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3 Justine M. Carr, M.D.

4 Chairperson

5 National Committee on Vital and Health Statistics

6 U.S. Department of Health and Human Services

7 200 Independence Avenue, SW

8 Washington, D.C. 20201

9

10 Dear Chairperson Carr:

11

12 HIMSS appreciates the opportunity to provide an overview of comments from our members related to  
13 determining industry readiness with HIPAA standard ASC X12 5010 migration which is mandated to be  
14 completed by January 1, 2012. The following comments are intended to provide guidance to NCVHS  
15 around common experiences identified by our members during the 5010 implementation, testing and  
16 migration initiative.

17

18 HIMSS is a cause-based; not-for-profit organization exclusively focused on providing global leadership  
19 for the optimal use of information technology (IT) and management systems for the betterment of  
20 healthcare. Founded 50 years ago, HIMSS and its related organizations have offices in Chicago,  
21 Washington, DC, Brussels, Singapore, Leipzig, and other locations across the United States. HIMSS  
22 represents more than 38,000 individual members, of which two-thirds work in healthcare provider,  
23 governmental and not-for-profit organizations. HIMSS also includes over 550 corporate members and  
24 more than 125 not-for-profit organizations that share our mission of transforming healthcare through the  
25 effective use of information technology and management systems. HIMSS frames and leads healthcare  
26 practices and public policy through its content expertise, professional development, and research  
27 initiatives designed to promote information and management systems contributions to improving the  
28 quality, safety, access, and cost-effectiveness of patient care.

29

30 There is concern that, with ICD-10 transformational projects coming on the heels of 5010 migration, that  
31 there is a need for continued emphasis and communications about the extent of the ICD-10  
32 transformational impact. As a cause-based organization, HIMSS launched a multi-stakeholder, widely-  
33 received "ICD-10 PlayBook" website that provides a free and open resource aggregating preparation,  
34 testing, implementation and sustainability resources. Prepared by more than 22 participating groups and  
35 associations, the ICD-10 PlayBook includes a robust array of relevant and credible preparatory materials.

36

37 In addition, HIMSS has implemented ICD-10 educational programming via our Virtual Conferences,  
38 webinars, and at the upcoming HIMSS Annual Conference in Las Vegas in February of 2012. At  
39 HIMSS12, we will implement our second ICD-10 Symposium, and our first ICD-10 Pavilion. We will be  
40 emphasizing the importance of ICD-10 implementation through use cases presented in the HIMSS  
41 Interoperability Showcase™. It should be noted that our Interoperability Showcase™ received over 5,000  
42 visitors this past year, and we expect even more at HIMSS12.

43

#### 44 **Industry Readiness for Version 5010 Implementation and Compliance**

45

46 In general, we are concerned that provider organizations will be at risk of lower or non-reimbursement for  
47 submitted claims for those who have not implemented a process to submit compliant 5010 transactions.

48 And, many issues exist for those who are already well into testing phases. Comments illustrating this  
49 issue are as follows:

- 50  
51 • Trading partners need to continue their side-by-side comparisons of the 4010 and 5010  
52 transaction versions after the January industry “go live” date to determine problems or issues that  
53 need to be addressed as integrated systems processing changes are tested and challenged in the  
54 production environment.
- 55  
56 • The multiplicity of regulatory initiatives has significantly impacted 5010 implementations and  
57 testing. As the industry nears the implementation date for version 5010, industry surveys by  
58 HIMSS and others reflect impacts to the scheduling of vendor 5010 software updates well into  
59 the fourth quarter or after for many providers. Many provider organizations have taken the  
60 opportunity to evaluate and implement new hardware and software to accommodate not only  
61 5010 implementation but also hardware and software for electronic health records (EHR) to meet  
62 meaningful use and ICD-10 initiatives. Employees dedicated to the EHR project may also be the  
63 same individuals utilized for the 5010 project. This scenario is repeated for trading partners.
- 64  
65 • If alternatives for claims submission in 5010 have not been identified by providers to meet the  
66 5010 compliance date, this brings forth complexities that may ultimately impact ICD-10  
67 implementation and compliance. As ICD-10 cannot be implemented until 5010 compliance is  
68 achieved, trading partners (payers, providers, clearinghouses, billing agents, and others) should be  
69 well into transaction testing, but with ERRATA software updates creating delays in testing into  
70 the second quarter of this year, and 5010 software implementation running behind projected  
71 timelines, stakeholders are in a similar position as during version 4010 implementation.
- 72  
73 • There are a number of data elements that cannot be readily derived from 4010, so it takes  
74 communication between providers, vendors, clearinghouses and payers to make this type of  
75 alternative work. We believe that many providers may already have contingency plans in place,  
76 and have identified ways to submit 5010 transactions through vendors by utilizing 4010  
77 transactions and stepping them up to 5010 for compliance.
- 78  
79 • Providers utilizing clearinghouses, and software vendors who have obtained approval, will be  
80 grandfathered in under the approval status. This does not mean that providers should not conduct  
81 testing; this only provides a mechanism for compliance of those providers utilizing  
82 clearinghouses to be able to submit 5010 transactions by the compliance date of January 1, 2012.

