



CMS ICD-10
Official CMS Industry Resources for the ICD-10 Transition
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MITA & ICD-10 Support National Quality Strategy

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ICD-10 Overview

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Analytics & Reporting

↓

Program Integrity

↓

Policy Remediation Best Practices

↓

Managed Care

↓

Claims Management

↓

Provider Communication

California ICD-10 Site Visit

Training segments to assist the State of California with ICD-10 Implementation

MITA and ICD-10 to Support the National Quality Strategy

June 10, 2013

Purpose of this set of slides

Communicate and discuss the HIT environment at the State level, including discussion regarding the National Quality Strategy, HIT plans, the Medicaid Information Technology Architecture, and various initiatives enabled by HIT.

Talking Points

- The move from ICD-9 to ICD-10 is a significant change for SMAs and unlike previous HIPAA efforts, ICD-10 impacts the business of Medicaid as much as its enabling technology systems.
- ICD-10's impact will be disruptive in the short-term, but positive over the longer term. The new code sets will benefit the delivery of care by indicating diagnoses and matching payment to care more precisely. In time, it will promote efficiencies and improvements in care documentation, claims processing, and business intelligence.
- CMS has prepared a series of slides and training materials especially for SMAs, which provide key information about the ICD-10 code sets, how to use them, how to benefit from them, and how to implement them.
- CMS hopes this information will assist SMAs with effectively implementing and benefiting from this major change to the specificity and content of codes sets used to categorize health care diagnoses and inpatient procedures.

Notes

- **Note: the implementation of ICD-10 does not affect HCPCS codes (Levels I and II) for outpatient procedures except in cases where coverage and payment may be dependent on medical necessity as determined by diagnoses codes. For more info on HCPCS codes, please refer to: <http://www.cms.gov/medhcpcsgeninfo/>**
- Unless otherwise specified in this presentation, ICD-10 refers to both ICD10-CM and ICD10-PCS.
- Unless otherwise specified in this presentation, the word "procedures" refers to inpatient procedures.



Agenda

- **The National Quality Strategy (NQS)**
- **Federal and State Health IT Strategic Plans**
- **Medicaid Information Technology Architecture**
- **Activities Supported by MITA and ICD-10**

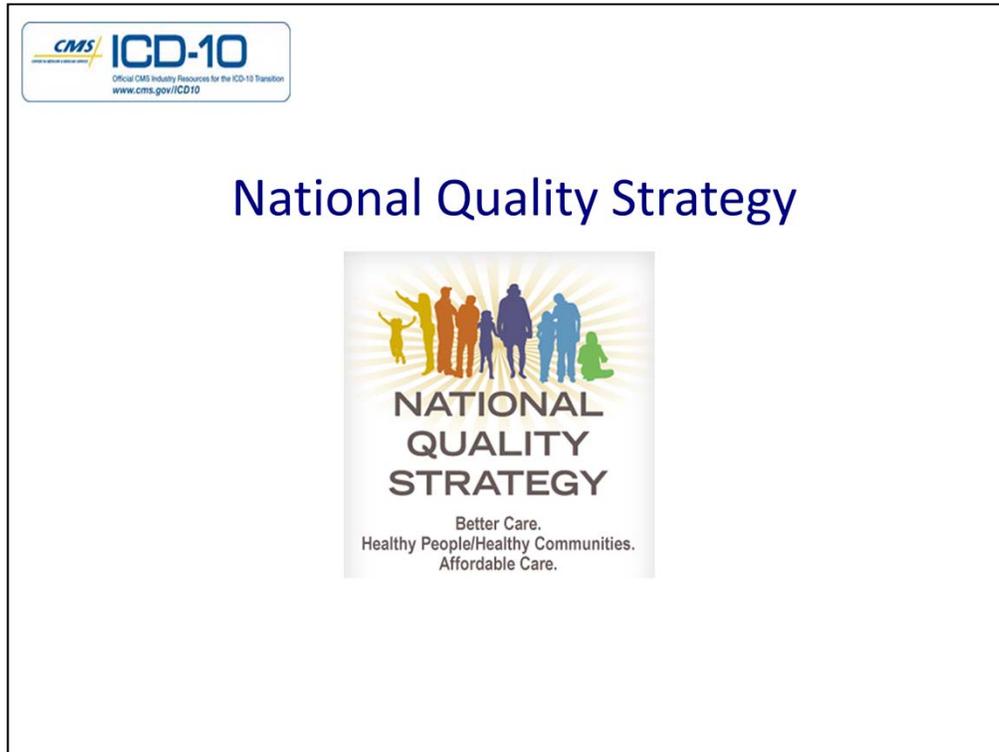
1

Purpose of the slide

Introduce the agenda for a session covering the HIT environment at the State level, including discussion regarding the National Quality Strategy, HIT plans, the Medicaid Information Technology Architecture, and various initiatives enabled by HIT.

Talking Points

- None



Purpose of the slide

Introduce the National Quality Strategy.

