



Community Health Worker Billing Toolkit

SUMMARY GRIDS, WORKFLOWS, AND CHECKLISTS

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Community Health Worker Billing Toolkit

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Introduction

Community Health Worker (CHW) and Community Health Representative (CHR) medical billing reimbursement is available for individuals in Minnesota receiving Medicaid (since 2009) and Medicare (since 2024). However, CHW/CHR service providers identify barriers to accessing these funds, including in the 2024 [“CHW Initiatives in Minnesota: An Environmental Scan of the CHW Field”](#) and the 2025 [“Sustainable CHW Roadmap for Minnesota.”](#) Noted barriers include:

- Understanding and implementing the requirements for CHW and CHR training
- Understanding why and how CHWs and CHRs obtain their NPI (National Provider Identifier) or UMPI (Unique Medical Provider Identifier) number
- The need for CHW and CHR service providers to enroll with payers (Minnesota Department of Human Services – Minnesota Health Care Programs (MHCP), Managed Care Organizations (MCOs), and Medicare), and enrollment steps
- Meeting service and documentation requirements
- Capturing relevant data points for claims reimbursement
- Understanding and implementing medical claims submission and processing requirements unique to CHWs/CHR
- Determining how community based CHW/CHR service providers without medical billing experience can access reimbursement
- CHW reimbursement levels too low to fully cover costs, inhibiting uptake of claims submission and impeding service sustainability
- Need for training/technical assistance/consulting on CHW/CHR billing
- Need for detailed tools and documents – with “boots on the ground” knowledge and expertise -- covering CHW/CHR medical billing preparation, initiation and troubleshooting
- Need for a CHW/CHR medical billing peer learning community

This toolkit, developed by the Minnesota Department of Health (MDH) and CHW Solutions, aims to address many of these identified barriers.

The information provided in this toolkit is for general informational and educational purposes only and does not constitute legal, billing, or compliance advice. Organizations are responsible for ensuring that all billing practices comply with applicable federal and state laws, including the Centers for Medicare & Medicaid Services (CMS) and Minnesota Department of Human Services (DHS) regulations, Minnesota Health Care Program (MHCP) provider guidelines, and organizational policies and procedures. Information on CHW billing was compiled by CHW Solutions based on emerging guidance related to Medicare and MHCP billing and reimbursement. Users should consult CMS, MN DHS, and their organizational billing or compliance departments for the most current and authoritative information before submitting any claims.

How to use this toolkit/who should use this toolkit

The audience for this toolkit is Minnesota CHW/CHR service organizations, other Minnesota health care providers interested in linking patients with reimbursable CHW/CHR services, and individual CHWs/CHRs interested in understanding how their training enables medical billing and reimbursement for their services. The toolkit's workflows and checklists are grouped by organization type and color-coded to ease access:

- **Health Care Organization (blue)** – Health Care Organizations (HCOs) include clinics, Tribal clinics, and Local Public Health agencies as service and billing providers. Community Based Organizations (CBOs) that are either already enrolled with Minnesota Health Care Programs (MHCP) and/or Medicare to bill for other services or would like to enroll directly to bill for CHW services should follow the HCO workflows/checklists. See below for more information for Tribal organizations and FQHCs.
- **Community Based Organization (green)** – Community Based Organizations (CBOs) have a wide variety of structures and services. The CBO workflows and checklists are designed for CBOs to partner with a separate entity (a “Billing Entity”) that enrolls in Minnesota Health Care Programs (MHCP) and/or Medicare to conduct some tasks required for CHW billing. CBOs that are already enrolled with MHCP for service delivery or would like to enroll directly with MHCP and/or Medicare should follow the Health Care Organization (HCO) workflows and checklists.
- **Hub (red)** – Hub organizations are backbone organizations that bridge relationships between community based CHW service providers and medical claims payers. Hub organizations provide some required administrative billing functions on behalf of one or more “Spoke” organizations providing direct CHW services. Examples of hub models include [community care hubs](#) and the [Pathways Community Hub Institute](#). Organizations that are already hub organizations or are interested in this model should follow the Hub workflows and checklists.

Each organization type has two workflows with their related checklists – one workflow/checklist for health education services, and one workflow/checklist for Community Health Integration (CHI) services.

Considerations for toolkit use by audience

Tribal organizations

Tribal organizations can submit claims to Minnesota Health Care Programs (MHCP) and Medicare using these CHW/CHR billing tools as they relate to their organization type (health care, community based or hub). Tribal organizations may also have access to other Indian Health Services (IHS) funding streams and Tribal-specific payment rates.

Additional resources for Tribal Nations, Tribal Health Organizations, and Community Health Representatives on CHW and CHR training, enrollment, and billing:

- [Tribal and Federal Indian Health Services](#)
- [Community Health Worker Enrollment Criteria and Forms](#)
- [Community Health Representative | Indian Health Service \(IHS\)](#)

Federally Qualified Health Centers (FQHCs)

Federally Qualified Health Centers (FQHCs) can bill both the Health Education and Community Health Integration (CHI) codes to MN Health Care Programs (MHCP) but will receive \$0 in payment because CHW expenses are included in FQHCs' PPS (Prospective Payment System) global per-visit payment rate. FQHCs can bill the Community Health Integration (CHI) codes directly to Medicare and to Managed Care Organizations (MCOs - Medicare Advantage) and receive reimbursement of \$80.56 (G0019 – billed for the first hour of service each month) and \$50.26 (G0022 – billed for additional 30 minutes of service each month) (Rates provided are as of 10/29/2025).

Additional FQHC CHW Billing Resources:

- National Association of Community Health Centers
 - [Reimbursement Tips: Community Health Integration \(CHI\)](#)
 - [Reimbursement Tips: Principal Illness Navigation \(PIN\)](#)
- Partnership to Align Social Care
 - Billing Guidance for Community Health Integration and Principal Illness Navigation: Peer Support Services for Federally Qualified Health Centers and Rural Health Centers

Individual CHWs/CHRs

Individual CHWs/CHRs must complete an acceptable training program described in the training sections of the document for their services to be billable. CHWs/CHRs are also encouraged to pay close attention to the enrollment and service delivery steps in the toolkit's workflows and checklists to better understand their roles and responsibilities related to medical billing. Finally, the following appendices will be especially useful to individual CHWs/CHRs:

- [Appendix 1: Healthy Communities Task Force Report \(CHW Services listed on page 2\)](#)
- [Appendix 2: Tip Sheet for CHWs and CHW Organizations for MHCP Enrollment and MCO Contracting](#)
- [Appendix 4: Example Health Education Codes Billing Template](#)
- [Appendix 5: National Provider Identifier \(NPI\) QuickStart Guide](#)
- [Appendix 6: Example Minnesota Department of Human Services \(DHS\) Forms:](#)
 - [Form DHS-4016 \(Individual Provider Enrollment Application\)](#)
 - [Form DHS-4138 \(Fee-for-Service and Managed Care Organization In-Network Provider Agreement\)](#)
 - [Form DHS-5308 \(CHW Provider Assurance Statement\)](#)
 - [Form DHS-6806 \(Telehealth Provider Assurance Statement\)](#)
- [Appendix 7: Example Standing Orders and Best Practices](#)

Suggestions for toolkit use based on organizational readiness:

Beginners/novices:

1. Review the toolkit from the beginning, skipping the workflows/checklists that don't represent your organization type.
2. Aim to understand:
 - a. Who pays for my organization's clients'/patients' health care services (MHCP, Medicare, other)? What percent of clients/patients fall into each category, and what percent receive commercial insurance or are uninsured?
 - b. What CHW/CHR services do our clients/patients receiving MHCP and/or Medicare need? Do these services meet the requirements outlined for health education and/or Community Health Integration (CHI) services explained in the toolkit?
 - c. Which of the billing requirements does our organization already meet, and which would be new for us? Which requirements would require additional training, resources and/or partnerships to execute?
3. Fill-in your organization's costs and revenue in the interactive cost modeling tool. Try some alternative numbers to understand how changes to your payer mix, caseloads and reimbursement rates impact how much revenue you can expect.
4. As needed, reach out to the contacts below with questions or for additional help.
5. Get started! Every journey begins with a first step.

Intermediate ("committed but confused"):

1. Review the toolkit from the beginning, skipping the workflows/checklists that don't represent your organization type.
2. Read [Appendix 2: Tip Sheet for CHWs and CHW Organizations for MHCP Enrollment and MCO Contracting](#) in detail. Many topics represent common barriers and how to overcome them.
3. If you are already receiving CHW reimbursement but it's not sufficient, consider filling in your organization's costs and revenue in the interactive cost modeling tool. Try some alternative numbers to understand how changes to your payer mix, caseloads and reimbursement rates impact how much revenue you can expect.
4. As needed, reach out to the contacts below with questions or for additional help.
5. Don't give up unless you know CHW billing is not a good fit for your organization. This is a challenging process for everyone, and what you learn can help your organization and others, and sustaining your services benefits your clients/patients and communities.

Advanced/experts, with some specific questions:

1. Scan the index and toolkit for its contents. [Appendix 2: Tip Sheet for CHWs and CHW Organizations for MHCP Enrollment and MCO Contracting](#) might be what you need.
2. If there is a section covering your specific question(s) review it in detail. (Be sure you are looking at your correct organization type: health care organization, community-based organization or hub.)

3. Try any suggestions in the toolkit.
4. If you have questions not represented in the toolkit, or if you have tried the suggestions and are still having trouble, reach out to the contacts noted below.

Beyond the toolkit – for further questions

If after reviewing the tools you need further assistance, please reach out to the following resources and contacts:

6. For MN Medicaid billing:
 - Refer to the MN DHS [MHCP CHW Provider Manual](#), [MHCP provider resource center](#), and [MHCP provider training](#) resources.
1. For CHI codes and Medicare billing:
 - Refer to CMS billing guidelines and resources, including the payment policies under the most recent physician fee schedule: [Medicare CY 2026 Physician Fee Schedule](#).
2. For answers to specific technical questions about the information in the toolkit (for example, information about Minnesota Health Care Programs (MHCP), Medicare, codes, how to interpret rules, claims submission, troubleshooting denials, help framing and asking questions for the MN Department of Human Services (DHS) and Managed Care Organizations (MCOs)):
 - CHW Solutions (Megan Ellingson, meganellingson@chwsolutions.com)
 - Minnesota Department of Health, CHW Initiatives Unit (health.chw.mdh@state.mn.us)
3. For help with project management to complete the required steps for CHW billing:
 - CHW Solutions (Megan Ellingson, meganellingson@chwsolutions.com)
 - Minnesota CHW Alliance (Sunny Ainley, sunny.ainley@mnchwalliance.org)
 - Minnesota Department of Health, CHW Initiatives Unit (health.chw.mdh@state.mn.us)
4. For help identifying other organizational partners to form a hub and spokes structure, to provide clinical oversight and claims processing for CHW teams, and/or to meet the clinic referral and integration requirements for CHI services:
 - CHW Solutions (Megan Ellingson, meganellingson@chwsolutions.com) (NOTE: CHW Solutions is also available as an ongoing partner for CHW Health Education services, providing clinical oversight and claims processing for other organizations' CHW teams. After an introductory discussion about this type of partnership, CHW Solutions can provide a service cost estimate for each organization.)
 - Minnesota CHW Alliance (Sunny Ainley, sunny.ainley@mnchwalliance.org)
 - Minnesota Department of Health, CHW Initiatives Unit (health.chw.mdh@state.mn.us)

Overview of covered CHW Services in Minnesota

According to [Minnesota Statute 256B.0625, Subdivision 49](#), the state's Medical Assistance (MA) program covers care coordination and patient education services provided by a Community Health Worker (CHW) if the CHW has received a certificate from the Minnesota State Colleges and Universities System approved community health worker curriculum. There are other reimbursement requirements that must be met as well, which are described in the [Minnesota Department of Human Services Provider Manual](#).

Since 2009, Minnesota's Medicaid program, known as Minnesota Health Care Programs (MHCP), including Medical Assistance and MinnesotaCare, has covered “diagnosis–related health education” as specified by the CHW’s authorized ordering provider. Many provider types may supervise CHWs, including physicians, dentists, public health nurses and mental health professionals among others.

As of 2024, MHCP also covers Community Health Integration (CHI) services defined by Medicare and performed by CHWs. CHI services are services that address unmet Health Related Social Need needs that affect the diagnosis and treatment of the patient including assessment and planning, system navigation, facilitating access to resources, care coordination, health education, self-advocacy, social and emotional support, and health coaching or motivation to reach care plan goals.

The “CHW Medical Billing Payment Models, Codes and Payers” grids below summarize the CHW covered services, billing codes, supervision, and documentation requirements outlined in the [Minnesota Department of Human Services Provider Manual](#) and the [Medicare CY 2026 Physician Fee Schedule](#).

Community Health Worker medical billing payment models, codes, and payers

Category	Health Education Services	Community Health Integration (CHI) Services
Qualifying Conditions	<ul style="list-style-type: none"> ▪ Patient education for health promotion and disease management ▪ The service must involve teaching the patient how to self-manage their health or oral health effectively in conjunction with the health care team 	<ul style="list-style-type: none"> ▪ Upstream drivers of health needs (including but not limited to food insecurity, transportation insecurity, housing insecurity, and unreliable access to public utilities) that significantly limit the practitioner's ability to diagnose or treat the patient
Non-Covered Services	<ul style="list-style-type: none"> ▪ Social services such as enrollment assistance ▪ Case management ▪ Advocacy 	<ul style="list-style-type: none"> ▪ Services provided to groups
CHW Services	<p>The content of the patient education plan or training program is consistent with established or recognized health or dental health care standards. Curriculum may be modified as necessary for the clinical needs, cultural norms, and health or dental literacy of the individual patients.</p> <p>Examples of Topics of Patient Education:</p> <ul style="list-style-type: none"> ▪ Disease-specific patient education: heart disease, stroke, diabetes, cancer, dental disease, mental health, substance abuse, and others ▪ Non-disease-specific patient education for preventive or health promotion visit ▪ Understanding of health condition and treatments ▪ Understanding and using medications ▪ Wellness, prevention, immunizations, nutrition and other health promotion activities ▪ Elements of healthy lifestyles, weight, exercise, recreation, relationships, managing stress, and other topics within the context of patient's unique community culture ▪ Monitoring routine and preventive primary care, dental care and well child visits 	<p>Activities to address SDOH needs, may include but are not limited to:</p> <ul style="list-style-type: none"> ▪ Person-centered, upstream drivers of health assessment (covered but not required) ▪ Practitioner-, home-, and community-based care coordination ▪ Health education ▪ Building patient self-advocacy skills ▪ Health care access / health system navigation ▪ Facilitating and providing social and emotional support; and ▪ Leveraging lived experience, when applicable <p>CHI services can be billed when they are provided without patient present, but when the CHW is working on the patient's behalf</p> <p>Person-centered assessment, performed to better understand the individualized context of the intersection between the SDOH need(s) and the problem(s) addressed in the initiating visit</p> <ul style="list-style-type: none"> ▪ Conducting a person-centered assessment to understand the patient's life story, strengths, needs, goals, preferences and desired outcomes, including understanding cultural and linguistic factors and including unmet SDOH needs (that aren't separately billed) ▪ Facilitating patient-driven goal-setting and establishing an action plan ▪ Providing tailored support to the patient as needed to accomplish the practitioner's treatment plan <p>Practitioner, home-, and community-based care coordination</p>

Category	Health Education Services	Community Health Integration (CHI) Services
	<ul style="list-style-type: none"> ▪ Culturally appropriate communication, patient engagement, and patient education between providers and patients ▪ Current health behaviors assessment and recording patient data specific to health behaviors and psychological issues related to patient education activities ▪ Construction of health living contracts with patients based on health behavior assessments using goals to promote health ▪ Economic and socioeconomic impacts on health conditions ▪ Explanation of and accessing needed services ▪ Working with multiple providers and treatments and navigating visits and treatments ▪ Working with the patient and patient's providers to overcome cultural barriers ▪ Eligibility requirements, forms, and health care applications <p><i>The examples are from the MN DHS approved list in the Healthy Communities Task Force 2018 Final Report (Appendix 1).</i></p>	<ul style="list-style-type: none"> ▪ Coordinating receipt of needed services from health care practitioners, providers, and facilities; and from home- and community-based service providers, social service providers, and caregiver (if applicable) ▪ Communication with practitioners, home- and community-based service providers, hospitals, and skilled nursing facilities (or other health care facilities) regarding the patient's psychosocial strengths and needs, functional deficits, goals, preferences, and desired outcomes, including cultural and linguistic factors ▪ Coordination of care transitions between and among health care practitioners and settings, including transitions involving referral to other clinicians; follow-up after an emergency department visit; or follow-up after discharges from hospitals, skilled nursing facilities or other health care facilities ▪ Facilitating access to community-based social services (e.g., housing, utilities, transportation, food assistance) to address the SDOH need(s) <p>Health education – helping the patient contextualize health education provided by the patient's treatment team with the patient's individual needs, goals, and preferences, in the context of SDOH need(s), and educating the patient on how to best participate in medical decision-making</p> <p>Building patient self-advocacy skills, so that the patient can interact with members of the health care team and related community-based services addressing the SDOH need(s), in ways that are more likely to promote personalized and effective diagnosis or treatment</p> <p>Health care access/health system navigation</p> <ul style="list-style-type: none"> ▪ Helping the patient access health care, including identifying appropriate practitioners or providers for clinical care and helping secure appointments with them ▪ Facilitating behavioral change as necessary for meeting diagnosis and treatment goals, including promoting patient motivation to participate in care and reach person-centered diagnosis or treatment goals ▪ Facilitating and providing social and emotional support to help the patient cope with the problem(s) addressed in the initiating visit, the SDOH need(s), and adjust daily routines to better meet diagnosis and treatment goals ▪ Leveraging lived experience when applicable to provide support, mentorship, or inspiration to meet treatment goal

