



Blue Cross Blue Shield MA ICD-10 Compliance Review

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July 21, 2011



Agenda

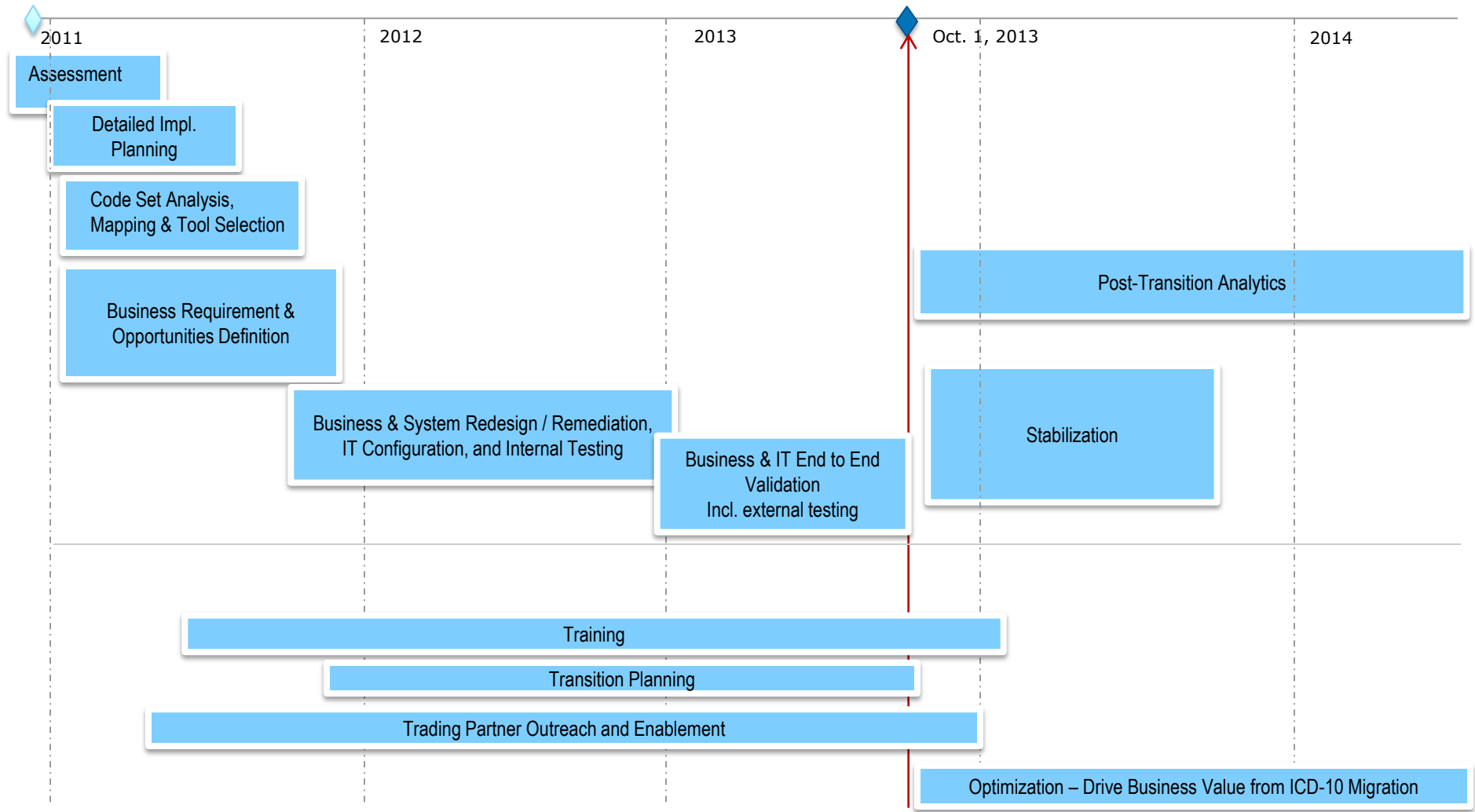


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- ICD-10 Solution Approach
- Timeline
- Technical Solution Approach
- Vendor Compliance
- Strategy for Code Set Mapping
- Testing Approach

- BCBSMA will remediate its core processing systems to process new code sets (cross-walking of code sets being used as mitigation strategy only)
- Diagnostic codes are used throughout the Healthcare Services life-cycle, with Medical Policies, Health Management, Claims Processing and Informatics having the largest impacts
- BCBSMA code set map will be based on GEMS – mapping definitions currently being defined
- While additional code set details offer more granularity on diagnosis information, our goal is to focus on remediation of core business processes / application
- Testing with external partners and vendors will require new levels of collaboration, planning and execution

