



HCCI[™]
HOME CENTERED CARE
INSTITUTE

Illinois House Call Project - Foundations of House Calls

Cohort 2 Session 2 – Check-In

10/10/2024

Agenda

Topic	Time (min)	Presenter
Welcome & Introductions	10	Raabiah Ali, MPH
Course Review	60	
○ Foundations of Coding and Billing for House Calls	15	Paul Chiang, MD
○ Medication Management in Home-Based Primary Care	15	Tammy Browning, PA-C
○ Infection Control in Home-Based Primary Care	15	Paul Chiang, MD
○ Diversity, Equity, and Inclusion (DEI) for Home-Based Care	15	Tammy Browning, PA-C Dana Crosby
Q&A/Discussion	15	Paul Chiang, MD Tammy Browning, PA-C Sujatha Magadi
Next Steps & Conclusion	5	Raabiah Ali, MPH Jeff Fraler, MS

Presenters



Paul Chiang, MD

Medical Director, Northwestern Medicine, HomeCare Physicians
Senior Medical and Practice Advisor, Home Centered Care Institute



Dana Crosby

VP, Education and Practice Development, Home Centered Care Institute



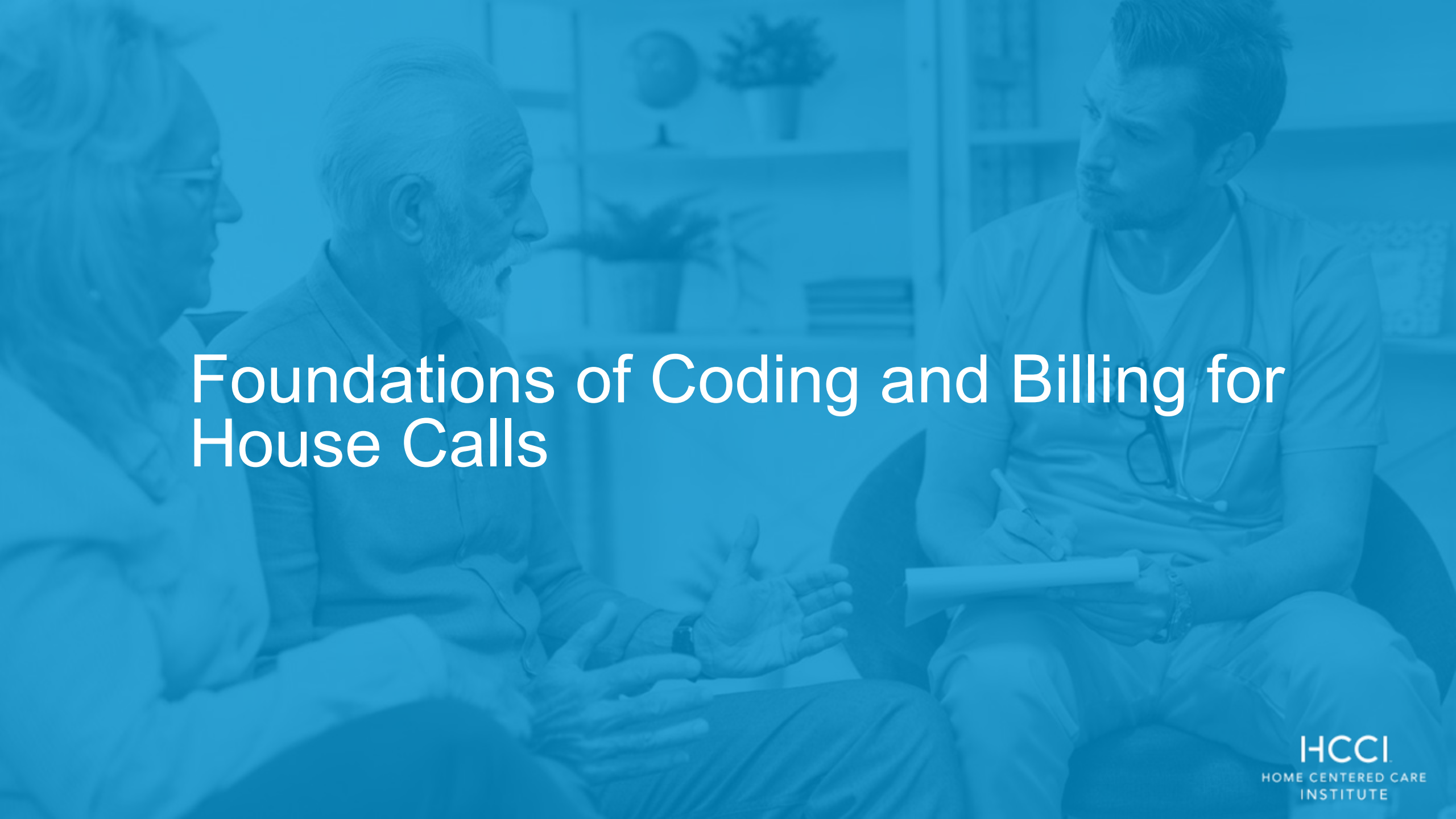
Tammy Browning, PA-C

Consultant, Home Centered Care Institute



Sujatha Magadi

Consultant, Home Centered Care Institute



Foundations of Coding and Billing for House Calls

Foundations of Coding and Billing for House Calls

Learning Objectives:

- Explain “medical necessity” as defined by the Centers for Medicare & Medicaid Services.
- Describe the required documentation components for house call visits and avoid common documentation mistakes.
- Apply billing and coding best practices to avoid red flags that send negative messages to auditors.

Medical Necessity Defined

- Generally Accepted Standards
- Clinically Appropriate
- Not Primarily for Convenience

How do you determine if a service meets medical necessity criteria, and what challenges do providers face in documenting and justifying it for proper reimbursement?

Required Documentation and How to Avoid Mistakes

- Scheduling
- Chief Complaint
- History of Present Illness – Acute Care Visits, Chronic Care Visits
- Review of Systems

What steps can you take to ensure that your documentation meets all requirements to minimize these mistakes?

Levels of Examination

- Ensure every element of exam that is documented/billed is medically necessary.
- Use caution with templates that auto fill.
- Collaboration and cohesion with coder who understands your practice and how to determine what is medically necessary.

E/M Requirements

