

Switching Medical Billing Companies

Transition and exit checklist: 42 steps in 5 phases

How to use it: write a date and a name beside every step. A step is done when you have the proof in the "Done when" column, not when someone says it is handled. This is general information, not legal advice. Your contract and your payers set the real rules.

Notice sent: _____	Old company's last day: _____	New company starts: _____	End date for old claims: _____
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Phase 1: Before you give notice

Prepare before announcing a planned switch. Do not miss a notice deadline or delay an urgent privacy response.

#	Task	Done when	When	My date / Owner	Done
1	Find the signed contract, every change to it, and the business associate agreement (BAA).	All three are in one folder you control.	Before you send notice	Date: _____ Owner: _____	☐
2	Write down the nine contract answers: notice days, how notice must be sent, renewal date, fees after you leave, and the rest.	The contract table is filled in with section numbers.	Before you send notice	Date: _____ Owner: _____	☐
3	Leaving early, or the contract charges fees after you leave? Have a healthcare lawyer read those parts.	You have the lawyer's answer in writing.	Before you send notice	Date: _____ Owner: _____	☐
4	Save your own copies of key reports: open claims by payer, open denials, credit balances, unposted payments, payment plans, and the last 12 month-end reports. Start a filing and appeal deadline sheet now.	Authorized copies are in secure practice-controlled storage; urgent claims have an owner and deadline.	Before you send notice	Date: _____ Owner: _____	☐
5	List every system and portal the billing company uses for you. Write who the admin is on each one.	Every line on the list has an admin name.	Before you send notice	Date: _____ Owner: _____	☐
6	Check where money lands: the bank account for deposits and the mailing address for paper checks.	You have seen both in your bank and payer records.	Before you send notice	Date: _____ Owner: _____	☐
7	Pick the new company. Get its fee, monthly minimum, setup costs, software, old-claims price, and exit terms in writing.	You have a written proposal covering fees, software, old claims, proof, fallback, and exit terms.	Before you send notice	Date: _____ Owner: _____	☐
8	Sign the new contract and a new BAA before the new company sees any patient data, including samples or migration files.	Both are signed and dated.	Before you send notice	Date: _____ Owner: _____	☐

#	Task	Done when	When	My date / Owner	Done
9	Name one person at your practice who runs the switch and can pause it.	The lead and a backup are named; both companies get the contacts when the handoff begins.	Before you send notice	Date: _____ Owner: _____	☐
10	Decide who finishes the old claims. Define the exact split, for example by date of service.	Every open claim has one work owner, a next action, and a deadline.	Before you send notice	Date: _____ Owner: _____	☐
11	Work out your weekly collections and a late-cash scenario. Compare payroll, other bills, and switching costs with available cash.	You have a cash plan; the collections example is not your required reserve.	Before you send notice	Date: _____ Owner: _____	☐

Phase 2: Notice day

Send the notice and the records request together.

#	Task	Done when	When	My date / Owner	Done
12	Send written notice exactly the way the contract says.	You have proof of delivery.	Notice day	Date: _____ Owner: _____	☐
13	Send the records request the same day. Give a due date and a file type.	The old company confirms it in writing.	Notice day	Date: _____ Owner: _____	☐
14	Ask for one named contact and a weekly written update until the last day.	You have a named contact and the date of the first update.	Notice day	Date: _____ Owner: _____	☐
15	Get the old-claims deal in writing: which claims, until what date, for what fee, with what reports. Make sure the contract and BAA still cover that work.	Both sides have signed or confirmed it by email.	Agree before the old-claims handoff; follow up within 14 days of notice	Date: _____ Owner: _____	☐

Phase 3: Before the new company sends its first claim

Your practice must approve the access and payer changes. Confirm who signs each form.

