

ICD-10 Implementation Team Meeting Minutes

August 20, 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 type="checkbox"/> Gay Welsh – DPH
<input type="checkbox"/> Adriane Eaton – Stokes Family Health Center	<input checked="" 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 type="checkbox"/> Betty Hawkins – Stokes Family Health Center	<input checked="" type="checkbox"/> Lisa Hamilton – Mecklenburg Co LHD
<input checked="" type="checkbox"/> Bob Martin – DPH	<input type="checkbox"/> Lynn Conner – DPH
<input checked="" type="checkbox"/> Brenda Dunn - DPH	<input checked="" type="checkbox"/> Marcia Mandel – Raleigh CDSA
<input 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 type="checkbox"/> Missy Johnson – Franklin Co LHD
<input type="checkbox"/> Carol Tyson – DPH	<input checked="" type="checkbox"/> Pamela Serrell Cochran – DPH
<input checked="" type="checkbox"/> Diane Keener – Macon Co LHD	<input 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 type="checkbox"/> Sharon Artis - DPH
<input type="checkbox"/> Doug Busch - DPH	<input type="checkbox"/> Sylvia Gentry – Stokes Family Health Center
<input type="checkbox"/> Eleanor Howell – DPH	<input checked="" 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 and Comprehensive Training	Sarah Brooks	Item 1 <ul style="list-style-type: none"> Number of attendees participating in a webinar will not be limited If all questions cannot be addressed during the training, have the questions submitted via e-mail or use the 'chat' feature. Questions and answers can be posted to the website. Coding Workbooks sent to trainees should NOT contain the answers. Answers can be sent to attendees after the training is complete. Sarah will send the Implementation Team 	Open discussion related to training. Below are some comments/questions to help lead the discussion: 1 – Having a combination of onsite and Webinar seemed to work very well. Members that participated via Webinar stayed engaged and seemed to do well with the coding exercises. <ul style="list-style-type: none"> Do we want to consider putting any kind of a cap on the number of attendees at a session? Having small groups worked very well but not sure how effective training will be if the groups are too large. Sarah is working on a Coding Workbook that will contain all quizzes and coding exercises. Should the answers with

ICD-10 Implementation Team Meeting Minutes

Item	Agenda Items	Presenter	Decisions / Action Items	Questions / Comments
			<p>members who participated in the coding training the workbook with answers on 8/22/12.</p> <p>Items 2 and 3</p> <ul style="list-style-type: none"> • Recommendations were accepted. • Some of the training needs to be program focused rather than role-based. • Frances Taylor noted that once DMA provides a list of acceptable codes to be used for various programs, the program-focused training will be easier to develop. • Joy Reed noted that 56 LHDs offer Primary Care so a majority of the agencies will need to have comprehensive training. <p>Item 4</p> <ul style="list-style-type: none"> • Recommendation accepted. <p>Item 5</p> <ul style="list-style-type: none"> • Training materials for the CDSAs need to be different so that examples are relevant to CDSA business. • Marcia Mandel stated she will get with Ginny Schreiner and review the Basic slides to determine slides that can be deleted or may need to be modified for the CDSAs. 	<p>explanations be included in the workbook or sent to attendees following training? Trainees will be encouraged to print out the workbook in advance of the training so they will have the materials readily available during the training.</p> <p>2 - Basic training took a full day and would have liked to have more time for coding exercises. Some recommendations:</p> <ul style="list-style-type: none"> • Toward beginning of course, have folks 'walk through' the code books/online files to orient them to the coding materials. Walk through a few simple codes with the group such as Hypertension, Normal Pregnancy • Spend less time on examples when reviewing the coding conventions. Maybe combine some of the coding conventions and then provide one example that demonstrates several conventions. Provide for more interaction during this review (e.g., have folks look up specific conditions in alpha and tabular as appropriate). • Remove any redundancy that is covered in Chapter-specific material; determine what items work better in Basic vs Chapter-specific (For example, rules related to first-listed – is it better to have all of the exceptions (e.g., maternity) in basic rather than sparsed throughout the chapters?) • Modify examples in the slides to be more relevant to the lines of business. • Other recommendations? <p>3 – Chapter-specific training could not be completed in one day if someone needs comprehensive training</p> <ul style="list-style-type: none"> • Re-evaluate the Chapter approach. Is that the most logical or should certain chapters be grouped together? • Should training be role-based as opposed to chapter-based? If that is the case, what is the best way to determine content for each role? <p>4 – Since the most important activity is doing the coding exercises, should we have follow up sessions 1-2 weeks following training to discuss coding exercises done as 'homework'? Perhaps if these are scheduled as part of the training, folks will do their 'homework'.</p> <p>5 – Have separate offerings for the CDSAs. The LHD and Rural Health training should be able to be combined (have Roy confirm).</p>

