

In addition, CHWs must be *at least 18 years old* and demonstrate minimum qualifications through one of the following pathways, as determined by the supervising provider:

- **Certificate pathway:** CHWs demonstrating qualifications through the certificate pathway must provide proof of completion of at least one of the following certificates:
  - ***CHW Certificate***: A valid certificate of completion of a curriculum that attests to demonstrated skills and/or practical training in all the following areas: communication, interpersonal and relationship building, service coordination and navigation, capacity building, advocacy, education and facilitation, individual and community assessment, professional skills and conduct, outreach, evaluation and research, and basic knowledge in public health principles and social drivers of health (SDOH), as determined by the supervising provider. Certificate programs must also include field experience as a requirement.

A *CHW Certificate* allows a CHW to provide all covered CHW services described in this guide, including violence prevention services.

  - ***Violence Prevention Professional (VPP) Certificate***: For individuals providing CHW violence prevention services only, a *VPP Certificate* issued by the Health Alliance for Violence Intervention or a certificate of completion in gang intervention training form the Urban Peace Institute.

A *VPP Certificate* allows a CHW to provide CHW violence prevention services only. A CHW providing services other than violence prevention services must demonstrate qualification through either the work experience pathway or by completion of a *General Certificate*.

  - **Work experience pathway:** An individual who has at least 2,000 hours working as a CHW in paid or volunteer positions within the previous three years and has demonstrated skills and practical training in the areas described above, as determined, and validated by the supervising provider, may provide CHW services without a certificate of completion for a maximum period of 18 months. *A CHW who does not have a certificate of completion must earn a certificate of completion, as described above within 18 months of the first CHW visit provided to a member.*

CHWs must complete a minimum of *six hours of additional relevant training annually*. The supervising provider must maintain evidence of this training. supervising providers may provide and/or require additional training, as identified by the supervising provider.

2.4 Individual APS CHW minimum qualifications

Asthma prevention services may be provided by licensed providers such as physicians, nurse practitioners, and physician assistants. These services may also be provided by unlicensed providers such as CHWs, promotores, or community health representatives who meet the qualifications of an asthma preventive service provider:

- A certificate from the California Department of Public Health Asthma Management Academy, or
- A certificate demonstrating completion of a training program consistent with the guidelines of the National Institutes of Health's Guidelines for the Diagnosis and Management of Asthma with core competences in the following areas:
  - Basic facts of asthma's impact on the human body, including asthma control
  - Roles of medications
  - Environmental control measures
  - Teaching individuals about asthma self-monitoring
  - Implementation of a plan of care
  - Effective communication strategies including at a minimum cultural and linguistic
  - competency and motivational interviewing
  - Roles of a care team and community referrals
- And complete a minimum of 16 hours of face-to-face client contact focused on asthma management and prevention.

Additionally, APS CHWs must complete a minimum of four hours of continuing education on asthma annually.

CHWs who have not met the qualifications listed above may not provide asthma education or in-home environmental trigger assessments, but they may provide CHW services for health education and navigation, as defined in the provider Manual for CHWs, to individuals with asthma.

Unlicensed asthma preventive service providers must be supervised by either a physician, physician assistant, nurse practitioner, clinic, hospital, local health jurisdiction, or community-based organization.

2.5 CHW supervising provider responsibilities

The supervising provider is an enrolled Medi-Cal provider with Anthem who submits claims for services provided by CHWs and ensures that a CHW meets the qualifications listed in this document.

Supervising providers must provide direct or indirect oversight to CHWs. *Direct oversight includes*, but is not limited to, guiding CHWs in providing services, participating in the development of a plan of care, and following up on the progression of CHW services to ensure that services are provided in compliance with all applicable requirements. *Indirect oversight includes*, but is not limited to, ensuring connectivity of CHWs with the ordering entity and ensuring appropriate services are provided in compliance with all applicable requirements.

The supervising provider must be a:

- Licensed provider
- Hospital
- Outpatient clinic
- Local Health Jurisdiction (LHJ)
- Community-Based Organization (CBO)

CHWs may be supervised by a CBO or LHJ that does not have a licensed provider on staff.

To become a CHW provider, the CHW provider will have demonstrated and verifiable experience in providing these unique services. The CHW provider will be able to communicate and offer services in a culturally and linguistically appropriate and accessible manner. The CHW provider will have the capacity to provide timely services including after traditional business hours in some instances.

The CHW provider will use a documentation care management system or process that supports the documentation of data and integration of information from other entities to support the management and maintenance of the CHW services. Documentation systems may include Certified Electronic Health Record Technology, or other documentation tools that can:

- Document and retain a member's authorization, as applicable, for CHW services
- Support member care coordination needs (in other words, allow for documenting close-looped referrals to ensure the follow-up with the member is tracked and completed)
- Gather information from other sources
- Support care team coordination and communication

- Support notifications regarding member health status and transitions of care
- Support and track the CHW services provided to the member to enable CHW providers to appropriately submit claims to Anthem

Additionally, the CHW supervising providers must comply with all applicable state and federal laws and regulations and all CHW program requirements in the DHCS-Anthem CHW contract and associated guidance.

