PARADIGM PM

PARADIGM

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Getting Started

1   Getting Started

PARADIGM is sophisticated, medical practice management system, designed for ease and speed of use. These help files should aid you in making the most of your PM system. If for some reason you can't find your answers here you may always call support at QRS, Inc. 1-800-251-3188 or email them at pmteam@qrshscom.

1.1   Audience

The PARADIGM system is designed to accommodate a wide range of needs including: scheduling, patient registration, billing, collections, referral management, and claims processing.

This guide explains how to, when to, and why to use PARADIGM in order to optimize your practice management needs, and minimize problems that may arise.

This guide is written for users. These are the day to day users of who perform such tasks as patient entry, scheduling, transaction entry, balancing, claims and report generation. Each of these tasks as well as others are described within these pages. We have tried to lay the manual out in a logical order for users who are new to the PARADIGM system.

1.2   How to Use This Manual

The User's Guide is divided into the following chapters:

- Getting Started
- Table File Setup
- Patient Registration
- Encounter Form
- Scheduling / Fee Slips
- Work Lists
- Closing the Day
- Insurance Claims
- Statements, Collections and Refunds
- Reports
- Utilities
- Administration
- Programming
- Reference
- Release Notes

Each chapter of this document is specific to a set of tasks that a typical user may perform. We feel that it is important for all users to have a global understanding of all user tasks at some level and therefore we recommend that each area be studied. However if your task is specific, such as scheduling, pay particular attention to that area. If in doubt about a particular procedure, you should be able to reference this document. If for some reason this document does not cover your issue, please contact the QRS Software Support Team.

1.3   Documentation Conventions
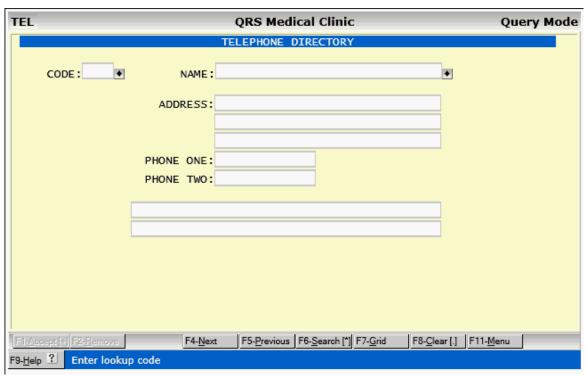
In this manual, the following conventions will be used.
- Commands as well as user input are shown in **boldface**
- Warnings noting vital information will be noted with a **before the message.**

🗁 Notes will be indicated with a 📖 before the message.

🗁 Videos will have a 🎬 icon.

🗁 Reports will be in courier font and appear in a box. Like so;

```
Close The Day / Transaction Recap                                           parad 10/05/07 01:19 PM
[DAILY_CLOSE   ]                           QRS Medical Clinic                     Page:      1
Location : 1                               QRS Progression Clinic
Physician: 1                               Well M.D.,Ivan M.

PATIENT CODE NAME
  TRAN # VISITW CODE      DESCRIPTION 1      DESCRIPTION 2     DATE    TYPE       USER    CHARGES   PAYMENTS ADJUSTMENTS
--------------------------------------------------------------------------------------------------------------
7268       Abbott,Jack W.
  523645  62787 99212    OFFICE/OUTPATIENT VI IT, EST          10/03/07 CHARGE    jeff     92.00      0.00      0.00
  523646  62787 81000    URINALYSIS, NONAUTO  /SCOPE           10/03/07 CHARGE    jeff     48.00      0.00      0.00
  523647  62787 36415    ROUTINE VENIPUNCTURE                  10/03/07 CHARGE    jeff     13.00      0.00      0.00
                                                                             ---------- ---------- ----------
  Totals for patient                                                                     153.00      0.00      0.00

3835       Page,Ethel W.
  523626  62784 99212    OFFICE/OUTPATIENT VI IT, EST          10/02/07 CHARGE    sec2     92.00      0.00      0.00
  523627  62784 81000    URINALYSIS, NONAUTO  /SCOPE           10/02/07 CHARGE    sec2     16.00      0.00      0.00
                                                                             ---------- ---------- ----------
  Totals for patient                                                                     108.00      0.00      0.00

3159       Smith,Anna
  523614  62781 31237    NASAL/SINUS ENDOSCOP , SURG           10/02/07 CHARGE    sec2    550.00      0.00      0.00
  523657  62783 99212    OFFICE/OUTPATIENT VI IT, EST          09/25/07 CHARGE    jeff     92.00      0.00      0.00
                                                                             ---------- ---------- ----------
  Totals for patient                                                                     642.00      0.00      0.00

7275       Smith,Bob
  523654  62791 99213    OFFICE/OUTPATIENT VI IT, EST          10/02/07 CHARGE    jeff     72.00      0.00      0.00
  523655  62791 81000    URINALYSIS, NONAUTO  /SCOPE           10/02/07 CHARGE    jeff     16.00      0.00      0.00
  523656  62791 99214    OFFICE/OUTPATIENT VI IT, EST          09/23/07 CHARGE    jeff    120.00      0.00      0.00
                                                                             ---------- ---------- ----------
  Totals for patient                                                                     208.00      0.00      0.00


                                                                             ========== ========== ==========
  Totals for physician Well M.D.,Ivan M.      at location QRS Progression Clinic        1111.00      0.00      0.00
  Net A/R change      1111.00                                              Units       12
```
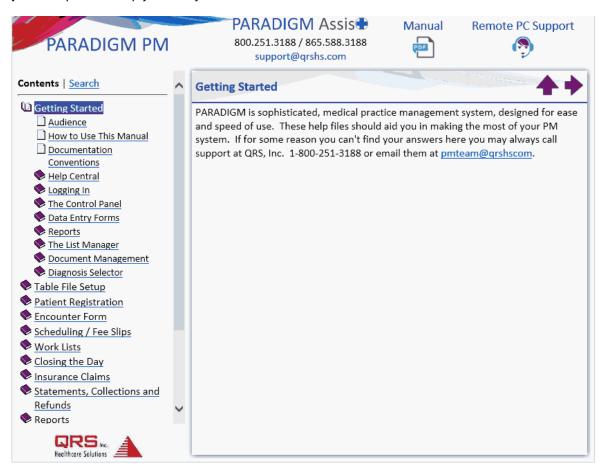
🗁 Directories and filenames are displayed as *italics.* For example;
  /usr/paradigm/data_001

🗁 Screen displays and computer output will be shown in the following format:

📂 Names of keys and functions will appear in reversed print. For example;
   Press ENTER. or ACCEPT

1.4 Help Central
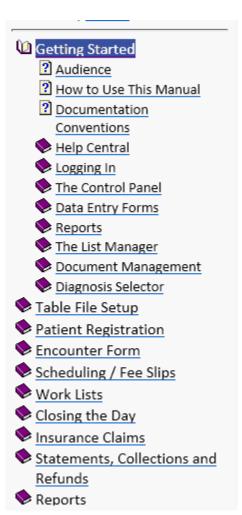
The system includes a comprehensive context sensitive help system known as "Help Central". "Help Central" not only provides you with searchable documentation for the version of the PM system you are using but also links to our web side, our support phone numbers and email starter, a printable manual in PDF format, and a link to our support web site were our representatives can take control of your computer to help you with your needs.

1.4.1 Using Table of Contents

The Table of contents on the left side of the screen allows you to review the documentation by section. Clicking on the closed book icon in front of a section will open that section and display help topics, or other books within that section.

You may click on any section to display that topic in the content panel of the screen.
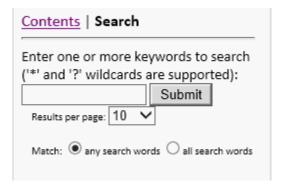
Next and Previous Arrows

In the upper right hand corner of the content window you will see Arrow buttons that allow you to select the next or previous topic from the topic currently displayed.   The Up arrow icon will close all topics and put you at the Getting Started section.

1.4.2   Using Search

Clicking on "Search" in the navigation pane of "Help Central" will allow you to search all of the help files for whatever keywords you enter.

Contents | Search

Enter one or more keywords to search ('*' and '?' wildcards are supported):

[   ] Submit

Results per page: 10 ▾

Match: ● any search words ○ all search words
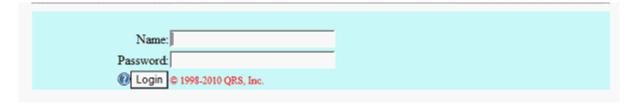
1.5   Logging In

Your system administrator should have already setup your account, <u>set up your computer</u> and installed an icon or shortcut on your PC to access the system.   The Icon may differ depending on the branding of the the PM system.

Clicking on this icon will open PM system in either a web browser such as Internet Explorer or as a Hyper-Text Application (HTA) in it's own window. Either will present you with a login screen that will allow you to authenticate yourself to the system.
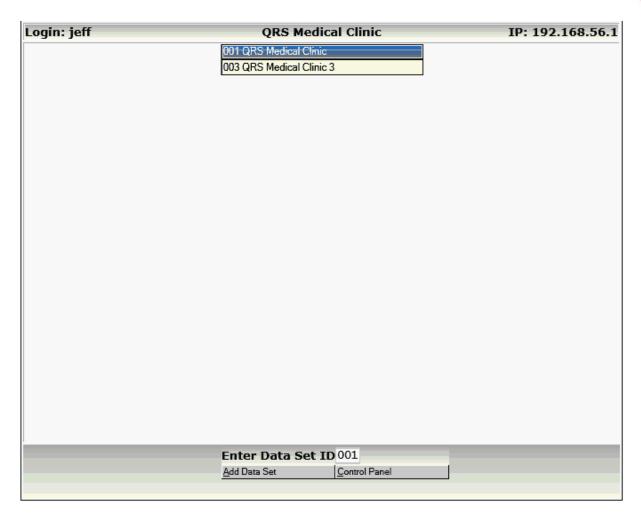
Enter the your assigned name and password to enter the system.

If you are assigned to a single data set you will progress to the <u>Control Panel</u> to have access to the entire system.

1.5.1   Select Data Set

If you have more than one data set, you will then see a screen that allows you to select the data set you want to enter. It will look similar to the following.

Click on the data set you wish to enter or enter the NUMBER.

1.5.2 First Time Setup

If this is the first time that you have logged in you should take care of setting up your password. The password dialog should display automatically if your administrator has not set it for you.

1.5.3 Flexible User Accounts

The system has a flexible user account manager. This allows users to login to the from any workstation. However a user can not work from more than one workstation at a time. If you attempt to log in and the system sees that you are currently logged in on another workstation you will see the following:

You may override the other session. However if any attempt is made to use the system on the other session, it will be automatically logged out. But if no work is done on the other session and you do your work on this session and then properly log out and return to the other session you will not be logged out.

1.5.3.1 Multiple Sessions

The system will allow you to have multiple sessions on the same workstation. This is helpful if your system has multiple data sets and you want to work in more than one at a time. However each session must be within its own occurrence of Internet Explorer in its own session. If you attempt to log in on the same session of Internet Explorer it will attempt to open a new internet Explorer window and session for you to log in.

1.6   The Control Panel

There are two control panels available for the PM applications. The Default Control Panel, and the Legacy Control Panel. The Default Control Panel allows you to work from one window or tab from the browser. This is helpful if you want to run the PM as a Hypertext Application on a windows desktop.

1.6.1   Default Control Panel

The Default Control Panel allows access to all parts of the software. After you have selected a data set to work from you will see the control panel. It will appear similar to the following:

The control panel is divided into four parts: Menu, Quick Buttons, Forms List and the Form area.

1.6.1.1   Menu
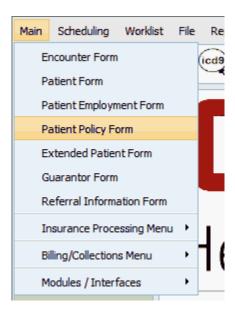
The Master Menu is displayed at the top of the control panel.

It contains the menu to allow access to all of the PM system as well as the network monitor.
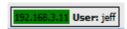
To access a menu hover over the menu then hover down to the item you want to select and click.

The item will open in a Form Area or a new window.

1.6.1.1.1 Network Monitor

The Control Panel will monitor the network status every 10 seconds. If the network is up a green block will display. If the network is down the block will turn red and an alert message will prompt the user that the network is down.
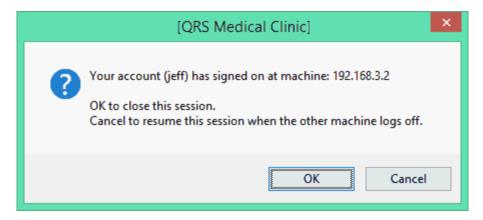
Click OK on the alert box and the program will check the network again. Once the network connection is reestablished the network monitor will turn green and you may continue to work.

If the System detects that your account has logged in on another workstation the network monitor will

turn yellow:

and display the following confirmation:

If you click on OK it will close the current session. Or once your account is logged off another workstation you may click cancel to resume working the current session. This will only occur on when a user logs in and performs and override.

1.6.1.2   Quick Buttons

The Quick Buttons allow access to commonly used forms and menus as well as Control Panel Functions.

Hover over the icon for help on what it provides. Click on the icon to activate the program.
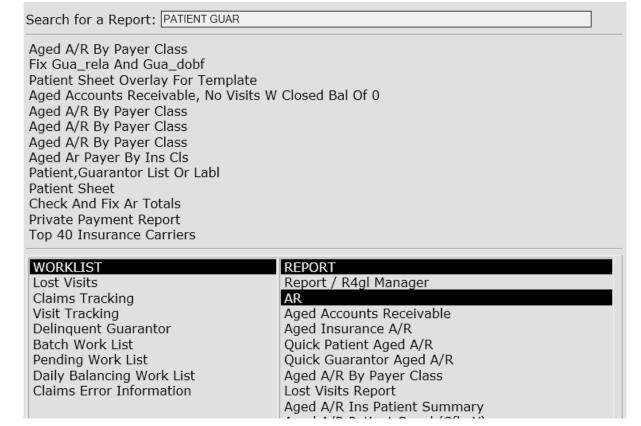
The Icons on the left are the forms and menus, the icons on the right are control panel functions.

Icons in the center access other programs such as Electronic Health Records.

1.6.1.2.1 Work Lists and Reports
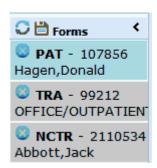
The Work Lists and Reports Icon will display a Menu that includes both the Work Lists and Reports Menus. You can hover over an item and run the program. It also includes a feature to search the report database based on keywords found in help and the report description.
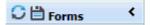
1.6.1.3 Forms List

The Forms list will show all of the forms you have opened in the software.

The active form displayed in the Form area will appear light blue.
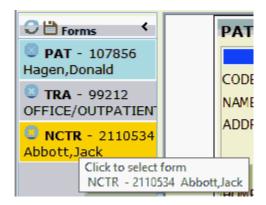
At the top of the form area is the form control area.
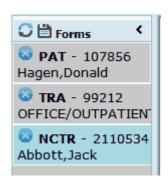
Here you have three options:
1. Refresh the current (active) form.
2. Save the forms list. This will save the list of open forms and automatically display these open these forms when you log in.
3. Collapse the forms list area.

To Select a form from forms list, hover over the area and click.

The new form will then become the active form and display in the form area.
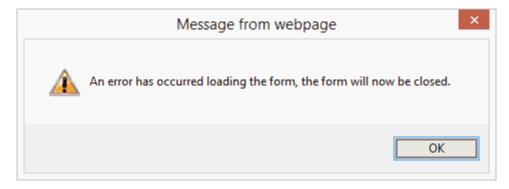
You may close a form by clicking on the "X" in the Forms list area for the form you want to close.

1.6.1.4 Form Area

The Form area makes up the rest of the screen. This will contain the form(s) you have selected from either the Menu or the Quick Buttons. Only the Active form as show in the Forms List will display. If no forms are active a "Splash" screen will display information about the program in the Form Area.

When a new form is loaded into the form area the Control Panel will monitor its progress. If the form does not completely load in 10 seconds, an alert dialog will be presented with the message:

Repeat this process of opening the form. If you encounter this message often you should have your network connection checked. Your network performance is either slow, intermittent or generally poor.

1.6.2 Control Panel Functions

Each control panel has access to functions that allow you to setup and control your PM experience.

1.6.2.1 Data Set

This function will take you to the [select data form](#) if you have access to multiple data sets.

1.6.2.2 Password

This function will allow you to change your password. The following form will display.
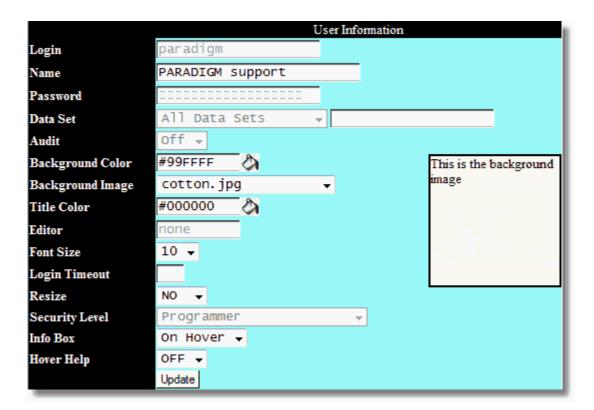
Enter your current password to confirm you are who you are. Enter your new password in the password field. Then enter the same password in the Confirm field and click the Change button to save. If your password, and confirmation do not agree or the password does not meat the minimum password requirements you will be alerted.

Selecting this option will cause security credentials to be re-established. Any open forms will will be closed. It essentially will log you out and back in.

1.6.2.3 User Defaults

This will allow you to change your user default information. This is primary used to set your colors and font size. The User Information form will appear as follows.

Change the items you want to change, and click the Update button.

Login
This will display your login name. (account name)

Name
This will display your given name.

Password
This field will display your password in a hidden format.

Data Set
This field will display the data set or sets that you have access to.
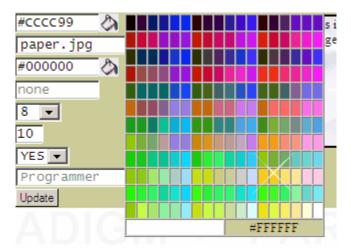
Audit
This field will display if auditing is turned on or off for your account.

Background Color
In this field you may set your background color for forms. This color should be a light color because all text printed on the background will be black. clicking on the Paint Bucket Icon will display a color

selector that will allow you to to point and click on the color you want.

Background Image
This field will allow you to change an image for the background. A sample of the image will display to the right.

Title Color
Here you may select the color for title bars. This should be a dark color because titles will be printed with white text.

Editor
This field displays your default editor in the system.

Font Size
Here you may set your font size. The Higher the resolution of your screen the larger the font you will want. This also depends on if you want to run the software full screen or in a window.

However it is recommended that you set your default font size to 10 and use the browser Zoom ability to change the size of the text on the screen. This will adjust it globally for the entire application not just data entry forms. Future updates and features will not use the Font Size setting as it dates back to before browser had this ability.

For Internet Explorer you may zoom using the following:
Ctrl+   Zoom up by 25%
Ctrl-   Zoom down by 25%
Ctrl0   Zoom to 100% (Default Level)
Ctrl Mouse Wheel Forward   Zoom up by 5% per click
Ctrl Mouse Wheel Back   Zoom down by 5% per click

Security Level
This will display your security level.

Info Box
This controls how info boxes display. Info boxes display additional information about related values. Ie. The PHY code will display the physician information. You may have info boxes display on hovering over the fields, putting the cursor in the field, both or none.

Hover Help
This controls if hover help on data entry form fields is on or OFF. Hover help will display the field help in a hover box when you hover the mouse over the data entry field.   This is the same information that

will display on the form HELP line if focus is in the field.

1.6.2.4 Window Apps

This function will open a window that contains links to window applications that may be useful to you and in using the software.

1.6.2.5 Help

The Help Button will display the help Center. Help is context sensitive and when used will take you to the area of the documentation that should best address your needs. However in the Help center you have the ability to use the Table of Content, Search based on words, or use and index to find help. The help center also has access to QRS Inc's web site, support site, email to support and phone number.

1.6.2.6 Log Off

This function will log you off the system by closing the control panel. Forms and other windows opened from the control panel will automatically close.

1.6.2.7 Session Files
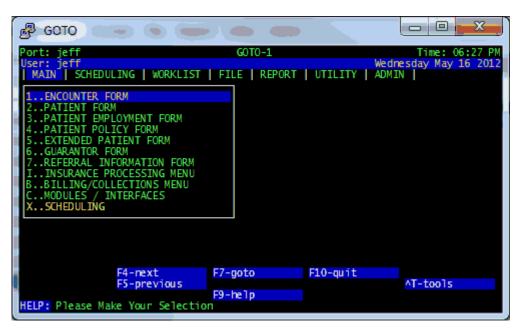
Session Files are temporary files created during a logon period (session). They are the PDF, TXT, scripts and CSV files generated when you run reports as well as lists generated from the List Manager. At any time during a session you may review the files by opening the Session File Manager from the Control Panel.

This shows your current session files. Clicking on any of the files will display the file. You can also search for files using the Search field and button. Clicking on HOME will display all files.

1.6.2.8 Server Connect / Terminal Session

This will open a terminal (Console) session to the server.

1.6.2.9   Remote Support Connection
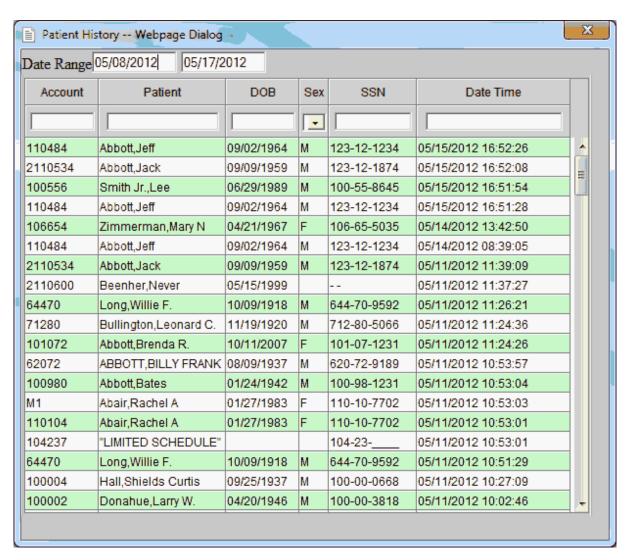
This option will run the remote support connection program so a support person can take control of your computer.   Your support person may ask you to run this so they you may show them what is happening, or they may show you how to perform a task.

Your support person will need to know the unique ID number so they may connect with your computer.
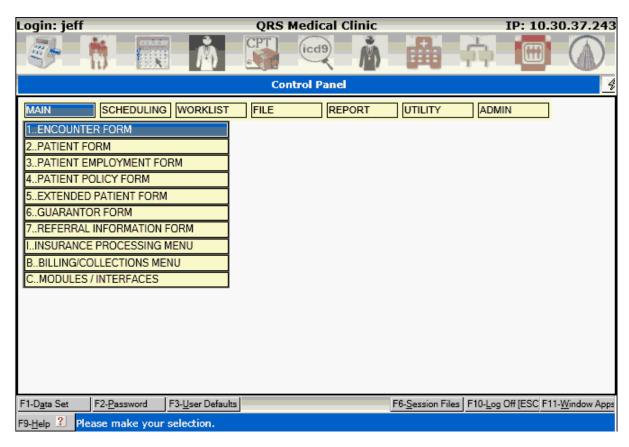
1.6.2.10 Patient History

Patient History will display the dialog box seen below. It will show a history of all patients you have worked with for the date range specified. You can filter your selection by using the filter boxes for each column. Clicking on a patient will open the PAT (Patient) form with that patient in the Form area of the Control Panel.

Account	Patient	DOB	Sex	SSN	Date Time
110484	Abbott,Jeff	09/02/1964	M	123-12-1234	05/15/2012 16:52:26
2110534	Abbott,Jack	09/09/1959	M	123-12-1874	05/15/2012 16:52:08
100556	Smith Jr.,Lee	06/29/1989	M	100-55-8645	05/15/2012 16:51:54
110484	Abbott,Jeff	09/02/1964	M	123-12-1234	05/15/2012 16:51:28
106654	Zimmerman,Mary N	04/21/1967	F	106-65-5035	05/14/2012 13:42:50
110484	Abbott,Jeff	09/02/1964	M	123-12-1234	05/14/2012 08:39:05
2110534	Abbott,Jack	09/09/1959	M	123-12-1874	05/11/2012 11:39:09
2110600	Beenher,Never	05/15/1999		- -	05/11/2012 11:37:27
64470	Long,Willie F.	10/09/1918	M	644-70-9592	05/11/2012 11:26:21
71280	Bullington,Leonard C.	11/19/1920	M	712-80-5066	05/11/2012 11:24:36
101072	Abbott,Brenda R.	10/11/2007	F	101-07-1231	05/11/2012 11:24:26
62072	ABBOTT,BILLY FRANK	08/09/1937	M	620-72-9189	05/11/2012 10:53:57
100980	Abbott,Bates	01/24/1942	M	100-98-1231	05/11/2012 10:53:04
M1	Abair,Rachel A	01/27/1983	F	110-10-7702	05/11/2012 10:53:03
110104	Abair,Rachel A	01/27/1983	F	110-10-7702	05/11/2012 10:53:01
104237	"LIMITED SCHEDULE"			104-23-____	05/11/2012 10:53:01
64470	Long,Willie F.	10/09/1918	M	644-70-9592	05/11/2012 10:51:29
100004	Hall,Shields Curtis	09/25/1937	M	100-00-0668	05/11/2012 10:27:09
100002	Donahue,Larry W.	04/20/1946	M	100-00-3818	05/11/2012 10:02:46

1.6.3 Legacy Control Panel

The Legacy Control Panel allows access to all parts of the software. After you have selected a data set to work from you will see the control panel. This control panel was designed to take advantage of tab browsing feature of internet explorer. It will only run in the browser and will not run as a hypertext application. It will appear similar to the following:

The control panel is divided into four parts: Status Bar, Quick Buttons, Menu Options, and Functions.

NOTE: To run the software with the legacy control panel add ?HTA=false to the end of the URL of the login screen.
"**http://d14ja/pms/pms.cgi?HTA=FALSE**"

The Legacy Control Panel can only be run in the browser and not as an "HTA"

1.6.3.1   Status Bar

You will find the status bar at the top of the control panel.

This provides you with several pieces of information. The first being the user who you are logged in as.   Clicking on this will open a new browser and automatically log you in. This is helpful if you work with multiple data sets and want to have a separate occurrence of the software for each data set.

The second is the data set you are currently using. Any programs opened from the control panel will be based on the data set displayed. You may also hover and click to select a new data set. This can also be done using the Data Set function discussed later.
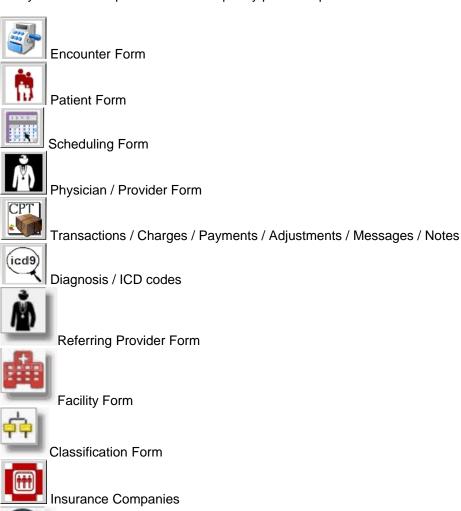
The last piece of information is the IP (Internet Protocol) address of your computer. This information may be needed for support. Clicking on this will open a terminal session to the system.

1.6.3.2   Quick Buttons

The quick buttons are displayed under the status bar.

Use your mouse to point and click to quickly pick the options.

Encounter Form

Patient Form

Scheduling Form

Physician / Provider Form

Transactions / Charges / Payments / Adjustments / Messages / Notes

Diagnosis / ICD codes

Referring Provider Form

Facility Form

Classification Form

Insurance Companies

Employer Form
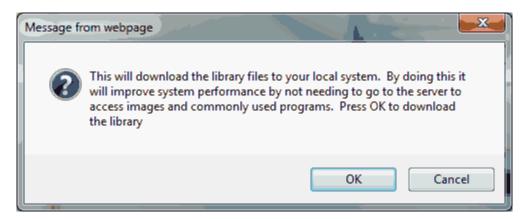
1.6.3.3   Library Button

Control Panel

The Library Button will display if the current library of images and script code is not installed on your PC. If you are connecting through the internet, this feature can improve performance by storing these files locally on your PC so when they are needed they do not have to be downloaded from the server.
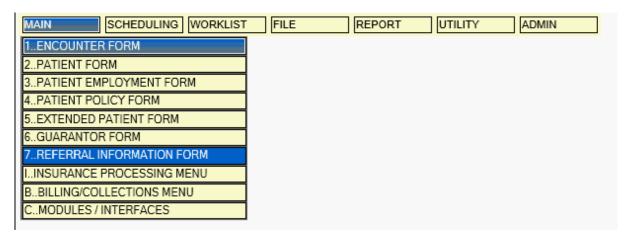
Press this button and the following message will appear.

If you press "OK" the program will install the library on your PC. The control panel will then reload and the Library Button will be gone. If a new update is installed on the server you may notice the button again.

1.6.3.4   Menu options

The Menu Options allow you into all aspects of the system.

You may hover and click to select either a menu or option on a menu. You may also use your keyboard to select an option. Pressing the first letter of the menu will redisplay that menu. Ie. If you want to select the Report Menu, press the letter 'R'.   You may select the menu option by pressing the leading number or letter. Ie. Pressing '6' on the MAIN MENU will select and execute the GUARANTOR FORM.

You may also use your left and right arrow keys to select the different menus, and your up and down arrow keys to pre-select the menu option. Pressing the "Enter key" after pre-selection will confirm your selection and execute the program for you.

1.6.3.5   Functions

At the bottom of the page you will see the functions.

Functions may be activated by any of the following methods:
1. Click on the button
2. Press the corresponding function key (F1,F2....F12)
3. Use the access key. Press and hold the "Alt" key while simultaneously pressing the letter or number with the underscore.
4. Use the Quick access button if defined for the function. It will show in "[]" brackets.. Such as the [ESC] button on the F10-Log Off function.
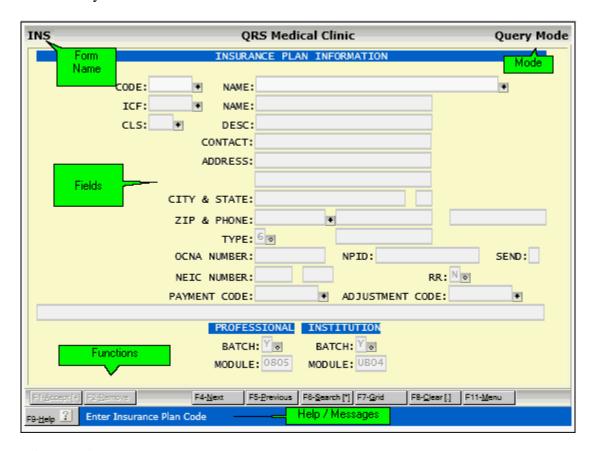
See Control Panel Functions.

1.7   Data Entry Forms

The system also uses data entry forms for the entry of information into the system. Al the data entry forms all use the same conventions; therefore, once you learn how to enter information on one data entry form, the same techniques will follow through for all forms.

1.7.1   Data Entry Form Layout

Each of the data entry forms has specific information that is located on the computer screen that you should be aware of.

FORM NAME
The form name identifies the form.

MODE INDICATOR
The mode indicator tells you whether the form is currently in the query, add, or update mode. On

some forms, there are additional modes you may encounter.

FIELDS

The body of the form contains the fields that you may enter information into. Some fields are display-only fields. Fields allow controlled input for specific information.

FUNCTIONS

At the bottom of the screen you will see all of the functions for the given form. The function values can change depending on the mode and the field the cursor is currently in. Functions may be activated by clicking with the mouse pointer or pressing "Alt" key sequence. To use the "Alt" key method, press and hold down the "Alt" key then hit the corresponding alphabetic key that is underlined on the function button. Just like doing a shift on your keyboard except you use "Alt".

HELP / MESSAGES

The help line, or message line, will show helpful information concerning the field that the cursor is currently located in. It is also used as a prompt line to validate information and to display any error messages that may occur. It also contains the Help function activated by pressing F9 or "Alt-H".

1.7.2 Form Navigation

When you first enter a form, the form will be in the Query Mode as indicated by the Mode indicator in the upper right hand corner of the form. You may use the ENTER key or the TAB key to advance forward through the fields. You may use CTRL-ENTER or SHIFT-TAB to move backwards through the fields. Any field that you do not have access to will be "grayed out". The current field that the cursor is in will display a different color depending upon privileges.
Yellow – Standard Access

Red – Required Access

Green – Administrative access only. If you are not an administrator you will not have access.
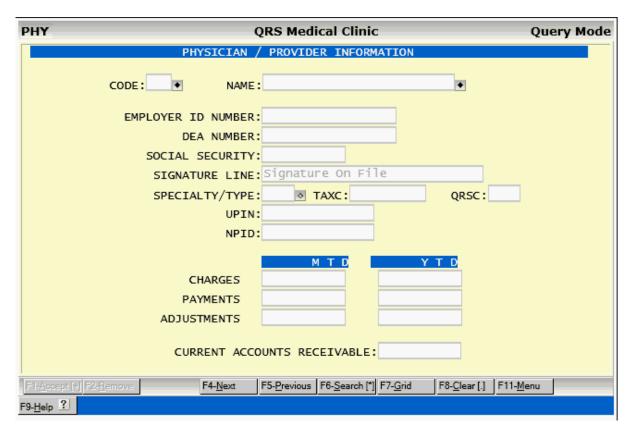
The TAB and SHIFT-TAB also will move you through not only the fields but also any other objects on the form such as function buttons, as well as control objects for the web browser.

1.7.3 How to Enter Data

Adding new data in forms will vary depending on the type of date entry form it is. Some data entry forms are simple and only require a new CODE be defined. Others use composite keys that require you to look up existing information to create a unique value to identify the record.

1.7.3.1 Simple Data Entry Form
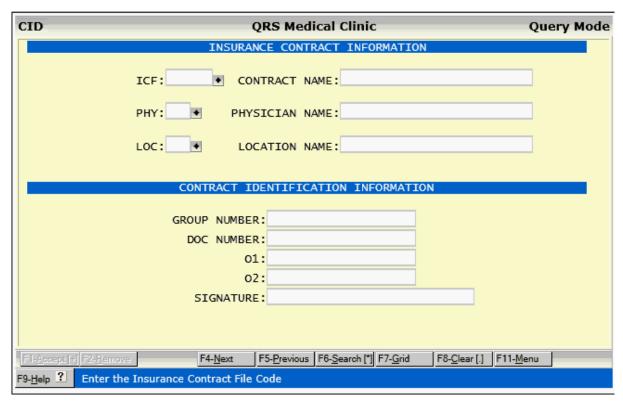
A simple data entry form is like the one shown above. In this type of form you will have a CODE field that is used to uniquely identify a record within the file.

The first thing you must be able to do on a data entry form is enter data. When you first enter a data entry form, it will be in the "Query Mode". This means that it is ready to search for a record. To create a new record, you must first define a unique code for the record. On many screens the computer can generate a code for you if you enter "NEW". Enter a new unique code in the CODE field and the mode indicator will then display "Add Mode". You might also notice that the Accept function will now be displayed at the bottom of the screen. Continue to enter all of the information and then press the Accept function. If you did not enter a field that is required on the form, the cursor will position itself in that field and display a message in the help line. Complete the field, and press the Accept function again. Once all required information is entered the record will be added, and the mode indicator will return to showing "Query Mode".

1.7.3.2 Composite Key Data Entry Form

A composite key data entry form will not have a CODE field but will create a unique record based upon several values that are entered from other fields. The following is an example of a this type of data entry form.
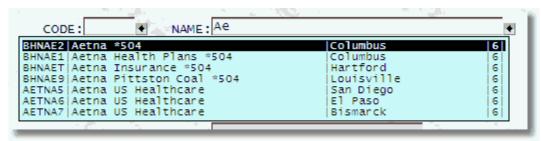
In this form you will need to first lookup information from the required fields that are active when the form is in the "Query Mode" In the above example that is the ICF, PHY, and LOC fields. Once these fields are populated the form will either go into the "Add Mode" if a record is not found, or into the "Update mode" if a record is found.   Either method you will complete the rest of the form and use the Accept function to store the data.

1.7.4   How to Find Data

Once you have entered data into a data entry form, you will at some time need to retrieve the information. With the screen in the "Query Mode" press the ENTER key to locate the cursor in the field that you wish to search for the data. Enter a value for your search and press the ENTER key. If you are in the CODE field, a search will be performed to find an exact match to your entry. If one is found, the record will be displayed, and the screen will switch to the "Update Mode". If an exact match is not found, the screen will switch to the "Add Mode".

When the cursor is _not_ in the CODE field, a search will be performed to find the closest match to your entry. Unless no data at all exists in the file, a record will be found. The program will suggest what you may be looking for and display it in an area below where you are typing.

You may use your ⇧ and ⇩ arrow keys and ENTER to select from the list, or click with the mouse.

That will display that record and the form will change to the update mode.

1.7.5   How to Change Data

If you need to change data in a data entry form, you must first find the information you wish to change as described above. Once the screen is in the "Update Mode" you may move the cursor through the fields, changing what you desire to change. After all changes have been made, use the Accept function to store the changes.

1.7.6   How to Remove Data

To remove information from a data entry form, you must first find the information as described above. With the screen in the "Update Mode" and the correct information displayed, use the REMOVE function to delete the entry from the data file. If you have privilege to remove, the help line will prompt:

If you are sure that you wish to remove the information, press the "Y" key to commit to remove. Some forms may first prompt you if you want to retire the information.   This process will mark the record retired, but keep it in the data base for historical purposes.

Many of the table data entry forms will first ask you if you wish to retire the record. Retiring a record will keep it in the data file but mark it so it can't be used on new entries.   For example: An ICD code may no longer be valid, so you can retire it from use on new visits, but it still has to exist for historical visits.

💣   **Please make sure that the information you are removing is not needed by other users and has not been used on other data entry forms by relation before removing.**

1.7.7   Other Functions

Each data entry form has a variety of functions. Only the functions that are available to you will be displayed at the bottom of the screen. The following is an overview of the common functions.

1.7.7.1   History

- **History Function** - This applies to the NCTR, PAT, POL, EXP, UBP, and SCHD forms.   F3 (Alt-H) History will display the patient history. Selecting a record will display the patient on that form.

1.7.7.2   Next

This function will find the next occurrence of something. If you are in a field that allows for lookup or query, this function will find the next record.

If you are in a Date field this will add 1 day to the current day and then display it.
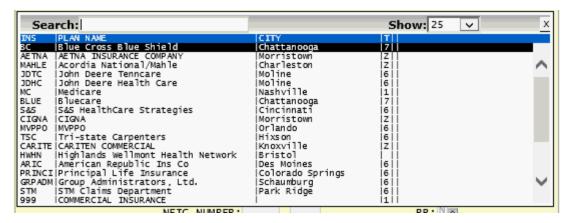
1.7.7.3   Previous

This function will find the previous occurrence of something. If you are in a field that allows for look up or query, this function will find the previous record.

If you are in a date field this function will subtract 1 day from the current day and display it.

1.7.7.4   Search

This function will allow you to search if the current field is a look up, query, validated or date field. If the field is a look up or query field the search window will appear similar to the following:

Entering data in the Search field will narrow the search down until you find the information you are searching for.   You may enter multiple elements in the search, and it is based on any information contained within the record even if it is not displayed.

Fields that are lookup or query fields will also have a black diamond displayed next to them.

   You may click on the Black Diamond to Search the field.

1.7.7.4.1 Validate

Validated fields also will use the search function. These fields will display with an open diamond next to them.

   Search will display the validation list for you to choose from for the field similar to the following:

1.7.7.4.2 Date

If the field is a date field, a perpetual calendar will allow you to search for the date you want. Date fields will display a small calendar icon next to the field that can also be used to activate this function by clicking on it.

DOB :

The Select Date Dialog will display in a pop-up window.   The date in black with white text is the date that will be selected if the ENTER key is pressed. The date in Red with black text is the current system date.

The dialog may be controlled via mouse or keyboard.

Mouse controls:
- Hover and click to choose the date you want to select.
- Click on the Month drop down to select a month.
- Click on the Year drop down to select a year.
- Click on "Y" to move back one year.
- Click on "M" to move back one month.
- Click on "System" to go to the current system date.
- Click on "Clr" to exit and return no date.
- Click on "m" to move forward one month.
- Click on "y" to move forward one year.
- Click on the "X" to exit the window with no change on form.
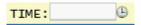
Keyboard controls:
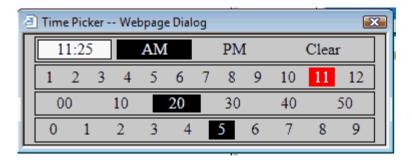
- Press "Y" to move back on year.
- Press "M" to move back on month.
- Press "S" to move to the current system date.
- Press "C" to exit and return no date to the form.
- Press "m" to move forward one month.
- Press "y" to move forward one year.
- Press "w" to move forward one week.
- Press "W" to move back one week.
- Press down arrow to move forward one week.
- Press up arrow to move back one week.
- Press right arrow to move forward one day.
- Press left arrow to move back one day.
- Press Page Down to move forward one month.
- Press Page Up to move back one month.
- Press ENTER to select the date in BLACK

1.7.7.4.3 Time

If the field is a time field you will see a clock icon next to it.

TIME:

When the cursor is in this field you may use the SEARCH function or click the icon to display the Time Picker.

The Time Picker allows you to use your mouse to quickly enter a time. It is divided into four lines.

The First line shows the time that will be returned, Allows you to select AM or PM, and Clear will return an empty time. The Second line allows you to select the hours. The Third line allows you to select the tens of minutes and the Fourth line allows you to select the ones of minutes.

Using your mouse: Start with the first line and hover over AM or PM **(DO NOT CLICK)**, then move your mouse down to the second line and hover over the hour, move your mouse down to the third line to hover over the tens of minutes and then down to the forth and final line to hover the ones of minutes. The time you picked will be in displayed on the first line. If it is correct CLICK to close the Time Picker and place the time in the TIME field.
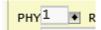
1.7.7.5 Clear

This function is used to clear all of the data entry fields to their default values and return the form to the "Query Mode". It has the same effect as leaving the form and then returning to it from the menu.
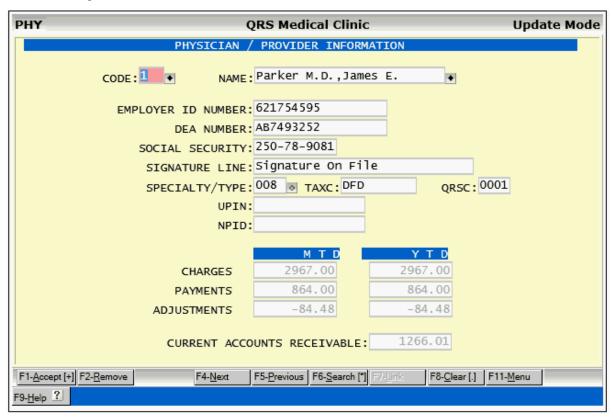
1.7.7.6 Link

The Link function allows you to quickly go to another data entry form that is used to define data on the form you are on. In the example of the INS form the ICF, CLS, ZIP, PAYMENT CODE, and ADJUSTMENT CODE fields all link back to other data entry forms. When the cursor is in a field that will link to another form the link function will open the other form and pull up the record of information. You may also double click on any field that has link ability to execute the link function.

Here the cursor is in the PHY field of the Patient (PAT) form.
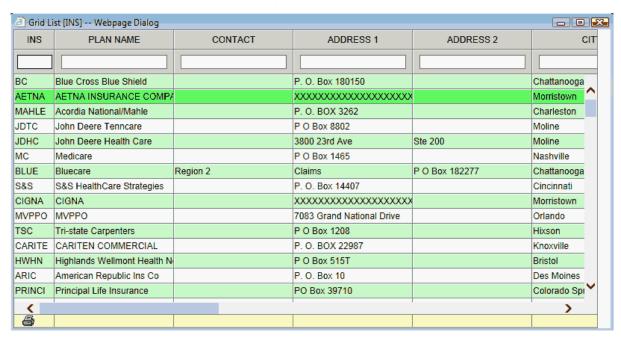
The LINK function is executed by clicking on the button, using the Function key, Using the Alt-L or double clicking the field.

The Physician (PHY) form will then display and query the value defined.

1.7.7.6.1 Grid
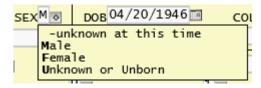
Grid Function - This is a feature that opens a data grid of the data file in a modeless dialog box. This will allow you to use the grid to find the record or records you are searching for to edit in the form. The NCTR and SCHD forms will display a grid for the patients. This function can be activated on any data entry (s4gl) form by pressing F7 (Alt-G) while in the query mode. While not in the Query mode this function will return to the Link function.
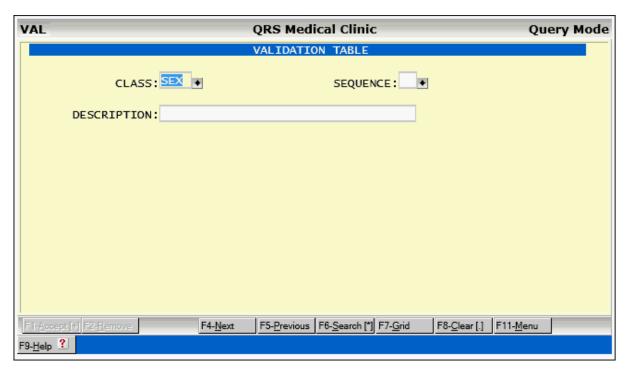
1.7.7.6.2 Link on Validation Fields

Link access is given to Administrators for validated fields. Using the Link function or double clicking the field will display the VAL (Validation) form and enter the class used for the field.

Here is the SEX field with the validation information shown.
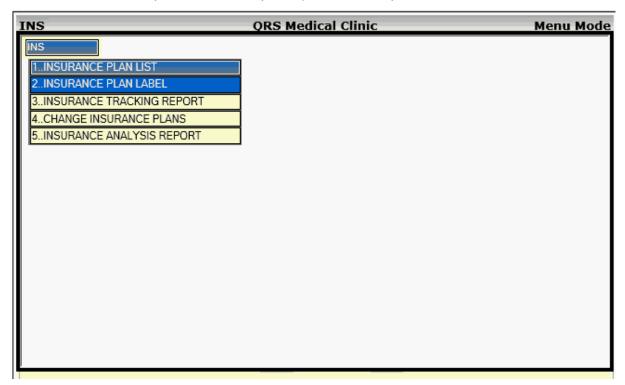
Double clicking in the field will open the Validation (VAL) form and pull up the reference.

1.7.7.7 Menu

The menu function allows access to a menu of other programs related to the information that is entered on the data entry form. These may be reports, data entry forms, etc.
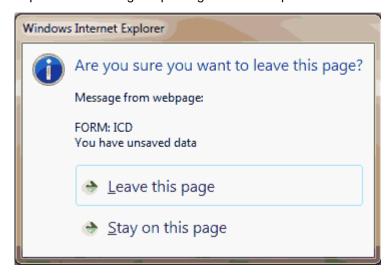
You may exit the Menu function by executing the menu function again or pressing ESC.

1.7.7.8 Help

This will put you in the help system. This is an online manual that is indexed to allow you to quickly find the information you need.

1.7.7.9 Quitting / Exiting

When you are finished with a form, you have a couple of options for quitting or exiting the form. The preferred method is to press the ESC button or F10. This is the Quit function. It will take you back one level, so if you are done with the form it will exit. The quit function will also look to see if you are in the process of adding or updating data and stop the form from exiting by prompting you first.

You may also use the Exit button to quit a form. This is done by pressing the of the tab for the form you are viewing.

1.7.7.9.1 Form Unload

 Form Unload - Implemented an on-unload into data entry forms that monitors the "Ask to Quit" and processes accordingly.   If in Add Mode or Update Mode and data on the form has changed the user will be prompted with a dialog box to confirm they want to leave the page.

1.7.8 Special Field Entry Functions

Certain types of fields have the ability to perform special functions based upon the characters that you enter.

1.7.8.1 Date Fields

Date Fields can perform a multitude of date related calculations base on the characters that you enter. The following charters will act as follows:

S	System / Current Date
d	Add one day

D	Subtract one date
w	Add one week
W	Subtract one week
m	Add on month
M	Subtract one month
y	Add on year
Y	Subtract on year

They also allow you to enter dates in a multitude of different methods.

Format	Enter	Result	Note
m/d/y	9/2/70	09/02/2070	Inserts century
m/d/y	9/2/71	09/02/1971	(1971 is the roundup date)
mmddyy	090271	02/02/1971	Inserts separators and century
mmddccyy	09021971	02/02/1971	Inserts separators

1.7.8.2   Time Fields

Time fields also support special functions and input methods.

S	System Time
m	Add one minute
M	Subtract one minute
f	Add five minutes
F	Subtract five minutes
h	Add one hour
H	Subtract one hour
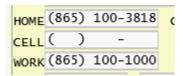
Enter	Result
11	11:00 AM
12	12:00 PM
1015	10:15 AM
0230	02:30PM

The basic rule of thumb with time is unless you specify AM or PM anything greater than 7 and less than 12 will be AM. Everything else PM.
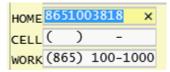
1.7.8.3   Phone Numbers

Phone Number fields strip the formatting characters "()-" when you enter the field, so all you need to enter is the number. When you leave the field it puts the formatting characters back in place. This makes it easier to enter and change.
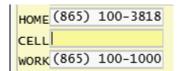
The cursor is not in any of the phone fields.

The cursor is now in the HOME field.   The formatting characters are gone.

The cursor is now in the CELL field. The formatting characters have returned to the HOME field and the are gone from the CELL field.
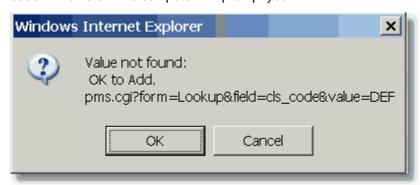
1.7.9   Quick Function Activation

Quick function keys allow you activate some functions by entering a character as the first character of a field.   This can speed up operation because you don't have to reach for the mouse, or press an ALT key sequence.   The following are the quick function characters.

[+]   Accept
[.]   Clear
[*]   Search
[ESC]   Quit

1.7.10   Auto Link Feature

One of the most powerful functions of the system is Link. This function allows you to suspend the work you are currently on and move to another part of the system to work. When you are finished you will return to the point of origin. The Link function is expanded when the cursor is in a lookup field such as the PHY, RPH, LOC, CLS, ICD1, ICD2, or INS fields. These fields relate to table files in the FILE MENU. If you need to add a new entry to one of these table files, you simply enter a new and unique code in the field. The computer will prompt you:

Select "OK" and the computer will automatically take you to the table file to add the rest of the information. This is known as an "AUTO LINK". Add the information to the table file and then quit. The computer will automatically take you back to the patient form where you left off.

This eliminates having to save your work, quit, select the FILE MENU, select the option from the FILE MENU to add, enter the screen and add the data, then quit and go all the way back to the patient form, pull up the account you were working on, and start over.

1.7.11   Function Quick Buttons

When you place the cursor over the help / message area with the mouse the Quick Buttons will appear. You may then press one of these buttons to quickly go to another data entry form without having to go back to the control panel.
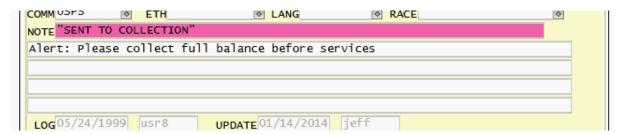
Any form you open using the quick buttons on the form looks as this as it's parent form, so if you close this form all of the forms open from the quick buttons from this form will also close.

 - This feature is not available when using the Default control panel. Quick access buttons for most forms are shown at the top of the control panel.
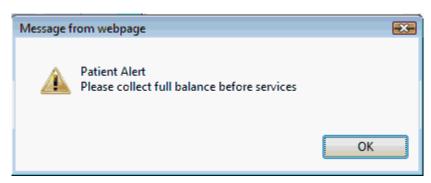
1.7.12   Patient Alert

Patient Alert - If "ALERT:" is entered on a note line it will cause the software to display an alert box on the NCTR or SCHD form when that patient is queried.   The alert box will contain the remainder of the note line. One alert box will display for each of the five note lines that has "ALERT:" in it.

Here an alert has been added to the note section of the patient form.

When that patient is queried on the NCTR or SCHD form, the following Patient Alert box will display.
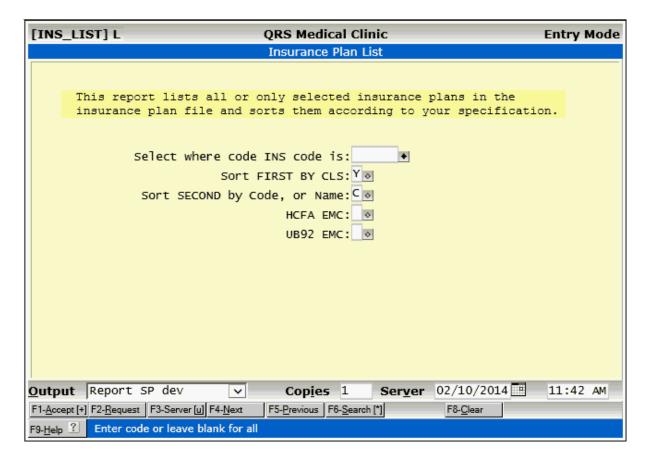
1.7.13   Temporary Default

Temporary Default - This feature is on all Data entry forms (S4GL). If you center click on a field it will prompt you to assign the current value as a temporary default. This default will remain until either using this function to reset to another value, or the screen is refreshed.

1.8   Reports

 Once you have entered information into a data file, you may wish to print a report (hard copy) of the information. Most data entry forms have a MENU function. By pressing this function, a window menu will appear with a list of the various reports that you may print, as well as other programs that are specifically related to the information entered on the data entry form.   Reports may also be found on other menus, or may be run from the report manager. The following is an example of a report screen.

```
[INS_LIST] L                    QRS Medical Clinic                    Entry Mode
                               Insurance Plan List

        This report lists all or only selected insurance plans in the
        insurance plan file and sorts them according to your specification.


            Select where code INS code is: [        ]  ◆
                        Sort FIRST BY CLS: [Y]◇
            Sort SECOND by Code, or Name: [C]◇
                               HCFA EMC: [ ]◇
                               UB92 EMC: [ ]◇




Output  [Report SP dev        ▼]     Copies 1     Server  02/10/2014     11:42 AM
F1-Accept [+]  F2-Request  F3-Server [u]  F4-Next     F5-Previous  F6-Search [*]           F8-Clear
F9-Help  ?    Enter code or leave blank for all
```

1.8.1   Report Form Layout

In the upper left hand corner of the screen is the program file name. This uniquely identifies the program from other report programs on the system. This program file name is enclosed in brackets "[]". Next to it you will see a letter. This letter identifies where it is getting the report. The following is a list of what the letters mean:
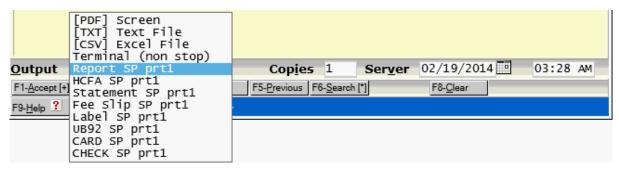
- •   L – Library, This is a standard report from the report library
- •   C – Custom, This report is custom to the data set
- •   S - Share, This report is custom but shared between all data sets

The "English" program name appears in the center on the top of the form. In the upper right hand corner is the mode. Report forms are always in the Entry mode. The help for the report will be displayed on the screen and is enclosed in a box. At the bottom of the screen are the functions and the help line.

Above the functions near the bottom of the form you will see the Output line. This line determines where the report output will be sent when you either the Accept, Request or Server functions. (these

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are discussed later)

Clicking on the Output field will produce a drop box that will allow you to select the output device that you would like to use. These are the printers that are defined in your system as well as to your display as a PDF, TXT, or CSV file.

Report entry forms are similar to data entry forms in that you have fields to fill in, and then you perform a function. The SEARCH, CLEAR, HELP, NEXT, and PREVIOUS functions are all the same as found on the data entry forms. Several new functions are described as follows:

1.8.2   Report Form Functions

Accept
This function will send a request to the Report Server (pprs) to immediately generate and print the report.

The accept function also allows for special output to be generated. When you select one of these output types from the OUTPUT menu only the Request and Server functions will be disabled.

- [PDF] Screen
- [TXT] Text File
- [CSV] Excel File

Request
When you request a report it will not run it immediately as reports do under the ACCEPT function. Instead, it will write a program and place the program in the request manager. When the end of day processing is done, the user running the end of day will be prompted as to whether they wish to run the request. Answering "yes" causes all requests in the request manager to be executed as defined by the user that called them. This allows you to run long time-consuming reports at night when interactive use of the system is at a minimum. If you run a long highly transaction oriented report while other users are on the system, it will slow down the system for them, as well as tie up your terminal for a long time. When you request a report, you should never select the option to send the report to the SCREEN PAGER or any other program that would require interactive use. See UTILITIES, REQUEST MANAGER for more information.

Server
Once you select an output, this function will create a program and send it to the report server. The report server is a program that runs all the time looking for report request. When a request is made, the report server will run the report for you. This allows your terminal to be freed up for use while the report is generating. This option is good for reports that are somewhat long but that you need right away. See UTILITIES, REPORT SERVER MANAGER for more information. You may also schedule the time the report is to run using the date an time fields for the server.
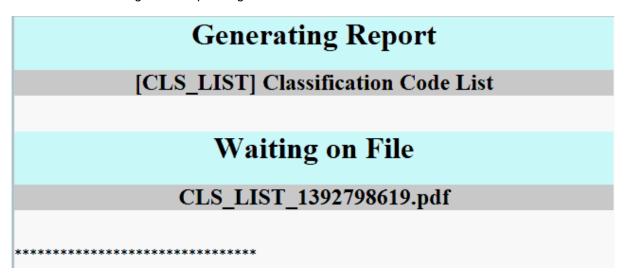
Defaults
The Defaults function will display if the R4GL program has the ability to allow you to save the defaults on the screen. Executing this function will save the field values for the next time you enter the form.
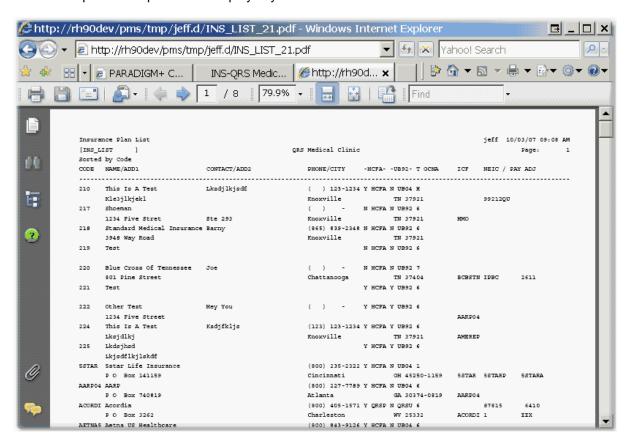
1.8.2.1   [PDF] Screen

If you select the [PDF] Screen output device ACCEPT will be the only option available to you. This Mode will generate the report immediately, convert it to PDF and display it in your web browser.   You must have a PDF viewer installed (See Window Apps on the control panel). You will first see a screen similar to the following as the report is generated.
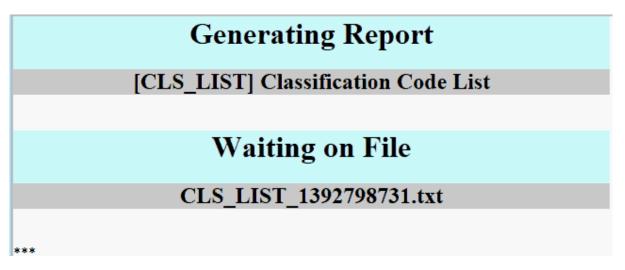
Once the report is complete it will display in your browser
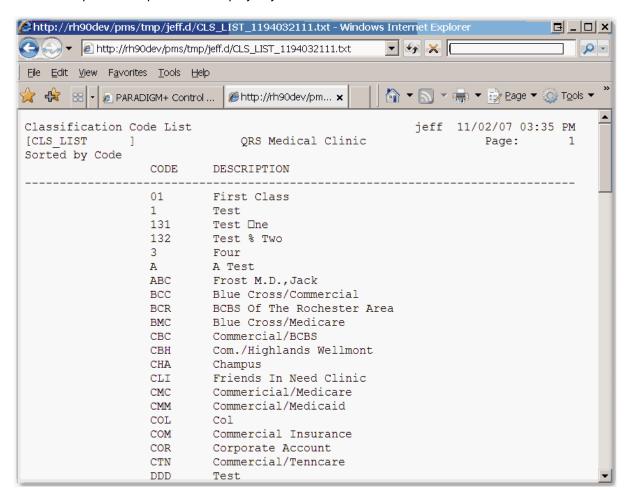
1.8.2.2   [TXT] Text File

If you select the **[TXT] Text File** output device ACCEPT will be the only option available to you. This Mode will generate the report immediately, convert it to a text file and display it in your web browser. You will first see a screen similar to the following as the report is generated.

Once the report is complete it will display in your browser
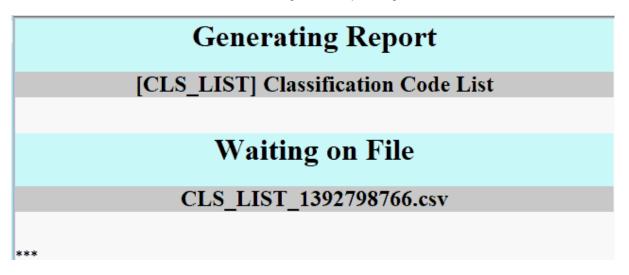
You may use the Browsers File-> Save As to save the file on your computer.

1.8.2.3   [CSV] Excel File
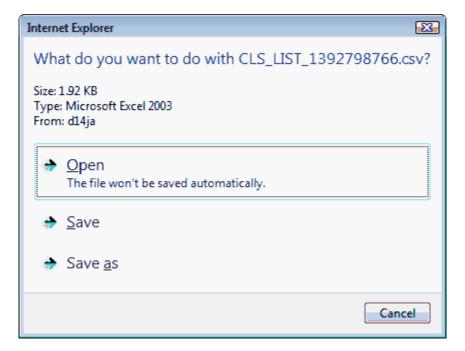
If you select the **[CSV] Excel File** output device ACCEPT will be the only option available to you. This Mode will generate the report immediately, convert it to a CSV (Comma Separated Value, used by MS-Excel) file and display it in your web browser or ask you to download it (depends on how you configure your browser).

This option is only available on reports that have CSV filters added to them. If the report does not have the CSV filter it will not display this option in the OUTPUT menu.

You will first see a screen similar to the following as the report is generated.

Generating Report

[CLS_LIST] Classification Code List

Waiting on File

CLS_LIST_1392798766.csv

***
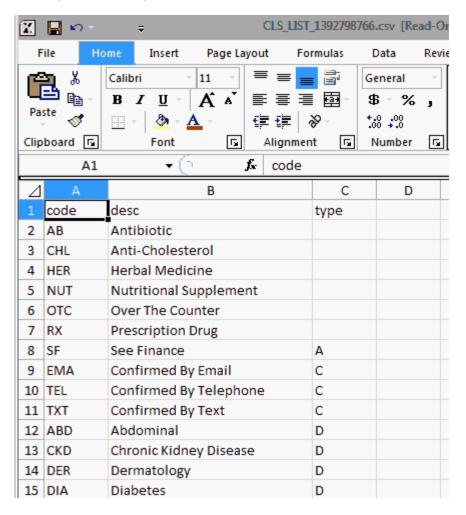
You will then be prompted to open the file.

Internet Explorer

What do you want to do with CLS_LIST_1392798766.csv?

Size: 1.92 KB
Type: Microsoft Excel 2003
From: d14ja

➡ Open
    The file won't be saved automatically.

➡ Save

➡ Save as

Cancel

It will then download
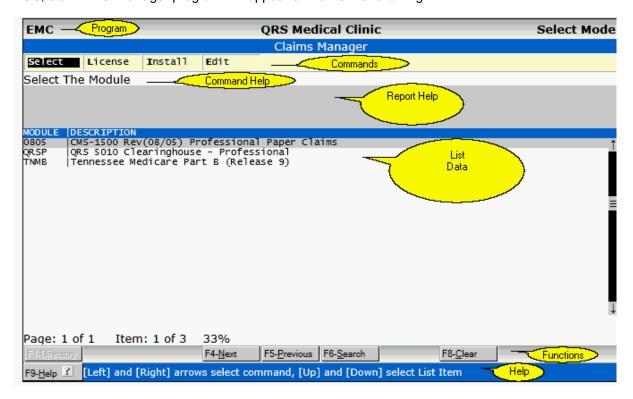
The Report will then open in Excel if selected.

1.9 The List Manager

The List Manager program is used to manage list of data and allow you to execute commands on the list. You will find it used extensively in the Claims Manager, ERA Manager, Report Manager, Work Lists, etc.. A list Manager program will appear similar to the following:

PROGRAM
This will display the List manager program name. Sometime you a list manager will call another list manager. When this happens the program area will display the complete path of programs with ">" greater than symbols. The current program will be the last program in the path.

COMMANDS
This area will display the commands available for this list manager.

COMMAND HELP
This area will display user help for the command highlighted. You may use the left and right arrows keys or hover and click to select the command.

REPORT HELP
The Report Help area will show information about the list, such as when it was generated, the selection criteria used as well as specific information about the list item highlighted such as an ERROR or additional data.

LIST DATA
The list data will display here. You may use the up and down arrow keys or hover and click to select the list item.

FUNCTIONS
This area will display any functions that are available to you. The Functions are for list management such as next or previous page. The SEARCH function allows you to search the list and only display list

data that meet the search criteria.

HELP
This area provides the help function as well as basic help for the List manager.

1.9.1   How To Use

The purpose of a list manager is to allow you to perform commands on items on the list. You may select the data on the list by using `UP` or `DOWN` arrow keys. You may select a Command by using `LEFT` or `RIGHT` arrow keys. To Execute the command press the `ENTER` key.

You may also use the mouse. If click on a line in the list data it will execute the command highlighted for that item. If you click on a command and the command is generic and does not require any line data it will execute. If the command requires information from the list it will tell you "**SELECT AN ITEM FROM THE LIST**" in the command help area.
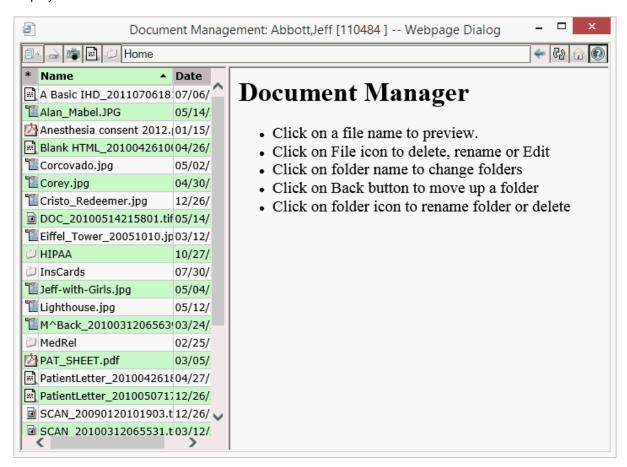
1.10   Document Management

The system has an integrated document management feature that allows you to store, retrieve, modify, remove and print documents for the patient. Documents may be Scanned, Transferred, or created from templates. You will find access to Document Management on the Patient Form (PAT), Encounter Form (NCTR), and Scheduling Form (SCHD).

It will display under the Notes area, as the buttons [Doc] and [IC].

Notes | P | G | C | EXP | REF | UBP | Doc | IC

Clicking on either of these buttons will launch the Document Management program for the patient displayed on the form.

Document Management: Abbott,Jeff [110484] -- Webpage Dialog

Home

*	Name	Date
	A Basic IHD_2011070618	07/06/
	Alan_Mabel.JPG	05/14/
	Anesthesia consent 2012.	01/15/
	Blank HTML_2010042610	04/26/
	Corcovado.jpg	05/02/
	Corey.jpg	04/30/
	Cristo_Redeemer.jpg	12/26/
	DOC_20100514215801.tif	05/14/
	Eiffel_Tower_20051010.jp	03/12/
	HIPAA	10/27/
	InsCards	07/30/
	Jeff-with-Girls.jpg	05/04/
	Lighthouse.jpg	05/12/
	M^Back_2010031206563	03/24/
	MedRel	02/25/
	PAT_SHEET.pdf	03/05/
	PatientLetter_201004261	04/27/
	PatientLetter_201005071	12/26/
	SCAN_20090120101903.t	12/26/
	SCAN_20100312065531.t	03/12/

Document Manager

- Click on a file name to preview.
- Click on File icon to delete, rename or Edit
- Click on folder name to change folders
- Click on Back button to move up a folder
- Click on folder icon to rename folder or delete

The Document Management Window contains three distinct panes. The Header, File List, and Preview Area. Each pane has a special purpose.

1.10.1   Header

The Header pane displays the functions and path.

Home

The following are the functions available to you in the Document Management Header.

1.10.1.1 Transfer

The Transfer Button will display the Transfer Document form in the Preview area.
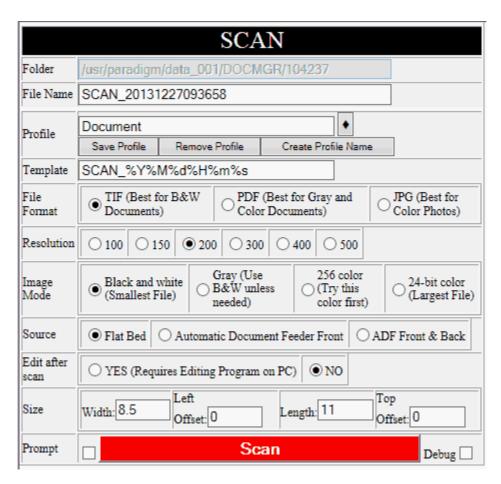
By using the Browse Button on this form you may select a file from your computer or network attached storage to transfer into the patients folder. It will give the file the same name in the TO fields, you may change the name if you desire.

Then click the Transfer button.   The document will be sent via a secure copy protocol from your computer to the system server.

1.10.1.2 Scan

The Scan button will display the SCAN form in the Preview Area.

This form allows you to define how you would like to scan the document.   The first four you will not have access to, they are completed by the program. The following details the other fields.

File Name
Enter the name of the file. This field will default to template defined.

Profile
This field will display the profile name. On first login the profile will default to document, If you change the profile and scan, the profile name will default to the last profile that you have used. See Scanning Profiles.

Template
This field is used to enter the naming template used by the profile. This allows for the following special characters to be used in a file name. **Do NOT use "/" or ":" in file names.**

%Y	4 character year
%y	2 character year
%M	2 character month
%d	2 character day
%H	24 hour
%h	12 hour
%m	minute
%s	second
%a	AM or PM

File Format
The system can scan in either TIFF, PDF, or JPG format. TIFF images are best for black and white documents because they take up the least amount of space. If you are scanning a document that is grey scale or color PDF will be more efficient. If you are scanning a color photo then JPG will be the most efficient. A photo can not be more than one page, a document can be multiple pages, but to scan multiple pages your scanner must have an automatic document feeder.

Resolution
This defines how many dots per inch will be scanned. The higher the resolution the cleaner the scan usually is. When scanning text documents, 200 DPI is usually sufficient for a clean, legible copy without creating unnecessarily large files. However if you are scanning a high resolution color photograph you may need to increase this value.

Image Mode
Here you may select if the document you are scanning is black and white or color.   Black and white documents use the least amount of space to store the images. 24-bit color creates the largest file.

Source
Here you may select if you are scanning from a flat bed scanner or one with an Automatic Document Feeder. If your scanner supports an ADF in duplex mode (both front and back) you may select it.

Edit after scan
Here you may select if you want to edit the document immediately after scanning.   You must have a program on your workstation that allows editing of the document File Format that you select.

Size
The following four fields define the size and layout for the scan.

Width
Enter with Width of the document. Most documents are 8.5 inches by 11 inches, but your document is irregular you may change it here.

Left Offset
This tells the scanner how far from the left edge before the width is scanned.

Length
Enter with Width of the document. Most documents are 8.5 inches by 11 inches, but your document is irregular you may change it here.
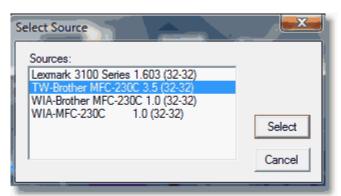
Top Offset
This tells the scanner how far from the top edge before the length is scanned.

Prompt
You may need to check this box if you have more than one scanner connected to your workstation. Typically the scanner that is used will be the last scanner used. If you want to select another scanner check this box and a window similar to the following will display to allow you to select the scanner after

you click the scan button.

After you have completed the form click on the SCAN button at the bottom of the form. The form will remember your settings while you are logged in.

Debug
If you are having problems with scanning your support person may ask you to check this box and attempt a scan. It will provide diagnostic information about what the scanning program is doing.
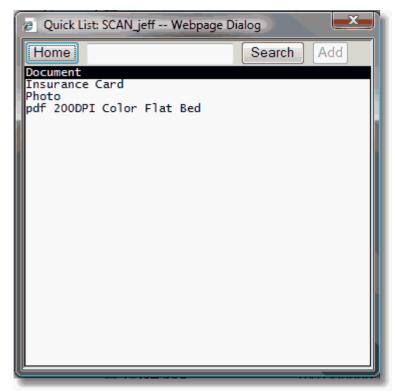
1.10.1.2.1 Scanning Profiles

Scanning profiles allow you to pre-define scanner configurations to fit your scanning needs. Profiles are stored by User name. The first time you enter the Scanning program two profiles will be created by default for you. They are:

- Document
- Insurance Card

Selecting Profiles
To Select a profile Click on the Black Diamond button next to the Profile field. This will display a list for you to choose from.

Saving Profiles
You may then select from either of these profiles, make any changes and then save them again (using the Save Profile button to store your changes.

Naming Profiles
You may also create new profile and save them. When creating new profiles you may name them anything you want or use the Create Profile Name button to have the computer generate a name for you based on the setup you selected. **Do NOT use "_" underscore characters in your profile names.**

Removing Profiles
To remove a profile click on the Remove Profile button. A confirmation box will display prompting you to remove the profile that you currently have loaded.

1.10.1.3 Photo

This program allows you to use a webcam to take a photo. Your webcam must be configured to place the photo in a monitored file on your PC.
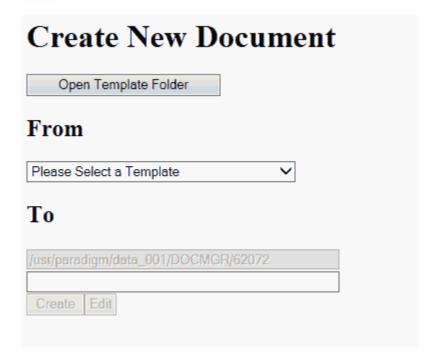
Take a Photo

Use your webcam software to take a photo. Your webcam software should be configured to store the photo in: C://QRS/webcam/jeff

Waiting on photo (jpg) image to be placed in the webcam folder of your computer

Once a photo is detected it will automatically load it into the patients documents and display it.

1.10.1.4 Create a New Document

The Create a new document button will display the Create New Document form in the Preview Area. This allows you to create a new document from a template. A template is a pre-defined document. It is used for things such as work excuses, release forms and registration sheets.

Create New Document

Open Template Folder

From

Please Select a Template

To

/usr/paradigm/data_001/DOCMGR/62072

Create Edit

Select the template from the drop down list. The file will be named automatically in the "TO" field but you may change it.

Clicking on the Create button will copy the file directly to the patients folder.

The Edit button will copy the file to the patients folder and automatically open it up for editing. This

option is useful when using forms that may require an electronic signature.

If you have administrative privileges you will see the "Open Template Folder" button. This allows an administrator to create or modify templates using the Document Manager. To learn how to create new templates see Document Management Templates under Programming.

1.10.1.5 Create Folder

Clicking on the Create Folder button will allow you to create a new sub folder in the current folder.

You will be prompted to enter a folder name.

Enter the name and click OK. The file list will re-display showing the new folder.

1.10.1.6 Go back

The Go Back button will move up one folder if in a sub-folder of the Home folder.

The list for the new folder will then display. If you are in the home folder, nothing will happen.

1.10.1.7 Refresh

The refresh button will redisplay the current folder.

1.10.1.8 Home

The Home button will return the document manager to the home folder and redisplay the file list.
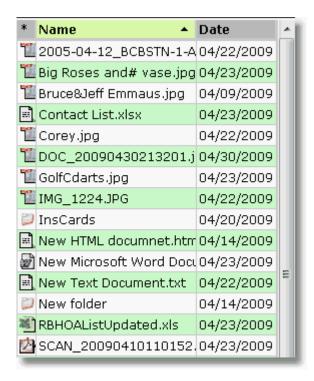
1.10.1.9 Exit

To Exit the document manager click the window exit button on the top right hand corner of the window.
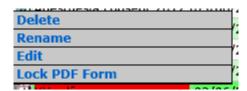
1.10.2 File List

The file list displays a list of files and folders in the path. The file list allows you to sort the list of files by either file type, name, or date by clicking on the column header. It can sort in either ascending or decending order.
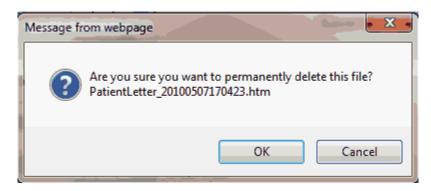
1.10.2.1 File Menu

By Clicking on the File Icon the File menu will display.
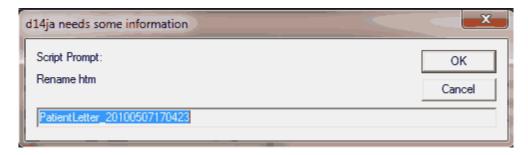
This will let you Delete, Rename, or Edit the file.

Delete - Will allow you to delete (remove) the file. You will be prompted:

Clicking OK will permanently delete the file from the patient chart.

Rename - Will allow you to rename a file. It will present a dialog to allow you to change the name. Enter in the new name and click OK to change the name.
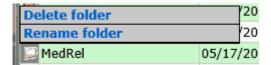
Edit - This will allow you to edit a file. The file will be downloaded to your PC and opened in the application that is associated with the file type. You may then edit the file. When you are done, Exit the program. If you have made changes it should prompt you to save them. Save the changes, and the program should close and upload the edited file into the patients chart.

Lock PDF Form - This option will only show if the document is a PDF (Portable Document Format) document. It will lock a form with the existing values so they can't be changed. PDF form documents will stay as forms and can be changed and saved and printed over and over. But if the document is a legal document such as a consent form that has form data that a patient must choose and then sign, it would be best practice to lock the document once it is complete.
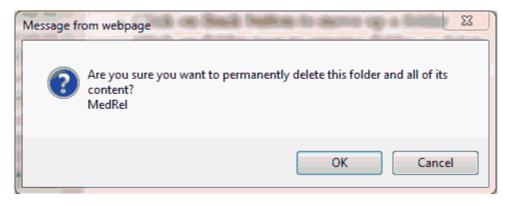
1.10.2.2 Folder Menu

Clicking on a Folder Icon will display the Folder Menu

This will allow you to Delete or Rename a folder.

Delete - This option will delete the folder and all of it's content. You will be prompted.

Clicking OK will permanently delete the folder and all of its content.

Rename - This will allow you to rename the folder. You will be prompted.

1.10.3 Preview Area

The Preview Area will display the file if capable. A built in image viewer will allow it to display all types of images, Internet Explorer plug-ins are available for other types of files such as PDF, and TIF. If the file type is not supported because a preview plug-in is not available you will see the following.

1.10.4 Electronic Signatures

Electronic Signatures are available on PDF documents stored in the Document Management System. The system also supports creating and merging PDF documents with PM system data. This is helpful for release forms, HIPAA forms, work excuses, etc...

Administrators and Programmers can set up templates with these features.

There are many PDF forms and signature products on the market including the standard published by Adobe Systems. Some of these products are free and others such as Adobe have a fee. It is recommended that you use Adobe Acrobat Reader as your browser plug-in for viewing PDF files in the Document Management System.

The system supports and has been tested with Topaz Systems signature pads and software and the examples given here are using this software.
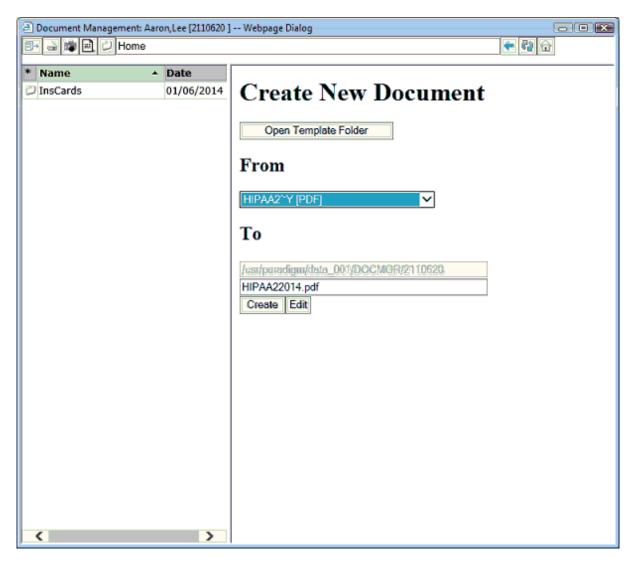
- Topaz SigPlus(r) - Software for Topaz Electronic Signature Pads
- pDoc Signer - Program to allow signing forms created by pDoc Forms Designer

QRS offers creating and setting up Dynamic Data Documents as a service.   Working with you to Create forms is billed on an hourly basis. If you desire an overlay program created it is billed at the cost of a report.
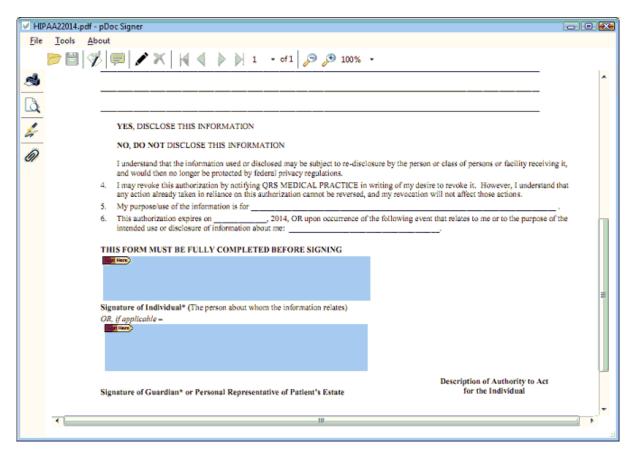
1.10.4.1 Signing a Document

Select the PDF document to be signed from the Templates by using the Create function.
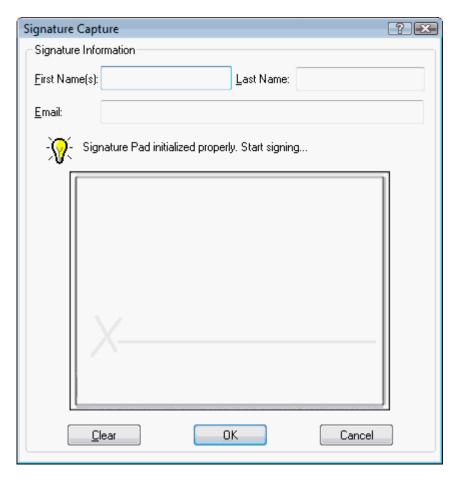
Click "Edit".

This will create the new document in the patients folder and automatically check it out for edit. You should have the pDoc Signer program set up on your workstation as the default program to open PDF files. It will then open the document in pDoc Signer.
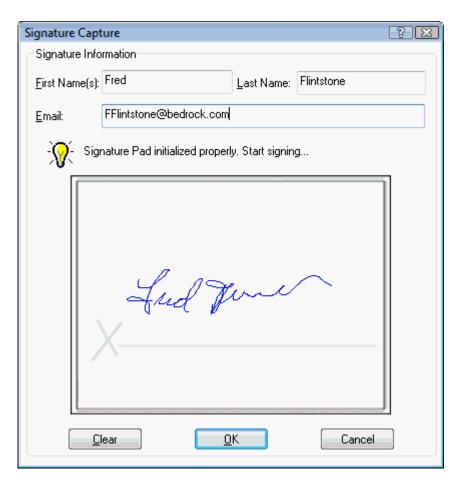
Click on signature area for the patient to sign. This will open the Signature Capture dialog.

Enter the Name and email information (optional).

Have the person sign using the signature pad.
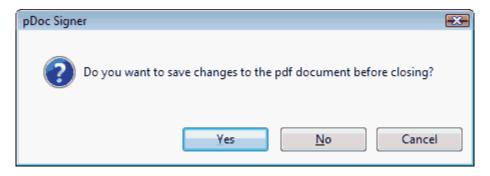
If everything looks ok, click OK.
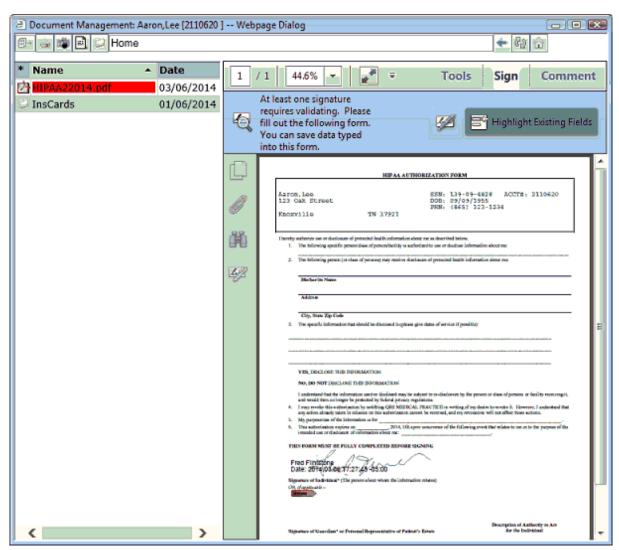
You will then see the signature put into the document.

Click on the "X" to exit the pdoc Signer Program. You will be prompted to save the file.

Click Yes. This will save the file and send it back to the server. The modified file will then display in the Document Management system.
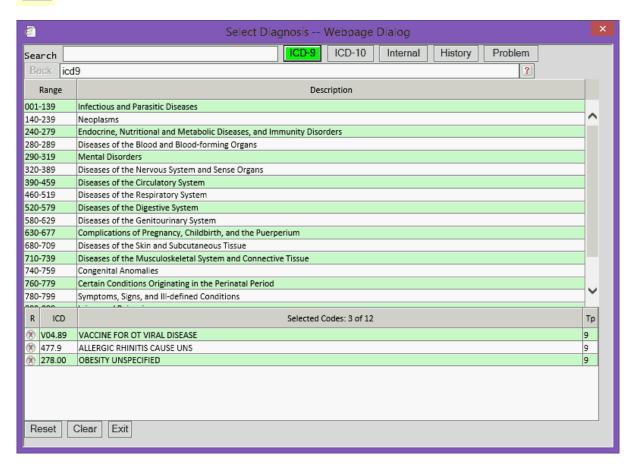
If the document has form data and everything is complete it would be a good idea to lock the PDF form .

1.11   Diagnosis Selector

The Diagnosis Selector is a tool used throughout the system to aid in the selection of Diagnosis or ICD codes. To activate the diagnosis selector click on the ICD button found on the Patient (PAT), Encounter (NCTR), or Diagnosis (ICD) forms.

ICDⲀ

The Diagnosis Selector screen has three sections. The Tool Bar area at the top, The List in the middle, and the Selected codes near the bottom.

1.11.1   Toolbar

The tool bar at the top will appear as follows:
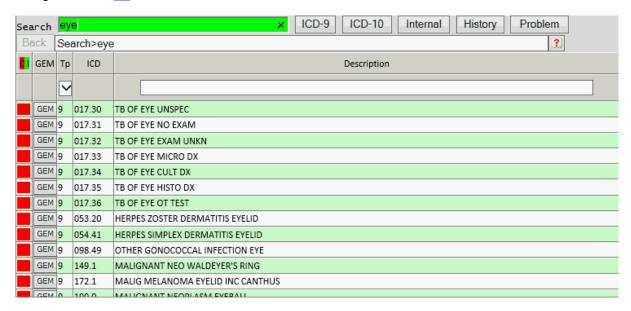
The active area of the tool bar will display in green when ready. If any buttons or areas are colored red that means the data has not completely loaded. If you are using the software remotely it may take some time for the data to download the first time it is used.

1.11.1.1 Search
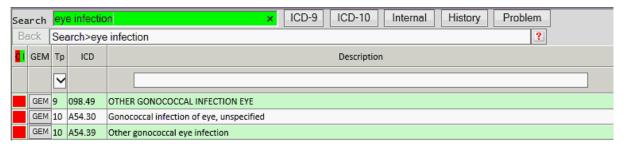
Here you may search both the entire ICD-9 and ICD-10 books by entering in key words.

For example: if you wanted to find any code with the word "eye" in the description, enter "eye".
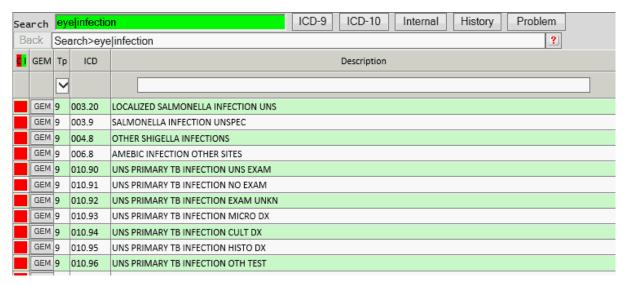
You may notice as you start to type the field turns red. After the search is complete and displays it will turn green. The list will show all of the codes that match.

	GEM	Tp	ICD	Description
	GEM	9	017.30	TB OF EYE UNSPEC
	GEM	9	017.31	TB OF EYE NO EXAM
	GEM	9	017.32	TB OF EYE EXAM UNKN
	GEM	9	017.33	TB OF EYE MICRO DX
	GEM	9	017.34	TB OF EYE CULT DX
	GEM	9	017.35	TB OF EYE HISTO DX
	GEM	9	017.36	TB OF EYE OT TEST
	GEM	9	053.20	HERPES ZOSTER DERMATITIS EYELID
	GEM	9	054.41	HERPES SIMPLEX DERMATITIS EYELID
	GEM	9	098.49	OTHER GONOCOCCAL INFECTION EYE
	GEM	9	149.1	MALIGNANT NEO WALDEYER'S RING
	GEM	9	172.1	MALIG MELANOMA EYELID INC CANTHUS
	GEM	9	190.0	MALIGNANT NEOPLASM EYEBALL

You can further refine your search by entering in additional words. By Entering "infection", only codes with the words "eye" and "infection" will display.

	GEM	Tp	ICD	Description
	GEM	9	098.49	OTHER GONOCOCCAL INFECTION EYE
	GEM	10	A54.30	Gonococcal infection of eye, unspecified
	GEM	10	A54.39	Other gonococcal eye infection
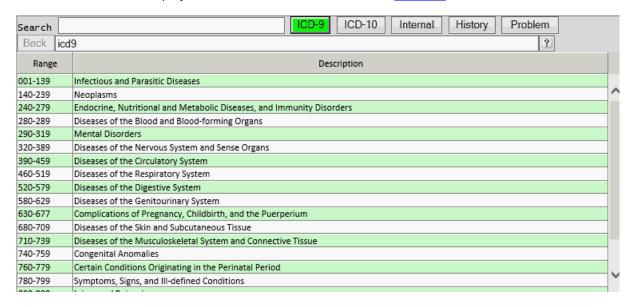
You may also search for either word, by replacing the space between the words with a pipe character "|". This tells the program to do an "OR" search, instead of an "AND" search.
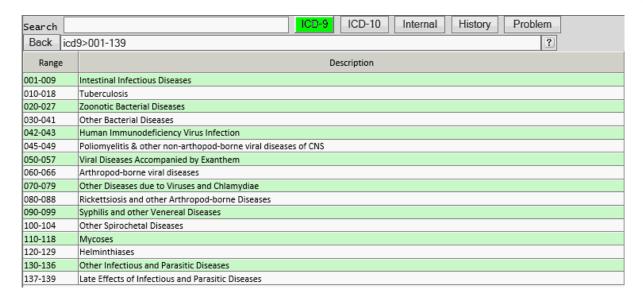
1.11.1.2 ICD-9 Button

The ICD-9 Button will display the ICD-9 Tabular List index in the List area.
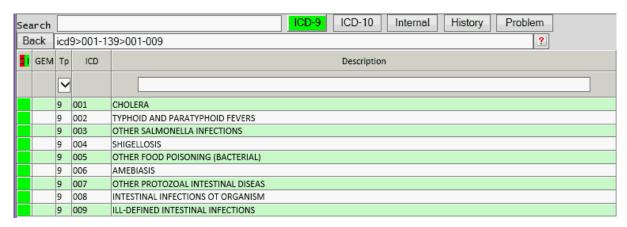
From here you may drill down to find the code you are looking for from the ICD-9 list. Clicking on "Infections and Parasitic Diseases" will display an additional index of codes from 001 to 139.
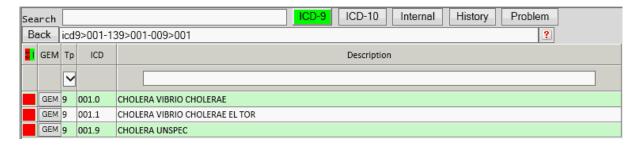
Clicking on "Intestinal Infections Diseases" will then show an additional index of codes from 001 to 009.

Now we are getting into the actual list of codes. You will notice the columns in the list change.
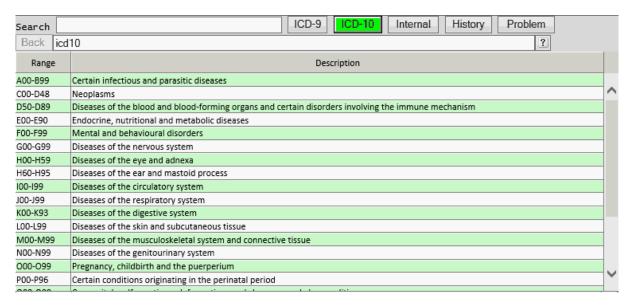
Clicking on "CHOLERA" will now display only the codes starting with "001"
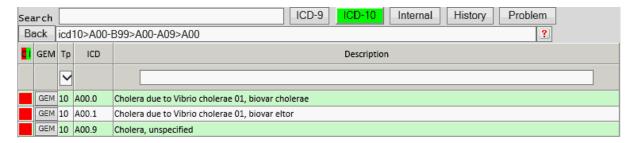
These are all complete codes that may be selected and added to the Selected Codes List.

1.11.1.3 ICD-10 Button

The ICD-10 button works the same as the ICD-9. It will first provide an index for the ICD-10 tabular listing.
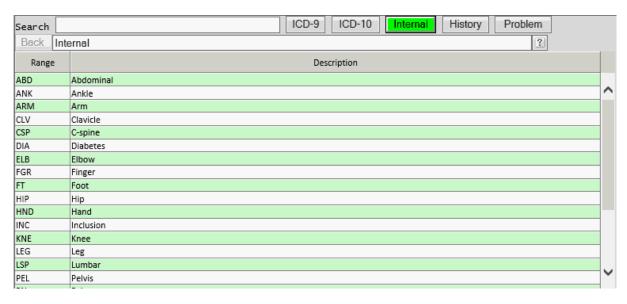
From here you may narrow down your search by range of codes until you get to the List of complete codes to choose from.
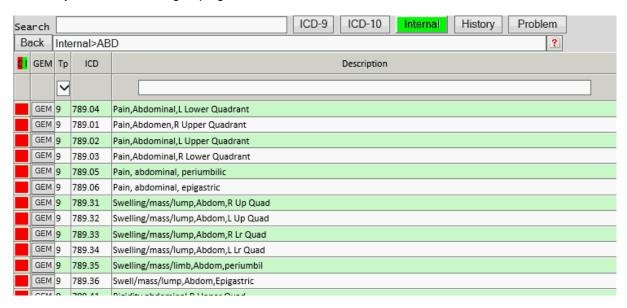
1.11.1.4 Internal Button

The Internal button works the same as the ICD-9 or ICD-10 button. The list is provided from your diagnosis codes defined in the ICD form that you have classified. The index is based on the classification codes you have defined for the ICD codes. When changes are made to the ICD data on the ICD form, you will need to create a new Internal list for use in the diagnosis selector using the "Create Internal Codes" program, found on the window menu of the ICD form.
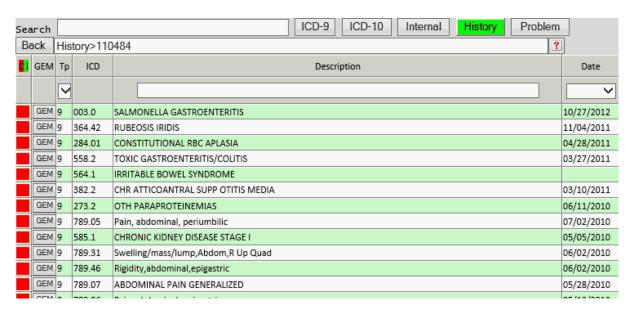
Click on your classification grouping to show all codes in that class.

You may then select from this list to add to the selected codes.

1.11.1.5 History Button

If the diagnosis selector is accessed from the Patient (PAT) or Encounter (NCTR) forms, and a patient is displayed, the history button will be available. The History button will provide a list of historical ICD codes used on previous visits for the patient.
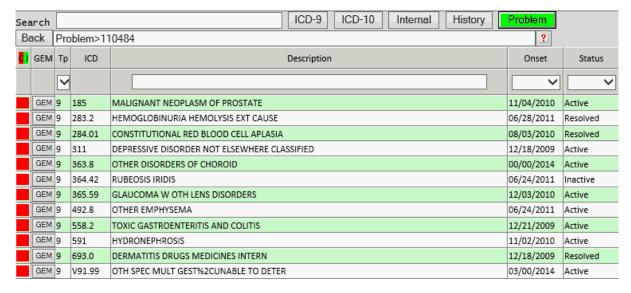
The "date" column will display the date of service the diagnosis was first assigned to the patient.

You may then select from this list to add to the selected codes.

1.11.1.6 Problem Button

If the diagnosis selector is accessed from the Patient (PAT) or Encounter (NCTR) forms, and a patient is displayed, the Problem button will be available. This button will display the diagnosis Problem List data from the Electronic Health Record data.

The "Onset" column will display the date or time this diagnosis was reported to have started by the patient. The Status column will display if the diagnosis is Active, Inactive or Resolved.

You may then select from this list to add to the selected codes.

1.11.1.7 Back Button

The Back Button will become active when drilling down in either the ICD-9, ICD-10 or Internal list. It will allow you to move back one level in the path that is displayed next to the button.

| Back | icd9>001-139>001-009>001 |

1.11.1.8 Help Button

The Help button will access help in "Help Central".

1.11.2 List

The List is displayed in the center of the window. The content of the list is dependent upon the control of the toolbar.

Once you have drilled down to a list with valid ICD codes, the list will display the following columns.

C I
The first column tells us if it is a complete or incomplete code. Complete codes will show a red box in the column. Incomplete codes will display a green box in the column. When you see a red box, that is as far as you can go and that is a valid code at the most specific level.

GEM
The GEM (General Equivalence Mapping) column will display a GEM button if GEM data exists for the ICD code. This is discussed in detail later.

Tp
The "Tp" Column shows the type of code. This will be a value of 9 for ICD-9 or 10 for ICD-10. It provides a drop down filter that allows you to select the type of codes to display for any given list.
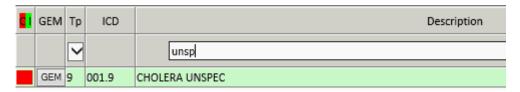
Description
This column displays the description for the code.

C I	GEM	Tp	ICD	Description
		∨		
🟥	GEM	9	001.0	CHOLERA VIBRIO CHOLERAE
🟥	GEM	9	001.1	CHOLERA VIBRIO CHOLERAE EL TOR
🟥	GEM	9	001.9	CHOLERA UNSPEC

This column provides a text filter to allow you to further refine your search of the codes displayed in the list by entering a search word.

C I	GEM	Tp	ICD	Description
		∨		unsp
🟥	GEM	9	001.9	CHOLERA UNSPEC

Date
The "Date" column will only display when using the History Button. It will display the first date the

diagnosis was used on a visit for the patient. It provides a drop down filter to help narrow your search.

Onset
The "Onset" column will only display when using the Problem Button. It will display the date or time this diagnosis was reported to have started by the patient. It provides a drop down filter to help narrow your search.

Status
The "Status" column will only display when using the Problem Button. The Status column will display if the diagnosis is Active, Inactive or Resolved. It provides a drop down filter to help narrow your search.
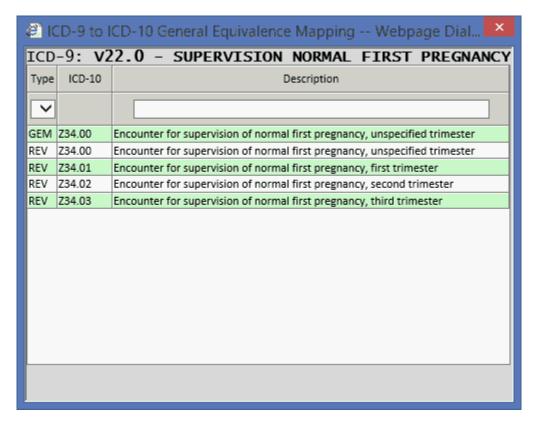
1.11.2.1 GEM (General Equivalence Mapping)

The General Equivalence Mapping button (GEM) on the list allows access to the ICD-9 to ICD-10 mapping, if the code type is ICD-9, or the ICD-10 to ICD-9 mapping, if the code is an ICD-10. It will only display if mapping data is available for the ICD code.

1.11.2.1.1 ICD-9 to ICD-10

When the code on the list is and ICD-9 code the GEM button will display the ICD-9 to ICD-10 Mapping window.

ICD-9 to ICD-10 General Equivalence Mapping -- Webpage Dial... ✕		

ICD-9: **V22.0 – SUPERVISION NORMAL FIRST PREGNANCY**		

Type	ICD-10	Description
⌄		
GEM	Z34.00	Encounter for supervision of normal first pregnancy, unspecified trimester
REV	Z34.00	Encounter for supervision of normal first pregnancy, unspecified trimester
REV	Z34.01	Encounter for supervision of normal first pregnancy, first trimester
REV	Z34.02	Encounter for supervision of normal first pregnancy, second trimester
REV	Z34.03	Encounter for supervision of normal first pregnancy, third trimester

This data can help you in the transition from the ICD-9 codes to ICD-10. It provides both the GEM data and the reverse mapping data for the code.
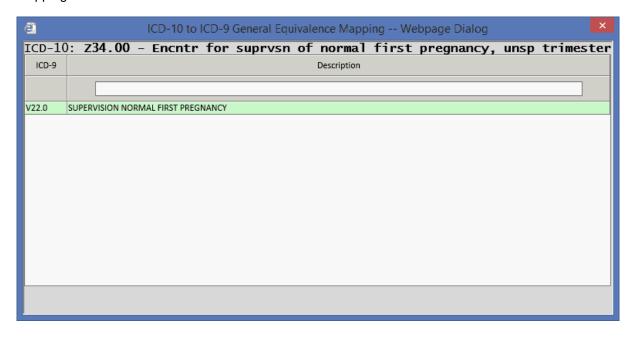
Reverse Mapping (REV) will be useful when moving from ICD-9 to ICD-10 because you may be required to provide a more specific diagnosis for billing.

From this list you may use the drop down filter on the Type field or the text filter on the description column to narrow your search.

If you select a code from the displayed list it will be returned to the diagnosis selector program and put in the Selected codes list.

1.11.2.1.2 ICD-10 to ICD-9

When the code on the list is and ICD-10 code the GEM button will display the ICD-10 to ICD-9 Mapping window.

This data can help you in the transition from the ICD-9 codes to ICD-10.

From this list you may use the text filter on the description column to narrow your search.

If you select a code from the displayed list it will be returned to the diagnosis selector program and put in the Selected codes list.

1.11.2.2 Selecting a Code

To select a code to add to the selected codes list, hover over the complete code and click. A validation will be performed based on the date of service and the type of code.

If the date of service is before October 1st, 2014 and the code is an ICD-10 code a confirmation dialog will display.
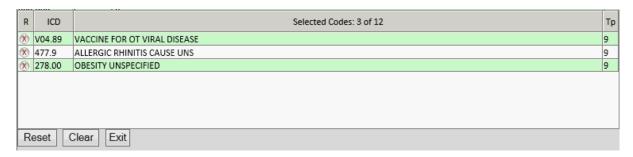
If the date of service is on or after October 1st, 2014 and the code is an ICD-9 code a confirmation dialog will display.

1.11.3 Selected Codes

The Selected Codes area is at the bottom of the window. It will display the codes selected from the list. These are the codes that will be returned to the calling program: Patient, Encounter or Diagnosis forms.

This list has the following columns:

R
This is the Remove column. Click on the "X" in this column if you want to remove that line item from the list.

ICD
This column list the ICD-9 or ICD-10 code.

Selected Codes

This column shows the description of the codes. It will also display the number of codes selected of the number allowed if defined.

Tp

This column tells if the code is an ICD-9 or an ICD-10 code.

1.11.3.1 Reset Button

The Reset Button will reset the selected codes area to the default that was presented when you entered the diagnosis selector.   When entering from the Patient or Encounter form this area will populate with the codes displayed on those forms.

1.11.3.2 Clear Button

The Clear Button will clear all codes from the Selected Codes area.
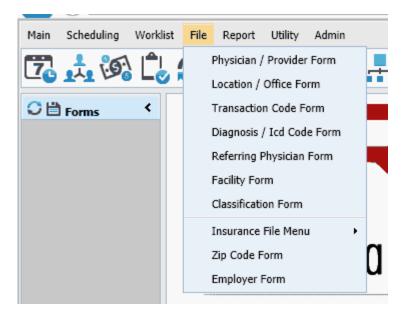
1.11.3.3 Exit Button

The Exit Button will exit the diagnosis selector and return all codes to the calling program. You may also use the "X" button on the top right of the window to perform this function.

Part 2

Table File Setup
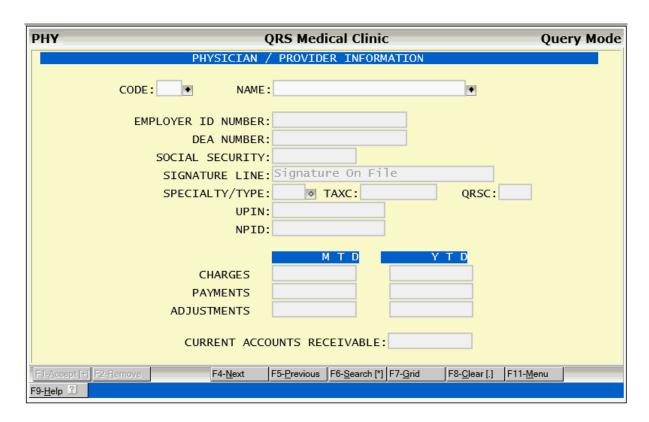
2 Table File Setup

By this time you should have a good understanding of how to use the data entry forms. You should be able to query data, add new records, remove unwanted records, and update existing records. The next step in installing your system is to set up your table files. Table files contain the information that the core of the system will use as reference. In the table files, you will establish your providers, locations, procedure codes, payment codes, diagnosis codes, etc. In this section of the manual we will discuss each of the table file forms. It is not possible to set up all table file information when first getting on the system, but the more that you have set up, the easier it will be to work with the system. The table file forms are located in the File menu. You can access the File menu from the Master Menu of the Control Panel.

2.1 Physicians (PHY)

The PHY (physician) form is used to establish physicians or other providers that work in your practice. The system will retain financial information for each provider's record. Before you may post information to a physician, they must be established in this file. This file will also contain the name of each provider and required insurance numbers. By selecting "1" on the FILE MENU the PHY (physician) form will display.

```
PHY                          QRS Medical Clinic                    Query Mode
                      PHYSICIAN / PROVIDER INFORMATION

         CODE: [   ] ◆        NAME: [                        ] ◆

         EMPLOYER ID NUMBER: [                    ]
                 DEA NUMBER: [                    ]
            SOCIAL SECURITY: [              ]
             SIGNATURE LINE: [Signature On File        ]
             SPECIALTY/TYPE: [   ] ◇  TAXC: [          ]    QRSC: [     ]
                       UPIN: [              ]
                       NPID: [              ]

                                   M T D              Y T D
                   CHARGES: [            ]      [            ]
                  PAYMENTS: [            ]      [            ]
               ADJUSTMENTS: [            ]      [            ]

             CURRENT ACCOUNTS RECEIVABLE: [            ]

 F1-Accept [+]  F2-Remove      F4-Next    F5-Previous  F6-Search [*] F7-Grid   F8-Clear [.]  F11-Menu
 F9-Help [?]
```

2.1.1 PHY Field Descriptions

CODE
Here, you may establish the code that you wish to use for a physician/provider.

NAME
In this field, you must enter the name of the physician/provider. The name should be entered in the format (Last M.D.,First). This will allow listings to be generated in alphabetical order. If the name needs to be printed in the format (First Last M.D.), it is easily converted by the report program.

EMPLOYER ID NUMBER
This field is used to enter the physician/provider's employer i.d. number. This value will print in box 33 of the CMS-1500 form.

DEA NUMBER
This field may be used to enter the physician/provider's DEA (Drug Enforcement Agency) number. This value is used for printing prescriptions from the PAT MENU (patient menu). The physician/provider's DEA number must be on the prescription to make it legal.

SOCIAL SECURITY
Here you may enter the physician/provider's social security number. This number is printed in box 30
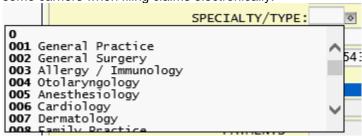
of the CMS-1500 form.

SIGNATURE LINE
This field is used to enter the line that will print in box 12 of the CMS-1500 form if ROMI (release of medical information) field is marked "Y" on the PAT (patient) form. It will also print in box 13 of the CMS-1500 form if the AOMB (assignment of medical benefits) field is marked "Y" on the PAT (patient) form.

SPECIALTY/TYPE
This field is used to define the specialty or type code for the physician/provider. This is needed by some carriers when filing claims electronically.

```
                        SPECIALTY/TYPE:         ⊗
0
001 General Practice                        ∧
002 General Surgery                            54:
003 Allergy / Immunology
004 Otolaryngology
005 Anesthesiology
006 Cardiology                              ∨
007 Dermatology
008 Family Practice
```

TAXC
Enter the Physician / Providers Taxonomy Code. Required for ANSI Electronic Claims submission.

QRSC
This field will store the Physician/provider identifier code for the QRS Clearing house. This number will be assigned to you by QRS when you register with the QRS electronic claims clearinghouse.

UPIN
Enter the Physician / Providers Unique Physician Identification Number (UPIN) .

NPID
Enter the Physician / Providers National Physician Identification Number (NPI) .

MTD CHARGES
This field is used to display the month to date charges that have accumulated for the defined physician/provider. This value is updated each time an end of day is run, and is zeroed each time an end of month is run.

YTD CHARGES
This field is used to display the year to date charges that have accumulated for the defined physician/provider. This value is updated each time an end of day is run, and is zeroed each time an end of year is run.

MTD PAYMENTS
This field is used to display the month to date payments that have accumulated for the defined physician/provider. This value is updated each time an end of day is run, and is zeroed each time an end of month is run.

YTD PAYMENTS
This field is used to display the year to date payments that have accumulated for the defined physician/provider. This value is updated each time an end of day is run, and is zeroed each time an end of year is run.

MTD ADJUSTMENTS
This field is used to display the month to date adjustments that have accumulated for the defined physician/provider. This value is updated each time an end of day is run, and is zeroed each time an end of month is run.

YTD ADJUSTMENTS
This field is used to display the year to date adjustments that have accumulated for the defined

physician/provider. This value is updated each time an end of day is run, and is zeroed each time an end of year is run.

CURRENT ACCOUNTS RECEIVABLE
This field will display the current accounts receivable for the defined physician/provider. This value is established when the system is initially set up, and updated when the end of day program is run.

2.1.2   PHY Menu

The Window Menu of the physician form only has an option to print a physician/provider list and appears as follows:

PHY	QRS Medical Clinic	Menu Mode
PHY		
1..PRINT PHYSICIAN LIST		
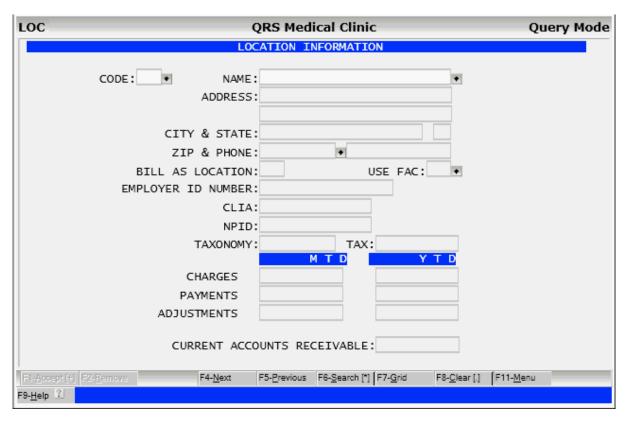
2.1.2.1 Physician List

2.2   Locations (LOC)

The LOC (location) form is used to set up the locations for your medical practice. These include your main office and any satellite offices that you have. The system will maintain financial information about each location that you set up. The information that you enter on this form is used to fill in box 33 of the CMS-1500 form. Locations are related to patients on the PAT (patient) form and to visits on the NCTR (encounter) form. This means that you may establish a default location for a patient, but assign another location for a specific visit.

2.2.1   LOC Field Descriptions

CODE
This field is used to define the code for a location.

NAME
Here you may enter the name of the location.

ADDRESS (line 1)
Here you may enter the address for the location.

ADDRESS (line 2)
Here you may enter additional address information for the location.

CITY
This field is used to enter the city for the location address.

STATE
This field is used to enter the state for the location address.

ZIP (zip code)

This field is used to enter the zip code for the location address.

PHONE
This field is used to enter the telephone number for the defined location.

BILL AS LOCATION
This field is used to control billing addresses on the statements. If you have satellite locations, but wish the bills to be combined with the main location, you may enter the code for the main location for the statements. This is dependent on your statement template.

USE FAC
Enter the facility code you would like to automatically default on the Encounter (NCTR) form when you use this location. This is helpful if you have your own in-house lab and need to reference an outside facility for one of your actual locations.

EMPLOYER ID NUMBER
Here you may enter the employer ID number (tax number) for the location. If your practice is incorporated, you only need to enter the tax number in this field. The insurance program will first look here, then for the physician/provider tax number, and last at the physician/provider social security number. If your practice is not incorporated by location, leave this field blank.

CLIA
Enter the locations Clinical Laboratory Improvement Amendments identification number if the location is a lab.

NPID
Enter the Locations (group) NPID number.

TAXONOMY
Enter The Locations (group) taxonomy code.

TAX
Enter the Tax Rate for the location. Used for Line Item Taxes for transactions.

MTD CHARGES
This field is used to display the month to date charges that have accumulated for the defined location. This value is updated each time an end of day is run, and is zeroed each time an end of month is run.

YTD CHARGES
This field is used to display the year to date charges that have accumulated for the defined location. This value is updated each time an end of day is run, and is zeroed each time an end of year is run.

MTD PAYMENTS
This field is used to display the month to date payments that have accumulated for the defined location. This value is updated each time an end of day is run, and is zeroed each time an end of month is run.

YTD PAYMENTS
This field is used to display the year to date payments that have accumulated for the defined location. This value is updated each time an end of day is run, and is zeroed each time an end of year is run.

MTD ADJUSTMENTS
This field is used to display the month to date adjustments that have accumulated for the defined location. This value is updated each time an end of day is run, and is zeroed each time an end of month is run.

YTD ADJUSTMENTS
This field is used to display the year to date adjustments that have accumulated for the defined location. This value is updated each time an end of day is run, and is zeroed each time an end of year is run.

CURRENT ACCOUNTS RECEIVABLE
This field will display the current accounts receivable for the defined location. This value is established when the system is initially set up, and updated when the end of day program is run.

2.2.2   LOC Menu
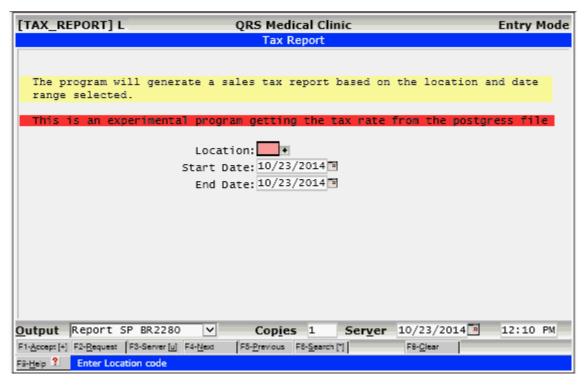
The Location form window menu allows you to print a list of location information.

2.2.2.1 Location List

```
[LOC_LIST] L                    QRS Medical Clinic                    Entry Mode
                                 Location Listing

        This report will generate a list of all location records in
        the location file or the defined location code that you select.
        The locations will be sorted by code or name, as you specify.


                      Select where code is:[      ] ◆
                      Sort by Code, or Name:[C] ◇




Output [Report SP dev      ▼]    Copies [1]   Server [02/10/2014 ▦]  [12:15 PM]
F1-Accept [+] F2-Request  F3-Server [u] F4-Next   F5-Previous  F6-Search [*]        F8-Clear
F9-Help [?]  Enter a location code or leave blank for all locations
```

2.2.2.2 Tax Report


```
[TAX_REPORT] L              QRS Medical Clinic                Entry Mode
                                Tax Report

   The program will generate a sales tax report based on the location and date
   range selected.

   This is an experimental program getting the tax rate from the postgress file

                        Location: [    ] +
                      Start Date: 10/23/2014
                        End Date: 10/23/2014




Output  Report SP BR2280    [v]    Copies 1    Server 10/23/2014     12:10 PM
F1-Accept [+]  F2-Request  F3-Server [u]  F4-Next   F5-Previous  F8-Search [*]     F9-Clear
F9-Help ?   Enter Location code
```

2.3   Transaction Codes (TRA)

The TRA (transaction) form allows you to establish and maintain transaction records that are added to visits. A transaction record is defined as a charge, private payment, insurance payment, adjustment, message, note, or explosion code. When they are added to visits, the information defined in this file is copied to the transaction detail file and related to the visit you are adding.

2.3.1 TRA Field Descriptions

CODE
Here you may define the lookup code for the transaction that you are setting up. This is the code that you will use to locate this transaction when adding transactions to a visit. You may use any coding method that you wish for transactions.

DESC1
Here you may enter the first line of the description for the transaction. If the transaction is a Procedure (charge), you may enter the Procedure description as defined in your current Procedure manual. If the transaction is a payment, adjustment, message, note, or explosion, you may enter your own narrative description for the code.

DESC2
This field is used to enter a second line of description for a transaction code. If the transaction type is a charge, this information will print on the CMS form if the P2DL field is set to "Y" and the form has been defined to print. When the transaction type is a payment, leave this field blank so that you may enter the second description line when adding the transaction to the visit.

TYPE
This field tells the computer what type of code this transaction will be posted as. Acceptable values are: C-charge (Procedure), P-private payment, I-insurance payment, A-adjustment, "-" - credit adjustment, M-message, N-note, and E-explosion code.

```
-Credit Adjustment
Adjustment
Write off balance (Adjustment)
Charge
Explosion code
Insurance payment
Message
Note
Private payment
Xexplosion code old way
```

CLS

Here you may enter the classification code for the transaction. This is used to group transactions on your end of month report by your own classification. Classification codes are defined using the CLS form.

(classification description)

This field will display the description for the classification code.
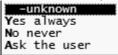
BFLG

You may use this field to set a default billing flag. This tells the computer whether the transaction should show on the statement, insurance form, both, or none.

```
Both Guarantor and insurance
Guarantor only
Insurance only
No one is billed
```

PTOP

Post to Procedure allows you to designate whether a payment or adjustment code should be disbursed to the individual transactions when posted. Normally the system requires that you only post the transaction to the visit. However, the computer can aid you in disbursing the payment or adjustment to the procedure code that it is applied to. Here, you define whether you want the computer to always do it, never do it, or ask the user. For more information see VISIT ENTRY - POSTING TO PROCEDURES (PTOP).

```
-unknown
Yes always
No never
Ask the user
```

CODE

If the TYPE OF CODE is defined as a C (charge), you must enter the actual procedure code in this field. This is the code that will print on the CMS-1500 form in box 24 D. It also will print on the CMS-1450 (UB) form in box 50. For example, the transaction code could be "OV" for office visit, but the procedure code would be assigned "99212". This allows you to add the transaction to the visit by simply entering in "OV", and the insurance forms will properly print "99212". This field will support up to three two-digit modifiers for the Procedure code. Do not enter "-" between the modifiers.

TOS

Here you may enter in the standard type of service code for the charge you have defined. If any insurance companies you file claims with require other codes, the system will transpose the codes for you via a special insurance form template.

```
  Unknown
0 Blood or Packed Red Cells
1 Medical Care
2 Surgery
3 Consultation
4 Diagnostic X-Ray
5 Diagnostic Laboratory
6 Radiation Therapy
7 Anesthesia
```

POS

Here you may enter in the standard place of service code for the charge you have defined. If any

insurance companies you file claims with require other codes, the system will transpose the codes for you via a special insurance form template.

REV
Here you may assign the revenue code that you assigned to the defined charge. This information is needed to fill in box 42 of the CMS-1450 (UB) claim form.   This field is also used for the PARADIGM-PAY and automatic processing of credit cards. Enter CC in this field to activate this feature for Payment transactions.

ICD
Here you may assign the ICD code that you assign to the defined charge. This is for Uniform Billing.

TIME
Here you may enter the standard time allotted for this procedure. This field may be used for compiling time figures for procedures that physicians perform.

RRPH
If this procedure requires that you have a referring physician, enter a "Y" in this field. This will cause the NCTR form to force the entry of a referring physician for the claim.

RFAC
If this procedure requires that you have an outside facility, enter a "Y" in this field. The NCTR form will force the claim to have an FAC defined for the visit.

P2DL
Print the second description line on the CMS form. This determines whether the second description line for the charge will print on the insurance form.

  📖   **The insurance form must be modified for this to print.**

ANES
Bill as anesthesia using time and base units. This field tells the computer whether anesthesia billing is to be used on this charge. If it is, the NCTR form allows access to the TIME field for the charge and calculates the UNITS based on the base units and time.

BASE
Enter base units for anesthesia billing.

RDOC
Does this charge require documentation? A "Y" will cause a documentation window to "pop up" on the encounter (NCTR) form when this charge is added to a visit.

GLOBAL
Enter the number of days for global period if needed.

GENDER
Enter the sex if the service is gender specific.

TAXABLE
This determines if a charge can have line Item tax applied to it. If Yes the tax will be applied when the charge is added on the Encounter form and the user will have the ability to enter the tax field and change the value. If set to No, then tax will not be applied, and the user will not have access to the TAX field on the Encounter form. If left blank (Unknown), no tax will be calculated but the user will have access to the field.

ONE
Here you may enter the primary charge that you associate with the defined charge. This is used to store your normal charge for the procedure. A patient will have a FS of 1 to use this fee schedule.

TWO
Enter your second standard fee schedule.

THREE
Enter your third standard fee schedule.

FOUR
Enter your fourth standard fee schedule.

FIVE
Enter your fifth standard fee schedule.

RVUS
Enter Total RVUS for procedure. You may use this in conjunction with the fee schedule analysis report on the WINDOW menu to calculate fee schedules based on the Relative Value Units.

COST
Enter Cost for procedure. This is used for fee schedule analysis.
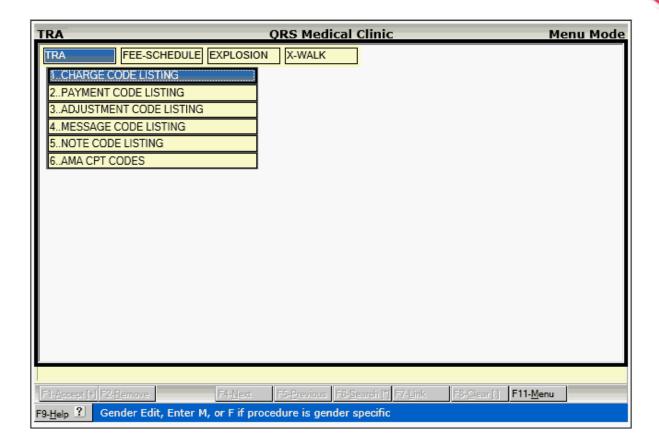
2.3.2   TRA Window Menu
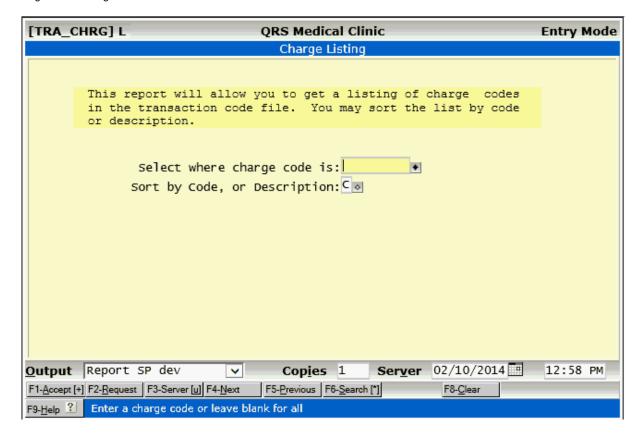
The transaction code window menu contains four separate menus to access programs that are directly related to the information you enter on the TRA form.

2.3.2.1   TRA Menu
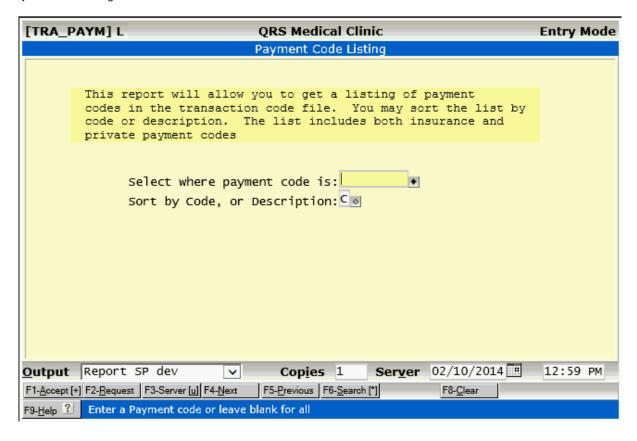
The first menu "TRA" appears as follows:
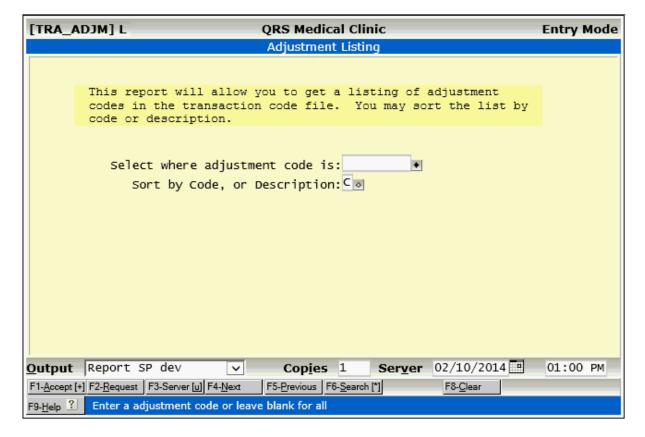
2.3.2.1.1 Charge Code Listing
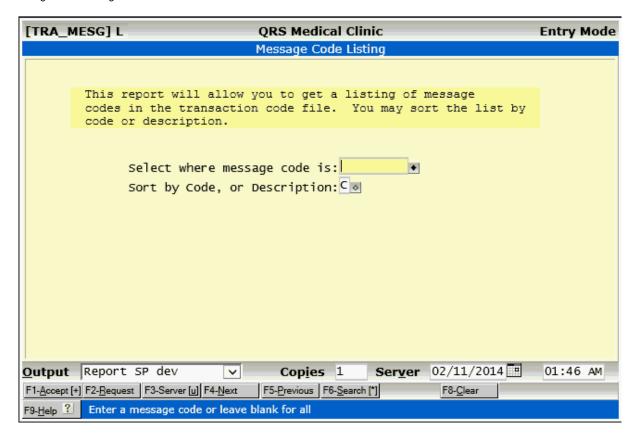
2.3.2.1.2 Payment Code Listing
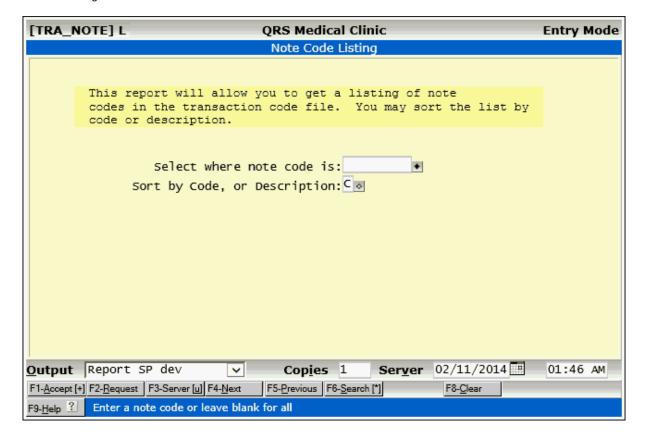
2.3.2.1.3 Adjustment Codes Listing

```
[TRA_ADJM] L              QRS Medical Clinic              Entry Mode
                         Adjustment Listing

        This report will allow you to get a listing of adjustment
        codes in the transaction code file.  You may sort the list by
        code or description.


            Select where adjustment code is: [_____] [♦]
                Sort by Code, or Description: [C] [◇]
```

```
Output  Report SP dev      [∨]   Copies  1   Server  02/10/2014 ▦   01:00 PM
F1-Accept [+] F2-Request  F3-Server [u] F4-Next   F5-Previous  F6-Search [*]      F8-Clear
F9-Help  [?]  Enter a adjustment code or leave blank for all
```

2.3.2.1.4 Message Code Listing
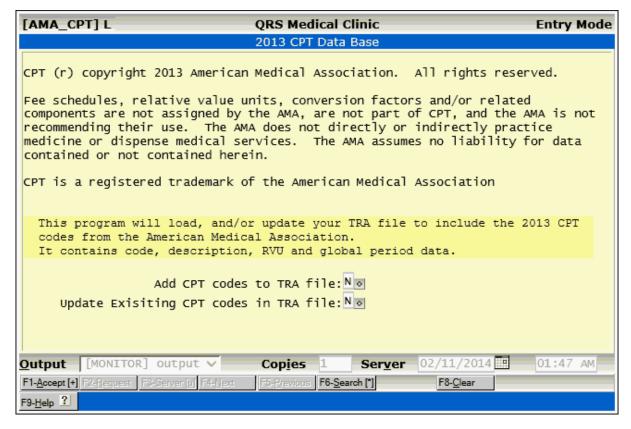
2.3.2.1.5 Note Code Listing
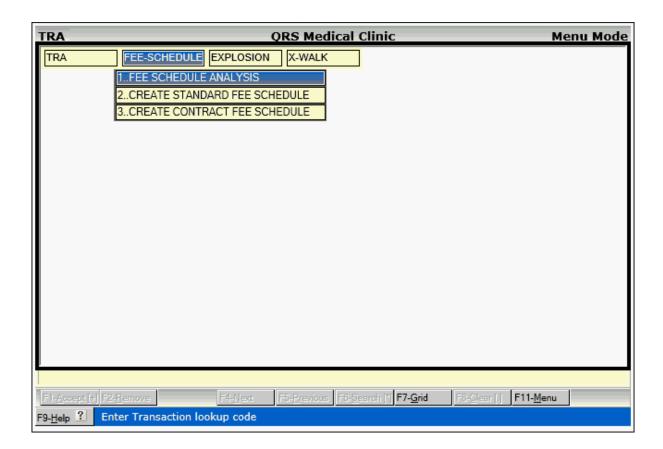
2.3.2.1.6 AMA CPT4 Codes

This is an optional module.
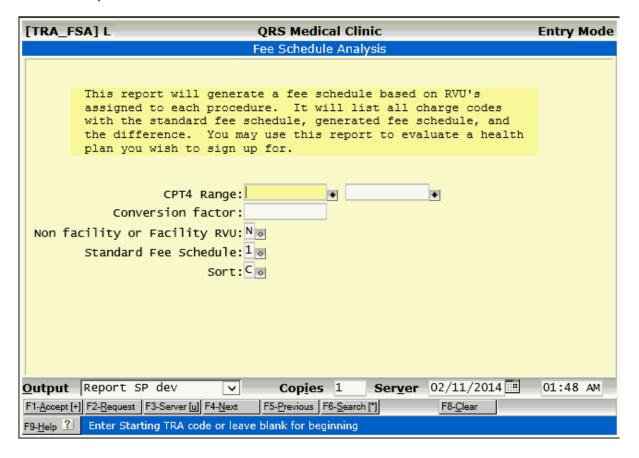
2.3.2.2   Fee Schedule Menu
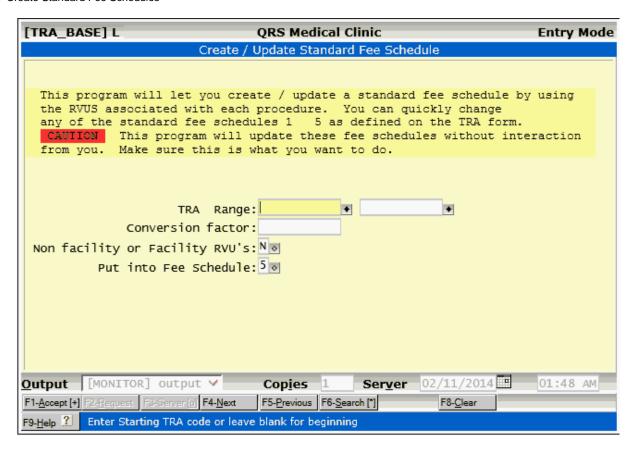
The Fee Schedule Menu allows access to programs for analyzing and creating fee schedules.
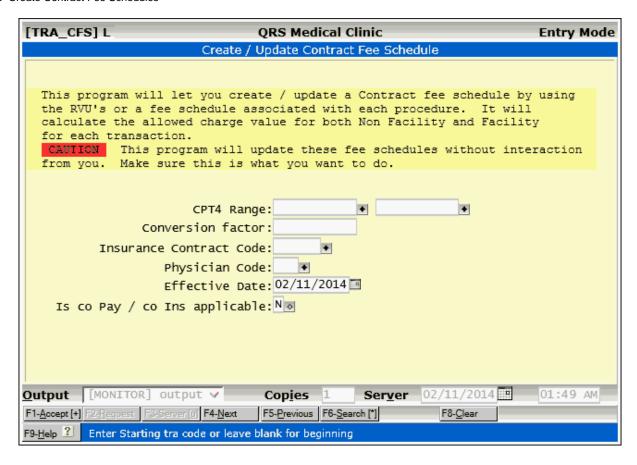
2.3.2.2.1 Fee Schedule Analysis

2.3.2.2.2 Create Standard Fee Schedules
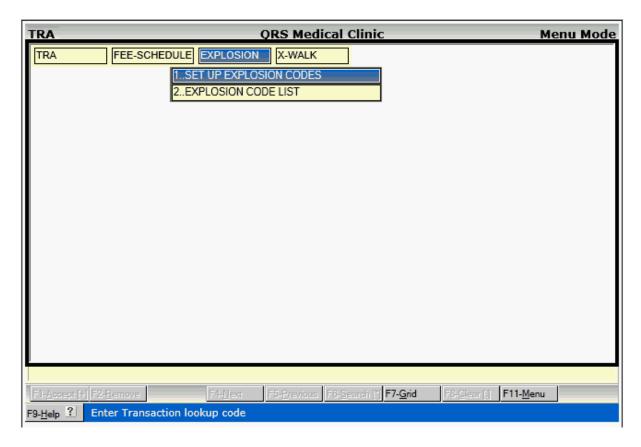
2.3.2.2.3 Create Contract Fee Schedules

2.3.2.3 Explosion Menu
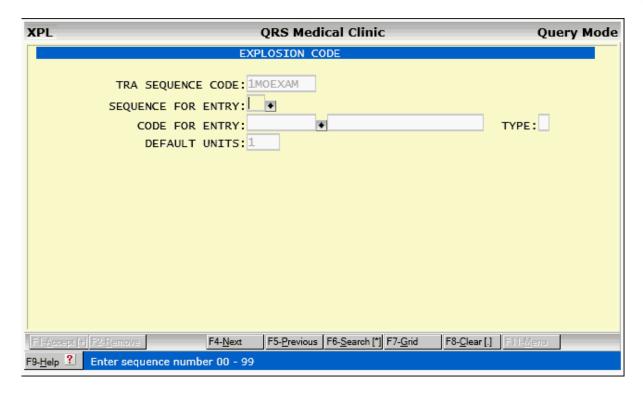
The explosion menu allows for access to explosion code form and the ability to print a list of explosion codes.

