

**Centers for Medicare and Medicaid Services
CMS ICD-10 Vendor Conference
Tuesday, April 27, 2010**

Afternoon Summary Session

Moderator: Todd Coutts, PMP, Manager, Noblis

Moderator: This really reminds me of when I was at the HIMSS (Healthcare Information and Management Systems Society) Annual Conference in Atlanta, and I went to a session on the very last day. Everybody was worn out, sitting on their suitcases, and the poor guy was up there trying to give a presentation and I said, "Oh, poor guy." And now I feel like that poor guy.

So first before I get started, the one thing I did want to announce is that we do have an army of scribes and note-takers that have been in the room today and in the breakout rooms, and so our expectation is to really compile that information. We've got your contact information and make sure we get that out to you, whether it's e-mail or posting on the website, but we'll make sure that you are able to get to the information.

What we want to do now is ambitious. And as you probably noticed during your breakout sessions, everybody flipped over to e-mail and hit the send button, and we had two people in this room trying to compile the comments that people were making. So what we're going to do before we let everybody go, since we have everybody still in one room, is going to really summarize kind of the themes that we heard. I want to do that for about 10 to 15 minutes. Then we're going to stop and allow people to run up to the mics, just to make sure that we discuss things and get things out on the table that are really important before we go.

So the initial objective for the day was really to get you all together as the vendor community, meaning software vendors, clearinghouses, and third-party billers since there is such a big dependency on you all, from your customers and providers, to get ready for ICD-10. So we really wanted to hear from you about what you're hearing from your customers and what your plans are.

And so we heard from ONC (Office of the National Coordinator), and I thought that was really good they put ICD-10 in the broader context and that these initiatives are not all set, but that they are all inter-related. And then we quickly got into a panel discussion and breakout sessions. In these breakout sessions, we presented to you six questions, which have three subparts each, so I think we had about 20 questions we wanted you to address in about an hour. And I know my room did a really good job of going through some really meaty content.

And the first question was understanding from, really from you and your particular

perspectives, what plans or mechanisms you have to address some of those really tricky cross-industry issues. So we presented sort of a larger list of things, you know, mapping and crosswalk, end-to-end testing, communications about trading partner readiness. And we really wanted you guys to dig into those really tricky things that require coordination across the industry.

And here's a little bit about we heard. First, from the clearinghouses, their major concern is really about dual processing. We know that the October 1, 2013 is a hard date, but with the requirements that it's not based on – it's based on date of service or date of discharge depending on the type of claim. That means we're going to have ICD-9 and ICD-10 active at the same time in terms of claims. And I think the brunt of that really can hit clearinghouses pretty hard – actually, everybody, but especially from a clearinghouse point of view. They need to be able to maintain that dual processing going forward. And so that was a major concern from the clearinghouse point of view.

In terms of moving forward, some of the things that clearinghouses wanted to see. They really wanted to make sure that there was both an executive-level message that really hit home to the hard-hitting financial consequences and opportunities of ICD-10, as well as the more detailed information that's happening out in the industry.

There was also, this was a theme, I'm sure, in all of the rooms – certainly, in my room – was, “Hey, we need direction from CMS.” I know in my room, there were several times where there was a need of, you know, we can communicate with our customers, we can communicate with our members, but at the end of the day, people really do want to see information coming from CMS. This is the same thing that Ketchum found in their focus group testing and this was sort of a theme that we heard in all the rooms throughout the breakouts.

The next item was also a theme in several areas, and this was really a desire for – I don't want to use the term clearinghouse in this room, because it's somewhat loaded – but really, a central place to know who's ready. How do I know, if my trading partner is ready? And if you are a payer, you probably don't want all your, however many thousand providers calling you to find out if you're ready. This was really a recurring theme of a desire to go to a central place to understand plans of their trading partners and also status of progressing toward testing as well as compliance.

