



**National Committee on Vital
and Health Statistics
Subcommittee on Standards**

June 18, 2013

Cooperative Exchange ICD-10 Testimony



Members

- ACS EDI Gateway
- *American Medical Association*
- *Axiom Systems*
- Availity
- *CareMedic Systems*
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- NextGen Healthcare
- Office Ally
- OptumInsight
- RealMed, an Availity Company
- Secure EDI
- Siemens HDX
- *Streamline Health*
- The SSI Group, Inc.
- Zirmed



Role of the Clearinghouse in ICD-10

Clearinghouses cannot provide the code on the claim, but pass it through from the provider to the payer

Clearinghouses can provide mechanisms to edit codes against payer guidelines, but can't crosswalk codes based on medical record content



Critical Industry Milestones

Between now and the proposed new compliance deadline:

- Payers publically release their testing dates and testing plans
- Vendors get their systems to the providers
- Payers release edits as soon as possible
- Providers transfer their systems to the new software



Stick with the Plan

To maintain industry momentum on the transitioning to ICD-10 we strongly urge OESS not to change the date or provide a grace period

This will only further delay industry preparations



Collaboration in Key

To better facilitate end-to-end testing during the remaining transition period, the Cooperative Exchange urges all stakeholders to think in terms of collaborating

Consider the HIMSS ICD-10 National Testing Program or a state collaborative, and especially participate with a clearinghouse



Biggest Risks

- For health plans and providers are cash flow (i.e. delay payments because of coding issues)
- Not getting paid at all or getting underpaid will require providers to look at their reports on a daily basis
- Obtaining those reports will mean they have a reporting system in place
- Clearinghouses can provide this, as well as historical payment information
- For payers, their cash flow must be within range of their estimates, else their reserves and medical loss ratio measures are at risk