2.3.2.3.1 Explosion Codes (XPL)

From the WINDOW menu of the TRA (transaction) form you have the ability to enter the XPL (explosion code) form. From here you may create a series of transaction codes to be added when you enter an explosion code on the NCTR form. To get to this form, the code displayed on the TRA form must be defined as an explosion code and have a TYPE of "E".

Typically explosion codes are sequences of charges, such as for a physical, or a drug regiment. However you can also use them for payments, adjustments, or any combination of transactions. For example you could have an explosion for an insurance payment, followed by an insurance adjustment.
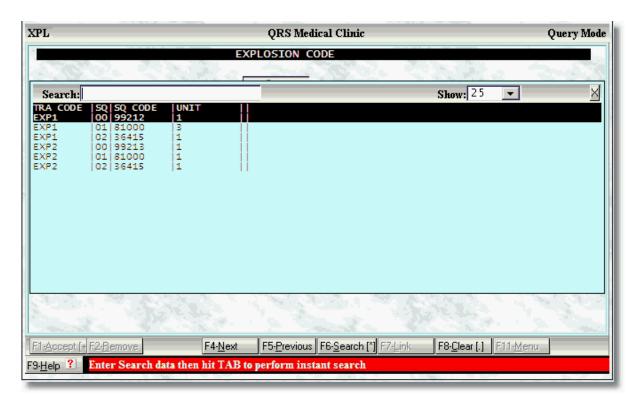
2.3.2.3.1.1 XPL Field Descriptions

TRA SEQUENCE CODE
This field will display the explosion code transaction code. This is the code you defined on the TRA form for the explosion code.

SEQUENCE FOR ENTRY
Enter a sequence number from 01 to 99. This number will control the order that the transactions are added. Please use 01, 02, 03 instead of 1, 2, 3 to ensure the proper order. Enter "0" to have the computer find the next sequence number for you. By using the SEARCH function in this field you may see the current sequence for a code.

CODE FOR ENTRY
In this field you must enter the transaction code that you wish to assign to the defined sequence. The description and TYPE of transaction will display for you.
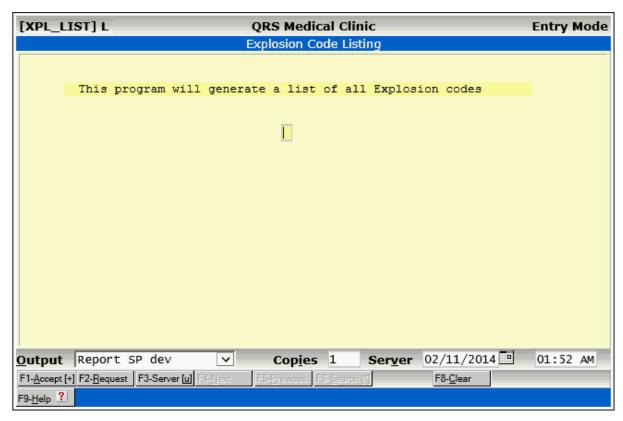
DEFAULT UNITS
Here you may preset the number of units you wish to add when using this explosion code.
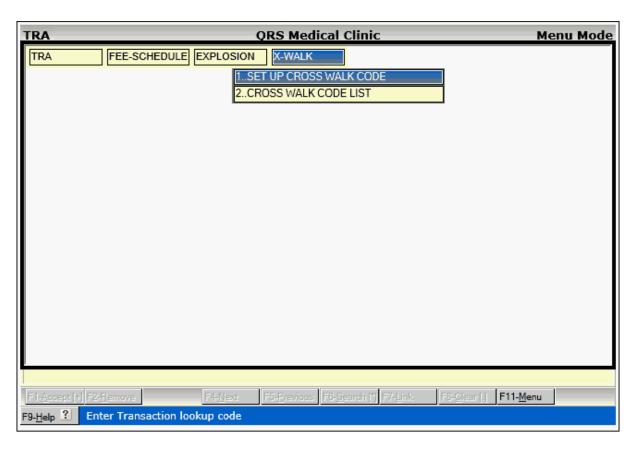
2.3.2.3.2 Explosion Code List

The Explosion Code List will let you get a report of explosion codes in your system.

```
[XPL_LIST] L              QRS Medical Clinic              Entry Mode
                         Explosion Code Listing


        This program will generate a list of all Explosion codes


                                  |




Output  Report SP dev    ▼    Copies  1    Server  02/11/2014    01:52 AM
F1-Accept [+] F2-Request  F3-Server [u] F4-Next  F5-Previous  F6-Search [*]        F8-Clear
F9-Help  ?
```

2.3.2.4   X-Walk Menu

The X-Walk (Cross Walk) Menu allows you to access the Cross Walk file (XRF) for Charge codes. Cross walk codes relate diagnosis (ICD) codes to a procedure so level one edit can be performed at the time of entry.
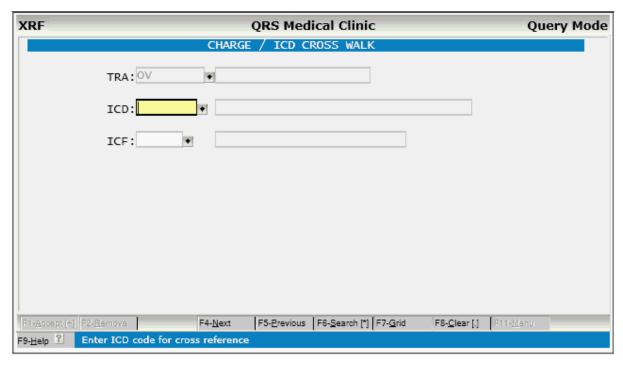
2.3.2.4.1 Cross Walk Codes (XRF)

This file is used to help the user make sure that they use proper diagnosis codes with procedure codes. It is a Charge /ICD cross-reference. If you do NOT set up any cross walk records for a charge code, it will assume any diagnosis is valid. Otherwise by using this form you specify the valid diagnosis codes for a charge.

When entering charges on the Encounter (NCTR) form it will look for a cross walk to determine how to relate the charge to the diagnosis information you previously entered on the visit.

This information is specific to insurance contracts, or if left blank would apply to all plans. But if you enter any cross walk information for a transaction code, the NCTR form will validate that the diagnosis relationship for that procedure matches an entry in this table.

You have an option for an insurance contract specific edit, but if you leave the insurance contract code empty, it will apply the edit to all contracts/carriers.

2.3.2.4.1.1 XRF Field Descriptions

TRA
The TRA field will contain the transaction code from the TRA form.
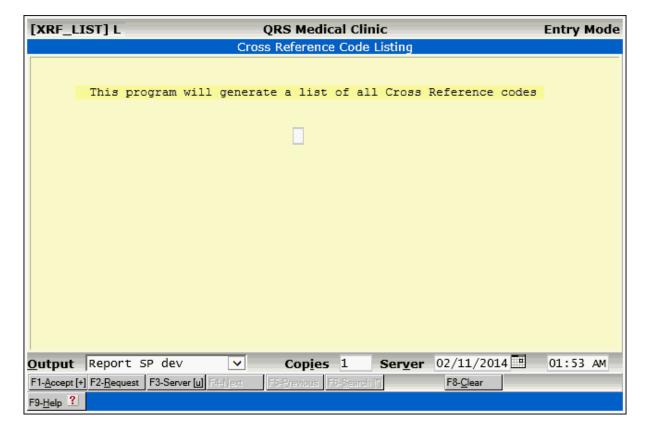
ICD
Enter the ICD code that you wish to establish a cross walk for. You will need to enter each valid diagnosis for the transaction (charge) code defined in the TRA file. This will establish the list of valid diagnosis codes for that transaction.

ICF
This field is optional. It allows you to make the cross walk specific to an insurance contract. If the cross walk is valid for any insurance leave this field blank.
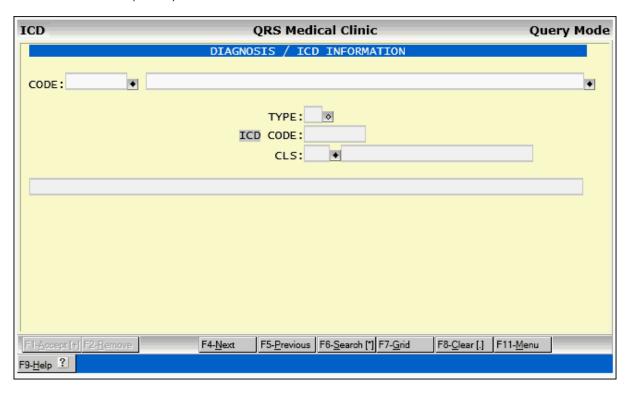
2.3.2.4.2 Cross Walk Code List

2.4 Diagnosis Codes (ICD)

The Diagnosis (ICD) form is used to enter and maintain your diagnosis codes. By using a separate lookup code from the actual ICD code, you may build a cross reference of codes. This offers flexibility in coding your ICD codes. Many offices use descriptive lookup codes to allow easy lookup of the code from the Encounter (NCTR) form.

2.4.1 ICD Field Descriptions

CODE
This field is used to enter your diagnosis lookup code. This code can be the actual ICD code or your own internal lookup code.

DESCRIPTION (no label)
Here you may enter the description for the diagnosis code.

TYPE
This defines if the code is ICD-9 or ICD-10.

ICD CODE
This field is used to store the actual ICD9-CM or ICD-10-CM code that is to print on the insurance claim form. Here you may click on the ICD button to use the diagnosis selector.

CLS
Enter your ICD classification code (sorting code). This code is used for grouping of ICD codes for reporting and in your Internal Code list used on the diagnosis selector.   When the CLS is defined, the description will appear next to the code.

NOTE (no label)
Here you may enter a note that will display on the Encounter (NCTR) form when you bring this
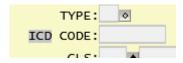
diagnosis up. This may contain additional descriptive information on the code.

2.4.2 Special Functions

Here we will describe any special functions on the Diagnoses form.

2.4.2.1 ICD Button
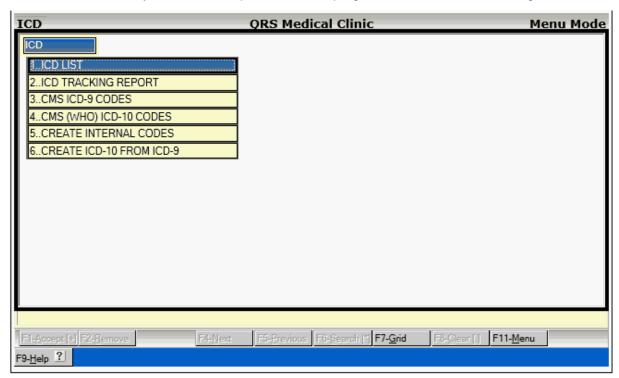
The ICD button will allow access to the diagnosis selector.
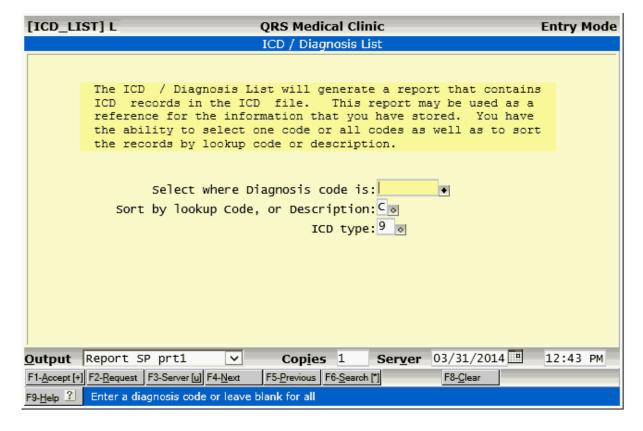
You can use this feature to add new codes from the ICD-9 or ICD-10 tabular listings to your internal diagnosis list.

2.4.3 ICD Menu
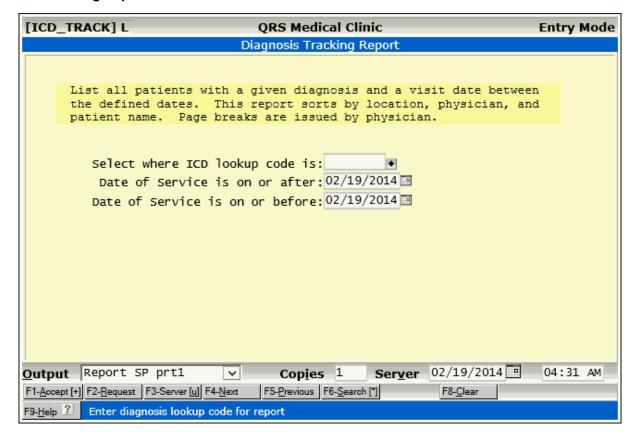
The ICD Menu allows you to access reports and other programs associated with the diagnosis file.

2.4.3.1 ICD List

The ICD / Diagnosis List will generate a report that contains ICD records in the ICD file. This report may be used as a reference for the information that you have stored. You have the ability to select one code or all codes as well as to sort the records by lookup code or description.
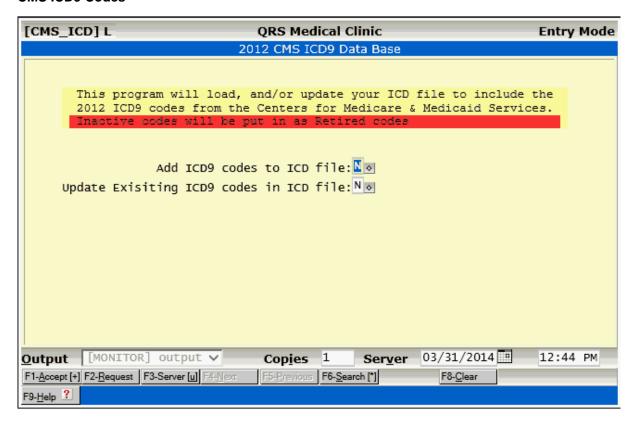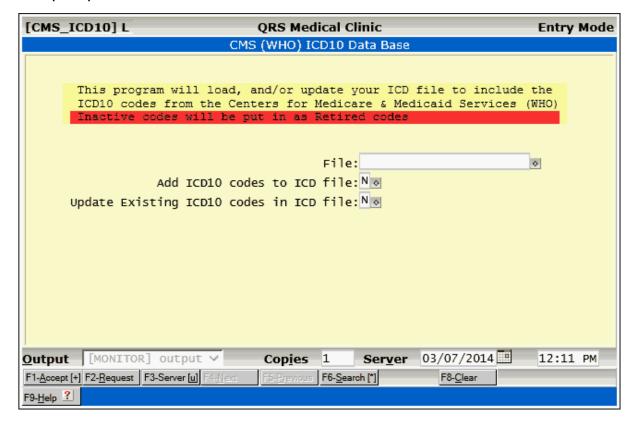
2.4.3.2 ICD Tracking Report
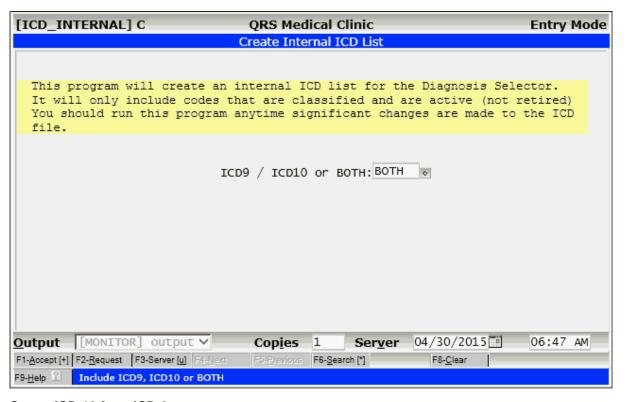
2.4.3.3   CMS ICD9 Codes

2.4.3.4   CMS (WHO) ICD10 Codes

```
[CMS_ICD10] L              QRS Medical Clinic                    Entry Mode
                        CMS (WHO) ICD10 Data Base


        This program will load, and/or update your ICD file to include the
        ICD10 codes from the Centers for Medicare & Medicaid Services (WHO)
        Inactive codes will be put in as Retired codes



                                    File:

                  Add ICD10 codes to ICD file: N
            Update Existing ICD10 codes in ICD file: N




Output   [MONITOR] output         Copies  1    Server  03/07/2014    12:11 PM
F1-Accept [+] F2-Request  F3-Server [u]  F4-Next    F5-Previous  F6-Search [*]         F8-Clear
F9-Help
```

2.4.3.5 Create Internal Codes

```
[ICD_INTERNAL] C              QRS Medical Clinic                    Entry Mode
                         Create Internal ICD List


    This program will create an internal ICD list for the Diagnosis Selector.
    It will only include codes that are classified and are active (not retired)
    You should run this program anytime significant changes are made to the ICD
    file.



                        ICD9 / ICD10 or BOTH: BOTH   ◇




Output  [MONITOR] output ∨     Copies  1    Server  04/30/2015▦      06:47 AM
F1-Accept [+] F2-Request  F3-Server [u] F4-Next     F5-Previous  F6-Search [*]        F8-Clear
F9-Help  ?    Include ICD9, ICD10 or BOTH
```

2.4.3.6 Create ICD-10 from ICD-9

```
[ICD_9TO10] C                 QRS Medical Clinic                    Entry Mode
                        Create ICD-10 From ICD-9

    This program is to aid you in transitioning from ICD 9 to ICD 10 codes.
    You should run this program when you are ready to add ICD 10 codes to your
    Internal List of ICD codes.

    This program will create ICD 10 codes from ICD 9 codes for all codes that
    are classified.  You can include the GEM (General Equivalency Mapping)
    codes and the Reverse Mapping codes.  If the ICD 10 codes already exist in
    the ICD file this program will update the CLS field.



                        Include GEM: Y ◇
                Include Reverse Lookups: Y ◇




Output  Report SP prt1      ∨     Copies  1    Server  03/28/2014▦    03:44 AM
F1-Accept [+] F2-Request  F3-Server [u] F4-Next     F5-Previous  F6-Search [*]        F8-Clear
F9-Help  ?    Include the General Equivalency Mapping codes.
```

2.5   Referring Physicians (RPH)

The RPH (referring physician) form is used to enter and maintain information about referring physicians. Information entered here can be related to a patient on the NCTR (encounter) form for each visit that the patient has at your practice. The information is used in filling out box 17 of the CMS-1500 form as well as for the generation of reports. You may use this form as a telephone and address directory for referring physicians. It is important to note that insurance I.D. numbers for referring physicians are defined under the RID (referring physician I.D.) form and are not entered in this form. However, you must first establish the referring physician in this form before you may enter the I.D. number in the RID form.

2.5.1   RPH Field Descriptions

CODE
Here you may define the code for each referring physician. A suggested method is to use the first letter of the last name followed by the first letter of the first name, followed by a sequence number starting with 0. For example, the referring physician "Smith M.D.,Jack" would be coded as "SJ0" and "Smith M.D.,John" would be coded as "SJ1". This method does not guarantee the list will be alphabetized by code, but does allow easy query and browsing from the NCTR (encounter) form. It is also possible to query referring physicians by their name.

NAME
Here you must enter the referring physician's name. The name should be entered in the format "Last M.D.,First" with a comma separating the last name from the first name. This will allow a list to be sorted by the referring physician's name.

PRACTICE
Here you may enter the referring physician's practice name.

ADDRESS
Here you may enter the address of the referring physician.

(address line 2)
Here you may enter the second address line of the referring physician.

CITY
This field is used to enter the city of the referring physician's address.

STATE
This field is used to enter the state of the referring physician's address.

ZIP
This field is used to enter the zip code of the referring physician's address.

PHONE
This field is used to enter the telephone number of the referring physician.

FAX
This field is used to enter the fax telephone number of the referring physician.

UPIN
Enter the Referring Physician / Providers Unique Physician Identification Number (UPIN) .

NPI
Enter the Referring Physician/Provider's National Physician Identification Number.

SPECIALTY
This field is used to enter the specialty code of the referring physician.

TAXC
This field is used to enter the taxonomy code of the referring physician.
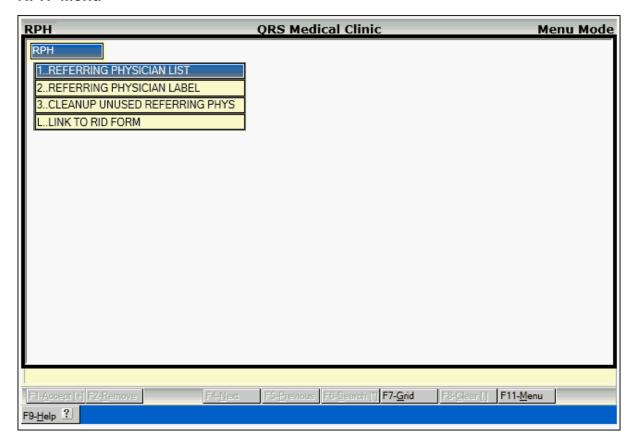
EMAIL
These fields are used to store two email addresses for the referring physician.
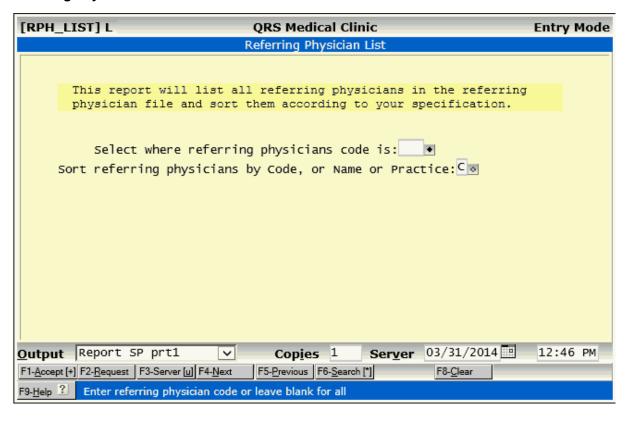
NOTE
In these lines you may enter a note concerning the referring physician. It is often used to enter the practice specialty. This information will display on the patient registration (PAT), Encounter (NCTR) and scheduling (SCHD) forms when the referring physician field is entered

2.5.2 RPH Menu

2.5.2.1 Referring Physician List

```
[RPH_LIST] L                    QRS Medical Clinic                  Entry Mode
                            Referring Physician List

        This report will list all referring physicians in the referring
        physician file and sort them according to your specification.


        Select where referring physicians code is: [    ] [♦]
    Sort referring physicians by Code, or Name or Practice: [C] [⊗]




Output [Report SP prt1        ▼]   Copies [1]  Server 03/31/2014🗓  12:46 PM
F1-Accept [+] F2-Request  F3-Server [u] F4-Next    F5-Previous  F6-Search [*]        F8-Clear
F9-Help ?   Enter referring physician code or leave blank for all
```

2.5.2.2   Referring Physician Label

```
[RPH_LABL] L                QRS Medical Clinic              Entry Mode
                    Mailing Label For Referring Provider


        This report will generate a mailing label for the Referring
        physician code defined.  You may choose from 3 formats to
        print   Dotmatrix, Laser labels (only 3 X 10  Avery 5960 )
        or CSV EXCEL option (opens file into Microsoft EXCEL)


    Enter Referring Provider code:_____ ◆
                        Format: E ◊
  Laser Labels Start on  Label Row: 1 ◊   Label Column: 1 ◊ <   FOR LASER ONLY
      Laser Labels are formatted to 3 across, 10 rows down, Avery 5960.  No
      other laser labels will fit, call to have a custom report written.


    DATES OF SERVICE     from: 03/31/2014 ▦ through: 03/31/2014 ▦
  New Patients Registered  from: 03/31/2014 ▦ through: 03/31/2014 ▦
   Referring Provider must have referred at least : 1    Patients


Output  Label SP prt1        ▼     Copies  1   Server  03/31/2014 ▦   12:48 PM
F1-Accept [+] F2-Request  F3-Server [u] F4-Next    F5-Previous  F6-Search [*]        F8-Clear              F12-dEfaults
F9-Help  ?    Enter Referring Provider code or leave blank for all
```

2.5.2.3 Cleanup Unused Referring Phys

```
[CU_RPH] L                    QRS Medical Clinic                    Entry Mode
                           Clean Up Referring Providers

    This program will remove any referring providers that are not currently
    being used in the system.  A file will be create in the BPFM to save
    the purged RPH records.



Output  [MONITOR] output ∨      Copies  1      Server  02/11/2014     01:55 AM
F1-Accept [+]  F2-Request  F3-Server [u]  F4-Next   F5-Previous  F6-Search [*]      F8-Clear
F9-Help  ?
```

2.5.2.4 Link to RID Form

This program will take you to the Referring physician ID (RID) form.

2.5.3   Security & Configuration
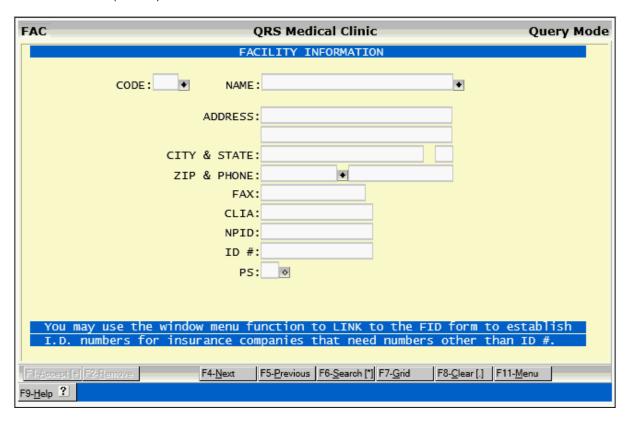
Security is the same as Standard Security & Configuration.

AUTOCODE - When Autocode is set to INITIALS it will use the referring providers initials as the code. The user should enter NEW as the CODE. It will then change it to "---". Enter in the NAME in LAST Md,First M. format.   The system will get the first letter of the last name and first letter of the first name and append a sequence to it starting with the number 0. Progressing through 9 then the letters A-Z.

2.6 Facilities (FAC)

The FAC (facility) form is used for the entry and maintenance of facilities where services are performed, other than your office. These facilities will include local hospitals and clinics where your physicians may provide services. The information stored here is related to a patient's visit on the NCTR (encounter) form by use of the FAC field. Once related, it will fill in the appropriate boxes on the insurance forms (box 32).

2.6.1 FAC Field Descriptions

CODE
This field is used to enter your code that you assign to each facility.

NAME
Here you may enter the name of the facility.

ADDRESS
Enter the first line of the mailing address for the facility.

(address line 2)
Enter the second line of the mailing address for the facility.

CITY
Enter the city for the address of the facility.

STATE
Enter the state for the address of the facility.

ZIP
Enter the zip code for the address of the facility.

PHONE
Enter the phone number for the facility.

FAX
Enter the fax number for the facility.

CLIA
If the facility is a clinical laboratory, enter the clinical laboratory improvement amendments identification number.

ID
Enter Facility ID number, clinic number, etc. This number is used for filing of insurance. It may not be found on normal CMS-1500 or CMS-1450 (UB) forms but may be needed for electronic claims.
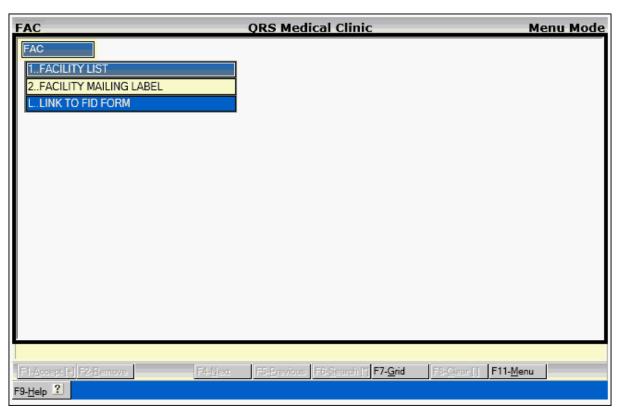
PS
Enter default place of service code. If left blank, the place of service code will default to the value defined for the transaction. If you enter one here, it will be used instead.
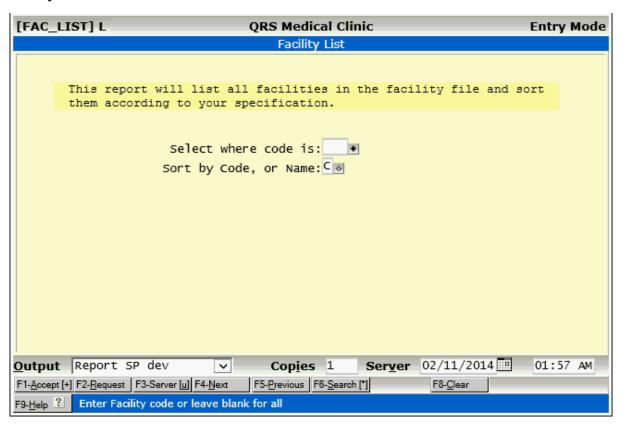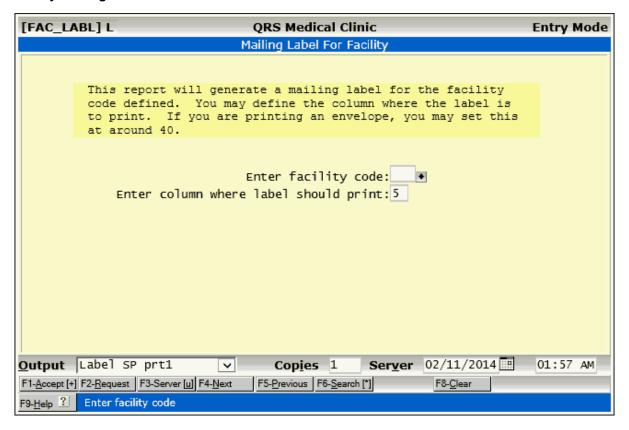
2.6.2 FAC Menu

2.6.2.1   Facility List


```
[FAC_LIST] L              QRS Medical Clinic              Entry Mode
                             Facility List

        This report will list all facilities in the facility file and sort
        them according to your specification.


                Select where code is: [    ][+]
                Sort by Code, or Name: [C][◇]
```

Output: [Report SP dev ⌄]   Copies [1]   Server [02/11/2014 📅]   [01:57 AM]

F1-Accept [+] | F2-Request | F3-Server [u] | F4-Next | F5-Previous | F6-Search [*] | F8-Clear

F9-Help [?]   Enter Facility code or leave blank for all

2.6.2.2   Facility Mailing Label
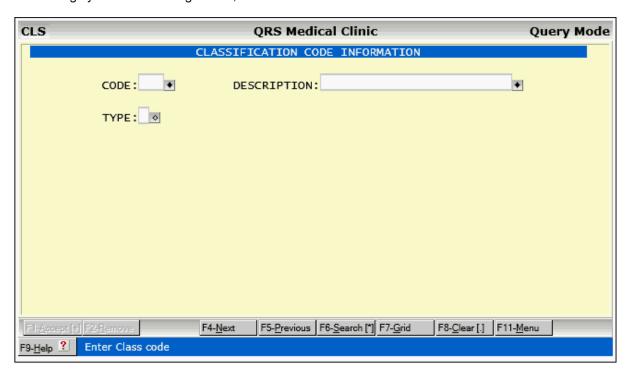
2.6.2.3   Link to FID Form

This will link you to the Facility ID form (FID) for the facility displayed on the FAC form. This will allow entry of insurance specific ID numbers.

2.7   Classifications (CLS)

The classification form is used to enter and administer classification codes. These are codes that you may define for the purpose of classifying or grouping information on reports such as insurance providers, guarantors, patients, visits, diagnosis and transaction codes. They are also used in the scheduling system for defining rooms, alerts and confirmation reasons.

```
CLS                        QRS Medical Clinic                    Query Mode
                    CLASSIFICATION CODE INFORMATION

        CODE:      ◆      DESCRIPTION:                          ◆

        TYPE:   ◇




  F1-Accept [+] F2-Remove        F4-Next   F5-Previous  F6-Search [*] F7-Grid    F8-Clear [.]  F11-Menu
  F9-Help  ?    Enter Class code
```

2.7.1   CLS Field Descriptions

CODE
Enter the code for the classification code. This is a three character alpha numeric code that you define.

DESCRIPTION
Enter the description for the classification code.

TYPE
Here you may define the type of the classification code. If left empty this code can be used anywhere in the system. It will be known as a global code and display on the Guarantor, Patient, Encounter, Diagnosis, Transaction and Insurance forms along with the codes specific for those forms.

```
TYPE:  ◇
        Global Class
       Alert
       Confirmation
       Diagnosis / ICD
       Guarantor
       Insurance Plan
       Patient
       Room
       Transaction
       Visit
```

Alert, Confirmation and Room Types are used in the scheduling system. The rest of the types are

self explanatory.

2.7.2 CLS Menu

2.7.2.1 Classification List
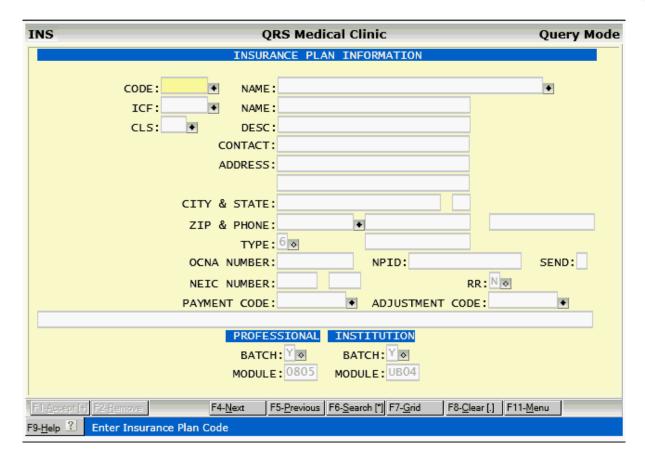
2.8   Insurance Table Files

The system also has a sub-file menu that is used to store the data entry forms for table files that deal directly with insurance carriers. By selecting "Insurance File Menu" on the File Menu it will display as follows:

2.8.1   Insurance Companies (INS)

The INS (insurance carrier) form is used to enter information about insurance companies used on patients policies. Once an insurance carrier is defined for one patient, you may reference it to other patients when defining the policy on the PAT (patient) or POL (policy) form. The system also allows for custom insurance forms or electronic claims for specific carriers. This form allows you to define the modules for both the Professional and the Institutional insurance claim.

2.8.1.1 INS Field Descriptions

CODE
In this field you may enter your lookup code for the insurance carrier. The recommended coding method is to use the first three letters of the name of the insurance carrier, followed by three numbers starting at 000. This will allow you to browse insurance carriers by entering the first three letters of the carrier name. For example, Blue Cross would be BLU000, and the next Blue Cross would be BLU001.

NAME
In this field you may enter the name of the insurance carrier.

ICF / NAME
Enter Insurance Contract File code.. The ICF file stores the base contract information for insurance contracts. You can attach as many insurance plans to a contract as you want. The contract defines things such as fee schedules and identification numbers used when filing claims. The NAME field will display the name of the insurance contract.

CLS/DESC
Enter insurance carrier classification code, used for reports. The DESC field will display the description for the CLS code you enter.

CONTACT
Here you may enter the name of a contact person at the insurance carrier. This is helpful if a billing problem arises.

ADDRESS
Here you may enter the first line of the insurance carrier's address.

(address second line)

Here you may enter the second line of the insurance carrier's address, if needed.

CITY
Here you may enter the city for the insurance carrier's address.

STATE
Here you may enter the state for the insurance carrier's address.

ZIP
Here you may enter the zip code for the insurance carrier's address.

PHONE
Here you may enter a telephone number that you may use to call the insurance carrier in the event a billing problem occurs.

(second phone)
Enter phone number for insurance carrier referral department.

TYPE
In this field, you can define what type of insurance the carrier is. Valid types are 1-MEDICARE, 2-MEDICAID, 3-CHAMPUS, 4-CHAMPUS VA, 5-FECA BLACK LUNG, 6-OTHER, and 7-BLUE CROSS/BLUE SHIELD. This field will determine what program box is marked at the top of the insurance CMS-1500 claim form. It may also be used for the generation of report by type. It is possible to add other insurance types to the system by modifying the validation table for this field. This field will also determine the type of insurance is being indicated for electronic claims. It is important that the proper type is selected when building an insurance carrier.

```
1 Medicare (1C)
2 Medicaid (1D)
3 Champus (1H)
4 Champus VA (1H)
5 FECA (Black Lung)
6 Other (commercial) (G2)
7 Blue Shield (1A or 1B)
8 Group Health Plan
9 HMO (BO)
```

OCNA NUMBER
In this field you may enter the OCNA number as defined by Medicare for your area. This number may allow Medicare to "Medigap" the claim for you, thus eliminating having to file the secondary if Medicare is the primary.

NEIC NUMBER
Here you may enter the NEIC payor number for the carrier. This number is used to file the claim electronically with NEIC through an NEIC clearing house. This number will be found on the insurance card for the insured or issued to you by the clearing house if they use a proprietary numbering scheme.

NEIC NUMBER (second field)
This field holds the NEIC office code for the insurance. This field is used for special claim purposes. Such as: "INDV" to indicate individual provider billing for this carrier.

RR
If this plan requires a referral for services enter a Y in this field. This will copy to the RR field of the insurance policy information when you enter the patient and policy information..

```
Yes
No
-unknown
```

PAYMENT CODE
In this field you may enter a payment code that you would like to use when a user posts a payment for this insurance carrier on the NCTR (encounter) form. The user only has to enter "IP1" or "IP2" and the computer will get the payment code from this field. If you leave this field blank the system will automatically allow the user to create a payment code when IP1 or IP2 is used for the first time with

the insurance plan.

ADJUSTMENT CODE
In this field you may enter an adjustment code that you would like to be used when a user posts an adjustment for this insurance carrier on the NCTR (encounter) form. The user only has to enter "IA1" or "IA2" and the computer will get the code from this field. If this field is left blank the system will automatically allow the user to create an adjustment code when IA1 or IA2 is used for the first time with the insurance plan.

BATCH (PROFESSIONAL)
This tells the software if the claims are to be submitted in Batch via the defined MODULE below. If set to "N" the claims will not be included when the batch is generated for the defined claims module in the Claims Manager program.

MODULE (PROFESSIONAL)
This field is used to define the insurance claims module to be used for professional claims.
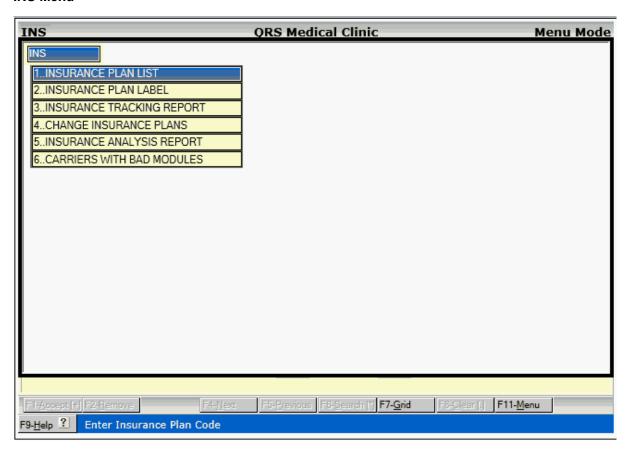
BATCH (INSTITUTIONAL)
.This tells the software if the claims are to be submitted in Batch via the defined MODULE below. If set to "N" the claims will not be included when the batch is generated for the defined claims module in the Claims Manager program.
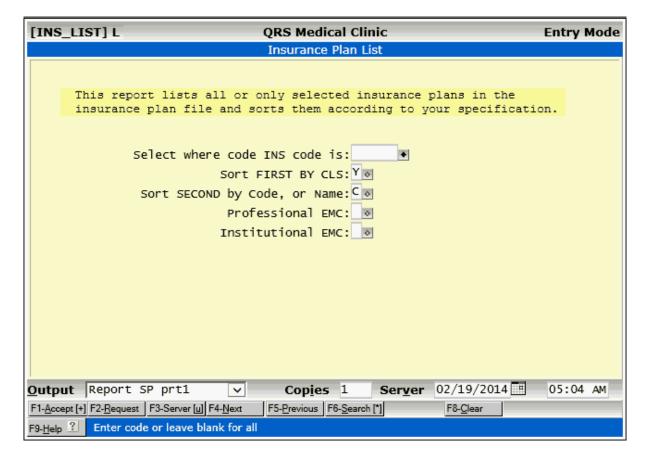
MODULE (INSTITUTIONAL)
This field is used to define the insurance claims module to be used for institutional claims.
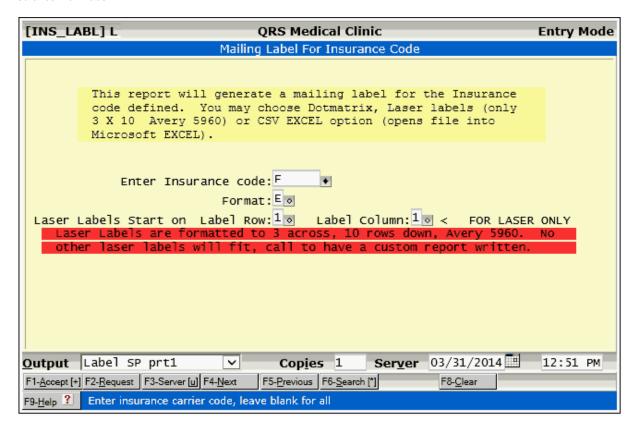
2.8.1.2   INS Menu

2.8.1.2.1 Insurance Plan List
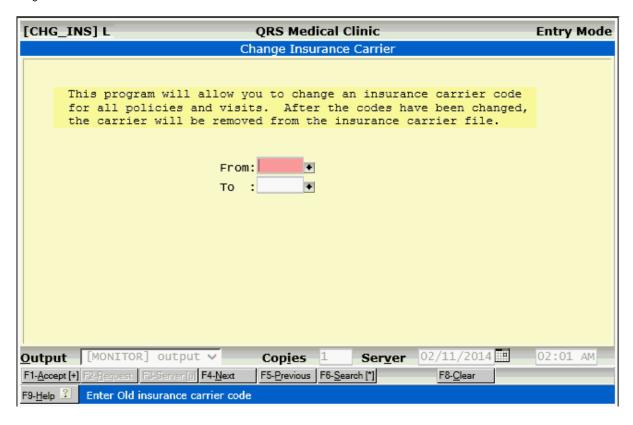
2.8.1.2.2 Insurance Plan Label
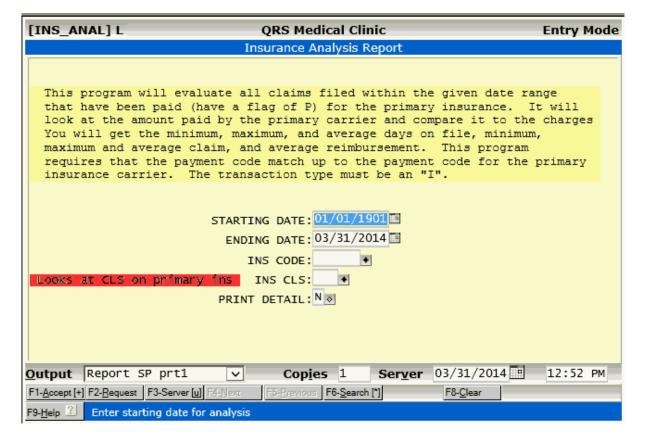
2.8.1.2.3 Insurance Tracking Report

```
[INS_TRACK] L                QRS Medical Clinic                    Entry Mode
                          Insurance Tracking Report


      This report will list all patients that have an insurance policy
      with the defined insurance carrier.  The report will be
      sorted by Provider if break by provider is Y, then insurance code
      and patient.  Provider in this report looks on the Patient Form
      at the PHY field.


   Insurance Company Code: [      ] [♦]      Insurance ICF Code: [      ]
         Insurance CLS Code: [    ]          Insurance Type: [ ]
      Look on the Insurance Plan Information form for CLS, ICF and TYPE

                           Print Patients: N

         Provider Code: [    ] [♦]       Break by Provider: N
         Select Policy: [ ]         Include Retired Policies: N




Output  Report SP prt1    [∨]    Copies  1    Server  03/31/2014 [▦]   12:52 PM
F1-Accept [+]  F2-Request  F3-Server [u]  F4-Next    F5-Previous  F6-Search [*]      F8-Clear
F9-Help  [?]   Enter Insurance Carrier code or leave blank for all
```
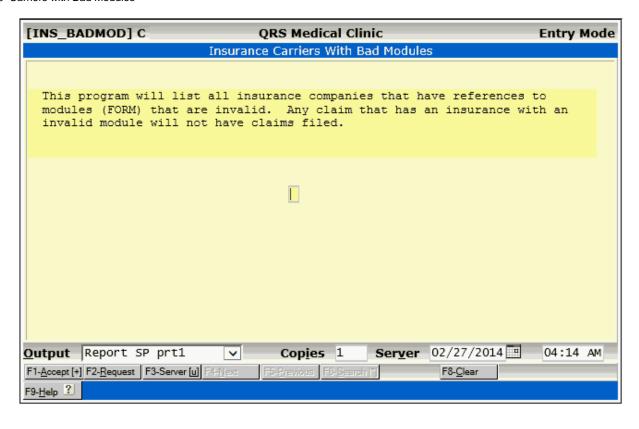
2.8.1.2.4 Change Insurance Plans

2.8.1.2.5 Insurance Analysis Report

```
[INS_ANAL] L                    QRS Medical Clinic                    Entry Mode
                            Insurance Analysis Report

    This program will evaluate all claims filed within the given date range
    that have been paid (have a flag of P) for the primary insurance.  It will
    look at the amount paid by the primary carrier and compare it to the charges
    You will get the minimum, maximum, and average days on file, minimum,
    maximum and average claim, and average reimbursement.  This program
    requires that the payment code match up to the payment code for the primary
    insurance carrier.  The transaction type must be an "I".


                        STARTING DATE: 01/01/1901
                          ENDING DATE: 03/31/2014
                             INS CODE: _____
    Looks at CLS on primary ins     INS CLS: ____
                          PRINT DETAIL: N


Output  Report SP prt1          Copies 1    Server 03/31/2014    12:52 PM
F1-Accept [+] F2-Request F3-Server [u] F4-Next  F5-Previous F6-Search [*]    F8-Clear
F9-Help ?   Enter starting date for analysis
```

2.8.1.2.6 Carriers with Bad Modules

```
[INS_BADMOD] C                    QRS Medical Clinic                    Entry Mode
                         Insurance Carriers With Bad Modules


    This program will list all insurance companies that have references to
    modules (FORM) that are invalid.  Any claim that has an insurance with an
    invalid module will not have claims filed.






                                         |




Output   Report SP prt1         v       Copies  1    Server  02/27/2014    04:14 AM
  F1-Accept [+] F2-Request  F3-Server [u] F4-Next    F5-Previous  F8-Search [*]    F8-Clear
  F9-Help  ?
```

2.8.1.3   Security & Configuration

Security is the same as Standard Security & Configuration.

ADJUSTMENT TYPE - This determines the adjustment type to use when creating an adjustment record if you leave the ADJUSTMENT CODE field empty when adding a new Insurance Plan. The options here are:
- A   Adjustment
- -   Credit Adjustment
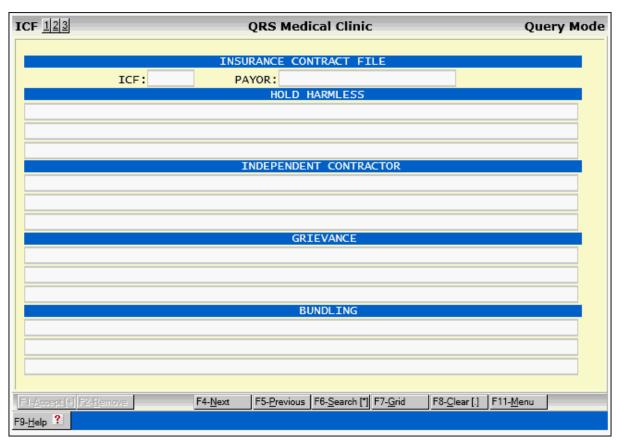
2.8.2 Insurance Contract File (ICF)

The INSURANCE CONTRACT FILE is used to establish and store information for an Insurance Contract. The first question you may ask is "What is a contract?" A contract is composed of three things: Contract information (stored in this form), Contract Identification numbers (stored in the CID form), and a Contract Fee Schedule (stored in the CFS form). If any of these three things are different, it should be entered as a separate contract. You may attach insurance plans to any contract, or leave the ICF field empty, if there is any indemnity plans with a straight percentage of charges based on the co-insurance defined for the policy. This form consists of three screens. The first will appear as follows:

```
ICF 1 2 3                        QRS Medical Clinic                    Query Mode

                          INSURANCE CONTRACT FILE
                    ICF: [      ]      PAYOR: [              ]
                              AUTO  RENEWAL
        [                                                              ]
        [                                                              ]

                          WITHOUT  CAUSE  TERMINATION
        [                                                              ]
        [                                                              ]
        [                                                              ]

                           WITH  CAUSE  TERMINATION
        [                                                              ]
        [                                                              ]
        [                                                              ]

                              AMENDMENT  TERMS
        [                                                              ]
        [                                                              ]
        [                                                              ]


 F1-Accept [+] F2-Remove      F4-Next   F5-Previous  F6-Search [*] F7-Grid   F8-Clear [.]  F11-Menu
 F9-Help ?
```

2.8.2.1 ICF Field Descriptions

2.8.2.1.1 Screen 1

ICF
Enter the code that you want to assign to this insurance contract.

NAME
Enter the name for the contract.

USER NOTES
In these fields, you may enter notes that will display in a pop-up box, when the user passes through an insurance plan field that is attached to this insurance contract.

EFFECTIVE DT
Enter the date the contract will become effective.

RENEWAL DATE
Enter the date that contract is to be renewed.

CLAIMS SUBMISSION TIME FRAME
Enter the number of days allowed for timely filing of claims under the provisions of the contract.

CLAIM PAYMENT TIMEFRAME
Enter the number of days the insurance company has to comply with timely payment of the claim after it has been submitted.

APPEAL TIME
Enter the number of days you have to appeal claims.

2.8.2.1.2 Screen 2

AUTO RENEWAL
Enter the clause of the contract dealing with automatic renewal of the contract.

WITHOUT CAUSE TERMINATION
Enter the clause of the contract dealing with termination of the contract without clause.

WITH CAUSE TERMINATION
Enter the clause of the contract dealing with termination with clause.

AMENDMENT TERMS
Enter any amendment terms in the contract.

2.8.2.1.3 Screen 3

HOLD HARMLESS
Enter the contract hold harmless provisions.

INDEPENDENT CONTRACTOR
Enter any independent contractor provisions of the contract.
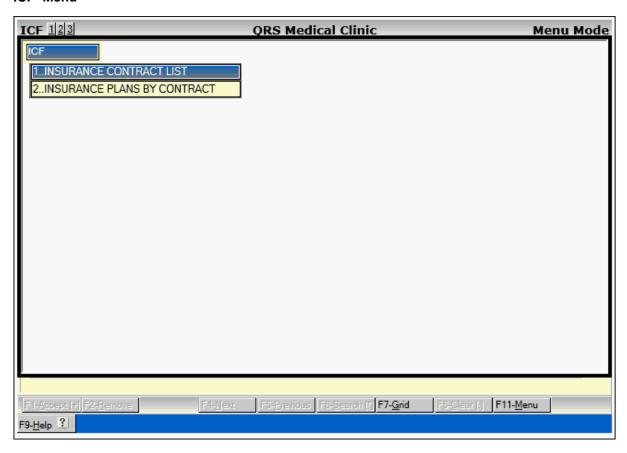
GRIEVANCE
Enter any grievance procedures as dictated by the contract.
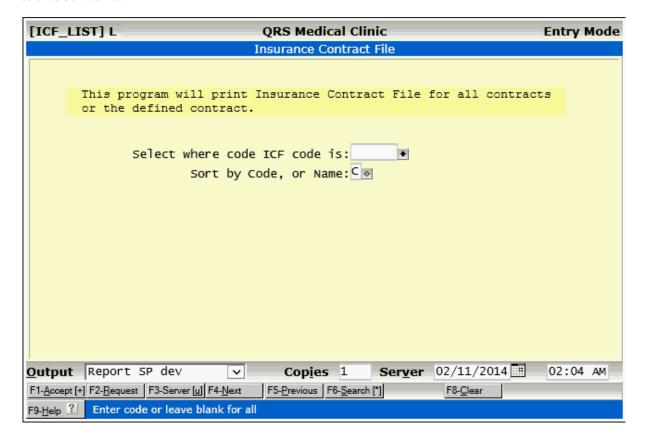
BUNDLING
Enter how bundling is handled under the contract.
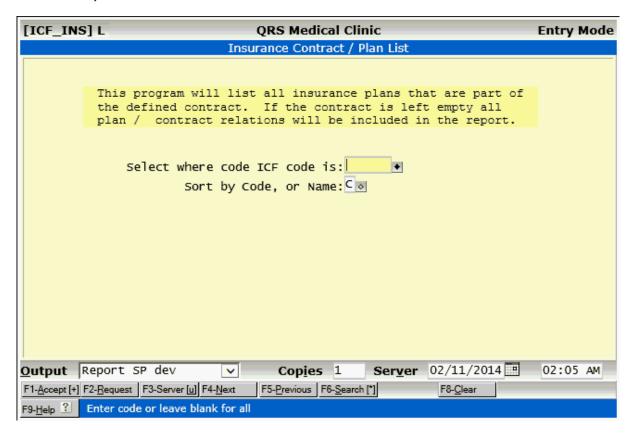
2.8.2.2   ICF Menu

2.8.2.2.1 Insurance Contract List

```
[ICF_LIST] L                  QRS Medical Clinic                   Entry Mode
                            Insurance Contract File


     This program will print Insurance Contract File for all contracts
     or the defined contract.


          Select where code ICF code is: [_____] ◆
                 Sort by Code, or Name: C ◇
```

Output Report SP dev   ▼   Copies 1   Server 02/11/2014   02:04 AM
F1-Accept [+] F2-Request F3-Server [u] F4-Next   F5-Previous F6-Search [*]   F8-Clear
F9-Help ?   Enter code or leave blank for all

2.8.2.2.2 Insurance Plans By Contract

2.8.3   Contract Fee Schedule (CFS)

The CFS (Contract Fee Schedule) form allows you to enter the fee schedule information for an insurance contract. You may enter an effective start date for the fee schedule, as well as define a physician, if that physician has a specific fee schedule. If the fee schedule is applicable to all physicians, you may leave the physician field empty.

On the NCTR form when entering charges, the program will check to see if the primary insurance is associated with a contract, and enter the contract fee schedule in with the charge. This represents historically what the contracted fee schedule was at the time of service.   If a fee schedule is not present, but a contract exist, it will alert the user of the missing fee schedule, and utilize the entire charge as the allowed amount.

2.8.3.1   CFS Field Descriptions

ICF
In this field you must enter the code for the Insurance Contract File. You may also use the CONTRACT field to look up the Insurance Contract by name if you are unsure of the code.

TRA
Enter the Transaction Charge code for the transaction that you are creating a contract fee schedule record. The FS1 (primary fee schedule) will display, along with the procedure codes and description.

PHY
This field is optional. It allows you to define a specific physician for the contracted amount. If the contract is a global contract and is applicable to all physicians in your practice, you may leave this field empty. If the contract has a different fee schedule for a specific physician, enter the physician code here. The NCTR form will first look for a record with the physician and if one is not found it will look for a record without a physician.

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EFFECTIVE DATE
Enter the date that this contracted fee schedule takes effect. This can be a date in either the past or the future. The NCTR form will look at the date of service, and find the correct fee schedule to utilize when adding the charge. This allows you to set up your fee schedules in advance, and when that date arrives the new fee schedules will automatically take effect.

ALLOWED AMOUNT
This is where you must enter the allowed amount for the charge. This is the amount that you have contracted with the insurance company with as a maximum charge. Anything that you bill over this allowed amount you must take as a contractual adjustment. If the contract that you are creating is a Capitation plan, enter a value of $0.00 in this field. This will automatically trigger the NCTR form to adjust off the visit after all the charges are entered.

APPLY CO-PAY/CO-INS
The APPLY CO-PAY / CO-INS field is used to tell if a co-payment or co-insurance is applicable to a charge.   The following options are available:

- P – Co-pay only. Use this if the contract dictates that only a co-payment is applicable to this charge. This is common for many contracts for Evaluation and Management Codes. Co-pays are defined when setting up the policy for the patient.
- I – Co-insurance only. Use this if the contract allows only for a co-insurance for the charges. The co-insurance percentage is established when setting up the policy information for the patient.
- N – Neither co-pay or co-insurance. Use this for charges that neither the co-pay nor co-insurance is applicable.
- A – Both co-pay and co-insurance (weighted). There are two methods that insurance companies used to calculate insurance and patient responsibility, when both co-pay and co-insurance can be applied. The first is the weighted method. In this method, the co-insurance is based on the contracted fee schedule (ALLOWED AMOUNT) less the co-pay. For example, take the following charge:

  99213 Your fee is $70.20.   The ALLOWED AMOUNT is $60.00. This means there will be a contractual adjustment of $-10.20.   The patient has a co-pay of $10.00 and a co-insurance of 20%. In the weighted method, the following patient portion of the charge is calculated using:

  > CO PAY + ((ALLOWED AMOUNT – CO PAY) * COINSURANCE)
  > $10.00 + (($60.00 - $10.00) * 20%)
  > $10.00 + ($50.00 * 20%)
  > $10.00 + $10.00
  > $20.00

  and the insurance is responsible for the difference:

  > ALLOWED AMOUNT – PATIENT PORTION
  > $60.00 - $20.00
  > $40.00

- B – Both co-pay and co-insurance. This is the other method used to calculate the patient and insurance portion of a charge when both are applicable. In this method, the co-pay is not deducted from the allowed amount to calculate the patient's portion. Using the same example as above, the calculations are performed as follows:
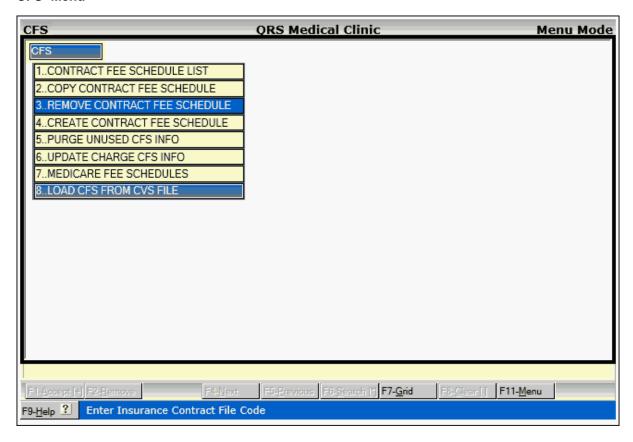
  > CO PAY + (ALLOWED AMOUNT * COINSURANCE)
  > $10.00 + ($60.00 * 20%)
  > $10.00 + $12.00
  > $22.00

  and the insurance is responsible for the difference:
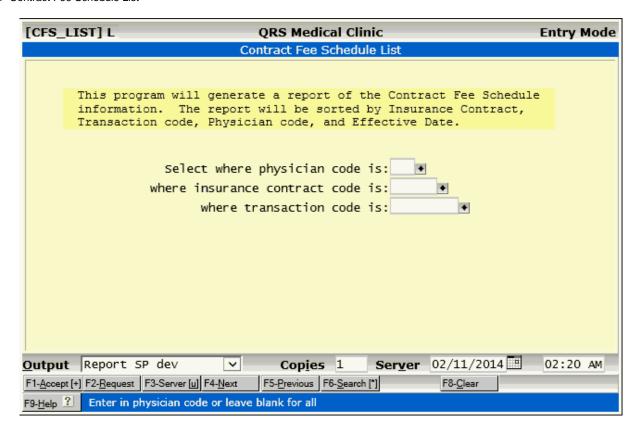
ALLOWED AMOUNT – PATIENT PORTION
$60.00 - $22.00
$38.00

When adding charges on the NCTR form, only one charge per visit can have a co- pay applicable to it. Any subsequent charges entered to a visit that have the apply co- pay co-insurance field set to a value that would cause two co-payments to be applied to a visit will be revised to either have nothing applied, or just co-insurance depending upon the charges' original flag.
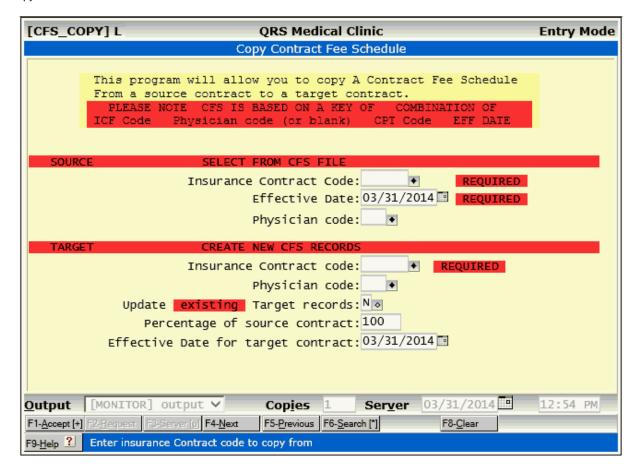
2.8.3.2 CFS Menu
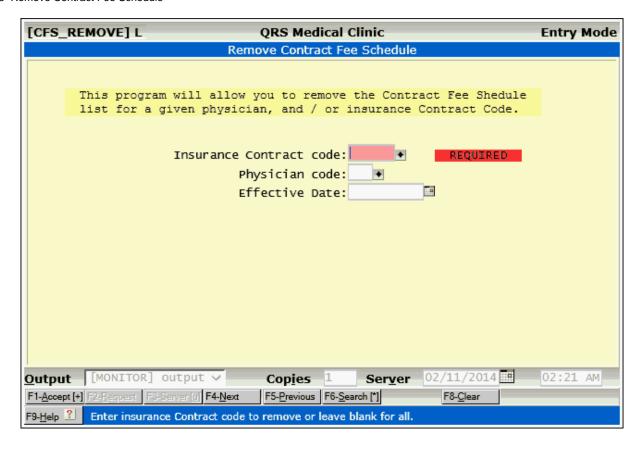
2.8.3.2.1 Contract Fee Schedule List

2.8.3.2.2 Copy Contract Fee Schedule

```
[CFS_COPY] L                    QRS Medical Clinic                    Entry Mode
                           Copy Contract Fee Schedule

         This program will allow you to copy A Contract Fee Schedule
         From a source contract to a target contract.
            PLEASE NOTE   CFS IS BASED ON A KEY OF    COMBINATION OF
         ICF Code    Physician code (or blank)    CPT Code    EFF DATE


      SOURCE                  SELECT FROM CFS FILE
                        Insurance Contract Code: [      ] [+]    REQUIRED
                              Effective Date: 03/31/2014 [▦]     REQUIRED
                             Physician code: [    ] [+]

      TARGET                  CREATE NEW CFS RECORDS
                        Insurance Contract code: [      ] [+]    REQUIRED
                             Physician code: [    ] [+]
               Update  existing  Target records: N [◇]
                  Percentage of source contract: 100
            Effective Date for target contract: 03/31/2014 [▦]



Output   [MONITOR] output ∨      Copies  1    Server  03/31/2014 [▦]    12:54 PM
F1-Accept [+] F2-Request  F3-Server [u] F4-Next    F5-Previous  F6-Search [*]        F8-Clear
F9-Help  [?]   Enter insurance Contract code to copy from
```

2.8.3.2.3 Remove Contract Fee Schedule
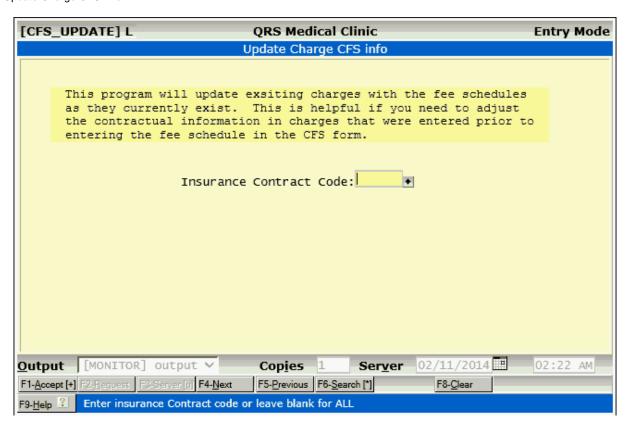
2.8.3.2.4 Create Contract Fee Schedule
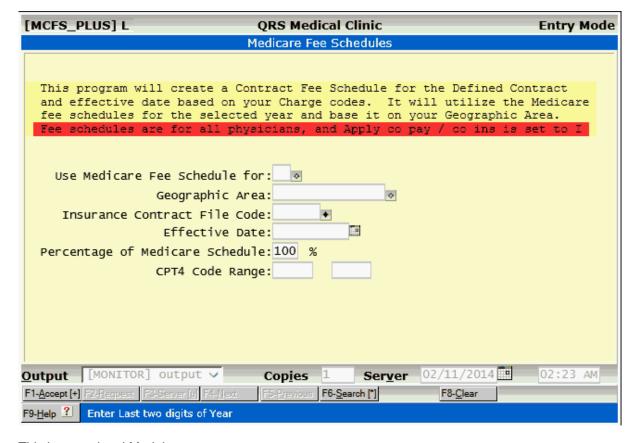
2.8.3.2.5 Purge Unused CFS Info

2.8.3.2.6 Update Charge CFS Info
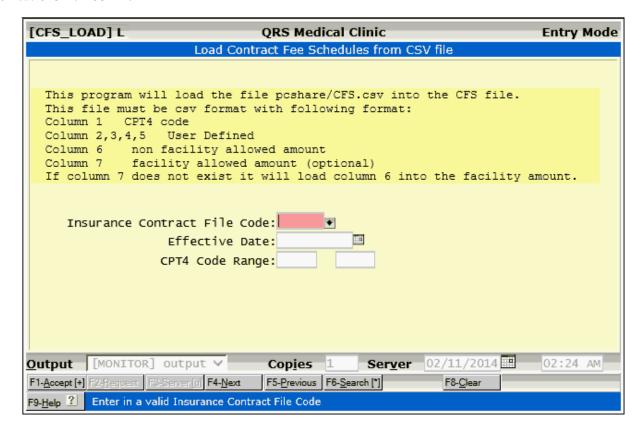
2.8.3.2.7 Medicare Fee Schedules

This is an optional Module
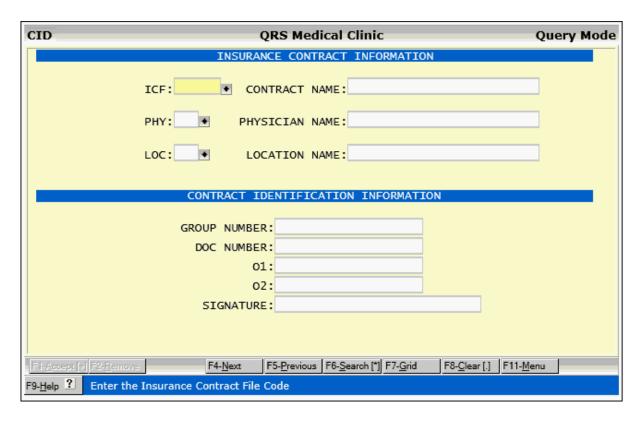
2.8.3.2.8 Load CFS From CSV File

2.8.4   Contract I.D. Form (CID)

The CID (Contract ID) allows you to enter the identification numbers required to file claims for an insurance contract. One feature of this form is the LOC field, which is optional. If left blank, it will be valid for the contract and physician, where a record for a specific location is not defined. A location specific CID record will always take precedence over a record without a LOC field defined.

This information entered will also display on the NCTR form on the status line, when you move the cursor through the PHY and LOC fields. If a record is not found, a message will display "NO CID INFO".

2.8.4.1   CFS Field Descriptions

ICF
Here you must enter the Insurance Contract File Code. You may also use the CONTRACT NAME field to search for the contract.

PHY
In this field, you must enter the physician code for which the ID numbers will apply to for the contract defined.

LOC
In this field, enter the location code if applicable to the contract. In most cases, ID numbers are assigned only to the physician for a contract, but in some cases different ID numbers may be issued for separate locations. This is exceptionally true if the locations reside in different states. A Contract ID record with a location will take precedence over one without a location. So if you have eleven locations, and only one is in another state that requires a separate ID number, you would only need to set up two records. One with the LOC field empty for the ten in one state, and one with the location field populated for the location in the other state.

GROUP NUMBER

Here you should enter the group number, if assigned by the contract. This will normally print in Block 33 of the CMS-1500 form under the GRP# field.

DOC NUMBER

Here you should enter the individual provider number if assigned by the contract. This will normally print in Block 33 of the CMS form by the PIN# field. It may also print in Block 24 K of the CMS-1500 form.

01

This field is used for additional identifications numbers sometimes assigned. This is used for special case billing.
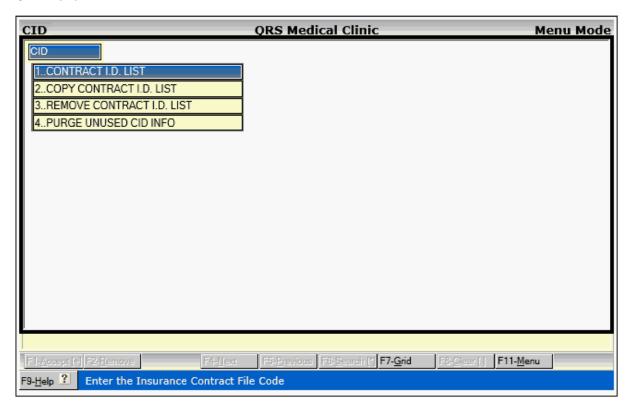
02

This field is used for additional identifications numbers sometimes assigned. This is used for special case billing.
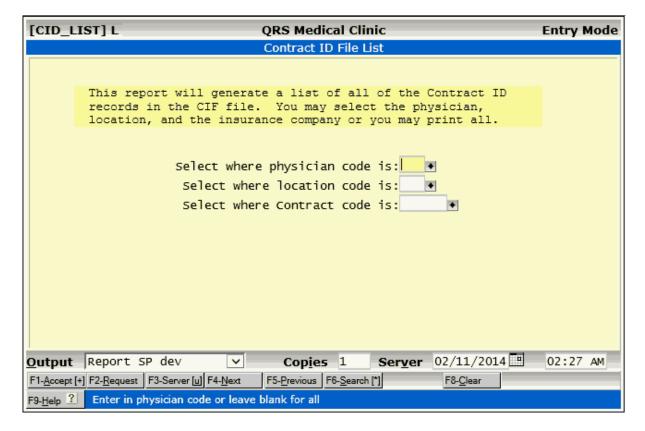
SIGNATURE

In this field, you may enter the signature message, if it must be unique for this contract. If left empty, the default signature message for the physician as defined on the PHY form will be used.
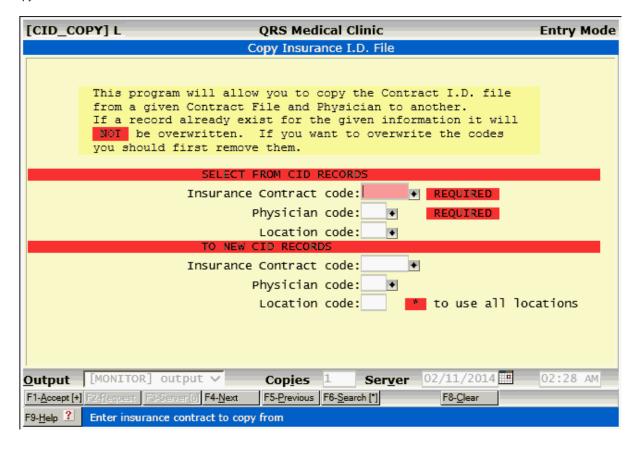
2.8.4.2   CID Menu

2.8.4.2.1 Contract ID List

```
[CID_LIST] L                    QRS Medical Clinic              Entry Mode
                            Contract ID File List


        This report will generate a list of all of the Contract ID
        records in the CIF file.  You may select the physician,
        location, and the insurance company or you may print all.



              Select where physician code is:
                Select where location code is:
                Select where Contract code is:











Output  Report SP dev            Copies 1    Server 02/11/2014      02:27 AM
F1-Accept [+] F2-Request  F3-Server [u] F4-Next    F5-Previous  F6-Search [*]      F8-Clear
F9-Help  ?   Enter in physician code or leave blank for all
```

2.8.4.2.2 Copy Contract ID List


```
[CID_COPY] L              QRS Medical Clinic              Entry Mode
                        Copy Insurance I.D. File

        This program will allow you to copy the Contract I.D. file
        from a given Contract File and Physician to another.
        If a record already exist for the given information it will
        NOT be overwritten.  If you want to overwrite the codes
        you should first remove them.

                    SELECT FROM CID RECORDS
                Insurance Contract code:|          ◆   REQUIRED
                        Physician code:        ◆   REQUIRED
                        Location code:         ◆
                    TO NEW CID RECORDS
                Insurance Contract code:          ◆
                        Physician code:        ◆
                        Location code:             *  to use all locations


Output  [MONITOR] output ∨      Copies  1    Server  02/11/2014    02:28 AM
 F1-Accept [+]  F2-Request  F3-Server [u] F4-Next    F5-Previous  F6-Search [*]    F8-Clear
F9-Help  ?   Enter insurance contract to copy from
```

2.8.4.2.3 Remove Contract ID List
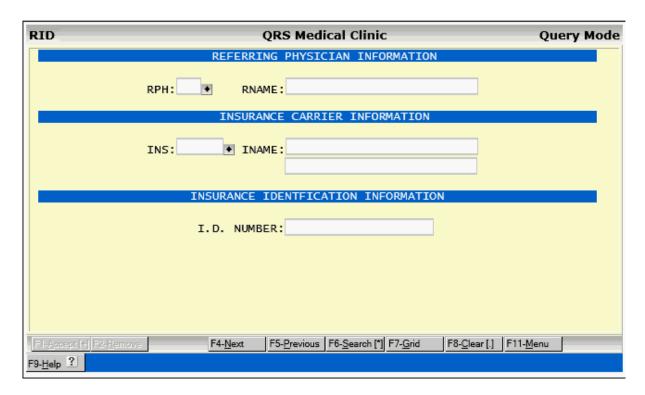
2.8.4.2.4 Purge Unused CID Info

2.8.5 Referring Physicians ID Numbers (RID)

The RID (referring physician I.D.) form allows you to establish insurance I.D. numbers by referring physician and insurance carrier. The number defined here will print in box 17a of the CMS-1500 form with the referring physician's name. Not all insurance companies require I.D. numbers for filing insurance. You only need to establish records for those carriers that do require an special I.D. Normally the NPI for the referring provider is all that is required.

2.8.5.1 RID Field Descriptions

RPH
In this field, you may enter the code for the referring physician that you are establishing an I.D. number for. The RPH is defined in the RPH form.

RNAME
In this field, you may enter the name for the referring physician that you are establishing an I.D. number for. The NAME is defined in the RPH form.

INS
Here you may enter the code for the insurance carrier that you are assigning the I.D. number to. Insurance carriers are defined on the INS form.

INAME
Here you may enter the name for the insurance carrier that you are assigning the I.D. number to. Insurance carriers are defined on the INS form.

(Insurance address line 1)
This field will display the first address line of the insurance carrier.
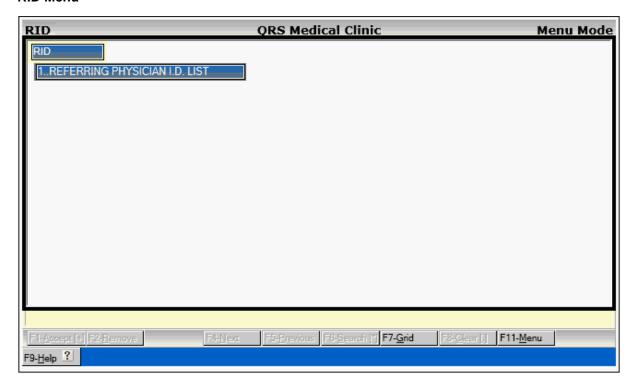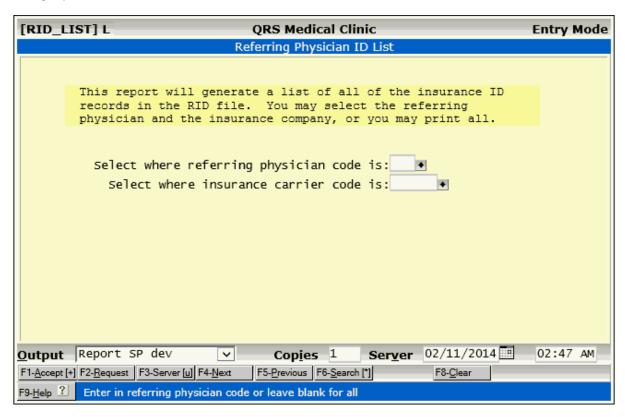
I.D. NUMBER
This field is used to enter the actual I.D. number for the referring physician and insurance carrier.

2.8.5.2   RID Menu
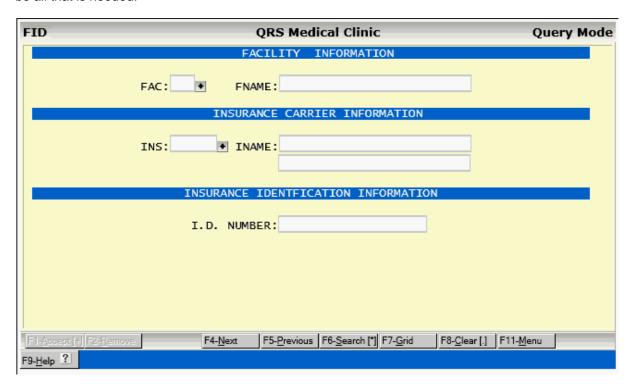
2.8.5.2.1 Referring Physician ID List

2.8.6   Facility ID Form (FID)

The FID (Facility I.D.) form allows you to establish insurance I.D. numbers by facility and insurance carrier. Not all insurance companies require I.D. numbers for filing insurance. You only need to establish records for those carriers that require an I.D. Normally the NPID number for the facility will be all that is needed.

2.8.6.1   FID Field Descriptions

FAC
In this field, you may enter the code for the facility that you are establishing an I.D. number for. The FAC is defined in the FAC form.

FNAME
This field will display the name of the facility defined in the FAC field.

INS
Here you may enter the code for the insurance carrier that you are assigning the I.D. number to. Insurance carriers are defined on the INS form.

INAME
This field will display the name of the insurance carrier defined in the INS field.
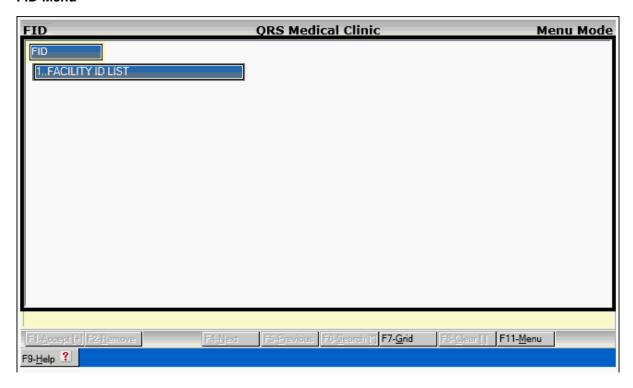
(Insurance address line 1)
This field will display the first address line of the insurance carrier.
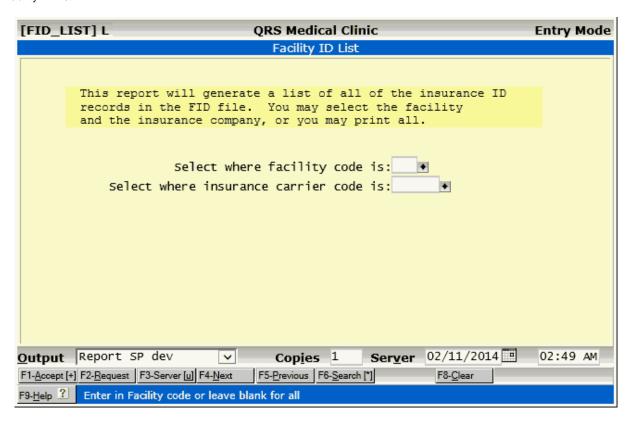
I.D. NUMBER
This field is used to enter the actual I.D. number for the facility and insurance carrier. This number is used in place of the NPID or CLIA number assigned on the FAC form.

2.8.6.2 FID Menu
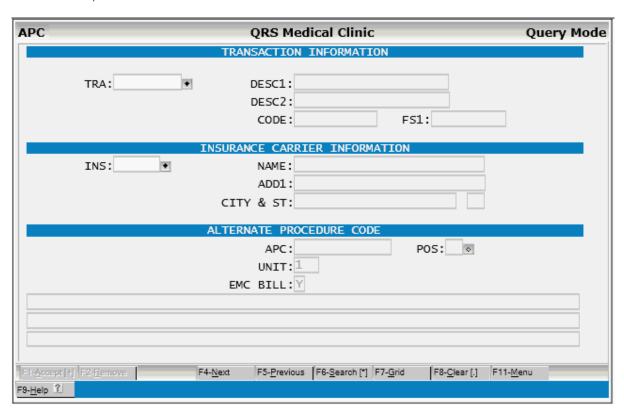
2.8.6.2.1 Facility ID List

2.8.7   Alternate Procedure Codes (APC)

The APC (alternate procedure code) form allows you to create a series of procedure codes that will print on an insurance form for a defined transaction and insurance carrier. This is used when all information for a given transaction code is the same, but the insurance company wants you to use a different code, or a code with different modifiers.

2.8.7.1   APC Field Descriptions

TRA
In this field you must enter a transaction code, as defined on the TRA form. The combination of the transaction code and the insurance carrier code compose the APC code.

DESC1
This field will show line 1 of the transaction description. You may also look up the transaction code using this field.

DESC2
This field will display the second transaction description line.

CODE
This field will display the normal Procedure code for the transaction.

FS1
This field will display the normal charge for the transaction code.

INS
In this field you must define the insurance carrier that you are assigning the alternate procedure code to. This code in conjunction with the TRA field compose an alternate procedure code.

NAME
This field will display the name of the insurance carrier. You also may lookup a carrier using this field.

ADD1

This field will display the first address line for the carrier.

CITY

This field will display the city for the carrier.

ST

This field will display the state for the carrier.

APC

In this field you should enter the alternate procedure code, along with up to three sets of two character modifiers. This is the information that will print on the insurance form for the Procedure code if a combination of the defined transaction code and insurance carrier code are present.

UNIT
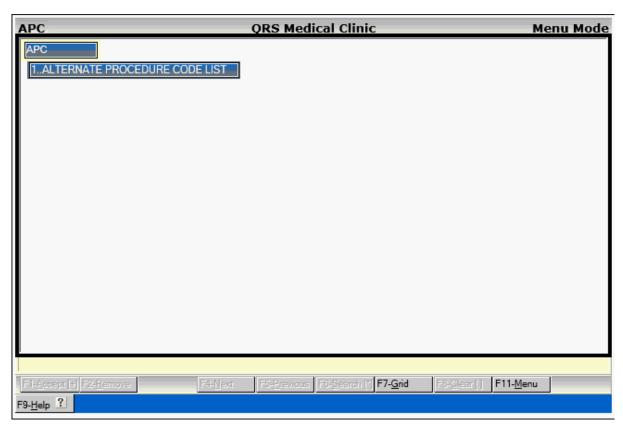
Here you may enter the unit correlation to the number of units billed for the transaction code. Let's say that you use an injection code, by default has 1 unit. But when billing an insurance carrier, the carrier wants to know the number of milliliters in the injection. The normal injection has 10 milliliters, so the unit amount would be 10.

When the claim form is generated, it will multiply the number entered by the units that you define, to provide the unit information to that carrier.
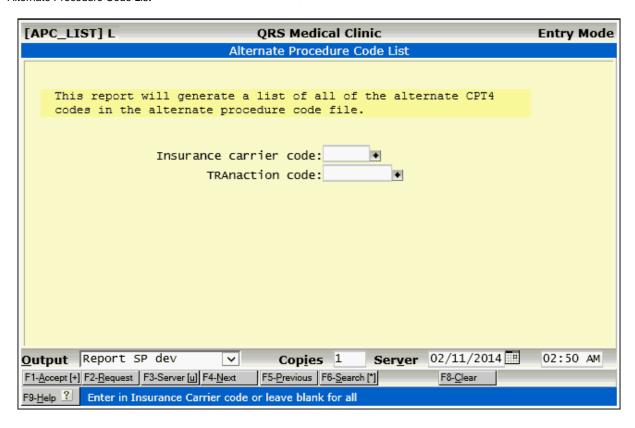
EMC BILL

This field, is used to notify the user when a charge is entered that can't be billed electronically. If set to " N", the user will be given a warning message on the NCTR form and asked to submit the form on paper.

2.8.7.2 APC Menu
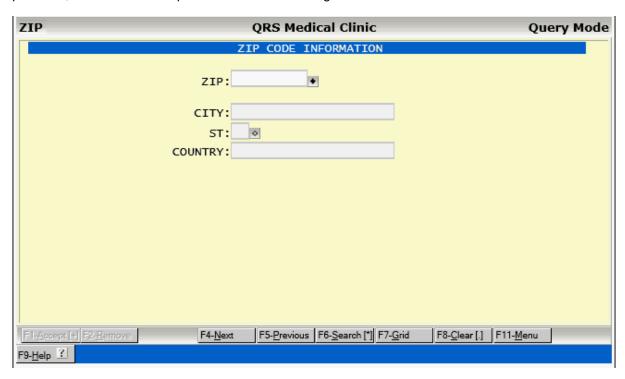
2.8.7.2.1 Alternate Procedure Code List

2.9   Zip Codes (ZIP)

 The ZIP (zip code) form is used to define zip codes for cities and states. These zip code records are related to patients, guarantors, and insurance policy information. Once a zip code is entered in this file with its corresponding city and state, you need only use the zip code to reference the city and state in subsequent transactions or entries. This saves substantial disk drive space for most all medical practices, since most of the patients live in the same general area.

2.9.1   ZIP Field Descriptions

ZIP
Here you may assign the zip code as dictated by the U.S. postal service.

CITY
In this field you may enter the city for the defined zip code. Each zip code has only one correct city. Contact your postal office if you are in doubt.
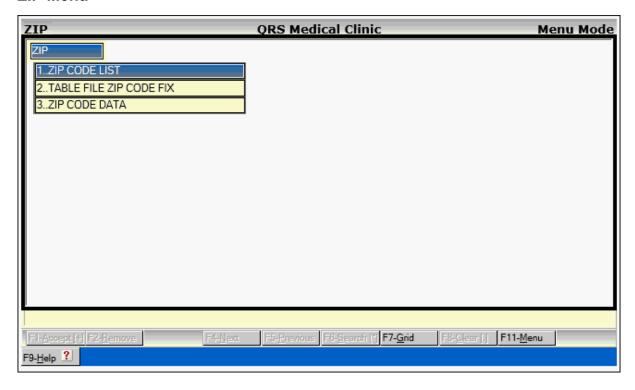
ST
Enter the defined state for the postal code.
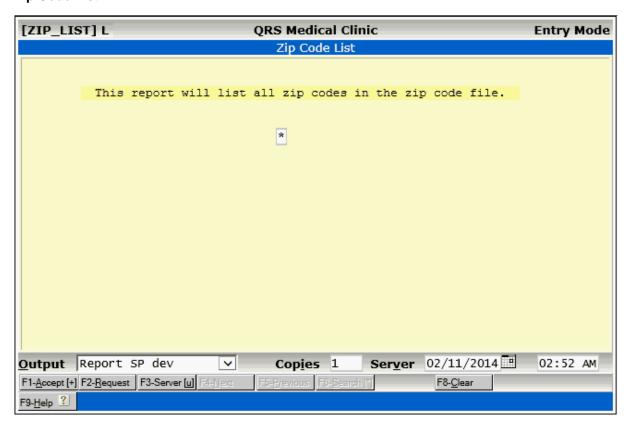
COUNTRY
Enter the Country Name if not United States.
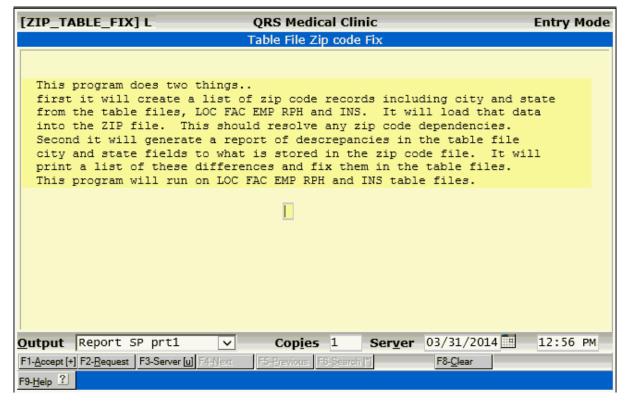
2.9.2 ZIP Menu

2.9.2.1 Zip Code List
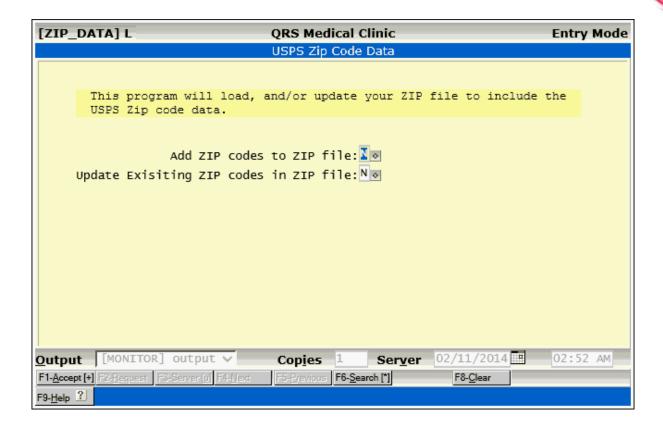
2.9.2.2   Table File Zip Code Fix
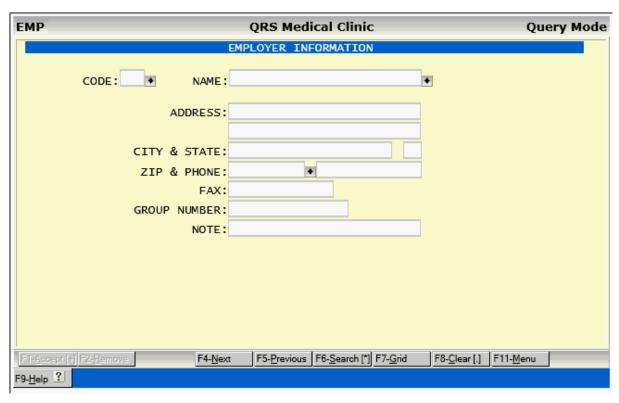
2.9.2.3   Zip Code Data

This is an optional module.

```
[ZIP_DATA] L              QRS Medical Clinic              Entry Mode
                         USPS Zip Code Data

   This program will load, and/or update your ZIP file to include the
   USPS Zip code data.


             Add ZIP codes to ZIP file: Y
   Update Exisiting ZIP codes in ZIP file: N
```

Output [MONITOR] output ⌄   Copies 1   Server 02/11/2014   02:52 AM

F1-Accept [+] F2-Request F3-Server [u] F4-Next   F5-Previous F6-Search [*]   F8-Clear
F9-Help ?

2.10 Employer Information (EMP)

The EMP (Employer Information) allows you to enter employer information. This information can be linked to patients, guarantors or policy holders in the system. Using this form eliminates duplicate data and speeds data entry.

2.10.1 Employer Field Descriptions

CODE
Enter a unique code for an employer.

NAME
Enter the Name of the employer.

ADDRESS
Enter up to two address lines for the employer

CITY
This field will display the city for the zip code entered.

STATE
This field will display the state for the zip code entered.

ZIP
Enter the zip code for the employer.

PHONE
Enter the telephone number of the employer.

FAX

Enter the FAX number of the employer.
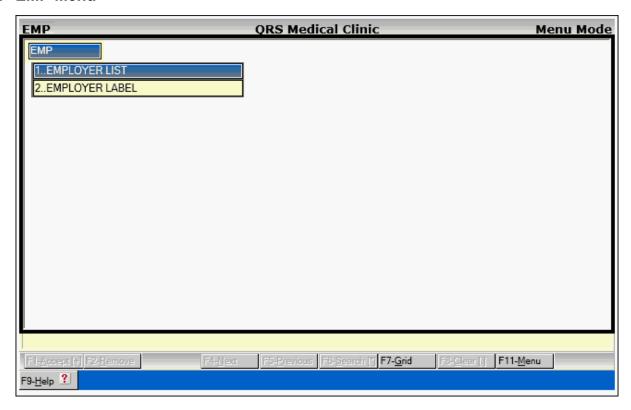
GROUP NUMBER
Enter the insurance group number of the employer. This will copy to the group number field for the policy when you select this employer when entering insurance policy information for a patient.
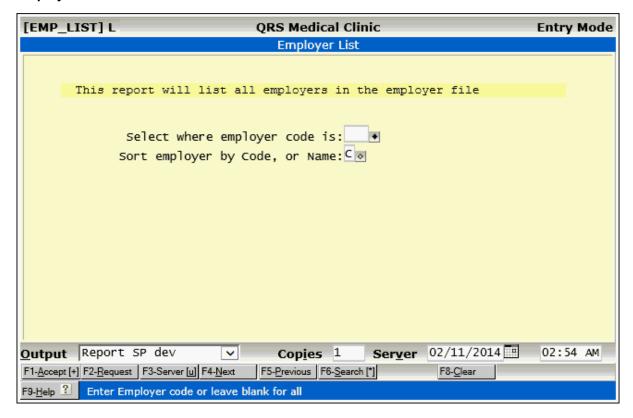
NOTE
Enter a note for the employer.
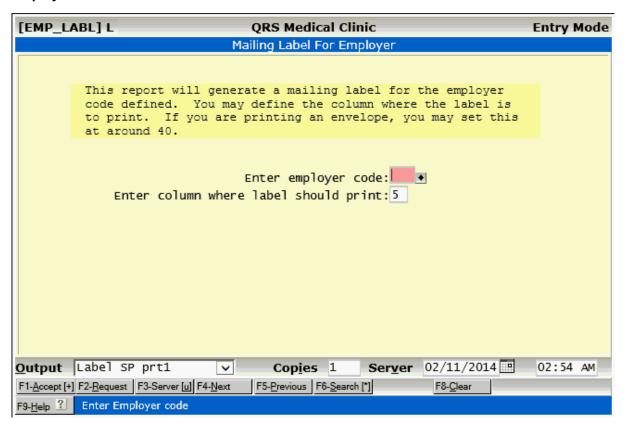
2.10.2 EMP Menu

2.10.2.1 Employer List


```
[EMP_LIST] L              QRS Medical Clinic                    Entry Mode
                             Employer List

        This report will list all employers in the employer file


           Select where employer code is: ____ ◆
           Sort employer by Code, or Name: C ◇




Output  Report SP dev        ∨       Copies 1    Server 02/11/2014 ⊞   02:54 AM
F1-Accept [+] F2-Request  F3-Server [u] F4-Next    F5-Previous  F6-Search [*]      F8-Clear
F9-Help  ?    Enter Employer code or leave blank for all
```

2.10.2.2 Employer Label

```
[EMP_LABL] L              QRS Medical Clinic              Entry Mode
                      Mailing Label For Employer

        This report will generate a mailing label for the employer
        code defined.  You may define the column where the label is
        to print.  If you are printing an envelope, you may set this
        at around 40.


                        Enter employer code:▯ ◆
                Enter column where label should print:5



Output  Label SP prt1      ▼     Copies  1   Server  02/11/2014 ▦   02:54 AM
F1-Accept [+] F2-Request  F3-Server [u] F4-Next   F5-Previous  F6-Search [*]      F8-Clear
F9-Help  ?   Enter Employer code
```

2.11 Standard Security & Configuration

```
[S4GL_SECURE] L                QRS Medical Clinic              Entry Mode
                              Security Program

    This program will allow you to set a security level or password for the
    defined program.   Security will eliminate unwanted access to the program.


                          PROGRAM: PHY
                   SECURITY LEVEL: 5 ◇
                   QUERY PASSWORD: [        ]
                     ADD PASSWORD: [        ]
                  UPDATE PASSWORD: [        ]
                  REMOVE PASSWORD: [        ]
                      FIRST FIELD: CODE




Output  [MONITOR] output ▾     Copies  1    Server  01/27/2014 ▦    07:07 AM
F1-Accept [+]  F2-Request  F3-Server [u]  F4-Next    F5-Previous  F6-Search [*]      F8-Clear
F9-Help  ?  | Enter minimum global date entry level. Default is 2
```

All data entry forms have standard security & configuration. This allows you to set the base security level for a data entry from as well as passwords for Query, Add, Update, and Remove.   The configuration is for the first field that the cursor will access when the screen is cleared. This can only be accessed by Administrators or Programmers by first clicking on mode indicator of the form to turn on Admin Mode. Then by clicking on any open area of the form.

- **PROGRAM** - This is the form name for the security file.
- **SECURITY LEVEL** - The Base security level a user must have to access the form.   The Default is 5.

0	Programmer, all database privileges, skips passwords, allowed into programming options
1	Administrator, all database privileges, skips passwords, allowed into administrative options
2	Query, add, remove, update, normal data entry person, must know passwords
3	Query, add, update, no remove permission
4	Query, add, no update or remove permission
5	Query, no add, update, or remove permission
6	No access to forms, only reports with default permissions
7	No access to forms or reports, just utilities and office options

- **QUERY PASSWORD** - A password to allow the ability to query or enter the form.
- **ADD PASSWORD** - A password that must be entered to Add records.
- **UPDATE PASSWORD** - A password that must be entered to Update records.
- **REMOVE PASSWORD** - A password that must be entered to Remove records.
- **FIRST FIELD** - The field the cursor will land in when the CLEAR function is used.

Part 3

Patient Registration

3   Patient Registration

This section describes the forms used to collect and store patient information. This includes patient, guarantor, insurance policies, Referrals and additional practice defined data.

3.1   The Patient Form

After setting up your table files, you should feel pretty comfortable with the way the system works. The PAT (patient) form is used for adding, updating, removing, and querying records in the patient file. The patient file contains information about patient demographics, patient's physician, location, classification, employer, as well as the guarantor for the patient and links to the policy information

When you first access the PAT form from the MAIN MENU, it will appear as follows:

3.1.1   Patient Fields

CODE
This field is used to uniquely identify the patient. It is often called the "account number". This field is the primary query field for the PAT form. The information stored in this field is also stored in the primary index for the patient file. No two patients may have the same code. This field has a special feature called AUTOCODE. By entering "NEW" into this field, the computer will automatically generate a unique number that can be used as a patient's code. This number is based on the selected

AUTOCODE technique in the VER (version) form.

SSN
Enter the patient's social security number. This is a query field. When the PAT (patient) form is in query mode, you may advance the cursor to this field and search for a patient by social security number. When you are adding a new patient and enter a SSN, the system will check to see if another patient has that same SSN and give you a warning, and present you with a list of other accounts that have the SSN you entered. This feature is to help eliminate duplicate information in the system.

NAME
This field is used to enter the name of the patient for the record you wish to add. This field can query by a patient's name. This field is required in order to add or update a patient record. The computer will automatically convert the first letter of each word to upper case upon entry. The name must be entered in the format (Last,First M.). Do NOT! enter a space after the comma. If the name has a professional title such as M.D. it should be entered as (Last M.D.,First M.). Name suffixes such as Jr. or Sr. should be (Last Jr.,First M.)

ADDR
Enter the patient's primary address information.

(second address line)
Enter patient's additional address information.

ZIP
When entering patient information, the cursor will first land on the ZIP field.   Enter the zip code for the patient; the computer will look for the zip code in the ZIP file. If one is not found, it will allow you to enter a city and state. This information will then be stored in the ZIP file for future use.

CITY
This field will display the city for the zip code entered in the ZIP field. If a zip code is not defined, you will be allowed in this field to enter the city for the zip code.

ST
This field will display the state for the zip code entered in the ZIP field. If the zip code is not defined, you will be allowed in this field to enter the state for the zip code.

CHART
This field is used to display the chart number of the patient you wish to add. This field has query capabilities that allow you to look up a patient.

HOME
Enter the patient's home phone number.

CELL
Enter the patient's cell phone number.

EMP
Enter the patients employment Status, Employer Code, and Work phone Number.

```
 unknown
1 Employed full time
2 Employed part time
3 Not employed
4 Self employed
5 Retired
6 On active military duty
9 Employment status is unknown
F Full time student
P Part time student
```

The Employer status defines if the patient is employed full or part time, self employed etc. A full list is

available with the SEARCH function. The Employer code is defined in the EMP file. Entering a EMP code will populate the work phone if it is completed in the EMP file.

WORK
Enter the patient's work phone number.

EXT
Enter the patient's work phone number extension.

P
Primary Voice Contact. This field defines which of the telephone numbers are to be used for the primary voice contact from the patients phone numbers.   The options are:

This information is used by the Appointment Reminder system for automated calls to determine which of the phone numbers to use.   If it is left empty the ARS system will first look for a cell number, and if it is not defined, it will use the home number.   Defining a value here will specifically use only that number.   It you choose the WORK number it should be a direct line to that persons phone, not a generic phone number for a business. If the business has an automatic attendant system that allows you to dial an extension when the phone is answered, you may add the extension code in the EXT field.   (ie. 3010#). But because all phones systems are different in how they handle this it is not recommended.
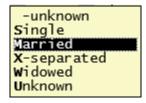
DOB
Enter the patient's date of birth. If you leave the century blank, the computer will fill it in for you. Next to the DOB field is an unlabeled field that calculates the patient's age based on the current date and displays it.

- **Age Check** - A check is performed on the DOB and AGE field. If a patient's AGE is over 120 years it will turn both fields red. If the user attempts to accept the patient it will abort and put the cursor in the DOB field.
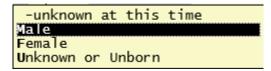
MS
Enter the patient's marital status.

SEX
Enter patient's gender: Female, Male, or Unknown.

E-ML
Enter the patient's email address.

PHY
Enter the patient's normal physician / provider code as defined on the PHY (physician) form.

RPH

If the patient was referred to you, enter the referring physician code as defined on the RPH (referring physician) form. In the second RPH field enter the patient's primary care physician.

LOC

Enter the patient's normal location as defined in the LOC (location) form.

CLS

Enter the patient's classification code. This code allows you to get reports in groups by codes that you have defined. You may use these codes in any way that you wish; but since this is the patient you are classifying, the code should be relevant to patient information. For example, you could group patients as nursing home, contagious disease, cardiac problems, etc. Many practices use this field to reflect the type of insurance the patient has, but this is not necessary since the system can generate reports by insurance carrier. Many practices also use this to define a collection status for the patient. Since collections in the system are based on the guarantor, use the guarantor classification for this. Another good convention is to group your classification codes by the first letter of the code, according to their use. For example, this is a patient classification code, so it should start with a "P".

ICD

Enter the patient's primary and secondary diagnoses. This is used when a patient is seen at your practice many times for the same diagnosis. The information entered here will carry forward to the Encounter (NCTR) form for any new visits. You may click the ICD button to use the diagnosis selector to find these diagnoses.

DOD

Enter the patient's date of death.

SMK

This field is used to designate the patients smoking status..

```
 -Current Status Unknown
Yes / Every day smoker
No / Never smoker
Quit / Former Smoker
C Smoker - current status unknown
Heavy tobacco smoker
Light tobacco smoker
Some day smoker
Unknown if ever smoked
```

DSF

Enter a default statement flag for the patient. This information is copied to the NCTR (encounter) form for creating visits. If you never want to send the guarantor a statement for this patient, enter "N". If you want to immediately send the guarantor a statement, enter a "Y". If you wish to hold the statement until insurance pays or for some other reason, enter "H". This field has nothing to do with the actual generation of statements. It is used only to convey a message to the check-out person on how this account is to be handled. These flags can be overwritten when the visit is created.

```
Yes
No
Hold statement for ins payment
 -unknown at this time
T This visit Turned to Collections
```

FS

Enter patient's default fee schedule: "1", "2", "3", "4", "5", or "A" for assigned. If you enter a "1" through "5", the system will use the fee that is defined for a charge in the TRA (transaction code) form

for the respective fee schedule, when you enter the charge on the NCTR (encounter) form. If you enter an "A", it will use the fee defined for the transaction code, physician code, and primary insurance contract defined on the CFS (Contract Fee Schedule) form. If the fee schedule is an "A" and the information is not defined on the ACF form, it will use fee schedule 1 from the TRA form.

```
1-Fee schedule 1
2-Fee schedule 2
3-Fee schedule 3
4-Fee schedule 4
5-Fee schedule 5
A-Assigned fee schedule
```

COMM
Here you may select the patients communications preference.

```
USPS
EMAIL
```
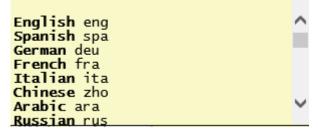
ETH
Here you may enter the patient's ethnicity.

```
Hispanic or Latino
Not Hispanic or Latino
Patient Refused
Prohibited by State Law
```

LANG
Here you may enter the patient's preferred language.
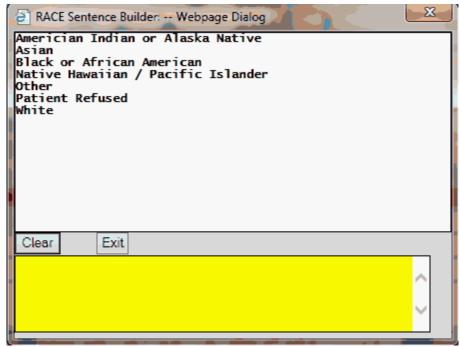
```
English eng
Spanish spa
German deu
French fra
Italian ita
Chinese zho
Arabic ara
Russian rus
```

The most common languages are listed first.

RACE
Here you may enter the patient's race. The Race may be a combination of more than one element. This field uses a Sentence Builder to allow you to select more than one.

Click the items you want to select and then click Exit when done.

NOTE
Enter an internal note for the patient. You may enter text in quotation marks ("xxx") to have it stand out on the screen. The note will display on this screen, the NCTR form, and the SCHD form. This is useful in communicating information about the patient to other parts of the practice such as scheduling or check-out.

You have four additional note lines that you may use. These will pop up in a MENU on the NCTR or SCHD form if used.

Patient Alert - If "ALERT:" is entered on a note line it will cause the software to display an alert box on the NCTR or SCHD form when that patient is queried. The alert box will contain the remainder of the note line. One alert box will display for each of the five note lines that has "ALERT:" in it.

LOG / UPDATE
These fields will automatically fill in. It will display the date the patient was added to the system and the user who added the patient, as well as last updated and by who. You do not have access to this field.

Visits
This Field will show the number of visits that the patient has. It is also a function to take you link you to the encounter screen to see the visit information.
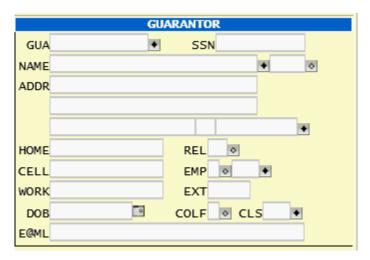
PAT
This will show the total balance due by on the account.

Next Appt
This will show the next appointment for the patient. Clicking on this button will take you to the SCHD (scheduling) screen and pull up the appointment. If there is nothing in the Next Appt field it will just pull up the patient.

3.1.2 Guarantor Fields

The guarantor is the person or business ultimately responsible for this patient's bill. The GUARANTOR fields must be correct in order to send statements. The guarantor who is entered in on the PAT (patient) form is the one who is USUALLY responsible for the visits. The NCTR (encounter) form should be used to make a one-time change in the party to be billed for that visit only. This might occur if a patient were his or her own guarantor and then came in on a Workers' Compensation claim, where the guarantor must be changed to the patient's employer for just that visit. If this is the case, do NOT change the guarantor here on the PAT form, but use the NCTR form to change the guarantor for that visit only. You may define other guarantors on the GUA (guarantor) form from the MAIN MENU.

If you elect to perform family billing in your practice, make sure to enter the same guarantor for each patient in the family. A guarantor is defined by the unique account number that guarantor is given in the GUA field. A guarantor does not have to be established as a patient, and the guarantor and patient numbers (CODES) have absolutely nothing to do with each other. These numbers are completely atomic and act separately to allow you to track accounts by either patient or guarantor. For example, if you pull up an account on the NCTR form by patient, you will see only the visits where the patient you entered is defined as the PATIENT for the visit--each one of those visits could conceivably have a different guarantor. If you where to pull up the account by any one of those guarantors, you would see only visits where that guarantor was defined. This could include other patients. However, when you pull up an account on the PAT screen by guarantor, you will see all patients defined for that guarantor, whether or not they have billing information for that guarantor.

GUA
This field is used to enter the guarantor code. If the patient is his or her own guarantor, you may type in "SAME" and the information you just entered for the patient will be transferred to the guarantor. The code for the patient and the guarantor will be the same. If the guarantor is the father of the patient, you can also type in "SAME" and then change the name field to reflect the father's name. You can also type in "NEW" for a new guarantor code for this field. The computer will automatically generate a guarantor code for you. Typing in "NS" creates a new guarantor number, but copies information from patient fields into guarantor fields. Entering "CA" will only copy the address information.

- AUTOCOPY - Can be set up using Administration. When set to YES it will automatically copy the patient data to the guarantor data when adding a new patient.

NAME
Enter the guarantor's name in the format "Last,First M.".

TITLE
Enter title of guarantor: Mr, Mrs., Ms., etc. This is used on letters or other correspondence addressed

to the guarantor.

```
Mrs.
Mr.
Ms.
Miss
Dr.
```

ADDR
Enter the guarantor's primary address information.

(Second address line)
Enter guarantor's additional address information.

CITY
The city for the zip code entered in the ZIP field will display here. If the zip code was not defined, you will be given access to this field to enter the city for the new zip code file entry.

ST
The state for the zip code entered in the ZIP field will display here. If the zip code was not defined, you will be given access to this field to enter the state for the new zip code file entry.

ZIP
Enter guarantor's zip code. If the zip code is defined in the zip code file, the CITY and ST fields will automatically be completed. If not, you will be able to access the CITY and ST fields to add a new entry for the zip code in the zip code file.

REL
Enter the Patient's relationship to the guarantor.

```
 -no relationship
1 Self
2 Spouse
3 Child
4 Other
5 Step Child
6 Foster Child
7 Ward of the Court
8 Employee
```

HOME
Enter guarantor's home phone number.

CELL
Enter guarantor's home phone number.

EMP
Enter the guarantor's employment Status, Employer Code, and Work phone Number.

The Employer status defines if the patient is employed full or part time, self employed etc. A full list is available with the SEARCH function. The Employer code is defined in the EMP file. Entering a EMP code will populate the work phone if it is completed in the EMP file.

```
  unknown
1 Employed full time
2 Employed part time
3 Not employed
4 Self employed
5 Retired
6 On active military duty
9 Employment status is unknown
F Full time student
P Part time student
```

WORK
Enter guarantor's home phone number.

EXT
Enter the guarantor's work phone number extension.

DOB
Enter the guarantor's Date of Birth.

COLF
Collection flag for guarantor. If you wish for the guarantor to be withheld from the automatic collection process, enter an "H" in this field. This field will display a "T" if the guarantor has been turned over to a collection agency by the automatic collection process. Otherwise, leave this field empty.

```
  Don't hold
Hold
Turned over
```

CLS
Enter classification code for guarantor. This will allow you to get reports by defined guarantor. Because classification codes are used throughout the system, it is a good idea to use a coding convention to distinguish the codes. It is recommended that you begin guarantor classification codes with the letter "G".

EML
Enter the guarantor's email address.

3.1.3   Insurance Policies
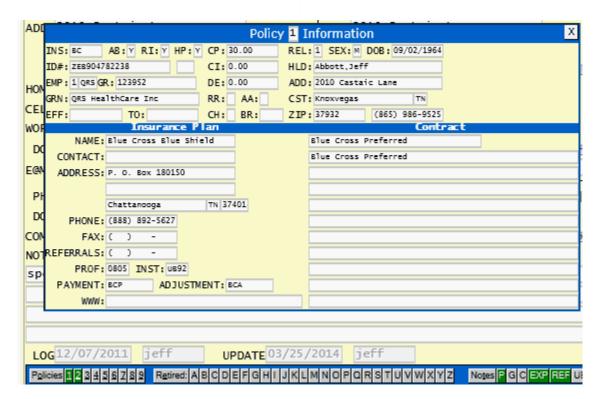
The system allows you to enter up to nine active insurance policies per patient and you may have up to 26 inactive or retired policies. All of these policies may be accessed using the policy buttons on the PAT form.

Policies 1 2 3 4 5 6 7 8 9   Retired: A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

When you query a patient that has policies you will notice the color of the buttons turn green for policies that they have.

Policies 1 2 3 4 5 6 7 8 9   Retired: A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

This tells you immediately they have 5 active policies and 3 retired policies.

Hovering over the policy buttons will display all of the information about that policy.

You may click on any policy number/letter to access that policy in the Patient Policy Form (POL) form.

You may also access the active policies by pressing Alt followed by the policy number.

3.1.4   Finding a Patient Record

The system allows you to find a patient from the patient's account number (CODE), name, chart number, or one of the patient's insurance policies by either holder name or ID number. You may also query a patient by the patient's guarantor code or name. Before performing any patient search, it is best to clear the screen with the CLEAR function.

PATIENT CODE
Place the cursor in the CODE field. Enter the account number. The record for that patient should then be displayed, and the screen should switch to the update mode. If the screen switches to the add mode instead, the patient did not exist in the patient file.

NAME
Place the cursor in the NAME field and enter the patient's name. The computer will suggest the closest match to the name you entered.

SSN

Place the cursor in the SSN field and enter the patient's SSN. The computer will suggest the closest match to the SSN you entered.

CHART

Place the cursor in the CHART field and enter the patient's Chart number. The computer will suggest the closest match to the value you entered.

Of course the SEARCH function will allow you to find a patient using any information in the patient record, including SSN, PHONE, DOB, ADDRESS, or any combination of these values.

Using the POL form you may also find a patient using the:

INSURANCE POLICY ID
You will have to perform the search from the Policy form (POL) to query a patient by Either Policy ID or Holder Name. Once you have the policy displayed you may use the link function to open the patient (PAT) form if you need to make changes.

3.1.5   Registering a NEW Patient

The Basic Method

The first thing you must do when adding a new patient is to create an account number. You may generate your own account numbers from printed charts or a list, or you can have the computer generate the account number for you. You do this by simply typing in "NEW" in the CODE field. The computer can generate account numbers using several different formats. This format is defined by the system administrator in the VER (version) setup form. Once a new account number is defined, the form will switch to the "Add Mode" and you can fill in the rest of the patient information.

After you have completed the PATIENT block, the cursor will advance to the GUARANTOR block. If the patient and guarantor are the same, enter SAME for the GUA code. If not you may query an existing guarantor or enter "NS" for "New Same". This will generate a new account number and copy the information, which you may then change. If none of the information is the same, you might want to enter "NEW". This will just generate a new guarantor number.   The system has the ability to do guarantor billing, also known as family billing. This allows one statement to be sent to an entire family, or all patients that are attached to a guarantor. This is accomplished by using one defined guarantor on several patient accounts. If your practice plans to do guarantor billing, you should attach the guarantor to the family here by either entering in the guarantor's account number or searching for the guarantor by name. If a guarantor does not exist for the family, you may add one at this time. The system does not require any special treatment of the account numbers when you are performing guarantor billing. The guarantor number has no relevance to the patient number. They are related to each other within the software by their unique numbers. This allows your practice to mix guarantor billing and individual billing if so desired. Another important concept to remember is that you have the ability to change the guarantor on a visit. The guarantor that you establish here is the normal, or default, guarantor for the patient. When a new visit is created for a patient, this guarantor is copied into the visit. The user entering the visit has the ability to change the guarantor for that visit.

Once you have completed entering patient, and guarantor information, use the ACCEPT function to add the information to the data files.
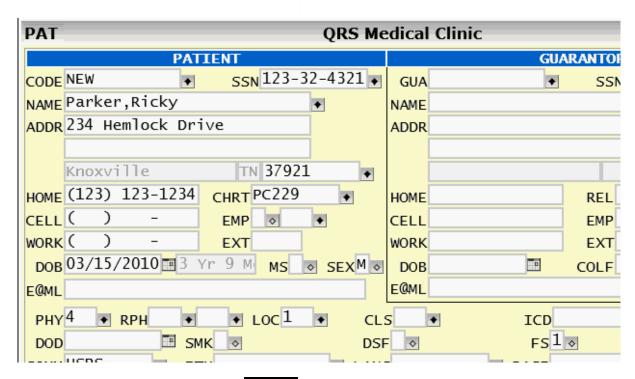
This will then open the POL (policy) form and the Document Management for Insurance Cards. Allowing you to Scan the insurance cards into the chart and Enter Insurance Policy information.

3.1.5.1   Advanced Method

Many times when adding a patient you first want to check to see if the patient is already registered. When you query a patient by NAME or SSN the system will suggest records that match what you are entering in. You may then select from the list by pressing ENTER or clicking on the item. However if you press the TAB key during this process when in either the NAME or SSN fields they system will accept the value you entered and generate a NEW CODE. You simply complete the rest of the form and use the ACCEPT function to store the data.

3.1.5.2   From an appointment (UND)

When you register a "UND" patient from the scheduling form the information entered in the appointment will automatically copy over to the patient form and display.

Simply complete the form and use the ACCEPT function to store the data.

3.1.5.3 Patient Edits

The following are the edits performed on the Patient (PAT) form.

Patient Code Check - If the Patient code is "UND" you will receive an alert of "You can non add a patient with a code of UND"

Guarantor Code Check - If the Guarantor code is "UND" you will receive an alert of "You can not add a guarantor with a code of UND"

Patient Age Check - If the patients age is calculated to be over 120 years you will receive an alert of "Patient is over 120 years old" and the cursor will be placed in the Patient DOB field.

Address changes - If the Patients Name, address, phone numbers, employment status or Social Security Number change it will compare them to the Guarantor and each active insurance policy. If they are different you will be prompted to change each of them.

3.1.6   Removing a Patient Record

You will not be able to remove a patient that has visits. After you query a patient that has visits on record and the screen is in the update mode, you will notice that the REMOVE function is disabled at the bottom of the screen.

If the patient has inadvertently been entered twice in the patient file and has visits entered on both records, these visits must be consolidated. (See "Merging Accounts")

After consolidation under one patient record, go to the patient form and type in the patient's number or name. The REMOVE function should now appear at the bottom of the screen. If it does not, you have not transferred all of the visits to the other patient record. Press this function key and the computer will respond:

Select "OK" to remove the record.   This will remove the patient, notes, extended information, referrals employer and insurance policy information.

3.1.7   Special Functions

The system offers several special features on the PAT (patient) form to help enter information. These features are discussed below.

3.1.7.1   ICD Button
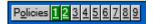
The ICD button is before the two ICD fields.

It will allow access to the diagnosis selector.

3.1.7.2   Policies

The Policies area will allow quick access to the active insurance policies.

for the purpose of viewing, editing and rearranging (Juggle).
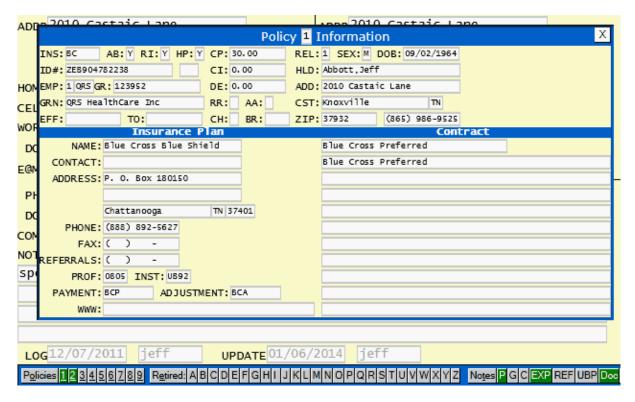
If you want to edit the information, click the button and the Patient Policy Form (POL) will display with the information already pulled up.

If the button is grey and you click on it the Patient Policy Form (POL) will display in Add mode with the patient and policy number already completed.

You may also use the keyboard to directly edit a policy in the Patient Policy Form (POL) by pressing ALT-# where # is the policy number 1-9.

3.1.7.2.1 View

To view a policy hover over policies in Green on the policy bar. The information will show in a pop up display.
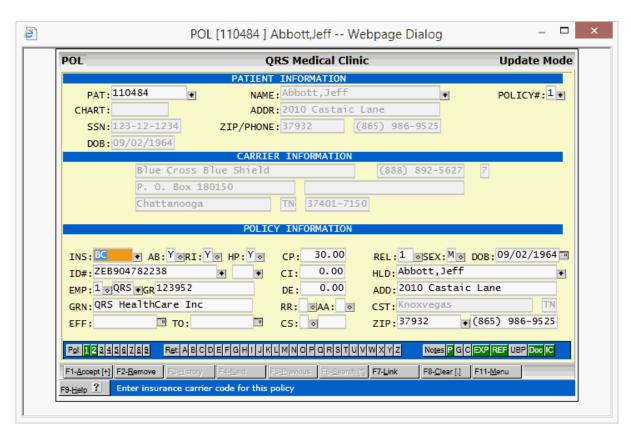
The display will close when you move the mouse away.
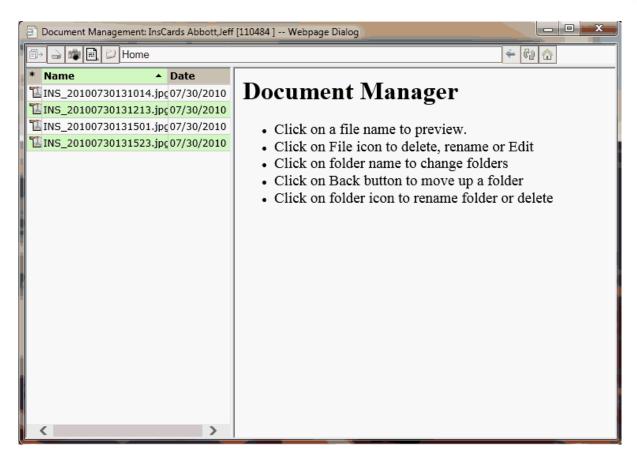
You may also view the active policies by pressing ALT-O to move focus to the Policies button. Then press TAB to move right and Shift-TAB to move left. As focus changes it will display the policy. Pressing the SPACE bar while the button has focus will create a window with the Policy Form (POL) and the selected policy displayed ready for editing.

3.1.7.2.2 Edit

Clicking on the policy number button will pull the policy up in the Patient Policy Form (POL) form in a window to allow you to edit it. You may also directly access any active policies by pressing ALT-#, where # is the active policy number 1-9.

This will also open up the Document Management Insurance Card folder.

From here you may view or scan insurance cards as you edit the policy information.

The Policy form will move to the left of your screen and the Document management to the right. This allows you to view and or scan cards while editing the data on the policy form.

When you exit the Policy form, the document management Insurance Card folder will automatically close.

3.1.7.2.2.1 Removing/Retiring an Insurance Policy

Patients change insurance policies all the time. You have the ability to retire an insurance policy without any difficulty. First, query the patient information. Select the policy you want to retire, this will display the Patient Policy Form (POL) for that policy. Execute the REMOVE function and you will see:

Select "OK", the computer will retire the policy by changing the policy number from a "1" through "9" for an active policy to a letter "A" through "Z" for an inactive policy. It will also update any visits where this policy was used to reflect the new policy identifier. This allows you to generate insurance claims for

the old visits.

If you select "Cancel" the computer will then prompt you:

If you Select "OK" the record will be removed from the system. Do not use this unless you intend to actually remove the policy because there will not be a historical record if you need to refile insurance on old visits.

Once you are finished you may quit the Patient Policy Form (POL) to return to the Patient Form (PAT). You will then notice that the policy has been moved from Active to retired. At this point you may want to JUGGLE the polices because of a gap..   For example you now have a policy 1 and 3 but no 2.
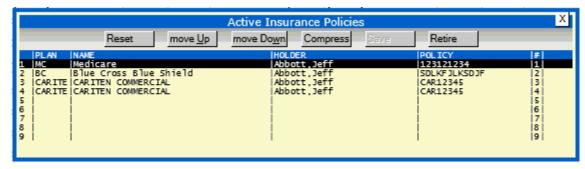
You may also use the Policies Juggle function described below to retire a policy.

3.1.7.2.3 Juggle

The juggle policies feature allows you to re-arrange the order of the active insurance policies for a patient. This is useful if you have retired policies, or have the default primary and secondary incorrect.

Execute the Juggle feature by clicking the Policies button or pressing ALT-O. It will display in a pop up on top of the screen.

You may then select a policy using either the Up/Down arrow keys and Enter or by hovering and clicking.   After a policy is selected you may move it either up or down in the list using the move Up ALT-U and move Down ALT-W buttons.

3.1.7.2.3.1 Save
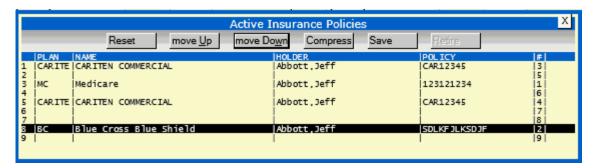
Once you have them in the order you want use the Save function to save your changes. Then click the "X" to close the pop-up.

If you do not click the SAVE function and only exit, the changes will not be made.
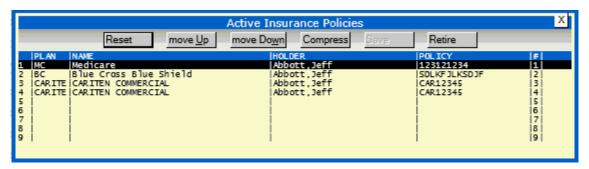
3.1.7.2.3.2 Reset

If you get confused and want to put the policies back in the original order you may use the RESET button.

The following list is all scrambled.

Clicking RESET will put it back in the original order.

3.1.7.2.3.3 Retire a policy
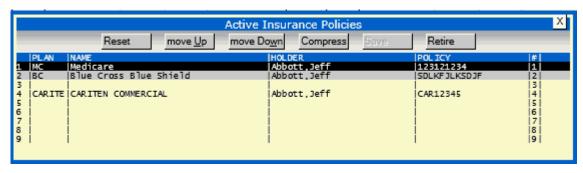
In this example we have a policy that is duplicated so we want to retire that policy.

Highlight the policy and click the RETIRE button. You will be prompted:

Click "OK" and the active policies will be redisplayed.
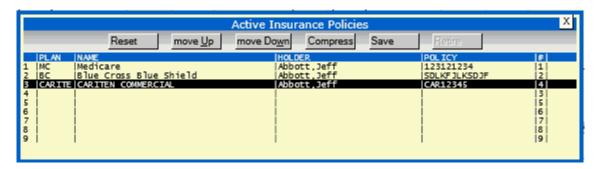
3.1.7.2.3.4 Compress

After retiring a policy in the previous example we are left with the following active policies.

You could highlight the 4th policy and move it up to 3rd, but a better solution would be to use the COMPRESS button.
The function will automatically remove any empty active policies and move them up for you.

After you have used compress you must click SAVE to store the changes then "X" to exit the window.

3.1.7.3   Retired

These buttons work as the policy buttons. Allowing you to hover to view and click to edit the retired policies. You may also view the retired policies by pressing ALT-E to move focus to the Retired button. Then press TAB to move right and Shift-TAB to move left. As focus changes it will display the policy. Pressing the SPACE bar while the button has focus will create a window with the Policy Form (POL) and the selected policy displayed ready for editing.

3.1.7.4   Notes

Notes will allow you access to the Patient Notes [P], Guarantor Notes [G], Collection Notes [C], Extended Patient Form [EXP], Patient Referrals [REF], Patient UB Employer Data [UBP], Documentation Management [Doc], and Insurance Cards [IC].

