

RCM CHECKLIST 2026



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As we step into 2026, healthcare organizations continue to face pressure to balance operational efficiency, compliance, and patient satisfaction while navigating new regulatory and payer frameworks.

This checklist helps your team identify gaps, reinforce compliance, and adapt to 2026 requirements with precision. From eligibility verification to payment posting, each step supports faster reimbursements, stronger audit readiness, and smarter automation adoption.

2026 Start-of-Year RCM Quick Reference Checklist

A fast, high-level summary of what to review and set up as you begin 2026.

Scheduling & Eligibility

- Confirm all 2026 benefits, deductibles, and authorizations
- Validate eligibility automation for the new plan year
- Refresh scheduling templates and no-show protocols

Billing & Claims

- Apply all 2026 CMS and payer updates
- Update scrubber rules for new codes and payer logic
- Clear any pending 2025 claims before new-year submission cycles

Coding & Compliance

- Implement all 2026 CPT / HCPCS / ICD-10 changes
- Update documentation templates for new specificity rules
- Review AI/coding audit tools for accuracy going into Q1

Correspondence & AR

- Clear all carryover correspondence from 2025
- Reset AR follow-up queues and priority categories
- Validate forecasting dashboards for Q1 cash flow

Payment Posting

- Confirm auto-posting rules match 2026 payer requirements
- Review reconciliation workflows and timing expectations
- Validate deposit-to-remit workflows for the new year

Patient Responsibility

- Update scripts for 2026 cost-share changes
- Verify payment plans and self-pay workflows
- Refresh digital billing and reminder cadence

Payer Contracts & Credentialing

- Review 2026 fee schedules, renewals, and effective dates
- Confirm provider credentialing status for new-year participation
- Flag any payers requiring updated terms for 2026

Compliance & KPIs

- Set annual targets: AR days, denial rate, clean-claim rate
- Test all compliance alerts and automation rules
- Review payer mix strategy for 2026

Quick Status



Trusted RCM
Partners of
9000+
Providers



100+ Clients
across
25+ States

This quick-glance checklist gives you a simple way to confirm your foundation is set for the new year. If any area needs deeper review or setup, continue to the detailed sections below for step-by-step guidance tailored to your 2026 requirements.

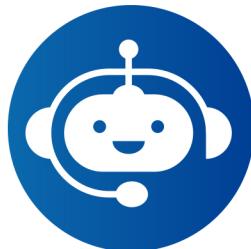
Scheduling Efficiency

Are you optimizing your scheduler to minimize missed revenue opportunities? Ask yourself:

- ✓ Are you using an electronic scheduling system that integrates with your billing platform to track appointments in real time?
- ✓ Are you monitoring no-shows, cancellations, and reschedules, and analyzing the reasons behind them?
- ✓ Are completed appointments being reconciled against submitted charges or claims without delay?
- ✓ Have you reviewed the reasons why cancellations occur, such as workflow gaps, provider availability, or patient factors?
- ✓ Are eligibility checks automated to flag inactive or terminated policies before service is provided?
- ✓ Are your front-desk and scheduling teams verifying benefits and prior authorizations for 2026?
- ✓ Does your workflow confirm in-network status and current payer participation before patient intake?
- ✓ Are your staff trained on updated deductible, copay, and coinsurance verification steps for the new plan year?
- ✓ Is your system using AI or predictive analytics to identify high-risk cancellations and recommend schedule optimization?



1600+
RCM specialists
(AAPC & AHIMA
Certified Coders)



70+RCM
Focused
Bots

Key Action for 2026: Leverage automation and AI-driven eligibility verification to ensure every scheduled visit is financially cleared and improve patient throughput.

Billing Mastery

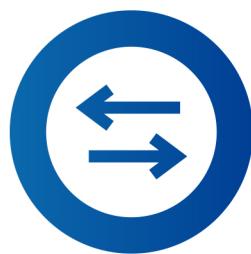
Maximize claims accuracy and prevent revenue leakage by refining every step of your billing workflow:

- ✓ Are all claims submitted within 3 days and electronically processed through your clearinghouse?
- ✓ Are billing teams reviewing 2026 payer and CMS billing guidelines, including rate adjustments and telehealth policy updates?
- ✓ Are missing ERAs/EOBs tracked and automatically reconciled using your billing platform?
- ✓ Are bank deposits and posted payments fully balanced with practice management reports?
- ✓ Have you analyzed 2026 denial trends (coding, documentation, credentialing) and implemented preventive edits?
- ✓ Have you updated fee schedules, encounter forms, and billing templates for 2026?
- ✓ Are you monitoring automated claim scrubber performance for rule accuracy and false edits?
- ✓ Are AI-driven claim validation tools or bots helping detect incomplete data before submission?

Pro Tip for 2026: Integrate AI-assisted claim review to predict denials before submission, benchmark payer behavior, and maintain a 98%+ clean claim rate.



