

Take heed: Know what you need for billing

Christopher Young

One of the most important decisions a clinical laboratory makes is its choice of a billing/accounts receivable computer system or a third-party billing vendor.

Such a system should be able to vary its billing rules according to the payer being billed or send a claim to more than one payer. It should be able to apply rules to triage claims at the front end of the system, to prevent bad data from entering the system, and at the back end, to prevent bad information from being sent to payers. Sending inaccurate claims to government payers, in particular, can result in significant legal problems for a laboratory.

Most laboratories recognize the importance of being able to move data between disparate systems and handle a large volume of claims, as well as having access to numerous automated processes for changing claims status, posting, and error reporting. While these pose significant challenges to laboratory billing systems and vendors, other, more subtle, problems also influence the billing process.

It can be difficult to maintain databases and tables that contain health care procedure coding system, or HCPCS, and diagnosis coding information and claims editing information, such as medical review policies and Correct Coding Initiative edits. Laboratories that bill in more than one state must be aware that some of these databases and tables vary from one state to another. The tables can change as often as quarterly and require timely updates to prevent billing problems and claims denials. A good system or vendor will maintain these databases and tables for the laboratory and provide billing system updates.

Another feature essential to a laboratory billing system is the ability to detect missing or inaccurate information and generate automated letters or notices requesting such information from clients.

Also important are reports that help manage your billing processes, such as reports of billed versus reimbursed amounts sorted by payer, and that provide financial information to your company about billing.

Make sure you understand what is included in the standard reporting package for the system or what is provided by the vendor and how difficult it can be for a laboratory to customize reports or have new reports built. A system that does not offer flexibility and ease of use in this area can debilitate a laboratory.

When selecting a laboratory billing system, probe deeply—check references and conduct on-site visits. Prepare a checklist of items that you require and then make sure the system you are considering has those features in place and operational at at least one site.

A company that promises and doesn't deliver or overstates the benefits of its system is of much less value than a company that offers fewer features but is reliable. If you choose to contract with a third-party billing company, carefully review the contract that delineates the services you are purchasing. A legal review is also necessary. A third-party billing company should have an active and effective compliance program that follows the guidelines for third-party billing companies published by the Office of Inspector General.

Finally, be open to new ideas and approaches. Don't shop for a system that mirrors the one being replaced. Make sure your next billing system reflects what your laboratory currently needs and desires for the future. Talk to other laboratories about the functionality of their billing systems. Ask vendors what other laboratories want from such systems.

Profiled on pages 28–35 are 15 billing/accounts receivable systems. The information provided on those pages is based entirely on vendors' responses to a questionnaire. We urge readers to verify all information pertinent to them before making a purchasing decision. Be aware that because a vendor indicates that it has a feature installed in 100 percent of its customer sites does not mean that any of those sites are operating the feature, assuring its functionality.

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Billing/accounts receivable systems

