



Health Homes Webinar Series
Health Information Technology (HIT) Basics
Questions & Answers
April 29, 2014

- Q1: How timely is the information in the Provider Portal? Will it happen within 24 hours of the service provided?
- A1: *Amerigroup*: For our “Provider 360 System”, information about member's utilization is claims-based. Therefore, the information will appear in the system when the claim has been paid. For the “Provider Portal”, information will be posted based upon Health Home updates as frequency requires. For instance, Health Promotion type activities that are posted there are updated as is clinically relevant. However, this is a separate system and will not include claims data.
Sunflower State Health Plan: The system is claims-based and therefore may be 30-60 days after the actual date of service.
United HealthCare: The Provider Portal is claims based with the same potential lag times as the other MCO systems. However, the CommunityCare™ Tool will be connected to the Kansas Health Information Network (KHIN) and will provide alerts within 24 hours of a member being admitted to a hospital or emergency department.
- Q2: What kind of access codes or passwords will be needed to access these records? Will access be cumbersome and difficult?
- A2: *Amerigroup*: Details related to access to all of the systems will be discussed at great length during training and contracting discussions. Providers already have access to the Provider Portal and Provider 360 will be provided to those Health Home Partners that are contracted with us. Internally, it's simply access to the system itself; there's no logon for Amerigroup associates who currently access the system. It's a very, very easy system to access.
Sunflower State Health Plan: The Provider Portal is the same as it is currently. Login and passwords are user-based, not by agency.
United HealthCare: The Provider Portal is the same as it is currently. Login and passwords are user-based, not by agency.
- Q3: Please clarify options to developing the Health Action Plan. (Examples: on paper, in EHR, in MCO portal.) Also, is the Health Action Plan required to be in the Provider Portal, are other options for development available?
- A3: *Amerigroup*: The Health Action Plan is a form that KDHE has developed and it is the expectation for all Providers to complete that specific form. We are wanting to be as flexible as possible for our Providers. Therefore, we will be willing to receive the Health Action Plan via mail, email and fax. We are currently working on configuring this form to be available on our Provider Portal so they could be submitted electronically and automatically uploaded to our system.



Sunflower State Health Plan: Sunflower is not requiring that the Providers submit their Health Action Plan. Therefore, providers may complete these in the way that best suits their agency and systems but provides information necessary for audit purposes.

United HealthCare: United is not requiring that the Providers submit their Health Action Plans. If the agency isn't using our CommunityCare™ Platform, Providers may do this in the way that best works for them. However, when the Health Action Plan gets done, it needs to be documented and we prefer it in an electronic health record of some sort, either ours or the agency's. The key is making sure that document is shareable across the community.

Q4: How do we access information provided by other service providers?

A4: *Amerigroup:* Through Provider 360, Providers will be able to access current authorizations that are in place for all services for the member. They will also be able to access inpatient stays, outpatient provider information, medication, claims, etc. All of this information will help guide them into collecting any additional information they may need. That system will not provide detailed visit summaries from those Providers; only that the service was provided. It will be the responsibility of the Health Home Partner to reach out to those Providers and ask for either records pertaining to visits or to speak to someone within that Provider's office about services being rendered to the Health Home member and coordinating care accordingly. If connected to a Health Information Exchange, providers will only receive core data. Follow up with actual providers is likely also necessary.

Sunflower State Health Plan: Providers may view all claims data via the Provider Portal. If the providers are connected with KHIN and LACIE, that data is available sooner than through the Provider Portal.

United HealthCare: If the provider is using the CommunityCare™ Platform and the other Providers are using that, then everyone has the opportunity to have input and put in information about that member's care and treatment. In addition, if the Provider is meeting the requirement of being connected with KHIN or LACIE, you will be able to see all the activities surrounding a member by other Providers.

Q5: How do we assure that our information that we present to KHIN or LACIE is compatible (data format requirements, certain fields, etc.)?

A5: Providers who wish to connect to the State's two Health Information Exchange systems should reach out to these providers directly. Both agencies are willing to work directly with providers on how to best connect their systems. Both offer "phased" approaches to facilitate the process.