

**Forest County Potawatomi - Health Division**

Strategy	Proposed Due Date	Responsible Party	Current Status (Progress To-Date)	Next Steps
<b>Section 1: Assess Local Environment for Health Insurance Marketplace</b>				
a. <b>Assign operating Subject Matter Expert</b> (or Team Lead) (with representatives from each component of the Revenue Cycle)	April 26, 2013			
b. <b>Assess premium payment possibilities</b> (e.g., Advance Premium Tax Credits for the Health Insurance Marketplace, Medicare Savings Program for Medicare Part B, and Low Income Subsidy for Medicare Part D)	June 30, 2013			
c. <b>Assess potential competition</b> (e.g., services offered, hours of operation)	June 30, 2013			
d. <b>Assess customer service levels</b> (patient satisfaction, wait times, etc.)	June 30, 2013 and monthly thereafter			
a. <b>Determine baseline for current 3<sup>rd</sup> party active users</b> (Medicare, Medicaid, Private Insurance) <b>*Who are our active Payers</b>	July 1, 2013 – September 30, 2013 and ongoing thereafter			
b. <b>Determine baseline for current claims; track on a monthly basis thereafter</b> <b>* How many claims to each payer Numbers &amp; Dollars</b>	July 1, 2013 – September 30, 2013 and ongoing thereafter			
c. <b>Determine baseline for billed to collected; track on a monthly basis thereafter</b> <b>*AR Days by Payer – Compare Contract to actual experience</b>	July 1, 2013 – September 30, 2013 and ongoing thereafter			
d. <b>Determine current daily visit count by Department; track average daily visit count on a monthly basis thereafter</b>	July 1, 2013 – September 30, 2013 and ongoing thereafter			
e. <b>Determine baseline denial management workload; track on a monthly basis thereafter</b>	July 1, 2013 – September 30, 2013 and ongoing thereafter			
<b>Section 3: Assess Current Staffing; Workload Levels; Facility Space; Strategies to Handle Changes in Workload</b>				
a. <b>Determine baseline productivity for Patient Registration staff</b> (Identifies new eligible which increases screening and patient wait time) - Consider current staffing and estimated change in workload - Track productivity on a monthly basis thereafter	July 1, 2013 – September 30, 2013 and ongoing thereafter			
b. <b>Determine baseline productivity for Patient Benefits</b>	July 1, 2013 –			

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<b>Coordination Staff</b> (Coordinates with Health Insurance Marketplace Navigators and In-Person Assistors) <ul style="list-style-type: none"> <li>- Consider current staffing and estimated change in workload</li> <li>- Track productivity on a monthly basis thereafter</li> </ul>	September 30, 2013 and ongoing thereafter			
<b>c. Determine baseline productivity for Coders</b> <ul style="list-style-type: none"> <li>- Consider current staffing and estimated change in workload</li> <li>- Track productivity on a monthly basis thereafter</li> </ul>	July 1, 2013 – September 30, 2013 and ongoing thereafter			
<b>d. Determine baseline productivity for Billers</b> <ul style="list-style-type: none"> <li>- Consider current staffing and estimated change in workload</li> <li>- Track productivity on a monthly basis thereafter</li> </ul>	July 1, 2013 – September 30, 2013 and ongoing thereafter			
<b>e. Determine denial management productivity</b> <ul style="list-style-type: none"> <li>- Consider current staffing and estimated change in workload</li> <li>- Track productivity on a monthly basis thereafter</li> </ul>	July 1, 2013 – September 30, 2013 and ongoing thereafter			
<b>f. Determine baseline productivity of Providers/Support/Ancillary Staff</b> <ul style="list-style-type: none"> <li>- Consider current staffing and estimated change in workload</li> <li>- Track productivity on a monthly basis thereafter</li> </ul>	July 1, 2013 – September 30, 2013 and ongoing thereafter			
<b>g. Determine baseline productivity of referral processor assistance for increased referrals (not CHS)</b> <ul style="list-style-type: none"> <li>- Consider current staffing and estimated change in workload</li> <li>- Track productivity on a monthly basis thereafter</li> </ul>	July 1, 2013 – September 30, 2013 and ongoing thereafter			
<b>h. Determine baseline productivity of Credentialing/Provider Enrollment Staff</b> <ul style="list-style-type: none"> <li>- Track productivity on a monthly basis thereafter</li> </ul>	July 1, 2013 – September 30, 2013 and ongoing thereafter			
<b>i. Recognize, share and implement best practices for improved efficiency</b>	July 1, 2013 – September 30, 2013 and ongoing thereafter			
<b>j. Consider possible electronic (vs. manual) processes due to increased workload volume</b>	July 1, 2013 – September 30, 2013 and ongoing thereafter			
<b>k. Inventory current services and compare against Essential Health Benefits</b>	July 1, 2013 – September 30, 2013 and ongoing			

