

Revenue Cycle Questionnaire Tool

Performance Improvement Collective – Key considerations

Operational efficiency

Compliance

Financial sustainability

1. Front-End (Registration, Eligibility, Pre-Authorization)

- How consistently is insurance eligibility verified before services are rendered?
- Are staff trained to collect accurate and complete patient demographic and insurance information?
- Are we capturing required authorizations and referrals prior to service, and how is that tracked?
- How often do registration errors lead to claim denials or delays?

2. Charge Capture & Coding

- Are we capturing all charges for services provided across all departments?
- How current and accurate is our chargemaster (CDM)?
- Are coders credentialed or trained specifically for rural health/CAH coding practices?
- Are there frequent missed opportunities for reimbursable services (e.g., observation, care coordination, telehealth, and RHC swing bed visits)?

3. Billing & Claims Management

- Are we billing claims in a timely manner according to payer requirements?
- What percentage of claims are rejected or denied on first submission?
- How effective is our process for correcting and resubmitting denied claims?
- Do we have a backlog of unbilled claims, and what causes delays?

4. Payment Posting & Reconciliation

- Are payments posted accurately and timely?
- How are underpayments or overpayments identified and followed up?
- Do we reconcile payments to expected reimbursement based on contracts?
- Do we look at payor contracts yearly?



5. Denials Management

- What are the top reasons for claim denials?
- Do we have a consistent process for tracking, trending, and appealing denials?
- Who is responsible for managing denials, and do they have the resources/training to do it effectively?

6. Patient Billing & Collections

- How clear and understandable are our patient statements?
- Are we offering payment plans or financial assistance programs?
- What is our process for following up on self-pay accounts?
- What's our average time to collect from patients, and how much is written off as bad debt?

7. Key Metrics & Monitoring

- What is our current Days in Accounts Receivable (A/R)?
- What percentage of A/R is over 90 or 120 days?
- What is our clean claim rate?
- How often do we review revenue cycle KPIs and with whom?

8. Compliance & Risk

- Are we compliant with Medicare's CAH billing requirements, especially for swing beds, lab, and observation?
- Are we conducting regular internal or external audits of billing and coding?
- Have we had any recent payer audits or recoupments?

Other:

- Are we maximizing reimbursement through appropriate use of cost-based reimbursement opportunities? Method II billing?
- Could cross-training staff improve efficiency or reduce gaps in the revenue cycle process?
- Are we leveraging our EHR and billing system effectively, or are there manual workarounds that create risk?
- What is the single biggest pain point staff experience in managing the revenue cycle?
- We could also decide to map certain processes in the Rev cycle AP, AR, etc?

