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A PRACTITIONER'S AUDIT

The Payment Posting Series

Payment Posting *Audit Checklist*

The fourteen-point framework physician practices use to find the revenue quietly leaking through their posting workflow — before month-end becomes a fire drill.

14	04	80+
AUDIT CHECKPOINTS	RISK CATEGORIES	PRACTICES AUDITED

From the desk of Dr. Heather Signorelli

FOUNDER · NATREVMD

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A NOTE BEFORE YOU BEGIN

Why a checklist *this specific?*

Most billing audits stop at the surface — coding accuracy, denial rates, days-in-AR. Useful, but rarely the place where revenue actually leaks. After auditing payment posting across more than eighty independent medical practices, we kept finding the same four patterns hiding underneath the dashboards: posting drift, adjustment-code misuse, take-backs nobody flagged, and the absence of a single person owning the work end-to-end.

What you're holding is the framework we use on every engagement. It is not theoretical. It is what we'd hand a partner who asked, "*Where would you start if it were your money?*"

Print it. Hand it to your biller. Tally up the gaps. If you find more than four red flags, you almost certainly have six figures of recoverable revenue sitting in plain sight. If you find fewer, you have a posting team worth keeping — and a story worth telling.

Either way, we'd love to hear what you find.

Heather Signorelli, MD

FOUNDER · NATREVMD · PRACTICING PHYSICIAN & RCM OPERATOR

IN THIS ISSUE

Fourteen checkpoints, *four risk areas.*

The Audit

After the Audit

HOW TO RUN THIS AUDIT

i. **Print the four category pages.** Hand them to whoever owns posting at your practice. Ask them to mark each checkpoint Green, Yellow, or Red — honestly.

ii. **Pull a recent month's reports** — payment posting log, AR aging, EOB-to-ERA reconciliation. Use them as evidence against each checkpoint.

iii. **Tally the red flags.** Four or more? You almost certainly have six figures sitting recoverable in plain sight. One to three? You have specific fixes worth running this quarter.

iv. **Decide your next step.** Run the fixes in-house, send Lucy a question, or book a fifteen-minute walkthrough with Heather.

01 Reconciliation

RISK AREA ONE

The daily and monthly checks that catch mismatches between what was deposited, what was remitted, and what was actually applied to claims. This is where most posting errors first surface — and where most teams stop looking too soon.

CHECKPOINT 1.1 Daily *deposit-to-remit* reconciliation

HEALTHY

Bank deposit ties to ERA total within 24 hours, every day, and any variance is documented and resolved before the next posting cycle.

RED FLAG

Reconciled "monthly" — meaning never. Variances roll into a "miscellaneous" bucket nobody reviews until tax season.

DO THIS

Set up a 15-minute morning ritual: deposit log, ERA log, and a one-line variance note. Three weeks of doing it surfaces every leak.

CHECKPOINT 1.2 Suspense / *dump account* audit

HEALTHY

Dump-account balance is reviewed weekly. Anything older than 14 days has a documented reason and an owner.

RED FLAG

Six-figure suspense balance. "We post the easy stuff and stack the rest." Quietly costs the practice an entire FTE worth of revenue per year.

DO THIS

Run a suspense aging report. Anything >30 days, work-list it. Anything >90, escalate to ownership. Stop the bleeding before adding new processes.

CHECKPOINT 1.3 EOB-to-ERA *matching workflow*

HEALTHY

Every paper EOB is matched to its ERA equivalent before posting. Discrepancies trigger a review, not an override.

RED FLAG

Posters trust whichever document arrives first. Underpayments hide in the spread between paper and electronic.

DO THIS

Build a matching SOP in writing — even a one-page document. Audit a 5-claim sample weekly until the match rate is 100%.

02 RISK AREA TWO

Adjustment *Integrity*

Every adjustment code tells a story. When your posters use the wrong code — or worse, default to a generic "miscellaneous" — your AR report turns into fiction and your denial team loses its workload.

CHECKPOINT 2.1 Adjustment *code accuracy* review

HEALTHY

Every CARC/RARC code is mapped to a specific business action. CO-45 means contractual; PR-1 means deductible; nothing maps to "OA-23" without a follow-up.

RED FLAG

Posters use CO-45, PR-1, and OA-23 interchangeably. Denials get masked as contractual write-offs and never see the worklist.

DO THIS

Build a CARC/RARC decision tree. Run a 30-day audit of "OA" codes specifically — that's where most of the misuse hides.

CHECKPOINT 2.2 Posting *timeliness* benchmark (48-hour rule)

HEALTHY

95%+ of remits are posted within 48 business hours. Anything older has a flagged reason in the system.

RED FLAG

Average posting lag is 5-10 days. Denials age past timely-filing windows before anyone touches them.

DO THIS

Pull a 30-day timestamp report — remit date vs post date. Anyone with >5-day average needs a workflow review, not a performance review.

CHECKPOINT 2.3 Patient responsibility *transfer accuracy*

HEALTHY

PR balances transfer to patient AR same-day, with statement triggers configured. Deductibles never sit in insurance AR.

RED FLAG

Patient balances stuck in insurance AR for weeks. Statements don't go out until "someone gets to it." Self-pay revenue collected at 40-60%.

DO THIS

Audit the gap between PR transfer and first statement. Should be ≤7 days. Anything beyond that is hard cash you're loaning patients interest-free.

CHECKPOINT 2.4 Denial-as-adjustment *red flag scan*

HEALTHY

Denials and contractual adjustments are categorically different in the system. A denial enters the worklist; an adjustment closes the line.

