DPH ICD-10 IMPLEMENTATION PROJECT

IMPLEMENTATION PLAN

WBS 2.3

Version 3.0

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Change History

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1. Introduction

1.1 Purpose

This document is intended for all stakeholders in the North Carolina Division of Public Health (DPH) who will be impacted by the federally mandated transition from the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) Volumes 1 and 2, and the International Classification of Diseases, Ninth Revision, Clinical Modification (CM) Volume 3 for diagnosis and procedure codes, respectively, to the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) for diagnosis coding, and the International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS) for inpatient hospital procedure coding (hereinafter referred to as ICD-10 unless differentiation is required).

The goal of this project is to ensure that the staff and information systems that currently utilize ICD-9-CM for classification of disease and morbidity information within the Section/Branches of the Division of Public Health and local health departments seamlessly transition to the federally mandated ICD-10 effective October 1, 2014. As a result of the anticipated merger of the Division of Public Health and the Office of Rural Health and Community Care (ORHCC), the ORHCC and the rural health clinics will be included in this project. The desired seamless transition can be achieved by planning the ICD-10 implementation strategies carefully, thoroughly and as early as possible. Failure to comply with the federal mandate will result in claim rejections and payment delays.

The Implementation Plan clearly defines the phased approach to the planning and execution of all DPH ICD-10 Project implementation activities throughout all Project Phases and continuing through post implementation. The Implementation Plan will outline implementation activities based on the following Project Phases (refer to Section 2.2, Work Breakdown Structure (WBS), in the Project Plan, posted on the NC DPH website in the *For Local Health Departments/ICD-10-CM Implementation/ICD-10 Project Deliverables* http://publichealth.nc.gov/lhd/icd10/deliverables.htm):

- WBS 1.0 - Initiation Phase
- WBS 2.0 - Planning & Design Phase
- WBS 3.0 - Execution Phase
- WBS 4.0 - Monitoring & Control Phase
- WBS 5.0 - Closing Phase

Implementation activities refer to those activities that must be completed to successfully implement ICD-10-CM within DPH and DPH stakeholders. These implementation activities include such activities as impact analysis, training and monitoring. Post implementation activities will include activities such as analysis of reimbursement and staff productivity impacts and focused training needs.

1.2 Benefits of ICD-10 Implementation

Early preparation, adequate education and assessments to ensure DPH and local agency readiness may mitigate potential problems during the transition and will allow agencies to realize the anticipated benefits of ICD-10 sooner. ICD-10 provides more specific data than ICD-9 and better reflects current medical practice. The added detail embedded within ICD-10 codes informs health care providers and health plans of patient incidence and history, which improves the effectiveness of case-management and care-coordination functions. Accurate coding also reduces the volume of claims rejected due to ambiguity. ICD-10 will:

- Improve operational processes across the health care industry by classifying detail within codes to accurately process payments and reimbursements.

- Update the terminology and disease classifications to be consistent with current clinical practice and medical and technological advances.
- Increase flexibility for future updates as necessary. Enhance coding accuracy and specificity to classify anatomic site, etiology, and severity.
- Support refined reimbursement models to provide equitable payment for more complex conditions.
- Streamline payment operations by allowing for greater automation and fewer payer-physician inquiries, decreasing delays and inappropriate denials.
- Provide more detailed data to better analyze disease patterns and track and respond to public health outbreaks.
- Provide opportunities to develop and implement new pricing and reimbursement structures including fee schedules and ancillary pricing scenarios based on greater diagnostic specificity.
- Provide payers, program integrity contractors, and oversight agencies with opportunities for more effective detection and investigation of potential fraud or abuse and proof of intentional fraud.
- ICD-10 codes refine and improve operational capabilities and processing, including:
    - Detailed health reporting and analytics: cost, utilization, and outcomes;
    - Detailed information on condition, severity, comorbidities, complications, and location;
    - Expanded coding flexibility by increasing code length to seven characters; and
    - Improved operational processes across health care industry by classifying detail within codes to accurately process payments and reimbursements.

1.3 Staff Roles Impacted by ICD-10 Implementation

A variety of staff roles need to be involved in varying degrees during the implementation of ICD-10. The transition from ICD-9 to ICD-10 will have agency wide impacts from the business, IT, financial, data analysis and clinical perspectives. Staff roles that need to be involved in the implementation process may include:

- Senior Executives
- Coding Staff
- Client Registration Staff
- Medical Staff
- Financial Management (including accounting and billing personnel)
- Information Technology (IT) personnel
- Clinical and Ancillary department managers (e.g., Nursing, Lab)
- Other data users (e.g., quality management, case management, disease registry, research, Epidemiologists)
- Business Associates (e.g., system vendors, providers, payers)
- DPH Program Consultants
- Contract Management staff

1.4 Implementation Plan Approval

The Implementation Plan will be developed by the DPH ICD-10 Implementation Project Manager with review and input by the DPH ICD-10 Implementation Team. Final approval of the WBS 2.3 Implementation Plan deliverable will be the responsibility of the DPH ICD-10 Implementation Project Supervisor, Joy Reed, EdD, RN, FAAN, Local Technical Assistance & Training Branch Head and Head of Public Health Nursing.

2. WBS 1.0 – Initiation Phase

2.1 WBS 1.1: Project Charter

WBS 1.1, Project Charter, provides a background for the project, serves as a reference of authority for the future of the project, and identifies the individual from upper management who serves as the Project Sponsor. It also includes an overview of the project authorities, objectives, benefits, risks, assumptions and constraints. The Project Charter was approved on 5/24/11 and a copy of the approved Project Charter may be requested by contacting the DPH ICD-10 Implementation Project Manager, Sarah Brooks, MPA, RHIA.

The DPH ICD-10 Implementation Project Sponsor is Danny Staley, Chief, Administrative, Local & Community Support Section. The DPH ICD-10 Implementation Project is managed by the Division of Public Health, under the supervision of Joy Reed, EdD, RN, FAAN, Local Technical Assistance & Training Branch Head and Head of Public Health Nursing. Project status will be monitored by the DHHS Privacy and Security Office.

2.2 WBS 1.2: ICD-10 Contact List

WBS 1.2, ICD-10 Contact List, is a list of representatives submitted by DPH Section Chiefs and/or Branch Heads, local health departments, CDSAs and ORHCC who will receive communications related to ICD-10-CM and DPH project activities related to ICD-10-CM. The list includes representative names (up to 5 per local agency), phone numbers, work title, and e-mail address. The ICD-10 Contact List is maintained on an Excel spreadsheet maintained by the DPH ICD-10 Implementation Project Manager. In addition, the representatives on the Contact List have been set up in an e-mail group, ICD10.Contacts@lists.ncmail.net that is also maintained by the DPH ICD-10 Implementation Project Manager.