2.6 CHW supervising provider certification

The purpose of the CHW supervising provider certification is the process used by Anthem to evaluate and verify the potential CHW supervising provider's ability to comply with CHW requirements as outlined in *DHCS APL 22-016 (REV),* including the ability to submit data files and claims.

To become an CHW supervising provider, organizations are encouraged to submit a *Letter of Intent* (*LOI*) to Anthem. Anthem will invite select organizations to submit the CHW supervising provider Certification application with accompanying documentation supportive of their application and work with Anthem to establish an understanding of the CHW supervising provider requirements, such as services offered, populations served, staffing, and system readiness as they relate to the prospective CHW supervising provider. Together, the prospective CHW supervising provider and Anthem will determine where additional effort(s) will be necessary to meet the contracted CHW supervising provider requirements.

Anthem and the prospective CHW supervising provider discuss, document, and agree on a Readiness and Gap Closure Plan to ensure the CHW supervising provider's readiness by the agreed upon go-live date and expectations following the go-live date into program administration. Key areas of focus for the Readiness and Gap Closure Plan include the domains outlined in the CHW supervising provider certification document:

#	Domain
1A	General provider information
1B	Outreach
1C	Experience serving Medi-Cal beneficiaries
1D	Screening and assessment
1E	Health education and navigation
1F	Documentation and reporting
1G	Certification and training
1H	Claims and invoice submission
1I	Data sharing to support community health worker services

Anthem and the prospective CHW supervising provider connect regularly to evaluate progress made towards closing the gaps documented in the plan. If the CHW supervising provider is unable to show that it meets the CHW supervising provider requirements and/or does not work to meet CHW supervising provider requirements, the CHW supervising

provider cannot be certified by Anthem and therefore cannot provide CHW services. Anthem may request an on-site visit with the prospective CHW supervising provider during the certification process and/or program administration period.

As of January 8, 2024, there is an additional state-level Medi-Cal enrollment pathway for Community Based Organizations (CBOs) and Local Health Jurisdictions (LHJs). CBOs and LHJs providing community health worker and/or asthma preventive (AP) services are able to enroll as Medi-Cal providers and submit their applications through the **Provider Application and Validation for Enrollment (PAVE)** online enrollment portal. Providers who successfully enroll through the Medi-Cal FFS enrollment process are eligible to contract with Anthem.

2.7 Contracting

In addition to the CHW certification application process, CHW providers will work with Anthem to establish a contract and prepare to provide CHW services by the agreed upon start date.

The contracting process starts once the application review committee completes the pre-contracting certification process and hands the applicant off to the Contracting department. Contracting has components, such as:

- Scope of Work
- Provider Agreement
- Disclosure of Ownership
- W-9 Form
- *Proof of Insurance* (professional, general, workers compensation, commercial auto, if applicable)
- Business Associates Agreement
- Supervising provider Minimum Requirement Attestation
- Background Check Attestation
- Health Delivery Organization (HDO) Application, if applicable
- Roster
- Rates

The contracting process involves an organization-level administrative certification process, which is separate from, and in addition to, the certification application process. A CHW provider applicant must provide the following information into order to complete the contracting process:

- National provider identifier (**DHCS NPI Application Guidance**) — An CHW supervising provider must have atleast one 10-digit organization-level [Type 2] NPI number in order complete the contracting process. CHW supervising provider will submit claims at the NPI level. The State requires an NPI to enroll as a Medi-Cal provider. Anthem's member assignment algorithm considers a member's geographic proximity to providers. Providers

serving multiple counties or working from multiple locations areencouraged to register multiple NPIs.

- NPI Taxonomy — If an organization already has an NPI, it can use that NPI for CHW. However, please check that the taxonomy codes listed in the organization's NPI profile are current and reflect the licenses and services that will be provided as part of its participation for CHW. If you need to add a code to reflect CHW, please consider Taxonomy Code: 172V00000X – Community Health Worker. Taxonomy is used to process claims, and to properly place your organization in Anthem's provider directory. For more information on Taxonomy please visit DHCS' NPI Application Guidance. Medi-Cal provider identifier. All CHW supervising providers must attempt to enroll as a Medi-Cal provider through the DHCS Enrollment Division's provider Application and Validation for Enrollment (PAVE) system. At the end of the process, DHCS will issue you a 9-digit Medi-Cal provider numbers. Anthem must record this number in the contract and report this number to the State. Some non-traditional Medi-Cal providers (for example, housing agency) may not be able to enroll through PAVE. In this case, please alert your Anthem contracting points of contact.
- Credentialing pursuant to *APL 22-013* licensed staff members who will be working on CHW must submit their credentials to Anthem. Anthem requests that credentialed staff members enroll and submit their credentials via Council of Affordable Quality Healthcare, Inc. (CAQH). This requirement extends to the licensed staff of any CHW subcontractors if applicable.

3. Provider capacity and training

3.1 CHW provider staffing and capacity

At all times, the CHW supervising provider must maintain staffing that allows for timely, high-quality delivery of CHW services that is consistent with the DHCS provider Standard Terms and Conditions, the DHCS-Anthem CHW contract, and any other DHCS guidance. CHW providers must accept and act upon member referrals from Anthem for authorized the CHW, unless the provider is at a predetermined capacity.

