ICD-10 Revenue Cycle & Operational Readiness

23 days to go to October 1st, 2015

Agenda

- Industry & Payer Readiness

- Operating Guidance

- Updates and Pre-implementation readiness tasks using NYP Applications

- WIP Reduction Activities

- ICD-10 Support Center

- Reminders

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Industry and payer readiness

- Medicare readiness
    - Three end-to-end testing periods covering 2700 providers and clearinghouses and 67,000 claims produced 87% - 88% acceptance rate with less than 2% of claims being rejected due to invalid ICD-10 submissions. Other errors related to byproduct of testing environment, invalid submission of ICD-9 codes, and negative testing.
    - All National & Local Coverage Determinations updated to accommodate ICD-10 codes
    - Medicare inpatients with part B coverage only and whose admission spans the September/October timeframe must be split billed.

- Medicaid readiness
    - If the claim is for Clinic APG Episode of Care or CHHA Episodic services with multiple dates of service where the through date is on or after October 1, 2015, the claim must be coded as ICD-10 for **all dates of service** - even if the episode started before October 1, 2015. If the provider chooses to split an APG claim, the ICD-10 claim could fail with edit 2081 - All APG Lines Paid Zero
    - Non-DRG claims (except for psychiatric claims, discussed in FAQ ICD13) need to be split billed. Claims with dates of service prior to 10/1/2015 must contain ICD-9 codes and claims for dates of service on or after 10/1/2015 must contain ICD-10 codes. If the non DRG claim will be interim billed with no discharge date and the end date of service is on or after October 1, 2015, the coding must be ICD-10.
    - An Inpatient claim for Psychiatric services should be coded according to the discharge date. If the discharge date is on or after October 1, 2015, the diagnosis and procedure codes must be ICD-10, regardless of the date of admission.
    - Medicaid plans in California, Louisiana, Maryland, and Montana have received approval from CMS to use an ICD-10 to ICD-9 crosswalk to process claims for an undetermined amount of time until such states technologies and processing systems are fully compliant.

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Payer Authorization Requirements

Plan	Accepting Preauths in ICD 10 Starting	Preauths for Admission/Amb Surg >=10.1.2015 –Coding for Auth Required	Preauths for Admission/Amb Surg < 10.1.2015 & Unknown Discharge Date—Coding for Auth Required	Long Term OP—Coding for Auth Required for Auths called in before 10-1-2015 for services occurring both before and after 10-1-2015
1199	7.1.2015	ICD10	ICD 9 auth Valid for entire Stay	ICD 9 auth Valid for entire service episode
Aetna	7.1.2015	ICD10	ICD 9 auth Valid for entire Stay	ICD 9 auth Valid for entire service episode
Affinity	9.1.2015	ICD10	ICD 9 auth Valid for entire Stay	ICD 9 auth Valid for entire service episode
Amerigroup	6.1.2015	ICD10	ICD 9 auth Valid for entire Stay	ICD 9 auth Valid for entire service episode
Amidacare	6.1.2015	ICD10	ICD 9 auth Valid for entire Stay	ICD 9 auth Valid for entire service episode
Cigna	7.1.2015	ICD10	ICD 9 auth Valid for entire Stay	ICD 9 auth Valid for entire service episode
Elderplan	10.1.2015	ICD9 codes for auth if request made before 10.1.2015, IC10 if made on or after 10.1.2015	ICD9 codes for auth if request made before 10.1.2015, IC10 if made on or after 10.1.2015	ICD9 codes for auth if request made before 10.1.2015, IC10 if made on or after 10.1.2015
Emblem	10.1.2015	ICD9 codes for auth if request made before 10.1.2015, IC10 if made on or after 10.1.2015	ICD9 codes for auth if request made before 10.1.2015, IC10 if made on or after 10.1.2015	ICD9 codes for auth if request made before 10.1.2015, IC10 if made on or after 10.1.2015
Empire	6.1.2015	ICD10	ICD 9 auth Valid for entire Stay	ICD 9 auth Valid for entire service episode
Fidelis Comments	Pending	Pending	Pending	Pending
HealthFirst	9.1.2015	ICD10	ICD 9 auth Valid for entire Stay	ICD 9 auth Valid for entire service episode
Hudson MVP	7.1.2015	ICD10	ICD 9 auth Valid for entire Stay	ICD 9 auth Valid for entire service episode

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Payer Authorization Requirements (cont.)

