An ICD-10 Vendor Checklist: Planning Now Makes for a Smoother Transition

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By Katie Carolan

HIM professionals can help move their organizations' ICD-10-CM/PCS transitions off the back burner by working with their systems' vendors to establish upgrade schedules, training, and transition staffing.

The ramp-up to ICD-10-CM/PCS has been slow...at best. Focused on implementing EHRs, avoiding Recovery Audit Contractor take backs, and reducing costs, many healthcare executives and vendors have set ICD-10 on a back burner.

The transition, however, will require every bit of the next three years. While there is no need to panic, there is no time to waste. Now is the time to meet with vendors to establish a formal plan of action. While almost every department and service within an organization will be affected by the transition (including physicians), the HIM and IT departments will do the heavy lifting.

This article lays out three critical steps that HIM directors can take now to get their ICD-10 transitions simmering.

Develop a Schedule for System Upgrades

The conversion to ICD-10-CM/PCS will require extensive systems and technology planning, which should begin now if it is not already under way.

Organizations will require significant upgrades for numerous systems from numerous vendors. Internally developed systems also will require modifications. Each of these systems relies on multiple interfaces with other systems that likewise must be addressed. In fact, interfaces could prove to be a catastrophic weak link in an otherwise successful ICD-10 conversion.

A significant risk with the ICD-10 transition is overlooking key downstream systems that, though rarely discussed, will nonetheless be impacted by the new code set, according to Beth Just, RHIA, MBA, FAHIMA, founder of Just Associates. "Many healthcare provider organizations have 20 or more downstream systems, so delaying their evaluation could put the organization at great risk with payment or data flow problems that could have clinical care impact," she says.

HIM directors should begin their ICD-10 conversions by developing an integrated plan between the organization and its many vendors. They can convene HIM, IT, and other departments to develop or update their flowchart of all affected systems, including all downstream systems and interfaces. Ideally, the organization can conduct a planning session with its various vendors on site.

Secondly, HIM directors should not sit back and assume their vendors will be ready for ICD-10. Instead, they should ask when systems will be ready and which version of each system will contain the update. Each vendor should be able to provide an ICD-10 timeline. For budget planning, directors should establish the cost of ownership, including upgrades and ongoing costs.

If upgrade or new support costs are substantial enough, 2011 may be an ideal time to consider changing systems. Many of the newly developed software applications were designed with ICD-10 in mind. Any system purchases at this point should include negotiated support for ICD-10.

Finally, everyone's timelines and strategic plans have a way of changing. HIM directors should ask their vendor what changes they have planned across the next three years and how these new initiatives may or may not affect their ICD-10 plans. Directors should ensure that vendors demonstrate their working systems well ahead of the October 2013 deadline.

Vendors may not have every answer to every question just yet. HIM directors can keep track of the questions and when the answers are expected and follow up and then follow up again. As vendor plans are vetted, they should be adjusted to meet the specific needs of each organization.

ICD-10-CM/PCS Vendor Checklist

Category	Deliverable	Checklist
Software	Site-specific project plan with timetable	Major items to include: • Completion of product solution • Internal testing plan • On-site testing • Update and testing of interfaces • End-to-end testing plan • Training • Pilot go-live • Go-live schedule • Implementation of final products • Post-implementation review period
Scope of Product Change	Organization-specific system analysis	Questions to ask: • Can the organization's current version of the system be upgraded? • Does the updated version support both ICD-9 and ICD-10? • What mapping or crosswalk strategy will be used between the old and new code sets? • What modifications are expected in screen and reporting formats? • What are the requirements to update applicable interfaces?
Hardware	Hardware requirements	Items to consider: • Hardware requirements for upgrade or replacement • Hardware needed for testing • Other equipment for upgrade or replacement of system
Testing	Documented testing plan with timetable and resources defined	Questions to answer: • Can the vendor run parallel systems to resolve issues before go-live? • How will the vendor support testing of interfaces? • What on-site resources will be available for testing? • Does the vendor have a contingency plan if products are not ready for go-live on October 1, 2013?

