

ICD-10 Implementation Team Meeting Minutes

June 18, 2012

11:00am - 12:30pm

DPH Computer Training Room, 5605 Six Forks Rd, Raleigh, NC (Building 3, 2nd Floor)

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

Attendees (☑ = present; ☐ = absent)

<input checked="" type="checkbox"/> Sarah Brooks (Facilitator) - DPH	<input checked="" type="checkbox"/> Gay Welsh – DPH
<input checked="" type="checkbox"/> Adriane Eaton – Stokes Family Health Center	<input type="checkbox"/> Joy Reed – DPH
<input type="checkbox"/> Alice Salmons Mitchell – Yadkin Co LHD	<input type="checkbox"/> Kaye Hall – Warren Co LHD
<input checked="" type="checkbox"/> Ann Moore – DPH	<input type="checkbox"/> Lana Deyneka - DPH
<input checked="" type="checkbox"/> Betty Hawkins – Stokes Family Health Center	<input type="checkbox"/> Lisa Hamilton – Mecklenburg Co LHD
<input type="checkbox"/> Bob Martin – DPH	<input type="checkbox"/> Lynn Conner – DPH
<input checked="" type="checkbox"/> Brenda Dunn - DPH	<input type="checkbox"/> Marcia Mandel – Raleigh CDSA
<input checked="" type="checkbox"/> Candy Tharrington – Franklin Co LHD	<input type="checkbox"/> Marcia Robinson – Durham Co LHD
<input checked="" type="checkbox"/> Carla Morgan – Jackson Co LHD	<input checked="" type="checkbox"/> Missy Johnson – Franklin Co LHD
<input checked="" type="checkbox"/> Carol Tyson – DPH	<input type="checkbox"/> Pamela Serrell Cochran – DPH
<input checked="" type="checkbox"/> Diane Keener – Macon Co LHD	<input checked="" type="checkbox"/> Roy Gilbert – Office of Rural Health & Community Care
<input checked="" type="checkbox"/> Donna Sawyer – Albemarle Region Health Services	<input type="checkbox"/> Sandra Cox – Craven Co LHD
<input type="checkbox"/> Dorothy McNeil – Cumberland Co LHD	<input checked="" type="checkbox"/> Sharon Artis - DPH
<input type="checkbox"/> Doug Busch - DPH	<input type="checkbox"/> Sylvia Gentry – Stokes Family Health Center
<input checked="" type="checkbox"/> Eleanor Howell – DPH	<input type="checkbox"/> Taryn Edwards - DPH
<input checked="" type="checkbox"/> Ellen Shope – DPH	<input checked="" type="checkbox"/> Tony Ivosic - DPH
<input checked="" type="checkbox"/> Frances Taylor – DPH	

Item	Agenda Items	Presenter	Decisions / Action Items	Questions / Comments
1	Basic Training	Sarah Brooks	<ul style="list-style-type: none"> Separate coding exercises are not needed for State Lab or OCME. No changes recommended on training content. Sharon Artis (OCME), Tony Ivosic (State Lab) and Roy Gilbert (Rural Health) confirmed that the coding exercises for LHDs can be used for their training. Sarah may continue to enhance the Basic training but will not send out for further review by the Implementation Team since Team members will have an opportunity to critique the training after 	<p>Based on feedback from several Implementation Team members, the coding exercises in the Basic module have been modified to add exercises specific to LHDs (includes 2 codes that would be reported to the Lab), LHD and Rural Health Primary Care and CDSAs (medical and non-medical). In addition, other enhancements have been based upon further research by the Project Manager.</p> <p>Question: Are separate coding exercises needed for State Lab and/or OCME? Others?</p>

