Preparing for ICD-10 and 5010 Compliance

Anne M Hoffmann RN,BA,CCS,CMAS,CPC,CPC-H,CHC
ICD-10 will have significant technical and organizational impact on all Healthcare Providers…perhaps even greater than Y2K.
What are Medical Codes?

- Medical codes are assigned to all the patient diagnoses and procedures we perform at KP, both inpatient and outpatient.
- Diagnosis and procedure codes are established by the World Health Organization and are adopted in the U.S. according to Centers for Medicare and Medicaid Services (CMS) guidelines.

- **Diagnosis codes** are used to represent individual diagnoses assigned to our members.

  - **Procedure codes** are assigned to represent medical action provided to a member by a KP clinician.
Other Countries using ICD-10

- United Kingdom – 1995
- Nordic Countries (Denmark, Finland, Iceland, Norway, Sweden) – 1994-1997
- France – 1997
- Australia – 1998
- Belgium – 1999
- Germany – 2000
- Canada – 2001
Use of Clinical Coding Data

- Once these codes have been assigned, they are tracked in our systems.

- We use these codes for a multitude of activities. For example:
  - Research
  - Create claims
  - Create explanations of benefits (EOB’s)
  - Create invoices
  - Set insurance rates
  - Set insurance risks
  - Quantify internal and external metrics
  - Ensure quality
  - Communicate to outside reporting agencies

- There are two coding standards predominately used in the U.S. today to document health care interventions:
  - International Classification of Diseases Version 9 (ICD-9)
  - Current Procedure Terminology (CPT)
Clinician delivers and documents care using clinical terms.

KP HealthConnect back-end system maps the clinical term to a diagnosis code (e.g., ICD-9) and a procedure code (e.g., CPT).

Coder validates, edits, and adds codes as appropriate. These codes then feed into many other areas:

- Billing
- Insurance Rates
- Invoicing
- Claims
- External Reporting
- Research
- Quality Metrics
- EOBs

*There is some variation in this process across regions and in the inpatient and outpatient environments.*
What is 5010?
New HIPAA 5010 Standard

- A prerequisite to the ICD-10 transition is the implementation of another new standard that will affect the data collection and processing of administrative health information.
- Effective January 1, 2012, all covered entities must submit their electronic transactions using the new ANSI x12 version 5010 transaction code set (a.k.a. 5010).
- The current HIPAA 4010 transaction standard is over 8 years old and will not work with ICD-10.
- Version 5010 is a major re-write of the HIPAA transaction standards with more than 850 individual changes.

**4010 Current** Electronic Data Interchange Code set used to send ICD-9 data among KP groups and CMS. (Claims, Payments, Eligibility, Premiums, and Enrollment)

**5010 Future** Electronic Data Interchange Code set used to send ICD-10 data among KP groups and CMS. (Claims, Payments, Eligibility, Premiums, and Enrollment)
Relationship Between 5010 & ICD-10

- 5010 should be a relatively straightforward effort because the changes required for 5010, while significant, are not a fundamental change to the information “building blocks” of the transactions themselves; namely, diagnostic and procedural information contained in them.

- However, development and testing involved in implementing ICD-10 CM and ICD-10 PCS does change these “building blocks” and will consequently be more complicated than 5010.

- One of the main reasons the industry is moving to 5010 is in order to support ICD-10 code sets. However, the testing focus for 5010 will be fundamentally different from ICD-10.
The system redesign to accommodate ICD-10 can be done after the 5010 system redesign is completed, but there is quite a bit of pre-planning before the ICD-10 system redesign begins; these two compliance efforts are not sequential projects!
What is ICD-10?
Summary of ICD History and Current Mandate

- The International Classification of Diseases (ICD) is a Classification System developed and maintained by the World Health Organization.

- The 10th revision of ICD (ICD-10) was created in 1994.

- On January 16, 2009, the Department of Health and Human Services released the Final HIPAA Administrative Mandate to Adopt ICD-10.

- The compliance date for implementation of the ICD-10 Coding System is October 1, 2013.

