ICD-10
International Classification of Diseases

ICD-10 Zen: Finding Empowerment in ICD-10 Implementation

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Presented By:
Aaron R. Sapp
National ICD-10 Program Director

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Agenda

• ICD-10 Myth Busters
• ICD-10 Overview
• ICD-10 Implementation
• UnitedHealthcare’s ICD-10 Commitment
• UnitedHealthcare: Your Partner Through Change
• Questions
ICD-10 Myth Busters
ICD-10 Myth #1:

“ICD-10 will never happen. They’ll delay it again or just cancel ICD-10 completely.”

Myth: Busted!

The Department of Health and Human Services (HHS), in its statement regarding the Change to the Compliance Date for ICD-10-CM and ICD-10–PCS [45 CFR Part 162], stated they considered a two-year delay but found it would:

• Double the costs of the ICD-10 transition
• Present problems from a code freeze perspective
• Signal a lack of HHS commitment to ICD-10

HHS is providing the industry a strong argument against further delays of the ICD-10 transition.
ICD-10 Myth #2:

“The ICD-10 mandate contains an exemption for small providers and hospitals.”

Myth: Busted!

There are no exceptions. The ICD-10 mandate applies to all HIPAA covered entities, regardless of the size of the entity.
ICD-10 Myth #3:

“Myth: Busted!

If only it were that easy. The ICD-10 mandate will require a multi-faceted remediation approach that impacts both the IT infrastructure and business processes of any practice or facility implementing it.
ICD-10 Overview
The 5 “W’s”

Who?
The entire health care system, both finance and delivery, is affected by the transition to ICD-10.

What?
ICD-10 will become the HIPAA Standard for reporting of both diagnosis and inpatient procedure coding for all HIPAA covered entities.

Where?
ICD-10-CM (Clinical Modification) will be used in all health care settings to record diagnosis codes and ICD-10-PCS (Procedure Classification System) will be utilized in hospitals/facilities to record inpatient procedure codes.

Why?
ICD-9 is outdated. The enhanced flexibility of ICD-10-CM is expected to bring about a number of improvements compared to ICD-9.

When?
ICD-10’s compliance date is October 1, 2014!
## The Transition at a High Level

<table>
<thead>
<tr>
<th>ICD-9</th>
<th>ICD-10</th>
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<tbody>
<tr>
<td>13,500 Diagnosis Codes</td>
<td>Increase in the Total</td>
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<tr>
<td>4,000 Procedure Codes</td>
<td>Number of Codes</td>
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<tr>
<td></td>
<td>69,000 Diagnosis Codes</td>
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<tr>
<td></td>
<td>71,000 Procedure Codes</td>
</tr>
<tr>
<td>Angioplasty 39.50</td>
<td>Angioplasty 047K047</td>
</tr>
<tr>
<td>(1 code)</td>
<td>Specifying body part,</td>
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<tr>
<td></td>
<td>approach and device</td>
</tr>
<tr>
<td></td>
<td>(854 different codes)</td>
</tr>
<tr>
<td>Pressure Ulcer Codes 707.00</td>
<td>Pressure Ulcer Codes L89.131</td>
</tr>
<tr>
<td>707.99 Showing location,</td>
<td>Specific location, depth,</td>
</tr>
<tr>
<td>but not depth</td>
<td>severity, occurrence</td>
</tr>
<tr>
<td>(7 codes)</td>
<td>(125 different codes)</td>
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<tr>
<td>Indicated through notes</td>
<td>Y71.3 Surgical instruments,</td>
</tr>
<tr>
<td>and other methods</td>
<td>materials and cardiovascular</td>
</tr>
<tr>
<td></td>
<td>devices associated with</td>
</tr>
<tr>
<td></td>
<td>adverse incidents</td>
</tr>
<tr>
<td>89.8 Autopsy</td>
<td>**No equivalent ICD-10 Code</td>
</tr>
<tr>
<td></td>
<td>**No equivalent ICD10 code</td>
</tr>
</tbody>
</table>

**Source: CMS: ICD-10 CM/PCS An Introduction
***Source: CMS: General Equivalence Mappings
### Why Are We Doing This?

#### The Purpose of ICD-10

- Improve codes based on advancements in medicine
- Use more current medical terminology
- New codes include greater detail and more specificity

