HFMA’s 2019 MAP Award for High Performance in Revenue Cycle
Performance and Best Practice Narratives for Physician Practices

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. If the physician organization or practice is part of a larger health system, briefly describe the extent to which revenue cycle operations are integrated with the rest of the system. If a standalone organization or practice, briefly describe how your revenue cycle staff interacts with other service providers or the clinicians within the organization/practice.

2. 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.

3. Please describe the approaches that your organization uses to attract and retain talented revenue cycle staff including career ladders, flexible hours, etc.

4. What percentage of staff hold at least one nationally-recognized certification?

5. How many days of initial revenue cycle training on average are required for the following positions?
   a. Front-end staff (i.e., registrars, scheduling, financial counselors, insurance verifiers)
   b. Back-end staff (i.e., billers, collectors, cashiers, financial representatives)
   c. How many days of ongoing revenue cycle-specific training do staff receive annually?

6. What percentage of revenue cycle staff receive revenue cycle-related training annually?

Pricing, Financial Assistance Information, Patient Financial Communications, Debt Resolution and Patient-Friendly Billing®

1. Does your practice provide price information to patients? Please explain (not including patient estimates).

2A. To what extent do you provide estimates of patients’ financial obligations prior to rendering services or both elective and non-elective procedures?
   a. More than 90% of the time
   b. Between 50% and 90% of the time
   c. 50% of the time or less

2B. 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
3. To what extent are your practice’s financial assistance policies published and available to all patients? Policies are available: (Select all that apply)
   a. Online
   b. At patient scheduling
   c. At every physical patient entry location
   d. Upon request
   e. We do not publish our financial assistance policies

4. To what extent do you communicate with patients about their prior account balances for both elective and non-elective procedures?
   a. We communicate with patients about prior account balances at: (Select all that apply)
      i. Scheduling
      ii. Registration
      iii. Time of service
      iv. Any touchpoint
      v. We do not discuss prior balances with patients

5. Which of the following areas are provided with scripting/sample language on payment policies and financial assistance: (Select all that apply)
   a. Registration, i.e., all reception/front office areas that interact with patients
   b. Scheduling
   c. Billing/collections
   d. Cashiers
   e. Financial counseling
   f. We do not provide scripting to our staff

6. Which of the following apply to your process for resolving outstanding self-pay accounts (both pure self-pay and balances after insurance)? (Select all that apply)
   a. Statements for outstanding balances are routinely sent to patients.
   b. At each step in the collections process, accounts are reviewed for additional sources of payment.
   c. Extraordinary collection activities are not undertaken without adequate notification to the debtor.
   d. Any reporting of debt to the credit bureaus is followed by reporting of account resolution when the account is paid or recalled by the practice.

7. Which of the following patient-friendly communications do you provide or make available? (Select all that apply)
   a. Payment policy brochure
   b. Patient communications in English as well as any other language specific to your community needs
   c. Patient communications at or below 8th-grade reading level
   d. Patient language and messaging consistent throughout all revenue cycle communications
   e. Patient communication in a 12-point font size, free of all healthcare jargon and acronyms, and key information that is highly visible and easy to find
   f. Currently not using any patient-friendly billing communications criteria
Technology Deployment

1. Describe your initiatives involving the use of technology to promote communication between providers and patients.

2. Discuss innovative ways that you are using technology to impact practice efficiency (e.g. prior authorizations).

3. Please tell us about technology and your revenue cycle. (Select all that apply)
   a. Patients can request appointments via a secure online portal.
   b. Patients can email questions to their physicians via a secure online portal.
   c. Our practice management system supports the following electronic transactions:
      i. Address checking
      ii. Insurance verification
      iii. Pre-authorizations/certifications
      iv. Electronic claims submission via clearinghouse
      v. Electronic claims submission directly to payers
      vi. ERA for all payers
      vii. EFT for all payers
   d. Our practice uses automated reminder calls for all scheduled patients.
   e. Patients can access online financial assistance information/applications.
   f. We have dedicated revenue cycle IT staff to support the practice management and EHR systems.
   g. Our practice uses presumptive eligibility tools to identify patients who are eligible for financial assistance.

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 practice revenue cycle performance (e.g., increased percentage of POS collections, decrease in net days in A/R).