Indian Health Service
ICD-10 Update: Staying the Course

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EHR, PCC Federal Lead
March 26, 2015
Objectives

• Describe the IHS ICD-10 Project status
• Identify recommendations for the transition
• Recognize ICD-10 software changes
ICD-10 Transition Program - Summary

• Who needs to transition to ICD-10?
  – IHS and all HIPAA-covered entities

• When do we need to comply?
  – The compliance date is set in regulation as October 1, 2015
  – 2/11/2015 House held ICD-10 Hearing

• What is the approach to the transition?
  – Project Planning Update
  – Present Software Changes
  – Site approach to staying the course
Why is ICD-9-CM obsolete?

- ICD-9 reports non-specific data about patients’ medical conditions and hospital inpatient procedures.
  - Assigns new procedures (involving lasers, robotics) to older description of procedure; lumps new diagnoses/procedures under “other” entries
- ICD-9 is 30 years old, has outdated terms, and is inconsistent with current medical practice.
- The structure of ICD-9 limits the number of new codes that can be created, and many ICD-9 categories are full.

Source: Adapted from Official CMS Industry Resources for the ICD-10 Transition; www.cms.gov/ICD10
Who Will Be Affected?

• ICD-10-CM will be used by *all healthcare providers* in *all settings* to assign and/or interpret diagnoses.
  – Principal diagnosis
  – Secondary diagnoses

• ICD-10-PCS will capture inpatient procedures for acute care hospital claims.
  • Professionals and the outpatient setting (Medicare Part B claims) will continue to use Current Procedural Terminology (CPT) codes.
# ICD-9 and ICD-10-CM Comparison of Conventions

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Character Type</td>
<td>Numeric, only V&amp;E used</td>
<td>Alphanumeric</td>
</tr>
<tr>
<td>Code Length</td>
<td>3-5 digits</td>
<td>3-7 digits</td>
</tr>
<tr>
<td>Chapters</td>
<td>1-17</td>
<td>21</td>
</tr>
<tr>
<td>Number of Codes</td>
<td>13,600</td>
<td>69,000+</td>
</tr>
<tr>
<td>Supplementary Codes</td>
<td>V &amp; E Codes</td>
<td>None (incorporated in main code book)</td>
</tr>
<tr>
<td>Laterality</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Trimester</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Structure of Injuries</td>
<td>Wound Type: Laceration, etc</td>
<td>Body Part</td>
</tr>
</tbody>
</table>

ICD Diagnosis Codes
Why So Many Diagnosis Codes?

Greater specificity and detail:

- 34,250 (50%) of all ICD-10-CM codes are related to the musculoskeletal system.
- 17,045 (25%) of all ICD-10-CM codes are related to fractures.
- 10,582 (62%) of fracture codes distinguish right from left.
- 25,000 (36%) of all ICD-10-CM codes distinguish right from left.
DX Coding and 7th Character Extensions

- Alpha (Except U)
- 2 Numeric
  - 3 - 7 Numeric or Alpha
- Additional Characters

Valid DX Code is 3 – 7 Characters
Format of Inpatient Procedural Coding (ICD-10-PCS)

<table>
<thead>
<tr>
<th>Character 1</th>
<th>Character 2</th>
<th>Character 3</th>
<th>Character 4</th>
<th>Character 5</th>
<th>Character 6</th>
<th>Character 7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section</td>
<td>Body System</td>
<td>Root Operation</td>
<td>Body Part</td>
<td>Approach</td>
<td>Device</td>
<td>Qualifier</td>
</tr>
</tbody>
</table>

There are seven (7) characters in each ICD-10-PCS (Procedural Coding System) code. Each character has a slightly different meaning related to that particular section.
SNOMED CT and ICD-10 in RPMS

• Providers select SNOMED CT terms for Problem List, Purpose of Visit, Family History, etc.