Code	Level of MDM 2 of 3	Typical Time Range	Number and Complexity of Problems Addressed	Amount and/or Complexity of Data to be Reviewed and Analyzed	Risk of Complications and/or Morbidity or Mortality of Patient Management
99342 (New)	Low	99342 (15 minutes)	Low • 2 or more self-limited or minor problems; or • 1 stable chronic illness; or • 1 acute, uncomplicated illness or injury • 1 stable acute illness • 1 acute, uncomplicated illness or injury requiring hospital inpatient or observation level of care	Limited (Must meet the requirements of at least 1 of the 2 categories) • Category 1: Any combination of 2 from the following: • Review of prior external note(s) from each unique source*; • Review of the result(s) of each unique test*; • Ordering of each unique test* OR • Category 2: Assessment requiring an independent historian(s)	Low risk of morbidity from additional diagnostic testing or treatment
99348 (Established)		99348 (20 minutes)			

E/M Requirements

Code	Level of MDM 2 of 3	Typical Time Range	Number and Complexity of Problems Addressed	Amount and/or Complexity of Data to be Reviewed and Analyzed	Risk of Complications and/or Morbidity or Mortality of Patient Management
99344 (New)	Moderate	99344 (60 minutes)	Moderate • 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; or • 2 or more stable chronic illnesses; or • 1 undiagnosed new problem with uncertain prognosis; or • 1 acute illness with systemic symptoms; or • 1 acute complicated injury	Moderate (Must meet the requirements of at least 1 out of 3 categories) • Category 1: Any combination of 3 from the following: • Review of prior external note(s) from each unique source* • Review of the result(s) of each unique test*; • Ordering of each unique test* • Assessment requiring independent historian(s); or • Category 2: Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); or • Category 3: Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)	Moderate risk of morbidity from additional diagnostic testing or treatment Examples only: • Prescription drug management • Decision regarding minor surgery with identified patient or procedure risk factors • Decision regarding elective major surgery without identified patient or procedure risk factors • Diagnosis or treatment significantly limited by social determinants of health
99349 (Established)		99349 (40 minutes)			

