**Fighting ‘alphabet blight’**

Raymond D. Aller, MD

During the past several years, a buzzard of health care payer organizations has spun into existence for what many in the medical community perceive as the sole purpose of reducting payment for medical services. The health care laboratory viewed the introduction of HMOs, PPOs, and IPA’s with curiosity and concern, but it was unaware that an “alphabet blight” would soon spread across the country and that an essential tool for fighting this blight would be a well-supported, highly integrated billing software package.

In the early 1980s, I was directing a struggling independent laboratory in Santa Barbara, Calif. The laboratory used an outside billing service for several years, until a cousin of one of the lab’s pathologists wrote a billing software program for the lab. Once billing services were brought in-house, requisitions were entered into the lab’s commercial laboratory information system, carried to the billing department, and rekeyed into the billing system—and the lab still struggled.

In 1988, the laboratory purchased a commercially supported laboratory billing package and I wrote the interface software to feed transactions automatically from the LIS to the billing system. That year marked a striking change in the laboratory’s financial viability—it went from never having the resources to pay for pathologists’ time to running significantly in the black.

In the early 1990s, we were able to justify a lab valuation that resulted in the laboratory being sold for a substantial profit.

But not all billing service efforts have resulted in handsomely rewards, as evidenced in another southern California community. The hospital laboratory director there was ecstatic that his outgoing program, launched 12 months earlier, was already bringing in revenues of $700,000 per month. The lab director, therefore, was dumbfounded when the hospital’s chief financial officer requested that the program be terminated because collections were only 20 percent.

Upon investigation, the lab director discovered that the hospital billing office had imposed a longstanding policy of automatically writing off any invoice under $100. The hospital had determined that a $75 residual on a $3,000 hospital invoice under $100. The hospital had determined that a $75 residual on a $3,000 hospital invoice would be a well-supported, highly integrated billing software package.

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### Billing/accounts receivable systems

#### Name of system
- **A/R 3000**
  - Cortex Windows Billing System

#### First/most recent A/R* system installation
- 1986/2001
- 1966/2001
- 1994/2001

#### No. of contracts for sites operating system
- Total: 62
  - B/AR configuration
    - 12 (1/19/92)
    - 10,000–200,000
    - 770,000
  - Stand-alone B/AR system
    - 0
  - 100%

#### How data is entered into the system
- Manual entry
- Tape load from another system
- FTP or equivalent file transfer from another system
- HL7, proprietary format
- Manual entry
- Tape load from another system
- FTP or equivalent file transfer from another system
- HL7, user-defined interface

#### Features (listed as a percentage of live installations, available but not installed, or not available)
- Information transfer from lab logs
  - 100%
  - 50%
  - 100%
- 1500 claim form generation
  - 100%
  - 100%
  - 100%
- UB-92 claim form generation
  - yes
  - no
  - not available
- Claim invoices
  - 100%
  - 100%
  - 100%
- Patient invoices
  - 100%
  - 100%
  - 100%
- Reprints of above on demand
  - 100%
  - 100%
  - 100%
- Electronic data interchange for third-party payers
  - 100%
  - 50%
  - 100%
- Test profile vs. component billing
  - 80%
  - available in June 2001
  - available in June 2001
- Medical necessity screening for Medicare
  - 100%
  - available in June 2001
  - available in June 2001
- Professional component billing
  - 20%
  - 100%
  - 100%
- Auto delete of obsolete procedures
  - 100%
  - 100%
  - 100%
- Technical component only
  - 100%
  - 50%
  - 100%
- Retain demographic data, repeating patients
  - 100%
  - 100%
  - 100%
- Accounts and patient payment posting
  - 100%
  - 100%
  - 100%
- Accounts receivable system
  - 100%
  - 100%
  - 100%
- Discounts
  - 100%
  - 50%
  - 100%
- Automatic balance billing to patients
  - 100%
  - 100%
  - 100%
- Capitalization billing plus billable tests
  - 100%
  - 100%
  - 100%
- Utilization reports for managed care
  - 50%
  - 20%
  - 100%
- Services per diagnosis/charge
  - 20%
  - not available
  - not available
- Global charges for lab tests
  - 100%
  - 50%
  - 100%
- Support unlimited fee schedules
  - 100%
  - 100%
  - 100%
- Track financial classes
  - 100%
  - 100%
  - 100%
- Allow open-item accounting
  - 100%
  - 100%
  - 100%
- User report writer
  - 100%
  - 100%
  - 100%
- Dunning messages
  - 100%
  - 100%
  - 100%
- Store and retain unprinted comments
  - 100%
  - 100%
  - 100%

