ICD-10 – Get Ready for Go-Live!

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UMMS ICD-10 Project Manager
Is 10/1/2015 a real date?

The magic crystal ball says...

Yes!
Why 2015 is the magical date

February 11th: Energy and Commerce Subcommittee on Health, summary:

• We have been slow to implement in the US
• We don’t have a good reason to delay
• Delay would cost us more $
The Great ICD-10 Hope

Better Data

Focused Research

Higher Quality of Care
The Greater ICD-10 Fear

Work backlogs
Higher denial rates

Frustrated staff
Limited places to go for help

Angry doctors

Revenue and cash leakages we will have difficulty plugging
About UMMS

>\$3\ billion\ in\ revenue

### 9 Member Entities / 12 Hospitals:

<table>
<thead>
<tr>
<th>Hospital Name</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>University of Maryland Medical Center</td>
<td>816</td>
</tr>
<tr>
<td>University of Maryland Midtown Campus</td>
<td>208</td>
</tr>
<tr>
<td>Mt. Washington Pediatric Hospital</td>
<td>102</td>
</tr>
<tr>
<td>UM Baltimore Washington Medical Center</td>
<td>310</td>
</tr>
<tr>
<td>UM Charles Regional Medical Center</td>
<td>121</td>
</tr>
<tr>
<td>University of Maryland Rehabilitation &amp; Orthopaedic Institute</td>
<td>144</td>
</tr>
<tr>
<td>UM St. Joseph Medical Center</td>
<td>232</td>
</tr>
<tr>
<td>UM Shore Regional Health</td>
<td>132 + 41 + 41</td>
</tr>
<tr>
<td>UM Upper Chesapeake Health</td>
<td>185 + 84</td>
</tr>
</tbody>
</table>
Implementation Phases

Planning
- Budget
- Governance
- Leadership
- Accountability
- Plan

Remediation & Training
- Inventory & resolve IT systems
- Inventory trainees & needs
- Train
- Readiness of Community

Practice & Test
- Dual coding
- Audit
- Retrain
- Test
- Retest

Go-Live
- Flip the switch(es)
- Make sure they work

Monitor & Respond
- Measure & monitor the break points
- Infrastructure to respond to issues
Find the Break Points

People

Process

Technology
Break Points - People

- Training
- Retention
- Augmentation
- Communication
Break Points - People

Training
- Documenters
- Coders
- Documentation Users / Modifiers
- Administrative Support Staff

Key Questions:
- Options?
- Content?
- Cost?
- Tracking completion?
- Prioritize?
- Data? Source?
- Outside the four walls?

How many people?
Competency testing?
Reciprocity?
Backfill? OT?
How to train?
Retrain?!!
# UMMS Example

## Training = >5,000 people

<table>
<thead>
<tr>
<th>Trainee Type</th>
<th>Training Options Offered</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Documenters – IP</td>
<td>• Driven through CDI program / querying</td>
</tr>
<tr>
<td></td>
<td>• Utilize data to focus one-on-one sessions</td>
</tr>
<tr>
<td></td>
<td>• Tip Sheets – by specialty</td>
</tr>
<tr>
<td></td>
<td>• Handheld apps</td>
</tr>
<tr>
<td>• Documenters – OP</td>
<td>• Learning modules / facilitated by eHRs</td>
</tr>
<tr>
<td></td>
<td>• Tip Sheets – by specialty</td>
</tr>
<tr>
<td></td>
<td>• Handheld apps</td>
</tr>
<tr>
<td>• Coders</td>
<td>• Learning modules</td>
</tr>
<tr>
<td></td>
<td>• Boot camps</td>
</tr>
<tr>
<td></td>
<td>• Monthly refreshers</td>
</tr>
<tr>
<td>• Documentation Users / Modifiers</td>
<td>• Detailed classroom training on key MDCs</td>
</tr>
<tr>
<td></td>
<td>• Learning modules</td>
</tr>
<tr>
<td>• Administrative Support Staff</td>
<td>• Learning modules</td>
</tr>
<tr>
<td></td>
<td>• Tip Sheets specific to process flow</td>
</tr>
</tbody>
</table>
Train the team on documentation needed:
- CDS
- Physicians
- Coders

Query the physicians:
- Standard queries
- Automated query processes

Adjust where metrics indicate:
- Documentation flows
- Query updates
- System flows
- Training
- Communication

Measure Program Success:
- Productivity
- Query responses / relevance
- Query impact
Retention

- Are you at risk for losing key people?
- When is the critical time you will need them?
- What is a fair amount?
- How many payments should you plan for?
- Payout dates?
- Criteria to qualify?

Augmentation

- External firms – existing contracts sufficient?
- Overtime – budgeted?
- Short-term support – talent available?

Key UMMS #'s

<table>
<thead>
<tr>
<th>Description</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>UMMS Retainees</td>
<td>154</td>
</tr>
<tr>
<td># Bonus Payouts</td>
<td>4</td>
</tr>
<tr>
<td># New Staff Planned</td>
<td>21</td>
</tr>
<tr>
<td># Firms Engaged</td>
<td>5</td>
</tr>
<tr>
<td># OT Hours</td>
<td>&gt;20,000</td>
</tr>
<tr>
<td># Auditing Hours</td>
<td>&gt;7,000</td>
</tr>
</tbody>
</table>
Break Points - People

Communication Protocols / Planning

- Plan to *over*-communicate
- Use every forum you have to communicate again
- Be prepared to repeat yourself
- Chewable bites of information at a time
Follow a diagnosis code
Assess your community readiness
Metrics
Life cycle of a diagnosis code

- Referral
- Schedule
- Authorize
- Register
- Document
- Code
- Bill Edit
- Bill
- Payment/Denial
- Reporting

- Narrative vs. a code?
- Require code to schedule?
- Require code to authorize? Will I-9 auth codes work on I-10 coded accounts?
- ICD-10 Queries?
- Guided coding?
- All payors on I-10?
- ICD-10 edits?
- Code available?
- Can we track issues?
- Do we know what to expect?
- Can we track issues?
Assess your community readiness

- Referring Practices
  - Are your referring doctors / office staff ready for the transition?
  - Are they prepared to give you ICD-10 diagnosis codes?
  - How do they want you to communicate with them during the transition?
  - Do you have training tools that could help them?

- Payers
  - Who is not planning to be ready?
  - Who will let you test with them?
  - What is the transition plan?
  - When should we begin dual coding all accounts?
  - Will I-9 authorization #s be honored under I-10?
Break Points - Process

Metrics

- Measure what will ensure success
- Measure what will prove failure
- Be prepared to react to any failing metrics

Pre-Go Live

- # systems remediated
- # people completed training programs
- Audit results
- Query volumes / results
- % of accounts dual coded prior to go-live
- # payers who will not accept an ICD-10 after 10/1/2015

Post-Go Live

- Query volumes / results
- $’s and #’s held in coding
- Pre-billing edit holds
- Denials / Claim rejections
- Cash posted
Break Points - Technology

- Referral / Authorization Tools
- Registration / Scheduling Systems
- eHRs / Clinical Documentation Systems
- CDI Querying Tools
- Billing Systems / Edits
- Reporting Systems
Go Live Planning

Inventory of ‘switches’ that need to be flipped
  • Where are they
  • Who needs to flip them
  • Who needs to test them
  • When will you flip them

Define the response team(s)
  • What metrics do they own
  • Frequency of measures
  • How to communicate
  • How long will the team be in place
  • How will you staff the response team

Communicate your successes / challenges
Celebrate!
Questions?