Hovering over these buttons will display the related data. Clicking on them will take you directly to the form, or file manager to allow you to view them in detail.
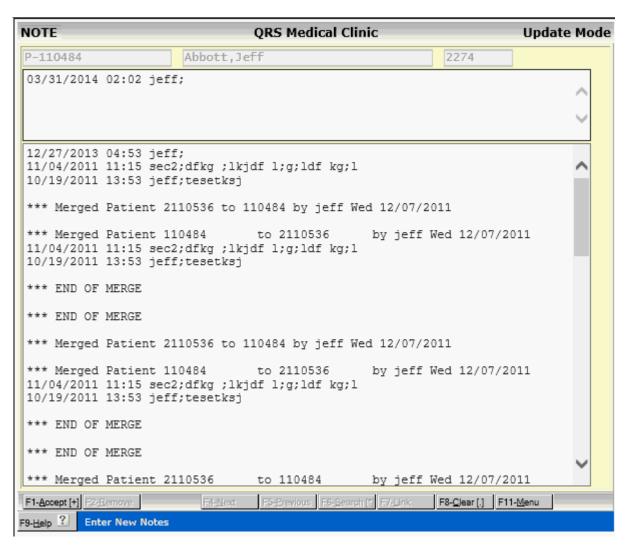
You may use ALT-T to shift focus to the Notes button, then use TAB to move right and Shift-TAB to move left. As focus changes the information will display (same as hovering with mouse). If you want to select press the SPACE bar (same as clicking on button)

3.1.7.4.1 Note Editor

The Note Editor will allow you to add additional notes to the Patient, Guarantor, Collections, or Appointment.
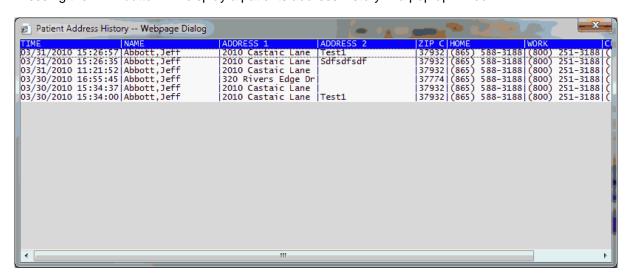
Enter your notes in the top and press the ACCEPT function to store the data.

The notes will be added in reverse chronological order and the form will automatically close.

3.1.7.5 Patient Address History

Pressing the "PH" button will display a patients address history in a pop up window.

3.1.7.6 Guarantor Address History
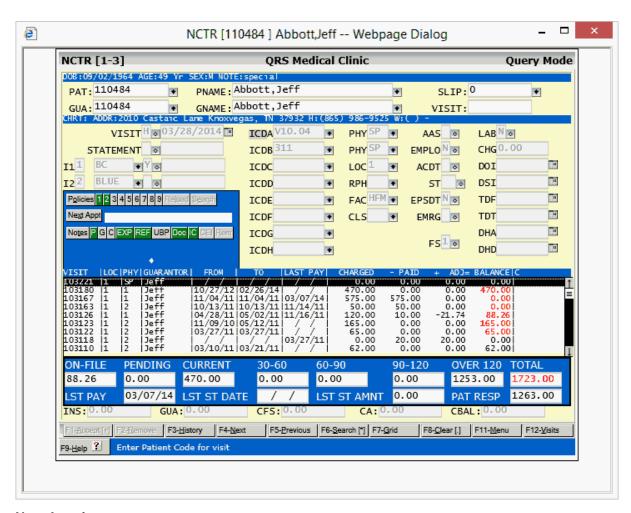
Pressing the "GH" button will display a guarantors address history in a pop up window.

3.1.7.7 Visits

The visits function will provide you a Link to the Encounter Form (NCTR) for the patient displayed on the PAT form.
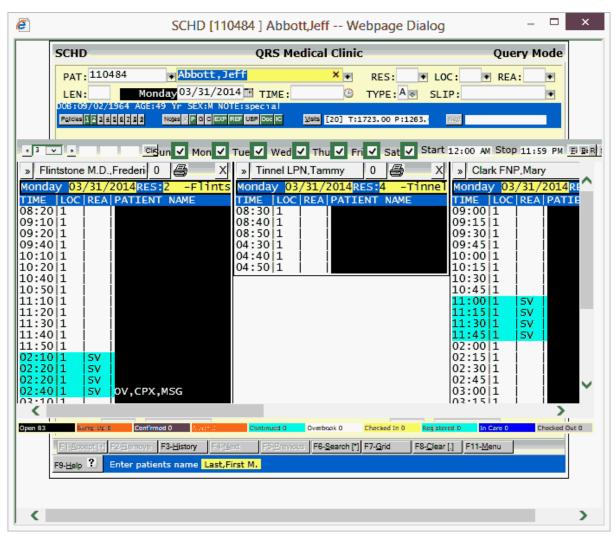
Clicking on the Visits Button or pressing ALT-V will open a pop up window and display an account summary.

3.1.7.8   Next Appointment

This Button and display area shows the next appointment for the patient. Clicking on the button or pressing ALT-x will open a pop up window and display the appointment in the scheduling form (SCHD). If no Appointment is displayed it will just query the patient on the scheduling form.
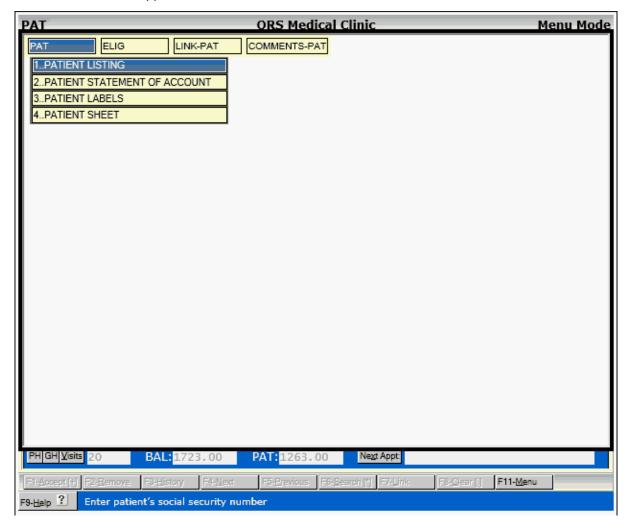
3.1.8   PAT Window Menu

The PAT MENU has four menus: PAT, ELIG, LINK-PAT, and COMMENTS-PAT.

3.1.8.1   PAT Menu
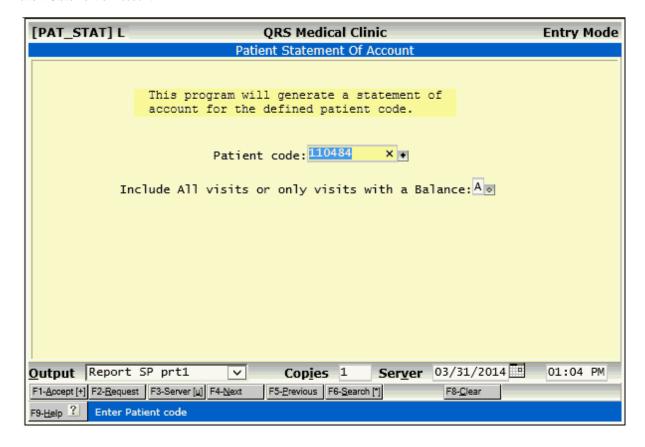
The PAT MENU will appear as follows:
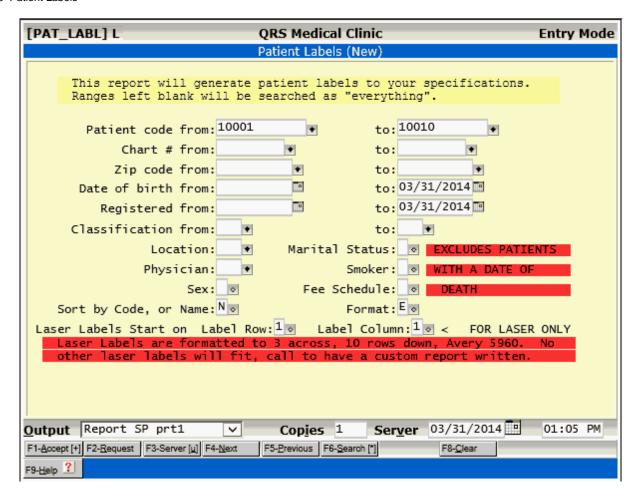
3.1.8.1.1 Patient Listing

Patient Registration   **233**
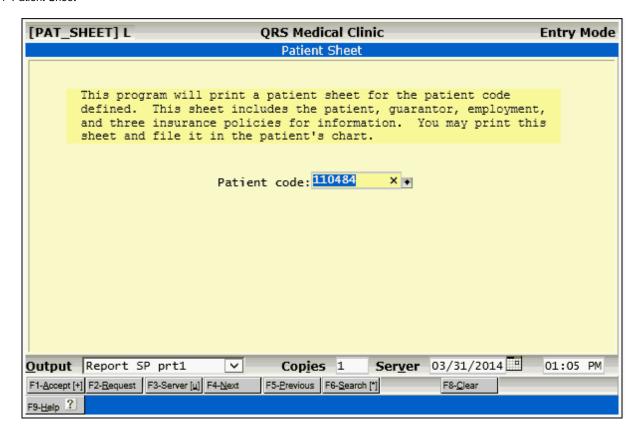
3.1.8.1.2 Patient Statement of Account
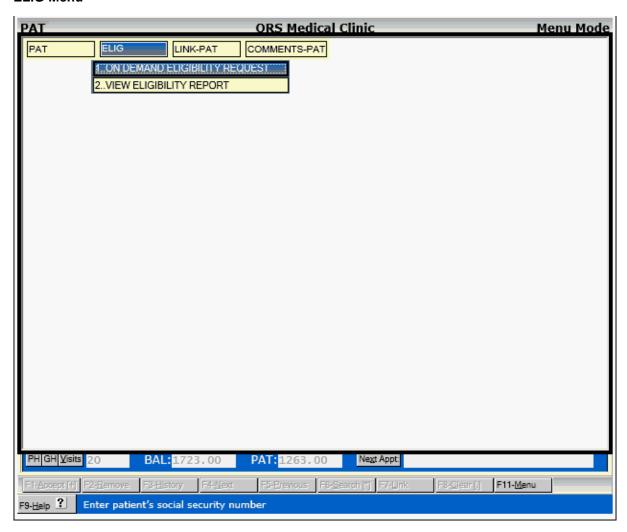
3.1.8.1.3 Patient Labels
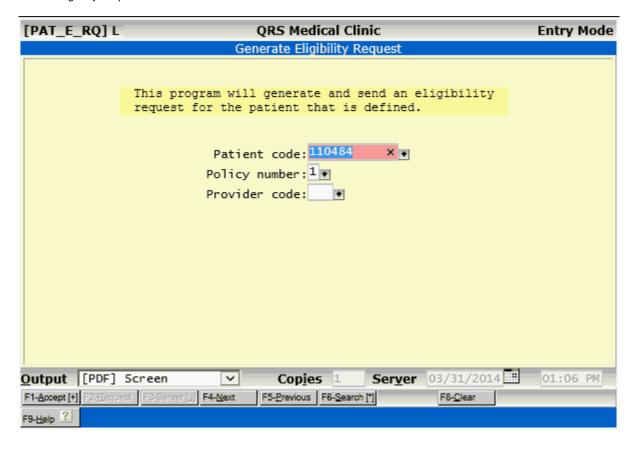
3.1.8.1.4 Patient Sheet
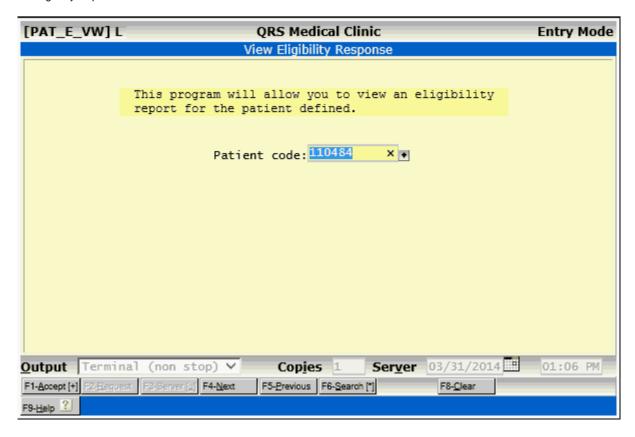
3.1.8.2 ELIG Menu

3.1.8.2.1 Generate Eligibility Request

```
[PAT_E_RQ] L              QRS Medical Clinic              Entry Mode
                      Generate Eligibility Request

        This program will generate and send an eligibility
        request for the patient that is defined.


               Patient code: 110484      ×  ◆
              Policy number: 1 ◆
              Provider code:     ◆




Output  [PDF] Screen        ▾      Copies  1    Server  03/31/2014 ▦   01:06 PM
F1-Accept [+]  F2-Request   F3-Server [µ]  F4-Next   F5-Previous  F6-Search [*]        F8-Clear
F9-Help  ?
```
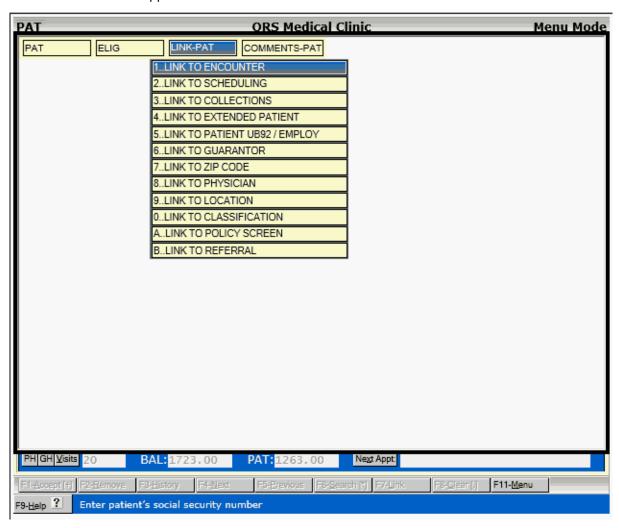
3.1.8.2.2 View Eligibility Report

3.1.8.3 LINK-PAT Menu
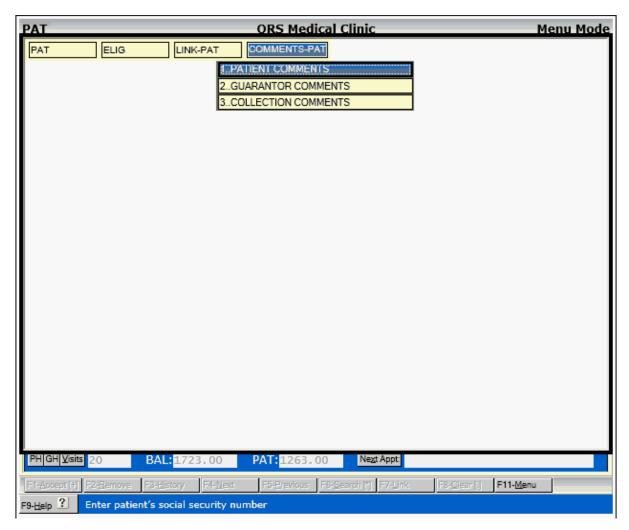
The LINK-PAT MENU appears as follows:
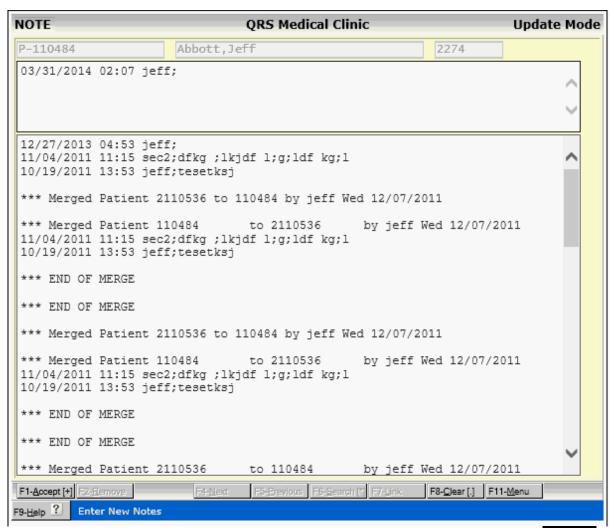
Links allow you to move to other portions of the system and carry significant information with you. You may select any of the options, and the computer will advance you to the desired form and pull up information based on what was defined on the PAT form. For example, if you selected "LINK TO ENCOUNTER," the computer would advance to the NCTR (encounter) form and automatically pull up the account you had displayed on the PAT form. When you QUIT the NCTR form, the computer would place you back on the PAT form. Many of these same links can be accessed directly on the PAT form using either the LINK function or Special Functions.

3.1.8.4 COMMENTS-PAT Menu

The last menu on the PAT MENU is the COMMENTS-PAT MENU. It appears as follows:
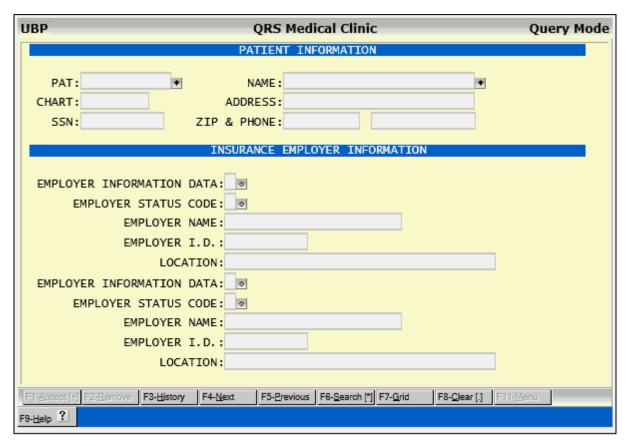
From this menu you may select PATIENT, GUARANTOR, or COLLECTION COMMENTS. By selecting any of these options, you will be placed in the editor. This program allows you to enter free-format information.

```
NOTE                        QRS Medical Clinic              Update Mode

P-110484            Abbott,Jeff                    2274

03/31/2014 02:07 jeff;



12/27/2013 04:53 jeff;
11/04/2011 11:15 sec2;dfkg ;lkjdf l;g;ldf kg;l
10/19/2011 13:53 jeff;tesetksj

*** Merged Patient 2110536 to 110484 by jeff Wed 12/07/2011

*** Merged Patient 110484       to 2110536      by jeff Wed 12/07/2011
11/04/2011 11:15 sec2;dfkg ;lkjdf l;g;ldf kg;l
10/19/2011 13:53 jeff;tesetksj

*** END OF MERGE

*** END OF MERGE

*** Merged Patient 2110536 to 110484 by jeff Wed 12/07/2011

*** Merged Patient 110484       to 2110536      by jeff Wed 12/07/2011
11/04/2011 11:15 sec2;dfkg ;lkjdf l;g;ldf kg;l
10/19/2011 13:53 jeff;tesetksj

*** END OF MERGE

*** END OF MERGE

*** Merged Patient 2110536       to 110484       by jeff Wed 12/07/2011
```

| F1-Accept [+] | F2-Remove | | F4-Next | F5-Previous | F6-Search [*] | F7-Link | F8-Clear [.] | F11-Menu |

F9-Help ?   **Enter New Notes**

IT will automatically enter the date time and user information. Type your notes and use the ACCEPT function to store it. Your notes will be added to the top of the existing notes, so when they are viewed the notes are in reverse chronological order.

3.2   Patient Employment Form (UBP)

The Patient Employment Form (UBP) stores information for a patients employment as well as status codes. This form was originally required as part of the information collected for Institutional claims (UB82, UB92, etc...) However this form is now depreciated and has been replaced by the EMP file and related status fields on the patient form.
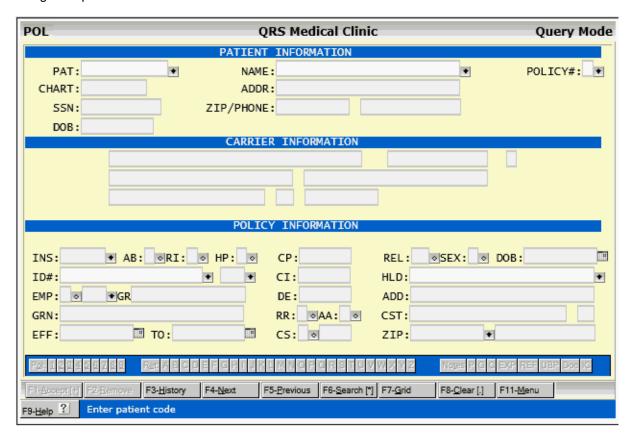
3.2.1   UBV Field Definitions

These fields have been depreciated and it is not recommended that you use this form.

3.3   Patient Policy Form (POL)

The Patient Policy form is used to enter and maintain a patients insurance policies.   A patient may have up to 9 active policies and 26 inactive policies.   The active policies are number 1-9 and the inactive or retired policies are A-Z. The policy form can be accessed directly from the Main Menu but is most commonly accessed from the Patient (PAT), Encounter (NCTR), or Scheduling (SCHD) by using the Special functions.
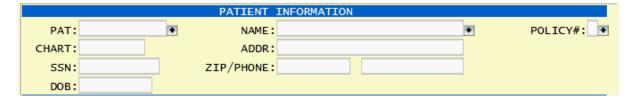
The Policy form has three sections and a special functions bar.

3.3.1   POL Field Definitions

3.3.1.1   Patient Information

The Patient Information section of the Policy form is at the top.

This section is used to query an account and policy. While in the query mode the cursor will have access to PAT, NAME and POLICY # fields of this section of the form.

You may query a patient either by code or name. The NAME field will suggest names as you enter
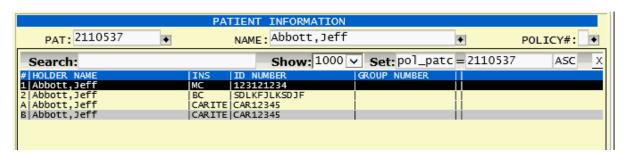
them.

Or you may use the SEARCH function in either the PAT or NAME fields to retrieve an account.

The POLICY # field in conjunction with the PAT code will uniquely define each of the policies.

Once you have selected a patient account, you may use the Search function in this field to show a list of all active and inactive policies for a patient.

You may select from any policy using this.

Also you may use the Special Features (Policy Bar) at the bottom of the form to select a policy.

The other fields in this section CHART, ADDR, SSN, ZIP, PHONE and DOB are used to display patient information when a patient is queried.

3.3.1.2 Carrier Informatoin
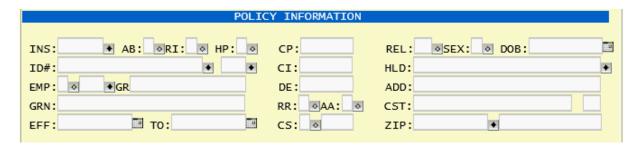
The Carrier Information block is near the middle of the form.

There are no labeled fields in this section. It is used to display the insurance carrier information for the carrier code defined in the INS field.

3.3.1.3 Policy Information

The Policy Information block is near the bottom of the screen. Here is where the actual policy information is defined for a patient.

INS

Enter the insurance carrier code. This code is used to identify where the insurance claim will be sent. The recommended coding technique is to use the first three letters of the insurance carrier name followed by a three-digit serial number. For example, "Blue Shield" would be "BLU000". The next "Blue Shield" would be "BLU001". Once you add a policy, you will not be allowed into this field to change the carrier code. You must either retire this policy or use the JUGGLE POLICIES feature to move this policy and create a new policy. This is because policies are related to claims by policy number and insurance carrier number, and changing the carrier would create bad information. Notes for the carrier will display while in this field.

The Search function can be very helpful when looking for an insurance carrier. Before adding a new carrier to the system, perform a search using the carriers zip code followed by a space and the number from the address. This is a good method to uniquely identify a carrier.

AB

If the insured or authorized person has signed a release stating, "I authorize payment of medical benefits to the physician or supplier for the medical services provided.", enter a "Y" in this field. This will cause the "Signature Message" to print on block 13 of the 0805 form or block 53 of the CMS-1450 (UB) form.

RI

If the patient or authorized person has signed a release stating, "I authorize release of any medical information necessary to process my bill.", enter a "Y" in this field. This will cause the "Signature Message" to print in block 12 of the 0805 form or block 52 of the CMS-1450 (UB) form.

HP

Mark "Y" if patient is covered by an employee health plan. This will mark the GROUP HEALTH PLAN box of block 1 of the CMS form. This field is also used for submitting Medicare Secondary claims. On the primary policy, the HP field must be filled out with the appropriate insurance type   This sends the indicator to Medicare electronically what type of insurance policy the primary is.

ID#

Enter the insurance ID number, Medicare, or Medicaid number. You have the ability to search for a patient by this number. When the screen is in the query mode, press the ENTER key until the cursor is in this field. Enter the ID number you are searching for.

Unlabeled field (Primary Care Physician)

Enter the code from the RPH file for the primary care physician for this policy.

EMP

Enter the employer status and employer code as defined on the EMP form.

GR#
Enter the insurance group number. If an employer is entered and the group number is defined this field will populate automatically.

GRN
Enter the insurance group name.

EFF
Enter the effective date of this insurance policy.

TO
Enter the expiration date of this insurance policy.

CP

Enter any Co-Pay the patient may be responsible for. This value is used by the NCTR form to adjudicate the charges for any managed care contracts.

CI

Enter any Co-Insurance percentage the patient may be responsible for. This value is used by the NCTR form to adjudicate the charges for any managed care contracts.

DE

Enter the deductible for insurance plan. This will display on the NCTR form.

RR
If this policy requires that you submit either a referral or pre-authorization in order to collect benefits, enter a "Y". The computer will force the user entering the charges on the NCTR form to also enter an authorization.

AA
This field allows you to determine whether the policy should be designated to accept assignment. Your entry here becomes the default for the policy. The user entering the visit on the NCTR form can determine on a visit-by-visit basis whether the claim should accept assignment. If the user entering the charges leaves the accept assignment field empty, the default will be used. It will cause either the YES or the NO box of block 27 on the 0805 form to be marked with an "X". Do not confuse "Accept Assignment" with "Assignment of Medical Benefits". "Accept Assignment" is used on government claims and for carriers that your practice may have contracts with. It tells them that you will reduce your fee to the carrier's assigned fee schedule, and is often called the "usual and customary charge." This means that when your practice receives payment, you will most likely post an adjustment for the difference between the assigned charge and your charge. The guarantor of the account is then responsible for the difference of what the insurance carrier paid and the assigned charge amount.

CS
Enter Champus status: Active, Retired, or Deceased. This information is preserved for historical reference. It is no longer used in the filing of insurance claims.

Unlabeled Field (Branch of Service)
Enter the branch of service if Champus: Army, Navy, USAF, USMC, etc. This information is preserved for historical reference. It is no longer used in the filing of insurance claims.

REL
Enter patient's relationship to insured. This number indicates whether this relationship is "self", "spouse", "child", or "other". Use the SEARCH function to get a list of all valid entries. If you select

"1-self", the computer will copy the patient information into the holder information for the policy. If you select "2-spouse" or "3-child", the computer will copy the address information of the patient over as well as the last name of the patient.

SEX
Enter holder's gender.

DOB
Enter holder's date of birth.

HLD
Enter holder's name. This is the person to whom the insurance policy belongs. This should be entered in "Last,First M." format.

ADD
Enter policy holder's street address.

ZIP
Enter the holder's zip code. The CITY and ST will then display from the ZIP file. Otherwise, you will be allowed to enter the CITY and STATE by using the AUTOLINK feature.

CST (CITY & STATE)
This field will display the city for the zip code entered in the ZIP field.

This field will display the state for the zip code entered in the ZIP field.

Unlabeled field (PHONE)
Enter the holder's phone number. This is used to complete block 7 of the 0805 form.
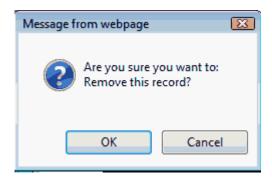
3.3.2　Retire an Active Policy

If you have an Active Policy displayed on the Policy (POL) form and use the REMOVE function you will be prompted.

Select "OK", the computer will retire the policy by changing the policy number from a "1" through "9" for an active policy to a letter "A" through "Z" for an inactive policy. It will also update any visits where this policy was used to reflect the new policy identifier. This allows you to generate insurance claims for the old visits.

If you select "Cancel" the computer will then prompt you:

If you Select "OK" the record will be removed from the system. Do not use this unless you intend to actually remove the policy because there will not be a historical record if you need to refile insurance on old visits.

3.3.3   Policy Bar Speical Features

Policy Bar - This gives the ability to edit an existing policy or add a new one. It also gives access to patient notes and most importantly document management where insurance cards are stored.

3.3.3.1   Juggle

The juggle policies feature allows you to re-arrange the order of the active insurance policies for a patient. This is useful if you have retired policies, or have the default primary and secondary incorrect.

Execute the Juggle feature by clicking the Policies button or pressing ALT-O. It will display in a pop up on top of the screen.   This is the same as the Juggle feature on the Patient (PAT) form..

3.3.3.2   Active Policies

Active Policies are the fist 9 policies with Policy numbers of 1-9.   The policy bar shows them as.

Green buttons show that a policy exist. You may click on the button or use ALT-# where # is the policy # to access any of the active policies.   If the policy does not exist it will put the screen in the Add mode to allow you to create a new active policy for the patient displayed.

3.3.3.3   Retired Policies
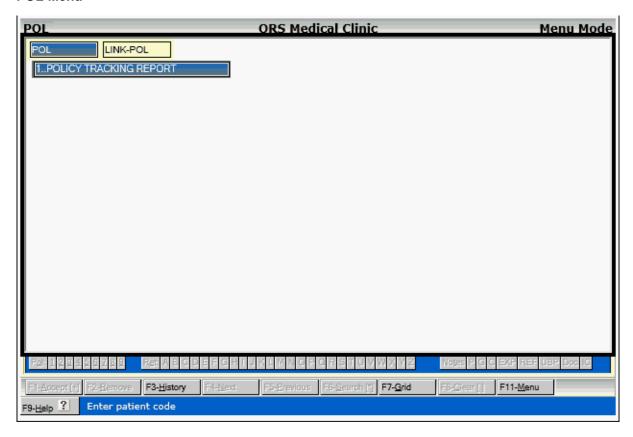
These buttons work as the policy buttons. Allowing you to hover to view and click to edit the retired policies. You may also view the retired policies by pressing ALT-E to move focus to the Retired button. Then press TAB to move right and Shift-TAB to move left. Pressing the SPACE bar while the button has focus will query the record and display it in the Policy form.

3.3.3.4   Notes
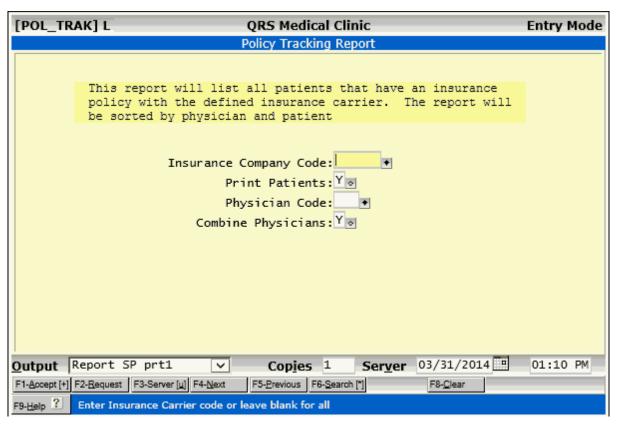
This the same as the Notes on the Patient (PAT) form.

3.3.4   POL Window Menu

3.3.4.1   POL Menu
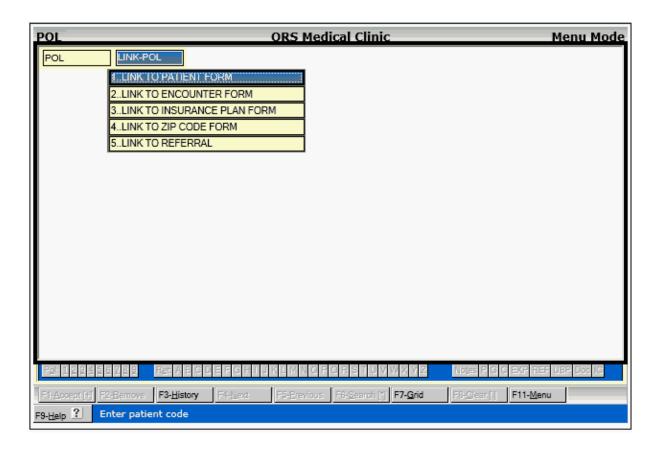
3.3.4.1.1 Policy Tracking Report
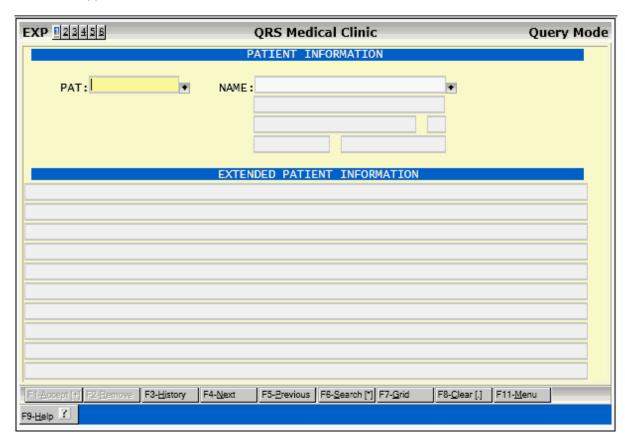
3.3.4.2 LINK-POL Menu

This menu provides linking ability to the forms listed.

POL   ORS Medical Clinic   Menu Mode

POL   LINK-POL

     1..LINK TO PATIENT FORM
     2..LINK TO ENCOUNTER FORM
     3..LINK TO INSURANCE PLAN FORM
     4..LINK TO ZIP CODE FORM
     5..LINK TO REFERRAL

Pol 1 2 3 4 5 6 7 8   Ret A B C D E F G H I J K L M N O P Q R S T U V W X Y Z   Notes P G C EXP REF UBP Doc IC

F1-Accept [+]   F2-Remove   F3-History   F4-Next   F5-Previous   F6-Search [*]   F7-Grid   F8-Clear [.]   F11-Menu

F9-Help [?]   Enter patient code

3.4 Extended Patient FORM (EXP)

The system is designed to enable you to enter all data required to bill and file insurance claims promptly. Therefore, there are very few fields that are not absolutely necessary to reach this goal. However, many practices wish to store additional optional patient information. This information will vary from practice to practice and may include clinical, administrative, or financial information. To accommodate these preferences, the system contains the EXP (extended patient information) form. This form can be modified by your system administrator to store your particular information. If information is entered on the EXP form, the PAT (patient) and NCTR (encounter) forms will let you know that extended patient information exists. You may then use the MENU function and LINK to the EXP form. By default, the EXP form has 80 fields for free-format text; and the first screen of the default screen will appear as follows:
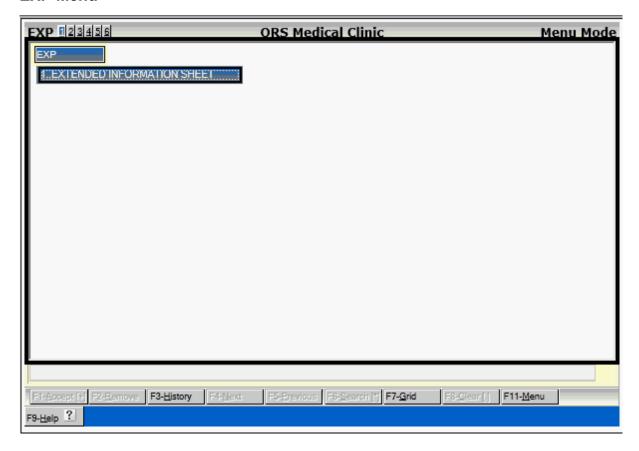
Once you start storing information in this form, however, you should not make changes to it, since the data entered may not align itself to the fields that your administrator defines. Plan carefully how your practice will use this form. It is not mandatory to modify the form, however; and you may leave it simply as an area to enter additional free-format information about a patient.
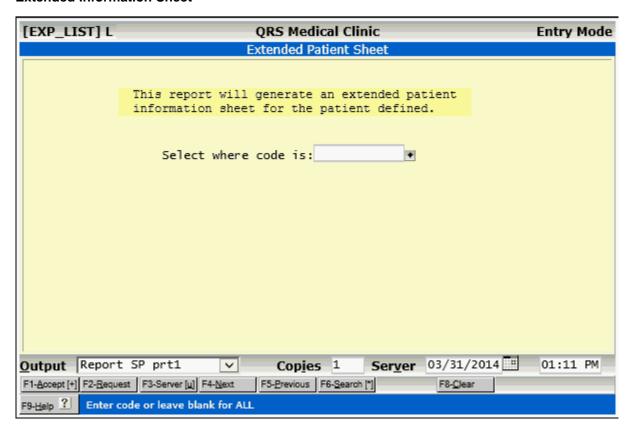
3.4.1 EXP Field Definitions

This form contains 80 additional fields that may be attached to a patient record. The default fields are each 78 characters in length and may store any information you want. This form can be customized to use the fields in any manner that you choose.

3.4.2 EXP Menu
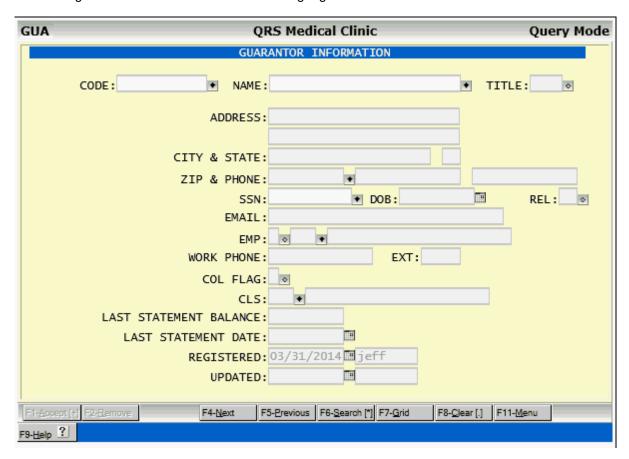
3.4.2.1 Extended Information Sheet

```
[EXP_LIST] L                    QRS Medical Clinic                    Entry Mode
                              Extended Patient Sheet

              This report will generate an extended patient
              information sheet for the patient defined.


                Select where code is: [              ] [▾]












Output  [Report SP prt1      ▾]   Copies  1    Server  03/31/2014 [▦]   01:11 PM
F1-Accept [+] F2-Request  F3-Server [u] F4-Next    F5-Previous  F6-Search [*]          F8-Clear
F9-Help  ?   Enter code or leave blank for ALL
```

3.5 Guarantor Form (GUA)

The GUA (guarantor) form may be used to enter and maintain guarantor information. A guarantor is the person responsible for a patient's bill. Guarantors may be patients themselves, attorneys, etc. If you do family billing, the guarantor would most likely be the father or mother. Usually, the guarantors are added or updated on the PAT (patient) form. The GUA screen is provided for viewing some additional guarantor information and for removing a guarantor if needed.

3.5.1 GUA Field Definitions

CODE
Enter the guarantor account number. You may enter "NEW" to have the system generate a new account number for you.

NAME
Enter the name of the guarantor in the format (Last,First M.). If the guarantor name is a company do not put a "," (comma) in the name.

TITLE
Enter the title of the guarantor.

ADDRESS
Enter the primary address of the guarantor.

(second address line)
Enter the second address line of the guarantor.

CITY
This field will display the city for the zip code entered in the ZIP field.

STATE
This field will display the state for the zip code entered in the ZIP field.

ZIP
Entering the zip code for the guarantor's address will cause the system to look up the city and state in the zip code file and display them.

PHONE
Enter home phone number for the guarantor.

CELL
Enter Cell phone number for the guarantor.

SSN
Enter guarantors Social Security Number.

DOB
Enter guarantors Date of Birth

REL
Enter code for patient's relationship to the guarantor.

EMAIL
Enter guarantors email address

EMP
Here you may enter the employment status code

and the Employer code from the EMP file.

WORK PHONE
Enter the work phone number for the guarantor.

COL FLAG
This is the collection flag for the guarantor. It is used for two purposes: one is to prevent a guarantor from being put into the automatic collection process. The other is to show whether the guarantor has ever been turned over to an outside collection agency. If you wish to prevent an account from ever going into collections, enter an "H" in this field. The system will automatically put a "T" in this field if the guarantor has gone through the collection process and was turned over to an outside collection agency.

CLS
Enter classification code for guarantor. This will allow you to get reports by defined guarantor. Because classification codes are used throughout the system, it is a good idea to use a coding convention to distinguish the codes. It is recommended that you begin guarantor classification codes with the letter "G".

(CLS DESCRIPTION)
This field will display the description for the classification code entered in the CLS field.

LAST STATEMENT BALANCE
This field will display the amount of the last statement sent to the guarantor.

LAST STATEMENT DATE
This field will display the date that a statement was last generated for the guarantor.

REGISTERED
This field will display the date the guarantor was entered into the system.
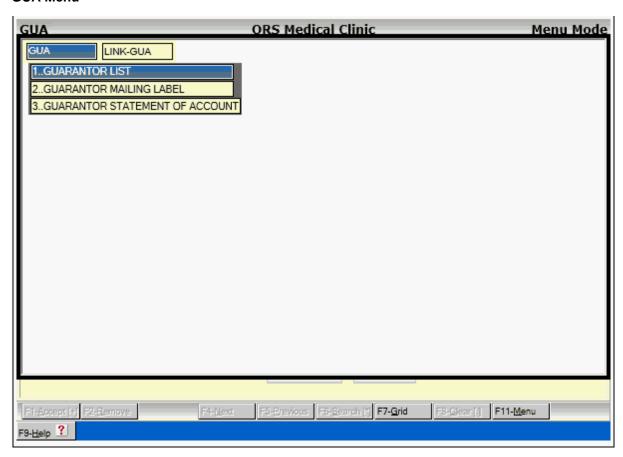
UPDATED
These fields will display the date the record was last updated and by whom.
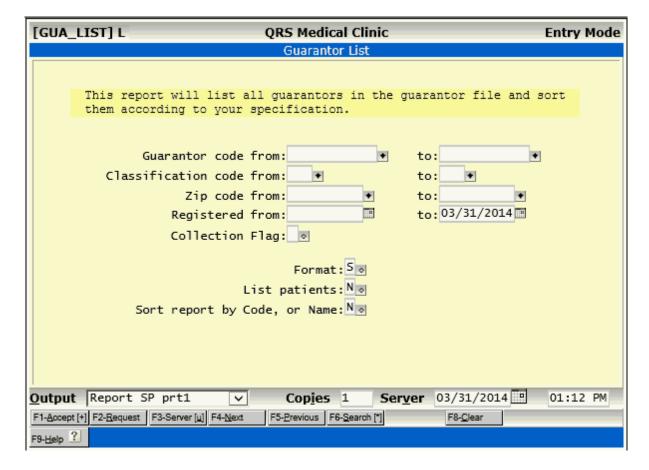
3.5.2   GUA Window Menu
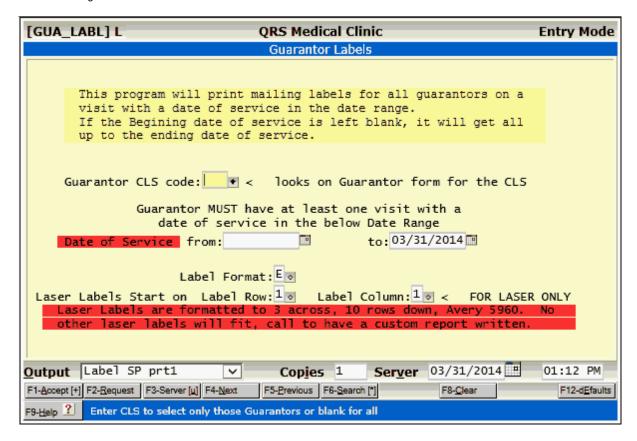
3.5.2.1   GUA Menu

3.5.2.1.1 Guarantor List

```
[GUA_LIST] L                    QRS Medical Clinic                    Entry Mode
                                  Guarantor List

        This report will list all guarantors in the guarantor file and sort
        them according to your specification.


            Guarantor code from:                  to:

         Classification code from:                to:

                  Zip code from:                  to:

                Registered from:                  to: 03/31/2014

                Collection Flag:


                         Format: S

                  List patients: N

      Sort report by Code, or Name: N



Output  Report SP prt1          v    Copies 1    Server  03/31/2014    01:12 PM
 F1-Accept [+]  F2-Request   F3-Server [µ]  F4-Next      F5-Previous  F6-Search [*]      F8-Clear
 F9-Help  ?
```

3.5.2.1.2 Guarantor Mailing Label


```
[GUA_LABL] L                QRS Medical Clinic                Entry Mode
                              Guarantor Labels

        This program will print mailing labels for all guarantors on a
        visit with a date of service in the date range.
        If the Begining date of service is left blank, it will get all
        up to the ending date of service.


        Guarantor CLS code:|    |• <   looks on Guarantor form for the CLS

              Guarantor MUST have at least one visit with a
                   date of service in the below Date Range
        Date of Service  from:|         |        to:03/31/2014

                        Label Format:E◇
     Laser Labels Start on  Label Row:1◇    Label Column:1◇ <   FOR LASER ONLY
        Laser Labels are formatted to 3 across, 10 rows down, Avery 5960.  No
        other laser labels will fit, call to have a custom report written.


     Output  Label SP prt1        ▼      Copies 1   Server 03/31/2014      01:12 PM
     F1-Accept [+] F2-Request  F3-Server [µ] F4-Next    F5-Previous  F6-Search [*]      F8-Clear        F12-dEfaults
     F9-Help  ?  Enter CLS to select only those Guarantors or blank for all
```

3.5.2.1.3 Guarantor Statement of Account
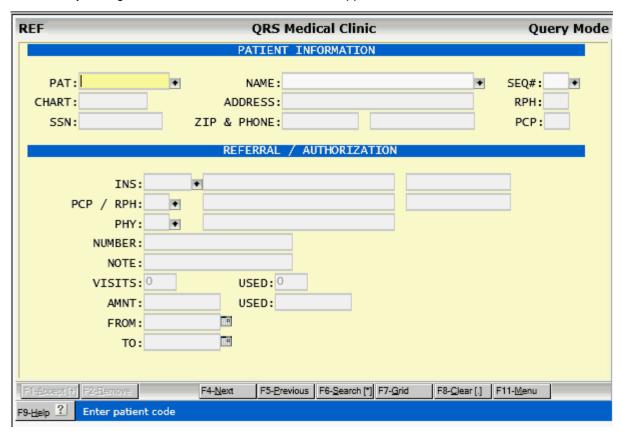
3.5.2.2   LINK-GUA Menu

This menu provides links to other programs from the guarantor form.

GUA   ORS Medical Clinic   Menu Mode

GUA   LINK-GUA
             1..LINK TO ENCOUNTER
             2..LINK TO ZIP CODE

F1-Accept [+] F2-Remove   F4-Next   F5-Previous F6-Search [*] F7-Grid   F8-Clear [.] F11-Menu
F9-Help ?

3.6 Patient Referral Form (REF)

With the arrival of managed care, it is important for medical practices to be able to keep up with the growing number of referrals from primary care physicians. The REF (patient referral form) allows you to enter referrals on patients and keep track of how much the referral has been used by visits, dollar amount, date range, or any combination of the three. This form may be accessed from the MAIN MENU or by linking from the PAT MENU. The form will appear as follows:

You may have up to 999 active referrals for a patient at any time. When you are creating or updating a visit, you can add a referral transaction "PA1" or "PA2". This will cause the referral window to appear and allow you to select from any of the active referrals for the patient. If there are no referrals established, you may create an on-demand referral. If you do select a referral, the system will keep track of the number of visits used on the referral as well as the amount of money used on the referral. Referrals also have effective dates that can be used to decide whether a referral is valid.

When entering a referral, you must first define the patient the referral is for. Linking to this form from the PAT (patient), NCTR (encounter), or SCHD (scheduling) form causes the patient information to be entered for you. You then must establish a sequence number for the referral--this can be a number from 1 to 999. If you are adding a new referral, just enter "0" and the system will find the next free referral number for you. Then establish the insurance carrier that the referral is from. A suggest window will display all of the available policies; select the policy/carrier for this referral. Then enter the referring (primary care) physician for the referral, the referral number, a note, the number of visits the referral is good for, the amount of money it is good for, and the effective dates.

Though you use this screen to establish your referral information, you must still add the referral to a visit. This is done by entering the codes "PA1" or "PA2" as transactions on the NCTR form. If referrals are established for the patient, a suggest window will appear allowing you to select from any of the defined referrals. You may also add on-demand referrals by using the QUIT function when the

suggest window appears and just entering the referral number in the description line of the transaction. When you select a referral from the MENU menu and add it to the visit, it will then adjust the "visits used" or "amount used" values.

From the MENU function of the REF form you may print a referral list.

3.6.1   REF Field Descriptions

PAT
Enter patient code for the referral.

NAME
Enter patient's name (Last,First M.). This will cause a suggest MENU to appear, from which you may select the correct patient.

SEQ#
The referral is defined by a combination of the patient account number (PAT) and the sequence number (SEQ#). The sequence number can be from 1 to 999. If you need to search for a referral that is already defined for the patient displayed, you may use the SEARCH function. If you wish to add a new referral for the patient defined, enter "0". This will cause the computer to find the next available sequence number, place it in the field, and switch to "Add Mode".

CHART
This field will display the chart number for the defined patient.

ADDRESS
This field will display the address of the patient defined.

SSN
This field will display the social security number of the patient defined.

ZIP
This field will display the zip code of the patient defined.

PHONE
This field will display the phone number of the patient defined.

INS
When you enter this field, a suggest MENU will list all of the insurance policies for the patient defined. Select the policy that this referral is for, and the insurance carrier code will be loaded into this field for you.

INS (name)
The name of the carrier will display here.

INS (phone number)
The referral telephone number of the insurance carrier will display here.

RPH
Enter the primary care (referring) physician code for this authorization. **If a referring provider or primary care provider is associated with the record it will be considered a referral. If this field is left empty it will be considered and authorization.**

RPH (name)
The referring physician name will print here.

RPH (phone)
This field will display the telephone number of the referring (primary care) physician.

NUMBER
Enter the authorization number in this field. This is the number given to you by the primary care physician or insurance carrier. This number will copy to the description (DESC) field of the NCTR form when you use this referral.

NOTE
Enter a note for authorization. You may use this to define what the referral is for, such as lab work, office visit, injection, etc.

VISITS
Enter the number of visits available for this authorization.

USED
This field will display the number of visits that have been used on this referral. This number will be incremented each time you use this referral on the NCTR form.

AMNT
Enter the dollar amount available for this authorization.

USED (AMNT)
This field will display the dollar amount that has been used by this referral. When you add a referral to a visit, it will add the remaining balance for the visit to this field.
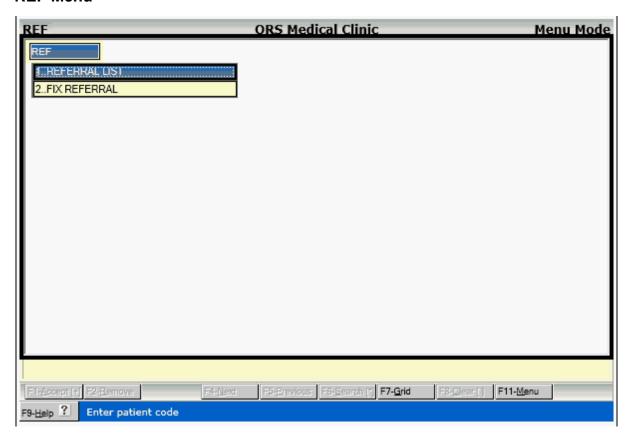
FROM
Enter the effective starting date ("from" date) for authorization.
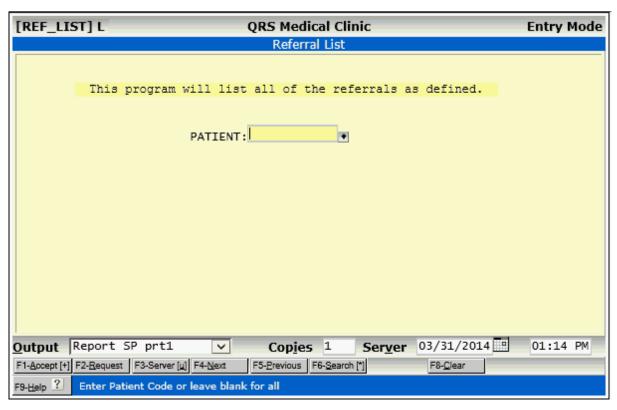
TO
Enter the effective ending date (termination date) for authorization.
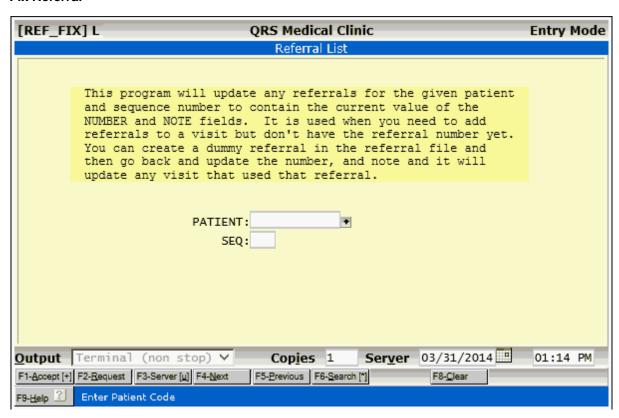
3.6.2   REF Menu

3.6.2.1 Referral List

```
[REF_LIST] L                    QRS Medical Clinic                    Entry Mode
                                    Referral List

            This program will list all of the referrals as defined.


                    PATIENT: [            ] ▾






Output  Report SP prt1        ▾      Copies 1    Server  03/31/2014    01:14 PM
F1-Accept [+] F2-Request  F3-Server [µ] F4-Next    F5-Previous  F6-Search [*]      F8-Clear
F9-Help  ?    Enter Patient Code or leave blank for all
```

3.6.2.2 Fix Referral

```
[REF_FIX] L                     QRS Medical Clinic                    Entry Mode
                                    Referral List

         This program will update any referrals for the given patient
         and sequence number to contain the current value of the
         NUMBER and NOTE fields.  It is used when you need to add
         referrals to a visit but don't have the referral number yet.
         You can create a dummy referral in the referral file and
         then go back and update the number, and note and it will
         update any visit that used that referral.




                    PATIENT: [            ] ▾
                        SEQ: [    ]




Output  Terminal (non stop) ▾        Copies 1    Server  03/31/2014    01:14 PM
F1-Accept [+] F2-Request  F3-Server [µ] F4-Next    F5-Previous  F6-Search [*]      F8-Clear
F9-Help  ?    Enter Patient Code
```

3.7 Security & Configuration

Security is the same as Standard Security & Configuration.

AUTOCOPY - If set to YES this will turn on the AUTOCOPY feature of the PAT form. When autocopy is on the patient name, address, phone number etc.. will automatically copy to the guarantor information as it is typed in.

Part 4

Encounter Form
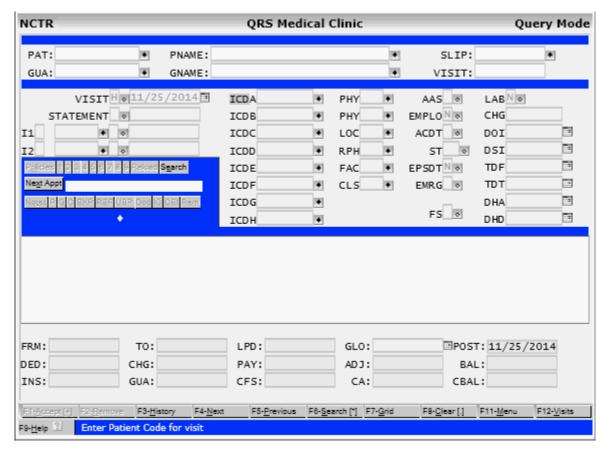
4   Encounter Form

The NCTR (encounter) form is the core of the system. This screen provides the ability to link all of the information in the system together for printing insurance forms, statements, and a variety of collection, accounts receivable, and other reports. With this one screen, it is possible to add a patient's visit to the practice and to include the diagnosis as well as all information for the boxes on the CMS form, etc. You may then add the procedures that were performed on the patient, post any payments or adjustments for the visit, and attach any notes or messages to the visit. The NCTR form looks complicated; but after entering a few visits, the real simplicity of its design will be apparent.
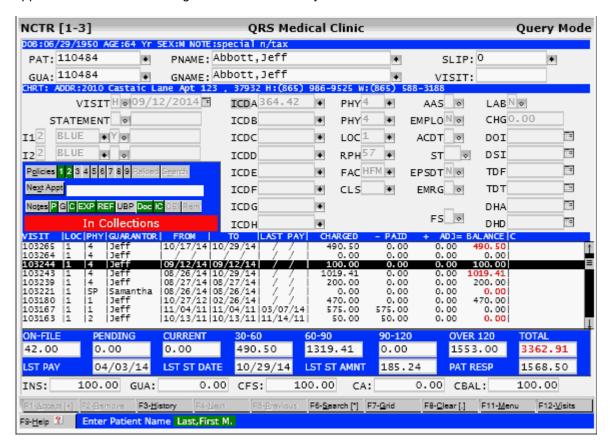
The NCTR form differs from the other forms in that it allows entry and modification of two files that relate on a MASTER-to-DETAIL basis. These two files are the Invoice file (visit summary) and the Detail file (visit transactions). The Invoice file is displayed on the upper portion of the NCTR form and includes all of the controlling information for the visit. This includes statement and insurance flags, diagnoses (ICD), physician performing services, billing location for services, facility where services were performed, and insurance dates and boxes. The Detail file is displayed on the lower half of the screen and contains information about the transactions that took place on that visit. These include charges (Procedures), payments, adjustments, messages, and notes.

Because this screen has a built in MASTER-to-DETAIL relationship, it has other functions that may be performed when moving from the MASTER information to the DETAIL information, as well as additional functions for the control of the information. The other data files that coincide on this form have provided fields for entry of dynamic defaults. Along with the default that can be set for this form, it is possible to add a patient's visit with a minimum of keystrokes. The NCTR form will appear as follows:

The NCTR form is used not only to enter visits, but to query, or search, for visits. When used in this

manner, the top half of the screen still contains information about the invoice (visit summary) and the bottom half displays a summary of each visit, allowing you to select the visit you want. The screen will appear similar to the following while in this summary mode:

4.1   Invoice VS Ledger

 It is important to realize that the system works on an invoice accounting principle, not on a ledger-based system.

In a ledger-based accounting system, each guarantor has a series of transactions (charges, payments, adjustments) that are associated to an account. It would look something like the following:

```
ACCT #: 12345          NAME: Smith,John


DATE           TRANSACTION           AMOUNT    NOTE
-----------------------------------------------------------------------
01/01/95    OFFICE VISIT        $    55.00
01/01/95    CHECK PAYMENT       $    10.00    PATIENT COPAY
02/01/95    OFFICE VISIT        $    55.00
02/01/95    CHECK PAYMENT       $    10.00    PATIENT COPAY
02/07/95    INSURANCE PAYMENT   $    40.00    PAYMENT FOR 01/01/95
03/01/95    OFFICE VIST         $    55.00
03/01/95    CHECK PAYMENT       $    10.00    PATIENT COPAY
03/07/95    INSURANCE PAYMENT`  $    40.00    PAYMENT FOR 02/01/95
.
```

The ledger-based accounting system works fine for single-party billing, but in a medical office you must do third-party billing. This includes not only billing the guarantor, but also the patient's insurance carriers. The invoice accounting system provides a better solution for this type of billing. The following

shows an example of the same information using the invoice model.

```
ACCT #: 12345          NAME: Smith,John

DATE            TRANSACTION         AMOUNT      NOTE
-------------------------------------------------------------------------
VISIT: 100
01/01/95        OFFICE VISIT        $   55.00
01/01/95        CHECK PAYMENT                $   10.00   PATIENT COPAY
02/07/95        INSURANCE PAYMENT            $   40.00   PAYMENT FOR 01/01/95

VISIT: 322
02/01/95        OFFICE VISIT        $   55.00
02/01/95        CHECK PAYMENT                $   10.00   PATIENT COPAY
03/07/95        INSURANCE PAYMENT`            $   40.00   PAYMENT FOR 02/01/95

VISIT: 460
03/01/95        OFFICE VIST         $   55.00
03/01/95        CHECK PAYMENT                $   10.00   PATIENT COPAY
```

The invoice model shows that all charges, payments, adjustments, and anything else applicable to the patient's visit is applied to the invoice or, in our vernacular, the visit.

The concept of the visit is important to you as a user. You must understand that each time a patient is treated at your office or receives a group of services, you must create a new visit. Usually, a visit is created each time the patient comes to your office for services. However, if the physician is treating the patient in the hospital, you may group several days or even weeks of services together on one visit. The same is true if the patient is in your office several times a week or month to receive allergy shots or some other repetitive service. If this is the case, you may have one visit for several dates of service.

Another important concept to remember is that the visit is an insurance claim. Each time you create a new visit for a patient, you have created a new insurance claim. This insurance claim can be either a CMS-1500 or CMS-1450 (We call this a UB.). If the number of charges that you enter is greater than the number of charges that will print on the paper claim, the system will issue a page break and continue printing charges on the next form. Because each visit is a claim, all information that is relevant to the claim (such as ICD-CM codes, physician, facility, referring physician, dates, etc.) is stored in the invoice portion of the visit.

In review, the system works on the invoice accounting model, not the ledger model. You create "Visits" using the NCTR form. A visit consists of an invoice and detail. The invoice is the information relevant to the claim information, and the detail contains charges, payments, adjustments, as well as messages (which print on statements) and notes (which do not print on statements).

4.2   Defining a Visit
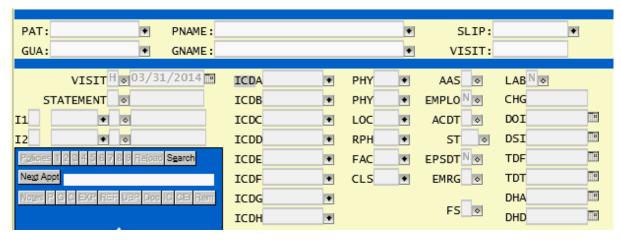
A visit, in relatively simple terms, occurs when a patient comes to your office to be seen by a provider. The patient will have a diagnosis, procedures that were performed, and a physician who performed those procedures. Each time that patient is seen by your physician constitutes another visit. Each visit is included on the patient's account. The visit consists of the invoice (top portion of the NCTR form) and detail transactions (bottom part of the NCTR form).

All payments, adjustments, messages, and internal notes that are associated with the insurance claim are part of the visit. The PM systems entire billing concept is based on the visit.

4.3   NCTR Field Descriptions

The Encounter (NCTR) form is a dynamic form that allows you to perform most all of the accounting operations involved with an account. The form is divided into several parts.   The Top of the form contains the visit information. The Middle of the form will display either Visit summary or Transactions for a visit. Under that you will find the Visit Summary information, and when posting transactions you will see the Detail (DET) form that allows you enter transactions.

4.3.1   Visit Information

PAT
This field is used to enter a patient code for lookup in the patient file.

PNAME
This field is used to display the name of the patient. You may use this field to look up the patient if you are not sure of the code. A browse window will be displayed after you have entered the patient's name, with the name you typed in highlighted. Select the appropriate patient by using the arrow keys to highlight the name and press ENTER, or by typing in the number on the left hand side of the browse window. Enter patient name using format "Last,First M.".

SLIP
This field is used to display the slip number for the patient's visit. This number is taken from the fee slip generated by the computer from the scheduling module. If you are creating a new visit, enter the slip number in this field first. This will automatically pull up the patient and other information about the appointment.   See Creating a visit from a Fee Slip.

GUA
This field is used to enter a guarantor code for lookup in the guarantor file. When a patient's information is pulled up, the guarantor is automatically loaded into this field. You have the ability to change the guarantor for each visit. If the visit you are creating is a Workmen's Comp claim or requires billing to a person or company other than the normal for the patient, you may change it.

GNAME
This field is used to display the name of the guarantor. When the patient information is pulled up, the guarantor name is automatically loaded into this field. You may use this field to look up the guarantor if you are not sure of the code. Enter guarantor name using format "Last,First M.".

VISIT
This field is used to display the visit number for each set of transactions for a patient. The computer will automatically generate a unique number for each visit created. You may use this field to look up visits and their related transactions. In accounting terms, this would be known as the invoice number.

TP

This field defines what type of claim is to be produced when insurance is filed. This can be either an "H" for CMS-1500 or "U" for CMS-1450 (UB). This works in conjunction with the insurance flags defined below.

DATE
This field shows the date that the visit was created. It does not need to be changed. This date may be used for aging the account.
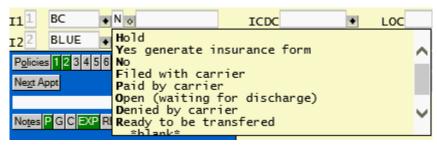
SFLG
This field is used to flag whether a visit will be included on a statement. Flagging a visit as "N" for "No" means that it will not be included on the statement. Use this when you do not want the system to look at this visit when generating statements. This may occur when you take only insurance on this patient or the visit is already paid in full. Flagging a visit as "Y" for "Yes" means that it will be looked at when generating statements. If the cumulative balance of all the guarantor's statements is $0.00 or less, the system will not print a statement even though the statements are flagged "Y". Flagging a visit as "H" will tell the computer that you wish to hold, or prevent, this visit from being included on the statement. This might occur when you are waiting for insurance to pay or when the patient is still in the hospital. The default for this field is entered from the PAT form.

SFLG (date field, next to flag)
This field displays the date this visit was first included on a statement. This date is used for aging the account. You do not have access to this field. The date shown here is entered by the system when you generate statements. A date will appear in this field only if information from this visit has appeared on a statement generated by the system.

I1, I2 (first field, policy identifier)
These fields display the number or letter used to identify the policy in the insurance policy file. If the policy is active, this will be a number from one to nine. If the policy is inactive, it will be a letter from A to Z. This information is provided by the computer when a policy is selected. When a new visit is created, the patient's primary and secondary policies (1 and 2) are loaded into these fields.

I1, I2 (second field, carrier code)
These fields store the carrier code for the respective insurance policy defined in the policy identifier. When you create a new visit, the normal primary and secondary policy carrier codes will be loaded into these two fields respectively. You have the ability to select from any of a patient's active or inactive insurance policies for either the primary (I1) or secondary (I2) for a particular visit.   By using the BROWSE function while in this field, you will have a browse window that contains only the policies for that patient. Selecting a policy will complete this field as well as the policy identifier field. If you do not wish to select any policy, you may blank out this field.

I1, I2 (third field, flag)
This field is used to enter a flag that tells the computer whether to file insurance. Flagging this field "Y" for "Yes" means that the computer will automatically file the insurance for you. Flagging the field "N" for "No" means that no insurance will be filed for this visit. Flagging the field "O" for "Open" means that you wish to wait to file. This option works well for patients who are hospitalized and you wish to wait

until they have been discharged from the hospital before filing their insurance. Flagging the field "P" for "Paid" means that the insurance carrier has sent your office a check for that visit. Flagging the field "D" for "Denied" means that you have an EOB (Explanation of Benefits) for the patient that was denied for some reason; for example, the patient has not met the deductible. The type of claim that is generated is based on the TP field above.

I1,I2 (fourth field, date)
This field displays the date a CMS form was first printed for this visit. You do not have access to this field. This field is completed by the program that generates the insurance claim form or the electronic claim file. If you refile a claim, the date will not change. IT ALWAYS SHOWS THE FIRST TIME A CLAIM IS GENERATED.

ICDA
This field is used to enter the primary diagnosis code for the visit. With each visit it is possible to attach up to twelve diagnoses; each visit should have at least one diagnosis. If there is more than one diagnosis, enter the primary diagnosis in the first field. This field will default to the ICD defined on the PAT form, and the ICDB field will default to the second ICD defined on the PAT form. The ICD Button on the label of this field will allow access to the diagnosis selector.

ICDB - ICDL
These fields are used to store additional diagnosis information for the visit.

PHY
This field is used to enter the physician code of the physician who performed the services for this visit. The computer will automatically insert the physician code listed on the PAT form, but you can change to the physician who saw the patient on that particular visit. This is the provider that will be credited with the charges, payments and adjustments posted to the visit, unless one is specified for the transaction.

PHY
This second PHY field is used to store the billing provider. If the insurance is under contract and requires group, and/or physician numbers to be submitted with the claim it will use the ones defined for the physician that you enter in this field. This provider does not receive any productivity for the transactions entered. This may contain the same information as the above PHY field, but in cases where you have nurse-practitioners working under a physician you would put the nurse-practitioner in the first PHY field and the doctor who they are working for in this field.

LOC
This field is used to enter the location code where the visit was performed. The computer will automatically put in the location code that was listed on the PAT form, but you can change it to a different location where the patient was seen. This is not for hospitals, clinics, etc.- just the main office and/or any satellite offices where your physicians perform services. The location code entered here will be used in block 33 of the CMS-1500 form.

CLS
This field displays the classification code of the visit. This information comes from the PAT form. This can be used to segregate visits, such as Workers' Comp, drug studies, etc. This field has no control over billing or insurance form generation. It is used only for internal reporting needs.

RPH
This field is used to enter the code of the physician who referred this patient to your practice. Not every visit will have a referring physician. This field will default to the referring physician entered on the PAT form.
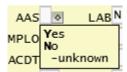
FAC
This field is used to enter the code of the facility where services were performed. This field uses the codes that your practice has set up for hospitals and clinics where your physicians see patients. Do not confuse this field with the location field. The facility code entered here will be used in block 32 of the CMS-1500 form.

AAS
This field determines whether you will accept assignment on the visit. This field is usually empty, causing the system to default to the accept-assignment flag in the patient's insurance policy being filed. This flag is set up for each individual visit because you may wish to accept assignment on some visits and not on others.
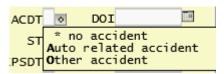
EMPLO
This field displays whether the visit is employment-related. If an employee was injured on the job, this field needs to show a "Y" for "Yes".

ACDT
This field is used to designate whether the visit relates to an accident. If not, leave the field blank. If it is, you must specify whether the accident was an "A" (auto accident) or "O" (other kind of accident).
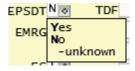
ST
This field is used to enter the state that the auto accident occurred in.

EPSDT (Early Periodic and Screening Diagnosis and Treatment)
This field specifies whether the visit involved procedures or testing for early signs of disease.

EMRG
Enter an "X" in this field if the visit was an emergency. If not, leave it blank.

FS
This field displays the fee schedule of the patient whose record is pulled up on the NCTR form. The

fee schedule is defaulted from the PAT form. This information is not stored in the invoice file; it lets you change the fee schedule for charges on that particular visit. It is important to realize, however, that the value you enter here is NOT stored with the visit.

LAB
Enter a "Y" for "Yes" if any lab work is performed outside the office. The default is "N" for "No".

CHG
This field is used to enter in any charges for outside lab work.

DOI
This field is used to enter the date of illness or injury--the date when the patient was first seen for that visit.

DSI
This field is used to enter the date of similar illness.

TDF
Enter "from" date of total disability.

TDT
Enter "to" date of total disability.

DHA
"From" date for hospitalization related to current services.

DHD
"To" date for hospitalization related to current services.

4.3.2   Middle of Form

The Middle of the form contains a list area that will display either the Visits for the account when in Visit Summary mode, or Transactions for a visit when the form is displaying a Visit in either the Update or Add mode.

4.3.2.1   Visit Summary

The Visit summary information will display here when the screen is in the Visit summary mode.   For a full explanation of this feature see Find a Visit (Visit Summary Mode)

The Visit summary will show the following columns.

VISIT
Displays the visit number (invoice number) of the visit.

LOC
Displays the location code for the visit.

PHY
Displays the physician code for the visit.

PATIENT or GUARANTOR
Displays the first name of the patient or guarantor, depending on how you pull up the summary.

FROM
Displays the earliest "from" date of the charges for the visit.

TO
Displays the latest "to" date of the charges for the visit.

LAST PAY
Displays the date of the last payment on the visit.

CHARGED
Displays total charges for the visit.

PAID
Displays total payments for the visit.

ADJ
Displays total adjustments for the visit.

BALANCE
Displays balance for the visit. This field will display in RED print if there are open transactions on the visit.
Near the bottom of the screen you will see the following information:

ON-FILE
This field shows the amount of the total balance that is currently on file with insurance, both primary and/or secondary.

PENDING
This field shows the amount of the total balance that is neither on file with insurance or has not yet been billed to the guarantor. If your system is set up to age visits by Visit date on the VER (version) set up form, this field will not display and the amount will be put into the aging fields.

CURRENT / 30-60 / 60-90 / 90-120 / OVER 120
These fields represent the aging of the rest of the total balance. Typically aging is performed based the date the statement is first sent for a visit. But can be set based on visit date by changing it in the VER (version) setup form.

TOTAL
Displays total unpaid gross balance for all visits. If this field displays in RED print it means that there are visits that have open transactions and have not gone through and end of day close.

LST PAY
Displays the last date a payment was made on any visit.

LST ST DATE
Displays the last date a statement was sent to the guarantor.

LST ST AMNT
Displays the amount of the last statement sent to the guarantor.

PAT RESP/GUA RESP
This field will change depending on if you search the account by patient, or guarantor. It will display the patients or guarantors portion of the TOTAL balance. This is the amount that is not on file with insurance. These are the visits with a statement flag of "Y".

INS
Displays the insurance responsibility of the visit based on contractual fee schedule.

GUA
Displays the guarantor / patient responsibility of the visit based on contractual fee schedule.

CFS
Displays the contractual fee schedule or allowed amount for entire claim.
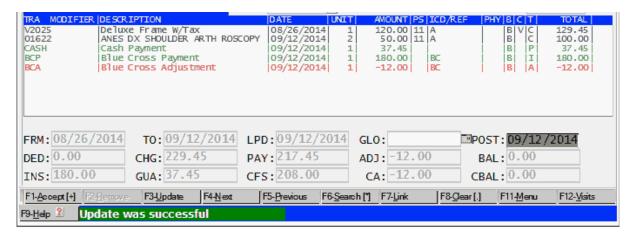
CA
Displays the amount of contractual adjustment that should be taken on the visit.

CBAL
Displays the balance for all closed transactions on the visit.

4.3.2.2 Transactions for Visit

When you are adding transactions or query an existing visit and it is displayed the middle of the form will show the transactions for that form along with the Visit Totals.

The Columns for the transactions are as follows:

TRA MODIFIER
This column will display the transaction code as defined in the TRA file along with any modifiers if it is a Procedure code.

DESCRIPTION
Here the first and second description lines will display

DATE
This will show the data of service or date of transaction.

UNIT
This will show the number of units for Charges. It will always be 1 for payments and adjustments, and 0 for Notes and Messages.

AMOUNT
This will show the amount of the transaction.

PS
If a charge this will show the Place of Service Code.

ICD/REF
If a Charge, this field will display the ICD codes related to the charge.
If a Payment or Adjustment, it will reference the insurance carrier code the transaction is related to.

PHY
If the transaction is applied to a physician other than the attending PHY (first PHY field on top of form) it will display here.

B
This will display the billing flag for the transaction.

C
This column will display the Co-pay / Co-Insurance flag for the transaction.

```
   Indemnity Plan (split on charge)
P  co-Pay only
I  co-Insurance Only
N  Neither co-pay or co-insurance
A  Both co-pay and co-ins weighted
B  Both co-pay and co-ins
```

T
This Column will display the type of transaction. This can be:
* Charge
* Private Payment
* Insurance Payment
* Adjustment
* Message (will print on statement)
* Note (will not print on statement)

These will also display as different colors.

TOTAL
This column will display the total for the transaction. For a charge that will be the (UNIT * AMOUNT) + TAX.

After all the transactions you will see the Summary of the visit information.

FRM: 03/28/2012	TO: 03/28/2012	LPD: 10/27/2012	GLO:	POST: 01/03/2014
DED: 0.00	CHG: 50.00	PAY: 50.00	ADJ: 0.00	BAL: 0.00
INS: 50.00	GUA: 0.00	CFS: 50.00	CA: 0.00	CBAL: 0.00

FRM
From date for an entire visit.

TO
To date for the entire visit.

LPD
Last payment date on visit

GLO
If a charge requires a global period this field will populate with the date that the global period will expire on this visit. If a visit has a global period, it will effect new visits being added. It will check to see if a new visit has the same diagnosis and automatically adjust the billing amount to $0.00 dollars.

POST
Current Posting Date. Used in entering transactions.

DED
This field displays the deductible for the primary policy as defined in the policy.

CHG
This field will display the total amount of charges for a visit (gross charges).

PAY
This field will display the total amount of payments for a visit after any new payment is added.

ADJ

This field will display the total of all adjustments for the visit.

BAL

This field will display the entire balance due on a visit.

INS

This field will display the insurances portion of the bill when charges are added. It does this by using the fee schedules, and insurance policy information such as Co-Payment and Co-Insurance to calculate the value. This adjudication process is performed on each charge at time of entry.

GUA

This is the portion of the bill that is due by the guarantor (or patient) based on the adjudication process.

CFS

This field will display the Total charges based on a contractual fee schedule that may exist for the patient. This should be the actual or net charges for the visits after any contractual adjustments are taken.

CA

This field will display amount that should be taken for a contractual adjustment on the visit.

CBAL

This field will display the part of the balance of the visit where all transactions are closed.
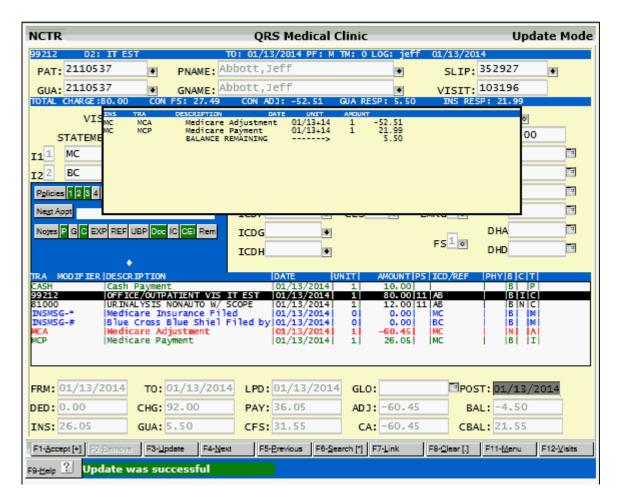
4.3.2.2.1 Transaction Hovering

When a visit is displayed on the Encounter (NCTR) form that has transactions and you use the mouse to hover over the transactions you will see additional information about those transactions.

You may also access this information by using the UPDATE function when a visit is displayed and then using the UP and DOWN arrow keys to highlight the transaction. This may be necessary if the amount of information displayed in the disbursement box exceeds the size of the window and requires you to scroll through it.

4.3.2.2.1.1 Charges
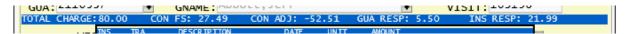
In the following example the mouse is hovering over the 99212 charge.

Charges will show on the Top status line the Procedure code, Second Description Line, To Date, Posting Flag, Time, and user who entered the charge and the data entered.
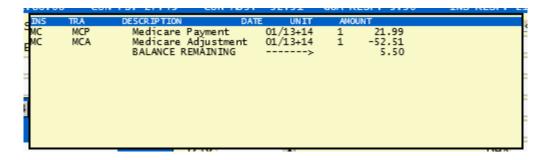
The second status line will show additional financial information about that charge.
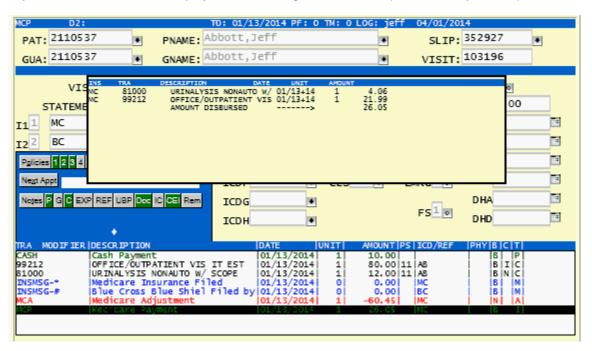
This includes the TOTAL CHARGE (unit * amount), the Contractual Fee Schedule, Contractual Adjustment, Guarantors Responsibility and Insurance Responsibility.

If any payments or adjustments have been applied to this charge using Post to Procedure (PTOP) the disbursements will be shown under the second status line.

4.3.2.2.1.2 Payments and Adjustments
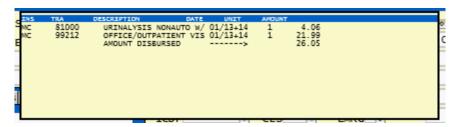
The following shows the information when hovering over the MCP (Medicare Payment). The adjustment information will display when hovering over the MCA (Medicare Adjustment).
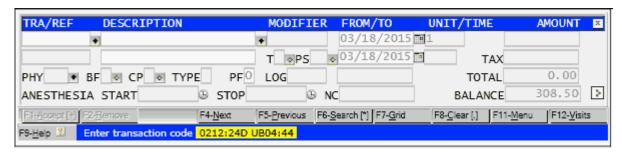
The Top status line will show the Code, Second Description (Check #), To Date, Posting Flag, User who entered the transaction with Date.

Under the second status line you will see how the transaction was disbursed if using the Post to Procedure (PTOP).

4.3.3   Detail (DET) form

The transaction lines or DETail potion of the NCTR form is used for entering charges, payments, adjustments, messages and notes to a visit.

TRA
This field is used to enter the transaction code for the procedure: payment, adjustment, message or note. Some special TRA values exist, such as IP1 and IP2. These codes will find the preferred insurance payment code for insurance 1 or 2 and enter it. IA1 and IA2 perform the same function as IP1 and IP2 do for payment, but for adjustments. SN1 through SN9 Special Notes 1 through 9 and are used for special insurance filing. PA1 and PA2 are used for pre authorizations or referrals for either the primary or secondary policy on the visit. MSG allows you to add an on-demand message. NOTE allows you to add an on-demand note. INSMSG allows you to add an insurance message. REFER allows you to add a "Refer out" when you are referring a patient to another physician. REFER produces a browse window that allows you to select the physician you are referring the patient to.

If you are performing line item posting you may also use I1 or I2 for posting of both a payment and adjustment for a visit.

DESCRIPTION
This is the first of two fields that hold the description for the charge, payment, or adjustment. Once you enter a transaction code in the TRA field, this field is set with the exception of predefined codes covered under the TRA field. If you do not know the code for a particular transaction, enter a description here. This will invoke the browse window to select a transaction code. This field is superimposed on the DESC2 field.

(Second description line)
This field stores additional description information about a transaction. If the transaction is a payment, you should enter the check/reference number here.

MODIFIER
This field is used to enter the any modifier for a charge code..

FROM
This field is used to enter the date of the transaction, also known as the date of service.

TO
This field is used to enter the date of a transaction. It is usually the same date as the FROM date, but can be different. This date should never precede the FROM date.

ANESTHESIA START, STOP and TIME

If the transaction you enter has a Type of Service (see field T) of 7 for anesthesia, it will display the ANESTHESIA START and STOP fields as well as open up access to the TIME field that is displayed under the UNIT field. Entering a START and STOP time will automatically calculate the time in minutes as well as the units for the charge. The Units calculation is based on NCTR screen configuration ANESTHESIA TIME, MEDICARE TIME or MEDICAID TIME.   Typically these values are set to 10 or 15 minute increments depending on your location. A special exception is made for New Mexico Medicaid. The insurance must be coded "NMCAID".   If this code is the primary insurance and

the Procedure modifier QK or QY is used, the anesthesia time element will be change to 30 minutes. Also Procedure modifiers will adjust this. P3 adds 1 unit, P4 adds 2 units, P5 adds 3 units. Units will always be rounded up.   For example if your time element is 15 minutes per unit and the time calculates out to 16 minutes, the Units will be increased by 2.

UNIT
This field is used to enter the number of units per procedure. For example, if the patient had two allergy shots on the same day you could enter the number of units as 2. This is multiplied by the amount of the procedure to produce the total in the invoice charges field (CHG). If the procedure you are entering is defined as an anesthesia charge, you should first enter the START and STOP time for the procedure. The system will then calculate the TIME for the procedure. The UNIT will then be calculated for you based on the BASE UNIT and time entered. There are special rules for some modifiers that may effect the number of units that are calculated.

AMOUNT
This field is used to enter the amount of the transaction. If the transaction is a charge, the amount will be pulled up along with the transaction's description; however, you can change that amount if necessary. If the transaction is a payment (which has no amount specified), you must enter an amount. If the transaction is an adjustment (which has no amount specified), you must enter an amount. Remember that an adjustment can be a debit or a credit.

TAX
When adding a charge transaction the program will look at the TAXABLE field from the TRA form. If this field is Y the system will calculate the tax based on the (UNIT * AMOUNT * TAX-RATE [defined on LOC form]) and display it in this field. The user will have access to this field. If the TAXABLE value is N this value will be set to $0.00 and the user will not have access to it. If the TAXABLE value is blank (Unknown) the value will default to $0.00 but the user will have access to the field. This logic will be overridden if the patient has "N/TAX" in any of the note lines. See line item tax.

TOTAL
This field displays the total for the transaction. It is calculated using the formula (UNIT * AMOUNT) + TAX.

NC
If you are generating CMS-1450 (UB) claim forms, you may enter a non-covered amount after each charge. This is set up in the VER form.
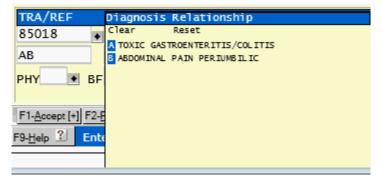
BAL
This field will show the current balance on the visit as you are adding transactions.

REF
This field will display the ICD code (diagnosis) correlated to the transaction code. If the visit has three diagnoses, you will see ABC in this field relating to the procedure. If only one diagnosis code relates to the procedure, you have the ability to type in a letter to relate to the diagnosis defined in the top part of the screen. You may enter a maximum of 4 relationships for the twelve diagnoses. The system will try to determine the proper relationship if you use the Cross Walk ability.

T

This field is used to display the type-of-service for the specified procedure code. This field is entered on the TRA form when entering procedure codes. You have the ability to change the type-of-service code when a transaction code has been entered.

PS

This field is used to display the place-of-service for a procedure code. This field is entered on the TRA form when entering procedure codes. You have the ability to change the place-of-service code when a transaction code has been entered.
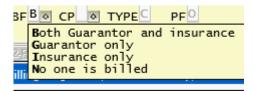
PHY

This field is used to enter the physician who performed certain procedures. Some insurance carriers require that you show who the physician is that performed each procedure. If this field is left blank, the physician defined in the first PHY field on the top half of the screen is assumed and any money will be applied to that physician.
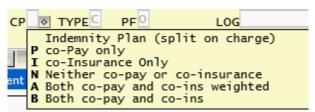
BF

This field is a billing flag. It allows you to determine whether a transaction should appear on the insurance form, statement, both, or neither. This field controls only the transaction, whereas the entire visit is controlled at the top of the screen with the statement and insurance flags.

CP

This field is used to determine is Co-pay, Co-Insurance, both or neither should be used when adjudicating the charge. This process is defined in the CFS form.

T
This field will display the type of transaction you have entered. If you have entered a charge, the flag will display a "C". An adjustment displays an "A", insurance payments show "I", patient payments "P", messages (show on statement) "M" and note (does not show on statement) "N".

PF
This field will display the posting flag of the transaction. The posting flag will be one of the following:

- **1,2,3,4,5,6,7,8,9** - Transaction posted from a batch (see Batch Posting). The transaction is open and will not be included in an end of day until the batch is closed. Batches are unique to the user. Each user may have up to 9 open posting batches.

- **P** - The transaction is in the Pending Batch. This is a generic batch suitable for all users. It is typically used when transactions are automatically fed into the system from another product such as an EHR/EMR or interface. These transactions and visits are generally reviewed using the PENDING WORKLIST and then released for billing on a visit by visit basis.

- **O** - Open transaction. This is a typical Charge, Payment or Adjustment posted on the NCTR screen. The transaction has not gone through and End of Day Close. Since the transaction has not been closed or committed it may be modified or even removed. Open transaction are not included in the summary financial totals, and Open charges will not be sent via Electronic Claims.

- **M** - Closed for Month. When the End of Day Close is run it will find all of the Open transactions, post financial totals and update the posting flag from an "O" to an "M". The transaction is then closed for the Month. Financial transactions will have limited ability to be modified. You will not be able to remove them, but will be offered a reverse option that will reverse enter the transaction, thus providing an audit trail. Transactions with an "M" flag will appear in Month-to-date and Year-to-date totals on reports.

- **Y** - Closed for Year. When the End of Month is run it will find all "M" transactions and update them to "Y". These transaction will no longer show in the Month-to-date totals, but only in the Year-to-date totals.

- **C** - Closed. This signifies that the transaction is completely close and has gone through an End of Year process. These transaction no longer included in Month-to-date or Year-to-date reports, they are however calculated as part of the Accounts Receivable.

LOG
These fields display the date and user who added the transaction.

BALANCE
This field shows the current balance on the visit not inclusive of any new transaction you may be adding.
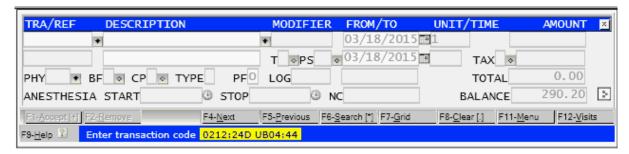
4.3.3.1   Additional Data
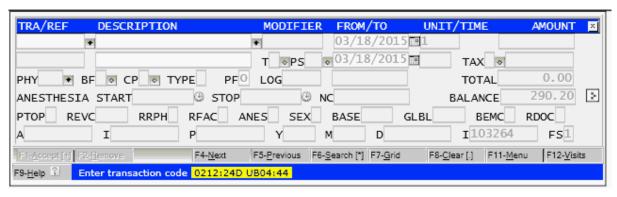
In the bottom right corner of the detail transaction form is an icon that allows you to show or hide additional transaction information.

Clicking on this icon will change the display from this:

To

The extra two lines of data are used by the system to store and track additional information for a transaction. Normally this information is not of any value, but this option is available to see all of the information or for problem solving.

PTOP
This defines if the payment or adjustment will use the PTOP feature. This pulls from the TRA form PTOP field.

REVC
This hold the Revenue code as defined on the TRA form REVC field. It is used for Vision Eye Care Plan processing and Credit Card Processing.

RRPH
This pulls from the TRA form RRPH field. It activates the Requires Referring Provider Edit.

RFAC
This pulls from the TRA form RFAC field. It activates the Requires Facility Edit.

ANES
This pulls from the TRA form ANES field. It is no longer used.

SEX
This pulls from the TRA form GENDER field. It is used in the Gender specific edits.

BASE
This pulls from the TRA form BASE field. It is used for calculating the units for anesthesia charges.

GLBL
This pulls from the TRA form GLOBL field. It is used to calculate the global period date.

BEMC
This is derived from APC form EMC BILL field for the transaction code and the primary insurance. It defines if the transaction can be billed electronically or has to be submitted on paper. If the claim must be submitted on paper, it will present an Edit alert directing the user to print the claim manually.

RDOC
This pulls from the TRA - RDOC field. It will trigger the detail documentation form to display if yes.

A
This displays the allowed amount for a charge.

I
This displays the insurance responsibility amount for a charge.

P
This displays the patient responsibility amount for a charge.

Y
This will display the year counter for when the transaction was closed.

M
This will display the month counter for when the transaction was closed.

D
This will display the transaction code. This is the unique value that identifies the transaction.

I
This will display the visit (Invoice) number the transaction belongs to.

FS
This will display the Fee Schedule that is used to calculate the charge.
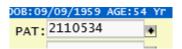
4.4   Finding an Account

The NCTR form allows you to find an account several different ways. You can locate an account by patient code or name, guarantor code or name, insurance holder name, or policy number.

4.4.1   By Patient Account Number

Place the cursor in the PAT field, enter the patient's account number.
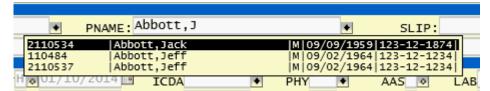
The screen will change to the "Visit Summary Mode". You will be able to see the entire account on the screen. If the patient has no account information, the screen will go into Add Mode to allow you to enter a new visit.

4.4.2   By Patient Name

Place the cursor in the PNAME field of the NCTR form, and type in the name of the patient in the format specified on the help line (LAST,FIRST M.). An suggest feature will display names similar to
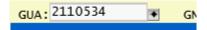
the name you typed in.

The name you typed in or the closest match to the name will be highlighted at the top of the suggest window. To select the patient, highlight the name by (1) using the arrow keys and pressing or (2) by pointing and clicking. This will bring up the patient on the NCTR form. If the patient has account information, the screen will be in the "Visit Summary Mode", if no history exist it will go into the Add Mode so you may enter a new visit.

4.4.3 By Guarantor Account Number
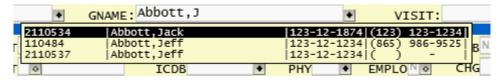
Place the cursor in the GUA field and enter the guarantor's account number.

If account information exists, the screen will switch to the "Visit Summary Mode" and the information will be displayed on the screen.

4.4.4 By Guarantor Name

Place the cursor in the GNAME field and enter the guarantor's name.

Select the correct guarantor from the browse window. If the guarantor has existing account information, the "Visit Summary Mode" will display the information.
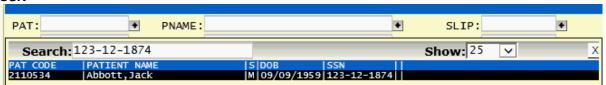
4.4.5 Using Search

Use the SEARCH function while in the PNAME or PAT, GNAME, or GUA field to query an account. This is useful to find an account by:
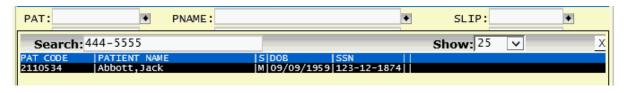
CHART Number

SSN

Phone Number

```
PAT:            ◆    PNAME:                        ◆    SLIP:           ◆
      Search:444-5555                              Show: 25  ∨           X
PAT CODE     |PATIENT NAME          |S|DOB     |SSN         ||
2110534      |Abbott,Jack           |M|09/09/1959|123-12-1874||
```

Address

```
PAT:            ◆    PNAME:                        ◆    SLIP:           ◆
      Search:123 ELM ST                           Show: 25  ∨           X
PAT CODE     |PATIENT NAME          |S|DOB     |SSN         ||
110504       |Payne,Ima             |F|09/22/1958|110-50-1234||
2110534      |Abbott,Jack           |M|09/09/1959|123-12-1874||
110511       |O'Dowd,Jack           |M|05/05/1965|110-51-   ||
```

Date of Birth

```
PAT:            ◆    PNAME:                        ◆    SLIP:           ◆
      Search:09/02/1964                           Show: 25  ∨           X
PAT CODE     |PATIENT NAME          |S|DOB     |SSN         ||
110484       |Abbott,Jeff           |M|09/02/1964|123-12-1234||
2110537      |Abbott,Jeff           |M|09/02/1964|123-12-1234||
```

Patient Primary Note

```
PAT:            ◆    PNAME:                        ◆    SLIP:           ◆
      Search:DRUG  STUDY                          Show: 25  ∨           X
PAT CODE     |PATIENT NAME          |S|DOB     |SSN         ||
2110534      |Abbott,Jack           |M|09/09/1959|123-12-1874||
```

Once the account is selected the screen will change to the "Visit Summary Mode". You will be able to see the entire account on the screen. If the patient has no account information, the screen will go into Add Mode to allow you to enter a new visit.

4.4.6   By Policy Information
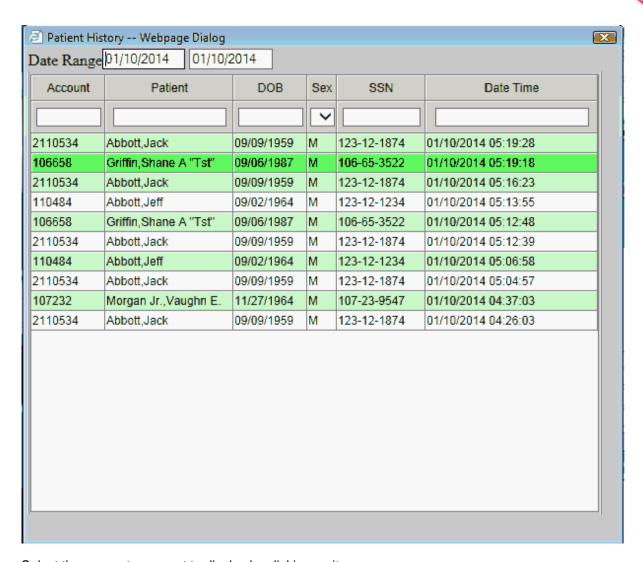
See Special Functions of the Encounter Form - Policies Search.

4.4.7   Using the History Function

With the screen in the Query mode you will see the History function.

F3-History

Activate this function to display the History window.

Select the account you want to display by clicking on it.

4.4.8 Using the Grid Function

With the screen cleared and in the Query mode you may use the Grid function to display a data grid of patients.

You may then select an account from the grid window to display the account.
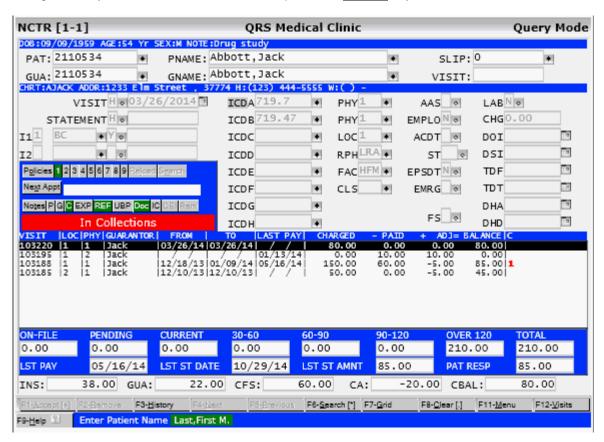
Click on the account you want to display on the NCTR screen.

The Grid is different in that it will stay displayed and remotely control the form to populate it with data. This allows you to use the grid to create a sudo-worklist by using the searching ability.   You can then quickly change between accounts by just clicking on the grid.

When you are done with the Grid you must click on the "X" to exit.

4.5   Find a Visit (Visit Summary Mode)

 To "find a visit," you must first find an account. The visit summary of the patient's account will be shown if the patient has visits already. The most recent visit will be at the top, with the visits sorted in descending order by visit date.   There are two ways to select a visit. The first method is to use the mouse to hover over the visit in the visit list and then click. The second is to use the arrow keys to highlight the visit. You may notice as you highlight a visit the information at the top of the form will change. Once you have found the correct visit press the ENTER key.

Once you have selected the visit, the invoice information (top section) along with the detail information (charges, payments, adjustments, messages, and notes) will be displayed. It is important to realize that when you pull up an account by patient , you will only see visits for that patient. But when you pull up an account by guarantor, you will see all visits for the guarantor. This is helpful for family billing.

For a complete explanation of the columns in the visit summary list, see Visit Summary under NCTR Field Descriptions.

4.5.1   Visit Function

You will usually enter the "Visit Summary Mode" through the normal progression of working with an account. However, you may want to enter this mode after already working with an account at the visit
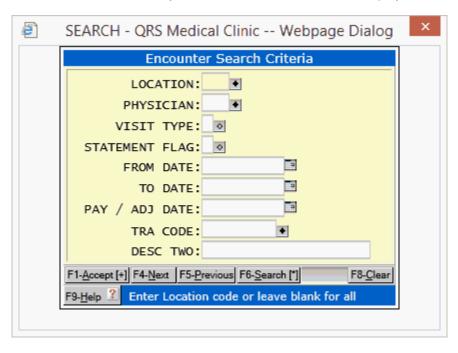
level. Use the Visit SUMMARY function to do this.

This will use the account currently on the screen or, if the screen is clear, it will use the last account you were working with and place the screen in the "Visit Summary Mode".

4.5.2   Search Function

When in the "Visit Summary Mode" the Search function will display the following Search dialog:
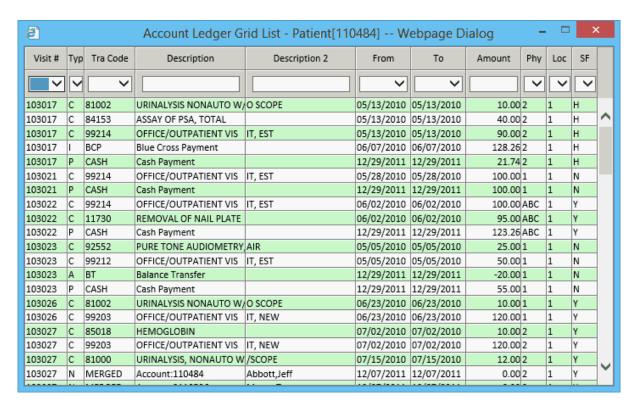
This will allow you to narrow your list of visits in the list by entering selection data in this form and executing the accept function.

This can be helpful when trying to find a specific visit for an account. For Example: Say a patient wrote a bad check. You could enter the check number in the "DESCription TWO" field.   That field is used to store check numbers. Execute the Accept function and the Visit Summary List will only display the visits that have a transaction that meets the search criteria you entered.

If for some reason you enter selection criteria that result in no visits being found, but still need to work with the account, you will need to reset the search data.   To do this execute the "clear" function to first clear and reset the Encounter Form. Then execute the "visit" function to display the last account you worked with.

4.5.3   Grid Function

When in the "Visit Summary Mode" the Grid function provides another method to find and work with an accounts visits. Executing the "Grid" function will display the Account Ledger Grid List.

This Grid will show all of the transactions for all of the visits for the patient or guarantor depending on how the account was attained.
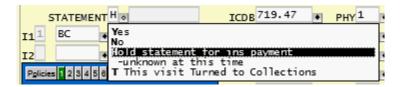
From here you may click on a column heading to sort the data in either ascending or descending order. You may also use the select or text filters at the top of each column to limit your search.

Once you have found the transaction you are searching for, click on it and the visit that contains the transaction will display on the Encounter form.

The Grid acts like a remote control for the Encounter form and will remain open to allow you to select other transactions. Once you are finished with the Grid click on the Exit button.

4.6   Statement Flags
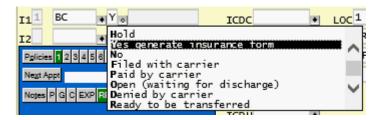
The SFLG field contains a "flag" that is used for controlling this visit on the account statement.

You can include or exclude an entire visit from a statement. Placing a "Y" in this field will cause the visit to become part of the statement of account; otherwise, it will not be included on the statement . You can set the flag to "H" to exclude the visit from statements until all insurance has paid. You may also set the flag to "N" to tell other users, as well as the computer, "do not include on statement". This is used with accounts that you never want to send statements to, perhaps because they are charity, friends of the doctor, or for some other reason. It is also a good idea that the statement flag be changed to an "N" when the visit is paid in full. This will keep it from being evaluated when generating statements and improve performance of the system when generating statements.

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4.7 Insurance Flags

The fields I1 and I2 control primary and secondary insurance for the visit.

By placing a "Y" in one of these fields, you are telling the computer to generate and print an insurance form (or EMC) for this visit when you run batch insurance. The type of form that will be generated depends upon the value entered in the TP field. Normally you will generate either CMS-1500 forms or CMS-1450 (UB) forms.   Any other values will not generate a claim form. You may also enter an "H" to tell the computer to hold the claim, when you are waiting on complete insurance information or for some other reason, "O" does the same thing, but it is usually used when a patient is in the hospital. When the claim form is generated, an "F" will be placed in this field to notify you the claim has been filed. When the insurance carrier pays, you should enter a "P" in this field to show it is paid. You may also flag it as a "D" to tell you the insurance denied the claim.

4.8 Having the System Suggest Flags

Because the billing flags are so critical to the control of accounts, the system has a HELP function that can be turned on to help with the setting of the statement and insurance billing flags. The system administrator can turn this on in the VER setup form. When turned on, a pop-up form will appear when the system believes the flags are not correct. At that time you have the option of accepting the systems recommendation. This feature is helpful to ensure that users are setting the flags correctly. Because of the freedom that the system gives you in your billing control, it is possible to set billing control flags so that no one is being billed for the visit, yet a balance remains. These visits will show up on the "Lost Visit Report"; but if flags are set correctly in the first place, you will not have these problems.

4.9 Creating a Visit

There are several ways to create a visit. One method handles patients with no visits on the system yet; the other method deals with patients who do. If you are using the system to create fee slips, you should look at the latter method. Each method is discussed below.

4.9.1 Patient With No Existing Visits

You must first find an account. A message will flash in the detail section of the screen:

No Visit History Found
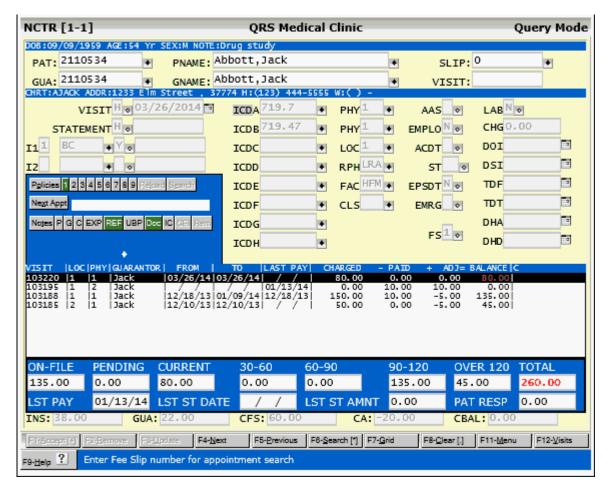
Using the ENTER key, move down through the form entering the essential information such as whether the visit will be included on the guarantor statement, flagging the insurance fields to file a insurance form, diagnosis, physician who performed the services, location, and date services were rendered, etc. When you have finished entering the appropriate information in the invoice section of the form, press the ACCEPT function.

The computer will add the information to the invoice file, generate a visit number for the invoice information you have just entered, and place the cursor in the first field (transaction code) of the detail section. From here you may Add Transactions to your visit.

4.9.2 Patient With Existing Visits

You must first find an account. If the patient has existing visits the form will go into Visit Summary Mode. The existing visits will be listed in the lower half of the NCTR form with the most recent visit at the top.

To add another visit, press the ESC key or use the QUIT function, or click in the visit field and blank it

out. The computer will clear the summary information from the screen and allow you to add the visit information. Use the ENTER key to move through the fields in the invoice section, putting in the required information such as; flagging whether the visit will be included on the statement, flagging the insurance for filing, diagnoses, dates of services, etc.

Once you have entered the pertinent information for the visit, press the ACCEPT function. The computer will add the information to the invoice file, generate a visit number, and place the cursor in the first field (transaction code) of the detail section. From here you may Add Transactions to your visit.

4.9.3   From a Fee Slip (Appointment Schedule)

The Systems powerful appointment scheduling system will generate "fee slips". These are often called "super bills," "routing slips," "charge tickets," etc. Essentially, they are a piece of paper on which the physician checks off the diagnosis and procedures for the patient and which is used as the primary source of billing information. When the system generates a fee slip, it will create a fee slip number. This number is a unique number. No two fee slips will have the same number.   This fee slip number defines the appointment, patient, physician, locations, etc.
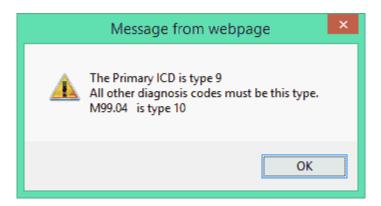
With the NCTR form clear and in the "Query Mode", press ENTER to place the cursor in the SLIP field. Enter the slip number from the fee slip in this field. This will cause one of several things to happen:

- If the patient is an existing patient that was scheduled, the NCTR form will pull up the patient information and other relevant information from the appointment file and will fill in the visit. Use the ENTER key to move through the fields in the invoice section, putting in the required information such as; flagging whether the visit will be included on the statement, flagging the insurance for filing, diagnoses, dates of services, etc. Once you have entered the pertinent information for the visit, press the ACCEPT function. The computer will add the information to the invoice file, generate a visit number, and place the cursor in the first field (transaction code) of the detail section. From here you may Add Transactions to your visit.

- If the patient was not an existing patient in the patient file and this is his or her first visit with your practice, no patient information will display. You will be presented with an alert "Patient code is UND". You must register the patient first.

- If the Slip number you enter is not a valid you will be presented with an alert "An appointment does not exists for this slip number".

- If the Slip number has already been used for that patient you will be presented with an alert: "Slip has been posted". Clicking on Okay will display the slip.

- If the program detects multiple visits have been posted for this slip number on this account it will present the alert: "This patient has multiple visits with this slip number". Clicking Okay will display the account in visit summary mode.

4.9.4   Visit Edits

The following Edits will take place when Adding a new visit.

Validate ICD codes Types - Checks that all ICD codes are the same type as the primary ICD code. If not you will see the following alert.
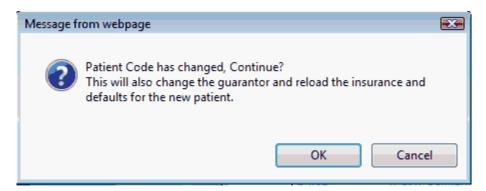
Retired Codes - Checks will be performed on retired codes for the following:
- Primary Insurance
- Secondary Insurance
- Attending Physician
- Billing Physician
- Location
- Referring Provider
- Classification
- Facility
- ICD Codes A-L

Any retired codes will present and alert and then place the cursor in the corresponding field for you to correct.
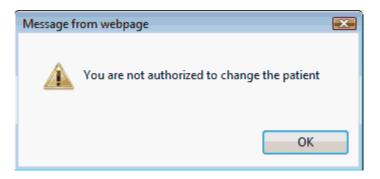
The following Edits will take place when updating an existing visit.

Change of Patient Code - If the patient code changes on an existing visit and you have security level is 0, 1 or check point security "UPDATE PAT" set to "YES", you will be prompted

Clicking OK will do as described. Click Cancel to not make any changes.

If you are not authorized to make the changes you will see the following alert.
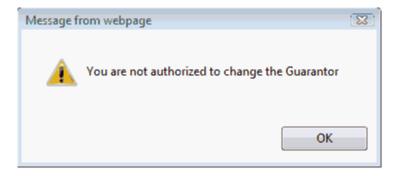
Change of Guarantor Code - Similar to changing the patient code above. If you have proper security you will see the following alert:
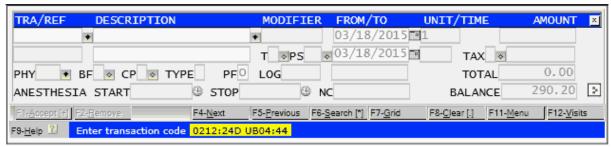
Clicking Cancel will leave the visit as is. Clicking OK will update the visit with the new guarantor.

If you do not have authorization you will see:

4.10   Adding Transactions

After you have created a visit you will want to add transactions to that visit. Transactions are added in the Detail (DET) form of the Encounter (NCTR) form.

A complete set of field descriptions for the DET form can be found here.
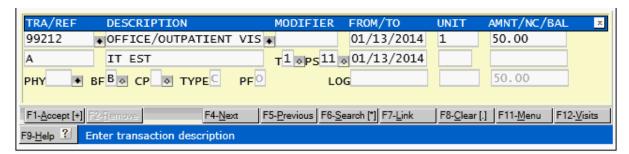
From here you may add Charges, Private Payments, Insurance Payments, Adjustments, Messages, Notes, Pre-Authorizations, Special Notes, and Outgoing Referrals.

Once you have finished entering transactions on a visit you may use the ESC key or QUIT function to return control to the top portion of the Encounter (NCTR) form.

4.10.1 Charge

Normally you would not add additional charges to a visit, unless the visit were a hospital stay or a long-term visit such as all allergy shots for a month. Remember, if this is a new set of charges, you should start a new visit.
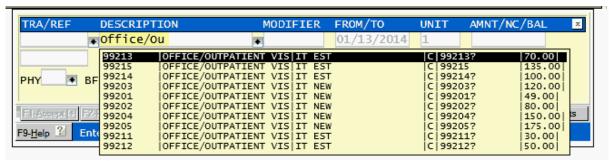
Enter the transaction code for the charge you wish to enter. The charge information as defined in the TRA file will display in the DET form.

If necessary make any changes to the information, such as Modifiers, Dates, Units, Amounts etc..

Make sure that the REF field (Used to reference the ICD's that are related to the charge) is correct.
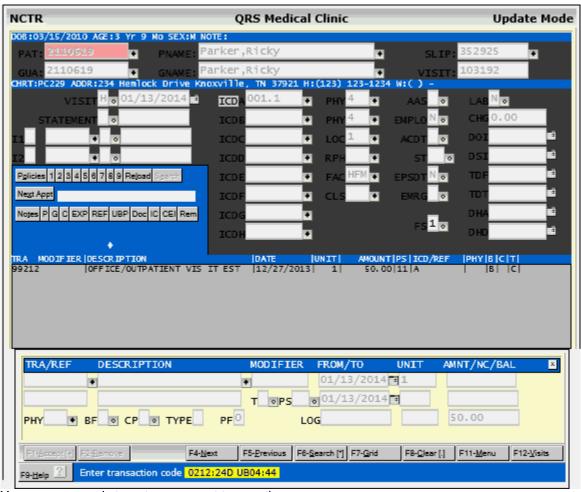
You may also query a charge using the DESCRIPTION field, A suggestion list will display that you may select from.

Or you may use the Search function while in either the TRA or DESCRIPTION fields.
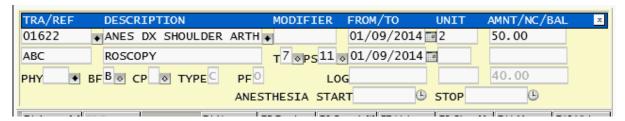
Use the Accept function to add the charge to the visit. The DET form will clear and the charge will

display in the Middle of the NCTR form.

You are now ready to enter your next transaction.

4.10.1.1 Anesthesia Charges

If the transaction you enter has a Type of Service of 7 for anesthesia, it will display the ANESTHESIA START and STOP fields as well as open up access to the TIME field that is displayed under the UNIT field. Entering a START and STOP time will automatically calculate the time in minutes as well as the units for the charge. The Units calculation is based on NCTR screen configuration ANESTHESIA TIME, MEDICARE TIME or MEDICAID TIME. Typically these values are set to 10 or 15 minute increments depending on your location. A special exception is made for New Mexico Medicaid. The insurance must be coded "NMCAID". If this code is the primary insurance and the Procedure modifier QK or QY is used, the anesthesia time element will be change to 30 minutes. Also Procedure modifiers will adjust this. P3 adds 1 unit, P4 adds 2 units, P5 adds 3 units. Units will always be rounded up. For example if your time element is 15 minutes per unit and the time calculates out to 16

minutes, the Units will be increased by 2.

4.10.1.2 Global Period

A global period is a period of time starting with a surgical procedure and ending some period of time after the procedure. Many surgeries have a follow-up period during which charges for normal post-operative care are bundled into the global surgery fee.

When a charge is entered it will the program will first make a request to the server to load the basics for the transaction code entered. It then makes a second request to the server to get the amount of the charge.   This amount is based on things such as the transaction code, fee schedule, from date, physician code, modifier and billing flag. If you change any of these values the program will make this request again to update the amount field.

When the server is processing this request it will look though the charge history for the patient to see if the patient is in a global period. If the patient is in a global period it will set the amount of the charge to $0.00 and set the billing flag to "N" (no one is billed). You will also notice a message on the second status line of the form that will look similar to the following.

You do have the ability to change the amount and billing flag of these transaction on the form if you desire. In order to do this special logic has been placed in the program to stop the second request to get the detail amount unless either the transaction code or the modifiers have been changed. The clear function will reset this special logic.

The function that checks a transaction to see if it is in a global period will not see the transaction as being in a global period if the transactions Procedure code is one of the following:

"99244", "99202", "99203", "99204", "99205"

It will also evaluate the following modifier rules. If any of these modifiers are added to a transaction it will not be identified as a in a global period.

57 - An E&M service the day before or the day of a major surgical procedure only if the initial decision to perform the surgery was made during that visit. Modifier 57 must be attached to the E&M code to indicate decision for surgery.

25 - An E&M service provided on the same day as a minor procedure only if the E&M service is unrelated to the procedure performed. Modifier 25 must be attached to the E&M code to indicate the E&M is significant and separately identifiable.

24 - An E&M service during the surgical postoperative period only if the visit is unrelated to the surgical procedure. Modifier 24 must be attached to the E&M code to indicate the E&M is unrelated to the procedure performed.

76 - A repeat surgical procedure by the same surgeon performed on the same day as the original surgery, requiring a return trip to the operating room.   Modifier 76 must be attached to the procedure code to indicate a repeat surgical procedure

77 - A repeat surgical procedure by a different surgeon, on the same day as the original surgery, requiring a return trip to the operating room. Modifier 77 must be attached to the procedure code to indicate a repeat surgical procedure by a different surgeon.

78 - A procedure or treatment that is related to the original surgery that requires a unplanned return to the operating room. Modifier 78 must be attached to the surgical code to indicate unplanned return to

the OR.

79 - A procedure or service that is unrelated to the original surgery. Modifier 79 must be attached to the procedure code to indicate the surgery is unrelated to the original procedure.

58 - A staged surgical procedure (one that was planned at the time of the original surgery) performed during the postoperative period of the original surgery. Modifier 58 must be attached to the procedure code to indicate a staged procedure.

After performing the above checks it will look through the patients visit history for any other visit that have the same primary diagnosis code (ICD1) where the transaction date of the transaction being entered is greater than the transaction date on the visit being evaluated as well as the being less than the global period expiration date on that visit. If these conditions are met the transaction will be identified as being in a global period.

The GLO field on the Encounter form will automatically be set when a transaction is entered that has a global period time frame entered in the GLOBL field of the transaction form.

It is important to realize that global period is not checked on same day transactions. The transaction date must be after the date of the charge that initiated a global period.

4.10.1.3 Charge Edits

When adding a charge to a visit, the system will perform the following Edits.

- **Can't be billed EMC** - If the charge is designated as not being able to be billed using Electronic Media Claims (EMC), you will be presented with an alert. You must submit this claim on paper.

- **After Patient DOD** - If the data of service is after the patients date of death you will be presented with an alert of "Charges can't be entered after deceased date of: MM/DD/YYYY" and the cursor will be placed in the FROM date field for you to correct.

- **Patient Gender Conflict** - If the charge is gender specific and the genders do not match you will presented with an alert of "Charge is Gender Specific". The cursor will then be put in the TRA field for you to correct.

- **Inactive Physician** - If you enter a code in the PHY field and the code has been retired you will be presented with an alert of "This is an inactive physician code, DO NOT USE!" and the cursor will be placed in the PHY field for you to correct.

- **Inpatient Hospital Edits** - The following edits apply if either the primary or secondary insurance is set to "Y" so a claim will be filed and the place of service code on the transaction is 21, 51, or 61.

    - **Requires Hospital Admit Date** - If the DHA (Date of Hospital Admission) is empty on the NCTR you will be presented with an alert of "Transaction requires Hospital Admit Date" and the cursor will be placed in the DHA field for you to correct.
    - **Admit Date Greater Than the Charge Date** - If the admit date is greater than the charge date you will be presented with the alert of "Admit date must be less or equal to charge date" and the cursor will be placed in the FROM date field of the transaction for you to correct.
    - **Charge Date Greater than Discharge Date** - If the charge date is greater than the discharge date you will be presented with an alert of "Discharge date must be Equal or Greater than charge date" and the cursor will be placed in the FROM date field of the transaction for you to correct.

- **Expired Policy** - If the transaction FROM date is after the insurance policy expiration date you will

be presented with an alert of "Policy is expired" and the cursor will be placed on the appropriate insurance policy on the top of the NCTR form for you to correct.

* **Requires Referring Physician** - If the transaction requires a referring physician be entered it will present the alert of "This transaction requires a referring physician (RPH)" and place the cursor in the RPH field of the top part of the NCTR form for you to correct.

* **Requires Facility** - If the transaction requires a facility be entered it will present an alert of "This transaction requires a facility (FAC)" and place the cursor in the FAC field of the top part of the NCTR form for you to correct.

* **ICD reference check** - The following checks are performed on the REF field when a charge is added.

    * **Valid TRA / ICD Link** - If the REF field is empty or contains characters other than A-L, you will be presented with the alert "There is not a valid TRA / ICD link to this charge. You may only enter the letters ABCDEFGHIJKL" and the cursor will be placed in the REF field for you to correct.
    * **Invalid TRA / ICD Link** - If you enter a valid letter "A-L", but there is not a corresponding ICD on the top of the NCTR form you will be presented with an alert of "X is not a valid TRA / ICD link" where "X" is the reference letter. The cursor will be placed in the REF field of the DET form for you to correct.
    * **To Many TRA / ICD Links** - You may enter up to twelve ICD codes per visit, but you may only have up to four references per TRA. If you enter more than four references per TRA you will be presented with the alert of "You may only have up to 4 ICD links per TRA" and the cursor will be put in the REF field of the DET for for you to correct.

4.10.2 Payments

There are two types of payment codes tracked by the system. They are Private Payments and Insurance Payments.
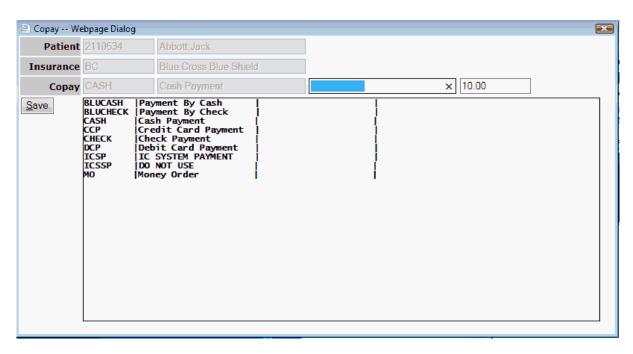
4.10.2.1 Private Payment

Typically, a private payment will be made either at patient registration (Co-pay), at check out (Co-pay and Co-Insurance) or from a statement that has been sent to the guarantor (Patient responsibility).

4.10.2.1.1 At Registration (Co-Pay)

Collecting a Co-Pay at Patient Registration is actually an extension of the Scheduling form and the Patient Flow process.
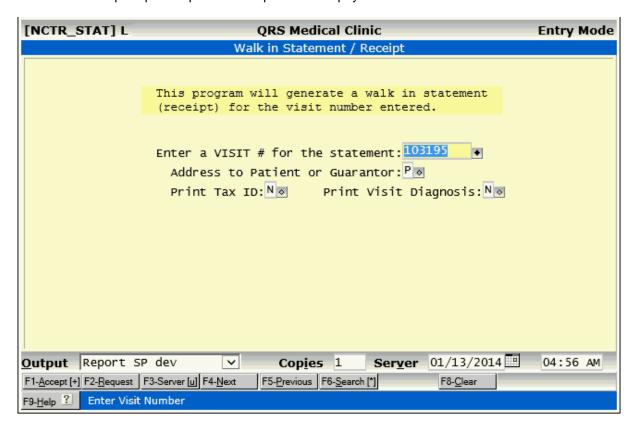
If your practice has configured scheduling to collect the Co-pay when the patient is registered, you will see the following form after exiting the Patient (PAT) form on registration.
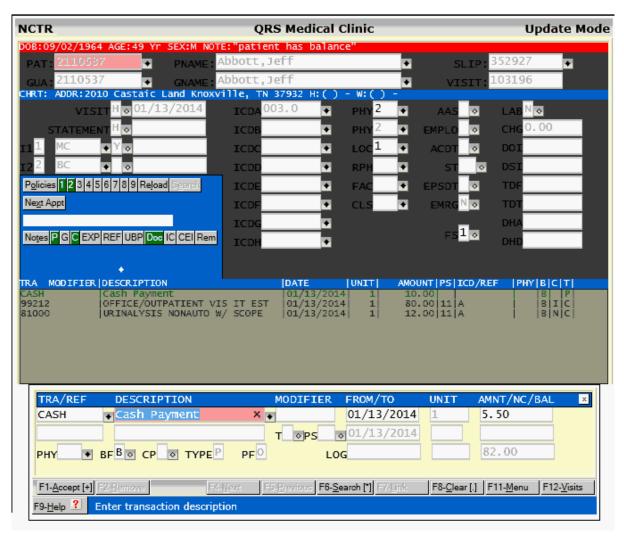
Select the Private Payment type from the list. The amount of the Co-pay as defined in the primary insurance will automatically populate.   You may add a comment or check number.

Click Save to save the copay and create a visit in the Encounter (NCTR) form.

You will then be prompted to print a Receipt for the co-payment.
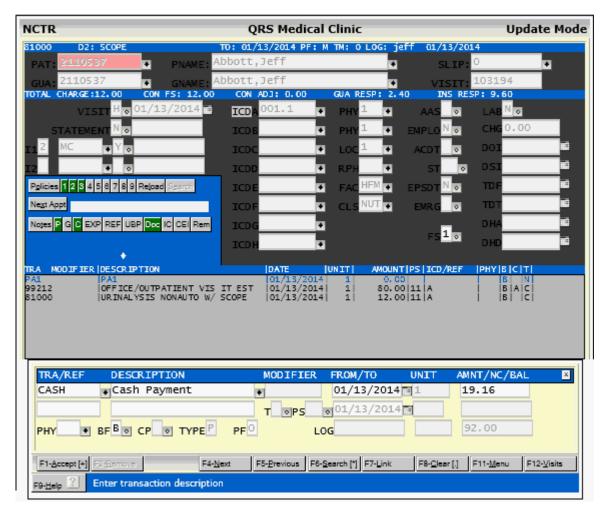
When you check the patient out you will see the payment already posted to the visit. You may then post your charges and collect any additional Co-Insurance on the Encounter (NCTR) form by posting an additional Private Payment.

4.10.2.1.2 At Check-out (Co-Pay + Co-Ins)

If the payment you are posting is at check out, it is most likely a co-pay and co-insurance on the current visit. If this is the case, post the payment after entering charges. If contract tables are set up the system will calculate the guarantors responsibility for the visit automatically. This include co-pay and co-insurance amounts based on your contractual obligation. In the following example there are two charges. The insurance has a co-pay of $10.00 and a co-insurance of 20%. When a Private payment of CASH is queried, the system automatically calculates the amount the guarantor should pay at the time of service.

If the patient has no insurance the guarantor will assume all liability for the charges. For more information on Contractual Fee Schedules and how claims are adjudicated See Contract Fee Schedules (CFS).

4.10.2.1.3 From a Statement (Patient Responsibility)

Often called the Patient Responsibility but in reality it is the Guarantor's responsibility. This is the amount owed by the guarantor for an account. Statements are sent to the Guarantor and if you assign guarantors to accounts as in family billing and are posting a payment received by the guarantor you should Find the account by the Guarantor.

Typical statements have a return stub that will have the guarantor account number.

If the payment you receive is from the guarantor based on the fact that they were sent a statement, you should perform the following:

- Pull up the account by guarantor. This will put the screen in the "Visit Summary Mode".
- Select the oldest visit included on the statement of account that has a balance. You will be able to determine this by looking at the SFLG field when browsing through the visits.
- After selecting the visit the cursor will be in the SFLG field. If the amount of the payment is greater than or equal to the balance of the visit you may want to change the statement flag to "N". This step is not necessary; however, if you change the statement flag to "N", this visit will no longer be evaluated in statement processing. If the payment you receive is greater than the balance on the visit but does not pay off the entire account, you may want to leave

the statement flag a "Y". This is because the next time you send a statement, it would not reflect the entire payment made and the guarantor would question the bill. If the payment you receive pays off the entire account being billed, you would want to set all the statement flags to "N" on all visits that the payment is applied to.

- After setting the statement flag, press the ACCEPT function to move the cursor to the detail (DET) form of the NCTR form to allow you to add the payment.
- Enter your payment code, any reference information, and the total amount of the payment and then press the ACCEPT function. If the payment amount is less than or equal to the balance of the visit, it will just add the transaction. If the payment amount is greater than the balance of the visit, you will be prompted to disburse the payment. See "PAYMENT DISBURSEMENT" below

4.10.2.1.4 Credit Card

If using PARADIGM-Pay the Credit Card Screen will appear when you post a private payment defined as a credit card.

See: PARADIGM-Pay for more information.

If using another Credit Card authorization service you will need to follow that manufacturers instructions and post the payment once the card has been authorized.
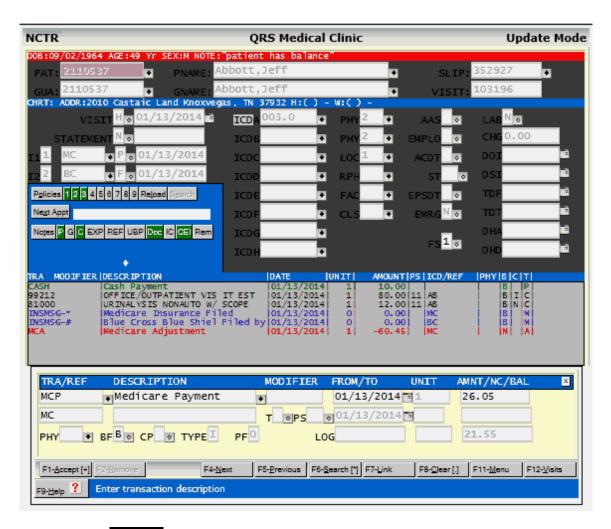
4.10.2.2 Insurance Payment

When you receive an insurance payment, it is generally part of a large check that is attached to an EOB (explanation of benefits) or EOMB (explanation of medical benefits.) Sometimes the payment is for just one claim, but many times the EOB covers many claims for the carrier. If you receive a large EOB and check covering many claims, you may wish to use the BATCH POSTING procedure discussed later in this section. The BATCH POSTING allows you to pre-balance an individual check, prior to the end of day process. Here we will discuss the action of posting a single insurance payment.

The system lets you identify the payment and adjustment codes you wish to use for a specific insurance carrier. This is done on the INS (insurance) carrier form. It is highly recommended that you use this feature, because it will help reduce keying errors on the part of the people posting insurance payments. This is because the person posting the payment only needs to know whether the insurance payment is from the primary or secondary carrier for the claims. The System has two predefined payment codes: IP1 and IP2. These represent Insurance Payment 1 (primary) and Insurance Payment 2 (secondary). When a user enters one of these transaction codes, the system will look up the correct payment code for the insurance carrier as defined on the INS carrier form. If you choose not to use this feature, the person posting the insurance check will be responsible for knowing the correct payment code as defined in the TRA form to use for each insurance payment posted.

To post an insurance check, do the following:

- Pull up the visit. You may query the account by information found on the EOB. This may be the patient's account number, name, or social security number, or the holder's name or policy number. Once the NCTR form is in the "Visit Summary Mode", select the proper visit (claim) by looking at other information on the EOB, such as dates of service.
- Change the insurance billing flag for the insurance that is paying (primary or secondary) to a "P" for paid/processed. If you need to file the secondary or release the visit for billing to the guarantor, you should change the other flags at this time.
- Press the ACCEPT function to update the invoice portion of the visit and move the cursor to the detail portion of the screen so you may enter the transaction.
- Enter the proper transaction code for the insurance payment you are posting, or "IP1" or "IP2" if you are using the feature described above. Enter a reference to the payment in the DESC2 field (this should be the check number) and the amount of the payment on the claims in the AMNT field. The AMNT field will calculate automatically if you have set up contractual fee schedules.

- Press the **ACCEPT** function to store the transaction.
- If your payment code is set up for PTOP (Line item posting) you will see the Post To Procedure window.
- Press the **ESC** key to return to the top portion of the NCTR form, and press **CLEAR** to clear the form.

