



OptiNet Implementation

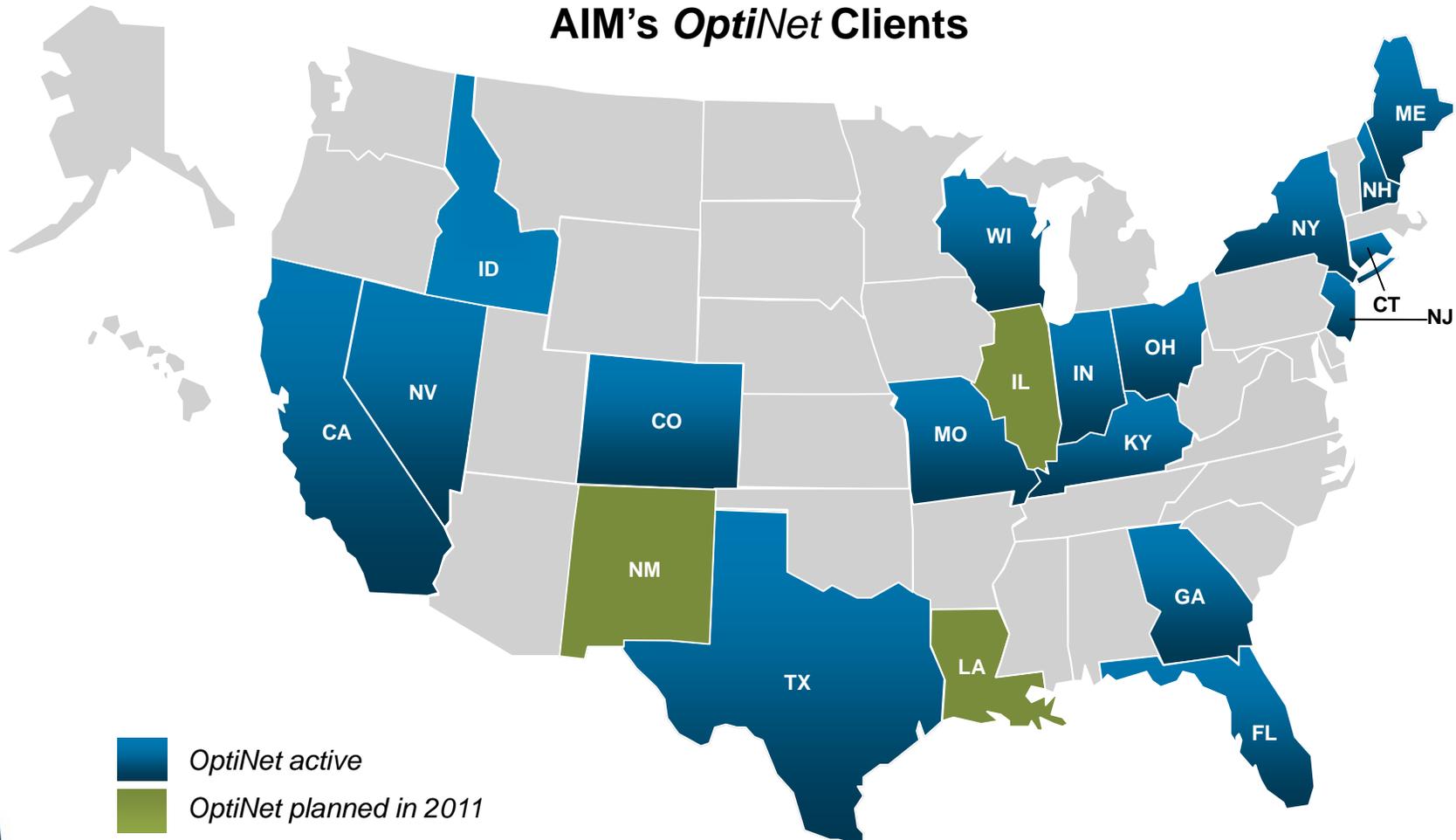
BCBSLA Provider Training
Discussion Document

June 2011

OptiNet Program

Active in 20 states in 2011, OptiNet provides a platform for improving network understanding

AIM's OptiNet Clients



BCBSLA *OptiNet*

Information on imaging site is being collected and evaluated for advanced and low-tech services

Imaging Site Assessment & Scoring



- Provider site registration for key imaging modalities
- Site scores generated for each modality registered using key indicators through OptiNet

Ordering Provider Site Selection Assistance



- Jointly with member reviews imaging site choices based on quality, cost and distance
- Selects imaging site and enters into pre-authorization system

Member Site Selection Recommendation



- If non-preferred site is selected, member receives message with redirection suggestion to higher value radiology site
- Member can research and compare radiology sites based on quality and cost

Efficiencies and Site Scores

OptiNet automatically determines facility and modality scores based on AIM's algorithms

Relative contribution to score

Quality Assurance: 25%

- Accreditation (ACR, JCAHO, etc.)
- QA programs in place
- Safety programs in place