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	thereafter			
a. Assess Prior Authorization/Referral process	July 1, 2013 – September 30, 2013 and ongoing thereafter			
b. Assess discharge and care coordination process	July 1, 2013 – September 30, 2013 and ongoing thereafter			
c. Assess possible change in CHS priorities and budget. Can prevention and priorities (specialty clinics, preventive medicine) other than Priority One now be covered?	September 30, 2013 and ongoing thereafter			
<b>Section 5: Eligibility Process for Medicaid Expansion and Health Insurance Exchanges</b>				
a. Daily review of future appointment rosters for third party status of all scheduled and admitted patients.	July 1, 2013 – September 30, 2013 and ongoing thereafter			
b. Prepare for electronic application process.	July 1, 2013 – September 30, 2013 and ongoing thereafter			
c. Ensure that patients know what documents to bring to their appointments.	July 1, 2013 – September 30, 2013 and ongoing thereafter			
d. Assess RPMS Patient Benefit Coordinator note follow-up process.	July 1, 2013 – September 30, 2013 and ongoing thereafter			
<b>Section 6: Assess Data Reporting Requirements</b>				
<b>Section 7: Marketing</b>				
a. Internal Improvements				
• Educate Staff	July 1, 2013 – September 30, 2013 and ongoing thereafter			

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<ul style="list-style-type: none"> <li>Provide Updates on Priorities</li> </ul>	July 1, 2013 – September 30, 2013 and ongoing thereafter			
<ul style="list-style-type: none"> <li>Ensure FCPHWC / IHS is “Provider of Choice” – Incorporate plans to improve Customer Service and Patient Reception</li> </ul>	July 1, 2013 – September 30, 2013 and ongoing thereafter			
<ul style="list-style-type: none"> <li>Ensure staffing &amp; resources can meet the increase need as indicated in Section 3</li> </ul>	July 1, 2013 – September 30, 2013 and ongoing thereafter			
<ul style="list-style-type: none"> <li>Incorporate Patient Care Improvement Initiatives</li> </ul>	July 1, 2013 – September 30, 2013 and ongoing thereafter			
<b>b. External Marketing</b>				
<ul style="list-style-type: none"> <li>Consumer Education on ACA – Provide information to public and on the definition of “Indian,” Indian-specific provisions under each program, and benefit to obtaining coverage</li> </ul>	July 1, 2013 – September 30, 2013 and ongoing thereafter			
<ul style="list-style-type: none"> <li>Marketing HWC – Cultural Competency, Quality of Care Measures, Wait Times, Customer Satisfaction, Accreditation and Certification</li> </ul>	July 1, 2013 – September 30, 2013 and ongoing thereafter			
<ul style="list-style-type: none"> <li>Communication Means – Keep Websites Up-to-Date, Consider Social Media</li> </ul>	July 1, 2013 – September 30, 2013 and ongoing thereafter			
<b>c. Consultation with Tribes and Community Members (Tribal and Urban)</b>				
<ul style="list-style-type: none"> <li>Consult with Tribes on Local Business Plan and Local Initiatives to Improve Access to Quality Health Care through ACA Opportunities</li> </ul>	July 1, 2013 – September 30, 2013 and ongoing thereafter			
<ul style="list-style-type: none"> <li>Determine approach in involving the Health Advisory and their feedback into Business Plan</li> </ul>	July 1, 2013 – September 30, 2013 and ongoing thereafter			

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<b>Section 8: Work with the Area Office to Determine How to Locally Implement Contracts or Relationships with Qualified Health Plans</b>				
a. Designate a specific Point of Contact to work with Area-wide contracting with certain QHPs	July 1, 2013 – September 30, 2013 and ongoing thereafter			
b. Determine which QHPs that the facility needs to be contracted with, i.e. which provider networks are most appealing, which QHPs members will likely choose, which QHPs are willing to contract and use the I/T/U Addendum, etc.	July 1, 2013 – September 30, 2013 and ongoing thereafter			
c. Determine what changes in RPMS need to be made to allow for third party billing to QHPs	July 1, 2013 – September 30, 2013 and ongoing thereafter			