ICD-10 Implementation Team Meeting Minutes

Item	Agenda Items	Presenter	Decisions / Action Items	Questions / Comments
2	Clinical Documentation Assessment	Sarah Brooks Ellen Shope Diane Keener Carla Morgan	<p>3 – The Macon County LHD pilot for the Clinical Documentation Assessment process was conducted on 8/16/12.</p> <ul style="list-style-type: none"> • A total of 20 client records were reviewed by 3 RNs and Diane Keener. • Some areas for documentation improvement were identified. • The review started at 9am and concluded at 2:30pm. • The assessment forms and questionnaire have been scanned and sent to Sarah Brooks for analysis. • For BCCCP and Wisewoman, the review team noted that the majority of clients seen in those programs are not billed on a fee for service basis. Therefore, encounters with the diagnoses are not documented; rather, there are screens in HIS that are used to capture BCCCP and Wisewoman information. • Sarah will discuss this with Eleanor Howell to ascertain potential impacts from a DPH data analysis perspective. 	<p>1 – Conference calls have been conducted with persons participating in the pilot to review the process to be followed. Based on feedback during the calls, WBS 3.3 has been modified. Version 1.5 with changes tracked as well as a 'clean' version are attached.</p> <p>2 – Also attached is a list of the pilot sites with dates and reviewers, the worksheet that will be used to capture information on each record and a questionnaire for team members to complete following the pilot.</p> <p>3 – The Macon County LHD pilot was conducted on 8/16/12. Ellen Shope, Team Lead and reviewers Diane Keener and Carla Morgan are asked to report on the outcome of the first pilot.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  Clinical Documentation Asses </div> <div style="text-align: center;">  Clinical Doc Assessment Workshe </div> <div style="text-align: center;">  Clinical Documentation Asses </div> </div> <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 10px;"> <div style="text-align: center;">  WBS 3 3 Clinical Documentation Asses </div> <div style="text-align: center;">  WBS 3 3 Clinical Documentation Asses </div> </div>
3	Meeting with OMMISS ICD-10 Implementation Team	Sarah Brooks	<p>Item 2 – Joy Reed noted that OMMISS is focused on User Acceptance Testing for NC Tracks.</p> <p>New Discussion Item – OMMISS plans for addressing non-specific codes.</p>	<p>A meeting with the OMMISS Implementation Team is scheduled for August 29th. Recommendations for discussions items will be solicited from Implementation Team members. Discussion items may include:</p> <ol style="list-style-type: none"> 1. Opportunities/plans for testing with DPH prior to implementation. 2. Recommend OMMISS participate in testing project being coordinated by NCHICA ICD-10 Task Force members. 3. Issue 35 - Question raised during the 1/24/12 Implementation Training - Will new Series of Codes be developed to use with CPT codes similar to those that exist today with ICD-9?
4	NCHICA ICD-10 Task Force	Sarah Brooks	<p>Item 2 – According to BCBS, they will not be able to deny non-specific codes since they are valid HIPAA codes. The only alternative is to request additional information or a more specific code which will increase costs for both providers and payers. Therefore, initially BCBS will allow non-specific codes but they will do audits to determine utilization of the non-specific codes. Once they identify codes where they determine more specificity is required, they will start requesting further information/specificity.</p>	<ol style="list-style-type: none"> 1 – CMS final draft of rule sent to OMB (last stop before publication) on 8/9/12 2 - Report on BCBS current decision related to non-specific codes 3 – Testing Pilot Project – Phase One (Attached are talking points from a presentation on the pilot) 4 – Possible DPH and Rural Health inclusion in future phases

ICD-10 Implementation Team Meeting Minutes

Item	Agenda Items	Presenter	Decisions / Action Items	Questions / Comments
				 Testing Pilot\ Background info.doc
5	Project Schedule	Sarah Brooks	Sarah will send Implementation Team members the updated project schedule each month.	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. Items behind schedule: All activities with start dates highlighted in red. Primarily revolving around scheduling training for local Implementation Team members, training for Business Impact Assessments. The Health Directors have requested these be put on hold since the Compliance date remains in question and local agencies are focusing so much time on Meaningful Use implementation activities. Once a new compliance date is announced, the Project Schedule will be revised and re-baselined.  ICD-10 Project Schedule by Tasks Ba
6	Issues Log	Sarah Brooks	Issue #2 – Close Issue #4 – Update needed from Roy Gilbert Issue #35 – Will discuss at meeting with OMMISS No new Issues or Risks identified.	Updated Issue Log/Risk Matrix attached. Refer to Issue #2 – Can this be closed? Refer to Issue #4 – Any updates related to this issue? Refer to Issue #35 – Any updates related to this issue? Any new issues?? Any new risks??  ICD-10 Implementation Proje
7	Other	All	None	
8	Adjourn	All	Adjourned at 11:45am	
Next Meeting Date: Monday, September 17, 2012, 11:00am – 12:30pm; Computer Training Room (Bldg 3, 2nd Floor) and Webinar Access				