Staffing: 45%

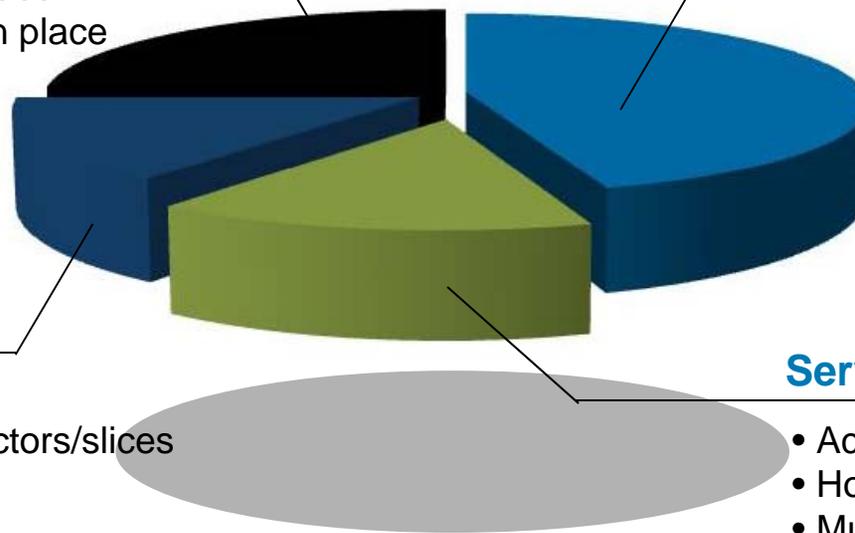
- Physician staff board certified
- Technicians modality certified
- Onsite vs. offsite reads
- Volume of exams annually by modality

Equipment: 15%

- Age of equipment
- Number of CT detectors/slices
- MR field strength

Service: 15%

- Accessibility
- Hours
- Multiple modalities



Efficiencies and Site Scores

Automated assessment process generates administrative efficiencies and develops site scores

Assessment Scorecard for: ABC Medical Center		Address	100 Main Street Anytown, USA 12345
		County	Anywhere
		Registration #	000001

Site Score (base score)				
Factor name	Factor description	Score Weight	Raw Score	Weighted Score
Site Hours	Sum of total hours open for services	10%	50	5.0
Site accessibility	Wheelchair and pediatric availability	5%	100	5.0
Site P&Ps	Quality measures	20%	100	20.0
Site QA	Quality measures	20%	100	20.0
Site Accreditation	JCAHO accreditation	10%	100	10.0
Site tech staffing	Quality measures	20%	100	20.0
Site CAQs	Additional physician radiology certifications	10%	0	0.0
Site # of modalities	Number of high-tech modalities offered	5%	100	5.0
Section total calculated:		100%		85.0
Site Score				85

CT Modality Scoring				
Modality Factor	Modality Factor Description	Score Weight	Raw Score	Weighted Score
Equipment Age	Age in years of machine	10%	75	7.5
Equipment Quality	CT channels, MRI field strength, etc	10%	75	7.5
Modality accreditation	Machine/modality accreditation	20%	0	0.0
Modality P&Ps	Modality QA	10%	0	0.0
Schedule lead times	Modality-specific scheduling lead time	5%	100	5.0
Modality Technologists	Modality-specific technologist certification	20%	100	20.0
Physician staffing	Physician staffing	25%	100	25.0
Section sub-total:		100%		65.0
Modality total (Based on Site and Modality)				72
Average Modality Cost				\$567

MR Modality Scoring				
Modality Factor	Modality Factor Description	Score Weight	Raw Score	Weighted Score
Equipment Age	Age in years of machine	10%	0	0.0
Equipment Quality	CT channels, MRI field strength, etc	10%	100	10.0
Modality accreditation	Machine/modality accreditation	20%	0	0.0
Modality P&Ps	Modality QA	10%	0	0.0
Schedule lead times	Modality-specific scheduling lead time	5%	100	5.0
Modality Technologists	Modality-specific technologist certification	20%	100	20.0
Physician staffing	Physician staffing	25%	100	25.0
Section sub-total:		100%		60.0
Modality total (Based on Site and Modality)				68
Average Modality Cost				\$985

Assessment Methodology

- Servicing provider self-reports quality indicators through dedicated web portal
- Access to a FAQ document that explains survey methodology
- AIM provides detailed “report cards” that deliver detailed explanation of provider performance
- BCBSLA receives detailed summary of provider performance

OptiNet Demonstration

Getting Started

Locating the assessment is easy on your **ProviderPortal_{SM}** homepage

The screenshot displays the ProviderPortal homepage for Valerie Rawicz. The main content area features the OptiNet Registration section, which includes a description of the tool, a download link for a checklist, and a prominent green button labeled "Access Your Optinet Registration". Two red circles highlight the "Access Your Optinet Registration" link in the left-hand navigation menu and the "Access Your Optinet Registration" button in the main content area.

Navigation Menu:

- Check Order Status
- Check Member's Eligibility
- Check Claim Status
- Access Your Optinet Registration**

Main Content Area:

OptiNet Registration

OptiNet is an online imaging provider assessment tool that collects data regarding advanced radiology network capabilities such as: modality-specific information on facility qualifications, technologist and physician qualifications, accreditation, equipment, and patient access. This includes gathering information about conformance to industry-recognized standards, such as those established by the American College of Radiology (ACR) and the Intersocietal Accreditation Commission (IAC).

