

CHR Resources for Standing Up Medicaid Reimbursement



ARIZONA ADVISORY
COUNCIL ON INDIAN
HEALTH CARE

Learning Objectives

1. What documentation should our CHR program keep on file and for how long?
2. Documentation and record requirements
3. What should a thorough Referral look like?
4. What should a thorough Visit Note look like?
5. How to register to become an AHCCCS provider

Please note that this guidance is meant to assist with billing and NOT with the CHW/CHR certification process.

A desert landscape featuring several tall saguaro cacti in the foreground and a range of rugged mountains in the background under a blue sky with scattered white clouds. The text "Documentation and Record Requirements" is overlaid in the center in a teal color.

Documentation and Record Requirements



The Importance of Maintaining Records

As of August 2024, AHCCCS is not requiring additional documentation to be submitted with claims.

- **Please note:** AHCCCS *may request additional documentation* at any time.

If AHCCCS later requests documentation that a provider is unable to provide, the claim may be subject to recoupment.

- Recoupment simply means that the provider will have to pay the State of Arizona's Medicaid program *back* for any funds initially received for their submitted claim.

This is standard practice for all Medicaid programs nation-wide

Why?

Providers requesting *any form* of Medicaid reimbursement (including from MCOs) must maintain documentation to substantiate that the service provided was:

- A Medicaid-eligible service, *and*
- Provided by an eligible AHCCCS provider.

This is both a federal and state requirement.

What Documentation Should Our CHR Program Keep?

As a provider it is vital that you maintain documentation to prove compliance with AHCCCS and State polices regarding CHR services.

Please keep on file the following items, as AHCCCS may request a copy at any time.

1. Proof of CHR Voluntary Certification
2. Referral from the Referring Provider
3. Information on Member Condition or Documented Barrier
4. Visit Notes



What Documentation Should Our CHR Program Keep?

- 1. Proof of CHR Voluntary Certification** going back at least 10 years, for all employed CHRs.
 - CHRs renew their certification every 2 years through ADHS. However, your organization must maintain records longer than their current certification time frame. Your CHR program should not dispose of past proof of CHR certification, simply because they had their certification renewed and entered a new certification cycle.
 - **Why?** This will allow AHCCCS to ensure that the CHR providing the service was certified when the visit took place. If a past claim that the CHR program submitted is audited, you will need to have that past CHR certification on hand to provide during the review/audit process. The health plan will need proof that the CHR was certified *when the service was rendered*. Help your organization out by keeping comprehensive and tidy records.
- 2. Referral from the Referring Provider**
 - **Why?** Services must be deemed medically necessary and recommended by an eligible physician or licensed practitioner of the healing arts within the scope of authorized practice under State law.
 - It is important to retain a copy of the referral as proof that the service rendered was medically necessary and endorsed by a healthcare provider.

What Documentation Should Our CHR Program Keep?

3. Information on Member Condition or Documented Barrier

- **Why?** Medicaid-covered member education and preventative services by certified CHWs/CHRs can only be reimbursed to members with a
 - (1) chronic condition, or
 - (2) who are at risk of a chronic condition (i.e. pre-diabetes), or
 - (3) have a documented barrier affecting their health.
- Per the [DFSM Provider Billing Manual, Chapter 10, Page 8](#): “Documentation of at least one of the above conditions or barriers shall be documented in the member's medical record in order for CHW/CHR services to be reimbursable by AHCCCS.”
 - It is important for CHW/CHR programs to abide by securing all protected health information (PHI), but to also maintain documentation that the member has one of the three qualifying conditions/barriers. This allows AHCCCS to reimburse for the service.

What Documentation Should Our CHR Program Keep?

4. Visit Notes

- **Why?** CHR's provide a lot of services, but not all are Medicaid-eligible for reimbursement. Detailed visit notes will provide proof that it met the requirements outlined in AMPM 310-W.

