Baseball Chalk Talk: 5 Things Every Medicaid Needs to Know about ICD-10 Migration (With a tip of the ball cap to Mr. Yogi Berra)

While the analogy may first seem like a stretch, ICD-10 migration is a lot like baseball. The season is long, there are a lot of wins or losses along the way, success utterly depends on all the players working as a team, and—if you don’t condition your franchise properly—you may be out of the pennant race before you ever get started.

We don’t normally think of the great Yogi Berra as an expert on healthcare technology, but he just may have a few words of wisdom for those of us confronting the ICD-10 challenge.

1. “Pitching always beats batting. And vice versa.” Engage all Parts of the Business in Your ICD-10 Transition

Every baseball team needs both good pitchers and good batters to win the World Series. And even though you’ve probably heard this a hundred times by now, it’s worth repeating: ICD-10 is more than an IT issue. It will profoundly impact every part of a Medicaid program’s operations, including medical policies, systems, business processes and quality programs, so you will need all your best players on the team, playing in the right positions.

Because of the wide-ranging impact, it’s imperative that Medicaids engage all parts of the organization, including IT, in the ICD-10 initiative. An emerging best practice is to create a program office or virtual team around ICD-10 and designate an owner, preferably from the business side of the organization. It’s also critical to have a senior officer be the executive sponsor for the overall project delivery. Every winning ball club has a good manager.

If you have a Fiscal Agent (FA) or another vendor driving your ICD-10 project, ensure they have access to all of your in-house business experts, including those from all impacted State agencies. The success of your ICD-10 project hinges on in-depth engagement and complete buy-in from all parts of the organization as well as affected partner entities.

If you’re reading this and haven’t yet defined a project team around ICD-10, you’re running behind - so get started now!

2. “When you get to a fork in the road, take it.” Define a Clear Implementation Strategy

Seems a simple enough statement, but statistically speaking, 40% of enterprise projects fail — often because the strategy wasn’t clear to everyone involved. The team needs to understand every option, including the cost and benefit tradeoffs, what their role is and what the expectations are. Otherwise, you will end up trying to recover from having wasted significant time, money and resources. Just like in baseball, when a batter misunderstands the manager’s signals to swing for the fences, miscommunication could cost you the game.

Communicate the strategy early, and communicate it often—throughout the lifetime of the project.

Based on our own conversations with State Medicaid organizations, Blue Cross Blue Shield Plans and commercial health plans, most healthcare organizations are considering one of three primary implementation strategies to achieve ICD-10 compliance:

A. Complete Remediation: This strategy involves updating all systems by October 1, 2013, to ensure the organization can accept both ICD-9 and
ICD-10 transactions and process them natively within their systems. This strategy allows organizations to take a strategic view of their enterprise architecture and allows them to right size, consolidate and sunset systems where appropriate. This strategy will require considerable effort and a thorough impact assessment to determine the time and resources needed to achieve the deadline.

Even with remediation, it will be necessary for organizations to develop crosswalks, so they can continue to conduct analysis and other functions across the implementation deadline. Crosswalks can also serve as a contingency plan in case a healthcare organization can’t remediate a system or application by the deadline.

B. Crosswalking: Also referred to as Neutralization or Step-Up/Step-Down, this strategy implies that the back-end systems will not be remediated to natively process ICD-10. Instead, healthcare organizations will convert ICD-10 codes in the inbound transition to ICD-9 codes, so they can be processed by the existing ICD-9 logic. When ICD-10 codes are required for outbound transactions, healthcare entities re-attach the ICD-10 from the original submission.

While crosswalking is a short-term measure at best, many organizations will find they don’t have many alternatives if they don’t start their ICD-10 journey early enough. They simply will have run out of time.

While crosswalking is optional, code mapping (an essential step to crosswalking) is not. In order to remediate policies, disease categories, and other areas of the business, it’s necessary to identify the ICD-10 codes to be used in each area. Code mapping involves first identifying the ICD-9 codes that represent a particular policy (or disease category, etc.) and then mapping them to the appropriate ICD-10 code. It’s not always an easy task. It is important to have information beyond just the General Equivalency Maps (GEMs) to ensure efficient and accurate results.