#	Task	Done when	When	My date / Owner	Done
16	Complete your Medicare contractor's electronic billing (EDI) process to add the new company. Your practice's authorized signer signs where required.	The contractor confirms the new submitter is active for the affected claims.	Before the first affected claim; confirm the contractor's lead time	Date: _____ Owner: _____	☐

#	Task	Done when	When	My date / Owner	Done
17	Keep only the old company's permissions still needed for agreed old-claims work. First Coast requires all retained IDs on its enrollment form.	Claims access and payment-report access needed for old claims are each confirmed.	Before changing submitter or payment-report access	Date: _____ Owner: _____	☐
18	Set up payment reports (ERAs) with each payer so the team posting payments can see them.	Each payer confirms the route, or an agreed fallback supplies the reports until the new feed is verified.	Before the first affected report or loss of old access	Date: _____ Owner: _____	☐
19	Confirm deposits (EFT) still go to your practice's bank account. Check any request to change bank details by calling a number you already trust.	Payer bank instructions match your authorized account; recent deposits have been checked.	Before the old company's last day	Date: _____ Owner: _____	☐
20	Change the mailing address for paper checks and payer mail if it points to the old company.	Each payer shows your address or your new lockbox.	Before the old company's last day	Date: _____ Owner: _____	☐
21	Set up or move the clearinghouse account and the payer sign-ups that run through it.	The clearinghouse shows each payer as active.	Before the old company's last day	Date: _____ Owner: _____	☐
22	Confirm practice-authorized access on every payer portal. Add the new company's named users with the roles they need.	Practice staff can manage or request access under each portal's rules.	Before the old company's last day	Date: _____ Owner: _____	☐
23	Confirm each provider's authorized CAQH access. Put the next re-attestation date on the calendar.	Authorized users have access and dates: generally 120 days, or 180 for Illinois providers.	Before the old company's last day	Date: _____ Owner: _____	☐
24	Check the data export. The count of open claims and the total dollars should match in both systems. Notes and denial history should come too.	Claim identities, counts, dollars, and history match; any agreed exclusions are documented and approved.	About 14 days before the old company's last day	Date: _____ Owner: _____	☐
25	Confirm the new company can get into your software. If the software is changing too, arrange retained access to the history you need.	Authorized users can find a permitted sample record and its billing history; the BAA is already in place.	Before the old company's last day	Date: _____ Owner: _____	☐
26	Set the charge handoff: the old and new companies' exact portfolios. If using date of service, give both cutoff dates. List anything not billed yet, and why.	Both companies have the same split and the unbilled list, with one owner for each charge.	Before the old company's last day	Date: _____ Owner: _____	☐
27	Pick one date for patient statements to switch. Update the phone number and payment link. Move payment plans and patient credits.	A test statement shows the right phone number and link.	Before the old company's last day	Date: _____ Owner: _____	☐

#	Task	Done when	When	My date / Owner	Done
28	Get the list of accounts at a collection agency. Find out whose contract it is and where the agency sends money.	The agency confirms where it will send payments and reports.	Before the old company's last day	Date: _____ Owner: _____	☐
29	Tell your staff what changes on day one and who to call. Keep charting and entering charges as normal.	Front desk and clinical staff know the plan.	Before the old company's last day	Date: _____ Owner: _____	☐

Phase 4: First claims and the first 30 days

Proof beats promises. Ask to see the reports.

#	Task	Done when	When	My date / Owner	Done
30	Save a snapshot on the old company's last day: every open claim with payer, date of service, amount, status, and last action. Write down total open dollars, dollars older than 120 days, and days in A/R.	The file is saved and will never be edited.	The old company's last day	Date: _____ Owner: _____	☐
31	Check what you received against the records request. Send any gaps in writing the same day.	Every item on the request is marked received or missing.	The old company's last day	Date: _____ Owner: _____	☐
32	Send a small first batch of real claims through the new company. Get the payer's accept or reject report for each claim, not just word that they were sent.	Each claim has a payer acceptance or rejection report; rejections have an owner and deadline.	At the first release, before broad release; review within 7 days, sooner if needed	Date: _____ Owner: _____	☐
33	Confirm payment reports (ERAs) are reaching the team that posts payments.	Real payment reports have arrived and been posted.	Check from the first expected report; review by day 21, without waiting on a missing feed	Date: _____ Owner: _____	☐
34	Confirm deposits are landing in your bank and match what was posted.	Bank deposits and posted payments match for the month.	Within 30 days of the new company starting	Date: _____ Owner: _____	☐
35	Update the billing agency on your Medicare enrollment record using the current form or PECOS.	Submission is recorded and tracked to completion; provider type and effective change date are confirmed.	Plan before handoff. Physician/NPP-practice billing-agency-only updates: 90 days from the actual change; confirm other provider types or changes separately.	Date: _____ Owner: _____	☐

Phase 5: Close out the old company

You are done when every old claim is resolved or an accepted new owner has its next step and deadline.

