RCM CHECKLIST
2025

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Quick Stats

Trusted RCM Partners of 9000+
Providers

80 CLIENTS IN 40+ STATES

NATIONWIDE COVERAGE

RCM Checklist
2025

As we approach the end of 2024, it's time to evaluate, optimize, and refine your Revenue Cycle Management (RCM) processes. From medical billing to payor contracts, this checklist ensures you don't miss a beat while setting your organization up for an exceptional 2025.
End-of-year tasks can feel overwhelming, but with this detailed checklist, you'll tackle every critical item, improve efficiency, and maximize your revenue cycle management healthcare outcomes.

Scheduling Efficiency

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

✅ Are you using an electronic scheduler to track patient appointments?
✅ Are you monitoring no-shows, cancellations, and rescheduled appointments?
✅ Are there any completed appointments missing charges/claims?
✅ Have you analyzed why cancellations happen—practice issues, therapists, or clients?
✅ Are you investigating eligibility trends and tracking staff providing services without prior authorization?
✅ Is verification of benefits for 2025 already underway?
✅ Verification of Benefits – Check for active/inactive statuses for the new year.
    · Is prior authorization required
    · Is the practice In Network or "Out of Network with the appropriate insurance carrier?
✅ Are you reviewing procedures with staff regarding patient referrals & authorizations for the new year?
✅ Are you reviewing procedures with staff regarding patient benefits, eligibility, deductibles, copays, and coinsurance amounts for the new year?

> **Key Action for 2025:** Ensure your practice is ready with updated eligibility checks & benefits verification protocols to streamline patient flow.

1000+
RCM specialists
(AAPC & AHIMA
CERTIFIED CODERS)

70+
RCM Focused Bots

Billing Mastery

Maximize your claims management to avoid revenue leaks:

✅ Are all claims submitted within 3 days and electronically Processed?

✅ Are you regularly reviewing billing guidelines (state, payor, ABA service rules)?

✅ Are you tracking missing ERAs/EOBs and ensuring they're posted accurately?

✅ Are balances reconciled back to bank deposits?

✅ Are you aware of denial trends faced in 2024—coding, documentation, credentialing?

✅ Have you updated practice fees, forms, and billing processes for 2025?

✅ Are you tracking the relevant CMS guidelines?

✅ Are you updated with all the new billing guidelines of 2025 for each payor?

> **Pro Tip:**
> Proactively address denials by analyzing patterns and implementing best practices for cleaner claims.

Coding Excellence

Accuracy in coding protects revenue and avoids denials:

✅ Are you tracking updates for CPT codes—new and discontinued?

✅ Has your team reviewed ICD-10 coding changes for 2025?

✅ Is your billing system updated to reflect all the changes?

✅ Have you ensured all modifiers and guidelines align with payor-specific rules?

> **Take Charge:**
> Build a coding accuracy task force to review and prepare for coding updates.

Correspondence

✅ Have you ensured that all correspondence is worked on time?

✅ Are you tracking your mail/clearinghouse daily for new correspondence?

AR Follow-Up

✅ Are your A/R cases prioritized and worked effectively?

✅ Are you reviewing accounts for write-offs or collections on time?

✅ Are you responding to denials within 5 days and appealing with payor-specific requirements?

✅ Is AR aging analyzed to forecast revenue and improve cash flow?

✅ Have all receivables and deposit funds been posted before year-end?

✅ Do you know which claims require urgent attention vs. routine follow-up?

Payment Posting

✅ Is electronic payment posting fully utilized for all eligible payors?

✅ Are payments posted within 48 hours and balances validated for accuracy?

✅ Have remittances been reconciled with bank deposits to close out the year?

Client Responsibility

✅ Are deductibles, copays, and coinsurance amounts verified for every patient?

✅ Do you have a plan to manage pending AR balances and patient collections?

✅ Are invoicing cadences consistent, and e-statements driving timely payments?

✅ Is your collection process strong enough to tackle rising deductibles in 2025?

4.5 MN

NUMBER OF SUCCESSFUL TRANSACTIONS

> $1.7 BN

VALUE OF SUCCESSFUL TRANSACTIONS

Payor Contracts

✅ Are your insurance contracts updated with the latest rates, rules, and modifiers?

✅ Have credentialing statuses been verified for every provider and payor?

✅ Are fee schedules updated, and contract renewal dates clearly tracked?

Other Critical Checks

✅ Are you audit-ready, and is credentialing set to avoid expiries in 2025?

✅ Is billing and coding performance improving, or are there gaps to address?

✅ Have you assessed your payor mix based on patients seen in the past year?

✅ Are you preparing for applications to "out-of-network" payors that could drive revenue growth?

✅ Have you evaluated your billing and coding performance for 2025? Are things improving, staying the same, or getting worse?

Plan for Success: Evaluate. Improve. Repeat.

Ready for a Strong Start to 2025?

❌ "I'm not sure"

❌ "We don't have time or resources"

It's time to partner with experts in healthcare revenue cycle management solutions. Our RCM consulting services streamline processes, reduce errors, and optimize collections so you can focus on delivering care.

Schedule Your Free Year-End RCM Assessment

Let's make 2025 your most efficient and profitable year yet! Let's turn checklists into success stories.

48 Hours

Turn Around Time

<5%

Denial Rates

PLUTUSHEALTH
Excellence in Healthcare Revenue Cycle Management

Schedule Your Free Year-End RCM Assessment

Contact us: www.plutushealthinc.com
or call (469) 242-6053

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