



# Understanding Billing for CHW Services in MN – Medicare and Medicaid

Minnesota Department of Health | Health Care Home Learning Collaborative Webinar

June 5, 2024, Noon -1pm

PROTECTING, MAINTAINING AND IMPROVING THE HEALTH OF ALL MINNESOTANS

# Kristen Godfrey Walters

Kristen Godfrey Walters (she/her) is the Community Health Worker Training Program (CHWTP) Director in the Health Promotion and Chronic Disease Division of the Minnesota Department of Health, where she has oversight of the state and federally funded CHW Initiatives in close partnership with the MN CHW Alliance to support the enhancement of the CHW workforce in MN.

Previously, Kristen worked with a safety-net healthcare system in MN for over 12 years, where she led the integration and growth of CHW programs and services within health care home certified clinics, the ED, hospital, community, and home visiting settings to extend the reach of the health system into the community and to address social determinants of health.

Kristen's experience also includes working at the Minneapolis Health Department on SHIP healthcare initiatives, as adjunct faculty for the St. Catherine University Community Health Worker certificate program, serving as the Minnesota Public Health Association President, and as Clinic Operations Chair for the Phillips Neighborhood Clinic, a free student-run clinic in a medically underserved area of Minneapolis. Kristen holds a master's of public health administration and policy and a bachelor's of business, life sciences and public health from the University of Minnesota.



# Ann Nyakundi

## MN CHW Alliance



Ann Nyakundi is a seasoned professional with nearly 20 years of experience spanning frontline staff to healthcare leadership roles across a variety of community health, clinical, and health policy settings. *Her commitment to improving population health is deeply personal, rooted in her own early childhood experiences with poverty and lack of access to healthcare. These experiences have driven her to strive to make a lasting impact in population health and health equity.* She is proud to have served the community through a variety of local and national non-profits, public health agencies, community health clinics, and large hospital-based care systems.

Ms. Nyakundi holds a Bachelor's degree in Spanish and Medical Anthropology from the University of Michigan-Ann Arbor, and executive business, fundraising, and healthcare education from the University of Minnesota and University of St. Thomas. She is credited with leading efforts to integrate CHWs in primary care settings across small and large clinical settings. She served as a national expert for AHRQ on CHWs in primary care and is the Executive Director of the Minnesota Community Health Worker Alliance. She enjoys traveling, studying history, and the blissful moments that create joy in life.

# Eric Snyder

## Excelsior Bay Group



Eric leads the Excelsior Bay Group's nonprofit strategy and philanthropic advisory practices. Prior to joining the firm, he spent 10 years at Optum (a UnitedHealth business) where he led teams focused on innovation, product development and product management/evaluation.

He acquired his non-profit management experience while serving as the executive director of the Medical Technology Leadership Forum, an organization that facilitates policy discussions between the medical industry, government regulators and academia.

Eric also had the opportunity to launch and lead PrimeWest Health System, a Medicaid managed care organization (MCO) owned and managed by a consortium of counties in central and western Minnesota. At the time of its inception, PrimeWest was responsible for the health care of 10,000 Medicaid enrollees in its participating counties.

Eric is a charter board member of Community for the Commons – a conservancy established for the benefit of Excelsior, Minnesota's historic Commons park. In addition, he has served in governance roles for a number of organizations including Maria's Voice, the Excelsior Parks Commission, FairVote Minnesota and ResourceWest. He holds an MBA and a Master's in Public Affairs from the University of Minnesota and a Bachelor's degree in English from the University of Nebraska.



**EXCELSIOR BAY GROUP**  
FUNDRAISING AND PHILANTHROPIC ADVISORS

# Megan Nieto

## CHW Solutions

Megan N. (she/her/ella) is Co-Founder of CHW Solutions. Her expertise is in direct supportive services for families facing lead poisoning, healthy homes, asthma, and other chronic health conditions.

Megan's professional experience includes serving as the Director of Community Health Programs at a community-based organization and as a Community Lead Educator. Supportive services expertise includes in-home visiting, resource referral and connection, clinical lead testing services, and case management. In these roles, Megan developed contracts with health insurance companies, and low-cost mechanisms for processing claims, so her organization could supplement its grant-funded efforts with insurance payment income.

Megan has a Bachelor of Science degree in Biology from St. Cloud State University and is bilingual in Spanish/English. She also received her Community Health Worker certificate in 2017 from Northwest Technical College in Bemidji. Megan currently teaches the Minnesota CHW Certificate courses — in English and Spanish — as an online instructor at St. Mary's University in Minnesota.



# Megan Ellingson

## CHW Solutions



Megan E. (she/her) is Co-Founder of CHW Solutions. Her expertise is in collaborative planning and implementation to address health issues requiring both clinic and community approaches.

