

Epic Resolute Revenue Cycle - Go-Live Readiness Checklist

Charge Capture | Billing | Claims |
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Every gate must have a named owner and confirmed sign-off date before go-live approval. Revenue cycle configuration errors affect every claim that hits that configuration - not just individual encounters. Incomplete gates create financial and compliance risk from day one.

CHARGE CAPTURE AND CDM VALIDATION

	Gate Item	Owner	Sign-off Date
<input type="checkbox"/>	Charge Description Master (CDM) audit complete - all CPT/HCPCS codes verified by revenue cycle and compliance	_____	_____
<input type="checkbox"/>	Annual CPT code update applied - deleted codes removed, new codes added before go-live	_____	_____
<input type="checkbox"/>	Revenue codes confirmed for all facility billing CDM items (hospital billing)	_____	_____
<input type="checkbox"/>	All clinical order types mapped to correct charge trigger status (ordered/resulted/administered/completed)	_____	_____
<input type="checkbox"/>	Documentation-based charge triggers tested - all procedure SmartForms mapped to correct charge definitions	_____	_____
<input type="checkbox"/>	E/M charge triggers validated - visit note sign-off generates correct E/M charge per appointment type	_____	_____
<input type="checkbox"/>	Infusion and chemotherapy charge triggers validated at administration-complete status (not order-signed)	_____	_____
<input type="checkbox"/>	Charge router rules reviewed - modifier logic, technical/professional split, PB vs HB routing confirmed	_____	_____
<input type="checkbox"/>	Charge review work queue routing rules configured and tested per denial reason and charge type	_____	_____
<input type="checkbox"/>	CDM change management process documented - owner, approval workflow, and change log in place	_____	_____
<input type="checkbox"/>	OIG high-risk CDM items reviewed by compliance before go-live	_____	_____

PAYER PLAN CONFIGURATION

	Gate Item	Owner	Sign-off Date
<input type="checkbox"/>	All payer plan records built - Medicare, Medicaid, and top 10 commercial payers confirmed active	_____	_____

	Gate Item	Owner	Sign-off Date
[]	Billing NPI confirmed per payer plan - individual NPI vs group NPI validated against payer contract	_____	_____
[]	Tax ID (EIN) confirmed correct per payer plan - matches provider enrollment records	_____	_____
[]	Trading partner ID and electronic payer ID confirmed with clearinghouse for each payer	_____	_____
[]	Claim form type confirmed per payer - 837P for professional, 837I for hospital billing	_____	_____
[]	Timely filing deadlines entered per payer - AR aging thresholds set to alert before deadline	_____	_____
[]	Expected reimbursement / contracted fee schedules loaded for all major payers	_____	_____
[]	Medicare Physician Fee Schedule rates loaded for current year by CPT and locality	_____	_____
[]	Coordination of benefits (COB) order configured for multi-coverage patient scenarios	_____	_____
[]	Prior authorization requirements loaded per payer and procedure category	_____	_____
[]	Clearinghouse test submission completed per payer - all claims returned with accepted status	_____	_____
[]	Payer NPI audit completed - cross-reference against provider enrollment records	_____	_____

CLAIM EDIT RULES AND SCRUBBING

	Gate Item	Owner	Sign-off Date
[]	CCI edit engine activated and current quarterly update loaded	_____	_____
[]	CCI edit quarterly update process documented - responsible team and schedule confirmed	_____	_____
[]	ICD-10-CM diagnosis code validation rules active - invalid and deleted codes flagged	_____	_____
[]	Medical necessity (LCD/NCD) edit rules configured for high-volume services	_____	_____
[]	Modifier validation rules configured - modifier 25, 59, 26, TC logic tested	_____	_____
[]	Bundling/unbundling edit rules tested with CCI code pairs	_____	_____

	Gate Item	Owner	Sign-off Date
[]	Claim edit failure routing configured - claims route to correct work queue per edit type	_____	_____
[]	Authorization requirement edits active - missing auth number flagged before submission	_____	_____
[]	Patient demographics edit rules tested - name, DOB, gender mismatch produces correct hold	_____	_____
[]	Timely filing edit rule active - claims approaching deadline flagged for priority action	_____	_____