And the final point here is that with the crosswalk and mappings, there were certainly some comments to encourage CMS to have collaboration around the crosswalks before January of 2011. I feel like somebody might have been reading the health care reform law, because that's also a provision there to have a meeting before January 2011 to discuss any issues, get everything out on the table of what the thoughts are about the GEMs.

We're still on question one, and this is from software vendors, and one of the main concerns for software vendors was dealing with their smaller customers that may not have the resources to do the type of impact analysis that I walked you through this

morning of, you know, when these customers show up at their doorstep, making sure that they've got plans and steps for how to guide those kind of customers through getting ready for ICD-10. I think that's a common theme that all of you will face, and I think that was especially true with software vendors, as well as the third-party billers.

Another theme that we also heard from software vendors was again the one central authority. I think this is probably a need that makes sense for multiple points of view. I think plans want to know an easy-to-get way what their provider status is, and I think you could do that in all directions. And I think this is a recurring theme.

Another comment here was about workers compensation and property and casualty. Another was non-HIPAA-covered entities that, nevertheless, are involved. When you get to things like coordination of benefits that can get out to auto insurers, workers comp, and while they may not be covered entities, they still deal with diagnosis and procedure codes. And there was major concern, I think, from several rooms about making sure that these companies know that this exists and that they've got plans for it, that they've budgeted for it, and are making progress toward it.

One of the themes throughout several of the rooms also was some certainty, I think there was uncertainty about everybody else. Most people seemed fairly confident in their own ability to get ready, but there is concern about the other guy. But one of the themes that was certainly heard was about payers and their readiness. In the room that I was in with the third-party billers, they recounted some stories of where readiness for 4010 testing wasn't quite ready at an ideal time. So there was certainly a desire amongst several of the rooms to really know what the payer status was, making sure they're going to allow time for testing, and they were transparent about their plans for testing.

For the third-party billers, I'm just going to focus on what the third-party billers wanted to move forward. On my flip chart, I said, "Well, what do you want? We've heard the complaints now. What do you want to move forward?" And one of the things we've heard, I heard, I think three people said at the same time was, "No companion guides." We're calling this a set of standards, and there's certainly a desire to make the standards a standard. And so, if these folks didn't see a companion guide again, they would stand up and cheer.

There was also something that I found interesting was we talked a lot about provider education. Well, it's like, you know, we need to make sure that the payers were educated as well. This is new for everybody, and so we heard the comment several times that, hey, this isn't just directed at providers, this is not just directed at vendors, but also the health plans need education themselves to make sure that they are communicating well and preparing in a way that facilitates success for everybody.

Still on question one from the third-party biller room. There was a lot of talk, as you might expect, around mapping and crosswalks, and there was a big concern about proprietary crosswalks. And it was like, oh, my goodness, why in the world would any health plan run out and create their own crosswalk? And there was a significant concern

about this happening, but one thing we heard loud and clear is, okay, if there's going to be proprietary crosswalks, or whatever the strategy is, people want to know about it. We want our health plan to be transparent about it. So whatever decisions that they do make, at least make those very transparent, so that everybody can plan around it. And we heard that loud and clear in the third-party billing room.

I want to skip to question two because question one was pretty meaty. The second question was again on the crosswalks and the mapping, and I want to dig into this a little bit. From the clearinghouses, we heard a clear need of what they called sort of a national mapping strategy, and this again, I think, reflects the theme of concern that, hey, there's this – GEMs is there and it's really, really good. Every time I learn more about it, I'm more and more impressed. But there is concern about organizations going in other directions and complicating the transition.

There was also comment about the GEMs itself, just... I think part of this might be education about the GEMs, but making sure that GEMs is clearly not just for Medicare. And I think there's probably a need to just get more and more education out there, so people know what it is and isn't. And so there was a comment of making sure that GEMs just doesn't take care of Medicare needs.

Revenue neutrality – I never heard this term as much as when I started working on ICD-10. But people want to know, well, do – “How are you going to achieve that, and how can you prove it?” And I think this was a theme going across the board.

