March 3, 2015

The Honorable Fred Upton  
Chair  
Committee on Energy & Commerce  
U.S. House of Representatives  
2125 Rayburn House Office Building  
Washington, D.C. 20515

The Honorable Paul Ryan  
Chair  
Committee on Ways & Means  
U.S. House of Representatives  
1102 Longworth House Office Building  
Washington, D.C. 20515

The Honorable Frank Pallone, Jr.  
Ranking Member  
Committee on Energy & Commerce  
U.S. House of Representatives  
2322A Rayburn House Office Building  
Washington, D.C. 20515

The Honorable Sander Levin  
Ranking Member  
Committee on Ways & Means  
U.S. House of Representatives  
1106 Longworth House Office Building  
Washington, D.C. 20515

The Honorable Orrin G. Hatch  
Chairman  
Committee on Finance  
United States Senate  
219 Dirksen Senate Office Building  
Washington, D.C. 20510

The Honorable Ron Wyden  
Ranking Member  
Committee on Finance  
United States Senate  
219 Dirksen Senate Office Building  
Washington, D.C. 20510

Re: International Classification of Disease, 10th edition implementation

Dear Chairmen Upton, Ryan, Hatch and Ranking Members Pallone, Jr., Levin, and Wyden:

On behalf of health care organizations comprised of 130 hospitals and 1,475 clinics in 14 states with nearly 20,000 providers and over 260,000 support professionals, we write to urge no further delay in the implementation of the International Classification of Disease, 10th edition (ICD-10) beyond October 1, 2015. As described in more detail below, the Protecting Access to Medicare Act of 2014 delayed the ICD-10 conversion and penalized organizations that invested significant fiscal, organizational and human resources to prepare for the transition. ICD-10 provides enhanced tools that will improve quality of care for patients in our health care delivery system. ICD-10 is based on years of stakeholder discussions, consensus building, and government rulemaking.

The current ICD-9 classification system is over 30 years old and outdated – the platform uses obsolete terminology and codes that produce limited data, and is inconsistent with current medical practice. The ICD-10 code set strengthens the types of data recorded, the specificity and exactness in describing a patient’s diagnosis, and in classifying inpatient procedures. ICD-10 is therefore a critical tool in aiding quality improvement and patient safety efforts in our systems. Other countries adopted and have been using ICD-10 since as early as 1995.

The Centers for Medicare and Medicaid Services (CMS) originally finalized a rule to adopt ICD-10 in January of 2009, setting a compliance date of October 1, 2013. In August of 2012, CMS
administratively delayed the compliance date to October 1, 2014. The stated rationale was to give healthcare providers more time to prepare and fully test their systems to ensure a smooth and coordinated transition. At the time of the delay CMS acknowledged that commercial health plans, medium and large hospitals, and large physician practices were far along in their ICD-10 implementation planning, and therefore have devoted funds, resources, and staff to the effort. CMS estimated that a one-year delay of the ICD-10 compliance date would add 10 to 30 percent to the total cost that these entities have already spent or budgeted for the transition (and noted that a 2-year delay would double those costs).

The undersigned health care systems and associations support policies that will foster better quality care for patients and create a sustainable health care system. The ICD-10 platform allows for more codes and more information per code, resulting in better support for care management, quality measurement and analytics. This is critical to quality improvement efforts. It will produce better data for measuring quality of care provided to patients, designing payment systems, processing claims, making clinical decisions, and identifying waste, fraud and abuse. To our surprise and disappointment, Congress acted to delay ICD-10 implementation for another year – until October 1, 2015 – through a provision inserted into the Protecting Access to Medicare Act of 2014.

Our organizations have invested substantial time and financial resources in preparing for roll-out of ICD-10 by the mandated deadline. The original compliance date was finalized over six years ago. To delay implementation again would cause a great deal of waste and create unnecessary expense. We will again need to maintain the personnel, training and technological resources necessary to implement ICD-10. Using the government’s own cost estimates from the 2012 delay, our organizations could be penalized by as much as 30 percent of our investment to date with further delays.

In conclusion, on behalf of our organizations, we respectfully ask that you please do not further delay ICD-10 implementation and support the proposal by CMS to implement ICD-10 at the earliest date possible allowed by statute – October 1, 2015.

Sincerely,

Gundersen Health System
La Crosse, Wisconsin
www.gundersenhealth.org

Marshfield Clinic Health System
Marshfield, Wisconsin
www.marshfieldclinic.org

ThedaCare
Appleton, Wisconsin
www.thedacare.org

Aurora Health Care
Milwaukee, Wisconsin
www.aurora.org

Hospital Sisters Health System
Springfield, Illinois
www.hshs.org

Bellin Health System
Green Bay, Wisconsin
www.bellin.org

PeaceHealth
Vancouver, Washington
www.peacehealth.org

Avera
Sioux Falls, South Dakota
www avera.org

The Everett Clinic
Everett, Washington
www.everettclinic.com

Spectrum Health System
Grand Rapids, Michigan
www.spectrumhealth.org

Essentia Health
Duluth, Minnesota
www.essentialhealth.org

CAPG
Los Angeles, California
www.capg.org
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Cc: The Honorable Joe Pitts, Chair, Energy & Commerce, Subcommittee on Health  
The Honorable Gene Green, Ranking Member, Energy & Commerce, Subcommittee on Health  
The Honorable Kevin Brady, Chair, Ways & Means, Subcommittee on Health  
The Honorable Jim McDermott, Ranking Member, Ways & Means, Subcommittee on Health