ICD-10 Implementation: High Level Overview for Organizational Leaders, Part 2

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Learning Objectives

I. Identify organizational risks related to ICD-10 implementation.

II. Discuss technology risk assessment areas to include in implementation process.

III. List financial risk mitigation strategies to be included in planning for ICD-10 by organization leaders and project owners.
What is ICD-10-CM/PCS?

- International Classification of Diseases, 10th Revision
- CM: Clinical Modification of World Health Organization’s ICD-10
- PCS: Procedure Coding System
- CM & PCS: level of detail needed in the United States
- Provides code titles and language that complement accepted clinical practice in the United States
- ICD-10 is much more detailed than ICD-9
- ICD-10: 69,000 diagnosis codes
- ICD-9: 13,000 diagnosis codes
What is ICD-10-CM/PCS?

- ICD-10-PCS consists of about 73,000 procedure codes
- ICD-10 has the potential to reveal more about the quality of care so that data can be used in a more meaningful way to better understand complications, better design clinically robust algorithms, and better track outcomes of care.
You Must Really Understand ICD-10

• ICD-9 and ICD-10 are derived from the WHO’s ICD (International Classification of Diseases & Related Health Problems)

• ICD is the international standard diagnostic classification for all general epidemiological and health assessment purposes

• Used for all health records, vital records and death certificates provides basis for the compilation of national mortality and morbidity statistics by WHO Member States
Why Replace ICD-9?

• Lacks sufficient specificity and detail
• Running out of capacity—limited structural design cannot accommodate advances in medicine and medical technology and growing need for quality data
• Obsolete and no longer reflects current knowledge of disease processes, contemporary medical terminology or the modern practice of medicine
• Limited data to compare costs, outcomes of different medical technologies
• Cannot support US transition to an interoperable data exchange
• Unable to share same global data regarding morbidity and mortality—critical for public health reporting
Value of ICD-10

• Greater coding accuracy and specificity
• Higher quality information for measuring healthcare service, quality, safety, and efficiency
• Improved efficiencies and lower costs
• Reduced coding errors---eventually!
• Greater achievement of the benefits of an EHR
• Recognition of advances in medicine and technology
• Alignment with coding systems worldwide
• Improved ability to track and respond to international public health threats
Organization-wide Risk Identification

• Identify and rank all organizational risks
• Complete gap analysis
• Update all implementation plans and schedule based on risks
• Update project resources
• Update project budget
Identifying Organizational Risks

• Complete all assessments first
• Steering committee and project team must review all findings to identify and rank organizational risks
• Risk ranking will provide organization with list of impact areas that deserve focus first
• Risk ranking will provide organization with information to develop an overall strategy for process and systems modification, testing and Go-live
Include in Risk Assessment

- Technology
- People
- Processes
- Finance/Revenue Cycle
Technology Risk Assessment

- Admissions/Scheduling
- EMR/EHR/Coding software
- Encoding application
- DRG Grouper
- Billing software
- Payment management software
- Auditing
- Lab System
Technology Risk Assessment

• Pharmacy system
• Clinical system
• Cancer registry system
• Report database/server
• Research databases
• Additional/others
Human Resources/People Risk Assessment

- Accounting/finance staff
- Admitting staff
- Clinical staff
- Coding staff
- Medical billers
- Contractors
- HIMS staff
- IT staff
- Operations management
- Patient outreach

- Software developers
- Senior management
- Revenue cycle staff
Processes Risk Assessment

- Accounting/finance
- Admitting
- Case review
- Claims processing
- Clinical operation
- Coding
- Communication
- HIM operations
- IT support
- Marketing
- Operations management
- Reporting
- Senior management
- Training
- Others
Conduct a Gap Analysis

• Identified as areas requiring modification either to a system, process or function
• Risk assessment provides project team with the order to complete the gap assessment activities
• Must have knowledgeable resources to identify specific steps required to transition systems, operations, testing, deployment of new systems and resource knowledge to ICD-10
Updating Implementation Plans & Schedule

