

RCM CHECKLIST

End-of-Year Assessment

2025



RCM Checklist 2025 – End-of-Year Review

As 2025 winds down, this is the time to evaluate how well your revenue cycle performed, close open gaps, and prepare for the transition into 2026. This checklist helps your team assess progress against annual goals, confirm compliance with updated payer and CMS rules, and finalize every critical process – from eligibility to payment posting—before year-end.

Each section ensures your practice enters the new year financially sound, audit-ready, and operationally optimized.

Quick Glance: 2025 End-of-Year RCM Checklist

A quick snapshot of everything your team must review before closing 2025.

Scheduling & Eligibility

- Reconcile appointments to charges
- Verify all 2025 benefits and authorizations
- Review no-show and cancellation trends

Billing & Claims

- Clear pending claims and rejections
- Apply 2025 CMS and payer updates
- Reconcile ERAs/EOBs and deposits

Coding & Compliance

- Confirm all 2025 CPT / HCPCS / ICD-10 updates
- Complete year-end documentation audits
- Validate modifier and payer-rule accuracy

Correspondence & AR

- Clear all payer letters and appeals
- Review aged AR buckets
- Ensure all deposits are posted

Payment Posting

- Confirm electronic posting for all payers
- Reconcile payments within 48 hours
- Resolve unmatched items

Patient Balances

- Review outstanding patient AR
- Confirm payment plans and digital statements
- Close pending patient collections

Payer Contracts & Credentialing

- Validate 2025 rates and fee schedules
- Confirm credentialing status
- Flag contracts for 2026 renewal

Year-End Compliance & KPIs

- Confirm audit readiness
- Review denial rate, AR days, clean claim rate
- Update payer mix and year performance

Quick Status



Trusted RCM
Partners of
9000+
Providers



100+ Clients
across
25+ States

This quick checklist gives you a fast way to confirm your core RCM areas are on track before you close out 2025. If any item needs attention, the detailed sections below walk you through each function step-by-step so you can resolve gaps, tighten processes, and finish the year in control.

Scheduling Efficiency

Evaluate how your front-end operations performed this year:

- ✓ Did you maintain real-time scheduling visibility across all locations?
- ✓ Were no-shows, cancellations, and reschedules analyzed for root causes?
- ✓ Are completed appointments reconciled against billing to prevent missed charges?
- ✓ Were eligibility checks and prior authorizations accurate and timely throughout 2025?
- ✓ Has staff compliance improved in verifying deductibles, copays, and plan limits?
- ✓ Did predictive tools help identify high-risk cancellations or scheduling gaps?

Key Action for 2026: Review scheduling and eligibility analytics to identify revenue lost due to no-shows and incomplete verifications, and deploy automation to recover it.



1600+
RCM specialists
(AAPC & AHIMA
Certified Coders)



70+RCM
Focused
Bots

Billing Mastery

Confirm that your billing processes delivered consistency and speed:

- ✓ Were all claims submitted within 72 hours of service and tracked to completion?
- ✓ Did your billing team apply all 2025 CMS and payer rule changes correctly?
- ✓ Were missing ERAs and EOBs automatically detected and reconciled?
- ✓ Were payer rejections reduced through updated scrubber rules and AI edits?
- ✓ Are month-end deposits fully matched with billing system reports?
- ✓ Did you review denial categories to identify documentation or credentialing issues?

Pro Tip for 2026: Run a denial trend report and fine-tune scrubber rules before Q1 to sustain a **98 %+** clean-claim rate.

Coding Excellence

Protect compliance and reduce risk before closing the year:

- ✓ Were all 2025 CPT, HCPCS, and ICD-10 changes applied accurately?
- ✓ Have provider documentation and code audits been completed?
- ✓ Did coding accuracy improve quarter over quarter?
- ✓ Did automation tools reduce the need for manual edits or prevent miscoded encounters?
- ✓ Are modifiers and payer-specific guidelines validated in your system?

