



TOOL 3: The Administrative Readiness Tool (ART)

The ART is designed to help you assess and improve the core administrative processes needed most to support primary and behavioral health care integration.

Note that this tool will not just ask you if you believe you can collect the data. It will actually ask you to find the data. That may seem challenging, but it is best to start building your foundation early so it is ready when you need it.

Outcomes:

- ▶ Assessment of the data available within your organization to continually make data based decisions around effective administrative procedures
- ▶ Assessment of ability to participate in bundled/shared risk payment models.
- ▶ Assessment of ability to focus on episodic care needs and treat to target models
- ▶ Assessment of electronic health record capacity
- ▶ Assessment of ability to provide high quality services at the lowest possible cost
- ▶ Assessment of ability to produce measureable outcomes

Best Way to Use the ART: A self-assessment tool, the ART requires your management team to schedule time to meet and work through the sections. Typically, the assessment takes 6-8 hours to complete.

As your management team prepares to use ART, consider the following:

1. It is important for your team to move away from anecdotal responses to the questions such as “I think the rate is...” and to understand the actual rate or data point.
2. If there are significant variances in response levels or service process data among the management team members, it is important to identify if an ART needs to be completed for specific programs or locations (e.g., children/adolescent/pediatric vs. adult/geriatric) to identify process variances with the clinic. If it is determined that multiple ART forms are needed to assess the organization’s components, add and average the question and section scores to generate an overall score for the organization as a whole.

3. If the question and section scores have more than a one point difference, the key issue to identify is if your organization is operating coherently as a “group practice” or “program team” rather than as a “loosely held federation of individual practices.”

If variance is found within program practice, integrating primary care services will be more difficult. Therefore, the ART should be used to identify internal practice and administrative support variance to reduce the time and cost of service delivery processes prior to starting integrated care efforts.

4. The self-assessment scoring model for each question and section of the ART is based on a five point scale:

5	4	3	2	1
Not a Challenge	Small Concern	Moderate Concern	Quite a bit of Concern	Serious Challenge

The following scoring parameters must support the level of concern that your team identifies:

- If your team does not know the answer to a question, document the score as “1.” (e.g., if your management team does not know the cost and average number of days to treatment)
- If your team knows the response to the specific primary question on the left and does not know the answer to the identified secondary questions on the right, then the score should be “2.”
- If your team cannot readily identify the response to the question, but rather has to “research” the answer, the score should be a “2” or “3” based on how long it took to obtain the data needed to respond. Longer research means a lower score. The key concern in this case is that the management team members do not have an awareness level that will support their routine use of the data to make more objective decisions about the service delivery process or to support coaching/mentoring/improvements.
- If your team identifies a level of practice variance within programs or locations, the score should be a “2” or “3” based on the level of variance identified and the amount of effort it will take to standardize the practice.

At the end of each section of the ART, there is a “total cumulative score” indicator that will allow your team to total all individual question scores in a section. Also, at the end of the ART, there is a scoring sheet that provides for transferring the sections’ cumulative scores to an overall score summary with recommendations for next steps.

Organization of the ART Sections: (Sections A-G, K, M: PCMH*)

- A. Clinic has a time and cost effective **access to treatment** process
- B. Clinic has Centralized Electronic **schedule management** system
- C. Clinic has implemented **caseload management** to support appropriate utilization levels
- D. Clinic has **re-engagement/transition procedures** for current cases not actively in treatment.
- E. Clinic has **real time documentation support** processes
- F. Clinic has **cost based key performance indicators (KPIs)** for all staff and a measurement capacity to support coaching/mentoring activities by supervisors/managers
- G. Clinic has integrated KPIs into the job descriptions of all staff and into the **performance evaluation** model used
- H. Clinic has implemented **internal utilization management functions** including credentialing support for clinical staff; pre-certs, authorizations and re-authorizations; and referrals to clinicians credentialed on the appropriate third party/ACO/Medical Home/Health Home panels
- I. Clinic has a **diversified payer mix**
- J. Clinic has **appropriate revenue cycle management** including co-pay collections and claim submission
- K. Clinic has **outcome assessment capacity** and measurement tools to integrate achieved outcomes into support service delivery process change
- L. **Community Awareness, Branding and Market Share**
- M. Clinic has **decision making** and change management capacity including the use of Rapid Cycle Change models

Administrative Readiness Tool (ART)

Clinic Name _____

Section A: Access to Services

1. Does the clinic measure/know the cost and average number of days from first call for help to initial appointment?
 Answer this both in general, and for referrals for a collaborative PRIMARY AND BEHAVIORAL HEALTH care.

Yes
 No

If YES, please indicate the cost and average days:
 Cost: \$ _____
 Avg. # Days Wait: _____

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not A Challenge

2. Does the clinic have written access to care policies/procedures that establish benchmarks for access? (i.e., clients admitted into services within 3 days of request)
 Are there standards for access for collaborative primary health/behavioral health referrals?

