THE ULTIMATE

Revenue Cycle Checklist

1 Charge Entry

Make sure your claims are as clean as possible prior to submission. It is more complex than just keying charges from a Superbill or importing charges through your EMR. Each payor has different requirements for submitting clean claims. A skilled biller will be able to quickly tell what changes need to be made to claims to get them out the door correctly.

2 Rejections

Stay on top of both your clearing house and payor rejections. These can be simple fixes or may be a more complex issue that requires a call to the payor's EDI department. Rejections should be worked daily to prevent any delays in cash.

3 Denials

Working denials timely is the ultimate key to keeping your Revenue Cycle in check. Every payor has a different timely filing limit. Your account representatives should be aware of these different timely filing limits and prioritize payors with smaller filing limits over payers with longer filing limits. Make sure your reps understand the denial, even if it takes a call to the payor to resolve.

4 A/R Follow Up

The most common gap we see in medical billing cycles is A/R left unattended. These are claims sitting out there with no rejection or denial attached. Your outstanding A/R greater than 60 days should be worked every 30 days to stay on top of of the outstanding balances and keep the cash coming through the door. That means having enough resources in place to get the job done.

5 Analytics

Most systems today come with some sort of dashboard and these are great for a high level overview, but to be able to target your true pain points, you need to be able to drill down into patient specific data. Generally 75 – 80% of your AR should be in the 0-30 day bucket. Legacy can help pull the best reports to pinpoint your problem areas and even help work your old A/R.