

National Plan Automation Group ICD-10 Compliance Program

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CSG Government Solutions

March 22, 2011



**CSG
Government
Solutions**



**Unemployment
Insurance**



**Human
Services**



**Health
Care**



**Independent
Verification
& Validation**

- CSG Government Solutions Overview
- The ICD-10 Initiative
 - Regulatory requirements
 - Policy impacts
 - Non-compliance penalties
 - Structuring the project
- Summary
- Lively discussion

CSG Government Solutions Overview

CSG Government Solutions Overview

Innovation.

Expertise.

Results.

- Private, Independent Consulting Firm
- What We Do
 - Strategy and Planning
 - Project Management and IV&V
 - Systems Modernization
- Focus on Government Solutions
 - Health and Human Services
 - Unemployment Insurance
 - Independent Verification and Validation (IV&V)
- Collaborative, Easy to Work With
- Highest Quality, Reasonable Price



Vertical Practices/Sample Projects

- **Health and Human Services**

- *Centers for Medicare & Medicaid Services (CMS) MITA Refresh Project*
- *Iowa HIPAA Technical Assistance and Quality Management Project*
- *Indiana FSSA MMIS Replacement Project – Planning Oversight*
- *Florida MITA State Self-Assessment (SS-A)*
- *Vermont Office of Health Access – MITA and MMIS Procurement Support*
- *Northern Arizona Regional Behavioral Health Authority – Planning & Procurement Support*
- *Illinois Office of Health Information Technology – Stakeholder Facilitation and Plan Development*
- *Oklahoma Human Services Modernization (MOSAIC) Enterprise Business Architecture*
- *Food Stamp Participation Project – Food Stamp, TANF, Medicaid eligibility and case management modernization via Web and IVR technologies*
- *Federal Health and Human Services TANF IT Technical Assistance to States*
- *Client Identification Authority (Unique Identifier) Business Analysis for Illinois DHS*

- **IV&V**
 - *Ohio Medicaid Modernization IV&V Project*
 - *Georgia Department of Community Health IV&V Program - Membership Enrollment Management System Conversion Project, CMO Business Continuity for Medicaid Systems Planning Project, and Health Information Transparency Website Project*
 - *Illinois Department of Human Services Mental Health Outsourcing IV&V*
- **Workforce / Unemployment Insurance**
 - *Michigan UI System Modernization Planning and PMO*
 - *Southeast Consortium (NC, SC, GA, TN) UI System Modernization Planning*
 - *Statewide WIA Case Management and Reporting System (DDI) for Illinois*
 - *UI Modernization Directional Study for North Dakota*
 - *Labor Exchange System (DDI) for Illinois and City of Los Angeles*
 - *UI Modernization Implementation Project for Massachusetts*

Category	Description	Rating
RELIABILITY	How reliably do you think this company follows through on its commitments?	94
COST	How closely did your final total costs correspond to your expectations at the beginning of the transaction?	92
ORDER ACCURACY	How well do you think the product/service delivered matched your order specifications and quantity?	94
DELIVERY/TIMELINESS	How satisfied do you feel about the timeliness of the product/service delivery?	95
QUALITY	How satisfied do you feel about the quality of the product/service offered by this company?	96
BUSINESS RELATIONS	How easy do you think this company is to do business with?	95
PERSONNEL	How satisfied do you feel about the attitude, courtesy, and professionalism of this company's staff?	97
CUSTOMER SUPPORT	How satisfied do you feel about the customer support you received from this company?	95
RESPONSIVENESS	How responsive do you think this company was to information requests, issues, or problems that arose in the course of the transaction?	95
SUMMARY PERFORMANCE RATING	Indicative of likely overall performance	93

The ICD-10 Initiative

ICD-10 Legislative Overview

http://edocket.access.gpo.gov/2009/pdf/E9-743.pdf - Windows Internet Explorer

http://edocket.access.gpo.gov/2009/pdf/E9-743.pdf

File Edit Go To Favorites Help

35 / 35 130% Collaborate Sign Find

3362 Federal Register / Vol. 74, No. 11 / Friday, January 16, 2009 / Rules and Regulations

PART 162—ADMINISTRATIVE REQUIREMENTS

■ 1. The authority citation for part 162 is amended to read as follows:

Authority: Secs. 1171 through 1180 of the Social Security Act (42 U.S.C. 1320d–1320d–9), as added by sec. 262 of Pub. L. 104–191, 110 Stat. 2021–2031, and sec. 105 of Pub. L. 110–233, 122 Stat. 881–922, and sec. 264 of Pub. L. 104–191, 110 Stat. 2033–2034 (42 U.S.C. 1320d–2(note)).