You may receive a denial from the insurance carrier on a claim. You must first look and see if the denial was an entry error, such as an ID number that was entered incorrectly. If that is the case, correct the error on the patient form. Then re-flag the insurance flag for the claim to a "Y" so this visit will be re-filed when the forms print or electronic billing is done.
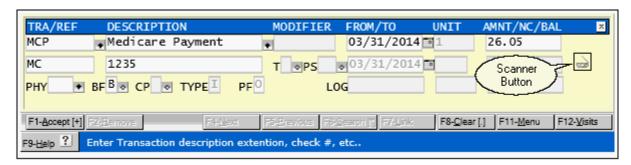
4.10.2.2.1 Import / Scan EOB

When adding an insurance payment a scan button will display when all the criteria has been met to scan an Explanation Of Benefits. This includes that the payment type is "I", there is a from date, and a check number entered into the second description line.
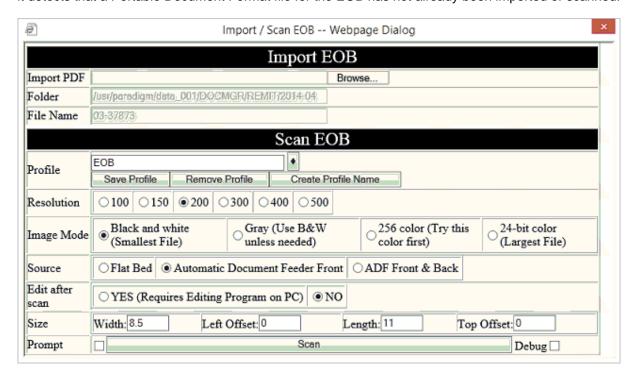
If an EOB covers more than one account, or visit, you only need to import or scan it one time.

The EOB name is based on the DATE and Check number. So if for some reason you have two carriers issue the same check number on the same day, just append and extension to one of the check numbers, such as a period. But make sure you post it that way on all visits so it will reference

properly.

Clicking this button will display the Import / Scan EOB form. If AUTO SCAN is set to YES in "Encounter Security and Configuration", the "Import / Scan EOB" program will pop up automatically, if it detects that a Portable Document Format file for the EOB has not already been imported or scanned.

This form will automatically name your EOB file based on the check date and check number.

From Here you may either Import a PDF file created from another source or scan the EOB directly into the system.

Import
By clicking the Browse button you may select a PDF file to import into the system. Choose the file to upload and it will be securely sent from your PC to the server. The imported image will be saved and be accessible using the Rem button.

Scan
Change the settings to fit your scanner and click the Scan button. The system allows you to set up profiles for different EOB formats. The program will activate the scanner on your PC to capture the document and securely upload it to your system. The scanned image will be saved and be accessible
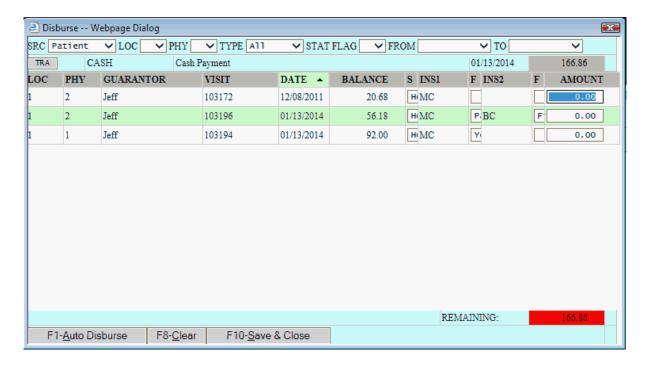
using the <u>Rem</u> button.

4.10.2.3 Payment Disbursement

When you post a payment to a visit, the system will check to see if the amount of the payment is greater than the balance on the visit. If so, you will be prompted:

Clicking "OK" will activate the "Disburse Payment" mode. This will list all of the visits and allow you to distribute or disburse the payment code to those visits. You may disburse the payments manually or use the automatic disbursement function.

You may further narrow down your search of visits by using the drop down selection boxes at the top of the form.
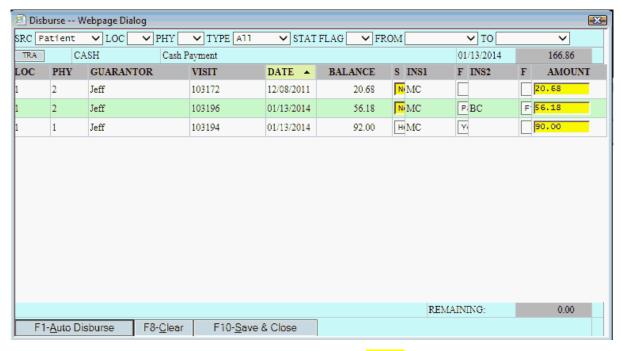
You may sort the list by clicking on the column header of the column you want to sort by. Clicking on it again will toggle between ascending an descending order.

At the top of the screen you will see the transaction code (payment) and amount that you are disbursing as well as the total payment.

The center of the screen shows the list of visits based on the selection criteria at the top. In this area you may set the Statement flag, Insurance flags for both primary and secondary and well as define a portion of the payment that you want to apply to that visit.

The bottom of the screen shows the remaining value. This will display in RED if the entire amount of the payment has not been accounted for.

You may use the AUTO DISBURSE function to have the computer distribute the payments and set the flags for you. This function is based upon the visits that you are displaying on the screen. In most cases, the payment that you are disbursing is a payment from a guarantor on a statement. If this is the case, you would want to use the search ability to have only the visits with a statement flag of "Y" be included on the list. Once you have the list of visits selected, press AUTO DISBURSE. The system will go from the oldest visit to the newest and pay off the visit, then carry any remaining balance forward to the next visit until the entire payment has been distributed. If the entire balance cannot be distributed because it is greater than the amount due, it will leave the remaining amount for you to distribute manually.

All of the changes made by AUTO DISBURSE will display in Yellow. You may then manually edit any of the changes before using the SAVE & CLOSE function to post the payments.

You may use the CLEAR function to reset all the fields to the original value.
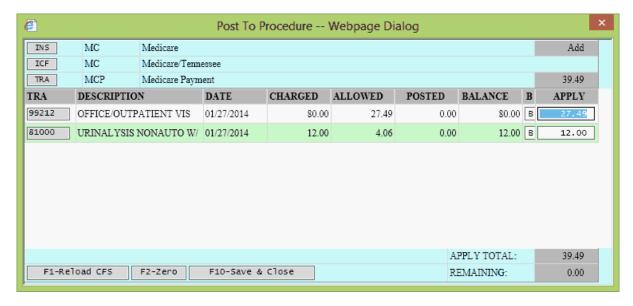
✎ **If a payment code used in Payment Disbursement is set to PTOP it will not pull up the Post to Procedure function. You would need to go back to each visit that the payment was disbursed to and update the payment to do this. This is because this feature is designed for use with private payments toward an account, generally from a guarantor after they have received a statement. These payments are not part of a contract and need not be applied to an individual charge.**

4.10.2.4 Posting to Procedures (PTOP)

Also known as **Line Item Posting**. In setting up your payment/adjustment codes you have the ability to tell the computer if you wish to "post to procedure". When you post a Payment or Adjustment where PTOP on the TRA form is set to Yes you will see the "Post to Procedure" window.

4.10.2.4.1 Payment

This "Post to Procedure" window will list the Insurance Carrier, Insurance Contract, and payment code that is being applied with the amount.
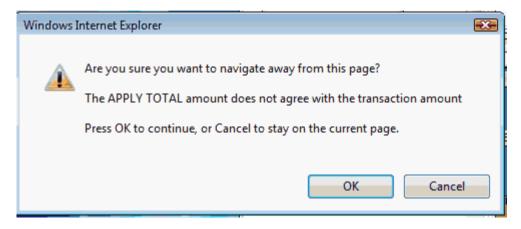
It will then list all of the charges on the visit. You may sort these charges by clicking on the column header.
Here you may change the billing flag on each transaction as well as enter the amount that you wish to apply to that charge from the total payment.
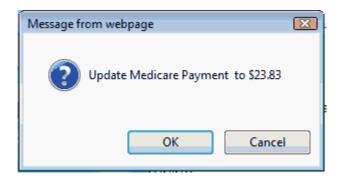
The APPLY column fields will automatically fill in from the Contract Fee Schedule (CFS) Allowed information if it is set up.
If you have not set up CFS information you must enter the amounts in the APPLY column fields.

At the lower right of the screen you will see the APPLY TOTAL and how much is REMAINING. If it is not $0.00 it will display in yellow to warn you the payment amount you started with is not disbursed completely. Use the Save & Close function to save the information and return to the Detail (DET) form. If the total payment amount has not been posted you will see the following prompt.

Clicking Cancel will take you back to the "Post to Procedure" window.
Clicking OK will then prompt you.

Clicking Cancel will leave the transaction amount at its original amount and the disbursement will not agree with that amount. Clicking OK will update the transaction amount to the APPLY TOTAL.

  📖 **Because PTOP is an optional feature the information stored in this file is not used for any critical accounting in the system. It is possible for the PTOP distribution totals to disagree with the actual total for the transaction which they represent.**

4.10.2.4.2 Adjustment

Using Post to Procedure to disburse adjustments to charges on a visit is similar to Payments. The screen differs in that you have access to the fields in the ALLOWED column as well as the APPLY column.

If Contract Fee Schedules have been established the values will fill in for you. But on this screen you may manually enter either the Adjusted amount in the APPLY column fields or enter the ALLOWED amount in the ALLOWED field to have the system automatically calculate the adjustment to APPLY to the charge.

This will depend on how the insurance company provides the EOB to you.

4.10.2.4.3 Reload CFS
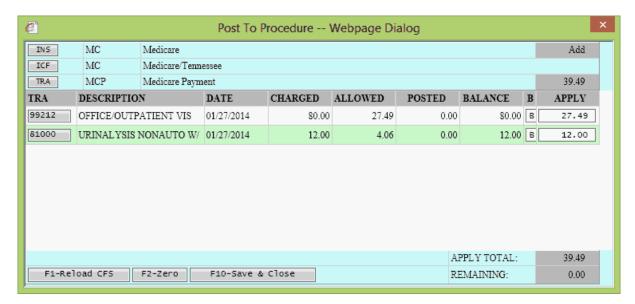
The Reload CFS function will reload the contract fee schedule information for the charges on the visit and recalculate all of the associated values. If the payment you receive does not agree with the contractual breakdown provided, you may want to use this function first to make sure others may have not adjusted the fee schedule.

4.10.2.4.4 Zero
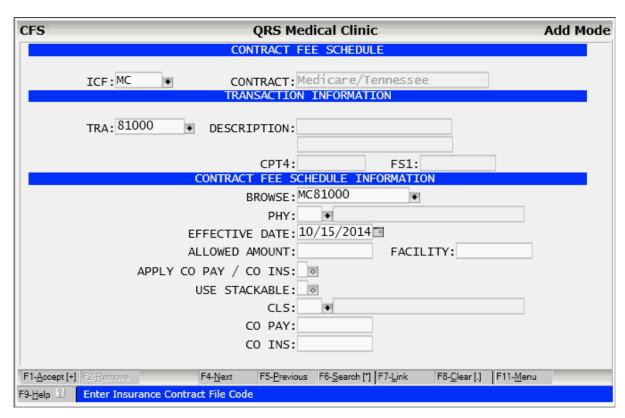
The Zero Button will change the value of all APPLY fields to "0.00".   This may helpful when posting to historical information that does not have previous PTOP information.

4.10.2.4.5 Create / Modify a Contract Fee Schedule
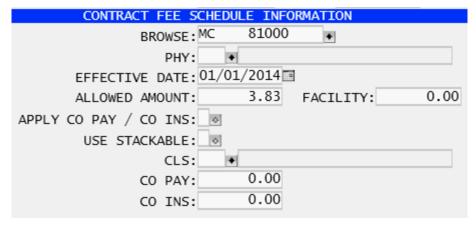
You may create or modify a contract fee schedule while in the "Post to Procedure" window if you have authorization to do so.

Post To Procedure -- Webpage Dialog								
INS	MC	Medicare						Add
ICF	MC	Medicare/Tennessee						
TRA	MCP	Medicare Payment						39.49
TRA	DESCRIPTION	DATE	CHARGED	ALLOWED	POSTED	BALANCE	B	APPLY
99212	OFFICE/OUTPATIENT VIS	01/27/2014	80.00	27.49	0.00	80.00	B	27.49
81000	URINALYSIS NONAUTO W/	01/27/2014	12.00	4.06	0.00	12.00	B	12.00

			APPLY TOTAL:	39.49
F1-Reload CFS	F2-Zero	F10-Save & Close	REMAINING:	0.00

By clicking on the TRA code button in the TRA column of the list of transactions it will open the Contract Fee Schedule (CFS) form and display the corresponding information.
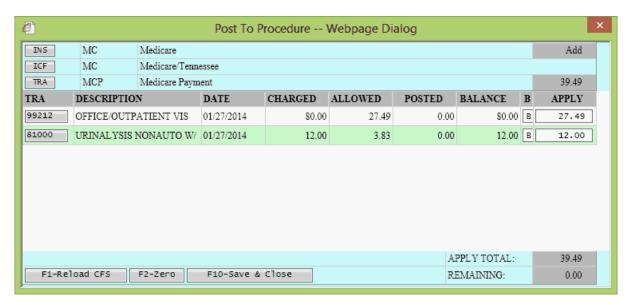
From the EOB you are posting from, enter the Allowed amount and other relevant information for the charge.

and ACCEPT the record.

Exit the CFS form and you will return to the "Post to Procedure" window.

And the Contract Fee Schedule information will automatically reload.

📖   **It is important to remember that Contract Fee Schedules set up with a PHY code take precedence over codes CFS records without. So if you set up a new fee schedule and it does not refresh when you return, double check to make sure a CFS for that TRA, ICF and PHY does not exist.**

4.10.3 Adjustment

Posting an adjustment is like posting a payment. You must be aware of how an adjustment influences the balance of the visit or account. Adjustments are added to the charges to compute a balance. You either credit or debit the balance by posting adjustments. To decrease the balance you post an adjustment with a negative amount such as -$10.00; to increase the balance, you post an adjustment with a positive amount such as $10.00.

There are several types of adjustment codes that can be set up in the TRA form:

A   This is the standard adjustment type. If you wish to decrease the balance, don't forget to put a "-" in front of the amount when posting.

-   This is a credit adjustment. When you add the adjustment, it will multiply the amount you enter by "-1".

W   This is a write-off adjustment. It will automatically put in an amount to make the balance of the visit $0.00.

Both the "-" and "W" types will change to "A" when they are added to a visit.

4.10.3.1 Insurance

When you receive an insurance payment, it is generally part of a large check that is attached to an EOB (explanation of benefits) or EOMB (explanation of medical benefits.) Sometimes the payment is for just one claim, but many times the EOB covers many claims for the carrier. If you receive a large EOB and check covering many claims, you may wish to use the BATCH POSTING procedure discussed later in this section. The BATCH POSTING allows you to pre-balance an individual check, prior to the end of day process. Here we will discuss the action of posting a single insurance adjustment.

The system lets you identify the payment and adjustment codes you wish to use for a specific insurance carrier. This is done on the INS (insurance) carrier form. It is highly recommended that you use this feature, because it will help reduce keying errors on the part of the people posting insurance payments. This is because the person posting the payment only needs to know whether the insurance payment is from the primary or secondary carrier for the claims. The system has two predefined adjustment codes: IA1 and IA2. These represent Insurance Adjustment 1 (primary) and Insurance Adjustment 2 (secondary). When a user enters one of these transaction codes, the system will look up the correct adjustment code for the insurance carrier as defined on the INS carrier form. If you choose not to use this feature, the person posting the insurance check will be responsible for knowing the correct adjustment code as defined in the TRA form to use for each insurance adjustment posted.

To post an insurance adjustment, do the following:

- Pull up the visit. You may query the account by information found on the EOB. This may be the patient's account number, name, or social security number, or the holder's name or policy number. Once the NCTR form is in the "Visit Summary Mode", select the proper visit (claim) by looking at other information on the EOB, such as dates of service.
- Change the insurance billing flag for the insurance that is paying (primary or secondary) to a "P" for paid/processed. If you need to file the secondary or release the visit for billing to the guarantor, you should change the other flags at this time.
- Press the ACCEPT function to update the invoice portion of the visit and move the cursor to the detail portion of the screen so you may enter the transaction.
- Enter the proper transaction code for the insurance payment you are posting, or "IA1" or "IA2" if you are using the feature described above. Enter a reference to the adjustment in the DESC2 field and the amount of the adjustment for the entire claim in the AMNT field. The AMNT field will calculate automatically if you have set up contractual fee schedules.

- Press the **ACCEPT** function to store the transaction.
- If your Adjustment code is set up for PTOP (Line item posting) you will see the Post To Procedure window.
- Press the **ESC** key to return to the top portion of the NCTR form, and press **CLEAR** to clear the form.

You may receive a denial from the insurance carrier on a claim. You must first look and see if the denial was an entry error, such as an ID number that was entered incorrectly. If that is the case, correct the error on the patient form. Then re-flag the insurance flag for the claim to a "Y" so this visit will be re-filed when the forms print or electronic billing is done.

4.10.4 Message or Note

In addition to being able to post charges, payments, and adjustments on the NCTR form, you may also add MESSAGES and NOTES, the difference being that a NOTE is internal to your practice and will not print on the statement, whereas a MESSAGE will. NOTES or MESSAGES have no monetary value and are closed transactions as soon as you add them. They will not appear on any end of day, month, or year reports and may be removed at any time. You may define commonly used MESSAGE or NOTE transaction codes in the TRA code form, or you may enter "add hoc" messages or notes by using the codes "MSG" or "NOTE" in the TRA field. When using these "add hoc" codes, you may use both the DESC1 and DESC2 lines to enter your text. If the code is defined on the TRA form, you may make changes only to the DESC2 field. To post a MESSAGE or NOTE to a visit, do the following:

- Pull up the visit. You may query the account by information found on an EOB by patient

account number, name, or social security number, or by holder name or policy number. Once the NCTR form is in the "Visit Summary Mode", select the proper visit (claim) by looking at other information.

- Press the ACCEPT function to update the invoice portion of the visit and move the cursor to the detail portion of the screen so you may enter the transaction.
- Enter the proper message or note transaction code. Use "MSG" or "NOTE" for "add hoc" entries.
- Enter your message or note if using "add hoc" entries.
- Press the ACCEPT function to add the transaction to the visit.
- Press the ESC key to return to the top portion of the NCTR form, and press CLEAR to clear the form.

You may also set Messages and Notes to PTOP. They will not be calculated into the balance of the transaction. This may be helpful for showing patients responsibility, Deductible, Co-Insurance and Non-Covered Charges.

It is best practice to use the following codes for this information.
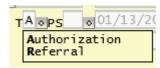
- **ALL** - Allowed by Insurance (ERA)
- **PAT** - Patient / CoInsurance (ERA / EMC)
- **DED** - Applied to Deductible (ERA / EMC)
- **COINS** - Patient Coinsurance (EMC)
- **COPAY** - Patients Copay (EMC)
- **NON** - Non Covered (ERA / EMC)

They are used by the Electronic Remittance (ERA) and Electronic Claims (EMC) for the proper processing of secondary claims.
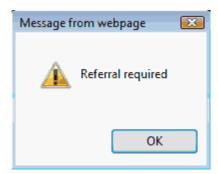
4.10.5 Referrals / Authorizations

Authorizations or Referrals are added just as notes or messages, but you must use a special TRA code. This code is "PA1" or "PA2", depending on the insurance policy that you are adding the information for. Enter the number in the DESC1 field and use the ACCEPT function to add the transaction to the visit.
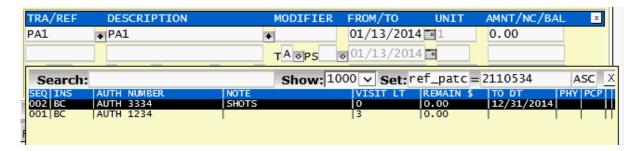
When this code is used the "T" field takes on a new meaning. It is used to define if the transaction is an Authorization or Referral.

If you are creating a visit and either the primary or secondary insurance on the visit requires a referral the program will automatically add the PA1 or PA2 as the first transaction on the claim.

If you are using the Referral form to store referrals for a patient a window of active referrals will display and allow you to select one. You may do this by using the SEARCH function while the cursor is in the DESCRIPTION field.

The referrals that display will be based on the primary insurance on the claim if PA1 is entered or the secondary if PA2 is entered. It will also look at the physician and primary care physician defined in the referral and match them up to the physician and referring physicians on the top of the encounter form. If no physician or primary care physician is defined on the referral they will be applicable to any.

When you select from the patients defined referrals and add it to a visit, it will automatically adjust the referral if it is based on visits or a dollar amount. **If a referring provider or primary care provider is associated with the record it will be considered a referral. If this field is left empty it will be considered and authorization.**
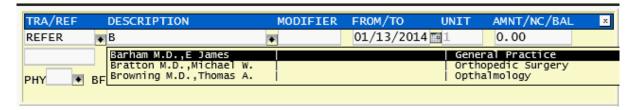
It is possible to add an empty referral if you do not have one, Just put a "*" in the DESCRIPTION field, but a referral transaction must be added.

4.10.6 Special Notes
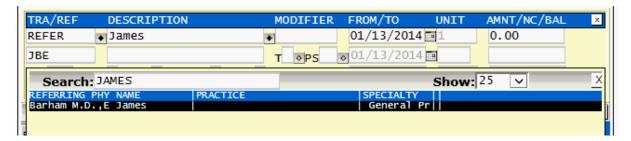
TRA codes SN1 through SN9 allow you to enter "add hoc" special notes that can be printed anywhere on a paper insurance form. If you have a need to print something special on an insurance claim, talk to your service representative about modifying your insurance template to print a special note.

4.10.7 Outgoing Referral
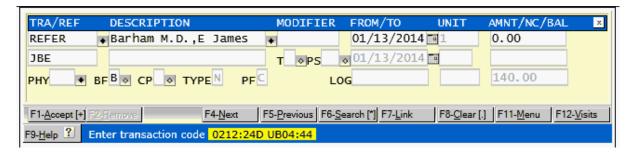
If you wish to keep track of the physicians that you refer to, you may use the "REFER" code in the TRA field. Start type the name of the referring provider in the DESCRIPTION field. You will then be able to select from your RPH data base.

You may also use the SEARCH function here.

Once a provider is selected the name, practice and codes will be loaded into the Description and ref fields.
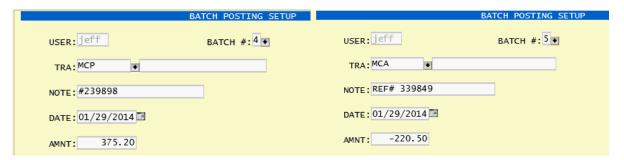
This information can then be used to generate a referral letter on the window menu of the NCTR form.

4.10.8 Posting from a Batch
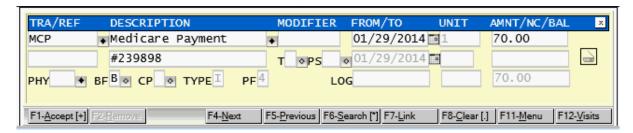
Another method of posting is using a batch.   A Batch lets you pre-define a transaction to post and balance that the disbursement of that transaction before allowing it to be closed as part of the end of the day. This is very useful when manually posting an EOB form an Insurance Carrier that spans multiple accounts. See BATCH under the NCTR Window Menu for how to create a batch, balance and close a batch.

A batch is combination of your user name and a number from 1 to 9. Let's say you are posting a Medicare EOB. This consists of a payment (MCP) and an adjustment (MCA).   You could create 2 batches. One for the Payment and the other for the adjustment.

 In this case I will use 4 for the Payment and 5 for the adjustment.
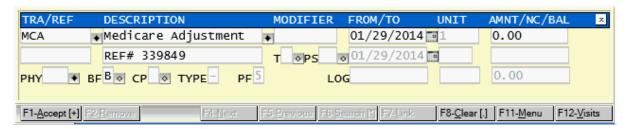
When posting on the Detail potion of the Encounter form I will enter 4 to post for the payment. When I do it will pull up the information from the batch and populate the fields.

I make any necessary adjustments and **ACCEPT** the transaction.

I can then post the adjustment by just entering in "5" in the transaction code. The Adjustment information will display
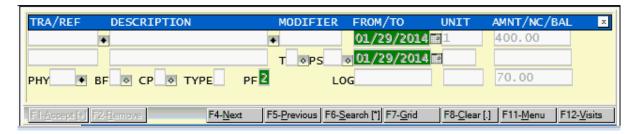
Once again I accept the transaction and it will be posted to the visit.

After you have completed posting everything form the EOB you will need to balance the batch. In this case we created two batches. One for the payment and one for the adjustment. If the batch does not balance you will need to correct any transactions and attempt to balance again. After you balance you may close the batch.

4.10.8.1 Dynamic Batch

Dynamic Batches are batches that do not have a transaction code associated with them. This can be helpful when posting an insurance EOB to post both payments and adjustments as well as other transactions you want to associate with the batch.

When posting transactions from a dynamic batch it will paint the fields completed from the batch as GREEN and not allow access on the Detail portion of the Encounter Form.

But you may used any transaction code you want after entering the batch number.

4.10.9 Transaction Edits

These edits will be performed on all transactions.

The system is attempting to add a closed financial transaction!
The transaction will be cleared, please try adding it again - This is an edit check to make sure that any new financial transactions are always added in some form of open status.

This transaction code is inactive, DO NOT USE! - This alert will appear if a transaction code has been retired.

4.11   Changing Transactions
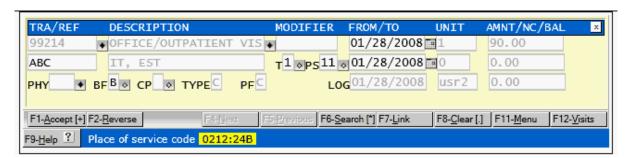
You may need to change / modify / update a transaction that you have already added to a visit. To do this first you must Find the Visit you need to change a transaction on.

You may then select the transaction by either, using the mouse to hover over the transaction and then clicking or using the UPDATE function to update the visit and then using the UP and DOWN arrow keys to select the transaction and pressing ENTER.

Either method will then open the transaction in the Detail (DET) portion of the Encounter (NCTR) form.

The fields that you have access to in a transaction are based on the type of transaction as well as if the transaction is Open or Closed. "Opened" transactions have not been through the End of Day process, "Closed" have been.
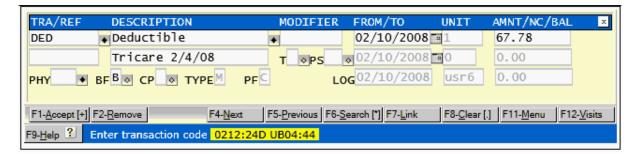
Closed financial transactions will not allow you to change any field that can effect the financial value of the transaction.

You may move through the fields and change the desired fields.   Use the ACCEPT function to save the changes.
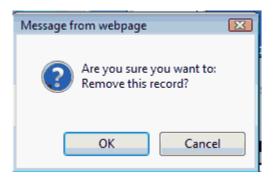
4.11.1   Removing

If your intent is to remove the transaction from the visit, you will see a REMOVE function on the Detail (DET) form.

This will only apply to transactions that are non-financial or have not been closed through the End of Day process.

When you use the REMOVE function you will be prompted.
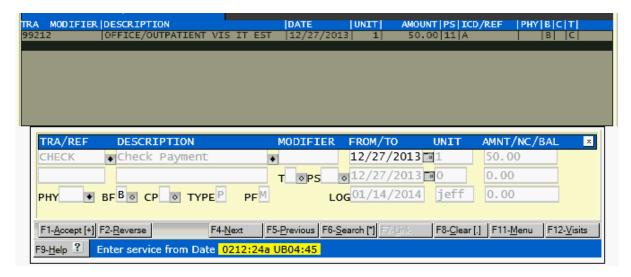
Click "OK" to remove the transaction.   **THIS IS NOT REVERSIBLE!**

4.11.2 Reversing

The REVERSE function will display instead of the REMOVE function if the transaction is financial in nature and has gone through the End of Day Process. The REVERSE function allows you to back out a transaction and then enter a corrected transaction while maintaining a visual audit trail of what transpired. It can be used for Charges, Payments, and Adjustments on a visit.

A good example of where a transaction would need to be reversed is a bounced check.
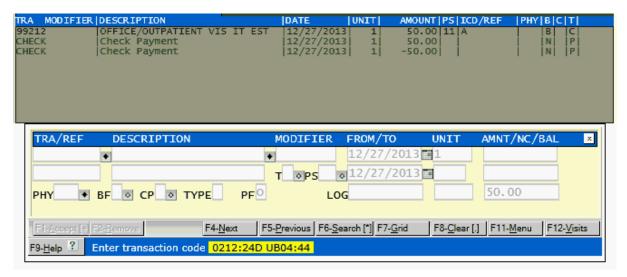
First we select the transaction to edit.

We use the REVERSE function and are prompted.

We click "OK". This will post the reverse payment.

This payment will be subtracted from the totals today on the End of Day close so your bank account balance is correct.
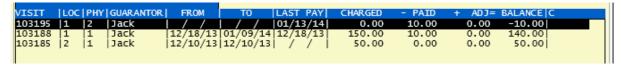
You will notice that the amount of the reverse transaction is negative, also that the Billing flags on both transactions have been changed to "N" so they do not show on statements.

It would also be wise to post a NOTE on the visit to show the check had bounced.
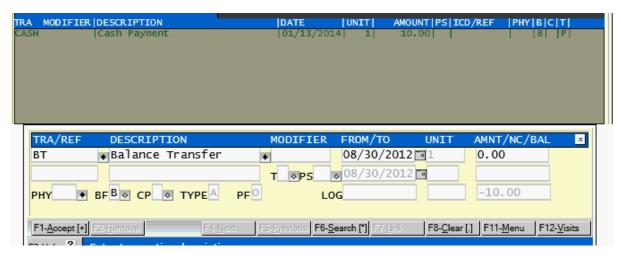
4.12   Moving Money from Visit to Visit

A common problem occurs with accounts having a credit-balance visit and a debit-balance visit. You would prefer to move the credit balance to a visit with a debit balance so at least one of the visits would have a balance of $0.00.

In the above example a patient has 3 visits. The first has a credit of $10.00.   The goal is to move that $10.00 credit to to one of the visits with a debit. You could do this by manually pulling up each visit and posting the appropriate adjustment to move the money around. But there is a shortcut that makes this much easier.
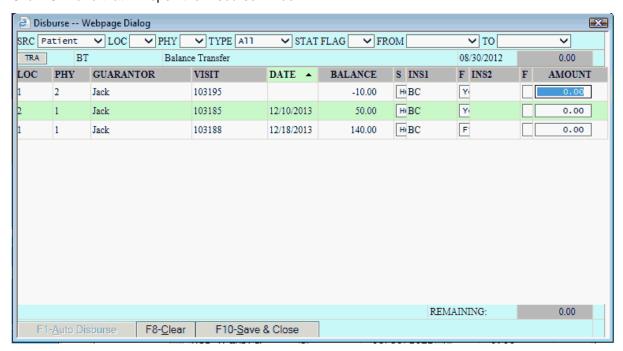
First pull up the visit with the credit amount you want to transfer and post a Balance Transfer Adjustment (your code may be different) for an amount of $0.00 to that visit.

When you ACCEPT the transaction you will be prompted.
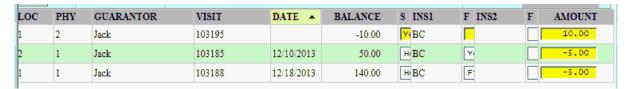
Click "OK" and that will open the Disburse window.

You may then post the amount you want to move around and how you want to move it. Here the example shows debiting the credit balance visit for the complete amount and applying half of it to each

of the other two visits.

LOC	PHY	GUARANTOR	VISIT	DATE ▲	BALANCE	S	INS1	F	INS2	F	AMOUNT
1	2	Jack	103195		-10.00	Y	BC				10.00
2	1	Jack	103185	12/10/2013	50.00	H	BC	Y			-5.00
1	1	Jack	103188	12/18/2013	140.00	H	BC	F			-5.00
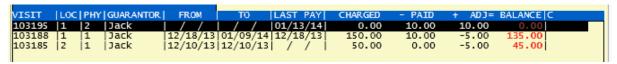
When I am finished the REMAINING balance should be 0.00.

REMAINING:	0.00

Select the SAVE & CLOSE function to post the transactions and close the DISBURSE window. The Encounter (NCTR) form will then display the new account summary.

VISIT	LOC	PHY	GUARANTOR	FROM	TO	LAST PAY	CHARGED	- PAID	+ ADJ	= BALANCE	C
103195	1	2	Jack	/ /	/ /	01/13/14	0.00	10.00	10.00	0.00	
103188	1	1	Jack	12/18/13	01/09/14	12/18/13	150.00	10.00	-5.00	135.00	
103185	2	1	Jack	12/10/13	12/10/13	/ /	50.00	0.00	-5.00	45.00	
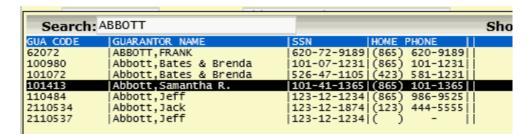
The Net result of all of these transaction is $0.00.   If you use a Balance Transfer adjustment it should always maintain a total value of $0.00 or something did not get posted correctly.

4.13   Change a Guarantor on a New Visit
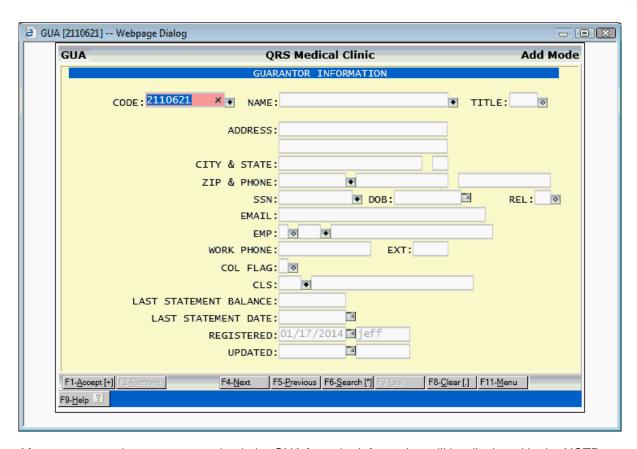
Assume for argument's sake that the patient is a child and the father is the guarantor. The mother has told you to send the bill to her instead of the child's father for this visit only. When you add the new visit, go to the GUA field and enter the code of the GUA.

GUA:	2110534	X ◆

CHRT:AJACK ADDR:1233 Elm

 or SEARCH for the guarantor.

Search: ABBOTT				Sho
GUA CODE	**GUARANTOR NAME**	**SSN**	**HOME PHONE**	
62072	ABBOTT,FRANK	620-72-9189	(865) 620-9189	
100980	Abbott,Bates & Brenda	101-07-1231	(865) 101-1231	
101072	Abbott,Bates & Brenda	526-47-1105	(423) 581-1231	
101413	Abbott,Samantha R.	101-41-1365	(865) 101-1365	
110484	Abbott,Jeff	123-12-1234	(865) 986-9525	
2110534	Abbott,Jack	123-12-1874	(123) 444-5555	
2110537	Abbott,Jeff	123-12-1234	( ) -	

If you can't find the guarantor you seek and want to create a new guarantor, type in NEW and the computer will automatically give you a number.   The GUA form will then pop up and allow you to add the new guarantor.

After you accept the guarantor and quit the GUA form the information will be displayed in the NCTR form.

Proceed as you would with any other visit and put in the insurance flags, diagnosis, and physician who performed the services, etc. This one visit will go to the mother when statements go out and all the other visits will go to the father.

This same technique is commonly used in Workers' Compensation claims. You may change the guarantor to be the employer of the patient. This eliminates having to set up a separate account for a patient that is seen normally in your practice as well as for a Workers' Compensation claim.
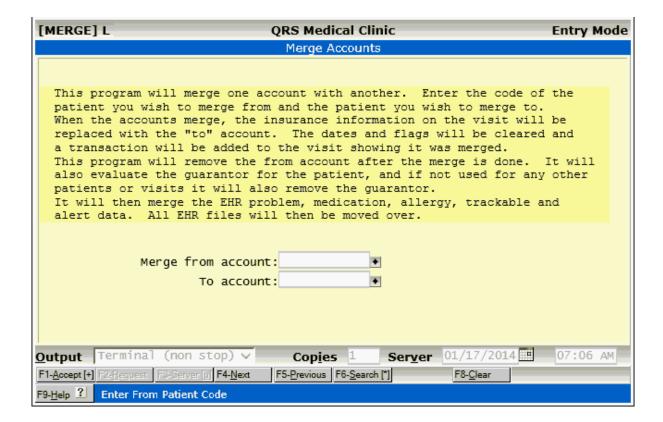
4.14   Merge Accounts

Merging accounts can be accomplished in two ways. Either using the Merge Accounts program or by manually merging them using the Encounter form. Merging of accounts usually occurs because a patient's information has been entered twice and billing information has been created on both accounts.

Both methods require Administrative access.

4.14.1 The Merge Accounts Program

The Merge Accounts program is found under the ADMIN->FILE-MGT Menu. This is the correct method to merge accounts to make sure you get everything associated with a patient when merging. This includes not only financial data but also EHR data.

🖤 **This program does not merge policies. You will need to add the policies on the account you want to keep and then you can juggle the policies after the accounts are merged.**

4.14.2 Manually

This describes the manual method to merge accounts. This method is not recommended in that it only takes into account the merging of the visits for an account.

To merge the visits under one patient, you must first decide which patient record you are going to use. Once this has been decided, pull up on the NCTR form the patient's record containing the information to be removed from the computer. Pull up each individual visit, moving the cursor to the PAT field. Enter the PAT code for the patient you want to assign the visit to. You may also need to do the same on the GUA field. Use the ACCEPT function to store the changes.
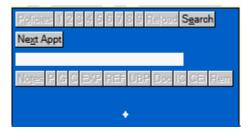
Once you have updated each visit onto the correct patient number, go to the PAT form and you will now be able to remove the incorrect patient record. If you do not see the REMOVE function when the patient's record is pulled up, you probably have not updated all the visits on that patient.

The computer will prompt you to make sure you wish to update the record. This should keep you from accidentally merging charts.

This function can only be performed by administrators or users that have check point security set up to allow this. The CPS Checkpoints are "NCTR-UPDATE GUA" and "NCTR-UPDATE PAT".
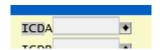
4.15 Special Functions of the Encounter Form

The system offers you several special features on the NCTR form to help you to view and enter information. These features are discussed below.

4.15.1 ICD Button

The ICD button will allow access to the diagnosis selector program.
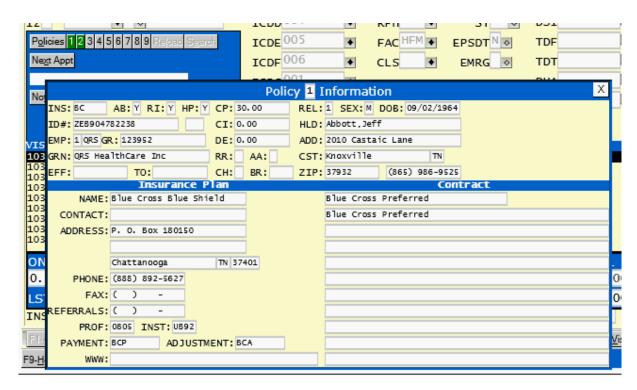
This program will allow you to select up to 12 diagnosis codes for the a visit.

4.15.2 Policies

The Policies area allows for viewing, adding and editing policy information, as well as reloading visits with current information and searching for visits based on policies. You may use ALT-O to access this area with the keyboard and TAB and SHIFT-TAB to move focus to the different buttons.

When an account is displayed on the NCTR form, policy buttons will display green if one exists. Hovering over these buttons will display the policy information.

If you want to edit the information, click the button and the Patient Policy Form (POL) will display with the information already pulled up.

If the button is grey and you click on it the Patient Policy Form (POL) will display in Add mode with the patient and policy number already completed.

4.15.2.1 Reload
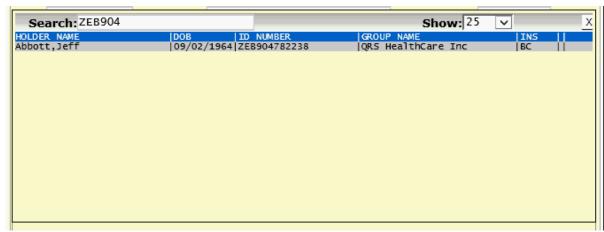
This button will be active when a visit is displayed. Pressing this button will reload the policy information to the defaults for the patient account. It will also blank out the filed dates.

4.15.2.2 Search

When the NCTR form is in the QUERY mode and no patient is defined the Search button in the policy area will be enabled.

Click on this button to search the policy file for an account.

Enter the any information about the policy in the search field to narrow your search, such as holder name, policy number, group number, group name.

Select the policy you want and the patients account number will be put in the PAT field. Press **ENTER** to display the account.

4.15.3 Next Appt:

The Next Appt function and field server two purposes. The first is to display the next appointment for the patient displayed. By clicking on the Next Appt button the SCHD screen will be displayed showing that appointment. If there is not a next appointment displayed it will show the SCHD screen and pull up the account so you may schedule an appointment.

4.15.4 Notes

Notes will allow you access to the Patient Notes [P], Guarantor Notes [G], Collection Notes [C], Extended Patient Form [EXP], Patient Referrals [REF], Patient UB Employer Data [UBP], Documentation Management [Doc] / Insurance Cards [IC], Claim Error Information [CEI] and Remits [REM].
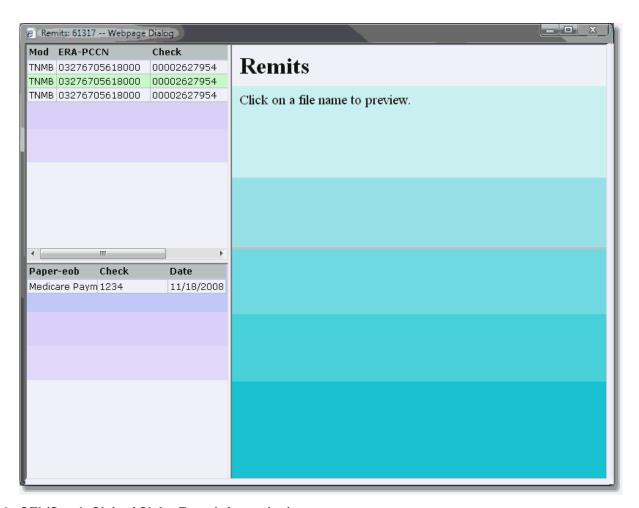
Hovering over these buttons will display the related data. Clicking on them will take you directly to the form, or file manager to allow you to view them in detail.

You may use ALT-T to access the notes functions and then TAB and Shift-TAB back and forth through them. When hovering over some of these functions it will display information from that file. The window will continue to display until you hover away from the button.

4.15.4.1 Rem - Remits

Remits is part of the integrated document management features of the system. This allows you to quickly see any electronic remits or paper remits that exists for a claim (encounter).   This button will be active when a claim is displayed on the NCTR form.

Unlike other buttons it does not change color. Clicking on this button will display a window that contains three frames. The two frames down the left hand side are for Electronic Remit files and Paper Remit Files respectively. The large frame on the right is a preview frame to allow for viewing of the remits.

4.15.4.2 CEI (Scrub Claim / Claim Error Information)
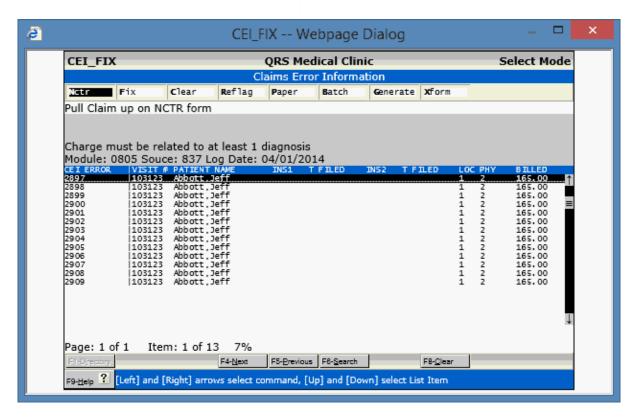
The CEI button will perform a scrub on the claim based on the insurance and requirements set by the EMC template.

If there are any open errors that need to be fixed it will display in Green.

Clicking the button will scrub the claim and display the CEI_FIX work list for the visit/claim displayed on the Encounter Form.
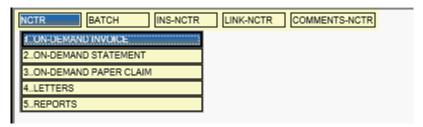
For a complete explanation of the Claims Error Information process see Claims Error Information under Work Lists.

4.16   NCTR Window Menu
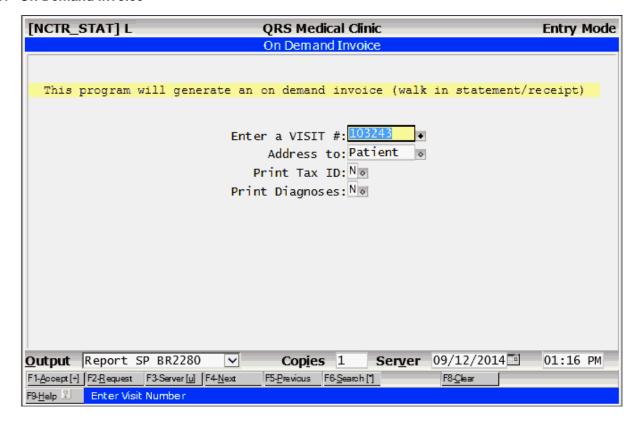
The NCTR form has a MENU function that allows access to five base menus.

4.16.1   NCTR

The NCTR menu provides quick access to printing invoices statements and claims. It also provides access to sub-menus for letters and reports.

4.16.1.1 On Demand Invoice

Sample Print out.

```
Flintstone M.D.,Frederick          (865) 588-3188
QRS Medical Clinic
2010 Castaic Lane
                                  INVOICE
Knoxville, TN  37933-0949
```
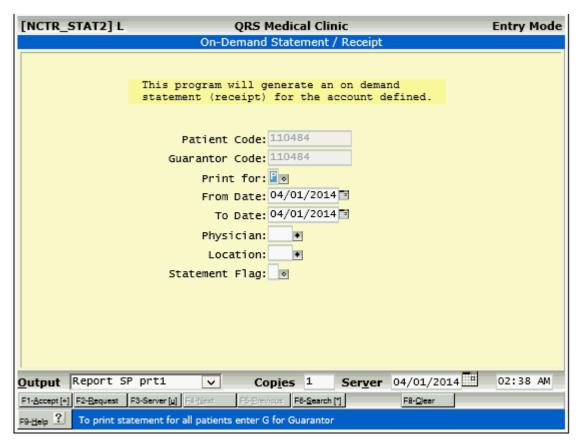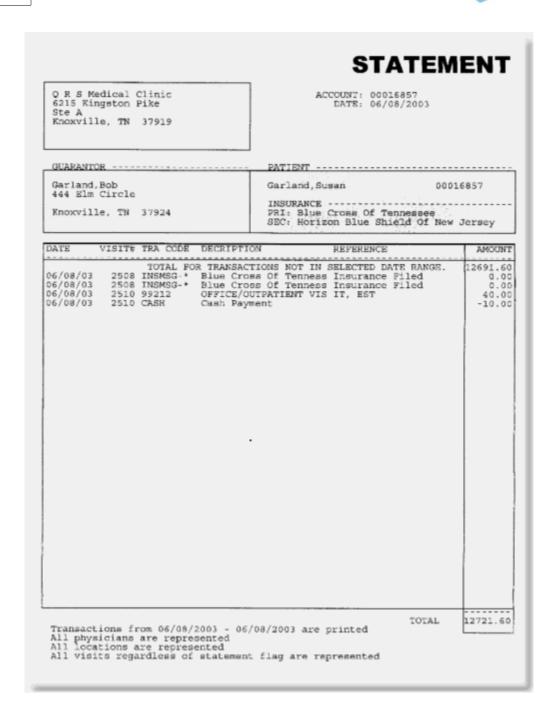
```
Abbott,Jeff                 ACCOUNT: 110484
2010 Castaic Lane           VISIT #: 103281   04/01/2015
Apt 123                     PATIENT: Abbott,Jeff
Knoxvegas, TN  37932        INS 1  :
                            INS 2  :
```

```
CODE      DESCRIPTION         FROM      TO     UNIT     AMOUNT         TOTAL
--------------------------------------------------------------------------------
V2020     Frame               04/23/15 04/23/15   1     125.00        125.00
V2020     Frame               04/23/15 04/23/15   1     125.00        125.00
                                       SUBTOTAL ----------------->    250.00
                                       TAX --------------------->      18.12
                                       TOTAL DUE --------------->     268.12

CASH      Cash Payment        04/23/15 04/23/15   1     134.06        134.06
WO        Write Off Per Doctor 04/23/15 04/23/15  1    -134.06       -134.06
```

```
GUARANTOR ----------------   INSURANCE ------------------
RESPONSIBILITY:     268.12   RESPONSIBILITY:      0.00
PAID          :     134.06   PAID          :      0.00
ADJUSTED      :    -134.06   ADJUSTED      :      0.00
BALANCE DUE   :       0.00   BALANCE DUE   :      0.00
--------------------------------------------------------------------
CHARGED:     268.12 PAID:      134.06 ADJUSTED:    -134.06    BALANCE:       0.00
```

4.16.1.2 On Demand Statement
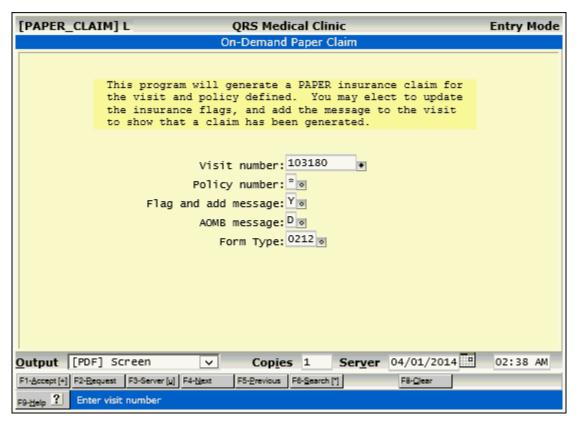
The On-Demand Statement program allows you to selectively print account information for a patient or guarantor. The default settings will print a receipt for all transactions entered for the current day. But this program is often used when patients request a print out of transaction history for period of time. If your receipt printer is an HP-LaserJet compatible that supports Overlays the output will appear similar to the following:

STATEMENT

```
Q R S Medical Clinic                      ACCOUNT: 00016857
6215 Kingston Pike                           DATE: 06/08/2003
Ste A
Knoxville, TN  37919


GUARANTOR ------------------------   PATIENT --------------------------------

Garland,Bob                          Garland,Susan              00016857
444 Elm Circle
                                     INSURANCE ----------------------------
Knoxville, TN  37924                 PRI: Blue Cross Of Tennessee
                                     SEC: Horizon Blue Shield Of New Jersey


DATE       VISIT# TRA CODE  DECRIPTION              REFERENCE       AMOUNT
                  TOTAL FOR TRANSACTIONS NOT IN SELECTED DATE RANGE. 12691.60
06/08/03   2508 INSMSG-*  Blue Cross Of Tenness Insurance Filed        0.00
06/08/03   2508 INSMSG-*  Blue Cross Of Tenness Insurance Filed        0.00
06/08/03   2510 99212     OFFICE/OUTPATIENT VIS IT, EST                40.00
06/08/03   2510 CASH      Cash Payment                                -10.00


                                                     TOTAL          12721.60
Transactions from 06/08/2003 - 06/08/2003 are printed
All physicians are represented
All locations are represented
All visits regardless of statement flag are represented
```

4.16.1.3 On Demand Paper Claim

The On-Demand Paper Claim program will allow you to print a PAPER claim form for the visit defined. It will try to determine if the primary or secondary insurance is the one that should be printed and default to that. You have the option of over writing this default from any policies that the patient has on file.
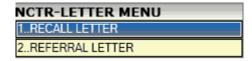
When printing to the [PDF] Screen printer the program will use an overlay to generate the form.
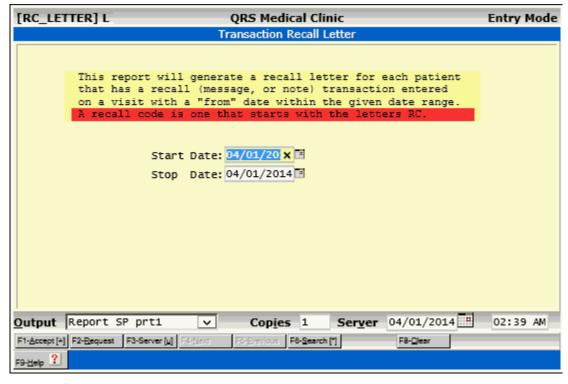
4.16.1.4 Letters
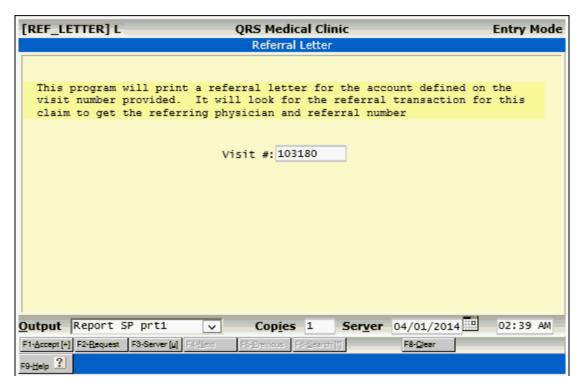
The Letters Menu provides access to letters based on the Encounter form.

4.16.1.4.1 Recall Letter

4.16.1.4.2 Referral Letter

```
QRS Medical Clinic
2010 Castaic Lane
Knoxville, TN  37933-0949


01/15/2014




,



Dear

We saw patient Jeff Abbott on 01/13/2014

Jeff Abbott                 INSURANCE
2010 Castaic Land           PRI: Medicare
Knoxville, TN  37932        SEC: Blue Cross Blue Shield

For the following condtion(s):

003.0    SALMONELLA GASTROENTERITIS

We feel your expertise is better suited for the treatment
and well being of this patient.  We are referring this patient
to you for further care.


Sincerely,



Frederick Flintstone M.D.
```

4.16.1.5 Reports

The Reports menu allows access to reports based on Encounters and accounts

```
NCTR-REPORT MENU
1..STATEMENT EXPLANATION PROGRAM
2..PRIVATE PAYMENT REPORT
```

4.16.1.5.1 Statement Explanation Program


```
[STAT_EXPLAIN] L          QRS Medical Clinic          Entry Mode
                    Statement Explanation Program

   This program will generate a report of the account defined and explain how
   the statement is being calculated.  You may use this report if you are
   unsure of why a guarantors statement is like it is.  It will list all visits
   for the guarantor.  Detail will be listed for visits with a statement flag
   of Y and the amount of each transaction will fall into either an included
   or excluded from the statement column.  If you see any transaction in the
   excluded column pay close attention to them.  This is most likely why you
   think the statement balance is incorrect.



                            Guarantor #: 110484      ◦

Output  Report SP prt1    ∨      Copies 1    Server 04/01/2014    02:39 AM
F1-Accept [+]  F2-Request  F3-Server [µ]  F4-Next   F5-Previous  F6-Search [*]      F8-Clear
F9-Help  ?   Enter the Guarantor account number.
```

4.16.1.5.2 Private Payment Report


```
[PRIVATE_PAYMT]           QRS Medical Clinic          Entry Mode
L
                        Private Payment Report

      This private payment report allows the user to run for a certain
      patient or certain guarantor code all type P transactions in the
      date range  (PRIVATE PAYMENTS).  It will look at the FROM DATE on
      each payment transaction (again only type P) and then will show
      for that Payment Transaction Code and date, each visit the payment
      was posted towards   visit number, DOS, Patient, amount, then will
      give a total for that payment code on that date before going on to
      the next payment code on the next date.
      This was written to help with patient or guarantor taxes and flex
      accounts.


   Enter one or blank for all type P Transaction code:          ◦
        Payments between dates  from: 04/01/2014 Through: 04/01/2014
                       Patient ACCT: 110484
                      Guarantor ACCT: 110484
               Print For Patient (P) OR Guarantor (G): P ◦

Output  Report SP prt1    ∨      Copies 1    Server 04/01/2014    02:40 AM
F1-Accept [+]  F2-Request  F3-Server [µ]  F4-Next   F5-Previous  F6-Search [*]      F8-Clear
F9-Help  ?   Enter a Payment Transaction code or blank for all type P
```

4.16.2 BATCH

Batch posting allows you to predefine a payment and associated comment and to post from it to accounts. It is designed to be used for large insurance checks that are accompanied with an EOMB (Explanation of Medical Benefits). These checks must be distributed (posted) to many accounts. By using BATCH POSTING, you may post all of a check and then balance that check to see that it has been distributed correctly. If the check is to large too post in a single day, you may use the batch posting to hold the payments open until you have posted the entire check. This is possible because transactions posted from a batch will not close for a day until the batch is first closed.

Batch posting can also be used with adjustment codes or explosion codes, which are combinations of payment and adjustment codes.

By using an explosion code, you may batch-post your payment and adjustment at the same time, thus saving time and effort.

There are several steps involved in batch posting: creating the batch, posting from the batch, balancing the batch, and closing the batch. It is important to perform each step to correctly use the batch posting.
The BATCH POSTING process is also used by electronic remittance programs when receiving payment information electronically from insurance carriers. Such information is automatically put into a batch. Then it may be balanced and the batch closed when the payment has been received. This will be detailed in any electronic remittance manuals for the specific carrier.
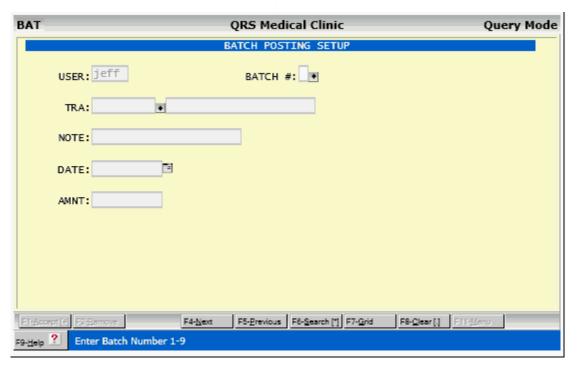
4.16.2.1 Creating a Batch

The first step in batch posting is to create a batch. You may define up to nine personal batches at a time. A batch can be based on a payment code, adjustment code, or an explosion code consisting of payment and adjustment codes such as I1 or I2.

Here you may enter the information for a batch.   Batches are also created automatically using the ERA posting program.

USER

The USER field will have your login name. It is used to identify you as the owner of the batch.

BATCH

In the BATCH field you may enter a number from 1 through 9 to identify the batch. Only nine batches may be open for a user at any one time.

TRA

Enter the transaction code to use in the batch. This can be a payment, adjustment, or explosion code that is a combination of payment and adjustment codes. You may leave this field empty to create a Dynamic Batch.

NOTE

Enter the note or comment for the transaction. Usually you will enter the check number here. This will be copied to the second detail description line.
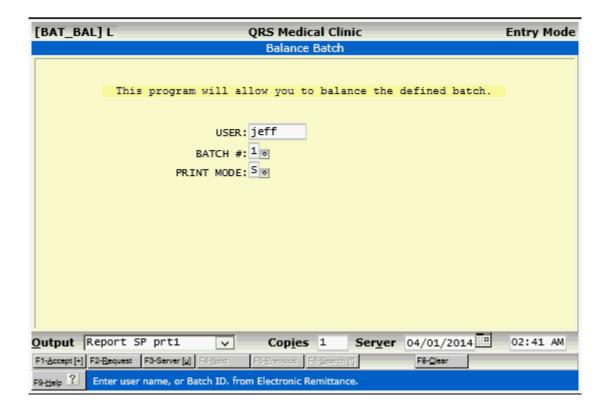
AMNT

Enter the total amount of the batch. If it is a payment code, enter the total payment amount. If it is an adjustment, enter the total adjustment amount. Don't forget to put a "" (minus) in front of it. If you are using an explosion code that is a combination of a payment and an adjustment, you should subtract the adjustment from the payment to get the total amount.

Once completed press ACCEPT to save the batch information.

4.16.2.2 Balancing a Batch

Once you have posted an entire batch, you will want to balance the batch before closing it. By running the BALANCE BATCH report from the BATCH MENU, you will get a listing of all patients and visits that the defined batch has been posted to. There are separate columns for PAID and ADJUSTED. This helps in balancing to an EOMB from an insurance carrier. The total for the batch is balanced against the total amount you determined was in the batch. If they do not agree, an ERROR message will print.

```
[BAT_BAL] L                    QRS Medical Clinic              Entry Mode
                               Balance Batch

        This program will allow you to balance the defined batch.


                        USER: jeff

                     BATCH #: 1

                  PRINT MODE: S




Output  Report SP prt1      ∨      Copies  1    Server  04/01/2014      02:41 AM
F1-Accept [+]  F2-Request  F3-Server [u]  F4-Next   F5-Previous  F6-Search [']      F8-Clear
F9-Help  ?   Enter user name, or Batch ID. from Electronic Remittance.
```
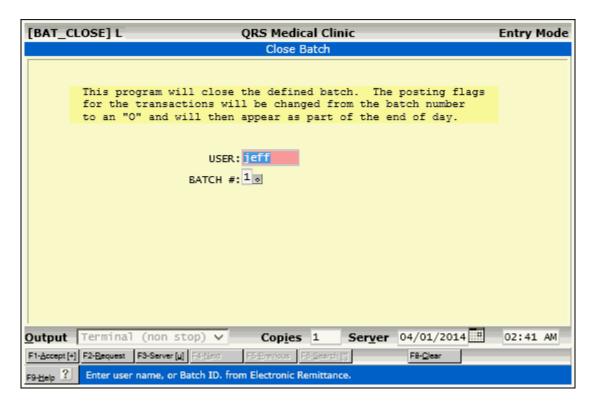
A faster and more modern way of balancing a batch is to use the Batch Work List.
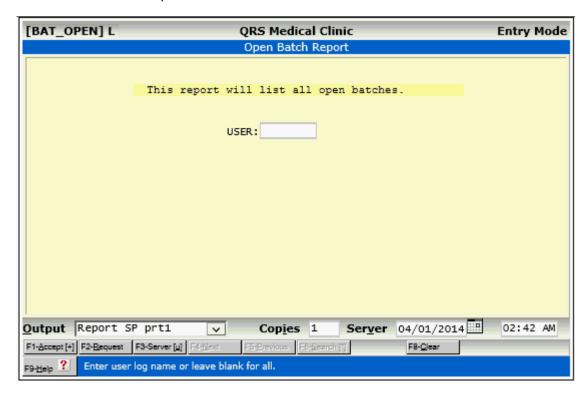
4.16.2.3 Closing a Batch

Once you have completely posted a batch and balanced it, you may close it using the CLOSE A BATCH option from the menu. It will change the posting flags on all transactions in the batch so that they will appear on your end of day close. If a batch is not closed, the money will not be posted to your physicians and locations and will not become part of the permanent accounts receivable. Always close a batch when you are finished posting it.

```
[BAT_CLOSE] L              QRS Medical Clinic              Entry Mode
                              Close Batch

        This program will close the defined batch.  The posting flags
        for the transactions will be changed from the batch number
        to an "O" and will then appear as part of the end of day.


                        USER: jeff
                     BATCH #: 1




Output  Terminal (non stop) ▾     Copies 1    Server  04/01/2014    02:41 AM
F1-Accept [+] F2-Request  F3-Server [w] F4-Next  F5-Previous F6-Search    F8-Clear
F9-Help ?   Enter user name, or Batch ID. from Electronic Remittance.
```

4.16.2.4 Open Batch Report

The open batch report will list all batches that are currently open with a summary of the amount entered and the amount posted.

```
[BAT_OPEN] L               QRS Medical Clinic              Entry Mode
                            Open Batch Report

              This report will list all open batches.


                        USER: [        ]




Output  Report SP prt1      ▾     Copies 1    Server  04/01/2014    02:42 AM
F1-Accept [+] F2-Request  F3-Server [w] F4-Next  F5-Previous F6-Search    F8-Clear
F9-Help ?   Enter user log name or leave blank for all.
```

4.16.2.5 Remove A Batch
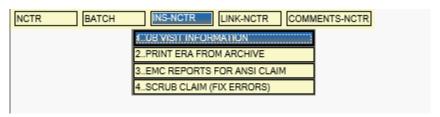
4.16.2.6 Batch Work list

The Batch Work List allows you to see and work with all batches.   See Work Lists, Batch Work List.
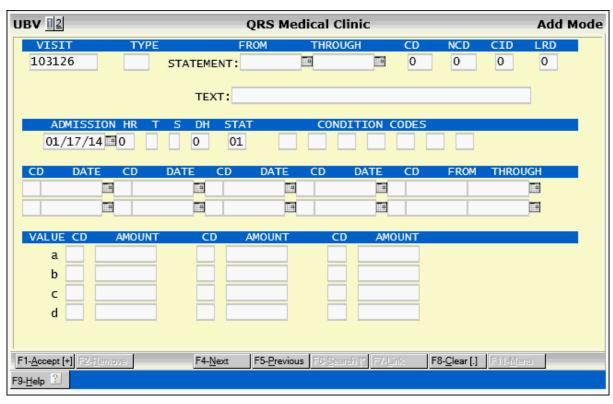
4.16.3 INS-NCTR
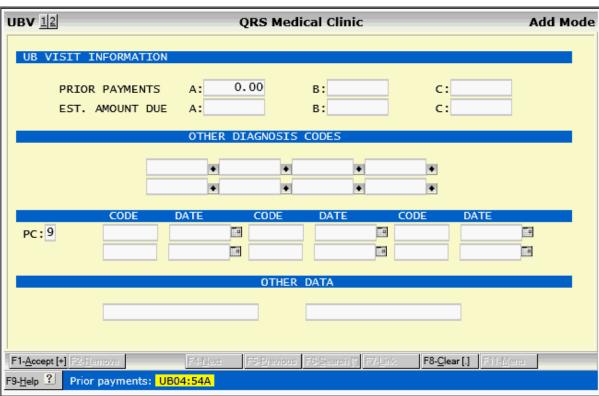
The INS-NCTR menu allows access to insurance related programs for the visit.

4.16.3.1 Uniform Billing Visit Information (UBV)

The UBV form is used to enter information needed on a UB claim form. It is two screens in length and should appear as follows:

UBV 1 2 — QRS Medical Clinic — Add Mode

VISIT	TYPE	FROM	THROUGH	CD	NCD	CID	LRD
103126		STATEMENT:		0	0	0	0

TEXT:

ADMISSION	HR	T	S	DH	STAT	CONDITION CODES
01/17/14	0			0	01	

CD	DATE	CD	DATE	CD	DATE	CD	DATE	CD	FROM	THROUGH

VALUE	CD	AMOUNT	CD	AMOUNT	CD	AMOUNT
a						
b						
c						
d						

F1-Accept [+] F2-Remove F4-Next F5-Previous F6-Search F7-Link F8-Clear [.] F11-Menu
F9-Help

UBV 1 2 — QRS Medical Clinic — Add Mode

UB VISIT INFORMATION

PRIOR PAYMENTS   A: 0.00   B: C:
EST. AMOUNT DUE   A: B: C:

OTHER DIAGNOSIS CODES

CODE	DATE	CODE	DATE	CODE	DATE
PC: 9					

OTHER DATA

F1-Accept [+] F2-Remove F4-Next F5-Previous F6-Search F7-Link F8-Clear [.] F11-Menu
F9-Help   Prior payments: UB04:54A

4.16.3.1.1 UBV Field Descriptions

VISIT
This field will contain the visit number.

TYPE
Indicate facility type, bill classification, and frequency: UB04-4.

STATEMENT FROM
Statement covers period from: UB04-6 "from".

STATEMENT THROUGH
Statement covers period through: UB04-6 "through".

CD
Covered days (IN-PATIENT CARE ONLY):

NCD
Noncovered days (IN-PATIENT CARE ONLY):

CID
Coinsurance days (IN-PATIENT ONLY):

LRD
Lifetime reserve days (IN-PATIENT ONLY):

TEXT
Unlabelled field:

ADMISSION
Admission date: UB04-12

HR
Admission hour { 023, or 99 Hour Unknown }: UB04-13

T
Type of admission, { 1-9 }: UB04-14.

S
Source of admission, { 1-9 }: UB04-15.

DH
Discharge hour, { 0-23, 99 Unknown }: UB04-16.

STAT
Patient Status, { 1-99 }: UB04-17.

CONDITION CODES
Condition code: UB04-18.

CD
Occurrence codes { 1-99 }: UB04-31a to UB04-34a

DATE
Occurrence dates: UB04-31a date to UB04-34a date.

CD (FROM)
Occurrence span code { 70-99 }: UB04-35a and b code.

FROM
Occurrence date from: UB04-35 a and b"from" date.

THROUGH

Occurrence date through: UB04-35 a and b "through" date.

VALUE CD a b c d
Value Code { 1-99 }: UB04: 39 - 41 a,b,c,d code.

VALUE AMOUNT a b c d
Value amount: UB04: 39-41 a,b,c,d amount.

SCREEN TWO

PRIOR PAYMENTS A: B: C
Prior payments: UB04-54 A,B,C.

EST. AMOUNT DUE A: B: C
Estimated amount due: UB04-55 A,B,C.

OTHER DIAGNOSIS CODES
Other diagnosis code: UB04: 67 L,M,N,O,P & Q, 68 and 72a.

PC
Procedure coding method used:

CODE
Principal procedure code: UB04-74 code.
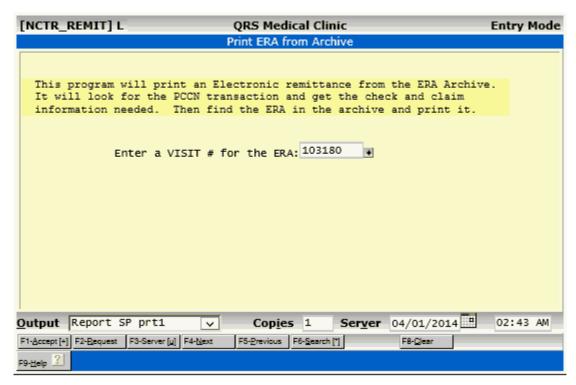
DATE
Principal procedure date: UB04-74 date.

OTHER DATA
Other data field 1 and 2.
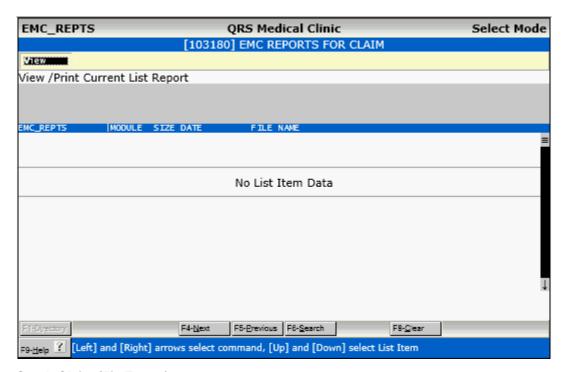
4.16.3.2 Print ERA from Archive

You may use the Special Function Remits to provide access to not only Electronic but Paper claims.

4.16.3.3 EMC Reports for Ansi Claim

This program will display a work list of all the EMC reports associated with this claim and allow you to view them.

```
EMC_REPTS                    QRS Medical Clinic              Select Mode
                       [103180] EMC REPORTS FOR CLAIM
 View
View /Print Current List Report


EMC_REPTS      |MODULE  SIZE DATE        FILE NAME


                          No List Item Data




 F1-Directory              F4-Next  F5-Previous F6-Search       F8-Clear
 F9-Help  ? [Left] and [Right] arrows select command, [Up] and [Down] select List Item
```
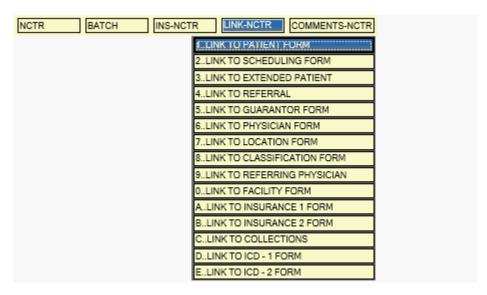
4.16.3.4 Scrub Claim (Fix Errors)

This program will scrub the claim using a Terminal emulator. It is recommended that you use the Special function CEI to perform this operation. It remains here for historical reasons.

4.16.4 Links
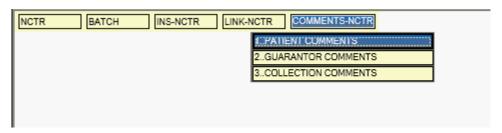
The system supports a function called LINKS. LINKS give you the ability to automatically have a patient's information transferred from one form to another. Pull up a visit on the NCTR form and press the WINDOW function to get the NCTR WINDOW MENU.

Select the option (L) LINK-NCTR. Another WINDOW menu will appear with several options. If you select the PAT form, the computer will automatically bring up the PAT form and the patient's information that you have pulled up on the NCTR form. You can change any of the information, update the file, and go back to the NCTR form with the new changes shown on the patient's account. This saves you time and keystrokes.
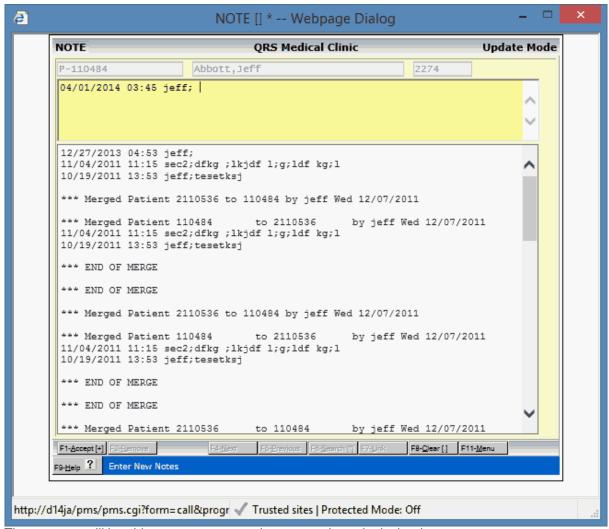
4.16.5 Patient, Guarantor and Collection Comments

Using the NCTR screen's WINDOW function, you may access the COMMENTS-NCTR MENU. From here you have access to the comment screen for patients, guarantors, and collection notes.
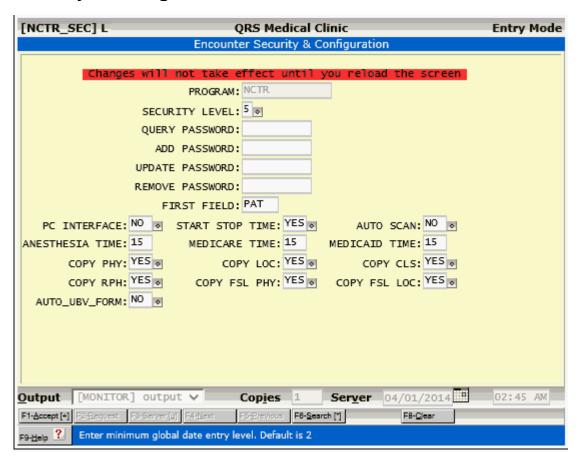
This uses EDITOR to allow you to add or change these comments. If a patient has comments, a "P" will appear to the right of the PAT field; a "G" will appear to the right of the GUA field for guarantor comments. If a guarantor has collection comments, a "C" will appear to the right of the GUA field.

The editor allows you to type up to 64k of text. This editor is easy to use--you simply type what you want. Notes entered previously will be displayed in the bottom field. You enter your notes in the top field. Once you ACCEPT your notes they will be inserted at the beginning of the notes entries.

That way you will be able to see your notes in reverse chronological order.

4.17 Security & Configuration

Security is the same as Standard Security & Configuration.

PC INTERFACE - If set to YES the system will use Active X (On Internet Explorer) to copy the visit number displayed on the encounter screen to a local file on your PC "C:\QRS\inv_text.txt". This provides a hook that a pc application could use to display additional information concerning the visit.

START STOP TIME - When Adding anesthesia charges (Type of Service = 7) on the Detail portion of the Encounter form, two additional fields will be available. The START and STOP time fields allow a user to enter the start and stop times and then the TIME will be automatically calculated. Setting this to YES will allow access to these fields. Is set to NO the user will not have access to these fields.

AUTO SCAN - If set to YES when you post an Insurance payment that is unique the Paper EOB Scan will open automatically.

ANESTHESIA TIME - This is the default time element used for anesthesia on commercial insurance Carriers. INS TYPE not 1 or 2

MEDICARE TIME - This is the default time element used for anesthesia on Medicare insurance Carriers. INS TYPE 1

MEDICAID TIME - This is the default time element used for anesthesia on Medicare insurance Carriers. INS TYPE 2

COPY PHY - Copy the patient PHY field to the Encounter PHY when creating a new visit from a

patient.

COPY LOC - Copy the patient LOC field to the Encounter LOC when creating a new visit from a patient.

COPY CLS - Copy the patient CLS field to the Encounter CLS when creating a new visit from a patient.

COPY RPH - Copy the patient RPH field to the Encounter RPH when creating a new visit from a patient.

COPY FSL PHY - Copy the appointment PHY field to the Encounter PHY when creating a new visit from a patient.
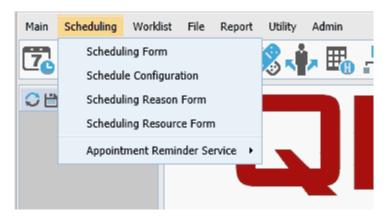
COPY FSL LOC - Copy the appointment LOC field to the Encounter LOC when creating a new visit from a patient.

AUTO_UBV_FORM - Automatically open the UBV form when adding a new visit with a type of U.

Part 5

Scheduling / Fee Slips

5 Scheduling / Fee Slips

The scheduling system is a very sophisticated module designed to schedule patients for appointments, hospital rounds, and recalls. You may also set up personal appointments for the doctors. Appointment SCHEDULING is an optional module on the system. If you do not purchase SCHEDULING, you may still use these programs to generate "Fee Slips" (also called super bills, routing slips, fee tickets etc.) as well as appointment lists. You may access the scheduling programs from the Scheduling Menu of the Master Menu of the Control Panel.

5.1 Fee Slips

If you elected not to obtain the SCHEDULING option, you can still have the computer do a lot of work for you--including generating fee slips and appointment lists. If the SCHEDULING option is not enabled, the scheduling form will act as just a data entry form for information necessary for fee slips and appointment lists. However, the computer will not display appointments on the screen and will not find openings or scheduled appointments.
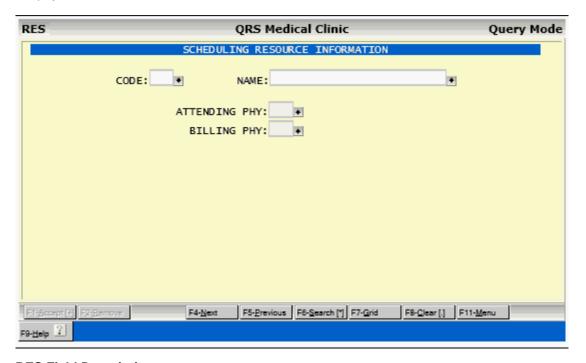
You have no need to establish a SCF (scheduling configuration) when you just want to print fee slips, though you may still create resources (RES) and reason codes (REA). To use the system for fee slips only, just ignore anything that applies to scheduling aspects of the system.

5.2 Scheduling Administration

Before using the scheduling program there is some setup and configuration work that must be done. This includes setting up the resource, reasons, classes and scheduling configurations. There are also Security & Configuration options that will tell the program how to operate.

5.2.1 Scheduling Resource Codes (RES)

Resource codes are used to identify what should be scheduled. Most times resources are providers (physician) but they can be equipment, or other things that you need to schedule the use of. Each resource has a code and a name. If the resource is a provider you may attach it to a provider in the physician file.

5.2.1.1 RES Field Descriptions

CODE
Enter your resource code here.

NAME
Enter the name or description for the resource code.

ATTENDING PHY
If the resource is a provider enter the physician code for the provider.

BILLING PHY
Enter the PHY code for the Billing provider for this resource.
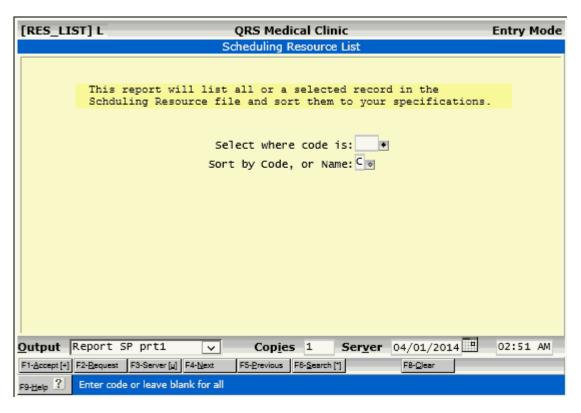
5.2.1.2 RES MENU

The MENU function will display the following menu.
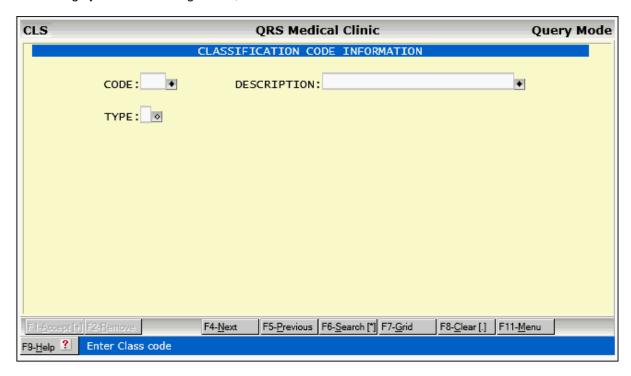
5.2.1.2.1 RESOURCE CODE LIST

5.2.2 Scheduling Classes (CLS)

The classification form is used to enter and administer classification codes. These are codes that you may define for the purpose of classifying or grouping information on reports such as insurance providers, guarantors, patients, visits, diagnosis and transaction codes. They are also used in the scheduling system for defining rooms, alerts and confirmation reasons.

5.2.2.1 CLS Field Descriptions (COPY)

CODE
Enter the code for the classification code. This is a three character alpha numeric code that you define.
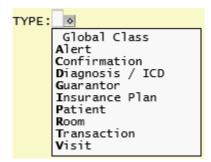
DESCRIPTION
Enter the description for the classification code.
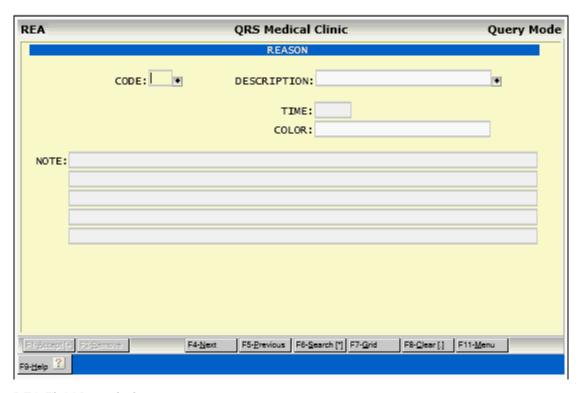
TYPE
Here you may define the type of the classification code. If left empty this code can be used anywhere in the system. It will be known as a global code and display on the Guarantor, Patient, Encounter, Diagnosis, Transaction and Insurance forms along with the codes specific for those forms.

Alert, Confirmation and Room Types are used in the scheduling system. The rest of the types are self explanatory.

5.2.3   Scheduling Reason Codes (REA)

Reason codes are used to identify why a patient is coming into your office and can range from simple "new patient" or "return patient" to specifying actual procedures the physician will perform. Reasons are entered on the REA form, that should appear as follows:

5.2.3.1   REA Field Descriptions

CODE
Enter your reason code here. Try to make these codes descriptive, i.e., NP - New Patient, RP - Return Patient.

DESCRIPTION
Enter the description for the reason code.
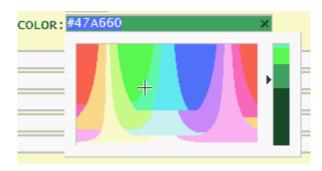
TIME
Enter the default time (in minutes), that this reason will need.

COLOR
This field will store a HEX value for the color you would like that appointments scheduled with this reason to display in the appointment book on the Scheduling form (SCHD).   When you enter this field a color selector will display

Use the mouse to hover over the color you want and click to select the color. It will enter the HEX value in the field and set the field background to the color you select.

NOTE
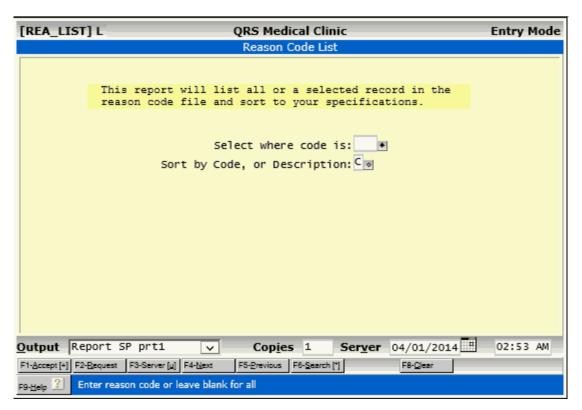
Enter up to 5 note lines for the reason. These will display in a window on the scheduling form when you use this reason code.

5.2.3.2   REA Window Menu

The MENU function will display the following menu.

5.2.3.2.1 REASON CODE LIST
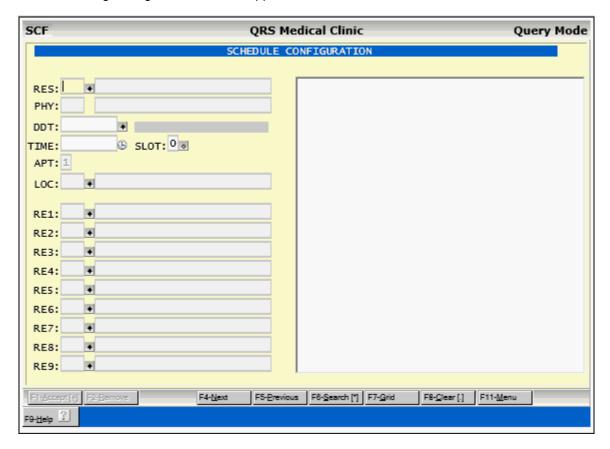
5.2.4   Scheduling Configuration (SCF)
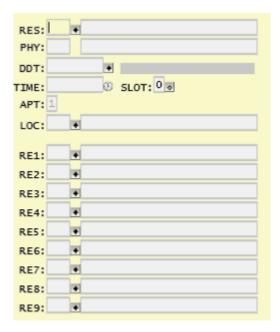
Before using the appointment scheduling (SCHD) form, you must first define an appointment book, also known as a "scheduling configuration" for your resources. The Scheduling Configuration form allows you to do this. A scheduling configuration is essentially the same as writing out an appointment book for a resource. There are three types of configurations that you can create:

1. **Day of Week** - This is a perpetual configuration that will repeat for the day of week it is defined for.
2. **Date** - This is a configuration for a specific day that is unique only for that day.
3. **Template** - This is a configuration that you will use over and over. It is assigned to specific days or ranges of days.

The Scheduling Configuration form will appear as follows:
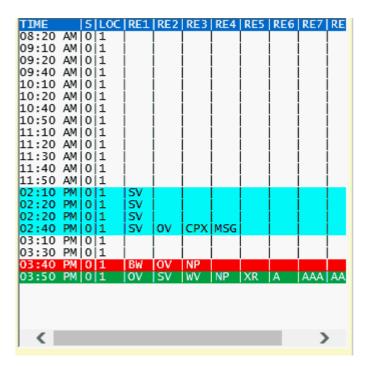
The Left of the form shows the data for an individual record that is stored as part of a configuration.

```
RES: |     ◆
PHY:
DDT:        ◆
TIME:        🕐  SLOT: 0 ◆
APT: 1
LOC:        ◆

RE1:        ◆
RE2:        ◆
RE3:        ◆
RE4:        ◆
RE5:        ◆
RE6:        ◆
RE7:        ◆
RE8:        ◆
RE9:        ◆
```

The right side of the screen will show either the Configuration Assignment Calendar if only a Resource is defined.

			Configuration Assignment			
	RES: 2		June ∨	2014 ∨		
Y	M		System		m	y
Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2 / 1	3	4 / 3	5 / 4	6 / 5	7
8	9 / 1	10	11 / 3	12 / 4	13 / 5	14
15	16 / 1	17	18 / 3	19 / 4	20 / 5	21
22	23 / 1	24	25 / 3	26 / 4	27 / 5	28
29	30 / 1					

Template	Date	Day of Week	No Config

			Range Assignment			
	Template	From		To		
S ☐	M ☐	T ☐	W ☐	T ☐	F ☐	S ☐

Or a configuration if both the Resource and DDT are entered.

5.2.4.1   SCF Field Descriptions

RES
Enter the resource code. The name will display next to the code. When a resource is displayed the Configuration Assignment calendar will display on the right of the screen.

PHY
This will display the physician assigned to the resource.

DDT
Enter the **day of week**: 0-Sun, 1-Mon, 2-Tue, 3-Wed, 4-Thu, 5-Fri, or 6-Sat;
Enter the **date** in a CCYYMMDD format or Enter the **Template** Name. The SEARCH function will pull up a special DATE, DOW or TEMPLATE selection window.

To the right of the DDT field is an area that will display the active profile

Clicking in this area will clear the DDT field.

TIME
Enter the time for appointment(s). If you wish to mark the DATE as a holiday set the time to 12:00 AM and set the slot to "H".
The SEARCH function will allow access to the TIME PICKER.

SLOT
Slot (sequence) number (H, 0 through 9). Normally this field is 0 (0 representing the first slot for a time). It is used if you need to create more than one entry for a given PHY, DATE, and TIME. For instance, if the doctor wants to schedule 1 new patient and 1 return patient at the same time, this would require 2 slots (entries in the book) for the same time. The first one would be slot 0, and the

second would be slot 1. You may have up to 10 slots (0 through 9) for any given time. If you wish to mark the entire day as a holiday, make the slot an "H" and set the time to 12:00 AM.

APT
Enter number of appointments for this time slot (1 through 9). You may have up to 9 appointments scheduled for a time slot. The appointment book will expand the slot by the number you enter.

LOC
Enter the location code for appointment. This is where the the services will be performed.
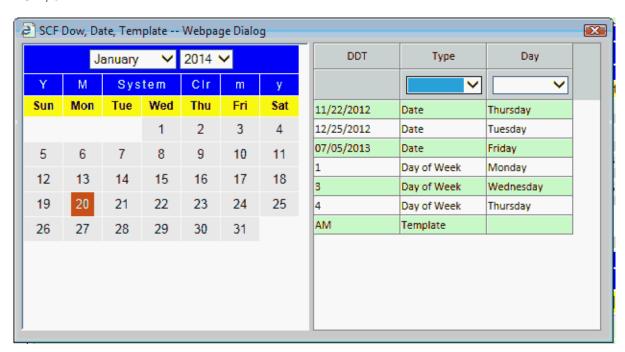
RE1 - RE9
Enter up to 9 reason codes for the time slot.

5.2.4.1.1 DATE, DOW or TEMPLATE Selector

Using the SEARCH function in the DDT field will display a window that will allow you to select a DATE, DOW, or TEMPLATE.
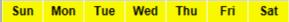
5.2.4.1.1.1 Select a Date

To Select a Date click on the Date in the calendar area.
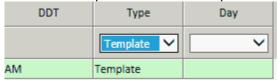
5.2.4.1.1.2 Select a Day of Week

To Select a day of the week click on the day of week name in the calendar area.

5.2.4.1.1.3 Select a Template

To select a template click on the template name in the Template list.

5.2.4.2 Entering a Configuration

A configuration is defined by a combination of a resource (RES) and a DDT (Date, Day of Week or Template). When both of these fields are defined the scheduling configuration will display in the right of the SCF form.

A Scheduling configuration may consist of one or more records with the same RES and DDT.

To create your configuration, first enter your resource. Then enter the DDT. This can be a specific Date in CCYYMMDD format, a Day of the Week (0 - 6) that corresponds to (Sun-Sat) or a template name.

For our purpose we are going to create a standard template for all Fridays. So we will enter "5" in this field.

The right side of the screen will show the configuration in which no records have been added.
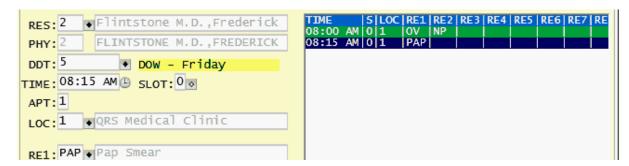
Now Enter the time of the first appointment in the TIME field and complete the rest of the form as you see fit.

You must have a LOC (Location) defined before you may add a record to the configuration.

After you ACCEPT the form the configuration will redisplay but leave the current record on the screen.

Change the TIME and other relevant information for your next time slot in the configuration and use ACCEPT.

Repeat this process until you have completed the configuration.

5.2.4.2.1 And/Or Scheduling

By filling in multiple reason fields RE2-RE9, you are telling the computer that you wish to schedule a patient or patients at this time for this reason (RE1), or that reason (RE2), or that reason (RE3) through (RE9). This is helpful if the doctor says that he wants to see a new patient OR a return patient at 8:00 AM in the morning. This is known as "OR" scheduling.

In other cases the doctor might state, "I want to see a new patient, AND, a return patient at 8:00 AM". You have to create two configuration slots, both with the same PHY, DDT, and TIME, but the first with a SLOT of "0" and the second with a SLOT of "1". This creates two slots in the appointment book for the same time for different reasons. This is known as "AND" scheduling.
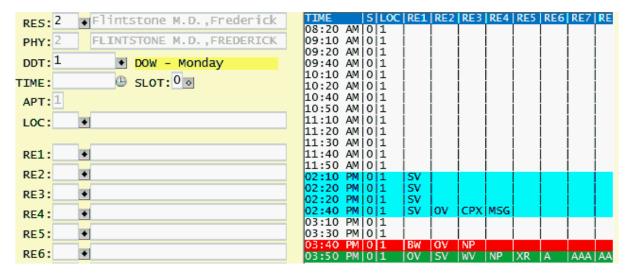
5.2.4.2.2 Entering a Holiday

If the doctor is going to be out of the office for an entire day, you may wish to flag the date as a holiday. This only means that the doctor is out for the day. It will cause "RESOURCE IS OFF" to appear on the appointment book of the scheduling form. To do this, enter the RES, the DATE in a CCYYMMDD format, the TIME as 12:00 AM, and the SLOT as "H" for holiday.
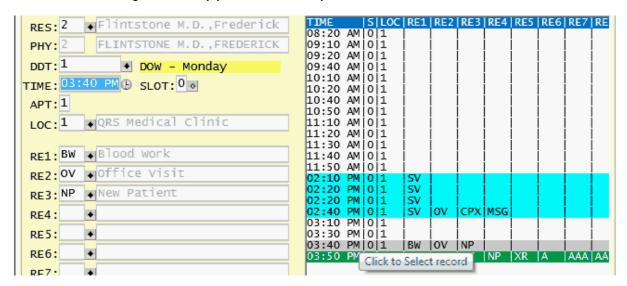
You may also set up a template for a provider being off and assign the template to the day using the Configuration Assignment Calendar. This is done the same as entering a holiday for a DATE but give it a template name such as "OFF".

5.2.4.3   Change a configuration

At sometime you may need to change a configuration.   To do this first query the configuration you want to change by entering the Resource (RES) and the DDT (Date, Day of Week or Template) that you desire to modify. This will display the configuration on the right side of the form.

Hover over the configuration entry you want to modify and click.

This will load that record in to the form. Make the changes you desire and use ACCEPT to save them or you may remove that record from the configuration by using the REMOVE function.

5.2.4.4 Configuration Assignment Calendar

The configuration assignment calendar will display on the right hand side of the screen as soon as a resource is defined.
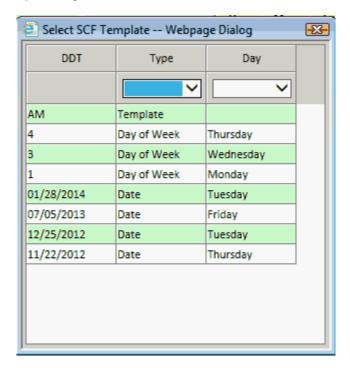
The calendar displays the current configurations for each date. That can be one of four options:
1. Template - A template has been assigned to that date. (displays green)
2. Date - A specific template has been created for that date. (displays red)
3. Day of Week - A normal day of week (0-6) template exists and is in use. (displays yellow)
4. No Configuration. (displays grey)

The priority the scheduling program uses for determining the appointment book configuration to use is Assigned, Date, Day of Week.

5.2.4.4.1 How to assign a configuration

By clicking on the date in the calendar, the Select SCF Template dialog will display.

Click the template you want to assign to that date.   When you do you will notice that the template name will display in green under the date. This template will now be used in scheduling that resource for that date.

You can actually assign configurations for Dates or Days as templates for other days if you want. It just might be confusing. That is why we use colors to determine what is actually being used.

5.2.4.4.2 How to remove an configuration

When a template is assigned to a date, it will display in green beneath the date on the Template Assignment calendar. It will also display an (X) next to the date on the calendar.

To remove the assigned template click on the (X) next to the date.   The assigned template will immediately be removed and the calendar will default back to the previous configuration for that date.
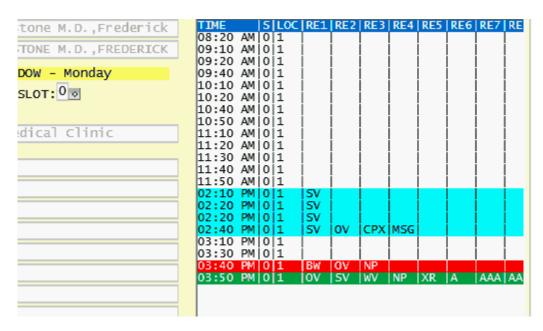
5.2.4.4.3 Displaying a configuration from the Calendar
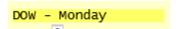
By clicking on the configuration beneath the date on the Template Assignment Calendar, the program will load and display the template unless there is no configuration.

will then display

To go back to the Template Assignment screen without having to enter a resource again, click on the template indicator next to the DDT field or blank out the DDT field.

5.2.4.4.4 Assign a Template for a Date Range
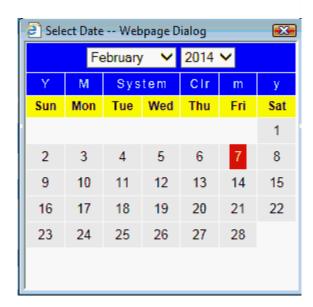
Under Range Assignment you have the ability to select a Template, From date, To date and the days of the week you want to assign the template to.

Click on the Template field. This will display the Select SCF Template dialog. Pick the template you want to use.

Click on the From field. This will display the Select Date dialog. Pick the start date.
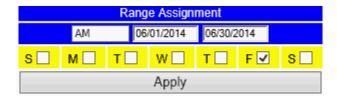
Click on the To field. This will display the Select Date dialog. Pick the end date.

* NOTICE * If the End date is not after the start date both date fields will turn red.
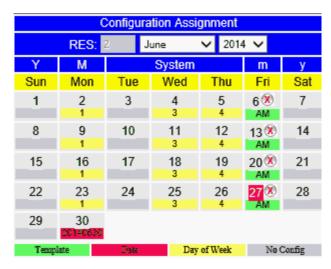
Click the check boxes for the days of the week you want the template to apply to within the date range.

Once you have completed enough information the "Apply" button will turn on.
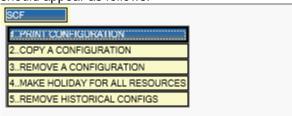
Click the Apply button to save your request.

The calendar will reload, and you will see the changes you made if they are in the current month.
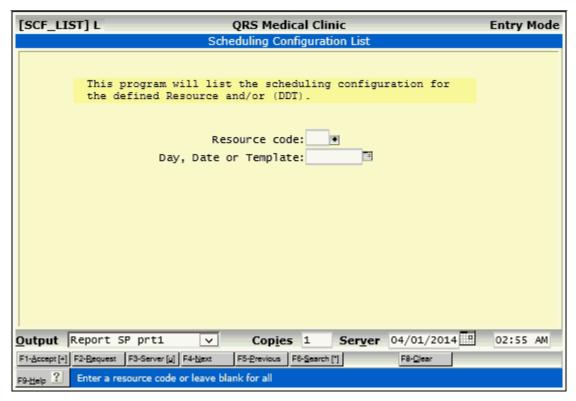
5.2.4.5   SCF MENU

The Scheduling configuration window menu allows you to print, copy and remove configurations. It should appear as follows:
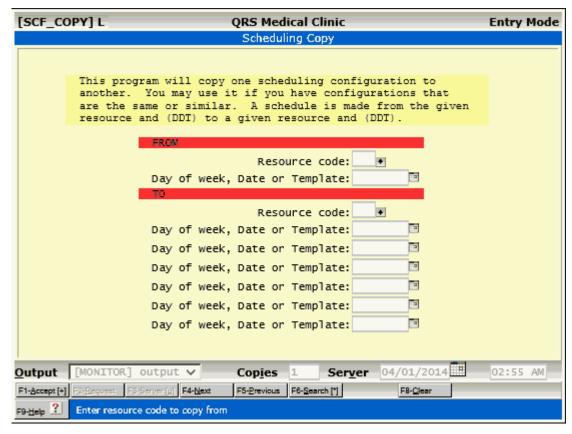
5.2.4.5.1 Printing a Scheduling Configuration

Use the MENU function to select PRINT CONFIGURATION. You can print a configuration for any or all resources and any or all dates/days of weeks/macro codes.
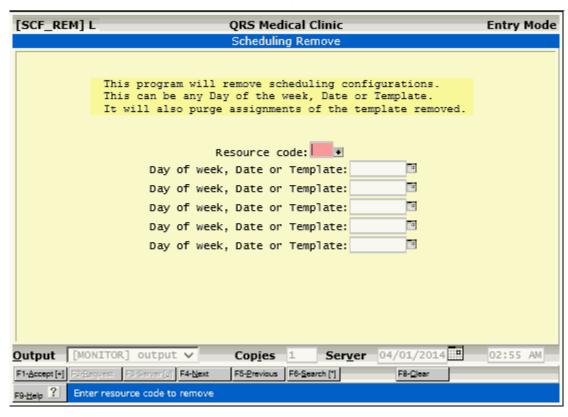
5.2.4.5.2 Copy a Configuration

Once you have created configurations you may wish to copy them to other dates. You may do this by first pressing the MENU function, then selecting COPY A CONFIGURATION. Enter the resource code and the day of week/date/macro code you wish to copy from; then enter the resource code and up to six dates you wish to copy to. The computer will duplicate the FROM information to the TO information.

```
[SCF_COPY] L                   QRS Medical Clinic              Entry Mode
                              Scheduling Copy

          This program will copy one scheduling configuration to
          another.  You may use it if you have configurations that
          are the same or similar.  A schedule is made from the given
          resource and (DDT) to a given resource and (DDT).

                         FROM
                                 Resource code: [    ] [+]
                 Day of week, Date or Template: [       ] [▦]
                         TO
                                 Resource code: [    ] [+]
                 Day of week, Date or Template: [       ] [▦]
                 Day of week, Date or Template: [       ] [▦]
                 Day of week, Date or Template: [       ] [▦]
                 Day of week, Date or Template: [       ] [▦]
                 Day of week, Date or Template: [       ] [▦]
                 Day of week, Date or Template: [       ] [▦]


Output   [MONITOR] output ∨    Copies [1]   Server  04/01/2014[▦]    02:55 AM
F1-Accept [+]  F2-Request  F3-Server [0]  F4-Next   F5-Previous  F6-Search [*]      F8-Clear
F9-Help [?]   Enter resource code to copy from
```

5.2.4.5.3 Remove a Configuration

To remove a configuration (whole day/date/macro), use the MENU function and select REMOVE A CONFIGURATION. You may then enter the resource code and day of week/date/macro to remove.

5.2.4.5.4 Make Holidays for all Resources

5.2.4.5.5 Remove Historical Configs

```
[SCF_HIST] L                   QRS Medical Clinic                 Entry Mode
                          Remove Historical Configs

          This program will remove historical scheduling configurations
          for the resource defined, before the date defined.  These are
          configurations for a specific date.  You may want to remove
          these just to clean up your scheduling configuration table.



                      Resource code: [    ]
          Remove configurations before: 04/01/2014



   Output  [MONITOR] output      Copies  1    Server  04/01/2014      02:56 AM
   F1-Accept [+]  F2-Request  F3-Server [u]  F4-Next  F5-Previous  F6-Search [*]      F8-Clear

   F9-Help  ?   Enter resource code to remove, leave blank for ALL
```

5.2.5   Secuirty & Configuration

This is accessed from the scheduling form by activating the administration mode.   This can only be performed by someone with administrative access. (Security level 1).   By clicking on the Mode indicator in the upper right hand corner of the form.   Then double click on where it says admin mode. The Scheduling Security and configuration form will then display in a new window.

Security is the same as Standard Security & Configuration that is available on all data entry forms. This includes the ability to set the default base security level as well as passwords for query, add, update, and remove. You may also set the first field the cursor will access when the form is cleared.

This form has additional configurations as follows:

- COPAY: Allows turning on or off the Copay feature at check-in. By default COPAY is turned on, set to YES. If your practice does not collect a copay at check-in it should be set to NO.
- BLINK: Allows turning on or off the blinking of open appointments. By default the blinking is turned on (YES). To turn it off set this option to NO.
- OVERBOOK BY REASON: This determines if reason codes are used to establish if an appointment is to be overbooked. The default is YES, so if a reason code or codes are defined for an appointment configuration and the reason code for the appointment does not match the

configuration reason code it will be considered an overbook. If set to NO, reason codes will not be considered in the overbook process. The Overbook algorithm will then use a 3 pass approach to give each appointment a chance to be placed in the proper slot.   First it will look for an exact match based on start time, location and reason.   If found it will insert the appointment into the book for that slot. If the time defined for the appointment falls into the next slot it will Fill all time slots even if the reasons don't agree after the initial time slot.   This pass will also get BLOCKS and put them into the book.The second pass will review appointments that did not get scheduled in the first pass.   It will look for a match based on the start time and location, but not the reason. This ensures that appointments that are scheduled for a reason get priority for a slot over appointments where the reason does not match. The third pass will process all the appointments that did not get put into the book by the first two passes. These appointments did not have time or location matches and will be placed in the appointment book as overbooks.

- SHOW ALL LOC: The default is YES. The appointment book shows all locations when the LOC field has a value, but only appointments not filled for that defined location will display as open, or in the color black, appointments for other locations will display as the color white. When set to NO, only the locations defined in the LOC field will show in the appointment book.   When a centralized call center makes appointments, they may want to see all locations when looking at books, they will set it to YES. When multi-location offices have schedulers at each office they may only want to see the schedules at their office so they will set it to NO.
- FORCE REGISTRATION: The default is NO. When set to YES it will automatically take you to patient registration when an appointment is added with a patient code of "UND", thereby forcing the registration of UND patients at the time they are scheduled. This is for practices that do not want to pre-register patients in scheduling but would rather finalize the registration at the time the patient is scheduled.
- R E S VIEW ON ACCEPT: The default is YES. When set to YES it will change the appointment books to show only the resource that was scheduled when an appointment is added. If set to NO the same appointment Book View will remain after adding a new appointment. If the book shows all resources, locations and reasons it will remain the same.
- ALWAYS PROMPT FOR REASON: The default is NO. When set to YES it will always prompt for a reason unless a reason is pre-defined during the query process. If preset reasons are defined for the configuration it will allow the user to select from that list. If the configuration has no preset reasons, the entire reason list will display. It does not force the user to select a reason; they can exit the reason selection dialog and add the appointment with no reason.
- OVERBOOK PASSWORD - Here the administrator may enter a password that will be required to overbook an appointment.
- REFRESH - Refresh the schedule based on the number of seconds entered here. If this is set a countdown time will display on the top of the appointment book, and countdown to zero and then refresh the schedule. This will only happen when the screen is in the query mode and the cursor is not hovering over the appointment book. This is done so as not to interfere with the user attempting to add, change, or select an appointment from the book.
- DISPLAY OPEN SLOT ON HOVER - ability to turn on or off. When you hover over an open appointment a window will display at the top of the screen that shows the slot information. The default is YES.

```
                    Open Appointment
Apt Time: 01/27/2014 11:50 AM
Resource: 2 -Flintstone M.D.,Frederick
Location: 1 -QRS Medical Clinic
```

- CHECK FOR OTHER APPTS - When set to YES it will check to see if that patient has any other scheduled appointments for that day and notify the user if they exist. It will give them the option to schedule the new appointment with or without a fee slip. The default is YES.
- CONTINUED APPOINTMENT - When set to YES it will display the appointment and patient information along with the continued color for each time slot the appointment occupies.   If set to NO

it will not show the appointment information. It will only change the color of the slot in the appointment book. The Default is YES.
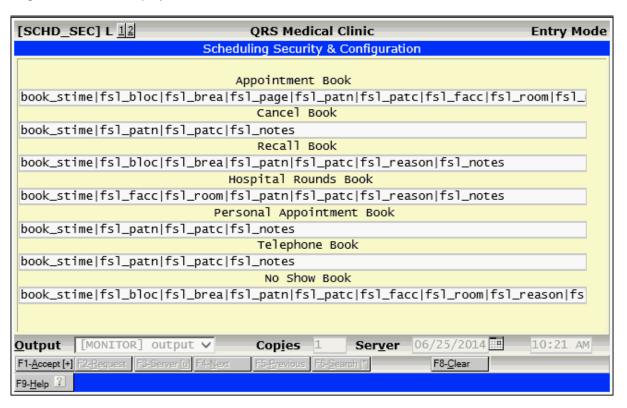
The second page will allow you to set the layouts for the different appointment books. Each field contains a list of field names separated by the pipe "|" character.   You use any of the fields from the fsl file or any of the virtual fields defined below.
The appointment books are defined based on the appointment type field.
They are:

- A for appointment book
- C for cancellation list
- R for Recall list
- H for hospital rounds list
- P for personal list
- T for telephone list, and N for no show list

Page 2 has the will display as follows:

This will allow you to set the layouts for the different appointment books. Each field contains a list of field names separated by the pipe "|" character.   You use any of the fields from the fsl file or any of the following virtual fields:

book_time   Appointment Time (fsl_time) in HH:MM XM format.
book_stim   Appointment Time (fsl_time) in HH:MM format.
e
fsl_reason   Appointment reason. If an appointment this will display the reason code and description for the appointment. If not an appointment it will show all of the reason codes defined in the book for the time slot.
fsl_brea   Appointment book reason - If an appointment it will display the reason code for the appointment (fsl_reac). If no appointment it will display the reason code for the book (scf_rea1).

fsl_notes   This field contains both the fsl_note and fsl_not2 field combined.

fsl_bloc   Book Location - If an appointment it this will display the location defined in the appointment (fsl_locc). If not an appointment it will display the location defined in the scheduling configuration (scf_locc).

fsl_page   Patient Age - This will calculate the patients age based on the patients date of birth (fsl_dobf).

- Less then 29 days old will show as days: 1 D - 28 D
- Over 29 but Less then 122 will show as weeks: 4 W - 17 W
- Over 122 less than 730 will show as months: 4 M - 23 M
- Over that will show in years: 2 Y - 999Y
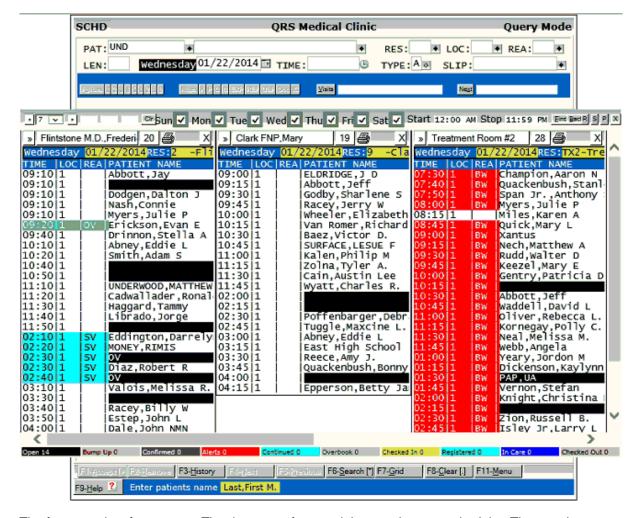
5.3   Scheduling (SCHD)

The system provides for an optional appointment scheduling system. This module will not only generate fee slips and appointment lists, but will also allow you to use the computer to schedule appointments. It eliminates the paper appointment books. An electronic appointment book offers many advantages over a paper book, such as:

- Finding existing appointments for patients
- Having the computer search for an opening
- Letting the computer create fee slips and appointment lists
- Viewing account information when scheduling
- Any user can schedule for any doctor, even at separate locations
- Record flow of a patient through your practice

All appointment scheduling is done on the SCHD form. The SCHD form should appear as follows:
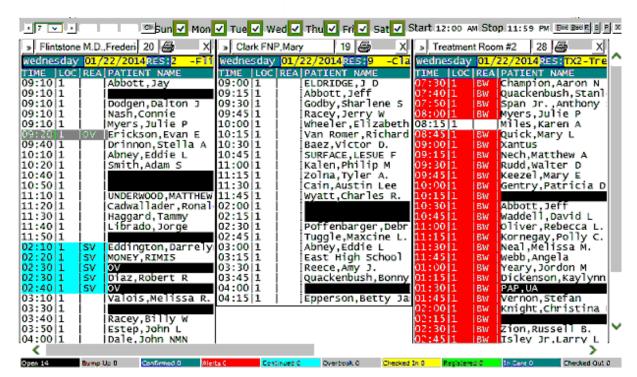
The form consist of two parts; The data entry form and the appointment schedule. The appointment schedule will lay on top of most of the data entry form so only show basic appointment information is displayed.
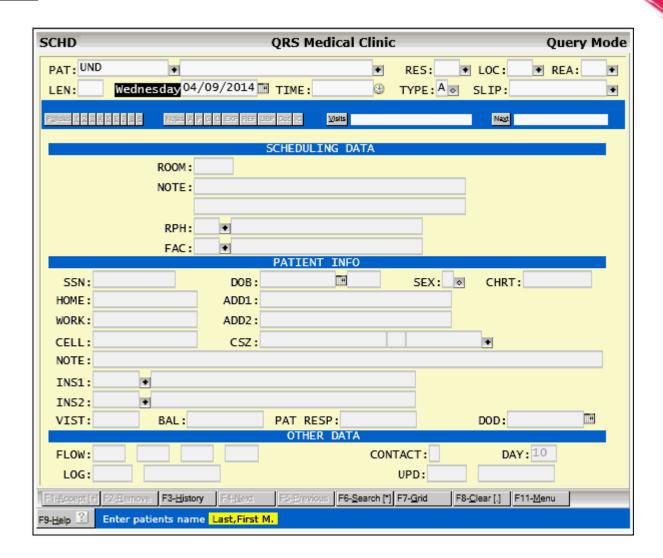
This information includes patient, resource, location, reason, length, length, date, time, and type of appointment.

The appointment book(s) will display based upon the date, resource, location, and reason. You will see open appointments displaying black that meet that criteria.

You may turn off the appointment book by clicking on the X button upper right hand corner. This will display the entire scheduling form. This will also display automatically when you enter any field past the SLIP field.
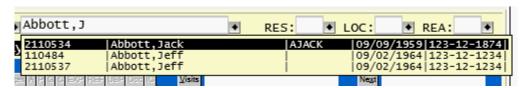
5.3.1   SCHD Field Descriptions

PAT
Enter patient's code or UND (undefined, new patient). Normally the cursor will start in the NAME field, and this field is defaulted to UND. If you enter and select a patient, the UND will be overwritten with the actual patient code.

NAME (no label)
Enter patient's name (Last,First M.). Once the name is entered, the computer will suggest, displaying a window of existing patients.

You may select the correct patient from the suggest window or press TAB to keep the patient name you entered and schedule them as an undefined patient.

RES

Enter Resource code for appointment. Once you enter a resource code the appointment book will change from displaying all resources for a given day to the resource entered for the number of days on the appointment book control bar. If this field has no default assigned it will pull the information from the patients normal physician if assigned a resource. If the field is defaulted to a static value it will keep that value when a patient is queried.

LOC

Enter the location for the appointment. The appointment book will also change to show openings only for the location entered. If this field has no default assigned it will pull the information from the patients normal location. If the field is defaulted to a static value it will keep that value when a patient is queried.

REA

Enter reason code for appointment. The appointment book will also change to show openings only for the reason code entered.

LEN

Enter length of time in minutes for appointment.

DATE

Enter date for appointment. This date normally defaults to the current computer date. You may enter in a date for an appointment, or the date to let the computer start searching for an appointment. Since this is a DATE field, you can use the special date field key functions to perform the following.

You may also use the SEARCH function to pull up the perpetual calendar to select a date.

TIME

Here you must enter the time for the appointment. You may use SEARCH to use the Time Selector.

TYPE

Enter the type of appointment. Normally this is "A". This tells the computer it is an appointment for a scheduling resource; it will appear on the resources appointment list, and a fee slip will be generated. You have the ability to schedule an appointment where a fee slip does not print by using a lower case "a". To do this you must use the SEARCH function and select the "a" option from the menu. Or you may type in a lower case "a".   You also may select other appointment types: Cancellations, Recalls, Hospital rounds, and Personal.

```
Appointment (print fee slip)
appointment (don't print fee slip)
Cancellation of appointment
Recall for appointment
Hospital round
Personal appointments
Telephone Message
F followup
N NO SHOW
```

SLIP

The SLIP is a unique identifier for each appointment that is scheduled. This number is generated by the computer and is used for tracking the appointment to the time that it is entered as a visit on the NCTR form. You may query an appointment by the SLIP number.

SCHEDULING DATA

ROOM

This field serves several functions depending upon the type of appointment and where it is in the flow

process:

If the appointment type is a hospital round, enter room number if needed.

If the patient request an earlier appointment than you are able to offer them you may enter an "*" here. That will put the patient on a bump-up list. So if you have a cancellation the system can find other appointments that would fit the hole left by the cancellation.

If you want to mark this appointment as an alert (Patients name will show in RED on appointment book) put an "!" in this field. This is used to notify others of a special need for this appointment.

When you have confirmed the appointment with the patient put a "#" in this field to mark it confirmed.

(NOTE 1)
Enter a note for the appointment. This can be printed on the appointment list, as well as fee slip. You may use it to show the patient's ailment.

(NOTE 2)
Enter a note for the appointment. This can be printed on the appointment list, as well as fee slip. You may use it to show the patient's ailment.

RPH
Enter Referring Physician code or appointment. If the patient is referred by another doctor, enter the referring doctor's code here.
FAC
Enter Facility code for hospital round.

When you query an existing patient from the patient file (PAT). The information from that patient will populate these fields and you will not have access to them. If you need to change this information you should LINK to the patient form and update the information there.   It will automatically update the appointment information when you update it in the master patient file. If your patient code is "UND" for undefined, the cursor will have access to theses fields. You will have the ability to pre-register much of the patient's information. When the patient does show up for the appointment and you register the patient the information entered on here on the appointment will copy over to the patient form for you.

SSN
Enter patient's social security number.

DOB
Enter patient's date of birth.

AGE
This will display the patients Age

SEX
Enter Patient's Sex (Gender)

CHRT
Enter patient's chart number.

HOME
Enter patient's home telephone number.

WORK
Enter patient's work telephone number.

CELL
Enter patient's mobile telephone number.

ADD1
Enter patient's first address line.

ADD2
Enter patient's second address line.

CSZ
Enter zip code for city and state. The city and state will display for the zip code entered. If the zip code is not found in the ZIP file, the auto-link feature will take you to the ZIP form and let you enter it.

NOTE
This will display the patient NOTE line

INS1
Enter patient's primary insurance company code.

INS2
Enter patient's secondary insurance company code.

VIST
Number of Visits the patient has.

BAL
This field will display the total current balance for the patient.

PAT RESP
This field will display the patient's responsibility.

DOD
This will display the patients Date of Death.

OTHER DATA

FLOW
These fields store the patient flow time markers.

CONTACT
This field was intended for use by the Appointment Reminder Service. It has been depreciated.

DAY
This holds the default for he number of days displayed in the appointment book control bar.

LOG
These two fields will log the user who made the appointment and the date the appointment was

---

entered into the computer system.

UPD
These field will display the user who last updated (changed) the appointment and the data.

5.3.2 Appointment Types

The scheduling system has the ability to work with different types of appointments. Do not confuse this with reasons for an appointment.   The Appointment type determines the list or schedule that the appointment will be displayed or printed as well has what features or functions are available to you. Here we will describe the different types and how they apply.

The appointment types are a follows:

5.3.2.1 A - Appointment (print fee slip)

This is a normal appointment for a resource. It will print a fee slip when you use the Print Fee Slips program. If interfacing to a third party EMR/EHR it will send this information.

5.3.2.2 a - Appointment (do not print fee slip)

This is an appointment that does not require a fee slip. Such as a patient coming in for a shot, or a second appointment for a patient on the same day at another time that is covered under the original appointment. This type of a appointment will not print a fee slip when using the Print Fee Slips program. If you are interfaced to a third party EMR/EHR this information will normally not be sent over to the other program.

Appointments that have an "a" will also display differently in the appointment book.   You may notice that they have an underline as part of the display.

This underline tells us one of two things.   Either no fee slip is created or the fee slip has been reconciled already. Meaning that an encounter has been created that has this fee slip number attached to it.

If your policy is to enter all charges in on the day of service, then at the end of the day all appointments should have underlines. If they do not then the charges visits have not been created.

These will also show on the Missing Fee Slip Report.

5.3.2.3 C - Cancellation of appointment

When an appointment is canceled it will update the type to "C". This allows the appointments to show on the cancellation list.

5.3.2.4 R - Recall for appointment

A Recall is a special type of of record where you have collected most of the information for a future appointment but have not yet set the final date and time. This is used when your practice does not schedule far into the future but instead sets a time to contact the patient in the future to finalize setting up the appointment.

These records will display on the Recall List. Also See Working Recalls.

5.3.2.5   F - Followup for appointment

A followup is a similar to a recall but is meant for immediate action to be taken to complete and schedule the appointment. A followup is not something that you would manually enter into the scheduling system. They are produced by EMR/EHR products where paper fee slips are not used.

When the provider request that the patient has a followup (say in two weeks) the EMR/EHR will send a followup request message to the PM scheduling system and create the Followup Record.

When the patient is checked out the user will be prompted to schedule the followup. See Schedule Followup Here under the Schedule Menu.

5.3.2.6   H - Hospital Round

You may enter records in with a TYPE "H" to add to the hospital rounds list. This is a printed list you may give to a provider for their hospital rounds.   You may also request a hospital fee slip if your practices needs them.

When creating a hospital round record you may use the ROOM for the room # and the FAC for the facility.

5.3.2.7   P - Personal Appointment

Enter a TYPE "P" for personal appointments. These will print on the personal appointment list under the SCHD menu.

5.3.2.8   T - Telephone Message

Enter "T" in TYPE to store as a telephone message. Use the Notes line for the message.

You may also use the appointment notes to record additional information.

5.3.2.9   N - No Show

You may enter this to manually mark an appointment as a No Show. It will take them off the appointment schedule.
This is not the preferred method it is here for historical purposes.

If using Patient Flow the system will know who did not show and you may print the Appointment No Show Report.

5.3.3   Special Functions

The scheduling form has a special bar with special functions to allow quick access to other information for a patient.

The top line shows patient relevant information such as DOB, AGE, SEX and the patient note line.

5.3.3.1   Policies

Active Policies are the fist 9 policies with Policy numbers of 1-9.   The policy bar shows them as.

Green buttons show that a policy exist. If you hover over the green button the policy information will display in a pop up block. You may click on the button or use ALT-# where # is the policy # to access

any of the active policies on the policy form (POL).

You may also use ALT-O to move focus to the Policies button and then use TAB and SHIFT-TAB to move focus to the individual policy buttons. Green buttons will display the policy information in a pop up block. Pressing space is the same as clicking on the button.

5.3.3.2 Notes

This the same as the Notes on the Patient (PAT) form. But also offers "Appointment Notes"
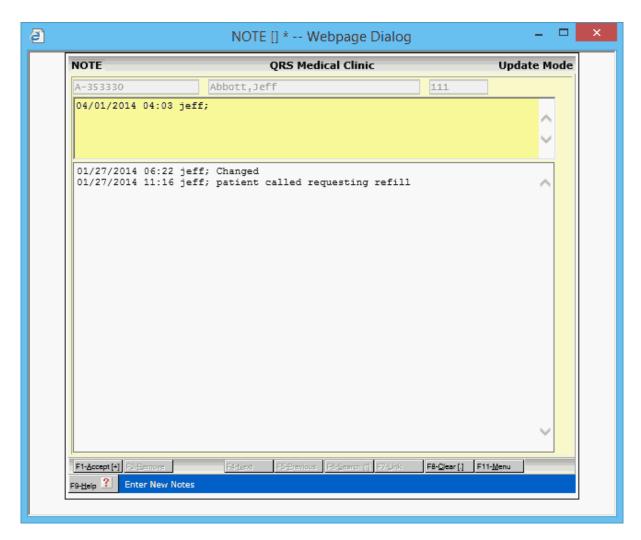
5.3.3.2.1 Appointment Notes

 The Appointment Notes Button lets you know if notes exist for the appointment.

Hovering over the button will display the notes in a pop up display.

Clicking on the button will open the Appointment Notes editor in a new window.

When a user makes a change to a record on the SCHD form the notes will automatically be updated with a log entry that shows that a change was made. In some instances it will record the before and after of the change.

5.3.3.3   Visits

This displays the total number of visits, Total balance and Patient Balance. If you click on the Visits button or press Alt-V it will open the Encounter form (NCTR) in a pop up window. You may also see this data in the PATIENT INFO section of the scheduling form.

5.3.3.4   Next
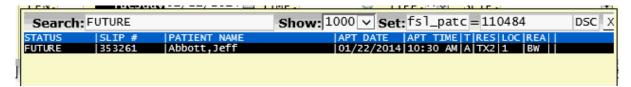
This will show the patients next appointment.

Clicking on the Next button or pressing ALT-X will load that appointment in the scheduling form.
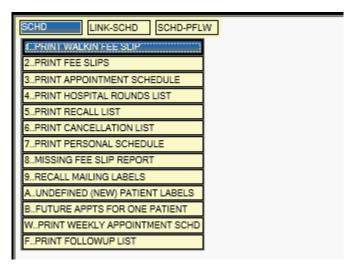
Clicking in the area that displays the appointment information will display all future appointments for the patient in a search dialog.

5.3.4　Window Menu
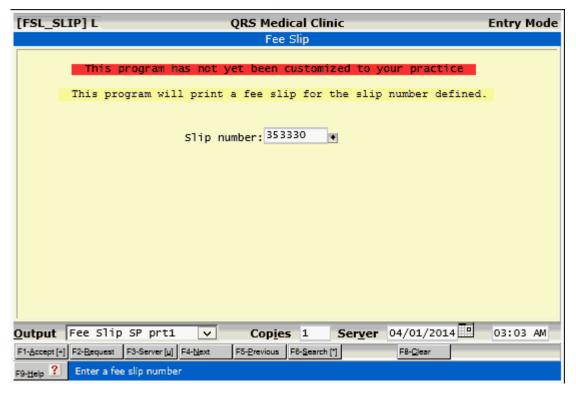
5.3.4.1　SCHD Menu

The **MENU** function allows access to printing appointment schedules, fees slips, and labels, as well as linking to other data entry forms. Using this function you will see the following menu.
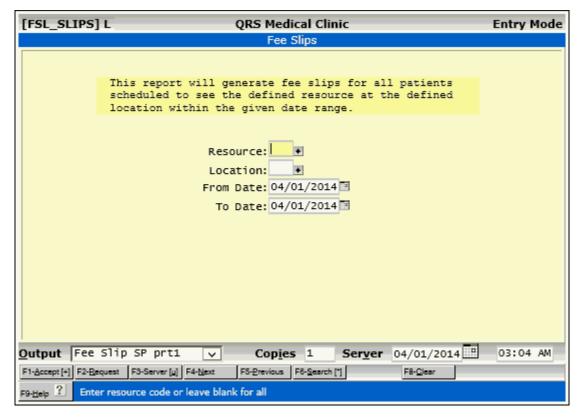
5.3.4.1.1 Print Walkin Fee Slip

Walk-in or On-Demand fee slips can be printed for any appointment. You must first search for the appointment and have it displayed on the SCHD form. Selecting the option form the menu and you will see a form similar to the following. You may have your fee slip customized to meet your specific needs. If you are using an HP-Laserjet printer that supports overlay technology, you can use a word processor to design your fee slips, and just have the system fill in the blanks. This saves the cost of having them professionally printed.

[FSL_SLIP] L   **QRS Medical Clinic**   **Entry Mode**

Fee Slip

This program has not yet been customized to your practice

This program will print a fee slip for the slip number defined.

Slip number: 353330

Output: Fee Slip SP prt1   Copies: 1   Server: 04/01/2014   03:03 AM

F1-Accept [+]   F2-Request   F3-Server [u]   F4-Next   F5-Previous   F6-Search [*]   F8-Clear

F9-Help ?   Enter a fee slip number
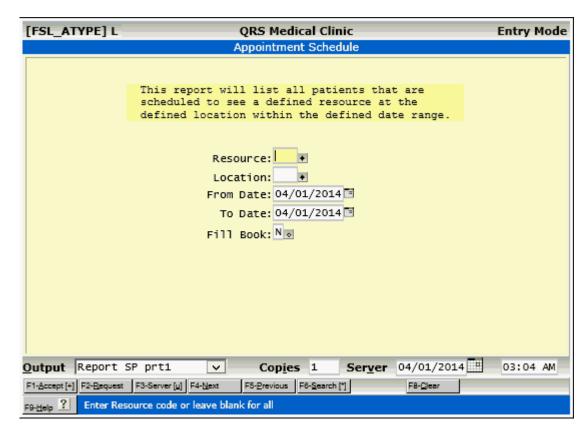
5.3.4.1.2 Print Fee Slips

Fees slips are typically printed at close of day for the next day, or first thing in the morning for the day of service. This program will find all appointments with your selection information and print a fee slip for each scheduled patient.
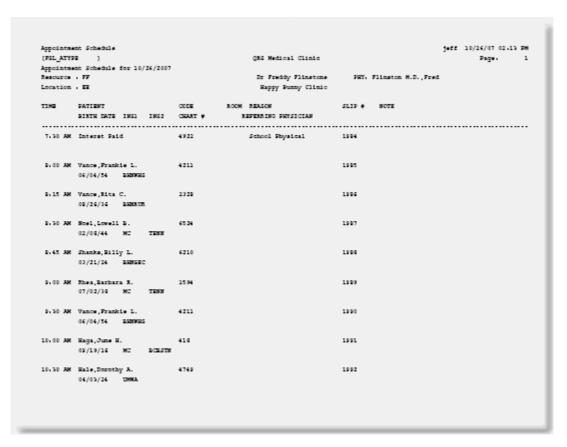
5.3.4.1.3 Print Appointment Schedule

You also will need to print appointment schedules for the day for the front desk, nurses station, and providers.
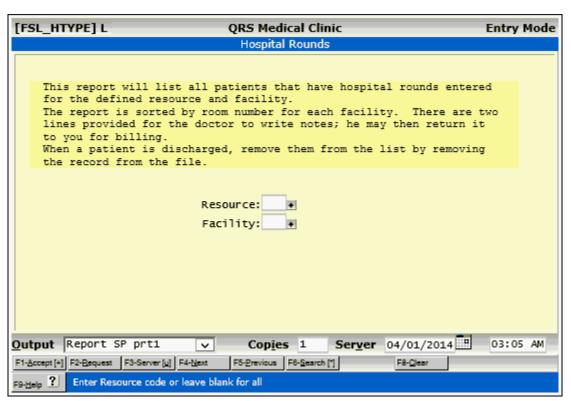
The Fill Book option on this program is used when a provider wants to see the appointment list as defined. Including appointments that are not filled. You may also use the Print option from the appointment book on the scheduling screen.

