CIS Complex Issue Questionnaire

The purpose of this questionnaire is to gather more information regarding the complex system enhancement requested in the electronic issue, referenced below. Please answer all questions in the shaded area as thoroughly as possible.

Electronic Issue:

Brief Description of request:

What is the anticipated outcome of the system change? (If all goes well, what will the system be doing differently that will positively impact the revenue cycle? (Thus, answering the question, “What will success look like for this project?”):

How will the anticipated outcome be measured (i.e. DBMS query, data Warehouse report, etc), and what are the data elements being measured (i.e. modifiers, write-offs; lag days, etc)?
Who are individuals impacted? What other business units may be impacted by this change? How will they be informed of this system change?

Are the individuals identified in the answer to the previous question, the recommended users to involve in project scope and testing?

Yes: ☐ No: ☐

If the answer was “no”, who should be involved in testing and post live implementation?

What is the recommended manner to test this change?
As part of this project, the outcome measures developed during the design, build and test phase will be implemented as part of a post live quality assurance process. Please answer the following questions:

Who will be responsible for post live monitoring?

Describe the QA process?

How long should the outcomes be measured post live?

Should the measurement be checked as part of an annual audit (i.e. quarterly, bi-annually, etc.)?

Yes: □
No: □

Please use the space below for additional comments and or questions:
Signatures indicating approval of requested change:

Signature of individual filling out Questionnaire:
Type Name Here:

Sign: ________________________________

Signature of CIS Project Manager:
Type Name Here:

Sign: ________________________________

Signature of CIS Manager:
Type Name Here:

Sign: ________________________________

Signature of Senior Director of Clinical Practice Services:
Type Name Here:

Sign: ________________________________