3.2 CHW provider training

CHW providers are expected to participate in all mandatory, provider-focused CHW training and technical assistance provided by Anthem, including in-person sessions, webinars, and/or calls, as necessary.

3.3 CHW service coordination

Anthem's CHW Service Coordination team oversees recommendation and authorization processes, in addition to working with CHW providers and members to ensure service delivery. The Anthem CHW Service Coordination team reviews all recommendation for eligibility determination and authorizing services as appropriate.

3.4 Conflict-free care management

Anthem recognizes that many CHW supervising providers may also provide CalAIM enhanced care management (ECM) and community support (CS) services. Best practices are that providers should maintain a separation between care management programs to reduce the risk of duplication of services, and to avoid decisions that are not in the best interest of the client. In the case of CHWs performing a role in ECM; however, providers typically may not bill for both ECM and the CHW benefit for the same member; there may be an exception if a CHW provides a service to a member enrolled in ECM that is distinctly unique to CHW services.

Contracted ECM providers should not bill for the CHW benefit when conducting outreach for ECM enrollment to members not enrolled in ECM. Contracted Non-ECM CHW providers may bill applicable services for the CHW benefit when conducting outreach for ECM enrollment to members not enrolled in ECM.

4. Member eligibility criteria for CHW services

4.1 General CHW services

CHW services are considered medically necessary for beneficiaries with one or more chronic health conditions (including behavioral health) or exposure to violence and trauma, who are at risk for a chronic health condition or environmental health exposure, who face barriers meeting their health or health-related social needs, and/or who would benefit from preventive services. The recommending provider shall determine whether a beneficiary meets the medical necessity criteria for CHW services *based on the presence of one or more of the following:*

- Diagnosis of one or more chronic health (including behavioral health) conditions, or a suspected mental disorder or substance use disorder that has not yet been diagnosed.
- The presence of medical indicators of rising risk of chronic disease (for example, elevated blood pressure, elevated blood glucose levels) that indicate risk but do not yet warrant diagnosis of a chronic condition.
- Any stressful life event presented via the Adverse Childhood Events screening.
- The presence of known risk factors, including domestic or intimate partner violence, tobacco use, excessive alcohol use, and/or drug misuse.
- Results of an SDOH screening indicating unmet health-related social needs, such as housing or food insecurity.
- One or more visits to a hospital emergency department (ED) within the previous six months.
- One or more hospital inpatient stays, including stays at a psychiatric facility, within the previous six months, or being at risk of institutionalization.
- Two or more missed medical appointments within the previous six months.
- Member expressed the need for support in health system navigation or resource coordination services.
- Need for recommended preventive services, including updated immunizations, annual dental visit, and well childcare visits for children.

4.2 CHW violence prevention services

CHW violence prevention services are available to members *who meet any of the following circumstances as determined by a licensed practitioner:*

- The member has been violently injured as a result of community violence
- The member is at significant risk of experiencing violent injury as a result of community violence
- The member has experienced chronic exposure to community violence.

- CHW violence prevention services are specific to community violence (for example, gang violence). CHW services can be provided to members for interpersonal/domestic violence through the other pathways with training/experience specific to those needs.

4.3 CHW APS

Asthma self-management education is considered medically necessary for all members with a diagnosis of asthma. In order to receive an in-home environmental trigger assessment, members must have a current diagnosis of poorly controlled asthma, or on the recommendation of a licensed physician, nurse practitioner (NP), or physician assistant (PA).

5. Covered and non-covered CHW services

5.1 Covered CHW services

CHW services can be provided as individual or group sessions. The services can also be provided virtually or in-person with locations in any setting including, but not limited to outpatient clinics, hospitals, homes, or community settings. There are no service location limits:

- **Health education**: Promoting a member's health or addressing barriers to physical and mental healthcare, such as through providing information or instruction on health topics. Health Education content must be consistent with established or recognized healthcare standards and may include coaching and goal setting to improve a member's health or ability to self-manage their health conditions.
- **Health navigation**: Providing information, training, referrals, or support to assist members to access healthcare, understand the healthcare delivery system, or engage in their own care. This includes connecting members to community resources necessary to promote health; address barriers to care, including connecting to medical translation/interpretation or transportation services; or address health-related social needs. Under Health Navigation, CHWs can also:
  - Serve as cultural liaison or assist a licensed healthcare provider to participate in the development of a plan of care, as a part of a healthcare team.
  - Perform outreach and resource coordination to encourage and facilitate the use of appropriate preventive services; or
  - Help a member enroll or maintain enrollment in government or other assistance programs that are related to improving their health, if such navigation services are provided pursuant to a plan of care.
- **Screening and assessment**: Providing screening and assessment services that do not require a license and assisting a member with connecting to appropriate services to improve their health.
- **Individual support or advocacy**: Assisting a member in preventing the onset or exacerbation of a health condition or preventing injury or violence. This includes peer support as well if not duplicative of other covered benefits.

