



DPH ICD-10 IMPLEMENTATION PROJECT



ICD-10-CM TRAINING PLAN

WBS 2.4

Version 3.0

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Change History

Version Number & Date	Version Description	Version Author
V1.0 – April 4, 2012	First Draft – sent to Project Supervisor and Training Work Group members for review.	Sarah Brooks
V2.0 – April 16, 2012	Approved by Project Supervisor and Implementation Team with addition of Business Impact Assessment training.	Sarah Brooks
V2.1 – May 21, 2012	Changes made in Education Matrix and Training Plan content related to Basic, Specialized and Comprehensive coding training and website references modified.	Sarah Brooks
V2.2 – May 30, 2012	Further revisions made before posting to website	Sarah Brooks
V2.3 – December 16, 2013	Updates made following completion of all CDSA and LHD Implementation Team training	Sarah Brooks
V3.0 – July 2, 2014	Training Plan Updated based on another one-year compliance date extension to October 1, 2015 and approved re-baselined Project Schedule	Sarah Brooks

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1. Introduction

1.1 Purpose

The purpose of the ICD-10-CM Training Plan is to clearly define the type and level of training that will be provided as part of the North Carolina Division of Public Health (DPH) ICD-10 Implementation Project., based upon the business needs of all stakeholders. The plan will also address how training will be delivered, when training will be developed and delivered, and who will develop and present the training.

The Training Plan is a living document that will be updated as the DPH ICD-10 Implementation Project progresses. The Training Plan and training materials must align with the most up-to-date information regarding the activities and knowledge to remediate business processes, policies, and systems.

1.2 Background

On January 15, 2009, the U.S. Department of Health and Human Services (HHS) published a final rule, 45 CFR Part 162, CMS-0013-F, that adopts two medical data code sets as Health Insurance Portability and Accountability Act of 1996 (HIPAA) standards for use in reporting diagnoses and inpatient hospital procedures in health care transactions (ICD-10 final rule). The ICD-10 final rule adopts the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) for diagnosis coding, and the International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS) for inpatient hospital procedure coding. The standards adopted under this final rule will replace the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), Volumes 1 and 2 for diagnosis and Volume 3 for procedure codes. HIPAA covered entities that use these code sets include health plans, health care clearinghouses, and health care providers who transmit any health information in electronic form in connection with a transaction for which HHS has adopted a standard. (NOTE: The local health departments, Children’s Developmental Service Agencies (CDSAs), rural health clinics and State Laboratory for Public Health are covered entities under HIPAA. It has been determined that these agencies will **not** use ICD-10-PCS).

Code sets are collections of codes that are used to identify specific diagnoses and clinical procedures in claims and other health care transactions. The ICD-10-CM code set is maintained by the National Center for Health Statistics (NCHS) of the Centers for Disease Control and Prevention (CDC) for use in the United States. It is based on ICD-10, which was developed by the World Health Organization (WHO) and is used internationally. The ICD-10-PCS code set is maintained by the Center for Medicare and Medicaid Services (CMS).

ICD-10-CM is not an update to ICD-9-CM; it is a whole new code set that is expanding from 5 positions to 7 positions and the codes use alphanumeric characters in all positions, not just the first position as in ICD-9-CM. There are more than 68,000 codes in ICD-10-CM as opposed to 13,000 in ICD-9-CM. ICD-9-CM will need to be maintained in DPH information systems that maintain disease and morbidity information in addition to ICD-10-CM. For claims processing, any claims with services provided before 10/1/15 must use ICD-9-CM and any claims with services provided on or after 10/1/15 must use ICD-10-CM.

1.3 Scope

This document is intended for all stakeholders in DPH who will be impacted by the federally mandated transition from ICD-9-CM, Volumes 1 and 2 to ICD-10-CM for diagnosis coding. The appropriate type and level of training will be provided for staff within the Sections/Branches of DPH (including Children's Developmental Service Agencies [CDSAs]), local health departments and rural health clinics based upon identified business needs.

The training to be developed is not intended for providers that contract with local agencies, business associates, etc. The DPH ICD-10 Implementation Project will not be responsible for the development or provision of user training that relates to changes made in information systems (e.g., HIS, CareWare) to accommodate the transition to ICD-10-CM.

