



## Part Two: Tools for Billing Minnesota Community Health Worker (CHW) Services

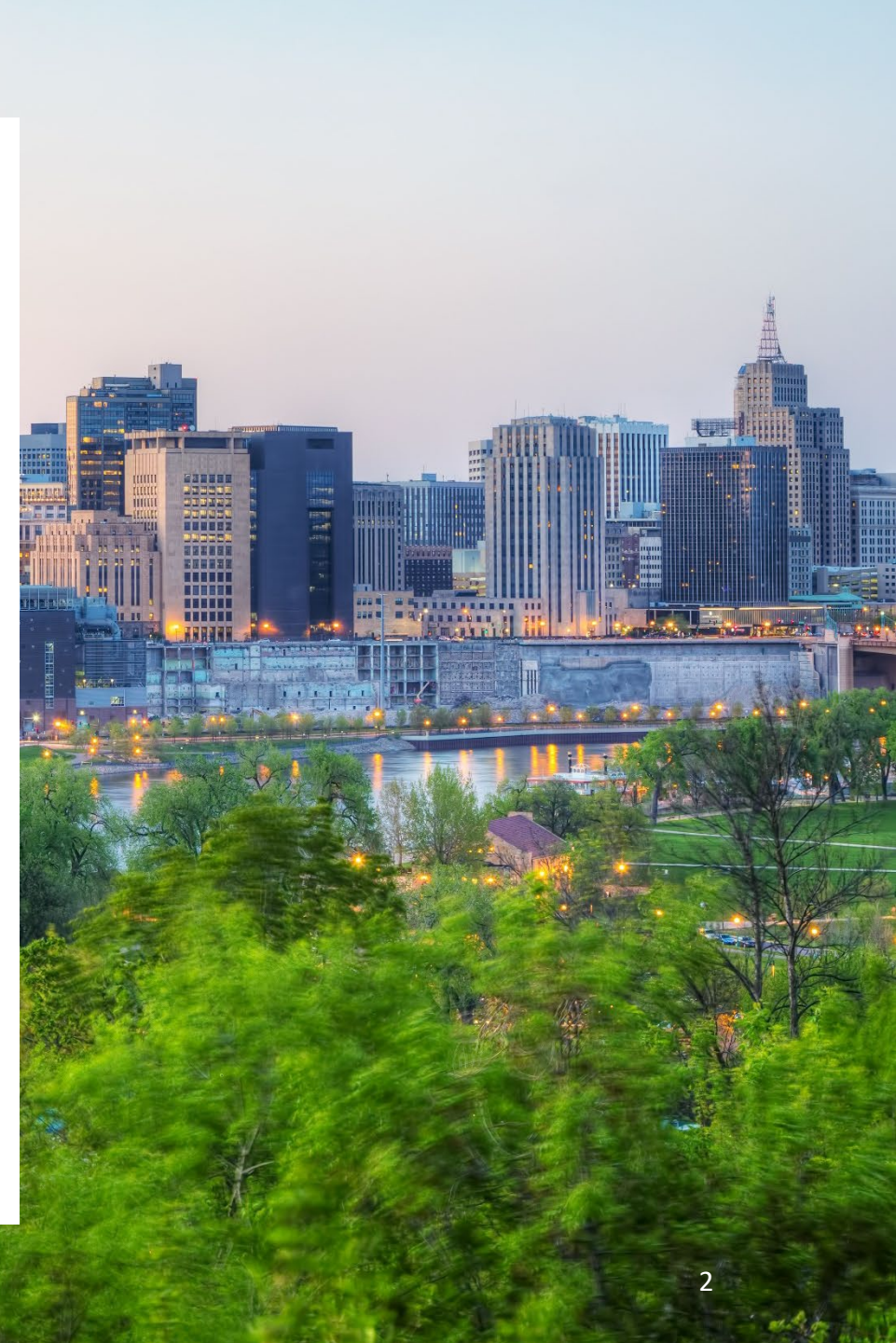
April 15, 2026

11:30 AM – 1:00 PM



# Today's Speakers

- Kristen Godfrey Walters, CHW Initiatives and Engagement Director, MN Department of Health
- Megan Ellingson, Co-Founder, CHW Solutions
- Megan Curran de Nieto, Co-Founder, CHW Solutions
- Eric Snyder, Principal, Excelsior Bay Group (CHW Solutions sub-contractor)



# Agenda

|                         |                                    |
|-------------------------|------------------------------------|
| 11:30 – 11:35 a.m.      | Meeting Welcome and Introductions  |
| 11:35 – 11:40 a.m.      | Background and Purpose             |
| 11:40 – 11:55 a.m.      | Minnesota CHW Billing Testimonials |
| 11:55 a.m. - 12:00 p.m. | CHW Services Grid                  |
| 12:00 - 12:35 p.m.      | Five Steps to CHW Billing          |
| 12:35 – 12:45 p.m.      | Cost Analysis Tool                 |
| 12:45-12:55 p.m.        | Questions and Answers              |
| 12:55-1:00 p.m.         | Meeting Closing                    |

# About Us: MDH CHW Initiatives

## Purpose

MDH CHW Initiatives (CHWI) is committed to strengthening and expanding Minnesota's CHW workforce. Through collaboration with partners, CHWI aims to reduce health disparities, improve health outcomes, and advance health equity across the state.

