Partnering for Electronic Delivery of Information in Healthcare

WEDI Statement to NCVHS on ICD-10 Implementation

December 9, 2009

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Rounding adjustments are a normal and expected artifact of the analysis methodology.

Executive Summary

The transition to ICD-10 is one of the largest undertakings the healthcare industry has ever faced – much more complex and comprehensive than either the 4010 or NPI. With ICD codes being the foundation of virtually all health care processes, the transition will affect not only claims systems, but also medical policy, fraud and abuse, individual and group contracting, quality improvements, provider reimbursement, and many others. Industry experience with the previous HIPAA provisions illustrates clearly that every sector in the industry requires detailed information and education early and often from the government, a clear understanding of the costs and benefits of the mandate, and sufficient time to adopt the standards.

WEDI created the ICD-10 brief survey in response to a request from NCVHS. The survey was created with the intent of polling the industry concerning their current preparedness state for the upcoming ICD-10 mandate. The results analysis includes answers from respondents who took the survey in the 15 day period from Oct 29, 2009 through November 12, 2009. WEDI plans to continue surveying the industry regarding their ICD-10 implementation efforts with more detailed surveys beginning early next year. Summary findings of the survey include:

- Organizations are just beginning to address ICD-10
- There is not an urgency for ICD-10, there is an awareness, and it remains on the radar, however, many organizations are not yet engaged actively
- While there is some funding, most organizations have not completed assessments or budgets.
- The budget numbers while reported could not be considered as accurate in light of the incomplete assessment.
- Training needs have not yet been identified or addressed.
- Organizations will not be ready until late 2012 or 2013, with vendors not ready until 2012.
- Although vendors are working on product offerings for ICD-10, the vendors are not yet communicating with their customers.

At the WEDI Fall conference, two open forum sessions were held. During these sessions attendees voiced numerous concerns and issues. These included:

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- Applying lessons learned from the HIPAA 4010 and NPI national implementations:
- Requiring a mandated deadline for vendors/business associates for ICD-10 compliance
- An Implementation Code Freeze for ICD-10
- Referred to as the issue with ‘piles of data’ – the requirement of historical data, reporting between organizations, non covered entities data
- Increased education and awareness for all entities affected by ICD-10
- Testing impact for all organizations – stated by participants, this is the largest testing effort in the history of the US
- Timeline and readiness of organizations – WEDI staff presented early results of the survey

Input from both the survey and the WEDI fall conference were incorporated into the WEDI recommendations. WEDI recommends:

- ***CMS/OESS and WEDI partner to provide education to the industry. WEDI, in collaboration with CMS/OESS and other organizations can develop educational programs, documentation and tools to be used across the entire industry for consistent education with regards to ICD-10.***
- ***Business associates and vendors be considered covered entitles and required to meet fixed deadlines and have accountability to the industry, much like in ARRA security***
- ***CMS focuses on the synchronization of ICD-10 with all federal e-health initiatives.***
- ***Several well publicized national testing days for both 5010 and ICD-10***
- ***HHS to review industry accepted definitive mappings of ICD-10-CM and ICD-10-PCS to ICD-9-CM (forward and backward maps) and work with appropriate industry organizations to ensure that these crosswalks provide as much utility as possible***.

- ***A code freeze prior to the implementation of ICD-10 and requests CMS work with WEDI to identify the appropriate date for code freeze and associated timeline.***
- ***To use the WEDI/NCHICA timeline as a model for a coordinated process that the industry could follow.***
- ***CMS develop a national consensus on compliance dates, implementation processes and priorities.***
- ***CMS/OESS develop and communicate the regulatory consequences for ICD-10 non compliance prior to the compliance deadline.***

WEDI Background

The Workgroup for Electronic Data Interchange (WEDI) was established in 1991 in response to a challenge from then Secretary of Health and Human Services, Louis Sullivan, MD. The challenge was to bring together a consortium of leaders within the healthcare industry to identify practical strategies for reducing administrative costs in healthcare through the implementation of EDI and eCommerce. WEDI quickly became a major advocate in promoting the acceptance and implementation of the standardization of administrative and financial health care data.

WEDI continued its EDI advocacy and helped secure passage of the Health Insurance Portability and Accountability Act (HIPAA) in 1996. WEDI's unique position and influence was acknowledged in its designation in the HIPAA legislation as an advisor to the Secretary and as a facilitator of industry consensus on the implementation and fulfillment of this mandate.