Plan	Accepting Preauths in ICD 10 Starting	Preauths for Admission/Amb Surg >=10.1.2015 –Coding for Auth Required	Preauths for Admission/Amb Surg < 10.1.2015 & Unknown Discharge Date—Coding for Auth Required	Long Term OP—Coding for Auth Required for Auths called in before 10-1-2015 for services occurring both before and after 10-1-2015
Magnacare	9.1.2015	ICD10	ICD 9 auth Valid for entire Stay	ICD 9 auth Valid for entire service episode
Multiplan	Repricer Ready to Accept though plans may not be	Repricer Ready to Accept, though plans may not be	Repricer Ready to Accept, though plans may not be	Repricer Ready to Accept though plans may not be
United	10.1.2015	ICD9 codes for auth if request made before 10.1.2015, IC10 if made on or after 10.1.2015	ICD9 codes for auth if request made before 10.1.2015, IC10 if made on or after 10.1.2015	ICD9 codes for auth if request made before 10.1.2015, IC10 if made on or after 10.1.2015
VNSNY Choice	8.1.2015	ICD10	ICD 9 auth Valid for entire Stay	ICD9 codes for auth if service will occur before before 10.1.2015, IC10 if services occur on or after 10.1.2015. For extended services will need one auth for services prior to 10-1-2015 and one for service on and after 10-1-2015.
Wellcare	7.15.2015	ICD10	ICD 9 auth Valid for entire Stay	ICD 9 auth Valid for entire service episode

Operating Guidance: Financial Clearance

Type	Scheduled/ Unscheduled	Requirement for Financial Clearance Activities	
		On or after October 1st	Prior to October 1st
Inpatient	Scheduled (Elective)	ICD-10 diagnosis code	For Admissions between **September 23, 2015 and September 30, 2015** departments are expected to secure **both** an ICD-9 and ICD-10 diagnosis codes.
Inpatient	Unscheduled (Emergent)	ICD-10 diagnosis code	For Admissions between **September 23, 2015 and September 30, 2015** departments are expected to secure **both** an ICD-9 and ICD-10 diagnosis codes.
Ambulatory Surgery	Scheduled (Elective)	ICD-10 diagnosis code	For Ambulatory surgery procedures performed on **September 30, 2015** departments are expected to secure **both** an ICD-9 and ICD-10 diagnosis codes.
Ambulatory Surgery	Unscheduled (Emergent)	ICD-10 diagnosis code	For Ambulatory surgery procedures performed on **September 30, 2015** departments are expected to secure **both** an ICD-9 and ICD-10 diagnosis codes.
Hospital Based Clinics	Schedule (Elective)	As applicable, ICD-10 diagnosis code	Clinic Visits Prior to **October 1st** will require ICD9 coding. (Diagnosis codes will be assigned at the time service)
Therapeutic Referred Ambulatory (e.g. – Physical/occupational therapy, chemotherapy, behavioral health, etc)	Scheduled (Elective)	ICD-10 diagnosis code	Appointments which have been scheduled prior to **October 1, 2015** and service to be provided on or after October 1, 2015 shall require an ICD-10 code for financial clearance activities.
Diagnostic Referred Ambulatory aka DRA (e.g. – laboratory, radiology, etc)	Scheduled (Elective)	ICD-10 diagnosis code	Appointments which have been scheduled prior to **October 1, 2015** and service to be provided on or after October 1, 2015 shall require an ICD-10 code for financial clearance activities.
Emergency Services	Urgent and emergent services provided in any NYP Emergency Department are typically excluded from financial clearance activities. Such services that result in ambulatory surgery and/or inpatient admission shall follow guidelines mentioned above.		