## Goals

- **Expand** a community and culturally responsive **CHW workforce** statewide
- **Increase access** to effective **CHW services**
- Build sustainable, evidence-based **CHW workforce models**
- Strengthen **data, evaluation, and impact** measurement of CHW services

## Key Strategies

- **Partnerships & Collaboration:** Align state and community efforts to improve health outcomes
- **Training & Workforce Development:** CHW certificate programs, apprenticeships, scholarships, and upskilling opportunities
- **Infrastructure & Sustainability:** Implement the Minnesota CHW Roadmap for Sustainable Infrastructure and address reimbursement challenges
- **Evaluation & Measurement:** Track workforce growth, geographic reach, and CHW impact on health outcomes and equity

[Community Health Worker Initiatives for Health Promotion and Chronic Disease - MN Dept. of Health](https://www.health.mn.gov/communities/cmmhealthworkers/index.html)  
(<https://www.health.mn.gov/communities/cmmhealthworkers/index.html>)



## COMMUNITY HEALTH WORKER INITIATIVES

*Partnering to sustain and expand Minnesota's CHW workforce*



**Community Health Workers (CHWs)** are trusted health professionals that share life experiences, cultural backgrounds, and languages with the communities they serve. CHWs connect people to health care, health information, community resources, and basic needs.

CHWs reduce health care costs and improve health outcomes and quality of care.

**MDH Community Health Worker Initiatives** supports collaboration and coordination between state and community partners to:

- Sustain and expand the CHW workforce
- Equip CHWs to address health needs that impact community health and wellbeing
- Improve health outcomes

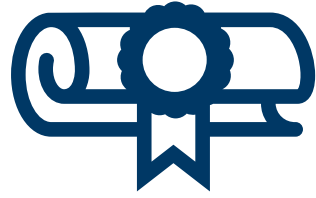


**MDH** DEPARTMENT OF HEALTH

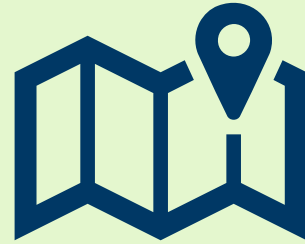
Connect with us  
Visit: [www.health.mn.gov/chw](http://www.health.mn.gov/chw)  
Contact: [health.chw.mdh@state.mn.us](mailto:health.chw.mdh@state.mn.us)



CHW Certificate  
Program Schools  
5\* (2 in progress)



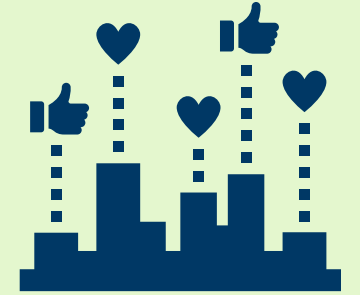
CHW Certificate  
Holders  
1501 (+ 2025  
graduates)



Counties with CHW  
activity  
54%



CHWs Employed  
1070\*

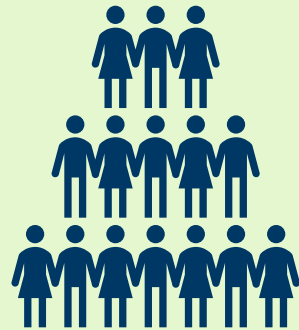


Settings Employing  
CHWs  
11

## 2025 MN CHW Workforce and Billing Metrics



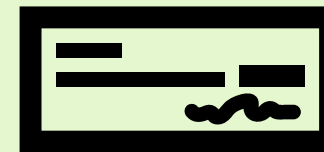
# CHW Employers Billed  
for Reimbursement last  
year  
16



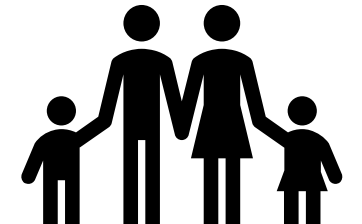
# of CHWs that rendered  
services  
39



# of CHWs enrolled  
with DHS to render  
services  
234



# of paid claims for  
services rendered by  
CHWs  
4,284



#of individuals who  
received services by  
CHWs  
457

**Objective 8: By June 2028, increase the number of employers billing for CHW time to MA and Medicare for reimbursement by 15% from 37 (baseline in 2024) to 42 in 2028.**

## Outcomes

- **Short term (1-2 years): Improved systems of support for employers to successfully bill for reimbursement of CHW services.**
  - Medium term (3-5 years): Improved coverage of CHW services, higher reimbursement rates and aligned policies to support billing success.
  - Long term (6-10 years): Statewide access to appropriate and effective CHW services
- **Strategies**
    - Strategy 27: Raise awareness with decision makers
    - **Strategy 28: Create consulting/technical assistance to get started**
    - Strategy 29: Increase the CHW reimbursement rate
    - Strategy 30: Advocate for full implementation of reimbursement for a broad range of CHW services.
    - Strategy 31: Establish/streamline use of standardized billing, including use of codes and reimbursement rates.

[CHW Logic Model 2024-2028](https://www.health.state.mn.us/communities/commhealthworkers/docs/logicmodel2025.pdf) (https://www.health.state.mn.us/communities/commhealthworkers/docs/logicmodel2025.pdf)

# Background and Purpose

TODAY is PART TWO of this Health Care Homes training on Minnesota Community Health Worker Billing.

PART ONE (from January 21, 2026):

[Slides:](#)

<https://www.health.state.mn.us/facilities/hchomes/collaborative/documents/chwtoolkit.pdf>

[Recording:](#)

<https://www.youtube.com/watch?v=ofYdkqA2BzA>

# Background and Purpose cont.

## Minnesota Department of Health CHW Billing Toolkit

<https://www.health.state.mn.us/communities/commhealthworkers/employers.html>

1. Grid: CHW Medical Billing Payment Models, Codes and Payers
2. CHW Billing Process Steps
3. Workflows and Checklists (clinics, community-based organizations, hubs)
4. Interactive CHW Services Cost Modeling Tool
5. Appendices (including Managed Care Organization contracting tips, EXAMPLE enrollment forms for MN Health Care Programs, and MUCH MORE!)

