

2027 Revenue Cycle Readiness Checklist

Is your organization prepared for the regulatory, financial, and operational challenges ahead? Use our checklist to identify gaps and prioritize improvements.

1. Coverage and eligibility management

- ☐ Verify patient eligibility and benefits before services and recheck coverage when appropriate.
- ☐ Establish processes to identify Medicaid coverage changes and eligibility gaps.
- ☐ Use technology to flag coverage issues and prevent eligibility-related denials.
- ☐ Provide accurate cost estimates, financial assistance information, and flexible patient payment options.

2. Electronic prior authorization and interoperability

- ☐ Assess EHR, practice management, and revenue cycle systems for electronic prior authorization readiness.
- ☐ Work with technology vendors and payers to understand applicable 2027 API requirements.
- ☐ Automate authorization requests, documentation exchange, and status tracking where supported.
- ☐ Train staff to resolve authorization exceptions, missing documentation, and payer-specific issues.

3. Denial prevention and revenue integrity

- ☐ Implement automated claim edits and pre-bill reviews to identify potential coding and billing errors.
- ☐ Conduct regular audits of coding accuracy, clinical documentation, and medical necessity.
- ☐ Track denials by payer, reason, service, and care setting.



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- ☐ Establish processes to appeal inappropriate denials and address recurring root causes.

4. Financial and operational efficiency

- ☐ Monitor key revenue cycle metrics, including cost to collect, days in A/R, denial rates, and coding productivity.
- ☐ Improve patient financial engagement through transparent billing and convenient payment options.
- ☐ Identify opportunities to automate repetitive revenue cycle tasks.
- ☐ Evaluate staffing and workflows to accommodate changing patient volumes and financial pressures.

5. Shifting patient volumes and care delivery

- ☐ Assess how growing demand for outpatient, behavioral health, and home-based care could affect operations.
- ☐ Evaluate staffing capacity and specialized coding needs for anticipated service changes.
- ☐ Strengthen referral relationships, care coordination, and documentation exchange.
- ☐ Review setting-specific coding, documentation, and reimbursement requirements.

6. AI adoption and human oversight

- ☐ Identify high-value AI use cases and establish measurable performance goals.
- ☐ Evaluate AI solutions for accuracy, security, compliance, and setting-specific capabilities.
- ☐ Establish human oversight to validate AI-generated outputs and manage complex exceptions.
- ☐ Measure AI performance using coding accuracy, productivity, denial rates, cost savings, and ROI.

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7. Specialized expertise and workforce flexibility

- ☐ Provide ongoing education on regulatory changes, coding guidelines, and payer requirements.
- ☐ Assess whether internal teams have sufficient setting-specific and specialty coding expertise.
- ☐ Develop strategies to manage staffing shortages, coding backlogs, and fluctuating claim volumes.
- ☐ Evaluate outsourcing or co-sourcing opportunities to improve capacity, quality, and cost efficiency.

Need help closing the gaps?

Global Healthcare Resource provides cost-effective coding, billing, and revenue cycle support to help healthcare organizations improve processes and scale operations.

Learn more: www.globalhealthcareresource.com

