



RCM Self-Assessment & Audit Readiness

Quick practice diagnostic • General consulting resource

Complete this checklist using information available to your organization. Do not include patient PHI or credentials.

01 PRACTICE PROFILE

Organization / practice name

Primary specialty

Contact / title

Assessment date

02 OPERATIONAL READINESS

MEASURE / REVIEW AREA	CURRENT STATUS	ACTION / OWNER
Eligibility verified before service	☐ Yes ☐ No ☐ N/A	_____
Charge capture and reconciliation performed	☐ Yes ☐ No ☐ N/A	_____
Coding and documentation QA performed	☐ Yes ☐ No ☐ N/A	_____
Claim edits / rejections monitored	☐ Yes ☐ No ☐ N/A	_____
Denial root causes categorized	☐ Yes ☐ No ☐ N/A	_____
A/R aging and follow-up tracked	☐ Yes ☐ No ☐ N/A	_____
Payer underpayments reviewed	☐ Yes ☐ No ☐ N/A	_____
Refunds / credit balances monitored	☐ Yes ☐ No ☐ N/A	_____
Audit trail and access controls maintained	☐ Yes ☐ No ☐ N/A	_____

03 PRIORITY IMPROVEMENT OPPORTUNITIES

- ☐ Patient access / registration ☐ Coding / documentation
- ☐ Claims and denials ☐ A/R collections
- ☐ Payer reimbursement ☐ Compliance / audit readiness

04 BASELINE INDICATORS (IF AVAILABLE)

Net collection rate / period

Initial denial rate / period

Days in A/R / period

A/R over 90 days / period

05 NEXT STEP

Top concern / desired outcome: _____

☐ Request a discovery consultation ☐ Request an independent audit ☐ Internal use only

Prepared by: _____ Date: _____