# Minnesota CHW Billing Testimonials

- Experiences and Success Stories
  - Local Public Health (Dakota County; Nicollet County)
  - Tribal Health (Red Lake)
  - Healthcare (Essentia Health)
  - Community Based Organizations (Epilepsy Foundation of MN; WellShare)
  - LLC (CHW Solutions)

# Examples: Currently Billed & Reimbursed CHW Services Local Public Health

## Dakota County Public Health

- **6 CHWs providing services across programs** including health education, outreach and engagement, community resources, medical and dental appointments, addressing SDOH
- **Programs served:** Asthma, child passenger safety, Child & Teen Checkups program, car seats, directly observed therapy, falls prevention, family home visiting, mothers and babies, refugee health, re-entry assistance program, WIC grocery store tours
- **Referral sources:** PHNs (DPC and FHV), Community Organizations (schools, multiservice providers), Self-referrals, Fire Departments (Falls Prevention Program), Corrections (Re-entry Assistance Program)
- **Trainings:** Association of Asthma Educators CHW Training, Car Seat Technician, MECSH, Circle of Security, Mothers and Babies

# Examples: Currently Billed & Reimbursed CHW Services Local Public Health continued.

## Dakota County Public Health (continued)

- **CHW Services Billing:**

- Family Home Visiting (MESCH)
- Asthma Home Based Services (AHBS):
  - Ordering provider: PHN seeing client, Supervising provider: PHN supervising care
  - Clients are identified by the PHN initially providing services in the asthma program. A referral is made to request a CHW for families needing additional support. The program is specific to children 17 & under who live in Dakota County and have been diagnosed with asthma.
  - CHWs provide asthma education & connection to resources. Plan to bill for CHWs completing asthma education home visits.
- Child Passenger Safety
- Refugee Health

- **Billing Codes:**

- CHW Education Code 98960 for 1:1 services provided during home visits (not yet submitting claims for AHBS).
- Billing to Medical Assistance and PMAPs (BCBS, Ucare, Health Partners, and Medica)
- CHWs document in PH Docs

# Examples: Currently Billed & Reimbursed CHW Services

## Local Public Health cont.

### Nicollet County Public Health

- **2 CHWs, Spanish and Somali speaking**
- **CHW services:** Supporting free immunization clinics, addressing community needs, direct services, connecting community members to county programs, culturally relevant home visiting and family health services
- **Billing for direct services provided:** Evidence-Based Family Home Visiting (EBFHV) via Healthy Families America (HFA) and Car seat education and installation support for BluePlus and Ucare PMAP recipients
- **Billing Codes:** CHW Education Codes – CPT Code 98960 – Self-management education and training, face-to-face, 1 patient, 30 minutes, Diagnosis – Z7189 – Other specified counseling.

# Examples: Currently Billed & Reimbursed CHW Services

## Tribal Health

### Red Lake Community Health Services CHW Program

- **13 CHWs**, many of whom are Red Lake or Leech Lake members, and have completed the MN CHW Certificate Program
- **Population served:** Tribally enrolled or IHS eligible individuals on Medicaid in Bemidji, Black Duck and Red Lake Area. Primarily 18 + (but serve whole family). Includes elders, older adults, individuals on disability, unstably housed, and anyone who needs services.
- **CHW services:** health improvement education, system navigation (health, mental health, SUD), transitions of care, cultural wellness activities/education, addressing SDOH (food, housing, legal, transportation)
- **Settings/locations:** telehealth, face to face in home or community settings (e.g. library, clinics, jail, facilities, etc.)
- **Billing Codes:** CHW Education codes, group and individual services. Diagnosis codes based on individual medical conditions
- **Ordering/Supervising Provider Types:** supervising/billing provider – mental health professional from Red Lake Nations' Mino Bimaadiziwin Clinic
- **Referrals** from local clinics, IHS facilities, mental health providers, treatment providers, self-referrals

“We have been exploring how to effectively leverage the Community Health Integration codes to support and sustain our program. The toolkit has been so helpful—especially the sample workflows and clear guidance on requirements. While we’re still actively working through implementation, the toolkit has been helping us to make sense of the process and start taking action.

*Emily Kuenstler, Community Health Director, Essentia Health*

# Examples: Currently Billed & Reimbursed CHW Services LLC with CBO Partners

## **CHW Solutions, Physician Billing Entity (Provider Type 49)**

- Serving refugees and other new immigrants, children with asthma, seniors, and others
- Home, community-based and virtual CHW visits following CHW best practices approved by Medical Director
- 1:1 and group visits weaving health education, patient self management skill building and community resource connections into each visit
- Partner Community Based Organizations (with their own CHW teams):
  - Epilepsy Foundation of MN (serving people with epilepsy)
  - Volunteers of America (dementia, chronic conditions and caregiver support)
  - Well Being Development (mental health education and self management)

# Examples: Currently Billed & Reimbursed CHW Services Community Based Organization

## **WellShare International, Physician Billing Entity (Provider Type 49)**

- Serving refugees and other new immigrants, people living with chronic conditions and people needing navigation and SDOH support
  - Referred through online referral form from public schools, payors, and two clinical systems.
- Home, community-based, virtual and telephonic CHW visits following CHW best practices approved by Medical Director
- 1:1 and group visits utilizing approved health education and navigation curriculum
- Referral partners:
  - Mankato Area Public Schools
  - Mayo Clinic
  - Mankato Clinic
  - BCBS of MN