Talking Point(s)

- None

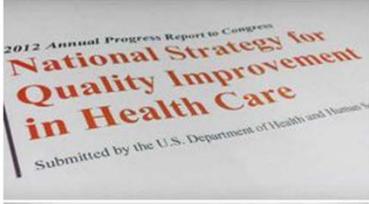


Office of Medicare, Medicaid and the CHIP Programs
www.cms.gov/ICD10

The National Quality Strategy

Background

- **The Affordable Care Act (ACA) requires HHS to establish a *national* strategy to improve:**
 - The delivery of health care services
 - Patient health outcomes
 - Population health
- **The NQS is iteratively developed through a transparent, consultative consensus-building process among public and private sector stakeholders**
- **The inaugural NQS was published on March 18, 2011 and updates are released annually**



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Purpose of the slide

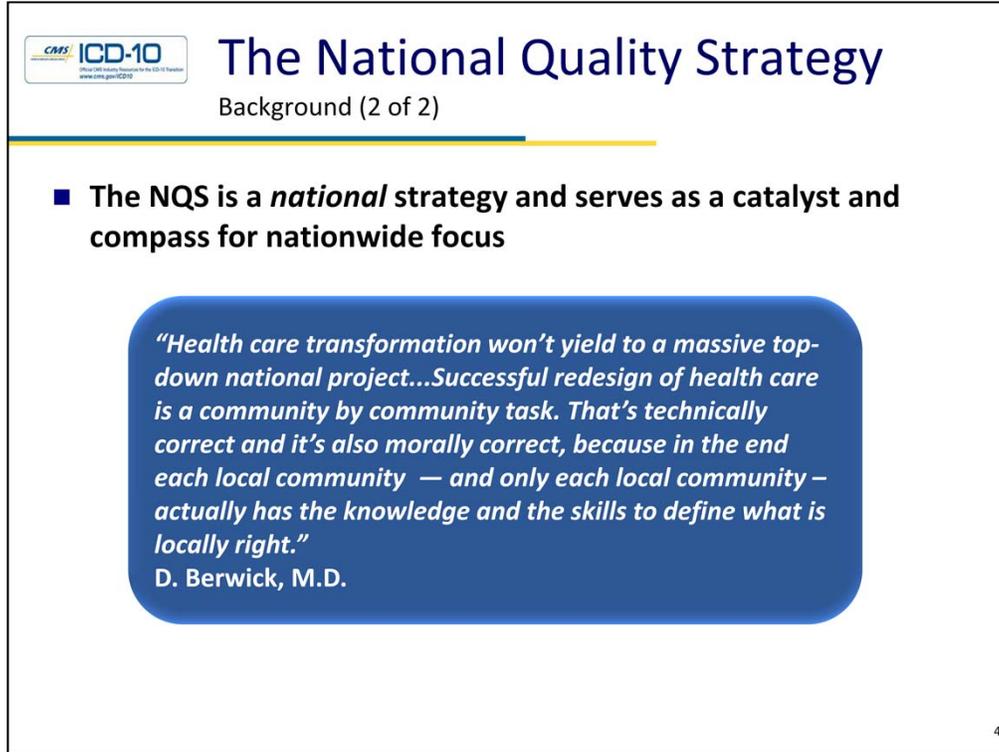
Understand the National Quality Strategy.

Talking Point(s)

- National Quality Strategy is available at www.healthcare.gov and www.ahrq.gov/workingforquality
- The Affordable Care Act seeks to increase access to high-quality, affordable health care for all Americans. To that end, the law, in Section 3011, required the Secretary of HHS to establish a National Strategy for Quality Improvement in Health Care (the National Quality Strategy) that sets priorities to guide this effort and includes a strategic plan.

Source(s)

- HHS. National Strategy for Quality Improvement in Health Care (Mar 2011). <http://www.healthcare.gov/news/reports/nationalqualitystrategy032011.pdf>. Accessed 5/1/13.
- HHS. National Quality Strategy: 2012 Annual Progress Report (corrected version of Aug 2012). <http://www.healthcare.gov/news/factsheets/2012/04/national-quality-strategy04302012a.html>. Accessed 5/1/13.



CMS ICD-10
Office of Medicare, Medicaid and the CHIP Programs
www.cms.gov/ICD10

The National Quality Strategy

Background (2 of 2)

- The NQS is a *national* strategy and serves as a catalyst and compass for nationwide focus

“Health care transformation won’t yield to a massive top-down national project...Successful redesign of health care is a community by community task. That’s technically correct and it’s also morally correct, because in the end each local community — and only each local community — actually has the knowledge and the skills to define what is locally right.”

D. Berwick, M.D.

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Purpose of the slide

Understand the National Quality Strategy.

Talking Point(s)

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The National Quality Strategy

The Three Aims

Better Care

Improve overall quality by making health care more patient-centered, reliable, accessible and safe

**Healthy People /
Healthy Communities**

Improve population health by supporting proven interventions to address behavioral, social and environmental determinants of health, in addition to delivering higher-quality care

Affordable Care

Reduce the cost of quality health care for individuals, families, employers, and government



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Purpose of the slide

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- Agency for Healthcare Research and Quality. <http://www.ahrq.gov/workingforquality/index.html>. Accessed 5/1/13.



