ICD-10: Ready or Not, Here It Comes

Health Care Compliance Association’s
16th Annual Compliance Institute
April 29, 2012

Learning Objectives

• Increase your overall awareness about ICD-10 and its pervasive impact on your client base
• Highlight the potential financial and regulatory impacts
• Explore how to prepare your clients for the change that ICD-10 will enable
• Discuss Risk Mitigation opportunities for your clients as you prepare for the migration to ICD-10
• Identify financial implications of ICD-10 on small and large systems as well as individual and small providers
• Examine the ICD-10 impact on cash reserves and how to protect and manage reserves
• Review the status of the healthcare industry in terms of financial readiness and industry options for providers for funding ICD-10
What is ICD-10?

- **Not** a revised version of ICD-9

- ICD-10 represents a complete change from one coding system to a new one structured in an entirely new way

- Like all medical coding systems, it provides a way to condense textual clinical information into “codes” that can be used for billing and other data-based applications
**ICD-10 Is Really Two Different Code Sets**

<table>
<thead>
<tr>
<th>ICD-10-CM</th>
<th>ICD-10-PCS</th>
</tr>
</thead>
<tbody>
<tr>
<td>• International Classification of Diseases, 10th Revision, Clinical Modification</td>
<td>• International Classification of Diseases, 10th Revision, Procedure Coding System</td>
</tr>
</tbody>
</table>

There is no relationship between the two code sets – they have completely different structures and uses.

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**What’s ICD-10-CM?**

**ICD-10-CM**

- Diagnosis Coding System – Used to report the patient’s condition (i.e., what’s wrong with the patient)
- Direct replacement for ICD-9-CM Volumes 1 & 2
- Will be used in all settings – hospital inpatient, hospital outpatient, physician office, etc.
- Like ICD-9-CM, developed and maintained by the World Health Organization and the National Center for Health Statistics within the Centers for Disease Control
The ICD-10-CM
“Official Guidelines”

- As with ICD-9-CM, ICD–10–CM is supplemented by a set of “Official Guidelines” that are designated as part of the ICD-10-CM code set by the HIPPA “medical data code set” regulations (45 CFR § 162.1002(C)(2))

- The Official Guidelines provide detailed guidance on the use of the ICD-10-CM code set

- The 2012 ICD-10-CM Official Guidelines are available from http://www.cdc.gov/nchs/icd/icd10cm.htm#10update

ICD-10-CM Example

J09  Influenza due to certain identified influenza viruses

Excludes: influenza due to other identified influenza virus (J10.-)

influenza due to unidentified influenza virus (J11.-)

J09.0  Influenza due to identified avian influenza virus

Avian influenza

Bird flu

Influenza A/H5N1

J09.01  Influenza due to identified avian influenza virus with pneumonia

Code also associated lung abscess, if applicable (J85.1)

J09.010  Influenza due to identified avian influenza virus with identified avian influenza pneumonia

J09.018  Influenza due to identified avian influenza virus with other specified type of pneumonia

Code also the specified type of pneumonia

J09.019  Influenza due to identified avian influenza virus with unspecified type of pneumonia

J09.02  Influenza due to identified avian influenza virus with other respiratory manifestations
What’s ICD-10-PCS?

ICD-10-PCS

• Procedure Coding System – Used to report surgical procedures performed
• Direct replacement for ICD-9-CM Volume 3
• Only used in a hospital inpatient setting (and only for reporting facility services)
• Like ICD-9-CM Volume 3, ICD-10-PCS was developed and is maintained by CMS

The ICD-10-PCS “Official Guidelines”

• CMS has released a set of “Official Guidelines” for ICD-10-PCS
• Like the ICD-10-CM Official Guidelines, the ICD-10-PCS Official Guidelines are designated as part of the ICD-10-PCS code set by the HIPPA “medical data code set” regulations (45 CFR § 162.1002(C)(3))
• The 2012 ICD-10-PCS Official Guidelines are available from https://www.cms.gov/ICD10/11b15_2012_ICD10PCS.asp#TopOfPage
### How Big Could It Be?

