

■ EHR Transition Billing Checklist

Switching to a new Electronic Health Record system? Follow these steps so your billing does not stop — or break.

Switching to a new EHR (Electronic Health Record) system is a big change. If your billing setup is not handled carefully, you could miss claim submissions, lose patient data, or have a gap in cash flow that takes months to recover from. This checklist walks your team through every billing-related step — before, during, and after the switch.

PHASE 1 · Before You Switch (60–90 Days Out)

- **Assign a project lead for the billing transition**
One person (or a small team) should own this process. They are responsible for making sure nothing falls through the cracks.
- **Audit all open claims in your current system**
Run a report of all unpaid or pending claims. These need to be worked and resolved BEFORE you go live on the new system.
- **Close all open encounters and unsigned notes**
Every encounter should have a signed note and a submitted charge before you migrate. Do not carry unfinished work into the new system.
- **Export a full list of your payer contracts and fee schedules**
Your new EHR needs to be configured with the correct contracted rates for each insurance company you work with.
- **Download and archive all current patient account statements**
Keep a clean record of patient balances, payment history, and billing notes from the old system.
- **Confirm the new EHR supports all your specialty codes and billing workflows**
Some EHRs are not set up for specialty billing out of the box. Confirm CPT, HCPCS, and diagnosis code sets are loaded.
- **Plan for a parallel billing period (run both systems briefly)**
During the first few weeks, some teams run claims in both systems to make sure nothing gets lost. Discuss this with your vendor.

■■ **IMPORTANT:** Clear your AR (Accounts Receivable) backlog BEFORE the go-live date. Old claims from the previous system are harder to work once you are in the new one.

PHASE 2 · Setting Up the New EHR for Billing (30 Days Out)

- **Enter all payer information and payer IDs into the new system**
Every insurance company you bill needs to be set up with the correct payer ID and claim routing information.
- **Load your fee schedule and contracted rates**
Set up the correct charge amounts for each procedure code. This drives your billing and affects your revenue.
- **Configure ERA (Electronic Remittance Advice) and EFT (Electronic Funds Transfer)**
ERA = electronic explanation of benefits (how you receive payment explanations). EFT = direct deposit. Both need to be reconnected with each payer.
- **Test the claim submission workflow with a clearinghouse**
Send a few test claims through your clearinghouse before going live. Confirm they pass edits and are accepted.
- **Set up your claim scrubbing rules**
Claim scrubbers catch errors before the claim goes to the payer. Make sure rules are configured for your specialty.
- **Create user accounts and assign roles for billing staff**
Billing staff should only have access to what they need. Set up role-based permissions carefully.
- **Configure patient statements and billing notices**
Set up how patient statements look, when they go out, and what contact information is printed on them.
- **Train all billing and front-desk staff on the new system**
No one should use the new EHR for billing without training. Plan at least 2–4 hours of hands-on practice.

PHASE 3 · Go-Live Week

- **Submit your first live claim batch and confirm receipt**
On day one, submit a small batch of claims and verify they were accepted by the clearinghouse and the payer.
- **Monitor for rejected or failed claims immediately**
Check your clearinghouse dashboard daily during the first week. Fix any errors fast.
- **Continue working old claims in the previous system or billing platform**
Do not abandon old claims. Assign someone to keep working the old AR until it is fully resolved.
- **Verify ERA files are coming in and posting correctly**
Payments should be posting automatically to the right patient accounts. Manually verify the first few ERA files.

- **Check that patient balances migrated correctly**
If patient data was imported, spot-check at least 20–30 accounts to make sure balances are accurate.
- **Document any bugs or workflow problems immediately**
Keep a running log of issues and escalate to your EHR vendor right away. Do not wait.

PHASE 4 · Post Go-Live (30–90 Days After)

- **Run an AR aging report and compare to pre-transition data**
Your AR should not spike after a transition. If it does, investigate which claims are stuck and why.
- **Reconcile all payments received with claims submitted**
Make sure every dollar that comes in is posted to the right account and the right claim.
- **Conduct a denial rate comparison (old vs. new system)**
If denials increased after the transition, find out why — it may be a setup error in the new EHR.
- **Confirm all payer enrollments are still active**
Sometimes a payer re-enrollment is needed after changing billing systems. Verify you are still enrolled with every payer.
- **Review and close out all remaining claims in the old system**
Set a deadline (e.g., 90 days post go-live) for completing all old-system billing. After that, nothing should remain.
- **Gather feedback from billing staff and providers**
Ask what is working and what is not. Small adjustments early save big headaches later.

■ **TIP: Keep your EHR vendor's support line on speed dial during the first 90 days. Billing issues in a new system are normal — respond to them fast.**