ICD-10 Best Practices and Optimizing Revenue Cycle Performance

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About Justin T. Barnes

As a healthcare innovation executive and strategist, Justin is a corporate, board and policy advisor who also serves as an Entrepreneur-in-Residence with Georgia Tech’s Advanced Technology Development Center. In addition, Mr. Barnes is Chairman Emeritus of the HIMSS EHR Association as well as Co-Chairman of the Accountable Care Community of Practice.

Barnes previously was a member of the leadership team at Greenway Health where he worked for 11 years primarily serving as Vice President of Marketing, Industry Affairs, Government Relations and International Affairs.

Justin has formally addressed and/or testified before Congress as well as the last two Presidential Administrations on more than twenty occasions since 2005 with statements relating to value-based medicine, accountable care, interoperability, EHR meaningful use, consumerism and much more. Barnes is a regular public speaker on these issues and has appeared in more than 800 journals, magazines and broadcast media outlets relating to national leadership of healthcare and health IT.
Public Policy & Regulations
Policy & Regulation

Healthcare Reform/Transformation

- MedPAC recommendations to realign fee schedules to support primary care, ACOs, bundled payments, capitated models, and shared savings programs
- In January, Medicare will start paying $42/month to doctors to coordinate care for chronically ill
- Continued push to align quality measures across all incentive programs

State of EHR Meaningful Use

- HIT Policy Committee released Stage 3 recommendations ~ [http://tinyurl.com/mo8fuzd](http://tinyurl.com/mo8fuzd)
  - Expect Proposed Rule in Fall 2015
- Over 490,000 care providers registered for meaningful use (*412,990 have achieved MU*)
- Over $25.2 billion in incentives paid to eligible providers & hospitals
Assessing ICD-10 Delay

Protect your investment

Continue conversion plan
  ◦ Education & training

Reassess health IT platform

Keep focus on long-term success

Continue to expand clinical documentation
  ◦ Documenting toward quality reporting is a foundation for value-based medicine

Visit CMS for ICD-10 updates: http://www.cms.gov/Medicare/Coding/ICD10/
ICD-10 Benefits for you

- **Informs better clinical decisions** as better data is documented, collected, and evaluated
- **Enables patient segmentation** to improve care for higher acuity patients
- **Improves design of protocols** and clinical pathways for various health conditions
- **Supports practice transition to risk-sharing models** with more precise data for patients and populations
- **Allows better documentation** of patient complexity and level of care, supporting reimbursement for care provided
- **Provides objective data** for peer comparison and utilization benchmarking
- **May reduce audit risk exposure** by encouraging the use of diagnosis codes with a greater degree of specificity as supported by the clinical documentation
Sustainability & Strategy

Public & private payer goals to slow growth of healthcare costs

- Decreasing the number of duplicate tests performed
- Reducing number of patient days in hospital and readmissions
- Increase patient compliance via engagement and satisfaction
- Support legislation to stabilize SGR & modify FFS
- National collaboration on data exchange & standards
ICD-10 Readiness & Revenue Cycle Performance

Guest Speaker
About Robert S. Mehan “Bobby”

The President and CEO of SMC is responsible for innovation, growth strategy, corporate development, business relations and sales operations.

Bobby has a background training, marketing and government affairs. He began as a Client Services Senior Project Manager at Greenway Medical and aided Greenway in compliance assistance with HIT legislation, CCHIT certification as well as revenue cycle management (RCM). Since Bobby founded SMC in 2010, the business has grown exponentially and today offers a broad range of implementation, training, ICD-10, RCM and EHR services as well as PCMH and ACO support and strategy.

Bobby holds a B.S. in Political Science with an emphasis in Strategic Planning from the University of West Georgia and certificates in Budgeting, Revenue, and Alternative Dispute Resolution from the University of Georgia.
Revenue Cycle Management

What is RCM?

- Outsourced Service or In-house billing?

Benchmarks

- Percentage of Collections, Denial Management, Days in AR.

Technology

- Practice Management, EHR, EDI Dashboard

*RCM is not a service it is a process*
Revenue Cycle Performance

What is RCP?-Data Liquidity and Processes

Minimizing the Administrative Burden Index-AAPC RCM + Overhead 21% of your Claim. Administrative Burden Index

Provider Risk Mitigation-How much is each CPT code costing you?

Managing your performance-Collecting Co-Pays and Patient Contracts
ICD-10

What is it? (International Classification of Diseases 10th Edition)

How this impacts you?
ICD-10 (Continued)

ICD-10 Code Set Changes

ICD-10 Changes in Documentation

How does this impact your revenue?
Accountable Care, Value-based Medicine & Care Coordination Strategies
The Evolution

- Over 75% of providers have EHRs
- Training and usability are key
- Established data liquidity

- 371,000+ providers have achieved incentives
- If you don’t qualify, use criteria as a “playbook”
- MU Stage 2 = PCMH/ACO foundation

- Quality reporting
- Outcomes-based payments
- ACO/APM/VBP

*These are essential building blocks for a sustainable healthcare system*
Engage Established Incentive Models

Meaningful Use Stage 2
- Elements such as care coordination & patient engagement are foundations for value-based medicine
  - Evidenced through specific core & menu items such as VDT, ToC

Patient-Centered Medical Home
- Specialty Medicine: Patient-centered Specialty Practice (PCSP) expands PCMH from primary care
- Seek EHRs that offer 16-20+ NCQA prevalidated auto credits

Accountable Care Organization
- Joins siloed entities: Payers, provider groups, hospitals
- 606+ ACOs serving 25M Americans
- Composition of the care delivery model is shifting
  - For example, ACOs with hospice have increased from 19% in 2012 to 42% in 2013
Market Evolution

**Alternative Payment Models (APM) are emerging**
- Focus of SGR repeal proposals
- Health plans are incentivizing patient behavior
- Low performers are being pushed out of APMs

**Rise of communities of health/ecosystems**
- Assess peers, benchmarks, patient volume and payer transparency
- Provider risk-based education, analytics, RCM & Data Services
- MU is a foundation for ACO, PCMH, Care Coordination futures
- Continued positive ACO growth
Community of Health Strategies
Position Your Practice

Utilize Health IT to increase care coordination in your community
  ◦ Focus on the importance of EHRs and meaningful use as a foundation
  ◦ Standards-based interoperability

Evaluate beneficiary volume in your organization and research if expansion strategies are warranted
  ◦ Partner with local practices and hospitals
  ◦ New organizational structures emerging
  ◦ Identify CMS, commercial, or combined care coordination/ACO opportunities

Research the average cost for episodes of care
  ◦ Medicare is sharing cost data; inquire with commercial payers as well
  ◦ Knowledge is power when negotiating with payers
Additional Resources

The Centers for Medicare & Medicaid Services (CMS)

- CMS Educational Events Page ([http://tiny.cc/awdqnx](http://tiny.cc/awdqnx))

U.S. Department of Health & Human Services (HHS)

- Understanding HIPAA ([http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html))
- Medicare Provider Utilization and Payment Data ([http://tiny.cc/hreqnx](http://tiny.cc/hreqnx))
- Medicare Physician Compare ([http://tiny.cc/tweqnx](http://tiny.cc/tweqnx))
Questions or Comments?

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Thank you

To contact our speaker, Justin Barnes, email him at: Justin@JustinBarnes.com

For more information on advisory and consulting services for:

- ICD-10 Preparation, Training & Optimization
- Revenue Cycle Management
- EHR & Meaningful Use
- Patient-centered Medical Homes (PCMHs)
- Accountable Care Organizations (ACOs)

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