Where are we?/What do we have to do?

ICD-10 Preparedness Workshop Series

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Background

• ICD - International Statistical Classifications of Diseases and Related Health Problems is overseen and endorsed by the World Health Organization, and is the international standard for diagnosis and classification of epidemiological general health and clinical use.
• ICD-10 is the tenth revision of ICD, completed approximately 1992
• Current version of ICD-10 includes over 68,000 CM codes, compared to approximately 14,000 in ICD-9
• Few codes directly crosswalk to ICD-9 selections
• Adopted by member states beginning 1994
• US will adopt ICD-10 on October 1, 2014

“It is not the strongest of the species that survive, nor the most intelligent, but the one most responsive to change.” (author unknown)
Plan for the Change

• ICD-10 implementation will affect every aspect of the patient / provider encounter
• Implementation will require system changes, extensive training and considerable expense
• Implementation will include the entire office staff
  • Physician
  • Practice Administrator / Manager
  • Nurses
  • Clinical Assistants
  • Front Desk
• Likely to impact productivity, scheduling and cash flow during transition period
Implementation Team

• Organize the team and map out the implementation effort
• Implementation team members will lead separate initiatives during implementation process
• Sub groups will likely overlap
• Implementation Team must include
  • Physician
  • Practice Administrator / Manager
  • Nursing
  • Professional Coding
  • Front Desk / Customer Service
  • Billing Department or outside billing vendor representative
  • Individuals responsible for Pre-Authorization and referral process
• If the physician practice is associated with a hospital, the practice implementation team should include hospital senior management
Develop a cohesive message

• The practice must speak with one message to all partners and vendors as well as to the patients
• The Implementation Team must immediately develop a mission statement and a unified message
• This is critical to minimize the impact on operations
• Each participant must understand their role and responsibility in the process
• Communication of the message must be consistent and comprehensive to all participants
Decide on Process Involvement

• If the practice is a part of a hospital, will the ICD-10 implementation for the practice be included in the hospital rollout plan
• If so, the hospital must understand that the physician practice is not a department of the hospital
• Practice must have risk management plan either in conjunction with or separate from facility
• The same process to ensure readiness for lab and radiology, while similar, cannot be used in the same manner for the physician practice
• The hospital must decide on a platform / contact structure to inform the physicians of changes and requirements
• Practice operations and scheduling patterns must be included in the implementation, forecast and budget
• The hospital must not assume that the answers they get to hospital based questions are the same for the physician practice
Decide on Process Involvement

• If the practice is a solo, the implementation team must be realistic
• Non Clinical / Operational time is a limiting factor for many physician practices
• The majority of staff wear multiple hats and continually work past scheduled hours
• ICD-10 implementation is incremental work for the entire office
• Practice leaders should decide early on what they can realistically accomplish on their own
• Should they utilize the hospital, state or national professional associations or look for outside assistance
Develop a Risk Assessment Plan

• What can go wrong?
• What is the likelihood it can go wrong?
• Create scale to assess risk
• What is Risk score (base on likelihood and risk assessment)
• What event will trigger the risk (how do we know if it went wrong)?
• What action will be taken in the even risk occurs?
• Who is responsible for initiating action?
• Who is Team lead assigned to the area in which this risk is assigned?
• Risk Assessment plan should be updated at each implementation meeting
Technology Assessment

• Identify and quantify system needs, current state and ICD-10 preparedness
• Programs impacted—develop a comprehensive list of all technologies that could be impacted
  • Billing System
  • Medical Record System including when providers’ EMR is accessible to/from facilities
  • E-prescribing program
  • Billing Office or vendor
  • Clearinghouses (scrubbers)
  • Payor’s, Pre-authorization and Pre-Certification processes
  • Community caregiving partners’ readiness process
    • Home Health Agencies
    • Rehab providers
    • RAD, LAB, pharmacy, etc.
• All others
Technology - Vendor Readiness

• The implementation team must identify the person who will be responsible for reaching out to vendors
• This is not a natural role for many involved in practice management
• All Vendors must be contacted to determine
  • What they need to do to prepare?
  • How will the vendor handle the dual system?
  • What customer support is available?
  • What are the individual vendor timelines for readiness?
  • What if any costs to the provider are associated with preparations and implementations?
  • What training will be offered?
  • When will vendor be ready to test changes?
Technology - Vendor Integration and Access

- Systems with no expected changes to accommodate ICD-10 must be evaluated for integration with systems that expect changes.
- Will changes to billing modules etc. affect appointment scheduling modules?
- Who will have access to PHI during testing and implementation plan?
- How will access to sensitive data be protected throughout testing, implementation and integration?
Technology – Payor Preparedness

