

## Rand Software

### Program management

Maccompare2013.rtf

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Comparing the advantages of a "medical accounting" system (m)  
with any "off the self" commercial system like Quick books or Pastel (c)

For any medical practice, the receipt of a BHF NUMBER implies that that practitioner will run his/her practice in a manner that is acceptable to an auditor of any of the BHF registered medical schemes.

The major difference would be that in a commercial system;  
Commercial

- c1) the debtor is the person receiving the service and the person paying for the service.  
A series of "work done" invoices may be generated and summarised into a monthly statement (like a plumber doing contract work) or an invoice and statement may be generated at the same time  
Discounts are often given.

Medical

- m1) the patient receives the service - The medical scheme may fund the treatment but the main member remains responsible for this patients' account. There are no invoices only a professional statement with transactions which have a Reference number, Date of treatment; the tariff code; the cost & the ICD10 codes.  
No discounts should be given  
How does the medical scheme handle discounts?  
The medical schemes cannot normally handle discounts.  
Discounts may imply that you are overcharging.

Commercial

- c2) The account should be paid within a certain period

Medical

- m2) If the account is not submitted within 90/120 days the medical scheme may (will) not pay it.  
Furthermore:  
The scheme cannot pay out if the scheme has run out of funds  
The scheme cannot pay if the patient has exhausted their funds  
The scheme may not pay if there is a "mistake" on the statement  
The scheme may not pay if their clerks think there is a mistake on the statement.  
If you're medical practice is "cash only" your patients may be told that the "statement is wrong!" by the schemes clerks and cannot be paid.  
Your patient may contact you and let you know:  
Then you could follow corrective measures  
ie check the statement - contact the person at the scheme  
or  
Your patient may complain to their doctor who referred them to you -  
All doctors also have problems with the schemes  
So it is not taken too seriously.  
However I know of doctors who have stopped referring patients because of too many complained.  
A medical debtors system is written to reduce some of the above problems.  
ie it focuses on the treatment date, the medical scheme and

those patients' ICD codes.

c3) There is a debtors age report for "current amounts" -30 60 90 120 days due.

m3) There is a debtors age report for "current amounts" -30 60 90 120 days due.  
There is ,in addition to the above ,also an age breakdown per medical scheme  
So the practitioner may see how well a scheme is paying.

c4) You may have to type in all your tariff codes

Most of the medical schemes

Your referring doctors details

You would have to set up the commercial statement to meet  
the legally binding requirements of the CMS

You would have to keep abreast of any changes  
in the medical schemes legislation.

m4) You would have to enter your referring doctors details

If the medical schemes change their requirements

- you should order an upgrade to your medical program

- you also should keep abreast of any changes  
in the medical schemes legislation.

c5) -?

m5) There is a program # 5 "Check your transactions"

This program may be run at any time

and it will check for most errors

eg Does the medical scheme exist?

Is the patients medical scheme patients number entered?

Does the code of the referring doctor exist on file?

Are the dates reasonable ? Not too far back in the past?

Never in the future?

c6) There are transaction reports

m6) There are transaction reports that allow the daily patient

diary to be checked against the patients on computer

to confirm that all that had treatments have been billed.

c7) You can correct / delete transactions

you normally have to pass journals to correct  
mistakes

m7) You can correct / delete transactions and it is done

in a way that reduces mistakes

We do NOT pass journals as it may become confusing.

we allow direct corrections and save the corrections

to a Deleted/correction transaction file.

You can go to your "help" programs and recall

the wrongly deleted patient transactions

(saving hours of work)

c8) There is an audit system.

m8) There is an audit system whereby you can check

and see if you have "lost" any transactions or money

( on the help programs )

C9) The accounting system is perpetual - date driven

m9) The accounting system is perpetual - date driven

This means that reports and statements are run from a date

On older systems they speak of "monthly cut-off"

C10) The accounting system is cheaper as it does less

than a medical accounting system

and thousands more are sold

M10) Medical accounting systems are more expensive.

but the time you save and the money saved/made;

compensates soon

C11) Development is based on the needs of commercial users

and their auditors

- updates (replacement programs) are seldom sent out.

**M11** Development is based on the needs and mistakes medical practitioners make. Each mistake or suggestion is numbered and kept until a solution is found - sometimes years pass before a better way is found - These are then sold to users as updates -

**C12** Would not be able to help with a medical scheme query

**M12** Should always be asked about any medical scheme query (some queries cannot be resolved)

**C13** Software is available within 2 days

**M13** Software needs your details and files pertinent to your practice loaded - takes 5 working days

**C14** Mistakes are corrected when found

**M14** Mistakes are normally not allowed (but may be corrected )

However – consider that the mistake is found by the medical scheme clerk

It means that a long paper trail has to be repeated at great cost of money and time.

I have converted some medical practices from commercial systems to medical systems.

These practices would have saved thousands of rand if they had started with a proper medical debtors system in the first place and may have had less problems with their referring doctors and patients.

**Important**

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If the user is accounting literate then I would recommend that they first get the medical package up and running and then also get a commercial package ie Omni for the ledger.

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