Yes
 No

If YES, is the clinic compliant with the standards in the policy and procedures:
 Yes No

<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Not A Challenge	Small Concern	Moderate Concern	Quite a bit of Concern	Serious Challenge

3. Is there a single-point-of-entry system, staffed by clinicians, for all clients to enter your service system? (This can be an actual physical location, or a consistent function that is applied across locations.)

Yes
 No

If YES, which of the following does this system provide? (check all that apply)

- Clinical assessment
- Financial assessment
- Preauthorization for services
- Initial Treatment Plan
- Direct admission into the appropriate clinical service
- Other: _____

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not A Challenge

4. In general, do the access processes support timely referral acceptance requirements and reduce redundant collection of information?

Yes
 No

Comments: _____

<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Not A Challenge	Small Concern	Moderate Concern	Quite a bit of Concern	Serious Challenge

5. Is there awareness within the clinic of the number of requests for services being made monthly? Number of requests for service from collaborative primary health /behavioral health providers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES , which of the following does this system provide? (check all that apply) Adults: _____ Child/Adolescent: _____		
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not A Challenge
6. Does the clinic measure/monitor the number of requests for service (total scheduled) vs. the number of “kept” intakes/assessments?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES , indicate the “kept” percentage: _____%	
<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Not A Challenge	Small Concern	Moderate Concern	Quite a bit of Concern	Serious Challenge
7. Does the clinic have a waiting list for services (defined as a request for service or an assessed need for specific services that cannot be provided due to lack of appointment capacity)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES , how many clients are waiting for the appropriate service(s)? _____	
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not A Challenge
Section A Total Cumulative Score				

Section B: Centralized Electronic Scheduling

1. Do any clinical staff maintain their own individual schedules (in books or personal calendars)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES , has there been a past attempt(s) to convert staff to an electronic capacity? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Not A Challenge	Small Concern	Moderate Concern	Quite a bit of Concern	Serious Challenge
1. Does the clinic have a software based electronic scheduling capacity?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES , does has electronic capacity been fully implemented clinic-wide? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not A Challenge
3. Does the clinic's front desk manage the schedule for ongoing appointments?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES , do clinicians also manage scheduling ongoing appointments? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Not A Challenge	Small Concern	Moderate Concern	Quite a bit of Concern	Serious Challenge

4. Does the clinic manage new requests for services through a centralized scheduling process?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If NO , do clinical staffs manage scheduling new requests for service? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not A Challenge
5. Does the clinic's staff call clients prior to their scheduled appointments?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If NO , does the clinic use an electronic reminder system? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Not A Challenge	Small Concern	Moderate Concern	Quite a bit of Concern	Serious Challenge
6. Does the clinic have an appointment back fill process for all client canceled appointments?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES , what is the back fill percentage last quarter for canceled appointments? _____%		
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not A Challenge
7. Does the clinic have a "Will Call" status/list for clients seeking appointments or for clinicians who want to work a client into their schedules?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES , do the clinicians submit the Will Call lists to the scheduler? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Not A Challenge	Small Concern	Moderate Concern	Quite a bit of Concern	Serious Challenge
8. If the clinic has community based staff, are their scheduled activities incorporated into the centralized scheduling process?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If NO , how are schedules maintained for community based staff? _____		
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not A Challenge
9. Does the clinic have a "standing appointment" requirement for all clinical staff (i.e., staff provide centralized scheduler when they will take PTO, annual leave, meetings, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES , how far in advance are the standing appointments required? <input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> 90 days <input type="checkbox"/> 120 days Other: _____		
<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Not A Challenge	Small Concern	Moderate Concern	Quite a bit of Concern	Serious Challenge

10. Does the clinic have a utilization management plan in place to ensure that they only schedule clients with appropriate clinicians on the appropriate funder panels?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If NO , last year what percentage of third party/insurance and Medicare funded clients are referred to clinical staff not credentialed to serve? _____%		
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not A Challenge
11. Does the clinic identify the specific schedule rate for each direct care staff based on the level of billable hour/direct care performance required and the percentage of no show/cancellation each staff has experienced?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If NO , how does the clinic ensure that each direct care staff meets their respective billable hour/direct service standard? (i.e., double book, etc.): _____		
<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Not A Challenge	Small Concern	Moderate Concern	Quite a bit of Concern	Serious Challenge
12. Does the clinic calculate the daily schedule rate required per clinic location to support determination of centralized scheduling capacity needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If NO , how does the clinic calculate the schedule rate capacity needed per location/program? _____		
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not A Challenge
Section B Total Cumulative Score				

