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A SUPERIOR MEDICAL BILLING SERVICE

# How to Choose the Right EMR for Your New Medical Practice

A practical guide to workflow, billing, reporting, cost and long-term fit

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**NEW PRACTICE TECHNOLOGY GUIDE**

**CHOOSE THE SYSTEM. PROTECT THE REVENUE CYCLE.**

**2026 EDITION**

You are opening a medical practice. You need an EMR. So you schedule a few demonstrations.

### THE QUESTION THAT MATTERS

Do not start with **"Which system has the coolest features?"** Start with **"How will our practice actually operate inside this system every day?"**

Every sales demo is polished. Everyone has dashboards. Everyone says implementation is easy. The real test begins after the contract is signed - when clinicians document, staff schedule, claims move, payments post and leadership needs answers.

### THE AMS PERSPECTIVE

A beautiful clinical interface attached to a weak billing workflow is still a bad system. The right EMR should support both patient care **and** the business underneath it.

BEFORE YOU WATCH A DEMO

# Start With Your Practice, Not the Software

Before evaluating vendors, define the practice you are actually building. A three-provider behavioral health practice and a twenty-provider multispecialty group should not necessarily make the same technology decision.

- Specialty and common visit types
- Providers at launch
- Expected provider growth
- One location or several
- Expected patient volume
- Telehealth needs
- Procedures or ancillary services
- Lab and imaging interfaces
- Controlled-substance prescribing
- In-house or outsourced billing
- Authorizations and referrals
- Patient digital expectations

### SELECTION RULE

**The best EMR is not the one with the most features.** It is the one that fits the practice you are actually building.

## One platform or multiple systems?

### INTEGRATED PLATFORM

Clinical documentation, scheduling, practice management, billing, portal, payments and reporting live in one ecosystem. Fewer interfaces can mean fewer handoffs.

### BEST-OF-BREED STACK

The practice chooses different products for clinical, billing, payments or other functions. This can produce stronger individual tools, but every extra system creates another connection that has to work.

Neither model is automatically better. The important question is how many moving pieces the practice wants to manage - and whether those systems can exchange the information the practice needs.

MAKE THE VENDOR PROVE IT

# Map the Entire Patient and Revenue Workflow

Before the demo, map a normal patient encounter from beginning to end. ONC implementation guidance emphasizes workflow analysis because technology changes the way clinical and administrative work moves through a practice.

| | | | | | |
|---|---|---|---|---|---|
| APPOINTMENT | REGISTRATION | ELIGIBILITY | CHECK-IN | DOCUMENTATION | CHARGE |
| CODING | CLAIM | REJECTION / DENIAL | PAYMENT | A/R | PATIENT BALANCE |

### DO NOT LET THE SALES REP DRIVE THE ENTIRE DEMO

Give the vendor **your workflow** and ask them to demonstrate it. A canned presentation shows what the vendor is good at showing. A workflow demonstration shows how the software handles what **you** actually need to do.

## Use a real scenario.

"A new patient calls for an appointment. Show us how the patient is scheduled, registered and checked for eligibility. Show us the provider documenting the encounter and creating the charge. Show us the claim being generated and transmitted. Then show us what happens when the payer rejects or denies it. Show us the payment being posted and the remaining patient balance being handled."

### DEMO RULE

**If a capability matters to your practice, do not settle for "yes, we can do that." Ask them to show you.**

EVALUATE DAILY USABILITY

# 1. Clinical Workflow & 2. Front-Office Workflow

Your providers and front office may spend most of their working day inside this system. A feature that technically exists is not the same thing as a workflow that is efficient to use.

## Clinical workflow

- Specialty-specific templates
- Template customization
- Voice / AI documentation
- Order entry
- E-prescribing
- Medication reconciliation
- Lab results
- Imaging
- Referral workflow
- Task management
- Messaging
- Mobile access
- Telehealth
- Clinical decision support

### BETTER QUESTION

Do not ask **"Do you have templates?"** Ask **"Show me how our provider documents our three most common visit types."** Watch the clicks, screens and handoffs.

## Scheduling and front office

- New and established patient scheduling
- Recurring appointments
- Multi-location scheduling
- Appointment types and rules
- Waitlists
- Online scheduling
- Reminders
- Registration
- Insurance entry
- Eligibility
- Copay collection
- Patient forms
- Check-in and check-out
- Outstanding balance visibility

The front desk should not need a wall of sticky notes explaining how to make the software behave.

WHERE AMS GETS NOSY

# 3. Billing & Revenue Cycle

The clinical side can look fantastic while the billing side quietly creates operational problems for years. Do not accept **"yes, our system does billing."** Make the vendor demonstrate the revenue cycle.

