ICD-10 Readiness

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Tufts Health Plan

- Mission: to improve the health and wellness of the communities we serve through outstanding quality health care, service and value.
- A broad spectrum of health insurance products
  - HMO and PPO options offered in Massachusetts and Rhode Island
  - Highest Medicare Advantage enrollment in Massachusetts
  - New England’s highest enrollment in consumer-driven health plans with deductible plans, limited and tiered network plans, HRA and HSA compatible options
  - Partnership with CIGNA HealthCare to offer a national plan for multi-state employers
- Ranked 2nd in the nation among HMO and POS products by NCQA
  Ranked 4th among Medicare Advantage plans
- $2.5 million awarded by our Foundation to support nonprofit organizations throughout Massachusetts and Rhode Island
- Over 755,000 Members
What is ICD-10?

The Federal Government through the Centers for Medicare and Medicaid Services (CMS) is driving the healthcare industry to upgrade diagnosis and procedure coding standards (ICD-10) by October 1, 2013.

ICD-10

The ICD is the international standard diagnostic classification for general epidemiological, health management purposes and clinical use.

ICD-10 CM & PCS are upgrades of the U.S. developed Clinical Modification (ICD-9-CM) of diagnosis and procedure codes, first adopted in 1979.

ICD-9-CM (Diagnosis)
3-5 digits alphanumeric
≈14,000 unique codes

ICD-10-CM (Diagnosis)
3-7 alphanumeric characters
> 68,000 unique codes

ICD-9-CM (Procedure)
3-4 digits numeric
≈ 4,000 unique codes

ICD-10-PCS (In patient)
7 digits numeric or alphanumeric characters
> 72,000 unique codes

What Does the ICD-10 Change Mean Clinically?

The simplest example is one where a single ICD-9 code will now be represented by many ICD-10 codes with similar meaning.

ICD-10 Structural Change

Diagnosis: X X X X X
Category: Etiology, anatomic site
Severity: manifestation

Procedures: X X X X
Body System: Approach
Body Part: Device Qualifier

ICD-9-CM

X X X

ICD-10

X X X

X X X

Extension

An Example of One ICD-9-CM code being represented by Multiple ICD-10-CM Codes

Type 1 diabetes mellitus with diabetic neuropathy, unspecified

Type 1 diabetes mellitus with diabetic mononeuropathy

Type 1 diabetes mellitus with diabetic amyotrophy

Type 1 diabetes mellitus with other diabetic neurological complication
CMS General Equivalent Mappings (GEMs)

CMS created GEMs attempting to define all reasonable alternatives for mappings between ICD-9 and ICD-10 in both directions. The new ICD-10 taxonomy complicates the mappings between the two code sets.

ICD-10 Compliance Timeline

The ICD-10 implementation is large and external partner delays will introduce implementation complexities that will need to be considered within the Program.

Industry is preparing for ICD-10 and remediating systems, processes.

ICD-10 is not a strike date; it’s based on date of service or discharge date. There will be a run out of claims that will contain ICD-9 codes plus industry stabilization.
Gap/Impact Analysis

**ICD-10 Assessment Objectives**

- Assess and quantify the operational and technical impacts of ICD-10 across the organization
- Determine if there are strategic opportunities we are interested in pursuing
- Evaluate current business and technology strategies to achieve the most efficient remediation plan
- Identify solution options to address assessment gaps
- Develop remediation roadmap
- Identify governance structure for ICD-10 remediation

**Operations & Systems Impact Assessment**

- Delivers:
  - Key Activity Impact Assessment
  - Strategic Opportunity Assessment
  - Conceptual Solution Design
  - High Level Roadmap

**Deliverables**

- Goal: Assess business and technology impact of ICD-10
- Determine if there are strategic opportunities
- Design conceptual solutions for business and technology areas with the greatest ICD-10 impact
- Create prioritized roadmap, high level cost estimates and governance model

