

DEVELOPED FOR RYAN WHITE HIV/AIDS PROGRAM  
CORE MEDICAL PROVIDERS

# ORGANIZATIONAL Self-Assessment Tool

Identifying Opportunities to Expand Contracting  
and Reimbursement from Insurance Plans



*in collaboration with*



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## OVERVIEW

More and more clients served by providers who receive Ryan White HIV/AIDS Program (RWHAP) funds are gaining access to health insurance coverage. Your organization's activities to establish or expand contracting with health insurance plans is one of your key strategies toward ensuring your clients get the care they need.

Successful contracting requires taking strategic action to identify opportunities where existing contracts can be enhanced, identify new health insurers to contract with, market your services to the insurers, and negotiate contracts. At each step, it is important to identify and leverage your organization's strengths in the following areas of interest to health insurers, and try to address any gaps:

1. Contracting Knowledge & Experience
2. Quality & Access Measures
3. Basic Business Operations

The *Organizational Self-Assessment Tool* is an easy and effective way to assess your organization's capacity in the above key areas to give you a realistic picture of your organization's strengths and gaps both in areas that are of importance to insurers and in areas that support maximizing revenue realized from contracting activities. Your staff's time is the principal investment, and the results can help bring your organization to a new level of contracting and third-party reimbursement.

This self-assessment provides you with the tools to:

- Examine your organization's capacity in the key areas that are important for contracting
- Prepare to emphasize your organization's strengths when entering negotiations
- Identify organizational gaps that you and your colleagues can begin to address

**This tool supplements the eight essential actions to contracting with Medicaid and Marketplace Insurance Plans described in *Expanding & Implementing Contracting with Medicaid and Marketplace Insurance Plans*.**

## ABOUT THE SELF-ASSESSMENT TOOL

### Who is this Self-Assessment Tool Designed for?

- Organizations with HIV services as the single focus
- Larger, multi-program organizations
- Organizations with multiple HIV program sites

### What is in this Self-Assessment Tool?

This tool contains three self-assessments that can help you examine different areas of your organization that are important for contracting with insurance plans participating in Medicaid and the ACA Marketplace. Each self-assessment is broken down into sub-sections that allow you to focus in on key areas of interest.

For each self-assessment, a Results Worksheet has been provided to brainstorm and record strengths to emphasize during contract negotiations and how you plan to address gaps.

### Do I Have to Complete All Three Self-Assessments?

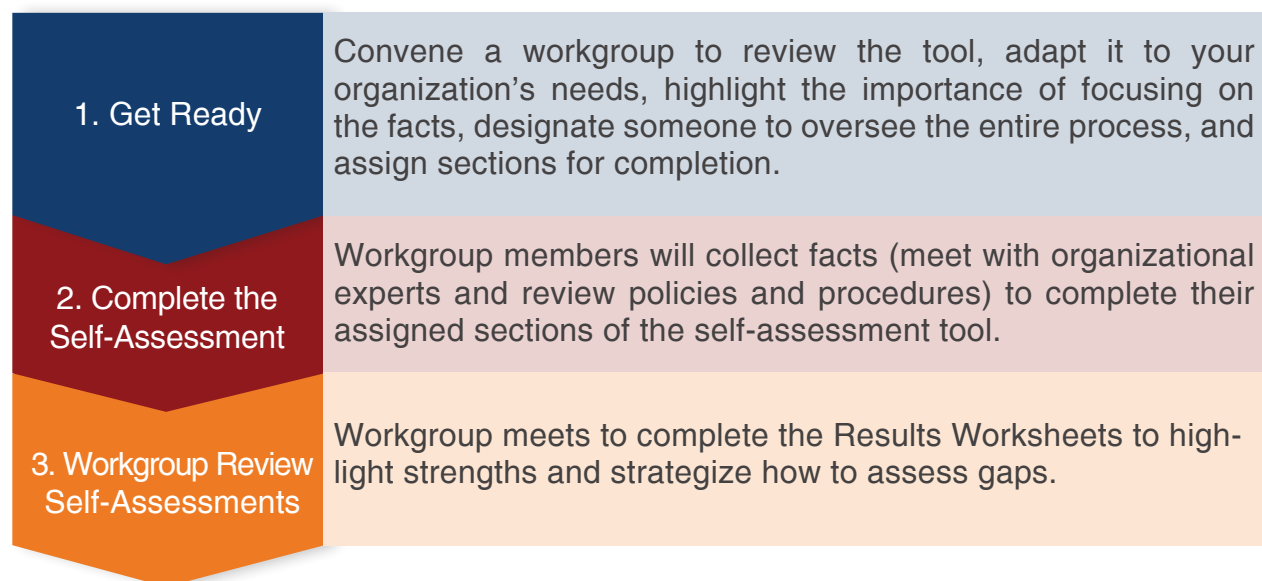
You do not need to complete all three assessments, nor do you have to complete them sequentially. You may determine which self-assessments to complete, which areas to assess, and when to do so.

### What Self-Assessment Score is Needed to Contract with Insurance Plans?

There is no baseline score that is required to begin the contracting process. The higher your organization scores in your self-assessment, the more prepared your organization is likely to be when you start the process. No matter what your starting point, there will be room for improvement in at least some of the areas of health insurance contracting. Remember that assigning scores is not the ultimate goal of the self-assessment. More important is the discussion and consensus among key organizational leaders on what is working well and what changes are needed.