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			<p>they complete the Comprehensive Training</p> <ul style="list-style-type: none"> • It is estimated that Comprehensive Training can be completed in 2 days. <ul style="list-style-type: none"> ○ Gay Welsh requested that the training dates be announced ASAP so team members can block out the dates. ○ According to the Project Schedule, training is scheduled during the time period of 7/23-27. Gay noted that the Communicable Disease Conference is 7/25-26 and some team members are slated to attend the conference. ○ Sarah will send out possible 2 day slots and see when the majority of team members can attend. DONE. Attached is the training schedule information. 	<div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;">  ICD-10-CM The Basics v1.3.ppt </div> <div style="text-align: center;">  Coding Training Announcement-Imple </div> </div>
2	Clinical Documentation Assessment	Sarah Brooks	<ul style="list-style-type: none"> • OCME will be included in the Pilot and added to Table 1. DONE – updated version with changes tracked is attached • For LHDs, add clients seen for lab tests – both State Lab and Private Labs (e.g., LabCorp) DONE – updated version with changes tracked is attached • Any Implementation Team member who participates in the Comprehensive Coding training may participate in any of the pilots (i.e., not limited to Clinical Documentation Work Group members) • Roy Gilbert verified that the number of Rural Health records included in their assessment is sufficient • The following pilots and reviewers were confirmed during the meeting: <ul style="list-style-type: none"> ○ Franklin County LHD (with Primary Care) – Candy Tharrington, Missy Johnson, Sarah Brooks ○ Macon County LHD – Diane Keener, Carla Morgan, Ellen Shope ○ OCME – Sharon Artis, Sarah Brooks Sarah will solicit other pilot sites/reviewers via e-mail. DONE – e-mail sent out 6/18/12 with responses due 6/25/12. Raleigh CDSA and Durham County Health Dept are considering being pilots. Roy Gilbert will identify the Rural Health Clinic pilot site. 	<p>WBS 3.3, Clinical Documentation Assessment, is attached. The document has been reviewed by the Clinical Documentation Work Group and revisions incorporated based upon their feedback.</p> <ol style="list-style-type: none"> 1. In particular, please review Sections 2.1 and 2.2 and Appendix B. 2. Does the OCME need to be included in Table 1 (Section 2.2)? Should any other DPH areas be included? Are all LHD programs identified? 3. For the pilot, should participation be expanded to all Implementation Team members? <div style="text-align: center; margin-top: 20px;">  WBS 3 3 Clinical Documentation Asses </div>

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3	DPH ICD-10 Website and Project Name	Sarah Brooks	<ul style="list-style-type: none"> • Sarah to ensure that all changes/additions are properly posted to the website. • In response to the e-mail from Scott Proescholdbell, the Implementation Team recommended that on the “For Local Health Department” page where it has “ICD-10 Implementation”, change that title to “ICD-10-CM Implementation”. Team members agreed that the project is too far along at this point to modify the project title, completed deliverables, etc. DONE – request submitted to DPH Webmaster on 6/18/12 and changes are now in production • Eleanor Howell will explain to the DPH staff that currently use ICD-10 that ICD-10 was used as “shorthand” for the project title but in the deliverables, ICD-10-CM is always specified when necessary. It should also be noted that when the Project Charter was done, an assessment had not yet been done to determine if the project would include ICD-10-PCS so it was less confusing to use the term ICD-10. 	<p>DHHS Public Affairs has been evaluating several items related to the new website:</p> <ol style="list-style-type: none"> 1. DHHS Public Affairs has approved the following in writing: <ol style="list-style-type: none"> a. Use of the Power Point Master design used for all training. They wanted to make sure there were no license or copyright issues. b. Adding a widget available from AAPC to Training Resources on the Training web page. The widget automates GEMS look ups from 9 to 10 and 10 to 9. 2. There are legal issues related to the use of Clip Art. Any pictures used in any documents posted to the website must come from Photos.com but written approval must first be requested from DHHS graphics and then they will send a ‘legal’ download of picture. <ol style="list-style-type: none"> a. Therefore, there are no plans for using many graphics for the coding training. b. One piece of clip art that was used in all of the presentations – the last slide related to “Questions” – has been removed from the slides and the corrected versions posted to the website. c. Written approval to use the picture on the cover page of all deliverables has been obtained and completed deliverables have been updated with the ‘legal’ picture and posted to the website. <p style="text-align: center;"><u>E-mail for discussion:</u></p> <p>From: Proescholdbell, Scott Sent: Tuesday, May 22, 2012 8:25 AM To: Brooks, Sarah Subject: RE: New DPH ICD-10 Implementation Project Website Thanks for adding me to the listserve. Technically, this is implementation of ICD10 CM, right? ICD10 was implemented 10 years ago for mortality. This is just the CM component. It might be helpful to clarify so that there is no confusion and for those truly impacted to make sure it sounds like we know what we are doing. Just a thought. ***** Scott K. Proescholdbell, MPH Head, Injury Epidemiology and Surveillance Unit Injury and Violence Prevention Branch Chronic Disease and Injury Section NC Division of Public Health</p> <p>Response from Sarah: You are correct – it is ICD-10-CM. When I first did the Project Charter, an assessment had not been done to determine if ICD-</p>

