



ICD-10: Bracing for Impact

Be prepared for ICD-10 with minimal disruption to your organization, and learn to succeed in a brave new world.

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Contents

Executive Summary	2
ICD-10 is the Largest Healthcare Mandate in History: Are You Ready?...	3
ICD-10: How to Make Sure You're Ready.....	3
Tips for Success	3
ICD-10 Is Your Vendor Ready	4
Allscripts: Prepped and Ready for ICD-10	5
Allscripts Technology is Ready	5
Allscripts Education is Second to None.....	5
Allscripts has Connections	5
Allscripts Knows Data	6
Allscripts is Experienced	6
Transform Fear of ICD-10 into Clinical and Financial Freedom.....	7

EXECUTIVE SUMMARY

In this paper, you will learn how to adapt and thrive in the new environment of ICD-10. While many healthcare organizations are bracing for the worst, we can show you how to transform the threat of ICD-10 into a new, positive revenue model to ensure your future financial growth.

ICD-10 is the Largest Healthcare Mandate in History: Are You Ready?

Many in healthcare are focused on meeting the requirements of the Affordable Care Act, but ask clinicians and they will tell you it is the upcoming conversion to ICD-10 that has their undivided attention. Why?

- The precision documentation requirements are exponentially higher than what was required by ICD-9.
- For the first time, ICD-10 puts the responsibility for accurate coding solely in the hands of the physician.
- Without the right technology in place on October 1, 2014, a physician will not be able to create something as simple as an ICD-10 compliant encounter sheet on October 2.
- The potential for lost revenue is significant—some organizations have opted to focus solely on ICD-10 compliance and forgo Meaningful Use attestation in 2014, as they fear the disruption to their revenue stream caused by ICD-10.

According to The Workgroup for Electronic Data Interchange (WEDI), 80 percent of healthcare providers will fail to complete their ICD-10 business changes and begin testing before 2014.¹

The good news is that with proper planning, and the right partner, a transition from ICD-9 to ICD-10 isn't just possible—it can be seamless.

ICD-10: How to Make Sure You're Ready

Want to put ICD-10 conversion in your rear-view mirror? Here are a few questions to ask yourself to be sure you're ready for a smooth transition:

- Has every member of my team received the proper education to make ICD-10 transition a success?
- Is my Electronic Health Record (EHR) and Practice Management (PM) vendor ready for ICD-10?
- Will my EHR put ICD-10 codes and all forms at the clinician's fingertips?
- Will I have ongoing support as I move forward with ICD-10?

Tips for Success

The Centers for Medicare and Medicaid Services (CMS) recommends the following basics for preliminary planning to comply with ICD-10:

- Identify which of your current systems and work processes use ICD-9 codes
- Talk with your practice management system vendor about accommodations for ICD-10 codes
- Discuss implementation and testing plans with all your clearinghouses, billing

¹ Erin McCann, "Outlook Grim for Docs' ICD-10 Readiness," HealthcareITNews, (December, 19, 2013), <http://www.healthcareitnews.com/news/grim-outlook-docs-icd-10-readiness>

services and payers to ensure a smooth transition

- Talk with your payers about how ICD-10 implementation might affect your contracts
- Identify potential changes to workflow and business processes.
- Assess staff training needs. Identify the staff in your office that code, or have a need to know the new codes
- Budget for time and costs related to ICD-10 implementation, including expenses for system changes, resource materials and training
- Conduct test transactions using ICD-10 codes with your payers and clearinghouses²

ICD-10: Is Your Vendor Ready?

Preparedness for ICD-10 on your part is only a fraction of the equation. You should ensure that your EHR and PM vendor is, in fact, prepared to meet the requirements of this monumental shift in healthcare. Questions you need to ask your vendor include:

- How will my vendor ensure all of my staff are prepared and comfortable with what is required for ICD-10? Education is critical!
- Are both of my current EHR and PM systems compliant?
- Is my vendor ready to help me start filing for ICD-10 right now?
- Is my vendor going to have all the information I need come October 1st? Will they have the forms I need specifically for my state?
- Is my vendor prepared to help me succeed with ICD-10? How will they support me on a regular basis to ensure a smooth transition?
- What is my vendor's plan for the future? How do they plan to expand interoperability? Some vendors will claim they can't have a roadmap because they don't know how the government requirements will change, but with the right network and connections, they should have insight into the future and be prepared to evolve.

According to WEDI, 20 percent of vendors said they were halfway there or less with developing products in support of ICD-10, and 40 percent indicated they wouldn't even have a finished product available until sometime in 2014.³

² "ICD-10 Basics for Medical Practices," The Centers for Medicare and Medicaid Services, (June 2013), http://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD10_Basics_for_Medical_Practices_060413%5b1%5d.pdf

³ Erin McCann, "Outlook Grim for Docs' ICD-10 Readiness," HealthcareITNews, (December, 19, 2013), <http://www.healthcareitnews.com/news/grim-outlook-docs-icd-10-readiness>

Allscripts: Prepped and Ready for ICD-10

For Allscripts clients, October 1st, 2014 will be just another day in the life of a healthcare organization. Why? Because Allscripts has gone to great lengths to ensure clients are prepared not only for ICD-10, but beyond.

Allscripts Technology is Ready

Problem IT, a robust search engine powered by Intelligent Medical Objects (IMO), thinks the way a provider does and categorizes codes logically. Providers can search for terms “in their own words” rather than being forced to type long clinical terms. All options for ICD-9 and ICD-10 codes come up and are displayed side-by-side for easy analysis. Behind the scenes, terms are mapped to SNOMED-CT to assist with clinical analytics and meaningful use reporting.