Today, WEDI's membership includes providers, health plans, consumers, vendors, government organizations, and standards groups committed to the implementation of electronic commerce in healthcare and EDI standards for the healthcare industry. Regulatory officials from the Centers for Medicare & Medicaid Services, Health and Human Services, Office of Civil Rights, HITSP, ONC and other government entities attend and participate in WEDI forums to benefit from the alternative approaches and consensus-based recommendations generated by the industry representatives. WEDI provides a broad-based interactive forum for healthcare executives, managers and advisors to utilize in addressing the business issues and policy formulation critical to their industry. WEDI provides information and educational resources through its national conferences, policy adisory forums (PAGs), white papers, industry surveys and website.

WEDI and ICD-10

WEDI has focused on ICD-10 for over 10 years. With advent of a final rule, ICD-10 has become a major priority for WEDI's membership. The following bullets summarize WEDI's past and present activities:

- WEDI's ICD-10 activities began in 1999 with a study to analyze implementation impacts. This study resulted in a WEDI white paper published in March 2000 entitled “Issues Surrounding the Proposed Implementation of ICD-10.”
- In April 2006 WEDI co-hosted a two-day forum along with the American Hospital Association to identify implementation concerns and formulate recommendations. The forum resulted in a letter of recommendations the Secretary of Health and Human Services. The letter and forum report are available on the WEDI web site and can be made available on request.
- In September 2008 WEDI held a Policy Advisory Group to develop comments on the NPRM that proposed adoption of ICD-10-CM and ICD-10-PCS. Approximately ninety four attendees from a cross section of the healthcare industry attended. The PAG resulted in WEDI's official recommendations to CMS.
- In 2009, WEDI formed an ICD-10 Workgroup under its Strategic National Implementation Process (SNIP). The Workgroup created sub work groups to address specific industry needs. The Workgroup meets on monthly basis, with ICD-10 Management group meeting monthly. The sub workgroups meet more frequently to address specific aspects of ICD-10. The sub workgroups include: impact assessments, timelines, educational opportunities, etc. WEDI is taking a leadership role in raising industry awareness of ICD-10. See diagram 1 for the WEDI ICD-10 infrastructure.
- November 2009 at the WEDI Fall Conference, two ICD-10 Open Forum Sessions were held.
- WEDI will hold another open forum February 3-4, 2010 in Austin.