- Complying with new Federal regulations to implement ICD-10 by October 1, 2013, will have an enormous impact on the people, processes, and technology throughout KP.

- THERE WILL BE NO DELAY OR EXCEPTIONS!

Source: An Essential Guide to ICD-10 Implementation, by C Grant and C Wierz, Courtyard Group, with contributions from CHIM Information Consulting Inc.
Why does the U.S. need ICD-10?

ICD-9 is running out of codes. Hundreds of new diagnosis codes are submitted annually. ICD-10 will allow not only for more codes, but also for greater specificity and thus better epidemiological tracking.

What are the Benefits of ICD-10

ICD-10 creates more descriptive codes which will allow KP to:

- Continue to identify patients with conditions that benefit from disease management programs such as diabetes, hypertension, and asthma
- Document inpatient procedures in more detail to better track clinical and service quality outcomes
- Gather additional information relevant to ambulatory and managed care
- Better document services for regulatory audit purposes
Why Must KP make the Change to ICD-10?

- Federal guidelines require compliance with ICD-10 by October 2013. Violation could result in reduced Medicare reimbursement, currently approximately 25% of KP Revenue (in the billions of dollars!)

- Failure to comply would adversely impact KP’s ability to bill and collect for services provided to non-member health plans

- Potential fines will be imposed for non-compliance
Understanding ICD-10
ICD codes
- Used for inpatient and outpatient diagnoses and inpatient procedures
- The number following the ICD code (e.g. 9 or 10) is the revision

ICD-9 CM or “Clinical Modification:”
- Volumes 1-2 Diagnosis Codes
- Volume 3 Procedure Codes

CPT codes
- Used for facility outpatient procedures and inpatient and outpatient services as reported by health care providers

<table>
<thead>
<tr>
<th>Current State</th>
<th>Diagnosis</th>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient</td>
<td>ICD-9 CM</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Vol 1-2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>ICD-9 CM</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Vol 3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(CPT for selected services)</td>
<td></td>
</tr>
<tr>
<td>Outpatient</td>
<td>ICD-9 CM</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Vol 1-2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>CPT</td>
<td></td>
</tr>
</tbody>
</table>

**Diagnosis Code Example**
7962 – Elevated blood pressure reading without diagnosis of hypertension

**Procedure Code Example**
47.01 – Laparoscopic appendectomy
## What is the Difference between ICD-9 & ICD-10 CM?

<table>
<thead>
<tr>
<th>Feature</th>
<th>Current State</th>
<th>Future State</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Code set</strong></td>
<td>▪ ICD-9 CM Volume 1 &amp; 2</td>
<td>▪ ICD-10 CM (Clinical Modification)</td>
</tr>
<tr>
<td><strong>Structure</strong></td>
<td>▪ Minimum of 3 digits, maximum of 5 digits, decimal point after the third digit</td>
<td>▪ Minimum of 3 digits, maximum of 7 digits, decimal point after the third digit</td>
</tr>
<tr>
<td></td>
<td>▪ Numeric, except for supplementary codes – V codes and E codes</td>
<td>▪ Alphanumeric, with all codes using alphabetic lead character; V and E codes have been eliminated and incorporated into the main code set</td>
</tr>
<tr>
<td></td>
<td>▪ Structure of injuries designated by wound type</td>
<td>▪ Structure of injuries designated by body part (location)</td>
</tr>
<tr>
<td></td>
<td>▪ No laterality (left vs. right)</td>
<td>▪ Laterality (left vs. right)</td>
</tr>
<tr>
<td><strong>Responsible for maintenance</strong></td>
<td>▪ National Center for Health Statistics</td>
<td>▪ National Center for Health Statistics</td>
</tr>
<tr>
<td><strong>Sample codes</strong></td>
<td>▪ 733.01, Senile osteoporosis</td>
<td>▪ M80.011a, Postmenopausal osteoporosis with current pathological fracture, right shoulder, initial encounter for fracture</td>
</tr>
</tbody>
</table>

