Community Health Worker Billing TIPS

National Provider Identification (NPI) application tips:
1. CHWs should apply for an NPI number prior to submitting their enrollment paperwork to DHS. The NPI number will be captured on multiple forms in the applications.
2. Apply for the NPI number here: https://nppes.cms.hhs.gov
3. The NPPES system will verify the entered address and will prompt the user to accept the updated address. It is important to <u>accept the verified address.</u> Not doing so will delay your application and it could be delayed up to 30 days while the "system" verifies the address. The application will be locked and the user will be unable to edit the information until the address is verified.
4. A social security number is needed for an individual to apply for an NPI number.
5. It is important that the primary practice location information on the NPI application matches the practice location on the CHW's DHS enrollment paperwork. If they do not match DHS will send a letter stating so and this will delay the processing of the enrollment application.

Always verify insurance information before starting a claim submission. This is the best way to reduce denied claims. Ask clients to bring their insurance cards with them at the first encounter. Verify insurance at the beginning of each month. A client will never be dropped or added to insurance in the middle of the month.

To verify insurance follow one of these three methods:
1. MN-ITS (organizations need to be an enrolled DHS provider to access MN-ITS)
2. Client's health insurance plan
   a. Via telephone
   b. Via designated online payer resources
3. Some EHRs offer the ability to verify insurance status directly within the EHR. Look for a tab or page selection that says something like "Insurance Eligibility", "Real-Time Insurance Eligibility", or "Insurance Eligibility Benefit Inquiry and Response"

Consistent data collection is a critical factor to receiving reimbursement and reducing denied claims.

Be aware of the following:
1. Last name fields in the online insurance verification systems often have a character limit. If your client has a long last name (including hyphenated or two last names) you may not be able to find him/her in the designated verification system (example: Rodriguez is often shortened to Rodrigu). After one or two tries if you still cannot verify your client's insurance information, call the client's health plan via phone to verify.
2. Parents may spell their children's names phonetically on intake forms. This is a common occurrence. It is important for you to verify the intake forms with the spelling from the client's insurance card. Use the spelling on the insurance card and/or the MHCP card. This is the spelling that is in the system and it will help reduce denied claims if you use it.

Reworking denials is time consuming and labor intensive. As you start submitting your CHW claims, start tracking denial codes as they come in. Using a simple spreadsheet will help keep this information handy. You will most likely start seeing trends quickly. Fix denied claims as they come in as you may need to contact the client to confirm information. If too much time passes they may forget the services that were rendered and/or their phone number may be disconnected, etc. You may determine a denied claim could have been prevented on the front end of claims submission. If this is the case, add this information to your claims submission protocol to avoid the same denials in the future.

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