Take Charge for 2026: : Use AI-driven audit summaries to identify recurring code errors and update training before the 2026 rule changes take effect.



4.5+ MN

Number of
Successful
Transactions



>\$2.5BN

Value
Successful
Transactions

Correspondence

Finish the year with zero pending communication backlogs:

- ✓ Was all payer correspondence resolved and documented?
- ✓ Are clearinghouse and payer inboxes fully cleared and logged?
- ✓ Were appeals and reconsiderations submitted within the required timeframes?
- ✓ Has automation been used to categorize and route inbound correspondence?

AR Follow-Up

Ensure collections and forecasting close cleanly:

- ✓ Are aged AR accounts categorized and prioritized correctly?
- ✓ Were denials appealed within 5 days of receipt?
- ✓ Is AR aging analysis tied to monthly cash-flow forecasting?
- ✓ Have all deposits and receivables been posted before year-end?
- ✓ Are automation dashboards highlighting high-risk or uncollectable accounts?

Pro Tip for 2026: Utilize predictive AR analytics to segment accounts based on recovery likelihood and focus your team where ROI is highest.

Payment Posting

Validate posting accuracy and timing:

- ✓ Are all eligible payers using electronic remittance posting?
- ✓ Were payments posted and verified within 48 hours of receipt?
- ✓ Are daily deposits reconciled against remittances, not just monthly totals?
- ✓ Did auto-posting minimize mismatches and reduce the need for manual edits?

Pro Tip for 2026: Run an end-of-year payment accuracy audit to ensure reconciliation between deposits, remits, and ledger entries is 100 % clean.



48 Hours
Turn Around
Time



<5%
Denial Rates

Credit Balances

- ✓ Review insurance and patient credit balances for accuracy
- ✓ Resolve posting errors and overpayments
- ✓ Issue required refunds before year-end close
- ✓ Reconcile credit balances with payer remittances and patient statements

Pro Tip for 2026: Keep credit balances near zero to maintain clean AR, reduce audit risk, and improve financial reporting accuracy.

Client Responsibility

Confirm that patient collections remained efficient and transparent:

- ✓ Were all deductibles, copays, and coinsurance verified before service?
- ✓ Have patient balances and payment plans been reviewed for aging?
- ✓ Are invoicing cycles consistent, and digital reminders reducing delays?
- ✓ Did your collection rate improve despite higher patient cost-sharing in 2025?

Pro Tip for 2026: Implement automated payment reminders and integrated digital billing tools to accelerate self-pay collections.

Payor Contracts

Review payer relationships before renewals begin:

- ✓ Were all 2025 rates, modifiers, and rules implemented accurately?
- ✓ Has every provider's credentialing been verified and renewed?
- ✓ Are fee schedules validated and contract timelines tracked?
- ✓ Did you compare actual reimbursements to contracted rates?

Pro Tip for 2026: Use contract analytics to identify underperforming payers and prepare data-backed negotiation briefs for renewal



**30+ EMR/PM
Systems
integrated**

Other Critical Checks

Complete your compliance and performance wrap-up:

- ✓ Are you fully audit-ready with no pending recredentialing or expirations?
- ✓ Did billing and coding KPIs improve in 2024?
- ✓ Have payer-mix and margin analyses been updated?
- ✓ Are compliance alerts automated and monitored?

Plan for Success:

Close 2025 with accurate metrics, verified compliance, and actionable insights to outperform in 2026.

Your data tells the story of your year- now make sure it ends strong.

A comprehensive year-end review ensures accurate reporting, confidence in compliance, and faster revenue recognition as we head into 2026. Plutus Health helps organizations analyze trends, recover missed revenue, and implement automation that drives measurable improvement.

Close 2025 with confidence. Schedule your Free Year-End RCM Assessment and enter 2026 financially stronger.

Schedule Your Free Year-End RCM Assessment

Contact us: www.plutushealthinc.com
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