Dollars and Sense: ICD-10 Cost Survey Results

Prepared For:
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- National ICD-10 Program Director
- With UnitedHealth Group since 2004
- Works for Account Management and Strategic Engagement supporting UnitedHealth Networks (Provider Servicing)
- Lives and works out of Denver, Colorado

Short Biography:
After completing his graduate program at the University of Denver in 2007, Aaron went to work for Optum as a Regional Manager of Market Consultation working with physicians and hospitals to put strategies in place to improve diagnosis coding from a specificity, completeness, and accuracy perspective. In Aaron’s role as the National ICD-10 Program Director, where he has been since 2011, he is responsible for the development of ICD-10 education pieces, tools, partnerships and outreach that will seek to support UnitedHealthcare’s delivery side partners on a successful transition to the new requirements.

Aaron believes the challenge posed by ICD-10 is great—but with the challenge comes a terrific opportunity to strengthen UnitedHealthcare’s relationships with its delivery side partners.
Defining the Problem

Top 3 Provider Concerns*

*as discussed in the WEDI National Conference, May 2014

- **Cost**
  - Cost studies show a disparate range of ICD-10 costs for the small practice
  - There are often many different cost categories confronting the small practice
  - “ICD-10 cost a ‘crushing burden’ for docs” – Healthcare IT News headline

- **Complexity**
  - ICD-10 Diagnosis Codes increase five-fold over ICD-9: from 13,000 to 68,000

- **Testing**
  - Too many small providers for each to test with key regional/national payers
What Can You Expect Today?

This Presentation Focuses on Cost:

- Review findings from UHC driven ICD-10 cost survey
- Identify key functions related to ICD-10 adoption
- Share best practices identified in cost survey
- How is UnitedHealthcare preparing for ICD-10?

Further Work Being Done:

- Collaborative efforts for partner testing
- Education on ICD-10 complexity
ICD-10 Cost Survey
UnitedHealthcare launched a ICD-10 Cost Study to:

- Better understand the specific cost burdens to small practices related to ICD-10
- Utilize specific case scenarios to explore remediation alternatives and their impact on the costs related to ICD-10
- Test the assumption that not all ICD-10 costs are applicable to all providers
- Identify small practitioners' best practices and share those with network providers

Bottom Line:

- From the outset, UnitedHealthcare has been particularly concerned with small/ solo practitioners, rurally situated practitioners, or resource sensitive practitioners because the transition to ICD-10 can be a resource heavy activity. Information shared about the transition helps create awareness and the ability to offset or mitigate those factors which might affect productivity or revenue
Question for You:

By a show of hands, please provide your answer to the following question:
What is your best guess as to the overall costs a small PCP practice (2-3 physicians) will experience in the transition to ICD-10:

1) No ICD-10 costs*
2) Under $10,000
3) $10,000-$50,000
4) $50,000-100,000
5) $100,000-$200,000
6) Over $200,000**

Answer: There is no “one answer” it all depends.

*"We did not spend ANY money in preparation" Dr. Edwin M. Burke, Beyer Medical Group, in witness testimony to the Energy and Commerce Subcommittee on Health (February 11, 2015, http://docs.house.gov/meetings/IF/IF14/20150211/102940/HHRG-114-IF14-Wstate-BurkeE-20150211.pdf)

Overview of Study Participants

- **Participants:**
  - 3 Small Sized (2-4 physician) Practices:
    - Small Practice Alpha. 2 MDs/ 1 coder
    - Small Practice Bravo. 1 MDs/ zero coders
    - Small Practice Charlie. 4 MDs/ zero coders
  - 1 Medium Sized Practice
    - 11 MDs/ 3 coders
  - 1 Large Sized Practice
    - 59 MDs/ 2.5 coders
  
  Total: 78 Physician 6.5 Coders (12:1 physician to coder ratio)

- **Specialty:**
  - All Primary Care Based (large practice did include specialists)

- **Where:**
  - 3 practices located in Colorado/ 1 practice located both in Illinois and Iowa

- **When:**
  - All surveys performed in late summer, 2014

- **How:**
  - Onsite and/ or telephonic interview
Below is feedback from two of the small practices we interviewed that helps illustrate that ICD-10 cost implications vary widely from practice to practice.