<table>
<thead>
<tr>
<th>ICD-9-CM</th>
<th>ICD-10-CM &amp; ICD-10-PCS</th>
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</thead>
<tbody>
<tr>
<td><strong>Diagnosis:</strong> 14,025</td>
<td><strong>Diagnosis:</strong> 68,069</td>
</tr>
<tr>
<td><strong>Procedures:</strong> 3,824</td>
<td><strong>Procedures:</strong> 72,589</td>
</tr>
</tbody>
</table>

820.02, Fracture of midcervical section of femur, closed

- **S72031A**: Displaced midcervical fracture of right femur, initial encounter for closed fracture
- **S72031G**: Displaced midcervical fracture of right femur, subsequent encounter for closed fracture with delayed healing
- **S72032A**: Displaced midcervical fracture of left femur, initial encounter for closed fracture
- **S72032G**: Displaced midcervical fracture of left femur, subsequent encounter for closed fracture with delayed healing

### What is ICD-10?

**ICD-10-CM** is the United States' clinical modification of the World Health Organization's ICD-10 system.

The system has been expanded to include more health-related conditions and greater specificity.

**Per the Department of Health and Human Services**, the compliance date for implementation of ICD-10-CM and ICD-10-PCS is October 1, 2013.

**“STAY THE COURSE” regarding implementation preparation, per the American Health Information Management Association (AHIMA) and the Centers for Medicare & Medicaid Services (CMS)**

- Internal testing of Version 5010 must be complete to achieve Level I Version 5010 compliance
- Providers should form ICD-10 task force
- Payers and providers should begin internal testing of Version 5010 standards for electronic claims
- CMS begins accepting Version 5010 claims
- Version 4010 claims continue to be accepted
- Claims for services provided on or after this date must use ICD-10 codes for medical diagnosis and inpatient procedures
- CPT codes will continue to be used for outpatient services
ICD-10 Code Comparison Examples

- Tobacco Abuse
  - ICD-9-CM: 1 Codes
  - ICD-10-CM: 5 Codes
- Diabetes Mellitus
  - ICD-9-CM: 10 Code
  - ICD-10-CM: 318 Codes
- Fracture of Radius
  - ICD-9-CM: 33 Codes
  - ICD-10-CM: 1818 Codes

ICD-10-PCS Code Comparison Examples

- Mechanical complication of other vascular device, implant or graft
  - ICD-9-CM: 1 Code
  - ICD-10-PCS: 156 Codes
- Suture of Artery
  - ICD-9-CM: 1 Code
  - ICD-10-PCS: 276 Codes
- Angioplasty
  - ICD-9-CM: 1 Code
  - ICD-10-PCS: 854 Codes
The GEMs

- CMS has developed a bi-directional crosswalk, referred to as the General Equivalence Mappings (GEMS), between ICD-9-CM and ICD-10-CM/PCS

- There are GEMs for over 99 percent of all ICD–10–CM codes and for 100 percent of the ICD–10–PCS codes

Practical Mappings
GEM Examples – ICD-9 to ICD-10

| ICD-9-CM: 902.41 Injury to renal artery | ICD-10-CM GEM: S35.403A
|                                           | Unspecified injury of unspecified renal artery, initial encounter |
| ICD-9-CM: 50.24 Percutaneous ablation of liver lesion or tissue | ICD-10-PCS GEM: 0F503ZZ
|                                           | Destruction of Liver, Percutaneous Approach |
Importance of Physician Documentation

It is so important to remember……..

Physicians know *how* to practice medicine.

What is needed now is to better understand how to DOCUMENT the practice of medicine!
Strategies for ICD-10 Preparation

• “Build and expand” upon present Clinical Documentation Initiatives
  – Focus on communicating severity-of-illness and medical necessity
  – Familiarity with ICD-10 documentation specificity requirements
    • Clinical specificity
  – Time capsule:
    • Tomorrow is Today!
    • Proceed with Explicitness!

