

NCHICA-WEDI

Estimated Timeline Initiative

Presented by:

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The initiating moment, realization, response

- **Inquiry from US Senator Eliz. Dole – March 2005**
 - ICD-10 by Oct. 2008 mandating legislation
- **Query to NCHICA TCI Workgroup**
 - Relationship to 4010 / 5010 IG for 837 and other transactions
- **Documenting a credible response**
 - Formation of Timeline Task Force
- **Selecting Critical Path Method (CPM) of Scheduling**
 - Identifying issues that impact implementation and allocation of resources




Credits

- **NCHICA Timeline Task Force**
 - **Stacey Barber** – EDS / NC Medicaid
 - **Betsy Clore** – Wake Forest University Health Sciences
 - **Larrie Dawkins** – Wake Forest University Health Sciences
 - **Guy Ferrari** – BCBS of North Carolina
 - **Gerald Land** - UNC Health System
 - **Doug Melton** – UNC School of Public Health

Initial Timeline Objectives

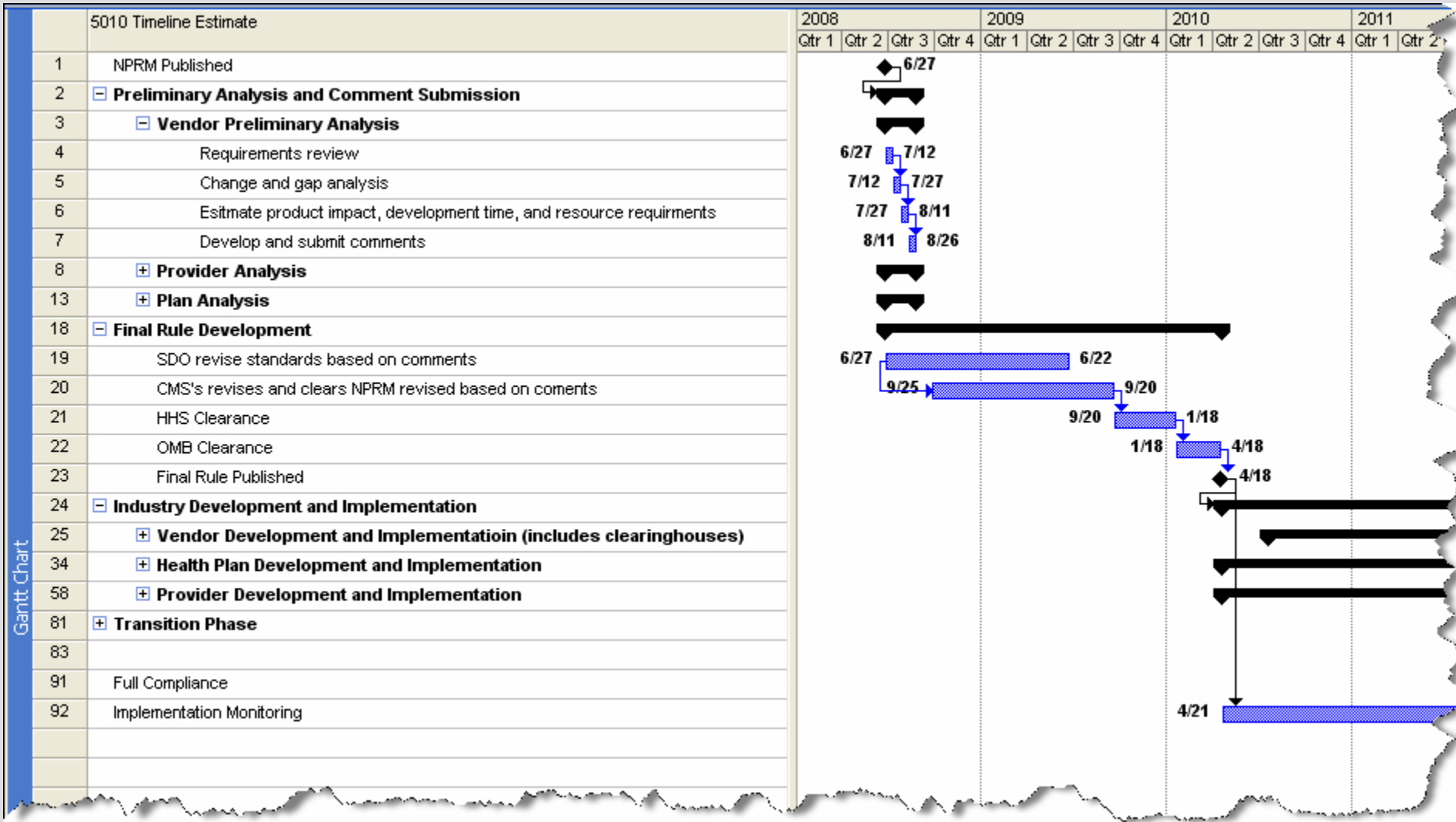
- Identify regulatory directives
- Determine timing and relationship
- Develop and update as needed when:
 - Regulatory dates change
 - Legislation sets new requirements
 - Other / new issues impact existing timeline
 - **New knowledge emerges – a key element !**