1.4 Training Objectives

The overall training objective is to provide DPH stakeholders with the information necessary to ensure a seamless transition from ICD-9-CM to ICD-10-CM by the federally mandated compliance date and ensure that training is available after the compliance date when training re-enforcement is necessary and for training of new staff. Training objectives for each type of training are identified in Section 2.3 of this document.

1.5 ICD-10-CM Training Plan Approval

The ICD-10-CM Training Plan will be developed by the DPH ICD-10 Implementation Project Manager (hereinafter referred to as Project Manager) with review and input by the DPH ICD-10 Implementation Team. Final approval of the deliverable, WBS 2.4, ICD-10-CM Training Plan, will be the responsibility of the DPH ICD-10 Implementation Project Supervisor, Joy Reed, EdD, RN, FAAN, Local Technical Assistance & Training Branch (LTATB) Head and Head of Public Health Nursing.

2. Training Methodology

2.1 Training Philosophy

A variety of ICD-10-CM training has been and will continue to be offered by numerous organizations (e.g., American Health Information Management Association [AHIMA], Area Health Education Centers [AHECs], community colleges). However, the training is targeted primarily for hospital staff or physician office staff. The DPH ICD-10 Implementation Team has determined that, to meet the specific needs of DPH stakeholders, the majority of training needs to be developed as part of the DPH ICD-10 Implementation Project. However, the Project Manager will monitor training offerings from other organizations to determine if the training will meet the needs of DPH stakeholders in a cost effective manner.

2.2 Education Matrix

It is the responsibility of each DPH Section/Branch and local agency to determine the ICD-10-CM training needs for their staff. To aid in this effort an Education Matrix has been developed to identify the different types of staff roles, based upon agency type (i.e., CDSA, local health department, DPH, Division of Information Resource Management (DIRM), rural health agency) that may need some form of ICD-10-CM training. For each staff role, the matrix identifies the type of training that is needed to meet the overall objective (refer to Section 2.3), when the training will be available (in accordance with the approved deliverable, WBS 2.2 - DPH ICD-10 Implementation Project Schedule), how the training needs to be delivered (i.e., Training Methods – Refer to Section 2.4), and the level of understanding that is needed (i.e., Learning Levels - Refer to Section 2.5). The Education Matrix is appended to this document as Appendix B.

2.3 Training Types

The types of training needed to meet the overall training objective are identified in Table 1. In addition, specific training objectives and training prerequisites associated with each type of training are specified. As the DPH ICD-10 Implementation Project proceeds, additional training needs may be identified thus warranting modification of this Training Plan.

Table 1: Training Types

Training Description	Acronym Used in Education Matrix	Training Objectives	Training Prerequisite
Introduction to Transition from ICD-9-CM to ICD-10-CM	Intro	<ul style="list-style-type: none"> • Understand why the transition from ICD-9-CM to ICD-10-CM is necessary • Understand the major differences and similarities between ICD-9-CM and ICD-10-CM • Understand the benefits of the transition to ICD-10-CM and the potential impacts to 	None

Training Description	Acronym Used in Education Matrix	Training Objectives	Training Prerequisite
		<p>DPH stakeholders</p> <ul style="list-style-type: none"> • Explain the role that DPH is going to play in assisting DPH staff, CDSAs, LHDs and rural health agencies during the transition period 	
ICD-10-CM Implementation Planning	Imp	<ul style="list-style-type: none"> • Explain planned and completed implementation activities that are included as part of the DPH ICD-10 Implementation Project and will be shared with local agencies to assist them in their implementation efforts • Clarify what, when and how information will be communicated to ICD-10 contacts • Understand the ICD-10 implementation planning activities that local agencies are responsible for conducting 	Intro or Basic – refer to Education Matrix
Anatomy & Physiology Refresher	A&P	<ul style="list-style-type: none"> • Understand the basic principles of human anatomy and physiology • Complete Anatomy & Physiology Refresher training in a cost and time effective manner (e.g., free online training such as training found at http://www.getbodysmart.com/ ; online courses offered for a minimal fee at community colleges) • NOTE: This training is not included on the Education Matrix since the agency must determine the need for this training based on a staff member’s education and experience 	Prior completion of comprehensive Anatomy and Physiology course
ICD-10-CM Business Impact Assessment	BIA	<ul style="list-style-type: none"> • Understand why the Business Impact Assessment is necessary • Describe different methods for conducting and analyzing results of the business impact assessment (e.g., centralized vs. decentralized) • Understand the Business Impact Assessment tool content based upon the type of Section/agency performing the assessment (i.e., DPH, CDSA, LHD, Rural Health) 	Intro or Basic – refer to Education Matrix
ICD-10-CM Coding: Basic	Basic	<ul style="list-style-type: none"> • Develop a general understanding of ICD-10-CM <ul style="list-style-type: none"> ◦ Why the change from ICD-9-CM to ICD-10-CM 	None

