NDCmedisoft™

NDCMedisoft Network Professional
NDCMedisoft Advanced
NDCMedisoft

User Manual

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Version 9

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NDCHEALTH™

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Software registration required

You must register your NDCMedisoft program. Although you have 30 days from installation to register, we recommend that you register right away. Full instructions on how to register are found on page 10 in this manual.

Proof of ownership

KEEP YOUR SERIALIZED SOFTWARE, even if damaged or obsolete. It is your proof of ownership.

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Preface

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Chapter 1

Getting Started

Verify the Installation Media

Your program software is serialized, with a 14-digit Serial Number preprinted on the Certificate of Authenticity. If you did not receive a Certificate of Authenticity, check with the Value-Added Reseller from whom you purchased the program or, if you purchased directly from NDCHealth, call your Account Executive and be sure you receive proper software. Unless you were buying an update of an earlier purchase, there is no reason why you should not have received a Certificate of Authenticity. If you did not buy directly from NDCHealth and did not get a Certificate of Authenticity, you were not delivered legal software. Contact your local Value-Added Reseller for legal software.

Networking

Networking lets you connect two or more computers so that they share the same software and information. If your office computer system is set up on a network, read this section carefully.

NDCMedisoft Network Professional supports networking. The difference between NDCMedisoft Advanced and NDCMedisoft Network Professional is the ability to perform file and record-locking functions, which allows more than one user to access data files without file sharing violations or file damage. Check the NDCMedisoft web site (www.medisoft.com) or the Knowledge Base (www.medisoft.com/kb) for current information on this topic.

Installation

Check the NDCMedisoft Knowledge Base (www.medisoft.com/kb) for the most current technical information. Close all open applications prior to installation.

Call for Help—If you have any questions, call NDCHealth technical support at (800) 334-4006.

If you are installing NDCMedisoft Network Professional, see **NDCMedisoft Network Professional Installation** instructions below. If you are installing NDCMedisoft or NDCMedisoft Advanced, see the **NDCMedisoft and NDCMedisoft Advanced Installation** instructions on page 8.

NDCMedisoft Network Professional Installation

These instructions are provided based on certain assumptions:

- Your network is properly configured and all machines are communicating with each other
- You have purchased NDCMedisoft Network Professional
- You have network hardware--because of timing issues with new computers, Fast Ethernet (also known as 100mbps or 100BaseTx) is highly recommended for use in this capacity
- The person performing the install has some level of networking expertise so that terminology does not cause any misunderstanding
- The person performing the install has a working knowledge of Windows networking

Step One: Installing the Advantage Database Server

⚠ You must have administrative privileges to install the Advantage Database Server.

■ Pre-Server Installation Setup

1. Designate a computer as the server. Use this server to house your data.

⚠ We strongly recommend that the server **NOT** be used as a workstation. If the file server is also used as a workstation, there is a great risk of data corruption. If you have to reboot for any reason, any open data may be corrupted.

2. Create a folder for the Root Data Path (i.e., Medidata). Use the UNC (Universal Naming Convention) address to designate the shared folder (e.g.,

\\ServerName\FolderName). If you use the UNC address, you don’t have to map a drive and use the drive name in accessing your data.

3. Before installing NDCMedisoft, set up file sharing in the Network applet (in Control Panel) on the designated server. In Windows Explorer, set up sharing for the program data folder and give full access (not read-only access) to the folder for everyone who uses the program.

Server Installation Setup

1. Insert the CD in the server CD-ROM drive.
2. When the first installation splash screen appears, select **Networking and Tools**. If the splash screen does not appear automatically, go to the Start menu on your Task bar and select **Run**. Type **X:\AUTORUN** (where *X* is your CD-ROM drive letter) and click [OK] or press Enter. Select **Networking and Tools**.
3. In the second splash screen, select the correct database option. Select either **Advantage NT Server** or **Advantage NetWare Server**.
4. In the ***Enter Number of Users*** screen, enter the number of users that will be accessing NDCMedisoft data on your server. Click [OK].

☞ If you select a number of users that exceeds the number allowed by your program, an error code is displayed.

5. In the ***Welcome*** screen, click [Next].
6. In the ***License Agreement*** screen, read the agreement, then click [Yes] to proceed with the installation.
7. You are given information concerning registering Advantage and then be asked if you want to proceed. Click [Yes].
8. In the ***Install Location for the Advantage Database Server*** screen, select the directory into which you want the Advantage Database Server program installed. It is recommended that you use the default. Click [Browse] if you want to locate a different directory. Click [Next] after selecting the directory.
9. If the folder into which you want the program to install does not exist, the ***Confirm Newly Selected Directory*** screen appears, asking you if you want to create it. Click [Yes]. A ***Setup*** box is displayed while the computer creates the folder and sets up the program.
10. The ***Product Information*** screen requests the Advantage Serial Number, Validation Code, and the name of the Registered Owner. Refer to the Advantage Certificate of Authenticity included with your installation materials for your Advantage Serial Number and Validation Code. Select the Service

Startup Type. The default, *Automatic Setup*, is highly recommended. Selecting *Manual Setup* requires that extra steps be performed every time you start the Client/Server. Click [Next].

11. In the ***ANSI Character Set*** screen, be sure the character set is correct (usually English). For most users, the default is the correct choice. Click [Next].
12. In the ***Registration*** screen, enter your five-character registration code. This code is provided on the Certificate of Authenticity. Click [Next].

    A browse screen is opened. Close this screen.
13. Several ***Question*** dialog boxes are displayed. If you want to view the ***Read Me*** file, click [Yes]. After reading the document, close it and continue with the next step. If you don't want to view the ***Read Me*** file, click [No].
14. The next ***Question*** dialog box states that the setup is complete and asks if you want to start the Advantage Database. Click [Yes].
15. Select **Exit** in the splash screen.

■ Starting and Stopping the Advantage Database Server Program

The information in this section is necessary if you selected *Manual Setup* in step 10 above.

■ Windows NT Installation

1. In the Task bar, click Start, select **Settings**, and then select **Control Panel**.
2. Locate and double-click the Services icon.
3. Right-click **Advantage Database Server**.
4. Select **Start** or **Stop** as necessary.

■ Windows 2000/XP Professional Installation

1. In the Task bar, click Start, select **Settings**, and then select **Control Panel**.
2. Select **Administrative Tools**.
3. Double-click **Services**.
4. Right-click **Advantage Database Server**.
5. Select **Start** or **Stop** as necessary.

Step Two: Installing NDCMedisoft Network Professional

There are two methods available for installing NDCMedisoft Network Professional.

- Copy the program installation file into the shared drive–then you can install the program from each workstation by accessing the shared drive and not need to use the CD for the program install
- Move the CD to each workstation or each CD-ROM needed to install the program on each workstation

Copying the Client Install to the Shared Drive

1. In the splash screen, select **Copy NDCMedisoft Client**. If this option is not available, select **Networking and Tools**, then select **Copy NDCMedisoft Client**.
2. In the ***Welcome*** screen, enter the first four digits of your Serial Number. Then click [Next].
3. In the ***Choose Destination Location*** screen, select the shared directory for the program files on the network. We recommend that you use the default path. Click [Browse] to locate the directory you want. Click [Next] when finished with this step.
4. Click [Next] in the ***Start Installation*** screen.
5. When the installation is completed, click [Finish].
6. Select **Exit** in the splash screen. The INSTALL.EXE file has now been copied to the network shared drive.

From **each** client workstation, navigate to the shared drive and double-click the INSTALL.EXE file.

1. In the ***Welcome*** screen, enter the first four digits of your Serial Number. Then click [Next].
2. Click [I Accept] at the ***End User License Agreement*** screen. If you do not accept the terms set forth, you cannot complete the install.
3. In the ***Select Installation Type*** screen, it is recommended that you use the *Express Install* option. If you choose to perform a *Custom Install*, move to the **NDCMedisoft Network Custom Installation** section below.
4. You are ready to install. Click [Next].
5. Once installation is complete, click [Finish].
6. Select **Exit** in the splash screen.

Installing NDCMedisoft Network Professional directly on each workstation

1. Insert the CD in the local CD-ROM drive.
2. When the installation splash screen appears, select **Install NDCMedisoft**.
3. In the ***Welcome*** screen, enter the first four digits of your Serial Number. (The Serial Number is on your Certificate of Authenticity.) Then click [Next].
4. Click [I Accept] at the ***End User License Agreement*** screen. If you do not accept the terms set forth, you cannot complete the install.
5. In the ***Select Installation Type*** screen, it is recommended that you use the *Express Install* option. If you choose to perform a *Custom Install*, move to the **Network Professional Custom Installation** section below.
6. You are ready to install. Click [Next].
7. Once installation is complete, click [Finish].
8. Select **Exit** in the splash screen.

Repeat the instructions in steps 1 through 8 directly above for installing NDCMedisoft on each client workstation.

NDCMedisoft Network Professional Custom Installation

☞ We recommend that this type of install is only attempted by someone who has extensive computer installation experience.

1. After following steps 1 through 4 immediately above, select *Custom Install* in the ***Select Installation Type*** screen. Click [Next].
2. In the ***Select Components*** screen, you can indicate which components to install by marking those to be loaded. To select a component, click the check box next to the item you want to install. A **U** is displayed next to that component. After you have made your selections, click [Next].
3. In the ***Select Destination Directory*** screen, you need to specify the drive and directory on which you want the program installed. We recommend that you use the default path. Click [Next].
4. You are prompted to back up your existing files. We highly recommend that you perform this backup function now. By default, *Yes* is selected. If you choose not to perform a backup, skip to step 6.
5. In the ***Select Backup Directory*** screen, indicate the directory in which you want the backup files to be stored. Click [Next].

6. You are ready to install. Click [Next].
7. Once installation is complete, click [Finish].
8. Select **Exit** in the installation splash screen.

Step Three: Accessing NDCMedisoft Network Professional from the Workstations

Number of Connections: When you purchase NDCMedisoft Network Professional, you also purchase the number of connections you need for your network.

1. After NDCMedisoft has been installed on each computer, run the program on any workstation. In the ***Find NDCMedisoft Database*** window, enter the UNC (Universal Naming Convention) address for data location. Click [OK].
2. If converting from a previous NDCMedisoft program Version 5.5 or higher, an automatic conversion is performed.

   If converting from an earlier version than 5.5, or if this is a new installation, you are asked to create a new set of data or convert existing data. You can also add tutorial data at this time by clicking the box.

   Make your selection(s) and click [OK].
3. Go to the File menu and select **New Practice**. Enter the name of the newly created or newly converted practice and the UNC path to the shared data on the network drive.
4. NDCMedisoft should display a warning telling you that data already exists in that location. Tell NDCMedisoft to use that data.
5. Any time two or more users attempt to access the same record, a warning should display. Try to bring up the same patient record on two computers to test this function. If you get a warning, the installation is correct.

Troubleshooting

See Appendix B—Troubleshooting, page 157.

NDCMedisoft and NDCMedisoft Advanced Installation

1. Insert the CD in the local CD-ROM drive.
2. When the installation splash screen appears, select **Install NDCMedisoft**. If the splash screen does not appear automatically, go to the Start menu in your Task bar and select **Run**. Type ***X*:\AUTORUN** (where *X* is your CD-ROM drive letter) and click [OK] or press Enter. Select **Install NDCMedisoft**.
3. In the ***Welcome*** screen, enter the first four digits of your Serial Number (found on the Certificate of Authenticity), then click [Next].
4. Click [I Accept] in the ***End User License Agreement*** screen. If you do not accept the terms set forth, you cannot complete the install.
5. In the ***Select Installation Type*** screen, it is recommended that you use the *Express Install* option. If you choose to perform a *Custom Install*, move to the **NDCMedisoft Custom Installation** section below.
6. You are ready to install. Click [Next].
7. Once installation is complete, click [Finish].
8. Select **Exit** in the splash screen.

NDCMedisoft Custom Installation

☞ We recommend that this type of install is only attempted by someone who has extensive computer installation experience.

1. After following steps 1 through 4 above, choose *Custom Install* in the ***Select Installation Type*** screen. Click [Next].
2. In the ***Select Components*** screen, you can select which components to install by marking those to be loaded. To select a component, click on the check box next to the item you want to install. A **U** is displayed next to that component. After you have made your selections, click [Next].
3. In the ***Select Destination Directory*** screen, you need to specify the drive on which you want the program installed. We recommend that you use the default path. Click [Next].
4. You are prompted to back up your existing files. We strongly recommend that you perform this backup function now. By default, *Yes* is selected. If you choose not to perform a backup, skip to step 6 below.

5. In the ***Select Backup Directory*** screen, indicate the directory in which you want the backup files to be stored. When done, click [Next].
6. You are ready to install. Click [Next].
7. Once installation is complete, click [Finish].
8. Select **Exit** in the installation splash screen.

Follow these instructions for installing NDCMedisoft on each client workstation.

Storing the Installation Media

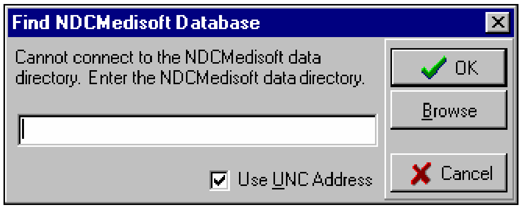
The installation media should be stored in a very safe place, one that is free from excessive heat or cold, protected from electromagnetic fields or high humidity. Keep the media and the Certificate of Authenticity, even if damaged–these are your proof of purchase.

Initial Program Setup

Once the program is installed, you are ready to start. Click the NDCMedisoft icon on the desktop or go to the Start menu on the Task bar, select **Program Files**, **NDCMedisoft**, and then **NDCMedisoft**.

If a root data path is found, the program requires you to register immediately. Skip to Registering the Program, p 10.

If no data path is found for the program (if this is the first time NDCMedisoft has been installed on this computer), a window is displayed asking you to specify the root data directory for the program. See Figure 1.1.



Cannot connect to the NDCMedisoft data directory. Enter the NDCMedisoft data directory.

☑ Use UNC Address

Figure 1.1

Enter the root data directory or click [Browse] to locate the directory. Click [OK]. The program opens the ***Create Data*** window. You have two options: Create a new set of data or convert previous NDCMedisoft Windows data. In addition, there is an *Add*

Tutorial Data check box which, when selected, includes tutorial data under the name of "Medical Group" in the list of practices.

If you choose not to add the tutorial data at this time, you can still open the files by going to the File menu and selecting **Open Practice**. The ***Open Practice*** window displays an [Add Tutorial] button on the right of the window so that the tutorial files can be added at any time.

The tutorial files provide dummy data with which to practice and get exposure to the program before you start entering permanent data. Get a feel for how to set up patients, codes, practices, providers, and insurance carriers in the tutorial before using live data. The tutorial data can also be used to train any new employee not familiar with the program. A couple of hours running through practice files could be required before anyone starts entering actual data into the program. That way, first-time mistakes that can take valuable time and effort to correct can be left in the tutorial data files. Tutorial practice information has been added at the end of each setup chapter in this manual.

Registering the Program

You have 30 days to register the program. We recommend that you register right away because the program will be locked at the end of the 30 days and you will not be able to access your data until the program is registered.

To register, go to the Help menu and select **Product Registration**.

☞ Version 9 requires that all NDCMedisoft products be registered again.

All installed NDCMedisoft products are listed in the opening ***NDCMedisoft Registration*** window. If you have an NDCMedisoft product that is not listed in this window, close registration and open and close each of the products that should be listed. Then reopen your NDCMedisoft program.

There are three ways to register the program. The default method is by modem. If no modem is found, the program attempts to register through an Internet connection. If no connection is available, you can register by fax or mail. Choose the option below that best matches your connectivity options.

Modem Registration

1. Click [Register].
2. In the ***Please fill out your purchase information*** window, enter all information as completely as possible. The *Customer Number*, issued by NDCHealth, consists of five digits. If you purchased the program directly from NDCHealth, the Customer Number is in the upper right corner of the invoice

received with your order. If you purchased the program from a Value-Added Reseller, leave this field blank.

In the *Number of Users* field, enter the number of computers on which NDCMedisoft will be installed. In the *Number of Providers* field, enter the number of providers in your practice. Click [Next].

3. In the ***Please fill in all providers*** window, enter each provider's name, credentials, and specialty. If you need additional lines, click [New]; if you need to remove a provider from the current list, highlight that record and click [Delete]. When all the information is entered and correct, click [Next].
4. In the ***Please enter your Serial Number*** window, enter the Serial Numbers of each listed unregistered product. The Serial Number is a 14-digit number printed on the Certificate of Authenticity received with the CD. Click [Next].

   The program begins an immediate search for a modem.
5. If a modem is found, the ***Register by modem*** window opens. Enter your area code and, if necessary, any number(s) needed to access an outside line. Click [Next].

   > **Note:** If no modem is found, the program automatically searches for an Internet connection. See Web Registration below, step 5.
6. You receive Registration Codes back by modem, and the codes are entered into the program automatically. A ***Registration by modem: Confirmation*** window opens showing the registration status of all products.
7. Click [Done].
8. In the ***NDCMedisoft Registration*** window, click [Print] and the program prepares a fax form that contains your registration information, including the Registration Codes. To complete this information, enter the current date in the Registration Date field, as this is not provided by the program. Keep this form in a safe place. Click [Close].

Web Registration

1. Click [Register].
2. In the ***Please fill out your purchase information*** window, enter all information as completely as possible. The *Customer Number*, issued by NDCHealth, consists of five digits. If you purchased the program directly from NDCHealth, the Customer Number is in the upper right corner of the invoice received with your order. If you purchased the program from a Value-Added Reseller, leave this field blank.

In the *Number of Users* field, enter the number of computers on which the program will be installed. In the *Number of Providers* field, enter the number of providers in your practice. Click [Next].

3. In the ***Please fill in all providers*** window, enter each provider's name, credentials, and specialty. If you need additional lines, click [New]. When all the information is entered and correct, click [Next].

4. In the ***Please enter your Serial Number*** window, enter the Serial Numbers of each listed unregistered product. The Serial Number is a 14-digit number printed on the Certificate of Authenticity received with the installation CD. Click [Next].

   The program begins an immediate search for a modem.

   If no modem is found, the program automatically searches for an Internet connection. If an Internet connection is not found, the program asks if you want to connect to the Internet yourself and then try again. Click [Yes] and a ***Dial-Up Connection*** window opens where you select the service you want to use and enter your user name and password. Click [Connect].

5. After a successful connection, the NDCMedisoft Online Registration page opens. A floating ***Serial Number List*** window also opens if you have multiple products to register. This window includes the Serial Numbers of each product.

   The registration page automatically fills in the information you entered in the ***Purchase Information*** window. Fields marked with an asterisk (*) must contain information before registration can proceed.

   > **Note:** Do NOT change the *Registration/Practice Name* setting. Doing so will cause the Web registration to fail.

6. Click [Submit]. If registration is successful, the registration page reloads with your Registration Code displayed at the top of the page.

   > **Note:** This Registration Code has to be entered in the ***Please enter your registration code*** window to complete registration.

7. Click [Print Screen] to print the form for your records. Now you can either register another product or close your browser and return to product registration.

8. When you return to product registration, click [Next] to move to the ***Please enter your registration code*** window.

9. Enter each Registration Code in the ***Please enter your registration code*** window next to the appropriate product. Click [Done].

10. In the ***NDCMedisoft Registration*** window, click [Print] and the program prepares a fax form that contains your registration information, including the Registration Codes. To complete this information, enter the current date in the Registration Date field, as this is not provided by the program. Keep this form in a safe place. Click [Close].

Mail or Fax Registration

1. Click [Register].
2. In the ***Please fill out your purchase information*** window, enter all information as completely as possible. The *Customer Number*, issued by NDCHealth, consists of five digits. If you purchased the program directly from NDCHealth, the Customer Number is in the upper right corner of the invoice received with your order. If you purchased the program from a Value-Added Reseller, leave this field blank.

   In the *Number of Users* field, enter the number of computers on which the program will be installed. In the *Number of Providers* field, enter the number of providers in your practice. Click [Next].
3. In the ***Please fill in all providers*** window, enter each provider's name, credentials, and specialty. If you need additional lines, click [New]. When all the information is entered and correct, click [Next].
4. In the ***Please enter your Serial Number*** window, enter the Serial Numbers of each listed unregistered product. The Serial Number is a 14-digit number printed on the Certificate of Authenticity received with the installation CD. Click [Next].

   The program begins an immediate search for your modem. If you have no modem or Internet connection, an ***Information*** window pops up. Click [Print Registration].

   > **Note:** Because mailing time can significantly increase the time it takes to get your Registration Code, we highly recommend that you fax your registration form instead of mailing it.
5. Fax the printed registration form to the following number:

   (480) 892-8001

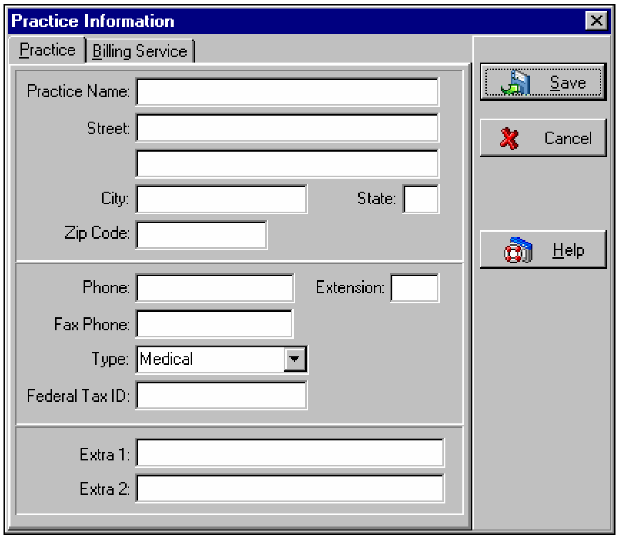
   Or mail the printed registration form to the following address:

   NDCHealth--Attention: Registration
   5222 E. Baseline Road, Suite 101
   Gilbert, Arizona 85234

6. NDCHealth returns your Registration Codes in the same manner as they were sent soon after the registration forms are received. Open the ***NDCMedisoft Registration*** window again and navigate to the ***Please enter your registration code*** window. Enter the Registration Codes in the appropriate *Registration Code* fields. Click [Done].
7. In the ***NDCMedisoft Registration*** window, click [Print] and the program prepares a fax form that contains your registration information, including the Registration Codes. To complete this information, enter the current date in the Registration Date field, as this is not provided by the program. Keep this form in a safe place. Click [Close].

Setting up the Practice

When you first enter the NDCMedisoft program after installation, you are required to create a new data set or convert previous NDCMedisoft or MS-DOS data. If you choose to create a new data set, the ***Create a New Set of Data*** window is displayed. Fill in the practice name. When you click [Create], the ***Practice Information*** window is displayed, at which time you need to enter all the practice information requested. See Figure 1.2.


Practice Information
Practice
Billing Service
Practice Name:
Street:
City:
State:
Zip Code:
Phone:
Extension:
Fax Phone:
Type:
Federal Tax ID:
Extra 1:
Extra 2:
Save
Cancel
Help

Type: Medical

Figure 1.2

The information in report headings comes from this ***Practice Information*** window.

Billing Services

In recent years, with electronic submission becoming more important and the complexity of insurance claims processing increasing, there has been a growing number of billing services. Smaller office or home-based businesses now handle insurance billing for healthcare practices.

If you are a billing service, enter your client's information in the Practice tab. Enter your information in the Billing Service tab. If you want to use the NDCMedisoft program to keep track of your own accounts receivables, a separate database can be set up with each client listed as a patient. Separate procedure codes can be created to cover the various services of your billing service.

Setting Up Multiple Practices

It is not necessary to install the program for each new practice. To set up multiple practices, go to the File menu and select **New Practice**. When the first practice is set up in the NDCMedisoft program, the program assumes there is only one practice and establishes a default directory for the data for that practice. Each time you set up an additional data set with totally unrelated patients and procedure files, you must create a different subdirectory. In the ***Create A New Set Of Data*** window, enter the additional practice name and change the data path. This establishes a completely separate database for the new practice.

Once you have set up additional practices, you can move easily from one to another by going to the File menu, selecting **Open Practice**, and choosing the practice you want from the list presented.

Practice Type

The practice *Type* field is a drop-down list. Click on the arrow to view the entry options, i.e., Medical, Chiropractic, and Anesthesia. Each option controls special fields within the program.

Medical: This is the general setting for all healthcare groups except Chiropractic and Anesthesiology.

Chiropractic: Choosing Chiropractic activates the *Level of Subluxation* field in the diagnosis section of the patient case file. When set as Medical or Anesthesia, this field is not available.

Anesthesia: The Anesthesia choice adds a *Minutes* field in the ***Transaction Entry*** window for entering charges in transaction billing functions.

Data Conversion

NDCMedisoft MS-DOS Users Converting to Windows

If you are a user of any NDCMedisoft patient accounting program in the MS-DOS environment, your data files are converted to the Windows version. See Appendix C, page 161.

The conversion process is designed to have no effect on your original MS-DOS files. However, before you begin installation of the new program, back up your current data files just to be safe.

Windows Converting to Upgraded Windows

When you convert previous data, the program searches your physical hard drive for any MWDBLIST.ADT files. When found, the program lists all valid data directories in the *NDCMedisoft File Conversion* window.

☞ A valid data directory is one that contains data.

Of the data sets listed in the ***NDCMedisoft File Conversion*** window, select one at a time that you would like to have converted.

When you are finished converting the data sets, your original data directories remain unchanged except a CONVERT.LOG file (and possibly a DATABASE.CLI file) is created in each data directory that is upgraded. The program creates a new directory for each data set converted in the root data directory you specified when you installed your latest program. The first new data directory is automatically named DATA, the second is named DATA1, and each new data directory is named consecutively after that (e.g., DATA2, DATA3, etc.).

STOP DO NOT RENAME THESE DATA FILES.

The program relies on this naming convention to function properly. To identify which practice files are contained in which data directory, use the ***Open Practice*** window, which contains the data path for the highlighted directory.

We recommend that you do not delete your old data directories until you know for certain that the newly converted data is complete. If you need more space on your computer, you can create a backup of the old data directories or just copy them onto storage disks, but keep them until you are certain the new program is working completely and properly.

Chapter 2

Basic Navigation in the Manual and Program

How to Use the Manual

This manual is designed to give you an overview of what the program is and how it can work for you. It is **not a complete how-to instruction manual**. The detailed instructions are contained in the online Help files.

After a function or window is introduced in the manual, the F1 symbol tells you where to go for additional help. For example, the ***Billing Code List*** explanation in the manual briefly explains the feature and shows the window, then instructs, "F1 Look up Billing Code Entry." Press F1, click [Search] in the Help window (or press Alt + S); type "Billing Code Entry" and press Enter to go directly to help information specific to billing code entry. If the program is running, pressing F1 immediately accesses help relating to the active window.

More information concerning the manual is contained in Appendix A, page 153.

Search

🔍 A search feature is included in many data fields, indicated by an icon that looks like a magnifying glass. Clicking the icon opens a ***Search*** window that contains a list of the fields related to the data area of the program from which the feature was accessed.

F1 Look up Searching.

Data Entry Process

Entering data in the program is easy and straightforward. Select an option from the menus or click a speed button or icon. A data entry window for that function opens.

Buttons are placed in windows for easy editing and access. At the bottom of the ***Patient List*** window, for instance, are buttons for editing records, setting up new records, deleting records, or closing the window. Clicking [New] brings up a data entry window that lets you set up all of the information needed to create patient records, build patient ledgers and file claims, generate reports, and whatever else you need from your patient accounting program.

Data entered in a field is saved as it appears on the window. To correct data, just click in the desired field and the text in the field is selected. Typing new text with the text selected changes the existing text. Select a part of the text to replace just that part or to delete by pressing the Delete key.

Keyboard Specifications

There are keys you use in the program that control the data. By default, both the Enter and Tab keys enter typed data into the program and move the cursor to the next field in the Tab order. If you want, you can deselect Enter as a key which allows you to move forward through fields. Directional arrows let you move around the page to line up with the space desired.

Accelerator Keys

Any letter underlined on the Menu bar or in drop-down lists and in some windows indicates the presence of an accelerator key, a keyboard alternative to a mouse function. Using the Alt key in combination with the underlined letter key selects that option or moves the cursor to that field (such as Alt + N in list windows creates a new record). There are also accelerator keys that utilize the Ctrl and Shift keys in combination with another key (e.g., Ctrl + C copies selected text).

Function Keys

Function keys provide shortcuts to various parts of the program. The keys are usually identified by the letter "F" followed by a number from 1 to 12 and many are assigned specific functions within the program. Most functions are consistent throughout the program, but there are a few variations. As you get acquainted with the program, shortcuts can speed your data entry. Some of them are: F1 (Help), F3 (Save), F6 (Search), F8 (New or "add on the fly") and F9 (Edit).

Chapter 3

NDCMedisoft at a Glance

Once the program is open, your can get a good look at the main program window. The top bar on the window is the Title bar and it displays the name of the active program and contains Minimize, Maximize, and Close buttons on the right side. See Figure 3.1.

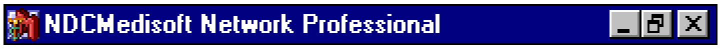

NDCMedisoft Network Professional

Figure 3.1

Menu Bar

Just below the Title bar is the Menu bar, which shows categories of activities available in the program. Click on various headings, such as File, Edit, Activities, Lists, Reports, Tools, Window, and Help, and each opens a submenu with a list of all the activity options available in that category. See Figure 3.2.

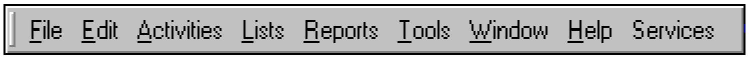

File
Edit
Activities
Lists
Reports
Tools
Window
Help
Services

Figure 3.2

File Menu

The File menu contains options for managing your database files.

Edit Menu

The functions of the Edit menu are **Cut**, **Copy**, **Paste**, and **Delete**. These deal primarily with the handling of text.

Activities Menu

This is the center of much of the daily routine of the practice.

Lists Menu

This menu provides access to the various list windows available in the program.

Reports Menu

Reports within NDCMedisoft are accessible through the Reports menu. You can also access the Custom Report List and Report Designer through this menu.

Tools Menu

The options available in this menu help you access peripheral programs and information to assist in the management of your practice.

Window Menu

This menu contains options that control the display of windows in the program.

Help Menu

The Help menu contains access to information on how to use the program, as well as how to register.

Services Menu

The Services menu contains a link to OnCallData for electronic prescriptions. Call your local Value-Added Reseller or call your NDCMedisoft sales representative at (800) 333-4747 for information concerning OnCallData.

Toolbar

Below the menu bar is the toolbar with an assortment of speed buttons (or icons) that are shortcuts to accessing options within the program. See Figure 3.3.

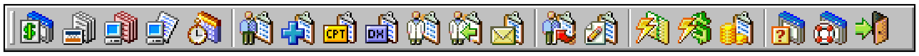


Figure 3.3

Select the option you want by clicking the appropriate speed button. That function of the program opens in a full data entry window.

The toolbar can be customized to your liking. Change the order of the buttons in the toolbar or hide them so they don't show at all. Create a new toolbar with only the buttons or file names that you want. In addition, you can move the toolbar to the top, bottom, or either side of the screen or return it to its original position and layout.

F1 Look up Toolbar Customizing.

Shortcut Bar

At the bottom of the screen, above the Status bar, is a shortcut bar that describes the available shortcut function keys available in the active window. This bar may also be referred to as the "function help bar."

Chapter 4

General Practice Setup

Open Practice, New Practice

To change practices or create a new practice database, go to the File menu and select the appropriate option.

To open an existing database, go to the File menu and select **Open Practice**. Choose the practice you want to open and click [OK].

To create a new database, follow the same procedure as described in the Setting Up the Practice section above, page 10.

Backup Data, Backup Scheduler, View Backups, Restore Backups

Information concerning backups is contained in the online Help. Go to the File menu in your NDCMedisoft program, select any backup-related topic, and then press F1.

F1 Look up Backup, Backup Scheduler, View Backup, or Restore in the Backup Help file.

Program Date

You can change the program date for back dating a large number of transactions. This affects all dates in the program except the Date Created setting, which always reflects the System date.

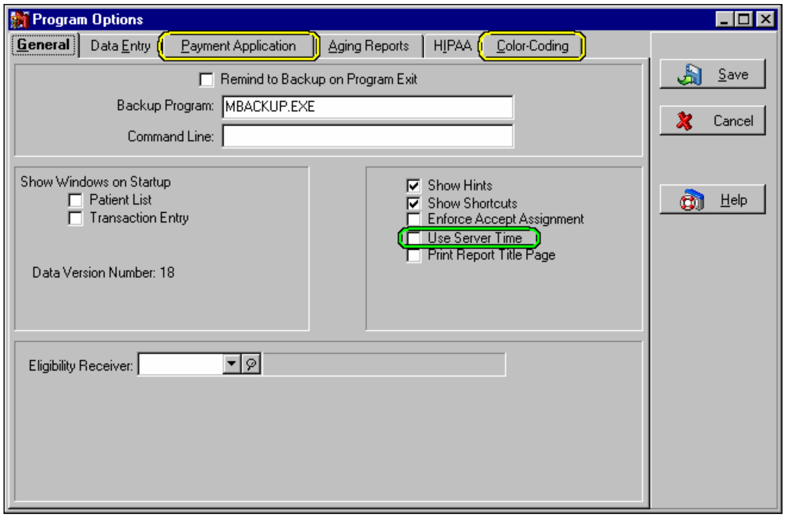
Program Options

Go to the File menu and select **Program Options**. There are a number of tabs within ***Program Options***, several available only with NDCMedisoft Advanced and NDCMedisoft Network Professional. Each is described below.

General Tab

■ Backing Up Data

The General tab deals with backups, which are an essential part of maintaining a computer-generated billing program, and with general default settings. See Figure 4.1.



☐ Remind to Backup on Program Exit

Backup Program: MBACKUP.EXE

Command Line:

Show Windows on Startup
☐ Patient List
☐ Transaction Entry

Data Version Number: 18

☑ Show Hints
☑ Show Shortcuts
☐ Enforce Accept Assignment
☐ Use Server Time
☐ Print Report Title Page

Eligibility Receiver:

Figure 4.1

We recommend that data files be backed up every day, with a program of rotating backup disks so you can restore lost data to the most recent date before the files were damaged or corrupted. If you are working with multiple practices, each practice should have its own set of backup files. Doing your backups within the NDCMedisoft program is a dependable method.

☞ When you perform a backup, you are only backing up the data files for the practice currently open. If you work with several practice databases, you must open each practice and perform a backup to preserve those files.

F1 Look up Backup, Backup Scheduler, View Backup, or Restore in the Backup Help file.

- **Default Choices**

  You have the option to show the ***Patient List*** and/or ***Transaction Entry*** windows on startup by placing a checkmark next to either or both options here. You can indicate whether you want to show shortcuts and/or hints, or *Enforce Accept Assignment*. In NDCMedisoft Advanced and NDCMedisoft Network Professional, you can indicate whether to print a title page for every report. Network Professional includes an option to synchronize your computer time with the time on the network server.

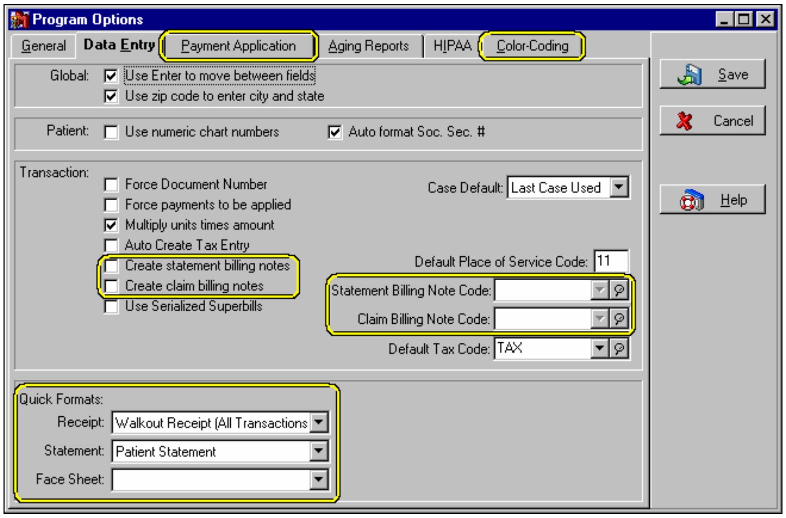
- **Eligibility Receiver**

  Designate the receiver for your eligibility verification requests.

F1 Look up Program Options-General Tab.

Data Entry Tab

The Data Entry tab gives you lots of options for various sections of the program. See Figure 4.2.



Global: ☑ Use Enter to move between fields
☑ Use zip code to enter city and state

Patient: ☐ Use numeric chart numbers ☑ Auto format Soc. Sec. #

Transaction:
☐ Force Document Number
☐ Force payments to be applied
☑ Multiply units times amount
☐ Auto Create Tax Entry
☐ Create statement billing notes
☐ Create claim billing notes
☐ Use Serialized Superbills

Case Default: Last Case Used
Default Place of Service Code: 11
Statement Billing Note Code:
Claim Billing Note Code:
Default Tax Code: TAX

Quick Formats:
Receipt: Walkout Receipt (All Transactions
Statement: Patient Statement
Face Sheet:

Figure 4.2

You can indicate whether to use Enter as a toggle to move between fields, to force payments to be applied, and to multiply unit times amount. Using the zip code to enter city and state information can save a lot of time.

In the *Patient* section, you can choose to use numeric Chart numbers (the default is to use an alphanumeric code) and/or have the program automatically hyphenate Social Security Numbers.

Choices in the *Transaction* section primarily affect ***Transaction Entry***. Selecting *Force Document Number* displays a *Document* field in the ***Transaction Entry*** window. If you click *Force payments to be applied*, the program makes you apply every payment before exiting ***Transaction Entry***. If you choose to *Multiply units times amount*, the program automatically adjusts the cost of the procedure based on number of units. If you click *Auto Create Tax Entry*, the program automatically adds tax to any selected procedure code that has been marked taxable and create a separate line item in ***Transaction Entry***. Be sure you have created and selected a *Default Tax Code*.

The *Case Default* field determines which case is selected in ***Transaction Entry***. The default is **Last Case Used**, but you can change this to **Newest Case** or **Oldest Case**.

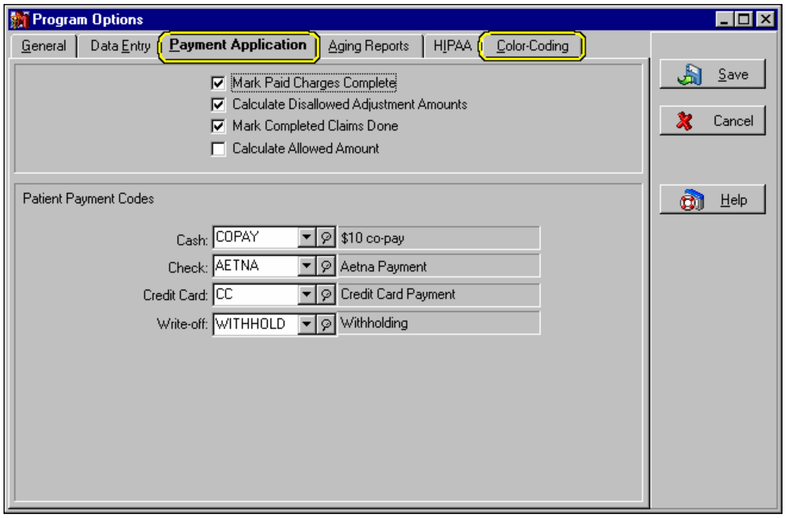
There is also a field where you can set the default Place of Service Code. The default in this field is 11. When there is an occasional change of location, simply type the new code to override the default entry.

NDCMedisoft Advanced and NDCMedisoft Network Professional offer a few more features. When *Create statement billing notes* is activated, a note is added to statements when printed. Be sure to select a default note in the *Statement Billing Note Code* field. When *Create billing notes* is activated, a Comment transaction line is added in both ***Transaction Entry*** and ***Quick Ledger*** whenever a claim is billed. The note includes the carrier name, date billed, claim number, and the name of the provider associated with the claim. Be sure to select a default *Billing Note Code*. You can also select default Receipt and Statement formats, which give you one-button printing of these documents from ***Transaction Entry*** and ***Quick Ledger***. You can choose a default form to print as a face sheet. This is connected to a button in the patient ***Case*** window.

F1 Look up Program Options-Data Entry Tab.

Payment Application Tab (Advanced and above)

In the Payment Application tab, you can establish default settings that affect the payment application function. See Figure 4.3.



☑ Mark Paid Charges Complete
☑ Calculate Disallowed Adjustment Amounts
☑ Mark Completed Claims Done
☐ Calculate Allowed Amount

Patient Payment Codes

Cash: COPAY $10 co-pay
Check: AETNA Aetna Payment
Credit Card: CC Credit Card Payment
Write-off: WITHHOLD Withholding

Figure 4.3

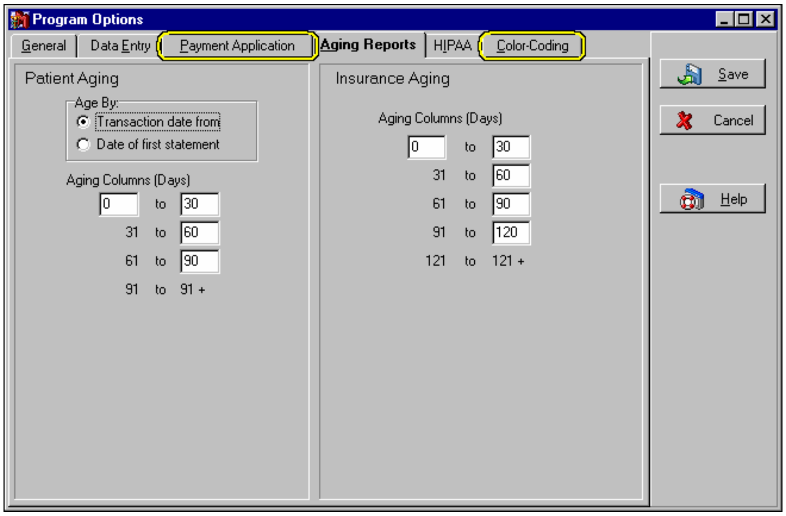
If you choose to accept the default settings, any amount applied to a charge is automatically marked as paid by that particular payee, the allowed amount is automatically calculated, and the difference between the calculated allowed amount and the practice charge is offset in the *Adjustment* column. In addition, any claim that has received payment from all responsible payers is automatically marked "Done."

In the lower half of the window, select default billing codes to be applied when using this feature.

F1 Look up Program Options-Payment Application Tab.

Aging Reports Tab

The Aging Reports tab lets you alter the starting date for patient aging reports and to redefine aging columns for both patient and insurance aging reports. See Figure 4.4.