ICD-10 Migration: Approach & Timeline



ICD10 Technical Solution Approach



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- Majority of BCBSMA remediation efforts are in Medical Management Claims and Informatics systems/databases.
- Development activities are expected to start in 2011 (design) and run through 2012, with system testing beginning 2H of 2012
- Technical solutions (application changes) will focus on the mandate, and inclusion of new code set data to enable future-state usage of codes within source systems (for new functions / business processing)
- Cross walking codes from 9-to-10 or 10-to-9 will be considered for risk mitigation only
- New mapping tool technology will be installed to store/maintain code set mapping definitions
- “Crawler” tools being utilized to validate end-user computing remediation

ICD10 Technical Solution Approach



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- IT Assessment identified:
- ~126 impacted applications
- 78 IT supported
- 48 vendor supported

- Application remediation estimates range from 93,000 – 106,950 hours
- Validating estimates with our development partners
- Assumes remediation to “ICD-10 capable” level
- Approximately a third of estimated hours attributable to Informatics / business intelligence and reporting

Vendor Compliance Approach



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- BCBSMA will be conducting an ongoing vendor assessments
- Vendor attestation will be required, initial assessments have been sent to vendors
- Vendor assessments targeted for completion for the end of August 2011
- Development of vendor testing strategy / plans to begin in September 2011

- Leverage GEMS data as a starting point for analysis
- Utilize analysis of medical policies to help identify mappings
- Prioritize the review of codes based on impact at BCBSMA (high volume/high impact)
 - Utilizing claims data by total \$ paid and by frequency, performed initial analysis of data (eg. of top codes, how many exact match, how many approximate match, etc.)
 - Merged our claim data with both the 9 - 10, and 10 - 9 GEMs files.
 - Utilized to facilitate the mapping analysis using the merged data, as a tactical repository for mapping decisions
 - Cross-functional review team, project leadership from PwC

ICD10 Testing Approach



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- ICD-10 Testing will be staffed as a unique program effort
- Program structure for testing currently getting defined
- Expect to issue RFP for testing in June 2011, with staff ramp-up occurring in third and fourth quarters as needed
- Expect to perform system testing in 2012, with full end-to-end testing in first half of 2013
- Test Planning must account for end-to-end testing that includes vendors, external constituents and business partners



Additional Compliance Information / Background Informaiton



On January 16, 2009 the U.S. Department of Health and Human Services ("HHS") published the final rules for the modifications to the Health Insurance Portability and Accountability Act ("HIPAA") electronic transactions and codes set standards.

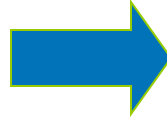
In addition, the modification to the HIPAA code set standards includes the implementation of [ICD-10 CM diagnosis](#) for institutional and professional services and the [ICD-10 PCS procedures](#) for institutional procedures effective for services performed on or after [October 1, 2013](#).

Current State Diagnosis

ICD-9-CM vol 1&2

3 to 5 digits

~13,000 codes



Future State Diagnosis

ICD-10-CM

3 to 6 alphanumeric digits plus qualifier

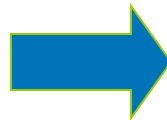
~68,000 codes

Current State Procedure

ICD-9-CM vol 3 Procedure

3 to 4 digits

~3,000 codes



Current State Procedure

ICD-10-PCS Procedure

7 alphanumeric digits

~87,000 codes

Diagnosis coding example utilizing Medicare's General Equivalence Mapping (GEM) Guidelines

896.2
Traumatic Amputation of Foot (complete) (partial),
bilateral without mention of complication

S98011: Complete traumatic amputation of right foot at ankle level
AND
S98012: Complete traumatic amputation of left foot at ankle level

OR

S98011: Complete traumatic amputation of right foot at ankle level
AND
S98022: Partial traumatic amputation of left foot at ankle level