## I. PLAN YOUR ORGANIZATION'S ASSESSMENT PROCESS & TIMELINE

The assessment schedule will vary between organizations, based on the existing knowledge of your workgroup members, availability of information from key staff, and other competing demands. The assessment process timeline will vary based on your organization's complexity. Follow the three key steps below to help plan a process and timeline that works for your organization:



### 1. Get Ready

- **Select Key Staff to become Workgroup Members:** Ideally, you should form a workgroup with 2 to 5 key staff to conduct the self-assessment, assess results, and implement steps to improve health insurance contracting. Depending on the assessment being completed, you may need to identify staff in the following areas:
  - Organizational policies
  - Practice management
  - Finance and billing
  - Clinical services
  - Information technology (IT)
  - Human resources
  - Marketing to insurers
  - Legal aspects of insurance contracting
  - Policymakers

# INSTRUCTIONS

- **Distribute Self-Assessment Prior to Workgroup Meeting:** Distribute the tool to the workgroup about one week before the first workgroup meeting. This is so the team can review it and be ready to assign sections for research and completion. Making sure that the workgroup reviews all sections of the tool will help facilitate successful implementation, and minimize frustration among workgroup members.
- **Conduct the Workgroup Meeting:** The initial workgroup meeting should be used to:
  - Clarify the purpose of the self-assessment
  - Set the scope of the effort
  - Adapt the self-assessment to your organization's needs
  - Outline a process for researching and completing self-assessment before the next workgroup meeting, highlighting:
    - In order to gather information to complete the different sections of the self-assessment, workgroup members may need to conduct interviews with organizational experts as well as collect and review of policies and procedures documents.
    - Workgroup members should only gather factual information to complete the assessment from your organization's policies and staff tasked with key responsibilities to help them complete and score the assessment.
  - Set a timeline for gathering information and completing the tool
  - Assign tasks to workgroup members
    - Designate one workgroup member to have primary responsibility for all steps associated with completion of the overall assessment.
    - Other workgroup members should be assigned to specific sections of the assessment tool that correspond with their expertise. Each section of the tool describes the staff who should be responsible for completing it.
  - Clarify workgroup members' questions

## 2. COMPLETE THE SELF-ASSESSMENTS

- **Collect Information:** Workgroup members should identify which self-assessment statements in the tool they need to discuss with the different organizational experts on staff. They should also identify the policies and procedures documents that will need to be consulted. Any key findings from interviews or from reviewing documents can be recorded in the "Key Findings" column of the self-assessments.

# INSTRUCTIONS

- **Collect Information:** Each section of the tool includes a series of self-assessment statements. Based on the information collected, workgroup members will score each statement on the self-assessment they have been assigned in the following way:
  - **3:** Scores of 3 indicate strong capabilities in the area assessed
  - **2:** Scores of 2 indicate adequate capabilities, which would benefit from improvement.
  - **0 to 1:** Scores of 0 to 1 identify areas where changes or enhancements should be addressed in strategic planning and organizational development activities
- **Total the Scores for Each Section:** Add up the scores for each section to give a summary section score. This summary score should provide you with a snapshot of how well positioned your organization is to negotiate contracts in that area. If your score is very low in one section, you may decide to focus on addressing gaps in that area, as opposed to addressing gaps in an area that has a higher ranking score.

## 3. REVIEW AND TAKE ACTION

- **Major Findings:** The workgroup should discuss each item and reach a consensus about assigned scores. Information and interviews conducted in the prior step should be used to inform the discussion. Some questions may require significant discussion to achieve consensus. An experienced facilitator may be needed. After completing each section, your workgroup should document the major findings.
- **Areas of Strength:** Using the Results Worksheet, your workgroup should then record your areas of strength in expanding your organization's participation in health insurance plan's provider networks and increase third-party revenue.
- **Gaps and Next Steps:** Finally, your workgroup will discuss your organization's areas of weakness, assess which of these your workgroup can realistically address, and lay out next steps and key actions your organization will take to address these.

## II. ADDITIONAL CONSIDERATIONS

- **Keep up the good work:** In completing this assessment, your organization may identify areas of business operations and activities related to contracting that require further development. Since the results of the tool are based on your organization's current circumstances, you may want to update your responses periodically as changes are made and your organization increases capacity. In this way, your organization can regularly assess progress in areas where gaps were previously recognized and addressed, and new areas are identified that require attention.

Workgroup members may be unfamiliar with some health insurance terms. They can reference the [HealthCare.gov](https://www.healthcare.gov/glossary/) glossary if they have questions about specific health insurance terms: <https://www.healthcare.gov/glossary/>

## NEED HELP?

CRE is here to help if you are unsure of where to start, would like help in thinking through how to complete the assessment at your organization, or want to review results with an expert.



# SELF-ASSESSMENT #1: CONTRACTING KNOWLEDGE & EXPERIENCE

## WHY ASSESS YOUR ORGANIZATIONAL KNOWLEDGE AND CONTRACTING EXPERIENCE?

In Self-Assessment #1, you and your colleagues will examine your organization's capacity in two specific areas: **knowledge of the broader contracting environment and current contracting activities**. These areas are important to successfully leveraging organizational strength and position in the local contracting environment. Knowledge of the broader contracting environment is essential in being able to explore your contracting options, and in identifying regulations and legislation that might facilitate or potentially limit those options. A review of your organization's **current contracting activities** will help you ensure that you are aligning your activities with existing efforts and leveraging resources.

Several key factors make self-assessment and improvement in this area important. Taking this self-assessment will help your organization:

- Identify key organizational experts
- Ensure that your HIV service expertise is successfully marketed to insurers
- Ensure that coverage and payment issues are addressed in contracts so that your organization receives sufficient payment



Once you have completed the self-assessments in this portion of the tool, you can use the Results Worksheets to synthesize and consider results and decide how to enhance your organization's areas of strength and address gaps.

**Self Assessment #1** will examine knowledge of the broader contracting environment and current contracting activities.

# SELF-ASSESSMENT #1.1



## Self-Assessment 1.1: Knowledge of Broader Contracting Environment

**Purpose:** This section addresses organizational knowledge about federal and state legislation relevant to contracting. Results of this section will help the workgroup to identify key organizational experts who can support strategic contracting efforts.

