REVENUE CYCLE MANAGEMENT · SELF ASSESSMENT TOOL

HARRIS CareTracker

The RCM Denial Prevention Scorecard

Score your operation against20 bestpracticebenchmarks and find out exactly where you are losing revenue before you ever write an appeal.

86 to 90%

of all claim denials are entirely preventable

$262B

lostannuallytoclaim denials across the industry

25%

ofcollectible revenue surrendered byreactive workflows

HOW TO USE THIS SCORECARD

1. Work through each of the five scoring sections and check every item your operation consistently performs
2. Record your points and total your score on the summary page
3. Compare your score against the benchmark tiers to identify your highest priority gaps
4. Use the action planning section to document your top three improvements

CONTEXT

The denial math most RCM companies are getting wrong

Before you score your operation, understand what is actually at stake.

$25 to $118

Pureadministrative costto rework everydeniedclaim before you ever recover a dollar

11.65%

Average initial denial rate across theindustry. More than 1 in9 claims rejected on first pass.

65%

Of denied claims neverrecovered atall when systematic management is absent

RCM companies running reactive denial workflows, chasing rejections after the fact, reworking claims manually, and patching fragmented technology stacks, are operating on borrowed time. On 2 to 4% industry margins, there is no capacity to absorb rework costs that should never have occurred.

The most expensive denials are not coding errors. They are registration and eligibility failures that happen before a claim is ever submitted. Fifty percent of revenue cycle leaders identify missing or inaccurate claim data as the primary denial trigger, and virtually all of it traces back to upstream workflow design failures at patient access.

The gap between reactive RCM operations and proactive ones is not effort. It is architecture. High performers have moved from single point eligibility checks to multi stage verification cadences, from fragmented tool stacks to consolidated platforms, and from anecdotal denial discussions to data driven root cause analysis at scale.

> **The adoption gap is your competitive window.** 67% of providers believe AI can improve claims processes but only 14% actually use it for denial reduction. Among those who do, 69% report significantly improved claim success rates, and high performers see denial rates drop 30 to 40%. This scorecard helps you measure exactly where that gap exists in your own operation.

This scorecard does not measure effort. It measures architecture. Work through each section honestly. The number matters less than the pattern it reveals, and the pattern will tell you precisely where to invest next.

SCORING GUIDE

Your five scoring categories

Eachcategorytargets adistinctlayerof denialpreventionarchitecture. Check every item your operation consistently performs, not occasionally, not when staff remember to.

① Front End Eligibility Verification — 25 pts
Multi stage verification cadence and intake workflow

② Technology Infrastructure — 20 pts
Platformconsolidationandautomation quality

③ Denial Analytics and Root Cause — 20 pts
Pattern identification and systemic correction

④ KPI Performance Standards — 20 pts
Live metricsvs.bestpractice benchmarks

⑤ Workflow Architecture and Staff Design
Process design, escalation paths, and document**1**$_{a}$**5**$_{tio}$ **p**$_{n}$**ts**

Score interpretation

SCORE RANGE	PERFORMANCE TIER	WHAT IT MEANS
0 to 39	Critical Risk	Significant denial revenue leakage. Reactive workflows are compressing margins in ways that may not be visible yet but will be.
40 to 59	At Risk	Partial prevention infrastructure exists but gaps are costing you. Without architectural improvement, denial rates will compound.
60 to 79	Developing	Strong foundation. Targeted improvements in your lowest scoring categories will produce measurable margin gains.
80 to 100	High Performer	Best practice architecture in place. Focus shifts to optimization, AI integration, and competitive differentiation.

Scoring rule: Only check an item if your operation performs it consistently and systematically, not as an exception. A process that exists in one location but not others, or that relies on one staff member's memory, does not count.