• SNOMED CT will be translated to ICD-10 by mapping tools and verified by coders with support from detailed clinical documentation

• Since SNOMED CT is required for Meaningful Use Stage 2, providers should be familiar with it by the time ICD-10 is implemented. We will highlight some of the ICD-10 changes in the software.
Outreach

- NBOC – monthly calls
- HIM – monthly calls
- ISCC – monthly updates
- IHS ICD-10 Website
- Listserv communications – Clinical Rounds
- ICD-10 Stakeholder monthly meeting replaced Steering Committee and Area Coordinator meeting, and now includes some sub-groups
- GPRA and CAC meetings
ICD-10 Stakeholder Meeting

• Third Wednesday of each month
• Steering Committee, Area ICD-10 Coordinators, Tribal rep, Urban rep, and Sub-group membership
  – Business and Revenue Cycle, Sam Brewster, Chair
  – CDI – David Civic, MD & Janice Chase Co-Chairs
  – Data Management – Kirk Greenway, Chair
  – Training – Deanna Dennis & Janice Chase Co-Chairs
Recent and Planned Activity

- Dear Tribal Leader Letter – ICD-10 specific
- Updated IHS ICD-10 website
  - CMS Link – Provider Resources
  - Other Training resources, slides, etc.
- ICD-10 Checklist – Distributed by ORAP
- Readiness Survey – Gage Readiness
- ICD-10 Module for the IHS/ORAP On-Line Tool
  - Benchmark productivity prior to 10-1-2015
  - Expected Release April 2015
Does your organization currently have an ICD-10 Committee?

- **Yes**: March 48%, September 46%
- **No**: March 37%, September 30%
- **Unknown**: March 15%, September 24%

Comparison of response percentages between March and September.
What steps are being taken to improve clinical documentation to support ICD-10?

- Involving physicians in improvement process: 72% (March) 22% (Sept)
- Assessing documentation: 68% (March) 21% (Sept)
- Building relationships among coders and physicians: 55% (March) 22% (Sept)
- Developing or improving coder/physician query process: 41% (March) 17% (Sept)
- Using CDI tools from IHS or others: 22% (March) 9% (Sept)
- Other: 17% (March) 9% (Sept)
Do you feel confident that your facility will successfully transition to ICD-10?

- March Response Percent
- Sept Response Percent

Yes: 60% (March) vs 58% (Sept)
No: 40% (March) vs 42% (Sept)
Clinical Impacts

Productivity impacts are expected

• Provider documentation may not be granular enough for ICD-10 (laterality, anatomic site, etc.)
• Increased physician queries for more information is expected
• Coders will need detailed information in the record to support ICD-10 codes
• Document consistently in same place
• Learning curve first six months predicted
Reducing queries from coders

<table>
<thead>
<tr>
<th>ICD-9</th>
<th>ICD-10</th>
<th>Where to document in EHR</th>
</tr>
</thead>
</table>
| Asthma - exacerbation             | Asthma – severity classifications         | 1. Specific SNOMED term  
|                                   |                                           | 2. Asthma classification prompt on problem                     |
| Coma - duration                   | Coma – Glasgow Coma Scale Scores          | 1. Chart note (inpatient)  
|                                   |                                           | 2. POV Provider Text (ER)  
|                                   |                                           | 3. Discharge summary                                           |
| Fractures - Open or closed        | Fractures (open) – Gustillo Classification | 1. Specific SNOMED term  
|                                   |                                           | 2. Problem provider text  

[Diagram of respiratory system with labels: Pharynx, Trachea, Larynx, Right lung, Left lung.
Reducing queries from coders (cont.)

<table>
<thead>
<tr>
<th>ICD-9</th>
<th>ICD-10</th>
<th>Where to document</th>
</tr>
</thead>
</table>
| Sepsis, SIRS, severe sepsis, septicemia, septic shock                | Same, plus if due to catheter, there is no Urosepsis code              | 1. Specific SNOMED term  
2. Problem provider text  
3. Discharge summary                                               |
| Pregnancy – Trimesters                                              | Pregnancy – Trimesters                                                 | 1. Estimated weeks gestation (measurement)             |
| ICD-9 Respiratory Failure – Acute, Chronic or acute on chronic      | Same, plus if associated with hypercapnia or hypoxia                   | 1. Specific SNOMED term  
2. Problem provider text  
3. Discharge summary                                               |
Reducing queries from coders (cont.)

