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Community Health Worker
Collaborative of South Dakota

CHW Reimbursement: Understanding the Requirements and Navigating the Process



www.chwsd.org

Learning Objectives

Community Health Worker Agency Reimbursement through the Medicaid Portal: Requirements, Access, Submitting and Tracking Claims

01

Identify Medicaid reimbursement requirements and the basic Medicaid enrollment criteria for a CHW agency

02

Understand the workflow for delivering Medicaid-covered CHW services from a reimbursement perspective, completing the steps necessary to support accurate Medicaid billing and reimbursement.

03

Navigate the South Dakota Medicaid Portal, submit claims for CHW services, and track claim status and payment information to support accurate and timely reimbursement.

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South Dakota Medicaid Reimbursement: CHW Agency Requirements & Enrollment

CHWSD Technical Assistance & Support

Agency readiness, enrollment, implementation and billing

- Readiness - Before you begin the enrollment process, review and take the readiness assessment (a printable PDF assessment that includes a checklist) and review the complete SD Medicaid CHW Billing and Policy Manual
- Enrollment – obtain a new Type 2 National Provider Identifier (NPI), adopt CHW agency policies & procedures, complete SD Medicaid application, certification of CHW/CHRs
- Implementation – identify patient Medicaid eligibility, work with providers to receive referral and service plans for CHW services; operationalize workflow including documentation
- Billing – submit claims using CMS 1500 either through SD Medicaid Portal or paper, your electronic health record, or through a third-party biller

https://chwsd.org/sd-medicaid-reimbursement/



Key Considerations

SD Medicaid CHW Agency Enrollment

- Direct Services to Medicaid Recipients
- CHW/CHR Workforce: Certification Standards
- Covered Services
- Provider Referrals
- Documentation Standards
- Submitting and Tracking Claims

https://chwsd.org/sd-medicaid-reimbursement/

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SD Medicaid CHW Enrollment Basics

ENROLLMENT STEPS

- Obtain a NEW Type 2 NPI from NPPES
- Register NPI in Provider Enrollment Portal
- SD Medicaid provides temporary login credentials
- Complete the enrollment application using the Provider Enrollment Portal User Guide for guidance
- Ensure CHW/CHRs receive Certification from CHWSD (CHW/CHRs are not credentialed by SD Medicaid)

REQUIRED DOCUMENTS

- **CHW Policies & Procedures**
- **Provider Agreement**
- **Disclosure**
- **CHW Addendum**
- **Bank Letter**
- **Current 638 Contract** (for non-IHS tribal providers)

Reimbursement Basics

Overview of Reimbursement Rates

- No more than 4 units (2 hours) of service per day per Medicaid recipient and no more than 104 units (52 hours) per year per Medicaid recipient (July 1 – June 30)
- Up to 10 units (5 hours) can take place in the clinic setting (this does not include attending an appointment with a Medicaid recipient)
  - Before transitioning to home, community, telehealth, or telephone encounter – with documented barrier
- Requires provider referral and service plan (MD, DO, PA, CNP, CNM, or dentist) and the recipient must have seen the provider within the last 90 days (in-person or telehealth)
- Can be billed at an individual or group rate (group rates often used for families)
  - $69.26 individual per hour equivalent

https://chwsd.org/sd-medicaid-reimbursement/

Workflow for Delivering Medicaid-covered CHW Services

Medicaid CHW Services Workflow

1



Get into the Medicaid Billing portal & Provider admin

Designate CHWs as users.

2



Check Recipient Eligibility

CHWs look up a recipient to see if they are an eligible recipient with SD Medicaid.

3



Get a Referral & Service Plan in Place

- Receive/complete a referral and service plan.

4



Provide Medicaid-Covered CHW Services

Deliver the services outlined in the service plan.

5



Document an Encounter

Record the service (in whatever system you use).

6



Submit a Claim

Send the claim through the Medicaid billing process for reimbursement.

What's Required for Documentation?

(Keep in your records)



- Referral and Service Plan
- Service details (dates, duration, type)
- Encounter documentation (objectives, description of services, begin/end time, etc.).

What Gets Submitted with a Claim?

(To Medicaid)



- Recipient name / Medicaid ID
- Service date(s) and type (as required)
- Referring provider, rendering provider, billing provider
- Claim codes (per Medicaid requirements)
- Other required details (place of service, units, etc.).

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GUIDE TO SEARCHING PATIENT/CLIENT MEDICAID ELIGIBILTY USING THE SD MEDICAID CLAIMS PORTAL

Last Updated: October 16, 2024

BEGINNING INSTRUCTIONS



To access the eligibility search tool, click on "Recipient Info" and select the eligibility option on the dropdown menu.