- Charge capture
- Coding workflow
- Claim creation
- Claim edits
- Eligibility
- Clearinghouse transmission
- Rejections
- Denials
- Payment posting
- ERA
- EFT
- A/R follow-up
- Patient statements
- Patient payments
- Adjustments and refunds
- Secondary claims

### SHOW ME A CLAIM

Take a normal encounter and follow it all the way through the system. This is where a billing or revenue-cycle professional should be involved in the demo.

| Step | Ask the vendor to show |
|---|---|
| 1 | How the charge enters the billing workflow |
| 2 | How diagnosis and procedure codes are reviewed |
| 3 | How claim edits are displayed |
| 4 | How the claim is transmitted |
| 5 | Where rejected claims appear |
| 6 | How staff correct a rejection |
| 7 | How a denial is identified and worked |
| 8 | How follow-up activity is documented |
| 9 | How ERA payments post |
| 10 | How balances move to the patient |
| 11 | How unresolved balances appear in A/R |

DO NOT ASSUME ACCESS WILL BE EASY

## If You Plan to Outsource Billing

If a third-party billing company will manage the revenue cycle, confirm the operating model before signing the EMR contract.

- Can the billing company receive appropriate access?
- Are additional users charged separately?
- Can permissions be controlled by role?
- Can the billing team work rejections and denials directly?
- Can they post payments?
- Can they work A/R?
- Can reports be exported?
- Is the platform tied to the vendor's own billing service?
- Are third-party billing organizations restricted?
- Who owns clearinghouse setup and payer enrollments?

### DO NOT ASSUME

A billing company cannot magically make a poorly configured system work after go-live. Confirm access, workflows and responsibilities before the contract is signed.

DASHBOARDS ARE EASY TO SELL

## 4. Reporting & Analytics

Every major system has reports. The real question is whether leadership and billing can get the reports they actually need without turning every question into a support ticket.

### THE REPORTING TEST

**"Show me all A/R over 90 days for Blue Cross for Dr. Smith."**

**"Show me our top five denial reasons last month by dollar amount."**

If the vendor has to bring in a reporting specialist, that is fine. What matters is whether the capability exists and whether your team can realistically use it.

MAKE THE NUMBERS USABLE

# Reports Your Practice Should Test

| Report | What you should be able to see |
|---|---|
| A/R Aging | 0-30, 31-60, 61-90, 91-120 and 120+; filter by payer, provider, location and patient vs. insurance responsibility. |
| Days in A/R | The information required to calculate or monitor days in A/R consistently. |
| Denials | Reason, payer, provider, procedure, trend and dollar amount. |
| Rejections | Claims that failed before adjudication and what needs correction. |
| Collections | Insurance and patient payments by payer, provider and location. |
| Charges | Charges, payments, adjustments and write-offs. |
| Patient A/R | Patient balances separated from insurance A/R. |
| Adjustments | Who adjusted a balance, why, when and for how much. |
| Productivity | Visits, charges, collections, procedure volume and RVUs when applicable. |

## REPORTING RULE

**Do not buy a dashboard. Buy access to answers.** Leadership should be able to understand what is happening with revenue without exporting three reports and building a spreadsheet every month.

FOLLOW THE TRANSACTIONS

# 5. Clearinghouse, Eligibility & Patient Payments

A beautifully documented note has very little financial value if the resulting claim never makes it to the payer.

## Clearinghouse & claim connectivity

- Is a clearinghouse included?
- Which clearinghouse?
- Is it mandatory?
- Can we use another clearinghouse?
- Are transaction fees separate?
- Who handles EDI setup?
- Where do clearinghouse rejections appear?
- Who handles transmission failures?

## Eligibility

- Automatic or manual checks
- Batch eligibility
- Deductible visibility
- Copay and coinsurance
- Coverage dates
- Plan details
- Saved eligibility response
- Transaction costs

## Patient payments

- Portal payments
- Card on file
- Payment plans
- Text-to-pay
- Statements
- Automated reminders
- Point-of-service collections
- Refunds
- Payment posting
- Processor choice and fees

### SMALL FEES BECOME REAL MONEY

Ask which transaction, statement, eligibility and payment-processing fees sit outside the quoted subscription. Tiny charges become meaningful at scale.

YOUR EMR WILL NOT LIVE ALONE

# 6. Integrations, Certification & Specialty Fit

Your technology may need to connect with laboratories, hospitals, pharmacies, imaging centers, health information exchanges, clearinghouses, registries, payment systems and other clinical tools.

