90-Day Medical Practice Launch Checklist

MEDICAL PRACTICE STARTUP TOOLKIT

Foundation

- ■ Business/entity structure addressed
- ■ EIN/banking/accounting established
- ■ Malpractice/insurance coverage arranged
- ■ Location/lease/telehealth model finalized
- ■ Ownership/CPOM review completed where applicable
- ■ Professional/entity licenses identified
- ■ NPI(s) obtained/verified
- ■ Medical director/collaboration needs identified

Infrastructure

- ■ EHR/practice management selected
- ■ Website/intake workflow built
- ■ Privacy/security program initiated
- ■ Emergency plan established
- ■ Phone/secure communications configured
- ■ Payment/billing workflow established
- ■ Policies/forms customized
- ■ Vendors contracted

Launch

- ■ Staff/provider onboarding complete
- ■ Test patient workflow completed
- ■ Supplies/equipment ready
- ■ Opening audit completed
- ■ Credentialing/enrollment underway
- ■ Scheduling live
- ■ Marketing claims reviewed
- ■ First 30/60/90-day reviews scheduled

Launch date _____

Top three blockers _____

Owner / due dates _____

Practice Owner / Reviewer Signature: _____ **Date:** _____

Reviewer / Clinician: _____ **Date:** _____

Practice Entity & Regulatory Planning Worksheet

MEDICAL PRACTICE STARTUP TOOLKIT

Practice name _____

State(s) _____

Entity type _____

Owners _____

Clinical services _____

Patient locations _____

Physical locations _____

Telehealth states _____

Clinician types _____

Controlled substances involved _____

Lab/testing involved _____

Aesthetic/device procedures involved _____

- ■ CPOM/legal structure review needed
- ■ CLIA review needed
- ■ Medical director/collaboration review needed
- ■ Facility license review needed
- ■ Pharmacy/dispensing review needed
- ■ Telehealth-specific review needed

Counsel/compliance questions _____

Required registrations/licenses _____

Practice Owner / Reviewer Signature: _____ **Date:** _____

Reviewer / Clinician: _____ **Date:** _____

Provider Credentialing Document Checklist

MEDICAL PRACTICE STARTUP TOOLKIT

- ■ Government photo ID
- ■ Professional license(s)
- ■ NPI
- ■ Board certification if applicable
- ■ CAQH profile/access
- ■ Payer IDs/contracts
- ■ Hospital privileges/history if applicable
- ■ Sanctions/exclusion checks
- ■ Current CV/work history
- ■ DEA registration if applicable
- ■ Education/training records
- ■ Malpractice face sheet/history
- ■ PECOS/Medicare enrollment status if applicable
- ■ W-9/tax information
- ■ Professional references if required

Provider _____

Missing/expiring items _____

Owner / due date _____

Practice Owner / Reviewer Signature: _____ **Date:** _____

Reviewer / Clinician: _____ **Date:** _____

CAQH / Payer Credentialing Readiness Worksheet

MEDICAL PRACTICE STARTUP TOOLKIT

Use as an internal readiness worksheet. Actual payer requirements vary.

Provider _____

CAQH status / re-attestation date _____

Practice locations _____

Tax ID / group NPI _____

Individual NPI _____

License states _____

Malpractice information _____

Work history gaps resolved _____

Payers targeted _____

Applications submitted / status _____

Follow-up dates _____

Practice Owner / Reviewer Signature: _____ **Date:** _____

Reviewer / Clinician: _____ **Date:** _____

PECOS / Medicare Enrollment Readiness Worksheet

MEDICAL PRACTICE STARTUP TOOLKIT

PECOS is CMS's Medicare enrollment management system. Use current CMS instructions for actual enrollment, revalidation, changes, or withdrawal.

Provider/entity _____

NPI _____

Tax ID _____

Enrollment type _____

Practice locations _____

Ownership/managing control information _____

Supporting documents _____

Application status _____

Submission date _____

MAC correspondence / follow-up _____

Revalidation due date _____

Practice Owner / Reviewer Signature: _____ **Date:** _____

Reviewer / Clinician: _____ **Date:** _____

EHR & Technology Selection Checklist

MEDICAL PRACTICE STARTUP TOOLKIT

- ■ Clinical documentation fits specialty
- ■ Controlled-substance functionality reviewed if needed
- ■ Patient portal/intake available
- ■ Interoperability/export capability reviewed
- ■ BAA/privacy terms reviewed
- ■ User training/support evaluated
- ■ ePrescribing needs supported
- ■ Telehealth functionality reviewed
- ■ Billing/clearinghouse integration reviewed
- ■ Access controls/audit logs reviewed
- ■ Data backup/recovery reviewed
- ■ Termination/data-export terms reviewed

Vendor _____

Key limitations _____

Decision / owner _____

Practice Owner / Reviewer Signature: _____ **Date:** _____

Reviewer / Clinician: _____ **Date:** _____

Template notice: General educational/operational starting point only. It is not legal, medical, billing, cybersecurity, or regulatory advice and does not guarantee compliance. Customize for the practice, patient population, technology, payer requirements, clinician scope, state/federal law, and current official agency guidance. Obtain qualified legal, privacy/security, billing, and clinical review as applicable.

