

Business Requirements Assessment Document (BRAD)

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Section 1 – Overview

The Business Requirements Assessment Document outlines the processes presently used by your office. It will assist us during the implementation process to ensure all your current business needs are met. Any problems you experience will be corrected, and your office will have new functionality that will increase your efficiency.

Please give an overview, in point form, of your present office: what you do, number of people employed, present system you are using, what you like, what you do not like. Describe problems you have experienced in the past. Describe your vision for the future and your expectations of OD Professional™ to help you achieve your vision. Use additional pages if necessary.

Section 2 – Practice Demographics

Practice Demographics

- Doctor's Name:
- Business Name:
- Address/City/Zip:
- Phone/Fax/Email:
- Number of Partners in Practice:
- Type of Practice (Optometry/OD; Vision Therapy; Ophthalmology/MD):

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- Number of Offices: Number of Employees:
- New or existing practice:
- Status of new office (renovations/new building):
- Renovation/Construction Completion Date:
- Number of licenses required:
- OD Professional Modules purchased?

Multi-site Offices

Please skip this section if you are a single office practice.

- Will all offices be going live at the same time or will it be a “phased Go Live”?
- Will your financial reports be based on encounter or transaction dates?
- Will your insurance billing be done at individual offices or at a central location?
- Will you be printing CMS 1500 Forms at individual locations?
- Will there be a central server with a single database for all locations?
- Do you currently have the same software at all locations?

Section 3 – IT Infrastructure / Scoping

- Name of Technician:
- Technician Phone/Email:
- Is remote access to your server available?
- Number of computers in office including the server?
- Type of internet connection?

Hardware / Software Assessment

- Would you like us to complete an IT survey¹ for you? Yes No
- If yes, please supply us with the name of your IT technical person:

Notes

- *We need unlimited access to your servers during the implementation process.*
- *If access is limited, the implementation process will be severely delayed.*
- *We need at least 3 days notice for workstation installs or upgrades, and a week's notice for server migrations.*
- *EMRlogic should be notified when decisions are made to do a server migration, as we are responsible for the migration of ODPro and Cache data.*
- *Server and workstations must meet the minimum requirements as per the OD Professional Technical guide.*

¹ In an IT Survey, we look at all your computers to ensure that they meet our minimum system guidelines.
OD Professional™

Section 4 – Current Software and Data Conversion

- What is the software and/or database you wish to convert?
- Specify any data you are particularly concerned to try to convert into OD Professional:
- Are you able and willing to provide Remote Desktop access to your existing data?
- Are you or your technical resource staff able to assist in exporting your data to ASCII or Excel files?
- Please provide contact information for resource personnel who can assist us in achieving the best possible data conversion:
- Are you able to assign staff resources to assist with manual data entry where it is required, or do you wish to be billed additionally for OD Professional staff to do the data entry?

Definitions:

Demographics:

*Patient last name, Patient first name, Patient gender, Patient birth date, Patient marital status, Patient address, Patient street, Patient city, Patient state/province, Patient zip/postal, Patient social insurance number (placed in notes), *Patient occupation, *Patient employer, *Patient notes.*

*(*The client must supply screen shots or print outs of the applicable software screens that have this data, so it may be searched out in the tables.)*

Important Dates:

**Patient first visit, *Patient last visit, *Patient next recall (no recall history), *Patient last exam*

*(*The client must supply screen shots or print outs of the applicable software screens that have this data, so it may be searched out in the tables. This information will be imported only if the data can be found in a timely manner.)*

Balance Forward:

**Patient Balance, *Insurance Balance*

**Due to the unknown factors and errors within other software (e.g. algorithms for calculating patient and insurance balances; patient insurance companies; schedules; improper data entry, etc.) it is not often easy to extract this data from files or databases. In many cases, this information, if found, is insufficient to complete an import to OD Professional.*

Business Doctor Authorized signature Date

Section 5 – Foundations Scoping

Current System and Procedures:

Scheduling

- Is your scheduling outsourced?
- Do you make pre-appoints for your patients?
 - If yes, how far in advance?
- How many patients are scheduled in a typical day?
- How many providers are available in a typical day?
- How many schedules are needed in a typical day?

Insurance

- What percentage of your insurance billing is related to:
 - Medical?
 - Supplemental Medical?
 - Vision Care?
 - Auxiliary?
 - VSP?
 - Vision Therapy?

Front Desk

- Do you use a routing slip?
- Do you print labels?
 - If yes, what type of printer do you use?

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- Do you have scanning requirements?
 - If yes, what do you scan? (eg. insurance cards, other documents)

Recalls

- Do you do Recalls? (Yes or no):
- What percentage of your business is from recalls?
- How far in advance do you use them?
- What recall method (i.e. letter, phone calls, postcards, labels) are you using?
- What do you use them for (i.e. exams, CL's, missed appointments)?

