



ICD-10-CM Implementation Planning Training for DPH Staff

Presentation for DPH Staff Including Designated ICD-10 Contacts

February 1, 2012

Presented By: DPH ICD-10 Implementation Team Members

Joy Reed, EdD, RN, FAAN (Head, Local Technical Assistance & Training Branch; Head, Public Health Nursing; DPH ICD-10 Implementation Project Supervisor)

Sarah Brooks, MPA, RHIA (DPH ICD-10 Implementation Project Manager)

Bob Martin (DPH HIPAA and BCP/COOP Coordinator, Rule Making and IRB Support)

Eleanor Howell, MS (Data Dissemination Unit Manager – State Center for Health Statistics)





Training Objectives

- Review implementation activities that have occurred to date as part of the DPH ICD-10 Implementation Project
- Clarify what, when and how information will be communicated to DPH ICD-10 contacts
- Provide an overview of ICD-10 Implementation Planning activities that DPH Sections/Branches are responsible for conducting
- Identify the DPH ICD-10 Implementation Project deliverables that have been and will be developed to assist DPH in the ICD-10 implementation efforts



Training Prerequisite

This training (for the most part) **will not** cover material addressed in the June 7, 2011 ICD-10 webinar, *Presentation for ICD-10 Contacts from DPH, Local Health Departments and CDSAs*

- Available at URL <http://his.dhhs.state.nc.us/>, ICD-10-CM/Training folders
- Training includes:
 - Compliance information
 - Review of differences and similarities between ICD-9-CM and ICD-10-CM
 - Benefits of ICD-10-CM



DPH ICD-10 Implementation Project

- 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-CM effective October 1, 2013
 - Project Sponsor – Danny Staley
 - Project Supervisor – Joy Reed
 - Project Manager – Sarah Brooks

DPH ICD-10 Implementation Project ~ Deliverables

DPH ICD-10 Implementation Project Work Breakdown Structure

1.0 Initiation Phase

- 1.1 Project Charter
- 1.2 ICD-10 Contact List
- 1.3 ICD-10 Awareness Education to Key Stakeholders

2.0 Planning & Design Phase

- 2.1 Project Plan
- 2.2 Project Schedule
- 2.3 Implementation Plan
- 2.4 ICD-10-CM Training Plan
- 2.5 ICD-10-CM Training Materials

3.0 Execution Phase

- 3.1 System Impact Assessments
- 3.2 Business Impact Assessments
- 3.3 Clinical Documentation Assessment
- 3.4 Best Practices
- 3.5 ICD-10-CM Training Classes & User Registration
- 3.6 Readiness Assessments

4.0 Monitoring & Control Phase

- 4.1 Status Reporting to Stakeholders
- 4.2 Risk Matrix
- 4.3 Issues Log
- 4.4 Budget Tracking Materials
- 4.5 Implementation Team Meetings, Agendas & Minutes
- 4.6 DPH ICD-10 Website
- 4.7 Monitor Implementation of System Changes
- 4.8 Monitor Implementation of Interface Changes
- 4.9 Monitor Implementation of ICD-10-CM Related Business Process Changes

5.0 Closing Phase

- 5.1 Summary Report of ICD-10-CM Training Evaluation
- 5.2 Lessons Learned
- 5.3 Project Files Archived



Project Plan

- Documents baselines that will be used to measure project performance (e.g., scope, schedule, costs)
- Defines how the project will be managed (e.g., Project Supervisor, Project Manager, Implementation Team)
- Identifies the following:
 - Resources required to execute the plan (e.g., staff roles, funding)
 - Plan for communicating information with DPH stakeholders including the NCALHD (Monthly Status Reports are posted to website)
 - Plan for managing issues and risks (Internal to project and not posted on website)
- The Project Plan, approved on 8/17/11, is posted on the following website in the *ICD-10-CM/Project Deliverables* folders: <http://his.dhhs.state.nc.us/>



Implementation Plan

- Defines approach to the planning and execution of all DPH ICD-10 Project implementation activities throughout all Project Phases and continuing through post implementation (as previously described in the Work Breakdown Structure)
- Implementation activities must be completed to successfully implement ICD-10-CM within DPH and its stakeholders
- The Implementation Plan is the primary resource for this presentation
 - The Implementation Plan, approved on 12/6/11, is posted on the following website in the *ICD-10-CM/Project Deliverables* folders:
<http://his.dhhs.state.nc.us/>



DPH Implementation Team

- Review and provide feedback on project deliverables
- Monitor the status of project activities
- Assist in the development of implementation tools (e.g., business impact assessment, clinical documentation assessment)
- Participate in communication activities (e.g., Webinars) for local agencies and DPH Program staff
- Team members representing DPH Sections/Branches (including CDSA representatives) have been appointed by their Section Chief and/or Branch Head
- Team members representing the local health departments were solicited through the NC Association of Local Health Directors

