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June 01, 2015

Andy Slavitt
Acting Administrator
Centers for Medicare and Medicaid Services
Hubert H. Humphrey Building
200 Independence Avenue, SW
Room 314G
Washington, DC 20201

Dear Acting Administrator Slavitt:

As the deadline for implementation of the 10th revision of the International Classification of Diseases, Clinical Modification (ICD-10) codes quickly approaches we, the undersigned, request that the Centers for Medicare and Medicaid Services (CMS) take steps to instill confidence—especially among physicians—that the October 1, 2015 ICD-10 diagnosis code implementation will not cause widespread disruption. With the healthcare.gov debacle a vivid reminder of how technologically complex projects can go wrong despite agency assurances, we urge the agency to make information available to providers and the broader public that helps to address concerns. Accordingly, we recommend that CMS take the steps described below.

1. Make public any contingency plan, for how Medicare will process claims in the event that CMS is unable to process ICD-10 diagnosis codes on October 1, 2015. Providers need to know that they will receive timely payment for the services they furnish to seniors in the event that CMS systems fail to work as intended.
2. Indicate whether claims must include the ICD-10 diagnosis code with the highest level of specificity immediately upon the October 1, 2015 effective date, or whether a clinically accurate but less granular code will be accepted. A period during which less specific codes are accepted while providers get accustomed to the new system would be appropriate.
3. Make public a description of how ICD-10 diagnosis codes will be:
 - A. Applied to incentive payment programs for reporting on quality of care and other metrics, including how any anticipated increase in provider requests for incentive program

redeterminations will be handled; and

B. Incorporated into anti-fraud, waste, and abuse efforts so as not to increase vulnerabilities.

4. Expand its voluntary "end to end testing" beyond the current 2,500 providers. Testing with a robust, sample that includes the different providers and the different types of claims is critical to demonstrating readiness. Providers that want to test in a simulated "live" claims processing environment should have the opportunity to the extent feasible. Emphasis should be placed on small providers, especially physicians in small practice.

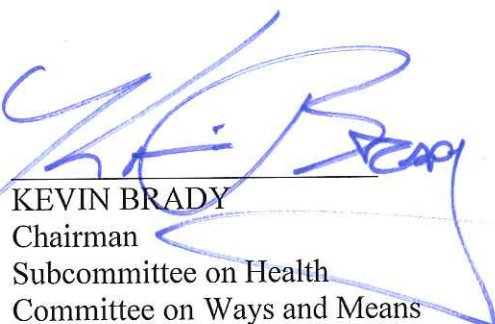
5. Educate providers on resources available to avoid claims processing disruption if CMS can accept but they are unable to submit ICD-10 diagnosis codes. Providers need to be aware that fallback options are available if they experience problems with their billing systems. CMS should promote awareness of resources such as internet-based portals to submit claims with ICD-10 codes; and established regulatory processes that allow advanced or accelerated payments under certain circumstances.

6. Coordinate with non-Medicare payers on the above activities to the extent feasible.

ICD-10 implementation is a significant undertaking. CMS needs to use the tools at its disposal to ensure a smooth transition to the new coding system. Using those tools in a transparent manner will help to avoid provider cash flow problems that could lead to patient care disruptions.

We look forward to your timely response regarding the above recommendations.

Sincerely,



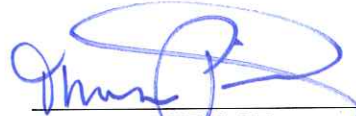
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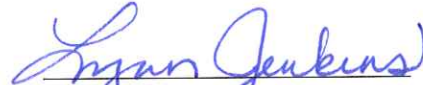
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