July 10, 2013

Dear Senator:

On behalf of our members, the American Hospital Association (AHA) and the Blue Cross and Blue Shield Association (BCBSA) are writing to express our support for the current October 1, 2014 implementation date for adoption of the International Classification of Diseases, Tenth Revision, Clinical Modifications (ICD-10-CM) for all health care providers, as well as the adoption of the Procedure Coding System of ICD-10 for hospital reporting of inpatient procedures. Given that considerable effort and investment already have been made, our organizations oppose any action that seeks to introduce a further delay in ICD-10 implementation.

Together, our organizations represent a major cross-section of the American healthcare system. BCBSA is a national federation of 38 independent, community-based and locally operated Blue Cross and Blue Shield (BCBS) companies (“Plans”) that collectively provide healthcare coverage for 100 million members – one-in-three Americans. The AHA represents nearly 5,000 hospitals, health systems and other health care organizations, as well as 43,000 individual members.

Hospitals and health plans are on track for ICD-10 implementation. A recent AHA survey of about 750 hospitals indicated that 94 percent of respondents – or almost all – felt fairly confident that they would meet the October 1, 2014 implementation date, but noted meaningful use of electronic health records (EHRs) as a competing priority. A recent BCBSA survey of BCBS Plans found that all are actively engaged in ICD-10 projects – including outreach to providers to assist them in meeting the implementation date – and expect to be ready for ICD-10 by October 1, 2014.

The transition to ICD-10 provides needed modernization of coding and billing systems. ICD-10 diagnosis codes are used already internationally, and will replace the outdated ICD-9 system currently used in the U.S. ICD-10 will allow for greater coding accuracy and specificity, and will provide a mechanism to capture and fully describe new medical technologies and advances. More detailed coding systems also will improve our nation’s understanding of the diseases or illnesses being treated and will provide caregivers and the public with better information on future treatment.
The adoption of ICD-10 is seen as an integral part of the EHR and will provide solid and detailed information to guide the innovations taking place in the delivery of health care services, such as patient-centered medical homes and accountable care organizations. The more detailed information will support additional advances, such as development of quality measures that target outcomes of care and targeted disease management approaches.

Health plans and hospitals already have spent a considerable amount of time and resources in preparing the groundwork for ICD-10, establishing transition plans, and training staff. Any delay in implementation threatens to increase costs, as investments already made will not be fully leveraged and may need to be duplicated. Insurers and hospitals will spend the next several months readying their information systems for the installation of ICD-10 vendor software. For the country to realize the benefits of the transition to ICD-10, many partners must come together, including insurers, health care providers, expert coders, technology vendors and health care claims clearinghouses. It is notable, therefore, that most of these partners are committed to moving forward.

Should you have any additional questions, or if you would like to discuss the issue in greater detail, please contact Patti Goldman, AHA senior associate director of federal relations, at (202) 626-2328 or pgoldman@aha.org or Jack Ericksen, BCBSA vice president of federal relations, at (202) 626-4787 or jack.ericksen@bcbsa.com.

Sincerely,

//s//

Rick Pollack
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