



## ICD-10 Stakeholder Collaboration Meeting Summary

On March 27, 2013, the Centers for Medicare & Medicaid Services (CMS) convened a listening session to hear from associations representing the health care industry about the transition to ICD-10. Following brief presentations from CMS and three of its contractors—National Government Services (NGS), Noblis, and Ketchum—participants provided their perspectives and insights about the industry’s progress toward ICD-10 implementation.

### Participants

Industry participants included associations representing providers, payers, and vendors:

- America’s Health Insurance Plans (AHIP)
- American Academy of Professional Coders (AAPC)
- American Association Nurse Practitioners (AANP)
- American Clinical Laboratory Association (ACLA)
- American College of Physicians (ACP)
- American Medical Association (AMA)
- American Nurses Association (ANA)
- Association of American Medical Colleges (AAMC)
- Blue Cross Blue Shield Association (BCBSA)
- Cooperative Exchange
- Healthcare Information and Management Systems Society (HIMSS)
- Medical Group Management Association (MGMA)
- National Association of Community Health Centers (NACHC)
- North Carolina Healthcare Information and Communications Alliance (NCHICA)
- Professional Association of Health Care Office Managers (PAHCOM)
- Workgroup for Electronic Data Interchange (WEDI)

CMS participants included representatives from the CMS Offices of Enterprise Management, including the Office of E-Health Standards and Services and the Office of Enterprise Business. CMS contractors included representatives from Ketchum, NGS, and Noblis.

### Key Discussion

#### Version 5010

Participants reported that many small practices are still using Version 4010 standards for electronic transactions, and rely on clearinghouses to convert transactions to Version 5010. Industry is concerned that these small practices will not be able to use ICD-10 codes because their legacy systems are not Version 5010 compliant. Clearinghouses **will not** be able to convert ICD-9 to ICD-10 codes.



Participants also discussed lessons learned from Version 5010 that can be applied to ICD-10:

- Organizations need to conduct end-to-end business testing; testing should include sending information from “A to B” and receiving feedback.
- Those conducting testing should disseminate their results so others do not repeat the same mistakes. As part of the HIMSS/WEDI pilot, conditions that are causing problems for providers will be communicated to the industry.
- Messages about when and how to conduct testing need to be communicated early and often.
- Organizations and their business partners should set up regular webinars or conference calls so all parties can ask questions and receive information at the same time.

### ***Awareness and Preparation***

Overall, participants felt that most health care organizations are aware of the ICD-10 transition, but many are not yet taking steps to prepare. Many large practices have project teams dedicated to implementing ICD-10; however, many small practices, which may only have one or two staff members, have not yet started preparing.

Participants also expressed concern about vendor readiness for ICD-10. Some vendors do not plan to release upgraded ICD-10 products until 2014; small practices do not want to address ICD-10 until their vendors have available products. Others discussed how providers are not focused on ICD-10 because they are concentrating on Meaningful Use of electronic health records (EHRs) and other competing initiatives.

Participants agreed that ICD-10 testing is important, and recommended that CMS/NGS offer testing guidance that:

- Clearly states that the guidelines are recommendations *not* requirements for testing.
- Includes flexibility (i.e., is not prescriptive).
- Aligns with the guidance provided by other groups such as AMA, MGMA, and WEDI.
- Is relevant to all health care organizations, including provider groups, hospitals systems, and payers.

### ***Concerns***

Specific concerns industry participants raised about the ICD-10 transition included:

- Ability of organizations to meet the October 1, 2014, compliance deadline; there are different definitions for ICD-10 “readiness”; those who say they will be “ready” for ICD-10, may not have actually started preparing.
- Lack of awareness among audiences about *how* to transition to ICD-10; not all practice



managers, nurses, and others are getting enough information on ICD-10 to understand what they need to do, and what questions they should ask.

- Payment disruptions from outstanding claims; participants noted the Version 5010 transition delayed millions of claims.
- Whether and when health care plans would communicate payment policies to providers.
- Laboratories dependence on physicians to provide diagnosis codes on test orders; if providers are not making the transition to ICD-10, labs will not be reimbursed for their services.
- Time and cost restraints facing health care providers, especially those in small and rural practices who cannot leave their practice to participate in ICD-10 training.
- Focus of health care providers on other initiatives such as Meaningful Use, Medicaid expansion, and quality indicators—instead of ICD-10.
- Lack of a systemized testing process for all payers; there needs to be a robust testing process or else organizations won't know what will happen until after they go live with ICD-10.

### ***ICD-10 Priority Messages***

Participants discussed important messages to communicate to the health care industry about the ICD-10 transition:

- The October 1, 2014, compliance date is firm.
- The compliance date for ICD-10 is related to date of service:
  - Claims for services provided *on or after* October 1, 2014, must use ICD-10 codes;
  - Claims for services provided *prior to* October 1, 2014 must use ICD-9 codes.
- Clearinghouses will not/cannot provide a safety net for providers for ICD-10. There is a perception that clearinghouses will take care of the ICD-10 transition, as they did for Version 5010. That same process **cannot** happen with ICD-10; clearinghouses are not coders.
- Training on ICD-10 codes should not take place until closer to the ICD-10 compliance deadline; in the meantime, coders can focus on refreshing their knowledge of anatomy and physiology.
- Physicians should understand what needs to be included in their documentation so coders can correctly assign ICD-10 codes; physicians can also start reviewing past documentation to see what they would need to update for ICD-10.
- Practices will not need to learn all of the new ICD-10 codes, just a small subset of the codes.
- Practices should use the ICD-10 transition as an opportunity to automate their practice management systems to accommodate operating rules such as Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA).
- ICD-10 is part of a larger eHealth initiative, which aligns health IT and other electronic standards programs.



### ***Recommendations***

Industry associations described their ongoing efforts to inform their members about the ICD-10 transition and the need to prepare, and they offered CMS recommendations:

- Reorganize the CMS ICD-10 website to make the resources easier to find.
- Develop materials in an easy-to-read format (e.g., one-page fact sheets, instead of lengthy implementation guides).
- Include simple, clear, and realistic messages in CMS ICD-10 materials about:
  - ICD-10 implementation risks and risk mitigation strategies
  - How to address barriers to implementing ICD-10
  - Step-by-step guidance or a “roadmap” on how to prepare for ICD-10 geared toward small practices
  - How ICD-10 affects other areas of practices and hospitals, beyond billing
  - ICD-10 activities that cannot be handled by a vendor
- Increase communication efforts to small rural providers, nurse practitioners, nurse midwives, and physician assistants.
- Conduct on-the-ground ICD-10 training for health care providers, especially those in rural areas, and hold training sessions “after hours.”
- Point to credible ICD-10 training resources, especially those that are free of charge.
- Leverage coalitions of professional associations to reach providers with consistent messages.
- Establish best practices for ICD-10 implementation and testing and create channels to share these practices with the industry.
- Help providers avoid cash flow disruptions.
- Publish payment policies for providers ahead of time—a year in advance for Medicare and Medicaid.
- Encourage flexibility in terms of program integrity efforts so physicians are not penalized because there is a misunderstanding around codes.
- Collaborate with the Regional Extension Centers to train local physicians about implementing ICD-10.
- Develop a certification process for practice management systems.