



**Testimony of Ann M. Zeisset, RHIT, CCS, CCS-P
On Behalf of the
American Health Information Management Association
To the
Standards Subcommittee
National Committee on Vital and Health Statistics
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Chairmen Warren and Suarez, members of the subcommittee, ladies and gentlemen; good afternoon. I am Ann Zeisset, Manager of Professional Practice Resources for the American Health Information Management Association better known as AHIMA. On behalf of AHIMA, I would like to thank you for the opportunity to share what AHIMA and members of the health information management (HIM) profession are doing toward the full implementation and use of the upgraded HIPAA transactions as well as ICD-10-CM and ICD-10-PCS.

For those of you who are not familiar with AHIMA, we are an 83-year old non-profit association made up of over 61,000 members who have been educated, certified and engaged in the management of health information. AHIMA members work in all sectors of the healthcare industry with roles related to the collection, storage, coding, use, analysis, disclosure, and protection of health information or data. AHIMA is also closely engaged with the development, and maintenance of standards, guidance, and use of the classifications and terminologies used for healthcare in the US including ICD-9-CM, CPT®, and HCPCS as well as ICD-10, ICD-10-CM, ICD-10-PCS, SNOMED-CT®, and not to scare anybody ICD-11.

Your schedule is tight today, so I want to provide a short sketch of what AHIMA and its member professionals are doing today, and over the next several years, on these changes in our transactions and classification systems.

HIPAA Transactions

Few HIM professionals are directly involved with the external processes associated with the HIPAA transaction upgrade related to Accredited Standards Committee X 12 versions 5010 and the NCPDP version D.0., unless they serve in a chief information officer role or also have information technology responsibilities. HIM professionals are engaged to ensure that classification codes are transmitted from the organization's clinical systems, including the health records, to the various claims applications that are in turn transmitted externally via the HIPAA transactions. HIM professionals in several states are also engaged with payers and providers to push for timely implementation and testing of the transactions. Unfortunately, I cannot give you the timing on these state efforts.

AHIMA has been a sponsor of the GetReady5010 Project with a number of other payer, health plan and professional groups. Through the auspices of HIMSS, the GetReady5010 Project has held two series of education programs and provides a number of resources for organizations to get ready for 5010. The website includes these education sessions that reach out to a number of segments of the industry and it has been accessed by a variety of industry professionals. We anticipate more to come from GetReady5010 and we continue to support our affiliated state associations' work to ensure compliance with HIPAA come January 1, 2012.

ICD-10-CM/PCS

AHIMA has been involved with the ICD classification system for decades as well as deeply engaged with the governance, maintenance, and uniform use of the ICD classifications including ICD-9-CM and the development and guidance related to ICD-10-CM and ICD-10-PCS.

From the beginning of the development of ICD-10-CM/PCS AHIMA and its members have participated in testing and promoting the guidelines needed to convert to a contemporary classification system. This effort has been strengthened by our international work with the World Health Organization to implement and manage ICD-10 based classification systems. Associated with these efforts have been our initiatives to educate and train those directly and indirectly using the classifications. Examples of those indirect users (not coders or HIM students) include clinical staff, administrative staff, data analysts, oversight groups, quality measurers, researchers, and so forth. This education has taken many forms including academic programs or classes, volunteer professional programs, and on-line education. Programs are offered on a state and national basis and also include education on subjects such as mapping, auditing, implementing systems, and ensuring that coding is not subject to fraud.

ICD-10 Education

AHIMA has accredited academic coding programs for many years and offers three certifications in coding related to entry level coding as well as in-depth coding for those in institutional and private practice settings. AHIMA's certifications in health information technology and health information administration also include coding education. AHIMA has also initiated a new certification in data analysis.

In 2009 AHIMA initiated coding academies to train those individuals who will be expected to train other individuals in the coding of the ICD-10 classification (similar to a "train the trainer" concept), or who desired to become consultants to organizations in need of assistance in training or implementation. AHIMA has taken the position that the training of coders should be on a time table that will allow coders to be trained in the CM or PCS coding and use of their own internal resources shortly before the compliance date so as to ensure retention of content.

AHIMA's initial academies addressed acute and primary care providers; however, we are now also engaged in training, education, and the provision of other resources to other care providers in the post acute, specialty, and long-term care arenas as well as health plans. In addition there are a variety of classification or code users both within health plans and providers as well as organizations related to quality, public health, registries, research, reimbursement, auditing and so on who also require training that can address their needs and not just the needs of providers. While some of these groups like the coders need their training to occur closer to the actual

compliance date, others must prepare new data or value sets, new data warehouses, and other changes well in advance. AHIMA and its partners are now addressing these areas.

AHIMA's academies offered over the last two years also were also directed at leaders of academic programs whose students will be graduating before, during, or after the transition. AHIMA is working with these academic centers as well as our component state associations to assure that training is available when needed and at a cost that organizations and individuals can afford. As we move closer to the compliance date of October 1, 2013, we expect to see these program offerings across the US.