Program Options
General
Data Entry
Payment Application
Aging Reports
HIPAA
Color-Coding
Save
Cancel
Help

Patient Aging

Age By:
● Transaction date from
○ Date of first statement

Aging Columns (Days)
0 to 30
31 to 60
61 to 90
91 to 91 +

Insurance Aging

Aging Columns (Days)
0 to 30
31 to 60
61 to 90
91 to 120
121 to 121 +

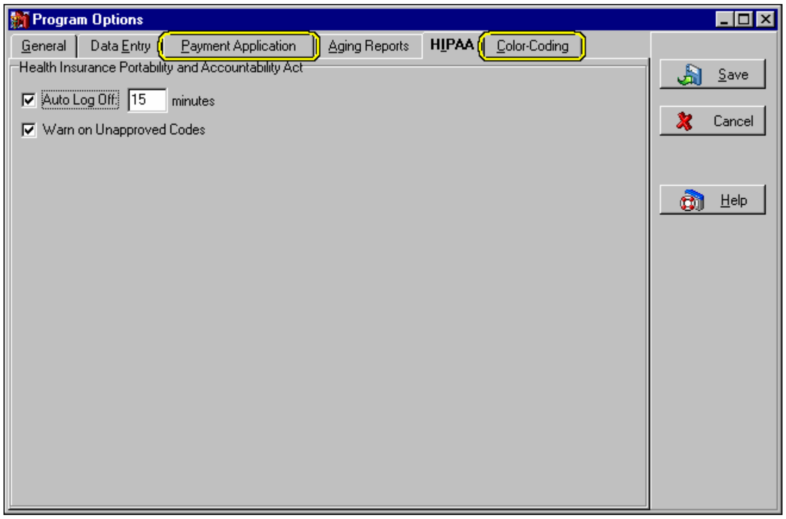
Figure 4.4

F1 Look up Program Options-Aging Reports Tab.

HIPAA Tab

In 1996 Congress passed the Health Insurance Portability and Accountability Act ("HIPAA"). Its purpose is to ensure that all electronic patient information is both secure and private. The law is having far-reaching effects and HIPAA compliance is becoming one of the dominant standards by which accounting software is judged.

The HIPAA tab contains two options. See Figure 4.5.


Program Options
General
Data Entry
Payment Application
Aging Reports
HIPAA
Color-Coding
Save
Cancel
Help

Health Insurance Portability and Accountability Act

☑ Auto Log Off: 15 minutes

☑ Warn on Unapproved Codes

Figure 4.5

There is a check box for *Auto Log Off*, with an associated time field. Clicking the box activates a log off function that requires entry of a password to continue. This minimizes unauthorized use of the program, should someone sit down to the computer while the program is active.

The second check box is to *Warn on Unapproved Codes*. Checking this option alerts you if a code entered is non-HIPAA compliant.

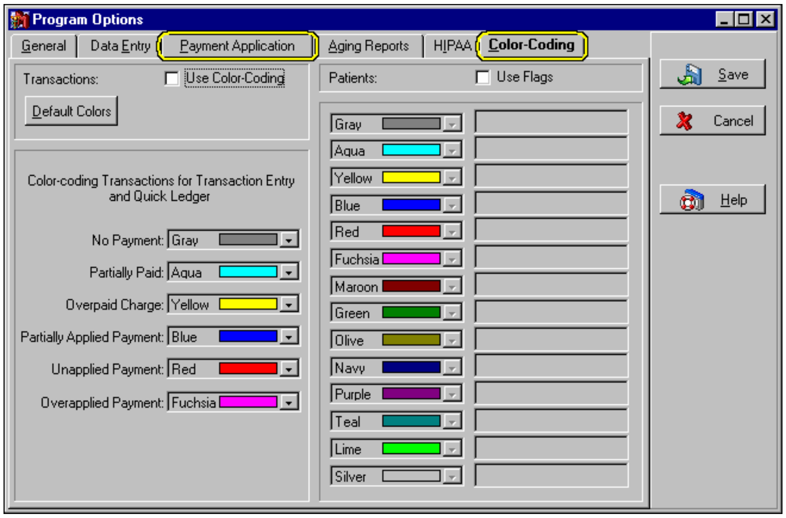
Identifiers have been added to each set of data fields for the provider, referring provider, address, insurance, and patient records as part of the HIPAA compliance program.

F1 Look up Program Options-HIPAA Tab.

Color-Coding Tab (Advanced and above)

- ### Transactions

  If you want to use color coding for transactions in ***Transaction Entry*** and ***Quick Ledger***, click the *Use Color Coding* box. See Figure 4.6.



Transactions: ☐ Use Color-Coding

Color-coding Transactions for Transaction Entry and Quick Ledger

No Payment: Gray
Partially Paid: Aqua
Overpaid Charge: Yellow
Partially Applied Payment: Blue
Unapplied Payment: Red
Overapplied Payment: Fuchsia

Patients: ☐ Use Flags

Gray
Aqua
Yellow
Blue
Red
Fuchsia
Maroon
Green
Olive
Navy
Purple
Teal
Lime
Silver

Figure 4.6

Select colors for each of six types of transactions: *Unsaved*, *No Payment*, *Partially Paid*, *Overpaid Charge*, *Unapplied Payment*, and *Overapplied Payment*. These colors appear in both windows, letting you know at a glance the status of the transaction.

■ Patients

This feature, called patient flagging, lets you color code patient records to alert you to various situations when viewing the records the ***Patient List***, ***Transaction Entry***, ***Quick Ledger***, and ***Deposit List*** windows of NDCMedisoft and the ***New Appointment*** window in Office Hours (when integrated with NDCMedisoft).

The patient flag colors in the ***Program Options*** window are fixed and cannot be edited. In the box to the right of a color box, assign your own description to that flag color. To activate the edit boxes, click *Use Flags*.

Patient flags are connected to patient records in the Other Information tab of the ***Patient/Guarantor*** window as you edit or set up a new patient record.

F1 Look up Program Options-Color Coding Tab.

Security Setup

One of the options within the File menu is **Security Setup**. This feature protects the integrity and privacy of your information files and safeguards your data from unauthorized access.

NDCMedisoft

In the basic NDCMedisoft program, security is a limited-access feature to protect your program from unauthorized access. You enter each program user and assign a password, which they need to enter every time they access the program. Once the security feature is used, the File menu contains an additional option, **Log In As Another User**.

NDCMedisoft Advanced and NDCMedisoft Network Professional

In NDCMedisoft Advanced and NDCMedisoft Network Professional, the security feature not only controls access to the program, but protects parts of the program from full access. There are five levels of access available in the program. The Security Supervisor, who has unlimited access and full control of security, can assign or remove rights for any level of security, with one exception. Level 1 access cannot be removed from any of the three options listed in the ***Security*** window settings for the Supervisor. Lower level access can be added, but the Supervisor must retain rights to these options.

Level 1 is for unlimited access and is designed to be used exclusively by the Supervisor or administrator to restrict access to the program. Levels 2, 3, 4, and 5 can be user-defined with the Supervisor deciding what fits in what level and assigning users accordingly. Generally, the higher the level number, the less rights are assigned to it. Add or remove check marks for level access by clicking the appropriate check box for each process displayed with each listed window name.

If a task is attempted by a user who does not have rights to that task, based on the security level assigned, a warning dialog box is displayed stating that the user does not have the authority to perform the requested task.

Once the security feature is used, the File menu contains an additional option, **Log In As Another User**.

F1 Look up Security Setup.

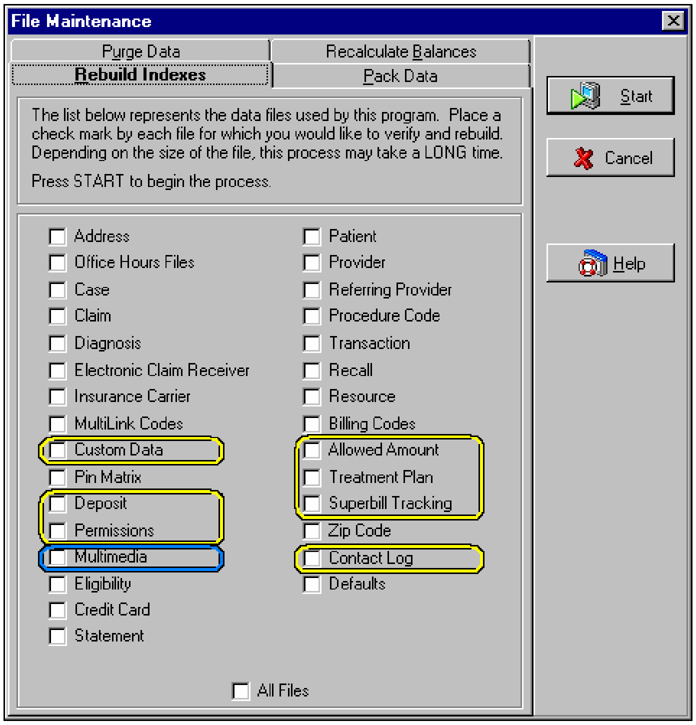
File Maintenance

The program puts you in the driver's seat by giving you the ability to rebuild indexes, pack data, recalculate patient balances, and purge data. The tools to perform each procedure are contained within separate tabs.

☞ Each of these file management functions carries the warning that it can take a **long time** to process. Keep that in mind when planning your file maintenance activities.

Rebuild Indexes

The Rebuild Indexes tab provides options to rebuild data indexes and lists the files available for rebuilding. Clicking *All Files* includes them all. See Figure 4.7.



The list below represents the data files used by this program. Place a check mark by each file for which you would like to verify and rebuild. Depending on the size of the file, this process may take a LONG time.

Press START to begin the process.

- ☐ Address
- ☐ Office Hours Files
- ☐ Case
- ☐ Claim
- ☐ Diagnosis
- ☐ Electronic Claim Receiver
- ☐ Insurance Carrier
- ☐ MultiLink Codes
- ☐ Custom Data
- ☐ Pin Matrix
- ☐ Deposit
- ☐ Permissions
- ☐ Multimedia
- ☐ Eligibility
- ☐ Credit Card
- ☐ Statement
- ☐ Patient
- ☐ Provider
- ☐ Referring Provider
- ☐ Procedure Code
- ☐ Transaction
- ☐ Recall
- ☐ Resource
- ☐ Billing Codes
- ☐ Allowed Amount
- ☐ Treatment Plan
- ☐ Superbill Tracking
- ☐ Zip Code
- ☐ Contact Log
- ☐ Defaults

☐ All Files

Figure 4.7

Pack Data

Select the Pack Data tab to choose the data files from which you want to remove deleted data. Here again, you can choose one particular set of files or click *All Files* to include them all.

Purge Data

The decision to purge data files should be done only after careful consideration. ***Data removed cannot be reinstated*** unless you have a previous backup disk containing the information. You have a choice of purging appointment fields, closed cases, and claims data files. In any case, select the cutoff date to which you want to clear data. All data in the selected file before and including the date specified is deleted.

Recalculate Balances

You can recalculate *all* patient balances in File Maintenance by clicking the *Recalculate Balances* check box, then [Start]. Recalculation of a *single* patient's account balance can be done in the ***Transaction Entry*** window by clicking on the *Account Total* amount.

F1 Open the File Maintenance portion of the program and press F1.

Chapter 5

Setting Up the Practice

Here is a recommended sequence for setup that helps you get off to a great start.

1. Procedure codes and MultiLinks.
2. Diagnosis codes.
3. Provider records.
4. Insurance carrier records and their ID numbers.
5. Address information.
6. EDI receiver records.
7. Referring provider records.
8. Billing codes.
9. Contact List.
10. Eligibility.

Procedure, Payment, and Adjustment Codes

Procedure codes are used to communicate procedure information between patient, provider, and third-party payers. These codes can be accessed by going to the Lists menu and selecting **Procedure/Payment/Adjustment Codes**, or by clicking the CPT icon.

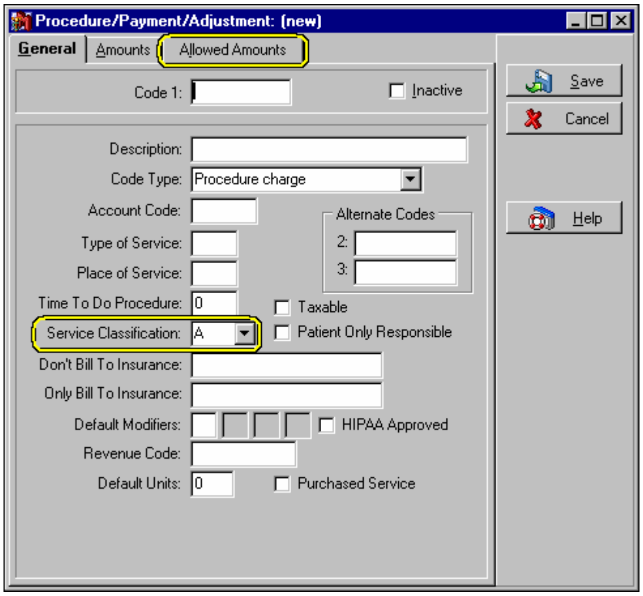
The ***Procedure/Payment/Adjustment List*** window shows what codes have been set up. At the top of the window, there are two fields to help you find a procedure code: *Search for* and *Field*. *Field* defaults to **Code 1** but can be changed to **Description** or **Type**. If you are not sure of the complete code, description, or type, enter the first few letters or numbers in the *Search for* field. As you type, the list automatically filters to display records that match. At the bottom of the window are choices for setting up a new code, editing a code, or deleting a code. If the code you need is not shown in the list, click [New] or press F8.

F1 Look up Procedure/Payment/Adjustment Entry.

New Procedure Codes and Accounting Codes

General Tab

In this area, you can enter a new code number, description, and type. Valid code types can be seen by clicking on the drop-down *Code Type* list. See Figure 5.1.


Procedure/Payment/Adjustment: (new)
General
Amounts
Allowed Amounts
Code 1:
☐ Inactive
Description:
Account Code:
Alternate Codes
2:
3:
Type of Service:
Place of Service:
☐ Taxable
☐ Patient Only Responsible
Don't Bill To Insurance:
Only Bill To Insurance:
Default Modifiers:
☐ HIPAA Approved
Revenue Code:
☐ Purchased Service
Save
Cancel
Help

Code Type: Procedure charge
Time To Do Procedure: 0
Service Classification: A
Default Units: 0

Figure 5.1

Accounting Codes can be any configuration of letters or numbers you want to assign to each accounting function, e.g., cash, checks, etc. Procedure codes are used for recording charges for services rendered, and Accounting Codes show the payment and adjustment side of the entry process. These categories are broken down into codes for specific purposes.

Valid codes that have unique functions within the program are:

- Adjustment
- Billing Charge
- Cash Co-payment
- Cash Payment
- Check Co-payment
- Check Payment
- Comment
- Credit Card Co-payment
- Credit Card Payment
- Deductible
- Inside Lab Charge
- Insurance Adjustment
- Insurance Payment
- Insurance Withhold Adjustment
- Outside Lab Charge
- Procedure Charge
- Product Charge
- Tax

Also indicated in this window are the type of service, place of service, time to perform the procedure, whether to allow the code to print on insurance forms, *Alternate Codes* and, if applicable, whether only the patient is responsible. There is also a check box to indicate if the code is inactive.

Modifiers help pinpoint the exact procedure performed. If needed for claim filing, add modifiers. The *HIPAA Approved* field indicates whether the code is HIPAA approved. The *Revenue Code* is used with the UB92 claim form. You can adjust the number of units associated with this code in the *Default Units* field. If the code is used only with a service that the practice purchased (usually from a lab), click this check box.

F1 Look up Procedure/Payment/Adjustment Entry-General Tab.

Amounts Tab

The Amounts tab is linked with ***Case*** information, Account tab, *Price Code* field. NDCMedisoft Advanced and NDCMedisoft Network Professional allow 26 charge amounts for each code entered in the program. The applicable charge amount is selected in the Account tab of each patient's *Case* window.

F1 Look up Procedure/Payment/Adjustment Entry-Amounts Tab.

Allowed Amounts Tab (Advanced and above)

The Allowed Amounts tab keeps track of how much each carrier pays for a particular code. The program calculates the allowed amount based on the amount paid, any applicable deductible, and the service classification. This amount is used in calculating the patient portion of any transaction entered in ***Transaction Entry***.

F1 Look up Procedure/Payment/Adjustment Entry-Allowed Amounts Tab.

MultiLink Codes

MultiLinks are groups of procedure codes combined under one access code. They are for procedures that are normally performed at the same time, e.g., for a physical exam, a routine set of treatments, etc.

The advantages to using MultiLinks include a reduction of time during data entry. If you can create several transactions with the entry of a single code name or number, there is an obvious time saving. MultiLinks also reduce omission errors. You won't forget codes that should be included if they are included in a MultiLink. When you use the MultiLink code, all the codes in the group are entered.

Enter the MultiLinks function by going to the Lists menu and selecting **MultiLink Codes**. The list displays all available procedure codes, adjustment codes, and payment codes. You can also set up a new MultiLink or edit or delete an existing MultiLink code.

F1 Look up MultiLink Entry.

Diagnosis Codes

Diagnosis codes represent the reason a service is provided. In effect, the procedure code tells what the doctor **did** and the diagnosis code tells what the doctor **found**.

As with other list functions, the diagnosis code setup is accessed by going to the Lists menu and selecting **Diagnosis Codes** or by clicking the Diagnosis Code List speed button. At this point you can review codes in the list or search for one you do not see. Clicking [New] (F8) or [Edit] (F9) opens up a window where you can create a new code or edit an existing one. See Figure 5.2.

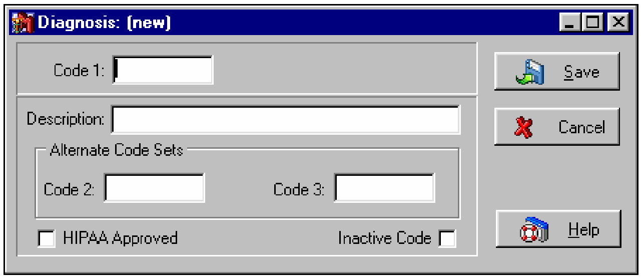


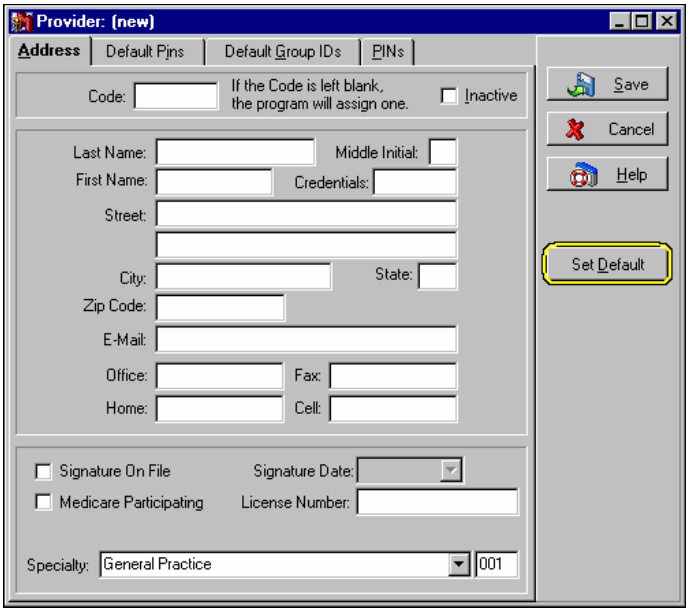
Figure 5.2

The ***Diagnosis: (new)*** window displays fields for the code number and description. You also have the option of entering *Alternate Code Sets*. These can be used later for entering codes for different carriers but for the same diagnosis.

F1 Look up Diagnosis Entry.

Provider Records

The ***Provider List*** is accessed by going to the Lists menu and selecting **Providers** or by clicking the Provider List speed button. Specific provider information is accessed by clicking [Edit] or pressing F9, and the ***Provider: (new)*** setup window is accessed by clicking [New] or pressing F8. See Figure 5.3.



Provider: (new)
Address
Default Pins
Default Group IDs
PINs
Code:
☐ Inactive
Save
Cancel
Help
Set Default
Last Name:
Middle Initial:
First Name:
Credentials:
Street:
City:
State:
Zip Code:
E-Mail:
Office:
Fax:
Home:
Cell:
☐ Signature On File
Signature Date:
☐ Medicare Participating
License Number:

If the Code is left blank, the program will assign one.

Specialty: General Practice 001

Figure 5.3

Address Tab

Provider *Code* numbers are assigned to more than the doctors. Every member of the staff should be set up as a provider and receive a provider Code number.

Provider and staff member Code numbers are utilized in ***Transaction Entry*** to identify the author when a Patient note is generated. The only provider Code number that is printed on a claim form or transmitted electronically is that of the physician assigned to the patient. All others are for in-house monitoring and accounting.

F1 Look up Provider Entry-Address Tab.

Default Pins and Default Group IDs Tabs

PIN and ID numbers assigned by Medicare, Medicaid, TRICARE, Blue Cross/Blue Shield and other commercial carriers are recorded in the Default PINs and Default Group IDs tabs.

F1 Look up Provider Entry-Default Pins Tab and Provider Entry-Default Group IDs Tab.

PINs Tab

The PIN matrix is contained in the PINs tab. This contains all of the provider's PINs assigned by the various carriers. This is the same table as that contained in the ***Insurance Carrier*** record.

F1 Look up Provider Entry-PINs Tab.

Insurance Carrier Records

Setting up the insurance carriers correctly is essential to getting claims paid in a timely manner. Go to the Lists menu and select **Insurance Carriers** or click the Insurance Carrier speed button.

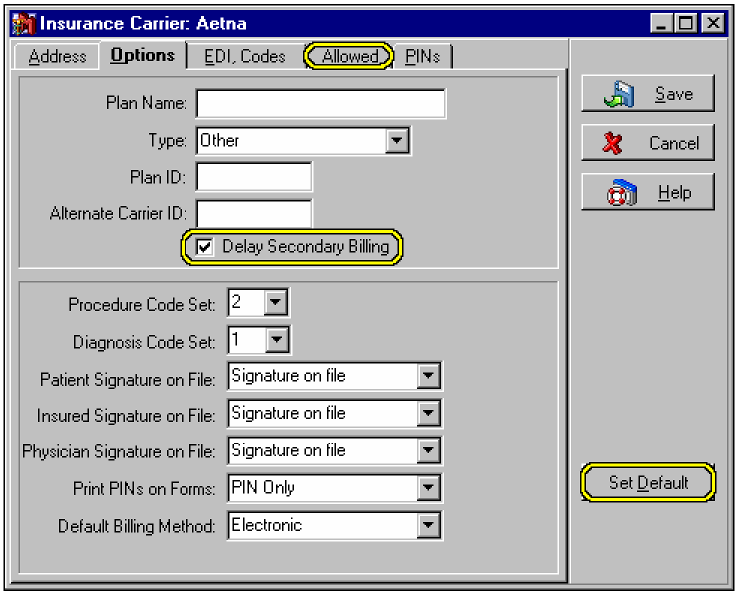
Address Tab

The information contained in the Address tab is standard and includes the *Practice ID* code.

F1 Look up Insurance Carrier Entry-Address Tab.

Options Tab

The Options tab provides fields for more specific information, including plan name and type. See Figure 5.4.



Insurance Carrier: Aetna

Plan Name:
Type: Other
Plan ID:
Alternate Carrier ID:
☑ Delay Secondary Billing
Procedure Code Set: 2
Diagnosis Code Set: 1
Patient Signature on File: Signature on file
Insured Signature on File: Signature on file
Physician Signature on File: Signature on file
Print PINs on Forms: PIN Only
Default Billing Method: Electronic

Figure 5.4

This is where you indicate the *Procedure* and *Diagnosis Code Set* that are used by this carrier, select options in the various *Signature on File* fields, and specify the *Default Billing Method*. The various *Signature on File* fields are provided to determine what prints in Boxes 12, 13, 31, and 24K of the CMS- or HCFA-1500 claim form.

F1 Look up Insurance Carrier Entry-Options Tab.

EDI, Codes Tab

In the EDI, Codes tab, be sure to enter the *EDI Receiver* if you are planning to submit electronic claims. If the EDI receiver you want is not in the list, you can add it “on the fly” by pressing F8. After you have signed up with a receiver for your electronic claims, that receiver assigns your *EDI Payor ID* and *EDI Sub ID* numbers and any other necessary numbers or codes.

F1 Look up Insurance Carrier Entry-EDI, Codes Tab.

Allowed Tab (Advanced and above)

This tab contains a listing of the allowed amounts the selected carrier pays for each of the procedure codes contained in the program. You can enter these amounts by hand or let the program gather the information from insurance payments entered in the program.

F1 Look up Insurance Carrier Entry-Allowed Tab.

PINs Tab

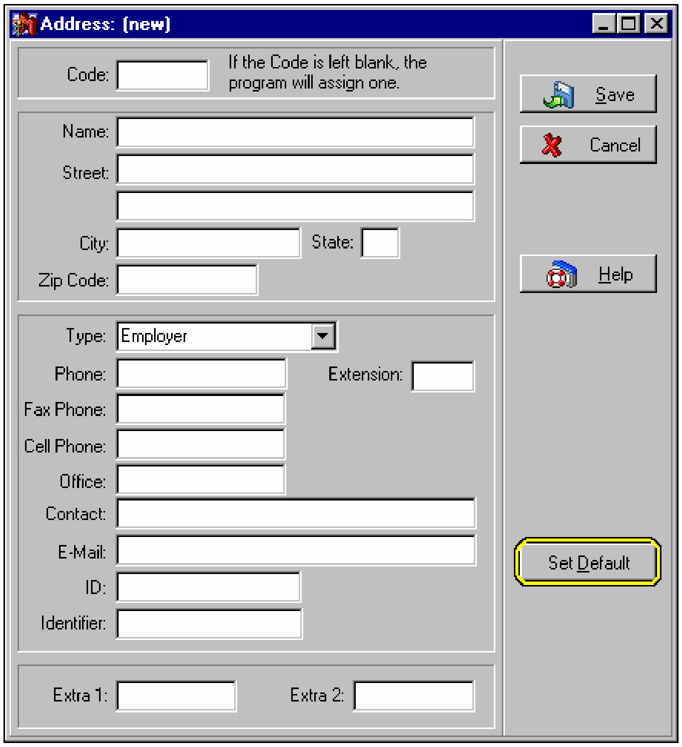
The PINs tab contains a listing of all PINs assigned by the selected carrier to each provider contained in the program.

F1 Look up Insurance Carrier Entry-PINs Tab.

Address Records

The Address file is your address book within the computer. It keeps the names, addresses, and phone numbers (with extensions) of important outside contacts, such as referring physicians, attorneys, employers, referral sources, etc. The Address file should include all important contact persons whose phone, fax, cell, and e-mail numbers the practice needs at any time in the future.

Go to the Lists menu and select **Addresses** or click the Address List icon. See Figure 5.5.



If the Code is left blank, the program will assign one.

Type: Employer

Address: (new)
Code:
Save
Cancel
Name:
Street:
City:
State:
Zip Code:
Help
Type:
Phone:
Extension:
Fax Phone:
Cell Phone:
Office:
Contact:
E-Mail:
Set Default
ID:
Identifier:
Extra 1:
Extra 2:

Figure 5.5

When you click [New] or press F8, the program automatically assigns an address code based upon the *Name* field. The address code is not assigned until all information is entered and saved. Use *Search for* and *Field* to look up the address code of existing records.

The addresses maintained in the program are classified by "type" assigned to facilitate ease of selection in a drop-down list. These types include: **Attorney**, **Employer**, **Facility** (Hospital, Rest Home, etc.), **Laboratory**, **Miscellaneous**, and **Referral Source**. Correct types are required to ensure the CMS- or HCFA-1500 form prints correctly.

F1 Look up Address Entry.

EDI Receiver Records

EDI receiver records are used when checking eligibility and when sending claims or statements electronically. Electronic submission through NDC Electronic Claims Processing is provided at no additional cost. To get started with electronic claim or statement submission, contact your local Value-Added Reseller or call NDCHealth directly at (800) 689-4550 and request the enrollment package.

Optional direct claims software is available to send claims directly to selected carriers throughout the country. Most of these are set up on a state or regional basis and handle Medicare, Medicaid, Blue Cross/Blue Shield, and often commercial claims. There is a cost for each of these programs, but, in most cases, there is no charge for claims filed. Information on other available EDI modules can be obtained by calling your local Value-Added Reseller or NDCHealth directly at (800) 689-4550.

F1 Look up EDI Receiver Entry.

Referring Provider Records

Many patient visits are the result of a referral from another provider. When a patient is referred to your practice, you must record the Unique Physician Identification Number (UPIN). The referring provider name prints in Box 17 of the CMS- or HCFA-1500 claim form, and the UPIN prints in Box 17a.

Go to the Lists menu and select **Referring Providers**. To enter a new referring provider record, press F8, or click [New].

Address Tab

The Address tab takes the basic information, plus specialty data and the license number. It allows space for you to indicate whether this doctor is a Medicare participating healthcare provider.

Default PINs Tab

The Default PINs tab displays UPIN and other identification numbers and information. If a practice is performing internal lab work and/or X-rays, the attending provider is also the referring provider. To get paid for this service, the attending provider must also be set up in the Referring Provider file and assigned to the patient.

F1 Look up Referring Provider Entry.

Billing Code List

A Billing Code is a user-defined two-character alphanumeric code. Billing Codes can be effective in sorting and grouping patient records. Go to the Lists menu and select **Billing Codes**. See Figure 5.6.

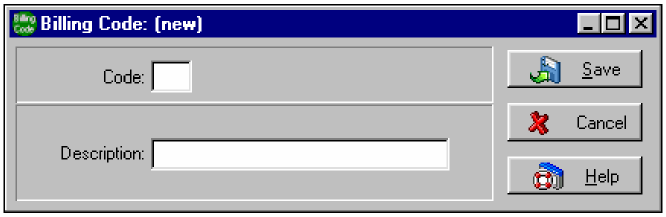


Figure 5.6

The ***Billing Code List*** window lets you review and edit the codes contained in the program and create new ones. If you want to use a code you have not previously entered, click [New] or press F8 and the window for a code and description appears.

A billing code range is a filter available in most reports printed in NDCMedisoft.

F1 Look up Billing Code Entry.

Contact List (Advanced and above)

The ***Contact List*** contains a ready reference of people with whom you have had contact during the course of business. The ***Contact*** window has space where you can add notes concerning your conversations to help you keep track of what was discussed and any conclusions or information shared during the conversation. For more information on the use of this feature, see the Help files.

F1 Look up Contact Entry.

Eligibility

You can check a patient's insurance coverage eligibility before the patient gets to the office. This feature requires a separate sign-up procedure. The topic is addressed in greater detail in Chapter 8, Claim Management, page 83.

F1 Look up Eligibility Verification and Eligibility List.

Tutorial Practice

To review the procedures outlined in this chapter, you can perform the following steps using the tutorial database provided with this program.

Opening the Practice Record

Going to the File menu and selecting **Open Practice**. See Figure 5.7.

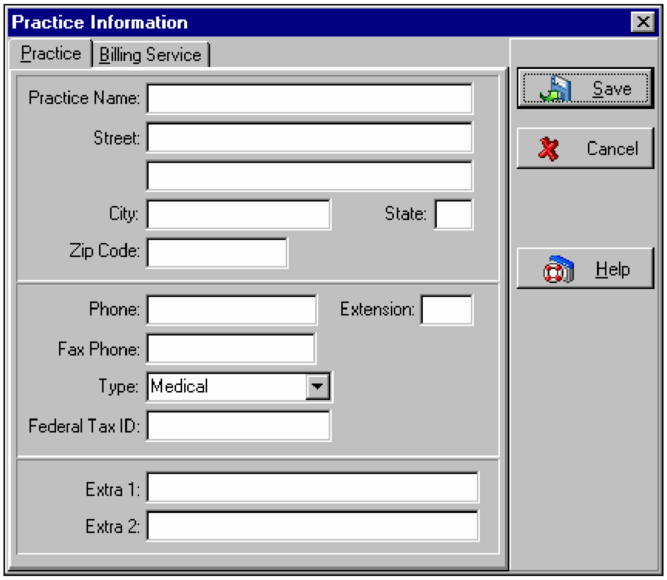
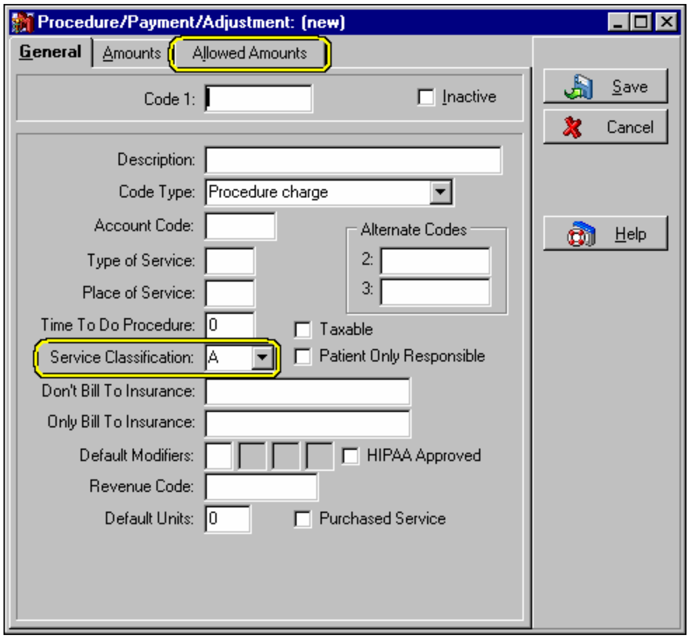

Practice Information
Practice
Billing Service
Practice Name:
Street:
City:
State:
Zip Code:
Phone:
Extension:
Fax Phone:
Type:
Medical
Federal Tax ID:
Extra 1:
Extra 2:
Save
Cancel
Help

Figure 5.7

The sample data set up in this tutorial is under the practice name Medical Group (Tutorial Data). Highlight that name and click [OK]. If this practice name does not appear, click the [Add Tutorial] button. Then select the practice and click [OK]. The practice name appears in the Title bar of the main NDCMedisoft window.

Creating a New Procedure Code

Click the Procedure Code List speed button. In the ***Procedure/Payment/Adjustment List***, Click [New]. See Figure 5.8.


Procedure/Payment/Adjustment: (new)
General
Amounts
Allowed Amounts
Code 1:
Inactive
Description:
Account Code:
Type of Service:
Place of Service:
Alternate Codes
2:
3:
Taxable
Patient Only Responsible
Don't Bill To Insurance:
Only Bill To Insurance:
Default Modifiers:
HIPAA Approved
Revenue Code:
Purchased Service
Save
Cancel
Help

Code Type: Procedure charge

Time To Do Procedure: 0

Service Classification: A

Default Units: 0

Figure 5.8

In the General tab, enter **XYZ** in the *Code 1* field, then enter **Test Code** in the *Description* field. Select **Procedure charge** in the *Code Type* field.

The *Account Code* is an internal code for in-house bookkeeping. It can be any configuration of letters or numbers you want to assign to each accounting function, i.e., cash, checks, etc. Enter **OVSP** (for Office Visit-School Patient).

Leave *Type of Service* empty. Enter **11** as the *Place of Service*, and leave *Time to do Procedure* empty.

Leave the *Service Classification* field alone. It defaults to **A**.

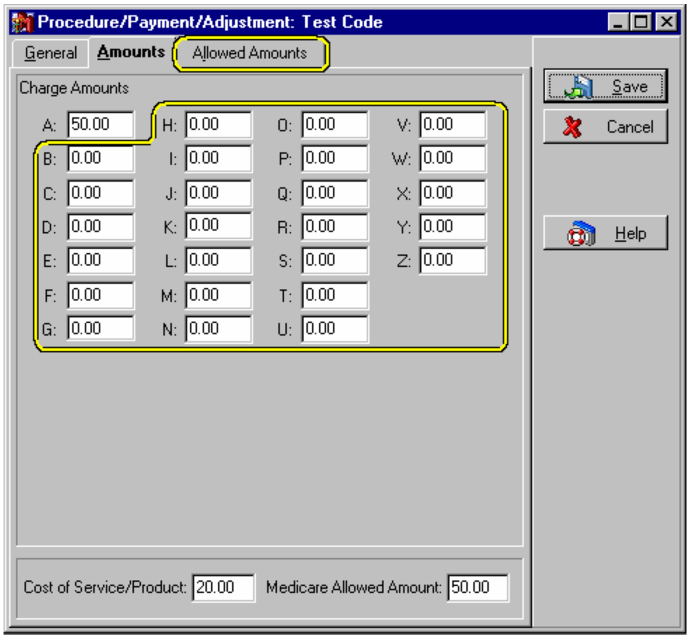
Leave the *Alternate Codes* fields alone.

Click the *Taxable* box to mark this code as needing tax charges added to it.

Click the *Patient Only Responsible* box.

No other fields in this window are applicable, so skip them.

Open the Amounts tab and enter **50** in field *A* as the amount you want charged for this procedure. See Figure 5.9.



Charge Amounts

A: 50.00	H: 0.00	O: 0.00	V: 0.00
B: 0.00	I: 0.00	P: 0.00	W: 0.00
C: 0.00	J: 0.00	Q: 0.00	X: 0.00
D: 0.00	K: 0.00	R: 0.00	Y: 0.00
E: 0.00	L: 0.00	S: 0.00	Z: 0.00
F: 0.00	M: 0.00	T: 0.00	
G: 0.00	N: 0.00	U: 0.00	

Cost of Service/Product: 20.00 Medicare Allowed Amount: 50.00

Figure 5.9

Enter **20** in the *Cost of Service/Product* field and **50** in the *Medicare Allowed Amount* field. Click [Save]

Editing Procedure Codes

You need to edit a couple of the procedure codes in the program. If the ***Procedure/Payment/Adjustment List*** window is not already open, click the Procedure Code List speed button. In the *Search for* field, enter **99214**. Click [Edit]. Open the Amounts tab. In field *A*, enter 65. Click [Save].

In the *Search for* field, enter **82954**. Click [Edit]. Open the Amounts tab and enter **10** in the *A* field. Click [Save]. Click [Close].

Creating a MultiLink Code

Go to the Lists menu and select **MultiLink Codes**. Click [New]. See Figure 5.10.

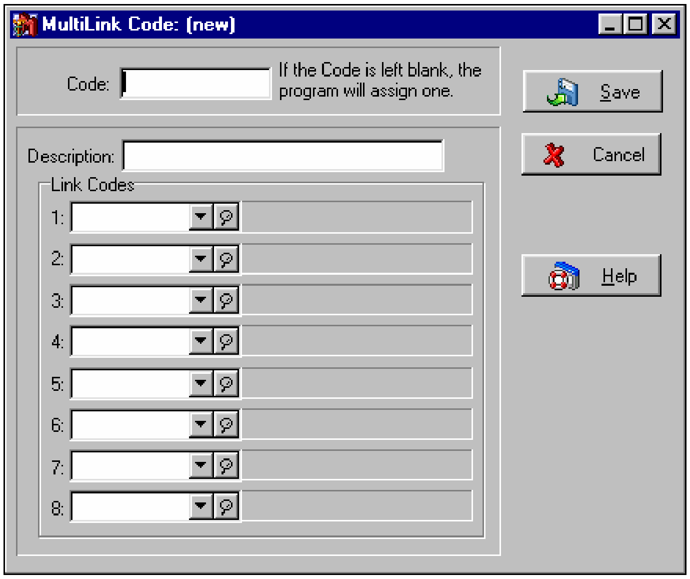

MultiLink Code: (new)
Code:
If the Code is left blank, the program will assign one.
Save
Cancel
Description:
Link Codes
1:
2:
3:
4:
5:
6:
7:
8:
Help

Figure 5.10

In the ***MultiLink Code: (new)*** window, enter **SCHOOLPHYS** in the *Code* field. Enter a description in the *Description* field, such as **Physical, School**. In *Link Codes 1*, enter **80050**, the general health screen panel; in *Link Codes 2*, enter **81000**, a routine urinalysis; in *Link Codes 3*, enter **93000**, an EKG; and in *Link Codes 4*, enter **99241**, office consultation;. When you have selected all of the procedures you want linked, click [Save]. Click [Close].

Creating a New Diagnosis Code

Click the Diagnosis Code List speed button. Click [New]. See Figure 5.11.

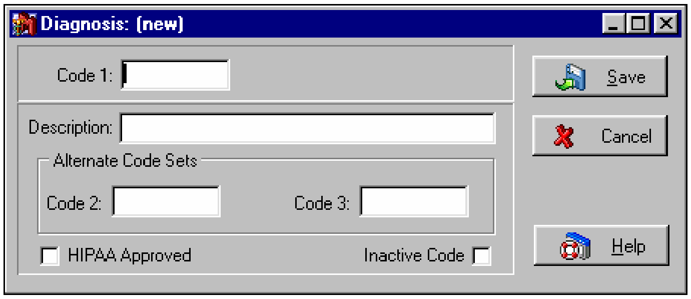
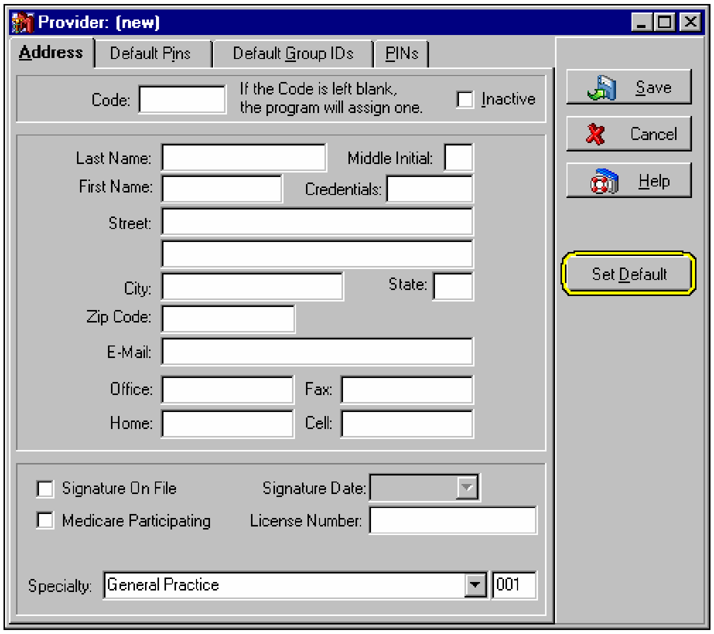

Diagnosis: (new)
Code 1:
Save
Description:
Cancel
Alternate Code Sets
Code 2:
Code 3:
☐ HIPAA Approved
Inactive Code ☐
Help

Figure 5.11

Enter **TEST** in the *Code 1* field. In the *Description* field, enter **Test Diagnosis Code**. Click [Save]. Click [Close].

Setting up a New Provider Record

Click the Provider List speed button. In the ***Provider List*** window, click [New]. See Figure 5.12.


Provider: [new]
Address
Default Pins
Default Group IDs
PINs
Code:
If the Code is left blank, the program will assign one.
☐ Inactive
Save
Cancel
Help
Set Default
Last Name:
Middle Initial:
First Name:
Credentials:
Street:
City:
State:
Zip Code:
E-Mail:
Office:
Fax:
Home:
Cell:
☐ Signature On File
Signature Date:
☐ Medicare Participating
License Number:
Specialty:

Specialty: General Practice 001

Figure 5.12

Skip the ***Code*** field. Enter the following information:

Name: I. M. Urdoc

Credentials: MD

Address: 1 Healthy Avenue, Stressfree, IA 68888

Phone number: (123) 443-2584 (123-4HEALTH). There is no fax number, so leave that field blank.