E/M Requirements

Code	Level of MDM 2 of 3	Typical Time Range	Number and Complexity of Problems Addressed	Amount and/or Complexity of Data to be Reviewed and Analyzed	Risk of Complications and/or Morbidity or Mortality of Patient Management
99345 (New) 99350 (Established)	High	99345 (75 minutes) 99350 (60 minutes)	High • 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; or • 1 acute or chronic illness or injury that poses a threat to life or bodily function	Extensive (Must meet the requirements of at least 2 out of 3 categories) • Category 1: Any combination of 3 from the following: • Review of prior external note(s) from each unique source* • Review of the result(s) of each unique test*; • Ordering of each unique test* • Assessment requiring independent historian(s); or • Category 2: Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); or • Category 3: Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)	High risk of morbidity from additional diagnostic testing or treatment Examples only: • Drug therapy requiring intensive monitoring for toxicity • Decision regarding elective major procedure with identified patient or procedure risk factors • Decision regarding emergency major surgery • Decision regarding hospitalization or escalation of hospital-level care • Decision not to resuscitate or to de-escalate care because of poor prognosis • Parenteral controlled substances

Medical Decision-Making

- Number of possible diagnoses and/or management options that must be considered
- Amount and/or complexity of medical records, diagnostic tests, and/or other information that must be obtained, reviewed, analyzed
- Risk-assessment of with patient's symptoms, diagnostic procedures, and potential management options

What processes can you put into place to ensure sound medical-decision making?