Operating Guidance: Code Conversion

- Devices that are generally eligible for code conversion activities typically include:
    - Reports
    - Data extracts
    - Technology application-specific tables, dictionaries, or functionality that is designed to represent or use a specific sub-set of the overall ICD-9 and ICD-10 code set.
    - Clinical orders and plans of care
    - Referrals and appointments for clinical services
    - Forms, documents, and other data capture vehicles that currently include ICD-9 diagnosis codes

- While each of these devices and each instance of these devices may present specific conversion idiosyncrasies, it is generally expected that the following set of steps to successfully convert ICD-9 codes to clinically equivalent and acceptable ICD-10 codes apply.
    - Presentation of the device and diagnostic element(s) to be converted.
    - Diagnostic elements converted to ICD-10 equivalents.
    - Conversion presented to business/operational/clinical owner for review and approval.
    - Approved conversion presented to technical owner for update or replacement.
    - Device tested (as applicable) with new ICD-10 elements.
    - Device placed into production.

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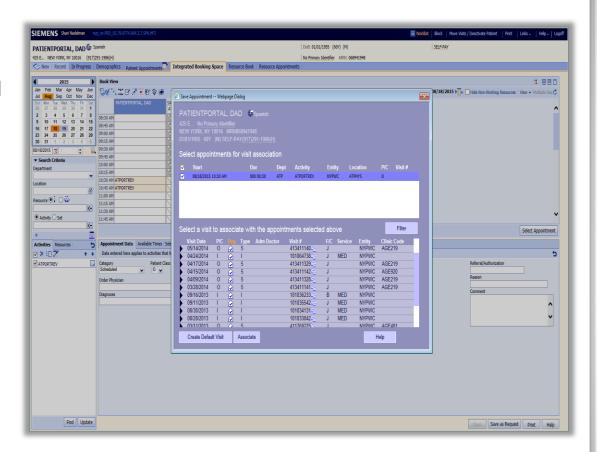
Operating Guidance: Code Conversion (cont.)

- Caveats, exceptions, and assumptions
    - Code criteria shall be presented in an acceptable format for conversion (e.g. – spreadsheet). Clinical orders, appointments, and referrals shall include a unique patient identifier.
    - Business owner and/or ITS point of contact are responsible to validate the efficacy of the deliverable's content prior to submission. Invalid code criteria **shall not** be converted.
    - Effective October 1, patients presenting with referrals containing ICD-9 and/or narrative diagnoses may be scanned and e-mailed to the ICD-10 Support Center for conversion.
    - Code criteria defined by external agencies **shall not** be converted by PMO. Business owner is responsible to secure the external agency's ICD-10 criteria for direct update.
    - Should the device owner not have the expertise to determine the efficacy of the conversion, it is generally expected that he/she shall seek out such expertise from a qualified coding professional of the NYP Health Information Management (HIM) department or other individuals with the requisite skill set and qualifications to confirm the conversion.
    - Majority of report and data extract devices shall require addition of the ICD-10 code criteria and not replacement of the ICD-9 code criteria. This will generally ensure that report output represents instances occurring both prior to and after October 1, 2015. Contingent on a technology's specific functionality and capabilities, it may be necessary to create second version of the report to capture output with the ICD-10 code criteria.
    - Business owner is responsible for the redesign of forms, documents, and other "hard" data capture vehicles for which replacement ICD-10 codes have been provided.

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Operating Guidance: Recurring service registration - DRAFT

- Effective for calendar date September 1, 2015 and for dates of service beginning October 1, 2015, it is expected that all recurring services areas initiate new registrations for their respective and currently treated patients in the Hospital's Eagle registration and billing system.

- Effective September 1, 2015 or as reasonably executed by Information Technology Services, existing and open registrations for recurring service areas shall be "auto-closed" with a termination date of September 30, 3015.

- A patient who has been treated with recurring services in September 2015 continue to be treated for the same condition in October 2015, it shall be considered an acceptable practice to convert the ICD-9 diagnosis codes recorded and billed on September 2015 dates of service to the applicable and equivalent ICD-10 diagnosis codes for the October dates of service.

