

Forging Ahead on the Hill: AHIMA Staff Move Forward with ICD-10-CM/PCS, RAC Regulation, and Privacy Changes

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By Dan Rode, MBA, CHPS, FHFMA

As the traditionally lax, vacation-filled summertime winds down and people return to business, it's worth noting that AHIMA staff has remained very busy on Capitol Hill working to identify any proposed legislation or amendments with the potential to hinder ICD-10-CM/PCS (ICD-10) implementation efforts. Though the chances of such legislation succeeding are small, preemptive work to keep the path for implementation clear remains important. Congressional awareness of the importance of ICD-10 is on the rise as educational efforts from AHIMA and other entities continue in the homestretch before the implementation deadline of October 1, 2014 arrives. Several of AHIMA's component state associations have undertaken their own letter writing campaigns in response to the news that members of their congressional delegations have signed on to proposed anti-ICD-10 bills.

Administration officials in the Centers for Medicare and Medicaid Services (CMS) and the Office of the National Coordinator for Health IT (ONC), as well as the Department of Health and Human Services Secretary have all confirmed commitment to the 2014 compliance date. In addition to the annual Medicare and Medicaid reimbursement changes, the ICD-10 changes will impact HIPAA rules and requirements as well as stage 2 requirements of CMS' "meaningful use" EHR Incentive Program. A host of additional CMS pilot projects also will be impacted by the transition to ICD-10.

Providers and organizations that have not yet received calls for ICD-10 testing can expect them soon, as healthcare providers, health plans, clearinghouses, and vendors all begin to test their claims development and adjudication processes to ensure the integrity of the health information flowing from services for reimbursement. This testing will most likely occur from now up until the compliance deadline, depending on the timelines set by individual HIPAA entities.

At the same time, health information management (HIM) students will be encountering ICD-10 in their fall and spring semesters, and many providers will be stepping up their ICD-10 training along with training for new related technology changes.

Working to Regulate RACs

AHIMA's work with various components of recovery audit contractor (RAC) legislation also continues. A number of members of Congress representing both political parties have signed on in support of the legislation.

Hearings have been conducted over the last few months and there has been some tweaking of the legislation, but the fundamental elements of the lobbied changes remain. AHIMA staff believe that the effort to make the RAC program more effective and efficient for all will continue, from the current legislation in development to future efforts.

Given the increased amount of work necessary to effectively support ICD-10 and RAC advocacy efforts, AHIMA staff have temporarily scaled back work on patient identification issues. Work on these issues is expected to increase again later in the fall. AHIMA staff are working to develop a coalition that will address the need for a full discussion on patient identification issues within the federal government.

Finally, AHIMA continues to monitor the US Senate and House of Representatives appropriations bills to determine just how departments, agencies, and offices will be affected by a fiscal year 2014 budget. There is some concern that failure to reconcile a FY2014 federal budget could see cuts continue across the government, slowing progress made in previous years in healthcare reform, standards harmonization, and health IT adoption incentives and training programs.

Regulation on the Rise

Since 2003, AHIMA has been working independently and in collaboration with the American Hospital Association (AHA) to address the coding and Medicare reimbursement related to evaluation and management (E/M) services in emergency departments and outpatient settings not covered by the physicians CPT system. Work has included comments in each year's Medicare outpatient prospective payment services (OP-PPS) notice of proposed rulemaking (NPRM), though all have been to no avail thus far. CMS has finally addressed this issue in the FY2014 OP-PPS NPRM. AHIMA's comments will be posted on the AHIMA website by press time.

AHIMA has also initiated a number of discussions with CMS and the Centers for Disease Control and Prevention regarding the use of ICD and CPT classifications as the nation moves to the adoption of ICD-10-CM/PCS. AHIMA staff expect that these discussions will continue since not all federal agencies are in tune with the changes and have their own implementation problems as October 2014 draws closer.

Gearing Up for Privacy

The HITECH-HIPAA Omnibus Privacy and Security Rules are also rushing to a compliance date this month, going into effect September 23, 2013. While AHIMA, the Office for Civil Rights (OCR), and others have tried to raise awareness and compliance with the regulations, it is still possible to find organizations that will not be ready for the transitions and need training to fulfill the regulations. Organizations have noted that revisions to their business associate agreements have taken considerable time, in part due to a desire to change language beyond that required by HITECH-HIPAA.

Developing a means to implement and control the organization's response to an individual requesting the sequestration of their healthcare information related to a service, encounter, or admission paid for out of pocket—a requirement of the Omnibus Rule—also concerns providers.

Updating and training staff on a facility's notice of privacy practices and policies and procedures has also kept privacy officers busy the past few months, since these updates require first developing the required changes and then communicating the changes to affected individuals. Administrators of small practices whose clinical staff have not paid attention to the changes have noted some backlash, leaving these administrators to explain how failure to comply can lead to fines under HIPAA or a potential breach that could result in damages.

AHIMA's Advocacy and Policy Team will once again be in full force educating attendees of the annual AHIMA Convention and Exhibit, and attendees should be alert to opportunities to participate in advocacy training and discussions during the October conference. The Saturday before the start of convention will include a number of training programs for state association advocacy leaders. These programs are free, and interested individuals should contact Don Asmonga at don.asmonga@ahima.org for additional information. There will also be a number of breakfasts during the convention addressing topics from advocacy to social media.

Piecing It Together: Analytics

This month's Journal is focused on analytics and encouraging HIM professionals to consider the opportunities and challenges of concentrating on the potential uses of health data and information—whether it is for improving clinical care, using data for administrative efficiencies, or leveraging secondary data for a variety of purposes including consumer engagement, public health, and research.

One of AHIMA's most important advocacy issues is demonstrating to the industry, government, and consumers the value that HIM brings to understanding and using health information. Join AHIMA by letting the public and the industry understand the value of HIM in analytics and other healthcare practices. Stay educated, and keep in touch with current HIM practices.

Remembering Kathleen Frawley

The Advocacy and Policy Team would like to give special acknowledgement to Kathleen A. Frawley, JD, MS, RHIA, FAHIMA, who died in June. While Frawley will be remembered as president of the association, a member of the Board of

Directors, a teacher, a volunteer, a writer, and a friend, she was also a cornerstone of AHIMA's presence for many in Washington, DC.

Though Frawley was not the initial founder of AHIMA's Washington, DC office and the Advocacy and Policy Team, she played a pivotal role in the office's development when serving as AHIMA vice president from 1992 until 2000. During this time, Frawley, with the help of her then new hire Don Asmonga, was active in legislative discussions that led up to the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

HIPAA called for the National Committee on Vital and Health Statistics (NCVHS) to oversee the HIPAA program and serve as the healthcare industry representative to the Department of Health and Human Services Secretary. Frawley was selected to serve as chair of the NCVHS privacy subcommittee charged with working with HHS on the initial HIPAA privacy regulations. Her unfailing integrity and dedicated service on behalf of the HIM profession put Frawley—and AHIMA—on the map in Washington, DC.

AHIMA's advocacy and policy office has been contacted by many government offices in the wake of Frawley's death, each to share how much they valued her service and input during the early days of HIPAA. Though she left the DC office over a decade ago, she continued to watch for areas where AHIMA could get involved and make a difference.

Dan Rode is the former AHIMA vice president of advocacy and policy.

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