PREPARING FOR ICD-10

Hem-Onc Practices

Oldies But Goodies


<table>
<thead>
<tr>
<th>Year</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase I</td>
<td></td>
<td></td>
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<tr>
<td>Phase II</td>
<td></td>
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<tr>
<td>Phase III</td>
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<tr>
<td>Phase IV</td>
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</tr>
</tbody>
</table>
Failure To Implement

*Failure to successfully implement ICD-10-CM:*
- Potential to create distorted or misinterpreted information about your practice or clinic
- Creates coding and billing backlog
- Increases in claims rejections/denials
- Causes cash flow delays
- May elicit future audits

Opportunities
- Improve the quality of your EMR and billing data
- Ascertain the types of cancer more finitely in your office or clinic
- Enhance documentation and thereby prevent increased record requests
- Improve organizational awareness of coding and billing snafus
2014 MGMA Study

- Of 1,200 practices, which represent more than 55,000 physicians, only 4.8 percent reported that they have made significant progress when rating their overall readiness for ICD-10 implementation. Those surveyed said they are “very concerned” about the overall cost of ICD-10 conversion (55.6 percent); loss of productivity of coding staff after implementation (67.3 percent); changes to clinical documentation (69.8 percent); and loss of clinician productivity after implementation (70.1 percent), according to the research published on June 13.

http://www.clinical-innovation.com/topics/policy/mgma-study-finds-icd-10-preparedness-lagging

Most Current Data

- *Healthcare Finance* did a recent survey that evidenced:
  - 31% would support a delay
  - 65% want to get on with it
  - 4% are undecided
Where People Are Now: Navicure

**Question 1: How far along is your practice in the ICD-10 preparation process?**
- Almost one-third of respondents (30%) have started implementation but paused efforts following the delay from Oct. 2014 to Oct. 2015.
- Only 21% feel they are on track for implementation. Even though they’ve started preparing, another 14% do not believe they are on track, while 15% have not started preparing at all.

Not Feeling That Good: Navicure

**Question 3: How confident are you that your practice will be prepared for ICD-10 by the transition deadline?**
- Only 21% of respondents say they are on track with their ICD-10 implementation efforts, yet 81% have some degree of confidence they will be prepared by the Oct. 1, 2015 deadline.
- Despite the ICD-10 implementation delay to Oct. 2015, respondents’ confidence in their readiness is actually dropping, not increasing. In the fall of 2013, 87% of respondents felt confident that they would be ready for what was then to be an Oct. 2014 implementation. In January 2015 that dropped to 82%.
- Thirteen percent do not feel confident that they will be prepared, up from 9% in fall 2013.
Where to Start?

Solo Practitioner Or Small Group (2-10)
Practice Implementation Planning

1. Organize Implementation Effort
2. Establish Communication Plan
3. Conduct Impact Analysis
4. Contact System Vendors
5. Estimate Budget
6. Implementation Planning
7. Develop Training Plan
8. Analyze Business Processes
9. Education and Training
10. Policy Change Development
11. Deployment of Code
12. Implementation Compliance

Source: AAPC
Easier--Divide Plan Into Six Sections

• Planning
• Vendors
• Budgeting
• Training
• Testing
• Payers
• Go-Live/Monitoring

Diagnostic Codes are Pervasive

• Diagnostic codes are everywhere – used by every person, every process, every system....
  – Superbills
  – Payments/EOBs/ERAs
  – Referrals
  – Contracts
  – EMRs/Order Entry
  – Payer Policies
• Where Are Yours?
PLANNING

Organize Implementation Effort

• Enlist staff person (coder, biller, manager) to oversee effort who will be key point person
  — Prepare information to share with other providers and staff
  — Identify work and scope for implementation
• Should be a team effort involving all medical practice staff and the staff needs to believe that this will actually happen.
• If everyone is not signed on to this, your effort will not work long term
• Try not to poke fun or equivocate on the start date
Make Sure You Understand

