ICD-10 Project Management, Benchmarking and Data Analytics

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AHIMA Approved ICD-10 CM/PCS Trainer
Agenda

• Project Management Process and Terms
  • Stakeholders
  • Project Manager Skill Set
  • Project Roles
  • Knowledge Areas
  • Process Groups
  • Risk Management
  • Communication Management
• ICD-10 Implementation Project Management
Basic Project Management

• **Project Management** coordinates a set of tools and techniques to describe, organize, and monitor the work of project activities which are performed by people.

Process

• Inputs, Outputs and Tools/Techniques combined to execute a specific purpose on the project
Stakeholders

- Individuals, businesses, or communities that have a vested interest in the project's outcome. Project stakeholders are generally involved in the project process and their expectations drive the project requirements.

- **Key Stakeholders**
  - Project manager Manages the project
  - Project team The collection of individuals completing the project work
  - Project Sponsor Authorizes the project work and budget
Project Manager’s Management Skills

- Leading
- Communicating
- Negotiating
- Problem Solving
- Influencing
- Jack of all Trades
Project Roles

• Senior Management
  • Issues Strategic plans and goals, ensures company’s projects are aligned with company goals
  • Maybe called upon to resolve conflicts within the organization.

• Functional Manager
  • Departmental Manager, i.e Manager of Engineering, Vice President of Marketing, Director of IT

• Project Office
  • Department that supports the PM in His/Her roles.
  • Defines best practices, defines standards, Maintains Lesson Learned
Triple Constraint

- Time
- Scope
- Cost or Resources
Process Groups and Knowledge Areas

47 Process organized into 5 Process Groups

1. Initiation
2. Planning
3. Execution
4. Control
5. Closing

Knowledge Areas

1. Integration Management
2. Scope Management
3. Time Management
4. Cost Management
5. Project Quality Management
6. Human Resources Management
7. Communications Management
8. Risk Management
9. Procurement Management
10. Stakeholder Management
Project Management Process Groups

• Project Authorized
  • Planning Project objectives are determined.
  • Executing The project
  • Controlling Project Performance
  • Closing The project
Risk Management

The process of conducting risk management planning, identification, analysis, response planning, and monitoring and control on the project.

<table>
<thead>
<tr>
<th>Process Name</th>
<th>Process Group</th>
<th>Key Outputs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan Risk Mgt, Identify Risks, Qualitative Risk, Quantitative Risk, Plan Risks response</td>
<td>Planning</td>
<td>Risk Management Plan, Risk Register, Risk register updates</td>
</tr>
<tr>
<td>Control Risks</td>
<td>Monitoring and Controlling</td>
<td>Risk register updates, Change Requests</td>
</tr>
</tbody>
</table>
Plan Risk Management

- Risk Probability and Impact Assessment
  - The likelihood that each specific risk will occur, level of probability
  - Investigate the potential effect on the project, Cost, Schedule, Quality, Performance, Positive or Negative

- Analytical Techniques
  - Cause and Affect
  - System or Process flow Charts

- Outputs
  - Risk Management
  - Create a contingency plan for how each risk will be handle
  - Avoid-eliminate the risk entirely
  - Mitigate- reduce the probability of the risk event
## Communication Management

The processes required to ensure timely and appropriate generation, collection, distribution, storage, retrieval, and ultimate disposition of project information.

<table>
<thead>
<tr>
<th>Process Name</th>
<th>Process Group</th>
<th>Key Outputs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan Communications Management</td>
<td>Planning</td>
<td>Communications Management Plan</td>
</tr>
<tr>
<td>Manage Communications</td>
<td>Executing</td>
<td>Change request</td>
</tr>
<tr>
<td>Control Communications</td>
<td>Monitoring and Controlling</td>
<td>Performance Reports, Change request</td>
</tr>
</tbody>
</table>
Planning Communications

• **Communication Methods**
  • Informal Written
    • Email, Memorandums
  • Formal Written
    • Contracts, Project Documents, Legal Notices
  • Informal Verbal
    • Meetings, phone calls, Water cooler, lunch rooms
  • Formal Verbal
    • Presentations, Speeches
  • Push - Email Blast
  • Meetings
ICD-10 IMPLEMENTATION PROJECT
MANAGEMENT
FUNCTIONS AND APPLICATIONS IMPACT
ICD-10 Provider Business Impact Areas

5010/ICD-10: Provider Functions/Applications Impact

Patient Access
- Central, ED, Ancillary & Ambulatory registration
- Scheduling
- Admitting/Discharge/Transfers
- Referrals/Authorizations/Pre-Cert
- Home Care Registration
- Behavioral Health Scheduling
- Hospital Owned MD Practices
- Clinics