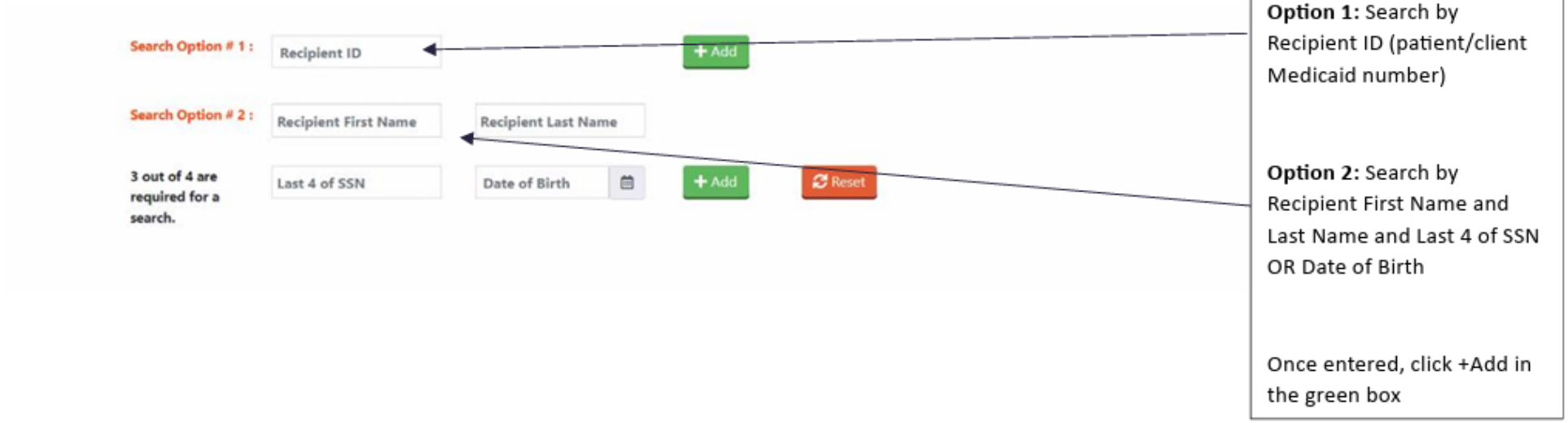
ELIGIBILITY INQURY



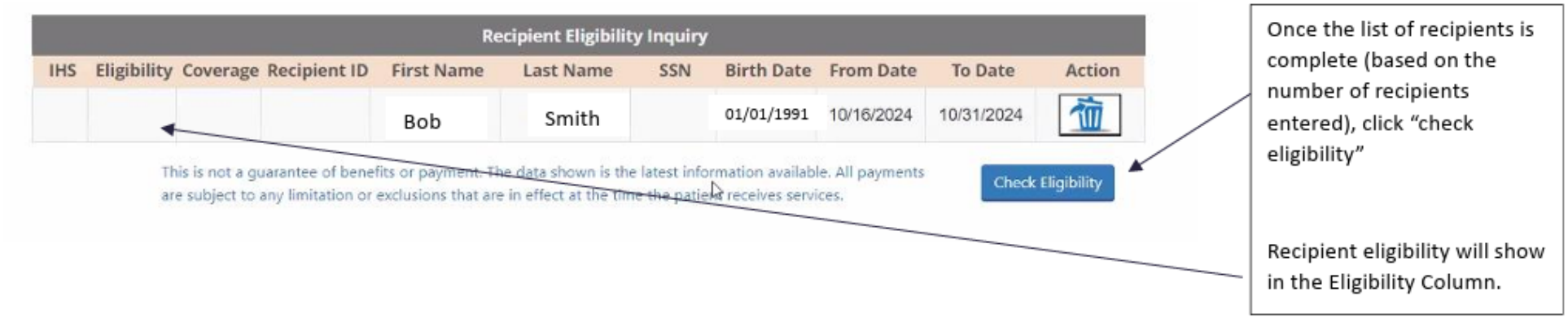
For Cost Share Type, select "Health Benefit Plan Coverage".

Optional – insert dates of service for coverage (default search will show current date through end of the month).

https://chwsd.org/wp-content/uploads/2024/10/Guide-to-Searching-Patient-Client-Eligibility-2024.10.16.pdf



Note: Multiple Recipients can be added for one eligibility check. Once you have added one or more recipients, you can then run the search using the instructions below.



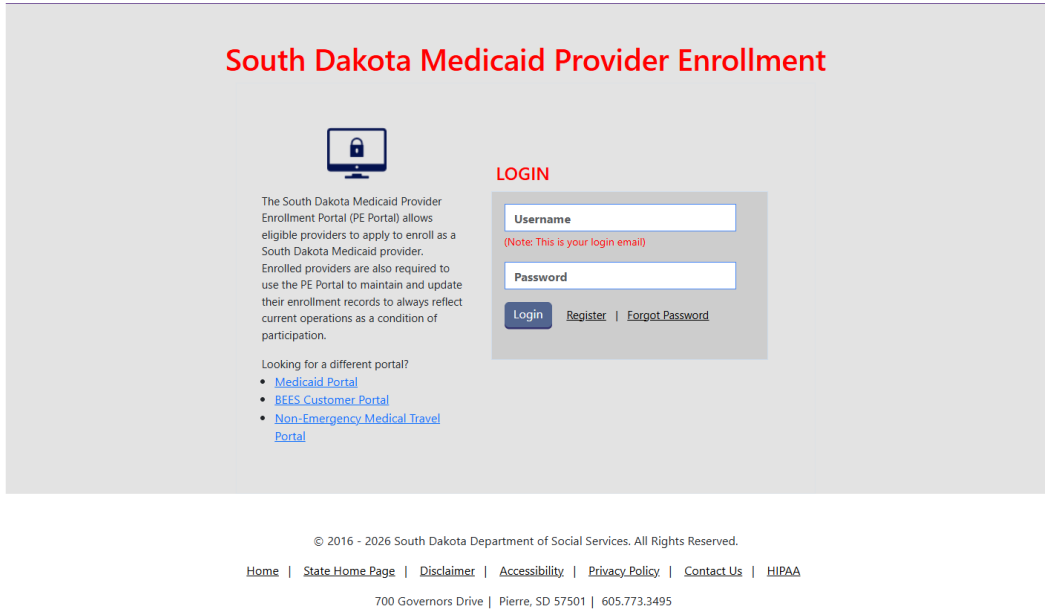
Billing for CHW Services
SD Medicaid Portal

South Dakota Medicaid Portals

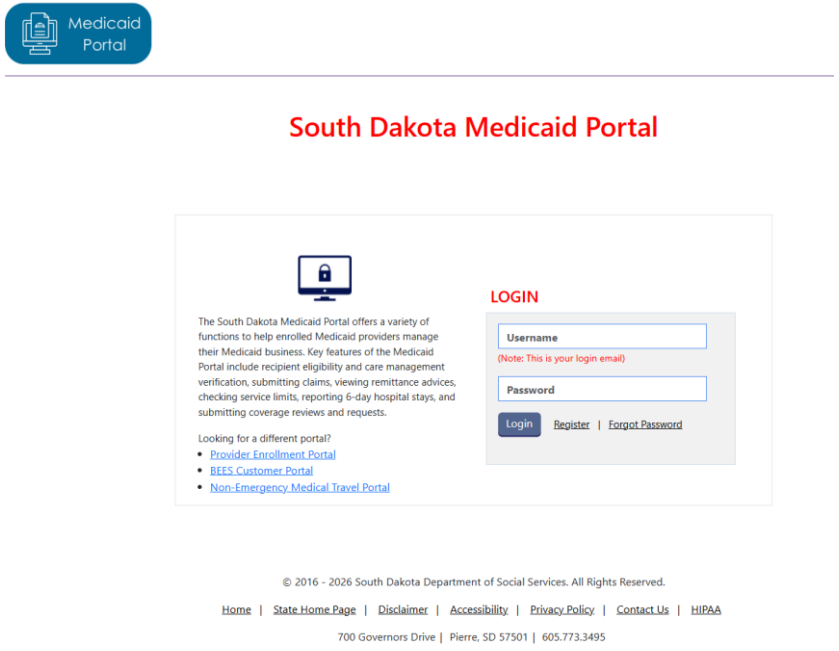
Can you spot the differences in the portals?

- SD Medicaid has two different portals– one for Enrollment and another for all other purposes including submitting and tracking claims. Login credentials are unique.

