



HealthSystems OF MISSISSIPPI

April 16, 2007

Web Submission Survey

HealthSystems of Mississippi (HSM) supports the strategic goal of the Division of Medicaid (DOM) to enhance automation and computer systems by leverage of new information management and communication technologies. For some time, HSM has offered Web submission of utilization review requests for inpatient facilities. We support electronic submission of review requests because Web entry:

- Saves providers cost of faxing and paper.
- Gives providers immediate access to the status of the reviews submitted.
- Gives providers faster turnaround on issuance of TANS.
- Allows direct entry of clinical information into our review system, thus avoiding telephone delays and eliminating the need to manually record and fax review requests.

DOM and HSM are considering policy, which will require that hospitals submit their utilization requests for inpatient services via the Web. It is anticipated that mandatory Web submission will be implemented by July 1, 2007. In order for us to assess provider electronic submission capabilities and understand issues that facilities may have with this requirement, please go to our Web site at www.hsom.org, select the "Provider Web Submission Survey" and complete the electronic survey.

If you do *not* have Internet access, you may print and complete the attached form and fax to **601-360-4967** or return by mail to the following address by May 2, 2007. Thank you.

**HealthSystems of Mississippi
Education Department
175 E. Capitol Street, Suite 250
Jackson, MS 39201**

Please fax survey to **601-360-4967** or return by mail to the following address by May 2, 2007

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Education Department
175 E. Capitol Street, Suite 250
Jackson, MS 39201**

**Provider Survey
Web Submission Capability**

- | | Yes | No |
|---|-------|-------|
| 1. My facility has Internet access. | _____ | _____ |
| 2. Utilization review staff have access to a computer to enter utilization review requests via Web. | _____ | _____ |

If you have answered no to either of the above questions, please proceed to question 6.

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|--|-------|-------|
| 3. I already have HSM's Web entry access but would need additional information on Web submission in order to submit Web reviews. | _____ | _____ |
| 4. My facility currently submits some review requests via Web. | _____ | _____ |
| 5. My facility currently submits all review requests via Web. | _____ | _____ |

Please answer the questions below only if you answered No to question 1 or 2.

6. What obstacles would your facility have to overcome to meet this requirement?

7. Could the obstacles be removed and systems in place prior to July 1, 2007?

Facility: _____

Provider Medicaid ID Number: _____

Submitted by: _____

Telephone Number: _____