The National Quality Strategy

The Six Priorities

-  Making care safer by reducing harm caused in the delivery of care
-  Ensuring that each person and family are engaged as partners in their care
-  Promoting effective communication and coordination of care
-  Promoting the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease
-  Working with communities to promote wide use of best practices to enable healthy living
-  Making quality care more affordable for individuals, families, employers, and governments by developing and spreading new health care delivery models




The National Quality Strategy is available at www.healthcare.gov and www.ahrq.gov/workingforquality

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- Agency for Healthcare Research and Quality. <http://www.ahrq.gov/workingforquality/index.html>. Accessed 5/1/13.



Federal and State Health IT Strategic Plans

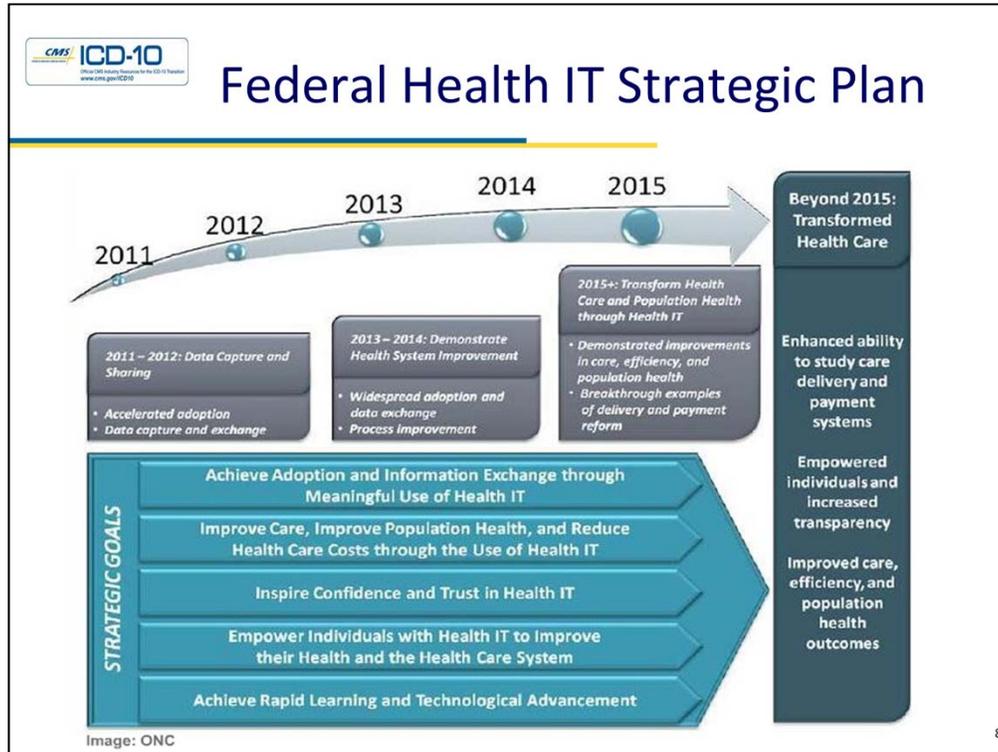
 <p data-bbox="560 504 641 735">Office of the National Coordinator for Health Information Technology (ONC) Federal Health Information Technology Strategic Plan 2011 – 2015</p>	 <p data-bbox="722 577 893 766">California Health Information Exchange Strategic and Operational Plan October 2012</p>	  <p data-bbox="1015 714 1161 787">California State Medi-Cal Health Information Technology Plan September 9, 2011</p>
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Purpose of the slide

Introduce Federal and State Health IT Strategic Plans.

Talking Point(s)

- None



Purpose of the slide

Discuss the HHS Office of the National Coordinator for Health IT (ONC) HIT Strategic Plan.

Talking Point(s)

- TBD

Source(s):

- HHS Office of the National Coordinator for Health IT (ONC). "Federal Health Information Technology Strategic Plan (2011 – 2015)." <http://www.healthit.gov/sites/default/files/utility/final-federal-health-it-strategic-plan-0911.pdf>. Accessed 5/1/13.



State Health IT Plans

Federal Support

- **Health Informatics Exchange (HIE) Strategic & Operational Plan**
 - In 2010, HHS granted 50 awards totaling \$548 million to help states and territories develop and advance resources to facilitate the exchange of health information among health care providers and hospitals
 - Create and implement up-to-date privacy and security requirements for HIE
 - Coordinate with Medicaid and state public health programs to establish an integrated approach 
 - Monitor and track meaningful use HIE capabilities in their state
 - Set strategy to meet gaps in HIE capabilities
 - Ensure consistency with national standards 
- **State Medicaid Health Information Technology Plan (SMHP)**
 - Describes the State's Medicaid incentive program and how it will integrate current and planned Medicaid HIT assets and fit within the larger State HIT/HIE Strategic & Operational Plan

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Purpose of the slide

Discuss the State Health Information Exchange Cooperative Agreement Program and States' Strategic and Operational Plans.