Megan's professional experience includes serving as a Health Policy and Program Coordinator at the Minneapolis Health Department, and as a Department Manager in women's services and pastoral care at Intermountain Healthcare. Her direct patient care experience includes serving as a Patient Advocate at MayView Community Health Center, as a Care Guide in late-life supportive care at Allina Health, and as a hospice volunteer with her therapy cat at HealthPartners.

Megan has a Bachelor's Degree in Human Biology and Medical Anthropology from Stanford University, and a Master's Degree in Healthcare Administration and Financial Management from the University of North Carolina, Chapel Hill. She also obtained her Minnesota CHW certificate from Northwest Technical College in 2018. Megan currently teaches the Minnesota CHW Certificate courses as an online instructor at St. Mary's University in Minnesota.

# Learning Objectives

After the webinar, participants will be able to:

1. Describe the role, scope and training of CHWs in MN
2. Describe the new Medicare Physician Fee Schedule Billing Codes and services for CHWs
3. Describe opportunities for billing for CHW services through Minnesota Health Care Programs (MHCP)
4. Locate resources and billing information for Medicare (CMS) and MHCP coverage of CHW services

# CHW/CHR Definitions

“A **Community Health Worker (CHW)** is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the CHW to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.

A CHW also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy.”

- American Public Health Association

**Community Health Representatives (CHR)** are the frontline workforce focusing on improving Social Determinants of Health (SDOH) for underserved populations to decrease health inequities across the country using a community-based approach.

- Indian Health Services



# CHW Impact

## CHWs can help improve:

- chronic disease control
- mental health
- healthy behavior
- health disparities



## CHW effectiveness shows a reduction in:

- Emergency room use
- Hospitalizations
- Health care spending

**3:1 net return on investment**

**Improve patients' perceived quality of care**



**Positively impact provider satisfaction**



**Quadruple Aim**

# MDH Health Care Home Certification and Recertification Level Progression



## Foundational Level

*Current Standards*

- Clarify definitions and language
- Update recertification timeline to match legislative change



## Level 2

### Accountable Care for Populations

*Builds upon Foundational Level*

- Strengthen care coordination systems and partnerships across the medical neighborhood and community support system**
- Enhance whole person integrated care models** (behavioral/mental health, oral health, public health)
- Promote wellness, early intervention, and prevention**
- Strengthen patient and caregiver engagement**
- Screen, identify and address social determinants**
- Expand registry work to include identification of health inequities and social needs, chronic conditions, and those with emerging risk for chronic conditions
- Augment cultural competency**
- Enhance access**
- Enhance referral network to include traditional and non-traditional resources**
- Identify patient education opportunities**
- Strengthen follow-up with referrals, admissions, discharges, transfers**



## Level 3

### Community Integrated Health Care

*Builds upon Foundational and Level 2*

- Integrate into a community health network
- Focus on population and community health**
- High and continuously improving quality through a learning health system
- Focus on community health improvement**
- Use data analytics to collaborate on community health data**
- Expand care coordination team to community**
- Secure exchange of information with clinical and community partners
- Develop shared care management processes

Source: MDH, 2023

# CHW Scope of Practice and Health Care Homes



Minnesota  
Community  
Health Worker  
Alliance

**Ann Nyakundi, Executive Director**  
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**June 5, 2024**





# Minnesota Community Health Worker Alliance

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Our Structure: Non-Profit, Statewide *Partnership* to Advance Health Equity  
“Nothing About Us, Without Us”

**Mission: Build community and systems capacity for better health through the integration of community health worker (CHW) strategies.**

**Scholarships, Apprenticeships, Grants, CHW Training, Employer Roundtables, CHW Certificate Curriculum, Technical Assistance, Student and Career Resources**



# Announcements

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- **CHW Certificate Curriculum Review Underway**
  - Emphasis on the alignment with the CHW billing legislation
  - Timeframe: Summer 2024
- **Accepting CHW Scholarship Applications for Fall 2024**
  - Priority Deadline: July 7
  - Up to \$3,720 per student
- **Accepting Registered Apprenticeship Sites**
  - \$7,500 stipend per CHW
- **Visit our website for more info: [www.mnchwalliance.org](http://www.mnchwalliance.org)**

# **MIN CHW Scope of Practice**

# Regulation of CHW Scope in Minnesota

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- ❖ Currently, there is no regulatory entity that enforces compliance or defines professional standards. This, in part, is due to concerns about the extent of supervisory responsibilities and boundaries for CHWs.
- ❖ However, there is payment regulation in place with Medicare and MHCP for health professional services provided by CHWs.
- ❖ With the release of the 2024 Physician Fee Schedule, there is an emerging opportunity to revisit regulation both in terms of the scope of what is reimbursed in Minnesota as well as further clarity about professional standards and supervisory matters.
- ❖ **The Alliance has been funded in 2024-2029 to bring stakeholders together in collaboration with MDH to further define and advance the CHW profession including revisiting professional and payment regulation.**