WEDI ICD-10 Organization

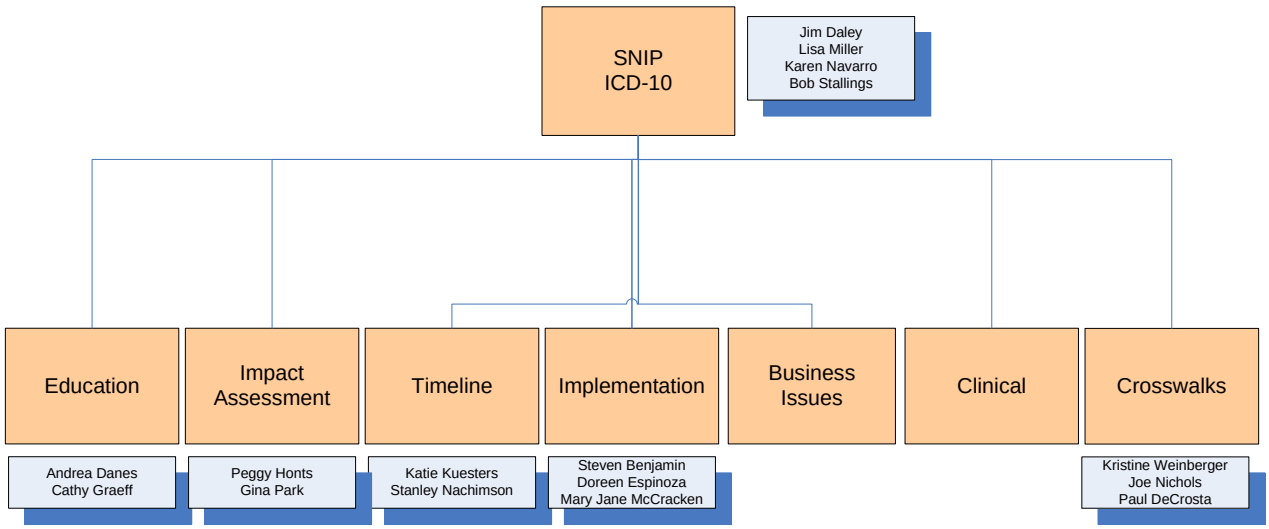

Diagram 1

WEDI/NCHICA Timeline Initiative

In September of 2007, The North Carolina Healthcare Information and Communications Alliance, Inc. (NCHICA), a nonprofit consortium that aims to improve health and care in North Carolina through health information technology (HIT) initiatives; and WEDI, began the WEDI/NCHICA Timeline Initiative, a collaboration to maintain an electronic timeline that organizes proposed healthcare standards, regulations and technology solutions announced by federal agencies and national standards organizations. The purpose of the Initiative was to develop a tool to help planners within different companies become aware of what initiatives may affect them, when those initiatives may affect them and some order of magnitude of the effort involved.

The first product of the project was an estimated timeline for implementation of the 5010 version of the HIPAA X12 standards. Issued in December 2007, this initial timeline estimated that, based on past experience with workload and resources in vendors, plans, and providers, implementation of the 5010 version of HIPAA transactions would be complete in 2014. Project management software was used to identify the critical issues that affect the implementation of 5010 transactions which could provide opportunities to shorten the time frame for implementation.

This timeline was issued well in advance of the final rule for adoption of the standards. The timeline was one of several pieces of information used to respond to the proposed rule for adopting the new standards. With the publication of the final rule for X12 Version 5010 for HIPAA transactions in January 2009, the NCHICA-WEDI timeline for HIPAA implementation was modified to reflect the new required compliance date. Based on, the new timeline reflects the Jan 1, 2012 compliance date for 5010, and the expected January-December 2011 partner testing and implementation timeframe.

Initial planning for an ICD-10 timeline started just before CMS issued the proposed rule for implementing ICD-10. This planning work was used to formulate some of the comments on the proposed rule, from WEDI and others.

On July 20, 2009, NCHICA and WEDI released their timeline for ICD-10 implementation. The timeline illustrated the need for all segments of the healthcare industry to start planning work immediately in order to meet the October 1, 2013 compliance deadline. It details the steps and time required for each industry segment (providers, plans and vendors) to effectively implement this major change in how the healthcare industry identifies diagnoses and inpatient hospital procedures.

It is important to note that the timelines, and the ICD-10 timeline to be discussed shortly, were based on extensive analysis and industry feedback; experience gained in the initial HIPAA transaction and NPI efforts, and projected work to be done. The timelines reflect not only the work that individual entities have to do, but the dependencies among the players in our industry – health plans, providers, and vendors – who must work together effectively to accomplish implementation. The timelines reflect a well planned and effective implementation schedule for meeting regulatory compliance dates.

The timelines continue to be used to monitor industry progress in moving towards compliance dates. Our survey results have used some of the timeline milestones to determine the status of industry segments.

<u>Key Milestones for the ICD-10 Timeline</u>

December 2010 – Primary vendors complete product development
December 2011 – Primary vendors begin customer installations
December 2012 – Primary vendors complete customer installations

July 2009 – Health plans complete impact assessment
April 2010 – Health plans complete implementation plan and kick off implementation activities
November 2012 – Health plans complete internal installation and testing
September 2013 – Health plans complete partner testing

January 2010 – Providers complete implementation organization and planning
October 2010 – Providers complete impact assessment
November 2012 – Providers complete internal installation and testing
September 2013 – Providers complete external partner testing.

WEDI Fall Conference

At the recent WEDI Fall conference, two open forum sessions were held concerning ICD-10. During the open sessions several informal straw polls were taken. The sessions had an attendance of over (get number from WEDI Staff).

Attendees included payer organizations, provider organizations, clearinghouses and vendors. There were several straw polls to issues raised by attendees. Discussions lead to new areas of concern. Of note several items were focus items for discussion:

- Applying lessons learned from the HIPAA 4010 and NPI national implementations
- Requiring a mandated deadline for vendors/business associates for ICD-10 compliance
- An implementation code freeze for ICD-10
- Referred to as the issue with 'piles of data' – the requirement of historical data, reporting between organizations, non covered entities data
- Increased education and awareness for all entities affected by ICD-10
- Testing impact for all organizations – stated by participants, this is the largest testing effort in the history of the US
- Timeline and readiness of organizations – WEDI staff presented early results of the survey

WEDI Readiness Survey Structure

WEDI recently conducted a very brief survey on ICD-10 preparations. 284 responses were received.

