- Evaluate a facility's overall readiness to transition into ICD-10-CM/PCS by accessing current policies and practices, identification of those areas impacted, to minimize deficiencies and risks while streamlining procedures that will appropriately support an environment of ease and simplicity in transitioning from ICD-9-CM to ICD-10-CM/PCS

- Administration
  - Allocate budget for software updates, training pre and post transition as well as ongoing for organization as a whole and department specific staff

- Patient Business Services
  - Allocate budget for revision of current billing systems with EDI clearinghouses to allow submission of ICD-9-CM claims prior to October 1, 2014 as well as claims containing ICD-10-CM/PCS submitted after October1, 2014.

- Medical Records/Transcription
  - o Improve accuracy in coding patient charts
  - o Making training and education readily available and accessible on an ongoing basis for coders
  - o Provide incentives for coders to become certified
  - o Reduce turnaround time in dictation from physicians for coders to code and claim to be generated for submission

- Clinical Administration and Physicians
  - Improve clinical documentation to promote accurate coding which will impact current DRG reimbursement
    - How that reimbursement affects the facility's revenue cycle
    - Improve medical necessity documentation to improve future DRG calculations, IPPPS and OPPPS reimbursement methodologies using new ICD-10-CM/PCS nomenclature

- Ancillary Departments
  - o Train support staff on necessity in data entry of patient information to reduce billing errors
  - o Educate on payers and payer requirements as it relates to obtaining prior authorization (when necessary) for tests/procedures
  - o Verify patient benefits to ensure correct payer is loaded for billing and obtain information on the secondary and tertiary payer if applicable.

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A CPSI Company

Education

Education Strategy

Assessment

Testing and Contingency Planning

Transitioning

- ICD-10 Project Plan
- Organize an ICD-10 Task Force
  - Assign roles/responsibilities and governance
  - Development of processes for communication and dissemination of information related
  - Review current policies and procedures for revisions of old and creation of new to address ICD-10 mandates to meet compliance.

- Establish start and end dates for completion of tasks
- Plan a budget to meet the needs for each area and phase to transition
- Identify any additional areas or tasks that may be impacted by ICD-10
- Explore resources to assist with transition

- Develop strategies and goals for smooth transition
- Adhere to the timeline of transition set by CMS
- Develop a post transition plan and communicate the plan to staff

- Assess current staff core knowledge and education levels
- Identify key staff that need ICD-10 education and training
- Prioritize training needs
- Develop plan to close educational gaps

- Coders, Billers and Transcriptionists
  - Coders will require critical knowledge in anatomy, pathophysiology, and medical terminology additionally
  - Incentivize coder and billing staff who are not currently certified to become certified

- Investigate educational opportunities for physicians
  - ICD-10 (coding guidelines, format, structure and specificity of codes in both CM and PCS)
  - Clinical documentation
  - EHR and EMR implementation

- Assess current technology and software to ensure operation of the latest version
- If updates are needed, educate staff on the updates/upgrades
- Create a collaborative plan to work with internal and external vendors for testing, reporting and support pre/post transition

ICD-10

Isn't just for coders anymore
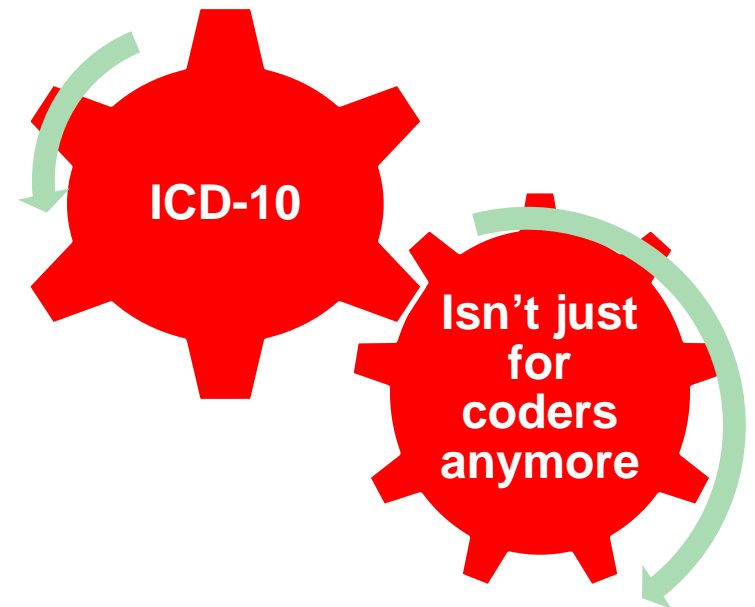
- Provide ongoing status updates of transition timeline goals and completion dates
- Establish accountability and process for resolving issues
- Select a point of contact to coordinate with vendors in execution of ICD-10 readiness transition plan

- Establish mechanisms and tracking to identify implementation challenges early along with corrective actions
- Track issues, risks, resolution timelines
- Monitor system capacity and operational systems capacities for effectiveness and efficiency

Assessment/ Implementation (cont.)

