

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

**2. What is your organization's affiliation?**

Indian Health Service  
Tribal  
Urban  
Other  
If other, please specify

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

Ambulatory  
Hospital  
Other  
If other, please specify

**4. 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

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

Yes  
No  
Unknown

**6. 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:

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

Yes  
No  
Unknown

**8. 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

**9. Have you accessed the IHS ICD-10 website? (ICD-10 Website: <http://www.ihs.gov/icd10>)**

Yes  
No

**10. 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

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

Yes  
No  
Unknown

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

Yes  
No  
Unknown

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

Yes  
No  
Unknown  
If yes, please identify the course or presentation

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

Yes  
No  
Unknown  
If yes, which payers?

**15. 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

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

Yes  
No

**17. 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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