Services may be provided to a parent or legal guardian of member under age 21 for the direct benefit of the member, in accordance with a recommendation from a licensed provider. A service for the direct benefit of the member must be billed under the member's Medi-Cal ID.

CHWs may render street medicine and bill MCPs for appropriate and applicable services within their scope of service.

Covered CHW services do not include any service that requires a license.

5.2 Non-covered CHW services:

- Clinical case management/care management that requires a license
- Childcare
- Chore services, including shopping and cooking meals
- Companion services
- Employment services
- Helping a member enroll in government or other assistance programs that are not related to improving their health as part of a plan of care
- Delivery of medication, medical equipment, or medical supply
- Personal Care services/homemaker services
- Respite care
- Services that duplicate another covered Medi-Cal service already being provided to a member
- Socialization
- Coordinating and assisting with transportation
- Services provided to individuals not enrolled in Medi-Cal, except as noted above
- Services that require a license

Although CHWs may provide CHW services to members with mental health and/or substance use disorders, CHW services do not include Peer Support Services as covered under the Drug Medi-Cal, Drug Medi-Cal Organized Delivery System, and Specialty Mental Health Services programs. CHW services are distinct and separate from Peer Support Services.

5.3 Covered asthma preventive services

Asthma preventive services rendered by eligible CHWs can include:

- **Asthma self-management education**: Providing information about the basic facts of asthma, proper use of long-term controllers and quick relief medications, evidence-based self-management techniques and self-monitoring skills, and actions to mitigate or control environmental exposures that exacerbate asthma symptoms. provided as individual or group sessions. The services can also be provided virtually or in-person with locations in any setting including, but not limited to outpatient clinics, hospitals, homes, or community settings. There are no service location limits.
- **In-home environmental trigger assessments**: Identifying environmental asthma triggers commonly found in and around the home, including allergens and irritants. This assessment will guide the self-management education about actions to mitigate or control environmental exposures. This assessment should be done where the member is living.

6. CHW services referral process

CHW services *require a written recommendation* submitted to Anthem by a physician or other licensed practitioner of the healing arts within their scope of practice under state law. Anthem can accept a referral via its Case Management Form or from its dedicated *CHW Services Recommendation Form*, which can be found on the Anthem CalAIM provider website. See **Appendix B** to reference this form.

The recommending licensed provider does not need to be enrolled in Medi-Cal or be an in-network provider with Anthem. Other licensed practitioners who can recommend CHW services include:

- PAs
- NPs
- Clinical nurse specialists
- Podiatrists
- Nurse midwives
- Licensed midwives
- Registered nurses
- Public health nurses
- Psychologists
- Licensed marriage and family therapists
- Licensed clinical social workers
- Licensed professional clinical counselors
- Dentists
- Registered dental hygienists
- Licensed educational psychologists
- Licensed vocational nurses
- Pharmacists

The recommending licensed provider must ensure that a member meets eligibility criteria before recommending CHW services. CHW services are considered medically necessary for members with one or more chronic health conditions (including behavioral health) or exposure to violence and trauma, who are at risk for a chronic health condition or environmental health exposure, who face barriers in meeting their health or health related socials needs, and/or who would benefit from preventive services.

Prior authorization for CHW services as preventive services for the first 12 units (1 unit = 30-minute session) is not required.

7. Request for additional CHW units

For members who need multiple ongoing CHW services or continued CHW services after 12 units of services as defined in the *Medi-Cal provider Manual*, a written care plan must be written by one or more individual licensed providers, which may include the recommending provider and other licensed providers affiliated with the CHW supervising provider. The provider ordering the plan of care does not need to be the same provider who initially recommended CHW services or the supervising provider for CHW services. CHWs may participate in the development of the plan of care and may take a lead role in drafting the plan of care if done in collaboration with the member's care team and/or other providers referenced in this section. The plan of care may not exceed a period of one year. The plan of care must:

- Specify the condition that the service is being ordered for and be relevant to the condition.
- Include a list of other healthcare professionals providing treatment for the condition or barrier.
- Contain written objectives that specifically address the recipient's condition or barrier affecting their health.
- List the specific services required for meeting the written objectives.
- Include the frequency and duration of CHW services (not to exceed the provider's order) to be provided to meet the plan's objectives.

A licensed provider must review the member's plan of care at least every six months from the effective date of the initial plan of care. The licensed provider must determine if progress is being made toward the written objective and whether services are still medically necessary. If there is a significant change in the recipient's condition, providers should consider amending the plan for continuing care or discontinuing services if the objectives have been met. Please see **Appendix B** to reference this form.

8. Claims submissions and payments

In order for CHWs to receive payment for the services performed, a claim must be submitted to Anthem. For contracted CHW providers billing covered services rendered to eligible members, Anthem reimburses Medi-Cal fee schedule rates that are current for the date of service billed.

Reimbursement policies serve as a guide to assist you in accurate claim submissions and to outline the basis for reimbursement if the service is covered by a member's Anthem benefit plan. These policies can be accessed on our website at **https://providers.anthem.com/california-provider/claims/reimbursement-policies/medicaid-mmp**.

