# HIPAA 5010 Workgroup Kickoff Meetings
# ICD-10 Workgroup
**February 11, 2009, 9:30 - 10:30 AM**
**AHCCCS, 701 E. Jefferson St. – 3rd Floor - Gold Room**

**Facilitator**: Lori Petre

Handouts (also presented through ILinc):
ICD-10 High Level (slides)
ICD-10 Overview (summary)
ICD-10 Webpage

**Attendees**: Teleconference attendees are shown with an *

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|---|---|---|---|
| Liska, Liz | ABRAZO HEALTH | Hart, Mark* | PIMA COUNTY |
| Rivera, Veronica | ABRAZO HEALTH | Davis, Cheryl | PINAL COUNTY |
| Rivera, Veronica* | ABRAZO HEALTH | Schwarz, Jennifer | PINAL COUNTY |
| Erickson, Amanda* | ADES | Carren, Marc* | SCAN HEALTH PLAN |
| Gardner, David* | ADES | Hasey, Jim* | SCAN HEALTH PLAN |
| Mamidi, Rupesh | ADES | Park, Julie* | SCAN HEALTH PLAN |
| Reith, Laura | ADES | Reynolds, Anita* | SCAN HEALTH PLAN |
| Taylor-Laws, Kathy* | ADES | Semerena, Melinda* | SCAN HEALTH PLAN |
| Ross, Susan* | ADHS | Tran, Thao* | SCAN HEALTH PLAN |
| Schamus, Lisa* | ADHS | Vaca, Ivette* | SCAN HEALTH PLAN |
| Hill, Maurice* | AETNA HEALTH PLAN | Alix, Debra* | UNITED HEALTH CARE |
| Palmisano, Mark | AETNA HEALTH PLAN | Ball, Michael* | UNITED HEALTH CARE |
| Golliher, Maria | AHCCCS | Bronski, Helen* | UNITED HEALTH CARE |
| Hopkins, Lynn | AHCCCS | Davis, Diane* | UNITED HEALTH CARE |
| Upchurch, Mike | AHCCCS | Osborn, Amy* | UNITED HEALTH CARE |
| Lueking, Keith* | CENTENE HEALTH PLAN | Bolton, Kim* | UNIVERSITY PHYSICIANS |
| Skoog-Boutajrit, Carrie | CENTENE HEALTH PLAN | Tipton, Deborah* | UNIVERSITY PHYSICIANS |
| LeClerc, Lil* | COCHISE COUNTY | Warner, Jean* | UNIVERSITY PHYSICIANS |
| Milchanowski-Adams, Sophia* | COCHISE COUNTY | Willis, Jean* | YAVAPAI COUNTY |
| Kruki, Lynn | MERCY CARE PLAN | | |

INTRODUCTION                                                                                          Lori Petre

This meeting is the third in an initial series of kickoff meetings for HIPAA initiatives for the 5010 and ICD10.  The intent of this meeting is to better understand the implications of the ICD-10 and to share what AHCCCS has done to prepare for the change from ICD-9.  It is anticipated that this rule will require substantially more effort than the 5010.  This workgroup is also seen as an opportunity for the Health Plans (HP) to share their issues and suggestions.  AHCCCS will present the timelines and proposed approaches to internal Executive Management and will then share the decisions for HP comments.   Items of concern should be expressed as early as possible to ensure ease of use for our trading partners.

The PowerPoint presentation in the handout is a consolidation of the many presentations available on ICD10.  The ICD-10 will likely have heavy impact on operations in addition to expected systems changes.  It is important to think of all areas affected by this change.  To this end, AHCCCS has developed an internal workgroup and an internal IS workgroup.

ICD-10 HIGH-LEVEL (slides)

ICD-10 defined:       The ICD-10 replaces the current ICD-9 coding structures for diagnoses and procedures.

Reason for change:   Globally, the ICD-10 is already in use in most other countries.  It is used by the World Health Organization (WHO) exclusively.  The US is the only nation still using ICD-9 for morbidity reporting.  Use of the ICD-10 will improve mortality reporting and bio-surveillance. The Department of Homeland Security is the agency that will most immediately benefit from the transformation.

Benefits:             The ICD-10 has expanded code sets, increased classification specificity, interoperability with electronic health records and promises quality of care improvement and pay for performance qualifiers.

ICD-9 Comparison:  ICD-9 diagnosis allows 3-5 alphanumeric characters and 13,000 codes - the ICD-10 increases to 5-7 characters, and 120,000 codes with more specific breakdown of diagnoses.

Impacts:             Systems that provide data or hold policy; and downstream reports are impacted with ICD-10. Thus far, existing crosswalks are specific to certain situations but are not inclusive. AHCCCS is working on a directory of what is available and what is useful, although we do not expect to find much that is applicable.  Other impacts include policies; education and training of personnel, trading partners, and providers, contracting systems, and documentation for guidelines, desk level procedures, etc.

Future:              The 5010 must be implemented prior to the ICD-10.  Organizations are advised to have the 5010 in place and examine all transactions affected by ICD-10: 276, 277, 835, 837, etc. Current 4010A structures do not support the reporting of ICD10's.  Trading partners will need to be managed with strategies in expectation of their individual needs.

ICD-10 OVERVIEW

The final rule was published on January 16, 2009.

October 1, 2013 is the date for full and final implementation of the ICD-10.  There are no exceptions.  AHCCCS is currently proposing that we will build separate tables within its system for the ICD10 that will not co-mingle with ICD-9.

Indicators will be used within the 5010 transactions that will tell if a provider has coded in ICD-10 or ICD-9.  The UB04 form also has an indicator to signal ICD-10 or ICD-9.  The same type of indicators will be included in the AHCCCS web data entry portal.  A high-level impact analysis has been completed for all areas within the AHCCCS system, including the Validator, Translator, web interfaces, and mainframe interfaces.

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The customer workgroup is developing an inventory of Operational impact areas and potential issues.

Time lines need to be evaluated as well as outreach with Health Plans and providers.

GOING FORWARD - AHCCCS WEB PAGE AND PLANS

The recently completed 5010 Consortium page will hold meeting dates, minutes, documents, references, timelines, and FAQs.

AHCCCS plans to share impact analysis and customer inventories as applicable.

Consistency in reactions and messages to providers is an important objective. It cannot be assumed that this transition will be easy or that all possible hitches have been considered. The ICD-10 is different than previous HIPAA initiatives that could be isolated to specific systems or customer areas. The ICD-10 has more "touch points."

ADJOURNMENT

The next communication will be a follow-up of the meeting with Executive Management. Meetings with this workgroup are expected to continue on a monthly or bi-monthly basis as needed.

Follow-up questions should be directed to Lori.Petre@azahcccs.gov.