

ICD-10 Project Update

April 28, 2014

??? Days Before the Transition

DPH Webinars Related to the Delay are Canceled: The webinars that were originally planned for May 7 and May 12 to discuss changes in the current implementation plan and solicit feedback regarding next steps will not be held. The DPH ICD-10 Implementation Team has determined that there is little new information at this time and information can be shared via written communications rather than tying up staff with webinars.

ICD-10 Implementation Plan Changes: Since CMS has yet to provide any guidance, the DPH ICD-10 Implementation Plan cannot be updated at this time. As soon as guidance from CMS is received and the DPH ICD-10 Implementation Team can evaluate the plan changes, the ICD-10 contacts will be notified. **HOWEVER**, there are steps that agencies can continue to do:

- Make sure your agency system and business impact assessments have been completed. Based on the survey of local health departments that was done in February, there are a majority of LHDs that have not completed their assessments
- A positive of the delay will be more time for testing.
 - Once your agency's practice management software has been modified to accommodate ICD-10, perform user acceptance testing to ensure that the changes will meet the needs of your agency and determine business processes that may need to change as a result of software changes. The sooner this can be done, the better. (Note: For HIS, DPH will be responsible for determining the UAT process)
 - Medicaid is working on their testing strategy and end-to-end testing that includes LHDs and CDSAs is certainly being advocated. Once decisions on testing are made, it will be essential that test cases be developed that test a majority of the services provided. Begin compiling the types of cases your agency wants to see included in the testing. For example, agencies could maintain copies of encounter forms that represent the top 5 diagnoses seen in each program and code the encounter forms using ICD-10-CM so these can be used for testing. Also, identify the business processes that need to be included in end-to-end testing such as appointment scheduling, referral, pre-certification, check-in, EHR/Medical documentation, coding, billing, etc.
 - Dual coding continues to be recommended so agency staff who have already participated in ICD-10 coding training can maintain their coding skills. Dual coding will help staff become more comfortable with coding so that productivity will not be a huge issue when the transition occurs. Also, this will provide a large number of test cases for end-to-end testing opportunities with clearinghouses/payers.

Limited Opportunities for ICD-10-CM Coding Training in 2014 for Local Health

Departments and Rural Health agencies: Some local agencies have requested that some coding training be conducted in 2014 so agencies will have trained staff assist in implementation activities and clinical documentation improvement. Training sessions are tentatively planned for August 2014. Details about the training will be communicated at least 6 weeks prior to the training.

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LHD Batch Agency Volunteer Needed to Perform User Acceptance Testing with NCTracks: 1 batch agency local health department may have an opportunity to perform User Acceptance Testing (UAT) with the NCTracks team. This will involve going into the NCTracks test system and testing out how the ICD-10-CM codes work for services you bill for. UAT will be coordinated through OMMISS and testing should be a fairly routine process for doing what you normally do but using the new ICD-10-CM codes. Please note that UAT testing is different from end-to-end testing but this is a great opportunity and we are fortunate that they want to include the LHDs and CDSAs in the testing. Macon County and 2 CDSAs have volunteered to participate on behalf of HIS users. Any batch agencies interested in volunteering should contact Sarah.Brooks@dhhs.nc.gov no later than 5/7/14.

NOTE: The remainder of this communication contains information from the healthcare industry at large. This information is not specifically related to DPH agencies but provides further information related to the delay.

NCHICA ICD-10 Bulletin: Local agency ICD-10 Implementation Team members are encouraged to read the April NCHICA ICD-10 Bulletin that addresses what agencies should do as a result of the delay. The bulletin is at <http://www.nchica.org/HIPAAResources/ICD-10/April2014Bulletin.pdf>.

CMS Comments Regarding the Delay: “The delay is not a killer for ICD-10,” the Centers for Medicare & Medicaid Services’ (CMS’s) Denise Buenning told members of the American Health Information Management Association (AHIMA) during a Wednesday meeting. Speaking before an audience of several hundred at the AHIMA ICD-10 Summit, Buenning acknowledged that the recent congressional move to delay ICD-10 implementation was a surprise. “I think we were as surprised as all of you,” Buenning told the audience, admitting that the vote by Congress “(has) been hard for all of us at CMS.” Buenning is the acting deputy director of the CMS Office of E-Health Standards and Services.

Buenning’s remarks represented the first public statement from CMS since it went radio-silent after President Barack Obama signed the Protecting Access to Medicare Act on April 1. The legislation prohibits the U.S. Department of Health and Human Services (HHS) from implementing ICD-10 before October 2015.