# Education and Training Requirements/Resources

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**Education:** The Alliance co-manages a state-wide standardized curriculum, which includes approximately 14-17 credits from post-secondary institution including credits for an internship at approved site:

- Role, Advocacy and Outreach
- Cultural Health Communications
- Teaching and Capacity Building
- Documentation, Legal, and Ethical Responsibilities in Community Health
- Health Promotion Competencies
- Internship

Training: Internship (80 hours) and Apprenticeship\* (12 months)





Bridge	Bridge the Gap Between Communities and Systems
Navigate	Navigate Health and Human Services
Advocate	Advocate for Individual and Community Needs
Provide	Provide Direct Patient/Client Services
Build	Build Individual and Community Capacity

# Standard 1: Ensure continuous patient access and effective communication.

- **Requirement** - Access and Communication (Requirements: 1.1, 1.2, 1.3, 1.4, 1.5, 1.6)
- **CHW Role:** CHWs enhance patient-provider communication by acting as a bridge between patients and the health system. They educate patients on how to access services and provide culturally relevant communication, thus ensuring that patients understand and engage with their care plans.
- **Curriculum:**
  - Health Communication, Teaching and Capacity Building (3 credits)
  - The Community Health Worker: Role, Advocacy, Outreach and Resources (3 credits)
  - Internship (2 credits)
    - Apprenticeship

Standard 3:  
Implement  
systematic care  
coordination to  
manage patient  
care, including  
referrals, follow-  
ups, and  
transitions  
between care  
settings.

- **Requirement - Care Coordination**  
(Requirements: 3.1, 3.2, 3.3, 3.4, 3.5, 3.6, 3.7, 3.8, 3.9)
- **CHW Role:** CHWs navigate patients through the health system, assist with scheduling appointments, follow up on care plans, and ensure patients adhere to treatments. They also help identify social determinants of health that may impact care.
- **Curriculum:**
  - Health Communication, Teaching and Capacity Building (3 credits)
  - Documentation, Legal, and Ethical Issues in Community Health Work (3 credits)
  - Internship (2 credits)
    - Apprenticeship

Standard 3:  
Establish and  
maintain  
partnerships  
with community  
resources to  
support whole-  
person care.

- **Requirement** - Care Coordination  
(Requirement: 3.7)
- **CHW Role:** CHWs identify and map community resources, provide referrals to social services, and connect patients with community-based support.
- **Curriculum:**
  - The Community Health Worker: Role, Advocacy, Outreach and Resources (3 credits)
  - Internship (2 credits)
    - Apprenticeship

Standards 1 and 4: Engage patients in their care plans through shared decision-making and self-management education.

- **Requirements** - Access and Communication (Requirement: 1.6); Care Plan (Requirement: 4.1)
- **CHW Role:** CHWs educate patients about their conditions, teach self-management skills, and empower patients to participate actively in their care. They provide personalized education based on cultural and linguistic needs.
- **Curriculum:**
  - Health Communication, Teaching and Capacity Building (3 credits)
  - Health Promotion Competencies (5 credits)
  - Internship (2 credits)
    - Apprenticeship

Standard 5: Use data to inform quality improvement efforts and track patient outcomes.

- **Requirement** - Reporting and Quality Improvement (Requirements: 5.1, 5.2, 5.3, 5.4, 5.5, 5.6, 5.7)
- **CHW Role:** CHWs collect and report data on patient interactions, barriers to care, and outcomes, which can be used to inform HCH quality improvement initiatives.
- **Curriculum:**
  - Documentation, Legal, and Ethical Issues in Community Health Work (3 credits)
  - Internship (2 credits)
    - Apprenticeship

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THANK  
YOU

# Medicare and Minnesota Health Care Program (MHCP) 2024 Expansion of Coverage for CHW Services

- **New services covered by Medicare in 2024** to address health-related social needs including SDOH Risk Assessment, Community Health Integration, and Principal Illness Navigation Services.
  - First CMS codes for services involving CHWs
  - Special provisions for FQHCs to bill CMS and for personnel employed by CCHs/CBOs to provide these services under general supervision of a CMS billing practitioner
- **The Minnesota Department of Human Services (DHS) Minnesota Health Care Programs (MHCP)** has covered CHW health education services since 2009.
- **As of 2024, MHCP will cover new** SDOH related services defined by Medicare and performed by CHWs.
  - Services added to the MHCP CHW Provider Manual include Community Health Integration services
  - Other Medicare codes covered but not specifically outlined in the CHW section of the manual include Principal Illness Navigation and SDOH Risk Assessment



# FEE-FOR-SERVICE MEDICARE

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# MEDICARE SERVICE MODEL (NEW AS OF JAN 2024)

## Eligibility / Covered Services

- CHW services are eligible for reimbursement when they are ordered and overseen by the physician or nonphysician practitioner who manages the patient in the community.
- Specifically, CMS rules state that **Community Health Integration (CHI)** services are eligible for reimbursement when provided by “auxiliary personnel, including CHWs” who render services “incident to” and under the “general supervision” of a **billing practitioner**.

