**(PDF-023) Select the method best describing how your organization completes the majority of the following <u>pharmacy supply activities</u>.**
**(Check one per row)**

- **Automated:** More than 50% of the activities are handled via electronic interfaces with appropriate internal controls (e.g., EDI, API integration, web)
- **Semi-automated:** More than 50% of activities are handled via electronic transaction (data keyed in), electronic tracking systems, and electronic usage reports
- **Manual:** More than 50% of activities are handled by telephone or fax

| Pharmacy Supply Activity | Automated | Semi-Automated | Manual/Phone/Fax |
|---|---|---|---|
| A. Check Product price/Contract Price | | | |
| B. Check product availability | | | |
| C. Process Purchase Requisition | | | |
| D. Process Purchase order | | | |
| E. Check order Status/routing | | | |
| F. Received Order/Check-in | | | |
| G. Receive Invoice | | | |
| H. Pay Invoice | | | |

The intent of this question is to assess the HCO's use of technology in their pharmacy supply chain efforts.

**A.    Check Product price/Contract Price**
Sometimes a Vendor may invoice a product at a different price than they have contracted with an HCO. In an automatic system, the HCO sets up a contract price for a Vendor item and the system then automatically validate it when Invoices are entered and highlight violations during a check run can warn the HCO that a contract violation has occurred.

**B.    Check product availability**
The common measures of product availability are *product fill rate*, *order fill rate*, and *cycle service level (CSL)*. The product fill rate is the fraction of product demand that is satisfied with the product in inventory and should be measured over specified amounts of demand rather than time.

**C.    Process Purchase Requisition**
Automating the purchase requisition system gives an HCO granular visibility into requests, approvals, key documents, and internal communication. The purchase requisition process is initiated when a company needs to make a purchase. The system automatically submits a purchase request for a specific good or service and once the purchase request is approved, a purchase order is sent to the selected supplier (seller) to be fulfilled.

**D.    Process Purchase order**

Purchase Order Automation is the method of using an automation platform to enforce and automate a purchase order approval process. A centralized software would automatically send a purchase request to the appropriate team member for review and approval.

**E.     Check order Status/routing**

Order tracking is a process of monitoring and tracking orders placed online and delivering real-time order status updates to the HCO. Via defined rules, orders can be routed to alternative vendors if there is a known bottleneck in product availability.

**F.     Received Order/Check-in**

Part of the order tracking process. Once an order is delivered to the HCO and the HCO acknowledges receipt of the supply, the system automatically checks the order into the HCOs inventory.

**G.     Receive Invoice**

Automated billing, also known as auto-invoicing or automated invoicing, is the process of using a software system to define, qualify, and then automate the creation and sending of invoices to clients and customers on a one-time or recurring cadence.

**H.     Pay Invoice**

An automatic bill payment occurs when money is automatically transferred on a scheduled date to pay a recurring bill, such as a mortgage, credit card, or utility bill.

**(PDF-024) What percentage of your <u>pharmaceutical supply</u> orders are electronically generated once they reach a predetermined par level?**
**(Check one)**

    A. 81-100%
    B. 61-80%
    C. 41-60%
    D. 21-40%
    E. 1-20%
    F. None

The intent of this question is to assess the HCO's use of technology in the automatic ordering of pharmaceutical supplies.

**Periodic Automatic Replacement** (PAR) is an inventory control system that tells you what levels of inventory you should have in stock in order to fulfil demand. The PAR level determines the optimum amount of inventory stock needed on hand after each order delivery. However, PAR levels will change depending on factors such as seasonality, celebrations, and events or even the day of the week.

**(PDF-025) Select the method best describing how your organization completes the majority of the following medical/surgical supply activities.**
**(Check one per row)**

- **Automated:** More than 50% of the activities are handled via electronic interfaces with appropriate internal controls (e.g., EDI, API integration, web)
- **Semi-automated:** More than 50% of activities are handled via electronic transaction (data keyed in), electronic tracking systems, and electronic usage reports
- **Manual:** More than 50% of activities are handled by telephone or fax

| Medical/Surgical Supply Activity | Automated | Semi-Automated | Manual/Phone/Fax |
|---|---|---|---|
| A. Check Product price/Contract Price | | | |
| B. Check product availability | | | |
| C. Process Purchase Requisition | | | |
| D. Process Purchase order | | | |
| E. Check order Status/routing | | | |
| F. Received Order/Check-in | | | |
| G. Receive Invoice | | | |
| H. Pay Invoice | | | |

The intent of this question is to assess the HCO's use of technology in their medical/surgical supply chain efforts.

