

Rethinking the Behavioral Health Organization

Ronald L. Ravneberg

R3

A Strategic Information
Assessment Guide

The Health Systems Consulting Re-engineering Series

- R1 - A Re-engineering Source Book
- R2 - An Information Systems Source Book
- R3 - A Strategic Information Assessment Guide
- R4 - A Sample Information System Request for Proposals

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1

Organization of the Current Volume

Obviously, a man's judgment cannot be better than the information on which he has based it. Give him the truth and he may still go wrong when he has the chance to be right, but give him no news or present him only with distorted and incomplete data, ... and you destroy his whole reasoning processes, and make him something less than a man.

Arthur Hays Sulzberger

R3 - Rethinking the Behavioral Health Organization: A Strategic Information Assessment Guide is the third volume in the HSC Re-engineering Series and is divided into two chapters to help the reader understand what a strategic information assessment is, and how it fits into organizational re-engineering and system improvement efforts.

Specifically, the chapters are as follows:

- **Conducting a Strategic Information Assessment** — Prior to the undertaking of a re-engineering effort, you should understand structure of your organization, the services it provides, and the role that information plays. This chapter is designed to provide an overview of the strategic information assessment process and its components.
- **Strategic Information Assessment Questionnaire** — This chapter contains a representative Strategic Assessment Questionnaire designed to obtain information about your organization's needs, identify how information is currently used, and help you identify your organization's strengths and weaknesses.

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Conducting a Strategic Information Assessment

No question is ever settled until it is settled right.

Ella Wheeler Wilcox

So how well does your current information system work? Does it provide what you need for effective decision making? Is it a good match for your organization's needs?

How do you know?

While the above may seem like elementary questions to you, it is surprising to see the number of behavioral health professionals who have no clue whatsoever about their answers. Why? Because they're often content to act like caterpillars.

Let me explain.

Breaking the Cycle

Caterpillars instinctively follow each other along branches. They don't think about it; they just do it. Overall, it seems to serve them well. However, such automatic behaviors can have their negative effects also. If you place a number of caterpillars around the lip of a cup so that each is just behind another, each caterpillar will move toward the one immediately in front and the whole group will begin an endless parade around the cup. None of them ever stops to ask for directions or to pose questions about where they are headed. They just continue their unceasing march.



To a great extent, behavioral health organizations often find themselves in a similar situation — they keep following the steps they've always followed with respect to systems, but they never seem to get anywhere.

We were once called in to help a behavioral health organization streamline its information system. In one meeting, the overworked information system manager passed out a lengthy list of all the standard reports she manually prepared on a monthly basis and distributed to staff. When asked how she knew that her list of reports was an appropriate one, she explained that she periodically surveyed the recipients and asked which reports

people needed and which she could delete from the list. To her dismay, new reports were periodically requested, but old reports never seemed to go away.

The organization's medical director was sitting at the same table and was looking over the list of reports. When he was asked which of the reports he used for decision making, he quickly responded, "None. I ask my staff to abstract important information from the standard reports and prepare a one-page summary report for me."

So there it was. The information systems person laboriously prepared a dozen or so reports so that other people could pull one bit of information from each and put it on a single page for the decision maker. The original reports were then discarded.

Obviously, much of the information system manager's work was in vain and the "correct" report to prepare was the one the medical manager requested from his people. So why wasn't such a waste of time and resources discovered before? Didn't the information systems manager ask which reports weren't necessary? Yes, but she asked about reports, and not about information. Because each of the recipients needed to receive his or her own report in order to locate the information to abstract for the medical director, that recipient couldn't give up the report. The cycle continued ... caterpillar following caterpillar.

It's time to break the cycle.

The Strategic Information Assessment

Throughout this series of manuals, we have repeatedly reminded you that your current organization and its systems are the result of a large number of arbitrary decisions, made by a variety of people, over an extended period of time, in response to multiple situations, using then-available technology. Therefore, your current system is not the place to start if you want to change things. If you are to move forward with a well-designed information system, you will need to step back and take a look at your organization as a whole. Only by conducting such a full-scale assessment will you be able to root out the caterpillars.

A strategic information assessment (SIA) is designed to provide information about current information system status as well as recommendations for increasing system performance to meet your organization's current and future needs. The process can achieve these ends through the accomplishment of several objectives, as follows:

- Identification of your organization's current and future information system needs.
- Assessment of your organization's capability to satisfy the identified needs.
- Assessment of the efficiency and effectiveness of information system activities.

A well-designed assessment process maximizes the involvement of your staff in the identification of information system solutions, yet still allows for the objectivity necessary for the implementation of a solution that meets the needs of the whole organization. In-

volvement fosters organizational ownership of the information system implementation process and its outcome.

A complete strategic information assessment encompasses the following steps.

- Reviewing Documentation
- Administering a Strategic Information Assessment Questionnaire
- Interviewing Key People
- Assessing Organizational Information Needs
- Assessing Organizational Operations, Policies & Procedures and Resources
- Assessing Existing Information Services
- Reviewing Available Information System Options
- Developing the SIA Plan

At times, the overall process may seem like a lot to consider, but nothing is cast in concrete and you can combine or eliminate specific items as appropriate to your organization's situation.

