

OASIS Alert

ICD-10 Transition: Take a Closer Look at Your ICD-10 Transition Strategy

Your current processes will make or break your success with ICD-10.

The coming transition to the ICD-10 code set isn't just about coding. The changes will impact every kind of provider and all payer sources, as well as every nook and cranny of your home health agency. And as a clinician, you're right in the crossfire.

Assess Current Processes

The first step you should take toward being prepared for the Oct. 1, 2014 transition deadline is to take a closer look at your current processes. Use the time between now and Jan. 1, 2014 to conduct a thorough agency assessment, says **Andrea Manning, BS, RN, HCS-D, COS-C**, of **Manning Healthcare Group** in Talkeetna, Alaska. Identify any operational challenges so you can develop and implement solutions before the deadline, she suggests.

Bonus: Assessing and refining processes will not only help you to prepare for ICD-10, "but your agency will operate much more smoothly and effectively in the meantime," Manning says.

Processes of particular interest to clinicians include those for referral intake, clinical management, and quality assurance. Consider the following areas when assessing whether your processes could be improved before the ICD-10 transition pushes them to the breaking point.

Referral Intake: Nurses and administrative staff responsible for processing referrals received from outside sources will feel the sting of the ICD-10 transition. The new code set may lead to inaccurate coding and information from referral sources, new challenges in preliminary coding, and stumbling blocks to entering referral data accurately, Manning warns.

The first step in transitioning your intake process to ICD-10 is to determine whether your current process is effective, Manning says. Documenting this process as part of your Process Manual will help with the ICD-10 transition, as well as when the time comes to train new employees or adapt to future changes.

And remember to update the documentation when the process, systems, or people change.

As you examine your intake process, Manning suggests that you document the following:

- What criteria you use to evaluate the appropriateness of a referral for evaluation.
- How you verify and document payer information.
- How you staff the evaluation once you accept a referral.
- How you conduct communication with the clinician, referral source, and the patient to remain HIPAA-compliant.
- Which positions are responsible for each step of the intake process.

Clinical case management: Nurses and therapists who provide direct patient care and/or case management will also need to adjust their processes to accommodate ICD-10 implementation. The new code set will impact accurate completion of the OASIS-C as well as coding processes, Manning points out. Plus, documentation and development of the diagnosis-based 485 and Plan of Care will undergo changes as a result of the transition.

Take the time to document the clinical case management processes your agency currently has in place if you haven't already done so, Manning advises. If you already have the processes documented, make certain they are up-to-date.

As you examine your case management process, Manning suggests that you document the following:

- What method of training and orientation you use to educate new clinicians.
- Any standardized care pathways and patient teaching materials your agency uses.
- The structure of your clinical department and the care model you use whether office-based, field-based, or other.
- Your OASIS-C and ICD coding training process for clinicians.

Important: Training and orientation not only help your agency retain satisfied employees, these activities help keep you in compliance, Manning says. "You can't hold someone to an expectation you haven't trained them for," she says.

If your agency keeps putting off OASIS training for clinicians with the good intention to come back to it, now's the time to make good on those plans. "OASIS training is so much more than sitting down and watching a one-hour video □ it must be more extensive and ongoing," Manning says.

Quality assurance process: Your quality assurance process will be affected by the ICD-10 transition as well. The first step to helping things along is to make sure you have documented, effective QA steps.

Your QA process documentation should include:

- Who is responsible for the quality assurance tasks.
- Your Utilization Review (UR) practices. Checking to see whether the number of visits per episode is in line with other similar agencies will help you to develop efficiencies moving forward, Manning says.
- How your agency ensures appropriate and accurate completion of documentation, including OASIS-C and coding. Preventing upcoding and downcoding is essential, Manning says.
- Who is responsible for ensuring compliance with rules and regulations and keeping up with changes.
- What types of outcomes reports you routinely run and the staff responsible for running QA reports. Reports run based on common diagnosis codes will need to be updated for ICD-10.

Don't delay: Putting your ICD-10 transition plans on the back burner until the last minute is a mistake, Manning says. Waiting too long to begin making preparations will only add to the challenges your agency will face.