Clinical and Ancillary
- Physician & Nurse documentation (paper/electronic/hybrid)
- Ancillary and support services documentation
- Order entry & results
- Workflow within EMR
- Case management
- Clinical registries and research
- Workflow/transfers between clinical units

Health Information Management
- Coding and abstracting
- Deficiency tracking
- Claim edit work lists
- NCCI/LMRP edits
- Encoding and grouping
- Physician Query
- Clinical Documentation Improvement

Patient Financial Services
- Charge entry
- Payer/Clearinghouse edits
- Contracting & Credentialing
- Facility & Professional billing
- Follow up and denial management
- Claims Status

Analytics and Reporting
- Quality/Outcomes reporting
- Financial/Revenue reporting
- Public Health reporting
- Federal and state reporting
- Data Warehouse
- ICD-9 to ICD-10 mapping and translation

Strategic Initiatives
- Implementation of new business and/or clinical systems
- Transition to paperless environment
- Opening of new facility
- Narrowing of IT Vendor Portfolio
- Implementation of computer-assisted coding

Organizational Support: Project Management - Education and Training - Compliance - IT
ENTERPRISE WIDE IMPACTS
EDUCATION AND IT SYSTEMS
Organizational Support – Education and Training & IT

Physician Education

• Phase 1 - Mandatory
• Phase 2 – Specialty Specific, Mandatory
  • Consequence for non-compliance

Enterprise Education

• Advanced Learners
• Intermediate Learners
• General Knowledge Learners
## Vendor Supported Systems - IT

<table>
<thead>
<tr>
<th>System</th>
<th>Business Unit</th>
<th>ICD-10 Vendor Supported*</th>
<th>ICD-10 Ready per Vendor</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Process Improvement</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavioral Health</td>
<td>Yes</td>
<td></td>
<td>By 10/15</td>
<td></td>
</tr>
<tr>
<td>Pathology</td>
<td>No</td>
<td>No</td>
<td></td>
<td>Contingency Plan</td>
</tr>
<tr>
<td>Nursing/OB</td>
<td>Yes</td>
<td></td>
<td>Requires Build</td>
<td></td>
</tr>
<tr>
<td>IT Interface Engine</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Management Services</td>
<td>No</td>
<td>10/1</td>
<td>Alpha/Beta to ED to test</td>
<td></td>
</tr>
<tr>
<td>IT</td>
<td>Yes</td>
<td></td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>CDI</td>
<td>Yes</td>
<td></td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Revenue Cycle</td>
<td>Yes</td>
<td></td>
<td>June</td>
<td></td>
</tr>
<tr>
<td>Homecare</td>
<td>Yes</td>
<td></td>
<td>Yes</td>
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</tr>
<tr>
<td>ER</td>
<td>No</td>
<td></td>
<td>June</td>
<td></td>
</tr>
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</table>
BUSINESS UNIT IMPACTS

HOSPITAL
ICD-10 Provider Business Impact Areas

Organizational Support: Project Management - Education and Training - Compliance - IT

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**Organizational Support**:
- Project Management
- Education and Training
- Compliance
- IT
## ICD-10 HIM Coding & CDI Implementation project plan

<table>
<thead>
<tr>
<th>Business Unit</th>
<th>Business Group</th>
<th>Task #</th>
<th>Task Name</th>
<th>Start</th>
<th>Finish</th>
<th>Progress</th>
<th>Resource Name</th>
<th>Comments</th>
<th>Dependencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>CDIS and HIM/Coding</td>
<td>5</td>
<td><strong>Dual Coding</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>5.1</td>
<td>Develop Dual Coding Timeline</td>
<td></td>
<td></td>
<td>In Progress</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>5.3</td>
<td>Identify medical records for dual coding (high dollar/high volume)</td>
<td></td>
<td></td>
<td>In Progress</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>5.4</td>
<td>Identify feedback mechanism to CDS and physicians during dual coding</td>
<td></td>
<td></td>
<td>In Progress</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Hospital</td>
<td>CDIS and HIM/Coding</td>
<td>6</td>
<td><strong>Coding Resources</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>6.1</td>
<td>Review current coding productivity and determine additional coding needs</td>
<td></td>
<td></td>
<td>Complete</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>6.3</td>
<td>Determine coder retention strategy (Bonus, education money, remote coding, etc)</td>
<td></td>
<td></td>
<td>Complete</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>6.4</td>
<td>Identify resources required to allow for remote coding</td>
<td></td>
<td></td>
<td>In Progress</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>6.5</td>
<td>Assess impact of decreased productivity and AR</td>
<td></td>
<td></td>
<td>In Progress</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
## ICD-10 Implementation project

