

## **Hennepin Healthcare, Taking Steps Together**

### **EXAMPLE Community Health Worker (CHW) Documentation and Billing Work Flow in an Electronic Health Record: LESSONS LEARNED**

April 23, 2018

Taking Steps Together (TST) is Hennepin Healthcare's (HH) community- and family-based group health education and self-management support intervention for overweight and obese children and their families. All TST participants are referred by their HH pediatric clinic providers to the 17-week course. From April 2016 to October 2017, with funding from the Statewide Health Improvement Partnership (SHIP), TST staff collaborated with HH billing/coding and documentation staff to establish clear workflows for the TST course, including incorporating certificate-holding Community Health Workers (CHWs) as course leaders. Workflow elements included assigning the appropriate billing codes, completing additional requirements in the Electronic Health Record (EHR) for charge capture, and instructions on documenting all the necessary elements for the respective billing codes. HH uses EPIC as its EHR.

Included in this summary are:

1. The approach to including qualifying family members in TST classes
2. TST CHW workflow
3. Sample smartphrases used in the EHR (EPIC)
4. Challenges and lessons learned

### **The approach to including qualifying family members in TST classes**

HH TST staff established a system for the recruitment of qualifying family members of the initially referred child for formal enrollment in the TST course. Claims were submitted for reimbursement for those formally enrolled family members. When the family of the initially referred child was called and agreed to participate in the TST program, several other steps were performed including: 1) the parent was asked who from the family would be attending the TST course, 2) for those other family members attending the parent was asked whether she/he consented to their formal enrollment in the course, 3) for any family member who was a Hennepin Healthcare patient and for whom verbal consent for enrollment was given, her/his PCP was contacted via the electronic health record with a request to place a referral order to the TST program if that individual had an appropriate qualifying diagnosis (e.g. obesity, overweight, pre-diabetes etc) and if the PCP felt the referral was appropriate .

### **TST CHW workflow**

#### Scheduling appointments

A face to face encounter type is used to document a face to face visit with the patient without scheduling an appointment. The Electronic Health Record does not allow for scheduling appointments that are not located at Hennepin Healthcare clinics or facilities

#### Referrals

A Referral to Community Health Worker Education and a referral to Taking Steps Together were both created in the EHR by the provider for each client. HH requires that a provider referral order be entered for CHW Education services for billing and supervision purposes. The order indicates the following information as required by the DHS provider manual:

- a. Reason for the Referral

- b. Associated Medical Diagnosis
- c. Number of suggested CHW education units by the referring provider
- d. Whether group or individual services are to be provided

### CHW Documentation

*An Education Flowsheet* was created in HH's EHR (EPIC) to facilitate documenting the information required in the DHS provider manual for each visit:

- a. Location (community center)
- b. Start Time and End Time of the education
- c. Total time of the education in minutes
- d. Education Session – Group vs individual and # of patients present
- e. Supervising Provider – (for TST this is Dr. John Anderson)
- f. Referring Provider – Name of the Provider who initiated the CHW Education Referral (usually the PCP)
- g. Education topics
- h. Physical activity minutes
- i. Weight and height are recorded on Weeks 2 and 17 with the Health-Related Behavior Survey.

*Progress Note* - Smartphrases are specific documentation language and templates that can be added to a patient record by entering shorthand codes. The CHWs pull information from the education flowsheet into the progress note using smartphrases. CHWs also use Smartphrases for each TST session to describe the education provided. CHWs use the Data Action and Plan format to their note and make any changes or additions to the smartphrases. The encounter is signed by the CHW when they complete the documentation. In order for a CHW to close their encounter in EPIC, the patient diagnosis needs to be associated with the encounter and the diagnosis needs to match the referral diagnosis. The note is routed to the patient's PCP so that they are aware of the visit.

### Entering Charges

- a. For Department enter CHW's department
- b. For Place of Service enter the class location (other/site location)
- c. For Service Provider – name of CHW
- d. For Billing Provider – name of provider
- e. Referring provider – name of referring provider
- f. Associate the Diagnosis that matches the referral diagnosis.
- g. Units provided - Select the type of education provided and the number of 30 minute units, according to the following criteria:
  - PF CHW EDUC & TRAIN, 1 PT, EA 30 MIN
  - PF CHW EDUC/TRAIN, 2-4, EA 30 MIN
  - PF CHW EDUC/TRAIN, 5-8 PT, EA 30 MIN

### Patient's Goals

CHWs document Patient's Goals in **Goals Section**, from the **Visit Navigator**. Each family sets goals every other class starting Week 3. Goals are entered and updated for each TST participant. Goals should be SMART (Specific, Measurable, Achievable, Realistic, Time-based).

At the next visit, CHWs can determine the patient's progress with this goal. CHWs go back into the Goals section, click on **Assess**, and select **On Track**, or **Not On Track**. Click **Close**. When the goal is achieved, CHWs note that the goals is **Complete**.

