



HFMA's 2019 MAP Award for High Performance in Revenue Cycle Performance and Best Practice Narratives for Individual and Critical Access Hospitals, Hospital Systems, and Integrated Delivery Systems

After submitting the initial application for the MAP Award for High Performance in Revenue Cycle, which covers demographics and financial metrics, organizations that qualify to move forward in the process will be asked to submit additional information on performance and best practices. Below is a list of the questions organizations will be asked to answer.

1. Select up to two revenue cycle performance metrics that are used across non-revenue cycle departments within your organization and discuss how departments have collaborated over the past year to impact the metrics.
2. Select up to two metrics and describe processes and interventions implemented this year to affect performance on each respective metric. (e.g., increased percentage of POS collections, decrease in net days in A/R)
3. Briefly explain the incentive program, the role MAP or other KPIs play in the program, and share measurable outcomes resulting from its implementation.
4. Explain how you are measuring patient satisfaction as it relates to the revenue cycle. Describe how you are impacting patient satisfaction through the revenue cycle and reinforcing a culture of patient customer service. Do you have a service recovery plan for the revenue cycle? If so, briefly describe.
5. Please describe an innovative approach your organization uses to attract and retain talented revenue cycle staff.
6. What percentage of revenue cycle staff receive revenue cycle-related training annually? Please describe your organization's revenue cycle-related training.
7. What percentage of staff hold at least one nationally-recognized certification? Please describe staff certifications.
8. What is your turnover rate for (please use most recent ending fiscal year):
 - a. Front-end revenue cycle staff
 - b. Back-end revenue cycle staff
 - c. Total organization turnover rate:
9. Please share an example of how front-end revenue cycle technologies support processes and describe how they have led to measurable improvements in revenue cycle effectiveness.
10. Please share an example of how back-end revenue cycle technologies support processes and describe how they have led to measurable improvements in revenue cycle effectiveness.



Healthcare Dollars & Sense

Price Transparency [hfma.org/transparency](https://www.hfma.org/transparency)

1. Please indicate the statement best describes your organization's business practices with respect to price transparency for consumers who are schedule for service. *(Choose one response)*
 - a. We provide estimates of out-of-pocket financial responsibility for scheduled services to patients upon request within 24 hours or less.
 - b. We provide estimates of out-of-pocket financial responsibility for scheduled services to patients upon request within three business days or less.
 - c. We provide estimates of out-of-pocket financial responsibility for scheduled services to patients but don't track our response time.
 - d. We are typically unable to provide estimates of out-of-pocket financial responsibility for scheduled services.
2. Please indicate which of the following are included in the price estimates your organization provides to patients. *(Choose all that apply)*
 - a. Estimated price for a standard procedure without complications
 - b. Statement that complications or other unforeseen circumstances may increase the price
 - c. Description of which services are and are not included in a price estimate
 - d. Statement that some providers may be out-of-network even though the hospital (or other entity) is in-network
 - e. We don't typically provide price estimates to patients
3. To what extent do you provide estimates of patients' financial obligations prior to rendering services for both elective and non-elective procedures?
 - a. We provide patient estimates upon request at the following times: *(Select all that apply)*
 - i. Scheduling
 - ii. Registration
 - iii. Time of service
 - iv. Any other time written or verbal requests for estimates are made
4. How is your organization meeting or exceeding CMS requirement to post chargemaster prices? Are you currently working on an initiative that would further price transparency for your patients?

Patient Financial Communications Best Practices[™] [hfma.org/communications](https://www.hfma.org/communications)

Considering ways in which your approach to patient financial communication is guided by compassion, patient advocacy, and education, please describe a time when your organization's approach to financial communications made a difference in a patient's experience, satisfaction, and/or outcomes.

Medical Account Resolution [hfma.org/medicaldebt](https://www.hfma.org/medicaldebt)

1. Please indicate which of the following statements apply to your organization. *(Indicate Yes/No for each item)*
 - a. We routinely screen patients for financial assistance based on our financial assistance policy.
 - b. We routinely attempt to enroll uninsured patients in any applicable public program(s), COBRA, or other insurance programs.
 - c. We publicize the organization's financial assistance policies widely and routinely offer help applying for public programs.



- d. We routinely ensure correct balance after insurance by verifying proper payment amount from insurance and provider application of contractual allowances prior to final patient billing.
- e. We operate under contract with all business affiliates involved in medical account resolution; the contracts specify what types of account resolution activities are permissible.
- f. We provide business affiliates with the first statement date, which is used to start the “account resolution clock”, information about payments made, subsequent statements, and access to the billing system if the agency has the authority to file insurance claims.
- g. We don't report an account to a credit bureau until at least 120 days from the first statement (or the first statement from an early-out agency acting on our behalf).
- h. We have a policy stating that in cases where an account is reported to a credit bureau and the debt is subsequently satisfied, we arrange to update the patient's credit report to reflect the account's resolution.
- i. We have a policy that extraordinary collections actions (liens, credit reporting, lawsuits, wage garnishment, etc.) must be Board approved, communicated to, and contractually adhered to by business affiliates.
- j. All of our collection efforts (either internal or external) adhere to formally documented and Board-approved provider collection policies.

2. Provide additional information for items in the above question where you believe your organization's performance is noteworthy. (*Optional*)

3. Provide additional information for items in the above question where you have identified areas for performance improvement or implemented process improvements. (*Optional*)

Patient Friendly Billing[®] hfma.org/patientfriendlybilling

1. Does your organization adhere to Patient-Friendly Billing principles and strategies? Give up to two examples of creative patient-friendly billing strategies used by your organization.
2. Describe a new or innovative approach your organization has implemented specifically related to consumerism. Discuss the evidence-based research your organization referenced or conducted that guided the change in process.

Provider-Health Plan Collaboration

Share examples of positive collaboration you have with health plans to streamline operations. What impact has this had on your patients?

Unique Practices/Lessons Learned

Briefly share any unique practices or innovations you have employed to improve revenue cycle effectiveness/efficiency, employee satisfaction, or patient satisfaction. If possible, describe a measurable impact on one or more areas of revenue cycle performance (e.g., increased percentage of POS collections, decrease in net days in A/R, etc.). Share learning experiences where a project did not go as expected. What happened? What was learned?