**Small practice #1:**

Q. How difficult has the ICD-10 transition been relative to your expectations?
A. More difficult than I thought.

Q. Generally speaking, are the ICD-10 transition costs you’ve incurred more or less than your expectations?
A. Less costly than I thought.

**Small practice #2:**

Q. How difficult has the ICD-10 transition been relative to your expectations?
A. Less difficult than I thought.

Q. Generally speaking, are the ICD-10 transition costs you’ve incurred more or less than your expectations?
A. More costly than I thought.
Practice Feedback: Performance

Here is feedback received when each of the various sized practices were asked:

In which ICD-10 transition areas – Documentation/IT Readiness/Coder Training/Working with Clearinghouse/Code Mapping/Preparing for Payment Disruption – did they see their practice **performing better** than average:

- All three small practices indicated IT readiness
- One smaller practice indicated coder training
- The medium practice indicated coder training/code mapping/clearinghouse
- The large practice indicated coder training and preparing for payment disruption
Practitioner Feedback: Performance Cont.

Here is feedback received when each of the various sized practices were asked:

In which ICD-10 transition areas – Documentation/IT Readiness/Coder Training/Working with Clearinghouse/Code Mapping/Preparing for Payment Disruption – did they see their practice as **performing worse** than average:

- Two small practices indicated documentation and preparing for payment disruption
- The medium practice indicated preparing for payment disruption
- The larger practice indicated IT readiness and code mapping
Make Implementation Easier

1. Organize a project team and resources for project completion
2. Conduct preliminary impact analysis
3. Create an implementation timeline
4. Develop an ICD-10-CM implementation budget
5. Develop a communication plan
6. Analyze documentation needs
7. Develop a training plan
8. Complete information system design and development
9. Conduct a business process analysis
10. Conduct a needs assessment
11. Complete deployment of the system changes

Gather a Project Team

1. Organize a project team and resources for project completion*

**Project Team:**
CMS estimates it will take 1-2 days to identify and get a project team together and 1-2 weeks to develop the practice ICD-10 project plan

**Key Considerations:**
- Create Project Summary
- Identify Leaders
- Develop initial budget, project completion timeline, training plan

**Implementation Tip:**
SWOT (strength, weakness, opportunity, threat analysis)

**Resources:**
CMS suggests you review ICD-10 resources from CMS, trade associations, payers and vendors

**A good place to start?**
Visit the [UnitedHealthcareOnline.com ICD-10](#) page for a list of resources:
- CMS
- WEDI
- HIMSS
- AMA
- AAPC
- OptumInsight
- Health Data Consulting

2. Conduct preliminary impact analysis*

**Impact Analysis:**
CMS estimates it will take 1-2 months to identify how ICD-10 will affect your practice.

**Key Considerations:**
- Documentation to meet Medical Necessity
- IT changes needed
- Review health plan policies and local and national coverage policies

**Implementation Tip:**
*Sticky-Note Brainstorming* - gather all staff members and have them record on sticky notes all the areas that could be affected by ICD-10. Then arrange the notes by “people/process/technology.”


**Concept:** RT Welter and Associates, INC
3. Create an implementation timeline

Timelines are an important element of the ICD-10 plan and must include milestones to ensure the project is being kept on track.

Don’t forget to contact your vendors and understand their timeframes. Your vendor’s timeline is dependent on our timeline.

CMS has a helpful timeline tool created for small and medium practices which can be found at CMS.gov

4. Develop an ICD-10-CM implementation budget

The earlier you start your ICD-10 implementation, the longer the period of time you have to defer costs.

**Key ICD-10 Budgetary Considerations:**
- Software and licensing costs
- Hardware procurement
- Development costs
- Implementation deployment costs
- Possible EMR upgrade costs
- Staff training costs, overtime expenses
- Cost to upgrade super-bill and encounter forms
- Workflow process change costs
- Testing costs

5. Create a Communication Plan

It’s been said that “people don’t mind change—they just don’t like being changed.” Proper communication will help everyone to feel part of the transition, instead of feeling that they are being “changed.”

Communication is key to the ICD-10 transition plan because it lets everyone know where the practice is in the ICD-10 transition process and the role they play in the transition.

