## NewYork-Presbyterian Hospital

Status Report: ICD-10 Implementation Initiative

Project Level Milestones	Workgroup Status
Operationalize Dual Coding Initiative	
Complete ICD-10 claims testing with payers and clearinghouses	
Implement ICD-10 ready resource model for Documentation & Coding	0
Support hospital operations with ICD-10 ready technology and data infrastructure	0
Enable physician support of ICD-10 documentation requirements	
Apply applicable accounts receivable and revenue reserves	
Manage ICD-10 impact on quality and patient safety metric reporting	0
Create an ICD-10 informed & insulated organization	

Performance Metrics	Source	March	April	Мау
Days in A/R <sup>1</sup>	Aeos	49.94	49.47	50.49
Days in DNFB/WIP <sup>2</sup>	Aeos	11.37	11.60	11.31
Case Mix Index (MS/APR) <sup>3</sup>	EagleView	1.80 1.40	1.86 1.42	1.75 1.33
30-Day Cash Rate (IP/OP) <sup>4</sup>	EagleView	38% 31%	35% 29%	42% 33%
Third Party Rejection Rate⁵	EagleView & Executive Portal	11.3%	10.8%	11.4%
Clinical Appeal Volume				
Medical Necessity Write-offs as a % of Net Rev <sup>6</sup>	EagleView	0.91%	1.03%	0.80%
Medical Record Request Volume	Aeos	849	657	1079
Physician Query Rate <sup>7</sup>	CDIS	15.4%	14.1%	15.1%
Physician Response Rate <sup>8</sup>	CDIS	87.5%	80.2%	71.8%
Physician Agreement Rate <sup>9</sup>	CDIS	78.4%	79.3%	87.2%
Coder Production - IP <sup>10</sup>	SRM	10,371	10,683	10,559
Coder Production - ASU <sup>10</sup>	SRM	7,806	6,907	7,935
Coder Production - ER <sup>10</sup>	SRM	21,036	21,136	21,256
Coding Turnaround Time - IP (days) <sup>11</sup>	SRM	6	7	7
Coding Turnaround Time - ASU (days) <sup>12</sup>	SRM	6	8	8
Coding Turnaround Time - ER (days) <sup>12</sup>	SRM	5	8	8

**Overall Project Status:** 



Issue Management				
Issues by Status	Issues by Priority (Open Issues Only)			
5 5 55	2 6			
Closed Monitoring Resolution				
Implementing Resolution				
Researching Resolution	🖬 High 📓 Medum 📓 Low			
ldentified				

Open High Priority Issue Details	Resolved Issues (in days)
Eclipsys cannot output both (ICD-9 and ICD-10) codes from Superbill. Dual coding for outpatient clinic and subsequent analysis of remibursement. Medical necessity, and claims testing are at risk.	
Eclipsys East version 6.1 doesn't have a flag to tell Superbill to send ICD-9 vs. ICD-10, so it's sending the ICD-10 code to downstream systems, which they cannot accept.	
Ability to perform proper case selection for core measures and other quality and safety metrics due to state of industry readiness in ICD-10.	163
Labor and resource intensity for report conversion activities.	
IT technical issues related to Eagle go-live date.	
Host of operational and technical issues slowing down Superbill rollout at Columbia AIM clinics.	

Next 30 Days	
Explanding provider documentation selection tool in Allscripts to pilot participants	
Ongoing recruitment of coders professionals	
Ongoing testing of NYP system to system interfaces	
Deployment of ICD-10 awareness education	
Ongoing implementation of electronic Superbill	