PRACTICE MANAGEMENT SYSTEM - VENDOR CHECKLIST

CONTRACT

- ☐ Are there provision for automatic contract extensions?
- ☐ What are the termination options
- ☐ What data can be provided at the end of the contract?
- ☐ What is the cost?
- ☐ Is the system an in-house or ASP (Application Service Provider)?

PLATFORM

- ☐ Uses HL7.
- ☐ Web Based.
- ☐ Dos the system currently interface with an electronic medical record (EMR)?
- ☐ Will the system work with other EMR vendors to all the client choices?
- ☐ What is the cost of interfacing to other EMR vendors?
- ☐ Who is responsible for CPT HCPCS and ICD-9 Coding Updates?
- ☐ Is the software ready for 5010 formatting?
- ☐ Who maintains procedure, provider, insurance etc files?
- ☐ How often are updates implemented? Is advance training on new features available?
- ☐ Does the vendor have a compliance plan in place?
- ☐ Are necessary HIPAA regulation in place?
- ☐ If your practice has specific needs, such as chiropractic, RHC or facility billing, is the software currently processing these types of claims?
- ☐ Are you willing to accept system inadequacies in exchange for lower costs? Have you considered the labor costs and payment delays due to these inadequacies?
- ☐ What levels of user security are available? Can access to applications be restricted by user?
- ☐ What are the system backup procedures for data?
- ☐ If applicable to your practice, can the system support multiple databases? Tax ID numbers?

SUPPORT

- ☐ What type(s) of training are provided?
- ☐ Is additional training available for new staff? Additional Fees?
- ☐ What type of support is available? Call Center or online contacting? Where is the Call center located? What is the turnaround time for response?
- ☐ Are "Help" screens or other assistance readily available to the user?
- ☐ Is there a monthly support fee, hourly rate or other costs associated with support?

DEMOGRAPHICS

- ☐ User friendly demographic entry.
- ☐ Ability to define required fields. (Must enter subscriber date of birth).
- ☐ Ability to default fields. (Patient gender in OBGYN practice defaults to FEMALE).
- ☐
  Ability to scan identification and insurance cards into the patient record.
- ☐ Ability to import documents, (Lab, X-Ray results) into the patient record. (Useful if no EMR package is currently being used).
- ☐ Ability to have 2 primary insurance for a patient depending on the type of service provided?
- ☐ Ability to track changes to the patient demographic record by user.
- ☐ Ability to store worker's compensation or auto accident information and auto populate information to the claim.
- ☐ Ease in adding new insurance contracts.   Ability to maintain multiple coverage periods.
- ☐ Electronic integration with insurance carriers to verify eligibility and benefits.
- ☐ Can the system process "family" accounts if needed for your practice?

MANAGED CARE

- ☐ Does the system provide monitoring and reporting for inbound and outbound referrals?

SCHEDULING

- ☐ Integrated with charge entry.
- ☐ Appointment confirmation feature available.
- ☐ Patient balances available when scheduling appointment.
- ☐ Alert messaging available for patient balances, check insurance, etc. at time apptoint is made.
- ☐ Statistical reports available.
- ☐ Able to suport multiple providers, locations.
- ☐ Easy to maintain, change schedules.
- ☐ Prior authorization requirment by carrier available at time appointment is scheduled.

PATIENT STATEMENTS

- ☐ Does the system produce patient statements?
- ☐ What information is available to view the patient statement by the billing staff?
- ☐ How easy is it to identiy when the patient has been mailed a statemnt.
- ☐ Can statement be placed on "hold"? What reports are avialable?
- ☐ Are forwarding mail messages available?
- ☐ What is the cost per statement?

COLLECTIONS

- ☐ Does the system currently have an integrated collection function?
- ☐ Can an outside collection agency be used?
- ☐ Are user defined pre-collection letters or letter series processes available?
- ☐ Is there a cost for processing collections?

CLAIMS PROCESSING/ELECTRONIC CLAIMS TRANSMISSION

☐ Does the software support electronic claims processing? Is there a fee for electronic claims?

☐ Are there setup fees?

☐ What carriers are currently available for electronic procession? Are YOUR carriers on the list?

☐ Do claims process thru an outside clearing house or are they submitted directly to major carriers?

☐ How often are claims submitted to the carriers(s)?

☐ What reports are provided form the carrier that claims have been received?

☐ How will your staff received edit reports?

☐ Are front-end edits in place to reduce claim errors and payemnt delays?

☐ What audit trails are available for claims processing?

☐ Does the vendor have a dedicated team in place to address EDI issues? Do problems become the clients responsibility to research and correct?

☐ Does the sytem generage electronic secondary claims?

ELECTRONIC REMITTANCE ADVANCE (ERA) PROCESSING

☐ What carriers have ERA capability?

☐ Who is responsible for the EDI Approval / Registration process with carriers?

PAYMENT POSTING

☐ Is posting by line item or by oldest date for patient balances?

☐ How does the system integrate payment processing when generating secondary claims?

REPORTS

☐ Does the system produce static and real time reports?

☐ Can reports be imported into Microsoft Excel or other software?

☐ Can reports be user defined?