Communication tactics might include staff meetings, newsletters, email updates, etc.
Practice Feedback: Assessment

When asked about ICD-10 Impact Assessment Costs, responses included:

- Yes, the practice hired a third party to conduct an ICD-10 Impact Assessment
- Not applicable. We do not expect costs to arise out of our Impact Assessment
- No, the practice did not hire a third party to conduct an ICD-10 impact assessment, and it was being done internally

Small Practice findings:
- Two practices will perform the assessment in-house (no costs identified when asked)
- One practice’s billing company is performing the function at (no added charge) to the monthly fee

Medium Practice findings:
- Performing assessment in-house (budgeting $2,500)

Large Practice findings:
- Hired a third party to perform assessment (budgeting $80,000 for consultant)
Make Implementation Easier

1. Organize a project team and resources for project completion
2. Conduct preliminary impact analysis
3. Create an implementation timeline
4. Develop an ICD-10-CM implementation budget
5. Develop a communication plan
6. **Analyze documentation needs**
7. **Develop a training plan**
8. Complete information system design and development
9. Conduct a business process analysis
10. Conduct a needs assessment
11. Complete deployment of the system changes

**Training Phase**

*BOLD* = Critical Path

Dr. Russ Leftwich, a board-certified Internist who works as the CMIO for the Tennessee Office of eHealth Initiatives (TennCare) and is the HIMSS 2012 IT Leadership Award Winner, sums up the difference between I-9 and I-10 this way:

**ICD-9 = Coding**  **ICD-10 = Information Collection**

**Clinical Example:** A provider sees a patient in a [subsequent encounter] for a [non-union] of an [open] [fracture] of the [right] [distal] [radius] with [intra-articular extension] and a [minimal opening] with [minimal tissue damage].

**ICD-9 Code:** 813.52 Other open fracture of distal end of radius (alone)

**ICD-10-CM Code:** S52.571M Other intra-articular fracture of lower end of right radius, subsequent encounter for open fracture type I or II with non-union

**Codes related to fractures of the radius:** ICD-9 = 32  ICD-10 = 1731

Documentation is the key; If not documented, it cannot be coded!

Clinical Example Source: Health Data Consulting White Paper: ICD-10: A Primer
Elements to consider when recording a medical record:

Etiology, including cause of injury*
Condition(s), including related conditions*
Manifestation
Complication
Site, including specific anatomy*
Laterality, including dominate vs. non-dominate*
Episode of Care (Initial; Subsequent; Sequela)

Other Acute Situations (examples):

- Asthma (Mild, Intermittent/Mild, Persistent/Moderate, Persistent/Severe, Persistent)
- Trimester of Pregnancy Required
- Fractures Must Be Specified as Open/Closed
- Combination Codes Available

Implementation Tip:
Dual code 2-4 charts in ICD-10 per week/month

**Advantages of more detailed diagnosis coding:**

- Reduces requests for additional documentation to support medical necessity
- Captures accurate data on the new ways of describing diseases due to advances in medicine
- Provides data to support performance measurement, outcome analysis, cost analysis and resource utilization
- Increases the sensitivity of the classification when refinements are made in applications, such as grouping methods

**Source:** Grider, D.J. (2010). Preparing for ICD-10-CM: Make the Transition Manageable. United States: American Medical Association
Cross-Training

7. Develop a Training Plan

Training is an important element to ICD-10 success and all areas of the practice will need some level of training.

Key Training Elements:
- Accept the notion that education is key to a successful ICD-10 transition
- Develop an ICD-10 training plan, recognizing different levels of training will be required: basic; clinical; documentation; “super users”
- Decide on the timing of training delivery: not too soon—not too far out

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When asked about ICD-10 Training Costs, responses included:

• Yes, the practice will use a third party to conduct ICD-10 training
• Not applicable. We do not expect costs related to ICD-10 training.
• No, the practice did not hire a third party to conduct ICD-10 training, and it will be handled internally

**Small Practice findings:**

• One practice will perform training in-house *(no costs identified when asked)*
• Two practices’ billing organization are performing this function at *no added charge* outside of the contract (will certify two internal staffers)

**Medium Practice findings:**

• Performing training (“train the trainer”) in-house *(budgeting $1,500)*

**Large Practice**

• Hired a third party to perform training *(budgeting $60,000 for consultants)*
Make Implementation Easier

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6. Analyze documentation needs
7. Develop a training plan
8. **Complete information system design and development**
9. Conduct a business process analysis
10. Conduct a needs assessment
11. Complete deployment of the system changes

8. Complete Information System Design and Development

In this phase of ICD-10 implementation, existing systems have to be remediated to accept both ICD-9 and ICD-10 codes. Systems include hardware, software, applications, screens and electronic or print forms.