C. Hybrid Remediation-Crosswalking: As the name suggests, this strategy incorporates elements of both the Complete Remediation as well as the Crosswalking strategies. Organizations may decide they want to fully remediate some systems, while crosswalking others. Candidates for crosswalking include systems likely to be sun-setted or those based on legacy technologies that are no longer supported.

3. “Half this game is 90% mental.” Determine Impacts on Medical Policies, Disease Management Programs and Other Areas

Organizations will need to assess the impacts across the business, especially in terms of financial and clinical implications. For example, with the greater degree of specificity provided by ICD-10, organizations will need to re-assess and possibly rewrite their ICD-9-based medical policies. While GEMs can provide a good starting point, GEMs will not provide the degree of depth necessary for efficient and accurate mapping. ICD-9 has approximately 18,000 codes, which will increase to approximately 141,000 in ICD-10. Healthcare entities will need to incorporate the greater granularity and increased number of codes in ICD-10 into their medical policies, provider contracts and benefits logic to ensure they remain financially neutral when determining provider reimbursements.

Organizations will need powerful analytics to determine the impact of ICD-10 on medical policies and other areas of the business. It’s impossible to predict exactly how providers will bill, but the GEMs provide a good forecast of what we might expect to see. Being able to view your current ICD-9 claims history through the lens of code relationships in GEMs will shed some light on where to expect the most significant impacts.

4. “It’s tough to make predictions. Especially about the future.” Identify and Prioritize Your Risks

Make no mistake about it: nobody knows how providers are going to code and bill using ICD-10, and that uncertainty creates potential risk for Medicaid finances. You can’t afford to have something that costs a dollar today costing two dollars after the deadline—and when multi-billion dollar budgets and millions of procedures are involved, even a one-dollar increase can add up to serious money.

Most organizations have defined policy and financial neutrality as the primary goal for their ICD-10 transition. Therefore, it’s important to pinpoint the over- and under-payment risks that will jeopardize financial neutrality.

While there are more than 14,000 diagnosis codes in ICD-9, Edifics’ own analysis of data from a cross-section of payers indicates that providers actually bill less than a third of them. But how does an organization determine which codes pose the greatest financial risk to the organization? How can they identify which codes generate the largest payout amounts for their own organization, or pinpoint the providers responsible for the highest payouts within the high-risk code categories? ICD-10 projects are large in scope, and organizations will be scrambling to complete on time. There’s enormous value in focusing on the highest-risk areas so financial neutrality objectives can be achieved.

Many organizations use MS-DRGs (Medical Severity - Diagnosis Related Groupers) to determine reimbursements. As they will with ICD-9 codes, organizations will need to determine the specific MS-DRG groups that will be at risk during the transition to ICD-10. They need to focus on the right things—the risky things—that could cause serious disruption in an ICD-10 processing environment. That approach will differentiate successful migrations from those that are not. And taking a “scattershot” approach for your projects with scarce resources is not a recipe for success. Don’t forget, Yogi also said, “If you aim for nothing, you’ll hit it, every time.”

5. “In theory there is no difference between theory and practice - in practice there is.” Define a Sound Testing Strategy; the Deadline is Closer than You Think

Comprehensive testing during ICD-10 projects will be a key determining factor in whether your organization can achieve your policy and financial neutrality goals. However, organizations often shortchange and compress testing, due to delays in earlier project phases.

Organizations should build contingencies into their testing strategy. They can compress testing timelines by focusing on the ICD-9 codes that pose the greatest amount of risk from over- or underpayment. If they use pre-defined test data and make sure they can automatically generate large volumes of test data, they can be sure their systems are production-ready and complete testing on time. Specifically for the ICD-10 transition, it’s imperative that organizations be able to easily compare results from ICD-9-coded transactions with ICD-10-coded transactions so they can focus on the failed test cases. This again helps achievement of policy and financial neutrality through the transition.

Conclusion: “It ain’t over ‘til it’s over.”

