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There are several attendees still waiting to log in

ICD-10 transition: Risks, challenges and opportunities

Thursday, December 13, 2012

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ICD-10 transition: Risks, challenges and opportunities

Thursday, December 13, 2012



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Today's objectives

- No more delay!
- Considerations for translation – General Equivalency Mapping (GEM) crosswalk
- Translation process
- ICD-9 translated to ICD-10: GEM-based
- GEM limitations
- Beyond the GEMs – custom mappings
- Financial impact risk: GEM-based
- Managing GEM-based mapping
 - Custom mappings
 - CDI integration
 - Coder integration
 - Education integration

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 - Include actual time in and time out of all participants
 - Verify active participation of all group members
- Submit via email within three days

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Today's presenters



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Polling Question One

- Where did you hear about this webcast?
 - My local HFMA chapter
 - My local hospital association
 - McGladrey invitation / contact
 - McGladrey website
 - Colleague / friend
 - Twitter / Facebook
 - Other

Polling Question Two

- What type of organization do you represent?
 - PPS hospital / health system
 - Sole community hospital
 - Critical access hospital
 - City/county hospital
 - Physician clinic
 - Association
 - Other

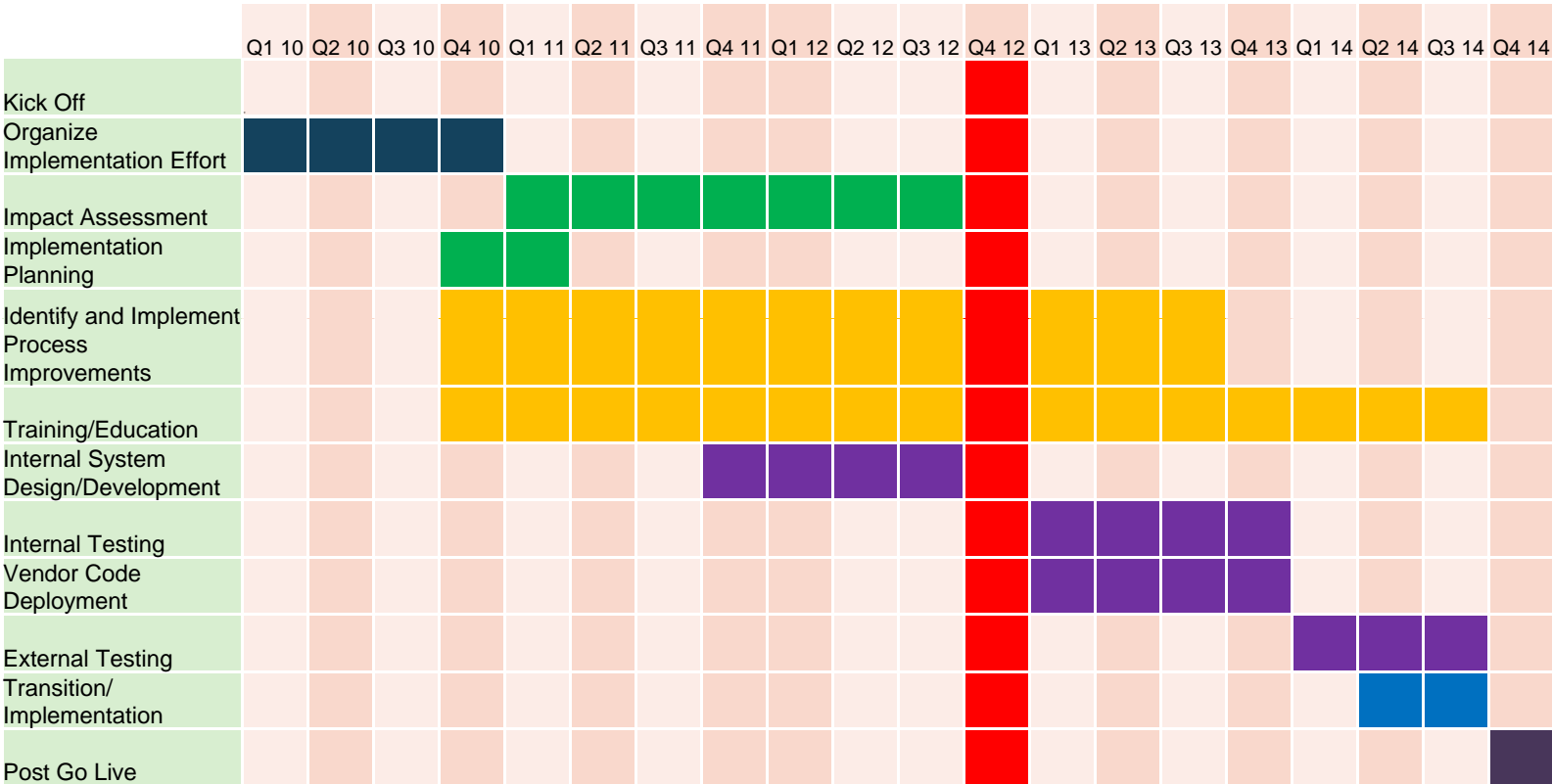
Polling Question Three

- What role do you hold within your organization?
 - Board of Directors / Strategic Planning
 - CEO / CFO / COO / CIO
 - Clinical Leadership / CMO
 - ICD-10 Transition Director / Manager
 - Legal Counsel / Internal Tax Director
 - Marketing / PR / Community Benefits
 - Patient Financial Services
 - Medical Records / HIM
 - Reimbursement
 - Other

No more delay!

- **Deadline has officially been announced as October 2014**
- Federal mandate for transition to 5010 software and ICD-10 CM and PCS coding
 - Improve patient care
 - Improve diagnosis, coding, billing and reimbursement
 - Reduce health care cost
- **Providers cannot wait any longer!**

No more delays (continued)



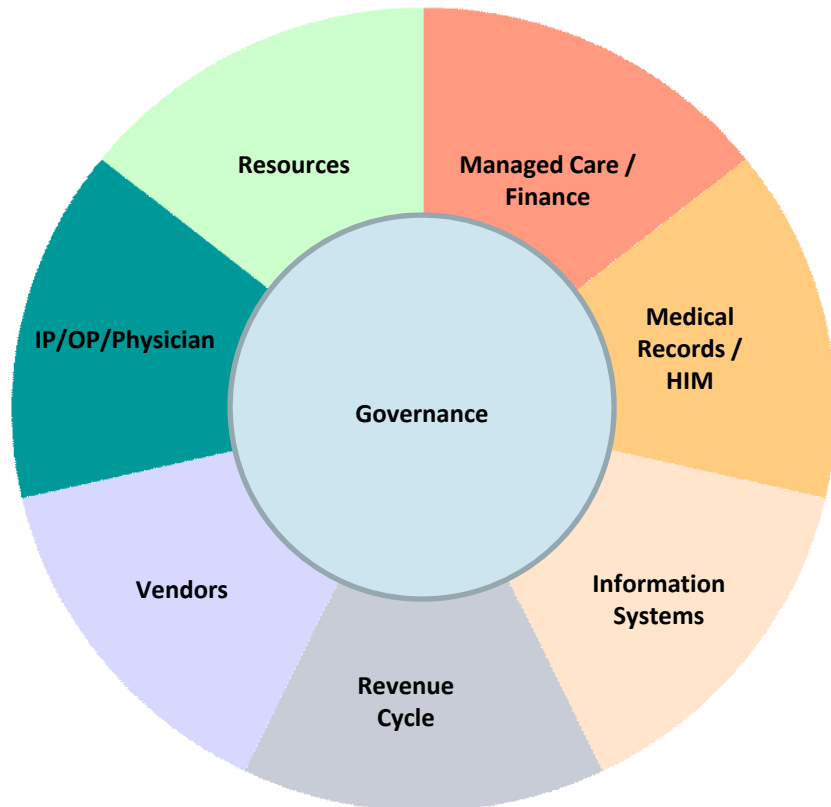
Timeline Catch-up Necessary



Unofficial October 2014 update of the original WEDI Timeline

No more delays (continued)

Risk Areas



Considerations

GOVERNANCE: Steering committee, sub-workgroups, project charter, communications plan, issues escalation plan, project management office, ICD-10 lead, project plan to include persons responsible, timeframes, milestones and due dates

MEDICAL RECORDS/HIM: Number of coders (IP, OP, physicians), current skill levels, credentialing, productivity and accuracy levels, retention, recruitment, outsourcing, system coding staff pool, dual coding, clinical documentation improvement, GEM mapping, education

IT: Systems inventory for hardware and software, clinical and financial applications, interfaces, registries, implementations and upgrades, sunsets and replacements, testing storage and back-up, dual coding

REVENUE CYCLE: Central billing office and key performance indicators, i.e., days in AR, days of unbilled, bad debt write-off, insurance verification, patient registration, initial denials and denials write offs, etc.

VENDORS: Vendor inventory, contract negotiations, communications, readiness timelines, testing

DOCS: IP hospitals, OP, physician practices, GEM mapping, clinical documentation improvement, education

RESOURCES: Competing objective: EMR and meaningful use, software implementations, upgrades and training, CDI, CPOE, ICD-10, consolidation and integration, daily operations and tasks

MANAGED CARE/FINANCE: MCR and private pay GEM mapping, hold harmless contract provisions (\$ neutrality), analysis pre and post ICD-10 (financial impacts), contract negotiation implications, i.e., right to audit pre and post impacts, external financial to support operations

Polling Question Four

- Has your organization begun to execute its ICD-10 transition plan for the risk areas?
 - Yes
 - No
 - We still do not have a plan

Polling Question Five

- Has your organization conducted any GEM translation mapping?
 - Yes
 - No
 - We have not done any translation

No more delays (continued)

- Project management, awareness and communication are critical
- GEM translation is only the surface – you've only just begun
- Where to focus – digging through the claims and coding detail
- Thought the financial impact was to be neutral – it's not
- When is documentation enough?
- Have we incorporated both our employed and non-employed physicians transition?

Polling Question Six

- Have you utilized any software to support GEM translation mapping?
 - Yes
 - No

ICD-10 overview

Comparison of ICD-9-CM vs. ICD-10-CM

	ICD-9-CM	ICD-10-CM
Format	3-5 characters	3-7 characters
# of codes	Approximately 13,000	Approximately 69,800
Adding new codes	Limited space	Flexible
Level of detail	Minimal	Extensive
Laterality	Lacking	Present
Specificity	Limited	Extensive
Interoperability	U.S. only	U.S. and most other countries

CMS general equivalence map example

1:1 Exact Map



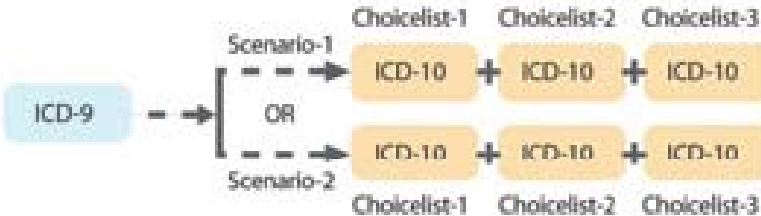
The ICD-9/10 maps to a single ICD-10/9 and both codes have the exact clinical meaning

1:1 Approximate Map



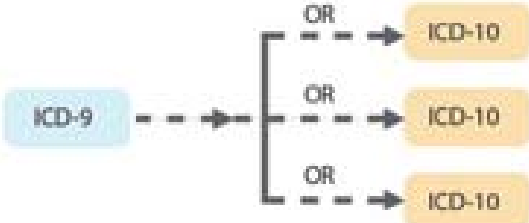
The ICD-9/10 maps to a single ICD-10/9, and the two codes have similar meanings although the underlying clinical contexts are not the same