In addition to the list of contacts for communication purposes, the spreadsheet also contains a list of members appointed by their respective agencies to serve on the DPH ICD-10 Implementation Team as well as representatives to work groups established by the Implementation Team. The Implementation Team members will review and provide feedback on the Implementation Plan and other project deliverables, monitor the status of project activities, assist in the development of implementation tools (e.g., business impact assessment, clinical documentation assessment), and participate in communication activities (e.g., Webinars) for local agencies and DPH Program staff.

2.3 WBS 1.3: ICD-10 Awareness Education to Key Stakeholders

WBS 1.3, ICD-10 Awareness Education to Key Stakeholders, was presented statewide via Webinar on 6/11/2011. The presentation was related to the federally mandated transition from ICD-9 to ICD-10 effective 10/1/2013 and included information about the differences in the two code sets, impacts related to the change and an introduction to the DPH ICD-10-CM Implementation Project. A similar presentation was made to the Technology Committee of the North Carolina Association of Local Health Directors during their May 2011 meeting and is also posted on the above website. An updated presentation is available on the NC DPH website (http://publichealth.nc.gov/lhd/icd10/training.htm) under *For Local Health Departments/ICD-10-CM Implementation/Training*, "An Introduction to the Transition from ICD-9-CM to ICD-10-CM". In August 2012, the compliance date originally set for October 1, 2013, was extended by the Centers for Medicare and Medicaid Services (CMS) to October 1, 2014. Therefore, "An Introduction to the Transition from ICD-9-CM to ICD-10-CM" will be updated in the near future to reflect the revised compliance date.

3. WBS 2.0 - Planning & Design Phase

3.1 WBS 2.1: Project Plan

WBS 2.1, Project Plan, documents the baselines that will be used to measure project performance and defines how the project will be managed. Included in the Project Plan are required resources (e.g., staff roles, funding) to execute the plan, the plan for communicating information with DPH stakeholders including the NCALHD, the plan for managing issues and risks, contingency plans in the event that key implementation activities are not completed in the timeframe planned. The Project Plan, approved on 8/17/11 (and revised 10/22/12), is posted on the NC DPH website (http://publichealth.nc.gov/lhd/icd10/deliverables.htm) under *For Local Health Departments/ICD-10-CM Implementation/ICD-10 Project Deliverables*.

3.2 WBS 2.2: Project Schedule

WBS 2.2, Project Schedule, helps the Project Manager manage the following areas related to the project: Scope (what to accomplish; Time (deadlines); Costs (budgets); Resources (availability and workloads of resources; Communication (information flow to and from stakeholders). The DPH ICD-10 Implementation Project Schedule will be created and maintained using Excel and will be posted on the NC DPH website (http://publichealth.nc.gov/lhd/icd10/deliverables.htm) under *For Local Health Departments/ICD-10-CM Implementation/ICD-10 Project Deliverables*.

The Project Schedule will identify all phases and deliverables based on the Work Breakdown Structure and all tasks associated with each deliverable and will include the following key elements:

- Status of Tasks
- Work Breakdown Structure (WBS) ID
- Task Name
- Duration for each Task
- Planned Start and Finish Dates
- Actual Start and Finish Dates
- Resources to be involved with each Task

The DPH ICD-10 Implementation Project Manager is responsible for the development and maintenance of the Project Schedule. The Project Schedule shall be approved by the DPH ICD-10 Implementation Project Supervisor and the initial approval will serve as the baseline for the schedule. Once the Project Schedule is baselined, the Project Execution Milestone dates included in WBS 2.1, Project Plan, Section 3.3, will be modified to conform to the baselined schedule. As a result of the compliance date extension, the Project Schedule was re-baselined and approved by the Project Supervisor on 10/17/12, following review by the DPH ICD-10 Implementation Team and the NCALHD Technology Committee. Any further changes to the Project Schedule that adversely impact the Project Execution Milestones, must be approved by the Project Supervisor and the Project Schedule must again be re-baselined.

3.3 WBS 2.3: Implementation Plan

WBS 2.3, Implementation Plan, defines the approach to the planning and execution of all DPH ICD-10 Project implementation activities throughout all Project Phases and continuing through post implementation. Refer to Section 1 of this document for information related to the Implementation Plan. There are numerous resources available to assist with Implementation Planning and many of the resources are available by going to http://www.himss.org/ASP/topics_icd10playbook.asp .

3.4 WBS 2.4: ICD-10-CM Training Plan

WBS 2.4, Training Plan, identifies the work, requirements, and procedures to be carried out to achieve agreed objectives for training DPH and local agency staff in the use of ICD-10-CM effectively. The Training Plan will cover short- and long-term objectives and ensure that training requirements are identified. The Training Plan shall identify business roles that require ICD-10-CM education (e.g., clinical staff, billing staff, medical record staff, data analysts) and the type and level of education required for the various business roles. As part of the Training Plan, an Education Matrix will be developed ensuring that the following are addressed for each business role:

- What do they need to know?
    - Determine the types of training programs that need to be developed and develop a training curriculum for each training program. Each curriculum should include flexibility so training can be tailored for various learning levels (e.g., high, moderate or detailed levels of understanding). Training programs may include:
        - Introduction to the Transition from ICD-9 to ICD-10 – Appropriate for all roles identified as being impacted by the transition to ICD-10.
        - ICD-10 Implementation Activities – Appropriate for staff that will be assigned responsibility for ICD-10 implementation within their agency/section/program (e.g., local agency Implementation Team members). The training will clearly identify the implementation activities/deliverables that the State will provide and local agency responsibilities for implementation activities/deliverables.
        - ICD-10 Coding (Comprehensive) – Appropriate for staff that need to understand how to code using all chapters within ICD-10 (e.g., coders in a large health department that offers primary care services).
        - ICD-10 Coding (Specialized) – Appropriate for staff that need to understand how to code in certain chapters within ICD-10 (e.g., BCCCP nursing staff).
        - ICD-10 Coding (Basic) - General training for staff that will not need to code but need to have a general understanding of ICD-10-CM and understand how to use ICD-10.
        - Clinical Documentation Improvement – Appropriate for staff that code and clinical staff that need to understand the impact of documentation on coding to the highest level of specificity.
        - Financial Impacts – Appropriate for billing and accounting staff, financial management and senior management so they can understand the potential impacts on cash flow and account receivables following the transition to ICD-10.
        - General Equivalency Mappings – Appropriate for staff that perform data analysis such as Quality Assurance staff, IT staff, CSDW staff, etc.
        - Best Practices for Business Process Changes – Appropriate for DPH and local agency staff members that are planning for ICD-10 implementation within their Section/Branch or local agency.
- When do they need training?
    - Early Understanding (2011 to Fall 2013)
    - Just in Time (early to mid-2014)
- How will training be delivered? The Training Plan shall identify the method(s) for training delivery which may include:
    - **Webinars and webcasts**—virtual meetings or presentations conducted via the Internet. In a webinar each participant sits at his or her own computer. A conference call may or may not be used.
    - **Face to face**—instructor-led training. This can be done on-site using staff, on-site with a trained instructor, or off-site at instructor-led sessions at another facility, college or university, or training facility.