■ 2. Section 162.1002 is amended by revising paragraph (b) introductory text and adding paragraph (c) to read as follows.

§ 162.1002 Medical data code sets.

* * * * *

(b) For the period on and after October 16, 2003 through September 30, 2013:

* * * * *

(c) For the period on and after October 1, 2013:

(1) The code sets specified in paragraphs (a)(4), (a)(5), (b)(2), and (b)(3) of this section.

(2) International Classification of Diseases, 10th Revision, Clinical Modification (ICD–10–CM) (including The Official ICD–10–CM Guidelines for Coding and Reporting), as maintained and distributed by HHS, for the following conditions:

(i) Diseases.

(ii) Injuries.

(iii) Impairments.

(iv) Other health problems and their manifestations.

(v) Causes of injury, disease, impairment, or other health problems.

(3) International Classification of Diseases, 10th Revision, Procedure Coding System (ICD–10–PCS) (including The Official ICD–10–PCS Guidelines for Coding and Reporting), as maintained and distributed by HHS, for the following procedures or other actions taken for diseases, injuries, and impairments on hospital inpatients reported by hospitals:

(i) Prevention.

(ii) Diagnosis.

(iii) Treatment.

(iv) Management.

(Catalog of Federal Domestic Assistance Program No. 93.778, Medical Assistance Program) (Catalog of Federal Domestic Assistance Program No. 93.773, Medicare—Hospital Insurance; and Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: December 11, 2008.

Michael O. Leavitt,
Secretary.

[FR Doc. E9–743 Filed 1–15–09; 8:45 am]

BILLING CODE 4120–01–P

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- ICD-9
 - Volumes 1 & 2 used for diagnosis reporting
 - Volume 3 used to report inpatient procedures
- ICD-10
 - ICD-10-CM used for diagnosis reporting
 - ICD-10-PCS used for inpatient procedures

Diagnosis Codes: Data Differences

- ICD-9 (Volumes 1 & 2)
 - Approximately 13,000 codes
 - Numeric with only V & E used to report accidents/injuries
 - Max 5 positions/Min 3 positions
- ICD-10-CM
 - Approximately 69,000 codes (WHO has just 24,000)
 - Alpha numeric
 - Max 6 positions/Min 3 positions (plus extension)

Diagnosis Codes: More Important Differences

- Medical concepts are different
 - Laterality
 - Left vs. right
 - Severity
 - Asthma
 - Occurrences
 - First incident, repeated occurrence
 - Type vs. location
 - ICD-9 ~ Fracture categories
 - ICD-10 ~ Head, limb, etc...

Inpatient Procedure Codes: Data Differences

- ICD-9 (Volume 3)
 - Approximately 11,000 codes
 - Numeric
 - Decimal after 2nd position
 - Max 4/Min 3
- ICD-10-PCS
 - Approximately 72,000 codes
 - Alphanumeric
 - Lead three positions alphabetical
 - Max/Min 7
 - No decimal

Inpatient Procedure Codes: More Important Differences

- Level of granularity
 - Section
 - Body system
 - Root operation
 - Body part
 - Approach
 - Device
 - Qualifier



ICD-10 Health Plan Impacts

- Policy
 - Coverage
 - Pricing
- Business Processes
 - Prior authorization
 - Determine eligibility
- Systems
 - Claims Processing
 - Data warehouse
- Interfaces
 - Providers
 - Vendors
- Medicaid, Medicare, and other human services and public health programs

Crosswalks and Other Tools

Crosswalks are not a solution in and of themselves.