Provider Enrollment



Medicaid Portal



https://chwsd.org/sd-medicaid-reimbursement/

GUIDE TO GETTING STARTED IN THE SOUTH DAKOTA MEDICAID BILLING PORTAL FOR CHW AGENCIES

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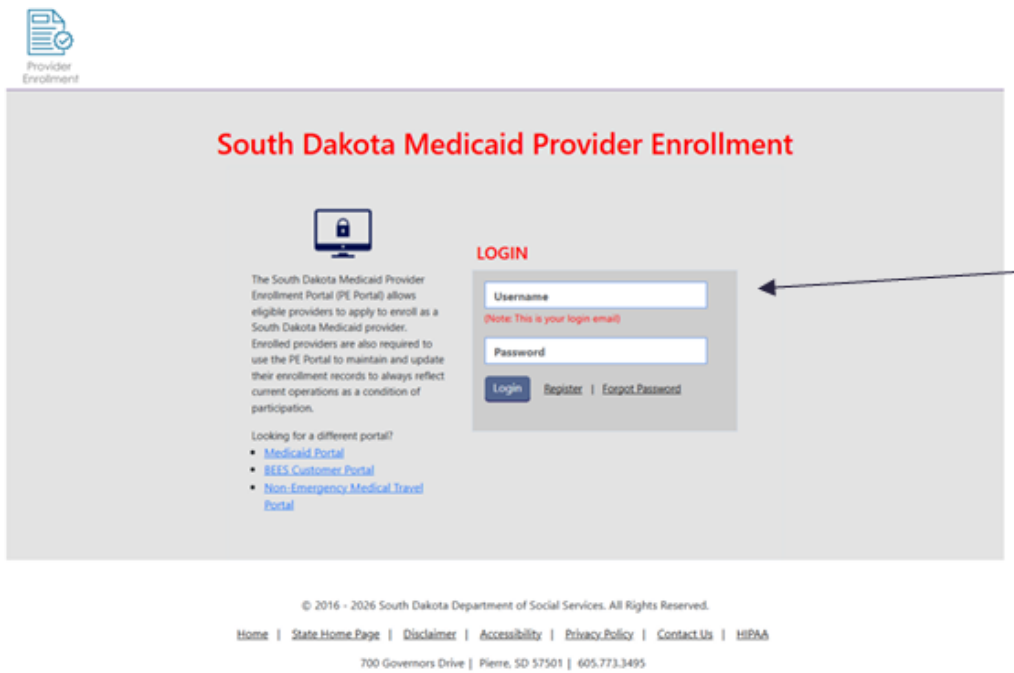
Last Updated: July 9, 2026

BEGINNING INSTRUCTIONS

This guide is designed for organizations approved as a South Dakota Medicaid CHW Agency to register the new billing NPI associated with the organization CHW Agency enrollment in the SD Medicaid Portal (used for billing). For additional guidance, go to https://dss.sd.gov/docs/medicaid/portal/user_guide_portal.pdf.

Existing Provider Admins in the SD Medicaid Portal (this is a different portal than the Provider Enrollment Portal): **Skip all the steps below**, and email DSSonlineportal@state.sd.us or call 605.773.3495 and request that the new CHW NPI be added to your user in the SD Medicaid Portal.

LOG IN TO SD MEDICAID PROVIDER ENROLLMENT PORTAL

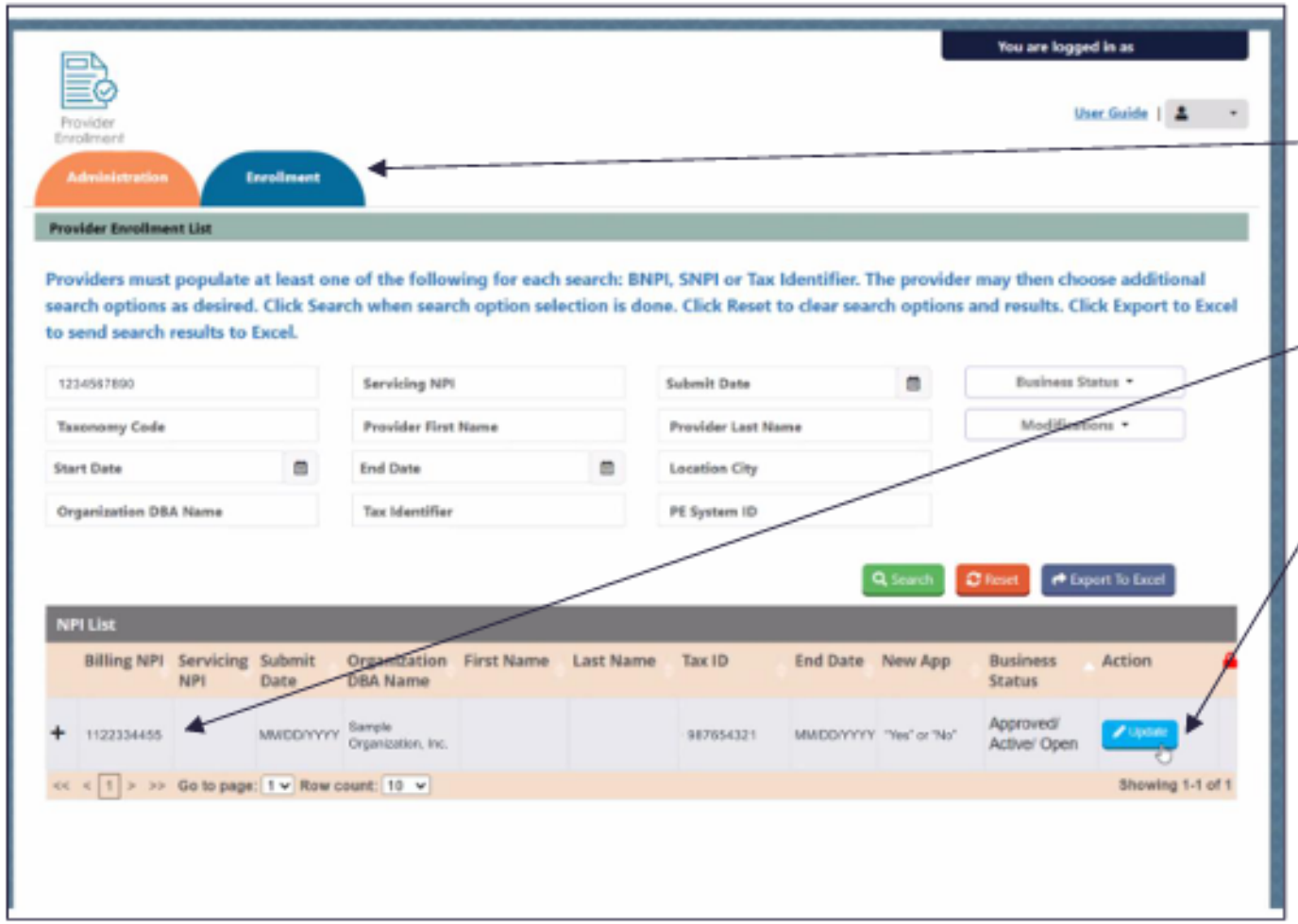


1. First, you will need to know your PE System ID as it will be required when you register in the SD Medicaid Portal.

If you do not know your PE System ID, log in to the South Dakota Medicaid Provider Enrollment Portal: https://app-dss-sw85pc05dmsproviderenroll.azurewebsites.net/Account/Login. This is the portal your organization used to submit the CHW Agency enrollment application.

If you are not the individual who completed the enrollment, please ask that person to log in and follow the instructions to locate the PE System ID. If that person is no longer with your organization, contact SD Medicaid Provider Enrollment to request assistance: SDMedicaidPE@state.sd.us or call 866.718.0084.