## CHI Services

- Under CMS rule, CHI services consist of activities to address SDoH needs that are significantly limiting the practitioner’s ability to diagnose or treat problems. These include:
  - A person-centered assessment
  - Practitioner-, home- and community-based care coordination
  - Health education
  - Building patient self-advocacy skills
  - Healthcare access/health system navigation
  - Facilitating and providing social and emotional support
  - Leveraging lived experience, when applicable

# MEDICARE SERVICE MODEL (NEW AS OF JAN 2024)

## Initiating Visit / Required Orders

- Prior to the delivery of CHI services, a patient must take part in a pre-requisite **CHI Initiating Visit** with their regular primary care practitioner (billing practitioner). The visit is conducted during an evaluation and management (E/M) appointment and is performed by the billing practitioner who will also furnish the CHW services in subsequent calendar months.
- During the CHI initiating visit, the billing practitioner identifies SDOH needs that significantly limit the practitioner's ability to diagnose or treat the patient. The focus of the CHI plan is to address the specific SDOH needs that were identified.\*

*\*SDOH assessment tools should be tested and validated through research and include domains for food insecurity, housing insecurity, transportation needs and utility difficulties.*

## Service Provision

- The auxiliary personnel delivering CHI services must be certified or trained to perform all service elements and authorized under applicable State law and regulations.
- Billing practitioners can provide CHI services “in-house” or through contracts with Community Based Organizations (CBOs)

# MEDICARE SERVICE MODEL (NEW AS OF JAN 2024)

## Diagnosis Codes

- ICD -10 Z codes used to document SDOH barrier(s)

## Units of Service / Billing Codes

- CHI services are billed on a monthly basis by the billing practitioner
- The initial unit of CHI service is a duration of 60 minutes of service per calendar month and can be billed under “G Code” G0019
- Subsequent time in the calendar month can be billed in 30-minute increments under the “add-on” G Code of G0022.
- There is currently no frequency limit on code G0022, as long as time spent is reasonable and necessary.
- CMS does not provide billing codes or reimburse for CHI services provided in a group setting

## Claims Submission and Reimbursement

- CHI services must be provided incident to the professional service of a physician or statutorily qualified practitioner, who must bill for those services
- Auxiliary personnel who provide these services must be under the (general) supervision of the billing practitioner.
- Currently, reimbursement rates for CHI services are understood to be as follows:
  - G0019 – Initial first hour of first visit per month - \$79 per hour
  - G0022 – subsequent encounters - \$49 per subsequent 30 minutes

## Status

- CHI services are currently available to individuals enrolled in Minnesota Health Care Plans (MHCP).

*Note: Recent reports published by ASTHO and NARHC indicate that G Code G-0511 is now available to use for CHI services. (G0511 – national payment amount is ~\$77.) “Changes to 2024 Medicare Physician Fee Schedule for CHI Services” Policy Cheat Sheet, ASTHO, April 9, 2024, “CMS Finalizes 2024 Regulatory Updates” National Association of Rural Health Clinics, 11/7/2023.*

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# Overview of Minnesota Health Care Program (MHCP) Billing for Community Health Worker (CHW) Services

— June 5, 2024 —  
Noon – 1 pm



CHW Solutions



# CHW Solutions

Community Health Worker services made easy



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# Learning Objectives

## Participants will:

1. Be familiar with billing requirements outlined in the DHS MN Health Care Program (MHCP) CHW Provider Manual
2. Understand how to bill CHW services for MHCP recipients
3. Know where to go for further technical assistance and claims troubleshooting support



# CHW Solutions

Community Health Worker services made easy

- Launched in 2016
- Based in St. Paul with a statewide service area
- Dedicated to developing sustainable models for Community Health Worker (CHW) services
- Service buckets
  - Direct CHW services
  - Clinical oversight and claims submission
  - Technical assistance and consulting



# Agenda

- Overview of CHW services
- DHS Provider Manual Basics
- Enrolling CHWs with DHS
- Delivering billable services
- Documenting services and billing data points
- DHS compliance
- Submitting CHW claims
- Troubleshooting rejected and denied claims
- Communicating with DHS and the health plans



# Overview of CHW Services

- A community health worker (CHW) is a trained health educator who works with Minnesota Health Care Programs (MHCP) members who may have difficulty understanding providers due to cultural or language barriers.
- CHWs extend the reach of providers into underserved communities, reduce health disparities, enhance provider communication, and improve health outcomes and overall quality measures.
- Working in conjunction with primary care providers, CHWs can bridge gaps in communication and instill lasting health knowledge.
- CHW services are a diagnosis-related medical intervention, not a social service.
- CHWs providing diagnosis-related patient education services to enrollees of managed care organizations (MCOs) must contact the MCOs for enrollment requirements and coverage policies.
- CHW services that provide patient education for health promotion and disease management are covered if provided under the supervision of a physician, dentist, advanced practice registered nurse (APRN), certified public health nurse (PHN), mental health (MH) professional or registered nurse.



