



ICD-10 Provider Readiness Survey

Survey Deadline: 12:00 PM (CST), Wednesday, September 30, 2015

INTRODUCTION:

The Iowa Medicaid Enterprise (IME) has conducted a series of ICD-10 tracking surveys to determine how organizations are impacted by the change to the ICD-10 code sets and to gauge the progress toward readiness for implementation. This is the sixth and final survey to be conducted since 2012 and as with the first five surveys; the information gathered from this sixth survey will be shared to support a successful implementation of ICD-10. We strongly encourage all providers to participate in this survey.

Please complete one survey for each provider agreement (each unique tax ID) that you have with the IME. Given the array of questions in this survey, please ask others within your organization for assistance in completing it as necessary.

This survey will take approximately 10 minutes to complete and MUST BE COMPLETED BY 12:00 PM (Central Time) on Wednesday, September 30, 2015.

After completing the survey, please click on the SUBMIT button at the end of the survey. This will attach the completed survey to an email that you can send to the IME. You may also print the survey and mail to the IME at IME Provider Services, P.O. Box 36450, Des Moines, IA 50315.

If you want more information about the ICD-10 and end-to-end testing with the IME, please visit the DHS [ICD-10 webpage](#).

If you are interested in collaborating with the IME for testing or if you have any questions regarding ICD-10, please contact the IME by sending an email to: ICD-10project@dhs.state.ia.us

1. What best defines the type of provider that you are?

- Community Mental/Behavioral Health Center
- Dental Practice
- Durable Medical Equipment (DME) Supplier
- Federally Qualified Health Center/Rural Health Center
- Group Practice
- Home Health
- Hospice
- Hospital

- Independent Practitioner (Physician, Nurse Practitioner, Physician Assistant, Therapist, Psychologist, etc.)
- Laboratory
- Pharmacy
- Physician Practice
- Rehabilitation Facility
- Residential Care Facility
- Skilled Nursing Facility (Long-Term and Intermediate Care)
- State Agency (County Health Department)
- Other (please specify)

2. How many clinical staff is in your organization (doctors, nurses, mid-level providers and therapists)?

- 1-10
- 11-50
- 51-100
- 101-500
- 501 or greater

3. Do you use ICD-9 diagnosis or ICD-9 procedures codes in the work you currently do for the IME?

- Yes (ICD-9 Diagnosis Codes only)
- Yes (ICD-9 Procedure Codes only)
- Yes (ICD-9 Diagnosis and Procedure Codes)
- No (If answer is "No", you do not need to finish survey)

4. How do you currently use the ICD-9 diagnosis or ICD-9 procedure codes? (Check all that apply).

- Submit claims or service records (electronically)
- Submit claims or service records (via paper)
- Data use or transfer (sending)
- Data use or transfer (receiving)
- Data use or transfer (analyzing)
- Operational or Business Processes
- Other (please specify)

5. How complete is your planning for dedicating resources to ICD-10 implementation efforts?

- Not yet started
- 1-25%
- 26-50%
- 51-75%
- 76-99%
- 100% completed
- Unknown at this time

6. Have you developed an ICD-10 training plan for your organization?

- Yes
- No
- Unknown at this time

7. Have you received information from your major health plans on their ICD-10 plans?

- Yes (Identify health plans below)
- No (Identify health plans below)
- Some yes and some no
- Unknown at this time

8. Is your clearinghouse or billing vendor ready for ICD-10?

- Yes
- No
- Do not know
- Not applicable

If your clearinghouse or vendor is not ready for ICD-10 or you do not know their ICD-10 status, please identify the clearinghouse or billing vendor

9. Have your software vendors provided updated software that is ready for ICD-10?

- Yes
- No
- Do not know
- Not applicable

If your software vendor is not ready for ICD-10 or you do not know their status, please identify the software vendors and products

10. If you have not begun ICD-10 implementation planning activities, please provide the reasons/obstacles (check all that apply).

- Budget-Lack of funding to support ICD-10 changes
- Coordination with trading partners/business associates
- Lack of executive sponsorship
- Lack of knowledgeable resources
- Not enough staffing resources
- Other priorities/competing projects
- Significant business impacts
- Significant IT impacts
- Vendor readiness concerns
- Other (please specify)

11. Do your strategies for systems and/or software updates, design or solution development for your ICD-10 products and services include the following (check all that apply)?

- Inventory to determine all impacted systems
- Purchasing new software
- Relying on your vendors to update their systems(s) to be compliant with the new codes
- Upgrading current software
- Unknown at this time
- Other (please specify)

12. How complete are your IT systems update, design and/or development plans related to the ICD-10 transition?

- Not yet started
- 1-25%
- 26-50%
- 51-75%
- 76-99%
- 100% completed
- Unknown at this time
- Not applicable
- Other (please specify)

13. When do you plan to be ready to perform end-to-end testing with payers such as the IME?

- August 2015
- September 2015
- We do not plan to perform end-to-end testing with payers

14. Do you expect to be able to utilize ICD-10 codes on the CMS compliance date of October 1, 2015?

- Yes
- No
- Unknown at this time
- Other (please specify)

15. Would you be interested in collaborating with the IME as a partner for external testing?

- Yes
- No
- Unknown at this time
- Other (please specify)

If you are interested in collaborating with the IME for testing, please contact the IME by sending an email to: ICD-10project@dhs.state.ia.us.

Additional Provider Information

16. Please enter the following demographic information

Name:	
Company:	
Title:	
Email:	
Telephone:	

17. Please provide any additional comments in this section.

SUBMIT