- Identify business processes affected by ICD-10 transition
- Develop action plan for risks
- Develop timeline to address and resolve internal risks
- Track external issues and risks with vendors and payers to plan mitigation strategies
- Evaluate impact of risks by department and score

| HIGH | MEDIUM | LOW |

Testing

- Create an all inclusive plan and strategy for testing
- Be prepared to have a dedicated server for testing
- Collaborate with vendors to develop an appropriate plan for your facility
- Test your internal systems
- Test external systems

- Transmit claims electronically using ICD-10 codes and track errors and rejections
- Work with vendors and establish process to resolve issues and to assist with customer support
- Perform ongoing system testing for storage space and timeframe of patient records containing both ICD-9 and ICD-10 codes

- Perform dual testing of inpatient and outpatient claims containing both ICD-9 and ICD-10 codes
- Test encryption systems to support protection of ePHI

AAUGH!

- Test EMR and EHR systems for interface capabilities, coding crosswalks, and data mapping
- Perform privacy and security testing
- Test system for claim volume
- Update file specifications
- Update data validity
- Update code tables to support both ICD-9 and ICD-10
- Refer to Best Practices to ensure a smooth transition

Transition

- Plan for quality measures to differ as a result of ICD-10
- Plan for payer changes in procedures for evaluating prior authorizations, referrals due to ICD-10 code diagnosis coding
- Perform ongoing audits to ensure quality and documentation compliance in managing patient outcomes

- Continue ongoing system testing
- Prepare for reduction in claims turnaround time
- Prepare for payment delays resulting from transition
- Prepare for payers who may rely on crosswalks to convert ICD-9 codes to ICD-10 which may result in translation errors

- Translation errors could cause improper payments and create delays in reimbursement – A/R days
  - o Collect appropriate and accurate up front cash whenever possible

Transition Recap

- Prepare for reduction in staff productivity
- Re-allocate staff resources
- Prepare for reduction in physician staffing
- Continue ongoing education for coders
  - Monitor coding accuracy
  - Implement electronic coding tools to support the coding process

- Consider outsourcing billing and coding to assist during the initial transition period
- Consider outsourcing collections to free business office staff to focus on ICD-10 claims

ICD-9   **ICD-10**
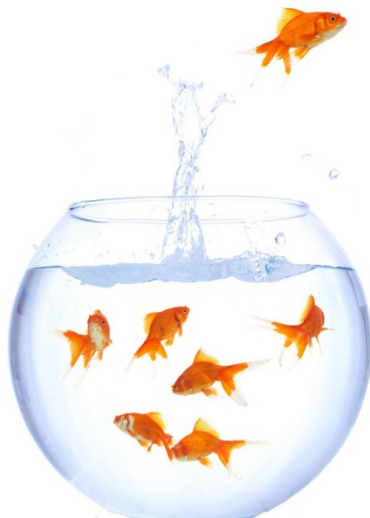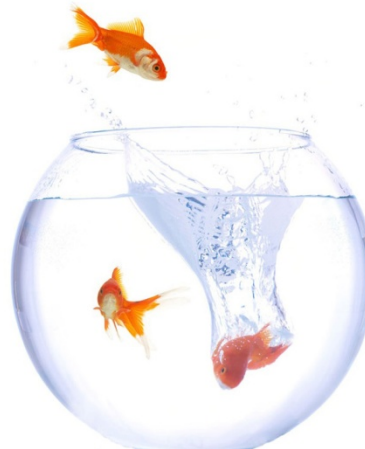
HEALTHCARE ORGANIZATION