In responding to questions from the audience, Buenning said CMS has had “multiple conversations on this (the delay) internally” and that “HHS will be making an announcement shortly.” Buenning also said that CMS is keeping to its regular schedule with meetings and committees and that “CMS is behind ICD-10.” About rumors that CMS was not ready: “We were ready. (We) didn’t expect it (the delay) to come from Congress.” “CMS was ready for the Oct. 1 date; testing (was) going well and systems (were) ‘go’ for switch over a year ago.”

On plans for end-to-end testing: “They (CMS) had been planning end-to-end testing in July, but with that date change they’re not certain.” Buenning also explained that CMS only has so much

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money for testing. “What this (the delay) gives us is another year for testing, and (it) would allow for more robust testing with providers,” she said.

On how to prevent a delay from happening again: “CMS started a few months ago a small physician initiative to help MDs,” she said. “We all need to communicate better with physicians on the benefits of ICD-10. We can work through various associations, as there are strengths in numbers. Everyone listens when the industry is together.”

On the code freeze: Buenning explained that a decision on the code freeze would come from the Coordination and Maintenance Committee.

What Do We Do Now? Most importantly - Stay the course. You can move forward on some areas of implementation at a slower pace, but don't stop completely. As the industry awaits guidance from CMS, avoid making any sudden changes in the course of your ICD-10 preparation. If you are far along in your preparations, you will fare well being done rather than stopping your momentum suddenly only to have to restart it closer to the new deadline. The “start, stop, start, stop” approach is inefficient, obliterates momentum, and wastes energy and resources. Although industry motivation might begin to wane, stay on course despite the delay, complete the implementation, and increase the frequency of planned testing cycles to ensure a flawless production performance. Coping mechanisms to enable a seamless transition include:

1. Focus on and conduct:
 - a. Thorough assessments (Have you missed any systems that need to be remediated? Have you completed your Business Impact Assessment?)
 - b. Well-planned implementations (Having the right resources working on the implementation activities)
 - c. Systems remediation
 - i. The release dates must be firm, and not continuously extended
 - ii. Complete your ICD-10 upgrades: Many vendors coupled ICD-10 and Meaningful Use stage 2 upgrades together
 - iii. Perform internal testing to make sure that upgrade is working
 - d. Investments in multiple cycles of testing (Testing once is not enough — be sure to test again. Take advantage of the additional testing time to make sure claim submission runs smoothly.)
2. Review why we need to transition to ICD-10 and understand how this will impact population health. Upgrades are never easy or negligible in cost, so it is important to remember this in order to avoid losing focus.
3. Account for ICD-10 expenditures to date and carefully track the impact of another one-year delay to your organization. Be aware of the costs of resources, dual-coding training needs for staff, and what is necessary to maintain the capability to keep ICD-9 going while upgrading to ICD-10. Monitor the costs of delay to your organization in the event that the Centers for Medicare & Medicaid Services (CMS) conducts an industry query to report to the U.S. Senate or President Obama.
4. Select vendors that best meet your enterprise's needs and complement your culture.

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5. Audit persons assigned responsibility for coding to determine accuracy rates and productivity.
6. Monitor/conduct internal audits of providers' clinical documentation to verify that ICD-10 codes can be supported and defended in the event of audits.
7. Audit cash flow to ensure ample financial reserves during the period immediately following implementation.
8. Support and champion internal and external testing. This is a QA process that cannot be circumvented or eliminated. Use the extra time to conduct thorough end-to-end testing with trading partners as often as possible.
9. Complete your EHR implementation; reassess which screens require mandatory information. Customize them to include information you will need in ICD-10 but aren't currently getting. Fix your drop down menus and pick lists. Ask your vendor if it can move the unspecified option to the bottom of the list. Some can, some can't, but you won't know if you don't ask.

End-to-End Testing, Dual Coding Keys for ICD-10 Success: Dual coding and end-to-end testing are essential steps in helping ensure ICD-10 transition success. Industry experts believe the sooner everyone starts coding and receiving claims in ICD-10, the better the results will be.

Even though most providers, payers and vendors are still implementing technologies to accommodate end-to-end testing, it's not too early for practices to consider the benefits of dual coding and how it might better prepare them for the looming transition deadline. Coding claims in both ICD-9 and ICD-10 not only helps coding staff get comfortable with the new code set, but also helps uncover ways to improve clinical documentation.

While it may seem like more work, dual coding is actually a great way to minimize the stress of the ICD-10 transition. By paving the way for external testing, dual coding allows practices to work out some of the kinks in workflow processes and systems well before the implementation date arrives.