The web-based survey asked participants to select one of four domains:

- Health Plan (Payer)
- Provider
- Vendor
- Clearinghouse

Note: Requests for survey responses were sent to WEDI member organizations and several regional groups. Responses were voluntary, and do not necessarily represent a statistically valid sample of the industry. It is important to note that respondents did not necessarily answer every question in the survey. In addition, there may be some outlier responses that skew the response averages up or down. However, we do believe that the analysis of the responses has identified some broad trends that should be recognized.

Survey Interpretation

Health Plan (Payer) Interpretations and Findings

The Health Plan (Payer) survey had 83 responses.

The Payer respondents included:

- 47 Commercial Health Plans
- 8 Federal plans (e.g.Medicare. Tricare) (Put in numbers)
- 28 State Plans (e.g. Medicaid)

When asked about the **urgency of addressing ICD-10**, the majority stated ICD-10 was on the radar but not much action had been taken. The next largest group of respondents indicated ICD-10 was somewhat urgent. There were a few organizations that stated ICD-10 was very urgent while the remaining few stated there was no urgency.

The next question asked if the organizations had **started their ICD-10 implementation**. The narrow majority stated their organizations had begun the implementation while a very large minority had not. A large majority of the State plan respondents had not begun.

When asked if **the organization had formed a project team,** most of the Federal plan respondents indicated they had. The majority of State and commercial plan respondents had not.

Building on the last question, the survey queried the respondents on the progress of their ICD-10 assessment. The overwhelming majority stated they were in the beginning of their assessment process while a small group was more than halfway through their assessment and just a few (mainly commercial plans) were nearing completion.

On the topic of **training**, the overwhelming majority of plans stated they had not yet determined their training needs or approach.

When asked about current **budget estimate for implementation, i**t is difficult from the survey results to determine the budget of the organizations, it did demonstrate there is funding being allocated to ICD-10. It is not clear if it is adequate.

When polled **if other initiatives or the economy was delaying the ICD-10 planning and implementation**, more than 3 quarters of the respondents responded affirmatively.

The plans were polled concerning the **vendor readiness**, the majority stated no communication had yet occurred, while the remainder stated some had communicated and only one organization had all vendors communicating concerning ICD-10.

The organizations were asked about **completion dates for their internal testing**, the majority stated first quarter of 2013, the next largest group of respondents stated the 4th quarter of 2012, while very close in numbers to the previous group – the next group stated after March 2013.

When asked what the **key risks or obstacles regarding ICD-10 implementation**, the following comments were representative of many of the comments received:

- Size and complexity of our business, includes Commercial, Medicare, Medicaid, Federal, TPAs, and WC. Need to ensure that all are on board and following the same rules, requirements, and crosswalk.
- Coordination across our Care Delivery, Revenue Cycle and Health Plan organizations
- Significant number of additional code set data elements makes business decision making effort large and complex, anticipated size of system effort is large, will vendors be ready to test with us, will budget be adequate in upcoming years (both business and IT).

- Health Care Reform
- Unavailability of IT resources in our own organization and in vendor organizations, because of downsizing and the need to complete other (state) regulatory projects, and projects to stay afloat in a difficult economy.
- Industry readiness. Prevailing opinion that their will be a delay. Decision on whether to use a cross walk to not.
- Awaiting the decision on national health care plan & impact.
- Provider readiness. Lack of uniform, industry wide agreement on the ICD-9 to ICD-10 mappings. Too much vendor noise in the pipeline on the mega-costs/complex solutions associated with migrating to ICD-10. Internally, the degree of business process changes within the business areas is significant.... can they handle that degree of change. Lastly, there is tremendous front end work in assessing medical policy impacts, benefit loadings, etc. Where will the large numer of required skilled workforce come from and will a commercially available 'mapper' tool (not an application crosswalk) be developed to assist in that type of activity.
- Vendor readiness; provider readiness
- Don't believe the country will be ready.
- Need for MMIS modifications and/or upgrade

Provider Interpretations and Findings

The Provider survey had 147 responses.

