Family Planning Revenue Cycle Assessment Tool

PART 1 – Revenue Cycle Management Assessment

Instructions: It is recommended that you convene a multi-disciplinary team to review and respond to the questions below, which are broken into categories representing the different steps in the revenue cycle. For multiple choice questions, please select the response that is most applicable to your organization. Please type your responses to open-ended questions directly into the document.

Abbreviations:
PMS: Practice Management System
EHR: Electronic Health Record
ERA: Electronic Remittance Advice
A/R: Accounts Receivable
KPI: Key Performance Indicator
NDC: National Drug Code
CPT: Current Procedural Terminology
ICD-10: International Classification of Diseases, 10th Edition

Acknowledgments:
This tool was developed by the National Family Planning and Reproductive Health Association (NFPRHA) in close partnership with Rosen, Sapperstein & Friedlander, LLC (RS&F).

Section 1. Policies & Protocols

1. **My organization has <u>written</u> policies and procedures in place around the following (please check all boxes that apply):**
   ☐ Pre-registration
   ☐ Registration
   ☐ Check-out
   ☐ Billing
   ☐ Collections
   ☐ Billing compliance plan

2. **Does your organization have processes in place to regularly update policies and protocols?**
   ☐ Yes ☐ No

3. **How are staff notified of changes to policies and procedures?**
   Click or tap here to enter text.

Section 2. IT Systems

1. **Does your organization use a PMS?**
   ☐ Yes ☐ No

2. Does your organization use a EHR?
   - ☐ *Yes* -------------> *What is the name of the EHR system used?* *Click or tap here to enter text.*
   - ☐ *Implementing* ------------->
   - ☐ No

3. How does your organization store data?
   ☐ Cloud ☐ Server ☐ Other: *Please explain.*

4. Clearinghouse name:
   Click or tap here to enter text.

5. What services are provided through the clearinghouse? Please check all that apply.
   - ☐ Claims
   - ☐ Eligibility verification
   - ☐ Electronic statements
   - ☐ ERA
   - ☐ Electronic funds transfer
   - ☐ Patient portal
   - ☐ Other: *Please explain.*

6. Billing process:
   ☐ Centralized ☐ Decentralized ☐ Outsourced ☐ Hybrid: *Please explain.*

7. Other software:
   Click or tap here to enter text.

Section 3. Front End Billing Processes

1. How are appointments scheduled?
   ☐ Paper ☐ PMS

2. Who schedules patient appointments? Please check all that apply.
   ☐ Front desk staff ☐ Clinicians ☐ Call center ☐ Online

3. Do patients receive a reminder prior to a scheduled appointment?
   - ☐ *Yes* -------------> ***What systems are in place to remind patients of scheduled appointments?*** *Click or tap here to enter text.*
   - ☐ No

4. Are walk-in patients accepted?
   - ☐ *Yes* -------------> ***Who conducts pre-registration?*** *Click or tap here to enter text.*
   - ☐ *Only for specific services:*
     Please specify services. ------------->
   - ☐ No

5. **How is patient demographic information captured?** Please check all that apply.
   ☐ Paper ☐ PMS ☐ Patient portal

6. **How often is patient demographic information captured and verified?**
   ☐ Every visit ☐ Periodically ☐ First visit only

7. **Where is patient insurance information captured and stored?**
   ☐ Paper ☐ PMS ☐ Other: *Please explain.*

8. **How is patient insurance information captured?**
   ☐ Copied ☐ Scanned into PMS / HER

9. **How often is patient insurance information reviewed?**
   ☐ Every visit ☐ Annually ☐ Other: *Please explain.*

10. **How often are new images obtained?**
    Click or tap here to enter text.

11. **Do collections take place at time of service?**
    ☐ *Yes* ------------->
    ☐ No: *Please explain.*

When do collections take place?
☐ Check-in
☐ Check-out

Are debit cards accepted?
☐ Yes
☐ No

Are credit cards accepted?
☐ Yes
☐ No

Is cash secured during business hours and after hours?
☐ *Yes* ------------->
☐ No

Who performs time of service deposits?
☐ Front desk staff
☐ Billing staff
☐ Other: *Please explain.*

Who makes bank deposits?
☐ Manager
☐ Front desk staff
☐ Billing staff
☐ Other: *Please explain.*

How frequently are bank deposits made?
☐ Daily
☐ Weekly
☐ As needed
☐ Other: *Please explain.*

12. **Is a payment reconciliation process in place for time of service payments?**
    ☐ *Yes* ------------->
    ☐ No
    ☐ Not applicable

What is the process for reconciling time of service payments?

