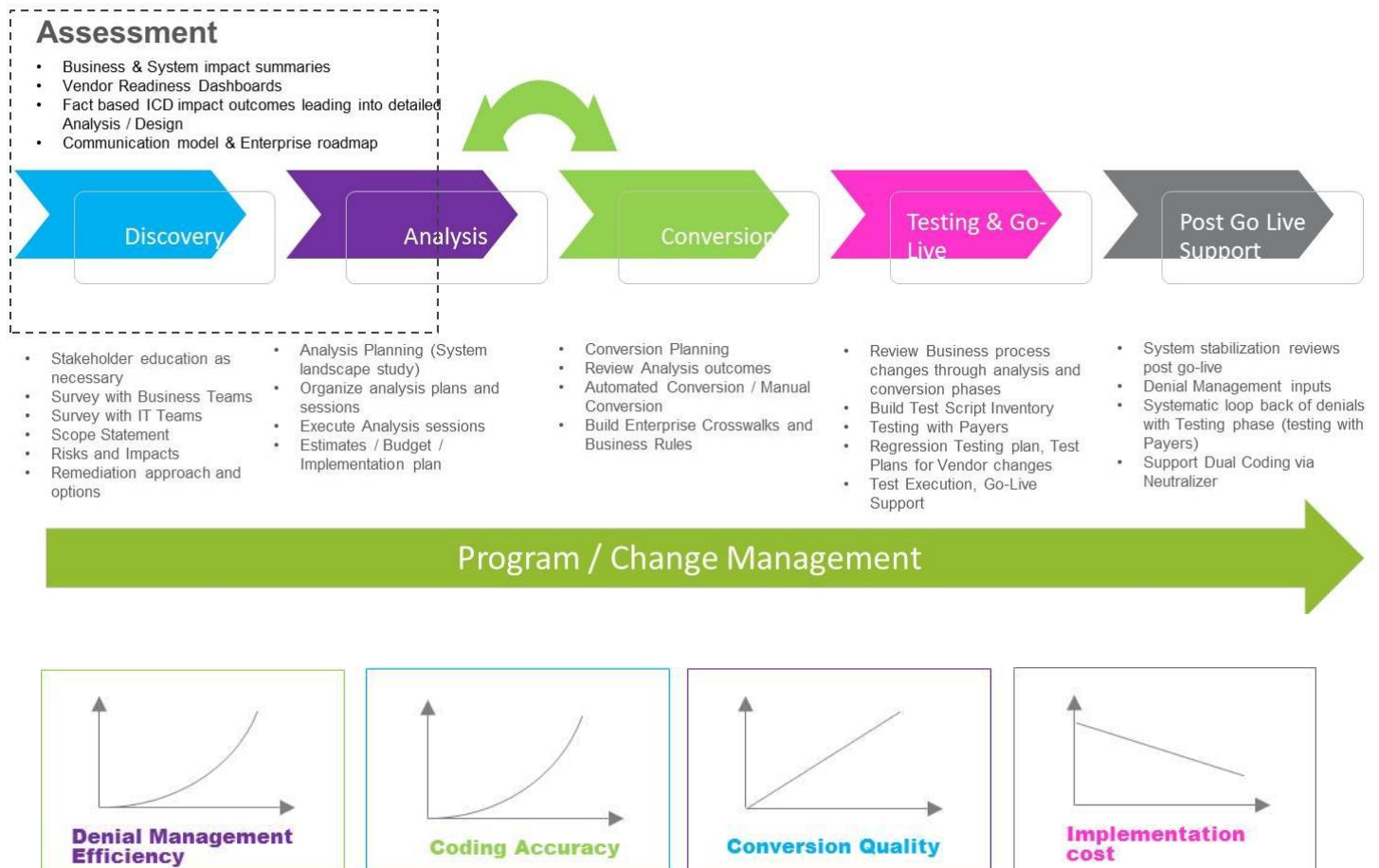


The PRJ Methodology for Achieving ICD-10 Compliance

Hospitals are facing a mandated initiative to meet the Centers for Medicare & Medicaid Services (CMS) directive to upgrade from ICD-9 to ICD-10 codes by October 2013. Although CMS has developed General Equivalent Mappings (GEMs) between ICD-9 and ICD-10 codes, it is generally thought across the healthcare industry that relying solely on that approach possesses significant risk. Hospitals must give sufficient consideration to the challenges inherent in converting from the current ICD-9 code sets to ICD-10 coding for diagnoses and procedures across their entire organization.

In addition to the technical issues that impact the IT organization, PRJ will consider the broader issues that will impact the entire spectrum of patient care and finances.

To perform these conversions efficiently and thoroughly, PRJ will use the *icdcomplete* application, an exceptional toolkit for ICD-10 conversions developed by Jvion, LLC. Jvion's years of healthcare experience in the US ranging from providers to payers, has allowed them to design and build a set of indispensable functions that are integrated into the *icdcomplete* methodology. This methodology will help healthcare organizations transform the ICD-10 transition from a tedious mechanical task to an opportunity to achieve strategic advantages and to introduce beneficial changes. It will also mitigate risks from interfaced systems that are not converted to ICD-10 (or not converted in time) with a *neutralizer* function.



Deliverables:

ICD-10 Impact Assessment Deliverables

(Discovery)

- Clinical Documentation review / Physician Engagement Summary
- ICD - 10 Business Impact Summary
- ICD - 10 System Impact Summary
- ICD - 10 Remediation Steps
- ICD - 10 Implementation Estimates
- ICD - 10 Implementation Plan
- ICD - 10 Enterprise Roadmap & Budget (with Risks & Opportunities)
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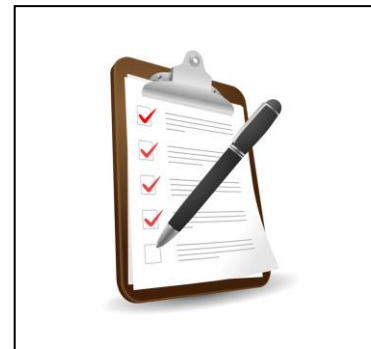
(Analysis)

- ICD - 10 System Impact Reports and Dashboards
- ICD - Implementation Bottom up estimates
- Inputs into the overall implementation plan for Systems
- Inputs into Change Management Plan for all Operations impacts
- Inputs into Training plan for all resource impacts
- Conversion Requirements
- Enterprise Crosswalk Requirements
- ICD - 10 Code mix, assessment findings and remediation
- Confirmation of vendor readiness timelines
- Test Requirements for Remediation



ICD-10 Conversion, Testing and Go Live Deliverables

- Remediation Functional Design and Technical Design
- Enterprise Crosswalks built
- Manual Conversion (Source Code converted)
- Manual Conversion (Database tables scripted for conversion)
- Automated conversion completed
- Regression test scripts / data established
- Remediation test scripts / data established
- Payer testing scripts and test data



Go-Live Planning - The implementation plan is based on bottom-up facts and data from the toolset – from which an objective implementation plan is created. The cutover plan specifies all the impacts identified in the earlier phases and ensures that there is a cutover process and a contingency plan in place for each of the systems. Vendor and 3rd party dependencies will be highlighted and appropriate verification procedures identified. Functions requiring dedicated post go-live support will be identified.

Post Go Live Support

Once systems have been converted to ICD-10, we will ensure that the appropriate support is in place for real time analysis of failures or denials with respect to healthcare claims. The toolset provides for looping back denial codes on HIPAA 835 remittance advice forms and comparing these denials to the expected results from the testing phase with payers.

The iterative functionality of *icdcomplete*:

