Compliance reporting post ICD-10; avoiding the chasm

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Agenda

- Compliance reports and benchmarks based on ICD codes and understanding the ICD-10 impact
  - Core Measures
  - Hospital Acquired Conditions
  - Risk adjustments and Mortality & Morbidity Scores
- Strategies to protect data and reporting continuity across the October 1, 2014 date
- Bidirectional use of intelligence and analytics
- Identify enterprise-wide risks to patient safety, medical quality, outcomes, financial analysis and strategic planning based on ICD codes

ICD-10 Implications - Health Reform

- ICD Codes: the ultimate cross-continuum data of the industry
  - Understanding patients & populations & utilization of services
  - Linking & comparing various providers involved in each episode
  - ACO bundled payment - HCC risk adjustments
  - Meaningful use requirements
  - Demonstrating value
    - How quality and outcomes measured
    - Identifying care processes for re-engineering/cost reduction
Use of Coded Data

Quality

Clinicians

Revenue Processes

HIM

ICD-9 ICD-10

Quality

Clinical

Revenue Processes

Oct 1, 2014

Quality Reporting

Core Measures

Public Reporting

Performance Improvement

Initiatives

Outcomes

Scheduling & Patient Access

Orders & Prior Authorizations

Coverage of Services

Case Management

Billing

Payment

DNFB

Clinical Documentation

Mortality & morbidity adjustments

CMI reporting

Clinician Documentation

PQRS

Meaningful Use

OPPE

Benchmarks

Compliance Reports based on ICD Codes

• Internal reports & benchmarking
  - Core Measures case tracking & monitoring
  - Readmissions
  - Hospital-acquired conditions
  - Adverse events

• External & Public reports & benchmarks
  - Claims based reporting
  - Registries
  - Accreditation reports
  - Credentialing of medical staff

Sources of Patient Data

<table>
<thead>
<tr>
<th>Types of Patient Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICD Codes – Patient Conditions</td>
</tr>
<tr>
<td>CPT/HCPCS Codes</td>
</tr>
<tr>
<td>Demographic Data</td>
</tr>
<tr>
<td>Charges</td>
</tr>
<tr>
<td>Payments</td>
</tr>
<tr>
<td>ICD-Codes – Outcomes</td>
</tr>
<tr>
<td>Provides/entity identification</td>
</tr>
</tbody>
</table>

I C D C o d e s I n k

Utilization, Costs & Quality to Patients

Continuity & Standardization of Data Needed

10/1/14
Specific tools are required to manage continuity of benchmarks, analytics, balanced scorecards & other key performance measures based on coded data.

Impact of ICD-10 on Reports & Benchmarks

- Codes themselves will change - in form and volume, in specificity and in ability to shape analysis of outcomes
  - 18,000 ICD-9 codes growing to 150,000 ICD-10 codes
- Concepts behind certain codes will change
  - For example, myocardial infarction is currently defined as acute for 8 weeks, whereas with ICD-10, this shortens to 4 weeks
- Specificity of codes will create new opportunities to hone best practices and evidence based medicine analysis, but also create unanticipated opportunities that may spur unwelcome or unattractive attention
  - For example, sequelae associated disproportionately with certain medical staff