Part 1 of 5	Antek HealthWare Sandy Laughlin slaughlin@antekhealthware.com 228 Business Center Drive Reisterstown, MD 21136 800-359-0911 ext 1011 www.antekhealthware.com	Cerner Corp. Angela Betts abetts@cerner.com 2800 Rockcreek Parkway Kansas City, MO 64117 816-201-2771 www.cerner.com	Computer Service and Support James T. O'Neill jimjr@csslis.com 2106 New Rd., Bldg. E-6 Linwood, NJ 08221 609-653-6444 www.csslis.com
See accompanying article on page 27			
Name of system	Daqbilling Practice Management System	Cerner Millennium ProFit	A/R 2000
First/most recent B/AR* system installation	2001/2004	2000/2004	1980/2004
No. of contracts signed during calendar year 2003	54	21	12
Last major product release	—	Nov. 2003	Sept. 2003
No. of contracts for sites operating B/AR system	85	14	64
No. of sites where system is operational (HL/IL/PP/PO/OL)**	98 (0/8/0/80/10†)	17 (1/3/0/4/9†)	64 (0/64/0/0/0)
No. of inpatient invoices handled by installed sites annually	—	—	25k–1.5m (ave.: 750k)
No. of outpatient requisitions handled by installed sites annually	300k–600k (ave.: 450k)	—	25k–1.5m (ave.: 750k)
Largest No. of hospitals/pathologists serviced by one B/AR system	—	—	5/—
Percentage of installations that are stand-alone B/AR systems	90%	0	—
Staff to develop/install/support/other***			
• In entire company	10/15/10/15	800+/1,900+/800+/1,300+	6/4/4/5
• In B/AR systems division	5/5/6/2	40+/10+/10+/10+	—
No. of user workstations in sites operating system (min.–max.)	1–30	—	3–50
Ave. No. of user workstations in sites operating system	4	—	10
• Computer platform or service type	ASP	Compaq, IBM RS/6000	IBM RS/6000
• PC platform	—	Intel Pentium	—
• Innovative peripherals	digital scanning	—	—
• Operating system(s)	Windows 98, 2000, XP	open VMS, AIX-Unix	AIX 5.2
• Databases and tools used	Oracle	Oracle	LabBase
HIS interfaces	n/a	—	McKesson, Medic, SCC, PCN, IDX, Advanced Data Systems, CCA
LIS interfaces	LabDaq LIS	—	CCA, Misys, McKesson, SCC
Features (listed as a percentage of live installations or based on availability)			
• Patient demographic data transferred via interface from LIS to billing system	100%	—	100%
• 1500 claim form generation	100%	100%	100%
• UB-92 claim form generation	available in July 2004	100%	—
• Client invoices	100%	100%	100%
• Patient invoices	100%	100%	100%
• Reprints of above on demand	100%	100%	100%
• Key indicator tracking	100%	100%	100%
• Test profile vs. component billing	100%	100%	100%
• Medical-necessity screening for Medicare	not available	available but not installed	60%
• Professional component billing	100%	100%	30%
• Auto delete of nonbillable procedures	50%	not available	—
• Technical component only	not available	100%	30%
• Retain demographic data, repeating patients	100%	100%	100%
• Accounts and patient payment posting	100%	100%	100%
• Accounts receivable system	100%	100%	100%
• Management/marketing reports	100%	100% for management/marketing not available	100%
• Automatic balance billing to patients	100%	100%	30%
• Capitation billing plus billable tests	available in Aug. 2004	not available	30%
• Utilization reports for managed care	100%	available but not installed	40%
• Services per diem/per discharge	not available	not available	40%
• Global charges for lab tests	100%	100%	100%
• Unlimited user-defined fee schedules	100%	100%	—
• Track financial classes	100%	not available	100%
• Allow open-item accounting	100%	100%	100%
• User report writer	not available	100%	50%
• Collection agency system	not available	100%	20%
• User-configurable dunning	100%	100%	100%
• Client services/call tracking module	not available	not available	—
• Rules-based processing	100%	100%	100%
B/AR system supports electronic data interchange with third-party payers and claims clearinghouses?	yes	yes	yes
• Functions offered	scheduling, electronic claims, payer rules, insurance and patient payments, A/R management	claims, payments, eligibility, referral/authorization	ANSI 4010A1—claims processing, remittance, eligibility verification, rebill
• Third-party payers and claims clearinghouses with which system is interfaced	WebMD, MedUnite, ProxyMed	will interface with any clearinghouse or payer per client requirements	ProxyMed
Type of claim data generation	1500, medical assistance claim forms	UB-92, 1500	1500
Third-party rules and coding updates supported by system	n/a	Medical Necessity, Info-X, CPT-4, ICD-9	ICD-9 updates available
Complete ASP solution for B/AR system?	yes	yes	no
Method of charging for ASP service	fixed fee or transaction based	fixed fee	—
Client software required	requires software be installed on client PC	requires software be installed on client PC	—
ASP information conduit	operates over Internet	operates over Internet or requires use of a VPN or other dedicated connection	—
Client contracts supported from data center not operated by client	all	—	—
How data center is operated	by vendor	by vendor	—
Indexed field in each test definition for LOINC code?	no	no	no
Provide LOINC dictionary for each new installation?	no	no	—
Journaling?/source code?	yes/escrow	yes/escrow	yes/yes
Cost (hardware/software/installation & training/monthly maintenance)			
• Smallest stand-alone B/AR system	\$1k per PC (if necessary)††/\$.99 per encounter/\$1k per day/\$0	—	\$5k/\$10k/\$5k/\$.25k
• Largest stand-alone B/AR system	\$1k per PC (if necessary)††/\$.3k per mo. per MD (unlimited claims)/\$1k per day/incl.	—	\$20k/\$50k/\$10k/\$1.5k
• Smallest B/AR configuration for integrated lab system	—	—	\$5k/\$10k/\$5k/\$.25k
• Largest B/AR configuration for integrated lab system	—	—	\$20k/\$50k/\$10k/\$1.5k
Distinguishing features (supplied by vendor)	<ul style="list-style-type: none"> • excellent technical support • all claims—even secondary claims—submitted to Antek electronically • low start-up costs and easy, quick implementation 	<ul style="list-style-type: none"> • improves cash flow and reduces claims denials • simplifies the billing statements sent to patients and guarantors • streamlines business operations and reduces labor costs 	<ul style="list-style-type: none"> • dedicated to servicing the billing needs of laboratories for over two decades • technical support personnel are cross-trained on all issues relating to the laboratory and billing
* B/AR=billing/accounts receivable			
** HL=hospital labs, IL=independent labs, PP=pathology practices, PO=physician offices, OL=other locations			
*** other=sales, marketing, administration, other company functions			
	† nutritionists; optical		
	†† may be able to use existing PC		
		† hospital-wide	
			See our ad on page 24