This provider is a Medicare participating provider. Click the *Signature on File* check box, then select or enter 4/3/89 as the *Signature Date*. Click the *Medicare Participating* check box. Enter Dr. Urdoc's *License Number* as **ZYX1111110**. His practice specialty is General Practice.

In the Default PINs and IDs tab, enter **102938475** in the *SSN/Federal Tax ID* field and **22222222** in the *Medicare* field.
No other information is available right now for Dr. Urdoc.

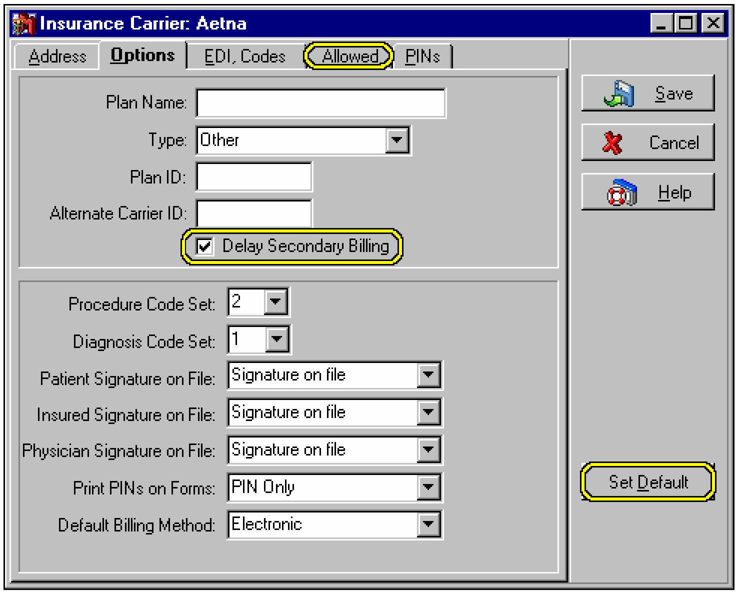
When you have entered all the information, click [Save]. Click [Close].

Setting Up a New Insurance Carrier Record

Click the Insurance Carrier List speed button. Click [New].

In the *Name* field, enter **A1 Insurance Partners**. In the other appropriate fields, enter PO Box 11223, Hartford, CT 01234.

Open the Options tab. See Figure 5.13.



Plan Name:
Type: Other
Plan ID:
Alternate Carrier ID:
☑ Delay Secondary Billing
Procedure Code Set: 2
Diagnosis Code Set: 1
Patient Signature on File: Signature on file
Insured Signature on File: Signature on file
Physician Signature on File: Signature on file
Print PINs on Forms: PIN Only
Default Billing Method: Electronic

Figure 5.13

Enter **Best Choice** in the *Plan Name* field. Enter **HMO** in the *Type* field. Leave the *Procedure Code Set* and *Diagnosis Code Set* fields alone for now.

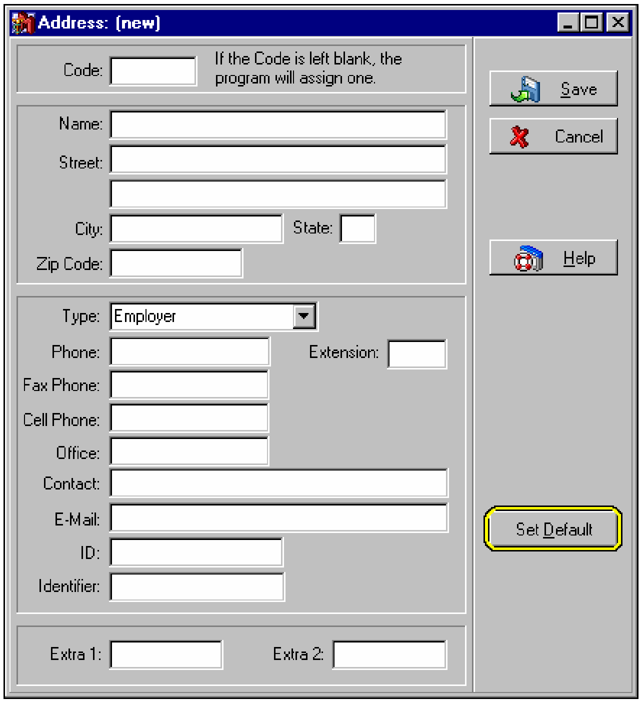
What you select in the various *Signature on File* fields determines what prints in Boxes 12, 13, 31, and 24K of the CMS- or HCFA-1500 form. For now, select **Signature on File** in each of them. Select **Provider Name and PIN** in the *Print PINs on Forms* by clicking the box and selecting that option. Leave the *Default Billing Method* as **Paper**.

Open the EDI, Codes tab. We aren't dealing with electronic claims, so skip the top section of the window. In the respective default payment application code fields, select **INSPAY**, **WROFF**, **WITHHOLD**, and **DEDUC**. Click [Save]. Highlight A1 Insurance Partners, and click [Edit]. (A new insurance record must be saved before the last two tabs are accessible.)

Open the PINs tab. For IM Urdoc, enter **1122334**. When finished, click [Save]. Click [Close].

Creating a New Address Record

Click the Address List speed button to open the ***Address List*** window. Click [New]. See Figure 5.14.


Address: (new)
Code:
Name:
Street:
City:
State:
Zip Code:
Type:
Phone:
Extension:
Fax Phone:
Cell Phone:
Office:
Contact:
E-Mail:
ID:
Identifier:
Extra 1:
Extra 2:
Save
Cancel
Help
Set Default

If the Code is left blank, the program will assign one.

Type: Employer

Figure 5.14

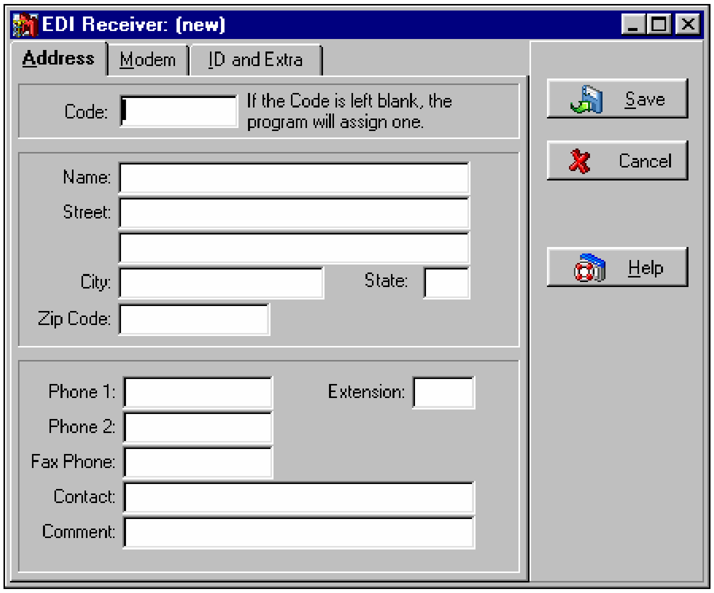
Leave the *Code* field blank this time and let the program automatically assign one based on the *Name* field. The code is not assigned until all information is entered and saved.

In the appropriate fields, enter **Pizza Hut**, **1234 Fifth Avenue**, **Anywhere**, **IA 85000**, **1234567890** (this is the phone number). In *Fax Phone*, enter **1234567899**. Be sure the *Type* field reflects **Employer**.

The contact for this entry is **Murray** and in the *ID* field, enter **Hawaiian, 3-Cheese**. The *ID, Extra 1,* and *Extra 2* fields are used for any other information you may want to enter to identify this entry. When finished, click [Save]. Click [Close].

Setting Up a New EDI Receiver Record

Go to the Lists menu and select **EDI Receivers**. Click [New]. See Figure 5.15.


EDI Receiver: (new)
Address
Modem
ID and Extra
Code:
Save
Cancel
Help
Name:
Street:
City:
State:
Zip Code:
Phone 1:
Extension:
Phone 2:
Fax Phone:
Contact:
Comment:

If the Code is left blank, the program will assign one.

Figure 5.15

In the Address tab, enter **Truly Wonderful Receiver**, **2468 Appreciate Lane**, **Happy**, **IA 55555**, **4802468123** (this is the phone number). The contact is **George**. Again, since we are not dealing with electronic claims in this tutorial, skip the Modem and ID and Extra tabs. Click [Save]. Click [Close].

Setting Up a Referring Provider Record

Click the Referring Provider List speed button. Click [New]. See Figure 5.16.

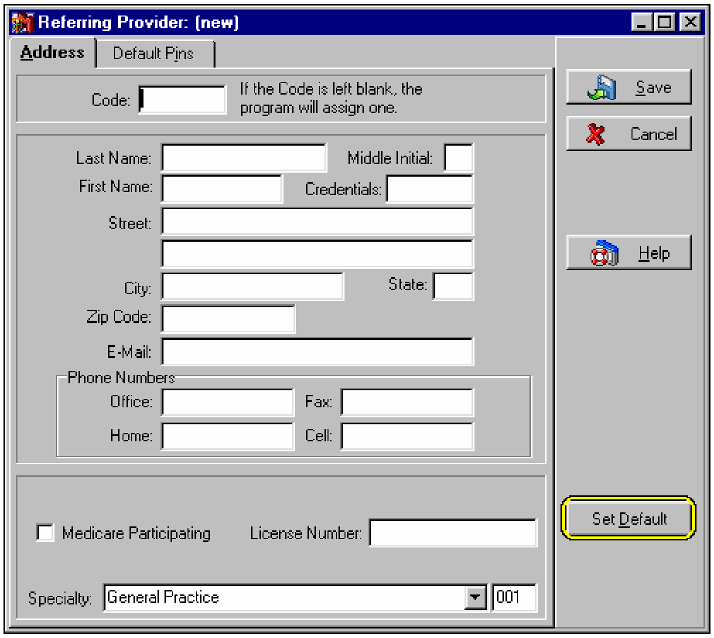

Referring Provider: (new)
Address
Default Pins
Code:
If the Code is left blank, the program will assign one.
Save
Cancel
Last Name:
Middle Initial:
First Name:
Credentials:
Street:
City:
State:
Zip Code:
E-Mail:
Phone Numbers
Office:
Fax:
Home:
Cell:
Help
Set Default
☐ Medicare Participating
License Number:
Specialty:
General Practice
001

Figure 5.16

Create a record for Frank N. Stein, MD; 1 Spooky Drive, Transylvania, IA 85004; enter **4805432109** as the *Cell Phone* number, **fnstein@mdsx.com** in *Email* address, **4800981234** in the *Office* phone, **4800981233** as the *Fax* and **6026789123** as the *Home* phone number. Dr Stein is a Medicare participating physician, his License Number is **5551212900**, and his specialty is **Gastroenterology**.

Open the Default Pins tab. Dr. Stein's Federal Tax ID is **23YXO444** (be sure to choose *Federal Tax ID Indicator*), and his UPIN is **2X3XC12**. That's all the information needed right now. When information is entered in both tabs, click [Save]. Click [Close].

Chapter 6

Patient Record Setup

Patient List

Set Up

One of the most important functions in getting your practice computerized is entering patient data. Go to the Lists menu and select **Patients/Guarantors and Cases** or click the Patient List speed button. You can search for an existing patient's record by entering the first few letters of his or her last name in the *Search for* field.

If you want the ***Patient List*** window to open automatically each time you open the program, go to ***Program Options*** and click *Patient List* in the *Show Windows on Startup* section of the General tab.

Clicking [New] or pressing F8 opens an entry window to set up a new patient. Each of the data windows during setup lets you edit, change, or delete the information contained in window. The importance of entering correct information into the patient data files cannot be overemphasized. From setting up the chart numbers to entering percentage amounts for insurance claims, the effect of data entry is far reaching.

It is especially important to set up the guarantor when doing insurance billing.

F1 Look up Patient/Guarantor Entry.

Setting Up the Chart Number

Every patient or guarantor must have a chart number and be set up in the database before transactions can be entered.

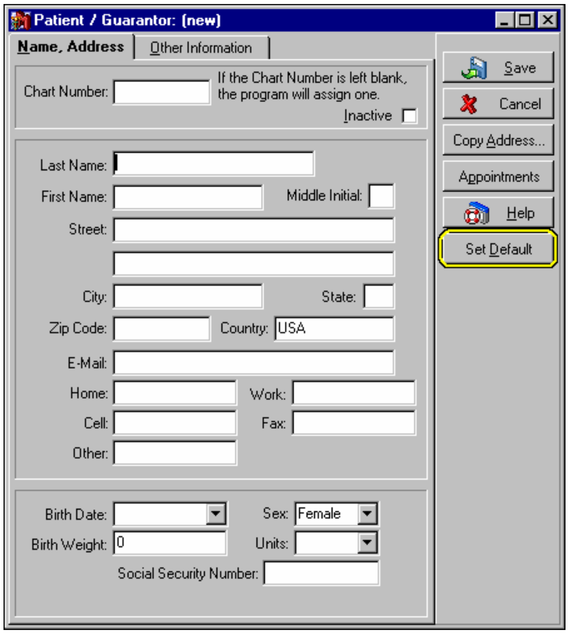
If using the program's default automatic settings, each chart number consists of eight alphanumeric characters. If you leave the *Chart Number* field blank, the program automatically assigns a unique chart number. If you want, you can change the default settings and have the program automatically assign numeric chart numbers. Go to ***Program Options***, open the Data Entry tab, and click *Use numeric chart numbers* in the *Patient* section.

If you want to establish your own patient chart numbering system, type a number or code as soon as you enter the new patient window. There is no need for corresponding numbers within a family; the number sequence has little bearing on grouping of patients. Each patient is set up individually in the program and individual bills are prepared for each **guarantor**. It is important to understand that ***once assigned, the Chart Number cannot be changed.*** To correct a wrong chart number, you'd have to delete the entire patient record and create a new one with the proper chart number. All other data in the patient record can be modified.

[F1] Look up Chart Number.

New Patient Setup Window

Clicking [New Patient] or pressing [F8] lets you set up a new patient record in the program. See Figure 6.1.



Patient / Guarantor: (new)

If the Chart Number is left blank, the program will assign one.

Country: USA

Sex: Female

Birth Weight: 0

Name, Address
Other Information
Chart Number:
Inactive ☐
Last Name:
First Name:
Middle Initial:
Street:
City:
State:
Zip Code:
E-Mail:
Home:
Work:
Cell:
Fax:
Other:
Birth Date:
Units:
Social Security Number:
Save
Cancel
Copy Address...
Appointments
Help
Set Default

Figure 6.1

Enter all known or necessary information. When entering an address, the focus moves from the *Street* fields directly to the *Zip Code* field. The program has a feature that saves city, state, and zip code information in a table. Once you enter a zip code with its associated city and state, the next time you enter the zip code, the *City* and *State* fields are filled in automatically, saving you time when entering new records.

In the NDCMedisoft Advanced and NDCMedisoft Network Professional programs, you can establish default information, applied to all new patient records. Enter that information which is generally the same for all of your patients, then click [Set Default]. To remove your new default settings, hold down Ctrl and the button name changes to [Remove Default].

When you enter a Social Security Number, the program checks through the patient records for any duplications. If a number you enter is a duplicate, the program displays the name and chart number of the patient first showing that Social Security Number.

Do not include spaces or hyphens as you enter dates or phone numbers. If you want the program to automatically hyphenate Social Security Numbers, go to ***Program Options***, open the Data Entry tab, and click *Auto format Soc. Sec. #* in the *Patient* area. Then enter Social Security Numbers without hyphens.

The Other Information tab contains fields for additional information relevant to the patient record, such as the assigned provider, identification codes, and emergency contact numbers. If you have chosen to use patient flagging (Advanced and above), the *Flag* field lets you choose which flag to associate with the patient record, including **None** if you want to disable the feature after assigning a flag.

F1 Look up Patient Flagging (Advanced and above).

If the patient's employer record has been set up in the Address file, this data is available in the Other Information tab. Clicking the arrow or magnifying glass icon to the right of the *Employer* field displays a list of those employer records already stored in the program. If the employer record you need is not available, press F8 for the new employer setup.

F1 Look up Patient/Guarantor Entry and Patient List.

Custom Patient Designer (Advanced and above)

A practice may need information that is not already gathered in the accounting package. NDCMedisoft lets you design a custom tab in the ***Patient/Guarantor*** window for gathering this data. It could be eye color, hair color, emergency contact information, and so on. Go to the Tools menu and select **Design Custom Patient Data**.

If your insurance carrier requires you to send ambulance information for an EDI claim, an option is available to install necessary fields in the ***Custom Patient Designer***. Call (800) 689-4550.

If you don't need ambulance information or if you want to add additional fields to the ambulance fields, go to the Tools menu and select **Design Custom Patient Data**. The ***Custom Patient Designer*** window opens. See Figure 6.2.

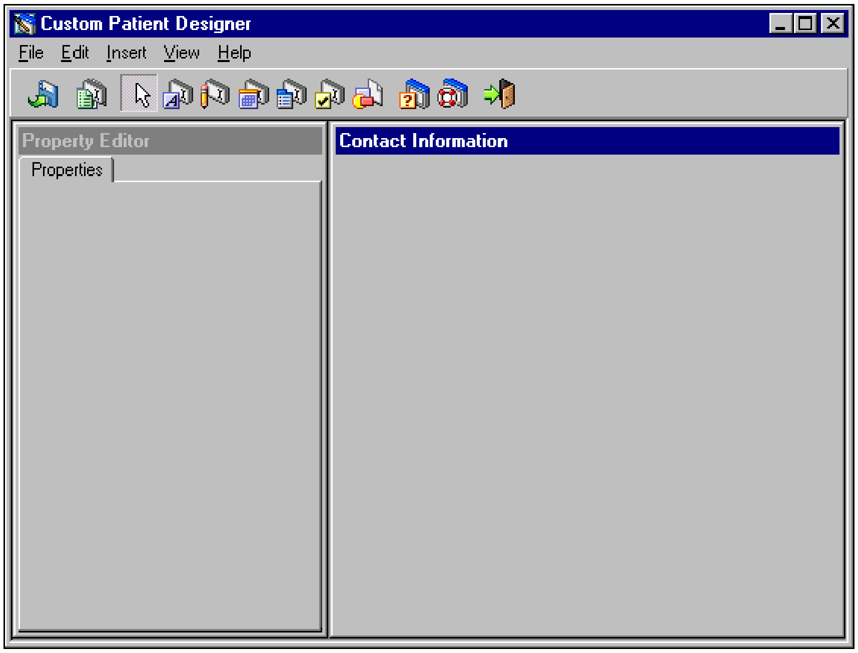


Figure 6.2

☞ Installing this feature replaces any existing fields in the window.

Within the large blank area on the right, add whatever fields you want to gather the extra data. Similar to the Report Designer function (see Chapter 12, page 123), you have tools with which to define the fields, place Text or Data fields in the window in whatever order you desire, and create shapes to frame, divide or accent the fields or sections within the window. There is an Add New Data Field speed button that lets you specify the type of data the fields contain (Alphanumeric, Date, or True/False) and then establish the field names. Click a field type speed button, and then click in the window to place the field. Each field, when created, can be adjusted as to size, alignment, and position.

Multiple custom patient tabs can be designed in a database, and you can access them by opening the appropriate tab in the **Patient/Guarantor** window.

F1 Look up Custom Patient Designer.

Setting up a Case

Transactions within the program are generally case-based. A case is a grouping of procedures or transactions generally sharing a common treatment, facility or insurance carrier. You can set up as many new cases as needed. See Appendix D for a discussion on cases, page 165.

Each new case that is set up needs to contain the patient's pertinent information. If you click [New Case] or press F8 with the case list selected, only the Guarantor designation is copied to the new case. To save time, click [Copy Case] to copy all the current case information, then revise those portions of the data that are different for the new case.

You definitely want to open a new case if the treatment comes under a different insurance carrier. Suppose you are treating a diabetic patient regularly and he is injured on the job. His visits regarding the work-related injury should be kept in a Workers' Compensation case, totally separate from the regular visits, for legal and reporting reasons. The ideal situation is to have a case for each different malady from which the patient suffers. Then you can pull up groupings of case visits to help you evaluate the patient's overall health status. By pulling a case that contains all diabetic treatments, one for high blood pressure, one for angina, and one for cancer, you get a better picture of the full range of health problems.

☞ If a patient comes for a onetime treatment, you can create a transaction for that treatment without creating an entirely new case. Just select different diagnosis codes in ***Transaction Entry*** when creating the transaction.

Existing case numbers are found in the ***Patient List*** window through which you set up new cases. Case numbers set by the program are sequential and not one of the numbers is repeated within the program in a single data set.

An existing case can be edited or reviewed through the ***Patient List*** window or accessed from any *Case* fields in the program by pressing F9. The patient ***Case*** window contains tabs that display fields necessary to complete an insurance claim form.

F1 Look up Understanding Cases.

In NDCMedisoft Advanced and NDCMedisoft Network Professional, you can limit the tabs that are displayed. If a tab is not applicable to your practice or if you would prefer not to have it visible, right-click the tabs. In the list that appears, click each tab you don't want displayed. That tab no longer appears in the ***Case*** window. To add tabs that are not visible, right-click the tabs and click the tab you want displayed to remove the checkmark.

The Personal tab establishes the patient and his or her guarantor information, marital and student status, and employment.

F1 Look up Case (Personal).

The Account tab displays the provider, referral, and attorney information set up in the Address file. It also covers billing and price codes and information on visit authorization, including the number of visits.

F1 Look up Case (Account).

The Diagnosis tab allows for entry of up to four default or permanent diagnosis codes for this case, plus entry for allergy and EDI notes. Information in the *Allergies and Notes* section is displayed in ***Transaction Entry*** and the ***New Appointment Entry*** window of Office Hours when a Chart number is selected.

F1 Look up Case (Diagnosis).

The Condition tab allows for entry of information pertinent to the illness, pregnancy, or injury and tracking of symptoms. It also includes dates relative to the condition, plus *Workers' Compensation* information.

F1 Look up Case (Condition).

The Miscellaneous tab contains supplemental information features like lab work charges, whether the lab is in-house or outside, *Referral* and *Prescription Dates*, *Local Use A* and *Local Use B* fields, case *Indicator* code, and prior authorization. It also provides space for recording information concerning a primary care provider outside your practice.

F1 Look up Case (Miscellaneous).

The Policy 1, 2, and 3 tabs let you connect up to three insurance carriers to the patient record, including policy and group numbers, and *Insurance Coverage Percents by Service Classification* (how much the carrier pays for certain types of procedures). The service percentage classification is tied to each procedure code.

F1 Look up Procedure/Payment/Adjustment Entry.

A *Deductible Met* check box is provided in the Policy 1 tab. When the patient meets his or her deductible obligation for the year, click this box and the status is displayed in the patient account detail of the ***Transaction Entry*** window.

The three tabs have the same layout, except Policy 1 asks about *Capitated Plan* and *Co-Pay Amount* and has the *Deductible Met* check box; Policy 2 asks if this is a *Crossover Plan*; and Policy 3 can be set up for tertiary or third-party involvement.

F1 Look up Case (Policy 1, 2, and 3).

The Medicaid and TRICARE tab includes fields for all submission numbers, reference, and data for each carrier. It also includes branch of service information.

Within the Medicaid and Tricare tab are *EPSDT* and *Family Planning* indicators, required submission numbers, and reference data for the case. It also includes service information for TRICARE claims.

The Multimedia tab (Network Professional only) allows you to add bitmaps, video, or sound to your patient records.

F1 Look up Case (Multimedia) and Multimedia Entry.

Custom Case Designer (Network Professional Only)

As well as creating custom patient tabs, you can also create custom case tabs in the *Custom Case Designer*. Information in these tabs might be vital signs, immunization records, etc. Go to the Tools menu and select **Design Custom Case Data**. See Figure 6.3.

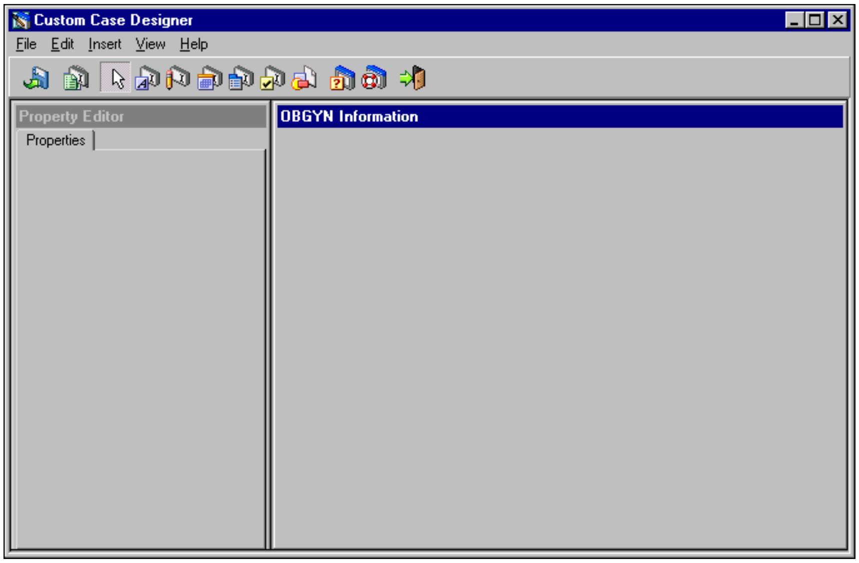


Figure 6.3

Within the large blank area, add whatever fields you want to gather for extra data. Similar to the Report Designer function (see Chapter 12, page 123), you have tools with which to define the fields, place Text or Data fields in the window in whatever order you desire, and create shapes to frame, divide or accent the fields or sections within the window. There is an Add New Data Field speed button that lets you specify the type of data the fields contain (Alphanumeric, Date, or True/False) and establish the field names. Click a field type speed button, then click in the window to place the field. Each field, when created, can be adjusted as to size, alignment, and position.

Multiple custom case tabs can be designed in a database, and you can access them by clicking on the appropriate tab in the patient *Case* window.

F1 Look up Custom Case Designer and Format/Design Reports.

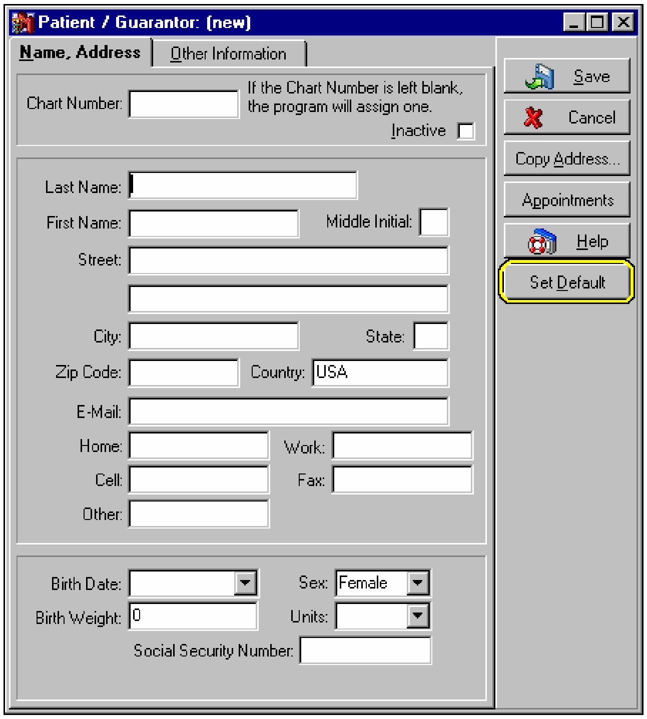
Tutorial Practice

To review the procedures outlined in this chapter, you can perform the following steps using the tutorial database provided with this program.

Entering Patient and Case Records

Setting Up a New Patient Record

Click the Patient List speed button to open the ***Patient List*** window. Click [New Patient]. See Figure 6.4.


Patient / Guarantor: (new)
Name, Address
Other Information
Chart Number:
Inactive ☐
Last Name:
First Name:
Middle Initial:
Street:
City:
State:
Zip Code:
Country:
E-Mail:
Home:
Work:
Cell:
Fax:
Other:
Birth Date:
Sex:
Birth Weight:
Units:
Social Security Number:
Save
Cancel
Copy Address...
Appointments
Help
Set Default

If the Chart Number is left blank, the program will assign one.

Country: USA

Sex: Female

Birth Weight: 0

Figure 6.4

The ***Patient/Guarantor: (new)*** window opens on the Name, Address tab. *Chart Number* is the first field. Skip this field and let the program create a unique chart number.

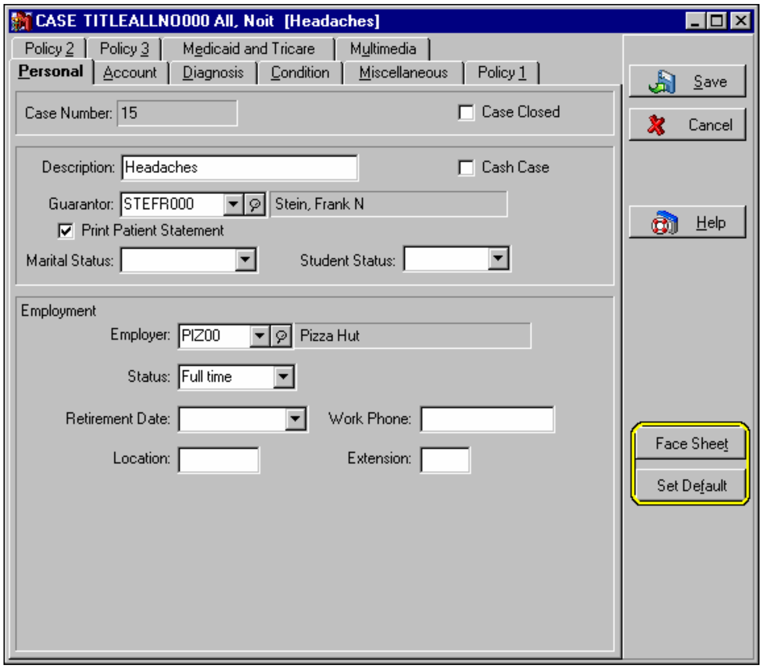
Create a record with the following information: Name: I.B. Gone; address: 246 Outtahere Street, Pasturize, IA 55555; e-mail address: ibgone@wahoo.com; home phone number: (513) 224-4668 (remember to not enter parentheses or hyphens in phone numbers); work number: (123) 456-7890; cell phone: (513) 224-1111; fax number: (513) 531-9766; birth date: 1/12/1975; sex: Male; Social Security Number: 012-34-5678.

Open the Other Information tab. In the *Type* field select **Patient**. Assign I. M. Urdoc as the provider, click *Signature on File* and enter the signature date of **September 15, 1998**.

In the *Employer* field, select Pizza Hut. Mr. Gone's status is **Full time**. When finished, click [Save]. Click [Close].

Opening a New Case

Open the ***Patient/Guarantor List*** window by clicking the Patient List speed button. Highlight I.B. Gone in the left section of the window. Then choose the *Case* radio button at the top right of the window. Click [New Case]. See Figure 6.5.


Policy 2
Policy 3
Medicaid and Tricare
Multimedia
Personal
Account
Diagnosis
Condition
Miscellaneous
Policy 1
Save
Cancel
Help
Face Sheet
Set Default

CASE TITLEALLN0000 All, Noit [Headaches]

Case Number: 15
☐ Case Closed

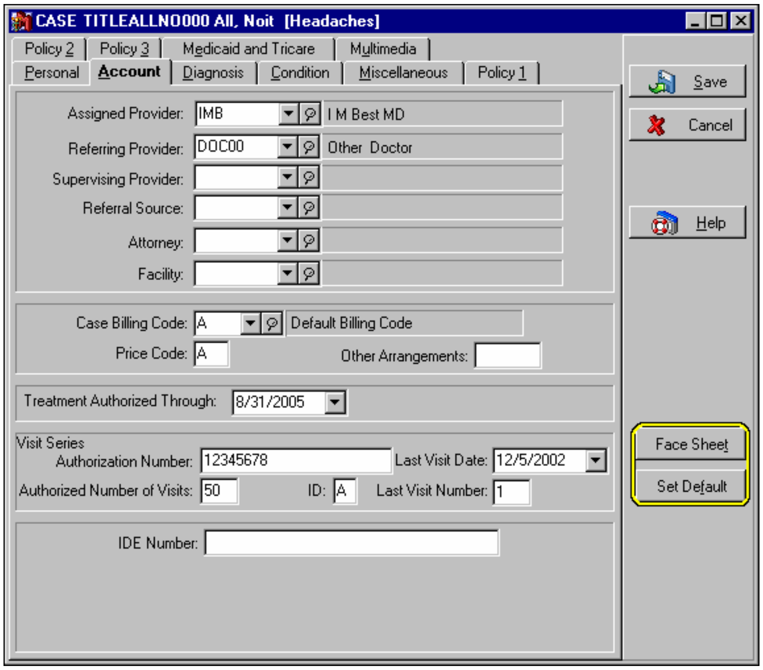
Description: Headaches
☐ Cash Case
Guarantor: STEFR000 Stein, Frank N
☑ Print Patient Statement
Marital Status:
Student Status:

Employment
Employer: PIZ00 Pizza Hut
Status: Full time
Retirement Date:
Work Phone:
Location:
Extension:

Figure 6.5

Enter **Back pain** as the description of this case. Change *Marital Status* to **Single**. All the other information is taken from the patient record.

Open the Account tab. See Figure 6.6.


Policy 2
Policy 3
Medicaid and Tricare
Multimedia
Personal
Account
Diagnosis
Condition
Miscellaneous
Policy 1
Save
Cancel
Help
Face Sheet
Set Default

CASE TITLEALLN0000 All, Noit [Headaches]

Assigned Provider: IMB I M Best MD

Referring Provider: DOC00 Other Doctor

Supervising Provider:

Referral Source:

Attorney:

Facility:

Case Billing Code: A Default Billing Code

Price Code: A

Other Arrangements:

Treatment Authorized Through: 8/31/2005

Visit Series

Authorization Number: 12345678

Last Visit Date: 12/5/2002

Authorized Number of Visits: 50

ID: A

Last Visit Number: 1

IDE Number:

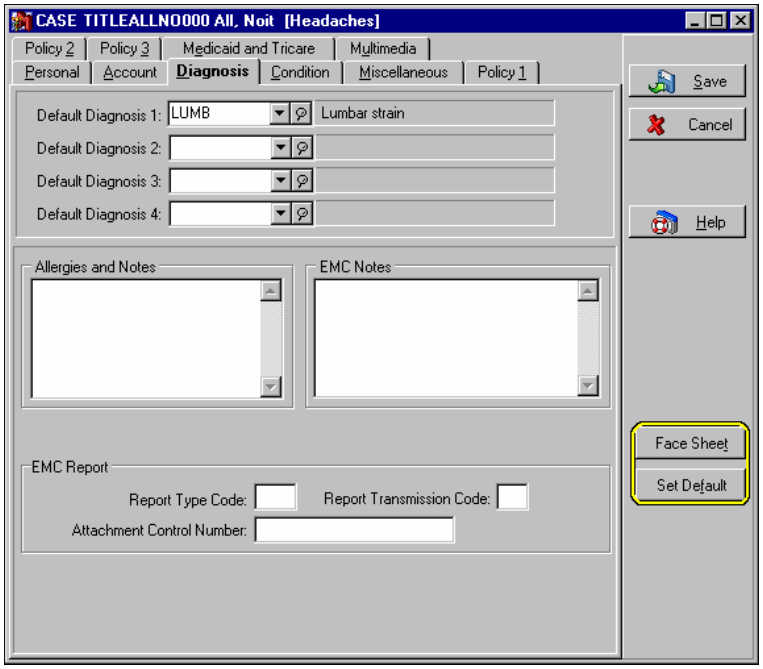
Figure 6.6

In the *Assigned Provider* field, enter IMU (for I.M. Urdoc). In *Referring Provider*, select Frank N. Stein.

Let's say Mr. Gone was referred by your stellar Yellow Pages ad. In *Referral Source*, select **Yellow Page Ad**.

You've already received information from Mr. Gone's insurance carrier and you know that treatment is authorized through October 2005. Enter that date in the *Treatment Authorized Through* field. In *Authorization Number* enter **6489211**, in *Authorized Number of Visits* enter **12**, and in the *ID* field, enter **A**.

Open the Diagnosis tab. See Figure 6.7.


CASE TITLEALLN0000 All, Noit [Headaches]

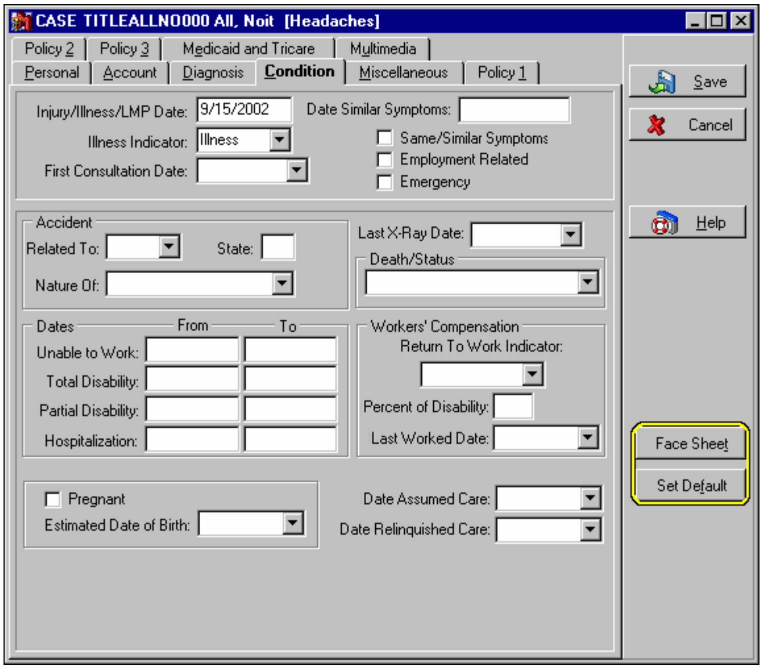
Default Diagnosis 1: LUMB Lumbar strain

Policy 2
Policy 3
Medicaid and Tricare
Multimedia
Personal
Account
Diagnosis
Condition
Miscellaneous
Policy 1
Default Diagnosis 2:
Default Diagnosis 3:
Default Diagnosis 4:
Allergies and Notes
EMC Notes
EMC Report
Report Type Code:
Report Transmission Code:
Attachment Control Number:
Save
Cancel
Help
Face Sheet
Set Default

Figure 6.7

In *Default Diagnosis 1*, enter **724.2**, and in *Default Diagnosis 2* enter **847.2**. Mr. Gone has informed you that he is allergic to Codeine, so enter that in the *Allergies and Notes* field.

Open the Condition tab. See Figure 6.8.


Policy 2
Policy 3
Medicaid and Tricare
Multimedia
Personal
Account
Diagnosis
Condition
Miscellaneous
Policy 1
Save
Cancel
Help
Face Sheet
Set Default
Accident
Dates
From
To
Workers' Compensation
Death/Status

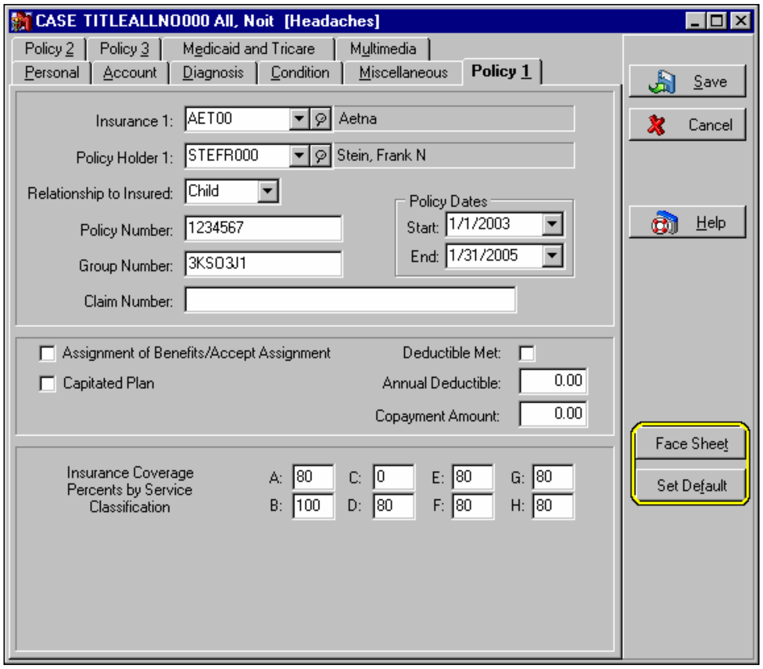
CASE TITLEALLN0000 All, Noit [Headaches]

Injury/Illness/LMP Date: 9/15/2002
Date Similar Symptoms:
Illness Indicator: Illness
First Consultation Date:
☐ Same/Similar Symptoms
☐ Employment Related
☐ Emergency
Related To:
State:
Nature Of:
Last X-Ray Date:
Unable to Work:
Total Disability:
Partial Disability:
Hospitalization:
Return To Work Indicator:
Percent of Disability:
Last Worked Date:
☐ Pregnant
Estimated Date of Birth:
Date Assumed Care:
Date Relinquished Care:

Figure 6.8

The reported injury date was September 20, 2000, the *Illness Indicator* is **Injury**, the first consultation date was September 21, 2000. There have been no similar symptoms. This was related to an auto accident, so select **Auto** in *Accident Related To*. Mr. Gone lives in Iowa but was visiting people in Arizona when the accident happened, so indicate **AZ** as the *State*. In *Nature Of*, select **Injured during recreation**. No other fields are important for this case so leave them blank.

Open the Policy 1 tab. See Figure 6.9.


CASE TITLEALLN0000 All, Noit [Headaches]
Policy 2
Policy 3
Medicaid and Tricare
Multimedia
Personal
Account
Diagnosis
Condition
Miscellaneous
Policy 1
Save
Cancel
Help
Face Sheet
Set Default

Insurance 1: AET00 Aetna

Policy Holder 1: STEFR000 Stein, Frank N

Relationship to Insured: Child

Policy Number: 1234567

Group Number: 3KS03J1

Claim Number:

Policy Dates

Start: 1/1/2003

End: 1/31/2005

☐ Assignment of Benefits/Accept Assignment

☐ Capitated Plan

Deductible Met: ☐

Annual Deductible: 0.00

Copayment Amount: 0.00

Insurance Coverage Percents by Service Classification

A: 80
B: 100
C: 0
D: 80
E: 80
F: 80
G: 80
H: 80

Figure 6.9

In *Insurance 1*, select **A1 Insurance Partners**. Mr. Gone's *Policy Number* is **9782XYZ**, and his *Group Number* is **98KEY**. The Policy *Start* date is **September 15, 1998** and the *End* date is **September 14, 2005**. Click *Assignment of Benefits/Accept Assignment*. Leave the default information in the rest of the fields in this tab.

