

Getting Around ICD-10 Challenges

HFMA Forum Virtual Networking Event

October 9, 2012 10-11 a.m. CST



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healthcare financial management association

Agenda

- 5010 & ICD-10: Lessons Learned
- Case Study: PwC/Johns Hopkins Medicine
- Q&A

5010 & ICD-10: Lessons Learned

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October 9, 2012 10:00 am CST

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Adoption of Standards

- January 16, 2009 CMS published two rules
 - Concurrent adoption of ICD-10 and ICD-10 PCS
 - Effective date October 1, 2013
 - Version 5010/DO
 - Effective date January 1, 2012
- 5010 Implemented
 - 98% compliance rate – (not all transactions)
- CMS announces ICD-10 Delay

CMS Education and Communication Campaign

- Delay of one year - October 1, 2014
 - Apply to all entities (i.e., *all applicable provider types, insurance plans, state Medicaid agencies, Medicare, and clearinghouses*)
- Additional time will allow:
 - Understand value of transition to code sets
 - Continue with transition efforts – integrate code sets
 - Achieve timely compliance

HFMA ICD -10 Survey Results

- The majority of respondents prefer a one- to two-year delay
 - Many were moderately or significantly ready
- Concern with postponement –
 - Sense of urgency
 - Challenges with implementing other parts of healthcare reform
 - Payer preparedness from lack of standardization and enforcement
- Barriers to implementation
 - Time and resources
 - Payer readiness
 - Need entire organization to understand and take ownership of how big and complex this initiative is
 - Adequacy of staff, capacity for training, process flow issues related to physician and coder interactions.

HFMA – Letter to CMS

- CMS – adhere to one year delay
 - Apply to all entities (i.e., *all applicable provider types, insurance plans, state Medicaid agencies, and Medicare,*)
- Compensate users that show valid readiness by October 1, 2013
- Encourage CMS to develop a detailed, clearly communicated migration plan
 - Adhere to plan

5010 – Lessons Learned

- No standard definition of “ready”
 - Need a common definition in order to clear up ambiguity
- Uncontrolled use of companion guides
- Reliance on technology partners for compliance

Moving Forward

- Pilot testing should occur before adoption and final implementation
- Develop a partnership with ALL stakeholders
 - Identify and capture issues early through testing phases
- Conduct end-to-end testing with production level data prior to implementation and go live
 - **Payers** are “ready” when they have successfully accepted a production submission of claims (837) and returned the associated remittance (835) for these claims in compliance with the ICD – 10 specifications
 - **Providers** are “ready” when they have successfully completed a production submission of claims (837) and received the associated remittance (835) for these claims in compliance with the ICD -10 specifications

