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Dept. of Health & Human Services
Centers for Medicare & Medicaid Services (CMS)
Room 445-G, Hubert H. Humphrey Bldg.
200 Independence Avenue, SW
Washington, DC 20201

October 21, 2008

An Open Letter from SCHIMA in Regard to CMS-0013-P

To Whom It May Concern:

The South Carolina Health Information Management Association (SCHIMA) offers its sincere gratitude for the opportunity to provide comment to the Department of Health and Human Services regarding the proposed rule for implementation of ICD-10-CM and ICD-10-PCS.

SCHIMA is a non-profit component state association of the American Health Information Management Association (AHIMA) representing nearly 800 HIM professionals practicing in and around South Carolina. The following comments are submitted respectfully to DHHS by the Executive Board of SCHIMA as a reflection of the sentiment of our organization in regard to the proposed legislation.

SCHIMA:

- **Supports the concurrent implementation date of ICD-10-CM and ICD-10-PCS as October 1, 2011 with great hope for consideration by DHHS for financial support of the training and transition periods for providers.** The resources required to re-train and retool our systems will be significant, and while we absolutely welcome the change, our providers and HIM educators of all types and levels will need support for the conversion. The date, however, should *not* be delayed.
- **Perceives the benefit of the conversion in regard to data quality and integrity to be significantly positive for all parties abstracting, analyzing and utilizing clinical data.** No more will we have to kluge together guidelines and systems to attempt to quasi-accurately classify and/or analyze clinical data. ICD-9-CM does not accurately reflect current practice in healthcare, and thus provides for truly immeasurable error in classification and analysis activities. The level of detail and flexibility provided by ICD-10 will vastly improve the accuracy and value of data abstracted using the new system, which in turn will permit providers, insurers, researchers, service and oversight agencies with more meaningful, valid data with which to evaluate and advance healthcare as a whole.



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- **Forsees a significant increase in accurate claim submission and payment, as well as faster revenue cycle turn-around for Medicaid claims with the implementation of ICD-10.** Because state Medicaid agencies have historically been at least one grouper behind (and in some cases, many years behind in CPT codesets in the MMIS), Medicaid claim coding, processing and collection has been very resource-intensive and frustrating for providers. The conversion of all entities to ICD-10 will simplify this process while also providing an even larger, more homogenous pool of clinical data for which to study clinical outcomes and resource expenditure.

SCHIMA appreciates the opportunity to provide comment regarding ICD-10-CM and ICD-10-PCS implementation, and looks forward to our next chapter in clinical data management.

Sincerely,

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