A critical element to this transition stage is data mapping. Data mapping (or code mapping) is the process of finding the equivalent clinical meaning from the source code and applying it to the target code set.

CMS has created General Equivalency Mapping (GEM) files which are a two-way translation dictionary for diagnosis codes from which maps can be developed.

When asked about ICD-10 Vendor/Software Costs, findings included:

For Small Practices:
- Two had contacted vendor (charge: $17,500 and $7,500 respectively)
- One had not contacted vendor (assuming costs are included as part of recent upgrade)

For Medium Practices:
- Had contacted vendor (no additional charge – included in agreement)

For Large Practice:
- Had not contacted vendor
Make Implementation Easier

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6. Analyze documentation needs
7. Develop a training plan
8. Complete information system design and development
9. Conduct a business process analysis  
   **Productivity Loss/ Payment Disruption Phase**
10. Conduct a needs assessment
11. Complete deployment of the system changes

9. Conduct a Business Process Analysis

You may have put a lot of work into your ICD-10 preparation, but make sure to ask some important questions from a business process perspective, such as:

• How will ICD-10 help the patient and the patient care by the practice?
• Will ICD-10 reduce the number of patients that can be seen per day?
• Will there be a delay in receiving reimbursement after implementation because of system issues?
• Will ICD-10 result in more claim denials initially?
• Does the practice have sufficient funds to handle a delay in cash flow?

Implementation Tip: CMS suggests having some cash on hand post-implementation, so it may be necessary for your hospital/facility to predetermine if it will need to procure a line of credit.

10. Conduct a Needs Assessment

What is needed to ensure success as the practice moves to ICD-10?

• Does the practice need a code look-up tool?
• Does the practice need an encoder?
• Would a conversion to an electronic medical record (and ‘meaningful use’ incentives) be appropriate?
• Does the practice need ICD-10 coding books?
• Does the practice need anatomy books or other reference material?

When asked if they could quantify costs incurred, if any, related to the ICD-10 delay(s), responses included:

For Small Practices:
- Two cited none
- One stated $1,000 (2 books and online ICD-10 resources)

For Medium Practices:
- Cited none

For Large Practice:
- Cited none
Practice Findings: Productivity Loss

When asked about Process Remediation/ Productivity Costs (additional time/requirements to get claims out to payers), responses included:

• All practices said they expect a post ICD-10 productivity loss

Small Practices (one cited 30% loss in productivity/one cited moving from 3 to 7 days to get a bill out and one could not quantify the productivity loss)
• Reasons: All mentioned documentation
• Two mentioned longer time to code
• One mentioned gaps in payments/having to send both ICD-9/ICD-10 codes

Medium Practice (Could not quantify productivity loss)
• Reasons: Documentation/ long time to code

Large Practice (Could not quantify productivity loss)
• Reasons: Additional time is being anticipated to bill/ work rejections and handle back end issues – in addition to Documentation/Longer time to Code chart/System Issues
When asked about ICD-10 Payment Disruption, responses included:

- At this point, we don’t anticipate any material payment disruption to arise post ICD-10 implementation
- We do anticipate there will be a payment disruption arising from the use of ICD-10

Findings include:

- All practices responded that they expect payment disruption

For Small Practices:

- One cited Private Payer Issues/General Disruptions – smaller payer
- Two cited Private Payer Issue/Government Payer Issues

For Medium Practices:

- Private Payer Issues/Government Payer Issues/ Prior Authorization

For Large Practice:

- Private Payer Issue/Government Payer Issues/Prior Authorization
Make Implementation Easier

1. Organize a project team and resources for project completion
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9. Conduct a business process analysis
10. Conduct a needs assessment
11. Complete deployment of the system changes

Testing Phase

**BOLD** = Critical Path

ICD-10 Testing

11. Complete Deployment of the System Changes

Testing is a critical element of ICD-10. Testing with trading partners is the best opportunity a practice will have to make certain that the ICD-10-CM codes will be received and interpreted properly after the compliance deadline.