A sample appointment list follows:
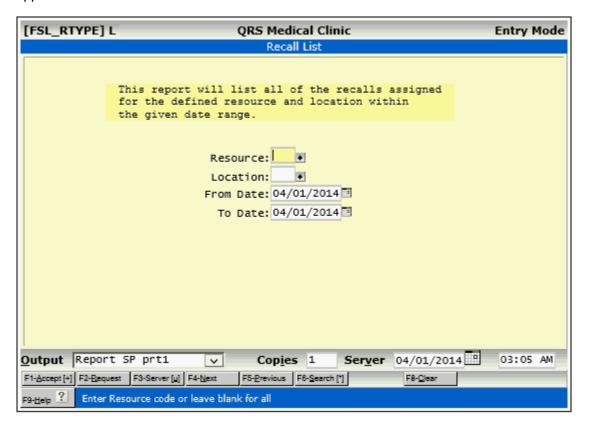
5.3.4.1.4 Print Hospital Rounds List
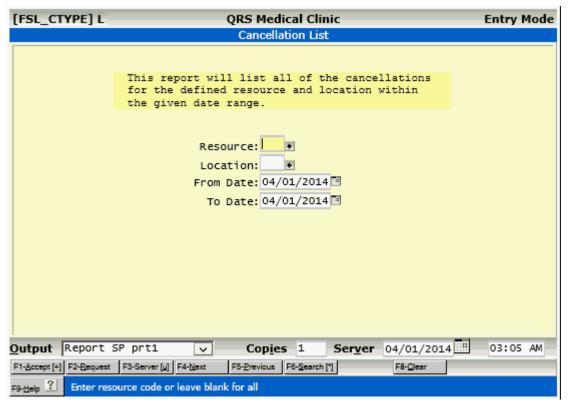
5.3.4.1.5 Print Recall List

Recalls are appointments with a type of "R".   Some times you may not want to schedule an appointment in the future, only schedule a time to recall the patient to schedule an appointment. This will let you print our a list of these patients. You may then contact the patients and turn the recalls into schedule appointments with new dates and times.
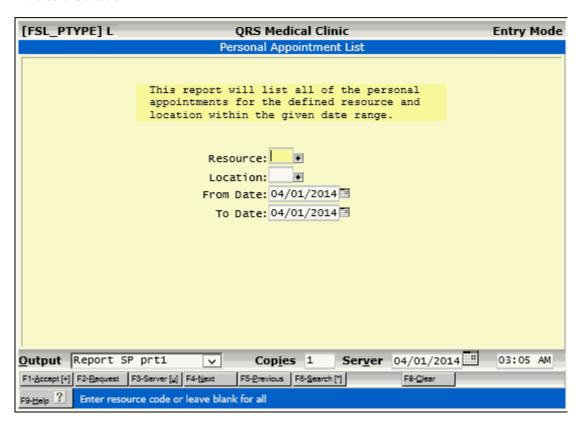
The optimum way to work the recall list is to use the slip number to display the recall on the scheduling form. Change the date, time, etc as well as the TYPE to an "A" and update the appointment. This way if you reprint the recall list the patient will no longer be on it, because you have already schedule the appointment.

```
[FSL_RTYPE] L              QRS Medical Clinic              Entry Mode
                              Recall List

             This report will list all of the recalls assigned
             for the defined resource and location within
             the given date range.


                        Resource: |    |+|
                        Location: |    |+|
                       From Date: 04/01/2014
                         To Date: 04/01/2014


Output  Report SP prt1      v     Copies  1    Server  04/01/2014    03:05 AM
F1-Accept [+]  F2-Request  F3-Server [u]  F4-Next   F5-Previous  F6-Search [*]        F8-Clear
F9-Help  ?    Enter Resource code or leave blank for all
```

5.3.4.1.6 Print Cancellation List
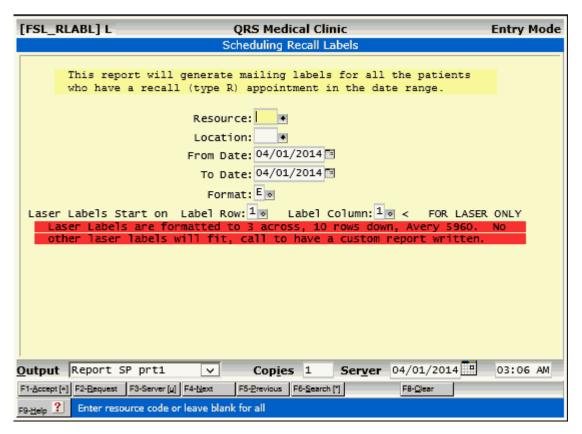
5.3.4.1.7 Print Personal Schedule

5.3.4.1.8 Missing Fee Slip Report

```
[FSL_MISS] L                    QRS Medical Clinic                    Entry Mode
                            Missing Fee Slip Report


          Generates a report of all fee slips that do not been
          reconciled on the encounter NCTR form.



                  Date for schedule: 04/01/20 × ▦




Output  Report SP prt1      ▾       Copies  1     Server  04/01/2014 ▦    03:06 AM
F1-Accept [+]  F2-Request  F3-Server [w]  F4-Next  F5-Previous  F6-Search [*]          F8-Clear
F9-Help ?
```

5.3.4.1.9 Recall Mailing Labels

```
[FSL_RLABL] L                   QRS Medical Clinic                    Entry Mode
                          Scheduling Recall Labels

        This report will generate mailing labels for all the patients
        who have a recall (type R) appointment in the date range.

                        Resource: |    ◆
                        Location:      ◆
                       From Date: 04/01/2014 ▦
                         To Date: 04/01/2014 ▦
                          Format: E ◉
     Laser Labels Start on  Label Row: 1 ◉   Label Column: 1 ◉ <   FOR LASER ONLY
          Laser Labels are formatted to 3 across, 10 rows down, Avery 5960.  No
          other laser labels will fit, call to have a custom report written.




Output  Report SP prt1      ▾       Copies  1     Server  04/01/2014 ▦    03:06 AM
F1-Accept [+]  F2-Request  F3-Server [w]  F4-Next  F5-Previous  F6-Search [*]          F8-Clear
F9-Help ?   Enter resource code or leave blank for all
```

5.3.4.1.10 Undefined (NEW) Patient Labels

```
[FSL_ULABL] L                QRS Medical Clinic              Entry Mode
              Scheduling UND Undefined Patient Labels

    This report will generate mailing labels for all undefined patients
    (code of UND) that have an appointment entered within the given
    date range.   FOR THESE LABELS TO PRINT, THE PATIENT MUST HAVE AT
    LEAST ADDRESS LINE 1 and A ZIPCODE ON THE SCHEDULING FORM.
     This includes type A appointments only

                        Resource: [    ] +
                        Location: [   ] +
                       From Date: 04/01/2014
                         To Date: 04/01/2014
                          Format: E

    Laser Labels Start on  Label Row: 1    Label Column: 1  <   FOR LASER ONLY
          Laser Labels are formatted to 3 across, 10 rows down, Avery 5960.  No
          other laser labels will fit, call to have a custom report written.


Output  Report SP prt1        v      Copies 1      Server 04/01/2014      03:07 AM
F1-Accept [+]  F2-Request  F3-Server [u]  F4-Next    F5-Previous  F6-Search [*]       F8-Clear
F9-Help  ?    Enter resource code or leave blank for all
```

5.3.4.1.11 Future Appointments for One Patient

```
[FSL_FUTURE] L               QRS Medical Clinic              Entry Mode
                   Patient Upcoming Appointments


        This report will generate a list of upcoming
        appointments for a particular patient.




                    Patient Code: 110484     x
                    Date: 04/01/2014














Output  Report SP prt1        v      Copies 1      Server 04/01/2014      03:07 AM
F1-Accept [+]  F2-Request  F3-Server [u]  F4-Next    F5-Previous  F6-Search [*]       F8-Clear
F9-Help  ?    Enter Patient Code
```

5.3.4.1.12 Print Weekly Appointment Schedule

5.3.4.1.13 Print Followup List
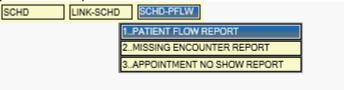
5.3.4.2 The LINK-SCHD Menu

This menu allows you to link to the patient, encounter, referral or extended patient form and carry the patient that you have displayed on the scheduling form with you.
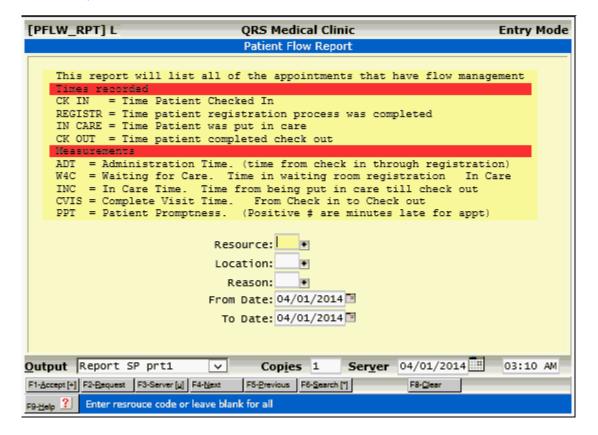
5.3.4.3 SCHD-PFLW MENU

The MENU function will allow access to the Scheduling Patient Flow menu. From here you may run the patient flow report.

5.3.4.3.1 Patient Flow Report

```
[PFLW_RPT] L                    QRS Medical Clinic                    Entry Mode
                              Patient Flow Report

     This report will list all of the appointments that have flow management
     Times recorded
     CK IN   = Time Patient Checked In
     REGISTR = Time patient registration process was completed
     IN CARE = Time Patient was put in care
     CK OUT  = Time patient completed check out
     Measurements
     ADT  = Administration Time. (time from check in through registration)
     W4C  = Waiting for Care.  Time in waiting room registration   In Care
     INC  = In Care Time.  Time from being put in care till check out
     CVIS = Complete Visit Time.   From Check in to Check out
     PPT  = Patient Promptness.  (Positive # are minutes late for appt)

                            Resource: |      |  +|
                            Location:  |    |  +|
                              Reason:  |   |  +|
                           From Date: 04/01/2014 ▦
                             To Date: 04/01/2014 ▦

 Output  Report SP prt1      v    Copies  1   Server  04/01/2014 ▦   03:10 AM
 F1-Accept [+] F2-Request  F3-Server [u]  F4-Next    F5-Previous  F6-Search [*]        F8-Clear
 F9-Help  ?   Enter resrouce code or leave blank for all
```

5.3.4.3.2 Missing Encounter Report

5.3.4.3.3 Appointment No Show Report

5.3.5   The Basics of Scheduling

Here we will discuss the basics of scheduling. They are:

Making an Appointment - This describes how to make an appointment for a patient.

Find an Appointment - How to find an existing appointment for a patient in the schedule.

Cancel an Appointment - How to cancel a patients appointment.

Reschedule an Appointment - How to reschedule a patients appointment to a new date/time.

You will find more advanced scheduling features under The Appointment Book section.

5.3.5.1   Making an Appointment

The system has been streamlined to allow you to make appointments in the appointment module. Since most patients do not know their account numbers and you have nothing to reference, the cursor will normally start in the NAME field. When a patient contacts your office to schedule an appointment, that patient will fall into one of two categories: new or existing.

5.3.5.1.1 For a New Patient

As you may have noticed, the PAT (patient code) field is defaulted to "UND" (undefined patient). This is because the scheduling form has the ability to schedule a patient that has not been entered into the PAT form. Enter the patient's complete name in the NAME field in the format "Last,First". The suggest feature will display information from the patient file. If the patient is not in the patient file, they are a new patient. Use the TAB key and the cursor will return to the RES field where you may continue.
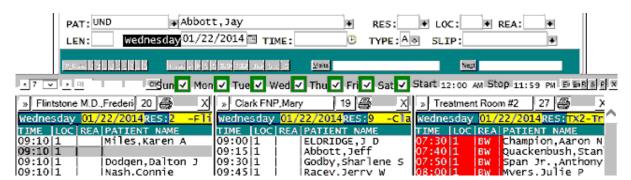
It is important to remember that all of the information you enter on the patient when creating an appointment for an "UND" patient can be transferred to the patient form when the patient does come in. This eliminates having to gather the information later. It also allows you to send a reminder card to the patient prior to the scheduled appointment.

5.3.5.1.2 For an Existing Patient
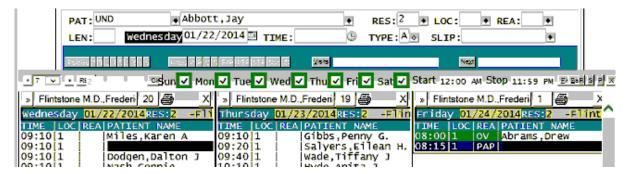
Creating an appointment for an existing patient is the same as for a "UND" patient. The only difference is that you select the patient from the suggest list, and all of the information on the patient will automatically fall into the correct fields.

5.3.5.1.3 Find the Opening
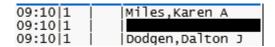
Once you have defined a patient, you can begin the task of looking through the appointment book to find an opening.   If a resource is not defined all resources will display for a given date in the appointment book area.

If a resource is defined you will see X number of days for that resource in the appointment book area.
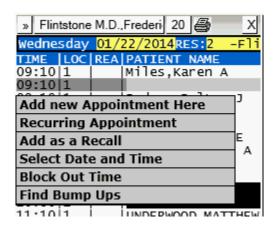
Open appointments will display in black on the appointment schedules.
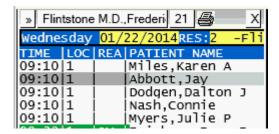
Changing the DATE, RES, LOC, or REA will automatically change the appointment book area of the screen.

Once you have located an appointment in the book click on it , and a menu will display.

Click on *Add new Appointment Here* and the appointment will be created. The appointment book will redisplay with the first book showing the appointment made.

5.3.5.1.4 Complete the Information

Now that the appointment is made you may enter other information about the appointment in the SCHD form. After adding the appointment the cursor will be in the SLIP field, simply press ENTER and the appointment book will disappear and the SCHD form will display.

Enter any additional SCHEDULING DATA. If the patient is undefined "UND" you will have access to many of the fields in the PATIENT INFO section.   Collect as much information as possible. This data will transfer to the patient record when the patient is registered.

Use the ACCEPT function to store this additional information with the appointment.

5.3.5.1.5 Scheduling Edits

The following Edits will take place when Adding a new appointment.

- **Patient Account Number does not match name** - If the patient code is not "UND" it will check that the name agrees with the name in the patient file. If they do not agree an alert dialog will be presented.
- **UND patient follow-up** - If you attempt to create a followup for an UND patient you will be presented with an alert dialog.
- **Patient has DOD** - If you attempt to create an appointment for a deceased patient you will be presented with an alert dialog.
- ▤ **Check for Recalls** - Before adding the appointment it will check to see if the patient has any future recalls scheduled. If found for the same resource and location it will present a dialog. "A Recall exist for this patient, resource and location. The recall is scheduled for: MM/DD/YYYY   With no reason defined. or With a reason of: REASON. Do you want to use this recall for this appointment?"   If you Confirm the system will update the recall with the appointment information. If do not confirm it will add the appointment as a new slip number.
- ▤ **Check for other appointments** - When Adding a new appointment it will check to see if any other appointments are scheduled for that day. If so, you will be prompted to create a fee slip.
- ▤ **Check In** – When checking a patient in, it will check to see (for defined patients) if there are any other appointments scheduled for that patient for that day. This will cycle through each of the other appointments and prompt for each to check in. This feature has also been extended to Register a patient. Clear Patient Flow will also look for additional appointments for the that

patient for that day.

5.3.5.2   Find an Appointment
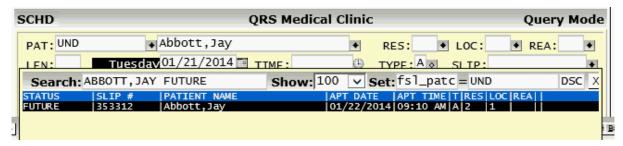
Patients often forget when their appointment is scheduled and will call your office to find out the date and time. To find an appointment you must first query the patient.   If the patient has never been in the office before and is not registered, enter the patient name and press TAB like you are creating an appointment for a UND patient.

5.3.5.2.1 Future

Once you have the patient displayed, click on the display area after the <u>Next</u> button on the <u>Special Functions</u> bar.
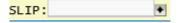
This will have the system search for future appointments for that patient.
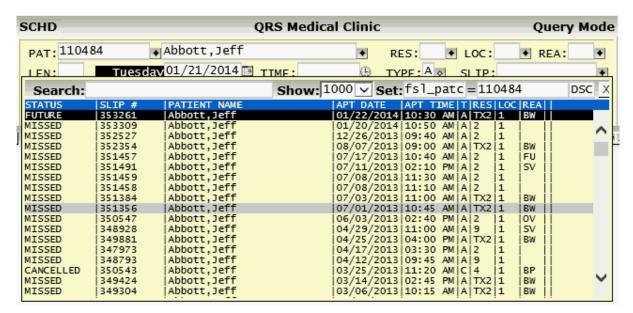
It will then display all appointment future records for the patient.
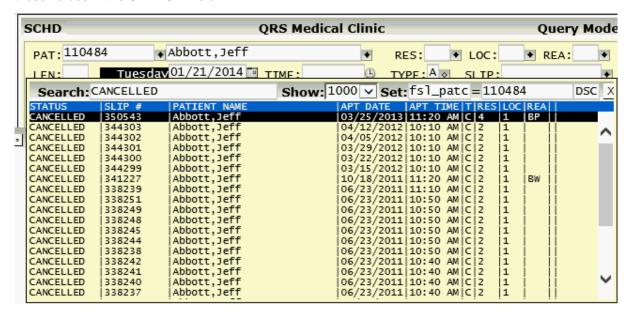
5.3.5.2.2 Historical

If you want to see all appointment records for an account use the SEARCH function on the SLIP field.
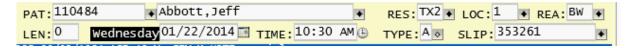
You may refine your search for FUTURE, KEPT, MISSED, CANCEL, etc appointments by entering those values in the SEARCH: field.

5.3.5.3   Cancel an Appointment

Query the appointment as described in <u>Find an Appointment</u>. You will see the appointment information on the top of the form with the slip number.

Use the REMOVE function.

You will then be prompted
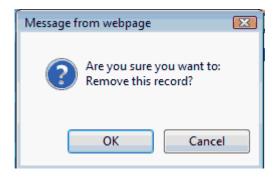
Select OK and the appointment will be canceled.

When an appointment is canceled the system will check for Bump Ups automatically.

💣 **The Cancel dialog will only display on records that are type "A" or "a" for appointment. Otherwise the remove function will work only to remove a record.**

5.3.5.3.1 Remove an Appointment

If you select Cancel from the above prompt you will then be prompted.
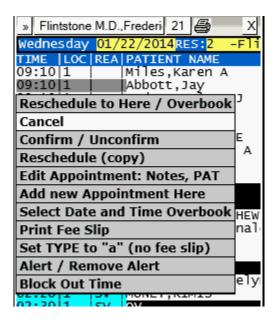
Click OK to remove the record.

💣 **It is only recommended removing an appointment if the appointment is made in error. If the patient is actually cancelling the appointment you should use Cancel so the system can keep track of the canceled appointments for you.**

5.3.5.3.2 From Book

Click on the appointment and then Click Cancel on the appointment book menu.

You will then be prompted
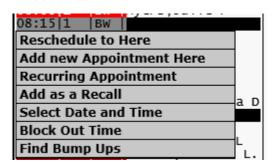
Select OK.
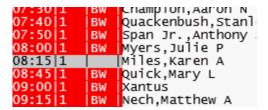
5.3.5.4   Reschedule an Appointment

Patients occasionally wish to change their appointments. The scheduling system gives you the ability to change appointment information. First, locate the patient's current appointment as described in .

Find a new opening in the appointment book by changing the DATE, RES, etc…
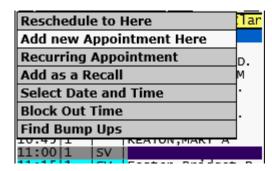
Click on the new opening and click Reschedule to Here. The appointment date and time will be moved and the record updated.

The new appointment will then display.

5.3.5.5 Adding additional Appointments

You may want to make several appointments for a patient at the same time. After you make the first appointment you may find additional times slots and click on them.

Click on Add new Appointment Here. A new appointment that contains the same information as the other will be schedule at that location. You may change RES, LOC, REA, and DATE while performing your new search before you copy.
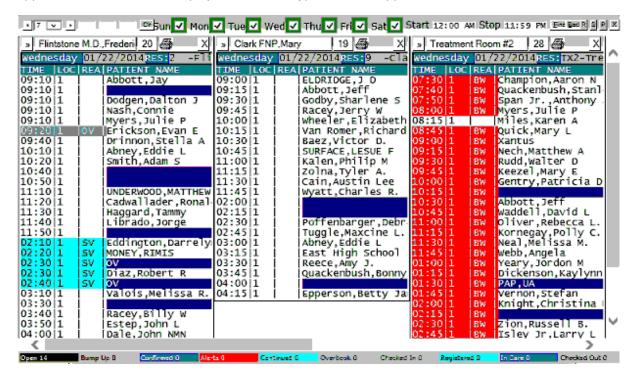
5.3.5.6 Other Options

There are many other advanced scheduling options available to learn more see Schedule Menu.
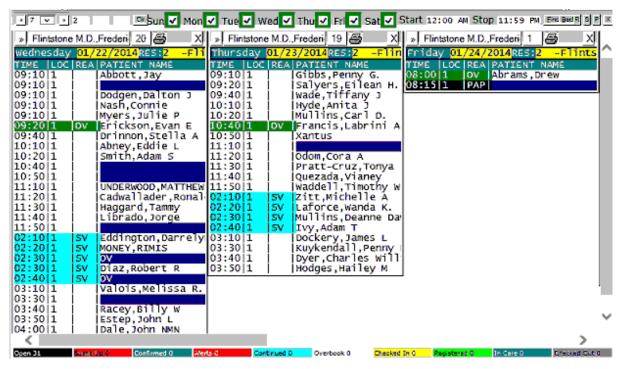
5.3.6   The Appointment Book

The Appointment Book is a very powerful tool that allows you to view appointment "schedules" in a variety of ways. The appointment book automatically determines what "schedules" to display based upon the information entered at the top of the SCHEDULING screen.

If the RES field is left blank, the appointment book will display schedules for all resources for the the date displayed in the date field. It also will look at the TYPE field to determine what type of appointment schedules to display. The default type is "A" for Appointments.

If a resource is defined it will show X number of days (7 by default) of that resources schedules.

5.3.6.1 Control Bar

The Control Bar at the top of the appointment book gives you a lot of flexibility about what schedules will display and how they will display.

5.3.6.1.1 Back / Number of Days / Forward

 This allows you to jump back and forth the number of days displayed.
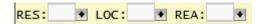
Clicking the Back (first) button will change the date in the date field above by subtracting the number of from that date. This in turn will change the schedules that display.

Clicking the forward button will add the number of days to the data field and change the schedules that appear.
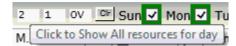
Clicking on the Number of days will open a drop down that will allow you to select the number of days. This can be defaulted by changing the default value in the DAY field.

5.3.6.1.2 Resource / Location / Reason

 These three display fields show the Resource, Location and Reason the schedules will display. They mimic the RES, LOC and REA fields above.

To select a resource, location or reason you must use the fields on the data entry form. But if for some reason you want to clear any of these values you may click on the corresponding field in the Control Bar.

Clicking will clear the value.

5.3.6.1.3 Days of the Week

These check boxes allow you to select the days of the week you want to display or search for using the Find button.

So if you only want to look at schedules for Monday, Wednesday and Friday you would uncheck all others.

The Clr Button will uncheck all of the days.

5.3.6.1.4 Start / Stop Times
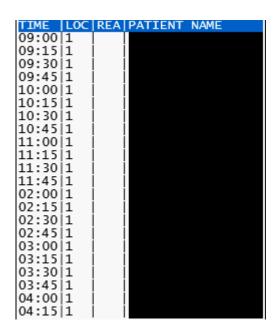
  The Start and Stop time will dictate the time frame that open slots will be displayed or searched for using the Find Button.

The default for these is for the entire date. You may change them by clicking on the field. This will use the Time Picker to allow you to enter a time.

With the time frame opened an appointment schedule with all open appointments would look similar to the following.

```
TIME  |LOC|REA|PATIENT NAME
09:00|1  |   |
09:15|1  |   |
09:30|1  |   |
09:45|1  |   |
10:00|1  |   |
10:15|1  |   |
10:30|1  |   |
10:45|1  |   |
11:00|1  |   |
11:15|1  |   |
11:30|1  |   |
11:45|1  |   |
02:00|1  |   |
02:15|1  |   |
02:30|1  |   |
02:45|1  |   |
03:00|1  |   |
03:15|1  |   |
03:30|1  |   |
03:45|1  |   |
04:00|1  |   |
04:15|1  |   |
```

But if we change the start time from 12:00 AM to 12:00 PM we would see.

Start 12:00 PM Stop 11:59 PM

```
TIME  |LOC|REA|PATIENT NAME
09:00|1  |   |
09:15|1  |   |
09:30|1  |   |
09:45|1  |   |
10:00|1  |   |
10:15|1  |   |
10:30|1  |   |
10:45|1  |   |
11:00|1  |   |
11:15|1  |   |
11:30|1  |   |
11:45|1  |   |
02:00|1  |   |
02:15|1  |   |
02:30|1  |   |
02:45|1  |   |
03:00|1  |   |
03:15|1  |   |
03:30|1  |   |
03:45|1  |   |
04:00|1  |   |
04:15|1  |   |
```

5.3.6.1.5 Find / Back / Reset Buttons
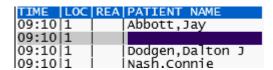
Find Back R   Everything up to this point with the appointment book has been manual. But the Find button will allow the computer to search for an opening based on the criteria you have defined.   This includes:

- Resource
- Location
- Reason

- Day of Week
- Start and Stop Times

FIND BUTTON
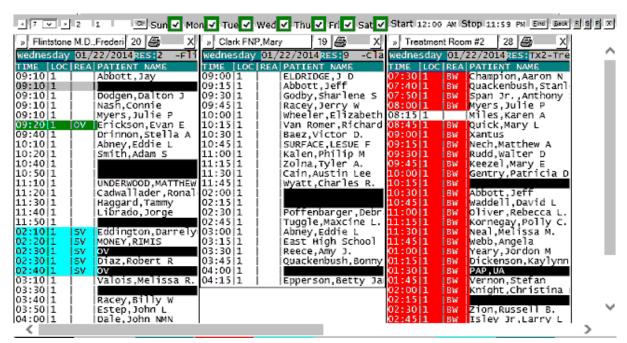
When you click this button it will start search starting on the date in the DATE field. It will find the first appointment that meets your criteria show the schedule with the opening in grey.

It will also populate the RES, LOC, REA, DATE and TIME in the appointment information.

The reset of the book will show all other schedules for that day where you may see other openings that may be more suitable for the patient.

If you started your search with a resource it will display only that resource for the number of days defined. If you don't find a suitable opening for the patient you may click the Find button again to continue searching.

Once you find a suitable time slot click on the slot. That will open the schedule menu.

Click on Add new Appointment Here to add the appointment. Complete any additional scheduling and patient data and accept the record.

The program will search up to 180 days for an opening. If an appointment can't be found you will be shown the following confirmation.

BACK BUTTON

Sometimes when searching for an appointment opening for a patient they will request that you go back to a previous appointment offering. Clicking the Back Button will have the computer search back to the previous appointment that was offered.

RESET BUTTON
The Reset [R] button will reset the Day of Week and Start / Stop time selections made.

5.3.6.1.6 Show / Hide all schedules button

[s] The Show button will have the Appointment Book show all schedules. Even when a resource has no configuration for that day.
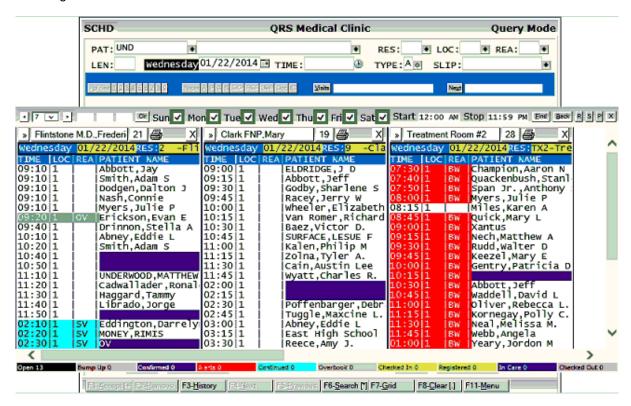
When you click on the Show button it will toggle to the Hide button.

[H] Clicking on this will hide these schedules without configurations and toggle the button back to Show.

5.3.6.1.7 PM / All appointments button
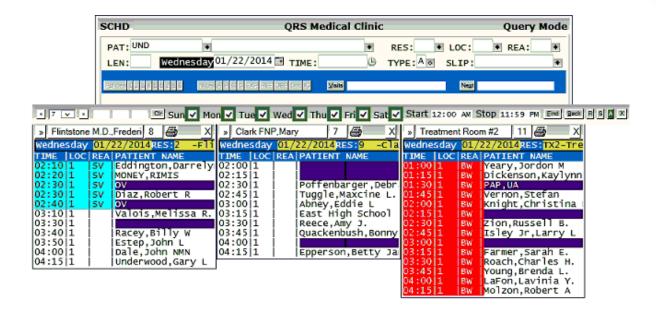
[P] The PM / ALL button only works when you are displaying the current days appointments. It is used by the check-in / check-out people. It is helpful when you have a large appointment schedule that does not completely display on the screen.

In the morning as you are checking patients in and out you would see schedules that look similar to the following.

But in the afternoon as the patients show up to check in and out it becomes cumbersome to scroll the appointment books down using the scroll bars to find the appointments.

By clicking the PM button only appointments after 12PM will display making it easier to find the afternoon appointments.

This feature will stay active as long as you are on the screen. Even when using the CLEAR function.

You will notice the button has toggled to [A]. Clicking on this will set it back to showing all appointments for that day.

5.3.6.1.8 Countdown Timer
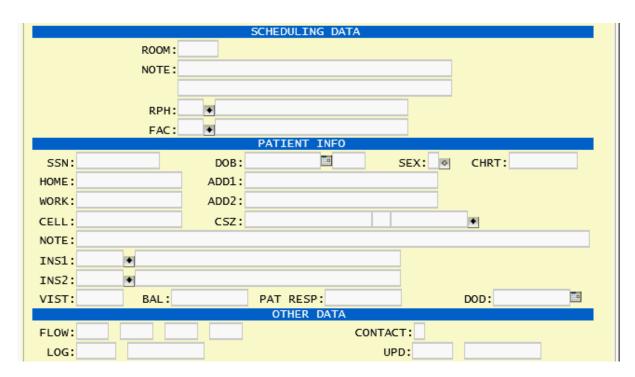
[60] The Countdown Timer will display if a REFRESH time is configured in the Security & Configuration.   Once it reaches "0" the appointment book will automatically refresh.

If you move the cursor over the appointment book the counter will reset and turn red. It will stay red and at the defined REFRESH time until you move the mouse out of the appointment book. This presents the book from refreshing when you are attempting to pick a slot to schedule an appointment.

If you click on the countdown timer the book will refresh.

5.3.6.1.9 Hide Book Button
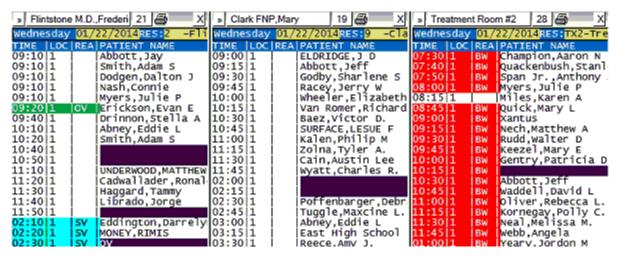
[X] The Hide Book Button will hide the appointment book and show the underlying data entry form.

This feature will happen automatically when the cursor moves from the SLIP field into the ROOM field of the the data entry form. If you would like to show the appointment book, click on any field at the top of the form from PAT to SLIP.
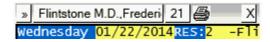
5.3.6.2 Schedules

Inside the appointment book will show the schedules for the resources.

Each schedule has its own controls
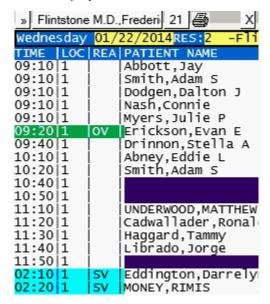
5.3.6.2.1 Schedule Controls
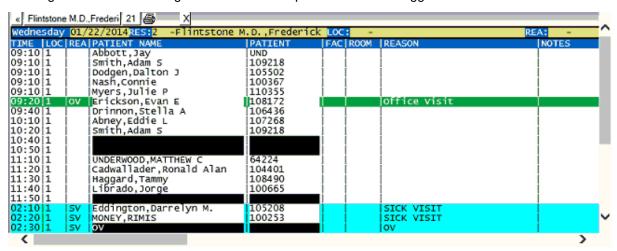
The top two lines of the appointment schedule offer controls for that schedule.

5.3.6.2.1.1 Expand / Contract

» In the upper left hand corner you will find expansion / contractions button. Normally the schedule will be displayed in a contracted view.
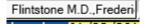
Clicking this button will change the view to the expanded view and toggle the button to Contract.

Clicking again will toggle back to contracted view.

5.3.6.2.1.2 Select Resource / Date
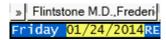
This button will display the resource name. If the book is showing all resources because the RES field is empty, clicking this button will populate the RES field with the code for the resource.

This will change the book to show only that resources schedules starting at the date in the DATE field for the number of days defined in the Number of Days defined in the Control Bar.

When only one resources schedules are displayed in the book, clicking on this button will set the date
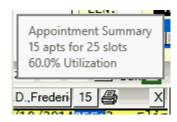
in the DATE field to the date of that schedule.

The book will redisplay the schedules for that resource starting with that date.

5.3.6.2.1.3 Appointment Summary

 The Appointment Summary button is next to the resource name on the schedule controls. Hovering over the Appointment Summary button will display a quick utilization of the appointment schedule. This utilization is based on the slots and scheduled appointments displayed.

Clicking the Appointment summary button will provide access to the appointment summary reports. There are three interactive reports available to you on this dialog.

The Appointment Summary Reports dialog has a control bar to allow you to run the reports.

From this control bar you may:
- Select the report
- Select the From date
- Select the To date
- Select the resource
- Select the location
- Print the Report
- Get Help
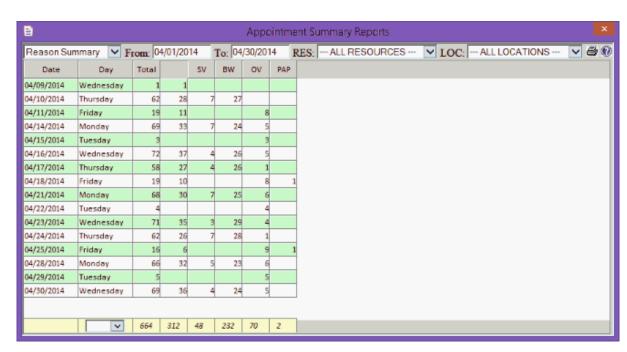
Filtering the Report
You may click on the footer of the Day column to filter your report for a single day of the week or all days.

Selecting a Date
If you click on a list item from any of the reports it will return that date to the scheduling form and display the appointments for that date.
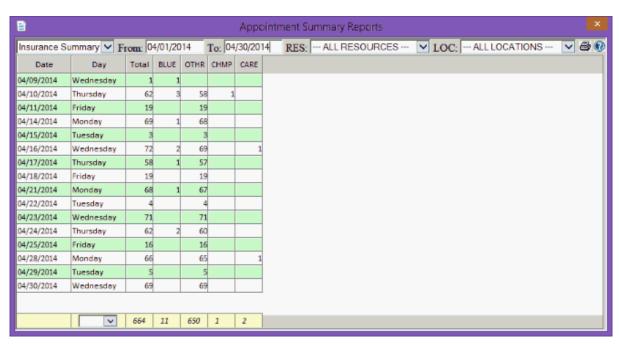
The Reason Summary is the default report. This report will list the total number of appointments (type "a" or "A") for each day based on the selection criteria. It will then break that total down into reasons. The column without a header would be no reason defined.
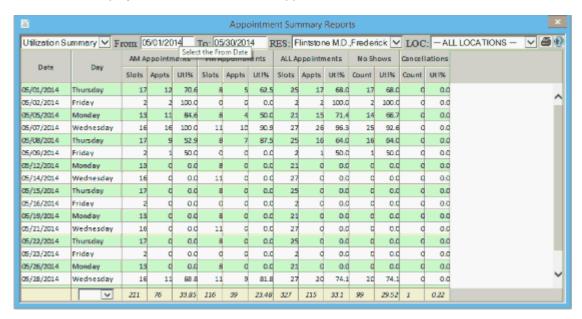
The insurance summary will give a total of all appointments (type "a" or "A") for each day for the resource selected and then a break down by the different types of insurances. They are:

- NONE - no insurance
- CARE - Medicare
- CAID - Medicaid
- CHMP - Champus
- VA - VA
- FECA - FECA
- BLUE - Blue Cross / Blue Shield
- OTHR - Other Insurance
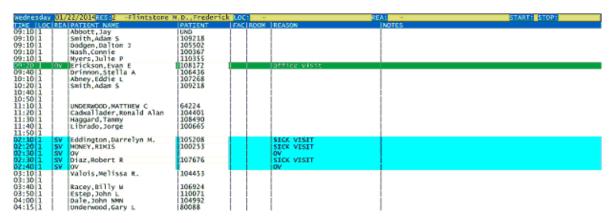
The Utilization Summary will give information on the number of appointments, "no shows" and cancellations based on the number of slots available. It gives a total for each and the Utilization percentage. It also gives a breakdown based on AM appointments and PM appointments.

No Shows are looked at in two ways. No check-in time stamp and appointment type changed to "N". All will show in the No Shows data. No Shows that are still appointments but do not have a check-in time will also display in the AM, PM and ALL Appointments data.

5.3.6.2.1.4 Print Schedule
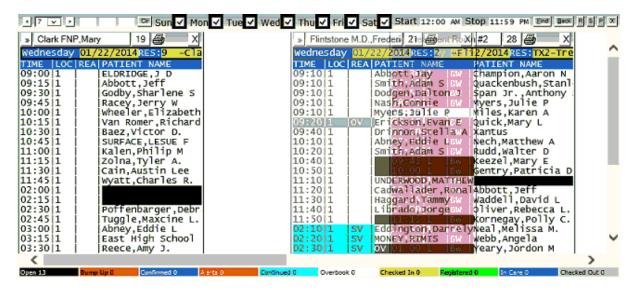
Clicking on the printer icon will produce an HTML report of the appointment schedule as it displays on the screen and allow you to print it to a printer connected to your PC. This differs from the normal appointment schedule reports in that it can include the colors and other markups that appear only within the appointment schedules displayed on the screen.

5.3.6.2.1.5 Grab Bar

The Grab Bar is the area between the Print Schedule Button and the Close Schedule Button. This can be used to rearrange the order of the schedules in the book.

When you click and hold in the grab bar you may then move your cursor left or right to move the schedule within the book.

Drag the schedule to the location you want to place it and release the button on the mouse. It will then drop that schedule.

This can be helpful if you want to look at two resources adjacent to each other to compare schedules. Such as a provider and a piece of equipment.

5.3.6.2.1.6 Close Schedule
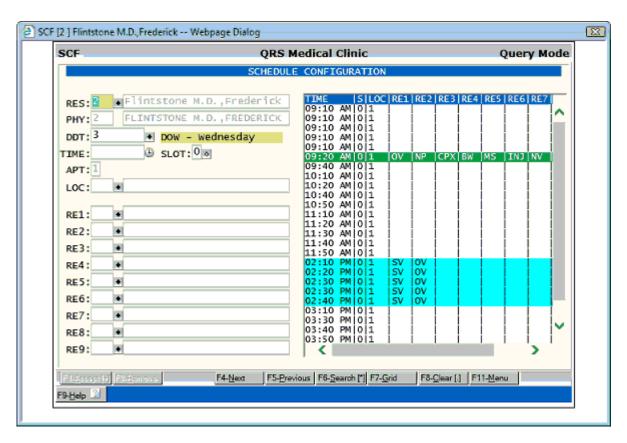
The Close Schedule button will take that schedule out of the current book. You may get it back by changing the book selection criteria or pressing the Show / Hide all schedules button on the Appointment Book Control Bar.

5.3.6.2.1.7 Edit Scheduling Configuration

Clicking in the header of the appointment schedule that shows the Day, Date, Resource, Location, Reason etc... will allow you to quickly go to that Scheduling Configurations if you have security to do so.

It will open the Scheduling Configuration form in a pop-up window.
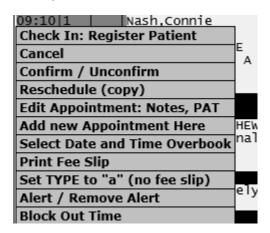
From here you may make changes to that configuration, create new or update other configurations.

You may also note that the background color of the header area designates the type of configuration.

5.3.6.2.2 Schedule Menu

When you click on a time slot in the "schedule" a menu will open to give you options.

The contents of this menu are dynamic and are based on things such as the users security level, DATE, SLIP, TYPE If the slot is empty, has an appointment in it, etc.. Here we will discuss each option that may display and under what conditions.

5.3.6.2.2.1 Schedule Followup Here
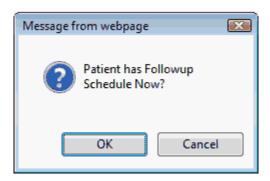
This option will display when the following conditions are met.
- The appointment type is "F" for followup
- Appointment date is equal to or greater than current date
- The Time slot is empty
- An appointment is displayed on the screen
- The record queried is flagged as a Followup
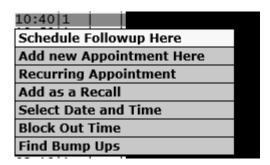
If is used when scheduling a followup. A followup is a special appointment type. It is generally requested by the provider and automatically entered by request from an EMR/EHR system. The provider what have put in the note Followup in 2 Weeks.
This will add this special appointment type to the schedule so at check out they are alerted to make the appointment. Using a Paper Fee Slip, you would not have this situation.

When you query a patient with a followup you will be prompted:

If you click OK the system will query that Followup appointment on the scheduling form. This will include the resource, location and reason the provider specified as well as the set the DATE to the time frame that he/she wanted the patient to return for this followup. It will change the TYPE from an F to an A so the appointment book displays. From here find an open time slot and click on it. You will see the following menu.

Because the Followup is an existing appointment you are presented the option "Schedule Followup Here". Clicking on this will update the followup record to an appointment record with the selected time slot information.

If you where to select "Add new Appointment Here" it would create a new appointment record and the Followup record would still exist.

So the purpose of the followup is to communicate to the check-out person that the provider wants to see the patient again in a relatively short time period. That Followup record contains most of the information required for the appointment less the final date and time. So the process is to convert the Followup to and Appointment so it will be in the providers future schedule.

5.3.6.2.2.2 Reschedule to Here

This option will display when the following conditions are met.
- Type field is A or a
- Appointment date is equal to or greater than current date
- The Time slot is empty
- An appointment is displayed on the screen
- The appointment has not check in

This option allows you change an existing appointments resource, location, date, time, etc.. to that of the slot you have clicked on. It is used to reschedule an appointment to a new date or time.

See Reschedule an Appointment.

5.3.6.2.2.3 Add new Appointment Here

This option will display when the following conditions are met.
- Type field is A or a
- Appointment date is equal to or greater than current date
- The Time slot is empty
- There is a patient name
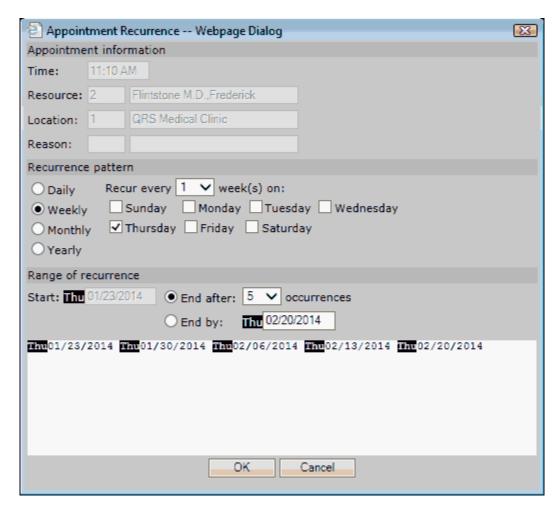
It is used when you are scheduling a patient or want to add additional appointments for a patient.   This will create a new appointment record each time it is used.

5.3.6.2.2.4 Recurring Appointment

This option will display when the following conditions are met.
- Type field is A or a
- Appointment date is equal to or greater than current date
- The Time slot is empty
- There is a patient name

This option allows you to create a series of recurring appointments for a patient. When you click on this option you will be presented with the Recurrence Dialog.

This dialog will allow you to create a series of recurring appointments based on a pattern and a range. All appointments will be for the same Time, Resource, Location, and Reason. All of the Dates you define will be displayed on the bottom of the dialog.

Once you are content with your selections, click OK to schedule all of the appointments.

A dialog will display while the appointments are being created, once done the very last appointment created will display on the scheduling form.

5.3.6.2.2.5 Select Date and Time

This option will display when the following conditions are met.
- Type field is A or a
- Appointment date is equal to or greater than current date
- The Time slot is empty
- There is a patient name

This actually selects everything about the slot including the resource, location and reason. It will load the information onto the scheduling form.

This does not add or update the record, it only changes the the RES, LOC, REA, DATE and TIME fields. You would then manually need to Add or Update the record.

5.3.6.2.2.6 Add as a Recall

This option will display when the following conditions are met.
- Type field is A or a
- Appointment date is equal to or greater than current date
- The Time slot is empty
- There is a patient name

Some practices do not schedule appointments far in the future (say a year) but instead they create a Recall.   This is a special type of record that gathers all the information for the appointment that allows you to contact the patient in the future to schedule the actual appointment.
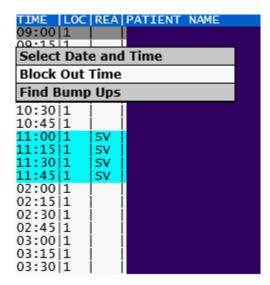
See Working Recalls under Advanced Features.

5.3.6.2.2.7 Block Out Time

This option will display when the following conditions are met.
- Type field is A or a
- Appointment date is equal to or greater than current date
- The Time slot is empty
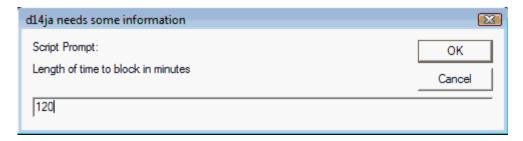
This feature allows you block out a time slot or group of time slots.   This feature is very useful when a provider has to change a schedule for a specific day but you do not need to create a unique configuration. Such as a meeting or other special engagement.
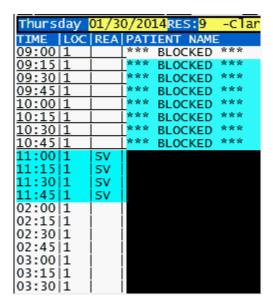
When you click on this option it will first present a dialog to let you define why you are blocking the times.

It will then present another dialog requesting the length in time in minutes to block.

This example is for 120 minutes (2 hours). Click OK and the time blocked will display in the schedule.
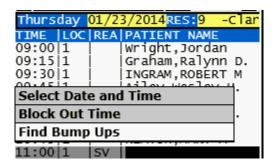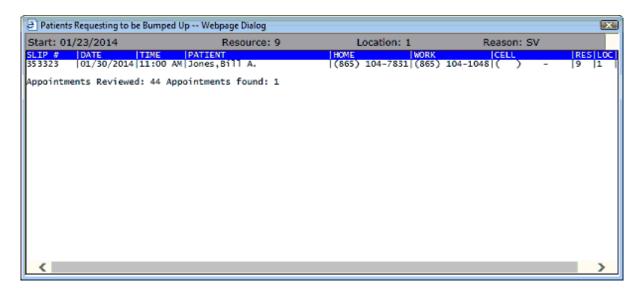
5.3.6.2.2.8 Find Bump Ups

This option will display when the following conditions are met.
- Type field is A or a
- Appointment date is equal to or greater than current date
- The Time slot is empty
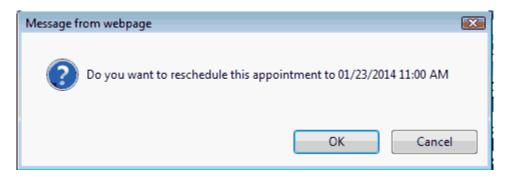
This feature will present a dialog of any patients that have appointments scheduled in the future and have requested a bump-up ("*" in ROOM field) that meet would fit in this appointment.

From this dialog you may contact this patient and see if they would like to change their appointment to this new (sooner) time slot.

If they agree, click on the appointment in the dialog an you will see.

Click OK and the appointment will be rescheduled.
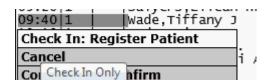
5.3.6.2.2.9 Check In: Register Patient

This option will display when the following conditions are met.
- Type field is A or a
- Appointment date is equal to the current date
- The Time slot has an appointment schedule
- The appointment FLOW time 1 is 0 (empty)

This option will allow you to either check in the patient

or check and register the patient.

See Patient Flow under Advanced Features.

5.3.6.2.2.10 Register Patient

This option will display when the following conditions are met.
- Type field is A or a
- Appointment date is equal to the current date
- The Time slot has an appointment schedule
- The appointment FLOW time 1 has a value
- The appointment FLOW time 2 is 0 (empty)

This option will allow you to register the patient.

See Patient Flow under Advanced Features.

5.3.6.2.2.11 Clear Patient Flow

This option will display when the following conditions are met.
- Type field is A or a
- Appointment date is equal to the current date
- The Time slot has an appointment schedule
- The appointment FLOW time 1 has a value
- The appointment FLOW time 2 is 0 (empty)

This option will allow you to clear the patient flow values for the appointment. This would be used if you mistakenly checked the wrong patient in.

See Patient Flow under Advanced Features.

5.3.6.2.2.12 IN Care (Room)

This option will display when the following conditions are met.
- Type field is A or a
- Appointment date is equal to the current date
- The Time slot has an appointment schedule
- The appointment FLOW time 1 has a value
- The appointment FLOW time 2 has a value

This option allows you to define the room the patient is in (clinical side)
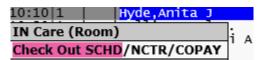
See Patient Flow under Advanced Features.

5.3.6.2.2.13 Check Out SCHD NCTR COPAY
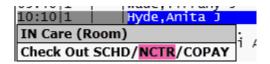
This option will display when the following conditions are met.
- Type field is A or a
- Appointment date is equal to the current date
- The Time slot has an appointment schedule
- The appointment FLOW time 1 has a value
- The appointment FLOW time 2 has a value
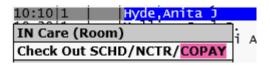
This option allows you to check out a patient. You have options as to how to check them out.
Pull them up in scheduling

The Encounter form

or just collect a copay
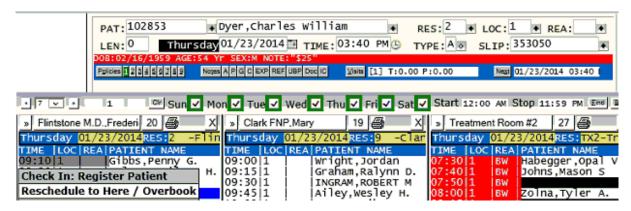
See Patient Flow under Advanced Features.

5.3.6.2.2.14 Reschedule to Here / Overbook
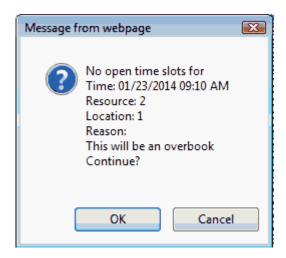
This option will display when the following conditions are met.
- Type field is A or a
- Appointment date is equal to or greater than the current date
- The Time slot has an appointment schedule
- An existing appointment is displayed on the scheduling form

This option allows you to reschedule an appointment to a time slot that already has an appointment scheduled. Because of this an overbook situation will be created. One of the appointments will display as an overbook in the schedule.

You will be presented with an overbook confirmation.

Click OK to schedule anyway.

5.3.6.2.2.15 Cancel

This option will display when the following conditions are met.
- Type field is A or a
- Appointment date is equal to or greater than the current date
- The Time slot has an appointment schedule
- The patient has not checked in (FLOW time is 0 or empty)

This feature will cancel the appointment.   Change the TYPE from an "A" or "a" to a "C". The patient will then show on the cancellation list.

When an appointment is canceled the system will check for Bump Ups automatically.
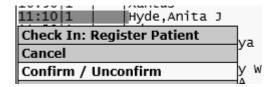
You may also cancel an appointment using the REMOVE function.

5.3.6.2.2.16 Confirm / Unconfirm

This option will display when the following conditions are met.
- Type field is A or a
- Appointment date is equal to or greater than the current date
- The Time slot has an appointment schedule
- The patient has not checked in (FLOW time is 0 or empty)

This feature will allow you to either confirm or un-confirm and appointment.

If the appointment is not confirmed you may be presented with a list of how you confirmed the appointment.

These are set up in the Classification form (CLS) as a type "C".
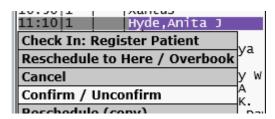
Click on the method. This will update the ROOM number in the appointment with the confirmation information.
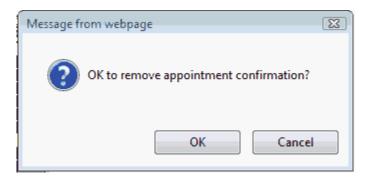
The schedule will redisplay with the appointment colored as confirmed.

If you need to un-confirm a confirmed appointment select the same option.

You will be prompted.

Click OK.

The ROOM field will be cleared and the appointment redisplayed.

5.3.6.2.2.17 Reschedule

This option will display when the following conditions are met.
- Type field is A or a
- Appointment date is equal to or greater than the current date

- The Time slot has an appointment schedule
- The patient has not checked in (FLOW time is 0 or empty)
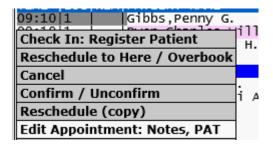
This feature will allow query the appointment and display it in the scheduling form. (Technically the same as Edit) From here you may find a new time slot and reschedule the appointment or create additional appointments for the patient.

5.3.6.2.2.18 Edit Appointment: Notes, PAT

This option will display when the following conditions are met.
- Type field is A or a
- Appointment date is equal to or greater than the current date
- The Time slot has an appointment schedule
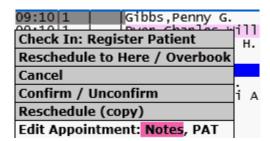
This feature will allow query the appointment and display it in the scheduling form.
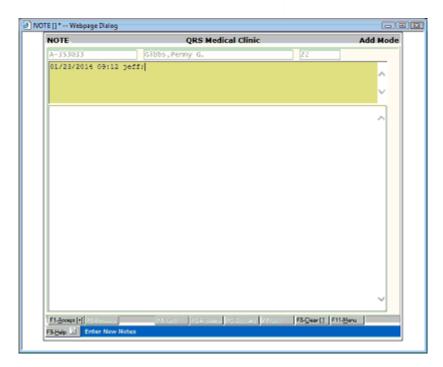
From here you may change other data on the appointment and save it. You could also at this time reschedule or add additional new appointments for this patient.
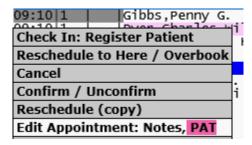
This feature also has additional options to allow you to directly access other information related to the appointment.
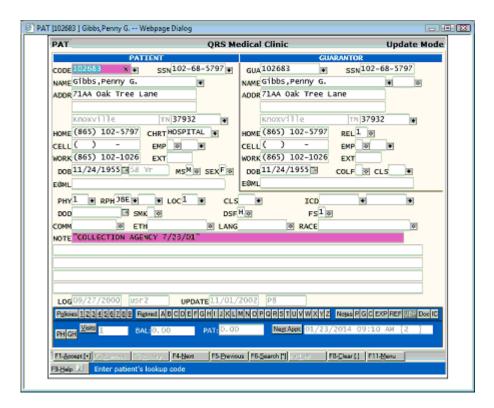
By hovering over Notes and clicking you will go directly to the Appointment Notes. This will open in a window. It is helpful if you need to document something about the appointment.

Or hovering and clicking on PAT will open the patient form in a window.

Very useful if you need to change anything for the patient, such as address or phone number.

5.3.6.2.2.19 Select Date and Time Overbook

This option will display when the following conditions are met.
- Type field is A or a
- Appointment date is equal to or greater than the current date
- The Time slot has an appointment schedule

This feature is the same as Select Date and Time but will appear when the result of scheduling the appointment will be an overbook. It will not actually add the appointment, but just populate the RES, LOC, REA, DATE and TIME fields.
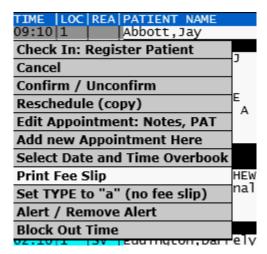
If you do add the appointment it will create an overbook situation.

5.3.6.2.2.20 Print Fee Slip
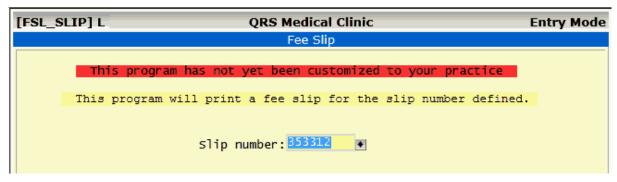
This option will display when the following conditions are met.
- Type field is A or a
- Appointment date is equal to or greater than the current date
- The Time slot has an appointment schedule

From the Appointment book you may also print an on-demand fee slip.

Click on the appointment you want to print a fee slip for. Then highlight and click on "Print Fee Slip" on the drop down menu. This will take you directly to the Fee slip form as found on the SCHD Menu.
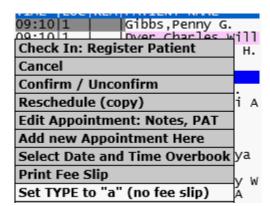
5.3.6.2.2.21 Set TYPE to "a" (no fee slip)

This option will display when the following conditions are met.
- Type field is A
- Appointment date is equal to or greater than the current date
- The Time slot has an appointment schedule
- The appointment has not been checked in

This feature allows you to change an appointment type from an "A" to an "a"

Type "A" appointments will print a fee slip, type "a" appointments will not print a fee slip using Print Fee Slips program.

When you set the type it will redisplay the appointment.

You may notice the appointment now as an underline. This lets you know it is a type "a" appointment.
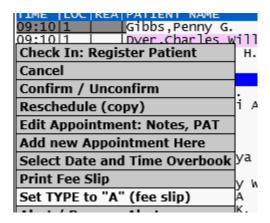
5.3.6.2.2.22 Set TYPE to "A" (fee slip)

This option will display when the following conditions are met.
- Type field is a
- Appointment date is equal to or greater than the current date
- The Time slot has an appointment schedule
- The appointment has not been checked in

This feature allows you to change an appointment type from an "a" to an "A"

Type "A" appointments will print a fee slip, type "a" appointments will not print a fee slip using Print Fee Slips program.

When you set the type it will redisplay the appointment.

You may notice the appointment no longer has an underline. This lets you know it is a type "A" appointment.
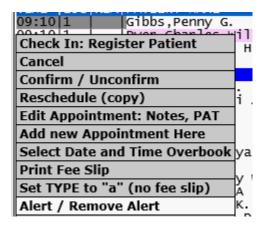
5.3.6.2.2.23 Alert / Remove Alert

This option will display when the following conditions are met.
- Type field is A or a
- Appointment date is equal to or greater than the current date
- The Time slot has an appointment schedule
- The patient has not checked in (FLOW time is 0 or empty)
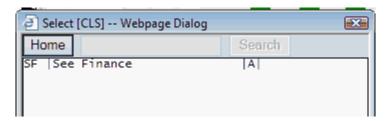
This feature will allow you to either mark an appointment as Alert or Remove the Alert.

The alert allow you put a "Red Flag" on an appointment to let other know something must be done with this patient. Such as they need to pay the bill before being seen.

You may be presented with a dialog that allows you to select the reason for the alert.

These are set up in the Classification form (CLS) as a type "A".
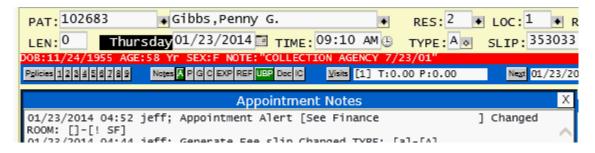
Select the reason and the appointment will redisplay.
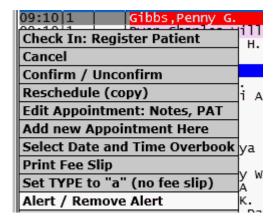
This will also modify the ROOM field to show an alert and the reason.

And the appointment notes will be appended to show the reason.

If the appointment is in alert status this will feature will remove the alert.

You will be prompted with the dialog.

Click OK and the appointment will redisplay.

The Room # will be cleared out and the Appointment notes will document who removed the alert.

5.3.6.2.2.24 Edit Notes

This option will only display on historical appointments. It will query the appointment and display the Appointment Notes in a new window.

5.3.6.2.2.25 Edit Slip

This option will display for any record that is not an appointment (Type "A" or "a"). It will query the record and display it in the Scheduling form.

5.3.6.3 Scroll Bars

 The Scroll bars on the the right and bottom of the appointment book will scroll all books. The headers will remain in place when the user scrolls down.

5.3.6.4 Status Color Codes

At the bottom of the appointment book you will see a legend that displays the color codes for different states that an appointment may be in.

The Patient NAME and CODE will display in this color on an appointment when the appointment meets the criteria required.

Do not confuse these with using appointment reason colors. Those will display on all parts of the

appointment except the NAME and CODE.

Open
Black is the color for open appointment slots. This is an open slot that meets the criteria for scheduling an appointment based on information entered in the RES, LOC, REA, LEN and DATE fields. This will show a number of the open appointments in the book.

Bump Up
Burnt Orange is the color for bump ups. This appointment has had an "*" placed in the ROOM field when it was scheduled. This tells you that the patient would like an appointment sooner if one is to open up.

Confirmed
Purple is the color of appointments that have been either manually confirmed or using Appointment Reminder Services. It will also display a number of all the confirmed appointments for the current appointment book display.

Alerts
Red is the color for appointments that have been marked with an appointment alert.

Continued
Aqua shows a continuation of an appointment. One that spans multiple time slots.

Overbook
Violet is the color of a appointment that is an overbook. More appointments schedule for a time slot than configured

Checked In
Yellow shows the patient has checked in. SEE PATIENT FLOW.

Registered
Lime shows the patient has been registered and ready to be seen by the clinical staff. SEE PATIENT FLOW.

In Care
Blue shows that the Patient is in care. SEE PATIENT FLOW.

Checked Out
Chocolate shows the patient has check out. SEE PATIENT FLOW.

5.3.7 Advanced Features

Here we will discuss some of the advanced features, functions and procedures required to fully utilize the scheduling system.
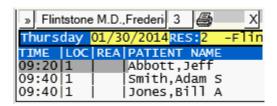
5.3.7.1 Working Recalls

Recalls are a special type of record that allows you to collect information about a future appointment. Instead of scheduling the actual appointment you set a date that you will recall or contact the patient to finalize scheduling of the appointment. Recalls can be schedule manually or may be automatically added if you are using an EMR/EHR system.
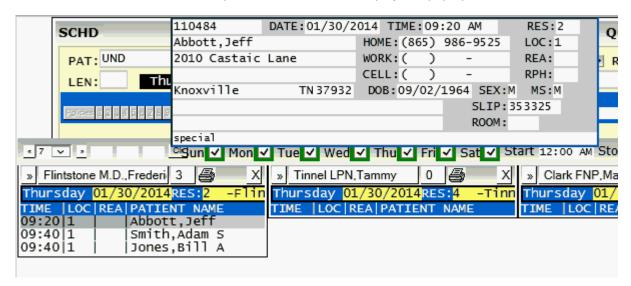
There are several methods that you may use to work recalls.

5.3.7.1.1 Using the Scheduling Form

Enter an "R" in the TYPE field the appointment book will show all of the Recalls schedule for that DATE.

Hover over the Recall and the core patient information will display in a pop up area.

Call / Contact the patient. If you are able to contact them click on the Recall and click on
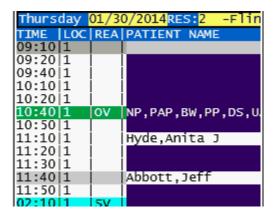
This will populate the scheduling form with the information from the Recall and change the TYPE field to an A.

This will display the Appointment schedules starting with the day of the recall. Find the opening and click on it.
From the menu select

Select Reschedule to Here. The recall will now become an appointment and display in the schedule. **DO NOT** select Add new appointment here. This will create a new appointment record and not change the Recall to an appointment.

You may clear the screen and repeat the process for each Recall.

5.3.7.1.1.1 No Contact With Patient

If you are not able to contact the patient to turn the Recall into an Appointment, you will need to move the DATE of the Recall to the next date that you plan to work Recalls.

Click on the Recall on the Recall list and select Edit Recall
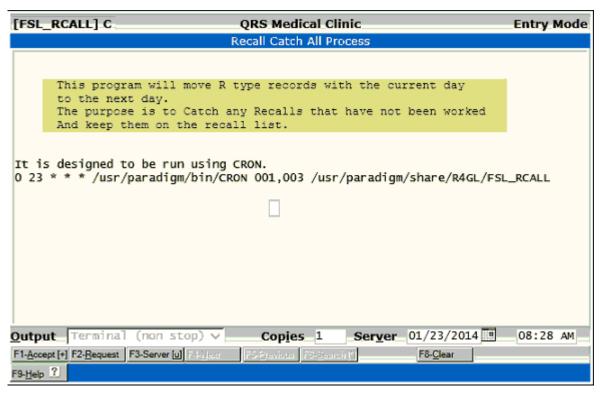
This will display the Recall information in the scheduling form and place the cursor in the DATE field. Change the date to the next date you will be working recalls and ACCEPT.

5.3.7.1.1.2 Recall Catch All Process
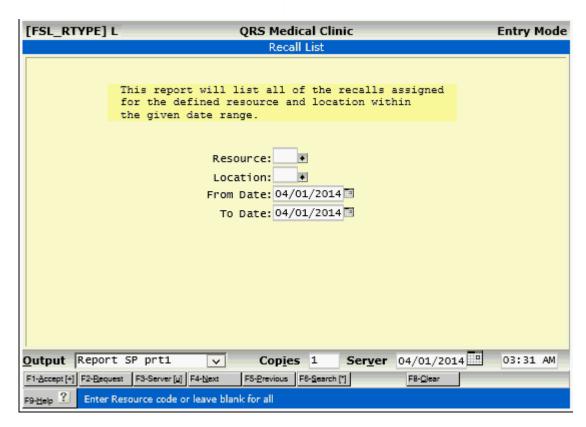
If you use the manual method to recall patients for appointments you may have your support people set up an automatic process that will move recalls from the current day to the next day automatically. This will eliminate having to perform the "No Contact With Patient" process defined above.

The Recall Catch All Process program can be added to a menu and run manually or can be added to the CRONTAB by support to run automatically every day.

5.3.7.1.2 From a Recall List

From the Window menu of the Scheduling Form SCHD MENU, you can select Print a Recall List.

Enter your criteria and ACCEPT the report.

Using the Report, Enter the Slip number on the Scheduling form to pull up Recall.

You may then use the process defined in Using the Scheduling Form above to change the Recall to an appointment.

5.3.7.1.3 Using Appointment Reminder Services

Appointment reminder services will not actually convert Recalls into Appointments but it will help in contacting patients to make their appointments. See Appointment Recalls under Appointment Reminder Services.
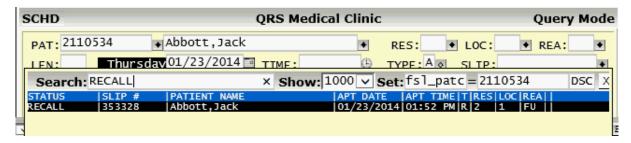
After the calls go out using Appointment Reminder Services the patients will call your office wanting to schedule their appointment.

First you must find the recall for the patient. This is the same as Find an appointment, using the historical method but with a twist.

To find a Recall you must first query the patient. If the patient has never been in the office before and

is not registered, enter the patient name and press TAB like you are creating an appointment for a UND patient.

Click in the SLIP field and use the SEARCH function and type in RECALL.

This will show only the recalls for that account.

Select the Recall from the SEARCH list.

This will display Recall in the scheduling form.

You may then use the process defined in Using the Scheduling Form above to change the Recall to an appointment.
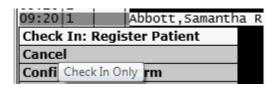
5.3.7.2   Patient Flow

Patient Flow allows you to track a patient through your office. This is helpful for several reasons. You know if the patient has checked in, has been registered, is in a room, or has checked out. Using reports you can analyze appointments to create more efficient scheduling configurations.

Patient Flow options will automatically appear on the appointment book menu when you click on an appointment for the current day. The options are as follows:

5.3.7.2.1 Check In

This option is helpful when the patient is given paperwork to complete, before registration can occur.
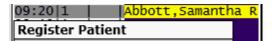
Check in will place a time stamp in the first FLOW time. The appointment schedule will re-display with the patient marked as checked in.
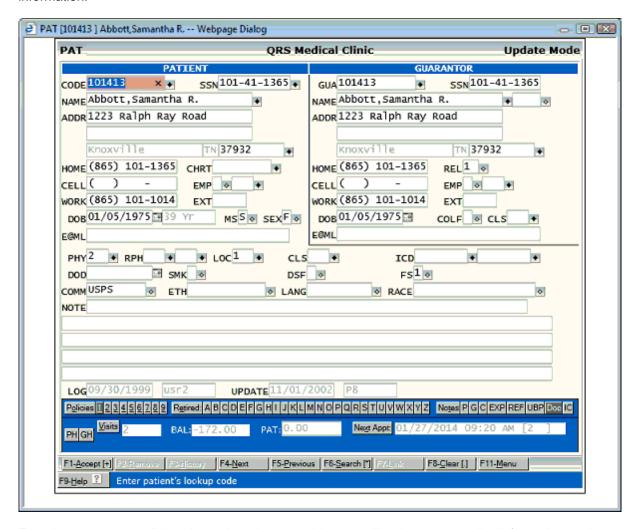
This option also supports the ability to check in and register the patient at the same time. This is done by hovering the mouse over the Register Patient area on the menu.

5.3.7.2.2 Register Patient

After a patient has check in, they may be registered. If this is an existing patient that has previously been to your office this will open the Patient (PAT) form in a new window and display the account information.

From here you may validate the patient demographics as well as insurance policy information and scan any new cards.
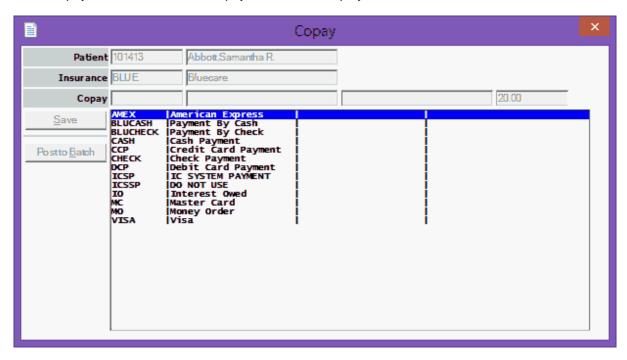
If you update the patients address, phone numbers, SSN, or chart number it will also update the patients existing appointments records.

When you return to the scheduling screen the appointment will be marked as registered when the book re-displays.

5.3.7.2.2.1 Copay

If the COPAY feature is turned on in the Security & Configuration and the patients primary insurance has a Copay amount defined the Copay Window will display.
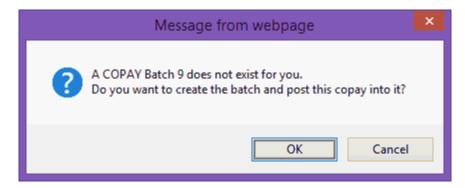
Select the payment type. Enter the check number if applicable and confirm the amount then click either "Save" or "Post to Batch".

Save will post the transaction as an open transaction that will be included in your End of Day.

"Post to Batch" will post the transaction into a special "COPAY" batch, stored as Batch ID 9. Transactions in a batch will not be included in the End of Day until you first close the batch.
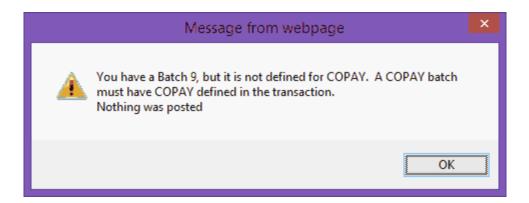
If a COPAY batch does not exist you will first be prompted to created it.
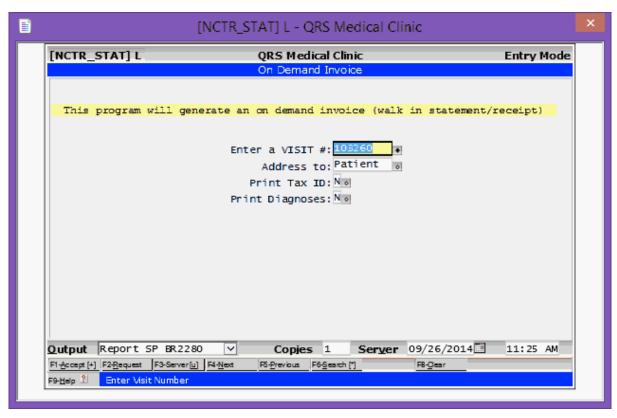
Clicking on OK will create the batch and post the payment. If you Cancel nothing will be posted.

If the COPAY batch already exist it will just post the transaction to that batch.

If a batch 9 exists but it is not defined for COPAY you will receive the following alert:

Once the transaction has posted You will be prompted to print a receipt.
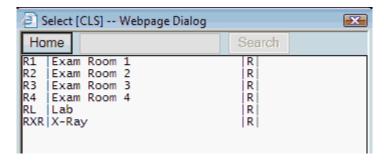
5.3.7.2.3 In Care

Once the patient has checked in they will be ready to be seen by the clinical staff. Once the clinical staff collects the patient from the waiting room you or the clinical staff may put the patient In Care.

This will open a list of rooms for defined classification codes set to type R.

Select the room and the appointment flow will be updated with the time the patient was first put into care. The room # will be put in the ROOM field. The Appointment notes will also document the changes.

When the schedule re-displays it will show the patient as In-Care.

While the patient is "In Care" the "IN Care (Room)" option will still display on the appointment book menu.
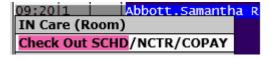
You may use this if the patient changes rooms while in care.   However the time stamp for the FLOW is only when the patient was initially put In Care. It will be up to your EMR/EHR to monitor flow within the clinical side of the practice. This feature remains useful to keep track of the location of a patient within your office.

5.3.7.2.4 Check Out

The Last step of patient flow is for the patient to check out. There are three options available to you when you check a patient out. Which one you use depends on your practice and how your patient flow works.   Things such as if you use Paper Fee Slips or have an EMR/EHR that tightly interfaces with the PM system will all have a role in what feature or features you may use here.

5.3.7.2.4.1 Scheduling (SCHD)

Practices that Use Paper Fee Slips will most likely use this feature when they check a patient out. The first priority would be to look at the Paper fee slip to see if the provider had requested another appointment with the patient. If so select this option.

This will first check the patient out and put a time in the final flow time area and redisplay the current schedule.
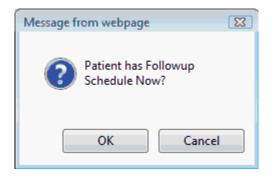
It will then query that patient account on the scheduling form with the same Resource and Location.

You may then search for the next DATE/TIME to schedule this patient based on the request of the provider on the fee slip.

If you are using an EMR/EHR and it sends followup requests and you select this option you will see the following dialog when you select this option.

Click OK to schedule the followup. This will display the followup appointment on the scheduling form and change the type to an "A"
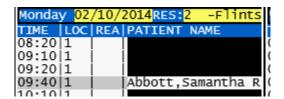
The Date will already start at the date requested by the provider in the Electronic Followup.
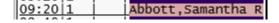
Find the opening for the patient and click on it.

Click on Schedule Followup Here.   The new appointment will display.
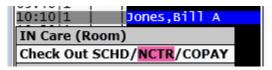
CLEAR the screen to return to the current day. You will see today's appointment has checked out.
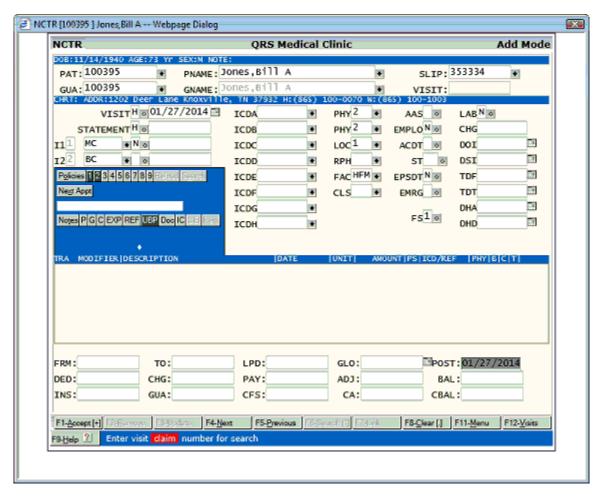
If the EMR/EHR does not send a Followup Request then the program will just update the flow time and display the appointment.
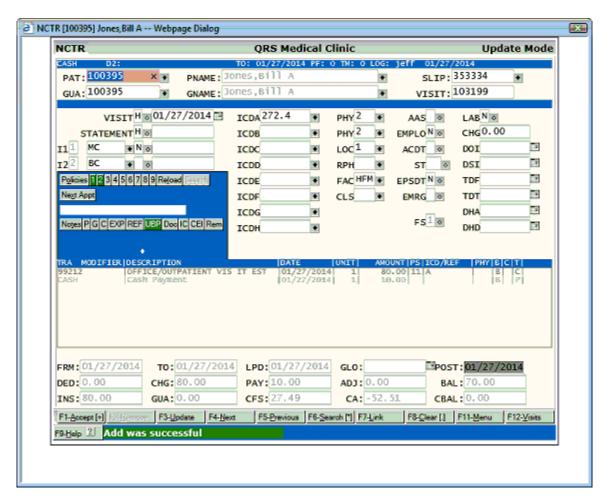
5.3.7.2.4.2 Encounter (NCTR)

If Entering from a paper Fee slip and choosing this option it will open the Encounter Form in a new window, query the account and appointment information for the new encounter.
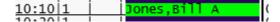
You may then enter the encounter information, charges and any payments or adjustments.

QUIT/EXIT the Encounter form. The Schedule will redisplay showing the appointment as checked out and reconciled.

When a patient comes to check out and you are using a EMR/EHR you will see that the appointment has an underline if the EMR/EHR has submitted the charge information.
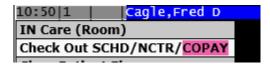
If there is no underscore the provider has not yet sent the charges from the EMR/EHR to the PM system.

If they have been submitted clicking on the Check Out NCTR will open the Encounter form in a new window and display the information sent from the EMR/EHR.   If no information has been sent it will do the same as for a Paper Fee Slip.

If the EMR/EHR has sent a followup request you will also go through the followup dialog described under Scheduling (SCHD) EMR/EHR.

5.3.7.2.4.3 Copay
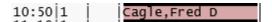
Some practices collect a Copay at check out instead of check in. They do not enter the charges but only collect the copay and someone comes behind and enters the charges, or they are submitted electronically from an EMR/EHR.

This option will display the Copay dialog to allow you to quickly collect the copay.

See Copay under Register Patient.
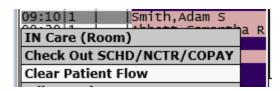
The schedule will redisplay showing the patient as checked out.

You will notice that the appointment has not been reconciled because charges have not been entered.

This does not check for an Electronic Followup.

5.3.7.2.5 Clear Patient Flow
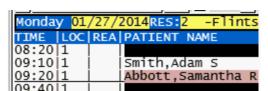
This option will allow you to remove all Patient Flow time stamps from the appointment record and redisplay the appointment book.

It will prompt you.

Click OK to proceed.

The Appointment Book will Redisplay.

showing the patient in a neutral flow status.
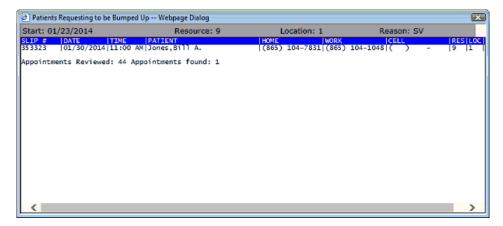
5.3.7.3   Bump Ups

Sometimes when a patient makes an appointment it is because it is the only opening you have. They would like an earlier appointment but you just do not have any openings to give them.   So they will request if you can bump them up if someone cancels.

A "bump up" is a method for the system to track when a future appointment has been created for a patient who requests to be contacted if an earlier appointment becomes available.
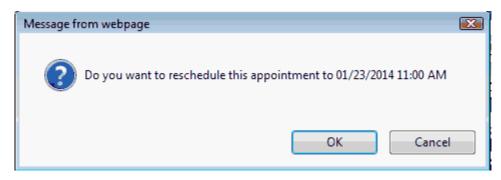
To do this you simply put an "*" in the ROOM field when you schedule the original appointment for the patient.

When an appointment is canceled the system will automatically look through future appointments to see if any bump up request match the appointment that is being canceled. If so it will display the bump up dialog.

From this dialog you may contact this patient and see if they would like to change their appointment to this new (sooner) time slot.

If they agree, click on the appointment in the dialog an you will see.
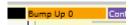
Click OK and the appointment will be rescheduled.
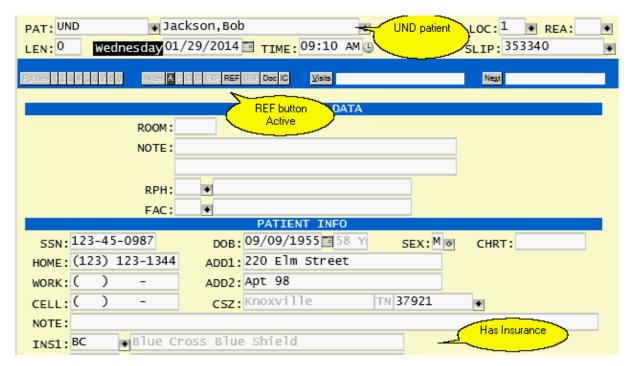
You may also manually Find bump ups from the schedule menu or click the bump ups on the legend

bar to show all bump ups.
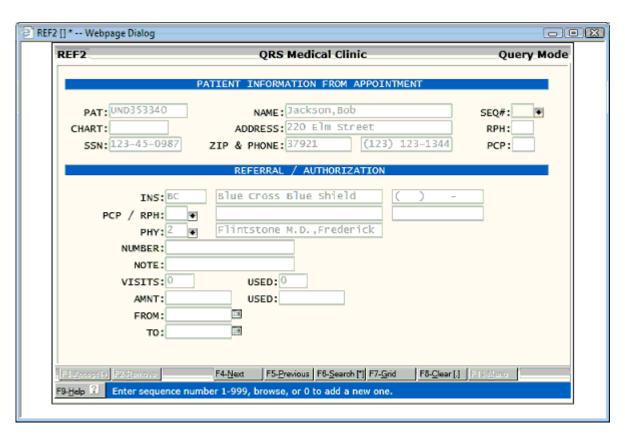
5.3.7.4 Undefined Patient Referrals

You can create referral records for an undefined "UND" patient based on an appointment.   When an appointment with an undefined patient is displayed, and the appointment has a primary insurance defined, the "REF" button will become active.
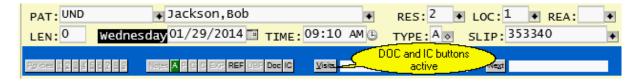
Clicking on it will display a special REF2 (Referral form) that will allow you to add the referral.
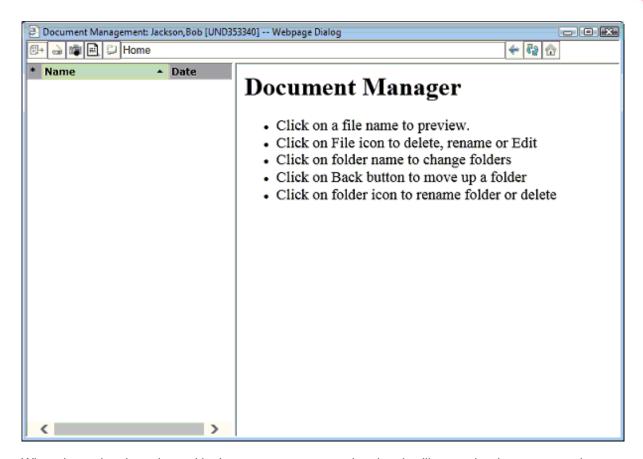
When the patient is registered in the system, it will move the referrals to the newly defined patient account.

5.3.7.5 Undefined Patient Document Management

 You can store documents in document management for an undefined "UND" patient based on an appointment.   When an appointment with an undefined patient is displayed, the "DOC" and "IC" buttons will become active.

Clicking on it will display the Document Management program. Here you can store, scan and copy files into document management. These files will be stored with the appointment (SLIP) until the patient is registered.

When the patient is registered in the system as an actual patient it will move the documents to the newly defined patient account.

5.4   Appointment Reminder Services

The Appointment Reminder Service is an add-on service. The service allows your scheduling system to communicate with your patients to remind them of upcoming appointments. It does this by gathering information from your appointment schedule and sending that list of appointments, along with the messages you define in your configuration, to a messaging service. This messaging service can email, text or call the messages to the patients.

When calling patients the messages use text to voice so your messages to the patient can be dynamic. It even allows you to provide instructions to the patient based on the reason for the appointment (i.e. "Remember to fast after midnight").
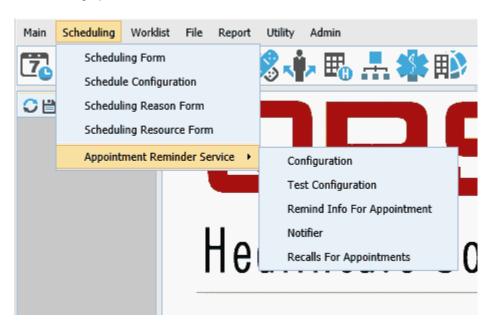
This service also allows you to Notify patients on the schedule using the Notifier. This is good when you may have to quickly notify patients when you have to close because of inclement weather or other circumstances beyond your control.

Traditionally recalls for appointments have been sent via the mail service.   The Recall option updates and adds modern messaging to this task.

If you are interested in using the Appointment Reminder Service please complete the PARADIGM Remind Enrollment form at

http://www.qrshs.com/remind

You can access the Appointment Reminder Service Menu from the Scheduling Menu. It will give you the following options.

5.4.1   Setup and Configuration

The "Appointment Reminder Services Config" allows you to define how you want the reminder service to work, along with the messages that it will deliver. The program has four screens, divided into ten sections that allow you to configure the calling info, selection criteria and create your messages.

5.4.1.1 Account Information

Login & Password: These are assigned to you when you sign up for the service. They allow your system to access the reminder service, and send reminders to the QRS Remind service.
Name: This is the name of the practice on the account.
E Mail: Enter the email address of the user responsible for administration of the Reminder Services for your practice. After each job is sent an email will be sent to this address with a link to a report of the contacts made. See Reports

5.4.1.2 Contact Schedule

The Reminder Services has the ability to contact the patients up to 3 times to remind them of an upcoming appointment. Reduced pricing is offered for multiple contacts. For each contact you may set up the Contact Priority. And the number of days from the appointment that you want to make the contact.

The Contact Priority defines How you would like to contact the patient. You have the 3 primary options of:

Voice, Text and Email. These will specify to only use one of these. But the program has the ability to fall to a second and/or third option if the primary option does not exits.

So if you set a Priority of TE (Text-Email) the program would first look for a cell number for the patient. If it exists it would send a text. If a Cell number does not exist it would fall back to Email and send the patient and email if they have one. There are the following combinations available:

- ET - Email, Text
- EV - Email, Voice
- TE - Text, Email
- TV - Text, Voice
- VE - Voice, Email
- VT - Voice, Text
- VTE - Voice, Text, Email
- VET - Voice, Email, Text
- TEV - Text, Email, Voice
- TVE - Text, Voice, Email
- ETV - Email, Text, Voice
- EVT - Email, Voice, Text

The Voice option will first look to see if a Primary Voice Contact is configured on the Patient Form. If a Primary Voice Contact is not defined it will first look for a CELL phone number for the patient and use it. If the patient does not have a CELL phone number it will fall back to the HOME number to call the patient. The only way to have the system call the patient at work is to define WORK as the Primary Voice Contact. This is only recommended if the Voice Number is a direct number for the patient. The work number does support automatically dialing the extension, and this may work if the patients work

phone number supports automatic transfer by dialing and extension, but it is not recommended because of the way phone systems work the chances are not very good that the patient will get the message.

The next thing you must set up on the contact schedule is the number of days for each day of the week.

When setting up the configuration for only 1 contact the behavior is slightly different then using multiple defined contacts.

	Pri	Sun	Mon	Tue	Wed	Thu	Fri	Sat	
Contact Schedule									
1st Contact:	V		2	2	2	4	4		Time set by QRS in CRONTAB
2nd Contact:									
3rd Contact:									Continue after confirmation: Y

The number of days in the Sun-Sat fields will be looked at as a reach from the current day. Only on days that have a number defined will calls be made. Meaning all days from today + 1 to today + (days defined). But it will only send appointments where the appointment is not already confirmed (or in has an alert defined). (Defined by a # or ! in the first position of the room field).   So in the above example: Lets assume that Today is Monday. The program that generates the list of patients to contact for Wednesday. Because we are using the "Voice" priority patients will have the ability to confirm their appointments. (This will change the first character of the ROOM field on the appointment to "#"). Some will not respond or go to voice mail.   The ROOM field does not get changes.   Tuesday, the contacts are made and it generates list for all appointments for Thursday, plus all the appointments for Wednesday that did not get confirmed.   Wednesday will get Friday and and all the ones on Thursday that did not confirm. Thursday will get Monday and all the non confirmed for Friday, and Friday will get Tuesday and all the non confirmed for Monday.

If you wanted a reach of 3 days for a contacts, but did not want to include weekends your schedule would look like:

	Pri	Sun	Mon	Tue	Wed	Thu	Fri	Sat	
Contact Schedule									
1st Contact:	V		3	3	5	5	5		Time set by QRS in CRONTAB
2nd Contact:									
3rd Contact:									Continue after confirmation: Y

In the above configurations the billing will be done as a single contact for each contact made.   You are not billed if there is not an answer. However if a messages is left on an answering machine you are billed for the contact.   There are additional settings for voice mails, and no responses that will let you mark an appointment as confirmed if you do not want to make additional calls.

When you elect to make multiple contacts for an appointment you may set up separate schedules for each contact.

	Pri	Sun	Mon	Tue	Wed	Thu	Fri	Sat	
Contact Schedule									
1st Contact:	ETV		14	14	14	14	14		Time set by QRS in CRONTAB
2nd Contact:	TVE		7	7	7	7	7		
3rd Contact:	VTE		1	1	1	1	3		Continue after confirmation: Y

In the above example there are three contacts.   The first is 2 weeks out, and is priorities bye Email, Text and last voice. This means that if the patient has an email address it will send that. If not it will

attempt to send a text, and if no cell number exists it will do a voice call. The second attempt is 1 week out and will first attempt to send a Text. If no cell number it will attempt a voice call and if they don't have a phone but just an email it will send that again. Then the last attempt is the day before the appointment. It will attempt to call the patient with a voice response.   It will fall back to an email if a number no phone numbers exist.

The Continue after confirmation is set to "Y" (Yes). This tells the contact selection program to continue to make contacts even if the patient has confirmed an appointment.   The only method of communications that currently permits confirmation is Voice. So let's say that the first contact with the patient ends up being voice, and the appointment is confirmed.   With this set to Y they will still be contacted again on the 2nd contact and third contact.   If this is set to "N" (NO) it will not continue to contact the patient once the appointment is confirmed.

This program sets all aspects of the configuration with the exception of the time the list is generated and sent to the QRS remind service.   This is set by QRS in the CRONTAB (Programs executed at a defined time file) when you initially are set up with the Appointment Reminder Services. If you need to change this time contact support.

5.4.1.3 Appointment Selection Criteria
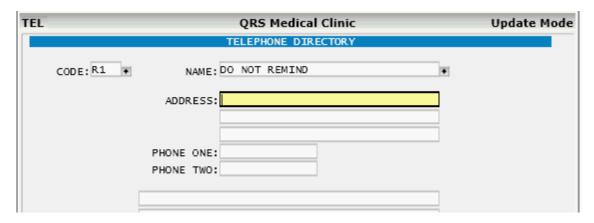
By default the program will generate a list of patients to call that includes all resources, locations and reason codes for appointment type "A" (fee slip). If a patient has more than one appointment for a day, it will only call on the earliest on the schedule.

Example Scenario: Let's say a patient has the following two appointments on the same day:
09:30 AM Exam
10:00 AM Lab Work
It will only call for the 9:30 Exam appointment.
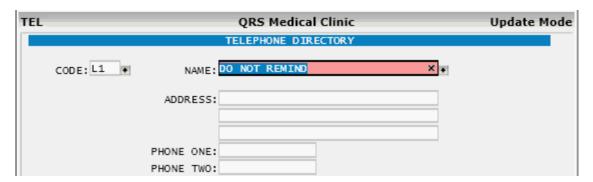
Inc. "a": As a default, the generated list of patients to call is set to only retrieve appointments with a type of "A" (fee slip) and appointments with a type "a" (no fee slip) are omitted. If you would like to also include the type "a" appointments, set this value to "YES".
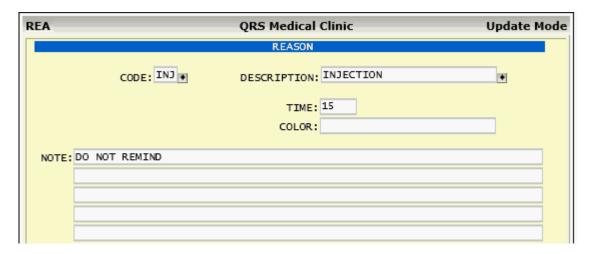
Resources: If you want to limit your calls to only certain resources, enter a comma separated list of the resource codes here. In some cases you may have just a few resource that you DO NOT want to include. If this is the case you may exclude appointments with these resources by entering "DO NOT REMIND" on the NAME line of the (TEL) Telephone Directory form for the resource code prefixed with the letter "R".

Locations: If you want to limit your calls to only certain locations, enter a comma separated list of the location codes here.   In some cases you may have just a few locations that you DO NOT want to include. If this is the case you may exclude appointments with these resources by entering "DO NOT REMIND" on the NAME line of the (TEL) Telephone Directory form for the resource code prefixed with the letter "L".

Reasons: If you want to limit your calls to only certain reason codes, enter a comma separated list of the reason codes here. In some cases you may have just a few reasons that you DO NOT want to include. If this is the case you may exclude appointments with these by entering "DO NOT REMIND" on the first note line of the reason code form for that code.

5.4.1.3.1 Stop a patient from receiving an Appointment Reminder
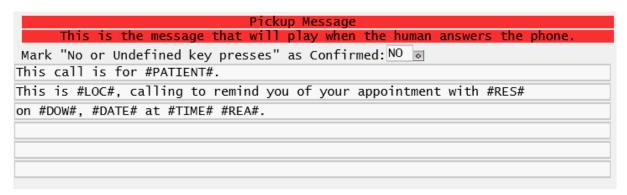
You may keep a patient from receiving an appointment reminder by entering "DO NOT REMIND" in any of the NOTE lines of the patient form.

It can reside in any of the note lines at any position, but the phrase must read "DO NOT REMIND".

5.4.1.4 Pickup Message

The second screen allows you to define the pickup message. This is the message that will play when a live person answers the phone.   All messages are able to use Message Variables to fill in the blanks of the message that will play.

You have the option to mark "No or Undefined key presses" as Confirmed. If you select YES here and a patient answers the phone but does not reply by pressing any defined key it will still mark the appointment as confirmed.   If set to NO the appointment will not be marked as confirmed.

This message will automatically repeat 1 time if no response is given.

5.4.1.5 Confirm Appointment Message

This message is optional. If this message is not entered the patient will not have the option to confirm the appointment when answering the phone.   If this message is entered the "Pickup Message" will be appended with "Please press 1 to confirm appointment". If texting or Emailing this option will also be added as a menu to the text or email.
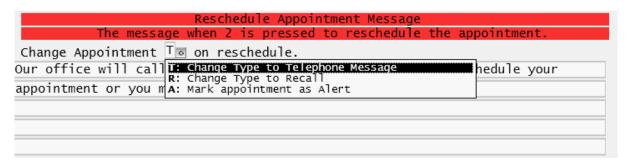
Enter the message that will play when the patient confirms an appointment. This is a good place to employ the #REA_NOTES# Message Variable if you utilize it in the system. The #REA_NOTES# are helpful in conveying additional information to a patient about their appointment, such as: "Please Fast for at least 12 hours before this appointment" or "Bring your current insurance cards and medications"

```
                         Confirm Appointment Message
             The message when 1 is pressed to confirm the appointment.
Thank you for confirming your appointment.

We look forward to seeing you on #DOW# #DATE# at #TIME#. #REA_NOTES#
```

5.4.1.6   Reschedule Message

This message is optional. If you don't want to use this message, leave it empty. If you do want to give the patient the option to reschedule, enter your message here. It will add "Press 2 to reschedule your appointment" to the Pickup Message. If texting or Emailing this option will also be added as a menu to the text or email.

You also need to decide if the system will change the appointment type from "A" to "T" (telephone) or "A" to "R" (recall). Another option is to leave the appointment type as an "A" or "a" and mark the appointment as an Alert. This will leave it on the appointment schedule and turn it red, but it will not appear in future contact lists.

```
                       Reschedule Appointment Message
            The message when 2 is pressed to reschedule the appointment.
Change Appointment T  on reschedule.
Our office will call T: Change Type to Telephone Message      hedule your
                     R: Change Type to Recall
appointment or you m A: Mark appointment as Alert
```

In either event, the standard practice would be for someone to display the schedule for that day and change the appointment type to your defined value. This will display a list of appointments with that type. You can then manually call the patients to reschedule the appointments.

```
                       Reschedule Appointment Message
            The message when 2 is pressed to reschedule the appointment.
Change Appointment T  on reschedule.
Our office will call you during normal business hours to reschedule your

appointment or you may call us at #LOC_PHONE#.
```

5.4.1.7   Cancel Message

This is an optional message. If you do not want to give the patient the option to cancel, leave this message empty. If you do give them this option, it will add "Press 3 to cancel your appointment." to the pickup message.   The appointment type will be changed from "A" to "C" if the patient presses 3 in the call. If texting or Emailing this option will also be added as a menu to the text or email.
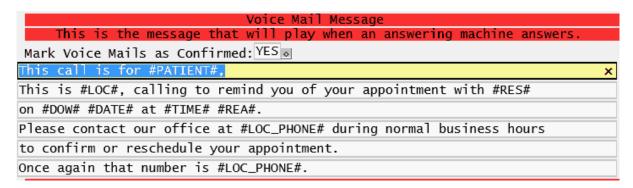
```
                        Cancel Appointment Message
              The message when 3 is pressed to Cancel the appointment.
We are sorry you have to cancel.
Please call the office at #LOC_PHONE# when you are ready to reschedule.
```

5.4.1.8   Voice Mail Message

If the service detects the call was answered by an answering machine or voice mail service it will play this message.

```
                        Voice Mail Message
         This is the message that will play when an answering machine answers.
Mark Voice Mails as Confirmed: YES
This call is for #PATIENT#,                                              ✕
This is #LOC#, calling to remind you of your appointment with #RES#
on #DOW# #DATE# at #TIME# #REA#.
Please contact our office at #LOC_PHONE# during normal business hours
to confirm or reschedule your appointment.
Once again that number is #LOC_PHONE#.
```

You have the option to Mark Voice Mails as Confirmed. This will prevent patients being recalled if your reach is more than one day and a Voice Mail message is left the first time they are called. However, if you have configured your contact schedule with mulitple contacts and set "Continue after confirmation" set to "YES" it will make additional calls.

If you elect to Confirm voice mails, it would be prudent to change your Voice Mail message to NOT include any phrasing about calling the office to confirm, since the appointment is already confirmed.

5.4.1.8.1 Answering Machine Detection

The Remind has a feature called Answering Machine Detection which can roughly determine if an outbound call has reached a human or if it has reached an answering machine.

How AMD works

Answering Machine Detection (called AMD for short) listens to the first few seconds of a call and analyzes the audio. There is no consistent signaling difference between a call picked up by a human or a machine, so AMD relies on analyzing the sound patterns of the first few seconds of a call.

When a human answers a call, the typical pattern is to say "Hello" and then wait for the other party to respond "Hello". Basically, you can think of it as sound, followed by silence.

However, the typical pattern for voicemail is to continue speaking and say something like "Hi, you've reached so-and-so…". This is constant sound with no silences. It is this pattern that AMD is listening for. Sound followed by silence means human, constant sound means voicemail.

AMD relies on measuring a greeting against typical speech patterns. Because of this, it will not work 100% of the time.

So it is possible that a human answers the phone and will get the Voice Mail Message, or the Pickup Message is sent to an answering machine.

It is important to understand that telephone systems are still based on old analogue technology. There is not two way communications of telephone equipment to send signals identifying what or who is connected. It is looking at common real world scenarios of how **people** use the technology and can easily be fooled.

5.4.1.9   SMS Text Message

Enter the SMS Text Message to send to patients cells phones.   Keep this message Brief. SMS messages are limited to 160 characters total.   The responses will appa
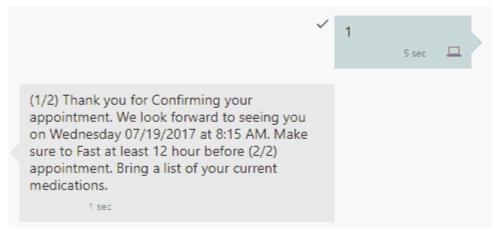
```
                            Text Message
This is a reminder of your appt: #DATE# #TIME# #LOC# #LOC_PHONE#

```

This Text Message would appear similar to the following:

This is a reminder of your appt: 07/19/2017 8:15 AM QRS
Medical Clinic (865) 588-3188
1-confirm
2-reschedule
3-cancel

2 min

With a response reading:

✓   1

5 sec

(1/2) Thank you for Confirming your appointment. We look forward to seeing you on Wednesday 07/19/2017 at 8:15 AM. Make sure to Fast at least 12 hour before (2/2) appointment. Bring a list of your current medications.

1 sec
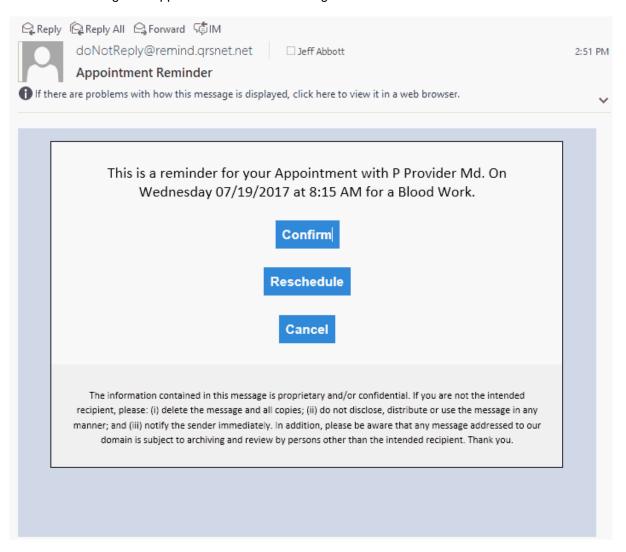
5.4.1.10 Email Message

Enter the message you would want to send to a patient if communicating via email for the appointment reminder.

The Email message will appear similar to the following:

When the user clicks on the button to Confirm, Reschedule or Cancel it will open a web page and display the appropriate response.

Email Response

Thank you for Confirming your appointment. We look forward to seeing you on Wednesday 07/19/2017 at 8:15 AM. Make sure to Fast at least 12 hour before appointment. Bring a list of your current medications.

QRS Medical Clinic
800.251.3188

5.4.1.11 Message Variables

Message variables are used by the messages in the configuration to fill in the blanks of the message the patient will hear. They are as follows:

PATIENT - The name of the patient. It will announce as First Middle Last.

DOW - The day of the week of the appointment. It will announce as Monday, Tuesday, Wednesday, Thursday, Friday, Saturday or Sunday.

DATE - The date of the appointment. It will announce as Month - Date. For example 8/16 will announce as August Sixteenth.

TIME - The time of the appointment.

RES - The resource name as defined in the RES file. If the name is entered Last,First it will reverse and announce as First Last.   If for some reason you don't get the correct pronunciation you may need to phonetically spell the name and create a record in the the TEL file. Use the same code as you find in the RES file prefixed with the letter "R". You may also use the TEL file to withhold a resource from receiving reminder calls by entering "DO NOT REMIND" in the NAME field.

REA - The reason for the appointment as defined in the DESC field of the REA file.

REA_NOTES - Reason Notes. This uses the first 3 lines of the reason notes as defined in the REA file. This can be used to give special instructions for different reasons, such as:
- Arrive thirty minutes early to complete paperwork
- Remember to fast at least eight hours prior to your appointment time.
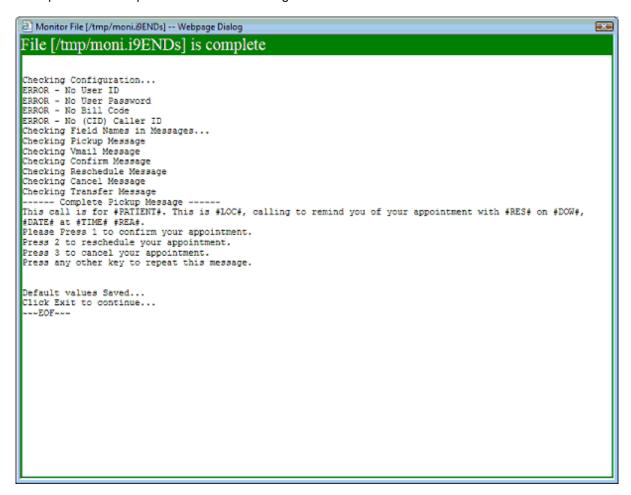
LOC - The name of the location as defined in the LOC file. In some cases the name in the LOC file may be set incorrectly due to billing requirements, or the spelling does not produce the correct announcement of the location. When this happens you may create an alternate location record using the TEL file. Use the same code as you find in the LOC file prefixed with the letter "L".   You can then enter your alternate name in the NAME field of the TEL form. If you need extra room for the name you may use the first address line. You may also use the TEL file to withhold a Location from receiving reminder calls by entering "DO NOT REMIND" in the NAME field.

LOC_PHONE - The phone of the location as defined in the LOC file. In some cases the phone in the LOC file may be set incorrectly due to billing requirements. When this happens you may create an alternate location record using the TEL file. Use the same code as you find in the LOC file prefixed with the letter "L". You can then enter your alternate phone in the PHONE ONE field of the TEL form.

5.4.1.12 Accepting The Configuration

Once you have completed the configuration, use the ACCEPT function to save it. The program will go through a series of checks to make sure that all of the proper information has been entered. These checks include making sure all configuration data is present as well as checking the messages for invalid message variables.

It will produce an output similar to the following:

If no errors are present, the configuration should be good.
If there are errors, the program will not run automatically.

5.4.1.13 Setting up the Crontab

** Caution ** This process requires expertise in using the operating system and VI Editor. This is normally done by your technical support representative.

If the configuration is saved by a user with Programmer security level in "The Dark Side" it will automatically allow that user to edit the Crontab file.

The Crontab file is used to automatically run programs at a given time.   To automatically run the remind program it must be set up in the crontab file for the "root" user. To do this:

1. Login with super user privileges
2. From the "#" prompt enter the command "crontab -e". This will allow editing of the crontab file using VI.
3. Insert a line to run the program at the desired time for the desired data set. See below:

```
 MM HH * * * /usr/paradigm/bin/CRON DS# /usr/paradigm/bin/rem_send.sh

  Where:
      MM - Minutes past the hour to start job (0-59)
      HH - Hour of day to start job (0-23)
      DS# - Data Set number to run job service on
```

The format for setting the time in crontab is as follows:

```
*     *    *   *    *            command to be executed
-     -    -   -    -
|     |    |   |    |
|     |    |   |    +----- day of week (0 - 6) (Sunday=0)
|     |    |   +------- month (1 - 12)
|     |    +--------- day of         month (1 - 31)
|     +----------- hour (0 - 23)
+------------- min (0 - 59)
```

The time you specify here is the local server. The time set in the configuration is when the actual job will execute to make the calls.   Jobs are sent from this program without a defined start time, because of this they will start as soon as they are received.

4. Save the crontab file. This should automatically restart the cron services and process the program.

The reminder program is designed to run every day. It will use the configuration to determine if there are appointment reminders to be processed.

5.4.1.13.1 Check Date and Time Zone

For ARS to function properly it is important that each machine
1. Has the correct Time Zone Set
2. Has the correct time
3. Has a time service program such as ntpd, ntpdate or rdate running that keeps the time clock correct.
Computers are not very good at keeping time and must be adjusted constantly.

When setting up ARS, log in to the clients server using ssh and before running the software issue the "date" command at the shell prompt.

```
paradigm@0000:/usr/paradigm> date
Tue Dec  3 16:49:23 EST 2013
```

** NOTE ** when you run paradigm and check the time it will set your TimeZone to Eastern. YOU MUST DO THIS FROM THE COMMAND PROMPT BEFORE RUNNING PARADIGM.

Check the date and time and time zone are correct.
If the computer is located in Eastern Time it should be EST or EDT base on if Daylight Time is in effect.
Central CST / CDT
Mountain MST / MDT
Pacific PST / PDT
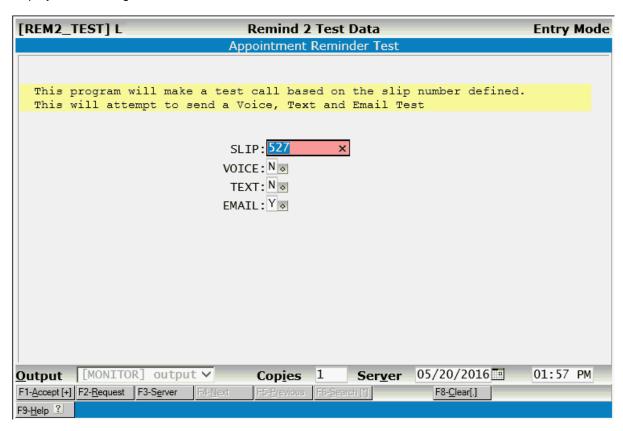
If there is any discrepancy of the Time / TimeZone please have it corrected prior to turning on the crontab entry.

5.4.2   Test Configuration

The Test Configuration menu option allows you to run a program to test your configuration. It will display the following screen.

On this form you need to enter the SLIP number of an appointment record you have set up in the scheduling system to use as a test slip.

It can send jobs for each type of contact. Voice, Text and Email.

It will create contacts list and send jobs for each type of contact you request. If everything is okay, and you will see a response similar to the following:

```
Monitor File [/tmp/moni.KsVRoH] -- Webpage Dialog

File [/tmp/moni.KsVRoH] is complete


Voice Test
Fri May 20 14:01:49 EDT 2016 - Start rem_send.sh
Getting Configuration Data.  Sequence # 1463767309
Test Slip is 33
Generating List
Sending XML Message.
empty

SUCCESS.
Text Test
Fri May 20 14:01:51 EDT 2016 - Start rem_send.sh
Getting Configuration Data.  Sequence # 1463767311
Test Slip is 33
Generating List
Sending XML Message.
empty

SUCCESS.
Email Test
Fri May 20 14:01:52 EDT 2016 - Start rem_send.sh
Getting Configuration Data.  Sequence # 1463767312
Test Slip is 33
Generating List
Sending XML Message.
empty

SUCCESS.
~~~EOF~~~
```

If there are errors in the configuration it will display an output similar to the following.

```
Monitor File [/tmp/moni.AthXXK] -- Webpage Dialog

File [/tmp/moni.AthXXK] is complete


Thu Sep  5 08:50:48 EDT 2013 - Start /usr/paradigm/bin/remind.sh
Getting Configuration Data.  Sequence # 1378385448
Test Slip is 350585
ERROR - Program Aborted, No CID defined in configuration
Thu Sep  5 08:50:48 EDT 2013 - End /usr/paradigm/bin/remind.sh

Click Exit to continue...
~~~EOF~~~
```

5.4.3   Jobs

The Remind programs send Jobs to the Remind Service.   A Job may contain multiple contact requests to be made using phone, text and/or email. Or it may just be one contact request for any method.   When a job is sent the program will then wait poll the remind service every minute until the job is complete.   Once it has completed it will download the response report and process that

information.

Because multiple and different types of communication channels can be created in a job a second program will also poll the remind service every 30 minutes or so to see if any other changes to contact request have been made since the job completed.

The initial job is marked complete once all of the telephone calls have been made. The normal telephone process allows for up to three attempts that are 10 minutes apart to make contact. Because of this, this process can take up to 30 minutes. Telephone calls are directly interactive if a human answers the phone and a response can be gathered during the call (user presses 1 to confirm, etc). So once all the initial telephone calls are complete the remind service will release the report for the job.
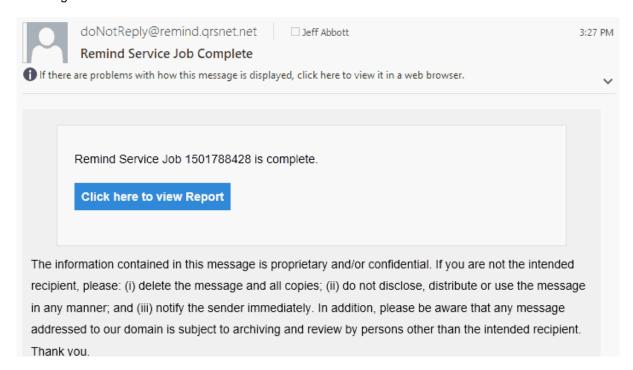
But Text and Email communications do not require an immediate response. In these channels of communication the recipient may not respond for hours and that is why a second program is used to poll the remind service for any changes to contacts that have been made since the job was complete. This process runs every 30 minutes or so, meaning that the change to your appointment notes is not real time. It also will only get the last response that the recipient entered.

Let's say you send a text that has a confirm, reschedule and cancel option. At 5:00PM the recipient response 1 to confirm, and then at 5:20PM they respond 2 to reschedule. The polling program may run at 5:30, so the only notes you would see in the appointment notes would be they responded with a 2 to reschedule. But if the polling took place between the two responses, say at 5:15 then again at 5:45, the notes would show both changes.

It is also important to note that these responses can come after the actual appointment. The remind service itself is a communication tool used to send messages and potentially receive responses. It has no knowledge that the response is for an appointment reminder.

5.4.4   Reports

When a Job is sent to the remind service an email will be sent to the email address on the under the Account Information when the job has initially completed. This email will appear similar to the following:

Clicking on this will link will connect you with the ARS service and display the Contacts for that job. It will look similar to this:

This report will show each contact in the job.

Code - Your Slip number
Type - This will be Voice, Text or Email
Info - This will be the phone number or email address used in the contact
Ref - This is the Patient code, Resource code and Location code
Status - COMPLETE or FAILED
Answered By - If the type is Voice this will say either Human or Machine
Response - If type is Voice and Answered By is Human this will show any response they entered: 1,2,3 etc...
Attempt - This will tell how many attempts were made
Error - If the call Status is FAILED this will display the reason.. Busy, no-answer, Bad Number.
Bill - This shows the billing code 1, 2 or 3
Timestamp - This is the last time this record was touched by the program.
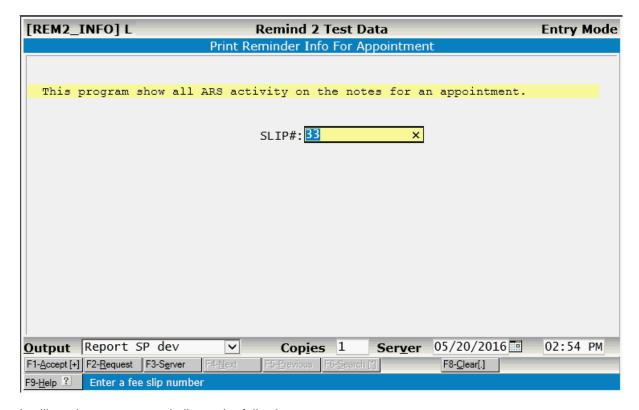
5.4.4.1   Remind Info for Appointment

This will generate a report of all reminder info for a given appointment record. Enter the SLIP number of the appointment you want to analyze.

It will produce an output similar to the following:
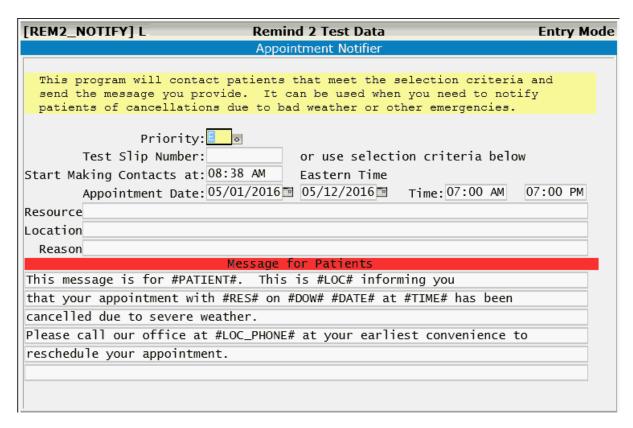
It gathers all of the ARS notes from the appointment note files to display.

5.4.5 Notifier
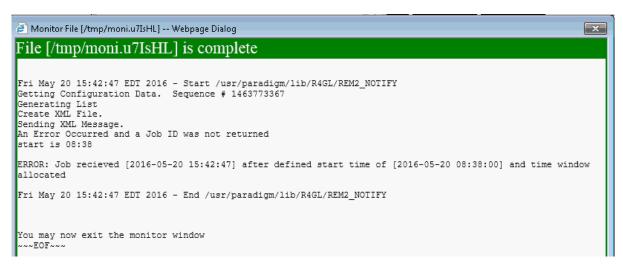
The Notifier program allows you to make one time calls to patients in the appointment schedule to notify them of something. This may be a cancellation of their appointment for some emergency reason, such as bad weather etc. You may create a message and use the Test Slip Number to test. Otherwise it will create a list of appointments based on the selection criteria you've entered and call all those patients and give them the notification message.

The contact will be added to the Appointment Notes.

WARNING - Running this program without a Test Slip Number will cause it to make the calls based on the selection criteria.   Be sure all of your selection criteria and message are correct before accepting the screen.

This program will send a job immediately but not start the job until the defined time on the current day. If the current time is past the start time defined the ARS will look to see if is also past the calculated stop time required to make the contacts.   "This is 30 minutes from the start time"   If the current time is past that time, the entire job will fail to import and the contacts will not be made. The output will display similar to the following:

5.4.6 Appointment Recalls

This program will make calls to patients that have recalls scheduled. (Type "R"). It will call the patients based on the selection criteria you define, and play the message you provide.

```
[REM2_RECALL] L              Remind 2 Test Data                Entry Mode
                          Call Appointment Recalls

   This program will contact patients with an appointment type of "R" Recall
   based on the selection criteria you provide and send the message you enter.

                   Priority: 3  ⊙
          Test Slip Number: _____   or use selection criteria below
   Start Making Contacts at: 04:07 PM   Eastern Time
          Recall Start Date: 05/01/2016 ▦ Stop Date: 05/20/2016 ▦
 Resource _____
 Location _____
   Reason _____
                      Recall Message for Patients
 This message is for #PATIENT#. This is #LOC# contacting you to remind you
 that it is time to schedule your appointment #REA#.
 Please Contact our office at #LOC_PHONE# to schedule your appointment.
 _____
 _____
 _____
 _____
```

WARNING - Running this program without a Test Slip Number will cause it to make the calls based on the selection criteria.   Be sure all of your selection criteria and message are correct before accepting the screen.

This program will send a job immediately but not start the job until the defined time on the current day. If the current time is past the start time defined the ARS will look to see if is also past the calculated stop time required to make the contacts.   "This is 30 minutes from the start time"   If the current time is past that time, the entire job will fail to import and the contacts will not be made. The output will display similar to the following:

Monitor File [/tmp/moni.IIHwBR] -- Webpage Dialog

File [/tmp/moni.IIHwBR] is complete

```
Fri May 20 15:58:57 EDT 2016 - Start /usr/paradigm/lib/R4GL/REM2_RECALL
Getting Configuration Data.  Sequence # 1463774337
Generating List
Create XML File.
Sending XML Message.
An Error Occurred and a Job ID was not returned
start is 09:00

ERROR: Job recieved [2016-05-20 15:58:58] after defined start time of [2016-05-20 09:00:00] and time window
allocated

Fri May 20 15:58:58 EDT 2016 - End /usr/paradigm/lib/R4GL/REM2_RECALL


You may now exit the monitor window
~~~EOF~~~
```

Part 6

Work Lists
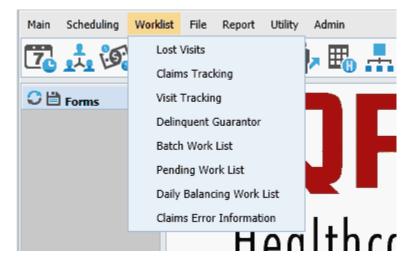
6   Work Lists

Work Lists are electronic reports that will help you work accounts.   They consists of a program that will allow you to create a list based on your selection criteria. You may then work the list. The Work List program will give you options to make modifications specifically for that list. They provide a more efficient method of working accounts then printing a report to paper and working it.

All Work Lists use the List Manager program as base for how they operate.
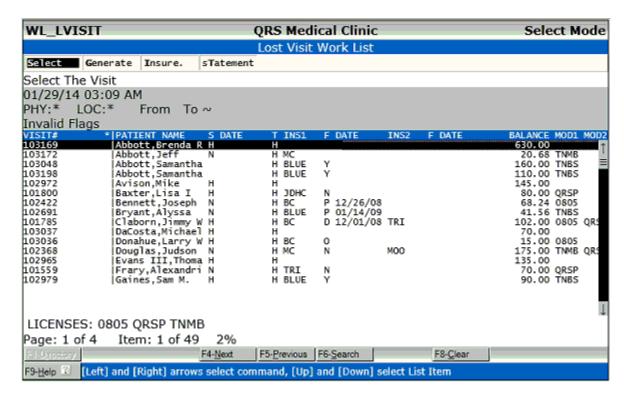
You may access most of the work list programs from the "Worklist" menu on the Master Menu of the Control Panel.

You may also access these programs by clicking they Work List and Reports Quick Icon on the Control Panel.

6.1   Lost Visits
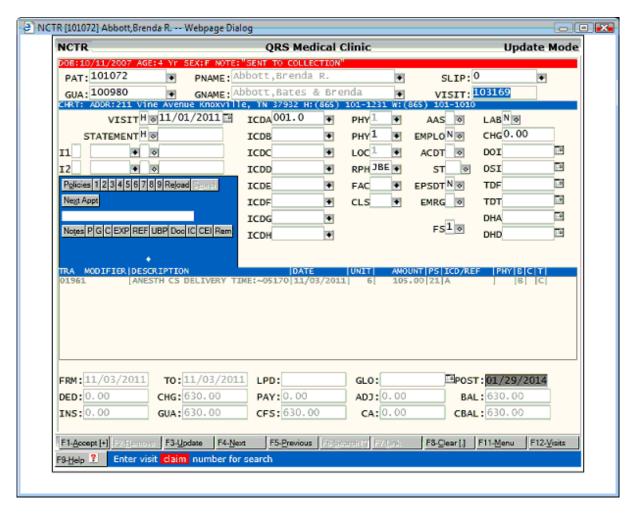
The purpose of this work list is to find and work lost visits. Lost visits are visits that have a balance and are not being billed either to insurance or the guarantor.   This may be due to the billing flags being set to not allow a claim or statement to go out or incorrect data in a table file that is holding it from billing.   These Lost Visits are part of your Accounts Receivable and should be billed.

```
WL_LVISIT                    QRS Medical Clinic                    Select Mode
                             Lost Visit Work List
 Select    Generate   Insure.   sTatement
Select The Visit
01/29/14 03:09 AM
PHY:*  LOC:*    From  To ~
Invalid Flags
VISIT#        *|PATIENT NAME   S DATE    T INS1   F DATE     INS2   F DATE     BALANCE MOD1 MOD2
103169         |Abbott,Brenda R H        H                                     630.00
103172         |Abbott,Jeff    N        H MC                                    20.68 TNMB
103048         |Abbott,Samantha          H BLUE   Y                            160.00 TNBS
103198         |Abbott,Samantha          H BLUE   Y                            110.00 TNBS
102972         |Avison,Mike    H        H                                      145.00
101800         |Baxter,Lisa I  H        H JDHC   N                              80.00 QRSP
102422         |Bennett,Joseph N        H BC     P 12/26/08                     68.24 0805
102691         |Bryant,Alyssa  N        H BLUE   P 01/14/09                     41.56 TNBS
101785         |Claborn,Jimmy W H       H BC     D 12/01/08 TRI                102.00 0805 QRS
103037         |DaCosta,Michael H        H                                      70.00
103036         |Donahue,Larry W H       H BC     O                             15.00 0805
102368         |Douglas,Judson N        H MC     N         MOO                175.00 TNMB QRS
102965         |Evans III,Thoma H        H                                     135.00
101559         |Frary,Alexandri N        H TRI    N                             70.00 QRSP
102979         |Gaines,Sam M.   H        H BLUE   Y                             90.00 TNBS

 LICENSES: 0805 QRSP TNMB
Page: 1 of 4    Item: 1 of 49    2%
 F1 Directory          F4-Next   F5-Previous  F6-Search        F8-Clear
 F9-Help ?  [Left] and [Right] arrows select command, [Up] and [Down] select List Item
```

The REPORT HELP will show a reason as why the visit shows on the list. In the above example the highlighted line has Invalid Flags.

6.1.1   Select

Select will open the visit in the Encounter form in a pop up window.
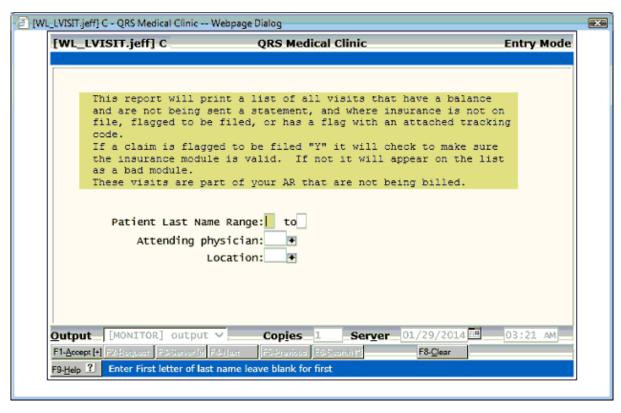
This will allow you to make any necessary changes and save them. When you exit the Encounter Form the List Data will redisplay and mark the record.

At this point you would use your DOWN ARROW to move to the next item in the list and press ENTER to select it.
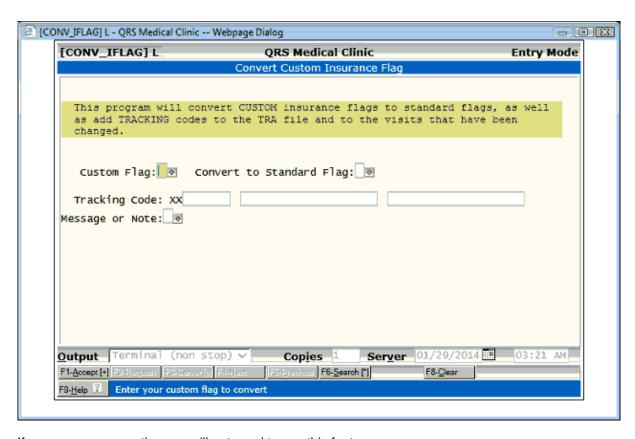
6.1.2   Generate

The Generate option will generate a new list.

6.1.3 Insure
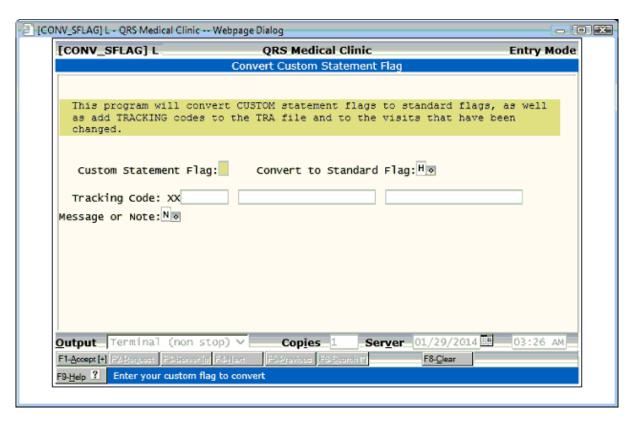
In the past many practices added custom insurance flags with custom reports to attempt to track encounters.   The problem with these is they will cause visits to appear on the lost visit list.   This program allows you to convert custom insurance flags to tracking codes.   Tracking codes provide a method to do the same thing but are integrated into the LOST VISIT work list.

If you are a new practice you will not need to use this feature.

6.1.4   sTatement
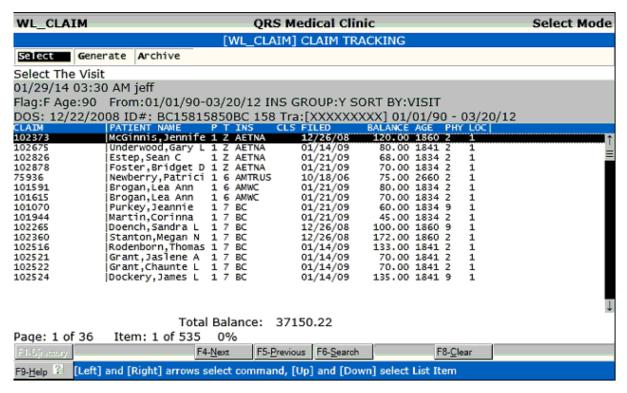
In the past many practices added custom statement flags with custom reports to attempt to track encounters.   The problem with these is they will cause visits to appear on the lost visit list.   This program allows you to convert custom insurance flags to tracking codes.   Tracking codes provide a method to do the same thing but are integrated into the LOST VISIT work list.

If you are a new practice you will not need to use this feature.
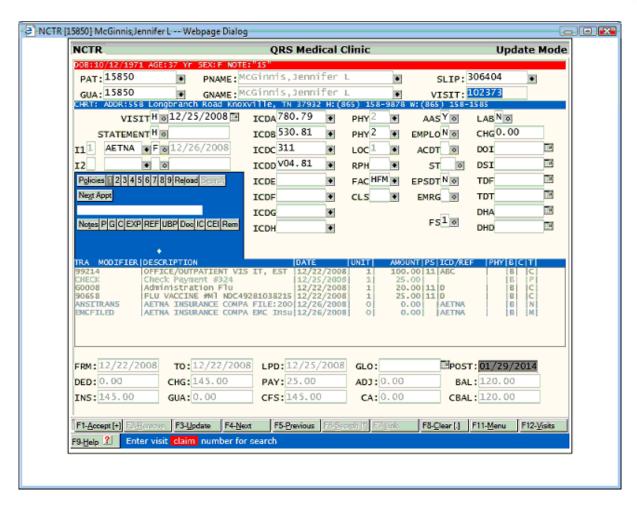
6.2   Claims Tracking

In the past the tracking of insurance claims was most likely performed by using an AGED INSURANCE ACCOUNTS RECEIVABLE REPORT. The Claims Tracking Work List allows you to perform this as well as much more based on the flexibility of the work list generator.