### INTEGRATION QUESTIONS

Which connections already exist? Which need to be built? Who builds them? What do they cost? How long do they take? Who supports them when they break?

### CERTIFICATION QUESTIONS

If certified health IT matters to your practice or participation requirements, verify the exact product and modules on the ONC Certified Health IT Product List rather than relying only on a sales statement.

## Specialty fit

A system can be excellent overall and still be wrong for your specialty. Ask for references from practices similar to yours in specialty, size and complexity - ideally organizations that have lived in the system long enough to know its rough edges.

| Practice type | Workflow worth testing |
|---|---|
| Procedural specialties | Charge capture, authorizations and procedure scheduling |
| Behavioral health | Recurring visits, treatment plans and telehealth |
| Pediatrics | Vaccines, growth charts and family relationships |
| Surgical practices | Authorizations, surgery scheduling and global periods |
| Primary care | High-volume routine visit efficiency |

A GREAT PRODUCT CAN STILL LAUNCH BADLY

# 7. Implementation

A vendor saying **"we will help you get set up"** is not an implementation plan. Ask who owns each piece of the build and what happens if the timeline slips.

| Implementation task | Who owns it? | Due date | Status |
|---|---|---|---|
| Provider setup | _____ | _____ | _____ |
| Location setup | _____ | _____ | _____ |
| Payer build | _____ | _____ | _____ |
| Fee schedules | _____ | _____ | _____ |
| Eligibility | _____ | _____ | _____ |
| Clearinghouse / EDI | _____ | _____ | _____ |
| ERA / EFT | _____ | _____ | _____ |
| Interfaces | _____ | _____ | _____ |
| Staff training | _____ | _____ | _____ |
| Go-live support | _____ | _____ | _____ |

### REMEMBER THE LAUNCH CONTEXT

For a new practice, EMR implementation is happening alongside credentialing, hiring, construction, equipment, banking, marketing, compliance, scheduling and billing setup. The EMR cannot live in its own little universe.

## Ask before signing

- Dedicated implementation manager?
- Written implementation timeline?
- Training plan?
- Testing environment?
- Payer and claim configuration responsibilities?
- Interface ownership?
- Go-live support?
- What happens if the project falls behind?

WHAT HAPPENS AFTER THE SALESPERSON LEAVES?

# 8. Training, 9. Support & 10. Security

## Training

A two-hour webinar for twenty employees is technically training. That does not mean your team is ready.

- Live or recorded?
- Role-specific?
- Provider-specific?
- Front-desk-specific?
- Billing-specific?
- Test environment?
- Additional training included?
- Training for future hires?
- Knowledge base?
- Optimization after go-live?

## Support

### ASK THIS EXACT QUESTION

**"It is Monday morning at 9:15 and our claims stopped transmitting. What happens next?"**

Then ask who you call, support hours, response times, escalation paths, downtime communication and whether premium support costs extra.

## Security & HIPAA

- Encryption
- Role-based access
- Multifactor authentication
- Audit logs
- Backups
- Disaster recovery
- Security monitoring
- Incident response
- Data hosting
- Business Associate Agreement

STICKER PRICE IS NOT TOTAL COST

# 11. The Real Price Worksheet

Do not compare platforms using only a per-provider monthly subscription. Ask for the complete expected annual operating cost.

| Cost category | Expected annual cost |
|---|---|
| Software subscription | $_____ |
| Implementation | $_____ |
| Training | $_____ |
| Clearinghouse | $_____ |
| Eligibility | $_____ |
| Claim transactions | $_____ |
| ERA / EFT fees | $_____ |
| Patient statements | $_____ |
| Texting / reminders | $_____ |
| Telehealth | $_____ |
| E-prescribing / EPCS | $_____ |
| Interfaces / lab connections | $_____ |
| Payment processing | $_____ |
| Additional users | $_____ |
| Data storage | $_____ |
| Support tier | $_____ |
| Reporting modules | $_____ |
| API / integration access | $_____ |
| Other add-ons | $_____ |

**TOTAL EXPECTED ANNUAL COST**

**$_____**

Compare total operating cost, not the number highlighted in the sales proposal.

FALL IN LOVE WITH THE WORKFLOW, NOT THE CONTRACT

# 12. Contract Terms, Data Ownership & Exit

By the time contracting begins, the team may already be emotionally committed to the software. That is exactly when you need to slow down and understand the exit.

