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:

   a. 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)

   b. 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."

   c. 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.

   d. 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: _____

☐ 1	☐ 2	☐ 3	☐ 4	☐ 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

☐ 5	☐ 4	☐ 3	☐ 2	☐ 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: _____

☐ 1	☐ 2	☐ 3	☐ 4	☐ 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:

☐ 5	☐ 4	☐ 3	☐ 2	☐ 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?

☐ Yes
☐ No

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

Adults:_____   Child/Adolescent:_____

☐ 1	☐ 2	☐ 3	☐ 4	☐ 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?

☐ Yes
☐ No

If YES, indicate the "kept" percentage:

_____%

☐ 5	☐ 4	☐ 3	☐ 2	☐ 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)?

☐ Yes
☐ No

If YES, how many clients are waiting for the appropriate service(s)? _____

☐ 1	☐ 2	☐ 3	☐ 4	☐ 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)?

☐ Yes
☐ No

If YES, has there been a past attempt(s) to convert staff to an electronic capacity?

☐ Yes   ☐ No

☐ 5	☐ 4	☐ 3	☐ 2	☐ 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?

☐ Yes
☐ No

If YES, does has electronic capacity been fully implemented clinic-wide?

☐ Yes   ☐ No

☐ 1	☐ 2	☐ 3	☐ 4	☐ 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?

☐ Yes
☐ No

If YES, do clinicians also manage scheduling ongoing appointments?

☐ Yes   ☐ No

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

4. Does the clinic manage new requests for services though a centralized scheduling process?

☐ Yes
☐ No

If NO, do clinical staffs manage scheduling new requests for service?

☐ Yes ☐ No

☐ 1	☐ 2	☐ 3	☐ 4	☐ 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?

☐ Yes
☐ No

If NO, does the clinic use an electronic reminder system?

☐ Yes ☐ No

☐ 5	☐ 4	☐ 3	☐ 2	☐ 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?

☐ Yes
☐ No

If YES, what is the back fill percentage last quarter for canceled appointments?

_____%

☐ 1	☐ 2	☐ 3	☐ 4	☐ 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?

☐ Yes
☐ No

If YES, do the clinicians submit the Will Call lists to the scheduler?

☐ Yes ☐ No

☐ 5	☐ 4	☐ 3	☐ 2	☐ 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?

☐ Yes
☐ No

If NO, how are schedules maintained for community based staff? _____

☐ 1	☐ 2	☐ 3	☐ 4	☐ 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.)

☐ Yes
☐ No

If YES, how far in advance are the standing appointments required?

☐ 30 days ☐ 60 days ☐ 90 days
☐ 120 days   Other: _____

☐ 5	☐ 4	☐ 3	☐ 2	☐ 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?

☐ Yes
☐ No

If NO, last year what percentage of third party/insurance and Medicare funded clients are referred to clinical staff not credentialed to serve? _____%

☐ 1	☐ 2	☐ 3	☐ 4	☐ 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?

☐ Yes
☐ 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.):

_____

☐ 5	☐ 4	☐ 3	☐ 2	☐ 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?

☐ Yes
☐ No

If NO, how does the clinic calculate the schedule rate capacity needed per location/program?

_____

☐ 1	☐ 2	☐ 3	☐ 4	☐ 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: _____ %

☐ 5	☐ 4	☐ 3	☐ 2	☐ 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?

☐ Yes
☐ No

If YES, indicate the top two caseload size criteria:

1 _____
2 _____

☐ 1	☐ 2	☐ 3	☐ 4	☐ 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?

☐ Yes
☐ No

If YES, indicate the top two most effective strategies:
1 _____ 2 _____

☐ 5	☐ 4	☐ 3	☐ 2	☐ 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?

☐ Yes
☐ No

If NO, what processes are in place to help ensure fidelity between the treatment ordered in the plan and the treatment delivered? _____

☐ 1	☐ 2	☐ 3	☐ 4	☐ 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?

☐ Yes
☐ No

If YES, are these protocols effective in transitioning cases not actively in treatment out of the caseloads?: ☐ Yes ☐ No

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

Section C Total Cumulative Score:	

Section D: Re-Engagement and Transition Principles and Practices

1. Does the clinic track Appointment/ Attendance Codes in terms of the daily occurrence patterns?

☐ Yes
☐ No

If YES, please check all attendance code types tracked?

☐ Kept/Scheduled/Show
☐ No Show
☐ Client Canceled
☐ Staff Canceled
☐ Unscheduled ☐ Other:

☐ 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 standard definition for No Show versus Cancel (Staff and Client Types)?

☐ Yes
☐ No

If YES, what is the definition for:

No Show _____
Client Canceled _____
Staff Canceled _____

☐ 1	☐ 2	☐ 3	☐ 4	☐ 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?