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Category	Health Education Services	Community Health Integration (CHI) Services
Initiation of services	Orders <ul style="list-style-type: none"> A physician, advance practice registered nurse (APRN), dentist, certified public health nurse, or mental health professional must order the service and order that it be provided by a CHW Individual and standing orders are acceptable 	Ordering Provider <ul style="list-style-type: none"> “Billing Practitioner” – this must be the same practitioner who provides continuity of care for the patient in the community Initiating Visit <ul style="list-style-type: none"> The initiating visit can occur during an annual wellness visit (AWV), an evaluation and management (E&M) visit to the patient’s primary care practitioner (Medicare-enrolled physician, NP, CNS, CNM, PA), a Psychiatric Diagnostic Evaluation or a Health Behavior Assessment and Intervention (HBAI)CHW/Service Delivery
Supervising Providers	<ul style="list-style-type: none"> CHW services must be provided under the general supervision of a MHCP-enrolled physician, advance practice registered nurse (APRN), dentist, non-enrolled certified public health nurse or registered nurse working for an enrolled organization 	<ul style="list-style-type: none"> Services are provided by “auxiliary personnel, including CHWs, who render services ‘incident to’ and under the general supervision of the billing practitioner”
Documentation	<ul style="list-style-type: none"> 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, and the CHWs signature and printed name 	MHCP <ul style="list-style-type: none"> The billing provider must meet the same documentation requirements listed under CHW Education services. The documentation must support the number of units billed. Medicare <ul style="list-style-type: none"> Document the patient’s unmet social needs that CHI services are addressing in the medical record. Documenting ICD-10 Z-codes can count as the appropriate documentation. Document the amount of time spent with the patient and the nature of the activities.
CHW Training Requirements	<ul style="list-style-type: none"> CHW must have a valid CHW certificate verifying they have completed an approved CHW curriculum from MN State Colleges and Universities, or be a CHR (Community Health Representative) with Federal Indian Health Services (IHS) training or 5 years supervised experience CHW must enroll as an individual provider with MHCP 	<ul style="list-style-type: none"> CHW must be “certified”: For Minnesota, this means CHW must have a valid CHW certificate verifying they have completed an approved CHW curriculum from MN State Colleges and Universities, or be a CHR (Community Health Representative) with Federal Indian Health Services (IHS) training or 5 years supervised experience CHWs do not enroll with Medicare
Billing Entity	<ul style="list-style-type: none"> MHCP enrolled organization (See Eligible Provider List in MHCP CHW Provider Manual) NOTE: If FQHCs bill they will be paid \$0. 	<ul style="list-style-type: none"> Billing practitioner employing (or contracting with) trained/certificate holding CHWs (indirect billing)

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Category	Health Education Services	Community Health Integration (CHI) Services
	<ul style="list-style-type: none"> MHCP Eligible Providers: APRN, Clinic, Community health clinic, CAH, Dentist, Family planning agency, FQHC, Hospital, IHS facility, MHPs, Physician, PHN clinic, RHCs, Tribal health facility 	<ul style="list-style-type: none"> Only one practitioner can bill for community health integration services per month; and that same practitioner bills for subsequent community health integration services.
Coding/Reimbursement Approach	<p>Diagnosis code:</p> <ul style="list-style-type: none"> Z71.89 (most often used when billing Health Education codes) <p>HCPCS CPT (procedure) codes:</p> <ul style="list-style-type: none"> 98960: self-management education and training 1 patient (30 min) 98961: self-management education and training (groups of 2-4 patients) (30 min) 98962: self-management education and training (groups of 5-8 patients) (30 min) (NOTE: Add a U9 modifier for groups >8) Maximum 2 hours (4 units)/day and 12 hours (24 units)/month 	<p>Diagnosis code:</p> <ul style="list-style-type: none"> SDOH Z-codes - as primary or secondary <p>HCPCS “G” codes:</p> <ul style="list-style-type: none"> G0019 – initial CHW service per month (60 minutes) G0022 – add on code (30 min) No frequency limit on code G0022 Can be billed monthly for initial 60-minutes and then in additional 30-minute increments for aggregate time spent CHI services can be billed when they are provided without patient present, but when the CHW is working on the patient’s behalf
Payment Rates	<p>MHCP payment rates (as of 1/1/25, per 30 min unit)</p> <ul style="list-style-type: none"> 98960: \$23.53 98961: \$11.26/person 98962: \$8.26/person 98962, U9 Modifier: \$8.26/person 	<p>Medicare federal payment rates (as of 10/29/2025):</p> <ul style="list-style-type: none"> G0019 (\$80.56 non-facility; \$49.60 facility) G0022 (\$50.26 non-facility; \$34.62 facility) <p>MHCP payment rates (as of 9/25/2025):</p> <ul style="list-style-type: none"> G0019 (\$59.84 non-facility; \$35.80 facility) G0022 (\$37.05 non-facility; \$25.04 facility)
Paid By	MHCP, MCOs	MHCP, Medicare, MCOs
References	See MHCP CHW Provider Manual and Appendix 1: Healthy Communities Task Force Report for full details.	See MHCP CHW Provider Manual and CMS Health Related Social Needs FAQs , pages 7-16, and Medicare CY 2026 Physician Fee Schedule for full details. MLN9201074 - Health Equity Services in the 2024 Physician Fee Schedule Final Rule

CHW medical billing payers and links to source documents

Minnesota Health Care Programs (MHCP):

- [MHCP CHW Provider Manual](#)
- [Community Health Worker Enrollment Criteria and Forms](#)
- MHCP pays for both Health Education and Community Health Integration (CHI) codes

Medicare:

- [CMS Health Related Social Needs FAQs](#) (pages 7-16)
- [Medicare CY 2026 Physician Fee Schedule](#)
- [MLN9201074 - Health Equity Services in the 2024 Physician Fee Schedule Final Rule](#)
- Medicare pays for Community Health Integration (CHI) codes
- CMS CHI policy guidance and discussions can be found in the following Physician Fee Schedule rules:
 - [CY 2026 \(90 FR 49266\)](#)
 - [CY 2025 \(89 FR 97710\)](#)
 - [CY 2024 \(88 FR 78818\)](#)

Managed Care Organizations (MCO):

- See links to each MCO's Provider Portal in [Appendix 2: Tip Sheet for CHWs and CHW Organizations for MHCP Enrollment and MCO Contracting](#).
- MCOs pay for both Health Education and Community Health Integration (CHI) codes when CHW services are delivered to their members receiving Medicaid (MHCP), including those also receiving Medicare (dual eligible people). MCOs pay only for Community Health Integration (CHI) codes when CHW services are delivered to their members receiving Medicare only.

NOTE: A majority of Minnesotans receiving Medicaid (MN Health Care Programs – MHCP) and Medicare receive these benefits through Managed Care Organizations (MCOs). Minnesota CHW service organizations billing MHCP and Medicare should expect to submit most of their CHW claims to MCOs. CHW service organizations, or their billing partners, must be enrolled with the payers (MHCP, Medicare and MCOs) represented in the patient populations they serve prior to submitting any claims.

National Uniform Claim Committee definitions of provider terms:

- Ordering Provider: “individual who requested the services or items being reported”
- Rendering Provider: “person or company who rendered the care”
- Supervising Provider: “individual who provided oversight of the rendering provider and the care being reported”

CHW medical billing and reimbursement process: How does it work?

The high-level process below outlines the required steps for Community Health Worker (CHW) service delivery and medical billing.

CHW Billing and Reimbursement Process



Community Health Worker billing and reimbursement process steps

1. Preparation

- a. **Patients and Needs:** Identify patient populations, how they will be referred to Community Health Worker (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 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 MN CHW Certificate Program, or a CHR (Community Health Representative) with Federal Indian Health Services (IHS) training or 5 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](#) 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, a 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](#). See [Appendix 3: 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](#). See [Appendix 3: CMS Provider Enrollment Assistance Guide](#) to see who to call for help.

2. Institutional providers such as hospitals, Rural Health Clinics (RHCs), Community Mental Health Centers (CMHCs), Federally Qualified Health Centers (FQHCs), Indian Health Service Facilities (IHS) using the CMS-855A paper application or in PECOS. See [Appendix 3: CMS Provider Enrollment Assistance Guide](#) to see who to call for help.
- ii. **Medicare Enrollment and Billing Resources:**
1. [Medicare Enrollment Guide](#)
 2. [Medicare Learning Network](#)
 3. Medicare has regional MACs (Medicare Administrative Contractor) and NGS ([National Government Services](#)) is the MAC for Medicare billing in Minnesota. Start with “Step 1: Confirm Eligibility to Enroll” at the NGS [Initial Provider Enrollment Process](#) website, 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 (EOBs) 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.

CHW billing workflows/checklists by organization type

The workflows and checklists below provide requirements and step-by-step tasks to implement CHW medical billing for the two sets of codes -- Health Education and Community Health Integration (CHI) -- at three CHW service provider settings:

- **Health Care Organizations (blue)**
- **Community-Based Organizations (green)**
- **Hub Organizations (red)**

Workflows and checklists are color-coded as noted above.

These examples show how these organizations can provide billable CHW services and access available reimbursement from the Department of Human Services, Minnesota Health Care Programs (MHCP), Medicare, and Managed Care Organizations (MCOs).

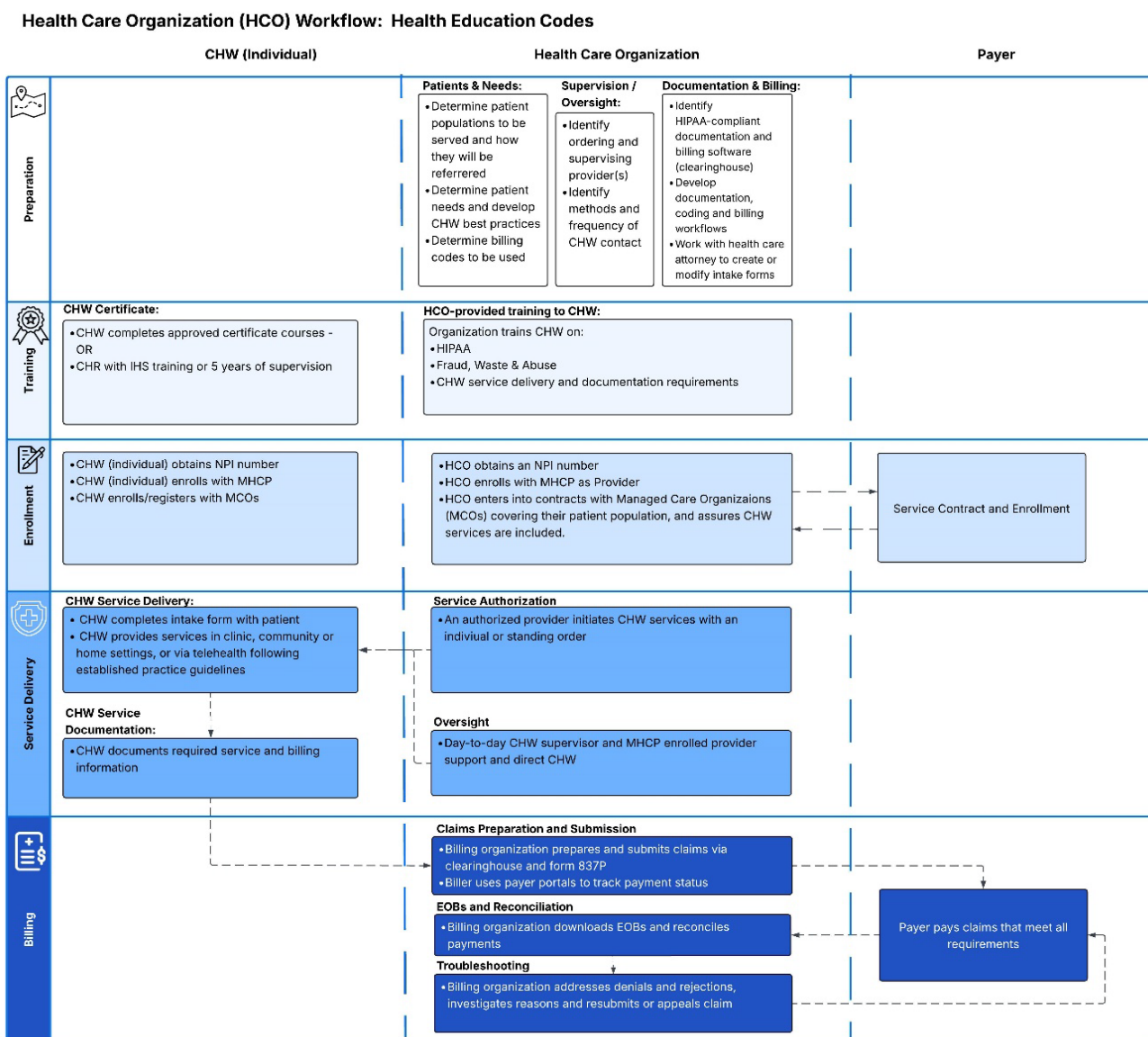
Health Care Organization (HCO) workflows and checklists

Health Care Organizations (HCOs) include clinics, Tribal clinics and Local Public Health agencies as service and billing providers. Community Based Organizations that are already enrolled with MHCP to bill for other (non-CHW) services may want to consider adding CHW services to the services they bill MHCP for directly. Federally Qualified Health Centers (FQHCs) are only included when billing Medicare for Community Health Integration (CHI) services. MHCP does not directly reimburse FQHCs for CHW services (both Health Education and CHI), as these services may be included in bundled rates paid to FQHCs by MHCP. As of October 1, 2025, even in cases where FQHCs are listed by MHCP as qualifying CHW billing entities, reimbursement of the Health Education and CHI codes is \$0 for FQHCs.

HCO Workflow – CHW Health Education Codes:

- Use when a Health Care Organization is billing Community Health Worker (CHW) Health Education Codes (98960, 98961, 98962, 98962 (U9))
- Use for billing services delivered to patients enrolled in Minnesota Health Care Program (MHCP).
- Requirements for billable Health Education CHW services are contained and regularly updated in the Minnesota Health Care Program MHCP CHW Provider Manual.

Health Care Organization Workflow: CHW Health Education Codes



For a larger PDF image, see the MDH CHW Billing Toolkit webpage.

Health Care Organization Checklist: CHW Health Education Codes

Health Care Organization (HCO) - non-FQHC Community Health Worker (CHW) Health Education Codes Billing Requirements

Category	Completed Yes or No	1. Preparation Steps	Responsible Lead: CHW/CHR	Responsible Lead: HCO
a. Patients and Needs:		<ul style="list-style-type: none"> Determine patient populations to be served and how they will be referred <ul style="list-style-type: none"> Estimate what percent of populations to be served are Minnesota Health Care Programs (MHCP) recipients. 		X
		<ul style="list-style-type: none"> Determine patient needs and develop CHW best practices <ul style="list-style-type: none"> What are the patients' health risks and/or conditions, and how will CHW services address these? Define and document the messages and services CHWs will provide to patients. The service must involve teaching the patient how to self-manage their health effectively in conjunction with the health care team. The service can be provided individually or in a group, in an outpatient, home clinic, other community setting or via telehealth. The content of the patient education plan or training must be consistent with established or recognized health or dental health care standards. Curriculum may be modified as necessary for the clinical needs, cultural norms and health or dental literacy of the individual patients. See Appendix 1: Healthy Communities Task Force Report for examples of covered Health Education services. 		X
		<ul style="list-style-type: none"> Determine Health Education billing codes to be used (1:1 and/or Groups) <ul style="list-style-type: none"> 98960 (1:1 services) 98961 (groups of 2-4 people) 98962 (groups of 5-8 people) 98962 (U9) (groups of >8 people) 		X

2025 CHW SERVICES BILLING TOOLKIT

Category	Completed Yes or No	1. Preparation Steps	Responsible Lead: CHW/CHR	Responsible Lead: HCO
b. Supervision and Oversight:		<ul style="list-style-type: none"> Identify ordering and supervising provider(s) <ul style="list-style-type: none"> Will CHW services be ordered when providers see patients 1:1 and then refer patients to the CHW team, or will standing orders be used to define medical necessity for at-risk populations? Which provider(s) will provide general supervision to CHWs? (OPTIONS: MHCP-enrolled physician, Advance Practice Registered Nurse (APRN), dentist, mental health professional, non-enrolled certified public health nurse working for an enrolled organization) 		X
		<ul style="list-style-type: none"> Identify methods and frequency of CHW contact <ul style="list-style-type: none"> Provider determines how general supervision will be provided, and organization assures methods are followed. Can be a combination of regular in-person and/or virtual meetings of CHWs and supervising provider, chart reviews, and contact as-needed to respond to patient situations. 		X
c. Documentation and Billing Standards:		<ul style="list-style-type: none"> Identify Health Insurance Portability and Accountability Act (HIPAA) compliant documentation and billing software (clearinghouse) <ul style="list-style-type: none"> Conduct research to assure product(s) meet organization's needs – there are many options. 		X
		<ul style="list-style-type: none"> Develop documentation, coding and billing workflows <ul style="list-style-type: none"> Required documentation items (as of 8/31/2025 – see CHW Provider Manual for updates): <ul style="list-style-type: none"> Signed order for CHW services specifying the number of units Patient education plan or training program used by CHW Periodic assessment of patient's progress and need for ongoing CHW services Date of service Start and end time of the service (exact minute) Group or individual – If group, # of patients present, summary of content, CHW signature See Appendix 4: Example Health Education Code Billing Template for required billing items 		X

2025 CHW SERVICES BILLING TOOLKIT

Category	Completed Yes or No	1. Preparation Steps	Responsible Lead: CHW/CHR	Responsible Lead: HCO
		<ul style="list-style-type: none"> Work with your organizational billing compliance, privacy and security office, or a health care attorney to create or modify intake forms <ul style="list-style-type: none"> Consent Form Release of Information Notice of Privacy Practices and Acknowledgement of Receipt Organization-specific intake form that includes fields for patient's insurance information 		X
		<ul style="list-style-type: none"> HIPAA: Develop policies and practices to ensure organization meets HIPAA and other data security requirements <ul style="list-style-type: none"> Work with your organization's privacy and security office or a health care attorney to develop internal manuals and practices to follow the laws. 		X

Category	Completed Yes or No	2. Training Steps	Responsible Lead: CHW/CHR	Responsible Lead: HCO
a. CHW Certificate:		<ul style="list-style-type: none"> CHW completes approved certificate program —OR— CHR (Community Health Representative) with Federal Indian Health Services (IHS) training or 5 years supervised experience 	X	
b. Organization Training:		<ul style="list-style-type: none"> Organization trains CHW and Ordering and Supervising Provider(s) on HIPAA, Fraud Waste and Abuse, and CHW service delivery, supervision and documentation requirements <ul style="list-style-type: none"> Use materials and practices developed in the Preparation phase to assure CHWs have knowledge and skills to meet expectations 		X

2025 CHW SERVICES BILLING TOOLKIT

Category	Completed Yes or No	3. Enrollment Steps	Responsible Lead: CHW/CHR	Responsible Lead: HCO
a. National Provider Identifier (NPI) Number:		<ul style="list-style-type: none"> CHW (individual) and billing organization (organizational) both obtain NPI numbers <ul style="list-style-type: none"> See Appendix 5: NPI QuickStart Guide CHW (individual) taxonomy code is 172V00000X When applying for your NPI # the response generates two emails – first to confirm receipt of application, and second contains the NPI # (these emails often stack in Google Mail platform, so watch closely for both emails). 	X	X
b. Minnesota Health Care Programs (MHCP):		<ul style="list-style-type: none"> Health Care Organization enrolls with MHCP as Provider <ul style="list-style-type: none"> See MHCP Provider Portal Organizations must enroll with MHCP before enrolling with Managed Care Organizations (MCOs) 		X
		<ul style="list-style-type: none"> CHW enrolls with MHCP <ul style="list-style-type: none"> Applications require some sections be completed by CHW and other sections by the organization for which they work (CHWs cannot enroll directly – they must be working with an enrolled organization) See Appendix 6: Example Department of Human Services (DHS) Forms 4016, 4138, 5308, and 6806 	X	X
c. Managed Care Organization (MCO) Contracting:		<ul style="list-style-type: none"> HCO enters contracts with MCOs covering their patient population, and assures CHW services (and specifically the Health Education service codes) are included <ul style="list-style-type: none"> HCOs should be prepared to share with MCOs the names and other requested information about their enrolled CHWs (each MCO has different requirements) 		X