### Additional Features
- Test profile vs. component billing
  - 100%
  - 100%
  - 100%
- Dunning messages
  - 100%
  - 100%
  - 100%
- AP/AR system can file electronic claims with major carriers
  - yes
  - yes
  - yes
- UB-92, 1500
  - yes
  - UB-92, 1500

### Complete A/R solution for B/AR system?
- yes

### Type of claim data generation
- Present on Web MD (B/AR)
- Yes
  - 100%
  - 100%
  - 100%

### Complete ASP solution for B/AR system?
- yes

### Method of charging for ASP service
- Client software required
  - yes

### ASP information
- Online
  - yes

### Contract clients supported from data center not operated by client
- New data center in operation
  - yes

### Software provides independent field in each test definition for LONIC code?
- yes

### Provide LONIC dictionary for each new installation?
- no

### Journaling/source code?
- yes

### Cost (hardware/software/implementation/monthly maintenance)
- yes

### Smallest stand-alone B/AR system
- $74,951
  - no
  - no

### Largest stand-alone B/AR system
- $333,318
  - yes
  - yes

### Smallest B/AR configuration for integrated system
- $2,8k (software only)

### Largest B/AR configuration for integrated system
- $2,8k (software only)

### Distinguishing features (supplied by vendor)
- Reference laboratory billing specialist
  - yes
  - yes
  - yes

### Other features
- Data entry
  - yes
  - yes
  - yes

### System development costs

### 54 / CAP TODAY

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Tabulation does not represent an endorsement by the College of American Pathologists.
### Billing/accounts receivable systems

#### Part 3 of 5

**See accompanying article on page 52**

<table>
<thead>
<tr>
<th>Name of system</th>
<th>System Provider</th>
<th>Phone</th>
<th>Fax</th>
<th>Website</th>
<th>E-mail</th>
</tr>
</thead>
<tbody>
<tr>
<td>e-Suite</td>
<td>Cecilia Parker</td>
<td>1-800-726-2746</td>
<td></td>
<td><a href="http://www.getesuite.com">www.getesuite.com</a></td>
<td></td>
</tr>
<tr>
<td>Hex Laboratory Systems</td>
<td>Susan Bollinger</td>
<td>608-250-7381</td>
<td></td>
<td><a href="http://www.todatal.com">www.todatal.com</a></td>
<td></td>
</tr>
<tr>
<td>Medical Data Processing Inc.</td>
<td>Tracy Davidson</td>
<td>801-242-3742</td>
<td></td>
<td>mdp.net</td>
<td></td>
</tr>
</tbody>
</table>

**Definition for LOINC code?**

- yes/no

**Description for LOINC code?**

- yes (ProxyMed)

**Type of claim data generation**

- manual entry
- manual entry, tape loaded from another system
- manual entry, tape loaded from another system, firewall, electronic claims
- manual entry, tape loaded from another system, FTP or equivalent file transfer from another system, HL7, ANSI-X12, modem, NSF

**How data is entered into the system**

- manual entry, tape loaded from another system
- manual entry, tape loaded from another system, FTP or equivalent file transfer from another system, workflow