ICD-10 Common Theme

• Expansion of Code Sets
  – Specificity in clinical documentation
  – Specificity in clinical classification
  – Specificity in why resources are used in care mgt.
• Change in clinical documentation thought process
  – “Clinical medicine” and “Medical Necessity”
• Completeness and accuracy of clinical documentation
  – Severity of illness
  – Risk of Morbidity and Mortality
  – Risk of Admission
  – Pay For Performance
What really counts?

• Specificity in Documentation
• Bridging the gap between clinical & ICD-9/10 classification language
• Call & Describe it as you see it.
• Capturing the clinical facts and translating them into meaningful documentation that supports the medical necessity and level of care

Sad but true......

Documentation of Urosepsis
Has no code within ICD-10......

UTI with Sepsis,
Bladder Infection, or other Dx must be explicitly documented.
7th Character Extension

Code Extensions

- Most categories have 7th character extensions required for each applicable code
- Include A, D, S, Z
- A – Initial encounter
- D – Subsequent encounter
- S – Sequela
- Z – Aftercare

Common Character Extensions

Extension A

- Extension “A”, initial encounter is used while the patient is receiving active treatment for the injury. Examples of active treatment are: surgical treatment, emergency department encounter, and evaluation and treatment by a new physician

Extension D

- Extension “D” subsequent encounter is used for encounters after the patient has received active treatment of the injury and is receiving routine care for the injury during the healing or recovery phase. Examples of subsequent care are: cast change or removal, removal of external or internal fixation device, medication adjustment, other follow up visits following injury treatment.
Common Character Extensions

Extension “S”

- Extension “S”, sequela, is for use for complications or conditions that arise as a direct result of an injury, such as scar formation after a burn. The scars are sequela of the burn. When using extension “S”, it is necessary to document both the injury that precipitated the sequela and document the sequela itself. The “S” extension identifies the injury responsible for the sequela. The specific type of sequela (e.g. scar) is sequenced first, followed by the injury code.

Common Clinical Examples

<table>
<thead>
<tr>
<th>ICD-9</th>
<th>ICD-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>278.01- Morbid Obesity (w/o BMI)</td>
<td>E66.2- Morbid (severe) obesity with alveolar hypoventilation</td>
</tr>
<tr>
<td>- Not a CC</td>
<td>- CC under ICD-10</td>
</tr>
</tbody>
</table>

Document the exact BMI.....Why??

Coders MUST select BMI of:
- 19 or less
- 30-39 BMI
- 20-29 BMI
- 40-49 BMI
### Heart failure

- **I50.1** Left ventricular failure
- **I50.2** Systolic (congestive) heart failure
- **I50.20** Unspecified systolic (congestive) heart failure
- **I50.21** Acute systolic (congestive) heart failure
- **I50.22** Chronic systolic (congestive) heart failure
- **I50.23** Acute on chronic systolic (congestive) heart failure
- **I50.30** Diastolic (congestive) heart failure
- **I50.30** Unspecified diastolic (congestive) heart failure
- **I50.31** Acute diastolic (congestive) heart failure
- **I50.32** Chronic diastolic (congestive) heart failure
- **I50.33** Acute on chronic diastolic (congestive) heart failure
- **I50.40** Combined systolic (congestive) and diastolic (congestive) heart failure
- **I50.40** Unspecified combined systolic (congestive) and diastolic (congestive) heart failure
- **I50.41** Acute combined systolic and diastolic (congestive) heart failure
- **I50.42** Chronic combined systolic and diastolic (congestive) heart failure
- **I50.43** Acute-on-chronic combined systolic and diastolic (congestive) heart failure
- **I50.9** Heart failure, unspecified

### Example: Combination Diagnosis

Decubitus Ulcers - appropriate documentation of the **exact stage and location** must be present.

