

Consumerism Maturity Index Score (CMIS) Worksheet

Use this worksheet before entering data in the online CMIS calculator. (All elements are scored on a scale of 1 to 5, with 5 being the highest. See “Maturity Model Measurement Tools for Consumerism in Healthcare” for specifics.)

CONSUMER INTERACTION CHANNELS	YOUR RATING
Service location process: How consumers locate and receive services	
Appointment scheduling: How consumers schedule services	
Information-providing process: How consumers provide comprehensive information prior to service	
Authorization resolution: How the provider resolves needed authorizations for consumers	
Price transparency: What consumers know about what they are expected to pay for services	
Financial responsibility resolution: How consumers can understand and resolve financial responsibilities	
Service arrival: What consumers should expect when they arrive for service	
Postservice communications: How consumers receive postservice financial communications from providers	
QUALITY & ACCURACY	YOUR RATING
Medical records: How available, accurate and complete the consumer’s medical records are	
Bill generation: How accurately and promptly the consumer’s bill is generated	
Claims submission: How providers ensure that the consumer’s claim is submitted to the right carrier and plan	
Quality information access: How consumers access comparative provider quality ratings	
CONSUMER EXPERIENCE	YOUR RATING
Quality ratings utilization: How consumers use publicly available ratings of providers and patient experience	
Consumer feedback methods: How consumers provide feedback on their experience	
Digital experience: How complete is the consumer’s digital experience with the provider?	
Inquiry resolution: How timely and completely are consumer questions resolved?	
Satisfaction guarantee: Consumer satisfaction with services received is guaranteed	
OTHER METRICS (APART FROM THE HCAHPS SCORE, THESE ARE ALL HFMA MAP KEYS.)	YOUR RATING
Insurance verification rate	%
Service authorization rate	%
Cash collection as % of net patient service revenue	%
Aged accounts receivable (A/R) > 90 days *	%
Discharged not submitted to payer (DNSP) *	%
HCAHPS “would recommend” score	%

* Before entering the data for this metric, it must be normalized against results achieved by HFMA’s MAP Award for High Performance in Revenue Cycle Winners. In other words, you must standardize units and express your organization’s performance relative to the performance of the award winners. To do this, make the following adjustments.

Aged A/R > 90 Days

- If your aged A/R > 90 days is $\leq 20.6\%$, your score is 100%. If it’s between 20.6% and 21.9%, deduct 3.57% from 100% for each additional tenth of a percentage point. For example, if aged A/R > 90 days = 21.0%, deduct $(4 \times 3.57\% = 14.28\%)$ for a score of 85.72%.
- If aged A/R > 90 days = 22.0%, your score is 50%. If it’s between 22.0% and 25.8%, deduct 0.769% from 50% for each additional tenth of a percentage point.
- If aged A/R > 90 days is $\geq 25.9\%$, your score is 20%.

DNSP

- If your days in DNSP ≤ 5.0 , your score is 100%. If days in DNSP is between 5.0 and 5.9 days, deduct 5% from 100% for each additional tenth of a day. For example, if days in DNSP = 5.3, deduct $(3 \times 5\% = 15\%)$ for a score of 85%.
- If days in DNSP = 6.0, your score is 50%. If days in DNSP is between 6.0 and 7.5 days, deduct 1.875% from 50% for each additional tenth of a day.
- If days in DNSP ≥ 7.6 , your score is 20%.