

CHW Financial Sustainability Work Group
Healthy Communities Task Force

**Information and Resources for Community Health Workers
Services, Billing and Care Models**
January 2018 [UPDATED December 2018]

Introduction and Purpose

This report was prepared by the Financial Sustainability Work Group of the Healthy Communities Task Force under the direction of Greater Twin Cities United Way, with support from the Medtronic Foundation. Its purpose is to be a tool for organizations who currently employ Community Health Workers as members of their patient care team or are considering doing so. It provides information on CHW services, care models and billing.

Organizations participating and contributing to the work of the CHW Reimbursement Subcommittee were: CHW Solutions, Dakota County Public Health Agency, Greater Twin Cities United Way, HealthEast, Hennepin County Medical Center, Minnesota CHW Alliance, Minnesota Department of Human Services, Minnesota Visiting Nurses Association, MS Strategies, LLC Nobles County, Northern Dental Access, Ottertail County, People Incorporated, and WellShare International.

This report covers primarily services that are covered and billable under Minnesota Health Care Programs (“MHCP”) which includes Medical Assistance (also known as Medicaid) and the MinnesotaCare program. This report contains general information that is not applied to specific facts and circumstance and therefore should not be relied upon exclusively when making decisions about CHW services and billing without consulting other resources, confirming if any changes were made since the time this report was published, and obtaining the advice and assistance of a qualified professional with knowledge of the relevant facts, laws, regulations and CHW reimbursement and billing requirements. Other sources to consult include the DHS Community Health Worker Provider Manual¹ and the MDH Community Health Worker Toolkit.²

Description of a CHW

According to the DHS Provider Manual, “A community health worker (CHW) is a trained health educator who works with MHCP recipients who may have difficulty understanding providers due to cultural or language barriers. CHWs extend the reach of providers into underserved communities, reducing health disparities, enhancing provider communication, and improving health outcomes and overall quality measures. Working in conjunction with primary care providers, CHWs can bridge gaps in communication and instill lasting health knowledge”.¹

CHW Services²

A wide range of patient education services provided by a CHW may be paid for under MCHP as long as they are diagnosis-related patient education for health promotion and disease management. Some examples of educational topics and types of education activities are listed below. All services must be provided under an order (individual order or standing order) from a qualified health professional, be supervised by a qualified professional, and be within the scope of services ordered:

Report on Community Health Workers Services, Billing and Care Models January 2018

Examples of Topics of Patient Education:

- Understanding a diagnosis and treatment
- Self-management of health conditions
- Understanding and using medications
- Sexual health and STD prevention and screening
- Wellness, prevention, immunizations, nutrition and other health promotion activities
- Elements of healthy lifestyles: weight, exercise, nutrition, recreation, managing stress and others
- Alcohol and substance abuse and recovery
- Risk factors and causes for different diseases, appropriate screenings, and follow-up care
- Warning signs of heart attack and stroke
- Family planning
- Common treatments for diseases or contributing conditions
- Long-term complications associated with chronic conditions
- Racial, ethnic, cultural and socio-economic impacts on health and treatment outcomes
- Routine and preventive primary care, dental care and well-child visits
- Breastfeeding and nutritional needs of mothers and infants
- Eligibility requirements, forms and health care applications as needed
- Disease-specific patient education: heart disease, stroke, diabetes, cancer, dental disease, mental health, substance abuse, and others
- Non-disease-specific patient education for prevention and health promotion
- Examples of patient education activities: Culturally appropriate communication, patient engagement and patient education between providers and their patients
- Explaining and helping patients with accessing needed services
- Patient education relating to services provided by providers other than the ordering provider, if within the scope of the order for CHW services
- Education and assistance to the patient on care referrals and care transitions and arrangements and appointments for services and visits
- Education and assistance to patients in working with multiple providers and treatments and helping them understand and navigate their visits and services
- As a member of multidisciplinary provider team, facilitation of communication with the patient and promotion of culturally appropriate patient engagement and treatment
- Working with the patient and the patient's providers to identify and overcome racial, ethnic and cultural barriers related to health promotion and disease management
- Attending patients' visits with providers to help patients understand their conditions and treatment and helping providers understand and work with the patient's cultural differences
- Attending home visits to educate the patient during visit
- Assessment of health behaviors and recording client data on these behaviors
- Education on healthy living and healthy behaviors, and strategies for improving health, such as healthy living *contracts* with patients.