Let's take a look.

Reviewing Documentation

Prior to the undertaking of a major requirements analysis, you should review existing documentation that relates to the structure of your organization and the services it provides. The documents will help to form a background and context for subsequent strategic information assessment activities.

Specifically, the following types of documents should be reviewed:

Current Input Forms
Current Output Reports
Internal Systems Analyses
Needs Assessment Studies
Current Organizational Plan
Program Descriptions
Program Evaluation Reports
Website Information

Promotional Materials & Brochures
Quality Assurance Program Description
State Contractual Requirements
State Licensure & Certification Requirements
Statistical Reports on Service Delivery
Table of Organization
Consumer Services Record

Administering a Strategic Information Assessment Questionnaire

A comprehensive strategic information assessment questionnaire can be an effective tool for gaining background information about your organization's information needs and how it uses management information.¹ The questionnaire should be divided into sections relating to the differing functions of the organization. Those sections should be developed so that each can be completed by a separate person, if appropriate. The questionnaire should include the following sections:

<i>Market Information</i>	<i>Financial Information (Case Related)</i>
<i>Mission Information</i>	<i>Financial Information (General)</i>
<i>Problem Listing (CEO Only)</i>	<i>Information System (Present)</i>
<i>Administrative Information</i>	<i>Additional Comments</i>
<i>Case/Staff Information</i>	

Interviewing Key People

One of the most important components of the information gathering process should be a series of face-to-face interviews with key organizational staff and significant outside parties. Interviews should be relatively informal and unstructured, and designed to facilitate the free flow of information and impressions of the current state of your organization's information needs and systems. What you are likely to discover, however, is that the discussions will almost always extend beyond the traditional information system boundaries and will begin to address other operational "systems" that aren't perceived as functioning effectively within the organization. (Such digression is "good" news, by the way.)

You no doubt have some form of functioning, on-going information system, and the task at hand is not to criticize or endorse the current system; the task is to map fully and understand the current system, and to address several specific questions:

- How is information in the system used? Who uses the information and for what purposes?
- What kinds of information are currently carried by which components of the entire information system? What information do people carry in their heads and memories? What information is maintained on ledger cards? What information is captured on forms, including forms for inputting information into automated parts of the information system, clinical and encounter forms, service requests? What information is maintained in consumer clinical records? What information is in the current computer system?

¹ A sample strategic information assessment questionnaire is included in the next chapter.

- What information do you need that you're not getting? What information do you get that you don't need?
- How is information generated within the organization, and how does that information enter the existing information system?
- What is the relationship of that information to the service that produced it?
- What is the current level of access to needed information within the system? Is access adequate? What are the information flows and blockages?
- What is currently working within the system? What is seen as broken or dysfunctional?

The primary goal of the interviews is to determine how your current information system really works and understand the information relationships and flows through the organization. The secondary goal of the interviews is to determine how the current system is perceived by those who use it and their current levels of satisfaction and dissatisfaction.

In mapping your information systems, you should seek to identify the overall functionality and efficiency of the current system. The underlying questions throughout all interviews should be: (1) Does the system work? (2) How can it be improved and/or fixed?

When conducting interviews, be as open and inclusive as possible. If you consistently emphasize openness, inclusion and participation, you will receive frankness from all participants.

Assessing Organizational Information Needs

One important step in a strategic information assessment should be a review of your organization's information and reporting requirements. The capture of information relevant to information system requirements occurs in a number of locations, both internal and external to your organization.

You can assess information system requirements as follows:

- Interview Selected Administrators, Program Managers, Clinical and Support Staff — You should identify specific staff members within your organization and interview them to determine: (1) their current work flows; (2) their information requirements; and (3) how those flows and requirements affect the implementation of various information system solutions. Specifics regarding clinical management approaches, quality assurance plans, internal reporting requirements, complexities of billing and financial reporting, research needs, and data content should all be reviewed.
- Interview Selected Staff from Outside the Organization — You should identify and meet with any appropriate personnel within bodies external to your organization whose requirements impact upon the structure of your internal information system solutions. Specifics regarding state and county needs, reporting

requirements, complexities of billing and financial reporting, data content, system interface and information transfer formats should all be reviewed.

Assessing Organizational Operations, Policies & Procedures and Resources

To be prepared for implementing and maintaining a comprehensive information system solution, your organization must have in place the internal skills and resources for supporting the system.

How are current operations handled and what changes are appropriate to maximize the probability of success of a new or enhanced information system? Do existing policies and procedures support the implementation of a comprehensive information system? Are staff prepared, or do special training modules need to be developed? Are enough resources available to fund the information system effort? What (if any) staffing changes will be necessary to implement and support a new information system approach?

Following are some of the steps that are appropriate to the process of assessing organizational preparedness:

- **Review Current Operations and Policies & Procedures** — You should review current operations, policies and procedures that relate to information system issues including, but not limited to, clinical process, productivity expectations, quality assurance, clinical records, staff and consumer accountability, confidentiality and research.
- **Interview Selected Information System and Support Staff** — You should identify specific information system and support staff members within your organization and interview them to determine: (1) their skill levels for implementing and/or supporting and maintaining the information system; and (2) their orientation toward and motivation for such a project. Specifics regarding background, understanding of behavioral health information system demands beyond the organization's current system, other projects in process and willingness to implement and support a long-term information system effort should be considered.

