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HOME CENTERED CARE
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Illinois House Call Project - Foundations of House Calls

Cohort 2 Session 3 – Check-In

11/14/2024

Agenda

Topic	Time (min)	Presenter
Welcome & Introductions	10	Raabiah Ali, MPH
Course Review	60	
○ Advanced Coding and Billing: Beyond E/M for House Calls	15	Sujatha Magadi
○ Optimizing Efficiency in House Call Operations	15	Paul Chiang, MD
○ Legal Compliance for Home-Based Primary Care	15	Paul Chiang, MD
○ Risk Adjustment and HCC Coding for House Calls	15	Sujatha Magadi
Q&A/Discussion	15	Paul Chiang, MD Sujatha Magadi
Next Steps & Conclusion	5	Raabiah Ali, MPH

Presenters



Paul Chiang, MD

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



Sujatha Magadi

Consultant, Home Centered Care Institute



Tammy Browning, PA-C

Consultant, Home Centered Care Institute



Advanced Coding and Billing: Beyond E/M for House Calls

Advanced Coding and Billing: Beyond E/M For House Calls

Learning Objectives:

- Describe the regulatory compliance requirements for Transitional Care Management, Chronic Care Services, Advanced Care Planning, and Prolonged Services.
- Identify implications at the practice and the individual provider level that must be considered when implementing the described codes and services

Transitional Care Management

Eligible discharges

Required elements

- Interactive contact
- Non-face-to-face services
- Face-to-Face visits

TCM Further Considerations

30-Day Window	Readmittance in 30 Days
During the 30-day window when billing TCM, the following cannot be billed: • Online Digital E/M Services (E-Visits) CPT 99421-99423 • Medical Team Conferences CPT 99366-99368 • Education and Training CPT 98960-98962, 99071, 99078 • Telephone E/M Services CPT 99441-99443 and CPT 98966-98968 • Medication Therapy Management Services CPT 99605-99607 • Preparation of Special Reports CPT 99080	If the patient is readmitted within 30 days and the practice has already billed TCM for that patient, they cannot bill for TCM when patient is discharged the second time. However, if the patient is readmitted and the practice has not yet billed, they can wait until patient is discharged the second time, track the patient for TCM, and bill after the second face-to-face visit. For traditional Medicare purposes as a result of the <u>CY 2024 Physician Fee Schedule (PFS)</u>, TCM is unbundled with Chronic Care Management (CPT 99490-99491, 99487-99489), Prolonged Home/Resident E/M Service (G0318), Care Plan Oversight Services (HCPCS G0181, G0182), End-Stage Renal Diseases Services (90951-90970), Home and Outpatient International Normalized Ratio (INR) Monitoring Services (CPT 93792, 93793), and Interpretation of Physiological Data (CPT 99091).

Do you currently have a policy in place to follow up with patients once discharged from the facility?

Chronic Care Management Defined

Qualifications for CCM

- Patients must have two or more chronic conditions
- Only one practitioner/hospital can report CCM per month
- Only qualified healthcare professionals and their clinical staff's time are reimbursable
- CCM can be billed in facility and non-facility settings

How can documentation and communication with patients be optimized to meet regulatory requirements for CCM services?

Chronic Care Management Requirements

Requirements:

- Documentation
- CPT Codes
- Billing

The course provided detailed information on documentation, CPT codes and billing for CCM. What questions do you have on any of these topics?

Advanced Care Planning (ACP)

Only physicians and advanced practice providers can bill

- CPT 99497 – ACP first 30 minutes
- CPT 99498 – Each additional 30 minutes

ACP Requirements:

- Documentation of voluntary discussion
- Can be billed in conjunction with annual wellness visit
- Documentation must support medical necessity (patient/caregiver wishes, what forms were reviewed or completed)

Prolonged Services Defined, Face-to-Face Services Recommendations, and Billing Restrictions

- Total face-to-face time must be documented
- Must code to the highest level appropriate CPT code prior to adding a prolonged service code
- Must total 110 minutes of time spent cumulatively within 3 days prior to date of service or 7 days following date of service.
- Document, Document, Document!



