ICD-10 Implementation Team Meeting Minutes
May 20, 2013
11:00am - 12:00pm
Webinar Only

Conference number: **1-888-363-4734;** Access Code: **2142113#**
https://dhhs.ncgovconnect.com/icd10/

Attendees (☑ = present; ☐ = absent)

☑ Sarah Brooks (Facilitator) - DPH	☐ Joy Reed – DPH
☐ Adriane Eaton – Stokes Family Health Center	☐ Lana Deyneka - DPH
☐ Alice Salmons Mitchell – Yadkin Co LHD	☑ Lisa Hamilton – Mecklenburg Co LHD
☐ Ann Moore – DPH	☐ Lisa Perry – Franklin County
☐ Betty Hawkins – Stokes Family Health Center	☐ Lynn Conner – DPH
☑ Bob Martin – DPH	☑ Marcia Mandel – Raleigh CDSA
☑ Brenda Dunn - DPH	☐ Marcia Johnson – Durham Co LHD
☐ Candy Tharrington – Franklin Co LHD	☐ Missy Johnson – Franklin Co LHD
☑ Carla Morgan – Jackson Co LHD	☐ Pamela Serrell Cochran – DPH
☐ Carol Tyson – DPH	☑ Quidi Wang – DPH (EI Branch)
☑ Diane Keener – Macon Co LHD	☑ Roy Gilbert – Office of Rural Health & Community Care
☐ Donna Sawyer – Albemarle Region Health Services	☐ Sandra Cox – Craven Co LHD
☐ Ann Henderson for Dorothy McNeil – Cumberland Co LHD	☑ Sharon Artis - DPH
☑ Eleanor Howell – DPH	☑ Susan Little - DPH
☐ Ellen Shope – DPH	☐ Sylvia Gentry – Stokes Family Health Center
☐ Frances Taylor – DPH	☐ Taryn Edwards - DPH
☐ Gay Welsh – DPH	☑ Tony Ivosic - DPH

Item	Agenda Items	Presenter	Decisions / Action Items	Questions / Comments
1	Project Schedule	Sarah Brooks	Sarah will send Implementation Team members the updated project schedule each month. Recommendation to delay 3.6-1c and 3.6-2a was approved. Sarah will update the Project Schedule with revised dates (DONE – attached).	Deliverables highlighted in pink are complete. Deliverables in progress will have check marks in the first column. ICD-10 Project Schedule by Tasks Re Recommendation: Modify Start and End Dates for the following (highlighted in yellow on Schedule) (approved): 3.6-1c (Development and Review of UAT Test Scripts) – Begin in September after CDSA training complete. By that time, should have test scripts from NCHICA and CMS

ICD-10 Implementation Team Meeting Minutes

Item	Agenda Items	Presenter	Decisions / Action Items	Questions / Comments
				3.6-2a (DPH System Readiness Assessments) – Send out the assessment forms in July and request feedback in August. Should be far enough along with CDSA training by then
2	Congressional Bill 1701	Sarah Brooks	Continue moving forward as planned	**Subject:** RE: NCHICA ICD-10 Task Force: Bill 1701 Yesterday during the NCHICA ICD-10 Task Force meeting, Sarah Brooks questioned CMS about the status of a bill that was introduced to prevent the adoption of ICD-10-CM. Michelle Christopher from CMS did some research and found the following information: A bill (HR 1701) has been introduced by Rep Ted Poe (R- Texas) that would prohibit HHS from mandating that health care providers switch to ICD-10 code sets. This bill has 3 cosponsors (NC – Walter Jones NC3, MD, TX). Current status of bill was assigned to a congressional committee on April 24, 2013, which will consider it before possibly sending it on to the House or Senate as a whole. Attached is a letter from AMA expressing their strong support for HR 1701. Below link provides text of bill: http://www.govtrack.us/congress/bills/113/hr1701/text **Recommendation:** Continue moving forward as planned
3	Encounter Form Samples	Sarah Brooks	From March Meeting: Candy Tharrington, Ann Henderson and Lisa Hamilton will send Sarah the encounter forms currently used by their agencies. Sarah will at least try to determine the code(s) that are needed based on the current diagnoses listed on the encounter forms. This activity will not take place until after the CDSA training materials are developed in June/July. From May Meeting: Diane Keener and Marcia Mandel will send Sarah their encounter forms. Sarah will request forms from Candy, Ann and Lisa (DONE).	From March Meeting: Team members noted that it is difficult to develop sample Encounter forms without policy guidance from Medicaid. Sarah clarified that she will use the encounter forms submitted by team members to develop sample encounter forms that include ICD-10-CM diagnoses. Roy Gilbert noted that Rural Health tried to develop sample encounter forms for Rural Health but for primary care, there are too many codes so their sample forms were 4-5 pages long. Therefore, ORHCC is investigating software for code selection.
4	ICD-10-CM Training	Sarah Brooks		Status of LHD ICD-Implementation Team member training including training evaluation results. The attached are results of evaluations that were completed using the online tool.