Billing/accounts receivable systems

Part 2 of 5	Cortex Medical Management Systems Stan Gordon 2001 Western Ave., Ste. 410 Seattle, WA 98121 206-812-6981 www.cortexmed.com	GE Medical Systems Information Technologies (formerly Triple G) Heather Edmonds Penstone heather.penstone@med.ge.com 3100 Steeles Ave. East, Ste. 600 Markham, Ontario, L3R 8T3 Canada 905-305-0041 www.gemedical.com	Hex Laboratory Systems Susan Bollinger sbollinger@hexlab.com 1042B El Camino Real, Ste. 308 Encinitas, CA 92024 800-729-2085 www.hexlab.com
See accompanying article on page 27			
Name of system	Cortex Medical Billing	Centricity Ultra-AR	Lab/Hex Billing & Cash Management
First/most recent B/AR* system installation	1986/2004	1993/2003	1983/2004
No. of contracts signed during calendar year 2003	6	0	2
Last major product release	March 2004	2003	Oct. 2003
No. of contracts for sites operating B/AR system	21	26	25
No. of sites where system is operational (HL/IL/PP/PO/OL)**	21 (1/0/20/0/0)	208 (35/153/0/0/20†)	25 (0/22/1/0/2†)
No. of inpatient invoices handled by installed sites annually	unknown	10k-100k (ave.: 25k)	—
No. of outpatient requisitions handled by installed sites annually	8.5k-400k (ave.: unknown)	25k-12m (ave.: 2m)	10k-750k (ave.: 200k)
Largest No. of hospitals/pathologists serviced by one B/AR system	9/28	20/25	—/20
Percentage of installations that are stand-alone B/AR systems	4%	4%	5%
Staff to develop/install/support/other***			
• In entire company	6/3/4/9	70/40/10/30	5/5/5/3
• In B/AR systems division	3/1/3/0	4/2/1/0	—
No. of user workstations in sites operating system (min.-max.)	1-25	10-1,000+	3-45
Ave. No. of user workstations in sites operating system	5	250	10
• Computer platform or service type	any Windows-compatible computer	Unix servers; support IBM RS/6000, HP 9000, Sun	Intel server/open platform
• PC platform	Windows	Windows 2000, NT, 98	any Intel PC
• Innovative peripherals	n/a	voice input, optical storage, bar-code input, image capture and retrieval interfaces	voice recognition, image scanning/storage, e-billing and remittance
• Operating system(s)	Windows	Unix	Red Hat Linux
• Databases and tools used	MS SQL, associated tools	Unify DataServer database, Unify development tool kit	Thoroughbred Basic, 4GL, SQL
HIS interfaces	Meditech, Cerner, McKesson	Siemens, McKesson, IDX, Compucare, Meditech	Siemens, CPSI, McKesson, Misys, Cerner, Experior, Millbrook, Medic, others
LIS interfaces	Meditech, Cerner, McKesson	Centricity Ultra, Rubicon	Lab/Hex, AP Easy, McKesson, Cerner, CPSI
Features (listed as a percentage of live installations or based on availability)			
• Patient demographic data transferred via interface from LIS to billing system	30%	100%	100%
• 1500 claim form generation	100%	33%	100%
• UB-92 claim form generation	not available	33%	100%
• Client invoices	100%	100%	100%
• Patient invoices	100%	100%	100%
• Reprints of above on demand	100%	100%	100%
• Key indicator tracking	100%	100%	100%
• Test profile vs. component billing	available but not installed	100%	100%
• Medical-necessity screening for Medicare	not available	33%	90%
• Professional component billing	100%	33%	100%
• Auto delete of nonbillable procedures	100%	100%	100%
• Technical component only	100%	0	100%
• Retain demographic data, repeating patients	100%	100%	100%
• Accounts and patient payment posting	100%	100%	100%