2025 CHW SERVICES BILLING TOOLKIT

Category	Completed Yes or No	4. Service Delivery Steps	Responsible Lead: CHW/CHR	Responsible Lead: HCO
a. Order for CHW Services:		<ul style="list-style-type: none"> An authorized provider initiates CHW services with an individual or standing order 		X
b. CHW Delivers Services:		<ul style="list-style-type: none"> Intake forms completed with patient 	X	
		<ul style="list-style-type: none"> CHW provides services in clinic, community or home settings, or via telehealth following established orders (1:1 or standing) and best practices. See Appendix 7: Example Standing Orders and Best Practices 	X	
c. Documentation:		<ul style="list-style-type: none"> CHW documents required service and billing information following established protocols 	X	
d. Oversight:		<ul style="list-style-type: none"> Day-to-day CHW supervisor and MHCP enrolled Provider support and direct CHW 		X
		<ul style="list-style-type: none"> CHW, day-to-day supervisor, and/or MHCP enrolled provider assure documentation of periodic assessment of patient's progress and need for continuing CHW services 	X	X

Category	Completed Yes or No	5. Billing Steps	Responsible Lead: CHW/CHR	Responsible Lead: HCO
a. Claim Preparation and Submission:		<ul style="list-style-type: none"> Billing organization prepares and submits claims via clearinghouse and form 837P (form 837P is the electronic version of Centers for Medicare & Medicaid Services CMS 1500 form) <ul style="list-style-type: none"> Follow system procedures for submitting each claim through a clearinghouse Clearinghouses are often connected to Electronic Health Records (EHRs), so patient and visit information is already populated. Minnesota also has a stand-alone clearinghouse (MN E-Connect) Submit claims to MHCP (MNITS) and MCOs. NOTE: When billing through MNITS for straight Medical Assistance (MA), you will need rendering, supervising and ordering provider NPIs Assure all required elements of the 837P – electronic version of the CMS 1500 – are completed. See Appendix 8: Sample CMS 1500 Assign diagnosis code (Z71.89 is the diagnosis code most often used with CHW CPT (procedure) codes Assign CPT (procedure) codes based on if services were delivered 1:1 (98960), or to groups (2-4 people: 98961; 5-8 people: 98962; >8 people: 98962 U9) To reduce need for troubleshooting, at patient's first visit and the first of every month, go to MNITS and verify MHCP eligibility To reduce need for troubleshooting, assure information is entered completely and correctly For information about submitting claims for dual eligible patient (patients receiving both Medicare and Medicaid) See Appendix 1: Healthy Communities Task Force Report Billing entities/providers should consult their MCO provider contracting contact to confirm billing details such as: Rendering Provider (Field 24J) -- Depending on the MCO and the entity's contract details, the rendering provider could be the CHW, the supervising physician/provider, or the entity themselves. Keep in mind, MCOs do not credential individual CHWs, so this field may look different than when billing for other services. 		X

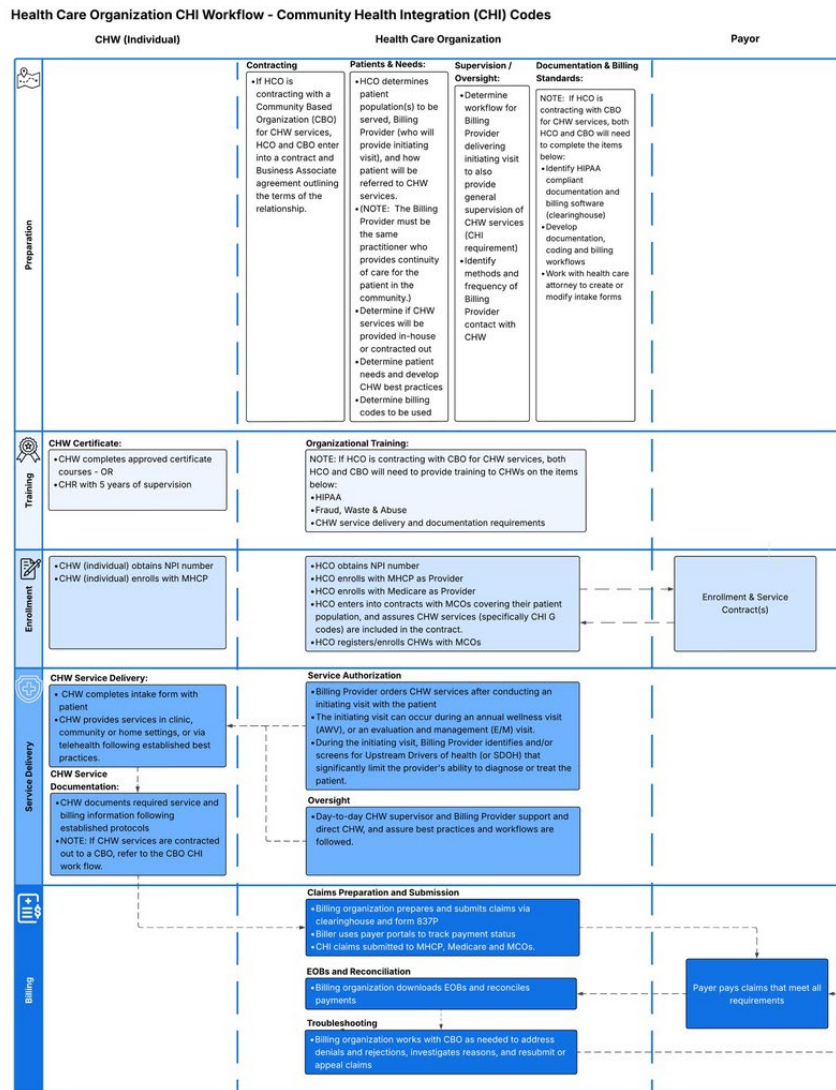
2025 CHW SERVICES BILLING TOOLKIT

Category	Completed Yes or No	5. Billing Steps	Responsible Lead: CHW/CHR	Responsible Lead: HCO
		<ul style="list-style-type: none"> • Biller uses payer portals to track payment status <ul style="list-style-type: none"> ○ Each MCO and DHS (for straight MA) have self-service provider portals that give access to a wide range of resources including claim payment information. Once contracted, providers should use these portals to access the Explanation of Benefits (EOBs)/electronic 835 form to better understand how each claim was processed. Use the EOB documents to reconcile claim submissions and payments. Understanding EOBs will help providers/billers quickly troubleshoot denials. ○ Providers/billers can also access real time payment information on individual claims as the payments move through the payer's system. 		X
b. Claim Payment:		<ul style="list-style-type: none"> • Payer pays claims that meet all requirements 		
		<ul style="list-style-type: none"> • Billing organization downloads EOBs and reconciles payments <ul style="list-style-type: none"> ○ Providers/billers will want to develop a system to reconcile payments. EOBs are created by the payer and explain how CHW service claims have been processed and how the MCO calculated payment. This is the most accurate and efficient way to reconcile payments. ○ Providers/billers can download the EOBs from their provider portals using a variety of search criteria. Each payer provides multiple different ways to search for EOBs. For example, check number or EFT, date of service, date range for service, claim number, individual member number. 		X
c. Troubleshooting:		<ul style="list-style-type: none"> • Billing organization addresses denials and rejections, investigates reasons, and resubmits or appeals claim <ul style="list-style-type: none"> ○ Quickly contact DHS and MCO Provider Services by phone when you get a denial. Ask about the specific claim's denial and learn changes needed before resubmitting. ○ Keep in mind the first error on a claim form will deny the claim, and the system will not look for other errors on the same claim. Be prepared to resubmit the claim and try again. 		X

Health Care Organization Workflow: CHW Community Health Integration Codes:

- Use when a Health Care Organization is billing Community Health Integration (CHI) Codes (G0019 and G0022)
- Billing patients receiving Minnesota Health Care Programs (MHCP) and/or Medicare
- Requirements for billable Community Health Integration (CHI) CHW services are contained and regularly updated in:
 - The [MHCP CHW Provider Manual](#)
 - Centers for Medicare & Medicaid Services [CMS Health Related Social Needs FAQs](#) (pages 7-16)
 - [Medicare CY 2026 Physician Fee Schedule](#)

Health Care Organization Workflow: CHW Community Health Integration Codes



For a larger PDF image, see the MDH CHW Billing Toolkit webpage.

Health Care Organization Checklist: CHW Community Health Integration Codes

Health Care Organization (HCO) - includes FQHCs for Medicare only Community Health Worker (CHW) - Community Health Integration (CHI) Codes
Billing Requirements

Category	Completed Yes or No	1. Preparation Steps	Responsible Lead: CHW/CHR	Responsible Lead: Org
a. Patients and Needs:		<ul style="list-style-type: none"> Determine patient populations to be served and how pt will be referred to CHW services <ul style="list-style-type: none"> Estimate what percent of populations to be served are Minnesota Health Care Programs (MHCP) and/or Medicare recipients Determine referral mechanisms that maintain required security of patient data 		X
		<ul style="list-style-type: none"> Billing Provider (Who will provide initiating visit?) <ul style="list-style-type: none"> Billing Provider can be a physician, nurse practitioner, physician assistant, certified nurse midwife or clinical nurse specialist. The Billing Provider must be the same practitioner who provides continuity of care for pt in the community The Billing Provider must also provide general supervision to the CHWs delivering CHI services The initiating visit can be an Evaluation and Management (E/M) visit, Annual Wellness Visit (AWV), Transitional Care Management (TCM), Psychiatric Diagnostic Evaluation, or a Health Behavior Assessment and Intervention (HBAI) 		X
		<ul style="list-style-type: none"> Determine if CHW services will be provided in-house or contracted out <ul style="list-style-type: none"> If contracted out, SEE ALSO the CBO and/or Hub workflows and checklists for CHI services 		X
		<ul style="list-style-type: none"> Determine patient needs and develop CHW best practices <ul style="list-style-type: none"> What are the patients' upstream drivers of health (or social determinants of health (SDOH)) that are impacting the provider's ability to diagnose and/or treat them? (Including but not limited to food insecurity, transportation insecurity, housing insecurity and unreliable access to public utilities) Define and document the assessments, tools, messages and services CHWs will provide to patients to address upstream drivers of health (or SDOH). Covered services: 		X

2025 CHW SERVICES BILLING TOOLKIT

Category	Completed Yes or No	1. Preparation Steps	Responsible Lead: CHW/CHR	Responsible Lead: Org
		<ul style="list-style-type: none"> ▪ Person-centered assessment ▪ Facilitating patient driven goal setting and establishing an action plan ▪ Coordination of care transitions ▪ Facilitating behavioral change to meet diagnosis and treatment goals ▪ Facilitating access to community based social services ▪ Health education ▪ Building patient self-advocacy skills ▪ Health care access / health system navigation ▪ Facilitating and providing social and emotional support; and ▪ Leveraging lived experience, when applicable. <p>NOTE: CHI services can be delivered via telehealth and are reimbursed at the same rates as in-person (Rural Health Information Hub CHI Services)</p>		
		<ul style="list-style-type: none"> • Determine Community Health Integration (CHI) billing codes to be used <ul style="list-style-type: none"> ○ G0019: Community Health Integration (CHI) services to address upstream drivers of health (or SDOH) needs that are significantly limiting the ability to diagnose or treat needs addresses in an initiating visit (60-minute unit per calendar month) ○ G0022: Community Health Integration (CHI) services add-on code, each additional 30 minutes ○ No frequency limit on code G0022 ○ Note: CHI services provided in a group setting are not covered. 		X
b. Supervision and Oversight:		<ul style="list-style-type: none"> • Determine workflow for Billing Provider delivering initiating visit to also provide general supervision of CHW services (CHI requirement) 		X
		<ul style="list-style-type: none"> • Identify methods and frequency of Billing Provider contact with CHW <ul style="list-style-type: none"> ○ Provider determines how general supervision will be provided, and organization assures methods are followed. Can be a combination of regular in-person and/or virtual meetings of CHWs and supervising provider, chart reviews, and contact as-needed to respond to patient situations. 		X

2025 CHW SERVICES BILLING TOOLKIT

Category	Completed Yes or No	1. Preparation Steps	Responsible Lead: CHW/CHR	Responsible Lead: Org
c. Documentation and Billing Standards:		<p>NOTE: If HCO is contracting with CBO for CHW services, both HCO and CBO will need the items below</p> <ul style="list-style-type: none"> Identify Health Insurance Portability and Accountability Act (HIPAA) compliant documentation and billing software (clearinghouse) <ul style="list-style-type: none"> Conduct research to assure product(s) meet organization's needs – there are many options 		X
		<ul style="list-style-type: none"> Develop documentation, coding and billing workflows <ul style="list-style-type: none"> EXAMPLE documentation for CHI services: <ul style="list-style-type: none"> Patient consent Unmet social needs addressed The treatment plan Amount of time spent Description of activities performed See Appendix 9: CHI Reimbursement Tips, Appendix 10: Coding Intel CHI Services, and Appendix 11: Understanding Medicare Physician Fee Schedule (PFS) CHI Codes for guidance 		X
		<ul style="list-style-type: none"> Work with your organizational billing compliance office or a health care attorney to create or modify intake forms <ul style="list-style-type: none"> Consent Form <ul style="list-style-type: none"> When billing CHI codes to Medicare, patients must be informed that cost sharing will apply and that only one practitioner per month can bill CHI codes. Release of Information Notice of Privacy Practices and Acknowledgement of Receipt Organization-specific intake form that includes fields for patient's insurance information 		X
		<ul style="list-style-type: none"> HIPAA: Develop policies and practices to ensure organization meets HIPAA and other data security requirements <ul style="list-style-type: none"> Work with your organizational privacy and security office or a health care attorney to develop internal manuals and practices to follow the laws 		X

2025 CHW SERVICES BILLING TOOLKIT

Category	Completed Yes or No	1. Preparation Steps	Responsible Lead: CHW/CHR	Responsible Lead: Org
d. Contracting:		<ul style="list-style-type: none"> If HCO is contracting with a CBO for CHW services, HCO and CBO enter into contract and Business Associate Agreement outlining the terms of the relationship <ul style="list-style-type: none"> Assure contract outlines each entity's responsibilities related to referrals, documentation, supervision/oversight, data collection, transmission and privacy, claims submission, and reimbursement. 		X

Category	Completed Yes or No	2. Training Steps	Responsible Lead: CHW/CHR	Responsible Lead: Org
a. CHW Certificate:		<ul style="list-style-type: none"> CHW completes approved certificate program --OR-- CHR (Community Health Representative) with Federal Indian Health Services (IHS) training or 5 years supervised experience 	X	
b. Organization Training:		<p>Organization Training: NOTE: If HCO is contracting with CBO for CHW services, both HCO and CBO will need to provide training on the items below:</p> <ul style="list-style-type: none"> Organization trains Billing Provider and CHW on HIPAA, Fraud Waste and Abuse, and CHW service delivery, supervision and documentation requirements <ul style="list-style-type: none"> Use materials and practices developed in the Preparation phase to assure CHWs have knowledge and skills to meet expectations 		X

2025 CHW SERVICES BILLING TOOLKIT

Category	Completed Yes or No	3. Enrollment Steps	Responsible Lead: CHW/CHR	Responsible Lead: Org
a. National Provider Identifier (NPI) Number:		<ul style="list-style-type: none"> CHW (individual) and billing organization (organizational) both obtain NPI numbers <ul style="list-style-type: none"> See Appendix 5: NPI QuickStart Guide CHW (individual) taxonomy code is 172V00000X When applying for your NPI #, the response generates two emails – first to confirm receipt of application, and second contains the NPI # (these emails often stack in Google Mail platform, so watch closely for both emails) 	X	X
b. Minnesota Health Care Programs (MHCP) (if submitting CHI service claims for MHCP):		<ul style="list-style-type: none"> Health Care Organization enrolls with MHCP as Provider <ul style="list-style-type: none"> See MHCP Provider Portal Organizations must enroll with MHCP before enrolling with Managed Care Organizations (MCOs) 		X
		<ul style="list-style-type: none"> CHW enrolls with MHCP <ul style="list-style-type: none"> Applications require some sections be completed by CHW and other sections by the organization for which they work (CHWs cannot enroll directly – they must be working with an enrolled organization) See Appendix 6: Example Department of Human Services (DHS Forms 4016, 4138, 5308, and 6806 	X	X
c. MEDICARE:		<ul style="list-style-type: none"> See Appendix 3: 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) Medicare Enrollment and Billing Resources: <ul style="list-style-type: none"> Medicare Enrollment Guide Medicare Learning Network Medicare has regional MACs (Medicare Administrative Contractor) and NGS (National Government Services) is the MAC for Medicare billing in Minnesota. Start with “Step 1: Confirm Eligibility to Enroll” at the NGS Initial Provider Enrollment Process website, and follow Steps 1-9 in the boxes to complete enrollment. 		X
d. Managed Care Organization		<ul style="list-style-type: none"> HCO enters contracts with MCOs covering their patient population, and assures CHW services (and specifically the CHI codes) are included 		X

2025 CHW SERVICES BILLING TOOLKIT

(MCO) Contracting:		○ HCOs should be prepared to share with MCOs the names and other requested information about their enrolled CHWs (each MCO has different requirements)		
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2025 CHW SERVICES BILLING TOOLKIT

Category	Completed Yes or No	4. Service Delivery Steps	Responsible Lead: CHW/CHR	Responsible Lead: Org
a. Order for CHW Services at Initiating Visit:		<ul style="list-style-type: none"> Billing Provider orders CHW services after conducting an initiating visit with patient The initiating visit can be an Evaluation and Management (E/M) visit, Annual Wellness Visit (AWV), or Transitional Care Management (TCM) During initiating visit, Billing Provider identifies and/or screens for upstream drivers of health (or Social Determinants of health (SDOH)) that significantly limit the provider's ability to diagnose or treat the patient 		X
b. CHW Delivers Services:		NOTE: If CHW services are contracted out to a CBO, see CBO CHI Workflow <ul style="list-style-type: none"> Intake forms completed with patient 	X	
		<ul style="list-style-type: none"> CHW provides services in clinic, community or home settings, or via telehealth following established protocols and practices (includes services rendered on behalf of the patient when patient is not present) 	X	
c. Documentation:		<ul style="list-style-type: none"> CHW documents required service and billing information following established protocols 	X	
d. Oversight:		<ul style="list-style-type: none"> Day-to-day CHW supervisor and Billing Provider support and direct CHW, and assure best practices and workflows are followed 		X