You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with CPT® codes, HCPCS codes, and/or revenue codes. The codes denote the services and/or procedures performed.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Anthem may:

- Reject or deny the claim
- Recover and/or recoup claim payment

Additional training and information regarding the billing and claim process will be available to provide further assistance.

For additional guidance, see **Anthem Medi-Cal Managed Care (Medi-Cal) provider Manual, Claims and Encounters section.**

8.1 Billing codes

Code	Description
98960	Education and training for patient self-management by a qualified, nonphysician healthcare professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; individual patient
98961	Education and training for patient self-management by a qualified, nonphysician healthcare professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 2-4 patients
98962	Education and training for patient self-management by a qualified, nonphysician healthcare professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 5-8 patients

Code	Description
T1028	Assessment of home, physical and family environment, to determine suitability to meet patient's medical needs

8.2 Claims submissions methods

There are two methods for submitting a claim:

- Electronically through Electronic Data Interchange (EDI) (preferred)
- Paper or hard copy

8.3 Electronic claims

Electronic filing methods are preferred for accuracy, convenience, and speed. Electronic submitters will receive electronic acknowledgement of the claim that has been submitted within 24 hours of receipt at Anthem.

Electronic claims can be submitted through Availity at Availity.com.

8.4 Paper claims

If the service is the responsibility of Anthem and you are unable to submit the claim electronically, please mail paper claims to:

Claims and Billing
Anthem Blue Cross
P.O. Box 60007
Los Angeles, CA 90060-0007

If the service is the responsibility of one of our delegated entities, please send the claim to the responsible entity.

Paper claims must be legible and submitted in the proper format. Follow the guidelines below.

- Use the correct form and be sure the form meets CMA standards.
- Use black or blue ink (do not use red ink as the scanner may not be able to read it).
- Use the **Remarks** field for messages.
- Do not stamp or write over boxes on the claim form.
- Send the original claim form to Anthem and retain a copy for your records.
- Separate each individual claim form. Do not staple original claims together; Anthem will consider the second claim as an attachment and not an original claim to be processed separately.

- Remove all perforated sides from the form; leave a ¼-inch border on the left and right side of the form after removing perforated sides. This helps our scanning equipment scan accurately.
- Type information within the designated field. Be sure the type falls completely within the text space and is properly aligned.
- Handwritten claims need to use all capital letters and do not go outside of boxes into red areas. Use black ink and not markers.
- Don't highlight any fields on the claim forms or attachments; doing so makes it more difficult to create a clear electronic copy when scanned.
- If using a dot matrix printer, do not use draft mode since the characters generally do not have enough distinction and clarity for the optical scanner to read accurately.

If you submit paper claims, you must include the following provider information:
- Provider name
- Rendering provider group or billing provider
- Federal provider tax identification number (TIN)
- National provider identifier (NPI)
- License number (if applicable)
- Medicare number (if applicable)

Note: Some claims may require additional attachments. Be sure to include all supporting documentation when submitting your claim.

A claim may be rejected or denied if it is submitted with incomplete or invalid information. It is the responsibility of the provider to submit accurate and timely information.

Refer to **Appendix 3** for instructions on how to fill out paper claims.

8.5 Claims follow-up/resubmissions

Providers can initiate a follow-up to determine claim status by going to the Availity provider website from the **Claims and Payments** menu. There are options to view the status of the claim and submit a dispute, view the status of submitted disputes, submit a corrected claim electronically or submit a medical record in support of a pended or denied claim.

There are several reasons why a claim may be rejected:
- Member ineligibility
- Incorrect codes
- Illegible writing/machine has trouble reading it
- Multiple services billed on the same day

Note: Contact the Anthem CHW team for further assistance.

When resubmitting a claim by paper, take the following steps:

- Complete all required fields as originally submitted and mark the change(s) clearly.
- Write or stamp **Corrected Claim** across the top of the form.
- Attach a copy of the *RA/EOB* and state the reason for resubmission.
- Attach all supporting documentation.
- Send to:

Anthem Blue Cross
P.O. Box 60007
Los Angeles, CA 90060-0007

8.6 Electronic funds transfer (EFT)

Anthem allows EFT for claims payment transactions. This means that claims payments can be deposited directly into a previously selected bank account. Providers can enroll in this service by visiting CAQH EnrollHub, or contacting them at **844-815-9763.**

9. Complaints, grievances, and appeals

9.1 Member complaints, grievances, and appeals

The standard grievance and appeals processes apply to CHW services for all members. If a member has concerns or complaints, the member can contact Anthem's Member Services. If the member feels that she has been wrongfully denied service authorization, or wrongfully disenrolled from CHW services, the member can initiate an appeal via Anthem's complaints, grievances, and appeals and process by calling the Customer Care Center, Monday to Friday, 7 a.m. to 7 p.m. toll free at **800-407-4627** (TTY **711**), or **888-285-7801** (TTY **711**) for members in Los Angeles. A member grievance must be filed within 60 calendar days from the date of the letter notifying the member of a denial, deferral, or modification of a request for services.

A CHW provider may assist a member to file complaints, grievances, and appeals, or may file a complaint,grievance, or appeal on behalf of a member.