**A. Check Product price/Contract Price**

Sometimes a Vendor may invoice a product at a different price than they have contracted with an HCO. In an automatic system, the HCO sets-up a contract price for a Vendor item and the system then automatically validate it when Invoices are entered and highlight violations during a check run can warn the HCO that a contract violation has occurred.

**B. Check product availability**

The common measures of product availability are *product fill rate*, *order fill rate*, and *cycle service level (CSL)*. The product fill rate is the fraction of product demand that is satisfied with the product in inventory and should be measured over specified amounts of demand rather than time.

**C. Process Purchase Requisition**

Automating the purchase requisition system gives an HCO granular visibility into requests, approvals, key documents, and internal communication. The purchase requisition process is initiated when a company needs to make a purchase. The system automatically submits a purchase request for a specific good or service and once the purchase request is approved, a purchase order is sent to the selected supplier (seller) to be fulfilled.

**D. Process Purchase order**

Purchase Order Automation is the method of using an automation platform to enforce and automate a purchase order approval process. Centralized software would automatically send a purchase request to the appropriate team member for review and approval.

**E. Check order Status/routing**

Order tracking is a process of monitoring and tracking orders placed online and delivering real-time order status updates to the HCO. Via defined rules, orders can be routed to alternative vendors if there is a known bottleneck in product availability.

**F. Received Order/Check-in**

Part of the order tracking process. Once an order is delivered to the HCO and the HCO acknowledges receipt of the supply, the system automatically checks the order into the HCOs inventory.

**G. Receive Invoice**

Automated billing, also known as auto-invoicing or automated invoicing, is the process of using a software system to define, qualify, and then automate the creation and sending of invoices to clients and customers on a one-time or recurring cadence.

**H. Pay Invoice**

An automatic bill payment occurs when money is automatically transferred on a scheduled date to pay a recurring bill, such as a mortgage, credit card, or utility bill.

**(PDF-026) What percentage of your <u>medical/surgical supply</u> orders are electronically generated once they reach a predetermined par level?**
**(Check one)**
   A. 81-100%
   B. 61-80%
   C. 41-60%
   D. 21-40%
   E. 1-20%
   F. None


The intent of this question is to assess the HCO's use of technology in the automatic ordering of medical/surgical supplies.


**Periodic Automatic Replacement** (PAR) is an inventory control system that tells you what levels of inventory you should have in stock in order to fulfil demand. The PAR level determines the optimum amount of inventory stock needed on hand after each order delivery. However, PAR levels will change depending on factors such as seasonality, celebrations, and events or even the day of the week.

**(PDF-027) Which of the following deliverables does your organization's revenue-cycle and contracts-management application offer:**

**(Check all that apply)**
  A. Aggregation and measurement of cost of care across settings (Acute/Ambulatory)
  B. Aggregation of charges to form bundles and episodes, with the aggregation logic enabling different groupings for different payers (Acute/Ambulatory)
  C. Managing the distribution of bundled payments to the clinicians, care sites (e.g., hospitals) where care was delivered (Acute/Ambulatory)
  D. Provision of tools for retrospective analysis of clinical and administrative data (e.g., to identify areas for improving the quality of care and/or reducing the cost of care delivered)
  E. Reconciliation of charges and patient accounts to a monthly premium payment, billing co-payments and noncovered charges according to insurance agreements.
  F. Real-time patient identification and tracking for value-based care conditions (e.g., COPD) (Acute/Ambulatory)
  G. Estimates of out-of-pocket expenses for patients

The move to ACOs represents an industry shift to focus on care coordination, quality improvement, and cost reduction — all facilitated by an emphasis on improved integration. This integration means that ACO members are concerned about population management, cost-effective care, streamlined clinical processes, proper reporting, and appropriate payment and reimbursement … all while maintaining a patient-centered focus. These values must be reflected in the IT solutions available to providers. The intent of this question is to assess the HCO's use of technology in their revenue cycle and contract management efforts.

