

ICD-10 and the Industry

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The following set of slides are BCBSM's response to the four questions posed by HHS

- What are the most critical industry milestones to achieve between now and the proposed new compliance deadline to ensure a successful transition?
- What can be done to maintain industry momentum on the transitioning to ICD-10, and avoid organizations moving to put-off ongoing work due to the delay?
- What can be done to facilitate end-to-end testing during the remaining transition period?
- Anything else you would like to bring up regarding the delay of ICD-10, the milestones to complete during the remaining transition period other?

Although each question is answered separately, the common denominator associated with successful continuation is open payer and provider collaboration!



What needs to be done to achieve a successful transition

- From BCBSM's perspective, the most critical industry milestones have to do with the implementation date, it must be:
 - Solid
 - Adequately enforced
 - All or nothing
- All parties must be able to know that the implementation date moving forward is final
- They must also understand the penalties associated with non-compliance
- Without these, there is a risk that some might not take the transition seriously until after the compliance date



How to maintain momentum and avoid organizational slow-downs

- One of the driving forces of slow-downs and postponement of ICD-10 implementation activity is noise in the pipeline
- This refers to the multiple opinions, views and positions regarding ICD-10 from the industry, special interest groups and political
- If we can achieve a level of consensus and open collaboration/working together, we'd be able to start moving in the same direction and ultimately at the same pace (e.g. a payer/provider summit endorsed and supported by HHS)



Other thoughts related to the transition

- What we've learned since we started the implementation is that:
 - Not all payers understand/appreciate the provider's point of view
 - Not all providers understand/appreciate the payers' point of view
- Bringing all parties 'to the table' to discuss and understand each others' challenges with the transition could help the industry as a whole
- Another possibility would be the development of an overall roadmap/blueprint (by NCVHS in conjunction with CMS) for IT and Operations implementation of upcoming (e.g., 2012-2016) federal regulations and statutory requirements

Testing and the industry

- Overall industry readiness cannot be assessed until providers and payers test with one another (external testing)
- Traditional testing methodologies require providers sending test claims to the payers for processing
- However, providers already send compliant 5010 transactions today, the only difference being use of ICD-9 versus ICD-10 codes... so why send claims?



Testing – A different approach

- Establishing a testing process that concentrates on which ICD-10 codes providers would send for various predefined medical scenarios shifts the focus to what **needs** to be tested
 - Providers define the ICD-10 codes they would send for defined medical scenarios which demonstrates their readiness to define/utilize ICD-10 codes
 - Payers understand what ICD-10 codes will actually be sent by providers for defined medical scenarios (vs. speculation)
 - Payers process the received ICD-10 codes and return test results that concentrate on how they were processed
 - Providers understand how the payer is going to process actually submitted ICD-10 codes
- This approach is radically different than the traditional testing approaches in use today and requires a totally different way of thinking, working together and communicating

