

Hub Organization Checklist: CHW Community Health Education Codes

Hub Organization - Community Health Worker (CHW) Community 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

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		<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

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		<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

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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

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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

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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

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		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

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Minnesota Department of Health
Community Health Worker Initiatives
PO Box 64975
St. Paul, MN 55164-0975
651-201-5000
health.chw.MDH@state.mn.us
www.health.mn.gov/chw