



## Sample Outline of ICD-10 Three-Day Curriculum for Health Plans

### I. Introduction

#### 1. Implementation Curriculum Chapters

### II. Chapter 1 ICD-10 Awareness

#### 1. Introduction

#### 2. ICD-10 Strategic Steering Committee

#### 3. ICD-10 Understanding

##### a. Educating the Strategic Steering Committee

##### b. History of ICD

##### c. Current ICD Situation and Rationale for Migration to ICD-10

##### d. The Final Rule

#### 4. Assessing Awareness

#### 5. Executive Staff Buy-In

#### 6. The Executive Summary

#### 7. End of Chapter Questions

### III. Chapter 2 Organizing the Implementation Effort

#### 1. Introduction: All About Change

#### 2. Program Structure

#### 3. ICD-10 Executive Sponsor

#### 4. Committee's

##### a. The Strategic Steering Committee

##### b. The Education Steering Committee

##### c. The Communication Steering Committee

#### 5. Business Area Project Teams

#### 6. Project Charters

##### a. Committee Charters

#### 7. Coordination with Business Partners

#### 8. End of Chapter Questions

#### 9. Charter and Committee Templates



- IV. Chapter 3 ICD-10 Discovery
  - 1. Introduction
  - 2. The Discovery Phase
    - a. Readiness Survey
  - 3. High Level Complexity and Awareness Assessment
  - 4. The Business Case
    - a. Why is a Business Case Useful
    - b. How to use a Business Case
  - 5. End of Chapter Questions
  - 6. Templates
- V. Chapter 4 Financial Impact
  - 1. Introduction
  - 2. ICD-10 Cost Estimate Studies
  - 3. ICD-10 Project Costs versus Project Budgets
    - a. Project costs
    - b. Project Budget
  - 4. End of Chapter Questions
  - 5. Templates
- VI. Chapter 5 ICD-10 Education and Training
  - 1. Introduction
  - 2. The ICD-10 Education Steering Committee
  - 3. The ICD-10 Education Strategy
    - a. Education Strategy Template
  - 4. The Education Plan
    - a. Education Plan Template
  - 5. End of Chapter Questions
  - 6. Templates



- VII. Chapter 6 Communications
  - 1. The Communication Steering Committee
  - 2. Communication Strategy
  - 3. The Communication Plan
  - 4. The Communication Effort
    - a. Ask the Right Questions
    - b. Disseminating Information
  - 5. End of Chapter Questions
  - 6. Templates
- VIII. Chapter 7 Network Management and Provider Relations
  - 1. Introduction
  - 2. Network Management and the Implementation of ICD-10
    - a. Benefits of Implementation for Network Management
  - 3. Business Area Assessments
    - a. Impact of ICD-10 within Network Management
  - 4. Provider Contracting
    - a. Claim Re-pricing
    - b. Credentialing
  - 5. Provider Relations, Outreach, and Education
    - a. Training
  - 6. Creating a Business Case
  - 7. End of Chapter Questions
  - 8. Templates



IX. Chapter 8 Actuarial and Underwriting

1. Introduction
2. Benefits of ICD-10 to Actuary and Underwriting
3. ICD-10 Impact to Actuary
  - a. Trend Management
  - b. Return on Investment
  - c. Data and Reporting
4. ICD-10 Impact to Underwriting
  - a. Guidelines
  - b. Rating groups and individuals
5. ICD 10 training for Actuaries and Underwriters
6. End of Chapter Questions

X. Chapter 9 Business Area-Claims Operations

1. Introduction
2. Claims Overview
  - a. Claims Processing
  - b. Coordination of Benefits/Third Party Liability/Subrogation
  - c. Claims editing
3. Data and Reporting
4. Systems Applications
5. Communications
6. Training
7. End of Chapter Questions



XI. Chapter 10 -Customer Service

1. Introduction
2. Customer Service as a health plan business area
3. Systems and vendor dependencies
4. Explanation of Benefits (EOB) and Explanation of Payments (EOP)
5. Customer Service Business Area
  - a. Anticipated benefits of ICD-10CM/PCS Implementation
6. System Dependencies and Vendor Dependencies
7. Member and Provider Portals
  - a. Internal tools, procedures and tool kit documents
8. Communications
9. Training for Customer Service
10. End of Chapter Questions

