Version 5010/ICD-10 Industry Readiness Assessment
Revised February 23, 2011

Background

The questions that follow are designed to gauge the health care industry's awareness of and preparation for the transition to Version 5010 and ICD-10. The survey is being conducted for the Centers for Medicare & Medicaid Services (CMS) and should not take longer than 15 minutes. Your participation is voluntary and your responses are confidential; only de-identified, aggregated data will be provided to CMS. This information will be used to inform outreach and education efforts to help health care providers, payers, software vendors and clearinghouses prepare for the coming transitions.

1. Please select the term below that best describes your organization [Please select one response]:
    1. Provider practice, small (10 or fewer physicians)
    2. Provider practice, large (11 or more physicians)
    3. Hospital, small (99 or fewer beds)
    4. Hospital, large (100 or more beds)
    5. Payer (private)
    6. Payer (public, e.g., Medicaid, TRICARE)
    7. Other insurer (e.g., property and casualty)
    8. Software vendor
    9. Clearinghouse
    10. Third-party biller
    11. Third -party administrator
    12. Other (specify)

2. [IF Q1=1-7, 9-11] Which of the following statements **best** describes your **responsibility** in your organization's Version 5010 and ICD-10 transitions? [Please select one response.]

    ☐ I am the most senior person responsible for preparing the company for the transition

☐ I am not the most senior person, but am involved in the transition and I have significant input or influence into the decisions regarding the systems and/or procedures that will be implemented

☐ I make recommendations regarding the systems and procedures that will be implemented, but am not a decision-maker [TERMINATE]

☐ I provide support (and work with the systems used) for reporting patient information for billing and reimbursement, but have no influence over what procedures or systems are implemented [TERMINATE]

☐ None of the above [TERMINATE]

3. [IF Q1=8] Which of the following statements best describes your role when it comes to marketing the systems/solutions/services you offer or will offer your healthcare clients to assist them in the transitions to Version 5010 and ICD-10? [Please select one response.]

☐ I am the most senior person in the company responsible for marketing these systems/solutions/services

☐ I am not the most senior person, but I have significant input or influence into the decisions regarding marketing these systems/solutions/services

☐ I make recommendations regarding marketing these systems/solutions/services, but the final marketing decisions are made by someone else[TERMINATE]

☐ I will implement the marketing or sell these systems/solutions/services, but have no influence over marketing decisions [TERMINATE]

☐ None of the above [TERMINATE]

About the Version 5010 Transition on January 1, 2012

On January 1, 2012, standards for electronic health care transactions change from Version 4010/4010A1 to Version 5010. These electronic health care transactions include functions like claims, eligibility inquiries, and remittance advices. Unlike the current Version 4010/4010A1, Version 5010 accommodates the ICD-10 codes, and must be in place first before the changeover to ICD-10. The Version 5010 change occurs well before the ICD-10 implementation date to allow adequate Version 5010 testing and implementation time.

If providers do not conduct electronic health transactions using Version 5010 as of January 1, 2012, delays in claim reimbursement may result. If health plans cannot accept Version 5010 transactions from providers, they may experience a large increase in provider customer service inquiries affecting their operations.

Preparing for ICD-10 and Version 5010 – including potential updated software installation, staff training, changes to business operations and workflows, internal and external testing, reprinting of manuals and other materials, and more – will take time.

Directions:
Please read About the Version 5010 Transition above before answering the following questions.

1. Did you know about the Version 5010 transition before reading the information above?
    - ☐ Yes
    - ☐ No
    - ☐ Not sure

2. Did you know about the January 1, 2012, deadline for the Version 5010 transition?
    - ☐ Yes
    - ☐ No
    - ☐ Not sure

3. Is your organization taking action to prepare for Version 5010?
    - ☐ Yes
    - ☐ No
    - ☐ Not sure

4. Do you think your organization will be Version 5010 compliant by the January 1, 2012, deadline?
    - ☐ Yes [Skip to Question 6]
    - ☐ No
    - ☐ Not sure

5. What are the obstacles and challenges to reaching compliance by January 1, 2012? [Please select all that apply]
    - ☐ Impact analysis not conducted
    - ☐ Inadequate budget/funding
    - ☐ Lack of incentive
    - ☐ Lack of time and/or staff
    - ☐ Internal testing not complete

- ☐ External testing not complete
- ☐ Lack of coordination with vendor(s)
- ☐ Other health care transition(s) taking priority (i.e., Meaningful Use)
- ☐ Other [please specify]

[Please indicate your planned timing for the following activities for the Version 5010 transition.]

