PROVIDER TECHNOLOGY ADOPTION SURVEY

FREQUENTLY ASKED QUESTIONS

Background

HealthCare Administrative Solutions (HCAS) is working to assist its member health plans to collect statewide provider technology use information and to help meet All-Payer Claims Database (APCD) requirements established by the Center for Health Information and Analysis (CHIA).[1] To streamline the data collection process, HealthCare Administrative Solutions (HCAS) has created an online survey to gather this information.

Healthcare Administrative Solutions will collect provider technology use information on behalf of the following HCAS participating health plans:

- Blue Cross Blue Shield of Massachusetts
- Boston Medical Center HealthNet Plan
- Fallon Community Health Plan
- Harvard Pilgrim Health Care
- Health New England
- Neighborhood Health Plan
- Network Health
- Tufts Health Plan

Key Points

- **Who should complete the survey?** All contracted health care providers (including physicians and allied health providers) who treat patients and submit claims to insurance plans for services rendered. If a provider works in more than one location, data should be submitted for the primary practice location only.

- **Why participate in the survey?** Health plans are required to submit provider technology adoption information to the Center for Health Information and Analysis. Answering this survey will assist CHIA and participating health plans in assessing statewide provider technology use.

- **How long will it take you to complete the survey?** The survey takes only a short time to complete and can be found at www.hcasma.org/Survey.aspx.

- **When will the online survey be available?** The survey will be available beginning on June 1, 2012.

- **How will this information be used?** The information provided will be submitted to CHIA as well as the participating health plans that you elect to send this data to via the

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[1] As outlined in the Center for Health Information and Analysis All-Payer Claims Database Provider File Submission Guide (December 1, 2010). This document details requirements of 114.5 CMR 21.00 that governs reporting requirements for health care payers to submit data and information to the Division. In the guide, the Division discusses that access to timely, accurate and relevant data is essential to improving quality, mitigating costs and promoting transparency and efficiency in the health care delivery system.

online survey.

- **What is the deadline for completing the survey?** Providers should respond as soon as possible to ensure survey data is processed in a timely manner. Health plans are required to submit this information to the CHIA.

- **What if I need assistance?** See the health plan contact list on the last page of this document.

Detailed Information
Q. Can the survey be started and saved to be completed at another time?
A. No, the survey should be completed in one session as it cannot be saved for completion at a later date.

Q. Why is the survey asking for both Individual Provider NPI and Group NPI numbers? What is the difference?
A. This information will assist CHIA and participating health plans in their review of provider technology data. An Individual Provider NPI is a unique 10 digit identifier distributed to health providers by the Centers for Medicare and Medicaid Services (CMS) and is required for this survey submission. A group NPI is a number that has been issued to a practice group, hospital or other facility and will assist health plans and the State to identify practice locations in which you participate.

Q. Why should I have my responses to this survey released to multiple health plans?
A. If you designate sending this information to multiple health plans within the online survey, you can eliminate responding to each organization separately.

Q. Do I need to authorize release of this information to all health plans?
A. No, you do not need to give authorization to all health plans; you can select which HCAS plans will receive your data submission.

Q. Why do I need to authorize the health plans to receive the information if HCAS sends this information to the CHIA?
A. Health plans are required to have a record of the information that is being sent to the CHIA on their behalf.

Q. Is a process available for submitting information from facilities or practices?
A. Yes. Mid- to large sized practices or organizations may elect to submit survey responses for their providers via a spreadsheet in lieu of completing the online survey for each individual provider. This spreadsheet and accompanying group authorization and release form are available at www.hcasma.org/Survey.aspx.

Q. What if I'm not prepared to complete the survey at this time?
A. Please complete the survey as early as possible. Health plans are required to submit provider technology information to the CHIA.

Q. What will happen if I don't respond to the survey?

A.   Providers are asked to complete the survey as early as possible. Health plans are required to submit individual provider technology adoption use information to the CHIA.