9.2 Provider grievance, appeals, disputes

Providers may also submit complaints, grievances, and appeals. (See, **Anthem Blue Cross provider Manual** *Grievance, Appeals, Disputes* section) provider grievances and appeals are classified into the following two categories:

- Grievances relating to the operation of the plan including benefit interpretation, claim processing and reimbursement
- Provider appeals of claim determinations including medical reviews related to adverse benefit determinations

10. Quality, monitoring, and oversight

Anthem will apply minimum standards to ensure adequate experience and acceptable quality of care standards are maintained. Anthem will regularly monitor CHW supervising provider performance and compliance with CHW requirements using a variety of methods which may include monitoring calls, on-site visits, audits, and/or corrective actions, as needed.

Anthem's Special Programs team will continue to monitor the CHW supervising provider from a program level and an administrative level. Anthem will collect and track required data from CHW supervising providers to manage and evaluate the effectiveness of services provided. CHW supervising providers will receive Performance Reports that provide the basis for addressing opportunities for improvement. Data collected may include, but is not limited, to:

- Demographic data
- Processes, including outreach and engagement, delivery of services, and services provided.
- Tracking health outcomes including utilization and HEDIS quality measures
- Member and provider satisfaction scores
- SDOH impact, including food insecurity and housing flex dollars
- Financial measures
- Other measures and outcome data to be reported for the State's evaluation process
- Reporting on core service metrics healthcare quality measures established by CMS

Anthem's Special Programs team will utilize information obtained to define and drive improvement through interventions and education with targeted providers who have unique or outlying issues or identified trends for multiple provider groups.

The CHW supervising provider acknowledges that Anthem will conduct oversight of its participation in the CHW supervising provider services to ensure the quality of CHW services and ongoing compliance with program requirements, which may include audits and/or corrective actions. The CHW supervising provider must respond to all Anthem requests for information and documentation in a timely manner to permit ongoing monitoring of CHW services. Anthem's Special Programs team will provide a feedback report to the CHW supervising provider team highlighting the positive trends as well as identifying opportunities for improvement.

Program level monitoring may encompass the following areas:

- Individual case audits to ensure compliance with CHW Core Services
- Performance reviews of quality and performance metrics, including, but not limited to:
  - Member utilization of services
  - Timeliness of services
  - Outcomes of services

Administrative monitoring may encompass the following areas:

- Timely claims/invoice submission
- Required reporting timeliness and accuracy for both Anthem and DHCS reports
- Network Adequacy
- Innovation: creative problem solving that can lead to work processes, systems and solutions thatsupport the success of the program
- Collaboration: engaging productively and efficiently to work toward a specific outcome or workproduct that supports the success of the program
- Program Oversight: ongoing assessment of program level requirements which examines andevaluates the ongoing efficacy of the CHW program

Anthem will utilize a real time dashboard to continuously measure baseline utilization and identify key performance indicators. This will help Anthem ensure that CHW services will be provided in a culturally relevant and person-centered manner. Anthem will use this data to support increased utilization. Additionally, after the first year of implementation, the dashboard will be utilized to compare historical data for a population comparison. To conduct this comparison, the following indicators will be used to increase utilization, identify new providers for gaps, an engage with our provider network. Anthem will also use the same information to ensure that they will contract with a sufficient number of CHW supervising providers within the plan's covered zip codes and adjacent areas accessible to enrollees.

The dashboard will include the following information:

- Referrals
- Claims
- Request for service beyond 12 units
- View the source of referrals at the member and provider Level
- Reasons or recommendations for services or additional units
- County level data
- Claims data (# of visits)
- Medical and SDOH diagnosis
- Race/ Ethnicity
- Primary language
- Other characteristics of the underserved populations

In monitoring services, Anthem will analyze the success of CHW services in regards of preventative care, community connection, and reducing disparities. This will support the development of further education and development needed to reduce inequities. In a similar matter to identifying new providers, Anthem will proactively identify members who are potentially eligible for CHW services through use of proprietary risk stratification and identification logic in alignment with PHM RSS. Through our proprietary algorithm, Anthem will place eligible members into priority populations to address DHCS Comprehensive Quality Strategy clinical priorities: children's preventive care, underutilization of primary care,

maternity care and birth equity, and integrated behavioral health. The algorithm will identify these new members will run at least once a month and designate them into their appropriate priority population. Anthem will use the following data to achieve this:

- Enrollment
- Encounters
- Claims
- Screenings
- Assessments
- HMIS
- SDOH
- Others as available

Additionally, Anthem's CHW team will utilize Community Advisory Committee meetings, lead MOU meetings, and lead CalAIM stakeholder meetings to collaborate with community health centers, counties, and stakeholders. There will be monthly webinars that will allow Anthem to tap into their network to then provide provider recommendations, conducting face-to-face "meet and greet" sessions, and conduct field visits to ensure a mutual fit to meet the community's needs.
Anthem will provide continuing education to providers, community organizations, and other stakeholders through webinars, bi-annual Performance Review meetings, and through the member website. supervising providers will respond to Anthem's requests for documentation of CHW training, qualifications, and supervision.