- Tools
 - General Equivalency Maps (GEMs)
 - Reimbursement Maps
 - Custom development translations
- Drawbacks
 - Based on limited data set
 - Require addition or loss of information
 - Risk of invalid medical intent

Policy Impact Overview

- Policy gaps and impacts are pervasive within a health plan
- As a medical program, health plans rely on clinical terminology and coding
- Purposeful review allows a comprehensive inventory of gaps and impacts to be documented
- Remediation strategies should include efficient modification

- Medicaid Information Technology Architecture
- Initiative
- Framework
 - Business
 - 8 Business Areas
 - 79 Business Processes
 - Information
 - Technical

Policy Impacts Aligned with MITA BAs

- Program Management
 - Methods and standards for establishing payment rates
 - State statutes & regulations
- Operations Management
 - Forms
 - Rate fees/schedules
 - Employee manuals
 - Contracts

Policy Impacts Aligned with MITA BAs

- Provider Management
 - Contracts
 - Inquiries/Relations incl. call centers
 - Publications and training
- Member Management
 - Member inquiry/relations
 - Call center
 - Publications and education
 - Elig & coverage
 - Complaints/Appeals
 - Member QA

Policy Impacts Aligned with MITA BAs

- Contractor Management
 - Administrative and *Health Services* RFPs and contracts
 - Communication and outreach
 - Contractor inquiries
- Business Relationship Management
 - Communication
- Care Management
 - Disease/Population health management
- Program Integrity
 - Fraud and abuse detection

Other Considerations

- **ARRA/HITECH**
 - Health Information Exchange (HIE)
 - EHR incentive payments to providers
- **PPACA**
 - Health Benefit Exchange (HBE)
 - Operating rules
- **Internal initiatives**
 - System modernization
 - Business process reengineering
 - Mergers and acquisitions

- Codes
 - International Classification of Diseases (ICD)
 - Diagnostic and Statistical Manual of Mental Disorders (DSM)
 - Diagnosis-related Group (DRG)
 - Ambulatory Patient Group (APG)
- “Procedure” or “diagnosis”
- Version
- Terminology

Version of ICD and/or DSM

- **Identify references to specific versions of ICD and/or DSM**
- Example(s):
 - “...listed in the International Classification of Diseases—**Ninth** Edition (ICD-9)...”
 - “...Criteria from *Diagnostic and Statistical Manual of Mental Disorders, **Fourth Edition*** (DSM IV-TR), 2000 revision, American Psychiatric Association...”

- **Identify specific ICD codes and/or descriptions**
- **Example(s):**
 - “Diabetes 250.0”
 - “...Diagnosis and trauma code edits are being conducted for all codes 800 through 999 with the exception of code 994.6...”
 - “The recipient shall have a diagnosis of an orthopedic, neuromuscular, vascular, or insensate foot condition, supported by applicable codes...”

- **Identify specific DSM codes and/or descriptions**
- **Example(s):**
 - “Check one box to indicate the consumer’s **primary disability** (MR, DD or CMI).
 - For consumers whose primary diagnosis is CMI, enter the applicable primary psychiatric diagnosis using DSM coding.
Common Diagnoses Associated With Chronic Mental Illness:
 - 295.10 Schizophrenia, disorganized type
 - 295.20 Schizophrenia, catatonic type
 - <additional codes listed in MR/CMI/DD Case Management Provider Manual, starting on page F-8)”

- **Identify specific DRG codes**
- **Example(s):**
 - (1) Inpatient hospital services when the diagnosis-related group (DRG) submitted for payment is between 370 and 384 and the primary or secondary diagnosis code is V22 through V24.9.

- **Identify specific APG codes in use**
- **Example(s):**
 - “Outpatient hospital services when the ambulatory patient group (APG) submitted for payment is 175, 304, 492, 493, or 494 and the primary or...”