RED FLAG

Reported denial rate is suspiciously low (under 4%). Translation: denials are being silently written off as adjustments — and the denial team is starved.

DO THIS

Run a "denial vs adjustment" classification audit. Sample 50 zero-pay lines and verify their categorization. Expect 10-25% misclassification on first audit.

RISK AREA THREE

03 Variance & *Take-Backs*

Underpayments, overpayments, and recoupments that get posted but never flagged. Each one is a denial in disguise — and most practices have no system to surface them.

CHECKPOINT 3.1 Take-back / *recoupment* tracking

HEALTHY

Every take-back generates a worklist task. Original claim is reviewed for legitimacy; appealed within timely-filing if invalid.

RED FLAG

Take-backs post silently — money disappears from a future remit and nobody investigates. Payers learn this and recoup more aggressively.

DO THIS

Configure a take-back report by payer. Run it weekly. Anything >$500 gets a manual claim review before it's accepted as final.

CHECKPOINT 3.2 Refund & *credit balance* triggers

HEALTHY

Credit balances reviewed within 30 days. Refunds processed by source (insurance vs patient) with documented reason.

RED FLAG

Six-figure credit balance sitting unprocessed. Compliance risk (state escheat laws) plus a hidden indicator of duplicate posting upstream.

DO THIS

Pull aged credit balance >90 days. If >1% of monthly revenue, you have a posting workflow problem, not a refund problem. Fix the source.

CHECKPOINT 3.3 Secondary claim *auto-trigger* check

HEALTHY

Primary EOB triggers automatic secondary submission within 5 business days. Crossover claims tracked separately by payer.

RED FLAG

Secondary claims sit in queue until "someone has time." Most age past payer windows (typically 90-180 days). Pure leakage.

DO THIS

Audit a sample of Medicare/MA primary claims — what % had secondaries filed within 30 days? Should be >90%. If not, this is a top-3 fix.

04 RISK AREA FOUR

Process & *Accountability*

The roles, the rules, and the timing. Who posts. When they post. What gets escalated. Without this layer, even the best technical checklist falls apart inside three months.

CHECKPOINT 4.1 Month-end close *reconciliation* steps

HEALTHY

Documented close checklist. Same person owns close every month. Variance <0.5% between posted revenue and bank deposits.

RED FLAG

Month-end close is a forensic project — three days, multiple people, "where's that deposit from?" emails flying around.

DO THIS

Time-track the next two close cycles. Anything over 8 hours total signals a daily-reconciliation gap, not a month-end problem.

CHECKPOINT 4.2 All-aging *cross-validation*

HEALTHY

AR aging by payer ties to GL revenue ties to bank receipts. Three-way match runs monthly with a documented owner.

RED FLAG

Different reports tell different stories. Owner sees different numbers each week. Trust in data erodes; decisions get made on gut.

DO THIS

Lock the canonical "source of truth" report this month. Document who runs it, when, and what resolution looks like for variance.

CHECKPOINT 4.3 AR-aging *bucket ownership*

HEALTHY

AR aging buckets are reviewed weekly. Anything >90 days has an owner, an action, and a documented end-state.

RED FLAG

AR aging is reviewed quarterly. The 90+ bucket is "the graveyard" — everyone knows it's bad, nobody owns the cleanup.

DO THIS

Assign one person ownership of 60-90 day bucket. Their only job: keep that bucket under 8% of total AR. Track weekly.

CHECKPOINT 4.4 Posting *role and accountability* map

HEALTHY

One named human owns posting end-to-end. Backup is documented. Quality reviews happen monthly with a written rubric.

RED FLAG

"Whoever has time posts." No documented owner. When the lead poster goes on vacation, work stops or quality crashes.

DO THIS

Name the owner this week. Define what "good posting" looks like in 5 bullet points. Do a 30-minute quality review monthly. That's it.

READING YOUR RESULTS

You've found the leaks. *Now what?*

Tally the red flags from the four chapters above. The number tells you both the size of the opportunity and the right next move. There is no wrong answer — only different starting points.

0–3

Run the fixes *in-house*

Your team has discipline. The "Do This" prescriptions on each page are enough — work them into your monthly cadence and review again next quarter.

4–7

You have a *specific problem*

A category or two is broken, not the whole system. Send Lucy a question (below) — describe what you found and we'll point you to the highest-leverage fix.

8+

Six figures *in plain sight*

Multiple categories have systemic issues. This is when the 15-minute call with Heather pays for itself ten times over — see the back cover.

??

Not sure where you *landed?*

If your team disagrees on the answers, that disagreement is itself a finding. It usually points straight at Chapter 04 — Process & Accountability.

HAVE A QUESTION WHILE RUNNING THIS?

Send it to *Lucy.*

A specific checkpoint that doesn't fit your setup? A red flag you're not sure how to interpret? Email Lucy directly — she answers personally and will route you to the right person on our team. No form, no funnel.

WRITE TO

lucy@natrevmd.com

REPLY WITHIN 1 BUSINESS DAY

CHAPTER 06 · OPTIONAL

Want a physician to *walk through it* with you?

Fifteen minutes. No slide deck, no sales pitch. Bring your two biggest red flags from this checklist — we'll tell you whether they're worth fixing in-house or whether they're symptoms of something deeper.

WITH THE FOUNDER

Free 15-min Practice Audit

Dr. Heather Signorelli — practicing physician, RCM operator, and founder of NatRevMD. She's audited payment posting at 80+ practices and has very strong opinions about exactly two of the fourteen checkpoints you just reviewed.

BOOK A TIME →

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