Training Description	Acronym Used in Education Matrix	Training Objectives	Training Prerequisite
		<ul style="list-style-type: none"> ○ Understand the terminology, coding conventions and general coding guidelines for use of the ICD-10-CM classification system • Understand how to look up diagnoses in the Alphabetical Index and verify the code in the Tabular Index • Understand how to code using the Neoplasm Table, Table of Drugs and Chemicals, and Index to External Causes • Demonstrate how to accurately assign ICD-10-CM codes to simple diagnoses • NOTE: Access to ICD-10-CM Code Books or ICD-10-CM Computer Assisted Coding Software is required for this course. • NOTE: Access to ICD-10-CM Code Books or ICD-10-CM Computer Assisted Coding Software is required for this course. 	
ICD-10-CM Coding: Comprehensive	Comp	<ul style="list-style-type: none"> • Understand ICD-10-CM terminology, coding conventions and general coding guidelines for use of the ICD-10-CM classification system • Understand how to code using all chapters relevant to clients seen in the CDSAs within ICD-10-CM including Chapter-specific coding guidelines • Demonstrate how to accurately assign ICD-10-CM codes to Chapter-specific case scenarios • Demonstrate how to accurately assign ICD-10-CM codes to complex case scenarios that cross multiple Chapters and Tables • NOTE: Access to ICD-10-CM Code Books or ICD-10-CM Computer Assisted Coding Software is required for this course. 	Basic; A&P (if deemed necessary by the agency for an individual staff member)
ICD-10-CM Coding: Specialized	Spec	<ul style="list-style-type: none"> • Understand how to code using specific chapters within ICD-10-CM including Chapter-specific coding guidelines. NOTE: The specific chapters will be determined based upon the various public health program categories (e.g., maternal health). • Understand how to code using the Neoplasm Table, Table of Drugs and Chemicals, and/or Index to External Causes when deemed necessary based upon the 	Basic; A&P (if deemed necessary by the agency for an individual staff member)

Training Description	Acronym Used in Education Matrix	Training Objectives	Training Prerequisite
		various public health program categories. <ul style="list-style-type: none"> • Demonstrate how to accurately assign ICD-10-CM codes to Chapter-specific case scenarios and, when relevant to the program area, complex case scenarios that cross multiple Chapters and Tables. • NOTE: Access to ICD-10-CM Code Books or ICD-10-CM Computer Assisted Coding Software is required for this course. 	
Clinical Documentation Improvement	CDI	<ul style="list-style-type: none"> • Learn that ICD-10-CM includes a more robust definition of severity, comorbidities, complications, sequelae, manifestations, causes and a variety of other important parameters that characterize a client's condition • Understand why it is imperative that clinical documentation supports the assignment of ICD-10-CM codes to the highest level of specificity • Understand the potential impacts if diagnoses cannot be coded to the highest level of specificity (e.g., "not otherwise specified" codes) • Emphasize the value of more concise data capture for high-quality data integrity • Present findings from clinical documentation reviews conducted by the DPH ICD-10 Implementation Team and the documentation elements needed to support the most frequent ICD-10-CM codes • Demonstrate how to revise clinical documentation contained in case scenarios in order to code diagnostic data to the highest level of specificity • NOTE: Access to ICD-10-CM Code Books or ICD-10-CM Computer Assisted Coding Software is required for this course. 	Intro or Basic – refer to Education Matrix

2.4 Training Methods

Training methods describe how training may be delivered. In the Education Matrix, training methods are recommended but the methods may change as the effectiveness of the training is evaluated. A primary consideration for the training methods is cost, not only DPH costs but local agency costs as well (e.g., travel expenses, time away from work).