And finally, I'll skip to the last bullet. This was very similar to the need for provider education. There was also a request for CMS to have a session just like this with health plans to make sure that health plans have the equivalent amount of awareness and education on their side.

Software vendors – we're still on question number two. I will try to pick out a few of the things that were unique to software vendors, and I will focus on the third bullet from the bottom. And we had this discussion in the third-party room as well, and this was talking about enforcement. The question came up of, okay, well, if a covered entity is not compliant, well, what then? What are the consequences? And so we had the pleasure in our room of having Denise Buenning there, who described herself as the police chief when it comes to compliance. And this was a case where, you know, the law is the law in terms of what's possible in terms of enforcement. But the real need in terms of communication was to make sure that's really, really clear.

And I know in our room, there was a desire to just make it really come to life for everybody. What's going to happen in terms of claims handling if those claims come in improperly coded? You know, right now, it's a little bit fuzzy sometimes for some people, and there's really a conversation of, well, let's really make that come alive. So if you do have a claim that's rejected, and you have to resubmit or if there's an appeal, those things are expensive, and nobody likes to go through that process. So there's really a desire for communications and outreach to really make it come alive. What's going to

happen if people aren't ready? So there's the enforcement angle in terms of penalties, but there's also really making it come alive with what's going to happen in business operations if people aren't ready.

From software vendors on question number two, I'm trying to sift out what is different here, and I think some of these things are pretty much the same. What I'm seeing here is certainly a desire to get with payers. I know in our room, there was really a suggestion to make sure that there's collaboration with AHIP (America's Health Insurance Plans) and the BlueCross BlueShield Association to use those associations as a vehicle for both education to payers, and also there was the idea of maybe those two associations can collect readiness status from payers and make that transparent to the rest of the industry. And so this looks like it was a conversation in this room as well.

One of the discussions in the third-party biller room was about provider contracting, and this came up in the general session as well. And the question was, or the concern was, hey, providers will operate according to that provider contract that they have with their health plan, because that really governs how they get paid and when they get paid. So there was concern of, hey, if these provider contracts don't align with 5010 and ICD-10, what happens then? And we again had the benefit of having CMS in the room, and the answer was clear. ICD-10 and 5010 are in the final rule, and so provider contracts need to align with 5010 and with ICD-10. So again, in terms of outreach, this is making sure that health plans and providers realize that these contracts might need to be rewritten, addendums made, updated, to make sure that that do align with the final rules.

The next question starts to get into communications and outreach, and the question was "How can your community, your portion of the industry, best plan for the transition to 5010 and ICD-10?" And in this question, we're really trying to get an idea of what's working now and what kind of things need to happen. In terms of clearinghouses, they say they'll be ready early, I like that, and clearinghouses also emphasize that they have a lot of communication vehicles in place now with their customer bases. They've got all the electronic media that you would want, e-mail, list servs, websites, and that their main strategy is to try to continue to use those existing mechanisms to get the message out to their customers.

One of the key things that we heard is just making sure that everything is synchronized. I mean, I'm a project manager, so I have in my mind this big gigantic, you know, project schedule for everybody, but really, to make sure that everything is in sync. And so we really need, you know, software vendors to be ready so that vendors know what to do. We need plans to communicate. And so this certainly came out in this room of the need to have that collaboration across the board.

In the third-party billers' room, on this question about communications vehicles, one thing that we learned is that there already have been some efforts. One of them – and this is just in draft stages and is not public, but the American...AMBA (American Medical Billing Association), they actually have a website now for ICD-10 implementation. They can let their customers go to that, get information about ICD-10. And they also have a

website that they're planning and considering to actually track vendor readiness for their practice management software. So this is something that is in the planning stages, but their intent is to get self-reported information from software vendors, put this on the website. And in our room, everybody's eyes lit up and said, "Oh, that's wonderful," and so they really had a lot of traction around that.