DPH Implementation Team

LHD Reps	Agency	LHD Reps	Agency
Sandra D. Cox – Computing System Admin I	Craven County Health Dept	Alice Salmons Mitchell – Billing Clerk	Yadkin County Health Dept
Dot McNeil – Admin Officer III	Cumberland County Health Dept	Donna Sawyer – Quality Assurance	Albemarle Regional Health Services
Kristie O'Neal – PHN Supervisor I	Wilson County Health Dept	Kaye Hall, RN – Director of Nursing	Warren County Health Dept
Carla Morgan – Nursing Supervisor	Jackson County Health Dept	Candy Tharrington - Accounting	Franklin County Health Dept
Marcia Robinson – Public Health Administrator	Durham County Health Dept	Missy Johnson – Clinical Mgmt Support Supervisor	Franklin County Health Dept
Diane Keener – HIM Coor/Billing	Macon County Health Dept	Lisa Hamilton, CPC – Coding Support	Mecklenburg County Health Dept
Sylvia Gentry, RN	Stokes Family Health Center		

DPH Implementation Team

DPH Representatives

Frances Taylor – LHD HIPAA Liaison	Eunice Inman – Nurse Consultant	Doug Busch – Early Intervention Branch
Bob Martin – HIPAA & BCP/COOP Coor	Pamela Serrell-Cochran – Nurse Consultant	Brenda Dunn – Women’s Health Regional Nurse Consultant
Eleanor Howell – SCHS Data Dissemination Unit Mgr	Lynn Conner – Nurse Consultant	Carol Tyson – School Health Unit Mgr
Taryn Edwards – HIS Nurse Consultant	Lillie Worsley – Admin Consultant	Tony Ivosic – State Lab QA
Ellen Shope – Nurse Consultant	Sarah Brooks – ICD-10 Implementation Project Mgr	Sharon Artis – Medical Examiner’s Office
Gay Welsh – Nurse Consultant	Joy Reed – Supervisor, ICD-10 Implementation Project	Lana Deyneka – Epidemiology/ Communicable Disease Branch
	Marcia Mandel – Raleigh CDSA Director	



Implementation Team Work Groups

- Training Work Group
 - 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
 - Identify Training needs
 - Define content for training
 - All training deliverables will be reviewed by the Training Work Group prior to submission to the DPH ICD-10 Implementation Team
- **Members:** Sarah Brooks (DPH), Dot McNeil (Cumberland Co HD), Lisa Hamilton (Mecklenburg Co HD), Frances Taylor (DPH), Gay Welsh (DPH), Taryn Edwards (DPH)



Implementation Team Work Groups

- **Clinical Documentation Work Group**
 - Prepare recommendations, document drafts and training related to Clinical Documentation Assessment for submission to the ICD-10 Implementation Team to include:
 - Clinical Documentation Assessment Process
 - Assessment Tool
 - Clinical Documentation Improvement Strategies
 - Provide guidance to local agencies, upon request
 - NOTE: Work Group activities on hold until members have been trained in ICD-10-CM
- **Members:** Sarah Brooks (DPH), Diane Keener (Macon Co HD), Lisa Hamilton (Mecklenburg Co HD), Frances Taylor (DPH), Ellen Shope (DPH), Taryn Edwards (DPH), Kaye Hall (Warren Co HD), Brenda Dunn (DPH)



Communication to DPH Staff

- Monthly status reports are presented to the NCALHD Technology Committee and are posted on website
- Participation in national webinars, CMS conference calls, etc. by DPH staff not working directly with the ICD-10 Implementation Project is not recommended
 - Sessions are not targeted for public health
 - May not be a good use of time
 - May prove confusing ~ much of the information is geared to hospitals
 - DPH Project Manager will participate and send out pertinent communications to designated ICD-10 contacts
 - Information that will come from the DPH ICD-10 Implementation Project will be geared to meet the needs of Division staff, local health departments and CDSAs



Communication to DPH Staff

- DPH ICD-10 contacts were solicited during the June 7th training session
- DPH ICD-10 contacts are included in a Master ICD-10 Contact List and Mailman e-mail group
 - Used for mass communications related to ICD-10
 - At present, there are 357 LHD contacts, 36 DPH and DIRM contacts and 18 CDSA contacts
 - If you want to be added as a designated contact, please e-mail the following information to Sarah.Brooks@dhhs.nc.gov
 - Name
 - Working Title
 - Phone #
 - E-mail address



Project Schedule

- The Project Schedule will identify all phases (e.g., Execution Phase) and deliverables (e.g., Business Impact Assessment, Training Materials) 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
 - DPH Sections/Branches responsible for completing certain tasks will be identified in the Project Schedule