Table 2: Training Methods

Training Method	Acronym Used in Education Matrix	Description of Training Method
Webinar	WEB	Virtual meetings or presentations conducted via the Internet. In a webinar each participant sits at his or her own computer and is able ask questions via a chat session and/or raise their hand. A conference call may or may not be used. NOTE: For ICD-10-CM coding training, if multiple staff from a local agency are participating in the same session, they should try to participate in a group environment that is free from distractions and is conducive to group interaction when doing coding exercises.
Pre-recorded Webcast	PRE	A pre-recorded training session that trainees may watch at their convenience via the Internet. With this method, there is no real-time interaction with the instructor but trainees can submit questions to the trainer via e-mail.
Face to Face	F2F	Instructor-led training done on-site using an agency staff member as the instructor; on-site with a trained instructor from outside the agency; or off-site at instructor-led sessions at another facility, college or university, or training facility.
Meeting	MTG	Training held during group meetings such as NCALHD monthly meetings, Nurse Director region meetings, HIS User Group Meetings, etc.
Train the Trainer	TTT	Individuals complete a training course and then are trained to lead the training themselves. Trainers use the same materials and deliver consistent core messages to provide consistent training across the organization.
Publications	PUB	Printed materials developed by the organization, links to publications on other websites, or publications purchased from other sources. These can be placed on the DPH ICD-10 Implementation Project website unless the materials are copyrighted.
Learning Management System	LMS	Software for delivering, tracking, and managing training and education. This can include training courses delivered via the Internet and offers features for online collaboration. In many instances, staff will use a self-paced, computer-based training that includes an online assessment. The method is also used to enhance and support classroom teaching and offering training to participants across facilities.
Videoconferencing	VID	Agency staff can go to multiple sites across the State that are linked to the videoconference center operated by ITS and interact with presenters site by site as well as attendees at each individual

Training Method	Acronym Used in Education Matrix	Description of Training Method
		site.
Social Networking and Media	NET	Software for building online communities of people who share interests. Communication occurs in a variety of ways such as e-mail, instant messaging, and blogging.
ICD-10-CM Fair	FAIR	An in-house event giving staff a chance to learn more about the upcoming changes and interact with the local agency ICD-10 Implementation Team.

2.5 Learning Levels

For the different types of training that will be offered to agencies, the level of understanding necessary for one staff member to perform their job may not be the same as a different staff member. For example, a billing clerk and a nurse may both need to participate in Specialized ICD-10-CM Coding training but the billing clerk may need only a high level of understanding whereas the nurse may need a moderate level of understanding. In the Education Matrix, the learning level is associated with the different staff roles and type of training.

Table 3: Learning Levels

Learning Level	Acronym Used in Education Matrix	Description
High Level Understanding	H	Requires familiarity and awareness of impact of the changes between ICD-9-CM and ICD-10-CM
Moderate Level Understanding	M	Requires a deeper level of understanding to interpret and use ICD-10-CM in order to perform job duties.
Detailed Level of Understanding	D	Requires an expert level of understanding to apply and interpret ICD-10-CM. May require certification in ICD-10-CM coding.

2.6 Development Approach

The Project Manager will be responsible for drafting all training materials. She will attend locally available ICD-10-CM training opportunities, be an active participant on the NCHICA ICD-10 Task Force, utilize Internet resources (e.g., webinars, publications), and may complete online training opportunities if funds are available. Prior to and during development of training materials, members of the DPH ICD-10 Implementation Team may be requested to provide information (e.g., coding scenarios for practice exercises) that will be incorporated into the training materials.

All training materials will be reviewed and approved by the DPH ICD-10 Implementation Team and/or sub-groups such as the Training Work Group, to ensure that materials are clear, concise and relevant for DPH stakeholders.

2.6.1 Introduction to Transition from ICD-9-CM to ICD-10-CM

WBS 1.3, ICD-10 Awareness Education to Key Stakeholders, was presented statewide via Webinar on 6/11/2011. The presentation discussed the federally mandated transition from ICD-9 to ICD-10 and included information about the differences in the two code sets, impacts related to the change and an introduction to the DPH ICD-10 Implementation Project. The Power Point presentation and Webinar were made available on the HIS website (<http://his.dhhs.state.nc.us/>) in the *ICD-10-CM/Training* folders for nine months so agency staff unable to participate during the live presentation could view the webinar and slides online. A similar presentation was made to the Technology Committee of the NCALHD during their May 2011 meeting and the Power Point slides are posted on the above website.

