



Revenue cycle checkup: what can your practice confidently verify?

Billing activity doesn't always tell you whether the process is working. Check any question you can't answer "yes" to with a report, a record or a clear explanation. "Not sure" counts as a check.

Can you trust the numbers?

- ☐ Can you explain changes to a prior month's results after that month was reported?
If February can still change in May, no report about February is true.
 - ☐ Can you account for the difference between money deposited and payments posted?
Cash received but not posted makes a good month look bad.
 - ☐ Does your A/R report reflect balances still owed, and do you know which date it ages from?
Aging from date of service vs. date of billing can move your over-90 figure without changing a single claim.
 - ☐ If you changed billing systems, can you account for balances left in the old one?
Conversions routinely leave open claims that neither system owns.
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Are you collecting what you expect?

- ☐ Are current payer contracts and fee schedules loaded where they can verify expected payment?
A rate sheet in a drawer protects nothing.
 - ☐ Can you tell whether payers are paying what those agreements say?
Underpayments look like paid claims, not denials.
 - ☐ Can you see results by plan, not just by insurance company?
One carrier's commercial, Medicare Advantage and Medicaid plans pay under three different contracts.
 - ☐ Can you tell which eligibility, referral or authorization problems still reach billing?
These denials are the most preventable and the least appealable.
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Can you see where claims get stuck?

- ☐ Can you identify services waiting for charges, and charges waiting to be submitted?
A gap in submissions becomes a gap in deposits weeks later.
- ☐ Can you verify the payer accepted each claim, not just that it was sent?
A rejected claim never enters the payer's system and quietly runs past timely filing.
- ☐ Can you tell rejected claims from denied claims, and see what's still unresolved?
They have different causes and owners; one combined number hides both.
- ☐ Can you find unpaid claims that have stalled, including ones with no denial on file?

Are the same problems coming back?

- ☐ Can you name your recurring denials by dollars and explain what causes them?
Fixing the claim fixes one claim; fixing the cause fixes every claim after it.
- ☐ Does each unresolved issue have an owner, a next action and a follow-up date?
A denial with no name on it is a write-off waiting for its date.
- ☐ Can you tell real progress from repeated resubmissions and follow-up notes?
Each round burns timely-filing days you don't get back.
- ☐ Can you show whether a fix actually reduced the problem it targeted?

A few boxes checked? Start there. A checked box isn't proof of a problem. It marks something worth understanding.

Bring the questions you flagged, and we'll look at whether a focused review would help. **Request an introductory meeting at reviewof.systems.**

Discussion guide only. Not a comprehensive assessment or a recommendation to change a specific billing process. Issues and recommendations require review of your practice's data, agreements and workflows. © Review of Systems



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