**LIS interfaces**

- e-Reference Laboratory, Sunquest Commercial Laboratory, Citation

**Features (listed as a percentage of five installations, available but not installed, or not available)**

- Information transfer from lab log 100%
- 1500 claim form generation 100%
- UB-02 claim form generation 100%
- Client invoices 100%
- Patient invoices 100%
- Reprints of above on demand 100%
- Electronic data interchange for third-party payers 100%
- Test profile vs. component billing 100%
- Medical necessity screening for Medicare 100%
- Professional component billing 25%
- Audit of complete alerting procedures 100%
- Technical component only 100%
- Retain demographic data, repeating patients 100%
- Accounts and patient payment postage 100%
- Accounts receivable system 100%
- Discounts 100%
- Automatic balance billing to patients 100%
- Capitalization billing plus billable tests 25%
- Utilization reports for managed care 100%
- Services per $1000 per discharge 100%
- Global charges for lab tests 100%
- Support unlimited fee schedules 100%
- Track financial profiles 100%
- Allow open-item accounting 100%
- User report writer available but not installed 100%
- Dunning messages 100%
- Store and retain unsolicited comments 100%

**B/A system can file electronic claims with major carriers?**

- yes (For Ex)
- yes (ProxyMed)
- yes (ProxyMed)

**Complete ASP solution for B/A system?**

- no
- yes
- yes

**Cost (hardware/software/installed/monitoring/fee)**

- $10k/$25k/$50k/$100k
- $12k/$35k/$65k
- $20k/$35k/$50k
- $40k/$65k/$90k
- $60k/$90k/$125k

**Journaling/code?**

- yes/no
- yes
- yes

**Distinguishing features (supplied by vendor)**

- no capital investment
- low monthly subscription fee; no hardware obsolescence
- A/PM model is ideal for labs positioning for rapid growth
- provides the tools to assist with compliance
- data center is hosted by offline e-Suite support staff
- electronic claims and remittance
- medical necessity module to ensure accurate billing and prompt payment
-在外科和医院的Software 包含CPT coding
- Veterinary and health department
- excludes travel expenses

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**Billing/accounts receivable systems**