One conversation piece we had though was that, "okay, that's really, really great to take that self-reported information and to make it public, but, you know, what are some additional things we can do so that we can trust the data?" So one of the things that we talked about on that discussion point was, one, to have a very structured set of questions that the vendors answer to get some, you know, more specificity about their readiness status. And a second thought was perhaps this could be a role that CMS could play to get the status of vendors. So that was an interesting conversation that we had in our room.

The next question was requesting you to describe your planning process to be ready for not just the end compliance date, but all the intermediate dates along the way, especially the date for end-to-end testing. And from clearinghouses, the clear thing that we heard is that they are working to try to be ahead of the schedule, knowing that they're sort of, they are the middleman. And in some cases, there's this huge dependency on clearinghouses. So clearinghouses are certainly working to be ready, and to be ready earlier when they can, and are doing a lot of work to communicate their readiness status to their business partners.

Third-party payers, one interesting thing that AMBA found, doing their vendor-readiness website, they did find some vendors that said, "Well, you know what? For this product, we're not going to upgrade it for ICD-10." In some cases, they might have multiple product lines that they've gotten through acquisitions. They said, "We're going to retire this product line, and we're going to migrate our customers to a new set of products." So I think there's some interesting data that we're all going to get as software vendors continue to come up with their plans.

The other theme that we've heard is a desire for more specificity around definitions, and this really came in two ways. First, and we heard this this morning in the panel presentations, was the desire for 5010 to really say, "What does compliant mean? Does that mean the ability to exchange A37, A35, 276, 277, and all those transaction pairs? And when it comes to ICD-10 and 5010, what does ready to test mean specifically, so that people can know when they've reached that milestone." And there was desire for CMS to put out some sorts of guidance around this.

The next question was, "What are the key messages that your customers need to hear?" And, I think, there was a lot of convergence on this throughout the rooms. The first is that this is really happening. The date is real, you're not dreaming. It's in the final rule, and that the date is not changing.

The other thing that we heard is to really – at the day in the life at the bottom. This is really a desire, and it's really what I was saying earlier when everybody talks about

what's going to happen to claims if we're not ready. It was really to just kind of make that come to life – a day in the life, a real-life scenario, just things to really, really make it real. “What's going to happen if we're not ready?” One of the suggestions we had in our room was, “Hey, let's take the EOD notice that goes back, and let's put a little note on the bottom or at the top in red that says, hey, ‘Are you ready for ICD-10,’ or ‘in 2013, if you don't code this right in ICD-10, you may not get paid properly.’” So there were really some pretty creative ideas for how to try to make this requirement really come to life for everybody in the industry.

There was – and I think this probably came up in several rooms – a real desire in terms of testing, not just to do testing, but to make sure that it's good testing, to make sure that there is some standard test scenarios and test cases to execute, as well as some common test data, so that when we put something through a test, all the trading partners involved can know when they're ready to go live and ready to cut over.

These were the key messages from the third-party billers, that the mandate is for everybody, the fact that it's one date. I think we talked a little bit about making the consequences really clear and making those come to life. And there was a desire to, as much as possible, just to make sure that ICD-10 doesn't get lost, but to make sure it doesn't get lost in meaningful use and health care reform. So really, to make sure that ICD-10 is seen as really a part of the bigger whole to achieve the kind of things that we want to achieve within the health care industry.

And the last question is amongst your customer base, you know, “Do you have specific communication needs that you've seen within your client and customer base?” One of the things that we heard from clearinghouses is that surveys are not very effective. And I wouldn't know that from the number of surveys I see that I get in my e-mail, but, you know, perhaps we need to make sure we're creative about the ways to communicate and to find out information.

There was also a really clear desire to make sure that we're really crisp with our messaging and make sure that things are in small, manageable chunks. I know my e-mail's this – I won't say how many unread e-mails I have, but it's a lot. And I think everybody's in the same situation. So there's a recognition that the people that we communicate with are really, really busy, and so it came across loud and clear that our messaging needs to be very crisp and very concise to get the right message in as few words as possible.

