

# How to Change Your Medical Billing Software

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From Choosing a System to Data Conversion



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A Resource Presented By



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## Choosing a Solution

While EHR implementation may still be limping along, most established practices have purchased a practice management or billing system at some point. In fact, there are practices that have been sending electronic claims since as early as the 1990s. Unfortunately, many find that their first system isn't the right system. As a result, you may be considering a change.

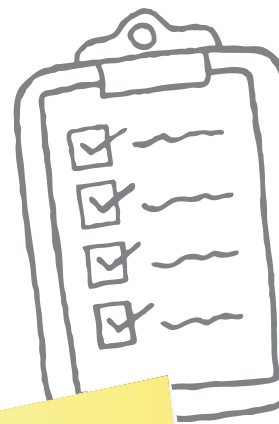
There are several reasons to look at making a transition to a new practice management system. You may have outgrown your product. Perhaps you aren't happy with the features and functionality of the system anymore. Or the solution has been "sunsetted" or isn't keeping up with the ongoing changes in reimbursement and claims processing.

There are several things to think about before committing to a new practice management system, and once you make your decision, it's just as important to plan for your transition.

Before you start your search make a list of the features that you are looking for. Also, make a list of the things that you do and don't like about your current system and vendor. Use these lists as a guide to look for a solution that offers the same value as your old system while also fulfilling your new wish list. Ask specifically about some of the key issues you have. For example, if your current system hasn't grown over time and rarely has new releases or updates, then ask potential vendors about their development roadmap and release schedule. What are their plans for continuing to enhance and grow the product.

While you probably have several very practice-specific needs, here are five other key things every practice should think about when talking to a potential vendor:

1. **Can you get references?** Do they have customer testimonials from practices similar to yours in size or specialty?
2. **How much training will you need to get started?** What is the support structure? Are there additional training and support costs?
3. **Does it offer the basic billing features that all practices need today?** This includes eligibility verification, claim scrubbing, electronic claim submission, electronic remittance and fund deposit, and automated statements.



4. **Will the software help support HIPAA compliance?** Does it offer permission-based access? Can you track and report on access to patient information?
5. **What are your options and how much will it cost?**

Once you have selected your new software, it's time to prepare for the scary part—converting your data. Past surveys on data migration have suggested that most people's experience with conversion has been negative. Often, projects cost more and take longer than expected. Even worse, conversions can fail. Luckily, the same studies suggest that success is highly contingent on planning, engagement, and making good choices at the outset.

## Making the Conversion



You've gone through the steps to select a new practice management system. Now it's time to make the conversion. Your practice management system is the financial ethos of your business so you want to do what you can to maintain as much data as possible. You also want to make sure that your new system is implemented and deployed correctly so you can maximize your new tools.

You may have more data in your system than you think. In addition to patient demographics and financial information, you probably have claim data and insurance carriers, referring provider files, CPT and ICD codes, and more. Your practice management system is essentially a big database that is full of information, and you need to understand how it is setup.

Then, you need to ask yourself and your software vendor if and how you will convert this data. These questions should help you with that conversation:

- Should you take the data that you have in your existing system and electronically convert it to the new system?
- What are the upfront costs of converting? (you will need to ask both your old vendor and new vendor this)
- Is the data even convertible? What types of data can you convert?
- And if so, what will it look like once the conversion is made?

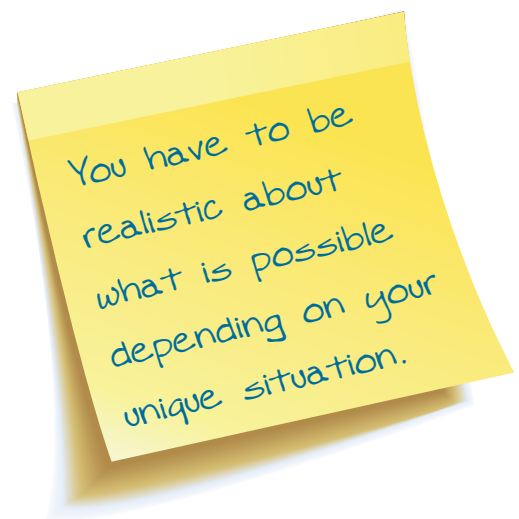
- How long will the conversion take?
- Will you have the ability to run duplicate systems (the old system side by side with the new one) and for how long?
- Will you be able to test the converted data first before you go live?
- Have you converted anyone else from (your old vendor)?



The older the existing system is, the more complicated the conversion may be. Your database type may not be easily convertible. You might have so much out-of-date, inaccurate, and duplicate data that it makes more sense to start from scratch with your new system. It could also make more sense to bring over only certain types of data such as patient demographics or financial data.

Go into this process with an open mind. You have to be realistic about what is possible depending on your unique situation. As a small practice, your resources are limited. Time and cost will be a factor. Generally, the more you pay for conversion, the more data that can be converted. But remember that the age and type of system can affect the transfer, and it is rare to get a full line item accurate data conversion from one system to another. So it might not make sense to pay more when the data might not come across the way you want it to.


Consider focusing on the most important information—patient accounts. You will probably hear the phrase “balance forward” from your vendor. It is nearly impossible to convert line item billing, but you can get the total amount billed, total amount paid, and amount due moved into your new system. If your resources limit your options, make this your priority for system conversion. From there, you can see what your resources will allow with regard to other data elements such as insurance carriers and referring providers.



Once you have decided what to convert to your new system, you'll have to work with both your old vendor and your new vendor to get the data migrated. This can come with its own challenges. Your current vendor doesn't want to lose your business. It's likely that they will try to convince you to stay with them or they could charge a high conversion fee. Your new vendor will be easier to work with but they are limited by the data they receive.

