Tribal Technical Advisory Group

To the Centers for Medicare & Medicaid Services

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October 17, 2008

Kerry Weems, Acting Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-0013-P
P.O. Box 8016
Baltimore, MD 21244-1850

Subject: Proposed Rule: CMS-0013-P: HIPAA Administrative Simplification: Modification to Medical Data Code Set Standards To Adopt ICD-10-CM And ICD-PCS

Dear Mr. Weems:

As Chair and on behalf of the Centers for Medicare & Medicaid Services (CMS) Tribal Technical Advisory Group (TTAG), I appreciate the opportunity to provide comments regarding the proposed rule, CMS-0013-P. The CMS TTAG was established in October 2004 to provide advice and input to the CMS on policy and program issues affecting the delivery of health services to American Indian and Alaska Natives (AI/ANs) served by CMS-funded programs. Based on the review of the proposed rule by the TTAG, we have concerns that implementation will have an adverse impact on health delivery systems and we ask that CMS extend the time for implementation as explained below.

Because of the extensive training that will be required, implementation of these rules will have a negative impact on productivity, efficiency, and delivery of patient services. All persons involved with the delivery of services will need some level of training and familiarization with the new coding sets, from coders to nurses to physicians to management. Another burden to the facilities will be the probability of having to have both ICD-9 and ICD-10 systems for an extended period in order to handle unpaid, contested, or other related issues. Additionally there is the possibility of delays in reimbursements during the transition period, which will directly affect program operations. At some Tribal programs, Medicare and Medicaid collections represent half of the operating budget of the facility and thus, any delay or decrease in collections will have a tremendous impact on Tribal programs ability to provide services. Another impact on revenues will be the risk of increased unpaid or improperly paid claims because of the learning curve involved with the implementation of the new codes. What contingencies will CMS have in place in the event IHS and Tribal programs cannot meet the required implementation dates?

Another troubling concern is the eventual cost of upgrading software and hardware to facilitate the proposed changes. During our conversations with the Indian Health Service (IHS), it was our understanding that as long as the Tribal programs were using the RPMS system there would be no problem or cost to the Tribes, as IHS would provide the necessary upgrades. However, IHS will need to invest in systems changes for all sixty RPMS software packages, integrate this into their reports, train all staff on new codes and test various data transmissions with payers. As IHS appropriations are consistently underfunded, we are very concerned about this additional

financial burden. Tribes using commercial software will also have to bear significant financial burdens for upgrades, installation, testing, and staff training.

A more systematic and longer implementation period should be considered by CMS to allow IHS and Tribal programs adequate time to locate the resources to accommodate this change. A longer implementation period would also allow IHS and Tribal programs an extended period for training. The proposed regulation calls for the start to be June 2009 and finish by October 2011. This allows only twenty-eight months to implement the changes.

Additionally, a companion to the ICD-10 proposed rule is a proposed regulation that will change the HIPAA Electronic Standards to Version 5010. The 5010 rule start date is November 2008 and a finish date of April 2010, a mere seventeen months. These changes are necessary to implement the ICD-10 changes. CMS has proposed to run both of these changes concurrently, which will further create confusion and problems in implementation of both.

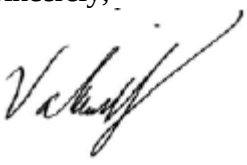
We urge you to consider the following timetable and process as you develop the final rule:

- Successful 5010 implementation prior to ICD-10. We believe that the 5010 electronic transaction standards must be in place in order to successfully convert to ICD-10. Most importantly, we agree with your federal advisory bodies, the National Committee on Vital and Health Statistics and Workgroup for Electronic Data Interchange, that the migration to the new 5010 standards cannot be implemented simultaneously with ICD-10. We believe that a minimum of 24 months is required to implement 5010, with a start date of November 2008 and a finish date of October 2010

- Minimum of three years to convert to ICD-10. Moving to ICD-10 will be a massive undertaking that will not only require IHS and Tribal facilities to complete extensive systems modifications, but will also necessitate major changes to work flow and program operations. Because of ICD-10's increased detail, the entire staff of the facility will need extensive education and training. We believe that a minimum of 36 months is required to implement ICD-10, with a start date of October 2010 and a finish date of October 2013

We appreciate the opportunity to provide input on this critical transition and we hope you will consider our recommendations as you develop a reasonable timeframe for transitioning to the 5010 electronic transaction standards and ICD-10.

Sincerely,



Valerie Davidson, Chair