



CMS ICD-10 Vendor Conference Breakout Sessions Summary

April 27, 2010

Agenda

- **Our Original Objectives**
- **Key Outcomes and Next Steps**
- **Summary of Breakout Session Discussions**

Original Vendor Conference Objectives

- **To understand what the vendor community is hearing from its customers**
- **To understand the vendor community's customer communications and outreach approaches**
- **To discuss the vendors' ICD-10 plans (without disclosing competitive information)**
- **To understand how some vendors are addressing key ICD-10 topics such as crosswalks and mapping**
- **To discuss how the industry can collaborate to achieve a successful ICD-10 implementation for the healthcare industry**

Our Activities

- **Welcome and Introductions**
- **HHS Office of the National Coordinator**
 - ICD-10 in the broad scope of HIT
- **Overview of CMS ICD-10/Version 5010 Implementation-to-Date**
 - Noblis
 - Gartner
 - Ketchum
- **Panel discussing Key Questions/Issues**
- **Breakout Sessions**

Breakout Session Questions

| Session | Questions |
|--|---|
| <p>Six Breakout Groups</p> <p><i>Crosscutting Issues</i></p> | <ol style="list-style-type: none"> 1. What plans or mechanisms has industry developed to address issues that cross industry business functions? A few of these areas may be billing, quality control, fraud protection, end-to-end testing, plans for increase in denials, cross industry communications, 5010 readiness, workforce issues, or research. <ul style="list-style-type: none"> ○ What does the industry see as opportunities for collaboration between other vendors, providers, health plans, and themselves? ○ Knowing that other industry segments are relying on vendor readiness, what steps are being taken to prepare those segments and inform them on the steps that they should be taking for the transition process? 2. Can you discuss the development of proprietary crosswalks between ICD-9 and ICD-10 within your industry segment? <ul style="list-style-type: none"> ○ How many proprietary crosswalks are there? Who is making them? What do they do that makes them different from GEMS, available from CMS? ○ Do differing crosswalks present a business risk for your industry segment? ○ What is your industry segment doing to mitigate the business risks that may result from using different and various crosswalks? |

Breakout Session Questions (cont'd)

| Session | Questions |
|--|--|
| <p>Six Breakout Groups</p> <p><i>Communication and Outreach</i></p> | <ol style="list-style-type: none"> 1. How can your community best plan for the transition to 5010 and ICD-10? <ul style="list-style-type: none"> ○ Is your community collaborating on an industry plan for the transition to both? ○ Do you have specific implementation plans to target smaller entities? 2. Can you describe what your planning process will be over the next several years to ensure that products and support are available to meet the various deadlines for each initiative? 3. What are key 5010 and ICD-10 transition messages for planning, training, installation, and testing that would resonate with your customers and clients? 4. Have you identified any specific communication needs among your customers? <ul style="list-style-type: none"> ○ What communication vehicles have you identified as being the most effective for reaching your health care customers? |

KEY OUTCOMES AND NEXT STEPS

Key Outcomes

- **What are the discussion highlights?**
 - Clearinghouses unilaterally saying that they will not crosswalk, but will rather remediate ICD-9 to ICD-10 using GEMs. Most Clearinghouses have implementation plans in place, have good communications mechanisms, and believe that they will be ready before the 5010 and ICD-10 implementation deadlines
 - 3rd Party Billers are most affected by payer entities so payers need to communicate their progress and be transparent about any proprietary crosswalks they use. 3rd Party Billers are also dependent on information provided by the Providers so they see a need for Provider education that stresses the benefits of ICD-10 so that Providers document services at a proper level of detail
 - Software Vendors are looking to CMS to be the central authority and to facilitate collaboration and provide guidance. A multitude of approaches by various parties poses significant risk/challenge for software vendors

Key Outcomes (continued)

- **What do you need to move forward?**
 - Call out for a national mapping above and beyond GEMs to help guide the individual payers and providers
 - CMS should spearhead this initiative
 - Direction from CMS regarding whether or not the payers will be able to process ICD-9 claims received from Providers or if that will make the payer non-compliant
 - Strategic messaging for the C-level (CIOs, CFOs, COOs) across the healthcare industry (payers, clearinghouses, providers, etc.)
 - CMS could have a session for just C-level executives to bring them up-to-speed on ICD-10
 - CMS needs to reinforce the deadline with the C-level executives

