The RCM Health Checklist for Small Practices

Identify where revenue is slowing down, leaking, or getting lost across your billing cycle.

Phase 1: Pre-visit

1. Insurance Eligibility Verification

- ☐ *Patient coverage is verified before every visit*
- ☐ *Secondary insurance is reviewed, not assumed*

2. Patient Demographic Accuracy

- ☐ *No duplicate patient records*
- ☐ *Address, DOB, and payer details are consistently clean*

3. Prior Authorization Tracking

- ☐ *Required authorizations are obtained before services*
- ☐ *Expiry dates are tracked and renewed proactively*

Phase 2: Charge Capture and Claim Submission

4. Charge Entry Turnaround Time

- ☐ *Charges are entered within 24-48 hours of service*
- ☐ *No backlog of unentered incidents*

5. Coding Accuracy

- ☐ *CPT, ICD-10, and modifiers are validated before submission*
- ☐ *Coding errors are not a recurring denial reason*

6. Clean Claim Rate

- ☐ *Claims are scrubbed before submission*
- ☐ *First-pass acceptance rate is above industry benchmarks*

Phase 3: Claim Processing and Payer Interaction

7. Claim Submission Lag

- ☐ *Claims are submitted daily, not in batches*
- ☐ *No claims are sitting unsubmitted beyond 2-3 days*

8. Rejection Management

- ☐ *Clearinghouse rejections are resolved within 24-48 hours*
- ☐ *No unresolved rejected claims in queue*

Phase 4: Payment Posting Accuracy

9. ERA/EOB Posting Speed

- ☐ *Payments are posted daily, not weekly*
- ☐ *No backlog in posting*

10. Posting Accuracy

- ☐ *Adjustments match payer contracts*
- ☐ *Patient balances reflect actual responsibility*

Phase 5: Accounts Receivable Control

11. AR Aging Distribution

- ☐ *Majority of AR is under 30-60 days*
- ☐ *AR over 90 days is actively worked, not ignored*

12. Follow-Up Consistency

- ☐ *Every unpaid claim has a follow-up schedule*
- ☐ *No claims are aging without touchpoints*

Phase 6: Denial Management and Recovery

13. Denial Rate Tracking

- ☐ *Denial rate is below 5%*
- ☐ *Denials are categorized by root cause*

14. Root Cause Resolution

- ☐ *Recurring denial patterns are identified*
- ☐ *Process fixes are implemented, not just resubmissions*

Phase 7: Reporting and Visibility

15. Revenue Cycle Visibility

- ☐ *Monthly reports cover AR aging, denial rate, and collections*
- ☐ *Decision-making is based on data, not assumptions*

How to Use This Checklist

0–5 unchecked boxes
Healthy

Your revenue cycle appears well controlled. Continue monitoring key metrics and refining processes as your practice grows.

6–10 unchecked boxes
Needs Attention

Small process gaps are beginning to affect cash flow, collections, or operational efficiency. Addressing them now can prevent larger issues later.

11–20 unchecked boxes
Revenue at Risk

Multiple stages of the billing cycle need improvement. Delays, denials, and missed revenue opportunities are likely affecting financial performance.

21–30 unchecked boxes
Critical

Your revenue cycle is operating reactively rather than systematically. A structured review can help identify where revenue is slowing down, leaking, or getting lost.

Look Closely at Where the Gaps Appear

Front-end gaps (eligibility, auths) → preventable denials

Mid-cycle gaps (charges, claims) → delayed cash flow

Back-end gaps (AR, follow-ups, denials) → revenue that may never be recovered

How Analytix Solutions Supports Each Phase of the RCM

Fixing revenue cycle issues is not about working harder inside the same system. It is about restructuring how each step connects to the next one. Analytix Solutions supports the full cycle from intake to final payment posting, not as isolated tasks, but as a unified process. The goal is to ensure that what is earned is actually collected, without increasing internal workload.

If this checklist highlighted more gaps than expected, it is worth taking a closer look at where revenue is getting held up. A short RCM assessment can map those gaps clearly and show what a structured fix looks like in practice.