- The gravitas of the transition
  - The codes you use in your practice
  - How they will be different
  - How they will impact your organization
- This transition will not be free
- Outside help may be needed
- Networking is helpful
- Testing is an essential part of the transition—do not neglect this
- No one will think of everything

Organize Implementation Effort

- Examine the level of coding you have in your practice—who is certified? Who has experienced a change before, e.g. E/M, admin codes? Who is equipped to deal with this?
- Look at all areas that will impact practice and identify each one that will be affected
  - List of codes
  - Practice management system
  - Electronic Medical Record (EMR), if applicable
  - Superbills
  - Clinical areas and pharmacy
- Schedule regular meetings to share information with physicians and discuss progress and barriers of implementation.
- Again, do not joke about this or tell them it will be delayed—-we know that it won’t be.
Establish Communication Plan

- Plan must be written and disseminated as to how and when things will happen such as:
  - Training
  - Systems Testing
  - Chart Audits
  - Dual coding
  - Testing
  - Go-live Date
  - Monitoring
  - Shut Down of ICD-9-CM

Conduct Impact Analysis

- Take this step prior to development of budget
  - In depth look at resources required for implementation
  - Maybe check for a little process improvement
- Helps determine what costs might be involved as well as work processes
Potential Areas that will be Impacted!

ICD-10 will change everything.

Potential Areas that will be Impacted!

For those that can’t read the small print...

• Clinical Area
  - Patient Coverage
  - Disability Requests
  - Superbills
  - ABN’s

• Physicians
  - Documentation
  - Code Specificity
  - Problem lists

• Nurses
  - Forms
  - Documentation
  - Prior Authorization

• Managers
  - Policies & Procedures
  - Vendor/Payer Contracts
  - Budgets
  - Training Plan

Source: AAPC 2012
Other Areas

- Lab
  - Documentation
  - Reporting
- Billing
  - Policies & Procedures
  - Training
- Pharmacy
- Infusion Room

- Coding
  - Code Set
  - Clinical Knowledge
  - Concurrent Use
- Front Desk
  - Referrals/History codes
  - Systems

Source: AAPC 2012

List Every Area That Uses Codes

- Geographical
- Technological
- Processes
- Vendors
- Payers
- Paper
- Etc
Need Help Planning?

What It Looks Like

Impact Analysis Worksheet

Use this worksheet to track the various systems and work processes that use ICD-9 today. The assumption is that all current systems that use ICD-9 will need to be upgraded to ICD-10. As you review your current systems, you may want to consider converting manual processes to electronic processes.

<table>
<thead>
<tr>
<th>Work Processes</th>
<th>People</th>
<th>Systems</th>
</tr>
</thead>
<tbody>
<tr>
<td>Claims submission</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Billing system</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Posting payments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical documentation, e.g., patient reports, electronic medical record</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient registration system</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Checking patient's eligibility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verifying vaccine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Writing referrals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Writing orders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Encounter forms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coding tools, e.g., &quot;superbill&quot;, programs, books, resource materials</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quality reporting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public health reporting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disease registry/disease management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health insurance contracting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laboratory systems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: AMA ICD-10 Project
Conduct Impact Analysis

• Develop reasonable timeline that can be accomplished in your practice
  — Map out a project plan on a simple Excel spreadsheet with benchmarks and status of completion
• Managers and/or coders should get physician approval for the project plan and its impact on the practice. Make sure you show and tell them the level of work it will take.

From Impact Analysis

• Develop a plan for
  • Systems
  • Processes
  • Departments
  • Training
• Then, go to the next step...
# ICD-10 Implementation Project Plan Template

Use this worksheet to track the status of your work implementing the ICD-10 code sets.