**A. Aggregation and measurement of cost of care across settings**
> Cost aggregation is the process of combining individual cost estimates to get one all-encompassing figure that represents a patient's spend for an episode of care.

**B. Aggregation of charges to form bundles and episodes, with the aggregation logic enabling different groupings for different payers**
> Episode-based payments, also known as bundled payments, were created by the Center for Medicare and Medicaid (CMS). This type of payment model came about with the Affordable Care Act with the goal of improving patient outcomes at a reduced cost to Medicare.

**C. Managing the distribution of bundled payments to the clinicians, care sites (e.g., hospitals) where care was delivered**
> With bundled payments, the total allowable acute and/or post-acute expenditures (target price) for an episode of care are predetermined. Participant providers share in any losses or savings that result from the difference between this target price and actual costs.

**D. Provision of tools for retrospective analysis of clinical and administrative data (e.g., to identify areas for improving the quality of care and/or reducing the cost of care delivered)**

Retrospective reimbursement is a payment method in which a health care service provider bills an insurer for services provided after the service has been rendered.

**E. Reconciliation of charges and patient accounts to a monthly premium payment, billing co-payments and noncovered charges according to insurance agreements**
Charge reconciliation is the process of comparing multiple charges to the prices you are billing patients for.

**F. Real-time patient identification and tracking for value-based care conditions (e.g., COPD)**

**G. Estimates of out-of-pocket expenses for patients**
Expenses for medical care that aren't reimbursed by insurance. Out-of-pocket costs include deductibles, coinsurance, and copayments for covered services plus all costs for services that aren't covered.

**(PDF-028) What percentage of the following payer-related activities are accomplished using automated electronic routines and/or software?**
**(Check one per row; leave blank if not applicable)**

| | 100% | 90-99% | 50-90% | <50% | 0% |
|---|---|---|---|---|---|
| A.  Claims Status Inquiry | | | | | |
| B.  Claims Submission | | | | | |
| C.  Electronic Funds Transfer | | | | | |
| D.  Eligibility Inquiry | | | | | |
| E.  Pre-certification | | | | | |
| F.  Referral and authorization | | | | | |
| G.  Remittance Advice | | | | | |
| H.  Clinical documentation attachments | | | | | |
| I.  Address Verification | | | | | |
| J.  Charge and order matching | | | | | |
| K.  Charge Capture Reconciliation | | | | | |
| L.  Contract Management | | | | | |
| M.  Denial management | | | | | |
| N.  Medical necessity criteria checks | | | | | |
| O.  Physician-performance comparisons | | | | | |

The intent of this question is to assess the HCO's use of technology in their interaction with external payors.

### A.  Claims Status Inquiry
A health care claim status inquiry and response transaction is a communication between a provider and a payer about a health care claim.

### B.  Claims Submission
The claim submission is defined as the process of determining the amount of reimbursement that the healthcare provider will receive after the insurance firm clears all the dues.

### C.  Electronic Funds Transfer
Electronic funds transfer is the electronic transfer of money from one bank account to another, either within a single financial institution or across multiple institutions, via computer-based systems, without the direct intervention of bank staff.

### D.  Eligibility Inquiry
The eligibility/benefit inquiry transaction is used to obtain information about a benefit plan for an enrollee, including information on eligibility and coverage under the health plan.

### E.  Pre-certification
Pre-certification refers to the process through which a patient obtains authorization from their insurer to receive a particular prescription drug or health care service. It establishes that the

insurance company is willing to pay for the medical services in question, but it is important to note that pre-certification does not guarantee coverage. However, without it, there is no chance of the insurer covering the procedure, treatment, or drug.

## F. Referral and authorization

An insurance referral is an approval from the primary care physician (PCP) for the patient to be seen by a specialist. The insurance referral must be initiated by a PCP with a reason for the visit, as well as their best guess as to how many appointments will be required to treat a condition. An authorization is a decision by a health insurer or plan that a health care service, treatment plan, prescription drug or durable medical equipment is medically necessary.