Preliminary Categories Identified

		Task Name 
1		+ National Provider ID
9		+ UB04 Implementation
14	✓	+ CMS 1500 Implementation
19		+ COB Clearinghouse
25		+ 277/275 Attachments
40	✓	100% Electronic w/Medicare
41		+ 5010 Transactions
58		+ ICD 10 Codes
71		+ NCPDP D.0 Transactions
87		+ Acknowledgement Transactions
92		+ Pay-for-Performance
94		+ Standard Insurance Card
96		National Drug Codes to Medicaid
97		+ Health Plan ID
107		- Other Activities
108		Social Security Number Replacement
109		Electronic Health/Medical Records
110		Electronic Prescription
111		Privacy Annual Review
112		Security Annual Review
113		+ MEDICARE

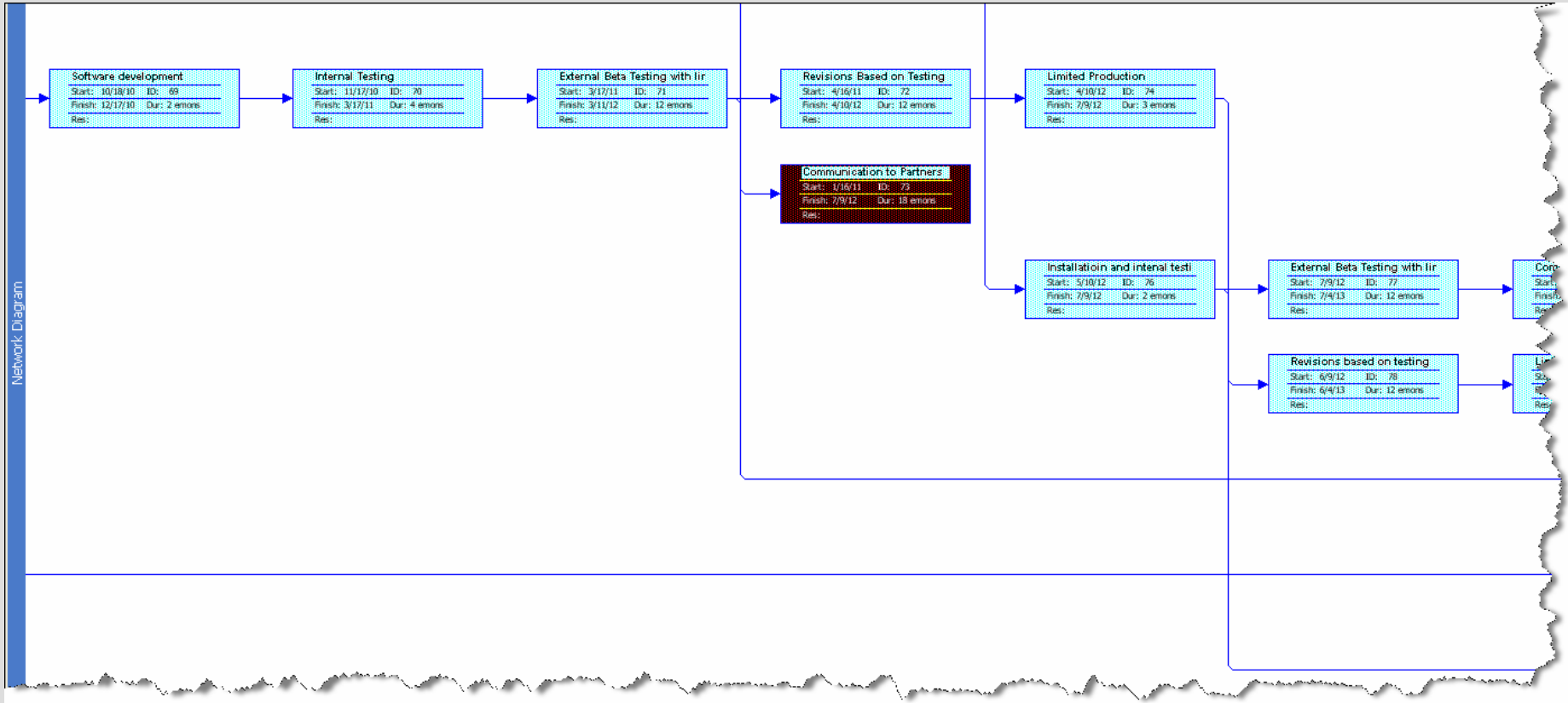
Gantt Chart

The Visual Effect – Gantt Chart



Gantt Chart

The Visual Effect – Network Diagram



The Collaboration

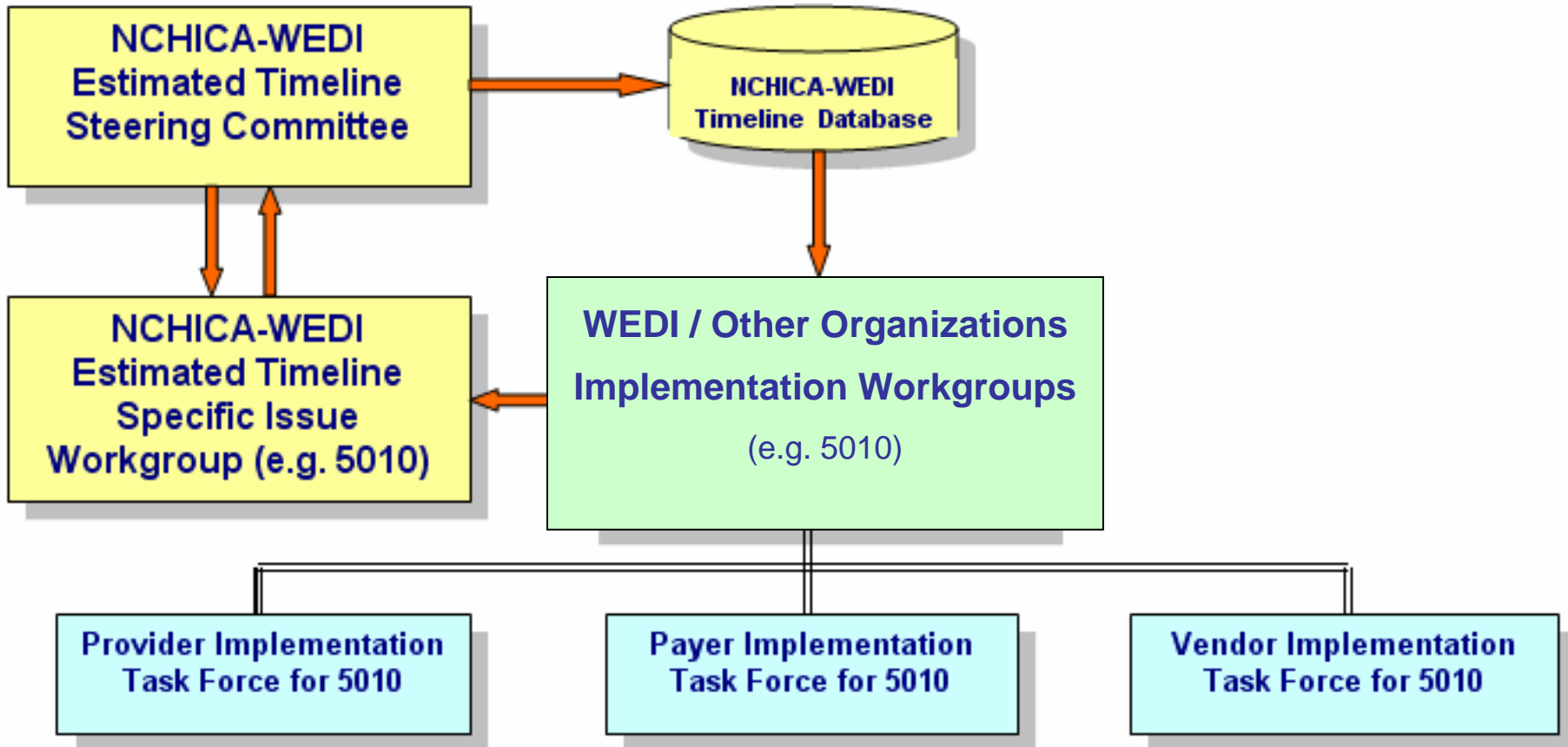
NCHICA & WEDI

The Collaboration: NCHICA - WEDI

- **Goals of the collaboration:**

- Provide a new tool for improving probability of successful implementation for all sectors
