



**Operational Process
Advantage™
Hospital Self Assessment**

The bottom line in *charge process improvement*

The following check list will assist us in identifying areas which may threaten the operational integrity of your revenue cycle. Please circle your response.

Health Information Management (HIM)		Circle Y or N	
1	Health information management staff reports to the Chief Revenue Officer.	Y	N
2	Use on-line DRG and APC groupers.	Y	N
3	Use an on-line, bar-code enabled chart location system.	Y	N
4	Use an on-line, scanning-enabled HIM records imaging system.	Y	N
5	Use an on-line or voice-recognition transcription system.	Y	N
6	Use an on-line clinical abstracting system.	Y	N
7	Enable physicians to view and e-sign records outside the hospital.	Y	N
8	Ensure that storage, retrieval, and release of records is HIPAA-compliant.	Y	N
9	Use an on-line, up-to-date coding compliance system.	Y	N
10	All coding performed by employees who report to the HIM director.	Y	N
11	All coding performed by certified coders who are retrained semi-annually.	Y	N
12	All certified coders maintain their certifications and CPEs.	Y	N
13	All coding done is in descending balance order, not first in/first out.	Y	N
14	All coding done when information is sufficient, not 100% complete.	Y	N
15	HIM staff receives and discusses denials provided by PFS or others.	Y	N
16	HIM staff provides and discusses denials and delinquency with physicians.	Y	N
17	Establish an effective tracking system to locate missing records.	Y	N
18	Have appropriate staffing levels to prevent processing backlogs.	Y	N
19	Consistently monitor and control Discharged-Not-Final-Billed A/R due to HIM.	Y	N
20	Perform internal quality-control audits quarterly.	Y	N
21	Perform external quality-control audits annually.	Y	N
Charge Entry and Protection			
1	Charge description master (CDM) coordinator reports to chief revenue officer.	Y	N
2	Formal CDM change management process is established.	Y	N
3	CDM management process reviewed annually with all clinical departments.	Y	N
4	“Static code” modifiers included in CDM; chosen through order-entry system.	Y	N
5	All charge items are ordered through an on-line order-entry system.	Y	N
6	Managers’ incentives includes late and lost charge performance standards.	Y	N
7	The annual HCPCS / CPT–4 changes are in place by January of each year.	Y	N
8	Surgery HCPCS / CPT-4 codes appear in UB-92 form locator 44.	Y	N
9	Surgery lab and X-ray charges are properly unbundled.	Y	N
10	CDM pricing methodology is standardized and defensible.	Y	N
11	Department staff understands the difference between “billable” and “payable.”	Y	N
12	CDM items have Patient Friendly Billing® descriptions.	Y	N
13	Formally review the charge sheet and ticket review process annually.	Y	N
14	Receive and review CPT–4 manual and Addendum B changes annually.	Y	N
15	Build nursing procedures (such as CPR, infusion, etc.) into the CDM.	Y	N
16	HIM staff assign interventional and surgical procedure codes.	Y	N
17	Emergency room nursing levels of care are standardized and defensible.	Y	N
18	Physicians’ outpatient orders are received with requisite CPT–4 codes.	Y	N
19	Order entry items map accurately to service codes.	Y	N
20	Charge tickets and other documentation map accurately to service codes.	Y	N
21	The charges in the CDM are appropriate for all services delivered.	Y	N
22	Appropriately identify and capture APC pass-through items.	Y	N

23	Charge data flow reliably from all points of service to the claim.	Y	N
24	Convey modifiers correctly and reliably to the claim.	Y	N
25	CCI edit conflicts are controlled by the correct regulation and charge entry.	Y	N
26	Units of service are accurate and flow reliably to claims.	Y	N
27	Monitor and enhance clinical departments' "charge awareness."	Y	N
Billing/Claim Submission			
1	Primary and secondary billing are completed by a dedicated team with no other responsibilities.	Y	N
2	Staffing is sufficient to minimize or prevent billing backlogs.	Y	N
3	Quantity and quality performance standards are built in to billers' job descriptions.	Y	N
4	Perform quality control reviews of billers' work at least quarterly.	Y	N
5	Billers receive performance-based incentive compensation.	Y	N
6	All billers receive annual Medicare compliance training.	Y	N
7	Billers are cross-trained on more than one payer type.	Y	N
8	Use an on-line electronic billing system with the following capacities:		
	New billing edits are easy to add.	Y	N
	Gets automatic daily downloads from PFS system.	Y	N
	Provides biller-specific worklists.	Y	N
	Major payer edits are supplied and supported by the vendor.	Y	N
	Automatically upgrade claim-submit notices to the PFS system.	Y	N
	Automatically upgrade claim corrections to the PFS system.	Y	N
	All claims (both paper and electronic) are editable.	Y	N
	Automatically correct standard errors.	Y	N
	Provides biller-specific productivity and error reporting.	Y	N
	Provides clinical department-specific error reporting.	Y	N
	Automates Medicare-supplement and COB-2 claim submission.	Y	N
	Interfaces with on-line Medicare-compliance system	Y	N
9	Use <i>Patient Friendly Billing</i> [®] concepts for patient billing.	Y	N
10	Use proration to bill insurer and patient simultaneously.	Y	N
11	Include credit card option on patient statements.	Y	N
12	Patient statements clearly communicate payment policies.	Y	N
13	Patient statements provide the hospital's customer service phone number.	Y	N
14	Patient statements provide the hospital's customer service web address.	Y	N
15	Send patient letters or statements at least monthly for outstanding balances.	Y	N

Complementary Follow Up Information

At your request, CPI Experts will check your self assessment against better-practice targets, industry standards, and established benchmarks. If you would like to discuss your organization's performance and the implications of your responses, please complete the information below and mail to Chester A. Kendall, CPI Experts, 4 Camellia Circle, Suite 100, Newnan, GA 30263. Or if you wish to email us directly, contact Chester A. Kendall at chester@CPIexperts.com

Name _____

Title _____

Organization _____

Mailing Address _____

City _____ State _____ Zip _____

Email Address _____