ADMINISTRATIVE

OFFICE OPERATIONS

DATA CENTER

CLINICAL

Business Services
Managing the revenue cycle from end to end

Consulting Services
Helping you chart a course to more efficient operations

Managed IT Services
Untangling the technology knot
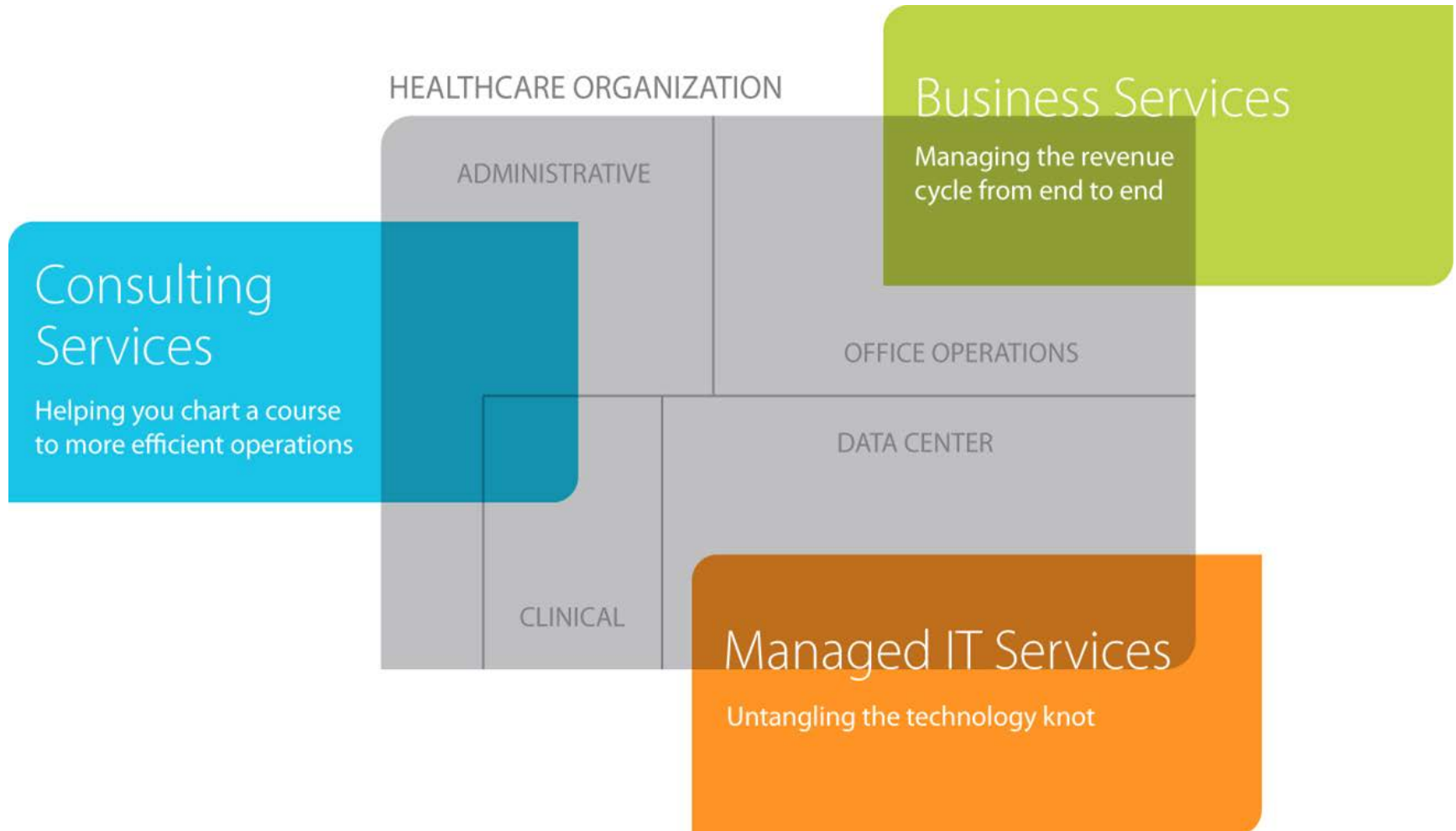
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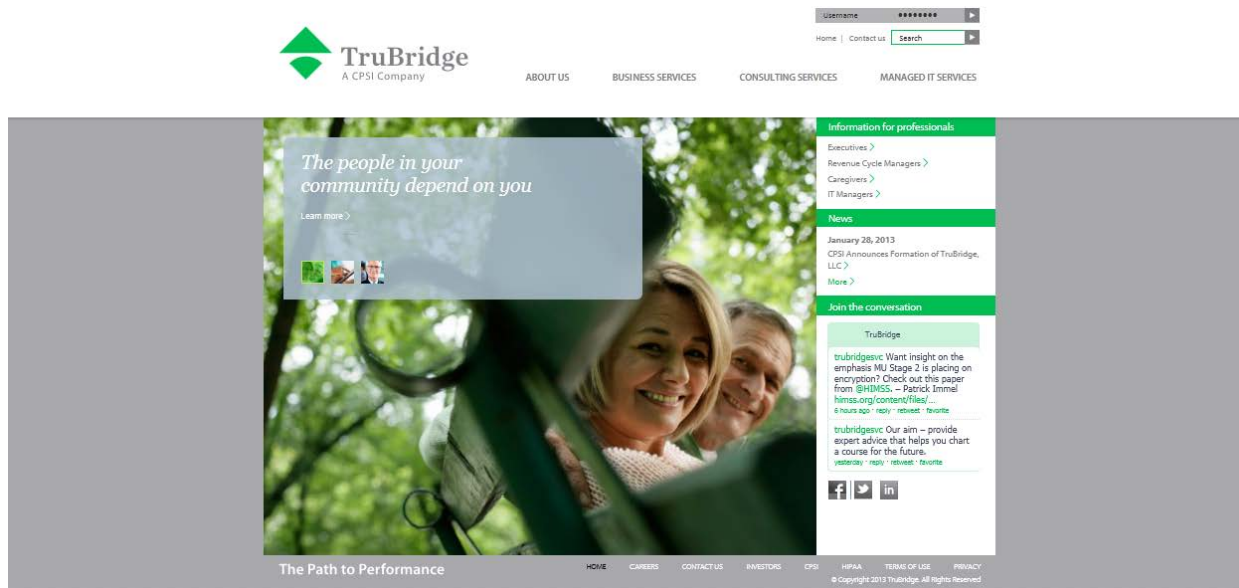
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Questions

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Thank you for your time.

Please contact TruBridge with and questions or for more information.

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