Approved services include:

- Health system navigation and resource coordination,
- Health education and training, including services to train and/or increase the member's awareness of methods and measures that have been proven effective in avoiding illness and/or lessening its effects. The content of the education must be consistent with established or recognized healthcare standards, or
- Health promotion and coaching to provide information and training to members that enables them to make positive contributions to their health status.

The member's medical record and visit note must substantiate and document which of these above reimbursable services were done, in order to be reimbursed.

A desert landscape featuring several tall saguaro cacti in the foreground and a range of rugged mountains in the background under a blue sky with scattered white clouds. The word "Referrals" is centered in the middle of the image in a teal color.

Referrals

That Dreaded “A” Word

Audits don't happen frequently, but can happen due to random selection.

- If a claim for services your CHR organization is ever pulled for an audit, you can ensure an easy passage of it by having documentation that is *complete and accurate* on hand.
- Providers rendering services to Medicaid members should keep records on hand for at least **six (6) years**. However, please note that CMS requires Medicare manager care providers to retain documentation for **ten (10) years**. Many providers follow this as a standard practice.





Good “Audit Proof” Documentation Starts with a Good Referral

Referrals are Required for Service

- Documentation is important, and this includes having **accurate and adequate information on the referral**.
- Referrals are **required** for CHR services to be reimbursed.

If a referral lacks information, if the services are audited down the line, a CHR organization may struggle with providing the information necessary to fulfill audit requirements.

Many providers have their own referral forms, but if what you receive from the referring provider doesn't seem like enough information, give them a call and you can obtain the rest of the needed fields.

Example Referral Form Sections

Patient Information

PATIENT INFORMATION			
Patient Name: (First, Last, Suffix)		AHCCCS ID?	<input type="checkbox"/> Yes <input type="checkbox"/> No ID Number:
Date of Birth: (mm/dd/yyyy)		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Patient Chart Number:		Tribe	
Patient Mailing Address: (Address, city, state, zip code)		Reservation	
Patient Physical Address or Location: (Address, city, state, zip code)			
Telephone Number: (Ten Digit)		Message Number: (Text)	

Example Referral Form Sections

Why are CHR Services being Requested?

- Requested:** Home Safety Assessment Health System Navigation and Resource Coordination
- Health Education/Disease Prevention (i.e. training that increases a patient's awareness of methods/actions, that have been proven to be effective, in lessening the effects and severity of an illness or disease process, and in ways to avoid/prevent both acute and chronic disease. Addresses health recovery *and/or* disease prevention. Helps patients learn *how* to influence their health and about disease processes.)
- Health Promotion/Coaching (i.e. providing information and training to patients that enables them to make positive contributions to their health status. Addresses not just health but also patient *environment*.)
- Home Visit/Follow Up Welfare Check Car Seat
- Transportation/Discharge Patient Message DME
- Other (explain)

Example Referral Form Sections

Why are CHR Services Requested?

Remember that only certain CHR services are reimbursable. If you intend to submit for services, you want documentation to substantiate that the service provided was what the provider initially requested.

You can design your own referral forms and fill them out based on forms you receive from referring providers as well.

Requested: <input type="checkbox"/> Home Safety Assessment			<input type="checkbox"/> Health System Navigation and Resource Coordination		
<input type="checkbox"/> Health Education/Disease Prevention (i.e. training that increases a patient's awareness of methods/actions, that have been proven to be effective, in lessening the effects and severity of an illness or disease process, and in ways to avoid/ <u>prevent</u> both acute and chronic disease. Addresses health recovery <i>and/or</i> disease prevention. Helps patients learn <i>how</i> to influence their health and about disease processes.)					
<input type="checkbox"/> Health Promotion/Coaching (i.e. providing information and training to patients that enables them to make positive contributions to their health status. Addresses not <u>just</u> health but also patient <i>environment</i> .)					
<input type="checkbox"/> Home Visit/Follow Up		<input type="checkbox"/> Welfare Check		<input type="checkbox"/> Car Seat	
<input type="checkbox"/> Transportation/Discharge		<input type="checkbox"/> Patient Message		<input type="checkbox"/> DME	
<input type="checkbox"/> Other (explain)					



Example Referral Form Sections

Audit Proofing Reimbursement

To receive reimbursement, a member must have one of the below conditions or barriers:

1. A chronic health condition
2. Be at risk for a chronic health condition
3. Have a documented barrier that is affecting their health.