**BUZZWORD**

**Granularity**

#### Why is it Important?

- Over time, ICD-10 will promote:
  - Improved Payment Accuracy
  - Fewer Rejected Claims
  - Improved Disease Management
  - Significant Decrease in Rework/Administrative Expense
  - Comprehensive Reporting of Quality Data
  - Data Tracking of Disease: USA/International

**Better information. Better decisions.**
RAND Study Results:

- Cost/Benefit analysis of moving to ICD-10
- National Committee on Vital and Health Statistics (NCVHS) commissioned the RAND Corporation to conduct analysis
- Report was released in 2004

**Cost Estimate:**

$400M to $1,150M (plus $5M to $40M in productivity losses in first year post-implementation)

**Benefit Estimate:**

$700M to $7,700M (over 10 years)

- Training Physicians, Coders and Billers
- System changes and enhancements
- Conducting process analysis
- Productivity losses

- Better understanding of health care outcomes
- Fewer miscoded, rejected and improperly reimbursed claims
- Improved Disease Management
- Improved value of new procedures

**Study Conclusion:** It is likely that moving to ICD-10-CM and ICD-10-PCS has potential to generate more benefits than costs.
ICD-10 Will Help Patient Care

While it’s difficult to show how ICD-10-CM will improve physician ability to take care of a patient on a case-by-case basis, enhanced informatics should allow for:

- More effective care
- Higher-quality care
- Evidence-based care

A broader perspective on ICD-10 is that physicians contribute critical information that can support improvement in how care is both assessed and delivered.

Better information ultimately leads to better care.

In this way, ICD-10 is not about one visit with one patient: It’s bigger than that.

Source: Dr. Joe Nichols: ICD-10-CM: The case for moving forward.
Consider the Diagnosis Code

In his article for the American Association of Family Physicians entitled, “A Refresher on Medical Necessity,” Peter R. Jensen M.D. states the importance of diagnosis coding:

“[Diagnosis] codes represent the first line of defense when it comes to medical necessity. Correctly chosen diagnosis codes support the reason for the visit as well as the intensity of the services provided.”

Under the title, “Exclusions from Coverage and Medicare as a Secondary Payer” Section 1862 (a)(1)(A) of the Social Security Act states that Medicare will not make a payment for any services which “are not reasonable and necessary for the diagnosis or treatment of illness and injury…”

The Centers For Medicare and Medicaid Services (CMS), denotes in the “Medicare Claims Processing Manual” (Chapter 12, Section 30.6.1(A)) that “Medical necessity of a service is the overarching criterion for payment in addition to the individual requirements of a CPT code.”
ICD-10 Implementation
ICD-10 Myth #4:

“ICD-10 is Overwhelming”

Myth: Busted!

Using a strategic approach to the ICD-10 remediation by starting transition activities now can make the transition to ICD-10 happen.

In AAPC’s white paper “ICD-10: The History, The Impact and the Keys to Success,” the ICD-10 Vice President for the American Association of Professional Coders (AAPC), Rhonda Buckholtz, summarized the implementation process:

“Practices that take a strategic approach to ICD-10 implementation will not have the [same] productivity struggles as those who do not take ICD-10 seriously.”
Avoid the “Oh No” Curve

“Oh No” Curve:
Panic, Chaos, Overload, Overtime and Over-Budget

Concept: RT Welter and Associates, INC.

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Make Implementation Easier

1. Organize a project team and resources for project completion
2. Conduct preliminary impact analysis
3. Create an implementation timeline
4. Develop an ICD-10-CM implementation budget
5. Analyze documentation needs
6. Develop a communication plan
7. Develop a training plan
8. Complete information system design and development
9. Conduct a business process analysis
10. Conduct a needs assessment
11. Complete deployment of the system changes

Gather a Project Team

1. Organize a project team and resources for project completion*

**Project Team:**
CMS estimates it will take 1-2 days to identify and get a project team together and 1-2 weeks to develop the practice ICD-10 project plan

**Key Considerations:**
- Create Project Summary
- Identify Leaders
- Develop initial budget, project completion timeline, training plan