• Accounts receivable system	100%	50%	100%
• Management/marketing reports	100%	100%	100%
• Automatic balance billing to patients	100%	100%	100%
• Capitation billing plus billable tests	not available	33%	100%
• Utilization reports for managed care	100%	100%	100%
• Services per diem/per discharge	not available	100%	available but not installed
• Global charges for lab tests	100%	100%	100%
• Unlimited user-defined fee schedules	100%	100%	100%
• Track financial classes	100%	100%	100%
• Allow open-item accounting	100%	100%	100%
• User report writer	100%	100%	available but not installed
• Collection agency system	100%	80%	100%
• User-configurable dunning	100%	100%	100%
• Client services/call tracking module	not available	5%	available but not installed
• Rules-based processing	not available	100%	100%
B/AR system supports electronic data interchange with third-party payers and claims clearinghouses?	yes	yes	yes
• Functions offered	primary claims, secondary claims, remittance, delinquent, rebill	claims, rebill, payments	claims, payments, rebill
• Third-party payers and claims clearinghouses with which system is interfaced	McKesson, Zirmed	ProxyMed	ProxyMed
Type of claim data generation	1500	UB-92, 1500	UB-82, UB-92, 1500, ANSI 4010
Third-party rules and coding updates supported by system	Ingenix for CPT and ICD	LMRP, ICD-9, CPT	can import any rules and coding updates, e.g. Info-X, Ingenix, ADP
Complete ASP solution for B/AR system?	yes	no	no
Method of charging for ASP service	transaction based	—	—
Client software required	browser based	—	—
ASP information conduit	operates over Internet	—	—
Client contracts supported from data center not operated by client	2	—	—
How data center is operated	by vendor	—	—
Indexed field in each test definition for LOINC code?	no	yes	yes
Provide LOINC dictionary for each new installation?	no	no	no
Journaling?/source code?	yes/escrow	yes/escrow	yes/escrow
Cost (hardware/software/installation & training/monthly maintenance)			
• Smallest stand-alone B/AR system	\$5k/\$46.5k/\$14k/\$.815k	\$25k/\$50k/\$50k/\$.75k	\$5k/\$9.5k/\$5k/\$.2k
• Largest stand-alone B/AR system	\$60k+/\$210k+/\$63k/\$3.7k	\$1m+/\$1m+/\$1m+/18% of software cost per yr.	\$25k/\$65k/\$25k/\$1.25k
• Smallest B/AR configuration for integrated lab system	n/a/\$2.5k/\$1.4k/\$.043k	—	\$0/\$5k/\$2.5k/\$.1k
• Largest B/AR configuration for integrated lab system	unknown	—	\$10k/\$35k/\$5k/\$.5k
Distinguishing features (supplied by vendor)	<ul style="list-style-type: none"> fully integrated with company's anatomic pathology system on same database automatic step-down billing; primary to secondary to patient unlimited number of fee schedules 	<ul style="list-style-type: none"> designed for multiple laboratory, IDN environment fully integrated modules, single database design proven in high-volume laboratories 	<ul style="list-style-type: none"> fully integrated with LIS electronic HIPAA-compliant billing and remittance knowledge and experience in lab, pathology, nursing home billing; client and patient billing
* B/AR=billing/accounts receivable			
** HL=hospital labs, IL=independent labs, PP=pathology practices, PO=physician offices, OL=other locations			
*** other=sales, marketing, administration, other company functions	See our ad on page 26	† veterinary	See our ad on page 27

