

Medicaid Reimbursement for Community Health Workers: A Comparative State Policy Analysis with Implications for Indiana

Julia Amstutz^{1*}, Kylie Wertz^{1*}, Michael Scanlon², Debra Litzelman^{1,2,3}

¹Indiana University School of Medicine; ²Indiana University Center for Global Health Equity;

³Regenstrief Institute; *Note: shared primary co-authors

Background: Community health workers (CHWs) promote health education, address social determinants of health, and bridge the gap between healthcare systems and underserved populations, but the lack of sustainable funding remains a challenge to greater CHW utilization. Medicaid reimbursement has been identified as a promising mechanism to fund CHWs, however, state policies vary widely. A comparative policy analysis can guide future reimbursement strategies.

Methods: We conducted a comparative policy analysis of Medicaid reimbursement for CHWs. State government websites and legal databases were searched utilizing keyword search terms related to CHWs and Medicaid reimbursement. We identified and analyzed relevant statutes, regulations, and administrative codes for reimbursement mechanisms, rates, supervision, certification, and scope of practice.

Results: 26 states currently reimburse CHWs through Medicaid; 3 states started reimbursement in the last six months. 16 states authorize payment through State Plan Amendments (SPAs), 3 use Section 1115 demonstration waivers, 10 use Medicaid managed care organization contracts, and 4 use blended strategies. 13 states require certification and supervision for reimbursement, although the supervising licensed professional can vary. The scope of practice of CHW also varies between states. There is a large range for reimbursement rates; for example, billing code 98960 currently used by 14 states varies from \$9.70 in Indiana to \$55.25 in Arizona for a 30-minute visit.

Policy Implications: This study can inform sustainable reimbursement models through Medicaid for CHWs in Indiana and other states. A SPA may be the most expedient way for Indiana to increase reimbursement for CHWs, but its narrowness and inflexibility could hinder CHWs' positive impact. The variety of strategies currently in use demonstrates that there is no single path to sustainable financing. Protocols for a set of scoping reviews will result from this comparative analysis for more in-depth investigations of key peer-reviewed and grey literature.