In March 2013, the Power Point slides were updated to meet the training objectives for “An Introduction to the Transition from ICD-9-CM to ICD-10-CM” training. The slides were reviewed by the DPH ICD-10 Implementation Team - Training Work Group (hereinafter referred to as Training Work Group). A webinar was recorded and the slides and webinar were posted on the NC DPH website (<http://publichealth.nc.gov/lhd/icd10/training.htm>) under *For Local Health Departments/ICD-10 Implementation/Training*. The recorded webinar was removed in June 2014 since the software required for viewing the webinar is no longer available.

2.6.2 ICD-10-CM Implementation Planning Training

During January and February 2012, ICD-10-CM Implementation Planning Training webinars were conducted and recorded in separate sessions for DPH staff, CDSAs and local health department staff. Separate Power Point presentations were developed for each of the three groups and were reviewed by members of the DPH ICD-10 Implementation Team based on the relevance to their area of expertise. The recorded webinars and Power Point slides are posted to the NC DPH website (<http://publichealth.nc.gov/lhd/icd10/training.htm>) under *For Local Health Departments/ICD-10 Implementation/Training*. The recorded webinar was removed in June 2014 since the software required for viewing the webinar is no longer available.

2.6.3 ICD-10-CM Business Impact Assessment Training

ICD-10-CM Business Impact Assessment training was conducted and recorded in separate sessions for DPH staff, CDSAs and LHD staff. Separate Power Point presentations were developed for each of the three groups and were reviewed by members of the DPH ICD-10 Implementation Team based on the relevance to their area of expertise. The recorded webinars and Power Point slides were posted to the NC DPH website (<http://publichealth.nc.gov/lhd/icd10/training.htm>). This training was offered to a limited number of DPH and local agency staff who will conduct internal Business Impact Assessments (e.g., local agency Implementation Team members). The recorded webinar was removed in June 2014 since the software required for viewing the webinar is no longer available.

2.6.4 ICD-10-CM Coding Training: Basic, Comprehensive, Specialized

To ensure that a DPH full-time staff member is proficient in ICD-10-CM coding, the HIS Nurse Consultant attended an intensive, two-day AHIMA Academy for ICD-10-CM. The HIS Nurse Consultant reviewed all training materials developed for the Comprehensive ICD-10-CM Coding training and validated that the training materials were accurate.

The Comprehensive ICD-10-CM Coding training was developed in a modular fashion so that the same training materials or a subset of the materials can be used for the Specialized ICD-10-CM Coding training. The Basic ICD-10-CM Coding training was the first module developed and will serve as a prerequisite for Comprehensive and Specialized coding training. Training materials will be a combination of Power Point slides and training workbooks that contain coding guidelines, coding tips, coding practice scenarios, etc. For cost containment purposes, training materials will be posted to the NC DPH website (<http://publichealth.nc.gov/lhd/icd10/training.htm>) at least three days prior to the training and participants will be responsible for printing their own training materials.

All members of the DPH ICD-10 Implementation Team participated in an initial offering of the Basic and Comprehensive ICD-10-CM Coding training and provided feedback so the training could be further refined. Some team members were trained face to face and others will be trained via Webinar. This helped team members determine the most effective training method(s) for ICD-10-CM coding training.

Following completion of the Clinical Documentation Assessment pilot that was conducted by members of the DPH ICD-10 Implementation Team – Clinical Documentation Work Group (hereinafter referred to as Clinical Documentation Work Group), Clinical Documentation Work Group members were requested to evaluate the effectiveness of the Comprehensive training in relation to performing the Clinical Documentation Assessments. Based on this feedback, the training was further modified before it was offered statewide to a limited number of DPH and local agency staff who will conduct internal Clinical Documentation Assessments.

Coding training for local agency ICD-10 Implementation Team members was conducted in 2013 to aid local agencies in their transition planning. Training materials will continue to be modified based on feedback of the local agency implementation team members.

Coding training for the majority of DPH and local agency staff should not be offered more than 6-9 months before the compliance date. To the extent possible, coding training for local agency staff will be focused on the code categories most applicable to the agency's client mix.

2.6.5 Clinical Documentation Improvement Training

The Clinical Documentation Improvement (CDI) training was developed initially based on findings from the Clinical Documentation Assessment pilot that was conducted by the Clinical Documentation Work Group. The Clinical Documentation Work Group reviewed the initial draft of the training materials and modifications to the training were made based on feedback provided.

