



Application Form

NIATx PARTNERING WITH NEW PAYERS

Please complete this application form and submit to Jeanne.pulvermacher@chess.wisc.edu by Monday, January 30, 2012

Name of person at your organization who will serve as the main contact (Project Coordinator) for NIATx Partnering with New Payers:

Organization Name:

Organization Address:

Project Coordinator E-mail Address:

Project Coordinator Phone Number:

*Name of Executive Sponsor:

*An Executive Sponsor is typically the director or Chief Executive Officer of an organization and is responsible for authorizing the time and resources needed to complete the project successfully.

Please respond to each of the following questions.

1. Give a brief rationale of why you and your organization would like to participate in NIATx Partnering with New Payers. How will this initiative help your organization? (250 words or less)

2. Describe your billing system. Do you bill in-house, or contract with a billing vendor? Do you use an electronic billing system?

3. What is your denial rate for third-party billing?

4. Describe your organization's experience with the following:

- Understanding the perspective of the third-party payer
- Building relationships with third-party payers
- Demonstrating value
- Executing a successful sales cycle



4b. What do you hope to gain from this project related to the above topics?

5. Please indicate what percent of your revenue comes from each of the sources below. (Total should equal 100%.)

Medicaid:

Medicare:

Self-pay:

Insurance Company 1:

Insurance Company 2:

Insurance Companies 3 or more:

Government/State:

Other:

6. What types of new third-party contracts would you like to pursue if you are selected for NIATx Partnering with New Payers?

Please share any other information that you feel is relevant to your third-party contracts:

7. How many hours per week can your organization dedicate to this project?

8. Tell us about your best practices regarding service delivery.

a. What is your average wait time for first appointments? (If screening is a separate appointment, include that time in the total wait time.)

b. What is your continuation rate for treatment for the first 30 days?

c. What is your rate of clients who leave treatment against medical advice?

d. What is your no-show rate for second appointments?

Thank you for your interest in NIATx Partnering with New Payers. All applicants will be notified of the status of their applications by February 13, 2012.