```
WL_CLAIM                    QRS Medical Clinic                 Select Mode
                          [WL_CLAIM] CLAIM TRACKING
 Select    Generate  Archive
Select The Visit
01/29/14 03:30 AM jeff
Flag:F Age:90   From:01/01/90-03/20/12 INS GROUP:Y SORT BY:VISIT
DOS: 12/22/2008 ID#: BC15815850BC 158 Tra:[XXXXXXXXX] 01/01/90 - 03/20/12
CLAIM          PATIENT NAME     P T INS   CLS FILED       BALANCE AGE  PHY LOC
102373        McGinnis,Jennife 1 Z AETNA     12/26/08     120.00 1860 2    1
102675        Underwood,Gary L 1 Z AETNA     01/14/09      80.00 1841 2    1
102826        Estep,Sean C     1 Z AETNA     01/21/09      68.00 1834 2    1
102878        Foster,Bridget D 1 Z AETNA     01/21/09      70.00 1834 2    1
75936         Newberry,Patrici 1 6 AMTRUS    10/18/06      75.00 2660 2    1
101591        Brogan,Lea Ann   1 6 AMWC      01/21/09      80.00 1834 2    1
101615        Brogan,Lea Ann   1 6 AMWC      01/21/09      70.00 1834 2    1
101070        Purkey,Jeannie   1 7 BC        01/21/09      60.00 1834 9    1
101944        Martin,Corinna   1 7 BC        01/21/09      45.00 1834 2    1
102265        Doench,Sandra L  1 7 BC        12/26/08     100.00 1860 9    1
102360        Stanton,Megan N  1 7 BC        12/26/08     172.00 1860 2    1
102516        Rodenborn,Thomas 1 7 BC        01/14/09     133.00 1841 2    1
102521        Grant,Jaslene A  1 7 BC        01/14/09      70.00 1841 2    1
102522        Grant,Chaunte L  1 7 BC        01/14/09      70.00 1841 2    1
102524        Dockery,James L  1 7 BC        01/14/09     135.00 1841 9    1

                  Total Balance:  37150.22
Page: 1 of 36    Item: 1 of 535    0%
 F1-Directory              F4-Next     F5-Previous  F6-Search       F8-Clear
 F9-Help    [Left] and [Right] arrows select command, [Up] and [Down] select List Item
```

6.2.1   Select

Select will open the Encounter form in a new window and display the visit highlighted on the list.

You may then work the visit, correct any billing flags etc..   When you Exit the Encounter form the window will close and the claims tracking work list will redisplay with the line item marked.

You may then use your DOWN ARROW to move the highlight bar to the next list item and press ENTER to select it.

6.2.2   Generate
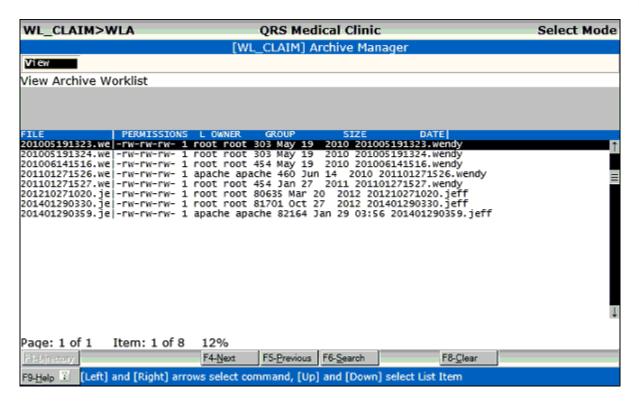
Generate will allow you to generate a new work list for claim tracking.

Fill in the form to meet your requirements and ACCEPT. A new list will be generated and displayed on the work list.

6.2.3   Archive
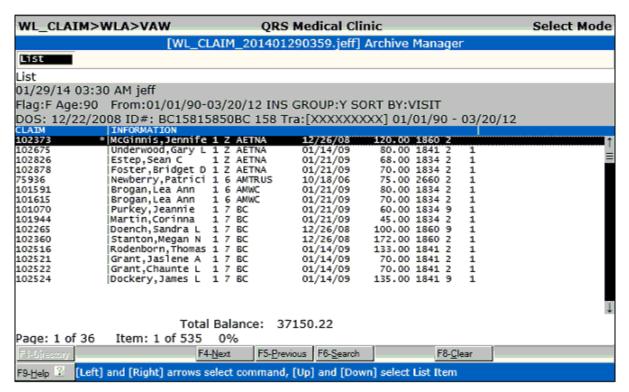
Archive will open a new work list that will display previous claims tracking list that have been worked.

Here you may select a list and view.

6.2.3.1 View

View will display the work list selected in the archive.
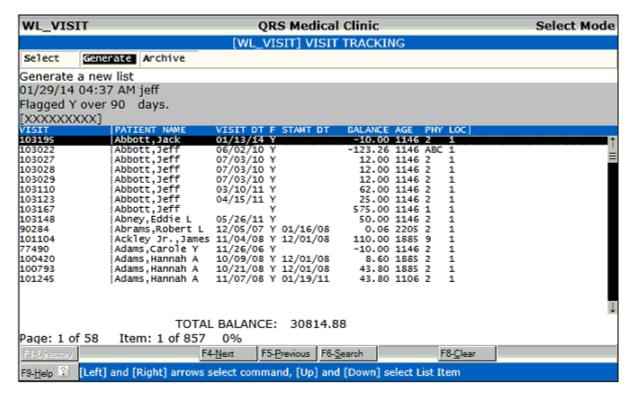
6.2.3.1.1 List

The List command does not have any functionality.
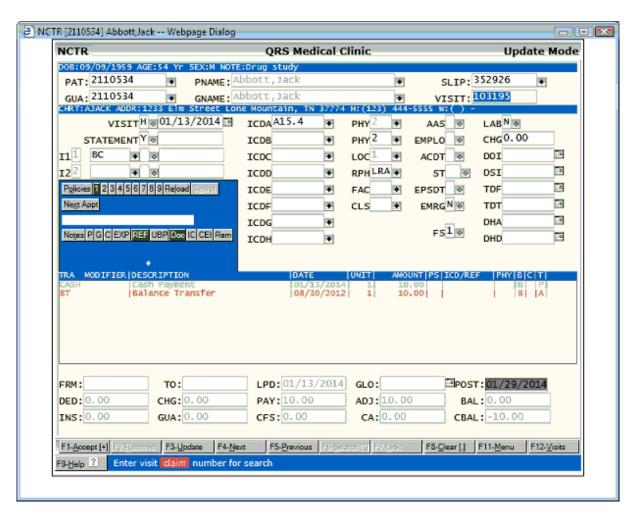
6.3 Visit Tracking

Visit tracking allows you to find visits that are meet your selection criteria.

```
WL_VISIT                    QRS Medical Clinic                 Select Mode
                         [WL_VISIT] VISIT TRACKING
Select    Generate  Archive
Generate a new list
01/29/14 04:37 AM jeff
Flagged Y over 90  days.
[XXXXXXXXX]
VISIT      |PATIENT NAME     VISIT DT F STAMT DT   BALANCE AGE  PHY LOC|
103195     |Abbott,Jack      01/13/14 Y             -10.00 1146 2   1
103022     |Abbott,Jeff      06/02/10 Y            -123.26 1146 ABC 1
103027     |Abbott,Jeff      07/03/10 Y              12.00 1146 2   1
103028     |Abbott,Jeff      07/03/10 Y              12.00 1146 2   1
103029     |Abbott,Jeff      07/03/10 Y              12.00 1146 2   1
103110     |Abbott,Jeff      03/10/11 Y              62.00 1146 2   1
103123     |Abbott,Jeff      04/15/11 Y              25.00 1146 2   1
103167     |Abbott,Jeff               Y             575.00 1146 1   1
103148     |Abney,Eddie L    05/26/11 Y              50.00 1146 2   1
90284      |Abrams,Robert L  12/05/07 Y 01/16/08      0.06 2205 2   1
101104     |Ackley Jr.,James 11/04/08 Y 12/01/08    110.00 1885 9   1
77490      |Adams,Carole Y   11/26/06 Y             -10.00 1146 2   1
100420     |Adams,Hannah A   10/09/08 Y 12/01/08      8.60 1885 2   1
100793     |Adams,Hannah A   10/21/08 Y 12/01/08     43.80 1885 2   1
101245     |Adams,Hannah A   11/07/08 Y 01/19/11     43.80 1106 2   1


                 TOTAL BALANCE:  30814.88
Page: 1 of 58    Item: 1 of 857   0%
F1-Directory              F4-Next  F5-Previous F6-Search        F8-Clear
F9-Help ?  [Left] and [Right] arrows select command, [Up] and [Down] select List Item
```

6.3.1 Select

Select will open the Encounter form in a new window and display the visit highlighted on the list.

You may then work the visit, correct any billing flags etc..   When you Exit the Encounter form the window will close and the claims tracking work list will redisplay with the line item marked.

You may then use your DOWN ARROW to move the highlight bar to the next list item and press ENTER to select it.

6.3.2   Generate
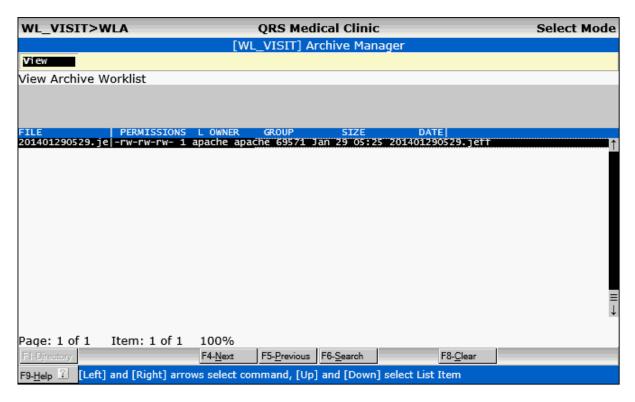
This will allow you to generate a new work list for Visit Tracking.

```
[WL_VISIT.jeff] C              QRS Medical Clinic              Entry Mode


      This program will generate a work list of all visits flagged as defined
      that are over the defined age, and still have a balance.
      You may select by tracking code as well for the flag that you define.


           Statement Flag: Y    Tracking Code: [        ] ◆
                      Age: 90
                 Physician: [    ] ◆
                  Location: [    ] ◆
        Patient Name Range: [ ]  to [ ]


Output  [MONITOR] output ∨     Copies  1     Server  01/29/2014     05:27 AM
F1-Accept [+] F2-Request  F3-Server [u] F4-Next    F5-Previous  F6-Search [*]        F8-Clear
F9-Help  ?   Enter Statement Flag.  H old  Y es  N o
```

Fill in the form to meet your requirements and ACCEPT. A new list will be generated and displayed on the work list.

6.3.3   Archive
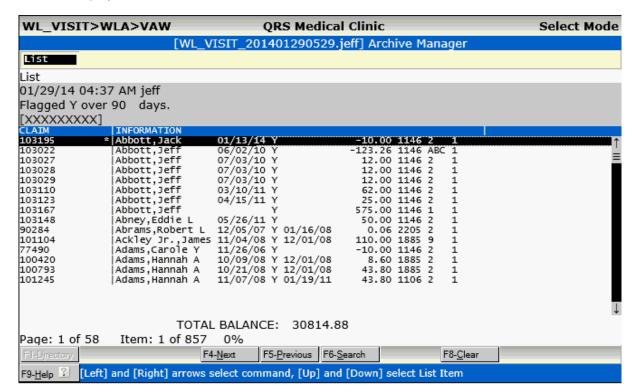
Archive will open a new work list that will display previous claims tracking list that have been worked.

Here you may select a list and view.

6.3.3.1 View

View will display the work list selected in the archive.
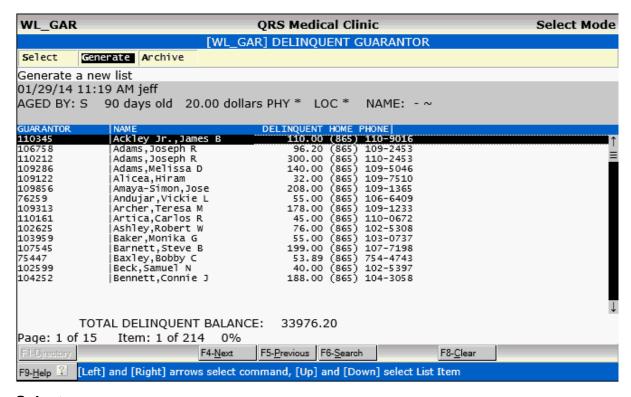
6.3.3.1.1 List

The List command actually will not do anything.. It just serves as a place holder.
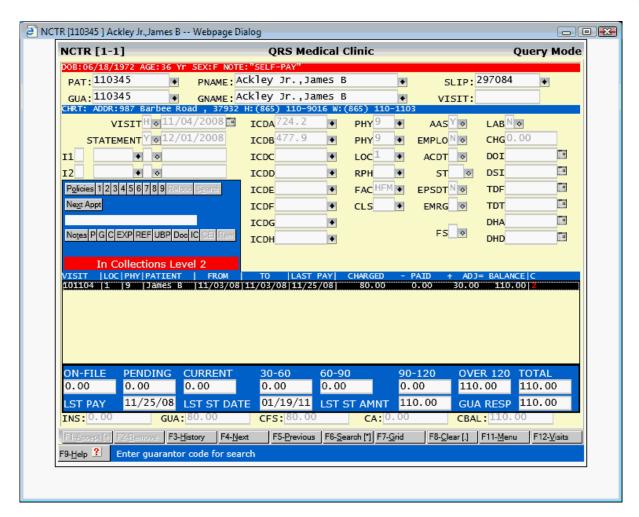
6.4   Delinquent Guarantor

The Delinquent Guarantor work list will let you work accounts by guarantor much like an aged accounts receivable report.
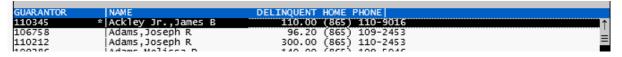
6.4.1   Select

Select will open the Encounter form in a new window and display a summary of the account highlighted on the list.
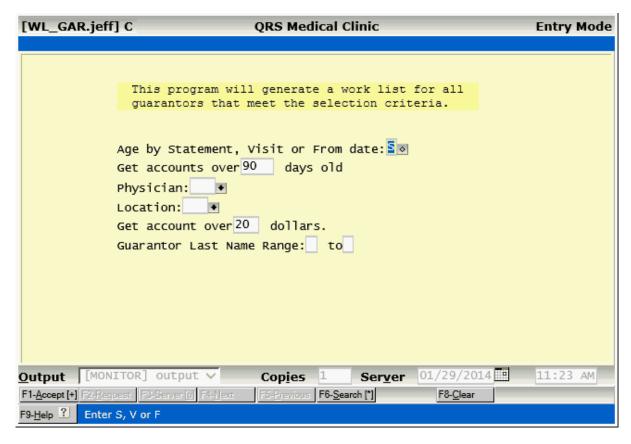
You may then work the account, correct any billing flags etc.. When you Exit the Encounter form the window will close and the claims tracking work list will redisplay with the line item marked.

You may then use your DOWN ARROW to move the highlight bar to the next list item and press ENTER to select it.

6.4.2 Generate
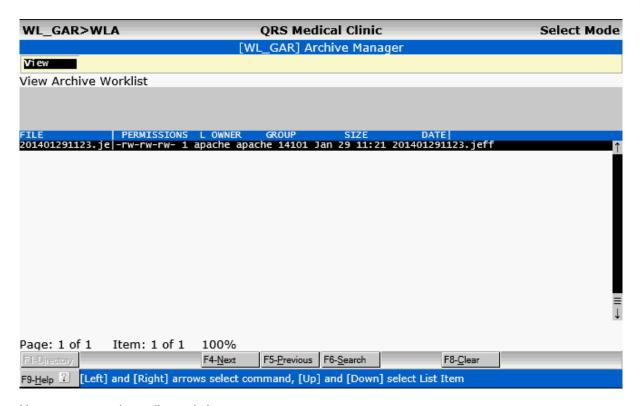
This will allow you to generate a new work list.

```
[WL_GAR.jeff] C              QRS Medical Clinic                 Entry Mode


        This program will generate a work list for all
        guarantors that meet the selection criteria.


        Age by Statement, Visit or From date: S ◇
        Get accounts over 90    days old
        Physician:    ◆
        Location:    ◆
        Get account over 20    dollars.
        Guarantor Last Name Range:  to


Output  [MONITOR] output ∨    Copies 1    Server 01/29/2014▦   11:23 AM
F1-Accept [+] F2-Request F3-Server [u] F4-Next   F5-Previous F6-Search [*]   F8-Clear
F9-Help ?   Enter S, V or F
```

Fill in the form to meet your requirements and ACCEPT. A new list will be generated and displayed on the work list.

6.4.3   Archive
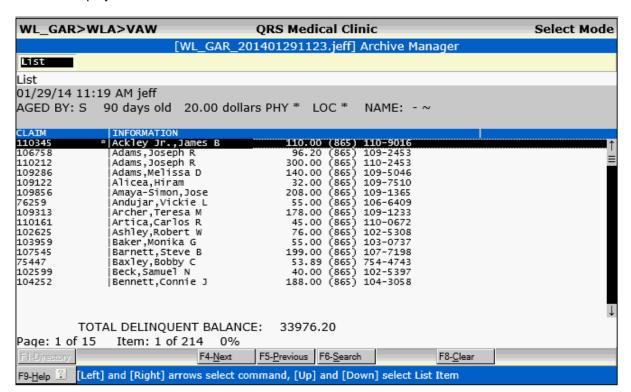
Archive will open a new work list that will display previous list that have been worked.

Here you may select a list and view.

6.4.3.1 View

View will display the work list selected in the archive.
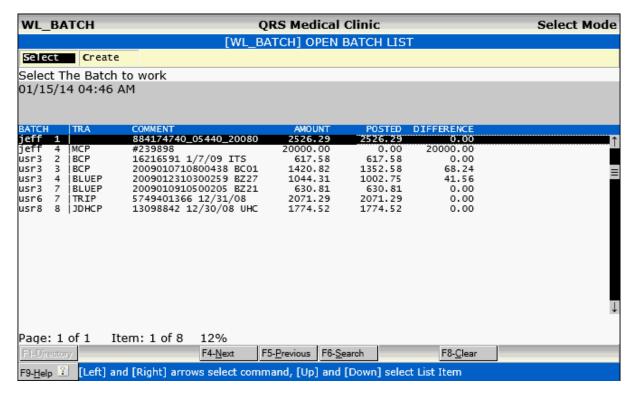
6.4.3.1.1 List

The List command does not have any functionality.

6.5   Batch Work List
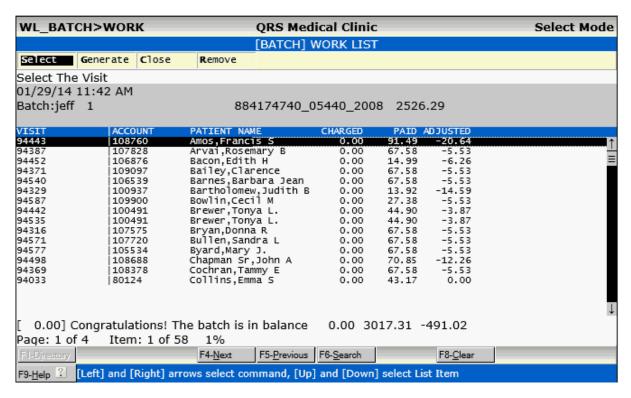
The Batch Work List allows you to view and work any open batches. When you first enter the "Batch Work List" it will list all of the open batches.
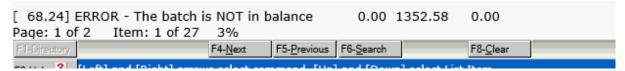
From here you may either Select one of the open batches or Create a new batch.

6.5.1   Select

Select will open the batch and display the transactions for that batch. The purpose for this work list is if you have created a batch and it is not in balance, it provides and quick and easy way to access all the transactions that have been posted as part of that batch.
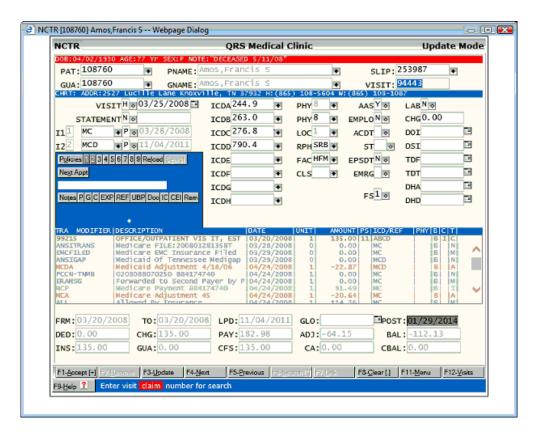
If your batch is not in balance you will see a message near the bottom of the screen above the functions that will read something like.
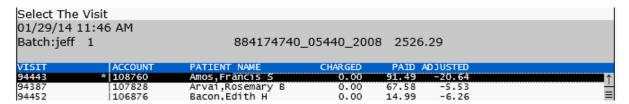
6.5.1.1   Select

Select will open the Encounter form for the visit on the batch list. It will query and display the visit. You may then make any modifications.
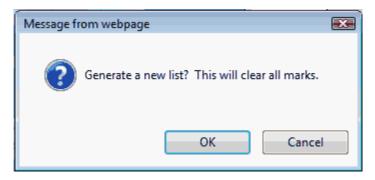
When you are done and exit the Encounter form the work list will redisplay with a maker on the line.

You may then use the DOWN ARROW to move to the next visit you may want to select and press ENTER.

6.5.1.2 Generate

Generate will create a new list and clear all the marks. You will want to use this after you have made changes to a visit that will change the totals in the batch. Selecting this command will show the following dialog.
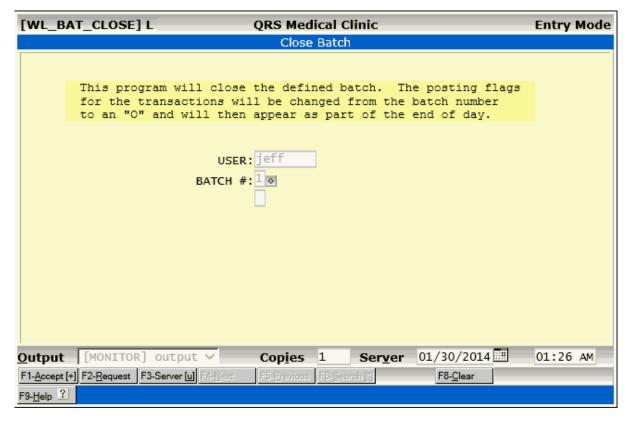
Clicking OK will have the program do as described.

6.5.1.3   Close

If you have posted all the transactions in the batch and the batch is in balance you will see something similar to the following at the bottom of the work list.
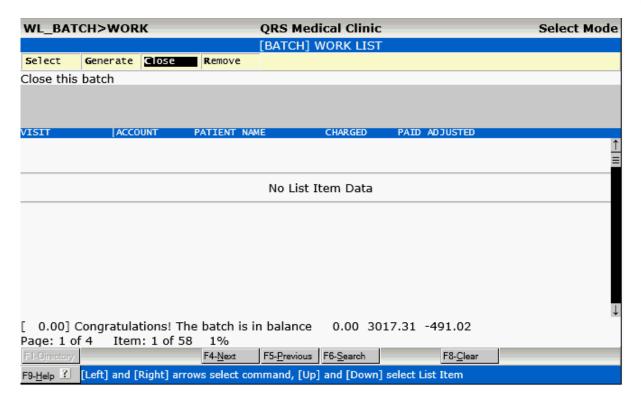
```
[  0.00] Congratulations! The batch is in balance    0.00  3017.31  -491.02
Page: 1 of 4    Item: 1 of 58    1%
```

You may then use the Close command to close the batch. It will present the following form.

```
[WL_BAT_CLOSE] L              QRS Medical Clinic              Entry Mode
                              Close Batch

          This program will close the defined batch.  The posting flags
          for the transactions will be changed from the batch number
          to an "O" and will then appear as part of the end of day.


                          USER: jeff
                       BATCH #: 1 ◊



Output   [MONITOR] output ⌄        Copies  1    Server  01/30/2014 ▦    01:26 AM
F1-Accept [+]  F2-Request  F3-Server [u]  F4-Next    F5-Previous  F6-Search [*]        F8-Clear
F9-Help ?
```

ACCEPT the form to close the batch.

The Batch Work List will redisplay with no transactions.
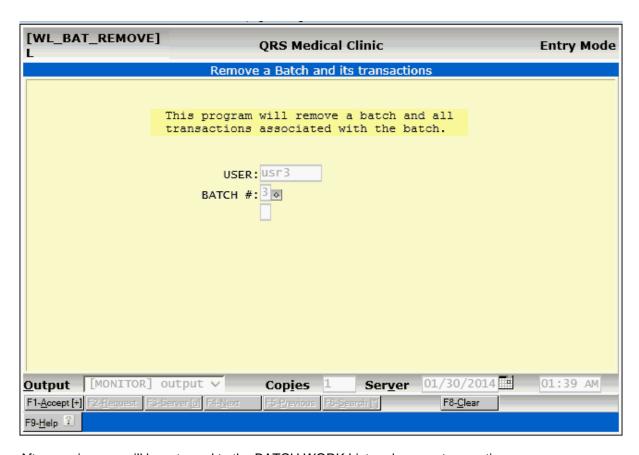
You may then QUIT to go back to the Batch list and you will see the batch no longer exists.
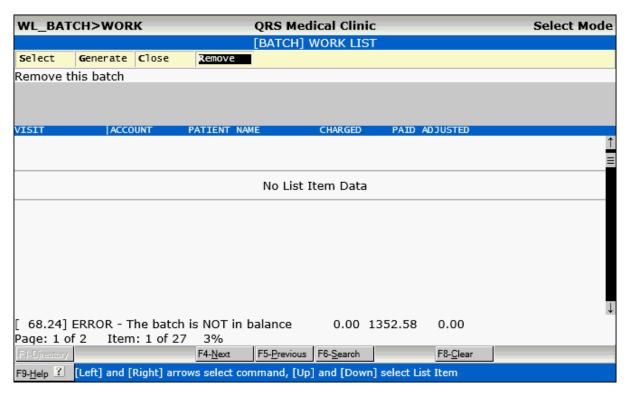
6.5.1.4 Remove
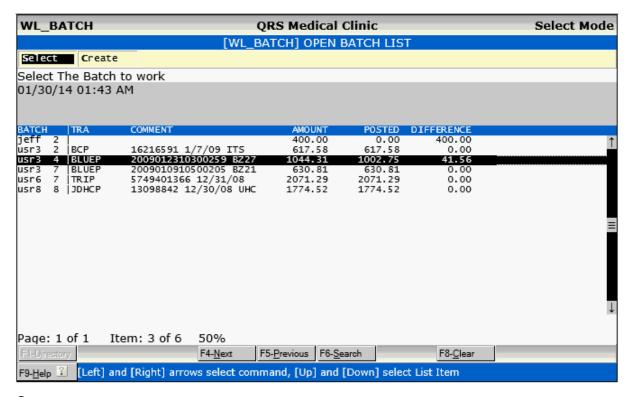
The Remove command will remove the batch and all transaction records associated with it.

After running you will be returned to the BATCH WORK List and see no transactions.

Quitting this program will return you to the Batch List. Where you will see the batch no longer exists.
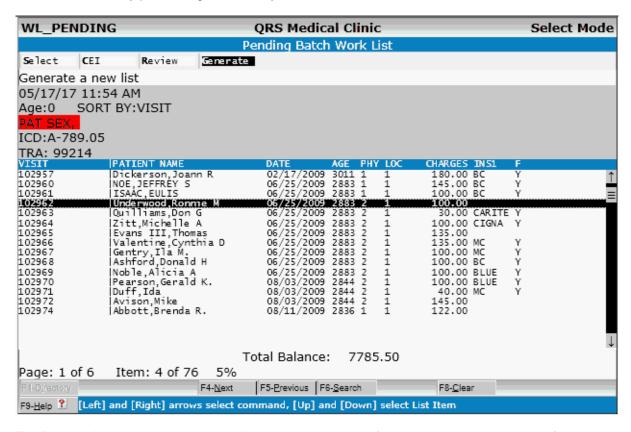
6.5.2 Create

This is the Same as Creating a Batch on the NCTR window Batch Menu.

6.6   Pending Work List

The Pending Work List allows you to work visits that are in a Pending Batch. The Pending Batch is a special type of batch used when charges are imported from other systems such as an EMR/EHR. By putting these charges in a Pending Batch you have the ability to review each visit and release it for standard End of Day processing on a visit by visit basis.
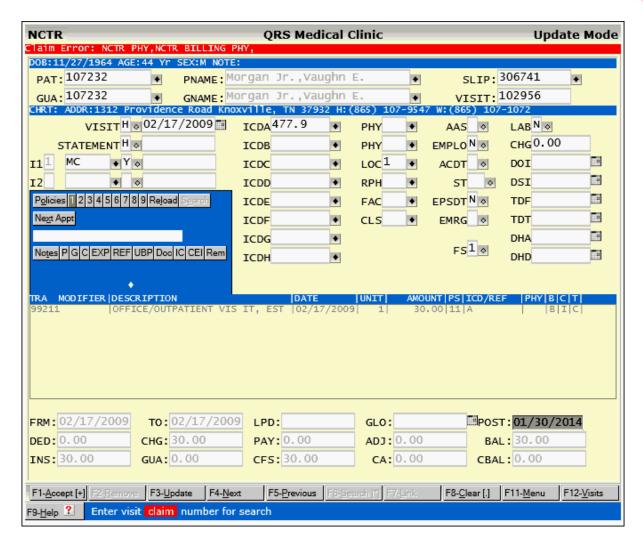
The Pending Work List does some preliminary audit checks of these visits to help you identify potential problems with theses claims. These Errors will display in RED in the Report Help area of the List Manager along with ICD and TRA codes for the visit for quick review.

You can learn more about these edits under Generate.

6.6.1   Select

The Select command will display the Encounter form and display the visit you selected from the list. It will also display any of the Claim Errors found during the Generate of the list at the top of the form for you in RED.
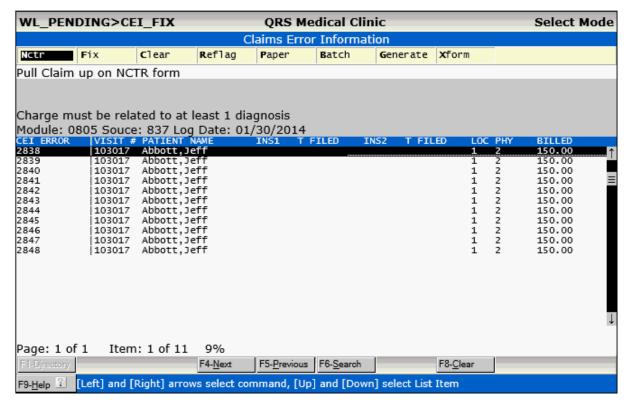
Make any corrections to the visit. When you QUIT / EXIT the Encounter Review program will automatically run.

When you return to the Pending Work List you will see the line has been marked.
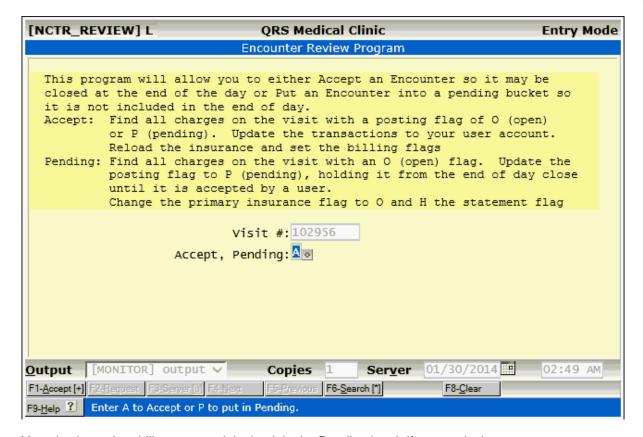
6.6.2   CEI

The CEI command will show any Open CEI issues with the claim. This is same as clicking on the CEI button on the Encounter form. To Learn more about CEI see Claims Error Information.

```
WL_PENDING>CEI_FIX              QRS Medical Clinic              Select Mode
                              Claims Error Information
 Nctr      Fix        Clear      Reflag    Paper      Batch      Generate  Xform
 Pull Claim up on NCTR form


 Charge must be related to at least 1 diagnosis
 Module: 0805 Souce: 837 Log Date: 01/30/2014
 CEI ERROR   |VISIT # PATIENT NAME      INS1    T FILED    INS2    T FILED   LOC PHY    BILLED
 2838        |103017  Abbott,Jeff                                            1   2      150.00   ↑
 2839        |103017  Abbott,Jeff                                            1   2      150.00
 2840        |103017  Abbott,Jeff                                            1   2      150.00
 2841        |103017  Abbott,Jeff                                            1   2      150.00   ≡
 2842        |103017  Abbott,Jeff                                            1   2      150.00
 2843        |103017  Abbott,Jeff                                            1   2      150.00
 2844        |103017  Abbott,Jeff                                            1   2      150.00
 2845        |103017  Abbott,Jeff                                            1   2      150.00
 2846        |103017  Abbott,Jeff                                            1   2      150.00
 2847        |103017  Abbott,Jeff                                            1   2      150.00
 2848        |103017  Abbott,Jeff                                            1   2      150.00




 Page: 1 of 1    Item: 1 of 11    9%
 F1-Directory                  F4-Next      F5-Previous  F6-Search          F8-Clear
 F9-Help  ?   [Left] and [Right] arrows select command, [Up] and [Down] select List Item
```

6.6.3   Review

The Encounter Review program will allow you to Accept the visit. This will update all the transactions that are Pending and change the status to Open so they will be included in the end of day process.

```
[NCTR_REVIEW] L              QRS Medical Clinic              Entry Mode
                        Encounter Review Program

  This program will allow you to either Accept an Encounter so it may be
  closed at the end of the day or Put an Encounter into a pending bucket so
  it is not included in the end of day.
  Accept:  Find all charges on the visit with a posting flag of O (open)
           or P (pending).  Update the transactions to your user account.
           Reload the insurance and set the billing flags
  Pending: Find all charges on the visit with an O (open) flag.  Update the
           posting flag to P (pending), holding it from the end of day close
           until it is accepted by a user.
           Change the primary insurance flag to O and H the statement flag


                        Visit #: 102956
                   Accept, Pending: A


Output   [MONITOR] output ▼       Copies  1   Server  01/30/2014     02:49 AM
F1-Accept [+]  F2-Request  F3-Server [u]  F4-Next   F5-Previous  F6-Search [*]       F8-Clear
F9-Help  ?    Enter A to Accept or P to put in Pending.
```

You also have the ability to put a claim back in the Pending batch if you so desire.

6.6.4   Generate

This will generate a new list of visits that are in the Pending Batch to your specifications. To list all visits set the Age to 0 and leave all other selection criteria empty. The Age field is useful if your system sending the data sends charges incrementally.   Such as a hospital system, where the charges may trickle in over a few days. This keeps the list from showing the visit to be reviewed until it is at least the Age old.

```
[WL_PENDING.jeff]
C                              QRS Medical Clinic                    Entry Mode


     This program will find visits with any transactions in a Pending Batch
     that are at least "Age" days old.  You may fill out the rest of
     your selection criteria to narrow your list.


                           Age: 0
                     Physician: [    ] ◆
                      Location: [    ] ◆
           Patient Name Range: [  ]  to  [  ]
                      Sort by: VISIT       ◇




Output  [MONITOR] output ⌄      Copies  1    Server  01/30/2014 ▦    01:51 AM
F1-Accept [+] F2-Request  F3-Server [u] F4-Next    F5-Previous  F6-Search [*]      F8-Clear
F9-Help ?
```

Because these transactions are imported from other applications there is no way to assign them by user. You may use the Physician, Location or Name Range to create a method to assign these pending visits to different users to work.

You may sort the list by Patient Name (Ascending), Visit Number (Ascending) or total visit Charges (Descending).

6.7 Daily Balancing Work List

The End Of Day Work List will help you to balance your transactions for the End of Day process. It is a modern replacement for the Balancing Sheet Proof Report found on the Daily Menu.

You should first Generate your list, and compare your totals. If everything balances, you are good to go. Submit any necessary paper work to the billing manager. If you do not balance you can use this list to find the mistake and select the transaction to fix.

Once you have fixed any transactions, Generate a new list to check again. Repeat the process if necessary.

6.7.1 Select

The Select command will open the Encounter form, Query the Visit, Open the Detail form for the Encounter and Query the transaction you have selected.
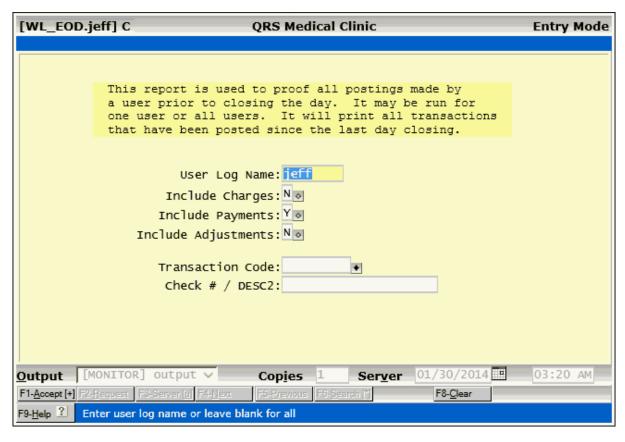
You may then make any corrections to the transaction and ACCEPT your work. When you QUIT / EXIT the Encounter form the Work list will redisplay with the selected item marked.

Once you have made all of the changes to all of the transactions, use the Generate command to create a new list to check to see if you are in balance.

6.7.2   Generate

Generate will create a new list for you to compare if you balance. By default it will list your transactions. A Manager may want to run for all users by leaving the User Log Name field empty.

```
[WL_EOD.jeff] C                    QRS Medical Clinic                    Entry Mode


            This report is used to proof all postings made by
            a user prior to closing the day.  It may be run for
            one user or all users.  It will print all transactions
            that have been posted since the last day closing.


                        User Log Name: jeff
                       Include Charges: N ◇
                       Include Payments: Y ◇
                   Include Adjustments: N ◇


                       Transaction Code: [          ] ◆
                        Check # / DESC2: [                    ]




Output   [MONITOR] output ∨      Copies  1     Server  01/30/2014 ▦    03:20 AM
F1-Accept [+]  F2-Request  F3-Server [u]  F4-Next   F5-Previous  F6-Search [*]        F8-Clear
F9-Help  ?   Enter user log name or leave blank for all
```

You have the option of including Charges, Payment and Adjustments. This is based on the transactions that your practice will balance.

You also have the ability to narrow the list to only a specific transaction code or Reference (Check #). This is very helpful if you posted a single large check and you want to verify that it is correct.
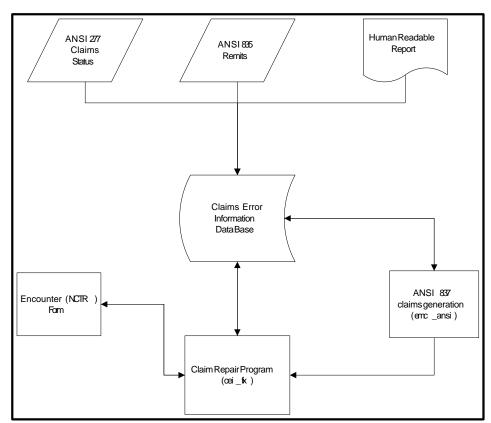
6.8   Claims Error Information

The CEI system is an integral part of the practice management software. The purpose of the CEI system is to gather, log, and assist the user in correcting claims errors. By providing one mechanism for fixing claims the user will always have a consistent interface, thus reducing training efforts, and providing better productivity.

The CEI system differs from previous claims correcting systems in that it is global to the system and can be adapted to any claims modules, as well as remit modules. It also has the added benefit of logging all claims, so there is a historical record of all errors for a claim, as well as who fixed the error. This in itself should aid practice management in monitoring user productivity and help them to find problems that may be obstructing cash flow.

6.8.1   How does the CEI system work?

The CEI system consists of two parts. The first part is the error gathering and logging mechanism, and the second part being the Claims Repair Program that the user will use to fix the claims. The error gathering programs are small modules that will reside within individual EMC and ERA programs. Their purpose is to evaluate data that is returned from the insurance payer.   If any of the data is an error it will be logged into the CEI database. This error data can come from several different sources such as: ANSI 277 Reports, ANSI 835 Remits, Human Readable Reports (HRR).

The Claims Repair Program will then read the CEI file for errors with an open status and display them for the user in a work list fashion. The user may then select to Fix the claim, Clear the error, Print the claim, or Batch the claim for Paper. Once this is done the action and user will be logged into the CEI file.   From this data reports can be generated thus giving management opportunities to refine procedures.
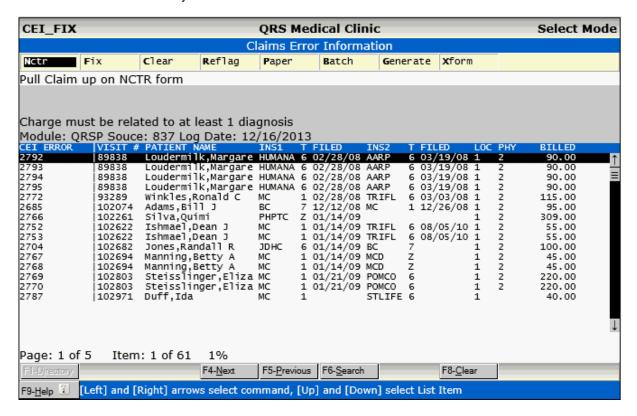
The Encounter (NCTR) form will also interact with the CEI data. When a claim is queried on the

NCTR form and open errors exist it will notify the user and ask them if they want to repair the problem(s).

Also, when claims are generated using the ANSI claims process, it will look to see if any pending errors exist for the visit, and direct the user to fix the claim before starting the edit process. During the edit process if the program detects an error it will also log it into the CEI file. Because errors can now be logged, this allows for claims to be edited in both Interactive and Batch mode. In Batch mode the system will log all errors into CEI thus not prompting the user to fix each claim at that time.

6.8.2 The Claim Error Information Work list

To repair claim errors you must enter the Claim Error Information work list. Before fixing any errors you must first Generate a new work list using the Generate command. Using the Generate command you may tailor your work list for the accounts that you need to work. Upon the work list completing you will be returned to the CEI system to fix the claims.
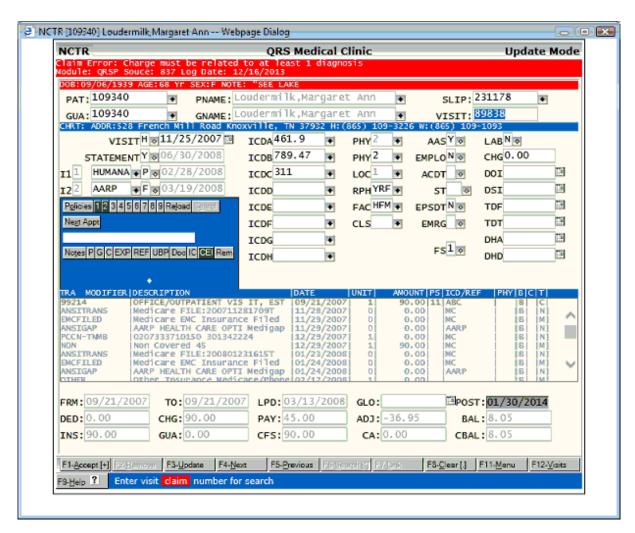
Looking at this form you will see each error is assigned a unique tracking number "CEI ERROR #". From here highlight the error you want to work on. You will see under the CEI ERROR # in the Report Help area of the form. In the actual work list you will see the Visit #, Patient Name, Insurance, Filed date, Location, Physician, and Billed amount.

You have the following options available to you:

6.8.2.1 Nctr
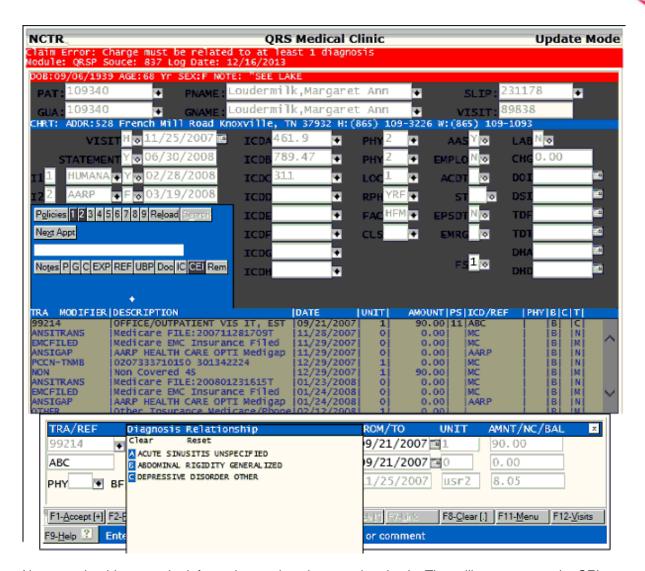
This command will pull the claim up on the NCTR form. You will see the claim error at the top of the form.

You must manually re-flag the claim. This option does not change automatically change the flags.

6.8.2.2   Fix

This will take you to the suspected form and field in the system with the bad data for the error.   You will see the ERROR Message near the top of whatever form you are on.
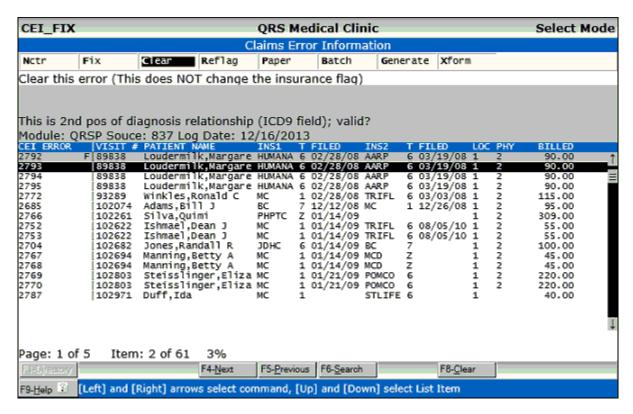
Now you should correct the information, update the record and quit. That will return you to the CEI system.   The Error will be marked with an F to show that it is fixed.

It will also re-flag the claim to a "Y" so will be included on the next batch of insurance run.

6.8.2.3   Clear

Clear will mark the error as cleared.
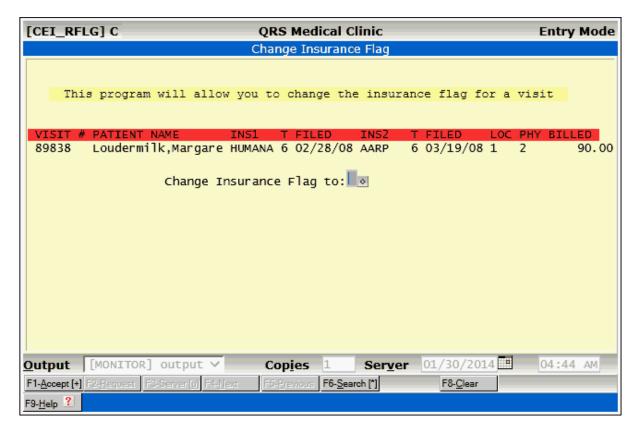
After the command.

6.8.2.4 Reflag

Reflag will allow you to re-flag the insurance flag on the claim to any of the allowable flags.
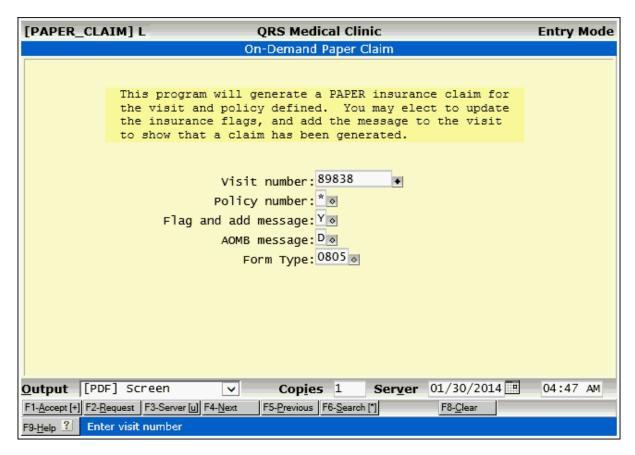
Set the Insurance Flag and ACCEPT. This will change the insurance flag on the the claim and redisplay the entry in the List marked as Flagged.
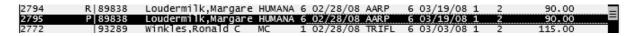
6.8.2.5 Paper

Paper will pull up On Demand PAPER Claim form for the type of claim. You may then produce an on demand paper claim.
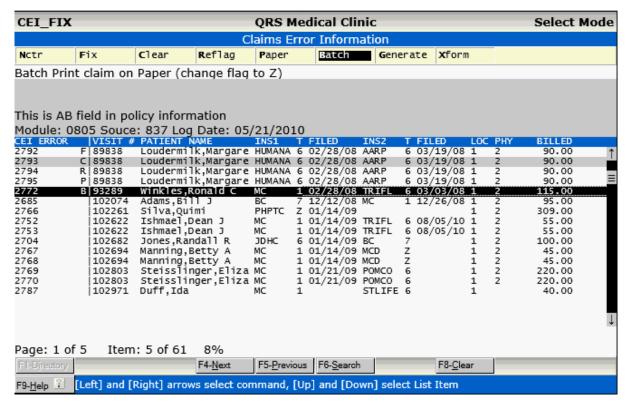
It will mark the error as "P".

This option does not clear the error from the work list.
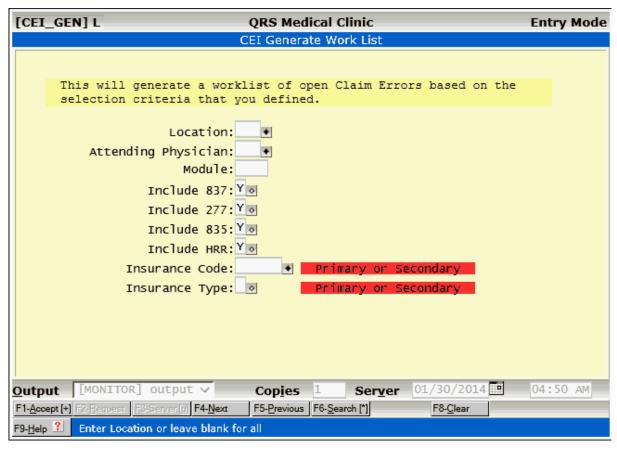
6.8.2.6 Batch

Batch will change the insurance flag to "Z" so it will print a paper claim during the next Paper batch.

```
CEI_FIX                    QRS Medical Clinic                Select Mode
                          Claims Error Information
 Nctr    | Fix    | Clear   | Reflag  | Paper  | Batch  | Generate | Xform
Batch Print claim on Paper (change flag to Z)


This is AB field in policy information
Module: 0805 Souce: 837 Log Date: 05/21/2010
CEI ERROR  |VISIT # PATIENT NAME      INS1    T FILED     INS2    T FILED    LOC PHY    BILLED
2792     F|89838   Loudermilk,Margare HUMANA 6 02/28/08 AARP   6 03/19/08 1   2    90.00
2793     C|89838   Loudermilk,Margare HUMANA 6 02/28/08 AARP   6 03/19/08 1   2    90.00
2794     R|89838   Loudermilk,Margare HUMANA 6 02/28/08 AARP   6 03/19/08 1   2    90.00
2795     P|89838   Loudermilk,Margare HUMANA 6 02/28/08 AARP   6 03/19/08 1   2    90.00
2772     B|93289   Winkles,Ronald C   MC     1 02/28/08 TRIFL  6 03/03/08 1   2   115.00
2685      |102074  Adams,Bill J        BC     7 12/12/08 MC     1 12/26/08 1   2    95.00
2766      |102261  Silva,Quimi         PHPTC  Z 01/14/09                    1   2   309.00
2752      |102622  Ishmael,Dean J      MC     1 01/14/09 TRIFL  6 08/05/10 1   2    55.00
2753      |102622  Ishmael,Dean J      MC     1 01/14/09 TRIFL  6 08/05/10 1   2    55.00
2704      |102682  Jones,Randall R     JDHC   6 01/14/09 BC     7          1   2   100.00
2767      |102694  Manning,Betty A     MC     1 01/14/09 MCD    Z          1   2    45.00
2768      |102694  Manning,Betty A     MC     1 01/14/09 MCD    Z          1   2    45.00
2769      |102803  Steisslinger,Eliza  MC     1 01/21/09 POMCO  6          1   2   220.00
2770      |102803  Steisslinger,Eliza  MC     1 01/21/09 POMCO  6          1   2   220.00
2787      |102971  Duff,Ida            MC     1          STLIFE 6          1        40.00


Page: 1 of 5    Item: 5 of 61    8%
 F1-Directory          F4-Next    F5-Previous  F6-Search        F8-Clear
 F9-Help  ?  [Left] and [Right] arrows select command, [Up] and [Down] select List Item
```

6.8.2.7   Generate

This program will allow you to generate a new work list for the Claims Errors. You should generate a new list each time you are working CEI errors to ensure all new errors are included on the work list.

6.8.2.8   CEI - Xform

This is a programmer option that allows a programmer to examine the CEI data base using an S4GL form.

Part 7

Closing the Day
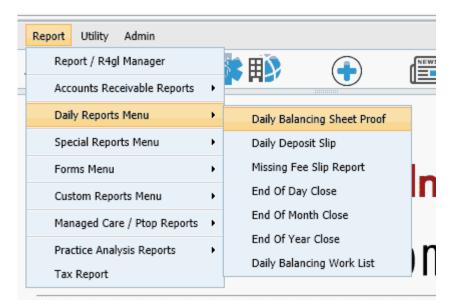
7   Closing the Day

After you have entered charges, insurance payments, private payments, and adjustments for the day, you need to balance. You need to balance not only your payments to your till, but also balance the charges and the adjustments. The system offers you an easy way to do it. Once you have balanced, you can run a deposit slip and then close the day, month, or year. All of these reports are listed below.

7.1   Daily Menu
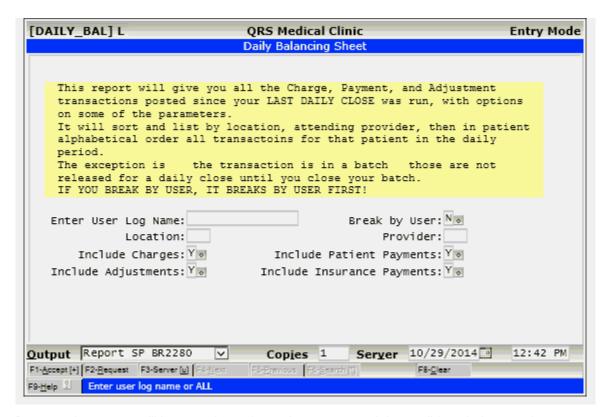
The daily reports are found on the DAILY REPORTS MENU. This menu can be accessed by selecting DAILY REPORTS MENU from the REPORT MENU. These are reports that you will run every time you close a day, month, or year. The DAILY MENU will appear as follows:

You may also access these programs by clicking they Work List and Reports Quick Icon on the Control Panel.
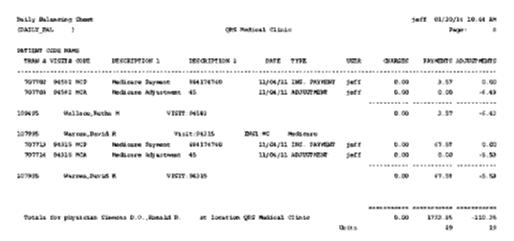
7.1.1   Balancing Sheet Proof

The (DAILY_BAL) Daily Balancing Sheet by User report allows you to balance your till to the entries that you made in the computer. This step MUST be performed at the end of each day. Because the system uses an open/closed accounting method, this report will list all transactions entered since the last daily close that fit your selection specifications. Selecting option "DAILY BALANCING SHEET PROOF" from the DAILY MENU will display the following screen:
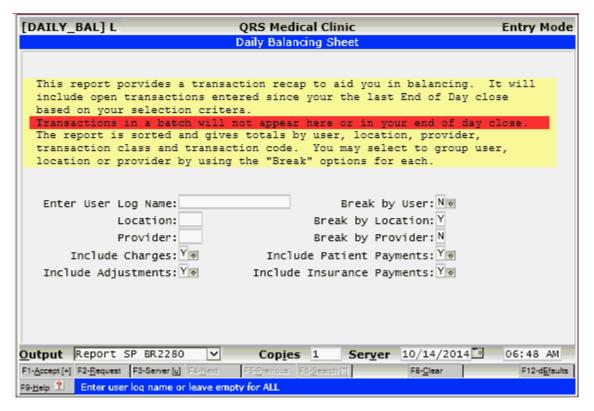
Because the system will keep each user's postings separate, it is possible to balance only your transactions. On the Balancing Proof report, you may selectively include charges, payments, and adjustments that you posted.

The following is a sample of what this report may look like.

7.1.1.1   Optional Report

The optional Daily Balancing Sheet 2 may also be used if you want.   You may have your system administrator either add it to your daily menu or make it the standard report by copying it to your data sets custom reports and naming DAILY_BAL.

```
[DAILY_BAL] L                    QRS Medical Clinic                    Entry Mode
                              Daily Balancing Sheet

   This report porvides a transaction recap to aid you in balancing.  It will
   include open transactions entered since your the last End of Day close
   based on your selection critera.
   Transactions in a batch will not appear here or in your end of day close.
   The report is sorted and gives totals by user, location, provider,
   transaction class and transaction code.  You may select to group user,
   location or provider by using the "Break" options for each.


     Enter User Log Name:                     Break by User: N
                Location:                 Break by Location: Y
                Provider:                 Break by Provider: N
         Include Charges: Y         Include Patient Payments: Y
     Include Adjustments: Y       Include Insurance Payments: Y




Output  Report SP BR2280    ▼    Copies  1    Server  10/14/2014      06:48 AM
F1-Accept [+]  F2-Request   F3-Server [u]  F4-Next     F5-Previous  F6-Search [*]        F8-Clear              F12-dEfaults
F9-Help  ?      Enter user log name or leave empty for ALL
```

Because the system will keep each user's postings separate, it is possible to balance only your transactions. On the Balancing Proof report, you may selectively include charges, payments, and adjustments that you posted.

The following is a sample of what this report may look like.

Daily Balancing Sheet report image showing transaction details for QRS Medical Clinic.

7.1.2 Printing a Deposit Slip

Once you have balanced your accounts for the day, you may wish to print a deposit slip. This is a report that prints all of your payments for the defined location and lists them in a deposit slip format. By selecting option "DEPOSIT SLIP" from the DAILY MENU, the following screen will appear:
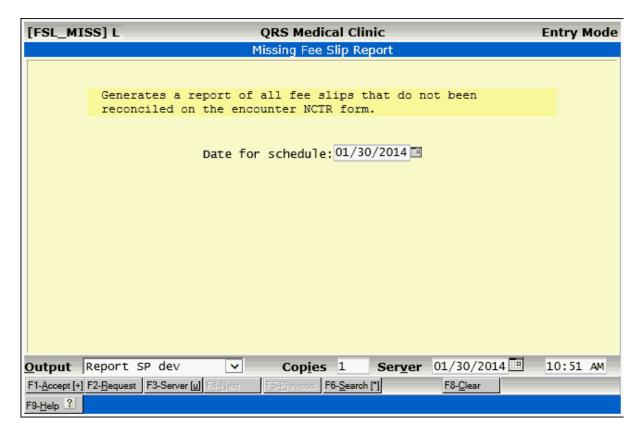
The following page displays a sample of the output of this report.

7.1.3   Missing Fee Slip Report

The system has the ability to reconcile an appointment to a visit. By entering the fee slip number in the SLIP field of the NCTR form, you tell the computer the appointment for the visit.   The Missing Fee Slip report will list all appointments without a visit. You should have the original fee slip for all appointments on the list. If you do not, it is missing--either it has not been turned in, the patient has left the practice with it and not checked out, or it was not entered in the NCTR form.

You should run this report prior to closing the day. You may then research the missing fee slips and make any adjustments before closing the day.

```
[FSL_MISS] L                    QRS Medical Clinic              Entry Mode
                              Missing Fee Slip Report

          Generates a report of all fee slips that do not been
          reconciled on the encounter NCTR form.


                     Date for schedule: 01/30/2014 🗓




Output   Report SP dev       ▾      Copies  1    Server  01/30/2014 🗓   10:51 AM
F1-Accept [+] F2-Request  F3-Server [u]  F4-Next    F5-Previous  F6-Search [*]        F8-Clear
F9-Help  ?
```
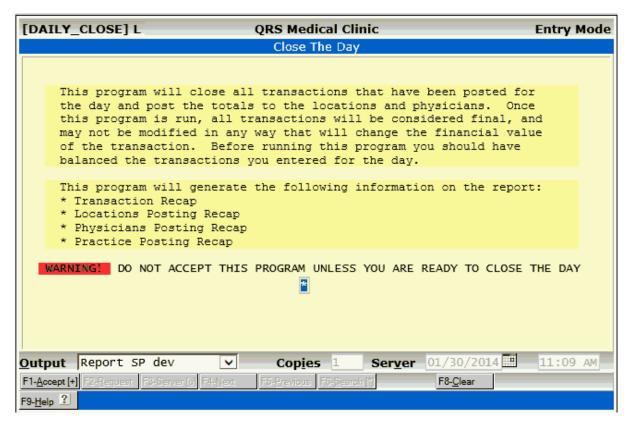
7.1.4   End-of-Day Close

Other Options on the DAILY MENU allow you to close the day, month, or year. You will run the END OF DAY CLOSE option each time you make a deposit to take to the bank. When you close a month or year, you do not have to run the END OF DAY process by itself. This is because the END OF MONTH and END OF YEAR processes include running the END OF DAY process.

When you are performing a daily close, other users cannot be in the process of posting transactions. The system will block them from posting and give an error message that states the daily close is in progress. However, users may perform inquiries, as well as enter or update patient information.

Once the daily close is finished, users may start posting again, even if you are running an END OF MONTH. The close programs will print a wide variety of reports that show the postings that were made, the current accounts receivable by physician and location, and generate and print insurance forms. When you start a close program, the system will read through a list of programs to let you choose the programs that you wish to run. This is called a "batch program". Programs may be added and removed from a batch program by your system administrator. Most of the programs on the batch list will be report programs, but the batch list also allows you to specify other types of programs such as backup programs.
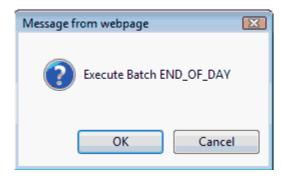
The normal END OF DAY CLOSE will run a program that closes the day and prints out a daily transaction recap, as well as a posting recap for physicians, locations, and the entire practice.

If your administrator has established any other reports that they want during or prior to the daily close you will see screens for them as well.

You will then be prompted to run reports that were requested throughout the day.

Once you have selected all of the programs that you wish to run from the batch list, you will be prompted:

Click OK, and the computer will execute all of the programs as specified.
Some samples of daily reports are shown below.

The CLOSE THE DAY/TRANSACTION RECAP will print all transactions that were entered for the current day period. It is sorted by location, physician, then patient name. You are given sub-totals for each and grand totals at the end.

```
Close The Day / Transaction Recap                                              parad 10/05/07 01:19 PM
[DAILY_CLOSE   ]                          QRS Medical Clinic                             Page:        1
Location : 1                              QRS Progression Clinic
Physician: 1                              Well M.D.,Ivan M.


PATIENT CODE NAME
  TRAN # VISIT# CODE    DESCRIPTION 1      DESCRIPTION 2     DATE     TYPE     USER    CHARGES   PAYMENTS ADJUSTMENTS
------------------------------------------------------------------------------------------------------------------
7268       Abbott,Jack W.
  523645  62797 99212   OFFICE/OUTPATIENT VI IT, EST         10/03/07 CHARGE   jeff      92.00     0.00      0.00
  523646  62797 81000   URINALYSIS, NONAUTO  /SCOPE          10/03/07 CHARGE   jeff      48.00     0.00      0.00
  523647  62797 36415   ROUTINE VENIPUNCTURE                 10/03/07 CHARGE   jeff      13.00     0.00      0.00
                                                                                     ---------- ---------- ----------
  Totals for patient                                                                    153.00     0.00      0.00

3835       Page,Ethel W.
  523626  62794 99212   OFFICE/OUTPATIENT VI IT, EST         10/02/07 CHARGE   sec2      92.00     0.00      0.00
  523627  62794 81000   URINALYSIS, NONAUTO  /SCOPE          10/02/07 CHARGE   sec2      16.00     0.00      0.00
                                                                                     ---------- ---------- ----------
  Totals for patient                                                                    108.00     0.00      0.00

3159       Smith,Anna
  523614  62791 31237   NASAL/SINUS ENDOSCOP , SURG          10/02/07 CHARGE   sec2     550.00     0.00      0.00
  523657  62783 99212   OFFICE/OUTPATIENT VI IT, EST         09/25/07 CHARGE   jeff      92.00     0.00      0.00
                                                                                     ---------- ---------- ----------
  Totals for patient                                                                    642.00     0.00      0.00

7275       Smith,Bob
  523654  62791 99213   OFFICE/OUTPATIENT VI IT, EST         10/02/07 CHARGE   jeff      72.00     0.00      0.00
  523655  62791 81000   URINALYSIS, NONAUTO  /SCOPE          10/02/07 CHARGE   jeff      16.00     0.00      0.00
  523656  62791 99214   OFFICE/OUTPATIENT VI IT, EST         09/23/07 CHARGE   jeff     120.00     0.00      0.00
                                                                                     ---------- ---------- ----------
  Totals for patient                                                                    208.00     0.00      0.00


                                                                                     ---------- ---------- ----------
  Totals for physician Well M.D.,Ivan M.     at location QRS Progression Clinic        1111.00     0.00      0.00
  Net A/R change    1111.00                                                   Units      12
```

The following defines the columns found on this report:

PATIENT CODE
Prints patient account number.

NAME
Prints patient name.

TRAN #
Prints unique detail transaction number.

VISIT#
Prints the visit number the transaction was entered for.

CODE
Prints the transaction code (TRA).

DESCRIPTION 1
Prints the primary description for the transaction.

DESCRIPTION 2
Prints the secondary description for the transaction.

DATE
Prints the FROM date of the transaction.

TYPE

Prints the transaction type: CHARGE, PAYMENT PAT, PAYMENT INS, or ADJUSTMENT.

USER
Prints the log name of the user who entered the transaction.

CHARGES
If the transaction is a charge, the total amount of the charge is printed here.

PAYMENTS
If the transaction is a payment, the amount of the payment is printed here.

ADJUSTMENTS
If the transaction is an adjustment, the amount of the adjustment is printed here.

The Close The Day/Location Posting Recap report gives a recap by location for all charges, payments, and adjustments posted for the day. It is useful because it gives a progression of the accounts receivable from the last end-of-day close through the current one.

```
Close The Day / Location Posting Recap                                          parad 10/05/07 01:19 PM
[DAILY_CLOSE   ]                                QRS Medical Clinic                               Page:      11


 ------------------------------------------------------------------------------------------------------------

   CODE: 1                    NAME: QRS Progression Clinic       DAY PERIOD: 5             MONTH PERIOD: 1
                                                                 Yesterday's  Yesterday's   Today's      Today's
     Yesterday's closing A/R balance:       236362.60              M-T-D       Y-T-D        M-T-D        Y-T-D

                 Today's charges:  (+)      1196.00               26337.89    26337.89     27533.89     27533.89

                 Today's payments: (-)         0.00                1512.27     1512.27      1512.27      1512.27

               Today's adjustments: (+)      -16.13                 -91.96      -91.96      -107.99      -107.99

       Today's closing A/R balance: (=)    237542.47


 ------------------------------------------------------------------------------------------------------------

   CODE: 3                    NAME: Abc Progression Clinic       DAY PERIOD: 5             MONTH PERIOD: 1
                                                                 Yesterday's  Yesterday's   Today's      Today's
     Yesterday's closing A/R balance:      5174455.76              M-T-D       Y-T-D        M-T-D        Y-T-D

                 Today's charges:  (+)      1100.00              126042.16   126042.16    127142.16    127142.16

                 Today's payments: (-)       244.00               26725.05    26725.05     26969.05     26969.05

               Today's adjustments: (+)        0.00              -26486.10   -26486.10    -26486.10    -26486.10

       Today's closing A/R balance: (=)   5175311.76


 ------------------------------------------------------------------------------------------------------------

   CODE: EE                   NAME: Happy Bunny Clinic           DAY PERIOD: 5             MONTH PERIOD: 1
                                                                 Yesterday's  Yesterday's   Today's      Today's
     Yesterday's closing A/R balance:         506.00              M-T-D       Y-T-D        M-T-D        Y-T-D

                 Today's charges:  (+)       769.00                 506.00      506.00      1275.00      1275.00

                 Today's payments: (-)        55.10                   0.00        0.00        55.10        55.10

               Today's adjustments: (+)      -16.13                   0.00        0.00       -16.13       -16.13

       Today's closing A/R balance: (=)     1203.77
```

This report shows the AR as of the last close of day, and then adds today's charges, subtracts today's payments, and adds today's adjustments to give a closing AR for the day. It also shows the Month to Date (MTD) and Year to Date (YTD) productivity totals of charges, payments, and adjustments for location. Also in the end-of-day reports are a PHYSICIAN POSTING RECAP and a PRACTICE

POSTING RECAP. These two reports are similar to the above, but give the information for each physician and the entire practice.

7.1.5   End-of-Month Close

End of month close should be performed at the end of each fiscal month. Before closing the month, you should have posted all charges, payments, and adjustments for that month and you should have closed any batches and all days for the month. The last day of the month is normally closed through the END OF MONTH process. Therefore, it is not necessary to first run END OF DAY CLOSE and then END OF MONTH CLOSE.

Closing the month will generate monthly analysis reports for charges, payments, adjustments, referring physicians, visit classifications, facilities, primary diagnoses, and primary insurance carriers, and will print posting recaps. You can have custom or additional reports added to your END OF MONTH by modifying your END OF MONTH BATCH program; or you may also remove some of these reports.

Once the reports have run, the program will go through the process of changing all transactions that have been open for the month (have a posting flag of "M") to being open only for the year (have a posting flag of "Y"). Once this is complete, the MTD (Month-To-Date) totals in the physician and location files will be set to "0.00", and the month counter in the Version setup will be incremented.

A report of aged accounts receivable by guarantor is generated and printed after the month close, as is the Lost Visit report. The Aged AR program is used to help you monitor collections, and the Lost Visit report can help you find visits that are not being billed to either insurance or the guarantor.

The following are the analysis and recap reports that will print:
Monthly Charge Analysis report
Monthly Payment Analysis report
Monthly Adjustment Analysis
Monthly Referring Physician Analysis report

The following reports are similar to the above report, but are based on their respective files.
- Monthly Classification Analysis
- Monthly Facility Analysis
- Monthly Primary Diagnosis/ICD9 Analysis
- Monthly Primary Carrier Analysis

The final step of closing the month is running the "Close The Month And Zero MTD Totals" program (MONTH_CLOSE). This program will print a posting summary recap for the month; it will also change all transactions that have a STATUS of "M" to "Y", zero out the month-to-date totals in the physician and location files, and increment the month counter in the Version file.

7.1.5.1   Monthly Charge Analysis report

The Monthly Charge Analysis report gives you month-to-date and year-to-date productivity totals for all charges and is broken down by transaction classification, physician, and location.

```
Monthly Charge Analysis                                                    jeff  12/11/07 11:26 AM
[MONTH_CHG    ]                            QRS Medical Clinic                           Page:      1
Location: 1   QRS Progression Clinic
                     ------ MTD ---------- CONTR  ESTIMATED ----- ------YTD---------- CONTR  ESTIMATED ------
CLS DESCRIPTION          GROSS CHG    RVU    ADJUST   NET CHG UNIT GROSS CHG    RVU    ADJUST   NET CHG UNIT AVG GRS  AVG NET
------------------------------------------------------------------------------------------------------------
Physician: 1   XxxxWell M.D.,Ivan M.

Classification:    UNDEFINED CLS
21390    TREAT EYE SOCKE   633.05   17.63    0.00    633.05    1   633.05   17.63    0.00    633.05    1   633.05   633.05
31237    NASAL/SINUS END   550.00    7.78    0.00    550.00    1   550.00    7.78    0.00    550.00    1   550.00   550.00
33523    CABG, ART-VEIN,     0.00    0.00    0.00      0.00    1     0.00    0.00    0.00      0.00    1     0.00     0.00
36415    ROUTINE VENIPUN    91.00    0.00    0.00     91.00    7    91.00    0.00    0.00     91.00    7    13.00    13.00
50       FROGS TREES      1369.50    0.00    0.00   1369.50  165  1369.50    0.00    0.00   1369.50  165     8.30     8.30
500      FROGS TREES         0.00    0.00    0.00      0.00          0.00    0.00    0.00      0.00          0.00     0.00
5000     FROGS TREES         0.00    0.00    0.00      0.00          0.00    0.00    0.00      0.00          0.00     0.00
50000    2                   0.00    0.00    0.00      0.00          0.00    0.00    0.00      0.00          0.00     0.00
500000   2                   0.00    0.00    0.00      0.00          0.00    0.00    0.00      0.00          0.00     0.00
68815    PROBE NASOLACRI   375.00   10.65  -15.37    359.63    1   375.00   10.65  -15.37    359.63    1   375.00   359.63
80019    Urinalysis         80.00    0.00    0.00     80.00    2    80.00    0.00    0.00     80.00    2    40.00    40.00
81000    URINALYSIS, NON   624.00    0.00    0.00    624.00   40   624.00    0.00    0.00    624.00   40    15.60    15.60
81002    URINALYSIS NONA     6.00    0.00    0.00      6.00    1     6.00    0.00    0.00      6.00    1     6.00     6.00
90935    Hemodialysis W/  -178.00   -3.68  178.00      0.00   -2  -178.00   -3.68  178.00      0.00   -2    89.00     0.00
95117    IMMUNOTHERAPY I    18.00    0.92    0.00     18.00    2    18.00    0.92    0.00     18.00    2     9.00     9.00
99212QU  Established Off    50.00    0.95  -17.32     32.68    1    50.00    0.95  -17.32     32.68    1    50.00    32.68
99214    OFFICE/OUTPATIE   120.00    4.10  -35.26     84.74    2   120.00    4.10  -35.26     84.74    2    60.00    42.37
9923225  Hospital Care      60.32    1.41    0.00     60.32    1    60.32    1.41    0.00     60.32    1    60.32    60.32
99235    OBSERV/HOSP SAM    45.00    4.53    0.00     45.00    1    45.00    4.53    0.00     45.00    1    45.00    45.00
BCCRF    Blue Cross          0.00    0.00    0.00      0.00    1     0.00    0.00    0.00      0.00    1     0.00     0.00
DME-PCP  CPAP                0.00    0.00    0.00      0.00    4     0.00    0.00    0.00      0.00    4     0.00     0.00
DME-PDR  Immunosuppressi     0.00    0.00    0.00      0.00    1     0.00    0.00    0.00      0.00    1     0.00     0.00
DME-PEN  Enteral Nutriti     0.00    0.00    0.00      0.00    2     0.00    0.00    0.00      0.00    2     0.00     0.00
DME-PHB  Hospital Beds       0.00    0.00    0.00      0.00    1     0.00    0.00    0.00      0.00    1     0.00     0.00
DME-PIP  External Infusi     0.00    0.00    0.00      0.00    1     0.00    0.00    0.00      0.00    1     0.00     0.00
DME-POX  Oxygen              0.00    0.00    0.00      0.00    3     0.00    0.00    0.00      0.00    3     0.00     0.00
F01      Form 01             0.00    0.00    0.00      0.00    3     0.00    0.00    0.00      0.00    3     0.00     0.00
FIN-CHG  Finance Charge  20234.81    0.00    0.00  20234.81   93 20234.81    0.00    0.00  20234.81   93   243.79   243.79
TOTAL FOR CLASSIFICATION --------- -------- -------- --------- ---- --------- -------- -------- --------- ---- -------- --------
     UNDEFINED CLS      24078.68   44.29  110.05  24188.73  323 24078.68   44.29  110.05  24188.73  323    74.55    74.89
        Percentage of Gross         100.46 %                            100.46 %


Classification: MCT Medicare/Tenncare
99212    OFFICE/OUTPATIE  2956.00   33.25 -1066.00  1890.00   35  2956.00   33.25 -1066.00  1890.00   35    84.46    54.00
TOTAL FOR CLASSIFICATION --------- -------- -------- --------- ---- --------- -------- -------- --------- ---- -------- --------
MCT Medicare/Tenncare    2956.00   33.25 -1066.00  1890.00   35  2956.00   33.25 -1066.00  1890.00   35    84.46    54.00
```

GROSS CHG
This column shows the total gross charges for the charge code.

RVU
This column shows the total RVU's for the charge.

CONTR ADJUST
This column will show the total contractual adjustments that should be taken on this charge.

ESTIMATED NET CHG
This column will show the total estimated net charges for the charge.

UNIT
This shows the total number units for the charge.

AVG GRS
This will show the average Gross Charge.

AVG NET
This will show the average net charge.

7.1.5.2 Monthly Payment Analysis report

The Monthly Payment Analysis report gives a breakdown of month-to-date and year-to-date payments by payment transaction classification, physician, and location.

```
Monthly Payment Analysis Report                    jeff  12/11/07 11:26 AM
[MONTH_PAY    ]                QRS Medical Clinic              Page:        1
Location : 1                   QRS Progression Clinic
Physician: 1                   XxxxWell M.D.,Ivan M.


_____PAYMENT_____ _____M-T-D_____ _____Y-T-D_____
CODE       DESCRIPTION           PAYMENTS UNITS       PAYMENTS UNITS      AVERAGE
-------------------------------------------------------------------------------
CLS:                             <<<<<<<<<<<
5STARP     5star Life Insurance    553.55    8           553.55    8       69.19
9          John Deere Payment       80.00    1            80.00    1       80.00
                                 ----------- -----   ----------- -----   ----------
 Totals for Classification         633.55    9           633.55    9       70.39


CLS:                             <<<<<<<<<<<
ANTHEMP    Anthem BCBS Of Virgin   192.00    2           192.00    2       96.00
CASH       Cash Payment            532.45   19           532.45   19       28.02
CK         Pymt Personal Check      40.00    2            40.00    2       20.00
                                 ----------- -----   ----------- -----   ----------
 Totals for Classification         764.45   23           764.45   23       33.24


CLS: MCT   Medicare/Tenncare     <<<<<<<<<<<
1          Medicare Payment        923.82    7           923.82    7      131.97
 MCT Medicare/Tenncare           ----------- -----   ----------- -----   ----------
 Totals for Classification         923.82    7           923.82    7      131.97


                                 =========== =====   =========== =====   ==========
 Totals for Physician             2321.82   39          2321.82   39       59.53
```

7.1.5.3 Monthly Adjustment Analysis

The Monthly Adjustment Analysis report gives month-to-date and year-to-date totals for all adjustments by classification, physician, and location. The report breaks each adjustment into debit and credit amounts.

```
Monthly Adjustment Analysis                                                        jeff  12/11/07 11:26 AM
[MONTH_ADJ    ]                              QRS Medical Clinic                              Page:       1
Location : 1                               QRS Progression Clinic
Physician: 1                               XxxxWell M.D.,Ivan M.


                           _____CREDIT_____        _____DEBIT_____
          ADJUSTMENT       _____M-T-D_____  _____Y-T-D_____            _____M-T-D_____  _____Y-T-D_____
CODE      DESCRIPTION      ADJUSTMENTS UNITS ADJUSTMENTS UNITS  AVERAGE     ADJUSTMENTS UNITS ADJUSTMENTS UNITS  AVERAGE
------------------------------------------------------------------------------------------------------------------------
CLS:                       <<<<<<<<<<<<<
5STARA    5star Life Insurance  -107.83   4    -107.83    4    -26.96          0.00              0.00              0.00
                           ----------- ----- ----------- -----              ----------- ----- ----------- -----
 Totals for Classification     -107.83   4    -107.83    4                      0.00              0.00

CLS:                       <<<<<<<<<<<<<
1A        Medicare Contract      0.00          0.00           0.00            72.00    1    72.00    1         72.00
ADJAGENCY Due Collection Agency -12.00    1   -12.00    1    -12.00            0.00              0.00              0.00
REF-BLANK Refund To              0.00          0.00           0.00            20.00    1    20.00    1         20.00
REF-PT    Refund To Patient      0.00          0.00           0.00           147.00    2   147.00    2         73.50
REFPAT    Refund To Patient    -55.00    1   -55.00    1    -55.00            0.00              0.00              0.00
WO        Write Off              0.00          0.00           0.00            0.00              0.00              0.00
                           ----------- ----- ----------- -----              ----------- ----- ----------- -----
 Totals for Classification     -67.00    2   -67.00    2                     239.00    4   239.00    4

CLS: TMD                   <<<<<<<<<<<<<
61        TN Medicaid Adjustmen  0.00          0.00           0.00            7.97    1     7.97    1          7.97
 TMD                       ----------- ----- ----------- -----              ----------- ----- ----------- -----
 Totals for Classification     0.00          0.00                            7.97    1     7.97    1


                           ----------- ----- ----------- -----              ----------- ----- ----------- -----
 Totals for Physician        -174.83    6   -174.83    6                    246.97    5   246.97    5
```

7.1.5.4 Monthly Referring Physician Analysis report

The Monthly Referring Physician Analysis report gives month-to-date and year-to-date breakdowns of charges, payments and adjustments by referring physician. This is based on the referring physician on the NCTR form.

```
Monthly Referring Physician Analysis                                                jeff  12/11/07 11:26 AM
[MONTH_RPH    ]                                    QRS Medical Clinic                              Page:      1


                  _____M-T-D_____   _____Y-T-D_____
RPH NAME           CHARGED  UNIT     PAID  UNIT  ADJUSTED  UNIT    CHARGED  UNIT     PAID  UNIT  ADJUSTED  UNIT
                  -----------------------------------------------------------------------------------------------
    UNDEFINED RPH  55988.55  548  2948.17    45   -35.12    29    55988.55  548  2948.17    45   -35.12    29
1   Butler M.D.,Steven 39351.02  451 11265.01  98  -9981.09  70  39351.02  451 11265.01  98  -9981.09  70
2   Vu M.D.,Duc Q.  26201.04  177  6447.46    44  -8157.29  42    26201.04  177  6447.46    44  -8157.29  42
3   Thomas M.D.,Lissy 5912.68  93  6356.70    43  -7637.50  40     5912.68   93  6356.70    43  -7637.50  40
ABO Abou-Jaoude M.D.,Wa  568.00  10   146.00     3   -13.00   3     568.00   10   146.00     3   -13.00   3
AD1 Adkins M.D.,Steven  385.47   7     0.00          0.00           385.47    7     0.00          0.00
AGE Agel M.D.,John F.   780.03   3     0.00          0.00           780.03    3     0.00          0.00
AH1 Ahmad M.D.,Irshad     0.00         16.41     3     1.41   1       0.00         16.41     3     1.41   1
ALM Almatari M.D.,Abdul   0.84   1     0.00          0.00             0.84    1     0.00          0.00
AND Anderson M.D.,Peter 284.76   3     0.00          0.00           284.76    3     0.00          0.00
ARC Archer M.D.,Roger     3.49   1     0.00          0.00             3.49    1     0.00          0.00
ARM Armstrong M.D.,Bria  26.25   1     0.00          0.00            26.25    1     0.00          0.00
ASH Ashraf M.F.,Sualeh   59.88   1     0.00          0.00            59.88    1     0.00          0.00
BA0 Bates M.D.,Phillip  957.63   2     0.00          0.00           957.63    2     0.00          0.00
BAL Balcells M.D.,Eduar  75.37   1     0.00          0.00            75.37    1     0.00          0.00
BAU Baumrucker M.D.,Ste   4.95   1     0.00          0.00             4.95    1     0.00          0.00
BE0 Bertuso M.D.,John R 1051.37  9     0.00          0.00          1051.37    9     0.00          0.00
BE1 Belagode M.D.,Vinay 201.81   2   204.00     1     0.00           201.81    2   204.00     1     0.00
BEL Bell M.D.,James A.   41.24   1     0.00          0.00            41.24    1     0.00          0.00
BEN Bendeck M.D.,Carl   176.04   2     0.00          0.00           176.04    2     0.00          0.00
BL0 Blackwell M.D.,Gera 535.70   2     0.00          0.00           535.70    2     0.00          0.00
BL3 Bloomfield M.D.,Geo 374.89   3     0.00          0.00           374.89    3     0.00          0.00
BO0 Bookout M.D.,James 1942.18   8     0.00          0.00          1942.18    8     0.00          0.00
BOO Booze M.D.,George  1175.13   4     0.00          0.00          1175.13    4     0.00          0.00
BR0 Brock M.D.,Tom H.   278.47   1     0.00          0.00           278.47    1     0.00          0.00
BRA Brandon M.D.,Richar   4.95   1     0.00          0.00             4.95    1     0.00          0.00
BRO Brockmyre M.D.,Andr  47.52   1     0.00          0.00            47.52    1     0.00          0.00
BUL Bulle M.D.,Thomas M 7739.91  6     0.00          0.00          7739.91    6     0.00          0.00
BUT Butterworth M.D.,Ja  31.55   1     0.00          0.00            31.55    1     0.00          0.00
CAI Caizzi M.D.,Kathlee   3.48   4     0.00          0.00             3.48    4     0.00          0.00
CAS Cassel M.D.,Todd    105.05   3     0.00          0.00           105.05    3     0.00          0.00
CH0 Chamberlin M.D.,Mar 3984.49 10   150.25     2     0.00          3984.49   10   150.25     2     0.00
CLA Clark M.D.,James W.  55.32   1     0.00          0.00            55.32    1     0.00          0.00
CLE UNDEFINED RPH       270.68   1     0.00          0.00           270.68    1     0.00          0.00
CO2 Cooper M.D.,Mark J.  55.65   1     0.00          0.00            55.65    1     0.00          0.00
CO4 Cooperstein M.D.,El  80.51   3     0.00          0.00            80.51    3     0.00          0.00
```

7.1.6   End-of-Year Close

End of year processing is just like end-of-month processing, but a final program is added to close the year. There are no special end-of-year reports. The final END OF MONTH reports can be used as your end-of-year reports. END OF YEAR processing will change all transactions to a closed state. The YTD (Year To Date) totals in the physician and location files will be set to zero.

7.1.7   Daily Balancing Work List

This is the same as the program found on the Work List Menu. See Daily Balancing Work List under Work Lists.

Part 8

Insurance Claims

8   Insurance Claims

The system will generate and print insurance forms for visits that you create. These claim forms may be printed on-demand or in batch. Insurance forms may be customized to fit the forms that you are currently using. The system comes with two predefined claim forms. These are the CMS-1500 forms and the CMS-1450 forms (also known as a UB). The CMS-1500 form is the standard form accepted by most all insurance carriers for submission of medical services provided by a physician (PROFESSIONAL CLAIMS). The CMS-1450 form is a hospital billing form sometimes used by medical practices that perform surgical procedures on-site. The CMS-1450 form allows you to bill for ancillary charges, such as surgical trays, recovery rooms, etc (INSTITUTIONAL CLAIMS).

The system also has the ability to generate and send insurance claims electronically to insurances carriers computer for processing. EMC (Electronic Media Claims) is the preferred method for sending claims. QRS has a clearinghouse that will allow you to send claims to most insurance carriers.   We also under special circumstances offer custom optional EMC modules.

Although the system supports the standard insurance forms, you may find it necessary to customize your claim forms for special cases. The system allows you to customize the templates for each insurance company that you establish for both professional and institutional claims. Because of the flexibility of the systems table file setup, form modification for a specific carrier is seldom needed.

8.1   Printing an On-Demand Insurance Claim

One method of printing an insurance claim is known as an on-demand claim. You will use this method when you need to generate a claim for a patient for one visit. The patient may request the claim so that they may submit it to the carrier. Often, on-demand claims are printed to refile a claim.
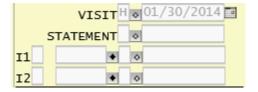
On-demand claims are printed from the WINDOW MENU of the NCTR (encounter) form. You must first query the visit that you wish to print the insurance claim for. Once you have the correct visit displayed on the screen, use the WINDOW function to display the WINDOW MENU. From the WINDOW MENU, select the option to print the insurance form type that you desire:

See On Demand Paper Claim on the NCTR menu of the Encounter Form.
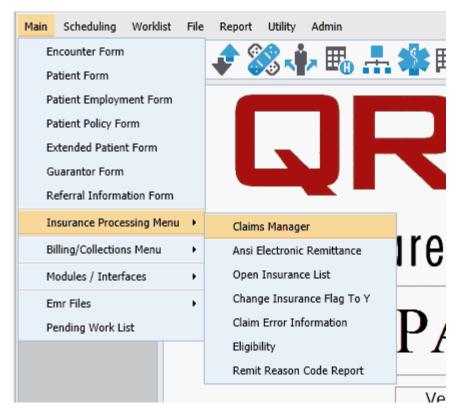
Batch generation of insurance claim forms is available only for a patient's first and second insurance policies. If you need to generate a claim form for policies 3 through 9, you must print an on-demand form. Rarely will you have to send a claim for the third or greater policy--an insurance claim is usually paid for after the second policy has been filed.

8.2   Batch Insurance Claims

Batch insurance claims processing allows you to generate and print an insurance claim for every visit that has been flagged to print via the NCTR form. The flagging process is done on the NCTR form when the visit is created or modified. Enter the flag in the two fields labeled "INS". The flag then directs the batch insurance program to include that visit on a batch insurance list to have a claim generated. If you wish to print a claim for a visit, you must enter a "Y" in the insurance flag field. If you wish to print a UB claim for a visit or file an Institutional claim, you must enter a "U" in the VISIT field. The I1 field relates to the patient's primary insurance policy for the visit, and the I2 field relates to the patient's secondary insurance policy for the claim.

Selecting the INSURANCE PROCESSING MENU from the MAIN MENU will display a menu similar to the one below.
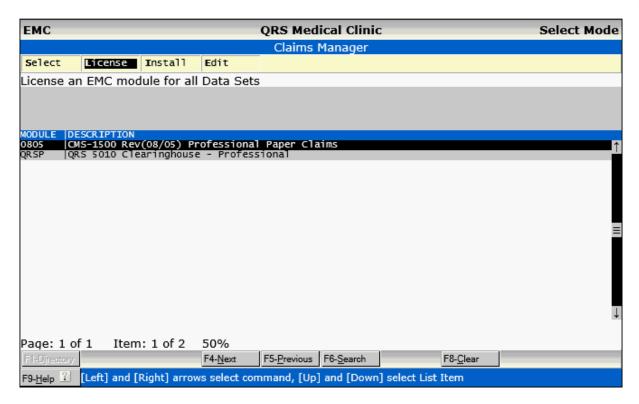
All claims including both Paper and Electronic are generated using the Claims Manager.

8.2.1   The Claims Manager

The Claims Manager allows you to select the claims module you would like to work with. If you are an administrator you also will the options to licence and Install new modules. Programmers will have the ability to Edit or modify a claims module.
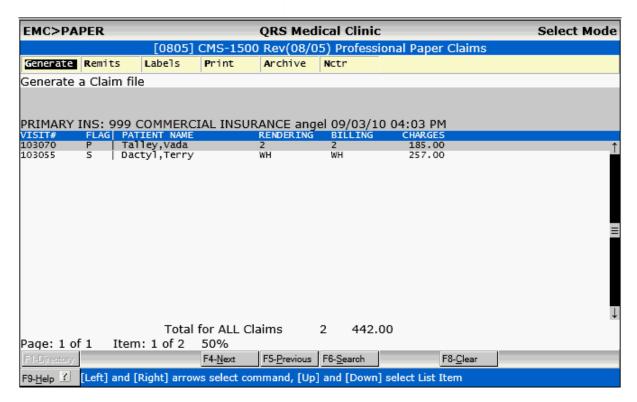
After selecting the Claims Manager from the INSURANCE menu you will see a screen similar to the following.

This will display all of the claims modules that you are licensed and installed for your practice. From here Select the module that you would like to work with. The process for both Paper and Electronic Claims is very similar but each will be outlined separately below.

8.2.1.1 Paper Claims

After selecting a PAPER claims module from the Claims Manager you will see a List Manager similar to the following:
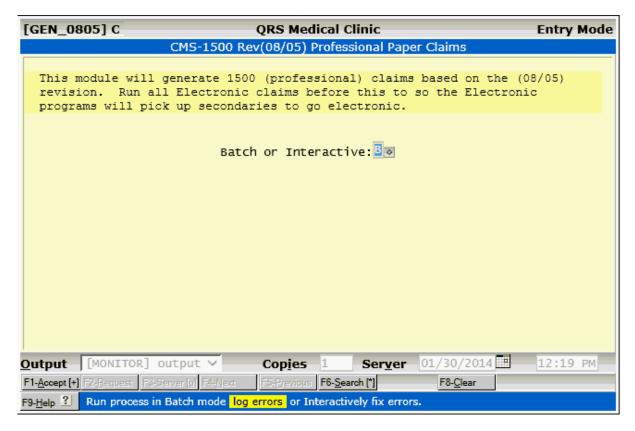
```
EMC>PAPER              QRS Medical Clinic           Select Mode
              [0805] CMS-1500 Rev(08/05) Professional Paper Claims
 Generate  Remits   Labels    Print    Archive   Nctr
Generate a Claim file


PRIMARY INS: 999 COMMERCIAL INSURANCE angel 09/03/10 04:03 PM
VISIT#    FLAG| PATIENT NAME        RENDERING  BILLING   CHARGES
103070    P  | Talley,Vada             2         2        185.00      ↑
103055    S  | Dactyl,Terry           WH        WH        257.00

                                                                      ≡


                                                                      ↓
                  Total for ALL Claims       2     442.00
Page: 1 of 1    Item: 1 of 2    50%
 F1-Directory              F4-Next   F5-Previous  F6-Search      F8-Clear
F9-Help  ?  [Left] and [Right] arrows select command, [Up] and [Down] select List Item
```

This manager will list the claims in the current batch that have not been printed.   From here you have the options to:

- Generate a new claims file
- Print Secondary Remits
- Print Claims
- View Archived Files
- Edit the highlighted claim up on the NCTR form.

8.2.1.1.1 Generate
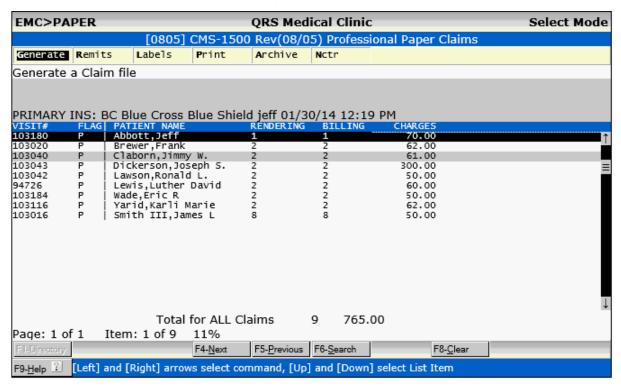
Executing the Generate command will allow you to create new batch of claims for the Module. A screen similar to the following will display.

[GEN_0805] C   **QRS Medical Clinic**   **Entry Mode**

CMS-1500 Rev(08/05) Professional Paper Claims

```
This module will generate 1500 (professional) claims based on the (08/05)
revision.  Run all Electronic claims before this to so the Electronic
programs will pick up secondaries to go electronic.
```

Batch or Interactive: B

Output [MONITOR] output ⌄   **Copies** 1   **Server** 01/30/2014   12:19 PM

F1-Accept [+] F2-Request F3-Server [u] F4-Next   F5-Previous F6-Search [*]   F8-Clear

F9-Help ?   Run process in Batch mode log errors or Interactively fix errors.

You have an option of scrubbing the claims being generated in either a Batch or Interactive Mode. In Batch mode all claim errors will be entered into the CEI (Claims Error Information) system to be fixed later.
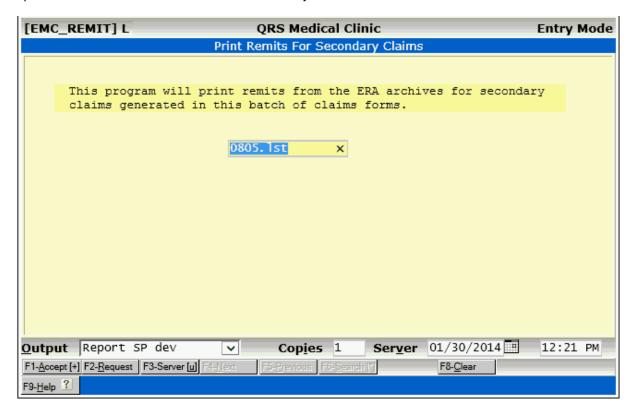
In Interactive mode you will be stopped at each error and will have to make a decision to either fix the error then or log it in CEI to repair at a later time.

Any clean claims will be put into a batch for the module. When you return to the claims manager for the module all of the claims in the batch will display in the list.
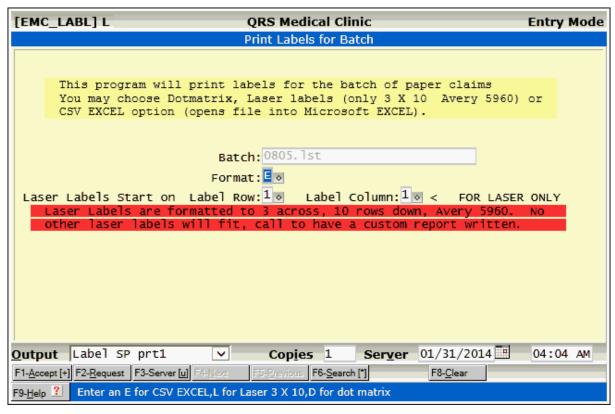
8.2.1.1.2 Remits

After you have generated the batch of claims you may want to print remit information for any secondary claims in your batch that have had the primary posted electronically. You may then match up the claims and remits to send to the secondary insurance carrier.
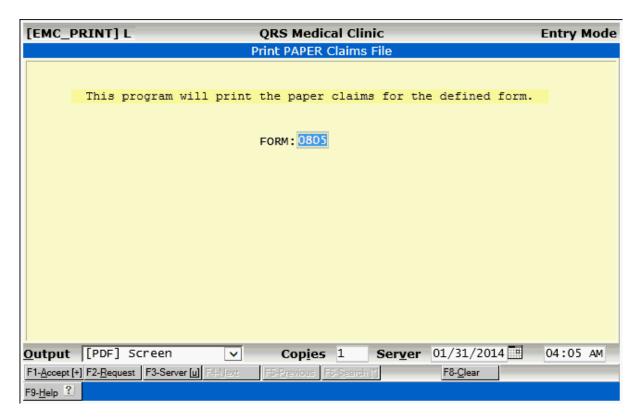
8.2.1.1.3 Labels

If you would like to print mailing labels for the claims in the batch choose this command.
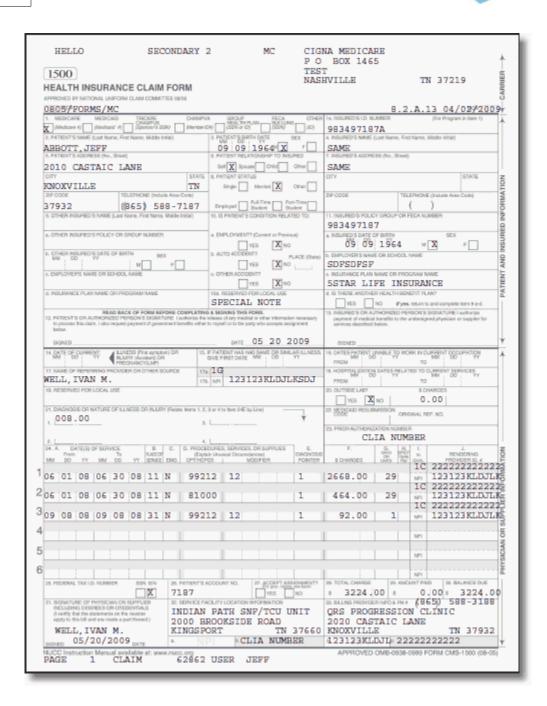
8.2.1.1.4 Print

This option will allow you to print the paper claims for the Module you are in.
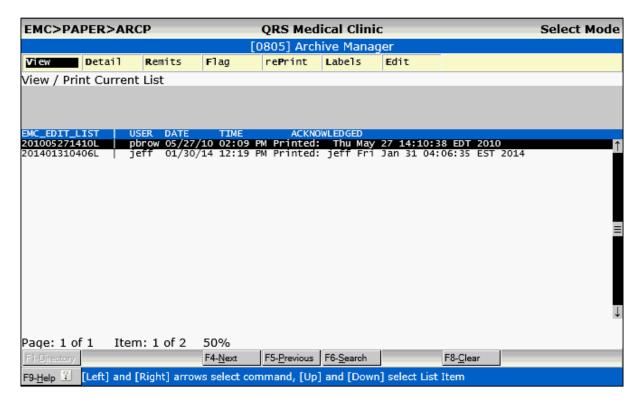
After printing the claims the List in the List manager will be emptied and the batch moved into the Archive.

When printing to the [PDF] Screen printer the program will use an overlay to generate the form.

8.2.1.1.5 Archive

The Archive will let you see all of the batches of claims you have already printed for this module.
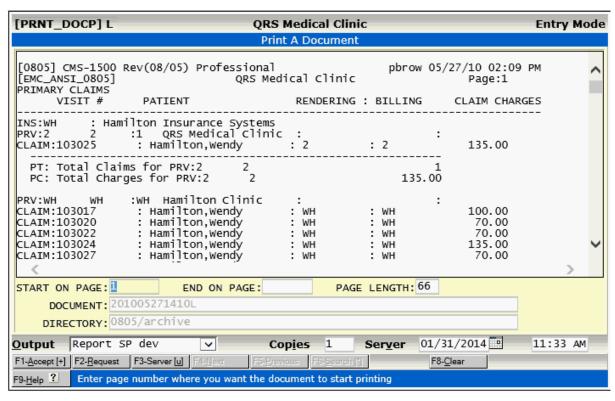
From here you may:

- Print the batch list again.
- Look at the batch in Detail
- Print Remits for the batch
- Flag (reflag) the claims in the batch
- Edit the ANSI file.(programmer)
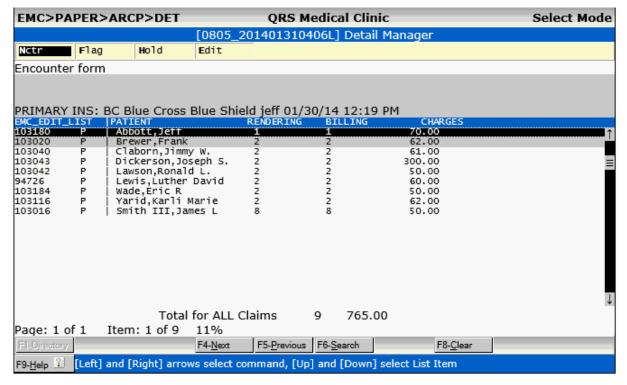
8.2.1.1.5.1 View

View will allow you to View / Print the batch list.
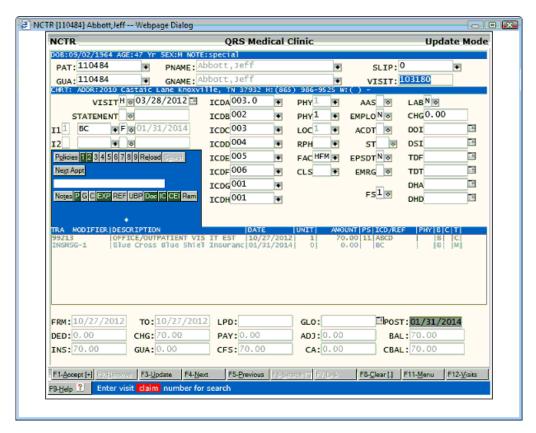
8.2.1.1.5.2 Detail

Detail will pull up the list in a work list to allow access to the claims.

The Nctr command will open the visit in the Encounter form in a new window.
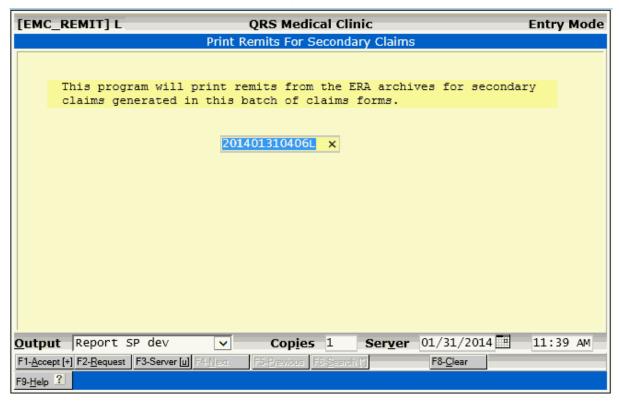
Flag will change the insurance flag to a Y on the claim.

Hold will change the flag to an "H" to hold the claim.

Edit is a programmer option that allows them to examine the ANSI 837 file.

8.2.1.1.5.3 Remits

Remits will allow you to print any electronic remits for secondary claims.
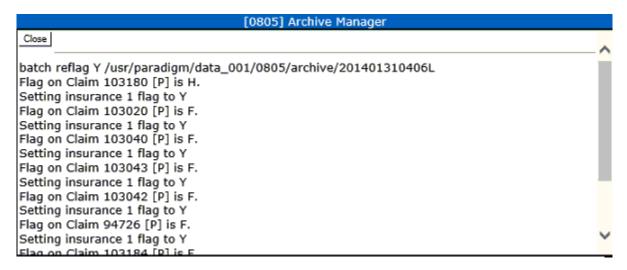
8.2.1.1.5.4 Flag

This option will allow you to re-flag any claims in the batch to a Y to generate a new claim if they have not already paid or processed the claim.   You will be prompted.

Click OK to make the changes.   The screen will display an audit of what was changed.
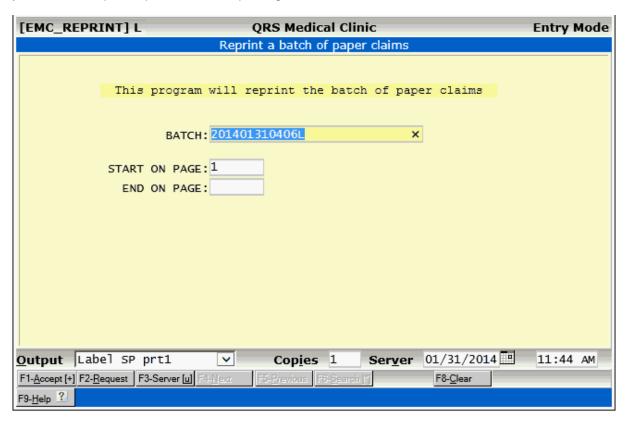
Click Close to exit this screen.

The claims changed to Y should appear on your next batch list.

8.2.1.1.5.5 rePrint
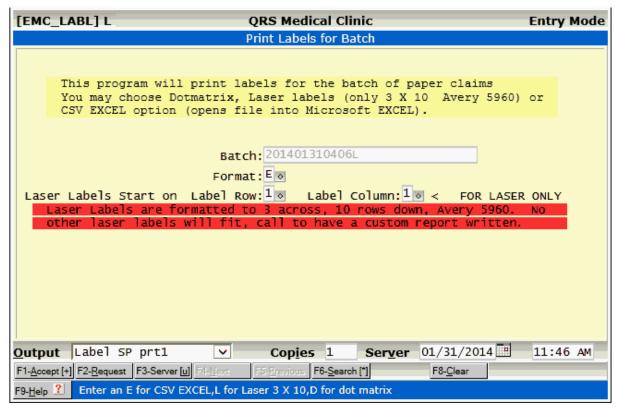
The rePrint command will allow you to reprint a batch of claims.   This is helpful if the printer jams or you have other printer problems when printing them.

You may enter a starting and ending page number. Leave the END number empty to print to the end of the file.

8.2.1.1.5.6 Labels

This program will allow you to print mailing labels for each insurance on the processed batch.
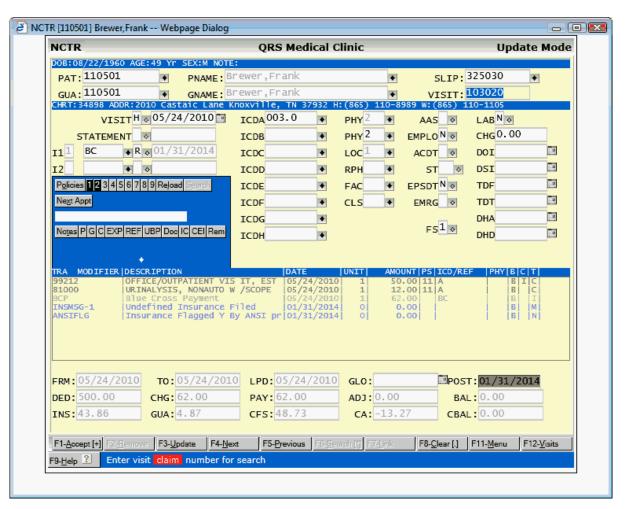
8.2.1.1.5.7 Edit

This option will allow a programmer to edit the claims file.
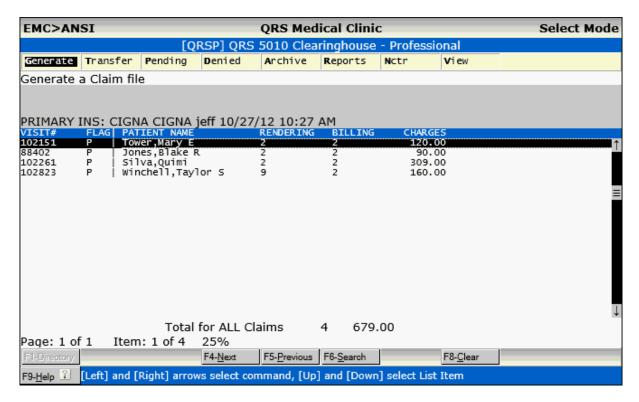
8.2.1.1.6 Nctr

The Nctr command will pull up the highlighted claim on the Encounter NCTR form and allow you to review it.

8.2.1.2 Electronic Claims

After selecting an ANSI electronic claims module from the Claims Manager you will see a List Manager similar to the following:
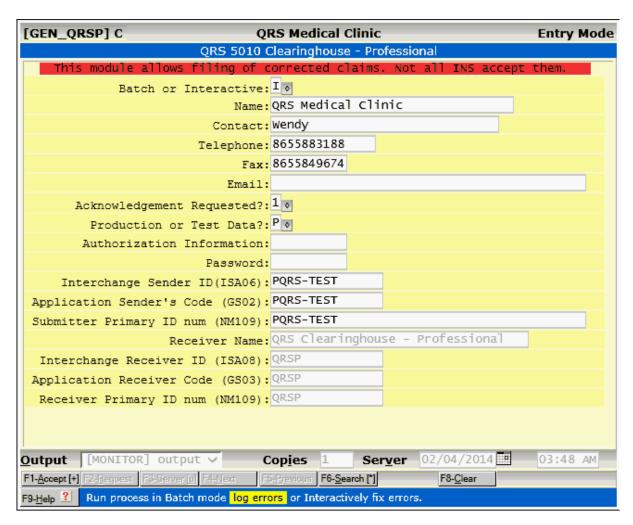
This manager will list the claims in the current batch that have not been printed.   From here you have the options to:

- Generate a new ANSI claims file
- Transfer the claims to the carrier
- Look for Pending Batches of claims
- Look at Denied Batches of claims
- View Archived Batches of ANSI claims
- View Reports for the Modules
- Edit the highlighted claim up on the NCTR form.
- View / Print the Current Batch List

8.2.1.2.1 Generate

Executing the Generate command will allow you to create new batch of claims for the Module. A screen similar to the following will display.

You have an option of scrubbing the claims being generated in either a Batch or Interactive Mode. In Batch mode all claim errors will be entered into the CEI (Claims Error Information) system to be fixed later.
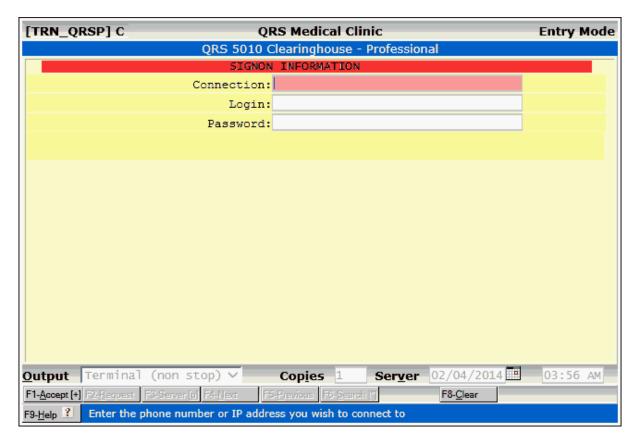
In Interactive mode you will be taken directly to the CEI (Claims Error Information) to repair any claims that have errors.
After you fix the claims you will need to Generate the batch again to pick up the repaired claims.

Any clean claims will be put into a batch for the module. When you return to the claims manager for the module all of the claims in the batch will display in the list.

8.2.1.2.2 Transfer
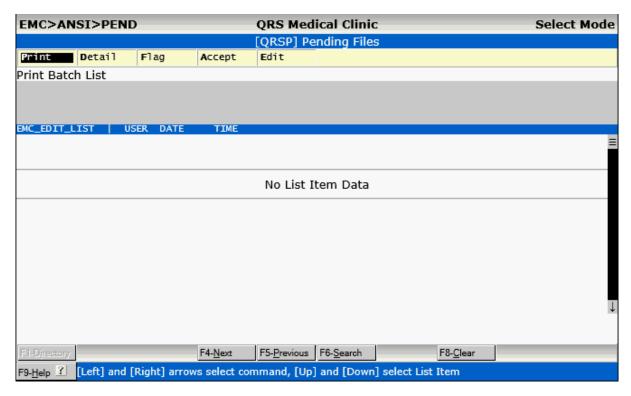
After you have generated your claims, you will need to send them to the Insurance Carrier. This option will display a form similar to the following:

This program is used to communicate with the carrier to transmit the claims. Complete the form and press the ACCEPT function.

8.2.1.2.3 Pending
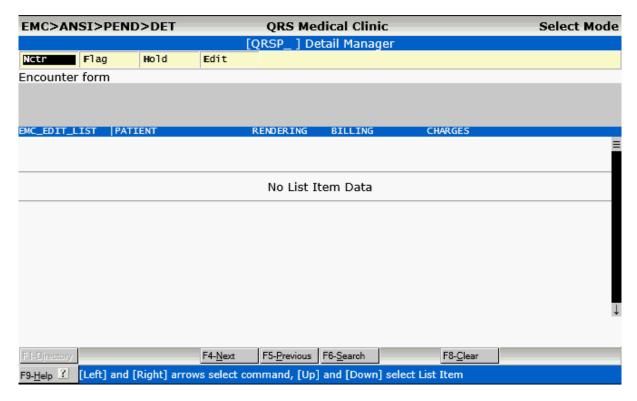
This command will allow you to view any pending batches of claims. These are batches that have been sent to the insurance carrier but have not been acknowledged as being received.

```
EMC>ANSI>PEND              QRS Medical Clinic              Select Mode
                          [QRSP] Pending Files
 Print    Detail    Flag    Accept    Edit
Print Batch List


EMC_EDIT_LIST  |   USER   DATE        TIME


                          No List Item Data






 F1-Directory                F4-Next  F5-Previous  F6-Search    F8-Clear
 F9-Help  ?  [Left] and [Right] arrows select command, [Up] and [Down] select List Item
```

Here you may:
- Print (reprint) the batch list
- Look at the list in detail
- Flag (reflag) the claims
- Manually Accept the Batch
- Edit the ANSI file.

☛ **When sending to the Clearinghouse an acknowledgement is returned immediately. For Clearinghouse claims, there should never be pending files. If this happens, the claims did not transfer. You will need to re-flag the file, generate, and transfer again.**

8.2.1.2.3.1 Detail
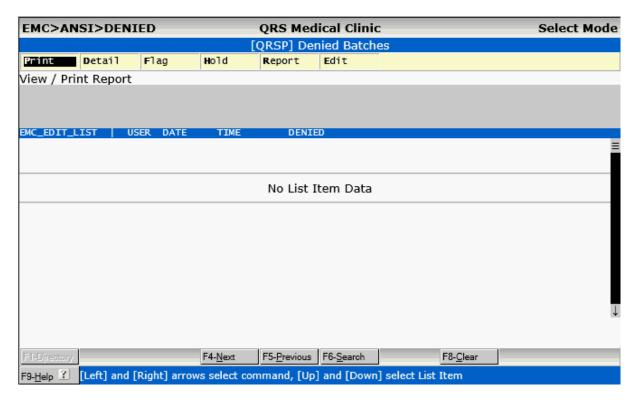
This will list all the claims in the pending file.

Here You may:
- Edit the claims on the Encounter (NCTR) form
- Flag the claim to Y
- Flag the claim to H
- Programmers may Edit the 837 file.

8.2.1.2.4 Denied
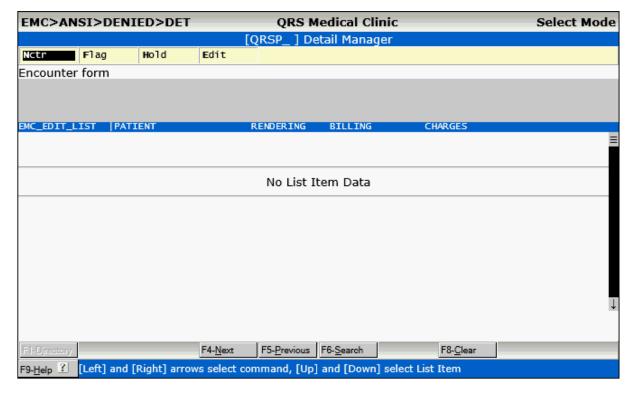
This command will show you all batches that have been denied.

Here you may:

- View or Print the Report
- View a Detail of the Batch List
- Flag (re-flag) claims to Y that are not paid
- Change the flags to Hold
- View the Denial Report
- Programmers may Edit the Claim file

8.2.1.2.4.1 Detail
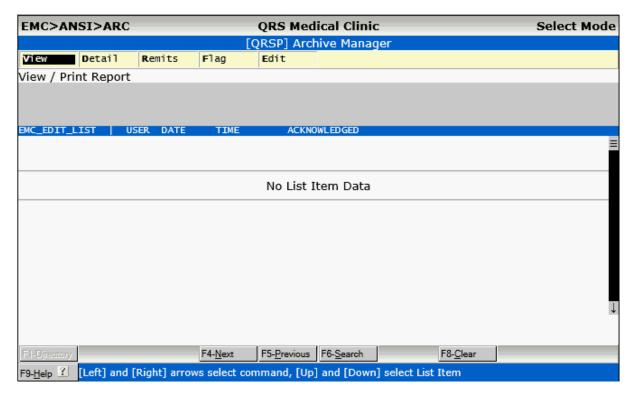
This will list all the claims in the denied file.

Here You may:
- Edit the claims on the Encounter (NCTR) form
- Flag the claim to Y
- Flag the claim to H
- Programmers may Edit the 837 file.

8.2.1.2.5 Archive
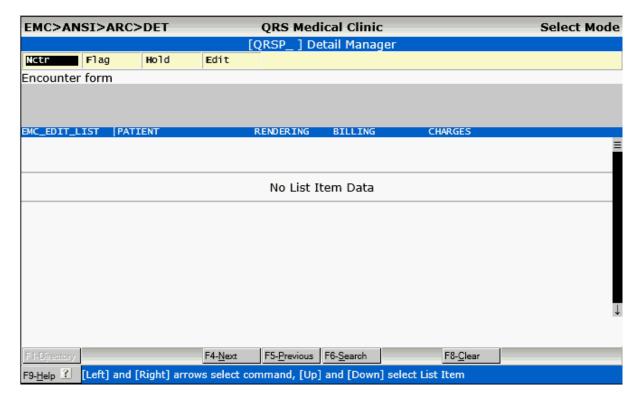
This option will allow you to see batches of claims that have been submitted and and accepted by the insurance carrier.

Here you may:
- View Print the Denial Report
- View the Details of the batch
- Print Secondary Remits
- Flag (re-flag) the claims in the batch to Y that are not Paid
- Programmers may edit the claims file

8.2.1.2.5.1 Detail
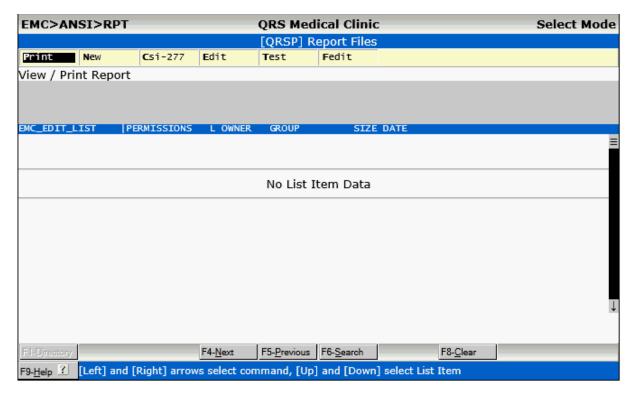
This will list all the claims in the archive file.

Here You may:
- Edit the claims on the Encounter (NCTR) form
- Flag the claim to Y
- Flag the claim to H
- Programmers may Edit the 837 file.

8.2.1.2.6 Reports
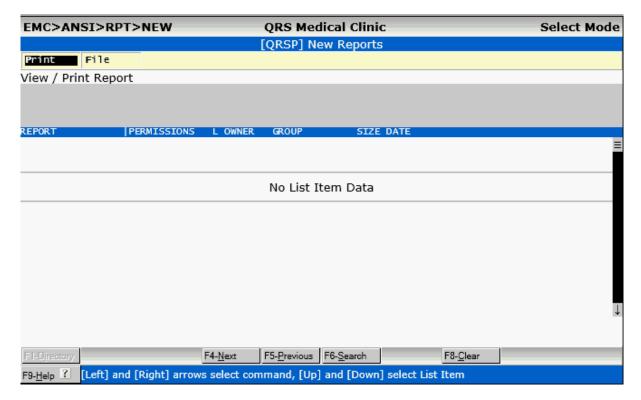
This option will let you review any Human Readable Reports that have been sent back to you by the insurance Carrier.

```
EMC>ANSI>RPT               QRS Medical Clinic              Select Mode
                            [QRSP] Report Files
  Print      New      Csi-277   Edit      Test      Fedit
View / Print Report


EMC_EDIT_LIST    |PERMISSIONS   L OWNER    GROUP        SIZE DATE


                          No List Item Data







F1-Directory              F4-Next    F5-Previous  F6-Search        F8-Clear
F9-Help  ?   [Left] and [Right] arrows select command, [Up] and [Down] select List Item
```

Here You may:
- View Print a report
- See New Unfiled reports
- See ANSI 277 Status Information
- Programmers May Edit the CEI module
- Programmers May Test the CEI module
- Programmers May Edit the report file

8.2.1.2.6.1 New
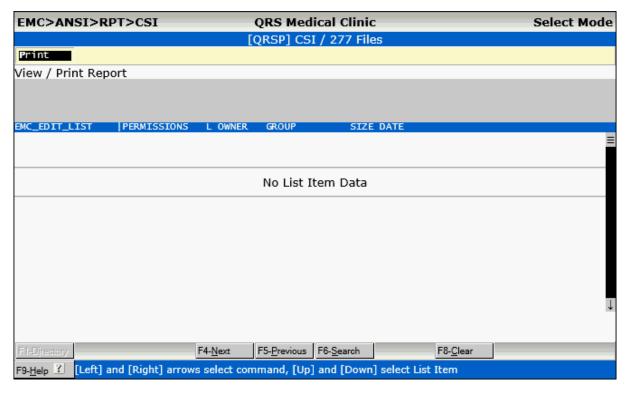
Here you will see any new / unfiled reports for the EMC module.

You may:
- Print / View the report file
- File the New report away
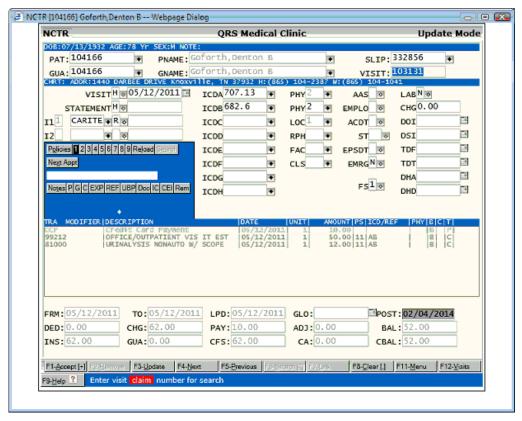
8.2.1.2.6.2 CSI-277

This option will show all ANSI-277 Claims Status Inquiry reports. From here you may Print or View the reports.
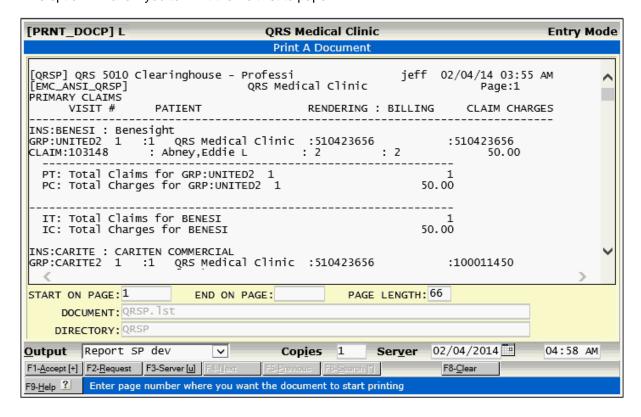
8.2.1.2.7 Nctr

This command will pull up the highlighted claim on the NCTR (Encounter) form for review.
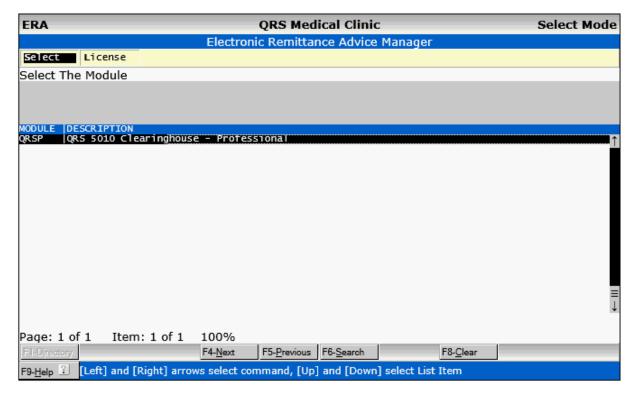
8.2.1.2.8 View / Print the Current Batch List

This option will allow you to Print the Edit list to paper.

8.3 ANSI Electronic Remittance
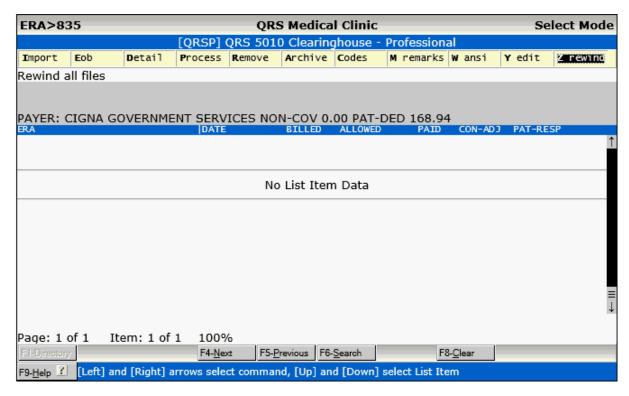
When you enter the ANSI Electronic Remittance option from the menu you will first see the ERA Manager.

This program will allow you to select the module to work the ERA files or licence a new module.

8.3.1 Select - ERA-835 Workl List

Once you Select a Module you will enter the 835 processing work list.
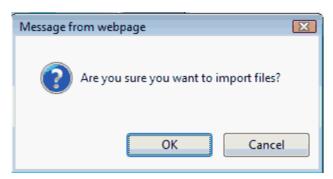
This will display any ERA files (checks, ACH transfers etc..) that have been imported from the ANSI-EMC module.
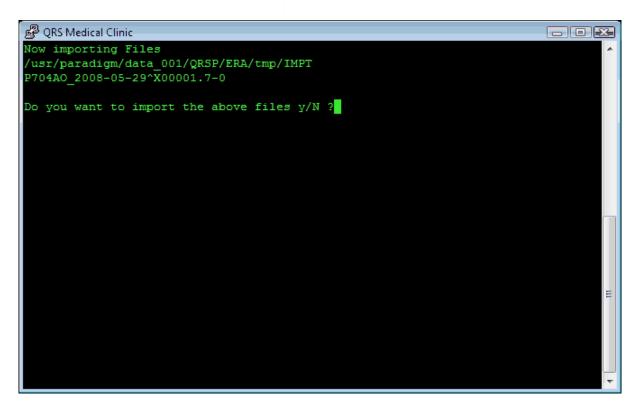
ERA-835 files are automatically downloaded to your server when you transmit your claims.

8.3.1.1   Import

This option will import any files that have been downloaded into the ERA-835 work list. You will first be prompted:
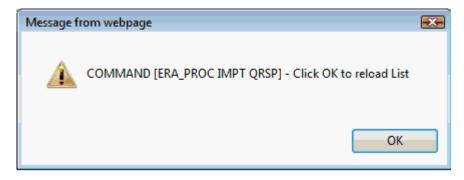
Click OK to import the files. This will open a terminal session in a separate window that will will import the files into the ERA work list.
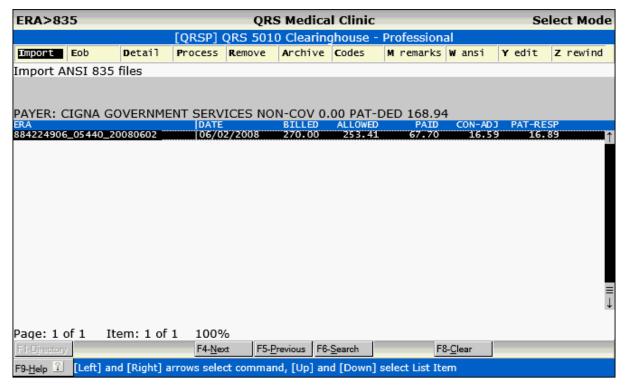
Answer "Y" to import the files. When all files are imported into the ERA module the terminal window will close automatically.

When it is complete you will see a prompt.
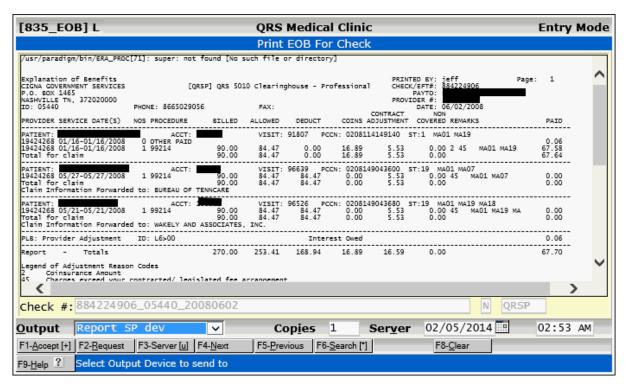
The List will redisplay and you will see all of the checks that imported.
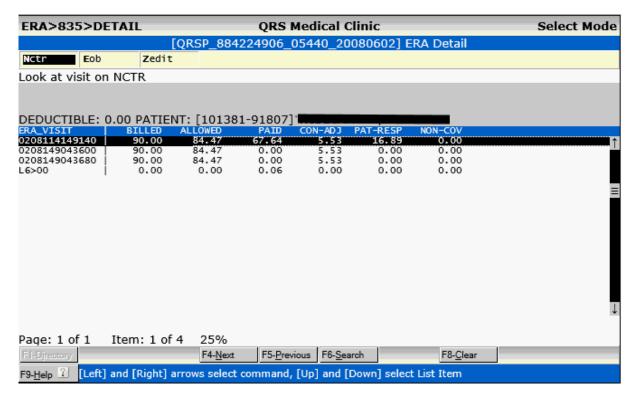
8.3.1.2   Eob

This option will allow you to view / print the EOB you have highlighted on the work list. It will display similar to the following:
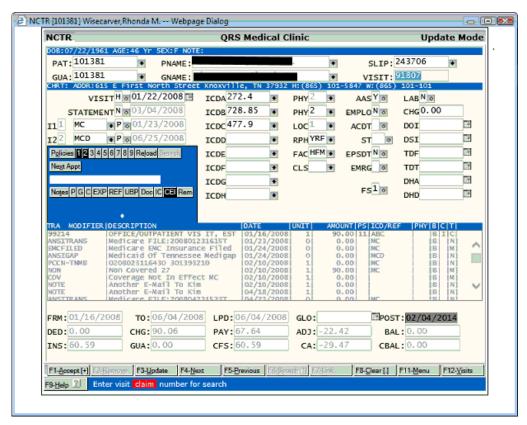
8.3.1.3   Detail
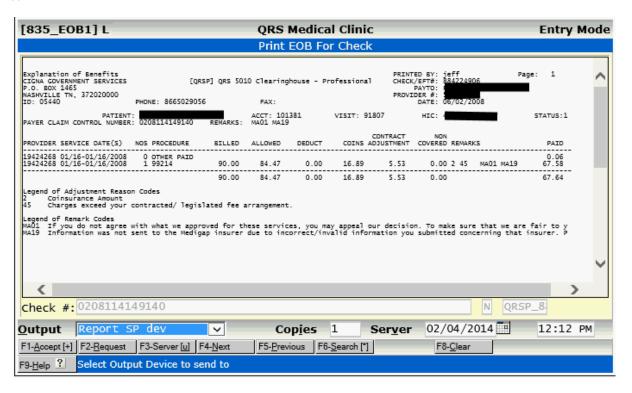
The Detail command will show the detail of the ERA. Each visit and additional transactions that may not be associated with a visit.

8.3.1.3.1 Nctr

The Nctr command will open the visit on the ERA in the Encounter Form.

8.3.1.3.2 Eob

The Eob command will allow you to View / Print the EOB just for the claim highlighted in the Detail Work List.
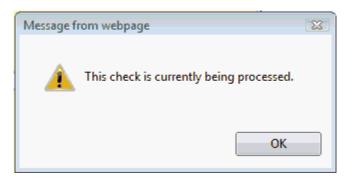
8.3.1.3.3 Zedit

The Zedit command can be accessed by programmers to edit / view the ERA internal file.

8.3.1.4 Process
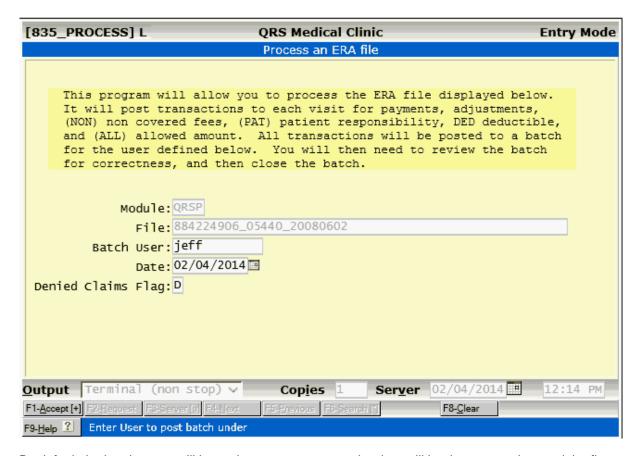
The purpose of the Process command is to post the ERA to the visits. This includes both payments and adjustments from the ERA file. It will also post non-financial transactions for informational purposes. Those are PAT - patient responsibility, DED - Deductible, NON - Non covered fees and ALL - Allowed amounts. These transactions will be posted into a Dynamic Batch. You will then be able to review and close the batch.

When you execute the Process command and another user is processing the check you will see:

If this message persists and you can not find another user that is attempting to process the check it is possible that the program was aborted prematurely and the lock file still exists. You may need to contact support to remove this lock file.

Otherwise you will see a screen similar to the following:

```
[835_PROCESS] L                QRS Medical Clinic                Entry Mode
                              Process an ERA file

          This program will allow you to process the ERA file displayed below.
          It will post transactions to each visit for payments, adjustments,
           (NON) non covered fees, (PAT) patient responsibility, DED deductible,
          and (ALL) allowed amount.  All transactions will be posted to a batch
          for the user defined below.  You will then need to review the batch
          for correctness, and then close the batch.