- **Meeting** – training held during group meetings such as NCALHD monthly meetings, NCAPHNA regional meetings, HIS User Group meetings, etc.
- **Train the trainer**—individuals complete the training course and then are trained to lead the training themselves. Trainers use the same materials and deliver consistent core messages to provide consistent training across the organization.
- **Publications**—printed materials put together by the organization or purchased from other sources. These can be placed on a known website.
- **Learning management system or other distance education methods**—software for delivering, tracking, and managing training and education. This can include training courses over the Internet and offering features for online collaboration. In many instances, staff will use a self-paced, computer-based training that includes an online assessment. The method is also used to enhance and support classroom teaching and offering training to participants across facilities.
- **Videoconferencing** —Agency staff can go to multiple sites across the State and interact with presenters site by site. NOTE: PHTIN will end 11/30/11 and may be replaced with ITS services.
- **Social networking and media**—software for building online communities of people who share interests. Communication occurs in a variety of ways such as e-mail, instant messaging, and blogging.
- **ICD-10-CM/PCS fair**—an in-house event giving staff a chance to learn more about the upcoming changes and interact with the project planning and executive teams.

The training plan should address areas such as:

- Intensive education for coding staff.
  - All coding staff should complete comprehensive ICD-10 education not more than 6 to 9 months before the compliance date.
  - Training should be conducted by an individual holding a valid ICD-10 training certificate from AHIMA or AAPC to ensure the quality and consistency of ICD-10 education.
  - The most appropriate method(s) for training delivery.
  - Not all coding staff will require the same type or amount of ICD-10 education. It is estimated that LHD and CDSA coding staff will require an estimated 16 hours of ICD-10 education.
  - Training for coding staff working in an LHD or CDSA should be focused on the code categories most applicable to the particular patient mix.
- Test ICD-10 proficiency after training has occurred and provide additional training to address identified areas of weakness.
- Document completion of ICD-10 training in personnel files.
- Communicate with companies supplying contracted coding staff to ensure they have received the necessary education and ask for documentation confirming the extent of education provided and the qualifications of the educator (e.g., AHIMA or AAPC training certificate holder).
- Change Management to help agencies implement change management strategies to empower staff to accept and embrace the transition to ICD-10-CM
- Implementation activities that need to be conducted within the local agencies such as the formation of a local Implementation Team, implementation activities included in this Plan such as the system and business impact assessments, etc.
- Use of General Equivalence Mapping (GEMS)
  - Provide training on the use of the GEMs and mapping processes and technology to personnel who will be involved in data-conversion projects
- How to prepare for Revenue Neutrality
  - For example, send test claims with ICD-10-CM diagnoses for claims already submitted and paid using ICD-9-CM

The Training Plan shall include a Training Needs Assessment to be conducted following the Business Impact Assessment. The Training Needs Assessment shall:

- Keep in mind that multiple categories of users of coded data require varying types and levels of ICD-10 education and that it will be needed at different times.
- Determine who needs education, what type and level of education they need, and when they need education.
    - Coding staff should pursue education about the biomedical sciences and pharmacology prior to coding training
    - Educate data users about differences in the classification of diseases in ICD-10-CM, including definitions and code category composition, to assess the impact on data trends.
    - Educate data users (e.g., case management, utilization management, quality management, data analysts) about data comparability issues and the effect on longitudinal data analysis.
    - Educate data users about what the GEMs are and what their role is in the ICD-10 transition process.
- Determine the most appropriate and cost-effective method of providing ICD-10 education to the different categories of individuals (e.g., traditional face-to-face classroom teaching, audio conferences, self-directed learning programs, self-directed or instructor-led Web-based instruction).
- Determine whether education will be provided through internal or external mechanisms or a combination of both.
- AHIMA's role-based models provide a good resource for identifying a suggested timeline for ICD-10 educational activities for various roles and settings (see www.ahima.org/icd10/role.aspx).

A Training Work Group has been established to work under the direction of the DPH ICD-10 Implementation Team. The purpose of the Training Work Group is to serve as a resource to the ICD-10 Implementation Project Manager to aid in the development and review of ICD-10 training deliverables and associated tools to include but not limited to:

- Training Plan
- Education Matrix
- Identification of Training needs
- Content for training

All training deliverables will be reviewed by the Training Work Group prior to submission to the DPH ICD-10 Implementation Team.

3.5 WBS 2.5: ICD-10-CM Training Materials

WBS 2.5, Training Materials, includes the materials required to conduct successful user training classes in ICD-10-CM. Once the approach for training is established in the Training Plan, the type of training materials to be used will be identified (e.g., training materials developed by DPH; training materials purchased through commercial resources).

4. WBS 3.0 - Execution Phase

4.1 WBS 3.1: System Impact Assessments

Information systems within DPH and each local agency must be assessed to identify those systems that will be impacted by the transition to ICD-10. Included in the assessment should be all existing system applications and databases (including stand-alone applications and databases that are created and managed by individuals or single branches/departments) in order to identify all systems/databases that currently use ICD-9 codes or systems/databases in the planning stages or currently in development. For impacted systems, identify who is responsible for the system/database maintenance (e.g., vendor, DIRM, DPH, local IT) and ascertain if there are any interfaces that may be impacted. Assess how ICD-9-CM codes are used in each system and will ICD-10-CM codes serve the same purpose, and will a change in code sets affect the results?

WBS 3.1, System Impact Assessments, have been completed to identify all systems (including interfaces with other systems) within DPH that currently utilize ICD-9-CM and ascertain if remediation will be required to accommodate ICD-10. Systems currently in development (e.g., CrossRoads) were also included in the assessment.

Systems that must transition from ICD-9 to ICD-10 must be thoroughly evaluated to ensure that systems/databases are adequately prepared to accommodate ICD-10-CM codes. The transition will have a significant impact on systems both upstream and downstream which send or receive coded data. For those DPH systems with identified impacts, conversion of data versus accommodating both ICD-9 and ICD-10 is being addressed. The system impact assessments also include the baseline status of payers and software vendors regarding their readiness for ICD-10. For the DPH project, the System Impact Assessments have been done for DPH only.