CMS suggests that you allow nine months for ICD-10 to account for your practice’s coding, billing and clinical staff. CMS also suggests:

• Testing the ICD-10 codes your practice sees most often
• Testing data and reports for accuracy

When asked about ICD-10 Testing Costs, responses included:

- At this point, we don’t anticipate any material costs arising from the practice’s ICD-10 testing plans.
- We do anticipate there will be costs associated with the ICD-10 testing the practice will perform.

Findings include:

- All practices said they expect to test.
- All participating practices mentioned they do not expect costs arising from testing.
ICD-10 Cost Survey Results
# Calculations: ICD-10 Transition

<table>
<thead>
<tr>
<th>Summary Results:</th>
<th>Cost Study Survey</th>
<th>Small Practice Alpha (2 MDs)</th>
<th>Small Practice Bravo (2 MDs)</th>
<th>Small Practice Charlie (4 MDs)</th>
<th>Medium Practice (11 MDs)</th>
<th>Large Practice (59 MDs)</th>
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<tr>
<td>Additional Costs</td>
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<td><strong>ICD-10 Transition Costs</strong></td>
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*No "additional" costs identified
Findings:

• The larger the practice the harder it is to incorporate costs. More hard costs are realized the larger the practice.

• All practices expect productivity losses, but hard to quantify

• Hard costs associated with IT remediation

• Physician documentation is a top concern

Best Practices:

• Connect with and work with state medical societies

• Billing agencies are working to add value in offering education and assessments with small practices in particular

• Work with IT vendor(s) early – IT costs are a hard cost so knowing them upfront puts the practice in the best position

• Hospitals, in some cases, are providing free documentation training to those with privileges

• Dollars saved in employing a “train the trainer” education strategy

• Understanding ICD-10 prior-authorization process is of benefit.
UnitedHealthcare and ICD-10
From ICD-10 to I Can Do-10!
UnitedHealthcare’s ICD-10 Commitment

Full Regulatory Compliance
- UnitedHealthcare will fully comply with the regulatory mandate as described in the Final Rule published September, 2012.
- UnitedHealthcare will fully comply with all Medicare (CMS) requirements for ICD-10 code-set usage.

Transition Neutrality
- Operational Stability
- Clinical Integrity
- Revenue Predictability

Full Remediation for Native Processing
- Any technology system, not scheduled to be retired, must be reconfigured or to accept, process and output results for all transactions using compliant ICD-10 code sets.
- Processing will be based on discharge date (inpatient) or date of service (outpatient).
- UnitedHealthcare cannot accept ICD-10 codes before the transition date.

Physician Contract
- If you are party to a UnitedHealthcare physician contract (or bill on a HCFA 1500) there is no need to remediate or re-contract based on the ICD-10 mandate
The UnitedHealthcare Approach

Dedicated Resources

Established Project Management Organization (PMO)

- Steering Committee and Advisory Board
- Bifurcated, but coordinated, ICD-10 PMO Leadership and focus: IT and Business Process
- 10 Dedicated Enterprise Functional Leads
- UnitedHealthcare is incorporating best practices from HIPAA 5010 to ensure the stability of UnitedHealthcare core functions and operations
- Heavy investment in technology and training to ensure a timely and smooth transition
UnitedHealthcare Testing
Timeframe

Q4 2012 – Q2 2013

**DRG Shift Comparison**

Collaborative test with 15-20 facilities (w/ DRG, per case or per diem contracts) to identify potential ICD-9 to ICD-10 DRG [reimbursement] shifts.

- Validate UHC mapping rules with ICD-10 codes assigned by facilities.
- Establish relationships with UnitedHealthcare’s largest facility providers.
- Providers assign ICD-10 codes to select ICD-9 paid claims. DRGs assigned to ICD-9 vs. ICD-10 codes are compared and analyzed manually.

Results are available at UnitedHealthcareonline.com

Q3 2013 – Q1 2014

**Internal UAT & Enterprise Test**

Q2 & Q3 2013 reserved for completion of platform code load efforts, comprehensive internal UAT and Enterprise Test phases.

Q1 (Jan-March)

**OptumInsight EDI Connectivity**

Testing with OptumInsight EDI to verify compliant transactions can be processed between the OI Managed Gateway and UnitedHealthcare key platforms.