Case Study: PwC/Johns Hopkins Medicine

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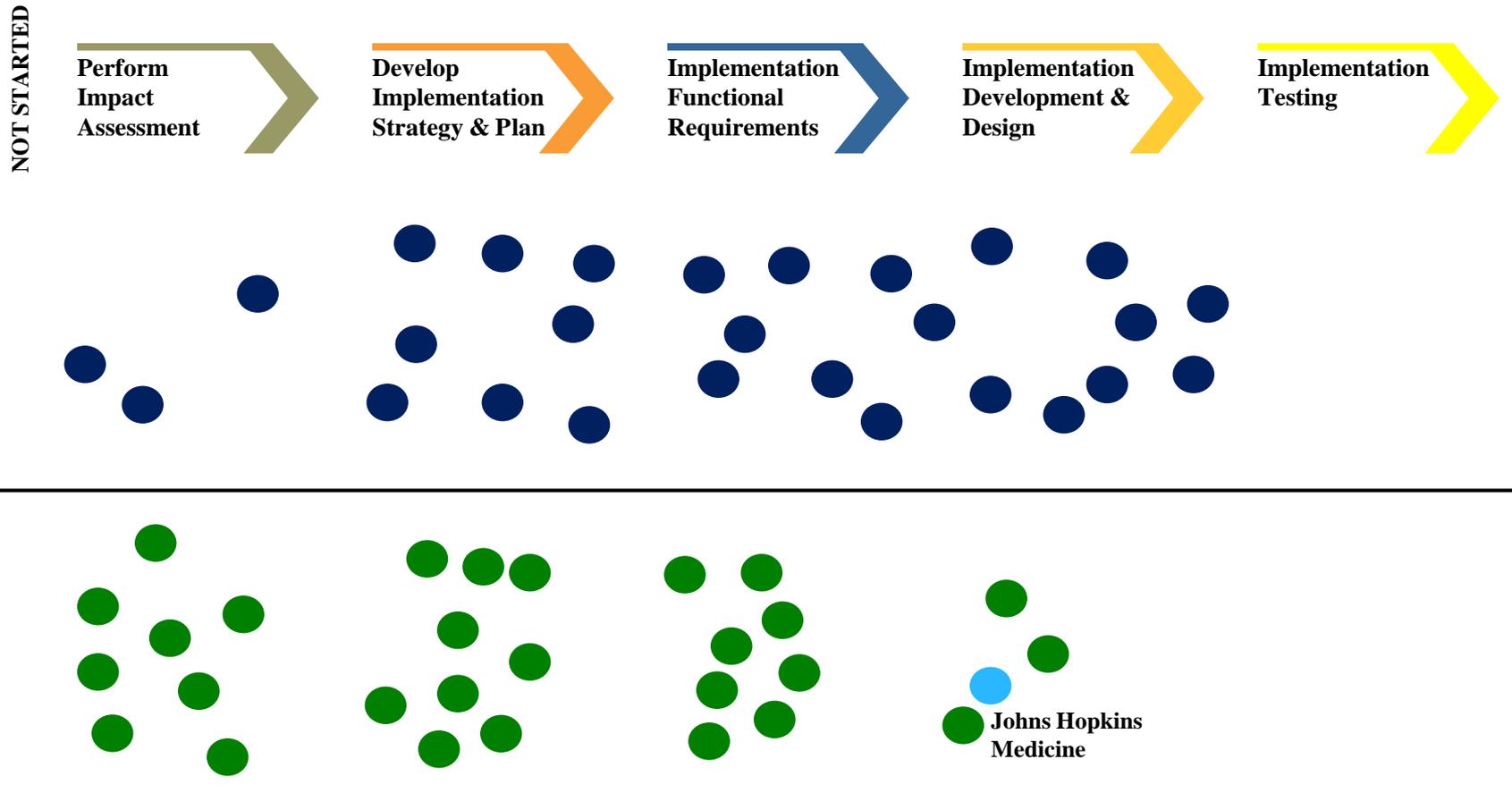
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Johns Hopkins Medicine



PwC ICD-10 Market Overview



Keys to Successful ICD-10 Implementation

1 Governance

- Executive sponsorship
- Establishment of an enterprise-wide ICD-10 governance structure and program management office
- Appointment of a physician champion

2 Focus on clinical documentation improvement

- Comprehensive ICD-9 to ICD-10 claims analysis:
 - Entity specific
 - Inpatient, outpatient, clinic
 - By specialty by physician
 - Unspecified code usage
- Medical record review with an ICD-10 lens

