FREE GUIDE FOR PRACTICE OWNERS

The Monthly Billing Scorecard

7 numbers your biller or billing company should show you every month, what healthy looks like, and what to do when a number is off.

How to use this scorecard
Once a month, ask whoever runs your billing for the 7 numbers on page 2, in writing. Fill in the "Your number" column and compare it with the healthy range. Any number outside the range is a question worth asking. If you only ever get one number (total collections), that is the first problem to fix.

Why collections alone can fool you

Collections tell you what came in. They do not tell you what should have come in, what is stuck, or what was quietly written off. A practice can see steady collections for months while its AR ages, denials pile up unworked, and money it already earned passes the payer's filing deadline.

By the time collections drop, the problems behind them are usually 60 to 90 days old. The 7 numbers in this scorecard show those problems early, while the money can still be recovered.

What the numbers tell you

Is money coming in fast enough?
Days in AR and AR over 90 days.

Are claims going out right the first time?
Clean claim rate and denial rate.

Is anyone fixing what goes wrong?
Denials worked and overturned.

Are you getting what you are owed?
Net collection rate.

Are problems being prevented?
Eligibility issues caught before the visit.

The 7 numbers

Healthy ranges are common industry targets for most specialties. Your specialty and payer mix can move them a little. The trend from month to month matters more than any single month.

#	Number	What it measures	Healthy	Your number
1	**Days in AR**	Average days from date of service to payment.	Under 40 days. Under 30 is strong.	
2	**AR over 90 days**	Share of outstanding AR older than 90 days.	Under 15 to 20% of total AR.	
3	**Clean claim rate**	Claims accepted and paid on first submission, with no rework.	95% or higher.	
4	**Denial rate**	Share of submitted claims denied by payers.	Under 5 to 10%.	
5	**Denials worked and overturned**	Denials followed up, and how many were paid on appeal or resubmission.	Every denial touched within a week, with dollars recovered reported.	
6	**Net collection rate**	Collected divided by allowed amount after contractual adjustments.	95% or higher. Strong teams reach 98 to 99%.	
7	**Eligibility issues caught before the visit**	Coverage problems found before the appointment: inactive plan, wrong payer, missing authorization.	Any number above zero, reported every month.	

When a number is off

Days in AR rising	Usually a symptom. Check clean claim rate and denial rate first, then look for claims sitting unworked.
AR over 90 days growing	Work the oldest and highest-value claims first, before they pass filing or appeal limits. Look for one payer or one denial reason behind most of it.
Clean claim rate below 95%	Problems start before the claim: eligibility, authorization, registration or coding. Fix the workflow behind the top 3 rejection reasons.
Denial rate above 10%	Sort denials by dollar value, not count. Trace the top reasons to the front desk, documentation or credentialing and fix them at the source.
No count of denials worked	Ask directly. A denial rate shows how many problems arrived. Denials worked shows whether anyone fixed them.

Denial follow-up checklist

Use this to check whether denials are really being worked.

- [ ] Every denial is reviewed within 5 business days of the remittance.
- [ ] The denial reason is recorded for each claim, not just the amount.
- [ ] Correctable claims are fixed and resubmitted, not left in a queue.
- [ ] Appeals include the right documentation and are tracked to a decision.
- [ ] Filing and appeal deadlines are tracked, oldest and highest-value claims first.
- [ ] The top 3 denial reasons are reviewed every month, with a root-cause fix for each.
- [ ] Front desk and providers hear about the fixes that involve them.
- [ ] You get a monthly count of denials worked, overturned and dollars recovered.

8 questions to ask whoever runs your billing

1. Can you send me the 7 numbers in this scorecard every month?
2. How many denials did you work last month, and how many were paid?
3. What are our top 3 denial reasons, and what is being done about each?
4. How much of our AR is over 90 days, and what is the plan for it?
5. Do you check eligibility and authorizations before the visit?
6. Who reviews the biller's work, and how often?
7. If our biller is out or leaves, who covers the work, and how fast?
8. Can I see the work as it happens, or only in a monthly report?

Want someone to own these numbers for you?

DrBillerz places dedicated medical billers, tested on your specialty and EHR, who work inside your existing systems. A dedicated RCM manager reviews their work, and you see claims worked, denials resolved and money posted every day in the DrBillerz client portal. We are not a software company, and you do not change systems.

Start with a free 4-week pilot: drbillerz.com/free-pilot
Or talk to us: (313) 725-9746 | info@drbillerz.com