



April 7, 2023

Nevada Medicaid Web Announcement 3048

Attention Provider Type 17, Specialty 181 (Federally Qualified Health Centers (FQHC)):

Community Health Worker Rendering Services in FQHC Setting

The Division of Health Care Financing and Policy (DHCFP) is aware of the system limitations for Community Health Workers (CHWs) rendering services exclusively within a Federally Qualified Health Center (FQHC). If a CHW is solely providing services to the Fee-For-Service (FFS) population, the CHW does not need to enroll with Nevada Medicaid as a provider. Only FQHCs seeking claims reimbursement for CHW services through Managed Care Organizations (MCOs) are impacted.

The DHCFP has worked with the MCOs to develop a temporary solution to allow CHW providers to render services in an FQHC setting while the Nevada Medicaid Management Information System (MMIS) is being reviewed for a long-term solution. The MCOs have agreed to roster CHWs working exclusively under the FQHCs, which does not require the CHWs to enroll under FFS first.

The DHCFP will continue working toward finding a resolution that complies with federal and state requirements; until then, providers are asked to follow the steps outlined below:

1. Each FQHC must ensure the CHWs employed meet the criteria set forth in the [Provider Enrollment Checklist](#).
2. The required attachments noted on the Provider Enrollment Checklist must be kept within the employee records of the FQHC in case of an audit.
 - a. Community Health Worker certificate from the Nevada Certification Board;
 - b. Supervisor's valid Nevada board license; and
 - c. Collaborative Supervision Agreement (a new Agreement must be completed upon the change of supervisor).
3. The FQHC will notify each MCO of onboarded and dropped CHWs employed within the clinic using the preferred method of communication set by the MCO.

The procedures noted above will remain in effect until further notice.

Managed Care Organizations

Below are the appropriate contacts and processes for each MCO to roster CHWs working within your FQHCs.

Health Plan of Nevada:

FQHCs with an existing HPN Medicaid contract can add CHWs to their roster by filling out the form, [Non-Hospital Based Provider Add Request Form](#).

Documentation submitted must include:

- Certification
- Supervising Collaborative Agreement

Submit information to contracting@uhc.com. CHWs must wait to receive a confirmation that they have been added to the contract before providing Medicaid services.

Silver Summit Health Plan:

To join our network please visit the link below and complete a Letter of Intent (LOI) application.

<https://www.silversummithealthplan.com/providers/become-a-provider.html>

In addition to the Council for Affordable Quality Healthcare (CAQH) or NV State Application, please submit the following at networkmgmt@silversummithealthplan.com:

- Community Health Worker certificate from the Nevada Certification Board;
- Supervisor's valid Nevada board license; and
- Collaborative Supervision Agreement (a new Agreement must be completed upon the change of supervisor).

Once LOI request is received please allow 7-10 business days for a decision to be made by the contracting committee regarding your application.

Anthem Blue Cross and Blue Shield:

The provider should visit the link to Availity and follow the directions indicated below.

- Add a provider to a current contract or request a new contract (excluding Ancillary and facilities) [Provider and Contract Enrollment https://www.anthem.com/provider/enrollment/](https://www.anthem.com/provider/enrollment/)
- Once logged into Availity, please navigate to Payor Space on the tool bar and select Anthem. This site will also provide you with a status update on your submission.
- CHWs holding certification should be submitted under their designated certification specialty. CHWs not holding certification should be submitted under the non-credentialed option.

If the group/provider has questions please direct them to submit their question through our [Contact Us Page \(https://providers.anthem.com/nevada-provider/contact-us/email\)](https://providers.anthem.com/nevada-provider/contact-us/email).

Molina Health Plan:

FQHCs with an existing Molina contract can add CHWs to their roster by contacting their Provider Representative. Even though the provider does not require credentialing, they still complete a Provider Information Form or a roster form so that we can ensure we capture all relevant information and update our Data Management system correctly for claims processing.

Molina's designee is our Provider Services team.

Email: nyproviderrelations@molinahealthcare.com

Contact Phone: (833) 685-2103 For a new FQHC that is not in the current Molina Network, please contact us: NVProviderContracting@MolinaHealthCare.Com

Please note: If CHW claims need to be backdated, please collaborate with the appropriate MCO for claims processing.