Section C: Caseload Management				
1. How many unduplicated clients does the clinic serve? How many have both primary health and behavioral health issues?	Monthly:	Yearly:	Percent Adults: _____ %	Percent Child/Adolescent: _____ %
<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Not A Challenge	Small Concern	Moderate Concern	Quite a bit of Concern	Serious Challenge
2. Does the clinic use caseload size key performance standards for each individual clinician or team?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES , indicate the top two caseload size criteria: 1 _____ 2 _____		
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not A Challenge

3. Does the clinic use engagement strategies to support no show reduction, medication adherence and retention in services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES , indicate the top two most effective strategies: 1 _____ 2 _____
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<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Not A Challenge	Small Concern	Moderate Concern	Quite a bit of Concern	Serious Challenge

4. Do clients in general routinely receive the amount, frequency and duration of services (including integrated services) ordered in the treatment plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If NO , what processes are in place to help ensure fidelity between the treatment ordered in the plan and the treatment delivered? _____
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<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not A Challenge

5. Does the clinic have specific transfer/ discharge protocol for cases that are not actively in treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES , are these protocols effective in transitioning cases not actively in treatment out of the caseloads?: <input type="checkbox"/> Yes <input type="checkbox"/> No
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<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Not A Challenge	Small Concern	Moderate Concern	Quite a bit of Concern	Serious Challenge

Section C Total Cumulative Score:	
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Section D: Re-Engagement and Transition Principles and Practices

1. Does the clinic track Appointment/ Attendance Codes in terms of the daily occurrence patterns?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES , please check all attendance code types tracked? <input type="checkbox"/> Kept/Scheduled/Show <input type="checkbox"/> No Show <input type="checkbox"/> Client Canceled <input type="checkbox"/> Staff Canceled <input type="checkbox"/> Unscheduled <input type="checkbox"/> Other:
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<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Not A Challenge	Small Concern	Moderate Concern	Quite a bit of Concern	Serious Challenge

2. Does the clinic have a standard definition for No Show versus Cancel (Staff and Client Types)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES , what is the definition for: No Show _____ Client Canceled _____ Staff Canceled _____
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<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not A Challenge

3. Does the clinic track the number of no shows and cancels for each clinician?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES , please indicate the clinics overall target performance standards for No Show/Canceled levels for: No Show ____% Client Canceled ____% Staff Canceled ____%		
<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Not A Challenge	Small Concern	Moderate Concern	Quite a bit of Concern	Serious Challenge
4. Does the clinic track no shows/cancellations by individual case number?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES , how is this information used by clinical and scheduling staff? _____		
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not A Challenge
5. Does the clinic track the number of staff cancellations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES , how is this information used by the supervisors? _____		
<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Not A Challenge	Small Concern	Moderate Concern	Quite a bit of Concern	Serious Challenge
6. Does the clinic have a specific no show/canceled appointment policy and procedure?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES , has the policy and procedure effectively reduced the no show/canceled rates? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not A Challenge
7. Does the clinic use Engagement Specialist staff to contact clients to assist in re-engaging them in treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES , has the Engagement Specialist model effectively reduced the no show/canceled rates? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Not A Challenge	Small Concern	Moderate Concern	Quite a bit of Concern	Serious Challenge
8. Does the clinic track daily staff or team activity in a format that can be used for data based supervision of efficient provision of services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES , how often are the daily staff activities summarized into a composite report? _____		
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not A Challenge
Section D Total Cumulative Score:				

Section E: Documentation and Support Processes

1. Please confirm the documentation model used by the majority of direct care staff in the clinic:

- Post Documentation (documentation of clinical services provided after the service event has concluded)
- Collaborative Concurrent Documentation (documentation of clinical services is a collaborative engagement process completed at the time of service with client present)

<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Not A Challenge	Small Concern	Moderate Concern	Quite a bit of Concern	Serious Challenge

2. If the clinic uses primarily a post documentation model (as per number one above) please confirm the overall performance levels of staff by indicating the percentage of direct care staff that meet the clinic's documentation submission standards

1. 95% to 100% compliant
2. 80% to 94% compliant
3. 70% to 79% compliant
4. Other level of compliance: _____%

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not A Challenge

3. Does the clinic measure the amount of time direct care staff spends individually on documentation of services provided?