1: Many Combination ('ANDs')



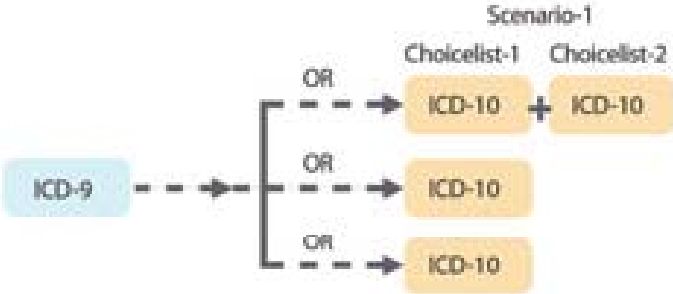
The ICD-9/10 maps to a group of ICD-10/9 codes, which must be taken together in order to have a similar clinical meaning to the ICD-9/10 codes

1: Many Approximate Cluster ('ORs')



The ICD-9/10 maps to multiple ICD-10/9 codes. However, only one of these ICD codes will be required

1: Many Complex ('ANDs' and 'ORs')



The mapping consists of both combinations and alternative mappings

Considerations for translation – GEM crosswalk

- Any translation must recognize the conventions of each classification
 - For example, ICD-9-CM has an Excludes Note while ICD-10-CM has Excludes 1 and Excludes 2 Notes; both classification systems have Code First instructions

2012 GEM Statistics per CMS

Mapping Direction		Foward Map		Backward Map	
ICD-9 Code Type - Diagnosis		Code Count	% of Total	Code Count	% of Total
		14567	100.00%	69833	100.00%
MappingTypes	Exact Map	3533	24.25%	3533	5.06%
	Approximate Map	9964	68.40%	61820	88.53%
	Combination	645	4.43%	3811	5.46%

Reference: www.CMS.gov

- There are some instances where ICD-9-CM does not have the specificity or the concept that exists in ICD-10-CM, which results in a “No Map”
 - For example, the Glasgow Coma Score can be reported in ICD-10-CM; this concept does not exist in ICD-9-CM

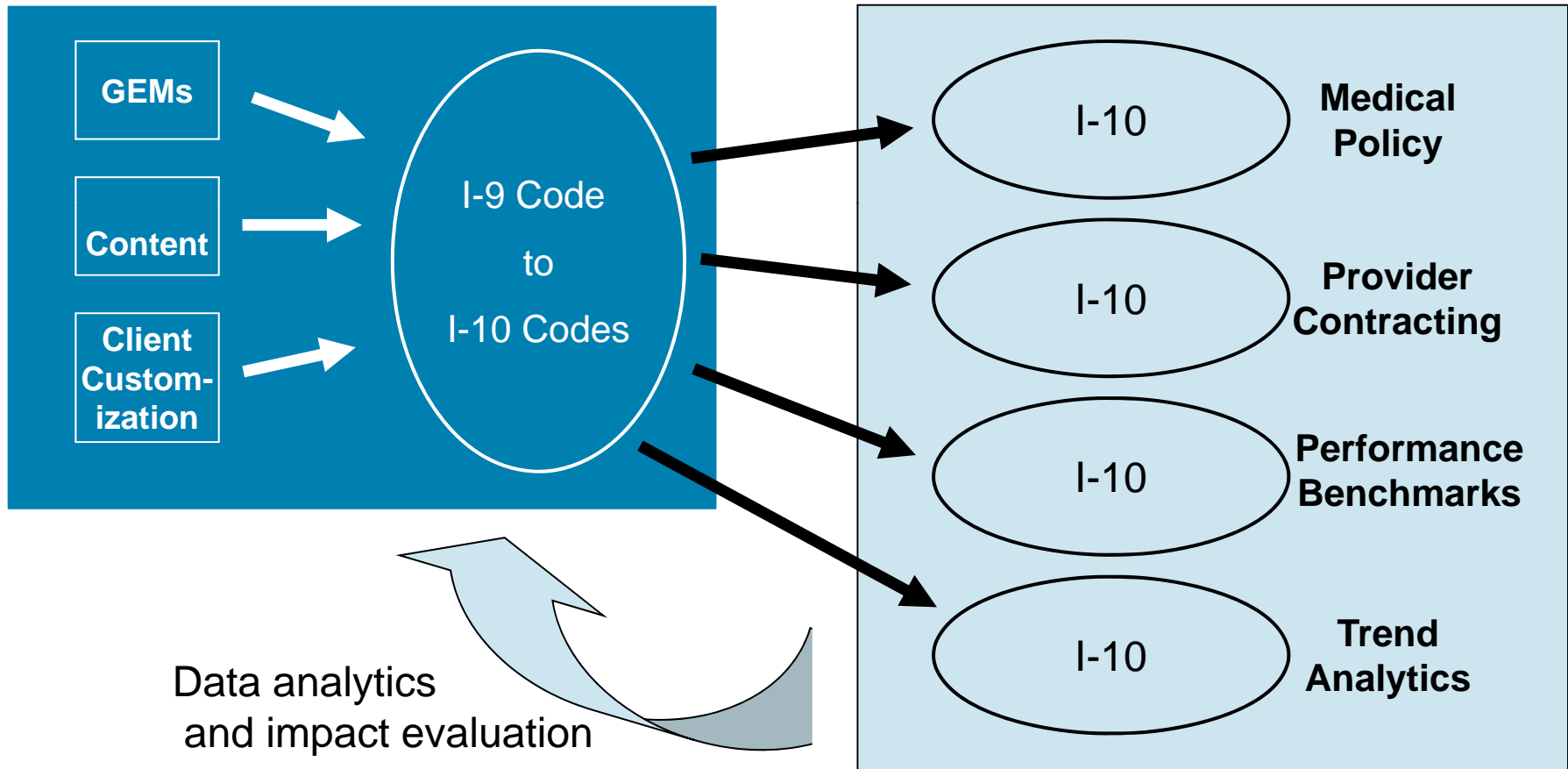
Polling Question Seven

- Are the GEMs enough for effective and accurate translation from ICD-9 to ICD-10?
 - Yes
 - No