The DPH ICD-10 Implementation Project Manager will monitor the readiness status for all DPH systems identified as being impacted by the transition to ICD-10. The system 'owners' will be responsible for development of system remediation requirements, working with vendors or IT (DPH or DIRM) staff as appropriate, user acceptance testing, costs incurred for system remediation, etc. For any impacted DPH systems that appear to be behind in remediation activities, these will be added to the DPH ICD-10 Issues Log and referred to the ICD-10 Implementation Project Supervisor for further action.

The System Impact Assessment tools used by DPH were shared with stakeholders and these are posted on the NC DPH website (http://publichealth.nc.gov/lhd/icd10/deliverables.htm) under *For Local Health Departments/ICD-10-CM Implementation/ICD-10 Project Deliverables*.

Local health departments and rural health clinics are responsible for conducting their own internal System Impact Assessments for any systems that are not maintained by DPH (e.g., Health Information System - HIS, NC Immunization Registry - NCIR, NC Electronic Disease Surveillance System- NCEDSS) and for all remediation activities that must be done to ensure their internal systems can comply with the federally mandated transition to ICD-10.

Some of the system remediation considerations that should be shared with IT staff are as follows:

- Educate IT personnel about code set specifications and pertinent regulatory requirements, including the logic and hierarchical structure of ICD-10-CM including:
    - Date-of-service-driven compliance date
    - Use of Current Procedural Terminology codes is not affected
    - Character-length specifications
    - Numeric versus alphanumeric format
    - Use of decimals

  - Availability of codes, descriptions, and applicable support documentation and guidelines in machine-readable form
- For those systems deemed impacted by the transition to ICD-10-CM a baseline readiness assessment should be conducted to determine what changes will be made, when they will be made, availability of training and technical support and required testing. For batch agencies (local health departments that do not use HIS as their primary health information system), it is recommended that the batch agencies that use the same vendor coordinate their assessments so that vendors receive a single assessment. The baseline readiness assessments should address the following:

  - Perform detailed analysis of systems changes that need to be made. Changes for consideration include:
    - Field size expansion - ICD-9-CM diagnosis codes may occupy 3 to 5 digits, whereas ICD-10-CM codes may occupy 3 to 7 digits. If a code requires a seventh character and does not have a fifth, it will need an "x" as a dummy placeholder. This can present technical challenges, such as ensuring the placeholder is accurate.
    - Alphanumeric composition - The first digit of ICD-9-CM diagnosis codes can be alpha or numeric. The first digit for ICD-10-CM is **always** alpha, the second digit is numeric, and digits three to seven may be alpha or numeric.
    - Decimal use - - ICD-9-CM and ICD-10-CM diagnosis codes are alike in that the decimal is placed after the first three digits.
    - Redefinition of code values and their interpretation
    - Expanded code descriptions - ICD-10-CM codes require longer descriptions because of their greater specificity
    - Edit and logic changes
    - Table structure modification
    - Expansion of flat files containing ICD-9-CM diagnosis and procedure codes - ICD-9-CM contains approximately 14,000 diagnosis codes; ICD-10-CM contains more than 68,000 codes.
    - Changes to systems interfaces - Each system and interface will have to be identified, modified, and tested prior to implementation
    - Changes to data input screens and screen displays
    - Determine which existing reports and forms will require modification or redesign. This includes all printed and online reports or forms that currently contain ICD-9-CM codes
  - Prioritize the sequence of systems changes and estimate the cost; refine previous budgetary estimates as necessary.
  - How long will both ICD-9-CM and ICD-10 code sets need to be supported? Will system storage capacity need to be increased?
    - System vendors: is support for both ICD-9-CM and ICD-10 code sets addressed in the contract? How long is support for both code sets anticipated? What kind of support is needed?
    - Internal IT systems: how long will the ICD-9-CM code set continue to be accessible, and to whom will it be accessible? Is system storage capacity adequate, or will it have to be increased?

- Identify new or upgraded hardware and software requirements.

  - Since the ICD-10 code sets are very amenable to the use of electronic tools in the coding process, and the use of technology is expected to improve coding productivity and accuracy significantly,

is consideration being given to replacing the use of hard-copy code books with encoding software and/or computer-assisted coding technology?
    - Will hardware upgrades be needed to ensure optimal system performance? Will additional computers, larger monitors or dual monitors be needed?
- Build flexibility into IT systems currently under development to ensure compatibility with ICD-10 and, when possible, future versions of ICD. Ensure requests for proposal for new systems include a requirement for ICD-10 compatibility.
- Analyze impacts on historical data for analysis (e.g., research, trending, auditing)
    - Will legacy data need to be converted? If so, how will it be converted?
    - Will GEMs be applied to the system for data conversion and, if so, determine the appropriateness of this based on the system content. Determine if application specific mappings need to be developed. Historic data should not be converted for the following reasons:
        - The converted data would not be meaningful and may contain too many exceptions.
        - The effort to convert the data would be extensive with minimum gain of knowledge or information.
        - Historic tracking of activities would be impeded.
    - Determine which data will be linked by using mapping applications and which data will be maintained separately according to the source code set.

The DPH System Software Readiness Assessment tool was shared with stakeholders and is posted on the NC DPH website (http://publichealth.nc.gov/lhd/icd10/deliverables.htm) under *For Local Health Departments/ICD-10-CM Implementation/ICD-10 Project Deliverables*. This tool can be used to establish a baseline for system/software readiness status. As part of WBS 3.6, System/Software Readiness Assessments should be conducted periodically to ascertain readiness status throughout the transition period and to identify any changes in plans for system/software remediation.

Examples of Systems and Applications That May Use Coded Data

Encoding software	Managed care reporting systems
Medical record abstracting systems	Case management systems
Billing systems	Disease management systems
Electronic health record systems	Financial systems
Clinical systems	Provider profiling systems
Decision support systems	Test ordering systems
Computer-assisted coding applications	Clinical reminder systems
Registration and scheduling	Performance measure systems
Utilization management	Medical necessity software
Quality management	Aggregate data reporting systems
Computerized physician order entry systems	Registries
Clinical protocols	Compliance software
Fraud management systems	Patient assessment data sets (e.g., MDS, PAI, OASIS)

4.2 WBS 3.2: Business Impact Assessments

WBS 3.2, Business Impact Assessments, must be completed to identify the effect of the transition to ICD-10-CM on all agency operations and all business processes (e.g., data comparability issues, impact on longitudinal data analysis, evaluation of current data and work flows, identify potential changes to existing work flow and business processes, operational processes and forms/reports in various business environments) within DPH and DPH stakeholders that currently utilize ICD-9-CM and ascertain business impacts for the

ICD-10-CM transition. The Business Impact Assessment will also address potential impacts related to revenue, with the goal being revenue neutrality following the transition to ICD-10.