<table>
<thead>
<tr>
<th>Business Unit</th>
<th>Business Group</th>
<th>Task #</th>
<th>Task Name</th>
<th>Start</th>
<th>Finish</th>
<th>Progress</th>
<th>Resource Name</th>
<th>Comments</th>
<th>Dependencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>CDIS and HIM/Coding</td>
<td>6.6</td>
<td>Determine contingency plan for decreased production</td>
<td></td>
<td></td>
<td>In Progress</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital</td>
<td>CDIS and HIM/Coding</td>
<td>6.7</td>
<td>Perform analysis of coder productivity decrease (2 parts)</td>
<td></td>
<td></td>
<td>In Progress</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital</td>
<td>CDIS and HIM/Coding</td>
<td>6.8</td>
<td>1. Productivity decrease pre-GoLive (ICD-10 training/education including dual coding)</td>
<td></td>
<td></td>
<td>In Progress</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital</td>
<td>CDIS and HIM/Coding</td>
<td>6.9</td>
<td>2. Productivity decrease post-Go Live</td>
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<td></td>
<td>Delayed</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Hospital</td>
<td>CDIS and HIM/Coding</td>
<td>6.19</td>
<td>Assess ICD10 accuracy &amp; production following module education</td>
<td></td>
<td></td>
<td>In Progress</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital</td>
<td>CDIS and HIM/Coding</td>
<td>6.21</td>
<td>Review query process and forms (work with CDS to standardize)</td>
<td></td>
<td></td>
<td>In Progress</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital</td>
<td>CDIS and HIM/Coding</td>
<td>6.22</td>
<td>Analyze query reasons and volume compared to CDS team for targeted education campaign</td>
<td></td>
<td></td>
<td>In Progress</td>
<td></td>
<td></td>
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</table>
## Contingency Planning

<table>
<thead>
<tr>
<th>Business Unit</th>
<th>Business Group</th>
<th>Task #</th>
<th>Metric</th>
<th>Measurement</th>
<th>Primary Driver</th>
<th>Primary Impact</th>
<th>Process Management</th>
<th>Phase</th>
<th>Threshold Impact</th>
<th>Risk Probability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>HIM</td>
<td></td>
<td>DNFB (Discharge Not Final Billed) - Inpatient</td>
<td># of days</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital</td>
<td>HIM</td>
<td></td>
<td>DNFB (Discharge Not Final Billed) - Outpatient</td>
<td># of days</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital</td>
<td>HIM</td>
<td></td>
<td>Coder Productivity (will feed into DNFB value)</td>
<td># per day/# per week</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital</td>
<td>HIM</td>
<td></td>
<td>Queries - Concurrent</td>
<td>#; length of time to respond; financial impact</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital</td>
<td>Central Scheduling</td>
<td></td>
<td>Length of Scheduling Time</td>
<td>minutes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital</td>
<td>Central Scheduling</td>
<td></td>
<td>Call Abandoned Rate</td>
<td>% of calls</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mgmt Svcs</td>
<td>Physician Billing</td>
<td></td>
<td>Claim Drop</td>
<td># days</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mgmt Svcs</td>
<td>Physician Billing</td>
<td></td>
<td>Denials by transaction code</td>
<td>% billed out</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Contingency Planning Continued

<table>
<thead>
<tr>
<th>Primary Driver</th>
<th>Primary Impact</th>
<th>Process Management</th>
<th>Phase</th>
<th>Threshold Impact</th>
<th>Risk Probability</th>
</tr>
</thead>
<tbody>
<tr>
<td>E H R - CDI</td>
<td>Content</td>
<td>Workflow Redesign</td>
<td>Pre-I10 Mitigation</td>
<td>NA</td>
<td>High</td>
</tr>
<tr>
<td>Mgmt SVC – Claim Drop - Days</td>
<td>Transactional</td>
<td>Overtime</td>
<td>Transitional</td>
<td>5%</td>
<td>High</td>
</tr>
</tbody>
</table>

- Content
- Transactional

- Patient Care/Patient Satisfaction
- Cash flow
- Business Process

- Overtime
- Contract Help
- New Hire
- Education
- Workflow Redesign

- Transitional (Oct-Dec 2015)
- New Environment (Jan-March 2016)
- Pre-10/1/15 Mitigation

- 5%
- 10%
- 15%
- 20%
- 25%
- 30%

- High
- Medium
- Low
Office gives CPT code and tells ICD9 code (if common procedure done often and office does not have the ICD9 then CSD will lookup)

Either step can be taken:
1. CSD to ask patient or physician office to fax complete script.
2. Look up procedure by description in SS and then lookup the ICD9 in Billing System by search using diagnosis description on the script. Search for closest ICD9 by varying internet searches or search code lookup (Medicare Patients only)
Practice Manager toolkit