4.5 MN
Number of
Successful
Transactions



>\$2.5+BN
Value
Successful
Transactions

Coding Excellence

Accurate coding remains central to compliant billing and timely reimbursement. Keep your coding processes aligned with 2026 updates to reduce denials and maintain audit readiness:

- Have you reviewed all CPT, HCPCS, and ICD-10 code updates effective in 2026, including those related to telehealth, remote monitoring, and behavioral health?
- Has your team verified that payer systems accurately reflect the 2026 CMS and commercial policy code revisions?
- Are documentation templates updated to meet new specificity and modifier requirements?
- Are AI-driven coding validation tools or audit bots assisting in detecting potential upcoding, undercoding, or mismatched modifiers before claim submission?
- Is your billing system configured to cross-check payer-specific rules and automatically flag inconsistencies?

Take Charge for 2026: Form a coding accuracy task force that reviews payer rule changes quarterly and uses AI-assisted audit reports to maintain compliance and reduce manual rework.

Correspondence

Ensure timely communication handling to prevent claim delays and revenue loss:

- Are all payer correspondences and appeal letters acted on within defined timelines?
- Are clearinghouse and payer mailboxes monitored daily for updates or missing remittances?
- Is every correspondence logged, tracked, and linked to the right claim?
- Is automation used to sort, read, and route payer responses accurately?

Take Charge for 2026: Utilize AI-enabled document processing to classify and route correspondence instantly, thereby reducing manual backlogs and accelerating follow-up



48 Hours
Turn Around
Time



<5%
Denial Rates

AR Follow-Up

Keep cash flow predictable by tightening your follow-up cycle and prioritizing high-value claims:

- ✓ Are all A/R cases categorized by payer, value, and aging for effective follow-up?
- ✓ Are write-offs and collections reviewed and approved within policy timelines?
- ✓ Are denials appealed within 5 days using payer-specific workflows?
- ✓ Is AR aging analyzed monthly to forecast revenue and recovery potential?
- ✓ Have all receivables and deposits been cleared before closing each period?
- ✓ Is automation helping route and prioritize accounts based on claim risk or payer response?

Take Charge for 2026: Utilize AI-assisted AR dashboards to predict claim recovery likelihood and direct your team's efforts where they yield the highest return.

Payment Posting

Ensure accuracy and speed in payment application to maintain financial transparency:

- ✓ Is electronic payment posting enabled for all eligible payers?
- ✓ Are payments applied within 48 hours, and balances validated for accuracy?
- ✓ Are remittances reconciled against deposits daily, not just at the end of the month?
- ✓ Is automation reducing manual posting errors and unmatched transactions?

Take Charge for 2026: Automate reconciliation between remittances and deposits to ensure real-time financial visibility and prevent missed variances.



**30+ EMR/PM
Systems
integrated**

Credit Balances

- ✓ Bring all credit balances to zero before new-year reporting
- ✓ Validate refund workflows and approval paths
- ✓ Verify payer-specific refund rules for 2026
- ✓ Ensure automated posting does not duplicate or misapply payments

Take Charge for 2026: Start 2026 with clean accounts to prevent carryover errors, improve cash accuracy, and strengthen payer compliance

Client Responsibility

Build clarity and consistency in patient financial management:

- ✓ Are deductibles, copays, and coinsurance verified before the service is provided?
- ✓ Do you have a process to manage pending AR and patient collections efficiently?
- ✓ Are invoicing cadences optimized, and e-statements increasing on-time payments?
- ✓ Are you tracking collection trends tied to rising patient cost-sharing in 2026?
- ✓ Are digital payment tools integrated to offer multiple payment options for patients?

Take Charge for 2026: Integrate AI-powered payment reminders and digital collection tools to improve patient engagement and accelerate payments.

Payor Contracts

Keep your contracts current and compliant to protect margins and avoid reimbursement issues:

- ✓ Are all payer contracts updated with 2026 rates, reimbursement rules, and modifiers?
- ✓ Have credentialing and recredentialing been completed for all providers and payers?
- ✓ Are fee schedules verified and renewal timelines tracked to prevent service lapses?
- ✓ Are AI-enabled contract tools flagging rate discrepancies and missed escalation clauses automatically?

Take Charge for 2026: Utilize contract analytics dashboards to track payer performance and negotiate renewals supported by clean-claim and collection efficiency data.

Other Critical Checks

Strengthen operational readiness by validating every compliance and performance area:

- ✓ Are you audit-ready with no pending expirations in licensing or credentialing?
- ✓ Is your billing and coding accuracy improving compared to 2025?
- ✓ Have you analyzed your payer mix and identified opportunities for higher-margin contracts?
- ✓ Are you evaluating potential out-of-network payers to expand reimbursement channels?
- ✓ Have you implemented tools to track payer rule changes and automate compliance alerts?

Plan for Success:

Evaluate performance quarterly, automate compliance monitoring, and repeat improvements consistently throughout 2026.

Ready for a Strong Start to 2026?

If your answer to any of these questions is uncertain, now is the time to act.

Partner with Plutus Health to strengthen your revenue cycle, minimize denials, and accelerate cash flow. Our team combines industry expertise with advanced automation to help you meet every regulatory and financial goal with confidence.

Let's make 2026 your most efficient and compliant year yet.

Schedule your **Free RCM Assessment** today and turn your checklist into measurable outcomes.

Schedule your Free RCM Assessment

Contact us: www.plutushealthinc.com
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