The DPH ICD-10 Implementation Project Manager, in coordination with the DPH ICD-10 Implementation Team, will be responsible for development of the Business Impact Assessment tool and training DPH staff designated by each Section Chief on the tool. Each DPH Section Chief is responsible for ensuring that each Branch/Unit within the Section completes the Business Impact Assessment and submit the results to the DPH ICD-10 Implementation Project Manager within the specified deadline for completion. For those Branches/Units with identified business impacts, the DPH ICD-10 Implementation Project Manager will work with those Branches/Units to provide guidance related to activities/training that may be needed to ensure readiness for the transition to ICD-10. For any DPH Branches/Units with identified business impacts that appear to be behind in remediation activities, these delays will be added to the DPH ICD-10 Issues Log and referred to the ICD-10 Implementation Project Supervisor for further action.

The DPH Business Impact Assessment tool will be shared with local health departments; local health departments are responsible for conducting their own internal Business Impact Assessments and determining appropriate remediation activities.

Some of the areas to be addressed in the Business Impact Assessment may include:

- Assess organizational readiness for transition including:
    - Identification of affected business areas and individuals (medical, clinical, administrative)
    - Effect on data availability and use
    - Data exchange of ICD data between business areas and with external entities
    - Organizational capacity (including budget)
- Conduct a survey of all business areas to determine the level of effect of the transition
    - What is the anticipated effect on coding accuracy?
    - How long is it expected to take for coding staff to achieve a level of proficiency comparable to that with ICD-9?
    - What steps could be taken to improve coding accuracy?
        - Assess coding knowledge and skills and provide an appropriate level of education.
        - Monitor coding accuracy closely during the initial implementation period and provide additional education as needed.
    - Identify other potential problems or challenges during the transition and implement strategies aimed at reducing the potential negative effect.
- Begin analyzing data to evaluate the impact of implementing ICD-10
    - Identify major areas of change between ICD-9 and ICD-10 that impact data comparison and reporting for both internally and externally reported data.
- Determine how long dual code sets will be maintained and how ICD-9 data will be managed. Issues include:
    - Claims for services before the ICD-10 compliance date (including claim resubmissions and appeals)
    - Historical data for analysis (e.g., research, trending, auditing)
        - Will legacy data need to be converted? If so, how will it be converted?
        - If data will be converted using GEMs, will application specific mappings need to be developed?
        - Determine which data will be linked by using mapping applications and which data will be maintained separately according to the source code set.
    - The locations or applications that will house historical data, the resource implications, and who will have access
- Where do ICD-9-CM codes originate (e.g., entered manually, imported from another system)?
- How is data quality checked?
- Map electronic data flow to inventory all reports that contain ICD-9-CM codes.
    - Who is using these reports?

    - Are these reports still needed?
    - Do the reports contain the information users need?
    - Are new or modified reports needed?
- Identify new or upgraded hardware and software requirements.
    - Since the ICD-10 code sets are very amenable to the use of electronic tools in the coding process, and the use of technology is expected to improve coding productivity and accuracy significantly, is consideration being given to replacing the use of hard-copy code books with encoding software and/or computer-assisted coding technology?
    - Will hardware upgrades be needed to ensure optimal system performance? Will additional computers or larger monitors be needed?
- Analyze the effect on all business processes
    - Analyze the effect on all operational processes that currently use ICD-9-CM codes, as well as those for which ICD-10-CM codes are intended to be used in the future
    - Assess the effect on documentation processes and work flow
    - Evaluate current data flow, work flows, and operational processes to identify those affected by the ICD-10 transition and determine opportunities for improvement
    - Identify reports and forms requiring modification
    - Identify policies and procedures that need to be developed or revised
    - Identify affected internal and external reporting processes (e.g., registries, quality measures, performance measures, state data reporting)
    - Communicate with payers about anticipated changes in reimbursement schedules or payment policies
- Conduct a gap analysis of coding staff knowledge and skills for ICD-10 environment
    - Assess coding staff knowledge in biomedical sciences (e.g., anatomy and physiology, pathophysiology), medical terminology, and pharmacology
    - Refresh coding staff knowledge as needed on the basis of the assessment results
- Assess the impact on coding and billing productivity and the impact on the organization's accounts receivable status
    - How long is a decline in coding productivity expected to last?
    - What steps could be taken to reduce the effect of decreased coding productivity?
        - Eliminate coding backlogs before ICD-10 implementation
        - Use outsourced coding personnel to assist with workload during the initial period after ICD-10 implementation
        - Prioritize medical records to be coded
        - Provide coding staff with adequate ICD-10 education and provide refresher training immediately before the compliance date to improve confidence levels and minimize a decline in productivity
        - Assess medical record documentation quality and implement any necessary documentation improvement strategies before ICD-10 implementation
        - Use electronic tools to support the coding process
- Identify ways processes and work flows could be improved
- Analyze how business areas might leverage their use of ICD-10 codes to improve the effectiveness and efficiency of their operations.

4.3 WBS 3.3: Clinical Documentation Assessment

ICD-10-CM coding provides an accurate representation of health care services through complete and precise reporting of diagnoses, and ICD-10-CM will also yield more thorough data for clinical decision-making, performance reporting, managed care contracting, and financial analysis. Increased code detail contained in ICD-10-CM means that required documentation could change substantially. ICD-10-CM includes a more

robust definition of severity, comorbidities, complications, sequelae, manifestations, causes and a variety of other important parameters that characterize a client's condition. It is imperative that the documentation support the assigned ICD-10-CM codes.

The table below (based upon the CMS resource, *ICD-10 Implementation Guide for Small and Medium Practices*) identifies potential impacts to reimbursement that should be considered depending on existing contracting and reimbursement models and the potential for future reimbursement changes under accountable care and value based purchasing.

