Indian Health Service (IHS) Website ICD-10 Stakeholder Readiness Survey – ICD-10 Project Needs Assessment

Form Approved

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1. **With which IHS Area are you affiliated?**

Aberdeen

Alaska

Albuquerque

Bemidji

Billings

California

IHS HQ

Nashville

Navajo

Oklahoma

Phoenix

Portland

Tucson

Other

If other, please specify

1. **What is your organization’s affiliation?**

Indian Health Service

Tribal

Urban

Other

If other, please specify

1. **With which facility type are you most closely affiliated?**

Ambulatory

Hospital

Other

If other, please specify

1. **Please indicate your discipline area.**

Administration

Behavioral Health

Business Office

Contract Health Services

Clinical Application Coordinator

Coding

Finance

Health Information Management

Information Technology

Laboratory

Nursing

Pharmacy

Physician

Quality Management

Radiology

Other

If other, please specify

1. **Does your organization currently have an ICD-10 Committee?**

Yes

No

Unknown

1. **If yes, please identify the activities that the ICD-10 committee discussed and/or acted on?**

Budget

Clinical documentation improvement

Training

RPMS patches

Regular meetings

Outreach

Coder retention

Coding backlog

Revenue impact

Other

If other, please specify:

1. **Does your organization have a Clinical Documentation Improvement (CDI) program?**

Yes

No

Unknown

1. **If yes, what steps are being taken to improve clinical documentation to support ICD-10?**

Involving physicians in improvement process

Assessing documentation

Building relationships among coders and physicians

Developing or improving coder/physician query process

Using CDI tools from IHS or others

Other

If other, please specify

1. **Have you accessed the IHS ICD-10 website? (ICD-10 Website:** [**http://www.ihs.gov/icd10**](http://www.ihs.gov/icd10)**)**

Yes

No

1. **Are you a member of the IHS 'ICD-10 Prep' Listserv? (ICD-10 Prep Listserv:** [**http://www.ihs.gov/listserver/index.cfm?module=signUpForm&list\_id=201**](http://www.ihs.gov/listserver/index.cfm?module=signUpForm&list_id=201)**)**

Yes

No

1. **Has an ICD-10 budget been identified for your site (i.e., training, resources, CDI)?**

Yes

No

Unknown

1. **Is there a person coordinating ICD-10 activities in your site?**

Yes

No

Unknown

1. **Have you attended any ICD-10 training or an ICD-10 presentation?**

Yes

No

Unknown

If yes, please identify the course or presentation

1. **Has your facility contacted or had contact from any third party payer about ICD-10 readiness?**

Yes

No

Unknown

If yes, which payers?

1. **If yes, for the payers with which your site has been in contact, will they be accepting both ICD-9 and ICD-10 codes?**

Yes

No

Unknown

1. **Do you feel confident that your facility will successfully transition to ICD-10?**

Yes

No

1. **What are your top concerns for a successful transition?**

Clinical documentation

Coder knowledge

RPMS software upgrades

Physician involvement

Revenue impacts

Patient impacts

Competing activities (Meaningful Use, Affordable Care Act, etc.)

Other

If other, please specify

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