Seton Healthcare Family
Health Information Management

ICD-10 Training and Preparation
The Road to ICD-10

April 23, 2015
Preparing for ICD*10

- What’s left on the to do list
- Where are you in your transition
- By this time next year we will be using ICD*10 codes
- What have you accomplished

Count down to ICD*10
ICD-10 preparation began in 2012

Approximately 75 software applications within the organization were identified to have an ICD-10 impact.

Partnered with an external consulting and program management leadership firm “Deloitte”

Identified 6 separate work group teams which consisted of approximately 5-8 members within each group throughout the organization

Implemented CDIP program (concurrent review to improve physician documentation)

Implemented 3M encoder (6-8 month project)

Implement CAC (Computerized Assisted Coding) (6-8 month project)

Train 38 Coders (6 Different Waves); 5 Phases of ICD*10 training
ICD*10 Planning Organizational Structure

Seton ICD-10 Executive Sponsors

Seton ICD-10 Program Sponsors

Seton ICD-10 Program Manager

Deloitte Consulting Project Leadership

Deloitte Consulting Program Manager

PMO Support

Technology

HIM Process Improvement

Medical Provider Adoption

Education, Communications & HR

Revenue Cycle Process Improvement

Managed Care & Finance

Technology

HIM & Medical Provider Adoption

Education, Communications & HR

Revenue Cycle & Finance

Legend

- Seton Team
- Deloitte Team
# Work Group Purpose

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<th>Work Group</th>
<th>Primary Goals and Activities</th>
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| **Project Management Organization** | - Coordinate overall program status  
- Tracking of work group progress and project activities and reporting out information to key stakeholders.  
- Management of PMO log, consisting of risks, issues, decisions, change management, communication and action logs                                                                                   |
| **Medical Provider Adoption**    | - Develop materials for and facilitate the monthly ICD-10 Provider Advisory Committee meeting  
- Support the discovery and assessment process of physician documentation tools and enablers (e.g., Cerner PowerNote, Cerner Diagnosis Assistant), as needed, to support improved physician documentation workflow  
- Develop and support the implementation of a Provider-specific ICD-10 Early Adoption Strategy and Plan                                                                                                     |
| **Education, Communications, & HR** | - Develop and distribute communications to key stakeholders on impact of ICD-10  
- Create and support education plan and timeline for organization members impacted by the transition to ICD-10                                                                                           |
| **Revenue Cycle Process Improvement** | - Support development and implementation of DNFB and DNFC Reduction Plan for the CBO-based hospitals in preparation for ICD-10 go live  
- Support development and implementation of Unbilled Reduction Plan for the Seton Clinical Enterprise, as needed  
- Complete a gap analysis of AthenaHealth processes related to the change from ICD-9 to ICD-10  
- Support redesign and implementation of ICD-10 compliant paper encounter forms/superbills in the hospital, hospital-based clinic, clinical enterprise, home health, hospice and nursing home environments, as needed |
| **Managed Care & Finance**       | - Facilitating all payer related activities (readiness, testing, surveys, etc.)  
- Manage the implementation of the tabletop testing/collaboration activities  
- Coordinate with other work groups (e.g., Technology, Process Improvement) to identify scenarios for payer collaboration, electronic testing and table top testing  
- Facilitate additional financial impact analysis, as needed                                                                                     |
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<tr>
<th>Work Group</th>
<th>Objectives and Goals</th>
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<tbody>
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<td><strong>Technology</strong></td>
<td><strong>Cross-Mapping Activities</strong>&lt;br&gt;Support Seton IS business owners to facilitate mapping sessions to document cross-walk specific test scenarios&lt;br&gt;Participate on team to support the deployment of the cross-mapping tool</td>
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<td><strong>Integration Test Coordination and Management</strong>&lt;br&gt;Facilitate development of E2E testing scenarios (by patient type, payer type, impacted workflows)&lt;br&gt;Deliver a detailed testing schedule to conduct system specific testing with select payers and impacted trading partners&lt;br&gt;Manage test scenario and test script development with Seton SMEs across facilities</td>
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<td><strong>ICD-10 Regression Testbed Setup &amp; Maintenance Activities</strong>&lt;br&gt;Facilitate the formation of a regression testing policy that provides instructions on how to perform integration testing for the core applications for version upgrades or regulatory updates</td>
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<td><strong>ICD-10 Application Monitoring Activities</strong>&lt;br&gt;Support Seton IS to facilitate discovery of any new systems affected by/affecting Seton’s ICD-10 supporting systems by using prior survey and workflow information to gather key information from new/changing stakeholders</td>
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<td><strong>CAC Activities</strong>&lt;br&gt;Support Seton business owners to document workflow changes based on CAC implementation&lt;br&gt;Support testing to confirm Natural Language Processing translation is within acceptable levels</td>
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<td><strong>HIM Process Improvement</strong></td>
<td><strong>Facilitate and coordinate dual coding activities across coders and physicians in the hospitals and Clinical Enterprise based on Early Adoption/Dual Coding strategy</strong>&lt;br&gt;Coordinate with operations and technology for any technical solutions to manage early adoption and dual coding&lt;br&gt;Support the implementation of the HIM Coding and Compliance Operational Improvement Strategy and Plan&lt;br&gt;Support the Computer-Assisted Coding (CAC) implementation cross-functional initiative by providing subject matter expertise on future state workflow design&lt;br&gt;Support the design and implementation of the clinical documentation provider query process&lt;br&gt;Facilitate and support the Clinical Documentation Operational Improvement Initiative</td>
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ICD-10 will change everything.

