REVENUE CYCLE MANAGEMENT (RCM) QUESTIONNAIRE

1. General information

    a) Name: _____

    b) Facility: _____

    c) Position: _____

    d) Number of Years in Current Position: _____

2. Describe your primary responsibilities:

3. What is your interaction/involvement with the Compliance Program?

4. Are you a member of the Compliance Committee?

5. Name FIVE significant risks or threats that would prevent your department from achieving key objectives:

    I.   _____

    II.   _____

    III. _____

    IV.   _____

    V.   _____

6. What Revenue Cycle system do you use?

7. Have you encountered any of the following problem areas?
   - ☐ Data capture during patient registration process
   - ☐ Ineffective third-party tools for insurance verification, medical necessity checking, etc.
   - ☐ Adapting patient access and financial counseling processes to patient needs
   - ☐ Charge capture issues
   - ☐ Medical necessity denials and insufficient documentation
   - ☐ Billing and collection issues
   - ☐ Cumbersome billing and follow-up leading to timely filing denials
   - ☐ Insufficient cash flow
   - ☐ Meeting regulatory requirements
   - ☐ Other – Please specify

RCM PROCESSES

Are the following RCM processes performed Internally, Outsourced, or Hybrid?

	Process	Internal	Outsourced	Hybrid	N/A	Comments
Front End	Appointment Scheduling					
	Patient Registration					
	Patient Demographic Entry					
	Insurance Verification					
	Prior Authorization					
	Financial Counseling					
	Advanced Benefits Notice					
	Co-pay & deductible collection					
	Price Estimation					
	Other					
Mid-Cycle	Charge Capture					
	Pricing					
	Documentation Review (CDI)					
	Coding					
	Coding Audits					
	Chargemaster Maintenance					
	Other					
Back End	Claims Edits					
	Claims Submission					
	Clearinghouse Edits					
	Claims Follow Up					
	Re-bills					
	Payment Posting					
	Denials & Appeals					
	Payment Variance					
	Secondary Filing					
	Patient Billing					
	Accounts Receivable Management					
	Collections					
	Other					

AUDITING AND MONITORING

1. How and who regularly reviews non-physician provider documentation to assure compliance with CMS requirements, medical-staff by-laws, licensure requirements, and applicable physician supervision requirements?

2. Describe internal auditing activities- who performs, who are the results reported up to, corrective action plans.

3. Describe any external auditing activities- who performs, who are the results reported up to, corrective action plans?

4. Is there a process for "auditing the auditors" to evaluate coding accuracy?
   - ☐ Yes
   - ☐ No

HIGH RISK AUDIT AREAS

1. Are the following high- risk areas regularly audited?

   a. Teaching physician/ Residents/ Medical Students rules/regs
      - ☐ Yes
      - ☐ No

   b. Copy and paste documentation
      - ☐ Yes
      - ☐ No

   c. Incident to and split/shared billing
      - ☐ Yes
      - ☐ No

EDUCATION AND TRAINING

1. Coder Education – how do coders stay abreast of coding changes and regulatory requirements?

2. Biller Education – how do billers stay abreast of billing changes and regulatory requirements?

3. Provider Education – how do providers stay abreast of coding and documentation expectations?

4. How is follow up given to providers who fall below target accuracy thresholds with coding and documentation deficiencies?

5. What is the training process for new hires in Revenue Cycle?

6. Describe any specialized compliance training for individuals in your department, e.g., documentation review, coding, and billing.

7. What are the repercussions for not completing training?