☐ Yes
☐ No

If YES, please indicate the clinics overall target performance standards for No Show/Canceled levels for:

No Show _____% Client Canceled ___% Staff Canceled _____%

☐ 5	☐ 4	☐ 3	☐ 2	☐ 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?

☐ Yes
☐ No

If YES, how is this information used by clinical and scheduling staff? _____

☐ 1	☐ 2	☐ 3	☐ 4	☐ 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?

☐ Yes
☐ No

If YES, how is this information used by the supervisors? _____

☐ 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 specific no show/canceled appointment policy and procedure?

☐ Yes
☐ No

If YES, has the policy and procedure effectively reduced the no show/canceled rates? ☐ Yes ☐ No

☐ 1	☐ 2	☐ 3	☐ 4	☐ 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?

☐ Yes
☐ No

If YES, has the Engagement Specialist model effectively reduced the no show/canceled rates? ☐ Yes ☐ No

☐ 5	☐ 4	☐ 3	☐ 2	☐ 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?

☐ Yes
☐ No

If YES, how often are the daily staff activities summarized into a composite report? _____

☐ 1	☐ 2	☐ 3	☐ 4	☐ 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)

☐ 5	☐ 4	☐ 3	☐ 2	☐ 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: _____%

☐ 1	☐ 2	☐ 3	☐ 4	☐ 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: :

☐ 5	☐ 4	☐ 3	☐ 2	☐ 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? _____

☐ 1	☐ 2	☐ 3	☐ 4	☐ 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

☐ 5	☐ 4	☐ 3	☐ 2	☐ 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

☐ 1	☐ 2	☐ 3	☐ 4	☐ 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)?

☐ Yes
☐ No

If YES, what is the primary level of clinician acceptance/approval of the new EHR?

☐ Facilitates/supports service delivery
☐ Constitutes a barrier to service delivery

7a. If YES to number ten, has the EHR been fully implemented?

☐ Yes
☐ No

If NO, what primary documentation functions are not yet operable in the EHR?
_____

☐ 5	☐ 4	☐ 3	☐ 2	☐ 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 ☐ Yes ☐ No

Direct Service/ Billable Hours? ☐ Yes ☐ No

Documentation Completion/ Submission? ☐ Yes ☐ 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: _____% ☐ Yes ☐ No

Direct Service/ Billable Hours? _____% which equals _____hours per year ☐ N/A

Documentation Completion/ Submission? _____% in ____hours ☐ 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 track the amount of time staff members spend on documentation vs. direct care?

☐ Yes
☐ No

If YES, please indicate the documentation to direct service ratio last quarter:
_____ : _____

☐ 1	☐ 2	☐ 3	☐ 4	☐ 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?

☐ Yes
☐ No

If YES, how accurate is this cost finding?

☐ Very Accurate
☐ Somewhat Accurate
☐ Estimation

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 ☐ Unit ☐ Hr ☐ N/A

Physical Exam: $_____ per ☐ Unit ☐ Hr ☐ N/A

Pharm. Mgmt. (90862): $_____ ☐ Unit ☐ Hr ☐ N/A

Psychiatric Evaluation (90801): $_____ ☐ Unit ☐ Hr ☐ N/A

☐ 5	☐ 4	☐ 3	☐ 2	☐ 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 ☐ Unit ☐ Hr ☐ N/A

Physical Exam (99201) : $_____ per ☐ Unit ☐ Hr ☐ N/A

Pharm. Mgmt. (90862): $_____ ☐ Unit ☐ Hr ☐ N/A

Psychiatric Evaluation (90801): $_____ ☐ Unit ☐ Hr ☐ N/A

☐ 1	☐ 2	☐ 3	☐ 4	☐ 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 ☐ Unit ☐ Hr ☐ N/A

Physical Exam(   ): $_____ per ☐ Unit ☐ Hr ☐ N/A

Pharm. Mgmt.: $_____ ☐ Unit ☐ Hr ☐ N/A

Psychiatric Evaluation: $_____ ☐ Unit ☐ Hr ☐ N/A

☐ 5	☐ 4	☐ 3	☐ 2	☐ 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)?

☐ Yes
☐ No

If NO, what method(s) does the clinic use to ensure appropriate staff/resource deployment: _____

☐ 1	☐ 2	☐ 3	☐ 4	☐ 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?

☐ Yes
☐ No

If YES, is the outcome of the key performance indicator data routinely shared with all staff members?
☐ Yes ☐ No

☐ 5	☐ 4	☐ 3	☐ 2	☐ 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?

☐ Objective Measurement
☐ Anecdotal Information

☐ 1	☐ 2	☐ 3	☐ 4	☐ 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?