- Show relationships among projects and among entities (providers, plans, vendors, federal government)
- Provide the details to support estimated time to implement
- Use WEDI's knowledge of the wide range of initiatives that are under way or planned
- Maintain an updated project database for entities to download and use for their own internal resource planning purposes
- Provide basis for developing project plans that shows the specific actions that individual entities must undertake to implement new initiatives

The Timeline and Implementation Planning



Enhancing the NCHICA Timeline

- **Select initiatives to Include:**
 - ICD-10, 5010, NCPDP D.0, e-prescribing, attachments, acknowledgements, etc.
- **Engage the “key players” such as:**
 - Plans, providers, vendors, DSMOs (X12, HL7, ISO, etc.), government (CMS, ONC, HITSP, CCHIT, HISPC, NIST, DISA, GS1, NGA State Alliance for e-Health, etc.), **CORE**, etc., etc.
- **Identify the detail-level elements:**
 - Specific implementation steps, dependencies, prerequisites, etc.

Constructing the Enhanced Timeline

- Joint workgroup established
 - NCHICA & WEDI members
- First “Specific Issue” project selected
 - 5010 upgrade
- Detailed steps identified for providers, plans, federal government, vendors
- Elements and relationships / dependencies determined

The Collaboration

The 5010 Pilot Activity

1st Specific Issue Activity - 5010

- **5010 Timeline Workgroup includes:**
 - **Guy Ferrari** - BCBSNC
 - **Betsy Clore** - Wake Forest University Health Sciences
 - **Stacey Barber** – EDS / NC Medicaid
 - **Holt Anderson** - NCHICA
 - **Don Bechtel** – Siemens / HDX / WEDI / X12N
 - **Deborah Newman** – Consultant / NCHICA
 - **Stanley Nachimson** – Nachimson Advisors / WEDI

Current Assumptions for 5010

- Assume NPRM Published 6/08
- Entities review and do preliminary planning and budgeting
- Only minor revisions to standards
 - No consensus on this topic
- Final rule estimated to be published 2010
 - Assumes SDOs and CMS need this much time
- Vendors go first to develop, test, and deploy software with customers
 - Assumes that payers and providers demand this of their vendors