Key Outcomes (continued)

- More medical education involvement
 - Link ICD-10 education to continuing education units as an incentive (ICD-10 CEUs)
 - ICD-10 education in college for physicians and nurse practitioners
- Stakeholder ownership metrics
 - Confusion exists as to who is going to do what
 - Need someone to assign tasks to the different groups (providers, payers, clearinghouses, etc.)
- Trade associations more involved to help reach smaller/underserved providers and organizations
- Allow providers to submit ICD-10 codes before October 1, 2013
 - Ability to submit ICD-10 codes prior to deadline would allow for practice

Key Outcomes (continued)

- Revenue neutrality of the crosswalks
 - Revenue neutrality necessary to make the mapping successful with the majority of payers
 - Simultaneously process claims under ICD-9 and 10 to see if the payments are the same and provide results to industry
- Couple ICD-10 messages with other health care initiatives
- Coordinated End-to-End Testing
 - Develop a uniform test bed and standard test scripts/data for end-to-end testing
 - Bring parties together and develop guidelines for end-to-end testing
 - Establish central party/mechanism for some attestation regarding given party's passing score/performance on end-to-end testing
 - Post / list entities that have passed end-to-end testing

Key Outcomes (continued)

- Improved communication across the industry
 - Communication in smaller, more manageable amounts of information at varying levels of ICD-10 understanding that reach everyone
 - Bullet (talking) points for all parties to use in communications with customers
 - Better communications between payers and downstream entities
 - More industry education and collaboration between business partners regarding ICD-10 implementation
 - More consistent and collaborative communications from CMS
 - Mechanism to get fast, accurate answers to specific 5010 and ICD-10 implementation questions from CMS
 - ❖ Real time ability to speak to a person
 - ❖ Electronic

Key Outcomes (continued)

- Centralized repository of 5010 and ICD-10 implementation information developed
 - “Day in the life” business cases to show how different types of providers can handle ICD-10
 - Implementation timelines
 - CMS should develop a high level template to direct/guide all entities
 - ❖ Include flowchart with steps from beginning to end – “how to”
 - ❖ Milestones of how to get 5010 and ICD-10 implemented and tools to accomplish each milestone
 - Central location for industry to share questions and answers
 - Project models
 - White paper detailing issues and lessons learned from CMS’ 5010 and ICD-10 implementations

Next Steps

- **Communicate**
- **Collaborate**
- **Plan and conduct future conferences, training, etc. based on discussions and identified needs**

SUMMARY OF BREAKOUT SESSION DISCUSSIONS

Crosscutting Issues - Question 1

- **What plans or mechanisms has industry developed to address issues that cross industry business areas?**
 - Opportunities for collaboration between other vendors, providers, health plans, themselves
 - Steps being taken to prepare industry segments relying on vendor readiness

Highlights of Discussion – CI Question 1

Clearinghouses :

- **Have to be able to support ICD-9 or ICD-10; 5010 will support either ICD-9 or ICD-10**

- **What do you need to move forward?**
 - Need an executive level message; WEDI is in the weeds; need something more strategic
 - Direction from CMS on how a payer needs to handle a claim from a hospital that is submitting an ICD-9 code; it's clear that payers have to be ready, but does it make a payer non-compliant if they accept an ICD-9 code from a non-compliant provider? Can the payer be lenient with an ICD-9 claim or not?
 - National “who’s ready on what date” that everyone can use to coordinate testing -> WEDI has this initiative
 - Crosswalks must happen before Jan 2011; encourage CMS to have collaboration around the crosswalks before Jan 2011

Highlights of Discussion – CI Question 1

Software Vendors

- **Conferences**
- **Execute the plans and steps now / Medical Management Groups and Small Physician groups training - 1-10 size physician groups ...coding training**
- **Getting payment**
- **What do you need to move forward?**
 - Additional industry collaboration
 - Action from industry association supporting this effort, increasing awareness

Highlights of Discussion – CI Question 1

Software Vendors

- **Need coordination/cooperation/integrated plan among/across all stakeholders at national-organization level**
 - One central authority? Centralized “dashboard” showing all parties’ degrees of progress?
 - CMS/WEDI/other key bodies work together
 - Leverage lessons from telecom industry experience with standards
- **Articulate “all in it together” message: Essential to accomplishing nation’s health care objectives**
- **Workers’ Comp & Property/Casualty exposed to very little re: 5010/ICD-10**
- **Need outreach to state Exec. Branches/regulators/legislatures (e.g., NGA?)**
- **Inconsistency/uncertainty re: payer’s progress/degree of preparation**