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				<p>10-PCS would be included as part of the project so I named the project ICD-10 Implementation Project. Since that time, I have determined that none of the stakeholders will be using PCS. However, a large number of deliverables have already been developed using the project name from the charter. If I change the Website, I will need to change quite a few deliverables/documents as well. Within the deliverable documents, I clearly specify ICD-10-CM whenever it essential to ensure that stakeholders understand that I am talking about CM.</p> <p>However, all that said, I think your question is very legitimate and I will include this as a discussion item for the next DPH ICD-10 Implementation Team meeting. Thanks!</p>
4	Training Scenarios	Sarah Brooks	<ul style="list-style-type: none"> • Eleanor Howell will run a report in CSDW indicating diagnoses used when labs were ordered. DONE - attached • Sarah will add these to the Scenarios for State Lab. Refer to Question. Following discussion, it was determined that Scenarios are not needed for State Lab but the LHD scenarios should include examples of diagnoses provided to support lab tests that are performed. 	<p>Tony Ivosic noted that State Lab essentially uses one V code. Candy Tharrington noted that they have clients that come in for lab tests only so the LHD has to enter a diagnosis in HIS. Eleanor Howell noted that a CSDW report can be generated using the LHD data to ascertain diagnosis codes used for labs.</p>  <p>Diagnoses Used for Lab Services.xls</p> <p>Question related to 2nd action item – since the lab does not do the coding (codes should come from providers with the lab request), are scenarios needed for State Lab or should some scenarios be added for the LHDs and CDSAs that include codes for lab services?</p>
5	Project Schedule	Sarah Brooks	Sarah will send Implementation Team members the updated project schedule each month.	<p>Deliverables highlighted in pink are complete. Deliverables in progress will have check marks in the first column. Dates highlighted in red indicate changes in baseline dates. For 2.5-7, the dates were incorrect since this deliverable cannot be done until several other deliverables are complete.</p> <p>Items behind schedule:</p> <p>2.5-8 Business Impact Assessment Training (on hold per Implementation Team pending publication of final rule related to extension of compliance date)</p>  <p>ICD-10 Project Schedule by Tasks Ba</p>
6	Issues Log	Sarah Brooks	Sarah will send current Issues Log/Risk Matrix each month. New issues/risks will be identified during	Updated Issue Log/Risk Matrix attached.

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			<p>Implementation Team meetings.</p> <p>In reference to issue 35, Joy Reed will ask Dennis Williams to discuss this with DMA to ascertain if anyone at DMA is working on matching up the CPT and ICD-10 codes and, if so, who is the point person. – Follow up needed – Sarah sent e-mail to Joy Reed requesting follow up on 6/18/12. Joy has contacted DMA but no response to the question to date. DMA did send Joy the attached announcement. Sarah has contacted DMA to see if she can participate on the OMISS ICD-10 Implementation Team and also suggested they include the DPH ICD-10-CM Implementation website on their Links page.</p> <p>In reference to issue 1, Implementation Team members recommended that this item not be discussed by the team until they have completed Comprehensive Training and conducted their Business Impact Assessments. Added to Log – attached; Also changed status to Deferred</p> <p>In reference to Risk #5, Sarah will e-mail Bob Martin and Joy Reed to ascertain if 5010 compliance is being monitored. Done – e-mail sent 6/18/12 and both have responded that only HIS compliance should be monitored since batch and opt out agencies are responsible for their compliance. Since HIS is in compliance with 5010, the Risk Matrix has been updated and the risk is now closed. Updated Risk Matrix and Issue Log is attached.</p>	<p>Refer to Risk #5. Is 5010 compliance being monitored in DPH? If not, should Project Manager send out short survey to ascertain compliance status? (HIS, Batch agencies, Others?)</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  OMMISS ICD-10 launch communicati </div> <div style="text-align: center;">  Issues_Risks Logs 6-25-12.xls </div> </div>
7	Other	All		None
8	Adjourn	All		12 noon
Next Meeting Date: Monday, July 16, 2012, 11:00am – 12:30pm; Computer Training Room (Bldg 3, 2nd Floor) and Webinar Access				