# **AR Optimization Checklist: A Quick Litmus Test for**

# **RCM Readiness**

### Bottlenecks, Backlogs, Burnout, and Beyond

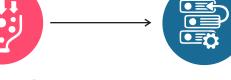
There are a few cold, hard truths about revenue cycle management (RCM) that we can all agree on. One of them is: accounts receivable (AR) doesn't age like fine wine. On the contrary, the longer a claim sits open, the harder and costlier it becomes to collect.

As claims age, critical follow-ups fall behind, your team gets swamped with unnecessary medical records requests and incorrect denials, and before you even know it—your cash flow is gasping for air.

And it doesn't end with a backlog; it snowballs into a full-blown bottleneck that burns out your best people and chips away at your revenue.

Let's break it down:









#### **Bottlenecks**

stem from suboptimal internal processes and inconsistent payer behavior

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#### **Backlogs** result in

delayed payouts at best and lost revenue in most cases

#### **Burnout**

leads to costly errors and revenue leaks, making it a vicious cycle

And all of these combine to choke your cash pipeline.

That's why an AR health check becomes imperative to understand what's stuck, where it's stuck, and why it's stuck—so you can fix it before it hits your bottom line.

It's time you check if you're truly in control of your revenue—or just patching holes. And it starts with evaluating whether your people, process, and technology are working in harmony or not.

No.	Ask Yourself	Yes	No
1.	Are we segmenting AR by aging buckets and <b>prioritizing ROI-and impact</b> -driven claims to collect faster?		
2.	Are we <b>effectively managing rejections and denials</b> , and processing medical record requests within stipulated TATs?		
3.	Is our department <b>adequately staffed and structured</b> to efficiently handle the current claims volume?		
4.	Do we have <b>robust SOPs</b> to reduce rework and delays—and are we regularly updating them based on evolving payer behavior?		
5.	Are we <b>identifying and addressing root causes of denials</b> to prevent recurring issues from piling up?		
6.	Do we have a <b>feedback loop</b> with the front-end team to address recurring issues and prevent revenue leaks?		
7.	Are our <b>appeals templates standardized, data-backed</b> , and proven to overturn denials?		
8.	Are we <b>reviewing key metrics</b> like AR days, denial rate, and cost to collect a claim regularly?		
9.	Do we have robust <b>reporting and analytics</b> in place to flag issues early and respond proactively?		

If you're checking "No" on more than a few – we're here to help bridge the gaps.

Are we leveraging automation and AI to reduce grunt work and resolve

## **Optimizing AR the Smarter Way**

At Jindal Healthcare, we understand AR isn't just about chasing payments—it's about recovering revenue strategically, by plugging revenue leaks and fixing inefficient workflows, to boost reimbursements and cut costs.

By bringing together the trifecta of **people**, **process**, **and technology** into **our RCM services**, we help healthcare providers clear their AR backlogs, fix bottlenecks, maximize revenue, and improve costs—all while reducing their burnout.

# **PEOPLE** Empower. Enable. Elevate.

claims more efficiently?

the number of touches to get your claims paid faster Single-client focus, so they

Seasoned experts minimize

- don't get constantly trained on your dime · Live, onshore support so you
- get your answers fast

## Standardize. Streamline. Scale.

**PROCESS** 



- Custom SOPs aligned to payer policy shifts Root cause analysis and
- feedback-driven workflows to reduce denials and delays Battle-tested appeal
- templates for higher revenue recovery rates

#### Analyze. Act. Accelerate.



- targeted, high-yield collections Decision tree logic to help
- resolve claims faster Intelligent dashboards that
- put KPIs front and center to drive improvements

## The Jindal Healthcare Impact







Let's reclaim your

revenue-faster.