Mr. Gone has a secondary insurance policy. Open the Policy 2 tab. Select **First Rate Insurance Company** as his secondary coverage, Policy Number **00034526Z**, and the Group Number is **888B**. Policy Start and End dates are **October 1, 1999** and **September 30, 2004**, respectively. Click *Assignment of Benefits/Accept Assignment*. Your carrier assigns a Claim Number; in our case let's use **283-8765D**.

No fields in the Medicaid and Tricare or Multimedia (Advanced and above) tab are necessary for Mr. Gone, so skip this tab. Click [Save] when finished.

Chapter 7

Transaction Entry

The *Transaction Entry* window is designed for easy transaction entry and to display as much information with as few clicks or keystrokes as possible. Not only do you record all patient visits and their charges, you also enter payments and adjustments that may be added to the ledger. See Figure 7.1.

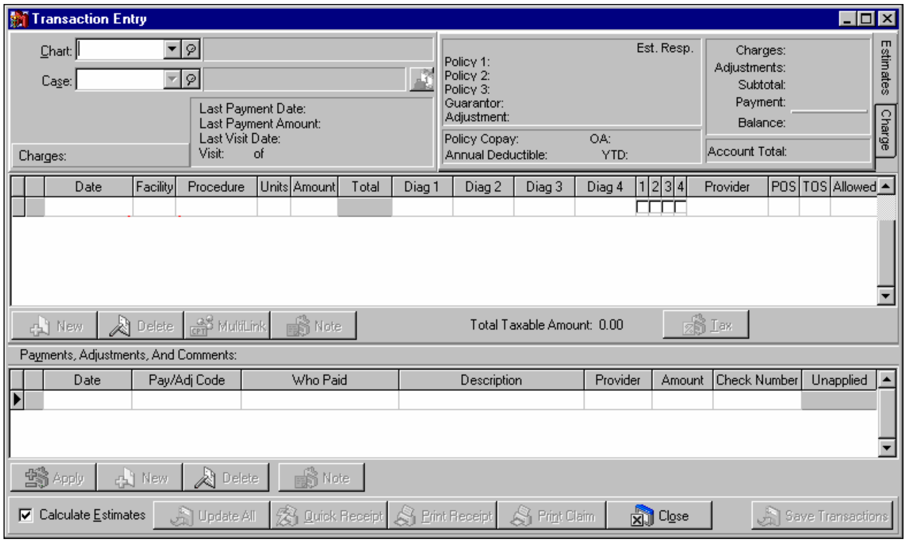

Transaction Entry
Chart:
Case:
Charges:
Last Payment Date:
Last Payment Amount:
Last Visit Date:
Visit: of
Est. Resp.
Policy 1:
Policy 2:
Policy 3:
Guarantor:
Adjustment:
Policy Copay:
OA:
Annual Deductible:
YTD:
Charges:
Adjustments:
Subtotal:
Payment:
Balance:
Account Total:
Estimates
Charge
Date
Facility
Procedure
Units
Amount
Total
Diag 1
Diag 2
Diag 3
Diag 4
1
2
3
4
Provider
POS
TOS
Allowed
New
Delete
MultiLink
Note
Total Taxable Amount: 0.00
Tax
Payments, Adjustments, And Comments:
Date
Pay/Adj Code
Who Paid
Description
Provider
Amount
Check Number
Unapplied
Apply
New
Delete
Note
☑ Calculate Estimates
Update All
Quick Receipt
Print Receipt
Print Claim
Close
Save Transactions

Figure 7.1

NDCMedisoft is an Open Item Accounting program, meaning that transactions entered are marked when paid but remain on the active ledger as long as the case is active. There is no clearing of the ledger and bringing up a total to start a new month, as with a balance forward program.

Transaction entry is generally case-based. Transactions are entered into the patient ledger grouped by case number. You can have a case for each transaction or for each diagnosis type.

[F1] Look up Transaction Entry.

Start with a Chart Number

Click the Transaction Entry speed button. Within ***Transaction Entry***, two numbers are of prime importance: the chart number and the case number.

Enter the chart number or click the *Chart* field and select the chart number from the drop-down list. If the patient record has not yet been set up, press [F8] to bring up the ***Patient/Guarantor: (new)*** window. See Chapter 6 for setting up a patient record, page 55.

When you press [Tab] or [Enter], a case number is selected in the *Case* field (if one is available). By default, the most recently opened case is opened. You can change the default in the ***Program Options*** window, Data Entry tab, *Case Default* field, see page 25.

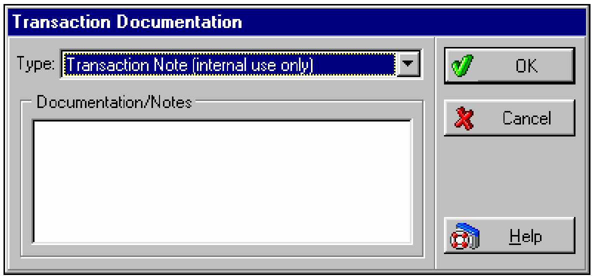
If you want to create a new case, the shortcut to bring up the ***Case*** window is [F8]. Another method of selecting a specific case is to click the speed button to the right of the *Case* description field to open the ***Select Case by Transaction Date*** window.

[F1] Look up Select Case by Transaction.

A document number is automatically assigned by the program and is used for reference and filtering purposes, whether the field is displayed in the ***Transaction Entry*** window or not. You can replace this number with your own if you want.

If you use superbills, you can enter a superbill Serial Number in this field to help keep track of the superbill. To use superbill numbers in ***Transaction Entry***, open ***Program Options*** and click both *Force Document Number* and *Use Serialized Superbills* in the Data Entry tab.

Sometimes there is a need to provide more documentation about a transaction. This can be done in a special ***Transaction Documentation*** window activated by pressing [F5] or clicking [Note] in the *Charges* section of the ***Transaction Entry*** window. See Figure 7.2.



Transaction Documentation
Documentation/Notes
OK
Cancel
Help

Type: Transaction Note (internal use only)

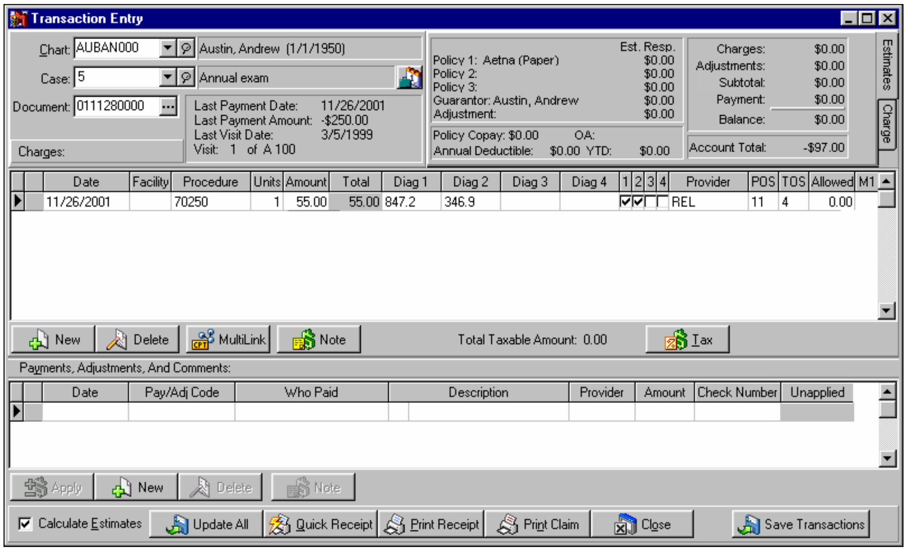
Figure 7.2

There are various transaction documentation types available, e.g., **Diagnostic Report**, **Ambulance Certification**, etc., and they can be viewed in the ***Quick Ledger***.

F1 Look up Transaction Documentation.

Entering a Charge in Transaction Entry

Once you have selected patient chart and case number in the *Transaction Entry* window, click [New] or click in any column of the *Charges* section. See Figure 7.3.



Transaction Entry
Estimates
Charge
New
Delete
MultiLink
Note
Tax
Apply
New
Delete
Note
Update All
Quick Receipt
Print Receipt
Print Claim
Close
Save Transactions

Chart: AUBAN000 Austin, Andrew (1/1/1950)
Case: 5 Annual exam
Document: 0111280000

Last Payment Date: 11/26/2001
Last Payment Amount: -$250.00
Last Visit Date: 3/5/1999
Visit: 1 of A 100

	Est. Resp.
Policy 1: Aetna (Paper)	$0.00
Policy 2:	$0.00
Policy 3:	$0.00
Guarantor: Austin, Andrew	$0.00
Adjustment:	$0.00

Policy Copay: $0.00 OA:
Annual Deductible: $0.00 YTD: $0.00

Charges: $0.00
Adjustments: $0.00
Subtotal: $0.00
Payment: $0.00
Balance: $0.00
Account Total: -$97.00

Charges:

Date	Facility	Procedure	Units	Amount	Total	Diag 1	Diag 2	Diag 3	Diag 4	1	2	3	4	Provider	POS	TOS	Allowed	M1
11/26/2001		70250	1	55.00	55.00	847.2	346.9			☑	☑	☐	☐	REL	11	4	0.00	

Total Taxable Amount: 0.00

Payments, Adjustments, And Comments:

Date	Pay/Adj Code	Who Paid	Description	Provider	Amount	Check Number	Unapplied

☑ Calculate Estimates

Figure 7.3

The current date is automatically entered. If you are entering transactions from earlier dates, insert the correct date of the entries with which you are working. If you have a number of transactions from a different date, you can change the program date by clicking the date in the lower right corner of the program window and selecting a new date. Be sure to change the date back to the current date when finished.

Enter information in the *Procedure* column and any other information that is necessary to complete this charge transaction. The transaction is automatically saved by the program.

To create a second charge transaction, click the down arrow key or click [New].

Entering a Payment or Adjustment in Transaction Entry

After selecting patient chart and case numbers in the ***Transaction Entry*** window, you can enter a payment by clicking [New] in the *Payments, Adjustments, and Comments* section of the window.

The current date is inserted in the *Date* field. Select the *Pay/Adj Code*, then enter *Who Paid*, a *Description*, and the *Amount*. If the payment is being made by check, the check number can be entered in the *Description* field.

Apply Payments or Adjustments to Charges

☞ We recommend that you apply all payments and adjustments to charges. Failure to do so results in other parts of the program not functioning properly, i.e., remainder billing and the delay secondary billing feature (Advanced and above), to name only two. In addition, some report results will be incomplete or inaccurate.

You can distribute a payment or an adjustment to a specific charge or charges by clicking [Apply]. The ***Apply Payment to Charges*** or ***Apply Adjustment to Charges*** window opens (depending on whether you are applying a charge or an adjustment) and lets you direct that payment or adjustment to the proper charge or charges.

Besides displaying the source of the payment or adjustment and the patient's name, the ***Apply Payment to Charges*** or ***Apply Adjustment to Charges*** window also displays the number of charges in this case. The upper right corner displays the unapplied amount entered in the payment.

Once the entry is complete and verified, click [Close] to return to ***Transaction Entry***. You can then click [Print Receipt] (which gives the patient a Walkout Receipt before leaving the office), click [Print Claim] (which prepares entries that have not yet been submitted on an insurance claim and sends them to print), or click [Close] to exit the window.

F1 Look up Apply Payment to Charges or Apply Adjustment to Charges.

Patient Treatment Plans (Network Professional only)

When a patient has a choice of options for the treatment he or she can receive, a treatment plan can be prepared which sets out the different treatments offered and the cost of each plan.

F1 Look up Treatment Plan List.

Print Receipts, Create Claims

Once a transaction has been entered and saved, the transaction can be displayed in the ***Transaction Entry*** window. By sliding the scroll bar at the bottom of the window, a full summary of the transaction is revealed.

You can now print a receipt for the patient, file a claim, or close the window.

F1 Look up Create Claims.

Billing Charges (Advanced and above)

This feature lets you apply billing charges to accounts that are past due.

Before you can use this feature, you must set up at least one billing charge type of procedure code. Do this through the ***Procedure/Payment/Adjustment List*** and ***Procedure/Payment/Adjustment: (new)*** windows. Fill in the *Code 1* and *Description* fields. Be sure to select *Billing charge* in the *Code Type* field. Add whatever other information you want and save the code. Create as many billing charge codes as you need.

If desired, you can use billing codes (which are used to categorize patient records) and indicator codes in applying billing charges. Be sure these codes are set up if you want to use them.

Go to the Activities menu and select **Billing Charges**. Use the range limitations to select the records to which you want to apply the billing charges. The *Charges Creation Date* is the date that appears in the ledger with the billing charges. This can be whatever date you choose (but the transactions created still show on the current day's activity reports).

Fill out all the requested information, then click [Start]. New transactions are added to each patient record that fits the criteria you selected.

F1 Look up Billing Charges and Procedure/Payment/Adjustment Entry.

Quick Ledger (Advanced and above)

To get quick and easy access to a patient's ledger from almost anywhere in the program, press F7 or click the Quick Ledger speed button. See Figure 7.4.

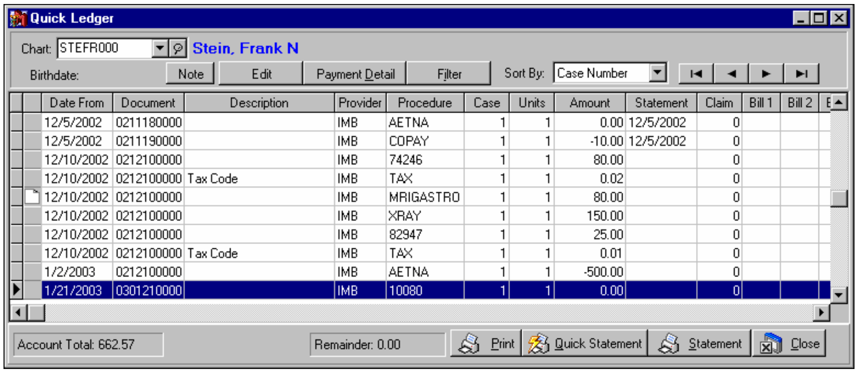


Chart: STEFR000 Stein, Frank N

Birthdate:

Sort By: Case Number

Date From	Document	Description	Provider	Procedure	Case	Units	Amount	Statement	Claim	Bill 1	Bill 2
12/5/2002	0211180000		IMB	AETNA	1	1	0.00	12/5/2002	0		
12/5/2002	0211190000		IMB	COPAY	1	1	-10.00	12/5/2002	0		
12/10/2002	0212100000		IMB	74246	1	1	80.00		0		
12/10/2002	0212100000	Tax Code	IMB	TAX	1	1	0.02		0		
12/10/2002	0212100000		IMB	MRIGASTRO	1	1	80.00		0		
12/10/2002	0212100000		IMB	XRAY	1	1	150.00		0		
12/10/2002	0212100000		IMB	82947	1	1	25.00		0		
12/10/2002	0212100000	Tax Code	IMB	TAX	1	1	0.01		0		
1/2/2003	0212100000		IMB	AETNA	1	1	-500.00		0		
1/21/2003	0301210000		IMB	10080	1	1	0.00		0		

Account Total: 662.57

Remainder: 0.00

Figure 7.4

While no new transactions can be made to the ledger itself, it is possible to edit and print the ledger and gain valuable detail on patient accounts.

The ***Quick Ledger*** detail window is very similar to the ***Transaction Entry*** window. Use the horizontal scroll bar to reveal additional data fields. A navigation bar lets you move quickly through the list of transactions. Three buttons open additional data fields.

Click [Edit] or press F9 to open a panel very similar to the transaction panel in the ***Transaction Entry*** window where charges, payments and adjustments can be reviewed and edited, as needed. Notes can be added through the ***Transaction Documentation*** window. Click [Payment Detail] to display all payments/adjustments made toward a specific charge. Click [Filter] to search which transaction data to display. Real power comes with using multiple filters. Navigation buttons in the ***Payment/Adjustment Detail*** window are for selecting other entries in the ***Quick Ledger*** to review without having to exit the ***Payment/Adjustment Detail*** window first.

☞ If you click [Quick Statement], you print statements from the Reports menu. If you click [Statement], you print statements form ***Statement Management***.

F1 Look up Quick Ledger, Payment/Adjustment Detail, and Transaction Filter.

Quick Balance (Advanced and above)

Quick Balance is a quick summary of all remainder charge totals contained within the program for a selected guarantor record. It can be displayed at just about any time while working in the NDC Medisoft program by clicking the Quick Balance speed button or pressing F11.

If the record selected is a guarantor's record, the ***Quick Balance*** window displays each patient for whom the guarantor is responsible and the total qualifying remainder charges for each. If the record selected is not a guarantor's record, a listing of all the selected patient's guarantors is displayed. Choose a guarantor to see the quick balance.

If you click [Print] in ***Quick Balance***, you print statements from the Reports menu.

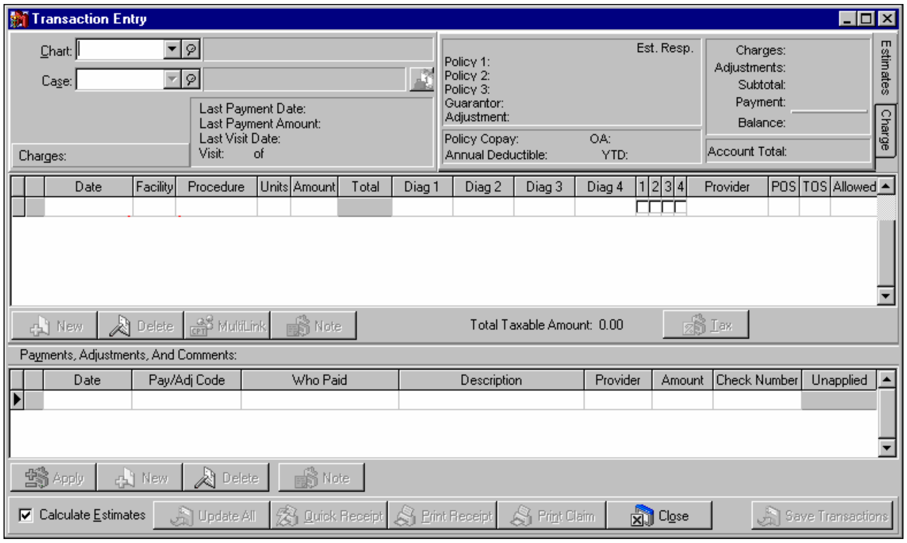
F1 Look up Quick Balance.

Tutorial Practice

To review the procedures outlined in this chapter, you can perform the following steps using the tutorial database provided.

Transaction Entry

To begin, go to the Activities menu and select **Enter Transactions** or click the Transaction Entry speed button. See Figure 7.5.



Transaction Entry
Chart:
Case:
Charges:
Last Payment Date:
Last Payment Amount:
Last Visit Date:
Visit: of
Est. Resp.
Policy 1:
Policy 2:
Policy 3:
Guarantor:
Adjustment:
Policy Copay:
OA:
Annual Deductible:
YTD:
Charges:
Adjustments:
Subtotal:
Payment:
Balance:
Account Total:
Estimates
Charge
Date
Facility
Procedure
Units
Amount
Total
Diag 1
Diag 2
Diag 3
Diag 4
1
2
3
4
Provider
POS
TOS
Allowed
New
Delete
MultiLink
Note
Total Taxable Amount: 0.00
Tax
Payments, Adjustments, And Comments:
Date
Pay/Adj Code
Who Paid
Description
Provider
Amount
Check Number
Unapplied
Apply
New
Delete
Note
☑ Calculate Estimates
Update All
Quick Receipt
Print Receipt
Print Claim
Close
Save Transactions

Figure 7.5

For this exercise, enter **GON** in the *Chart* field to pull up Mr. Gone's chart. Press Enter. His most recent case opens and a number appears in the *Document* field. If this field does not appear and you want to see it, go to ***Program Options***, open the Data Entry tab, and click *Force Document Number*. Return to the ***Transaction Entry*** window.

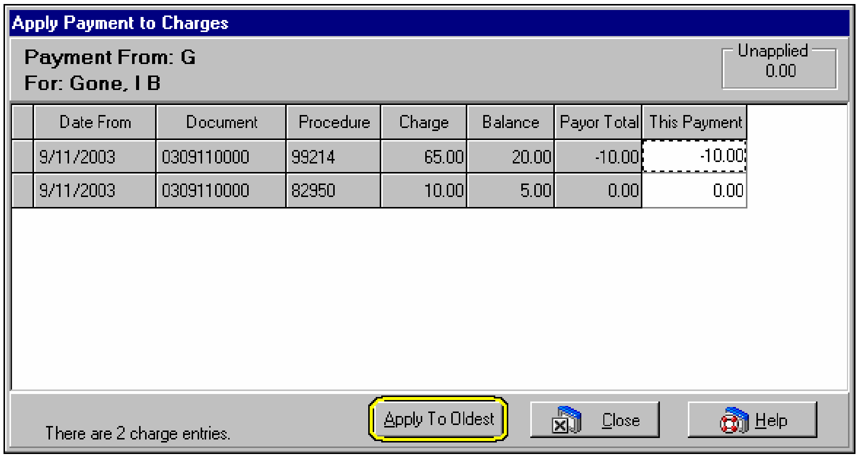
To create a new transaction, click any column in the *Charges* section or click [New]. Any information contained in the case *Allergies and Notes* box are popped up for your view. Click [OK] to clear this message and continue.

Enter **99214** (Office visit) in the *Procedure* column. Press Enter. All available information concerning that procedure code is automatically entered in the appropriate column. The charge shows $65 for the visit.

To create a second charge transaction, press the down arrow or click [New]. Now enter a second procedure code for this visit, **82950** (Glucose Test). Note that the *Amount* field shows $10.

Mr. Gone is making a payment of $10 on the account. Click any column in the *Payments, Adjustments, and Comments* section, then enter the procedure code for a cash co-payment (**COPAY**). In *Who Paid*, select Mr. Gone. In the *Description* field, enter **Co-payment**, and enter **10** in the *Amount* field. Click [Apply].

The ***Apply Payment to Charges*** window shows each of the charge entries that have been made and a white column marked *This Payment*. See Figure 7.6.


Apply Payment to Charges

Payment From: G
For: Gone, I B

Unapplied
0.00

Date From	Document	Procedure	Charge	Balance	Payor Total	This Payment
9/11/2003	0309110000	99214	65.00	20.00	-10.00	-10.00
9/11/2003	0309110000	82950	10.00	5.00	0.00	0.00

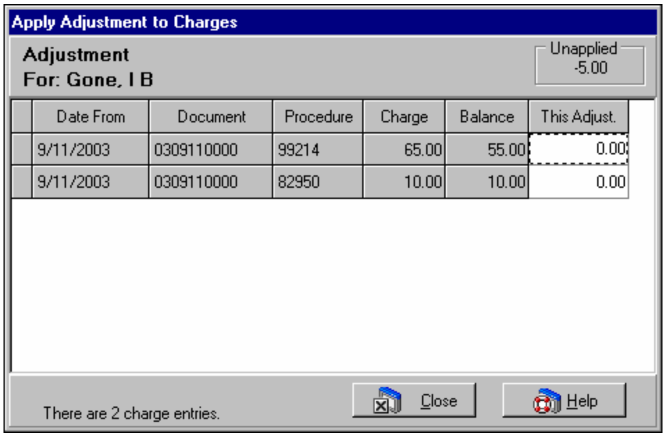
There are 2 charge entries.

Figure 7.6

With the $10 to apply, select the charge that is $65.00, click in the *This Payment* column of that transaction, and enter **10**. Click [Close].

You need to make an adjustment, so click [New] in the *Payments, Adjustments, and Comments* section of ***Transaction Entry***. Enter the adjustment code **CACSYDISC**, in the *Pay/Adj Code* field, **Courtesy Discount** in the *Description* column, and **5** as the adjustment amount. Click [Apply].

The *Apply Adjustment to Charges* window is similar to the *Apply Payments to Charges* window. See Figure 7.7.



Apply Adjustment to Charges

Adjustment
For: Gone, I B

Unapplied
-5.00

Date From	Document	Procedure	Charge	Balance	This Adjust.
9/11/2003	0309110000	99214	65.00	55.00	0.00
9/11/2003	0309110000	82950	10.00	10.00	0.00

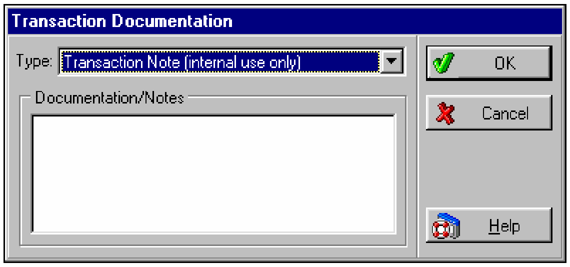
There are 2 charge entries.

Figure 7.7

Locate the $65 charge and enter **5** in the *This Adjust* column. Click [Close] to return to the *Transaction Entry* window.

Transaction Documentation

You need to add a note to the first transaction. Locate that transaction in the *Charges* area and click [Note] in that same area. (You can add a note to either a charge transaction or a payment/adjustment transaction.) See Figure 7.8.



Transaction Documentation

Type: Transaction Note (internal use only)

Figure 7.8

The default *Type* is **Transaction Note (internal use only)**. Enter the following in the *Documentation/Notes* area of this window: **Follow up with the carrier on this charge.**

Click [OK]. Click [Save Transactions]. In the column to the right of the selected transaction there is a small icon, which indicates that a note has been added. This indicator is also displayed in the ***Quick Ledger*** window next to this transaction.

Chapter 8

Claim Management

This chapter explains briefly how to manage claims within the ***Claim Management*** window and includes creating, editing, printing/reprinting, and listing claims, as well as changing claim status.

The Claim Manager's Job

To help you better understand the function of claim management, let's use a shipping analogy (see also Appendix D, page 165). Whereas Cases are containers filled with claims for specific diagnoses, claim management is the process by which the cases are checked, sorted and delivered. In other words, claim management is the process of making sure all shipments are correct, ready to be sent and shipped to the right companies (insurance carriers).

The Claim Manager (the person performing claim management) checks the claims, makes sure the boxes are properly marked, and sends them on their way. She determines whether the shipment goes by truck (paper claims) or by air (electronic claims). When a box is returned (rejected claim), the Claim Manager makes whatever changes are necessary (with help from the EOB or Audit/Edit Report) and ships the box again (resubmits the claim).

Someone else sees and treats the patients. Another person enters data from the superbill to begin the billing process. Once all the data has been entered, it must go through the Claim Manager's office before being sent to an insurance carrier.

The Claim Manager focuses on three principal areas, not necessarily sequential: Review, batch, and final review.

Watchdog: The Claim Manager is, first of all, the watchdog of the claims. She checks each claim and verifies the numbers. She has the authority to edit the claim and make needed changes. If she sees that a claim should go to a different carrier than indicated, or if the EDI receiver information is incomplete, she corrects the record. She has access to all three carriers, primary, secondary, and tertiary. She checks the billing date and how the claim is to be sent, either by paper or electronically. And then she can indicate the status of the claim. There is a place where she can add any special instructions that need to go with the claim.

Batch 'em up! The function of creating claims serves to group claims that are headed to the same destination. The Claim Manager gathers and sorts by range of dates or chart numbers. Transactions can be selected that match by primary carrier, Billing Code, case indicator, or location. Random Billing Code numbers can be selected. The Claim Manager can also indicate a minimum dollar amount for creating the claims, eliminating claims too small to be worth billing.

Reviewer: The Claim Manager has at her fingertips a [List Only] button that lets her retrieve claims that match a certain criteria that she has determined. The ***List Only Claims That Match*** window is a "show me" window that lets the Claim Manager review all that is in the program. The claims that come before her can be given a final check for accuracy and completeness. She can select specific or all carriers to review. She can group all electronic media claims.

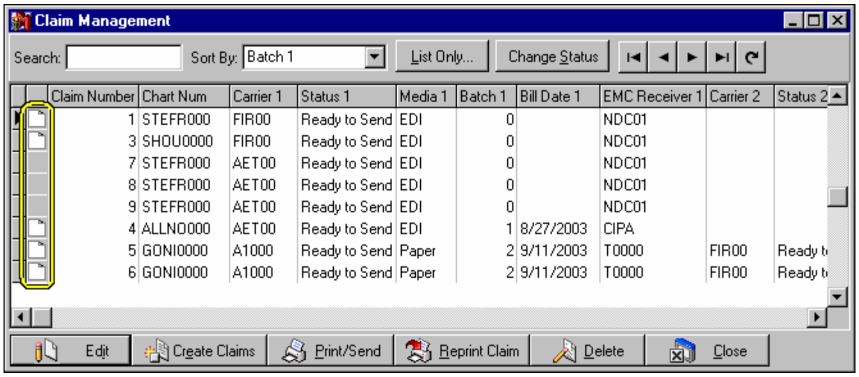
Besides these three focus areas, the Claim Manager also has responsibility to mark claims that are paid and those that are rejected.

Marking paid claims: The date of submission in the ***Claim Management*** window indicates when the claims were shipped or transmitted. Claims are marked under the designation of "Sent" and the date is automatically inserted. The claims stay in ***Claim Management*** marked as "Sent" until they are manually changed in the ***Claim*** edit window as having been received and dispatched by the carrier. When a payment is received, use the EOB to enter all payments through transaction entry. If selected in ***Program Options*** (Payment Application tab, *Mark Completed Claims Done* field), the status for paid claims is automatically changed to "Done."

Handling rejected claims: When a paper claim is rejected for payment by the insurance carrier, change the payment status in the ***Claim Management*** window from "Sent" to "Rejected."

Now put yourself in the picture. Picture yourself as the Claim Manager. The tools by which you get the job done are found in ***Claim Management***.

To perform any claim management functions, go to the Activities menu and select **Claim Management**, or click the Claim Management speed button. See Figure 8.1.


Claim Management
Search:
Sort By: Batch 1
List Only...
Change Status
Edit
Create Claims
Print/Send
Reprint Claim
Delete
Close

Claim Number	Chart Num	Carrier 1	Status 1	Media 1	Batch 1	Bill Date 1	EMC Receiver 1	Carrier 2	Status 2
1	STEFR000	FIR00	Ready to Send	EDI	0		NDC01		
3	SHOU0000	FIR00	Ready to Send	EDI	0		NDC01		
7	STEFR000	AET00	Ready to Send	EDI	0		NDC01		
8	STEFR000	AET00	Ready to Send	EDI	0		NDC01		
9	STEFR000	AET00	Ready to Send	EDI	0		NDC01		
4	ALLNO000	AET00	Ready to Send	EDI	1	8/27/2003	CIPA		
5	GONI0000	A1000	Ready to Send	Paper	2	9/11/2003	T0000	FIR00	Ready t
6	GONI0000	A1000	Ready to Send	Paper	2	9/11/2003	T0000	FIR00	Ready t

Figure 8.1

Creating Claims

It is in the creating claims operation that a claim is finally prepared for submission. See Figure 8.2.

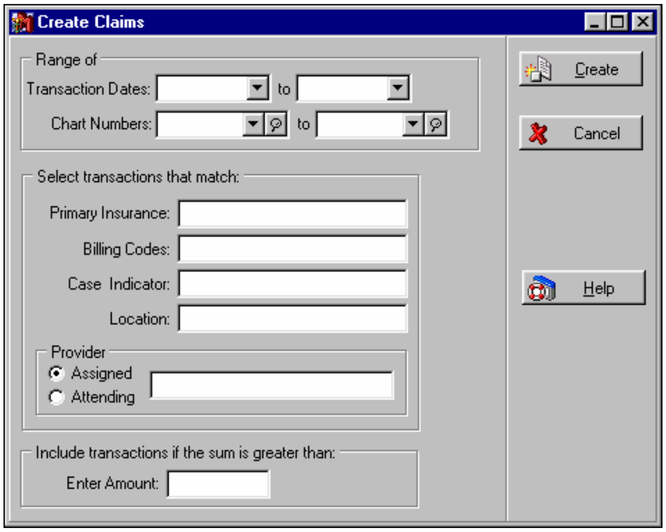

Create Claims
Range of
Transaction Dates: to
Chart Numbers: to
Select transactions that match:
Primary Insurance:
Billing Codes:
Case Indicator:
Location:
Provider
● Assigned
○ Attending
Include transactions if the sum is greater than:
Enter Amount:
Create
Cancel
Help

Figure 8.2

Preparation can involve a single claim or a batch. Claims are gathered by range of dates and/or chart numbers. The selection of claims to be created can be further narrowed by specifying detail in the *Select transactions that match, Provider,* and *Include transactions if the sum is greater than* fields.

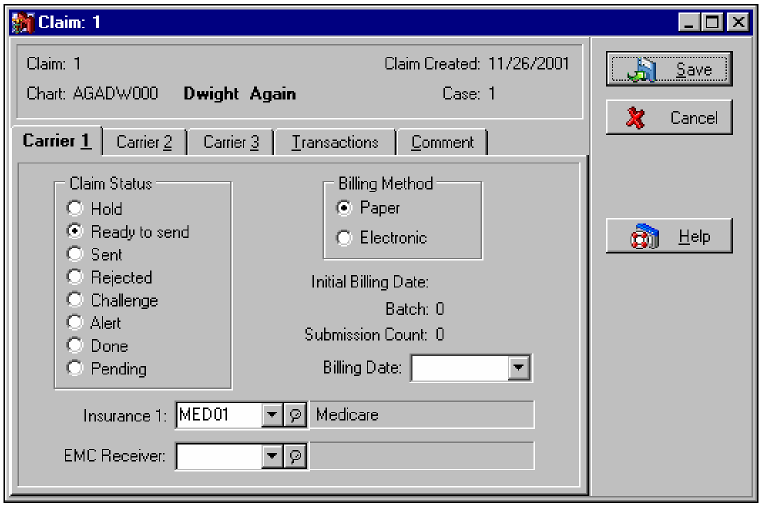
F1 Look up Create Claim.

Editing Claims

This function within the program is the watch dog area where you can verify and edit the claims that are ready to be submitted for payment. It is a safety net where problems can be solved, and information entered in a transaction can be overridden if necessary. An override in the ***Claim*** edit window changes that claim submission, but does not affect the default database.

As the claim comes up for final verification, it may be determined that a change needs to be made, such as a different carrier or EDI receiver.

By highlighting a specific claim and clicking [Edit] or pressing F9, the ***Claim*** edit window appears with the claim details and information concerning all assigned insurance carriers and their pertinent data. See Figure 8.3.



Claim: 1
Claim Created: 11/26/2001
Chart: AGADW000 **Dwight Again**
Case: 1

Claim Status:
○ Hold
● Ready to send
○ Sent
○ Rejected
○ Challenge
○ Alert
○ Done
○ Pending

Billing Method:
● Paper
○ Electronic

Initial Billing Date:
Batch: 0
Submission Count: 0
Billing Date:

Insurance 1: MED01 Medicare
EMC Receiver:

Figure 8.3

The detail also indicates submission method assigned to the claim (paper or electronic), as well as the claim status. Claim status options include: *Hold*, *Ready to send, Sent, Rejected, Challenge, Alert, Done*, or *Pending*. The status of the claim can be changed at this point.

Any time a claim is sent, a batch number is assigned. That number shows in the **Batch** data box in the center of the window of the claim you are reviewing. If a claim needs to be resubmitted, the batch number coincides with the number shown in the ***Claim Management*** window and the one you use to designate those claims that need to be resubmitted.

The Transactions tab reveals a listing of all transactions applied to the selected claim. You can split, add, or remove qualifying transactions in this tab. The Comment tab provides an empty box in which to place whatever comments you feel are necessary concerning this claim and/or any transactions relating to it. If you have NDCMedisoft Advanced or NDCMedisoft Network Professional, these notes are represented by a note icon in the ***Claim Management*** window. Double-click the icon to view or edit the note.

F1 Look up Edit Claim.

Printing Claims

Once claims are created, you can print them by clicking [Print/Send]. Indicate whether you are sending the claims on paper or electronically, then apply filters to select only those claims you want to send.

F1 Look up Print/Send Claims.

Troubleshooting Insurance Claims

- ### Claim Form Not Centered

  If your insurance claims are printing just a little off center, this can be fixed by entering the Report Designer (Reports menu, **Design Custom Reports and Bills**). Open the insurance form you use for printing claims. Go to the File menu and select **Report Properties**. In the *Form Offset* area of the window, adjust the form as necessary from the top and/or left margins. The form is moved in increments of one hundredth of an inch. When the form is adjusted, save the form, exit the Report Designer, and reprint your claim.

  For more detailed information, go to the Knowledge Base (www.medisoft.com/kb).

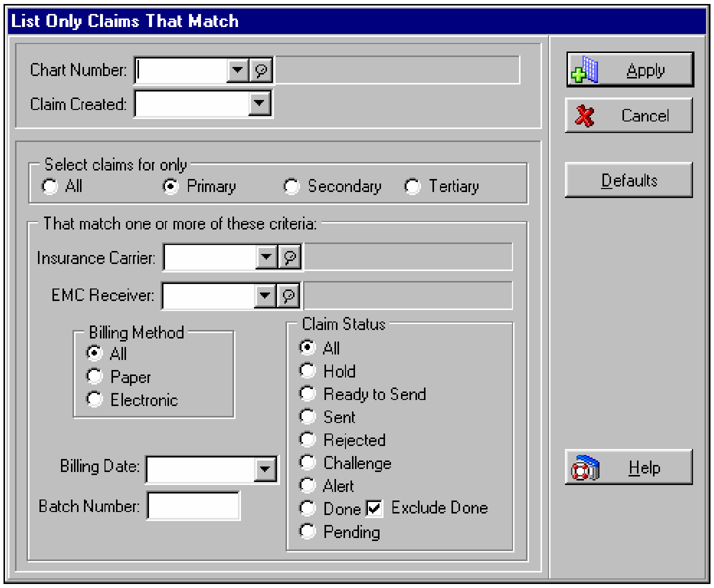
Reprinting Claims

If necessary, you can reprint claims without regard to their status. To reprint an entire batch, the status must be changed for the batch.

F1 Look up Reprinting Claims.

Listing Claims

The ***Claim Management*** window has a claims viewing feature that lets you retrieve claims that match a set of criteria that you define. Click [List Only]. See Figure 8.4.


List Only Claims That Match
Chart Number:
Claim Created:
Apply
Cancel
Defaults
Help
That match one or more of these criteria:
Insurance Carrier:
EMC Receiver:
Billing Date:
Batch Number:

Select claims for only ○ All ● Primary ○ Secondary ○ Tertiary

Billing Method
● All
○ Paper
○ Electronic

Claim Status
● All
○ Hold
○ Ready to Send
○ Sent
○ Rejected
○ Challenge
○ Alert
○ Done ☑ Exclude Done
○ Pending

Figure 8.4

In the ***List Only Claims that Match*** window, use one or more of the options to limit the claims you want to appear in the window.

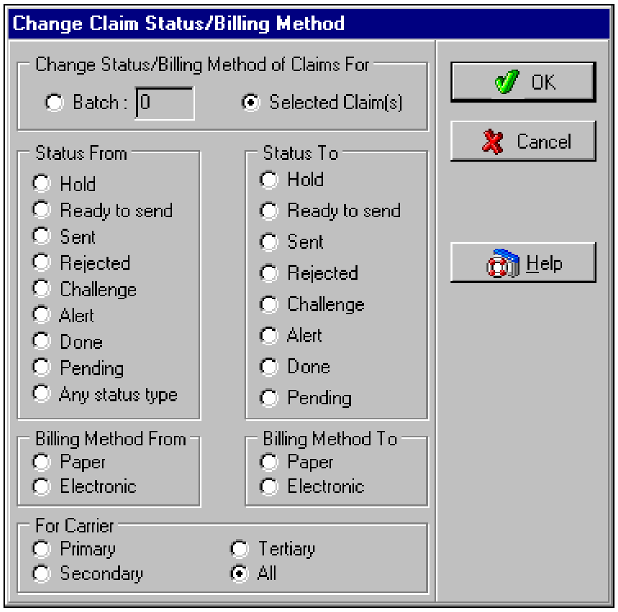
F1 Look up List Only Claims that Match.

Changing Claim Status

In the ***Claim Management*** window, all submitted claims are automatically marked Sent with an indication of the method of submission. There may be occasions when you need to change this status.

Entire Batch

If the status of an entire batch needs to be changed, you can change all the claims at once. Highlight one of the claims and note the number listed in the *Batch 1* column in the ***Claim Management*** window. Click [Change Status]. The ***Change Claim Status/Billing Method*** window is opened. See Figure 8.5.



Change Claim Status/Billing Method

Change Status/Billing Method of Claims For

○ Batch : 0 ● Selected Claim(s)

Status From
○ Hold
○ Ready to send
○ Sent
○ Rejected
○ Challenge
○ Alert
○ Done
○ Pending
○ Any status type

Status To
○ Hold
○ Ready to send
○ Sent
○ Rejected
○ Challenge
○ Alert
○ Done
○ Pending

Billing Method From
○ Paper
○ Electronic

Billing Method To
○ Paper
○ Electronic

For Carrier
○ Primary
○ Secondary
○ Tertiary
● All

Figure 8.5

Choose the *Batch* radio button and enter the batch number from the *Batch 1* column in the ***Claim Management*** window. Then choose the appropriate radio buttons in the *Status From* and *Status To* sections. All claims with that batch number have the status changed when you click [OK].

Selecting Multiple Claims

When only one or a few claims within the same batch or claims from multiple batches need a status change, hold down the Ctrl key and click each claim that needs the status changed. Note that the selected claims do not need to have the same claim status to begin with, but they are all changed to the same status. Click [Edit].

In the ***Change Claim Status/Billing Method*** window, choose the *Selected Claim(s)* radio button, then choose the appropriate radio buttons in the *Status From* and *Status To* sections. If you have chosen claims with varying statuses, choose *Any status type* in the *Status From* section. When finished, click [OK].

F1 Look up Change Claim Status/Billing Method and Marking Claims.

Sending Claims to a File

The HCFA11 program takes data and puts it in an MS-DOS text file in CMS or HCFA format. The program prints only the Group ID Number in Box 11.

☞ Only the standard CMS or HCFA form can be used with this feature.

Now you can follow the instructions given in your third-party program to access this claim file.

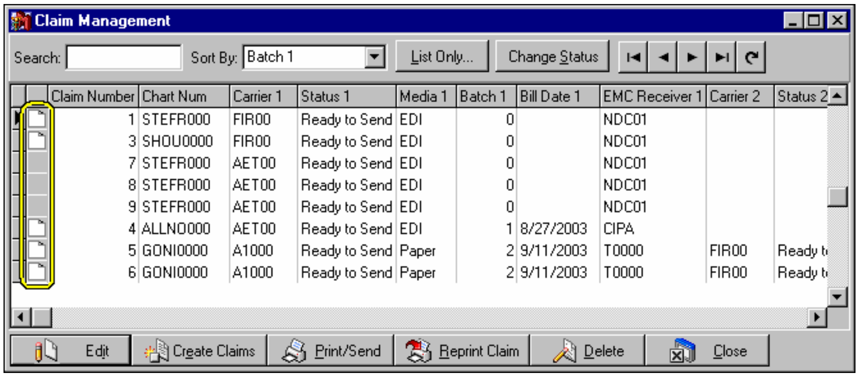
F1 Look up Sending Claims to a File.

Tutorial Practice

To review the procedures outlined in this chapter, you can perform the following steps using the tutorial database provided with this program.