<table>
<thead>
<tr>
<th>TASK</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1 Organize the Implementation Effort</td>
</tr>
<tr>
<td>Total estimated time to complete: 1 month</td>
</tr>
</tbody>
</table>

- Determine what code sets you wish to implement: ICD-10 diagnosis only, ICD-10 procedure only, or both the diagnosis and procedure. (See Additional Resources sheet)
- Identify project manager
- Identify key personnel to be involved in project plan
- Set a schedule for project meetings
- Begin preliminary budget for implementation costs, e.g., software upgrades, hardware upgrades, training, new forms, resource materials, etc.
- Plan for office communication on project

<table>
<thead>
<tr>
<th>TASK</th>
</tr>
</thead>
<tbody>
<tr>
<td>#2 Analyze Impact of ICD-10 Implementation</td>
</tr>
<tr>
<td>Total estimated time to complete: 3 months</td>
</tr>
</tbody>
</table>

- Determine which code sets you need to implement, ICD-10 diagnosis only, or both the diagnosis and procedure. (See Additional Resources sheet)
- Identify all electronic systems that use ICD-9 (see ICD-9 Tracking sheet)
- Identify all staff who work with ICD-9 and exactly what they do related to ICD-9 coding.
- Determine if you need to hire a consultant to assist you with implementing ICD-10, e.g., data collection forms, encounter forms, superbills, etc.
- Determine if you need to provide training to employees on ICD-10 coding.
- Identify system changes, identify workflow changes, conduct training.

<table>
<thead>
<tr>
<th>TASK</th>
</tr>
</thead>
<tbody>
<tr>
<td>#3 Contact Your Systems Vendor(s)</td>
</tr>
<tr>
<td>Total estimated time to complete: 2 months and ongoing</td>
</tr>
</tbody>
</table>

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VENDORS
Vendors

• EMR
• Practice Management
• Clearinghouses
• Encoders
• Chargemaster or Superbill Developers
• Denial Management
• Laboratory
• Chemo Management
• Transcription

Contact System Vendors

• Will they allow parallel coding?
• Will they be able to accommodate the need to move to ICD-10? Really? Were they ready for 5010?
• What plans do they have in place for implementation?
• Will they have new tools in place to help you with ICD-10? Will these have a cost? Will they create savings? How long will they run parallel coding?
• When will they have software available for testing? When will this be ready?
• Will we need new hardware or is current hardware sufficient?
• What is the cost?
System Vendors

• Insurance for System Failure
• Back-up
• Reporting Capabilities
• Biggest questions
  • Is this codified in your contract?
  • Do you have a mutual indemnification clause?
  • Do you need to switch vendors?

BUDGETING
**Estimate Budget**

- Budget considerations should include
  - Hardware costs
  - Software costs and licensing
  - Training
  - Parallel coding
  - Physician query
  - Productivity losses
  - Temps
  - Jeopardy to cash flow

- Some notable budget estimates follow this slide...

**Develop Budget**

- **Cost Breakdown Example**
  - Education $2,500
  - Process Analysis $7,000
  - Changes to Super bills $3,000
  - IT Costs $7,500
  - Increased Documentation $44,000
  - Cash Flow Disruption $20,000
  - **TOTAL** $84,000
AMA 2014 Estimate

<table>
<thead>
<tr>
<th></th>
<th>Typical Small Practice</th>
<th>Typical Medium Practice</th>
<th>Typical Large Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008 Estimated Costs</td>
<td>$83,290</td>
<td>$285,195</td>
<td>$2,728,780</td>
</tr>
<tr>
<td>2014 Estimated Costs</td>
<td>$56,639 - $226,105</td>
<td>$213,364 - $824,735</td>
<td>$2,017,151 - $8,018,364</td>
</tr>
</tbody>
</table>

Possible Expenses

- Printing and document change
- New software
- New hardware
- Training
- Transcription
- Productivity loss
- Lending/charge cards
- Overtime
- Temps
ICD-10 Implementation $: AMA

