

# 2010 Healthcare Calendar: The Deadlines and Initiatives to Prepare for This Year

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Last year saw movement on major HIM issues, starting in January with the publication of the ICD-10-CM/PCS final rule. This was quickly followed by the American Recovery and Reinvestment Act (ARRA), which has dominated healthcare discussions all year, matched only by the healthcare reform debate.

These issues and others will continue to affect the industry in the coming months at both the national and community levels as a wide range of legislation, regulation, guidance, and deadlines will arrive throughout the year.

## 5010 and ICD-10 Deadlines

A year ago the Department of Health and Human Services (HHS) issued the final rule to implement ICD-10-CM/PCS and upgrade the HIPAA standards. Updating version 4010/4010A standards to version 5010 standards is necessary to cover hundreds of claims-related system issues, including the ability to identify ICD-10-related codes in HIPAA transactions.

Healthcare entities must convert to the new HIPAA standards by January 1, 2012; however, HHS recommends that entities be ready to test these standards internally by January 1, 2011.

If healthcare providers do not submit HIPAA transactions via the 5010 standards by January 1, 2012, health plans or payers could deny transactions.

While many providers' use of the HIPAA standards is limited to external system applications, recent WEDI and HIMSS reports suggest that providers and vendors are not moving quickly enough to have the new version ready for testing by the 2011 deadline. Any major delay in meeting the 5010 compliance deadline could affect meeting the compliance deadline for ICD-10-CM/PCS.

Healthcare entities must implement ICD-10-related classifications by October 1, 2013. Whether or not entities have enough time to implement the new classifications will depend on whether they meet the HIPAA 5010 deadline. (For more on preparing for 5010, see ["Preparing for 5010" *Journal of AHIMA* 81:1 (January 2010).]

## Meeting "Meaningful Use" Criteria

ARRA's provisions—specifically the Medicare and Medicaid Information Technology Title that initiated the incentive program for electronic health records use, commonly called "meaningful use"—could affect an organization's ability to meet the 5010 and ICD-10-CM/PCS deadlines.

Publication of the proposed regulatory rules for meaningful use were expected in December, as this issue went to press. The Health Information Technology Policy Committee, created under ARRA to advise HHS, recommended the outline for the rules in July.<sup>1</sup>

Healthcare providers will have to decide how their EHR use relates to the meaningful use criteria and whether and how they will adopt and use EHR systems to receive incentive payments. Payments are scheduled to begin October 1, 2010 (for hospitals) and January 1, 2011 (for physicians).

Under the Health Information Technology for Economic and Clinical Health (HITECH) Act, ARRA also calls for new privacy policies in 2010, which will require some security system additions or changes in EHRs and EHR-related systems.

HITECH also offers direct and indirect funding opportunities for EHR adoption, planning and implementation of health information exchange (HIE), and education for health information managers.

## **HIM Professionals Key to Success**

HIM knowledge, experience, understanding, attention, and leadership are essential to the successful implementation of all the above requirements. HIM expertise is also needed to educate community or state policy makers as they attempt to determine the direction of EHR adoption, HIE establishment, and the training of HIM professionals.

It is up to HIM professionals to lead within their organizations and communities to ensure that planning, implementation, and management of these healthcare information-related tasks and technologies occur effectively and efficiently.

This is not an easy challenge. Tackling this assignment will require an understanding of the paper and electronic systems currently in use and how an organization can upgrade these systems to accomplish the various deadlines spread between now and 2015.

As discussed at last year's AHIMA ICD-10 Summit, many of the tasks associated with the ICD-10 and 5010 implementations can and should be combined to make the tasks more efficient and effective. The same potential exists for integrating the necessary processes and technologies to meet the meaningful use criteria, which will be discussed at this year's summit in April.

HIM professionals must become actively engaged in assessing their organizations' current systems, processes, and resources and what is required to meet these new opportunities and challenges. This task will vary by the size of the organization, its capacity for electronic HIM functions, and the financial resources already in hand or available through state and federal funding. Smaller providers may be allotted additional funding through the Small Business Administration, though Congress has yet to confirm this.

HIM professionals must also be aware of, and assess the needs surrounding, their entity's involvement in local and state HIE activities and respond to opportunities and requirements related to state activities affecting EHRs, HIE, and privacy and security.

## **More to Come in 2010**

This year more ARRA money will flow to providers and states for EHR systems and HIE.

Expertise, which could be funneled through state HIM associations, will be needed to assist state agencies on how to use these resources. HIM functions associated with EHRs and HIE are complex and made more so by the variety of state and federal laws that govern data use and disclosure.

This year will also see more federal and state efforts to address consumer needs related to EHRs and HIE as well as issues of information access and privacy. It will also see the rise of regional extension centers, which were designed under HITECH to assist providers-especially small ones-with the task of implementing or upgrading electronic systems to meet the meaningful use criteria. These centers will require HIM expertise.

There have never been more opportunities for HIM professionals to make themselves and their expertise known across the healthcare industry. AHIMA is working hard to provide resources to fulfill this necessary role.

The tasks at hand require more than just the acquisition of software and hardware. They require good information management direction if the industry is to achieve the goal of accurate healthcare information available to clinicians, patients, and those supporting public health improvement when and where it is needed.

AHIMA's national advocacy goals are not over. The association continues to need membership expertise, especially as organizations transverse this sea of change, to allow us to work with policy makers and ensure we have the laws, regulations, guidance, and standards necessary to complete the task.

## **Note**

1. Health and Human Services. "Health IT Policy Committee: Recommendations to the National Coordinator for Health IT." Available online at <http://healthit.hhs.gov>.

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