Yogi Berra’s quotes make us smile, but in reality, there is a lot of wisdom borne of tough experiences – it’s there for anyone to see, no matter what position they play in your organization (or ballpark). Essentially, his wisdom for those of us in the midst of ICD-10 is this:

• Engage and build your team with the right players and leadership
• Set the strategy and communicate to the team so everyone is using the same playbook
• Be clear about the requirements before you begin the work
• Understand the risks and have a plan and means to address them as a priority in the project
• Ensure the testing plan incorporates “real-life” possibilities, and start planning now—because testing is always the first part of the project to get squeezed.

Who knew Yogi Berra knew so much about healthcare?

By HERB LARSEN, Principal, Healthcare Industry Strategy at Edifics
A Solution for What Keeps You Up at Night

For many, it’s fear of the unknown that makes ICD-10 a sleepless proposition

By KRISTINE WEINBERGER, Senior Healthcare Business Consultant at Edifecs

As healthcare entities move toward compliance with the Federal ICD-10 mandate, they face a significant challenge. While it’s easy to see there are some considerable differences, the thing keeping most business and IT leaders awake at night is what they don’t know about how ICD-10 will impact their specific business. For example, where are the most significant impacts likely to be? How will reimbursement be affected? What specific codes are providers most likely to bill? And here’s a big one: how do we prioritize our efforts to make the best use of our resources?

Maybe the question you should be asking is, “What if …?”

What if you could gain insight into your business and precisely determine where the significant impacts will be? What if you could identify where the most dollars are being spent and how they will be affected by the complexity of ICD-10? What if you could analyze which providers are billing codes with the most multifaceted relationships in the new code set? What if you could understand which areas will be most impacted by reimbursement variances?

Edifecs understands these challenges. In reviewing more than a half a billion ICD-9 codes in healthcare claim transactions, we know that more than 30% have complex relationships in ICD-10. That’s why we developed a complete solution to help you prioritize your effort and mitigate the risks associated with ICD-10.

Edifecs ICD-10 Impact Analytics enables healthcare entities to identify ICD-10 impacts based on their historical data. This is a critical first step toward understanding the challenge and determining how to address the ICD-10 mandate. For example, Edifecs ICD-10 Impact Analytics can identify which providers are billing codes today that will have significant complexity in ICD-10. You may want to work more closely with these providers and perhaps even involve them in early testing.

With ICD-10 Impact Analytics, you can quickly zero in on the areas of greatest complexity and reimbursement risk to prioritize your remediation efforts. You can use this prioritization in Edifecs ICD-10 Code Management to assign code modeling and mapping. ICD-10 Impact Analytics also tells you which codes comprise the greatest percentage of your billing, and therefore, where you should prioritize your effort. And it provides a basis for test data for easy import into Edifecs ICD-10 Test Management. You can even identify which providers you should partner with on early testing efforts and determine how your existing policies may be impacted.

Make no mistake: ICD-10 is complex.

If you can’t identify your risk factors and figure out how to mitigate them with the resources you have, you could be losing sleep long before the deadlines arrive. On the other hand, Edifecs ICD-10 Impact Analytics can eliminate the unknown and set you on a user-friendly fast track to your ICD-10 implementation.

When the big squeeze comes… will you be ready?

Testing is always one of the first phases of a big project to be compressed. Learn how the right testing solution can keep your ICD-10 migration from going sour.

Join Edifecs for an educational webinar:
August 26, 2011 | Noon EDT / 9 am PDT
Register at www.edifecs.com/webinars
ICD-10: Decisions and Implications

**Bridging Gaps Among Clinical, Technology and Business Domains**

BY JOE NICHOLS, MD, Health Data Consulting LLC

Joe Nichols, MD, is the principal of Health Data Consulting LLC. He has 35 years of in-depth healthcare experience in the provider, payer and information technology markets, with a focus on healthcare data, standards and information system application of business requirements.

As a certified ICD-10 coding trainer, his primary focus recently has been on ICD-10 and the implications for a variety of business entities. He is a frequent speaker at national conferences and provides consulting services for payers, providers, vendors and government entities on healthcare data.