Talking Point(s)

- HIE SOPs authorized under Section 3013 of the Public Health Service Act
- SMHPs are requirement for funding under Section 4201 of ARRA (2009)

Source(s)

- ONC. State Health Information Exchange Cooperative Agreement Program. <http://www.healthit.gov/policy-researchers-implementers/state-health-information-exchange>. Accessed 5/1/13.
- CMS. State Medicaid Director's Letter SMD #09-006. <http://downloads.cms.gov/cmsgov/archived-downloads/SMDL/downloads/SMD090109.pdf>. Accessed 5/1/13.
- CMS. State Medicaid Director's Letter SMD #09-006 (Enclosure A). "State Medicaid HIT Plan (SMHP)." <http://www.dhcs.ca.gov/Documents/ARRA%20HIT%201%20-%20Enclosure%20A.pdf>. Accessed 5/1/13.
- CMS. State Medicaid Director's Letter SMD #09-006 (Enclosure B). "Relationship Between MMIS, MITA, and HIT Adoption." <http://www.dhcs.ca.gov/Documents/ARRA%20HIT%201%20-%20Enclosure%20B.pdf>. Accessed 5/1/13.
- CMS. "State Medicaid HIT Plan (SMHP) Template." http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/STATE_MEDICAID_HIT_PLAN_SMHP.pdf. Accessed 5/1/13.

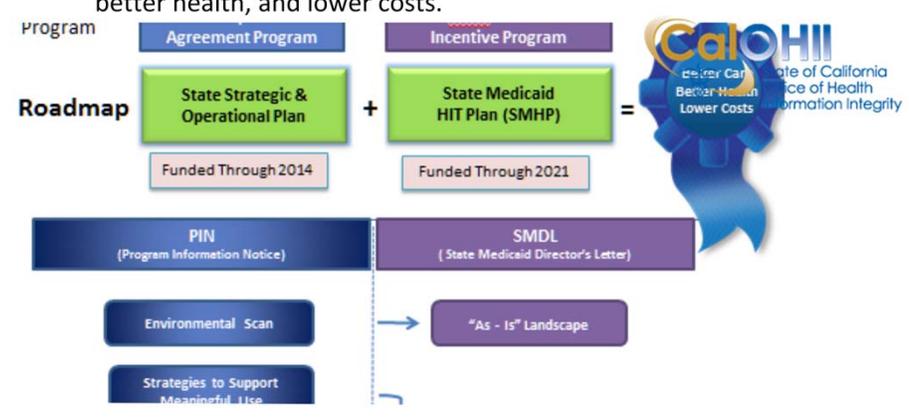


State Health IT Plans

California – HIE SOP

■ Collaboration with Medi-Cal

- This Plan, in combination with the State Medicaid HIT Plan (SMHP), tells the story of how California is going to reach the Triple Aim of better care, better health, and lower costs.



The diagram illustrates the integration of two programs into a unified strategy. On the left, the 'Agreement Program' (Funded Through 2014) includes the 'State Strategic & Operational Plan' and the 'PIN (Program Information Notice)'. On the right, the 'Incentive Program' (Funded Through 2021) includes the 'State Medicaid HIT Plan (SMHP)' and the 'SMDL (State Medicaid Director's Letter)'. These two paths converge into the 'CalOHII' logo, which represents the 'Triple Aim' of 'Better Care, Better Health, Lower Costs'. Below this, a flow shows 'Environmental Scan' and 'Strategies to Support Meaningful Use' leading to an 'As-Is' Landscape.

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Purpose of the slide

Discuss California's Health Information Exchange Strategic and Operational Plan.

Talking Point(s)

- TBD

Source(s)

- State HIE SOPs are available at <http://statehieresources.org/state-plans/>
- State of California Office of Health Information Integrity. **California Health Information Exchange Strategic and Operational Plan (October 2012)**. <http://www.ohii.ca.gov/calohi/Portals/0/Documents/eHealth/10262012%20CA%20HIE%20SOP%20Addendum%20FINAL.pdf>. Accessed 5/1/13.
- California Department of HealthCare Services. **California State Medi-Cal Health Information Technology Plan (September 9, 2011)**. http://www.dhcs.ca.gov/provgovpart/Documents/OHIT/CA%20State%20Medicaid%20HIT%20Plan_v2.0.pdf. Accessed 5/1/13.



Office of State Operations for ICD-10 Transition
www.cms.gov/ICD10

State Health IT Plans

California – State Medicaid Health IT Plan (1 of 2)

- CA-MMIS Health Enterprise will support DHCS' move towards HIE/HIT by improving health outcomes and quality services for Medi-Cal beneficiaries
- DHCS conducted a MITA State Self-Assessment (SS-A) for the Medi-Cal program in 2008 and will implement the SMHP consistent with MITA 2.0. DHCS is using the SS-A today to support major projects such as its MMIS replacement
- Upcoming MITA activity will create a roadmap for moving Medi-Cal to a service-oriented program
 - The MITA Transition and Implementation Plan (M-TIP), which will document how DHCS intends to advance along the maturity continuum, is currently under development and will incorporate HIT planning efforts



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Purpose of the slide

Discuss California's State Medicaid HIT Plan.

Talking Point(s)

- TBD

Source(s)

- State HIE SOPs are available at <http://statehieresources.org/state-plans/>
- State of California Office of Health Information Integrity. **California Health Information Exchange Strategic and Operational Plan (October 2012)**.
<http://www.ohii.ca.gov/calohi/Portals/0/Documents/eHealth/10262012%20CA%20HIE%20SOP%20Addendum%20FINAL.pdf>. Accessed 5/1/13.
- California Department of HealthCare Services. **California State Medi-Cal Health Information Technology Plan (September 9, 2011)**.
http://www.dhcs.ca.gov/provgovpart/Documents/OHIT/CA%20State%20Medicaid%20HIT%20Plan_v2.0.pdf. Accessed 5/1/13.