Assessing Existing Information Services

Your organization no doubt already provides a range of information system services. Development of a comprehensive assessment of the information needs and resources of your organization requires a review of those current information services and functions.

The review of existing information services functions is divided into the following components:

- Review Operations, Roles and Responsibilities, Procedures, Staffing and Budget — You should meet with members of your organization's staff responsible for your existing information system to review current operations and skill levels, roles and responsibilities, procedures, staffing and budget.
- Examine the Role in Policy Development and Service Delivery — You should meet with appropriate staff members to review the role the existing information system plays in policy determination and the provision of services.

When reviewing options for implementing an information system, you have several alternatives to pursue, including:

- Continuation of Present Systems
- Shared Services
- Purchase of Hardware and Development of a Customized System
- Purchase of Personal Computers for Selected Tasks
- Purchase of a Turn-Key System of Hardware and Software

The above alternatives should be evaluated on the basis of the ability to: (1) provide effectively the necessary functions required by the organization; (2) provide accurate, reliable and responsive data for management decision making; (3) provide the best opportunity for a brief and successful transition period; and (4) offer flexible on-line, real-time access by your organization's staff.

Other factors to consider include: (1) cost stability for a three to five year period; (2) the ability to realize benefits of improved systems in every area of the organization; and (3) the ability of your organization's management to make the necessary commitments to effectuate change.

Developing the SIA Plan

Following the collection and analysis of the information obtained during the strategic information analysis, you should develop a comprehensive long-term plan to formalize the findings and allow your organization to meet its selected needs in an orderly fashion. Such a plan can serve as a guidance system for future system evolution, new system acquisition, and organizational re-engineering activities.

The plan should address the following components::

- **Situational Analysis** — You should define the scope of the work, define the business issues, identify the beneficiaries of the new systems (those who have the most to gain) and develop a description of: (1) your organization's current situation; and (2) what must be done to get any information system project into motion.
- **General System Specification** — You should develop a detailed specification of the required information system, including descriptions of the functional characteristics of the system, a list of output and reporting requirements with formats or sample layouts, and recommendations for changes in forms and/or paper flow which would improve efficiency of the information system.
- **Software Functionality Requirements** — You should develop a list of functional requirements that your system should be able to meet.
- **Hardware Requirements** — You should develop recommendations for hardware needed for the information system including descriptions of and locations of computers and hardware necessary to meet the software functionality requirements.
- **Implementation Recommendations** — You should develop recommendations and approaches for implementing any revised information system.
- **Staffing Recommendations** — You should develop recommendations about the number and qualifications of staff required to maintain the system once it is in place.
- **Financial Plan** — You should develop estimated costs for implementing the proposed system alternatives.

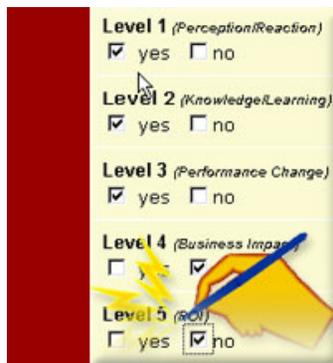
3

Strategic Information Assessment Questionnaire

It is better to know some of the questions than all of the answers.

James Thurber

The following pages contain a representative strategic information assessment (SIA) questionnaire. It's certainly not all-inclusive, but the variety of questions posed should give you an idea of what you might want to include in your own similar document.



Completion of such a document is a worthy exercise in itself, even if you don't plan to analyze the results as part of a re-engineering or system project. Simply having your staff sit down and think about the kinds of questions that the questionnaire poses can help them focus on the "bigger picture" and step away from the day-to-day struggles that tend to obscure important program details. (Remember the caterpillars!)

Note: If some of the boxes on the following document seem too small to hold the information requested, it's because the actual document represented was designed for electronic data entry, with fields and boxes that expand as information is entered. The actual electronic SIA Questionnaire used can be completed on-line, thus saving the work required to re-key the questions and/or extensive answers. Everything in the document can be answered by entering a few text fields and checking some boxes.

It's tough to do that on paper.

Electronic SIA Questionnaire Special Instructions

Using the Microsoft® Word Form Template – This electronic version of the SIA Questionnaire can be completed on-screen, thus saving the work required to re-key the questions and/or extensive answers. Everything in the document can be answered by entering a few text fields and checking some boxes.

In its electronic form, all SIA Questionnaire fields are shaded gray for ease in locating data entry points. You can navigate through the document using the cursor control keys (i.e., TAB KEY, ←, →, ↑, ↓), dragging the mouse along the scroll bars, or by clicking on an item with the mouse.



Entering a Text Field — To enter text in the electronic form, you simply select the field with the mouse or cursor keys and enter the text requested. The field will expand to accommodate additional text.

