



## Health Information Exchange Qualification and PCMH SURVEY

**TO: All Aetna Better Health of Michigan Cares Primary Care Providers, Office Administrators, and Physician Groups, IPAs, PHOs**

**PURPOSE:** Health Information Exchange Qualified Organization (HIE QO). We want to confirm the current Primary Care Medical Home (PCMH) status of all our contracted providers and need information specifically about your status as well as others in your practice.

Please complete the survey questions below and fax back to us at (866) 602-1251 or email to [AetnaBetterHealth-MI-ProviderServices@AETNA.com](mailto:AetnaBetterHealth-MI-ProviderServices@AETNA.com). **RETURN BY: 9/22//2017**

**Provider/Group Name** \_\_\_\_\_

**Provider/Group TIN #** \_\_\_\_\_

Please complete the survey questions below and fax back to us at (866) 602-1251 or email to [AetnaBetterHealth-MI-ProviderServices@AETNA.com](mailto:AetnaBetterHealth-MI-ProviderServices@AETNA.com)

**SURVEY QUESTIONS:**

Survey Questions	Circle One	Organization Name
1. Are you a member of a Health Information Exchange Qualified Organization	Yes / No	
2. If <b>YES to Question 1 above. Provide the # of practitioners.</b>	Yes / No	
3. Are you Blue Cross/Blue Shield certified as PCMH?	Yes / No	
4. Are you NCQA recognized as PCMH?	Yes / No	
5. Are you participating in MIPCT (Michigan Transformation Project)?	Yes / No	
6. Do you have a patient portal?	Yes / No	
7. Do you utilize e-prescribing?	Yes / No	
8. Do you have Stage 1 meaningful use status?	Yes / No	
9. Do you have Stage 2 meaningful use status?	Yes / No	

If you have any questions or would like to complete the survey by phone, please call 866-316-3784 (Option 2, Option 6) your Provider Relations Representative will assist you. Thank you in advance for your response.