Provider Technology Adoption Survey
Group Response Process

To facilitate the submission of provider technology adoption information for mid – to large sized practices or health care organizations, you may elect to submit survey responses by completing the authorization and release form below and submitting with an accompanying excel spreadsheet, available at www.hcasma.org/Survey.aspx. Practices and organizations are asked to return this form and completed spreadsheet to HCAS to ensure survey information is processed in a timely manner. Please note that the excel spreadsheet must be submitted in its original format or the file may be returned to your organization for adjustment. Refer to page two of this form for the file format requirements.

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Authorization and Release
I hereby authorize HealthCare Administrative Solutions (HCAS) to release the provider information included in the attached excel file to the Center for Health Information and Analysis, health plans participating in this project, and any additional organizations that agree to collaborate on this project at a later date.

Organization Name: _____

Authorized Representative (print name):_____

Title: _____

Phone: _____

Email:_____

Date: _____

Please return this authorization and release form and the excel spreadsheet with provider contact and technology adoption information to HCAS at Frances.burgos@bcbsma.com. If you have any questions or concerns, please contact Karen Forde at 617-246-5779.

Excel File Format:

Field Name	Field Description	Standard Format Requirements	Maximum Character Length
First Name	Provider First Name	Text	50
Last Name	Provider Last Name	Text	50
Address Line 1	Provider's Primary Address Line 1	Text	50
Address Line 2	Provider's Primary Address Line 2	Text	50
City	Provider's City Name	Text	35
State	Provider's Practice State	Text	2
Zip Code	Provider's Zip Code	Text	10
Phone Number	Provider's Telephone Number	Text	13
Provider Individual NPI	Individual provider's NPI #	Text	25
Group Name	Group name of other practice/facility location where provider may practice (if applicable)	Text	100
Provider Group NPI	Provider Group NPI# (if applicable)	Text	25
Group Name	Group name of other practice/facility location where provider may practice (if applicable)	Text	100
Provider Group NPI	Provider Group NPI# (if applicable)	Text	25
Provider License Number	Individual provider's state license #	Text	25
Uses Electronic Health Records	Indicates whether provider uses an Electronic Health (Medical) Records System. Enter "Yes" or "No"	Text	3
EHR Vendor	Electronic Health/Medical Record Vendor Name. *Must include name of vendor if "Yes" is entered for "Uses EHR".	Text	40
Capacity to Perform eVisits or webvisits?	Indicates whether provider has ability to perform eVisits or webvisits. Enter "Yes" or "No"	Text	22
Uses Electronic Prescribing (E-Rx) System	Indicates whether provider uses an Electronic Prescribing System. Enter "Yes", "No" or "Planning within 1 year"	Text	22
E-Prescribing (E-Rx) Vendor	E-Prescribing Vendor Name	Text	40
Uses Practice Management System (PMS)	Indicates whether provider uses a Practice Management System Vendor. Enter "Yes", "No" or "Planning within 1 year"	Text	22
Practice Management System (PMS) Vendor	Practice Management System Vendor Name	Text	40
Participates in Info Exchanges	Indicates whether provider practices in any information exchanges. Enter "Yes", "No" or "Planning within 1 year"	Text	22
Types of Data Exchanged	Indicates what types of data provider exchanges or is planning to exchange (refer to template for possible responses)	Text	200
Entities	Indicates with which entities provider exchanges data or is planning to exchange data (refer to template for possible responses)	Text	200
Uses Patient Portal - Admin Functions	Indicates whether provider uses a Patient Portal for Administrative Functions. Enter "Yes", "No" or "Planning within 1 year"	Text	22
Uses Patient Portal – PHR Functions	Indicates whether provider uses a Patient Portal for Patient Health Record (PHR) Functions. Enter "Yes", "No" or "Planning within 1 year"	Text	22
Health Plan Release Section	Enter "Yes" for the health plans that should receive the provider technology data. Participating plans are listed in template.	Text	3