**Suggestion:**
*SWOT* (strength, weakness, opportunity, threat analysis)

**Resources:**
CMS suggests you review ICD-10 resources from CMS, trade associations, payers and vendors.

**A good place to start?**
Visit the UnitedHealthcareOnline.com ICD-10 page for a list of resources: CMS, WEDI, HIMSS, AMA, AAPC, OptumInsight, Health Data Consulting

Determine the ICD-10 Impact

2. Conduct preliminary impact analysis*

Impact Analysis:
CMS estimates it will take 1-2 months to identify how ICD-10 will affect your practice.

Key Considerations:
• Documentation to meet Medical Necessity
• IT changes needed
• Review health plan policies and local and national coverage policies

**Suggestion:
Sticky-Note Brainstorming - gather all staff members and have them record on sticky notes all the areas that could be affected by ICD-10. Then arrange the notes by “people/process/technology.”


**Concept: RT Welter and Associates, INC
Timeline for ICD-10 Success

3. Create an implementation timeline

Timelines are an important element of the ICD-10 plan and must include milestones to ensure the project is being kept on track.

Don’t forget to contact your vendors and understand their timeframes. **Your vendor’s timeline is dependent on our timeline.**

CMS has a helpful timeline tool created for small and medium practices which can be found at CMS.gov

4. Develop an ICD-10-CM implementation budget

The earlier you start your ICD-10 implementation, the longer the period of time you have to defer costs.

**Key ICD-10 Budgetary Considerations:**
- Software and licensing costs
- Hardware procurement
- Development costs
- Implementation deployment costs
- Possible EMR upgrade costs
- Staff training costs, overtime expenses
- Cost to upgrade super-bill and encounter forms
- Workflow process change costs
- Testing costs

5. Analyze documentation needs

Documentation is important to the provider to assure that they have the information necessary to provide appropriate care for their patients.

While some providers raise concerns about the “unnecessary” burden of additional documentation required by ICD-10, an analysis of these requirements shows that this level of documentation is positively impacts good patient care regardless of coding requirements.

Clinicians should document these medical concepts today to assure that important factors about the patient’s condition are available to guide care and recognize health risks.

Implementation Tip: Dual Code five to 0 records per week.

Source: Dr. Joe Nichols: ICD-10-CM: Advantages to Providers.
ICD-10 is Information Collection

Dr. Russ Leftwich, a board-certified Internist who works as the CMIO for the Tennessee Office of eHealth Initiatives (TennCare) and is the HIMSS 2012 IT Leadership Award Winner, sums up the difference between I-9 and I-10 this way:

ICD-9 = Coding   ICD-10 = Information Collection

Clinical Example: A provider sees a patient in a [subsequent encounter] for a [non-union] of an [open] [fracture] of the [right] [distal] [radius] with [intra-articular extension] and a [minimal opening] with [minimal tissue damage].

ICD-9 Code: 813.52 Other open fracture of distal end of radius (alone)

ICD-10-CM Code: S52.571M Other intra-articular fracture of lower end of right radius, subsequent encounter for open fracture type I or II with non-union

Codes related to fractures of the radius:

- ICD-9 = 32
- ICD-10 = 1731

Clinical Example Source: Health Data Consulting White Paper: ICD-10: A Primer
Elements to consider when recording a medical record:

Etiology, including cause of injury*
Condition(s), including related conditions*
Manifestation
Complication
Site, including specific anatomy*
Laterality, including dominate vs. non-dominate*
Episode of Care (Initial; Subsequent; Sequela)
Other Acute Situations (examples):
  Asthma (Mild, Intermittent/Mild, Persistent/Moderate, Persistent/Severe, Persistent)
  Trimester of Pregnancy Required
  Fractures Must Be Specified as Open/Closed
  Combination Codes Available

**Advantages of more detailed diagnosis coding:**

- Reduces requests for additional documentation to support medical necessity
- Captures accurate data on the new ways of describing diseases due to advances in medicine
- Provides data to support performance measurement, outcome analysis, cost analysis and resource utilization
- Increases the sensitivity of the classification when refinements are made in applications, such as grouping methods

Documentation is the key; If not documented, it cannot be coded!