<table>
<thead>
<tr>
<th>Hospital-acquired Conditions</th>
<th>No. of ICD-9 Codes</th>
<th>No. of ICD-10 Codes</th>
<th>Example ICD-10 Concepts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foreign Object Retained After Surgery</td>
<td>2</td>
<td>53</td>
<td>Type of procedure, type of complications such as adhesions, obstruction, perforation. Many other codes specific to complications could be added.</td>
</tr>
<tr>
<td>Air Embolism</td>
<td>1</td>
<td>1</td>
<td>Current CMS ICD-10 code specific to air embolism following transfusion, injection or infusion. Many other codes specific to procedures could be added.</td>
</tr>
<tr>
<td>Blood Incompatibility</td>
<td>5</td>
<td>5</td>
<td>No specific ICD-10 code for blood incompatibility.</td>
</tr>
<tr>
<td>Pressure Ulcers, stage III &amp; IV</td>
<td>2</td>
<td>50</td>
<td>Specific site w/ laterality</td>
</tr>
<tr>
<td>Falls &amp; certain trauma</td>
<td>1059</td>
<td>3664</td>
<td>Specific fractures, dislocations, burns, &amp; other injuries, w/ laterality.</td>
</tr>
<tr>
<td>Catheter-associated UTI</td>
<td>1+10</td>
<td>1+14</td>
<td>Acute, chronic, w/ or w/o hematuria</td>
</tr>
<tr>
<td>Vascular-catheter-associated infection</td>
<td>1</td>
<td>2</td>
<td>NEC or NOS</td>
</tr>
<tr>
<td>Manifestations of Poor Glycemic Control</td>
<td>13</td>
<td>18</td>
<td>W/ or w/o coma, type of manifestation, drug or chemical induced</td>
</tr>
<tr>
<td>Mediastinitis following CABG</td>
<td>1+9</td>
<td>1+23</td>
<td>Approach, site, laterality &amp; number of vessels</td>
</tr>
<tr>
<td>Surgical Site Infections following Ortho</td>
<td>1pdx+3+3</td>
<td>725+13</td>
<td>Approach, site, laterality &amp; type of device</td>
</tr>
<tr>
<td>DVT following Ortho</td>
<td>6+6</td>
<td>36+122</td>
<td>Approach, site, &amp; type of device</td>
</tr>
<tr>
<td>Bariatric Surgery</td>
<td>1pdx+3+3</td>
<td>1pdx+2+49</td>
<td>Approach, site, &amp; method</td>
</tr>
</tbody>
</table>

Specific tools are required to manage continuity of benchmarks, analytics, balanced scorecards & other key performance measures based on coded data.
ICD-10 Codes will be used to explain utilization circumstances:

- Z91.11 Patient's noncompliance with dietary regimen
- Z91.120 Patient's intentional underdosing of medication regimen due to financial hardship
- Z60.2 Problems related to living alone
- Z68.02 Encounter for removal of sutures
- Z74.2 Need for assistance at home and no other household member able to render care
- R45.81 Low self-esteem

CMS translation GEMs

- Applying maps to claim sets:
  - Full year of inpatient claims
  - Full year of outpatient claims
  - Full year of professional claims

- Segment claims by type:
  - Core measures
  - Adverse Events
  - Hospital acquired conditions

- Visualize reports in both code sets and understand impacts and new ICD-10 code opportunities

Bidirectional

- ICD-9 V54.13 aftercare for healing traumatic fracture of hip

- ICD-10-CM S32.415D non-displaced fracture of anterior wall of acetabulum, left side, subsequent encounter for fracture with routine healing
Unidirectional

- ICD-10-CM J45.22 mild intermittent asthma with status asthmaticus

- ICD-10-CM J493.01 extrinsic asthma with status asthmaticus
  - Most frequently paid code based on MedPar & California state claims
  - Alternate choice not included in reimbursement maps
    (J493.11 intrinsic asthma with status asthmaticus)

New tools are needed

Understanding Claims in ICD-10
Strategies to Protect Outcomes Related to the Continuity of Your Data

- Work with HIM to develop a plan to measure and accelerate inter-coder reliability for consistency of data.
- Begin now to perform dual/second level coding reviews of all adverse effect, hospital acquired and mortality cases.
- Model current reports with ICD-10 codes and audit select cases to determine where improved documentation is needed to prevent declination of outcomes and results under ICD-10.
- Develop coding policies and scripts to educate on why conditions are documented and coded and available in patient portals. Prevent adverse public press of new conditions being documented and available.

- Help negotiate “hold harmless” periods with payers and others using benchmark reports.
- Model compliance reports on both ICD-10 codes and ICD-9 codes and compare trends and note area for further analysis.
- Discuss with CMO and Medical Executive Committee(s) the concept of a hold harmless period for ICD based reports used for re-credentialing/OPPE, but also gain a commitment from them to engage in documentation improvement initiatives.

Closing Remarks

- New tools with bi-directional mapping capability are needed.
- Compliance has a key role in protecting the continuity and data assets of the organization.
- Quality and value reputations are vulnerable without strategic planning.
Thank you

Questions?

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