Highlights of Discussion – CI Question 1

3rd Party Billers

- **Payer compliance/readiness**
- **5010 & ICD-10**
- **Particularly Medicare**
- **Medicare – MAC consistency**
 - MA Plan readiness
- **What do you need to move forward?**
 - No companion guides
 - Complete testing before the deadline – timely
 - Clear communication
 - Banking on extension
 - Use of a consistent mapping
 - Source standardization
 - Payer education
 - Accountability of insurance carriers

Highlights of Discussion – CI Question 1

3rd Party Billers

- **If payers use proprietary crosswalks – they must be transparent**
 - Code for code
 - Need this early; at least prior to testing
 - Mutually beneficial
 - Collaboration!!

- **#2 Physician education**
 - Who will do it?
 - How to get their attention?
 - Can medical schools help?
 - Need awareness
 - Need documentation that allows for coding
 - Need CMS training

Highlights of Discussion – CI Question 1

3rd Party Billers

- **Third Party Billing committees used to address cross industry business functions**
- **“Cooperative Exchange” consists of TPB and Clearinghouses to share information**
- **Exempt organizations (auto/accident insurers, Workers Compensation) will not accept ICD-10 or 5010 therefore TPB systems must accommodate both simultaneously**
- **What are the key messages for:**
 - Payer entities need to communicate their progress towards implementing ICD-10 so that the downstream entities can plan effectively for coding, processing claims, and billing.
- **What do you need to move forward?**
 - Need more education and outreach from CMS regarding ICD-10 and 5010.

Crosscutting Issues - Question 2

- **Can you discuss the development of proprietary crosswalks between ICD-9 and ICD-10?**
 - How many? Who is making them?
 - Differences from GEMS
 - Business risks resulting from differing crosswalks
 - Risk mitigation

Highlights of Discussion – CI Question #2

Clearinghouses

- Clearinghouses support/need a national mapping that all providers follow;
- The clearinghouses will provide their providers a tool to allow the provider to manually map an ICD-9 to an ICD-10, but the tool will not do any mapping automatically
- Suggest CMS widen the view of the GEMs from just Medicare to include all of the healthcare industry's needs
- Payers need to know from CMS the revenue neutrality of the crosswalks; there needs to be revenue neutrality to make the mapping successful with the majority of payers
- CMS needs to pay attention to the choices that are made in translating the rate sheets for ICD-9 to ICD-10 since they affect reimbursements so much for payers
- Need CMS to have a session like this with health plans to get this question under the correct scrutiny

Highlights of Discussion – CI Question #2

Clearinghouses

- **What are the key messages for:**
 - Clearinghouses not using any mapping other than the GEMs

Highlights of Discussion – CI Question #2

Software Vendors

- **Could use guidelines/“recipes” re: how GEMS/other crosswalks could be used for various specific purposes**
- **Significant risk that payers will not treat codes uniformly. Non-uniform coding/reimbursement policies will drive what providers and other stakeholders must do**
- **Crossover-claim issues must be addressed**
- **Need to work with payers to help them appreciate the benefits of ICD-10 and thus take more initiative, play a more active/prominent role**
- **Risk of lack of enforcement vs. non-compliant payers/others**
- **Multitude of approaches by various parties poses significant risk/challenge for software vendors**
- **Budget/travel cuts making it more difficult to bring essential parties together as needed**

Highlights of Discussion – CI Question #2

Software Vendors

- **Vendors want all to use the same mapping tool**
 - Industry (Payers) are asking questions – Do they need to make their own mapping tool due to generalities that are in the GEMs?
 - Try to drive consistency for mapping tool
 - Suggest a central location for asking/answering questions (web site)
 - Business decisions will drive the choice of which ICD-10 codes to use when they do not map one-to-one
 - CMS should do a conference with Payers (e.g., Health plans and payers - AHIP, BCBSA) to take a look at the best practices and publish findings on a web site for review (and sharing)
 - Create a platform for payers to discuss the issues/problems that they have encountered
 - How are the payments affected (ICD-9 vs. ICD-10)?