83  
84 **ICD-9-CM to ICD-10 transition**

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86 During a survey of 5010 migration efforts, some of our respondents provided comments pursuant to ICD-  
87 10 transformation. We are providing a sampling below for your general information:

- 88  
89 • Members suggested that there is a critical need for an easy-to-use, highly-credible resource for  
90 looking up terms that include ICD-9-CM and mappings that are available between ICD-9-CM  
91 and ICD-10. Besides the current tools, the creation of a generic “semantic wiki” that features  
92 browsing across terms so they can be easily found and referenced would be very helpful.
- 93  
94 • Some members are concerned that some payers are planning to map ICD-10 back to ICD-9-CM  
95 for claims adjudication. This could cause serious issues in a number of areas:

- 97 ○ Payment inaccuracies.
- 98 ○ If there is Coordination of Benefits between payers, and one payer is mapping backward
- 99 and one payer is not, then this could lead to a payment issue.
- 100 ○ This could affect quality measures when the payer is tracking codes.
- 101 ○ There needs to be more education around how this might impact provider/payer
- 102 contracts.

### 103 **Issues Identified during Testing Initiatives**

104 HIMSS members have expressed concern that there will be a “traffic jam” as providers “merge” onto the

105 testing freeway with payers over the next few months. Some issues identified include:

- 106 • Eligibility (270/271) – Payer readiness to test the eligibility transactions is sporadic. Some payers
- 107 are providing the clearinghouse or provider with the choice in determining “production readiness”
- 108 rather than establishing protocols that identify measures to meet production “readiness”. Some
- 109 clearinghouses are challenging the payers to step up and resolve issues identified during testing.
- 110 This includes not only production compliance but transaction compliance as well.
- 111 ○ If errors are identified in the content of the information on the 271 not meeting the
- 112 elements of a “compliant” 271 file as outlined in the 5010 implementation guide, payers
- 113 are being notified and asked to resolve the compliance issues. Also of note, throughout
- 114 the testing process, issues are identified that may result in payers halting ongoing testing
- 115 until issues identified during testing are resolved through programming modifications or
- 116 system changes. Then testing will resume.
- 117
- 118
- 119
- 120
- 121 • Claims (837) – Some HIMSS members commented that, having submitted 837 transactions to
- 122 several different payers successfully (Part A and Part B), it appears they are ready to move to
- 123 5010 production by early next month. Yet these members inform us that there are payers that
- 124 have placed their claim file testing “on hold”. These members inform us that they believe there is
- 125 a problem with these payers generating the 999/277 transaction; front-end edits seem to pass but
- 126 further testing has been stopped. As with eligibility, issues identified may be in the process of
- 127 resolution, which takes additional time. Some MACs also identified common edit module (CEM)
- 128 issues and will have a software “fix” very soon, if all goes well.
- 129
- 130 • Remittance (835) – One of our largest provider members hasn’t been able to test through their
- 131 first 835 batch file. Some of our members anticipate receiving their *first* test 835 soon. Based on
- 132 their comments, most payers are indicating that they can go-live on 5010 claims but would need
- 133 to continue sending a 4010 remit. Some of our members commented that this may be a non-
- 134 issue. However, testing 5010 along with production 4010 remittance information is critical.
- 135
- 136 • Claim acknowledgement transaction (277CA) – The claim acknowledgement transaction is a new
- 137 transaction set for most payers and providers and has not been consistently available for testing.
- 138 Education around its use and benefits is needed. The 277CA transaction provides an automated
- 139 acknowledgement and would allow clearinghouses and/or providers to retain the audit trail of
- 140 information without handling or storing paper and allows for automated tracking of claims to
- 141 focus on those rejected transactions or ones that contain errors.
- 142
- 143 • National Provider Identifier – NPIs – The 837I TR3 interpretation for Hospital subpart
- 144 enumeration states if providers are submitting different NPIs to payers based on enrollment