REASON FOR REFERRAL:	
SIGNIFICANT MEDICAL/DENTAL/OTHER FACTORS TO CONSIDER:	
HEALTH CONDITION(S):	
ICD 10 CODE (IF KNOWN):	
BARRIERS TO MANAGING HEALTH CONDITION:	
SOCIAL DETERMINANTS OF HEALTH (SDOH):	

This example referral form allows a provider to indicate all three of these conditions or barriers that allow for reimbursement for CHR services to occur.

A desert landscape featuring several tall saguaro cacti in the foreground and a range of rugged mountains in the background under a blue sky with scattered white clouds. The scene is brightly lit, suggesting a sunny day.

Visit Notes

Good “Audit Proof” Continues with a Thorough Visit Note

Visit Notes are KEY

Often visit notes will be vague and not describe, in detail, what services occurred. This can be challenging to do in a dynamic environment where a *lot* of resource connection and health education occur. However, it is a vital step in ensuring continuity of care and member follow up by their primary care providers.

- It can also help your organization in the event of an audit, and can help the health insurance company reviewing the claim.

A good visit notes look a lot like the referral, to start with....but note the number of patients should be indicated. However, ***no additional information on other patients should be on the visit form.*** Each patient needs their own visit form. Indicating how many patients were in a session helps billing.

PATIENT INFORMATION				Visit Date: _____	
Patient Name:		Start Time of Visit		End Time of Visit	
Date of Birth: (mm/dd/yyyy)		Tribe		Reservation	
Physical Address or Location of Visit:				Visit Type	<input type="checkbox"/> In-Person <input type="checkbox"/> Telephonic
Patient Mailing Address:			Number of people that education was provided to:	<input type="checkbox"/> 1 (Patient only) <input type="checkbox"/> 2-4 Patients (Group) <input type="checkbox"/> 5-8 Patients (Group)	
Telephone Number: (Ten Digit)			Message Number: (Text)		

Good “Audit Proof” Continues with a Thorough Visit Note

Reason for CHR Visit (Per Referral):

- Home Safety Assessment Health System Navigation and Resource Coordination
- Health Education/Disease Prevention (i.e. training that increases a patient’s awareness of methods/actions, that have been proven to be effective, in lessening the effects and severity of an illness or disease process, and in ways to avoid/prevent both acute and chronic disease. Addresses health recovery *and/or* disease prevention. Helps patients learn *how* to influence their health and about disease processes.)
- Health Promotion/Coaching (i.e. providing information and training to patients that enables them to make positive contributions to their health status. Addresses not just health but also patient *environment*.)
- Home Visit/Follow Up Welfare Check Car Seat
- Transportation/Disch
- Other (explain)

REASON FOR CHR VISIT (ADDITIONAL DETAILS ON REFERRAL REASON):

SIGNIFICANT MEDICAL/DENTAL/OTHER FACTORS TO CONSIDER:

Previously reported health condition(s):

Any changes to member health since last visit?

Barriers to managing health conditions (new and old):

Social determinants of health (SDOH) as noted by the CHR at time of visit (new and old):

Good “Audit Proof” Continues with a Thorough Visit Note

Patient Requests & Goals			
Did the patient request any assistance in health system navigation or any resources to help better manage their health? Did they ask for any referrals?			
Patient Request	Information Provided	Date CHR <u>will</u> Follow-Up with Patient	
Were any Direct Services provided by the CHR to the patient, to assist with health system navigation, during visit? (i.e. assistance with applications, letters, etc.)			
Patient Goals (i.e. include target dates)			
Short-Term Goals (describe goal set by patient)		Long-Term Goals (describe goal set by patient)	
	<input type="checkbox"/> Successful <input type="checkbox"/> Partial Success <input type="checkbox"/> Barriers Faced <input type="checkbox"/> Did Not Try		<input type="checkbox"/> Successful <input type="checkbox"/> Partial Success <input type="checkbox"/> Barriers Faced <input type="checkbox"/> Did Not Try