Human Resources	Training plan with timetable and resources defined Implementation plan	Items to consider: - Vendor staff training plan for ICD-10 - Formalized client training plan on new systems - Formats for client training (e.g., webinar, on-site, manuals, etc.) - Go-live resource commitments for on-site and remote support - Resource commitment for post-implementation review and troubleshooting
Budget	List of anticipated costs	Items to include: - Cost to upgrade system or replace it - Cost of interface assessment and modifications - Whether system training is included in costs - Whether implementation and post-implementation support is included - Estimated hardware or equipment costs - Whether there will be an increase in cost of ownership, such as maintenance, upgrades, and support fees - The cost structure

Line up Human Resources...

The key to success will be access to the right people. The ICD-10 implementation is a big-bang approach similar to Y2K-everyone goes live on the same date. Therefore, there will be a huge demand for human resources, both on site and remotely.

Skilled resources will be limited, and vendors may have a difficult time meeting client needs. This is a risk particularly in the areas of testing, training, and transition. It is critical for HIM directors to start working with vendors now to schedule their time and resources. Everyone will be scrambling for vendor support.

For Testing...

Given the importance of thorough testing and the demands that vendors will be under during this period, HIM directors would be wise to ensure they have a documented test plan agreed upon and signed by all involved parties. The plan should specify the required testing environment and applicable software for all systems and application interfaces. It will be best to have vendor resources on site for major testing.

Running parallel systems while issues are resolved is another best practice, but this will take careful planning and dedicated resources. Finally, HIM directors should prepare for challenges when it comes to testing application interfaces. Working through the bugs will require vendor support and close coordination.

For Training...

In addition to ensuring their own staffs are trained on ICD-10-CM/PCS, HIM directors also must make sure their vendor staffs are up to speed. Again, with resources stretched, knowledgeable staff may be limited. Directors can ask their vendors if they have an ICD-10 training plan for staff and if it is open for review.

The system upgrades may require organizational training. Functions, screen formats, and reports may change. Organizations will require vendor support for training, and this should be scheduled with the testing resources.

For the Transition...

Organizations should staff for go-live troubleshooting and post-live reviews with both vendor and internal resources. HIM directors should ensure they have a documented contingency plan in advance if applications are not ready in time or encounter problems during go-live. A hybrid world of ICD-9/ICD-10 is inevitable for some period of time.

A faulty or delayed ICD-10 implementation will have serious, detrimental effects on revenues. The Centers for Medicare and Medicaid Services has stated it will reject all ICD-9 claims for services rendered on or after October 1, 2013.

Legacy data coded to ICD-9 will require a mapping scheme to ICD-10 to maintain data integrity and value to the organization. The ICD-9 data will not reconcile to the ICD-10 world without crosswalks. This is true for all clinical databases and secondary data users such as cancer registry and quality reporting.

Collaborate with Payers and Physicians

Systems and technology are the focus in 2011, but organizations cannot overlook communication, coordination, and collaboration with payers. Payers appear to be ahead of the curve on the ICD-10 upgrade, which is a positive. Organizations should collaborate with payers and include them in end-to-end testing.

The most delicate changes will be those affecting physicians. HIM directors must have medical staff participation and buy-in from the very start. Physician-based systems will need to be evaluated, and physicians will require some level of training.

Physician peer-to-peer training is usually most effective, particularly when educating physicians on how clinical documentation must change to accommodate ICD-10's higher level of specificity and granularity. The timing of physician training is important and should be determined by the medical staff.

Defining the Benefits

The HIM department can be an organization's best candidate to lead planning on the ICD-10-CM/PCS transition. HIM governs the health information environment and has the most expertise in structured codes and quality and core measures. It can coordinate the planning process within the organization and with system vendors. At the very least, HIM will need to take a leadership role on the ICD-10 team, as its expertise will be invaluable.

The transition to ICD-10 offers organizations an opportunity to improve their systems, processes, and policies. HIM directors can make a start by identifying and articulating the benefits of ICD-10 to the organization. They can promote the transition as an opportunity to improve systems. A successful ICD-10 conversion should result in enhanced coding, monitoring, and performance as well as increased operational efficiencies.

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Article citation:
Carolan, Katie. "An ICD-10 Vendor Checklist: Planning Now Makes for a Smoother Transition"
Journal of AHIMA 82, no.2 (February 2011): 26-28.

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