Office of Statewide Health Information Systems
www.cms.gov/ICD10

State Health IT Plans

California 5-Year Plan

- **In 2010, DHCS convened a statewide group of experts to design the vision for the Medi-Cal EHR Incentive Program. The resulting vision elements set an aggressive agenda for successful achievement of meaningful use**
 - By 2011, Medi-Cal beneficiaries will have access to their HIE disclosures
 - By 2011, California will establish policies that balance protection of patient privacy with the appropriate sharing of health information
 - ICD-10 — By 2013, statewide provider performance standards used to improve health outcomes
 - ICD-10 — By 2013, patient and population health data from EHRs will be shared bi-directionally between providers, California's Departments of Health Care Services and Public Health, OSHPD and other approved institutions
 - ICD-10 — By 2015, 90% of Medi-Cal providers eligible for Incentive Payments will have adopted certified EHRs for meaningful use in their practices in a secure and interoperable manner
 - ICD-10 — By 2015, 90% of Medi-Cal providers will have implemented clinical decision support tools with their EHRs
 - ICD-10 — By 2015, all Medi-Cal beneficiaries of providers with EHRs will have access to their Personal Health Record and self-management tools

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Purpose of the slide

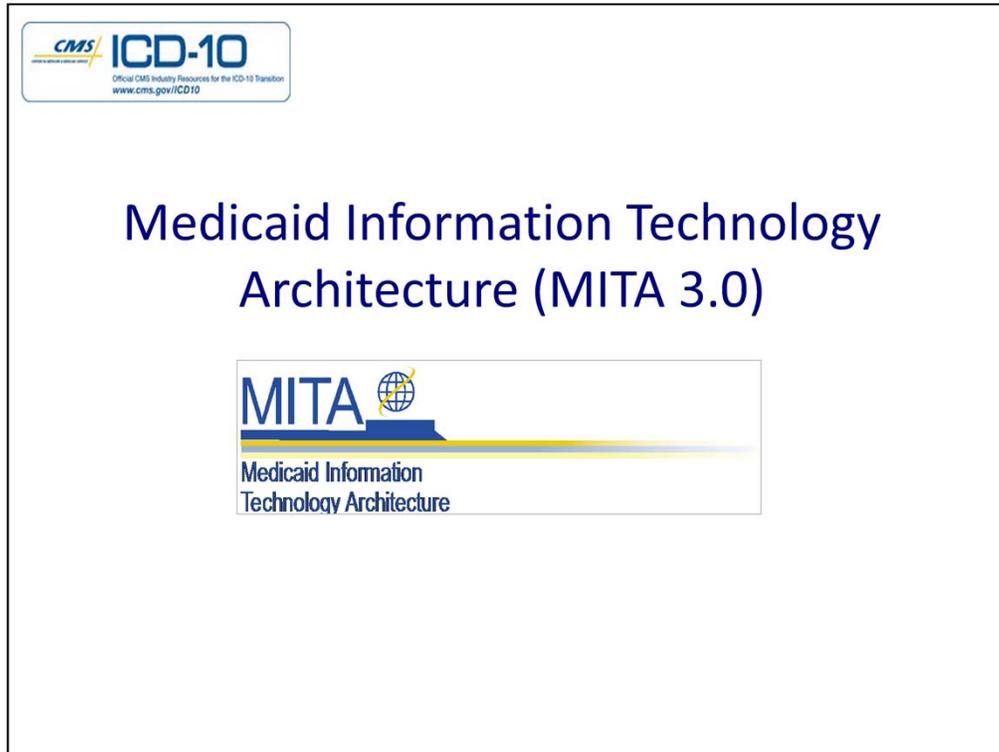
Discuss California's State Medicaid HIT Plan.

Talking Point(s)

- TBD

Source(s)

- California Department of HealthCare Services. **California State Medi-Cal Health Information Technology Plan (September 9, 2011)**.
http://www.dhcs.ca.gov/provgovpart/Documents/OHIT/CA%20State%20Medicaid%20HIT%20Plan_v2.0.pdf. Accessed 5/1/13.



Purpose of the slide

Introduce the Medicaid Information Technology Architecture 3.0 (MITA).

Talking Point(s)

- None



Office of Code Sets Development
www.cms.gov/ICD10

MITA 3.0

Overview of Changes

- **MITA 3.0 incorporates updates and new guidance on several legislative initiatives and directives available 10/2011**
 - HIPAA, ICD-10, 5010, NCPDP, CHIPRA, ARRA, HITECH
 - Affordable Care Act
 - Medicaid Program; Federal Funding for Medicaid Eligibility Determination and Enrollment Activities (90/10 Rule)
 - Enhanced Funding Requirements: Seven Standards and Conditions
 - Guidance for Exchange and Medicaid Information Technology Systems
- **Revised business process model to include current business procedures and rules**
 - Local, regional, and national information exchanges
 - Electronic Health Records (EHR)
 - EHR Incentive Program Registration and Attestation System
 - Health Information Exchanges / Health Insurance Exchanges

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Purpose of the slide

Provide overview of changes between MITA 2.0.2 and 3.0.