Project Schedule

STATUS	WBS	DPH ICD-10 Implementation Project Work Breakdown Structure	DURATION	PLANNED START DATE	PLANNED FINISH DATE	ACTUAL START DATE	ACTUAL FINISH DATE	RESOURCE NAMES
	1.0	Initiation Phase						
√	1.1	Project Charter	36 days	4/19/2011	5/24/2011	4/19/2011	5/24/2011	
√		Develop Draft		4/19/2011	4/20/2011	4/19/2011	4/20/2011	Sarah Brooks
√		Draft Reviews		4/20/2011	5/23/2011	4/20/2011	5/23/2011	Sarah Brooks, Joy Reed
√		Finalize Charter		5/23/2011	5/24/2011	5/23/2011	5/24/2011	Sarah Brooks, Joy Reed
√		Sponsor Approval Received		5/23/2011	5/24/2011	5/23/2011	5/24/2011	Joy Reed, Danny Staley
√		Post to Website		5/25/2011	5/25/2011	5/25/2011	5/25/2011	Kris Joyce
	1.2	ICD-10 Contact List						
√		Draft Memo and Contact List spreadsheet to send to phleaders (including Health Directors) - introduce new federal regs and request names of internal ICD-10 contacts	34 days	5/11/2011	5/11/2011	5/11/2011	5/11/2011	Sarah Brooks
√		Send Memo and spreadsheet to phleaders		5/11/2011	5/12/2011	5/11/2011	5/12/2011	Joy Reed