- Yes
- No

If YES, what is the average direct service to documentation ratio last quarter?
Ratio: :

<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Not A Challenge	Small Concern	Moderate Concern	Quite a bit of Concern	Serious Challenge

4. Does the clinic have documentation completion and submission standards? (i.e., all clinical documentation is to be completed within 24 hours of service event)

- Yes
- No

If YES, what is the typical documentation submission standard in the clinic? _____

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not A Challenge

5. Does the clinic monitor documentation completion and submission as part of clinicians' performance standards?

- Yes
- No

If YES, does the monitoring include accuracy of documentation as well as submission? Yes No

<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Not A Challenge	Small Concern	Moderate Concern	Quite a bit of Concern	Serious Challenge

6. What type of medical/health information record documentation system does the clinic use?

- Paper E-Forms Fully Electronic Combination Paper/Electronic

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not A Challenge

7. Has the clinic implemented an electronic health record (EHR)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES , what is the primary level of clinician acceptance/approval of the new EHR? <input type="checkbox"/> Facilitates/supports service delivery <input type="checkbox"/> Constitutes a barrier to service delivery
7a. If YES to number ten, has the EHR been fully implemented?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If NO , what primary documentation functions are not yet operable in the EHR? _____

<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Not A Challenge	Small Concern	Moderate Concern	Quite a bit of Concern	Serious Challenge

Section E Total Cumulative Score:

Section F: Cost-Based Key Performance Indicators (KPIs) and Measurement Capacity

1. Does the clinic have defined key performance indicators for staff related to the following requirements:	Utilization Management/ Review <input type="checkbox"/> Yes <input type="checkbox"/> No Direct Service/ Billable Hours? <input type="checkbox"/> Yes <input type="checkbox"/> No Documentation Completion/ Submission? <input type="checkbox"/> Yes <input type="checkbox"/> No
1a. If YES to any part of number one, indicate the percentage based performance standards for each of the applicable requirement areas:	Utilization Management/ Review: _____% <input type="checkbox"/> Yes <input type="checkbox"/> No Direct Service/ Billable Hours? _____% which equals _____ hours per year <input type="checkbox"/> N/A Documentation Completion/ Submission? _____% in _____ hours <input type="checkbox"/> N/A

<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Not A Challenge	Small Concern	Moderate Concern	Quite a bit of Concern	Serious Challenge

2. Does the clinic track the amount of time staff members spend on documentation vs. direct care?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES , please indicate the documentation to direct service ratio last quarter: _____ : _____
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<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not A Challenge

3. Does the clinic monitor the actual costs of the individual services or integrated team-based services provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES , how accurate is this cost finding? <input type="checkbox"/> Very Accurate <input type="checkbox"/> Somewhat Accurate <input type="checkbox"/> Estimation
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3a. If **YES** to number three above, please indicate the **cost** of the following services last quarter or year:

	Diagnostic Assess (90801 Non-MD): \$_____ per <input type="checkbox"/> Unit <input type="checkbox"/> Hr <input type="checkbox"/> N/A
	Physical Exam: \$_____ per <input type="checkbox"/> Unit <input type="checkbox"/> Hr <input type="checkbox"/> N/A
	Pharm. Mgmt. (90862): \$_____ <input type="checkbox"/> Unit <input type="checkbox"/> Hr <input type="checkbox"/> N/A
	Psychiatric Evaluation (90801): \$_____ <input type="checkbox"/> Unit <input type="checkbox"/> Hr <input type="checkbox"/> N/A

<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Not A Challenge	Small Concern	Moderate Concern	Quite a bit of Concern	Serious Challenge

4. Please indicate the **average rate billed** for each of the following services:

	Diagnostic Assess (90801 Non-MD): \$_____ per <input type="checkbox"/> Unit <input type="checkbox"/> Hr <input type="checkbox"/> N/A
	Physical Exam (99201) : \$_____ per <input type="checkbox"/> Unit <input type="checkbox"/> Hr <input type="checkbox"/> N/A
	Pharm. Mgmt. (90862): \$_____ <input type="checkbox"/> Unit <input type="checkbox"/> Hr <input type="checkbox"/> N/A
	Psychiatric Evaluation (90801): \$_____ <input type="checkbox"/> Unit <input type="checkbox"/> Hr <input type="checkbox"/> N/A

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not A Challenge

5. Please indicate the average net revenue received (not the average rate billed) for each of the following services:

	Diagnostic Assess (): \$_____ per <input type="checkbox"/> Unit <input type="checkbox"/> Hr <input type="checkbox"/> N/A
	Physical Exam(): \$_____ per <input type="checkbox"/> Unit <input type="checkbox"/> Hr <input type="checkbox"/> N/A
	Pharm. Mgmt.: \$_____ <input type="checkbox"/> Unit <input type="checkbox"/> Hr <input type="checkbox"/> N/A
	Psychiatric Evaluation: \$_____ <input type="checkbox"/> Unit <input type="checkbox"/> Hr <input type="checkbox"/> N/A

<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Not A Challenge	Small Concern	Moderate Concern	Quite a bit of Concern	Serious Challenge

6. Does that clinic assess how staff resources are deployed and utilized across the clinic's cost centers or units (i.e., the clinic calculates the total number of clinical FTE's and associated client and staff times needed based on caseload service hour demand)?

