



NRHP
Revenue Cycle Assessment
Facility Questionnaire
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Facility Introduction

Organization Name:

Supplier Name:

Position:

Phone Number:

Email Address:

What is your number of licensed (Acute, swing, LTC) and ER Beds?

Are you a Critical Access (CAH) or Prospective Payment System (PPS) hospital?

Please provide a detail listing of the services offered at your facility and the average number of monthly patients by area.

Do you have a clinic associated with your facility? If so, is it a RHC or another type? Do you also perform the billing for physician services?

Please provide a detail listing of information systems used in your facility?



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Facility Questionnaire

1. Do you have a scheduling process for elective patients? If so, how many patients are scheduled on a monthly basis and what percent of the eligible population does this represent?

2. If you have a scheduling program, do you utilize a pre-registration process? If so, please describe the pre-registration process.

3. Do you utilize a quick registration process for emergency room patients? If so, please describe the process.

4. Do you have a patient benefits/eligibility process? If so, please describe the process.

5. Do you use an eligibility vendor or other automated means for eligibility checks? Please provide web site or vendor names used for eligibility checks and describe the specific process.



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6. If you have an eligibility process in place, how many accounts are verified on a monthly basis and what percentage of the eligible accounts does this represent?

7. Do you have an authorization/pre-certification process? If so, please describe the process.

8. If you have an authorization process in place, how many accounts receive authorizations on a monthly basis and what percentage of the eligible accounts does this represent?

9. What method do you use to ensure compliance with the Medicare Secondary Payer (MSP) provisions and how is this process validated?

10. Do you issue Advance Beneficiary Notices from Medicare? If so, what vendor do you use for your ABN software and please describe your process.

11. Do you have a financial counseling program for financial assistance screening and third party liability? If so, please describe the program.



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12. Do you have a charity care or sliding fee schedule program? If so, please describe the program.

13. Do you have a standardized co-pay collection process? If so, please describe the process.

14. Please describe your departmental charge capture process.

15. Do you currently utilize a charge audit/charge review process? If so, please describe the process.

16. Do you utilize interqual or other Medicare criteria for observation patients and inpatient admissions? If so, please describe process including the use of any vendor software.



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17. How are diagnosis and procedural codes applied and by whom?

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18. Do you have coding edit software? If so, what system do you use?

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19. When were your last, internal and external, full charge master reviews and who performed your last external review?

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20. Do you have a formal process for the maintenance of your charge master? How is it done and by whom?

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21. Do you use a billing clearinghouse separate from your billing system? If so, what system do you use and please describe what information is received from the vendor and how it is utilized?

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22. Do you use a claims scrubber separate from your billing system? If so, what vendor do you use and please describe your process for editing claims?

23. Do you use internal billing staff or is the process outsourced? If outsourced, what vendor do you use and for which payers and at what aging?

24. If you use internal staff, how many billing staff do you have and how is the workload allocated?

25. Please describe the process you use to assure that third party payments are in compliance with contractual terms and the process for resolution of non-compliant payments.

26. Do you have a contract management system that is either provided by a vendor or developed internally? If so, please describe it and its current use.



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27. Please describe your denials management and account follow-up process.

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28. Do you have a denials management system that is either provided by a vendor or developed internally? If so, please describe it and its current use.

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29. Do you have the capability for 837 transactions and, if so, what is the current level of utilization at your facility?

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30. Please describe your 835 transaction and mail cash receipting process and staffing, including the use of electronic funds transfers (EFT) or other means.

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31. Please describe your self-pay/patient responsibility collection process.

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32. Please describe your process for identifying and reporting Medicare bad debt.

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33. Does your IT department monitor and fix any SIN rejections (HL7 failures) for registration, charge entry and updates on a daily basis?

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34. Do you measure/quantify registration accuracy? If so, please describe the process and a provide sample of the most recent data/report.

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35. Do you measure/quantify upfront cash collections? If so, please describe the process and provide a sample of the most recent data/report.

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36. Do you measure/quantify claim denials? If so, please describe the process and provide a sample of the most recent data/report.

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37. Do you measure/quantify payment accuracy? If so, please describe the process and provide a sample of the most recent data/report.

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38. Do you measure/quantify accounts receivable/revenue cycle financial data? If so, please describe the process and provide a sample of the most recent data/report.

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39. What is your process to ensure conformance with annual Medicare, other regulatory, and general compliance updates?

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40. Have any departments developed or implemented revenue cycle processes at your facility? If yes, which areas and what has been developed or implemented? (If previously addressed in other questions, please provide summary or reference)

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