Claim Management

To perform any claim management functions, click the Claim Management speed button to open *Claim Management*. Be sure you are using the tutorial database for these exercises. See Figure 8.6.



Search:
Sort By: Batch 1

Claim Number	Chart Num	Carrier 1	Status 1	Media 1	Batch 1	Bill Date 1	EMC Receiver 1	Carrier 2	Status 2
1	STEFR000	FIR00	Ready to Send	EDI	0		NDC01		
3	SHOU0000	FIR00	Ready to Send	EDI	0		NDC01		
7	STEFR000	AET00	Ready to Send	EDI	0		NDC01		
8	STEFR000	AET00	Ready to Send	EDI	0		NDC01		
9	STEFR000	AET00	Ready to Send	EDI	0		NDC01		
4	ALLN0000	AET00	Ready to Send	EDI	1	8/27/2003	CIPA		
5	GONI0000	A1000	Ready to Send	Paper	2	9/11/2003	T0000	FIR00	Ready t
6	GONI0000	A1000	Ready to Send	Paper	2	9/11/2003	T0000	FIR00	Ready t

Figure 8.6

Creating Claims

Click [Create Claims] in the *Claim Management* window. See Figure 8.7.

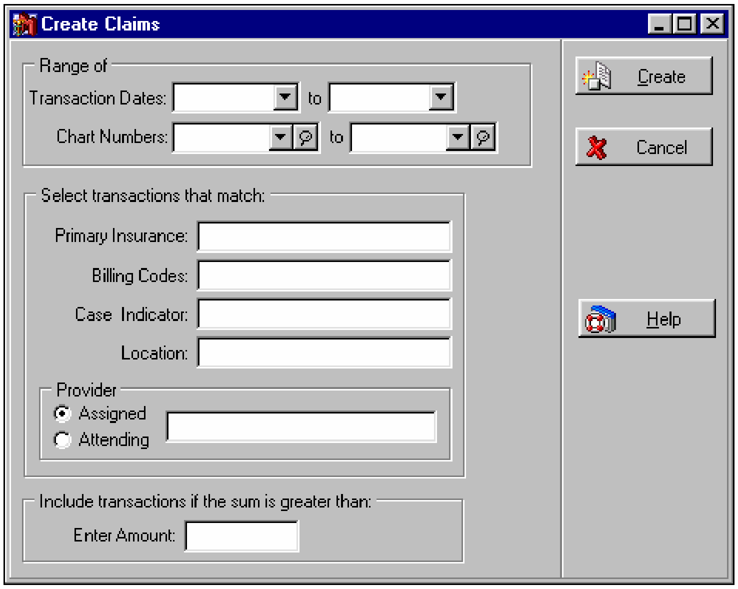

Create Claims
Range of
Transaction Dates:
to
Chart Numbers:
to
Select transactions that match:
Primary Insurance:
Billing Codes:
Case Indicator:
Location:
Provider
● Assigned
○ Attending
Include transactions if the sum is greater than:
Enter Amount:
Create
Cancel
Help

Figure 8.7

Since we created two charge transactions for I.B. Gone in the Transaction Entry portion of this tutorial, let's create the claim for these charges. Click the first *Chart Numbers* range field and type **GON** to set GONI0000 in the first *Chart Numbers* field. Repeat this process in the second *Chart Numbers* field.

Click [Create]. When you return to the ***Claim Management*** window, type **GON** in the *Search* field. A new claim has been created for GONI0000.

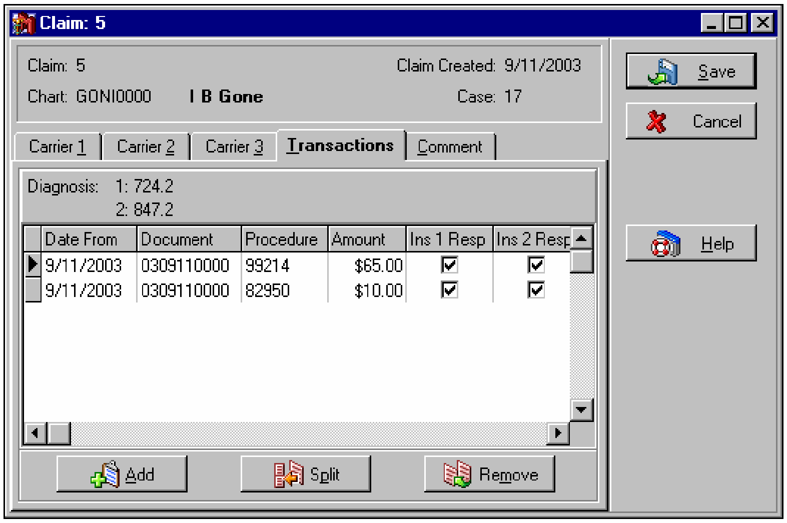
☞ The claim number may not match that shown in figures below.

Editing Claims

To edit the claim, highlight the GONI0000 claim and then click [Edit] or press F9 to open the ***Claim*** editing window.

Open the Comment tab. Type the following message: **Notify attorney when claim paid by primary carrier**.

The two transactions we created in ***Transaction Entry*** are now part of one claim. Suppose you find out that they have to be sent separately (for whatever reason). Open the Transactions tab. See Figure 8.8.


Claim: 5
Save
Cancel
Help
Carrier 1
Carrier 2
Carrier 3
Transactions
Comment
Add
Split
Remove

Claim: 5
Claim Created: 9/11/2003
Chart: GONI0000 **I B Gone**
Case: 17

Diagnosis: 1: 724.2
2: 847.2

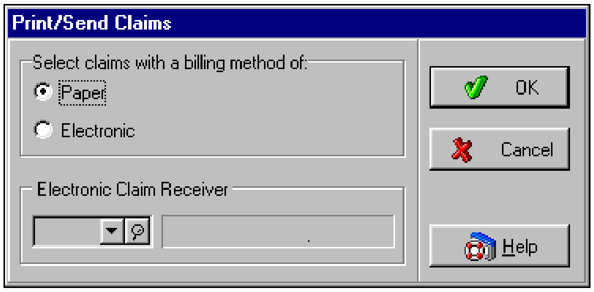
Date From	Document	Procedure	Amount	Ins 1 Resp	Ins 2 Resp
9/11/2003	0309110000	99214	$65.00	☑	☑
9/11/2003	0309110000	82950	$10.00	☑	☑

Figure 8.8

This tab shows that both transactions are included in the selected claim. To split the claim, highlight the second transaction, procedure code 82950, and click [Split]. Click [Yes] to split the claim. The second transaction is removed from the claim. Click [Save]. In ***Claim Management***, a second claim has been created and displays below the original claim.

Sending Claims

Once the claims are ready to go, in the ***Claim Management*** window, click [Print/Send] to open the ***Print/Send Claims*** window. See Figure 8.9.


Print/Send Claims
OK
Cancel
Help

Select claims with a billing method of:
● Paper
○ Electronic

Electronic Claim Receiver

Figure 8.9

We are only dealing with paper claims in this tutorial, so leave the setting at *Paper* and click [OK]. The ***Open Report*** window opens so you can select the claim form on which to send the claim. For now, highlight **HCFA-1500 (Primary)** and click [OK].

The ***Print Report Where?*** window pops up to indicate whether you want to preview the claim before printing or just send the claim directly to the printer. For now, leave the setting on *Preview* and click [Start].

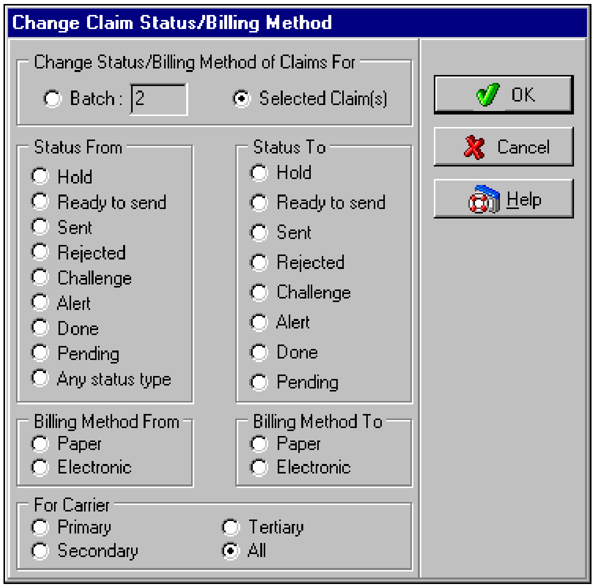
The program assembles the information and then displays the ***Data Selection Questions*** window. In each of the *Chart Number Range* fields, enter **GON** and press [Tab] to print only Mr. Gone's claims. Click [OK].

The claim is displayed in the ***Preview Report*** window. If you have a preprinted CMS- or HCFA-1500 claim form, put it in your printer. Click the Print Report speed button. Answer whatever questions you may need in the ***Print*** window, and then click [OK].

Click [Close] in the ***Preview Report*** window. You may briefly see an ***Update Billing Status*** window and then are returned to ***Claim Management*** and the claim for Mr. Gone is printed. The claim status has been automatically changed to Sent, a batch number assigned, and the current date entered in the *Bill Date 1* column for both claims.

Changing Claim Status

Through ***Claim Management***, all submitted claims are automatically marked **Sent** with an indication of the method of submission. The status needs to be changed when the claim is paid completely or if a claim is rejected or put on hold or pending for some reason. Time has passed since you printed and sent the claims for I.B. Gone and you've received a rejection notice from the carrier. You've already corrected the errors and are ready to resend the claims. To locate Mr. Gone's claims, we'll use a different portion of the program. Click [List Only] and type **GON** in the *Chart Number* field and press [Tab]. Click [Apply]. In ***Claim Management***, make note of the batch number and click [Change Status]. See Figure 8.10.


Change Claim Status/Billing Method
Change Status/Billing Method of Claims For
Status From
○ Hold
○ Ready to send
○ Sent
○ Rejected
○ Challenge
○ Alert
○ Done
○ Pending
○ Any status type
Status To
○ Hold
○ Ready to send
○ Sent
○ Rejected
○ Challenge
○ Alert
○ Done
○ Pending
Billing Method From
○ Paper
○ Electronic
Billing Method To
○ Paper
○ Electronic
For Carrier
○ Primary
○ Secondary
○ Tertiary
OK
Cancel
Help

○ Batch : 2
● Selected Claim(s)
● All

Figure 8.10

Choose the *Batch* radio button and make sure the batch number in the box matches that shown in ***Claim Management***.

☞ Since we used the ***List Only Claims that Match*** window to locate the claims, the batch number is automatically entered in the ***Change Claim Status/Billing Method*** window.

In the *Status From* section, choose *Sent*. In the *Status To* section, choose *Ready to Send*. Click [OK].

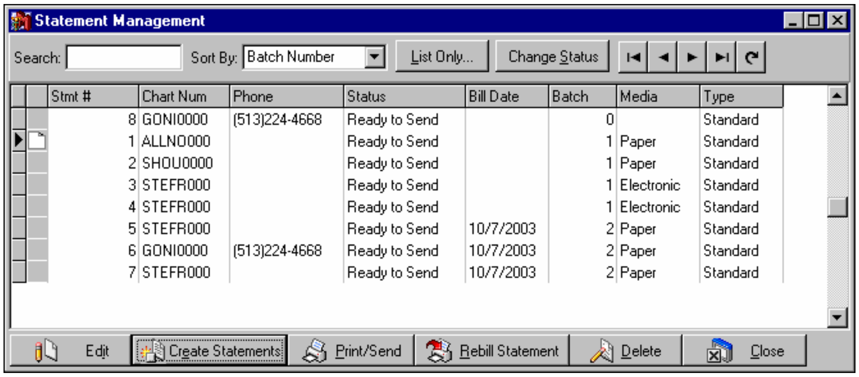
You are now ready to send the claims for I.B. Gone again.

Chapter 9

Statement Management (Advanced and above)

This chapter explains briefly how to manage statements within the ***Statement Management*** window and includes creating, editing, printing/reprinting, and listing statements, as well as changing statement status.

To perform any statement management functions, go to the Activities menu and select **Statement Management** or click the Statement Management speed button. See Figure 9.1.

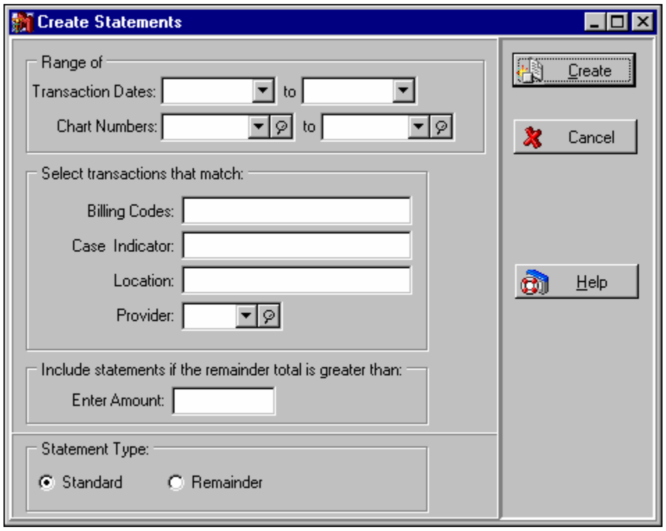

Statement Management
Search:
Sort By: Batch Number
List Only...
Change Status
Edit
Create Statements
Print/Send
Rebill Statement
Delete
Close

Stmt #	Chart Num	Phone	Status	Bill Date	Batch	Media	Type
8	GONI0000	(513)224-4668	Ready to Send		0		Standard
1	ALLNO000		Ready to Send		1	Paper	Standard
2	SHOU0000		Ready to Send		1	Paper	Standard
3	STEFR000		Ready to Send		1	Electronic	Standard
4	STEFR000		Ready to Send		1	Electronic	Standard
5	STEFR000		Ready to Send	10/7/2003	2	Paper	Standard
6	GONI0000	(513)224-4668	Ready to Send	10/7/2003	2	Paper	Standard
7	STEFR000		Ready to Send	10/7/2003	2	Paper	Standard

Figure 9.1

Creating Statements

Click [Create Statements] to gather available transactions onto a statement. See Figure 9.2.


Create Statements
Range of
Transaction Dates:
to
Chart Numbers:
to
Select transactions that match:
Billing Codes:
Case Indicator:
Location:
Provider:
Include statements if the remainder total is greater than:
Enter Amount:
Create
Cancel
Help

Statement Type:
● Standard ○ Remainder

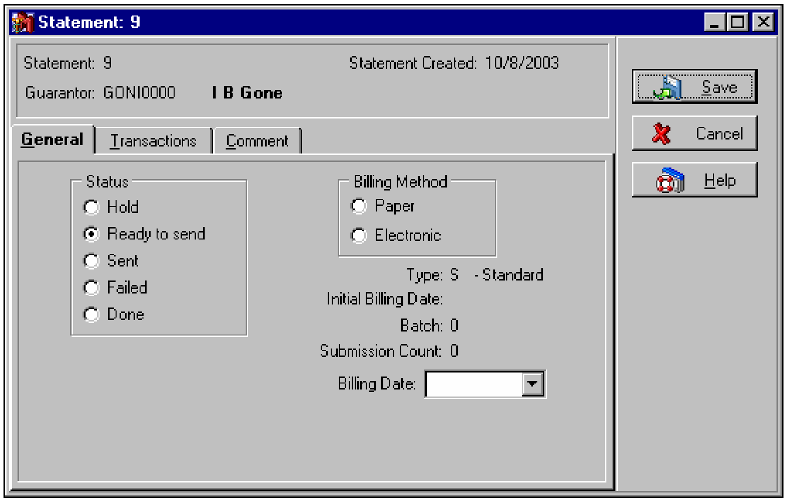
Figure 9.2

You can create a single statement or an entire batch. Enter ranges of transaction dates and/or chart numbers to control which statements are created. Also, you can further limit the statements created by entering information in the *Select transactions that match, Include statements if the remainder total is greater than*, and *Statement Type* areas of the window.

F1 Look up Create Statements.

Editing Statements

Highlight a specific statement and click [Edit] or press F9 to edit a statement. You can modify general statement information, the transactions that appear on the statement, and any comments attached to the statement. When you make changes in the ***Statement*** edit window, you modify only that statement and do not affect the defaults for other statements. See Figure 9.3.



Statement: 9
Statement Created: 10/8/2003
Guarantor: GONI0000 **I B Gone**

Status
○ Hold
● Ready to send
○ Sent
○ Failed
○ Done

Billing Method
○ Paper
○ Electronic

Type: S - Standard
Initial Billing Date:
Batch: 0
Submission Count: 0
Billing Date:

Figure 9.3

The detail also indicates submission method assigned to the statement (paper or electronic), as well as the statement status. Statement status options include: *Hold, Ready to send, Sent, Failed,* or *Done*. You can also see the statement type, initial billing date, batch number, submission count, and most current billing date.

Any time a statement is sent, the program assigns the statement a batch number. That number shows in the *Batch* field. The program also updates the submission count, the number of times the statement has been sent, and the billing date.

The Transactions tab shows all the transactions that appear on the statement. You can split, add to, or remove transactions from statements in this tab. The Comment tab provides an empty box in which to place whatever comments you feel are necessary concerning this statement and/or any transactions relating to it. If you add a note here, an icon is displayed next to the statement in ***Statement Management***. You can double-click the note to view or edit the note.

F1 Look up Edit Statement.

Printing Statements

Once statements are created, click [Print/Send] to process them. Indicate whether you are sending the statements on paper or electronically. If you are sending statements electronically, specify the format for the statements. Then apply filters to select only those statements you want to send.

F1 Look up Print/Send Statements.

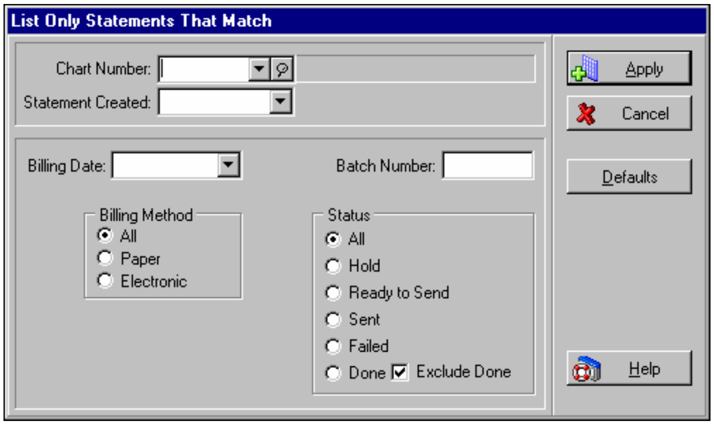
Reprinting Statements

If necessary, you can reprint statements without regard to their status. To reprint an entire batch, the status must be changed for the batch.

F1 Look up Reprinting Statements.

Listing Statements

Click [List Only] to view only those statements that match a set of criteria that you define. See Figure 9.4.


List Only Statements That Match
Chart Number:
Statement Created:
Billing Date:
Batch Number:
Apply
Cancel
Defaults
Help

Billing Method
- ● All
- ○ Paper
- ○ Electronic

Status
- ● All
- ○ Hold
- ○ Ready to Send
- ○ Sent
- ○ Failed
- ○ Done ☑ Exclude Done

Figure 9.4

In the ***List Only Statements that Match*** window, use one or more of the options to limit the statements you want to appear in the window.

F1 Look up List Only Statements that Match.

Changing Statement Status

In the ***Statement Management*** window, all submitted statements are automatically marked Sent with an indication of the method of submission. There may be occasions when you need to change this status.

Statements sent electronically through NDC Statements Processing get a report that marks each statement as either accepted or rejected.

Entire Batch

If the status of an entire batch needs to be changed, you can change all the statements at once. Highlight one of the statements and note the number listed in the *Batch* column in the ***Statement Management*** window. Click [Change Status]. The ***Change Statement Status/Billing Method*** window is opened. See Figure 9.5.

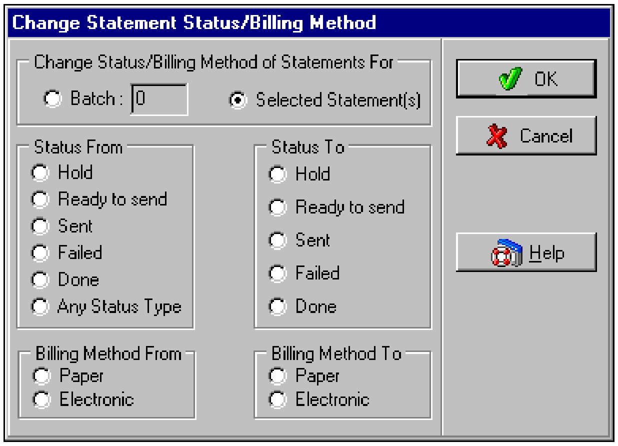

Change Statement Status/Billing Method
Change Status/Billing Method of Statements For
○ Batch : 0
● Selected Statement(s)
OK
Cancel
Help
Status From
○ Hold
○ Ready to send
○ Sent
○ Failed
○ Done
○ Any Status Type
Status To
○ Hold
○ Ready to send
○ Sent
○ Failed
○ Done
Billing Method From
○ Paper
○ Electronic
Billing Method To
○ Paper
○ Electronic

Figure 9.5

Choose the *Batch* radio button and enter the batch number from the *Batch* column in the ***Statement Management*** window. Then choose the appropriate radio buttons in the *Status From* and *Status To* sections. All statements with that batch number have the status changed when you click [OK].

Selecting Multiple Statements

When only one or a few statements within the same batch or statements from multiple batches need a status change, hold down the Ctrl key and click each statement that needs the status changed. Note that the selected statements do not need to have the same status to begin with, but they are all changed to the same status. Click [Edit].

In the ***Change Statement Status/Billing Method*** window, choose the *Selected Statement(s)* radio button, then choose the appropriate radio buttons in the *Status From* and *Status To* sections. If you have chosen statements with varying statuses, choose *Any Status Type* in the *Status From* section. When finished, click [OK].

F1 Look up Change Statement Status/Billing Method and Marking Statements.

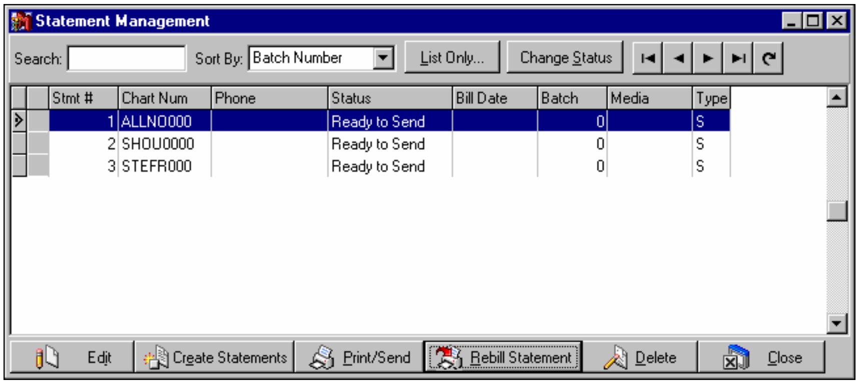
Tutorial Practice

To review the procedures outlined in this chapter, you can perform the following steps using the tutorial database provided with this program.

Statement Management

To perform any statement management functions, click the Statement Management speed button to open *Statement Management*.

Be sure you are using the tutorial database for these exercises. See Figure 9.6.


Statement Management
List Only...
Change Status
Edit
Create Statements
Print/Send
Rebill Statement
Delete
Close

Search:

Sort By: Batch Number

Stmt #	Chart Num	Phone	Status	Bill Date	Batch	Media	Type
1	ALLN0000		Ready to Send		0		S
2	SHOU0000		Ready to Send		0		S
3	STEFR000		Ready to Send		0		S

Figure 9.6

Creating Statements

Click [Create Statements] in the *Statement Management* window to open the *Create Statements* window. See Figure 9.7.

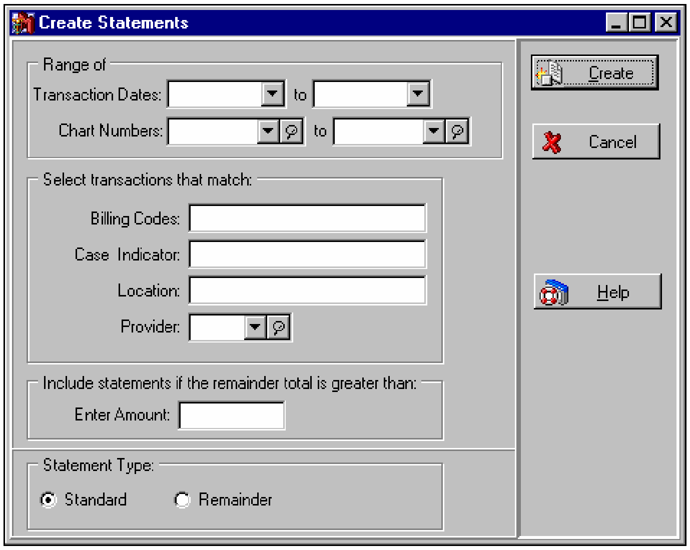

Create Statements
Range of
Transaction Dates:
to
Chart Numbers:
to
Select transactions that match:
Billing Codes:
Case Indicator:
Location:
Provider:
Include statements if the remainder total is greater than:
Enter Amount:
Statement Type:
● Standard
○ Remainder
Create
Cancel
Help

Figure 9.7

Since we created two charge transactions for I.B. Gone in the Transaction Entry portion of this tutorial, let's create the statement for these charges. Click the first *Chart Numbers* range field and type **GON** to set GONI0000 in the first *Chart Numbers* field. Repeat this process in the second *Chart Numbers* field.

Click [Create]. When you return to the ***Statement Management*** window, type **GON** in the *Search* field. A new statement has been created for GONI0000.

☞ The statement number may not match that shown in figures below.

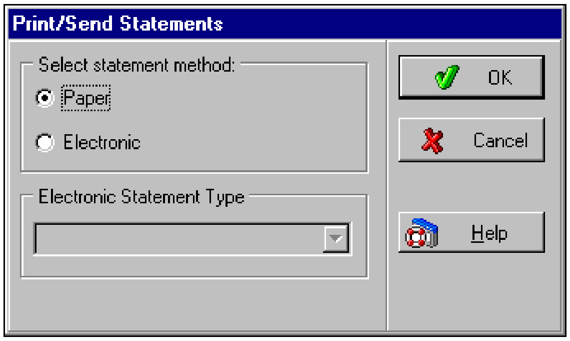
Editing Statements

To edit the statement, highlight the GONI0000 statement and then click [Edit] or press F9 to open the ***Statement*** editing window.

Open the Comment tab. Type the following message: **Notify attorney when statement paid**. Click [Save].

Sending Statements

Once the statements are ready to go, in the ***Statement Management*** window, click [Print/Send] to open the ***Print/Send Statements*** window. See Figure 9.9.



Select statement method:
● Paper
○ Electronic

Electronic Statement Type

Figure 9.9

We are only dealing with paper statements in this tutorial, so leave the setting at *Paper* and click [OK]. The ***Open Report*** window opens so you can select the statement form on which to send the statement. For now, highlight **Patient Statement (30, 60, 90)** and click [OK].

The ***Print Report Where?*** window pops up to indicate whether you want to preview the statement before printing or just send the statement directly to the printer. For now, leave the setting on *Preview* and click [Start].

The program assembles the information and then displays the ***Data Selection Questions*** window. In each of the *Chart Number Range* fields, enter **GON** and press Tab to print only Mr. Gone's statements. Click [OK].

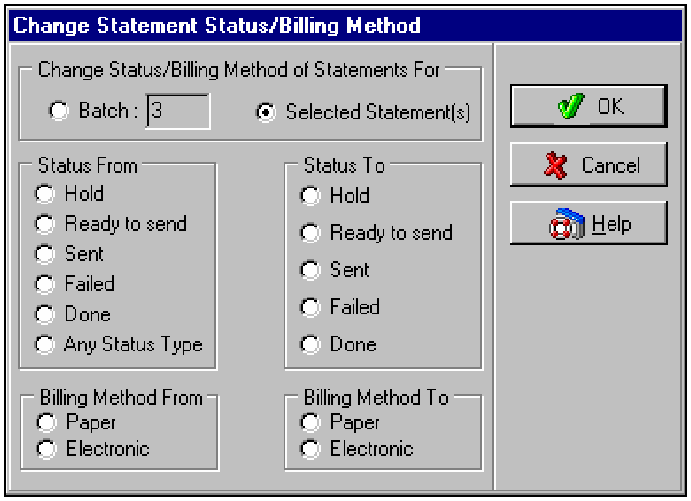
The statement is displayed in the ***Preview Report*** window. Click the Print Report speed button. Answer whatever questions you may need in the ***Print*** window, and then click [OK].

Click [Close] in the ***Preview Report*** window. You may briefly see an ***Update Billing Status*** window and then are returned to ***Statement Management*** and the statement for Mr. Gone is printed. The statement status has been automatically changed to Sent, a batch number assigned, and the current date entered in the *Bill Date* column for both statements.

Changing Statement Status

Through ***Statement Management***, all submitted statements are automatically marked **Sent** with an indication of the method of submission. The status needs to be changed when the statement is paid completely or for some other reason. Time has passed since you printed and sent the statements for I.B. Gone and you've received a correction notice from the patient. You've already corrected the errors and are ready to resend the statements. To locate Mr. Gone's statements, we'll use a different portion of the program. Click [List Only] and type **GON** in the *Chart Number* field and press Tab.

Click [Apply]. In ***Statement Management***, highlight the statement and click [Change Status]. See Figure 9.10.


Change Statement Status/Billing Method
Change Status/Billing Method of Statements For
Status From
○ Hold
○ Ready to send
○ Sent
○ Failed
○ Done
○ Any Status Type
Status To
○ Hold
○ Ready to send
○ Sent
○ Failed
○ Done
Billing Method From
○ Paper
○ Electronic
Billing Method To
○ Paper
○ Electronic
OK
Cancel
Help

○ Batch : 3

● Selected Statement(s)

Figure 9.10

Choose the *Batch* radio button and make sure the batch number in the box matches that shown in ***Statement Management***.

☞ Since we used the ***List Only Statements that Match*** window to locate the statements, the batch number is automatically entered in the ***Change Statement Status/Billing Method*** window.

In the *Status From* section, choose *Sent*. In the *Status To* section, choose *Ready to Send*. Click [OK].

You are now ready to send the statements for I.B. Gone again.

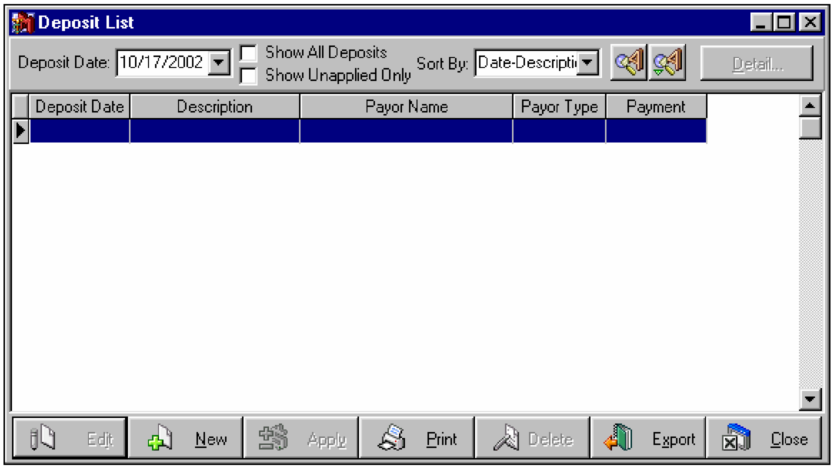
Chapter 10

Deposit/Payment Application (NDCMedisoft Advanced and above)

This feature makes creating a deposit list and applying payments, especially EOB payments from insurance carriers, an easy process. In many ways, it is a more convenient place to apply payments than ***Transaction Entry*** because you enter one deposit, then distribute the payment to as many cases as necessary, then click one button and all the transactions are created at one time. If necessary, within the same window, open a different patient record and continue distributing payments.

F1 Look up Deposit Entry, Apply Payment/Adjustments to Charges, and Program Options.

Click the Enter Deposit/Payment speed button or go to the Activities menu and select **Enter Deposits/Payments** to open the ***Deposit List*** window. See Figure 10.1.

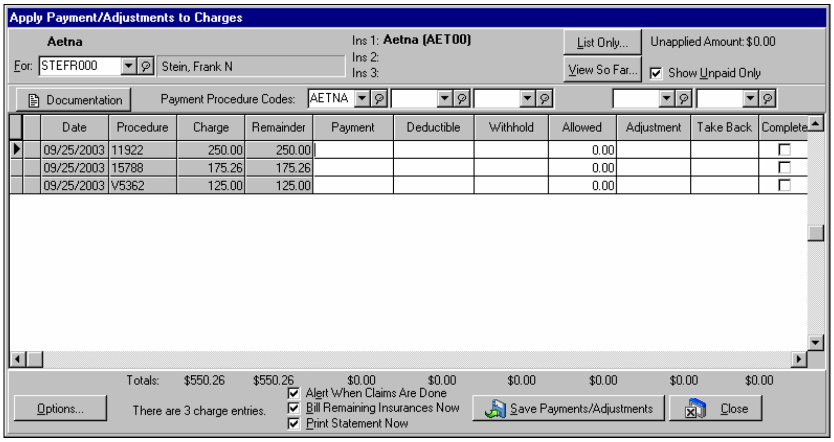

Deposit List
Deposit Date Description Payor Name Payor Type Payment
Detail...
Edit
New
Apply
Print
Delete
Export
Close

Deposit Date: 10/17/2002
☐ Show All Deposits
☐ Show Unapplied Only
Sort By: Date-Descripti

Figure 10.1

In this window, you can select a payment to apply, edit a payment, or create a new payment. The deposit date does not have to be the current date (but the transactions entered still appears on the current day's activity reports).

When you highlight a payment and click [Apply], the ***Apply Payment/Adjustments to Charges*** window is opened. See Figure 10.2.


Apply Payment/Adjustments to Charges
List Only...
View So Far...
Documentation
Options...
Save Payments/Adjustments
Close

Aetna
For: STEFR000 Stein, Frank N
Ins 1: **Aetna (AET00)**
Ins 2:
Ins 3:
Unapplied Amount: $0.00
☑ Show Unpaid Only
Payment Procedure Codes: AETNA

Date	Procedure	Charge	Remainder	Payment	Deductible	Withhold	Allowed	Adjustment	Take Back	Complete
09/25/2003	11922	250.00	250.00				0.00			☐
09/25/2003	15788	175.26	175.26				0.00			☐
09/25/2003	V5362	125.00	125.00				0.00			☐
Totals:		$550.26	$550.26	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	

There are 3 charge entries.
☑ Alert When Claims Are Done
☑ Bill Remaining Insurances Now
☑ Print Statement Now

Figure 10.2

In this window, select the patient chart number and apply the portion of the payment to the applicable charge(s). When finished, click [Save Payments/Adjustments] to create the transactions.

☞ If you check *Print Statement Now* and click [Save Payments/Adjustments], you print statements from ***Statement Management***.

Then, if you need to apply payments from the same deposit to another patient record, select the next patient chart number and continue making payment applications. This window is also tied to the Payment Application tab of ***Program Options***. Unless deactivated, all payment applications are automatically checked as paid in full by the payer, allowed amounts are calculated on all charges, and any charges over the calculated allowed amounts are automatically entered in the *Adjustment* field.

☞ Be sure to click [Save Payments/Adjustments] before closing this window or transactions cannot be created.

The payment application feature is designed specifically to closely match the format of an EOB. When you receive an EOB with a payment from an insurance carrier, open the ***Deposit List*** window, create the total amount deposit, and then apply the payment to the cases as specified in the EOB.

EOB Payments

Part of the payment structure to a healthcare office from an insurance carrier involves a check and an "Explanation of Benefits." Widely known throughout the industry as the EOB, it lists claims for which payment is being made and, in some cases, an explanation of what is not being paid and why.

Not every insurance claim that is filed with a carrier is paid in full. It may be that payment is 80 percent of the claim or it may be 50 percent. Other times a claim may be totally or partially disallowed. The EOB explains in these cases. Normally the part that is not paid by the carrier is picked up by a secondary carrier or charged back to the patient.

When an EOB is received, a transaction must be entered to offset the charges. This is done by creating a deposit in the ***Deposit List*** window. If the EOB check covers several charges, distributing a payment to specific charges can be handled by clicking [Apply]. The window lets you select the patient records and claims to be paid and designate how much goes to each.

F1 Look up EOB/Managed Care/Capitation.

Managed Care

One of the important sources of patients and income in many practices has begun to be managed care organizations. In each instance, the HMO or PPO provides a list of patients who have selected your practice as their primary care provider. Payment is made to your practice on a per-patient basis, regardless of whether the patient ever visits the office. When a patient does come in for treatment, he or she pays a set co-pay amount.

The co-pay is charged only by the primary care facility or the facility to which the patient is referred by the primary care facility. After a patient's visit to the doctor's office, a claim is filed and sent to the carrier. When the EOB is returned, there is seldom a payment included, since payment is made under the capitation program for managed care organizations.

F1 Look up EOB/Managed Care/Capitation.

Capitation Payment

The basis for capitation payments is to provide healthcare for a fixed cost, irrespective of the amount of service required by each individual patient. This is done in connection with the managed healthcare services such as HMOs and PPOs. There is no direct relationship between the capitation payment received by the practice and the number of patients covered by the plan who actually visit the practice for treatment. Capitation payments are not posted to patient accounts but are entered in the ***Deposit List*** window. If it is necessary to zero out a patient account, create a zero deposit for the carrier. For each patient covered by the capitation payment who has an outstanding balance, zero out the account by entering the remainder in the *Adjustment* field. When it is applied, the payment shows as zero and the patient's balance shows as a writeoff in the *Adjustment* field in the ***Transaction Entry*** window.

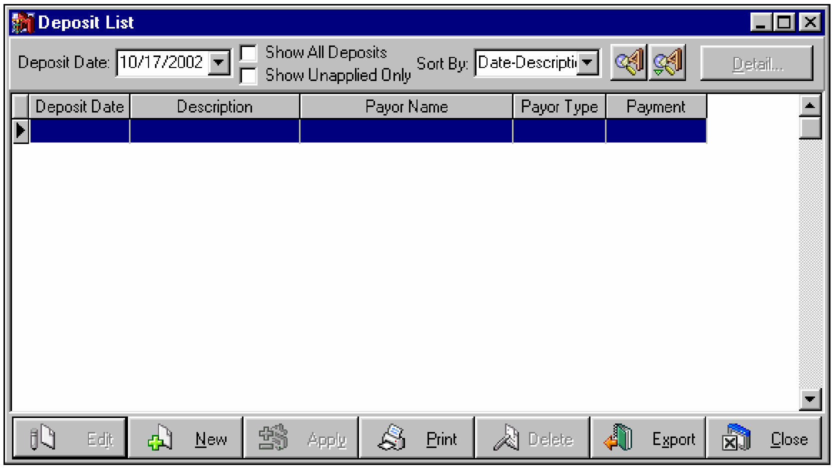
F1 Look up EOB/Managed Care/Capitation.

Tutorial Practice

To review the procedures outlined in this chapter, you can perform the following steps using the tutorial database provided with this program.

Creating a New Deposit

Click the Enter Deposits and Apply Payments speed button. See Figure 10.3.


Deposit List
Deposit Date Description Payor Name Payor Type Payment
Detail...
Edit
New
Apply
Print
Delete
Export
Close

Deposit Date: 10/17/2002

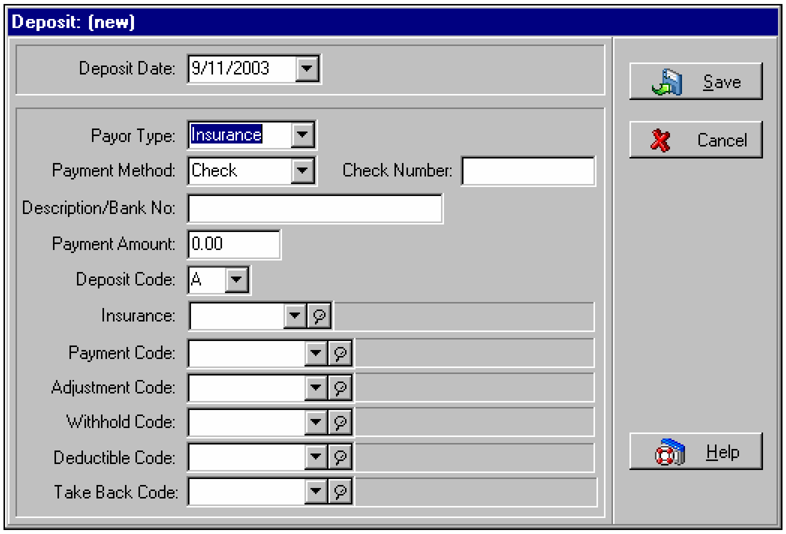
☐ Show All Deposits

☐ Show Unapplied Only

Sort By: Date-Descripti

Figure 10.3

Click [New]. See Figure 10.4.


Deposit: (new)
Save
Cancel
Help

Deposit Date: 9/11/2003

Payor Type: Insurance

Payment Method: Check

Check Number:

Description/Bank No:

Payment Amount: 0.00

Deposit Code: A

Insurance:

Payment Code:

Adjustment Code:

Withhold Code:

Deductible Code:

Take Back Code:

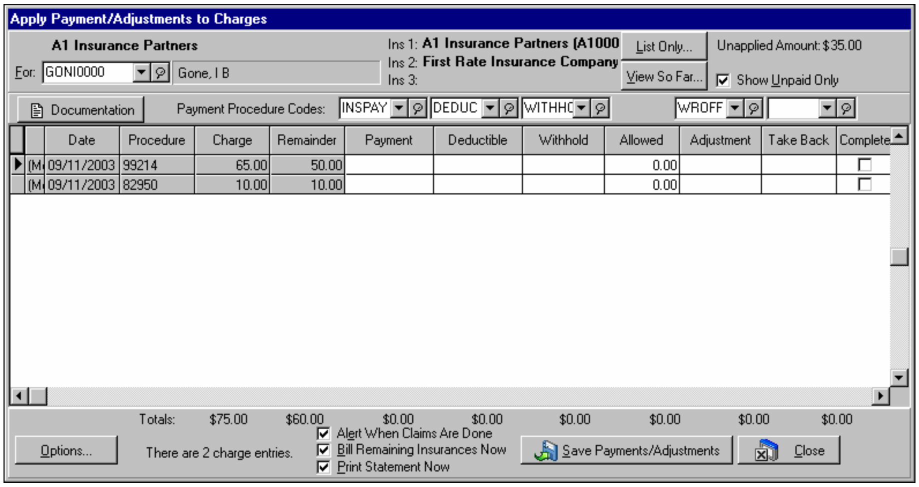
Figure 10.4

The payer is A1 Insurance Partners, so be sure the *Payor Type* is **Insurance**. A1 Insurance Partners conveniently paid $35 by check No. 5237; enter the check number in the *Check Number* field. The bank is American Southwest Savings. Enter the amount in the *Payment Amount* field.