Billing/accounts receivable systems

<i>Part 3 of 5</i>	Medical Data Processing	Medical Information Technology (Meditech)	MediSolution
<i>See accompanying article on page 27</i>	James Bishop jim.bishop@mdp.net 6100 Newport Rd., Ste. 225 Portage, MI 49002 269-381-2743 www.mdp.net	Paul Berthiaume Meditech Circle Westwood, MA 02090 781-821-3000 www.meditech.com	Mark Kirby mark.kirby@medisolutionusa.com 2639 N. 53rd Ave. Phoenix, AZ 85009 800-443-3811 www.medisolution.com
Name of system	Medsys/3000†	Billing/Accounts Receivable†	MediAR+
First/most recent B/AR* system installation	—/2003	1977/2004	1973/2003
No. of contracts signed during calendar year 2003	1	56	8
Last major product release	Dec. 2003	summer 2003	Sept. 2003
No. of contracts for sites operating B/AR system	25	—	35
No. of sites where system is operational (HL/IL/PP/PO/OL)**	72 (17/25/10/15/5)	—	47 (6/5/3/8/25†)
No. of inpatient invoices handled by installed sites annually	100k–1m+ (ave.: 550k)	—	1k–400k (ave.: 100k)
No. of outpatient requisitions handled by installed sites annually	300k–3m (ave.: 1.65m)	—	10k–300k (ave.: 150k)
Largest No. of hospitals/pathologists serviced by one B/AR system	10+/10+	—	4/—
Percentage of installations that are stand-alone B/AR systems	100%	0	70%
Staff to develop/install/support/other***			
• In entire company	5/1/4/1	414/403/837/403	—
• In B/AR systems division	—	46/38/62/0	5/4/4/10
No. of user workstations in sites operating system (min.–max.)	1–70	—	3–300
Ave. No. of user workstations in sites operating system	20–25	—	10
• Computer platform or service type	HP, other	Dell, EMC, IBM, JWild	client/server, Linux, Unix, others
• PC platform	PCs	Dell, EMC, IBM, JWild	Windows 95, 98, NT, 2000, XP
• Innovative peripherals	—	—	—
• Operating system(s)	MPE, Unix	Windows 95, 98, NT, 2000, ME	Linux, Unix, Windows
• Databases and tools used	RDMS, KSAM, ISAM	Magic, SQL server	Oracle, Oracle Tools
HIS interfaces	McKesson, Siemens, Meditech, Allegra, Misys, Cerner	Cerner, McKesson, others	Cerner, Meditech, CCA, MediSolution
LIS interfaces	McKesson, Meditech, Misys, CCA, Cerner, SCC	Cerner, Misys, others	Cerner
Features (listed as a percentage of live installations or based on availability)			
• Patient demographic data transferred via interface from LIS to billing system	100%	100%	100%
• 1500 claim form generation	100%	100%	100%
• UB-92 claim form generation	25%	100%	100%
• Client invoices	90%	100%	100%
• Patient invoices	100%	100%	100%
• Reprints of above on demand	50%	100%	100%
• Key indicator tracking	100%	100%	—
• Test profile vs. component billing	90%	100%	100%
• Medical-necessity screening for Medicare	80%+	80%	—
• Professional component billing	70%+	100%	75%
• Auto delete of nonbillable procedures	60%+	80%	100%
• Technical component only	40%+	100%	—
• Retain demographic data, repeating patients	70%+	100%	100%
• Accounts and patient payment posting	100%	100%	100%
• Accounts receivable system	100%	100%	100%
• Management/marketing reports	100%	installed	100%
• Automatic balance billing to patients	100%	installed	100%
• Capitation billing plus billable tests	90%+	100%	100%
• Utilization reports for managed care	100%	installed	—
• Services per diem/per discharge	40%+	installed	—
• Global charges for lab tests	75%+	100%	—
• Unlimited user-defined fee schedules	100%	100%	100%
• Track financial classes	100%	100%	100%
• Allow open-item accounting	100%	not available	100%
• User report writer	80%	100%	100%
• Collection agency system	80%	100%	100%
• User-configurable dunning	98%+	100%	100%
• Client services/call tracking module	100%	100%	100%
• Rules-based processing	98%+	100%	100%
B/AR system supports electronic data interchange with third-party payers and claims clearinghouses?	yes	yes	yes
• Functions offered	claims, payments, rebill	—	claims 837 I/P, payments 835, others
• Third-party payers and claims clearinghouses with which system is interfaced	NEIC, Cydata, IMS, Medicare carriers, BCBS, others	Premis, NDC, SSI, Companion	—
Type of claim data generation	UB-82, UB-92, 1500	UB-82, UB-92, 1500	UB-92, 1500
Third-party rules and coding updates supported by system	—	variety of encoders, including 3M, Med 2020, Mediqua, HSS; work with medical necessity vendors such as Info-X††	—
Complete ASP solution for B/AR system?	yes	no	no
Method of charging for ASP service	fixed fee or transaction based††	—	—
Client software required	requires software be installed on client PC	—	—
ASP information conduit	operates over Internet, can use private dedicated circuit	—	—
Client contracts supported from data center not operated by client	6	—	—
How data center is operated	by vendor	—	—
Indexed field in each test definition for LOINC code?	yes	yes	yes
Provide LOINC dictionary for each new installation?	no	no	no
Journaling?/source code?	yes/no	yes/yes	yes/yes
Cost (hardware/software/installation & training/monthly maintenance)			
• Smallest stand-alone B/AR system	\$20k–\$30k/\$35k/included (except expenses)/\$.7k	—	\$20k/\$25k/\$25k/\$.42k
• Largest stand-alone B/AR system	\$70k/\$80k/included/\$1.5k	—	\$80k/\$120k/\$90k/\$2k
• Smallest B/AR configuration for integrated lab system	\$20k–\$25k†††/\$35k/included/\$.7k	—	\$20k/\$25k/\$25k/\$.42k
• Largest B/AR configuration for integrated lab system	\$60k†††/\$80k/included/\$1.5k	—	\$100k/\$145k/\$90k/\$2.4k
Distinguishing features (supplied by vendor)	<ul style="list-style-type: none"> • automation and flexibility of all modules and software • statistical data collection • compliance and LMRP (medical necessity tools) 	<ul style="list-style-type: none"> • integration throughout the HCIS • over three decades of product and technological innovation • 99 percent customer retention rate 	<ul style="list-style-type: none"> • workflow-driven technology • rules-based, exception-driven pre-billing edits • customizable solution
* B/AR=billing/accounts receivable			
** HL=hospital labs, IL=independent labs, PP=pathology practices, PO=physician offices, OL=other locations			
*** other=sales, marketing, administration, other company functions			
	† company plans to release new billing system product by fall	† answers reflect Meditech's Magic and client/server products combined	† non-lab clients
	†† individually priced with base minimum	†† Meditech will evaluate any encoding solution	
	††† may be less		