✓ Section 1 · Front End Eligibility Verification

Max 25 pts

Themostexpensivedenialsarepreventablehere,beforeanyclaim is ever submitted

- [ ] **Eligibility is checked at time of scheduling, not only at check in** — 4 pts — 0/4
  Initialcheck establishesacoveragebaselineandcatchesnetworkmismatchesbeforethe appointment is confirmed
- [ ] **Automated 270/271 eligibility transactions run 72 to 48 hours before every visit** — 5 pts — 0/5
  Givesstaff buffer toresolveissueswithoutcancelingappointmentsandgoesbeyondactive or inactive status confirmation
- [ ] **Pre visit verification includes PCP assignments, mental health carve outs, visit caps, and benefit accumulators** — 4 pts — 0/4
  Surfacelevel activeconfirmationis insufficient. Benefit level details are what drive denial prevention.
- [ ] **Secondary eligibility screening runs 24 hours out for high risk segments (Medicaid, exchange plans, employer plans)** — 4 pts — 0/4
  Catches late mid month terminations that the 72 hour check misses
- [ ] **COB order is determined pre visit for every patient with multiple active plans** — 4 pts — 0/4
  COB denialstakemonths to untangle. Identification before serviceis the only efficient solution.
- [ ] **Day of service confirmation includes demographic verification and estimated patient responsibility** — 4 pts — 0/4
  Basedon 72hourverificationdata, not real timereverificationthat slows intake

Section 1 Total **/25**

■ Section 2 · Technology Infrastructure

Max 20 pts

Fragmentedstackscarrya15to20%operationalcostpremium that quietly destroys margins

- [ ] **Eligibility verification, claims management, denial analytics, and appeals are managed in a single integrated platform, not separate point solutions** — **5 pts** 0/5
  Eachdisconnected tool addsreconciliation overhead and creates data gaps that generate denials
- [ ] **Eligibility automation uses real time payer connectivity, not portal scraping RPA that breaks when payers update their interfaces** — **5 pts** 0/5
  Rules basedRPA isbrittle. Payerportal changes cause silent failure and manual reversion.
- [ ] **Exception based workflows automatically escalate verification failures rather than burying them in individual task lists** — **5 pts** 0/5
  Staff should work from exception queues, not check every record manually
- [ ] **AI or predictive analytics are actively used for denial prediction or claims scrubbing, not just as a feature in a product you own** — **5 pts** 0/5
  67% believe AIhelps butonly14% use it. Thosewho do see 30 to40%denial rate reduction.

Section 2 Total **/20**

■ Section 3 · Denial Analytics and Root Cause

Max 20 pts

Mature operations engineer denials out. They do not chase them.

- [ ] **Denials are tracked by payer, provider, location, and denial code, not just totals** — 5 pts — 0/5
  Patternidentificationacrossdimensionsiswhatseparatessystemiccorrectionfromclaimby claim firefighting
- [ ] **A formal root cause process (Five Whys or equivalent) is used when denial patterns emerge, not just when clients complain** — 5 pts — 0/5
  Root causeanalysistargetsprocessfailures,notstaffperformance.Thefixmustaddress the system.
- [ ] **Denial trend data is reviewed on a regular cadence (weekly or monthly), not pulled reactively when a metric spikes** — 5 pts — 0/5
  Reactive reviews miss earlystage trendsbeforethey becomemargin events
- [ ] **Denial insights are shared with clients in a structured format, not just reported as a denial rate percentage** — 5 pts — 0/5
  Data drivenclientreportingis aretentionanddifferentiationtool, not just an operational requirement

Section 3 Total **/20**

■ Section 4 · KPI Performance Standards

Max 20 pts

Thesefivemetricsdeterminewhetheryouroperationcansustain small practice economics

☐	**Clean claim rate exceeds 95% (% of claims paid on first submission)**	**4 pts**	0/4
☐	**Denial rate is below 5% (top performers hit under 2%)**	**4 pts**	0/4
☐	**Days in A/R are under 40 (above 60 signals systematic follow up breakdown)**	**4 pts**	0/4
☐	**Net collection rate exceeds 95% (% of contractually allowed revenue actually collected)**	**4 pts**	0/4
☐	**Cost to collect is 3 to 5% (above 7% signals fragmentation or rework driven overhead)**	**4 pts**	0/4

Section 4 Total **/20**

■ Section 5 · Workflow Architecture and Staff Design

Max 15 pts

Theinfrastructureunderyourstaffdetermineswhethertheireffortcompoundsor leaks

☐ **Front desk staff are trained to treat check in as a revenue checkpoint, not a greeting and copay collection step** — **5 pts** 0/5

Clinical urgency pressureis acknowledgedand offset by clear workflow protocols, not ignored

☐ **Insurance card data is electronically verified. Physical card acceptance without 270/271 confirmation is not permitted.** — **5 pts** 0/5

Cards are static snapshots. Coverage may have terminated since the card was printed.