<table>
<thead>
<tr>
<th>ICD-9</th>
<th>ICD-10</th>
<th>Where to document in EHR</th>
</tr>
</thead>
</table>
| Diabetes – controlled or uncontrolled, complications | Diabetes – type, underlying cause, complications | 1. Specific SNOMED term  
2. Problem provider text |
| Ulcers – pressure, stasis, diabetic, neuropathic, site stage | Same, plus type non-pressure chronic, site specificity, presence of gangrene | Outpt: SNOMED term plus provider text for problem. Add POV provider text for each visit  
Inpt: SNOMED term plus provider text for problem. Document progression in chart note |

http://www.drdavidricher.com/images/foot_ulcer.jpg
ICD Implementation Points

• Develop and Practice the “real-time” communication between coders and physicians and other providers

• When using tip sheets for the providers for ICD10 caveats, emphasize documentation requirements rather than codes, consider showing SNOMED examples that the providers may search for

• Not all diagnosis codes will require the full seven characters – code what’s documented

• Work with payers to test and communicate with them around specificity levels
Reducing the Impact

• Providers need to be a part of the ICD-10 implementation leadership – key for Clinical Documentation Improvement (CDI) & education

• Conduct documentation gap analysis (determine *unspecified codes*, top diagnoses and procedures)

• Reinforce Provider/Coder relationship:
  - Timely Feedback to Providers on CDI
  - Assess current provider query process for ICD-10
  - Create opportunities for follow up and education

• Access to ICD-10-CM and PCS Coding Resources/ Encoder
Stay on Course – Be Prepared!

ALL Site Must:

• Ensure RPMS installs are current
  – Implement 2014 Certified EHR

• Understand workflow changes from 2014 Certified EHR

• Prepare for testing with payers
  – Sign up for end-to-end Medicare testing

• Contact high volume payers
  – Find out their schedule for testing; Review their website for testing scenarios
  – Assess need to build in contingency plans in the event you cannot test with payers
Stay on Course – Be Prepared!

• Providers - Clean up the problem list
• Consider Dual Coding – best learning is by doing
• Adjust coder training as needed
  – Bio-science, specific or intensive training
• Review the Clinical Rounds recorded webinars
Potential Financial Impacts

Productivity impacts are expected and may cause revenue shifts

• Dual coding may be necessary if a payer is not able to accept ICD-10 codes
• Coder-Clinician Queries on documentation
• Denied claims – payer interpretation
• Backlogs in visit completion, coding and billing
• Unknown if coding productivity impacts may be permanent
Training – Key to Risk Reduction

OIT:
• Provide alpha/beta support
• Provide software application training train-the-trainer for ICD-10 changes
• Has provided overview coding courses – “Have No Fear, ICD-10 is Here”
• OIT has provided five Clinical Rounds

I/T/U stakeholders:
• Need to address intensive training and CDI
ICD-10 Means Updates to 32 RPMS Applications

- AICD
- Lexicon
- Taxonomy
- **Distributed Terminology System**
- PCC
- PCC EPI (ILI)
- **EHR**
- Health Summary
- Clinical Reminder
- Text Integration Utilities
- PIMS
- BMX.net
- **Prenatal**
- Emergency Room Dashboard and Systems
- Lab
- Radiology
- Immunization
- Pharmacy
- Behavioral Health
- Dental
- Diabetes Management
- iCare
- HIV Management
- Women’s Health
- Clinical Reporting System
- **Referred Care**
- Data Warehouse Export
- **Third Party Billing**
- Point of Sale
- Accounts Receivable
- Contract Health
Overview of updates

• ICD-10 Specific changes
  – Take effect on 10/1/15 and primarily affect how the system selects codes (ICD-9 versus ICD-10)

• New components
  – Acute Myocardial Infarction (AMI Events) tool
  – Stroke tool

• Updated components
  – Appointment and Visits
  – Anticoagulation Goal
  – Chart Review/Telephone Call Visits
  – Clinical Information Reconciliation (CIR)
  – Integrated Problem List
  – Medication Counseling
  – Pick List
  – Prenatal
  – Reproductive Factors
  – Super-Bills
  – Visit Services
ICD-10 Specific Changes

- Visit diagnoses are stored based on date of encounter.
  - Prior to transition date, Problems and POV’s will map to ICD-9
  - After the transition date, Problems map to ICD-10
  - After the transition date, POV’s store based on visit date

- Map Advice for ICD-10 Codes in EHR and PCC
  - Hovering over the ICD column for a problem will expose the SNOMED CT® to ICD-10 map advice
  - Map Advice available in PCC data Entry to assist coders

- Visit Services (Procedures)
  - Prior to transition date, user will search and select ICD-9 procedure codes
  - After the transition date, user will search and select ICD-9 procedure codes if the visit date is before 1 Oct 2015, for ICD-10 procedure codes if visit date is on or after 1 Oct 2015
ICD-10 Specific Changes

- **PCC Dual Coding**
  - Turning on parameter allows entry of ICD-9 codes

- **Third Party Billing Insurer File**
  - ICD-10 Effective Date can be set for each Insurer
How will the EHR work after 10/1/2015?