<table>
<thead>
<tr>
<th>Information Systems</th>
<th>Estimated</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>PM</td>
<td>$8,000.00</td>
<td></td>
</tr>
<tr>
<td>EMR</td>
<td>$6,000.00</td>
<td></td>
</tr>
<tr>
<td>Coding Software</td>
<td>$2,000.00</td>
<td></td>
</tr>
<tr>
<td><strong>Category Total:</strong></td>
<td><strong>$16,000.00</strong></td>
<td><strong>$</strong></td>
</tr>
<tr>
<td>Auditing/Review/Mapping</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consulting Year1</td>
<td>$10,000.00</td>
<td></td>
</tr>
<tr>
<td>Consulting Year2</td>
<td>$10,000.00</td>
<td></td>
</tr>
<tr>
<td>Training/Consulting</td>
<td>$6,000.00</td>
<td></td>
</tr>
<tr>
<td>Process Review</td>
<td>$4,000.00</td>
<td></td>
</tr>
<tr>
<td>Mapping to ICD-10</td>
<td>$6,000.00</td>
<td></td>
</tr>
<tr>
<td><strong>Category Total:</strong></td>
<td><strong>$36,000.00</strong></td>
<td><strong>$</strong></td>
</tr>
<tr>
<td><strong>Training</strong></td>
<td>(Each Staff)</td>
<td></td>
</tr>
<tr>
<td>Physicians (10)</td>
<td>20 hrs @ $3K</td>
<td>$10,000.00</td>
</tr>
<tr>
<td>Coders/Billers (4)</td>
<td>60 hrs @ $3K</td>
<td>$12,000.00</td>
</tr>
<tr>
<td>Managers (1)</td>
<td>20 hrs @ $3K</td>
<td>$1,000.00</td>
</tr>
<tr>
<td>Nurses (8)</td>
<td>10 hrs @ $500</td>
<td>$4,000.00</td>
</tr>
<tr>
<td>Ancillary Staff (3)</td>
<td>10 hrs @ $500</td>
<td>$1,000.00</td>
</tr>
<tr>
<td><strong>Category Total:</strong></td>
<td><strong>$28,500.00</strong></td>
<td><strong>$</strong></td>
</tr>
<tr>
<td><strong>Overtime</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coders/Billers (6)</td>
<td>60 hrs, pre &amp; post</td>
<td>$9,500.00</td>
</tr>
<tr>
<td>Ancillary Staff (3)</td>
<td>10 hrs, pre &amp; post</td>
<td>$3,000.00</td>
</tr>
<tr>
<td><strong>Category Total:</strong></td>
<td><strong>$12,500.00</strong></td>
<td><strong>$</strong></td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td><strong>$99,000.00</strong></td>
<td><strong>$</strong></td>
</tr>
</tbody>
</table>

**NOTE:** $9,300 per doctor

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ICD-10 Implementation $$: MGMA

**Cost Breakdown - 3 doctor practice**

<table>
<thead>
<tr>
<th>Category</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education (Minimal Training)</td>
<td>$2,500.00</td>
</tr>
<tr>
<td>Process Analysis (Consultant/Additional Staff Hours)</td>
<td>$7,000.00</td>
</tr>
<tr>
<td>Changes to Superbills (Consultant/Reprinting)</td>
<td>$3,000.00</td>
</tr>
<tr>
<td>IT Costs (Upgrades/New Technology)</td>
<td>$7,500.00</td>
</tr>
<tr>
<td>Increased Documentation (Dictation/New Technology (e.g., Dragon))</td>
<td>$44,000.00</td>
</tr>
<tr>
<td>Cash Flow Disruption (Lost Production)</td>
<td>$20,000.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$84,000.00</strong></td>
</tr>
</tbody>
</table>

**NOTE:** $28,000 per doctor
Best Budget Tool

- In EXCEL for your convenience!
- No charge
- Other resources at that web site

AAFP Tool Live

![ICD-10 Cost Calculator](image-url)
Ask Yourself

How much did 5010 really cost your practice?