ICD-9 to ICD-10 translation process

Translation and customization

Business functions and applications



GEM limitations

- CMS has anticipated the need for code mapping to support the transition to ICD-10 and has made GEMs available to the health care industry
- GEMs are limited:
 - No automated tool that payers can plug into
 - Limited ICD-9-CM and ICD-10 codes and their relationships
 - Many instances will not map in a manner that will work for your business

Customizing translation maps will assist in effectively processing ICD-9 to ICD-10 transactions

Beyond the GEMs – Custom mapping example one

ICD-9-CM Code	Code Description	ICD-10-CM	Code Description
038.2	Pneumococcal septicemia	A41.89	Other specified sepsis (Forward GEM only)
		A40.3	Sepsis due to Streptococcus pneumoniae

Rationale:

GEM provided a non-specific map

Correct map to ICD-10 CM is A40.3

Beyond the GEMs – Custom mapping example two

ICD-9-CM Code	Code Description	ICD-10-CM	Code Description
255.41	Glucocorticoid deficiency	E27.1	Primary adrenocortical insufficiency (Forward & Backward GEM)
		E27.2	Addisonian crisis (Forward & Backward GEM)
		E27.3	Drug-induced adrenocortical insufficiency (Backward GEM only)
		E27.49	Other adrenocortical insufficiency
		E89.6	Postprocedural adrenocortical (-medullary) hypofunction (Backward GEM only)

Rationale:

GEM provided a number of maps

GEM missed the accurate code assignment utilizing ICD-10 CM manual E27.49

Beyond the GEMs – Custom mapping example three

ICD-9-CM Code	Code Description	ICD-10-CM	Code Description
648.91	Other current maternal conditions classifiable elsewhere, with delivery	O25.11	Malnutrition in pregnancy, first trimester (Forward & Backward GEM)
		O99.283	Endocrine, nutritional and metabolic diseases complicating pregnancy, third trimester (Forward & Backward GEM)
		O99.89	Other specified diseases and conditions complicating pregnancy, childbirth and the puerperium
		Plus 43 other GEM options	

Rationale:

The GEM has a number of limited maps that are not able to adequately translate

This scenario also does not consider in translation that the patient delivered

Polling Question Eight

- Has your organization conducted any analysis to determine the financial impact of transition from ICD-9 to ICD-10?
 - Yes
 - No

Financial impact risk: GEM-based

ICD-9-CM

Diagnoses

- 42732 – Atrial flutter
- 4240 – Mitral valve disorder

Procedures

- 3734 – Excision or destruction of other lesion or tissue of heart, other approach