Talking Point(s)

- None



Office of Information Systems
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MITA 3.0

Objectives

- Adopt industry standards for data exchange
- Promote reusable components
- Promote efficient and effective data sharing
- Support interoperability, integration, & open architecture 
- Promote secure data exchange
- Promote good practices
- Support integration of clinical and administrative data 
- Break down artificial boundaries between systems, geography, and funding

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Purpose of the slide

Provide and discuss MITA 3.0 objectives.

Talking Point(s)

- None



MITA 3.0

Seven Standards and Conditions

- **Modularity Standard** - modular, flexible approach to systems development
- **MITA Condition** - requires states to align with and advance in MITA maturity
- **Industry Standards Condition** - ensures States align with and incorporate industry standards 
- **Leverage Condition** - promotes solution sharing, leverage, and reuse of Medicaid technologies and systems within and among states
- **Business Results Condition** - supports accurate and timely processing of claims (including claims of eligibility), adjudications, and effective communications with providers, beneficiaries, and the public 
- **Reporting Condition** - requires states to produce transaction data, reports, and performance information 
- **Interoperability Condition** - ensures seamless coordination and integration with the Exchange (whether run by the state or federal government), and allows interoperability 

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Purpose of the slide

Provide and discuss CMS' Seven Standards and Conditions for enhanced MMIS funding.

Talking Point(s)

- None

Source(s)

- <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Data-and-Systems/Downloads/EFR-Seven-Conditions-and-Standards.pdf>



Office of Medicare Operations for the ICD-10 Transition
www.cms.gov/ICD10

MITA 3.0

Business Architecture – Key Changes

- **Concept of Operations modified**
- **Maturity Model modified to accommodate**
 - Enhanced Funding requirements
 - Modifications to procedures and business rules
 - More clarity for maturity levels
- **Business Process Model**
 - Ten (10) business areas
 - Eighty (80) business processes
- **Business Capability Matrix expanded to performance measures definitions**

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Purpose of the slide

Provide overview of changes between MITA 2.0.2 and 3.0 in business architecture.

Talking Point(s)

- None



MITA 3.0

Information Architecture – Key Changes

- **Conceptual Data Model (CDM)**
 - Identifies class definitions, messages and super classes
- **Logical Data Model (LDM)**
 - Expands data classes and attributes
- **Data Standards**
 - Harmonization with other data standards, or vocabulary data standards
- **Information Architecture Capability Matrix (ICM)**
 - Provides assessment details for the SS-A

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Purpose of the slide

Provide overview of changes between MITA 2.0.2 and 3.0 in information architecture.

Talking Point(s)

- None



Office of Management and Enterprise Services
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MITA 3.0

Technical Architecture – Key Changes

- **Cloud Computing and Service Adoption**
 - Defines concepts such as Software as a Service (SaaS)
 - Private versus public clouds

- **Technical Services**
 - Defines Technical Service Area groupings and sub- groupings of Service Classifications

- **Technology Standards**
 - Expanded technology standard references

- **Technical Capability Matrix**
 - Provides assessment details for the SS-A

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Purpose of the slide

Provide overview of changes between MITA 2.0.2 and 3.0 in technological architecture.

Talking Point(s)

- None



MITA 3.0

State Self-Assessment (SS-A) – Key Changes

- **Expanded guidelines includes**
 - A Companion Guide
 - Seven Standards and Conditions Score Card
 - Business Architecture Score Card
 - Information Architecture Score Card
 - Technical Architecture Score Card
 - Advance Planning Document (APD) example checklists
 - APD Federal Review process

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Purpose of the slide

Provide overview of changes between MITA 2.0.2 and 3.0 in State Self-Assessments.

Talking Point(s)

- None

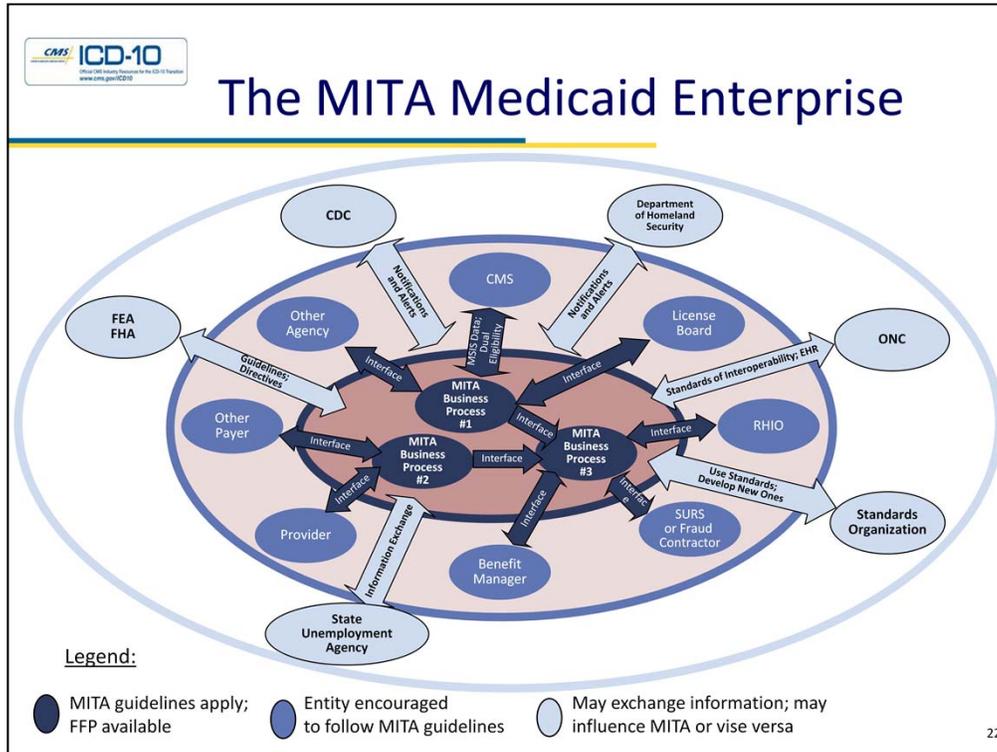
The slide features a header with the CMS ICD-10 logo on the left, followed by the title 'MITA 3.0' in a large blue font, and the subtitle 'State Self-Assessment (SS-A) – Key Changes' in a smaller black font. A horizontal line with a blue-to-yellow gradient separates the header from the main content. The main content is a large blue rounded rectangle containing the text 'WHY IS MITA 3.0 HELPFUL?' in white, bold, italicized capital letters. The slide number '21' is located in the bottom right corner.