ICD-10 Implementation Team Meeting Minutes

Item	Agenda Items	Presenter	Decisions / Action Items	Questions / Comments
				User Experience Survey as of 5-8-13.) Sarah noted that more than 300 LHD, ORHCC and DPH staff have been trained and the evaluations were favorable and some good recommendations for future change received.
			Taryn Edwards, Brenda Dunn, Frances Taylor and Susan Little will function as a short-term subcommittee to work with Sarah to identify the type of specialty training categories and identify the chapters that may be relevant for the different specialty areas. Sarah will convene the sub-committee in May. (Met on 5-15-13 – notes attached) Roy Gilbert will contact the NC Assn of Local Health Directors to determine if they could work with some encoder vendors to get reduced rates.	Recommendations for Specialized Training (see attached) Recommendations for Breaking Down Tr Sarah reviewed the recommendations from the subcommittee: 1. Short training sessions appropriate for the following clinics (and need for Implementation Team members to validate the different clinics/programs): STD, HIV and Communicable Disease Child Health – talk with Jean Vukosson Women's Health – Brenda Dunn will provide information for this Primary Care Clinic (concentrate on areas noted by FNP above) Family Planning – Contraception, Reproductive Health (Culposcopy) Immunization Prenatal/Maternity 2. If agencies have a few staff that complete Comprehensive training, they would be the local agency experts for coding questions from clinical staff 3. Develop sample encounter forms including most common diagnoses coded with ICD-10-CM 4. For specialty clinics such as Diabetes clinic, develop a one page document that addresses the differences between ICD-9-CM and ICD-10-CM. However, there are a lot of Diabetes codes that include manifestations so staff may still have to refer to the code books for the correct codes. Diane Keener stated that Macon county LHD purchased Encoder Pro and staff will use that to select the ICD-10-CM codes. She stated they purchased a certain number of licenses for use by agency staff. Roy Gilbert stated it would be beneficial to all agencies if the State could negotiate a discounted rate for use

ICD-10 Implementation Team Meeting Minutes

Item	Agenda Items	Presenter	Decisions / Action Items	Questions / Comments
				Statewide. Sarah stated she doubted Purchase and Contracts would allow this without developing an RFP. Perhaps the Health Directors could investigate this independent of the State. Sarah also noted there are some free apps such as ICD-10 Light that agencies could investigate using. Sarah also noted that she will continue to follow up to see if Netsmart has any encoder or computer-assisted coding capabilities that will be available in HIS. Batch agencies need to check on this type of capability with their vendors as well.
5	ICD-10-CM Testing	Sarah Brooks	Sarah will share UAT test cases with all agencies but batch agencies will be responsible for doing their testing with payers.	Will work with HIS team for Medicaid and Clearinghouse testing but what is project responsibility in relation to batch agencies?
6	Issues Log	Sarah Brooks	Team members should send any new issues or risks or updates to existing issues and risks to Sarah. From March Meeting: Bob Martin and Quidi Wang will review Issue 32 and notify Sarah of any updates. Bob noted that he is working on some of the POMCS issues at the current time. Issues 30-32 will be changed to deferred status and then Medicaid will be consulted after NC Tracks is implemented. Sarah will update the Issue Log/Risk Matrix (DONE and attached)	Updated Issue Log/Risk Matrix attached (updated following 5-20-13 meeting). Project Issues_Risks Log 5-20-13.xls Recommend closing Issues 30 and 31 based on information provided by Lisa Hamilton – refer to Issues Log Any update to Issue 32? Eleanor Howell stated that the pre-authorizations require CPT codes but may not require ICD-9-CM codes. Follow-up: Marcia Mandel confirmed with her staff that diagnosis codes are required on the pre-authorizations and that CDSAs should be prepared to address this issue following the coding training in August 2013. Any new issues?? Any new risks?? - NONE
7	Other	All		
8	Adjourn	All		The meeting adjourned at 11:40am
Next Meeting Date: Monday, June 17, 2013 11:00am – 12:00pm; Computer Training Room (Bldg 3, 2nd Floor) and Webinar Access				