Step 1: *Click or tap here to enter text.*

Step 2: *Click or tap here to enter text.*

Step 3: *Click or tap here to enter text.*

Step 4: *Click or tap here to enter text.*

13. Does income verification take place?
   ☐ *Yes* -------------> *How often is income verified?* *Click or tap here to enter text.*
   ☐ No

14. Is a sliding fee scale applied?
   ☐ *Yes* -------------> ***Do front-desk staff understand Title X guidelines as they pertain to applying the sliding fee scale?***
   ☐ Yes
   ☐ No
   ☐ Somewhat: *Please explain.*
   ☐ No

15. What is done for patients requiring confidential billing services?
   Click or tap here to enter text.

Section 4. Clinical Billing Processes

1. How are charges captured?
   ☐ Entered directly into EHR ☐ Paper Superbill / encounter form

2. Are all codes and modifiers up-to-date in the EHR or Superbill / encounter form?
   ☐ *Yes* -------------> ***Who is responsible for ensuring that all codes and modifiers are up-to-date?*** *Click or tap here to enter text.*
   ☐ No

3. Are all codes and modifiers up-to-date in the clearinghouse?
   ☐ *Yes* -------------> ***Who is responsible for ensuring all codes and modifiers in the clearinghouse are up-to-date?*** *Click or tap here to enter text.*
   ☐ No

4. Are CPT codes used appropriately?
   ☐ Yes ☐ No ☐ Sometimes

5. Are modifiers used appropriately?
   ☐ Yes ☐ No ☐ Sometimes

6. Are appropriate ICD-10 codes selected for each service rendered?
   ☐ Yes ☐ No ☐ Sometimes

7. Are the correct NDC numbers used for drugs and vaccines?
   ☐ Yes ☐ No ☐ Sometimes

8. What process is in place for updating NDC numbers?
   Click or tap here to enter text.

9. Are charges reviewed for accuracy?
   ☐ *Yes* -------------> ***Who reviews charges for accuracy?*** *Click or tap here to enter text.*
   ☐ No

   What is the process for reviewing charges for accuracy?

   Step 1: *Click or tap here to enter text.*

   Step 2: *Click or tap here to enter text.*

   Step 3: *Click or tap here to enter text.*

Step 4: *Click or tap here to enter text.*

Step 5: *Click or tap here to enter text.*

10. Are systems in place to ensure lab specimens are sent to the appropriate lab (based on patient insurance status)?
    ☐ Yes ☐ No

11. Are labs interfaced with the PMS / EHR?
    ☐ *Yes* ------------->
    ☐ No

    Which labs does the PMS / EHR interface with?
    Click or tap here to enter labs.

12. Is a record of all labs maintained and reconciled?
    ☐ *Yes* ------------->
    ☐ No

    Where is the lab inventory maintained?
    ☐ PMS
    ☐ EHR
    ☐ Paper
    ☐ Other: *Please explain.*

13. Are all CLIA numbers in the PMS?
    ☐ Yes ☐ No

Section 5. Coding and Documentation

1. Who has received coding training? Please check all that apply.
   ☐ Clinicians
   ☐ RNs
   ☐ Medical assistants
   ☐ Billers
   ☐ Administrative staff
   ☐ Other: *Please explain.*

2. Are chief complaints included within every medical record?
   ☐ Always ☐ Sometimes ☐ Never

3. Are start and stop times documented for time-based Evaluation and Management (E/M) services?
   ☐ Always ☐ Sometimes ☐ Never

4. Do medical charts include the clinician's signature?
   ☐ Yes ☐ No ☐ Sometimes

5. Are clinical notes completed within 24 hours of the patient visit?
   ☐ Always ☐ Sometimes ☐ Never

6. Are internal chart reviews/audits performed?
   ☐ *Yes* ------------->
   ☐ No

   When are internal chart reviews/audits performed?
   Click or tap here to enter text.
   Who performs internal chart reviews/audits?
   Click or tap here to enter text.

7. Are external chart reviews/audits performed?
   ☐ *Yes* ------------->
   ☐ No

   When are external chart reviews/audits performed?
   Click or tap here to enter text.

Section 6. Claims Submission

1. Is there a trained biller on staff/contracted?
   ☐ *Yes* -------------->
   ☐ No: *Please explain.*

How many trained billers are on staff/contracted?
Click or tap here to enter text.
What training have billers received?
☐ On-site training
☐ Off-site professional training
☐ Past experienced: *Please explain.*

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2. Is there a trained coder on staff/contracted?
   ☐ *Yes* -------------->
   ☐ No: *Please explain.*

How many trained coders are on staff/contracted?
Click or tap here to enter text.