TRAINING
Develop Training Plan

- Who needs training?
  - Physicians
  - Coders
  - Billing staff
  - Administrative staff
  - Nurses, MAs, Pharmacy
- Required number of hours depends on their role and coding interface
- Coders must pass proficiency test
- What resources are available in your area?

Develop Training Plan

- Many organizations will have several mechanisms for training
  - Distance learning
  - Workshops
  - Conferences
  - Audio Conferences
  - Webinars
  - Books
- Establish training schedule or just “Train the Trainer”, but this must be a trusted coding person who also can communicate necessary information to clinicians.
- Having systems that facilitate clinicians and coders to be around the codes in the Summer are helpful.
If You Trained in 2013-2014

- Do certified coders need to re-take proficiency test?
- Do coders and billers remember what they learned?
- Has there been turn-over? Who are the new folks and have they received training? Do they have documentation of training received?

Develop Training Plan

- Determine if temporary staff or overtime will be necessary during training period
- What materials will the office need for ongoing support after training?
  - Books
  - Software (code look up programs)
  - Other
Training Resources--AHIMA

Together ICD-10-CM and ICD-10-PCS have the potential to reveal more about quality of care, so that data can be used in a more meaningful way to better track the outcomes of care. ICD-10-CM/PCS incorporate greater specificity and clinical detail to provide information for clinical decision making and outcomes research.

http://www.ahima.org/topics/icd10

ICD-10 Training for Coders

This ICD-10 training plan (below) can ensure your coding staff is prepared for the transition to ICD-10 on October 1, 2014. Developed by a team of nationally renowned experts, our ICD-10 training for coders incorporates comprehensive curriculum with actionable steps for all those involved with their organization’s transition to ICD-10. To better understand the full impact of ICD-10, please review our ICD-10 codes resource page.

Download a printable version of the following training plan.

https://www.aapc.com/ICD-10/training.aspx
AMA Training

Training & Events

1 - 8 of 8 Products

ICD-10-CN Workshop: Expanded—May 15-16
List Price: $650.00
Options: Chicago - 05/16/2014
Buy Now

ICD-10-CN Workshop: Expanded—July 17-18
List Price: $650.00
Options: Chicago - 07/17/2014
Buy Now

Physician ICD-10-CN Coding Summit: June 9-10
List Price: $955.00
Options: Atlanta, GA - 06/09/2014
Buy Now

Product: ICD-10-CM Coding and Management
List Price: $399.00
Options: Chicago - 07/17/2014
Buy Now

Product: ICD-10-CM Coding and Management
List Price: $399.00
Options: Atlanta, GA - 06/09/2014
Buy Now

https://commerce.ama-assn.org/store/catalog/subCategoryDetail.jsp?category_id=cat1150042&navAction=jump

Coding Tools

- EncoderPro https://www.optumcoding.com/Product/20510/
- Supercoder http://www.supercoder.com/
- CodeItRightOnline http://www.codeitrightonline.com/
- Hospitals—3M Encoders
Education and Training

• Formal education should begin approximately 6-8 months prior to implementation
• Physicians and coders/billers will need more training time than administrative staff
• Large practices may need to begin earlier to accommodate all staff who need training
• Use various methods of training: on-line, distance, “Boot Camps”
• Have an in-house trainer
• Coders must pass a proficiency test---maybe more than once

Physician Training

• Make them aware that this is not just some bureaucratic change that falls directly on the administrator
• Be optimistic---show that solid tumors are not that different
• Demonstrate the differences in coding using internal or external resources
• Let them hang out with codes
  • Will your EMR show both codes for a time?
Testing of Code

• Does your PM system transmit ICD-10 codes?
• What does your clearinghouse do?
• Is your coding translated to incentive programs, PQRS? EHR?
• Does the process from documentation to billing work?
• Where are the snafus?
Medicare Testing

- Two Types of Testing
  - Acknowledgement Testing
  - End-to-end testing
- Some of these opportunities are limited in your MAC jurisdiction. Query your vendors
  - Did they participate?
  - If so, what were the results?

