

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

As of March 12, 2014

1. Last month 69% of the LHDs completed a survey that was conducted by DPH in an effort to determine the status of local agency ICD-10 implementation. I want to thank those agencies that completed the survey. Based on the results, a minority of the health departments are progressing very well with implementation activities; however, it appears a larger number of health departments are either not progressing or the status is unknown so this needs to be brought to the attention of the Health Directors. On the attached survey results, results highlighted in red are the areas of concern. There are responses in blue that were added by DPH to respond to some of the comments on the survey.

It is essential for health departments to be prepared for the ICD-10 transition. Lack of preparation could lead to a loss of revenue since claims may be rejected if appropriate ICD-10 codes are not included on claims for services after October 1, 2014. CMS has stated emphatically that there will be no more delays. Below are items each agency should have already done or be in process to ensure a smooth transition.

- Local Agency ICD-10 Implementation Team is actively engaged in implementation activities (It is recommended that a staff member be designated to lead the effort and there be a team of staff from different areas to work with the designated leader. This needs to be a coordinated effort)
- System Impact Assessment Completed and you are monitoring progress of any system remediation that is needed (DPH is monitoring the status of HIS. Agencies that do not use HIS are responsible for monitoring the status of their vendor's readiness.)
- Business Impact Assessment Completed and you are working on addressing the identified impacts (For example, will your agency continue to use encounter forms? If so, how will the new diagnosis codes be displayed?)
- Clinical Documentation Assessment completed and you are working with staff on clinical documentation improvements - by improving clinical documentation now, you will be ready to assign ICD-10-CM codes beginning October 1, 2014
- Staff who attended coding training in April/May 2013 are coding samples of active client records using ICD-10-CM (dual coding)
  - Helps to identify areas where current documentation and/or clinical content in electronic health records falls short and opportunities for documentation improvement
  - Helps maintain ICD-10-CM coding skills
  - Provides source of records that can be used for testing with payers
  - Identifies areas where there may be staff productivity issues during the transition

There are a variety of resource materials available on the DPH ICD-10 website to assist local agencies (<http://publichealth.nc.gov/lhd/icd10/>). If you have any questions about the survey or other ICD-10 implementation questions, please contact [sarah.brooks@dhhs.nc.gov](mailto:sarah.brooks@dhhs.nc.gov)



survey results  
updated 3-5-14.docx

2. Requesting approval from Informatics Committee to post survey results on DPH ICD-10 website.
3. The Learning Management System (managed by OSHR) is being used to automate the ICD-10-CM coding training registration process. This is serving as a pilot to open up opportunities for non-state agencies to utilize the LMS. Sending registration information to the health departments has been delayed until the registration process is set up on the LMS. The goal is to have the registration information to the LHDs by 3/21/14.
4. In order to move the ICD-10-CM training into eLearning courses on the LMS, SCORM compliant software for development of the training must be identified and then the eLearning can be placed on the LMS.
5. Work continues on coding LHD scenarios (provided by various LHDs) to be used in Specialized Training. These scenarios should more closely represent LHD activities.
6. The CDSA Workgroup has completed development of an ICD-10-CM Coding Resource Guide that will be used as an aide for staff when assigning ICD-10-CM codes. Having clinical (primarily physician) input in this process was critical. 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.
7. Sarah Brooks is now participating in communication and status meetings conducted by NCTracks related to ICD-10 implementation. One of the topics of discussion has been testing with NCTracks so hopefully a sample of LHDs and CDSAs will be able to submit some test claims for end-to-end testing during the summer.

### **Plans for Next Month**

1. Begin registration process.
2. The major project activity during February-April will be modification of training materials based on feedback from state and local staff who attended training in 2013 as well as members of the DPH ICD-10 Implementation Team