

One Health Record®

Business Assessment

This questionnaire is designed to help assess your organization's readiness to connect to One Health Record®. For questions, please contact our Service Desk at OneHealthRecord@Medicaid.Alabama.gov or call us at 844-746-3540.



File: Business Assessment Questionnaire
Date published: 02/13/2018

Business Name:

Contact Information:

Please provide contact information for your organization's technical liaison to One Health Record®.

Name:

Title:

Phone:

E-Mail:

Business Services

What patient care services does your organization provide?

(check all that apply)

Inpatient
Outpatient
Specialties
Behavioral Health
Lab
Pharmacy
Rehabilitation
Other (please explain below)



Business Questions (cont.)	
Does your organization provide services in other states, outside of Alabama? If so, what facilities?	
Do you make referrals?	
What are your primary referral populations?	
What percentage of patients served are Medicaid?	
Do you have an Emergency Department?	
Generally, how many ED encounters do you have per year?	
What is your total number of inpatient admissions per year?	
What is your total number of outpatient visits per year?	
Does your organization offer your patients a patient portal?	
<p style="text-align: center; font-size: 48px; opacity: 0.2; transform: rotate(-30deg);">CONFIDENTIAL</p>	



Technology Assessment

Technology Contact Information:	
Please provide contact information for your organization's technology person to One Health Record®.	
Name:	<input type="text"/>
Title:	<input type="text"/>
Phone:	<input type="text"/>
E-Mail:	<input type="text" value="Email"/>
Do you have a certified EHR? (Electronic Health Record Vendor) What version is your EHR currently on?	<input type="text"/> <input type="text"/>
Who is your EHR vendor?	<input type="text"/>
Does your organization currently send CCD(Continuity of Care document) or CCDA(C-Clinical Document Architecture) information to external organizations?	<input type="checkbox"/> CCD <input type="checkbox"/> Images <input type="checkbox"/> Referrals <input type="checkbox"/> HL7 <input type="checkbox"/> Lab Results <input type="checkbox"/> Pharmacy Orders Check all that apply
Does your organization currently receive CCD or C-CDA information from external organizations?	<input type="checkbox"/> CCD <input type="checkbox"/> Images <input type="checkbox"/> Referrals <input type="checkbox"/> HL7 <input type="checkbox"/> Lab Results <input type="checkbox"/> Pharmacy Orders Check all that apply
Does your organization currently receive result information from external organizations?	<input type="text"/>

Once this Assessment Questionnaire has been completed, please email it to our Service Desk at OneHealthRecord@Medicaid.Alabama.gov. Your information will be reviewed and someone from One Health Record® will contact you!

[Email to One Health Record®](mailto:OneHealthRecord@Medicaid.Alabama.gov)