Download our checklist to make sure you have all the information you'll need

[OptiNet Registration Checklist](#)

Access Your Optinet Registration

Message Center: The Provider Portal application will be unavailable Sundays between 12:30 PM CST - 6:00 PM CST for regularly scheduled maintenance.

Interactive Tutorial: [How to enter an OptiNet Registration](#)

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Assessment Registration

The registration wizard will assist you in completing your assessment, step by step

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Logout

Welcome to the AIM Provider Registration Wizard!

PLEASE BE PREPARED TO PROVIDE THE FOLLOWING INFORMATION TO COMPLETE YOUR REGISTRATION.

Print this page

Site and Contact Information

- Verify imaging facility address
- Designated contact person
- Hours of operation
- Accreditations and expiration dates

Equipment Information - For each modality (if applicable)

- Manufacturer
- Model
- Year Made
- Number of channels
- Magnet strength
- Table weight limit(if applicable)
- Volume of exams per month
- Accreditations and expiration date
- State registration and expiration date
- Procedures performed
- Average lead time to schedule appointment

Staff Information

Physicians Information (For each Interpreting Physician)

- Specialty
- Board certification and effective date
- Sub specialties/CAQ

Technologists/imagers Information (for each imager)

- State license number and expiration date(s)
- Modalities performed
- Certification(s) by modality
- Certification expiration date(s)

Shared and Mobile Services

- Other users of equipment & facility

Back Begin Registration

Select your Facility

Select "Register Site" to begin your assessment



Logout

Site List

[What's New](#)

PAYER1

TYPE RECORDS PER PAGE

Provider TIN	Site Name	Site Address	City	Status	Date	Reg Number	Score Card	Reg Summary	Actions
000000001	COMMUNITY HOSPITAL	123 N WIRE DR	SAMPLE						Register Site
000000001	COMMUNITY HOSPITAL	5 WAY AVE	SAMPLE						Register Site
000000001	FIRST HOSPITAL	1 S. PLACE DR	SAMPLE	Complete	04/20/2011	00-0008			Edit Copy
000000001	AREA HOSPITAL	678 PLACE DR	SAMPLE	Complete	04/22/2011	00-0001			Edit Copy
000000001	AREA HOSPITAL	678 PLACE DR	SAMPLE	Complete	04/14/2011	00-0002			Edit Copy
000000001	GOOD HOSPITAL	9 S. TWO DR	SAMPLE	Complete	04/16/2011	00-0006			Edit Copy
000000001	OPEN HOSPITAL	45 N. FIRST DR	SAMPLE	Complete	04/21/2011	00-0005			Edit Copy

Site Information

Enter your General Site Information

AIM American Imaging Management. OptiNet.

Home Site Information Staff Equipment Quality Control Summary Logout

General Site Information

PAYER1
COMMUNITY HOSPITAL

General Site Information Hours of Operation Additional Information

PLEASE VERIFY/ENTER THE APPROPRIATE INFORMATION

SITE NAME: COMMUNITY HOSPITAL	FIRST NAME: JACK
ADDRESS: 123 WIRE DR. SAMPLE CITY, IL 00001	LAST NAME: SMITH
COUNTY: SPACE	PHONE: (555) 555-5555
PHONE: 555-555-5555	E-MAIL ADDRESS: jsmith@sample.com
FAX: 555-555-5556	RETYPE E-MAIL ADDRESS: jsmith@sample.com
What modalities are performed at this location ? (check all that apply)	<input checked="" type="checkbox"/> CT <input checked="" type="checkbox"/> MR <input checked="" type="checkbox"/> NUCLEAR <input checked="" type="checkbox"/> PET

Back Next

Site Information

Next enter your facility's Hours of Operation

The screenshot displays the AIM OptiNet interface. At the top left is the AIM logo (American Imaging Management) and at the top right is the OptiNet logo. A navigation bar contains links for Home, Site Information, Staff, Equipment, Quality Control, Summary, and Logout. Below this is a header for 'Hours of Operation' and facility details: PAYER1, COMMUNITY HOSPITAL, and Registration Number: 00-0009. The main content area has three tabs: General Site Information, Hours of Operation (selected), and Additional Information. A blue banner states: 'OUTPATIENT DIAGNOSTIC IMAGING APPOINTMENTS ARE REGULARLY SCHEDULED DURING THE FOLLOWING HOURS AT THIS FACILITY'. Below this is a form with a 'Open 24 Hours x 7 Days' button and a 'Reset' button. A table lists the days of the week with time selection dropdowns for each. At the bottom are 'Back', 'Next', and 'Exit' buttons, with a mouse cursor pointing to the 'Next' button.