Appendix

1. *CHW Recommendation Form*
2. *CHW Request for Authorization Form*
3. Claims reference sheet

Appendix A — *CHW Recommendation Form*
(*CABC-CD-022986-23 CHW Recommendation Form*)

For Medi-Cal Managed Care (Medi-Cal) only
Anthem requires submission of recommendations of CHW services.

Important reminders:

- This form is **not** a request for authorization. Use the *Authorization Request Form for Additional Units* to request authorization for services beyond 12 units of services (or 8 units for Asthma Prevention) in a calendar year.
- Members enrolled in Enhanced Care Management are excluded from receiving CHW services as a benefit.
- CHW supervising providers are required to retain a copy of the recommendation in the member's files.

Member information	
Member name:	Date of birth:
Medi-Cal Client Index Number:	Residing county:
CHW supervising provider information	
Name:	
Address:	
City:	State:
ZIP code:	County:
NPI:	Tax ID:
Contact name:	Contact phone:
Contact email:	Contact fax:
Recommending provider information if different from the CHW supervising provider	
Name:	Title:
Address:	
City:	State:
ZIP code:	County:
Phone:	Email:

The recommending provider has determined that this member meets medical necessity for CHW services based on one or more of the following:
☐ Diagnosis of one or more chronic health (including behavioral health) conditions or a suspected mental disorder or substance use disorder that has not yet been diagnosed
☐ Presence of medical indicators of rising risk of chronic disease (for example, elevated blood pressure, elevated blood glucose levels, etc., that indicate risk but do not yet warrant diagnosis of a chronic condition)
☐ Positive adverse childhood events (ACEs) screening

☐	Presence of known risk factors, including domestic or intimate partner violence, tobacco use, excessive alcohol use, and/or drug misuse
☐	Results of a social drivers of health screening indicating unmet health-related social needs, such as housing or food insecurity
☐	One or more visits to a hospital emergency department within the previous six months
☐	One or more hospital inpatient stays, including stays at a psychiatric facility, within the previous six months, or being at risk of institutionalization
☐	One or more stays at a detox facility within the previous year
☐	Two or more missed medical appointments within the previous six months
☐	Beneficiary expressed need for support in health system navigation or resource coordination services
☐	Need for recommended preventive services
For CHW violence prevention services:	
☐	Violently injured as a result of community violence
☐	At significant risk of experiencing violent injury as a result of community violence
☐	Has experienced chronic exposure to community violence
For asthma education and in-home environmental trigger assessments:	
☐	CHW meets qualifications for asthma education and home assessments per *DHCS Asthma Prevention Services Medi-Cal Provider Guide*
☐	Score of 19 or lower on the *Asthma Control Test*
☐	Asthma-related emergency department visit or hospitalization or two instances of sick or urgent care asthma-related visits in the past 12 months

Return this form with supporting documents to:

- Fax: 844-429-9626
- Email: AnthemCHWReferral@anthem.com

Appendix B — *CHW Request for Authorization Form*
(CABC-CD-022987-23 CHW Request for Authorization Form)

Important reminders for Medi-Cal Medi-Cal members:

- Anthem requires an authorization for CHW services beyond 12 units of services in a calendar year.
- For asthma prevention services, Anthem requires an authorization beyond eight units of services in a calendar year.
- This request form does not apply to CHW services provided in the emergency department.

Member information	
Member name:	Date of birth:
Medi-Cal Client Index Number (CIN):	Residing county:
CHW supervising provider information	
Name:	
Address:	
City:	State:
ZIP code:	County:
NPI:	Tax ID:
Contact name:	Contact phone:
Contact email:	Contact fax:
Request details	
ICD-10-CM code(s):	
Select CPT code: ☐ 98960 ☐ 98961 ☐ 98962	Number of units requested:

Always include the following supporting documents when submitting the *Authorization Request Form*:

☐ Recommendation for frequency and duration of additional services

☐ Plan of care:

- The provider ordering the plan of care does not need to be the same provider who initially recommended CHW services or the supervising provider for CHW services.
- CHWs may participate in the development of the plan of care and may take a lead role in drafting the plan of care if done in collaboration with the member's care team and/or other providers.
- The plan of care may not exceed a period of one year.
- Quantity limits can be applied to goals detailed in the plan of care.
- **The attached plan of care must meet all of the following**:
  - ☐ It is written by one or more individual **licensed** providers, which may include the recommending provider and other licensed providers affiliated with the CHW supervising provider
  - ☐ Includes a list of other health care professionals providing treatment for the condition or barrier
  - ☐ Specifies the condition or barrier that the relevant service is being ordered for
  - ☐ Contains written objectives that specifically address the condition or barrier
  - ☐ Lists the specific services required for meeting the written objectives
  - ☐ Includes the frequency and duration of CHW services (not to exceed the provider's

	order) to be provided to meet the plan's objectives

Return this form with supporting documents via:

- Fax: **844-429-9626**
- Email: AnthemCHWReferral@anthem.com

Please allow five business days for processing.

