Affordable Care Act Business Plan Template

Evaluate and address the following (as a minimum) as part of your operating units Business Plan. The expected outcome is a business plan targeted at: 1) Ensuring that the number of patients receiving services from IHS health care facilities remains stable or increases; 2) Ensuring that third party collections remain stable or increase each year; and 3) Ensure customer service and quality of care, as well as efficiency and effectiveness of the Indian health care system continues to improve over time.

1	Assess Local Environment for Health Insurance Marketplace (Exchanges and Medicaid Expansion) * Assign operating unit Subject Matter Expert (SME). * Assess premium payment possibilities. (Exchange, Part B, Part D) * Assess potential competition. (services offered, hours of operation, etc.) * Assess need for contracts with major payers / primary referral points for specialist. * Assess customer service levels. (patient satisfaction, wait times, etc.)	Resources NIHOE ACA Information[1]
2	Assess Patient Workload and Revenue Impact (+ and -) * Determine baseline for current 3rd party active users. (Medicaid, Medicare and Private Insurance) * Determine baseline user population. * Determine baseline for current claims. * Determine baseline for current collections. * Determine growth potential by reviewing local community demographics.	Resources U.S. Census Bureau[2] IHS Operational Summaries RPMS Period Summary Report UFMS Allowances

3	Assess current staffing and workload levels, along with facility space based on outcome of assessments and develop strategies to handle possible changes in workload.
	* Staffing - Consider possible changes in:
	  * Patient Benefit Coordinator (PBC) - coordinates with Health Insurance Marketplace Exchange Navigators and In-Person Assistors
	  * Billers
	  * Providers / support / ancillary staff - if increased hours are considered under #1 above.
	  * Voucher examiners (claim denials could increase due to IHCIA protections)
	  * Referral processor assistance for increased referral processing (not CHS).
	  * CHS staff (CHS staff normally get involved with approval processes, too, along with coordination of care)
	  * Finance staff (increased batching, reconciliations)
	  * Patient Registration (increased workload to identify new eligibles so screening may take longer – patient wait time for screening)
	  * Credentialing / Provider applications could increase if multiple contracts are signed.
	* Recognize and implement best practices for improving efficiencies.
	* Consider possible electronic verses manual processes due to possible increased volume.
		Resources
		RRM Module: Business Office
		IPC Green Book
		Revenues Operational Manual
		RRM Module: CHS

4	Referrals and Prior Authorizations * Assess Prior Authorization Referral Process. * Understand local contracts and pre-authorization requirements for both direct care and specialist referrals under the contracts and Qualified Health Plan (QHP) addendum. * Assess discharge and case coordination process. * Possible change in CHS priorities and budget. - Can prevention and priorities other than Priority One now be covered? (specialty clinics, preventive medicine, etc.)	
5	Eligibility Process for Medicaid Expansion and Health Insurance Exchanges * Daily review of future appointment rosters for third party status of all scheduled and admitted patients. * Prepare for electronic application process. * Consider presumptive eligibility process where available. * Assess RPMS Patient Benefit Coordinator note follow up process.	

6 Assess Data Reporting Requirements.

* Identify in RPMS any changes or system tracking identifiers/codes. Identify any state Medicaid requirements or National (Agency) requirements for tracking.
  * Determine State specific parameters for identifying expanded Medicaid programs.
  * Determine HQ/Area/Service Unit tracking requirements or required RPMS enhancements.
* UFMS - possible programming enhancements
* Quality performance measures required by contracts.

7 Marketing

Resources

RRM Module: Business Office
IPC Green Book
NIHOE ACA information[1]
Health Insurance Marketplace Navigators
Regional DHHS Offices

* Internal Marketing - Importance of customer service is to be stressed!
  * Staff education
  * Agency priorities updates
  * Internal improvements
    * Customer Service - "IHS Provider of Choice"
    * Staffing
    * Resource management
    * Patient care improvement initiatives
* External Marketing
  * Consumer Level Education
    * Difference in definition of Indian
    * Information on Indian specific provision (cost sharing)
  * Marketing Ourselves
    * Cultural competency
    * Wait times
    * Customer satisfaction
    * Quality of Care measures
    * Accreditation and Certification
  * Tribe/Community
    * Tribal consultation on local Business Plan development
    * Agency priorities
    * Medical home model
    * Keep websites updated
    * IPC initiatives
    * Affordable Care Act initiatives
    * Consider social media
    * Facilitate Tribal / State Communication
  * Private Sector Contractors and MCO's
    * CHS program and referral process
    * MCO Plans - IHCIA requirements to pay I/T/Us
    * Information on Indian specific provision (cost sharing)

[1] National Indian Health Outreach and Education (NIHOE) Materials are available at http://tribalhealthcare.org

[2] U.S. Census Bureau, 2006-2010 American Community Survey