- Work with internal and external team to update the work for tasks
- Determine duration, resources and budgetary requirements
- Identify tasks with longest duration
- Set realistic estimates for time of completion
- Incorporate vendors in planning
Updating Project Resources

• Appropriate resources must be assigned to new tasks
• Evaluate resources—people, financial/budget
• Will require many resources to complete each task
• Project sponsors need to acknowledge commitment to successful completion
• Make adjustments to project schedule and resource requirement based on risk
Updating Project Budget

• Develop an accurate project budget as much as possible
• Account for multiple variables that can get out of hand
• Estimates should be approved by the steering committee
• Identify a resource to manage the budget in finance
• Allocate resources for developing and monitoring the budget
• Budgeting process can be cumbersome for 1 individual resource—can assign this task to a team
• Consider a budgeting committee to accommodate workload requirements
Resource Estimates for Software

• Software modifications will be the most costly for entire budget
• Include staff time, process improvement and education expenses
• Include estimates from all vendors and contractors
• Include contingency and reserve estimates – ask for this
• Costs can vary by vendor—fixed fee, cost-plus, time and materials contract
• Be careful of contracts with unforeseen expenses
Ask Vendor for the Following:

• Scope of work to complete modifications
• Milestones required to complete project work
• Time estimate for each milestone
• Vendor/contractor resource cost for each
• Requirements for your organization to complete during project required
• Contract type
• Terms of contract (payment terms)
Updating the Work Plan

• Include timelines and schedule for completing work to modify each software
• IS lead should work closely with project manager to update work breakdown structure
• Ensure that all necessary tasks are included
• May need additional support—adjust to include tools and resources required
Example Project Milestones for Software

• Complete training
  - reserve training environment
  - schedule training resources
  - configure training work stations and environment
  - complete training activities
  - complete validation
  - configure test server
  - configure test applications
  - configure test interfaces
  - validate test user settings
  - complete testing & validation phase
Preparing the Testing Environment

• Testing environment includes hardware, software, training documentation, processes, system diagrams and team members to complete activities

• Software environments for test purposes must be separate from production environments and dedicated to testing activities
Including Production Data in Test Systems

• Utilize valid data for testing purposes
• Should include demographic information but needs to match the system information
• Include dates of services—all must match with the system data
• This scenario is helpful in volume testing
• Utilize test data in test systems—other option
• This method is easier for end to end testing—easier to move downstream and upstream
• Helpful to limit the volume data required to complete testing
Developing External Coding Support Team

• Consider establishing a temporary help desk
• Can reduce failed claims due to edits of unnecessary holding of claims due to unclear documentation specificity.
• Temporary help desk can be linked to HIMSS coding experts
Coding Help Desk for Go Live

- Could support clinical departments
- Clinical documentation improvement (CDI) staff
- Hospital-based outpatient clinics physician practice coders
- Patient access services
- Patient financial services
Post Implementation Risk Mitigation

- Implementation activities finished but project work is not
- Includes extensive issue resolution
- Monitor software functionality and configurations that were missed
- Review lessons learned to provide additional educational opportunities for team
Consider These Action Steps

• Identify Go-live issue resolution activities

• Summarize project results

• Evaluate success against established criteria

• Identify lessons learned

• Assess project for future improvement

• Celebrate your success

• Plan for next steps with payers
Next Steps with Payers

• Will most likely take 2 years to collect data before payment rates are adjusted based on ICD-10

• Payers can take as much time as they need before making adjustments to payment rates
Information Systems Post Implementation Activities

• Resolve outstanding issues
• Summarize project results
• Evaluate vendors
• Work with IS to manage increase data flow
• Legacy software systems and databases—how are they holding up?
HIM Post Implementation Activities

• Benchmark and review specific measures—discharged, not final billed/coding team productivity, query rate, failed claim rates
• Continue quality review action plan
• Communicate success and provide support—continue help desk or call line for patient care providers as long as needed until business operations return to acceptable, pre-ICD-10 targets
Reimbursement Implications

