ICD-10 Revenue Cycle & Operational Readiness Workgroup

66 days to go to October 1st, 2015

Agenda

- General acceleration activities

- System readiness & monitoring

- Scenario specific operating protocols
  - Patient Access
  - Health Information Management
  - Patient Financial Services

- Pre and post implementation support

- Internal and external communications and training

General Acceleration Activities

- WIP reduction

System Readiness & Monitoring

- Eagle
  - Edit Profile Updates (incl. e-codes)
  - Medical Necessity Updates
  - Grouper Availability Schedules
  - Smart claims conversion
  - SPARCS testing
  - Payer set-up
  - User Screen Updates
- Relay Health (ePremis)
  - Payer Specific Implementation Guides
  - POA Indicator Errors
- Optum
  - DDE Testing
- Allscripts SRM
  - Missing weights
  - Coder assignment
  - Dropped codes (in dual coding)

Operating Protocols: Patient Access Scenarios

- Payer specific authorization requirements

- Financial clearance before 10/1 for appointments after 10/1

- Recurring services registrations

- Active Lab and Radiology orders entered prior to 10/1 with DOS after 10/1
    - CROWN
    - Allscripts SCM
    - EPIC

- Conversion of referrals with ICD-9 codes

Operating Protocols: Health Information Management

- Coding conversions (e.g. – IP : OP)

- Paper-based charge tickets/encounter forms

Operating Protocols: Patient Financial Services

- Contract Manager: ICD-9 specific reimbursement logic

- Primary payer accepts ICD-10, secondary payer accepts ICD-9

- Payors unable to accept ICD10 codes post 10/1

- PAT/PST bundling pre 10/1 post 10/1

Pre and Post Implementation Support

- Resource Requirements

- Data and monitoring needs