# CHW Services Grid

2025 CHW SERVICES BILLING TOOLKIT

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

| Category                     | Health Education Services  | Community Health Integration (CHI) Services  |
|------------------------------|--|--|
| <b>Qualifying Conditions</b> | <ul style="list-style-type: none"> <li>▪ Patient education for health promotion and disease management</li> <li>▪ The service must involve teaching the patient how to self-manage their health or oral health effectively in conjunction with the health care team</li> </ul>   | <ul style="list-style-type: none"> <li>▪ 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</li> </ul>   |
| <b>Non-Covered Services</b>  | <ul style="list-style-type: none"> <li>▪ Social services such as enrollment assistance</li> <li>▪ Case management</li> <li>▪ Advocacy</li> </ul>   | <ul style="list-style-type: none"> <li>▪ Services provided to groups</li> </ul>  |
| <b>CHW Services</b>          | <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><b>Examples of Topics of Patient Education:</b></p> <ul style="list-style-type: none"> <li>▪ Disease-specific patient education: heart disease, stroke, diabetes, cancer, dental disease, mental health, substance abuse, and others</li> <li>▪ Non-disease-specific patient education for preventive or health promotion visit</li> <li>▪ Understanding of health condition and treatments</li> <li>▪ Understanding and using medications</li> <li>▪ Wellness, prevention, immunizations, nutrition and other health promotion activities</li> <li>▪ Elements of healthy lifestyles, weight, exercise, recreation, relationships, managing stress, and other topics within the context of patient’s unique community culture</li> <li>▪ Monitoring routine and preventive primary care, dental care and well child visits</li> </ul> | <p>Activities to address SDOH needs, may include but are not limited to:</p> <ul style="list-style-type: none"> <li>▪ Person-centered, upstream drivers of health assessment (covered but not required)</li> <li>▪ Practitioner-, home-, and community-based care coordination</li> <li>▪ Health education</li> <li>▪ Building patient self-advocacy skills</li> <li>▪ Health care access / health system navigation</li> <li>▪ Facilitating and providing social and emotional support; and</li> <li>▪ Leveraging lived experience, when applicable</li> </ul> <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><b>Person-centered assessment</b>, 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"> <li>▪ 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)</li> <li>▪ Facilitating patient-driven goal-setting and establishing an action plan</li> <li>▪ Providing tailored support to the patient as needed to accomplish the practitioner’s treatment plan</li> </ul> |