<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>If NO, what method(s) does the clinic use to ensure appropriate staff/resource deployment: _____</p>
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<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not A Challenge

7. Does the clinic have the ability to measure key performance indicators for all staff?

<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>If YES, is the outcome of the key performance indicator data routinely shared with all staff members?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No
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<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Not A Challenge	Small Concern	Moderate Concern	Quite a bit of Concern	Serious Challenge

8. In the decision-making process does the clinic's management team rely more heavily on objective information from KPI measurement or more heavily on anecdotal/non-measured information?	<input type="checkbox"/> Objective Measurement <input type="checkbox"/> Anecdotal Information			
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not A Challenge
Section F Total Cumulative Score:				

Section G: KPIs Integrated into Job Descriptions and Performance Evaluations

1. Are all of the (integrated) performance requirements/standards that the clinic has identified for each staff incorporated into his/her individual job descriptions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If NO , is the job description model currently being used supportive of objective measurement of staff's performance requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Not A Challenge	Small Concern	Moderate Concern	Quite a bit of Concern	Serious Challenge
2. Are the performance, behaviors, aptitude and attitude KPI requirements for each staff position provided to candidates during application process	<input type="checkbox"/> Yes <input type="checkbox"/> No	If NO , how does the clinic ensure that new hires can obtain the KPI requirements of the position? _____		
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not A Challenge
3. Do clinical supervisors/managers provide regular supervision to clinicians that include (integrated) performance requirements and needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If NO , how are clinical staffs held accountable for their KPIs? _____		
<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Not A Challenge	Small Concern	Moderate Concern	Quite a bit of Concern	Serious Challenge
4. Are the performance evaluations used by the clinic supportive of holding staff accountable for required individual performance requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If NO , what tools are used to hold staff accountable for their individual performance? _____		
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not A Challenge
5. Do the annual staff evaluations truly and fully represent the performance, behavior, aptitude and attitude levels of staff in general? With regard to integration?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If NO , what seems to be the function of staff evaluations? _____		
<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Not A Challenge	Small Concern	Moderate Concern	Quite a bit of Concern	Serious Challenge
Section G Total Cumulative Score:				

Section H: Internal UM Processes, Credentialing and Authorizations for Services

1. Are all of the (integrated) performance requirements/standards that the clinic has identified for each staff incorporated into his/her individual job descriptions?

MDs/DOs: _____% N/A

Licensed Therapists: _____% N/A

NPs: _____% N/A

RNs: _____% N/A

Ph.Ds: _____% N/A

Pas: _____% N/A

5

4

3

2

1

Not A Challenge

Small Concern

Moderate Concern

Quite a bit of Concern

Serious Challenge

2. Does the clinic have a process in place to ensure that pre-certs, authorizations and re-authorizations are obtained in a timely manner?

Yes

No

If YES, what percent of claims were denied due to failure to obtain pre-certs, authorizations and/or re-authorizations during the past quarter? _____ %

1

2

3

4

5

Serious Challenge

Quite a bit of Concern

Moderate Concern

Small Concern

Not A Challenge

3. Does the clinic ensure that referrals are made to only clinicians credentialed on the appropriate payer panels?

Yes

No

If NO, what percent of the claims were denied due to referrals to clinicians that were not on the payer's panel during the past quarter? _____ %

5

4

3

2

1

Not A Challenge

Small Concern

Moderate Concern

Quite a bit of Concern

Serious Challenge

4. Does the clinic collect all co-pays and self-pay fee amounts at the front desk prior to the delivery of services?

Yes

No

If NO, what percent of the co-pays and self-pay fee amounts were collected during the past quarter from a post service collection model? _____ %

1

2

3

4

5

Serious Challenge

Quite a bit of Concern

Moderate Concern

Small Concern

Not A Challenge

5. Does the clinic have a financial fee assessment/agreement policy and protocol that requires production of the needed client financial income documentation verification prior to services beginning?

Yes

No

If YES, is this protocol uniformly applied to all appropriate clients that enter service? Yes No

If YES, what percentage of clients began service last quarter without producing required financial verification? _____ %

5

4

3

2

1

Not A Challenge

Small Concern

Moderate Concern

Quite a bit of Concern

Serious Challenge

6. Does the clinic have a requirement for clients with third party payer benefits to produce validation of insurance coverage prior to services beginning?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES , what percentage of clients began service last quarter without producing required third party insurance validation? _____ %		
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not A Challenge
7. Does the clinic have timely/accurate claim submission to support payment for services provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If NO , what percent of the claims submitted last quarter were submitted more than 30 days after service date? _____ %		
<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Not A Challenge	Small Concern	Moderate Concern	Quite a bit of Concern	Serious Challenge
8. Does the clinic monitor the medical loss ratio that provides a summary of the actual cost of services vs. the reimbursement for those services	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES , can the clinic differentiate the medical loss ratio by individual service types/codes? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not A Challenge
Section G Total Cumulative Score:				