The DHS Provider Manual specifically states that MHCP does **not** cover social services such as enrollment assistance, case management or advocacy delivered by a CHW. It also specifies that CHW services are a diagnosis-related medical intervention, not a social service. Whether the above examples are reimbursable will depend on the individual facts and circumstances.

Report on Community Health Workers
Services, Billing and Care Models January 2018

CHW Billing Codes

CHWs are eligible to provide patient education services. The billing codes for CHW services that are currently authorized in Minnesota include:

| Billing Code | Group Size | Max |
|--------------------------|----------------------|--|
| 98960 | 1 patient | 30-minute units 4 units per 24 hours 24 units per calendar month |
| 98961 | 2-4 patients | |
| 98962 | 5-8 patients | |
| 98962 with a U9 modifier | More than 8 patients | |

30-minute billing units are used for services taking more than 15 minutes and less than 45 minutes.³

Billing for CHW Services

CHW Service Claims

For the most up-to-date information on covered CHW services and billing procedures for MHCPs, see the DHS provider manual.¹ For all CHW services, the supervising provider identifies the need for CHW services, orders the service, and takes on the role of the supervising provider. CHWs may be supervised under general supervision by an approved provider, which means that the CHW will operate under the direction and control of the supervisor but the supervisor does not need to be present on-site where the CHW provides the service.

A supervising provider and an ordering provider are required for CHW service delivery. The supervising provider and ordering provider may be the same person in some circumstances. In other situations, the ordering provider may be part of a patient’s primary care team and the supervising provider is an individual identified within another organization or on contract. There are multiple models that can be used depending on the organization employing the CHWs.

Providers eligible to order CHW services and supervise CHWs include:

- Physician
- Advanced practice registered nurse (APRN)
- Dentist
- Certified public health nurse⁴
- Mental health professional

Enrollment as a MHCP Provider

To provide reimbursable CHW services, a CHW must first enroll with the Minnesota Department of Human Services as an eligible provider under MHCP programs. Eligibility and enrollment information are available in the DHS CHW Provider Manual.¹ When enrolling, the CHW should use an NPI number. CHWs enrolling for the first time should apply for an NPI number before going through the enrollment process (see below for more information on this).

Report on Community Health Workers Services, Billing and Care Models January 2018

Billings

CHW services are not billed by the CHW directly but through an eligible billing provider or organization. On the claim form, the CHW's NPI number is entered into the "rendering provider" field and the billing provider's NPI number is entered into the "billing provider" field. The following providers are eligible to bill for CHW services:

- Advance practice registered nurse (APRN)
- Clinic
- Community health clinic
- Critical access hospital
- Dentist
- Family planning agency
- Federally qualified health centers (FQHC)
- Hospital
- Indian health service (IHS) facility
- Mental health professionals
- Physician
- Public health nurse clinic
- Rural health clinics (RHC)
- Tribal health facility

Necessary Billing Documentation

- An order for services signed by an approved supervisor (above) including the number of units ordered and whether group or individual services are needed
- Documentation of the patient education plan or training program used by the CHW
- Documentation of periodic (at least monthly) assessment of the patient's progress and need for ongoing CHW services
- Documentation of the date of service, start and end time, group size, session content summary, and the CHWs signature and printed name

The CHW's individual NPI number must be entered in the "rendering provider" field on the claim form. It is recommended for CHWs to use a National Provider Identifier (NPI). If CHWs do not submit an NPI number on their enrollment forms, DHS will assign them an UMPI number. The UMPI number is not universally accepted on claims forms and can cause billing issues.

