

Hub Organization Checklist: CHW Health Integration Codes

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

| 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 |

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| | | <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 |

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| | | <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 | |

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| | | <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 | |

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| Category: | COMPLETED Yes or NO | 2. Training Steps | Lead Responsible: CHW/ CHR | Lead Responsible: CBO/ Spoke | Lead Responsible: Hub | Lead Responsible: HCO |
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| 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 |

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| | | <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 |
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| 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 |

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| | | <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 |
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| 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 |

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| | | <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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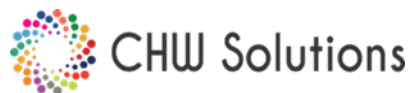
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| | | credential individual CHWs, so this field may look different than when billing for other services. | | | | |
| | | <ul style="list-style-type: none"> HCO uses payer portals to track payment status <ul style="list-style-type: none"> Each MCO, 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 |

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| | | 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 | |

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Minnesota Department of Health
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