• Significant with the transition to ICD-10—allows for clearer alignment with services to conditions treated
• Reimbursement more in line with services rendered—no consideration to reimbursement
• ICD-10 can be revised and updated as needed based on new diagnosis, medical procedures and technologies
• Greater detail leads to better justification of medical necessity
• Coding errors can be a focus of fraud and abuse—need to eliminate continued coding errors as soon as possible
Reimbursement Implications

• Timely turnaround and fewer rejection of claims will be the main focus of providers to maintain cash flow during and following the transition to ICD-10

• AHIMA estimates 6-9 months of steep learning curve for experienced coders

• Detailed information provided in patient record will make code selection more precise
Engage Your Bottom Line:

Understanding the Financial Implications of ICD-10
Courtesy of Wells Fargo & Pershing, Yoakley & Associates, P.C
Learning Objectives

• Identify financial implications of ICD-10 on small and large systems as well as individual and small providers

• Examine the ICD-10 impact on cash reserves and how to protect and manage reserves

• Review the status of the healthcare industry in terms of financial readiness and industry options for providers for funding ICD-10
• Documentation Analysis
  • ICD-10 Education
  • Process Improvement
  • Monitoring

• Physician Office

• Health Information Management

• Revenue Process

• Front – Scheduling, Access Areas
  • Middle – Coding, CDI, Case Management
  • Back – Billing, Reimbursement

• Information Technology

• Post Acute Services

• Staffing Effectiveness
  • Assessment of Revenue Impact
  • Process Improvement
  • Decision Support Reporting Impact

• Operational Planning

• Physician

• IT Systems
  • Capability, Communication
  • Functionality
  • Vendor Preparedness

• Physician Documentation
  • Physician Integration
  • Physician Performance

ICD-10
CMS’s Annual Initially estimated costs over 7 years for ICD-10 (in millions)

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<tr>
<td>TOTAL COST (IN MILLIONS)</td>
<td>$147</td>
<td>$293</td>
<td>$640</td>
<td>$1,204</td>
<td>$470</td>
<td>$165</td>
<td>$49</td>
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</tbody>
</table>

38
### Top Reason for Expected Decrease in Revenue

Select the top reason you expect to see a decrease in your revenue.

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Incomplete physician documentation</td>
<td>47%</td>
</tr>
<tr>
<td>Payers will not be ready in time</td>
<td>15%</td>
</tr>
<tr>
<td>Coding staff mistakes</td>
<td>12%</td>
</tr>
<tr>
<td>Shift in DRGs</td>
<td>11%</td>
</tr>
<tr>
<td>Delays in submission of bills</td>
<td>7%</td>
</tr>
<tr>
<td>Our technology won’t be ready in time</td>
<td>4%</td>
</tr>
<tr>
<td>Other</td>
<td>4%</td>
</tr>
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</table>
Projected Cost to Be ICD-10 Ready

What is your organization’s projected cost to be ICD-10 ready by 2013 (including labor, hardware, software, training, consultants, etc.)?

- More than $20 million: 1%
- $10.1 million–$20 million: 2%
- $5.1 million–$10 million: 1%
- $1.1 million–$5 million: 9%
- $500,000–$1 million: 12%
- Less than $500,000: 20%
- No estimate yet: 38%
- Not sure: 18%

Financial Risk Management Concerns

Decrease in Cash Flow / Loss of Revenue

Industry experts from CMS and AHIMA estimate the following:

- Denial rates will increase by 100% to 200%
- Accounts receivable days will be extended by 20% to 40%
- Healthcare organizations will be hindered with payment declines for more than 2 years after the implementation Date of October 1, 2013
- Claims-error rates will increase from 6% to 10% (The average current rate is close to 3%)

- According to the American Society of Clinical Oncology, Estimated Organizational Cost by Bed Size

