Operating Rules, Health Plan Identifier and ICD-10

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Operating Rules

- **New Operating Rules** being developed now by CORE for the remaining standards:
  - Health claims,
  - Enrollment/disenrollment in a health plan,
  - Health plan premium payments,
  - Referral certification and authorization,
  - Health claims attachments

- Get involved! CORE is convening workgroups now, so participate and make sure your voice/concerns are heard.

- We expect drafts of the proposed new operating rules in the 3rd or 4th quarter this year. We cannot go forward with adopting the proposed operating rules until these drafts are complete and NCVHS has considered them and made recommendations to the Secretary.

078 Other rheumatic tricuspid valve diseases
079 Rheumatic tricuspid valve disease, unspecified
080 Rheumatic disorders of both mitral and aortic valves
081 Rheumatic disorders of both mitral and tricuspid valves
082 Rheumatic disorders of both aortic and tricuspid valves
083 Combined rheumatic disorders of mitral, aortic and tricuspid valves

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Operating Rules

- **EFT & ERA Operating Rules and Phase I and II Operating Rules.**
  - The compliance date was January 1, 2014. We welcome any insight as to the level of compliance in industry.
- OESS is expanding provider outreach efforts regarding the benefits of eligibility, claim status and Electronic Funds Transfer (EFT) operating rules; using examples of efficiencies that can be gained – e.g. the ability to conduct eligibility and claim status real time and through public internet.

- Phase I and II:
  - Providers are using eligibility data required by the operating rules to build predictive analytics on top of eligibility status to determine when and where staff need to be assigned.
  - A major health plan reported that electronic eligibility requests nearly doubled the first year of eligibility operating rules implementation. (Up to nearly 30 million requests a month.) Electronic claim status had a similar substantial increase.
  - However, the health plan reported that manual eligibility requests had not decreased in that same period. The health plan opined that the reason for this was that many health plans – government and commercial – are not using compliant transactions, and so providers are stuck in manual processing for all their transactions
  - To us, this seems like a good justification for certification of compliance.

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Health Plan Identifier (HPID)

- This year large health plans will have to enumerate (small plans have another year) before the first week of November.

- There has been some confusion with the HPID requirements among both commercial and government payers, and OESS plans to increase its outreach and education to clarify the requirements.

- CMS is developing a data base that will tell us the universe of HIPAA covered health plans.
  - This is new for CMS– for instance, we do not know how many self-insured health plans that are HIPAA health plans exist - and we think it will be a foundation for many other administrative simplification initiatives in the future.

- CMS "health plans," such as Medicare FFS, Medicaid, and Medicare Advantage are analyzing enumeration strategies.

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Other Admin Simp Initiatives

- **Certification of Compliance:**

  A proposed rule was published in Federal Register on January 2, 2014. Public comments are due March 3, 2014.

- **Standard for Claim Attachment:**

  We will align the standard for attachments with the clinical data standards adopted in the EHR Certification and Meaningful Use Stage 3.

- **Standards Review Committee as required by ACA section 1104**

  Under development, more information at upcoming NCVHS hearing.

- **Other regulations:**

  Regulations this year with regard to NCPDP prescription refill, adoption of X12 Errata on the standards with regard to clarifying when to use HPID; and the e-prescribing prior authorization NCPDP SCRIPT standard vis a vis its relationship to HIPAA.

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ICD-10 Compliance Date

The compliance deadline for ICD-10-CM and PCS is **October 1, 2014**

ICD-10 DEADLINE
Oct 1, 2014

ICD-10 Implementation Update

CMS Implementation

Medicare
- ✓ On track for October 1, 2014
  - ✓ Completed Internal Testing Phase
  - ✓ External Testing Phase
- ✓ Medicare Testing- March 2014 Testing Week
- ✓ Coordination of Benefits Testing- January – May 2014

States
- ✓ Quarterly Assessments for the State Medicaid Agencies
- ✓ Ongoing State Medicaid Agency technical assistance and training
- ✓ Medicaid Testing- Testing January – May 2014

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CMS Internal ICD-10 Testing

- CMS' Medicare Fee for Service (FFS) program has a successful history of testing its claims processing systems, with four quarterly software releases each year to the agency's shared systems, involving both alpha and beta testing, and user acceptance testing (UAT) with the Medicare Administrative Contractors.

- To date, CMS has invested over 57,000 hours of analysis, programming, and testing across Medicare's FFS claims processing systems.

- As a result of this rigorous process, Medicare ICD-10 internal system changes were complete as of October 1, 2013, one full year ahead of schedule. These systems will continue to be tested each quarter. In addition, Medicare has added another layer of internal integration testing.

- Medicare Testing- March 2014 Testing Week

Other External ICD-10 Testing

- Coordination of Benefits (COB) testing with COB payers that receive Medicare crossover claims will be available from January through May. CMS is targeting at least 30% of its base 270 commercial payers to test with, but will accept as many volunteer participants as possible who wish to test through the COB Contractor Medicare crossover process.

- Currently about one third of State Medicaid Agencies have signed up to test ICD-10 through the COB process with us; others have expressed interest, and we are encouraging others to join.

