

BILLING WORKFLOWS

Practical approaches for GUIDE and
comprehensive dementia care providers

March 11, 2026.



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- Associate Professor of Medicine
- Medical Director, CMS GUIDE Dementia Care Program
- Co-Director for Population Health & Caregiver Engagement



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- Business Operations Manager, Brain Health Programs
- Lead, GUIDE Care Coach team



GUIDE Billing Workflows

Karina M. Berg, MD

Medical Director, UConn Health GUIDE Program

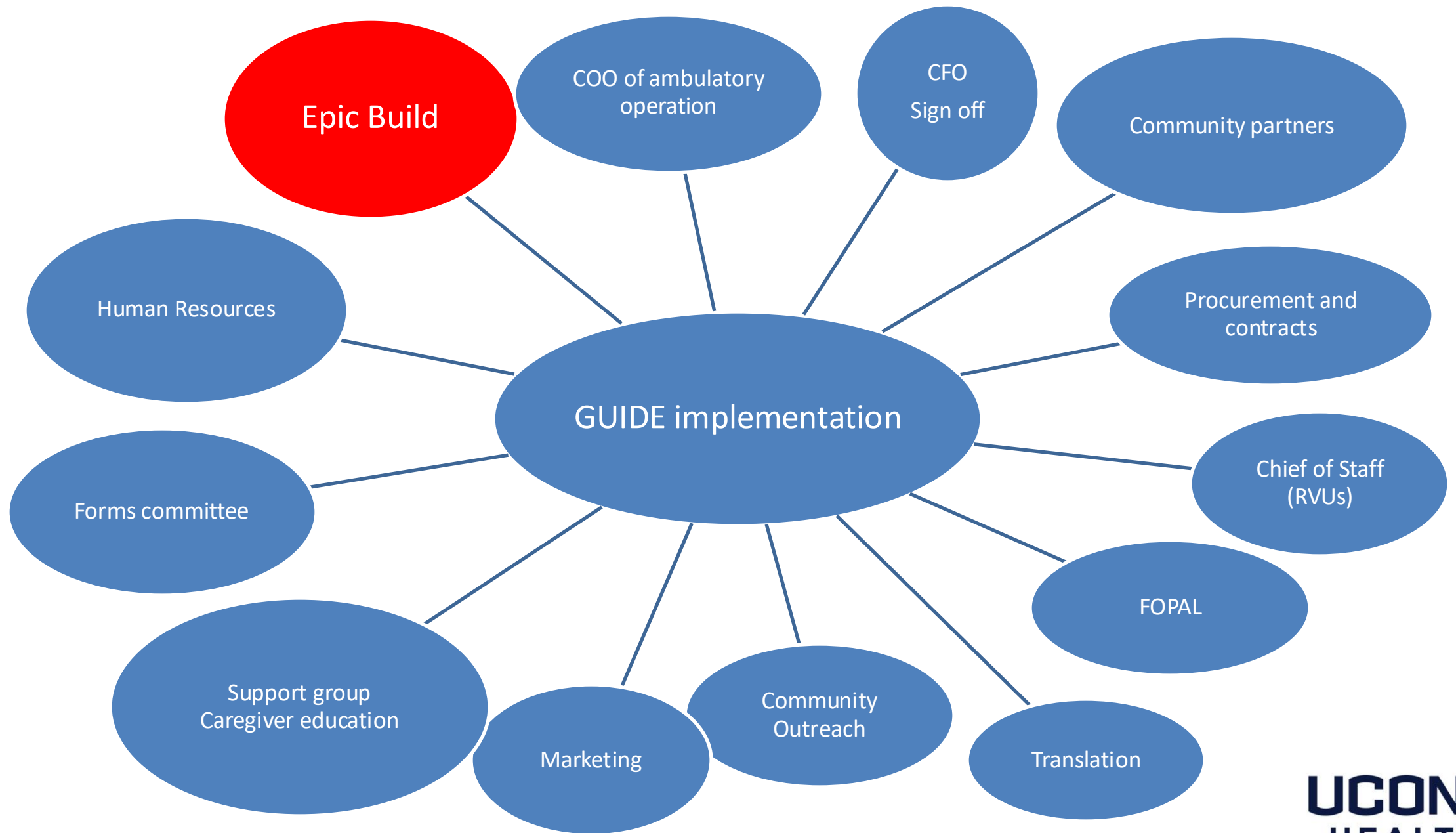
NDCC Webinar

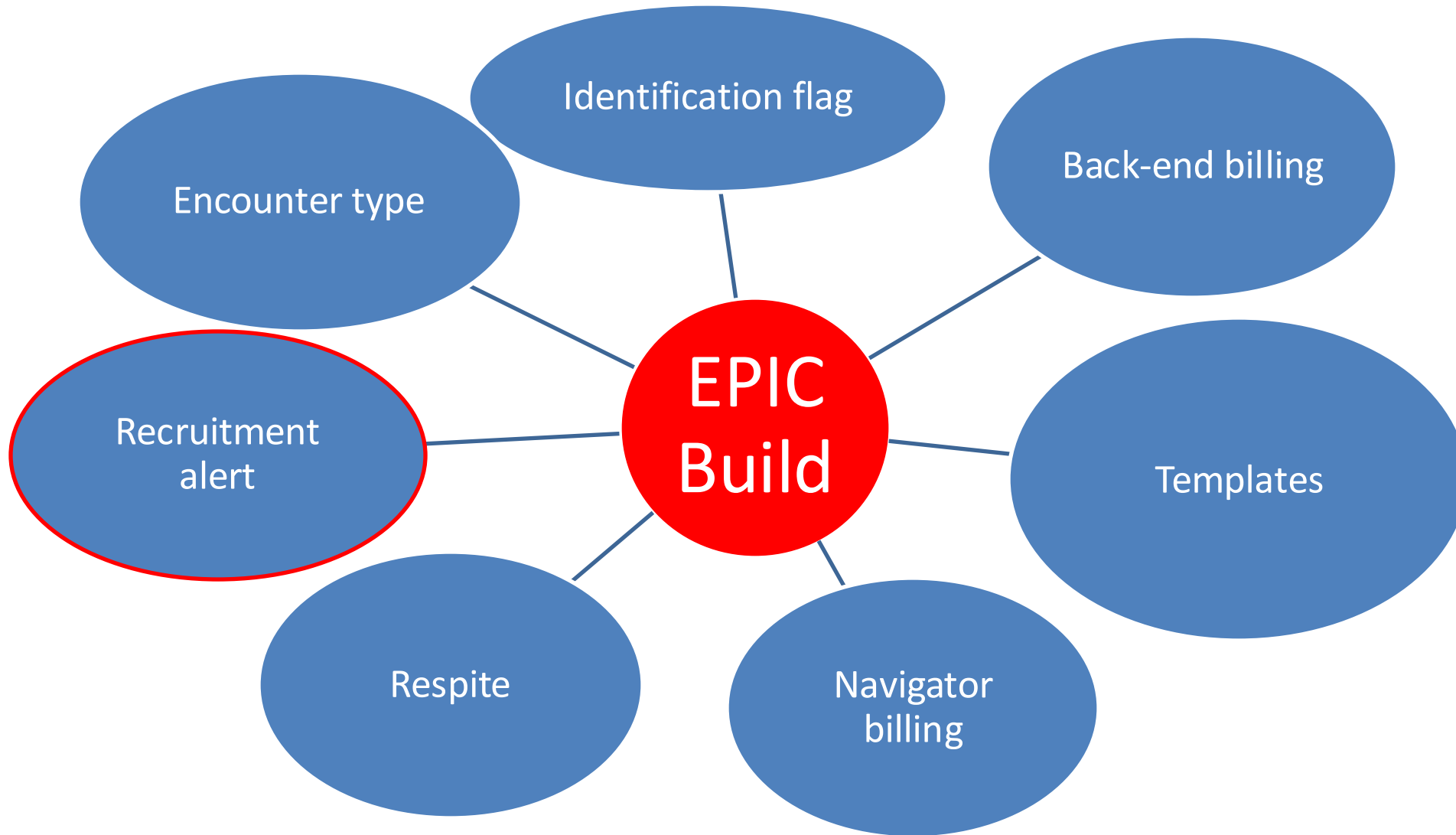
March 11, 2026

UConn Center for Geriatrics and Healthy Aging

- James E. C. Walker III Memory Assessment Program
 - Multidisciplinary team
 - Comprehensive cognitive assessments and follow up
 - Social worker, nurses, medical assistants
- GUIDE is a collaboration with the UConn Population Health team
 - Managers
 - Program coordinator
 - 2 navigators
 - 2 program assistants
 - 7 of 8 counties in CT