Good “Audit Proof” Continues with a Thorough Visit Note

Customization

- Visit Notes can be customized to best suit your community’s needs. However, they should all include at least these common elements, so that if there is ever a question on what type of service was performed, it can easily be answered by a third party while reviewing the visit note.

Patient described their confidence in achieving their goals as follows:	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 (0 = no confidence in achieving goals; 10 is high confidence in achieving goals) Reason for Confidence Score (as described by patient): Any barriers to accomplishing goals?
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Good “Audit Proof” Continues with a Thorough Visit Note

Other Elements of a Good Visit Note

- Visit Notes should also include things like:
- Objective observations by the CHR (as opposed to *subjective*)
- Visit Description
 - A brief summary of what was discussed or done during the visit, anything stated by the patient, including questions.
- Describe any health education training completed during visit
- Describe any health promotion / coaching provided during visit
- Patient plan
 - This should be worked on *with the patient*. This should list out the steps the patient will take between this visit and the next to move towards accomplishing their goals.
- Were any condition-specific assessments performed?
- Were any risk factors identified? (If yes, how were they addressed?)

A desert landscape featuring several tall saguaro cacti in the foreground and a range of rugged mountains in the background under a clear blue sky with scattered white clouds. The text is centered over the middle of the image.

How to Register to Become an AHCCCS-Registered Provider

How to Register to Become an AHCCCS Provider

Individual Community Health Workers/Representatives **do not register with AHCCCS.**

- The CHW/CHR must be employed by an AHCCCS-registered provider. This means they could work for one of the provider types listed under “[Provider Types Eligible for Reimbursement](#)” or they could work for an individually registered CHW Organizations, registered under Provider Type CH.

CHW/CHR Programs intending to register under “Stage 2” as independent provider types (Provider Type CH) will need to register with AHCCCS.

Provider Name	Provider Type	Provider Classification	Link to Provider Registration Information
Community Health Worker (CHW) Organization	CH	High Risk	https://www.azahcccs.gov/PlansProviders/Downloads/ProviderRegistration/PT_CH_CHWO.pdf

High Risk Provider Types

CHW Organizations have been classified as a “high-risk” providers.

All high-risk providers must do the following in order to register with AHCCCS:

1. Submit a complete application through the [AHCCS Provider Enrollment Portal \(APEP\)](#)
 - Training on APEP: www.azahcccs.gov/APEP
2. Complete a fingerprint-based criminal background (FBCB) check
3. Complete a site visit
4. Submit the list of certified CHW/CHRs that will be billing
5. Pay an enrollment fee
6. Providers should anticipate this process to take 60-90 days from the date of application

Steps to Register as an AHCCCS Provider

Step 1: Prepare Documentation in Advance

1. **W9 Tax Form** - Request for Taxpayer Identification Number and Certification – Any provider who will be receiving state/federal funds for services rendered or provided to Medicaid recipients must provide completed W9 tax form as part of the application process.
 - a) The W9 form must have been signed within 12 months of the application.
 - b) Contact Information:
 - The W9 form can be found on the [IRS website](#).
2. **Current Professional Certifications or Licensures** – Providers must maintain current and ongoing certification or licensure when enrolling and participating in the Medicaid Program with an active status of the provider enrollment AHCCCS ID. CHR programs should ensure they have the CHR licensure of all individuals they are employing. These will need submitted to AHCCCS.
 - a) The CHW/CHR Program can employ individuals who do not have active voluntary certifications. **HOWEVER**, they cannot bill AHCCCS for services rendered by individuals who are not voluntarily certified as a Certified Community Health Worker through the Arizona Department of Health Services (ADHS).
 - b) Therefore, the CHW/CHR Program **must** have on file all voluntary certifications for all employees who are providing services to members, if the CHW/CHR Program intends to bill for those services.