Billing with an NPI

The Center for Medicare and Medicaid Services (CMS) has a taxonomy for Community Health Workers. When applying for an NPI on the National Plan and Provider Enumeration System (NPPES), CHWs should select taxonomy 172V00000X. DHS will assign an UMPI number only if the CHW does not submit their NPI number on their enrollment paperwork. If a CHW has an assigned UMPI and has obtained a NPI, the CHW must provide written documentation of the change, using the DHS change form ([DHS 3535](#)). Providers should report their NPI number to all payers, although each payer has the flexibility to approve the request.

Billing with an UMPI:

Report on Community Health Workers Services, Billing and Care Models January 2018

- Billing provider: use hospitals, clinics, physicians, APRN's, PHN's or mental health professional's NPI as billing provider
- Rendering provider: use the CHW UMPI number as the rendering provider
- If systems do not recognize the UMPI number enter the CHW's name (not number) into the rendering provider name field, but use the billing provider's NPI for the rendering provider number.⁵

NOTE: UMPI numbers are not accepted on the CMS 1500 form used for submitting claims to the health plans.

Medical Assistance/Medicare Dual Eligible individuals:

Minnesota Medical Assistance (Medicaid) will pay for CHW services provided to dual eligible individuals (enrolled in both Medicare and Medicaid), even though Medicare will not reimburse for CHW services. Claims for dual eligible individuals must be submitted through MNITS in the same way as billings for Medicare or Third-Party Liability Non-covered Services. Many of the fields will be filled out the same as if the billing were a primary claim submitted to Medical Assistance.

NOTE: Use the following approach when submitting CHW claims via MNITS for dual eligible individuals.

Additional Unique Payer Information for Dual Eligible Individuals:

- Add Situational Claim Information and Situational Services Notes: Medicare Non-Covered Services
- Other Payer Name: MEDICARE
- Other Payer Primary ID: 99999
- Claim Filing Indicator: MB, Medicare Part B
- Payer responsibility: P-Primary
- Other Payers Claim Control Number could be from your EOB that is denied by Medicare or you can use the unique #9990001
- Services—Claim Adjustment Group Code must be PR- Patient Responsibility, Reason Code 204 (non-covered service), Amount of the claim, Quantity is the number of units.

For dual eligible individuals, Medical Assistance will not pay for services that are covered by Medicare. While it is known that CHW services are not covered by Medicare, billing providers must still submit verification of this fact once a year for each dual eligible client. Additional information on billing for these services can be found on the [Medicare and Other Insurance](#) page of the Provider Manual under "Billing Medicare or TPL Non-covered Services."

Organizations should contact the health plans to inquire if they expect Medicare payment on CHW services for dual eligible members.

CHW modifier

The Minnesota Administrative Uniformity Committee approved the code 4450F with the modifier U7 for acceptable use on any claim for CHW services. While the code is not necessary for payment or connected to a payment or specific services provided by a CHW, it can be entered on the claim to enable organizations to track when CHW services are provided, including services that are not reimbursable.

Report on Community Health Workers Services, Billing and Care Models January 2018

The collected data could potentially be used to track and document the utilization of CHWs services and to identify possible relationships between CHW services and patient quality, outcomes and costs.

Interpreter Services

CHWs are eligible for interpreter services. As of January 2018, DHS confirmed a “manual update that will remove the language saying CHWs are ineligible for interpreter services.” For updated information on Interpreter Services, go to:

http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_157632-sign

Provider Manual Revision for Groups Larger than 8

An August 2018 revision of the CHW Provider Manual included a U9 modifier for groups larger than 8. Providers should use the CPT code 98962 with a U9 modifier when billing for groups of 9 or more people. You can find the updated information here:

https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=DHS16_140357

Community Health Worker Care Models and Integration

Community Health Workers (CHWs) play valuable roles as members of care teams working in clinics, hospitals, and other health care settings. CHWs are especially valuable in working with patients of diverse racial, ethnic and cultural backgrounds because of their experience with and knowledge of the language and culture of the patient and their ability to personally engage the patient in a trusting relationship. This helps ensure that patients understand their health conditions and treatment and have the knowledge and resources to manage their health and follow through with their care plans. In many settings, CHWs successfully assist patients in meeting health and wellness goals, optimize treatment outcomes, and reduce total costs of care through prevention, health promotion and reduction of unnecessary and preventable utilization of costly hospital and specialty care.

