On August 24, 2012, the U.S. Department of Health and Human Services published the final rule requiring health plans, health care providers, and health care clearinghouses to transition from current ICD-9 coding to ICD-10-CM diagnosis and ICD-10-PCS inpatient procedure coding for dates of service on or after October 1, 2014. This change addresses structural and space limitations of ICD-9 and provides detail to support emerging health care industry needs like Electronic Health Records and enhanced care management.

The MaineCare ICD-10 Provider Readiness Survey will help the Office of MaineCare Services (OMS) gauge the readiness of providers for the ICD-10 transition, as well as monitor progress towards meeting the federal compliance date. In addition, MaineCare will use the results of this survey to identify provider readiness, potential providers for partner testing, and those providers who may have difficulty meeting the compliance date. This survey will be distributed to all MaineCare providers via an online survey tool. We would like you to respond to each of these surveys to track your progress.

We know your time is valuable so we have designed the survey to be completed in approximately five minutes. Please answer the following questions based on your organization’s level of preparation for ICD-10. Thank you in advance for your time and participation!
MaineCare ICD-10 Provider Readiness Survey

1. Please provide the following information:
   
   NPI/API: _____________________
   
   Provider Name: _______________________

2. What best describes your provider type?
   
   ☐ Rehabilitation Service
   ☐ Oral Health/ Dental Service
   ☐ Durable Medical Equipment
   ☐ Home Health/Home Care
   ☐ Hospital/Psych Hospital
   ☐ IHS Provider
   ☐ Laboratory
   ☐ Mental Health Agency
   ☐ APRN
   ☐ Behavioral Health Practice
   ☐ Nursing Facility
   ☐ Pharmacy
   ☐ Physical/Occupational/Speech Therapy
   ☐ Physician Practice
     ☐ PCCM PCP
     ☐ Specialist
   ☐ FQHC or RHC
   ☐ Residential Facility/Assisted Living
   ☐ School/Pre School Based Service
   ☐ Social Services/Case Management
   ☐ State Agency
   ☐ Substance Abuse Agency
   ☐ Transportation or Ambulance Service
   ☐ Other (please specify)

3. How would you rate your organization’s understanding of the impact of the ICD-10 transformation (e.g., what processes and systems will change, who will be impacted, how they will be impacted)?
   
   ☐ Very aware
   ☐ Aware
   ☐ Somewhat aware
   ☐ Unaware

4. Do you have a plan to address the transition to ICD-10? If yes, please indicate the date by which you plan to be ready:
   
   ☐ Yes, we are ready for ICD-10.
   ☐ Yes, we have a plan and have started our effort.
     Planned Readiness Date: (Month/Year) ____ / ______

08/28/2013
MaineCare ICD-10 Provider Readiness Survey

☐ Yes, we have a plan but have not yet started.
   Planned Readiness Date: (Month/Year) ___/_______
☐ No, we don’t have a plan.
   When do you expect to have a plan? (Month/Year) ___/_______

5. Please indicate if your organization will be relying upon any of the following to transition to ICD-10:
   a. Are you relying upon a software vendor to transition your organization to ICD-10?
      ☐ No
      ☐ Yes
      Name of software vendor: _________________________________________________
      Readiness date of software vendor: (Month/Year) ___/_____
   b. Are you relying upon a clearinghouse to transition your organization to ICD-10?
      ☐ No
      ☐ Yes
      Name of clearinghouse: _________________________________________________
      Readiness date of clearinghouse: (Month/Year) ___/_____
   c. Are you relying upon a billing agency to transition your organization to ICD-10?
      ☐ No
      ☐ Yes
      Name of billing agency: _________________________________________________
      Readiness date of billing agency: (Month/Year) ___/_____
   d. Are you relying upon any other external vendors to assist in your transition to ICD-10?
      Name:
      Role:

6. Which phase best describes the current preparedness of your organization for ICD-10?
   ☐ Awareness – ensuring key stakeholders understand ICD-10 and are prepared to support the implementation program
   ☐ Assessment – establishing the foundation for the ICD-10 remediation by identifying the ICD-10 impacts
   ☐ Requirements – defining the specific changes which need to be made to a business process or a system/software to achieve ICD-10 compliance
   ☐ Design – creating a draft of the proposed change to the business process or system/software
   ☐ Implementation – remediating the business process or system/software to make the process or system/software ICD-10 compliant
   ☐ Internal Testing – verifying and validating the accuracy of the ICD-10 changes
   ☐ External Testing – collaborating with business partners to test ICD-10 transactions

08/28/2013
MaineCare ICD-10 Provider Readiness Survey

7. What are your greatest areas of concern related to the ICD-10 transition? Please select all that apply.
   - ☐ System Remediation
   - ☐ Business Rule Remediation
   - ☐ Process Changes
   - ☐ Reimbursement
   - ☐ Budget Neutrality
   - ☐ Cost of transition
   - ☐ Training
   - ☐ Staff Readiness
   - ☐ Communication
   - ☐ Competing Priorities
   - ☐ Readiness of Vendors Supporting Your Organization
   - ☐ Readiness of Trading Partners
   - ☐ None
   - ☐ Other (please specify):

8. Please provide additional details regarding the areas of concern selected in the previous question:

9. Do you know when your organization will be ready for partner testing?
   - ☐ Yes, (Month/Year): ___ / _______
   - ☐ No

10. Please summarize the risk mitigation plan you intend to use if your organization will not be ICD-10 compliant by October 1, 2014:

11. What types of communication would be most helpful from MaineCare? Please select all that apply:
   - ☐ Listserv messages
   - ☐ Website updates
   - ☐ Stakeholder meetings
   - ☐ Public forums
   - ☐ Webinars
   - ☐ Printed materials
   - ☐ Individual outreach/1-on-1

08/28/2013
MaineCare ICD-10 Provider Readiness Survey

☐ Other (please specify):

12. Within your organization, who should we contact regarding ICD-10 communications?
   Name: _________________________________________________________________
   Role: _________________________________________________________________
   Email address: _________________________________________________________
   Phone number: _________________________________________________________

13. What other types of assistance or support do you anticipate needing from MaineCare?