 - 200 patients enrolled







Recruitment Alert



Code: Prior (no ACP docs)

Fall Risk?: Yes

Interpreter: No

Isolation: None

GUIDE Eligibility

PCP: Me
Primary Cvg: Medicare/Medicare...

Allergies: No Known Allergies

**3/17 GERI ANNUAL WELLNESS VISIT
MEDICARE**

Height: 162.6 cm (64")
Wt: 59.2 kg (130 lb 8 oz) >7 days

SINCE YOUR LAST VISIT

👤 Cardiology, Neurology,
Unknown (5)

🧪 Lab (1)

CARE GAPS

- 🔴 Medicare Annual Wellness (A...
- 🔴 HIV Screening
- 🔴 Diabetes: Retinopathy Screen...
- 🔴 DTaP,Tdap,and Td Vaccines (1 ...)
- 🟡 Bone Density Screening


PROBLEM LIST

Coronary artery disease
Ischemic cardiomyopathy
ICD (implantable cardioverter-
defibrillator) in place
Diabetes mellitus, type 2 (HCC)

OurPractice Advisory - Dacostapinto, Gil


Important (1)

⚠ Patient is GUIDE eligible

 This patient is currently eligible for enrollment in the CMS GUIDE dementia program. If patient is interested in enrollment, use this decision support tool to send an InBasket message to GUIDE program coordinators.