The Provider respondents included:

- 94 Provider organizations with more than 100 clinical employees (majority responding)
- 30 Medium sized provider organizations (11 – 100 clinical employees)
- 23 Small provider organizations (1-10 clinical employees)

When asked about **the urgency of addressing ICD-10**, the majority stated ICD-10 was on the radar but not much action had been taken. The next largest group of respondents indicated ICD-10 was somewhat urgent. There were a few organizations that stated ICD-10 was very urgent while the remaining few stated there was no urgency.

The next question asked if the **organizations had started their ICD-10 implementation**. The narrow majority stated their organizations had begun the implementation while a very large minority had not. While all groups had less than 50% of the organizations starting, the percent that have started is higher in the larger providers.

Building on the last question, the survey queried the respondents on the **progress of their ICD-10 assessment**. The overwhelming majority of all size providers stated they were in the beginning of their assessment process while a small group was more than halfway through their assessment and just a few were nearing completion.

On the topic of **training,** the overwhelming majority of providers stated they had not yet determined their training needs or approach.

When asked about **ICD-10 budget estimate completeness**, the overwhelming majority stated less than 25% complete. As this is the case, it is difficult to draw any conclusions about the size of the budget in provider organizations.

When polled **if other initiatives or the economy was delaying the ICD-10** planning and implementation, the majority of the respondents responded affirmatively. This was the same for all sizes.

The organizations were polled concerning the **communication of vendor delivery dates.** The majority stated no communication had yet occurred, while the remainder stated some had communicated and only one organization had all vendors communicating concerning ICD-10. The larger providers have gotten more delivery date communications than the smaller providers.

The organizations were asked about **completing their internal testing for ICD-10 implementation.** Interestingly, more than have believe they will be done no later than Dec 31, 2012; in line with the WEDI/NCHICA timeline

When asked what the key risks or obstacles regarding ICD-10 implementations, the following comments were representative of many of the comments received:

- Vendor and payer readiness.
- Remediation of internal home grown systems
- Availability of knowledgeable staff (administrative, clinical and technical) to serve on all teams required to assess current business processes and supporting systems and design new processes and required system modifications. The work to be done for ICD-10 implementation is significant and not easily added to SMEs' already heavy workloads.
- Assuring adequate coding staff that will be available to be trained on ICD 10. This will be impacted by # of coders retiring due to lack of interest in learning a new coding classification system.
- Vendor installing early for practice, resources for education
- Software vendors not delivering as promised.
- Urgency not felt by decision makers

- Cutover by date-of-service with respect to ICD-9 to ICD-10 by individual payers. Knowing how claim payment based on bills with prior dates of service will be handled in the industry. Will mapping be the solution or will payer billing require re-submission with appropriate code set by date-of-service?

Vendor Interpretations and Findings

The Vendor survey had 38 responses.

The Vendor respondents included:

- 15 Large vendors with (more than 1,000 employees)
- 8 Medium sized vendor organizations (101-1000 employees)
- 15 Small vender organizations (1-100 employees)

When asked if the vendors had **begun work on the ICD-10 product offerings**, the majority of large and medium size vendors stated yes, while the majority of the small vendors said no.

The vendors were polled concerning the **completeness of their ICD-10 implementation pla**n. Most are just beginning their plan, with the larger vendors somewhat ahead of the others. The survey requested information concerning the budget for ICD-10 products and features, the majority of the vendors stated less than $100,000.

When polled if other **initiatives or the economy was delaying the ICD-10 planning and implementation**, the majority of the respondents responded affirmatively.

Concerning **product development completeness**, an overwhelming majority of vendors stated less than 25% complete. Results hold for all sizes of vendors.

The organizations were asked about **completion dates for their ICD-10 product offerings**, answers were relatively evenly split among 2010, 2011, 2012, and 2013.