Tabulation does not represent an endorsement by the College of American Pathologists

Billing/accounts receivable systems

Part 4 of 5	Misys Healthcare (formerly Sunquest)	Multidata Computer Systems	NetLims
See accompanying article on page 27	Liddy West liddy.west@misyshealthcare.com 4801 E. Broadway Blvd. Tucson, AZ 75711 800-748-9658 www.misyshealthcare.com	Michael Slater mrslater@mul.com 330 Seventh Ave. New York, NY 10001 212-967-6700 www.mul.com	Guy Dotan guy@netlims.com 96 Engle St. Englewood, NJ 07631 201-894-5300 www.netlims.com
Name of system	Misys Clinical Financial	MultiTech A/R	AutoBilling
First/most recent B/AR* system installation	1985/2004	1984/2003	2003/2003
No. of contracts signed during calendar year 2003	5	1	—
Last major product release	Dec. 2003	Oct. 2003	2004
No. of contracts for sites operating B/AR system	70	36	2
No. of sites where system is operational (HL/IL/PP/PO/OL)**	225 (41/153/31/0/0)	36 (2/34/0/0/0)	2 (0/2/0/0/0)
No. of inpatient invoices handled by installed sites annually	—	—	—
No. of outpatient requisitions handled by installed sites annually	5k–4m (ave.: 250k)	15k–3m (ave.: 250k)	100k–800k (ave.: 400k)
Largest No. of hospitals/pathologists serviced by one B/AR system	8/25	1/n/a	—/8
Percentage of installations that are stand-alone B/AR systems	20%	20%	0
Staff to develop/install/support/other***			
• In entire company	400/185/265/175	4/2/3/2	66/16/20/8
• In B/AR systems division	19/10/14/7	2/1/1.5/1	12/4/4/0
No. of user workstations in sites operating system (min.–max.)	8–128	4–100+	5–40
Ave. No. of user workstations in sites operating system	35	15–20	25
• Computer platform or service type	IBM RS/6000, HP Alpha	Intel x86 compatible, HP Alpha, most Unix	Windows, Unix, relational databases
• PC platform	Dell Optiplex or similar	RISC	Windows platform, IE
• Innovative peripherals	—	Intel x86 compatible	can attach any type of document, including
• Operating system(s)	AIX, Unix, VMS	optional image input/output	images, user customizable interfaces
• Databases and tools used	M Caché, Intersystems M/SQL, Intersystems DSM	Windows XP, 2000; HP VMS, Unix, Linux	Windows, Unix on servers
HIS interfaces	Cerner, Siemens, McKesson, others	Siemens, CSM	IDX
LIS interfaces	Misys, Cerner, Siemens, McKesson, SCC, LabCorp, LabGem, Tamtron, Meditech, others	Cerner, Psyche, Siemens, SCC, CCA	—
Features (listed as a percentage of live installations or based on availability)			
• Patient demographic data transferred via interface from LIS to billing system	100%	75%	100%
• 1500 claim form generation	95%	100%	100%
• UB-92 claim form generation	10%	10%	100%
• Client invoices	100%	100%	100%
• Patient invoices	95%	100%	100%
• Reprints of above on demand	100%	100%	100%
• Key indicator tracking	100%	100%	100%
• Test profile vs. component billing	100%	100%	100%
• Medical-necessity screening for Medicare	95%	100%	100%
• Professional component billing	95%	40%	—
• Auto delete of nonbillable procedures	100%	100%	100%
• Technical component only	90%	20%	—
• Retain demographic data, repeating patients	100%	100%	100%
• Accounts and patient payment posting	100%	100%	100%
• Accounts receivable system	100%	100%	100%
• Management/marketing reports	100%	100%	100%
• Automatic balance billing to patients	90%	100%	100%
• Capitation billing plus billable tests	20%	100%	100%
• Utilization reports for managed care	100%	100%	100%
• Services per diem/per discharge	95%	not available	100%
• Global charges for lab tests	90%	80%	100%
• Unlimited user-defined fee schedules	100%	100%	100%
• Track financial classes	100%	100%	100%
• Allow open-item accounting	100%	100%	100%
• User report writer	100%	25%	100%
• Collection agency system	100%	100%	100%
• User-configurable dunning	100%	100%	100%
• Client services/call tracking module	handled by LIS	100%	not available
• Rules-based processing	100%	100%	100%
B/AR system supports electronic data interchange with third-party payers and claims clearinghouses?	yes	yes	yes
• Functions offered	claims, payments	claims, payments	claims, payments, rebill
• Third-party payers and claims clearinghouses with which system is interfaced	WebMD, Per-Sé, Cydata, NEIC, Quadex, Regence, others	WebMD, Envoy	NEIC, WebMD
Type of claim data generation	UB-92, 1500, custom	UB-92, 1500	UB-82, UB-92, 1500, XSC-based user-defined generator
Third-party rules and coding updates supported by system	Info-X	—	Info-X
Complete ASP solution for B/AR system?	no	no	no
Method of charging for ASP service	—	—	—
Client software required	—	—	—
ASP information conduit	—	—	—
Client contracts supported from data center not operated by client	—	—	—
How data center is operated	—	—	—
Indexed field in each test definition for LOINC code?	no	yes	yes
Provide LOINC dictionary for each new installation?	no	optional	no
Journaling?/source code?	yes/yes	optional/escrow	yes/escrow
Cost (hardware/software/installation & training/monthly maintenance)	—	—	—
• Smallest stand-alone B/AR system	—	\$10k/\$40k/included/\$.6k	\$40k/\$60k/\$30k/\$1.5k
• Largest stand-alone B/AR system	—	\$100k/\$150k/included/\$2.25k	\$160k/\$350k/\$120k/\$7.5k
• Smallest B/AR configuration for integrated lab system	—	\$5k/\$20k/included/\$.5k	\$40k/\$60k/\$30k/\$1.5k
• Largest B/AR configuration for integrated lab system	—	\$50k/\$150k/included/\$2.25k	\$160k/\$350k/\$120k/\$7.5k
Distinguishing features (supplied by vendor)	<ul style="list-style-type: none"> integrated medical necessity and procedure code consolidation tools proven high-volume processing comprehensive solution that combines AR, billing, and general ledger functions with integrated regulatory compliance tools 	<ul style="list-style-type: none"> designed for commercial labs electronic remittance module connects with rules-based actions for denials/partial payments/transfers, etc. optional imaging module for requisitions and other related documents 	<ul style="list-style-type: none"> service level billing automatic user-defined response to denials and exceptions minimal request for manual interventions
* B/AR=billing/accounts receivable			
** HL=hospital labs, IL=independent labs, PP=pathology practices, PO=physician offices, OL=other locations			
*** other=sales, marketing, administration, other company functions			† one lab includes a pathology department