Associated problem: **Multifactorial dementia (HCC)**

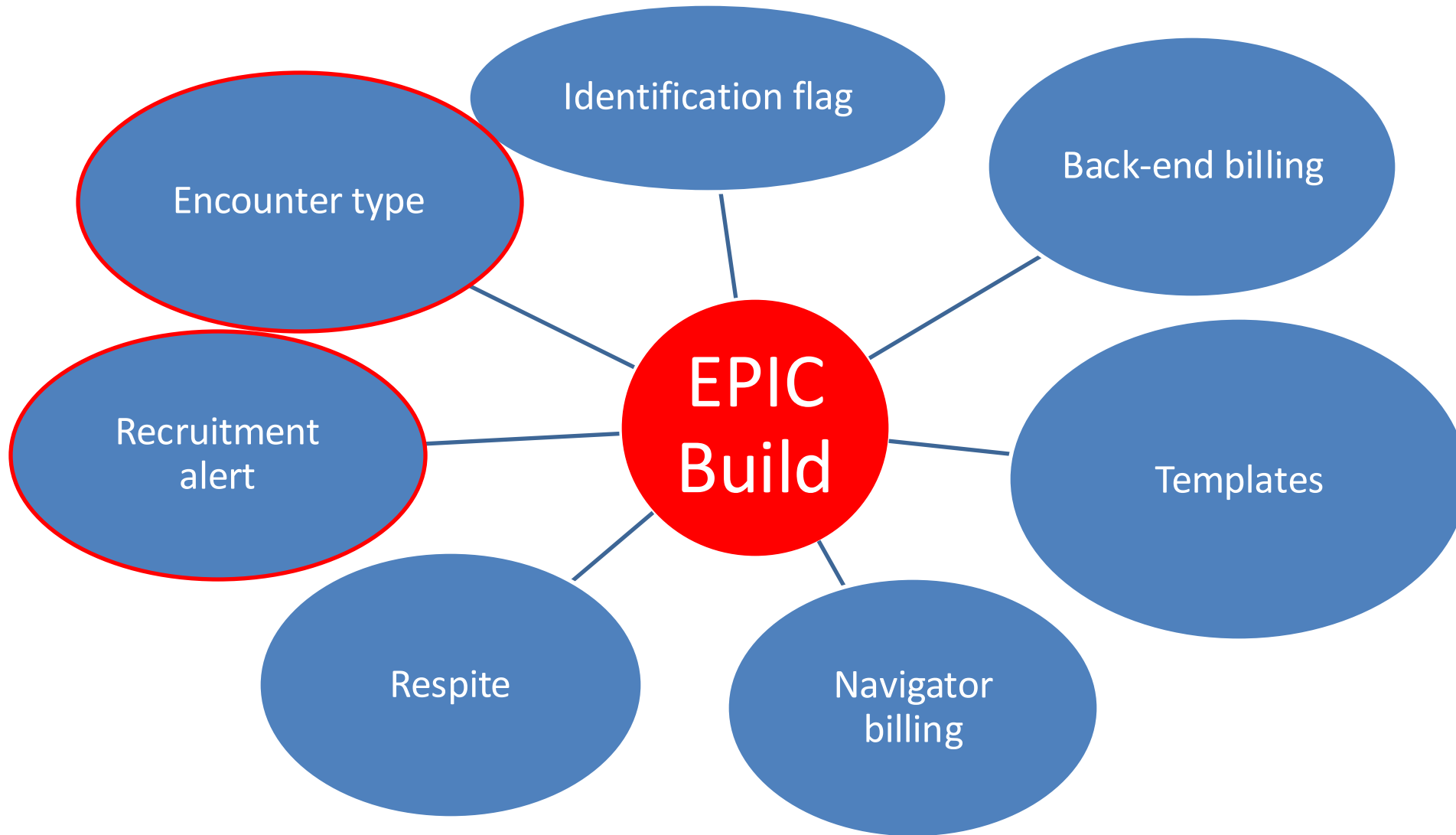
*** Perform the following actions**

- Add: **Mark as Sent**
- Send:  **Send message to GUIDE program coordinators**

▶ Acknowledge and continue

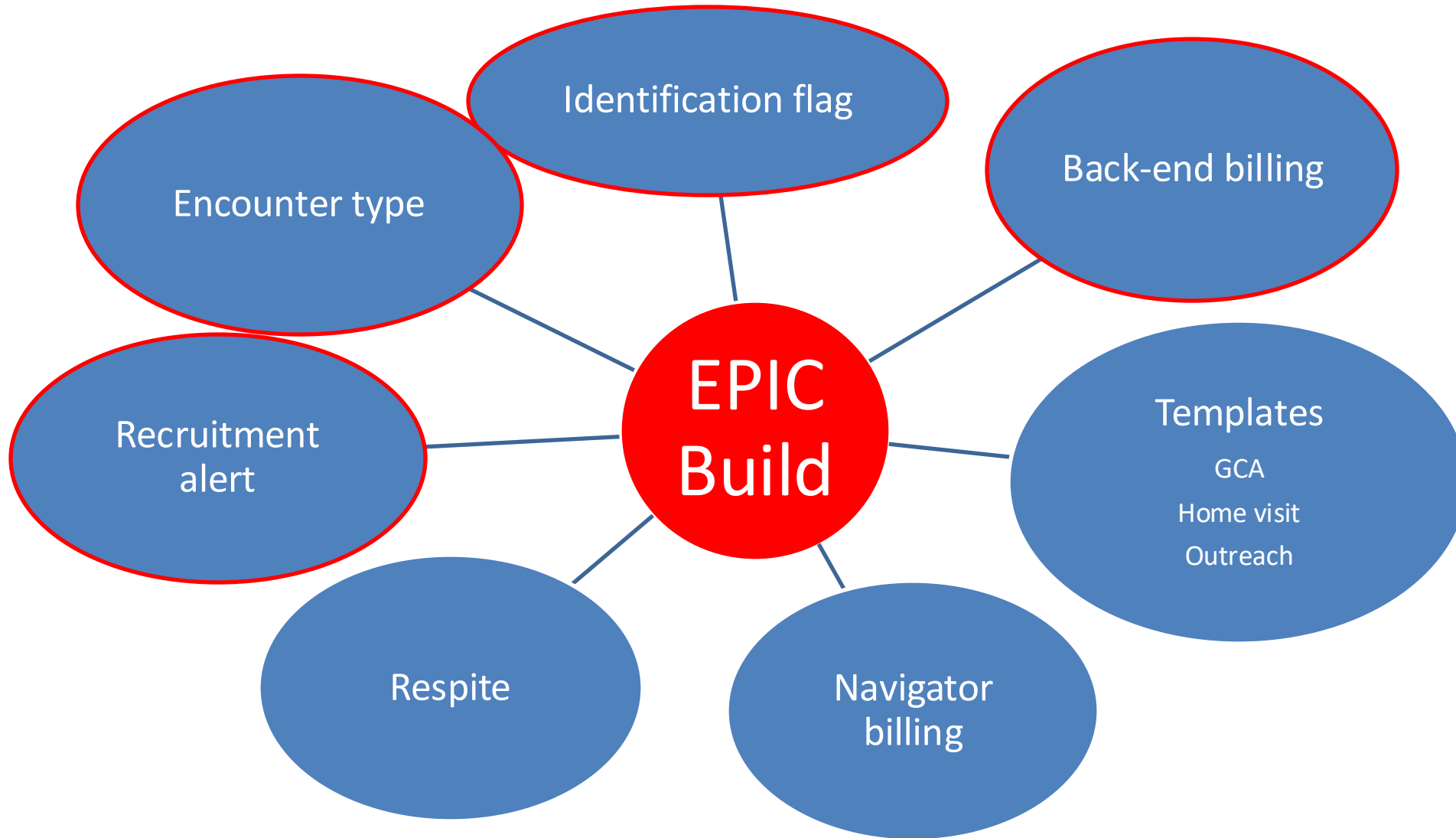
Other options ▾

Accept (2) **Cancel**



New GUIDE Encounter Types

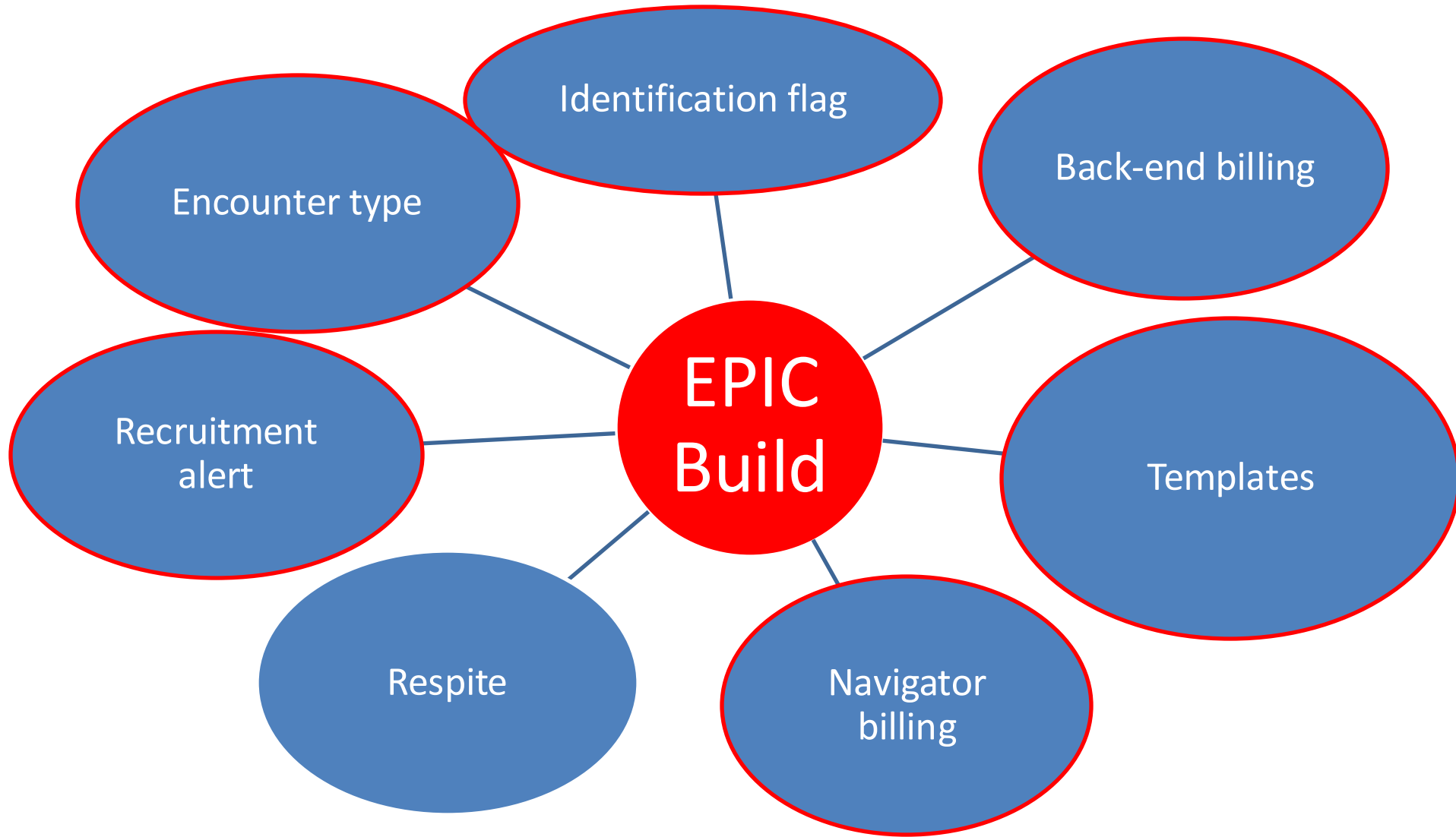
- Clinicians
 - GUIDE Comprehensive Assessment
- Navigators
 - DCMP billing (for home visit, phone outreach)
 - Non-billable coordination
 - Home visit
- Program assistants
 - Respite



Identification Flag

- “GUIDE Dementia Program”
 - GCA date
 - Pending or aligned
 - Complexity tier
 - Date of enrollment
- Billing department changes codes
 - 99483
 - TCM
 - AWW