☐ Yes
☐ No

If NO, is the job description model currently being used supportive of objective measurement of staff's performance requirements? ☐ Yes ☐ No

☐ 5	☐ 4	☐ 3	☐ 2	☐ 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

☐ Yes
☐ No

If NO, how does the clinic ensure that new hires can obtain the KPI requirements of the position? _____

☐ 1	☐ 2	☐ 3	☐ 4	☐ 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?

☐ Yes
☐ No

If NO, how are clinical staffs held accountable for their KPIs? _____

☐ 5	☐ 4	☐ 3	☐ 2	☐ 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?

☐ Yes
☐ No

If NO, what tools are used to hold staff accountable for their individual performance? _____

☐ 1	☐ 2	☐ 3	☐ 4	☐ 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?

☐ Yes
☐ No

If NO, what seems to be the function of staff evaluations? _____

☐ 5	☐ 4	☐ 3	☐ 2	☐ 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?

☐ Yes
☐ No

If YES, what percentage of clients began service last quarter without producing required third party insurance validation? _____ %

☐ 1	☐ 2	☐ 3	☐ 4	☐ 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?

☐ Yes
☐ No

If NO, what percent of the claims submitted last quarter were submitted more than 30 days after service date? _____ %

☐ 5	☐ 4	☐ 3	☐ 2	☐ 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

☐ Yes
☐ No

If YES, can the clinic differentiate the medical loss ratio by individual service types/codes?

☐ Yes ☐ No

☐ 1	☐ 2	☐ 3	☐ 4	☐ 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:** $ _____

☐ 5	☐ 4	☐ 3	☐ 2	☐ 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: _____%

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

3. Does the clinic know the payer mix percentage of the general population within the clinic's service area?

- ☐ Yes
- ☐ No

If YES, please provide the payer mix percentages for the following payers?

Medicaid: _____%

Medicare: _____%

Uninsured/Self-Pay: _____%

Third Party Insurance: _____%

Other Payers: _____%

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

4. Does the clinic monitor payer mix trends by month for individual clinicians?

Clinic based measurement: ☐ Yes ☐ No

Individual clinician based measurement: ☐ Yes ☐ No

How frequently is the payer mix monitored? _____

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

5. Does the clinic have service delivery contracts with any of the following healthcare reimbursement programs in the service area?

- ☐ Yes
- ☐ No

If YES, check all that apply:

- ☐ Federally Qualified Health Clinics (FQHCs)
- ☐ Accountable Care Clinics (ACOs)
- ☐ Primary Care Practice Medical Homes (PCPMHs)
- ☐ Health Mainte¬nance Clinic (HMO)
- ☐ Preferred Provider Clinic (PPO)
- ☐ Managed Behavioral Health Program (MBHP)
- ☐ Behavioral Healthcare Organization (BHO)
- ☐ Employee Assistance Program (EAP
- ☐ Other (Describe): _____

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

1. **If YES** to any of items above, please indicate the payment methodologies that the clinic received (check all that apply)?

- ☐ Capitation
- ☐ Case Rate
- ☐ Stratified Case Rate
- ☐ Fee for Service
- ☐ Discounted Fee for Service
- ☐ Episodic/Bundled Rate
- ☐ Pay for Performance (P4P)
- ☐ Other (Describe):_____

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

Section I Total Cumulative Score:	

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? _____%

☐ 5	☐ 4	☐ 3	☐ 2	☐ 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)? _____

☐ 1	☐ 2	☐ 3	☐ 4	☐ 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.

☐ 5	☐ 4	☐ 3	☐ 2	☐ 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? _____

☐ 1	☐ 2	☐ 3	☐ 4	☐ 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?

☐ 5	☐ 4	☐ 3	☐ 2	☐ 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

☐ 1	☐ 2	☐ 3	☐ 4	☐ 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?

☐ Yes
☐ 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? _____

☐ 5	☐ 4	☐ 3	☐ 2	☐ 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

☐ Yes
☐ No

If YES, what tools, measures do you use?

☐ 5	☐ 4	☐ 3	☐ 2	☐ 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)

☐ Yes
☐ No

If YES, what tools, measures do you use?

☐ 1	☐ 2	☐ 3	☐ 4	☐ 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?

☐ Yes
☐ No

If YES, what tools, measures do you use?

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

4. Linkage with primary care or behavioral health services?

☐ Yes
☐ No

If YES, what tools, measures do you use?