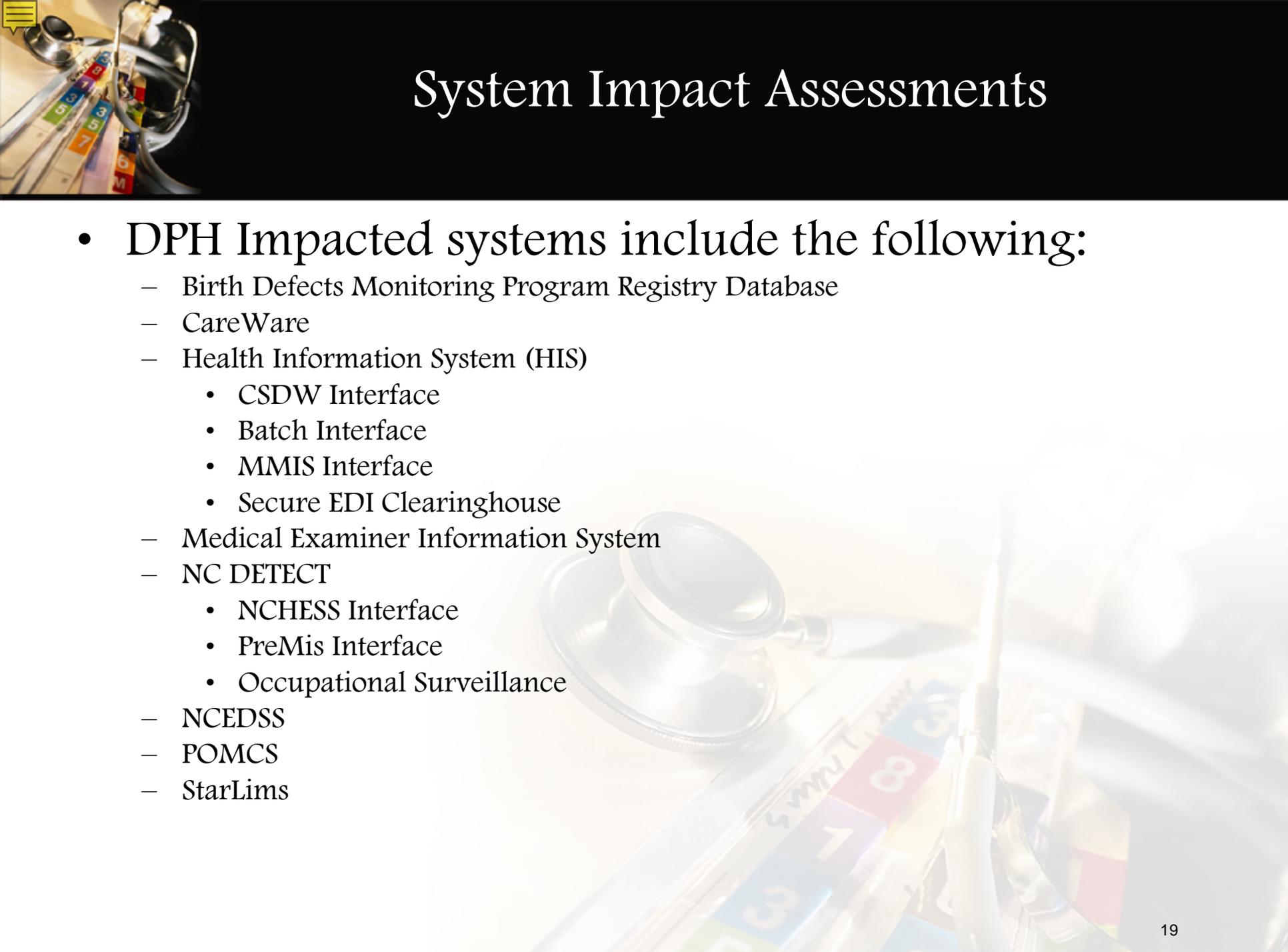
Project Budget

- ICD~10 Project Budget will be developed to include
 - Project management costs
 - Training costs
 - Purchase of ICD~10~CM Code Books for ICD~10 Project Staff
- ICD~10 Project Budget will **not** include costs specific to Sections/Branches – these must be addressed by the Section/Branch. For example
 - Purchase of ICD~10~CM Code books
 - Even though code freeze is now in place, some changes could occur before Oct 2013 so do not purchase large volumes at this time
 - 2012 CMS updates for ICD~10~CM available on CMS website (https://www.cms.gov/ICD10/11b14_2012_ICD10CM_and_GEMs.asp#TopOfPage)
 - System Remediation Costs (e.g., software modifications, data conversion, hardware upgrades)
 - Form Revisions



System Impact Assessments

- State owned/operated/contracted systems have been assessed and systems with ICD-10 impacts identified
- System ‘owners’ are responsible for ensuring system remediation
- Database/system/software changes will take time
 - Must identify resources to make the changes (e.g., financial, human resources)
 - May require contract changes or new contracts
 - Testing must be planned and completed prior to 10/1/2013



System Impact Assessments

- DPH Impacted systems include the following:
 - Birth Defects Monitoring Program Registry Database
 - CareWare
 - Health Information System (HIS)
 - CSDW Interface
 - Batch Interface
 - MMIS Interface
 - Secure EDI Clearinghouse
 - Medical Examiner Information System
 - NC DETECT
 - NCHES Interface
 - PreMis Interface
 - Occupational Surveillance
 - NCEDSS
 - POMCS
 - StarLims



System Impact Assessments

- For DPH impacted databases/systems/software, further assessment (managed by system ‘owners’) is necessary
 - Understand plans for remediation to accommodate ICD-10-CM
 - Follow up assessments should be done periodically until database/software/system is deemed remediated and ready for ICD-10 transition
 - Tool *Baseline System/Software Readiness Questionnaire* is on the ICD-10-CM website
- 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
 - DPH 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



System Impact Assessments

ICD-10-CM SYSTEM/SOFTWARE READINESS ASSESSMENT QUESTIONNAIRE

System/Software Information		
System/Software Name		
System/Software Contact Information (for person responding to Questionnaire) - NAME		
PHONE #, E-MAIL ADDRESS		
Date Completed		
Factors	Response (Select Response from Drop Down Box)	Comments
System/Software Features and Functions		
Basics		
Does the system/software currently accommodate the new code format to support ICD-10-CM (refer to Introduction Tab for details) ?		
<ul style="list-style-type: none"> If no, is a system/software upgrade planned to accommodate ICD-10-CM ? If no, what is the contingency plan if this system/software is not ready for the ICD-10-CM transition on October 1, 2013? If the response in Line 10 is a 'no', the remainder of the questionnaire does not need to be completed. 	See Comments	
Will the system/software support both ICD-9-CM and ICD-10-CM codes simultaneously?		
<ul style="list-style-type: none"> If yes, how long will dual processing of ICD-9-CM and ICD-10-CM code sets be supported? If no, how will delays in data entry be accommodated? (e.g., diagnostic information is coded in ICD-9-CM prior to 10/1/2013 but is not entered into the system/software until after 10/1/2013)? 	See Comments	
Can ICD-9-CM codes be disabled for dates of service after October 1, 2013, while remaining enabled for earlier dates of service?		
Will user interfaces support lookup and entry of both ICD-9-CM and ICD-10-CM codes?		
Are there prompts and edits for date of service-based validation of ICD-9-CM and ICD-10-CM codes?		
How will ICD-9-CM legacy data be accommodated?	See Comments	