- Center for Medicaid and Children's Services (CMCS) is requiring each State Medicaid Agency to conduct end-to-end testing from January through May of 2014.

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# Technical Assistance Program to Small Physician Practices

- **Establish ICD-10 Physician Collaboration Portal**
  - Create an online resource for small practices, providing preparation tools for the ICD-10 transition
- **Build On Key Partnerships**
  - Partner with state and local associations, hospital systems and providers for optimal reach
- **Deliver High Impact Training**
  - Provide "on-the-ground" ICD-10 technical assistance to targeted communities
- **Promote Physician Engagement**
  - Engage Physician Champions and local physicians across target states to reinforce best practices
- **Deploy Multiple Delivery Modes**
  - Deploy training teams to target states and complement ground training with monthly WebEx sessions

ICD-10 Portal + Key Partnerships + High Impact Training + Physician Engagement + Multiple Delivery Modes = **Risk Reduction**
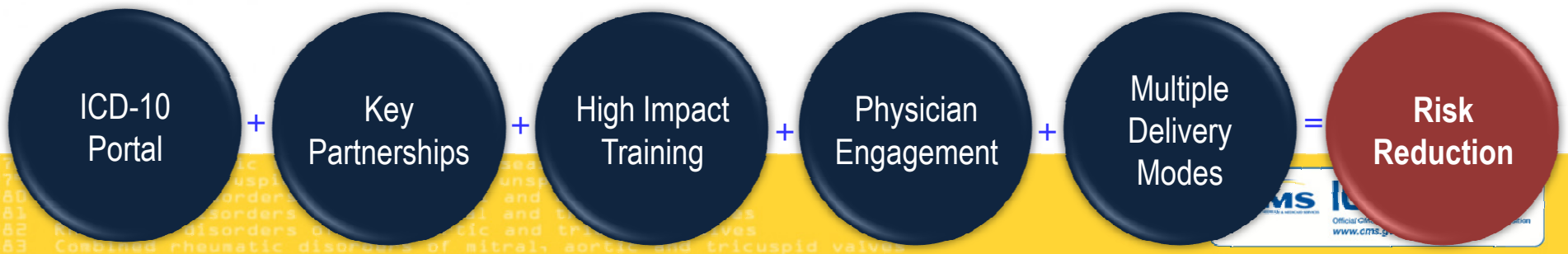
ICD-10 Technical Assistance to Small Physician Practices (SPP)

ICD-10 Physician Portal

Establish ICD-10 portal that creates an integrated "information community" for SPPs to learn about ICD-10 implementation best practices, and collaborate, plan, and track their progress towards implementation
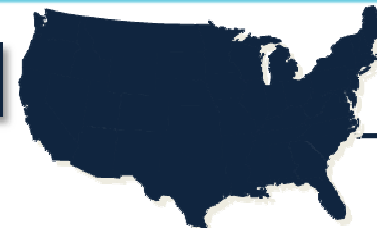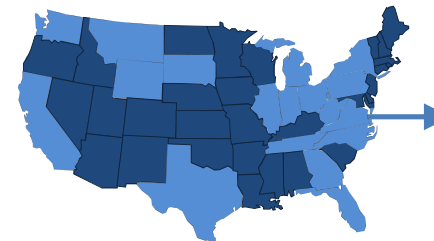
February 2014

Physician Champion Network

Empower local physicians as ICD-10 and eHealth ambassadors across the country and within target states
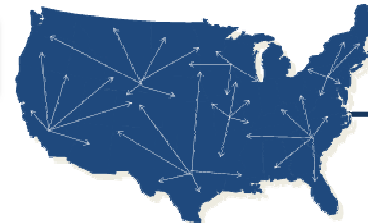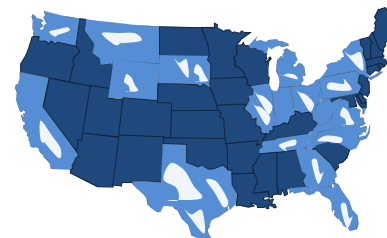
January 2014

Tier II Partnerships

Partner with State Medicaid entities, QIOS, RECs, Federal agencies, payers, medical associations, professional associations, clearinghouses, and hospital systems to serve as conduits for ICD-10 information

February 2014

Local Field Support

Provide on-the-ground ICD-10 Technical Assistance to targeted geographies – deploy training teams in strategic states and complement through monthly national WebEx sessions

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Looking Forward

Pre-Implementation

- Collaboration with stakeholder groups for pre-implementation and industry monitoring activities
  - **New-** CMS Weekly Planning Meetings with Industry Stakeholders
  - **New-** WEDI Stakeholder Coalition "ICD-10 Industry Support Initiative"
    - Public and private partnership to help providers through the transition
- Host national calls and webinars to address specific ICD-10 topics
- Develop targeted materials to assist providers

Post-Implementation

- Continued collaboration with stakeholder groups for post-implementation and industry monitoring activities
- Increase internal monitoring activities with a focus on provider payment
- Host national calls and webinars to address specific ICD-10 topics
- Develop targeted materials to assist providers

For More Information

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ICD-10 Implementation Questions

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