☐ **Secondary insurance is actively collected and COB position is confirmed at every encounter for applicable patients** — **5 pts** 0/5

Skipping secondaryinsuranceinquiryisapersistentrootcause.Itmustbearequired workflow step.

Section 5 Total **/15**

YOUR RESULTS

Score summary and benchmark comparison

Total your section scores below, then compare your KPIs against industry best practice.

Section totals

Section 1 · Eligibility Verification	__ / 25
Section 2 · Technology Infrastructure	__ / 20
Section 3 · Denial Analytics and Root Cause	__ / 20
Section 4 · KPI Performance Standards	__ / 20
Section 5 · Workflow Architecture	__ / 15
TOTAL SCORE	__ / **100**

What your score means

0 to 39 · Critical Risk *Act now*

Denial revenue leakage is material. Reactive workflows are compressing margins that may not recover without structural change.

40 to 59 · At Risk *Prioritize*

Prevention infrastructure exists in parts. Gaps in your lowest scoring sections are costing measurable margin right now.

60 to 79 · Developing *Optimize*

Strong foundation. Targeted investment in gap areas will produce compounding margin improvement within 6 months.

80 to 100 · High Performer *Differentiate*

Best practice architecture in place. Competitive edge comes from AI integration and client facing analytics programs.

KPI benchmark comparison: enter your live numbers

METRIC	BEST PRACTICE	WARNING THRESHOLD	YOUR CURRENT NUMBE
Clean Claim Rate	**> 95%**	**Below 90%**	Enter %
Denial Rate	**< 5% (elite: <2%)**	**Above 10%**	Enter %
Days in A/R	**< 40 days**	**Above 60 days**	Enter days
Net Collection Rate	**> 95 to 96%**	**Below 90%**	Enter %
Cost to Collect	**3 to 5% of revenue**	**Above 7%**	Enter %

NEXT STEPS

Your priority action plan

Lookat your threelowestscoring sections.Your highest priority actions come from the items you did not check in those sections, not the ones you already have in place.

Priority 1: My highest impact gap (from my lowest scoring section)

What specific item did I miss? What would need to change to check this box? Who owns it?

1

2

3

Priority 2: Second highest gap and estimated revenue impact

Where is this gap costing you most? Can you attach a dollar estimate to the rework volume it is generating?

1

2

3

Priority 3: The gap I can close fastest with existing resources

Not every gap requires new technology. What process, training, or workflow change could move the needle in 30 days?

1

2

3

A note on the architecture question

Most of the items on this scorecard do not require more staff hours. They require better infrastructure under the staff you have. Automated eligibility triggers, real time payer connectivity, and exception based escalation workflows are what allow small RCM teams to operate at a standard that protects both your margins and your clients. Before investing in headcount or training, ask whether the system is designed to support the outcome you are targeting.

READY TO CLOSE THE GAP?

Your score is a starting point. What you do next is what matters.

Most RCM companies that score in the 40 to 60 range do not have a people problem. They have an architecture problem: fragmented tools, reactive workflows, and eligibility verification that stops one step too early. Those are fixable. Let's talk through what your score revealed and what a targeted infrastructure improvement looks like for your operation.

Review your scorecard results with a revenue cycle architect who can benchmark your numbers against comparable operations

Understand what consolidated RCM infrastructure looks like operationally and what the margin math looks like at your current claim volume

Get a clear eyed view of what payer AI advancement means for manual RCM workflows over the next 18 months

This scorecard is intended for RCM operational self assessment purposes.

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