**Staff Responsible:** The executive director, clinical director, HIV program director and/or other senior manager should complete this section, based on how HIV services are organized in your agency.

**Instructions:** Enter the score that best describes your level of agreement with the statement in the left hand column. Then add up your score for each statement. Compare your score against the total possible points for each section. The lower your score against total possible points, the more work you may need to do in this area. **It is important to seek out more information if you are unsure or don't know how to score your organization on one of the statements.** Use the “Key Findings” column to record any key findings from the fact collection process (i.e., interviews with organizational experts, reviewing documents, etc).

**Scoring Key:** Strongly Agree = 3    Agree = 2    Disagree = 1    Strong Disagree = 0

|  | Your Score | Key Findings |
|--|------------|--------------|
| Knowledge - Our organization's senior managers are knowledgeable about:  |            |              |
| Our State's Medicaid fee-for-service (FFS) program   |            |              |
| Our State's Medicaid managed care program  |            |              |
| Participating in Medicare FFS and Advantage health plans   |            |              |
| The Affordable Care Act (ACA) requirements   |            |              |
| ACA requirements related to Marketplace/ Exchange Qualified Health Plans (QHPs)  |            |              |
| Health insurance payment models, such as capitation, pay for performance, accountable care organizations, patient-centered medical homes, etc. |            |              |
| <b>Total Score</b>   | <b>/18</b> |              |

# SELF-ASSESSMENT #1.1

**Scoring Key:** Strongly Agree = 3    Agree = 2    Disagree = 1    Strong Disagree = 0

|  | Your Score | Key Findings |
|--|------------|--------------|
| <b>Network participation requirements - Staff in our organization are knowledgeable about:</b> |            |              |
| The responsibilities of providers participating in health insurance networks                   |            |              |
| Assisting HIV program clinicians to be credentialed for health insurance participation         |            |              |
| <b>Total Score</b>   | <b>/6</b>  |              |
| <b>Service Coverage - Staff in our organization are knowledgeable about:</b>                   |            |              |
| The responsibilities of providers participating in health insurance networks                   |            |              |
| Services covered by our State's Medicaid FFS program, including payment methods                |            |              |
| Services that must be covered by our State Medicaid managed care organizations (MCOs)          |            |              |
| HIV services that Medicaid MCOs in our state must cover  |            |              |
| HIV services that are "carved" out of MCO contracts by State Medicaid MCO programs             |            |              |
| Services covered by Medicaid Advantage health plans  |            |              |
| Services covered by ACA QHPs and other commercial health insurers in our state                 |            |              |
| Preventive services covered by Medicaid MCOs, Medicare, and ACA QHPs                           |            |              |
| <b>Total Score</b>   | <b>/24</b> |              |
| <b>Payment Arrangements - Staff in our organization are knowledgeable about:</b>               |            |              |
| Payment arrangements and rates offered by Medicare Advantage health plans                      |            |              |
| Our State Medicaid Program's MCO HIV or other enhanced capitated rate models                   |            |              |
| Payment arrangements offered by ACA QHPs and other commercial insurers                         |            |              |
| Computing the unit cost of services provided by our HIV program                                |            |              |
| <b>Total Score</b>   | <b>/12</b> |              |

# RESULTS WORKSHEET #1.1

## Results Worksheet 1.1: Knowledge of Broader Contracting Environment

**Instructions:** As a group, workgroup members should use the results from the self-assessment that precedes this worksheet to record strengths to emphasize during contract negotiations and strategies to address gaps. Your responses should not be limited to the space provided below. If necessary use additional paper to continue your work on analyzing your self-assessment results.

### Areas of Strength

| <b>Strengths</b><br>List areas where your organization scored 2 or 3 on the self-assessment | <b>Strategies</b><br>How can your organization emphasize this strength in contract negotiations? |
|---|--|
|   |  |
|   |  |
|   |  |

### Gaps

Complete the following table to list gaps that can realistically be addressed and determine next steps to addressing gaps. On another sheet of paper, be sure to note gaps that are more challenging to address so your organization can develop plans to address these more complex gaps.

| <b>Gaps</b><br>Of areas where you scored 0 or 1, which can your organization realistically address? | <b>Strategies</b><br>What actions can your organization take to improve in this area? |
|---|---|
|   |   |
|   |   |
|   |   |

# SELF-ASSESSMENT #1.2



## Self-Assessment 1.2: Marketing & Contracting Capacity

**Purpose:** This section helps you identify agency strengths related to marketing and contracting with third party payers. Many large to moderate-sized organizations providing core medical services have a plan to market their services to public and commercial health insurers. It is important for HIV programs to assess the marketing and contracting efforts underway in their organizations to ensure that HIV service expertise is marketed and coverage and payment issues are addressed in contracts to achieve sufficient payment.

**Staff Responsible:** This section should be completed by senior policymakers, managers, or staff tasked with health insurance contracting.

**Instructions:** Enter the score that best describes your level of agreement with the statement in the left hand column. Then add up your score for each statement. Compare your score against the total possible points for each section. The lower your score against total possible points, the more work you may need to do in this area. **It is important to seek out more information if you are unsure or don't know how to score your organization on one of the statements.** Use the "Key Findings" column to record any key findings from the fact collection process (i.e., interviews with organizational experts, reviewing documents, etc).