Enter text here →



Checking a Box — To check or uncheck an item in the electronic form, you simply click it with the left mouse button.

Left click on the box to check and uncheck →



Completing and Submitting an SIA Questionnaire — To complete and submit your electronic SIA Questionnaire, just follow the steps below:

- Print a copy of the document for ease of reference.
- Complete all the fields on-screen by either checking the boxes or entering appropriate text.
- Save your response as a Microsoft® Word Document and submit it as an e-mail attachment to Health Systems Consulting at ***HSConsult@aol.com***.

Strategic Information Assessment Questionnaire

The following document is designed to gain background information about your organization's operations and how you use information. The results provided can be combined with other observations to better assess the future directions of re-engineering efforts within your organization. The questionnaire is divided into sections related to the differing functions of your organization. The sections are developed so that a separate person can complete each one, if appropriate. The questionnaire includes the following sections:

- Market Information*
- Mission Information*
- Problem Listing (CEO Only)*
- Administrative Information*
- Consumer/Staff Information*
- Financial Information (Consumer Related)*
- Financial Information (General)*
- Management Information System (Present)*
- Additional Comments*

Person Responsible for Questionnaire Completion:

Name	
Position	
Organization Name	
Address Line 1	
Address Line 2	
City, State & Zip	
Telephone	
Telephone (Toll-Free)	
Fax Number	
E-Mail Address	
Internet Web Site URL	

Market Information

If you need more space to answer any of the questions or wish to make additional comments, there is additional room at the end of each section. If you provide expanded answers at the end of the section, remember to include the question number with your comments.

This Section Completed By:

Name #1	
Position	
Telephone	

Name #2	
Position	
Telephone	

Name #3	
Position	
Telephone	

1. Hospitals — Describe the hospitals in your service area.

For each Hospital in your service area include the Name of the **Hospital**, the total number of Beds, the estimated Occupancy %, the number of **Inpatient** Behavioral Health Beds, and the number of **Outpatient** Behavioral Health consumers being seen at any one time.

Hospital	Beds	Occupancy %	BH Inpatient Beds	BH Outpatient Consumers

2. Hospitals — What is your operational relationship (formal or informal) with the above hospitals (with each addressed separately)?

3. Hospitals — Do the above hospitals belong to a larger network, or are they operated under a management contract by another company (answered for each separately)?

4. Hospitals — Has your organization formed a PHO (Physician-Hospital Organization) with its medical staff?

5. Hospitals — Is any physician employed by or contracted with your organization a member of the PHO?

6. Large Physicians' Groups — Have the primary care physicians in your service area created a large group?

7. Large Physicians' Groups — If so, what is that group's relationship to the local hospitals?

8. Large Physicians' Groups — What is that group's relationship to your organization?

9. Large Physicians' Groups — What percentage of your referrals come from this group?

10. Small Physicians' Groups — If the primary care physicians in your service area have not yet formed a large group practice, but are practicing alone or with a few other physicians, describe your referral relationship with these physicians or group of physicians, including the percentage of referrals from this source, each considered separately.

11. Referral Market — List your other major referring sources, with a rough percentage for each.

Referral Source	Referral %
Other	

12. Referral Market — To whom or to what agency does your organization discharge consumers?

Referral Source	Referral %
Other	

13. Referral Market — To whom or to what agency does your organization refer a significant number of consumers (listing the top three)?

14. Money Market — List all major payment sources and the percentage each represents of your funding.

Payment Source	Funding %
Other	

15. Money Market — What are the two largest sources of public funding for your organization? Describe the relationships with the agencies or entities that provide this funding.

16. Information Market — To whom or to what agencies does your organization send the most information (listing the top three)?

17. Information Market — Who or what agency sends your organization the most information (listing the top three)?

18. Competition — Who are (or will be) your primary competitors? What are the strengths and weaknesses of each competitor? (Please describe each competitor's and potential competitor's strengths and weaknesses separately, even if they are repeated.)

19. Competition — Who among your competitors do you most fear? Why?

20. Collaboration — With whom or what agency (agencies) does your organization collaborate most?

21. Collaboration — What is the nature of the collaboration, listing this for each entity separately?

22. Other Associations — With whom else or what other entities does your organization associate or work with in any capacity not already covered? What is the nature of the association? (Describe each entity and your association separately.)

23. Additional Comments — Please include any additional comments or explanations. If you are expanding upon an answer to another question in this section of the questionnaire, please remember to include the question number with your comments. You may use additional paper if necessary.

Mission Information

If you need more space to answer any of the questions or wish to make additional comments, there is additional room at the end of each section. If you provide expanded answers at the end of the section, remember to include the question number with your comments.

This Section Completed By:

Name #1	
Position	
Telephone	
Name #2	
Position	
Telephone	
Name #3	
Position	
Telephone	

24. Governance — Define your organization’s governance process. Do you have a Board of Directors and, if so, how is that group chosen?

25. Table of Organization — Please attach a current table of organization. How recently has this changed and how are such changes made and promulgated?

26. Strategic Plan — Do you have a formal strategic planning document? If so, who is its audience, how was this document developed and what is the planning cycle or timeline you use to develop the strategic plan?