Day	Start Time	End Time
Monday	12:00AM	12:00AM
Tuesday	12:00AM	12:00AM
Wednesday	12:00AM	12:00AM
Thursday	12:00AM	12:00AM
Friday	12:00AM	12:00AM
Saturday	12:00AM	12:00AM
Sunday	12:00AM	12:00AM

Site Information

Additional information includes accreditation

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Home | Site Information | Staff | Equipment | Quality Control | Summary | Logout

Additional Information

PAYER1
COMMUNITY HOSPITAL
Registration Number: 00-0009

General Site Information | Hours of Operation | **Additional Information**

PLEASE ENTER THE APPROPRIATE INFORMATION

Does this facility meet ADA guidelines for wheelchair accessibility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Is sedation performed at this facility?	<input type="radio"/> Yes <input type="radio"/> No
Is this facility The Joint Commission Accredited? <i>(Joint Commission on Accreditation of Healthcare Organization)</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A
<i>If Yes, Expiration Date (mm/dd/yyyy)</i>	<input type="text"/>
Is this facility HFAP accredited? <i>(Healthcare Facilities Accreditation Program)</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A
<i>If Yes, Expiration Date (mm/dd/yyyy)</i>	<input type="text"/>

Back Next Exit

Staff Information

Enter your Interpreting Practice information and accompanying questions

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Home Site Information Staff **Equipment** Quality Control Summary Logout

Interpreting Practice

PAYER1
COMMUNITY HOSPITAL
Registration Number: 00-0009

Interpreting Practice Interpreting Physician Information Technologist/Imager

PLEASE ENTER THE APPROPRIATE INFORMATION

INTERPRETING PHYSICIANS OR GROUP NAME: Radiology Associates		CONTACT FIRST NAME: Smith
ADDRESS: 123 Main street	SUITE: 	CONTACT LAST NAME: Jane
CITY: Anytown	STATE: Illinois	ZIP: 00001
		CONTACT PHONE: (555)555-5555

PLEASE ANSWER THE FOLLOWING QUESTIONS:

Is a physician available on-site during business hours for contrast enhanced exams?	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
Are standard interpretive analysis and diagnosis reports on file?	<input checked="" type="radio"/> YES <input type="radio"/> NO

Back Next Exit

Staff Information

Select Add New Physician to enter your Interpreting Physician Information



Staff Information

Enter the Interpreting Physician Information here

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Home | Site Information | **Staff** | Equipment | Quality Control | Summary | Logout

Physician Information

PAYER1
COMMUNITY HOSPITAL
Registration Number: 00-0009

Interpreting Practice | **Interpreting Physician Information** | Technologist/Imager

PLEASE ENTER PHYSICIAN INFORMATION

LAST NAME : FIRST NAME

PRIMARY SPECIALTY SECONDARY SPECIALTY

PLEASE ANSWER THE FOLLOWING QUESTIONS:

Is this physician board certified? YES NO
If Yes, Renewal Date (mm/dd/yyyy)

Is this physician board eligible? YES NO

PLEASE SELECT THE SUB-SPECIALTIES (CAQ) INFORMATION BELOW AND EXPIRATION DATE, THEN CLICK ADD TO ENTER.

SUB-SPECIALTIES (CAQ)	ENTER RENEWAL DATE	ACTION
<input type="text" value="SELECT CAQ"/>	<input type="text"/> (MM/DD/YYYY)	<input type="button" value="Add"/>

Are copies of all above certifications available if requested? YES NO

Staff Information

Select Add Imager to enter your Technologist/Imager information



Staff Information

Enter the Technologist/Imager information here

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Home Site Information Staff Equipment Quality Control Summary Logout

Technologist/Imager

PAYER1
COMMUNITY HOSPITAL
Registration Number: 00-0009

Interpreting Practice Interpreting Physician Information Technologist/Imager

PLEASE ENTER YOUR TECHNOLOGIST INFORMATION

LAST NAME : Franklen FIRST NAME : Ben

STATE LICENSE# : 1234 EXPIRATION DATE (MM/DD/YYYY) :

PLEASE SELECT MODALITY, ASSOCIATED CERTIFICATION, AND EXPIRATION DATE, THEN CLICK ADD TO ENTER.

MODALITY	CERTIFICATION	ENTER EXPIRATION DATE (MM/DD/YYYY)	ACTION
Select Modality	Select Certification		Add
CT	ARRT (CT)	06/13/2012	DELETE

Are copies of the above certifications available if requested? YES NO

Cancel Next Exit

Equipment

This is where you will enter regarding your imaging equipment – CT, MR, Nuclear, PET, Echo, Mammography, Ultrasound, X-ray