In the third-party biller room, we did a little bit of brainstorming about – we asked ourselves, “you know, what are some other stakeholders that we can use to help with communication that we may not have covered yet?” One of the really interesting ones that I don't think made it onto the slide was, somebody said, “What about drug reps? They're in the doctor's office all the time anyway.” And so, there really was some creative brainstorming for different ways to get the message out. We also wanted to make sure we didn't forget about dentists and the ADA (American Dental Association) because they're impacted as well, as well as just, of course, the coding specialty groups.

We also talked about the different vehicles for getting information out. Of course, they're the electronic vehicles, those that push and the pull, the things that we're all familiar with. We also emphasized that we did not want to forget about paper mail, especially when it came to rural providers. We know that in the focus-group testing that Ketchum did, they learned that, hey, some people really do prefer to get paper mail, even if it's about electronic transactions and code sets.

And then we also wanted to be creative about other sort of things to remind people about ICD-10, and so we talked about little trinkets, whether it's magnets, things for your monitor. I think we threw out the idea of having a screensaver that counts down to October 1, 2013, just things like that to make sure it comes alive. I said, "Why not put it up on Times Square like the debt counter."

So I think this – I think I'd like to stop here and really turn it over to you. I want to make sure that we get everything out in this setting that really reflects the kind of things that are really important to you. So with that, I'll invite you to use the microphones and to either re-emphasize something that we covered or mention something that we missed. So it is open. And you have to say something. I'll be that poor guy that was at the end of HIMSS.

Audience Member: I'm sure the group I was in already knows what I'm going to say. I think one thing we can't emphasize enough is I think today is a spectacular day in terms of all the cross-fertilization, and there's lots of other groups that we've talked to in our group on the payer, provider, vendor, and clearinghouse side – whether they be AHIMA, HFMA, AHIP, WEDI, BlueCross BlueShield. But what we don't have is a good cross-fertilization, so we've done a really good job, HFMA or AHIMA. Here's what you do if you're a coder, if you're a finance guide, if you're a BlueCross person, if whatever you are.

But if we could almost have a master program plan that says, here, if you put them all together – if you're a project manager, you know what I'm saying – and then, these are the recommendations. And if CMS would spearhead that, or whomever a neutral party could be to pull that together, and then maybe the workgroups are here. This is a claims adjudication process end-to-end, not that you separate...but at least they could all work on it. And it would include all those stakeholders. So I think that's what we had a lot of talk, we kept coming back to that in our group constantly, no matter what issue we talked about.

Moderator: That's a good idea. It's almost like implementation profiles to take it from the beginning and flow it all the way through, even outside of individual organizations. Yes, I like that.

Audience Member: I was in the same group as Carolyn and one of our members – Alvin, you might want to address this – is that you might want to look outside of the health care industry.

Moderator: You need to speak up back there.

Audience Member: Is this better?

Moderator: Yes, you're too tall now.

Audience Member: Okay, how's this?...Is to look to other industries. It was referenced, the telecomm industry, they have the CTIA (the International Association for the Wireless Telecommunications Industry) of how they took competing companies to have one standard, so that even though you're on different systems, you can talk to one another. And to get this integration, cross-fertilization, whatever, maybe you want to look at how they're structured to be able to go forward.

Moderator: That's a good point. I mean, I think credit card services are a good example too. You know, certain things they decided not to compete on, and they agreed to cooperate and to hit on other things, but not basic data transfer, but that's a good point.

Audience Member: I guess I'm kind of in-between there. Is that good? I want to put on my hat as the contractor to CMS who created the GEMs and the reimbursement map because there's a lot of conversation that went on today about them. And I think we just need to make sure we're thinking about what they are and how to use them and, you know, the clear meaning of what they are. So when you, Todd, this morning started out with the language that we use, that was really helpful. So I just want to revisit that for a second.