### Community Health Worker (CHW) Billing Check List

- 1) Referral from a Physician, APP, PHN, or Mental Health Professional is available in EPIC, and Order/Referral and states:
  - a. Reason for the Referral
  - b. Associated Diagnosis; medical or mental health diagnosis
  - c. Hours of Education
  
- 2) Documentation includes:
  - a. Diagnosis from Physician/etc.
  - b. Purpose of the visit
  - c. Visit details including the Education provided
  - d. Total Face-to-Face time with the patient
  - e. Location of the visit
  - f. Name of the supervising provider for your visit
  
- 3) Charge:
  - a. PF CHW EDUC & TRAIN, 1 PT, EA 30 MIN
  - b. PF CHW EDUC/TRAIN, 2-4 PT, EA 30 MIN
  - c. PF CHW EDUC/TRAIN, 5-8 PT, EA 30 MIN

Charge Details:

  1. Date of Service
  2. Place of Service
  3. Units
  4. Diagnosis and associate it in the Charge
  5. Supervising provider
  6. Service Provider - CHW
  7. Billing provider
  8. Referring Provider
  
- 4) File Charges
- 5) Close Encounter

### **Sample smartphrases used in the EHR (EPIC)**

Below are two sample smartphrases used by the TST CHWs. \*\*\* indicates information to be completed for each individual client. CHW is responsible for making sure that each smartphrase entered for each patient and each class is updated to reflect class or client specific information.

#### **TST5BALANCEDPLATE –TAKING STEPS TOGETHER: Balanced Plate**

##### **Session 5 – Balanced Plate -**

**Data:** @NAME@ presents with a diagnosis of \*\*\*. Patient was referred for the TAKING STEPS TOGETHER Program.

**Action:** Patient participates in making list of food in the food groups: vegetables, grains and proteins. Discuss importance of aiming for ½ vegetable, ¼ protein and ¼ grains on plate. Patient participated in drawing their own paper plate version of a balanced plate and presented to the group. Discussed Taking

Steps Together program differs from government MyPlate in that fruit is excluded due to children eating sweet fruits easily but consuming vegetables may be more difficult. Taking Steps Together still encourages fruit consumption but the greater emphasis is on intake of vegetables.

Refresher from week 3 on important “dos” and “don’ts” in the kitchen with sanitation and safety

New SMART goal setting: \*\*\*

Physical activity: \*\*\*.

# of patients present today: \*\*\*

**Plan:** Patient will continue to attend the 17 week TST program.

### **TST7PLAY101 –TAKING STEPS TOGETHER: Play 101**

#### **Session 7- Play 101**

**Data:** @NAME@ presents with a diagnosis of \*\*\*. Patient was referred for the TAKING STEPS TOGETHER Program.

**Action:** Discussed how time and activities for play have changed over time. Discussed games 20-40 years ago were simpler, play outside more vs today, more video games. Discussed excessive screen time leads to inactivity. Discussed solutions for barriers to playing outside.

Patient was able to participate in activity with parents.

New SMART goal setting: \*\*\*

Physical activity: \*\*\*.

# of patients present today: \*\*\*

**Plan:** Patient will continue on the 17 week TST program.

## **Challenges and lessons learned**

The following summary relates to TST course cohorts 12/2016 – 4/2017 and 4/2017 – 8/2017. The challenges encountered in the process of billing and the submission of claims for reimbursement led to achieving less than maximal reimbursement for TST services.

Challenge #1 – There was less than maximal attendance with the average number of billable participants per class for cohorts #1 and #2 being 2.6 and 3.4, respectively. These numbers were significantly below the goal attendance of 8 billable individuals per class. This led to less than maximal reimbursement. It was difficult to recruit in a way that ensured a full class of families due to the restrictions around billing for CHW group education/self-management. Given typical attendance and attrition rates, TST staff would traditionally recruit several extra participants (beyond the goal class size) to ensure a full class. Yet billing/coding rules restrict CHW group education/self-management sessions to a maximum of eight enrolled participants per CHW. For this reason, we were unable to invite more than eight formally enrolled individuals to any given TST class since if more than eight individuals attended a class, it would result in an inability to bill for any of them.

- **Response:** We elected to recruit to a maximum of eight enrolled participants (plus accompanying non-enrolled family members) for the first class of each session. Subsequently, in response to lack of attendance or attrition of families from the program, we continued to recruit additional participants until about the half way point of the course.
- **Outcome:** For the majority of TST classes during both cohorts, we were not able to ensure the participation of eight formally enrolled individuals. On average, we had 1-7 enrolled participants at each class and around 3-15 total participants (including non-enrolled family members).