NAVIGATE TO THE CHW AGENCY BILLING NPI



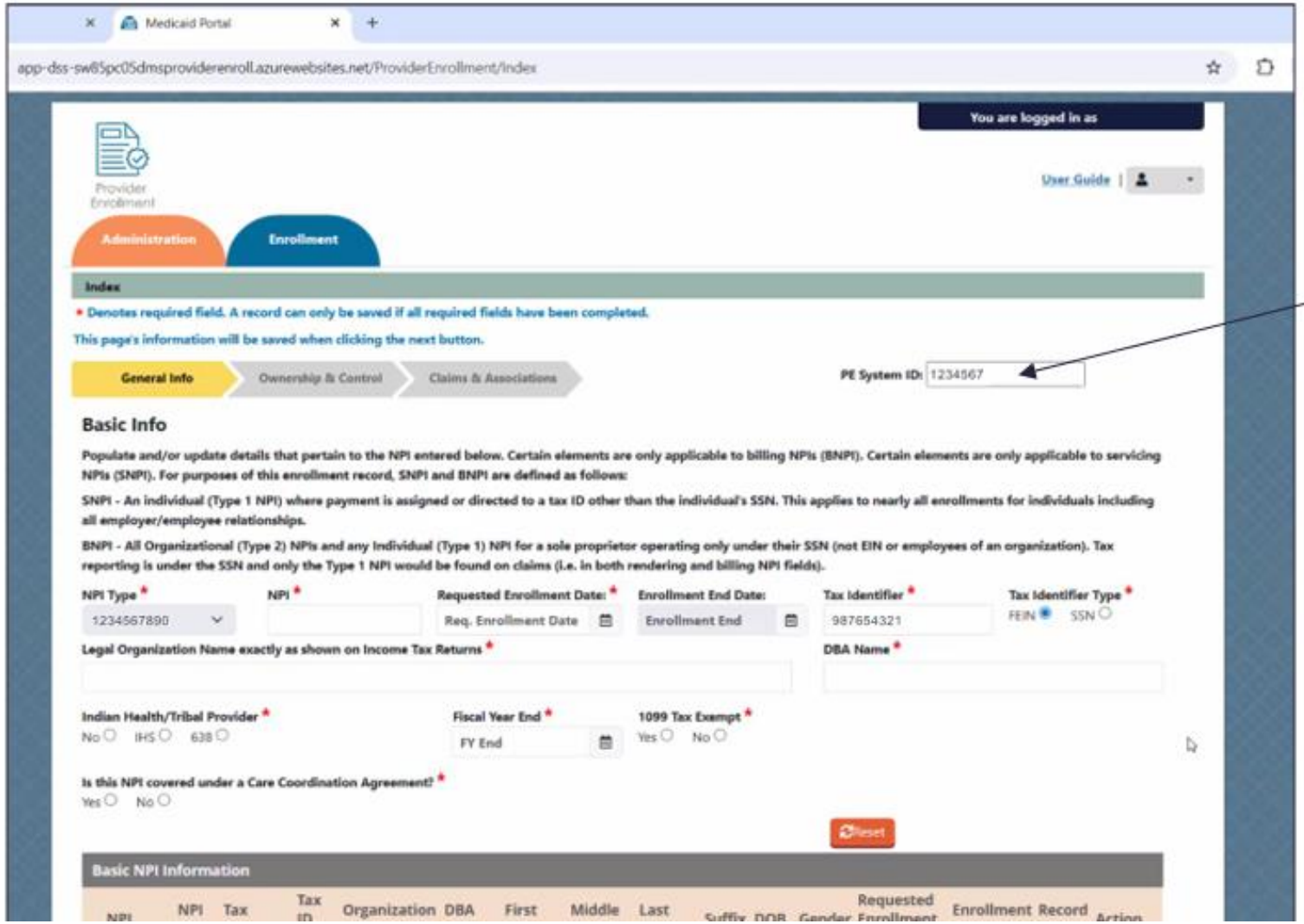
2. In the Provider Enrollment portal, click on the blue "Enrollment" tab.

3. Locate the CHW Agency Billing NPI in the NPI List.

Click on "Update"

https://chwsd.org/wp-content/uploads/2026/07/Guide-to-Getting-Started-in-SD-Medicaid-Billing-Portal-CHW-2026.07.09.pdf

LOCATE PE SYSTEM ID



4. Locate the PE System ID and copy it or write it down.

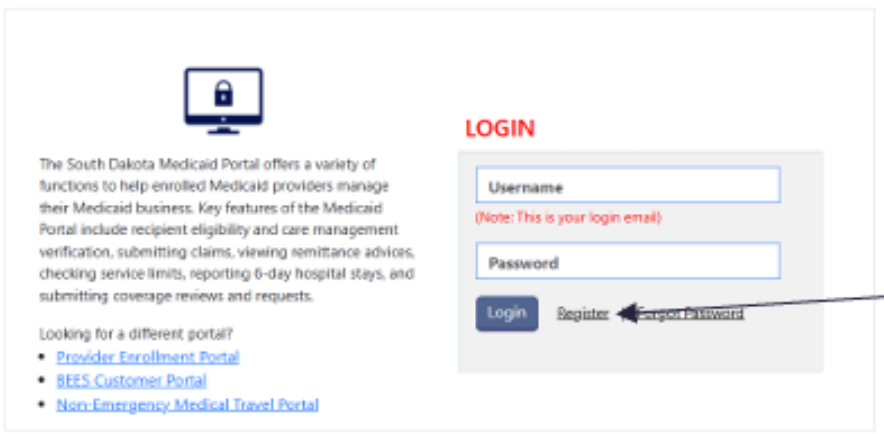
This will be used when registering in the SD Medicaid Portal (used for submitting claims, checking Medicaid eligibility, etc.).

https://chwsd.org/wp-content/uploads/2026/07/Guide-to-Getting-Started-in-SD-Medicaid-Billing-Portal-CHW-2026.07.09.pdf

REGISTER AS A PROVIDER ADMIN WITH YOUR CHW BILLING NPI IN THE SD MEDICAID PORTAL

The South Dakota Medicaid Provider Enrollment Portal (used to enroll as a CHW Agency) and the South Dakota Medicaid Portal (used for submitting claims, checking Medicaid eligibility, etc.) are separate systems with unique logins. Newly approved CHW agencies must register their billing NPI in the SD Medicaid Portal, and that process varies depending upon whether the Provider Admin attempting to register is existing or new to the SD Medicaid Portal.

