**Tool: Physician Practice Start-Up Action Plan Summary**

[Health Care Facility Name]

[Street Address]

[City, ST ZIP Code]

[Phone]

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| **Professional Svcs (Provider) Agmt.** | **Action** | **Project Coordinator** | **Target Date** | **Start Date** | **Completion Date** | **Notes** |
| **Professional Services (Provider) Agreement** | 1. Employment agreement drafted by legal counsel |  |  |  |  |  |
| 2. Draft employment agreement to senior leadership and/or board for review and feedback |  |  |  |  |  |
| 3. Draft employment agreement approved and finalized |  |  |  |  |  |
| 4. Employment agreement to physician(s) |  |  |  |  |  |
| 5. Execute employment agreement |  |  |  |  |  |
| 6. Route and file executed employment agreement to:  a. Legal Counsel—original  b. Human Resources—copy  c. Corporate Administration—copy  d. Network—copy  e. Physician—copy |  |  |  |  |  |

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| **Physician Employment** | **Action** | **Project Coordinator** | **Target Date** | **Start Date** | **Completion Date** | **Notes** |
| **Physician Employment** | 1. Provider employment applications completed |  |  |  |  |  |
| 2. Benefits explained and forms completed |  |  |  |  |  |
| 3. Tax withholding forms completed |  |  |  |  |  |
| 4. Direct deposit authorization |  |  |  |  |  |
| 5. Employment eligibility verification completed |  |  |  |  |  |
| 6. Employment physical scheduled |  |  |  |  |  |
| 7. Copy of curriculum vitae obtained |  |  |  |  |  |
| 8. Copy of medical license obtained |  |  |  |  |  |
| 9. Copy of federal DEA certificate obtained |  |  |  |  |  |
| 10. Copy of state controlled substance certificate obtained |  |  |  |  |  |
|  | 11. Copy of driver’s license and Social Security card |  |  |  |  |  |
|  | 12. Copy of current Malpractice Insurance Coverage/Proof of Tail Coverage if applicable |  |  |  |  |  |

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| **Physician Cred./Managed Care** | **Action** | **Project Coordinator** | **Target Date** | **Start Date** | **Completion Date** | **Notes** |
| **Physician Credentialing/**  **Managed Care** | 1. Determine legal entity status and obtain tax ID number |  |  |  |  |  |
| 2. Determine payer contracts to be established with managed care plans |  |  |  |  |  |
| 3. Obtain and complete payer credentialing applications |  |  |  |  |  |
| 4. Complete Medicare and Medicaid applications |  |  |  |  |  |
| 5. Complete Clinical Laboratory Improvement Amendments (CLIA) application |  |  |  |  |  |
| 6. Obtain physician/hospital signatures on applications |  |  |  |  |  |
| 7. Hand deliver/  submit payer contracts to companies |  |  |  |  |  |
| 8. Apply for hospital(s) privileges |  |  |  |  |  |

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| **Staff Employment** | **Action** | **Project Coordinator** | **Target Date** | **Start Date** | **Completion Date** | **Notes** |
| **Staff Employment** | 1. Identify staff positions |  |  |  |  |  |
| 2. Develop job descriptions |  |  |  |  |  |
| 3. Determine salary ranges |  |  |  |  |  |
| 4. Employee requisitions approved |  |  |  |  |  |
| 5. Develop training and orientation for employees (training and orientation listing attached) |  |  |  |  |  |
| 6. Job posted/advertised |  |  |  |  |  |
| 7. Internal applicants interviewed |  |  |  |  |  |
| 8. External applicants interviewed |  |  |  |  |  |
| 9. Employment applications completed |  |  |  |  |  |
| 10. Employment offer(s) extended |  |  |  |  |  |
| 11. Employment physical completed |  |  |  |  |  |
| 12. Benefits explained and forms completed |  |  |  |  |  |
|  | 13. Background check completed |  |  |  |  |  |
|  | 14. Tax withholding forms completed |  |  |  |  |  |
|  | 15. Direct deposit authorization obtained |  |  |  |  |  |
|  | 16. Training on time clocking procedures |  |  |  |  |  |

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| **Facility--Leased** | **Action** | **Project Coordinator** | **Target Date** | **Start Date** | **Completion Date** | **Notes** |
| **Facility--Leased** | 1. Space needs identified (including build out requirements) |  |  |  |  |  |
| 2. Preferred locations identified |  |  |  |  |  |
| 3. Financial feasibility (fair market value [FMV] assessment and as a % of net patient revenue) |  |  |  |  |  |
| 4. Possible location identified |  |  |  |  |  |
| 5. Draft lease obtained |  |  |  |  |  |
| 6. Legal review of proposed lease |  |  |  |  |  |
| 7. Execute lease |  |  |  |  |  |
| 8. Copy and file lease as necessary |  |  |  |  |  |
| 9. Identify furnishings, fixtures, and equipment (FF&E) available and needed |  |  |  |  |  |
| 10. Identify telephone system to be used |  |  |  |  |  |
| 11. Identify electrical, data, and communication ports on floor plans |  |  |  |  |  |
| 12. Identify electrical needs for outside signage; obtain and install |  |  |  |  |  |
|  | 13. Arrange for utilities |  |  |  |  |  |
|  | 14. Identify and install security system |  |  |  |  |  |
|  | 15. Installation of fixed assets |  |  |  |  |  |
|  | 16. Arrange for contracted facility services:   * Answering service * Waste management * Reference lab * Uniform cleaning service * Document shredding service * Housekeeping * Medical records copying service |  |  |  |  |  |

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| **Marketing and Promotion** | **Action** | **Project Coordinator** | **Target Date** | **Start Date** | **Completion Date** | **Notes** |
| **Marketing and Promotion** | 1. Identify signage needs |  |  |  |  |  |
| 2. Create brochures |  |  |  |  |  |
| 3. Identify community advertising opportunities for new clinics |  |  |  |  |  |
| 4. Run newspaper ads for clinic opening |  |  |  |  |  |
| 5. Assist with website development |  |  |  |  |  |
| 6. Identify physician self-promotion activities (i.e., health fairs, speaking opportunities, etc.) |  |  |  |  |  |

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| **Operational Systems** | **Action** | **Project Coordinator** | **Target Date** | **Start Date** | **Completion Date** | **Notes** |
| **Operational Systems** | 1. Select and order FF&E |  |  |  |  |  |
| 2. Select and order information systems (IS) equipment |  |  |  |  |  |
| 3. Establish fee schedules |  |  |  |  |  |
| 4. Establish central business office structure and policies |  |  |  |  |  |
| 5. Order business supplies |  |  |  |  |  |
| 6. Create and order charge slips, charting forms, and billing forms |  |  |  |  |  |
| 7. Order medical business forms and charting materials |  |  |  |  |  |
| 8. Order reference manuals |  |  |  |  |  |
| 9. Order medical supplies |  |  |  |  |  |

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| **Information Systems** | **Action** | **Project Coordinator** | **Target Date** | **Start Date** | **Completion Date** | **Notes** |
| **Information Systems** | 1. Identify potential practice management system vendors (determine if electronic health record [EHR] is to be included) |  |  |  |  |  |
| 2. Schedule vendor demonstrations |  |  |  |  |  |
| 3. Request a request for proposal (RFP) from the preferred vendor |  |  |  |  |  |
| 4. System selection and contract negotiated for IS system |  |  |  |  |  |
| 5. Implementation team to be established |  |  |  |  |  |
| 6. Identify implementation action plan and timelines |  |  |  |  |  |

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