Billing/accounts receivable systems

Part 5 of 5	SCC Soft Computer	Telcor	Xifin
See accompanying article on page 27	Ellie Vahman 34350 U.S. Hwy. 19N Palm Harbor, FL 34684 727-789-0100 www.softcomputer.com	Jerry Genrich 1560 S. 70th St. Lincoln, NE 68506 402-489-1207 www.telcor.com	Craig Turner cturner@xifin.com 12636 High Bluff Drive, Ste. 400 San Diego, CA 92130 858-793-5700 www.xifin.com
Name of system	Soft A/R	Billing Information System	Xifin AR
First/most recent B/AR* system installation	1993/2003	2004/2004	2001/2004
No. of contracts signed during calendar year 2003	3	1	4
Last major product release	Nov. 2003	2004	March 2004
No. of contracts for sites operating B/AR system	37	1	7
No. of sites where system is operational (HL/IL/PP/PO/OL)**	46 (36/9/0/1/0)	1 (0/1/0/0/0)	8 (3/4/1/0/0)
No. of inpatient invoices handled by installed sites annually	n/a	—†	n/a
No. of outpatient requisitions handled by installed sites annually	1m–6.5m (ave.: 4.3m)	up to 700k	200k–500k
Largest No. of hospitals/pathologists serviced by one B/AR system	3/7	—	8/hundreds
Percentage of installations that are stand-alone B/AR systems	0	100%	100%
Staff to develop/install/support/other***			
• In entire company	487/97/187/176	9/11/11/12	20/8/21/10
• In B/AR systems division	26/4/16/0	5/3/1/2	—
No. of user workstations in sites operating system (min.–max.)	5–80	4–25	15–58
Ave. No. of user workstations in sites operating system	20	—	32
• Computer platform or service type	IBM pSeries (RS/6000), HP 9000 series	Intel-based Windows server	ASP
• PC platform	Windows XP, 2000, NT, 98	Windows 2000, XP	PC Pentium class with Internet connection
• Innovative peripherals	optical storage	fax, PDF, e-mail	bar-code printers, scanned image-mgmt. sys., credit/debit card readers, COLD storage
• Operating system(s)	IBM AIX, HP-UX	Windows 2000 or 2003 server	PC: MS Windows/Internet Explorer
• Databases and tools used	Oracle	Microsoft SQL server 2000	Oracle 9i, Oracle Datawarehouse, Business Objects Report Writer, Veritas, Covalent, Quest
HIS interfaces	Siemens Unity and MedSeries 4, Meditech, McKesson, Eclipsys, CPSI, IDX, Quadramed, custom/internal	—	Cerner
LIS interfaces	SCC SoftLab	Novius Lab (Siemens)	Cerner, CCA, CIS, SCC, McKesson
Features (listed as a percentage of live installations or based on availability)			
• Patient demographic data transferred via interface from LIS to billing system	100%	100%	100%
• 1500 claim form generation	50%	100%	100%
• UB-92 claim form generation	2%	not available	100%
• Client invoices	78%	100%	100%
• Patient invoices	50%	100%	100%
• Reprints of above on demand	50%	100%	100%
• Key indicator tracking	—	100%	100%
• Test profile vs. component billing	100%	100%	100%
• Medical-necessity screening for Medicare	100%	100%	100%
• Professional component billing	100%	100%	100%
• Auto delete of nonbillable procedures	100%	100%	100%
• Technical component only	68%	100%	100%
• Retain demographic data, repeating patients	100%	100%	100%
• Accounts and patient payment posting	80%	100%	100%
• Accounts receivable system	50%	100%	100%
• Management/marketing reports	100%	100%	100%
• Automatic balance billing to patients	50%	100%	100%
• Capitation billing plus billable tests	50%	100%	100%
• Utilization reports for managed care	not available	100%	100%
• Services per diem/per discharge	not available	not available	100%
• Global charges for lab tests	100%	100%	100%