Highlights of Discussion – CI Question #2

Software Vendors

- **Behavioral Health has a big problem**
 - DSM Codes only have mapping for ICD-9 codes they need mapping for ICD-10 codes

Highlights of Discussion – CI Question #2

3rd Party Billers

- **Sources of Crosswalks: (Potential)**
 - Payers
 - Clearinghouses
 - Software vendors
- **Concern: Provider contracting changes**
 - Must change to meet 5010 & ICD-10
- **Enforcement**
 - Anticipating enhanced need for enforcement
- **Publish readiness and/or enforcement applied to covered entities**

Highlights of Discussion – CI Question #2

3rd Party Billers

- **Do we have key findings?**

- Need to know who is the ICD-10 expert because mixed messages are being received (i.e., effective dates, current industry readiness)

- **What are the key messages for:**

- Need payers to focus more on ICD-10 so that downstream entities will know how to prepare for incorporating ICD-10 in their operation

- **What do you need to move forward?**

- Need better communications between payer and downstream entities, which includes TPB's
- Need better planning to minimize risks (i.e., non payment of claims, provider dissatisfaction, inaccurate payments, loss of revenue)

Communication and Outreach - Question #1

- **How can your community best plan for the transition to 5010 and ICD-10?**
 - Community collaboration
 - 5010
 - ICD-10
 - Implementation plans for smaller entities

Highlights of Discussion – C&O Question #1

Clearinghouses

■ What are the key messages for:

- Most clearinghouses already have plans in place and have been utilizing them; either by surveys, e-mails, etc.; also all trying to keep each other informed (sharing across clearinghouses); mechanisms for exchange include AHIMA, HIMMS, WEDI, and other organizations
- Clearinghouses will be ready for ICD-10 early!

■ What do you need to move forward?

- Community can best plan by being early adopters
- Need the software vendors to be ready early so the providers have time to follow
- Create an issues document to make sure all the payers know what sort of problems they could have with processing an ICD-10 claim (example given: of 120 test claims all failed because they didn't have a nine digit zip code – only have a five digit zip code)
- Need a “clearinghouse” for the issues and challenges the clearinghouses face

Highlights of Discussion – C&O Question #1

Software Vendors

- **Aim communications at provider specialty associations, state insurance departments, medical school curricula**
- **Need to address lack of awareness among small practices and to identify most effective vehicle**
 - Revive CMS on-line tool (DocIT University)?
 - Channel via AMA and specialty orgs.?
 - Add mentions to existing messages/media
 - RECs
- **Grassroots emphasis at physician level re: re-tool mindset/thought processes to ICD-10 codes—can't put it all on the coders**

Highlights of Discussion – C&O Question #1

Software Vendors

- **Develop a high level template to direct/guide all entities**
 - Include flowchart with steps from beginning to end – “how to”
 - Milestones for 5010 and ICD-10 implementation and tools to accomplish each milestone
 - CMS/MACs should guide message but should come from everyone - to include the software vendors

- **Smaller Audiences**
 - Smaller audiences see ICD-10 as an IT issue
 - Associations should focus on “C” (e.g., CFOs, CIOs) level personnel within their organizations to get these messages across
 - Clear messages to smaller vendors in reference to cut off dates
 - CMS or Industry Groups should get the message out there first for guidance; CMS has to decide what level of advocacy role they plan to take

- **Increase work with Payers**

Highlights of Discussion – C&O Question #1

3rd Party Billers

■ Current Communications Activities

- ICD-10 Implementation Website
 - American Medical Billing Association
- Passing CMS information along
- Newsletter
- Webinars
- Listservs

Highlights of Discussion – C&O Question #1

3rd Party Billers

■ Wants:

- Associations want to inform members to then inform customers
- CMS to continue being authoritative source
- A mechanism to get fast and specific answers from CMS
 - Ability to call a person
 - Electronic capability

■ **Note: Federal covered entities that must implement 5010/ICD-10 (CMS is communicating with the following)**

- VA
- Military Health System
- Indian Health Service

Highlights of Discussion – C&O Question #1

3rd Party Billers

- **What do you need to move forward?**
 - Need to determine how best to educate the physicians on ICD-10 (especially rural physicians)
 - Need better outreach to provider community
 - Need more industry education and collaboration between business partners regarding ICD-10 implementation
 - Need more one-on-one collaboration
 - Implementation planning does not vary based on client size
 - Additional training will be needed so that doctors will document services at the proper detailed levels