**Source:** Grider, D.J. (2010). Preparing for ICD-10-CM: Make the Transition Manageable. United States: American Medical Association
6. Create a Communication Plan

It’s been said that “people don’t mind change—they just don’t like being changed.” Proper communication will help everyone to feel part of the transition, instead of feeling that they are being “changed.”

Communication is key to the ICD-10 transition plan because it lets everyone know where the practice is in the ICD-10 transition process and the role they play in the transition.

Communication tactics might include staff meetings, newsletters, email updates, etc.
7. Develop a Training Plan

Training is an important element to ICD-10 success and all areas of the practice will need some level of training.

Key Training Elements:
- Accept the notion that education is key to a successful ICD-10 transition
- Develop an ICD-10 training plan, recognizing different levels of training will be required: basic; clinical; documentation; “super users”
- Decide on the timing of training delivery: not too soon—not too far out

UnitedHealthcare and the AAPC have teamed up to offer you discounts on all of the AAPC’s ICD-10 CEUs and other education.
8. Complete Information System Design and Development

In this phase of ICD-10 implementation, existing systems have to be remediated to accept both ICD-9 and ICD-10 codes. Systems include hardware, software, applications, screens and electronic or print forms.

A critical element to this transition stage is data mapping. Data mapping (or code mapping) is the process of finding the equivalent clinical meaning from the source code and applying it to the target code set.

CMS has created General Equivalency Mapping (GEM) files which are a two-way translation dictionary for diagnosis codes from which maps can be developed.

9. Conduct a Business Process Analysis

You may have put a lot of work into your ICD-10 preparation, but make sure to ask some important questions from a business process perspective, such as:

- How will ICD-10 help the patient and the patient care by the practice?
- Will ICD-10 reduce the number of patients that can be seen per day?
- Will there be a delay in receiving reimbursement after implementation because of system issues?
- Will ICD-10 result in more claim denials initially?
- Does the practice have sufficient funds to handle a delay in cash flow?

**Implementation Tip:** CMS suggests having some cash on hand post-implementation and to work on procuring a line of credit, if necessary.

10. Conduct a Needs Assessment

What is needed to ensure success as the practice moves to ICD-10?

• Does the practice need a code look-up tool?
• Does the practice need an encoder?
• Would a conversion to an electronic medical record (and ‘meaningful use’ incentives) be appropriate?
• Does the practice need ICD-10 coding books?
• Does the practice need anatomy books or other reference material?

11. Complete Deployment of the System Changes

Testing is a critical element of ICD-10. Testing with trading partners is the best opportunity a practice will have to make certain that the ICD-10-CM codes will be received and interpreted properly after the compliance deadline.

**CMS suggests** that you allow nine months for ICD-10 to account for your practice’s coding, billing and clinical staff. CMS also suggests:
- Test the ICD-10 codes your practice sees most often
- Test data and reports for accuracy

Deloitte anticipates “small, elite” groups will leverage ICD-10 to “further their market agendas, business models and clinical capabilities” in a way that will provide a competitive advantage. This could be achieved via: M&A Opportunities, Shared Service Opportunities, Information and Data Opportunities, EMR Opportunities, Clinical Documentation Excellence Program and the Opportunities for New Staffing Models.
UnitedHealthcare’s ICD-10 Commitment
Full Regulatory Compliance

• UnitedHealthcare will fully comply with the regulatory mandate as described in the Final Rule published September, 2012.
• UnitedHealthcare will fully comply with all Medicare (CMS) requirements for ICD-10 code-set usage.

Transition Neutrality

• Operational Stability
• Clinical Integrity
• Revenue Predictability

Full Remediation for Native Processing

• Any system, not scheduled to sunset, must be remediated to natively accept, process and output results for all transactions using compliant ICD-10 code sets.
• Processing will be based on discharge date (inpatient) or date of service (outpatient).
• UnitedHealthcare will not accept ICD-10 codes before the transition date.

