

Process:

- 1. Determine sub-committees: “Sample Below (6) subcommittees”**
 - a. Community non-profits
 - b. Community counties
 - c. Agent / Broker individual
 - d. Agent / Broker small group
 - e. Hospital
 - f. Clinics
 - g. Tribes
- 2. Determine committee heads**
- 3. Determine committee time lines**
- 4. Subcommittee Task: “What to identify”**
 - a. **Market segment organization services**
 - i. Income level
 - ii. Ages
 - iii. Race
 - iv. **Possible barriers:**
 1. Disabled
 2. Young
 3. Abuse
 4. Mentally impaired
 5. Cultural barriers
 6. In between jobs
 7. Transient workers
 8. Religious basis
 9. Part-time status
 - v. Education level
 - vi. Payment method, i.e. cash, payroll deduction, GOV. subsidy
 - b. **Identify What Services Organizations Performs:**
 - i. Medical Assistance
 - ii. Food stamps
 - iii. Battered shelter
 - iv. **Other benefits**
 1. Dental
 2. Life insurance
 3. Disability insurance
 4. Long term care
 5. Group cost & claims analysis
 6. Group annual enrollment delivery
 7. Individual financial analysis
 - v. **Other Administration**

- 1. Hipaa administration**
- 2. Cobra administration**
- 3. State continuation**
- 4. Flex administration**
- 5. HRA administration**
- 6. HSA administration**
- 7. Sub-enrollment on benefits**
- 8. Other**

c. Cracks in Service Model

- i. ?**

d. How is service organization funded?

e. Business class of service organization

f. Typical service organization chart

g. Consumer protection safeguards

- i. Education / credentialing**
- ii. Licensing monitored & regulated**
- iii. Bonding for fraud**
- iv. Insurance for mistakes and mishaps**

h. Other?

5. Determine best practices from results

6. Determine consumer protection, i.e. training etc.

7. Determine compensation by service level or position