

Alaska ICD-10 Implementation Provider Readiness Survey No. 1

Please print, complete and fax this form to:

907.561.1684

Attention: Shauna Briggs

1. Which of the following best describes your provider type? (Please select all that apply.)

- Professional Services Group, Clinic, or Individual
- Waivers/Personal Care
- Outpatient Mental Health Services
- Transportation/Accommodation
- Medical Supplies/DME
- Tribal Clinics/FQHC
- Dental Group or Dentist
- Pharmacy
- Dispensing Provider
- Hospital
- Ambulatory Surgical Center
- End-Stage Renal Dialysis Center
- Home Health/Hospice

2. How many clinical staff members are in your organization (doctors, nurses, mid-level providers, and therapists)? (Please select one response.)

- 1-10
- 11-50
- 51-100
- 101-500
- 501 or greater
- Not Applicable

3. Has your organization received information from any of the following about their ICD-10 implementation? (Please select all that apply.)

- Your Health Plan/Payers
- Your clearinghouse/billing vendors
- Your software vendors
- Other
- None of the above

4. Please describe your organization's level of knowledge of ICD-10 implementation? (Please select one response.)

- Extremely knowledgeable (all relevant staff have received training and are preparing for ICD-
- Somewhat knowledgeable (some relevant staff have received training and are aware of ICD-
- Not very knowledgeable (relevant staff have not received training, but are aware of ICD-10
- Not at all knowledgeable (relevant staff have not received training, and are not aware of ICD-
- Unsure

5. In which of the following areas does your organization need additional information or training? (Please select all that apply.)

- Alaska Medicaid's timeline for implementation
- Coordination with Alaska Medicaid
- Federal regulations surrounding ICD-10 implementation
- Information from your billing software vendors/clearinghouse on their ICD-10 readiness
- None of the above
- Other (please specify) _____

6. Which, if any, of the following resources is your organization likely to use to learn more about ICD-10? (Please select all that apply.)

- CMS web site
- AHIMA web site
- Alaska Medical Assistance web site
- Other web site
- Internal training
- Consultant/External Vendor
- Unknown at this time
- Other, please specify (meaning other than a website) _____

7. How has your organization prepared for conversion to using ICD-10? (Please select all that apply.)

- Not yet started planning for ICD-10
- Identified resources for ICD-10
- Identified policy, procedure and/or business process revisions needed related to ICD-10
- Developed a training strategy for ICD-10 implementation
- ICD-10 Training for all professional coding and billing staff is underway
- Identified that internal office record systems and billing software/vendors are ready to accept
- Ready to use ICD-10
- Other (please specify) _____

8. Alaska Medicaid will begin testing ICD-10 with providers beginning January 1, 2014. Will your organization be ready for ICD-10 testing by this time? (Please select one response.)

- Yes
- No
- Not sure
- Not applicable

9. Please provide your comments, questions, or concerns about the ICD-10 compliance project or your readiness. (Optional)

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Thank you for participating in this survey.