**Stages of Pressure (Decubitus) Ulcers:**

- **Pressure ulcer, Stage I** - Intact skin with non-blanchable redness of a localized area (usually over a bony prominence)
- **Pressure ulcer, Stage II** - Partial thickness loss of dermis presenting as a shallow open ulcer with a red pink wound bed, without slough. May also present as an intact or open/ruptured serum-filled blister.
- **Pressure ulcer, Stage III** - Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle are not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling.
- **Pressure ulcer, Stage IV** - Full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present on some parts of the wound bed. Often include undermining and tunneling.
- **Pressure ulcer, Unstageable** - Full thickness tissue loss in which the base of the ulcer is covered by slough (yellow, tan, gray, green or brown) and/or eschar (tan, brown or black) in the wound bed.
Example: Combination Diagnosis

**Decubitus Ulcer Sites**

(include but not limited to):

- Sacrum
- Elbow
- Knee
- Ankle
- Thigh
- Calf
- Heel
- Midfoot

Other Considerations

- Abnormal findings (lab, x-ray, pathologic, and other diagnostic results) are not coded and reported unless the provider indicates their clinical significance.

  **Clinical Significance → Clinical Query**
Impact of ICD-10 on DRG Assignment

- CMS did not address the impact of ICD-10 on DRG assignment in the ICD-10 Final Rule

- However, CMS and 3M have used the GEMs to convert the MS-DRG definitions from ICD-9-CM to ICD-10

- CMS and 3M found that the GEMs were 95% to >99% effective in converting the MS-DRGs to ICD-10

ICD-10 Impact Overview
Who is impacted by ICD-10?
Everyone!!

- Physician Documentation
- Physician Integration
- Physician Performance
- Staffing Effectiveness
- Assessment of Revenue Impact
- Process Improvement
- Decision Support Reporting Impact
- Change Management
- Revenue Process
- Health Information Management
- IT Systems
-Capability, Communication
- Functionality
-Vendor Preparedness
- Physician
- Operational Planning
- Information Technology
- IT Systems
- Physician Documentation
- Physician Integration
- Physician Performance

Physician Office

Post Acute Services

Revenue Process

ICD-10

Information Technology

Operational Planning

Pervasive Change

If you care for a patient, handle a medical record, and/or process a claim your workflow will be profoundly impacted by the migration to ICD-10
# Financial Review

## 7 Year Cost Analysis – ICD 10

<table>
<thead>
<tr>
<th>Year</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
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<td>Coders – Outpatient</td>
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<tr>
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<td>$31</td>
<td>$329</td>
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<td>$50</td>
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</table>

**TOTAL COST (IN MILLIONS)**

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<tr>
<td></td>
<td>$147</td>
<td>$293</td>
<td>$640</td>
<td>$1,204</td>
<td>$470</td>
<td>$165</td>
<td>$49</td>
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</tbody>
</table>

Source: Center for Medicare and Medicaid Services (2010)
Expected Total Project Cost


Expected Denial Reasons

Summary Financial Impact

Decrease in Cash Flow / Loss of Revenue

- Industry experts from CMS and AHIMA estimate the following:
  - Denial rates will increase by 100% to 200%
  - Accounts receivable days will be extended by 20% to 40%
  - Healthcare organizations will be hindered with payment declines for more than 2 years after the implementation Date of October 1, 2013
  - Claims-error rates will increase from 6% to 10% (The average current rate is close to 3%)

- According to the American Society of Clinical Oncology, Estimated Organizational Cost by Bed Size

<table>
<thead>
<tr>
<th>Bed Size</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>400+</td>
<td>$1.5 Million – $5 Million</td>
</tr>
<tr>
<td>100 – 400</td>
<td>$500,000 – $1.5 Million</td>
</tr>
<tr>
<td>&lt; 100</td>
<td>$100,000 – $250,000</td>
</tr>
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</table>