MS-DRG 251

Percutaneous cardiovascular procedure without coronary artery stent w/o MCC

\$9,622.80

ICD-10-CM/PCS

Diagnoses

- I481 – Atrial flutter
- I340 – Nonrheumatic mitral (valve) insufficiency

Procedures

- 02BH3ZZ – Excision of pulmonary valve, percutaneous approach

MS-DRG 251

Percutaneous cardiovascular procedure w/o coronary artery stent w/o MCC

\$9,622.80

Diagnoses

- I481 – Atrial flutter
- I341 – Nonrheumatic mitral (valve) prolapse

Procedures

- 02BL3ZZ – Excision of left ventricle, percutaneous approach

MS-DRG 230

Other cardiothoracic procedures w/o CC/MCC

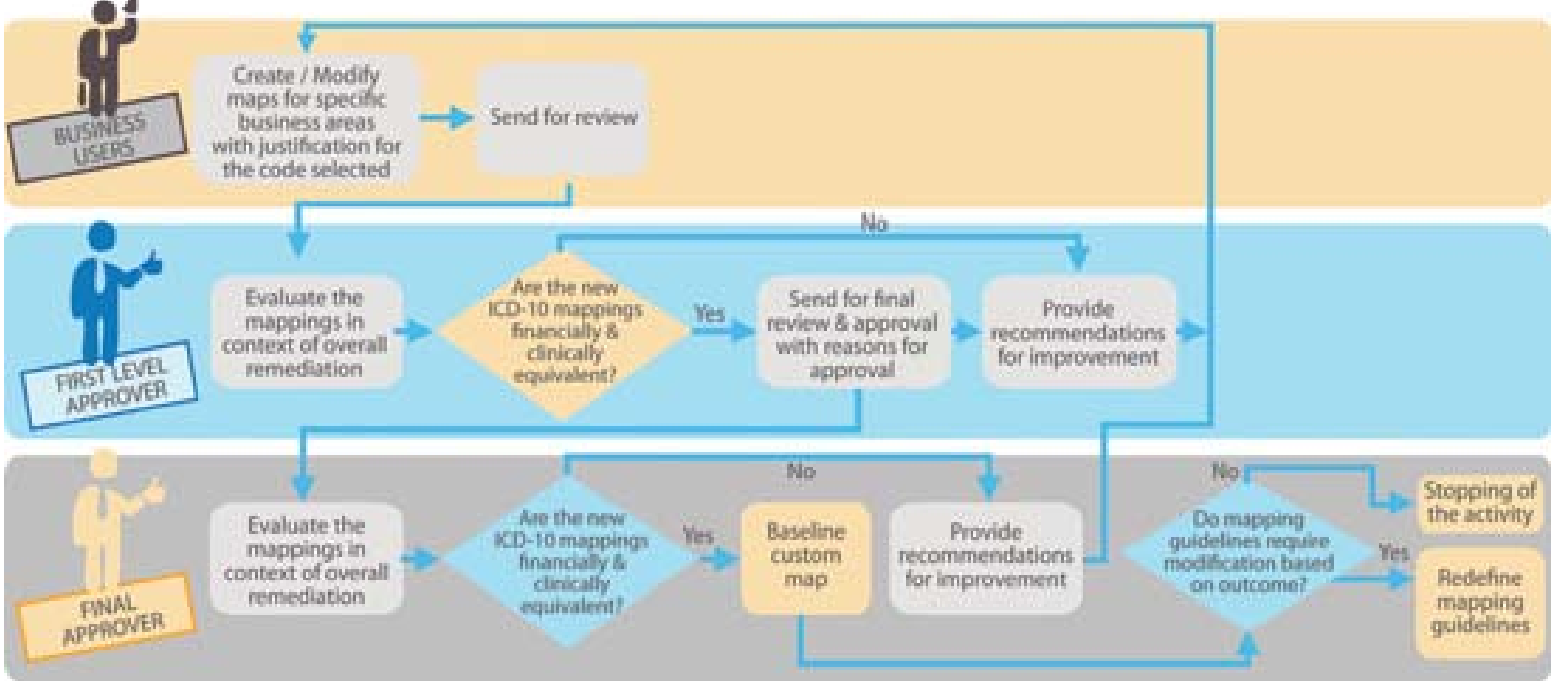
\$24,343.80



Potential Risk = \$14,721

Steps to manage financial impact

Custom mappings considerations



Reference: www.ahima.org

Steps to manage financial impact (continued)

- Custom napping considerations
 - Investigate and manage the financial impacts
 - Positives/gains
 - Negatives/losses
 - Neutrality
 - Focus on top 25, 50, 100 in each category
 - Methodically and strategically transition high-impact codes
 - Validate from CDI to claim generation to reimbursement

Steps to manage financial impact (continued)

- Development of clinical documentation improvement initiatives
 - CDI is critical to appropriate coding
 - Clinical documentation supports working vs. final DRG
 - Working with the HIM and CDI personnel on a routine basis to:
 - Review selected health records concurrently or retrospectively
 - Explain clinical issues that arise in chart review
 - Help develop clinically appropriate and compliant physician queries to further clarify documentation
 - Facilitating complete health record documentation
 - Addressing admission denials
 - DRG modifications
 - Repetitive queries
 - Interface directly with the third-party payers
 - Aid in quality assurance, Medicare core measures, performance improvement and other initiatives

Steps to manage financial impact (continued)

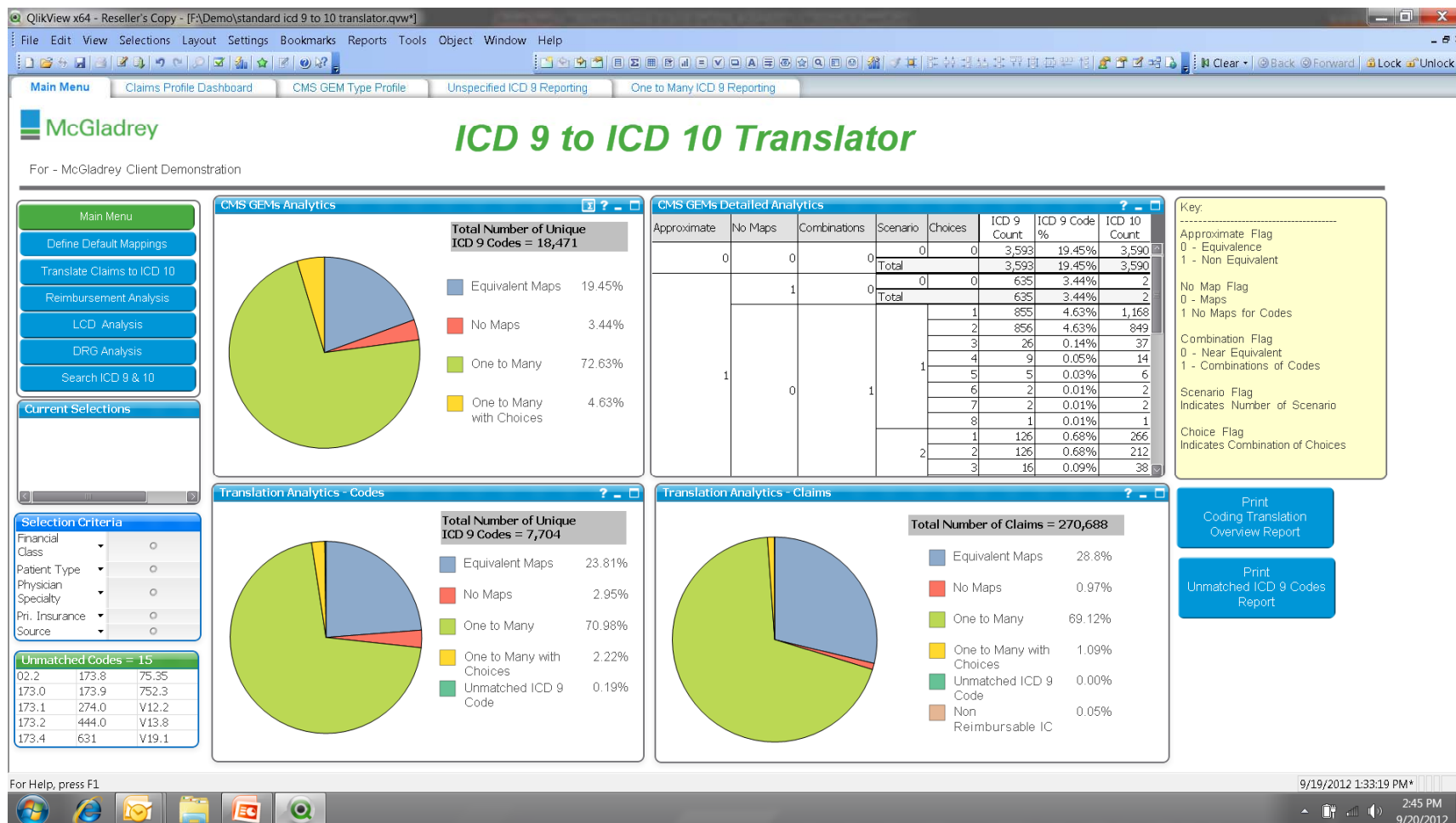
- Implementing ICD-10 CM and PCS education-based training
 - Determine organization need and development of a fully implemented internal training initiative
 - Integrate newly developed or existing CDI plan
 - Payers cannot pay claims fairly using ICD-9-CM since the classification system does not accurately reflect current technology and medical treatment
 - ICD-10 encompasses significantly different procedures that are assigned to a single ICD-9-CM procedure code
 - Limitations in the coding system translate directly into limitations in the diagnosis-related groups (DRG)
 - The health care industry cannot accurately measure quality of care using ICD-9-CM
 - It is difficult to evaluate the outcome of new procedures and emerging health care conditions when there are no precise codes
 - Important measurement of health care services provided to our patients, enhance clinical decision-making, track public health issues, conduct medical research, identify fraud and abuse, and design your payment systems to ensure services are appropriately paid