The GEMs are not a map. They are not a crosswalk. They are a translation dictionary, if you want to think about them that way. So as I was walking with Ellen back over here, you know, think of those electronic translation aids that people have, and they, you know, bop off to Spain, and what that allows you to do is put in a word or a phrase and you get back another couple of words or a phrase. So you kind of...get a translation of that one snippet. It doesn't allow you to really have a complete communication. You can't really have a full conversation, but it's a translation aid.

So what the GEMs are, they are meant to help you as you try to learn the language of ICD-10 and speak the language of ICD-10. A crosswalk or a map is that specific – I'm going to say this code equals this code or these codes, and when I see this code, I'm going to turn it into those – which is very different than a general translation where you can get all the possibilities. So just to understand the purpose, because we did go into, "Would people really want to use the crosswalks. Why isn't there an industry crosswalk?"

And one of the other things I wanted to say to the larger group, as I said it to our smaller group, was Caroline and I have been involved in WEDI the last 18 months, and we've seen this sort of metamorphosis change as we've talked to the payers and vendors to payers, etc. , that attend WEDI. When we first arrived, it was, "Well, there's going to be an industry crosswalk, and we don't really have to worry about this, right?" And then six

months later, it was, “Huh, well, how come there’s not an industry crosswalk, and we should have the industry be developing this crosswalk because...but we understand there was a problem with crosswalks.”

And then six months later, it was, “Well, maybe we need the industry to develop nine or 10 crosswalks that have their own specific purposes.” And now, at the conference next month, the topic is, “We don’t really want to use crosswalks; we want to speak I10.” So let’s really think about converting and translating all the places that look at the data that’s going to be coming in the door after 2013. So there has been sort of a metamorphosis of what’s been happening in the payer world.

Now, obviously, that’s kind of anecdotal, and it’s not based on a survey of payers and what, you know, all of them are thinking, and certainly, bigger ones have more resources to do things than smaller. But still, knowing that that sort of sea change of approach is starting to happen is great news.

Moderator: Thank you. So you’ve identified yourself as a contractor for GEM. So be ready for the questions.

Well, if there’s not anything else, I’m looking at the folks in the back, and I think somebody else is going to close out, and we’ll bring back up Denise Buening from CMS Office of E-Health Standards and Services. So thank you very much. You all have been wonderful. You were great in the breakout sessions and thank you for sticking with us to the end and thank you for all your participation. Thank you.

Denise Buening: I put my BlackBerry down. First of all, I’d like to thank our team from Noblis, in particular Todd and all of the people in the background who have been so busy putting this on, arranging for this event, taking the notes and compiling the information, all the good thoughts that we’ve come forward with today, and who will put together a package that we will post to our ICD-10 website.

Also, we’d like to thank Ketchum for their help in organizing this, the registration, the agenda, the venue. It was really work-intensive, let’s put it that way, but we got really, really good response – I will be honest with you. We actually closed out registration on this weeks ago, because our registration told us that we didn’t have anymore room.

We did have some empty chairs here today, and I wish that some of your colleagues had joined us, because I think that they would have enjoyed the very robust discussions that we had today and the very honest exchange of ideas and information. But they’re not going to be left behind. We do have their e-mail addresses. We will be going after them. We’ll ban them from all future CMS events – no. But what we will do actually is we’ll follow up with them and try and push the information out to them so that for whatever reason they could not be with us today, they can still be included in the process and have a say in this.

I guess what we’re tasked with doing now is looking at all the key findings and seeing

where we go from here, because I know these meetings are great, but they're only as good as the results that come down the road. So that's what we'll be tasked with.

What is it that we're going to be taking away from here that we can turn into action items to make the process better, to make it more inclusive, to make sure that the concerns and the issues that you brought up are going to be addressed? So we'll use our registration list to push information out to you. As I said before, we will have an opt-in list serv option available on the ICD-10 website, so you can sign up to get automatic feedback and blasts about what's new on the website, and start peeling back the layers of information that we have here to see how we move forward.

So again, I'd like to thank you all. I know that it's difficult to take an entire day out of a busy week, but I definitely think it was worthwhile. I know it was worthwhile for CMS and again, thank very much.