In the *Insurance* field, select **A1 Insurance Partners**. Since you already set default codes when you set up the record for A1 Insurance Partners, the remaining fields are automatically filled. Click [Save].

In the ***Deposit List*** window, be sure this new deposit is selected, then click [Apply].

The ***Apply Payments/Adjustments to Charges*** window is opened. In the *For* field, type **GON** and press [Enter] to call up I.B. Gone's chart number. See Figure 10.5.


Apply Payment/Adjustments to Charges
List Only...
View So Far...
Documentation
Options...
Save Payments/Adjustments
Close

A1 Insurance Partners
For: GONI0000 Gone, I B
Ins 1: A1 Insurance Partners (A1000
Ins 2: First Rate Insurance Company
Ins 3:
Unapplied Amount: $35.00
☑ Show Unpaid Only
Payment Procedure Codes: INSPAY DEDUC WITHHC WROFF

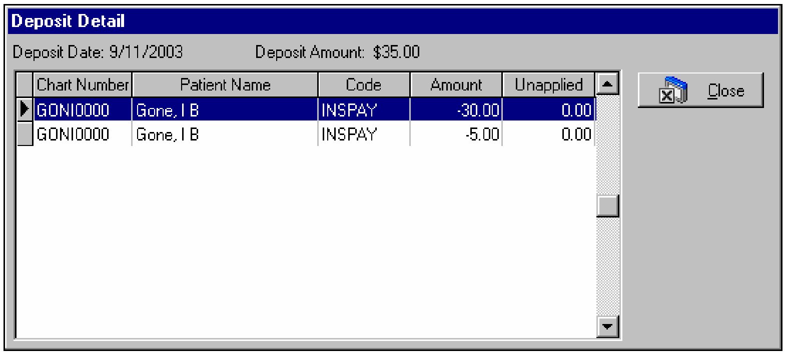
	Date	Procedure	Charge	Remainder	Payment	Deductible	Withhold	Allowed	Adjustment	Take Back	Complete
(M	09/11/2003	99214	65.00	50.00				0.00			☐
(M	09/11/2003	82950	10.00	10.00				0.00			☐
	Totals:		$75.00	$60.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	

There are 2 charge entries.
☑ Alert When Claims Are Done
☑ Bill Remaining Insurances Now
☑ Print Statement Now

Figure 10.5

Locate the $65 charge, click the *Payment* column of that record, and enter **30**. In the box below (part of the $10 charge record), enter **5**. Click [Save Payments/Adjustments], then [Close]. A message is displayed letting you know that both claims will be marked "Done" for the primary carrier. (This is based on a selection made in ***Program Options***.)

To review what you just did, click [Details] in the ***Deposit List*** window. See Figure 10.6.



Deposit Detail

Deposit Date: 9/11/2003 Deposit Amount: $35.00

Chart Number	Patient Name	Code	Amount	Unapplied
GONI0000	Gone, I B	INSPAY	-30.00	0.00
GONI0000	Gone, I B	INSPAY	-5.00	0.00

Figure 10.6

The ***Deposit Detail*** window shows which transactions were affected and what was applied. This window is only for reviewing the details of a deposit. You cannot edit any transaction in this window. Click [Close] after reviewing the details.

Click [Close] again to close the ***Deposit List*** window. If you return to the ***Transaction Entry*** window, a new entry has been created in the *Payments, Adjustments, And Comments* section—this insurance carrier payment.

Chapter 11

Electronic Services

Eligibility

An eligibility inquiry can be made concerning a patient's enrollment status in a health care plan. Information returned includes, but is not necessarily limited to, the status of the patient's deductible and maximum benefits, the applicable co-payment and coinsurance amounts, and information on the patient's status in specific plan programs (e.g., spin down, EPSDT dates, PCP, etc.). You must register to process verification requests, and there is a fee assessed each time you request an eligibility verification. Contact your local Value-Added Reseller or NDCHealth directly at (800) 333-4747.

F1 Look up Eligibility List and Eligibility Verification.

NDC Electronic Claims Processing

NDCMedisoft offers the ability to file electronically. Electronic submission through NDC Electronic Claims Processing is a separate procedure and requires enrollment. To get started with electronic claim submission, contact your local Value-Added Reseller or call NDCHealth directly at (800) 689-4550 and request the enrollment package.

Optional direct claims software is available to send claims directly to selected carriers throughout the country. Most of these are set up on a state or regional basis and handle Medicare, Medicaid, Blue Cross/Blue Shield, and often commercial claims. There is a cost for each of these programs, but, in most cases, there is no charge for claims filed. Information on other available EDI modules can be obtained by calling your local Value-Added Reseller or NDCHealth directly at (800) 689-4550.

NDC Statement Processing

You can send statements electronically through NDC Statement Processing, the clearinghouse which is set up to process NDCMedisoft electronic statements. Statements sent electronically through NDC Statement Processing get an instant response report that tells what information was sent.

F1 Look up Sending Statements Electronically.

Customizing Statements

NDC Statement Processing lets you choose alternate formats for both paper (Advanced and above) and electronic statements through the Statement Wizard. Go to the Tools menu and select **Statement Wizard**.

F1 Look up Statement Selection in the Statement Wizard Help file.

Chapter 12

Reports

Printing Reports

Reports are printed through the Reports menu. Select the report you want, enter the filters to include only specific information from specific files, and choose to print one of three ways: to screen, to a printer, or to a file.

F1 Look up Reports and Printing Reports.

Available Reports

Not only does the program build an accounts receivable file and handle statements, insurance claims, and electronic billing, it also provides a variety of reports that can give you a better understanding of the day-to-day workings of your practice.

Among the reports generated within the program are Day Sheets, Analysis Reports, Aging Reports, Productivity Reports (Advanced and above), Activity Reports (Advanced and above), Audit Reports (Advanced and above), Patient Ledger Report, and Guarantor Quick Balance List (Network Professional only).

You can print a title page that shows all the filters used in preparing the report.

F1 Look up Program Options.

Day Sheets

Day Sheets are available in three reports. The Patient Day Sheet lists each patient's name, showing all transactions and a summary of activities for the day. The Procedure

Day Sheet breaks down by procedure code the activities of the day, summarizing patients treated for each procedure. The Payment Day Sheet shows the payments made on the requested day and the charges to which the payments are applied.

F1 Look up Patient Day Sheet, Procedure Day Sheet, and Payment Day Sheet.

Analysis Reports

Billing/Payment Status Report (Advanced and above)

One of the most powerful tools in NDCMedisoft, the Billing/Payment Status Report provides a thumbnail sketch of the current billing and payment status of each claim. The report shows what has been billed and not billed, what is delayed for some reason, if the carrier is not responsible or has refused the claim, or if the claim is paid in full. An asterisk (*) next to an amount indicates that entity has paid all it is going to pay and the balance, if any, should go to the next responsible payer.

F1 Look up Billing/Payment Status Report.

Insurance Payment Comparison (Network Professional only)

The Insurance Payment Comparison report compares the payment records of all carriers in the practice.

F1 Look up Insurance Payment Comparison.

Practice Analysis

This report summarizes the activity of a specified period (e.g., a month), listing each procedure performed, the number of times it was performed, and the total dollar amount generated by each procedure. It shows the average charge, includes any costs involved with that procedure, and calculates the net monetary effect on the practice's income.

F1 Look up Practice Analysis.

Insurance Analysis (Advanced and above)

This report summarizes all claims filed by category (Primary, Secondary, Tertiary). Claims totals are shown for charges and insurance payments in both dollar amount and percentage.

F1 Look up Insurance Analysis.

Referring Provider Report (Advanced and above)

It is good to keep track of the source of your patients. The Referring Provider Report shows which patients were referred by other practices and the percentage each referral contributes to the overall referred income of the practice, as of the date of that report. The report also includes the UPIN of the referring provider. By blanking out the *Referring Provider* range in the ***Data Selection Questions*** window, a report can be generated showing what percentage of the entire practice has been referred.

F1 Look up Referring Provider Report.

■ Referral Source Report (Advanced and above)

This is another report for tracking the source of patients who come to the practice. For the report to work, however, all referral sources must be entered in the Address Book. A source can be an attorney, a hospital, friends, other patients, or even the Yellow Pages. Most new patient application forms include the inquiry "How did you hear about us?" The Referral Source Report assembles the patient list by source (other than provider) and shows how much revenue comes from each source, allowing the practice to identify those sources that send profitable referrals and/or limit those that are costly or nonproductive.

F1 Look up Referral Source Report.

■ Facility Report (Network Professional only)

This report tracks patients who are seen at different facilities. Like referral sources, all the facilities records are created in the ***Address List*** window. The Facility Report assembles the patient list by facility and shows how much revenue comes from each facility, helping you identify which generates the most money.

F1 Look up Facility Report.

■ Unapplied Payment/Adjustment Report (Advanced and above)

This report shows any payment or adjustment that has an unapplied amount and where the transaction can be found.

F1 Look up Unapplied Payment/Adjustment Report.

■ Unapplied Deposit Report (Advanced and above)

The Unapplied Deposit Report shows all deposits that have an unapplied amount.

F1 Look up Unapplied Deposit Report.

Aging Reports

Patient Aging

One of the important tools in collections is the patient aging report. This can be printed showing the age of each unpaid transaction for patients. Default aging criteria is based upon the number of days between the creation of the transaction or claim and the date of the report you are generating. The columns break down the amounts due that are 30, 60, and 90+ days old. Aging is from actual date of the transaction, so it reflects the true age of the account. The aging criteria and columns can be altered in ***Program Options***.

F1 Look up Patient Aging.

Patient Remainder Aging (Network Professional only)

This report has the same format as the Patient Aging, but there is a key difference in how it works. A charge does not show up on Patient Remainder Aging until all insurance responsibility has been marked complete.

F1 Look up Patient Remainder Aging Report.

Patient Remainder Aging Detail (Network Professional only)

This report has the same criteria as Patient Remainder Aging Detail; however, it also lists each insurance company on the patient's account and the date the insurance payment was marked complete.

F1 Look up Patient Remainder Aging Detail.

Insurance Aging

Insurance aging is a tracking tool for claims filed with insurance carriers. It does with insurance what the Patient Aging Report does for patients. Aging is set to show claims that have been on file within the ranges of 0 to 30 days, 31 to 60 days, 61 to 90 days, and 91 to 999 days. Aging criteria is based upon the number of days between the creation of the transaction or claim and the date of the report you are generating.

F1 Look up Insurance Aging.

Insurance Aging Summaries (Advanced and above)

These reports are based on the same data as the insurance aging reports, but the information is presented in summary, rather than detail, format.

F1 Look up Insurance Aging Summary.

Production Reports (Network Professional only)

- **Production by Provider, Procedure, and Insurance**
- **Production Summary by Provider, Procedure, and Insurance**

  These reports give incoming revenue information for each provider, procedure, or insurance carrier, respectively. The summaries do not display as much information as the other reports.

  F1 Look up Production by... or Production Summary Reports.

Activity Reports (Network Professional only)

- **Daily Activity Report**
- **Monthly Activity Report**
- **Activity Summary by Provider**
- **Activity Summary by Procedure**
- **Activity Summary by Insurance**

  Activity reports break down financial activity by day or month. The summary reports summarize financial information entered for each provider, procedure, or insurance carrier, respectively.

  F1 Look up Activity Reports or Activity Summary Reports.

Collection Reports (Advanced and above)

- **Patient Collection Report**

  The Patient Collection Report contains information based on statements marked **Sent** in the *Statement Management* window, showing what has not been paid, statement date, etc.

  F1 Look up Collection Reports.

- **Insurance Collection Reports**

  The Insurance Collection Reports are identical in layout, but each reflects the selected insurance level—primary, secondary, or tertiary. This report also shows the claim data, what amount is outstanding, etc.

  F1 Look up Collection Reports.

Audit Reports (Advanced and above)

Data Audit Report

The Data Audit Report indicates any changes and/or deletions made to program data. With the Data Audit Report, it is possible for a responsible party to check any changes made. If the security feature is used, the report indicates who made each of the changes that are reflected in the report. See Security Setup in Chapter 4, page 30.

This report is intended as a protection for the practice and, by using the security feature, is accessible only by Level 1 users. The file can be purged after it has been reviewed to avoid what could become a sizeable data file. The purging of this file is performed in ***File Maintenance***, accessed through the File menu.

F1 Look up Data Audit Report.

Productivity by User (Network Professional only)

This report tracks user activity in the program.

F1 Look up Productivity by User Report.

Patient Ledger

This report reflects the account status of each patient. Charges are shown until a payment is entered to remove a specific procedure paid. You may include all patient accounts or select a few. The patient ledger is similar to a ledger card in a manual accounting program. Since the NDCMedisoft program is a true Open Item Accounting program, it can show all or part of the financial activity for a patient, including the current balance and what procedures have not been paid. Past activity in the account includes a listing of all transactions, indicating those that have been paid. The report marks those transactions that have been paid and the amounts.

F1 Look up Patient Ledger.

Guarantor Quick Balance List (Network Professional only)

This report lists the guarantor quick balances that appear in the Quick Balance feature. These balances are the guarantor remainder balances, so if there are charges that the insurance company has not paid on yet, then they are not reflected in this report.

F1 Look up Guarantor Quick Balance List.

Custom Report List

Design capabilities in the program let you generate a variety of custom reports to meet the needs of your practice. To access the customized reports, go to the Reports menu and select **Custom Report List**. When you create a customized report, it is included in the Custom Report List.

There are numerous reports already formatted that are included in the program and can be accessed. These include: Address List, Billing Code List, Birthday Card, Birthday Labels, Claim List, Diagnosis Code List, EDI Receiver List, HCFA-1500 Forms, Insurance Carrier List, Insurance Payment Tracer (Claim Mgmt), Laser HCFA-1500 forms, Patient Birthday List, Patient Face Sheet, Patient List, Patient Recall Labels, Patient Recall List, Patient Statements, Pre-Printed Statement, Primary Claim Detail, Primary Claim Labels, Primary Claim Summary, Procedure Code List, Provider/Staff List, Referring Provider List, Remainder Statements, Remainder Statement Troubleshooter Report, Sample Statement with Image, Sample Statement with Logo, Secondary Claim Labels, Security Permissions Grid, Superbill, Tertiary Claim Labels, Transaction List, Unbilled Transactions, and Walkout Receipts.

☞ In NDCMedisoft Advanced and NDCMedisoft Network Professional, there are two statement types: Statement and Statement Management. If you are modifying a statement, make sure you are modifying one with the correct type. You can only print Statement report formats from the Reports menu and Statement Management report formats from ***Statement Management***

F1 Look up Modifying Existing Reports.

Load Saved Reports

This option allows you to reopen reports that were prepared earlier and have been saved.

F1 Look up Load Saved Reports.

Add/Copy User Reports

This option allows you to share reports by adding reports to your database that may have been prepared by another practice or copying reports to disk for use by another practice or for disk storage.

F1 Look up Add/Copy User Reports.

Receive/Send Reports Through NDCMedisoft Terminal

Within NDCMedisoft, the NDCMedisoft Terminal option can be used to send or receive reports by connecting to various bulletin boards using a modem. The BBS

(Bulletin Board Service) is set up through NDCMedisoft Terminal. See Appendix E, NDCMedisoft Terminal, page 171.

F1 Look up NDCMedisoft Terminal.

Troubleshooting Report Printing

Patient Remainder Statements (Advanced and above)

If you are having trouble printing patient remainder statements, check to be sure the following items have been performed:

1. The patient has insurance coverage other than Medicare. This is indicated in the patient ***Case*** window, Policy 1 tab, *Insurance 1* field (also Policy 2 and Policy 3 tabs if there is secondary and/or tertiary coverage).
2. A charge has been posted in the patient case.
3. A claim has been created.
4. An insurance payment or adjustment has been posted, applied, and marked as Complete to the account for each applicable carrier.

Chapter 13

NDCMedisoft Report Designer

Report Designer

One of the most exciting features of NDCMedisoft is the Report Designer, adding flexibility in the creation of reports to best serve your practice or business needs. Using the Report Designer and the existing set of reports, you can generate custom reports tailored to meet specific needs.

Report forms in this section are categorized into several “styles.” Each style defines basic report characteristics, i.e., List, Label, Ledger, Walkout Receipt, Insurance Form, Statement, and Statement Management.

To create custom reports, go to the Reports menu and select **Design Custom Reports and Bills**.

F1 Look up NDCMedisoft Report Designer and Format/Design Reports.

Report Designer Menu Bar

The Menu bar for the Report Designer is very similar to the Menu bar of NDCMedisoft. See Figure 13.1.

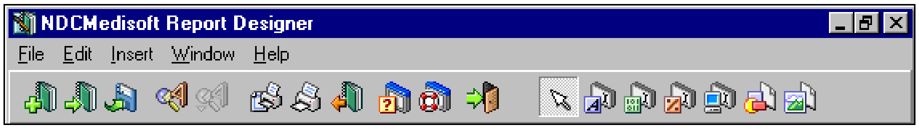


Figure 13.1

It lists File, Edit, Insert, Window, and Help menus.

The File menu is where most of the functions begin. The Edit menu features the usual **Cut**, **Copy**, **Paste**, and **Delete** options, plus **Find Field** and **Find Again**.

The Insert menu contains a variety of the field types that can be used to create your report. The field types are **Text Field**, **Data Field**, **Calculated Field**, **System Data**, **Shapes**, and **Images**). The field types are also conveniently placed as speed buttons on the right side of the toolbar, giving quick and easy access.

Toolbar

Besides the New, Open, Save, Preview, Print, and Exit speed buttons, there are Find and Find Again buttons, as well as a Hints button that lets you toggle on or off the Help that appears throughout the program. On the right side of the toolbar are the field type speed buttons.

The Format Grid

For illustration purposes, go to the File menu and select **New Report**. Click [Next]. Choose **Patient** and click [Next]. Click [Create]. The format grid, which is the basis for the layout of the report (excluding insurance and statement forms), generally contains three "bands" to help in its organization. See Figure 13.2.

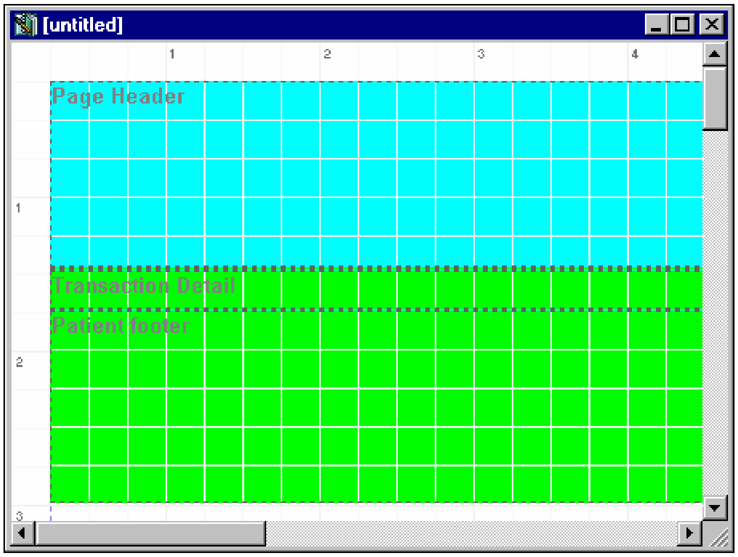


Figure 13.2

The Page Header band is where basic identifying information should be placed, such as the report title, page number and date. Header information appears at the top of every page printed.

The Transaction Detail band, or the body of a report, contains the main information of the report and differs from page to page.

The Patient Footer band contains those fields that typically appear at the bottom of the every report. For example, in a patient list, you might expect to see a page number, a date, or maybe the total number of records.

F1 Look up Bands under Report Properties.

Report Properties

One of the creative features of the Report Designer is the ability to break up the report into sections or bands. Go to the File menu and select **Report Properties**. You can adjust band height, set data filters and determine the overall general size and margin settings. You can also enter the title, paper size, orientation, and position. One important feature is *Form Offset*. This permits the form to be adjusted even fractions of an inch so it fits exactly the prescribed form. You can also affect the order in which the documents are printed by using the *Sort By* feature.

F1 Look up Report Properties.

Field Properties

Standard Properties

Each field type has the following options:

Alignment: Options are Left, Center, or Right, which align the box to report margins. There is also an option to Align to Band. Used in conjunction with one of the other alignment designations, it applies the alignment to the **height of the band**.

Size: You can specify in the *Properties* window an exact height and/or width in increments of pixels (which are the smallest graphic unit that can be displayed on your screen).

Matching Alignment and Size: You can match the size or alignment of any field or group of fields to another.

Position: Specify an exact position on the page in relation to the top and left edges of the report, again in increments of pixels.

Transparent Background: This option eliminates the white area around data in the various fields when the report is printed, showing the data directly over any background color.

Font: One of the variations you can introduce is changing the font. As you go through the font list in the *Font* window, a sample of how a highlighted type face looks is shown in the sample box.

Background Color: You can change the background color for each field. These colors are printed with the report if you have a color printer.

Handles: When a field is selected, it displays black handles. The handles allow the field to be resized, shaped and moved by dragging the handles with the mouse.

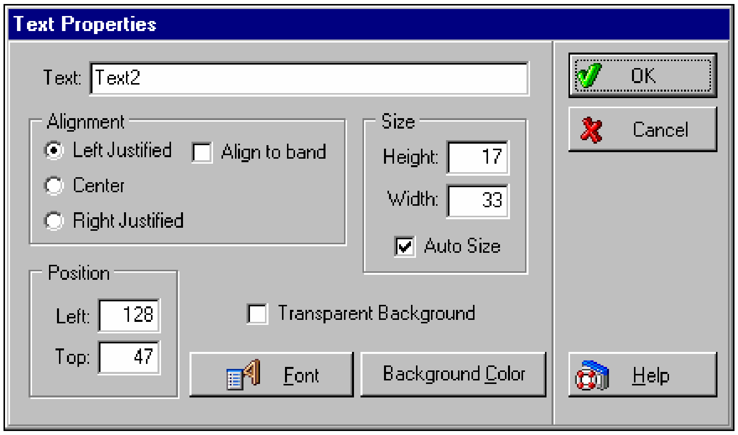
Multiple Fields: If you hold down the Shift key and click on any field speed button, you can drop multiple fields by placing your pointer on the format grid and clicking. Use the arrow key on the toolbar to release the multiple lock or click on another speed button. You can also use the Shift key to select multiple fields to size or align all at once.

Other: You have the choice to show the ruler, snap to the grid or designate the grid size. "Snap to the grid" means the field adheres to the grid lines and does not float when you click it.

F1 Look up Format/Design Reports.

Text Field Properties

A Text field is used to enter static text, or text that you want to print the same way every time, such as the word "Signature" next to a blank line. A Text field does not retrieve stored information from program database files. It prints on the form in the position you specify, and what you type is what prints. This is contrasted with the Data field, which pulls data from your program data files. See Figure 13.3.



Text Properties

Text: Text2

Alignment
● Left Justified ☐ Align to band
○ Center
○ Right Justified

Size
Height: 17
Width: 33
☑ Auto Size

Position
Left: 128
Top: 47

☐ Transparent Background

Figure 13.3

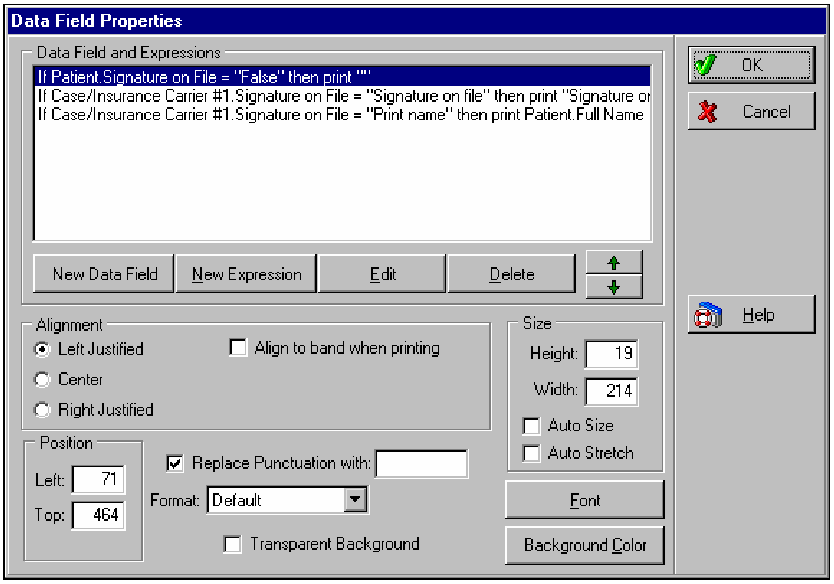
Insert a Text field by clicking the [Text] speed button on the toolbar, then clicking the report grid. A field labeled “Text1” is displayed and each time you add a text field, the number advances — Text2, Text3, etc.

F1 Look up Text Field Properties.

Data Field Properties

A Data field allows complete control in retrieving data from your program data files (Case, Insured, Claim, etc.) through the use of expressions.

Click the Data Field button on the toolbar and then click on the grid to place a Data field on the form. To set the properties of the field, double-click on the field (or right-click and select *Properties*). The ***Data Field Properties*** window appears. See Figure 13.4.



Data Field Properties

Data Field and Expressions

If Patient.Signature on File = "False" then print ""
If Case/Insurance Carrier #1.Signature on File = "Signature on file" then print "Signature or
If Case/Insurance Carrier #1.Signature on File = "Print name" then print Patient.Full Name

Alignment
● Left Justified
○ Center
○ Right Justified

☐ Align to band when printing

Size
Height: 19
Width: 214
☐ Auto Size
☐ Auto Stretch

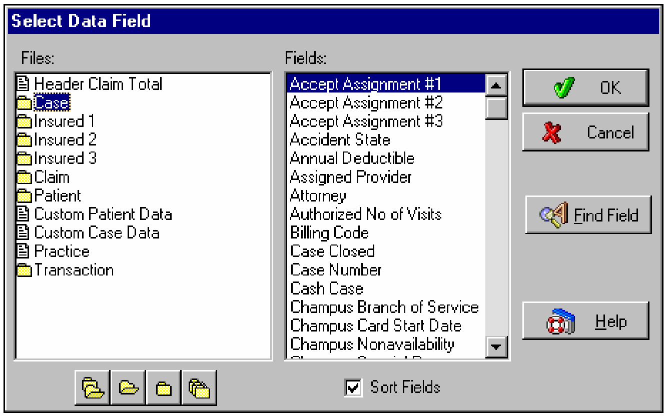
Position
Left: 71
Top: 464

☑ Replace Punctuation with:
Format: Default
☐ Transparent Background

Figure 13.4

The ***Data Field Properties*** window lists any expressions that have already been created.

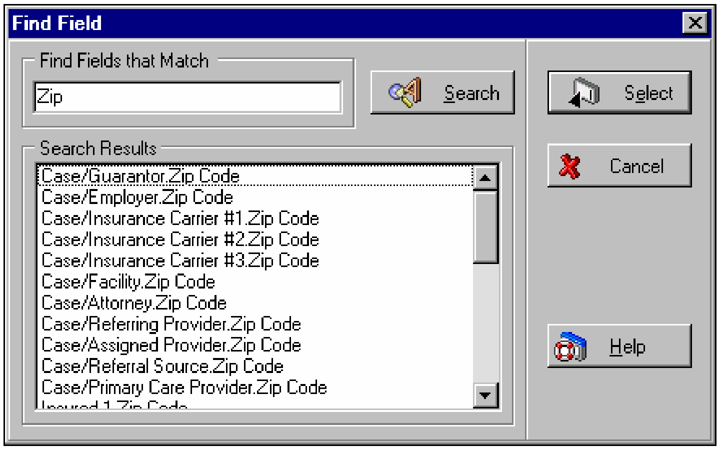
To create an expression, click [New Data Field], select a field from the list and click [Save] or press F3. See Figure 13.5.


Select Data Field
Files:
Header Claim Total
Case
Insured 1
Insured 2
Insured 3
Claim
Patient
Custom Patient Data
Custom Case Data
Practice
Transaction
Fields:
Accept Assignment #1
Accept Assignment #2
Accept Assignment #3
Accident State
Annual Deductible
Assigned Provider
Attorney
Authorized No of Visits
Billing Code
Case Closed
Case Number
Cash Case
Champus Branch of Service
Champus Card Start Date
Champus Nonavailability
OK
Cancel
Find Field
Help

☑ Sort Fields

Figure 13.5

If you do not see the field you want, either scroll through the *Fields* list box or click [Find Field]. The ***Find Field*** window is displayed. See Figure 13.6.


Find Field
Search
Select
Cancel
Help
Search Results
Case/Guarantor.Zip Code
Case/Employer.Zip Code
Case/Insurance Carrier #1.Zip Code
Case/Insurance Carrier #2.Zip Code
Case/Insurance Carrier #3.Zip Code
Case/Facility.Zip Code
Case/Attorney.Zip Code
Case/Referring Provider.Zip Code
Case/Assigned Provider.Zip Code
Case/Referral Source.Zip Code
Case/Primary Care Provider.Zip Code

Find Fields that Match: Zip

Figure 13.6

In the *Find Fields that Match* area, type a word or two of description and you usually get a list in *Search Results* to select the field you want.

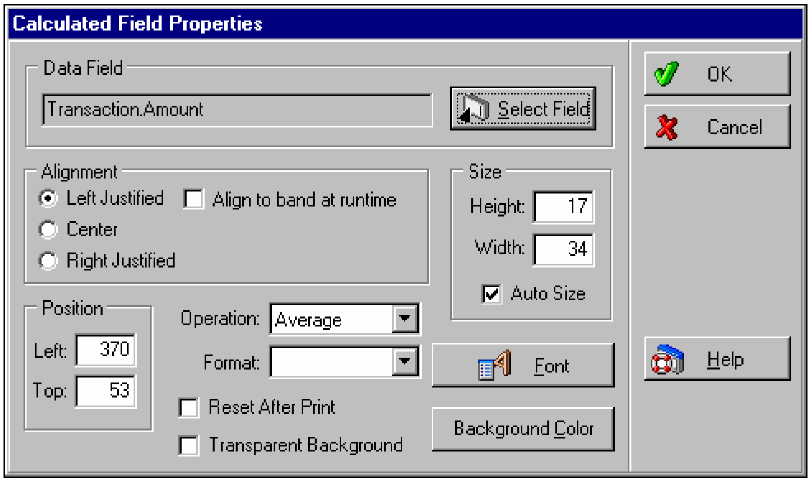
F1 Look up Data Field Properties and Find Field.

Calculated Field Properties

A Calculated field works with the same files and data selections as a Data field, but also lets you specify financial operations, how the numbers are formatted, and whether the layout bands are reset at the time of printing.

This field type has no effect on statements, which present a special situation.

Data entered in a Calculated field can generate the transaction and calculates costs and charges. The ***Calculated Field Properties*** window has three fields for financial accounting. See Figure 13.7.


Calculated Field Properties

Data Field: Transaction.Amount

Alignment:
- ● Left Justified
- ☐ Align to band at runtime
- ○ Center
- ○ Right Justified

Size:
- Height: 17
- Width: 34
- ☑ Auto Size

Position:
- Left: 370
- Top: 53

Operation: Average

Format:

☐ Reset After Print

☐ Transparent Background

Figure 13.7

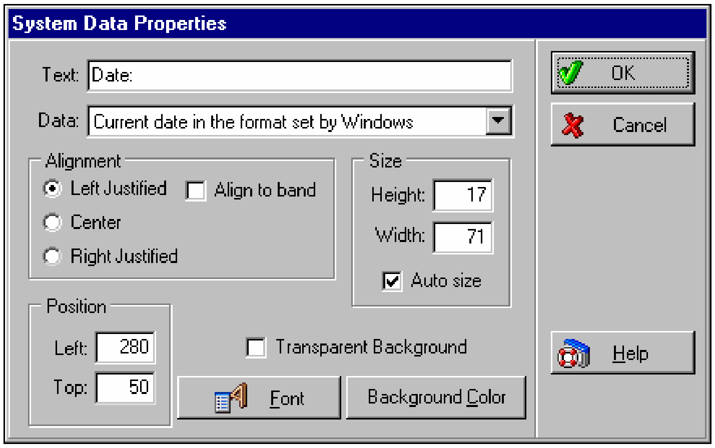
The *Calculated* field permits averaging, count, maximum, minimum, and sum functions. There are numerous options for the *Format* field. The *Reset After Print* field can be used to reset the calculations after printing. This resets the field to zero.

F1 Look up Calculated Field Properties.

System Data Field Properties

A System Data field lets you insert data into your report that is tracked by your computer system, such as the date or current page number. Data possibilities, such as *Total number of Records to be Printed on Report*, *Current date in the format set by*

Windows, *Current Page Number,* and *Report Title*, among others, make System fields an invaluable asset to creating that "finishing touch" to a report. See Figure 13.8.



System Data Properties

Text: Date:

Data: Current date in the format set by Windows

Alignment
- ● Left Justified
- ○ Center
- ○ Right Justified
- ☐ Align to band

Size
- Height: 17
- Width: 71
- ☑ Auto size

Position
- Left: 280
- Top: 50

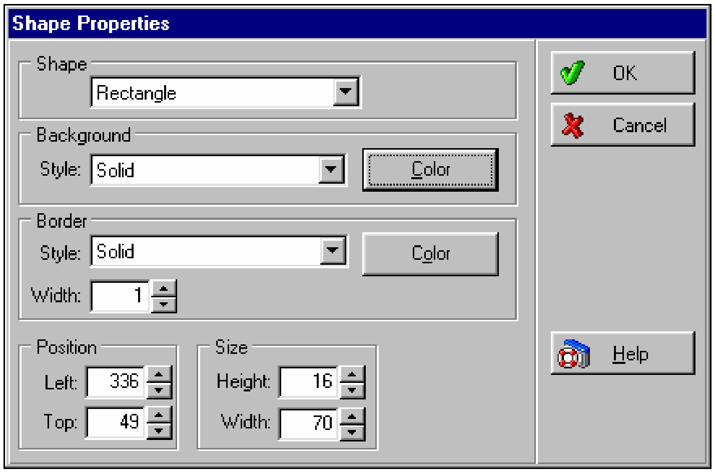
☐ Transparent Background

Figure 13.8

F1 Look up System Data Field Properties.

Shape Field Properties

The Shapes feature lets you add color, shapes, different background styles, and borders with inserted text. Shapes and colors can add greatly to the appearance of reports and creative possibilities are almost limitless. In the Shapes category, you can choose from rectangle, circle, horizontal line, vertical line, right and left lines, and top and bottom lines. Backgrounds can be solid, cross, diagonal cross, backward diagonal lines, horizontal lines, forward diagonal lines, vertical lines, and clear. See Figure 13.9.



Shape: Rectangle

Background
Style: Solid

Border
Style: Solid
Width: 1

Position
Left: 336
Top: 49

Size
Height: 16
Width: 70

Figure 13.9

Choices for border style are clear, solid, dash, dot, dash-dot, dash-dot-dot, and inside frame. Colors can be basic or custom, and within custom you can designate hue, sat, lum (which is set for brightness), plus basic color mixes.

F1 Look up Shape Field Properties.

Images Field Properties

The Images feature permits you to add bitmaps, sound, and videos to patient records in the program.

Add images to your reports, such as a company logo or picture of the office building. See Figure 13.10.

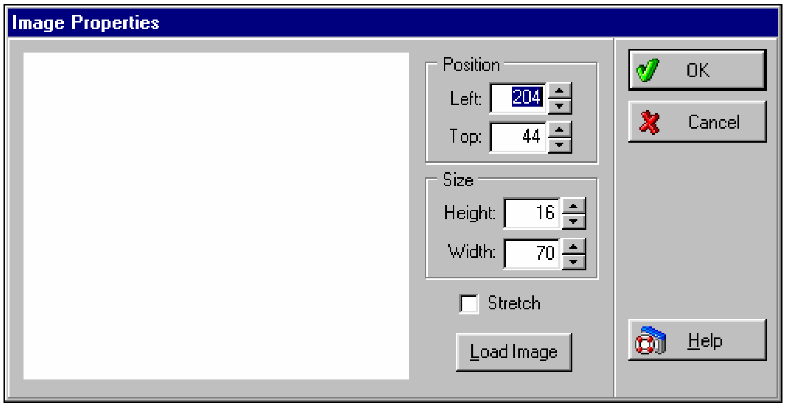


Figure 13.10

F1 Look up Image Properties.

Data Fields and Expressions

Of the field types available in the Report Designer, the Data field is the only type that allows for expressions to be defined.

An **expression** is a formula or equation that lets you introduce variables to determine the end result. A **conditional expression** is a formula or equation that contains at least one "if" clause which must be met to get the desired result. In effect, expressions give you an easy formatting method to get the exact data desired to display in the field.

Click [New Expression] and the ***Select Data Field*** window is displayed. Select a file on the left-hand side of the window and an abundant list of fields available is displayed in the *Fields* list on the right. The files from which you may choose are Case, Insured, Claim, Custom Data, Patient, Practice, and Transaction.

F1 Look up Data Field Expressions and Conditional Expressions.

Tutorial Practice

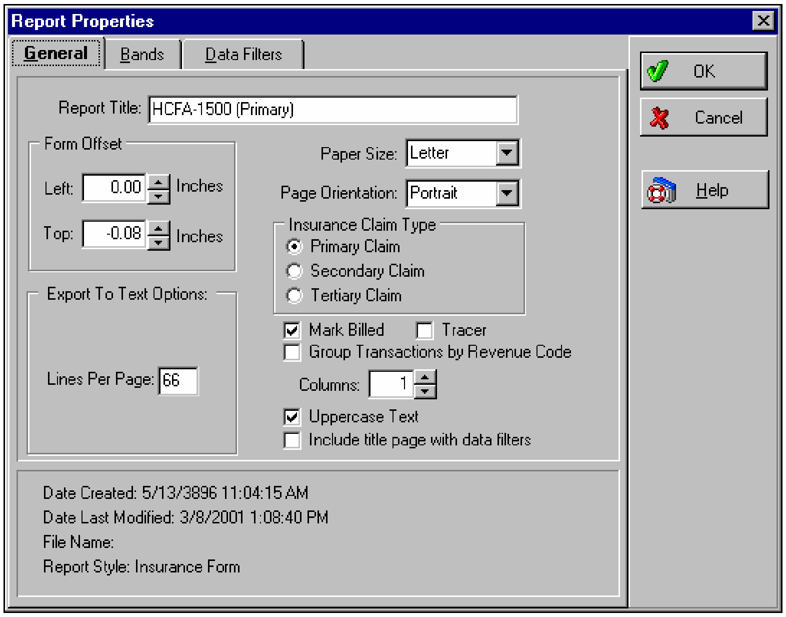
To review the procedures outlined in this chapter, you can perform the following steps using the tutorial database provided.

Repositioning the CMS- or HCFA-1500 form

Let's say your paper claims are printing with text shifted too far to the right and below the spaces provided in the pre-printed CMS- or HCFA-1500 forms.

Go to the Reports menu and select **Design Custom Reports and Bills**. Click the Open speed button (the book with the arrow pointing to it) and select **HCFA - 1500 (Primary)**. Click [OK].

Go to the File menu and select **Report Properties**. See Figure 13.11.



Report Title: HCFA-1500 (Primary)

Form Offset
Left: 0.00 Inches
Top: -0.08 Inches

Export To Text Options:
Lines Per Page: 66

Paper Size: Letter
Page Orientation: Portrait

Insurance Claim Type
● Primary Claim
○ Secondary Claim
○ Tertiary Claim

☑ Mark Billed ☐ Tracer
☐ Group Transactions by Revenue Code
Columns: 1
☑ Uppercase Text
☐ Include title page with data filters

Date Created: 5/13/3896 11:04:15 AM
Date Last Modified: 3/8/2001 1:08:40 PM
File Name:
Report Style: Insurance Form

Figure 13.11

It's probably better to make one adjustment at a time, so in the *Form Offset* section, change *Left* to **.05**. Click [OK]. You need to print the form to see if it is adjusted enough. Click the Print speed button. The ***Save Report As....*** window is displayed. Since you are revising a standard form, give this form a different name, until you know it is correct. In the *Report Title* box, enter **CMS - 1500 1**.

> You need to use a name that you can remember, but you can't replace the original form. If you use the same name as the original form, the list shows two forms with the same name and it may be difficult to remember which is the form you've revised.

The program informs you that claims and statements printed through the Report Designer are not marked as billed. This is generally a good thing. Click [OK].

In the ***Data Selection Questions*** window, select a single claim number in the *Claim Number Range* so only one page prints. Click [OK].

☞ Use the *Claim Number Range* and not the *Chart Number* range because there must be an available claim before the form prints from the Report Designer.

Click [OK] in the ***Print*** window. We made a great adjustment and the right/left adjustment is perfect.

Now repeat the process, opening the ***Report Properties*** window. This time, enter **.6** in the *Top* field. Click [OK].

Again print the form and check to see if the alignment is OK.

Unfortunately, aligning the CMS- or HCFA-1500 form is a trial-and-error process. You may have to make a number of adjustments to get the printing just right. When you do get the adjustments right, save the form and close the Report Designer. Use this revised form each time you print paper claims.

If you are short on CSM- or HCFA forms, you can print the report on plain paper. Place the test paper on top of a pre-printed form and hold them up to the light to see if the text is lined up properly.

How To Revise an Existing Report

You decide that you want the Zip Code included on your patient lists. In the Report Designer, click the Open speed button. Locate **Patient List** and click [OK].

First you need to add the column heading and you have to make a little space for it. Move the [Phone] heading a little to the right by clicking and dragging the field. (This is the heading in the blue band, not the one in the green band.)

Click the Text Field speed button in the toolbar and then click the cursor in the space between [CityLine] and [Phone]. Double-click this new text field to open the ***Text Properties*** window. In the *Text* field, enter **Zip Code**. Click [Font] and, in *Font style*, click **Bold**. Click [OK]. Click [OK] again. To be sure the heading is aligned properly, hold down the [Shift] key and click [CityLine], [Zip Code], and [Phone]. Right-click over one of the selected fields select **Align Fields** in the Speed menu.

In the ***Alignment*** window, choose *Bottoms* and click [OK]. You're halfway there!

In order to align the [Phone] heading and the [Phone 1] field (in the green band), right-click [Phone] and select **Properties**. In the ***Text Properties*** window, locate and make note of the value in the *Position Left* field. Click [OK]. Now, right-click over the [Phone 1] field and enter the same value in the *Position Left* field of this window. Click [OK]. The [Phone] heading and [Phone 1] field are now aligned.

Next you need to enter the Zip Code field in the document–you need to insert a Data Field in the green band. click the Data Field speed button, then click the green band below the [Zip Code] heading.

Double-click this new field to open the ***Data Field Properties*** window. Click [New Data Field]. In the ***Select Data Field*** window, the **Patient** file should automatically be selected. Be sure it is. In the *Fields* section, scroll down until you see **Zip Code**. Select **Zip Code** and click [OK]. Click [OK] again.

To make sure the two Zip Code fields are aligned, right-click over the heading and make note of the value in the *Left* position field. Then right-click over the Zip Code field (green band) and enter the same number in the corresponding field of this window.

To save, you must rename the form. Go to the File menu and select **Save As**. In the *Report Title* box, enter **Patient List w/Zip** and click [OK]. Close the Report Designer.

