Community Health Worker (CHW) Invoicing FAQs

General Information

Community Health Worker (CHW) partners who are currently unable to submit claims electronically, should use the CHW invoice template provided by McLaren Health Plan (MHP). To ensure timely and accurate processing of claims, do not make any modifications to the invoice template. A modified invoice template will result in denials.

Send all invoices securely via email to: MHP-Claims@mclaren.org. This is an incoming mailbox only and it will not send responses or confirmations of receipt. Only CHW invoices may be submitted to this email address – no other inquiries will be accepted. Questions and other concerns should be directed to MHP Customer Service at: **1-888-327-0761**.

Reminder: Documentation must be kept in accordance with medical record requirements. Documentation and claims are subject to review and post-payment audit.

Providers will receive an Explanation of Payment (EOP) that will include any rejected claims and the reason for denials. CHW providers are responsible to resubmit rejected claims for reprocessing. Please see the MHP Provider Manual to reference timely filing requirements.

Claims status may be viewed on the CONNECT provider portal or by contacting MHP Customer Service.

CHW Invoice instructions

CHW Name and Invoice Date Range																						
TIN # and NPI # for Organization																						
Medicaid #	Member First Name	Member Last Name	Date of Birth	Dates of Service	Billing Code	Units	Diagnosis Code	Need 1 Addressed	Need 2 Addressed	Need 3 Addressed	Need 4 Addressed	Action 1	Action 2	Action 3	Action 4	Outcome 1	Outcome 2	Outcome 3	Outcome 4	PCP Visit after Outreach (Y or N)	Reason Not Successful	Notes
					S9445																	

The fields below are required for each entry and must be in the described format.

Header
All invoices **must** include provider billing name, Tax ID and NPI. Invoices without these details will be returned and not processed if left incomplete.

Medicaid ID
10-digit Medicaid ID is required. Ensure column is formatted as “text” prior to data entry to ensure leading zeros aren’t omitted. Valid member ID is required for claims entry and processing.

Member First Name
Enter the member's first name exactly as it appears on the member ID card.

Member Last Name
Enter member's last name exactly as it appears on the member's ID card.

Date of Birth
Enter the member's date of birth in MM/DD/YYYY format.

Dates of Service
List dates of service in MM/DD/YYYY format for all services being billed.

Billing Code
Use the appropriate billing code as defined in your individual contract. The table below represents standard CHW billing codes.

Code	Short Description	Modifier
98960	Edu&Trn Pt Self-Mgmt Nqhp 1	CG
98961	Edu&Trn Pt Slf-Mgmt Nqhp 2-4	CG
98962	Edu&Trn Pt Slf-Mgmt Nqhp 5-8	CG

Units
CHW billing is measured in units. **1 unit = 15 minutes**. Units are to be rounded to the nearest whole unit. Do not enter fractions or decimals in this field or otherwise submit partial units.

Diagnosis Code
At least one ICD code is required. ICD codes need to be reported to the 4th or 5th digit when available. In the example below, select Z59.02 for a member experiencing housing difficulties related to homelessness. Z59 is too general alone to adequately code for the member's condition in this instance.

Z59	Problems related to housing and economic circumstances
Z59.0	Homelessness
Z59.00	…… unspecified
Z59.01	Sheltered homelessness
Z59.02	Unsheltered homelessness

Z Code References
Z codes related to socioeconomic and psychosocial circumstances:
https://www.icd10data.com/ICD10CM/Codes/Z00-Z99/Z55-Z65

Full Z code reference: https://www.icd10data.com/ICD10CM/Codes/Z00-Z99

McLaren Health Plan thanks you for the quality care you deliver!