- **Part 4 of 5**

<table>
<thead>
<tr>
<th>Section</th>
<th>Medical Information Technology Inc.</th>
<th>Medical Information Technology Inc.</th>
<th>Multidata Computer Systems Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of system</td>
<td>Billing/Accounts Receivable (client/server)</td>
<td>Billing/Accounts Receivable (Magic)</td>
<td>MultiTech A/R</td>
</tr>
<tr>
<td>First lab system installation</td>
<td>1980</td>
<td>1989</td>
<td>USA</td>
</tr>
<tr>
<td>Country in which software was developed</td>
<td>USA</td>
<td>USA</td>
<td>USA</td>
</tr>
<tr>
<td>No. of contracts for sites operating system</td>
<td>216</td>
<td>1,430</td>
<td>33</td>
</tr>
<tr>
<td>• No. of contracts signed as of March 1, 2001</td>
<td>5</td>
<td>40</td>
<td>100%</td>
</tr>
<tr>
<td>• No. of contracts signed between March 1, 2000–March 1, 2001</td>
<td>70</td>
<td>70</td>
<td>100%</td>
</tr>
<tr>
<td>• Largest No. of hosp./path. serviced by one B/AR system</td>
<td>70</td>
<td>70</td>
<td>100%</td>
</tr>
<tr>
<td>No. of sites operational (KL/IL/P/OS/GL)**</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Inpatient invoices handled by installed sites yearly</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Outpatient specimens handled by installed sites yearly</td>
<td>n/a</td>
<td>n/a</td>
<td>100%</td>
</tr>
<tr>
<td>Largest No. of hosp./path. serviced by one B/AR system</td>
<td>2000</td>
<td>2000</td>
<td>100%</td>
</tr>
<tr>
<td>Percentage of stand-alone B/AR system installations</td>
<td>0</td>
<td>0</td>
<td>200%</td>
</tr>
<tr>
<td>How data is entered into the system</td>
<td>manual entry, tape load from another system, FTP or equivalent file transfer from another system, RL7</td>
<td>manual entry, tape load from another system, FTP or equivalent file transfer from another system, RL7</td>
<td>manual entry, tape load from another system, FTP or equivalent file transfer from another system, RL7</td>
</tr>
<tr>
<td>Staff to develop/install/support/other***</td>
<td>1,742 total</td>
<td>1,742 total</td>
<td>2/1/9/1</td>
</tr>
<tr>
<td>• In online company</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>• In B/AR systems division</td>
<td>—</td>
<td>—</td>
<td>4–10+</td>
</tr>
<tr>
<td>No. of terminals or workstations in five sites (min.–max.)</td>
<td>n/a</td>
<td>n/a</td>
<td>15–20</td>
</tr>
<tr>
<td>Ave. No. of terminals in live sites</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td><strong>Central hardware</strong></td>
<td>JJ Wild Inc., Compaq Digital</td>
<td>JJ Wild Inc., Compaq Digital</td>
<td>Intel Pentium-compatible, Compaq Alpha, most Unix HPC</td>
</tr>
<tr>
<td>• Terminals/workstations</td>
<td>BIM-compatible PCs</td>
<td>dumb terminals</td>
<td>Unix HPC</td>
</tr>
<tr>
<td>• Innovative peripherals</td>
<td>Windows NT, 95</td>
<td>Magic</td>
<td>PC workstation w/Magic Reflection software, DEC VT series or compatible</td>
</tr>
<tr>
<td>• Operating system(s)</td>
<td>Magic</td>
<td>Magic</td>
<td>optional image input/output</td>
</tr>
<tr>
<td>• Programming language(s)</td>
<td>SQL server</td>
<td>SQL server</td>
<td>Windows 2000, NT, Compaq DEC VMS, Unix</td>
</tr>
<tr>
<td>• Databases and tools used</td>
<td>Magic</td>
<td>Magic</td>
<td>Cache 3.0, VMS</td>
</tr>
<tr>
<td><strong>HIS interfaces</strong></td>
<td>Corner, IDX, McKesson HBC, others</td>
<td>Corner, IDX, McKesson HBC, others</td>
<td>Corner, Payne, SMS, SCC</td>
</tr>
<tr>
<td><strong>LIS interfaces</strong></td>
<td>Corner, MM, Sunquest, IDX, Antrim, McKesson HBC, SMS, others</td>
<td>Corner, MM, Sunquest, IDX, Antrim, McKesson HBC, SMS, others</td>
<td>Corner, Payne, SMS, SCC</td>
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<tr>
<td><strong>Features</strong> (listed as a percentage of live installations, available but not installed, or not available)</td>
<td><strong>Information from lab log</strong> 100%</td>
<td><strong>Information from lab log</strong> 100%</td>
<td>70%</td>
</tr>
<tr>
<td>• 1500 claim form generation</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>• UB-92 claim form generation</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>• Client invoices</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>• Patient invoices</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>• Reprints of above on demand</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>• Electronic data interchange for third-party payers</td>
<td>85%</td>
<td>85%</td>
<td>100%</td>
</tr>
<tr>
