# Community Health Worker Billing Process Steps

## FROM THE MINNESOTA CHW BILLING TOOLKIT- 2025

The high-level process below outlines the required steps for Community Health Worker (CHW) service delivery and medical billing through Minnesota Medicaid and Medicare. See the 2025 CHW Billing Toolkit (https://www.health.state.mn.us/communities/commhealthworkers/employers.html) for more detailed information.

## 1. Preparation

a. **Patients and Needs:** Identify patient populations, how they will be referred to CHW services, and which payers cover their health care. Determine patients' CHW service needs and develop CHW best practices to meet those needs. Determine which CHW codes will be billed based on populations served and services provided (Health Education and/or Community Health Integration (CHI) codes).
b. **Supervision and Oversight:** Identify a qualified health care provider to provide general supervision for CHW services as required by Minnesota Health Care Programs (MHCP) and/or Medicare. (Note: the individual providing general supervision may be different than the day-to-day program/administrative supervisor.) Provider identifies methods and frequency of CHW contact in compliance with requirements.
c. **Documentation and Billing Standards:** Identify Health Insurance Portability and Accountability Act (HIPAA)-compliant documentation and billing software (clearinghouse) to be used. Develop documentation, coding and billing workflows in compliance with MHCP and/or Medicare billing guidelines. Work with your organizational billing compliance office, data security and privacy office, or a health care attorney to develop or modify patient intake forms (consent, Notice of Privacy Practices and acknowledgement of receipt, release of information, and organization-specific intake form including fields for patient's insurance information).

## 2. Training

a. **CHW Certificate**: CHW completion of Minnesota CHW Certificate Program, or a Community Health Representative with Federal Indian Health Services (IHS) training or five years supervised experience is required to bill for services.
b. **Organization Training**: Organization-specific training on CHW service delivery, documentation, oversight, HIPAA, Fraud Waste and Abuse, and billing workflows.

## 3. Enrollment

a. **National Provider Identifier (NPI) Number**: CHW and the billing provider organization both obtain NPI numbers.
    i. **MHCP**: Enroll the billing provider organization and the individual CHW with MHCP using NPI numbers on required forms. If organization's provider type is unknown, consult the MHCP Eligible Provider (https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=ENROLL-HOME#ep) list, and/or call Department of Human Services (DHS) to determine provider type. If CHWs do not obtain an NPI number prior to MHCP enrollment, an Unique Medical Provider Identifier (UMPI) number will be assigned. (NOTE: Some payer systems and billing clearinghouses do not readily process UMPI numbers, which are alpha-numeric.)
    ii. **Medicare**: Apply using the online Medicare Provider Enrollment, Chain, and Ownership System or PECOS (https://pecos.cms.hhs.gov/pecos/login.do#headingLv1). See Centers for Medicare & Medicaid

Services (CMS) Provider Enrollment Assistance Guide to enroll HCO as Medicare provider (Note: CHWs do not enroll in Medicare due to their auxiliary status.)

1. Clinics and group practices apply for Medicare using the CMS-855B paper application or in PECOS.
2. Institutional providers such as hospitals, Rural Health Clinics, Community Mental Health Centers, Federally Qualified Health Centers, IHS Facilities using the CMS-855A paper application or in PECOS.

**ii. Medicare Enrollment and Billing Resources:**

1. Medicare Enrollment Guide (www.cms.gov/medicare/provider-enrollment-and-certification/enroll-as-an-institutional-provider)
2. Medicare Learning Network (www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/EnrollmentResources/provider-resources/provider-enrolment/Med-Prov-Enroll-MLN9658742.html)
3. Medicare has regional MACs (Medicare Administrative Contractors). National Government Services (NGS) is the MAC for Medicare billing in Minnesota. Start with "Step 1: Confirm Eligibility to Enroll" at NGS Initial Provider Enrollment Process (www.ngsmedicare.com/web/ngs/enrollment) and follow Steps 1-9 in the boxes to complete enrollment.

b. **Managed Care Organizations (MCO)**: Enroll billing organization with MCOs covering patient populations served. MCO enrollment includes entering into a provider contract with the MCO and providing any additional requested information to each MCO (specific requirements vary by MCO). Assure all MCO contracts include the codes that will be used to bill for CHW services.

## 4. Service Delivery

a. **Order/Initiating Visit**: An authorized provider initiates the service with an order (Health Education) or visit (Community Health Integration) as defined by service codes and payor.
b. **Service Delivery, Documentation, and Oversight**: Intake forms are completed by patient. CHW delivers services to patient(s), following required standards of care. CHW documents required service and billing information. Oversight provider supports CHW following identified workflows in compliance with requirements.

## 5. Billing

a. **Claim Preparation and Submission**: Billing organization utilizes a clearinghouse (attached to Electronic Health Record, or freestanding) to prepare and submit claims using the 837P form (electronic version of CMS 1500 form) following each payer's requirements. Closely review claims for accuracy and completeness before submission. Use payer portals to track claims status.
b. **Claim Payment**: Payer pays claims that meet all requirements. Billing organization downloads Explanation of Benefits monthly and reconciles payments with submitted claims. (Note: payers often deduct administrative fees from their reimbursement payments, which means that, in practice, realized income can be less than the negotiated reimbursement rate.)
c. **Troubleshooting**: Billing organization addresses denials and rejections by investigating the reason(s), taking corrective action - such as resubmitting revised claim, or appealing the denial.