System Impact Assessments

ICD-10-CM SYSTEM/SOFTWARE READINESS ASSESSMENT QUESTIONNAIRE

Factors	Response <i>(Select Response from Drop Down Box)</i>	Comments
Will the system/software support the increased number of ICD-10-CM codes supported in the 5010 claims transactions (up to 25)?		
Does the system/software include a "Code Type" field that distinguishes between ICD-9-CM and ICD-10-CM codes?		
How will code-set updates be managed? <i>(Code freeze effective until October 1, 2014)</i>	See Comments	
Will the ICD-10-CM implementation require additional software/hardware updates? <i>(If yes, specify under Comments)</i>		
What date will the system/software be upgraded to support ICD-10-CM?	See Comments	
Will the ICD-10-CM upgrade require modification of existing contract(s) with this agency?		
Will the ICD-10-CM upgrade increase this agency's maintenance fees?		
Code Crosswalking		
Does the system/software have the following code-mapping/crosswalk functions capabilities:		
<ul style="list-style-type: none"> • Ability to incorporate/use General Equivalence Mappings (GEMs)? 		
<ul style="list-style-type: none"> • Ability to support crosswalking quality? 		
Specify how the ICD-10-CM compatible system/software version can handle ICD-9-CM codes interfaced with other applications <i>(for example, will ICD-9-CM codes be cross-walked to ICD-10-CM codes?)</i> .	See Comments	
Code Search		
Does the software support the following code searching parameters:		
<ul style="list-style-type: none"> • Robust term based search of codes? 		
<ul style="list-style-type: none"> • Code based search? 		
<ul style="list-style-type: none"> • Tabular based search? 		
<ul style="list-style-type: none"> • Alphabetical index search? 		



System Impact Assessments

ICD-10-CM SYSTEM/SOFTWARE READINESS ASSESSMENT QUESTIONNAIRE

Factors	Response <i>(Select Response from Drop Down Box)</i>	Comments
Maintenance		
What are the system/software requirements to support maintenance of ICD-10 code sets?	See Comments	
<ul style="list-style-type: none"> What are the requirements to receive and communicate maintenance/update notifications? 	See Comments	
<ul style="list-style-type: none"> Will data files maintain valid begin/end dates? 		
<ul style="list-style-type: none"> What other maintenance is required to maintain valid begin/end dates? 	See Comments	
Training		
Will training be provided?		
<ul style="list-style-type: none"> If yes, how will training be delivered? (e.g., classroom, webinar, manual, online course) 	See Comments	
<ul style="list-style-type: none"> If yes, what is the proposed timeline to receive training? 	See Comments	
Technical Support		
What support services are offered? (e.g., in office, telephone, online)	See Comments	
Are there service level agreements to ensure support?		
Testing		
When will testing of the system/software ICD-10-CM capabilities with this agency begin?	See Comments	
What testing resources will the vendor provide for system/software and interface testing?	See Comments	
Will this agency need to provide resources for testing with the vendor? <i>(If yes, specify the number of resources and/or amount of time anticipated under Comments)</i>		
Transition: Go-Live		
What is the go-live/production timeframe?	See Comments	



Training Plan

- DPH will develop a training plan that addresses DPH, CDSA and LHD staff training
 - If funding is available, DPH will send one RN to the American Health Information Management Association (AHIMA) ICD-10 Academy so DPH developed training can be validated
 - Training will be geared to public health staff
 - DPH will not be responsible for training providers that contract with public health (e.g., physician offices, mental health resources, business associates, etc.)
- Locally available training opportunities (e.g., AHECs, Community Colleges)
 - Community College training will be geared for individuals that want to be certified coders
 - Anticipate much of the training will be hospital focused



Education Matrix

- Training Plan will include Education Matrix
- Sample representation of matrix
- Currently under development by Implementation Team members
- Will be posted to website as a guide for DPH staff to plan training for staff
- Will be further enhanced as Training Plan is developed

EDUCATION MATRIX					
EXECUTIVE STAFF	DPH	What	When	How	Learning Level
	State Health Director	Intro	Q1-12	Mtg	H
	Section Chiefs				
MANAGERS	DPH				
	Branch Heads				
	Business Officers				
	Budget Officers				
	Public Health Management Team				
	Medicaid Liaison				



Education Matrix

- What Type of Training is needed
 - Introduction to Transition from ICD-9 to ICD-10
 - Implementation Activities
 - ICD-10-CM Coding
 - Comprehensive
 - Specialized
 - Basic (general understanding of ICD-10-CM)
 - Clinical Documentation Improvement
 - Financial Impacts
 - General Equivalence Mappings (GEMS) and Data Analysis
 - Best Practices for Business Process Changes



Education Matrix

- When will Training be needed
 - Defined by Quarters
 - Q1-12 = First Quarter 2012 (Jan-March 2012)
 - Q2-13 = Second Quarter 2013 (Apr-June 2013)
- Learning Levels
 - High Level of Understanding
 - Requires familiarity and awareness of impact of the changes between ICD-9-CM and ICD-10-CM
 - Moderate Level of Understanding
 - Requires a moderate understanding to interpret and use ICD-10-CM
 - Detailed Level of Understanding
 - Requires a detailed or expert understanding to apply and interpret ICD-10-CM



Education Matrix

- How Will Training be delivered
 - Webinars and Webcasts (Conference Call may or may not be used)
 - Face to Face
 - Meeting (e.g., PHMT)
 - Train the Trainer
 - Publications
 - Learning Management System
 - Videoconferencing
 - Social Networking and Media (e.g., e-mails, blogging)
 - ICD-10-CM Fair (e.g., DPH event to promote the transition to ICD-10 internally)