145 practices, this needs to be consolidated to send the same NPI information to all payers with 5010.  
146 State Medicaid programs seem to be the main cause of the issue, requiring more detailed  
147 enrollment and enumeration practices, which will force providers to enroll all other payers and  
148 submit with the additional NPIs. This is an issue that needs to be addressed prior to January 1,  
149 2012.

150  
151 **Conclusion**

152  
153 As is well known, 5010 migration is but one of many initiatives that our members are facing during this  
154 critical time. And, we all realize that 5010 implementation is foundational to the much larger project of  
155 ICD-10 transformation.

156  
157 HIMSS has observed that it is imperative that providers alert trading partners should the provider not be  
158 capable of meeting the 5010 compliance date. Providers need to work with each trading partner to  
159 identify alternative measures that can be enacted until full compliance via internal systems and software  
160 can be achieved. To realistically undertake this sector-wide activity, it seems vital that we retain the  
161 federally-mandated time frame, and implement a robust educational effort that enables all stakeholders to  
162 work out the final set of issues prior to full adoption.

163  
164 As inferred in the beginning of our letter, a large concern for our members is the enormous complexity of  
165 the ICD-10 conversion. We are working diligently to ensure that all providers realize the extensive impact  
166 of this transition, and that all are equipped with the tools they need to undertake the journey. Essentially,  
167 every internal system/software that currently incorporates or utilizes ICD-9 codes in any fashion must be  
168 updated for ICD-10 compliance. In some cases that may mean that a hospital may have 150 or more  
169 systems that must receive software updates from vendors.

170  
171 The coordination of this project is much more extensive than anticipated. So many pieces need to be in-  
172 place:

- 173 • project plans,
- 174 • project teams,
- 175 • communications with vendors (including timelines for updates identified),
- 176 • financial resources identified to meet the impact on the organization for hiring additional staff  
177 necessary to accomplish the project,
- 178 • financial resources to pay for the software updates and implementation,
- 179 • education of all staff who are impacted by the coding changes, from a simple form change, input  
180 in the registration area, contractual changes, medical records, ancillary services (lab, x-ray,  
181 pharmacy, etc),
- 182 • extensive billing training for coders and physicians,
- 183 • rolling out these same modifications to all corporate hospitals, organizations and facilities,

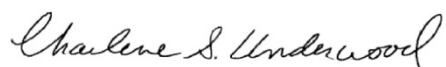
184 Clearly, it will already be challenging to meet ICD-10 compliance by October 1, 2013, for medical  
185 diagnosis and inpatient procedures.

186 HIMSS is committed to equipping our members, of which more than two-thirds work in provider settings,  
187 with the ICD-10 education and tools they need. For example, through the “ICD-10 PlayBook”, we have  
188 successfully created an integrated messaging platform that provides a singular voice for our healthcare

189 provider constituencies that can be used by our association partners – AHIMA, AHIP, AMA, MGMA,  
190 AAHAM, WEDI, X12 and others. Meanwhile our ICD-10 Symposium, ICD-10 Pavilion and ICD-10 use  
191 case at the HIMSS Interoperability Showcase™ at HIMSS12 will provide a comprehensive platform to  
192 engage and equip our members and others to lead out in transformational projects that meet critical  
193 national healthcare goals in the overall area of electronic business transformation.  
194

195 We hope this brief assessment is useful to NCVHS in evaluating the status of 5010 migration across the  
196 health sector.

197  
198 Sincerely,  
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200  
201 Charlene S. Underwood, MBA, FHIMSS  
202 Chair, HIMSS Board of Directors  
203 Senior Director, Government and Industry Affairs  
204 Siemens Healthcare



H. Stephen Lieber, CAE  
President/CEO