

Oregon Medicaid Reimbursement for Traditional Health Workers (THWs) FAQs



The Oregon Health Authority (OHA) has released billing guidance for THWs who wish to be reimbursed by Oregon Medicaid via fee-for-service claims billing.

This FAQ applies to Community Health Workers (CHWs), Peer Support Specialists (PSSs), and Peer Wellness Specialists (PWSs). The billing process for Birth Doula is different, and is described in our Contracted Doula Billing FAQ at PacSrc.co/doula-billing-faq, available on our Documents and Forms page at PacSrc.co/documents-and-forms. Personal Health Navigators, another THW type, are not currently eligible to bill claims.

I'm a THW associated with a provider group, and I plan to bill under the group's tax ID. Does OHA's guidance apply to me?

Yes. To be eligible for claims billing with PacificSource, CHW, PSS, and PWS providers must be associated with a provider group. Traditional Health Workers belonging to a provider group may bill as the rendering provider.

What is considered a "group"?

A "group" means physicians and/or providers organized as a single professional entity, and recognized under state law as such.

What is required of THWs in order to bill Oregon Medicaid for services?

All THWs submitting claims to Medicaid must be trained by an OHA-approved trainer (or have the necessary hours of experience according to OHA's "legacy clause"), then apply to the OHA's Office of Equity and Inclusion to become a certified Traditional Health Worker. For information on becoming a THW, see the OHA's page at PacSrc.co/oha-thw. You can also find certification and validation instructions on our Documents and Forms page at PacSrc.co/documents-and-forms.

Do THWs need to be credentialed like other providers?

THWs who are part of a contracted group must be "validated" through the Credentialing Department. Validation is a simplified version of credentialing for nonlicensed providers. You can get a Validation Application on our website PacSrc.co/mcd-prv-validation.

I'm a THW associated with a provider group. Whose billing information should be listed on the claims form?

When billing Medicaid, Traditional Health Workers should:

1. Include themselves as the rendering provider; and
2. Use the group's billing info, as claims are paid to the group rather than the rendering provider.

What are the supervision requirements for THWs?

THWs are required to have clinical oversight in order to submit claims. The supervisory provider should regularly communicate with the THW as part of the care team about the patient's care plan. However, day-to-day supervision can be provided by nonclinical staff. We recommend following best practices, which outlines that the THW supervisor(s) should have a working knowledge of the THW's role, as well as trauma-informed and/or reflective supervision training.

Licensed healthcare providers who may provide clinical oversight of THWs include:

- Physicians
- Certified Nurse Practitioners
- Physician Assistants
- Dentists
- Dental Hygienists with an Expanded Practice Permit
- PhD Psychologists
- PsyD Psychologists
- Licensed Clinical Social Workers
- Licensed Professional Counselors

For more information about this requirement, please see page 378 of OHA's Medicaid state plan: PacSrc.co/OHA-mcd-state-plan.

As a THW, will I need to have an individual National Provider Identifier (NPI) number?

Yes, all providers who render care and plan to submit claims for services must obtain an individual National Provider Identifier (NPI).

Continued >

How can I obtain an individual National Provider Identifier (NPI) number?

You may request an NPI by visiting the National Plan and Provider Enumeration System (NPPES) site at [NPPES.CMS.HHS.gov](https://www.cms.gov/nppes).

Which type of NPI do I need?

Every individual provider must have a Type 1 NPI. If the provider group where you work as a THW has a federal tax ID, the provider group will also need to have a Type 2 or "Group" NPI.

Once you and the provider group have your Type 1 and Type 2 NPI numbers, the provider group can also request a Medicaid ID.

Which taxonomy code should I use?

Select taxonomy code 172V00000X for Community Health Workers. Select taxonomy code 175T00000X for Peer Support Specialists and Peer Wellness Specialists.

Are THWs required to have a Medicaid Identification number?

Yes. The state of Oregon requires any billing or rendering provider seeking to be reimbursed via claims for services under a Medicaid benefit to enroll with OHA and obtain a Medicaid Identification number, under OAR 410-120-1260.

How do I obtain a Medicaid Identification number?

As a CCO, PacificSource Community Solutions is responsible for helping providers become enrolled. To get started, see our Medicaid Provider Enrollment FAQ at PacSrc.co/mcd-prv-faq.

Where can I find Medicaid Identification enrollment applications?

- Oregon Provider Medicaid ID Application: PacSrc.co/or-prv-mcd-id
- Oregon Organization Medicaid ID Application: PacSrc.co/or-org-mcd-id
- OHA Provider Enrollment Agreement: PacSrc.co/or-prv-enrollment

Will Medicaid pay for all of my services as a Traditional Health Worker?

The scope of a Traditional Health Worker's practice may include activities that are currently not Medicaid billable—for example, coordinating community-building events or advocating on behalf of your community for systems change. You can learn more about what Oregon Medicaid covers at PacSrc.co/oha-thw-info.

For further information, please reach out to your Provider Service Representative or your CCO region's Traditional Health Worker Liaison at THWInfo@PacificSource.com.

Helpful links

- Learn about InTouch for Providers: PacSrc.co/about-intouch-prv
- Register or log in to InTouch for Providers: PacSrc.co/prv-intouch-login
- Find your assigned Provider Service Representative: PacSrc.co/prv-service-directory
- Visit our Provider Manual: PacSrc.co/PM0623
- Explore available Provider Training and Workshops: PacSrc.co/prv-ed
- Learn how to become a Certified Traditional Health Worker with OHA: PacSrc.co/oha-thw