Section I: Diversified Payer Mix

1. FY2012 Revenue Budget: \$ _____	FY2012 Expenditures Budget: \$ _____			
<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Not A Challenge	Small Concern	Moderate Concern	Quite a bit of Concern	Serious Challenge
2. Sources of Revenue as a %	Medicaid: _____%	Self-Pay/ State Grant: _____%		
	Medicare: _____%	Other Funding: _____%		
	Private Third Party Insurance: _____%			
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not A Challenge

<p>3. Does the clinic know the payer mix percentage of the general population within the clinic's service area?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>If YES, please provide the payer mix percentages for the following payers?</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none;">Medicaid: _____%</td> <td style="border: none;">Uninsured/Self-Pay: _____%</td> </tr> <tr> <td style="border: none;">Medicare: _____%</td> <td style="border: none;">Third Party Insurance: _____%</td> </tr> <tr> <td colspan="2" style="border: none;">Other Payers: _____%</td> </tr> </table>	Medicaid: _____%	Uninsured/Self-Pay: _____%	Medicare: _____%	Third Party Insurance: _____%	Other Payers: _____%	
Medicaid: _____%	Uninsured/Self-Pay: _____%							
Medicare: _____%	Third Party Insurance: _____%							
Other Payers: _____%								

<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Not A Challenge	Small Concern	Moderate Concern	Quite a bit of Concern	Serious Challenge

<p>4. Does the clinic monitor payer mix trends by month for individual clinicians?</p>	<p>Clinic based measurement: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <hr/> <p>Individual clinician based measurement: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <hr/> <p>How frequently is the payer mix monitored? _____</p>
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<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not A Challenge

<p>5. Does the clinic have service delivery contracts with any of the following healthcare reimbursement programs in the service area?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>If YES, check all that apply:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Federally Qualified Health Clinics (FQHCs) <input type="checkbox"/> Accountable Care Clinics (ACOs) <input type="checkbox"/> Primary Care Practice Medical Homes (PCPMHs) <input type="checkbox"/> Health Maintenance Clinic (HMO) <input type="checkbox"/> Preferred Provider Clinic (PPO) <input type="checkbox"/> Managed Behavioral Health Program (MBHP) <input type="checkbox"/> Behavioral Healthcare Organization (BHO) <input type="checkbox"/> Employee Assistance Program (EAP) <input type="checkbox"/> Other (Describe): _____
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<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Not A Challenge	Small Concern	Moderate Concern	Quite a bit of Concern	Serious Challenge

<p>1. If YES to any of items above, please indicate the payment methodologies that the clinic received (check all that apply)?</p>	<input type="checkbox"/> Capitation <input type="checkbox"/> Case Rate <input type="checkbox"/> Stratified Case Rate <input type="checkbox"/> Fee for Service	<input type="checkbox"/> Discounted Fee for Service <input type="checkbox"/> Episodic/Bundled Rate <input type="checkbox"/> Pay for Performance (P4P) <input type="checkbox"/> Other (Describe): _____
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<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not A Challenge

Section I Total Cumulative Score:	
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Section J: Revenue Cycle Management

1. Does the clinic monitor billing error rates? Yes No **If YES**, what was the billing error percentage rate during the past quarter? _____%

<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Not A Challenge	Small Concern	Moderate Concern	Quite a bit of Concern	Serious Challenge

2. Does the clinic have established billing policies, procedures and practices? Yes No **If YES**, what is the most ineffective practice during past quarter (i.e., self-pay collection rates)? _____

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not A Challenge

3. Does the clinic monitor and report Key Financial Performance Indicators? Yes No **If YES**, identify the top two financial KPIs:
a. _____
b. _____

<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Not A Challenge	Small Concern	Moderate Concern	Quite a bit of Concern	Serious Challenge

4. Does the clinic have specific enrollment and data refreshment protocols to ensure accurate collection of client financial data elements? Yes No **If YES**, how often is the ability to pay financial re-assessments completed on current caseload members? _____

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not A Challenge

5. Does the clinic routinely monitor all payers in its service market to establish staff credentialing protocols and availability to add clinical team members on the panel? Yes No **If NO**, how does the clinic confirm the credentialing requirements and panel availability for clinical staff? _____

<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Not A Challenge	Small Concern	Moderate Concern	Quite a bit of Concern	Serious Challenge

6. Does the clinic experience late service encounter submissions for a given clinic month that miss the cut off/close out? Yes No **If YES**, what is the average percent OR number of service events per clinic month that are submitted after the close out date for that clinic month?
_____% OR _____ Events of Service

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not A Challenge

7. Does the clinic capture all billing encounter data for all grants, payers, etc. and report the encounter levels by payer source on a routine basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If NO , which types of service encounters provided are not being recorded in the service encounter data base of the enterprise software on location within the clinic? _____		
<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Not A Challenge	Small Concern	Moderate Concern	Quite a bit of Concern	Serious Challenge
Section J Total Cumulative Score:				

Section K: Outcome Assessment Capacity

Does the clinic have the capacity to measure aggregate improvement in the following areas for the client population or population categories?