- Initial term
- Renewal terms
- Price increases
- Cancellation provisions
- Implementation commitments
- Support commitments
- Uptime / service levels
- Interface obligations
- Data ownership
- Export fees
- Termination fees
- Post-termination access
- Migration assistance
- Business Associate Agreement

### THE QUESTION EVERY PRACTICE SHOULD ASK

**"What happens if we leave?"**

Who owns the clinical and financial data? Can it be exported? In what format? What does it cost? How long does access remain? Can A/R, billing history and structured data be moved to another system?

## Ownership is not the same as access

A contract may say the practice owns its data. Excellent. Now ask whether the practice can actually retrieve that data in a usable format. A giant PDF dump may technically contain information without being useful for migration.

### PROTECT THE FUTURE PRACTICE

Do not wait until you are unhappy with a vendor to learn how difficult it will be to leave.

REALITY LIVES AFTER GO-LIVE

# 13. Ask Current Customers & Think Three Years Ahead

Vendor-provided references are useful. They are also vendor-provided references. Ask colleagues, billing professionals and specialty peers what the system is actually like to live in.

### QUESTIONS FOR CURRENT USERS

What do you love? What do you hate? What surprised you? How is support? How is reporting? What did the demo make look easier than it really is? Would you buy it again?

### QUESTIONS ABOUT GROWTH

Can we add providers and locations easily? Do permissions scale? Can reporting handle multiple entities? Can pricing scale reasonably? Can an outside billing partner be added later?

### DO NOT OVERBUY

Think about the practice you intend to become, but do not buy a battleship for an imaginary navy. Choose enough room to grow without paying for complexity you are unlikely to use.

## Do not chase every shiny feature

AI documentation, smart scheduling, automation and patient apps may be valuable. Before getting hypnotized by futuristic features, confirm that the platform can reliably perform the fundamentals:

| SCHEDULE | DOCUMENT | CAPTURE CHARGE | SUBMIT CLAIM | POST PAYMENT | WORK DENIAL | REPORT A/R |
|---|---|---|---|---|---|---|

**The spaceship still needs wheels.**

USE THE SAME RULER FOR EVERY VENDOR

# The 100-Point EMR Demo Scorecard

Score each vendor immediately after the demonstration, before the next sales call. Otherwise a persuasive salesperson may improve the score without improving the software.

| Category | Weight | Vendor score |
|---|---|---|
| Clinical Workflow | 20 | _____ / 20 |
| Billing & Revenue Cycle | 20 | _____ / 20 |
| Reporting & Analytics | 15 | _____ / 15 |
| Integrations & Interoperability | 10 | _____ / 10 |
| Implementation & Training | 10 | _____ / 10 |
| Support | 10 | _____ / 10 |
| Total Cost | 10 | _____ / 10 |
| Data Ownership & Exit | 5 | _____ / 5 |
| TOTAL | 100 | _____ / 100 |

## HOW TO USE IT

**Clinical Workflow:** Can providers work efficiently?
**Billing:** Can claims, rejections, denials, payments and A/R be managed well?
**Reporting:** Can leadership get useful answers?
**Integrations:** Does it connect to what you need?
**Implementation:** Is there a credible path to go-live?
**Support:** Can you get help when something breaks?
**Cost:** Is the complete cost clear?
**Exit:** Can you retrieve your data and leave cleanly?

DO NOT SCORE FROM MEMORY

# Vendor Comparison Worksheet

| Category | Vendor A | Vendor B | Vendor C |
|---|---|---|---|
| Clinical Workflow /20 | _____ | _____ | _____ |
| Billing & RCM /20 | _____ | _____ | _____ |
| Reporting /15 | _____ | _____ | _____ |
| Integrations /10 | _____ | _____ | _____ |
| Implementation /10 | _____ | _____ | _____ |
| Support /10 | _____ | _____ | _____ |
| Total Cost /10 | _____ | _____ | _____ |
| Data / Exit /5 | _____ | _____ | _____ |
| TOTAL /100 | _____ | _____ | _____ |

## Notes

| Vendor | Best thing we saw | Biggest concern |
|---|---|---|
| Vendor A | _____ | _____ |
| Vendor B | _____ | _____ |
| Vendor C | _____ | _____ |

### ONE MORE RULE

Invite the people who will actually live in the system. The physician, administrator, front office and billing team may notice completely different strengths and risks.