- The implementation team must identify someone to fill this role
- If working with the hospital do not assume that the answers, by payor, are the same
- What are payors preparation plans?
- What is the intent of non HIPAA partners?
- How is payor integration with clearinghouses COB, authorization vendors, Non HIPAA providers etc. being tested?
- How will claims be processed when authorization was received for ICD9 and service was performed with ICD-10 codes?
- When will upgrades be available for testing?
- What training will be offered, and when will training be available?
- What, if any, costs to the provider will be related to this upgrade?
Technology Training

• Implementation team must evaluate vendor and payor readiness plans and training, and establish assessment and timeline for integration
• Implementation team must assess the training needs both internal and external to accommodate the technology changes
• Risk Assessment Plan must be updated as new information is discovered and evaluated
• IS and Implementation Team must establish a timeline of preparedness that allows for integrated testing no later than spring 2014 (Q2)
There is a code for this.

R46.1 Bizarre personal appearance
Operational Assessment

• Identify personnel training required including
  • Professional staff
    • Physicians
    • NPs / PAs
  • Practice Leadership
  • Nursing
  • Clinical Assistants
  • Professional coders
  • Front Desk Staff - Pre-Authorization, Pre-cert staff
  • Business Office or billing vendor

• How will community partners (Radiology, ASC etc. service patients during transition period?
  • What policies have been implemented to address pre-auth/precert obtained in ICD-9 and service performed in ICD-10?

• Update Risk Assessment Plan
Operational - Policies, Procedures and Protocols

• Identify all internal policies, procedures and protocols that will be impacted by ICD-10 implementation
• Assign team to evaluate and update
• Establish priorities and timelines
Operational - Payor Preparedness

- Practice billing must query Payors
- How will claim logic handle dual reporting period?
- What training will be offered
- When will system updates be available for testing?
- What is the expected impact on payment schedule, claim processing?
- Can dual paper/electronic process be accommodated if necessary during transition?
- How will a paper process affect payment schedule
- Payor Medical Policies impacted by changes
  - When will Medical Policies be updated and available for review and training?
  - How will Medical Policies identify and explain dual process periods?
  - How will pre-authorization, etc. be evaluated during cross-over and transition periods?
Financial Assessment

• What is the cost of upgrades?
• What is the cost of training?
  • Classes
  • Course material
  • Lost time
  • Schedule reductions for training, implementation
  • Rework time and effort
• What is the projected impact on productivity and cash flow?
• What is expected increase in denials and/or decrease in reimbursement?
Financial- Impact to Productivity

• What is the expected impact to productivity
• Schedule blocks to accommodate training for Professional providers, therapists, technicians
  • Training in ICD-10 – clinical documentation
  • Training in policy, procedure, protocol changes
  • Training in software changes
  • Documentation review and retraining as necessary
• Proper coverage during training to meet medical need and emergent need if the practice provides urgent care
• How does the practice fit these additional steps into an already busy, unpredictable schedule?
• Overtime requirements for training of non service providers such as coders and billers
• Overtime, temps or additional coding staff to meet ICD-10 needs
And a code for this.

W5601XA Bitten by dolphin, initial encounter
Finance - Reporting

- ICD-10 impact on performance reporting, drivers, quality measures
  - Aggregate Data Reporting
  - PQRI measures
- Preparation for and assessment of impact to overall financial reporting
- Forecast the impact of reduced patient volume by practice
- Forecast the delay in claim submission due coding and billing review
- Forecast the billing requirements for additional review of denied claims
Time Line – Immediately

- Appoint an ICD-10 Implementation Team, identify key operational stakeholders
- Establish a cohesive message and communication method
- Identify and prioritize affected systems, areas and personnel
- Identify all areas and systems that assign, utilize or store diagnosis codes
- Identify all vendors, contractors, business partners, community partners, that utilize diagnosis codes
- Identify all policies, protocols etc. that utilize diagnosis codes, or require and understanding of diagnosis codes for proper adherence
- Determine the practice specific needs
  - Resources
  - Technology
  - Training
  - Expenses
- Remember not all specialties are the same in practice or operations
Time Line – Immediately

- Evaluate financial impact and budget expectations
- Create a meeting schedule
- **Stick to the schedule**
- Create a checklist
- **Stick to the checklist**
- Create a timeline
- **Stick to the timeline**

https://www.cms.gov/icd10/
Time Line – Immediately

- Create a roadmap and communicate required changes to affected personnel
- Introduce new coding terminology and documentation requirements to coders, providers and support staff
- Create training schedule that is reasonable and attainable
- Training schedule must account for the fact that this is incremental work
- Be fair, get buy-in and **Stick to the schedule**
Time Line – Immediately

• Establish communication, and expectations with vendors, payors and integrated business partners
• Map a schedule for training and testing readiness
• Communicate plan and establish commitment to participation and adherence to schedule
And a code for this.