Business Impact Assessments

- Assessments must be done to identify all business processes that currently utilize ICD-9-CM and ascertain business impacts for the ICD-10-CM transition
 - evaluation of current data and work flows
 - What staff members are assigning/receiving dx codes?
 - How are dx codes being determined?
 - Where does diagnostic data originate?
 - operational processes and forms/reports in various business environments (e.g., Program forms submitted by local providers, reports, policies/procedures)
 - impact on longitudinal data analysis (e.g., research, auditing)



Business Impact Assessments

- DPH ICD-10 Implementation Project will develop an ICD-10 Business Impact Assessment tool
 - Each Branch/Unit within a Section must complete an ICD-10 Business Impact Assessment
 - DPH ICD-10 Implementation Project will offer training on the tool
 - Each DPH Section Chief is responsible for ensuring that each Branch/Unit within the Section completes the Business Impact Assessment and submits 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



Business Impact Assessments

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Clinical Documentation Assessments

- ICD-10-CM includes more robust definitions of severity, sequelae, comorbidities, complications, manifestations, causes and a variety of other important parameters that characterize a client's condition
- Clinical documentation by service providers must support the assigned ICD-10-CM codes
- Local Health Departments and CDSAs will need to conduct Clinical Documentation Assessments to determine the adequacy of documentation to support the necessary level of detail essential with ICD-10-CM
 - Identify current documentation deficiencies
 - Develop a priority list of diagnoses requiring more granularity or other changes in data capture and recording
 - Development of documentation improvement strategies



Clinical Documentation Assessments

- The Clinical Documentation Work Group, under direction of the DPH ICD-10 Implementation Team, will:
 - Develop a draft Clinical Documentation Assessment tool
 - Define the 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 agencies be selected for initial assessment done by the Work Group (must be onsite reviews)?
 - For EMR systems (e.g., My Avatar), include an analysis of the level of specificity included in the clinical documentation derived from the EMR (e.g., pull down selections)



Clinical Documentation Assessments

- Clinical Documentation Work Group members must be trained in ICD-10-CM before the initial assessment can be conducted
- Initial assessment will
 - provide a test of assessment tool and process before disseminating to DPH and local agencies
 - mirror actual coding practices by assigning ICD-10-CM codes that mirror the ICD-9-CM assignment. Gaps in current documentation will be identified that prevent the complete and accurate assignment of the most appropriate ICD-10-CM codes
 - acquire examples to be used when training local agencies on the assessment tool
 - develop a findings report with recommendations for Clinical Documentation Improvement Strategies



Clinical Documentation Assessments

- Local Agency Responsibilities
 - Identify a limited number of staff to conduct internal Clinical Documentation Assessment
 - DPH will provide ICD-10-CM training needed to conduct the assessment
- DPH Responsibilities
 - DPH staff who perform monitoring functions with local agencies (e.g., Nurse Consultants) may be asked to provide assistance with documentation compliance



Best Practices

DPH will develop and share a variety of materials following completion of various assessments and training that will reflect best practices for the business and clinical change from ICD-9-CM to ICD-10-CM. Some examples may include:

- Development of Business Process Improvement Plan following completion of Business Impact Assessments and analysis of the impacts (e.g., business process changes to collect new codes at the most efficient point)
- Sample encounter forms by program
- Recommended methods for evaluating longitudinal data that contains both ICD-9-CM and ICD-10-CM diagnostic data



Readiness Assessments

- Assessment tools will be developed so DPH and local agencies can gauge the level of preparedness for ICD-10~CM compliance
 - Assessments will highlight areas and activities that may need adjustment in order to fulfill compliance objectives (e.g., periodic Database/System Software Readiness Assessments)
 - Those DPH Branches/Units with identified system and/or business impacts will need to complete the Readiness Assessments and submit results to the DPH ICD-10 Implementation Project Manager
 - Project Manager will compile results and send findings to the appropriate Section Chief/Branch Head
 - Project Manager will work with any Branches/Units deemed not ready for the transition to ICD-10~CM and provide guidance related to activities/training that may be needed to ensure readiness before the compliance date of 10/1/13
 - 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.



