



Medical Office Charge-Capture Assessment

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[Assessment Role]

Medical Office Charge-Capture Assessment Version Control

Version	Date	Author	Change description

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1 ASSESSMENT SUMMARY

1.1 Document Purpose

[The Medical Office Charge-Capture Assessment defines the scope, objectives, and overall approach for assessing the current charge-capture process for a medical office. A comprehensive understanding of current practices is necessary to develop an improved, more robust charge-capture process.]

1.2 Assessment Approach

[Describe how you've structured the assessment, and describe your approach to managing it. Manage the assessment like a project, including establishing a team leader and assigning resources, goals, objectives, success criteria, and an oversight committee to manage the overall process.]

Approach item	Definition	Criteria
[Assign a team lead]	[Management to select from organization resources]	[Must have previous project management experience]

1.3 Assessment Goals and Objectives

[List assessment goals and objectives in priority order. They should align with the goals and objectives of the company, and objectives should be clearly defined and measurable. Success criteria define the benefits of meeting the objectives.]

Goals	Objectives	Success criteria
[The assessment will establish clear direction for a new charge-capture system implementation this year.]	[Prioritize critical improvements to be reviewed and approved for implementation by December.]	[By implementing critical improvements, the charge-capture efficiency is 35% improved within 2 months of implementation.]

2 ASSESSMENT PROCESS

[This section covers the critical areas that must be addressed in an assessment if it is to result in an optimized process.]

2.1 Current Process Flow

[First, you must understand the current charge-capture process. This can be defined visually in a diagram. Use the embedded Microsoft Office Visio Professional 2003 process flow diagram as a baseline to help illustrate your specific charge-capture process. To make changes to this diagram, double-click the following icon and begin making changes.]



Current charge-capture process flow diagram

2.2 Assessment Process Flow

[The embedded Assessment Process Flow diagram provides an example of steps to take in conducting an assessment. This can be done either by internal staff or by a hired consulting auditor. The assessment process flow is divided into three stages that are critical to the charge-capture process: human resources, business processes, and tools used to manage the process. Modify this flow diagram as needed for your organization. To make changes to this diagram, double-click the following icon and begin making changes.]



Charge-capture assessment process flow diagram

2.3 Human Detail

2.3.1 Interview Schedule

[A key element of understanding the current process is by interviewing key stakeholders of the charge-capture process. Question personnel about their activities, role understanding, data processing, and communication methods. Use this table to list the personnel to be interviewed and to list the results.]

Resource	Process areas	Date	Results
[Front desk]	[Patient check-in, patient checkout, data processing]	[mm/dd/yy]	[Compiled notes posted on assessment team's Web site.]

2.3.2 Current Resource Responsibility Matrix

[After the interviews, construct a role/responsibility matrix. This matrix helps you understand current roles, how they relate to defined processes, where personnel performance gaps exist, and what types of improvements are warranted.]

Roles	Responsibilities
[Front desk]	[Perform patient check-in (validate insurance info; attain patient info).]
[Nurse]	[Attach new charge sheet with patient records.]
[Physician]	[Capture patient vital statistics (height, weight, blood pressure, etc.).]
[Office manager]	[Perform patient examination (determine patient's condition).]
	[Diagnose patient's condition (evaluate patient's condition).]
	[Record patient examination results (log patient info on charge sheet).]
	[Perform patient checkout (receive payment; assign follow-up appt.).]
	[Manually prepare insurance reimbursement billing process.]

2.4 Data Detail

2.4.1 Charge-Capture Data Requirements

[Define what data is captured within the charge-capture process. Fill out the table below to represent your current assessment of what data is captured.]

Data type	Data item
Patient ID information	<ul style="list-style-type: none"> • [Patient ID]
	<ul style="list-style-type: none"> • [Patient name]
	<ul style="list-style-type: none"> • [Patient birthday]
Visit referral information	<ul style="list-style-type: none"> • [Cause of injury (e.g., auto accident/other)]
	<ul style="list-style-type: none"> • [Date of injury]
	<ul style="list-style-type: none"> • [Indicator for confidentiality]
	<ul style="list-style-type: none"> • [Referring physician (if applicable)]
	<ul style="list-style-type: none"> • [Referral authorization number (if applicable)]
	<ul style="list-style-type: none"> • [Indicator for grant or research visit]
	<ul style="list-style-type: none"> • [Grant tracking number]
Outpatient visit information	<ul style="list-style-type: none"> • [Date of service]
	<ul style="list-style-type: none"> • [Physician/PA/PNP name]
	<ul style="list-style-type: none"> • [Physician/PA/PNP contact number (if out of the office regularly)]
	<ul style="list-style-type: none"> • [Applicable outpatient physician services and related codes]
	<ul style="list-style-type: none"> • [Applicable procedures performed and related codes]
	<ul style="list-style-type: none"> • [Indicator for visit with/without resident (in teaching environments)]
	<ul style="list-style-type: none"> • [Diagnosis and related code. (There may be multiple diagnoses, so ability to prioritize is needed.)]
	<ul style="list-style-type: none"> • [Physician/PA/PNP signature]
	<ul style="list-style-type: none"> • [Nurse name]
	<ul style="list-style-type: none"> • [Applicable outpatient nursing services and related codes]
	<ul style="list-style-type: none"> • [Billable supplies used to perform services rendered]
Inpatient visit information	<ul style="list-style-type: none"> • [Date of service]
	<ul style="list-style-type: none"> • [Physician/PA/PNP name]