Reference: www.ahima.org

How can data analytics help with the financial impact analysis?

- Large volumes of ICD-9 coded claims can be translated and analyzed
- Data analytics can assist with forecasting financial impacts and assessing risk
 - Top ICD-9 and 10 codes used, overall and by specialty areas
 - Identification of high risk ICD-9 and ICD-10 codes
 - Identification of top DRGs and service lines forecast to be impacted in transition
- Data analytics can inform the ICD-10 transition team on where to prioritize efforts
 - Training
 - Dual coding
 - Computer assisted coding
 - Testing
- Business intelligence tools can drive the data analytics
 - Enables a dynamic discovery process!

ICD 9 to 10 translation business intelligence



Search ICD-9 and ICD-10 codes

Search ICD 9 & 10 ICD 9 to 10 Mapping

McGladrey

Select CM or PCS
 ICD 9 Vol 1 & Vol 2/ Vol 3
 ICD 10 CM/PCS

For - McGladrey Client Demonstration

Main Menu

Define Default Mappings

Translate Claims to ICD 10

Reimbursement Analysis

LCD Analysis

DRG Analysis

Search ICD 9 & 10

Current Selections

Mapping = ICD 9 one to one ICD 10

ICD 9 Code	ICD 9 Description	GEM Flag	ICD 10 Code	ICD 10 Description	Count
00.01	Therapeutic ultrasound of vessels of head and neck	100	6A750Z4	Ultrasound Therapy of Head and Neck Vessels, Single	1
			6A751Z4	Ultrasound Therapy of Head and Neck Vessels, Multiple	1
			Total		2
00.02	Therapeutic ultrasound of heart	100	6A750Z5	Ultrasound Therapy of Heart, Single	1
			6A751Z5	Ultrasound Therapy of Heart, Multiple	1
			Total		2
00.03	Therapeutic ultrasound of peripheral vascular vessels	100	6A750Z6	Ultrasound Therapy of Peripheral Vessels, Single	1
			6A751Z6	Ultrasound Therapy of Peripheral Vessels, Multiple	1
			Total		2
00.09	Other therapeutic ultrasound	100	6A750Z7	Ultrasound Therapy of Other Vessels, Single	1
			6A750Z2	Ultrasound Therapy, Circulatory, Single	1
			6A751Z7	Ultrasound Therapy of Other Vessels, Multiple	1
			6A751Z2	Ultrasound Therapy, Circulatory, Multiple	1
			6A930Z2	Shock Wave Therapy, Musculoskeletal, Single	1
			6A931Z2	Shock Wave Therapy, Musculoskeletal, Multiple	1
			Total		6
00.10	Implantation of chemotherapeutic agent	100	3E00X05	Introduce Oth Antineoplastic in Skin/Mucous Mem, Extern	1
			3E01305	Introduction of Oth Antineoplastic into Subcu, Perc Approach	1
			3E02305	Introduce of Oth Antineoplastic into Muscle, Perc Approach	1
			3E0A305	Introduce Oth Antineoplastic in Bone Marrow, Perc	1
			3E0F305	Introduce Oth Antineoplastic in Resp Tract, Perc	1
			3E0F705	Introduce of Oth Antineoplastic into Resp Tract, Via Opening	1
			3E0F805	Introduction of Other Antineoplastic into Resp Tract, Endo	1
			3E0G305	Introduction of Oth Antineoplastic into Up GI, Perc Approach	1
			3E0G705	Introduction of Other Antineoplastic into Up GI, Via Opening	1
			3E0G805	Introduction of Other Antineoplastic into Upper GI, Endo	1
			3E0H305	Introduce of Oth Antineoplastic into Low GI, Perc Approach	1
			3E0H705	Introduction of Oth Antineoplastic into Low GI, Via Opening	1
			3E0H805	Introduction of Other Antineoplastic into Lower GI, Endo	1
			3E0J305	Introduce Oth Antineoplastic in Bl/Panc Tract, Perc	1
			3E0J705	Introduce Oth Antineoplastic in Bl/Panc Tract, Via Opening	1
			3E0J805	Introduction of Oth Antineoplastic into Bl/Panc Tract, Endo	1
			3E0K305	Introduce of Oth Antineoplastic into GU Tract, Perc Approach	1
			3E0K705	Introduce of Oth Antineoplastic into GU Tract, Via Opening	1
			3E0K805	Introduction of Other Antineoplastic into GU Tract, Endo	1
			3E0L305	Introduce Oth Antineoplastic in Pleural Cav, Perc	1
			3E0L705	Introduce Oth Antineoplastic in Pleural Cav, Via Opening	1