To test your new report form, go to the Reports menu and select **Patient List w/Zip**.

How To Create a New Report

hold down the [Shift] key and click [Phone] and then [Phone 1] (in the green band). Right-click over one of the selected fields and select **Align Fields** in the Speed menu.

Choose a report style on which to base a completely new form.

Format the report by going to the File menu and selecting **Report Properties**. Establish the report name, margins, size of bands and filter the source data needed to provide the information for the report.

With the report formatted, you can begin placing fields on the grid. Make the necessary additions and/or changes to complete your form, then save and exit Report Designer. The new report appears in the Custom Report List.

As you become familiar with the workings of Report Designer, formatting and designing become easier.

Chapter 14

Office Hours Patient Appointment Scheduler

Introduction

Office Hours is an appointment scheduling program that helps keep track of appointments for your practice. It is automatically installed with NDCMedisoft (unless you chose not to have it included when you performed the installation).

If you purchased Office Hours Professional, the features of this program are clearly marked throughout this chapter.

Starting Office Hours

If you are working in NDCMedisoft, click the Appointment Book speed button or go to the Activities menu and select **Appointment Book**.

Accessing Office Hours from Other Programs

You can access Office Hours at the same time as you are working in other Windows-based programs. Open Office Hours at the beginning of each day and then minimize it. Press Alt + Tab at the same time to activate Office Hours, perform the desired scheduling tasks, and then minimize it to return to your previous task.

Office Hours Setup

There are several portions of the program that need to be set up before you can start scheduling.

First, set up provider records. If you are booking appointments for lab work or therapy, each of those technicians should have a provider number and schedule and so should each office member whose schedule is included in the Office Hours program.

Second, create your resource records. You can include all treatment apparatuses in this list, as well as consultation and treatment rooms, so that you do not double book a room or equipment.

Third, establish the number of booking columns you want.

Fourth, clarify program options, such as establishing appointment length, creating whatever views you need for viewing multiple columns at once, and deciding how much information you want displayed in your appointment blocks in the appointment grid.

Fifth, set up breaks and recurring breaks, to show lunch hour, set coffee-type breaks, seminars, etc.

Setting up Provider Records

Office Hours must have at least one provider record set up in order to run. If no provider record is set up, Office Hours automatically prompts you to do so. If you want, you can let the program assign the *Code* for the provider or you can enter a five-character code yourself.

Enter the provider's name and pertinent information. PIN and ID numbers assigned by governmental carriers and other commercial carriers are recorded in the Default Pins tab of the ***Provider: (new)*** setup window, as well as the Group Number and UPIN, when needed.

F1 Look up Provider Entry.

Setting up Patient Records

This can be done in either NDCMedisoft or Office Hours. Click the Patient List speed button and click [New Patient] or press F8 to display the ***Patient/Guarantor: (new)*** window. You can create a chart number yourself (eight alphanumeric characters) or let the program create one. Enter information in as many of the fields as necessary in both tabs. When finished, click [Save]. Repeat this process for each patient who visits your practice.

F1 Look up Patient Entry.

Setting up Case Records

This can be done in either NDCMedisoft or Office Hours. Click the Patient List speed button and then choose the *Case* radio button in the top-right corner of the window. Then click [New Case] or press F8 to display the ***Case: Patient Name (new)*** window.

Enter information in as many of the fields as necessary. When finished, click [Save]. Repeat this process for each case you want to enter.

> In the ***Case*** window, you cannot press F8 or F9 to access records available from lookup fields, such as *Facility* or *Attorney*. The F8 and F9 keys are only available in the ***Case*** window from within NDCMedisoft itself.

F1 Look up Case Entry.

Setting up Resource Records

The ***Resource List*** is a tool to help you manage the scheduling of rooms and equipment in the office. To create the list, click the Resource List speed button or go to the Lists menu and select **Resource List.** In the ***Resource List*** window, click [New] or press F8.

Create a code for the resource or let the program create one based on the description. Enter a description (e.g., Room 1, Treadmill, etc.) and click [Save]. Repeat this process until all rooms and/or equipment are contained in the list.

F1 Look up Resource Entry.

Setting an Appointment

To set an appointment in Office Hours, first select the provider for whom you are scheduling. The provider box at the top right of the toolbar has a drop-down box arrow. Select the provider you need, or press F8 to set up a new provider record. In any Multi View (Office Hours Professional), select the provider by clicking in the appropriate provider's column.

Select the date on which the appointment is to be set. You can use the *Day, Week, Month,* and *Year* selection arrows below the calendar to locate the correct date, or use the Go to Date feature.

Next, in the appointment grid, double-click a time slot, which is highlighted with a heavy line border. You can also click the New Appointment speed button; right-click in the time slot and select **New Appointment**s press F8; or go to the Lists menu and select **Appointment List**, then click [New] to open the ***New Appointment Entry*** window. See Figures 14.1 and 14.2 (Office Hours Professional).

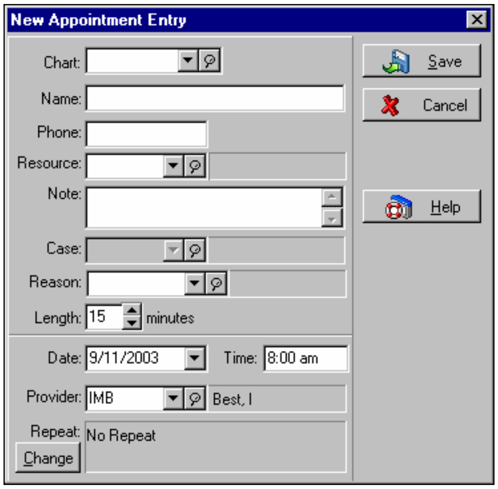

New Appointment Entry
Save
Cancel
Help
Change

Chart:
Name:
Phone:
Resource:
Note:
Case:
Reason:
Length: 15 minutes
Date: 9/11/2003 Time: 8:00 am
Provider: IMB Best, I
Repeat: No Repeat

Figure 14.1

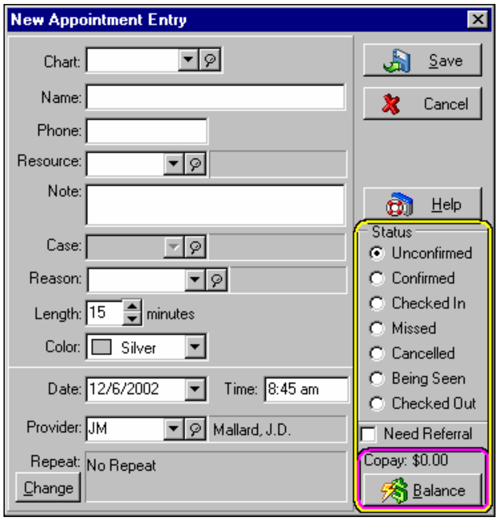

New Appointment Entry
Save
Cancel
Help
Change
Balance

Chart:
Name:
Phone:
Resource:
Note:
Case:
Reason:
Length: 15 minutes
Color: Silver
Date: 12/6/2002 Time: 8:45 am
Provider: JM Mallard, J.D.
Repeat: No Repeat

Status
● Unconfirmed
○ Confirmed
○ Checked In
○ Missed
○ Cancelled
○ Being Seen
○ Checked Out

☐ Need Referral

Copay: $0.00

Figure 14.2

Enter or select the chart number of the person for whom the appointment is being set. If the person's information has been entered in the program, the name and phone number are automatically entered and the patient's last case is reflected in the *Case* field.

Assign a resource. If the resource or room you need is not in the list, press F8 to create a new resource record. The *Notes* field lets you include a reminder message regarding the patient's need or condition. Enter an appointment reason in the *Reason* field. If necessary, change the *Length*, *Date*, and *Time* fields here. You can also change the appointment color. If there is a need for repeat visits, click [Change] in the *Repeat* section. See the following **Repeating Appointments** section.

F1 Look up New Appointment Entry.

Repeating Appointments

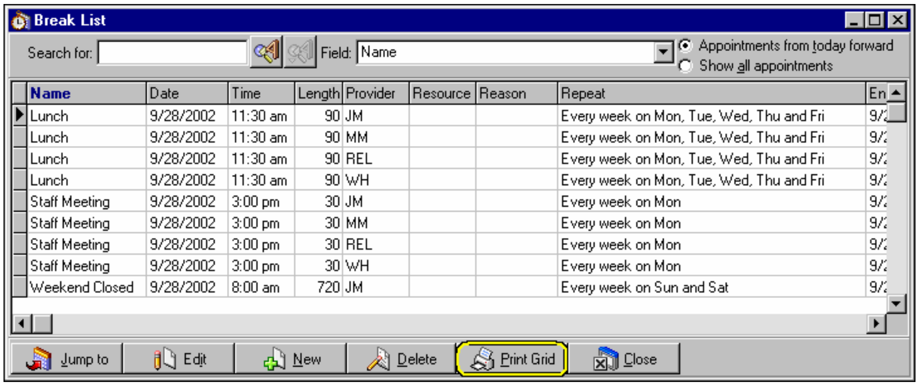
When a patient needs to make regular return visits, set up repeat appointments through the ***New Appointment Entry*** or ***Edit Appointment*** window. Click [Change] in the *Repeat* section at the bottom of the window. The ***Repeat Change*** window that opens is the same window that appears when creating repeating breaks. See the **Setting Up Repeating Breaks** section for instructions, page 142.

F1 Look up Repeat Change.

Entering Breaks

You can enter breaks into the appointment schedule as reminders that the time slots are committed. Some breaks are a one-time occurrence, like a vacation or a seminar. Others are regularly scheduled times for each month or week.

There are several ways to access the ***New Break Entry*** window. The quickest way is to click the Break Entry speed button. You can also click [New] or press F8 in the ***Break List*** window. See Figure 14.3.



Field: Name

● Appointments from today forward
○ Show all appointments

Name	Date	Time	Length	Provider	Resource	Reason	Repeat	En
Lunch	9/28/2002	11:30 am	90	JM			Every week on Mon, Tue, Wed, Thu and Fri	9/
Lunch	9/28/2002	11:30 am	90	MM			Every week on Mon, Tue, Wed, Thu and Fri	9/
Lunch	9/28/2002	11:30 am	90	REL			Every week on Mon, Tue, Wed, Thu and Fri	9/
Lunch	9/28/2002	11:30 am	90	WH			Every week on Mon, Tue, Wed, Thu and Fri	9/
Staff Meeting	9/28/2002	3:00 pm	30	JM			Every week on Mon	9/
Staff Meeting	9/28/2002	3:00 pm	30	MM			Every week on Mon	9/
Staff Meeting	9/28/2002	3:00 pm	30	REL			Every week on Mon	9/
Staff Meeting	9/28/2002	3:00 pm	30	WH			Every week on Mon	9/
Weekend Closed	9/28/2002	8:00 am	720	JM			Every week on Sun and Sat	9/

Figure 14.3

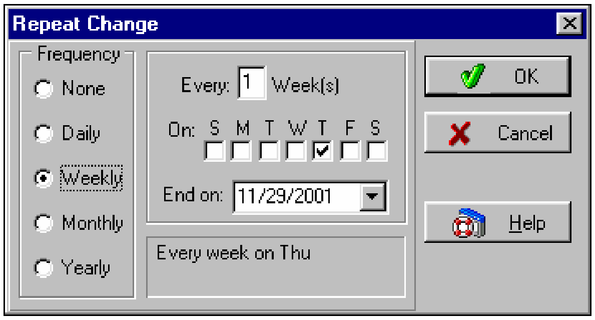
To create a break, give it a name, a date, and enter the time that the break starts. Using the up and down arrows, enter the length of time in minutes. The display color of the break should be contrasting to the regular daily appointment schedule (the default is gray).

Indicate whether the break should display in all columns on the appointment grid. If not, click the *All Columns* box to uncheck it, then mark those columns to be affected. Three radio buttons at the bottom of the window let you apply the break to the *Current* provider (the one whose schedule is on the window), *Some,* or *All* providers.

F1 Look up New Break Entry.

Setting Up Repeating Breaks

In the ***New Break Entry*** window is a field marked *Repeat*, with a [Change] button. Clicking [Change] opens the ***Repeat Change*** window where you can establish the *Frequency* of the break. See Figure 14.4.



Repeat Change

Frequency
○ None
○ Daily
● Weekly
○ Monthly
○ Yearly

Every: 1 Week(s)

On: S ☐ M ☐ T ☐ W ☐ T ☑ F ☐ S ☐

End on: 11/29/2001

Every week on Thu

Figure 14.4

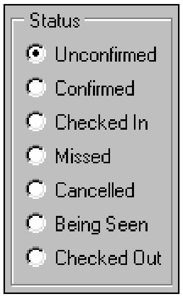
Choosing any of the radio buttons (except *None*) displays different data entry boxes in the middle of the window that give you the repeat options for each frequency. Also, a written summary of the selected frequency appears in the bottom middle area of the box.

It is important to note that when you set up a break using the *Monthly* frequency, the date highlighted on the main calendar affects the day or date that is entered in the break note.

Moving/Deleting Appointments

Changing Appointment Status (Office Hours Professional)

There are multiple options for marking the status of an appointment. See Figure 14.5.



Status

- ● Unconfirmed
- ○ Confirmed
- ○ Checked In
- ○ Missed
- ○ Cancelled
- ○ Being Seen
- ○ Checked Out

Figure 14.5

The default is *Unconfirmed*. When any change in status occurs, edit the appointment or right-click on the appointment and choose the appropriate radio button. If you choose *Cancelled*, the appointment is removed from the grid display. Any other status is reflected by a small icon in the upper right corner of the appointment in the grid.

Moving an Appointment

If you want to move the appointment to another day or time, click the appointment and press Ctrl + X (or go to the Edit menu and select **Cut**). Move the cursor to the new day and/or time slot, and either press Ctrl + V or select **Paste** in the Edit menu. If you want to move the appointment to another time slot showing on the appointment grid (whether the same provider or not), click the appointment, hold the left mouse button down and drag the cursor to the desired time slot. Release the mouse button.

Deleting an Appointment

There are multiple ways to delete or remove an appointment: click the appointment slot on the appointment grid and press Delete, highlight the appointment in the ***Appointment List*** and click [Delete], or right-click on the appointment (either in the ***Appointment List*** window or on the appointment grid) and select **Delete** or **Delete item**, respectively. You can also edit the appointment and change the status to *Cancelled*.

F1 Look up Moving/Deleting an Appointment.

Patient Recall (Office Hours Professional Integrated)

The program includes a complete patient recall system with a recall appointment list to assist in contacting patients to schedule appointment dates and times or to make reminder phone calls. This feature is available through both the NDCMedisoft and Office Hours programs.

F1 Look up Patient Recall.

Eligibility Check (Office Hours Integrated)

Selecting the EDI Receiver, chart number, and case number in the ***Eligibility Verification*** window enters necessary data for checking the eligibility of the patient for insurance coverage.

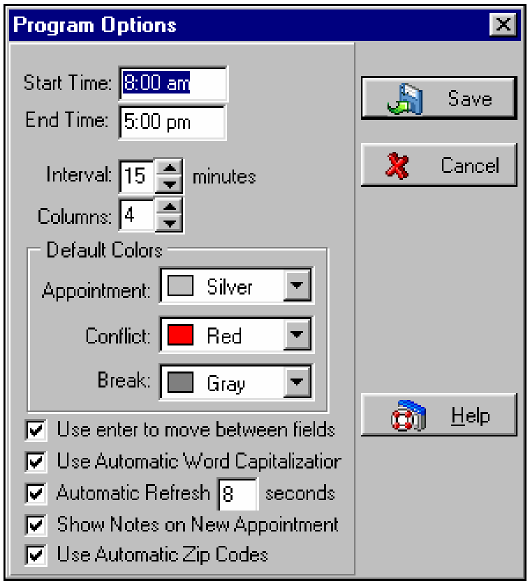
Multiple Booking Columns

If you want to multi-book appointments (that is, schedule more than one patient in the same time slot), simply right-click on the column heading in the appointment grid and the Speed menu gives you a choice of **Add Column** or **Delete Column**. If you add a column, the ***Add Column*** window has a horizontal scroll bar that lets you indicate the provider for whom you are adding a column. The number of columns determines how many appointments can be booked in one time slot for one provider. There is really no limit as to how many columns can be set up on the appointment grid. You can also edit the column display by selecting **Edit Column** in the Speed menu. Changes are made in the ***Change Column*** window.

Program Options

Appointment Length

Set the starting and ending appointment times for the practice. Enter the *Starting Time* and *Ending Time*, breaking it down by hour and minutes. Standard appointment *Intervals* can be established by scrolling with the up and down arrows. See Figures 14.6 and 14.7 (Office Hours Professional).

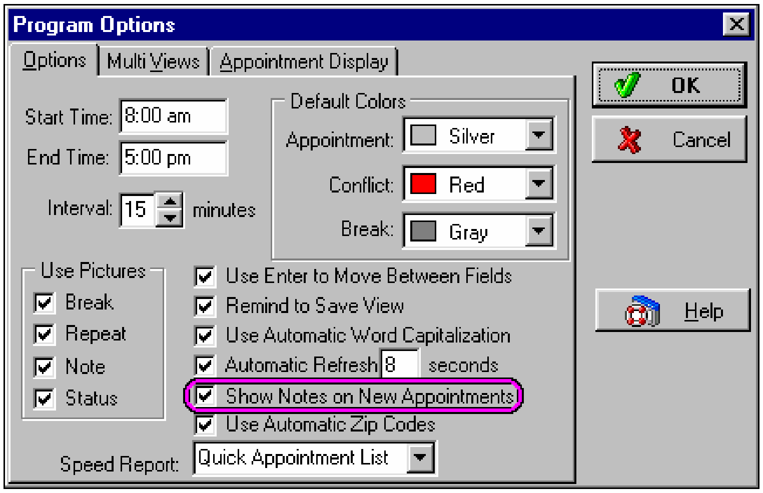

Program Options
Save
Cancel
Help

Start Time: 8:00 am
End Time: 5:00 pm
Interval: 15 minutes
Columns: 4

Default Colors
Appointment: Silver
Conflict: Red
Break: Gray

☑ Use enter to move between fields
☑ Use Automatic Word Capitalizatior
☑ Automatic Refresh 8 seconds
☑ Show Notes on New Appointment
☑ Use Automatic Zip Codes

Figure 14.6


Program Options
Options
Multi Views
Appointment Display
OK
Cancel
Help

Start Time: 8:00 am
End Time: 5:00 pm
Interval: 15 minutes

Default Colors
Appointment: Silver
Conflict: Red
Break: Gray

Use Pictures
☑ Break
☑ Repeat
☑ Note
☑ Status

☑ Use Enter to Move Between Fields
☑ Remind to Save View
☑ Use Automatic Word Capitalization
☑ Automatic Refresh 8 seconds
☑ Show Notes on New Appointments
☑ Use Automatic Zip Codes

Speed Report: Quick Appointment List

Figure 14.7

You can also set colors to distinguish appointments, breaks, and conflicts (Office Hours Professional). Make decisions concerning all the other default settings in this tab.

Designate one of the reports in the *Speed Report* box (Office Hours Professional) and it automatically prints when you click the Print speed button.

Views (Office Hours Professional)

One of the most important features of the Office Hours Professional program is the variety of ways you can display appointments/breaks in the appointment grid.

At the bottom of the main Office Hours window, in the Status bar, there are four View boxes, with different configurations of dot patterns. These give quick access to the same functions available through the View menu on the Menu bar. These correspond to Single Provider View, Week View, Month View, or any combination Multi View. See Figure 14.8.

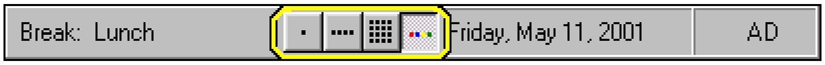


Figure 14.8

- ### Day View
  The Day View shows a single provider's appointments for a selected day. If multiple columns are set up, all columns are displayed. To display another provider's schedule, make a new selection in the provider box in the toolbar. This view does not show columns for resources, but columns can be added or removed as necessary in this view.

- ### Week View
  The Week View also shows only one provider's schedule, but with one column for each day of the week. If you have multiple appointments scheduled, the time slot shows the color for scheduling conflicts. You can size the columns to see all the appointments/breaks scheduled by placing the cursor on the right column heading boundary line until it takes the shape of a double-sided arrow, and then drag the boundary line right or left to increase or decrease the size of the column. Columns can be added or removed as necessary in this view.

- ### Month View
  The Month View shows up to 31 days, with the boxes colored where appointments have been scheduled. This is a single-provider view. The value of this view is that you can get a good overall view of which days are free for appointments or other scheduled items. Columns cannot be added or removed in the Month View.

- **Multi View/Multiple Provider/Resource View**

  The Multi View, or Multiple Provider/Resource View, is the most flexible. The program provides one Multi View setup, which automatically includes all providers and all resources, each with its own column. You can create as many Multi Views as you need in the Multi Views tab of ***Program Options.***

  The open data entry field lists all Multi Views that have been set up. This is where you can group providers and/or resources (rooms or facilities scheduled for appointments) in any combination desired, or modify or delete existing multiple view setups. Click [New] to set up a new Multi View (select a view and click [Edit] to make changes).

  In the ***New View*** window, assign a name for the new view. For the first column, indicate the type (Provider or Resource), the *Code* (provider number or resource code), then the width of the column (in pixels). Set up each column you want in the view and click [Close] when finished.

  If you want to add a column between columns that have already been created, place your cursor where you want the new column and click [Insert].

  These views can be also edited or reverted to default views through the View menu.

Appointment Display (Office Hours Professional)

In the Appointment Display tab of ***Program Options***, you can specify up to five rows of information to display in the grid for an appointment. Be aware that the length of the appointment determines how much data is actually displayed on the grid. An appointment must be at least 75 minutes long to display five rows of information.

F1 Look up Program Options.

Security Setup

If you are using Office Hours in connection with NDCMedisoft, the security settings established in NDCMedisoft are applied to Office Hours as well. However, you can make changes from within Office Hours if needed.

F1 Look up Security Setup.

Reports in Office Hours

If you select one of the following reports in the *Speed Report* box in ***Program Options*** (Options tab), that report prints automatically when you click the Print speed button (Office Hours Professional).

Appointment List

Probably the most important report printed in Office Hours is the Appointment Schedule, a listing of all the day's scheduled events. Generally, printing this report is the first order of business. Print the list and be sure you are ready to meet the day.

F1 Look up Printing the Appointment List.

Appointment Status (Advanced and above)

The Appointment Status report displays a list of appointments showing their statuses.

F1 Look up Appointment Status Report.

Printing Superbills

If you use Office Hours integrated with any version of NDCMedisoft, you can print superbills for the day through Office Hours. Go to the Reports menu and select **Print Superbills**.

F1 Look up Printing the Superbill.

Tutorial Practice

To review the procedures outlined in this chapter, you can perform the following steps using the tutorial database provided with this program.

Entering Resources

Go to the Lists menu and select **Resource List**. Click [New]. See Figure 14.9.

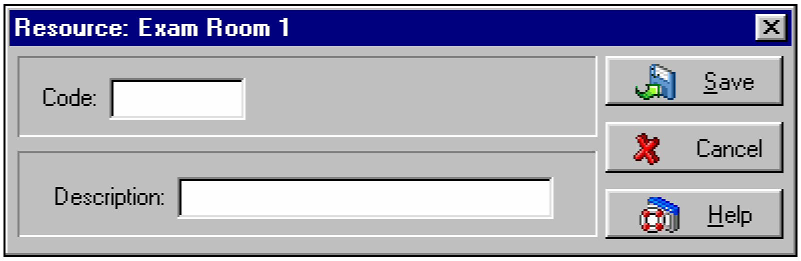
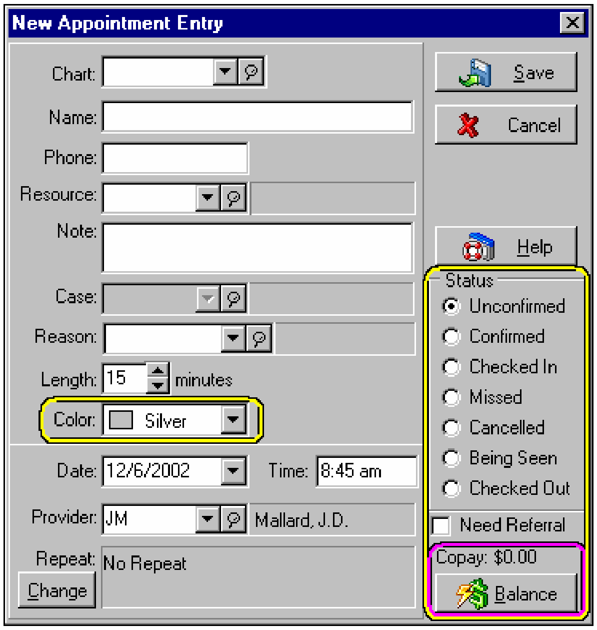


Figure 14.9

Leave the *Code* field blank. In the *Description* field enter **Treadmill**. Click [Save]. Click [Close].

Entering Appointments

I.B. Gone (remember him?) calls and needs to see Dr. Urdoc today. Amazingly enough, Dr. Urdoc actually has an opening at 11:30 am. In all views except Monthly (Advanced and above) and Multi View (Advanced and above), select Dr. Urdoc in the provider box to the right of the Exit speed button in the toolbar. In any Multi View, be sure to locate Dr. Urdoc's appointment column. You see that the 11:30 time slot is open for Dr. Urdoc so double-click it to open the ***New Appointment Entry*** window. See Figure 14.10.



Length: 15 minutes

Color: Silver

Date: 12/6/2002 Time: 8:45 am

Provider: JM Mallard, J.D.

Repeat: No Repeat

Status
- ● Unconfirmed
- ○ Confirmed
- ○ Checked In
- ○ Missed
- ○ Cancelled
- ○ Being Seen
- ○ Checked Out

☐ Need Referral

Copay: $0.00

Figure 14.10

In the *Chart* field, enter **GON** to locate I.B. Gone's chart number. Press Enter. In *Resource*, enter **T** to help locate the treadmill resource. Highlight the correct resource and press Enter.

In the *Note* field, enter the following information: **Emergency physical for work.**

The *Case* defaults to Mr. Gone's most recently opened case. In the *Reason* field, although we have not yet created reasons of our own, we can select one from the database. Click the down arrow and select **Routine Checkup**.

The date and time have already been selected, so click [Save]. See that Mr. Gone's name appears in the 11:30 am slot. Also notice that it is fuchsia in color (which is the color assigned to the Routine Checkup reason). A recap of the appointment and Mr. Gone's information is also displayed to the left of the Appointment Grid.

Repeating Appointments

Dr. Urdoc wants to follow up on Mr. Gone's treadmill results and asks you to make two more appointments, a month apart. Since 11:30 am is a good time for Mr. Gone, double-click the existing appointment.

In the bottom left corner of the ***Edit Appointment*** window, click [Change] to open the ***Repeat Change*** window. Choose *Monthly*. In the *End on:* field, click the down arrow to show the calendar. Click the right arrow twice (for two months). Then click [OK]. Click [Save].

Setting Breaks

Click the Break Entry speed button. In the *Name* field, enter **Dr. Urdoc Seminar**.

The meeting is scheduled for two hours on June 21, starting at 1:00 pm. In the *Date* field, enter **6/20/2003**. For *Time*, type in **1:00 p**. In *Length* type **120**. In *Resource* enter **L** for the Lunch room. Give it an aqua color, using the down arrow to display the color choices. Click the *All Columns* box to be sure everyone participates. Under *Provider*, choose *All*. Click [Save]. To double-check, click the appropriate *Month* and *Day* buttons to locate June 21, 2003. If necessary, use the scroll bar to show the seminar.

To return to today's calendar, click the Go to Today speed button.

Creating Reason Codes

Go to the Lists menu and select **Reasons List**. Click [New] to open the ***Appointment Reason Entry*** window.

Leave the *Code* field blank. In the *Description* field, enter **Sports Accident.**

The default appointment length is 15 minutes. Change this number to 30. In the *Default Appointment Color* field, the drop-down arrow lets you select a color that fills the appointment space on the schedule grid. Choose red for this emergency accident response. In *Default Template Color* (Advanced and above), select **Light Red**. Click [Save].

Creating Templates (Office Hours Professional)

Go to the Lists menu and select **Templates List**. Click [New].

In one of the six *Template Reasons* fields, use the drop-down arrow to enter the *Code* and *Description*. In the *Description* field describe the template's use as **See New Patients**. Using the drop-down arrows, select Dr. Urdoc as the *Provider*, and the *Resource* is Exam Room 2.

Click the arrow on the *Date* field to display the calendar and highlight the designated date. Use the arrows on either side of the month name to change to an earlier or later month, if necessary. Type **10:00 a** in the *Time* field. Set the *Length* to 120. The search arrow on the *Color* field lets you select light yellow as the color for the template on the appointment grid.

You want to use this template every day, so click [Change] to display the ***Repeat Change*** window. Choose the *Weekly* frequency, enter the number 1, and click the boxes for *Tuesday* and *Thursday*. Leave the *End on* field blank at this time. Your entry is confirmed with the message, *"Every week on Tue and Thu."*

Creating Multi Views (Office Hours Professional)

Dr. Urdoc works only with therapy patients and uses Exam Room 2 for consultations. Let's create a view where you can see all of these schedules at the same time.

To create a multi view, go to the File menu and select **Program Options**. Open the Multi Views tab. Click [New].

Name the new view **Dr. Urdoc** and press Enter. In the *Type* field, click the box and select **Provider**. In the *Code* field, locate and highlight Dr. Urdoc's name. Leave the *Width* at its default setting. Press Tab.

In the next line, select the **Resource** type. Press Tab. Locate Exam Room 2 and highlight it. Press Tab. Change the *Width* column to 50. Press Tab to create a new line. Again select **Resource**. This time locate and select **Therapy**. Click [Close].

Using the Wait List (Office Hours Professional)

Mr. Gone has seen the doctor for his injury but he needs a return visit in a week. With the full appointment schedule, the surest way to work him in is to put him on the Wait List. Go to the View menu and click **Wait List**. Click [New].

Type in GONI to select the Chart number.

To begin the search for his next appointment, click [Find] to open the ***Find Open Time*** window.

Mr. Gone is out of school at 2 p.m. but has choir practice on Tuesday and Thursday. He needs a 15 minute appointment so enter a *Start Time* of **2:30 p** and an *End Time* of **5:00 p**. Click **Monday**, **Wednesday**, and **Friday**. Click [Search] and let it go. In a few moments, if the program finds a match, a ***Confirm*** window pops up: "Open time slot found. Do you want to set the appointment?" If the first time slot it presents is not satisfactory, click [Retry] and let it search further. Or click [Yes] and schedule the appointment.

Appendix A

Where to Find Help with NDCMedisoft

The Manual

Documentation Conventions

As steps required to use the program are explained, certain consistent instructions are given in the manual. Knowing these instructions helps you have a clearer understanding when they are used.

- **Buttons and Keys**

  Square brackets [ ] indicate a button on a window, such as [Close] or [Edit]. Keys on the keyboard are indicated by pictures of the keys, such as Enter or F1 or Tab.

- **Entering Information**

  When you are instructed to enter information, type the data, then press Enter. For example, the instruction to "enter your name" means to type your name and press Enter.

  When instructions say an entry can be alphanumeric, it can be letters, numbers, or a combination of both. In most cases, a chart number is alphanumeric, a combination of letters and numbers.

  When instructed to enter a date or phone number, use no punctuation. The program supplies the punctuation automatically. For dates, use the format of either MMDDYY or MMDDCCYY (for Medicare claims only).

- **Title Designations**

  For identification purposes, all menu selection options mentioned in the manual are in bold print (File menu, **Program Options**), titles of actual windows are in bold and italicized print (***Patient List***), and field names within a window are in italicized type (*Description*).

Support Options

Technical help for learning and working with NDCMedisoft is available in the following options: (1) F1 key or [Help] buttons access online information while within the program; (2) accessing the NDCHealth web site; (3) training options; (4) local Value-Added Resellers; and (5) NDCHealth telephone technical support. **NDCHealth support is unable to provide training on the telephone.**

Using Online Help

No matter where you are in your NDCMedisoft program, help is close at hand. If you don't understand what is wanted, or how data should be entered, press F1, click [Help] (if available), or click the Help speed button, and data files are opened. Specific information and examples of how data should be entered is displayed in the Help window.

In addition, you can go to the Help menu and select **Table of Contents**. Highlighting any option in the Contents list opens the related help data fields.

Regardless of which of these entry points you utilize, you open the same Help files. Access the files in the manner most convenient to you.

NDCMedisoft Web Site

The Knowledge Base is a searchable online database containing technical information relevant to the use of all NDCMedisoft and related products. If you are working in an NDCMedisoft program, access is made easy by going to the Help menu and selecting **NDCMedisoft on the Web** or at the following web site:

http://www.medisoft.com/kb.

When accessed, you can search for information concerning all NDCHealth products or any particular product. We try to maintain the most current technical information in the Knowledge Base. For instructions on how to use the Knowledge Base, click Help on the left side of the Knowledge Base page.

Training Options

There are various training options available. Contact your sales representative at (800) 333-4747 or a local Value-Added Reseller for information concerning these options.

Local Value-Added Resellers

There are local Value-Added Resellers of NDCMedisoft in your market area who are knowledgeable and efficient in selling, installing, troubleshooting, and supporting your NDCMedisoft program. You can contact an NDCHealth sales representative for the name of a qualified Value-Added Reseller in your area to give you hands-on help.

NDCHealth Technical Support

Call Toll-Free (800) 334-4006. Get help directly from NDCHealth technical support services! NDCHealth support is available to answer questions and assist in troubleshooting problems.

NDCHealth support answers questions related to the operation of NDCMedisoft software in a physician's office or a billing service. NDCHealth support technicians are unable to assist with network configuration, computer hardware problems, training on how to do medical billing, or aligning your CMS or HCFA forms. NDCHealth support **does** provide software assistance to any customer, no matter where the program was purchased.

☞ NDCHealth support is unable to provide training or file repair over the telephone.

■ When You Call Support

You'll get faster service if you have these items ready when you call NDCHealth support:

- Your NDCMedisoft customer number. This is found on the upper right corner of the invoice or packing slip that came with your NDCMedisoft program.
- The Serial Number and registration information for your NDCMedisoft software.
- A complete description of your problem or question, including the complete text of any error messages.
- Have a current support contract already in place or be ready with credit card information to set one up.
- It is usually necessary for you to be able to work on your computer while you are talking to the technical support staff, so be sure your phone is close to the computer.

- **Service Hours**

  Remember, Arizona doesn't change to daylight saving time. Year around support is available from 6:00 AM until 5:00 PM, Monday through Friday, Mountain Standard Time.

Updates and Changes

Go to the Help menu and select **Online Updates**. Any free update available is downloaded to your system.

F1 Look up Online Updates.

Tips and Shortcuts on the Internet

There's a wealth of information on the NDCMedisoft web page on the Internet. The web site address is **www.medisoft.com**.

Appendix B

Program Installation—Troubleshooting

Handling Errors and Problems

When you have trouble with your computer, it is not always easy to determine the problem. You may occasionally experience hardware difficulties, program errors, data problems, or operator errors. This section covers the basics of troubleshooting, including how to define problems, how to recover from them, and how to avoid trouble.

Error Messages

Written Error Description

This is the most important part of the error message. Because it is a written description, it can give easy-to-understand information and help to solve a problem quickly.

Recovering from Errors

When you get an error in NDCMedisoft, your ability to recover from it is based on what you do next. Always stop immediately to make note of the ENTIRE error message and retrace the steps that led up to the error. Write down every word and/or number EXACTLY as it appears in the error message, the operation you are using, the last few entries you made and any other facts, such as power failure or changing data disks, etc.

If you recognize the error and have an idea as to what to do, correct the problem. Then try to repeat the operation you were working on when the error occurred.

If you are not sure how to handle the error, the Knowledge Base is very useful to check first. Look for articles concerning the error you received. The web site address is: **www.medisoft.com/kb**.

Sometimes the error repeats itself in an identical pattern. This type of error should be reported to your local Value-Added Reseller, who can give you further suggestions; or call NDCMedisoft technical support at (800) 334-4006 to get the help you need.

> **Note:** Please note that you are required to have a valid or current support contract in place or be prepared to set one up when you call NDCMedisoft technical support.

In some cases, it may be necessary to restore a data backup. This means that you would restore a backup copy of your NDCMedisoft data back onto your hard disk so that you are using a set of data that was not corrupted by the error.

It is very important that you make regular backups of your NDCMedisoft data. Although the software is painstakingly designed and tested, and while you may exercise the utmost care in using the program, there still exists the danger of an error causing a loss of your billing data. Protect yourself by making frequent backups of your data.

Avoiding Errors

Most users can work with their computers and rarely experience an error. The best way to avoid errors is to thoroughly understand both the hardware and software you use. Be sure to study the NDCMedisoft manual and the user manuals provided with your computer until you are comfortable with their operation.

Avoiding little errors may be impossible, but they become insignificant if you can quickly diagnose the problem and fix it. Avoiding catastrophic errors requires common sense and foresight—particularly in making backup copies of your data.

Network Problems

Network Initialization Failure Error

Indicates that either the network drive is inaccessible or the user does not have full access to the shared network drive.

Invalid Directory Alias

Indicates that NDCMedisoft is being started from an incorrectly configured desktop icon. Run the program from the Start menu or correct the properties of the icon.

Getting Help From NDCHealth

If you have a question about the way the NDCMedisoft program works, the best way to get a fast, accurate answer is to try one of these self-help approaches first:

1. Review an onscreen Help topic by pressing F1 when the cursor is positioned on a field you're wondering about. The Help feature in the NDCMedisoft program has information on every field in the program.
2. Look for a listing in the Table of Contents, Index, or in the section of the manual that discusses the operation in NDCMedisoft that you are using.
3. Look up the Knowledge Base on the Internet. The web site address is **www.medisoft.com/kb**.

If you take the steps listed above and still can't find the answer to your question, check the Knowledge Base (www.medisoft.com/kb), call your local Value-Added Reseller, or call NDCHealth at (800) 334-4006 for technical support.

Before you place the call, make note of the following information:

1. Your Customer Number.
2. Your Serial Number.
3. Your practice name and location.
4. The name and version of the program you are using.
5. The exact error message or problem.
6. The sequence of steps taken before the error.
7. Your exact actions since the error occurred.

With this information, it is easier to understand the problem and quickly find a solution.

Near a Phone

It is usually necessary for you to be able to work on your computer while you are talking to the support staff at NDCHealth, so be sure your phone is close to the computer.

Appendix C

Converting Data

What Doesn't Convert

Before you undertake the conversion of NDCMedisoft MS-DOS data to the NDCMedisoft Windows program, you need to know that there are several types of data or formats that do **not convert**, no matter which option you choose.

Any custom formatting you have done, including lists, statements, CMS or HCFA forms, receipts, and the custom data windows, does not convert. In addition, notes, superbills, billing notes, and custom printer setups do not convert.

Prior to conversion, you must complete all EDI batches in your MS-DOS program. In addition, the conversion does not apply payments to charges. There is no way for the conversion program to know how much of each check is applied to respective changes, so it is up to you to apply payments to charges. It is highly recommended that all payments be applied before performing a conversion of the data.

Converting MS-DOS to Windows

NDCMedisoft data file conversion from MS-DOS to Windows is automated with a simple click of a button.

To start your conversion, go to the File menu (or press Alt + F) and select **Convert Data**.

The ***Convert NDCMedisoft Data*** window, by clicking [Search for Data], finds all MS-DOS NDCMedisoft data files. This search may take a few minutes.

Each MS-DOS database found appears in a list and automatically marked for conversion. If you do not want to convert all data at one time, deselect those files you do not want to convert by clicking on the check box next to the data you don't want converted. Buttons marked [All] and [None] below the data field can aid in marking the files. When you click [Start Data Conversion], you have three options: **Convert All Transactions**, **Convert Patient Balances**, and **Convert No Transactions**.

The Convert No Transactions option (**which is recommended**) converts all MS-DOS data **except** transaction detail and transaction histories. If selecting this option, you need to maintain two accounting systems until all patient balances in the earlier system are zeroed out. All new charges (and payments and adjustments for the new charges) should be recorded in the new NDCMedisoft program for Windows program, and all payments and adjustments for existing transactions should be recorded in the MS-DOS program until all accounts are balanced.

The Convert Patient Balances option (**not recommended**) converts all MS-DOS data but treats transactions in a special manner. All transactions for each patient are compiled and converted into a single balance forward sum with no transaction detail. A BALFORWARD or CREDFORWAR transaction is created showing the amount owing or credited to the patient. Because no detail is converted, we do not recommend this type of conversion. It becomes very difficult to apply payments to old transactions.

The Convert All Transactions option (**not recommended**) converts all MS-DOS data and creates new cases as necessary.

Select the type of conversion you want and click [OK]. The ***Conversion Progress*** window is displayed.

The Convert No Transactions option converts only these files:

Address
Appointment
Billing Code
EDI Receiver
Insurance
Patient
Provider
Procedure/Diagnosis/MultiLink

The Convert Patient Balances option converts these files:

Address
Appointment
Billing Code
EDI Receiver
Insurance
Patient
Provider
Transaction (lump sum only)
Procedure/Diagnosis/MultiLink

The Convert All Data process converts the following data files:

Address
Appointment
Billing Code
Patient
Provider
Transaction

EDI Receiver
Insurance
Transaction History
Procedure/Diagnosis/MultiLink

During the conversion process, the program checks billing dates on all transactions and places them in the ***Claim Management*** list format, as discussed in Chapter 8, page 83.

The conversion finishes on its own. If the data conversion encounters problems, a file named CONVERT.LOG is created in the data file directory which explains any problems.

Any problems or questions should be reported to or clarified through NDCHealth t support at (800) 334-4006.

Bringing Over Account Detail from Another System

If you are converting data from an accounting system other than NDCMedisoft, the data is not affected by the built-in automatic conversion. Because NDCMedisoft is an Open Item Accounting system, to best take advantage of this capability, it is recommended that you recreate each transaction, with all of its detail, for every charge that is still outstanding.

The recommended course of action is as follows:

1. Be sure each patient with an outstanding balance is set up in the ***Patient/ Guarantor: (new)*** window. That puts all the patient information into the system for filling out the insurance claim forms.
2. After your patient accounts are set up, enter a transaction for each outstanding charge in ***Transaction Entry***. The date on each transaction should be the date that service was rendered.

You can work from the ledger of each patient and enter data, item by item, until everything is current.

Again, it is noted that the manual reentry applies to data originating from a different accounting program. It could also apply if you do not want to put your MS-DOS data through the automatic conversion built into the Windows versions of NDCMedisoft.

Converting from Windows to Windows

Converting from Version 5.5x or 5.6x to Version 9

If you have been using NDCMedisoft Version 5.5x or 5.6x and have just installed Version 9, an automatic conversion is performed the first time a practice data set is opened in the new program.

Converting from Version 5.4x or Lower to Version 9

If you are converting from NDCMedisoft Windows Version 5.4x or lower to Version 9, data must be converted before it can be accessed in the new program. Go to the File menu and select **Convert Data**. Choose *Convert Windows 5.x data*. Follow the prompts.