# DHS Provider Manual

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**KEEP  
CALM  
&  
FOLLOW  
THE RULES**

# DHS Provider Manual Basics

- The online MHCP Provider Manual is your primary information source for MHCP coverage policies, rates and billing procedures and is updated on an ongoing basis
- As a provider, you are responsible to check frequently for updates, changes, and additions
  - U9 modifier for groups >8
  - 95 modifier for telehealth service delivery
- [Community Health Worker has its own section](#)
- DHS Provider Call Center
  - 651-431-2700
  - 800-366-5411

Find in Table of Contents:

- Table of Contents
- Member Evidence of Coverage (EOC)
- MN-ITS User Manual
- Minnesota Provider Screening and Enrollment Manual (MPSE)
- Latest revisions to this Manual
- Provider Basics
- COVID-19
- Acupuncture Services
- Ambulatory Surgical Services
- Anesthesia Services
- Behavioral Health Home Services
- Certified Community Behavioral Health Clinic (CCBHC)
- Child and Teen Checkups
- Chiropractic Services
- ▶ Clinic Services
- Community Emergency Medical Technician (CEMT) Services
- Community Health Worker**
- Community Paramedic Services
- CW-TCM
- Day Training & Habilitation (DT&H)
- ▶ Dental Services
- ▶ Early Intensive Developmental and Behavioral Intervention (EIDBI)
- EW and AC
- ▶ Equipment and Supplies
- Essential Community Supports (ECS)
- HCBS Waiver Services
- Hearing Aid Services
- ▶ Home Care Services
- Hospice Services
- ▶ Hospital Services
- Housing Stabilization Services
- Housing Support Supplemental Services
- ICF/DD
- IEP
- Immunizations and Vaccinations
- Inpatient Hospital Authorization

## Community Health Worker (CHW)

Revised: July 29, 2020

- [Overview](#)
- [Eligible Providers](#)
- [Eligible Members](#)
- [Covered Services](#)
- [Noncovered Services](#)
- [Billing](#)
- [Definitions](#)
- [Legal References](#)

### Overview

A community health worker (CHW) is a trained health educator who works with Minnesota Health Care Programs (MHCP) members of providers into underserved communities, reduce health disparities, enhance provider communication, and improve health outcomes in communication and instill lasting health knowledge.

CHW services are a diagnosis-related medical intervention, not a social service.

CHWs providing diagnosis-related patient education services to enrollees of managed care organizations (MCOs) must contact the MCO.

CHW services that provide patient education for health promotion and disease management are covered if provided under the supervision of a mental health (MH) professional or registered nurse.

### Eligible Providers

Providers must have a valid certificate from the Minnesota State Colleges and Universities (MnSCU) demonstrating that the applicant is screened following the MHCP [provider screening requirements](#) at the time of enrollment and once within every five years to maintain enrollment.

Currently enrolled CHWs must inform the Department of Human Services (DHS) of their affiliation with dentists, ARPNs, certified PHNs, or other providers by completing and faxing a signed [Individual Practitioner MHCP Provider Profile Change Form \(DHS-3535\)](#) or by completing and faxing a signed [Individual Practitioner MHCP Provider Profile Change Form \(DHS-3535\)](#).

MHCP requires CHWs to enroll so they are represented on a claim as the provider who provided the services. During the enrollment process, CHWs must provide a National Provider Identifier (NPI) if the CHW does not have a National Provider Identifier (NPI).

Enrolled CHWs are considered a non-pay-to provider but must be listed on the claim as the individual who rendered the CHW services. For more information, see [provider enrollment status for CHWs](#).

# Enrolling CHWs with DHS

- Provider requirements
  - CHWs must have already completed the Minnesota certificate course
  - Apply for a Type 1 [NPI number](#) (“MHCP requires CHWs to enroll so they are represented on a claim as the provider who provided the services. During the enrollment process, Provider Enrollment will assign the CHW worker a Unique Minnesota Provider Identifier (UMPI) if the CHW does not have a National Provider Identifier (NPI).” – *MHCP Provider Manual*)
  - Complete the following enrollment forms
    - MHCP Provider Agreement ([DHS-4138](#))
    - MHCP Enrollment Application ([DHS-4016](#))
    - MHCP Applicant Assurance Statement ([DHS-5308](#))
    - MHCP Provider Assurance Statement for Telemedicine ([DHS-6806](#))
  - Fax the forms along with a copy of the CHW certificate to DHS: 651-431-7462
  - If CHW is already enrolled with DHS with a different entity, complete [DHS-3535](#)
- DHS will confirm provider enrollment with a Welcome Letter sent USPS
- If they need more information or to clarify something, they will ask for that information by sending a letter USPS