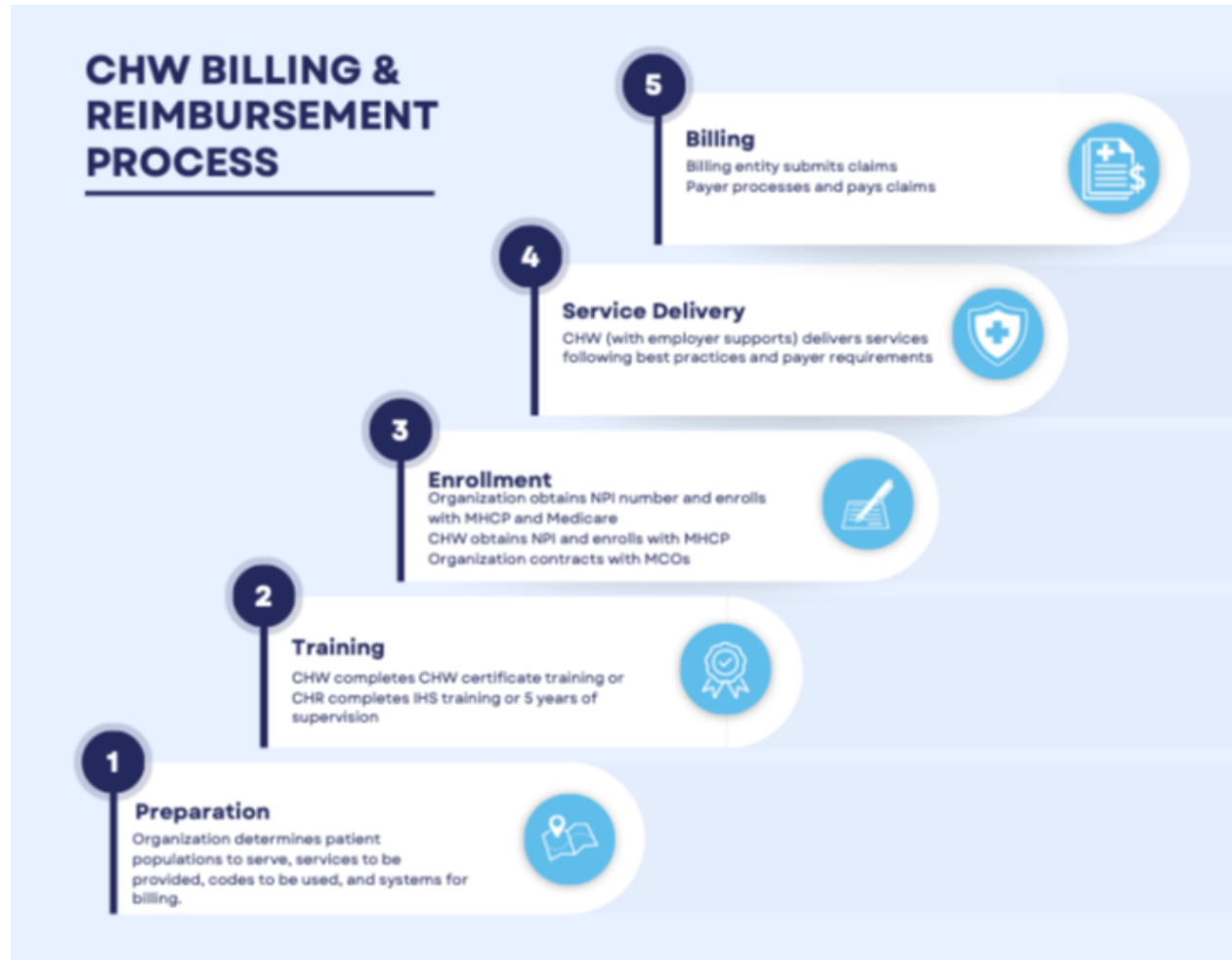
Download

[Community Health Worker medical billing payment models, codes, and payers \(https://www.health.mn.gov/communities/commhealthworkers/docs/medbillmodel.pdf\)](https://www.health.mn.gov/communities/commhealthworkers/docs/medbillmodel.pdf)

# CHW Services Grid cont.

- Two sets of billing codes
  - Health Education (98960, 98961, 98962)
  - Community Health Integration (G0019, G0022)
- Twelve categories summarized and explained for each set of codes
  1. Qualifying conditions
  2. Non-covered services
  3. CHW services
  4. Initiation of services
  5. Supervising providers
  6. Documentation
  7. CHW training requirements
  8. Billing entity
  9. Coding and reimbursement approach
  10. Payment rates
  11. Payers
  12. References

# Five Steps to CHW Billing



# Five Steps to CHW Billing: STEP ONE - Preparation

1. Determine the populations served by your CHW team.
  - a) What are the demographics of your patient populations? (Medicaid/MA, Medicare, other)
  - b) Which payers offer MA coverage in the counties your organization serves?
2. What CHW services will be provided and where?
  - a) Will your services be individual (1:1) or will you offer groups?
  - b) Home visits, community locations, office, grocery store tours, telehealth, mobile unit
3. Which CPT codes will be used?
  - a) Health Education (98960, 98961, 98962, 98962 U9)
  - b) Community Health Integration (CHI) (G0019, G0022)
4. What systems will be used for billing?
  - a) EHR, clearinghouse (integrated with your EHR or stand alone?), payer portals, MNITS.
5. Productivity assumptions – plug into cost modeling tool

# Five Steps to CHW Billing: STEP ONE – Preparation

## DHS Health Plan Maps by County:

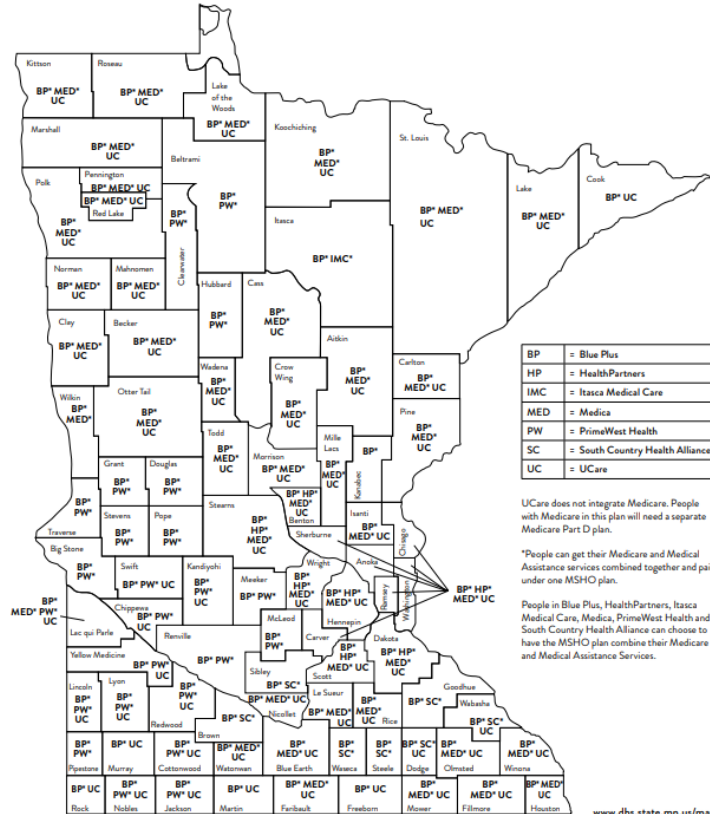
[https://www.dhs.state.mn.us/main/idcplg?IdcService=GET\\_DYNAMIC\\_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=DHS16\\_141267](https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=DHS16_141267)



