

Pre-Pilot Measures

Questions

On an average, how many orders or referrals do you receive/submit via fax/phone? (**per day/month**)

How long does it take to submit an order or referral to a service provider? (From order/ referral initiation to submission)

How long does it take to receive an order or referral from provider? (From order/ referral submission to service provider acceptance)

Overall, how satisfied or dissatisfied are you with the quality of medical documentation that are related to orders or referrals?

Overall, how satisfied or dissatisfied are you with the order or referral processing method?

What is the approximate percentage of orders or referrals that are missing documentation, per month?

What is the approximate percentage of claims that received additional documentation requests from payers, per month?

What is the percentage of missing documentation requests that remains unanswered by a provider, per month?

How long does it take to submit an additional documentation request to a provider? (From identification of missing documentation to submission of request)

How long does it take to receive a response for additional documentation request from a provider? (From additional documentation request initiation to reception of response)

What is the approximate percentage of orders or referrals that are missing signatures, per month?

What is the percentage of missing signature requests remaining unanswered by provider?

How long does it take to submit a signature request to a provider? (From identification of missing signature to submission of request)

How long does it take to receive a response for signature request from a provider? (From missing signature request initiation to reception of response)

Select the total number of manual steps involved in provider to service provider communication (i.e., printing documents, faxing the documents, sorting of fax documents, answering phone calls, tracking of orders or referrals, follow up with physician, etc.)?

What is the percentage of claims that were denied due to insufficient documentation or missing signatures during a claim cycle?

What is the approximate cost of claims (in a claim cycle) that service providers could not bill due to insufficient documentation/missing signature? (Please enter the approximate cost rounding to nearest dollar.)

What is the approximate number of additional resources needed to address provider to service provider communication (including order or referral placement, tracking down of documentation, checking documentation accuracy, and addressing missing documentation)?

Overall, how satisfied or dissatisfied are you with the efficiency of document sharing with a provider/service provider?

Overall, how satisfied or dissatisfied are you with the provider to service provider workflow (i.e., order or referral processing method, document sharing, and communication)?

Overall, how satisfied or dissatisfied are you with provider to service provider communication?

Post Pilot Measures

Questions

On an average, how many orders or referrals do you receive/submit via fax/phone? (**per day/month**)

How long does it take to submit an order or referral to a service provider? (From order/ referral initiation to submission)

How long does it take to receive an order or referral from provider? (From order/ referral submission to service provider acceptance)

On a scale of 1-5, how satisfied are you with the quality of medical documentation that are related to orders or referrals?

Overall, how satisfied or dissatisfied are you with the order or referral processing method?

On a scale of agree to disagree, do you agree that the order or referral processing and care delivery time has been reduced significantly? (Strongly Disagree --- Strongly Agree)

What is the percentage of orders or referrals that are missing documentation, per month?

What is the percentage of claims that received additional documentation requests from payers, per month?

What is the percentage of missing documentation requests remaining unanswered by provider, per month?

How long does it take to submit an additional documentation request to a provider? (From identification of missing documentation to submission of request)
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What is the percentage of orders or referrals that are missing signatures, per month?
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How long does it take to submit a signature request to a provider? (From identification of missing signature to submission of request)
How long does it take to receive a response for signature request from a provider? (From missing signature request initiation to reception of response)
What are the total number of manual steps involved in provider to service provider communication (i.e., printing documents, faxing the documents, sorting of fax documents, answering phone calls, tracking of orders or referrals, follow up with physician, etc.)?
What is the percentage of claims that were denied due to insufficient documentation or missing signatures during a claim cycle?
What is the approximate cost of claims (in a claim cycle) that service providers could not bill due to insufficient documentation/missing signature? (Please enter the approximate cost rounding to nearest dollar.)
What is the approximate number of additional resources needed to address provider to service provider communication (including order or referral placement, tracking down of documentation, checking documentation accuracy, and addressing missing documentation)?
Besides the partnering organizations in the EMDI pilot, how many other providers/service providers have you expanded electronic interoperability with?
Overall, how satisfied or dissatisfied are you with the efficiency of document sharing with a provider/service provider?
On a scale of 1-5, how satisfied are you with an automated electronic medical documentation sharing achieved through the EMDI use case/s?
Overall, how satisfied or dissatisfied are you with the provider to service provider workflow (i.e., order or referral processing method, document sharing, and communication)?
Overall, how satisfied or dissatisfied are you with provider to service provider communication?
On a scale of agree to disagree, do you agree that the electronic communication has reduced administrative burden significantly? (Strongly Disagree --- Strongly Agree)
On a scale of agree to disagree, do you agree that the reduction of manual steps due to the EMDI workflow also reduced related expenses? (Strongly Disagree --- Strongly Agree)

On a scale of agree to disagree, do you agree that the burden caused by claim resubmission has been reduced significantly? (Strongly Disagree --- Strongly Agree)

On a scale of agree to disagree, do you agree that achieving electronic interoperability using health IT standards has significantly helped improve the market share of your organization's position in health IT? (Strongly Disagree --- Strongly Agree)

After implementing EMDI use cases, is your order or referral process more organized, trackable, and structured? Please provide details.

After implementing EMDI, has the provider-to-service provider communication improved? Please provide details.

Besides the EMDI-suggested provider workflow, do you have any recommendations for improvement in provider workflow? Please provide details.

Are you interested in expanding electronic interoperability with other hospitals/service providers?

Have you expanded the structured medical documentation sharing feature to other document sharing communications like physician-to-physician, physician to patient, and provider to payer? Please provide details.

Besides the EMDI-suggested provider workflow, do you have any recommendations for improvement in provider workflow? Please provide details.