- Lessons Learned: The rule dictating a maximum of eight billable individuals for CHW group education and self-management makes it challenging to ensure programs like TST are running at full capacity.

Challenge #2 – A billable encounter occurred, the appropriate billable code was dropped, but no charge/claim was submitted to the health insurance payer for payment. Several separate problems were identified during the course of this project that led to this same ultimate challenge.

- *Problem A - Initial claims for reimbursement could not be submitted to health care payers due to a problem with the claims submission system that did not recognize the UMPI numbers of participating CHWs.*
  - Response: HH billing and coding worked with EPIC and the clearinghouse vendor to understand the issue and to fix the system.
  - Outcome: The claims clearinghouse was updated to recognize the alpha-numeric nature of the UMPI number. A code essentially had to be entered to let the system know to expect an alphanumeric field rather than a numeric field which is what is required for a traditional NPI.
  - Lessons Learned: The UMPI number required on the claim is alphanumeric and may cause billing systems to automatically reject the claim. HH fixed this issue within its clearinghouse and may need to work with payers on a similar fix if claims are denied for this reason in the future.
- *Problem B – After the appropriate billable code was dropped by the provider, the encounter was changed back to a “no charge” encounter.*
  - Response: HH billing and coding generated a list of all encounters that had been changed to “no charge” and worked to understand the root cause. It was determined that there was miscommunication to the coders regarding billing for CHW education services and therefore these charges were changed to “no charge”.
  - Outcome: HH is working to revert these encounters back to billable visits and resubmit the claims. Due to timely filing, these claims may not be paid.
  - Lessons Learned: Although the TST program was working closely with billing and coding to develop and implement CHW Education Services, it can be challenging to communicate to all key stakeholders and front-line workers in a large organization. Monthly meetings with key stakeholders in billing and coding has been a helpful tool for problem-solving and communication.
- *Problem C – An additional and separate coding error occurred where encounters with billable codes were also reverted to “no charge” visits.*
  - Response: When working with to change revert the “no charge” visits back to billable encounters, coders encountered a problem where an old service code in the system was inadvertently being selected which still resulted in a no charge visit.
  - Outcome: The old service code was removed from the system. Coding is still working to revert these encounters back to billable visits and resubmit the claims. Due to timely filing, these claims may not be paid.
  - Lessons Learned: Ongoing follow-up and follow-through of individual claims is necessary to identify these unique errors within the system.
- *Problem D – Charges were not submitted to payers because CHWs are not “credentialed providers”, and therefore charges were placed and held in a separate work queue (WQ) for non-credentialed providers. It is true that CHWs are not credentialed providers, but these services should still be billable under existing DHS rules.*
  - Response: Billing and coding released these charges from the credentialing WQ and to put a rule in place so that future charges do not inappropriately get stopped in this WQ.

- Outcome: Claims were released from the WQ and sent to payers. Payment or denial on these claims is still outstanding.
- Lessons Learned: The scope of the process for billing for CHW Education services begins from onboarding a CHW with Human Resources and determining appropriate provider enrollment processes. Although the system at large was aware that CHWs are non-credentialed providers, there are important checks and balances built into the billing system that stop claims from being submitted without a credentialed provider. CHWs are the exception to this rule in health care services billing.
- *Problem E – The claim was not appropriately submitted to payer because the claim was incorrectly set up, with the CHW listed as the “rendering provider” and the “billing provider”, whereas the CHW should only be listed as the “rendering provider”.*
  - Response: The root cause for this problem is not clear at this time. Recently, after reviewing the DHS provider manual, it was confirmed that the CHW should not be listed as the billing provider and an eligible billing provider must be listed in the billing provider field.
  - Outcome: Working with billing and coding to update CHW documentation and billing process and to determine how to handle existing encounters.
  - Lessons Learned: After working on the billing and credentialing process for 3 years, there have been multiple changes to the DHS provider manual and there been staff changes within Hennepin Healthcare departments involved in the development of the internal process. Given the complexity of this process, future review of the DHS provider manual and requirements on a regular basis will be helpful to avoid future problems like this.

Challenge #3 - A billable encounter occurred, the appropriate billable code was dropped, a charge/claim was submitted to the health insurance payer for payment, payment was received, but that payment was significantly less than the charge submitted on the original claim. Specifically, for paid claims, actual reimbursement percentages ranged from 28-36% for CHW claims, 45% for dietitian claims, and 59-61% for pediatrician claims.

- Response: Charges may be different than reimbursement rates based on how internal charge rates are set and how contracts for payment rates are determined with different payers. However, DHS sets minimum reimbursement rates for MHCP services which should be paid by payers. In some cases, it appears these rates may not have been paid.
  - Outcome: An inquiry has been submitted to HH finance and billing regarding this question.
- Lessons Learned: It is important to understand internal charge rates, contracts with payers and DHS payment rates in order to better understand reimbursement.