Q&A



Optimizing Efficiency in House Call Operations

Optimizing Efficiency in House Call Operations

Learning Objectives:

- Explain how to use Root Cause Analysis to identify practice inefficiencies.
- Apply the recommended strategies to improve efficiency and productivity through staffing and process workflows.

Identifying Inefficiencies

Root Cause Analysis

- A root cause analysis is a systematic process to identify the root causes of a problem.

Have you successfully used a Root Cause Analysis or another method to determine inefficiencies in your practice?

Staffing Strategies

- Communication/Triage
- Care Coordination
- Other Functions

How can you utilize staff members to ensure each is working to the top of their licensure and able to help in these areas?

Scheduling and Route Planning

- Geographic Scheduling
- Route Planning
- Other Scheduling Considerations

What strategies do you use to minimize travel time, meet productivity goals, and promote clinician satisfaction?

EMR/Inventory/Ordering

- EMR Templates
- Managing Inventory
- DME Ordering

A group of five healthcare professionals, including three men and two women, are seated around a table in a modern office setting. They are all wearing white lab coats and stethoscopes. 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



Legal Compliance for Home-Based Primary Care

Legal Compliance for Home-Based Primary Care

Learning Objectives:

- Describe how compliance applies to the Home-Based Primary Care industry.
- Recognize common compliance issues in delivering Home-Based Primary Care services.
- Apply the best practices to establish a HBPC compliance program using the pillars of a successful compliance program.

Pillars of a Successful Compliance Program

- Pillar 1: Written Policies and Procedures
- Pillar 2: Compliance Leadership and Oversight
- Pillar 3: Training and Education
- Pillar 4: Communication
- Pillar 5: Enforcement
- Pillar 6: Risk Assessment, Auditing, and Monitoring
- Pillar 7: Corrective Action

How can providers foster a culture of compliance among staff while minimizing the administrative burden?

