Everything Included In First Practice Launch

Every Step

1. We guide your business registration, EIN and NPI applications. We show you where to apply, check the details before you submit and explain what comes next.

2. We coordinate your Type 1 and Type 2 NPI, your NPPES records, your taxonomy and your W 9.

3. We review your DataSpring/CAQH profile with you before anything is submitted. You complete and attest it.

4. We credential and contract you with five commercial payers you choose, each one carried through to the payer's written decision and, once approved, system loading and a directory check.

5. Before you sign a payer contract, we explain how its rates and terms work and point out anything unusual.

6. We register your payer portals and set up EFT and ERA.

7. We track your DataSpring/CAQH re attestation dates during your Launch period, and we tell you about any payer decision or request within one business day of getting it.

8. If you don't have an EHR yet, we go over your goals and budget and help you choose one. We work out what you need, shortlist and compare the options, and review your setup once it's in. If you're keeping the EHR you already use, we set up your new practice in it.

9. We build your CPT codes, modifiers and place of service, your fee schedules (insurance charges at current market rates for your specialty and area, plus a self pay schedule we set with you), and your payers and claims in your EHR. Then we run a test patient from the first appointment through the claim, so your first claim goes out the way each payer expects.

10. We build every visit type you offer, from telehealth to in-office appointments, with the correct CPT codes, modifiers and place of service, and configure your schedule around your preferences so each appointment produces a clean claim.

11. As your contracts come back with their fee schedules, we load each payer's rates into your EHR where it allows, or hand you a finished schedule to load, and review them with you, so you know what each payer reimburses for the services you provide.

12. If your first claim to a payer goes out during your Launch period, we follow it to that payer's response.

13. We give you the tools to verify patients' insurance benefits on your own, with guidance specific to your payers, your state and the way you practice: where to check, what to confirm before a first visit, and what to do when coverage comes back different than expected.

14. We configure your patient payment setup, including card on file, automatic payments, copay collection at check-in and your patient portal, or guide you through each step if you prefer to handle it yourself. We also draft your financial policy and billing consent for your attorney's review.

15. We put the systems and standards in place so your financial reporting is accurate from your first claim, covering charges, payments, and balances owed by insurance and by patients, and we train you to run each report yourself.

16. We give you direction on your new patient and consent forms.

What You Provide

• Your onboarding packet and the documents it asks for.

• Your own business decisions, like your business type, made with your attorney or CPA.

• Access where we need it, or a screen share where we walk you through each step.

• You complete and attest your CAQH profile and sign anything only you can sign.

Timelines

• Right after you pay, you get an email invitation to the AdvanceAPractice Command Suite, where you review and sign your Order Form, service agreement and BAA.

• Your onboarding packet follows right after you sign your agreements. If anything takes longer on your side, let us know and we'll keep things moving as quickly as we can.

• We start within three business days of getting your completed packet back.

• Both payment options have the same 90 day Launch period and handoff schedule. Every stage opens right away. On the monthly plan, payments continue as agreed after handoff; a payment that is not yet due does not delay work or handoff. Payer decisions and effective dates stay outside our control. We follow up with each payer at least every 10 business days during your Launch period and tell you as each payer goes live.

What Is Not Included

• Forming your business, S corporation elections, and legal or tax advice. We never apply for your EIN for you or pick your business type.

• Medicare, Medicaid and Medicaid managed care plans, which you can add at $450 each. TRICARE and VA Community Care are quoted in writing.

• Appeals after a payer denies an application.

• Professional licensure, DEA and state controlled substance applications, and malpractice coverage.

• More providers, states or locations.

• Software subscriptions and filing fees, which you pay directly.

• Ongoing medical billing.

• An EHR subscription. You keep the one you use, or buy the one you choose in your own name.

Ongoing Support

• Questions are part of working with us, during setup and for as long as you're a client. Send them in the Command Suite or by email, and we reply within one business day, usually the same day. If a question turns into new work, like a new build or a change to something we built, we send a written quote before we start.

• Up to two meetings a month if you need them.

• Your Command Suite workspace shows what we're working on and anything we need from you. It stays fully open during the work, read only for 30 days after, and then it's $99 a month if you want to keep it.

• If something we delivered doesn't work the way we said it would, tell us within 30 days of delivery and we fix it at no cost.

• Everything we set up is yours. The accounts, the documents and what we build stay with your practice.

• After your Launch period, Ongoing Credentialing keeps your payer work going. It's a separate service. Complete is $100 per provider a month for up to three plans, plus $15 a month for each added plan, with re credentialing included. Essentials is $80 per provider a month and covers the same upkeep (CAQH re attestations, license, DEA and malpractice tracking, monthly exclusion checks, roster and location updates), with re credentialing billed when it comes due at $200 per provider per plan. Both start with a review of every provider with every plan in the first 30 days, and we quote it in writing.