Physician Contract

• If you are party to a UnitedHealthcare physician contract (or bill on a HCFA 1500) there is no need to remediate or re-contract based on the ICD-10 mandate
Established Project Management Organization (PMO)
• Steering Committee and Advisory Board
• Bifurcated, but coordinated, ICD-10 PMO Leadership and focus: IT and Business Process
• 10 Dedicated Enterprise Functional Leads
• UnitedHealthcare is incorporating best practices from HIPAA 5010 to ensure the stability of UnitedHealthcare core functions and operations
• Heavy investment in technology and training to ensure a timely and smooth transition
UnitedHealthcare Testing Timeframe

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<tr>
<td><strong>DRG Shift Comparison</strong></td>
<td><strong>Internal UAT &amp; Enterprise Test</strong></td>
<td><strong>OptumInsight EDI Connectivity</strong></td>
<td><strong>Early System Claim Testing w/Providers</strong></td>
</tr>
<tr>
<td>Collaborative test with 15-20 facilities (w/ DRG, per case or per diem contracts) to identify potential ICD-9 to ICD-10 DRG [reimbursement] shifts.</td>
<td>Q2 &amp; Q3 2013 reserved for completion of platform code load efforts, comprehensive internal UAT and Enterprise Test phases.</td>
<td>Testing with OptumInsight EDI to verify compliant transactions can be processed between the OI Managed Gateway and UnitedHealthcare key platforms.</td>
<td>Pilot testing with limited facility, medical and other providers to verify accurate claim results.</td>
</tr>
<tr>
<td>• Validate UHC mapping rules with ICD-10 codes assigned by facilities.</td>
<td>Ensure UnitedHealthcare and OI software changes, edits, hosted solutions, managed gateway updates work correctly before testing with providers or other clearinghouse vendors.</td>
<td>Process ICD-10 test claims from select providers through remediated code in UnitedHealthcare test systems to identify any variations due to</td>
<td></td>
</tr>
<tr>
<td>• Establish relationships with UnitedHealthcare’s largest facility providers.</td>
<td>Providers assign ICD-10 codes to select ICD-9 paid claims. DRGs assigned to ICD-9 vs. ICD-10 codes are compared and analyzed manually.</td>
<td>1. Provider contract reimbursement provisions</td>
<td>1. Providers • Facilities • Physicians • Other providers</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Member benefit provisions (copays, deductibles, etc.)</td>
<td>2. Vendors • Provider claim submission vendors/select clearinghouses</td>
</tr>
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<td></td>
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<td>3. Medical Mgmt. or clinical policies (med necessity, prior auth, referrals)</td>
<td>3. Regulatory Agencies • State Medicaid Agencies (UnitedHealthcare Community Plan) • CMS</td>
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<td>4. ASO - Employer Groups/Benefit Organizations</td>
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<td>5. OTHER - Quality Organizations (NCQA/HEDIS), etc.</td>
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<td>May include end-to-end claim process flow testing with a limited selection of providers and clearinghouses.</td>
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Business Partner Testing

Key Testing Objectives

External (Multiple-Partner) End-to-End Business Partner Testing – between payers, providers and related business partners to verify accurate and compliant processing of ICD-10 coded transactions.

End-to-End Testing...

1. Involves complete data and transaction flow. The data and transaction flow is the path the data takes from its creation (the care event) through to the payment input of payment data into a provider’s accounts management system. It includes the processes with all entities along the path (including providers, clearinghouses, payers, trading partners and vendors).

2. Uses real world cases and data from start to finish, including every step from initial clinical event.

3. Must complete a full business process cycle and provide results back to the submitter.

4. Includes testing of reporting requirements and quality measures.

5. Requires adequate documentation of compliance (using the CMS End-to-End Pilot Checklist when available).

The Phase 4 Timeline: Q3 2013 – Q3 2014
UnitedHealthcare: Partners through Change
UnitedHealthcare’s Approach to ICD-10 Information Dissemination is:

- Multi-Faceted
- Provider Focused
- Actionable

In Executing on its Approach UnitedHealthcare is Providing Multiple Opportunities to Access the Message and Positions us to Act as Trusted Advisors to our Delivery-Side Partners Preparing for ICD-10
UnitedHealthcare’s ICD-10 Website

UnitedHealthcare’s ICD-10 website is an importance element as it allows our delivery side partners to come to the information when *they* are ready.