For Help, press F1

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Data analytic for unspecified codes



For - McGladrey Client Demonstration

Print
One to Many
Report

Print
One to Many
Report by
Specialty

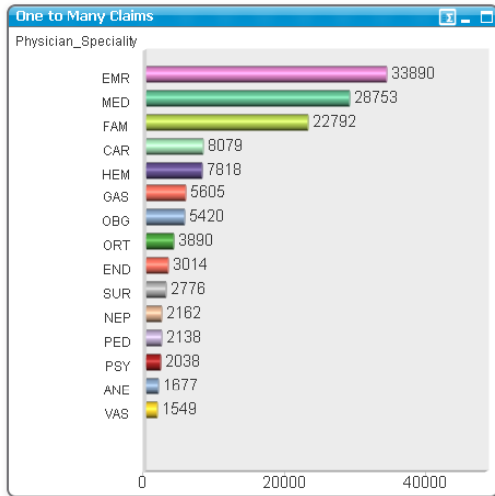
- Main Menu
- Define Default Mappings
- Translate Claims to ICD 10
- Reimbursement Analysis
- LCD Analysis
- DRG Analysis
- Search ICD 9 & 10

Current Selections

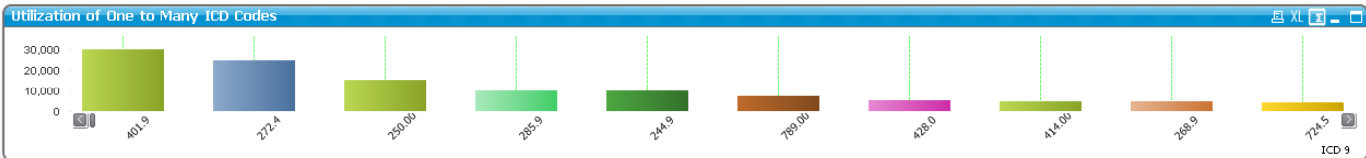
- Selection Criteria
- Financial Class
 - Patient Type
 - Physician Specialty
 - Pri. Insurance Source

Unmatched Codes = 15

02.2	173.2	173.9	631	V12.2
173.0	173.4	274.0	75.35	V13.8
173.1	173.8	444.0	752.3	V19.1



ICD 9	ICD 9 Description	GEM Type	Claims	Claims with Primary ...
			217,924	185,010
427.31	Atrial fibrillation	One to Many	16,766	12,414
V76.12	Other screening mammogram	One to Many	10,435	9,567
V22.1	Supervision of other normal pregnancy	One to Many	6,025	6,006
401.9	Unspecified essential hypertension	One to Many	30,522	5,593
272.4	Other and unspecified hyperlipidemia	One to Many	24,784	5,240
789.00	Abdominal pain, unspecified site	One to Many	7,679	4,711
250.00	Diabetes mellitus without mention of complication, type II or unsp...	One to Many	15,647	4,599
453.9	Other venous embolism and thrombosis of unspecified site	One to Many	2,827	2,660
V70.0	Routine general medical examination at a health care facility	One to Many	2,667	2,522
174.9	Malignant neoplasm of breast (female), unspecified	One to Many	2,900	2,420
780.79	Other malaise and fatigue	One to Many	6,839	2,355
724.4	Thoracic or lumbosacral neuritis or radiculitis, unspecified	One to Many	2,658	2,085
414.00	Coronary atherosclerosis of unspecified type of vessel, native or graft	One to Many	4,816	1,841
625.9	Unspecified symptom associated with female genital organs	One to Many	2,846	1,753
784.0	Headache	One to Many	4,813	1,631
729.5	Pain in limb	One to Many	4,855	1,593
462	Acute pharyngitis	One to Many	2,840	1,491
724.5	Backache, unspecified	One to Many	4,368	1,387
415.19	Other pulmonary embolism and infarction	One to Many	1,538	1,377
211.3	Benign neoplasm of colon	One to Many	2,038	1,347



Data analytic for one too many codes



For - McGladrey Client Demonstration

Print Unspecified Report Print Unspecified Report by Speciality

Main Menu

- Define Default Mappings
- Translate Claims to ICD 10
- Reimbursement Analysis
- LCD Analysis
- DRG Analysis
- Search ICD 9 & 10

Current Selections

Selection Criteria

- Financial Class
- Patient Type
- Physician Speciality
- Pri. Insurance
- Source

Unmatched Codes = 15

02.2	173.2	173.9	631	V12.2
173.0	173.4	274.0	75.35	V13.8
173.1	173.8	444.0	752.3	V19.1

Unspecified Claims

Physician Speciality	Count
EMR	33890
MED	28753
FAM	22792
CAR	8079
HEM	7818
GAS	5605
OBG	5420
ORT	3890
END	3014
SUR	2776