Current Timeline Projections for 5010

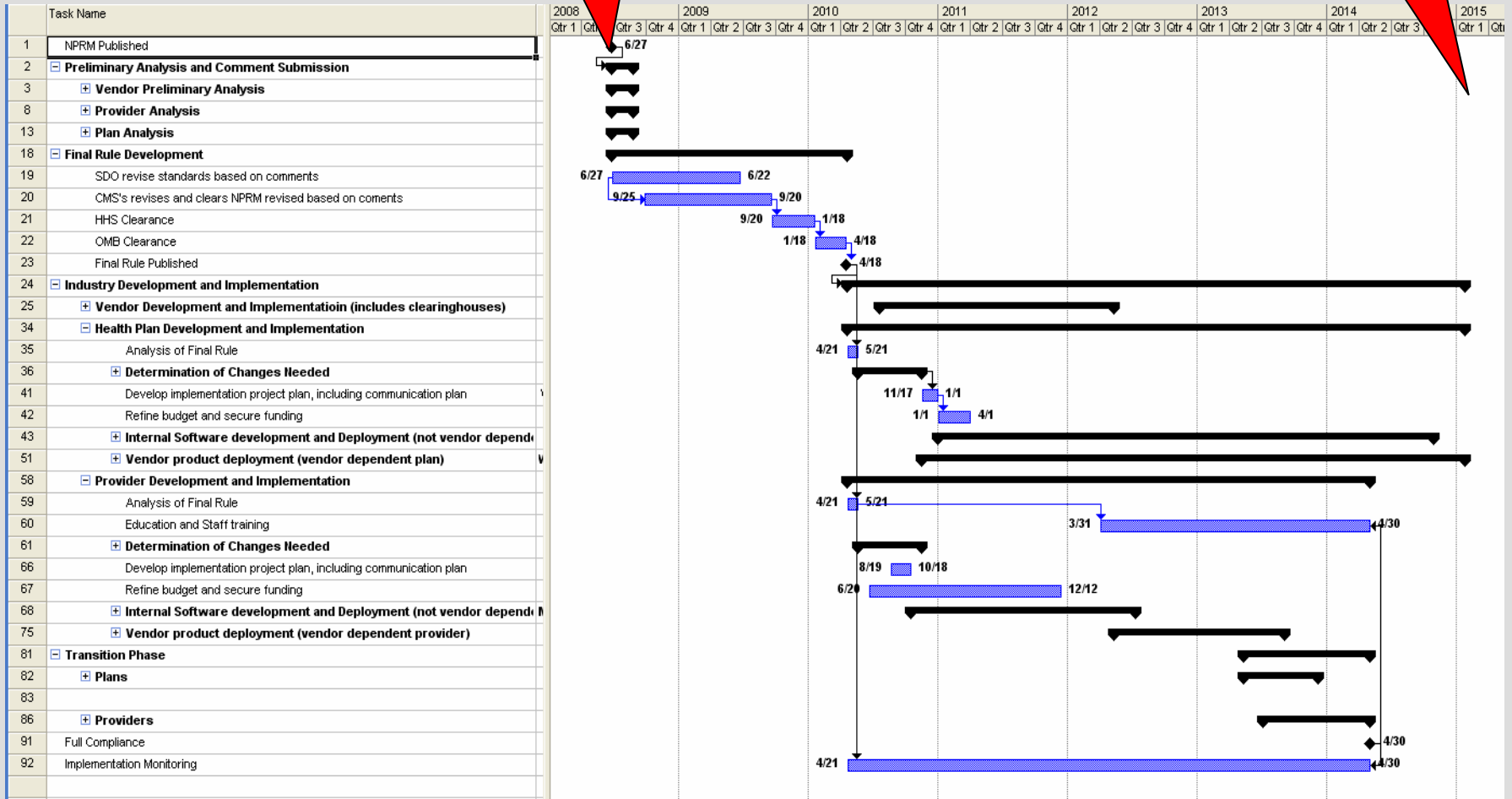
- Based on current assumptions and implementation steps:
 - 3-years to move to limited production of new standards *
 - Transition phase of 1-year to move to full compliance *
 - Resulting timeline is a 4-year implementation period to avoid contingency *

* Subject to change as Timeline is updated with new information

5010 Estimated Timeline – Gantt Chart

July 2008

May 2014



The pathway to 2014

5010 Estimated Timeline

as of November 13, 2007

IMPORTANT: Current Estimates Only:
Timeline to be revised as new
information is available