W6132XA Struck by chicken, initial encounter
12-18 months prior to implementation

• Certify all coders in ICD-10
• Provide intensive training and support to all practitioners (Physicians, mid levels, therapists, counselors, etc.)
• Educate support staff as necessary for ICD-10 level required by job
• Update Risk Assessment plan
12 Months Prior to Implementation

- Begin Cross-walking representative sampling of services in ICD-10 to
  - Maintain skills
  - Evaluate readiness
  - Determine re-training needs
- Identify all areas requiring supportive training
  - Billing
  - Customer service
  - Pre-authorization and referral management
- Validate that business partners - especially those interacting with your patients - have specific plans to provide similar training

http://apps.who.int/classifications/apps/icd/icd10training/
6-12 Months Prior to Implementation

- Draft Policy, Procedure and Protocol changes required for compliance and adherence to ICD-10
- Establish time line and schedule for vendor preparedness and testing
- Obtain commitment from vendors and business partners to adhere to schedule
- Begin implementing internal technology changes, updates and testing
6-12 Months Prior to Implementation

- Finalize implementation of any internal software, hardware or technology changes
- If the practice utilizes paper revenue recognition methods, update all encounters to reflect new codes
- Remember to include all service areas – clinic, inpatient, observation, operating room, nursing home, home health and telehealth
- Validate or arrange certification of all coders in ICD10 as required by their respective certification
- Provide intensive training in ICD-10 to all coding assistants
- Provide supportive training as needed to all users in ICD-10. Training depth and intensity should be determined by job function
- Update Risk Assessment Plan
6-12 Months Prior to Implementation

• Assess readiness of all business partners
• Begin drills to assist in testing and allow coders, providers etc. to develop and maintain proficiency in ICD-10 coding changes
• Begin testing all technologies, vendor systems integrations
• Test paper billing process to be used in tandem with electronic process
• Assess intent and/or state of readiness of non HIPAA payors
• Prepare for accommodations required to billing system for non HIPAA payors
• Prepare and test GEM (General Equivalence Mappings) crosswalk databases
• Begin Testing all Payors and integrated vendor systems
6-12 Months Prior to Implementation

- Complete Drafts of all Policies, Procedures and Protocol changes
- Develop Community outreach and work with integrated partners
- Evaluate current state and modify as necessary based on information provided by peer practices
- Have all impacted personnel adhered to schedule?
- Who is not on track and
- What is required to achieve success?
- Communicate with Peer practices and establish a regional committee to evaluate systemic issues that affect all providers
- Update Risk Assessment Plan
  - Evaluate any risks that have occurred
  - Did action plan allow for smooth resolution of the issue?
  - Does overall plan need tweaking?

3 Months Prior to Implementation

• All Testing should be complete and processes in place 3 months prior to Go-Live
• Continue drills, to maintain readiness
• Adapt provider schedules as necessary to accommodate Go-Live
• Review all financial forecasting, and update as necessary to include expected payment delays, denial increases, quality reporting measure issues, etc.
• Finalize and Roll out all new Policies, Procedures and Protocols for ICD-10 and provide communication and education
3 Months Prior to Implementation

• Communicate with Peer Providers / Hospital
  • What challenges are they facing?
  • What successes can they share?
  • What concerns do they have with implementation, vendors, etc.?
  • What can be learned, shared improved upon form this experience?
One - Two Months Before Implementation Date

- Conduct thorough compliance audit of system and process implementation
  - Is all sensitive information properly protected, handled and stored?
  - Are integrated systems properly safeguarded?
  - Are all policies updated and communicated?
  - Are all colleagues properly trained and prepared for job appropriate changes?
One Month Prior to Implementation

- Allow for training of Payor Medical Policy changes
  - Business Office
  - Managed Care, Referral Management, Pre-authorization
- Coding Should cross-walk large percentage of claims to ICD-10
- Any re-education needs identified by cross-walking should be addressed
- Reassess impacts to cash flow and reimbursement, update forecasting as necessary
- Team should thoroughly review Risk Assessment Plan and ensure that all go-live possible issues have been addressed
- Go Live
Circle Back

• What can be learned from the experience?
• What went well?
• How did teams interact, communicate and operate together?
• What was missed, overlooked, or underestimated?
• What can be improved upon?
• What can be celebrated?
References

http://www.cdc.gov/nchs/icd/icd10cm.htm#10update


http://www.icd10watch.com/blog/aapcs-16-steps-ease-icd-10-implementation