Medicaid Portal



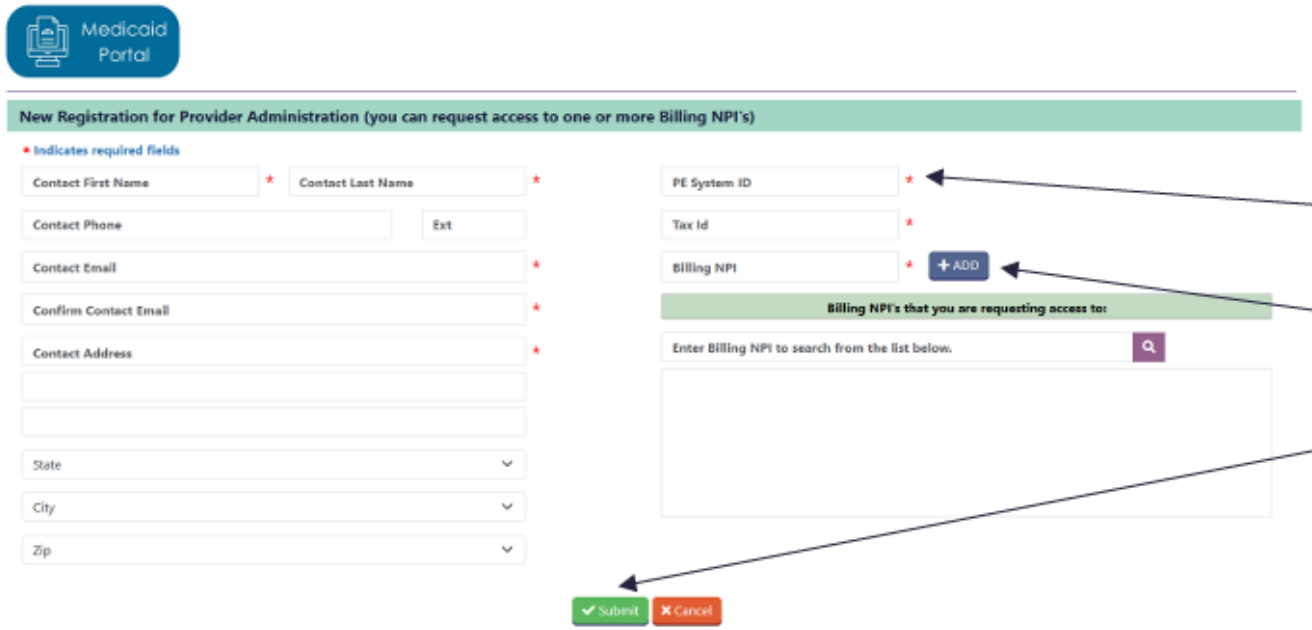
5. **Existing** Provider Admins in the SD Medicaid Portal: Email DSSonlineportal@state.sd.us or call 605.773.3495 and request that the new CHW NPI be added to your user in the SD Medicaid Portal.

New Provider Admins in the SD Medicaid Portal: Navigate to the SD Medicaid Portal at https://dssapps.appssd.sd.gov/ocp/Account/Login?ReturnUrl=%2focp

New Provider Admins: Click Register.

https://chwsd.org/wp-content/uploads/2026/07/Guide-to-Getting-Started-in-SD-Medicaid-Billing-Portal-CHW-2026.07.09.pdf

REGISTER AS A PROVIDER ADMIN WITH YOUR CHW BILLING NPI IN THE SD MEDICAID PORTAL



6. **New** Provider Admins in the SD Medicaid Portal: Complete required registration fields, including the PE System ID (from Step 4) and the CHW Billing NPI for your organization.

Click +ADD and make sure your CHW Billing NPI is added to the list below.

Click Submit.

Check your email for confirmation from SD Medicaid. Once approved, you will be notified by email with a temporary login to access the SD Medicaid Portal. This temporary login is time-sensitive. Upon receipt, please log in and follow instructions for creating a new username and password.

Provider Admins can utilize the SD Medicaid Portal to invite other users from their organization to the portal, such as CHWs, and designate user roles and permissions.

For additional guidance, see the complete SD Medicaid Portal user guide: https://dss.sd.gov/docs/medicaid/portal/user_guide_portal.pdf.

https://chwsd.org/wp-content/uploads/2026/07/Guide-to-Getting-Started-in-SD-Medicaid-Billing-Portal-CHW-2026.07.09.pdf

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GUIDE TO COMPLETING CMS 1500 FORM FOR CHW/CHR CLAIMS USING THE SD MEDICAID CLAIMS PORTAL

Last Updated: July 9, 2026

BEGINNING INSTRUCTIONS

This guide is designed for you to fill in information for your specific program that will remain standard throughout in areas that are **blue**, i.e., **ZIP:** _____ as indicated beginning on page 2 of this guide. Sections marked with a red line through them do not need to be filled out to submit a CMS 1500 claim for CHW/CHR Services.



To access the CMS 1500 form, click on "Claims" and select the CMS 1500 option on the dropdown menu.