Equipment

Complete the requested information for each modality you perform

PLEASE ENTER INFORMATION ABOUT CT EQUIPMENT		
MANUFACTURER:	GE	TYPE: Helical
MODEL:	Lightspeed	YEAR MADE: 2003
NUMBER OF DETECTOR ROWS (DETECTOR ARRAYS/SLICES/CHANNELS):	16	
IMAGING VOLUME PER MONTH:	400	
TABLE WEIGHT LIMIT:	400	LBS.
PROCEDURES PERFORMED: (CHECK ALL THAT APPLY)		
<input checked="" type="checkbox"/> - Chest/Abdomen/Pelvis <input type="checkbox"/> - Coronary CTA <input checked="" type="checkbox"/> - Extremity <input checked="" type="checkbox"/> - Head/Neck <input checked="" type="checkbox"/> - Non-Coronary CTA		
PLEASE ANSWER THE FOLLOWING QUESTIONS:		
What is the average lead-time in scheduling appointments for this modality?		1 days
ACR Accreditation	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Pending	EIP DATE (MM/DD/YYYY) 01/06/2011
ICADTL Accreditation	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Pending	EIP DATE (MM/DD/YYYY)
State Registration	<input type="radio"/> Yes <input checked="" type="radio"/> No	EIP DATE (MM/DD/YYYY)
Are pediatric patients imaged with this equipment?		<input type="radio"/> Yes <input checked="" type="radio"/> No
Minimum Pediatric Imaging Age		
Documentation available from a service company or physicist confirming current preventative maintenance with calibration has been performed for all CT imaging equipment?		<input checked="" type="radio"/> Yes <input type="radio"/> No
Does an organization, other than the facility submitting this application, utilize the imaging equipment listed for this location?		<input type="radio"/> Yes <input checked="" type="radio"/> No
Facility has or utilizes mobile imaging services?		<input type="radio"/> Yes <input checked="" type="radio"/> No
Cancel		Next

Quality Control

There are five sections to complete in this section, here you will answer questions on your Policies and Procedures

The screenshot shows the AIM (American Imaging Management) interface. At the top, there are logos for AIM and OptiNet. Below the logos is a navigation bar with tabs: Home, Site Information, Staff, Equipment, Quality Control (selected), Summary, and Logout. The main content area is titled 'Policies' and displays information for 'PAYER1 COMMUNITY HOSPITAL' with a registration number of 00-0009. A sub-navigation bar includes 'Policies & Procedures' (selected), Quality Assurance, Safety Precautions, Staff, and Equipment. The main section is titled 'POLICIES AND PROCEDURES AVAILABLE' and contains a table of diagnostic imaging policies. Each policy has radio buttons for 'Yes', 'No', and 'N/A'. A mouse cursor is pointing at the 'Next' button at the bottom of the table. An 'Exit' button is located below the table.

POLICIES AND PROCEDURES AVAILABLE	
THE FOLLOWING POLICIES ARE IN PLACE FOR DIAGNOSTIC IMAGING AT THIS LOCATION:	
Administration of Diagnostic Contrast Media (intravascular, oral, rectal, other)	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Conscious Sedation of Adult and Pediatric	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Disinfection of equipment between patients	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Emergency Life Support Procedure	<input checked="" type="radio"/> Yes <input type="radio"/> No
Incident Reporting	<input checked="" type="radio"/> Yes <input type="radio"/> No
Injection Administration	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Medication storage and disposal	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Patient and Personnel Environment Safety	<input checked="" type="radio"/> Yes <input type="radio"/> No
Universal precautions and blood borne pathogens	<input checked="" type="radio"/> Yes <input type="radio"/> No

Back Next Exit

Quality Control

Complete the Quality Assurance questions

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Home Site Information Staff Equipment **Quality Control** Summary Logout

Quality Assurance

PAYER1
COMMUNITY HOSPITAL
Registration Number: 00-0009

Policies & Procedures **Quality Assurance** Safety Precautions Staff Equipment

QUALITY ASSURANCE/ QUALITY IMPROVEMENT

THE FOLLOWING POLICIES ARE IN PLACE FOR DIAGNOSTIC IMAGING AT THIS LOCATION:

Analysis of repeat film and repeat film requests is performed quarterly, at a minimum	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Audit, monitor, document, and report standard imaging report criteria adherence	<input checked="" type="radio"/> Yes <input type="radio"/> No
Collect, review & analyze patient, ordering physician, provider and staff complaints	<input checked="" type="radio"/> Yes <input type="radio"/> No
Complaints included in the organization's overall quality improvement program	<input checked="" type="radio"/> Yes <input type="radio"/> No
Established and documented turn-around time Average time to report findings to referring physician	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Established and documented turn-around time STAT turnaround time to report finding to referring physician	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Established protocol for reporting imaging results to ordering (treating) physicians	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Established report and/or film tracking mechanisms	<input checked="" type="radio"/> Yes <input type="radio"/> No
Monitor scheduling backlogs including flexible adjustments staffing needs	<input checked="" type="radio"/> Yes <input type="radio"/> No
Positioning Manual and Exam Protocols available in each imaging examination room	<input checked="" type="radio"/> Yes <input type="radio"/> No
QA Peer Review program to review, analyze, and evaluate film and report quality	<input checked="" type="radio"/> Yes <input type="radio"/> No

Quality Control

Enter your Quality Assurance information



- Home
- Site Information
- Staff
- Equipment
- Quality Control
- Summary
- Logout

Safety Precautions

PAYER1
COMMUNITY HOSPITAL
Registration Number: 00-0009

Policies & Procedures Quality Assurance **Safety Precautions** Staff Equipment

PATIENT AND EMPLOYEE SAFETY PRECAUTIONS

THE FOLLOWING PRECAUTIONS ARE IN PLACE FOR DIAGNOSTIC IMAGING AT THIS LOCATION:

Lead shields are offered and used on all patients	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Lead aprons/shielding regularly checked for leaks	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Personnel, individual levels of radiation exposure are monitored annually	<input checked="" type="radio"/> Yes <input type="radio"/> No
Pregnancy radiation exposure risk warning signs displayed in the waiting area	<input checked="" type="radio"/> Yes <input type="radio"/> No
Warning signs of radiation exposure prominently displayed on examination doors	<input checked="" type="radio"/> Yes <input type="radio"/> No