**Scoring Key:** Strongly Agree = 3    Agree = 2    Disagree = 1    Strong Disagree = 0

|   | Your Score | Key Findings |
|---|------------|--------------|
| Current Contracts - Our organization:   |            |              |
| Contracts with one or more Medicaid managed care organizations (MCOs)               |            |              |
| Contracts with Medicare Advantage   |            |              |
| Contracts with one or more ACA QHPs   |            |              |
| <b>Total Score</b>  | <b>/9</b>  |              |
| Contract Negotiation - Our organization has successfully negotiated contracts with: |            |              |
| Medicaid MCOs that cover the costs of our HIV program                               |            |              |
| Medicare Advantage health plans that cover the costs of our HIV program             |            |              |
| QHPs and other commercial insurers that cover the costs of our HIV program          |            |              |
| <b>Total Score</b>  | <b>/9</b>  |              |

# SELF-ASSESSMENT #1.2

**Scoring Key:** Strongly Agree = 3    Agree = 2    Disagree = 1    Strong Disagree = 0

|  | Your Score | Key Findings |
|--|------------|--------------|
| Marketing Plan - Our organization has:   |            |              |
| A health insurance marketing plan that is being actively implemented                       |            |              |
| Staff assigned to market to health insurers  |            |              |
| Staff assigned to negotiate health insurance contracts                                     |            |              |
| Marketing and contracting strategies that include offering HIV services to health insurers |            |              |
| <b>Total Score</b>   | <b>/12</b> |              |

# RESULTS WORKSHEET #1.2



## Results Worksheet 1.2: Marketing & Contracting Capacity

**Instructions:** As a group, workgroup members should use the results from the self-assessment that precedes this worksheet to record strengths to emphasize during contract negotiations and strategies to address gaps. Your responses should not be limited to the space provided below. If necessary use additional paper to continue your work on analyzing your self-assessment results.

### Areas of Strength

| <b>Strengths</b><br>List areas where your organization scored 2 or 3 on the self-assessment | <b>Strategies</b><br>How can your organization emphasize this strength in contract negotiations? |
|---|--|
|   |  |
|   |  |
|   |  |

### Gaps

Complete the following table to list gaps that can realistically be addressed and determine next steps to addressing gaps. On another sheet of paper, be sure to note gaps that are more challenging to address so your organization can develop plans to address these more complex gaps.

| <b>Gaps</b><br>Of areas where you scored 0 or 1, which can your organization realistically address? | <b>Strategies</b><br>What actions can your organization take to improve in this area? |
|---|---|
|   |   |
|   |   |
|   |   |

# SELF-ASSESSMENT #2: QUALITY & ACCESS MEASURES

## WHY QUALITY & ACCESS MEASURES?

In Self-Assessment #2, you and your colleagues will examine your organization's strengths in three specific areas that are of major interest to health insurers. First, you will review your **organizational capacity**. You want to be able to present your capacity to serve clients and link them to other services when appropriate, you will also want to highlight your capacity to expand the number of clients you serve to address increased demand. Second, you will review measures related to **patient satisfaction** and quality of care, and, finally, review the **geographic, physical, and linguistic accessibility** of your practice. These measures are important to insurers because of the quality and access requirements they must meet.

Several key factors make self-assessment and improvement in this area important. Taking this self-assessment will help your organization:

- Identify overall gaps in organizational resources needed to pursue contracts
- Recognize when your organization can leverage and highlight strengths associated with geographic location, physical and linguistic accessibility, and patient satisfaction standards when contracting with insurers



Once you have completed the self-assessments in this portion of the tool, you can use the Results Worksheets to synthesize and consider results and decide how to enhance your organization's areas of strength and address gaps.

**Self Assessment #2** will examine your organization's strengths in organizational capacity, patient satisfaction, and geographic, physical, and linguistic accessibility.



# SELF-ASSESSMENT #2.1



## Self-Assessment 2.1: Quality & Access Measures

**Purpose:** This section addresses broad organizational capabilities that are of interest to health insurers. Results of this section will help the workgroup to identify gaps in organizational capacity that are relevant to the contracting process.

**Staff Responsible:** The executive director, clinical director, HIV program director, and/or other senior managers should complete this section, based on how HIV services are organized in your agency.

**Instructions:** Enter the score that best describes your level of agreement with the statement in the left hand column. Then add up your score for each statement. Compare your score against the total possible points for each section. The lower your score against total possible points, the more work you may need to do in this area. **It is important to seek out more information if you are unsure or don't know how to score your organization on one of the statements.** Use the "Key Findings" column to record any key findings from the fact collection process (i.e., interviews with organizational experts, reviewing documents, etc).

**Scoring Key:** Strongly Agree = 3    Agree = 2    Disagree = 1    Strong Disagree = 0

|  | Your Score | Key Findings |
|--|------------|--------------|
| <b>Capacity - Our HIV program:</b>   |            |              |
| Has the staff capacity to meet the needs of our current patient caseload   |            |              |
| Has the capacity to serve at least 20% more patients than served last year if demand increases based on increasing numbers of insured patients |            |              |
| Provides HIV preventive healthcare services that reduce inpatient stays and emergency room visits  |            |              |
| <b>Total Score</b>   | <b>/9</b>  |              |
| <b>Linkage &amp; Navigation - Our HIV program:</b>   |            |              |
| Provides services that link newly identified HIV+ patients to medical care   |            |              |
| Helps HIV+ patients to navigate the health-care system   |            |              |
| Helps HIV+ clients to navigate the health insurance system   |            |              |
| Provides services to re-engage HIV+ patients that have dropped out of care   |            |              |
| <b>Total Score</b>   | <b>/12</b> |              |

# RESULTS WORKSHEET #2.1



## Results Worksheet 2.1: Quality & Access Measures

**Instructions:** As a group, workgroup members should use the results from the self-assessment that precedes this worksheet to record strengths to emphasize during contract negotiations and strategies to address gaps. Your responses should not be limited to the space provided below. If necessary use additional paper to continue your work on analyzing your self-assessment results.

