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Stop Being Polite and Start Getting Real about ICD-10

What One System Learned about Their ICD-10 Risk and How to Address It

Meeting with You Today

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Learning Objectives

- Understand how to isolate ICD-10's impacts – both positively and negatively
- Be able to translate ICD-10 analytics into project plan level tasks
- Apply a training and documentation approach that maximizes returns while mitigating impacts
- Be able to leverage data to drive physician engagement
- Describe how to drive an effective ICD-10 transition that mitigates risk within outpatient/ambulatory settings

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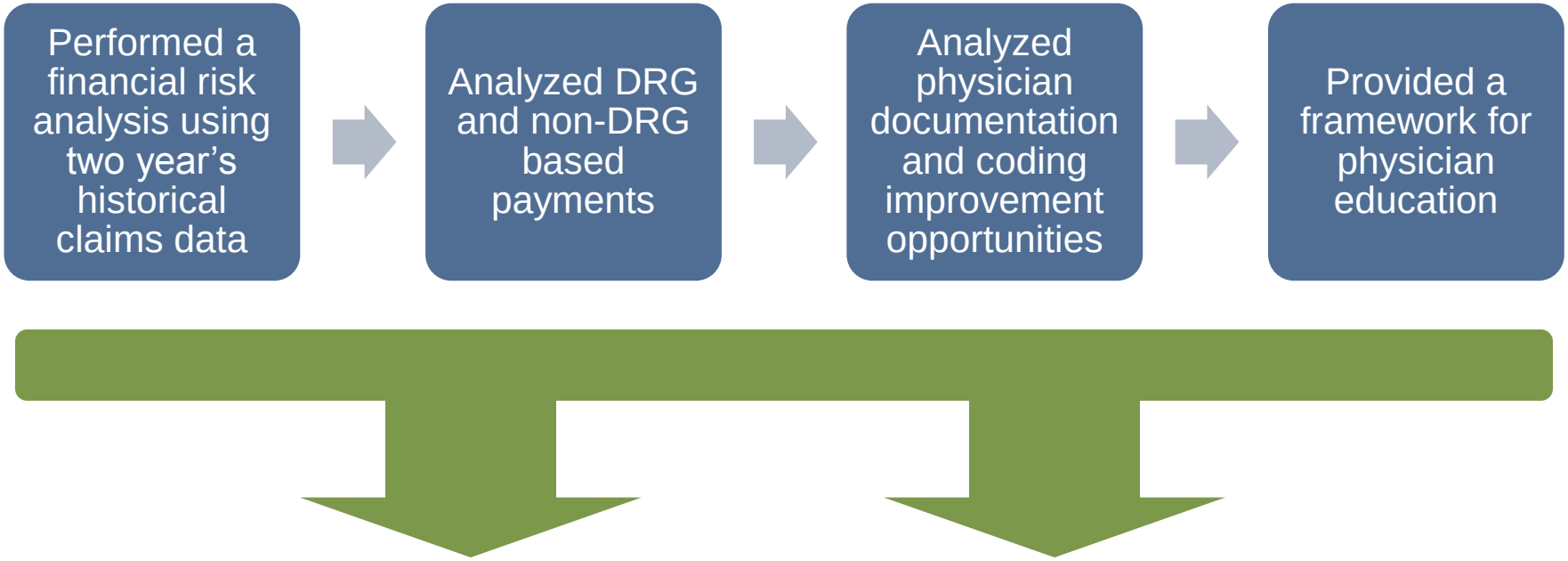
Identifying ICD-10 Impacts – The Process



For Inpatient Claims

- Simulate all possible mappings down to the encounter level
- Analyze shifts and root cause

For Outpatient Claims

- Analyze specificity and complexity in translation
- Assign a financial risk probability

