In This Issue

>> Are you ready to assess coders with real cases in a true ICD-10 production environment

>> Fifty Shades of Coding: Tips for Taming ICD-10 Knowledge Loss

>> The Final Stretch—Preparing for the October ICD-10 Deadline

>> Remediating ICD-10 Knowledge Loss

>> Second round of ICD-10 end-to-end testing indicates HIM’s hard work is paying off

>> Coder Assessments: Why They’re Critical in the Brave New World of ICD-10

>> 4 ICD-10 Predictions

Are you ready to assess coders with real cases in a true ICD-10 production environment?

ICD-10 creates a new starting point for coder quality, accuracy and performance. Even the slightest gap in coder knowledge causes denied claims, delayed payments and lost revenue in ICD-10. Unless hospitals take a proactive approach to ICD-10 coder assessments, they won’t address these challenges until it’s too late.

Central Learning® is a new web-based coder testing and assessment tool for ICD-10. Based on coding from real medical records, and consistent Answer Keys, managers gain access to instant scoring and assessment data. Central Learning automatically identifies coding strengths and weaknesses—intelligence to help hospitals mitigate their ICD-10 revenue risk.

“Central Learning automatically grades and scores coder skills using real cases and actual clinical documentation—versus hypothetical coding scenarios and traditional check-the-box tests,” said Manny Peña, CEO and President. “Everyone is performing ICD-10 education, but how do you know whether that education is effective in a true production environment?”

Download Brochure here
Fifty Shades of Coding: Tips for Taming ICD-10 Knowledge Loss

Last month, I wrote an article, “50 Shades of Coding: Tips for Taming ICD-10 Knowledge Loss”, describing the impact of ICD-10 delays on coder training, knowledge and accuracy, and provided practical tips and techniques to get coder knowledge back on track in 2015.

After two delays and two years of uncertainty that has left most clinical coders woefully behind in ICD-10 knowledge and hands-on experience, coders are being pulled away from ICD-10 training and pushed back into ICD-9 production.

Like most coding companies and hospitals, we invested a significant amount of time and money into training our coders for ICD-10. Over 150 coders were trained and tested in late 2013 and early 2014. After the most recent delay, these coders were shifted back to ICD-9.

Read blog here: H.I.M. On 10

The Final Stretch—Preparing for the October ICD-10 Deadline

During an April HFMA-sponsored webinar, The Final Stretch—Preparing for the October ICD-10 Deadline, H.I.M. On Call shared best practice strategies for how to make the most of the next few months prior to go-live.

For some of the webinar’s highlights, including important questions that all organizations should be asking:

- Will the additional specificity in ICD-10 increase the length of certain reports?
- How will the organization ensure that orders have been updated to reflect new codes and/or narrative code descriptions?

Download the Webinar Recap here
Remediating ICD-10 Knowledge Loss

Take These Steps Now to Reduce Coder Brain Drain

Especially for ICD-10-PCS, HIM directors and managers should repeat a full round of basic PCS refresher training. This should include basic training regarding the fundamental differences between PCS and ICD-9 code structure, and training on how to navigate the PCS tables and root operations.

Once this training is complete, the following six strategies should be implemented as soon as possible to help coders remediate knowledge lost during the delay and successfully cross the ICD-10 learning chasm.

Read Journal of AHIMA article here

Second round of ICD-10 end-to-end testing indicates HIM’s hard work is paying off

By Manny Peña, Chairman and Chief Executive Officer of H.I.M. ON CALL

CMS completed its second round of ICD-10 end-to-end testing April 27-May 1, and the results are in. The good news is that more than 88% of the 23,138 ICD-10 test claims passed with flying colors. Only 2% of rejections occurred as a result of ICD-10 coding errors. In fact, CMS cited various non-ICD-10-related errors as being the culprit of most testing denials.

Read blog here: H.I.M. on 10

Coder Assessments: Why They’re Critical in the Brave New World of ICD-10

By Paul Strafer

Coder productivity and quality have always been important, but with ICD-10, the stakes are higher. Insurers and auditors will be looking for the most specific ICD-10 codes to justify medical necessity for services rendered. Nonspecific codes will be denied and targeted by recovery contractors.

Read ICD10 Monitor here
Traditional metrics won't be as effective
Twelve months ago, only 20% of hospitals had established new metrics to monitor the impact of ICD-10 on revenue cycle*. Assuming one year has allowed more hospitals to effectively measure the impact, revenue cycle metrics will need to be more efficient and powerful in ICD-10 to:

- Closely monitor all coding and billing activity, including DRG shifts
- Rapidly identify the cause of denials and implement corrective measures
- Audit and trend coding accuracy, down to the individual coder level
- Assess coders with real cases down to specialty, sub-specialty and across teams

Stronger denials management teams become essential
CMS estimates that in the early stages of ICD-10, denial rates will rise 100–200%. More than half of your claims may not pass claims scrubbers. Bolster programs and expand reporting capabilities including:

- Detailed reporting to a root cause level
- Prosactive physician champions with established peer to peer relationships
- Cross functional denials management committee

Budgets shift towards outsourced coding support, coder retention
A backfill of coders is necessary to cover your internal coders’ training and practice time while also maintaining DNFB targets—before, during and after the conversion to ICD-10. 18% of hospitals already outsource coding and 47% have added contract coders in 2015 for:

- Dual coding programs using hands-on practice, real cases
- Outsourced, back-up/contract coders to maintain DNFB levels
- Stronger coder retention programs and incentives

Did you miss the HFMA Forum webinar?
Visit the website for the October ICD-10 Deadline
Download key points here:
himoncall.com/hfma-webinar-15

Sources:
* HFMA Revenue Cycle ICD-10 Readiness Survey, April 2014
** Denials in the World of ICD-10 HFMA Case presentation, February 2015
*** Black Book Report, July 2014

Throughout all of Baystate’s ICD-10 preparations, H.I.M. ON CALL has been there, providing expert guidance on the journey to ICD-10. The firm not only helps us accomplish what’s now, but also prepares us for what’s next.*

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