Steps to Register as an AHCCCS Provider

Step 1: Prepare Documentation in Advance

3. **Employee Details** – As you go through the screens in APEP, there will be an excel spreadsheet for download. You should have the appropriate information for the certified CHW staff ready to enter in. Once you have done so you can re-upload it.
4. **Tribal Business License** – Any provider intending to operate within boundaries of Tribal lands must have an active, valid Tribal Business License.
5. **Signed and Dated Community Health Worker Organization Profile Form**
 - a) The form to sign is located here:
https://www.azahcccs.gov/PlansProviders/Downloads/ProviderRegistration/PT_CH_CHWO.pdf
 - b) On Page 2, fill out the fields at the bottom of the form.
 - c) **Signature, Printed Name, and Date Fields:** The authorized representative from your organization (usually the owner) will sign and date here.
 - d) **Provider Name Field:** The name of your organization
 - e) **Provider ID Field:** This field can be left blank at this time. That is the *future AHCCCS ID Number*, that is not yet assigned.
 - f) Upload document into APEP

Signature		Printed Name	
Date			
Provider Name		Provider ID Number	

Steps to Register as an AHCCCS Provider

Step 1: Prepare Documentation in Advance

6. Provider Basic Information

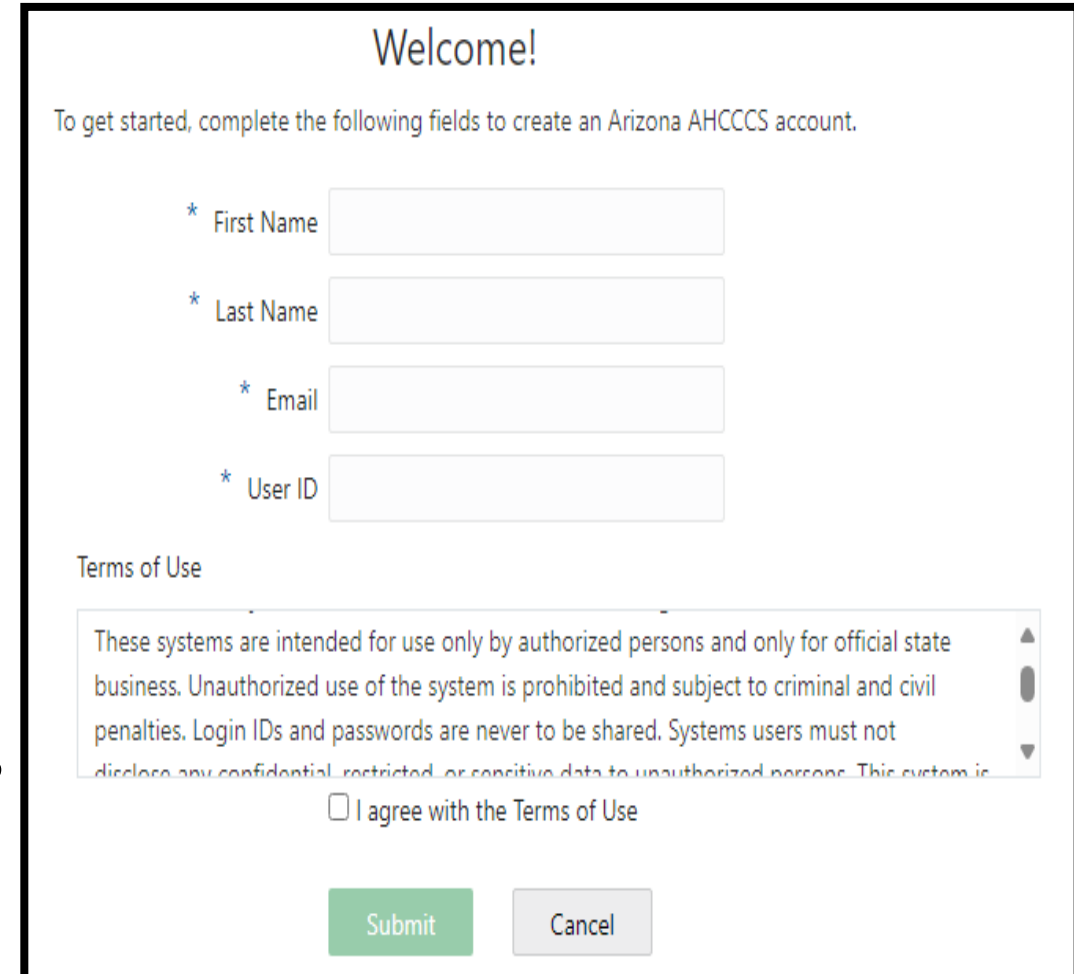
a) This includes the following information:

- Entity Name (CHW Organization Name)
- Practice Location (Address)
- Tax ID (See #2 above)
- Billing Associations (if you have contracted with a third party to do your organization's billing on your behalf)
- Ownership disclosures - This includes disclosure of ownership and control interests as well as disclosing any adverse actions the disclosed individuals may have (such as felonies, state exclusions, terminations and other actions). The ownership disclosures must match publicly available records such as the Arizona Corporation Commission.

Steps to Register as an AHCCCS Provider

Step 2: Register with the AHCCCS Provider Enrollment Portal (APEP)

1. To register with APEP, go to this link: <https://evobrix.az-apep.gov/UserRegistration>
2. Once registered, and once you have all your needed documents gathered up, you can begin the registration process.
3. If you require technical assistance or have questions, you can contact AHCCCS Provider Enrollment at:
 - 1-800-794-6862 (In State - Outside of Maricopa County)
 - 1-800-523-0231 (Out of State)
 - APEPTrainingQuestions@azahcccs.gov



The screenshot shows a registration form titled "Welcome!". Below the title, it says "To get started, complete the following fields to create an Arizona AHCCCS account." There are four required fields, each marked with an asterisk: "First Name", "Last Name", "Email", and "User ID". Below these fields is a "Terms of Use" section with a scrollable text area containing the following text: "These systems are intended for use only by authorized persons and only for official state business. Unauthorized use of the system is prohibited and subject to criminal and civil penalties. Login IDs and passwords are never to be shared. Systems users must not disclose any confidential, restricted, or sensitive data to unauthorized persons. This system is...". Below the text is a checkbox labeled "I agree with the Terms of Use". At the bottom of the form are two buttons: "Submit" (green) and "Cancel" (grey).

A desert landscape featuring several tall saguaro cacti in the foreground and a range of rugged mountains in the background under a blue sky with scattered white clouds. The text "Other Noteworthy Items" is centered in the upper half of the image.

Other Noteworthy Items

Eligible Member Categories

Are any Medicaid Members NOT Eligible to Receive CHR Services?

ALTCS Members are not eligible for these services.

- Members enrolled in ALTCS/Tribal ALTCS, or empaneled with an American Indian Medical Home (AIMH), already receive case management services that are reimbursed through an alternate mechanism; therefore, health system navigation and resource coordination services by a CHW/CHR are not billable/reimbursable.

AIHP Members enrolled with an American Indian Medical Home (AIMH) are not eligible for services related to diabetic education.

- Some AIMHs do diabetic education services. If the member is a part of an AIMH, check to see if they do diabetic education services. If the AIMH does, CHW/CHR services related to diabetes education are not billable/reimbursable.

