CHW Billing Clinic

Melissa Bailey, Dakota County
Laura Sanka, WellShare International
Agenda

- Preparing to Bill
  - Credentialing
  - Enrolling
  - Contracting
- Eligible Services
- Submitting Claims
  - Eligibility
  - Billing
- Future Vision
Preparing to Bill
Credentialing

- Two types accepted by DHS
  1. National Provider Identifier (NPI)
  2. Unique Minnesota Provider Identifier (UMPI)

“MHCP requires CHWs to enroll so they are represented on a claim as the provider who provided the services. During the enrollment process, Provider Enrollment will assign the CHW worker a Unique Minnesota Provider Identifier (UMPI) if the CHW does not a National Provider Identifier (NPI).” – MHCP Provider Manual
NPI

- Individual (CHW) and organizational providers
- Obtain from the National Plan & Provider Enumeration System (NPPES) of the Centers for Medicare & Medicaid Services at https://nppes.cms.hhs.gov/NPPES/Welcome.do
  - Taxonomy for organizations (variable): e.g. 193400000X single specialty group
  - Taxonomy for CHWs: 17 – other service providers > 172V00000X CHW
UMPI

- Obtain from MHCP

  If a provider is not eligible for an NPI and you apply for enrollment, MHCP will assign you a 10-digit Unique Minnesota Provider Identifier (UMPI)
Provider Enrollment

- Enrolling a CHW with DHS
  - 4016 – Individual Provider Enrollment Application
  - 4138 - Provider Agreement
  - 5308 – Community Health Worker Applicant Assurance Statement
    - Requires signature of MHCP Enrolled Supervising Provider
  - CHW Certificate
Minnesota Health Care Programs

Individual Practitioner - Provider Enrollment Application

Type or neatly print the requested information as completely as possible. Do not skip required fields. An incomplete form will delay the processing of this application.

Provider Type

Select one eligible provider type from the list below that identifies you and your type of licensure. If you do not see your provider type listed, contact us.

- Acupuncturist AP
- Allied Dental Professional 31
- Audiologist 43
- Certified Mental Health Rehab Prof-CPRP 26 (also complete DHS-6095)
- Certified Professional Midwife C1
- Certified Registered Nurse Anesthetist 67
- Chiropractor 37
- Clinical Nurse Specialist 68
- Community Health Care Worker* 55 (also complete DHS-5308)
- Dentist 30
- EMT/Paramedic 60
- Licensed Independent Clinical Social Worker 14
- Licensed Marriage and Family Therapist 25
- Licensed Professional Clinical Counselor 63
- Licensed Psychologist 42
- Nurse Midwife 66
- Nurse Practitioner 65
- Occupational Therapist 29
- Optometrist 35
- Physical Therapist 39
- Physician 20 (also complete DHS-4646 if applicable)
- Physician Assistant 32
### Individual Practitioner Personal Profile

(All information is required.)

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>MIDDLE NAME</th>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>NPI (Type 1 only)</th>
<th>SOCIAL SECURITY NUMBER</th>
<th>DATE OF BIRTH</th>
<th>REQUESTED EFFECTIVE DATE</th>
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<table>
<thead>
<tr>
<th>HIGHEST DEGREE EARNED (if applicable)</th>
<th>DATE DEGREE AWARDED (if applicable)</th>
<th>INDIVIDUAL PRACTITIONER'S EMAIL ADDRESS (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Masters</td>
<td></td>
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</tr>
<tr>
<td>• Doctorate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Bachelor</td>
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</tbody>
</table>

### Individual Practitioner's Licenses/Board Certifications

List your current license, board certification. You must enclose a copy of each license board certification.