When asked what the key risks or obstacles regarding ICD-10 implementations, the following comments were representative of many of the comments received:

- GEMS mapping and dual use of both I-9 and I-10. We do not believe the final regulation will be followed by all and we will have to operationally support both code sets by payer. State data reporting is alway a concern as we are not seeing a strong movement to I-10.
- Too many other industry priorities ahead of it that are not fully defined, the inability to predict all the ways this transition can be translated into functional change and planning appropriately for the expected growth as providers are incented and ultimately required to purchase EHR systems.
- The ARRA incentives for certified EHR products and the associated deadlines and timelines run concurrently with the ICD-10 version 5010 development. This puts a large burden on us for simultaneous development.
- Not all providers and clearinghouses will be ready to use ICD-10. Education of provider staff will not be adequate. Will have dual submissions for period of time--ICD-9 & ICD-10.
- Volume of overall regulatory changes. Focus on ARRA and X12 5010 and those near term deliverables taking focus off ICD-10-CM/PCS

Clearinghouse Interpretations and Findings

The Clearinghouse survey had 16 responses. Respondents by size were:

The Clearinghouse respondents included:

- 4 small clearinghouses (1-100 employees)
- 11 medium size clearinghouses (101-1000 employees)
- 1 large clearinghouse (greater than 1000 employees)

When asked if they had **begun work on the ICD-10 product offerings**, the results were split relatively evenly between yes and no.

The clearinghouses were polled concerning the **completeness of their ICD-10 implementation plan.** The majority indicated that they were in the beginning stages of the plan.

The survey requested information concerning the **estimated budget for ICD-10 products and features**, the majority of the clearinghouses stated less than $100,000.

When polled if **other initiatives or the economy was delaying the ICD-10 planning and implementation**, the majority of the respondents responded affirmatively.

Concerning **product completeness**, an overwhelming majority of clearinghouses stated they were less than 25% complete.

The organizations were asked about completion **dates for their ICD-10 product offerings**, the majority stated they would not be ready to process transactions with ICD-10 codes until 2013.

When asked what the **key risks or obstacles regarding ICD-10 implementations**, the following comments were representative of many of the comments received:

- As a clearinghouse we do not feel that ICD-10 is a high impact. We will be able to accept and pass ICD-10 when the time comes. We haven't decided yet what services we will offer providers (crosswalking) if any.
- 5010, payer preparedness, provider readiness, lack of an industry standard mapping from 9 to 10 and 10 to 9.
- Strain on resources, both financial and people to do the work.
- Resource constraints; general confusion about the equivalence of map usage; provider awareness, vendor readiness, and payer readiness.

Survey Summary

Typically survey summaries are broken out by entity type. However in the case of this survey the commonality of the survey results were notable. It is clear by the respondents, the following conclusions:

- Organizations are just beginning to address ICD-10
- There is not a sense urgency for ICD-10. There is an awareness and it remains on the radar, however, many organizations are not yet engaged actively
- While there is some funding, most organizations have not completed assessments or budgets.
- The budget numbers while reported could not be considered as accurate in light of the incomplete assessment.
- Training needs have not yet been identified or addressed.
- Organizations will not be ready until late 2012 or 2013, with vendors not ready until 2012.
- Although vendors are working on product offerings for ICD-10, the vendors are not yet communicating with their customers.
- Concerns include:
    - Healthcare reform initiatives
    - Provider education and readiness
    - Vendor readiness
    - Plan readiness
    - Far off implementation date, with possibilities of delay
    - Lack of resources
    - Costs
    - Other initiatives such as ARRA, HITECH, 5010 etc.

Major Issues and Recommendations

1. Expansion of educational activities

It is imperative that CMS augment its current level of educational outreach during the coming months as providers begin implement the standards. Outreach should targeted toward: (1) provider compliance that include practice management system vendor strategies; (2) specific assistance for small and rural providers, community health centers, and other “at-risk” organizations; (3) expansion of the current very successful face-to-face and conference call activities; and (4) closer coordination with industry trade associations to ensure that a unified implementation strategy is communicated. WEDI is prepared to assist with the expansion of provider education.CMS and WEDI have held very successful face-to-face vendor forums in the past. These should be continued and offered in more areas of the country. CMS should offer technical assistance to vendors to facilitate the development of appropriate compliance products for providers.

Providers must understand that clearinghouses cannot be the “safety net” for ICD-10. We expect that health plans to differ substantially in their specificity requirements for claims. The difference between this approach and the approach health plans took with the 4010 transaction standards, however, is the fact that providers will be unable to rely solely on clearinghouses to convert claims to payer proprietary formats. The assignment of the most specific ICD-10 codes will occur at the time the clinician is seeing the patient and documenting the encounter.

