Practice Launch planning worksheet

Use this worksheet to make the runway concrete before a fit call: target timing, payer priorities, input readiness, system choices, ownership boundaries, and questions for your own advisers.

> **Use boundary:** This is not an intake form, contract, launch schedule, or legal, tax, accounting, financial, or clinical advice. Do not enter protected health information or client information. Exact requirements and sequence depend on the practice, advisers, platforms, and payers.

STANDARD PROJECT FEE	INCLUDED PAYER SCOPE	TYPICAL PAYER WINDOW
$3,950	**Up to 5 panels**	**90-150 days**
Flat fee, never a percentage of collections.	Medicaid counts as one selected payer.	Payer-controlled and not guaranteed.

Start with the operating target

TARGET DATES

Desired first session _____

Desired resignation / notice _____

Cash-pay opening, if any _____

Insurance opening target _____

PLANNING PRINCIPLE

Do not make payer timing your resignation promise.

Work backward using the full 90-150 days typical credentialing range, the time needed to provide complete inputs, and a cash-flow plan reviewed with your own financial adviser or CPA.

Write down the constraints

EMPLOYMENT

- ☐ Notice terms reviewed
- ☐ Outside-work restrictions reviewed
- ☐ Target hours / caseload

ADVISERS

- ☐ Attorney identified
- ☐ CPA identified
- ☐ Financial adviser, if used

PRACTICE MODEL

- ☐ Location / telehealth plan
- ☐ Insurance vs. cash-pay mix
- ☐ Solo practice ownership

Grasshopper coordinates administrative work. Your advisers provide legal, tax, accounting, and financial advice. You make the decisions.

Payer shortlist

You select the panels. Grasshopper prepares, submits, and follows up. Each payer controls panel availability, acceptance, timing, contract terms, and effective dates.

#	PAYER / PROGRAM	WHY THIS PANEL MATTERS	KNOWN STATUS / QUESTION
1			
2			
3			
4			
5			

Published pricing: $295 per additional payer beyond the 5 included panels. A closed panel cannot be overridden. Any substitution rule should be explicit in the signed launch plan.

Input readiness

IDENTITY, LICENSE, AND HISTORY

- ☐ Accurate legal and contact information
- ☐ Licensure and identifier information
- ☐ Work history and payer-requested history
- ☐ CAQH source information or access

PRACTICE AND PAYER CHOICES

- ☐ Practice name and location facts
- ☐ Entity / EIN / NPI-2 status
- ☐ Selected payer list
- ☐ Timely signatures and attestations

SYSTEMS AND WORKFLOWS

- ☐ EHR choice; SimplePractice is default
- ☐ Telehealth and intake preferences
- ☐ Consent and reminder decisions
- ☐ Fee schedule and superbill inputs

RESPONSE PLAN

- ☐ One point of contact
- ☐ Secure access path when needed
- ☐ Prompt response to payer requests
- ☐ No PHI in this worksheet

"Complete inputs" means the accurate information, access, selections, signatures, and attestations required for the selected applications and systems build. Exact requirements vary by payer.

Parallel launch model

01 FOUNDATION
Entity, EIN, and NPI-2 coordination

02 PAYERS
CAQH plus selected applications and weekly follow-up

03 SYSTEMS
EHR, telehealth, intake, consent, reminders, fees

04 VERIFY
Go-live checklist and first claim per payer through payment

Illustrative sequence, not a guaranteed calendar. Selected payer applications are submitted within 14 days of complete inputs. Payer review is typically 90-150 days and payer-controlled.

Responsibility check

WORK AREA	YOU	GRASSHOPPER	PAYER, ADVISER, OR PLATFORM
ENTITY AND TAX	Choose and authorize.	Coordinate administrative steps.	Attorney / CPA advises.
CAQH AND PANELS	Provide accurate inputs, select, review, sign.	Build, submit, and follow up weekly.	Payer determines status, timing, and terms.
EHR / WORKFLOWS	Choose and approve business and clinical decisions.	Configure published systems scope.	Counsel advises; platforms control products.
GO-LIVE / CLAIMS	Decide when to open, provide care, document.	Run checklist; track first claim per payer.	Payer adjudicates and reimburses.
OWNERSHIP	Own practice, contracts, client relationships, data.	Flat-fee administrative support.	No outcome or payment guarantee.

CASH-FLOW QUESTIONS FOR YOUR CPA OR FINANCIAL ADVISER

- [ ] What reserve covers the payer review window?
- [ ] How will cash-pay and insurance openings differ?
- [ ] What expenses begin before reimbursement?
- [ ] What is the plan if approval or payment is delayed?

SYSTEM CHOICE NOTES

Preferred EHR _____

Telehealth platform _____

Phone / inbox _____

Open question _____

Definition of done to confirm

- [ ] Selected payer applications submitted within 14 days of complete inputs.
- [ ] Weekly follow-up on every payer, logged with a weekly status note.
- [ ] Systems pass the go-live checklist before the first session.
- [ ] First claim per payer tracked through payment.

Fit-call agenda

BRING

- [ ] Target dates and employment constraints
- [ ] Payer shortlist
- [ ] Entity and CAQH status
- [ ] EHR preference
- [ ] Adviser questions

RESOLVE IN WRITING

- [ ] Exact inputs and start trigger
- [ ] Payer substitutions if a panel is closed
- [ ] Non-default EHR support limits
- [ ] Payment handling if no commercial panel approves
- [ ] First-claim tracking endpoint

Published payment timing: $1,975 at signing and $1,975 at first commercial panel approval. A 12-month Complete agreement signed at go-live creates a $1,000 standard Launch credit; founding Launch pricing and that credit do not stack. Confirm edge cases in the signed agreement.