Mississippi State Department of Health
Trauma Registry Users' Group Meeting Minutes
January 18, 2012

The Trauma Registry Users' Group meeting was held at the Mississippi Hospital Association (MHA) starting at 10:00 am.

Meeting Attendees:

Janet Bayse	Cindy Himmel	Kimberly Scroggins
Kristin Brown	Bobbie Knight	Naomi Sigman
Jesse Burns	Patricia Magee	Detrica Sims
Debbie Coleman	Leigh Matthews	Gloria Smalley
Elaine Coleman	Monica McCullum	Linda Swann
Betty Cox	Carrie McFarland	Kelly Tanner
Diane Furtick	Robin Montalbano	Kim Terrell
Pam Graves	Christy Murphy	Lisa C. Wilson (NMMC)
Aleta Guthrie	Delilah Porter	Lisa Wilson (USA)
Stacy Hill	Kesha Prystupa	Teresa Windham

I. Welcome
Carrie McFarland, *State Registrar* at the MS State Department of Health welcomed everyone and expressed thanks for all attending the meeting.

II. Introductions
   A. Carrie asked everyone to introduce themselves.
   B. She also encouraged everyone to utilize the resources present by reaching out to people outside of their facilities and regions if needed.

III. Trauma System Registry Updates/Programmatic Updates
Carrie discussed the trauma registry and the programmatic updates:
DI should have updates in Test today for Central site. The app will have to move from Test to QA then Production. Also, the NTDB update will be included in this update for this year's submission.

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   A. Hand-outs:
   - Copy of last Users' Group meeting minutes : October 19, 2011
   - Interpretive Guideline
   - Data Submission
      ✓ Facilities do not have to wait until the 6th of the month to submit data.
   - VPN Request Form
      ✓ The State will discontinue use of the VPN once Rhapsody is deployed.
   - List of Fields to Check

- ✓ The State is requesting these specific fields be checked by the facility routinely each month before data is submitted via VPN to ensure accurate data.
- Mini Trauma Report
  - ✓ It will give you a bird's eye view of your registry. Carrie recommended the hospitals run this report before they submit their data. This will help the hospitals to correct any errors prior to their monthly submissions to the State.
- QA Reports and Queries
  - ✓ The State runs these reports every month and send to the facilities to verify. The State will be publishing data on the website, so this process is to help ensure we have accurate data.
- NTDB
  - ✓ All registrars were encouraged to join the NTDB Google group. This is a great forum for asking questions from resources all over the United States. Website:http://www.ntdsdictionary.org/ntdbParticipants/ntdb UserGroups.html
- Coding Decision Trees
  - ✓ Emphasis on Falls-same height falls - A fall from a wheelchair is not same considered a same height fall.
- Quick Reference Card and Trauma Scoring Card
  - ✓ Resource tools to help the registrars with data collection, entry and submission.

IV.   ICD10 Update- Judy Stevens, CPC-COO- PerforMax, Inc. gave a presentation on ICD10. Key points were:
A. Why replace ICD 9?
- Lacks specificity and detail for reporting diagnoses.
- Doesn't reflect new services and technology that are required in CMS payment systems.
- Hampers the ability to compare costs and outcomes of different medical technologies.
- It is limited to a maximum of approximately 14,000 codes, most of which are already in use.
- Lack of codes for certain types of services.
- Insufficient structure for reporting new technology.

B. ICD 10 Implementation Compliance will be on October 1, 2013. CMS will implement use of ICD 10 and replacing the ICD 9 code sets. There will be no delays, no grace period.
- ICD 9 codes will not be accepted for services provided on or after October 1, 2013.
- ICD 10 codes will not be accepted for services provided prior to October 1, 2013.
- Single implementation date for ALL users.

- ICD 9 claims for services prior to the implementation date will continue to flow through systems for some period of time.

C. Benefits of the ICD 10 Coding System:
- Measure the quality, safety and efficacy of care.
- Reduce the need for attachments to explain the patient's condition.
- Design payment systems and process claims for reimbursement.
- Set health policy.
- Prevent and detect health care fraud and abuse.

D. Changes Introduced by ICD 10:
- Specificity and details possible (not so in ICD 9-even at highest level).
- Laterality (left, right, bilateral) has been added to relevant codes.
- Expanded use of combination codes, such as certain conditions and associated common symptoms or manifestations.
- Injuries are grouped by anatomical site rather than type.
- Codes reflect updated medical terminology and modern medicine.

E. Placeholder "X"
- Addition of dummy placeholder X is used in certain codes to allow for future expansion in code definitions or to fill out empty characters when a code contains fewer than 6 characters and a 7th character applies. It must be used in order for the diagnosis code to be considered valid.
- Certain diseases have been reclassified to different chapters or sections in order to reflect current medical knowledge.
- New code definitions-(e.g. acute myocardial infarction is now 4 weeks rather than 8). She went over some examples for the Use of Placeholder X

F. Changes that will require planning:
- Documentation: will need to be detailed and very specific.
- Code training: Codes will increase from 14,000 to approximately 70, 000. Physicians will need training.
- Forms will need to be revised.
- Prior Authorizations: Policies may change, requiring training and updates.
- Code Set: Books and other coding resources will completely change.
- Clinical knowledge: More detailed knowledge of anatomy and medical terminology will be required with increased specificity and more codes.
- Concurrent use: Coders may need to use ICD 9 and ICD 10 concurrently for a period of time until all claims are resolved.
- All players will be impacted by the changes.

V. Registry Demo - Q & A Session
- No group Registry Demonstration was requested but individual demonstration was provided at the end of the meeting.
- Session information: Some regions will provide flyers/information to the State to send out if anyone wants to attend their Trauma Conferences and other activities/events.

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- The hospital designation levels – the applications will be revised again to include some statistics. There is a list on the website of all the things each level facility will be evaluated on for the inspection. The Burn Center had its inspection. MTAC meets on January 25 and will address all inspection done since their last meeting.
- Activation Criteria
  - ✓ Many facilities and some of the regions have adopted the EMS Triage Guidelines as their activation criteria. However, this is a guide for EMS and is not mandated for the hospitals.
- AHA Coding Conference, ICD 10-CM/PCS, Coder's Roadmap to ICD 10 handouts – All encouraged to share with others at their hospitals.
- Users' Group Flyer-MTAC meeting dates are on this flyer as well.
- Collector CV4/RW Training Registration Form- Carrie highly encouraged new users to attend. Diane gave a suggestion that the new user may need to go on the first day only and get the information because it is a lot of information. Carrie reminded everyone that we offer training four times a year, once each quarter.
- Other handouts included information on Data Committee Members, Regional Administrators, Trauma Program Contact List, State Performance Improvement Committee and the Web resource list.

VI. Trauma Coder Webinar – Dr. Sam Finn- "Spine Trauma Coding Part 1 – Cervical Spine Injuries" was presented to the group.

VII. Next Meeting
- The next meeting will be April 18, 2012

VIII. Adjourned
With no further business, the Users' Group Meeting was adjourned at 2:00pm