Purpose of the slide

Introduce some graphics demonstrating the usefulness of MITA 3.0.

Talking Point(s)

- None

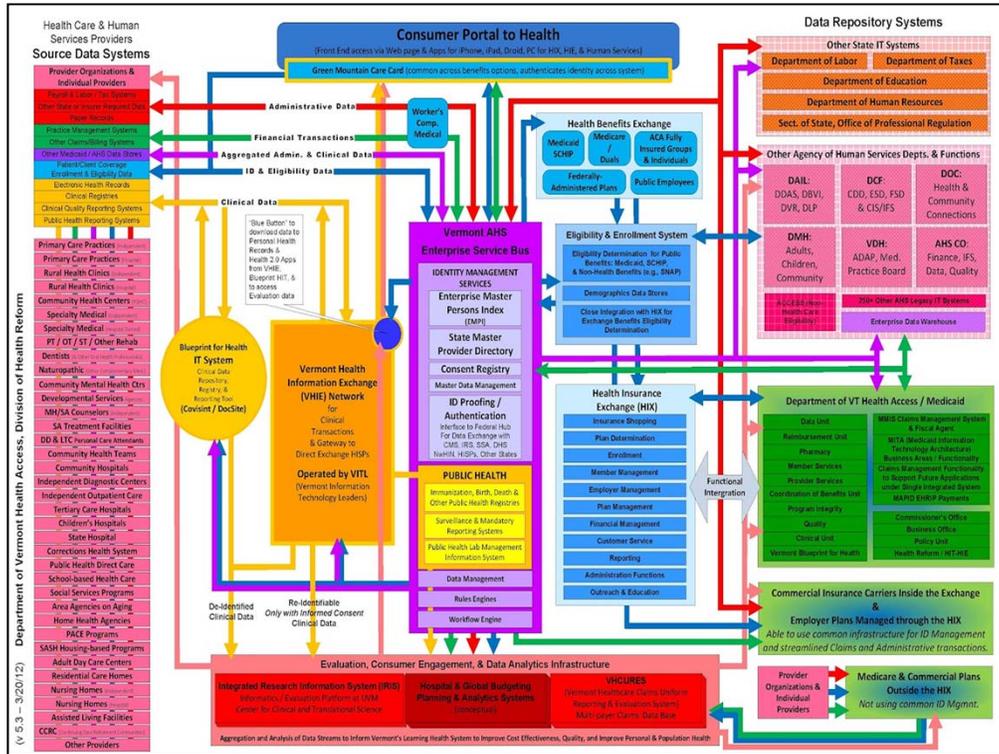


Purpose of the slide

To show the interconnectedness of SMA operations both internally and across the State Enterprise and the potential for ICD-10 impacts due to these dependencies.

Talking Points

- It is important to think of Medicaid as a 3 dimensional object, where ICD-10 will affect both:
 - Across the Medicaid enterprise because of policy and technology relationships (as shown), and
 - Up and down the enterprise as technology is an enabler of policy, which has many levels (e.g., legislation, state plan / waivers, administrative code, etc.) [See Figure 10 in State Medicaid ICD-10 Implementation Guide]
- ICD-10 will ripple across each Medicaid Program in both dimensions