<table>
<thead>
<tr>
<th>Type of License/Certification</th>
<th>License/Certification Number</th>
<th>Original Issue Date</th>
<th>Renewal End Date</th>
<th>Issuing State</th>
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<tbody>
<tr>
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<td></td>
<td>N/A</td>
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</table>

CHW is the Individual Practitioner for this section

FORM 4016
Provider Enrollment Cont’d

- Already enrolled? Make changes with Form 3535
- Five-year renewal requirement
Provider Enrollment Cont’d

* Enrolling an Organization

- 4016A – Organization Provider Enrollment Application
- 4049 – Provider Enrollment Application for Billing Intermediaries, Clearinghouses, and EDI Trading Partners (as applicable)
- 4087 – Provider Set up Form
- 4138 – Provider Agreement
- 4718 – Electronic Remittance Advice (RA) Form
- 5259 – Disclosure of Ownership and Control Interest of an Entity
- 3725 – EFT Vendor Number Notification
- 6287 – Data Privacy Notice (not submitted)
MHCP Provider Help Desk

- Phone: 651-431-2700 or 1-800-366-5411

**Tips**
- Call at the beginning of the month, middle of the week
- Select “0” for call center representative
- If not currently enrolled, select “3” to reach call center representative
- Wait until VM system gives you other options
- Select Option 3 for physician services
Contracting with PMAPs

- MHCP list of MCO providers

- MCO websites – provider contracting
  - Follow instructions
  - Call if questions
Contracting with PMAPs

- Unique process for every PMAP provider
- Lengthy – be persistent
- Clinical focus
- Negotiable
  - Request higher reimbursement rate
  - Request MN Care Tax reimbursement
  - Request lower insurance requirements
Eligible Services
Eligible Services

From the MHCP Provider Manual:

- “Diagnosis-related medical intervention, not a social service”
- “Patient education for health promotion and disease management”
- “Provided under the supervision of a physician, dentist, APRN, PHN, mental health professional or registered nurse” (Note: list of eligible ordering and billing providers is different)
Eligible Services Cont’d

- Client is MA or MN Care member
- Ordered by provider (physician, APRN, dentist, PHN, or mental health provider)
- Location – Home, community and facility
- Face-to-face
  - 30 minute units
- Special modifiers for phone education
Examples

- Detailed list of possible eligible services developed by the Healthy Communities Taskforce (funded by GTCUW/Medtronic)

- Some examples:
  - Understanding diagnosis, treatment, medication, complications, self-management, risk factors, prevention, screening
  - Education/assistance with eligibility requirements, forms and health care applications, referrals, care transitions and appointments for services
Examples

Examples continued:
- Racial, ethnic, socioeconomic effects on health and treatment and working with patient/providers to address these
- Assessing patient health behaviors and recording client data on these
- Facilitating patient/care team communication and understanding
Submitting Claims
Checking for Eligibility
Billing Example #1

- PMAP-Primary
<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
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</table>