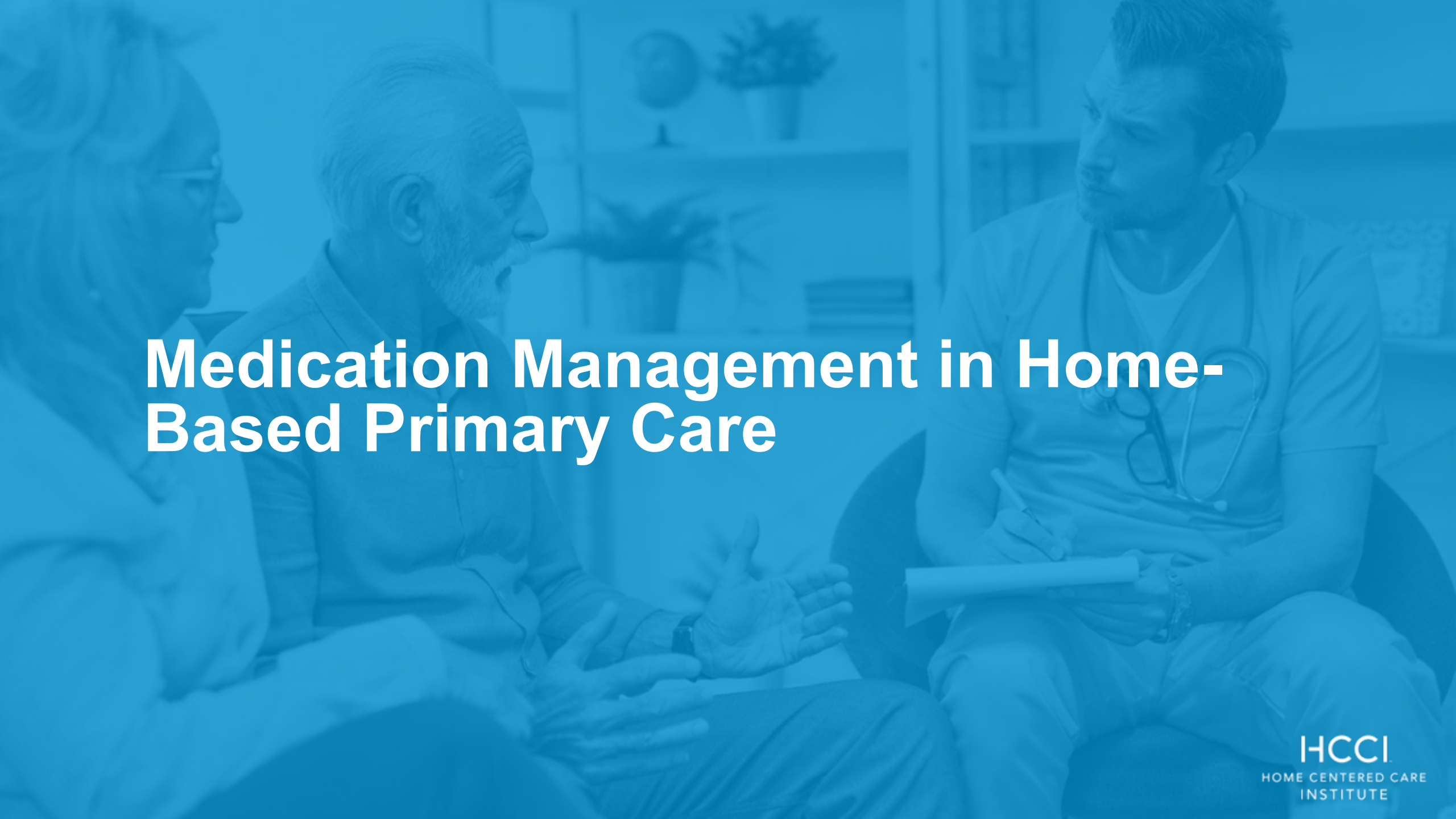
Review of Potential Red Flags

- Stable patient visits
- Visits not medically necessary
- Risk-assessment of with patient's symptoms, diagnostic procedures, and potential management options
- Cloning

What steps can you take to ensure compliance with CMS and OIG guidelines to prevent billing errors or potential fraud allegations?

A group of five healthcare professionals, including three men and two women, are gathered around a table in a modern office setting. They are all wearing white lab coats and have stethoscopes around their necks. One man on the right is holding a tablet and gesturing with his hand while speaking. Another man on the left is pointing at a laptop screen. A woman in the center is looking at the laptop. The background shows a bright, open-plan office with large windows. The entire image is overlaid with a semi-transparent blue filter.

Q&A

The background image shows a male doctor in white scrubs with a stethoscope around his neck, sitting on a chair and holding a clipboard. He is engaged in a conversation with an elderly couple. The woman is on the left, and the man is in the center, gesturing with his hands. They are in a home environment with bookshelves and plants in the background. The entire image is overlaid with a semi-transparent blue filter.

Medication Management in Home-Based Primary Care

Medication Management in Home-Based Primary Care

Learning Objectives:

- Recognize the benefits and challenges providers face when managing medications for home-limited and HBPC patients.
- Explain the issues that home-limited and HBPC patients face when trying to adhere to a prescribed medication regimen.
- Apply a medication management model to prescribe a safe and effective regimen that patients can follow.

Patient Challenges

- Lack of Health Literacy
- Household and Financial Barriers
- Medication Changes
- Physical Limitations

How can you address these challenges with both patients and caregivers?

Provider Challenges

- Multiple providers prescribing medications
- Use of complementary or alternative medications
- Use of old prescriptions for previous conditions
- Use of alcohol/drugs

As a provider, what strategies do you utilize to address these or other challenges?

Medication Management

- **Reconcile** –Verify, Clarify, Document
- **Justify** – Benefit? Harm? Supporting Evidence?
- **Optimize** – Review, Prescribe/Reduce/Discontinue, Follow-up
- **Demonstrate** - Patient able to appropriately administer the medications prescribed

Medication Management

- Communicate Instructions
- Assess Understanding and Capacity

What strategies can you utilize to effectively communicate instructions, and how can you assess understanding and capacity for both patients and caregivers?