Practice Vendor Due-Diligence Checklist

MEDICAL PRACTICE STARTUP TOOLKIT

- ■ Legal business identity verified
- ■ Insurance reviewed
- ■ BAA reviewed if applicable
- ■ Pricing/renewal/termination understood
- ■ References/reputation considered
- ■ Backup vendor/continuity considered
- ■ Licensure/accreditation checked if applicable
- ■ Contract/SLA reviewed
- ■ Data/security terms reviewed
- ■ Quality/complaint process reviewed
- ■ Escalation contact documented

Vendor/service _____

Risk rating _____

Conditions before approval _____

Review date _____

Practice Owner / Reviewer Signature: _____ **Date:** _____

Reviewer / Clinician: _____ **Date:** _____

Practice Policy & Forms Master Checklist

MEDICAL PRACTICE STARTUP TOOLKIT

- ■ Privacy/NPP workflow
- ■ Patient consent forms
- ■ Telehealth policy if applicable
- ■ Controlled-substance policy if applicable
- ■ Complaint/grievance process
- ■ Provider onboarding/offboarding
- ■ Adverse-event reporting
- ■ Security/incident response
- ■ Financial/cancellation policy
- ■ Medication/refill policy
- ■ Emergency/escalation policy
- ■ Records release/retention
- ■ Clinical protocols
- ■ Quality/chart review

Missing policies _____

Priority / owner / due date _____

Practice Owner / Reviewer Signature: _____ **Date:** _____

Reviewer / Clinician: _____ **Date:** _____

Practice Insurance & Risk Coverage Worksheet

MEDICAL PRACTICE STARTUP TOOLKIT

- ■ Professional liability/malpractice
- ■ Cyber liability
- ■ Workers compensation as applicable
- ■ Directors/officers coverage if applicable
- ■ General liability
- ■ Employment practices liability
- ■ Property/business interruption
- ■ Vendor coverage requirements reviewed

Carrier/policy _____

Limits _____

Named insureds _____

Clinicians/entities covered _____

Effective/renewal date _____

Coverage gaps/questions _____

Practice Owner / Reviewer Signature: _____ **Date:** _____

Reviewer / Clinician: _____ **Date:** _____

Billing & Revenue Cycle Readiness Checklist

MEDICAL PRACTICE STARTUP TOOLKIT

- ■ Cash vs insurance model defined
- ■ Payer contracts reviewed
- ■ Prior authorization workflow
- ■ Claims submission workflow
- ■ Patient statements/collections policy
- ■ Refund/credit balance process
- ■ Fee schedule established
- ■ Eligibility verification workflow
- ■ Coding/documentation resources
- ■ ERA/EFT configured
- ■ Denial management workflow
- ■ Monthly KPI/reporting process

Billing vendor/internal owner _____

Go-live blockers _____

First review date _____

Practice Owner / Reviewer Signature: _____ **Date:** _____

Reviewer / Clinician: _____ **Date:** _____

Medical Practice Launch Readiness Audit

MEDICAL PRACTICE STARTUP TOOLKIT

Score each domain: Ready / Needs Work / Not Applicable

- ■ Legal/entity structure
- ■ Licensure
- ■ Provider coverage
- ■ Malpractice/insurance
- ■ Credentialing/enrollment
- ■ Clinical protocols
- ■ Patient forms/consents
- ■ HIPAA/privacy/security
- ■ EHR/technology
- ■ Billing/payments
- ■ Emergency readiness
- ■ Staff training
- ■ Vendor readiness
- ■ Scheduling/intake
- ■ Website/communications
- ■ Quality/governance

Overall readiness _____

Critical launch blockers _____

30-day priorities _____

Responsible owners _____

Practice Owner / Reviewer Signature: _____ **Date:** _____

Reviewer / Clinician: _____ **Date:** _____

First 30 / 60 / 90-Day Operating Review

MEDICAL PRACTICE STARTUP TOOLKIT

Review period _____

Patient volume _____

Revenue/collections _____

No-show rate _____

Claims/denials if applicable _____

Patient complaints _____

Adverse events _____

Staffing issues _____

Workflow bottlenecks _____

Compliance issues _____

Vendor issues _____

Top wins _____

Top corrective actions _____

Next-period priorities _____

Practice Owner / Reviewer Signature: _____ **Date:** _____

Reviewer / Clinician: _____ **Date:** _____