Quality Control

Enter your Staff information



[Home](#) | [Site Information](#) | [Staff](#) | [Equipment](#) | [Quality Control](#) | [Summary](#) | [Logout](#)

Staff

PAYER1
 COMMUNITY HOSPITAL
 Registration Number: 00-0009

[Policies & Procedures](#) | [Quality Assurance](#) | [Safety Precautions](#) | **Staff** | [Equipment](#)

PLEASE ANSWER THE FOLLOWING ADDITIONAL QUESTIONS

Are Imaging Technologists reviewed annually, at a minimum, against the list of providers disciplined, sanctioned, or excluded from participating in any federal health care program by the DHHS, CMS, and OIG?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Are individual levels of radiation exposure monitored annually, at a minimum?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Are individual technologist continuing education requirements collected and reviewed annually, at a minimum, and are available for review upon request?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Are licensure and certification verified annually, at a minimum?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Documentation that your facility's imaging staff has been educated on all exam protocols for each study performed at this facility is available upon request?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Is a copy of each imaging technologist's registration, certification and/or applicable state licensure, by modality, available upon request?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Is there a supervising or lead technologist on staff?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A

[Back](#) [Next](#) [Exit](#)

Quality Control

Enter your Equipment information

AIM American Imaging Management. OptiNet.

Home Site Information Staff Equipment Quality Control Summary Logout

Equipment

PAYER1
COMMUNITY HOSPITAL
Registration Number: 00-0009

Policies & Procedures Quality Assurance Safety Precautions Staff Equipment

PROCEDURES IN PLACE FOR ROUTINE QUALITY ASSESSMENT OF THE FOLLOWING ELEMENTS

CT	
A process for exam retrieval	<input checked="" type="radio"/> Yes <input type="radio"/> No
Assessment of CT-guided interventional radiology procedure outcomes	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Assessment of complication rate	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Assessment of diagnostic accuracy	<input checked="" type="radio"/> Yes <input type="radio"/> No
CT Number with standard deviation, using phantom linearity	<input checked="" type="radio"/> Yes <input type="radio"/> No
CT scanning parameters are permanently documented on image	<input checked="" type="radio"/> Yes <input type="radio"/> No
Copies of all CT exam protocols available to CT technologists	<input checked="" type="radio"/> Yes <input type="radio"/> No
Injections completed under physician supervision	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Physician or appropriately licensed medical personnel injects contrast	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Policies for long-term exam storage or electronic archiving	<input checked="" type="radio"/> Yes <input type="radio"/> No
Magnetic	
A process for exam retrieval	<input checked="" type="radio"/> Yes <input type="radio"/> No
All scanning parameters permanently documented on each image	<input checked="" type="radio"/> Yes <input type="radio"/> No

Reviewing your Assessment

Here a summary of all the information you provided is available for your review

Summary

PAYER1
COMMUNITY HOSPITAL
Registration Number: 00-0009

Submit Registration

Summary Missing Information Comments Statement of Accuracy

YOU HAVE PROVIDED THE FOLLOWING INFORMATION FOR REGISTRATION:

IMAGING FACILITY:	CONTACT INFORMATION:
PAYER1 COMMUNITY HOSPITAL 123 WIRE DR. SAMPLE CITY, IL 00001	Name: JACK SMITH Phone: (555) 555-5555 Email: SMITHJ@demo.com

HOURS OF OPERATION

Mon	Tues	Wed	Thurs	Fri	Sat	Sun
12:00AM to 12:00AM						

REGISTERED STAFF

1	Physicians
1	Technologists

REGISTERED EQUIPMENT

1	CT
1	MR
2	NUCLEAR
1	PET

Back Next Ex

Reviewing your Assessment

Any Missing Information will be displayed here for completion

AIM
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OptiNet.

Home | Site Information | Staff | Equipment | Quality Control | **Summary** | Logout

Missing Information

PAYER 1
COMMUNITY HOSPITAL
Registration Number: 00-0009

Submit Registration

Summary | **Missing Information** | Comments | Statement of Accuracy

INCOMPLETE INFORMATION [Print this page](#)

The following required information for the registration process has not been completed. You will be able to submit your application once all of this information has been completed.

MISSED INFORMATION	LOCATION
Is sedation performed at this facility?	Site Information section, Additional Information tab
Board Certification Renewal d...	Staff section, Physician Information tab