27. Action Planning Documents — Do you have any sort of “action planning” documents, documents that set deadlines, milestones, objectives/goals, etc.? If so, how broadly are they distributed and how often are they reviewed and modified?

28. Mission Statement — Do you have a mission statement? If so, what is it, how is it promulgated, who has it, and when was it last formally reviewed?

29. Core Services — Whether or not you have a mission statement, list your “core services” (however defined).

For each identified **Core Service** include the number of **Consumers Served** each year, the **Annual Revenue** dollar volume, and the **Annual Cost** of providing each service.

Core Service	Consumers Served	Annual Revenue	Annual Cost
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

30. Episodes of Service — For each of these “core services,” has your organization defined an "episode of service?" If so, please include the definition. If you have different definitions for different services, please include the definitions and the services to which it applies.

31. Outcome Measures — Is your organization using any “outcome” measures for your consumer interventions? If so, please include the definitions of your outcome measures.

SIA QUESTIONNAIRE

32. Outcome Measures — How are the outcome measures used in reporting, in providing service, and in managing your organization?

33. Additional Comments — Please include any additional comments or explanations. If you are expanding upon an answer to another question in this section of the questionnaire, please remember to include the question number with your comments. You may use additional paper if necessary.

Problem Listing (CEO/Executive Director Only)

If you need more space to answer any of the questions or wish to make additional comments, there is additional room at the end of each section. If you provide expanded answers at the end of the section, remember to include the question number with your comments.

This Section Completed By:

Name	
Position	
Telephone	

Based upon your responses to the above questions and your knowledge of your organization, please address the following questions:

34. Short-Term Problems — What are your most pressing problems, the ones you feel you must solve, to ensure the survival of your organization in the short term?

35. Short-Term Solutions — What plans do you have in place to address each of these problems and how will you know that you solved them?

36. Long-Term Problems — What are the most pressing problems for your organization, the ones you feel you must solve, to ensure the survival of your organization in the long term?

37. Long-Term Solutions — What plans do you have in place to address each of these problems and how will you know that you solved them?

38. Assets & Resources — What assets/resources does your organization have to solve these problems?

39. Liabilities & Obstacles — What are the “negatives,” those things that keep getting in the way of solving these problems?

40. Additional Comments — Please include any additional comments or explanations. If you are expanding upon an answer to another question in this section of the questionnaire, please remember to include the question number with your comments. You may use additional paper if necessary.

Administrative Issues

If you need more space to answer any of the questions or wish to make additional comments, there is additional room at the end of each section. If you provide expanded answers at the end of the section, remember to include the question number with your comments.

This Section Completed By:

Name #1	
Position	
Telephone	

Name #2	
Position	
Telephone	

Name #3	
Position	
Telephone	

SIA QUESTIONNAIRE

41. The Role of Automation — Please describe the way your organization views automation within the agency?

42. Total Budget — What is your organization's total annual budget?

Last Year	This Year (Current)	Next Year (Projected)
\$	\$	\$

43. IS/IT Budget — What is your organization's annual budget for information systems and technology?

Last Year	This Year (Current)	Next Year (Projected)
\$	\$	\$

44. Services Provided — What types of services does your organization provide?

45. Multiple Sites — Do you have satellite or branch clinics? If so, briefly describe the programs that satellites or branches operate.

46. Information Collection — How is information collected from satellites or branches? What administrative/reporting/data collection functions are performed at satellite or branch clinics?

47. Information Flow — Is the information flow between the satellite office(s) or branch(es) and the main office effective? Why or why not?

48. Inpatient Services — Where does your organization obtain inpatient hospitalization services? Do you retain administrative and/or clinical and case management responsibility for hospitalized consumers?

49. Residential Services — Do you provide residential services? If not, where do you obtain residential services? If you obtain residential services outside your organization, do you retain administrative and/or clinical and case management responsibility for residential consumers?

50. Crisis Line — Do you maintain a 24 hour crisis line?

51. Volunteers — Do you have any volunteers? How many?

52. Current Information System — Do you currently have a formal information system? Is the information system computerized? If so, describe.

53. Multiple Information Systems — Do you maintain more than one information system? If yes, please describe.

54. Information System Functionality — What applications are being performed by your existing information system? Are the results acceptable to your organization? If not, explain.

55. Computer Equipment — What type of computer system(s) does your organization have installed at the present time?

56. Computer Equipment — When was the equipment acquired? What was the original cost? Do you have existing plans to upgrade this equipment? If so, when and how?

57. Additional Comments — Please include any additional comments or explanations. If you are expanding upon an answer to another question in this section of the questionnaire, please remember to include the question number with your comments. You may use additional paper if necessary.

Consumer/Staff Information

If you need more space to answer any of the questions or wish to make additional comments, there is additional room at the end of each section. If you provide expanded answers at the end of the section, remember to include the question number with your comments.

This Section Completed By:

Name #1	
Position	
Telephone	

Name #2	
Position	
Telephone	

Name #3	
Position	
Telephone	

58. Consumer Caseload — How many consumer files does your organization have presently?

Active Consumer Files	Inactive Consumer Files	Total Consumer Files

59. Number of Bills — How many consumers (active/inactive) does your organization bill per month? Include all funding sources.