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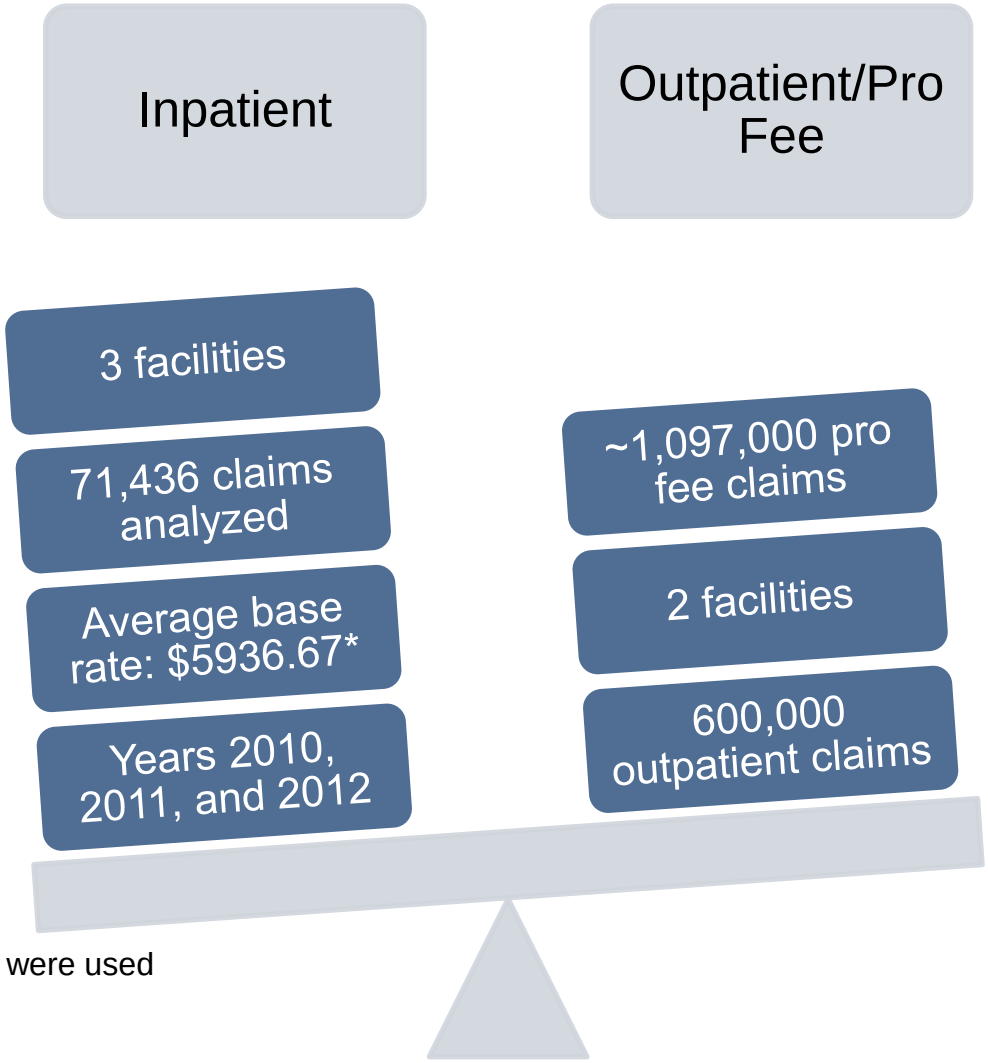
Data Highlights



*Exact base rates by facility were used in the analysis

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Summary Level Findings

- Complexity:
  - 14,567 ICD-9 diagnosis codes going to 69,832 codes – Explosion of 5 times
  - 3879 ICD-9 procedure codes going to 71,920 codes - Explosion of 20 times
- ICD-9 Reimbursements: $463.61M
- ICD-10 Reimbursements: $464.72M
- Reimbursement Variation: 1.1M (0.26%)
- Reimbursement variation based on MS-DRG V30 grouping for all encounters
- 95% of encounters did not result in a DRG shift
- 44% of Outpatient encounters have diagnosis codes that have potential for increased payer scrutiny in ICD-10

What We Learned

Determined that most of our inpatient risk fell into one facility

Identified top at risk codes by Admitting and Operating specialties

Identified the top 15 at risk DRGs including 885 – Psychoses and 246 - Perc cardivasc proc w drug-eluting stent w MCC or 4+ vessels/stents

Determined that all 885 claims with a negative impact were from one facility and that all associated claims shared the same principal diagnosis code

Determined that all 246 claims with a negative impact were from one facility and that all associated claims shared the same principal diagnosis codes

Isolated the physicians and coders associated with the identified high risk encounters

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Training, Documentation, and Physician Engagement

- In addition to understanding ICD-10's financial impact, we also wanted to assess the volatility between 9 and 10 to round out our education and documentation planning
- This gave us a multi-dimensional approach to education/training delivery and physician engagement

Top 20 specialties for diagnosis education

Top 20 specialties for procedural education

Coder/high risk code

Physicians/high risk code

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Applying our Findings Across the Conversion

- Prioritized ICD-10 program efforts to support the higher risk facility
- Developed a staffing and support plan based on risk
- Identified specific areas in ICD-9 where usage of a more specific code and improved documentation would offset potential ICD-10 risk
- Identified specific standard operating procedures and business rules that would offset potential ICD-10 risk
- Defined next steps:
  - Dual coding approach
  - ICD-10 curriculum development
  - Managed care contracting review
  - Controlled chart review
  - Testing approach
  - CDI opportunities

Questions?

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