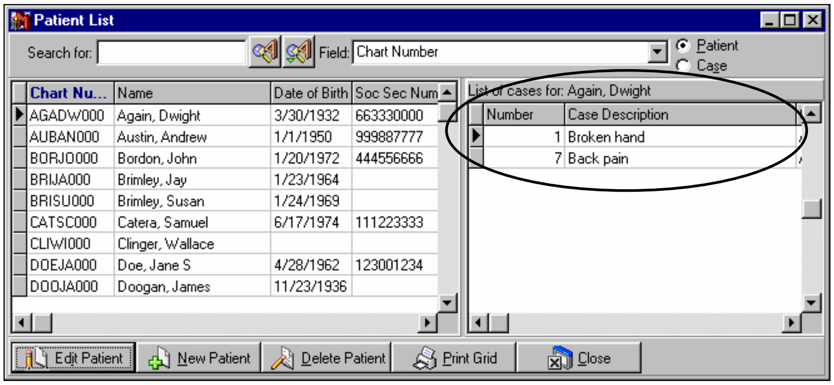
Appendix D

Understanding and Working with Cases

> "Case — a set of circumstances or conditions; …an instance of disease or injury."
> *Merriam Webster Collegiate Dictionary, 10th Edition, 1996*

One of the most important concepts to understand in setting up patient records and entering transactions in the program is the *case.* Transactions within the NDCMedisoft program are generally *case-based*, meaning they are applied to a specific case and specific diagnoses.

A case is a grouping of transactions for visits to the doctor's office, generally associated with a specific diagnosis or procedure. A new case should be set up each time there is a new condition or a change in data contained, e.g., the provider, location of the procedure, or insurance carrier, etc. See Figure D.1.



Field: Chart Number

● Patient
○ Case

Chart Nu...	Name	Date of Birth	Soc Sec Num
AGADW000	Again, Dwight	3/30/1932	663330000
AUBAN000	Austin, Andrew	1/1/1950	999887777
BORJO000	Bordon, John	1/20/1972	444556666
BRIJA000	Brimley, Jay	1/23/1964	
BRISU000	Brimley, Susan	1/24/1969	
CATSC000	Catera, Samuel	6/17/1974	111223333
CLIWI000	Clinger, Wallace		
DOEJA000	Doe, Jane S	4/28/1962	123001234
DOOJA000	Doogan, James	11/23/1936	

List of cases for: Again, Dwight

Number	Case Description
1	Broken hand
7	Back pain

Figure D.1

The program groups transactions on one insurance form by case. All transactions from one case are included on one insurance form. Separate cases for the same patient get separate forms.

The program automatically assigns a case number when a new case is created (and there are no duplications of case numbers within a database).

Each time you access a patient's record, there is a list of cases for which the patient has been treated. If a previous treatment is similar to a new visit diagnosis, retrieve the earlier case and continue to enter data within it.

Remember, if you are working in one case file and there is any change in carrier, open a new case. Keep the old data intact with old claims information.

To help you better understand . . .

Working with Cases

Accounting in the NDCMedisoft program focuses on the case. Transactions within NDCMedisoft are generally case-based. A case is an accounting function for keeping track of visit procedures of a common nature, for building a treatment history of the patient. You can set up one case per patient or set up any number of cases.

Open the ***Patient List*** window. Select the chart number, click the *Case* side of the window, click [Edit Case] or [New Case] to open the case fields.

There are multiple tabs in the patient ***Case*** window for gathering more specific data than is contained in the patient record.

A case is created to gather data on a specific treatment or situation. Patient visits regarding a single ailment are grouped in a specific case. While patient information seldom changes, case information deals with diagnoses, procedures, providers, insurance companies, and other variable data. In other words, case files are totally flexible and can change with every illness, insurance change, or transaction.

As transaction entries are made for a visit and billing is prepared, the data in the case file is essential to identifying the problem and to whom the billing is to be sent. In effect, visualize the claim as a large truck that can be loaded with any number of boxes (cases) of product. By the same token, a case can have as many transactions as are needed. (See Trucking analogy that follows.)

The program automatically assigns a case number when a new case is created, with no duplication of case numbers within a database.

Each time you access a patient's record through the ***Patient List*** window, there is a list of cases for which the patient has been treated. If a previous treatment is similar to the new visit diagnosis, reopen that case and continue to enter data within it. Through the cases, you can build a history of that patient's treatments regarding the particular illness.

For instance, all records regarding that patient's treatment for diabetes is in one case. The high blood pressure treatment is accessible through another case.

Just visualize

A Truckload of Boxes—or Cases

To accomplish the billing tasks in the NDCMedisoft program, there must be a vehicle of transportation. Visualize the insurance carrier as a large truck. See Figure D.2.

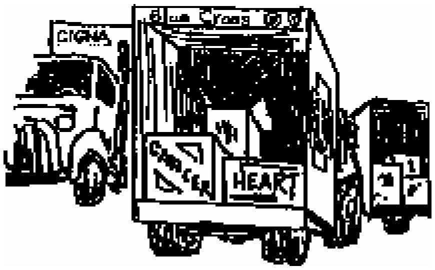


Figure D.2

It can carry just one box (or patient case), or it can be full. The load depends on the accounting procedures and the frequency of patient visits. When you are ready to transmit or ship the truckload of cases, turn them over to the driver, who in this analogy is ***Claim Management***.

If a patient is a frequent client, and is treated for several illnesses, it is sensible to label each case box with a different procedure and sort the similar diagnosis visits by the case. One patient can have a heart treatment box (case), and a cancer box, and a diabetes box, and a high blood pressure box. Each box contains a patient case. Each case can have any number of transactions.

When you access the ***Patient List***, the left side of the window displays a list of patients, sorted by either chart number or case. (You determine that in the *Field* box at the top of the window.) Select a patient record by highlighting the name. All of the cases that have been set up for that patient are listed in the right side of the window. Click [New Case] or press F8 to create a new case.

The first truck at the dock is headed for Blue Cross and all cases loaded in this truck are shipped there for payment. But then the patient is involved in an accident at work. The new set of claims are submitted to Workers' Compensation for payment, not to Blue Cross. You can still make entries in the first set of cases, but don't intermingle them with the new Workers' Compensation claims.

During this treatment session, the patient changes jobs and has a new healthcare plan with a new insurance carrier. There's a new truck backing up to the loading dock. Be careful the proper cases are put into the correct truck, or carrier. Since claims must now be carefully divided, all procedures going to the new carrier from this point must have new cases, to be placed into the new truck.

Next you have a super healthy patient who visits the office for occasional treatments. His once-a-year visits can all be placed in a single case. Hence, only one case appears on his case list. If, in the future, he develops a problem you want to track more closely, then set up a new additional case for him.

Summary of the Use of Cases

Situation:	Recommendation and/or Example
Case Description:	A grouping of procedures or transactions generally sharing a common treatment or insurance carrier.
Purpose of a case:	A case brings together in an accounting function claims and transactions that share a common thread. Also, cases let you print reports of the progress of a patient's health, especially relating to similar diagnoses or claims to carriers.
What "case-based" means:	All claims within NDCMedisoft are tied to a case number. That number can reflect the procedure for which the patient is being treated. It can also group all claims to a certain insurance carrier. It is an accounting function for keeping track of visit procedures of a common nature, for building a treatment history of the patient. As you are ready to file a claim, the combination of chart number and case number help verify that the proper claim is being sent to the carrier that needs to pay it.
When to set up a case:	A case is set up to group treatment transactions. Open a new case if the visit is for treatment of a condition not in the patient's medical history or associated with a different insurance carrier. Visits treating similar diagnoses can be kept in the same case. However, after 650 transactions have been created in ***Transaction Entry*** for a single case, we recommend that you create a new case.

How a case is set up:	Go to the Lists menu and select **Patient List**. Highlight the desired patient number. Click the *Case* radio button to open case function; then, at the bottom of the window, click [New Case] (or [Edit Case] if the case has already been entered).
Entering case information:	There are nine tabs containing information for setting up a new case. This is data needed to complete insurance claim forms and should be filled in for every case.
Information shortcut:	A quick way to enter repeat data on a patient when setting up a new case is to click [Copy Case].
Open existing case file:	Through the **Patient/Guarantors and Cases** option in Lists menu or while in the ***Transaction Entry*** window, click the arrow to the right of the *Case* field, then highlight desired case and press F9.
Why open new cases:	A new case should be opened if the patient switches to a new insurance carrier. If the patient develops new symptoms that require a change in diagnosis codes and extended care, create a new case. However, if the patient comes in once for, say, three stitches in a finger, you can create a transaction to cover the visit without creating a new case. Simply change the diagnosis codes in ***Transaction Entry*** and a new claim is created.
Cases sharing same number:	The only time the same number appears is when that number has intentionally been recalled to add transactions to an existing visits list. The program automatically assigns case numbers to new cases.
Patient changes carriers:	Always set up new cases for all transactions when a patient changes insurance carriers. Introducing new case numbers helps avoid intermingling of claims aimed at different carriers.
Patient on Workers' Comp:	If treatment is covered by Workers' Compensation, set up a new case to keep transaction charges separate from claims filed with the regular primary carrier. When accident treatment is finished, close this case and return to regular carriers. *It is possible* to enter a Workers' Comp case and still make regular entries in existing primary carrier cases.
One case only:	It is possible, but **not recommended**, to enter all transactions under the same case. Cases are set up to

enhance flexibility in accounting practices. Be aware, however, that only 650 transactions in a case will show up at one time. After a case has 650 transactions, we recommend that you create a new case for the patient.

New case for every diagnosis code:	It is possible, but **not recommended**, to create a new case for every new diagnosis code entered for a patient. This defeats the purpose of using the case to build a continuing history of that patient's treatment for each distinct malady.
Assign to previous case:	It is possible to call up previously-assigned cases if the treatment is a continuation of treatment for the same or similar diagnosis or grouping.
Delete a case:	To conserve disk space, you can delete cases that have been completed when the patient has current cases continuing the information. A case that has no outstanding balance can be removed by highlighting it in the *Case* list box and clicking [Delete]. A case cannot be deleted if it has open charges remaining.
Billing Service cases:	New sequences of case numbers, each starting with the number one (1) can be used by billing services that set up separate databases for each practice represented.

Appendix E

NDCMedisoft Terminal

Receiving Reports from a BBS

Within the NDCMedisoft program, the NDCMedisoft Terminal feature can be used to send or receive reports by connecting to bulletin boards using a modem.

Go to the Tools menu and select **NDCMedisoft Terminal.** The ***NDCMedisoft Terminal*** window appears. See Figure E.1.

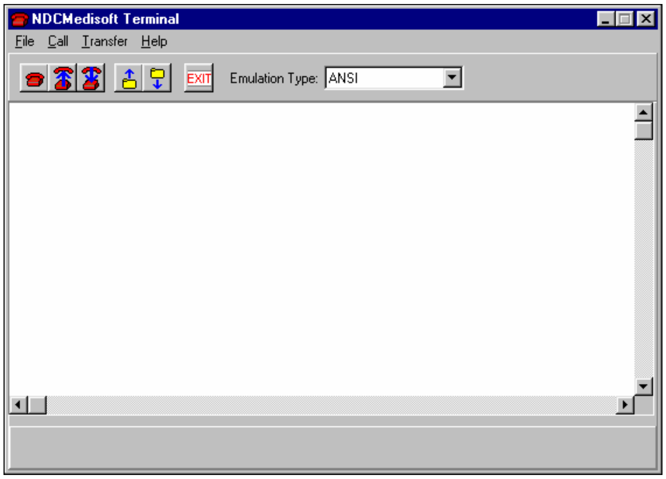

NDCMedisoft Terminal
File
Call
Transfer
Help
EXIT
Emulation Type:
ANSI

Figure E.1

The window displays speed buttons or icons allowing you to dial, hang up, answer, and send or receive files. The Menu bar at the top of the window has corresponding functions to the speed buttons.

Dial: Ctrl + D
Answer: Ctrl + A
Receive File: Ctrl + R
Hangup: Ctrl + H
Send File: Ctrl + S

The speed buttons are defined as follows:

☎ Dial

☎ Answer

☎ Hang up

↑ Send a file

↓ Receive a file

EXIT Exit the program

The blank part of the window displays all modem activity (such as dialing).

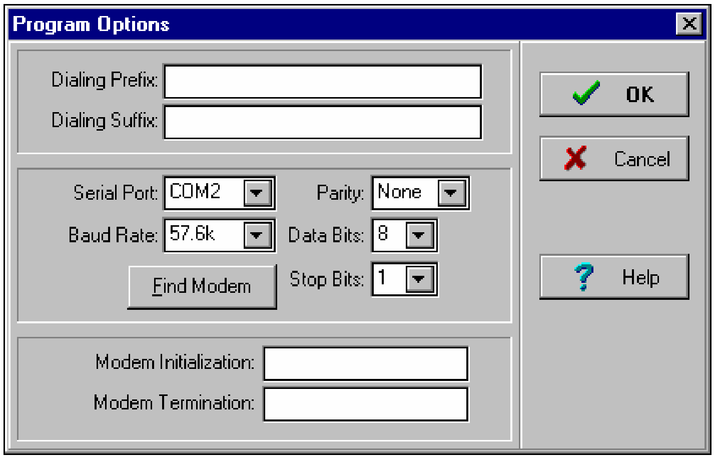
Before using NDCMedisoft Terminal, parameters are defined in the Dial menu or the ***Program Options*** window of NDCMedisoft Terminal. Go to the File menu and select **Program Options.** Otherwise, if you are wanting to access the BBS through an already set up EDI receiver within NDCMedisoft.

Check the Knowledge Base (www.medisoft.com/kb), call your local Value-Added Reseller, or call NDCHealth at (800) 334-4006 for technical support., go to the Call menu and select **Dial.**

F1 Look up NDCMedisoft Terminal.

Program Options

Go to the File menu and select **Program Options.** The ***Program Options*** window appears. See Figure E.2.



Serial Port: COM2
Parity: None
Baud Rate: 57.6k
Data Bits: 8
Stop Bits: 1

Figure E.2

The window is divided into three groups. If you are using an in-house phone system, you may need to enter 9 or some other number in the *Dialing Prefix* field. You are always required to enter a 1 for dialing a long distance phone number. The *Dialing Suffix* is used to dial any extra numbers after the telephone number, such as an extension.

In the next group are a series of scroll boxes for defining technical information about your modem. The *Serial Port* field has four selections: **COM1**, **COM2**, **COM3**, and **COM4**. In order to determine which Communications port your modem uses, click [Find Modem] and the ***Modem Search/Test*** window opens.

F1 Look up Modem Search/Check in the NDCMedisoft Terminal help files.

The lower third of the window has two fields. *Modem Initialization* is normally left blank. If you have problems connecting with your EDI receiver or BBS and your modem manufacturer suggests a Modem Initialization String, enter the string here.

In *Modem Termination*, enter a character string to terminate the phone connection after the transmission has ended if your modem requires this. This field is usually left blank.

F1 Look up Program Options in the NDCMedisoft Terminal Help file.

Dial Options

Go to the Call menu and select **Dial** to open the ***Dial*** window. See Figure E.3.

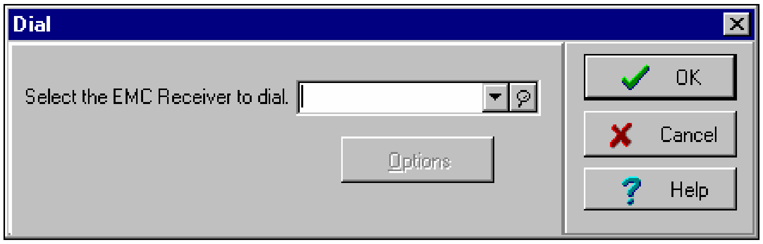
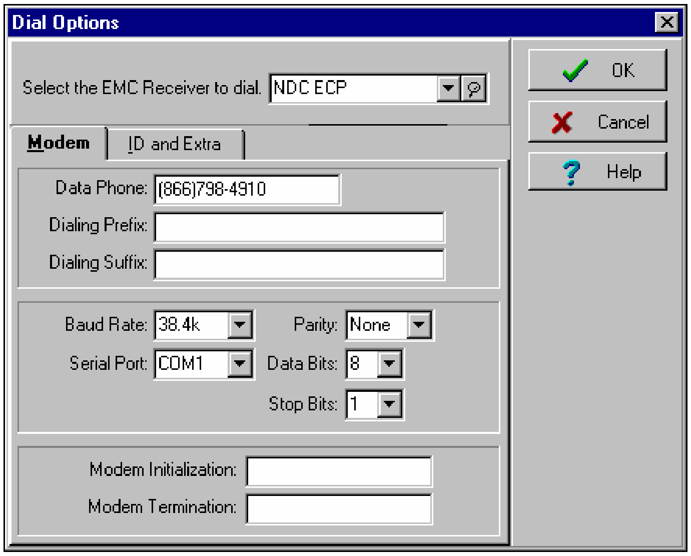

Dial
Select the EMC Receiver to dial:
Options
OK
Cancel
Help

Figure E.3

Select the EDI receiver to dial from the scroll box. After the EDI receiver is selected, the [Options] button becomes activated. Click it to open the ***Dial Options*** window. See Figure E.4.


Dial Options
Modem
ID and Extra
Dialing Prefix:
Dialing Suffix:
Modem Initialization:
Modem Termination:
OK
Cancel
Help

Select the EMC Receiver to dial: NDC ECP

Data Phone: (866)798-4910

Baud Rate: 38.4k

Parity: None

Serial Port: COM1

Data Bits: 8

Stop Bits: 1

Figure E.4

Modem Tab

The Modem tab is divided into three groups. In the top group, enter the *Data Phone Number*. This is the number that the Terminal program dials when you are transmitting your claims.

Enter the data phone number assigned for your transmission. The program automatically enters the punctuation for you.

In the *Dialing Prefix* field, enter the prefix number, if any. If you are using an in-house phone system, you may need to enter a 9 or some other number to get an outside line, followed by one or two commas to create a pause during dialing. For dialing a long distance phone number, you always need to enter the number 1. The *Dialing Suffix* is used to dial any extra numbers after the telephone number, such as an extension.

In the next group are a series of scroll boxes for defining technical information about your modem. The *Serial Port* field has four selections: **COM1**, **COM2**, **COM3**, and **COM4**.

The ***Baud Rate*** is the speed at which your modem transmits data. The *Parity*, *Data Bits,* and *Stop Bits* fields are defaulted to **None**, **8**, and **1**, respectively, and usually do not need to be changed.

The lower third of the window has two fields. *Modem Initialization* is normally left blank**.** If you have problems connecting with your EDI receiver or BBS and your modem manufacturer suggests a Modem Initialization String, enter the string here.

In *Modem Termination*, enter a character string to terminate the phone connection after the transmission has ended, if your modem requires this. This field is usually left blank.

ID and Extra Tab

This tab displays information only. Any entries in these fields are already set up in the ***EDI Receiver*** window.

[F1] Look up Dial Options in the NDCMedisoft Terminal Help file.

Dialing a BBS

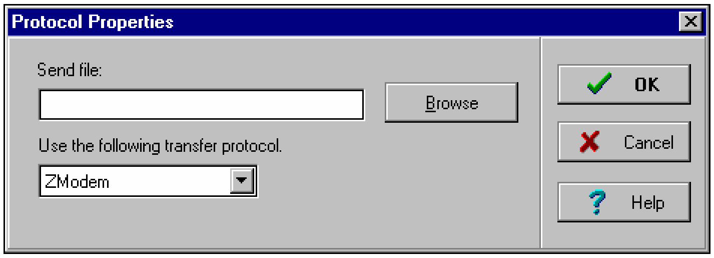
To dial a BBS, press [Ctrl] + [D] to bring up the ***Dial*** window. See **Dial Options**, page 173, on the features and setup. Once the parameters have been specified, select your EDI receiver and click [OK] to initiate the dialing process. After clicking [OK], the phone number, ATDT, and any prefix entered displays in the ***NDCMedisoft Terminal*** window.

Since all BBS's are different, you need to follow the screen commands as they appear.

[F1] Look up Dial in the NDCMedisoft Terminal Help file.

Sending and Receiving Files

While you are logged on to the BBS, you may want to send or receive files. To do this while logged on, go to the Transfer menu and select **Send File**. The ***Protocol Properties*** window appears. See Figure E.5.

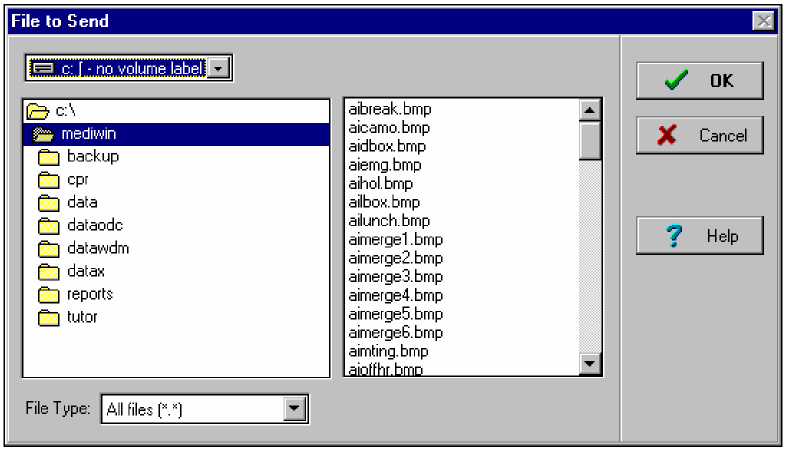

Protocol Properties
Browse
OK
Cancel
Help

Send file:

Use the following transfer protocol.
ZModem

Figure E.5

The window has two field selections: *Send file* and *Use the following transfer protocol*. If you know the name of the file and its location, enter it here. If you need to locate the file, click [Browse]. This opens the ***File to Send*** window. See Figure E.6.


File to Send
c: [- no volume label]
c:\
mediwin
backup
cpr
data
dataodc
datawdm
datax
reports
tutor
aibreak.bmp
aicamo.bmp
aidbox.bmp
aiemg.bmp
aihol.bmp
ailbox.bmp
ailunch.bmp
aimerge1.bmp
aimerge2.bmp
aimerge3.bmp
aimerge4.bmp
aimerge5.bmp
aimerge6.bmp
aimting.bmp
aiolfhr.bmp
OK
Cancel
Help

File Type: All files (*.*)

Figure E.6

The window is divided into two parts. On the left side, select the drive and/or subdirectory where the file(s) are located. On the right, select the actual file to send.

Click [OK] when done and the file is immediately downloaded.

In the ***Send A File*** window, select the protocol at which you want to send the file.

The selections are, in *suggested* order of use:

> **ZModem** offers the best overall combination of speed, features and error tolerance. ZModem protocol has many options and should generally be used as the most versatile protocol of choice.

XModem is the simplest and possibly the slowest protocol. XModem uses blocks of 128 bytes and requires an acknowledgment (ACK) of each block. It uses only simple checksum for data integrity.

XModem-1K transfers larger blocks (1024- bytes) and uses a 16-bit cycle redundancy check. A larger block size can considerably increase the protocol speed because it cuts down on the amount of times the transmitter waits for an acknowledgment.

YModem is essentially the same as XModem with batch facilities added. This means that a single protocol session can transfer as many files as you can care to transmit. Another added feature allows the sender to provide the receiver with the name, size, time stamp with the incoming file.

YModem-G has a "streaming" feature and operates in a similar manner to XModem-1K. But like YModem itself, YModem-G offers the advantages of batch transfers and file information.

☞ This protocol shouldn't be used unless you are using an error-correcting modem with error control turned on.

Kermit allows file transfers in environments that other protocols can't handle. Examples of different environments would include those that transfer only seven data bits; links that can't handle control characters, computer systems that can't handle large blocks of data.

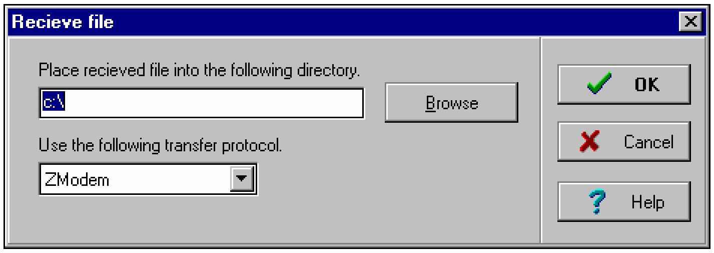
ASCII is a convenient way of transmitting a text file. Because ASCII follows no real protocol, it is difficult for the receiver to know when an ASCII transfer has completed. The ASCII protocol terminates on any of three conditions: when it receives or saves the file, a Ctrl + Z character, when it times out waiting for more data, or when the user aborts.

BPlus protocol is a proprietary protocol designed and used exclusively by CompuServe.

F1 Look up Send A File and/or File Transfer Protocol in the NDCMedisoft Terminal Help file.

Receive File

To receive files while logged on to the BBS, go to the Transfer menu and select **Receive File**. See Figure E.7.



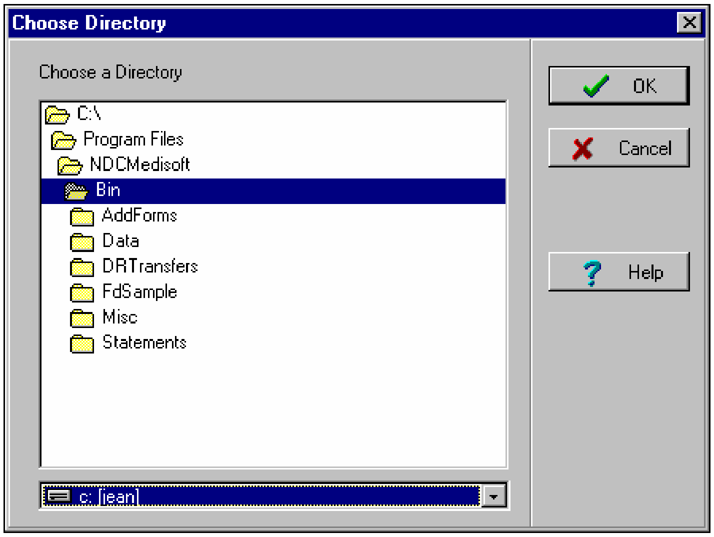
Place recieved file into the following directory.
c:\

Use the following transfer protocol.
ZModem

Figure E.7

As with sending a file, enter the location and the protocol of where and how the file is to be received.

If you want to search on a location to download a file, click [Browse] and the ***Choose Directory*** window opens. See Figure E.8.



Choose a Directory
C:\
Program Files
NDCMedisoft
Bin
AddForms
Data
DRTransfers
FdSample
Misc
Statements

c: [jean]

Figure E.8

Select the proper transfer protocol by clicking on the *Transfer Protocol* field. For descriptions on what each protocol does, refer to the previous two pages.

F1 Look up Receive File in the NDCMedisoft Terminal Help file.

Answering

When an outside source wants to connect with your computer (generally an individual), he or she would typically let you know that a connection will be attempted at such a time.

At the given time, when the phone rings and with NDCMedisoft Terminal open, click the Answer speed button, or go to the Call menu and select **Answer** to make the connection through your modem.

Once the two computers are communicating, you can send or receive files. You can also communicate by typing on your keyboard. What you type shows up on the other user's screen, and vice versa.

Appendix F

CMS- or HCFA-1500 Data Sources

Complete and accurate insurance claims depend on careful entry of patient data, both on the original setup and entry of each transaction. If the data that fills out the CMS- or HCFA-1500 insurance claim form is entered correctly, filing and processing of the claim moves efficiently and insurance payments are made in a timely manner. Your cash flow depends on your data entry.

NDCMedisoft is programmed to fill out the CMS- or HCFA-1500 claim forms with data that has been entered in the program. If there is a problem in data placement, this chart can help provide the data source files, the information and operation field name that apply to each designated box on the insurance form.

Box	Claim Form Box Name	Data Source	Window/Field Name
Top 1	Insurance Name/Address	Insurance	***Insurance Carrier***, Address, *Name, etc.*
Top 2	Primary, Secondary, Tertiary	Insurance	Determined by claim form selected
1	Insurance Type	Insurance	***Insurance Carrier***, Options, *Type*
1a	Insured's ID No. (SSN/Policy)	Case	***Case***, Policy 1,2,3, *Policy No.*
2	Patient's Name	Patient	***Patient/Guarantor***, Name, Address, *Last Name, Middle Name, Middle Initial*
3	Patient Birthday, Sex	Patient	***Patient/Guarantor***, Name Address, *Birth Date, Sex*
4	Insured's Name	Case	***Case***, Policy 1,2,3, *Insured 1,2,3*
5	Patient's Address	Patient	***Patient/Guarantor***, Name, Address, *Street, City, State, Zip*
6	Patient Relation to Insured	Case	***Case***, Policy 1,2,3, *Relationship to Insured*

Box	Claim Form Box Name	Data Source	Window/Field Name
7	Insured's Address	Patient	***Patient/Guarantor***, Name, Address, *Street, City, State, Zip*
8	Patient Status	Case	***Case***, Personal, *Marital Status, Student Status, Employment Status*
9	Other Insured's Name	Case	***Case***, Policy, *Insured 2,3*
9a	Policy/Group No.	Case	***Case***, Policy 2,3, *Policy Number, Group Number*
9b	Date of Birth	Patient	***Patient/Guarantor***, Name, Address, *Birth Date, Sex*
9c	Employer/School	Patient	***Patient/Guarantor***, Other Information, *Employer*
9d	Insurance Plan Name, Program	Insurance	***Insurance Carrier***, Options, *Plan Name*. If empty, prints carrier name
10a	Condition Related to Employment	Case	***Case,*** Condition, *Employment Related* check box
10b	Condition Related to Auto Accident	Case	***Case***, Condition, *Accident, Related To*
10c	Condition Related to Other Accident	Case	***Case***, Condition, *Accident, Related To*
10d	Local Use A	Case	***Case***, Miscellaneous, *Local Use A*
11	Insured's Policy Group/FECA	Case	***Case***, Policy 1, *Policy Number, Group Number*
11a	Date of Birth	Patient	***Patient/Guarantor***, Name, Address, *Birth Date*
11b	Employer/School	Patient	***Patient/Guarantor***, Other Information, *Employer*
11c	Insurance Plan Name/Program	Insurance	***Insurance Carrier***, Options, *Plan Name*. If empty, prints carrier name
11d	Another Health Benefit Plan?	Case	***Case,*** Policy 2, 3
12	Patient Signature	Patient	***Patient/Guarantor***, Other Information, *Signature on File*; ***Insurance Carrier***, Options, *Patient Signature on File*
13	Insured's Signature	Patient	***Patient/Guarantor***, Other Information, *Signature on File*; ***Insurance Carrier***, Options, *Insured Signature on File*
14	Date Current Ill/Inj/LMP	Case	***Case***, Condition, *Injury/Illness/LMP Date*
15	Same/Similar Date	Case	***Case***, Condition, *Date Similar Symptoms*
16	Dates Unable to Work	Case	***Case***, Condition, *Dates—Unable to Work*
17	Referring Physician	Case	***Case***, Account, *Referring Provider*
17a	ID Number of Referring Physician	Referring Provider	***Referring Provider***, Default PINs, *UPIN*
18	Hospitalization Dates	Case	***Case***, Condition, *Dates—Hospitalization*

Box	Claim Form Box Name	Data Source	Window/Field Name
19	Local Use B	Case	***Case***, Miscellaneous, *Local Use B*
20	Outside Lab?	Case	***Case***, Miscellaneous, *Outside Lab Work*
21	Diagnosis codes	Case	***Case***, Diagnosis, *Default Diagnosis 1, 2, 3, 4*
22	Medicaid Resubmission	Case	***Case***, Medicaid and Tricare, *Resubmission No., Original Reference*
23	Prior Authorization	Case	***Case***, Miscellaneous, *Prior Authorization Number*
24A	Dates of Service	Transaction	***Transaction Entry***, *Date From, Date To*
24B	Place of Service	Transaction	***Transaction Entry***, *Place of Service*
24C	Time of Service	Transaction	***Transaction Entry***, *TOS*
24D	Procedure codes/Modifiers	Transaction	***Transaction Entry***, *Procedure, M1, M2, M3, M4*
24E	Diagnosis codes	Transaction	***Transaction Entry***, *Diag 1, Diag 2, Diag 3, Diag 4*
24F	$ Charges	Transaction	***Transaction Entry***, *Amount*
24G	Days or Units	Transaction	***Transaction Entry***, *Units*
24H	ESPDT	Case	***Case***, Medicaid and Tricare, *ESPDT*
24I	EMG	Case	***Case***, Condition, *Emergency* check box
24J	COB	Not used	
24K	Local Use	Provider	***Provider***, Default PINs, *PIN*. This field is determined by the carrier to which the claim is being sent (***Insurance Carrier***, Options, *Print PINs on Forms*).
25	Federal Tax ID	Practice	***Provider***, Default Pins, *SSN/Federal Tax ID*
26	Patient's Account No.	Patient	***Patient/Guarantor***, Name, Address, *Chart No.*
27	Accept Assignment?	Case	***Case,*** Policy 1, 2, 3, *Assignment of Benefits/Accept Assignment*
28	Total Charge	Transaction	Calculated field
29	Amount Paid	Transaction	***Transaction Entry***, *Payment*
30	Balance Due	Transaction	Calculated field
31	Physician's Signature	Provider	***Provider***, Address, *Signature on File*; ***Insurance Carrier***, Options, *Physician Signature on File*
32	Facility Address	Practice	***Case*, ** Account, *Facility*
33	Physician Billing Name	Provider	***Provider***, Address, *First Name, Middle Initial, Last Name, Street, City, State, Zip*
PIN# and/or GRP#		Provider	***Provider***, Default PINs and/or Default Group IDs, *PIN, Group Numbers*

Appendix G

Understanding the Terminology

Many of the words in this list may be familiar, but a common understanding of their meanings is helpful.

Abort — To discontinue or stop the current function or process.

Accelerator key (hot key) — A shortcut key on the keyboard that can be pressed to perform a specific action. Usually the Alt key in combination with another key, but can also be a combination of the Ctrl or Shift keys with another key. The underlined letter on menu items and field labels indicates an accelerator key that is available. Function keys are also considered accelerator keys. *See* Function keys.

Activate — To bring an application or document window to the foreground. If you are working in more than one application or more than one document with the active program, the active window is the window in which you are working.

Alphanumeric — Consisting of both letters and numbers and often other characters (such as a question mark).

Application menu — The main menu of the program; it is displayed in a horizontal format. Sometimes called *operations menu* or the *Menu bar.*

Backup — Act of saving some or all of the data on a backup disk. Backups are extremely important in the event of data loss, data damage or computer failure. Making regular and complete data backup copies can save countless hours of data reentry.

Bit map — Graphic image that fills appointment spaces illustrating and indicating breaks in scheduling. *See also* Pixel.

Boolean — A switching function that has two options, such as True/False or Yes/No.

Capitation — The payment made to doctors from managed healthcare services for those patients who select this primary care provider, regardless of whether they visit that provider or not.

Case — A grouping of claims usually with at least one thing in common, i.e., the same carrier, the same diagnosis, etc.

Case-based — A method of accounting that helps keep track of transactions of a common nature; transactions tied to a case.

Chart number — An eight-character control number to a patient's information.

Check box — A square box with associated text that represents a choice. When a user selects a choice, a check mark appears in the box to indicate that the choice is in effect.

Choose — To execute and complete a command. Some commands are executed when you select the menu command; others execute when you choose [OK] in a window or dialog box.

Clearinghouse — A company set up to process NDCMedisoft insurance claims transmitted electronically, distributing those claims to various carriers.

Click — To place the mouse pointer at the desired location and then quickly press and release the left mouse button once. 🖱

Close button — The button in the top right-hand corner of an active window which, when clicked, ends an activity and removes that window from the display. Closing a program window clears the immediate screen in which you are working. *See also* Exit.

[**Close**] — The button in many windows that closes the active window but not the program.

CMS — Centers for Medicare and Medicaid Services (formerly known as the Health Care Financing Administration – HCFA).

Combo Box control — A combination edit control and list box control with a down arrow button control. The button control displays a drop-down list box so a selection can be made.

Conditional expression — An expression applied to Data fields in Report Designer that contains at least one "if" clause.

Control — A component of the user interface that allows the user to select choices or types of information, i.e., check box, entry field, radio button, etc.

Cursor — A movable object (such as the flashing underline or block) on your screen that indicates the position where keyboard input appears.

Cyclical billing — A method of equalizing cash flow by spreading billing processes through the month.

Date format (MMDDYY or MMDDCCYY [for Medicare forms]) — The format used to enter dates in NDCMedisoft programs. The date is entered without punctuation, using two digits each for month, day and year.

Default — A preset value in a field.

Diagnosis code — One of the ICD-9 codes used to identify a patient's condition.

Dialog box — A moveable window containing controls that a user uses to provide information required to process a user request.

Double-click — To place the mouse pointer at the desired location and then quickly press and release the left mouse button twice. 🖱

Drag — To place the mouse pointer on an item and, holding down the left mouse button, move the pointer to the desired location and release the mouse button to set the item in the new place.

Drop-down menu — A menu that emerges in a downward direction from a point or line at or near the top of the window. The series of menu levels displayed underneath the main menu are drop-down menus.

Edit control — The most common type of control for entering text.

EOB Report — "Explanation of Benefits" report provided by the insurance carrier at the time a check is sent for payment of submitted claims.

Exit — An action that ends the active application and removes all windows associated with it. Usually press on the program Title bar. Many data screens also have [Exit] or [Cancel] buttons, as well as a Close button (*see* Close button).

Expression — A formula or equation that lets you introduce variables into Data fields in Report Designer.

Field — The space allowed in the window for entering data, usually labeled by a field name, e.g., *Code Name*.

Filter — A procedure that reads data from the keyboard, modifies the data, and displays it on the window, i.e., you set parameters through the keyboard, the program searches the database for data that fits your parameters and displays the result on the window.

Focus — The control or area of a window where user interaction is possible, where the data entry or action can occur or is occurring at a set point in time. A button that has the focus usually has a broken line box on the button. An edit control indicates that it has the focus by the blink caret (vertical cursor).

Folder — A container in which documents, program files, and other files are stored in the computer or on disk. Formerly referred to as a *directory.*

Format code — A character assigned to a data entry field that can be used in designing a report.

Function keys — Keys usually identified by the letter "F" followed by a number from 1 to 12 which provide shortcuts to accessing various parts of the program. Each key can have assigned functions in different software.

Graying — A visual cue that a choice is not available at that time; a menu item or control is displayed in a gray color instead of black.

Guarantor — A person who accepts responsibility for the payment of the patient's debt.

HCFA — *See* CMS.

Highlight — Contrasting color or reverse video (light letters on dark background) indicating selection of a menu option or field in a window.

Hint — Brief summary of function displayed in a small yellow balloon when the mouse cursor is placed on an icon in the toolbar or on a field in a window. Hints are also displayed in text form in the Status bar at the bottom of the application window. Also known as a *ToolTip*.

Hotspot — A point of reference in a window that provides additional information concerning the picture, word, or group of words on which the cursor is resting. To signify that a hotspot is present, the cursor becomes a hand. Click anywhere you see a hand. Text that is linked to a hotspot is displayed in green and underlined in one of two specific ways: Solid double underlining moves you to another topic or activates a particular macro; dotted underlining displays a brief definition.

Icon — *See* Speed button.

List box — A control that presents its data in a list format from which a user can make a choice. Normally a vertical roll bar appears on the right side of the list. Also known as a *scroll box*.

List window — A window unique to NDCMedisoft programs which presents each record of the given data file in a list format. This window is also called the *browser* window, indicating that the data can easily be viewed and browsed through.

Managed care — Healthcare organizations that offer patients treatment to contracting providers and facilities for payment of a set co-pay amount. Services and co-pay amounts vary with the plan under which the patient registers.

Maximize — To expand the active window to fill the entire screen. The Maximize button is the middle of three buttons in the upper right corner of the Title bar.

Minimize — To reduce the program to a button on the Task bar. The Minimize button is the first of three buttons in the upper right corner of the Title bar.

Operation — A function in the program which may be selected from a menu.

Operations menu — The main list of options in a program. Also referred to as the *application menu* or *Menu bar*.

Pixel — Short for "picture element." The smallest graphic unit that can be displayed on your screen. All the images displayed on a computer screen are composed of pixels. *See also* Bit map.

Procedure code — A CPT code established by the American Medical Association consisting of up to ten characters which identify a service provided to a patient. A charge is assigned to each procedure and is included with the code data. Procedure codes are also used to record payments or adjustments to patient accounts.

Provider — Usually a doctor, but may also be an assistant or nurse who renders services.

Radio button — A circle with text beside it. Radio buttons are combined to show a user a fixed set of choices from which only one choice can be selected. The circle is partially filled when a choice is made.

Record pointer — The pointer on the left side of list windows that indicates the record selected.

Right-click — To position the mouse pointer in the desired location and then click the right mouse button. This action displays the Speed menu. 🖱

Select — To highlight or mark a section of text, menu name, command, dialog box option or graphical object with the keyboard or with mouse actions.

Shortcut — A quicker, more direct method of doing something than the ordinary procedure; usually keystrokes as opposed to using the mouse.

Speed button — An image or picture displayed on a window on which the user can click to select a particular function or software application. Also known as an *icon*.

Speed menu — The menu that displays when the right mouse button is pressed. This menu normally duplicates functions that can be initiated in other ways.

Statement — A summary of a financial account showing the balance due.

Status bar — The gray bar across the bottom of an applications window which displays data and information pertaining to the field in which a user is working.

Submenu — A menu related to and reached from a main menu.

Suboption — An option on a submenu.

Superbill — Checklist of procedures and diagnoses used to indicate the procedures that are performed during an office visit. Once completed by the doctor, it becomes the basis for transaction entry. Also known as a *Routing slip*.

System menu — A drop-down list that displays when the System menu icon is selected (the upper left square in a window). Usually contains items such as Restore, Move, Minimize, Maximize, Close, Switch To.

Task bar — The bar at the bottom of the screen that contains the Start button, as well as minimized buttons of any active program. In the NDCMedisoft program, it also contains written hints concerning buttons and windows.

Tertiary — Of third rank, value or importance. In the NDCMedisoft program, the patient's tertiary (third) insurance carrier can be an attorney, employer, or anyone else that needs a copy of insurance claims.

Title bar — The area at the top of each window that contains the window title and System menu icon. When appropriate, it also contains the Minimize, Maximize, and Close buttons.

Toggle — To switch between two options, such as showing hints or not showing hints.

Toolbar — The bar just below the Menu bar that usually contains speed buttons to perform specific functions in the program.

Transaction — Recording of both charge procedures and accounting procedures to depict accounting activities.

Validation — A process used to detect input data in order to determine whether they are inaccurate, incomplete or reasonable. The object (or set of functions) that actually performs the validation of the data is called the *validator.*

Walkout Receipt — A receipt issued to the patient at the time of payment specifying the procedures and related accounting codes for which he/she was treated.

Window — An area on your computer monitor screen surrounded by a box which contains information for temporary use. Windows may be used to display information or to enter data. They may include search information, help text, notes, etc.

Windows Operating System — A graphical user interface developed by Microsoft Corporation wherein action is controlled by movement with a mouse or by clicking on icons.

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