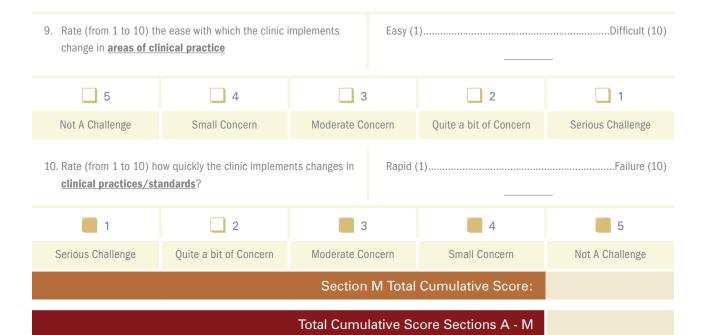| ☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not A Challenge

5. Improved Change in Work, Independent Living, or Social Support Status

☐ Yes
☐ No

If YES, what tools, measures do you use?

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

6. Client Satisfaction

☐ Yes
☐ No

If YES, what tools, measures do you use?

☐ 1	☐ 2	☐ 3	☐ 4	☐ 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?

☐ Yes
☐ No

If YES, what percentage of clinic's total budget is spent on image building, public information and marketing?_____%

☐ 5	☐ 4	☐ 3	☐ 2	☐ 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?

☐ Yes
☐ No

If YES, how many contacts are on the current list? _____

☐ 1	☐ 2	☐ 3	☐ 4	☐ 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?

☐ Yes
☐ No

If YES, how many releases were generated and sent to members of the media last year? _____

☐ 5	☐ 4	☐ 3	☐ 2	☐ 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?

☐ Yes
☐ No

If YES, what was the most concerning brand or image information learned? _____

☐ 1	☐ 2	☐ 3	☐ 4	☐ 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?

☐ N/A
☐ Yes
☐ 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?_____%

☐ 5	☐ 4	☐ 3	☐ 2	☐ 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?

☐ Yes
☐ No

If NO, how does the clinic monitor ongoing referral levels from each referral source? _____

☐ 1	☐ 2	☐ 3	☐ 4	☐ 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?

☐ Yes
☐ No

If NO, how does the clinic monitor referral source satisfaction levels? _____

☐ 5	☐ 4	☐ 3	☐ 2	☐ 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?

☐ Yes
☐ No

If NO, what is the primary indicator that a decision has been made within the clinic (i.e. consensus is reached)? _____

☐ 5	☐ 4	☐ 3	☐ 2	☐ 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?

☐ Yes
☐ No

If YES, what percent of the goals/objectives incorporated into the FY2009 have been accomplished (meaning fully implemented)? _____%

☐ 1	☐ 2	☐ 3	☐ 4	☐ 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)?

☐ Yes
☐ No

If YES, what percent of the goals/objectives incorporated into last rapid cycle change plan have been fully implemented? _____%

☐ 5	☐ 4	☐ 3	☐ 2	☐ 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.

☐ True
☐ False

If FALSE, what is a more accurate statement:

☐ 1	☐ 2	☐ 3	☐ 4	☐ 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.

☐ True
☐ False

If FALSE, what is a more accurate statement:

☐ 5	☐ 4	☐ 3	☐ 2	☐ 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.

☐ True
☐ False

If FALSE, what is a more accurate statement:

☐ 1	☐ 2	☐ 3	☐ 4	☐ 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.

☐ True
☐ False

If FALSE, what is a more accurate statement:

☐ 5	☐ 4	☐ 3	☐ 2	☐ 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.

☐ True
☐ False

If FALSE, what is a more accurate statement:

☐ 1	☐ 2	☐ 3	☐ 4	☐ 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)

_____

☐ 5	☐ 4	☐ 3	☐ 2	☐ 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)

_____

☑ 1	☐ 2	☑ 3	☑ 4	☑ 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)
Section A: Access to Care Total Section Score = _____ divided by 8 = Average Score enter in column "B" to the right			
Section B: Section B: Centralized Electronic Schedule Management Total Section Score = _____ divided by 12 = Average Score enter in column "B" to the right			
Section C: Caseload Management including Levels of Care/ Benefit Package Designs Total Section Score = _____ divided by 5 = Average Score enter in column "B" to the right			
Section D: Re-engagement/transition procedures Total Section Score = _____ divided by 8 = Average Score enter in column "B" to the right			
Section E: Collaborative Concurrent Documentation model and documentation support processes Total Section Score = _____ divided by 7 = Average Score enter in column "B" to the right			
Section F: Cost Based Key Performance Indicators (KPIs) Total Section Score = _____ divided by 8 = Average Score enter in column "B" to the right			
Section G: Integrated KPIs into the job descriptions and performance evaluation model Total Section Score = _____ divided by 5 = Average Score enter in column "B" to the right			
Section H: Internal utilization management functions Total Section Score = _____ divided by 8 = Average Score enter in column "B" to the right			

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