Local agencies were offered ICD-10-CM Comprehensive Coding training for a limited number of staff in 2013 so the local agencies could conduct internal Clinical Documentation Assessments. Local agencies were encouraged to provide any clinical documentation improvement strategies identified as an outcome of their internal assessment with the Project Manager. This information was incorporated into the draft training materials and sent to the Training and Clinical Documentation Work Groups for review. Final approval was provided by the DPH ICD-10 Implementation Team. The final training materials include Power Point presentations and recorded webinars relevant for each provider type (e.g., CDSAs, LHDs, Rural Health agencies). The recorded webinar was removed in June 2014 since the software required for viewing the webinar is no longer available.

2.6.6 Learning Management System

The Project Manager has evaluated the availability of a Learning Management Systems (LMS) within DHHS that may be appropriate for ICD-10-CM Coding Training. The State has implemented a Learning Management System that uses Mimosa software and is located in the Office of State Human Resources. The LMS has been successfully used for state employees to register for ICD-10-CM coding training and

was set up to pilot registration by local agencies. For State employees, use of the LMS incurs no additional cost. For local agency staff, there is a cost so the pilot was never implemented. The LMS does not contain the authoring software needed to develop eLearning so the Project Manager continues to work with DHHS agencies to identify the availability of the authoring software.

If authoring software can be identified, and time and costs permitting, the Project Manager will develop no more than three eLearning modules using the previously developed training materials as the source for development. Members of the Training Work Group will evaluate the effectiveness of using the eLearning compared to training methods previously utilized and report their findings and recommendations to the Project Manager. The DPH ICD-10 Implementation Project Supervisor will make the final decision about proceeding with the development of additional modules in a LMS.

2.7 Training Curricula

As each training type is developed, training curricula will be developed. For training that is developed in a modular fashion (e.g., Comprehensive ICD-10-CM Coding training), training curricula will be developed for each module and will include flexibility so training can be tailored for the various learning levels. The training curricula will include a description of course content including a list of topics to be included in the training, training objectives for each topic, training delivery method(s), length of time allotted for the presentation of the topic, course prerequisites, and a preliminary agenda for each day of training (for classes that exceed 4 hours in length). The ICD-10-CM Coding Course Curricula for Local Health Departments, DPH, and Rural Health agencies is attached in Appendix C. The ICD-10-CM Coding Course Curricula for Child Development Service Agencies is attached in Appendix D.

2.8 Training Schedule, Logistics and Announcements

For each training type, a training schedule will be developed that identifies parameters that affect the training (e.g., training method(s), amount of time allotted for training, target audience based on the Education Matrix, location/date/time of course offerings, any limitations on number of trainees, number of trainers, any special equipment trainees will need).

For each training type, logistical information will be described (e.g., list of equipment and supplies required to accommodate each type of training; designation of any classrooms that may be needed including classroom size and location(s); list of important contacts such as venue manager, computer and technology support; list of restaurants close to training venue).

The training curricula and training schedule will be included with training announcements that will be sent to the DPH ICD-10 contacts and posted to the NC DPH website (<http://publichealth.nc.gov/lhd/icd10/training.htm>).

2.9 Training Contingencies

For each training type and method, contingency plans will be included in the training announcements if deemed necessary. For example, if training is delivered via a pre-recorded Webinar, a contingency plan may not be necessary. However, for interactive Webinars or classroom training, contingency plans would be appropriate. Contingency plans will identify each possible issue that may require a contingency (e.g., issues with connectivity to the internet, equipment failure, sick instructor), will describe how trainees will be notified if training must be cancelled or delayed, and will describe how trainees will be notified when training is re-scheduled.

3. Quality Assurance

3.1 Training Evaluations

WBS 5.1, Summary Report of Training Evaluations, states the summary shall include a description of modifications made to training materials or course content based on the feedback received. Therefore, Training Evaluation forms will be developed for the Coding and Clinical Documentation Improvement training and other types of training if deemed necessary. The evaluations will measure the following:

- The trainee's reaction to various aspects of the training, including satisfaction with content, timing or length of the training, instruction, learning environment and appropriateness of material for the learner group;
- Usefulness and effectiveness of training materials and assignments;
- Strengths and weakness of the training; and
- Achievement of learning objectives.