60. Clinical Staff — How many full-time equivalent (FTE) clinical staff does your organization have?

Part-Time Clinical FTE	Full-Time Clinical FTE	Total Clinical FTE

61. Support/Administrative Staff — How many full-time equivalent (FTE) support/administrative staff does your organization have?

Support/Administrative Part-Time FTE	Support/Administrative Full-Time FTE	Support/Administrative Total FTE

62. Contract Services — Do you contract for any services? If so, what services are contracted, with whom, and how are they paid?

63. Activity Tracking — How does your organization presently track consumer/staff activity?

64. Activity Tracking — What is your opinion of the consumer/staff activity tracking system?

65. Information System Staff — How many full-time equivalent (FTE) staff are responsible for information system services within your organization? What is their function within your organization?

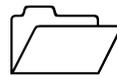
66. Information System Staff Effectiveness — What is your opinion of the effectiveness of the information system department?

67. Information System Effectiveness — Is your organization currently getting the information it needs for effective management? Is the information available on a timely basis?

68. Consumer Information — What major types of information does your organization presently record about its consumers (e.g., face sheet data, admission and termination data, medication information)?

69. Consumer Consents & Releases— What releases do consumers sign regarding access to consumer information? Who is allowed to see consumer information?

70. Consumer Documents — Please include with the completed questionnaire copies of the major documents and forms (including pertinent release forms) from which consumer information is collected.



71. Staff Information — What major types of information does your organization presently record about its staff (e.g., staff certification, payroll information)?

72. Staff Documents — Please include with the completed questionnaire copies of the major documents and forms from which staff information is collected.



73. Clinician Duties — What are the primary clinicians' duties relative to the information system (e.g., case notes, pull files, check for recertification)?

74. Medications — Do you dispense prescriptions or medications? If so, briefly describe the medication services you provide.

75. Medical Records — Briefly describe the functioning of your medical records department.

76. Additional Comments — Please include any additional comments or explanations. If you are expanding upon an answer to another question in this section of the questionnaire, please remember to include the question number with your comments. You may use additional paper if necessary.

Financial Information (Consumer Related)

If you need more space to answer any of the questions or wish to make additional comments, there is additional room at the end of each section. If you provide expanded answers at the end of the section, remember to include the question number with your comments.

This Section Completed By:

Name #1	
Position	
Telephone	
Name #2	
Position	
Telephone	
Name #3	
Position	
Telephone	

77. Medicaid Funding — What percent of your receivables is represented by Medicaid funds? How does your organization bill the state for Medicaid?

78. Medicare Funding — What percent of your receivables is represented by Medicare funds? How does your organization bill the state for Medicare?

79. Social Security Funding — Do you receive Social Security funds? If so, what percent of your receivables is represented by Social Security funds? How does your organization receive Social Security payments?

80. Self-Pay Consumers — What percent of your consumer service revenues are self-pay?

81. Self-Pay Billing Process — Describe your self-pay billing system (i.e., process, frequency).

82. Third Party Consumers — What percent of your consumers are covered by third-party payers other than Medicare, Medicaid, or Social Security?

83. Third Party Billing Process — Describe your third party billing system (i.e., process, frequency).

84. Dual Self-Pay & Third Party Coverage — What percent of your total consumer caseload are covered by third party, but also eligible for self-pay?

85. **Rebilling** — Do you rebill consumers for services not covered by third-party payers? If so, how effective is the rebilling process?

86. **Prior Authorizations for Services** — For what percentage of your consumers are you required to obtain prior authorizations for service? Which payers of payer types categories require prior authorizations, and how do you expect this percentage to increase or decrease in the future?

87. **Self-Pay Billing Forms** — Do you use a special self-pay form for billing and reimbursement? If so, please list those forms used and include copies of any self-pay forms with the completed questionnaire.

88. **Insurance Billing Forms** — Do you use any standard insurance forms for billing and reimbursement? If so, please list those forms used and include copies of any insurance forms with the completed questionnaire.

89. **Write-Off Procedures** — Describe write-off procedures in use at your organization.

90. **Billing/Accounts Receivable** — What is your opinion of your internal billing/accounts receivable system?

91. **Grants** — Do you receive any special government or other grants? If yes, describe them.

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92. Grant Information Requirements (Clinical) — Do the clinical information requirements for any grants differ from your normal requirements? If so, describe the differences.

93. Grant Information Requirements (Financial) — Do the financial information requirements for any grants differ from your normal requirements? If so, describe the differences.

94. Additional Comments — Please include any additional comments or explanations. If you are expanding upon an answer to another question in this section of the questionnaire, please remember to include the question number with your comments. You may use additional paper if necessary.

Financial Information (General)

If you need more space to answer any of the questions or wish to make additional comments, there is additional room at the end of each section. If you provide expanded answers at the end of the section, remember to include the question number with your comments.