# Delivering Billable Services

- **Health Education**
  - Culturally and linguistically appropriate for patients
- **Self-Management Skill Building**
  - Lifelong healthy habits
  - Acquiring skills to manage chronic conditions
- **Community Resource Connections**
  - To support self-management and address health related social needs



# Documenting Services and Billing Data Points (DHS Compliance)

## Required Documentation

Include the following in the member's record:

- An order for services signed by an MHCP-enrolled physician, APRN, dentist, mental health professional or non-enrolled registered nurse or public health nurse working for an enrolled organization. The order must specify the number of units ordered and whether group or individual services
- Documentation of the patient education plan or training program used by the CHW
- Documentation of periodic assessment of the member's progress and need for ongoing CHW services
- Documentation of the following:
  - Date of service
  - Start and end time for the service
- Whether the service was group or individual and if group, number of patients present, summary of the session's content,
- CHW's signature and printed name



# Submitting CHW Claims

- Submit claims electronically using 837p and the CMS 1500
- Use the hospital's, clinic's, physician's, APRN's, public health nursing organization's or mental health professional's National Provider Identifier (NPI) as the pay to provider
- CPT Codes for CHW reimbursement
  - a. 98960 self-management education & training, face-to-face, 1 patient
  - b. 98961 self-management education & training, face-to-face, 2–4 patients
  - c. 98962 self-management education & training, face-to-face, 5–8 patients
  - d. For groups with more than 8 patients, use 98962 with the U9 modifier
- Bill in 30-minute units: limit 4 units per 24 hours; no more than 24 units per calendar month per recipient
- Bill separate lines for each day service is provided (only one calendar month of service per claim)
- Enter appropriate diagnosis code (z71.89 “Other Specified Counseling” very commonly used)
- Enter the non-pay NPI of the CHW, who provided the services, as the rendering provider
- When appropriate, enter the UMPI or NPI of the provider who wrote the order and signed for the services, as the ordering provider (MNITS will require this)



## HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 03/05

PICA			
1. MEDICARE <input type="checkbox"/> (Medicare #)		MEDICAID <input type="checkbox"/> (Medicaid #)	
TRICARE CHAMPUS (Sponsor's SSN) <input type="checkbox"/>		CHAMPVA (Member ID) <input type="checkbox"/>	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)		3. PATIENT'S MEDICAL ASSISTANCE OR MINNESOTA CARE AS PRIMARY <input type="checkbox"/>	
5. PATIENT'S ADDRESS (No., Street)		6. PATIENT'S STATUS (Self, Spouse, Child, Other)	
CITY		STATE	
ZIP CODE		TELEPHONE (Include Area Code)	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		10. IS OTHER INSURED'S POLICY OR GROUP NUMBER THE SAME AS THIS POLICY OR GROUP NUMBER? <input type="checkbox"/>	
11. OTHER INSURED'S DATE OF BIRTH		11. SEX	
MM / DD / YY		M <input type="checkbox"/> F <input type="checkbox"/>	
12. EMPLOYER'S NAME OR SCHOOL NAME		13. IS THIS EMPLOYER OR SCHOOL THE SAME AS THE EMPLOYER OR SCHOOL NAMED ON THE POLICY OR GROUP NUMBER? <input type="checkbox"/>	
14. INSURANCE PLAN NAME OR PROGRAM NAME		15. IS THIS INSURANCE PLAN OR PROGRAM THE SAME AS THE INSURANCE PLAN OR PROGRAM NAMED ON THE POLICY OR GROUP NUMBER? <input type="checkbox"/>	
16. READ BACK OF FORM BEFORE COMPLETING & SIGNING. I authorize the release of information to process this claim. I also request payment of government benefits either to myself or to the insured below.			
17. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE		18. DATE	

# Electronic Claims Submission

## Use the CMS 1500 when:

- Billing a health plan for a patient who has Medical Assistance or MinnesotaCare as primary
- Billing a health plan for a patient who is Dual Eligible.
  - Medicare is primary
  - Medical Assistance is secondary
- Multiple online clearinghouses available to help process claims
  - [MN E-Connect](#) (free)

## Use MN-ITS when:

- Billing DHS for a fee-for-service patient who has Medical Assistance as primary
- Billing DHS for a fee-for-service patient who is Dual Eligible

# Identifying Billable CHW Services and Steps to Sustainability

- Detailed list of possible eligible services developed by the Healthy Communities Taskforce (funded by GTCUW/Medtronic)
  - Understanding diagnosis, treatment, medication, complications, self-management, risk factors, prevention, screening
  - Self-management of health conditions and health education
  - Wellness, prevention, immunizations, nutrition and other health promotion activities
  - Non-disease-specific patient education for prevention and health promotion
  - Culturally appropriate communication, patient engagement and patient education between providers and their patients
- 60% to 70% (on average) of a CHW's time needs to be face-to-face with pts in order to be sustainable
- Scripting can help CHWs become comfortable with using a tablet or laptop while still at a patient's home
- Additional IT and HIPAA considerations when documenting outside of the office

