

RCM DEPARTMENTAL SUCCESS GUIDE: Tips, Pitfalls & Leadership Tools

FRONT DESK / PATIENT ACCESS

- Ensure accurate patient demographics and insurance details are collected at check-in.
- Confirm co-pays and collect upfront when possible.
- Maintain proper documentation for each patient visit.

Reminder:

Inaccurate or incomplete patient registration can delay claim submission and lead to denials.

INSURANCE VERIFICATION & AUTHORIZATION

- Verify patient eligibility and benefits prior to service.
- Confirm and obtain all necessary authorizations.
- Document verification results clearly in the system.
- Verify accurate patient demographics and insurance details are correctly entered in system.

Reminder:

Missed authorizations or incorrect benefits can result in claim rejections and lost revenue.

BILLING

- Submit clean claims daily to avoid delays.
- Check payer rules and claim scrubbing tools before submission.
- Include all necessary documentation attachments.
- Verify accurate patient demographics and insurance details are correctly entered in system prior to final claim submission.

Reminder:

Errors in billing details can delay payment and increase follow-up workloads.

CODING & CHARGE ENTRY

- Use the most up-to-date and appropriate codes for procedures performed.
- Double-check modifiers and ensure accurate charge capture.
- Notify the insurance verification team when the final coding differs from the initially scheduled procedures.
- Stay current with payer-specific coding guidelines.

Reminder:

Improper or delayed coding can trigger audits, denials, or underpayment.

A/R FOLLOW-UP

- Track unpaid claims and follow up within payer timely filing limits.
- Identify and resolve trends in denials or underpayments.
- Escalate unresolved claims promptly.
- Establish a Standardized Follow-Up Schedule on a rotation.
- Leverage Automation Tools.

Reminder:

Inconsistent follow-up leads to aging receivables, missed recovery windows, and revenue leakage.

PAYMENT POSTING

- Post payments and adjustments accurately and daily.
- Match EOBs/ERAs with patient accounts and reconcile variances.
- Monitor trends in payer reimbursement.
- Trend issues with payer contracts loaded in the system.

Reminder:

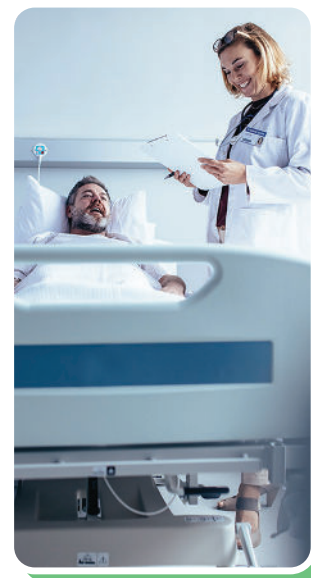
Incorrect posting skews financial reports and can impact secondary billing or patient balances.

PATIENT COLLECTIONS

- Follow up on patient balances consistently each month on a rotation schedule.
- Offer multiple payment options and clear communication.
- Use friendly reminders and consistent messaging.

Reminder:

Poor communication or follow-through can result in uncollected balances and patient dissatisfaction.





5 Leadership Tips for Optimization & Accountability

01 Set Departmental KPIs

- ✓ Establish benchmarks for verification accuracy, coding turnaround, claim timeliness, A/R aging, and denial rates
- ✓ Review performance weekly/monthly with each team

02 Foster Interdepartmental Communication

- ✓ Create feedback loops between coders, verifiers, and billers
- ✓ Encourage real-time communication on claim holds, auth issues, and coding mismatches

03 Train & Cross-Train Teams

- ✓ Provide continuing education and cross-training to improve coverage, retention, and understanding of the full cycle



04 Conduct Monthly Cash Flow Reviews

- ✓ Analyze trends in collections, aging, and denial resolution
- ✓ Use insights to target improvements or process redesigns

05 Promote Ownership & Visibility

- ✓ Make results visible with dashboards and transparent data sharing
 - Dashboards: Power BI, Google Data Studio, Excel
- ✓ Encourage accountability through individual and team goals

Remember: Cash optimization starts with aligned teams, proactive processes, and a culture of accountability at every level of the RCM cycle.



Best Practices for Ensuring Accountability with Outsourced RCM Partners

Outsourcing parts of your revenue cycle doesn't mean handing over control. It means setting clear expectations, maintaining visibility, and fostering strong communication to ensure alignment and performance.

< > Coding

- ✓ Are charts being coded within the expected turnaround time?
- ✓ Are coders staying up to date with the latest payer guidelines and CPT/ICD changes?
- ✓ How often are coding audits conducted? What are the error rates?
- ✓ What is the denial rate due to coding-related issues?
- ✓ Are documentation gaps being reported to the clinical team?



Billing

- ✓ Are claims being submitted within 24–48 hours of coding completion?
- ✓ What percentage of claims are rejected on first submission?
- ✓ How is eligibility verification being communicated between billing and front-end?
- ✓ Are claims scrubbed accurately for payer-specific requirements?



Payment Posting

- ✓ Are payments posted within 48 hours of receipt?
- ✓ How often are credit balances reviewed and resolved?
- ✓ Are underpayments identified and escalated for follow-up?
- ✓ Is posting accurate (right patient, right CPTs, right adjustments)?



A/R Follow-Up

- ✓ What percentage of follow-up tasks are completed weekly?
- ✓ How are aged claims (especially 90+ days) being prioritized?
- ✓ Are high dollar balances being worked timely and aggressively?
- ✓ Are claim status notes clear, timely, and actionable?
- ✓ What is the resolution rate for denied or appealed claims?



Best Practices for Ensuring Accountability with Outsourced RCM Partners Cont.



General Accountability Questions

- ✓ What KPIs are we using to measure success for this role?
- ✓ Are reports being submitted regularly? Do they show improvement?
- ✓ What proactive steps has the team taken to reduce denials or improve collections?
- ✓ Who is the point person for escalation and follow-up?



Communication

- ✓ Define success metrics (e.g., days in AR, denial rates, first-pass resolution).
- ✓ Ensure they understand your goals and processes.
- ✓ Schedule recurring check-ins (weekly or bi-weekly).
Use these to:
 - Review performance dashboards
 - Discuss trends, red flags, or delays
 - Align on upcoming priorities



Build a Communication Feedback Loop

- ✓ Make it easy for staff to report issues with outsourced partners.
- ✓ Ensure the outsourced team is responsive to calls, emails, and EMR notes.
 - Set expectations
- ✓ Document all communication and follow-up in shared systems.



Hold Quarterly Reviews

- ✓ Take a deeper dive into long-term trends, gaps, and wins.
- ✓ Use these to **reset expectations**, realign strategies, and strengthen the relationship.

