

# Implementation & QA Checklists

*Step-by-Step Verification Tools for RCM Operations*

Revenue Optimization & Intelligence | [revenueoptimizationandintelligence.com](https://revenueoptimizationandintelligence.com)

---

## Table of Contents

---

1. New Payer Setup Checklist
2. Authorization Implementation Checklist
3. Denial Management Program Launch Checklist
4. Claim Submission QA Checklist
5. Appeals Process QA Checklist
6. Monthly A/R Review Checklist
7. Daily A/R Checklist — RCM Director
8. Weekly A/R Checklist — RCM Director
9. End of Day Checklist — Billing Team

---

# 1. New Payer Setup Checklist

---

	Task	Owner	Due
■	Obtain payer contract and load fee schedule into PMS	Contracting Admin / EHR Admin / Billing Admin	Day 1
■	Configure payer ID in clearinghouse and EHR	Billing Admin	Day 1
■	Set up electronic remittance (835) and EFT enrollment	Billing Admin	Day 3
■	Configure timely filing limits and billing rules in claim scrubber	Billing Admin	Day 3
■	Set up real-time eligibility (270/271) with payer	Billing Admin	Day 5
■	Document authorization requirements by service type	Billing Admin	Day 5
■	Train registration staff on payer-specific requirements	Training Team	Day 7
■	Submit test claims and confirm adjudication	Billing	Day 10
■	Establish payer contact directory (EDI, auth, appeals)	Billing Admin	Day 10
■	Schedule 30-day post-go-live claim performance review	RCM Director	Day 30

## 2. Authorization Implementation Checklist

	Task	Owner	Due
■	Build payer-specific auth requirement matrix by CPT/service line	RCM Director / Billing Admin / Auth Lead	Week 1
■	Configure auth alerts in EHR for services requiring prior auth	RCM Director / Billing Admin / Auth Lead	Week 1
■	Establish auth tracking log / module in EHR or auth system	RCM Director / Billing Admin / Auth Lead	Week 1
■	Create payer portal access accounts for auth team staff	RCM Director / Billing Admin / Auth Lead	Week 1
■	Document auth submission timelines by payer (e.g., 48 hrs prior)	RCM Director / Billing Admin / Auth Lead	Week 2
■	Build auth renewal workflow for ongoing/recurring services	RCM Director / Billing Admin / Auth Lead	Week 2
■	Train scheduling staff on auth trigger points	Training Team	Week 2
■	Define escalation path for urgent/expedited auth needs	RCM Director / Billing Admin / Auth Lead	Week 2
■	Implement auth denial tracking and report monthly overturn rate	Analytics Team	Week 3
■	Set KPI targets: auth TAT, auth denial rate, overturn rate	RCM Director	Week 3

### 3. Denial Management Program Launch Checklist

	Task	Owner	Due
■	Map denial categories to CARC/RARC codes in practice management	RCM Director / Billing Admin	Week 1
■	Configure denial work queues by category and payer	RCM Director / Billing Admin	Week 1
■	Assign denial ownership by category (auth, coding, clinical, etc.)	RCM Director / Billing Admin	Week 1
■	Build denial trending report (daily/weekly by payer + CARC)	Analytics Team	Week 2
■	Establish appeal templates by top-5 denial reason	Billing Mgr	Week 2
■	Set appeal submission SLA (target: within 5 business days)	RCM Director	Week 2
■	Implement appeal tracking log with deadline monitoring	Billing Mgr	Week 2
■	Schedule weekly denial huddle with billing and clinical leaders	RCM Director	Week 3
■	Define escalation path: supervisor > director > payer rep	RCM Director	Week 3
■	Set 90-day program performance targets and baseline current state	RCM Director	Week 3

## 4. Claim Submission QA Checklist

Apply this checklist before submitting high-dollar claims and as part of periodic random audits.

	Task	Owner	Due
■	Patient demographics match insurance card and EOB on file	Biller	Pre-submit
■	Correct payer ID used on claim form (Box 1a / Loop 2010B)	Biller	Pre-submit
■	NPI(s) correct for billing and rendering provider	Biller	Pre-submit
■	ICD-10-CM codes valid and sequenced correctly (primary diagnosis first)	Coder	Pre-submit
■	CPT/HCPCS codes match services documented in medical record	Coder	Pre-submit
■	Modifiers applied correctly and supported by documentation	Coder	Pre-submit
■	Authorization number included (if required by payer)	Biller	Pre-submit
■	Claim total matches itemized charges	Biller	Pre-submit
■	Timely filing deadline confirmed and claim within window	Biller	Pre-submit
■	Clearinghouse scrubber shows 0 errors before transmission	Biller	Pre-submit