**Physicians**
- **Documentation:** The need for specificity dramatically increases by requiring laterality, stages of healing, weeks in pregnancy, episodes of care, and much more.
- **Code Training:** Codes increase from 17,000 to 140,000. Physicians must be trained.

**Clinical Area**
- **Patient Coverage:** Health plan policies, payment limitations, and new ABN forms are likely.
- **Superbills:** Revisions required and paper superbills may be impossible.
- **ABNs:** Health plans will revise all policies linked to LCDs or NCDs, etc. ABN forms must be reformatted and patients will require education.

**Nurses**
- **Forms:** Every order must be revised or recreated.
- **Documentation:** Must use increased specificity.
- **Prior Authorizations:** Policies may change, requiring training and updates.

**Managers**
- **New Policies and Procedures:** Any policy or procedure associated with a diagnosis code, disease management, tracking, or PQRI must be revised.
- **Vendor and Payer Contracts:** All contracts must be evaluated and updated.
- **Budgets:** Changes to software, training, new contracts, new paperwork will have to be paid for.
- **Training Plan:** Everyone in the practice will need training on the changes.

**Lab**
- **Documentation:** Must use increased specificity.
- **Reporting:** Health plans will have new requirements for the ordering and reporting of services.

**Front Desk**
- **HIPAA:** Privacy policies must be revised and patients will need to sign the new forms.
- **Systems:** Updates to systems are likely required and may impact patient encounters.

**Billing**
- **Policies and Procedures:** All payer reimbursement policies may be revised.
- **Training:** Billing department must be trained on new policies and procedures and the ICD-10-CM code set.

**Coding**
- **Code Set:** Codes will increase from 17,000 to 140,000. As a result, code books and styles will completely change.
- **Clinical Knowledge:** More detailed knowledge of anatomy and medical terminology will be required with increased specificity and more codes.
- **Concurrent Use:** Coders may need to use ICD-9-CM and ICD-10-CM concurrently for a period of time until all claims are resolved.
Project Management Tools

**Work Group Status Report**
Standardized template for reporting status on a weekly basis – includes status assessment, key activities, risks, issues, change requests and decisions.

**Program Status Report**
Standardized template for reporting overall program status, consolidating all work group status reports, to Program Stakeholders.

**Program Management Logs**
Formally documented, consolidated and archived list of ICD-10 program risks, issues, change requests and decisions.

**Program Dashboard**
Uses standardized metrics to measure the quality of the project management process, and can be used as a structured way to efficiently communicate program quality to Program Stakeholders.

**ICD-10 Program Workplan**
Customized ICD-10 Implementation workplan detailing all implementation activities, timing, resources, dependencies and critical path for managing program progress.