- In the event that appointments for dates of service on or after October 1, 2015 have resulted in 'pre-visits' on existing registrations, such pre-visits will need to be deleted from the existing registration and assigned to a new registration to be established for visits with dates of service on or after October 1.
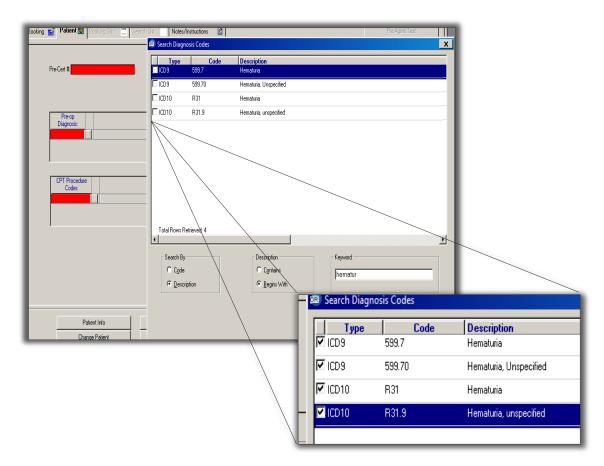
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Core Technology Updates – Soarian Scheduling

- Those recurring services areas that employ an interface between Soarian Scheduling and Eagle and that shall require new registrations in Eagle may require previously booked appointments for October 1, 2015 and forward to be "re-associated" with the new registration serial number.
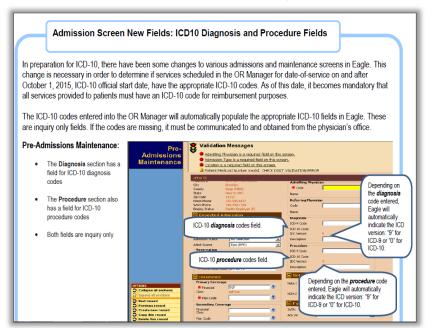
Core Technology Updates – OR Manager

- Dual code selection functionality available in production environment.

- Dual code interface to Eagle pre-registration/reservation screens in test.

- Previously booked surgeries for October 1, 2015 and forward are being converted by the Project Management Office and will be provided to respective Admitting departments for update and financial clearance activities.

- Memo and training aid distributed to Cornell FPO instructing dual code selection effective September 14, 2015.
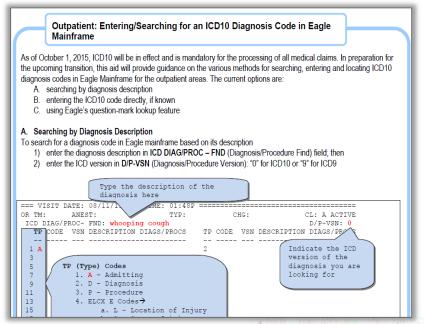
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Core Technology Updates – Eagle

- Inpatient pre-admission and admission screens with additional fields for ICD-10 values in production (Gold & mainframe).

- New outpatient diagnosis search and entry screens in production.

- Medical necessity tables updated with ICD-10 criteria for all National and Local Coverage Determinations (NCD, LCD) and being tested.

- Smart Claim routines converted and being updated in test environment.

- Awaiting release of:
  - version 33 Diagnostic Related Grouper software.
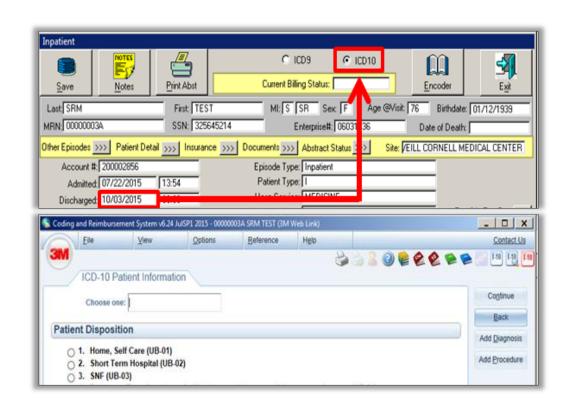 - Updated edit profiles including Medicare OCE