Allscripts has added more than 20,000 ICD-10 codes to its database. The clinical decision support module, built into the EHR, has all of the ICD-10 mandated clinical quality measures added to the system to alert the provider and deliver health maintenance reminders.

Allscripts Practice Management™ incorporates payer and regulatory updates including ICD-10, HIPAA and ANSI 5010, so back-end financials are always up-to-speed. Allscripts Practice Management delivers real-time visibility into reimbursement performance activities. With intuitive reports and tools, you can determine why a claim was denied, and which codes might be at fault. You can identify critical reimbursement patterns by parsing electronic remittances sent from payers and utilize market-leading data analysis to recognize trouble areas and trends.

Allscripts Education is Second to None

Allscripts Education Services offers learning methodologies specifically designed to assure the success of our clients. ICD-10 training is available through an array of in-depth classroom configuration training to simple, role-based eLearning to customized end-user training.

Allscripts also partners with The Breakaway Group, a Xerox company, to provide education and client readiness assessments. The Breakaway Group specializes in achieving fast, measurable and sustainable adoption of software applications in healthcare. The Breakaway Group offers Foundation and Foundation+ to speed successful ICD-10 adoption.

These services and programs, delivered online and at the point of care, are designed to dramatically reduce stress and inefficiencies, eliminate guesswork and shorten the time to attain ICD-10 proficiency before go live. The next step is to sustain proficiency throughout the technology, workflow and personnel changes that every organization experiences over time.

Example of how Problem IT works in practice:

A provider can search for “wrist fx” and instantly find all types of wrist fracture-related diagnoses to quickly choose the right code.

For Allscripts clients, make sure you are running on at least version 11.4 for Allscripts TouchWorks EHR, and version 13.0 SP 1 for Allscripts Professional, to have ICD-10 support available and ready for use.

Allscripts has Connections

The future of medicine lies in the Health Information Exchange (HIE). To stay ahead of ICD-10, you cannot afford to have critical patient data living in a bunker. Allscripts technology is open and able to share data with every member of the care continuum. This connectivity allows providers at all levels of care to improve not only patient outcomes, but to transform what's possible in population health management. Physicians can see trends and share insights with decision-makers at the federal, state and local level in order to coordinate real health improvement in the entire population.

And Allscripts doesn't guess at what's coming down the ICD-10 pipeline. With connections at every level of the healthcare spectrum, and by actively participating in various government and physician committees, Allscripts is well positioned to keep clients prepared for the ever-changing healthcare landscape.

Allscripts Knows Data

Many vendors have critical patient data locked away in an unstructured format. Allscripts data analytics are integrated directly into the application. Real-time clinical decision support directly at the point-of-care is an essential component for ICD-10 success. With interoperability across the care spectrum, you can move from handling a patient episodically to true care plan management and coordination.

Through robust financial analytics, you can understand the cost of care for each facility, for each staff member, for each patient—even for each individual device. Analytics combined with smart Key Performance Indicators (KPIs) to benchmark an organization provide real-time actionable insights. The result is visibility that can move the organization from fee-for-service into a fee-for-value model.

Allscripts is Experienced

Allscripts preparation strategy for ICD-10 and the changing landscape of healthcare is unique and unparalleled. Here's why:

- Allscripts EHRs meet and exceed 100 percent of regulatory requirements including ICD-10, Meaningful Use, capability in PQRS and support for PCMHs and ACOs.
- Allscripts Payerpath handles 600 million transactions annually. With such a large portion of this in the ambulatory space, we can address each step in the revenue cycle, from eligibility verification through patient collection, yielding cleaner claims and faster payments. In fact, the first-time pass rate for claims processed through Allscripts Payerpath is 98 percent, significantly better than the industry average of 90-92 percent and the competition. Payerpath also enables us to deliver benchmark KPIs that can help you identify areas for improvement and really enhance your financial outlook.
- Allscripts is #2 in Meaningful Use (MU) attestations to date. We have also implemented cloud-based reporting for MU moving forward. With CMS

constantly changing their requirements and standards, this will allow us to properly support our clients in always keeping pace with Meaningful Use.

- With over 180,000 physicians, 50,000 practices, 1,500 hospitals and 10,000 post-acute facilities using our solutions, our footprint adds up to 1 in 3 physicians in the U.S. using an Allscripts solution. In 2013 alone, we gained 580 new clients and continue to grow.
- Allscripts implementation and training methodology is second to none, built specifically for caregivers in an ongoing learning environment to ensure end-user adoption and full realized potential of Allscripts products.
- Allscripts generated \$1.4 billion in revenue and invested approximately \$500 million in research and development and strategic acquisitions during 2013. R&D investment alone increased more than 20 percent in 2013. No other HIT vendor can match our commitment to innovation and to investing in our clients' future. We also achieved 23 percent bookings growth in 2013 (compared to 2012). And we ended the year on a very strong note, with +50 percent bookings growth in the fourth quarter. We are building a company of lasting value that will meet our clients' future needs.

Transform Fear of ICD-10 into Clinical and Financial Freedom

You can be ready for ICD-10, and Allscripts is here to show you the way. Our consultants are ready to answer any questions you may have.

Contact an Allscripts representative today at: [1-800-334-8534](tel:1-800-334-8534)



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