## G. Remittance Advice

The Remittance Advice (RA) contains information about claim payments that a payor sends, along with the payments, to providers, physicians, and suppliers. The RA, which may either be in the form of an Electronic Remittance Advice (ERA) or a Standard Paper.

## H. Clinical documentation attachments

Attachments refer to the exchange of patient-specific medical information or supplemental documentation to support an administrative healthcare transaction and are a bridge between clinical and administrative data.

## I. Address Verification

An address verification service is a service provided by major credit card processors to enable merchants to authenticate ownership of a credit or debit card used by a customer. AVS is done as part of the merchant's request for authorization in a non-face-to-face credit card transaction.

## J. Charge and order matching

The hospital chargemaster is how providers communicate medical bills to payers and patients. In every case, the chargemaster is being consulted, and data is drawn from it, to match the charge to the specified procedure, item, or drug.

## K. Charge Capture Reconciliation

Charge reconciliation is the act of comparing charges captured to the services provided. It is an important process within a health care organization's revenue cycle to ensure consistent, timely, and accurate charge capture and resolution of pending charges.

## L. Contract Management

Contract management is the process of managing legally binding agreements from initiation through to execution. Activities involved can be administrative and strategic - depending on who handles which stage.

## M. Denial management

Denial management in medical billing refers to the strategic process of analyzing, correcting, and preventing claim denials. A claim denial occurs when a payer, like Medicare or a commercial health insurance company, declines to honor a provider's request to be reimbursed for medical care.

**N. Medical necessity criteria checks**

"Medically Necessary" or "Medical Necessity" means health care services that a physician, exercising prudent clinical judgment, would provide to a patient. The service must be: For the purpose of evaluating, diagnosing, or treating an illness, injury, disease, or its symptoms.

**O. Physician-performance comparisons**

A tool that allows an HCO to compare the performance of an individual physician to a peer group of providers.

**(PDF-029) Which of the following settings in your organization use a bed/exam room tracking or patient-flow software system**
**(Note: bed tracking/patient-logistics management may be functionality included within your electronic health record)?**
**(Check all that apply)** (Acute/Ambulatory)
  A. Integrated patient logistics system (includes patient status, pending orders, critical lab results and room availability for the entire enterprise)
  B. RFID/RTLS patient location system integrated into the bed-tracking system to automate patient movement (Acute)
  C. Tracking system for emergency department beds (Acute)
  D. Tracking system for observation beds (Acute)
  E. Tracking system for in-patient beds (Acute)
  F. Tracking system for ICU beds (Acute)
  G. Transfer center
  H. Tracking system for exam rooms (Ambulatory)

The intent of this question is to assess the HCO's use of technology in their tracking of patient beds/exam rooms. Given the relatively low volume of patients in LTPAC organization, this question does not apply to LTPAC providers.

**A. Integrated patient logistics system**
> A system that assists with the clinical and business decision processes that occur when a patient needs to be assigned to a specific bed location.

**B. RFID/RTLS patient location system integrated into the bed-tracking system to automate patient movement**
> Bed tracking provides visibility of the location and status of hospital beds at any given time. Bed tracking is critical to bed management – you can't have an effective bed management system without a robust bed tracking solution in place.

**C. Tracking system for emergency department beds**

**D. Tracking system for observation beds**

**E. Tracking system for in-patient beds**

**F. Tracking system for ICU beds**

**G. Transfer center**
> A transfer center is a centralized location managing all components of a patient's transfer into a hospital system. This includes the process of identifying an accepting physician and coordinating the workflow required to place a patient in the most appropriate patient care unit.

**H. Tracking system for exam rooms**

**(PDF-030) Which of the following management tools are available electronically/online to employees throughout your organization?**
**(Check all that apply)**
  A. Self-scheduling of open shifts
  B. Enterprise HR management system or online HR manager portal
  C. Performance-improvement scorecards (organizational improvement)
  D. Goal Management System (employee goals)
  E. Real-time operational budget versus expense monitoring, financial modeling, and budget forecasting
  F. Recruitment/onboarding tools
  G. Benefits/compensation tools
  H. Learning management system
  I. Workforce management tool (productivity and cost trends)
  J. Shift swapping

The intent of this question is to assess the HCO's use of technology in their administrative support of employees.

