

'I Don't Know Why Anyone Would Wait'

HUMAN SERVICES LEADERS RECOMMEND PREPARING FOR ICD-10 NOW TO AVOID BUSINESS INTERRUPTION LATER

On Oct. 1, 2015, the healthcare diagnostic process will undergo a fundamental shift. Starting that day, the ICD-9 (International Classification of Diseases, 9th Edition) code sets used to report medical diagnoses will be replaced by the ICD-10 code set. The stakes are high, and any organizations who fail to comply will be unable to bill for any and all services provided after that date, and this could severely impact their cash flow and their ability to deliver care to the country's most vulnerable populations.

Any provider, payer, clearinghouse or billing services that submits claims and are covered under the Health Insurance Portability Accountability Act (HIPAA) will be required to use ICD-10.

For many chronically underfunded healthcare organizations – including behavioral health, addiction services, developmental disabilities and public health -- Oct. 1, 2015 seems a world away as they focus attention and resources on more pressing matters. But human services organizations cannot reasonably assume that they can put off implementation indefinitely. Instead, the best approach, say community leaders, is to act now to save time, effort and aggravation later; the benefits to providers of moving to ICD-10 quickly trump the temptation to wait for convenience. ICD-9 and ICD-10 can run in parallel; on Oct. 1, 2015, the switchover will be instant.

Driven by their clients' desire to provide uninterrupted care, Netsmart has been working with a number of provider organizations to help them make the switch. The exciting news is that those who have tackled the transition say the move to ICD-10 has enhanced workflow, made clinical decisions more intuitive, and from an IT perspective, been seamless. This is even with the additional challenge for those in the

ICD-9 <i>(Use for services provided before Oct. 1, 2013)</i>	ICD-10 <i>(Use for services provided after Sept. 30, 2013)</i>
Five-digit numerical codes for diseases; e.g. 365.11	Three to seven characters, letters plus numbers
Alpha-numeric codes for supplementary information; V codes for factors, E codes for pharmaceuticals, causes, etc.	Supplementary information will be incorporated in the three to seven characters of ICD-10 code; no need for the E and V codes.
Total codes in ICD-9: approximately 14,000	Total possible code combinations in ICD-10: more than 70,000!
Most code choices made by hand, referring to ICD-9 listing, manual, etc.	Code choices will be probably be computer-aided, incorporating many factors related to the case
Codes are disease-related or process-related	Codes are based on anatomical site, complicating conditions, symptoms/complaints, whether it is new or follow-up visit, causes of the condition/complications
Codes are general, leading to disagreements between providers and payers	Codes are far more detailed and specific, including more details for clearer communication with payers.

behavioral healthcare community of the recent release of Diagnostic and Statistical Manual of Mental Disorders, Edition 5 (DSM-5).

"I don't know why anyone would wait," says Lorraine M. Stehlik, director of intake, information and assessments for OhioGuidestone, which serves children and families on the full range of community-based services, including mental health services, foster care and residential care. Her organization, one of the largest mental health and counseling facilities in the state of Ohio, serves 14,000 unduplicated clients annually and operates with one of Netsmart's CareRecord™ solutions. She says for Guidestone the shift has been "the best thing since sliced bread."

CLINICAL IMPROVEMENTS LEAD TO BETTER CARE

Once an organization makes the commitment toward ICD-10 readiness, compelling clinical benefits immediately eclipse concerns about the changeover. Rick Shelley, director of IMS for the Betty Ford Center at Eisenhower in California, which also uses a Netsmart CareRecord, says members of his organization already recognize the benefits of ICD-10 over ICD-9. From Shelley's perspective, ICD-10 is more in-line with the evidence-based treatment direction in

which healthcare is going. He explains that it runs through the thread of patient care, from the treatment plan all the way through billing.

"That makes it more seamless," says Shelley.

The behavioral healthcare community has been challenged by lack of standardization in tracking, reporting and paying, which is more aligned in the acute care industry. Even in the IT arena, when it comes to data collection or establishing best practices for use of healthcare IT in behavioral healthcare settings, this is something which has not been a focus. Now, with ICD-10, Shelley thinks organizations will "take a great step forward."

With the standardization, more detailed coding and greater functionality, organizations are also expected to see improved workflow.

Jim Rodriguez, senior business analyst for Child Guidance Center in Florida, says that since going live with ICD-10 and DSM-5 at his facility, where clinicians use a Netsmart CareRecord, staff has appreciated that behavioral health diagnoses are description-based – as opposed to numerically coded – which feels more natural. He says each

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DSM-5 diagnosis is tied to an ICD-10 code on the same screen in the CareRecord, which also makes the process quicker. In addition, now that DSM-5 is based on treatment name and not codes, clinicians say they love that the diagnoses are searchable by key word. And, staff feel better about putting in diagnoses based on how they think about them.

Further, Rodriguez says the changeover has improved client care, as supervisors are able to have more meaningful dialogues with staff with the new diagnosis system. He postulates this is a result of supervisors being able to look at diagnoses they are familiar with and how they fit into the treatment plan, as opposed to codes.

IT SUPPORT, TRAINING AND COALITION BUILDING KEYS TO CHANGE

From an IT perspective, Shelley says the changeover was not hard, but there are many shifts in forms and on the billing side. He says starting early has given his team "some breathing room" by allowing them to test these features. Betty Ford is still operating ICD-10 in a contained test environment, so staff can undergo training, make changes to the treatment planning components and the payer system.

The good news is, according to all those interviewed, training to use ICD-10 is simple and straight-forward, and the step-by-step instructions Netsmart provides are clear and easy to follow. Rodriguez, for example, says he offered all staff a one-hour training session and "people picked it up really quickly."

While IT should be able to handle any technical changes, Shelley says it is best IT not go at the changeover alone. Rather, he recommends putting together a well-rounded coalition within the organization of clinicians, medical staff and health information management that work closely and quickly together.

switchover is complete.

"I wanted to avoid the end-of-September-2015 crunch when staff would be called upon to work around the clock or the organization would be unable to bill the next day," says Rodriguez, whose Child Guidance Center serves an average of 6,000 children annually.

For More Information On ICD-10, Visit:
www.NTST.com/ICD10 or
<http://go.cms.gov/1bgZi7Q>

"Build that coalition as early as you can and meet often," Shelley recommends.

Some Netsmart clients have highly customized work environments by design, but this also means that additional shifts could be needed for those users.

"We went early because we wanted to be prepared," Shelley says.

The changeover takes time and facilities should be cautious about waiting until the last minute. Those with multiple clients with longer-term stays/use of services could be forced to overtax staff or risk being unable to bill if the change occurs in the final hour. In addition, the extra time gives clinicians the ability to become familiar with the new codes before it impacts the bottom line. Capturing both the ICD-9 and ICD-10 allow organizations to identify before cutover any risk points as it relates to unspecified diagnoses – a type of diagnosis that will likely result in lower reimbursement once the ICD-10

IF NOT NOW, WHEN?

Stehlik of OhioGuidestone says her organization had never fully explored all of their electronic health record's capabilities. The need to move to ICD-10 served as an incentive to make those database and workflow enhancements while simultaneously preparing to roll out the new codes.

"It was hugely successful," Stehlik notes. "It has really created a perfect world for us. It's made our fantasy a reality."

Stehlik adds, "At OhioGuidestone, we like being on the front edge of things instead of trying to catch up and frantically work toward something that we should have been working toward a long time ago."

And as nonprofits, none of these organizations want to miss a day of billing for services.

You can hear more about Netsmart's clients by visiting
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