challenges facing healthcare leaders in meeting reporting requirements but with gaps in accuracy or detail Does not analyze reporting guidelines required by thirdparty payer payment systems for the opportunities and challenges facing healthcare leaders in meeting reporting requirements 6.26 Third-Party Payment: Compliance Standards Meets “Proficient” criteria and demonstrates keen insight into the use of financial principles for ensuring compliance with third-party payer submission requirements Accurately analyzes how healthcare organizations utilize financial principles for guiding strategic planning in ensuring

 compliance with third-party payer submission requirements Analyzes how healthcare organizations utilize financial principles for guiding strategic planning in ensuring compliance with third-party payer submission requirements but with gaps in accuracy or detail Does not analyze how healthcare organizations utilize financial principles for guiding strategic planning in ensuring compliance with third-party payer submission requirements 3.76 Third-Party Payment: Reimbursement Methods Meets “Proficient” criteria and recommended strategies are exceptionally relevant and appropriate for the intended purpose Recommends appropriate strategies for organizations to receive full reimbursement on claims and improve timeliness of reimbursement from thirdparty payer systems, justifying recommendations

Recommends strategies, but they are not appropriate for organizations to receive full reimbursement on claims and improve timeliness of reimbursement from thirdparty payer systems or response has gaps in detail or relevant justification Does not recommend strategies for organizations to receive full reimbursement on claims and improve timeliness of reimbursement from thirdparty payer systems 3.76 Planning: Pay-forPerformance Meets “Proficient” criteria and demonstrates exceptional insight into the use of improving performance measures to maximize reimbursement Makes appropriate recommendations for operational strategies to improve performance measures that will maximize reimbursement based on prior analysis of impact of case rates and management utilization data, providing support for recommendations Makes recommendations