Navigator Encounters

Visit Information

Reason for Visit
GUIDE Care Management

Recent Visits with Me
None

Other Visits in Gerontology

Date	Provider	Primary Dx
01/23/2026	Mudano, Heather A, APRN	Renal mass
10/20/2025	Mudano, Heather A, APRN	HOH (hard of hearing)
07/15/2025	Mudano, Heather A, APRN	Primary hypertension

Track Pt Outreach

Contacted via
Telephone In Person Mail MyChart Telephone

Contacted about
guide + Add ✓ GUIDE Monthly Outreach

Title	Number
GUIDE Care Coordination	1000038
GUIDE Home Visit	1000037
GUIDE Monthly Outreach	1000036

↑ Previous ↓ Next

Care Teams

+ Care Coordination Note

Patient Care Team

Add PCP: [input] + Add Me

Add Team Member: [input] + Add Me + Free-Text Member

Search by team member details

CMS Required Fields

Care Management

General Care Management - Patient Level

Assessment completed with

children	family	paid caregiver
parents	patient	spouse or significant other

Enrolled in care management program

Yes No

Living arrangement

alone	children	family members	friends
parent	significant other	spouse	

Support system

none	case manager	children	faith based
family	friends	home care staff	neighbors
parent	partner	shelter	significant other
social worker	spouse	therapist	twelve step group

Family conflict

Yes No

Type of residence

apartment	assisted living	group home	homeless
nursing home	private residence		

Home care services

Yes No

Equipment used at home

none	cane
walker	bedside commode
tub seat	oxygen/respiratory treatment
wheelchair	hospital bed

Communication device

Yes No

Financial problems

Yes No

Transportation issues

Yes No

Transportation means

accessible car	family	friend
public transportation	public transportation taxi	regular car

Other issues

language barrier	literacy barrier	visual impairment
hearing impairment	cognitive impairment	lack of coping

Home Safety

Responsible Create Note Macro Manager

Safety Category

Falls

Problems/Accidents Precautions Strategies/Suggestions No current concern

Cooking

Problems/Accidents Precautions Strategies/Suggestions No current concern

Driving

Problems/Accidents Precautions Strategies/Suggestions No current concern

Wandering

Problems/Accidents Precautions Strategies/Suggestions No current concern

Smoking

Problems/Accidents Precautions Strategies/Suggestions No current concern

Use of appliances or power tools

Problems/Accidents Precautions Strategies/Suggestions No current concern

Use of sharps (knives or scissors)

Problems/Accidents Precautions Strategies/Suggestions No current concerns

Combativeness/aggressiveness

Problems/Accidents Precautions Strategies/Suggestions No current concern

Firearms

Problems/Accidents Precautions Strategies/Suggestions No current concern

Poisons

Problems/Accidents Precautions Strategies/Suggestions No current concern

Hot water or weather, cold weather

Problems/Accidents Precautions Strategies/Suggestions No current concern

Eating/swallowing difficulties

Problems/Accidents Precautions Strategies/Suggestions No current concern

Navigator Billing Process

GUIDE Outreach - 2/26/2026 visit with Boxwell, Rachel H., LCSW for Patient Outreach

GUIDE Care Management Geriatric Assessments **Wrap-Up**

Patient Instructions Follow-up Review LOS Charge Capture Communications

< 6 Low Tier

Service Date: 2/26/2026

Department: FMGN GERIATRICS [10101300108]

Place of Service: 21 FMGN POS 11 [105102]

Service Provider: Boxwell, Rachel H., LCSW [4107]

Billing Provider: [Redacted]

Referring Provider: [Redacted]

Quantity: 1

Diagnosis: Search for diagnosis + Add Problems

No diagnosis associated

Additional Charge Details

NDC	Code	Admin Amount	Units
1			

Modifiers: [Redacted]

Start Time: [Redacted]

End Time: [Redacted]

Bill Area: [Redacted]

Comment: [Redacted]