Non-Specific References

- **Identify non-specific references to ICD-10 impacted codes (ICD, DSM, DRGs, etc.)**
 - **Example #1: Lock-In – Contractor Responsibilities**
- d. Using all available claims, enrollment and eligibility data in the MMIS and the DW/DS system, identify members for the LI program. The criteria for identifying candidates for the LI program will include, at a minimum:
1. Number of physicians
 2. Number of pharmacies
 3. Number of prescriptions
 4. Controlled drugs
 5. Diagnoses
 6. Total cost

Non-Specific References

- Example #2: Reference Function
 - c. Diagnosis file: This file contains records for all diagnosis codes. Each record carries the following data:
 1. Diagnosis code
 2. Diagnosis name
 3. Age and sex limitations
 4. Medicaid control code (deny, suspend for review, not specific, suspend for the Department review, EPSDT only, no control)
 5. Family planning, sterilization, abortion, prior authorization, emergency, and accident indicators
 6. Diagnosis compatibility indicator and codes, diagnosis cross-reference indicators and codes

Order of ICD Codes

- **Identify when the order of ICD diagnoses codes is specified**
- Example(s):
 - Indicate the applicable ICD-9-CM diagnosis codes in order of importance (1-primary; 2-secondary; 3-tertiary; and 4-quaternary) to a maximum of four diagnoses.

Outdated References

- **Identify outdated references**
- Example(s):
 - UB-92 (now UB-04)
 - HCFA-1500 (now CMS-1500)

- Identify HCPCS Level III (Also known as local codes) codes



ICD-10 Benefits & Costs

- Benefits
 - Greater degree of specificity
 - Enhanced benefit design options
 - Better data for analytics
 - Care management
 - Rate setting
 - Stronger support for Pay-for-Performance (P4P) initiatives
 - Alignment with global information
- Costs
 - Project management, planning, and QA
 - ~ \$5M - \$10M
 - Implementation
 - ~ \$7M - \$20M+
 - “More than Y2K, HIPAA I, and NPI”
- Penalties for non-compliance