**Claim Type:** OTHERS

**Patient's Name:** Last Name, First Name, MD

**Policy Number:** [Redacted]

**Policy Group:** [Redacted]

**Accident Date:** [Redacted]

**Insertion Date:** [Redacted]

**Insured's Policy Number:** [Redacted]

**Insured's Name:** Last Name, First Name, Middle Name

**Insured's Address:** [Redacted]

**Insured's Phone:** [Redacted]

**Insured's Relationship:** [Redacted]

**Insured's Date of Birth:** [Redacted]

**Insured's Social Security Number:** [Redacted]

**Insured's Policy Group or Policy Number:** [Redacted]

**Insured's Plan Name or Program Name:** [Redacted]

**Insured's HSA or HRA:** [Redacted]

**Insured's HSA or HRA Number:** [Redacted]

**Insured's Group Number:** [Redacted]

**Insured's Claim ID:** [Redacted]

**Insured's Signature or Signature of Designated Person:** [Redacted]

**Insured's Date of Birth:** [Redacted]

**Provider Name:** [Redacted]

**Provider NPI:** [Redacted]

**Provider Contact Information:** [Redacted]

**Provider Services:** [Redacted]

**Provider Services Description:** [Redacted]

**Provider Services Location:** [Redacted]

**Provider Services Date:** [Redacted]

**Explanation of Benefits:** [Redacted]

**Family Plan:** [Redacted]

**Provider Address:** [Redacted]

**Provider City:** [Redacted]

**Provider State:** [Redacted]

**Provider ZIP Code:** [Redacted]

**Terms of Use:** [Redacted]

**Contact Information:** [Redacted]

**Billing Information:** [Redacted]

**Billing Contact Information:** [Redacted]

**Billing Address:** [Redacted]

**Billing City:** [Redacted]

**Billing State:** [Redacted]

**Billing ZIP Code:** [Redacted]

**Payment Information:** [Redacted]

**Payment Contact Information:** [Redacted]

**Payment Address:** [Redacted]

**Payment City:** [Redacted]

**Payment State:** [Redacted]

**Payment ZIP Code:** [Redacted]

**Comments:** [Redacted]
Billing Example #2

- MA Primary
Professional(837P): Claim Information

Billing Provider: DAKOTA COUNTY PUBLIC HLTH DEPT
Total Claim Charge Amount: 128.00
Subserber: [redacted]
Type of Claim: Original

Required Field
Required Field
Situational: if applicable, complete all "**" fields within a section

Situational Claim Information
Situational Ambulance Information

Other Providers (Claim Level)
Rendering Provider
Provider Identifier:
NP/UMLP: [redacted]
Address: DAKOTA CO PUBLIC HEALTH 1 MENDOTA RD W
STE 410, WEST ST PAUL, MN 55118
Taxonomy Information

Professional(837P): Services
Billing Provider: DAKOTA COUNTY PUBLIC HLTH DEPT
Total Claim Charge Amount: 128.00
Subserber: [redacted]
Type of Claim: Original

Required Field
Required Field
Situational: if applicable, complete all "**" fields within a section

Line 1
Services
Other Payer
Situational Services
Situational Ambulance Information

Other Providers
Rendering Provider
Referring Provider
Service Facility Location

Ordering Provider
Provider Identifier:
NP/UMLP: [redacted]
Name: DAKOTA COUNTY PUBLIC HLTH DEPT
Address: DAKOTA COUNTY TREASURER 1550 HIGHWAY 55,
HASTINGS, MN 55033
Taxonomy Information

Save/View Line(s) Copy Delete
ADD
Billing Example #3

- Medicare Dual Eligible with MA Secondary
Situational Claim Information

Claim Note: SERVICES NOT COVERED BY MEDICARE
<table>
<thead>
<tr>
<th>Billing Provider</th>
<th>DAKOTA COUNTY PUBLIC HLTH DEPT</th>
<th>Total Claim Charge Amount</th>
<th>160.00</th>
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<tbody>
<tr>
<td>Type of Claim</td>
<td>Original</td>
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<td></td>
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</tbody>
</table>

**Required Field**

**Situational if applicable, complete all ** fields within a section

**Line 1**

- Services
- Other Payor
- Situational Services
- Situational Ambulance Information

**Other Providers**

**Rendering Provider**

- Provider Identifier
  - NPI/UPIN: [
  - Name: [DAKOTA CO PUBLIC HEALTH 14915 GALAXIE AVE, APPLE VALLEY, MN 55124
  - Address: [DAKOTA COUNTY PUBLIC HLTH DEPT
  - Taxonomy Information

- Referring Provider
  - Service Facility Location

- Ordering Provider

- Supervising Provider

**Subscriber**

- [Name redacted]
Future Vision
What needs to happen next?

- To become more successful
- To become more sustainable
- To become more accessible
Resources

- MHCP Provider Manual – Community Health Worker (CHW)

- Community Health Worker (CHW) Toolkit

- Healthy Communities Taskforce Financial Sustainability Work Group report on “Information and Resources for Community Health Worker Services, Billing and Care Models”
Questions
Contact

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Principal Accounting Technician – Financial Services
Dakota County AR Department
melissa.bailey@co.dakota.mn.us
651-438-8321

Laura Sanka
Program Director
WellShare International
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612-230-3256
Thank you!