• Unlimited user-defined fee schedules	100%	100%	100%
• Track financial classes	50%	100%	100%
• Allow open-item accounting	100%	100%	100%
• User report writer	100%	100%	100%
• Collection agency system	2%	100%	100%
• User-configurable dunning	50%	100%	100%
• Client services/call tracking module	not available	not available	100%
• Rules-based processing	100%	100%	100%
B/AR system supports electronic data interchange with third-party payers and claims clearinghouses?	yes	yes	yes
• Functions offered	claims, payments, secondary claims	electronic claims submission and remittance, client invoices, patient statements, rebill	interface creation/management to payers, clearinghouses; submissions/remittance/eligibility/payer edits; fee schedules; others
• Third-party payers and claims clearinghouses with which system is interfaced	Medicare, NEIC, BCBS, Quadax, ProxyMed, MVP, First Coast	Medicare, THIN	ProxyMed/NDC/MedUnite, Envoy, Per-Sé, PayerPath, Medicare, Medicaid, BCBS, others
Type of claim data generation	UB-92, 1500, 837 Professional and Institutional	1500	UB-92, 1500, Medicaid (NY, CA, MO), NSF, ANSI (3041, 3051, 4010)
Third-party rules and coding updates supported by system	Quadax	none	ICD-9, CPT, LMRP, NCD, others
Complete ASP solution for B/AR system?	no	no	yes
Method of charging for ASP service	—	—	transaction based
Client software required	—	—	browser based
ASP information conduit	—	—	operates over Internet
Client contracts supported from data center not operated by client	—	—	100%
How data center is operated	—	—	by third party (SBC Communications)
Indexed field in each test definition for LOINC code?	yes	no	yes
Provide LOINC dictionary for each new installation?	no	no	no
Journaling?/source code?	yes/escrow	yes††/escrow	yes/no
Cost (hardware/software/installation & training/monthly maintenance)			
• Smallest stand-alone B/AR system	\$40k/\$30k/\$50k/—	—	n/a/\$1.25 per accession/\$145k†/included††
• Largest stand-alone B/AR system	\$100k/\$250k/\$150k/—	—	n/a/\$.95 per accession/\$300k†/included††
• Smallest B/AR configuration for integrated lab system	\$15k/\$33k/\$40k/—	—	n/a/\$1.25 per accession/\$145k†/included††
• Largest B/AR configuration for integrated lab system	\$100k/\$275k/\$150k/—	—	n/a/\$.95 per accession/\$300k†/included††
Distinguishing features (supplied by vendor)	<ul style="list-style-type: none"> unlimited multi-tiered pricing, carve-outs, billing edits; modular product offering to meet individual site requirements HIS, commercial lab, SNF, ESRD, centralized billing for multi-site client-defined and editable billing formats without vendor intervention 	<ul style="list-style-type: none"> designed exclusively for laboratory outreach programs performs profitability and utilization analysis capitalizes on new technology, e.g. exports data to Excel 	<ul style="list-style-type: none"> transaction-based infrastructure services user-configurable, rules-driven workflow automation facilitating incorporation of lab policies, procedures, best practices comprehensive error/denial management resources
* B/AR=billing/accounts receivable			
** HL=hospital labs, IL=independent labs, PP=pathology practices, PO=physician offices, OL=other locations			
*** other=sales, marketing, administration, other company functions			
		† no limit	† per site
		†† use dual server mirroring	†† included in transaction charge