### Minnesota Senior Health Options (MSHO) and Minnesota Senior Care Plus (MSC+) Health Plan Choices by County

Effective January 1, 2026 - December 31, 2026

DHS-4840-ENG 12-25



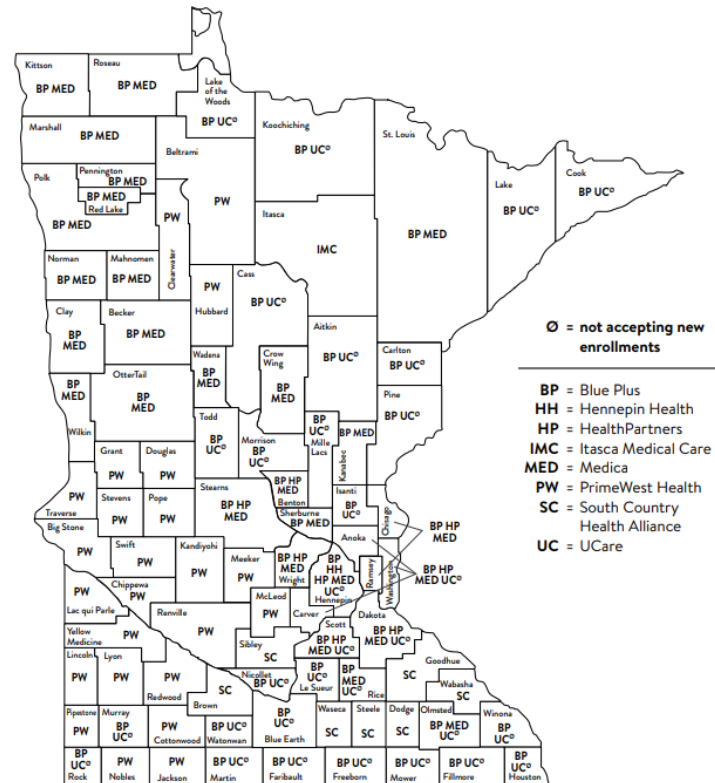
[www.dhs.state.mn.us/maps](http://www.dhs.state.mn.us/maps)



### Families and Children Prepaid Medical Assistance Program (PMAP) Health Plan Choices by County

Effective January 1, 2026 to December 31, 2026

DHS-4324-ENG 12-25



[www.dhs.state.mn.us/maps](http://www.dhs.state.mn.us/maps)

# Five Steps to CHW Billing: STEP 2 - Training

## 1. Minnesota CHW Certificate Training

- a) 16-17 credit certificate offered at five schools
  - i. Northwest Technical College
  - ii. Minnesota West Community & Technical College
  - iii. Normandale Community College
  - iv. Anoka Technical College
  - v. St. Catherine University
- b) Click [HERE](#) to see the list of schools: (<https://mnchwalliance.org/resources-for-chws/chw-education-opportunities-2/>)
- c) CHW certificate programs are offered in-person, online (synchronous and asynchronous), and hybrid. Contact each school to find out how they are offering classes.

# Five Steps to CHW Billing: STEP 2 – Training cont

1. Organizational training recommendations
  1. HIPAA and FWA
  2. Working with the Ordering Provider and clinical teams
  3. Motivational Interviewing
  4. Best practices and documentation
  5. Fidelity to workflows
  6. Condition-specific training (MCD Global Health Training <https://chwtraining.mcd.org>).
  - a) MDH also has free online courses on chronic conditions available for CHWs: <https://www.health.state.mn.us/communities/commhealthworkers/courses.html>
  7. Safety and infection control
  8. Psychological First Aid

# Five Steps to CHW Billing: STEP 3 - Enrollment

## Planning for organizational provider enrollment

- a) If you're not already enrolled, will you enroll or will you partner with another enrolled organization?
- b) TIP: If you partner with another organization, designate two staff people to be the primary contact with the enrolled organization partner

## Organizational enrollment with DHS

1. Organization obtains Type 2 NPI using NPPES ([National Plan and Provider Enumeration System \(https://nppes.cms.hhs.gov/\)](https://nppes.cms.hhs.gov/))
2. Enroll your organization with MHCP in the DHS the Minnesota Provider Screening and Enrollment Portal (MPSE). [To learn about how to enroll as a new organizational provider: \(https://www.dhs.state.mn.us/main/idcplg?IdcService=GET\\_DYNAMIC\\_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=mpse-0604\)](https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=mpse-0604)
3. If enrolling with Medicare, enroll your organization with using PECOS : [Medicare Provider Enrollment, Chain, and Ownership System \(https://www.cms.gov/medicare/enrollment-renewal/providers-suppliers\)](https://www.cms.gov/medicare/enrollment-renewal/providers-suppliers)

# Five Steps to CHW Billing: STEP 3 – Enrollment cont.

## CHW provider enrollment with DHS

1. CHWs obtains Type 1 NPI using NPES: [National Plan and Provider Enumeration System \(https://nppes.cms.hhs.gov/\)](https://nppes.cms.hhs.gov/)
2. CHW enrolls with MHCP: [Click here to access the DHS Provider Manual with specific details about enrolling CHWs: \(https://www.dhs.state.mn.us/main/idcplg?IdcService=GET\\_DYNAMIC\\_CONVERSION&RevisionS electionMethod=LatestReleased&dDocName=enroll-55\)](https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionS electionMethod=LatestReleased&dDocName=enroll-55)
3. Complete the required DHS provider enrollment forms
  - a) DHS-4016 Individual Provider Enrollment Application
  - b) DHS-4138 FFS and MCO In-Network Provider Agreement
  - c) DHS-5308 Community Health Worker Provider Assurance Statement
  - d) DHS-6806 Telehealth Provider Assurance Statement (optional)

## Five Steps to CHW Billing: STEP 3 – Enrollment continued.

AFTER you are fully enrolled with MHCP, and receive your Welcome Letter, you can start the contracting process with the MCOs.

TIP: Based on your previous planning of which MCOs offer MA coverage in the counties your organization serves, you can start connecting with MCO representatives/staff to let them know you have submitted an organizational application to MHCP. You may already have partners within the MCO organizations, and it is recommended to reach out and chat.

Each MCO has specific contracting and credentialing requirements. Contact each MCO that you would like to be contracted with to inquire about how to start the process.