This section provides case studies showing examples of the roles and settings where CHWs add value, and the early concerns and payment experience of their organizations.

Case studies included:

- Hennepin County Medical Center (Jan 2018)
 - Outpatient Clinics
 - Home Visits
 - Inpatient Hospital and Emergency Departments
- Dakota County Public Health Agency (Jan 2018)
- Northern Dental Access Center (Jan 2018)
- Community Dental Care (Jan 2018)
- People Incorporated (Jan 2018)
- CHW Solutions (Dec 2018)

Report on Community Health Workers Services, Billing and Care Models January 2018

Hennepin County Medical Center (January, 2018)

Hennepin County Medical Center (HCMC) employs CHWs in several different areas of the Hennepin Health System. CHWs work in outpatient clinics, inpatient hospital settings, the Emergency Department, and home visiting settings.

HCMC Outpatient Clinics

- CHWs provide care coordination in collaboration with a care team with the primary care provider and other ancillary team members such as RN Clinical Coordinators, Social Workers, Dietitians, etc.
- HCMC CHWs have a panel of patients and provide patient education and care coordination, including appointment reminders, medical transportation, post-discharge follow-up, health coaching and goal setting, and connection to resources.
- CHWs provide group-based patient education for the Diabetes Prevention Program (DPP) and Taking Steps Together (TST) program for childhood obesity. For CHW patient education to be provided and paid for, a physician or Advanced Practice Nurse must complete a diagnosis based electronic referral form in EPIC, HCMC's electronic health record system, and provide general supervision for the service.
- CHWs follow a documentation protocol outlined by DHS and the HCMC Compliance Staff. All CHW documentation is completed in EPIC, HCMC's electronic health record system, for all patient contact as either face-to-face or telephone encounter, and phone calls to outside agencies.
- Payment
 - HCMC has internal systems and workflows in place for billing of CHW patient education services.
 - CHW care coordination services are not covered or paid for directly under government programs
 - An HCMC clinic that is certified as a Health Care Home receives a per member per month payment for care coordination services for some patients, which may cover part of the cost of CHWs along with other care coordination costs.
- Outstanding Concerns:
 - Even though CHW patient education is covered by government programs, HCMC continues to face barriers in billing and being paid for CHW education due to incompatibility of HCMC and payer billing systems with the UMPI number.
 - Historically, there was a backlog in enrollment of new CHWs into the state's provider system but this is no longer an issue.

HCMC and MVNA Home Visiting

HCMC home visiting CHWs provide functions of care coordination and patient education in patients' homes or community settings due to barriers to accessing clinic-based services. Services are intended to be 90 days or less with the goal of connecting patients back to primary care and other health and social services.

- HCMC home visiting CHWs are aligned with the outpatient clinics and care coordination teams. When not conducting home visits, the home visiting CHWs are co-located at their assigned clinics.

Report on Community Health Workers Services, Billing and Care Models January 2018

- CHW services are ordered by either by the hospital attending provider, primary care provider or the MVNA home visiting RN. Minnesota Visiting Nurse Agency (MVNA), became a part of HCMC in 2016 and utilizes EPIC for referrals and documentation.
- Payment:
 - MVNA has not been successful in billing and being paid for CHW home visiting services due to barriers in meeting the conditions of DHS and the managed care plans.
- Outstanding Concerns:
 - The electronic health record system is not designed for MVNA home visiting RNs to submit the electronic signatures on CHW referrals that are required for successful billing.
 - CHW care coordination services are not covered by government programs.