### Areas of Strength

| <b>Strengths</b><br>List areas where your organization scored 2 or 3 on the self-assessment | <b>Strategies</b><br>How can your organization emphasize this strength in contract negotiations? |
|---|--|
|   |  |
|   |  |
|   |  |

### Gaps

Complete the following table to list gaps that can realistically be addressed and determine next steps to addressing gaps. On another sheet of paper, be sure to note gaps that are more challenging to address so your organization can develop plans to address these more complex gaps.

| <b>Gaps</b><br>Of areas where you scored 0 or 1, which can your organization realistically address? | <b>Strategies</b><br>What actions can your organization take to improve in this area? |
|---|---|
|   |   |
|   |   |
|   |   |

# SELF-ASSESSMENT #2.2



## Self-Assessment 2.2: Patient Satisfaction

**Purpose:** Medicaid MCOs and ACA QHPs must demonstrate to Medicaid, State Insurance Commissioners, and ACA Marketplaces/Exchanges that they meet specific patient satisfaction standards.

**Staff Responsible:** Program managers and Quality Management staff should complete this section.

**Instructions:** Enter the score that best describes your level of agreement with the statement in the left hand column. Then add up your score for each statement. Compare your score against the total possible points for each section. The lower your score against total possible points, the more work you may need to do in this area. **It is important to seek out more information if you are unsure or don't know how to score your organization on one of the statements.** Use the "Key Findings" column to record any key findings from the fact collection process (i.e., interviews with organizational experts, reviewing documents, etc).

**Scoring Key:** Strongly Agree = 3    Agree = 2    Disagree = 1    Strong Disagree = 0

|   | Your Score | Key Findings |
|---|------------|--------------|
| Patient Feedback - Our HIV program:   |            |              |
| Conducts ongoing patient satisfaction surveys throughout the year                                     |            |              |
| Has been rated by our patients in the last year as highly satisfied with our core medical services    |            |              |
| Uses the results of patient satisfaction surveys to improve the quality of our HIV program's services |            |              |
| Educates our patients about our grievance process   |            |              |
| <b>Total Score</b>  | <b>/12</b> |              |

# SELF-ASSESSMENT #2.2



## Self-Assessment 2.2: Patient Satisfaction

**Scoring Key:** Strongly Agree = 3    Agree = 2    Disagree = 1    Strong Disagree = 0

|   | Your Score | Key Findings |
|---|------------|--------------|
| <b>Physical Comfort - Our HIV program:</b>  |            |              |
| Ensures that during our HIV program's busiest days and times, there are a sufficient number of chairs in our patient waiting room |            |              |
| Has a waiting room that is clean, uncluttered, safe, and presentable  |            |              |
| Has a sufficient number of exam rooms to serve patients during our busiest days and times   |            |              |
| Has separate rooms or other soundproof areas that are available in our HIV program to meet with patients                          |            |              |
| <b>Total Score</b>  | <b>/12</b> |              |
| <b>Cultural Competence - Our HIV program:</b>   |            |              |
| Ensures that personnel, including clinicians, are educated at least annually regarding cultural competence                        |            |              |
| Has been rated by our patients in the last year to be highly satisfied with the cultural competence of our clinicians             |            |              |
| <b>Total Score</b>  | <b>/6</b>  |              |

# RESULTS WORKSHEET #2.2



## Results Worksheet 2.2: Patient Satisfaction

**Instructions:** As a group, workgroup members should use the results from the self-assessment that precedes this worksheet to record strengths to emphasize during contract negotiations and strategies to address gaps. Your responses should not be limited to the space provided below. If necessary use additional paper to continue your work on analyzing your self-assessment results.

### Areas of Strength

| <b>Strengths</b><br>List areas where your organization scored 2 or 3 on the self-assessment | <b>Strategies</b><br>How can your organization emphasize this strength in contract negotiations? |
|---|--|
|   |  |
|   |  |
|   |  |

### Gaps

Complete the following table to list gaps that can realistically be addressed and determine next steps to addressing gaps. On another sheet of paper, be sure to note gaps that are more challenging to address so your organization can develop plans to address these more complex gaps.

| <b>Gaps</b><br>Of areas where you scored 0 or 1, which can your organization realistically address? | <b>Strategies</b><br>What actions can your organization take to improve in this area? |
|---|---|
|   |   |
|   |   |
|   |   |

# SELF-ASSESSMENT #2.3



## Self-Assessment 2.3: Geographic, Physical & Linguistic Accessibility

**Purpose:** Medicaid MCOs and ACA QHPs must document to Medicaid, State Insurance Commissioners, and ACA Marketplaces/Exchanges that they meet geographic, physical, and linguistic accessibility standards through their provider networks. Your organization’s physical accessibility is also likely to be of interest to insurers serving disabled or elderly beneficiaries. Having sufficient physical space to accommodate an increased number of insured patients may be needed to demonstrate to insurers that your organization can accommodate patients selecting your practice for services. Linguistic accessibility, as demonstrated by the capacity of your organization’s clinicians and other staff, is likely to be of interest to insurers who are required to meet the linguistic needs common among beneficiaries.

**Staff Responsible:** Health Center Manager or Service Administrator

**Instructions:** Enter the score that best describes your level of agreement with the statement in the left hand column. Then add up your score for each statement. Compare your score against the total possible points for each section. The lower your score against total possible points, the more work you may need to do in this area. **It is important to seek out more information if you are unsure or don’t know how to score your organization on one of the statements.** Use the “Key Findings” column to record any key findings from the fact collection process (i.e., interviews with organizational experts, reviewing documents, etc).

