



AMERICAN COLLEGE OF PHYSICIANS
INTERNAL MEDICINE | *Doctors for Adults*®

November 28, 2007

Kerry Weems
Acting Administrator
Centers for Medicare and Medicaid Services
200 Independence Ave SW
Washington DC 20201

Dear Mr. Weems:

The American College of Physicians (ACP), representing more than 124,000 physicians specializing in internal medicine and medical students, has great concerns that the Centers for Medicare and Medicaid Services (CMS) recently awarded a contract to the American Health Information Management Association (AHIMA) to study the impact on CMS of implementing the International Classification of Diseases, 10th Revision (ICD-10).

The announced study, if performed as intended, could be an important step towards understanding the complex and expensive nature of a transition to ICD-10. Unfortunately, ACP believes that the awarding of the study contract to AHIMA without an open bid study award process immediately calls into question its independence. ACP respects AHIMA and has worked with the organization on joint initiatives. However, AHIMA has actively lobbied for swift implementation of ICD-10 in both the Congressional and administrative arena and has not fully addressed the costs of this implementation. A brief review of AHIMA's website shows a number of policy statements and press releases that advocate for an accelerated transition to ICD-10 and notes that it should have been adopted "10 years ago". While ACP understands that AHIMA is being asked for technical as opposed to policy recommendations, ACP believes that the technical requirements of CMS as assessed by AHIMA will have a significant impact on a decision as to whether to go forward with ICD-10 implementation.

ACP requests that CMS seriously consider the implications of this potential bias and take action to prevent a situation that will result in a study that will lack credibility upon its release. CMS should reconsider the awarding of this contract to AHIMA and offer a contract through an open, competitive process that would allow all stakeholders to view the statement of work. It is important that CMS conduct the study using a process that will ensure confidence in its results.

If CMS does not bid this contract and proceeds with the AHIMA study, ACP presumes that the agency's contract with AHIMA prohibits it from advocating on the issue of ICD-10 until such time as the report has been publicly released. ACP urges CMS to make the terms of the contract public to clarify this matter.

As previously stated in numerous statements and forums, ACP does not believe that there is strong evidence that the benefits of switching to ICD-10 for the diagnosis coding of outpatient encounters will outweigh the significant costs of doing so. The switch to ICD-10 will have an enormous cost for providers of care, health care administrators, and patients. The benefits, however, have not been proven. As an opponent of a change to ICD-10, the College would not bid on or expect to be awarded a contract to study the implementation impact. Accordingly, ACP is perplexed as to why CMS awarded the study contract to an organization that is a primary proponent of the change.

CMS must take steps to ensure that the results from any ICD-10 implementation impact study are a constructive contribution toward determining whether to proceed with ICD-10 implementation. If you have further questions about this issue, please contact Brian Whitman, Senior Analyst for Regulatory and Insurer Affairs at (202) 261-4544 or bwhitman@acponline.org

Sincerely,

A handwritten signature in black ink that reads "David C. Dale". The signature is written in a cursive, slightly slanted style.

David C. Dale, MD, FACP
President

CC: Tony Trenkel – CMS
Karen Trudel - CMS