A group of five healthcare professionals, including three men and two women, are gathered around a table in a modern office setting. They are all wearing white lab coats and have stethoscopes around their necks. One man on the right is holding a tablet and gesturing with his hand while speaking. The others are listening attentively, with one woman on the left pointing towards the tablet. A laptop is open on the table in front of the woman in the center. The entire image is overlaid with a semi-transparent blue filter.

Q&A



Infection Control in Home-Based Primary Care

Infection Control in Home-Based Primary Care

Learning Objectives:

- Recognize general infection risks providers may encounter in the home and how they can impact patients, family members, and providers.
- Describe infection risks that require special considerations including multi-drug resistant organisms and bed bugs.
- Apply strategies to minimize infection risks including provider behaviors, contraindications to house calls, and infection control programs.

Before – During – After Strategies

- Before – Planning, Bag Organization, Bag Transport
- During – Equipment Placement, Hand Hygiene
- After – Before you leave, Ongoing Cleanup

How should you tailor these practices to address the unique challenges of a patient's home environment?

Strategies to Minimize Infections

- Provider Behaviors
- Contraindications
- Infection Control Programs

How do your behaviors, contraindications, and infection control programs impact infection prevention during patient care, and what challenges do you face in maintaining them?



Q&A



Diversity, Equity, and Inclusion for Home-Based Care

Diversity, Equity, and Inclusion for Home-Based Care

Learning Objectives:

- Define the importance of assessing and promoting DEI practices for your house call program.
- Identify and develop clinical and operational best practices for culturally sensitive home-based medical care.
- Incorporate DEI and cultural competence principles into a patient-centered plan of care.
- Implement a formal DEI internal initiative for recruitment, representation, performance management, and retention within your house call program.

Cultural Competence – Barriers and Benefits

- Define the importance of assessing and promoting DEI practices for your house call program.

What barriers do you currently see in your practice? How can you address these barriers to reap the benefits for both patients and providers?

Perspectives of DEI in Healthcare

Stakeholder	Perspective
Employer	It is important to have a workforce that promotes innovation and reflects the population being served.
Provider	It is important to connect with and attend to the needs of patients and caregivers by providing culturally competent care that will align with the patient's defined goals.
Patient	It is important to have their wishes clearly understood and to feel confident the provider will respect the patient's culture and values.
Caregiver	It is important to feel seen, supported, and safe.

What processes do you personally or within your practice engage to develop and promote emotional intelligence?

Creating a DEI Organizational Plan

Components

Listen to your staff and patients/caregivers

Understand your data

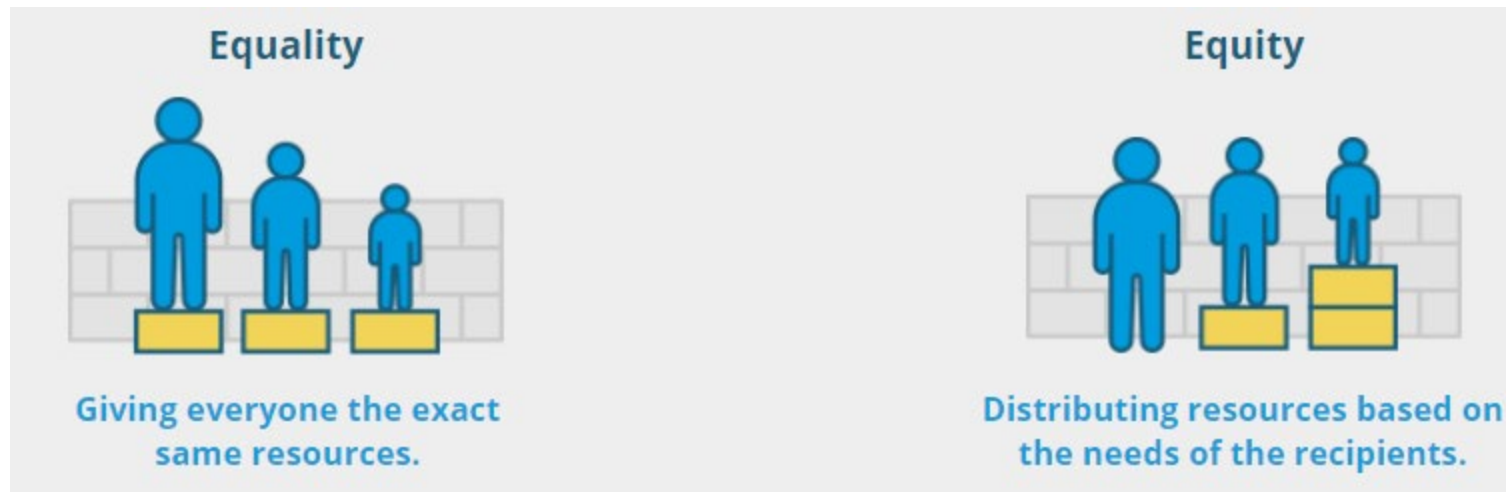
Create meaningful work with key leaders that has organizational buy-in