Purpose of the slide

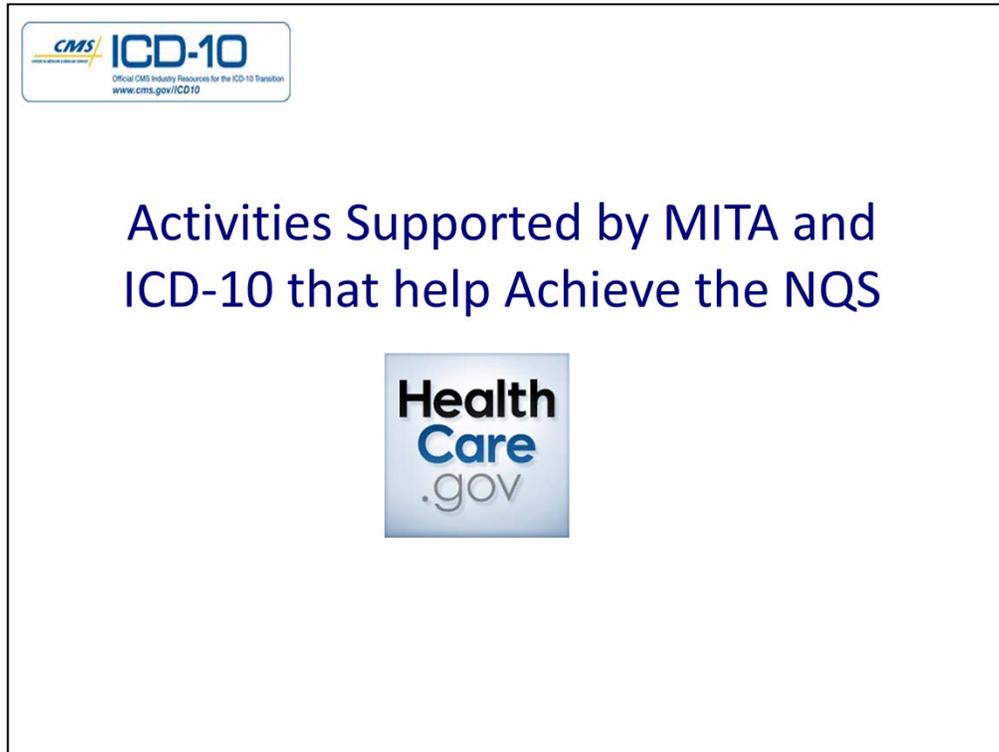
To show the interconnectedness of SMA operations both internally and across the State Enterprise and the potential for ICD-10 impacts due to these dependencies.

Talking Points

- This image illustrates the complexity facing states and CMS. The excellent diagram – developed by Hunt Blair, Deputy Commissioner, Division of Health Reform, and State Health Information Technology Coordinator at the Department of Vermont Health Access – shows at a high level the enterprise business architecture for the Vermont HIX – Vermont Health Connect. It nicely demonstrates the magnitude of the required systems linkages for an Exchange.

Source(s)

- http://vermont-ahs-dvha.blogspot.com/2012_03_01_archive.html

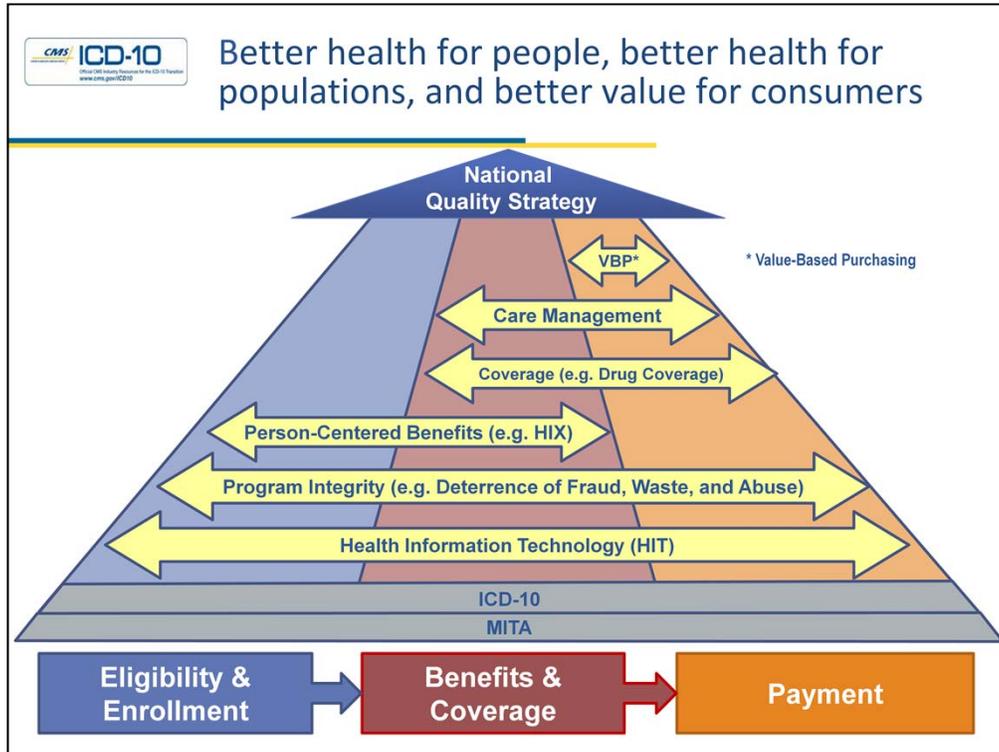


Purpose of the slide

Introduce some activities supported by MITA and ICD-10 that help achieve the National Quality Strategy.

Talking Point(s)

- None



Purpose of the slide

Discuss various wide-ranging initiatives and how they fit into State operations.

Talking Point(s)

- None



Purpose of the slide

Discuss various wide-ranging initiatives and how they fit into State operations.

Talking Point(s)

- None

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Questions



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Purpose of the slide

Solicit and discuss any questions from the audience regarding the presentation.

Talking Point(s)

- None