

Navigating the Perfect Storm: HIM Roles in Steering through Healthcare Reform, ARRA, ICD-10, and HIPAA

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This spring, as the healthcare industry waited for the “meaningful use” regulations, AHIMA held its second ICD-10 Summit. During the meeting, presenters Deborah Kohn, MPH, RHIA, FACHE, CPHIMS, FHIMSS, and Elaine Lips, RHIA, noted that healthcare is in the midst of a perfect storm of new regulations, programs, and initiatives:

- The recently signed Patient Protection and Affordable Care Act (PPACA) and the Health Care and Education Reconciliation Act, or the “healthcare reform bill”
- ARRA and the HITECH Act
- ICD-10-CM/PCS implementation
- HIPAA transaction upgrades

The impact goes beyond acute care hospitals and physician practices. Additional legislation passed in March and April extends the potential meaningful use incentives to a larger group of hospital-related physicians, and PPACA includes grants to some long-term care entities. Like most legislation, future regulations will better define who will be included in the programs and how.

Milestones for PPACA and ARRA-HITECH fall between October 2010 and at least 2016. The HIPAA upgrade is scheduled for completion on January 1, 2012, and the compliance date for the ICD-10 conversion is October 1, 2013. Representatives from the Centers for Medicare and Medicaid Services have reaffirmed the ICD-10 deadline during events, on the CMS Web site, and in education meetings in the spring.

The Way Forward

HIM professionals do not bear sole responsibility for meeting all of these deadlines; however, they will be key to initiating and implementing these initiatives.

The HIPAA and ICD-10 projects must not be overshadowed by the meaningful use incentive programs and PPACA. Several ICD-10 Summit speakers made it clear that the information and data improvements coming from the HIPAA and ICD-10 projects are crucial to the success of ARRA-HITECH and PPACA.

Any organization seeking to purchase or upgrade its electronic health record (EHR) system must work with vendors to ensure that the system supports the HIPAA and ICD-10 transitions and is compliant on day one.

For some time AHIMA has suggested that HIM professionals work with others in their organizations and vendors to determine how to meet the HIPAA and ICD-10 requirements, including:

- Identifying and resolving system gaps and databases that need conversion
- Determining how longitudinal data will be used
- Converting data elements
- Modifying software
- Updating policies and procedures as needed
- Outlining a communications plan
- Developing training and testing
- Outlining a strategic plan for the conversions

Organizations that undertake these steps should also take into account the potential meaningful use implications as well as the longer-term changes that might come from PPACA.

These tasks, along with EHR adoption and the implementation of changes for incentive funds, will directly affect an organization's bottom line.

The Consequences

Come January 1, 2012, health plans will be free to reject any claim or other HIPAA transaction that is not in the form of an Accredited Standards Committee X12 version 5010 (and NCPED version D.0 for retail pharmacies). Likewise, on October 1, 2013, claims carrying ICD-9-CM codes may be rejected.

New EHR system software or other healthcare technology such as practice system software that cannot accommodate and comply with the HIPAA and ICD-10 changes will have to be retrofitted, which is an expensive process. Costs can be lowered if the requirements are built into new software.

Successful projects will establish strategic plans that cover all four of these factors. Quality information, documentation processes, and the ability to "collect once and use many" will be components to an organization's strategic plan.

For example, both ARRA and PPACA contain numerous provisions on quality and quality measurement reporting. The National Quality Forum, the authority on most quality measures, recently noted the need to coordinate quality measure components with ICD-10 classifications.

Therefore, the healthcare industry and the government are now becoming much more cognizant of these four factors. Healthcare data are becoming as much a factor in an organization's bottom line as financial factors.

It will be up to HIM professionals to inform their organizations' leadership of this impending storm and help lead the way through it. This responsibility cannot be cast off as a low priority. Organizations must deal with these impending rules, regulations, and impacts while maintaining the day-to-day work that must be done.

Helping Others

One concern that has been raised is the ability of state Medicaid agencies to also meet these requirements. These agencies must be capable of using current versions of the ICD-10 classifications by October 1, 2013.

As noted in last month's column, AHIMA is undertaking a project with state HIM associations to work with state agencies to ensure their compliance. The approaches will vary by state and agency. AHIMA and state associations will provide more information on the project over the summer.

In addition, AHIMA is also working with a group of health plans, providers, data groups, and the government to resolve issues related to the reimbursement process in the early days of ICD-10. Health plans or payers will need to use both ICD-10-CM/PCS and ICD-9-CM.

There is not a one-to-one match between the two classifications, and the concern is how payment will be made in situations where a direct translation is lacking between ICD-9-CM and ICD-10. Providers and payers are looking for an answer that provides uniformity and common expectations for all. This will not be an easy task, but it does appear to be one that all sides are committed to.

The same group is also talking about a uniform way to handle claims that straddle the October 1, 2013, compliance date. This will hopefully be resolved by the end of the year.

AHIMA's New Advocacy Web Site

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Additional Considerations

In May the Department of Health and Human Services released the long-awaited HITECH proposed rules updating the HIPAA privacy and security rules. The proposed rules affect the requirements for meaningful use and are another task that HIM professionals must consider when laying out the strategic plan for health information over the next five to seven years.

The rules will affect both systems and business practices in all healthcare organizations and must be considered when looking at the status of an organization's EHR, meaningful use requirements, and timetable.

The Office of the National Coordinator for Health IT is also revising its health IT strategic framework. It should offer an opportunity to comment on proposed drafts over the summer and early fall. ONC's goal is to complete and publish its plan in the fall. HIM professionals should consider it in their planning.

HIM professionals have a number of resources to help them navigate the storm, including their HIM education, experience, and AHIMA resources. This storm and all its challenges present a unique opportunity to shine a light on HIM professionals and how they can help their organizations achieve these goals.

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