**Scoring Key:** Strongly Agree = 3    Agree = 2    Disagree = 1    Strong Disagree = 0

|   | Your Score | Key Findings |
|---|------------|--------------|
| Geographic Accessibility - Our HIV program:                                 |            |              |
| Is located within 30 miles or 30 minutes of travel for most of our patients |            |              |
| <b>Total Score</b>  | /3         |              |

# SELF-ASSESSMENT #2.3

**Scoring Key:** Strongly Agree = 3    Agree = 2    Disagree = 1    Strong Disagree = 0

|   | Your Score | Key Findings |
|---|------------|--------------|
| <b>Physical Accessibility - Our HIV program:</b>  |            |              |
| Has sufficient free parking for our patients  |            |              |
| Is physically accessible for our physically handicapped patients  |            |              |
| Is located in a building with sufficient clinical space to serve our patients during the busiest days and times   |            |              |
| Is located in a building that has sufficient physical space to accommodate front office, case management, and other personnel that interact with our patients |            |              |
| Offers appointments in the evening  |            |              |
| Offers appointments on the weekends   |            |              |
| Has a live 24-hour coverage system to access clinicians when we are closed  |            |              |
| <b>Total Score</b>  | <b>/21</b> |              |
| <b>Linguistic Accessibility - Our HIV program:</b>  |            |              |
| Assigns patients to a clinician who can speak to them in their own language   |            |              |
| Has signage in English, Spanish, and other languages commonly spoken by our patients  |            |              |
| Has front desk staff that can communicate with patients in Spanish and other common languages spoken by our patients  |            |              |
| <b>Total Score</b>  | <b>/9</b>  |              |

# RESULTS WORKSHEET #2.3



## Results Worksheet 2.3: Geographic, Physical, & Linguistic Accessibility

**Instructions:** As a group, workgroup members should use the results from the self-assessment that precedes this worksheet to record strengths to emphasize during contract negotiations and strategies to address gaps. Your responses should not be limited to the space provided below. If necessary use additional paper to continue your work on analyzing your self-assessment results.

### Areas of Strength

| <b>Strengths</b><br>List areas where your organization scored 2 or 3 on the self-assessment | <b>Strategies</b><br>How can your organization emphasize this strength in contract negotiations? |
|---|--|
|   |  |
|   |  |
|   |  |

### Gaps

Complete the following table to list gaps that can realistically be addressed and determine next steps to addressing gaps. On another sheet of paper, be sure to note gaps that are more challenging to address so your organization can develop plans to address these more complex gaps.

| <b>Gaps</b><br>Of areas where you scored 0 or 1, which can your organization realistically address? | <b>Strategies</b><br>What actions can your organization take to improve in this area? |
|---|---|
|   |   |
|   |   |
|   |   |



# SELF-ASSESSMENT #3: BASIC BUSINESS OPERATIONS

## WHY ASSESS YOUR ORGANIZATIONAL'S BASIC BUSINESS OPERATIONS?

In Self-Assessment #3, you and your colleagues will assess your organization's "front office" and "back office" capacity to achieve effective business operations. Front office activities include identifying insurance status of clients, conducting insurance authorization activities, collecting and recording client insurance information and coding for providing services. Back office activities include creating and submitting an insurance claim from documentation completed by front office staff, reviewing revenue realized against billing, and addressing remittances. Both of these areas of business operations are crucial to making sure you maximize financial benefits for your contracting activities.

Several key factors make self-assessment and improvement important. Taking this self-assessment will help your organization:

- Examine organizational infrastructure and processes to identify areas of improvement, needed staff and other resources
- Diversify your HIV program's funding portfolio to reduce dependence upon grant funds and increase third-party revenue
- Ensure sufficient revenue to support your organization's HIV and other services
- Address the requirements of health insurers for participation in provider networks, including accurately submitting insurance claims and documenting provision of billed services
- Help your organization to meet your RWHAP fiscal monitoring and reporting requirements
- Ensure the long-term solvency of your organization, including HIV services



Once you have completed the self-assessments in this portion of the tool, you can use the Results Worksheets to synthesize and consider results and decide how to enhance your organization's areas of strength and address gaps.

# SELF-ASSESSMENT #3.1



## Self-Assessment 3.1: Organizational Infrastructure & Processes

**Purpose:** To conduct third-party billing and maximize revenue, it is essential to have strong organizational infrastructure and processes. Scheduling, reception, and other front desk staff play an important role in ensuring efficient patient flow, documenting health insurance enrollment and gathering information needed to bill health insurers. Effective front desk policies and practices can help promote clinical efficiency, increase revenue received from insurers and patients, and reengage patients that have dropped out of care.

**Staff Responsible:** This should be completed by “front office” staff (i.e. staff checking clients in). This is necessary to ensure that responses are based on actual practice.

**Instructions:** Enter the score that best describes your level of agreement with the statement in the left hand column. Then add up your score for each statement. Compare your score against the total possible points for each section. The lower your score against total possible points, the more work you may need to do in this area. **It is important to seek out more information if you are unsure or don't know how to score your organization on one of the statements.** Use the “Key Findings” column to record any key findings from the fact collection process (i.e., interviews with organizational experts, reviewing documents, etc).