                    Module: QRSP
                      File: 884224906_05440_20080602
              Batch User: jeff
                      Date: 02/04/2014
       Denied Claims Flag: D


Output  Terminal (non stop) v      Copies  1     Server  02/04/2014     12:14 PM
F1-Accept [+]  F2-Request  F3-Server [u]  F4-Next   F5-Previous  F6-Search [*]      F8-Clear
F9-Help  ?    Enter User to post batch under
```

By default the batch name will be under your user name, the date will be the current date and the flag for denied claims is set to "D".   Use the ACCEPT function to create the batch and post the ERA.

8.3.1.4.1 Terminal Dialog

The program that processes the batch will execute in a terminal dialog.   This is because it will may require you to make decisions if it can not identifiy things on the claims.

```
GOTO

835 ERA Processing.....
PDATE 02/10/2014 20140210 20140210
Making Batch Entry for User jeff 1
Processing ERA file 884224906_05440_20080602 into batch jeff 1
PROGRAM: post.out  14A.1  01/23/2014 REMIT1

Visit: 91807    Patient: 101381

I could not determine if the transaction is for the Primary
or Secondary Insurance.  Please select 1 of the following:
1...MC     Medicare
2...MCD    Medicaid Of Tennessee
3...Error the claim to post manually
```
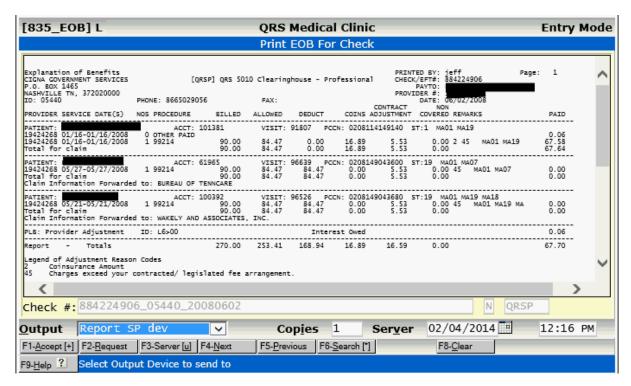
Under the best of circumstances the ERA will be clean and all transactions will post to visits and there will be no interaction required. This is the Process command will actually post the ERA to the accounts.
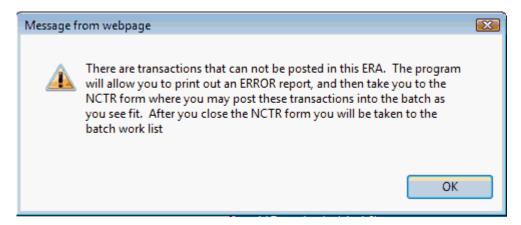
8.3.1.4.2 Print the EOB

Once the posting is complete you are given the opportunity to print the EOB for the ERA.
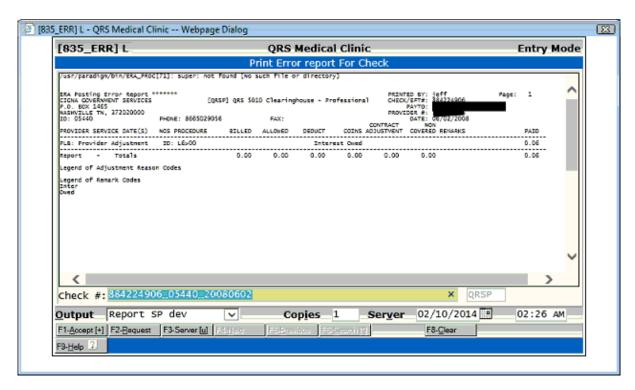
8.3.1.4.3 Unposted Transactions
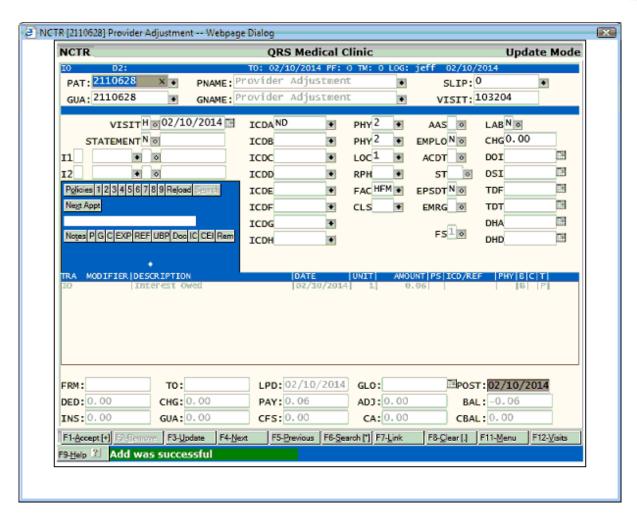
If errors exist in the EOB (transactions that can not be posted) you will see the following warning.

It will then open the Error Report for any transactions that could not be posted.
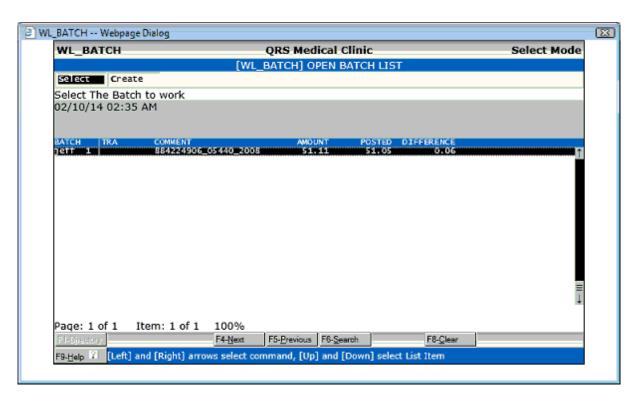
Here you may print the error if needed. It will then open the Encounter form so you may post the transactions.
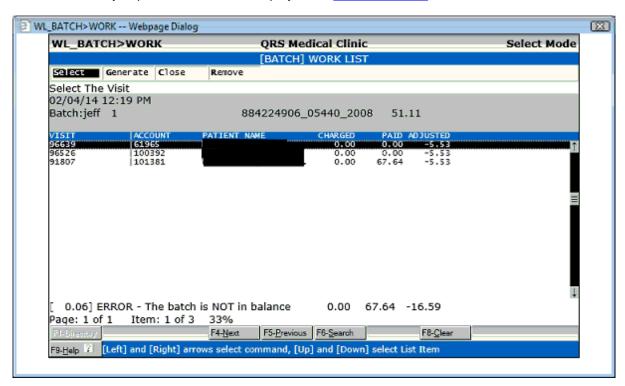
Once you have posted all of these transactions, you may exit the Encounter screen to continue on and close the batch.

8.3.1.4.4 Closing the Batch

Once all transactions are posted the program will continue and allow you to close the batch. It will pull up the OPEN BATCH Work List in a new window.
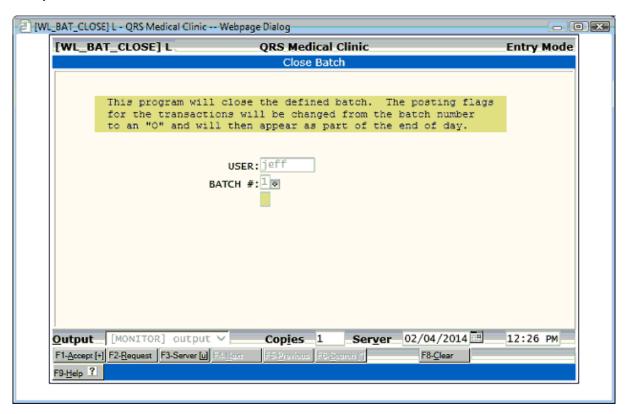
Select the Batch you posted to and it will display in the Batch Work List.
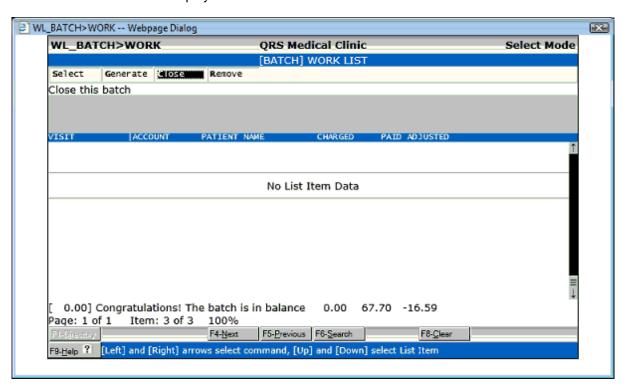
If the batch is in balance you can use the Close command to close the batch so it will be processed as part of the End of Day. If not make any corrections. As in the example above. $0.06 was put in other paid as a provider level adjustment. So it was posted to a visit outside of the batch.

Now you can use the Close Command.
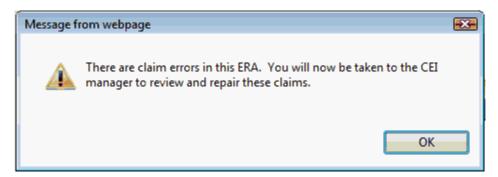
The Batch Work List will redisplay..
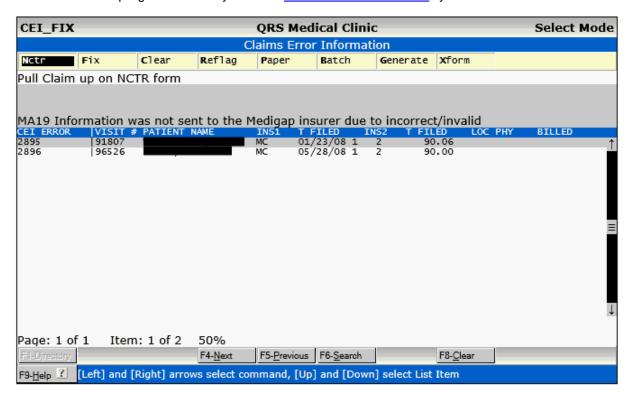
Exit this and the Open Batch Work List.

8.3.1.4.5 Claim Errors

The Process command will then check to see if there are any errors in the ERA. If errors exist you will see the following message.
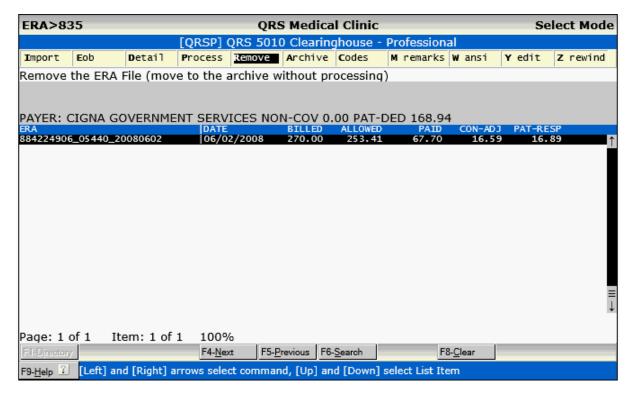
Click OK and the program will take you to the Claims Error Information system.
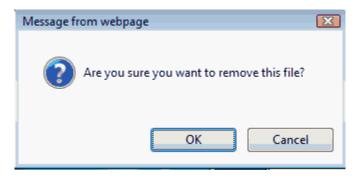
Fix any errors and refile those claims if necessary.

8.3.1.5   Remove

The Remove Command will allow you to remove or move the ERA (check) to the archive without processing. You may need to use this if the check is a duplicate or the check was manually posted from a paper EOB already.
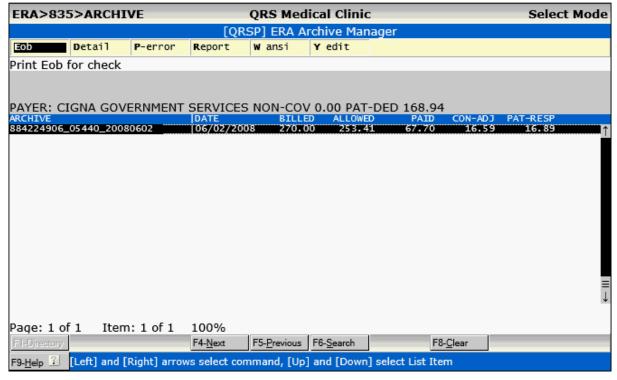
You will be prompted.
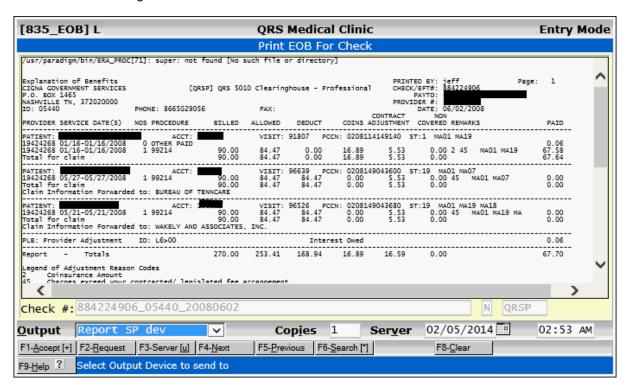
Clicking OK will move the file to the archive and take it out of the active list of checks that need to be processed.

8.3.1.6 Archive
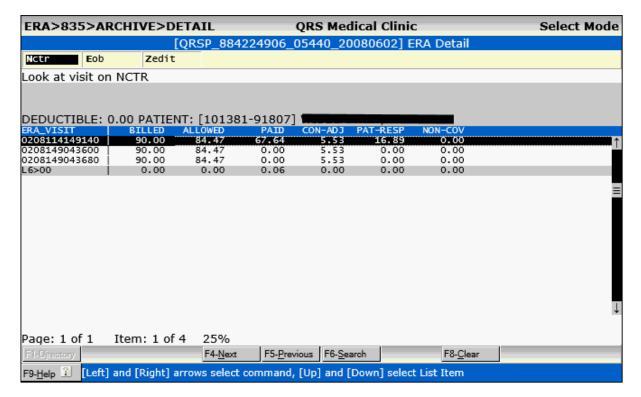
8.3.1.6.1 Eob

This option will allow you to view / print the EOB you have highlighted on the work list. It will display similar to the following:
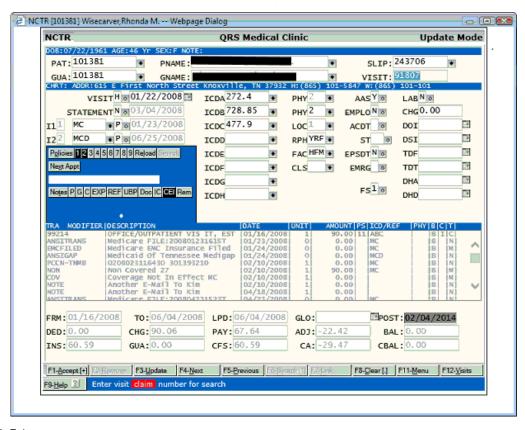
8.3.1.6.2 Detail
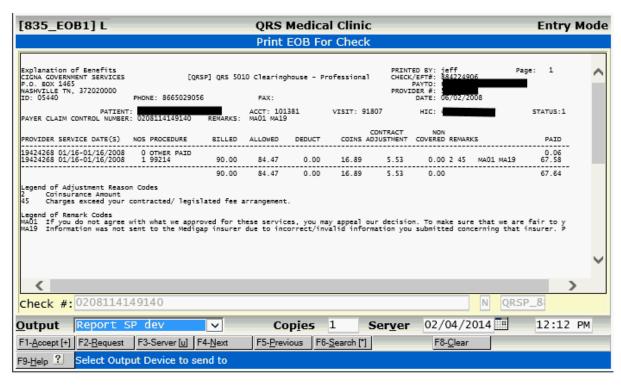
The Detail command will show the detail of the ERA. Each visit and additional transactions that may not be associated with a visit.

8.3.1.6.2.1 Nctr

The Nctr command will open the visit on the ERA in the Encounter Form.

8.3.1.6.2.2 Eob
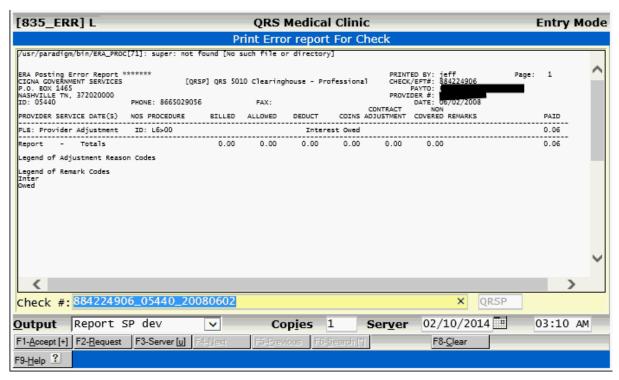
The Eob command will allow you to View / Print the EOB just for the claim highlighted in the Detail Work List.

8.3.1.6.2.3 Zedit

The Zedit command can be accessed by programmers to edit / view the ERA internal file.
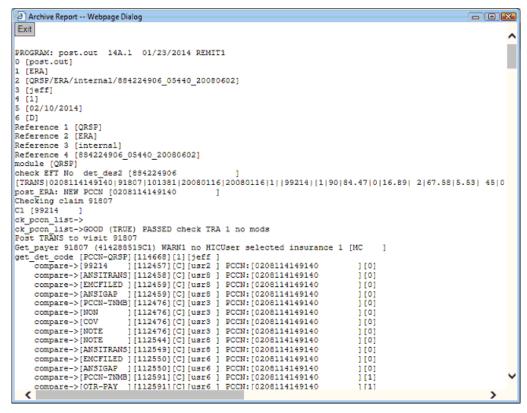
8.3.1.6.3 P-error

The P-error command will allow you to View / Print the Error report for the archive file.

8.3.1.6.4 Report

The Report command will display the posting report. This is helpful to support personnel to help diagnose any posting issues.

```
Archive Report -- Webpage Dialog
Exit

PROGRAM: post.out  14A.1  01/23/2014 REMIT1
0 [post.out]
1 [ERA]
2 [QRSP/ERA/internal/884224906_05440_20080602]
3 [jeff]
4 [1]
5 [02/10/2014]
6 [D]
Reference 1 [QRSP]
Reference 2 [ERA]
Reference 3 [internal]
Reference 4 [884224906_05440_20080602]
module [QRSP]
check EFT No  det_des2 [884224906            ]
[TRANS|0208114149140|91807|101381|20080116|20080116|1||99214||1|90|84.47|0|16.89| 2|67.58|5.53| 45|0
post_ERA: NEW PCCN [0208114149140       ]
Checking claim 91807
C1 [99214    ]
ck_pccn_list->
ck_pccn_list->GOOD (TRUE) PASSED check TRA 1 no mods
Post TRANS to visit 91807
Get_payer 91807 (414288519C1) WARN1 no HICUser selected insurance 1 [MC    ]
get_det_code [PCCN-QRSP][114668][1][jeff ]
     compare->[99214    ][112457][C][usr2 ] PCCN:[0208114149140       ][0]
     compare->[ANSITRANS][112458][C][usr8 ] PCCN:[0208114149140       ][0]
     compare->[EMCFILED ][112459][C][usr8 ] PCCN:[0208114149140       ][0]
     compare->[ANSIGAP  ][112459][C][usr8 ] PCCN:[0208114149140       ][0]
     compare->[PCCN-TNMB][112476][C][usr3 ] PCCN:[0208114149140       ][0]
     compare->[NON      ][112476][C][usr3 ] PCCN:[0208114149140       ][0]
     compare->[COV      ][112476][C][usr3 ] PCCN:[0208114149140       ][0]
     compare->[NOTE     ][112476][C][usr3 ] PCCN:[0208114149140       ][0]
     compare->[NOTE     ][112544][C][usr8 ] PCCN:[0208114149140       ][0]
     compare->[ANSITRANS][112549][C][usr8 ] PCCN:[0208114149140       ][0]
     compare->[EMCFILED ][112550][C][usr6 ] PCCN:[0208114149140       ][0]
     compare->[ANSIGAP  ][112550][C][usr6 ] PCCN:[0208114149140       ][0]
     compare->[PCCN-TNMB][112591][C][usr6 ] PCCN:[0208114149140       ][1]
     compare->[OTR-PAY  ][112591][C][usr6 ] PCCN:[0208114149140       ][1]
```

8.3.1.6.5 W ansi

The "W ansi" command will allow a programmer to edit / view the actual ANSI file the data came from.

8.3.1.6.6 Y edit

The "Y edit" command will allow a programmer to View / Edit the internal posting file.
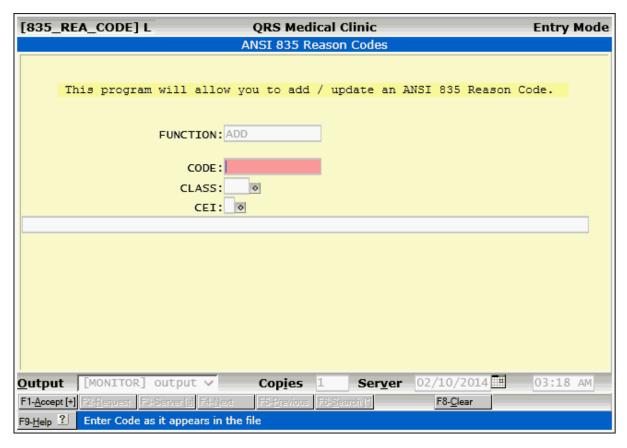
8.3.1.7　Codes

The Codes command will put you in the ANSI 835 Reason Code Manager.　These reason codes explain the transactions that are part of the 835 ERA.

8.3.1.7.1 Add

The Add Command will allow you to Add a new Reason code.

Generally new codes will be created automatically when encountered in posting an ERA. You may need to correct them for your practice.

To add a new code.
Enter in the information and press ACCEPT. The window will close and the list will redisplay.

8.3.1.7.1.1 ERA Reason Codes Field Definitions

CODE
This is the Reason Code.

CLASS
This defines how the code is to be treated. It is applied to the deductible, the Patients Responsibility, A Non-Covered charge, or an Adjustment (contractual or otherwise).

These are the types of transactions posted from an ERA. DED, PAT and NON are informational transactions and are used as part of filing secondary claims electronically. The ADJ reasons will post using the adjustment code defined for the insurance plan.

CEI
This determines if the reason code will present an error in the Claims Error Information (CEI) System. If Yes it will post as an Error, if No it will not.
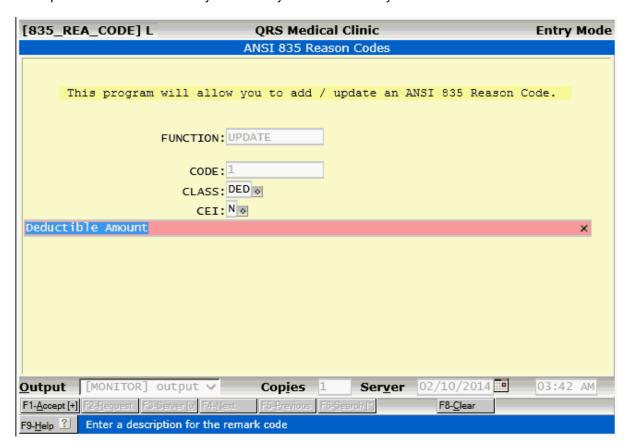
DESCRIPTION (not labeled)

Here you may enter the description for the reason code.

8.3.1.7.2 Update
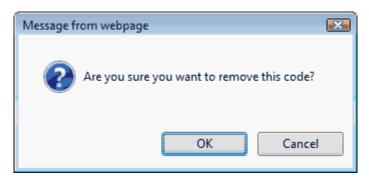
The Update command will allow you to modify the reason code you select.

Make any changes and press ACCEPT. The window will close and the list will redisplay.

8.3.1.7.3 Remove
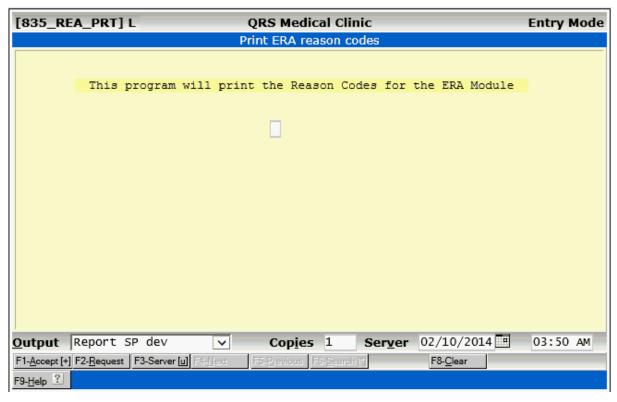
The Remove command will allow you to remove the ERA Reason code for the code highlighted. You will be prompted with a confirmation dialog.

Click OK and the code will be removed and the list redisplayed.
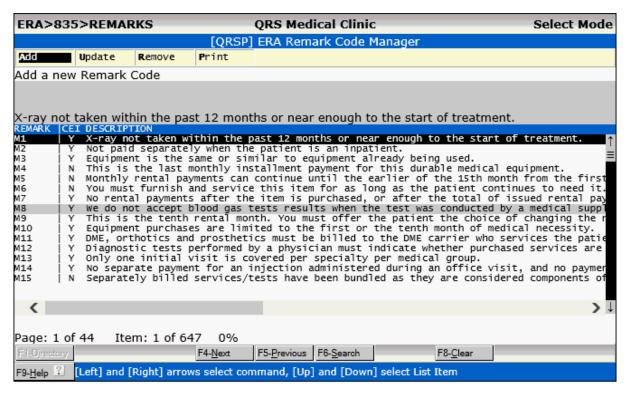
8.3.1.7.4 Print

This command will allow you to print the list of codes.
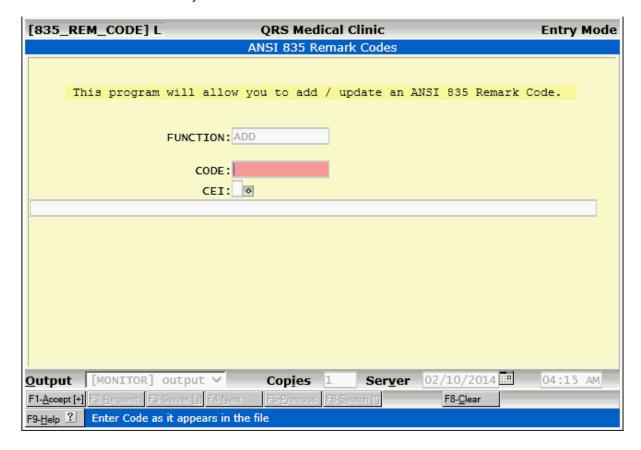
8.3.1.8 M remarks

The "M remarks" command will display the ERA Remark Code Manager. Remark codes are sent with transactions for further definition of the transaction.

8.3.1.8.1 Add

The Add command will allow you to add a new ANSI 835 Remark Code.

To add a new code.
Enter in the information and press ACCEPT. The window will close and the list will redisplay.

8.3.1.8.1.1 ERA Remark Codes Field Definition

CODE
This is the Remark Code.

CEI
This determines if the reason code will present an error in the Claims Error Information (CEI) System.
If Yes it will post as an Error, if No it will not.
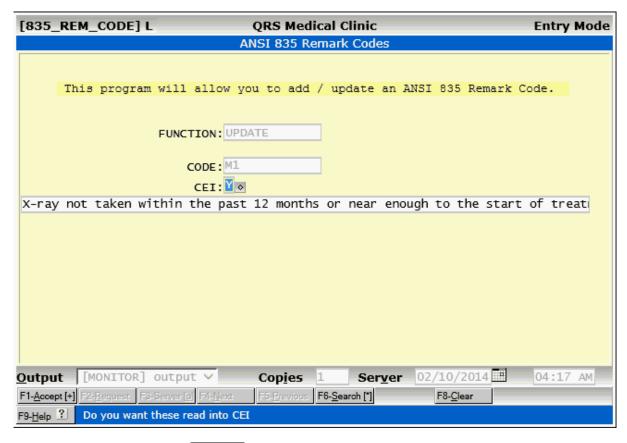
DESCRIPTION (not labeled)
Here you may enter the description for the reason code.

8.3.1.8.2 Update
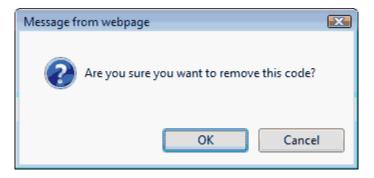
The Update command will allow you to update the selected remark code.

Make any changes and press ACCEPT. The window will close and the list will redisplay.

8.3.1.8.3 Remove
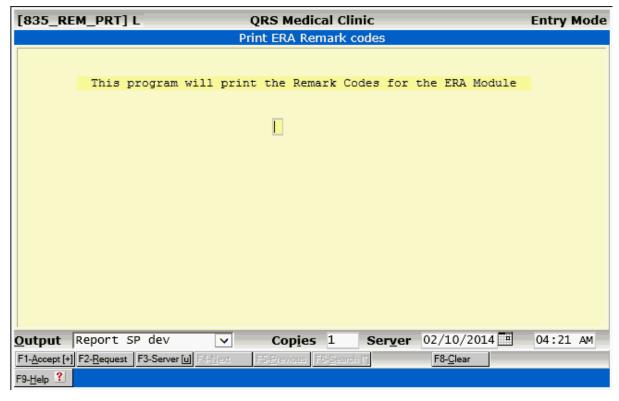
The Remove command will allow you to remove the ERA Remark code for the code highlighted. You
will be prompted with a confirmation dialog.

Click OK and the code will be removed and the list redisplayed.

8.3.1.8.4 Print

The Print command will allow you to print the Remark Codes.

8.3.1.9   W ansi

The "W ansi" command will allow a programmer to edit / view the actual ANSI file the data came from.

8.3.1.10   Y edit
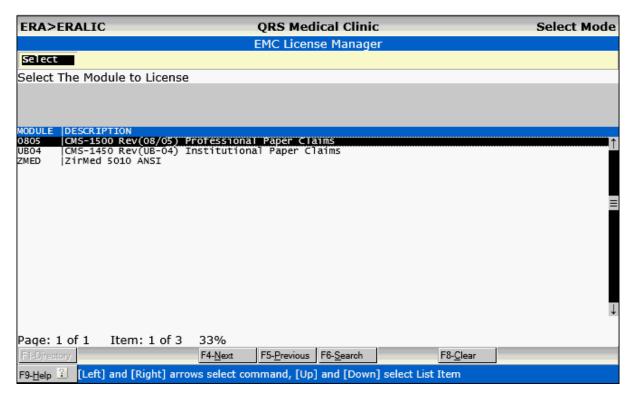
The "Y edit" command will allow a programmer to View / Edit the internal posting file.

8.3.1.11   Z rewind

This option will rewind all the archived and active ERA files. It can only be accessed by programmers.

8.3.2 License
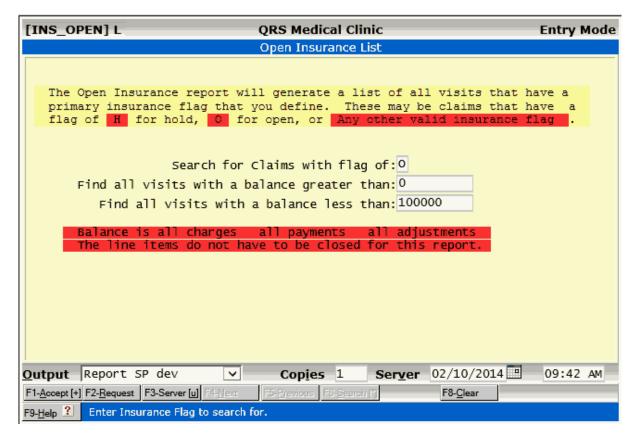
The License command will allow you to licence an ERA-835 module.

The Select command will allow you to license the highlighted product. You will be required to enter an activation code.
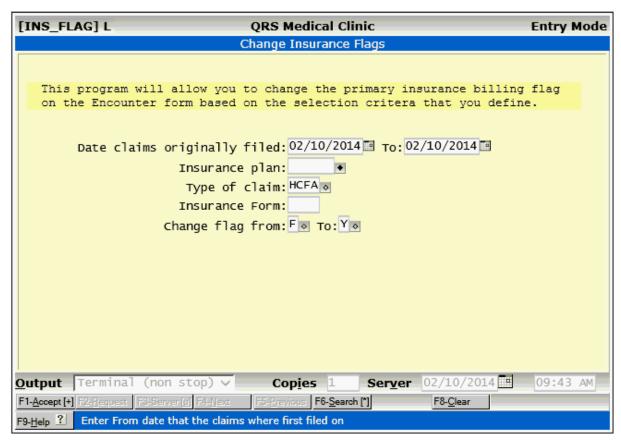
8.4 The Open Insurance List

The OPEN INSURANCE LIST is a report that will list all claims with a primary insurance flag of "O" for open or "H" for hold. These are claims that have been put on hold because not enough information is available to file them. This may be because the patient is still in the hospital, or you are lacking needed insurance information. You can use this report as a method of tracking these accounts. Selecting this option from the menu will display the following form:

```
[INS_OPEN] L               QRS Medical Clinic                    Entry Mode
                           Open Insurance List

  The Open Insurance report will generate a list of all visits that have a
  primary insurance flag that you define.  These may be claims that have  a
  flag of  H  for hold,  O  for open, or  Any other valid insurance flag  .

                  Search for Claims with flag of: O
        Find all visits with a balance greater than: 0
           Find all visits with a balance less than: 100000

        Balance is all charges   all payments   all adjustments
        The line items do not have to be closed for this report.


Output  Report SP dev        ∨      Copies  1    Server  02/10/2014       09:42 AM
F1-Accept [+] F2-Request  F3-Server [u] F4-Next   F5-Previous F6-Search [^]      F8-Clear
F9-Help  ?   Enter Insurance Flag to search for.
```

8.5   Change Insurance Flags to Y

This program is helpful if you need to refile claims from a specific carrier. It will automatically change the insurance flag on the encounter (NCTR) form to a "Y" for claims that meet the specifications that you define. Selecting this option will cause the following form to appear:

This program does not generate a report, just an output to the screen showing what process it is currently performing.

8.6   Claims Error Information System (CEI)

See Claims Error Information under Work Lists.

8.7   Eligibility
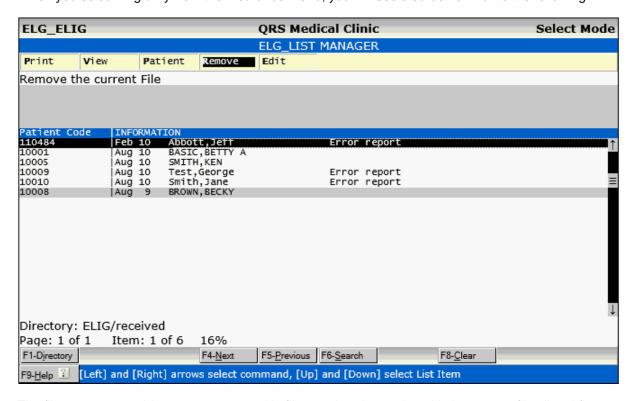
Eligibility is an optional module, and requires setup on your system. There is a one time per data set setup fee. A separate Eligibility Enrollment Form must be completed for each data set that will use eligibility. Each part or full time, physician or mid-level, provider registered via the form will be able to send unlimited eligibility requests for a flat-rate per month charge.

Eligibility requests can be sent on demand; they can also be automatically sent for all patients of all registered providers on each day's schedule.

8.7.1   Eligibility List Manager

The Eligibility List Manager allows you to work with both the eligibility responses received from payers, and also the error reports generated by the program which creates the eligibility requests.

When you select Eligibility from the Insurance Menu, you will see a screen similar to the following:

```
ELG_ELIG                          QRS Medical Clinic                  Select Mode
                                  ELG_LIST MANAGER
 Print       View       Patient   Remove      Edit
Remove the current File


Patient Code  |INFORMATION
110484        |Feb 10    Abbott,Jeff              Error report          ↑
10001         |Aug 10    BASIC,BETTY A
10005         |Aug 10    SMITH,KEN
10009         |Aug 10    Test,George              Error report
10010         |Aug 10    Smith,Jane               Error report          ≡
10008         |Aug  9    BROWN,BECKY








                                                                        ↓
Directory: ELIG/received
Page: 1 of 1    Item: 1 of 6    16%
 F1-Directory              F4-Next    F5-Previous  F6-Search        F8-Clear
 F9-Help  ?  [Left] and [Right] arrows select command, [Up] and [Down] select List Item
```

The files you see on this screen are sorted in file creation-date order with the newest files listed first.

To create a valid eligibility request, the following pieces of information are required: patient last name, first name, DOB, policy ID, provider name & NPI, and insurance name & NEIC. The entries which have "Error report" on the right side of the screen are files which were created by the program when it could not create a valid request. The error reports specify what information is missing. The other files are eligibility responses from payers.
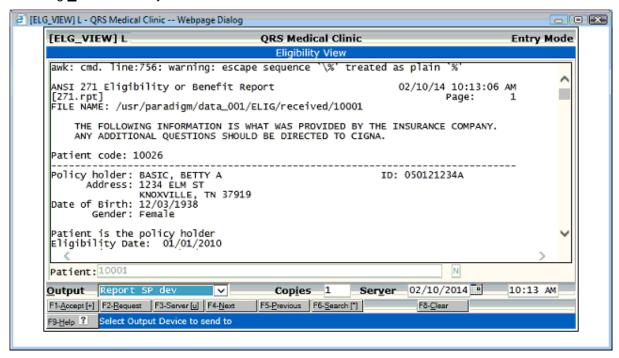
8.7.1.1   Print

By selecting the Print command, the program will allow you to print the actual ANSI format eligibility response sent from the payer. This may be useful if you need to talk to the payer about their response, and they ask for information from the raw file.

8.7.1.2 View

Selecting View will show you a human-readable translation of the ANSI format file:
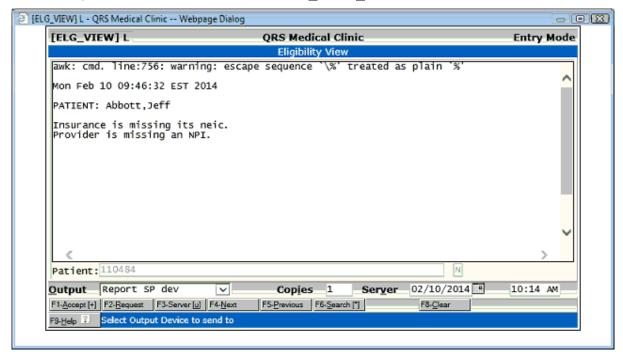
The information above the dotted line is the header. This is created when you view the report. The information below the dotted line is a human-readable translation of the payer's ANSI format eligibility

response.
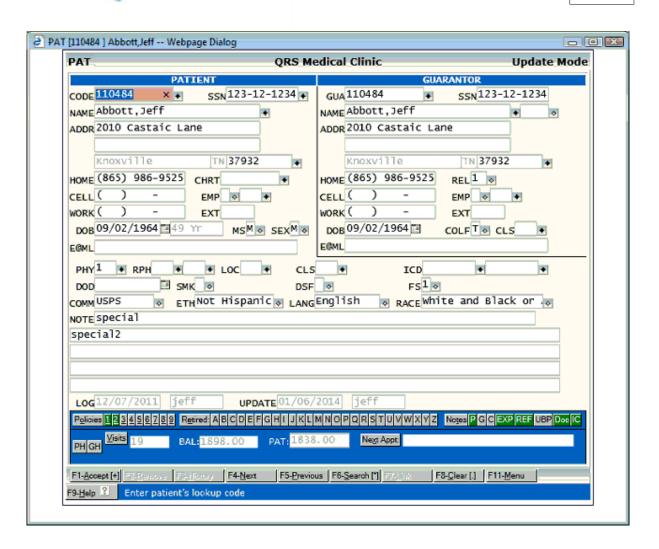
8.7.1.2.1 Error Reports

The error reports are not in ANSI format, so either View or Print can be used:
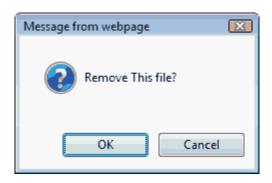
8.7.1.3 Patient

Selecting Patient will allow you to pull up a patient's record.

8.7.1.4 Remove

Remove allows you to delete the current file. You will be prompted.
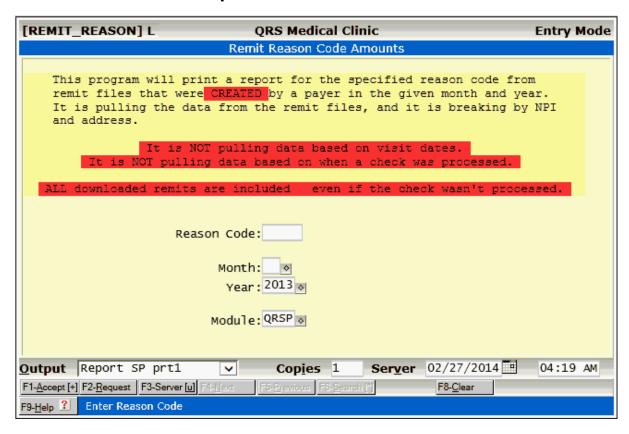
Click OK to remove the file. The list will redisplay.

After you are finished with an error report, you can delete it. That way you know that error reports still in the list require attention. You may also choose to delete eligibility responses once they have been worked. That will keep the length of the eligibility list manageable. Responses from payers are automatically archived and are accessible by patient.

8.7.1.5 Edit

Edit will allow a programmer to edit the ANSI file.

8.8 Remit Reason Code Report

Part 9

Statements, Collections and I
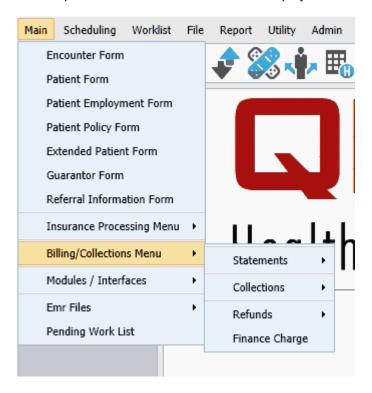
9   Statements, Collections and Refunds

This section explains how to use the system to generate statements, collection letters, and refund checks. All three of these items are part of the billing process. First you send statements to the guarantor; if you get no response, you may follow up your statements with collection letters. Sometimes you are over-paid on an account and need to send a refund. All of these options can be accessed from the BILLING MENU.

Select option "B" from the MAIN MENU to display the BILLING MENU as follows:
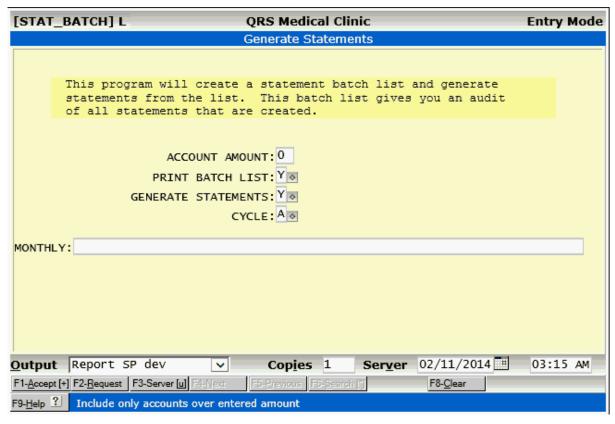
9.1   Statements

To generate statements you should select the STATEMENTS MENU from the BILLING MENU.

9.1.1 Generate Statements

The first phase of statement preparation is to generate the statements. Select the GENERATE STATEMENTS option from the STATEMENTS MENU to display the following:

```
[STAT_BATCH] L              QRS Medical Clinic              Entry Mode
                           Generate Statements

        This program will create a statement batch list and generate
        statements from the list.  This batch list gives you an audit
        of all statements that are created.



                       ACCOUNT AMOUNT: 0
                     PRINT BATCH LIST: Y ◇
                   GENERATE STATEMENTS: Y ◇
                                CYCLE: A ◇

MONTHLY: [                                                              ]




Output  Report SP dev        ▼    Copies  1    Server  02/11/2014 ▦    03:15 AM
F1-Accept [+] F2-Request  F3-Server [u]  F4-Next   F5-Previous  F6-Search [*]        F8-Clear
F9-Help  ?   Include only accounts over entered amount
```

The STAT_BATCH program can decide whether a statement is to be sent or held, based on the account amount. The default amount is 0 (zero) dollars. If the total amount to be billed on a statement is 0 or less, the statement will be kept. (The batch list will show the statement, but the word "KEEP" will appear in the CTRL column.) If you wish to keep all statements of $2.00 or less, you would enter "2" in the ACCOUNT AMOUNT field.

The next field defines whether you wish to PRINT THE BATCH LIST. The default value is "Y". Enter an "N" not to print. In either case a summary report will print. The GENERATE STATEMENTS field asks if you actually want to generate the statements. Normally, this is "Y" for yes. However, you may only want to print the statement batch list and not generate the statements. This is useful if you wish to proof the accounts prior to generating the statements. Once you generate the statements, certain control fields are set; and, if the information is not correct, the statements will not generate the same if you try to run them again. This depends on the statement template that you are using and how it is configured.

The CYCLE field allows you to select the billing cycle to generate. You may choose the automatic cycle or cycle your statements by the guarantor's last name. The numbers "1" and "2" allow you to break the accounts into two sections: "1" will give you all accounts with a last name starting with "A" through "M" and "2" will give all accounts with a last name starting with "N" through "Z". Using the numbers "3", "4", "5", and "6" will break the accounts into four parts by last name as follows: 3 - A through G, 4 - H through M, 5 - N through S, and 6 - T through Z.

The system offers an automatic billing cycle. When you generate statements, any new accounts that have visits flagged to be included in statement evaluation, and that also have a billable balance, will have statements created for them. The LAST STATEMENT DATE for the guarantor of the account will be updated to the current date. This account will not be evaluated for a statement again until the number of days defined in your cycle passes. This CYCLE age is established in your statement template. Normally, this is set to 27 days if you are using the automatic cycle.   Using the automatic cycle, you can generate statements every week or every two weeks and not duplicate a statement to

an account for at least 27 days. The ability to send out statements more than once a month greatly increases cash flow and eliminates that once-a-month effort to get all statements out.   The automatic cycle program has a flaw: it demands that you generate your statements every week or every two weeks. If you skip a week, all accounts in one cycle will be moved to the next cycle. Your batches of statements are then all out of balance, with one batch having many more accounts than the others. This problem eventually resolves itself, but it does take some time.

The MONTHLY field allows you to define a monthly message that will appear on all statements if it is defined in your template. This message could be used for seasonal greetings or to announce a new service your practice may provide.

ⓘ**The process of generating statements is very intensive. Other users will notice a serious degradation in system performance if you run this process during the day.   It is recommended that you run this process during the night so that it does not slow other users down. This may be done by using the REQUEST function instead of the ACCEPT function. Then make sure that requests are run at the END OF DAY process.**

Once you have completed the STAT_BATCH form, you may accept the screen and direct the output to the desired printer. The program will generate the batch list and print if specified. A statement will generate for each line on the batch list having "SEND" in the CTRL column.

A sample statement batch list might appear as follows:

```
Generate Statements                          jeff  12/10/07 04:21 PM
[STAT_BATCH    ]              QRS Medical Clinic              Page:      1
RANGE: A:AUTO


CTRL GUARANTOR     PATIENT     LOC PHY  GUARANTOR NAME      NV C      AMOUNT
--------------------------------------------------------------------------
SEND:7275          :ALL        :1  :ALL: Smith,Bob           1   :     208.00

                                                              ------------
Total for zip code 37921                                           208.00

SEND:7187          :ALL        :1  :ALL: Abbott,Jeff         13  :    1657.39
SEND:6412          :ALL        :3  :ALL: Akers,Mary K.           :     263.27
SEND:1404          :ALL        :3  :ALL: Akers,Thomas Richard    :     232.09
SEND:6164          :ALL        :3  :ALL: Alderson,Mary Patty     :      22.88
SEND:6311          :ALL        :3  :ALL: Armstrong,Jerry D.      :      30.41
SEND:4679          :ALL        :3  :ALL: Arnett,Dale Vasper      :       9.10
SEND:5081          :ALL        :3  :ALL: Arnold,Lana Robin       :     297.71
SEND:6790          :ALL        :3  :ALL: Baker,Brenda G.         :    1074.03
SEND:6232          :ALL        :3  :ALL: Baker,Doris T.          :     160.21
SEND:6017          :ALL        :3  :ALL: Baldwin,Geneva          :     116.74
SEND:4039          :ALL        :3  :ALL: Ball,Gladys M.          :    7366.88
SEND:6424          :ALL        :3  :ALL: Bandy,George William    :     380.47
SEND:1614          :ALL        :3  :ALL: Bass,Ruby B.        2   :      15.00
SEND:7082          :ALL        :3  :ALL: Beville,Frank G.        :     218.57
SEND:6867          :ALL        :3  :ALL: Birdwell,Eric S.        :      29.28
SEND:5821          :ALL        :3  :ALL: Bishop,Della Katheri    :     128.67
SEND:3591          :ALL        :3  :ALL: Blakely,Bill            :     828.90
SEND:6287          :ALL        :3  :ALL: Blankenship,Fred J.     :    1157.92
SEND:5100          :ALL        :3  :ALL: Bledsoe Jr.,James A.    :     110.57
SEND:6940          :ALL        :3  :ALL: Bledsoe,Edna Carolin    :     415.06
SEND:6452          :ALL        :3  :ALL: Boggs,Gladys            :       5.23
SEND:6611          :ALL        :3  :ALL: Boggs,Threva Lorena     :     454.32
SEND:5065          :ALL        :3  :ALL: Bowen,Alberta           :     131.86
SEND:4647          :ALL        :3  :ALL: Bowen,Marvin Ray        :      93.46
SEND:2353          :ALL        :3  :ALL: Bowman,Roger Glen       :      31.56
SEND:6732          :ALL        :3  :ALL: Boyd,Alisa M.           :       9.56
SEND:6959          :ALL        :3  :ALL: Boyd,Laura A.           :       2.94
```

The Statement Batch List will display several columns of information:

CTRL
This is the control column. It determines whether a statement will be generated for the line on the report. It will have a value of SEND or KEEP. If the value is KEEP, a statement will not be sent because the statement amount did not meet the minimum required.

GUARANTOR
This column lists the guarantor code for the statement line. It is used by the statement program to find the guarantor's address.

 PATIENT

This column determines which patient a statement is for. If this column is "ALL", then all patients for the defined guarantor will be included on the statement. If the statement template specifies to "break on patient," this column will show the account number of the patient and a new statement will be issued each time this value changes. Otherwise, it will print the word "ALL".

 LOC

This column lists the location code for the statement. If the statement template specifies to "break by location," this field will print the "billas location" code as defined in the LOC form. A new statement will be issued each time the location code changes. Otherwise, "ALL" will print in this column and all locations will be included on the statement.

 PHY

This column lists the physician code for the statement. If the statement template specifies to "break by physician," the physician code will print in this column. A new statement will be issued for each physician. Otherwise, "ALL" will print in this column and all physicians will be included on one statement.

 GUARANTOR NAME

This field will print the name of the guarantor to receive the statement.
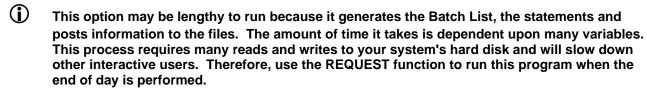
 BILLED

This field will show the amount that will print on the statement.

Statements will print in the order they appear on the Statement Batch List. The stat_form program will actually read this list to generate the statements. The normal order of sorting statements is by zip code and then alphabetically by guarantor. There is an option in the template to not have it print by zip code.
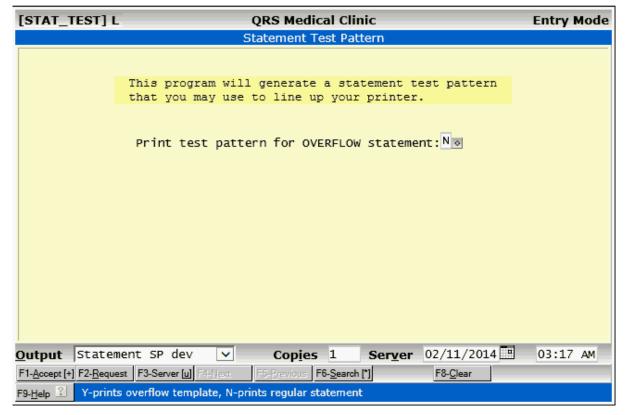
💣 **You cannot generate statements if a batch that is still in the system has not been printed . If this occurs an ERROR report will print. This program also checks the statement template. If all variables are not set, an ERROR report will list those that need setting.**

ⓘ **This option may be lengthy to run because it generates the Batch List, the statements and posts information to the files. The amount of time it takes is dependent upon many variables. This process requires many reads and writes to your system's hard disk and will slow down other interactive users. Therefore, use the REQUEST function to run this program when the end of day is performed.**

9.1.2 Printing Statements

After statements have been generated, you will want to print them. Before printing your statements, generate a test pattern and send it to the printer loaded with statement forms. This assures that statements will be aligned when they start printing. To generate a test pattern, select PRINT STATEMENT TEST PATTERN. You will be prompted to print a test pattern for an overflow statement. If you answer "N", a regular statement test pattern will print--otherwise an overflow pattern will print. Your system may not be set up to print overflow statements.
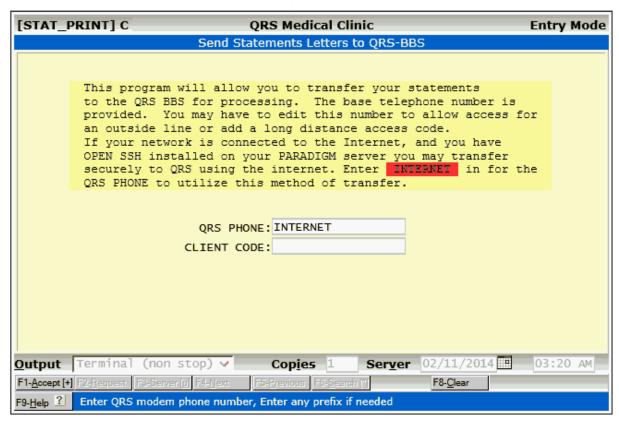
Once the printer is properly aligned, select PRINT/SEND STATEMENTS from the STATEMENT MENU. If this is the first statement print run, enter "1" in the START ON PAGE field, accept the form, and select the printer. If you are printing overflow statements, enter "Y" in the OVERFLOW field.

```
[STAT_PRINT] L            QRS Medical Clinic              Entry Mode
                          Print Statements

      This program will print the last batch of statements that
      were generated and send them to the desired printer.  You may
      specify the page number to start printing the forms on.  If you
      are printing the forms for the first time, use the default of
      "1" but, if for some reason you must reprint the forms, enter
      the page number of the last form that printed successfully.
      Make sure to cancel any previous print job using the GOTO
      function CPJ before reprinting statement forms.


                    START ON PAGE: 1
                      END ON PAGE:
                        OVERFLOW: N ◇


Output  Statement SP dev     ▼       Copies  1    Server  02/11/2014 🖩   03:17 AM
F1-Accept [+] F2-Request  F3-Server [u] F4-Next   F5-Previous  F6-Search [*]    F8-Clear
F9-Help  ?   Enter starting page number
```

Both of these programs allow you to print either normal or overflow statements. If you do not use overflow statements, the default settings should be sufficient.

9.1.2.1   Send Statements

If you are using the QRS statement service, this option will call the program that sends the statements to Q.R.S. instead of the PRINT STATEMENTS program. It will appear as follows.

```
[STAT_PRINT] C              QRS Medical Clinic                Entry Mode
                    Send Statements Letters to QRS-BBS

        This program will allow you to transfer your statements
        to the QRS BBS for processing.  The base telephone number is
        provided.  You may have to edit this number to allow access for
        an outside line or add a long distance access code.
        If your network is connected to the Internet, and you have
        OPEN SSH installed on your PARADIGM server you may transfer
        securely to QRS using the internet. Enter   INTERNET   in for the
        QRS PHONE to utilize this method of transfer.



                        QRS PHONE: INTERNET
                      CLIENT CODE:



Output  Terminal (non stop) ✓      Copies  1    Server  02/11/2014      03:20 AM
F1-Accept [+]  F2-Request  F3-Server [u]  F4-Next    F5-Previous  F6-Search [*]        F8-Clear
F9-Help  ?    Enter QRS modem phone number, Enter any prefix if needed
```

9.1.3   Automatic Cycle Statements

Most practices send statements only once a month. However, the system has the ability to create billing cycles. You may have one, two, or four billing cycles for a given period. A normal statement cycle is one month; but since the number of days in a month varies, it is best to set the cycle at 4 weeks or 28 days. This can be done with the CYCLE ability of the statement template. This tells the computer not to generate a statement for a guarantor if one has been generated within the last 28 days.

There are advantages to cycle billing. It distributes more evenly the statement process, eliminating the rush to get statements out. It should also even out cash flow unless you have a bulk-rate mailing discount, which could result in statement batches too small to get your discount.
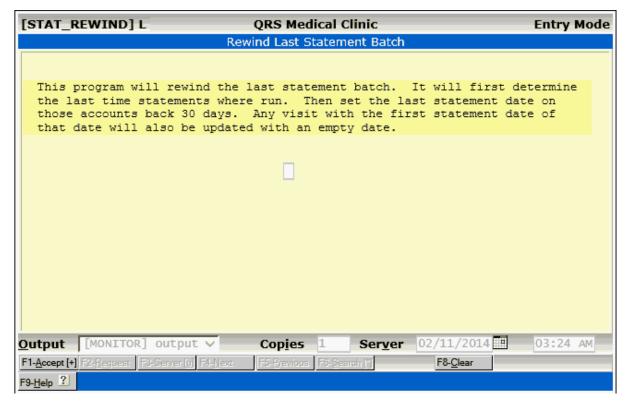
To use a cycle of two or four per period select option "4" on the STATEMENT MENU. It is not necessary to run this option if you have just started using the system.

```
[CYCLE_BREAK] L              QRS Medical Clinic              Entry Mode
                        Break Accounts For Cycle Billing

         This program will evenly distribute the accounts that have had
         had bills sent within the last month evenly for cycle billing.
         You may break them into four or two week cycles.


                              cycle: 4 ◇




Output  Report SP dev        ∨     Copies 1    Server 02/11/2014 ▦    03:22 AM
F1-Accept [+] F2-Request  F3-Server [u] F4-Next   F5-Previous  F6-Search [*]      F8-Clear
F9-Help  ?
```

☛ **If you are going to use cycle billing, it is very important that you maintain a structured cycle. If you set a four-week cycle, you MUST bill every week on the same day; if you do not, you may bump accounts from one cycle into the next, corrupting your even cycle-break. This would cause one cycle to have twice the number of statements as the other. Therefore, it is recommended that you set your statement day to be a "middle of the week" day such as Tuesday, Wednesday, or Thursday, because most holidays fall on a Monday or Friday--and skipping the statement day on a cycle can cause problems.**
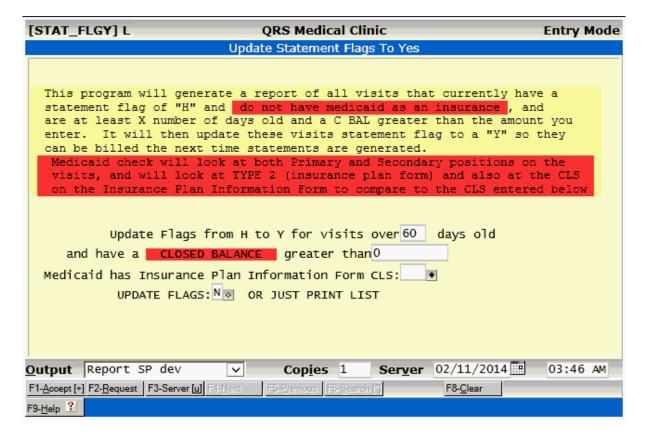
9.1.4   Rewind Last Statement Batch

If you run the statement program and then realize that you shouldn't have, this program will let you rewind the last files for to appear as they did prior to generating the last batch of statements.

```
[STAT_REWIND] L              QRS Medical Clinic              Entry Mode
                        Rewind Last Statement Batch

  This program will rewind the last statement batch.  It will first determine
  the last time statements where run.  Then set the last statement date on
  those accounts back 30 days.  Any visit with the first statement date of
  that date will also be updated with an empty date.
```

Output [MONITOR] output ∨   Copies 1   Server 02/11/2014   03:24 AM

F1-Accept [+] F2-Request F3-Server [u] F4-Next   F5-Previous F6-Search [*]   F8-Clear

F9-Help ?

9.1.5 Set Statement Flags to YES

This program will help in flagging visits that are delinquent to receive a statement that may not be flagged to get one.

```
[STAT_FLGY] L                QRS Medical Clinic                Entry Mode
                         Update Statement Flags To Yes

   This program will generate a report of all visits that currently have a
   statement flag of "H" and  do not have medicaid as an insurance , and
   are at least X number of days old and a C BAL greater than the amount you
   enter.  It will then update these visits statement flag to a "Y" so they
   can be billed the next time statements are generated.
    Medicaid check will look at both Primary and Secondary positions on the
    visits, and will look at TYPE 2 (insurance plan form) and also at the CLS
    on the Insurance Plan Information Form to compare to the CLS entered below


            Update Flags from H to Y for visits over 60   days old
      and have a   CLOSED BALANCE   greater than 0
   Medicaid has Insurance Plan Information Form CLS:     ♦
            UPDATE FLAGS: N ◇   OR JUST PRINT LIST


Output  Report SP dev          ▽      Copies 1    Server  02/11/2014 📅   03:46 AM
F1-Accept [+]  F2-Request  F3-Server [u]  F4-Next    F5-Previous  F6-Search [*]      F8-Clear
F9-Help  ?
```

9.1.6   Set Statement Flags to NO

If a visit is paid in full and has been paid in full for over a given time, it is a good idea to change the statement flag to an "N" so that the visit does not get evaluated in the statement process. This program will do this for you automatically.

```
[STAT_FLGN] L                    QRS Medical Clinic                    Entry Mode
                            Update Statement Flags To No

      This program will generate a report of all visits that currently have a
      statement flag of "Y" with no balance, and have been paid for at least the
      number of days you entered.  The purpose of this program is to remove
      visits from being evaluated in the statement process, thus speeding up the
      statement generation process.  If your statement generation process takes
      a long time because of large amounts of historical data, it is recommended
      that you run this process.  It must be run before statements are generated


      Update Flags from Y to N for visits that have been paid in full over 60   days




 Output  Report SP dev        ▼      Copies  1    Server  02/11/2014 🔳    03:49 AM
 F1-Accept [+] F2-Request  F3-Server [u]  F4-Next    F5-Previous  F6-Search [↑]         F8-Clear
 F9-Help  ?
```

9.2   Collections Overview

The collections system is an extension of the statement process. It will automatically find accounts that have been billed (had a statement sent) and for which your office has not received payment. These accounts are placed in a collection file (accessible using the COL form). Letters and statements will be sent to these accounts. Three letters can be generated with increasing levels of severity, from a mild past-due letter to a final-notice letter.

Statements are still sent while an account is in collections because the collection system is based on statements being sent. Withholding a visit from the statement will in turn hold it from the collection letter account balance. It is possible that new charges will not be billed if statements for accounts in collections are held.

The collection system allows you to put an account on hold from further collection letters and put an account into an agreement. In an agreement, the account will not receive any other collection letters until released from the agreement.
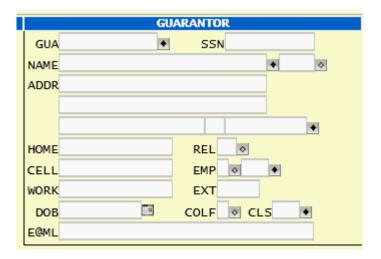
Once an account is put into collections, it can be removed manually or it will automatically be removed when the delinquent amount is paid in full.

The Collections Menu is found on the Billing / Collections Menu, and should appear as follows:

9.2.1   Holding Accounts From Collections

To prevent an account from being put into collections, set the collection flag to "H" (hold). This field is called "COLF" in the guarantor block on the PAT form, and "COL FLAG" on the GUA form. If there is a "T" in this field, the account has been turned over to a collection agency at least one time.

9.2.2   When to Run Collections

Although collections is dynamic and can be run at any time, it is best to run it in conjunction with your statements. You may wish to send collection letters at the same time as statements or to send statements, wait 15 days, then send collection letters. Some practices run collections every two weeks; others only run it once a month.
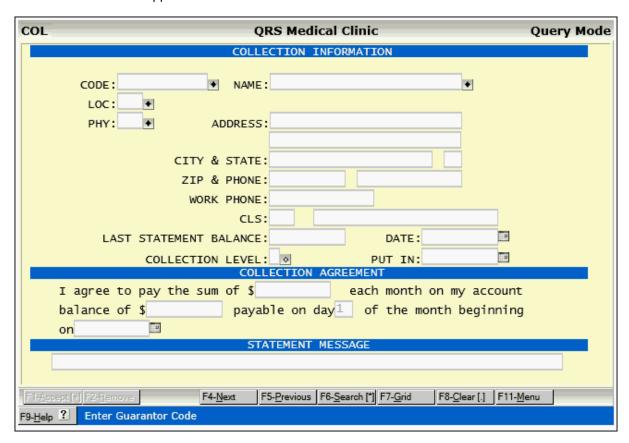
If you are new to the system, the first run of collections will not be effective for at least 45 days, or whatever you define after running the first statement batch. This is because the accounts have not met the collection criteria.

9.2.3   The Collection Form

When an account is put into collections, a record is created and automatically entered into the collection file (col.dat). To view or modify collection records, select COL form from the COLLECTION MENU. This form identifies the account which is defined by the guarantor code, location code, and physician code. If your practice bills all physicians and/or all locations together, the LOC and/or PHY code would be ALL instead of actual individual location or physician codes.

ⓘ   **This form will not let you add information. It will only let you update or remove records. You can not add collection information manually; the process of adding collection records is done through the PUT ACCOUNTS INTO COLLECTIONS program.**

The COL form should appear as follows:

Besides displaying guarantor information from the guarantor file the COL form allows entry of COLLECTION LEVEL, PUT IN date and collection agreement information.

The COLLECTION LEVEL is one of the following:

- A   Agreement. Account has collection agreement.
- 1   Level 1. Account has received first letter.
- 2   Level 2. Account has received second letter.
- 3   Level 3. Account has received final notice.
- B   Broken Agreement.
- R   Ready to turn over. Account has received all letters and has not paid bill. The account is ready to be written off, but has not been as of this time. When the account is written off, it is removed from collections.

Under the COLLECTION AGREEMENT portion of the form, you can enter agreement information for the account. If the account does not live up to the agreement made, it will appear on the PAYMENT EXCEPTION REPORT.

Since accounts still receive statements while in collections, you may wish to change the statement dunning message, especially if the account is in an agreement. Enter the custom STATEMENT MESSAGE for the account on the COL form.
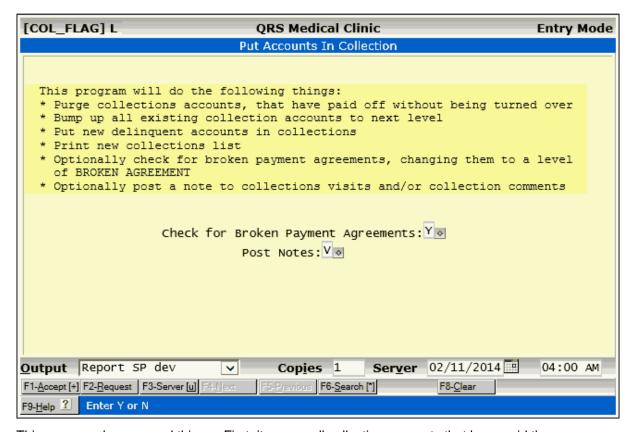
ⓘ **The option "INC_COL" option in the statement template can be set to "N" to keep any account in collection level 1,2,3, or R from getting a statement.**

9.2.3.1   Setting Up a Payment Agreement

By pulling up the account on the COL form and changing the collection level to "A", you will put an account into agreement with your practice. It is also good to enter the terms of the agreement on the form and set up a custom statement message such as, "Your payment of $50.00 is due on the first of the month.". While an account is in agreement, it will receive no more letters; and once it has been paid in full, it will automatically be removed from the collection system.

9.2.4   Putting Accounts into Collections

The first phase of using the collection module is to put accounts into collections. To execute this program, select option 2 from the COLLECTION MENU. DO NOT!!! enter accounts into the collection system manually using the COL form (option 1). The process of moving accounts into collections is very complicated. If an account is entered manually, a collection letter may or may not print. The collection letter printed may not be correct. Select option 2 to display the following screen:

```
[COL_FLAG] L                    QRS Medical Clinic                    Entry Mode
                            Put Accounts In Collection

    This program will do the following things:
    * Purge collections accounts, that have paid off without being turned over
    * Bump up all existing collection accounts to next level
    * Put new delinquent accounts in collections
    * Print new collections list
    * Optionally check for broken payment agreements, changing them to a level
      of BROKEN AGREEMENT
    * Optionally post a note to collections visits and/or collection comments


              Check for Broken Payment Agreements: Y ◊
                              Post Notes: V ◊




Output  Report SP dev        ▼      Copies 1    Server 02/11/2014 🔲   04:00 AM
F1-Accept [+] F2-Request  F3-Server [u] F4-Next    F5-Previous F6-Search [*]       F8-Clear
F9-Help ?   Enter Y or N
```

This program does several things. First, it purges all collection accounts that have paid the outstanding balance in full. If the balance has been paid in full before being turned over, they are automatically removed from the collection file. A report will print showing all purged accounts.

Second, everyone in collections is moved to the next level. Accounts at level 3 (final notice) will be placed into level R (ready to turn over). Accounts at level 2 (stern letter) will move to level 3. Accounts in level 1 (mild letter) will move to level 2. All level A accounts (agreement) will remain the same.

Finally, all collection accounts are bumped to the next level and accounts delinquent as of the current date will be moved into the collection system. It is important to realize an account is a combination of the guarantor, physician, and location codes. If the statements do not break by physician, the physician code will be set to ALL; if the statements do not break by location, the location code will be set to ALL.

Each visit on an account is evaluated based on the following: a statement has been sent, it is at least as old as the number of days defined in the COL AGE field of the VER form, and the guarantor is not on hold. After processing those visits, it determines the length of time since the last payment. If the defined number of days has been exceeded, the account is included in the past-due list and put into the collection system. An account cannot go into collections until they have received at least one statement for the amount that is going into collections. By using 45 days as your specification, they have received two statements and have been given at least 15 days to respond to the second. This automatic process ensures consistency between collections and statements.

9.2.4.1   Collection List
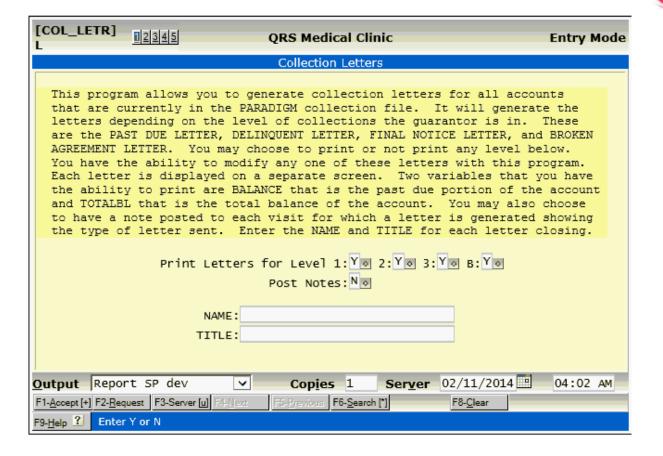
The COL_LIST will print each time you put accounts into collections. It shows each level and account in collections, the guarantor, location code, physician code, date of last payment, account age, and balance; if a payment has been made since the account was in collections, an asterisk will print in the P column. You should keep the list for reference reasons.
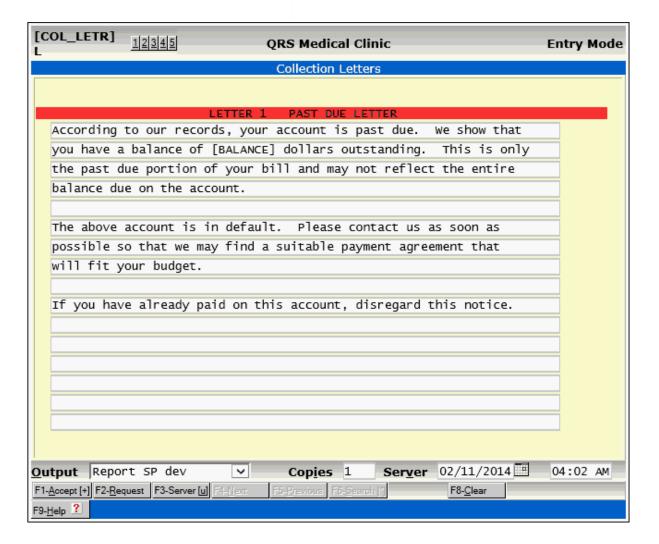
```
Account Currently in Collections                jeff  10/03/2007 01:07 PM
[COL_LIST    ]                QRS Medical Clinic              Page:      1


GUA CODE      NAME                  LOC PHY  LST PMNT      AGE    BALANCE P
-------------------------------------------------------------------------


 >>>>>>>>>>>>>>>>>>> Collection Level 2


 1404         Akers,Thomas Richard   ALL ALL 99/99/9999   99999    232.09
 4679         Arnett,Dale Vasper     ALL ALL 11/10/2003    1423      9.10
 3591         Blakely,Bill           ALL ALL 04/23/2003    1624    828.90
 6940         Bledsoe,Edna Caroline  ALL ALL 11/13/2003    1420    415.06
 6611         Boggs,Threva Lorena    ALL ALL 10/29/2003    1435    454.32
 6959         Boyd,Laura A.          ALL ALL 09/30/2003    1464      2.94
 4362         Bradshaw,Benny Michael ALL ALL 10/28/2003    1436      6.42
 3179         Butler,Garland Willard ALL ALL 99/99/9999   99999    112.57
 6953         Carter,Margaret L.     ALL ALL 10/30/2003    1434    221.58
 3618         Clark,Robert Joshua    ALL ALL 10/16/2003    1448    206.22
 454          Cole,Martha H.         ALL ALL 10/02/2003    1462     73.22
 6283         Collins,Samuel Glen    ALL ALL 11/04/2003    1429     80.71
 6711         Coover,Harry W.        ALL ALL 08/20/2003    1505    235.54
 1776         Crawford,Jack K.       ALL ALL 11/17/2003    1416     42.16
 5631         Davis,Larry Steven     ALL ALL 10/13/2003    1451     29.72
 3526         Eaton,Jimmy Don        ALL ALL 99/99/9999   99999     44.57
 6040-RC      Fanney,Etta M.         ALL ALL 05/14/2003    1603     67.89
 6994         Farmer,Buretta         ALL ALL 10/03/2003    1461      7.07
 2816         Federow,Kenneth W.     ALL ALL 99/99/9999   99999     76.32
 233          Ferry,Mary Magdalene   ALL ALL 02/10/2003    1696     27.43
 6588         Fig,Elmer              ALL ALL 05/20/2003    1597   2380.22
 6511         Fig,Jack               ALL ALL 99/99/9999   99999    366.24
 5785         Ford,Vicky             ALL ALL 10/02/2003    1462     42.18
 5236         Frost,Claude W.        ALL ALL 10/30/2003    1434     80.71
 6931         Gatewood,Dewey C.      ALL ALL 11/04/2003    1429    234.46
 6896         Gibson,Emma L.         ALL ALL 10/29/2003    1435     27.02
```
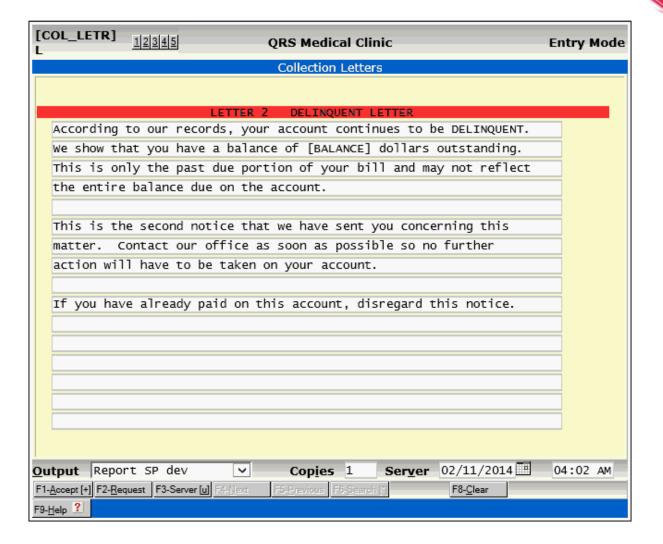
If you wish to print only the collection list and not put accounts into collection, you may run only the list from the WINDOW MENU of the COL form.
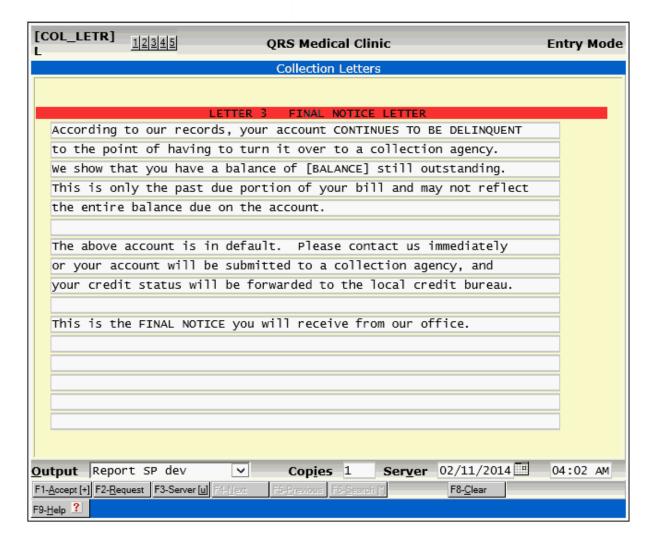
9.2.5   Printing Collection Letters
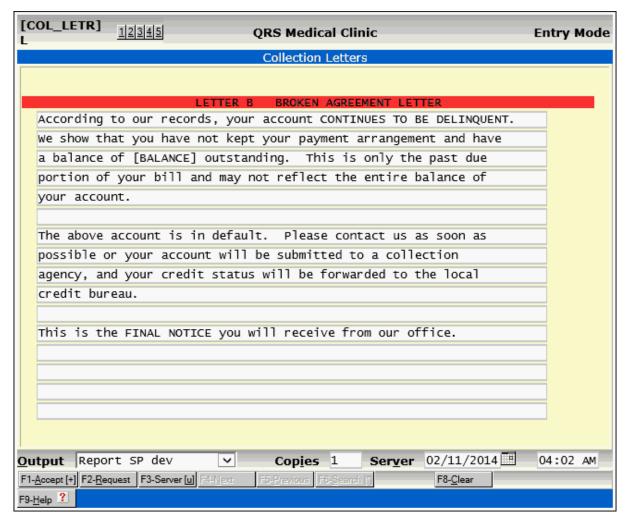
One of the most important steps in the collection process is printing the collection letters. Select option "4" to generate and print collection letters. There are three letters generated depending upon the level defined in the collection file and a broken agreement letter. Level 1 is the introductory letter, level 2 is a firm letter, and level 3 is the final notice. These letters may be customized by you to your practice's needs. This form has several screens associated with it. The first screen explains the form and lets you enter your NAME and TITLE. The other three screens are the letters that will print for each level as well as a broken agreement letter. The form appears as follows:

[COL_LETR]
L [1][2][3][4][5]   **QRS Medical Clinic**   **Entry Mode**

Collection Letters

This program allows you to generate collection letters for all accounts
that are currently in the PARADIGM collection file. It will generate the
letters depending on the level of collections the guarantor is in. These
are the PAST DUE LETTER, DELINQUENT LETTER, FINAL NOTICE LETTER, and BROKEN
AGREEMENT LETTER. You may choose to print or not print any level below.
You have the ability to modify any one of these letters with this program.
Each letter is displayed on a separate screen. Two variables that you have
the ability to print are BALANCE that is the past due portion of the account
and TOTALBL that is the total balance of the account. You may also choose
to have a note posted to each visit for which a letter is generated showing
the type of letter sent. Enter the NAME and TITLE for each letter closing.

Print Letters for Level 1:[Y] 2:[Y] 3:[Y] B:[Y]
Post Notes:[N]

NAME: [_____]
TITLE: [_____]

Output [Report SP dev ▼]   **Copies** [1]   **Server** [02/11/2014 📅] [04:02 AM]

[F1-Accept [+]] [F2-Request] [F3-Server [u]] [F4-Next] [F5-Previous] [F6-Search [*]] [F8-Clear]

[F9-Help [?]] Enter Y or N

[COL_LETR]
L   1|2|3|4|5   QRS Medical Clinic   Entry Mode

Collection Letters

LETTER 1   PAST DUE LETTER

According to our records, your account is past due. We show that
you have a balance of [BALANCE] dollars outstanding. This is only
the past due portion of your bill and may not reflect the entire
balance due on the account.

The above account is in default. Please contact us as soon as
possible so that we may find a suitable payment agreement that
will fit your budget.

If you have already paid on this account, disregard this notice.

Output Report SP dev   ▼   Copies 1   Server 02/11/2014   04:02 AM

F1-Accept [+] F2-Request F3-Server [u] F4-Next F5-Previous F6-Search [*]   F8-Clear
F9-Help ?

[COL_LETR] 1 2 3 4 5   **QRS Medical Clinic**   **Entry Mode**
L

Collection Letters

LETTER 2   DELINQUENT LETTER

According to our records, your account continues to be DELINQUENT.

We show that you have a balance of [BALANCE] dollars outstanding.

This is only the past due portion of your bill and may not reflect

the entire balance due on the account.

This is the second notice that we have sent you concerning this

matter. Contact our office as soon as possible so no further

action will have to be taken on your account.

If you have already paid on this account, disregard this notice.

Output Report SP dev ⌄   **Copies** 1   **Server** 02/11/2014   04:02 AM

F1-Accept [+] F2-Request F3-Server [u] F4-Next F5-Previous F6-Search [*] F8-Clear

F9-Help ?

[COL_LETR]
L
1 2 3 4 5

QRS Medical Clinic

Entry Mode

Collection Letters

LETTER 3   FINAL NOTICE LETTER

According to our records, your account CONTINUES TO BE DELINQUENT

to the point of having to turn it over to a collection agency.

We show that you have a balance of [BALANCE] still outstanding.

This is only the past due portion of your bill and may not reflect

the entire balance due on the account.

The above account is in default. Please contact us immediately

or your account will be submitted to a collection agency, and

your credit status will be forwarded to the local credit bureau.

This is the FINAL NOTICE you will receive from our office.

Output Report SP dev ⌄   **Copies** 1   **Server** 02/11/2014   04:02 AM

F1-Accept [+] | F2-Request | F3-Server [u] | F4-Next | F5-Previous | F6-Search ['] | F8-Clear

F9-Help ?

A page number is at the bottom of each collection letter. If for some reason the letters jam in the printer, it is not necessary to print them all again. You can reprint them from the BACKUP PRINT FILE MANAGER. DO NOT run the option to put accounts in collections again. This will move all accounts to the next collection level.

9.2.5.1   Send Collection Letters

You may have QRS print and send your collection letters by using the Send collection letters.
You will need to sign up for this service. Contact Technical Support.

```
[COL_SEND] L                    QRS Medical Clinic                    Entry Mode
                         Send Collection Letters to QRS-BBS

           This program will allow you to transfer your collection letters
           to the QRS BBS for processing.  The base telephone number is
           provided.  You may have to edit this number to allow access for
           an outside line or add a long distance access code.


                          QRS PHONE: 1-800-633-0207
                        CLIENT CODE: [            ]
```

Output | Terminal (non stop) ⌄ | Copies 1 | Server 02/11/2014 | 04:06 AM

F1-Accept [+] | F2-Request | F3-Server [u] | F4-Next | F5-Previous | F6-Search [*] | F8-Clear

F9-Help ? | Enter QRS modem phone number, Enter any prefix if needed

9.2.6 Agreement Exception Report

```
[COL_PEXC] L                    QRS Medical Clinic                    Entry Mode
                         Collection Payment Exception

              This report will list all accounts that are in
              agreement collections (level A) that have not
              met the payment agreement obligation.


                                    [ ]
```

Output | Report SP dev ⌄ | Copies 1 | Server 02/11/2014 | 04:07 AM

F1-Accept [+] | F2-Request | F3-Server [u] | F4-Next | F5-Previous | F6-Search [*] | F8-Clear

F9-Help ?

9.2.7   Collection Worksheets

You may use the collection work sheet to document any activity on accounts in collections. This report lists the activity on accounts in collection level 1.   This step is not necessary, unless you want a hard copy of the accounts that are put into collections.

```
[COL_WORK] L                    QRS Medical Clinic                    Entry Mode
                              Collection Work sheet

        This program will allow you to generate collection work sheets
        for all accounts that have been put into collection level 1.
        You may then use this worksheet for putting notes in the
        guarantor's file.




Output  Report SP dev          ▼      Copies 1     Server 02/11/2014    04:11 AM
F1-Accept [+] F2-Request  F3-Server [u]  F4-Next     F5-Previous  F6-Search [*]        F8-Clear
F9-Help  ?
```

9.2.8   Printing the Collection Agency Report

Once an account has received all three collection letters, the collection level will be changed to an "R" for ready to be turned over to the collection agency. After generating collection letters, run the COLLECTION AGENCY REPORT. This report contains detail account information needed by the collection agency.
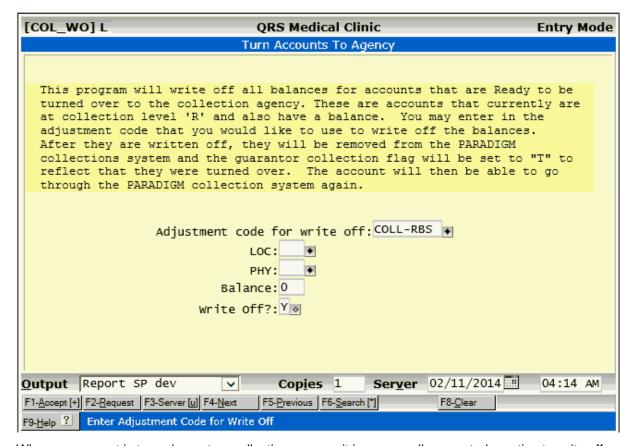
Review this report, and remove any accounts from the collection system that you do not wish to have the computer write off or turn over to the collection agency. Once you have a clean collection agency report, you may proceed to the next step.

Initially this report will not generate any data because no accounts will have reached this level.

```
[COL_AGENCY] L                QRS Medical Clinic                Entry Mode
                           Collection Agency Report


        This report will list all accounts to be Ready that are to be turned
        over to a collection agency.  These are accounts that have a collection
        level of "R", and still have a balance.  You may use this report to
        proof any accounts prior to actually turning them over using the TURN
        ACCOUNTS OVER option.  If you decide that you do not wish to have the
        computer write off the balance, remove the record from the collection
        system using the COL form prior to running the TURN ACCOUNTS OVER
        option.  Make sure to run this report one final time to get the actual
        list of accounts for the collection agency.



                        Print Collection Comments: N




Output  Report SP dev      ▼      Copies  1    Server  02/11/2014 ▦   04:13 AM
F1-Accept [+] F2-Request  F3-Server [u] F4-Next    F5-Previous  F6-Search [*]        F8-Clear
F9-Help  ?    Print Collection Comments?
```

9.2.9   Turning accounts over to a collection agency

Once the collection agency report has printed, you can write off the accounts that have been set to a status of "R" for ready to be turned over. The system automatically posts an adjustment code showing you have written off the delinquent balance. If you do not perform this step, the accounts will remain in the collection system as a level "R" and never go through the collection cycle again. By performing this step, they are removed from the collection system and the collection flag in the guarantor file is changed to a "T" showing they have been turned over and written off.

```
[COL_WO] L                    QRS Medical Clinic                 Entry Mode
                          Turn Accounts To Agency

  This program will write off all balances for accounts that are Ready to be
  turned over to the collection agency. These are accounts that currently are
  at collection level 'R' and also have a balance.  You may enter in the
  adjustment code that you would like to use to write off the balances.
  After they are written off, they will be removed from the PARADIGM
  collections system and the guarantor collection flag will be set to "T" to
  reflect that they were turned over.  The account will then be able to go
  through the PARADIGM collection system again.


              Adjustment code for write off: COLL-RBS  ◆
                                        LOC:        ◆
                                        PHY:        ◆
                                    Balance: 0
                                   Write Off?: Y ◇



  Output  Report SP dev        ▼    Copies 1   Server 02/11/2014 🗓   04:14 AM
  F1-Accept [+] F2-Request  F3-Server [u] F4-Next    F5-Previous F6-Search [*]     F8-Clear
  F9-Help ?   Enter Adjustment Code for Write Off
```

When an account is turned over to a collection agency, it is a generally accepted practice to write off the balance as a bad debt. It should no longer appear in your accounts receivable because you have exhausted your efforts to collect the money. When you receive payments from the collection agency, post the payment to the account and adjust off the payment with a debit adjustment for receipt from the collection agency. This allows you to track the amount of money received by the collection agency and the amount paid the collection agency.

9.2.9.1   Posting Money from a Collection Agency

If possible, have your collection agency detail the account from which the money was collected. Then you may post the money directly to the account. This is a good practice because you can not only monitor the amount of money that you received, but the actual accounts that it applies to.

So far, you have used one adjustment code to write off the bad debt that you turn over to the collection agency. You should also set up a payment code for collection of funds from the collection agency, as well as an adjustment for "adjustment of funds from the collection agency". This should be done in the TRA (transaction) form.
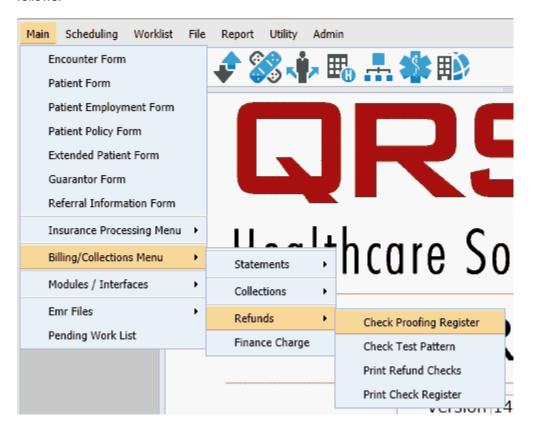
When posting a payment from the collection agency, post the amount received using the payment code that you establish. Then immediately post the adjustment code for "adjustment of funds from the collection agency". The amount of these two transactions should be the same. The reason for posting in this way is to keep track of how much money you turn over to the collection agency and how much you receive from it. You may thus monitor your collection agency's progress on a monthly basis, just by looking at your adjustment analysis report. You must post the adjustment for the payment from the collection agency in order to keep the balance of the accounts that have been turned over to the collection agency a $0.00; otherwise, these accounts would have a credit balance.

9.3   Refund Checks

The system allows for the creation and printing of refund checks for all refunds that you post. This process can be performed at any time. Refund transactions are a special type of transaction that will automatically go into a special batch when posted.   They will remain as open transactions until you print the refund check register. This process will then allow the transactions to be put into the end of day. However, they are treated as closed transactions at this time can not be removed.

The automatic refund checks work under principles that are quite simple. All refund transaction codes have an identifier that indicate where the refund is to be sent. This can be the Guarantor, Patient, Primary insurance, or Secondary insurance. Once the checks have been printed, you can print a check register to keep. The program will also comment the transactions showing the check number, date, and a notation that the check was sent.

The Refunds Menu can be accessed Billing / Collections Menu. The Refunds Menu will display as follows:

9.3.1   Setting Up Table Files

Before you can use the automatic refund check generator, it is necessary to identify the transaction codes that you will use to post the refund adjustments. You may use any transaction code you wish; however, the codes must be adjustments and have a unique identifier in the PROCEDURE CODE field. Normally on adjustments you would not use the PROCEDURE CODE field--which is why this field is used. The identifiers put in this field will tell the computer if that code is to be used to mail the refund check to the guarantor, patient, or insurance company. The following are the only acceptable identifiers:

- REF-GUA   Refund to Guarantor
- REF-PAT   Refund to Patient
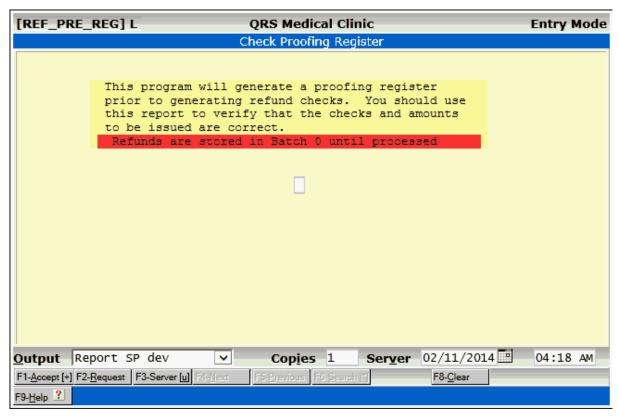
- REF-IN1   Refund to Insurance 1
- REF-IN2   Refund to Insurance 2

You may or may not use all of these identifiers, but you must have a separate adjustment code for each.

9.3.2   Generating a Proofing Register

Once you have posted all refunds that you intend to post for the month--but before you close the month--you may run a Proofing Register. This report will list all accounts (patients, guarantors, and insurance carriers) that will receive a check or checks, the complete address, as well as the total amount of all checks they may get.   Make any changes needed before you print the refund checks.

To perform this function, select option "1" on the REFUND MENU.
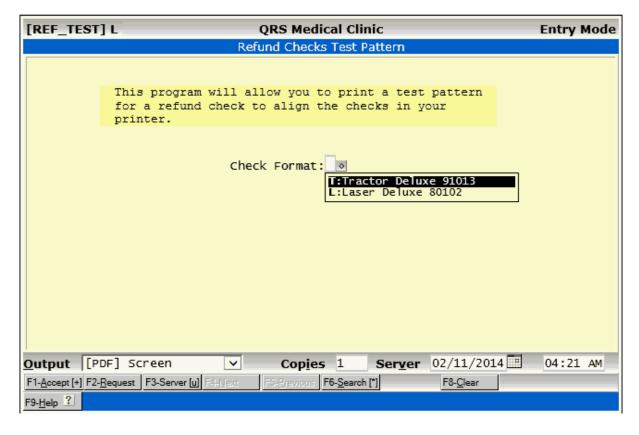
This will produce an output similar to the following:

```
Check Proofing Register                              jeff  12/11/07 10:57 AM
[REF_PRE_REG   ]                  QRS Medical Clinic              Page:      1

         NAME                        CODE                        AMOUNT
--------------------------------------------------------------------------------
         Smith,Anita                 953                          49.00
         441 Shawna

         Knoxville, TN  37932
--------------------------------------------------------------------------------
                                                               =============
         Total of all refund checks                             49.00
```

9.3.3   Print a Check Test Pattern
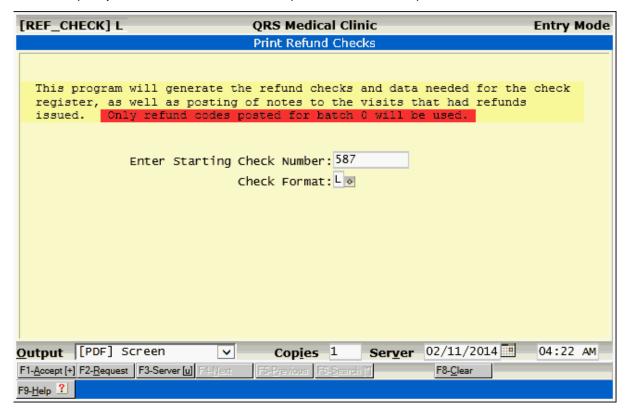
Before printing checks you may need to print a check test pattern. This will aid you in aligning the checks in the printer. This pattern will print a VOID check. Select option 2 on the REFUND MENU to perform this function.

```
[REF_TEST] L                  QRS Medical Clinic              Entry Mode
                          Refund Checks Test Pattern

        This program will allow you to print a test pattern
        for a refund check to align the checks in your
        printer.


                          Check Format:  [  ]◇
                                         ┌──────────────────────┐
                                         │T:Tractor Deluxe 91013 │
                                         │L:Laser Deluxe 80102   │
                                         └──────────────────────┘

Output  [PDF] Screen    ▼      Copies 1    Server 02/11/2014🗓  04:21  AM
F1-Accept [+]  F2-Request  F3-Server [u]  F4-Next    F5-Previous  F6-Search [*]    F8-Clear
F9-Help ?
```

9.3.4   Print the Refund Checks

Once you have verified that your check register is correct, you may print your checks. REMEMBER--you only do this once a month, prior to your month close. Select option 3 on the REFUND MENU to print refund checks. You will be asked to enter a starting check number. Enter the number, accept the form, and select a printer. If the printer jams while printing the checks, you should

cancel the print job. Void all of the checks that printed, and start the process over.
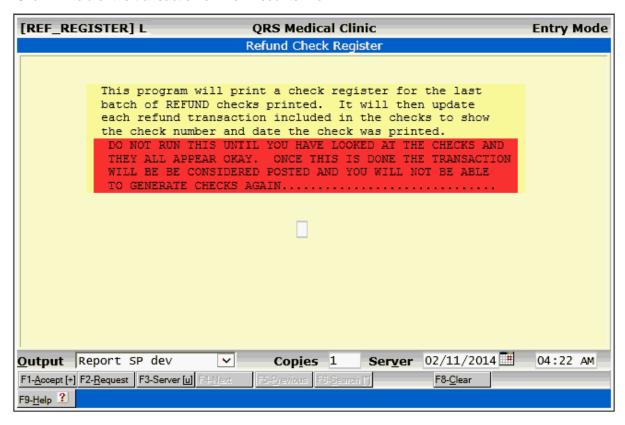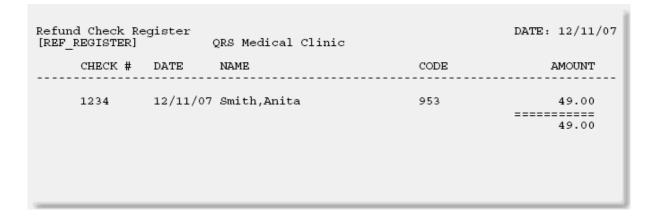
The Refunds are designed to print on a Deluxe 91013 multipurpose tractor fed check.
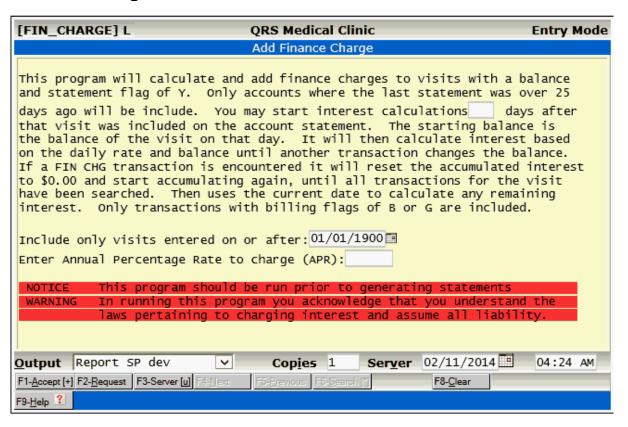
9.3.5   Print the Check Register

After all checks have been printed, print the check register, which lists all of the checks that printed during the last batch. It will then update the second description line of the refund adjustment code you posted to show the check number and the date of the check. It will also put the word "CK SENT" in the ICD/REF field of the transaction on the Encounter Form.

```
[REF_REGISTER] L                  QRS Medical Clinic                     Entry Mode
                              Refund Check Register


          This program will print a check register for the last
          batch of REFUND checks printed.  It will then update
          each refund transaction included in the checks to show
          the check number and date the check was printed.
          DO NOT RUN THIS UNTIL YOU HAVE LOOKED AT THE CHECKS AND
          THEY ALL APPEAR OKAY.  ONCE THIS IS DONE THE TRANSACTION
          WILL BE BE CONSIDERED POSTED AND YOU WILL NOT BE ABLE
          TO GENERATE CHECKS AGAIN..............................



                                  ☐



  Output  Report SP dev        ▼      Copies  1   Server  02/11/2014 ▦   04:22 AM
  F1-Accept [+] F2-Request  F3-Server [u] F4-Next   F5-Previous F6-Search [^]     F8-Clear
  F9-Help  ?
```

```
Refund Check Register                                             DATE: 12/11/07
[REF_REGISTER]            QRS Medical Clinic

        CHECK #    DATE      NAME                        CODE            AMOUNT
  ------------------------------------------------------------------------------

        1234       12/11/07  Smith,Anita                 953              49.00
                                                                    ===========
                                                                         49.00
```

9.4 Finance Charges

```
[FIN_CHARGE] L                    QRS Medical Clinic                    Entry Mode
                              Add Finance Charge

This program will calculate and add finance charges to visits with a balance
and statement flag of Y.  Only accounts where the last statement was over 25
days ago will be include.  You may start interest calculations[    ] days after
that visit was included on the account statement.  The starting balance is
the balance of the visit on that day.  It will then calculate interest based
on the daily rate and balance until another transaction changes the balance.
If a FIN CHG transaction is encountered it will reset the accumulated interest
to $0.00 and start accumulating again, until all transactions for the visit
have been searched.  Then uses the current date to calculate any remaining
interest.  Only transactions with billing flags of B or G are included.


Include only visits entered on or after: 01/01/1900

Enter Annual Percentage Rate to charge (APR): [      ]

  NOTICE     This program should be run prior to generating statements
  WARNING    In running this program you acknowledge that you understand the
             laws pertaining to charging interest and assume all liability.


Output  Report SP dev       [v]      Copies 1    Server 02/11/2014    04:24 AM
F1-Accept [+] F2-Request  F3-Server [u] F4-Next    F5-Previous F6-Search [*]         F8-Clear
F9-Help ?
```

Part 10

Reports

10 Reports

Reports are programs that generate a human readable formatted output. Reports actually consist of two programs. The first program you see is known as the R4GL (Report 4th Generation Language) script. This is the screen that you see--it tells you about the report and allows you to enter options for running the report. This R4GL language is also used for other programs that are not reports but require this simple data entry form. The second part of the report program consists of a program that generates the formatted output. Usually this portion of the program is written in the r-tree report writing language. The neat thing about a report script is that both the R4GL program and the report program or r-tree script are both stored in one file.
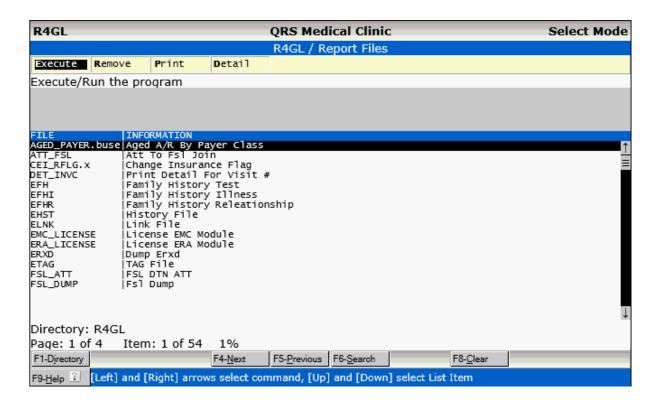
The output of a report can be sent to paper (hard copy), the screen, or to a file for integration with word processing or financial management programs. Reports are located throughout the system, and are often found on the WINDOW MENU of the data entry form that you are using. This section of the manual covers the reports and related functions that are found under the REPORT MENU. The REPORT MENU may be accessed from the Master Menu on the Control Panal, and will appear as follows:

You may also access these programs by clicking they Work List and Reports Quick Icon on the Control Panel.

10.1 Report / R4GL Manager

The Report / R4GL Manager is a program that allows access to custom reports for your practice. It can be used as a menu to select and run (Execute) any custom report. It is also used by programmers to create new or modify existing reports. (See Report Programming in the Programming guide). Selecting this option from the menu you will see a screen similar to the following:

10.1.1 Execute a Report

You may use the ARROW keys to highlight the report you wish to execute and then press the "E" key to tell the program to execute or run the program. Other options on this screen are for the use of report programmers.

To understand all of the functions available to you when running a report see Reports in the "Getting Started" Section of this manual.

10.1.2 Remove

This option is available to programmers and will allow them to remove a R4GL/Report file.

You will be prompted:
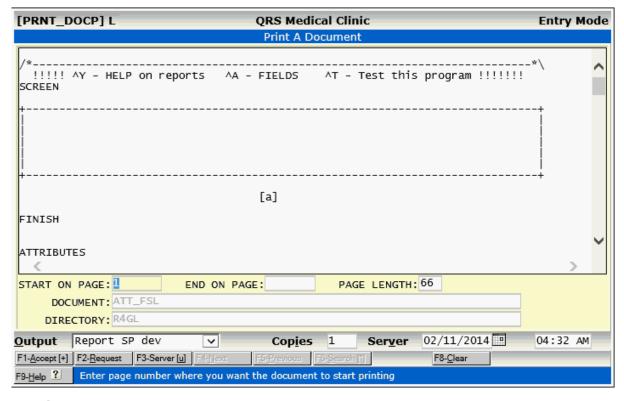
Click OK to remove the file and refresh the list.
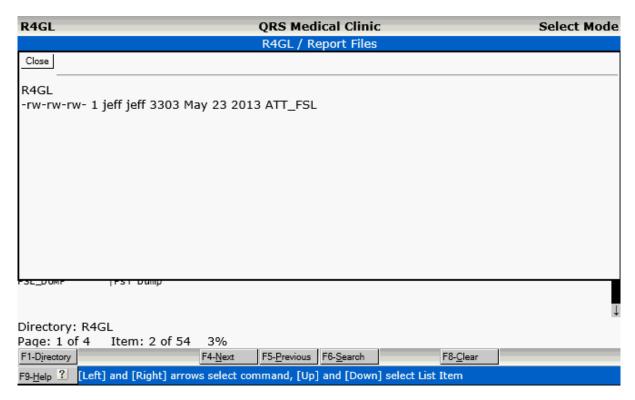
10.1.3 Print

This option is available to programmers and allows them to print a hardcopy of the R4GL/Report program.

10.1.4 Detail
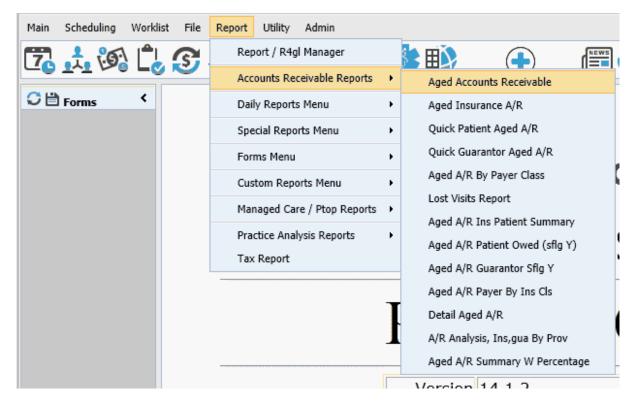
This will show details of the file.

Click on Close to redisplay the list.

10.2 Accounts Receivable Reports

the system provides for tracking of accounts receivable from patients, guarantors, and insurance companies. You may access Accounts Receivable Reports Menu from the Reports Menu. This menu allows you to select reports that are specific to accounts receivable.
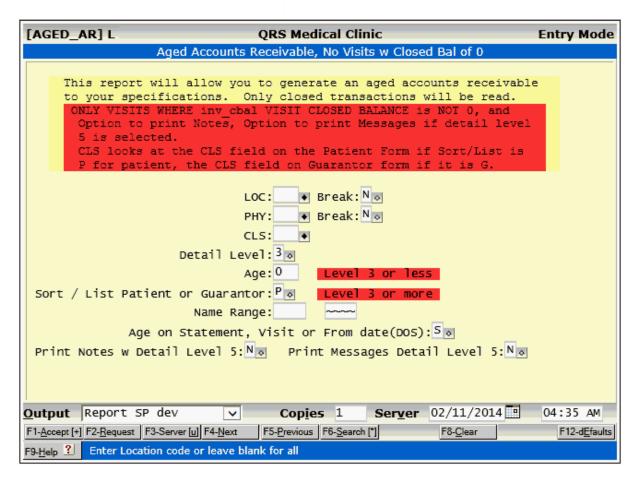
These reports will let you gather accounts receivable information on patients, guarantors, and insurance carriers. You may use the Quick A/R reports if you do not need to sort or break by physician or location. This report will run 20 times faster than the standard AR report. If for some reason your report totals do not agree with your posting totals, it is probably due to a transaction that can no longer relate to a physician, location, guarantor, visit, or patient. If this happens, run the CHECK AND FIX A/R option. It will give a list of all bad transactions so you may repair them. Once they are all fixed, run it again to get a clean total.

You may also access these programs by clicking they Work List and Reports Quick Icon on the Control Panel.

10.2.1 Aged Accounts Receivable

Selecting the AGED ACCOUNTS RECEIVABLE option from the menu will display the following form:

```
[AGED_AR] L                QRS Medical Clinic              Entry Mode
           Aged Accounts Receivable, No Visits w Closed Bal of 0

      This report will allow you to generate an aged accounts receivable
      to your specifications.  Only closed transactions will be read.
      ONLY VISITS WHERE inv_cbal VISIT CLOSED BALANCE is NOT 0, and
        Option to print Notes, Option to print Messages if detail level
        5 is selected.
      CLS looks at the CLS field on the Patient Form if Sort/List is
        P for patient, the CLS field on Guarantor form if it is G.

                           LOC:    ◆ Break: N ◇
                           PHY:    ◆ Break: N ◇
                           CLS:    ◆
                  Detail Level: 3 ◇
                           Age: 0        Level 3 or less
      Sort / List Patient or Guarantor: P ◇   Level 3 or more
                   Name Range:        ~~~
          Age on Statement, Visit or From date(DOS): S ◇
      Print Notes w Detail Level 5: N ◇   Print Messages Detail Level 5: N ◇


Output  Report SP dev          ▼    Copies 1   Server 02/11/2014 ▦   04:35 AM
F1-Accept [+] F2-Request  F3-Server [u] F4-Next    F5-Previous  F6-Search [*]       F8-Clear         F12-dEfaults
F9-Help ?   Enter Location code or leave blank for all
```

This program allows you to generate and print an aged accounts receivable report and to sort and break the report by location and physician. Using this form, you may run the report for all or one location(s), as well as all or one physician(s). You also may select only patients or guarantors, and only a specific classification code or all codes. You have the option of five detail levels. The default detail level is "3".   A level of "1" will give you totals by location. A level of "2" will give you totals of locations, and each physician in the locations. "3" will give you totals for each location, physician, and patient or guarantor for the respective location and physician. Level "4" adds a breakdown by visit for the account, and level "5" adds the detail for each visit. Level "5" will essentially print out all visits with charges, payments, and adjustments for those visits. Be prepared to have a lot of paper on hand to run the program at this level.

The break fields next to the LOC and PHY fields tell the program whether you wish to separate each location or physician, or combine them.

In the AGE field you may enter the number of days you wish to search for. For example, if you wanted a report of all accounts receivable over 90 days old, you would enter "90" in this field. This field is only valid if the detail level is" 3" or less.

You also have the ability to tell the computer to age the report based on the statement date of the visit or on the visit date. Normally you will age on the statement date. This tells the computer not to start aging the account until you send a statement to them. However, you may wish to get an aging based on the visit date. This tells the computer to start aging the account as of date of entry. If you select statement date, any unbilled money will fall into the PENDING column of the report.
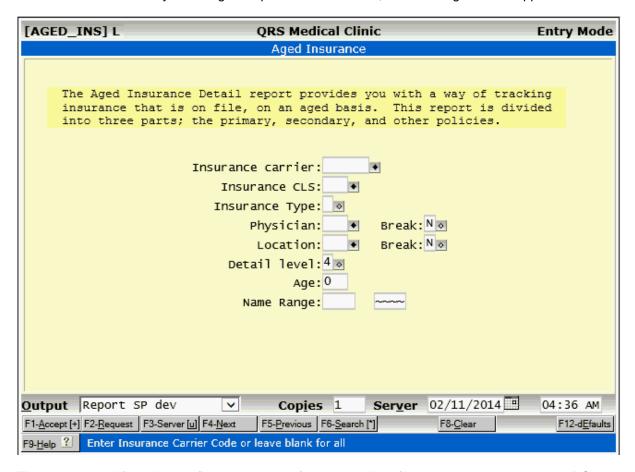
This report is very flexible and can have the output formatted in several different ways. On the first page of the report is help that should assist you in reading the report.

This report reflects true AR as posted to the physicians and locations. If you pull up an account on the NCTR (encounter) form, you have the option of selecting physician and locations; however, this is based on the visit physician and not the actual transaction physician. Therefore, if the actual transaction physician is different from the visit physician you will see a discrepancy on the NCTR form. By running this report and selecting "No" to "Break for physician", all of the transactions will be looked at in one lump sum, as normally displayed on the NCTR form.

If you intend to use this report for collection purposes, it should only be used if your practice actually collects separately for each physician and/or location. If your practice is incorporated or looks at the entire account for collection purposes, the QUICK PATIENT A/R or QUICK GUARANTOR A/R would be better suited to your needs.

10.2.2 Aged Insurance A/R

The AGED INSURANCE AR report is provided for the sole purpose of following up with insurance claims that are on file. By selecting this option from the menu, the following form will appear:

```
[AGED_INS] L                    QRS Medical Clinic              Entry Mode
                                 Aged Insurance

    The Aged Insurance Detail report provides you with a way of tracking
    insurance that is on file, on an aged basis.  This report is divided
    into three parts; the primary, secondary, and other policies.


                  Insurance carrier: _____  ◆
                       Insurance CLS: ____ ◆
                      Insurance Type: __ ◇
                           Physician: ___ ◆    Break: N ◇
                            Location: ___ ◆    Break: N ◇
                        Detail level: 4 ◇
                                 Age: 0
                          Name Range: ____    ~~~~


Output  Report SP dev          ▼     Copies  1    Server  02/11/2014 📅    04:36 AM
F1-Accept [+]  F2-Request  F3-Server [u]  F4-Next    F5-Previous  F6-Search [*]         F8-Clear              F12-dEfaults
F9-Help  ?   Enter Insurance Carrier Code or leave blank for all
```

This program will find all visits (insurance claims) that are still on file and have a balance due. DO NOT !! try to balance this report with your Accounts Receivable. This is the accounts receivable for insurance that is currently on file. It does not take into account private-pay insurance. You may run this program for all insurance carriers or select a specific carrier. These are the insurance carriers that you enter on the insurance carrier (INS) form.

You may also define a physician, or leave blank for all physicians. If you select all physicians, you may have it either combine all physicians or break and give a subtotal for each physician. The same is true with locations. The default detail level is "4". Level "0" is no detail at all--just a grand total. Level "1"

gives totals for each location if you select all and are breaking by location. Level "2" gives location totals and physician totals if you select all and are breaking by location. Level "3" gives the above information, as well as a total for each patient. Level "4" will show each visit (insurance claim). Since the main purpose of this report is to track insurance claims, "4" is set as the default level.

This report can be run a multitude of ways, and the first page provides help to get you through it. The following is a brief sample of this report:

This report provides a wealth of information that is helpful for following up with insurance claims, from the insurance company name, address, and phone at the top; to the patient and policy information; to the claim information such as "from" and "to" dates, filed date, and last filed date.

10.2.3 Quick Patient Aged A/R and Quick Guarantor Aged A/R

These two reports are the same except that one is by patient and the other is by guarantor. They are standard Accounts Receivable reports and are inclusive of all locations, and physicians. They are excellent tools to use for account follow-up. Selecting the QUICK PATIENT AGED A/R will result in

the following form being displayed:
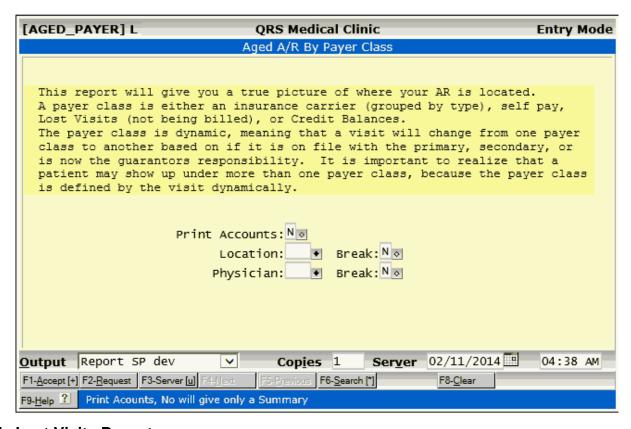
```
Quick Aged Patient Accounts Receivable                                        jeff  08/18/08 04:13 PM
(AGED_AR_P   )                          QRS Medical Clinic                           Page:       1

ACCOUNT #  PATIENT NAME   LST PAY   PENDING CURRENT   31-60   61-90  91-120 121-150  151-180 181-210  OVR 210 TOTAL DUE
----------------------------------------------------------------------------------------------------------------------
|7335      Abbott,Corey              132.00                                                                     132.00
|7268      Abbott,Jack W.  02/15/08  368.00                                                                     368.00
|7187      Abbott,Jeff     03/05/08 1949.33                                                            2956.24 4905.57
|7236      Abbott,Jeff     12/07/07                                                                      85.85   85.85
|7237      Abbott,Michele  10/01/07  193.00                                                                     193.00
|7339      Abbott,Rocky              132.00                                                                     132.00
|5185      Able,Martha A.  05/24/07  189.00                                                                     189.00
|4867      Absher,Ina P.             550.00                                                                     550.00
|5644      Absher,Kathy E. 11/11/03 2041.00                                                             539.00 2580.00
|1684      Adams,Billy M.  03/26/03  139.72                                                                     139.72
|3672      Adams,Helen M.  07/31/03 7473.36                                                                    7473.36
|1074      Adams,Jeffrey Sc 09/22/03  22.43                                                                      22.43
|2393      Adams,Robert J.           210.00                                                                     210.00
|5518      Adkins,Blaine T.                                                                             221.96  221.96
|5403      Adkins,Donald V.          289.94                                                                     289.94
|7091      Adkins,Mason L.           185.00                                                                     185.00
|6412      Akers,Mary K.   08/26/03                                                                     263.27  263.27
|1404      Akers,Thomas R.           144.00                                                             232.09  376.09
|6023      Alderman,Mariann          126.00                                                                     126.00
|6164      Alderson,Mary P. 03/03/03                                                                     22.88   22.88
|6044      Alley,Hazel M.  12/13/03   50.65                                                             175.78  226.43
|5984      Allison,Loyca G. 11/18/03 1150.00                                                                   1150.00
|5373      Alvis,Robert P. 03/02/05 3024.66                                                                    3024.66
|3201      Amos,Deborah K.( 11/10/03 2667.00                                                                   2667.00
|3868      Anderson,Beatric 11/14/03 1849.67                                                                   1849.67
|1940      Anderson,Donna J          164.00                                                                     164.00
|6763      Anderson,Janet Y 09/24/03  421.10                                                                    421.10
|6489      Anderson,Roy J.  11/24/04 2076.32                                                                   2076.32
|6949      Anderson,Sarah A          280.00                                                                     280.00
|6360      Archer,David A.  10/06/03   -3.27                                                                     -3.27
|6311      Armstrong,Jerry  01/15/03                                                                     30.41   30.41
|6966      Armstrong,Leo B. 03/02/06                                                                    -92.37  -92.37
|5470      Armstrong,Margar 08/19/03  101.30                                                                    101.30
|4679      Arnett,Dale V.   11/10/03                                                                      9.10    9.10
|4514      Arnold,Ethel     06/09/03   74.91                                                                     74.91
|1877      Arnold,Janet H.  09/11/03  134.49                                                            192.78  327.27
|6654      Arnold,Joseph H. 01/21/04  128.29                                                                    128.29
|5081      Arnold,Lana R.   09/11/03   40.00                                                            297.71  337.71
|3758      Arnold,Lester C.           99.00                                                                      99.00
|2553      Arnold,Stevie R.         2516.07                                                             558.42 3074.49
|4310      Arnold,Thurman L          192.14                                                                     192.14
|5789      Aslinger,Dillard                                                                            2670.00 2670.00
|7051      Atkins,Charles E 05/06/04  217.51                                                                    217.51
|5547      Atkins,Lena R.   07/01/03   34.47                                                                     34.47
|6169      Atkinson,Steven            50.49                                                                      50.49
|6562      Avant,Dean       04/16/03  293.32                                                                    293.32
|6167      Bacon,Isaac W.   05/14/03  252.49                                                                    252.49
```

The QUICK GUARANTOR AGED A/R is similar. Each of these reports gives you the ability to perform aging on the account by either STATEMENT date or VISIT date. If you select the STATEMENT date, any unbilled amount of an account will appear in the PENDING column of the report. Both of these reports can be generated by the standard AGED A/R REPORT defined above. The difference here is that these reports generate much faster and provide information that is more suited for collecting an account. An example of this report may look as follows:

10.2.4 Aged A/R by Payer Class
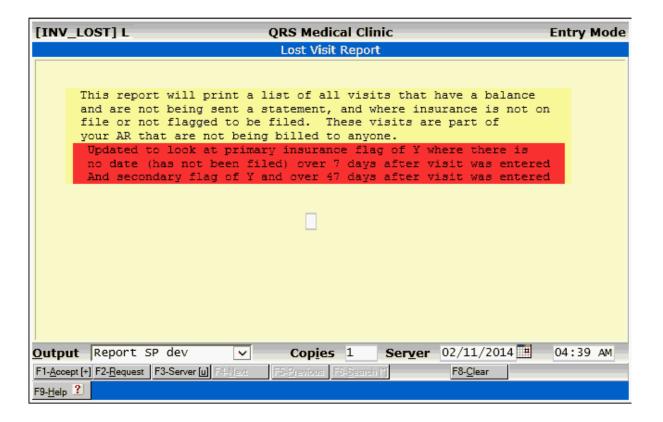
This program will allow you to generate an Aged Accounts Receivable report that is broken down by dynamic payer class. A dynamic payer class defines who is currently responsible for the bill. If the claim is currently on file with the primary insurance, the insurance type of the primary insurance is the payer class. If the primary insurance is not on file, but the secondary is, then the payer class would be the insurance type for the secondary insurance. If neither the primary nor secondary insurance is on file for the claim then the claim would fall into the SELF PAY CLASS. It is now the guarantor's

responsibility. The purpose for using dynamic payer classification is that payer class will change as a claim goes through the billing process. A patient may show up under several payer classes simultaneously. For example, a patient has Medicare as a primary insurance, and Blue Shield as the secondary. The patient may have three claims. One on file with Medicare, one where Medicare has been filed and paid, and is currently on file with Blue Shield, and one claim where all insurance has been field and paid, and the balance is now the responsibility of the guarantor. By selecting this program from the AR MENU the following form will appear:

```
[AGED_PAYER] L                QRS Medical Clinic                Entry Mode
                          Aged A/R By Payer Class

   This report will give you a true picture of where your AR is located.
   A payer class is either an insurance carrier (grouped by type), self pay,
   Lost Visits (not being billed), or Credit Balances.
   The payer class is dynamic, meaning that a visit will change from one payer
   class to another based on if it is on file with the primary, secondary, or
   is now the guarantors responsibility.  It is important to realize that a
   patient may show up under more than one payer class, because the payer class
   is defined by the visit dynamically.




                      Print Accounts: N ◇
                            Location:    ▸   Break: N ◇
                           Physician:    ▸   Break: N ◇




Output  Report SP dev        ∨      Copies  1     Server  02/11/2014        04:38 AM
F1-Accept [+]  F2-Request   F3-Server [u]  F4-Next      F5-Previous  F6-Search [*]          F8-Clear
F9-Help  ?   Print Acounts, No will give only a Summary
```

10.2.5 Lost Visits Report

The system provides a lot of flexibility in billing an account. This is done using the statement and insurance flags on the NCTR (encounter) form. However, it is possible to create a visit that has a balance and is not being billed to either the guarantor or an insurance carrier. This report will find all of these visits. Selecting this option will cause the following form to appear:

[INV_LOST] L QRS Medical Clinic Entry Mode

Lost Visit Report

This report will print a list of all visits that have a balance
and are not being sent a statement, and where insurance is not on
file or not flagged to be filed. These visits are part of
your AR that are not being billed to anyone.
Updated to look at primary insurance flag of Y where there is
no date (has not been filed) over 7 days after visit was entered
And secondary flag of Y and over 47 days after visit was entered

Output Report SP dev ▾   Copies 1   Server 02/11/2014 ▦   04:39 AM

F1-Accept [+] F2-Request F3-Server [u] F4-Next F5-Previous F6-Search [^]   F8-Clear

F9-Help ?

10.2.6   Aged AR Insurance Patient Summary

```
[AGED_ARIPSUM] L              QRS Medical Clinic              Entry Mode
                      Aged AR Insurance Patient Summary


  This report will look at all the Accounts Receivable on your system and
  divide into two categories   Insurance or Patient, according to if the
  visit has a SFLG (statement flag) of Y or NOT.  If SFLG = Y, it is called
  Patient Responsibility,  if the SFLG is NOT Y, then it is called Insurance
  Responsibility.   It will age each category from the date of service
  and then will give the total Aged Accounts Receivable.
  This report will include Charges, Payments, and Adjustments that the day
  has not been closed on.  Please make sure your day is closed before you
  run it if you want to compare to any AR amount.




Output  Report SP prt1      ∨      Copies  1    Server  02/27/2014    03:58 AM
F1-Accept [+] F2-Request  F3-Server [u] F4-Next   F5-Previous  F6-Search [M]     F8-Clear
F9-Help ?
```

10.2.7   Aged AR Patient Owed (SFLG Y)

```
[AGED_SFLGYP] L              QRS Medical Clinic              Entry Mode
                   Aged Ar SFLG Y, by PAT W/LAST PAY DATE


  This report will look at all visits with a Statement flag SFLG of Y.
  It will age them by the date the first statement was sent (beside the sflg)
  and if there is no date in that field, will put the balance of the visit
  in the 0   30 day column.  It will also give a total balance and the last
  date a private (as opposed to an insurance ) payment was made.
  THIS REPORT HAS THE LAST PRIVATE PAYMENT DATE   WHICH IS THE LAST TIME A
  PERSONAL PAYMENT WAS MADE.
  BREAKS BY PATIENT CODE.


              LOC:        Break: N
              PHY:        Break: N



Output  Report SP prt1      ∨      Copies  1    Server  02/27/2014    04:00 AM
F1-Accept [+] F2-Request  F3-Server [u] F4-Next   F5-Previous  F6-Search [M]     F8-Clear
F9-Help ?   Enter Location code or leave blank for all
```

10.2.8   Aged AR Guarantor SFLG Y

```
[AGED_SFLGYG] L              QRS Medical Clinic                Entry Mode
                    Aged Ar SFLG Y, by GUA W/LAST PAY DATE


   This report will look at all visits with a Statement flag SFLG of Y.
   It will age them by the date the first statement was sent (beside the sflg)
   and if there is no date in that field, will put the balance of the visit
   in the 0   30 day column.  It will also give a total balance and the last
   date a private (as opposed to an insurance ) payment was made.
    THIS REPORT HAS THE LAST PRIVATE PAYMENT DATE   WHICH IS THE LAST TIME A
    PERSONAL PAYMENT WAS MADE.
    BREAKS BY GUARANTOR CODE.


                      LOC:        Break:N
                      PHY:        Break:N




Output  Report SP prt1      ▾     Copies 1   Server 02/27/2014     04:01 AM
F1-Accept [+] F2-Request  F3-Server [u] F4-Next  F5-Previous F6-Search    F8-Clear
F9-Help  ?   Enter Location code or leave blank for all
```

10.2.9   Aged AR Payer By INS CLS

10.2.10 Detail Aged AR

```
[AGED_ARDET] L              QRS Medical Clinic              Entry Mode
                        Aged Accounts Receivable

        This report will allow you to generate an aged
        accounts receivable to your specifications.
        Only closed transactions will be read.


                    LOC: [   ] ◆ Break: [N] ◇
                    PHY: [   ] ◆ Break: [N] ◇
                    CLS: [   ] ◆
            Detail Level: [3] ◇
                    Age: [0    ]    Level 3 or less
 Sort / List Patient or Guarantor: [P] ◇    Level 3 or more
             Name Range: [    ]    [~~~~]
    Age on Statement, Visit or From date: [S] ◇


Output  Report SP prt1        ▼   Copies  1   Server  02/27/2014 ▦   04:05 AM
F1-Accept [+] F2-Request  F3-Server [u] F4-Next  F5-Previous  F6-Search [*]     F8-Clear        F12-dEfaults
F9-Help  ?   Enter Location code or leave blank for all
```

10.2.11 AR ANALYSIS, INS, GUA, BY PROV

```
[AR_ANALYSIS] L              QRS Medical Clinic              Entry Mode
                        AR Analysis by Phy, INS and GUA


   This report will show Aged Accounts Receivable owed by Guarantor and then
   owed by Insurance for each Physician and then the total for each physician.

     This report ages all visits by the date of service.

     If SFLG is 'Y', it is guarantor balance, if not, then insurance balance.
     Percentage is percentage of total for each physician in that age bucket.





                                    □



 Output   Report SP prt1        v       Copies  1     Server  02/27/2014 ⊞    04:07  AM
 F1-Accept [+] F2-Request  F3-Server [u] F4-Next    F5-Previous  F6-Search [l]       F8-Clear
 F9-Help  ?
```

10.2.12 Aged AR Summary W Percentage

```
[AGED_ARSUM] L               QRS Medical Clinic              Entry Mode
                        Aged Accounts Receivable SUMMARY


            This copy of the standard AGED_AR is only a
            SUMMARY   no breaks.  It is AGED BY THE DATE
            each visit is POSTED.
              IT ALSO SHOWS THE PERCENTAGE OF THE TOTAL
              ACCOUNTS RECEIVABLE EACH BUCKET IS.