Dr. Nichols’ primary offering in the consulting environment is to help organizations understand the financial implication of clinical decisions and the clinical implication of financial decisions by using his broad experience to bridge the gap among clinical, business and technology domains.

As entities approach their ICD-10 project, how can they be sure they are prioritizing their work and allocating their staff appropriately?

The level of work needed to fully implement ICD-10 and the limited time remaining before the transition requires organizations to set priorities to ensure the areas of greatest impact receive the greatest attention. There are a number of factors that should be considered in prioritizing efforts:

- A relatively small number of unique codes account for a large percentage of the volume of codes submitted on claims.
- Similarly, a small number of unique codes account for the predominance of payment for submitted claims (this may be somewhat different than the volume analysis).
- A relatively small number of codes represent complex mapping cases, and a relatively small subset of codes within this group are frequently used or represent high dollar impacts.
- Many of the codes are very similar and represent repeating patterns of the same medical concepts. For example, approximately one third of the codes only differ in defining the right versus the left side of the body. Focusing on key concepts (rather than the thousands of individual codes that contain the same concepts) will help concentrate efforts.
- Evaluation of ICD-10 touch points for your organization should include an assessment of the level of business impact for each functional area. Analysis of your existing data is critical to determine which areas of your organization and what type of codes should be prioritized.

In analyzing ICD-10 impacts, is it critical that both forward and backward GEMs be used? If yes, why?

CMS continues to re-iterate that GEMs are an important tool to support mapping of codes for a variety of purposes, but it clearly is not the full answer to any specific type of translation.

In terms of crosswalking, GEMs provide suggested codes to consider when translating from one code to one or more target codes in a claim or other record of data that contains ICD codes. When used for this purpose, the GEM files are meant to be used in the appropriate directions, i.e. the 9 to 10 file for mapping ICD-9 to ICD-10 codes and the 10 to 9 file for mapping ICD-10 to ICD-9 codes.

The other important aspect of translation involves re-defining groups of codes to represent the “intent” of a policy, rule, category or other logical grouping for some processing, definition or analytic function. This form of translation requires a deeper look at all possible codes in ICD-10 that would meet the intent of the policy, rule or category. GEMs alone will not identify all appropriate codes to meet that intent by simply mapping the old codes to the new codes. GEMs can help in that research, but it will be necessary to use both GEM directions when looking at an existing group of ICD-9 codes where the original code(s) is considered as both the source in one direction and the target code in the other direction. This will produce a relatively rich set of codes that can help validate the new code group logic, but GEMs mapping cannot be relied on to identify all of the codes that meet the original policy or rule of category intent. That will require additional research outside of GEMs.

Gartner estimates that 70% of 5010 migration costs will be related to testing. What do you think the percentage will be for the migration to ICD-10?

The overall nature of testing in ICD-10 is different than many other healthcare initiatives because of the extent to which these codes drive business processes and are critical to intelligence about the nature of the business environment.

Testing at the transaction or system component level is only a small piece of the testing model. For ICD-10, testing should not be relegated to something that is done by IT at the end of the implementation process. True enterprise-wide, end-to-end business testing is needed as a key part of the impact analysis and requirements definition processes.

Developing clinical scenarios and working with providers from the point of documentation through code creation, patient care definition, billing, transaction creation, processing and payment will be important methods to understand the nature of this transition.

Simply making assumptions about how claims will be coded and distributed in this new environment may allow you to do sophisticated process testing at a component level, but does not really get at the issues that may have a major impact on the business when going from the point of care to the point of payment.

With this in mind, the cost of testing can easily be estimated to up to 40% of the implementation cost, but testing must be thought of as a way to analyze your business and relationships in a new environment, rather than to simply check if system processes and algorithms work as specified.

What advice can you offer to people who are trying to create a sense of urgency for ICD-10 initiatives among executive-level decision makers?