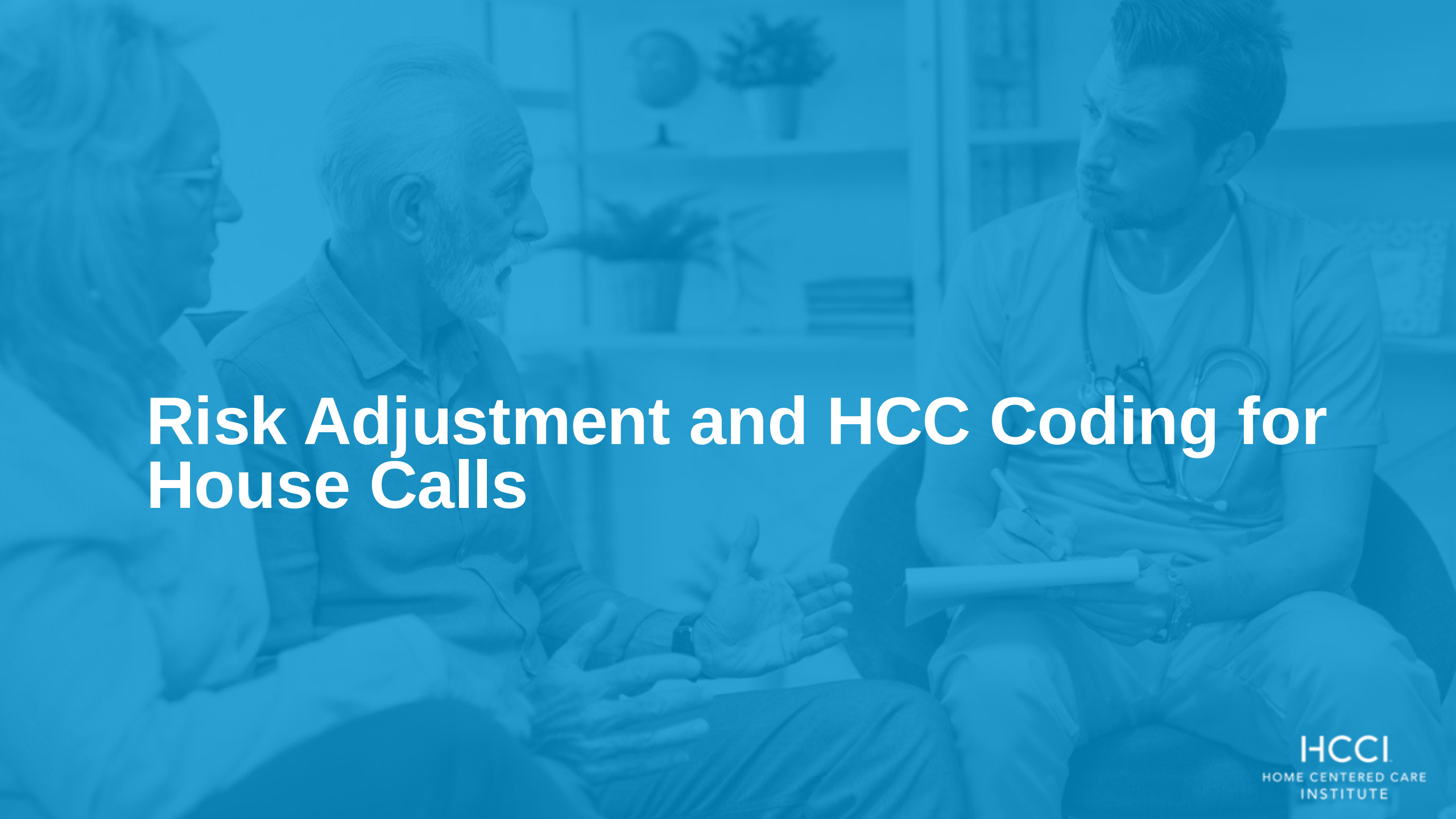
Key Compliance Issues

- Coding and Billing Risks
- HIPAA Privacy and Security Risks
- Documentation
- Reasonable and Necessary Services
- Inducements, Kickbacks, and Self-Referrals

How can providers proactively address these risks to ensure ethical and legal operations?



Q&A



Risk Adjustment and HCC Coding for House Calls

Risk Adjustment and HCC Coding for House Calls

Learning Objectives:

- Explain a risk score calculation using HCC codes and the impact it has on providers.
- Develop a workflow that ensures HCC codes are assigned accurately.
- Apply strategies that support quality documentation for assigning HCC codes.

Risk Score Impact

- Quality documentation and accurate coding are the keys to success in a value-based model that uses HCC scores

How does effective documentation of risk scores influence reimbursement and resource allocation for HBPC practices?

HCC Workflows

- Provider Education
- HCC Shortcuts
- Coding Reviews

How can ongoing provider education improve the accuracy and efficiency of HCC coding?

Role of the Provider in Quality Documentation

- **Specify** to accurately reflect the appropriate risk score
- **Plan** to code only for the most significant condition
- **Ask** the appropriate questions to help with HCC documentation



Q&A



ILHCP: Next Steps

HCCIntelligence™ Community

HCCIntelligence™ Community members receive **exclusive** access to a wealth of resources tailored for home-based medical care professionals.

- Free HCCIntelligence™ Premier Resources
- Free Online Courses
- Free HCCIntelligence™ Webinar Series
- 1-on-1 Office Hours with HCCI Experts
- HCCIntelligence™ Community Online Forum



Membership in the HCCIntelligence™ Community is the **only way** to get access to these benefits – don't miss out!



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HCCIntelligence™ Community Webinar Series

Expanding Home-Based Primary Care: Uncovering Referral Channels, Attracting New Patients, and Partnering with Providers

Objectives:

- Explain the process of identifying patient referral sources.
- Explore strategies for recruiting and communicating with potential new patients, including talking points and scripting examples.
- Outline key discussion topics for engaging with providers when reaching out to new referral sources.

November 20, 2024
3 pm - 4 pm CT

[REGISTER HERE](#)

You're Invited



This Giving Tuesday, let's inspire generosity and foster a culture of giving together. Share your expertise and experiences to empower the Illinois House Call Project Champions. Join us for an engaging evening of networking, cocktails, and lite bites.

TUESDAY	DEC 03 2024	5:30 PM
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CYAN ROOM

RSVP HERE
BY MONDAY, NOVEMBER 25TH

QUESTIONS?
CONTACT RAABIAH ALI @
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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](#)

Contact HCCI



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