This Section Completed By:

Name #1	
Position	
Telephone	

Name #2	
Position	
Telephone	

Name #3	
Position	
Telephone	

Billing & Accounts Receivable

95. Discounts/Sliding Fees — Briefly describe any discounts or sliding fee scales for consumer services?

Discount/Sliding Fee Scale Structure
Third-Party (All Sources)
Contracts (HMO, Special Contracts)
Self-Pay
Other

96. HIPAA Transactions — Which of the following HIPAA Standard Transactions is fully supported by your organization's current system? **(Check all that apply.)**

- Health Care Claim and Equivalent Encounter: ASC X12N 837
- Enrollment and Disenrollment in a Health Plan: ASC X12N 834
- Eligibility for a Health Plan: ASC X12N 270/271
- Health Care Payment and Remittance Advice: ASC X12N 835
- Health Plan Premium Payments: ASC X12 820
- Coordination of Benefits: ASC X12N 837
- Healthcare Claim Status: ASC X12N 276/277
- Referral Certification and Authorization: ASC X12N 278

97. HIPAA Code Sets — Which of the following HIPAA Standard Code Sets is fully supported by your organization's current system? (**Check all that apply.**)

- International Classification of Diseases, 9th Edition, Clinical Modification, (ICD-9- CM), Volumes 1 and 2
- International Classification of Diseases, 9th Edition, Clinical Modification, Volume 3 Procedures
- The HIPAA combination of Health Care Financing Administration Common Procedure Coding System (HCPCS), as maintained and distributed by HHS, and Current Procedural Terminology, Fourth Edition (CPT-4)
- National Drug Codes (NDC)

98. Number of Invoices — How many invoices are produced by your organization in an average month for each of the following categories of payer?

Payer	Monthly Invoices
Medicaid	
Medicare	
Third-Party	
Self-Pay	
Other	

99. Invoicing Frequency — Approximately how often does your organization bill each of the following categories of payer? **(Check one box per payer.)**

Payer	Weekly	Bi-Weekly	Monthly	Other
Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third-Party (All Sources)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contracts (HMO, Special Contracts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Pay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

100. Invoicing Process — Briefly explain your invoicing process for each of the following categories of payer.

Invoicing Process
Medicaid
Medicare
Third-Party (All Sources)
Contracts (HMO, Special Contracts)
Self-Pay
Other

101. Invoice Preparation Method — What is the primary method your organization uses for preparing bills for each of the following categories of payer? (**Check one box per payer.**)

Payer	Electronic	Manual	Both
Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third-Party (All Sources)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contracts (HMO, Special Contracts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Pay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

102. Invoice Preparation Time — Approximately how long does it take your organization to prepare bills for each of the following categories of payer? (**Check one box per payer.**)

Payer	<4 Hours	4-8 Hours	>8 Hours
Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third-Party (All Sources)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contracts (HMO, Special Contracts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Pay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

103. Invoicing Timeliness — What is the approximate timeliness of billings (i.e., days between service delivery and invoicing) for each of the following categories of payer? **(Check one box per payer.)**

Payer	0-30 Days	31-60 Days	>60 Days
Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third-Party (All Sources)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contracts (HMO, Special Contracts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Pay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

104. Remittance Processing Method — What is the primary method your organization uses for processing remittances for each of the following categories of payer? **(Check one box per payer.)**

Payer	Electronic	Manual	Both
Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third-Party (All Sources)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contracts (HMO, Special Contracts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Pay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

105. Payment Posting — How are payments posted (i.e., open item or balance forward) for each of the following categories of payer? (**Check one box per payer.**)

Payer	Open Item	Balance Forward
Medicaid	<input type="checkbox"/>	<input type="checkbox"/>
Medicare	<input type="checkbox"/>	<input type="checkbox"/>
Third-Party (All Sources)	<input type="checkbox"/>	<input type="checkbox"/>
Contracts (HMO, Special Contracts)	<input type="checkbox"/>	<input type="checkbox"/>
Self-Pay	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

106. Accounts Receivable Aging — Briefly indicate the approximate age of accounts receivable for each of the following categories of payer. (**Check one box per payer.**)

Payer	0-30 Days	31-60 Days	90-180 Days	>180 Days
Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third-Party (All Sources)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contracts (HMO, Special Contracts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Pay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Payroll

107. Number of Payroll Employees — How many employees in each of the following categories does your organization have on its payroll?

Employee Type	Number of Employees
Hourly (Non-Union)	
Salaries (Non-Union)	
Union Workers	
Contract Employees	
Other	

108. Direct Deposit — Do you provide direct deposit of payroll checks?

109. Incentive/Disincentive plans — What portion of your staff is covered by a payroll incentive/disincentive plan relative to individual productivity?

Employee Type	Number of Employees
Hourly (Non-Union)	
Salaries (Non-Union)	
Union Workers	
Contract Employees	
Other	

110. Incentive/Disincentive plans — Briefly describe the plans in effect for each employee group.

Hourly (Non-Union)

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Salaried (Non-Union)

Union Workers

Contract Employees

Other

111. Documents — Please include copies of any payroll information forms with the completed questionnaire.



112. City Withholding — To how many cities does your organization pay withholding?

113. Differential Pay Rates — Do hourly employees receive different pay rates for different operations?

114. Number of Pay Rates — What is the maximum number of pay rates per employee?

115. Rates on Checks — Are the above rates shown on the check stub?

116. Overtime — Do you have a standard overtime rate?

117. Shift Differential — Do you have a shift differential (i.e., different rates of pay for different shifts during the day)?