**Scoring Key:** Strongly Agree = 3    Agree = 2    Disagree = 1    Strong Disagree = 0

| FRONT OFFICE POLICIES & PRACTICES  | Your Score | Key Findings |
|--|------------|--------------|
| Check in and check out - Our organization:   |            |              |
| Has written policies and procedures for the patient “check in” and “check out” processes |            |              |
| Provides new patients with registration forms, including RWHAP intake forms              |            |              |
| Registers patients arriving for their appointments                                       |            |              |
| Verifies changes in patient address and telephone numbers                                |            |              |
| Verifies changes in patient health insurance enrollment                                  |            |              |
| <b>Total Score</b>   | <b>/15</b> |              |

# SELF-ASSESSMENT #3.1

**Scoring Key:** Strongly Agree = 3    Agree = 2    Disagree = 1    Strong Disagree = 0

|  | Your Score | Key Findings |
|--|------------|--------------|
| <b>Fee Collection - Our organization:</b>  |            |              |
| Has policy for collecting patient fees, including co-payments, co-insurance, and deductibles   |            |              |
| Routinely assesses and collects patient fees, including co-payments and deductibles in accordance with our HIV program's policy                  |            |              |
| Applies a sliding fee scale to assessing patient fees  |            |              |
| Trains staff about our HIV program's written patient collections policy at least once a year   |            |              |
| Has an effective electronic practice management system   |            |              |
| <b>Total Score</b>   | <b>/15</b> |              |
| <b>Patient Insurance Enrollment - Our organization:</b>  |            |              |
| Is trained and uses Medicaid and Medicare electronic enrollment verification systems   |            |              |
| Subscribes to an electronic health insurance verification system, with which our staff confirm public and commercial health insurance enrollment |            |              |
| Routinely verifies enrollment in Medicaid, Medicare, or commercial insurance of our patients at least 24 hours before their next visit           |            |              |
| Notifies patients that their insurance enrollment has lapsed before services are provided  |            |              |
| <b>Total Score</b>   | <b>/12</b> |              |
| <b>Patient Insurance Referrals - Our organization:</b>   |            |              |
| Obtains health insurance referral forms from patients, as necessary  |            |              |
| Routinely provides patients with health insurance referral forms for specialty and other clinical consultations and services                     |            |              |
| <b>Total Score</b>   | <b>/6</b>  |              |

# SELF-ASSESSMENT #3.1

**Scoring Key:** Strongly Agree = 3    Agree = 2    Disagree = 1    Strong Disagree = 0

|  | Your Score | Key Findings |
|--|------------|--------------|
| <b>Telephone - Our organization's staff:</b>   |            |              |
| Follows a written telephone answering policy for triaging patients to a staff person   |            |              |
| Receives in-service training about our telephone and reception policies (at least once/year)   |            |              |
| <b>Total Score</b>   | <b>/6</b>  |              |
| <b>Basic Scheduling Practices - Our organization's staff</b>   |            |              |
| Adheres to procedures that promote available patient visit scheduling, including mechanisms for filling slots resulting from cancellations and no-shows    |            |              |
| All HIV clinic patients receive telephone, or mail reminders about upcoming appointments, and about rescheduling cancelled, missed, or broken appointments |            |              |
| Conducts home visits to follow-up with patients that have not kept an appointment in six months, and cannot be reached by telephone or mail                |            |              |
| <b>Total Score</b>   | <b>/9</b>  |              |
| <b>Insurer Scheduling Requirements - Our HIV program's scheduling procedures address health insurer's requirements about:</b>                              |            |              |
| New non-urgent HIV+ patients and the number of days they must wait for an appointment  |            |              |
| New urgent HIV+ patients and the number of days they must wait for an appointment  |            |              |
| Patients with a scheduled appointment and the average wait-time they experience when seeing their clinician from the time they register                    |            |              |
| <b>Total Score</b>   | <b>/9</b>  |              |
| <b>Prior Authorization - Our HIV program staff:</b>  |            |              |
| Is trained in health insurance prior authorization procedures  |            |              |
| Routinely completes the paperwork required to meet insurers' prior authorization requirements  |            |              |
| Understands the procedures required by insurers to pursue rejected prior authorization requests  |            |              |
| <b>Total Score</b>   | <b>/9</b>  |              |

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# RESULTS WORKSHEET #3.1



## Results Worksheet 3.1: Organizational Infrastructure & Processes

**Instructions:** As a group, workgroup members should use the results from the self-assessment that precedes this worksheet to record strengths to emphasize during contract negotiations and strategies to address gaps. Your responses should not be limited to the space provided below. If necessary use additional paper to continue your work on analyzing your self-assessment results.

### Areas of Strength

| <b>Strengths</b><br>List areas where your organization scored 2 or 3 on the self-assessment | <b>Strategies</b><br>How can your organization emphasize this strength in contract negotiations? |
|---|--|
|   |  |
|   |  |
|   |  |

### Gaps

Complete the following table to list gaps that can realistically be addressed and determine next steps to addressing gaps. On another sheet of paper, be sure to note gaps that are more challenging to address so your organization can develop plans to address these more complex gaps.

| <b>Gaps</b><br>Of areas where you scored 0 or 1, which can your organization realistically address? | <b>Strategies</b><br>What actions can your organization take to improve in this area? |
|---|---|
|   |   |
|   |   |
|   |   |

# SELF-ASSESSMENT #3.2



## Self-Assessment 3.2: Back Office Policies & Practices

**Purpose:** To conduct third-party billing and maximize revenue coding, billing and claims submissions is an essential part of establishing contracts. Effective back office policies, practices and resources are critical in leveraging third-party reimbursement.

**Staff Responsible:** This section, related to back office policies and practices, should be completed by “back office” staff (i.e. staff responsible for turning visit into billable services). This is necessary to ensure that responses are based on actual practice.

**Instructions:** Enter the score that best describes your level of agreement with the statement in the left hand column. Then add up your score for each statement. Compare your score against the total possible points for each section. The lower your score against total possible points, the more work you may need to do in this area. **It is important to seek out more information if you are unsure or don't know how to score your organization on one of the statements.** Use the “Key Findings” column to record any key findings from the fact collection process (i.e., interviews with organizational experts, reviewing documents, etc).