Prior to 10/1/2015, new problems will be mapped to ICD-9 codes.

After 10/1/2015, new problems will be mapped to ICD-10 codes.

* Requires update to SNOMED CT
EHR Map Advice

- Hovering over the ICD column for a problem will expose the SNOMED CT® to ICD-10 map advice

<table>
<thead>
<tr>
<th>Status</th>
<th>Onset Date</th>
<th>Priority</th>
<th>Provider Narrative</th>
<th>Comments</th>
<th>PHx</th>
<th>PIP</th>
<th>IP</th>
<th>POV</th>
<th>ICD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic</td>
<td></td>
<td></td>
<td>Migraine with aura</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>643.109</td>
</tr>
<tr>
<td>Chronic</td>
<td></td>
<td></td>
<td>Metabolic syndrome X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>222.999</td>
</tr>
<tr>
<td>Episodic</td>
<td></td>
<td></td>
<td>Upper respiratory infection</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>222.999</td>
</tr>
<tr>
<td>Social/Environmental</td>
<td></td>
<td></td>
<td>Total self-care deficit</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>222.999</td>
</tr>
<tr>
<td>Sub-acute</td>
<td>03/01/2015</td>
<td></td>
<td>Closed fracture of neck of femur</td>
<td>left, slipped in bathroom at home</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>222.999</td>
</tr>
</tbody>
</table>

- Rule #1 Target Code: S72.009?
- Always S72.009?
- Consider laterality specification
- Episode of care information needed
- Possible requirement for an external cause code

- Rule #2 Target Code: S72.033?
- If closed fracture proximal femur, transcervical choose S72.033?
- Consider laterality specification
- Episode of care information needed
- Possible requirement for an external cause code

- Rule #3 Target Code: S72.033?
- If closed transcervical fracture of femur choose S72.033?
- Consider laterality specification
- Episode of care information needed
- Possible requirement for an external cause code

- Rule #4 Target Code: S72.033?
- If closed fracture of midcervical section of femur choose S72.033?
- Consider laterality specification
- Episode of care information needed
- Possible requirement for an external cause code

- Rule #5 Target Code: S72.023?
- If closed fracture proximal femur, transepiphyseal choose S72.023?
- Consider laterality specification
- Episode of care information needed
- Possible requirement for an external cause code

- Rule #6 Target Code: S72.019?
- If closed fracture of intracapsular section of femur choose S72.019?
- Consider laterality specification
- Episode of care information needed
- Possible requirement for an external cause code

- Rule #7 Target Code: S72.043?
- If closed fracture of base of neck of femur choose S72.043?
- Consider laterality specification
- Episode of care information needed
- Possible requirement for an external cause code

- Require update to SNOMED CT
This POV has been SNOMED coded and there is map advice available.
Do you wish to see the Map Advice? N// Y

SNOMED MAP ADVICE  
Mar 03, 2016 12:05:09  Page: 1 of 1
Map Advice for Concept ID 53889007
Provider Narrative: Nuclear cataract |
FSN: Nuclear cataract (disorder)
Patient's Age at visit: 20 YRS  MALE

Rule #1  Target Code: Q12.0
IF EMBRYONAL NUCLEAR CATARACT CHOOSE Q12.0

Rule #2  Target Code: H25.10
ALWAYS H25.10
CONSIDER LATERALITY SPECIFICATION
PCC Dual Coding

Dual Coding for Diagnoses and Procedures

- Allows a coder to assign an ICD-9 code to the visit after 10/1/2015
- New PCC site parameter activates dual coding (ESP)
  - Turn on ICD-9 coding: Y/N
- Used during ADD or MOD options
- ICD-9 Code will display on the billing claim and can be used for payers that may not convert to ICD-10 by 10-1-15 or ICD-10 not required (Workers Compensation claim exempt).
Third Party Billing
ICD-10 Effective Date can be set for each Insurer
New Components

