### ICD-10 Pilot Testing Participants Include

<table>
<thead>
<tr>
<th>Alamance Regional Medical Center</th>
<th>Allscripts</th>
<th>American Coders</th>
<th>Axial Exchange</th>
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<tr>
<td>BCBSNC</td>
<td>Cape Fear Valley Health System</td>
<td>Carolinas HealthCare System</td>
<td>CaroMont Health System</td>
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<td>CCA Medical</td>
<td>CIBER</td>
<td>Clinical-Insights</td>
<td>CMS</td>
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<td>Coastal Alliance</td>
<td>CSC</td>
<td>Cone Health</td>
<td>Crescent Health Solutions</td>
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<td>Duke University Health System</td>
<td>echoBase</td>
<td>FirstHealth of the Carolinas</td>
<td>High Point Regional Health System</td>
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<td>HIMformatics</td>
<td>HP Enterprise Services</td>
<td>IBM</td>
<td>Iredell Memorial Hospital</td>
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<td>LabCorp</td>
<td>Mayo Clinic</td>
<td>MedCost</td>
<td>Nachimson Advisors</td>
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<td>NC Community Health Center Association</td>
<td>NC DHHS</td>
<td>NCHIMA</td>
<td>NC Medical Group Managers</td>
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<td>NC Medical Society</td>
<td>NC Nurses Assn.</td>
<td>NC Psychiatric Assn.</td>
<td>NC Psychological Assn.</td>
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<td>New Hanover Regional Medical Center</td>
<td>Novant Health System</td>
<td>Oak Grove Technologies</td>
<td>Pitt Community College</td>
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<td>Rex Healthcare (UNC Health Care)</td>
<td>Rural Health Group</td>
<td>Siemens</td>
<td>Southeastern Regional Health System</td>
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<td>The SSI Group</td>
<td>TM Floyd &amp; Company</td>
<td>UNC Health Care System</td>
<td>Wake Forest Baptist Health</td>
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<td>WakeMed</td>
<td>Qualedix</td>
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Assisting NCHICA members in transforming the US healthcare system through the effective use of information technology, informatics and analytics.
NCHICA PILOT INTENDED BENEFITS

- Business Driven Approach to Testing
- Coding Analytics for Providers and Payers
- Shared Delivery Model vs. Silo Delivery Model
- Gives Healthplans More Clinical Data not Mapped Data
  - Gives Healthplans Greater Provider Testing Involvement
  - Visibility into Provider Contracts and Revenue Cycle
- Verifiable Results to Assess Trading Partner Readiness
NCHICA PILOT SCOPE

Top 3 DRGs Per Specialty/Clinical Data
- Known Payment Changes
- Positive, Negative & Neutral
- A “Source-of-Truth” for Claim Scenarios
- Dual Coded ICD-9 and ICD-10 Transactions
- Experienced ICD-10 Coders and Clinician Peer Review
- Test Data Reusable Across All Trading Partners
- Agile Testing – Know the Answer Prior to Start

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4 Stages of Testing Using Common Data

**Stage 1**
- **Internal Unit/Integration**
  - Medical Record Selection
  - Dual-Coding Exercise
  - Dual-Coded Clinical Records
  - ICD-10 Coding Accuracy
  - Workflow Process Improvement
  - ICD-10 Training
  - Computer Assisted Coding
  - Compliance Testing

**Stage 2**
- **Shared Coding Results**
  - Dual-Coded Transactions
  - Coding Consensus
  - ICD-10 Coding Accuracy
  - Shared with All Trading Partners (e.g., Clearinghouses, Healthplans and Vendors)
  - Additional Coding Review by Trading Partners (if required)
  - Billing Testing
  - Defect Resolution

**Stage 3**
- **Trading Partner Testing**
  - Bundled Medical Records
  - Dual Coding Worksheets
  - DRG Assignments
  - 5010 Transactions
  - Shared with All Trading Partners (e.g., Clearinghouses, Healthplans and Vendors)
  - Additional Coding Review by Trading Partners (if NECC)

**Stage 4**
- **End-to-End Testing**
  - Dual-Coded TXN'S
  - End-to-End Tests
  - Compliance Testing
  - Defect Resolution
  - Help Desk

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The participating pilot hospitals have provided to date more than 200 highly relevant clinical dual coded and peer reviewed scenarios.

Another 100+ scenarios are still in progress, and this dual coding exercise will continue through the end of January when we will begin the physical testing effort.

Sharing of dual coded clinical scenarios with the participating healthplan is underway (BCBSNC).

Healthplan (BCBSNC) is now conducting their initial scenario review, coding review and their internal mapping comparisons versus the actual ICD-10 coding in the medical records - Feedback through December 22, 2012.

Defined the scope for Volume of charts and # of test cases from Physician Offices.

Dual Coding of Physician practice cases began in November.
NCHICA PILOT LESSONS TO DATE

The exercise has been both challenging and rewarding. Performing the dual coding exercise and participating in the assessment has demonstrated the complexity of this transition, and has given provided a sense of accomplishment.

The ability to have an external review of our ICD-10 code by other coding experts and Payers helps demystify the doom that was predicted for the ICD-10. Receiving validation of our coding competency in ICD-9 ICD-10 is a great experience.

Test Case integrity issues, including mix up on some of the records, due lack of clean and stringent process of sharing the documentation between submitters and reviewers.

Would be helpful to see what auditors/reviewers are seeing….is there an 80% agreement rate on ICD-10 dx and procedure codes, or less than 50% agreement rate? This will be helpful to share with the general Healthcare community to give providers/hospitals some insight into how coders are 'getting' ICD-10.

If there is an 80% or higher agree rate, it may not be that big of an educational challenge for the coding community. However, if the rate is significantly less, what are the trends, what are the areas of disagreement? Is it just documentation or interpretation of the new codes? Is it diagnosis coding or procedural coding? Are there trends in specific codes/chapters/ areas that are causing the disagreements? Etc.
Thank You!
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