Identify a few key measures that you want to see

Never stop learning

What questions or suggestions do you have regarding creating a DEI Organizational Plan?

Understanding Equity and Equality



- The difference between EQUALITY and EQUITY is key
- "Equal" gives everyone the same resources/opportunities/care
- True "Equity" takes into consideration the starting point of individuals

A group of five healthcare professionals, including three men and two women, are gathered around a table in a modern office setting. They are all wearing white lab coats and have stethoscopes around their necks. One man on the right is holding a tablet and gesturing with his hand while speaking. Another man on the left is pointing at a laptop screen. A woman in the center is looking at the laptop. The background shows a bright, open-plan office with large windows. The entire image is overlaid with a semi-transparent blue filter.

Q&A



ILHCP: Next Steps



Save
the Date

HAPPY HOUR
for the
HOUSE CALL PROJECT

Wednesday
11.06.2024
Schaumburg, IL

*Join HCCI for an evening of drinks, bites,
and networking to celebrate Cohort 1 & 2
Champions of the ILHCP for advancing
home-based primary care.*

Formal invitation to follow

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Illinois House Call Project: Upcoming Reports Due

Q3 Report Due Date: 10/31/2024
Reporting Period: 7/1/2024 - 9/30/2024

Data Points:

- # Active HBPC Patients
- # New HBPC Patients

Please send reports to Raabiah Ali, Program Manager
RAli@hccinstitute.org

HCCI House Call Practicum™

- Two-day immersive field experience designed for providers and practice managers to shadow trained preceptors and gain hands-on knowledge in house call operations and clinical care for medically complex patients.
- Investment
 - Original Price: \$1,250/provider
 - 40% Discount for ILHCP Champions
 - Discounted Price: \$750/provider **starting in 2025**
 - Up to 3 providers
- For questions contact: education@hccinstitute.org.

At a Glance:

- Day 1:
 - Accompany your Practice Excellence Partner (PEP)™ Preceptor on house calls.
 - Observe steps followed before, during, and after home visits.
 - Learn the practice's approach to urgent issues, after-hours coverage, and care coordination.
- Day 2:
 - Observe front and back office operations (scheduling, patient intake, appointment confirmation).
 - Learn about medical supplies management, triage, billing, coding, and revenue cycle.
 - Explore marketing, patient selection, service area, staffing, and productivity strategies.

[Register Here](#)

The Illinois House Call Project: Foundations of House Calls Coursework Series

Session 3

November 14th, 2024

9:30 am – 11:00 am CST

Courses:

- Advanced Coding and Billing: Beyond E/M for House Calls
- Optimizing Efficiency in House Call Operations
- Legal Compliance for Home-Based Primary Care
- Risk Adjustment and HCC Coding for House Calls

For any questions, please contact Raabiah Ali, Program Manager

RAli@hccinstitute.org

Enrolled



The Illinois House Call Project:
Foundations of House Calls Webinar
Series

After the completion of each module, please join HCCI subject matter experts for a 90-minute webinar to discuss any questions you may have regarding the course material. See below for a link to register for each webinar.

REGISTER HERE

Contact HCCI



Website

<http://hccinstitute.org>



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