# Five Steps to CHW Billing: STEP 4 - Service Delivery

1. Establish documentation procedures that include the required DHS data points- see the [DHS CHW Provider Manual](https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=DHS16_140357) for requirements ([https://www.dhs.state.mn.us/main/idcplg?IdcService=GET\\_DYNAMIC\\_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=DHS16\\_140357](https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=DHS16_140357))
2. Create smart phrases, drop down menus, check boxes, etc to streamline documentation, save time, ensure consistency, and keep “free hand narrative” to a minimum
3. Documentation is non-billable time
4. Provide training on following established documentation practices to avoid pitfalls of excessive narrative and stay on track to document mainly the required documentation points

# Five Steps to CHW Billing: STEP 4 - Service Delivery cont.

1. Know what services you are providing and which codes you are billing
  - a) CHW: 98960, 98961, 98962, 98962 U9 modifier
  - b) CHI: G0019, G0022
2. If you don't already have an EHR, explore your options (it isn't necessary to choose an expensive EHR to simply document CHW visits)
3. Desk audits are a good way to monitor your CHW documentation
4. Think about what kind of support, mentoring, and training you are going to provide for your CHWs

# Five Steps to CHW Billing: STEP 5 - Billing

## 1. Claim Preparation and Submission:

- a) Use a clearinghouse and MNITS (for straight MA submissions) to prepare and submit claims using the 837P form (electronic version of CMS 1500 form) following each payer's requirements.
- b) Closely review claims for accuracy and completeness before submission.
- c) Use payer portals to track claims status.
- d) TIP: remember to check the patient's insurance in MNITS before submitting the first claims of the month. If insurance has changed, be sure to obtain the correct information before submitting the claim.

## 2. Claim Payment:

- a) Payer pays claims that meet all requirements
- b) Use Explanation of Benefits (EOBs) monthly to reconcile 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.)

# Five Steps to CHW Billing: STEP 5 – Billing cont.

## a) Troubleshooting:

- a) Billing organization addresses denials and rejections by investigating the reason(s), taking corrective action - such as resubmitting revised claim, or appealing the denial.
- b) Keep an eye on rejections as they do not enter into the payer's adjudication system and won't appear on EOBs.
- c) Be aware of timely filing

# Cost Analysis Tool

The Cost Analysis Tool is a spreadsheet organized by tabs that allow the user to model their program details including:

- Service delivery & Billing Revenue (patient population(s), program mix, payor mix, service mix, reimbursement rates)
- Productivity (number of CHWs roles, percentage of time that is assumed to be billable, number of cases served)
- Program Costs (CHW salaries/benefits/technology, Clinical and Administrative oversight, general operating overhead)
- Other sources of income (grants, internal transfers, other programs (MNSure Navigation, etc))

# Cost Analysis Tool Cont.

The Cost Analysis Tool was created to allow users to “plug in” their unique CHW program details to:

- Calculate their team’s billable productivity
- Understand likely levels of revenue generated by claims reimbursement
- Estimate the direct and indirect costs associated with offering their CHW program; and
- Identify the need for additional income (grants, internal transfers, etc) to make the program operationally and financially sustainable.

# Cost Analysis Tool Continued

The Cost Analysis Tool was designed to be flexible to be able to model your CHW Program's actual details. If you have questions about the model or suggestions for modifying it to meet your unique needs, please contact:

**MDH CHW Initiatives:** [health.chw.mdh@state.mn.us](mailto:health.chw.mdh@state.mn.us)

# CHW Billing Training/Peer Learning Sessions for Partners

- **Jan 21<sup>st</sup>, CHW Billing Toolkit Webinar, “Explore New Tools for Understanding Billable Community Health Worker Services”**
  - **Slides:** <https://www.health.state.mn.us/facilities/hchomes/collaborative/documents/chwtoolkit.pdf>
  - **Recording:** <https://www.youtube.com/watch?v=ofYdkqA2BzA>
- **May 13th: CHW Billing Peer Learning Session for Clinics** at Health Care Home Learning Days (<https://reg.eventmobi.com/learningdays2026/register>)
- **May 13th: CHW/CHW Program Administrator Lunch and Learn Session** – Documenting CHW Models in HCH clinics at Health Care Home Learning Days. Register for the free CHW lunch session: (<https://forms.cloud.microsoft/g/nRJcQDqcWX>)
- **May/June: CHW Billing Peer Learning Sessions** for Local Public Health/Tribal Health, Dental Organizations, and Community Based Organizations. (*Virtual, Dates TBD*)

# Health Care Home Learning Days – May 13, 2026

## Heritage Center, Brooklyn Center, MN

### Free CHW Lunch and Learn Session

**The CHW Difference: Mapping Roles, Sharing Stories, and Measuring What Matters**

**When:** May 13, 11:50 a.m. - 1:05 p.m.

**Who:** CHWs and those who supervise or manage CHW programs in clinics.

**Session Overview:** In this interactive session, participants will use a new CHW Model Documentation Tool and learn from peers in real time about: CHW roles and services, teams and organizational structures, and outcomes CHWs contribute to.

This special session is a collaboration between MDH CHW Initiatives, MDH Center for Health Promotion, MDH Health Care Homes, and the Minnesota CHW Alliance.

Registration for Learning Days is not required.

**Register for the free CHW lunch session:** <https://forms.cloud.microsoft/g/nRJcQDqcWX>



# Health Care Home Learning Days – May 13, 2026

## Heritage Center, Brooklyn Center, MN cont.

### CHW Billing Peer Learning Session

#### CHW Billing and Financing: Practical Strategies for Clinics

**When:** May 13, 9:30 -10:30 a.m.

**Who:** CHWs, program managers/supervisors, and billing staff from clinics that are billing or interested in billing for CHW services.

This peer learning session focuses on applying tools from the new MDH CHW Billing Toolkit and processes to support accurate and sustainable CHW billing in clinics. Participants will learn from real-world case examples and peer insights from clinics with successful and emerging billing models. Participants will gain concrete tools to integrate CHWs into care teams, document and bill for services, and support long-term sustainability.