Unspecific ICD 9 Code Utilization

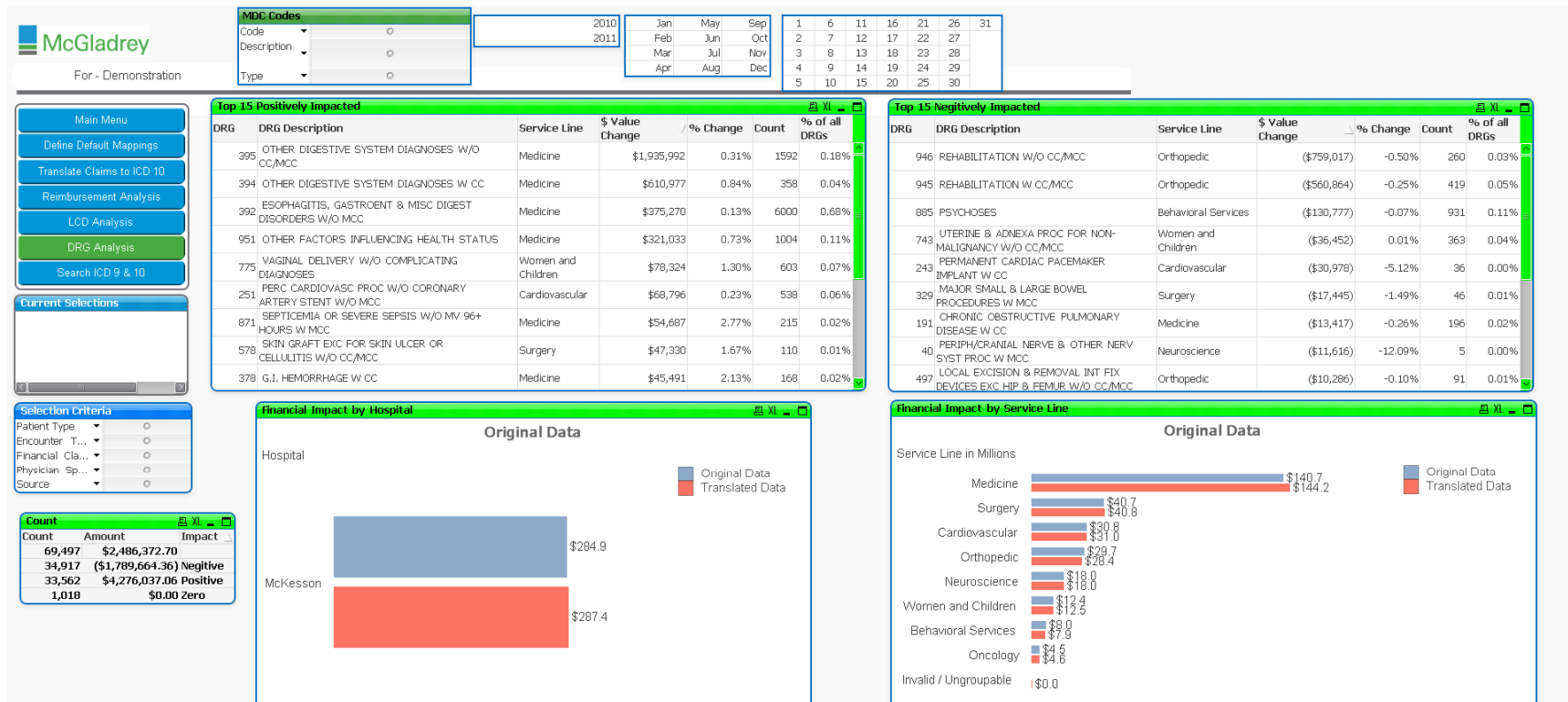
ICD 9	ICD 9 Description	GEM Type	Claims	Claims with Primary ...
			139,654	88,104
401.9	Unspecified essential hypertension	One to Many	30,522	5,593
272.4	Other and unspecified hyperlipidemia	One to Many	24,784	5,240
789.00	Abdominal pain, unspecified site	One to Many	7,679	4,711
250.00	Diabetes mellitus without mention of complication, type II or unsp...	One to Many	15,647	4,599
285.9	Anemia, unspecified	Equivalent	10,066	3,607
453.9	Other venous embolism and thrombosis of unspecified site	One to Many	2,827	2,660
786.50	Chest pain, unspecified	Equivalent	4,280	2,591
174.9	Malignant neoplasm of breast (female), unspecified	One to Many	2,900	2,420
244.9	Unspecified acquired hypothyroidism	Equivalent	10,045	2,293
724.4	Thoracic or lumbosacral neuritis or radiculitis, unspecified	One to Many	2,658	2,085
414.00	Coronary atherosclerosis of unspecified type of vessel, native or graft	One to Many	4,816	1,841
625.9	Unspecified symptom associated with female genital organs	One to Many	2,846	1,753
724.5	Backache, unspecified	One to Many	4,368	1,387
486	Pneumonia, organism unspecified	One to Many	2,065	1,241
382.9	Unspecified otitis media	One to Many	1,502	1,009
162.9	Malignant neoplasm of bronchus and lung, unspecified	One to Many	1,597	995
428.0	Congestive heart failure, unspecified	One to Many	5,162	968
845.00	Sprain of ankle, unspecified site	One to Many	1,094	957
268.9	Unspecified vitamin D deficiency	Equivalent	4,689	933
780.60	Fever, unspecified	One to Many	3,875	917

Utilization of Unspecific ICD Codes

ICD 9 Code	Utilization
401.9	30,522
272.4	24,784
250.00	15,647
285.9	10,066
244.9	10,045
789.00	7,679
428.0	5,162
414.00	4,816
268.9	4,689
724.5	4,368



Financial impact assessment



Polling Question Nine

What is the role of an ICD-9 to 10 translation tool?

- a) Computer-assisted coding of claims, which eliminates the need for manual coding using the detailed patient record
- b) A decision support tool to analyze potential financial impact of the transition to ICD-10, prioritize high-risk areas for focused attention, and translate codes for comparability across years
- c) Tests systems to determine ICD-10 vulnerabilities
- d) All of the above

Questions?

- We encourage you to ask text questions throughout the presentation. Click the Ask a Question button, type your question in the open area and click Ask Question to submit.

Thank You!

- Reminder: Part two of this webcast covering business intelligence will be held on Thursday, Jan. 17, 2013

Find out more or register here:

<http://mcgladrey.com/Events/ICD-10-transition-Risks-challenges-and-opportunities>

Presenter contact information



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