Ensure UnitedHealthcare and OI software changes, edits, hosted solutions, managed gateway updates work correctly before testing with providers or other clearinghouse vendors.

Q3, 2104

**Early System Claim Testing w/ (Selected) Providers**

Pilot testing with limited facility, medical and other providers to verify accurate claim results.

Process ICD-10 test claims from select providers through remediated code in UnitedHealthcare test systems to identify any variations due to:

1. Provider contract reimbursement provisions
2. Member benefit provisions (copays, deductibles, etc.)
3. Medical Mgmt. or clinical policies (med necessity, prior auth, referrals)

Q1, 2015

**Full Business Partner Testing**

Process ICD-10 test claims, referrals/authorizations, encounters and similar transactions through production-like code (that reflects provider contract provisions, member benefit plans and clinical policies updated to include ICD-10 codes).

Exchange and process ICD-10 transactions from business partners (below) through test environments.

1. Providers
   - Facilities
   - Physicians
   - Other providers
2. Vendors
   - Provider claim submission vendors/select clearinghouses
3. Regulatory Agencies
   - State Medicaid Agencies (UnitedHealthcare Community Plan)
   - CMS
4. ASO - Employer Groups/Benefit Organizations
5. OTHER - Quality Organizations (NCQA/HEDIS), etc.

May include end-to-end claim process flow testing with a limited selection of providers and clearinghouses.
Readiness Statement

UnitedHealth Group and all of its affiliates plan to be fully compliant with ICD-10 by the federal mandated date of October 1, 2015.

UnitedHealthcare has a well-established Project Management Organization that has completed an inventory of the changes required, and has a plan in place to implement and test these changes. As part of our ICD-10 implementation plan we will conduct an all-encompassing trading partner testing schedule, and provide training on these changes.
ICD-10 Resources: From “ICD-10? To I Can Do-10!”
UnitedHealthcare’s approach to ICD-10 information dissemination to our delivery-side partners is:

- Multi-faceted
- Provider focused
- Actionable

UnitedHealthcare is providing multiple ways for you to access communication so we can be a trusted advisor as you prepare for ICD-10.
UnitedHealthcare’s ICD-10 Website

UnitedHealthcare’s ICD-10 website allows our delivery-side partners to receive information when they need it.

Go to: www.unitedhealthcareonline.com

It provides access to:

- **Education**
  - On-demand education module and PowerPoint presentations
- **Tools**
  - FAQs and ICD-10 readiness assessment solution tool
- **Resources**
  - ICD-10 focused website links
- **Partnerships**
  - AAPC
Providing access to a variety of communications resources regarding the ICD-10 transition and how UnitedHealthcare’s can help is a priority.

**Network Bulletin:**
- July 2012: HIPAA 5010 Transition Paves the Way for ICD-10
- September 2012: ICD -10: Why 24 Months is Really 18 Months
- January 2013: UnitedHealthcare and AAPC Partner on ICD-10
- May 2013: ICD-10: Plan Ahead and Take a Strategic Approach

**UnitedHealthcare Administrative Guide**
**TriCare Provider Handbook**
ICD-10 outreach, whether onsite or face-to-face, is one of the important ways we will provide education to our delivery side partners to assist with the transition.

**Outreach Delivery**

**Provider Support:**
- UnitedHealthcare Provider Town Hall Meetings
- United Healthcare Administrative Advisory Councils
- Online “Provider University” Courses

**State Support:**
- State Medical Societies
- State Medicaid agencies
- State ICD-10 collaboratives

**Industry Support:**
- Industry organization participation
- ICD-10 Monitor “Talk-Ten Tuesday” webcast
- Industry coding events
- Specialty Societies
From “ICD-10?!?” to “I Can Do-10!”

Turn ICD-10

- Industry Leadership
- ICD-10 Outreach
- ICD-10 Education
- ICD-10 Tools

Into

- ICD-10 Resources
- ICD-10 Partnerships
- ICD-10 White Paper

ICD-10 Communication
ICD-10 Collaborations
YOUR ICD-10 Partner!

I Can Do – 10!

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Questions/ Appendix
Questions?

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ICD-10 Questions can be sent to:
lcd10questions@uhc.com

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