Back | Unable to Complete | Exit

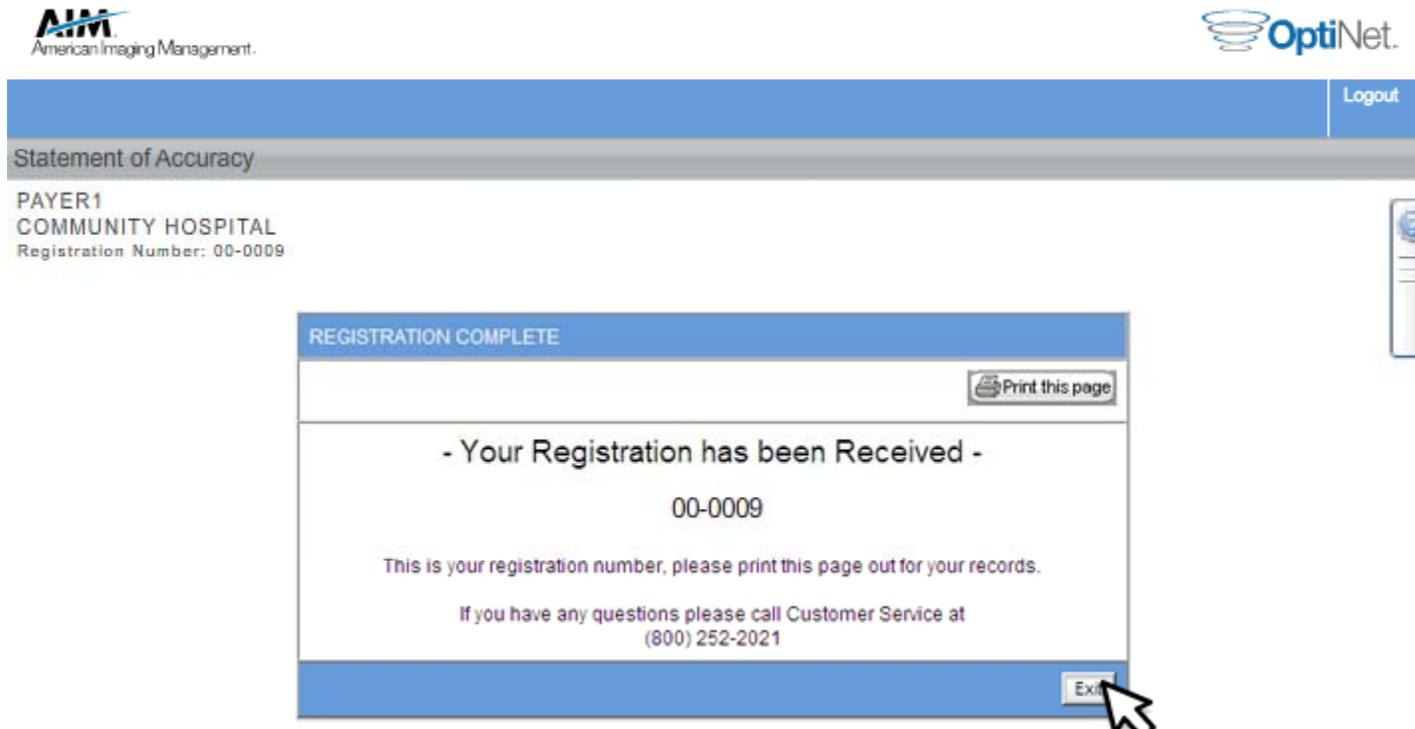
Submitting your Assessment

Once your review is complete, read the Statement of Accuracy, select I Agree, and click Submit Registration

The screenshot shows the AIM American Imaging Management OptiNet interface. At the top, there are logos for AIM and OptiNet. Below them is a navigation bar with links: Home, Site Information, Staff, Equipment, Quality Control, Summary, and Logout. The main content area is titled 'Statement of Accuracy' and displays information for 'PAYER1 COMMUNITY HOSPITAL' with a registration number of 00-0009. A 'Submit Registration' button is visible in the top right. Below this is a sub-navigation bar with tabs for Summary, Missing Information, Comments, and Statement of Accuracy. The 'Statement of Accuracy' tab is active, showing a 'LEGAL AGREEMENT' section. The agreement text includes several numbered points regarding data accuracy and usage. At the bottom of the agreement section, there is a radio button next to the text 'I AGREE'. Below the agreement section are 'Back' and 'Submit' buttons.

Submitting your Assessment

You will receive a registration number, print and save it for your records



The screenshot shows a web interface for AIM (American Imaging Management) OptiNet. At the top left is the AIM logo with the text "American Imaging Management." At the top right is the OptiNet logo. Below the logos is a blue navigation bar with a "Logout" link on the right. Underneath is a grey bar labeled "Statement of Accuracy". Below that, the text reads "PAYER1 COMMUNITY HOSPITAL Registration Number: 00-0009". The main content area features a blue-bordered box titled "REGISTRATION COMPLETE". Inside this box, there is a "Print this page" button in the top right corner. The central text says "- Your Registration has been Received -" followed by the registration number "00-0009". Below this, it states "This is your registration number, please print this page out for your records." and "If you have any questions please call Customer Service at (800) 252-2021". An "Exit" button is located in the bottom right corner of the box, with a mouse cursor pointing at it.

