

Appendix A

Application for Financial Assistance – Payer EMR Adoption Program

Practice Demographics:

<i>Practice Name:</i>	
<i>Practice Type: (Select from drop down menu)</i>	
<i>Medical Group Affiliation: (For example: CIPA)</i>	
<i>Hospital Affiliations:</i>	
<i>Key Practice Contact Name:</i>	
<i>Email Address:</i>	
<i>Phone:</i>	
<i>Office Manager's Name</i>	
<i>Email Address:</i>	
<i>Phone:</i>	
<i>Practice Locations:</i>	
<i>Primary Address (Street):</i>	
<i>Address (City, State, Zip):</i>	
<i>Phone Number:</i>	
<i>Phone Number:</i>	
<i>Secondary Address (Street):</i>	
<i>Address (City, State, Zip):</i>	
<i>Phone Number:</i>	
<i>Other Address (Street):</i>	
<i>Address (City, State, Zip):</i>	
<i>Phone Number:</i>	

Practice Providers:		
	Name	Full/Part Time
<i>Physicians:</i>		
<i>Mid-Level (NPs, PAs)</i>		
<i>Staff Users:</i>		

Is the practice a participating provider with all three sponsoring Health Plans (HealthNow, Independent Health, and Univera)? Yes No

If "No", please explain:

Patient Data:

Patient Primary Payer Breakdown (as a percentage)	Percentage
Medicare (incl Medicare Managed Care)	
Medicaid (incl Medicaid Managed Care)	
Managed Care (Employer/Group Based)	
Commercial Insurance (Fee for Service)	
Self Pay	

<i>Patient Residence Location</i>	<i>Approximate Percentage by Locations</i>
Urban	
Suburban	
Rural	

Information Technology Environment

Do you currently have a clinical Electronic Medical Record System? Yes No

If “Yes” – Vendor and Product Name:

How is it being used?

- Patient Scheduling Yes No
- Patient Registration Yes No
- Electronic Prescribing Yes No
- Patient Care History/Documentation Yes No
- Electronic Orders
 - Laboratory Yes No
 - Radiology Yes No
 - Other Diagnostic Testing (Cardiac, Neurologic, etc.) Yes No

Do you currently have a Practice Management/Billing System? Yes No

If “Yes” – Vendor and Product Name:

How is it being used?

- Patient Registration Yes No
- Electronic Eligibility Yes No
- Patient Scheduling Yes No
- Patient Billing Yes No
- Electronic Claims Submission Yes No
- Patient Receivables Management Yes No

When selecting a clinical EMR capability, would you consider converting your existing practice management system to accommodate a fully integrated EMR/PMS? Yes No

Practice Information:

Is your practice currently involved in a Patient Centered Medical Home (PCMH) project?

Yes No

Are you currently involved in the HEAL 10 project? Yes No

If yes to either of the above questions, who is your sponsor?

Are you aware of the federal programs that provide for increased reimbursement to providers who can demonstrate they have achieved meaningful use of an electronic medical record?

Yes No

Are you aware of the potential reimbursement penalties for not utilizing an electronic medical record?

Yes No

Will you consider utilizing resources from HEALTHeLINK, (funded through the payer program), to assist you in the selection and implementation of an electronic medical record?

Yes No

In exchange for receiving a subsidy for the acquisition and implementation of an electronic medical record, will you agree to?

- Work with HEALTHeLINK resources to implement a community-based best practices care model for diabetes, congestive heart failure, hypertension and coronary artery disease

Yes No

- Agree to providing quality reporting depicting the measurements associated with managing the above diseases

Yes No

- Agree to connect your electronic medical record system to HEALTHeLINK in order to exchange and receive patient care information with other providers treating the same patient

Yes No

- Agree to pursue the established meaningful use criteria and leverage HEALTHeLINK and other community resources as required

Yes No

- Agree to utilize the ePrescribing tools provided by the selected EMR vendor

Yes No