- **Sources:** WEDI ICD-10 White Paper, 2000; ICD-10-CM and ICD-10-PCS Update, Thirteenth National HIPAA Summit, September 2006; AHIMA Web site
What is the Difference between ICD-9 and ICD-10 CM (Diagnosis Codes)

**ICD-9-CM Diagnosis**
- 28,000 codes

**ICD-9-CM Format**
- Category
- Etiology, Anatomic Site

**ICD-10-CM Diagnoses**
- 68,000 unique codes

**ICD-10-CM Format**
- Category
- Etiology (cause), Anatomic Site, Severity
- Extension

**Example Codes**
- **821.01** Closed fracture of shaft of femur
- **S72.344** Displaced spiral fracture of shaft of right femur
ICD-9 Comparison to ICD-10 CM
Diagnosis Codes – Clinical Example

A provider sees a patient in a [subsequent encounter] for a [non-union] of an [open] [fracture] of the [right] [distal] [radius] with [intra-articular extension] and a [minimal opening] with [minimal tissue damage]

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICD-9</td>
<td>813.52 Other open fracture of distal end of radius (Alone)</td>
</tr>
<tr>
<td>ICD-10</td>
<td>S52.571M Other intra-articular fracture of lower end of right radius, subsequent encounter for open fracture type I or II with nonunion</td>
</tr>
</tbody>
</table>

[Note] For all codes related to fractures of the radius:

- ICD-9 codes = 32
- ICD-10 codes = 1731
ICD-10 – Diagnosis and Procedure Classification System designed to replace ICD-9.

There are two components of ICD-10:

- **ICD-10 CM** US Clinical Modification for the ICD-10 Diagnosis Classification System
- **ICD-10 PCS** US Procedure Classification System to replace the ICD-9 CM Volume 3

**Future State**

<table>
<thead>
<tr>
<th>Inpatient</th>
<th>Diagnosis</th>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICD-10 CM (previously ICD-9 CM Vol 1-2)</td>
<td>ICD-10 PCS (CPT for selected services) (previously ICD-9 CM Vol 3)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outpatient</th>
<th>Diagnosis</th>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICD-10 CM (previously ICD-9 CM Vol 1-2)</td>
<td>CPT</td>
<td></td>
</tr>
</tbody>
</table>

**Diagnosis Code Example**
R03.0 – Elevated blood pressure reading without diagnosis of hypertension

**Procedure Code Example**
ODTJ4ZZ – Laparoscopic appendectomy

**CPT**
- CPT is owned by the American Medical Association. Current version is CPT-4. **CPT codes are not changing** and will continue to be used.
What is the Difference between ICD-9 & ICD-10 PCS?

<table>
<thead>
<tr>
<th>Feature</th>
<th>Current State</th>
<th>Future State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Code set</td>
<td>ICD-9 CM Volume 3</td>
<td>ICD-10 PCS (Procedural Classification System)</td>
</tr>
<tr>
<td>Structure</td>
<td>Minimum of 3 digits, maximum of 4 digits, decimal point after the second digit</td>
<td>Minimum/maximum 7 digits, no decimal point</td>
</tr>
<tr>
<td></td>
<td>Numeric</td>
<td>Alphanumeric</td>
</tr>
<tr>
<td></td>
<td>Limited multiaxial structure</td>
<td>Multiaxial structure; each code character has the same meaning within the specific procedure section and across procedure sections, to the extent possible</td>
</tr>
<tr>
<td>Responsible for maintenance</td>
<td>Centers for Medicare and Medicaid Services (CMS)</td>
<td>Centers for Medicare and Medicaid Services (CMS)</td>
</tr>
<tr>
<td>Sample codes</td>
<td>47.01, Laparoscopic appendectomy</td>
<td>0DTJ4ZZ, Laparoscopic appendectomy</td>
</tr>
</tbody>
</table>

What is the Difference between ICD-9 and ICD-10 PCS (Procedure Codes)

### ICD-9-CM (Procedure)
- ≈ 4,000 unique codes

#### ICD-9-CM Format

- Anatomic Site
- Procedure
- Greater Specificity (Method, Site, etc.)