Communication and Outreach - Question #2

- **Can you describe what your planning process will be over the next several years to ensure that products and support are available to meet the various deadlines for each initiative?**
 - 5010
 - ICD-10

Highlights of Discussion – C&O Question #2

Clearinghouses

- Clearinghouses are using those dates and guidelines and trying to be ahead of them to have time to better identify what the challenges will really be
- Want to be early (earlier than the deadlines that have been set)
- Communicating level of readiness with their business partners

Highlights of Discussion – C&O Question #2

Software Vendors

- **Not just Software Updates - Clinical Content and Reference data...**
- **Build a Model Project of what this should look like and share with vendors**
- **Code Team education to understand downstream involvement**
- **Getting issues (ICD-10 - Clinical and 5010 – IT) taken care of internally so that it can be rolled out to customers**

Highlights of Discussion – C&O Question #2

3rd Party Payers

- **Provide guidance to customers**
 - AMBA is creating billing vendor readiness status
- **Finding vendors are not upgrading**
- **To strengthen vendor inventory**
 - Structured questions
 - CMS asking questions
- **Use AHIP/BCBSA to track and educate payers**
- **Describe specifically what “ready to test” means (CMS should take the lead)**
- **5010 “compliant” definition is needed**

Highlights of Discussion – C&O Question #2

3rd Party Payers

- **Provide guidance to customers**
 - AMBA is creating billing vendor readiness status
- **Finding vendors are not upgrading**
- **To strengthen vendor inventory**
 - Structured questions
 - CMS asking questions
- **Use AHIP/BCBSA to track and educate payers**
- **Describe specifically what “ready to test” means (CMS should take the lead)**
- **5010 “compliant” definition is needed**

Highlights of Discussion – C&O Question #2

3rd Party Payers

- **Expect to meet both 1/1/2012 for 5010 and 10/1/2013 for ICD-10 even if the provider community is not ready**
- **Have no idea of what the payer entities are doing to prepare for ICD-10 implementation and testing**
- **Payer entities are a large part of TPB business, therefore TBP will need more guidance from them as they prepare to meet ICD-10 mandate**
- **Need to complete their testing prior to 2013**
- **Need to coordinate testing with providers and clearinghouses to meet the required implementation dates for 5010 and ICD-10**

Communication and Outreach - Question #3

- **What are key 5010 and ICD-10 transition messages for planning, training, installation, and testing that would resonate with your customers and clients?**

Highlights of Discussion – C&O Question #3

Clearinghouses

- **What are the key messages for:**

- This is a real change, there is no wiggle room
- Need to show magnitude of changes, that it is not just an A to B crosswalk and that the timeline is closer than you think
- First and foremost they need to know ICD-10 exists

- **What do you need to move forward?**

- Providers need to hear the benefits and the consequences of converting to ICD-10; and need to hear relevant benefits (example: the granularity of the data is only beneficial if I have the data; payers will only use a small set of the ICD-10 set, which doesn't get to this benefit)
- Create business cases to speak about the day in the life of *Sally* to show how different types of providers can handle ICD-10

Highlights of Discussion – C&O Question #3

Software Vendors

- **Development of a uniform test bed (e.g., standard test scripts/data for end-to-end testing)**
- **CMS bring parties together and develop guidelines for End-to-End testing**
- **Establish central party/mechanism for some attestation regarding given party's passing score/performance on end-to-end testing**
- **CMS post end-to-end “pass” criterion and list entities that have passed on ICD-10 website**
- **Need continued emphasis on “real” 10/1/2013 deadline**
 - Interim milestones that parties must meet
 - Some means through which payers will “feel pain” if miss the deadline

Highlights of Discussion – C&O Question #3

Software Vendors

- **Emphasize the benefit**
 - Getting paid – Get physician's attention, talk about the money
 - A tax advantage or reward for compliance for all groups
- **Plan in order to reap the benefits**
- **Emphasize Deadline is firm! This initiative will NOT be pushed back**
- **Get the message out quickly**
- **Plan to implement NOW**

Highlights of Discussion – C&O Question #3

Software Vendors

- **Simultaneously process claims under ICD-9 and 10 to see if the payments are the same**
 - Physicians/Others may be able to appreciate a lead in time to the new coding – be able to submit ICD-10 codes prior to deadline in order to allow for practice if they choose to
 - Careful look at this due to the effect on vendors – forcing them to shorten their getting ready time
- **Training for all users (other than coders)**