Core Technology Updates – Sunrise Clinical Manager (SCM)

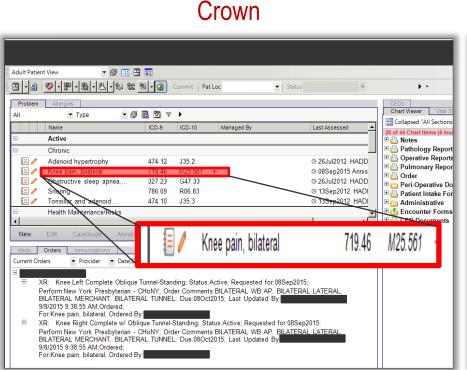| Item	East Campus	West Campus
ICDx	• Currently oriented towards ICD-9 • Progressive messaging upon note save and oriented to ICD-10 to be moved into production next week.	• Oriented to ICD-10 • Progressive messaging upon note save in production for approx. 2 dozen document types with remainder scheduled for this week.
Electronic Superbill	• Diagnosis codes are not posted into Eagle. • Effective 10/1, ICD-10 codes to Epic regardless of date of service. Epic will back map to ICD-9 for pre-October 1 dates of service.	• Ongoing interface testing to remove decimal point from diagnosis code. • Effective 10/1, SCM will send both ICD-9 and ICD-10 codes to Eagle. Eagle will determine based on date of service which codes to use and post for billing.
MLM & Order sets	• Diagnosis requirement for Radiology and EKG • In process of swapping out old problem list manager with ICDx for remaining MLM	

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Core Technology Updates – Sunrise Record Manager (SRM)

- Eagle Interface

- Coding Pathway Selection
  - Smart Date - SRM will automatically recognize the Discharge Date for patient and will automatically choose whether to use ICD9 or ICD10 coding
  - Manual - If there is a payer that is not ready for ICD10 yet, coders can choose this special station to code cases in ICD9 even if the date is after 10/1/2015
  - Dual Code - Already in use, but coders can still choose this station after 10/1/2015
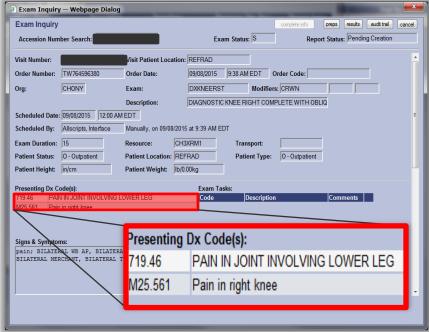
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Core Technology Updates – Crown & ImageCast

- Radiology orders interfacing ICD-9 and ICD-10 Codes to ImageCast

- All orders for appointments post October 1, 2015 without ICD-10 codes being converted by Project Management Office (PMO) for referral to Southerland for financial clearance activities.

Crown

ImageCast

WIP Reduction- Current State

Bi-Campus Age Categories (DOS) [1]								
		(0-13 days)	(14-29 days)	(30-59 days)	(60-179 days)	180-365 days	366+ days	Grand Total
As of 8.29.2015	Total # cases	41,137	10,933	8,943	12,208	7,911	8,638	89,770
	Total $ balance	$271,824,064	$44,729,523	$31,311,063	$38,730,674	$14,778,888	$19,089,035	$420,463,247
As of 9.05.2015	Total # cases	2,313	4,710	3,852	6,065	2,580	833	20,353
	Total $ balance	$69,873,718	$30,772,141	$14,157,605	$20,327,907	$6,822,394	$5,496,030	$147,449,795

Under 30 days	
Total # cases	7,023
Total $ balance	$100,645,859

30 days and over	
Total # cases	13,330
Total $ balance	$46,803,936

Next Steps	Finalize Unbilled-Edits List

[1]Includes: Allen, ACN, Cornell Hospital, Lower Manhattan Hospital, Milstein ,MSCHONY ,Payne Whitney Manhattan, Payne Whitney Westchester.