Category	COMPLETED Yes or No	5. Billing Steps	Responsible Lead: CHW/CHR	Responsible Lead: Org
a. Claim Preparation and Submission:		<ul style="list-style-type: none"> Billing organization prepares and submits claims via clearinghouse and form 837P (form 837P is the electronic version of CMS 1500 form) <ul style="list-style-type: none"> Follow system procedures for submitting each claim through a clearinghouse Clearinghouses are often connected to Electronic Health Records (EHRs), so patient and visit information is already populated. Minnesota also has a stand-alone clearinghouse (MN E-Connect) Submit claims to MHCP (MNITS), Medicare, and MCOs. NOTE: When billing through MNITS for straight Medical Assistance (MA), you will need rendering, supervising and ordering provider NPIs 		X

2025 CHW SERVICES BILLING TOOLKIT

		<ul style="list-style-type: none"> ○ Assure all required elements of the 837P – electronic version of the CMS 1500 – are completed. See Appendix 8: Sample CMS 1500 ○ Assign diagnosis code (Z71.89 is the diagnosis code most often used with CHW CPT (procedure) codes) ○ Assign CPT (procedure) codes based on the amount of time spent delivering CHI services to patient in the month (G0019 for first 60 minutes; G0022 for additional 30-minute units; no frequency limit for G0022) ○ To reduce need for troubleshooting when billing CHI codes to MHCP, at patients first visit and the first of every month, go to MNITS and verify MHCP eligibility ○ To reduce need for troubleshooting, assure information is entered completely and correctly ○ Billing entities/providers should consult their MCO provider contracting contact to confirm billing details such as: Rendering Provider (Field 24J) -- Depending on the MCO and the entity's contract details, the rendering provider could be the CHW, the supervising physician/provider, or the entity themselves. Keep in mind, MCOs do not credential individual CHWs, so this field may look different than when billing for other services. 		
		<ul style="list-style-type: none"> ● Biller uses payer portals to track payment status <ul style="list-style-type: none"> ○ Each MCO, DHS (for straight MA), and Medicare have self-service provider portals that give access to a wide range of resources including claim payment information. Once contracted, providers should use these portals to access the Explanation of Benefits (EOBs)/electronic 835 form to better understand how each claim was processed. Use the EOB documents to reconcile claim submissions and payments. Understanding EOBs will help providers/billers quickly troubleshoot denials. ○ Providers/billers can also access real time payment information on individual claims as the payments move through the payer's system. 		X
b. Claim Payment:		<ul style="list-style-type: none"> ● Payer pays claims that meet all requirements 		
		<ul style="list-style-type: none"> ● Billing organization downloads EOBs and reconciles payments <ul style="list-style-type: none"> ○ Providers/billers will want to develop a system to reconcile payments. EOBs are created by the payer and explain how CHW service claims have been processed and how the MCO calculated payment. This is the most accurate and efficient way to reconcile payments. ○ 		X

2025 CHW SERVICES BILLING TOOLKIT

		<ul style="list-style-type: none"> Providers/billers can download the EOBs from their provider portals using a variety of search criteria. Each payer provides multiple different ways to search for EOBs. For example, check number or EFT, date of service, date range for service, claim number, individual member number. 		
c. Troubleshooting:		<ul style="list-style-type: none"> Billing organization addresses denials and rejections, investigates reasons, and resubmits or appeals claim <ul style="list-style-type: none"> Quickly contact Medicare, DHS and MCO Provider Services by phone when you get a denial. Ask about the specific claim's denial and learn changes needed before resubmitting. Keep in mind the first error on a claim form will deny the claim, and the system will not look for other errors on the same claim. Be prepared to resubmit the claim and try again. Visit NGS - National Government Services (the MAC for Minnesota) for assistance troubleshooting Medicare claims 		X

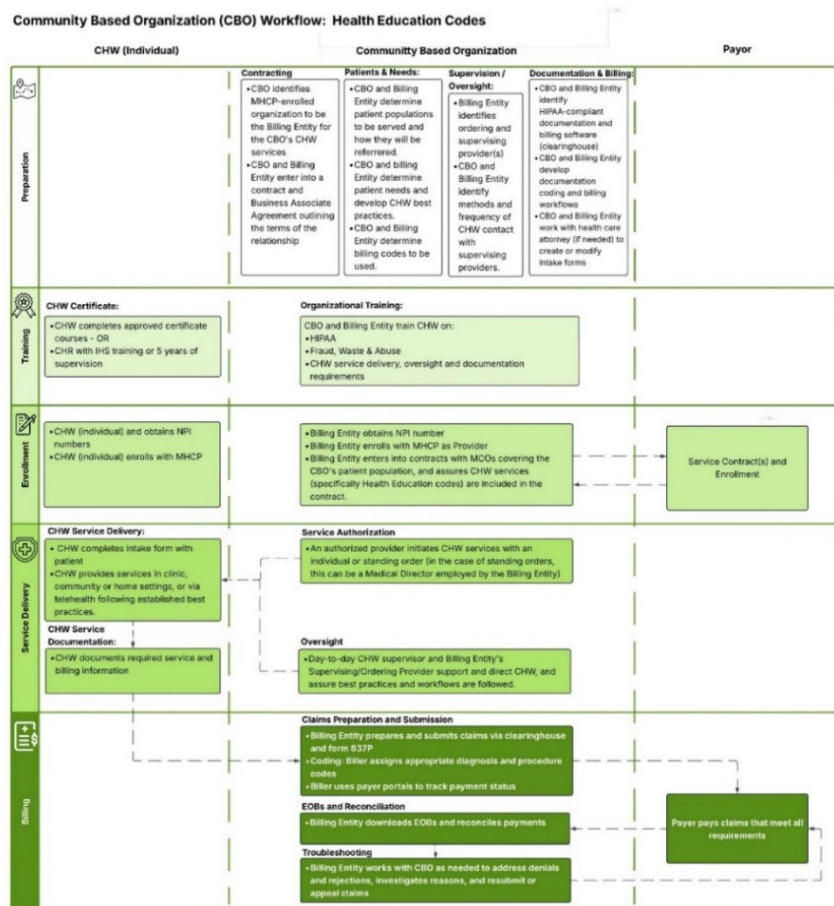
Community Based Organization (CBO) workflows and checklists

Community Based Organizations (CBOs) have a wide variety of structures and services. The workflows and checklists below are designed for CBOs to partner with a separate entity (a “Billing Entity”) that enrolls in Minnesota Health Care Programs (MHCP) and/or Medicare to conduct some tasks required for CHW billing. Some CBOs that are either already enrolled in MHCP for service delivery (for example, to receive reimbursement for transportation services) or deliver other MHCP reimbursable services in addition to CHW services, may choose to enroll directly with MHCP and/or Medicare to also bill for CHW services. In these cases, CBOs should follow the Health Care Organization (HCO) workflows and checklists, as those more closely align with their needs.

Community Based Organization Workflow: CHW Health Education Codes

- Use when a Community Based Organization (CBO) is billing CHW Health Education Codes (98960, 98961, 98962, 98962 (U9)).
- Use for billing services delivered to patients enrolled in MHCP.
- Requirements for billable Health Education CHW services are contained and regularly updated in the [MHCP CHW Provider Manual](#).

Community Based Organization Workflow: CHW Health Education Codes



For a larger PDF image, see the MDH CHW Billing Toolkit webpage.

Community Based Organization Checklist: CHW Health Education Codes

Community Based Organization (CBO)- Community Health Worker (CHW) Health Education Codes Billing Requirements

Category	COMPLETED Yes or No	1. Preparation Steps	Responsible Lead: CHW/CHR	Responsible Lead: CBO	Responsible Lead: Billing Entity
a. Contracting:		<ul style="list-style-type: none"> CBO identifies Minnesota Health Care Programs (MHCP)-enrolled organization to be the Billing Entity for the CBO's CHW services <ul style="list-style-type: none"> The Billing Entity will provide claims processing and general (not day-to-day) supervision of the CBO's CHW team 		X	X
		<ul style="list-style-type: none"> CBO and Billing Entity enter into a contract and Business Associate Agreement (BAA) outlining the terms of the relationship <ul style="list-style-type: none"> The BAA is necessary to define and hold responsible each entity's roles and responsibilities to maintain and safeguard patients' Protected Health Information (PHI) 		X	X
b. Patients and Needs:		<ul style="list-style-type: none"> CBO and Billing Entity determine patient populations to be served and how they will be referred <ul style="list-style-type: none"> Estimate what percent of populations to be served are MHCP recipients 		X	X

2025 CHW SERVICES BILLING TOOLKIT

Category	COMPLETED Yes or No	1. Preparation Steps	Responsible Lead: CHW/CHR	Responsible Lead: CBO	Responsible Lead: Billing Entity
		<ul style="list-style-type: none"> • CBO and Billing Entity determine patient needs and develop CHW best practices <ul style="list-style-type: none"> ○ What are the patients' health risks and/or conditions, and how will CHW services address these? ○ Define and document the messages and services CHWs will provide to patients. ○ The service must involve teaching the patient how to self-manage their health effectively in conjunction with the health care team ○ The service can be provided individually or in a group, in an outpatient, home clinic, other community setting or via telehealth ○ The content of the patient education plan or training must be consistent with established or recognized health or dental health care standards. Curriculum may be modified as necessary for the clinical needs, cultural norms and health or dental literacy of the individual patients ○ See Appendix 1: Healthy Communities Task Force Report for examples of covered Health Education services. 		X	X
		<ul style="list-style-type: none"> • CBO and Billing Entity determine Health Education billing codes to be used (1:1 and/or Groups) <ul style="list-style-type: none"> ○ 98960 (1:1 services) ○ 98961 (groups of 2-4 people) ○ 98962 (groups of 5-8 people) ○ 98962 (U9) (groups of >8 people) 		X	X

2025 CHW SERVICES BILLING TOOLKIT

Category	COMPLETED Yes or No	1. Preparation Steps	Responsible Lead: CHW/CHR	Responsible Lead: CBO	Responsible Lead: Billing Entity
c. Supervision and Oversight:		<ul style="list-style-type: none"> Billing Entity identifies ordering and supervising provider(s) <ul style="list-style-type: none"> Will CHW services be ordered when providers see patients 1:1 and then refer patients to the CHW team, or will standing orders be used to define medical necessity for at-risk populations? Which provider(s) will provide general supervision to CHWs? (OPTIONS: MHCP-enrolled physician, Advance Practice Registered Nurse (APRN), dentist, mental health professional, non-enrolled certified public health nurse working for an enrolled organization) 			X
		<ul style="list-style-type: none"> CBO and Billing Entity identify methods and frequency of CHW contact with supervising provider(s) <ul style="list-style-type: none"> Provider determines how general supervision will be provided, and organization assures methods are followed. Can be a combination of regular in-person and/or virtual meetings of CHWs and supervising provider, chart reviews, and contact as-needed to respond to patient situations 		X	X
d. Documentation and Billing Standards:		<ul style="list-style-type: none"> CBO and Billing Entity identify Health Insurance Portability and Accountability Act (HIPAA) compliant documentation and billing software (clearinghouse) <ul style="list-style-type: none"> Conduct research to assure product(s) meet organization's needs – there are many options 		X	X

2025 CHW SERVICES BILLING TOOLKIT

Category	COMPLETED Yes or No	1. Preparation Steps	Responsible Lead: CHW/CHR	Responsible Lead: CBO	Responsible Lead: Billing Entity
		<ul style="list-style-type: none"> • CBO and Billing Entity develop documentation, coding and billing workflows <ul style="list-style-type: none"> ○ Required documentation items (as of 8/31/2025 – see CHW Provider Manual for updates): <ul style="list-style-type: none"> ▪ Signed order for CHW services specifying the number of units ▪ Patient education plan or training program used by CHW ▪ Periodic assessment of patient’s progress and need for ongoing CHW services ▪ Date of service ▪ Start and end time of the service (exact minute) ▪ Group or individual – If group, # of patients present, summary of content, CHW signature ○ See Appendix 4: Example Health Education Codes Billing Template for required billing items 		X	X
		<ul style="list-style-type: none"> • CBO and Billing Entity work with health care attorney to create or modify intake forms <ul style="list-style-type: none"> ○ Consent Form ○ Release of Information ○ Notice of Privacy Practices and Acknowledgement of Receipt ○ Organization-specific intake form that includes fields for patient’s insurance information 		X	X
		<ul style="list-style-type: none"> • HIPAA: CBO develops policies and practices to ensure organization meets HIPAA and other data security requirements <ul style="list-style-type: none"> ○ Work with a health care attorney to develop internal manuals and practices to follow the laws ○ Billing Entity may have suggestions or preferred processes for CBO to use 		X	

2025 CHW SERVICES BILLING TOOLKIT

Category:	COMPLETED Yes or No	2. Training Steps	Responsible Lead: CHW/CHR	Responsible Lead: CBO	Responsible Lead: Billing Entity
a. CHW Certificate:		<ul style="list-style-type: none"> CHW completes approved certificate program --OR-- CHR (Community Health Representative) with Federal Indian Health Services (IHS) training or 5 years supervised experience 	X		
b. Organization Training:		<ul style="list-style-type: none"> CBO and Billing Entity train CHW and Ordering and Supervising Provider(s) on HIPAA, Fraud Waste and Abuse, and CHW service delivery, supervision and documentation requirements <ul style="list-style-type: none"> Use materials and practices developed in the Preparation phase to assure CHWs have knowledge and skills to meet expectations 	X	X	X

Category:	COMPLETED Yes or No	3. Enrollment Steps	Responsible Lead: CHW/CHR	Responsible Lead: CBO	Responsible Lead: Billing Entity
a. National Provider Identifier (NPI) Number:		<ul style="list-style-type: none"> CHW (individual) and Billing Entity (organizational) both obtain NPI numbers <ul style="list-style-type: none"> See Appendix 5: NPI QuickStart Guide CHW (individual) taxonomy code is 172V00000X When applying for an NPI # the response generates two emails – first to confirm receipt of application, and second contains the NPI # (these emails often stack in Google Mail platform, so watch closely for both emails) 	X		X
b. Minnesota Health Care Programs (MHCP):		<ul style="list-style-type: none"> Billing Entity enrolls with MHCP as Provider <ul style="list-style-type: none"> See MHCP Provider Portal Organizations must enroll with MHCP before enrolling with Managed Care Organizations (MCOs) 			X
		<ul style="list-style-type: none"> CHW enrolls with MHCP <ul style="list-style-type: none"> Applications require some sections be completed by CHW and other sections by the Billing Entity (CHWs cannot enroll directly – they must be working with an enrolled organization) 	X		X

2025 CHW SERVICES BILLING TOOLKIT

Category:	COMPLETED Yes or No	3. Enrollment Steps	Responsible Lead: CHW/CHR	Responsible Lead: CBO	Responsible Lead: Billing Entity
		<ul style="list-style-type: none"> See Appendix 6: Example Department of Human Services (DHS) Forms 4016, 4138, 5308, and 6806 			
c. Managed Care Organization (MCO) Contracting:		<ul style="list-style-type: none"> Billing Entity enters contracts with MCOs covering their patient population, and assures CHW services (and specifically the Health Education service codes) are included <ul style="list-style-type: none"> HCOs should be prepared to share with MCOs the names and other requested information about their enrolled CHWs (each MCO has different requirements) 			X

Category:	COMPLETED Yes or No	4. Service Delivery Steps	Responsible Lead: CHW/CHR	Responsible Lead: CBO	Responsible Lead: Billing Entity
a. Order for CHW Services:		<ul style="list-style-type: none"> An authorized provider initiates CHW services with an individual or standing order (in the case of standing orders, this can be a Medical Director employed by the Billing Entity) 			X
b. CHW Delivers Services:		<ul style="list-style-type: none"> Intake forms completed with patient 	X		
		<ul style="list-style-type: none"> CHW provides services in clinic, community or home settings, or via telehealth following established orders (1:1 or standing) and best practices (SEE Example Standing Orders and Best Practices) 	X		
c. Documentation:		<ul style="list-style-type: none"> CHW documents required service and billing information following established protocols 	X		
d. Oversight:		<ul style="list-style-type: none"> Day-to-day CHW supervisor and MHCP enrolled Provider support and direct CHW 		X	X
		<ul style="list-style-type: none"> CHW, day-to-day supervisor, and/or MHCP enrolled provider assure documentation of periodic assessment of patient's progress and need for continuing CHW services 	X	X	X

2025 CHW SERVICES BILLING TOOLKIT

Category:	COMPLETED Yes or No	5. Billing Steps	Responsible Lead: CHW/CHR	Responsible Lead: CBO	Responsible Lead: Billing Entity
a. Claim Preparation and Submission:		<ul style="list-style-type: none"> • Billing Entity prepares and submits claims via clearinghouse and form 837P (form 837P is the electronic version of Centers for Medicare & Medicaid Services CMS 1500 form) <ul style="list-style-type: none"> ○ Follow system procedures for submitting each claim through a clearinghouse ○ Clearinghouses are often connected to Electronic Health Records (EHRs), so patient and visit information is already populated. Minnesota also has a stand-alone clearinghouse (MN E-Connect) ○ Submit claims to MHCP (MNITS) and MCOs. NOTE: When billing through MNITS for straight Medical Assistance (MA), you will need rendering, supervising and ordering provider NPIs. If you do not know the NPIs, use the NPPES look-up tool. ○ Assure all required elements of the 837P – electronic version of the CMS 1500 – are completed (See Appendix 8: Sample CMS 1500) ○ Assign diagnosis code (Z71.89 is the diagnosis code most often used with CHW CPT (procedure) codes) ○ Assign CPT (procedure) codes based on if services were delivered 1:1 (98960), or to groups (2-4 people: 98961; 5-8 people: 98962; >8 people: 98962 U9) ○ To reduce need for troubleshooting, at patients first visit and the first of every month, go to MNITS and verify MHCP eligibility ○ To reduce need for troubleshooting, assure information is entered completely and correctly ○ For information about submitting claims for dual eligible patient (patients receiving both Medicare and Medicaid) See Appendix 1: Healthy Communities Task Force Report ○ Billing entities/providers should consult their MCO provider contracting contact to confirm billing details such as: Rendering Provider (Field 24J) -- Depending on the MCO and the entity's contract details, the rendering provider could be the CHW, the 			X

