



Implementation Checklist



Overview

ProCARE Portal follows a detailed implementation methodology to streamline the workflow for both ProCARE Professional Services (PS) and client organization to ensure successful delivery of the provider compensation platform. ProCARE PS will present and discuss the implementation scope, methodology, deliverables and corresponding timelines during the Implementation Kickoff meeting (pending). Please note the following list includes typical data considerations but all these attributes are not required depending on business objectives.

Implementation Checklist

The following list of documents and data is required for effective scoping and planning of the implementation project.

- 1. Admin and Provider Reports/Outputs/Worksheets**
 - Dashboards
 - Physician Scorecards
 - Comp workbooks
 - HR Pay file
 - Finance Reports

- 2. Physician Contracts (examples of each type) – This should include the following details:**
 - Key performance indicators or metrics (e.g. Productivity, Quality, Patient Sat, etc.)
 - Related measurement thresholds/goals and target payout amounts (e.g. wRVUs, RVU rates)
 - Related measurement and payment frequency
 - Measurement and payment logic

- 3. Organizational Hierarchy- Data/examples to understand the grouping of providers from a comp attribute standpoint and from a reporting standpoint (e.g.- group, region, location, pod, team, etc.)**



- 4. **Provider Information including the following data elements (if available):**
 - Provider Name (first, last, middle, full)
 - Provider Title/Type (MD, DO, ANP, PA-C, etc.)
 - Specialty (if applicable, include multiple specialties or multiple positions e.g.- Internal Med MD and Afterhours MD)
 - Provider IDs (e.g.- Employee number, NPI, Practice Management ID/#, EHR identifier, other systems)
 - Provider email (becomes log in when it is decided to give access to providers)
 - Hire Date
 - Contract Type (employed, contract, locum, etc.)
 - Contract Date
 - Contract Term (number of months)
 - Salary (include categories if relevant/not calculated based on FTE: call component, leadership, research, etc.)
 - Total Target Incentive (e.g. Total Incentive Pool - set amount or set percentage) Not needed if calculated from salary/ funded bonus pool logic
 - Budgeted Compensation
 - Team Designation (e.g. Hall, pod, etc.)
 - Department
 - Location
 - Business Group Name (e.g. practice name, specialty group name, etc.)
 - FTE allocations and designation (e.g.- Clinical, admin, research, academic...)
 - Education/Training Location (e.g. med school, residency, fellowship, degree – MD, PHd)
 - Certification (e.g. Board certified, etc.)
 - Years of experience/practice start date



- 5. APP/Midlevel Assignments including the following details:**
 - Assignment start date/end date
 - APP FTE allocation (e.g. 50%)

- 6. Sample Data files including column headers**
 - E.g. encounter data, quality data, citizenship, patient sat, CME, or call nights.
 - General Ledger details

- 7. Rate tables and benchmark tables (e.g. MGMA wRVU ratio benchmarks, total comp benchmarks, etc.)**
 - Benchmark report examples
 - FMV criteria

- 8. Access**
 - Data Access requirements- (e.g. Individual – provider can only access own data/reports, Manager – can access all group members’ or selected providers’ data/reports)
 - A list of Admin users with the following data elements:
 - name,
 - email
 - phone number
 - title/position

- 9. Modeling Requirements**
 - Examples of modeling needs
 - Variations to current plan