<table>
<thead>
<tr>
<th>Bed Size</th>
<th>Cost</th>
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<tbody>
<tr>
<td>400 +</td>
<td>$1.5 Million – $5 Million</td>
</tr>
<tr>
<td>100 – 400</td>
<td>$500,000 – $1.5 Million</td>
</tr>
<tr>
<td>&lt; 100</td>
<td>$100,000 – $250,000</td>
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</table>
Risk Mitigation Strategies

1. Determine organizational structure and departmental responsibilities and readiness for the impending transition to ICD-10

2. Create an ICD-10 impact awareness throughout the organization

3. Develop projections of operational needs, including staffing and internal educational training

4. Identify specific documentation gaps to determine focused educational needs

5. Calculate potential impact on financial results
Risk Mitigation Strategies

Data Integrity – prepare for delayed accepted batches

IT Preparedness – prepare for payor /vendor delays

Adjust AR Reserves as Needed

HIM Preparedness

Denial Tracking Tool

Budget for potential cash flow impact

Rightsize staff to handle increased volume
Risk Mitigation Strategies

1. Focus on good documentation, which directly impact accurate billing and payment timing

2. Be aware of new ICD-10 documentation guidelines in order to evaluate provider documentation for appropriateness, thoroughness, and completeness

3. Take great care to document produces, labs, and diagnostics performed in order to capture the essence of the total care provided during hospital admissions
Risk Mitigation Strategies

4. Collaboration, transparency, and communication between payers and providers

5. Train and problem solve through the use of task forces

6. Encourage CMS to continue perfecting payment groupers and mappings

7. Collaborate with other healthcare stakeholders to create an industry test bed
# Sample ICD-10 Financial Impact Analysis

## Coders Training

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current Coders</strong></td>
<td>15</td>
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<tr>
<td>Anticipated new hires</td>
<td>100%</td>
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<tr>
<td>Coder Recruiting Costs</td>
<td>$30,000</td>
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</table>

## Coder Training

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
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<tbody>
<tr>
<td>Initial Training Hours 2013</td>
<td>50</td>
</tr>
<tr>
<td>(Existing Coders)</td>
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<tr>
<td>Initial Training Costs per hour</td>
<td>$50</td>
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<tr>
<td>Annual Training Costs per hour</td>
<td>$25</td>
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## Coder Productivity

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
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<tr>
<td>Decrease during Transition Period</td>
<td>29%</td>
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<tr>
<td>Decrease during Permanent Period</td>
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<tr>
<td>Outsourced Coder Cost per year</td>
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## Clinical Documentation Training

### Number of Physicians

- **100**

### Upfront Group Training Sessions

<table>
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<th>Description</th>
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<tbody>
<tr>
<td>Number of Training Sessions</td>
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<tr>
<td>Cost per Hour</td>
<td>$500</td>
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<tr>
<td>Total Group Training Costs</td>
<td>$20,000</td>
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### One-on-One training

<table>
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<tr>
<td>Ongoing Training Costs per hour</td>
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<tr>
<td>Hours of ongoing training per physician</td>
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## Preliminary ICD-10 Implementation Budget

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<td>HIM Coding Staff Augmentation</td>
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<td>$ 180,000</td>
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<td>Revenue Cycle Staff Augmentation</td>
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<td>$ 135,000</td>
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<td>IS Software Upgrades</td>
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<td>New Software</td>
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<td><strong>TOTALS:</strong></td>
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<td>$ 3,865,500</td>
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<td>$ 957,000</td>
<td>$ 815,000</td>
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How should we prepare for ICD-10 cash flow delays?