TAKE THIS INTO THE DEMO

# 20 Questions to Ask Every EMR Vendor

| # | Question |
|---|---|
| 1 | Show us our three most common visit workflows. |
| 2 | How customizable are templates? |
| 3 | What does documentation look like for our specialty? |
| 4 | What happens if the system is unavailable? |
| 5 | Show us registration, eligibility and check-in. |
| 6 | How are patient balances displayed and collected? |
| 7 | Show us a claim from charge capture through submission. |
| 8 | Show us where rejected claims appear. |
| 9 | Show us how a denial is worked. |
| 10 | Show us how ERA payments post. |
| 11 | Show us A/R aging by payer. |
| 12 | Show us denial trends. |
| 13 | Show us adjustments and write-offs. |
| 14 | Can we export our data and reports? |
| 15 | Who owns each part of implementation? |
| 16 | What training is included? |
| 17 | What will we pay that is not in the quoted subscription? |
| 18 | What happens when a critical workflow stops working? |
| 19 | What happens if we terminate the agreement? |
| 20 | Show us exactly what we can export if we leave. |

LISTEN FOR THE SOFT SPOTS

# EMR Sales Red Flags

| If you hear... | Ask... |
|---|---|
| "Nobody really asks about that." | We are asking now. Please show us how it works. |
| "That feature is on our roadmap." | What is available in the product we are purchasing today? |
| "Reporting can do almost anything." | Great. Show us. |
| "Implementation is usually pretty easy." | Show us the implementation plan and responsibilities. |
| "You will never need to leave." | Please answer the data-export and termination question. |
| "Billing is fully integrated." | Show us a denial and the follow-up workflow. |
| "That integration is available." | What does it cost, who builds it and how long does it take? |
| "Support will take care of you." | How do we reach them and what is the response time? |
| "We can customize anything." | What does customization cost and who maintains it after upgrades? |

## THE BUYING DISCIPLINE

Do not choose the system based on one person's favorite feature. Build a small selection team and use the same scorecard, workflows and questions for every vendor.

BEFORE YOU SIGN

# Run the Final Test

- Does our clinical staff want to use it?
- Can our front office operate efficiently?
- Can claims move cleanly through the system?
- Can billing work rejections, denials and A/R?
- Can leadership get useful reports?
- Does it integrate with what we need?
- Do we understand implementation?
- Do we understand support?
- Do we know the real cost?
- Can we get our data out if we leave?

### IF SEVERAL ANSWERS ARE "I THINK SO"

**Do not sign yet.** A technology contract is much easier to question before go-live than after the entire practice has been built around it.

## If the billing side of the demo makes your eyes glaze over, bring someone who speaks billing.

Your EMR decision directly affects claims, rejections, denials, payment posting, A/R, patient balances, reporting, staff efficiency and your ability to change billing partners later. Those are expensive things to discover after the contract is signed.

### CHOOSING AN EMR FOR A NEW PRACTICE?

**You do not have to evaluate the revenue-cycle side alone.**

AMS Solutions works inside medical billing and practice-management systems every day. We can help you think through how a proposed platform will support claims, clearinghouse connectivity, eligibility, ERA/EFT, denials, A/R and reporting before you commit.

**You choose the system your providers want to practice in. We'll help you make sure the money can move through it.**

REFERENCE FRAMEWORK

# Sources & Methodology

**American Medical Association - EHR Software Selection and Purchase.** AMA STEPS Forward guidance recommends assessing practice needs, comparing multiple vendors, using demonstrations and evaluation tools, assessing total cost of ownership, and negotiating contract terms including support, downtime, termination and data transfer.

edhub.ama-assn.org/steps-forward/module/2702748

**American Medical Association - How to Select a Practice Management System.** AMA notes that a practice management system supports administrative and billing functions such as demographics, scheduling, eligibility, patient financial responsibility, payer lists, billing and reporting.

ama-assn.org/practice-management/claims-processing/how-select-practice-management-system

**ASTP/ONC - Health IT Playbook and Selecting or Upgrading Health IT.** Federal guidance emphasizes pre-implementation planning, workflow redesign, education and training, and use of the Certified Health IT Product List when certification matters.

playbook.healthit.gov/playbook/full/
healthit.gov/clinical-quality-and-safety/safer-guides/selecting-or-upgrading-health-it/

**ASTP/ONC - Certified Health IT Product List (CHPL).** CHPL is the authoritative listing of health IT products successfully tested and certified under the federal Health IT Certification Program.

healthit.gov/resources/certified-health-it-product-list-chpl-public-user-guide/

**Centers for Medicare & Medicaid Services - Certified EHR Technology.** CMS describes certified EHR technology and structured data requirements for programs where CEHRT applies.

cms.gov/medicare/regulations-guidance/promoting-interoperability-programs/certified-ehr-technology

### IMPORTANT

Software functionality, pricing, certification status, interfaces, transaction fees and contract terms change. Practices should confirm current capabilities, pricing and legal terms directly with the applicable vendor and appropriate advisors before purchasing.

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