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End-to-End ICD-10 Testing Pays Off for Tampa General

Testing validates readiness, flags potential issues.

(TGH Tampa General Hospital®

Introduction

Tampa General Hospital (TGH) is a private not-for-profit hospital serving a dozen counties with a total population in excess of four million. As one of the largest hospitals in Florida, TGH is licensed for 1,018 beds, and with approximately 6,600 employees, is one of the region's largest employers. Over 300 residents are assigned to the hospital for specialty training in areas ranging from general internal medicine to neurosurgery.

TGH is the area's only level 1 trauma center and one of just four burn centers in Florida. The hospital is home to one of the leading organ transplant centers in the country, is a state-certified comprehensive stroke center, and its 32-bed Neuroscience Intensive Care Unit is the largest on the west coast of Florida.

Quick Facts

- Solution: RelayAssurance™ Plus (ePremis®), ICD-10 Testing Functionality
- Beds: 1,018 licensed
- Employees: 6,600
- Medical Staff: 1000+

Critical Issues

- Test ICD-10 claims in true end-to-end environment
- Test claims using historical production data
- Transport test claims without compromising PHI
- Identify and understand DRG shifts
- Mitigate potential adjudication issues on 10/1/15 and after

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>
> — *Gale Scott, Tampa General Hospital*
> *EDI Regulatory Compliance Administrator*

Situation

Like every hospital and health system in the United States, TGH realized the urgency and complexity of the pending transition to ICD-10 coding. The hospital began its preparations in 2012 — a full two years ahead of the initial go-live date — with an assessment of anything that would be touched by the transition. From the start, TGH understood the importance of payer-provider collaboration in ICD-10 readiness — particularly when it came to testing. They knew that this testing would be different than anything the industry had done before and in order for it to be meaningful, there had to be open and transparent collaboration between providers and payers.

"From the payer and provider perspective no one can win at this unless we both win," notes Gale Scott, EDI Regulatory Compliance Administrator for Tampa General.

According to Scott, TGH's initial challenge was finding payer partners that would test directly with the hospital. This situation was compounded by TGH's insistence on true end-to-end testing, in which the ICD-10 claim follows the precise path that any claim would in a production environment. Payers were still working on the logistics of such testing. Many clearinghouses, meanwhile, were also unclear as to their role in testing.

"The challenge of how to get the payers to engage with us in testing in the first place was interesting," recalls Scott. "If you look at it from the perspective of the payer, they have hundreds of hospitals — including big hospital systems — and they can't do this kind of testing with everyone. It's very labor intensive."

TGH's test claims were based on actual previously-billed claims. This presented the challenge of transporting a test file containing production data successfully to the payer's test environment without compromising the data or having any of it enter their production environment. Testing was further complicated by the sheer number of providers looking to test directly with payers.

The TGH staff understood that volume testing would necessitate forwarding ICD-10 claims through a clearinghouse partner, which would then typically forward the files to the payer's clearinghouse partner, which would finally forward the claim to the payer for processing. Faced with a potentially troublesome multi-stage process, TGH turned to its long-time revenue cycle management partner, RelayHealth® Financial, for end-to-end ICD-10 testing.

Solution

In addition to using RelayHealth to submit claims, TGH relies on RelayAssurance™ Plus (ePremis®) for analytics-driven claims and remittance management. Two years before the government-mandated go-live date, RelayHealth ensured that all of its financial connectivity solutions met current ICD-10 standards and launched a no-cost ICD-10 testing program to allow customers to initiate testing with their payers.

"We submit all of our claims through Relay," notes Scott. "We needed Relay in the loop. They stepped up to the plate and came to the table. They wanted to be part of this."

Before testing began, TGH assumed that any clearinghouse would not be ready to support transport of test files from the hospital directly to the testing partner — expecting that it would need to use some form of secure FTP transfer to move the test claim files. They were delighted to learn that RelayHealth was fully prepared to handle the ICD-10 claims.

The hospital created a separate environment — a replica of its production environment with the same data content — for the express purpose of conducting the tests. This allowed TGH to pick any previously-billed claim that resided in the payer's test bed, recode it in ICD-10, and regenerate the 837 claim for testing purposes.

When the testing day arrived, representatives from all involved organizations were in contact via email — ready to jointly track the progress of the file with complete transparency.

"We passed a test ICD-10 claim file — with production data — from our Epic system to the RelayAssurance Plus (ePremis) solution, then on to RelayHealth, and finally to the payer's test environment," recalls Scott. "We were delighted to be among the first to try it out — and it worked amazingly well. We encountered absolutely no glitches."

The hospital has since used the same system several more times with the same very positive results. Scott anticipates even more usage of this critically important processing option as they move forward with additional testing — both for ICD-10 preparation and beyond.

> *"Finally the day has arrived that providers who use clearinghouses are no longer eliminated from real testing opportunities with payers!"*
>
> *— Gale Scott, Tampa General Hospital*
> *EDI Regulatory Compliance Administrator*

Benefits

A great sense of achievement followed the initial testing. The process opened a door for other types of tests with payers with the ability to flag test files and have them pass all the way through to the payer. It was a capability that simply wasn't available before.

In addition to validating its ability to submit ICD-10 claims, the testing with RelayHealth helped TGH identify an issue with an erroneous claim edit, occurring at the payer's gateway, that resulted in a single test claim being rejected. Had this not been flagged in testing, the same edit would have caused hundreds of rejected claims following the go-live date for many providers.

Testing with RelayHealth also helped TGH reveal a problematic discrepancy — a marked DRG shift — between its ICD-9 and ICD-10 claims. As a result, TGH participated in a collaborative and transparent 'deep dive' with a payer partner to determine the internal cause of the DRG shifts. The results of this collaborative effort were first presented at an industry conference in July of 2014. According to Scott, they are actively involved in plans to jointly share their findings with the industry.

As for the delay in the ICD-10 deadline, Scott says that TGH plans to use the time to conduct additional ICD-10 testing, continue their inpatient DRG drill-down initiative, and focus training on the importance of greater specificity in clinical documentation.

Results

- Payer readiness validated
- Documentation and coding accuracy validated
- Mitigate and study denials and/or rejections
- Previously unknown DRG shifts revealed

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