SUBMITTING CMS 1500 CLAIM

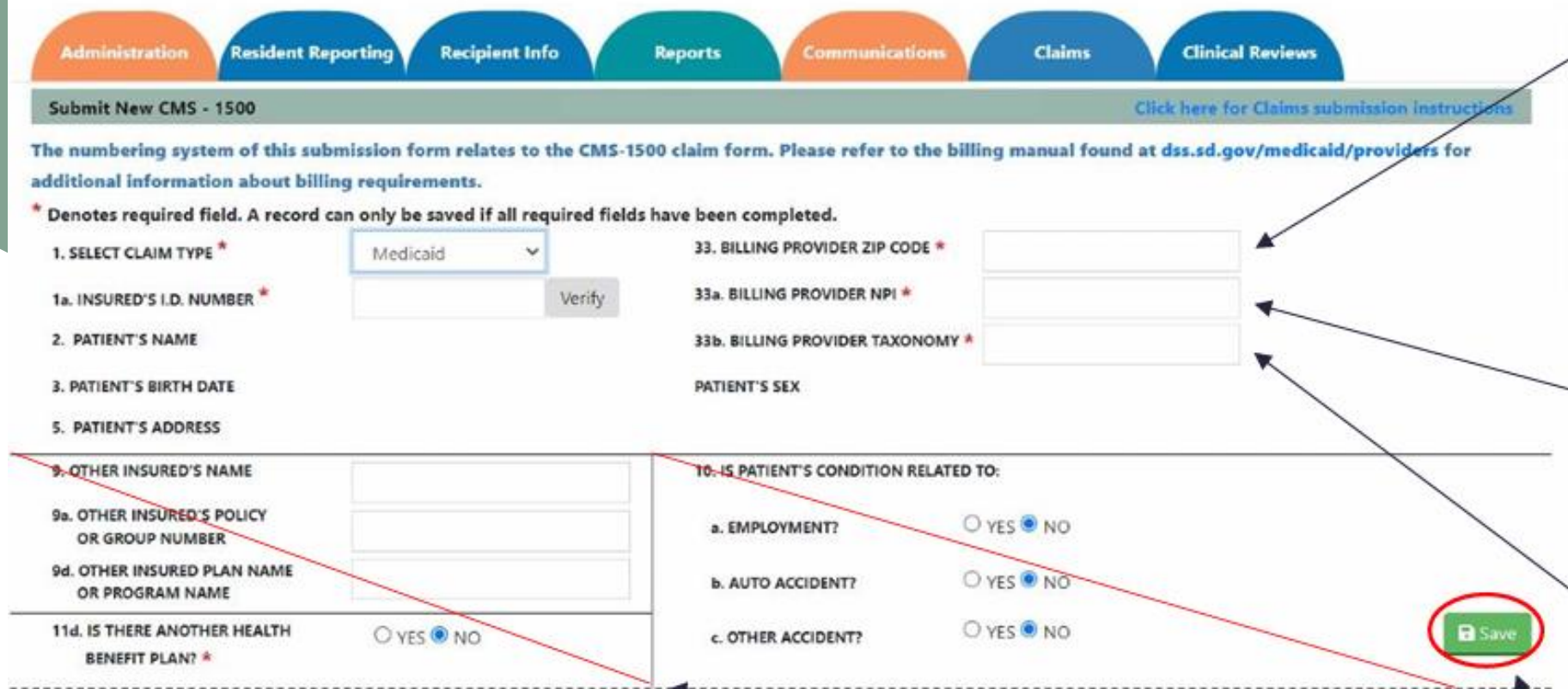


1 – Select Claim Type as "Medicaid"

1a – Enter the patient's Medicaid Number, and click Verify. The Patient's name, birth date, and address should all appear.

https://chwsd.org/wp-content/uploads/2026/07/Guide-to-Completing-CMS-1500-Form-for-CHW-CHR-2026.07.09.pdf

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33 – Enter the ZIP Code registered to your CHW/CHR Program's Type 2 NPI Number (i.e., 57501)

ZIP: _____

33a – Enter your CHW/CHR Program's Type 2 NPI Number as the Billing Provider NPI.

NPI: _____

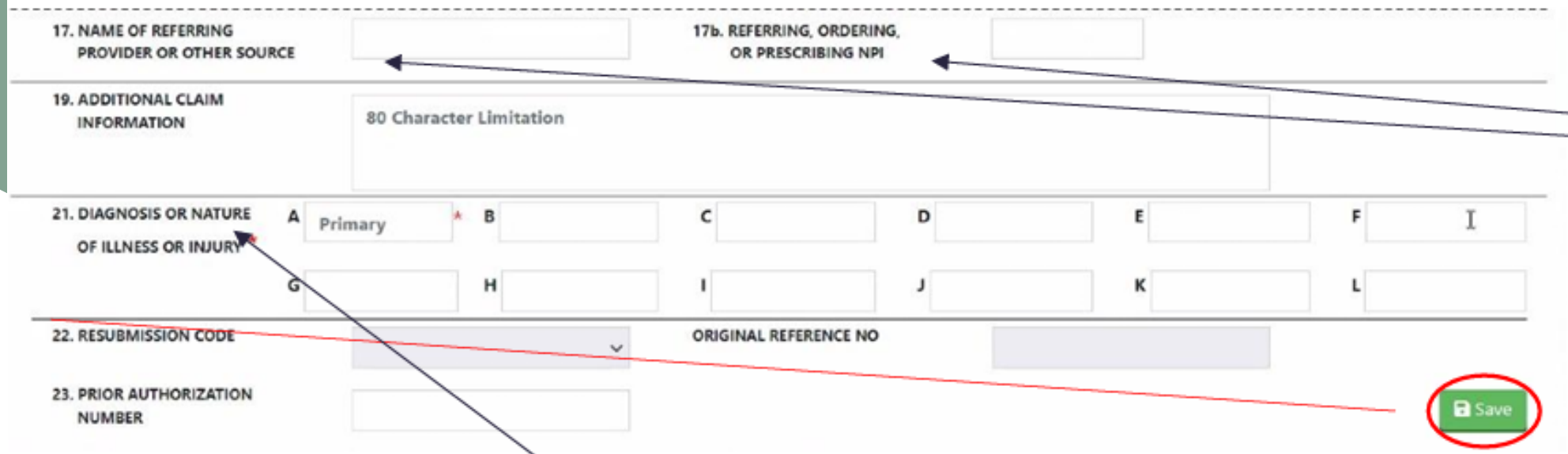
33b – Enter CHW Taxonomy Code: 172V00000X.

9 – 11d will not need to be changed for any CHW/CHR claims.

Click Save.

https://chwsd.org/wp-content/uploads/2026/07/Guide-to-Completing-CMS-1500-Form-for-CHW-CHR-2026.07.09.pdf

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17 – Enter the name of the referring provider – i.e., "Dr. Blanche Devereaux"

17b – Enter the Type 1 NPI number of the referring provider entered in 17. NPI Registry: https://npiregistry.cms.hhs.gov/search

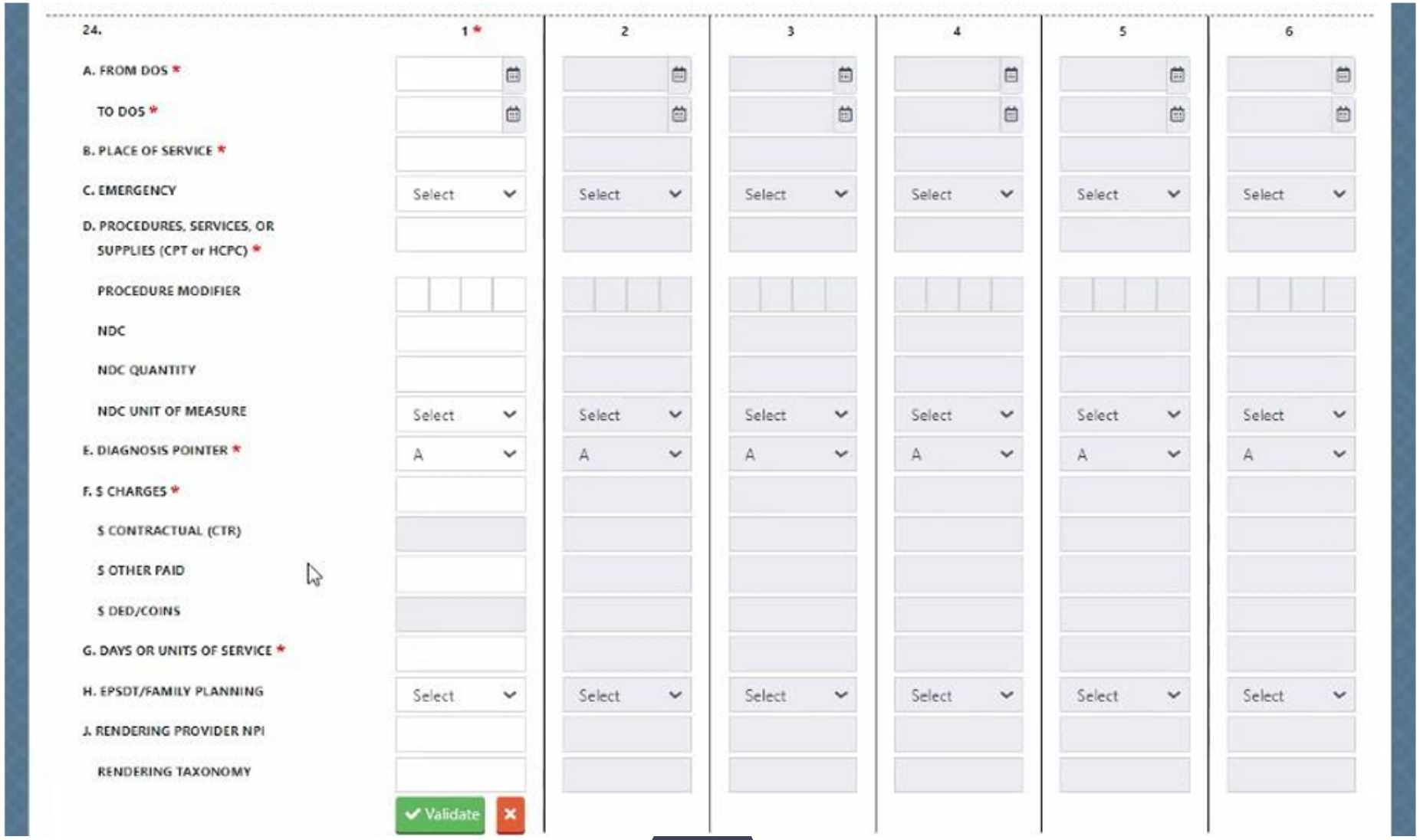
21 – Enter, at minimum, a Primary Diagnosis Code in box A. Additional secondary diagnosis codes can be added as well in boxes B through L.