### ICD-10-PCS (InPatient Proc Code Set)
- > 72,000 unique codes

#### ICD-10-CM Format

- Section
- Body System
- Root Operation
- Body Part
- Approach
- Device
- Qualifier

**Example Codes**

**ICD-9-CM**
- 96.05 Other Intubation Respiratory Tract

**ICD-10-PCS**
- OB718DZ - Dilation of Trachea with Intraluminal Device, Via Natural or Artificial Opening, Endoscopic
In addition to an increase in field length, there will be changes in terminology. These changes, primarily in the ICD-10-PCS codes, will require significant re-thinking for both documentation and interpretation to assure accurate coding of institutional procedures. Following are some examples:

<table>
<thead>
<tr>
<th>ICD-9-CM, Vol. 3</th>
<th>ICD-10-PCS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tracheostomy</td>
<td>Bypass</td>
</tr>
<tr>
<td>Closed Reduction</td>
<td>Repositioning</td>
</tr>
<tr>
<td>Arthroscopy, Cystoscopy</td>
<td>Inspection – Endoscopic Approach</td>
</tr>
<tr>
<td>Amputation</td>
<td>Detachment</td>
</tr>
<tr>
<td>Incision</td>
<td>◦ Not Represented in ICD-10 ◦</td>
</tr>
<tr>
<td>Cesarean Section</td>
<td>Extraction of Products of Conception</td>
</tr>
</tbody>
</table>

Reference: WEDI ICD-10 Audiocast – December 10, 2009
While hospitalized, a patient has a procedure done through an endoscope inserted through the skin to bypass the blood flow from the abdominal aorta to the right renal artery using a synthetic material.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICD9</td>
<td>3924</td>
</tr>
<tr>
<td></td>
<td>Aorta-renal bypass</td>
</tr>
<tr>
<td>ICD10</td>
<td>041.04J3</td>
</tr>
<tr>
<td></td>
<td>Bypass abdominal aorta to right renal artery with synthetic substitute, Percutaneous endoscopic approach</td>
</tr>
</tbody>
</table>

[Note] For all codes related to Aorta-renal Bypass:

- ICD-9 codes = 2
- ICD-10 codes = 30
Where is the Largest Impact?

- 34,250 (50%) related to musculoskeletal codes
- 17,045 (25%) related to fractures
  - 10,582 fx codes to distinguish ‘right vs left’
- 210 new codes for Diabetes Mellitus
  - Body system effected
  - Type of DM
  - Use of Insulin
  - Complication(s)
  - Manifestations
  - Example= Type II DM with Diabetic Neuropathy E11.21
Code Updates

- Oct 2012 limited codes will be updated to both ICD-9 and ICD-10
  - New Technologies and Diseases

- Oct 2013 limited code updates to ICD-10
  - New Technologies
  - No updates to ICD-9

- Oct 2014 regular updated to begin for ICD-10
Challenges and Issues we may face

- Production Decrease
- Disruptions in Claims
- Claim Rejections
- Revising or creating Policy and Desk Procedures
- Dual Systems
- Lack of documentation
  - Prompt the physicians to answer all the right questions
How will the change to ICD-10 impact Kaiser Permanente?
High-Level KP Revenue Cycle Process

Start Here

A/R & Financial Operations

Pre-Service program

Financial Counseling

Registration & Check-In

CDM

Provider Fee Schedule

Documentation & Coding

Charge Capture

Billing

Collections

Payment Processing

Denial Management

Focus on Member / Patient Experience

Front-End

Back-End

Front-End

Front-End

Front-End

Back-End

Back-End

Back-End

Back-End

COB – Coordination of Benefits
Out of Pocket / Cost-Share
Eligibility and Benefits
Risk Segmentation
Coverage: Primary, Secondary, Tertiary

Medical Financial Assistance
Charity Care
Payment Plan

EOB – Explanation of Benefits - Disposition
Denial Codes – Standard set based on ANSI