2025 CHW SERVICES BILLING TOOLKIT

Category:	COMPLETED Yes or No	5. Billing Steps	Responsible Lead: CHW/CHR	Responsible Lead: CBO	Responsible Lead: Billing Entity
		supervising physician/provider, or the entity themselves. Keep in mind, MCOs do not credential individual CHWs, so this field may look different than when billing for other services.			
		<ul style="list-style-type: none"> Billing Entity uses payer portals to track payment status <ul style="list-style-type: none"> Each MCO and DHS (for straight MA) have self-service provider portals that give access to a wide range of resources including claim payment information. Once contracted, providers should use these portals to access the Explanation of Benefits (EOBs)/electronic 835 form to better understand how each claim was processed. Use the EOB documents to reconcile claim submissions and payments. Understanding EOBs will help providers/billers troubleshoot denials. Providers/billers can also access real time payment information on individual claims as the payments move through the payer's system. 			X
b. Claim Payment:		<ul style="list-style-type: none"> Payer pays Billing Entity for claims that meet all requirements, and Billing Entity distributes reimbursements to CBO as outlined in the CBO/Billing Entity contract 			X
		<ul style="list-style-type: none"> Billing Entity downloads EOBs and reconciles payments <ul style="list-style-type: none"> Providers/billers will want to develop a system to reconcile payments. EOBs are created by the payer and explain how CHW service claims have been processed and how the MCO calculated payment. This is the most accurate/efficient way to reconcile payments. Providers/billers can download the EOBs from their provider portals using a variety of search criteria. Each payer provides multiple different ways to search for EOBs. For example, check number or EFT, date of service, date range for service, claim number, individual member number. 			X
c. Troubleshooting:		<ul style="list-style-type: none"> Billing Entity works with CBO as needed to address denials and rejections, investigates reasons, and resubmits or appeals claim 		X	X

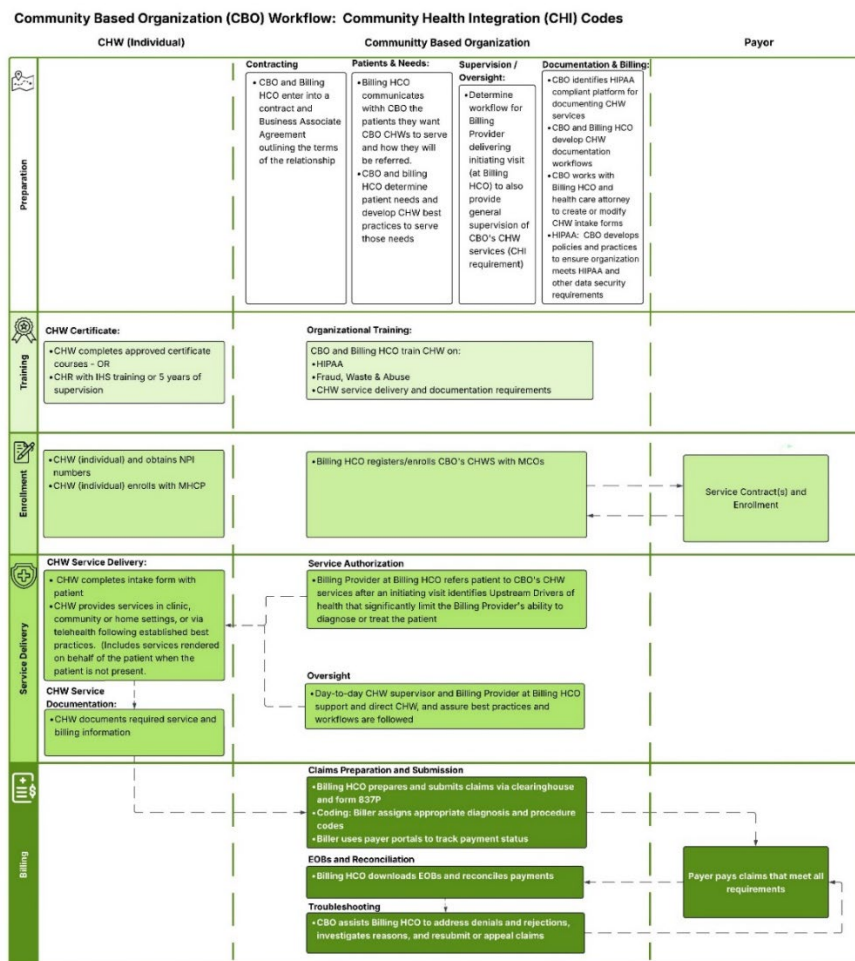
2025 CHW SERVICES BILLING TOOLKIT

Category:	COMPLETED Yes or No	5. Billing Steps	Responsible Lead: CHW/CHR	Responsible Lead: CBO	Responsible Lead: Billing Entity
		<ul style="list-style-type: none"> ○ Quickly contact DHS and MCO Provider Services by phone when you get a denial. Ask about the specific claim's denial and learn changes needed before resubmitting. ○ Keep in mind the first error on a claim form will deny the claim, and the system will not look for other errors on the same claim. Be prepared to resubmit the claim and try again. 			

Community Based Organization Workflow: CHW Community Health Integration Codes

- Use when a Community Based Organization (CBO) is providing CHW services for a Health Care Organization (HCO) that is billing Community Health Integration (CHI) Codes (G0019 and G0022) for the CHW services provided by the CBO
- Billing patients receiving Minnesota Health Care Programs (MHCP) and/or Medicare
- Requirements for billable Community Health Integration (CHI) CHW services are contained and regularly updated in:
 - The [MHCP CHW Provider Manual](#);
 - Centers for Medicare & Medicaid Services ([CMS](#)) [Health Related Social Needs FAQs](#) (pages 7-16); and
 - [Medicare CY 2026 Physician Fee Schedule](#)

Community Based Organization Workflow: CHW Community Health Integration Codes



For a larger PDF image, see the MDH CHW Billing Toolkit webpage.

Community Based Organization Checklist: CHW Community Health Integration Codes

Community Based Organization (CBO)- Community Health Worker (CHW) Community Health Integration (CHI) Codes Billing Requirements

Category:	COMPLETED Yes or No	1. Preparation Steps	Responsible Lead: CHW/CHR	Responsible Lead: CBO	Responsible Lead: Billing Entity
a. Contracting:		<ul style="list-style-type: none"> CBO and Billing Health Care Organization (HCO) enter into contract and Business Associate Agreement (BAA) outlining the terms of the relationship <ul style="list-style-type: none"> The Billing HCO/Provider will provide claims processing and general (not day-to-day) supervision of the CBO's CHW team The BAA is necessary to define and hold responsible each entity's roles and responsibilities to maintain and safeguard patients' Protected Health Information (PHI) 		X	X
b. Patients and Needs:		<ul style="list-style-type: none"> Billing HCO communicates with CBO the patients they want CBO CHWs to serve and how they will be referred 		X	X
		<ul style="list-style-type: none"> CBO and Billing HCO/Provider determine patient needs and develop CHW best practices to serve those needs <ul style="list-style-type: none"> What are the patients' upstream drivers of health (or social determinants of health (SDOH) that are impacting the provider's ability to diagnose and/or treat them? (Including but not limited to food insecurity, transportation insecurity, housing insecurity and unreliable access to public utilities) Define and document the assessments, tools, messages and services CHWs will provide to patients to address upstream drivers of health (or SDOH). Covered services: <ul style="list-style-type: none"> Person-centered assessment Facilitating patient driven goal setting and establishing an action plan Coordination of care transitions Facilitating behavioral change to meet diagnosis and treatment goals Facilitating access to community based social services Health education Building patient self-advocacy skills 		X	X

2025 CHW SERVICES BILLING TOOLKIT

Category:	COMPLETED Yes or No	1. Preparation Steps	Responsible Lead: CHW/CHR	Responsible Lead: CBO	Responsible Lead: Billing Entity
		<ul style="list-style-type: none"> Health care access / health system navigation Facilitating and providing social and emotional support; and Leveraging lived experience, when applicable. <p>NOTE: CHI services can be delivered via telehealth and are reimbursed at the same rates as in-person (Rural Health Information Hub CHI Services)</p> <p>NOTE: CHI services can be delivered on behalf of patient when patient is not present</p>			
c. Supervision and Oversight:		<ul style="list-style-type: none"> Determine workflow for Billing Provider delivering initiating visit (at Billing HCO) to also provide general supervision of CBO's CHW services (CHI requirement) 		X	X
		<ul style="list-style-type: none"> Identify methods and frequency of Billing Provider contact with CBO CHWs <ul style="list-style-type: none"> Billing Provider determines how general supervision will be provided, and CBO assures methods are followed. Can be a combination of regular in-person and/or virtual meetings of CHWs and supervising provider, chart reviews, and contact as-needed to respond to patient situations. 		X	X
d. Documentation and Billing Standards:		<ul style="list-style-type: none"> CBO identifies Health Insurance Portability and Accountability Act (HIPAA) compliant platform for documenting CHW services <ul style="list-style-type: none"> Conduct research to assure product(s) meet organization's needs – there are many options CHI services provided by CHW must be maintained in the patient's medical record and be available to the supervising/billing provider at the time of claim submission 		X	X
		<ul style="list-style-type: none"> CBO and Billing HCO develop CHW documentation workflows <ul style="list-style-type: none"> EXAMPE documentation for CHI services: <ul style="list-style-type: none"> Patient consent Unmet social needs addressed The treatment plan Amount of time spent Description of activities performed 		X	X

2025 CHW SERVICES BILLING TOOLKIT

Category:	COMPLETED Yes or No	1. Preparation Steps	Responsible Lead: CHW/CHR	Responsible Lead: CBO	Responsible Lead: Billing Entity
		<ul style="list-style-type: none"> See Appendix 9: CHI Reimbursement Tips, Appendix 10: Coding Intel CHI Services, and Appendix 11: Understanding Medicare Physician Fee Schedule (PFS) CHI Codes for guidance 			
		<ul style="list-style-type: none"> CBO and Billing HCO work with health care attorney to create or modify CHW intake forms <ul style="list-style-type: none"> Consent Form <ul style="list-style-type: none"> When billing CHI codes to Medicare, patients must be informed that cost sharing will apply and that only one practitioner per month can bill CHI codes Release of Information Notice of Privacy Practices and Acknowledgement of Receipt Organization-specific intake form that includes fields for patient's insurance information 		X	X
		<ul style="list-style-type: none"> HIPAA: CBO develops policies and practices to ensure organization meets HIPAA and other data security requirements <ul style="list-style-type: none"> Work with a health care attorney to develop internal manuals and practices to follow the laws Billing HCO may have suggestions or preferred processes for CBO to use 		X	

Category:	COMPLETED Yes or No	2. Training Steps	Responsible Lead: CHW/CHR	Responsible Lead: CBO	Responsible Lead: Billing Entity
a. CHW Certificate:		<ul style="list-style-type: none"> CHW completes approved certificate program --OR-- CHR (Community Health Representative) with Federal Indian Health Services (IHS) training or 5 years supervised experience 	X		

2025 CHW SERVICES BILLING TOOLKIT

b. Organization Training:		<ul style="list-style-type: none"> • CBO and Billing HCO train CHW on HIPAA, Fraud Waste and Abuse, and CHW service delivery and documentation requirements <ul style="list-style-type: none"> ○ Use materials and practices developed in the Preparation phase to assure CHWs have knowledge and skills to meet expectations 	X	X	X
Category:	COMPLETED Yes or No	3. Enrollment Steps	Responsible Lead: CHW/CHR	Responsible Lead: CBO	Responsible Lead: Billing Entity
a. National Provider Identifier (NPI) Number:		<ul style="list-style-type: none"> • CHW (individual) obtains NPI number <ul style="list-style-type: none"> ○ See Appendix 5: NPI QuickStart Guide ○ CHW (individual) taxonomy code is 172V00000X ○ When applying for an NPI # the response generates two emails – first to confirm receipt of application, and second contains the NPI # (these emails often stack in Google Mail platform, so watch closely for both emails) 	X		
b. Minnesota Health Care Programs (MHCP):		<ul style="list-style-type: none"> • CHW enrolls with MHCP <ul style="list-style-type: none"> ○ Applications require some sections be completed by CHW and other sections by the Billing HCO/Provider (CHWs cannot enroll directly – they must be working with an enrolled organization) ○ See Appendix 6: Example Department of Human Services (DHS) Forms 4016, 4138, 5308, and 6806 	X		X
c. MEDICARE:		<ul style="list-style-type: none"> • See Appendix 3: 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) • Medicare Enrollment and Billing Resources: <ul style="list-style-type: none"> ○ Medicare Enrollment Guide ○ Medicare Learning Network • Medicare has regional MACs (Medicare Administrative Contractor) and NGS (National Government Services) is the MAC for Medicare billing in Minnesota. Start with “Step 1: Confirm Eligibility to Enroll” at the NGS Initial Provider Enrollment Process website, and follow Steps 1-9 in the boxes to complete enrollment. 			X

2025 CHW SERVICES BILLING TOOLKIT

d. Managed Care Organization (MCO) Contracting:		<ul style="list-style-type: none"> Billing HCO registers/ enrolls CBO's CHWs with MCOs <ul style="list-style-type: none"> Billing HCOs should be prepared to share with MCOs the names and other requested information about their enrolled CHWs (each MCO has different requirements) 	X		X
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Category:	COMPLETED Yes or No	4. Service Delivery Steps	Responsible Lead: CHW/CHR	Responsible Lead: CBO	Responsible Lead: Billing Entity
a. Referral to CHW Services:		<ul style="list-style-type: none"> Billing Provider at Billing HCO refers patient to CBO's CHW services after an initiating visit identifies Upstream Drivers of health that significantly limit the Billing Provider's ability to diagnose or treat the patient 			X
b. CHW Delivers Services:		<ul style="list-style-type: none"> Intake forms completed with patient 	X		
		<ul style="list-style-type: none"> CHW provides services in clinic, community or home settings, or via telehealth following established best practices (includes services rendered on behalf of the patient when patient is not present) 	X		
c. Documentation:		<ul style="list-style-type: none"> CHW documents required service and billing information following established protocols 	X		
d. Oversight:		<ul style="list-style-type: none"> Day-to-day CHW supervisor and CBO and Billing Provider at Billing HCO support and direct CHW, and assure best practices and workflows are followed 		X	X

Category:	COMPLETED Yes or No	5. Billing Steps	Responsible Lead: CHW/CHR	Responsible Lead: CBO	Responsible Lead: Billing Entity
a. Troubleshooting:		Troubleshooting: <ul style="list-style-type: none"> CBO assists Billing HCO to address claim denials and rejections by providing additional or revised information <ul style="list-style-type: none"> Quickly follow-up on rejected or denied claims to avoid hitting timely filing deadlines 	X	X	X

2025 CHW SERVICES BILLING TOOLKIT

		<ul style="list-style-type: none">• Visit NGS - National Government Services (the MAC for Minnesota) for assistance troubleshooting Medicare claims			
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Hub Organization workflows and checklists

Hub organizations are emerging in the health care landscape to bridge billing relationships between community based CHW service providers and medical claims payers. Hub organizations provide some required administrative billing functions on behalf of one or more “Spoke” organizations providing direct CHW services. Hubs can have varied structures, but at a minimum Hubs provide the following to support their partner Spoke organizations:

- Direct contracting with payers (Minnesota Health Care Programs (MHCP), Medicare, Managed Care Organizations (MCOs)) that outlines the terms and payment for CHW services delivered by Spoke organizations
- Contracts with Spoke organizations outlining the roles of both Hub and Spoke so that the partnership meets all CHW billing requirements
- Claims processing for Spoke CHW service delivery organizations
- Provision or coordination of any CHW medical oversight required by payers

Hubs may or may not provide:

- Their own direct CHW services
- Referral mechanisms to direct patients to Spoke CHW service providers
- Standard documentation and data systems to track service provision, outcomes and/or billing information

Hub Organization Workflow: CHW Health Education Codes

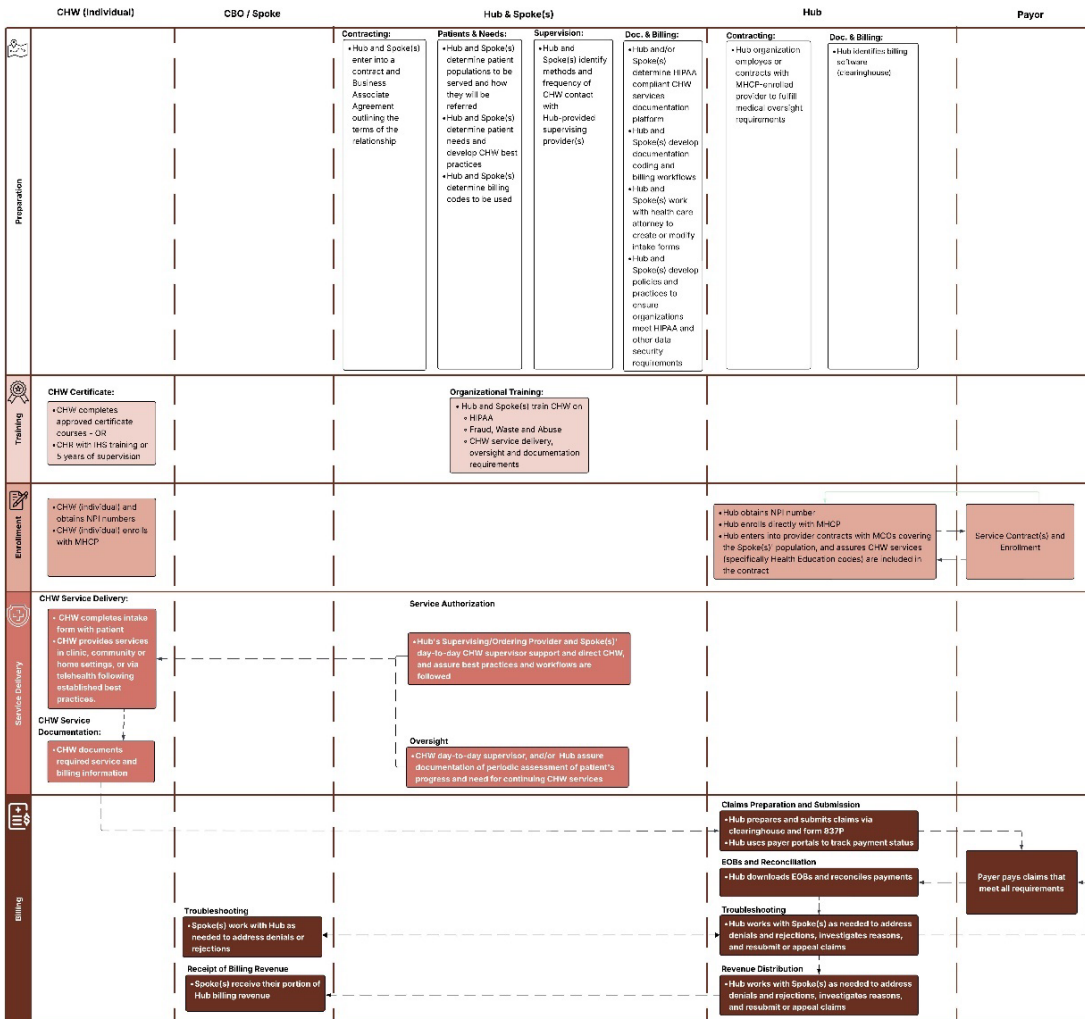
- Use when a Hub organization is billing CHW Health Education Codes (98960, 98961, 98962, 98962 (U9)).
- Use when a Hub organization hires or contracts with a Medical Director to develop and sign standing orders, and to provide general oversight to CHWs working at Spoke organizations.

Use for billing services delivered to patients enrolled in Minnesota Health Care Programs (MHCP).