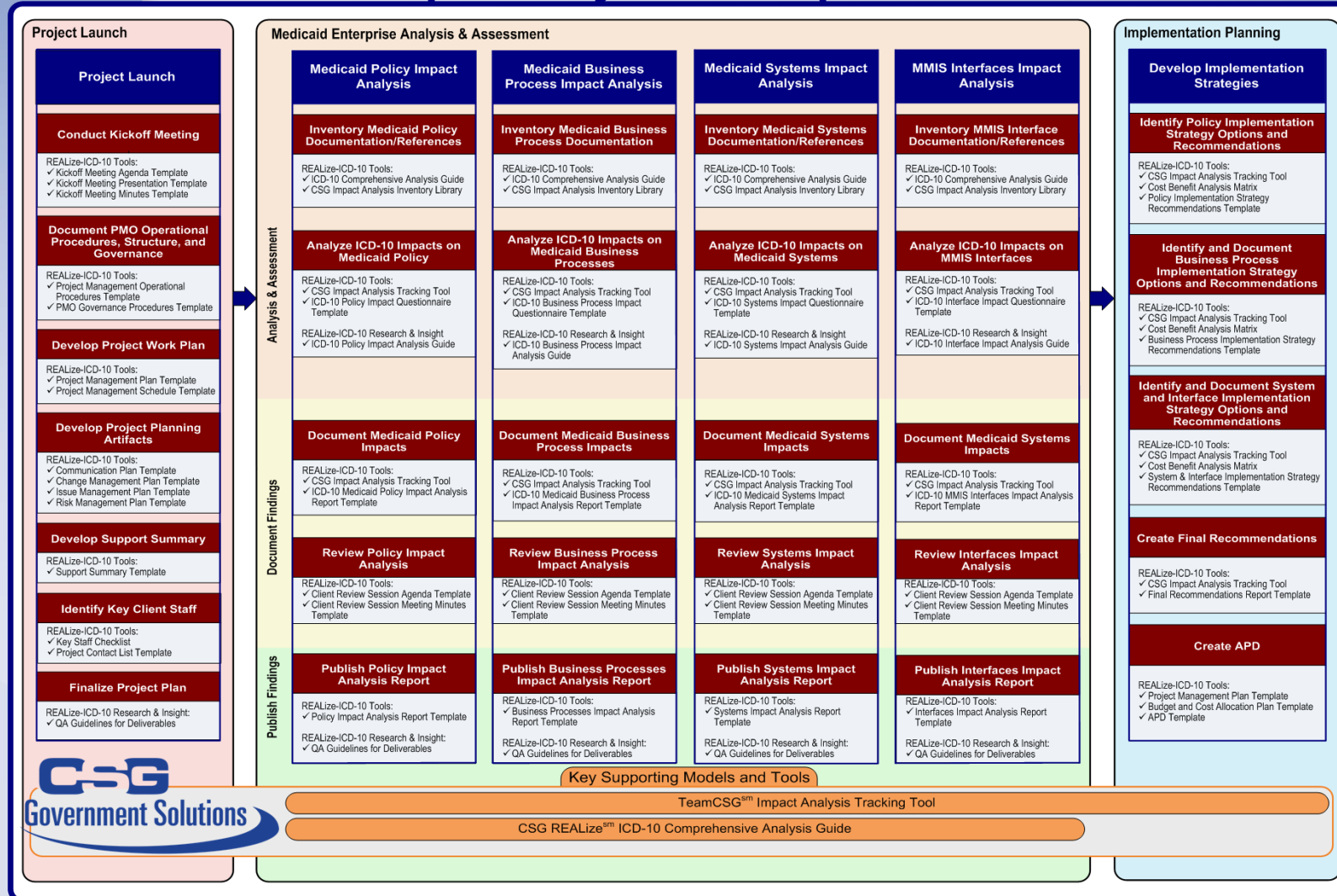
Penalties for Non-Compliance

- Patient Protection and Affordable Care Act (PPACA)
 - Title I – Quality, Affordable Health Care for all Americans
 - Subtitle B – Immediate Actions to Preserve and Expand Coverage
 - Section 1104 – Administrative Simplification
- Requires compliance with revised standards and operating rules
 - Compliance dates as required
 - Health plans file a statement of compliance
 - Audits by the Secretary of HHS
- Penalties
 - \$1 per covered life per day until certification is complete
 - Maximum of \$20 per life/year unless...
 - Maximum of \$40 per life/year when knowingly submitting incomplete or inaccurate information
 - Additional fees for associated administrative costs
 - Opportunity to increase fees annually
- Timeline
 - April 1, 2014 – Secretary identifies non-compliant health plans
 - August 1, 2014 – Notification of assessed amount to health plans
 - November 1, 2014 – Payment due