Inpatient – UB04
Outpatient – CMS 1500
Patient Statement
Superbill

Italics = Future State
High impacts of ICD-10 by process area

Patient Access – Determine responsibility and ability to pay

Sales
Marketing and Account Management
KP
Enrollment and Eligibility
Benefits Administration
Scheduling
Pre-Service
Financial Counseling
Registration and Check-in

Revenue Capture – Determine value of services provided

Charge Description Master
Provider Fee Schedule
Documentation and Coding
Charge Capture

Patient Financial Services – Ensure accurate payment

Billing
Reimbursement Fee Schedule
Claims Processing
Collections
Payment Processing
Denial Management
A/R Financial OPS
Actuarial / Analytics

Health Plan  Revenue Cycle  High Impact  *Italicics* = Function is not solely Revenue Cycle focused
The following are just a few examples of how KP will likely be impacted by ICD-10.

**Care Delivery**
Applications that receive downstream information from KP HealthConnect using ICD-9 codes will have to be configured to accept ICD-10 codes as well.

KP’s systemized medical nomenclature system will need to be mapped to ICD-10 terms.

Physicians, Physician Assistants, Nurse Practitioners, and Clinical staff may need to work with a modified problem list.

**Health Plan**
Significant impact on Claims Adjudication, Benefits, Underwriting, Actuarial and Provider Network functions.

ICD-10 diagnosis codes must be linked to Benefits in each region. Benefits and Adjudication rules (presently using ICD-9/CPT-4 and non-standard codes) must be revised to use ICD-10 codes.

Claims policies must be reviewed to deal with historical claim information especially if using parallel code sets due to claim submission timeframes.

**Revenue Cycle**
Documentation and Coding, Charge Capture, and other HIM functions will be significantly impacted. Other areas of significant impact are Billing and Reimbursement (payments and denials).

Training and potential recertification of coding staff.

Reporting and analytics, including performance, operational, quantitative and qualitative measures.

* See Appendix for more information
What is KP’s Approach to the ICD-10 Implementation?
ICD-10 Program Structure

Executive Sponsors (National)

Steering Group (National)

<table>
<thead>
<tr>
<th>Compliance</th>
<th>HP Lead</th>
<th>CD/RC Leads</th>
<th>PMO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Org Readiness</td>
<td>Health Plan IT</td>
<td>Care Delivery IT</td>
<td>Reg. Business Lead(s)</td>
</tr>
<tr>
<td>IT Program Svcs.</td>
<td>Corporate Svcs IT</td>
<td></td>
<td>Reg. IT Lead</td>
</tr>
</tbody>
</table>

Executive Sponsors (Regional)

Steering Group (Regional)

Additional team structure determined by region
NW Region ICD 10 Project Realization Wheel

**Sponsors**
Chong Lee, MD
Sue Hennessy
Karen Schartman

**Business Application Owner (RTL)**
Shawn Barton

**IT Partner**
John Hillan

**Data Analytics**

- **Medical Operations**
  - Hospital/ASC – Lisa Morrison
  - Amb/Ancillary – Tracy Runge
  - Dental – Lloyd Moss

- **Referral Services**
  - Sherry Stokey

- **Practice Support**
  - Gabrielle Harris

- **Labor**
  - Sheryl D Miller

- **Revenue Cycle**
  - Anne Hoffman

- **Training**
  - Leila Ellis – HP
  - Debra Davis MD – Perm
  - Connie Warner – Coding