- Requirements for billable Health Education CHW services are contained and regularly updated in the [MHCP CHW Provider Manual](#).

Hub Organization Workflow: CHW Health Education Codes

Hub Workflow: Health Education Codes



For a larger PDF image, see the MDH CHW Billing Toolkit webpage.

Hub Organization Checklist: CHW Health Education Codes

Hub Organization- Community Health Worker (CHW) Health Education Codes Billing Requirements

Category:	COMPLETED Yes or No	1. Preparation Steps	Lead Responsible: CHW/CHR	Lead Responsible: CBO/ Spoke	Lead Responsible: Hub
a. Contracting:		<ul style="list-style-type: none"> Hub organization employs or contracts with Minnesota Health Care Programs (MHCP) enrolled provider to fulfill medical oversight requirements <ul style="list-style-type: none"> OPTIONS: MHCP-enrolled physician, Advance Practice Registered Nurse (APRN), dentist, mental health professional, non-enrolled certified public health nurse working for an enrolled organization) The Hub will provide claims processing and general (not day-to-day) supervision of the Spoke(s)' CHW team 			X
		<ul style="list-style-type: none"> Hub and Spoke(s) enter into a contract and Business Associate Agreement outlining the terms of the relationship <ul style="list-style-type: none"> The BAA is necessary to define and hold responsible each entity's roles and responsibilities to maintain and safeguard patients' Protected Health Information (PHI) 		X	X
b. Patients and Needs:		<ul style="list-style-type: none"> Hub and Spoke(s) determine patient populations to be served and how they will be referred <ul style="list-style-type: none"> Estimate what percent of populations to be served are MHCP recipients 		X	X
		<ul style="list-style-type: none"> Hub and Spoke(s) determine patient needs and develop CHW best practices <ul style="list-style-type: none"> What are the patients' health risks and/or conditions, and how will CHW services address these? Define and document the messages and services CHWs will provide to patients. The service must involve teaching the patient how to self-manage their health effectively in conjunction with the health care team The service can be provided individually or in a group, in an outpatient, home clinic, other community setting or via telehealth 		X	X

2025 CHW SERVICES BILLING TOOLKIT

Category:	COMPLETED Yes or No	1. Preparation Steps	Lead Responsible: CHW/CHR	Lead Responsible: CBO/ Spoke	Lead Responsible: Hub
		<ul style="list-style-type: none"> ○ The content of the patient education plan or training must be consistent with established or recognized health or dental health care standards. Curriculum may be modified as necessary for the clinical needs, cultural norms and health or dental literacy of the individual patients ○ See Appendix 1: Healthy Communities Task Force Report for examples of covered Health Education services. 			
		<ul style="list-style-type: none"> ● Hub and Spoke(s) determine billing codes to be used (1:1 and/or Groups) <ul style="list-style-type: none"> ○ 98960 (1:1 services) ○ 98961 (groups of 2-4 people) ○ 98962 (groups of 5-8 people) ○ 98962 (U9) (groups of >8 people) 		X	X
c. Supervision and Oversight:		<ul style="list-style-type: none"> ● Hub and Spoke(s) identify methods and frequency of CHW contact with Hub-provided supervising provider(s) <ul style="list-style-type: none"> ○ Provider determines how general supervision will be provided, and organizations assure methods are followed. Can be a combination of regular in-person and/or virtual meetings of CHWs and supervising provider, chart reviews, and contact as-needed to respond to patient situations 		X	X
d. Documentation and Billing Standards:		<ul style="list-style-type: none"> ● Hub identifies billing software (clearinghouse) <ul style="list-style-type: none"> ○ Conduct research to assure product(s) meet organization's needs – there are many options 			X
		<ul style="list-style-type: none"> ● Hub and/or Spoke(s) determine Health Insurance Portability and Accountability Act (HIPAA) compliant CHW services documentation platform <ul style="list-style-type: none"> ○ Conduct research to assure product(s) meet organization's needs – there are many options 		X	X

2025 CHW SERVICES BILLING TOOLKIT

Category:	COMPLETED Yes or No	1. Preparation Steps	Lead Responsible: CHW/CHR	Lead Responsible: CBO/ Spoke	Lead Responsible: Hub
		<ul style="list-style-type: none"> Hub and Spoke(s) develop documentation, coding and billing workflows <ul style="list-style-type: none"> Required documentation items (as of 8/31/2025 – see CHW Provider Manual for updates): <ul style="list-style-type: none"> Signed order for CHW services specifying the number of units Patient education plan or training program used by CHW Periodic assessment of patient’s progress and need for ongoing CHW services Date of service Start and end time of the service (exact minute) Group or individual – If group, # of patients present, summary of content, CHW signature See Appendix 4: Example Health Education Codes Billing Template for required billing items 		X	X
		<ul style="list-style-type: none"> Hub and Spoke(s) work with health care attorney to create or modify intake forms <ul style="list-style-type: none"> Consent Form Release of Information Notice of Privacy Practices and Acknowledgement of Receipt Organization-specific intake form that includes fields for patient’s insurance information 		X	X
		<ul style="list-style-type: none"> Hub and Spoke(s) develop policies and practices to ensure organizations meets HIPAA and other data security requirements <ul style="list-style-type: none"> Work with a health care attorney to develop internal manuals and practices to follow the laws 		X	X

2025 CHW SERVICES BILLING TOOLKIT

Category:	COMPLETED Yes or No	2. Training Steps	Lead Responsible: CHW/CHR	Lead Responsible: CBO/Spoke	Lead Responsible: Hub
a. CHW Certificate:		<ul style="list-style-type: none"> CHW completes approved certificate program --OR-- CHR (Community Health Representative) with Federal Indian Health Services (IHS) training or 5 years supervised experience 	X		
b. Organization Training:		<ul style="list-style-type: none"> Hub and Spoke(s) train CHW on HIPAA, Fraud Waste and Abuse, and CHW service delivery, oversight, and documentation requirements <ul style="list-style-type: none"> Use materials and practices developed in the Preparation phase to assure CHWs have knowledge and skills to meet expectations 	X	X	X

Category:	COMPLETED Yes or No	3. Enrollment Steps	Lead Responsible: CHW/CHR	Lead Responsible: CBO/Spoke	Lead Responsible: Hub
a. National Provider Identifier (NPI) Number:		<ul style="list-style-type: none"> CHW (individual) and Hub (organizational) both obtain NPI numbers <ul style="list-style-type: none"> CHW (individual) taxonomy code is 172V00000X See Appendix 5: NPI QuickStart Guide When applying for an NPI # the response generates two emails – first to confirm receipt of application, and second contains the NPI # (these emails often stack in Google Mail platform, so watch closely for both emails) 	X		X
b. Minnesota Health Care Programs (MHCP):		<ul style="list-style-type: none"> Hub enrolls with MHCP <ul style="list-style-type: none"> See MHCP Provider Portal and Appendix 2: Tip Sheet for CHWs and CHW Organizations for MHCP Enrollment and Managed Care Organization (MCO) Contracting Organizations must enroll with MHCP before enrolling with MCOs 			X
		<ul style="list-style-type: none"> CHW enrolls with MHCP <ul style="list-style-type: none"> Applications require some sections be completed by CHW and other sections by the Billing Entity (CHWs cannot enroll directly – they must be working with an enrolled organization) See Appendix 6: Example Department of Human Services (DHS) Forms 4016, 4138, 5308, and 6806 	X		X

2025 CHW SERVICES BILLING TOOLKIT

c. Managed Care Organization (MCO) Contracting:		<ul style="list-style-type: none"> Hub enters into provider contracts with MCOs covering the Spoke(s)' patient population, and assures CHW services (and specifically Health Education codes) are included in the contract <ul style="list-style-type: none"> Hubs should be prepared to share with MCOs the names and other requested information about their Spoke(s)' enrolled CHWs (each MCO has different requirements) 			X
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Category:	COMPLETED Yes or No	4. Service Delivery Steps	Lead Responsible: CHW/CHR	Lead Responsible: CBO/Spoke	Lead Responsible: Hub
a. Order for CHW Services:		<ul style="list-style-type: none"> Hub's MHCP-enrolled supervising provider writes and signs standing orders outlining medical necessity and parameters of CHW services <ul style="list-style-type: none"> See Appendix 7: Example Standing Orders and Best Practices 			X
b. CHW Delivers Services:		<ul style="list-style-type: none"> Intake forms completed with patient 	X		
		<ul style="list-style-type: none"> CHW provides services in clinic, community or home settings, or via telehealth following established standing orders and best practices <ul style="list-style-type: none"> See Appendix 7: Example Standing Orders and Best Practices 	X		
c. Documentation:		<ul style="list-style-type: none"> CHW documents required service and billing information following established protocols 	X		
d. Oversight:		<ul style="list-style-type: none"> Hub's Supervising/Ordering Provider and Spoke(s)' day-to-day CHW supervisor support and direct CHW, and assure best practices and workflows are followed 		X	X
		<ul style="list-style-type: none"> CHW, day-to-day supervisor, and/or Hub assure documentation of periodic assessment of patient's progress and need for continuing CHW services 	X	X	X

Category:	COMPLETED Yes or No	5. Billing Steps	Lead Responsible: CHW/CHR	Lead Responsible: CBO/Spoke	Lead Responsible: Hub
a. Claim Preparation and Submission:		<ul style="list-style-type: none"> Hub prepares and submits claims via clearinghouse and form 837P (form 837P is the electronic version of Centers for Medicare & Medicaid Services CMS 1500 form) <ul style="list-style-type: none"> Follow system procedures for submitting each claim through a clearinghouse Clearinghouses are often connected to Electronic Health Records (EHRs), so patient and visit information is already populated. Minnesota also has a stand-alone clearinghouse (MN E-Connect) Submit claims to MHCP (MNITS) and MCOs. NOTE: When billing through MNITS for straight Medical Assistance (MA), you will need rendering, supervising and ordering provider NPIs Assure all required elements of the 837P – electronic version of CMS 1500 – are completed (See Appendix 8: Sample CMS 1500) Assign diagnosis code (Z71.89 is the diagnosis code most often used with CHW CPT (procedure) codes) Assign CPT (procedure) codes based on if services were delivered 1:1 (98960), or to groups (2-4 people: 98961; 5-8 people: 98962; >8 people: 98962 U9) To reduce need for troubleshooting, at patients first visit and the first of every month, go to MNITS and verify MHCP eligibility To reduce need for troubleshooting, assure information is entered completely and correctly For information about submitting claims for dual eligible patient (patients receiving both Medicare and Medicaid) See Appendix 1: Healthy Communities Task Force Report Billing entities/providers should consult their MCO provider contracting contact to confirm billing details such as: Rendering Provider (Field 24J) -- Depending on the MCO and the entity's contract details, the rendering provider could be the CHW, the supervising physician/provider, or the entity themselves. Keep in 			X

2025 CHW SERVICES BILLING TOOLKIT

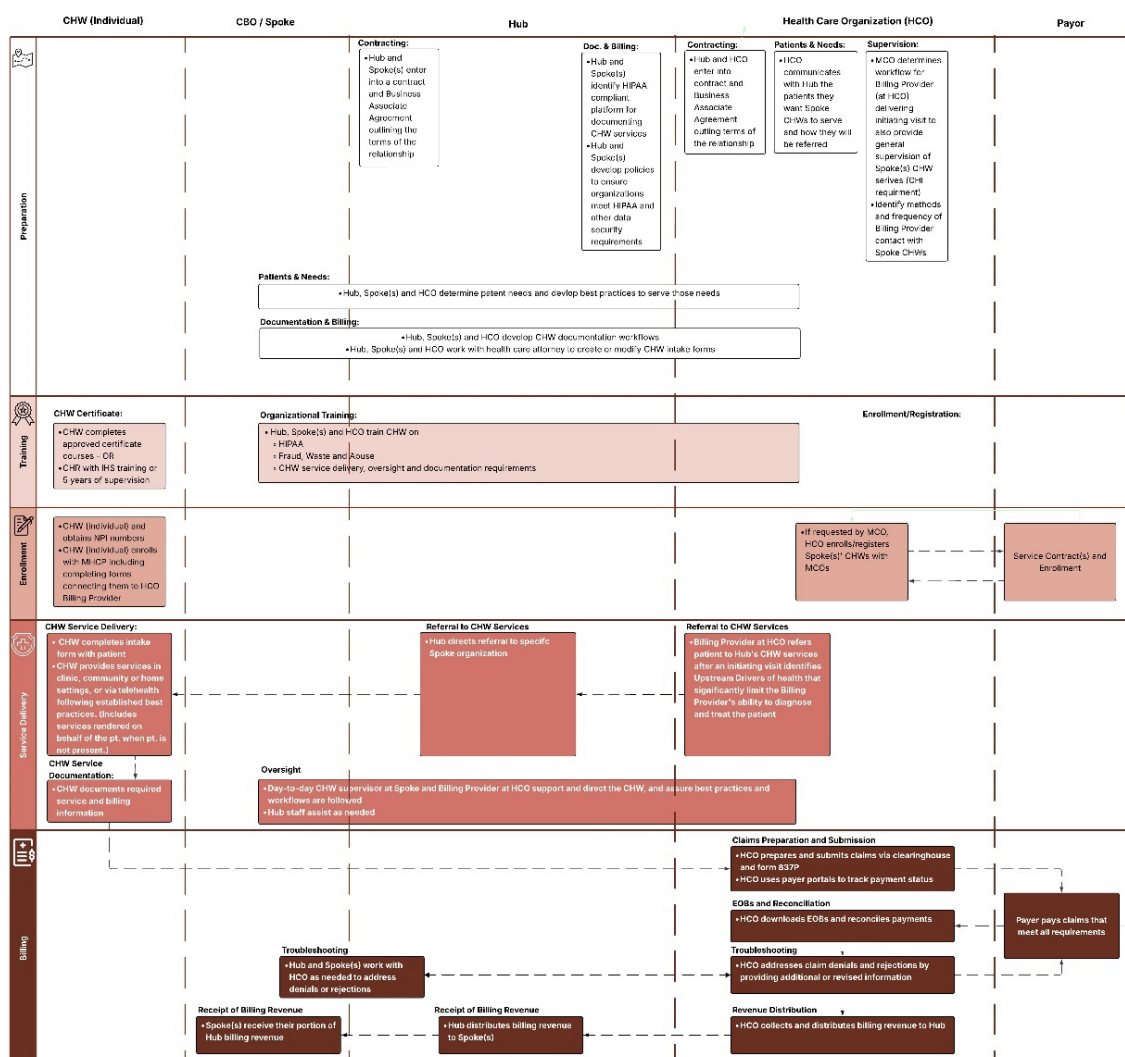
		mind, MCOs do not credential individual CHWs, so this field may look different than when billing for other services.			
		<ul style="list-style-type: none"> • Hub uses payer portals to track payment status <ul style="list-style-type: none"> ○ Each MCO and DHS (for straight MA) have self-service provider portals that give access to a wide range of resources including claim payment information. Once contracted, providers should use these portals to access the Explanation of Benefits (EOBs)/electronic 835 form to better understand how each claim was processed. Use the EOB documents to reconcile claim submissions and payments. Understanding EOBs will help providers/billers troubleshoot denials. ○ Providers/billers can also access real time payment information on individual claims as the payments move through the payer's system. 			X
b. Claim Payment:		<ul style="list-style-type: none"> • Payer pays Hub for claims that meet all requirements 			X
		<ul style="list-style-type: none"> • Hub downloads EOBs and reconciles payments <ul style="list-style-type: none"> ○ Providers/billers will want to develop a system to reconcile payments. EOBs are created by the payer and explain how CHW service claims have been processed and how the MCO calculated payment. This is the most accurate/efficient way to reconcile payments. ○ Providers/billers can download the EOBs from their provider portals using a variety of search criteria. Each payer provides multiple different ways to search for EOBs. For example, check number or EFT, date of service, date range for service, claim number, individual member number. 			X
c. Troubleshooting:		<ul style="list-style-type: none"> • Hub works with Spoke(s) as needed to address denials and rejections, investigates reasons, and resubmits or appeals claim <ul style="list-style-type: none"> ○ Quickly contact DHS and MCO Provider Services by phone when you get a denial. Ask about the specific claim's denial and learn changes needed before resubmitting. ○ Keep in mind the first error on a claim form will deny the claim, and the system will not look for other errors on the same claim. Be prepared to resubmit the claim and try again. 		X	X
d. Spoke Payment:		<ul style="list-style-type: none"> • Hub distributes billing revenue to Spoke CHW service organization(s) 			X

Hub Workflow: CHW Community Health Integration Codes:

- Use when a Health Care Organization (HCO) is contracting with a Hub to link patients to multiple CBOs/Spoke CHW service organizations to provide Community Health Integration (CHI) services. The HCO is responsible for conducting the initiating visit, providing general oversight to the CHW services, and billing payers for the CHW services using CHI Codes (G0019 and G0022).
- Billing patients receiving Minnesota Health Care Programs (MHCP) and/or Medicare
- Requirements for billable Community Health Integration (CHI) CHW services are contained and regularly updated in:
 - The [MHCP CHW Provider Manual](#); and
 - Centers for Medicare & Medicaid Services ([CMS](#)) [Health Related Social Needs FAQs](#) (pages 7-16); and
 - [Medicare CY 2026 Physician Fee Schedule](#)

Hub Organization Workflow: CHW Community Health Integration Codes

Hub Workflow: Community Health Integration Codes



Hub Organization Checklist: CHW Community Health Integration Codes

Hub Organization- Community Health Worker (CHW) - Community Health Integration (CHI) Codes Billing Requirements

Category:	COMPLETED Yes or NO	1. Preparation Steps	Lead Responsible: CHW/ CHR	Lead Responsible: CBO/ Spoke	Lead Responsible: Hub	Lead Responsible: HCO
a. Contracting:		<ul style="list-style-type: none"> Hub and Spoke(s) enter into a contract and Business Associate Agreement (BAA) outlining the terms of the relationship <ul style="list-style-type: none"> The Hub will contract with the Billing Health Care Organization (HCO) and act as an intermediary between the HCO and Spoke(s) to standardize practices The BAA is necessary to define and hold responsible each entity's roles and responsibilities to maintain and safeguard patients' Protected Health Information (PHI) 		X	X	
		<ul style="list-style-type: none"> Hub and HCO enter into contract and Business Associate Agreement (BAA) outlining the terms of the relationship <ul style="list-style-type: none"> The HCO/Billing Provider will provide claims processing and general (not day-to-day) supervision of the Spoke(s)' CHW teams The BAA is necessary to define and hold responsible each entity's roles and responsibilities to maintain and safeguard patients' Protected Health Information (PHI) 			X	X
b. Patients and Needs:		<ul style="list-style-type: none"> HCO communicates with Hub the patients they want Spoke CHWs to serve and how they will be referred 			X	X
		<ul style="list-style-type: none"> Hub, HCO and Spoke(s) determine patient needs and develop CHW best practices to serve those needs <ul style="list-style-type: none"> What are the patients' upstream drivers of health (or social determinants of health (SDOH)) that are impacting the provider's ability to diagnose and/or treat them? (Including but not limited to: food insecurity, transportation insecurity, housing insecurity and unreliable access to public utilities) 		X	X	X