COMMON REIMBURSEMENT ARRANGEMENTS	ICD-10-CM IMPLEMENTATION POTENTIAL IMPACTS
Fee-for-service payments	Traditional CPT-and HCPC-based reimbursements will not be directly affected since these codes are not part of the ICD-10-CM change. Indirectly, fee-for-service payments may potentially be affected for the following reasons: • Increased denials because of incomplete or inaccurate translation of existing policies, benefit, and payment rules in payer systems as they attempt to migrate these rules to ICD-10-CM • Delays in payments because of challenges in claim processing in the ICD-10-CM environment
Capitation, case rates and other risk-based models *(e.g., in LHDs, this type of model is used with CC4C and PCM services)*	For those agencies with some level of reimbursement in capitated or case-based payments, there will be substantial impacts since the reimbursement funds will be defined differently in ICD-10-CM. Reimbursements and risk adjustment models will be different and untested. ICD-10-CM will provide a better insight into risk and severity over time, if the provider is able to capture accurate ICD-10-CM data.
Audit-based reimbursement recovery *(e.g., Medicaid audits)*	New clinical documentation requirements will increase the risk of audit failure if documentation cannot support the new ICD-10-CM detail. If audits reveal that payments were tied to inappropriate services based on ICD-10-CM's new definitions and rules, payers may require recovery of payments from providers.
Evolving models such as episode- and performance-based reimbursement and accountable care *(e.g., new models that may be a an outcome of the Affordable Care Act)*	The effect of ICD-10-CM on evolving reimbursement models, such as episode- and performance-based and accountable care organization models is still unclear. Since there is no historical data or benchmarks yet for ICD-10-CM, there is little basis for making episode-based or performance baselines for cost projections. Providers should keep in mind: • Changes in logic of existing episode grouper software will be complex and early adoption may result in unanticipated results • The lack of coding familiarity in ICD-10-CM and the changes in coding definitions may affect coding quality during the first year or more of transition • Changes in the meaning of key concepts within codes could result in significant variance in the values for key quality metrics • With accountable care models, there will be increased demand for visibility and demonstrated service value and efficiency. This

	will result in models that consider: o The complexity and risk of service delivery based on severity and other key parameters of the conditions for which services are being delivered. This could result in service-based payments being adjusted either positively or negatively based on the complexity and risk assessment. o Complications, "never events," patient safety and other potentially avoidable detrimental patient impacts. o Outcomes as a consideration in the payment model based on a precise definition of the patient's condition and the institutional procedures to maintain or improve those conditions.

WBS 3.3, Clinical Documentation Assessment, will include the review of random samples of various types of clinical documentation (from DPH, local health departments and CDSAs) to determine the adequacy of documentation to support the level of detail required with ICD-10-CM. Persons assisting in the performance of this assessment must have prior training in both ICD-9-CM and ICD-10-CM. Some outcomes of this assessment will be:

- Identification of documentation deficiencies
- Development of a priority list of diagnoses requiring more granularity or other changes in data capture and recording
- Development of documentation improvement strategies.

The DPH ICD-10 Implementation Project Manager, in coordination with the DPH ICD-10 Implementation Team, will be responsible for development of the Clinical Documentation Assessment tool and defining the assessment process.

A Clinical Documentation Work Group has been established to work under the direction of the DPH ICD-10 Implementation Team. The purpose of the Clinical Documentation Work Group is to prepare recommendations, document drafts and training related to Clinical Documentation Assessment for submission to the DPH ICD-10 Implementation Team to include:

- Clinical Documentation Assessment Process
    - How many records should be included in the sample?
    - What client characteristics should be included in the sample (e.g., different age groups, services provided by program)?
    - How many agencies will need to participate in the initial assessment done by the Work Group?
    - How will the agencies be selected for the initial assessment done by the Work Group?
    - For EMR systems (e.g., My Avatar), the process must include an analysis of the level of specificity included in the clinical documentation derived from the EMR (e.g., pull down selections).
- Assessment Tool
- Clinical Documentation Improvement Strategies

The Clinical Documentation Work Group will provide guidance to DPH staff and local agencies, upon request.

The Clinical Documentation Work Group will do an initial clinical documentation assessment, develop and test a tool for local agencies to use, and develop a findings report with recommendations for documentation improvements

- A pre-requisite for this activity is the completion of ICD-10 coding training by Work Group members (probably Spring 2012)
- The DPH ICD-10 Implementation Project Manager will research assessment tools that may already exist and will develop a draft tool appropriate for DPH and local agencies
- Clinical Documentation Work Group members will go to several local agencies and audit a sampling of client records representing the majority of programs/services offered at the agency.
    - The Clinical Documentation Assessment will be done onsite in order to have access to all relevant documentation and meet HIPAA requirements.
    - The purpose of this task will be to test the tool and to acquire examples to be used when training local agencies on the assessment tool (e.g., Using common diagnoses, reflect code used under ICD-9 and code that is appropriate under ICD-10 and assess the clinical documentation needed to support the assigned ICD-10 codes).
    - The Clinical Documentation Assessment will mirror actual coding practices by assigning ICD-10 codes that mirror the ICD-9 assignment. Gaps in current documentation will be identified that prevent the complete and accurate assignment of the most appropriate ICD-10 codes.
- The Clinical Documentation Work Group will analyze the findings, modify the tool and submit their findings and recommendations to the DPH ICD-10 Implementation Team for approval.
- The approved Clinical Documentation Assessment tool, instructions and training will be provided to appropriate DPH staff and local agencies.

Local agencies are encouraged to conduct their own internal Clinical Record Documentation Assessment (after they have completed ICD-10-CM training) and determine appropriate remediation activities within their agency.

Some of the areas to be addressed in the Clinical Record Documentation Assessment may include:

- Assess the quality of medical record documentation.
    - Evaluate samples of various types of medical records to determine whether the documentation supports the level of detail found in ICD-10.
        - Sampling techniques could include random samples, most frequent diagnoses or procedures, or diagnostic or procedural categories known to represent documentation problems with ICD-9.
- Implement Clinical Documentation Improvement (CDI) strategies tailored to strengthen identified areas of clinical documentation weakness.
    - Consider changes in documentation capture processes (such as prompts in electronic health record systems) to facilitate improvements in documentation practices.
    - Educate clinical staff about findings from documentation review and the documentation elements needed to support ICD-10 codes, through the use of specific examples, and emphasize the value of more concise data capture for high-quality data. Introduce training programs early and continue on an ongoing basis.
    - Designate a clinician champion to assist in clinical staff education and promote the positive aspects of the ICD-10 transition.

4.4 WBS 3.4: Best Practices

WBS 3.4, Best Practices, may be a variety of materials developed following completion of the various assessments and training that will reflect best practices for the business and clinical change from ICD-9-CM to ICD-10. Some examples may include:

- Development of a Business Process Improvement Plan following completion of Business Impact Assessments and analysis of the impacts (e.g., business process changes to assign new codes at the most efficient point).
- Sample encounter forms by program
- Recommendations on how to handle the coding of diagnoses when a diagnosis is not on a list of the agency's most common diagnoses (e.g., is the best practice for clinicians to learn how to code or train a few staff in the agency to code the outlier diagnoses?)
- Recommendations on the use of Computer Assisted Coding (CAC).

