



Contact: Lia Conrad
Dodge Communications
770-576-2559
lconrad@dodgecommunications.com

Navicare Survey Reveals ICD-10 Readiness Post-Implementation

Despite preparation concerns, industry reports a successful, smooth transition

Atlanta, January 19, 2016—[Navicare](#), a provider of cloud-based healthcare claims management and patient payment solutions, today announced key findings from its post-ICD-10 implementation survey. The [results](#) from their fifth ICD-10-focused survey revealed the majority (99%) of healthcare organizations believed they were ready for the October 1, 2015, transition date. Navicare and [Porter Research](#) deployed the survey in December 2015 as the final wave of a research study designed to trend attitudes and behavior regarding the ICD-10 transition.

Similar to Navicare's first four surveys, all deployed prior to the ICD-10 transition, the majority of participants in the fifth survey were practice administrators or billing managers (59%), followed by practice executives (17%), and billers and coders (16%). Survey respondents represented a broad range of specialties and sizes, with the majority (60%) working in organizations with one to 10 providers.

The survey found healthcare organizations have seen minimal or no staff productivity impact in the first few months following the ICD-10 implementation. Respondents reported that only 13 percent of administrative staff and 15 percent of clinical staff saw a significant productivity impact following the transition. Additional findings were focused on themes of readiness, challenges and successes, including:

- **Readiness for the ICD-10 deadline.** Nearly all of respondents (99%) said they were prepared for the transition date. This is consistent with the August 2015 survey where the majority (85%) were confident they would be ready. While 42 percent of participants did not participate in end-to-end testing as part of preparation efforts, 82 percent of the organizations that participated rated it as being somewhat or extremely helpful to their successful outcome.
- **Impact on revenue and denial rates.** The majority of participants (60%) did not see any impact on monthly revenue following October 1, 2015, and 34 percent have seen revenue decrease by up to 20 percent. Denial rates remained the same for 45 percent of respondents, with nominal increases between 1 and 10 percent for 44 percent of the participants. Eleven percent of participants reported increases between 11 and 40 percent. This compared favorably to prior survey results where 61 percent of respondents expected denial rates to increase by 11 to 40 percent.
- **2016 priorities.** With the ICD-10 transition complete, two-thirds of participants indicated they plan to work on improving overall healthcare revenue cycle management processes in 2016. Other top 2016 focuses include working towards a value-based care model (15%) followed by updating and automating [patient collections](#) strategies (9%).

“Navicure is extremely pleased to see the industry, and specifically our clients, has successfully transitioned to ICD-10,” said [Jim Denny](#), co-founder and CEO of Navicure. “Our goal has always been to provide industry insight, educational resources, tools and support to help organizations succeed through industry transitions. Our award-winning client service team has been a critical resource to our clients’ success, and we look forward to helping clients and other organizations survive and thrive in an ever-changing healthcare environment.”

“Our results following October 1 have been very positive,” added Ken Bradley, vice president, strategic planning and regulatory compliance at Navicure. “As opposed to 55 percent of the survey respondents who did report an increase in their denial rate, we’ve seen virtually no change in our client’s denial rates. This is a testament to the hard work that healthcare organizations, payers and vendors – including Navicure and our clients – have done to prepare for ICD-10.”

This survey was a follow up to surveys conducted in April and November 2013, in addition to those conducted in January and August 2015. To view the most recent complete survey results and analysis, visit www.navicure.com/posticd10.

About Navicure

Navicure’s cloud-based healthcare claims management and patient payment solutions help healthcare organizations of all sizes increase revenue, accelerate cash flow, and reduce costs associated with managing insurance claims and patient payments. Serving more than 90,000 healthcare providers nationwide, Navicure’s technology solutions automate account receivables processes, including claims management; patient eligibility verification; remittance and denial management including automated secondary claims filing, appeals, and posting; reporting and analysis; and patient payment collections at and near the time of service. Navicure’s solutions are supported by its unique 3-Ring® Client Service which guarantees that a client service representative will answer every client call in three rings or less. Navicure is the exclusive billing and patient payment solution of the MGMA Executive Partner network. For more information, please visit www.navicure.com, or follow [@Navicure](#) on Twitter.

About Porter Research

Porter Research - a Billian Inc. company - has for over 20 years worked diligently to understand and assess each client’s unique needs and to build a customized business-to-business research program to achieve desired goals.

The company has worked with over 300 healthcare IT companies, providing many with Go-to-Market Strategies based on its unparalleled experience, proven methodologies and knowledge-based analysis. Porter Research enables its clients to operate in a fast-changing market of new, emerging technologies and health reform issues such as ICD-10. It provides the unbiased results that healthcare clients need to make informed, strategic business decisions.

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