### A. Self-scheduling of open shifts
> Self-scheduling is when schedulers allow employees to essentially choose their own shifts. The scheduler creates open shifts and the employees are then able to self-select shifts they are eligible for and able to work.

### B. Enterprise HR management system or online HR manager portal
> An HRMS, or human resources management system, is a suite of software applications used to manage human resources and related processes throughout the employee lifecycle. An HRMS enables a company to fully understand its workforce while staying compliant with changing tax laws and labor regulations.
> A human resource portal, or HR portal, is an internal gateway for a company's employees to access HR-related and other information about their workplace. It is also an access point for outside job applicants and potential applicants.

### C. Performance-improvement scorecards (organizational improvement)
> A performance scorecard is a graphical representation of the progress over time of some entity, such as an enterprise, an employee or a business unit, toward some specified goal or goals.

### D. Goal Management System (employee goals)
> A tool which assists in setting, communicating and evaluating goals at the individual, departmental and organizational levels.

### E. Real-time operational budget versus expense monitoring, financial modeling, and budget forecasting

Rather than setting a single rigid budget at the start of the financial year or quarter, HCOs can track their spend in real-time to address trends and emerging needs. This enables HCOs to reallocate funds as necessary and assess the effectiveness of these on-the-fly.

## F. Recruitment/onboarding tools

*Recruitment tools* run the gamut, and they include applicant tracking systems, job aggregators, libraries of skills assessments and social media management platforms.
*Onboarding tools* are tools created for the purpose of improving the user onboarding process. They streamline, guide and introduce new users to your product and show them how to use it.

## G. Benefits/compensation tools

*Benefits administration tool* is a type of software that helps organizations manage benefits provided to employees, such as 401(k) retirement plans, health insurance, and paid time off.
*Compensation management tools* enable companies to run periodic reviews, update cycles and automate payments, guaranteeing fair and secure compensation.

## H. Learning management system

A learning management system (LMS) is a software application or web-based technology used to plan, implement and assess a specific learning process.

## I. Workforce management tool (productivity and cost trends)

A workforce management (WFM) solution is a software solution that helps organizations streamline and automate the processes that manage workers' time, organize and deploy their labor force efficiently, enable employee and manager self-service, and ensure employee safety.

## J. Shift swapping

Shift swapping occurs when an employee can no longer work a shift on their appointed schedule, so they swap that shift with another employee. Shift swap tools can help employees amend their schedules while keeping their overall hours intact, without involving management.

**(PDF-031) Which of the following types of computer-based clinical education offerings do you provide to clinicians in your organization?**
**(Check all that apply)**

A. Privacy Training
B. Information Security Training
C. EHR Training
D. CPOE Training
E. Data Analytics Training
F. Voice Recognition Software Training
G. Sharing Best Practices for Patient Safety

The intent of this question is to assess the HCO's use of technology in the training of employees. This question is related to Q30_H.

### A. Privacy Training

The goal of privacy awareness training is to inform the general workforce about the laws governing data privacy and the company's policies and ensure that both are followed internally and externally. Privacy awareness training should cover the relevant regulations within the specific industry of the company concerning data protection, the policies and best practices that are in place in the company and how compliance with them should be covered.

### B. Information Security Training

Security awareness training is a strategy used by IT and security professionals to prevent and mitigate user risk. These programs are designed to help users and employees understand the role they play in helping to combat information security breaches.

### C. EHR Training

EHR training is designed to help students understand the basic navigation of electronic health records and electronic medical records.

### D. CPOE Training

Despite uptick in reliance on CPOE, challenges remain. It's important to keep in mind that errors associated with poorly written clinical notes can also occur if clinicians incorrectly enter information into a CPOE system, such as assigning inaccurate dosages or entering orders for the wrong patient. To help reduce errors, training and ongoing communication are critical for properly using a CPOE system, as well as eliciting feedback from users and emphasizing the benefits of the system.

### E. Data Analytics Training

Data analytics is the collection, transformation, and organization of data in order to draw conclusions, make predictions, and drive informed decision making.