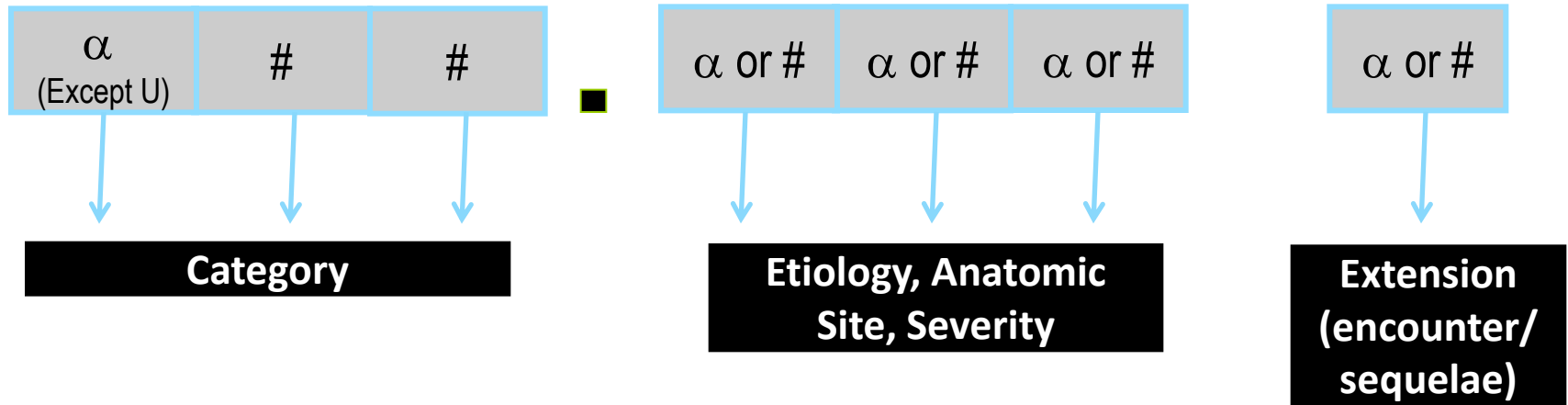
OR

S98021: Partial traumatic amputation of right foot at ankle level
AND
S98012: Complete traumatic amputation of left foot at ankle level

OR

S98021: Partial traumatic amputation of right foot at ankle level
AND
S98022: Partial traumatic amputation of left foot at ankle level

ICD-10 Diagnosis Code Set Characteristic 3 to 7 Position Code with Leading Alpha (Includes Extension)



ICD-9-CM Diagnosis Codes	ICD-10-CM Diagnosis Codes
3-5 characters in length	3-7 characters in length
Approximately 13,000 codes	Approximately 68,000 available codes
First digit may be alpha (E or V) or numeric; Digits 2-5 are numeric	First digit is alpha; Digits 2-3 are numeric; Digits 4-7 are alpha or numeric
Limited space for adding new codes	Flexible for adding new codes
Lacks detail	Very specific
Lacks laterality	Has laterality
Example: 453.41 Venous embolism and thrombosis of deep vessels of proximal lower extremity	Example: C84.A5 Cutaneous T-cell lymphoma, unspecified, lymph nodes of inguinal region and lower limb



ICD-10 Overview: General Equivalence Mappings (GEMs)

Development

- Developed by CMS and CDC, with input from AHA and AHIMA; HHS CMS Division provides mappings online
- The mappings were generated by a committee of clinicians and coding experts

Mapping

- Contains all possible conversions between the ICD-10 and ICD-9 code populations
- These conversions can be simple 1-to-1 conversions or complex 1-to-many conversions that require combinations of codes in order to correctly map

Industry

- No industry standard exists today; GEMs is one mapping solution, and many more exist.
- The mappings can be interpreted differently by different organizations, and not all organizations are required (nor will choose) to use this code mapping.

