**Speaker Evaluation   
Denials Avoidance & Appeals Management Institute (DAM)**

**Profession:**

|  |  |
| --- | --- |
| * Physician * Nurse Practitioner/Nurse * Physician Assistant * Health Information Manager * Coding Professional | * Case Manager/Utilization Reviewer * Quality Assurance Professional * Compliance Professional * Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Please circle the number that best reflects your response.

5 – Strongly agree 4 – Agree 3 – No Opinion 2 – Disagree 1 – Strongly Disagree

**SESSION 1**

***OVERVIEW OF THE REVENUE CYCLE***

Keith Stokes, MD, PAC-CDI, CI-CDI

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| How did the content and format of the activity rate in meeting the following stated objective: | | | | | |
| Explain the Revenue Cycle. | 5 | 4 | 3 | 2 | 1 |
| Define The components of the Revenue Cycle. | 5 | 4 | 3 | 2 | 1 |
| Identify How the Revenue Cycle “breaks down”. | 5 | 4 | 3 | 2 | 1 |

*Comments:*

**SESSION 2**

***HOW HEALTH CARE GETS PAID***

Keith Stokes, MD, PAC-CDI, CI-CDI

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| How did the content and format of the activity rate in meeting the following stated objective: | | | | | |
| Delineate policies governing third party payment. | 5 | 4 | 3 | 2 | 1 |
| Differentiate Reimbursement policies. | 5 | 4 | 3 | 2 | 1 |
| Analyze the challenges with payment structures. | 5 | 4 | 3 | 2 | 1 |

*Comments:*

**SESSION 3**

***DENIALS & APPEALS MANAGEMENT – DENIALS***

Keith Stokes, MD, PAC-CDI, CI-CDI

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| How did the content and format of the activity rate in meeting the following stated objective: | | | | | |
| Define Denial. | 5 | 4 | 3 | 2 | 1 |
| Identify the causes of denials. | 5 | 4 | 3 | 2 | 1 |
| Review the regulatory processes in denials | 5 | 4 | 3 | 2 | 1 |
| Evaluate “Where do we go from here”. | 5 | 4 | 3 | 2 | 1 |

*Comments:*

**SESSION 4**

***THE RIGHT SETTING AT THE RIGHT TIME – INPATIENT VERSES OUTPATIENT***

Keith Stokes, MD, PAC-CDI, CI-CDI

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| How did the content and format of the activity rate in meeting the following stated objective: | | | | | |
| Delineate in detail the differences between Inpatient and Outpatient status. | 5 | 4 | 3 | 2 | 1 |
| Review and Examine Medical Necessity. | 5 | 4 | 3 | 2 | 1 |
| Discuss the responsibilities and obligations of the treating physician. | 5 | 4 | 3 | 2 | 1 |
| Review the vital role of Clinical Documentation. | 5 | 4 | 3 | 2 | 1 |
| Examine the review process and the rationale of contracted reviewers. | 5 | 4 | 3 | 2 | 1 |

*Comments:*

**SESSION 5**

***DENIALS & APPEALS MANAGEMENT***

Keith Stokes, MD, PAC-CDI, CI-CDI

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| How did the content and format of the activity rate in meeting the following stated objective: | | | | | |
| Summarize strategies to reduce clinical denials. | 5 | 4 | 3 | 2 | 1 |
| Recognize Case Management and Utilization Management roles in the revenue cycle. | 5 | 4 | 3 | 2 | 1 |
| Identify how clinical documentation programs effect the revenue cycle. | 5 | 4 | 3 | 2 | 1 |
| Discuss strategy to build an effective Denial & Management program. | 5 | 4 | 3 | 2 | 1 |

*Comments:*

**SESSION 6**

***THE APPEAL PROCESS***

Keith Stokes, MD, PAC-CDI, CI-CDI

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| How did the content and format of the activity rate in meeting the following stated objective: | | | | | |
| Recognize what type of appeal is necessary. | 5 | 4 | 3 | 2 | 1 |
| Utilize a strategy for appeal management. | 5 | 4 | 3 | 2 | 1 |
| Investigate & analyze the medical record. | 5 | 4 | 3 | 2 | 1 |

*Comments:*

**SESSION 7**

***A FIVE STEP STRATEGY TO WRITING EFFECTIVE CLINICAL APPEAL LETTERS***

Debbie Smith, CCS, C-DAM, C-CDI

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| How did the content and format of the activity rate in meeting the following stated objective: | | | | | |
| Validate defense with standard practices of evidence based medical criteria. | 5 | 4 | 3 | 2 | 1 |
| Quote clinical documentation that is explicit and supports the issue being denied. | 5 | 4 | 3 | 2 | 1 |
| Summarize coherently the rationale in defense of the denial. | 5 | 4 | 3 | 2 | 1 |
| *Demonstrate* how to write compliant health care appeals. | 5 | 4 | 3 | 2 | 1 |

**Activity Evaluation   
Denials Avoidance & Appeals Management Institute (DAM)**

Please circle the number that best reflects your response.

