# Overlapping Timelines of ICD-10, Meaningful Use of EHRs, and Health Reform Initiatives

| Federal Fiscal Year | FY 2012 | FY 2013 | FY 2014 | FY 2015 | FY 2016 | FY 2017 |
|---|---|---|---|---|---|---|

## Transition to ICD-10

Transition to ICD-10 requires extensive system changes and has been delayed in statute to Oct. 1, 2015. CMS must finalize a start date in regulations.

**Partial ICD Code Set Freeze** → **ICD-10 Implementation** (expected in FY 2016)

Transition to 5010

## Administrative Simplification

Transition to new version of HIPAA transaction standards (5010) followed by adoption of operating rules to further standardize business rules for electronic exchange of claims-related transactions, including insurance eligibility. Also involves introduction of Health plan ID and other changes to administrative transactions over time.

**5010 Operational** (Jan 2012 start) → **Transition to Next Standard**

**Oper Rules – Eligibility and Claim Status** (Jan. 2013) → **Oper Rules – Remittance and Claims** (Jan. 2014) → **Health Plan Certification to Operating Rules** (Dec. 31, 2015)

**Health Plan ID** (Nov. 2014)

## Meaningful Use of EHRs

The Meaningful Use program imposes increasingly stringent EHR use and reporting requirements, as well as payment penalties in FY 2015 and later if metrics are not met. Stage 1 implementation undertaken at the same time that the transition work to ICD-10 is taking place. Meaningful Use Stage 2 spans transition to ICD-10 (2014/2015) and creates duplicate rework effort (ICD9 and then ICD-10), adding additional costs. IT resources are already thin – internal as well as vendor support.

**MU – Stage 1** (started FY 2011) → **MU – Stage 2** (started FY 2014) → **MU – Stage 3** (expected start FY 2017)

**Accountable Care Organizations** (Jan. 2012)

Base/performance period **Value-Based Purchasing** (FY 2013)

## Health Reform Initiatives

Health reform introduced accountable care organizations value-based purchasing, readmission payment penalties, bundled payments, and penalties for hospital-acquired conditions that will require new IT systems to support procedural changes to operations. In addition, each new program requires reporting of metrics that will need to be redefined based on ICD-10. Many of these programs also require development of baseline and early performance metrics using data from prior years.

Base/performance period **Readmission Payment Penalties** (FY 2013)

**Bundled Payment** (Jan. 2013)

Base/performance period **Hosp.-Acquired Conditions** (FY 2015)

*Accounting for Disclosures* (start date dependent on rulemaking)

## HIPAA Privacy Changes

The HITECH bill introduced changes to the HIPAA privacy provisions. Covered entities will need to revise their IT systems to, among other changes, provide individuals with an electronic copy of health information held in electronic form. Compliance deadline was Sept. 2013. Proposed rules to require accounting for a broader scope of disclosures of PHI made through the EHR have not been finalized to date.

*Patient Copy of Electronic Records* (compliance deadline: Sept. 23, 2013)

Note: The Federal Fiscal Year starts on October 1 of the previous calendar year. For example, FY 2014 starts on October 1, 2013.

**ICD-10 Implementation Expected Oct. 1, 2015**

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