Electronic Billing/Clearinghouse

- Are you currently using a clearinghouse to submit your claims? Yes No

If Yes

- Please indicate the name of your Clearinghouse:
- In which format do you submit your claims to the Clearinghouse?
 - Print Image
 - Text File
 - Fax
 - Through the Clearinghouse's Website
 - Other
- On a scale of 1 – 10 (10 is best), what is your level of satisfaction with your Clearinghouse?

If No

- Why are you not submitting claims electronically?
- Would you like us to help you get started? Please indicate:
- If yes, who would be the person assigned to work with us?

Please note: Normally, there will be a set-up/testing period of approximately 3-6 weeks. This process has to be initiated by your practice and will be an independent relationship between your practice and the Clearinghouse. We, as your practice management application vendor, will be involved in ensuring claims can be sent to the Clearinghouse of your choice. Based on our past experience, any Clearinghouse that accepts a Print Image works well. Please refer to page 9 of the Introduction to Software Implementation Guide for more information.

Section 6 – Visions Scoping

Questions for Frames Inventory:

1. Do you use a Frames Data CD? Yes No
 - If Yes – Do you have the CD that says Quarterly on it? Yes No
***Please note: this must be the Frames Data Quarterly CD Rom (Spex UPC CD not compatible)*
 - If No – How many Frames do you have in your optical shop?

2. Do you currently have a Bar Code Scanner and / or Printer? Yes No
 - If Yes – What is the make and model?
 - If No – Would you like information on Bar Code Scanners / Printers that are recommended?

3. What is your Mark-up on your frames?
 - Is it the same mark-up for all frames? Yes No
 - If yes, what is the mark-up?
 - If not, what is the mark-up for each frame type?

BCD	CATEGORY	MARK-UP (i.e. 2.5)
CHL	Children's	
CLP	Clip-On	
COM	Combination	
CPO	Sun-clip	
MET	Metal	
PLA	Plastic	
REA	Reading Glasses	
RIM	Rimless	

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SAF	Safety	
SEY	Sport Eyewear	
SGL	Sunglasses	
SPT	Sport	

4. Do you use Vision Web?

- If No – would you like information about Vision Web to be emailed to you?
- If Yes – What is your Username: What is your Password:
- What Suppliers do you use for your Ophthalmic Lenses?

Name	City	State
Name	City	State
Name	City	State

5. Are you currently a Vision Source Provider? Yes No

6. Do you currently use a Vision Web Tracer? Yes No

7. What do you keep inventory of in your present system?

- Frames? Yes No
- Contact Lenses? Yes No
- Retail Items? Yes No

8. What is your current process for dispensing contact lenses and spectacles?

Section 7 – ActiveEHRs Scoping

- Please specify the number of doctors / exam lane techs at each location:
- What equipment do you currently use in your exam lanes and exam rooms?
- Do you have separate pre-test and exam rooms or are they done in one location?

Section 8 – Detailed Account of Reports & Forms that will be needed

Area	Report Name or Form Name	Frequency (daily, weekly, monthly)	Reports Run by Transaction or Encounter Date	Activity / Description
Accounting Front Desk				
Accounting Back Office				
Marketing				
Inventory				
Recalls				

Please Note: Custom reports may be available for a fee of \$125 per hour to meet your unique business needs.

Please list and describe any procedures that you use in your practice that have not been mentioned thus far:



Section 9 – Training

Remote training can be done in both groups and individual sessions starting with:

- Foundations – Patient Address View, Insurance, Family Linking, Schedule, Action Manager, Insurance Billing, Payment Posting, and Reports.
- Visions – CL Order, Vision Web, Ophthalmic Lenses, Spectacle Order, Frames, Inventory reports and bar code scanning and printing.
- VSP Interface – eligibility, authorizations, and electronic submission.
- ActiveEHR's – diagnosis and eye exams.

User Skills Assessment

Please list all staff that will be using OD Professional; from which area(s) will they be accessing the computer. Also include their computer experience, do they feel comfortable in a Windows environment? Have they used a computer before? Please include any other information you feel we should know about.

		Staff #1	Staff #2	Staff #3	Staff #4	Staff #5	Staff #6	Staff #7	Staff #8	Staff #9	Staff #10
1	Full/Part time										
2	Position/Role										
3	Work Station Location										
4	Years in Optometry										
5	Years at Office										
6	Years Posting Insurance Payments										
7	Years using mouse/working with windows										
8	Years using Practice Management System (which one)										

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9	Special Computer Skills										
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Section 10 – Go Live Estimated Timelines

- Foundations
- Visions
- ActiveEHR's

Disclaimer:

To better understand how your business operates on the existing application and how your staff interacts with its features, we would like to request a demonstration of your current software by one of your key staff. Please note that this is not to imply that we will be able to emulate what your current software is capable of - as no two applications can work exactly alike - but to understand how we will implement OD Professional to fit your business needs. We can do this reverse demonstration by using the NetMeeting or GoTo Meeting screen sharing tools that we will provide.

Additional Comments, Questions or Concerns:

(include any pertinent information not mentioned above)