118. Labor Unions — Do you have labor unions? If so, with how many separate unions do you negotiate?

119. Multiple Union Membership — Do employees belong to more than one union?

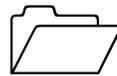
120. Union Reports — Do you provide remittance reports to the union?

121. Worker's Compensation — Do you provide Worker's Compensation Reports to your insurer?

122. Recording Staff Time — What types of source documents are maintained for recording time worked by employees?

Employee Type	Time Recording Source Documents
Hourly (Non-Union)	
Salaried (Non-Union)	
Union Workers	
Contract Employees	
Other	

123. Documents — Please include copies of any source documents used for recording staff time with the completed questionnaire.



124. Time Distribution — Does your source document show how hours were spent by employees?

125. 100% Time Accountability — Do you account for 100% of employees' time?

126. Number of Activities — How many activities are on an average source document?

127. Other Information — What other data are accumulated from the source document?

128. Salary Distribution — Do salaried employees' wages get assessed to a particular program? Explain

129. Standard Overhead Rate — Do you use a standard labor overhead rate for assessing labor cost? Explain.

130. Deductions — What other deductions (not withholding) does your organization take from wages? Are they a percentage or a flat rate? Are they matched funds?

131. W-2 Forms — How many W-2's does your organization produce at year end?

132. 1099 Forms — How many 1099's does your organization produce at the year end?

133. Part-Time Staff — Are part-time staff classified as payroll or accounts payable?

134. Payroll System Integration — Do you require the payroll system to interact with any other internal information system (e.g., service recording)? If so, please identify which systems and how they should interact.

135. Sick Leave/Vacation — How are sick leave and vacation leave accrued?

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136. Sick Leave/Vacation Rates — Are there different rates? If so, how many are there and how are they computed?

137. Sick Leave/Vacation Accrual — Do your employees earn vacation and sick leave while on vacation and sick leave?

138. Payroll Process — How is payroll currently being processed?

139. Payroll Processing Time — How long does it take to process payroll?

Accounts Payable

140. Suppliers — How many suppliers does your organization use?

141. Supplier Information — What types of information does your organization track on each supplier? Check all items that apply.

- Supplier Name
- Address
- Phone
- YTD Purchases
- Current Balance
- Open Credits
- Other (Specify Below)

142. Check Tracking — Do you track detailed information on checks issued?

143. Number of Invoices — How many invoices does your organization receive in a month?

144. Invoice Aging — How many remain on the books longer than 30 days?

145. Invoice Payment — How does your organization currently pay invoices? Check all items that apply.

- By Discount Rate
- By Due Date
- As Cash is Received
- Other (Specify Below)

146. Partial Payments — Do you make partial payments on invoices?

147. Payment Listing — Do you list all invoices being paid on check stub sent with payment?

148. Automated Payables — Do you have an automated system that writes checks?

149. Expense Distribution — Do you spread invoice expenses (1) at the time the invoice is received or (2) when the check is written.

150. Account Distribution — Over how many accounts can one invoice be spread?

151. Special Problems — Do you have any special problems in this area?

152. Additional Comments — Please include any additional comments or explanations. If you are expanding upon an answer to another question in this section of the questionnaire, please remember to include the question number with your comments. You may use additional paper if necessary.

State Information System

If you need more space to answer any of the questions or wish to make additional comments, there is additional room at the end of each section. If you provide expanded answers at the end of the section, remember to include the question number with your comments.

This Section Completed By:

Name #1	
Position	
Telephone	

Name #2	
Position	
Telephone	

Name #3	
Position	
Telephone	

153. Budget Contribution — What is the approximate percentage of your total budget that is contributed by the State (including Medicaid)?

154. State Information System Participation — To what degree is your organization currently participating in the state information system?

155. State Information System Utility — Is your organization able to use the information the state information system provides? What other types of information would be helpful?

156. Other System Participation — Is your organization required to participate in information systems mandated by other parties (e.g., United Way)? If so, what types of participation are required?

157. Response Time & Capacities — How have the current state information system response time, capacities and access affected your use of the system?

158. Original Expectations — How has the current state information system met the original expectations of your organization?

159. Minicomputer Equipment Inventory — What minicomputer hardware and software does your organization currently have (including state-supplied equipment)?

160. Personal Computer Equipment Inventory — What personal computer hardware and software does your organization currently have?

161. Additional Comments — Please include any additional comments or explanations. If you are expanding upon an answer to another question in this section of the questionnaire, please remember to include the question number with your comments. You may use additional paper if necessary.

Additional Comments

This Section Completed By:

Name #1	
Position	
Telephone	

Name #2	
Position	
Telephone	

Name #3	
Position	
Telephone	

162. Additional Comments — Please include any additional comments or explanations on items not covered elsewhere within the questionnaire. You may use additional paper if necessary.