Risk Management

- The overall goal of risk management is to progressively reduce the project's exposure to events that threaten the timely delivery of project objectives by:
 - Incorporating approaches into the project plan that minimize, mitigate, or avoid identified and potential risks
 - Developing proactive, contingency plans or risk response plans
 - Ensuring timely risk responses based on the concise identification of risk occurrence and risk opportunity
- The DPH ICD-10 Implementation Team has identified (and will continue to identify) risks and risk mitigation activities as they relate to the DPH project and these are in a Risk Matrix



Risk Management

Sample from DPH Risk Matrix

#	Risk Category	Description of Risk	Likelihood (1-least likely to 5-most likely)	Severity (1-least impact to 5-highest impact)	Level of Control (1-high level of control to 5-lowest level of control)	Significance	Approach to Risk/Mitigation	Assigned To	Due Date	Date Closed	Risk Mitigation/Resolution
1	Operational	Productivity of business and clinical staff may be significantly impacted by the transition to ICD-10-CM due to: more detailed documentation in client records; additional time required to translate codes; increase in provider queries; increased delays in authorizations; increase in claim rejections; more time to research/resolve reimbursement issues.	5	5	3	13	1. Training appropriate for individual staff members must be completed and time allocated to practice using new ICD-10 codes and improving clinical documentation. 2. Readiness assessments must be completed several months prior to transition and problem areas identified and resolved. 3. Budget staff and resources during first 6 months to avoid negative impacts to client services. 4. Assess the time spent coding under ICD-9-CM to establish a baseline so productivity issues resulting from the transition can be identified. 5. Reduce clinics by 50% October 1-15, 2013. 5. Clinical staff work off of standing orders - need to make sure clinical staff know how to enter orders correctly.				



Risk Management

- Other types of identified risks
 - Financial ~ revenues will decrease as a result of increased denials, cash flow slow down due to longer time to code clinical information
 - Technical ~ Internal systems will not be remediated to accommodate ICD-10-CM by 10/1/2013
 - Financial ~ Clinical documentation will be insufficient to support more specific ICD-10-CM codes thus impacting the quality of the data and possibly reducing revenue
 - Organizational ~ All local agencies may not dedicate resources to ensure local agency compliance with ICD-10-CM by 10/1/2013
 - Resource ~ Staff that perform coding may not possess the knowledge/skills required for the transition to ICD-10-CM



Risk Management

- Other types of identified risks
 - Organizational ~ Competing priorities (e.g., EMR, Meaningful Use) may result in agencies concentrating their efforts toward other activities and delaying work related to ICD-10-CM implementation
 - Financial ~ Sustainability in the face of potential financial impacts resulting in: delayed payments due to utilization of new codes and/or coding errors resulting in reduced cash flow, higher denial rates and increase in account receivables
- The DPH Risk Matrix will not be posted on the website since it is a public website



Issues Management

- **Issues Management** is the process of identifying and resolving issues in a project or organization
- 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
 - Issues Log is broken into 3 categories: Statewide, DPH, Local Agencies
- The DPH Issues Log will not be posted on the website since it is a public website



Issues Management

- Sample from DPH Issues Log

#	Short Description	Issue Description	Priority (High, Med, Low)	Category	Assigned To	Date Opened	Date Resolved & Closed	Status (Open, Closed, Defer)	Last Status Date	Resolution/Comments
Statewide Issues										
1	Historical Data	The issue with remediation of historical data, how will it be handled. Also historical data as it impacts financial reporting and data analytics. How will reporting of data that includes diagnoses be handled when the data spans the compliance dates? For DPH reporting to Legislature, Feds, etc. and local level reporting - will be issue for all.	High	Data	Implementation Team	10/1/11		Open		Consider data/reports that span the compliance date. Implementation Team may need to develop a guide for agencies to use containing things to be considered when making these decisions. Joy Reed expressed concerns about using the crosswalk (GEMS) since this is, in many cases, a one to many relationship so users would need to review the documentation to determine the appropriate ICD-10 code to use. HIMSS recommends the use of data warehouse –apply GEM maps within the warehouse; merge financial data with clinical data; cover 3 years of history; project per-service, per payer gross margins. Add GEMS and Data Analysis training as one of the training programs on the Education Matrix. Need to understand how HIS will use the data - will it be converted? for CDSAs, when the change is made, how will the service coordinators know the correct codes



Monitoring Progress

- Monitoring the progress in achieving defined deliverables and project deliverables is essential to ensure a smooth transition and compliance by 10/1/2013
 - Monitor Implementation of System Changes (input and output)
 - Completion of fully configured and customized databases/systems/software and the training of users impacted by the changes
 - Monitor Implementation of Interface Changes
 - Completion of system interface changes and the training of users impacted by the system interface changes
 - Monitor Implementation of ICD-10-CM Related Business Process Changes