**ICD-10 Impacts Summary**

*Use of the ICD codes by area directly translates to the level of impact across people, process and technology*

<table>
<thead>
<tr>
<th>Functional Area</th>
<th>People Impact</th>
<th>Process Impact</th>
<th>Technology Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Services</td>
<td>L</td>
<td>L</td>
<td>L</td>
</tr>
<tr>
<td>Claims Processing, Benefits Setup, Provider Reimbursement</td>
<td>L</td>
<td>L</td>
<td>L</td>
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<tr>
<td>Provider and Member Services</td>
<td>L</td>
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<tr>
<td>Information Systems</td>
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<td>Actuarial &amp; Underwriting</td>
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<tr>
<td>Network Contracting and Performance Management</td>
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<td>L</td>
<td>L</td>
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<tr>
<td>Marketing, Product, and Strategy</td>
<td>L</td>
<td>L</td>
<td>L</td>
</tr>
<tr>
<td>HR, Legal, Other</td>
<td>L</td>
<td>L</td>
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Code Mapping and Remediation Approach

<table>
<thead>
<tr>
<th>Gather Artifacts</th>
<th>Translate ICD-9 to ICD-10 codes and descriptions</th>
<th>Remediation of Artifacts</th>
<th>Maintenance Process</th>
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</thead>
<tbody>
<tr>
<td>• Gather and document all the policies, job aids, manuals and internal documents that currently contain ICD-9 codes and descriptions</td>
<td>• Using the Forward Mapping GEMs and the reverse look-up as a baseline—the Code Mapping Team will review and translate the ICD-9 codes and descriptions to applicable ICD-10 codes and/or descriptions</td>
<td>• Reports drawn from the database will be used for artifact remediation.</td>
<td>• In the interim period until go-live in 2013, a process is needed to keep the Code Mapping Team and Business Areas aware of any artifact updates or new artifacts</td>
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<td>• Utilizing multiple channels of communications; new artifacts and updates to existing artifacts will be identified.</td>
<td>• A database has been developed to store reference mapping decisions for use by the ICD-10 Coding Manager.</td>
<td>• Artifacts will need to be remediated (by the Business) based on the mappings with the approval of the Business Artifact owners.</td>
<td>• The Code Mapping Team will monitor newly released codes and review artifacts for impact.</td>
</tr>
</tbody>
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The Flow of ICD-10 Updates

The nature of ICD-10 codes and the process by which they are assimilated by THP will require a large cross-functional effort for implementation and testing.
ICD-10 Program Governance Model

Key Responsibilities

Executive Steering Committee
- Provide executive level oversight to the ICD-10 Program including program level decision making and deliverable sign-off
- Update the leadership team and board on ICD-10 implementation status

Program Management Team
- Provide day-to-day oversight of the ICD-10 implementation including milestone tracking, cross functional issue resolution and resource/budget management
- Update Executive Steering Committee on program status
- Manage program activities

Team Leads
- Provide domain level oversight to working teams responsible for deliverable creation
- Report team level progress against expected milestones to program management
- Work collaboratively with other team leads to resolve issues and manage the delivery of the ICD-10 program milestones

Business and IT Workgroups
- Function as business and IT SMEs for assigned areas
- Complete project deliverables
- Identify and escalate issues to team leads for resolution
Tufts Health Plan’s ICD-10 Readiness

♦ We’ve completed the following to date:
  – Completed Impact Assessment and Gap Analysis
  – Developed detail project plan and Program structure
  – Instituted Governance Structure
  – Engaged Business Departments and IT

♦ Our Technology work is in process and will be completed by mid 2012

♦ We started our Code Mapping work
  – Our Coder has received training on ICD-10
  – Identified all the documents and configurations that contain ICD-9 codes and/or descriptions
  – 50% complete with Code Mapping

♦ We will be kicking off our Business Readiness work thread
  – We’ll be formulating our education and training plans