**Budget Monitoring Tool**
Database containing all ICD-10 Program budgeted costs and used for tracking actual budget usage against forecast and for reporting to Program Stakeholders.
HIM Coder Training Timeline
2014-2015

Coder Training Approach and Timeline

Precyse Training  Optum Scenarios  Double Coding Master Cases  Concurrent Dual Coding

September  October  November  December  January  February  March  April  May  June  July  August  September

Super Users and Wave 1

Wave 2

Wave 2.5

Wave 3

Wave 4

Seton Healthcare Family
• The first phase of ICD*10 training consists of completing the Precyse modules. Approximately 10-12 weeks.

• Seton has hired an outside vendor to supply online coder training the training modules available through Seton Learning Central.

• Wave 1 Coder III = 67 courses (exam included)-approximately 85 hours
• Wave 2 Coder III = 67 courses (exam included)-approximately 85 hours
• Wave 2.5 Coder III = 67 courses (exam included)-approximately 85 hours
• Wave 3 Coder II = 67 courses (exam included)-approximately 85 hours
• Wave 4 Coder I = 52 courses (exam included)-approximately 70 hours
• Phase II consists of completing Optum (book publishing company) operative report scenarios. This phase will last 2 weeks.

• Designated amount of time each week (approximately 3-4 hours) for practice.

• Weekly 1 hour round tables will be conducted to review the results.
Coding ICD-10 Training Phase 3

Double coding 100 pre-selected Seton cases

• Phase 1
  • Two weeks of coding master cases from the ICD*10 CM and ICD*10 PCS books

• Phase 2
  • 23 weeks = continue to code defined master cases, using the 3M encoder
  • The process remains the same for both waves: You will receive the master cases from the QA team on Mondays. Once the account is coded, you shall enter the data into the Deloitte Double Coding Tool.

• Process
  • Code 5-8 pre-selected Master Cases provided on Monday
  • Coder enters coding into data base
  • Data reviewed, verified, and accuracy calculated by coder and by wave
  • QA round tables held the following week to discuss
Focus of Double Coding in ICD-10

- Diagnosis Code Assignment
- Procedure Code Assignment
- DRG and APR-DRG Accuracy
- Time to Code Each Chart
- Clinical Documentation Query Identification
ICD-10 Double Coding Metrics

Average DRG Accuracy: By Week and Wave

Average Minutes to Code: By Week and Wave

Accuracy In Abstracting Physician (Measured to Master)

Average DX Accuracy: By Week and Wave

Average PX Accuracy: By Week and Wave

Average Combined Coding Accuracy: By Week and Wave
Sample Individual Coder Report and Scorecard

**Average DRG Accuracy**

- Wave 1
- DEW
- Target

**Average Minutes to Code**

- Wave 1
- DEW
- Target

**Weekly Dollar Difference Due to DRG Misses**

- Wave 1
- DEW
- Target

**Average DX Accuracy**

- Wave 1
- DEW
- Target

**Average PX Accuracy**

- Wave 1
- DEW
- Target

**Accuracy In Abstracting Physician**

- Wave 1
- DEW
Concurrent Dual Coding

- Coder’s will code ICD*9 and ICD*10 concurrently during daily production.
- Select 10 random charts a week to code in ICD*10
- Goal is to have all coders dual coding several months before ICD-10 Go-Live.
  - Coder III : 6 months
  - Coder II : 4 months
  - Coder I : 2 months
- ICD*10 dual coding performed in 3M
On-Site ICD*10 Focused Training (External Firm)

- Partnered with Precyse to perform onsite focus ICD*10 training after dual coding and just before ICD*10 go-live. Scheduled for mid August.
ICD-10 Major Milestones 2015

- **3M Go Live**: Mar 3 - Mar 31
- **PTO Blackout**: Feb 1 - Mar 13
- **Fiscal Year End - PTO limited**: Jun 1 - Jun 30
- **3M CAC Go Live**: Jul 7 - Jul 31
- **Implement 3M encoder & CAC prior to ICD*10**: Aug 1 - Sep 30
- **Dual coding**: Apr 1 - Sep 30
- **Onsite ICD-10 focused Training sessions TBD**: Aug 1 - Sep 30
- **ICD-10 Conversion - Blackout PTO**: Sep 8 - Oct 30

**3M CAC Go Live**

19 days

**Fiscal Year End - PTO limited**

22 days

**Implement 3M encoder & CAC prior to ICD*10**

43 days

**Dual coding**

331 days

**ICD-10 Conversion - Blackout PTO**

99 days

**Today**

February
Questions

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