#	Task	Done when	When	My date / Owner	Done
36	Get an old-claims status report on the schedule you agreed. Work by deadline, not by age.	Each report shows paid, appealed, open, and written off, with an owner and next deadline for unresolved claims.	Every week or two until old claims are done	Date: _____ Owner: _____	☐
37	Maintain the deadline sheet started before notice: each payer's filing, corrected-claim, and appeal limits, plus each open claim's due date.	Every open claim has its applicable deadline, next action, and owner.	Start before notice; update throughout the handoff and old-claims work	Date: _____ Owner: _____	☐
38	Review credit balances. Assign the report-and-return deadline under the applicable payer rule, including Medicare's identification rules. Log every refund.	One person approves refunds and keeps the deadline log.	Ongoing	Date: _____ Owner: _____	☐
39	Compare the same old-claim group with your snapshot: open dollars and dollars over 120 days. Track practice days in A/R with the same calculation each time.	You have four dated comparisons.	30, 60, 90, and 120 days after the new company starts	Date: _____ Owner: _____	☐
40	On the agreed end date, get every unresolved claim handed over with its notes and deadlines. Match each snapshot claim to an outcome.	Every claim is resolved or accepted by a new owner; pending appeals still have a next step and deadline.	Your agreed end date for old claims	Date: _____ Owner: _____	☐
41	Check the final invoice against the contract.	Every charge ties to a contract term.	Your agreed end date for old claims	Date: _____ Owner: _____	☐
42	Get in writing what patient data was returned, destroyed, or retained, with reasons and safeguards. Remove old access when authorized work ends, including the Medicare submitter link.	Data disposition and any limited retention are documented; access removal is confirmed by the relevant systems.	Your agreed end date for old claims	Date: _____ Owner: _____	☐

Nine things to find in your contract before you give notice

Find in your contract	The question to answer	Your answer and section number
Notice period	How many days of notice do you owe?	
How notice must be sent	Email, certified mail, a named address?	
When the clock starts	When you send it, or when they receive it?	
Renewal date	Does the contract renew on its own? How far ahead must you give notice?	
Early exit charge	Is there a fee for leaving before the term ends?	
Fees after you leave	Do they keep earning on payments that arrive later? For how long?	
Data return	What do you get back, in what file type, by when, at what cost?	
Software license	Is the billing software in your name or theirs?	
Ending for cause	Must you give them a chance to fix problems first?	

Use the full guide for the rules behind the checklist

The 14-day preparation targets and 30/60/90/120-day reviews are planning choices, not universal payer deadlines. Record filing and appeal deadlines before the handoff. Confirm notice terms, payer processing times, and required access before starting new claims.

The Medicare enrollment entry applies a 90-day period only to a physician/NPP-practice billing-agency-only change, measured from the actual change. Other provider types and simultaneous changes can follow different rules. An enrollment update does not replace electronic billing enrollment.

Keep patient information in authorized, secure systems. A BAA must address return or destruction of PHI at termination when feasible; if retention is necessary, document the reason, permitted use, and continuing protections. Remove the former company's practice-specific access when its authorized work ends.

[Full guide, planner, letter templates, and source details](#)

[CMS: Medicare enrollment reporting rules \(42 CFR 424.516\)](#)

[First Coast: EDI enrollment and retained submitter/ERA access](#)

[HHS: required business associate agreement provisions](#)

[CMS: Medicare Part A/B overpayment rules \(42 CFR 401.305\)](#)

[CAQH Provider Data Portal: current attestation guidance](#)