Other Payers

- When will they let you test?
- What are they testing?
- Will it give you all you need to know about compliance?
- How disruptive is testing?
- Will it cost you money in software, staffing or claim delays?
Payers

Analyze Payer Processes

• Identify all payer systems and processes that currently use ICD-9-CM
• Review existing medical policies related to ICD-9-CM
• Which contracts tied to reimbursement are tied to a particular diagnosis? Which payers have policies for cancer drugs that are tied to ICD-9? How will this be impacted?
• Modify any contract agreements with health plans
• Ascertain their timelines for testing ICD-10 acceptance
Policy Change/ Payment Impact

- After health plans complete and change medical policy for procedures and services a specialty provides
- Review new payment policies
- Identify opportunities to improve coding processes
- Communicate policy changes to applicable staff
- Find out the policy switch-over date—Medicare is April 10, 2014
  - ANTHEM, Blues are currently on-line
- How long will they accept ICD-9-CM claims?
- Good news: many payers have ICD-10 right on their sites right now!!! Check it out!!!

Looking At Medicare policies


Use the following steps to access the list of LCDs with ICD-10 codes:
1. On the CMS MCD Homepage, click on the “Indexes” tab at the top of the page;
2. Select “Local Coverage”;
3. Select one of the three display options for LCDs (“LCDs by Contractor,” “LCDs by State,” or “LCDs Listed Alphabetically”);
4. If you choose LCDs by Contractor, click on that link;
5. Select a MAC;
6. In the Document types, checkmark the square for “Future LCDs/Future Contract Number LCDs”;
7. Click the “Submit” button;
8. Click on the Contractor name; and
9. A list of Future Effective LCDs will display. Those LCDs with a 10/01/2015 Effective Date are ICD-10 LCDs.
What To Look For

- Acceptance of unspecified codes
  - Body site
  - Laterality
- Requirement for metastases
- Requirement for “use additional codes”
- Allowance for ‘history of’
- Or, is it just a cross-walk?

GO LIVE
Deployment of Code

• Should receive all updated software no later than 7/31/2014 for implementation of your charge documents. And, that is cutting it mighty close...
• Vendor delivers software update with ICD-10-CM, but you should also know how long ICD-9 will be on-line. Do they allow parallel coding.
• Vendors should
  • Test system
  • Integrate software into your systems
  • Make internal customizations
  • Test systems with clearinghouses, payers, electronic claims transmission (end to end)
  • Ensure that the vendor will maintain updates to code during transition period

Conversion of Codes

• Convert all primary solid tumors that you treat
• Convert leukemia and lymphoma
• Convert common hematology code if you treat
• Convert common side effects
  • Anemia
  • CINV
  • Dehydration
  • Neuropathy
  • Thrombophlebitis
  • Fatigue
  • Renal Failure
  • Etc
Use of GEMS Versus RM

- GEMs (General Equivalence Mappings) maps ICD-9 forward to ICD-10. Problems with that include:
  - No bilateral coding; all map to “unspecified”
  - Many combination codes are included while only some may be applicable
- RMs (Reimbursement Mappings) maps backwards from ICD-10 to ICD-9
  - New concepts in ICD-10 have no mapping
  - Some of the mapping may not be applicable to a specific drug, e.g. mesothelioma versus lung cancer

Set A Claims Baseline
9/30/2015

- Days to File
- Days to Pay
- Denial Percentage
- Insurance Days in Receivables
Introduction

• Delays and denials are ubiquitous---every facility has them
• With the advent of HIPAA-compliant electronic billing, remittance and transmission, complete payment records can be seen and analyzed
  • onPoint Oncology has such a database from a well-known Clearinghouse
  • 150+ practices, 1500+ physicians in a de-identified database
  • All billing is Part B, some are owned by hospital networks
  • For today’s session we are looking at drug claims only

focalPoint® Scope and Reach

155 practices and growing; >1500 medical oncologists and growing
From focalPoint (All Cancer Drugs)

