



Practice Readiness Assessment Form for Billing

Information requested in this assessment will assist you in the areas of

- Charge Capture
- Patient Access
- Accounts Receivables

Practice Name:

Person Filling Out:

Instructions: Each Biller in the office should fill out this assessment from their perspective. This form can be filled out electronically. To enter text into a field, click on the field and begin typing. To check a box, simply click on it using your mouse. When you have completed the form, please save a copy and email it to servicebureau@mcms.org.

If you find it easier to fill out by hand, please print the form and fax or mail the hard copy to the Service Bureau.

Time estimate to complete: ½ hour. Block out and protect time for people to complete.

Check-Out & Coding and Billing

Does the practice follow unique procedures when checking out new and established patients?

Yes No

Is the next visit clearly indicated at time of check out? Yes No

Are reminder cards/information given to the existing patient for future appointment? Yes No

What is the process for communicating CPT and ICD code to staff?

Is the encounter form brought to the check out window? Yes No

Does the physician circle a CPT or ICD code? Yes No

Does the physician write codes/diagnosis? Yes No

Have physicians/staff had any formal coding education? Yes No

Has the practice ever had any coding audits? Yes No

If yes, describe analysis.

How are hospital and nursing home charges captured?

How does the physician communicate hospital and nursing home charges/codes to office?

What forms of payment do you accept? (Check all that apply)

- Cash Check Credit card
 Other (please specify)

When do you collect co-payment?

How do you know how much the co-payment will be prior to visit?

How often is demographic and insurance information updated?

Does the practice review eligibility prior to visit? Yes No

What was the methodology utilized in establishing a fee schedule?

When was the last revision to the fee schedule?

What is your current method of billing? (Check all that apply)

- Electronic
- Paper-based
- Contracted external services
- Other (please specify)

What is your average claims turn around time (TAT) from submission to payment?

- < 30 days
- 30 - 60 days
- > 60 days
- Other (please specify)

Do you have any problems with or concerns about your coding? Yes No

If yes, please specify

Billing / Practice Management

What percentage of your claims are processed electronically? %

What modules of your PMS do you use?

What modules are not used?

How is staff trained on PMS/billing systems?

How is staff trained on scheduling?

Are front office and back office personnel cross-trained? Yes No

Are there any tools or reports that you use to manage workflow? Yes No

Questions or comments? Enter them in the field below.

Thank you for completing this form.