MSN Global
Medical Billing & RCM

Revenue Cycle Health Check

A concise self-assessment for identifying operational pressure points across the healthcare revenue cycle.

Practice _____	**Review Date** _____
Reviewer _____	**Next Review** _____

Front End

- ■ Eligibility verification is consistently completed.
- ■ Authorization requirements are identified before service.
- ■ Patient demographic and insurance errors are measured.
- ■ Scheduling staff know escalation rules for coverage issues.

Mid Cycle

- ■ Charge lag is measured and controlled.
- ■ Documentation completion is monitored.
- ■ Coding edits and unresolved coding queries are tracked.
- ■ Claims are submitted on a consistent daily cadence.

Back End

- ■ Rejections are worked within defined turnaround times.
- ■ Denials are categorized and trended.
- ■ Payer follow-up is prioritized by value, age and filing risk.
- ■ Payment posting and reconciliation are timely.
- ■ Patient balances move through a defined statement / collection workflow.

Management Visibility

- ■ Days in A/R and aging >90 days are reviewed.
- ■ Denial rate and clean-claim rate are monitored.
- ■ Net collection rate is reviewed.
- ■ Payer underpayments are identified.
- ■ Management receives actionable RCM reporting on a regular schedule.