



City-County Health District
Public Health and Home Care

BARNES COUNTY COURTHOUSE
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Good Morning Chairperson Lee and member of the Health Services Committee. My name is Theresa Will and I am the Director at City-County Health District in Barnes County.

Let me explain how things happened in our office prior to the Regional Public Health Network Project. We offer walk-in public health visits between 8am and 5pm daily. A client would come into the front desk and make a request for service. They were logged in on a manual service log stating the service that they requested for the current visit. After the log was complete, the office manager retrieved their chart or charts, you see, we had separate charting systems for each service provided within our small health unit. Frequently clients had three or even more charts in our office, one for immunizations, one for school health and one that was completed for other health assessments such as an ear check or a skin assessment. They may also have had lipid profiles, blood sugars, blood pressures, etc. that were done at various screening events which were located in a file for that event, not for each individual. So after the log was completed, the office manager or the office nurse would locate the chart or charts needed to complete the service that the client requested on that particular day. The office nurse would provide the service or services requested and document the visit, or they may have an opportunity to talk to the client about another service, maybe they were in the office for a blood pressure and the nurse talked to them about making sure they were up to date on their tdap (tetanus, diphtheria and acellular persussis). Then another chart would need to be retrieved, documentation completed and charts re-filed in the various separate systems.

All billing was entered manually by the Financial Analyst or the Administrative Services Coordinator and then transmitted electronically or a paper claim would be printed and mailed, depending on the payer for the claim. If a client needed receipt or verification of payment made for their services, we needed to manually enter and print a receipt. Now, how was that for a complicated process?

NOW, With the Ahlers (billing system) /ZirMed (billing clearinghouse) systems in place:

- Clients can be looked up in the system to see what services they have received, what they have paid, if insurance has paid their claims, and go to one central location to pull a chart that contains all of the information regarding any services they have received from us.
- Invoices are created in the system to bill for any co-pays and deductibles, as well as record any insurance payments that have been received for services.
- Statistics are generated from Ahlers for program evaluations, retrieve information for the schools regarding utilization of our services by students, and our annual service usage chart by simply pulling a report based on the code for each service type the information is needed for.
- Billing files can be created through Ahlers, based on the services entered into the system, and uploaded directly to ZirMed for transmission to the various payers, or paper claims can be created for those payers that do not accept electronic transmissions.
- Claims are submitted electronically therefore saving on postage and time, as well as improving our payment turn-around time.
- Revenue - we are seeing an increase in the number of clients that are paying at least a portion of the suggested donations.
- All client records in one chart so that we don't have to gather information from various files and then re-file in multiple areas.

Billing is becoming increasingly faster as we become more familiar with the system. We continue to learn what works well, what doesn't work as well and how to best utilize and retrieve needed reports. It has been very helpful (not to mention a huge cost savings) to have Central Valley Health District as our "go to" people with questions and concerns and having one system that we all utilize instead of each department/district using a different system.

The other area that I would like to comment on is Community Health Assessment and Community Health Improvement Planning (CHA/CHIP). I recently applied for funding through the National Association of County and City Health Officials (NACCHO) to work on these areas specific to Barnes County. Through the budgeting process, I determined \$90,000 as a projected cost of this planning for Barnes County. Associated costs included gathering the stakeholders for regular meetings to gather data, analyze the data, hiring an outside consultant and staff time to prepare the documents. As a result of this project, the network partners have a community health assessment document that is useable in 5 counties for less than it would have cost City-County Health District alone. This demonstrates another significant savings. Additionally, if you extrapolate those budgeted costs according to the four local public health departments, the network accomplished administrative function standardization (including Community Health Assessment) and piloted services for the approximate cost of just completing Community Health Assessment and Community Health Improvement Planning processes. Our network partners are currently utilizing data from this document as we write a HRSA grant.

Most importantly, this project provided an opportunity for network partners to improve the way we serve our communities, achieve standardization in services where possible, begin to do dedicated work on CHA/CHIP planning and prepare for public health accreditation. Thank you for your commitment to this pilot project. If there are any questions at this time, I'm happy to try and answer them.