<td>• Test profile vs. component billing</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>• Medical necessity screening for Medicare</td>
<td>handled by admissions application</td>
<td>handled by admissions application</td>
<td>100%</td>
</tr>
<tr>
<td>• Professional component billing</td>
<td>100%</td>
<td>100%</td>
<td>40%</td>
</tr>
<tr>
<td>• Auto delete of nonexistent procedures</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>• Technical component only</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
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<tr>
<td>• Retain demographic data, repeating patients</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
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<tr>
<td>• Accounts and patient payment posting</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>• Accounts receivable system</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
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<tr>
<td>• Discounts</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
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<tr>
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<td>100%</td>
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<td>• Utilization reports for managed care</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>• Services per day/per discharge</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>• Global charges for lab tests</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>• Support unlimited fee schedules</td>
<td>100%</td>
<td>100%</td>
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<tr>
<td>• User report writer</td>
<td>100%</td>
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<td>100%</td>
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<td>• Dunning messages</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>• Store and retain unprinted comments</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td><strong>B/AR system can file electronic claims with major carriers?</strong></td>
<td>yes (can interface with any electronic clearnouse/house if communication protocols are met)</td>
<td>yes (can interface with any electronic clearnouse/house if communication protocols are met)</td>
<td>yes (Essay)</td>
</tr>
<tr>
<td>Type of claim data generation</td>
<td>UB-82, UB-92, 1500</td>
<td>UB-82, UB-92, 1500</td>
<td>UB-82, UB-92, 1500</td>
</tr>
<tr>
<td>Complete A/SF solution for B/AR system</td>
<td>no</td>
<td>no</td>
<td>na</td>
</tr>
<tr>
<td>Method of charging for ASP service</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Client software required</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>ASP information conduit</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Client contracts supported from data center not operated by client</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>How data center is operated</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Software provides indexed field in each test definition for DLOC code?</td>
<td>no</td>
<td>no</td>
<td>yes</td>
</tr>
<tr>
<td>Provide LORC dictionary for new installation?</td>
<td>no</td>
<td>no</td>
<td>no</td>
</tr>
<tr>
<td>Journal/issue/secure code?</td>
<td>yes/yes</td>
<td>yes/yes</td>
<td>optional/ecos/row</td>
</tr>
<tr>
<td>Cost (hardware/software/installation/monthly maintenance)</td>
<td>—</td>
<td>—</td>
<td>$10k/$15k/ecos/$5k</td>
</tr>
<tr>
<td>• Smallest stand-alone B/AR system</td>
<td>—</td>
<td>—</td>
<td>$10k/$15k/ecos/$25k</td>
</tr>
<tr>
<td>• Largest stand-alone B/AR system</td>
<td>—</td>
<td>—</td>
<td>$50k/$81k/ecos/$5k</td>
</tr>
<tr>
<td>• Smallest B/AR configuration for integrated system</td>
<td>—</td>
<td>—</td>
<td>$50k/$15k/ecos/$25k</td>
</tr>
<tr>
<td>• Largest B/AR configuration for integrated system</td>
<td>—</td>
<td>—</td>
<td>$50k/$15k/ecos/$25k</td>
</tr>
<tr>
<td><strong>Distinguishing features (supplied by vendor)</strong></td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>• Billing/accounts receivable</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>• B/AR/billing/accounts receivable</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>• HL/charges/late, S/compotent lab., PPpathology practices, PP/physician</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>• Innovative/terminals, marketing, administration, other company factors</td>
<td>—</td>
<td>—</td>
<td>—</td>
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</table>

