



ICD-10 Provider Readiness Survey

Survey Deadline: 12:00 PM (CST), Monday, September 15, 2014

INTRODUCTION:

The Iowa Medicaid Enterprise (IME) is conducting 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 fourth survey to be conducted since 2012 and as with the first three surveys, the information gathered from this fourth survey will be shared to support a successful implementation of ICD-10. We therefore strongly encourage all of our 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. Your organization may receive future surveys in the continuing effort to assess the impact of the implementation of ICD-10 codes.

This survey will take approximately 10 minutes to complete and MUST BE COMPLETED BY 12:00 PM (Central Time) ON MONDAY, SEPTEMBER 15, 2014.

If you want more information about the ICD-10 and end-to-end testing with the IME, please visit the IME's [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 procedure 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 your answer to this question is "No", you do not need to finish the 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
- I don't know
- Not applicable

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

9. Does your Patient Billing System generate 5010-compliant transactions natively or is a vendor or clearinghouse creating the 5010-compliant transactions from a print output from the Patient Bill (CMS-1450 or CMS-1500) or other Patient Transaction?

Patient Billing System generates 5010-compliant transactions natively

Vendor/Clearinghouse generates 5010-compliant transactions

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

Yes

No

I don't know

Not applicable

If your software vendor is not ready for ICD-10 or you don't know their status, please identify the software vendors and products here.

11. 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)

12. 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.)

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

13. How complete are your IT systems update, design, and/or development plan(s) 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

14. When do you plan to be ready to perform end-to-end testing with payers such as Iowa Medicaid Enterprise?

- July – September 2014
- October-December 2014
- January -March 2015
- April – June 2015
- July to September 2015
- We do not plan to perform end-to-end testing with payers

15. 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

16. Would you be interested in collaborating with the Iowa Medicaid Enterprise (IME) as a partner for external testing?

Yes

No

Unknown at this time

Other

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

17. Please enter the following demographic information

Name :	
Company:	
Title:	
Email:	
Telephone:	

18. Please provide any additional comments in this section