

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

Form Approved
OMB No. 0917-0036
Exp. Date:

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)

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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