I also want to note that AHIMA has worked closely with the Department of Health and Human Services (HHS) Centers for Medicare and Medicaid Services (CMS) in their efforts to educate the healthcare industry in various settings. These conference call seminars and open door meetings orchestrated through the CMS and its contractors have reached thousands of professionals and provider organizations as well as health plans and other stakeholders.

Training of coders to ensure the integrity of the information they code and their ability to code in a variety of locations has always been important to AHIMA. However, the Association is also focused on the implementation aiming education on a national and state level at HIM and IT directors as well as others in the healthcare industry who are responsible for the hardware, software, testing, staffing, and training associated with the classification implementation that must be done now! We also recognize that this implementation must align with other national efforts including 5010 or D.0 implementation, Meaningful Use, value based purchasing, accountable care organizations, and a variety of other external federal and state requirements as well as internal process and systems changes.

General Education and Resources

AHIMA has now held three annual summits on ICD-10 since 2009. This year our summit in Baltimore Maryland had an audience of just below 500 from all of the sectors I have mentioned before as well as vendors, administrators, and government bodies engaged in implementation. Subject matter varied as did the audience, but it was clear to see the progression that organizations and professions have made in implementation and the demand is now becoming: how best to use the detail that will be available from ICD-10-CM/PCS and the impact of detailed data via ICD-10 codes, on some of the programs I mentioned such as value based purchasing, quality measurement reporting, and Meaningful Use.

AHIMA's ICD-10 website launch coincided with our first Summit in 2009 (<http://www.ahima.org/icd10>). This site offers a variety of resources to the industry at no cost and the content is continually updated and refined as we learn from those in the field and the changing healthcare environment. I urge you to take a look at this website and if this hearing points out the need for additional resources let AHIMA know.

AHIMA resources also contain a myriad of text books and guides to ICD-10 implementation, and more are being planned, both in paper and electronic.

State Efforts

AHIMA has 52 component state associations; we call them CSAs for short. As I mentioned most if not all of these CSAs are planning to offer a variety of coder training in the period between 2012 and 2013. Many are already working with their members and other state associations to coordinate this training. Many CSAs also have permanent “Coding Roundtables” where issues concerning local efforts such as testing can be discussed and then coordinated with state trade associations, health plans, and others to facilitate cooperation and mutual assistance in the implementation process.

Another effort being conducted in several states is a collaborative effort to work with other stakeholders and offer assistance to state Medicaid agencies who are under pressure to not only implement other federal mandates but are also under restrictive budgets in spite of federal dollars. Several states already have active efforts such as North Carolina and Oregon, while others are just getting started. These state groups are looking at implementation and training issues and also legal barriers. For instance, in one state there is a statute of what version of ICD-9-CM the state must follow. A number of states are also many versions behind on ICD-9-CM, so we are hoping these collaborative efforts can help modify statutes and ensure budgeting, provide expertise as needed, and ensure compliance by October 1, 2013, and maintenance and use of correct versions – which is a HIPAA requirement.

The Future

One cannot look at the present without looking at the future. We need to look at AHIMA’s previous recommendations to ONC’s HIT Committees as well as the NCVHS to address the governance of terminologies and classifications. More importantly, at this moment in time, we need to ensure that our healthcare providers and plans along with our policy makers understand the crucial role that the ICD-10-CM/PCS will play in a number of parallel federal goals such as value based purchasing and Meaningful Use as well as the overall goal of improved healthcare and lowering the cost of healthcare. Mixed signals on whether or not ICD-10 will happen, spoken in industry or government circles, create doubt in the need for organizations to move forward with implementation to achieve the agreed upon compliance dates.

Our industry’s academic programs also need to train a whole new generation of coders who will not only serve in traditional coding roles but also in new roles that address data integrity, documentation, auditing, editing, and fraud and abuse. The current shortage of educated and certified coders is both a geographic problem, surplus in one area and shortage in another, as well as one where healthcare employers must recognize the new and transitional roles for coders that are crucial in the way this nation will use classification data not only in a changing reimbursement system, but also for purposes of meeting our healthcare goals of improved quality, patient safety, research, and population health. I expect the NCVHS will be addressing many of these changing roles for data as well as data integrity and other new classifications in the future.

In addition to the changing roles of coders, our HIM profession predicts, in this decade, a significant implementation of computer assisted coding integrated from the electronic health record systems and other technologies that will make for more accuracy and integrity. This technology will be the crowning moment where our industry can identify and use our clinical

data as a part of our administrative processes and not a separate and somewhat disparate record set.

In conclusion, there is a significant amount of work being conducted/accomplished by AHIMA and its members in a variety of industry segments, on a variety of timetables, and with a variety of partners. We see these efforts bearing fruit and we look forward to October 1, 2013, when this country joins with our international partners in using a 21st century classification system. But we cannot stop there and we hope to see this Committee address these future environments so we can move forward as we take this leap into using ICD-10 for improved data, quality, and healthcare.

I stand ready to respond to your questions today, and with my AHIMA colleagues and members, your questions in the future.

Thank you again, for this opportunity to discuss these issues this afternoon.

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