



ICD-10 Gap Assessment Lessons Learned

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- **Coding and Clinical Documentation**
 - Lack of productivity standards for coding professionals
 - Unable to establish benchmarks and key performance indicators
 - Inability to forecast and adequately plan for decreases in productivity thereby impacting workflow and DNFB
 - Inability to appropriately budget for potential staffing costs
 - Limited assessment of coding and CDI training needs
 - Inability to appropriately budget for potential training costs
 - Limited coding and documentation specificity
 - Gaps in clinical documentation → impact on clinical and quality outcomes reporting, case mix index, and reimbursement

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- **Revenue Cycle**

- Lack of Denials Management

- Inability to track claim denials by payor or type of denial (example - No tracking of medical necessity denials)
 - Inability to determine payment trends for future financial forecasting

- Lack of established DNFB goals

- Bottleneck of unbilled accounts in Coding and Patient Financial Services departments (example - High volume of Compliance and Revenue Integrity reviews create unnecessary unbilled accounts)
 - Inability to meet organizational financial goals and established industry benchmarks

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- **Information Technology Vendor Readiness**
 - Minimal vendor readiness in terms of software upgrades, interfacing, testing, and training, and support (example – 300 bed hospital identified a minimum of 31 vendors impacted, Meditech / Allscripts / Dell provide limited planning detail)
 - Inability to determine operational and financial impact
 - Inability to adequately identify all systems that store, capture, and transmit ICD-9 codes (example – ancillary and clinical systems unknown)
 - Inadequate ICD-9 to ICD-10 reimbursement mapping

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- **Change Management – Awareness and Impact**
 - ICD-10 implementation low priority among other organizational initiatives (i.e. Value Based Purchasing, EHR/Meaningful use incentives, etc.)
 - Competing organizational/departmental goals
 - Stakeholders with little to no sense of urgency
 - Change impact not communicated to all levels within organization
 - Lack of buy-in from executive leadership, middle management, and front-line employees

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- **Delays in ICD-10 planning will lead to:**
 - Delay in payments and increased A/R
 - Increased productivity losses(Coding / Collections / Patient Access)
 - Limited time for systems upgrades and/or testing
 - Inability to budget appropriately for costs related to decreased productivity and training
 - Limited opportunity to mitigate financial and operational risks

ICD-10 Gap Assessment Lessons Learned

- Organizations that haven't begun planning for the ICD-10 transition are already 6 months to 1 year behind.
- No longer can delay the inevitable!
- ICD-10 is a necessary (or unnecessary) evil to some, but Procrastination is the enemy!