What training have coders received?
☐ On-site training
☐ Off-site professional training
☐ Past experienced: *Please explain.*

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3. How are charges entered into the PMS?
   ☐ *Manually* -------------->
   ☐ By EHR

Who enters charges manually into the PMS?
☐ Front desk staff
☐ Billing staff
☐ Other: *Please explain.*

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4. Is there a charge capture reconciliation process in place?
   ☐ *Yes* -------------->
   ☐ No

How formal is this process?
☐ Written policy
☐ In process, but not in writing

How frequently does charge capture reconciliation take place?
☐ Daily
☐ Per session
☐ Other: *Please explain.*

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5. Is a claims editing software program / claim scrubber used?
   ☐ *Yes* -------------->
   ☐ No

What claims editing software program / claim scrubber is used?
Click or tap here to enter text.

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6. Are claims reviewed and corrected prior to claims submission?
   ☐ *Yes* -------------->
   ☐ No

How formal is this process?
☐ Written policy
☐ In process, but not in writing
What kind of feedback loop is in place between the back-end and clinicians as part of this process?
Click or tap here to enter text.

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7. How are claims filed? Please check all that apply.
   ☐ Electronically
   ☐ Paper
   ☐ Payer portal
   ☐ Other: *Please explain.*

8. Are claims submitted in-house?
   ☐ Yes
   ☐ *No* -------------->

   Where has claims submission been outsourced?
   Click or tap here to enter text.

9. How frequently are claims filed?
   ☐ Daily
   ☐ Weekly
   ☐ Monthly
   ☐ Other: *Please explain.*

10. Are all claims submitted within designated time frames?
    ☐ Yes ☐ No ☐ Most of the time

11. Are third-party payers and patients billed for lab services?
    ☐ Yes ☐ No ☐ Sometimes

12. Are electronic claim file verification receipts (for uploads) tracked and logged?
    ☐ *Yes* -------------->
    ☐ No

    Who is responsible for logging and tracking verification receipts?
    Click or tap here to enter text.

Section 7. Remittance Reconciliation

1. Are claim denials identified and corrected in a timely manner?
   ☐ *Yes* -------------->
   ☐ No

   How are claim denials identified and corrected?
   ☐ By clearinghouse
   ☐ Within the PMS
   ☐ Other: *Please explain.*

   Is a log of denials kept?
   ☐ *Yes* -------------->
   ☐ No

   How is information about common causes of denials shared with clinicians and front desk staff?
   Click or tap here to enter text.

2. How are insurance payments posted?
   ☐ Electronically ☐ Manually ☐ ERA

3. How often are insurance payments posted?
   Click or tap here to enter text.

4. Are electronic funds transfer receipts reconciled?
   ☐ *Yes* -------------->
   ☐ No

   What are electronic funds transfers reconciled against?
   ☐ PMS
   ☐ Explanation of benefits / ERA
   ☐ Other: *Please explain.*

5. Are ERAs reconciled?
   ☐ *Yes* ------------->
   ☐ No

What are ERAs reconciled against?
☐ Bank account deposits
☐ Payments
☐ PMS
☐ Other: *Please explain.*

Does this take place before posting payment?
☐ Yes
☐ No

6. Are patient and third-party payer payments reconciled?
   ☐ *Yes* ------------->
   ☐ No

What are patient and third-party payer payments reconciled against?
☐ Cash / checks
☐ Receipts
☐ Bank account deposits
☐ Other: *Please explain.*

7. Are credit card payments reconciled?
   ☐ *Yes* ------------->
   ☐ No

What are credit card payments reconciled against?
☐ PMS
☐ Receipts / batches
☐ Other: *Please explain.*

Section 8. Accounts Receivable (A/R) Management

1. Are third-party payer A/R reports analyzed on a regular basis?
   ☐ *Yes* ------------->
   ☐ No

How often are third-party payer A/R reports analyzed?
☐ Monthly
☐ Other: *Please explain.*

2. Are patient A/R reports analyzed on a regular basis?
   ☐ *Yes* ------------->
   ☐ No

How often are patient A/R reports analyzed?
☐ Weekly
☐ Monthly
☐ Other: *Please explain.*

3. Are patient statements sent out?
   ☐ *Yes* ------------->
   ☐ No

How are patient statements sent out?
☐ Electronically
☐ Paper

How often are patient statements sent out?
☐ Monthly
☐ Other cycle: *Please explain.*

4. Are patient accounts reviewed for collections on a regular basis?
   ☐ *Yes* ------------->
   ☐ No

How often are patient accounts reviewed for collections?
☐ Weekly
☐ Monthly
☐ Other: *Please explain.*