Important Takeaways

- Certification MATTERS!
- *Billing can only occur for services provided to Medicaid members by CHR's who are voluntarily certified through the State.*
- CHR programs *can employ CHR's who are not voluntarily certified*, but they *cannot bill for services provided by them* to AHCCCS members.
- Members must have a documented health condition or barrier for the service to be reimbursable.
- There are two ways for providers to be reimbursed
- There are multiple publications on the AHCCCS website to help guide you



Resources



Important Portals and Reference Publications

Important Portals

- **AHCCS Provider Enrollment Portal (APEP):** www.azahcccs.gov/APEP
- **AHCCCS Online Provider Portal:**
<https://ao.azahcccs.gov/Account/Login.aspx?ReturnUrl=%2f>
- **Transaction Insight Portal:** <https://tiwebprd.statemedicaid.us/AHCCCS/default.aspx>

AHCCCS Reference Publications

- Fingerprint Background Check Policy:
 - https://www.azahcccs.gov/PlansProviders/Downloads/APEP/FCBC_OnePager.pdf
- AHCCCS Medical Policy Manual, 310-W, Certified Community Health Worker/Community Health Representative
 - <https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/300/310-W.pdf>
- Community Forum (Pages 11 to 18):
 - https://www.azahcccs.gov/AHCCCS/Downloads/PublicNotices/CommunityPresentations/2024/AHCCCSCommunityForum_20240415.pdf

Important Reference Publications

AHCCCS Reference Publications

- Community Forum (Video Presentation on YouTube):
 - <https://www.youtube.com/watch?v=GuJA7mq7BKo>
- Fee-for Service (FFS) Provider Billing Manual, Chapter 5, CMS 1500 Claim Form and Claim Submission Requirements:
 - https://www.azahcccs.gov/PlansProviders/Downloads/FFSProviderManual/FFS_Chap05.pdf
- Fee-for-Service (FFS) Provider Billing Manual, Chapter 10, Individual Practitioner Services (Pages 7-10)
 - https://www.azahcccs.gov/PlansProviders/Downloads/FFSProviderManual/FFS_Chap10.pdf
- AHCCCS FAQs on CHW Voluntary Certification and Reimbursement:
 - https://www.azahcccs.gov/PlansProviders/Downloads/CHW/CHW_CHRFAQs.pdf
- AHCCCS Trainings on AHCCCS Online Provider Portal:
 - How to Submit a CMS 1500/Professional Claim Using the AHCCS Online Provider Portal:
https://www.azahcccs.gov/Resources/Downloads/DFSMTraining/2023/ProfessionalClaim_AHCCCSOnline.pdf

Important Reference Publications

AHCCCS Reference Publications

- AHCCCS Trainings on AHCCCS Online Provider Portal:
 - How to Status a Claim Using the AHCCCS Online Provider Portal:
https://www.azahcccs.gov/Resources/Downloads/DFSMTraining/2023/HowToStatusClaim_AHCCCSOnline.pdf
 - Correcting Claims, Voiding Claims and Replacing Claims:
https://www.azahcccs.gov/Resources/Downloads/DFSMTraining/2023/CorrectingSubmission_VoidsAndReplacements.pdf
 - **VERY IMPORTANT:** Remember that if you are past timely filing you need to be extremely careful when it comes to voiding/replacing claims. Do *not* void a claim if it's past the 6 month mark. Instead do a correction or “replace” the claim.
- AHCCCS Trainings on TI Portal:
 - <https://www.azahcccs.gov/Resources/Downloads/DFSMTraining/2023/TransactionInsightPortal.pdf>
 - <https://www.azahcccs.gov/Resources/Downloads/DFSMTraining/2023/TIBCOForesightTransactionInsightTIWebUploadAttachmentGuide.pdf>
 - <https://www.azahcccs.gov/Resources/Downloads/DFSMTraining/2022/TransactionInsightPortalSetPurposeCode11.pdf>

A scenic view of a desert landscape. In the foreground, several tall saguaro cacti stand prominently. The middle ground shows a range of rugged, rocky mountains. The sky is a clear, bright blue with scattered, light-colored clouds. The overall lighting suggests a bright, sunny day.

Thank you!