Sample ICD-10 Financial Impact Analysis

Coders Training

- Current Coders: 15
- Anticipated new hires: 100%
- Coder Recruiting Costs: $30,000

Coder Training

- Initial Training Hours 2013 (Existing Coders): 50
- Initial Training Costs per hour: $50
- Annual Training Costs per hour: $25

Coder Productivity

- Decrease during Transition Period: 29%
- Decrease during Permanent Period: 15%
- Outsourced Coder Cost per year: $100,000

Clinical Documentation Training

- Number of Physicians: 100

- Upfront Group Training Sessions
  - Number of Training Sessions: 5
  - Cost per Hour: $500
  - Total Group Training Costs: $20,000

- One-on-One training
  - Ongoing Training Costs per hour: $200
  - Hours of ongoing training per physician: 10
# Pro Forma ICD-10 Implementation Budget

<table>
<thead>
<tr>
<th></th>
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<tbody>
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<td>$ 50,000</td>
<td>$ 2,610,000</td>
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<td>$ 10,000</td>
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<td>$ -</td>
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<td>$ 380,000</td>
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<td>$ -</td>
<td>$ -</td>
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<td>$ 2,378,000</td>
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<td>$ 815,000</td>
<td>$ 8,215,500</td>
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## Compliance Risk
Current Compliance Environment

- Recently created regulatory agencies charged with improving efficiencies within the healthcare delivery system and reducing the incidence of improper payments include:
  - Zone Program Integrity Contracts (ZPIC)
  - Medicare Drug Integrity Contractor (MEDIC)
  - Medicaid Integrity Contractors (MIC)
  - Medicaid Recovery Audit Contractor Program
  - Medicare Recovery Audit Contractor Program (RAC)
  - Health Care Fraud Prevention and Enforcement Team Task Force (HEAT)
  - Fraud and abuse provisions of Patient Protection and Affordable Care Act of 2010 (ACA) and related administrative roles

Current Compliance Environment

- Recently enacted legislation includes:
  - Fraud and Abuse Provisions of ACA: Implications for Providers
  - Expanded False Claims Act (FCA); Implications for Providers
  - Amended Federal Sentencing Guidelines; Implications for Providers
  - HIPAA Privacy Standards
ICD-10 Impact on Compliance Risk

• A huge potential for double billing exists if two systems (ICD-9 and ICD-10) remain in use during the transition period:
  – This scenario could potentially create unintentional billing compliance risks.
  – The shortage of experienced coding professionals also poses a risk since medical coders nearing retirement age may elect to retire rather than learn a new system.
• Additionally, the General Equivalency Mappings (GEMS) do not provide a definitive map from ICD-9 to ICD-10 with only 5% mapping accurately 1:1 with ICD-10 codes:
  – Because ICD-9 codes could map into multiple ICD-10 codes, this risk rises even more.
  – It is important to note that ICD-10 conversions include manual review and monitoring due to the significant differences in language and structure between ICD-9 and ICD-10

Risk Mitigation
Risk Mitigation Strategies

Key Areas of Compliance Risk

- Data Integrity – prepare for delayed accepted batches
- IT Preparedness – prepare for payor/vendor delays
- Adjust AR Reserves as Needed
- Right size staff to handle increased volume
- Denial Tracking Tool
- HIM Preparedness
- Budget for potential cash flow impact

Thrive in the Transition

The realization of the opportunities, and the avoidance of the risks associated with the migration to ICD-10 will fundamentally depend on the individuals within your organization. Specifically, their ability to thrive within this changing environment.