Section 9. Analysis

1. Are HIPAA privacy protections in place, monitored, and enforced?
   ☐ Yes ☐ No

2. Are HIPAA security protections in place, monitored, and enforced?
   ☐ Yes ☐ No

3. What standard Key Performance Indicator (KPI) reports are run regularly? Please check all that apply.
   ☐ Month-to-date charges / payments / adjustments
   ☐ Aged A/R
   ☐ Denial reports
   ☐ Payer mix
   ☐ Other: *Please explain.*

4. How frequently are standard reports run?
   ☐ Daily
   ☐ Weekly
   ☐ Monthly
   ☐ We do not run standard KPI reports

5. Can custom reports be created?
   ☐ Yes ☐ No

6. Can reports be exported to Excel or another software package for analysis?
   ☐ Yes ☐ No

Section 10. Third-Party Payer Contracts

1. Are contracts in place with Medicaid Managed Care plans?
   ☐ *Yes* -------------> *If yes, please complete the table below.*
   ☐ No

Medicaid Managed Care Plan Name	Is this payer being billed?	Were rates negotiated / renegotiated?
Click or tap here to enter text.	☐ Yes ☐ No	☐ Yes ☐ No
Click or tap here to enter text.	☐ Yes ☐ No	☐ Yes ☐ No
Click or tap here to enter text.	☐ Yes ☐ No	☐ Yes ☐ No
Click or tap here to enter text.	☐ Yes ☐ No	☐ Yes ☐ No
Click or tap here to enter text.	☐ Yes ☐ No	☐ Yes ☐ No

2. Are contracts in place with private health insurance plans?
   ☐ *Yes* -------------> *If yes, please complete the table below.*
   ☐ No

Private Health Insurance Plan Name	Is this payer being billed?	Were rates negotiated / renegotiated?
Click or tap here to enter text.	☐ Yes ☐ No	☐ Yes ☐ No
Click or tap here to enter text.	☐ Yes ☐ No	☐ Yes ☐ No
Click or tap here to enter text.	☐ Yes ☐ No	☐ Yes ☐ No
Click or tap here to enter text.	☐ Yes ☐ No	☐ Yes ☐ No
Click or tap here to enter text.	☐ Yes ☐ No	☐ Yes ☐ No

Section 11. Provider Credentialing

1. Do all clinicians have a NPI number?
   ☐ Yes ☐ No

2. Does the organization have a group NPI number?
   ☐ Yes ☐ No

3. Does the organization have a sub-part organizational NPI number?
   ☐ Yes ☐ No

4. Is credentialing information complete and regularly updated in the CAQH database?
   ☐ *Yes* ------------->
   ☐ *Some* ------------->
   ☐ No

   Who is responsible for regularly updating the CAQH database?
   Click or tap here to enter text.

5. Is a process in place to assure all new providers are added to third-party payer contracts?
   ☐ Yes ☐ No

PART 2 – Staffing and Functions

Instructions: In the table below, please identify all individuals who have duties related to Revenue Cycle Management (RCM) by department category, including title and all duties related to RCM. You may wish to list service site staff by job type.

Front Office Staff		
Name	Title	Duties
Clinical Staff		
Name	Title	Duties
Billing / Fiscal Staff		
Name	Title	Duties
Administrative Staff		
Name	Title	Duties

IT Staff		
Name	Title	Duties

PART 3 – Billing Barriers

Instructions: Please identify any specific barriers to billing by staff area. Common barriers to billing include – but are not limited to – lack of an EHR, absence of a professional coder, unfamiliarity with Title X guidelines related to the sliding fee scale and/or patient payment responsibility, and lack of formal orientation and/or training.

Staff Area	Barrier
Choose an area from the drop-down menu.	*Click or tap here to enter text.*
Choose an area from the drop-down menu.	*Click or tap here to enter text.*
Choose an area from the drop-down menu.	*Click or tap here to enter text.*
Choose an area from the drop-down menu.	*Click or tap here to enter text.*
Choose an area from the drop-down menu.	*Click or tap here to enter text.*
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Choose an area from the drop-down menu.	*Click or tap here to enter text.*
Choose an area from the drop-down menu.	*Click or tap here to enter text.*
Choose an area from the drop-down menu.	*Click or tap here to enter text.*
Choose an area from the drop-down menu.	*Click or tap here to enter text.*
Choose an area from the drop-down menu.	*Click or tap here to enter text.*
Choose an area from the drop-down menu.	*Click or tap here to enter text.*

PART 4 – Reflection

1. **What about your organization's revenue cycle management processes work well?**
   Click or tap here to enter text.

2. **What about your organization's revenue cycle management processes do not work well?**
   Click or tap here to enter text.

3. **Where might NFPRHA be most helpful in supporting your organization to strengthen its revenue cycle management processes?**
   Click or tap here to enter text.