Accept Cancel

Charge Capture

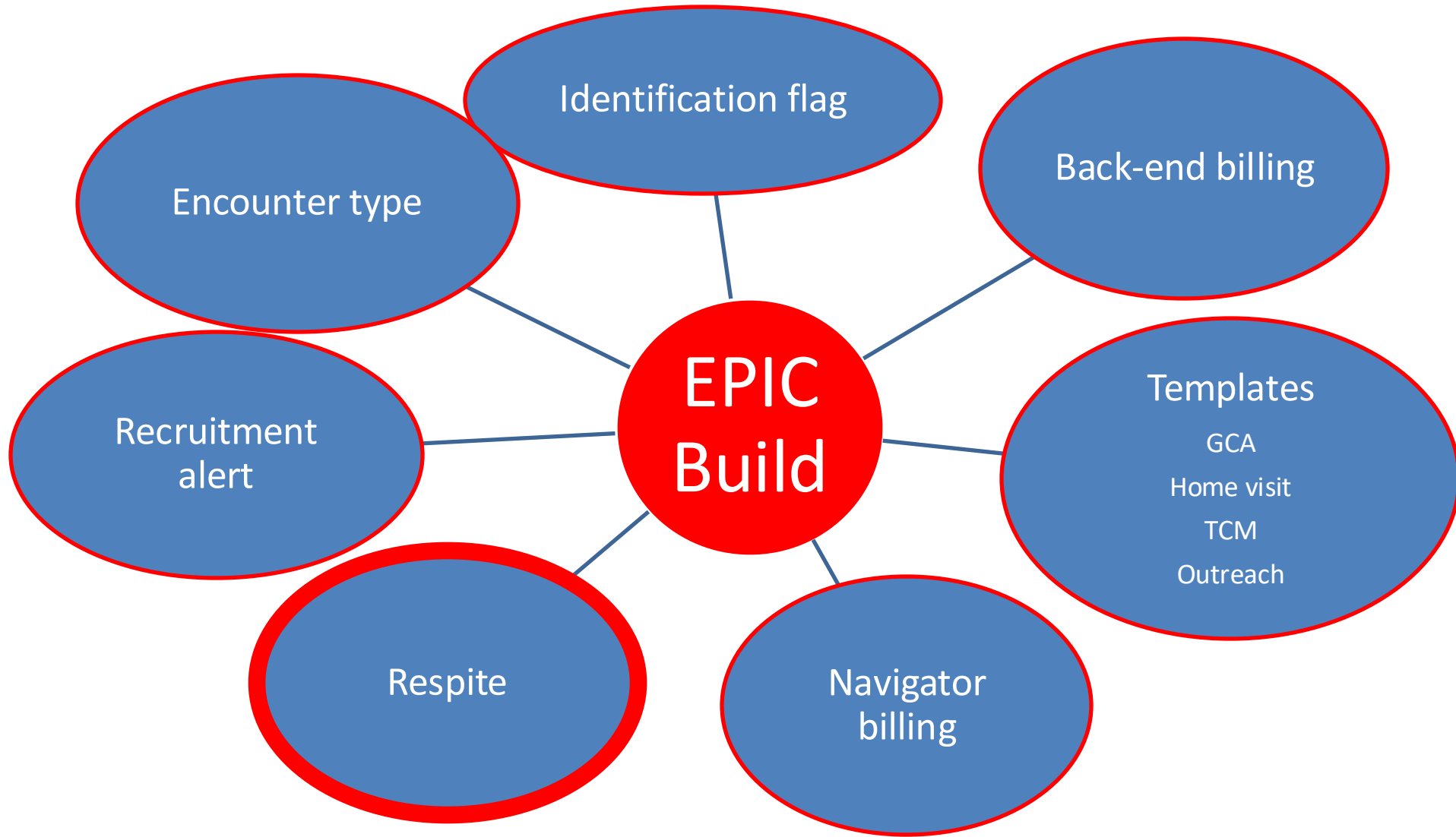
Select New Charge

Search for new charge + Add

★ My Favorites

- > 6 Moderate Tier G0525
- > 6 Low Tier G0524
- > 6 High Tier G0526
- < 6 Low Tier G0519
- < 6 Moderate Tier G0520
- < 6 High Tier G0521