While your new vendor is working on the data conversion, you need to notify your patients. You'll need their help. This is a great time to update information, obtain signatures from the patient for updated filing, and consider collecting emails to enhance options for future patient communications.

Once the data is converted and moved into the new system, you have to confirm it's accurate and sign off on the migration to the new system. This is the last but sometimes the most difficult step. Often, during the conversion process, data becomes corrupted, or placed incorrectly. These errors are not always easy to spot. Guarantor files in particular are places where the data does not come over properly. It's better to spend the time looking through the data now than to start using the system and find serious conversion problems. Once you sign off on the conversion and start using the system, there is no going back.



Launching a new practice management system is a great time to consider implementing electronic health records as well.

Planning, research, and finding the right vendor are all keys to success in converting to a new practice management system. Go into each step of the process of choosing a new system with a checklist of what you want and a clear understanding of your expectations and options so that you can get the most from the conversion to a new solution.

Launching a new practice management system is a great time to consider implementing electronic health records as well. If you are going to take the time to make a change, you should consider going all the way.

## A Perfect Time to Consider Electronic Health Records

There are a lot of reasons to consider implementing an electronic health records (EHR) system, but many physicians, especially solo and small practices providers, can think of just as many not to make the change.

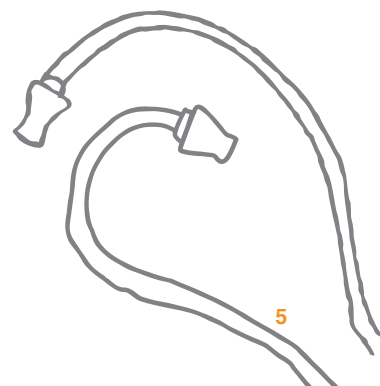
It's hard to change the way you practice medicine, but you can only wait so long to get an EHR in place. More and more reimbursement will be based on the way you provide care and your patient outcomes. An EHR can be an invaluable tool in improving the care of chronic conditions and ensuring that you are meeting the requirements for certain payer incentive programs. In addition, it can help you access meaningful use money and in the end it does have the potential to improve overall patient care and revenue.

So, if you are changing practice management or billing systems, is this a good time to also consider an EHR system? It may be. One of the things you'll want to consider when you make the change to a new practice management system is timing. Implementation takes time and resources. It's best to make a change during a slow time or a time when you can briefly close your office. Since you are planning for this anyway, why not take advantage of the down time to also implement an EHR?

Ask yourself the following questions to determine if you are ready for an EHR, and if so consider implementing both systems at the same time.



- 1. Are you ready to use an EHR?** In the rush to collect meaningful use incentives, many practices overlook whether they have the time or resources to implement an EHR. From time needed to pick the right product to moving patient information to the EHR, EHRs will require physician involvement and may require additional resources to make the transition. This level of commitment should be understood upfront. Otherwise, the goals and plan for the EHR can become distorted or impractical. For example, a number of practices have tried to implement EHRs during their busy seasons, or with reduced staff levels. In other cases, EHR plans have not addressed a lack of computer skills among staff and doctors.
- 2. What are your expectations for an EHR?** Like anything else, expectations drive the selection of an EHR. Set expectations too low, and the practice can end up with a product that does not have the features needed. For example, the ability to annotate an image is critical for an ophthalmology practice, while pediatric practices need a strong immunization management feature. Practices employing mid-level providers or using collaboration among doctors, nurses and staff to serve



patients need an EHR with workflow management tools. The guiding principal is to set expectations based on what your practice needs to be efficient and effective and not just based on your current paper-bound operation. For example, tracking future treatment orders should include tools to help you manage patient contact and not just record the order information

**3. Will you be able to take advantage of the EHR incentive money?**

Many practices are still not clear on what they need to do to qualify for the EHR Incentive Payments. Indeed, a disturbing number of practices may have attested to meet the MU Measures without actually fulfilling the requirements. As a practical matter, implementing an EHR does not mean that the practice has attained the measure standards. Some EHR systems calculate the various measures, but many EHR products require the doctor to check a box for each measure even though the information may not have been gathered. For example, the doctor may check a box that the patient allergies were recorded, but actually recording the allergies is on another screen. Another challenge is attaining the Meaningful Use Measures for 90 days in the first year and consistently afterwards. The key issue is that many practices are not allowing enough calendar time to attain their practice goals and Meaningful Use. Make sure that your client practices give the doctors sufficient time to ramp up to the measures and not focus in on the measures at the expense of accurate records, patient service, and/or physician productivity.



**4. What is a practical plan to implement an EHR for your practice?**

Many practices reasonably assume that the vendor will drive the EHR implementation effort. That is not in the interest of the practice and not really a service that the EHR vendors provide. EHR efforts must be structured and driven by the physicians and the practice. Physicians cannot cede control of practice operations or clinical decision making to any outside party. Additionally, the practice needs to establish the process that will allow the doctors to build confidence in the EHR as well as become familiar enough with the EHR to work with the EHR while serving a patient. Unfortunately, many physicians attempt to use the EHR without proper training and preparation. Failing to adequately prepare leads to poor patient and physician experiences.



If you decide that you are ready for an EHR and that it makes sense for you to overhaul your systems all at once then talk to your practice management vendor about their recommendations for an EHR system. Ideally, you want systems that are either from the same vendor or from two vendors who already work closely together. This should help to reduce the amount of data you have to enter and streamline workflow for your practice in the long term because the two systems are communicating with each other and working together to improve your workflow.

## Expert Contributors

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## About Kareo

[Kareo](#) is committed to providing education and insights to small medical practices. The company works with in-the-trenches influencers, consultants, and Kareo customers to provide relevant tips on how to successfully manage medical practices and medical billing services.





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