2025 CHW SERVICES BILLING TOOLKIT

Category:	COMPLETED Yes or NO	1. Preparation Steps	Lead Responsible: CHW/ CHR	Lead Responsible: CBO/ Spoke	Lead Responsible: Hub	Lead Responsible: HCO
		<ul style="list-style-type: none"> ○ Define and document the assessments, tools, messages and services CHWs will provide to patients to address upstream drivers of health (or SDOH). ○ Covered services: <ul style="list-style-type: none"> ▪ Person-centered assessment ▪ Facilitating patient driven goal setting and establishing an action plan ▪ Coordination of care transitions ▪ Facilitating behavioral change to meet diagnosis and treatment goals ▪ Facilitating access to community based social services ▪ Health education ▪ Building patient self-advocacy skills ▪ Health care access / health system navigation ▪ Facilitating and providing social and emotional support; and ▪ Leveraging lived experience, when applicable. <p>NOTE: CHI services can be delivered via telehealth and are reimbursed at the same rates as in-person (Rural Health Information Hub CHI Services)</p> <p>NOTE: CHI services can be delivered on behalf of patient when patient is not present</p>				
c. Supervision and Oversight:		<ul style="list-style-type: none"> • Determine workflow for Billing Provider (at HCO) delivering initiating visit to also provide general supervision of Spokes' CHW services (CHI requirement) 		X	X	X
		<ul style="list-style-type: none"> • Identify methods and frequency of Billing Provider (at HCO) contact with Spoke CHWs 		X	X	X

2025 CHW SERVICES BILLING TOOLKIT

Category:	COMPLETED Yes or NO	1. Preparation Steps	Lead Responsible: CHW/ CHR	Lead Responsible: CBO/ Spoke	Lead Responsible: Hub	Lead Responsible: HCO
		<ul style="list-style-type: none"> Billing Provider determines how general supervision will be provided, and Hub/Spoke(s) assure methods are followed. Can be a combination of regular in-person and/or virtual meetings of CHWs and supervising provider, chart reviews, and contact as-needed to respond to patient situations. 				
d. Documentation and Billing Standards:		<ul style="list-style-type: none"> Hub and Spoke(s) identify Health Insurance Portability and Accountability Act (HIPAA) compliant platform for documenting CHW services <ul style="list-style-type: none"> Conduct research to assure product(s) meet organizations' needs – there are many options CHI services provided by CHW must be maintained in the patient's medical record and be available to the supervising/billing provider at the time of claim submission 		X	X	X
		<ul style="list-style-type: none"> Hub, HCO and Spoke(s) develop CHW documentation workflows <ul style="list-style-type: none"> EXAMPLE documentation for CHI services: <ul style="list-style-type: none"> Patient consent Unmet social needs addressed The treatment plan Amount of time spent Description of activities performed See Appendix 9: CHI Reimbursement Tips, Appendix 10: Coding Intel CHI Services, and Appendix 11: Understanding Medicare Physician Fee Schedule (PFS) CHI Codes for guidance 		X	X	X
		<ul style="list-style-type: none"> Hub and Spoke(s) work with health care attorney to create or modify CHW intake forms <ul style="list-style-type: none"> Consent Form 		X	X	

2025 CHW SERVICES BILLING TOOLKIT

Category:	COMPLETED Yes or NO	1. Preparation Steps	Lead Responsible: CHW/ CHR	Lead Responsible: CBO/ Spoke	Lead Responsible: Hub	Lead Responsible: HCO
		<ul style="list-style-type: none"> ▪ When billing CHI codes to Medicare, patients must be informed that cost sharing will apply and that only one practitioner per month can bill CHI codes ○ Release of Information ○ Notice of Privacy Practices and Acknowledgement of Receipt ○ Organization-specific intake form that includes fields for patient's insurance information 				
		<ul style="list-style-type: none"> • Hub and Spoke(s) develop policies and practices to ensure organizations meet HIPAA and other data security requirements <ul style="list-style-type: none"> ○ Work with a health care attorney to develop internal manuals and practices to follow the laws ○ HCO may have suggestions or preferred processes for Hub and Spoke(s) to use 		X	X	

2025 CHW SERVICES BILLING TOOLKIT

Category:	COMPLETED Yes or NO	2. Training Steps	Lead Responsible: CHW/ CHR	Lead Responsible: CBO/ Spoke	Lead Responsible: Hub	Lead Responsible: HCO
a. CHW Certificate:		<ul style="list-style-type: none"> CHW completes approved certificate program --OR-- CHR (Community Health Representative) with Federal Indian Health Services (IHS) training or 5 years supervised experience 	X			
b. Organization Training:		<ul style="list-style-type: none"> Hub, Spoke(s) and HCO train CHW on HIPAA, Fraud Waste and Abuse, and CHW service delivery and documentation requirements <ul style="list-style-type: none"> Use materials and practices developed in the Preparation phase to assure CHWs have knowledge and skills to meet expectations 	X	X	X	X

Category:	COMPLETED Yes or NO	3. Enrollment Steps	Lead Responsible: CHW/ CHR	Lead Responsible: CBO/ Spoke	Lead Responsible: Hub	Lead Responsible: HCO
a. National Provider Identifier (NPI) Number:		<ul style="list-style-type: none"> CHW (individual) obtains NPI number <ul style="list-style-type: none"> See Appendix 5: NPI QuickStart Guide CHW (individual) taxonomy code is 172V00000X When applying for an NPI # the response generates two emails – first to confirm receipt of application, and second contains the NPI # (these emails often stack in Google Mail platform, so watch closely for both emails) 	X			
b. Minnesota Health Care Programs (MHCP):		<ul style="list-style-type: none"> CHW enrolls with MHCP, including completing forms connecting them to HCO Billing Provider <ul style="list-style-type: none"> Applications require some sections be completed by CHW and other sections by the HCO/Billing Provider (CHWs cannot enroll 	X			X

2025 CHW SERVICES BILLING TOOLKIT

		<p>directly – they must be working with an enrolled organization)</p> <ul style="list-style-type: none"> See Appendix 6: Example Department of Human Services (DHS) Forms 4016, 4138, 5308, and 6806 				
c. MEDICARE:		<ul style="list-style-type: none"> See Appendix 3: 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) Medicare Enrollment and Billing Resources: <ul style="list-style-type: none"> Medicare Enrollment Guide Medicare Learning Network Medicare has regional MACs (Medicare Administrative Contractor) and NGS (National Government Services) is the MAC for Medicare billing in Minnesota. Start with “Step 1: Confirm Eligibility to Enroll” at the NGS Initial Provider Enrollment Process website, and follow Steps 1-9 in the boxes to complete enrollment. 				X
d. Managed Care Organization (MCO) Contracting:		<ul style="list-style-type: none"> (if requested by MCO) HCO enrolls/registers Spoke(s) CHWs with MCOs <ul style="list-style-type: none"> HCOs should be prepared to share with MCOs the names and other requested information about the CHWs delivering services to their patients (each MCO has different requirements) 	X			X

Category:	COMPLETED Yes or NO	4. Service Delivery Steps	Lead Responsible: CHW/ CHR	Lead Responsible: CBO/ Spoke	Lead Responsible: Hub	Lead Responsible: HCO
a. Referral to CHW Services:		<ul style="list-style-type: none"> Billing Provider at HCO refers patient to Hub’s CHW services after an initiating visit identifies Upstream Drivers of health that significantly limit the Billing Provider’s ability to diagnose or treat the patient 			X	X

2025 CHW SERVICES BILLING TOOLKIT

		<ul style="list-style-type: none"> Hub directs referral to specific Spoke organization 		X	X	
b. CHW Delivers Services:		<ul style="list-style-type: none"> Intake forms completed with patient 	X			
		<ul style="list-style-type: none"> CHW provides services in clinic, community or home settings, or via telehealth following established best practices (includes services rendered on behalf of the patient when patient is not present) 	X			
c. Documentation:		<ul style="list-style-type: none"> CHW documents required service and billing information following established protocols 	X			
d. Oversight:		<ul style="list-style-type: none"> Day-to-day CHW supervisor at Spoke(s) and Billing Provider at HCO support and direct CHW, and assure best practices and workflows are followed (Hub staff assist as needed) 		X	X	X

Category:	COMPLETED Yes or NO	5. Billing Steps	Lead Responsible: CHW/ CHR	Lead Responsible: CBO/ Spoke	Lead Responsible: Hub	Lead Responsible: HCO
a. Claim Preparation and Submission:		<ul style="list-style-type: none"> HCO prepares and submits claims via clearinghouse and form 837P (form 837P is the electronic version of CMS 1500 form) <ul style="list-style-type: none"> Follow system procedures for submitting each claim through a clearinghouse Clearinghouses are often connected to Electronic Health Records (EHRs), so patient and visit information is already populated. Minnesota also has a stand-alone clearinghouse (MN E-Connect) Submit claims to MHCP (MNITS), Medicare, and MCOs. NOTE: When 				X

2025 CHW SERVICES BILLING TOOLKIT

		<p>billing through MNITS for straight Medical Assistance (MA), you will need rendering, supervising and ordering provider NPIs</p> <ul style="list-style-type: none"> ○ Assure all required elements of the 837P – electronic version of the CMS 1500 – are completed (See Appendix 8: Sample CMS 1500) ○ Assign diagnosis code (Z71.89 is the diagnosis code most often used with CHW CPT (procedure) codes) ○ Assign CPT (procedure) codes based on the amount of time spent delivering CHI services to patient in the month (G0019 for first 60 minutes; G0022 for additional 30- minute units; no frequency limit for G0022) ○ To reduce need for troubleshooting when billing CHI codes to MHCP, at patients first visit and the first of every month, go to MNITS and verify MHCP eligibility ○ To reduce need for troubleshooting, assure information is entered completely and correctly ○ Billing entities/providers should consult their MCO provider contracting contact to confirm billing details such as: Rendering Provider (Field 24J) -- Depending on the MCO and the entity's contract details, the rendering provider could be the CHW, the supervising physician/provider, or the entity themselves. Keep in mind, MCOs do not 				
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2025 CHW SERVICES BILLING TOOLKIT

		credential individual CHWs, so this field may look different than when billing for other services.				
		<ul style="list-style-type: none"> HCO uses payer portals to track payment status <ul style="list-style-type: none"> Each MCO, DHS (for straight MA), and Medicare have self-service provider portals that give access to a wide range of resources including claim payment information. Once contracted, providers should use these portals to access the Explanation of Benefits (EOBs)/electronic 835 form to better understand how each claim was processed. Use the EOB documents to reconcile claim submissions and payments. Understanding EOBs will help providers/billers quickly troubleshoot denials. <ul style="list-style-type: none"> Providers/billers can also access real time payment information on individual claims as the payments move through the payer's system. 				X
b. Claim Payment:		<ul style="list-style-type: none"> Payer pays HCO claims that meet all requirements 				X
		<ul style="list-style-type: none"> HCO downloads EOBs and reconciles payments <ul style="list-style-type: none"> Providers/billers will want to develop a system to reconcile payments. EOBs are created by the payer and explain how CHW service claims have been processed and how the MCO calculated payment. This is the most accurate and efficient way to reconcile payments. Providers/billers can download the EOBs from their provider portals using a variety of search criteria. Each payer provides multiple different ways to 				X

2025 CHW SERVICES BILLING TOOLKIT

		search for EOBs. For example, check number or EFT, date of service, date range for service, claim number, individual member number.				
c. Troubleshooting:		<ul style="list-style-type: none"> Hub and Spoke(s) assist HCO to address claim denials and rejections by providing additional or revised information <ul style="list-style-type: none"> Quickly follow-up on rejected or denied claims to avoid hitting timely filing deadlines Be prepared to resubmit the claim and try again. Visit NGS - National Government Services (the MAC for Minnesota) for assistance troubleshooting Medicare claims 	X	X	X	X
d. Hub and Spoke Payment:		<ul style="list-style-type: none"> HCO distributes billing revenue to Hub 				X
		<ul style="list-style-type: none"> Hub distributes billing revenue to Spoke(s) 			X	

Interactive CHW Program Cost Modeling Tool

The [CHW Program Cost Analysis/Budget Example Tool](#) ([Appendix 12](#)) is designed to help organizations plan for the expenses and revenue of their Community Health Worker (CHW) or Community Health Representative (CHR) programs. By entering your organization's costs and projected revenue into the interactive model, you can explore how changes in payer mix, caseload, productivity, and reimbursement rates impact your program's financial plan. The tool allows you to test different scenarios, compare assumptions, and make informed decisions about staffing, budgeting, and billing.

Instructions

Fill-in your organization's costs and revenue in the interactive cost modeling tool. Try some alternative numbers to understand how changes to your payer mix, caseloads reimbursement rates impact how much revenue you can expect. To model the revenue and expenses of your CHW/CHR program, fill in the yellow-colored cells in the yellow-colored tabs. Your assumptions will be reflected in the Summary tab. Here is a high-level description of each worksheet tab of the interactive cost modeling tool workbook:

1. Summary

- The summary tab “rolls up” all of the assumptions that you will input into subsequent tabs of the tool. It provides the “bottom line” analysis of your CHW program's revenue, expenses and profitability. Note: the only cells you should populate on this tab are the yellow “reimbursement fee” assumptions. “Reimbursement Fees” are the fees that payors subtract from your reimbursement payments.

2. Health Education Revenue

- This tab is intended to allow you to model the revenue your organization is likely to generate from the provision of health education services. By populating the yellow cells on this tab, the model will help you to understand your projected case mix, patient volume and reimbursement revenue by payor type. This tab also calculates the total number of Health Education service hours you expect to deliver in the budget period and compares that to your CHW team's available productivity (on the CHW Productivity tab).

3. CHI Revenue

- This tab is intended to allow you to model the revenue your organization is likely to generate from the provision of Community Healthy Integration (CHI) services. By populating the yellow cells on this tab, the model will help you understand your projected case mix, patient volume and reimbursement revenue by payor type. This tab also calculates the total number of CHI service hours you expect to deliver in the budget period and compares that to your CHW team's available productivity (on the CHW Productivity tab).

4. Other Revenue

- The “other revenue” tab is intended to capture any other sources of revenue – outside of claims reimbursement - that your CHW program expects to collect. You can use the yellow cells on this tab to quantify these additional sources of support.

5. Direct CHW/CHR Expense

- This tab is intended to quantify the direct expense of your CHW team. By populating the yellow cells in this tab, you can reflect the size of your team and the compensation (salary and benefits expense) of your CHW/CHR team.

6. Indirect CHW/CHR Expense

- This tab is intended to quantify the indirect (administrative) expense of your CHW program. By populating the yellow cells on this tab, you can reflect the other expenses – beyond salary and benefits – that your CHW requires to operate.

7. CHW Productivity

- This tab is intended to allow you to estimate the available billable productivity of your CHW team. By populating the yellow cells on this tab, you can estimate how much unbillable time (meetings, travel, trainings) that your team will incur, and how much time remains to generate claims revenue. The bottom of this tab compares your estimated, “available” CHW time with the projected volume of Health Education and CHI service you expect to provide – to ensure that your model doesn’t assume more claims revenue than your team can reasonably deliver.

Image of the Interactive Cost Modeling Tool Worksheet

Operational Budget (Summary)				
Revenue				
	Direct Revenue	Health Education Revenue		Assessment
	MA (MHCIP)		\$ 4,964.16	
	DHIS reimbursement fees		\$ (20.92)	3%
	Managed Care Organizations (MCOs)		\$ 86,483.32	
	MCO reimbursement fees	\$ (2,864.51)	3%	
	Total Education Services Revenue	\$ 99,471.25		
	CHI Revenue	MHCIP	\$ 899.84	
		DHIS reimbursement fees	\$ (24.03)	3%
		Medicare	\$ 1,293.95	
		Medicare reimbursement fees	\$ (26.51)	3%
		MCO	\$ 6,233.99	
		MCO fees	\$ (18.51)	3%
	Total CHI Revenue	\$ 3,268.90		
Other Revenue	IHS support for 638/contract facilities	\$ -		
	Philanthropy	\$ 10,000.00		
	Internal Transfers	\$ -		
	Total Indirect	\$ 10,000.00		
	Total Revenue	#####		
Expense				
Direct Expense	CHW/CHR Compensation	Salaries	\$32,000.00	
		Benefits	\$36,250.00	
Total Compensation		\$100,250.00		
Indirect/Admin Expense	Expense per CHW/CHR FTE			
	Management oversight	\$ 2,000		
	Clinical oversight	\$ 2,000		
	Claims billing	\$ 2,000		
	Supplies	\$ 250		
	Travel	\$ 500		
	Phone	\$ 500		
	Computer	\$ 500		
	Printer	\$ 50		
	Software	\$ 50		
	Secure email	\$ 50		
	Electronic health record	\$ 50		
	Phone service	\$ 50		
	Rent	\$ 6,000		
	Furniture	\$ 1,000		
	Subtotal	\$ 19,400		
	Remaining overhead (insurance, acct, etc)	\$ 1,544		
	Grand Total Indirect/Admin Expense per CHW/CHR FTE	\$ 20,944		
	Budgeted number of FTE CHW/CHR	\$ 1		
Grand Total Indirect/Admin Expense	\$ 20,944			
Total Expense	\$125,244.00			
Net Revenue / (Expense)		#####		
Interactive CHW/CHR services revenue and				
CHW Solutions				
Instructions Summary Health Education Revenue CHI Revenue Other Revenue Direct CHW CHR Expense Indirect CHW CHR Expense CHW Productivity				

For full document, see the MDH CHW Billing Toolkit webpage.

Testimonials

CHW Solutions gathered testimonials to capture perspectives on CHW services billing, financing, and sustainability across Minnesota with an effort to capture voices across organizational settings, geographic areas, and populations served.

Community Health Workers

“I created and facilitated the workplan and several workgroups for the CHW Sustainability Plan conducted by the Alliance this spring [2025]. Through that process, I gathered collective perspectives from multiple stakeholders regarding billing. Since my transition from the Alliance, I’ve continued working as an independent CHW, engaging with health care settings, community-based organizations, clinics, and providers, while remaining actively involved in advocacy efforts. Through this work, I’ve gained valuable insight into how organizations across sectors that utilize CHWs or those looking to integrate a CHW into their teams consistently face challenges related to billing and reimbursement. I’ve also completed the MN-ITS CHW billing and reimbursement training, which, in my opinion, is not very user-friendly.”

--Angela Fields, CHW

“We started providing CHW services using grants to fund the work. Grants are great to get started but they eventually end, and a program has to be sustainable without them. Seeking reimbursement is a great option but can be very confusing to follow all the rules. Since our agency didn’t have a billing department, we used a separate billing company (CHW Solutions) to do it for us. They are also able to help with developing program materials etc. that are needed to serve clients. It is also nice to have a mentor agency to contact to help you along.”