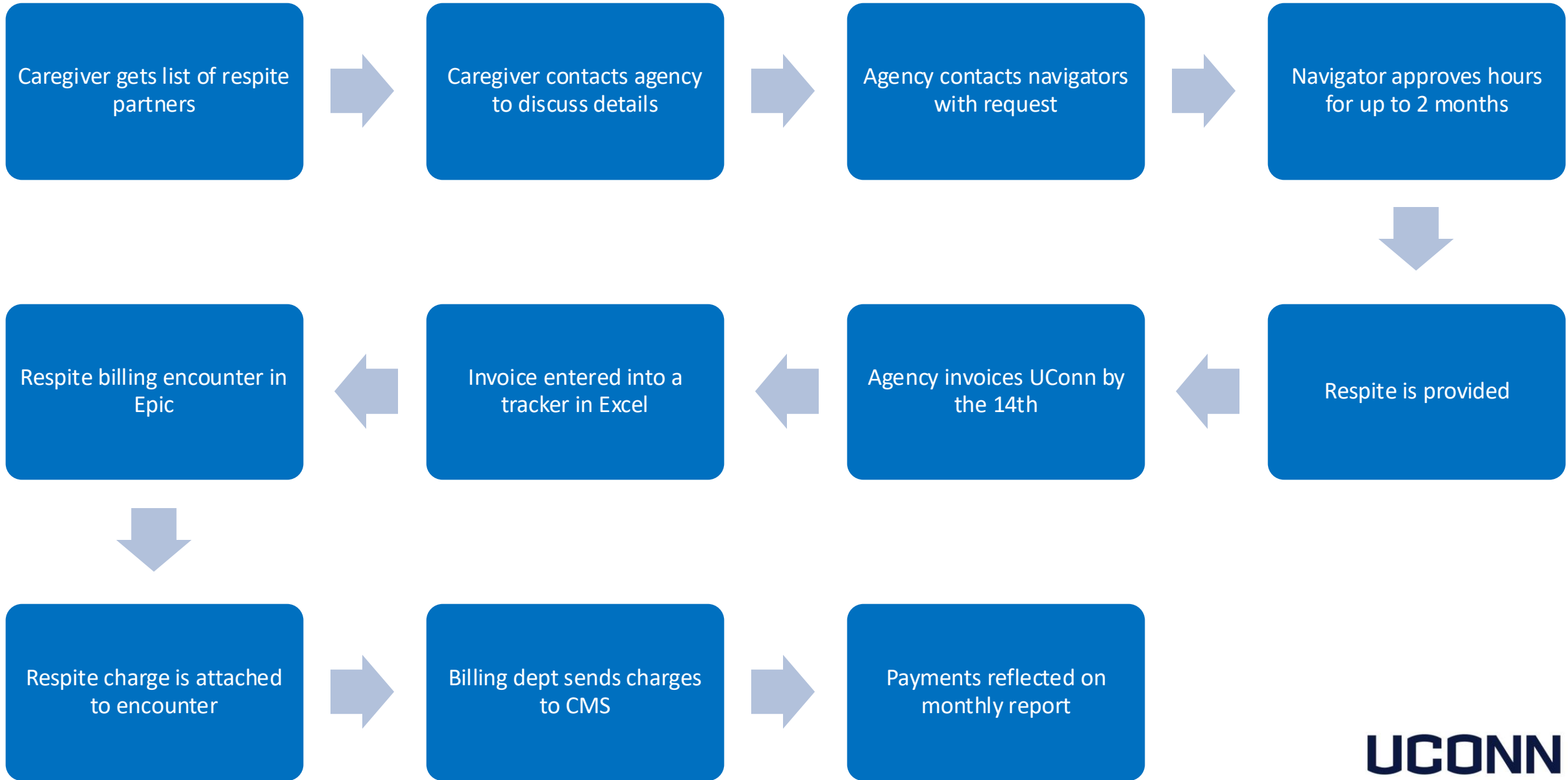
Accepted Charges



Respite Billing is Complicated



- Trial and error to get current workflows
- Necessitated 2 additional roles on the team
- Job of navigator is ONLY to explain respite and approve hours
- All other communication is between caregiver and agency
- Frustration working with community partners
- Tracked both in and out of the EMR
- GUIDE math doesn't always match agency math



Thank you!



Indiana University Health

GUIDE at IU Health

Billing Workflows

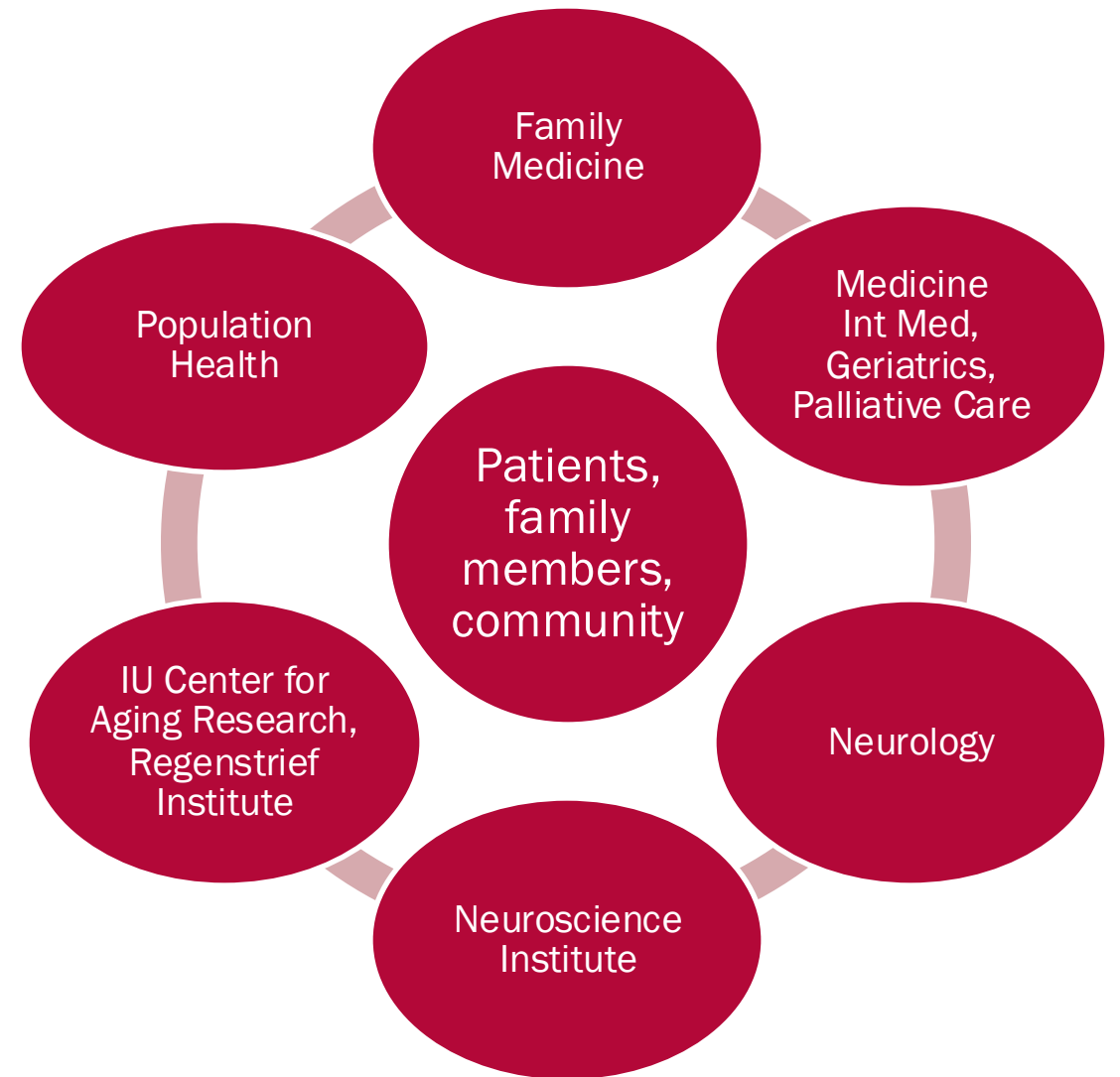
Lindsie Hammans, LCSW

Business Operations Manager,

IU Health Brain Health Programs

GUIDE at Indiana University Health

- Decades of research and interventions on dementia care and caregiver support helped make the case to launch GUIDE at IU Health, using the Aging Brain Care Model
- Team is largely remote, with a focus on collaboration between clinical departments, academic institutes, and the community across all of IU Health's services to support patients and caregivers

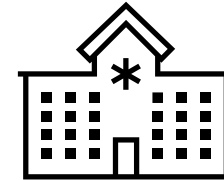
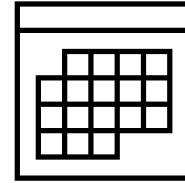


