

# Changes to the Changes: Delays, Hearings, and Pending Rules Add Uncertainty to the Shifting Landscape

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By Dan Rode, MBA, CHPS, FHFMA

Close to 200 AHIMA members participated in this year's AHIMA Capitol Hill Day in Washington at the end of March. In reality, Hill Day 2012 started some six weeks before the actual event with a series of webinars that covered the "how to's" of Hill advocacy, along with the other topics on this year's agenda. Methods for utilizing social media as a tool for advocacy were discussed as well-a subject that will be repeated later this year.

The event officially kicked off on the morning of Tuesday, March 27 with a breakfast in the Rayburn House Office Building, where House Energy and Commerce Health Subcommittee chairman Mike Rogers (R, MI), spoke to the assembly. He focused on the need for citizens to participate in government, noting that members of Congress are individuals much like any other citizen and the public should not be afraid to communicate with them. In fact, he said, they share many of the same issues, problems, and concerns as the citizens they represent.

After breakfast, AHIMA members fanned out across the Hill, visiting the offices of senators and representatives with messages concerning the role of HIM professionals, as well as the importance of implementing ICD-10-CM/PCS as soon as possible. Along with this message, members requested that the House of Representatives and Senate join together to ask the General Accountability Office to study the need for forward government involvement with the development of uniform identifiers for use in patient data matching.

In the coming weeks you will be hearing more about the discussions that occurred on the Hill and our efforts to schedule additional meetings with members of Congress in their state or Congressional district offices. If you were not able to make the trip to Washington this year, I urge you to join with your fellow HIM professionals to make one or more of these visits to your representative's local offices.

While on the Hill, AHIMA members came across people picketing Congress and the Supreme Court because the justices had begun listening to arguments on the Accountable Care Act. It is too early to know what changes, if any, to expect, but the court is expected to issue a decision before it adjourns in June or early July.

## ICD-10-CM/PCS

In April the Department of Health and Human Services (HHS) issued a proposed rule that would delay the ICD-10-CM/PCS compliance date one year-from October 1, 2013 to October 1, 2014.

The public had 30 days to submit comments on the proposed rule, which HHS said they would consider before a final rule is issued. As of press time a final rule date had not been set.

Meanwhile, CMS officials have joined with AHIMA to urge healthcare entities to move forward with the ICD-10 implementation process and not delay efforts.

Industry leaders suggest that healthcare entities take the time to complete implementation and begin testing their systems as soon as possible with their data trading partners. Lack of complete testing has been pointed out as one of the major reasons the upgrade to the HIPAA 5010 transaction version was so poorly completed by the original compliance date of January 1, 2012. The problems surrounding the 5010 conversion have caused HHS to delay any penalty action until July 1, 2012. But while this upgrade process is occurring in phases, the same approach is not possible for the conversion of ICD-10-CM/PCS.

Several HIM state associations have stepped up to work with physicians, small rural and critical access hospitals, and other providers to help them catch up on their ICD10-CM/PCS planning. They are using gap analyses and exploring modified

"superbills," among other approaches. Talking through ICD-10's advantages and potential means of implementation with physicians can help shoot down many of the myths that exist about the coding system and begin a conversation about how practices can benefit from using the codes internally.

HIM state associations can also work with state hospitals, long term care facilities, and physician offices to facilitate the approach to and scheduling of testing between the providers of codes and the health plans and government agencies that use them. While the delay is frustrating to many, it does give us the opportunity for extra time to implement, test, and train for a successful transition.

## **HITECH Privacy and Security**

As we await the final ICD-10-CM/PCS compliance date, we also are on alert for the long-awaited final rules on the HITECH changes to the HIPAA privacy and security rules. These rules could appear at any time (even while this issue of the Journal is in the mail). The Office for Civil Rights (OCR) sent final rules to the Office of Management and Budget (OMB) for review on March 24.

Rules have languished in OMB for months in the past and, in the case of the breach notification final rule, have been withdrawn without being released. So while AHIMA staff is preparing for the release any day, we have no idea of when the rule will appear, what it will contain, or when its requirements will be effective.

It is also not clear whether the final rule will be an omnibus rule-with all the interim and proposed rules related to HITECH privacy and security legislation included-or just a portion. There has been no discussion on the accounting for disclosures in recent months and AHIMA has indicated the difficulty behind such a tracking to the OCR, as have others.

## **Meaningful Use**

Responses to the meaningful use stage 2 proposed rules are due early this month, and I hope that your organization will join with AHIMA and request that ICD-10-CM/PCS capabilities be required of all electronic health record systems that become certified for stage 2. We are pleased to see the Office of the National Coordinator for HIT include ICD-10-CM/PCS and the SNOMED-CT terminologies in their proposals as well. While ICD-10-CM/PCS may be delayed, we are seeing an increasing understanding of the impact the terminologies and classification will have on the US health systems.

## **Data Integrity**

AHIMA staff gave a presentation on data integrity at a forum hosted by the Institute for e-Health Policy in March. Data integrity is fast becoming a subject of interest across the government and the healthcare industry. AHIMA chose to provide a description of the processes, functions, and infrastructure that support integrity, beginning with the collection of information in the treatment or diagnosis encounter. The potential impact of incomplete and mismatched data is an area of particular focus because we have reached a stage where data no longer exists in one record solely for the benefit of one provider. Rather, information will now be shared across institutions, with other secondary uses in addition to the traditional needs of the patient.

The increased role of health information technology has magnified the impact of documentation, and the problems and gaps that currently exist will continue to become more apparent. It is important to start addressing the issues from the vantage point of today's environment. Soon, data and metadata will provide a clear path to situations and environments where documentation is failing. In order for organizations to reduce problems, HIM professionals need to be proactive about working with providers, vendors, and innovators alike.

## **Moving Forward**

All of these developments illustrate clearly that HIM is not a static profession. With the implementation of electronic health record systems, ICD-10-CM/PCS, HITECH privacy and security, with meaningful use reporting and the demands of "usual business," HIM has never been more important.

One of our discussions with Congress was the recognition of the HIM profession as an educated and trained workforce with the experience and knowledge to help and lead in implementing these changes and identifying what to do next.

This is a message that has to be delivered across the industry if we are to see good HIM principles and practices engaged in our response to all of the requirements currently before us as well as those still coming down the road. Staff and many HIM volunteers serving on AHIMA practice councils, committees, and task forces will be working hard to provide the profession and the industry with the information and guidance needed to chart a way successfully through each of these changes.

For a video featuring images from the 2012 AHIMA Hill Day, visit the *Journal of AHIMA* Web site at <http://journal.ahima.org>.

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