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	<ul style="list-style-type: none"> [Physician/PA/PNP contact number (if out of the office regularly)]
	<ul style="list-style-type: none"> [Applicable outpatient physician services and related codes]
	<ul style="list-style-type: none"> [Applicable procedures performed and related codes]
	<ul style="list-style-type: none"> [Indicator for visit with/without resident (in teaching environments)]
	<ul style="list-style-type: none"> [Diagnosis and related code. (There may be multiple diagnoses, so ability to prioritize is needed.)]
	<ul style="list-style-type: none"> [Physician/PA/PNP signature]

2.4.2 Charge-Capture Data Routing

[Outline how data is being routed within the current charge-capture process. Include formal routings by using an existing tool set, and include informal routings by using verbal communication, phone calls, notes, and so on.]

Process area	Resource	Data collected	Data routing
[Patient check-in]	[Front desk]	[Patient identification information]	[Patient completes form, and front desk enters data into computer.]

2.5 Process Detail

2.5.1 Charge-Capture Assessment Assumptions

[For assessment planning purposes, assumptions are circumstances considered to be certain and necessary for the assessment to be successful. Identifying assumptions helps to establish a baseline understanding for developing assessment recommendations.]

Assumption	Owner	Assessment impact	Confirmed
[Patient cannot see medical staff until check-in.]	[Front desk]	[Medical staff does not provide service without charge sheet available.]	[Yes]

2.5.2 Charge-Capture Processes and Procedures

[Define the charge-capture process steps currently in place, including both formal and informal steps. The goal is to have a clear, end-to-end understanding of the entire charge-capture process from the time a patient arrives until the patient leaves.]

Process	Process flow	Owner	Performance gap
[Patient check-in]	[Front desk checks in patient, asks for payment method information, and provides form.]	[Front desk]	[Patient not always asked about payment method or insurance changes.]
[Capturing patient information]			
[Assigning charge sheet to records]			

2.5.3 Charge-Capture Process Critical Problems—Issues

[Critical problems and issues are known events that are documented and assigned to a resource with a target completion date. These issues may become part of the final assessment recommendations.]

Issue Priority Criteria

- High: High-level process impact—requires immediate follow-up and resolution
- Medium: To be considered for assessment recommendation
- Low: Noncritical performance issue—may be considered for assessment recommendation

#	Date	Priority	Owner	Process description	Status and resolution
1	[mm/dd/yy]	[High]	[Name]	[Need charge sheet]	[Open—needs resolution]

[Double-click the icon below to open a worksheet that you can use to track critical problems.]



Medical office charge-capture issue report

2.5.4 Assessment Constraints

[Constraints are limitations imposed on the assessment by either the assessment sponsor or the surrounding environment. Before beginning the assessment, outline any existing constraints that are unavoidable and need to be considered.]

Constraint	Owner	Assessment impact	Confirmed
[Assessment to be completed in 2 weeks.]	[Assessment team manager]	[Without resource commitment, may not be able to provide quality assessment]	[Yes]

3 ASSESSMENT RESULTS

3.1 Best Practice Analysis

[List best practices within the industry for charge-capture processes. List all information sources.]

3.2 Recommendations

[The final charge-capture assessment must be documented and communicated to the oversight committee with a complete list of recommendations covering resource, process, and tool issues.]

4 ASSESSMENT APPROVALS

Prepared by: _____

Assessment Team Lead

Approved by: _____

Assessment Sponsor

Oversight Committee

Executive Sponsor

5 DOCUMENT APPENDICES

5.1 Assessment References

[List any reference documents or other sources that can help readers of this document more concisely understand the assessment context and requirements.]

Reference	Source

5.2 Sections Omitted

[Some sections of this template may not be needed or appropriate for all assessments. List the section header of any document sections that you've intentionally omitted. This step will assure readers that the information was considered but not included.]