Q. Who is the Center for Health Information and Analysis?
A.   CHIA is a government agency dedicated to collecting and disseminating data from across the Massachusetts healthcare landscape used to identify the opportunities and challenges of today's healthcare environment. CHIA's mission is to communicate objective information to the broader community of stakeholders, including individual residents of the Commonwealth and by sharing data, analysis, and results, spark discussion, create transparency, and inspire innovation.[2]

Q. Who is HealthCare Administrative Solutions (HCAS)?
A.   HCAS is a non-profit entity founded by several Massachusetts health plans to collaborate on administrative simplification initiatives with the goal of increasing efficiency and reducing health care administrative costs.

Q. What is the All-Payer Claims Database?
A.   A state database comprised of medical, pharmacy, and dental claims as well as information from the member eligibility, provider, and product files encompassing fully insured, self-insured, Medicare, and Medicaid data. Its purpose is to gain a deeper understanding of the Massachusetts health care delivery system by providing access to timely and accurate data essential to improving quality, reducing costs, and promoting transparency.[2] For more information regarding the All-Payer Claims Database, please visit http://www.mass.gov/chia/

Q. Who is the Massachusetts eHealth Institute?
A.   This is a division of the Massachusetts Technology Collaborative, responsible for advancing the dissemination of health information technology across the Commonwealth, including the deployment of electronic health records systems in all health care provider settings that are networked through a statewide health information exchange.[2]

Q. What is an Electronic Health Record (EHR)?
A.   This is an electronic version of a patient's medical history that is maintained by the provider over time. It may include all of the key administrative and clinical data relevant to that person's care under a particular provider, including demographics, progress notes, problems, medications, vital signs, past medical history, immunizations, laboratory data and radiology reports. The EHR automates access to information and has the potential to streamline the clinician's workflow. The EHR also has the ability to support other care-related activities directly or indirectly through various interfaces, including evidence-based decision support, quality management, and outcomes reporting.[2]

Q. What is an E-visit?
A.   An E-visit is an electronic visit by a patient to his or her healthcare provider, typically for patients who live far away from the provider's clinic and/or are not able to spend travel time to a physician's office for answers and diagnosis associated with minor symptoms.[2]

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[2] As defined by Neighborhood Health Plan for use in this FAQ document.

Q. What is Electronic Prescribing (E-prescribing)?
A.   E-prescribing allows a prescriber the ability to electronically send an accurate, error-free and understandable prescription directly to a pharmacy from the point of care.[2]

Q. What is a Practice Management System?
A.   This is software designed to support the day-to-day operations of a medical practice, frequently allowing users to capture patient demographics, schedule appointments, maintain insurance payers' information, perform billing tasks, and generate reports, among other features.[2]

Q. What's a Patient Health Record (PHR)?
A.   It is a record kept by a patient to make navigation through the American healthcare system more efficient. Unlike electronic medical records, the PHR content is determined by the patient and stored in the manner he or she wishes such as a computer, a thumb drive or through an online service.[2]

Q. What is a Patient Portal?
A.   This is a healthcare application that allows patients to interact and communicate with their healthcare providers (physicians, hospitals) via the Internet at the patient's convenience, including after hours.[2]

Q. Can you explain Syndromic Surveillance Data?
A.   This is the systematic process of data collection and analysis for the purposes of detecting and characterizing outbreaks of disease in humans and animals in a timely manner to support decision making in the event of a disaster or emergency, rather than relying strictly on confirmed reports of disease or condition occurrence.[2]

Contact Information

For questions regarding the HCAS Provider Technology Adoption Survey, please contact one of the following health plans using the information listed below:

Blue Cross Blue Shield of MA Network Management Phone: 800-316-BLUE (2583)	**Boston Medical Center HealthNet Plan** Provider Line Phone: 888-566-0008 provider.info@bmchp.org	**Fallon Community Health Plan** Provider Relations Department Phone: 866-ASK-FCHP (866-275-3247) askfchp@fchp.org
Harvard Pilgrim Health Care Provider Service Center Phone: 800-708-4414 provider_callcenter@hphc.org	**Health New England** Provider Relations Phone: 800-842-4464 ext. 5000 ProviderRelations@hne.com	**Neighborhood Health Plan** Provider Service Center Phone: 855-444-4NHP (4647) prweb@nhp.org
Network Health Provider Contracting 888-257-1985	**Tufts Health Plan** Provider Services Phone: 888-884-2404	

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[2] As defined by Neighborhood Health Plan for use in this FAQ document