Review approved Social Determinants of Health (SDoH) Diagnosis Codes using the Medicaid Diagnosis Lookup Tool - https://dss.sd.gov/medicaid/providers/diagnosistool.aspx.

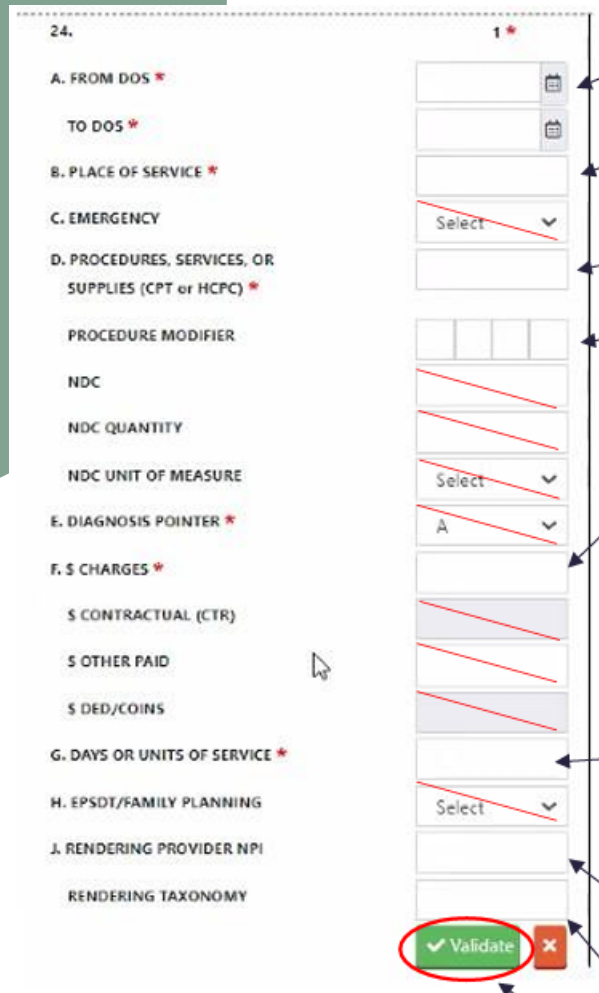
Once diagnosis code(s) have been entered, click save.

https://chwsd.org/wp-content/uploads/2026/07/Guide-to-Completing-CMS-1500-Form-for-CHW-CHR-2026.07.09.pdf

The next section provides columns to enter in multiple claims for services provided over multiple dates. The screenshot below shows the columns as displayed in the portal. See page 5 for a detailed description of how to complete this section.



https://chwsd.org/wp-content/uploads/2026/07/Guide-to-Completing-CMS-1500-Form-for-CHW-CHR-2026.07.09.pdf



24A – From Date of Service (DOS) to DOS will be the date services were provided. Services cannot extend beyond one date per column.

24B – Enter the 2-digit code for the place of service. Refer to the following link for all approved 2-digit codes for place of service: https://www.cms.gov/medicare/coding-billing/place-of-service-

24D – Enter the appropriate CPT code based on the visit:
98960 – 1 patient 98961 – 2-4 patients 98962 – 5-15 patients

24D (second line) – If applicable, enter modifier based on delivery method / referral agency type:
GT – telemedicine with audio-visual 93 – audio-only HF – SUD agency referral

24F – Based on Units of Service entered in 24G, enter charges in 24F. The following table includes the calculated amount based on the CPT code used and Units of Service:

	July 1, 2025 – June 30, 2026 DOS rates				July 1, 2026 – June 30, 2027 DOS rates			
CPT Code	1	2	3	4	1	2	3	4
98960	$34.15	$68.30	$102.45	$136.60	$34.63	$69.26	$103.89	$138.52
98961	$17.08	$34.16	$51.24	$68.32	$17.32	$34.64	$51.96	$69.28
98962	$11.95	$23.90	$35.85	$47.80	$12.12	$24.24	$36.36	$48.48

24G – Enter number of Units of Service. No more than 4 units of any combination of 98960, 98961, or 98962 are billable on a single date of service. A patient is limited to 104 units of services in a plan year from July 1 to June 30.

Units	1	2	3	4
Time	16-45 min	46-75 min	76-105 min	106 min plus

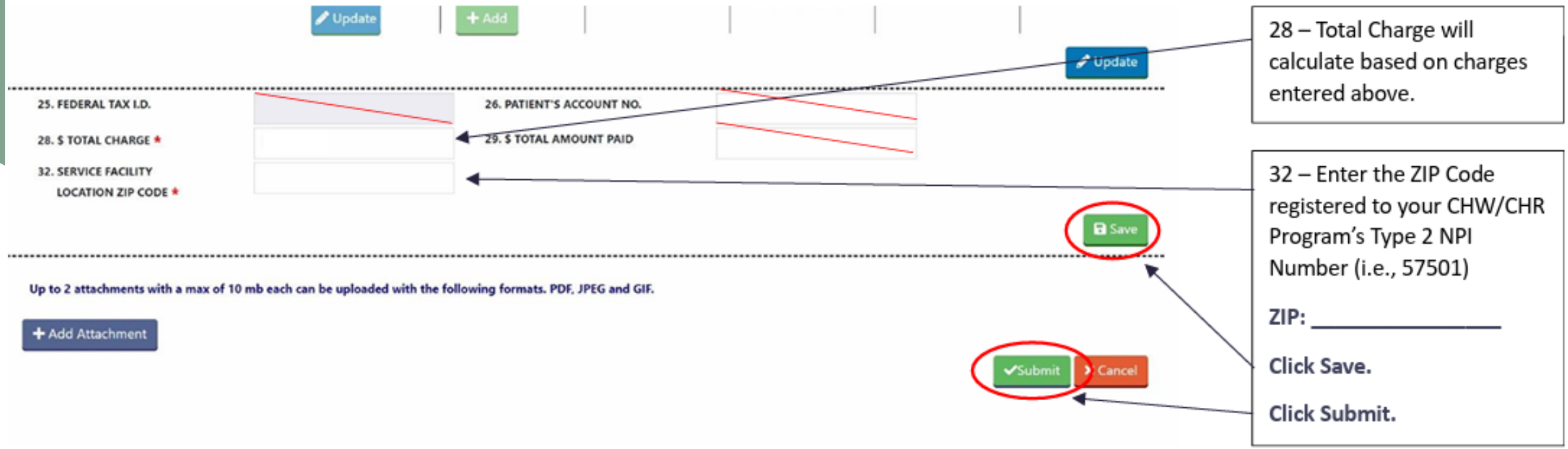
24J – Enter your CHW/CHR Program's Type 2 NPI Number as the Rendering Provider NPI.

NPI: _____

24J (second line) – Enter CHW Taxonomy Code: 172V00000X as the rendering taxonomy.
Click Validate*

*If you are submitting more than one visit for this Medicaid patient, repeat section 24 in the next column to the right for the next visit.

https://chwsd.org/wp-content/uploads/2026/07/Guide-to-Completing-CMS-1500-Form-for-CHW-CHR-2026.07.09.pdf

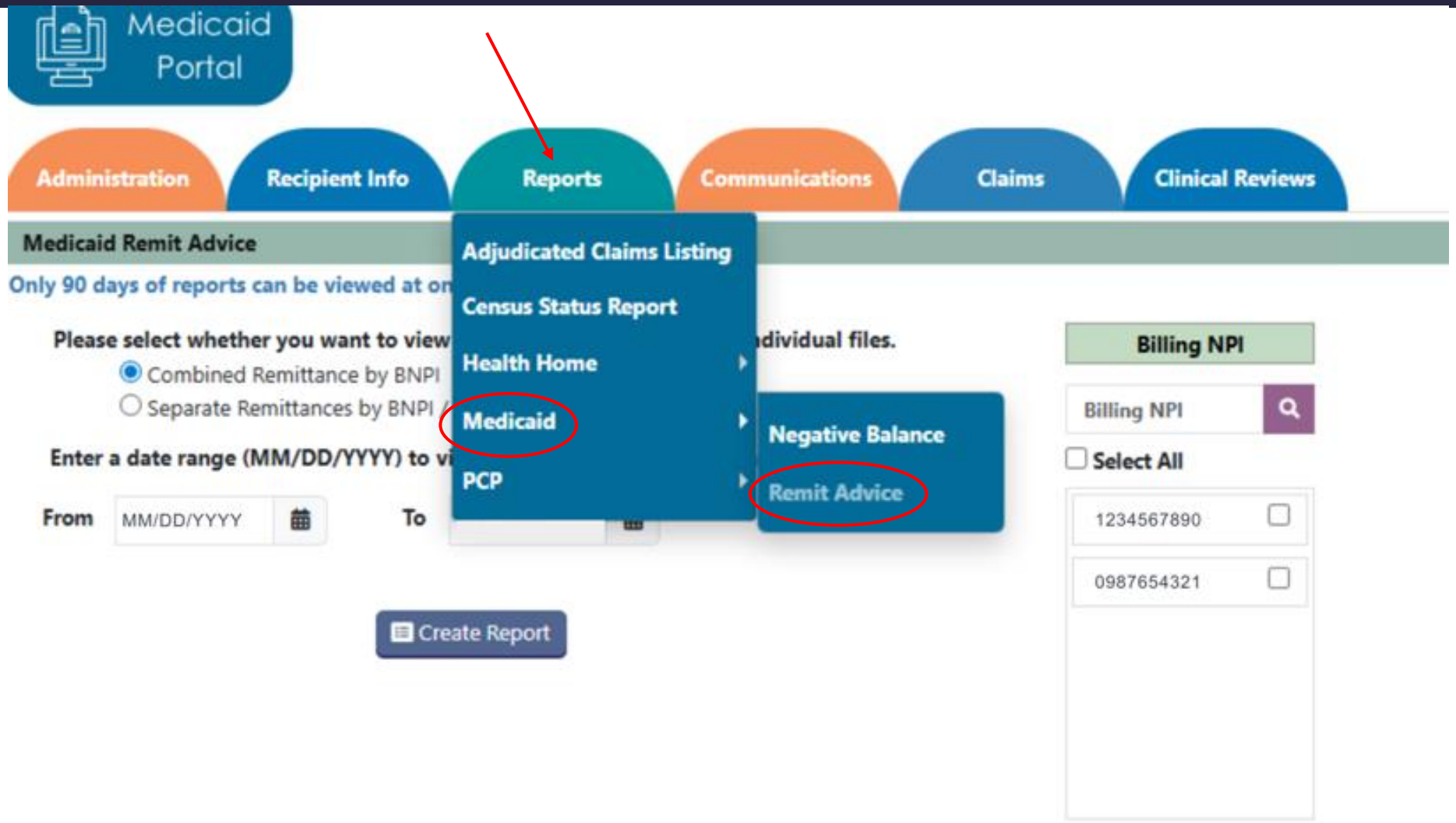


Once you click submit, you will need to review and confirm the message at the top of the page to fully submit the claim.

A claim is not considered submitted successfully to Medicaid for review until you receive a message that says: Claim saved successfully. Claim reference number: XXXXXXXXXXXXXXXXXX.

<u>Write down this claim reference number for future reference to see if your claim was accepted.</u>

Tracking Claims



Tracking Claims

Sample Tracking Form

- Medicaid Recipient ID
- Amount
- Claim Submission Date
- Claim Reference Number
- Remittance Advice (Approved or Denied)
- Reason for Denial
- Remittance Advice Date

Sample Tracking Spreadsheet:

Medicaid Recipient ID	Amount	Claim Submission Date	Claim Reference Numbe	Remittance Advice - (Approved or Denied)	Reason for Denial	Remittance Advice Date

CHWSD Resources

Use these to help jump start and sustain reimbursement!

- Organizational Readiness Assessment
- South Dakota Medicaid CHW Services Billing & Policy Manual
- Guide to Search the Patient Medicaid Eligibility Using the SD Medicaid Portal
- Guide to Getting Started in the South Dakota Billing Portal for CHW Agencies
- Guide to Completing CMS 1500 Form for CHW Claims using the SD Medicaid Portal

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THANK YOU!

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