Carrie Harris, CHW

CHW Solutions

“Sometimes when you follow CHW billing rules you find that systems aren’t working as expected. Submitting claims and working through glitches helps Minnesota Health Care Programs (MHCP) and Managed Care Organizations (MCOs) revise their systems to work for CHW providers. This could be called ‘gold standard troubleshooting,’ and working through these issues with the payers ultimately helps make the CHW billing process work more smoothly for everyone. Don’t let glitches throw you off. See them as opportunities to learn and change and build understanding and expertise for your organization and others.”

--Megan Curran de Nieto and Megan Ellingson, Co-Founders, CHW Solutions

Epilepsy Foundation of Minnesota

“The Epilepsy Foundation of Minnesota empowers Minnesotans of all ages impacted by epilepsy through support, connection, education, and advocacy. We pursued CHW reimbursement to support long-term financial sustainability to help us continue providing services into the future. Pursuing reimbursement has led to long-needed formalization of internal processes and protocols for the 1:1 support we’ve provided for years. Deepening and systemizing our service model to support billing has positively impacted our staff and clients, strengthening their work together and helping us align with best practices. If

you're considering pursuing reimbursement, connect with other organizations with experience billing and plan for a slow and gradual on-ramp as you refine your approach."

--Director of Health Equity and Associate Executive Director, Finance and Administration, Epilepsy Foundation of Minnesota

HealthPartners

"HealthPartners has found that Community Health Workers have been an effective way to reach our Medicaid members with information and support to meet their health goals. CHWs from their community have successfully helped members reach goals around asthma and diabetes. We have also found that CHWs have been effective in explaining the importance of immunizations and cancer screenings to reinforce the messages our members receive from the health plan.

HealthPartners values the opportunity to work with CHWs, whether they are employed by a clinic or by an agency. There are sustainability challenges to both models, but open communication and clear expectations for engagement, follow-up and documentation are keys to success. Organizations wanting to begin to work toward billing for CHW services should define the roles of the CHW and the costs associated to ensure they are asking for the appropriate billable rate from the payer organization."

--Quality Department staff member, HealthPartners

Hennepin Healthcare

"We are no longer billing for CHW services through HCH (Health Care Homes) but are pursuing utilizing the Community Health Integration (CHI) codes in 2026. We are doing some billing for CHW education but not much.

Hennepin Healthcare is a safety net hospital, serving a large population of Medicaid and Medicare recipients as well as uninsured patients. Currently, our patient population consists of patients referred to our team by their HHS Primary Care Provider (PCP) for a variety of reasons (transportation, basic needs, food insecurity, barriers to care, etc.). Prior to July 2025, we were Health Care Home certified and received the PMPM (per member per month) reimbursement. We found the HCH billing process to be very cumbersome, requiring manual review and additional staffing resources. In our analysis, we found that the cost to bill for HCH exceeded what was received through reimbursement. For this reason, we did not pursue HCH recertification because while the HCH model of care is great and has helped us to get to where we are today, we did not need to be certified to continue our work outside of billing.

Reimbursement is important for the sustainability for any program. This is especially important during our current budget constraints. My hope is that, by utilizing the CHI codes, we are able to receive higher reimbursement for the care provided by our team, which would ideally allow us to bring on additional FTEs. We are currently working on a project to have our medical assistants complete a brief social determinants of health screening during the rooming process, prompting a CHW referral where appropriate. This is expected to go live early spring 2026."

--Alanna Hinkle-Burnett, Hennepin Healthcare

Minnesota Department of Health

“The Minnesota Department of Health (MDH) is committed to strengthening and expanding the community health worker (CHW) workforce in Minnesota with the goal to reduce health disparities and improve health outcomes in Minnesota. MDH partners with the Minnesota Community Health Worker Alliance, state agencies, educational institutions, local public health, health care organizations, community organizations, and other stakeholders to increase statewide access to appropriate and effective CHW services to support the health and well-being of Minnesotans.

Through the MDH 2024 Environmental Scan of the CHW Field in MN and the development of the 2025 CHW Roadmap for Sustainable Infrastructure, CHWs and CHW programs consistently identified financing and billing as significant barriers to long-term sustainability of CHW programs despite the ability to demonstrate impact on individual and community health. Despite eligibility, few programs currently bill for CHW services, often due to lack of awareness of allowable services under Medicaid and Medicare and the processes to enroll and submit claims for services. With new state and federal codes now encompassing the full scope of CHW scope of practice, reimbursement represents a critical element of a braided funding approach to strengthen and expand CHW programs statewide.

Sustainable CHW financing allows organizations to maintain and grow essential services that improve health literacy, increase access to care, and address social determinants of health through culturally and linguistically responsive care. For organizations that provide CHW services in accordance with the MN Department of Human Services (DHS) billing guidelines in the Minnesota Health Care Programs (MHCP) provider manual and Centers for Medicare & Medicaid Services (CMS) Medicare guidelines, reimbursement for these services can provide support for the provision of CHW services to populations and communities in most need of them.”

--Kristen Godfrey Walters, Community Health Worker Initiatives and Engagement Director, Health Promotion and Chronic Disease Division, Minnesota Department of Health

US Environmental Protection Agency’s National Asthma Community of Practice:

“Kate Hastings Consulting, LLC (KHC) is a consulting firm that delivers strategy, policy, and technical expertise on the indoor environmental determinants of health (IEDOH) in health care, energy, and buildings. The firm is a field-leader, nationally known for work on asthma and respiratory health and policy strategy for U.S. EPA around healthy home and school indoor environments. KHC convenes the EPA’s National Asthma Community of Practice (CoP), engaging 20+ leading practitioner experts in health care, energy, public health, building science, and more. This National Asthma CoP meets roughly twice per year to explore cutting-edge subjects, including how to optimize health care financing for integrated clinical and in-home environmental respiratory care for population health value.

Reimbursing CHWs at sustainable rates for home visits, environmental counseling, referrals for supplies or services where indicated, and disease education for people at risk of respiratory disease is a high-value investment for health care providers and payers that also improves patient experience, disease understanding, and self-management. CHWs are streamliners and

amplifiers for health care efficacy who are ideally positioned and prepared to complete the continuum of care and inform clinic-based partners about non-medical factors driving disease for specific patients. To unleash CHWs full potential, however, health care payment barriers and impediments need to be removed.

KHC and the federal and state agencies, and health and environmental care leaders we collaborate with will continue to champion CHW reimbursement for home visits with environmental education and expanded intervention as indicated. The most financially successful health care systems in the future will be those that use big data and advanced analytics to match the lowest cost interventions as far upstream from disease as they can to avoid disease and related costs before they emerge, especially for the highest cost populations. CHWs who are empowered with financing to recognize and intervene in environmental drivers of disease for populations before they drive disproportionately high / expensive health care use will be force amplifiers for effective health care and generators of cost savings visible at the population level.”

--Kate Hastings, Principal, Kate Hasting Consulting, LLC

Well Being Development Organization

“Well Being Development Organization is a trusted community based nonprofit organization that is striving to make a difference for our friends, neighbors, and families, dreaming about a time where all people are able to live their best lives. We presently employ one Certified CHW. Our most vulnerable community members are challenged with physical illness issues, chronic mental illness issues, chemical dependency issues, involvement with the justice system, experiences of loneliness, isolation, shame, and struggles with poverty, illiteracy, homelessness and hunger. Being able to acquire reimbursement for clients, being seen by the Community Health Worker, has helped to pay for having a Community Health Worker and sustain this program to better serve our community. Community Health Workers are much needed in this rural region, as there is not a plethora of services that community members can access easily. Our Community Health Workers have acquired their Certification through CHW courses, to give the Organization the ability to bill for their services. We are hoping to be able to continue receiving billing reimbursements for our CHW’s services going forward. I would encourage other organizations to seek already certified Community Health Workers, or, as in my case, provide the information for that employee to enroll and complete the Community Health Worker program either online or in person.”

--CHW, Well Being Development Organization

Appendices

- **Appendix 1:** Healthy Communities Task Force Report (https://chwsolutions.com/wp-content/uploads/2025/12/Updated-APP-1_HCTF-CHW-Billing-Education-Information-and-Resources-December-2018.pdf)
- **Appendix 2:** Tip Sheet for CHWs and CHW Organizations for Minnesota Health Care Programs (MHCP) Enrollment and Managed Care Organization (MCO) Contracting ([APP-2_TIP-Sheet-for-CHWs-and-CHW-Organizations-for-MHCP-Enrollment-and-MCO-Contracting-Oct-1-2025.docx](https://chwsolutions.com/wp-content/uploads/2025/11/APP-2_TIP-Sheet-for-CHWs-and-CHW-Organizations-for-MHCP-Enrollment-and-MCO-Contracting-Oct-1-2025.docx))
- **Appendix 3:** Centers for Medicare & Medicaid Services (CMS) Provider Enrollment Assistance Guide (https://chwsolutions.com/wp-content/uploads/2025/11/APP-3_CMS-Provider-Enrollment-Assistance-Guide.pdf)
- **Appendix 4:** EXAMPLE Health Education Codes Billing Template (https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fchwsolutions.com%2Fwp-content%2Fuploads%2F2025%2F11%2FAPP-4_EXAMPLE-Health-Education-Codes-Billing-Spreadsheet-Template.xlsx&wdOrigin=BROWSELINK)
- **Appendix 5:** National Provider Identifier (NPI) QuickStart Guide (https://chwsolutions.com/wp-content/uploads/2025/11/APP-5_NPI-Quickstart-Guide-for-CHWs.pdf)
- **Appendix 6:** EXAMPLE MN Department of Human Services (DHS) Forms:
 - FORM DHS-4016 (Individual Provider Enrollment Application) (https://chwsolutions.com/wp-content/uploads/2025/11/APP-6-4016_Example-DHS-4016.pdf)
 - FORM DHS-4138 (Fee-for-Service and Managed Care Organization In-Network Provider Agreement) (https://chwsolutions.com/wp-content/uploads/2025/11/APP-6-4138_Example-DHS-4138.pdf)
 - FORM DHS-5308 (CHW Provider Assurance Statement) (https://chwsolutions.com/wp-content/uploads/2025/11/APP-6-5308_Example-DHS-5308.pdf)
 - FORM DHS-6806 (Telehealth Provider Assurance Statement) (https://chwsolutions.com/wp-content/uploads/2025/11/APP-6-6806_Example-DHS-6806.pdf)
- **Appendix 7:** EXAMPLE Standing Orders and Best Practices (https://chwsolutions.com/wp-content/uploads/2025/11/APP-7_EXAMPLE-Standing-Orders-and-Best-Practices-Diabetes.pdf)
- **Appendix 8:** SAMPLE Centers for Medicare & Medicaid Services (CMS) 1500 (https://chwsolutions.com/wp-content/uploads/2025/11/APP-8_Sample-CMS-1500.pdf)
- **Appendix 9:** Community Health Integration (CHI) Reimbursement Tips (https://chwsolutions.com/wp-content/uploads/2025/11/APP-9_CHI-Reimbursement-Tips.pdf)

- **Appendix 10:** Coding Intel Community Health Integration (CHI) Services (https://chwsolutions.com/wp-content/uploads/2025/11/APP-10_codingintel.com-Community-Health-Integration-CHI-Services.pdf)
- **Appendix 11:** Understanding Medicare Physician Fee Schedule (PFS) Community Health Integration (CHI) Codes (https://chwsolutions.com/wp-content/uploads/2025/11/APP-11_FINAL-Understanding-Medicare-PFS-Schedule-Primer.508.pdf)
- **Appendix 12:** Interactive Community Health Worker Program Cost Modeling Tool (<https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fchwsolutions.com%2Fwp-content%2Fuploads%2F2025%2F11%2FCHWS-MDH-Cost-Modeling-Tool-11-24-2025-.xlsx&wdOrigin=BROWSELINK>)

Resources

- [Community Health Worker Initiatives in Minnesota](https://www.health.state.mn.us/communities/commhealthworkers/docs/chwscan.pdf) (<https://www.health.state.mn.us/communities/commhealthworkers/docs/chwscan.pdf>)
- [Sustainable CHW Roadmap for Minnesota](https://mnchwalliance.org/sustainable-planning-for-chws/) (<https://mnchwalliance.org/sustainable-planning-for-chws/>)
- [Improving Health And Well-Being Through Community Care Hubs](https://www.healthaffairs.org/content/forefront/improving-health-and-well-being-through-community-care-hubs) (<https://www.healthaffairs.org/content/forefront/improving-health-and-well-being-through-community-care-hubs>)
- [\(CMS\) Health Related Social Needs FAQs](https://www.cms.gov/files/document/health-related-social-needs-faq.pdf) (<https://www.cms.gov/files/document/health-related-social-needs-faq.pdf>)
- § CY 2025 (89 FR 97710) (<https://www.federalregister.gov/documents/2024/12/09/2024-25382/medicare-and-medicaid-programs-cy-2025-payment-policies-under-the-physician-fee-schedule-and-other>)
- § CY 2026 (90 FR 49266) (<https://www.federalregister.gov/documents/2025/11/05/2025-19787/medicare-and-medicaid-programs-cy-2026-payment-policies-under-the-physician-fee-schedule-and-other>)
- CHW Initiatives in Minnesota: An Environmental Scan of the CHW Field (<https://www.health.state.mn.us/communities/commhealthworkers/docs/chwscan.pdf>)
- CHW Program Cost Analysis/Budget Example Tool (<https://chwsolutions.com/chw-billing-toolkit-appendices/>)
- CHW Provider Manual (https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=DHS16_140357#cs)
- CMS Health Related Social Needs FAQs (<https://www.cms.gov/files/document/health-related-social-needs-faq.pdf>)
- Community care hubs (<https://www.healthaffairs.org/content/forefront/improving-health-and-well-being-through-community-care-hubs>)

- Community Health Representative | Indian Health Service (IHS)
(<https://www.ihs.gov/chr/>)
- Community Health Worker Enrollment Criteria and Forms
(https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=ENROLL-55)
- CY 2024 (88 FR 78818)
(https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=ENROLL-55)
- Initial Provider Enrollment Process
(<https://www.ngsmedicare.com/web/ngs/enrollment?lob=96664&state=96736&rgion=93624>)
- Medicare CY 2026 Physician Fee Schedule
(<https://www.federalregister.gov/documents/2025/11/05/2025-19787/medicare-and-medicaid-programs-cy-2026-payment-policies-under-the-physician-fee-schedule-and-other>)
- Medicare Enrollment Guide (<https://www.cms.gov/medicare/provider-enrollment-and-certification/enroll-as-an-institutional-provider>)
- Medicare Learning Network (<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/EnrollmentResources/provider-resources/provider-enrolment/Med-Prov-Enroll-MLN9658742.html#Solely>)
- MHCP CHW Provider Manual
(https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=DHS16_140357)
- MHCP Eligible Provider
(https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=ENROLL-HOME#ep)
- MHCP Provider Portal
(https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=mpse-home)
- MHCP provider resource center (<https://mn.gov/dhs/partners-and-providers/contact-us/minnesota-health-care-programs/providers/>)
- MHCP provider training (<https://mn.gov/dhs/partners-and-providers/training-conferences/minnesota-health-care-programs/provider-training/>)
- Minnesota Community Health Worker Alliance (<https://mnchwalliance.org/>)
- Minnesota Department of Human Services Provider Manual
(https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_140357)
- Minnesota Statute 256B.0625, Subdivision 49
(<https://www.revisor.mn.gov/statutes/cite/256B.0625>)

- MLN9201074 - Health Equity Services in the 2024 Physician Fee Schedule Final Rule (<https://agingresources.nyspi.org/wp-content/uploads/2025/02/Medicare-Health-Equity-Services-PFS-Jan-2024.pdf>)
- MN E-Connect (<https://mneconnect.healthec.com/ProdMNeConnectAdmin/>)
- National Government Services (<https://www.ngsmedicare.com/web/ngs/home?lob=96664&state=96736&rgion=93624>)
- Pathways Community Hub Institute (<https://www.pchi-hub.org/>)
- PECOS (<https://pecos.cms.hhs.gov/pecos/login.do#headingLv1>)
- Reimbursement Tips: Community Health Integration (CHI) (<https://www.nachc.org/wp-content/uploads/2024/04/CHI-Reimbursement-Tips.pdf>)
- Reimbursement Tips: Principal Illness Navigation (PIN) (<https://www.nachc.org/wp-content/uploads/2024/04/PIN-Reimbursement-Tips.pdf>)
- Rural Health Information Hub CHI Services (https://www.ruralhealthinfo.org/care-management/community-health-integration-services?utm_source=chatgpt.com)
- Sustainable CHW Roadmap for Minnesota (<https://mnchwalliance.org/sustainable-planning-for-chws/>)
- Tribal and Federal Indian Health Services (https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&revisionSelectionMethod=LatestReleased&dDocName=id_009000)
- Healthy Communities Task Force Report (https://chwsolutions.com/wp-content/uploads/2025/12/Updated-APP-1_HCTF-CHW-Billing-Education-Information-and-Resources-December-2018.pdf) (CHW Services listed on page 2)
- Tip Sheet for CHWs and CHW Organizations for MHCP Enrollment and MCO Contracting (<https://chwsolutions.com/chw-billing-toolkit-appendices/>)
- EXAMPLE Health Education Codes Billing Template (<https://chwsolutions.com/chw-billing-toolkit-appendices/>)
- National Provider Identifier (NPI) QuickStart Guide (https://chwsolutions.com/wp-content/uploads/2025/11/APP-5_NPI-Quickstart-Guide-for-CHWs.pdf)
- EXAMPLE Minnesota Department of Human Services (DHS) Forms (<https://chwsolutions.com/chw-billing-toolkit-appendices/>)
- FORM DHS-4016 Individual Provider Enrollment Application (https://chwsolutions.com/wp-content/uploads/2025/11/APP-6-4016_Example-DHS-4016.pdf)
- FORM DHS-4138 (Fee-for-Service and Managed Care Organization In-Network Provider Agreement) (https://chwsolutions.com/wp-content/uploads/2025/11/APP-6-4138_Example-DHS-4138.pdf)
- FORM DHS-5308 CHW Provider Assurance Statement (https://chwsolutions.com/wp-content/uploads/2025/11/APP-6-5308_Example-DHS-5308.pdf)

- [FORM DHS-6806 Telehealth Provider Assurance Statement \(https://chwsolutions.com/wp-content/uploads/2025/11/APP-6-6806_Example-DHS-6806.pdf\)](https://chwsolutions.com/wp-content/uploads/2025/11/APP-6-6806_Example-DHS-6806.pdf)
- [EXAMPLE Standing Orders and Best Practices \(https://chwsolutions.com/wp-content/uploads/2025/11/APP-7_EXAMPLE-Standing-Orders-and-Best-Practices-Diabetes.pdf\)](https://chwsolutions.com/wp-content/uploads/2025/11/APP-7_EXAMPLE-Standing-Orders-and-Best-Practices-Diabetes.pdf)