Many executives have assumed that this transition is simply a migration from one version of code to another and have relegated responsibility to information technology, medical management or health information management domains. It is critical that executives understand that this transition is the biggest change to occur to healthcare information and business functions in decades and will impact all areas of the healthcare enterprise. Awareness education of executives is critical to assure that they are key leaders in the governance process, which is critical for a successful implementation.

This educational awareness should focus on areas that are relevant to executives and get their attention. Below are some examples of focus areas that may help elevate the importance of ICD-10 for executives.

**Insurance Risk:** Population risk is always a key executive consideration and is an area of great concern in this transition. Risk analysis is highly dependent on ICD codes. The method for assessing severity, co-morbidities, complications, causation, disease stage, sequelae and a number of other critical parameters that measure the burden of illness have changed dramatically in ICD-10. In addition, as we move into this new coding paradigm, we have no history of experience given this method of defining that burden. During the transition period, trends will cross time frames where historical data contains both ICD-9 and ICD-10 codes, and comparisons will be difficult for trending purposes.

(continued)
Operational Risk: Changes in policies, processing, categorization models and other operational functions that use ICD codes will be substantially different and require redefinition. How these processes, rules and categories will function under these new code definitions is difficult to predict without extensive business testing.

Competitive Risk: ICD-10 offers a substantial opportunity for better management of care in an accountable care environment. A number of organizations have realized the strategic importance of leveraging these advantages to position themselves in an environment where value management is a true operational differentiator, rather than just a marketing position.

Relationship Risk: Many existing relationships with government, employers, providers, vendors, members and other business partners have connection points related to ICD codes. In some instances, ICD codes help define the scope of services. In some cases, ICD codes form the data currency for required reporting and information exchange. These codes factor significantly into the evaluation of quality, efficiency, effectiveness and appropriateness of care. They also form the basis for key business decisions around provider payment. All of these relationships have the potential for significant change because of the nature of the dramatic change in detail, structure and definition of these codes. Addressing this implementation will require a much closer working relationship with all external entities to assure that dependencies upstream and downstream are handled appropriately.

Introducing the Edifecs ICD-10 Solution
Prioritize Effort and Mitigate Risk in Your ICD-10 Transition

Edifecs’ new ICD-10 solution helps health plans understand and mitigate the risks at each stage of their migration. Health plans can identify potential ICD-10 risks based on analysis of their own historical data. This analysis enables prioritization of code modeling and testing efforts. The Edifecs ICD-10 solution also includes translation capabilities that serve as a contingency plan if full remediation is not completed on time. The key components of the solution are:

Edifecs ICD-10 Impact Analytics automates the identification and graphic visualization of relationships between ICD-9 codes in historical claims data and corresponding ICD-10 codes. Organizations can quickly understand which ICD-9 codes in their historical data create financial or other risk as their partners migrate to ICD-10.

Edifecs ICD-10 Code Management is a medical ontology-based code management system that goes beyond GEMs to enable modeling and mapping of ICD-9 codes into ICD-10 equivalents, and vice versa. The ontology uses the definitions for ICD-9 and ICD-10 codes to identify the underlying medical concepts in each code, which improves the accuracy of mapping between the code sets.

Edifecs ICD-10 Test Management automates the creation and management of large volumes of ICD-10 test data, tracks test execution and shows the differences between results processed in ICD-9 and in ICD-10.

Edifecs ICD-10 Code Translation is a scalable, high-performance translation engine that enables ICD code translation (forward and backward). It uses pre-defined code maps and business rules published from Edifecs Code Management or other code management software.

Edifecs ICD-10 Consulting Services provides expert support for Edifecs products and services.

Monday, August 1st
ICD-10 Special Session, Part I:
Mitigate ICD-10 risks through neutrality-focused analysis and code mapping
4 pm – 5:30 pm • Room 412
Beer, wine and appetizers will be served.