Once available, Best Practice materials will be posted to the NC DPH website (http://publichealth.nc.gov/lhd/icd10/deliverables.htm) under *For Local Health Departments/ICD-10-CM Implementation/ICD-10 Project Deliverables* so all DPH staff and local agencies can have access to the materials.

4.5 WBS 3.5: ICD-10-CM Training Classes & User Registration

WBS 3.5, ICD-10-CM Training Classes & User Registration, is not a formal document; rather, these are the actual training classes and the registration for those classes. WBS 2.4, Training Plan, will document specific information related to the ICD-10-CM training to be offered.

4.6 WBS 3.6: Readiness Assessments

WBS 3.6, Readiness Assessments, will provide DPH a baseline and then a gauge of agency preparedness for ICD-10-CM compliance. The assessment will highlight areas and activities that may need adjustment in order to fulfill compliance objectives. Those DPH Branches/Units with identified business impacts will need to complete the Readiness Assessments and submit results to the DPH ICD-10 Implementation Project Manager. The Project Manager will compile the results and send the findings to the appropriate Section Chief and Branch Head(s). The Project Manager will work with any Branches/Units deemed not ready for the transition to ICD-10 and provide guidance related to activities/training that may be needed to ensure readiness before the compliance date of 10/1/14. For any DPH Branches/Units with identified business impacts that fail the readiness assessment, these results will be added to the DPH ICD-10 Issues Log and referred to the ICD-10 Implementation Project Supervisor for further action.

The Readiness Assessment tool(s) will be developed by the ICD-10 Implementation Project Manager and Implementation Team members. Readiness assessment tools will be shared with local health departments and CDSAs but the local agencies will be responsible for conducting their own internal readiness assessments.

For DPH systems and local agency systems impacted by the transition to ICD-10, periodic post-baseline software/system readiness assessments need to be conducted with business associates (e.g., system vendors, payers, providers) or agency system owners. Refer to Section 4.1 in this document for more detailed information related to system readiness). System readiness assessments will address the following:

- Determine vendor readiness and timelines for upgrading software:

    - What systems upgrades or replacements are needed to accommodate ICD-10?
    - What costs are involved, and will upgrades be covered by existing contracts? If not, what will the projected cost be, and when will the cost be incurred?
    - When will upgrades or replacement systems be available for testing and implementation?
    - What customer support and training will the business associates provide?
    - How will their products and services accommodate both ICD-9 and ICD-10 as agencies work with claims provided both before and after October 1, 2014?
    - How long will their products accommodate both code sets?
- Consider ICD-10 transition during contract renewals (e.g., vendor contracts, contracts between payers and providers).
- Assess readiness of all organizations that receive ICD data.
- Communicate with other business associates about their progress toward ICD-10 preparedness and when they expect to be ready for transaction testing.
    - Follow up periodically on the readiness status of business associates and any changes in their readiness timeline
- When will payer systems be ready for testing?

5. WBS 4.0 – Monitoring and Control Phase

5.1 WBS 4.1: Status Reporting to Stakeholders

Project status reports will be developed for DPH management, the project supervisor, the ICD-10 Implementation Team, NCALHD Technology Committee and other stakeholders upon request to assure that interested parties are apprised of project progress and any issues that may need stakeholder assistance for resolution. Monthly status reports submitted to the NCALHD Technology Committee are posted on the NC DPH website (http://publichealth.nc.gov/lhd/icd10/status.htm) under *For Local Health Departments/ICD-10-CM Implementation/Status*.

5.2 WBS 4.2: Risk Matrix

A list of identified risks, assessment of those risks and the mitigation plans for them are detailed in the Risk Matrix.

5.3 WBS 4.3: Issues Log

The Issues Log will provide a tracking mechanism for identified issues, their evaluation and who has been assigned for resolution. Issue resolutions or decisions will also be documented in the Issues Log and communicated to all affected parties.

5.4 WBS 4.4: Budget Tracking Materials

Budget tracking materials include items such as project budget, critical needs, expansion budget requests, etc. Documents may include Excel spreadsheets and Word files that support the DHHS Critical Needs process and Expansion Budget requests. The budget must reflect those costs that will be borne by DPH and costs that are covered in accordance with vendor contracts.

The amount of anticipated cost for the ICD-10 transition depends on the size and complexity of the organization, as well as the degree of system integration; the need for outside technical assistance; and the number of systems, applications, and interfaces that need to be updated. The largest budgetary expenses generally are systems upgrades and education. The ICD-10 budget must be updated continually as a result of information learned during the various assessments. For example, training costs cannot be determined until the individuals requiring training, the level of training needed, and the time frame in which the training is needed have been identified.

When preparing the ICD-10 Implementation Budget, some areas to consider include:

- Identify all ICD transition expenses and estimate the associated costs, including:
    - Software modifications (costs for in-house and vendor system changes including changes to interfaces)
    - Education (both coding staff and other personnel needing education)
    - Hardware and software upgrades (software modifications, such as maintaining both ICD-9-CM and ICD-10-CM, that require hardware changes; workstation changes resulting from business process changes)

  - System Testing-related costs (test servers, testing workstations)
  - Staff time
  - Temporary or contract staffing to assist with increased work resulting from the transition, such as coding and billing backlogs, IT support, or coding accuracy review
  - Consulting services to assist with transition (such as project management)
  - Report redesign (and development of new reports)
  - Reprinting of paper forms
  - Data conversion
  - Maintenance of dual code sets
  - Additional software or other tools and resources to facilitate the ICD-10 transition (such as an electronic mapping tool) or improve operational processes
- Identify Sections/departments responsible for each transition cost, including systems changes, hardware and software upgrades, and education.
- Estimate the amount of contingency and reserve funds required for the ICD-10 transition (e.g., potential for revenue loss resulting from reduction in client services during transition period, increased claims denial during the transition period).
- Allocate ICD-10 implementation costs across multiple years.
- Identify other projects that will be competing for resources during the ICD-10 transition (e.g., financial, personnel).
- Update budget estimates as needed after completing other ICD-10 planning and impact assessment activities.

A Cost Predictive Modeling Tool was developed as part of the HIMSS ICD-10 Playbook and may be used to assist agencies during budget preparation. The HIMS ICD-10 Playbook is located at http://www.himss.org/ASP/topics_icd10playbook.asp .