To support this, create a holistic approach that:

- Illustrates the impact of the ICD-10 migration across the organization;
- Diagnostically assesses the readiness of individuals to accept and thrive in a changing environment;
- Design a sponsorship model that leverages the nature of the healthcare industry and intuitively distributes responsibility; and
- Developing a blueprint that pulls together all the training effort required across the organization for success.
Risk Mitigation: “The Must Do’s”

- Create an ICD-10 impact awareness throughout the organization
- Ensure your foundational IS structure is actively preparing for the transition
- Define your change approach to ensure you have defined the proper structure and sponsorship
- Develop projections of operational needs, including staffing and internal educational training
- Identify specific documentation gaps to determine focused educational needs
- Calculate potential impact on financial results

Risk Mitigation Strategies

- Review existing software, including interfaces, to ensure its ability to successfully transition to ICD-10
- Train clinical and administrative staff on new code sets, technological changes as well as fraud, waste, and abuse regulations and reporting
- Review Third Party agreements to ensure any vendors involved in billing processes will be compliant with ICD-10 requirements
- Ensure clinical documentation procedures reflect the increased level of detail required by ICD-10
- Contract with outside entities to audit six (6) to twelve (12) months of claims submitted by an organization to identify any activity that might be considered fraudulent
- Take immediate corrective action where necessary
Focused Specifics: Documentation

1. Focus on good documentation, which directly impact accurate billing and payment timing

2. Be aware of new ICD-10 documentation guidelines in order to evaluate provider documentation for appropriateness, thoroughness, and completeness

3. Take great care to document procedures, labs, and diagnostics performed in order to capture the essence of the total care provided during hospital admissions

Focused Specifics: Collaboration

4. Collaboration, transparency, and communication between payers and providers

5. Train and problem solve through the use of task forces

6. Encourage CMS to continue perfecting payment groupers and mappings

7. Collaborate with other healthcare stakeholders to create an industry test bed
How should we prepare for ICD-10 cash flow delays?

Healthcare providers can best prepare for anticipated cash flow delays by beginning to plan now. Some areas to consider include, but may not be limited to:

- Expenses
- Receivables
- Your primary third party payers

Focus on expenses

- Renegotiate terms with major suppliers to create a more balanced payment schedule over time
- Identify and implement other cost saving measures in advance of October 2013
- Aggressively manage inventory levels to avoid expensive overstock costs
- Reduce other administrative overhead where possible
Focus on receivables

- Manage your Accounts Receivable (AR) aging aggressively, minimize charge-offs and denied payments
- If you have not already done so, consult with your banker about adopting best practices, procedures, and products that will enable you to collect patient co-pays or deductibles at the time of patient encounter
- Work all denials and rejections aggressively to eliminate their occurrence and ensure more first time third party payer payments

Establish dialogue and candid discussions with your primary third party payers now

- Learn how each one plans to prepare for ICD-10 changes, ask if they are implementing new rules for claims submission or re-submission
- Share your plans for implementing these changes with them
- Identify shared goals and objectives to ensure a combined approach, minimizing disruption to either’s coding processes (win-win)
How much cash flow should we put away in order to sustain our business?

There is no magic number that will work for every healthcare provider. Each situation is unique. Your specific situation will need to be carefully considered by your senior management in consultation with their trusted financial advisor or banker.

What kind of financial questions should we be asking our financial institutions if we are a large hospital? OR a small provider group in private practice?

Regardless of the type of healthcare provider, the questions are the same:

• Can you help me forecast my working capital?
• What steps can I take now to manage some of this myself?
• What additional products and services can the bank offer to accelerate days in AR and extend suppliers term and days in AP?
• What credit products can help with unexpected negative impacts to working capital during the initial period of transition to ICD-10 codes in late 2013 and early 2014?
What other strategies should we implement to prepare to manage financial risks?

Ensure you have identified all of the changes required in your systems and processes. Many payers and providers are approaching this as merely a code or system change. It is important to give thorough consideration to the following questions:

- How and where in all of your processes and workflows will accurate coding come into play?
- What are the potential organizational impacts of coding errors that could ultimately lead to member or patient dissatisfaction and contribute to higher administrative costs?
- Engage in active and candid discussions with your primary third party payers.
  - Work together with your payers to identify shared goals and objectives in order to minimize the disruption to either coding processes.
  - Determine and understand any changes your payers are implementing in their claims submission or resubmission policies and procedures as a result of ICD-10 code changes.
  - Share your plans for implementing ICD-10 code changes, including your system changes and timing, staff training, and any additional oversight you are going to implement as you make this transition.