**Register for Health Care Home Learning Days:**

<https://reg.eventmobi.com/learningdays2026/register>





CHW Solutions



# Questions and Answers

**Kristen Godfrey Walters,** [kristen.godfrey.walters@state.mn.us](mailto:kristen.godfrey.walters@state.mn.us)

**Megan Ellingson,** [meganellingson@chwsolutions.com](mailto:meganellingson@chwsolutions.com)

**Megan Nieto,** [meganniето@chwsolutions.com](mailto:meganniето@chwsolutions.com)

**Eric Snyder,** [elsnyder@excelsiorbaygroup.com](mailto:elsnyder@excelsiorbaygroup.com)

# How to get involved



Adopt strategies and measures in the road map and logic model



Participate in surveys, environmental scans, and share success stories



Get involved in implementation work groups



Share resources and information with partners

## Work Groups led by MN CHW Alliance and MDH CHWI

### ❖ CHW Models Implementation

- Noon-1pm, Fourth Thursday of the month
- Contact: [Vonyee@mnchwalliance.org](mailto:Vonyee@mnchwalliance.org)

### ❖ Measurement

- Noon-1pm, Third Tuesday of the month
- Contact: [Rachel@mnchwalliance.org](mailto:Rachel@mnchwalliance.org)

### ❖ Sustainable Funding & Policy

- 2-3pm, Third Tuesday of the month
- Contact: [Anne.Ganey@mnchwalliance.org](mailto:Anne.Ganey@mnchwalliance.org)

### ❖ Training & Workforce Development

- 2-3pm, First Tuesday of the month
- Contact: [Shandy.Mangra@mnchwalliance.org](mailto:Shandy.Mangra@mnchwalliance.org)

# MN CHW Alliance: CHW & CHW Employer Resources

## CHWs

- Annual Leadership Institute
- CHW Circle – Monthly Peer Learning
- CHW Training
- CHW Platform and Registry
- Tuition Assistance and student support

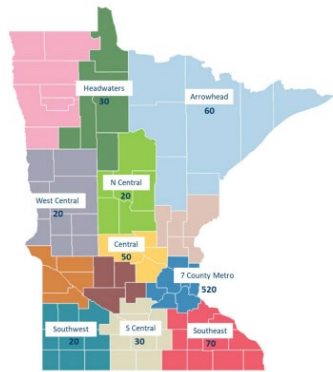
## Employers

- Registered Apprenticeship
- Organizational Readiness Assessments
- Supervisor Roundtable
- Consulting
- Employer Training
- Technical Assistance

# MDH CHW Initiatives Resources

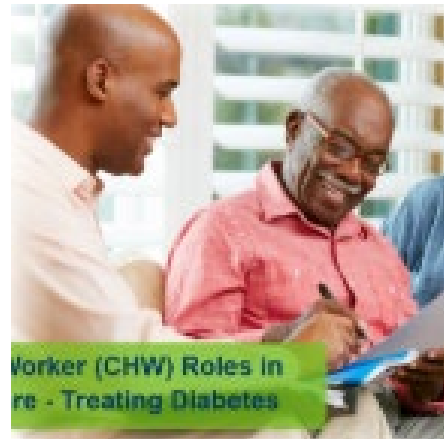
MINNESOTA COMMUNITY HEALTH WORKER INITIATIVES IN MINNESOTA

CHW Labor Estimates by Economic Development Region



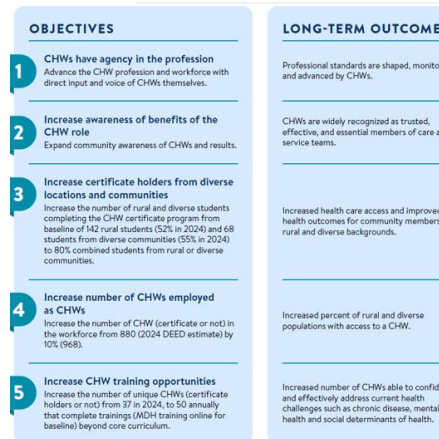
## [2024 MDH Environmental Scan of the CHW Field](https://www.health.mn.gov/communities/commhealthworkers/workforce.html)

<https://www.health.mn.gov/communities/commhealthworkers/workforce.html>



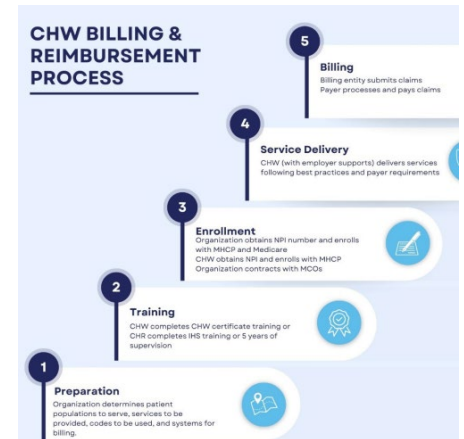
## [MDH CHW Online Training Modules](https://www.health.mn.gov/communities/commhealthworkers/courses.html)

<https://www.health.mn.gov/communities/commhealthworkers/courses.html>



## [CHW Logic Model 2024-2028](https://www.health.state.mn.us/communities/commhealthworkers/docs/logicmodel2025.pdf)

<https://www.health.state.mn.us/communities/commhealthworkers/docs/logicmodel2025.pdf>



## [Community Health Worker Billing Toolkit](https://www.health.mn.gov/communities/commhealthworkers/docs/billingtoolkit.pdf)

<https://www.health.mn.gov/communities/commhealthworkers/docs/billingtoolkit.pdf>