Healthcare providers can best prepare for anticipated cash flow delays by beginning to plan now. Some areas to consider include, but may not be limited to:

- Expenses
- Receivables
- Your primary relationship banker or financial institution
- Your primary third party payers
Focus on expenses

• Renegotiate terms with major suppliers to create a more balanced payment schedule over time

• Identify and implement other cost saving measures in advance of October 2013

• Aggressively manage inventory levels to avoid expensive overstock costs

• Reduce other administrative overhead where possible
Focus on receivables

• Manage your Accounts Receivable (AR) aging aggressively, minimize charge-offs and denied payments

• If you have not already done so, consult with your banker about adopting best practices, procedures, and products that will enable you to collect patient co-pays or deductibles at the time of patient encounter

• Work all denials and rejects aggressively to eliminate their occurrence and ensure more first time third party payer payments
Establish a dialogue with your primary relationship banker or financial institution now

- Request a working capital model/forecast
- Seek their advice on banking services they can provide to accelerate days in AR, extend suppliers terms and days in Accounts Payable (AP)
- If there is agreement that it is needed, consider a working capital line of credit to minimize the disruption for ICD-10 cash flow delays that are outside of your control, such as higher payer denials or rejects
Establish dialogue and candid discussions with your primary third party payers now

• Learn how each one plans to prepare for ICD-10 changes, ask if they are implementing new rules for claims submission or re-submission

• Share your plans for implementing these changes with them

• Identify shared goals and objectives to ensure a combined approach, minimizing disruption to either’s coding processes (win-win)
How much cash flow should we put away in order to sustain our business?

There is no magic number that will work for every healthcare provider. Each situation is unique. Your specific situation will need to be carefully considered by your senior management in consultation with their trusted financial advisor or banker.
What kind of financial questions should we be asking our financial institutions if we are a large hospital? Or a small provider group in private practice?

• Regardless of the type of healthcare provider, the questions are the same:
  – Can you help me forecast my working capital?
  – What steps can I take now to manage some of this myself?
  – What additional products and services can the bank offer to accelerate days in AR and extend suppliers term and days in AP?
  – What credit products can help with unexpected negative impacts to working capital during the initial period of transition to ICD-10 codes in late 2013 and early 2014?
What other strategies should we implement to prepare to manage financial risks?

• Ensure you have identified all of the changes required in your systems and processes. Many payers and providers are approaching this as merely a code or system change. It is important to give thorough consideration to the following questions:
  – How and where in all of your processes and workflows will accurate coding come into play?
  – What are the potential organizational impacts of coding errors that could ultimately lead to member or patient dissatisfaction and contribute to higher administrative costs?
What other strategies should we implement to prepare to manage financial risks?

• Engage in active and candid discussions with your primary third party payers.
  – Work together with your payers to identify shared goals and objectives in order to minimize the disruption to either coding processes.
  – Determine and understand any changes your payers are implementing in their claims submission or resubmission policies and procedures as a result of ICD-10 code changes.
  – Share your plans for implementing ICD-10 code changes, including your system changes and timing, staff training, and any additional oversight you are going to implement as you make this transition.
Why is understanding our company’s valuation important?

• Your banker or trusted financial advisor is in the best position to help you understand the importance of your company’s valuation and determine appropriate strategies for your specific situation.
What kinds of financial planning should we do internally and with banks?

• Conduct a payables and receivables audit. If you have the ability, complete a preliminary working capital analysis.

• Next, discuss these findings with your banker or trusted financial advisor. If you are uncertain how to get started, your banker or financial advisor should be able to assist you. Your payer discussions can be held without assistance from your bank.
What are some examples of successful exit strategies for smaller providers?

- The answer will differ based on your specific situation. It is best to consider an array of options and triggering events, in consultation with your banker or trusted financial advisor.
When should I begin to prepare to have my working line of credit pre-approved?

- You should begin preparing now so your balance sheet and income statement can weather any temporary disruptions that may be caused by the healthcare industry ICD-10 transition. 
  **ICD-10 is one of the most significant changes recently required** and is happening at the same time as several other healthcare regulatory and market changes – Meaningful Use, Medical Loss Ratios, Affordable Care Act (ACA), Accountable Care Organizations (ACO) – and is impacted by the preceding 5010 format changes for all HIPAA transactions to accommodate the ICD-10 code changes.
Questions?

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