Copying your Assessment

If you have more than one facility to register, you may use the Copy function to transfer your information

AIM American Imaging Management. OptiNet. Logout

Site List

What's New

PAYER1

TYPE Active Sites RECORDS PER PAGE 10

Provider TIN	Site Name	Site Address	City	Status	Date	Reg Number	Score Card	Reg Summary	Actions
000000001	COMMUNITY HOSPITAL	123 N WIRE DR	SAMPLE	Complete	04/27/2011	00-0009			Edit Copy
000000001	COMMUNITY HOSPITAL	5 WAY AVE	SAMPLE						Register Site
000000001	FIRST HOSPITAL	1 S. PLACE DR	SAMPLE	Complete	04/20/2011	00-0008			Edit Copy
000000001	AREA HOSPITAL	678 PLACE DR	SAMPLE	Complete	04/22/2011	00-0001			Edit Copy
000000001	AREA HOSPITAL	678 PLACE DR	SAMPLE	Complete	04/14/2011	00-0002			Edit Copy
000000001	GOOD HOSPITAL	9 S. TWO DR	SAMPLE	Complete	04/16/2011	00-0006			Edit Copy
000000001	OPEN HOSPITAL	45 N. FIRST DR	SAMPLE	Complete	04/21/2011	00-0005			Edit Copy

Copying your Assessment

Select Register Site for the facility you wish to transfer your information to

AIM American Imaging Management. OptiNet. Logout

Site List

What's New

Click on "Paste" to copy the registration.
You have selected the following site to Copy from:
000000001 PAYER1CARE IL REGIONAL MEDICAL CENTER 123 WIRE DR

Cancel Copy

PAYER1

TYPE Active Sites RECORDS PER PAGE 10

Provider TIN	Site Name	Site Address	City	Status	Date	Reg Number	Score Card	Reg Summary	Actions
000000001	COMMUNITY HOSPITAL	123 N WIRE DR	SAMPLE	Complete	04/27/2011	00-0009			Edit Copy
000000001	COMMUNITY HOSPITAL	5 WAY AVE	SAMPLE						Register Site
000000001	FIRST HOSPITAL	1 S. PLACE DR	SAMPLE	Complete	04/20/2011	00-0008			Edit Copy
000000001	AREA HOSPITAL	678 PLACE DR	SAMPLE	Complete	04/22/2011	00-0001			Edit Copy
000000001	AREA HOSPITAL	678 PLACE DR	SAMPLE	Complete	04/14/2011	00-0002			Edit Copy
000000001	GOOD	9 S. TWO	SAMPLE	Complete	04/16/2011	00-0006			Edit Copy

Copying your Assessment

Select OK to copy the registration

AIM American Imaging Management. OptiNet. Logout

Site List

What's New

Microsoft Internet Explorer

You have selected to copy registration
from site: 000000001 - COMMUNITY HOSPITAL, 123 N WIRE DR
to site: 000000001 - COMMUNITY HOSPITAL, 5 WAY AVE

Any information previously entered will be lost.
Do you want to proceed?

OK Cancel

Provider TIN	Site Name	Site Address	City	Status	Date	Reg Number	Score Card	Reg Summary	Actions
000000001	COMMUNITY HOSPITAL	123 N WIRE DR	SAMPLE	Complete	04/27/2011	00-0009			Edit Copy
000000001	COMMUNITY HOSPITAL	5 WAY AVE	SAMPLE						Register Site
000000001	FIRST HOSPITAL	1 S. PLACE DR	SAMPLE	Complete	04/20/2011	00-0008			Edit Copy
000000001	AREA HOSPITAL	678 PLACE DR	SAMPLE	Complete	04/22/2011	00-0001			Edit Copy
000000001	AREA HOSPITAL	678 PLACE DR	SAMPLE	Complete	04/14/2011	00-0002			Edit Copy
000000001	GOOD	9 S. TWO	SAMPLE	Complete	04/16/2011	00-0006			Edit Copy

Viewing your Scorecard

To view your facility's scorecard, select the icon from the Scorecard column

The screenshot shows the AIM American Imaging Management interface. At the top left is the AIM logo with the text 'American Imaging Management.' At the top right is the OptiNet logo. Below the logos is a blue navigation bar with a 'Logout' link. Underneath is a grey bar labeled 'Site List'. A 'What's New' button is visible on the left. The main content area features a 'PAYER1' tab and a 'TYPE' dropdown menu set to 'Active Sites'. To the right of the dropdown is a 'RECORDS PER PAGE' dropdown set to '10'. Below this is a table with the following data:

Provider TIN	Site Name	Site Address	City	Status	Date	Reg Number	Score Card	Reg Summary	Actions
000000001	COMMUNITY HOSPITAL	123 N WIRE DR	SAMPLE	Complete	04/27/2011	00-0009			Edit Copy
000000001	COMMUNITY HOSPITAL	123 N WIRE DR	SAMPLE	Complete	04/27/2011	00-0009			Edit Copy
000000001	FIRST HOSPITAL	1 S. PLACE DR	SAMPLE	Complete	04/20/2011	00-0008			Edit Copy
000000001	AREA HOSPITAL	678 PLACE DR	SAMPLE	Complete	04/22/2011	00-0001			Edit Copy
000000001	AREA HOSPITAL	678 PLACE DR	SAMPLE	Complete	04/14/2011	00-0002			Edit Copy
000000001	GOOD HOSPITAL	9 S. TWO DR	SAMPLE	Complete	04/16/2011	00-0006			Edit Copy
000000001	OPEN HOSPITAL	45 N. FIRST DR	SAMPLE	Complete	04/21/2011	00-0005			Edit Copy