

Medical billing workflow

Use one defined queue. Assign an owner and retain completion evidence.

01 Register the patient

Checked patient and insurance details

02 Verify eligibility

Dated response and coverage exceptions

03 Track authorization and estimates

Status, limits and patient communication

04 Document and code

Complete record and approved codes

05 Capture and check charges

Reconciled encounter and resolved edits

06 Submit and confirm acceptance

Claim ID and acceptance response

07 Review adjudication

Payment, denial or pending status

08 Post and reconcile

Remittance, funds and ledger agree

09 Resolve denials and unpaid claims

Reason, owner, next action and deadline

10 Bill patients and review causes

Validated balance and prevention changes

Exceptions return to the responsible stage. Administrative work does not transfer care authority.

20 point billing control audit

Mark Yes, Partial, No or N/A. Retain evidence separately. Do not enter patient information.

Queue _____ Period _____ Owner _____

- 01 Patient identifiers and payer details are checked against current information. _____
- 02 Eligibility evidence includes the service date and response date. _____
- 03 Benefits, payer order and unresolved coverage questions are recorded. _____
- 04 Authorization requirements, status, dates and units are visible where applicable. _____
- 05 Patient estimates are explained and identified as estimates. _____
- 06 Documentation queries have a clinical owner and remain visible. _____
- 07 Coding uses the applicable release and has a defined review path. _____
- 08 Completed encounters are reconciled to captured charges. _____
- 09 Claim edits and possible duplicates are resolved before release. _____
- 10 Submission identifiers and acceptance or rejection responses are retained. _____
- 11 Pending claims have a next action date and an accountable owner. _____
- 12 Denial reasons and filing or appeal deadlines are recorded. _____
- 13 Corrections and appeals follow payer-specific rules. _____
- 14 Remittances, received funds and posted payments are reconciled. _____
- 15 Underpayments, unapplied cash and credit balances are assigned. _____
- 16 Refunds and write-offs require the appropriate approval. _____
- 17 Patient statements reflect a validated responsibility amount. _____
- 18 Access, approved locations and applicable agreements are documented. _____
- 19 KPI denominators, periods and exclusions are written down. _____
- 20 Repeat errors result in a documented process change and follow-up review. _____

Priority actions _____

Billing control scorecard

Set local definitions and targets. These are working metrics, not universal benchmarks.

Queue _____ Period _____ Owner _____

Eligibility completed on time

Scheduled visits with completed required checks before cutoff / visits requiring checks x 100

Baseline _____ Current _____ Denominator or sample _____ Action _____

First-pass acceptance

Original claims accepted at the named stage without correction / original claims submitted at that stage x 100

Baseline _____ Current _____ Denominator or sample _____ Action _____

Initial denial rate

Unique claims with any denied line at first adjudication / unique claims first adjudicated in the cohort x 100

Baseline _____ Current _____ Denominator or sample _____ Action _____

Denial recovery by dollars

Cash attributable to resolved denials / initially denied collectible dollars in the same matured cohort x 100

Baseline _____ Current _____ Denominator or sample _____ Action _____

Days in AR

Ending net patient-service AR / average daily net patient-service revenue

Baseline _____ Current _____ Denominator or sample _____ Action _____

AR older than 90 days

AR balance more than 90 days old / total AR balance on the same basis x 100

Baseline _____ Current _____ Denominator or sample _____ Action _____

Payment posting accuracy

Sampled postings without defined errors / all postings in the sample x 100

Baseline _____ Current _____ Denominator or sample _____ Action _____

Rework hours

Total staff minutes on corrections and repeat touches / 60

Baseline _____ Current _____ Denominator or sample _____ Action _____

Keep periods and measurement stages consistent. Report unresolved balances and missing data.
The article supplies exclusions, population notes and the rework model. Use current payer requirements.