5.5 WBS 4.5: Implementation Team Meetings, Agendas & Minutes

Stakeholders will be identified to serve on the DPH ICD-10 Implementation Team. This deliverable includes the scheduled meetings, agenda preparation and documenting the meeting minutes. DPH ICD-10 Implementation Team meeting agendas, handouts and minutes are posted on the DPH website http://publichealth.nc.gov/lhd/icd10/team.htm) under *For Local Health Departments/ICD-10-CM Implementation/ICD-10 Implementation Team*.

5.6 WBS 4.6: DPH ICD-10 Website

A website will be maintained by DPH so that information, tools, etc. can be available to DPH staff, local health departments and other stakeholders. The DPH website (http://publichealth.nc.gov/lhd/icd10/) will be used for this purpose.

5.7 WBS 4.7: Monitor Implementation of System Changes

This is not a formal document, but is the completion of fully configured and customized software and the training of users impacted by the system changes signifying that ICD-10 implementation may begin. The ICD-10 Implementation Project Manager will monitor the progress of system modifications required for the transition to ICD-10-CM for DPH systems. This shall include input and output. Monitoring activities shall include:

- Implement, test and validate systems changes identified during system impact assessments.
- Develop and modify system manuals, policies, procedures, and/or processes resulting from system changes.
- Development of a contingency plan for continuing operations if critical system changes are not complete and ready for implementation by 10/1/2014.
- Confirm with system vendors and/or in-house system support staff that changes and upgrades in systems have been completed.
    - Determine the level of support for go-live.
    - Determine who the point of contact will be should issues arise.
- Confirm completion of User Acceptance Testing.

5.8 WBS 4.8: Monitor Implementation of Interface Changes

This is not a formal document, but is the completion of system interface changes and the training of users impacted by the system interface changes signifying that ICD-10 implementation may begin. The ICD-10 Implementation Project Manager will monitor the progress of interface modifications required for the transition to ICD-10-CM for DPH systems.

Monitoring activities shall include:

- A contingency plan will be developed for continuing operations if critical interface changes are not complete and ready for implementation by 10/1/2014.
- Confirm with system vendors and/or in-house system support staff that changes and upgrades in system interfaces have been completed.
    - Determine the level of support for go-live.
    - Determine who the point of contact will be should issues arise.
- Confirm completion of User Acceptance Testing.

5.9 WBS 4.9: Monitor Implementation of ICD-10-CM Related Business Process Changes

This is not a formal document but is a major milestone designating that the implementation of ICD-10 is complete in DPH, local health departments and CDSAs.

Monitoring activities shall include:

- A contingency plan will be developed for continuing operations if critical business process changes are not complete and ready for implementation by 10/1/2014.
- Readiness assessments have been completed and organizational readiness is confirmed.
- Conduct ICD-10 transaction testing with trading partners including testing of claims transactions between providers and payers.
- Continue to assess the quality of medical record documentation, implement documentation improvement strategies as needed, and monitor the effect of documentation improvement strategies.
- Post Implementation Follow Up should include:
    - Monitor the impact on reimbursement, claims denials and rejections, and coding productivity and accuracy; identify problems or errors; and take steps to address identified problems and errors.

- Monitor coding accuracy and productivity and implement strategies to address identified problems, such as:
  - Need for additional education on the ICD-10 code sets, biomedical sciences, pharmacology, or medical terminology.
  - Need for additional efforts to improve the quality of medical record documentation.
  - Need for additional coding professionals to assist with coding backlogs or reviewing claims denials and rejections.
- Train or retrain staff as necessary.
  - Provide ICD-10 education to new staff.
  - Provide retraining or additional training to improve coding productivity and accuracy.
- Assess the reimbursement impact of the ICD-10 transition, monitor case mix, and provide appropriate education to staff members about reimbursement issues.
  - Work closely with payers to resolve payment issues (e.g., claims denials and rejections).
  - Communicate with payers about anticipated changes in reimbursement schedules or payment policies.
  - Provide education and feedback regarding reimbursement issues to appropriate personnel.
- Resolve post-implementation problems as expeditiously as possible.
  - Follow up promptly on significant post-implementation problems, such as claims denials and rejections or coding backlogs.
  - Work with other staff or external entities as appropriate until the identified problem is resolved.
- Continue to follow the communication plan.
  - Keep key stakeholders informed of issue identification and resolution status through regular updates or use of electronic communication tools such as a Web-based issue tracking system accessible to all stakeholders.

6. WBS 5.0 – Closing Phase

6.1 WBS 5.1: Summary Report of ICD-10-CM Training Evaluations

The Summary Report of Training Evaluations shall include a description of modifications made to Training Materials or course content based on the feedback received.

6.2 WBS 5.2: Lessons Learned

Lessons learned are detailed statements (positive or negative) captured after completion of the project or for a portion of the project. The statements describe in a neutral way what did or did not work well, along with a statement regarding the risk of ignoring the lesson. Capturing and sharing the lessons learned is an important part of process improvement.

6.3 WBS 5.3: Project Files Archived

This is not a formal document but is the process of archiving the official DPH ICD-10 Implementation Project files including deliverables, e-mails, presentations, formal communications, etc.

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APPENDIX A. Abbreviations, Acronyms, and Definitions

Abbreviation / Acronym	Definition
AAPC	American Academy of Professional Coders
AHIMA	American Health Information Management Association
ALCSS	Administrative, Local & Community Support Section
BCCCP	Breast and Cervical Cancer Prevention
CAC	Computer Assisted Coding
CDC	Centers for Disease Control and Prevention
CDI	Clinical Documentation Improvement
CDSAs	Children's Developmental Service Agencies
CMS	Centers for Medicare and Medicaid Services
CSDW	DHHS Client Services Data Warehouse
DHHS	Department of Health and Human Services
DIRM	Division of Information Resource Management
DPH	Division of Public Health
GEMs	General Equivalence Mappings
HIMSS	Healthcare Information and Management Systems Society
HIS	Health Information System
ICD-9-CM	International Classification of Diseases, Ninth Revision, Clinical Modification
ICD-10-CM	International Classification of Diseases, Tenth Revision, Clinical Modification
ICD-10-PCS	International Classification of Diseases, Tenth Revision, Procedure Coding System
IT	Information Technology
LHD	Local Health Department
LTATB	Local Technical Assistance & Training Branch
NCALHD	NC Association of Local Health Directors
NCHICA	NC Healthcare Information & Communications Alliance
NC	North Carolina
NCEDSS	NC Electronic Disease Surveillance System
NCIR	NC Immunization Registry
PM	Project Management

Abbreviation / Acronym	Definition
POMCS	Purchase of Medical Care System
TBD	To be determined
WBS	Work Breakdown Structure

End of Document