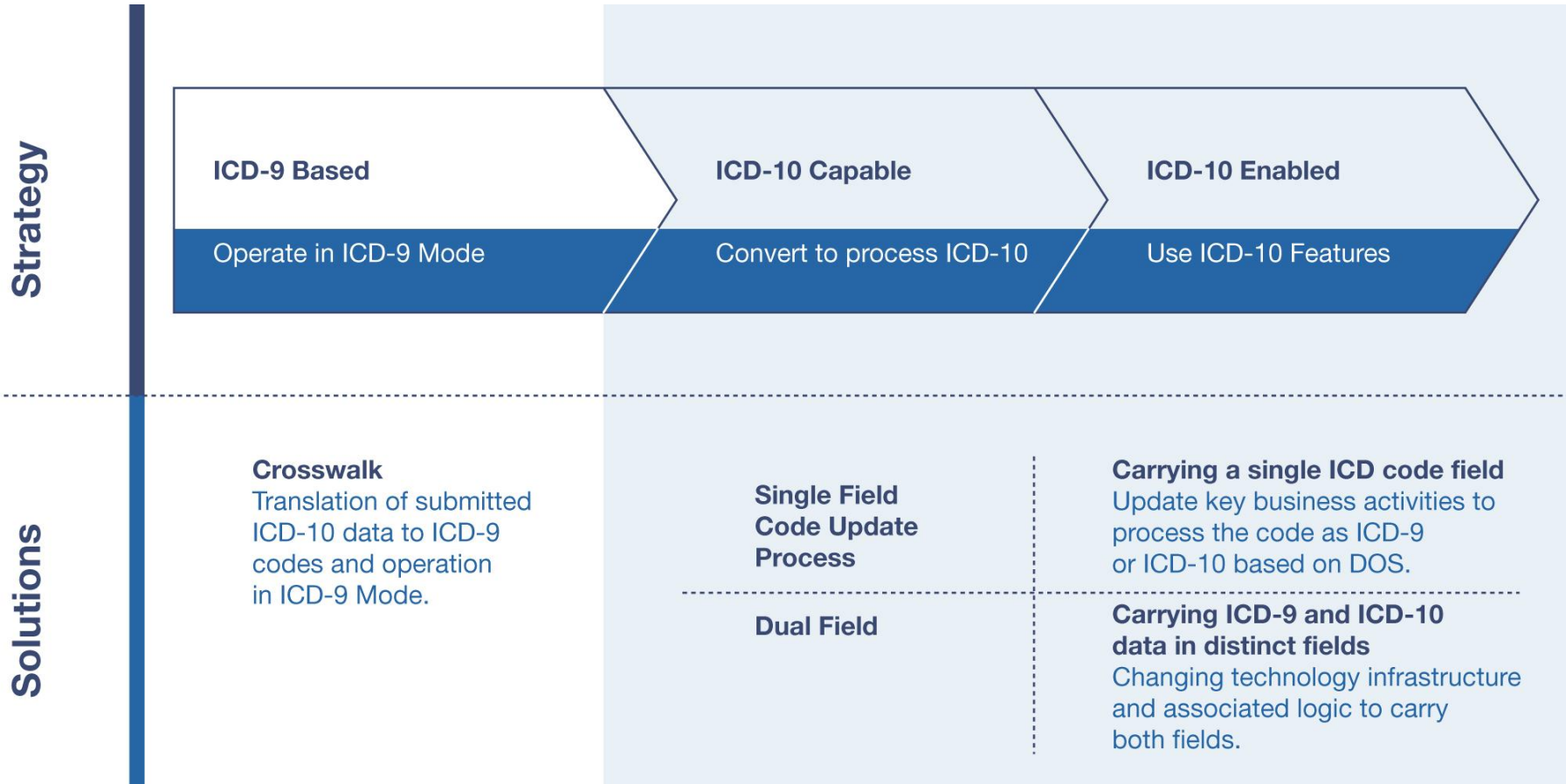
GEM Overview	CM (Diagnostics)				PCS (Procedure)			
	ICD10 to ICD9		ICD9 to ICD10		ICD10 to ICD9		ICD9 to ICD10	
	Entry Count	Unique Code Count						
	77,244	68,103	33,356	14,019	80,838	72,589	96,500	3,824
	Backward Mapping		Forward Mapping		Backward Mapping		Forward Mapping	
	Codes	%	Codes	%	Codes	%	Codes	%
GEM Category Breakdown								
Category								
No Mapping Present	805	1.2%	414	3.0%	-	0.0%	209	5.5%
1-to-1 Mapping - Exact Match	3,435	5.0%	3,386	24.2%	63	0.1%	63	1.6%
1-to-1 Mapping - Approx Match w/o Multiple Choices	56,282	82.6%	6,888	49.1%	67,077	92.4%	242	6.3%
1-to-1 Mapping - Approx Match w/ Multiple Choices	2,929	4.3%	2,628	18.7%	3,515	4.8%	3,144	82.2%
1-to-Many Mapping (Single Scenario)	4,499	6.6%	292	2.1%	1,676	2.3%	17	0.4%
Complex Mappings	130	0.2%	409	2.9%	256	0.4%	149	3.9%
Possible Error	23	0.0%	2	0.0%	2	0.0%	-	0.0%
Totals	68,103		14,019		72,589		3,824	

Source: WEDI ICD-10 Forum

Industry Remediation Approaches



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Eventually, all plans will become ICD-10 enabled, it is just a matter of when.