CLEARLINE HEALTHCARE CONSULTING

Revenue Cycle Leakage Scorecard

A 25-question self-assessment that shows where your practice or facility is most likely losing earned revenue.

A free resource from Clearline Healthcare Consulting. Educational information only; see the notice inside.

How to use this scorecard

Revenue leaks when work that should happen once, correctly, happens late, incompletely, or not at all. Most leakage sits in five places: the front end, charge capture and coding, claim submission, denials, and payment follow-up.

This scorecard has five short sections of five statements each. It takes about 15 minutes. Be honest: the point is to find gaps, not to get a high score.

Scoring

Score	Meaning
2	Yes. We do this consistently, it is written down, and someone owns it.
1	Sometimes. We do this, but it is inconsistent or depends on one person.
0	No, or we do not know.

> **Tip:** If you cannot answer a statement with confidence, score it 0. Not knowing is itself a finding, because you cannot fix what you do not measure.

Stage 1: Front end (before the visit)

#	Statement	Score (0-2)
1	We verify insurance eligibility and benefits before every scheduled visit, not at check-in.	_____
2	We know which services need prior authorization for each major payer and check before scheduling.	_____
3	Registration data (name, DOB, member ID, payer, guarantor) is validated against the insurance card at every visit.	_____
4	We give patients a cost estimate and collect copays and known balances at or before the time of service.	_____
5	Uninsured and self-pay patients receive a written good faith estimate within the required timeframe.	_____
	Section total (out of 10)	_____

Stage 2: Charge capture and coding

#	Statement	Score (0-2)
6	Every billable service is captured within 24 to 48 hours of the visit.	_____
7	Providers document in enough detail to support the codes billed (medical necessity, time, laterality, severity).	_____
8	Coding is reviewed against current ICD-10-CM, CPT and HCPCS code sets and current payer edits before claims go out.	_____
9	We audit a sample of coded encounters on a regular schedule and feed results back to providers.	_____
10	Modifier use (for example 25, 59, 26/TC) follows written internal rules rather than individual habit.	_____
	Section total (out of 10)	_____

Stage 3: Claim submission

#	Statement	Score (0-2)
11	Claims pass a scrubber or edit check before submission.	_____
12	We track the share of claims accepted on first submission and review it monthly.	_____
13	Clearinghouse rejections are worked the same day they arrive.	_____
14	We know each payer's timely filing limit and monitor claims approaching it.	_____
15	Secondary and tertiary claims are billed automatically once the primary pays.	_____
	Section total (out of 10)	_____

Stage 4: Denials and appeals

#	Statement	Score (0-2)
16	Every denial is logged with its reason code (CARC/RARC) and payer.	_____
17	We review denial trends by reason, payer and provider at least monthly.	_____
18	Appeals are filed on a written workflow with a named owner and payer-specific deadlines.	_____
19	Root causes (registration, coding, authorization, documentation) are fixed upstream, not just reworked.	_____
20	We track appeal outcomes so we know which denial types are worth appealing.	_____
	Section total (out of 10)	_____

Stage 5: Payments and A/R

#	Statement	Score (0-2)
21	Payments and remittances (ERA/EOB) are posted within one to two business days.	_____
22	We compare payments to contracted rates and flag underpayments.	_____
23	We review A/R aging by payer at least monthly and work the oldest balances first.	_____
24	Patient statements go out on a regular schedule, and patients have easy ways to pay.	_____
25	Credit balances and refunds are identified and resolved within required timeframes.	_____
	Section total (out of 10)	_____

Your results

Step 1: Record your section totals

Section	Your score (0-10)
1. Front end	_____
2. Charge capture and coding	_____
3. Claim submission	_____
4. Denials and appeals	_____
5. Payments and A/R	_____
Overall (out of 50)	_____

Step 2: Read your overall score

Overall	Reading	What it usually means
40 to 50	Strong foundation	Core processes are in place. Look for gains in measurement, payer-specific rules and underpayment detection.
28 to 39	Leaking in spots	Some stages work and others depend on individuals. Fix the lowest sections first; small changes often free up meaningful cash.
15 to 27	Significant leakage likely	Several stages lack consistent process or ownership. A structured assessment will usually surface quick wins.
0 to 14	Major gaps	Revenue is probably being lost at multiple stages. Start with the front end and denial tracking, since they drive everything downstream.

Step 3: Focus on your lowest section

Any section scoring 6 or lower deserves attention first. Here is where to start in each:

If this section is low	Start here
Front end	Build a pre-visit checklist: eligibility, authorization requirement, estimate, and copay collection. Track the errors caught before visits.
Charge capture and coding	Pull 20 recent encounters and compare documentation, codes billed and charges captured. Note every mismatch and who owns it.

Claim submission	Measure first-pass acceptance and rejection turnaround. Set a same-day rule for rejections.
Denials and appeals	Log every denial by reason code and payer for 30 days. The top three reasons are your work list.
Payments and A/R	Age your A/R by payer. Identify the oldest large balances and assign an owner to each.

Common targets to compare against

Targets vary by specialty, payer mix and size, so treat these as conversation starters rather than standards. Many revenue cycle teams track: the share of claims accepted on first submission, denial rate by payer, days in A/R, net collection rate, and the percentage of A/R older than 90 days. If you do not track them today, start with the first two.

Want a professional read on your results?

Clearline's Revenue Cycle Assessment reviews your workflows, claim and denial data, and payer mix, and gives you a prioritized action plan.

Learn more at clearlinehealthcareconsulting.com

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