

Behavioral Health EHR Migration Checklist

Practice Name: _____
Current EHR: _____
New EHR: _____
Migration Lead: _____
Vendor / Project Contacts: _____
Planned Go-Live Date: _____
Review Date: _____

1. Migration Planning

- ☐ Migration goals and requirements documented
- ☐ Project responsibilities assigned to named staff
- ☐ Migration timeline and go-live date confirmed
- ☐ Current clinical and administrative workflows reviewed
- ☐ Data to migrate and data to keep in an archive identified
- ☐ Record retention requirements reviewed (HIPAA documentation: 6 years; medical records: state law)
- ☐ Old vendor contract reviewed (data export rights, export fees, termination date, data retention period)
- ☐ Downtime and backup procedures established
- ☐ Rollback or fallback plan defined in case go-live fails
- ☐ Accuracy criteria for sign-off defined (for example, record counts match and all sampled charts pass)

2. Patient Records & Data Preparation

- ☐ Patient demographics and contact information included
- ☐ Medical and behavioral health history included, as applicable
- ☐ Diagnoses, medications, and allergies included
- ☐ Clinical notes and treatment plans included, as applicable
- ☐ Screening and assessment records included, as applicable
- ☐ Signed consent forms and relevant authorizations included
- ☐ Scanned documents and attachments accounted for

- ☐ Decision made on whether note timestamps, authors, signatures, and amendment history migrate or stay in the archive
- ☐ Duplicate, inactive, and incomplete patient records reviewed
- ☐ Patient identification and record-matching process established

3. Behavioral Health Records & Privacy

- ☐ Psychotherapy notes identified and kept separate in the new system when they meet HIPAA's definition
- ☐ Determined whether the practice is a 42 CFR Part 2 program
- ☐ SUD records flagged or segregated in the new EHR, with consents and redisclosure notices carried over
- ☐ Patient confidentiality and disclosure restrictions preserved
- ☐ Minor patient records and representative access reviewed, when applicable
- ☐ Role-based access limits who can view sensitive behavioral health notes
- ☐ Consent and authorization records verified after transfer
- ☐ State mental health confidentiality requirements reviewed

4. Security & Vendor Readiness

- ☐ HIPAA Security Risk Analysis updated for the new EHR before go-live
- ☐ Business Associate Agreement signed with the new EHR vendor and any data conversion vendor
- ☐ Data transfer method reviewed (encrypted in transit; secure transfer channel)
- ☐ Access to migration data limited to authorized personnel
- ☐ Real patient data protected during testing (limited access, encrypted, no copies on personal devices)
- ☐ Data backup completed before migration, with a test restore verified
- ☐ Security risks associated with migration assessed
- ☐ Incident reporting and response procedures established for the migration period
- ☐ Data handling responsibilities of old and new vendors confirmed in writing

5. Data Mapping & Migration Testing

- ☐ Source fields mapped to the correct fields in the new EHR

- ☐ Patient records matched accurately between systems
- ☐ Clinical notes, dates, and provider details checked
- ☐ Diagnoses, medications, and allergies checked for accuracy
- ☐ Documents and attachments opened and reviewed
- ☐ Signed, unsigned, and amended notes handled correctly
- ☐ Record counts compared between source and destination systems
- ☐ Sample patient charts reviewed for missing or incorrect data
- ☐ Migration errors documented and corrected

6. Workflows & System Integrations

- ☐ Appointment schedules and upcoming visits verified
- ☐ Billing records, balances, and outstanding claims reviewed
- ☐ Clearinghouse connection, payer enrollment (electronic claims and remittances), and provider NPI and taxonomy data confirmed
- ☐ E-prescribing and pharmacy connections tested, when applicable
- ☐ Electronic prescribing of controlled substances (EPCS) set up, with identity proofing and credentialing for each prescriber, when applicable
- ☐ Patient portal access and record availability tested
- ☐ Telehealth functionality tested, when applicable
- ☐ Connected systems and integrations tested
- ☐ User roles and permissions configured
- ☐ Security settings confirmed in the new EHR: unique logins, multi-factor authentication, audit logging, automatic logoff, encryption
- ☐ Clinical templates and assessment forms checked

7. Staff Training & Go-Live Preparation

- ☐ Staff trained on the new EHR; training records kept
- ☐ Role-specific access and workflows explained
- ☐ Patient scheduling and documentation processes tested
- ☐ Billing and administrative workflows tested
- ☐ Staff informed of the migration timeline
- ☐ Patients notified of any portal, login, or communication changes
- ☐ Process in place to fulfill patient records requests within 30 days during the transition

- ☐ Go-live support and issue escalation contacts identified
- ☐ Final data transfer plan confirmed
- ☐ Go-live readiness approved by responsible personnel

8. Post-Migration Review

- ☐ Patient records reviewed after migration
- ☐ Clinical information verified by appropriate staff
- ☐ Missing or mismatched records investigated
- ☐ Active appointments and pending tasks checked
- ☐ Billing and outstanding claims reconciled, as applicable
- ☐ Staff-reported issues documented and resolved
- ☐ New EHR access and security settings reviewed
- ☐ Legacy records remain accessible as required
- ☐ Old system not shut down until validation is signed off and retention requirements are met
- ☐ Read-only copy or archive of old data available for records requests
- ☐ Old vendor's return or secure destruction of data confirmed in writing

9. Final Migration Sign-Off

- ☐ Required data migration completed
- ☐ Critical patient information verified
- ☐ Outstanding migration issues documented
- ☐ Corrective actions assigned with owner and due date
- ☐ Clinical and administrative teams approve the transition
- ☐ Data retention and secure disposal plans confirmed
- ☐ Migration marked complete

Migration Lead Signature: _____

Clinical Reviewer Signature: _____

Date: _____

Outstanding Actions (Action / Owner / Due Date):

Final Approval Date: _____