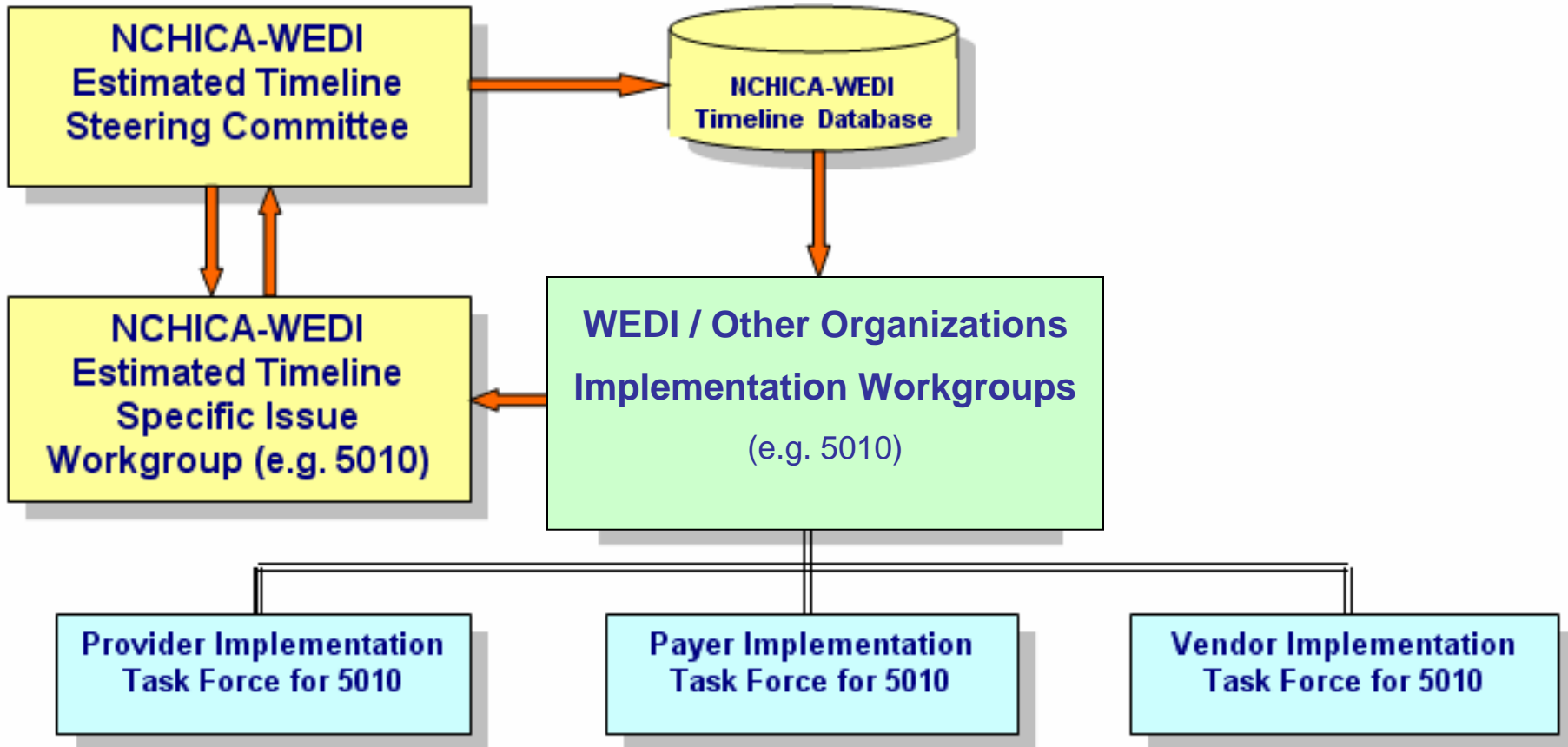


Microsoft Project
Document

The Collaboration

Moving Forward

The Timeline and Implementation Planning



Moving Forward

Management of the Initiative

- **Steering Committee – Provides Overall Policy Direction**
 - Project Director – appointed by WEDI
 - Project Assistant Director – appointed by NCHICA
 - 2 NCHICA representatives
 - 2 WEDI representatives
 - At-large representative from an SDO / DSMO

The Initiative as an Ongoing Effort

- **Workgroups**

- Established for **specific issues** (e.g., 5010, ICD-10, etc.)
 - Chair/Co-chairs appointed by Steering Committee
 - Open membership – join by appointment of Workgroup Chair(s)
- Develop balanced representation for accurate, credible, and trusted depiction of elements from:
 - Plans
 - Providers
 - Vendors
 - Government

Involvement

- **How you can become involved:**
 - Volunteer as SME for a specific issue workgroup
 - Participate on consistent basis
 - Build trust in *the estimated timeline* as a neutral and credible source of information
- **5010 Estimated Timeline Database posted and updated periodically:**
 - www.nchica.org
 - www.wedi.org

Questions ???

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