- **Change Management**
  - Kristie Morse

- **NW Testing Lead**
  - MaryJean Kidd

- **BI Portfolio / Rev Cycle Lead**
  - Bo Woods

- **HP Portfolio Lead**
  - Joe Pittman

**IT Program Mgr**
Mark Pirkle

**Realization Team Leader**
Shawn Barton

**Business Process Mgr**
Heather King

**Compliance**
Missy Maese

- **Health Plan**
  - Claims – Georgia Gooch
  - Underwriting – Carrie Zomers

- **CHR**
  - Pierre Lachance

- **Communications**
  - Lisa Wynn – HP
  - Richard Odell – NWP

- **NW Perm**
  - Annette Guido MD
  - Michael McNamara MD

- **Health Connect Lead**
  - Christine Borowski

- **Release Mgmt Lead**
  - Kathleen Clark

- **NW DW Lead**
  - Tammy Nester

- **NW RAD Lead**
  - Gary Huscher

- **CD Portfolio Lead**
  - Shelly Kott

**NW Perm**
Annette Guido MD
Michael McNamara MD

**NW Region**

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  - Shelly Kott
ICD-10 IT Impact Assessment – Northwest

Number Of Production Applications

- 137 Not Impacted
- 16 Retired or Excluded
- 10 Impacted by ICD 10

Degree of Impact

<table>
<thead>
<tr>
<th>ICD-10 Role</th>
<th>Number of Applications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary</td>
<td>6</td>
</tr>
<tr>
<td>Secondary</td>
<td>1</td>
</tr>
<tr>
<td>Reporting System</td>
<td>1</td>
</tr>
<tr>
<td>Carried Along</td>
<td>2</td>
</tr>
</tbody>
</table>

Proposed Transition Strategy

<table>
<thead>
<tr>
<th>ICD-10 Role</th>
<th>Number of Applications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remediation</td>
<td>10</td>
</tr>
<tr>
<td>Replacement</td>
<td>-</td>
</tr>
<tr>
<td>Consolidation</td>
<td>-</td>
</tr>
</tbody>
</table>

Impacted Applications
1. ARIA – IROC Oncology Suite
2. Disease Registries & Oncology Cancer Registry
3. KPHC Extraction for Data Warehouse
4. MedMined
5. Nat’l Transplant Mgmt Notification System
6. Panel Support Tool
7. Results Reporting System (RRS)
8. Horizon Hospice (McKesson)
9. IMPACT – Industrial Medicine

Nov 2010 Update

High-Level Estimate of IT Transition Cost*

- 2010: 2%
- 2011: 22%
- 2012: 37%
- 2013: 39%

$3.085 M

High-Level Estimate of IT Transition Cost*
ICD-10 NW Program Structure 2011

Executive Sponsors (National)

Steering Group (National)

Realization Team Leaders

Shawn Barton
Heather King

Support Svcs
Legal
Compliance
Internal Audit

IT - Definition
Randal L. Cook

Deliverables
Objectives
Requirements (Caliber)
IT Roadmaps

Data Analytics
DIME - TBD

Deliverables
Data management guidelines
Data roadmaps

Business PM
Heather King

Deliverables
Clinical Workshops
Reporting
Training Plan

NW PMO
Deliverables
Funding secured
Resources secured
WBS 2011 built
Facilitation/coordination
Ensure mega alignment

Executive Sponsors (Regional)

Steering Group (Regional)

NW PMO
Mark Pirkle
Peggy Wiley
PC - TBD
# ICD-10 Timeline for KP

<table>
<thead>
<tr>
<th>Year</th>
<th>Org Readiness</th>
<th>Business</th>
<th>IT</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>Build Awareness</td>
<td>Stakeholder Analysis</td>
<td>Concept</td>
</tr>
<tr>
<td>2011</td>
<td>Communicate Internal/External Prep Activities (High-Level)</td>
<td>Change Management Prep</td>
<td>Definition</td>
</tr>
<tr>
<td>2012</td>
<td>Focused Communications</td>
<td>Training / Monitoring / Auditing</td>
<td>Development &amp; Testing</td>
</tr>
<tr>
<td>2013</td>
<td>Monitor Vendor Readiness</td>
<td></td>
<td>Deployment</td>
</tr>
</tbody>
</table>

## Org Readiness
- **2010**: Build Awareness
- **2011**: Communicate Internal/External Prep Activities (High-Level)
- **2012**: Focused Communications
- **2013**: Monitor Vendor Readiness