NOTE: MHCP does not cover social services such as enrollment assistance, case management or advocacy delivered by a CHW

# Meeting the Requirements

- Contract with or become an Enrolled Organization with DHS
- Establish contracts with health plans or contract with an organization with existing contracts that can submit claims on your behalf
- Have an order for services signed by an MHCP-enrolled provider
  - Standing order
  - Patient-specific order
- Identify a supervising provider
- Maintain documentation of the best practices, patient education plan or training program used by the CHW
- Documentation of the Data Points
  - Date of service
  - Start and end time of the service
  - Whether the service was group or individual and if group, number of patients present, summary of the session's content, and the CHWs signature and printed name
- Documentation of periodic assessment of the recipient's progress and need for ongoing CHW services (keep in mind the services must be medically necessary)

# Standing Orders

- Standing orders are used to deliver services to an identified population that meet at-risk criteria, without necessarily seeing a clinical provider first.
- “Standing orders are often based on national clinical guidelines, but practices may customize those guidelines based on their own patient population or care environment.”\*
- Standing orders include:
  - How at-risk clients are identified and criteria for clients to be served (define at-risk population and how clients will be identified)
  - How best practice services will be delivered to at-risk clients
  - Ordering provider signature
- What standing orders are not:
  - Standing orders are NOT a way to deliver general CHW services to everyone

\*University of California, San Francisco’s Center for Excellence in Primary Care <http://cepc.ucsf.edu/standing-orders>



# Troubleshooting Rejected and Denied Claims

- Rejected claims: contains one or more errors found before the claim was processed
- Denied claims: claims that were received and processed by the payer and deemed unpayable
- Become familiar with [claim adjustment reason codes](#)
  - 45 - “Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement”
  - 18 - “Exact duplicate claim/service”
  - 29 - “The time limit for filing has expired”
- Support
  - DHS and health plan Provider Call Centers



# CHW Solutions

Community Health Worker services made easy



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# Key Takeaways

- ❖ Evidence shows CHWs impact health outcomes, health disparities, cost, & quality
- ❖ CHWs play key roles that align with the HCH model and certification guidelines and help organizations advance to level 2 & 3 progression levels
- ❖ Billing codes available for CHW services provide reimbursement in alignment with the role and scope of CHWs in MN
- ❖ HCH clinics can support the integration and expansion of CHWs within care teams through billing & reimbursement as well as through cost savings from value-based care models
- ❖ There is a robust structure in MN to support CHW education, training, supervision, measurement, and financing

# Q&A

- **What successes/lessons learned do you have to share related to billing for CHW services?**
- **What opportunities do you see for HCH Clinics?**
- **What barriers do you anticipate?**
- **What additional resources or support are needed?**





# Medicare Billing Resources

## Partnership to Align Social Care

- HRSN Codes Implementation Resources: <https://www.partnership2asc.org/implementation-resources/>
- The Medicare Physician Fee Schedule (PFS) Includes Codes to Address HRSNs...What Happens Next? [Webinar]
  - Recording: [https://us06web.zoom.us/rec/play/cuuEr\\_VSCmDPRa4KRQEkqSHwdsxSW3l1UPM7jCFWJRhqdVxa63GObbrPsf\\_uxMWAUybCAb8XpbIh2jyr.63cMV5kNxCe-iyZz?canPlayFromShare=true&from=share\\_recording\\_detail&continueMode=true&componentName=rec-play&originRequestUrl=https%3A%2F%2Fus06web.zoom.us%2Frec%2Fshare%2FbX0lrqvLcLs7GntO0SfJ8FTGRu8aZeg\\_Y4NaAi8nVOWTFSBG40AvOjxWdiQUL\\_IK.xjR8PPFJOEkwS7qz](https://us06web.zoom.us/rec/play/cuuEr_VSCmDPRa4KRQEkqSHwdsxSW3l1UPM7jCFWJRhqdVxa63GObbrPsf_uxMWAUybCAb8XpbIh2jyr.63cMV5kNxCe-iyZz?canPlayFromShare=true&from=share_recording_detail&continueMode=true&componentName=rec-play&originRequestUrl=https%3A%2F%2Fus06web.zoom.us%2Frec%2Fshare%2FbX0lrqvLcLs7GntO0SfJ8FTGRu8aZeg_Y4NaAi8nVOWTFSBG40AvOjxWdiQUL_IK.xjR8PPFJOEkwS7qz)
  - Slides: <https://www.partnership2asc.org/wp-content/uploads/2023/11/11.15.23-PFS-Webinar.pdf>
- Partnership to Align Social Care (2024, April 3). *Understanding the Medicare Physician Fee Schedule Billing Codes for: Community Health Integration (CHI), Principal Illness Navigation (PIN), and Principal Illness Navigation – Peer Support (PIN-PS) Services—A Primer.*
  - <https://www.partnership2asc.org/wp-content/uploads/2024/03/FINAL-Understanding-Medicare-PFS-Schedule-Primer.508.pdf>