## 5. Appeals Process QA Checklist

	Task	Owner	Due
■	Appeal deadline confirmed and noted on account	Appeals Spec	Pre-send
■	Correct appeal address/fax/portal confirmed (not claim address)	Appeals Spec	Pre-send
■	Denial reason identified and appeal argument matched to reason	Appeals Spec	Pre-send
■	All supporting documentation attached and listed in enclosure list	Appeals Spec	Pre-send
■	Appeal letter includes: patient name, DOB, member ID, claim #, DOS	Appeals Spec	Pre-send
■	Physician attestation or P2P scheduled (for clinical denials)	Physician	Pre-send
■	Appeal submitted via trackable method (certified mail, portal, fax with confirmation)	Appeals Spec	Day of
■	Submission date and method documented in account notes	Appeals Spec	Day of
■	Follow-up date set at 30 days post-submission	Appeals Spec	Day of
■	Outcome documented and denial trending updated upon resolution	Analytics Team	On receipt

## 6. Monthly A/R Review Checklist

	Task	Owner	Due
■	Pull AR aging report segmented by payer and age bucket (30/60/90/120/120+)	Analytics Team	Day 1
■	Review % AR > 90 days vs. prior month and prior year	RCM Director	Day 2
■	Identify top-10 payers by AR balance and review aging trends	Billing Mgr	Day 2
■	Review denial rate by payer (month vs. trend)	Analytics Team	Day 2
■	Audit sample of accounts > 90 days — identify barriers to resolution	Billing Mgr	Day 3
■	Review write-off activity: ensure no premature write-offs	RCM Director	Day 3
■	Confirm all appeals within 30 days of deadline are in progress	Appeals Lead	Day 3
■	Review cash collections vs. prior month and budget	RCM Director	Day 4
■	Present monthly AR dashboard to leadership	RCM Director	Day 5
■	Document action items and assign owners for next 30-day cycle	RCM Director	Day 5

## 7. Daily A/R Checklist — RCM Director

This checklist is designed to keep the RCM Director informed of daily revenue cycle health. Completing these tasks each morning ensures issues are caught and addressed before they age into larger problems.

	Task	Owner	Due
■	Review previous day's claim submission volume vs. expected — flag gaps	RCM Director	AM
■	Review clearinghouse rejection report — confirm all rejections are being worked	RCM Director	AM
■	Check ERA/EOB posting status — confirm prior day's remits are fully posted	RCM Director	AM
■	Review denial queue volume — confirm no surge vs. prior 7-day average	RCM Director	AM
■	Confirm appeals approaching deadline (within 5 business days) are in queue	RCM Director	AM
■	Review accounts flagged for timely filing risk — confirm action is assigned	RCM Director	AM
■	Check payer portal for any outstanding requests for information (RFIs)	RCM Director	Mid-day
■	Review same-day cash posting totals vs. prior day — flag significant drops	RCM Director	Mid-day
■	Confirm billing team worklists are active and accounts are being touched	RCM Director	Mid-day
■	Document any escalations or payer issues for weekly director report	RCM Director	EOD

## 8. Weekly A/R Checklist — RCM Director

Conducted every Monday morning (or first business day of the week), this checklist provides a structured review of the prior week's performance and sets priorities for the week ahead.

	Task	Owner	Due
■	Pull weekly AR aging snapshot — compare to prior week and flag movement in 90+ bucket	RCM Director	Monday AM
■	Review weekly clean claim rate (CCR) — investigate if below 95% threshold	RCM Director	Monday AM
■	Review weekly denial rate by payer — flag any payer with > 5% increase week-over-week	RCM Director	Monday AM
■	Review prior week's cash collections vs. weekly target — identify shortfalls	RCM Director	Monday AM
■	Review appeal submissions from prior week — confirm volume and deadlines are on track	RCM Director	Monday AM
■	Review unworked denial queue — confirm no accounts sitting > 5 business days	RCM Director	Monday AM
■	Audit 5–10 randomly selected accounts in 90+ bucket — assess barriers to resolution	RCM Director	Monday
■	Review prior week's write-off activity — confirm all write-offs were properly approved	RCM Director	Monday
■	Distribute weekly performance summary to billing team with priorities for the week	RCM Director	Monday
■	Identify top 3 denial root causes from prior week and assign corrective action owners	RCM Director	Monday

# 9. End of Day Checklist — Billing Team

This checklist ensures the billing team closes out the day in good standing — no claims left in a rejected state, no remits unposted, and no time-sensitive items unaddressed before the next business day begins.

	Task	Owner	Due
■	Confirm all claims batched today have been transmitted — no stuck batches in queue	Biller	EOD
■	Review clearinghouse dashboard — confirm 0 unresolved rejections from today's batch	Biller	EOD
■	Post all ERAs/EOBs received today — no unposted remits left open overnight	Biller	EOD
■	Work all claims that received a rejection today — resubmit or document reason for delay	Biller	EOD
■	Flag any claim approaching timely filing within 10 business days — assign priority	Biller	EOD
■	Confirm all new denials received today are routed to the appropriate work queue	Biller	EOD
■	Verify any payer RFIs (requests for info) received today are logged and assigned	Biller	EOD
■	Confirm all patient balance transactions from today are posted accurately	Biller	EOD
■	Review your personal worklist — confirm all due-date items for today are completed or escalated	Biller	EOD
■	Note any payer issues, system errors, or unresolved items in the team log for director visibility	Biller	EOD