1. Functioning level of client in daily living activities	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES , what tools, measures do you use?		
<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Not A Challenge	Small Concern	Moderate Concern	Quite a bit of Concern	Serious Challenge
2. Reduction in the need for disruptive, high cost services (ER's, Psychiatric Hospitalization, etc)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES , what tools, measures do you use?		
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not A Challenge
3. Ability to self-manage or consistently use supports to manage chronic physical/behavioral conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES , what tools, measures do you use?		
<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Not A Challenge	Small Concern	Moderate Concern	Quite a bit of Concern	Serious Challenge
4. Linkage with primary care or behavioral health services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES , what tools, measures do you use?		
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not A Challenge

5. Improved Change in Work, Independent Living, or Social Support Status		<input type="checkbox"/> Yes	If YES , what tools, measures do you use?		
		<input type="checkbox"/> No			
<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	
Not A Challenge	Small Concern	Moderate Concern	Quite a bit of Concern	Serious Challenge	
6. Client Satisfaction		<input type="checkbox"/> Yes	If YES , what tools, measures do you use?		
		<input type="checkbox"/> No			
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not A Challenge	
Section K Total Cumulative Score:					

Section L: Community Awareness, Branding and Market Share

1. Does the clinic have an annual budget to support public information sharing, marketing awareness and image building?		<input type="checkbox"/> Yes	If YES , what percentage of clinic's total budget is spent on image building, public information and marketing? _____%		
		<input type="checkbox"/> No			
<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	
Not A Challenge	Small Concern	Moderate Concern	Quite a bit of Concern	Serious Challenge	
2. Does the clinic maintain a media contact list for all media in the service area?		<input type="checkbox"/> Yes	If YES , how many contacts are on the current list? _____		
		<input type="checkbox"/> No			
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not A Challenge	
3. Did the clinic originate any press releases and send them to members of the media in the service area last year?		<input type="checkbox"/> Yes	If YES , how many releases were generated and sent to members of the media last year? _____		
		<input type="checkbox"/> No			
<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	
Not A Challenge	Small Concern	Moderate Concern	Quite a bit of Concern	Serious Challenge	
4. Has the clinic completed any "branding" or "image assessment" surveys in the service area with general residents during the past two years?		<input type="checkbox"/> Yes	If YES , what was the most concerning brand or image information learned? _____		
		<input type="checkbox"/> No			
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not A Challenge	

5. Does the clinic know the percentage of general population market share that is served by other providers in the clinic's service area?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES , what is the clinic's share? _____% If YES , what is the market share for the next largest/smallest practice in the clinic's service area? _____%		
<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Not A Challenge	Small Concern	Moderate Concern	Quite a bit of Concern	Serious Challenge
6. Does the clinic monitor referrals by source and report/manage these data monthly, quarterly, annually?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If NO , how does the clinic monitor ongoing referral levels from each referral source? _____	
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not A Challenge
7. Has the clinic provided each referral source a customer satisfaction survey within the past year to measure satisfaction levels?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If NO , how does the clinic monitor referral source satisfaction levels? _____	
<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Not A Challenge	Small Concern	Moderate Concern	Quite a bit of Concern	Serious Challenge
Section L Total Cumulative Score:				

Section M: Change Management and Decision Making				
1. Does the clinic have a defined decision-making process/protocol that supports awareness of when a decision has been made?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If NO , what is the primary indicator that a decision has been made within the clinic (i.e. consensus is reached)? _____		
<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Not A Challenge	Small Concern	Moderate Concern	Quite a bit of Concern	Serious Challenge
2. Does the clinic use a formalized annual planning process to identify annual and long term goals?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES , what percent of the goals/objectives incorporated into the FY2009 have been accomplished (meaning fully implemented)? _____%	
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not A Challenge

3. Has the clinic used rapid cycle change management processes (Plan, Do, Study, Act)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES , what percent of the goals/objectives incorporated into last rapid cycle change plan have been fully implemented? _____%		
<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Not A Challenge	Small Concern	Moderate Concern	Quite a bit of Concern	Serious Challenge
4. The clinic develops a change management plan quickly and moves forward with timely decision-making about the solutions needed.	<input type="checkbox"/> True <input type="checkbox"/> False	If FALSE , what is a more accurate statement:		
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not A Challenge
5. When a decision is made to change, the clinic acts quickly to fully implement the change.	<input type="checkbox"/> True <input type="checkbox"/> False	If FALSE , what is a more accurate statement:		
<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Not A Challenge	Small Concern	Moderate Concern	Quite a bit of Concern	Serious Challenge
6. When change is implemented, staff members in the clinic rarely retreat to the way things were done prior to the change.	<input type="checkbox"/> True <input type="checkbox"/> False	If FALSE , what is a more accurate statement:		
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not A Challenge
7. The clinic does a great job evaluating changes implemented and modifying the changes as needed to ensure positive outcomes.	<input type="checkbox"/> True <input type="checkbox"/> False	If FALSE , what is a more accurate statement:		
<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Not A Challenge	Small Concern	Moderate Concern	Quite a bit of Concern	Serious Challenge
8. Staff members participating in the change process feel fully empowered through a sense of attainment based on the scope and timeliness of the decisions being made.	<input type="checkbox"/> True <input type="checkbox"/> False	If FALSE , what is a more accurate statement:		
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not A Challenge

