Practice Management System Key Feature and Functionality Requirements

Patient scheduling and management

- Appointment scheduling permitting:
    - Double booking
    - Ability to schedule by provider and procedure room
- Ability to generate patient reminder and re-calls (HIPAA compliant):
    - Electronically
    - Phone
    - Text
    - email
- Ability to collect and store patient registration information:
    - Demographic
    - Insurance
    - Meaningful use data
    - Scanning of insurance, photo ID, referrals, etc.
- Electronic health identification card reader interface (*not available with all PMS*)
- Ability to electronically verify insurance eligibility and policy information
- Ability to generate, send and receive real-time or nearly real-time eligibility requests and responses from payers.

Superbill:

- Ability to create and update a superbill
- Ability to create and update multiple superbills
- Ability to print individual superbills
- Ability to print batch/multiple superbills from the schedule
- Ability to use an on-screen superbill
- Displays patient demographic and insurance information
- Indicates outstanding patient balances and if a copay due
- Ability to show messages (e.g. bad debt, update info, get referral, etc.)
- Ability to enter charges manually or through an EHR.

Claims management

- Ability to a generate single and batch paper CMS 1500 claim forms
- Ability to submit a single of batch of electronically claims
- Ability to a generate single and batch paper UB 04 claim forms
- Ability to electronically submit single or batch UB 04 claims
- Ability to generate and send payers real-time or nearly real-time claims
- Ability to receive real-time or nearly real-time electronic claims submission verification
- Claims scrubbing for:
    - Current Procedural Terminology (CPT®) format compliance
    - ICD codes
    - Missing data
    - Payer specific rule
- Ability to maintain payer and **product-specific claim edits** and payment rules
- Ability to manually manage referrals and authorizations in the PMS
- Ability to generate, send and receive batch referral and authorization management requests to and responses from payers.
- Ability to generate, send and receive **real-time** or nearly real-time referral and authorization management requests to and responses from payers.

- Ability to generate, send and receive batch claim status inquiry and response from payers using the solicited and unsolicited standard transaction
- Ability to generate and receive real-time or nearly real-time claim status inquiry and response from payers using the solicited and unsolicited standard transaction
- Automated claims appeals process
- Ability to generate, send and receive claims attachments
- Maintain a list of:
  - Referring physicians
  - Referring laboratories
  - Testing facilities
  - Local hospitals
  - Pharmacies
  - Payers including individual payer products and associated contracted fee schedules
- Ability to automatically upload payer fee schedules by product type (*not available in all PMS*)
- Ability to interface with:
  - EHR
  - Lab
  - Clinical documentation
  - Clearinghouse
  - Patient Portal
  - CCU
  - ImmuNet
- Integrated credit card processing

Billing and Collections
- Ability to receive an electronic batch claim payment/remittance advice. (ERA)
- Ability to maintain the provider/clinic/practice fee schedule.
- Ability to create a finance charge for overdue patient balances.
- Manual payment posting and reconciliation of paper explanation of benefits. (EOB)
- Manual payment posting and reconciliation of electronic remittance advice. (ERA)
- Automatic payment posting and reconciliation of electronic remittance advice. (ERA)
- Ability to attach an adjustment or denial code by line item so the data is tracked and a report can be generated.
- Patient encounter reconciliation
- Ability to enter a free text note per line item.
- Ability to easily process refunds and adjustments
- Electronic funds transfer (EFT) and electronic remittance advice (ERA) management. Management of rejected claims
- **Patient statements:**
  - Ability to print an individual patient statement
  - Ability to print batch patient statements
  - Ability to print family statements
  - Ability to generate and transmit electronic statements
  - Ability to set up statements on a cycle billing
  - Ability to generate patient statements - aging based on:
    - The date of service
    - The date the balance became the patient responsibility
- Patient collection tools
- Health Department specific - ability to interface and send accounts to CCU.

- **Report Generation:**
- Ability to report and extract detailed data on financial performance and history
- Ability to report and extract detailed data on patient financial histories
- End-user customizable reporting
- End-user customizable dashboard templates
- End-user ad-hoc query reporting
- Ability to interface with business intelligence software tools that create reports and analytics
- Advanced reporting (e.g., dashboard in real-time or nearly real-time)
- Ability to save reports in Microsoft® Excel® (i.e., .csv or .xls format)
- Reports automatically generated in Microsoft Excel
- Graphical user interface (GUI) (Microsoft® Windows® look, use of shortcuts; not DOS-based)
- Integration of user interface tools such as Microsoft .Net
- Basic pre-defined reports to be generated by all, or by provider, location, date range:
  - Charge capture reports
  - Schedule reports
  - Reconciliation reports
  - Claims aging reports
  - Service analysis reports
  - Reconciliation reports
  - Pre-edit claim reports
  - Pre-edit statement reports
  - Account Receivable reports
  - Aging reports
  - Collection
  - Appointment availability
  - Payer reports
  - Charge, payment and adjustment reports
- **Ability to Automatically Post:**
  - Capitation payments
  - Performance bonus (e.g., PQRI, gain sharing, ePrescribing)
  - Bundled payments

Miscellaneous:
- Non-proprietary open relational database (e.g., Oracle®, SQL Server®, etc.)
- Ability to select and switch clearinghouses or other vendors with relative ease at no cost
- Technical specifications
- On-site client/server or remote data center host compatible (if remote data center host compatible, software has been optimized to operate as a Web service or "software as a service")
- Modern and widely supported relational database for the underlying data structure (e.g., MS SQL Server, Oracle, MySQL®, etc.)
- Open interface to receive third-party patient registration data (kiosk, tablet, etc.)
- Scanning capabilities and document management.

Compliance and Security:
- HIPAA Privacy and Security compliance
- Role-based and facility-based security (e.g., secure passwords, audit logs, etc.)
- Ability to encrypt either the entire database or protected health information without system performance compromise
- Data backup/disaster recovery system that meets the HIPAA Security Rule requirements
- Database is open database compliant (ODBC)
- Ability to generate and e-mail encrypted practice patient financial statements and other correspondence

Vendor Fee and Support Considerations

- PMS cost
- Installation cost (e.g., cabling, labor and travel, if applicable)
- Initial and ongoing staff training for upgrades and features costs
- After-hours or emergency vendor service hotline costs
- Upgrades and services and installation of new upgrades and services costs. *(to comply with all federal and state mandates and with the HIPAA Privacy and Security Rules and HIPAA Transactions and Code Sets Rule)*
- Clearinghouse ongoing costs of electronic:
    - Eligibility verification
    - Claim submission
    - ERA
    - Electronic patient statements
    - Portal
- Non-proprietary open connectivity with any clearinghouse, payer or portal
- Ability to transition to a different clearinghouse.