ICD-10 Payor Questionnaire

NATIONAL
RURAL HEALTH
RESOURCE CENTER

Payor Name:	
Payor Contact:	
Date:	

Objective: The objective of this survey is to understand readiness for ICD-10 compliance plan and related timing to achieve ICD-10 readiness, and plan for testing efforts with provider partners.

#	Question	Response
1	Please identify your provider related processes and services that involve ICD-9 codes:	☐ Inpatient claims adjudication ☐ Outpatient claims adjudication ☐ Prior authorization of procedures, services, inpatient admissions ☐ Utilization review or Case Management of hospital inpatients ☐ Identification of patients for either case management or disease management ☐ Contracts with hospitals ☐ Other:
2	Do you have an ICD-10 Team in place?	☐ Yes ☐ No ☐ If yes, who is the contact person? Name:_____ Email:_____ Phone #:_____
3	For each of the ICD-9 related processes and services identified, please identify (circle) if it requires ICD-9 Diagnosis code, Procedure Code or Both	☐ Inpatient claims adjudication Dx Proc Both ☐ Outpatient claims adjudication Dx Proc Both ☐ Prior authorization of procedures, services, or inpatient admissions Dx Proc Both ☐ Utilization review or Case Management of hospital inpatients Dx Proc Both ☐ Identification of patients for either case management or disease management Dx Proc Both ☐ Contracts with hospitals Dx Proc Both ☐ Other:

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4	For each of the ICD-9 related processes and services identified, please provide the current status of revision to ICD-10. For those not yet completed, what is the anticipated completion/readiness date?
	"C" = Complete
	"I" = Incomplete
	"Date" = Expected completion date
		☐ Inpatient claims adjudication C I
		     Date:_____
		☐ Outpatient claims adjudication C I Date:_____
		☐ Prior authorization of C I
		      procedures, services, or
		      inpatient admissions
		      Date:_____
		☐ Utilization review or C I
		     Case Management of
		     hospital inpatients
		     Date:_____
		☐ Identification of patients for C I
		     either case management or
		     disease management
		     Date:_____
		☐ Contracts with hospitals C I Date:_____
		☐ Other:

5	What cross-walk tool(s) are you using?	☐ CMS GEMS ☐ Internally developed or other payor developed GEMS ☐ Other cross-walk tool(s) (Please ID)
6	Have you determined if you will require end-to-end claim testing of every provider or only of their clearinghouses?	☐ Yes, for providers directly submitting claims, end-to-end testing with each provider ☐ Yes, for providers submitting claims via clearinghouse end-to-end testing with clearinghouse only ☐ Yes, for providers submitting claims via clearinghouse, end-to-end testing with each provider ☐ Not yet determined ☐ If not yet determined, when will this decision be made?_____
7	When do you expect external end-to-end claim testing to begin? End?	☐ Begin: _____ ☐ End: _____
8	How and when will you notify providers or clearinghouses of the external testing process and schedule?	How: _____ _____ _____ When: _____
9	Do you plan to ask providers to participate in Parallel Coding with you to assist with the ICD-10 revenue impact projections?	☐ Yes ☐ No If Yes, expected timing of Parallel Coding: Begin:_____ End:_____
10	Do you plan to conduct clinical scenario testing?	☐ Yes ☐ No

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		If Yes: What is your timing?_____ __ Will you develop clinical scenarios in-house or with provider assistance?_____
11	Are you anticipating the initial change from ICD-9 to ICD-10 to be revenue neutral?	1. For Payors? Yes No Why?_____ _____ 2. For Providers? Yes No Why?_____ _____
11	Are you performing data analyses or another methodology to support ICD-10 revenue neutrality?	1. At go live? Yes No 2. Beyond go-live? Yes No
12	What do you expect will be the key drivers of reimbursement difference between ICD-9 and ICD-10?	
13	Are you taking a "minimally compliant" approach to ICD-10 readiness (i.e. if ICD-9 processes are not working well, they will not be fixed prior to ICD-10 go live)? Or are you fixing these processes as part of your preparation for ICD-10?	
14	Do you utilize vendors to administer your plan products (e.g., Pharmacy , Dental)?	☐ Yes ☐ No If Yes, please identify: _____ _____ _____ _____ _____ Are you assisting them in their ICD-10 readiness? ☐ Yes ☐ No If no, how are you ensuring their ICD-10 readiness? _____ _____ _____ _____
15	Additional Comments	