Tabulation does not represent an endorsement by the College of American Pathologists.
<table>
<thead>
<tr>
<th><strong>Name of system</strong></th>
<th><strong>Software</strong></th>
<th><strong>Hardware</strong></th>
<th><strong>License</strong></th>
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<tbody>
<tr>
<td>First/mod recent B/AR system installation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>First lab system installation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Country in which software was developed</td>
<td></td>
<td></td>
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<tr>
<td>No. of contracts for sites operating system</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of contracts signed as of March 1, 2001</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of contracts signed between March 1, 2000–March 1, 2001</td>
<td></td>
<td></td>
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<tr>
<td>No. of sites operational (B/AR system installations)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>No. of sites for which invoices handled yearly</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outbound specimen handled by installed sites yearly</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Largest No. of hosp./path. serviced by one B/AR system installations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How data is entered into the system</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ASP Information System</td>
<td>Sunquest Financial</td>
<td>Medical Accounts Receivables System</td>
<td></td>
</tr>
</tbody>
</table>

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**HL=hospital labs, IL=independent labs,**

- Smallest B/AR configuration for integrated system
- Largest stand-alone B/AR system
- Smallest stand-alone B/AR system

- Journaling?/source code?
- Provide LOINC dictionary for each new installation?
- How data center is operated
- Client contracts supported from data center not operated by client
- ASP information conduit
- Client software required
- Complete ASP solution for B/AR system?
- Type of claim data generation
- B/AR system can file electronic claims with major carriers?
- Dunning messages
- User report writer
- Allow open-item accounting
- Support unlimited fee schedules
- Utilization reports for managed care
- Automatic balance billing to patients
- Discounts
- Accounts and patient payment posting
- Accounts receivable system
- Technical component only
- Retain demographic data, repeating patients
- Audits and Medicare
- Claims
- Automatic balance billing to patients
- Capitation billing plus billable tests
- Utilization reports for managed care
- Services per day/per discharge
- Global charges for lab tests
- Support unlimited fee schedules
- Track Financial classes
- Allow open-item accounting
- User report writer
- Dunning messages
- Store and remind unprinted comments

**Billing/accounts receivable systems**

**Part 5 of 5**

**See accompanying article on page 62**

**SSC Soft Computer**

- Etile Valenam
- 3494 S.E. 23rd Ave., Miami, FL 33155
- Palm Harbor, FL 34684
- 727.719.7827 www.softcomputer.com

**Sunquest Information Systems**

- Odessa Nevelov
- 4851 E. Broadway Blvd.
- Tucson, AZ 85711-3609
- 900-776-9466 www.sunquest.com

**Xfini Inc.**

- Craig Turner
- cturner@xfini.com
- 2233 Faraday, Ste. A
- Carlsbad, CA 92008
- 760-494-0770 www.xfini.com

<table>
<thead>
<tr>
<th><strong>Features</strong> (listed as a percentage of the installations, available but not installed, or not available!)</th>
<th><strong>yes</strong></th>
<th><strong>no</strong></th>
<th><strong>n/a</strong></th>
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</thead>
<tbody>
<tr>
<td>• Information transfer from lab log</td>
<td>100%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>• ISP claim form generation</td>
<td>100%</td>
<td>0%</td>
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</tr>
<tr>
<td>• UB-92 claim form generation</td>
<td>100%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>• Client invoices</td>
<td>100%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>• Patient invoices</td>
<td>100%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>• Reprints of above on demand</td>
<td>100%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>• Electronic data interchange for third-party payers</td>
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<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>• Test profile vs. component billing</td>
<td>100%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>• Medical-necessity screening for Medicare</td>
<td>100%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>• Professional component billing</td>
<td>100%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>• Auto delete of nonbillable procedures</td>
<td>100%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>• Technical component only</td>
<td>100%</td>
<td>0%</td>
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<tr>
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<td>100%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

**B/AR system can file electronic claims with major carriers?**

**Type of claim data generation**

<table>
<thead>
<tr>
<th><strong>yes</strong></th>
<th><strong>no</strong></th>
<th><strong>n/a</strong></th>
</tr>
</thead>
</table>

- You (BCS is preferred, NEX, Cydata)
- UB-82, 1500, custom billing services
- (Emmy, Per Sic, ProxyMed)
- 100%, NY Medicaid

**Complete ASP solution for B/AR system?**

- 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

**Software provides indexed field in each text definition for LOINC code?**

**Provide LORIC dictionary for each new installation?**

**Journaling?/source code?**

- Cost (hardware/software/installation/monthly maintenance)
- Smallest stand-alone B/AR system
- Largest stand-alone B/AR system
- Smallest B/AR configuration for integrated system
- Largest B/AR configuration for integrated system

**Distinguishing features (supplied by vendor)**

- B/AR/billing/accounts receivable
- H/M/chemistry, L, component labs
- PP/pathology practices, PD/physician offices, DS/detergent

**Software implementation, marketing, administration, other company functions**

**References, lead reference, SMF, and EDIR billing options**

<table>
<thead>
<tr>
<th><strong>yes</strong></th>
<th><strong>no</strong></th>
<th><strong>n/a</strong></th>
</tr>
</thead>
</table>

- Monthly subscription charge
- browswer-based
- operater over Internet
- 1
- by a third-party (SARR)

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