

**Panel 2 -ICD-10: Achieving a  
Successful Transition  
NCVHS Subcommittee on  
Standards  
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# The Challenge

- ICD-10: Oct. 1 compliance date
  - One of the biggest challenges faced by industry
  - Each link in the chain must be ready-with no indication that ANY link is ready (incl govt)
  - Implications of provider compliance: high cost, decreased clinician/coder productivity
  - Implications of non-compliance: disrupted cash flow, potential of disrupted patient access to care

# MGMA Research

- *MGMA most recent survey data:*
  - Conducted late January 2014
  - 570 Practices...where
  - More than 21,000 physicians practice in 44 specialties
  - Average practice size in the survey was 8 FTEs

# Level of Concern - Productivity

Please rate your level of concern for each of the following ICD-10 implementation issues:

Answer Options	% of respondents that indicated "Concerned or very concerned"
Changes to clinical documentation	87.5%
Loss of clinician productivity after implementation	87.6%
Loss of productivity of coding staff after implementation	83.4%

# Expected Change in Difficulty

What is the expected change in difficulty to accomplish the following practice activities under ICD-10?

Answer Options	% of respondents that indicated “Somewhat or much more difficult”
Ability to document the patient encounter	89.8%
Ability of clinician to select appropriate diagnosis code	97.6%
Ability of coding staff to select appropriate diagnosis code	93.1%
Ability to compare new diagnosis data in ICD-10 with previously collected diagnosis data using ICD-9	87.8%

# Cost to Upgrade or Replace

**Approximately how much will it cost, or did it cost, to upgrade or replace your Practice Management System to use the ICD-10 diagnosis codes?**

**Average cost per FTE:**

**\$11,500**

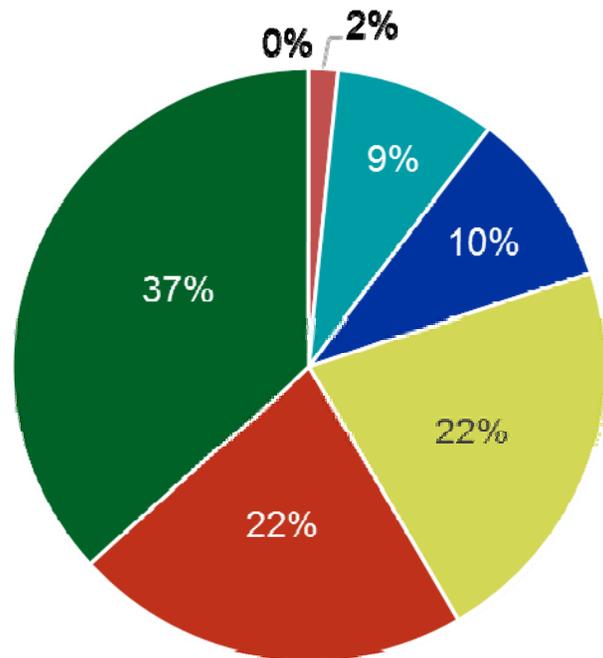
**Approximately how much will it cost, or did it cost, to upgrade or replace your EHR to use the ICD-10 diagnosis codes?**

**Average cost per FTE:**

**\$12,885**

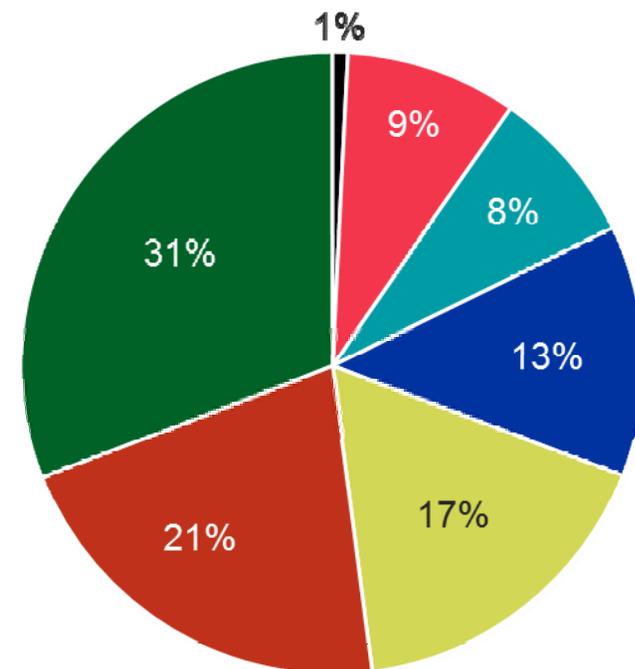
# When has your vendor indicated that they will make the ICD-10 upgrade or replacement available to you?

## Practice Management System



- By April 1, 2014
- We have not heard from our vendor regarding a specific date
- Already upgraded or replaced our software

## EHR



- By July 1, 2014
- By Oct. 1, 2014
- Not applicable
- Our vendor will not be upgrading or

# Claims Testing with Plans/CHs

**When have the following entities indicated that they will be ready to accept test claims?**

<b>Answer Options</b>	<b>Fully tested</b>	<b>Started to test but not yet completed</b>	<b>Plan to test by Jan. 1, 2014</b>	<b>Plan to test between Jan. 1 and Oct. 1, 2014</b>	<b>We have not heard from entity</b>
Your major health plans	0.5%	5.4%	1%	33.5%	<b>59.6%</b>
Your clearinghouse	3.2%	8.1%	2.1%	39.4%	<b>47.2%</b>



# Critical Industry Issues

- Changes to health plan payment policies
  - ✓ Will fee schedules significantly change?
  - ✓ Can we expect payment “neutrality” ?
  - ✓ Will increased code specificity result in greater demand from health plans for attachments and documentation reviews?
- Concern about release of health plan edits to CHs
  - ✓ When will health plans make these public?
- Reinforces why testing is so important

# Critical Messages to Practices

- Staff buy-in/training is critical
- Perform robust CDI
- Be aggressive with your trading partners
- Focus on codes and payers that make up high volume/high dollar reimbursement
- Ideal testing will test the entire flow of a claim to the payer and back with a remittance advice
- Any testing is better than no testing
- Closely monitor claims processing and reimbursement
- Expect cash flow interruptions
- Prepare for the “what ifs”

# MGMA Recommendations - CMS Should Consider:

- Releasing all Medicare/Medicaid ICD-10 readiness levels and payment edits
- Testing end-to-end with practices, as per NGS
- Conduct outreach to non-covered entities (PM vendors, workers comp, etc)
- Working closely with industry to determine readiness levels of all “links” and ID vulnerable stakeholders
- Work with industry on comprehensive contingency plans that should consider multiple options such as:
  - Dual use of ICD-9 and ICD-10 codes
  - Relaxed edits
  - Advance payments to providers
  - Extensions to the ICD-10 compliance date