What are some examples of successful exit strategies for smaller providers?

You should begin preparing now so your balance sheet and income statement can weather any temporary disruptions that may be caused by the healthcare industry ICD-10 transition. ICD-10 is one of the most significant changes recently required and is happening at the same time as several other healthcare regulatory and market changes – Meaningful Use, Medical Loss Ratios, Affordable Care Act (ACA), Accountable Care Organizations (ACO) – and is impacted by the preceding 5010 format changes for all HIPAA transactions to accommodate the ICD-10 code changes.
Key Resources

- ICD-10 Proposed and Final Rules

- CMS Website on ICD-10

- CDC Website on Classification of Diseases
  - http://www.cdc.gov/nchs/icd.htm

- CMS ICD-10-CM Quick Reference Guide

Speaker Bios

Betty B. Bibbins, MD, BSN, CHC, C-CDI, CPEHR, CPHIT

Dr. Bibbins has had over 35 years of healthcare experience as an educator, clinician, and administrator.

She is President & Chief Medical Officer of DocuComp LLC Healthcare, an educational consulting organization that provides physician-to-physician clinical documentation education and continuing education. She is Founder and Dean of Faculty of DocuEd LLC, the first nationally recognized program that provides Clinical Documentation Improvement Certification (C-CDI) for physicians and support personnel (HIMs, Coders, RNs, LPNs, and Office Managers). She is also Steering Committee Chair for the Association for Integrity in Health Care Documentation (AIHCD.org).

Dr. Bibbins’ educational philosophy is to focus on the needs of Attending Physicians, the support personnel who work with physicians, and the healthcare systems that depend on Physician documentation to capture appropriate levels of service, severity of illness, medical necessity, third party reimbursements, maintain Compliance, prepare for the Electronic Medical Record, Medical Cost Recovery, and prepare for “Pay-for-Performance” standards.

Dr. Bibbins has authored the “Inpatient Documentation Tips For Physicians”, many articles and has presented numerous speaking presentations in local, regional and national venues such as: Health Care Compliance Association (HCCA) Annual Institutes, and HCCA Physician Practice Conferences, Healthcare Financial Management Association (HFMA) Annual National Institute, Health Care Compliance Strategies (HCCS), Physician Hospitals of America (PHA), Tenn. HIMA, Hospital Medical Staff & Departmental Meetings, and Local Medical Society Meetings.
Speaker Bios (continued)

Bess Ann Bredemeyer, BSN, RN, CHC, CPC, PCS
Ms. Bredemeyer has over 25 years in healthcare as a nurse and compliance and privacy officer. She has lectured on the topic of coding, compliance, and ICD-10-CM transition topics at physician residency programs, health law and physician practice management courses and conferences nationwide. In addition she has worked with medical licensing boards and defense attorneys. Her current focus is assisting physicians and their staff with coding compliance risk management, audit, and training needs. She has been with McKesson Practice Consulting Solutions for seven years.

Denise Hall, RN, BSN
Ms. Hall is a Principal in the Atlanta, Georgia office of Pershing Yoakley & Associates, P.C. and manages the firm’s Clinical Advisory services. She has over 27 years of healthcare experience and has provided business advisory services to a variety of organizations, including hospitals, health systems, and physician organizations. Ms. Hall is a registered nurse and has extensive experience in Compliance related matters and has served as an IRO for numerous healthcare entities. She also has in-depth knowledge of quality, case management, health information management and patient accounts.

Questions?
Contact Information

Thank you for allowing us to present this information to you. We appreciate the opportunity to work with you and your organization.

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