3 IT and Business Process Alignment

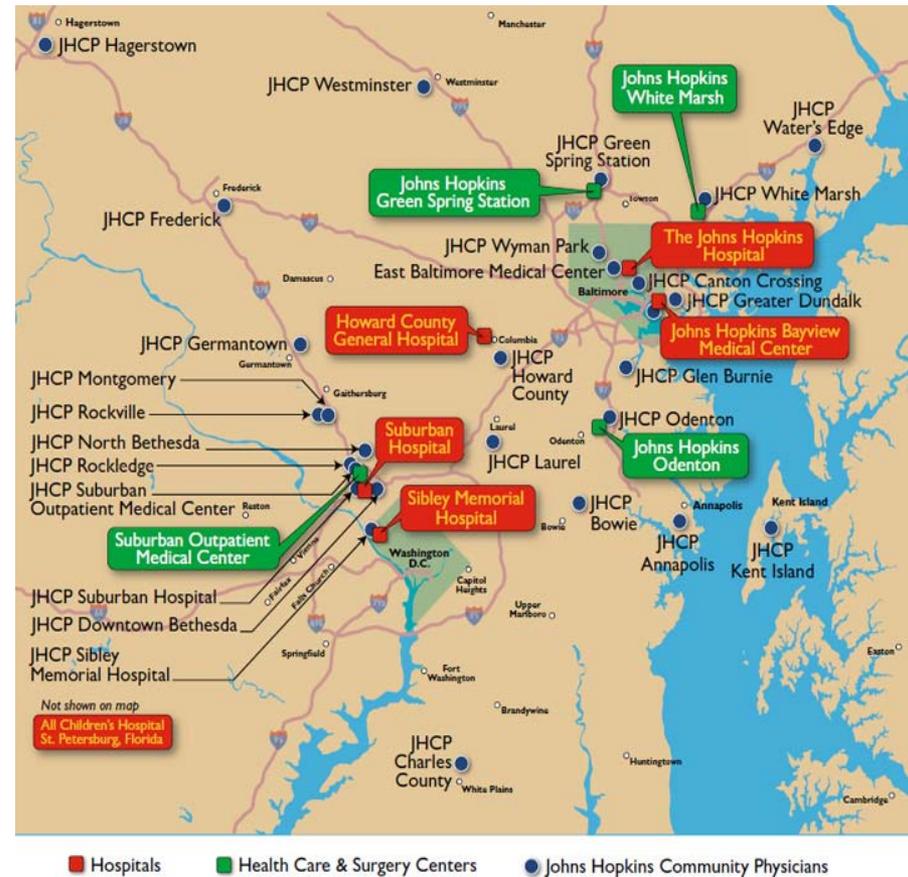
- Focus on future state business processes and applications
- Identify and remediate manual processes (e.g., forms, code searches)
- Effective vendor management

4 Integrated Testing and Training

- Develop comprehensive testing schedule, plans, and scripts
- Ensure adequate coordination with vendors and affected stakeholders
- Development of role-based training plans that leverage the timing of application upgrades and new tools

Case Study Overview

- For more than a century, Johns Hopkins Medicine (JHM) has been recognized as a world-class leader in patient care, medical research, and teaching.
- JHM is well known for its world-class faculty, nurses, and staff specializing in every aspect of medical care.
- The Johns Hopkins Health System offers patient care at:
 - The Johns Hopkins Hospital
 - Johns Hopkins Bayview Medical Center
 - Howard County General Hospital
 - Sibley Memorial Hospital
 - Suburban Hospital
 - All Children's Hospital
 - Johns Hopkins Community Physicians
 - Johns Hopkins Home Care Group
- JHM also includes:
 - Johns Hopkins Health Care-Payer
 - Johns Hopkins International