Activity	Already Complete	Nov-Dec 2010	Jan-Mar 2011	Apr-Jun 2011	Jul-Sept 2011	Oct-Dec 2011	Jan-Mar 2012	Apr-Jun 2012	Jul-Sept 2012	Oct-Dec 2012	Jan-Mar 2013	Apr-Jun 2013	Jul-Sept 2013	Oct-Dec 2013	Not planning for this activity	Don't know
6. Conduct impact analysis																
7. Talk with your software vendor/developer about transition plans																
8. Secure budget (time and costs related to implementation)																
9. Begin internal testing (e.g., test changes in software, practice within your organization to successfully create/ receive 5010-compliant transactions)																
10. Complete internal testing																
11. Begin external testing (e.g., between providers, payers/clearinghouses)																
12. Complete external testing																
13. What is your projected date to be 5010 compliant?																
14. Conduct staff training																
SOFTWARE/HEALTH IT DEVELOPERS/VENDORS																

15. System development																
16. Product rollout																
17. Conduct customer education																
18. Live production operations using version 5010 standards																

About the ICD-10 Transition on October 1, 2013

ICD-10 codes must be used on all HIPAA transactions, including outpatient claims with dates of service, and inpatient claims with dates of discharge on and after October 1, 2013.

Otherwise, provider claims and other transactions may be rejected, and providers will need to resubmit them with the ICD-10 codes. This could result in delays and may impact reimbursements, so it is important to prepare now for the changeover to ICD-10 codes.

This change **does not affect CPT coding** for outpatient procedures.

Directions:
Please read About the ICD-10 Transition above before answering the following questions.

1. Did you know about the ICD-10 transition before reading the information above?
   ☐ Yes
   ☐ No
   ☐ Not sure

2. Did you know about the October 1, 2013, deadline for the ICD-10 transition?
   ☐ Yes
   ☐ No
   ☐ Not sure

3. Is your organization taking action to prepare for ICD-10?
   ☐ Yes
   ☐ No
   ☐ Not sure

4. Do you think your organization will be ICD-10 compliant by the October 1, 2013, deadline?
   ☐ Yes [Skip to Question 6]
   ☐ No
   ☐ Not sure

5. What are the obstacles and challenges to reaching compliance by October 1, 2013? [Please select all that apply]
   ☐ Impact analysis not conducted

- ☐ Inadequate budget/funding
- ☐ Lack of incentive
- ☐ Lack of time and/or staff
- ☐ Internal testing not complete
- ☐ External testing not complete
- ☐ Lack of coordination with vendor(s)
- ☐ Other health care transition(s) taking priority (i.e., Meaningful Use)
- ☐ Other [please specify]

[Please indicate your planned timing for the following activities for the ICD-10 transition.]

Activity	Already Complete	Nov-Dec 2010	Jan-Mar 2011	Apr-Jun 2011	Jul-Sept 2011	Oct-Dec 2011	Jan-Mar 2012	Apr-Jun 2012	Jul-Sept 2012	Oct-Dec 2012	Jan-Mar 2013	Apr-Jun 2013	Jul-Sept 2013	Oct-Dec 2013	Not planning for this activity	Don't know
6. Conduct impact analysis (e.g., identify potential changes to work flow)																
7. Develop ICD-10 implementation plan																
8. Talk with your business trading partners (providers, payers, vendors) about transition plans																
9. Secure budget (time and costs related to implementation)																
10. Begin internal testing (e.g., test changes in software, practice within your organization)																
11. Complete internal testing																
12. Begin external testing (e.g., between providers, payers/clearinghouses)																
13. Complete external testing																
14. What is your projected date to be ICD-10 compliant?																
15. Conduct staff training																
SOFTWARE/HEALTH IT																

DEVELOPERS/VENDORS																	
16. System development																	
17. Product rollout																	
18. Conduct customer education																	
19. Live production operations using ICD-10																	

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