AMI TOOL
STROKE TOOL
### AMI Tool and Stroke Tool

- Capture events surrounding evolving AMI or Stroke
- Driven by CQM, vetted by inpatient field Docs
- Sections may be entered by >1 user

<table>
<thead>
<tr>
<th>Fields</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arrival date/time</td>
<td></td>
</tr>
<tr>
<td>Symptom onset date/time</td>
<td>Symptoms in SNOMED CT®</td>
</tr>
<tr>
<td>EKG done date/time</td>
<td>May be done prior to arrival in field</td>
</tr>
<tr>
<td>EKG interpretation</td>
<td>Finding in SNOMED CT® mapped to ICD</td>
</tr>
<tr>
<td>Protocols initiated</td>
<td>Site populated for choices Date/time and by whom</td>
</tr>
<tr>
<td>Fibrinolytic therapy</td>
<td>Initiated or not initiated, captures reason (in SNOMED CT®) and stores in Patient Refusal of Services/NMI file</td>
</tr>
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<tr>
<td>EKG done date/time</td>
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<tr>
<td>Fibrinolytic therapy</td>
<td>Initiated or not initiated, captures reason (in SNOMED CT®) and stores in Patient Refusal of Services/NMI file</td>
</tr>
<tr>
<td>Stroke score</td>
<td>Stores in V Stroke and V Measurements Graphs</td>
</tr>
<tr>
<td>AMI Tool</td>
<td></td>
</tr>
</tbody>
</table>
| --- | ---  
<p>| <strong>AMI: Chest Pain/AMI Symptoms</strong> |<br />
| <strong>Arrival Date/Time</strong> | <strong>Onset Date/Time</strong> | <strong>Symptoms</strong> | <strong>EKG Done Time</strong> | <strong>EKG Findings SNOMED</strong> | <strong>Fibrinolytic Therapy</strong> | <strong>Fibrinolytic Therapy Time</strong> |
| 07/24/2013 04:00 | 07/24/2013 03:00 | Dyspnea, Dyspnea at rest, Orthopnea | 7/24/2013 3:00:00 AM | Acute ST segment elevation myocardial infarction | Yes | 07/24/2013 04:15 |</p>
<table>
<thead>
<tr>
<th>Arrival Date/Time</th>
<th>Event Date/Time</th>
<th>Symptoms</th>
<th>Fibrinolytic Therapy</th>
<th>Fibrinolytic Therapy Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/24/2013 04:00</td>
<td>07/24/2013 03:00</td>
<td>Dizziness</td>
<td>Yes</td>
<td>07/24/2013 04:00</td>
</tr>
</tbody>
</table>
Updated Components

- Appointment and Visits
- Anticoagulation Goal
- Chart Review/Telephone Call Visits
- Clinical Information Reconciliation (CIR)
- **Integrated Problem List**
- Medication Counseling
- **Pick List**
- Prenatal
- Reproductive Factors
- Super-Bill Redesign
- **Visit Diagnosis (POV)**
- Visit Services
IPL Display updates

- **Priority** is added back to the display
- **POV column added** which is checked when problem is used as POV for current encounter
- **PIP column** will now be checked when a problem is used on active Pregnancy Issues and Problems list (requires BJPNv2.0)
- **IP Column** is be checked when a Problem is added to an Inpatient Visit
IPL Pick List updates

• Pick Lists now honor settings to display pick lists for specific locations, providers or disciplines
• Pick List no longer limits selection of terms. If a term is selected that is already on the pick list, it edits the entry (does not enter duplicate).
• May now store POV from pick list (requires CAC configuration)
Store as POV from pick list option

Pick lists accessed from Main IPL screen may now be configured to “Save as problem” or “Save as Problem and POV” by checking the “May store selections as POV’s” box on the Edit pick list dialog.
Pick List – Save as Problem and POV

When you click “Save as Problem and POV” any new problems are added to the problem list and all selections are presented in the POV dialog.

Tip: If you cancel out of the POV dialog, the problem has already been added. Users will need to delete if they did not intend to add the problem.
Why can’t all my pick lists “save as POV”? 