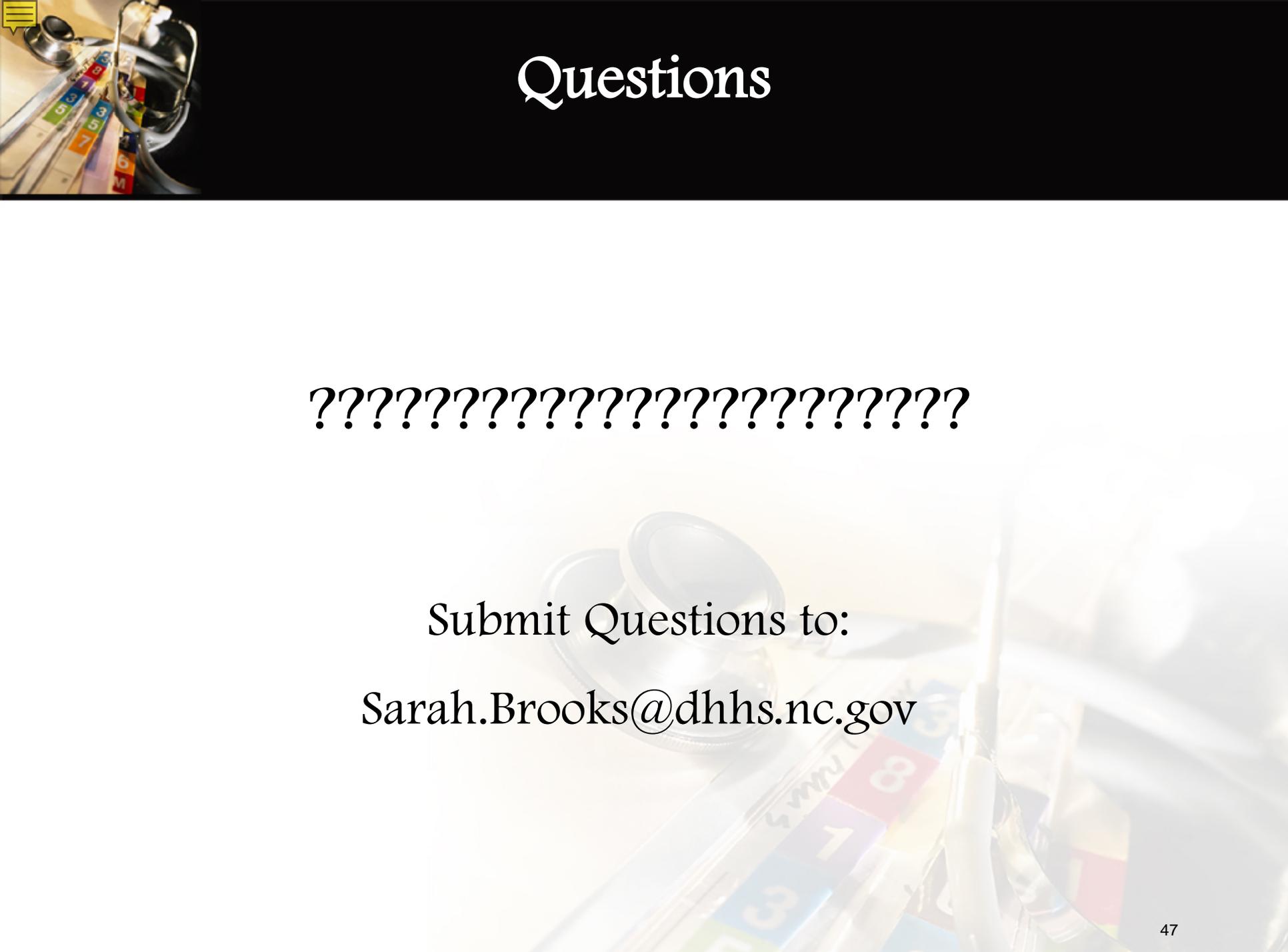
Next Steps

- For impacted databases/systems/software, send the Readiness Assessment to the ‘owner’ – this will be the baseline for the Readiness Assessment
- Identify the staff member(s) in each Branch/Unit that will be responsible for completing the ICD-10 Business Impact Assessment
 - These assessments will be sent to the Section Chiefs/Branch Heads
- Review DPH ICD-10 Implementation Plan deliverable on the website
 - Primary resource for planning internal activities
- Send Sarah.Brooks@dhhs.nc.gov the names of any DPH staff that need to be added to the ICD-10 Contact List



Resources

- DPH ~ <http://his.dhhs.state.nc.us> (left side of page, choose “ICD-10-CM”)
 - Sarah.Brooks@dhhs.nc.gov
 - 919-707-5067
- CMS ~ <http://www.cms.gov/ICD10>
- Centers for Disease Control and Prevention (CDC) ~ <http://www.cdc.gov/nchs/icd/icd10cm.htm#10update>
- NC Healthcare Information & Communication Alliance <http://www.nchica.org/HIPAAResources/icd10.htm>
- American Health Information Management Association <http://www.ahima.org/ICD10/default.aspx>
- American Academy of Professional Coders <http://www.aapc.com/ICD-10/> (Note: Free Code Translator using General Equivalency Mappings - GEMS)
- Health Information and Management Systems Society http://www.himss.org/asp/topics_icd10playbook.asp



Questions

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Submit Questions to:

Sarah.Brooks@dhhs.nc.gov