Highlights of Discussion – C&O Question #3

3rd Party Billers

- **It's a MANDATE for EVERYBODY!**
- **One compliance date**
- **Be clear about claims handling on 10/1/2013**
 - What is the penalty?
- **CMS should provide suggested implementation timelines**
- **Couple ICD-10 messages with other initiatives (e.g., HITECH)**
- **Warnings on EOBs**
- **Partnership and Collaboration**

Highlights of Discussion – C&O Question #3

3rd Party Billers

- **Need consistent message from CMS and other entities so that TPB's can re-engineer their needs to fit the regulations and effective date**
- **In rural section of the country, it is more difficult to get the message out because of where the providers are located**
- **Many providers, payers, and TPB's do not see the benefits of switching to ICD-10**
- **Low level of awareness among providers regarding 5010 and ICD-10. Providers are not concerned about these regulations, only payments**
- **Providers, TPB's, and other support communities need to agree that there are benefits to implementing ICD-10**

Communication and Outreach - Question #4

- **Have you identified any specific communication needs among your customers?**
 - What communication vehicles have you identified as being the most effective for reaching your health care customers?

Highlights of Discussion – C&O Question #4

Clearinghouses

- **Websites, surveys, webinars, newsletters, meeting face-to-face for critical customers; doing this for each customer segment (payers, providers)**
- **Surveys are not very effective**
- **Need to reach out and educate smaller providers and smaller payers**
- **Need to understand the perfect storm for each customer to really understand their needs; need to go to the overstretched customers site locations to really help them and to really see their problems**
- **Need to have a clear message; put information in small, manageable chunks that customers can digest**

Highlights of Discussion – C&O Question #4

Clearinghouses

- **Need to customize each message that a clearinghouse sends to each customer**
- **Need to do a better job of communicating to a varying range of ICD-10 knowledgeable customers (beginner to expert)**
- **Need to educate on ICD-10 at the colleges before the physicians and nurse practitioners graduate college to help them to be ready for ICD-10**

Highlights of Discussion – C&O Question #4

Software Vendors

- Need to emphasize the interrelationship between ICD-10 and nation's other health care initiatives/objectives
- CMS develop bullet points for all parties to use in communications with customers
- Centralized site with CMS
- Provide actionable, accurate information
- MACs don't routinely speak with software vendors. The vendors have to go through the customer in order for communication to occur
- Social networking site for vendors
- Parallel processing needs and costs
- Tools that can help through the process of an Impact Analysis
- CMS to provide guidance and tools along with external links
- Improve quality of CMS data (e.g., 4010 to 5010) on website

Highlights of Discussion – C&O Question #4

Software Vendors

- **Need to emphasize the interrelationship between ICD-10 & nation's other health care initiatives/objectives**
- **CMS develop bullet (talking) points for all parties to use in communications with customers**
- **Need efficient means of responding to multiple official questionnaires re: ICD-10 readiness**
 - CMS/others develop standard questionnaire?
 - No one size fits all practical; need to tailor content specific to clearinghouses, software vendors, etc.
- **Need communications vehicle(s) to address fragmented market/audience**
 - Vendor blog?
 - CMS organize stakeholders, enlist neutral party to manage (e.g., CTIA model in telecom industry)

Highlights of Discussion – C&O Question #4

3rd Party Billers

■ Specific Communications Strategies:

- Hospital Associations (e.g., AHA, AAHAM, HFMA)
- Association for Medical Office Practices (e.g., PACOHM, Practice Mgmt Institute, MGMA)
- Commercial Payer
- Dentists (ADA)
- Coders (e.g., AHIMA, AAPC)
- Coding Specialty Companies
- Newsletters

Highlights of Discussion – C&O Question #4

3rd Party Billers

■ Vehicles

- Electronic – e.g., Push (list serv, etc.), Pull (website)
- Paper mail
- Other, “trinkets” (e.g., magnets)

■ Drug Reps

- **Need to emphasize the interrelationship between ICD-10 and nation’s other health care initiatives/objectives**
- **CMS develop bullet points for all parties to use in communications with customers**

Highlights of Discussion – C&O Question #4

3rd Party Billers

- **Communication vehicles recommended includes:**
 - Recommend ICD-10 websites
 - Email links to customers
 - Staff development sessions
- **Need more consistent and collaborative communications from CMS.**

Thank You!