- Days to File = 13 days
- Days to Pay = 36 days
- Net Days to Pay = 23 days
- Denial Percentage = 7.59%
- Aging = Aging for Insurance Only
  - 0-30 days = 65%
  - 31-60 days = 20%
  - 61-90 days = 5%
  - 91-120 days = 3%
  - >120 days = 8%

Implementation From 10,000 Feet

- Perform a ‘blitz’ and get rid of as much A/R as you can by September 30
- Ensure you are staffed for the change.
- Make sure lines of credit are in place.
- Monitor every claim prior to submission for code compliance and for days to file.
- QA chart to billing coding and do this until it looks clean.
- Watch insurance A/R like a hawk.
- Pursue vendor and payer problems as necessary.
Resources

ICD-10-CM Online
http://www.cdc.gov/nchs/icd/icd10cm.htm

GEMs Mapping Files

Preparation Check List

CMS ICD-10 Information
https://www.cms.gov/ICD10/

Basic Education Sites

- NCHS – Basic ICD-10-CM Information
  http://www.cdc.gov/nchs/about/otheract/icd9/abticd10.htm

- CMS – ICD-10-PCS Information
  http://www.cms.hhs.gov/ICD10/02_ICD-10-PCS.asp

- AHIMA - ICD-10 Education
  http://www.ahima.org/icd10/index.asp

- WEDI – ICD-10 Implementation
  www.wedi.org
CDC’s Web Resources

• General ICD-10 information
  http://www.cdc.gov/nchs/about/major/dvs/icd10des.htm
• ICD-10-CM files, information, and General Equivalence Mappings (GEM) between ICD-10-CM and ICD-9-CM
  http://www.cdc.gov/nchs/about/otheract/icd9/icd10cm.htm

*ICD-10 Resources: CMS

www.cms.gov/icd10
In Summary...

• The time to start is YESTERDAY
• The first thing you need to do is determine where change needs to happen and how much it will cost. Physicians may have no idea that this will be a line item.
• Getting your vendors in line is key to success.
• Don’t be conservative in budgeting.
• Physicians need to be trained—do not let them off the hook—documentation is very different under ICD-10-CM.
• Check out your payer policies—some are already translated!
• What did you learn from 5010 that will help you with this?
• Marshall the resources that are available at no charge and there are a lot.

Introducing assistPoint.com

• One web site with every cancer drug program application on it—uninsured, co-pay card, and links to Foundations
• Other information is there also: Coding and Reimbursement Guides, Package Inserts, NDCs
• For Industry-sponsored forms
  • Auto-populated forms with all pertinent information for quick enrollment
  • Transmitted to portal or program by fax, e-mail, or portal-to-portal
  • Auto-signature options
• Tracking of workflow on-site
• Registration launching early June 2015
What is assistPoint™?

• Cloud based application with connectivity to over 1900 hem/onc MD’s throughout 165 cancer centers.

• Provides an automated patient assistance enrollment process for oncology practices who desperately want to remove paper forms from their workflow process.

• Improves – workflow, program utilization, speed to therapy & services fulfillment.

• Eliminates the need for manual enrollment form completion and fax.

• Drives data (and enrollments) to portals (if requested).

What is assistPoint™?

• Technology allows patients to sign form at registration or through secure online web portal for a completed legible form at the point of assistance.

• assistPoint™ allows practices to access multiple manufactures’ applications from the desktops, or handheld eliminating the need to go to portals, manual applications or fax machines.

• assistPoint™ affords manufactures the opportunity to change programs or applications without re-training participating practices.

• assistPoint™ will aggregate statistics on applications access by the practices we serve.
www.assistPoint.com

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  - 800-795-2633
- Newsletter is free!
  - Sign up at www.onpointoncology.com