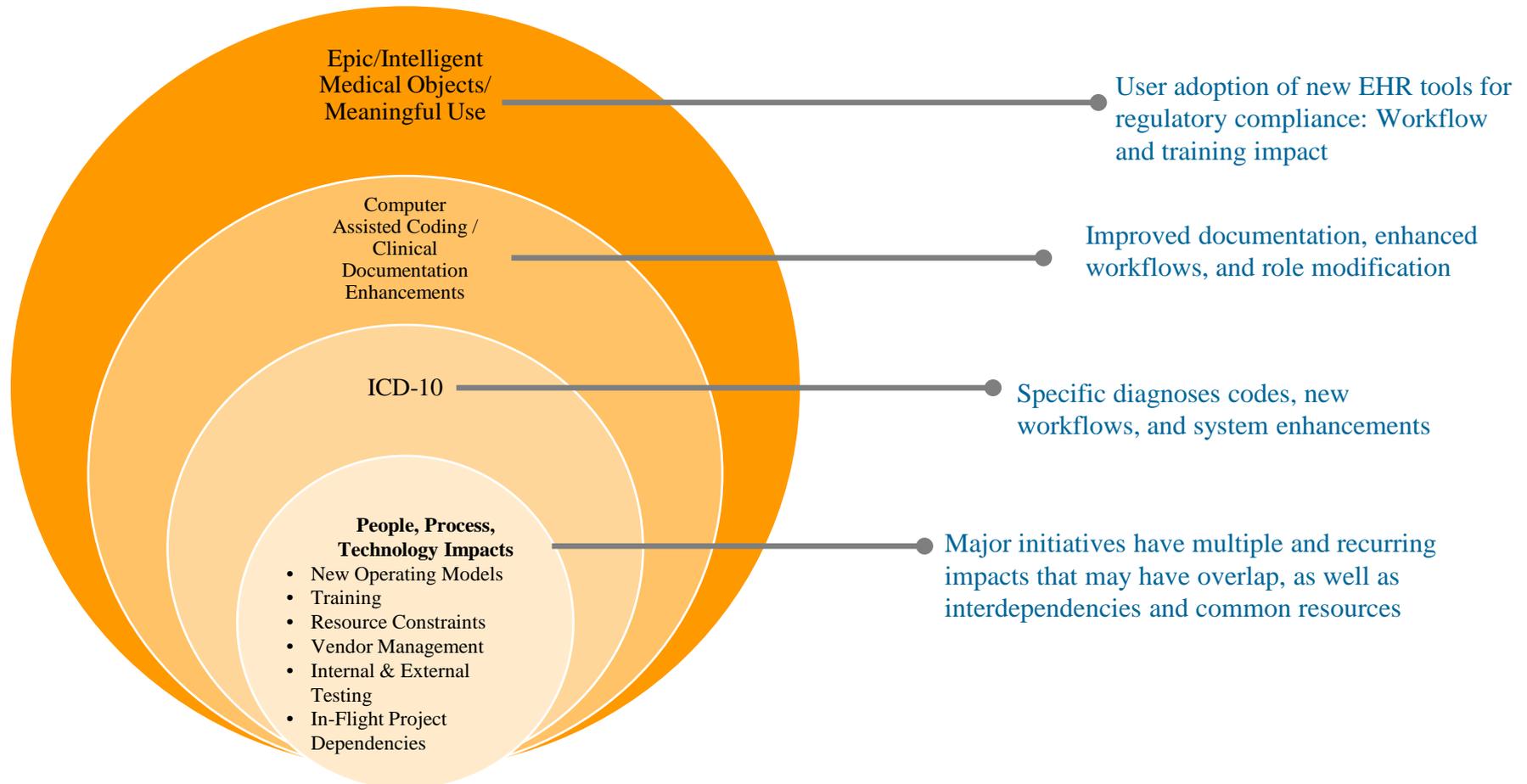
Case Study: Overview

- JHM is a large integrated delivery network and academic medical center focused on innovation, growth, quality, and integration.

