

**DPH ICD-10 Implementation Project**  
**Progress Report for NCALHD Informatics Committee**

As of May 12, 2014

1. The webinars that were originally planned for May 7 and May 12 to discuss changes in the current implementation plan and solicit feedback regarding next steps were not held.
  - a. The DPH ICD-10 Implementation Team determined that there is little new information at this time and information can be shared via written communications rather than tying up staff with webinars.
  - b. A communication was sent to all ICD-10 contacts on April 28<sup>th</sup>.
2. CMS has announced that an interim rule will be sent out for comment in the near future wherein the new compliance date will be October 1, 2015. The ICD-10 contacts were notified of CMS's intended date change.
3. Some LHDs have requested that some coding training be conducted in 2014 so agencies will have trained staff assist in implementation activities and clinical documentation improvement. Training sessions are tentatively planned for August 2014. Details about the training will be communicated at least 6 weeks prior to the training.
4. Based on the survey of local health departments that was done in February, there are a majority of LHDs that have not completed their assessments. LHDs need to complete these ASAP so they can move forward with planning efforts for ICD-10.
5. Medicaid is working on their testing strategy and end-to-end testing that includes LHDs and CDSAs is certainly being advocated. Once decisions on testing are made, it will be essential that test cases be developed that test a majority of the services provided. Begin compiling the types of cases your agency wants to see included in the testing. For example, agencies could maintain copies of encounter forms that represent the top 5 diagnoses seen in each program and code the encounter forms using ICD-10-CM so these can be used for testing. Also, identify the business processes that need to be included in end-to-end testing such as appointment scheduling, referral, pre-certification, check-in, EHR/Medical documentation, coding, billing, etc.
6. **Searching for Batch Agency Volunteer:** 1 batch agency LHD may have an opportunity to perform User Acceptance Testing (UAT) with the NCTracks team. This will involve going into the NCTracks test system and testing out how the ICD-10-CM codes work for services LHDs bill for. UAT will be coordinated through OMMISS and testing should be a fairly routine process for doing what LHDs normally do but using the new ICD-10-CM codes. Please note that UAT testing is different from end-to-end testing but this is a great opportunity and we are fortunate that they want to include the LHDs and CDSAs in the testing. Macon County (HIS user) and 2 CDSAs have volunteered to participate on behalf of HIS users. Any batch agencies interested in volunteering should contact [Sarah.Brooks@dhhs.nc.gov](mailto:Sarah.Brooks@dhhs.nc.gov) no later than 5/19/14.
7. The DHHS ICD-10 Steering Committee is currently evaluating options related to NCTracks ICD-10 timeline. Once decisions are finalized and project timelines are adjusted, the DPH ICD-10 Implementation Project schedule will be modified.
8. As LHDs develop new encounter forms, coding aids, etc., clinical involvement in the process is highly recommended. LHDs are encouraged to send coding resource materials they develop to [sarah.brooks@dhhs.nc.gov](mailto:sarah.brooks@dhhs.nc.gov) and these will be compiled and shared with LHDs.
9. Continue to participate in NCTracks ICD-10 meetings.
10. Continue to monitor CMS communications for guidance.