GUIDE at Indiana University Health

- Based out of the IU Health Neuroscience Center, Neurology Department
- Team makeup
 - 1 RN Care Coach
 - 1 SW Care Coach
 - 2 Generalist Care Coaches
 - Medical Director
 - Business Operations Manager
- 130 currently aligned patients
 - Designed to work alongside any IU Health provider and team- GRACE, Neuro, PCP, Geriatrics, Palliative Care
 - Central Indiana but working to develop respite contracts to support IU Health patients accessing facilities throughout the state

IU Health Billing Processes

- Like all:
 - Comprehensive assessment to align patients
 - Once aligned, ongoing monthly support is pre-scheduled to ensure an encounter is available on the chart to connect the DCMP charge
 - Respite charges also encounter-based
- Cerner EMR
 - Charge is manually entered by provider once successful contact and support is provided by Care Coaches
 - Revenue Cycle Services identified GUIDE G Codes to submit appropriately in a claim to CMS
- Monitor payment reports to ensure what we send out gets processed as anticipated



Systems Supporting IU Health GUIDE

- Enthusiasm for GUIDE as an overall support for IU Health Patients and Caregivers led to Neurology adopting the program
- Looked to success of the rollout during pilot year to ensure correct players built out the foundation
 - Revenue Cycle Services
 - Compliance
 - Neurology, Neuroscience Institute
 - Providers (Dementia experts- Geriatrics and Palliative Care)
 - Business Operations to be point of contact between all
- Anticipated evolving operations as we launched, so set expectations for each role and touch base regularly to ensure operations are going as planned



Collaborating for Launch

■ Pre-work

- Lean on experts in RCS to ensure that billing workflows were set appropriately
 - Ensures the work we do alongside other providers dealing with patients gets billed appropriately
- Compliance scrutinized initial bills to ensure documentation met CMS standards
 - QA on notes when we launched
 - Receive and integrate feedback around charting respite and service delivery (ex: additional examples of respite provided in the encounter chart note)
- SharePoint for alignment letters, respite invoices, alignment reports and payment reports
- Ensuring standard operating procedures are documented and available to the collaborators
 - Adjusting and re-sharing SOPs as technology evolves



Anticipated Changes from Launch



- IU Health transitioning to Epic within 1-2 years
 - Limited ability to invest in technology upgrades or additions
 - Launched utilizing REDCap and Cerner, which meant limited visibility of the whole picture across supporting systems
 - Leaning on SharePoint and Microsoft excel to bridge that gap
- Quickly developed HealthCare Cerner option to support moving from REDCap
 - Streamlined workflow
 - Centralized location for all patient assessment and interaction data



Continuing to Anticipate Change

- Conversations around IU Health GUIDE's move to Epic
 - Many use-case examples of Epic for GUIDE supporting the build
 - Anticipate more automation of billing once in place
 - Continuing to pull in RCS, Compliance, Neurology to support the build and billing conversations
- Tracking mechanisms used to support GUIDE at IU Health since launch will be maintained until successful transition
- Be proactive to avoid incorrect charges going out the door
 - Provider connecting incorrect DOS, entering the charge on an outreach call not the assessment call
 - Staff re-using encounters or using a nonbillable encounter for billable activity
 - Easier to provide coaching to avoid mistakes in the future



Relying on Access, Transparency, and Communication

- Proactive tracking developed for DCOMP
 - Lean on items/tasks already being completed
 - From PAAF and alignment reports, pull in MBI, Gcode (6 mo and/or re-assessment), effective dates, alignment status, respite eligibility; Add Care Coach assigned, MRN, attested Dx
 - “Anticipated revenue” multi-purpose sheet, reference for various stakeholders when budget/revenue aren’t directly accessible
- Provider billing report generates from scheduled encounters and appointment status
 - Copy dates of service to anticipated revenue sheet that can be compared to payment reports
 - Highlighting columns on Anticipated Revenue sheet as payment reports come in, presenting in RCS meetings if any conflict
- Build in compliance aspects to Chart notes
 - Encounter note includes dx and GCode/tier for ease of charge entry
 - Note demonstrates service delivery



Respite

- Respite billing process requires encounter creation and charge entry based on respite provider invoicing
 - Invoices arrive 15th of the following month
 - Copied to my team to add encounters and charge in the next few days
 - Copied to accounts payable for payment
 - Ensure contracts with partners reflect timeline for CMS payment
- IU Health's Neuro budget included support to pay invoices as we await CMS payment
- Respite Coordination
 - Monthly report from respite providers on hours used/patient referral status to stay ahead of reaching limits
 - Defer to the partner agency to make a plan with family, making limitations clear
 - Care coaches monitor limits and discuss with caregivers/patients



Preparing for success, adjusting for reality

- RCS: GUIDE charges are straightforward Medicare Claims
 - Cerner specificity around encounters/locations to automate billing appropriately
 - Automations being designed to support 80% of scenarios then needing oversight for the 20% that are unique
- Know what reports are available from the systems
 - Launched with REDCap
 - Easy to pull PAAF data but difficult to extract repeat contact data for DCMP
 - Cerner reports better support encounters but less ability to modify extracts as needed
- Communicate system changes as early as possible
 - Change in providers over time and connections to billing automations
- Limited direct access to information from fiscal/revenue
 - SLA can track revenue, RCS can track claims—had to walk out the order of operations

Thank You



Benjamin Rose Institute on Aging BRI Care Consultation **Learning Collaborative**

- Connecting the Dots: How Community-Based Organizations Strengthen Comprehensive Dementia Care
- Wednesday, March 18, 2026, 1:00 PM Central



GUIDE Affinity Group

- Next Session: Wednesday, March 25th at 11am ET/10am CT
- Topic: Preparing for CMS GUIDE Audit



Please complete the webinar evaluation



Thank you for attending!