Tuesday, August 2nd
ICD-10 Special Session, Part II:
Accelerate transition by automating ICD-10 testing
10 am – 11 am • Room 404
Light refreshments will be served.
ICD-10 Code Maps: Looking Beyond the GEMs

When it comes to mapping, it’s all a matter of perspective

By KRISTINE WEINBERGER, Senior Healthcare Business Consultant at Edifecs

With the move to ICD-10 rapidly approaching, a major task health plans face is updating their systems, policies, and processes to recognize ICD-10 codes and accurately handle transactions. By far, the biggest undertaking during this transition will be mapping the ICD-9 codes in use today to the ICD-10 codes that replace them. It’s a far-reaching effort that will impact several areas of every healthcare entity’s business—claims adjudication, medical policies, medical management, actuarial systems, provider contracting and pricing modules, just to name a few.

Fortunately, healthcare organizations have a good starting point: the General Equivalency Maps, or GEMs. Most healthcare organizations will use ICD-10 code maps for a variety of purposes, such as identifying which codes will define a specific policy, disease management area, or benefit category—always important for native updates to back-end systems. Another use is identifying the specific codes used to analyze data before and after the implementation date to ensure accurate conversion of historical data to a consistent code set.

Regardless of the purpose of the map, it’s critical to have full perspective during the mapping exercise. Much like a geographically flat map only shows the distance between two points and not necessarily the difficulty of the terrain, GEMs are a great starting point, but they don’t always include all the information a healthcare organization will need to complete its migration.

Besides the possibility of not having all the codes an entity must consider, GEMs simply provide a list of related codes without providing critical details that explain how and why the codes are related, or where they differ. For healthcare entities, this means they will have to spend a significant amount of time and effort to evaluate those differences. They will also need an effective tool to assist them in identifying the differences in medical concepts between codes or risk negative impacts to financial neutrality and remediation efforts.

The Edifecs ICD-10 Code Management tool provides this additional perspective. It assists the coder in quickly identifying the differences in medical concepts between codes and includes the capability for the coder to document the reasoning behind the mapping decision. Coders can also add valuable ‘includes’ and ‘excludes’ information to aid in the mapping process.

Edifecs ICD-10 Code Management can dramatically reduce the resources required to complete the mapping and—at the same time—greatly increase the likelihood that each mapping choice is both accurate and deliberate. Using this tool, healthcare entities can be sure they are using the new ICD-10 code set to its fullest benefit.

ICD-10 Examiner Crossword Puzzle

Across

6. Who published this newspaper?
7. Secretary of Health and Human Services, was also the second female Governor of Kansas
10. Abbr. Federal statute signed into US law focused on reform of the private health insurance market
11. Abbr. Mobilization of healthcare information electronically across organizations within a region, community or hospital system
12. Fill in the blanks: cycle management of neutrality
19. Synonym for equity, objectiveness or impartiality. Is the goal for all ICD-10 projects
20. Social insurance program administered by the United States government, providing health insurance coverage to people who are aged 65 and over
22. Insurance company spun out of American General Insurance, merged several Blue Cross Blue Shield organizations in 2004
23. Abbr. a problem with inattentiveness, over-activity, impulsivity
24. Process of electronic entry of medical practitioner instructions for the treatment of patients

Down:

1. United States health program for people and families with low incomes and resources
2. Comprises 70% of the HIPAA 5010 implementation costs according to Gartner
3. Portion of any claim that is not covered by the insurance provider
4. Abbr. Marketplace that offers a variety of health insurance plans from various providers
5. Describes the use of health information technology (HIT) that leads to improvements in healthcare and furthers the goals of information exchange among health care professionals
8. Former National Coordinator for HIT within ONC. Preceded Dr. Farzad Mostashari who was appointed on April 8, 2011
9. Apparently the next frontier for healthcare practices. Sibling of the Jesus phone
13. Systematic collection of electronic health information about individual patients or populations
14. Coding of diseases, signs and symptoms, etc. classified by WHO and mandated by CMS for implementation within next 3 years
15. Abbr. A system to classify hospital cases or products, potentially for reimbursement
16. Relating to the observation and treatment of patients rather than laboratory studies
17. Abbr. Federal agency in the United States, part of the Department of Health and Human Services
18. Not-for-profit ANSI-Accredited Standards Development Organization representing virtually every sector of the pharmacy services industry
21. Enacted as part of the American Recovery and Reinvestment Act of 2009, was signed into law on February 17, 2009, to promote the adoption and meaningful use of health information technology
22. Abbr. A network (organization) of doctors and hospitals built to share responsibility for patient care, reward providers for quality of care and discourage supplier-induced demand
At This Year’s MMIS, ICD-10 Solutions Take Center Stage