HCMC Inpatient Hospital and Emergency Department:

- CHWs provide functions of care coordination and discharge planning in collaboration with the provider, RN Clinical Coordinator, and Social Worker in the hospital and Emergency Department (ED).
- CHWs provide patient self-management education, connection to resources and also assist other members of the care team with coordination during the inpatient stay or ED visit.
- Payment:
 - Inpatient hospital services are covered by the hospital's payment from DHS or managed care plan. ED services are covered by the ED payment.
- Outstanding Concerns:
 - Inpatient and ED CHW patient education services do not meet the requirements for separate billing for patient education.
 - CHW care coordination services are not covered by government programs.

Dakota County Public Health Agency (January, 2018)

Dakota County Public Health offers a number of health care and human services for their diverse patient population including Child and Teen Checkups, immunizations, nurse home visits, dental, nutrition, smoking cessation services and more. Dakota County Public Health has successfully integrated CHWs into a number of services they offer including clinical services, home visits, and community outreach.

- At Dakota County, CHWs provide health education, parenting education and support, safety education and direct observation therapy services. In addition to health education and other services, CHWs are integral in community outreach, especially for the Child and Teen Checkups program.
- CHWs work under the direction of Public Health Nurses and most services they provide are informed by the nursing care plan.
- Payments:
 - Dakota County is successfully billing for CHW services with DHS fee-for-service patients, Medicare/Medicaid dual eligible individuals, and those enrolled in managed care plans

Report on Community Health Workers Services, Billing and Care Models January 2018

Northern Dental Access Center (January, 2018)

Northern Dental Access Center serves a very diverse population in greater Minnesota with nearly all of their patients on public programs or uninsured. They find great value in community health workers to deliver culturally competent services to their patient population and address various social determinants of health to improve the health of their patients and ensure they are getting the care and services they need.

- CHW services provided to Northern Dental Access patients vary, but include care management and treatment plan explanation, assist in making appointments, educate patients on treatment plans and insurance plans, mental health screening and referral, connect patients to additional services like transportation, legal services, housing and more.
- CHW work is integrated into daily interactions with patients and all staff are trained and empowered to utilize CHW services as needed by the patient, although they are overseen by the dentists in the clinic.
- Northern Dental collects more than 50 data points each month for CHW services. The lead CHW monitors CHW activities, analyzes data, and presents to the clinic's leadership and performance management teams on impact and outcomes of CHW services.
- Payments:
 - Northern Dental Access has not been successful in billing and being paid for CHW services due to barriers in meeting the conditions of DHS and the managed care plans.
- Outstanding Concerns:
 - CHW services provide great value to the care model at Northern Dental Access and are integral to the care team in treating the most complex and fragile patients, yet Northern Dental Access relies entirely on grant funding to support CHWs.
 - Billing in 30 minute increments is another barrier to billing as CHW services are often brief and for the most complex patients, spending an additional 30 minutes with a CHW after a 60- or 90-minute appointment is unrealistic.
 - It takes nearly 2 years and \$4,000 to receive a CHW certificate. The extensive training and cost are prohibitive for some, who may be independently qualified, to participate in the CHW program.

Community Dental Care (January, 2018)

Community Dental Care has one CHW who provides patient education. As a Hmong speaker, she is able to communicate with and relate to patients with an understanding of their culture. She has been vital in training other health care professionals who provide education services in the clinic and in outreach programs in cultural competency.

- The CHW is used as a health educator in the clinic and outreach programs at Community Dental Care. The CHW provides risk assessments, education to parents for children with cary disease, care management and preventive services. Services are provided both in the clinic and in outreach programs.
- Payments
 - CHW services are primarily grant funded. About 25% of CHW claims have been paid. DHS fee-for-service claims are the most reliable for payment.
- Outstanding Concerns

Report on Community Health Workers Services, Billing and Care Models January 2018

- There are often long delays from claim submission to payment. Long delays and significant staff time have decreased the number of claims submitted due to the time, money and effort it takes to file and receive payment on CHW claims.
- Minimum changes in encounter length from 15 to 30 minutes has diminished flexibility for these services, created challenges and required more frequent patient contact that is not always necessary.