Appendix C — Claims reference sheet

Providers may submit CHW and APS claims via one, or a combination, of the following processes:

1. **Availity**

Electronic claims billing via Availity is Anthem's recommended process for submitting CHW claims for providers who do not have an established *EDI 837* process. See *Table 2* for access details. Availity is Anthem's provider portal application. Anthem's electronic data interchange (EDI) platform, specifically for CHW and APS providers, and provides an intuitive user interface including easy claims submission functionality. Unlike other submission methods, your organization does not need a professional biller to submit claims. For the most complete and accurate data. Anthem will provide training and ongoing technical support to your staff to make this possible.

The benefits of using Availity are:

- Simple and intuitive user interface, low administrative burden.
- Rapid turn-around-time for payment, similar to the Availity *EDI 837* process.
- Real-time claims submission receipt and claims status.
- Highest data integrity due to better accuracy and completeness of CHW claims and encounter submission.

2. **EDI 837**

Providers may submit their claims and encounters electronically in an *837*-standard format. See *Table 2* for access information and technical details. Availity is Anthem's EDI, our one-stop shop for *837* claims submission. There is no cost to your organization to submit claims via Availity. You may submit claims to Availity directly, or via a clearinghouse of your choice. The advantages of using the EDI process are standardization, automation, and efficient claims processing.

3. **Paper claims**

Some providers may prefer to submit paper claims. Please keep in mind that the paper process is the least efficient claims submission method. See *Table 2* for additional information.

Table 1: CHW and APS procedure codes and modifiers

All CHW and APS services must be coded according to DHCS Coding Guidelines. DHCS outlines the following coding structure:

Service	Description	Code	Modifier	Place of service	Unit	Limit
CHW	Education and training for patient self-management by a qualified, nonphysician healthcare professional using a standardized curriculum, face-to-face with the patient [could include caregiver/family] each 30 minutes; individual patient	98960	U2	No restrictions	1 unit = 30 min.	12 units per year
CHW	Education and training for patient self-management by a qualified, nonphysician healthcare professional using a standardized curriculum, face-to-face with the patient [could include caregiver/family] each 30 minutes; 2 to 4 patients	98961	U2	No restrictions	1 unit = 30 min.	12 units per year
CHW	Education and training for patient self-management by a qualified, nonphysician healthcare professional using a standardized curriculum, face-to-face with the patient [could include caregiver/family] each 30 minutes; 5 to 8 patients	98962	U2	No restrictions	1 unit = 30 min.	12 units per year

Service	Description	Code	Modifier	Place of service	Unit	Limit
APS	Education and training for patient self-management by a qualified, nonphysician healthcare professional using a standardized curriculum, face-to-face with the patient [could include caregiver/family] each 30 minutes; individual patient	98960	U3	No restrictions	1 unit = 30 min.	8 units (4 units 2x/year)
APS	Education and training for patient self-management by a qualified, nonphysician healthcare professional using a standardized curriculum, face-to-face with the patient [could include caregiver/family] each 30 minutes; 2 to 4 patients	98961	U3	No restrictions	1 unit = 30 min.	8 units (4 units 2x/year)
APS	Education and training for patient self-management by a qualified, nonphysician healthcare professional using a standardized curriculum, face-to-face with the patient [could include caregiver/family] each 30 minutes; 5 to 8 patients	98962	U3	No restrictions	1 unit = 30 min.	8 units (4 units 2x year)
APS	Assessment of home, physical and family environment, to determine suitability to meet patient's medical needs	T1028	U3	12 (home) 13 (assisted living facility)	There is no time increment or unit of measure; this is a	2 visits per year.

Service	Description	Code	Modifier	Place of service	Unit	Limit
				14 (group home)	per diem code.	

Please refer to the most recent CHW and APS APLs for current covered codes, and please refer to the Medi-Cal fee schedule for current reimbursable rates.

Table 2: Claims submission access quick reference

	Specs	Process
Availity	Electronic claims	1. Register with Availity 2. Log-in 3. Online user interface
837	1. 837P – Claims 2. 837P - Encounters 3. 837I – Claims* 4. 837I – Encounters* *In-development	Availity Companion Guide
Paper	Use the current standard RED *CMS Form 1500* (02-12) for professional claims and the UB-04 (*CMS-1450*) for facility claims	For additional guidance, see Medi-Cal Managed Care (Medi-Cal) provider Manual (P128) Submit paper claims to: Claims and Billing Anthem Blue Cross P.O. Box 60007 Los Angeles, CA 90060-0007

References:

- CABC-CD-021653-23 CHW LOI_FINAL
- CABC-CD-022986-23 EXPRESS CHW Recommendation_FINAL
- CABC-CD-022987-23 EXPRESS CHW Request for Auth_FINAL
- DHCS State Plan Amendment (SPA) 22-0001
- DHCS All Plan Letter (APL) 22-016
- *Medi-Cal Provider Manual* for the community health worker
- *Medi-Cal Provider Manual* for asthma preventive services
- Medi-Cal Provider Bulletin: Community-Based Organizations and Local Health Jurisdictions Enrollment
- Community-Based Organizations and Local Health Jurisdictions Application Information
- Enrollment for Community-Based Organizations and Local Health Jurisdictions using PAVE