> **Recommendation:** WEDI recommends CMS/OESS and WEDI partner to provide education to the industry. WEDI, in collaboration with CMS/OESS and other organizations can develop educational programs, documentation and tools to be used across the entire industry for consistent education with regards to ICD-10.

2. Close monitoring of the implementation progress of vendors, plans, and providers --.

A clear lesson learned from implementation of the 4010 transactions and the National Provider Identifier was that providers and others rely heavily on vendors to meet compliance deadlines. The protracted nature of the implementation of these HIPAA provisions was caused, in part, by the software not being developed and available to customers in a timely manner. Vendors, as non-covered entities, are not required by law to upgrade their software to first process 5010 transactions and later ICD-10 codes. Smaller vendors in particular may be slow to reengineer their software and we expect them not to develop 5010 and ICD-10 simultaneously. The National Committee for Vital and Health Statistics (NCVHS) should reprise its role regarding the implementation of previous HIPAA regulations and closely monitor industry readiness levels throughout the ICD-10 implementation process. The NCVHS is well-positioned to hold public hearings and develop important recommendations to the Secretary regarding the readiness level of various sectors of the industry and suggested steps to assist implementation.

> **Recommendation:** WEDI recommends that business associates and vendors be considered covered entites and required to meet fixed deadlines and have accountability to the industry, much like in ARRA security.

3. Synchronization of ICD-10 with all federal e-health initiatives.

CMS should ensure that the implementation of ICD-10 be done in concert and in harmonization with other federal regulations and initiatives, including the HITECH EHR incentive programs.

> **Recommendation:** WEDI recommends CMS focuses on the synchronization of ICD-10 with all federal e-health initiatives**.**

4. Consider ICD-10 pilots and testing days.

   The piloting of regulatory initiatives should be considered. Pilots will enable the industry to identify implementation issues early that may hinder widespread adoption while allowing the industry to develop appropriate and timely solutions.

   Recommendation: WEDI recommends, much like what CMS instituted for the NPI, there be several well publicized national testing days for both 5010 and ICD-10.

5. Create comprehensive and universal ICD-9-CM/ICD-10-CM/ICD-10-PCS crosswalks.

   To effectively implement the new code sets, industry accepted definitive mappings of ICD-10-CM and ICD-10-PCS to ICD-9-CM will be needed (forward and backward maps). These mappings should indicate which code to select when the mapping indicates more than one code might be applicable. Mapping to SNOMED-CT is also needed.

   These mappings must be published by a single authoritative source and be available free of charge in order to avoid multiple, potentially conflicting mapping across the industry environment. In addition, we have concerns that the mapping process has indicated that there exist serious gaps in the ability to move from one code set to another.

   Recommendation: WEDI recommends HHS to review these crosswalks closely and work with appropriate industry organizations to ensure that these crosswalks provide as much utility as possible.

6. Institute an ICD-9 and ICD-10 code set freeze to minimize disruption.

   This code set freeze should occur well prior to the compliance date. The freeze would permit software vendors to finalize software products and payers to finalize payment policy. WEDI currently has a workgroup is working on a white paper to address the industry's recommended approach for code freeze and the impact on testing.

   Recommendations: WEDI recommends strongly a code freeze prior to the implementation of ICD-10.

   WEDI recommends and requests CMS work with WEDI to identify the appropriate date for code freeze and associated timeline.

7. Compliance and Consequences of not meeting the compliance date:

   It is critical that all stakeholders impacted by the change to the new code set work together to develop an implementation process that best addresses the requirements of each sector of the industry.

Emphasize the consequences of not meeting the compliance date. In support of the strong stance that CMS has taken in firmly stating there will be no delay or contingency plan; we urge that the consequences for entities not meeting the compliance date be clearly stated by CMS through its enforcement arm. While CMS has been consistent in its message, there is still doubt in the industry that we will be ready by the compliance date. There is little belief that there will be any downside for missing the date, so the urgency for adoption is missing.

Recommendations: WEDI recommends using the WEDI/NCHICA timeline as a model for a coordinated process that the industry could follow.

WEDI recommends CMS develop a national consensus on compliance dates, implementation processes and priorities.

WEDI recommends CMS/OESS develop and communicate the regulatory consequences for ICD-10 non compliance prior to the compliance deadline.

The WEDI Board of Directors would like to express its appreciation to the National Committee on Vital Health Statistics for the opportunity to share this information and the results of our recent survey.