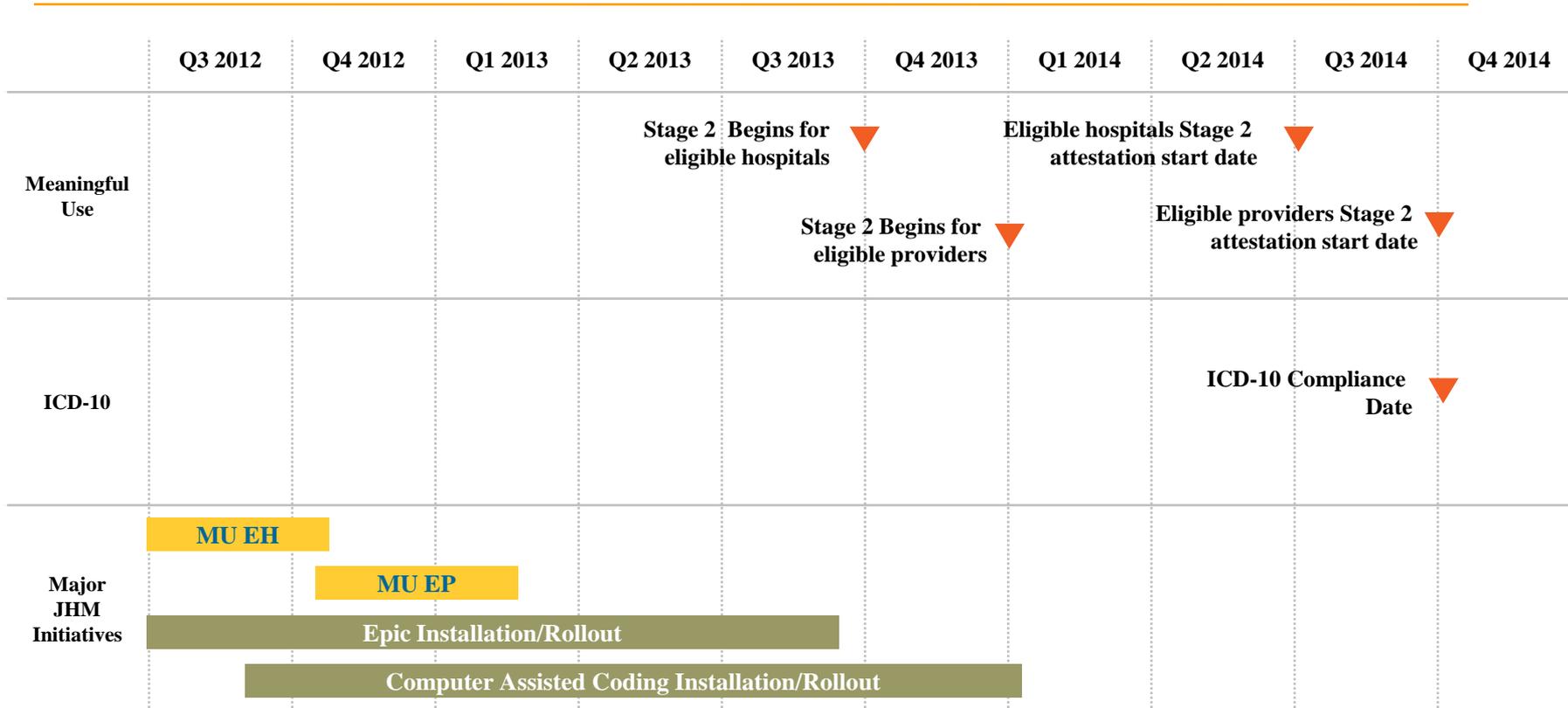
Total JHM revenue	\$3.8B
Total number of beds	2,600
Number of admissions	120,000
Number of physicians	5,000

- JHM is making major investments that will position JHM as a leader in meaningful use and health IT adoption.
- Multi-year enterprisewide roll-out of Epic
- Standardization of coding platform
- With global operations, JHM primarily operates in Maryland and is subject to the Maryland Health Services Cost Review Commission (HSCRC) system of reimbursement.

From Assessment to Implementation: Major JHM initiatives will significantly reduce ICD-10 remediation



ICD-10 Implementation Activities Overlap Meaningful Use Compliance Dates



Key Points

- ICD-10 testing will occur during the same period as meaningful use Stage 2 attestation dates
- Vendor management and coordination of internal resources is required to ensure adequate bandwidth to conduct testing during critical time periods
- Some meaningful use 90-day reporting periods may occur during ICD-10 upgrades and testing

ICD-10 Implementation Challenges

Governance

- Critical to get executive sponsorship and the case for change
- Establishment of a multidisciplinary steering committee
- Project management
- Necessary resources:
 - IT
 - Coding/HIM
 - PMO

Project Convergence

- Multiple projects with concurrent timelines:
 - Meaningful use and EHR implementations; HIM tools and CAC
 - Revenue cycle implementations
 - Strategic growth initiatives related to health reform, new acquisitions and service lines, new operating models
- Project differences related to governance, project plans, milestones, and vendors
- Need to identify synergies with executive sponsors, key stakeholders, and project plans

ICD-10 Implementation Challenges

Clinical Documentation Improvement/Early Adoption

Advantages

- Configuration of new tools and CDI processes
- Increased user adoption, testing, and training before go-live
- Early identification of clinical and coder productivity impacts prior to go live

Disadvantages

- Increased vendor management required
- Code translation required for coding in ICD-10, but billing in ICD-9

Training and Education

- Role-based curriculum is required
- Training needs to be integrated or in anticipation of the implementation of new tools
- Staging of training is a significant challenge and opportunity
- Staff retention and change management is a significant component of training plans

Questions & Comments

Ask the speakers a question or share your ICD-10 experiences. Just type your question or comment into the Q&A box on your computer screen.



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