Some diagnoses and conditions really need to be added to the problem list before adding as POV so that relevant information is added to the problem

– Injuries

– Conditions that have laterality or anatomic locations that need to be documented in provider text such as osteoarthritis
Pregnancy issues and Problem List version 2.0

Updated to be compatible with new Integrated Problem List (IPL)
- Shares Goals, Care Plan and Visit Instruction storage/display
- POV selection dialog look and feel same as IPL
- Marks the PIP column in IPL when problems added to PIP
- Old “care plan” data migrated to “visit instructions” for archive purposes
Visit Diagnosis:
POV – New Business Rules

When problems are selected as POV, the applications passes the ICD code based on the Visit Date

**Example:** It is Oct 2, 2015. You are entering late documentation on a visit from Sept 29, 2015. When you select the problem and store as POV, the system checks the visit date and retrieves the ICD-9 mapped codes from the RPMS Cache to store as POV
Visit Diagnosis in ICD-10 Transition

Visit diagnoses are stored based on date of encounter.
- Prior to transition date, Problems and POV’s will map to ICD-9
- After the transition date, Problems map to ICD-10
- After the transition date, POV’s store based on visit date

Ways to store POV
- Select problem and set as POV
- Store as problem and POV from pick list (if enabled)
- Select Chart Review or Telephone type visit
- Select POV from Pharm Ed
- Select superbill with Diagnosis Superbill association
Visit Services

The Visit Services component allows a user to select a CPT or ICD procedure code. There were no changes to CPT but the following change to ICD:

– Prior to transition date, user will search and select ICD-9 procedure codes
– After the transition date, user will search and select ICD-9 procedure codes if the discharge date is before 1 Oct 2015, for ICD-10 procedure codes if discharge date is on or after 1 Oct 2015.
Alpha and Beta Testing

- OIT provided on-site assistance for alpha testing preparation
  - Technical assistance with software installation
  - Overview of software functional changes
  - Alpha testing expertise
- OIT monitors testing phases/planning with sites on a weekly basis
- 100% Alpha Script testing complete
- Controlled production releases will be scheduled after successful beta test completion (Target: June)

<table>
<thead>
<tr>
<th>Site</th>
<th>Alpha</th>
<th>Beta</th>
</tr>
</thead>
</table>
Testing Specifics –

• 65 Test Scripts covered 21 different projects
• Site tested with Medicare in December 2014 during the open testing week
• Currently working with the 4 test sites to continue 3rd Party testing
  – Claremore – submitted claims to Oklahoma Medicaid and planning to also test with BCBS of Oklahoma; Confirmed to test with Novitas, IHS Medicare Fiscal Intermediary, for submitting claims to CMS
  – Santa Fe & Mescalero – Third Party Billing working weekly to create submissions to New Mexico Medicaid
  – Micmac – currently working to identify additional resource as Resources have been shifted in 2015 and testing is limited to ePrescribing.
ICD-10 Transition Program

Alpha testing

• During March fixes on known errors and retesting done to further stabilize code before transition to Beta
• Beta builds targeted to be delivered to sites the week of 3/16/15
• Concurrent preparation for a 3/30/15 Beta start
• Controlled release of Beta builds for Area test servers only.
Software Implementation Training

• Training dates set for Beta site Providers and other stakeholders
  – Record the training sessions for staff that are not available on the training dates
  – RPMS/EHR change overviews - concentration of the software changes in RPMS and the subsequent work flow changes
• June (target date)
  – Implementation training
  – Train the trainer format with recorded sessions
  – Virtual trainings to demonstrate specific changes and functions for “go live” on compliance date
  – Virtual – On hand technical support during implementation
  – Schedule with each Area and subsequent Sites and identified key site resources
ICD-10 Transition Program: 2015 Training

1. ICD-10 Supported Office hours monthly (Various topics) i.e.
   - EHR changes
   - Third Party Billing- Claims
   - PCC

2. Technical (Prerequisites & Installation)
   - Session #1 – mid June
   - Session #2 – late June

3. RPMS ICD-10 Release training
   - Session #1 Recorded Adobe connect session (Areas) - June
   - Session #2 Recorded Adobe connect session (Areas) - July
   - Session #3 Recorded Adobe connect session (Areas) - August

   (These sessions will be focused on a Train the Trainer format)
<table>
<thead>
<tr>
<th>Area ICD-10 Coordinators</th>
<th>Area Office</th>
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Thank You - Questions

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