9. Rate (from 1 to 10) the ease with which the clinic implements change in areas of clinical practice	Easy (1).....Difficult (10) <div style="text-align: center;">_____</div>			
<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Not A Challenge	Small Concern	Moderate Concern	Quite a bit of Concern	Serious Challenge
10. Rate (from 1 to 10) how quickly the clinic implements changes in clinical practices/standards?	Rapid (1).....Failure (10) <div style="text-align: center;">_____</div>			
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not A Challenge
Section M Total Cumulative Score:				
Total Cumulative Score Sections A - M				

ART Scoring SUMMARY:

1. Total number of questions is 97
2. Total Maximum Score at “5” level rating each is 485
3. Total Minimum Score at “1” level rating each is 97
4. Total Average Score at an average “3” level rating is 291
5. A cumulative clinic-wide score of less than 200 will require significant change management process support to effect changes needed.

ART Score and Priority Rating Sheet

Instructions:

- A. Average ART Section Score:** Below is a list of all Sections of the ART which includes a formula under each section to create and enter an average score per section in Column “B”.
- B. Importance Rating Determination:** Enter a score of 1, 3 or 5 in Column “C” to identify the importance rating the management team gives to the any section that the readiness score indicates that a change is required based on the following rating values:
- 1 = High Importance:** This item is very important to our clinic and potential partners and is a top priority
 - 3 = Moderate Importance:** This item is important but would never be a top priority for our clinic and potential partners
 - 5 = Low Importance:** This item is of little importance to our clinic or potential partners
- C. Change Need Score Column “D”:** To render the total change need score, multiply the average ART Section score in column “B” by the change importance rating in column “C”. The three ART section(s) with the lowest change need score(s) in column “D” (and ties in lowest score) need to be the focus of change goals in a Rapid Cycle Change Plan for your clinic

Sections	Column B Average Section Score	Column C Importance Rating	Column D Change Need Score (B Times C)
<p>Section A: Access to Care</p> <p>Total Section Score = _____ divided by 8 = Average Score enter in column "B" to the right</p>			
<p>Section B: Section B: Centralized Electronic Schedule Management</p> <p>Total Section Score = _____ divided by 12 = Average Score enter in column "B" to the right</p>			
<p>Section C: Caseload Management including Levels of Care/ Benefit Package Designs</p> <p>Total Section Score = _____ divided by 5 = Average Score enter in column "B" to the right</p>			
<p>Section D: Re-engagement/transition procedures</p> <p>Total Section Score = _____ divided by 8 = Average Score enter in column "B" to the right</p>			
<p>Section E: Collaborative Concurrent Documentation model and documentation support processes</p> <p>Total Section Score = _____ divided by 7 = Average Score enter in column "B" to the right</p>			
<p>Section F: Cost Based Key Performance Indicators (KPIs)</p> <p>Total Section Score = _____ divided by 8 = Average Score enter in column "B" to the right</p>			
<p>Section G: Integrated KPIs into the job descriptions and performance evaluation model</p> <p>Total Section Score = _____ divided by 5 = Average Score enter in column "B" to the right</p>			
<p>Section H: Internal utilization management functions</p> <p>Total Section Score = _____ divided by 8 = Average Score enter in column "B" to the right</p>			

<p>Section I: Diversified payer mix including Third Party Payers</p> <p>Total Section Score = _____ divided by 6 = Average Score enter in column "B" to the right</p>			
<p>Section J: Revenue cycle management including co-pay collections and claim submission</p> <p>Total Section Score = _____ divided by 7 = Average Score enter in column "B" to the right</p>			
<p>Section K: Outcome assessment and measurement tools to integrate achieved outcomes</p> <p>Total Section Score = _____ divided by 6 = Average Score enter in column "B" to the right</p>			
<p>Section L: Community Awareness, Branding and Market Share</p> <p>Total Section Score = _____ divided by 7 = Average Score enter in column "B" to the right</p>			
<p>Section M: Change management capacity including the use of Rapid Cycle Change models</p> <p>Total Section Score = _____ divided by 10 = Average Score enter in column "B" to the right</p>			