## Business
- **2010**: Stakeholder Analysis
- **2011**: Change Management Prep
- **2012**: Training / Monitoring / Auditing
- **2013**: Implementation Planning

## IT
- **2010**: Concept
- **2011**: Definition
- **2012**: Development & Testing
- **2013**: Deployment

### Deep Dives
- **2010**: Create Pre-Req Curriculum Plan
- **2011**: Coding Pre-Requisite Training Rollout
- **2012**: ICD-10 Training Rollout
- **2013**: Re-Cert

### Revise Policies/Processes
- **2013**: Revise Policies/Processes

### Implementation Planning
- **2013**: Implementation Planning

### Prep & Cutover
- **2013**: Prep & Cutover

### Business Input Required
- **2013**: Business input required

## Business Impact Assessment
- **2010**: CD Business - IT Impact Assess
- **2011**: CD Business - IT Impact Assess

## Coding Pre-Requisite Training Rollout
- **2010**: Coding Pre-Requisite Training Rollout
- **2011**: Coding Pre-Requisite Training Rollout

## End-to-End Testing Strategy
- **2010**: End-to-End Testing Strategy
- **2011**: End-to-End Testing Strategy

## Crosswalk/Mapping Strategy
- **2010**: Crosswalk/Mapping Strategy
- **2011**: Crosswalk/Mapping Strategy

## ICD-10 Timeline
- **2010**: Create Pre-Req Curriculum Plan
- **2011**: Coding Pre-Requisite Training Rollout
- **2012**: ICD-10 Training Rollout
- **2013**: Re-Cert

## Change Management Prep
- **2010**: Development & Testing
- **2011**: ICD-10 Training Rollout
- **2012**: Re-Cert
- **2013**: Re-Cert

## Training / Monitoring / Auditing
- **2010**: Develop Role Based ICD-10 Training Curriculum
- **2011**: Develop Role Based ICD-10 Training Curriculum
- **2012**: Develop Role Based ICD-10 Training Curriculum
- **2013**: Develop Role Based ICD-10 Training Curriculum

## ICD-10 Training Rollout
- **2010**: ICD-10 Training Rollout
- **2011**: ICD-10 Training Rollout
- **2012**: ICD-10 Training Rollout
- **2013**: ICD-10 Training Rollout

## Recertification
- **2011**: Recertification
- **2012**: Recertification
- **2013**: Recertification

## Contingency Planning
- **2010**: Contingency Planning
- **2011**: Contingency Planning
- **2012**: Contingency Planning
- **2013**: Contingency Planning

## Vendor Readiness
- **2010**: Vendor Readiness
- **2011**: Vendor Readiness
- **2012**: Vendor Readiness
- **2013**: Vendor Readiness

## Vendor Compliance
- **2010**: Vendor Compliance
- **2011**: Vendor Compliance
- **2012**: Vendor Compliance
- **2013**: Vendor Compliance

## Mitigate Risks
- **2010**: Mitigate Risks
- **2011**: Mitigate Risks
- **2012**: Mitigate Risks
- **2013**: Mitigate Risks

## Contingency Plans
- **2010**: Contingency Plans
- **2011**: Contingency Plans
- **2012**: Contingency Plans
- **2013**: Contingency Plans

## Managed Care
- **2010**: Managed Care
- **2011**: Managed Care
- **2012**: Managed Care
- **2013**: Managed Care
Takeaways and Reality Check

- Coding will be inconsistent for the first year after the transition to ICD-10
- Think about how we can get the most out of our EMR
- We want to move toward consistency and accuracy
  - Challenge and Opportunity
- Uncertainty is a Reality!
“I wish I had taken the transition more seriously. In retrospect, I could have positively impacted my organization if we had paid more attention to ICD-10 opportunities rather than be consumed with day-to-day operations.”

- Coding Services Manager
  Canadian Hospital
Questions?

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Save the Date:

August 26-29, 2012

31st Annual Conference in Philadelphia, Pennsylvania

ahia
Assoc. of Healthcare Internal Auditors