At the Medicaid Management Information Systems (MMIS) conference taking place this week in Austin, one of the top attractions will be ICD-10 Solutions. At MMIS, several vendors will be demonstrating their ICD-10 products—most of which are point solutions designed to support a singular aspect of ICD-10 migration. Only one vendor—Edifecs—will be highlighting a fully integrated solution suite that supports all phases of ICD-10 migration.

MMIS attendees from Medicaid organizations that are early in their ICD-10 transition are likely to be initially most interested in Edifecs Impact Analytics and Code Management, based on the value each can bring to ICD-10 projects.

Target ICD-10 Risks and Accelerate Transition
The migration from ICD-9 to ICD-10 will affect business processes across a Medicaid organization, such as policies, inpatient reimbursement and disease management. The sheer scope of the change translates to multiple areas of risk.

Edifecs Impact Analytics uses a Medicaid organization’s own historical data to automatically categorize the relationships between ICD-9 codes and ICD-10 codes into eight levels of risk and complexity, which speeds up the analysis phase of an ICD-10 transition. Edifecs Impact Analytics also identifies the volume and dollar levels for claims in each risk category so Medicaid programs can target the most risky code relationships in terms of claim and encounter volume, dollars paid, and provider relationships to prioritize work on those areas over other, less risky code relationships.

Accelerate and Improve the Accuracy of Code Mapping
Inappropriate code mapping between ICD-9 and ICD-10 codes poses another risk for Medicaid organizations and could adversely affect claims adjudication and encounter processing, medical policies, medical management, actuarial systems, and pricing modules.

Edifecs Code Management provides a medical ontology-based code-matching system that uses the clinical concepts of each ICD-9 and ICD-10 code to identify the most likely mappings between code sets. This streamlines code mapping by providing additional information on the quality of matches. It also focuses the mapping tasks by importing results from Edifecs Impact Analytics to help prioritize areas identified as high frequency or high risk in an organization’s data.

In addition to the assessment and code-mapping phases of the transition to ICD-10, Medicaid programs will benefit from the test management and code translation capabilities that Edifecs brings to the table. This end-to-end solution will prove to provide value much beyond that of other point solutions that may be available.

The ICD-10 mandate is likely to be one of the most extensive conversion projects any Medicaid organization will face, and it is fraught with risk because it will affect the vast majority of IT systems and many healthcare policies. For IT professionals looking to mitigate their risk and accelerate their ICD-10 transition, Edifecs may prove to be the solution of choice.

For more information on Edifecs Impact Analytics, Code Management or the entire Edifecs ICD-10 Product Suite, stop by booth #21 at MMIS.

Work for one of the Best
Edifecs is looking to fill the following positions in the next 30 days:

- Solution Delivery Director
- Senior ICD-10 Specialist
- Healthcare Solution Consultant
- Business Analyst
- Software Engineer
- Marketing Manager

...and you could win an iPad 2!

For more information on Edifecs career opportunities, visit www.edifecs.com/careers
The Joy of Simplicity

It’s a complex world when you have multiple mandates to worry about. Fortunately, we can help you simplify it.

Let’s face it. You probably wouldn’t describe ICD-10, HIPAA 5010, and—especially—administrative simplification as “joyful.”

They’re all hard work. Sure, the results will be worth it, but how much time and effort will it take to get there?

But what if—

You could comply with all mandates without making significant changes to your back-end systems?

You could dramatically streamline the exchange of information between you and your trading partners?

For Edifecs customers, the answers to these questions are helping them achieve compliance, cut waste and save millions. All in all, they’re pretty happy about that. Joyful, even.

Learn more.
Download the white paper at www.edifecs.com/adminguide