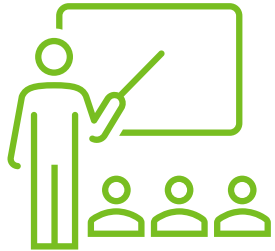
## Centers for Medicare and Medicaid Services (CMS)

- Federal register information about the rulings on [CHI](#) (pg. 307) and [PHN](#) (pg. 361): <https://public-inspection.federalregister.gov/2023-24184.pdf>
- *Health Equity Services in the 2024 Physician Fee Schedule Final Rule*: [https://www.cms.gov/files/document/mln9201074-health-equity-services-2024-physician-fee-schedule-final-rule.pdf-0?trk=public\\_post\\_comment-text](https://www.cms.gov/files/document/mln9201074-health-equity-services-2024-physician-fee-schedule-final-rule.pdf-0?trk=public_post_comment-text)

# References

- Association of State and Territorial Health Officials (ASTHO) (2024, April 9). *Changes to 2024 Medicare Physician Fee Schedule for CHI Services. Policy Cheat Sheet April 2024*. <https://www.astho.org/globalassets/resources/changes-to-2024-medicare-physician-fee-schedule-for-chi-services.pdf>
- Centers for Medicare & Medicaid Services (CMS). (2023, November 2). *CY 2024 PFS final rule overview*. Retrieved from <https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2024-medicare-physician-fee-schedule-final-rule>
- McNeill, T. P. (2023, November 15). *The Medicare physician fee schedule includes codes to address HRSNs... what happens next?* [PowerPoint Slides]. [Partners headlines \(partnership2asc.org\)](https://partnership2asc.org/partners-headlines)
- Minnesota Department of Human Services (DHS) (2024, February 14). *Minnesota Health Care Program (MHCP) Provider Manual, Community Health Workers*. [https://www.dhs.state.mn.us/main/idcplg?IdcService=GET\\_DYNAMIC\\_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=DHS16140357](https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=DHS16140357)
- Minnesota Department of Human Services (DHS) (2024, February 14). *Minnesota Health Care Program (MHCP) provider news and updates*. [https://mn.gov/dhs/assets/2024-02-13-mhcp-provider-news\\_tcm1053-610835.pdf](https://mn.gov/dhs/assets/2024-02-13-mhcp-provider-news_tcm1053-610835.pdf)
- Lau, D., Soucie, J., Willits, J., & Scholle, S. H. (2021). *Critical Inputs for Successful Community Health Worker Programs*. National Committee for Quality Assurance (NCQA). [https://www.ncqa.org/wp-content/uploads/2021/11/Critical-Inputs-for-Successful-CHW-Programs\\_White-Paper\\_November2021-2.pdf](https://www.ncqa.org/wp-content/uploads/2021/11/Critical-Inputs-for-Successful-CHW-Programs_White-Paper_November2021-2.pdf)
- Minnesota Department of Health (MDH). (2023, September 26). *Health Care Homes Certification Progression*. Retrieved [4 June 2024], from <https://www.health.state.mn.us/facilities/hchomes/certification/progression.html>

# MN Community Health Worker Training Program (CHWTP) Contacts



## CHW Certificate Scholarship

**Web:** <https://mnchwalliance.org/chw-certificate-scholarship/>

**Contact:** [Scholarship@mnchwalliance.org](mailto:Scholarship@mnchwalliance.org)



## Apprenticeship & Field Experience

**Web:** <https://mnchwalliance.org/apprenticeship/>

**Contact:** [apprenticeship@mnchwalliance.org](mailto:apprenticeship@mnchwalliance.org)



## CHW E-Learning Modules

**Web:** <https://www.health.state.mn.us/about/tools/learningcenter.html>

**Contact:** [health.chw.MDH@state.mn.us](mailto:health.chw.MDH@state.mn.us)



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[Community Health Worker Initiatives for Health Promotion and Chronic Disease - MN Dept. of Health](#)

- Evaluation and Certificate of Completion to follow
- Upcoming HCH Webinars
  - July 16, Noon – 1:00 pm: Trends in Mental Health and Levels of Care, Joshua Stein, MD, Psychiatric Assistance Line/Prairie Care (repeat from Learning Days)
  - August 13, Noon – 1:00 pm: It's Not a Health Care Home Without Oral Health, Nancy Franke Wilson, MN Oral Health Coalition; Deborah Jacobi, Apple Tree Dental; Jane Neubauer, Early Childhood Dental Network

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**Thank You!**