• **General Overview Folder**
  • AAFP ICD-10 Timeline
  • AAFP ICD-10 FAQ
  • ICD-10 Tips from PHCS
  • The Road to ICD-10 Flyer
  • AMA ICD-10 Project Plan Template

• **Educational Tools Folder**
  • Precyse University ICD-10 Physician Office Solution Brochure
  • Precyse Catalog of ICD-10 Courses
  • ICD-10 Precyse Apps for Physicians

• **Resources Folder**
  • Free Resources
  • ICD-9 to ICD-10 Crosswalk of Most Common ICD-9 Diagnosis 10
  • AAFP Superbill ICD-10 Form
  • Resources available for a fee
    • ICD-10 Resources Document
    • Optum ICD-10 GEM Mapping Book
    • AAPC practice Mgmt ICD-10 specialty cards codes
DUAL CODING
ICD10 Dual Coding – Population

Hospital
• Inpatients
• Bedded Outpatients
• Invasive/Interventional Outpatients
• Emergency Room

Behavioral Health
• Inpatients
Dual Coding – Sample Selection

- Coders are directed to take 5 records of their daily work assignment per day to code in ICD9 and ICD10.

- Emergency Room coders are directed to take 10 records of their daily work assignment per day to code in ICD9 and ICD10.

- Criteria provided on service selection approach.
ICD10 Dual Coding - Methodology

• Industry models for dual coding:
  - Simultaneous Dual Coding by an Individual Coder
  - Dual Coding of One Record by Two Coders
  - Dual Coding and Inter-rater Reliability (several coders, one record)
  - Use of Temporary Staff for Dual Coding
ICD10 Dual Coding – Data Collection

Each coder maintains a spreadsheet of their ICD10 coded cases, updated daily.

Data Elements Collected:

- Coder Name
- MRN
- Account #
- Service/Discharge Date
- Attending MD
- Coding Date
- Service
- LOS
- ICD9 DRG
- ICD10 DRG
- Procedure Performed

- Total Minutes to Code ICD9
- Total Minutes to Code ICD10
- ICD10 DX - Missing Documentation: CANNOT COMPLETE CODING
- ICD10 DX - Missing Documentation: RESULTED IN AN UNSPECIFIED CODE
- ICD10 PX - Missing Documentation: CANNOT COMPLETE CODING
- Coder Commentary (Feedback)
# Logging dual coding efforts

<table>
<thead>
<tr>
<th>LOS</th>
<th>ICD9 DRG</th>
<th>ICD10 DRG</th>
<th>Procedure Performed</th>
<th>Total Minutes to Code (ICD9)</th>
<th>Total Minutes to Code (ICD10)</th>
<th>ICD10 DX - Missing Documentation: CANNOT COMPLETE CODING</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>470</td>
<td>470</td>
<td>TKR</td>
<td>10</td>
<td>25</td>
<td>Not specified the type of OA (erosive, primary, post-traumatic, etc.) Not specified for laterality of OA (in general, not just regarding the knee being operated on). Missing details of knee subluxation (chronic, acute, traumatic, etc.) Not specified type of HTN. Missing cause of CAD (lipid plaque, calcified lesion)</td>
</tr>
<tr>
<td>4</td>
<td>460</td>
<td>460</td>
<td>Spinal fusion</td>
<td>30</td>
<td>30</td>
<td>Missing details of work-related injury to vertebral column prevents accurate choice of external cause of injury codes</td>
</tr>
<tr>
<td>3</td>
<td>475</td>
<td>476</td>
<td>BKA, Removal Hardware</td>
<td>27</td>
<td>45</td>
<td>Hardware removal does not specify what bone it was removed from. BKA does not give level so unspecified</td>
</tr>
</tbody>
</table>

Hardware removal does not specify what bone it was removed from.

BKA does not give level so unspecified.
Findings - Next Step

Productivity

Documentation

• Feedback to Clinical Documentation Specialist
• Feedback to Physician
• Financial Impact - FTE and DRG Shifts
• Comparison of ICD9 DRG to ICD10 DRG
COMMUNICATING RESULTS
THE GOOD, THE BAD, AND THE UGLY
Meetings

- Executive Sponsor and Oversight – Monthly – PM Leads
  - Power Point Deck with any ASKS
- Sponsor - Bi Weekly – group discussion
  - More Informal – Discuss project status, issues, escalations
- Business Unit Lead – Monthly – PM leads
  - Review Status and Executive Sponsor initiatives – Contingency Planning
- Education Status and Communication -  Bi Weekly – support role
- IT Functional and Integrated Testing – Bi Weekly – support role and status tracking
- Ad Hoc - Lead or support all business units with activities and needs
QUESTIONS