People Incorporated (January, 2018)

People Incorporated has integrated CHWs into a number of services including home visits, care-coordination, patient education and tobacco cessation services. The added value as part of the care management team allows for CHWs to work in close relationship with patients and their case management team, and help to coordinate services between behavioral and medical services.

- CHWs work within two patient service programs: 1) a grant funded program focused on patients with epilepsy in customized living, with serious mental health and chronic medical conditions who are not yet receiving permanent disability services, and 2) patients in a behavioral health home setting.
- CHWs are completing the Tobacco Cessation Specialist training through Mayo Clinic to facilitate tobacco cessation services with patients.
- The CHWs add value to the team as a regular and reliable source of health management for the patient, work alongside the other team members to coordinate between the medical and behavioral health needs, and identify individual patient needs and provide education both individually and to patient groups.
- People Incorporated is using Netsmart Evolv as their EHR.
- Payment
 - People Incorporated is currently not billing for CHW services, the CHWs are currently grant funded.
 - People Inc. has plans to begin billing by the end of Summer 2018, using CHW NPI numbers.
 - People Incorporated is currently billing for Tobacco Treatment Services and is supporting their CHWs to complete the Tobacco Specialist training at Mayo to gain the added reimbursement for such services.
- Outstanding Concerns
 - Billing for Medicare patients is a concern, especially for tobacco cessation services
 - CHW reimbursement rate is very low.

CHW Solutions (December, 2018)

CHW Solutions provides direct CHW services, clinical oversight and claims processing, and technical assistance. CHW Solutions' founding partners are both certificate-holding Community Health Workers and understand the complexities of building sustainable CHW models. CHW Solutions has a team of five Community Health Workers who provide services in a variety of different community settings including a strong focus on in-home visiting.

- CHW Solutions uses the Ohio Pathways model to help CHWs guide their practice and has created Pathways templates in their EHR for documentation.

Report on Community Health Workers
Services, Billing and Care Models January 2018

- A suite of Best Practices and Standing Orders have been created by the CHW Solutions Medical Director for CHW service delivery on the following topics: diabetes, prediabetes, hypertension, blood pressure self-management, blood glucose testing, health coaching, and pediatric obesity.

Payment

- CHW Solutions is successfully billing and receiving reimbursement for CHW services for individuals enrolled in managed care plans and those with DHS fee-for-service coverage (including fee-for-service dual eligible individuals).

Outstanding Concerns

- Billing for dual eligible individuals who have coverage through a PMAP health plan

Report on Community Health Workers
Services, Billing and Care Models January 2018

Endnotes

¹ DHS CHW provider manual:
http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_140357

² MDH CHW Toolkit:
<http://www.health.state.mn.us/divs/orhpc/workforce/emerging/chw/2016chwtool.pdf>

³ <http://www.health.state.mn.us/auc/guides/docs/cg837p.pdf>. p.24-25

⁴ Certified public health nurses may supervise CHWs only if they are working for a governmental agency that is enrolled as a MN Health Care Programs provider, such as a city or county public health clinic, public health nursing clinic or other governmental health care provider entity. MN Statues, section 256B.0625, subdivision 49, paragraph (b).

(b) Community health workers must work under the supervision of a medical assistance enrolled physician, registered nurse, advanced practice registered nurse, mental health professional as defined in section [245.462, subdivision 18](#), clauses (1) to (6), and section [245.4871, subdivision 27](#), clauses (1) to (5), or dentist, or work under the supervision of a certified public health nurse operating under the direct authority of an enrolled unit of government.

⁵ This work-around is to overcome technical glitches using UMPI numbers, if an organization has internal policies to follow the DHS provider manual, use the same method that is listed under the DHS FFS claim billing information.