**UnitedHealthcare’s ICD-10 website provides access to:**

- **Education**
  - On demand education module, PowerPoint presentations
- **Tools**
  - FAQs, ICD-10 readiness assessment solution (RAS) tool
- **Resources**
  - ICD-10 focused website links
- **Partnerships**
  - AAPC Partnership!

Website address:  
[www.unitedhealthcareonline.com](http://www.unitedhealthcareonline.com)
Existing Communication Pathways

Ensuring that traditional and existing communication pathways are utilized in the advancement of UnitedHealthcare’s ICD-10 message is critical.

Network Bulletin:

- July, 2012: HIPAA 5010 Transition Paves the Way for ICD-10
- September, 2012: ICD-10: Why 24 Months is Really 18 Months
- January, 2013: UnitedHealthcare and AAPC Partner on ICD-10
- May, 2013: ICD-10 Myths and Realities (coming soon!)

UnitedHealthcare Administrative Guide
TriCare Provider Handbook
UnitedHealthcare’s ICD-10 Outreach

ICD-10 Outreach (or onsite, face-to-face education) while not the most scalable is one of the more effective education delivery models and is an important aspect of our commitment to assisting our delivery side partners with the transition.

**Outreach Delivery (Selected):**
- State Medical Societies (ArMA/ TMA)
- State Medicaid Agencies (TENNCare)
- State ICD-10 Collaboratives (CA/ MA/ OR/ NY)
- UnitedHealthcare Provider Town halls
- United Healthcare Administrative Advisory Councils
- Industry Organization Participation (WEDI/ MGMA)
- ICD-10 Monitor “Talk-Ten Tuesday” Webcast
- Industry Coding Events (AAPC/ AHIMA)
- Specialty Societies (AAOS/ APMA)
From “ICD-10?!?” into “I Can Do-10!”

**Turn ICD-10**
- Industry Leadership
- ICD-10 Outreach
- ICD-10 Education
- ICD-10 Tools

**Into**
- ICD-10 Resources
- ICD-10 Partnerships
- ICD-10 White Paper

**I Can Do – 10!**
- ICD-10 Communication
- ICD-10 Collaborations
- *YOUR ICD-10 Partner!*
Questions?
Questions?

Aaron R. Sapp  
National ICD-10 Program Director  
303-984-1897  
aaron.sapp@uhc.com
Appendix

Dr. Joe Nichols: **ICD-10-CM: The case for moving forward**

Dr. Joe Nichols: **Clinical Documentation**
What’s Wrong with ICD-9?

- ICD-9 is outdated; implemented in 1979
- ICD-9 code structure is running out of space
- ICD-10 codes provide greater detail and increased specificity that could produce quality data on diagnostic and procedural trends, resulting in improved quality
- National E-health initiative and engaging in the full benefit from electronic health record (EHR) systems cannot be achieved without replacing ICD-9
- ICD-9 codes do not capture data relating to factors other than disease which significantly limits research capabilities
- About 100 other nations have already replaced ICD-9

What characteristics are needed in a coding system?

**Flexibility:** Codes need to quickly incorporate emerging diagnosis and procedure codes.

**Exactness:** Codes should identify diagnosis and procedure precisely.

ICD-9 is *neither* of these*

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*Pat Brooks
Senior Technical Advisor
CMS
Worldwide ICD-10 Adoption (Selected)

- 1995: United Kingdom
- 1996: France, South Africa
- 1998: Australia, Brazil, Germany
- 1999: Russia
- 2002: China
- 2006: Canada

* Canadian ICD-10 Transition:
- Last country to transition
- Implemented ICD-10 CA/CCI only in hospital setting
- Went from 3,500 procedure codes to 20,000
- 5-year transition plan
- The Canadian transition was a funded mandate

UnitedHealth Group and all of its affiliates plan to be fully compliant with ICD-10 by the federal mandated date of October 1, 2014. UnitedHealthcare has a well-established Project Management Organization that has completed an inventory of the changes required, and has a plan in place to implement and test these changes. As part of our ICD-10 implementation plan we will conduct an all-encompassing trading partner testing schedule, and providing training on these changes.