The forms will be drafted by the Project Manager and reviewed and approved by the Training Workgroup. The Project Manager will collect all evaluation forms and summarize findings for the Training Workgroup using quantitative measures as well and summarizing written comments from trainees. The Project Manager will modify/enhance training materials as deemed necessary based upon feedback from trainees, results of pre-and post assessment tests as described in Section 3.2, and Training Workgroup feedback.

3.2 Standardization of Training Materials

Standards will be developed for training materials including standardized design for Power Point presentations, workbooks, pre- and post-tests, curricula, terminology, sign-in sheet for face to face training, etc. The standards will be submitted to the Training Work Group for review and approval.

3.3 Validation of Training Participation

It is the responsibility of each DPH Section/Branch and local agency to determine if staff participation in any of the training specified in Section 2.6 must be maintained in personnel files and, if so, the type of documentation required to validate completion of the training.

Inasmuch as each credentialing and continuing education body has its own requirements and forms to request credit for training, and the DPH ICD-10 Implementation Project training will be offered to a variety of credentialed professionals, requests for training credits will not be solicited as part of the project. If members of the DPH ICD-10 Implementation Team or stakeholder staff members choose to pursue approval for credits from their professional organization, the Project Manager will provide requestors with training curricula for each type of training requested. If a professional organization approves credits for specific types of training, the requestor will be encouraged to provide the written confirmation to the Project Manger so the approval can be included in training announcements.

For individuals that need verification for course completion, the Project Manager will specify in the course curricula the method of course completion verification that will be utilized. For example, for training offered in a face to face environment, generic continuing education certificates may be

distributed at the end of the class and a roster of attendees will be maintained by Project Manager. For training offered via webinar, trainees who need a continuing education certificate may be asked to enter their name and e-mail address in the ‘Chat Box’ and that information will be maintained by the Project Manager as a roster of attendees. The Project Manager will e-mail certificates to persons on the roster.

3.4 Pre-registration

Depending upon the method of training, pre-registration may be required. For example, if training is face to face there will be seating limitations so pre-registration would be needed to ensure maximum seating capacity is not exceeded. Also, sessions may be cancelled if a pre-defined minimum number of participants are not met.

A standard pre-registration form will be developed that includes the prospective participant’s demographic information and confirmation that the registrant has completed any required pre-requisite training. If the training will be offered multiple dates/times and/or locations, the offerings will be listed and the registrant will be asked to designate up to 3 choices in ranked order. Pre-registration for State employees will be set up and maintained in the State’s Learning Management System (LMS). Until such time as the LMS can accept local agency registrations, “Sign-Up Genius” will be used for local agency registration.

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APPENDIX A. Abbreviations, Acronyms, and Definitions

Abbreviation / Acronym	Definition
AHEC	Allied Health Education Centers
AHIMA	American Health Information Management Association
CDC	Centers for Disease Control and Prevention
CDI	Clinical Documentation Improvement
CDSAs	Children's Developmental Service Agencies
CFR	Code of Federal Regulations
CMS	Centers for Medicare and Medicaid Services
DHHS	Department of Health and Human Services
DIRM	Division of Information Resource Management
DPH	North Carolina Division of Public Health
GEMS	General Equivalence Mappings
HHS	Health and Human Services (Federal Level)
HIPAA	Health Insurance Portability and Accountability Act
HIS	Health Information System
ICD-10	International Classification of Diseases, Tenth Revision
ICD-9-CM	International Classification of Diseases, Ninth Revision, Clinical Modification
ICD-10-CM	International Classification of Diseases, Tenth Revision, Clinical Modification
ICD-10-PCS	International Classification of Diseases, Tenth Revision, Procedure Coding System
ITS	North Carolina Office of Information Technology Services
LMS	Learning Management System
LTATB	Local Technical Assistance & Training Branch
NCALHD	NC Association of Local Health Directors
NCHICA	NC Healthcare Information & Communications Alliance
NC	North Carolina
WBS	Work Breakdown Structure
WHO	World Health Organization

APPENDIX B. Education Matrix



Education Matrix
v21.xls

APPENDIX C. ICD-10-CM Coding Course Curricula for Local Health Departments, DPH, and Rural Health Agencies



LHD_Rural Health
ICD-10-CM Coding Co

APPENDIX D. ICD-10-CM Coding Course Curricula for Child Development Service Agencies



CDSA ICD-10-CM
Coding Course Curric

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