Getting Started: Billing & Claims Readiness Checklist

Use this checklist to prepare visits, billing data, and workflows for accurate and timely claims submission.

1. Confirm Visits Are Billing-Ready

Purpose: Ensures only verified and compliant visits flow into billing, reducing claim rejections and rework.

☐ Open the **Patient Calendar**
☐ Review visits in **Visit Maintenance / Prebilling**
☐ Confirm visits are in **Verified** or **Approved status**
☐ Ensure all **EVV requirements** are met (no unresolved EVV exceptions)
☐ Confirm **visit date, time, and duration** are **accurate**
☐ Validate visits are marked as **Billable**

2. Billing Configuration Validation

Purpose: Confirms billing setup aligns with payer rules and prevents avoidable claim errors.

☐ Correct **payer** and **Primary Bill To** are assigned
☐ Service codes align with **payer** and **contract requirements**
☐ Pay Code **matches** the scheduled service
☐ **Rates** and **units** are **configured correctly**
☐ Authorizations are **active** and **cover billed services**

Getting Started: Billing & Claims Readiness Checklist

Use this checklist to prepare visits, billing data, and workflows for accurate and timely claims submission.

3. Pre-Billing Quality Review

Purpose: Identifies common issues before claim creation to improve first-pass acceptance.

☐ Member information is **complete** and **valid**
☐ No **authorization gaps, expirations, or overages**
☐ No **duplicate** or **overlapping services**
☐ No **service, rate**, or **unit mismatches**
☐ No EVV-related **billing restrictions**

4. Claims Creation & Submission Readiness

Purpose: Ensures claims are accurate, complete, and ready for submission.

☐ Claims are generated for the **correct billing cycle**
☐ Claim details are reviewed for **accuracy** and **completeness**
☐ Provider and **rendering information is correct** (if applicable)
☐ **Claim totals align** with expected charges
☐ Claims are submitted to the **payer** or **clearinghouse**

5. Post-Submission Monitoring

Purpose: Early monitoring allows faster resolution of rejections and underpayments.

☐ Claim statuses are **monitored regularly**
☐ Rejections are **identified** and **addressed promptly**
☐ Payer **responses** and **remittances** are tracked
☐ Corrected claims are **resubmitted** as needed

Getting Started: Billing & Claims Readiness Checklist

Use this checklist to prepare visits, billing data, and workflows for accurate and timely claims submission.

6. Continue Your Learning (Next Step)

Purpose: Strengthening billing knowledge improves compliance, reduces denials, and accelerates payment.

☐ Attend the **Billing Webinar**
☐ Understand how **EVV impacts billing** outcomes
☐ Review **common denial trends** and prevention strategies
☐ Apply **billing best practices** to improve first-pass acceptance

Getting Started: Billing & Claims Readiness Checklist

Use this checklist to prepare visits, billing data, and workflows for accurate and timely claims submission.

Explore the resources below to strengthen your knowledge and put the webinar concepts into practice!

Knowledge Base:

- Billing Overview
- Prepare for Billing
- Prebilling Overview
- Billing Review

Training Video:

- Billing Videos

eLearning:

- HHAeXchange Enterprise Training: Billing