



Billing Needs Assessment Checklist, Detailed (HMS USA)

Billing Needs Assessment Checklist, Detailed (HMS USA)



Quick Summary (one-line action items)

- Ensure accurate patient & insurance capture.
- Verify eligibility & get prior auths before services.
- Document visits to support billed codes.
- Submit clean claims electronically and post ERA/EFT.
- Track denials, appeal within SLA, and fix root causes.
- Provide clear patient statements and payment options.
- Monitor AR days, clean claim rate, and net collection rate.
- Maintain HIPAA security, SSL, and backups.



Administrative & Front Desk

- Accurate patient demographics (name, DOB, contacts, SSN if required).
- Complete insurance capture (payer, policy/group, subscriber, relationship).
- Signed consent & financial responsibility forms (treatment, assignment of benefits).
- Co-pay collection and POS capability.
- Clear financial policy provided (printed/email).



Eligibility & Benefits Verification

- Real-time eligibility checks before the visit.
- Prior authorization workflow with tracking (auth#, expiry).
- Benefits & patient responsibility confirmed (deductible, copay).
- Referrals were documented where required.



Clinical Documentation & Coding

- Complete, dated clinical notes supporting medical necessity.
- Accurate ICD-10 and CPT/HCPSC codes with documented rationale.
- Proper use of modifiers and documentation of supervised services.
- Regular coding audits and corrective training.



Charge Capture & Claim Submission

- Timely charge entry (daily or SLA-defined cadence).
- Charge-to-encounter reconciliation and variance resolution.
- Front-end claim scrub for required fields and edits.
- Electronic submission via clearinghouse; ERA/EFT enabled.



Denial Management & Appeals

- Denial log with categories, amounts, and root causes.
- SLA-driven appeal process and documentation templates.
- Weekly review of top denial reasons and targeted corrective actions.



Patient Billing & Collections

- Statement cadence and past-due workflow defined.
- Accurate payment posting and reconciliation to ERA.
- Online payments, payment plans, and card-on-file options.
- Hardship policy and collection vendor standards.



Revenue Cycle KPIs & Reporting

- AR Days (DSO) and aging buckets monitored.
- Clean claim rate and net collection rate tracked.
- The denial rate and appeal success rate trends.



Technology & Security

- EHR and practice management integration to reduce re-entry.
- Billing software with scrubbing and reporting.
- SSL/HTTPS active on portal; HIPAA safeguards and BAAs in place.
- Role-based access and regular backups.



Compliance & Contracts

- Centralized payer contract repository and timely filing rules.
- Credentialing current with payers; NPI and taxonomy maintained.
- Internal audit schedule and remediation tracking.



Staffing & Training

- Clear role ownership for eligibility, coding, claims, denials, and collections.
- Onboarding and ongoing training program documented.
- Cross-training and contingency coverage planning.



Continuous Improvement & Audit

- Monthly revenue cycle review meetings with KPI ownership.
- 30/60/90 day plan for high-priority fixes and owners.
- Patient billing feedback loop to reduce disputes.

Schedule a complimentary review with an [HMS USA Billing Expert](#). Contact our billing team at info@hmsusainc.com or call our direct line at [866-822-5271](tel:866-822-5271) to request a consultation or assistance.