Appendix 1

INGENIX | CONSULTING

HSCRC ICD-10 Membership Meeting

Summary of Key Meeting Notes

Date: April 1, 2011

Location: HSCRC office in Baltimore, MD

I. Discussions with HSCRC Staff

- Attendance**:**
  Bob Murray
  Andy Udom
  Claudine Williams
  Oscar Ibarra
  Denise Johnson
- Modeling to review case mix comparisons I-9 vs. I-10 may be needed
- Adopting a set of mapping products to assess I-10 impact on casemix
  - o Steering Committee of HSCRC/Facility reps to agree on mapping rules
  - ➢ Can this be done via policy change or are new regs needed?
- MHAC and ARM Quality Initiatives: How will these be impacted?
- Discussion of collecting I-10-PCS data from providers. Needs further discussion
- Documents most affected will be data collection specs for inpatient, outpatient and casemix
  - ➢ Ingenix will provide a draft for updated specs **(Provided by Ingenix May 5, 2011)**
  - o All reports using adjusted data will be impacted by casemix change, but not affected directly.
  - o Casemix will have to be tracked carefully during the transition.
  - ➢ A list of reviewed documents are attached as Appendix 2

➢ CRISP / HIE: CRISP is vendor that collects patient data to create a unique person id to track patients across facilities, related to preventable readmission program. This could also lead to real time data reporting similar to St Paul. Potentially could use for risk adjustments based on real-time impacts on coding and casemix. Currently in development.

➢ Are additional discussions/interviews needed? (Andy, Claudine, Dianne)

- Additional quality initiatives and data analyses?
- What is I-10 based?
- What is stored at HSCRC?
- Any standardized reports or queries?

Post-meeting discussions:

- Policy changes regarding the regulatory rate year timing may be needed
  - Recommend to change casemix measurement timeframe to 10/1 – 9/30 and splitting the rate year to minimize mapping?
- Recommend HSCRC provide leadership to payer and provider community:
  - Develop provider and payer surveys to gather information on I-10 preparations
  - Organize conference to review results and show best practices
    - HSCRC may want assistance from Ingenix to develop and compile results
- ICD-10 Education for HSCRC staff is recommended
  - Doug to send Claudine sample ICD-10 education decks **(Provided by Ingenix May 5, 2011)**
  - Need to determine education needs and plan accordingly

II. Discussion with Vendors:

- Attendance:
  Bob Lewis, St Paul
  Fred Levinsky, St Paul
  Ann Bushay, 3M (via phone)
- St Paul
  - Run 4 systems for HSCRC (IP, OP, Chronic, Psych)
  - All but Psych already have 7 digits and are I-10 ready in terms of format. Chronic Care needs additional adjustments, Psych old format and not ICD-10 compliant
  - Handling of OP claims needs further discussion internal to St Paul
  - Does not want to store both I-9 and I-10 data
  - Current has no mappers
  - Purchase all groupers and codes sets from other sources, (3M, CMS, AMA)
  - Recommends adding new record types to data specs versus new fields
- 3M
  - Will have all I-10 groupers (APR, AGP) functional and available by October 2012
  - Product will be the same, and will accept both I-9 and I-10 codes, defaulted to DOS
  - Will be able to map back to I-9 after October 2013
  - Availability of mapping logic, and ability of HSCRC to change the imbedded mapping rules not provided or promised by 3M
  - Need to request 3M I-10 Road Map. Insist on documentation.

III. Provider/Payer Discussion

- Attendance:
  (Claudine to provide full list)
  - CareFirst
  - Univ of MD
  - KPMG
  - AmeriGroup
  - MD Hosp Assoc (Tracey and Ann)
  - Johns Hopkins (Paul Allen)
  - St Paul
- High level ICD-10 presentation by Dean Farley, SrVP, Ingenix
- Overall support from providers for a testing period to submit I-10 to St Paul for test processing.
  - Should testing be mandatory or voluntary?
  - What is sent for testing, sample data or real data (would require duplicate coding)
- Role of HSCRC discussed:
  - Organize ICD-10 testing references above
  - Collaborate with MHA/payers/providers on implementation strategies & payment methodologies
  - Possible development of a mapping standard as a policy during the transition period?
    - Agreed that providers should participate in mapping decisions
- Continued discussion of collecting I-10-PCS data for outpatients, and the move from encounter based to episode based care reporting
  - Need to determine how to report lab and radiology data
- A great deal of variance among group on I-10 preparations:
  - Most providers have developed steering committees and plans for I-10 coder education
  - Hopkins felt they were 6 months to 1 year behind on preparations
  - CareSource in process of developing maps