XII. Chapter 11 Analytics and Information Technology

1. Introduction
2. Business Intelligence and the impact of ICD-10
3. Benefits of ICD-10 on Analytics
4. Interfaces, reports and table changes
5. Budgetary implications
6. Systems testing-QA, UAT, regression, performance, etc
7. ICD 10- training for analysts and decision support staff in the health plan
8. End of Chapter Questions



XIII. Chapter 12 Legal, Fraud and Abuse, and Special Investigations

1. Introduction
2. Business Impacts
  - a. Special Investigations
  - b. Legal
  - c. Internal Audit
  - d. Vendors
3. Diagnosis and procedure codes used in the business area
  - a. CMS 1500
  - b. UB04
  - c. Claims adjudication
  - d. Duplicate claims logic
  - e. Claims bundling logic
  - f. Medical Necessity logic
  - g. Claims Edits
  - h. Reporting
4. Impacted Applications and Systems
5. Antifraud systems
6. Duplicate claims logic systems
7. Fewer fraudulent claims due to greater specificity in I-10
8. Easier identification of upcoding or misdiagnosis
9. Enhanced audit capabilities
10. Enhanced fraud investigations capabilities
11. Issues – Legal changes
12. End of Chapter Questions



XIV. Chapter 13 Clinical

1. Introduction
2. Business Impacts
  - a. Pre-authorization
  - b. Pre-certification
  - c. Quality Management
  - d. Medical Policy
  - e. Case Management
  - f. Appeals and Utilization Review
  - g. Clinical Systems and Pharmacy
  - h. HEDIS Reporting
3. Impacted Applications and Systems
4. End of Chapter Questions

XV. Chapter 14 Sales and Marketing

1. Introduction
2. Sales and marketing as a health plan business area
3. Benefits of ICD-10 to Sales and Marketing
  - a. ICD-10 and benefit design
  - b. Pre-existing conditions
4. Enrollment
5. Requests for Information and Requests for Proposals
6. Employer Group Wellness Programs
7. Applications available to employer groups
8. HEDIS
9. Communication to employer groups by sales and marketing staff
10. Education for sales and marketing staff in the health plan
11. End of Chapter Questions



XVI. Chapter 15 Government Programs

1. Introduction
2. Government relations and programs as a health plan business area
3. Benefits of Government relations and programs
4. Compliance
5. Regulators and legislators
  - a. Medicare
  - b. Medicaid
  - c. Workers Comp
  - d. Tricare
  - e. FEP
6. Data and reporting dependencies
7. Staff Training
8. End of Chapter Questions

XVII. Chapter 16 ICD-10-CM/PCS Coding Fundamentals

1. Introduction to ICD-10-CM
  - a. ICD-10-CM Guidelines
  - b. Format and Structure
2. Coding Exercises
3. Introduction to ICD-10-PCS
  - a. ICD-10-PCS format and structure
  - b. ICD-10-PCS Guidelines
4. Coding Exercises



XVIII. Chapter 17 General Equivalence Mappings (GEMS) and Reimbursement Mappings

1. Introduction
2. Diagnosis and procedure coding for analyst
3. What are General Equivalence Mappings (GEMs)
4. How to use the GEMs files
5. GEM File Layout-Diagnosis and Procedure Codes
  - a. Mappings
  - b. Flags and Attributes
  - c. Flat files
  - d. File layout
6. Reimbursement Mappings
  - a. What they are
  - b. How they work
  - c. File layout
7. Mapping Examples
8. End of Chapter Questions



- XIX. Chapter 18 5010 Conversion
  - 1. Introduction
  - 2. Business Impacts
    - a. Information Technology
    - b. Vendors
    - c. Claims Operations
    - d. Claims Processing
  - 3. Purpose of the 5010/D.0/3.0 transition
    - a. Stepping stone to I-10
    - b. Medicaid subrogation issues
    - c. HIPAA compliant transactions
  - 4. Impacted Applications and Systems
    - a. OCR/EDI systems
    - b. Claims processing systems
    - c. Retail pharmacy systems (D.0)
    - d. Pharmacy Departments with regard to the D.0/3.0 transitions
  - 5. Benefits of moving to 5010
  - 6. Ensuring a successful I-10 conversion
  - 7. End of Chapter Questions
- XX. Appendix A-Terminology
- XXI. Appendix B-Templates
- XXII. CD Rom with Templates