4 – Strongly agree 3 – Agree 2 – Disagree 1 – Strongly Disagree

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| How did the content and format of the activity rate in meeting your overall objectives? | 5 | 4 | 3 | 2 | 1 |
| Presentation enhanced my understanding | 5 | 4 | 3 | 2 | 1 |
| Material was well organized and communicated clearly | 5 | 4 | 3 | 2 | 1 |
| Information was relevant to my practice | 5 | 4 | 3 | 2 | 1 |
| Presenter’s expertise was appropriate | 5 | 4 | 3 | 2 | 1 |
| How did the content and format of the activity rate in meeting each of the following stated objectives? | | | | | |
| Explain the Revenue Cycle. | 5 | 4 | 3 | 2 | 1 |
| Define The components of the Revenue Cycle. | 5 | 4 | 3 | 2 | 1 |
| Identify How the Revenue Cycle “breaks down”. | 5 | 4 | 3 | 2 | 1 |
| Delineate policies governing third party payment. | 5 | 4 | 3 | 2 | 1 |
| Differentiate Reimbursement policies. | 5 | 4 | 3 | 2 | 1 |
| Analyze the challenges with payment structures. | 5 | 4 | 3 | 2 | 1 |
| Define Denial. | 5 | 4 | 3 | 2 | 1 |
| Identify the causes of denials. | 5 | 4 | 3 | 2 | 1 |
| Review the regulatory processes in denials | 5 | 4 | 3 | 2 | 1 |
| Expand upon “Where do we go from here”. | 5 | 4 | 3 | 2 | 1 |
| Delineate in detail the differences between Inpatient and Outpatient status. | 5 | 4 | 3 | 2 | 1 |
| Review and Examine Medical Necessity. | 5 | 4 | 3 | 2 | 1 |
| Discuss the responsibilities and obligations of the treating physician. | 5 | 4 | 3 | 2 | 1 |
| Review the vital role of Clinical Documentation. | 5 | 4 | 3 | 2 | 1 |
| Understand the review process and the rationale of contracted reviewers. | 5 | 4 | 3 | 2 | 1 |
| Summarize strategies to reduce clinical denials. | 5 | 4 | 3 | 2 | 1 |
| Become acquainted with Case Management and Utilization Management roles in the revenue cycle. | 5 | 4 | 3 | 2 | 1 |
| Gain knowledge of how clinical documentation programs effect the revenue cycle. | 5 | 4 | 3 | 2 | 1 |
| Discuss strategy to build an effective Denial & Management program. | 5 | 4 | 3 | 2 | 1 |
| Recognize what type of appeal is necessary. | 5 | 4 | 3 | 2 | 1 |
| Utilize a strategy for appeal management. | 5 | 4 | 3 | 2 | 1 |
| Investigate & analyze the medical record. | 5 | 4 | 3 | 2 | 1 |
| Validate defense with standard practices of evidence based medical criteria. | 5 | 4 | 3 | 2 | 1 |
| Quote clinical documentation that is explicit and supports the issue being denied. | 5 | 4 | 3 | 2 | 1 |
| Summarize coherently the rationale in defense of the denial. | 5 | 4 | 3 | 2 | 1 |
| *Demonstrate* how to write compliant health care appeals. | 5 | 4 | 3 | 2 | 1 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| How would you rate the following aspects of the activity? | | | | | | |
| Overall organization and quality | 5 | 4 | 3 | | 2 | 1 |
| Selection of topics | 5 | 4 | 3 | | 2 | 1 |
| Scheduling of activity | 5 | 4 | 3 | | 2 | 1 |
| Method of instruction | 5 | 4 | 3 | | 2 | 1 |
| Time for Q/A | 5 | 4 | 3 | | 2 | 1 |
| Ease of registration | 5 | 4 | 3 | | 2 | 1 |
| Facilities | 5 | 4 | 3 | | 2 | 1 |
| Helpfulness of onsite staff | 5 | 4 | 3 | | 2 | 1 |
| Was the material presented in a fair and balanced manner? | Yes | | | No | | |
| If not was bias present? | Yes | | | No | | |

Please indicate the primary reason you attended this activity (**CHECK ONLY ONE**).

|  |  |
| --- | --- |
| * Interest in topic * Location of activity * Continuing Education Credits | * Concern about impact on practice * Speaker’s reputation * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Add any additional comments pertaining to the logistical management of the meeting:

Will the information presented cause you to make any changes in your practice?

|  |  |
| --- | --- |
| * Yes | * No |

If yes, what changes do you plan to make?

List any potential barriers that will keep you from implanting change in your facility.

How will you overcome those barriers?

What did you find to be the most valuable aspect of this activity?

Comments and suggestions for improvement of this activity:

Suggested topics for future activities or workshops:

***Thank you for completing the evaluation.***

***Completed evaluations can be emailed to mstokes@docucompllc.com.***

PO Box 10530

Jackson, MS 39289

740-296-8331