Source: Aeos

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ICD-10 Support Center- GO LIVE

- ICD-10 Support Center will be available beginning **September 28, 2015** to assist with operational inquiries related to ICD-10 implementation and coordinating with the IT Help desk for ICD-10 technical related issues.

Phone Line
646-'NYP'-9210 (646-697-9210)

Email
icd-10help@nyp.org

Website
ICD-10 AnTENna

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ICD-10 Support Center- Current Status

Logistics

Rooms-*Secured* (Rm 325:10 PCs, Rm 365: 5PCs)
Voip Phones-*Secured* (Rm 325:7, Rm 365:5)
Phone line-*Secured* (646-697-9210)
Assess Command Center PCs *Pending*
Assess Application Usability *Pending*
Expand ICD-10Help@nyp.org Listserv *Pending*

Reporting/Monitoring

10 Reports Requested from Eagle/RH
WIP Monitoring Tool Identified
Mechanism for Monitoring High Risk Edits Pending
Reporting Assignments Pending
Report Schedule Pending

Service Desk Interface

Service Now Training Scheduled
After-Hours Protocol Shared with Help Desk
V-mail to E-mail Feature provided by Help Desk
Service Desk Adding Temps for Support
Service Desk Developing ICD-10 Flag
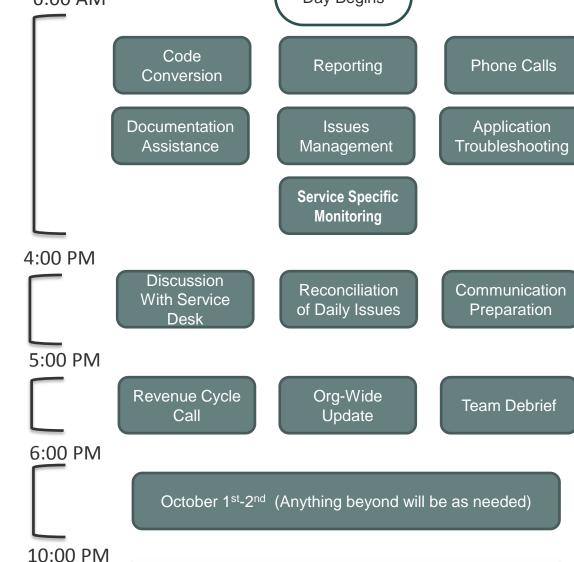Service Desk Admins to identify Application Owners

Issues Management

Draft Issues Tracker Developed
Reconciliation and Assessment Process *Pending*
Process for resolving and closing issues *Pending*
On-site Assignments *Pending*
Trainings Schedule for basic troubleshooting *Pending*
Outlook Form *Pending*

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ICD-10 Support Center- Schedule

Day Begins

Timeline

6:00 AM

Code Conversion

Reporting

Phone Calls

Documentation Assistance

Issues Management

Application Troubleshooting

Service Specific Monitoring

4:00 PM

Discussion With Service Desk

Reconciliation of Daily Issues

Communication Preparation

5:00 PM

Revenue Cycle Call

Org-Wide Update

Team Debrief

6:00 PM

October 1st-2nd (Anything beyond will be as needed)

10:00 PM

After-Hours Protocol

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Reminders

- Forward reports, forms, documents and other items requiring code conversion to **Christine Valentin** at valenti@nyp.org.

- Focus pre-implementation readiness on **WIP reduction activities** and **communicating with physicians** and other clinical providers about operational guidance and how it may impact orders, patient look ups, etc.

- Remind providers of the documentation assistance tools available to them in SCM (ICDx), EPIC (Diagnosis Calculator), and Crown (???)

- Have staff watch ICD-10 organizational awareness video, "ICD-10: A New Language for Healthcare" on their transcripts in the NYP Learning Center.

- ICD-10 is date of service/date of discharge sensitive.

- DO NOT enter decimal points when entering ICD-10 codes in Eagle

- E-mail inquiries to ICD-10Help@nyp.org.

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