**Scoring Key:** Strongly Agree = 3    Agree = 2    Disagree = 1    Strong Disagree = 0

| BACK OFFICE POLICIES & PRACTICES   | Your Score | Key Findings |
|--|------------|--------------|
| Budget and Grants Management - Our organization:   |            |              |
| Has an adequate accounting system in place and sufficient staff with expertise for managing multiple budgets and funding streams |            |              |
| Has procedures for tracking and reporting RWHAP grant income   |            |              |
| Has procedures for ensuring that RWHAP grant income is credited to our HIV program's budget                                      |            |              |
| <b>Total Score</b>   | <b>/9</b>  |              |

# SELF-ASSESSMENT #3.2

**Scoring Key:** Strongly Agree = 3    Agree = 2    Disagree = 1    Strong Disagree = 0

|  | Your Score | Key Findings |
|--|------------|--------------|
| <b>Encounter Capture - Our organization:</b>   |            |              |
| Has written policies and procedures that provide clear instructions regarding chart documentation, coding, and code assignment       |            |              |
| Uses an up-to-date encounter form or super bill that captures accurately the services provided by our HIV program                    |            |              |
| Has an electronic health record (EHR) system that facilitates the accurate and complete documentation of services by our HIV program |            |              |
| Has procedures in place to routinely assess that health records document services are stated in insurance claims                     |            |              |
| Periodically assesses our EHR to verify pre-assigned codes   |            |              |
| <b>Total Score</b>   | <b>/15</b> |              |
| <b>Staff Experience - Our organization:</b>  |            |              |
| Trains all staff in chart documentation and coding policies and procedures, including our clinicians                                 |            |              |
| Has staff with expertise in health insurance coding and billing processes  |            |              |
| Has staff with expertise in benefits coordination for patients enrolled in more than one health insurance plan                       |            |              |
| <b>Total Score</b>   | <b>/9</b>  |              |
| <b>Claims Submission &amp; Management - Our organization (continued on next page):</b>   |            |              |
| Has a process in place to verify all charges are captured and posted correctly before submission to insurers for payment             |            |              |
| Has an electronic billing system that is easy to use, timely, and accurate in capturing the services provided by our HIV program     |            |              |
| Has a routinely scheduled claims submission cycle  |            |              |
| Has effective policies and procedures in place for handling remittance advice (RA)   |            |              |

# SELF-ASSESSMENT #3.2

**Scoring Key:** Strongly Agree = 3    Agree = 2    Disagree = 1    Strong Disagree = 0

|  | Your Score | Key Findings |
|--|------------|--------------|
| Claims Submission & Management - Our organization <i>(continued from previous page)</i> :  |            |              |
| Has oversight procedures in place to ensure that all RAs are researched, addressed through correction, and then resubmitted for payment      |            |              |
| Has procedures in place for posting payments and denials promptly upon their receipt   |            |              |
| Has procedures in place for tracking unpaid claims   |            |              |
| Has procedures in place for appealing denied claims  |            |              |
| Actively coordinates claims assignment for patients for more than one health insurer   |            |              |
| <b>Total Score</b>   | <b>/27</b> |              |
| Billing - Our organization:  |            |              |
| Has a process in place to audit routinely the billing and payment system to identify ways to improve it                                      |            |              |
| Has a clear and consistent policy in place for patient billing   |            |              |
| Has an easy and convenient process for billing patients  |            |              |
| Has a written policy and procedure for when balances should be billed to patients and how the information should be communicated to patients |            |              |
| Has a written policy and procedure for when unpaid patient fees are referred for collection  |            |              |
| <b>Total Score</b>   | <b>/15</b> |              |



# RESULTS WORKSHEET #3.2



## Results Worksheet 3.2: Back Office Policies & Practices

**Instructions:** As a group, workgroup members should use the results from the self-assessment that precedes this worksheet to record strengths to emphasize during contract negotiations and strategies to address gaps. Your responses should not be limited to the space provided below. If necessary use additional paper to continue your work on analyzing your self-assessment results.

### Areas of Strength

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|---|---|
|   |   |
|   |   |
|   |   |

## NEED HELP?

This guide includes detailed instructions for how to use the self-assessment tools. CRE is here to help if you are unsure of where to start, would like help in thinking through how to complete the assessment at your organization, or want to review results with an expert.

| ACCESS RESOURCES  | REQUEST TA   | CONTACT US   |
|---|--|--|
| Results from the self-assessment can help your organization identify training, TA, and capacity development resources needed to improve business operations and other contracting activities. | You can easily request TA with a quick, easy-to-use form at: <a href="https://careacttarget.org/cre/request-ta">careacttarget.org/cre/request-ta</a> | If you have any other questions, you can contact us directly at <a href="mailto:CRE.TA@caiglobal.org">CRE.TA@caiglobal.org</a> |

# GLOSSARY

| Acronym | Definition   |
|---------|--|
| ACA     | Patient Protection and Affordable Care Act                                     |
| CRE     | National Technical Assistance Center for Contracting & Reimbursement Expansion |
| EHR     | Electronic Health Record   |
| FFS     | Fee-for-Service  |
| HIV     | Human Immunodeficiency Virus   |
| IT      | Information Technology   |
| MCO     | Managed Care Organization  |
| PMS     | Practice Management System   |
| QHP     | Qualified Health Plan  |
| RA      | Remittance Advice  |
| RWHAP   | Ryan White HIV/AIDS Program  |
| TA      | Technical Assistance   |

*Disclaimer: RWHAP grantees and sub-recipients cannot steer clients into specific plans. While RWHAP grantees and sub-recipients can provide information on plans that might best meet the needs of the client and plans that have been determined to be cost-effective for the RWHAP, they cannot recommend or require clients to sign-up for specific plans. RWHAP grantees and sub-recipients may not direct clients toward certain plans that these entities may favor, direct clients away from plans that appear to meet all of an individual client's needs, or act in their own self-interest or in the interest of a health insurance company.*

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