HIPAA TRANSACTIONS AND ERA POSTING

	Gate Item	Owner	Sign-off Date
[]	837P professional claim: test submission to clearinghouse sandbox - accepted with no errors	_____	_____
[]	837I institutional claim: test submission to clearinghouse sandbox - accepted with no errors	_____	_____
[]	835 ERA: test remittance file from each major payer processed in Resolute - payment posts correctly	_____	_____
[]	CARC (Claim Adjustment Reason Codes) mapped to Resolute denial reason catalog per payer	_____	_____
[]	RARC (Remittance Advice Remark Codes) mapped to Resolute denial reason catalog per payer	_____	_____
[]	270/271 eligibility: real-time eligibility tested per payer - coverage populates in patient account	_____	_____
[]	276/277 claim status: electronic claim status tested for payers that support it	_____	_____
[]	278 prior authorization: electronic PA tested for payers that accept 278 transaction	_____	_____
[]	ERA auto-posting rules configured per payer - manual posting fallback procedure documented	_____	_____
[]	Payment posting validation: ERA test payment posts to correct claim with correct amounts	_____	_____

DENIAL MANAGEMENT AND AR WORKFLOWS

	Gate Item	Owner	Sign-off Date
[]	Denial work queue routing rules configured - denials route to correct team by reason and payer	_____	_____
[]	Coding denial queue tested - ICD-10 and CPT denial reasons route to coding team	_____	_____
[]	Authorization denial queue tested - auth-related denials route to auth/utilization management team	_____	_____
[]	Eligibility denial queue tested - eligibility denials route to front-end registration team	_____	_____
[]	AR aging thresholds configured per payer timely filing deadline and appeal window	_____	_____
[]	AR follow-up worklist configured - accounts past follow-up due date surface for action	_____	_____
[]	Denial analytics reports validated - top denial reasons by volume and dollar by payer confirmed	_____	_____
[]	Reporting Workbench denial reports reviewed by revenue cycle director before go-live	_____	_____
[]	Appeal workflow documented per payer - appeal deadlines, required documentation, submission method	_____	_____
[]	Write-off authorization levels configured - dollar thresholds requiring management approval	_____	_____

PROFESSIONAL VS HOSPITAL BILLING CONFIGURATION

	Gate Item	Owner	Sign-off Date
[]	Provider enrollment NPI/taxonomy code confirmed for all rendering and billing providers	_____	_____
[]	Group NPI vs individual NPI usage confirmed per payer and claim type	_____	_____
[]	E/M code mapping reviewed per CMS 2021 E/M guidelines - MDM and total time documentation	_____	_____
[]	DRG grouper integration confirmed active for inpatient hospital billing (HB)	_____	_____
[]	Revenue code mapping confirmed for all hospital billing service types	_____	_____
[]	APC grouper logic tested for outpatient facility claims (HB)	_____	_____
[]	ICD-10-PCS procedure codes mapped for applicable inpatient hospital billing scenarios	_____	_____

	Gate Item	Owner	Sign-off Date
[]	Professional/technical component split (modifier 26/TC) configured and tested	_____	_____
[]	Split billing scenarios tested - same-day E/M and procedure with modifier 25 confirmed	_____	_____
[]	Revenue cycle sign-off obtained on PB and HB billing configuration before go-live	_____	_____

GO-LIVE OPERATIONS AND MONITORING

	Gate Item	Owner	Sign-off Date
[]	Revenue cycle operations lead assigned to go-live command center	_____	_____
[]	Payer contract specialist available for first 72 hours to resolve payer-specific issues	_____	_____
[]	Charge lag report configured - daily monitoring of charges not billing within expected window	_____	_____
[]	Claim submission volume monitoring: daily claim count baseline vs go-live volume confirmed	_____	_____
[]	Denial rate baseline documented from legacy system - target threshold set for go-live	_____	_____
[]	Cash flow projection completed - expected AR impact during go-live stabilization period	_____	_____
[]	Manual billing fallback procedure documented if electronic claim submission fails	_____	_____
[]	Legacy system read-only access confirmed for historical AR reference post go-live	_____	_____
[]	Post-go-live charge reconciliation audit scheduled for day 3, 7, and 30	_____	_____
[]	Revenue cycle super-users identified for billing, coding, and AR follow-up teams	_____	_____