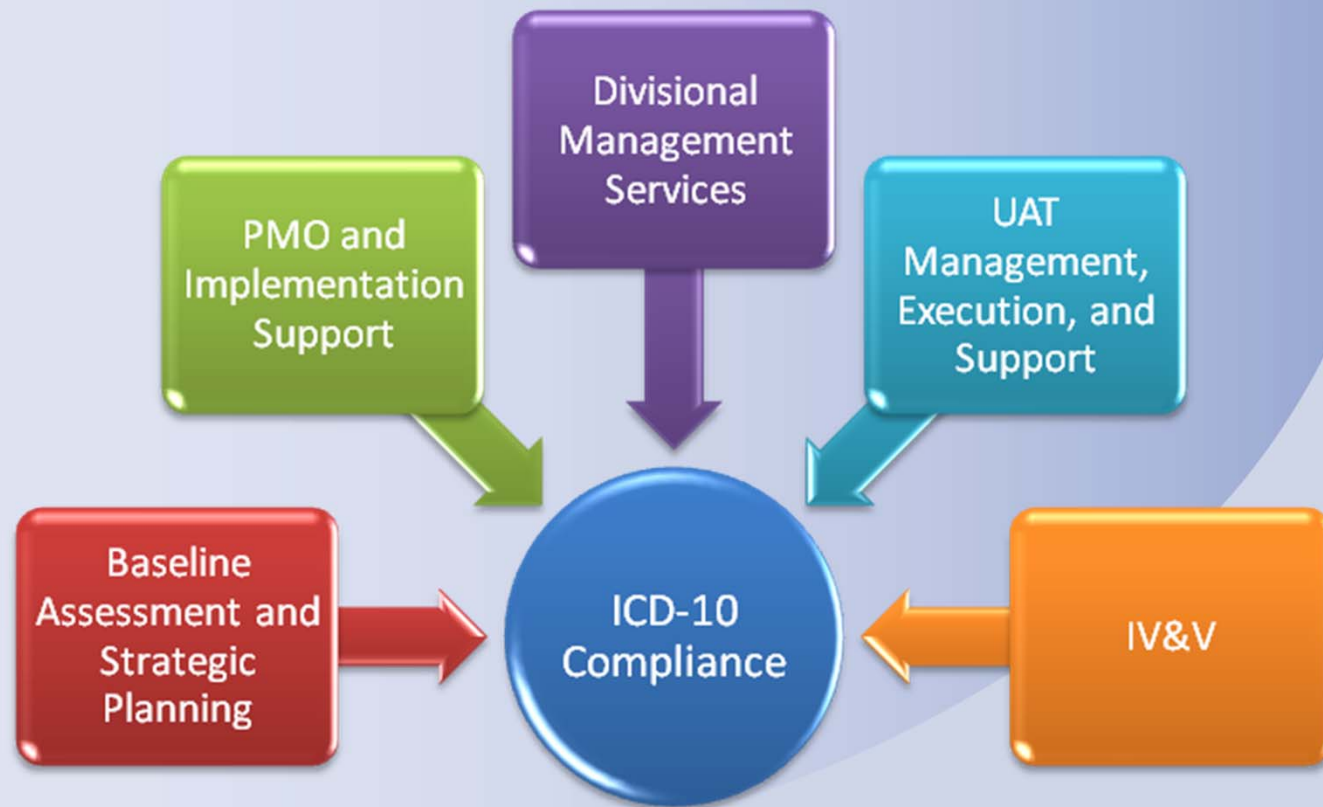




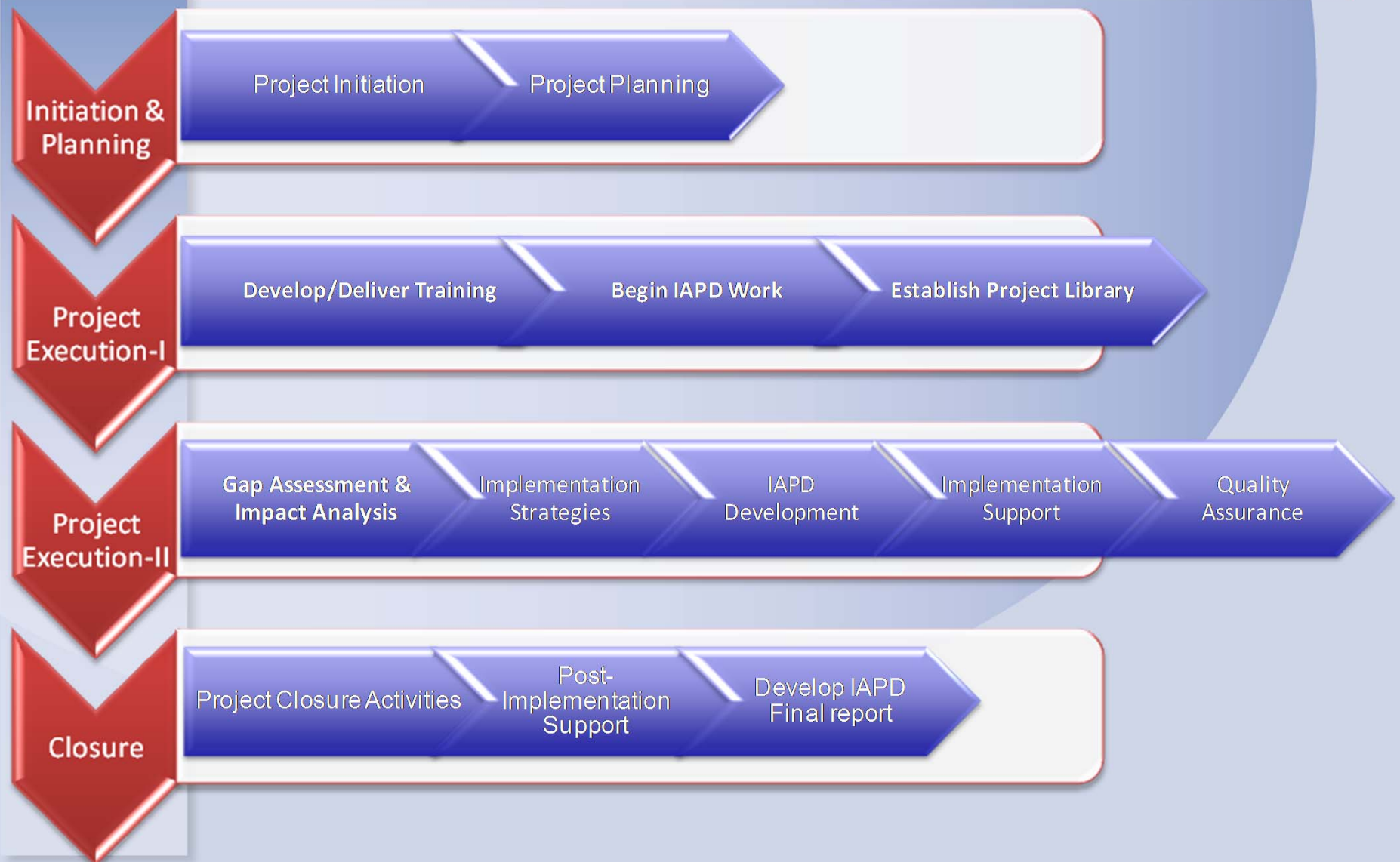
ICD-10 Impact Analysis Roadmap



ICD-10 Resource Requirements



Assessment Approach – High Level



- Minimal Compliance
 - Short term solution, critical areas, forfeit most benefits, crosswalk
- Interim Compliance
 - Prioritize remediation efforts, focus on high value opportunities, consume submitted codes
- Optimal Compliance
 - Maximize opportunities to improve programs and system efficiencies
- Hybrid

Summary

Key Messages

- Federally imposed compliance date is October 1, 2013
- Penalties and enforcement
- Enterprise-wide impact
- Virtually every area of a health plan is affected
- There is no “crosswalk only” solution
- Trading partners and testing severely underestimated
- Industry recommendations to meet compliance date
- Time is of the essence

- Overall
 - Communication and Collaboration are key
 - Stakeholder timely participation is vital
 - Teamwork will produce the best overall solutions
- Gap Assessment & Impact Analysis
 - It is imperative to be thorough
 - Assume it is affected until proven otherwise
 - Multiple sources and data points provide the best opportunity to identify all gaps
 - Focus on Gap Assessment first
 - Implementation Strategy development is a separate activity
 - Continue to collaborate with other organizations and monitor industry updates

- Implementation Strategies
 - There is no “one size fits all” Implementation Approach
 - Creative thinking and experience will provide the best alternatives for consideration
 - Value must be balanced with cost
- Implementation Support
 - Coordination, collaboration, and comprehensive communication are the keys to successful monitoring of multiple stakeholder initiatives
 - All components of the project and all stakeholders must meet their milestones to enable the organization to meet its overall goals
 - Real time identification of issues and risks, as well as immediate planning for resolving and remediating, are imperative to navigating the large project challenges

- QA and Test Management
 - The position of QA in the project governance structure is key to independence
 - Frequency and type of QA deliverables may vary and must be defined in advance
 - QA must be deeply involved in the day to day project activities
 - Organizations must be prepared for the good, bad, and ugly in status reports and respond quickly to mitigate issues and risks
 - While independent, the QA function is a key component of success for large-scale IT projects

- Coordinate with other projects
- Collaborate with other groups
- Leverage gap identifiers
- Document all policy gaps
- Develop remediation strategy
- Communicate with internal and external stakeholders
- Modify implementation plan accordingly

Lively Discussion

Thank You!

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