                                    □






 Output   Report SP prt1        v       Copies  1     Server  02/27/2014 ⊞    04:08  AM
 F1-Accept [+] F2-Request  F3-Server [u] F4-Next    F5-Previous  F6-Search [l]       F8-Clear         F12-dEfaults
 F9-Help  ?
```

10.3   Daily Reports

The daily reports are found on the Daily Reports Memu. This menu can be accessed from the Report Menu. These are reports that you will run every time you close a day, month, or year. The Daily Reports Menu will appear as follows:

You may also access these programs by clicking they Work List and Reports Quick Icon on the Control Panel.

The section of the manual called "CLOSING THE DAY" details all of these reports and programs.

10.4   Special Reports
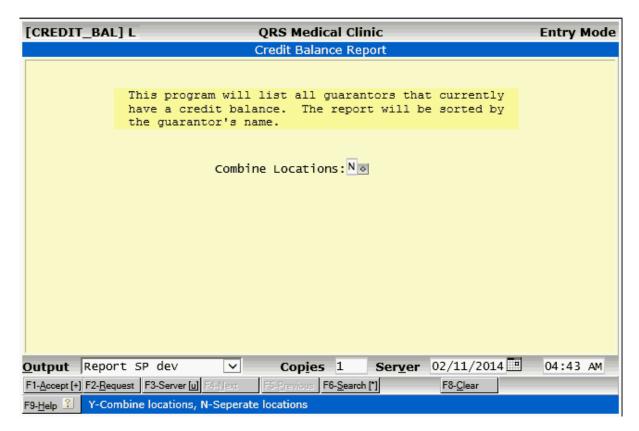
The system contains several special reports that are not classified under any specific category and, therefore, fall into the special reports section. The Special Reports Menu may be accessed from the Report Menu.

You may also access these programs by clicking they Work List and Reports Quick Icon on the Control Panel.

10.4.1 Credit Balance Report

The CREDIT BALANCE REPORT will generate a list of all guarantors that currently have a credit balance. This is for the guarantor's entire account, and not just a specific visit. The report can be printed by selecting option "1" from the SPECIAL MENU, and the following form will appear:
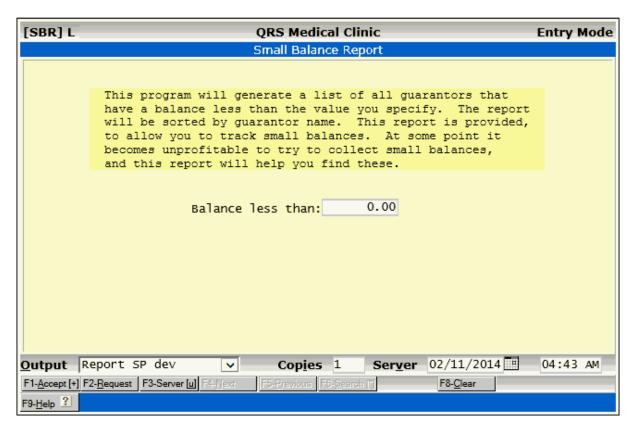
The credit balance report gives you the option of combining all locations, or separating accounts by location. An example of this report is as follows:

```
Credit Balance Report                                 jeff  08/20/08 01:48 PM
[CREDIT_BAL   ]                 QRS Medical Clinic             Page:        1
Location: 3                     Abc Progression Clinic

CODE        GUARANTOR             PHONE            WORK              BALANCE
----------------------------------------------------------------------------
6360        Archer,David Arthur   (865) 588-6360  (423) 323-2101      -3.27
6966        Armstrong,Leo B.      (865) 588-6966  (423) 335-6607     -92.37
6973        Boswell,Frances B.    (865) 588-6973  (423) ___-____    -165.61
7019        Casey,Howard          (865) 588-7019  (423) ___-_       -18.35
4305        Chadwick,Kurt R.      (865) 588-4305  (770) ___-_      -362.17
3427        Christian,Betsy Ann   (865) 588-3427  (423) 434-2141    -18.00
7077        Coffey,Richard Keener (865) 588-7077  (423) ___-____   -711.66
7026        Cooper,William Hiram  (865) 588-7026  (423) ___-____   -789.04
5340        Cox,Bascom S.         (865) 588-5340  (423) ___-____    -20.00
4458        Crawford,Lora Mae     (865) 588-4458  (423) 229-2314    -15.00
651         Daniel,Aneva C.       (865) 588-0651  (615) ___-       -83.50
4489        Davenport,Glen Edward (865) 588-4489  (423) 229-2118    -20.00
5710        Davis,Judith Ann      (865) 588-5710  (276) 679-9100    -17.50
7072        Dickerson,Charlotte   (865) 588-7072  (423) ___-      -458.27
4040        Elkins,Joyce L.       (865) 588-4040  (423) ___-____   -771.99
7078        Farmen,Betty Evans    (865) 588-7078  (423) ___-____    -71.88
6686        Fleenor,Betty R.      (865) 588-6686  (423) ___-____     -8.00
2980        Giles,Pauline Evelyn  (865) 588-2980  (423) ___-____   -291.84
3464        Grimm,John P.         (865) 588-3464  (540) ___-____    -42.49
7068        Hall,Pauline Virginia (865) 588-7068  (423) ___-____   -304.24
1982        Hargraves,Grover Grant(865) 588-1982  (423) ___-____     -7.21
3768        Helton,Billy Dean     (865) 588-3768  (423) ___-____    -45.13
7095        Hill,Jay T.           (865) 588-7095  (423) ___-____   -118.02
6229        Horton,David          (865) 588-6229  (423) ___-____    -10.00
5227        Horton,George D.      (865) 588-5227  (   ) ___-       -34.97
7109        Lane,Elizabeth        (865) 588-7109  (423) ___-____   -107.92
5182        McClain,Ethel T.      (865) 588-5182  (423) ___-____    -10.00
7064        McFaddin,Arbie        (865) 588-7064  (423) ___-____   -209.04
6765        Myers,Gene A.         (865) 588-6765  (423) ___-____   -197.21
7096        Osborne,Versie M.     (865) 588-7096  (423) ___-____    -27.58
2588        Osborne,William N.    (865) 588-2588  (   ) ___-      -1282.07
7063        Owens,Frank Parkus    (865) 588-7063  (423) ___-____   -197.60
5204        Parsons,Bessie Anna   (865) 588-5204  (423) ___-____     -7.38
7074        Pullham,Shirley       (865) 588-7074  (423) ___-____   -298.47
4909        Ramey,William B.      (865) 588-4909  (301) ___-____    -16.70
7073        Regan,Arlene Mae      (865) 588-7073  (423) ___-____   -149.04
6301        Salyer,Edward O.      (865) 588-6301  (423) ___-       -31.99
5725        Salyers,Manie J.      (865) 588-5725  (423) 466-9342    -15.00
7086        Spurlock,Gladys L.    (865) 588-7086  (423) ___-____   -140.80
368         Steadman,Kathy M.     (865) 588-0368  (423) 224-0869     -1.52
7067        Stevens,Rachel        (865) 588-7067  (423) ___-____   -185.72
7027        Taylor,Lesley Jeanette(865) 588-7027  (423) ___-____   -726.14
4118        Thurman Jr.,Monta Dana(865) 588-4118  (423) ___-____    -10.00
4396        Vinson,Rosetta Latrici(865) 588-4396  (423) ___-____    -58.49
398         Wheeler,Carolyn V.    (865) 588-0398  (423) ___-____    -60.00
4343        Whitten,John A.       (865) 588-4343  (423) ___-____     -5.28
7002        Whittington,Beatrice J(865) 588-7002  (423) ___-____    -21.47
6764        Woliver,Carolyn L     (865) 588-6764  (423) ___-____   -275.84
7071        Woodard,Hubert        (865) 588-7071  (423) ___-____   -185.72
7099        Wright,Janet Carole   (865) 588-7099  (423) ___-____   -290.22
2499        Wrye,Robert G.        (865) 588-2499  (423) ___-____      -.50
                                                               -------------
                                                                  -8992.21
```

10.4.2 Small Balance Report

The SMALL BALANCE REPORT allows you to generate a list of all guarantors that have a balance less than the amount that you specify. At some point it becomes unprofitable to try to collect a small balance, and this report helps you locate the accounts that have them. This report can be run by selecting option "2" of the SPECIAL MENU.
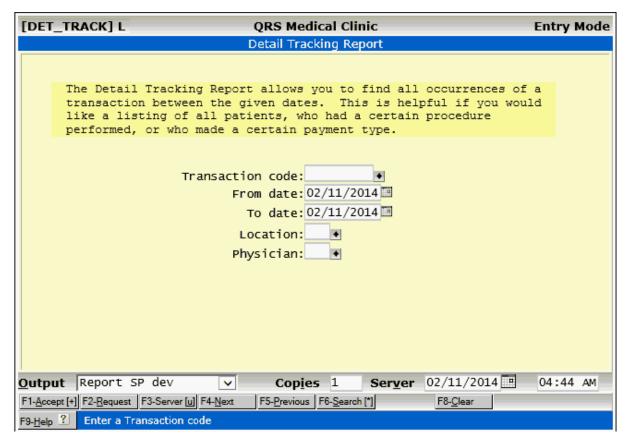
A sample of this report follows:

10.4.3 Detail Tracking Report

By selecting option "3" of the SPECIAL MENU, you will be able to print a DETAIL TRACKING REPORT. This report allows you to find all occurrences of a specified transaction within a given date range. For example, you could find all patients that had an office visit between January lst and June 1st.
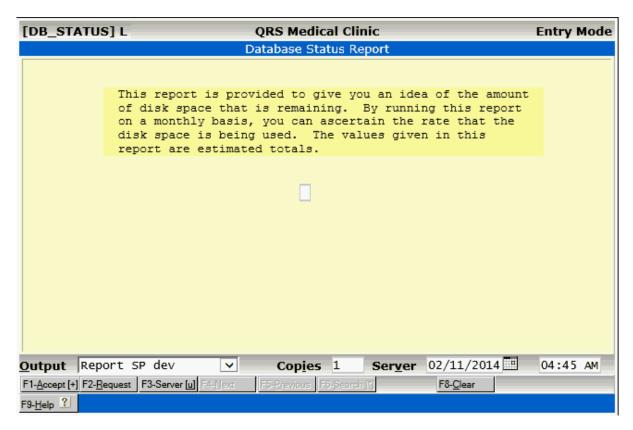
This report would look as follows:
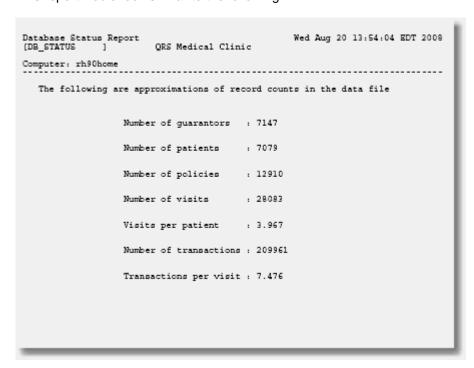
```
Detail Tracking Report                                    jeff  08/20/08 01:52 PM
[DET_TRACK    ]               QRS Medical Clinic                  Page:      1
For TRAC 99212      from:08/21/07 to:08/20/08  Date: 08/20/08
Location : 1                  QRS Progression Clinic
Physician: 1                  XxxxWell M.D.,Ivan M.

-----------------PATIENT-------------------  ------------TRANSACTION-----------
    CODE          NAME                        DATE         AMOUNT       VISIT #

    7335          Abbott,Corey                03/05/08      92.00       62837
    7268          Abbott,Jack W.              10/03/07      92.00       62787
    7268          Abbott,Jack W.              10/30/07      92.00       62800
    7268          Abbott,Jack W.              11/28/07      92.00       62818
    7268          Abbott,Jack W.              12/07/07      92.00       62822
    7187          Abbott,Jeff                 08/27/07      92.00       62703
    7187          Abbott,Jeff                 08/27/07     100.00       62731
    7187          Abbott,Jeff                 08/21/07      92.00       62731
    7187          Abbott,Jeff                 08/24/07      92.00       62715
    7187          Abbott,Jeff                 08/27/07      92.00       62732
    7187          Abbott,Jeff                 08/27/07      92.00       62733
    7187          Abbott,Jeff                 08/27/07     184.00       62734
    7187          Abbott,Jeff                 08/28/07      92.00       62695
    7187          Abbott,Jeff                 08/28/07      92.00       62696
    7187          Abbott,Jeff                 08/28/07     100.00       62697
    7187          Abbott,Jeff                 08/31/07      55.00       62734
    7187          Abbott,Jeff                 08/30/07      92.00       62742
    7187          Abbott,Jeff                 08/31/07       0.00       62744
    7187          Abbott,Jeff                 09/05/07      55.00       62745
    7187          Abbott,Jeff                 08/28/07    -100.00       62697
    7187          Abbott,Jeff                 08/28/07     -92.00       62696
    7187          Abbott,Jeff                 09/21/07      92.00       62760
    7187          Abbott,Jeff                 11/08/07      92.00       62809
    7187          Abbott,Jeff                 11/09/07      92.00       62810
    7187          Abbott,Jeff                 11/10/07      92.00       62811
    7187          Abbott,Jeff                 11/27/07      23.00       62815
    7187          Abbott,Jeff                 12/03/07      92.00       62815
    7187          Abbott,Jeff                 02/13/08      92.00       62823
    7187          Abbott,Jeff                 06/01/08    2668.00       62862
    7237          Abbott,Michele              08/29/07      92.00       62739
    7339          Abbott,Rocky                03/10/08      92.00       62838
    1940          Anderson,Donna J.           04/09/08      92.00       62841
    5083          Buchanan,David C.           12/10/07      92.00       62826
    12            Gray,Bobby W.               09/13/07      55.00       62751
    6656          Jackson JR,William R.       04/16/08      92.00       62843
    43            Kilgore,Robin D.            09/04/07      92.00         257
    3835          Page,Ethel W.               10/02/07      92.00       62784
    3159          Smith,Anna                  09/25/07      92.00       62783
    5760          Smith,Beatrice              11/29/07      92.00       62820
    5932          Tumidiski,Joyce G.          06/02/08      92.00       62858
    2710          Zoerb,Daniel J.             03/10/08      92.00       62836
                                                       ------------
    Totals for Physician                                   5808.00
```

10.4.4 Database Statistic Report

The DATABASE STATISTIC REPORT can be run by selecting option "4" on the SPECIAL MENU. This report provides useful information concerning the number of patients, guarantors, visits, etc. It also provides you with the amount of disk space that is available on your system.

This report would look similar to the following:
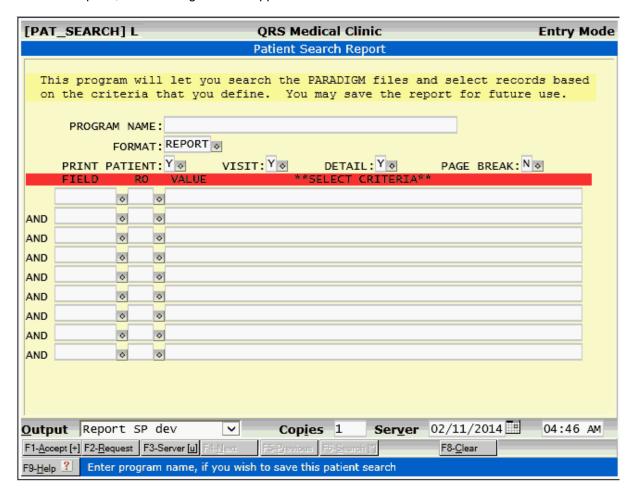
10.4.5 The Patient Search Report

The patient search report is a very powerful program that lets you search the main files including patient, guarantor for patient, visits for patient, and transactions for patient. What makes this program

so powerful is that it lets you select the information that you wish to keep by setting up SELECT clauses. You also have the ability to format the output in either a report format or a mailing label format. When you select the report format, you have the option of telling the program whether you wish to print patient with policy information, visit information, and/or detail information. You may also have the program issue page breaks for each new patient. This report will always sort the information in order of patient name.

This program serves as a bridge between using a standard report and having to create a new report with the report-writing tools available to you. It allows a user to create a report to get specific information without having a great knowledge of programming, or skill using the "vi" editor. When you select this option, the following form will appear:

This program can perform many functions, so it is important to understand the fields and the effect that they have.

PROGRAM NAME
This field is used to enter a name for the report program you are creating. If the search you are running is a one-time deal, you should leave this field blank. However, if you wish to create a program for this search that can be run over and over, enter a name here. The program will be saved in your custom report directory with the name you enter here. The file name for the program will be PS_XXXX where "XXXX" is a sequential number. Entering a name here will not actually run the program, but just tell you the name of the program and how to run it.

FORMAT
This field may have a value of REPORT or LABEL. If you enter LABEL, the program will generate

standard 1- by 3.5- by 1-inch mailing labels. The following four fields have no effect if you select LABELS. If you select REPORT, the program will generate a report.

PRINT PATIENT

This tells the system whether the report is to print the patient and policy information for each account. This information would look similar to the following:

```
920924085222 Abbott,Charlene          HOME:(615) 938-4938 SEX:F DOB:        SMK:      PHY:1        LOC:1    CLS:       FS:1
123-45-3213  2006 Oak Street           WORK:(   ) 938-4983 DSF:Y  MS:S  RPH:BC0  ICD1:        ICD2:          REG:
jeff
CT:          Apt 123                    NOTE:
             Elizabethton              TN 37643       GUAC:920924085222 Abbott,Charlene          CLS:    COLF:T
P1: BCTN  123453213        ATT445244        At&T                          1 Abbott,Charlene          RR:Y AA:Y AB:Y RI:Y
HP:Y
P2:                                                                                                 RR:  AA:  AB:  RI:
HP:
```

The patient information block contains the following lines of information:
- Account number, name, home phone, sex, date of birth, smk field, physician, locations, classification, fee schedule.
- Social Security Number, address line 1, work phone, default statement flag, marital status, referring physician code, primary ICD9, secondary ICD9, registration date and user.
- Chart number, address line 2, note.
- City, State, Zip code, guarantor code, guarantor name, guarantor classification code, and guarantor collection flag.
- Policy 1, insurance carrier code, policy identification number, group number, group name, relationship to holder, holder name, requires referral flag, accept assignment, assignment of medical benefits, release of medical information, and health plan flag.
- Policy 2, insurance carrier code, policy identification number, group number, group name, relationship to holder, holder name, requires referral flag, accept assignment, assignment of medical benefits, release of medical information, and health plan flag.

When you print the patient information, you will also get a total for each patient that includes the number of visits, number of transactions, total charges, total payments, total adjustments, and balance based on the selection criteria that you define.

VISIT

This field tells the system if the report is to print the visit information. The visit information will appear as follows:

```
VISIT#:    576  DATE:       SFLG:Y 05/19/01  I1:     P       I2:            ICD1:003.0  2:       3:       4:
 SLIP#:         PHY:1       LOC:1     CLS:       RPH:     FAC:     EMPL:N ACDT:    AAS:
```

The following information is given, by line, for each visit:
- Visit number, date, statement flag, statement date, primary insurance carrier, flag, date, secondary insurance carrier, flag, date, and diagnosis codes one through four.
- Fee slip number, physician code, location code, classification code, referring physician code, facility code, employment flag, accident flag, and accept assignment flag.

DETAIL

This tells the system whether to print the detail information or transactions for the visit. This information will appear as follows:

```
99211     Office Visit, Ep,   Level I        04/19/01-04/19/01 T:1 PS:11 PHY:        30.00              C
PF:M B:B
J3420     B-12 Injection                     04/19/01-04/19/01 T:1 PS:11 PHY:        14.00              C
PF:M B:B
MCP       Medicare Payment                   04/19/01-04/19/01 T:  PS:   PHY:              -10.00       I
PF:M B:B
MCA       Medicare Adjustment                04/19/01-04/19/01 T:  PS:   PHY:                   5.00 A
PF:M B:B
```

This shows the transaction code, description, from date, to date, type of service, place of service, physician code, charge, payment, adjustment, type of transaction, posting flag, and billing flag.

BREAK PAGE

This tells the system whether the report should start a new page each time the patient changes. The following fields are part of the SELECT CRITERIA. This tells the program how to select records

from the database for inclusion in the report. There are nine fields available to define selection criteria and they may be chosen from the following.

FIELD

This field tells the system the field from the database that you wish to select from. The following is a list of all of the available values you may enter.

```
PAT_DOB        Patient date of birth
PAT_PHY        Patient physician code
PAT_RPH        Patient referring physician code
PAT_LOC        Patient location code
PAT_MS         Patient Marital Status: S, M, X, W, U, or blank
PAT_SMK Patient SMK field: Y, N, or blank
PAT_SEX Patient Sex: M, F, U or blank.
PAT_CLS Patient classification code
PAT_ICD1       Patient primary default diagnosis
PAT_ICD2       Patient secondary default diagnosis
PAT_REG Patient registration date
PAT_USER       Patient registration user, last user to update
PAT_DSF        Default statement flag for patient
PAT_FS         Patient fee schedule
PAT_ZIP Patient zip code
PAT_GUA Patient's guarantor code
P1_INS         Patient's policy 1 insurance carrier code
P1_GR          Policy 1 group number
P1_GRN         Policy 1 group name
P1_RR          Policy 1 requires referral: Y, N or blank
P1_AA          Policy 1 accept assignment flag: Y, N or blank
P2_INS         Patient's policy 2 insurance carrier code
P2_GR          Policy 2 group number
P2_GRN         Policy 2 group name
P2_RR          Policy 2 requires referral: Y, N or blank
P2_AA          Policy 2 accept assignment flag: Y, N or blank
GUA_CLS Patient's guarantor classification code
GUA_COLF       Patient's guarantor collection flag
INV_DATE       Visit date
INV_SFLG       Visit statement flag
INV_INS1       Visit primary insurance carrier code
INV_FLG1       Visit primary insurance flag
INV_DT1 Visit primary insurance billing date
INV_INS2       Visit secondary insurance carrier code
INV_FLG2       Visit secondary insurance flag
INV_DT2 Visit secondary insurance billing date
INV_ICD1       Visit primary diagnosis
INV_ICD2       Visit secondary diagnosis
INV_ICD3       Visit third diagnosis
INV_ICD4       Visit fourth diagnosis
INV_PHY Visit physician code
INV_LOC Visit location code
INV_CLS Visit classification code
INV_RPH Visit referring physician code
INV_FAC Visit facility code
INV_AAS Visit accept assignment flag: Y, N or blank
INV_EMPLO      Visit employment related flag: Y or N
INV_EMRG       Visit emergency flag: X or blank
INV_BAL Balance on visit, all charges - payments + adjustments
DET_TRA Detail transaction code
DET_FROM       Detail transaction from date
DET_TO         Detail transaction to date
DET_LGDT       Detail transaction log date
DET_T          Detail transaction type of service code
DET_PS         Detail place of service code
DET_PHY Detail physician code
DET_B          Detail billing flag: B, G, I, N
DET_TYPE       Detail type: C,P,A,M or N
DET_POST       Detail posting flag: O, M, Y, C
DET_USER       Detail logged user
DET_TOTL       Detail total amount: units * amount for charges
```

RO
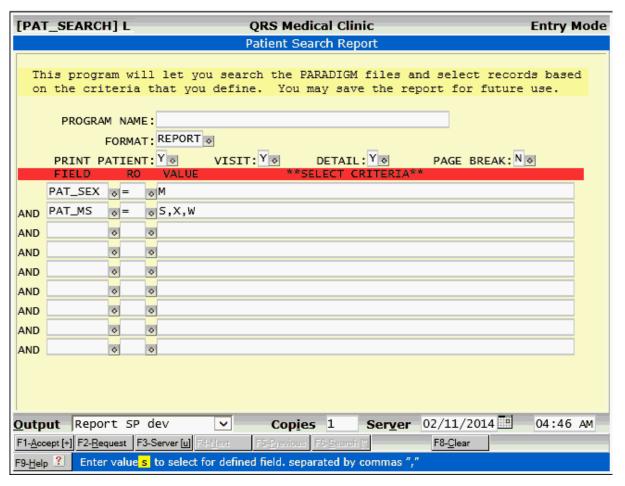
This is the relational operator field. Here you define how to select the value and compare it to the field you defined in the previous field. The available options are:

- = Equal
- <> Not Equal
- < Less Than
- > Greater Than
- >= Greater Than or Equal
- <= Less Than or Equal

If you leave the field blank, a search will not be performed using that line.
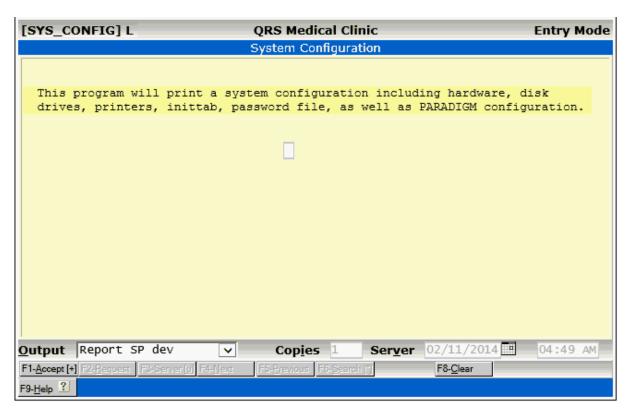
VALUE

In this field you must enter the value you are wanting to match in order to select records: the value entered must be a valid value that you would enter in the field on the data entry form. You may select multiple values by separating each with a comma. For example: If you wanted to find all patients that are male, and are single, separated, or widowed, you would enter:

```
[PAT_SEARCH] L              QRS Medical Clinic              Entry Mode
                          Patient Search Report

  This program will let you search the PARADIGM files and select records based
  on the criteria that you define.  You may save the report for future use.

        PROGRAM NAME: [                              ]
            FORMAT: REPORT
      PRINT PATIENT: Y    VISIT: Y    DETAIL: Y    PAGE BREAK: N
        FIELD        RO    VALUE         **SELECT CRITERIA**
        PAT_SEX    = M
  AND   PAT_MS     = S,X,W
  AND
  AND
  AND
  AND
  AND
  AND
  AND

Output  Report SP dev   v    Copies  1    Server  02/11/2014    04:46 AM
F1-Accept [+]  F2-Request  F3-Server [u]  F4-Next   F5-Previous  F6-Search [*]    F8-Clear
F9-Help  ?    Enter value s to select for defined field. separated by commas ","
```

10.4.6 System Configuration

This report will print information about your system and its configuration. This includes hardware settings, printer connections, the "inittab" file, "password" file, and the system configuration information. It is helpful for technical support personnel in diagnosing system problems.

```
[SYS_CONFIG] L              QRS Medical Clinic              Entry Mode
                          System Configuration

   This program will print a system configuration including hardware, disk
   drives, printers, inittab, password file, as well as PARADIGM configuration.




                                 ☐





 Output  Report SP dev      ∨      Copies 1    Server 02/11/2014 ▦   04:49 AM
 F1-Accept [+] F2-Request F3-Server [u] F4-Next   F5-Previous F6-Search [*]      F8-Clear
 F9-Help ?
```
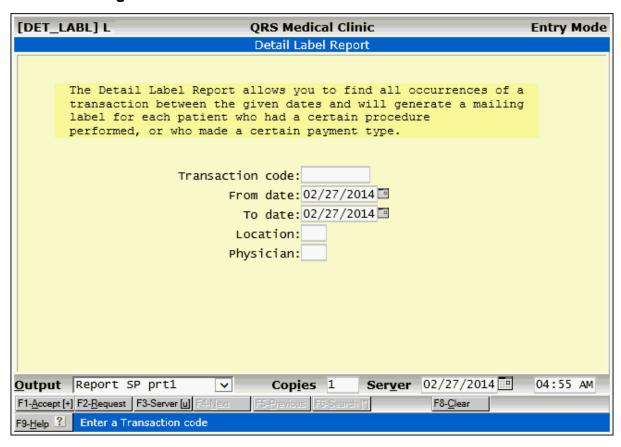
10.4.7 Automatic Balance Write off
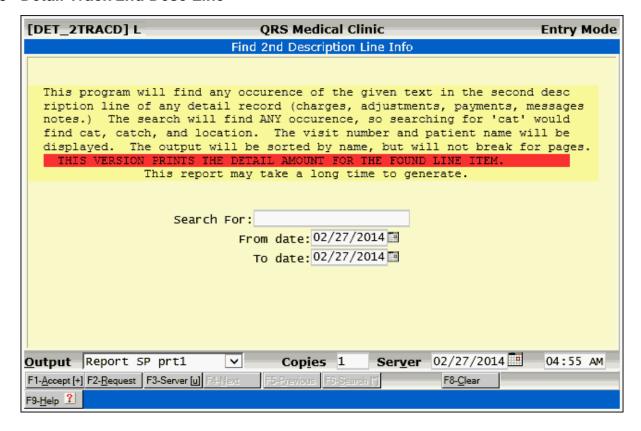
This program allows administrators to write of small or credit balances.

```
[AUTO_WOFF] L               QRS Medical Clinic              Entry Mode
                       Auto Balance Write Off Program


   This program will Generate a list of accounts that have a balance within
   the dollar range you enter.  It gives you the option of adjusting off the
   visits for the account by entering an adjustment code.  If you leave the
   adjustment code empty it will not perform any adjustments.  You may use
   this program to adjust small balances, or even issue refund checks......


            Find all accounts with a balance greater than        0.00
                 Find all accounts with a balance less than 0

      You must have an administrator or greater security level for this
                 Enter adjustment code if you wish to adjust
             balance of visit to zero:             ◆



 Output  Report SP dev      ∨      Copies 1    Server 02/11/2014 ▦   04:50 AM
 F1-Accept [+] F2-Request F3-Server [u] F4-Next   F5-Previous F6-Search [*]      F8-Clear
 F9-Help ?
```

10.4.8 Detail Tracking Labels

```
[DET_LABL] L                    QRS Medical Clinic              Entry Mode
                              Detail Label Report

        The Detail Label Report allows you to find all occurrences of a
        transaction between the given dates and will generate a mailing
        label for each patient who had a certain procedure
        performed, or who made a certain payment type.


                    Transaction code:[        ]
                          From date:[02/27/2014]📅
                            To date:[02/27/2014]📅
                          Location:[   ]
                          Physician:[   ]




Output  [Report SP prt1        ▼]     Copies [1]   Server [02/27/2014]📅  [04:55 AM]
F1-Accept [+] F2-Request  F3-Server [u] F4-Next    F5-Previous  F6-Search [*]       F8-Clear
F9-Help [?]  Enter a Transaction code
```

10.4.9 Detail Track 2nd Desc Line

10.4.10 New Patient Search Report-LBL
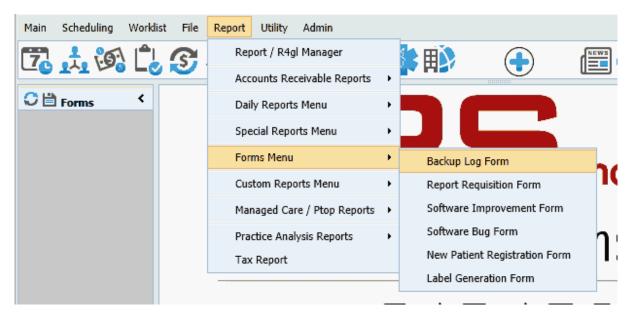
```
[NEW_PATSEARCH]                     QRS Medical Clinic              Entry Mode
L
```

Patient or Guarantor List w Totals, or Labels

This report will allow you to print a report listing patients or guarantors
with detail, or print mailing labels in 3 different formats. You may select
the patients or guarantors w/options. EXCLUDES PATIENTS W A DATE OF DEATH

```
                ICD9 From: [        ]               ICD9 To: [        ]
            CPT Code From: [        ]           CPT Code To: [        ]
    Date of service From : 02/27/2014                  To: 02/27/2014
  Attending Physician code: [  ]         Location Code: [  ]
    Primary Insurance Type: [ ]    Primary Insurance Code: [    ]    < visit
  Secondary Insurance Type: [ ]  Secondary Insurance Code: [    ]    < visit
Patient Date of birth from: 01/01/1900          DOB to: 02/27/2014
              Patient Sex: * ◇         Patient or Guarantor: P ◇
 Pat/Gua Zipcode: [        ]      City: [            ]        Visit RPH: [  ]
 CLS on Visit: [  ]      Primary Ins CLS: [  ]    Secondary Ins CLS: [  ]
 PRINT PAT DEMOGRPHICS: Y ◇   PRINT GUA DEMOGRPHICS: N ◇  PRINT VISIT: Y ◇
          Format: R ◇        If Labels, Label Format: E ◇
Laser Labels Start on  Label Row: 1 ◇   Label Column: 1 ◇ <   FOR LASER ONLY
       Laser Labels are formatted to 3 across, 10 rows down, Avery 5960.
```

```
Output  Report SP prt1    [v]    Copies  1   Server  02/27/2014    04:57 AM
F1-Accept [+] | F2-Request | F3-Server [u] | F4-Next | F5-Previous | F6-Search [*] |   F8-Clear     |   F12-dEfaults
F9-Help ?  | Enter beginning diagnosis code, from 00000 if all
```

10.4.11 Detail Tracking by EOMC
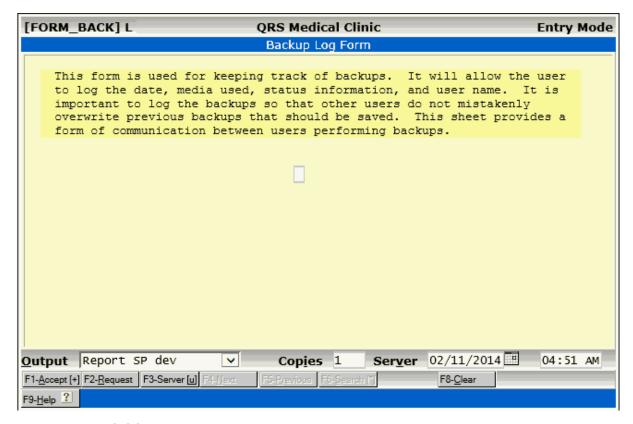
10.5   Forms

The system allows you to generate and print several helpful forms. These forms may be filled in to provide useful hard-copy information for your practice.
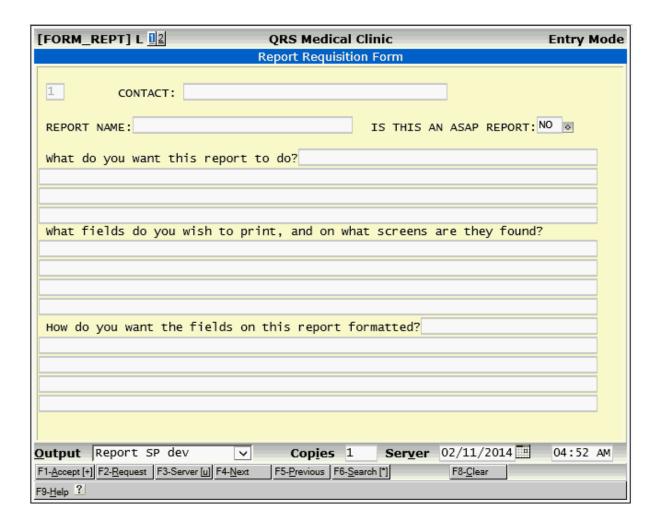
10.5.1 Backup Log
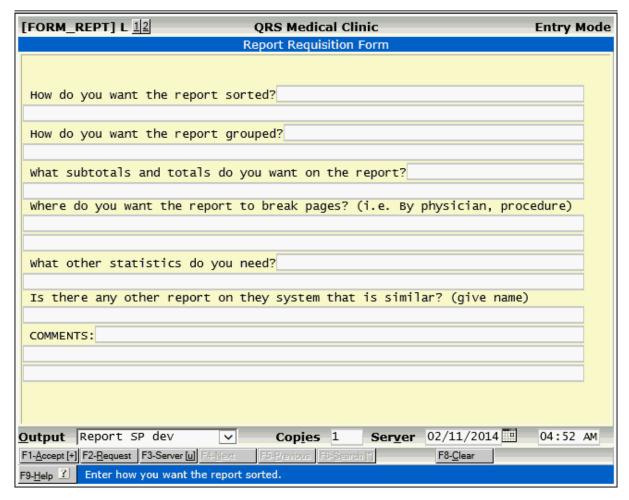
The BACKUP LOG form allows you to write down the date, tape used, and user that performed the backup. This log should be kept in the event that the hard disk drive fails, because the technical support personnel will need to know which tape was used last to backup.

10.5.2 Report Requisition

If you have a need for a custom report, you may print this form and answer all of the questions on the form. Then send this form to your technical support personnel so they may create the report. This allows them to keep track of who asked for what, when, and why.

[FORM_REPT] L 1 2   **QRS Medical Clinic**   **Entry Mode**

Report Requisition Form

1   CONTACT:

REPORT NAME: IS THIS AN ASAP REPORT: NO

What do you want this report to do?

What fields do you wish to print, and on what screens are they found?

How do you want the fields on this report formatted?

Output Report SP dev   **Copies** 1   **Server** 02/11/2014   04:52 AM

F1-Accept [+] | F2-Request | F3-Server [u] | F4-Next | F5-Previous | F6-Search [*] | F8-Clear

F9-Help ?

```
[FORM_REPT] L 1 2                    QRS Medical Clinic                    Entry Mode
                              Report Requisition Form

    How do you want the report sorted?

    How do you want the report grouped?

    What subtotals and totals do you want on the report?

    Where do you want the report to break pages? (i.e. By physician, procedure)

    What other statistics do you need?

    Is there any other report on they system that is similar? (give name)

    COMMENTS:

Output  Report SP dev        ▼     Copies 1     Server 02/11/2014 ⊞    04:52 AM
F1-Accept [+]  F2-Request  F3-Server [u]  F4-Next   F5-Previous  F6-Search [*]         F8-Clear
F9-Help  ?    Enter how you want the report sorted.
```

10.5.3 Software Improvement

If you can think of any improvements that can be made to the software, feel free to print this form, fill it out, and send it to Q.R.S. Your improvement suggestions will be reviewed and, if viable, will be incorporated into a future release of the software. As long as you are under software support, you will receive updates that include your suggestions.

```
[FORM_IMPRO] L 1 2              QRS Medical Clinic              Entry Mode
                          Software Improvement Form

   1              CONTACT: [                                    ]

 DATE: 02/11/2014

 What Screen can an improvement be made (i.e. patient, encounter, etc..),
 or in what process (i.e. batch insurance, statements, End of Day, etc..)
 [                                                                      ]
 [                                                                      ]
 What is the improvement you request?
 [                                                                      ]
 [                                                                      ]
 [                                                                      ]
 [                                                                      ]
 [                                                                      ]
 [                                                                      ]
 [                                                                      ]
 [                                                                      ]


 Output  Report SP dev        [v]    Copies 1    Server 02/11/2014    04:53 AM
 F1-Accept [+]  F2-Request  F3-Server [u]  F4-Next    F5-Previous  F6-Search [*]      F8-Clear
 F9-Help  ?
```

```
[FORM_IMPRO] L 1 2              QRS Medical Clinic                Entry Mode
                          Software Improvement Form

   How do you feel it will benefit the software performance and use?




   Why do you feel this improvement is necessary?




   COMMENTS:



Output  Report SP dev        ▾      Copies 1    Server 02/11/2014 ▦   04:53 AM
F1-Accept [+] F2-Request F3-Server [u] F4-Next  F5-Previous F6-Search [^]   F8-Clear
F9-Help  ?   How will it benefit the software.
```

10.5.4 Software Bug

If you encounter a bug (error in program) in the system, please complete and send a BUG FORM to Q.R.S. Your bug report will be given high priority and the fix sent to your computer as soon as possible. Other users who do not experience the bug will receive the fix in the next release of the software.

[FORM_BUG] L 1 2   **QRS Medical Clinic**   **Entry Mode**

Software Bug Report Form

1   CONTACT:

Screen where bug was found :

Field that cursor was in   :

Function being performed   :

REPEAT PROCESS: N   If YES, did the process occur again? N   DATE: 02/11/2014

What Happened?

Output Report SP dev   Copies 1   Server 02/11/2014   04:54 AM

F1-Accept [+] F2-Request   F3-Server [u] F4-Next   F5-Previous F6-Search [*]   F8-Clear

F9-Help ?
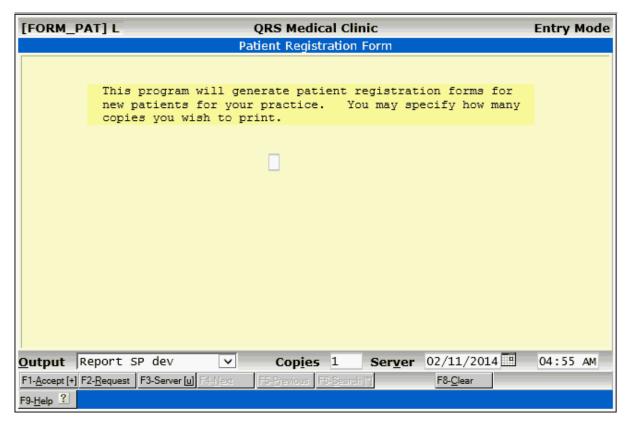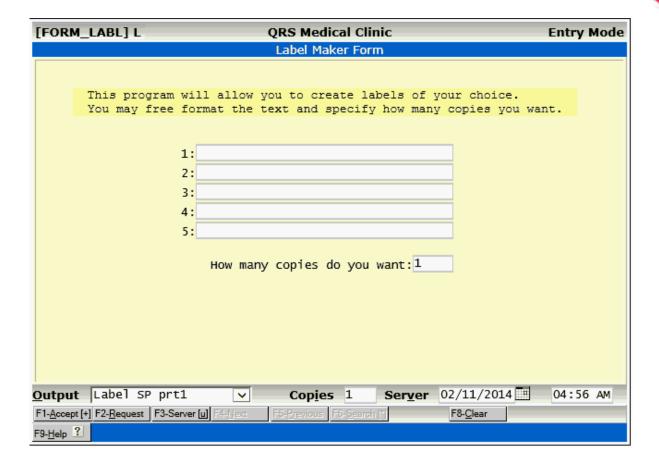
10.5.5 New Patient Registration

Most every practice has a form that new patients must fill out to be filed in their chart. This is that form--it has been formatted to allow easy entry of the information into the system.

```
[FORM_PAT] L                    QRS Medical Clinic              Entry Mode
                           Patient Registration Form

          This program will generate patient registration forms for
          new patients for your practice.   You may specify how many
          copies you wish to print.




Output  Report SP dev        ▼        Copies  1    Server  02/11/2014 🗓   04:55 AM
F1-Accept [+] F2-Request  F3-Server [u] F4-Next    F5-Previous  F6-Search [']        F8-Clear
F9-Help  ?
```
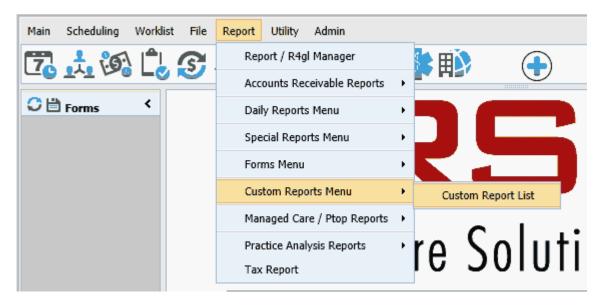
10.5.6 Label Generation

Most offices have a need to print labels for charts, letters, equipment, etc. This program allows you to enter, in free format, the information you wish to have on a label. Specify the number of copies and print them. This will use a standard 1- by 3.5- by 1-inch tractor-feed mailing label.

```
[FORM_LABL] L                    QRS Medical Clinic                Entry Mode
                              Label Maker Form

        This program will allow you to create labels of your choice.
        You may free format the text and specify how many copies you want.


                      1: [                              ]
                      2: [                              ]
                      3: [                              ]
                      4: [                              ]
                      5: [                              ]


                   How many copies do you want: [1    ]




Output  [Label SP prt1        ▼]      Copies 1    Server 02/11/2014 🗒    04:56 AM
F1-Accept [+] F2-Request  F3-Server [u] F4-Next    F5-Previous  F6-Search [M]         F8-Clear
F9-Help  ?
```
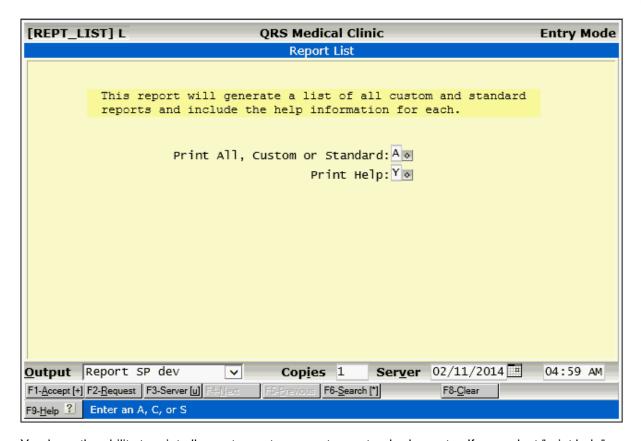
10.6   Custom Reports

The system has provisions for the creation of custom reports for your practice. When a custom report is created, it is generally placed in the CUSTOM REPORTS MENU under the REPORT MENU. The following menu will appear:

10.6.1   Custom Report List

Only one program is standard on this menu. It is a program that lets you generate a list of all of the report programs. The following screen will appear:

```
[REPT_LIST] L                    QRS Medical Clinic                Entry Mode
                                    Report List

        This report will generate a list of all custom and standard
        reports and include the help information for each.


              Print All, Custom or Standard: A ◇
                              Print Help: Y ◇












Output  Report SP dev        ▽      Copies 1    Server 02/11/2014 ▦    04:59 AM
F1-Accept [+] F2-Request  F3-Server [u] F4-Next     F5-Previous  F6-Search [*]        F8-Clear
F9-Help ?   Enter an A, C, or S
```
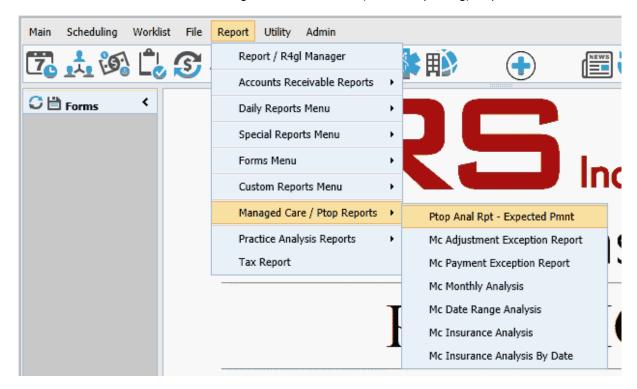
You have the ability to print all reports, custom reports, or standard reports. If you select "print help", the information in the help box for each report will print. This program will include any R4GL program in the system even though some of these programs may not actually be reports.
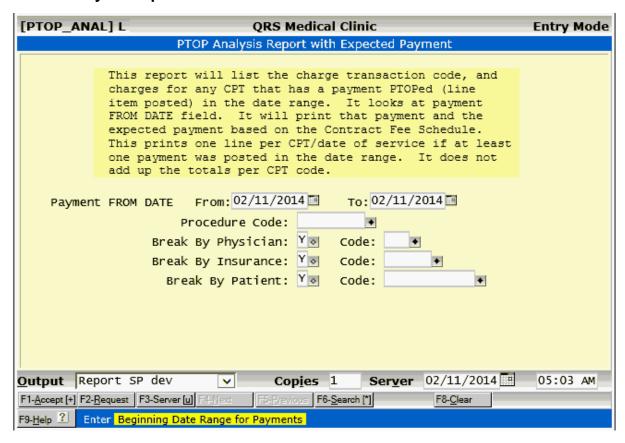
Your administrator may place any custom reports for you on this menu.

10.7 Managed Care / PTOP Reports
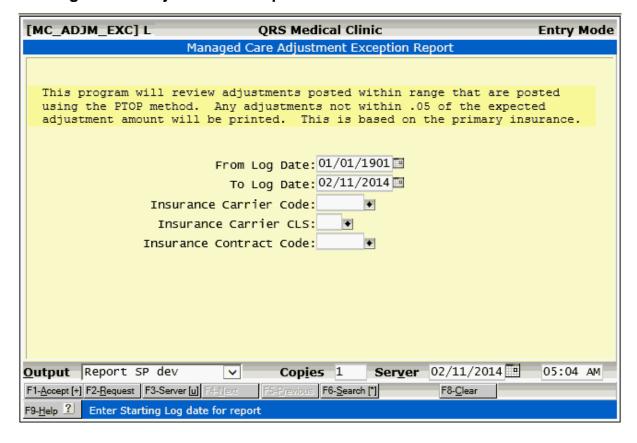
This menu allows access to the managed care and PTOP (Line item posting) Reports.

10.7.1 PTOP Analysis Report

```
[PTOP_ANAL] L                  QRS Medical Clinic                  Entry Mode
             PTOP Analysis Report with Expected Payment

         This report will list the charge transaction code, and
         charges for any CPT that has a payment PTOPed (line
         item posted) in the date range.  It looks at payment
         FROM DATE field.  It will print that payment and the
         expected payment based on the Contract Fee Schedule.
         This prints one line per CPT/date of service if at least
         one payment was posted in the date range.  It does not
         add up the totals per CPT code.

    Payment FROM DATE   From: 02/11/2014      To: 02/11/2014
                  Procedure Code:
              Break By Physician: Y    Code:
              Break By Insurance: Y    Code:
               Break By Patient: Y    Code:


Output  Report SP dev        ▼      Copies  1   Server  02/11/2014     05:03 AM
F1-Accept [+] F2-Request  F3-Server [u] F4-Next   F5-Previous  F6-Search [*]      F8-Clear
F9-Help  ?    Enter Beginning Date Range for Payments
```

10.7.2 Mananged Care Adjustment Exception

```
[MC_ADJM_EXC] L              QRS Medical Clinic                    Entry Mode
                    Managed Care Adjustment Exception Report


   This program will review adjustments posted within range that are posted
   using the PTOP method.  Any adjustments not within .05 of the expected
   adjustment amount will be printed.  This is based on the primary insurance.


                        From Log Date: 01/01/1901
                          To Log Date: 02/11/2014
                  Insurance Carrier Code: [        ] ◆
                   Insurance Carrier CLS: [      ] ◆
                 Insurance Contract Code: [        ] ◆




 Output   Report SP dev        ▽      Copies 1    Server 02/11/2014       05:04 AM
 F1-Accept [+] F2-Request  F3-Server [u] F4-Next   F5-Previous  F6-Search [*]        F8-Clear
 F9-Help  ?   Enter Starting Log date for report
```

10.7.3 Mananged Care Payment Exception

10.7.4   Mananged Care Monthly Analysis

```
[MC_MON_ANAL] L               QRS Medical Clinic               Entry Mode
                        Managed Care Monthly Analysis


       This report will list each class of transactions with MTD and YTD
       gross charges, contractual adjustments, and estimated net charges
       Plus YTD average Gross and Net Charges.
       This report will first run by location and then print a summary
       of ALL locations.



                        Print Detail:N ◇




Output  Report SP dev         ▼      Copies 1    Server 02/11/2014 ▦    05:05 AM
F1-Accept [+] F2-Request  F3-Server [u] F4-Next    F5-Previous  F6-Search [*]        F8-Clear
F9-Help  ?
```

10.7.5 Mananged Care Date Range Analysis

```
[MC_DT_ANAL] L              QRS Medical Clinic              Entry Mode
                     Managed Care Date Range Analysis


     This report will list each class of transactions with date range
     gross charges, contractual adjustments, and estimated net charges
     Plus average Gross and Net Charges.
     This report will first run by location and then print a summary
     of ALL locations.



                         Print Detail: N ◇
                      From Log Date: 01/01/1901 ▦
                        To Log Date: 02/11/2014 ▦




Output  Report SP dev        ⌄     Copies  1    Server  02/11/2014 ▦    05:05 AM
 F1-Accept [+] F2-Request  F3-Server [u] F4-Next     F5-Previous  F6-Search [*]        F8-Clear
 F9-Help  ?
```

10.7.6 Mananged Care Insurance Analysis

```
[MC_INS_ANAL] L              QRS Medical Clinic              Entry Mode
                        Managed Care Insurance Analysis

        This report will list each class of transactions with MTD and YTD
        gross charges, contractual adjustments, and estimated net charges
        Plus YTD average Gross and Net Charges.
        This report will first run by insurance and then print a summary
        of ALL Insurance Plans.



                         Print Detail: N ◇
                 Insurance Plan Code:          ◆




Output   Report SP dev         ∨      Copies 1    Server 02/11/2014 ▦   05:06 AM
F1-Accept [+]  F2-Request   F3-Server [u]  F4-Next     F5-Previous  F6-Search [*]        F8-Clear
F9-Help  ?
```

10.7.7   Mananged Care Insurance Analysis by Date

```
[MC_INS_ANAL_DT]                QRS Medical Clinic              Entry Mode
L
                      Managed Care Insurance Analysis by Date


        This report will list each class of transactions with date range
        gross charges, contractual adjustments, and estimated net charges
        Plus average Gross and Net Charges.
        This report will first run by insurance and then print a summary
        of ALL Insurance Plans.



                            Print Detail: N ◇
                     Insurance Plan Code: [        ] ◆
                    Insurance Class Code: [    ] ◆
                        From Log Date: 01/01/1901 📅
                          To Log Date: 02/11/2014 📅




 Output  Report SP dev       ∨     Copies 1    Server  02/11/2014 📅    05:06 AM
 F1-Accept [+] F2-Request  F3-Server [u] F4-Next   F5-Previous  F6-Search [*]      F8-Clear
 F9-Help  ?
```

10.8   Practice Analysis Reports

10.8.1 Billing Flag Report

```
[BILL_FLAGOPT] L              QRS Medical Clinic              Entry Mode
                            Billing Flag Report

   This Report will list all patients/visits with billing flags that are
   equal to the user supplied flag, if the flag is >B< or >N< or >I< or
   >G<.  You may print detail lines or only one line per visit, showing
   patient account #, name, visit # and date of service.  If you print
   detail lines, it will show the code, description line 1, detail FROM
   date, units, amount, and total amount for each line with the billing
   flag you selected.   Enter the date range to select only detail LOGGED
   in the date range you select.  It will also allow you to choose the
   detail type you wish to print   you may say Y (yes) to all at the
   same time, or to any combination or one at a time.


    Detail FROM DATE    from: 02/27/2014        Through: 02/27/2014
   Billing Flag Equal To: N         Print each Detail Line: Y
          Include Charges: Y            Include Adjustments: N
  Include Private Payments: N    Include Insurance Payments: N
        Ins1 Flg: V      Ins2 Flg: V       Statement Flg: V
  Visit Closed Balance   FROM: 0       TO: 100000      Dollar


Output  Report SP prt1      ⌄    Copies 1    Server 02/27/2014      04:24 AM
F1-Accept [+] F2-Request F3-Server [u] F4-Next  F5-Previous F6-Search [*]      F8-Clear
F9-Help ?   Enter starting date for analysis
```

10.8.2   Claim Count

```
[CLAIM_COUNT] L                    QRS Medical Clinic                     Entry Mode
                          Filed Claims Count per Insurance Code


    This report counts the number of claims by Primary Insurance Code looking
    for 'INSMSG' OR ANSITRANS.  If it finds multiple on one visit, it will count
    multiple times in the Filed AND Refiled column, but only count once in the
    other column   which only counts each visit once.



              Beginning Date of Service : 02/27/2014
                 Ending Date of Service : 02/27/2014







Output  Report SP prt1        ▾      Copies 1    Server 02/27/2014     04:25 AM
F1-Accept [+]  F2-Request   F3-Server [u]  F4-Next    F5-Previous  F6-Search [*]        F8-Clear
F9-Help  ?     Enter Beginning Date
```

10.8.3 Claim Count 2

```
[CLAIMS_CNT] L                QRS Medical Clinic                Entry Mode
                          Filed Claims Count per Location


   This report counts the number of claims filed to Primary Insurance   by the
   original filed date date range.
   It gives total number of claims and total charged dollars filed.
   It gives total number of claims which were denied (the primary flag is D)
   and the dollars denied, and total number rejected (the primary flag is NOT
   R, F, or T) and the total dollars for rejected.


            Beginning Original filed date: 02/27/2014
               Ending Original filed date: 02/27/2014
                       Location Code:
                        Break by Loc: Y
                      Print each visit: N




 Output  Report SP prt1        ∨     Copies  1    Server  02/27/2014      04:27 AM
 F1-Accept [+]  F2-Request   F3-Server [u]  F4-Next     F5-Previous  F6-Search [*]         F8-Clear
 F9-Help  ?    Enter Beginning Date
```

10.8.4   Charges, Payments MTD YTD

```
[CHG_PAYLOC] L                QRS Medical Clinic                Entry Mode
              MTD and YTD Charges and Payments by LOC

     This report will give month to date charges and payments and
     year to date charges and payments, broken by location code.
     It will also show the percentages of each   total M T D charges
     per location is what percent of the total MTD charges, all
     locations, and total payments M T D per location is what per
     cent of total MTD payments all locations.  It will give the
     same type of percentages for YTD charges and YTD payments.
```

Output Report SP prt1 ⌄   Copies 1   Server 02/27/2014 ▦   04:29 AM

F1-Accept [+] F2-Request F3-Server [u] F4-Next   F5-Previous F6-Search [^]   F8-Clear

F9-Help ?

10.8.5 Visit, Patient Count

```
[INV_PATCNTL] L                 QRS Medical Clinic                  Entry Mode
                          Visit/Patient Count By LOCATION

            This report will count the number of visits per
            patient and the number of visits within the given
            date range.
               BREAKS BY LOCATION.



         Date of Service on or after: 02/27/20
         Date of Service on or before: 02/27/20
           Location: [    ] ◆       Break by Location: Y ◇
        Invoice CLS: [    ] ◆    Break by Invoice CLS: Y ◇
     Primary Ins CLS: [    ] ◆  Break by Primary Ins CLS: Y ◇
                Print each Visit: N ◇




 Output  Report SP prt1        ▼    Copies  1    Server  02/27/2014      04:31  AM
 F1-Accept [+] F2-Request  F3-Server [u] F4-Next   F5-Previous  F6-Search [*]        F8-Clear
 F9-Help  ?   Enter starting date
```

10.8.6   Visit, Patient Count 2

10.8.7 Lagetime Report W Options

```
[LAGTIME_RPT2] L              QRS Medical Clinic              Entry Mode
                        Visits Logged With Lagtimes

 This report will look at all visits with a date of service in the date range
 by the Location / Physician combinations you select.  It will count the
 total number of visits per each break.  It will print in visit number order
 each visit   visit number, account number, patient name, date of service,
 invoice log date, Posting Lagtime (invoice date   date of service in days)
 Primary Bill date, Filing Lagtime (Primary Bill date   invoice date in days)


   Dates of Service      From: 02/27/2014     To: 02/27/2014
                     Location:          Break by Loc: Y
                    Physician:          Break by Phy: Y
            Primary Insurance:          Break by Ins: Y


 Output  Report SP prt1        v     Copies 1   Server 02/27/2014    04:33 AM
 F1-Accept [+] F2-Request  F3-Server [u] F4-Next    F5-Previous  F6-Search [*]     F8-Clear
 F9-Help  ?   Enter starting date of service for analysis
```

10.8.8 Months CHG PAY ADJ, Days AR

```
[MONTHS_CPAAR2]                    QRS Medical Clinic              Entry Mode
L

              MTD CHG,PAY,ADJ, AR, LOC and PROVIDER OPTIONS


  This report will run for all months which have been closed in the year
  you select by your Year Counter.   It will break by Month 1, Month 2, Month
  3, Month 4, etc. and will show totals for MTD charges, payments, and
  adjustments,     this is for the PRACTICE (data set) as a WHOLE.
  OR you may choose your "breaks" for totals.



          END OF YEAR COUNTER TO TOTAL:[   ]
          Location:[   ]              Break by Location:[Y]◇
          Provider:[   ]              Break by Provider:[Y]◇
```

```
Output  Report SP prt1      [v]      Copies 1     Server 02/27/2014 [▦]    04:34 AM
F1-Accept [+] F2-Request  F3-Server [u] F4-Next     F5-Previous  F6-Search [*]        F8-Clear
F9-Help ?     Enter End Of Year Couunter
```

10.8.9   Top 40 Insurance, 3 Ways

```
[TOP_40_INS] L                 QRS Medical Clinic              Entry Mode
                          Top 40 Insurance Carriers


      This program will give you a list of the top 40 insurance Carriers
      It gives three pages of information.  Top 40 carriers by outstanding
      AR, Year to Date Charges, and Year to Date Payments.  The AR information
      on this report is based on claims that are currently on file with the
      primary insurance carrier.  These totals should agree with the totals
      from your Aged Insurance Accounts Receivable program.  They will not
      agree with your standard or quick AR totals that look at outstanding
      AR by guarantor or patient.




                                   *




 Output  Report SP prt1     ▾      Copies  1    Server  02/27/2014      04:36 AM
 F1-Accept [+] F2-Request  F3-Server [u] F4-Next   F5-Previous  F6-Search [^]      F8-Clear
 F9-Help ?
```

10.8.10 CEI Error RPT W Totals

```
[CEI_ERRMSG] L              QRS Medical Clinic              Entry Mode
                    CEI ERROR MESSAGE STATUS REPORT

      This report will list CEI error codes for Providers, Enrollment,
      and Invalid Routes. You can select by visit number, status code,
      log date range, source type, module or any portion of a message.
        PLEASE NOTE the message search will find anything in the CEI
        Message that matches    upper or lowercase.   ACK will match
        lack, ACKNOWLEDGE, acknowledge and ACK/   etc. each matches


  CEI User Logname: [      ]           Break by User: [Y]◇
       Visit Number: [        ]      CEI Status Code: [  ]◇
  Log Dates  From: [01/01/2005]▦     Through: [02/27/2014]▦
              Source: [    ]◇          Module: [    ]◇
     Message: [                                                    ]


  Sort by Source or Status: [A]◇
       The report will sort/break first by user, then Source or Status   your
       choice, then by visit number (so you can see all of 1 visit together)




Output  [Report SP prt1       ▽]   Copies [1]   Server [02/27/2014]▦   [04:46 AM]
F1-Accept [+]  F2-Request  F3-Server [u]  F4-Next   F5-Previous  F6-Search [^]      F8-Clear
F9-Help  ?    Enter user log name or leave blank for all
```

10.8.11 Months CHG PAY ADJ. 2YRS

Part 11

Utilities

11 Utilities

The software has a submenu of utility programs that can aid you in the day-to-day operation of the PM system. Several of the utilities deal with printer operation, while the others allow you to perform complicated operating system commands with the touch of one key. By selecting "U" from the MAIN MENU, the UTILITY MENU should appear as follows:

11.1 Backup Print File Manager

The system maintains up to three copies of important reports or allows for archiving of them by date, such as end of day/month/year, aged AR, etc. It does this to allow you to reprint these reports in the event of a printer malfunction. By selecting option "4" (Backup Print File Manager) on the UTILITY MENU or using the GOTO command "BPFM", you can run the Backup Print File Manager program. This program will give you access to the backup files that are created so that you may reprint them.

The BPFM gives you the ability to print, remove, or look at the file specifications of temporary files and backup print files that are created using the system. Backup print files are named using the following convention:

REPORT.# , where "REPORT" is the program name of the report. On the header of each report, usually the second line after the word "program", is the report program name. The "#" represents the version of the backup file: "1" is the most recent, "2" is older than "1", and "3" is the oldest version of the file. For example, let's assume that your printer malfunctioned while printing your end of day reports last night. Your end of day reports are in the file "DAILY_CLOSE.1". The day before would be "DAILY_CLOSE.2" and the day before that would be "DAILY_CLOSE.3". Only three versions are stored at any one time. When you run your DAILY_CLOSE today, "DAILY_CLOSE.3" will be removed, "DAILY_CLOSE.2" will move to "DAILY_CLOSE.3", "DAILY_CLOSE.1" will move to "DAILY_CLOSE.2", and today's report will become "DAILY_CLOSE.1".
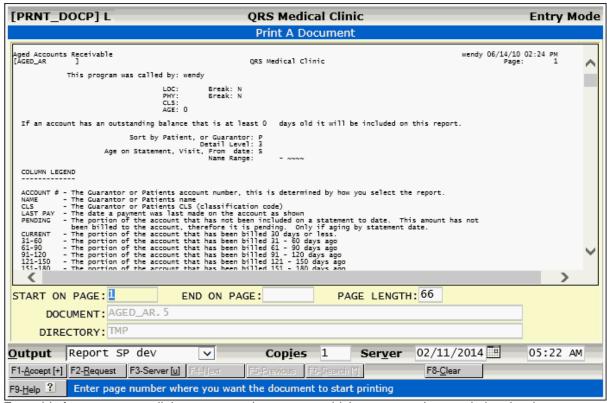
The BPFM can be set up to archive the files based on year, month, and day so each day will maintain copies of the files.

If your system has archiving set up, you will see the directory of the year(s) at the top when first entering the BPFM. To access the files, click on the year directory. Within the year directory are the directories for the months, and within the months, the days.

If your system does not have this setting, you will need contact Support and a technician will set this up.

11.1.1 Print

Now that you have selected the report, you may issue the "Print" command from the menu bar across the top of the screen. You may do this by entering a "P" or highlighting the "Print" command using the left and right arrow keys and pressing ENTER. The "Print a Document" form will then display as follows:

```
[PRNT_DOCP] L                    QRS Medical Clinic                    Entry Mode
                                  Print A Document

Aged Accounts Receivable                                    wendy 06/14/10 02:24 PM
[AGED_AR      ]                   QRS Medical Clinic                    Page:      1

         This program was called by: wendy

                          LOC:        Break: N
                          PHY:        Break: N
                          CLS:
                          AGE: 0

   If an account has an outstanding balance that is at least 0   days old it will be included on this report.

                  Sort by Patient, or Guarantor: P
                                  Detail Level: 3
             Age on Statement, Visit, From  date: S
                                    Name Range:      - ~~~~

       COLUMN LEGEND
       -------------

       ACCOUNT # - The Guarantor or Patients account number, this is determined by how you select the report.
       NAME      - The Guarantor or Patients name
       CLS       - The Guarantor or Patients CLS (classification code)
       LAST PAY  - The date a payment was last made on the account as shown
       PENDING   - The portion of the account that has not been included on a statement to date.  This amount has not
                   been billed to the account, therefore it is pending.  Only if aging by statement date.
       CURRENT   - The portion of the account that has been billed 30 days or less.
       31-60     - The portion of the account that has been billed 31 - 60 days ago
       61-90     - The portion of the account that has been billed 61 - 90 days ago
       91-120    - The portion of the account that has been billed 91 - 120 days ago
       121-150   - The portion of the account that has been billed 121 - 150 days ago
       151-180   - The portion of the account that has been billed 151 - 180 days ago
```

START ON PAGE: 1   END ON PAGE: PAGE LENGTH: 66
        DOCUMENT: AGED_AR. 5
        DIRECTORY: TMP

Output Report SP dev ⌄   Copies 1   Server 02/11/2014   05:22 AM
F1-Accept [+] F2-Request F3-Server [u] F4-Next F5-Previous F6-Search [1] F8-Clear
F9-Help ?   Enter page number where you want the document to start printing

From this form, you can tell the computer the page on which to start and stop printing the document , the length of the page (most reports have a page length of 66 lines), the format of the report (Narrow or Wide--selecting "W" for wide will put the printer in a compressed print mode which is required for some reports), the name of the document, and the directory where the document resides.

By ACCEPTING this form and selecting the output device, you can reprint a report.
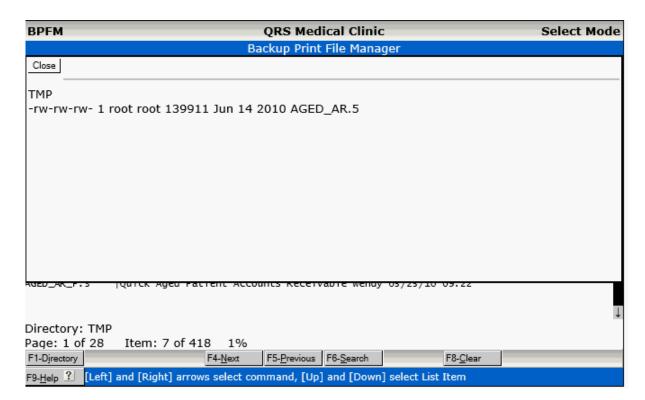
11.1.2 Remove

This will allow Administrators to remove files from the backup print file manager.

11.1.3 Detail

The Backup Printer File Manager also has the ability to let you remove a backup print file. Some backup print files may use a large amount of hard disk space. If your system is low on hard-disk space, you may opt to remove some of the backup files.

It also lets you see the "Detail" information about the file.
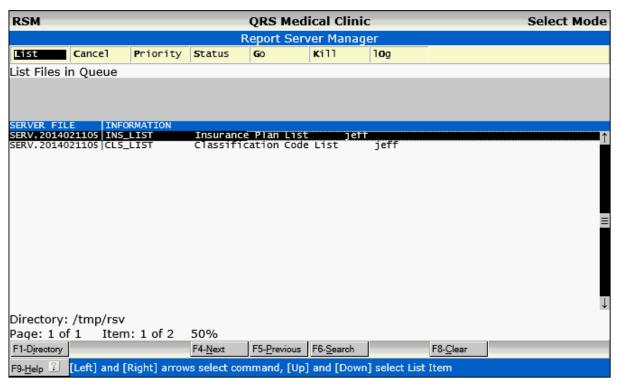
This report will show who the owner of the file is; the group; the permissions to the file; when it was last modified; and its size in bytes (characters), lines, and words. By pressing the ENTER key, you will return to the Backup Print File Manager program.

11.2 Report Server Manager

The REPORT SERVER is a program that runs in the background and will take requests from users to run reports. This frees up the users so they can continue with their work. When running a report you can choose from "ACCEPT" (run immediately), "REQUEST" (run at end of day), or "SERVER" (let the report server run the program for you). This program deals with the reports you send to the SERVER. When you use the "SERVER" function, the report will be sent to the report server for execution. The programs are then run in the order in which they have been submitted to the report server. The server will only run one report program at a time, so it does not slow the system down any more than needed. Once the program has completed, it will remove the request from the server and do the next request. If no other requests are present, it will sleep for a short time, then check to see if any other requests are made.

The REPORT SERVER MANAGER can be accessed from the UTILITY MENU. This program gives you the ability to:

- Cancel Report Server Requests.
- Show the Status of the Report Server.
- Start the Report Server.
- Stop the Report Server.
- Get info on the request
- Change the Priority of the request

11.2.1 List

This option will load and re-display the list of programs in the Report Server.

11.2.2 Cancel

The Cancel Command will allow you to cancel a report request. You will be prompted.
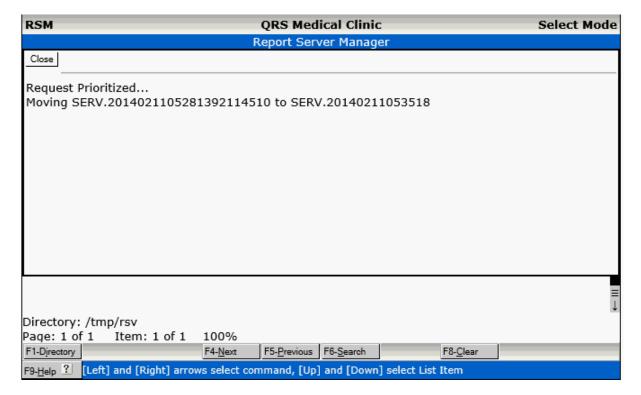
Press OK to cancel the request and re-display the list.

11.2.3 Priority

The Priority Command will allow you to move the highlighted report to the top of the list so it will be the next report executed. You will be prompted:

Click OK. This will move the report to the top of the list.
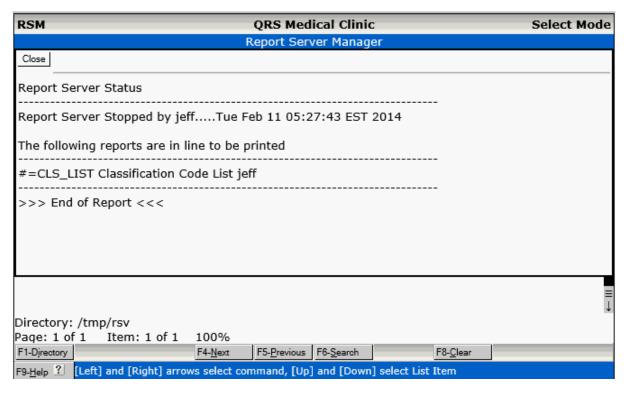
Press ENTER to re-display the list.

11.2.4 Status

The Status Command will give the current status of the report Server. It tells the following information:
- If server is running or down
- Program currently running, or last pass time
- Programs in the server to be run.
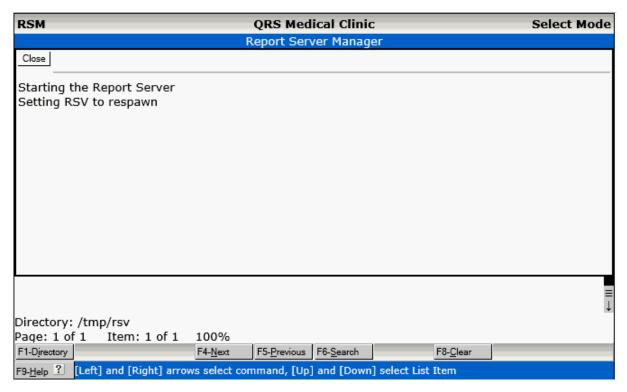
```
RSM                          QRS Medical Clinic                  Select Mode
                            Report Server Manager

 Close

Report Server Status
---------------------------------------------------------------------------
Report Server Stopped by jeff.....Tue Feb 11 05:27:43 EST 2014

The following reports are in line to be printed
---------------------------------------------------------------------------
#=CLS_LIST Classification Code List jeff
---------------------------------------------------------------------------
>>> End of Report <<<




Directory: /tmp/rsv
Page: 1 of 1    Item: 1 of 1    100%
 F1-Directory              F4-Next   F5-Previous  F6-Search        F8-Clear
 F9-Help  ?  [Left] and [Right] arrows select command, [Up] and [Down] select List Item
```

Press ENTER to re-display the list.

11.2.5 Go

The Go Command will start the report server if it is not running.

11.2.6 Kill

The Kill command will stop the report server.

11.2.7 lOg
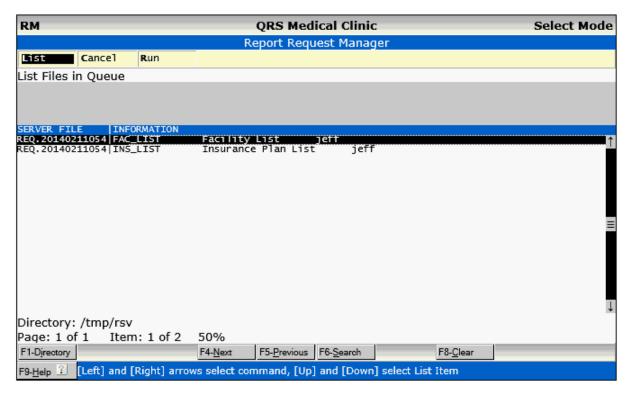
The lOg command will display any errors in the log if they exist.

11.3   Request Manager

The REPORT REQUEST MANAGER differs from the report server, in that reports are held in the REQUEST MANAGER until they are run by a user. This is normally performed as part of the end of day process. This allows reports to be run at night when users are not on the computer, thus not slowing down the computer for interactive users doing inquiries and other functions.   The purpose of the REQUEST MANAGER is to allow you to cancel requests from the queue or execute all of the requests now.

11.3.1   List

The List command will re-display the list of programs in the Request Manager.

11.3.2   Cancel
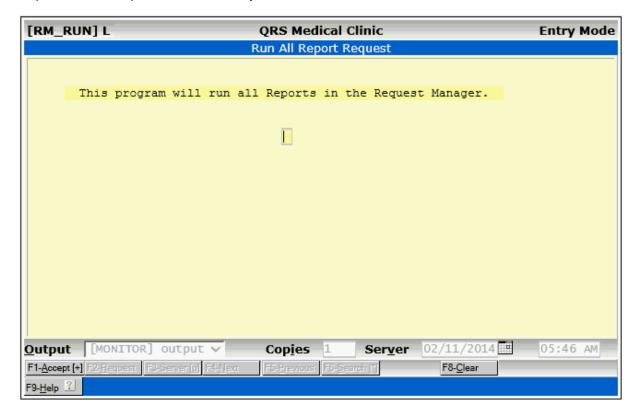
The Cancel command will allow you to cancel a request in the Request manager. You will be prompted.

Click OK to cancel the request and re-display the list.

11.3.3 Run
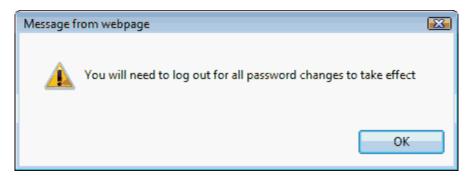
The Run command will run all the request in the request manager immediately. Normally these request are run as part of the end of day.

11.4   Changing Your Password

This option will allow you to change your password. It is the same as password function on the control panel.
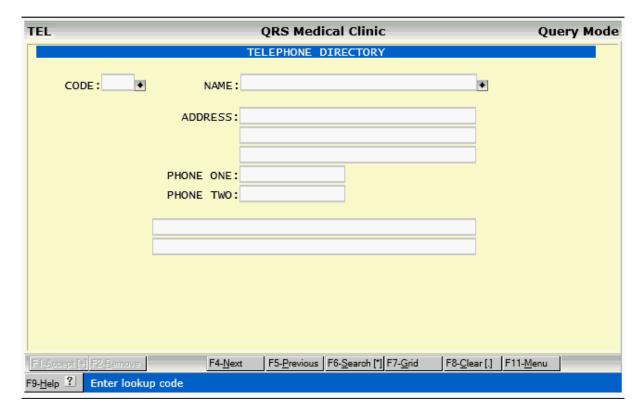
Although with this option you will be prompted:

11.5   Telephone Directory

By selecting option "5" from the OFFICE MENU or using the GOTO command "TEL", you will enter the telephone directory form. This form allows you to keep a directory of telephone numbers and addresses for later recall. This address file has nothing to do with other system information. You might use this form to store the names and numbers of drug reps, your computer support numbers, etc.
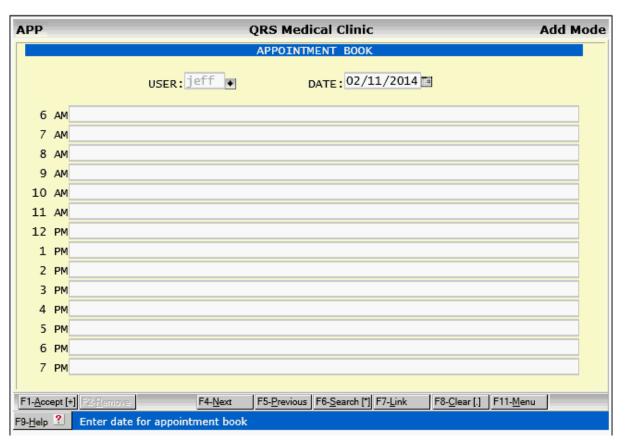
This form works the same as all other data entry forms and is self explanatory, so no field-by-field descriptions will be given. By using your WINDOW MENU, you may print address books and mailing labels for records stored here.

11.6 Appointment Book

This form allows you to keep a personal appointment calendar for yourself. The only person that can read your calendar is you. The system looks at your USER log name to determine who the calendar belongs to.
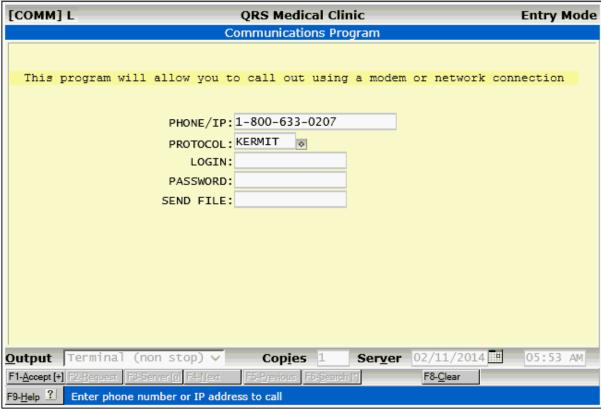
To use this form, you simply enter the date, fill in your appointment within the defined time slot, and add or update the record. You can get print-outs of your appointments from the WINDOW MENU.

11.7 Communications Program

This option provides a gateway to a communications program. The communications program may be to allow you to contact other computer systems or for transmission of electronic claims. You should first see a screen that allows you to enter a telephone number.

This option provides a gateway to a communications program. The communications program may be to allow you to contact other computer systems or for transmission of electronic claims. You should first see a screen that allows you to enter a telephone number.

```
[COMM] L                    QRS Medical Clinic                    Entry Mode
                          Communications Program


    This program will allow you to call out using a modem or network connection


                              PHONE/IP: 1-800-633-0207
                              PROTOCOL: KERMIT
                                 LOGIN:
                              PASSWORD:
                             SEND FILE:
```

```
Output  Terminal (non stop) ▾      Copies  1     Server  02/11/2014      05:53 AM
F1-Accept [+]  F2-Request  F3-Server [u]  F4-Next   F5-Previous  F6-Search [*]      F8-Clear
F9-Help  ?   Enter phone number or IP address to call
```

Using ACCEPT will have the computer dial that number on the selected device. If you have more than one device for calling out you will be asked to choose from a menu.

```
call_out Version 8.0.G
--------------------------------------------------------------------------------
3

OPTION  DEVICE  COMMENT
---------------------------------------
1       tty1A   EMC modem
2       tty2A   EMC modem
3       TCPIP   network connection

q       Quit

Please Select Modem to use.
```

The program will then make the call and you should be able to login to the other system.

```
QRS Communications Script 80G          DIRECTORY: /usr/p8dev/data_001/TMP
================================================================================

Line = TCPIP
IP   = 192.168.1.1

 Trying 192.168.1.1... (OK)
Connection successful


Connecting to host 192.168.1.1.
The escape character is Ctrl-] (ASCII 29, GS)
Type the escape character followed by C to get back,
or followed by ? to see other options.
Session Log: /usr/p8dev/data_001/TMP/transfer.log, text
--------------------------------------------------
login:
```

Using the ESCAPE function, you can get back to the local menu of the communications program. From this menu you can send or receive a file, change communications protocol, list local files or change directory.

```
QRS Communications Script 80G          DIRECTORY: /usr/p8dev/data_001/TMP
================================================================================

PARADIGM LOCAL MENU                               PROTOCOL: Kermit
----------------------------------------------------------------------
1 .. Send a file to remote system
2 .. Receive a file from remote system
3 .. Change the protocol
4 .. List LOCAL Files
5 .. Change LOCAL directory

9 .. Connect back to REMOTE system
e .. Exit program
----------------------------------------------------------------------
Make Choice:
```

Part 12

Administration

12   Administration

The system is designed to accommodate a wide range of needs including billing, collections, scheduling, referral management, and claims processing, as well as your operating system, calls for careful management of its operation and standard timetable of upkeep and maintenance. This guide explains how to maintain and make changes to the system in order to optimize your practice management needs, and minimize problems that may arise.
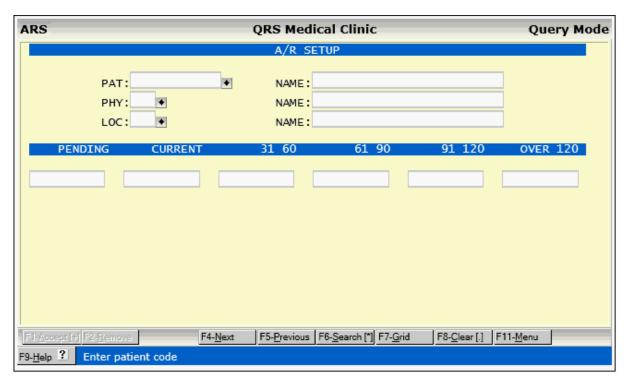
This section is written for programmers and system administrators. The tasks presented will range from the simple ones requiring little more than setting date and time, to the complex, such as writing reports in R4GL and r-tree. Information needed to perform these tasks will be provided as these tasks are presented. While this guide will give a thorough representation of managing and troubleshooting your practice management system, it is important to note that the system runs on the Linux operating systems, and it is strongly encouraged that administrators and programmers consult other sources to gain a fuller knowledge of these platforms and their tools. The information in this guide will help you achieve optimal performance from the system, but it is *not* meant to be a substitute for professional technical support when needed.

12.1   Setting Up AR Balances

You will use the following information if you are setting up a new system. Each patient that owes your office money is considered part of the Accounts Receivable (AR). After you have completed entering your table files and all your patient information, you may start setting up the AR balances for your patients. This can be done in one of two ways: manual conversion or electronic conversion.   The first method is used when the office has been on a manual system and is converting to a computer system. Another reason for setting up the AR manually would be that your old computer system was proprietary which, in simple terms, means that it would not "talk" to the new computer. In such a case, the office staff or temporary employees would enter the information into the system. Electronic conversion, on the other hand, means that your old computer can "talk" to your new one and the information can be transferred over rather easily.   Both ways are discussed below.

12.1.1   Balance Forward Manual AR Entry

The ARS (accounts receivable setup) form is used to enter initial accounts receivable information when the system is first set up. It allows quick setup of patient balance-forward information by physician and location.   After the information is entered, you may print a trial aged AR report to validate your entry. Once you balance your AR, you may post it to balance-forward information. The computer will then create visits for aging category, patient, physician, and location.   The ARS screen can also be used if a new physician comes into the practice and brings a patient base. This screen is accessed from the ADMIN menu and appears as follows:

The cursor will be located in the PAT field. Enter the patient's code. If the patient's information has been entered into the computer, the patient's name will appear in the NAME field. Enter the physician's code to whom the patient's balance is charged. This is normally the physician that was entered on the PAT form. The physician's name will appear in the NAME field.   Enter the location where the patient incurred the charges. The location's name will appear in the NAME field. If you have only one physician or one location, your system administrator can default these fields.

The cursor will now be in the PENDING field. If you do not wish to age your accounts, type the full balance into this field. If you wish to age your accounts, type the current balance into this field. In the next field, enter the balance that is 31 to 60 days old. The next field deals with balances 61 to 90 days old; enter this balance. Continue placing the appropriate balances into the corresponding fields. After you have finished putting in the entire balance, press the **ADD** function to add the AR to the file.

12.1.1.1 ARS Field Descriptions

PAT
Enter the patient account number (CODE).

NAME
(after PAT) - Enter the patient's name.

PHY
Enter the physician code. Any money entered will be given to the physician entered in this field.

NAME
(after PHY) - This field will display the physician name.

LOC
Enter the location code. Any money entered will be given to the location entered in this field.

NAME
(after LOC) - This field will display the location name.

PENDING

Enter amount that is pending (not billed) to the patient. This money will be put into a visit where the statement flag is set to "H" for hold and the statement date is left empty.

CURRENT
Enter amount that has been billed and is current for the patient. This money will be put into a visit where the statement flag is set to "Y" and the statement date is set to the current system date.

31-60
Enter amount that has been billed and is 31 - 60 days old for the patient. This will be put into a visit where the statement flag is "Y" and statement date is 31 days prior to the current day.

61 – 90
Enter amount that has been billed and is 61 90 days old for the patient. This will be put into a visit where the statement flag is "Y" and the statement date is 61 days prior to the current day.

91 – 120
Enter amount that has been billed and is 91 120 days old for the patient. This will be put into a visit where the statement flag is "Y" and the statement date is 91 days prior to the current day.
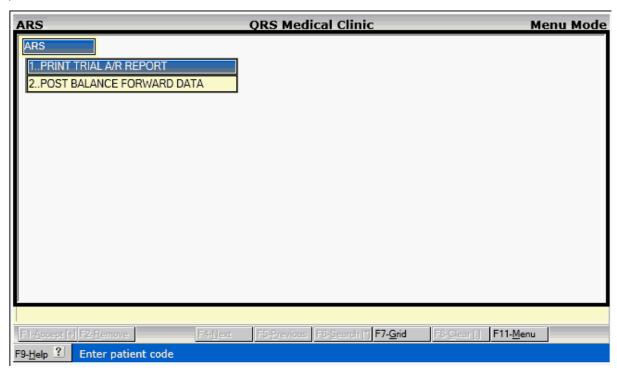
OVER 120
Enter amount that has been billed and is over 120 days old for the patient. This will be put into a visit where the statement flag is "Y" and the statement date is 121 days prior to the current day.
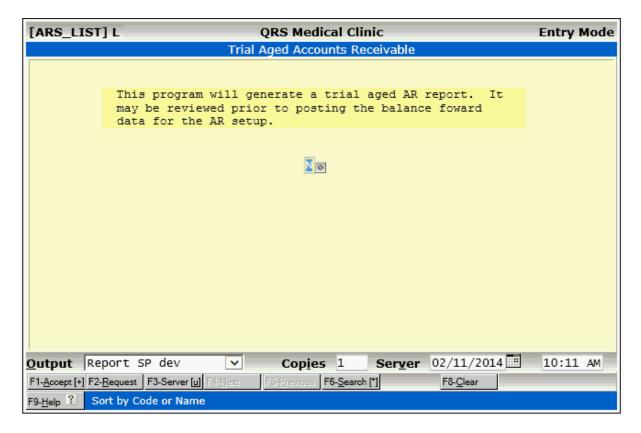
12.1.1.2 Balancing and Posting

Once you have finished entering all of the patient's balances, press the Window function to bring up your WINDOW menu.
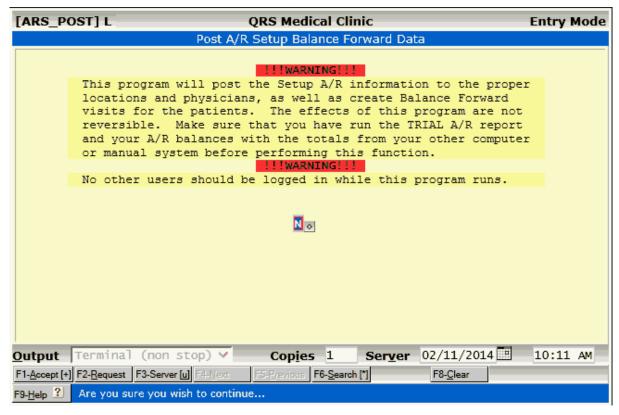
12.1.1.2.1 Print Trial A/R Report

The first selection, PRINT TRIAL AR REPORT, will print out the patient's name and balance forward. The total at the bottom of the report should reflect your AR totals. If it does not, you will have to go through each balance and find the mistake. Run the report again to ensure that you are balanced.

12.1.1.2.2 Post Balance Forward Data

Once you are balanced, you may run the POST BALANCE FORWARD DATA program. Do not run this report until you are balanced.   Press "Y" to indicate that you wish to post the data and **ACCEPT** the program.

```
[ARS_POST] L              QRS Medical Clinic              Entry Mode
              Post A/R Setup Balance Forward Data

                        !!!WARNING!!!
        This program will post the Setup A/R information to the proper
        locations and physicians, as well as create Balance Forward
        visits for the patients.  The effects of this program are not
        reversible.  Make sure that you have run the TRIAL A/R report
        and your A/R balances with the totals from your other computer
        or manual system before performing this function.
                        !!!WARNING!!!
        No other users should be logged in while this program runs.


                              N◇


 Output  Terminal (non stop) ✓    Copies  1   Server  02/11/2014    10:11 AM
 F1-Accept [+] F2-Request F3-Server [u] F4-Next  F5-Previous F6-Search [*]   F8-Clear
 F9-Help  ?   Are you sure you wish to continue...
```

💣 **No one except the person running this program should be on the system. If anyone else is on the system while this program is running, data may become corrupt.**

This program will post the balances-forward to the proper physicians and locations and will create balance- forward visits. Once this has been completed, you are ready to begin adding additional visits.

12.1.2 Detail Information Conversions

If you wish to perform a detail conversion manually, you will use the NCTR (encounter) form to enter all the information from your ledger cards or print-out from your old computer system. This method is very time- consuming, and you do not want to start putting in new information until you have entered all the old history. First, set a cut-off date for entry. Only data on the ledger cards before this cut-off date should be entered. Once it is all entered, you will need to balance your AR to this cut-off date. It is best to set this cut-off date as the last day of a month or at, at best, the last day of a fiscal year.

Once all of the transactions have been added to all patients, you need to balance. You should run the AGED ACCOUNTS RECEIVABLE REPORT to make sure that you are balanced. If you did not balance, you must go through each patient's record to find the mistake. Once you have corrected the errors, run another AGED ACCOUNTS RECEIVABLE REPORT to make sure you are balanced. To run the AGED ACCOUNTS RECEIVABLE REPORT, go from the MAIN MENU to the REPORT MENU. Select option "2," AGED ACCOUNTS RECEIVABLE REPORT, and run it by the defaults shown on the report screen.

After balancing, you must close out these visits. Select MAIN MENU. then REPORT MENU, then DAILY REPORTS MENU, and finally, END OF YEAR CLOSE. `ACCEPT` all of the reports. This will close the visits, post the AR totals for the proper physician and location, and then zero out the month-to-date and year-to-date totals. Once this has been completed, you will be ready to add the current information for the current month. If it takes you longer than one month to enter all of the history, you should then enter each subsequent month and close the month until you are completely caught up.
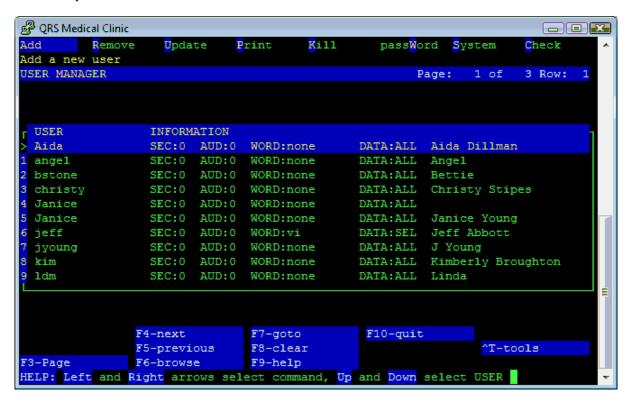
This is a very time-consuming and costly way to convert systems and is not recommended.

A variation on the complete detail conversion is known as a PARTIAL DETAIL CONVERSION. This technique involves putting in a balance forward for all transactions up to the end of the last fiscal year or to a specified date. This is posted as an adjustment, and you may use the ARS (AR setup) form to perform this portion of the conversion. Then, only detail transactions are entered for information after that date. This type of conversion only gives you the most recent history, but saves substantial time and money over manual conversion.

12.2   User Maintenance
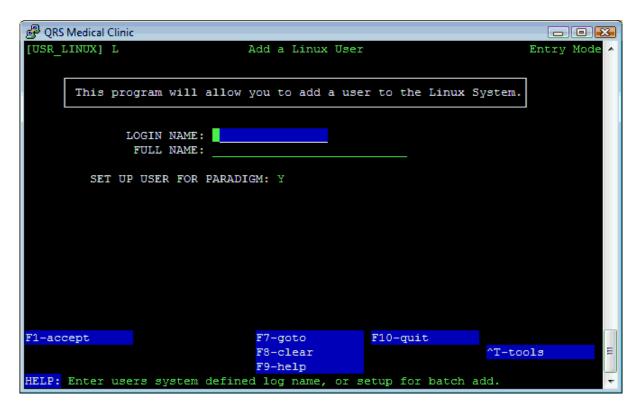
The User Maintenance Menu will allow you to create and modify users.   The option will open a
terminal session to the server and prompt you for the root password. If you enter the correct password
it will take you to the USER MANAGER.

This work list will allow you to add, update, and remove a user in the syatem, and provides some other
functions as well.

12.2.1 System

Before adding a user account in the PM system, you must first add them to your operating system. To
do this, while on the User Manager screen, simply press the letter **S** or press your arrow keys until your
cursor highlights the word "**System,**" then press **ENTER**.

```
QRS Medical Clinic
[USR_LINUX] L                    Add a Linux User                    Entry Mode

        ┌─────────────────────────────────────────────────────────┐
        │ This program will allow you to add a user to the Linux System. │
        └─────────────────────────────────────────────────────────┘

             LOGIN NAME: █
              FULL NAME: _____

        SET UP USER FOR PARADIGM: Y




F1-accept                    F7-goto          F10-quit
                             F8-clear                      ^T-tools
                             F9-help
HELP: Enter users system defined log name, or setup for batch add.
```
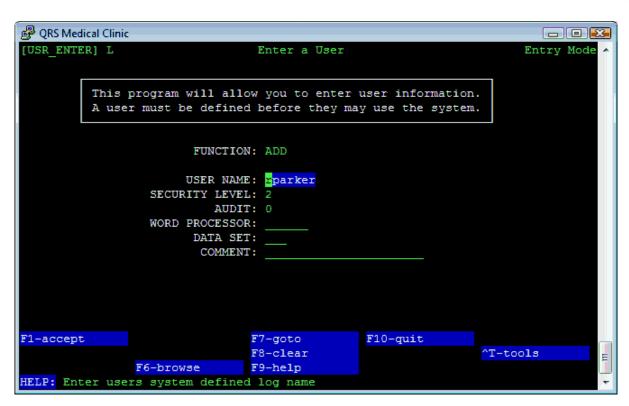
It is suggested that the first five characters of the login name be unique. Because the system only audits the first five characters, it would see user "carol1" and "carol2" as the same user, making it very difficult for precise auditing.

Enter the login and full name and ACCEPT.

If SET UP USER FOR PARADIGM is set to Y it will automatically take you to Add.

12.2.2 Add

Once you have added a user to the System the USR_ENTER form will display with the user you created. This form allows you to add the user to the PM system.

```
QRS Medical Clinic                                                    [_][□][×]
[USR_ENTER] L                    Enter a User                      Entry Mode

     ┌─────────────────────────────────────────────────────────────┐
     │ This program will allow you to enter user information.       │
     │ A user must be defined before they may use the system.      │
     └─────────────────────────────────────────────────────────────┘


                       FUNCTION: ADD

                      USER NAME: mparker
                 SECURITY LEVEL: 2
                          AUDIT: 0
                 WORD PROCESSOR: _____
                       DATA SET: ___
                        COMMENT: _____


F1-accept                         F7-goto          F10-quit
                                  F8-clear                        ^T-tools
            F6-browse             F9-help
HELP: Enter users system defined log name
```

The **SECURITY LEVEL** field allows you to enter a base security level for the user. The default value is "2." The following defines the security levels available:

Level	Permissions
0	Programmer, all database privileges, skips passwords, allowed into programming options
1	Administrator, all database privileges, skips passwords, allowed into administrative options
2	Query, add, remove, update, normal data entry person, must know passwords
3	Query, add, update, no remove permission
4	Query, add, no update or remove permission
5	Query, no add, update, or remove permission
6	No access to forms, only reports with default permissions
7	No access to forms or reports, just utilities and office options

Here it is as a security matrix

Level	Query	Add	Update	Remove	Password	Reports	Admin
0	X	X	X	X		X	X
1	X	X	X	X		X	X
2	X	X	X	X	X	X	

3	X	X	X		X	X	
4	X	X			X	X	
5	X				X	X	
6					X	X	
7					X		

The AUDIT field tells the system to keep a record of all database transactions made by the user in the audit file. You may get a report of the audit transactions by using the "Print" command from the menu on the USER MANAGER screen. The default value is "0" for no audit. Setting this to "1" will cause the computer to audit the user.

The WORD PROCESSOR field allows you to define a word processing program for the user. This option is obsolete.

The DATA SET field allows you to select the data set that the user has access to. This can be any one of the data sets defined for the system or "ALL" for all data sets.

In the COMMENT field, you may enter a comment about the user.

After you have completed all of the information, press ACCEPT to save the information. A confirmation of the information that was added will be displayed, and you will be prompted:

```
QRS Medical Clinic
ADD user
----------------------------------------------------------------

                    USER NAME: rparker
              SECURITY LEVEL: 2
                        AUDIT: 0
              WORD PROCSSOR: none
                    DATA SET: 001
                     COMMENT:

This user does not enter PARADIGM when they login.
Would you like to have this user execute PARADIGM on login (y/N) ?
```
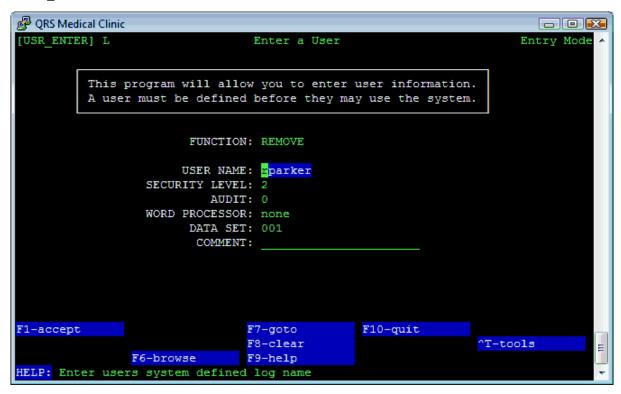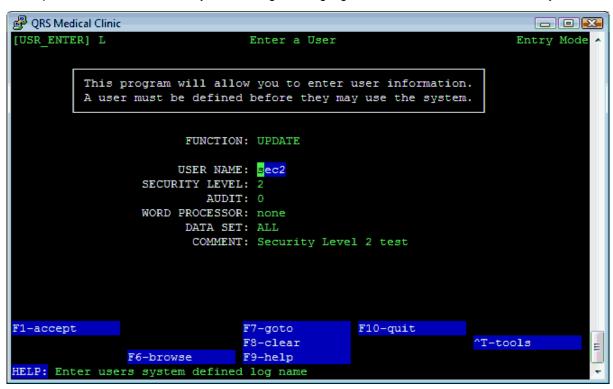
Answering this question "yes," will allow the user to access the PM system directly without having to use a shell command.

You should always answer this "yes".

12.2.3 Remove

The Remove Command will allow you to remove a user from the system. It will present the user in the USER_ENTER form.

Press ACCEPT and you will be prompted.

Enter "Y" and the user will be removed from the system.

12.2.4 Update

The Update Command will allow you to change the highlighted users information in the PM system.

Make any changes and press ACCEPT.

Press Enter and the user list will re-display.

12.2.5 Print

The Print command will allow you to Print a User Audit Report. As an administrator you have the ability to enable complete audit trails for users. This program will allow you to print a report of audits logged for the defined user. Highlight the user and select the Print command from the User Manager Menu to print this report.

12.2.6 Kill

Occasionally, a user may get "locked" in a process and not be able to get out. If this happens you may "kill" the user's processes. By highlighting the user and selecting the **Kill** command from the USER MANAGER MENU you will terminate all the user's processes. This will stop any terminal program they are running and give them a login prompt.
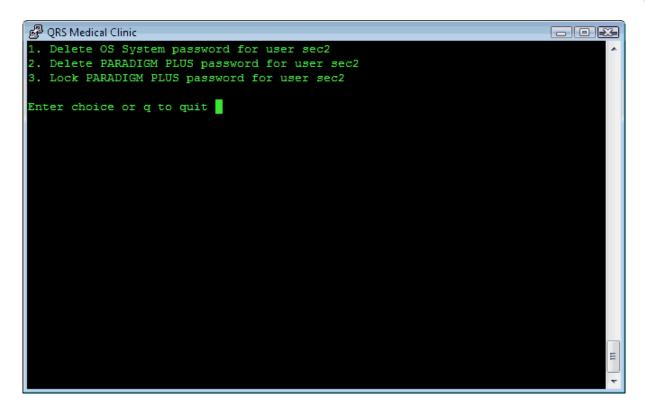
This is only applicable to terminal sessions and not the Web interface.

💣 **This is only to be used as a last resort, and you should never attempt to kill the user "root."**
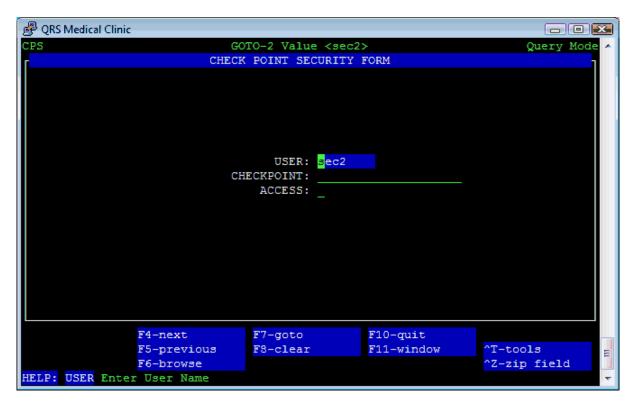
12.2.7 passWord

You may find it necessary to remove a user's password in the event they forget it, or the employee leaves your practice. In such a case, highlight the user and select the P**assword** command. You will be prompted:

12.2.8 Check

By highlighting the user and selecting the Check command you will access the Checkpoint Security Form.

This form will allow an administrator or programmer to enter checkpoint security for any user with access to the particular dataset. This type of security offers much more flexibility than the group level security feature of the system. It is important to understand that this security is built on top of whatever group level security has already been established.

Having selected the user from the USER MANAGER MENU, that user's login will appear in the **USER** field. **CHECKPOINT** defines the place where the security check will take place. It is in the form of FORM-FUNCTION or FORM-FIELD, with some special exceptions.

For example, PHY-QUERY, LOC-ADD, TRA-UPDATE, PAT-REMOVE are functions. All functions are supported accept for CLEAR and QUIT.

The functions are; QUERY, ADD, REMOVE, UPDATE, NEXT, PREVIOUS, BROWSE, GOTO, HELP, WINDOW, OTHER, LEAP, TOOLS, and ZIP. Some forms may have special functions.

The user may also limit or open access to fields in the format of FORM-FIELD, such as PHY-SSN, or PHY-TYPE. This access to fields is only applicable when the form is in the Add or Update mode, and is not applicable when in query mode.

Check point security will override the group level security. For example, if a user has a group level security of 6, this will not allow the user into any data entry forms. But by setting up checkpoint security, you can override it for any specific form.

If you wanted user "fred" to have QUERY access to the PHY form, you could set up a PHY-QUERY record for this user and set access to "Y". Then user "fred" would be blocked from all data entry forms, but the PHY form. If you give user "fred" PHY-ADD access, he will also be allowed into the PHY form to add new physicians, but not to remove or update, unless he is specifically assigned those abilities. Giving a user, ADD, UPDATE, or REMOVE ability will also give the user QUERY ability by default.
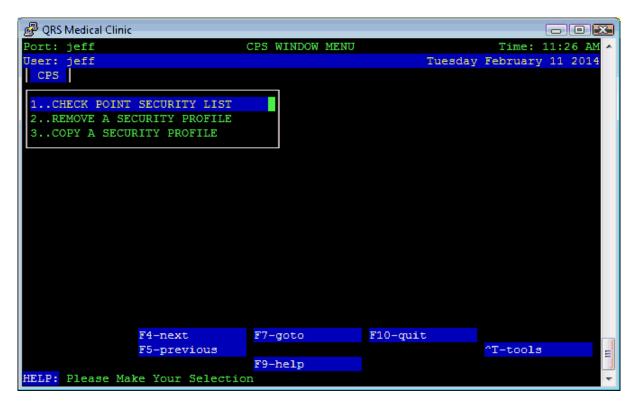
If a user's default security level is 2 through 5, access can be denied to any form by setting up a FORM-QUERY record with access of "N." This can be used to keep people out of critical table files,

while still allowing them access to the forms that they need to work.

When a user has a default security level of 0 (programmer) or 1 (administrator), restrictive checkpoints will be ignored, but checkpoints allowing greater access will be accepted. For example, you cannot restrict one of these users from entering any place to which they would normally have access, but you can allow them access to places to which they may not normally have access.
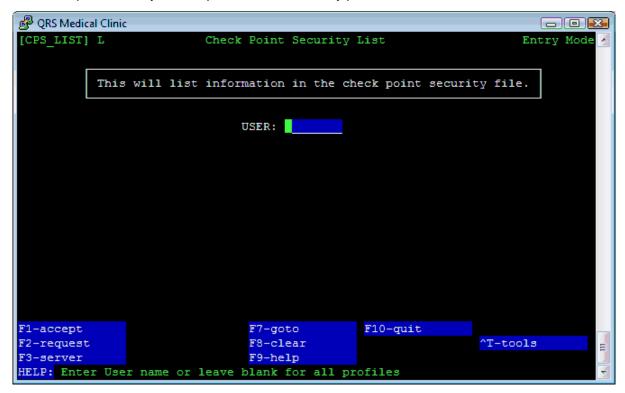
12.2.8.1 Window Menu

Under the window menu is the checkpoint security list. This allows an administrator to get a list of all security profiles. There is also the ability to remove a security profile, and copy a security profile.
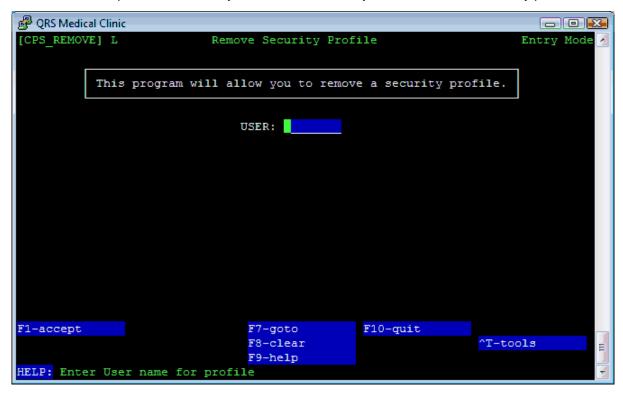
12.2.8.1.1 Check Point Secuirty List

The Checkpoint Security List will print out all the security profiles established for the dataset.
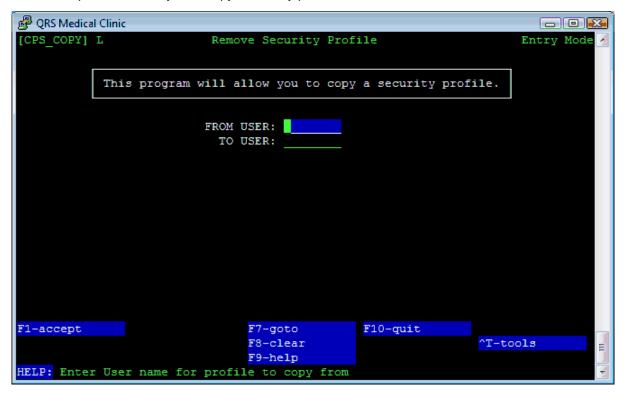
12.2.8.1.2 Remove a Security Profile

With the second option on the menu you also have the ability to remove a user's security profile.
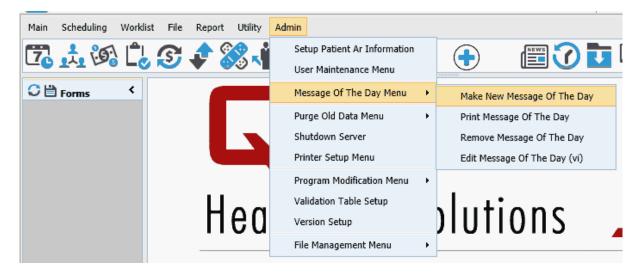
12.2.8.1.3 Copy a Security Profile

The third option will allow you to copy a security profile from one user to another.

12.3   Message of the Day

When you first log in to the system you will encounter the message of the day on the login screen.

This is modified under the MESSAGE OF THE DAY MENU.
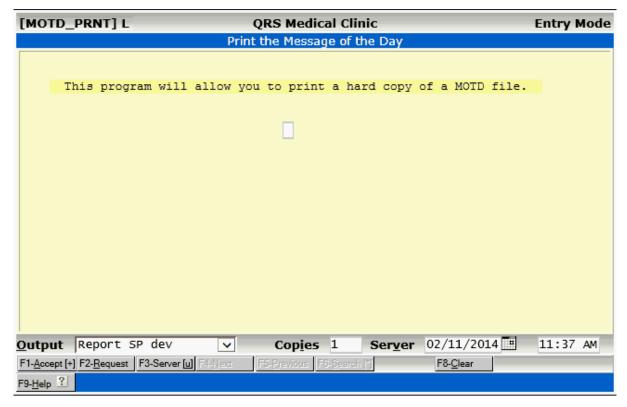
12.3.1 Make New Message of the Day

This option will allow you to easily enter in a new message of the day.

12.3.2 Print Message of the Day

12.3.3 Remove Message of the Day

The Remove the Message of the day will open a terminal window and prompt you.

Answer "Y" to remove the message of the day.

12.3.4 Editing the Message of the Day (vi)

This option will allow you to edit the Message of the Day using the *vi* text editor. If you are not familiar with *vi* it is not advisable to do this. This option is only available to users with a "0" security level (i.e. programmers).

As mentioned previously, there are several reference guides available regarding *vi*. It is recommended to consult those resources to gain a competency in this text editor.

```
                              MESSAGE OF THE DAY

+--------------------------------------------------------------------------+
| Testing Message Of The Day!  Hello World!                                |
|                                                                          |
|                                                                          |
|                                                                          |
|                                                                          |
|                                                                          |
|                                                                          |
|                                                                          |
|                                                                          |
|                                                                          |
|                                                                          |
|                                                                          |
+--------------------------------------------------------------------------+
~
~
~
"/usr/paradigm/etc/MOTD" 20L, 1580C                        1,1            All
```
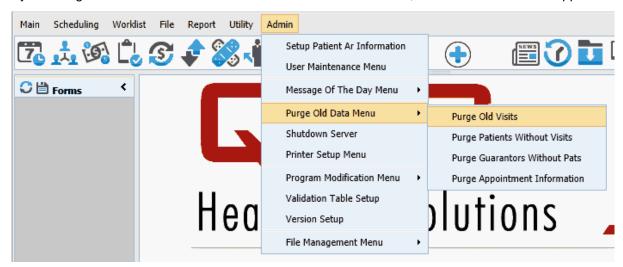
12.4 Purging

The system allows you to purge (remove) old information that may not be needed by your practice any more. By purging old information from your computer system, the following will occur:

- Disk space will be made available for new information.
- The system's performance will be enhanced.

By selecting the PURGE OLD DATA MENU from the ADMIN MENU, the PURGE MENU will appear.

💣 **It is recommended that you make a backup of the system first before you perform any purge activity. If for any reason the purge program fails, this will be the only way to recover your data.   This backup should be stored in a safe place and not used for daily or monthly backup operations again. You should clearly label this tape as a backup before the purge. This provides a method of recovering historical data in the event the IRS audits you.**
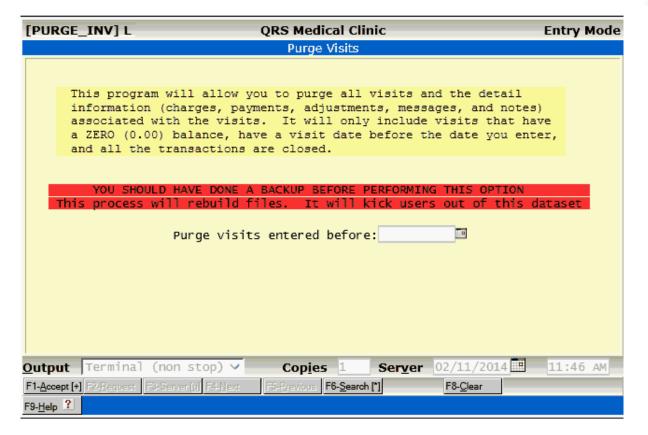
💣 **Purging information from your system requires that you have enough free disk space to perform the task. Before purging, run a Data Base Statistic Report to see the amount of free disk space. If the amount is less than 33% of the total space, call your technical support agent for assistance on purging.**

Once a successful backup has been performed and you have verified the requisite disk space is available, you may purge data.

12.4.1 Purging Old Visits

The Purge Old Visits Option on the Purge Menu will display the following form.

```
[PURGE_INV] L                QRS Medical Clinic              Entry Mode
                               Purge Visits

    This program will allow you to purge all visits and the detail
    information (charges, payments, adjustments, messages, and notes)
    associated with the visits.  It will only include visits that have
    a ZERO (0.00) balance, have a visit date before the date you enter,
    and all the transactions are closed.


        YOU SHOULD HAVE DONE A BACKUP BEFORE PERFORMING THIS OPTION
    This process will rebuild files.  It will kick users out of this dataset


            Purge visits entered before: [          ] ▦




Output  Terminal (non stop) ⌄    Copies 1    Server 02/11/2014▦   11:46 AM
F1-Accept [+] F2-Request F3-Server [u] F4-Next   F5-Previous F6-Search [*]      F8-Clear
F9-Help ?
```

You will want to select a cut-off date, thus purging *all* visits before this date.

💣 **When you are purging old visit information, the visit and transaction files will be rebuilt. No other users should be logged in while performing this task.**
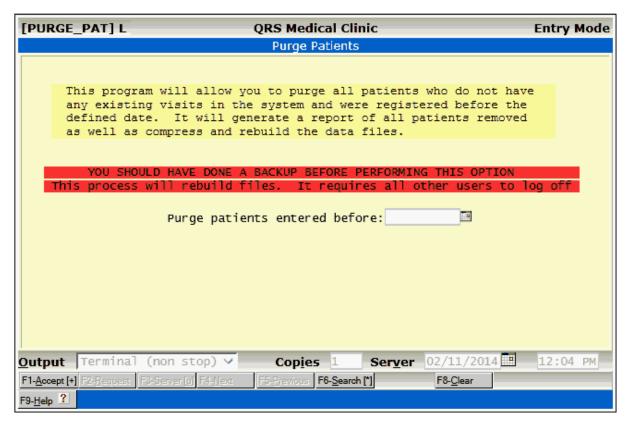
After you accept this form you will first be prompted as to whether you have performed a backup and to verify.

If you answer "Y", the program will proceed. A check will then be performed to see if any other users are currently logged in. You must get all other users to log out of the system before it will let you continue. Once all other users are out it will lock the system to keep them out while the purge is running. It will then begin generating the list of visits and transactions to be purged.

Once the list is finished, it will run a program that reads the list and removes the information on the list. After all records have been removed, the program will rebuild the appropriate data files to compress the space that was used by these records that were removed. This reduces the size of the data files and makes the indexes more efficient. After all of the data files are rebuilt, you will be prompted to print the purge list to paper. If you answer "Y" to this question, you will be allowed to print the purge report now. Otherwise, you will have to use the Backup Print File Manager (BPFM) to print a paper copy by selecting the file PURGE_INV.LST.

12.4.2 Purging Patients without Visits
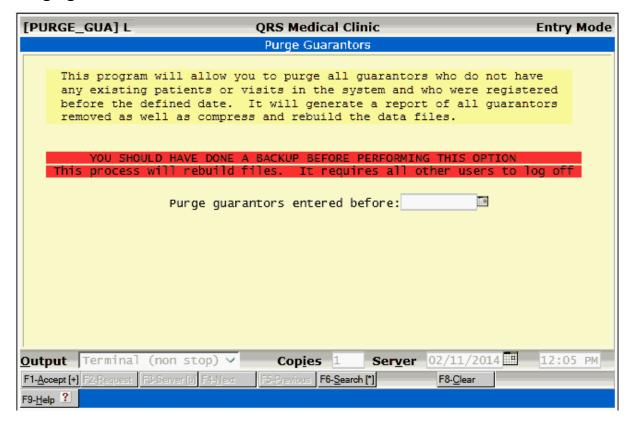
Enter the date that you wish to use as the base date for purging patients. *Only* patients that were registered into the system before the given date and have no visits will be purged from the system.

```
[PURGE_PAT] L                    QRS Medical Clinic                    Entry Mode
                                  Purge Patients


        This program will allow you to purge all patients who do not have
        any existing visits in the system and were registered before the
        defined date.  It will generate a report of all patients removed
        as well as compress and rebuild the data files.


              YOU SHOULD HAVE DONE A BACKUP BEFORE PERFORMING THIS OPTION
        This process will rebuild files.  It requires all other users to log off


                  Purge patients entered before:[          ][ ]




Output  [Terminal (non stop) ▾]    Copies [1]    Server [02/11/2014][ ]  [12:04 PM]
[F1-Accept [+]] [F2-Request] [F3-Server [u]] [F4-Next]  [F5-Previous] [F6-Search [*]]    [F8-Clear]
[F9-Help] [?]
```

This works the same as purging visits. It requires that you are the only user on the system and prompts you as to whether you have performed a backup.

After accepting this form, a of the patient information that met the criteria will be generated. These patient records will then be removed from the system. You then have the option of printing the report now or later from the Backup Print File Manager (BPFM).

12.4.3 Purging Guarantors without Patients

```
[PURGE_GUA] L                   QRS Medical Clinic                    Entry Mode
                              Purge Guarantors

    This program will allow you to purge all guarantors who do not have
    any existing patients or visits in the system and who were registered
    before the defined date.  It will generate a report of all guarantors
    removed as well as compress and rebuild the data files.


          YOU SHOULD HAVE DONE A BACKUP BEFORE PERFORMING THIS OPTION
       This process will rebuild files.  It requires all other users to log off


               Purge guarantors entered before:


Output  Terminal (non stop) ▾        Copies  1     Server  02/11/2014     12:05 PM
F1-Accept [+] F2-Request   F3-Server [u] F4-Next      F5-Previous  F6-Search [*]           F8-Clear
F9-Help  ?
```

You may enter a date to use as a base date for purging of guarantors. Only guarantors that were registered into the system before the base date, and have no existing visits or patients, will be purged from the data files.

This works the same as purging visits. It requires that you are the only user on the system and prompts you as to whether you have performed a backup.

After accepting this form, a report of the guarantor information that met the criteria will be generated. These patient records will be removed from the system. You then have the option of printing the report now or later from the Backup Print File Manager.

12.4.4 Purging Appointment Information

Purging of old appointment information can be done on demand. However, the recommended time is on a monthly basis. This keeps old appointment information from cluttering up the appointment file and slowing down the generation of reports.

```
[PURGE_FSL] L              QRS Medical Clinic              Entry Mode
                     Purge Fee Slips / Appointments

    This program will allow you to remove all old fee slip / appointment
    information.  All appointments entered before the date given will
    be removed from the computer, and a report of all purged records
    will be generated.


         YOU SHOULD HAVE DONE A BACKUP BEFORE PERFORMING THIS OPTION
    This process will rebuild files.  It requires all other users to log off


             Purge Appointments Before: 02/11/2014


Output  Terminal (non stop) ∨     Copies  1     Server  02/11/2014    12:06 PM
F1-Accept [+] F2-Request F3-Server [u] F4-Next   F5-Previous  F6-Search [*]     F8-Clear
F9-Help  ?
```

Here you may enter a base date that is used for purging old appointment information. Only appointments that occurred before the base date will be removed from the appointment file.

This works the same as purging visits. It requires that you are the only user on the system and prompts you as to whether you have performed a backup.

After accepting this form, a report of the patient information that met the criteria will be generated. These patient records will then be removed from the system. You then have the option of printing the report now or later from the Backup Print File Manager.
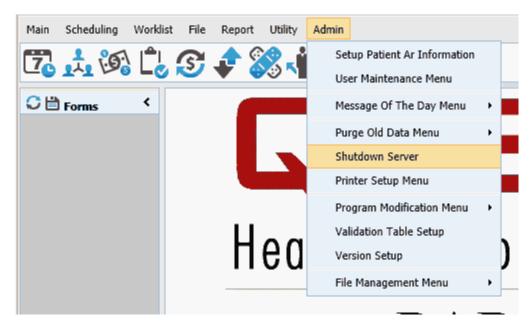
12.5   Shutting Down the Server

Because the system is a multi-user software program it is important that the server always be shut down in an orderly manner. You should never just turn the server off. This could result in corrupted files and lost data.

The process of stopping the server is called "shutting it down". This process can only be performed by the system administrator with knowledge of the "root" super user password. Normally the server is left running all the time, even on weekends. However sometimes it is necessary to shut down the server. The following is a list of valid reasons for shutting down the server.

- New hardware or software is being installed.
- Severe electrical storms in the area.
- Long-term black-out. If the power is out for more than 5 minutes, you should shut your system down. A UPS can only keep a system up for 10 to 20 minutes. Some UPS systems will perform an automatic shutdown if this occurs.
- Hardware lockup. This usually signifies that the server has a hardware problem.

It is important to note that the system will not lose any information if it is shut down properly. If it is shut down improperly, you do risk the possibility of corrupting data files. To shut down the server from the system, do the following: From the MAIN Select the ADMINISTRATION menu and then the "Shudown Server" option. The following menu will appear:

You will be prompted for the root password in a terminal window.
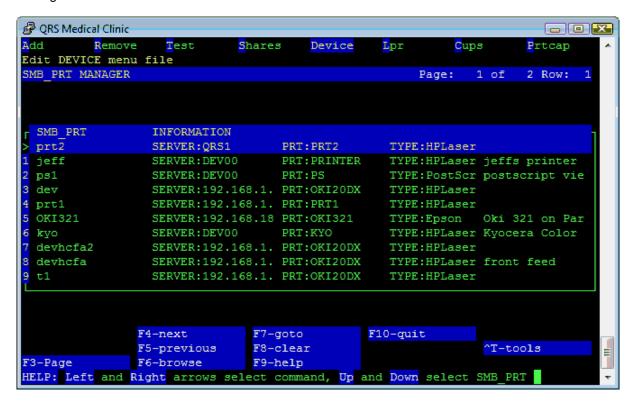
Enter the password. You will then see a list of all users logged on to terminal sessions (not web sessions)

Attempt to get all user logged out and then press "c" to continue with shutdown.

12.6   Printers
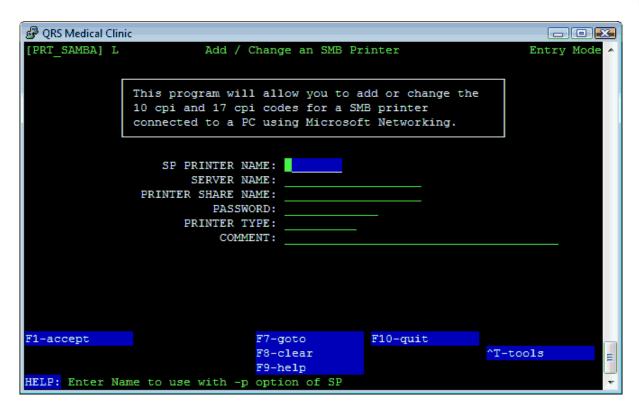
Selecting the Printer Setup Menu on the Admin menu will open a terminal session for the SMB printer Manager.
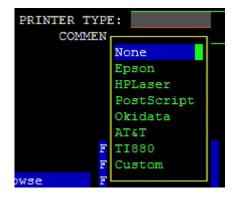
This work list will allow you to add SMB/CIFS printers and test them. It also allows you to add printers using the LPR protocol and the CUPS application.

12.6.1   Add

The Add command will allow you to add a new SMB printer.

Give the printer a unique name. Enter the Server and share name the printer is connected to and password if applicable. Select the printer type
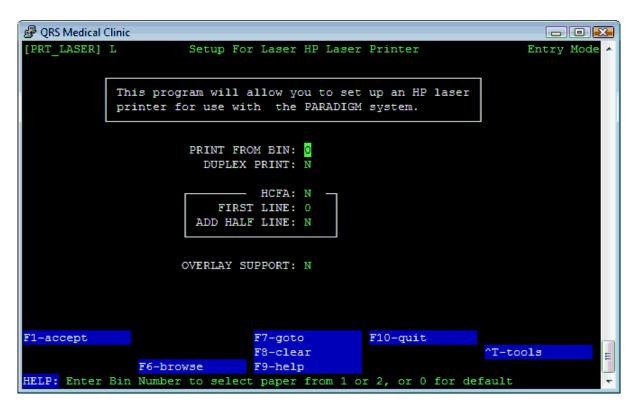
And Enter a comment.

Press Accept to save the printer.

12.6.1.1 Laser Printer

If you selected HPLaser as the printer type you will see the following screen.

```
QRS Medical Clinic                                              ☐ ☐ ☒
[PRT_LASER] L          Setup For Laser HP Laser Printer        Entry Mode

          ┌──────────────────────────────────────────────┐
          │  This program will allow you to set up an HP laser │
          │  printer for use with  the PARADIGM system.    │
          └──────────────────────────────────────────────┘


                        PRINT FROM BIN: 0
                         DUPLEX PRINT: N

                          ┌──── HCFA: N ────┐
                          │  FIRST LINE: 0   │
                          │ ADD HALF LINE: N │
                          └──────────────────┘


                     OVERLAY SUPPORT: N




F1-accept                        F7-goto        F10-quit
                                 F8-clear                      ^T-tools
              F6-browse          F9-help
HELP: Enter Bin Number to select paper from 1 or 2, or 0 for default
```

Here you may set up some of the features of the Laser printer. Complete this form and press ACCEPT.

12.6.1.2 Custom Printer

If you select Custom printer from the printer list you will be prompted.

```
QRS Medical Clinic
Adding / Changing Local printer codes....
---------------------------------------------------------------
SP NAME      : custom
SERVER NAME : C1
PRINTER NAME: C1P
PASSWORD    :
PRINTER TYPE: Custom
COMMENT      : Custom Printer
Enter the printer sequence for 10 Characters Per Inch.
Enter the printer sequence for 17 Characters Per Inch.
Enter the printer sequence to reset the printer.
```

12.6.1.3 Test

You will then go through the normal Printer Test process.

12.6.2 Remove
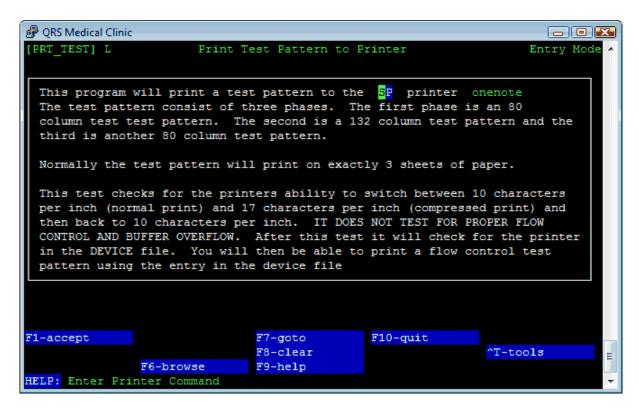
The Remove command will allow you to Remove an SMB printer.   You will be prompted to remove the highlighted printer. If you respond with "y" the printer will be removed and the list re-displayed.

12.6.3 Test

The Test command will allow you to perform a print test for the highlighted printer.

12.6.3.1 Test Pattern
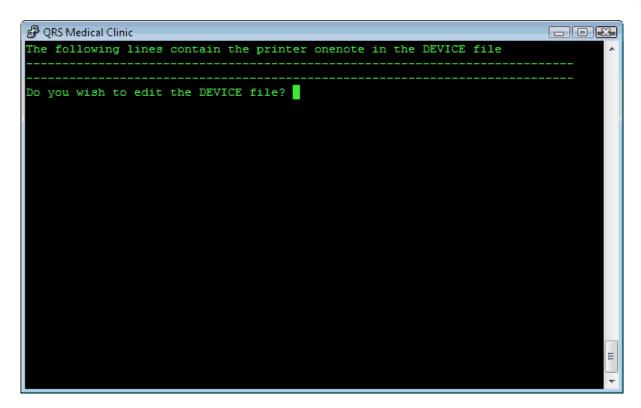
First you will be asked to print a test pattern.

Press ACCEPT to print the test pattern as described. The screen will show each job with diagnostic information.

12.6.3.2 Edit Device File
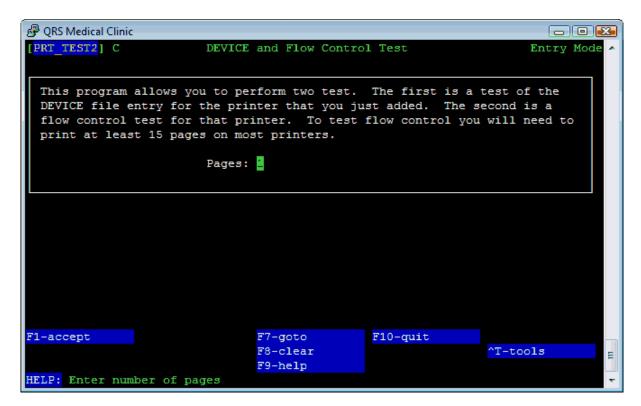
You will then be prompted to edit the DEVICE file.

If you do not see the printer in the DEVICE file you must will need to edit the file so a user may select the printer from the software. This will put you in the "vi" editor to allow modification of the device file for the current data set.

12.6.3.3 Flow Control Test

The final test performs two functions. The first is to test the DEVICE file entry. The second is to allow for a flow control test.

Usually networked based printers to not suffer from flow control issues.
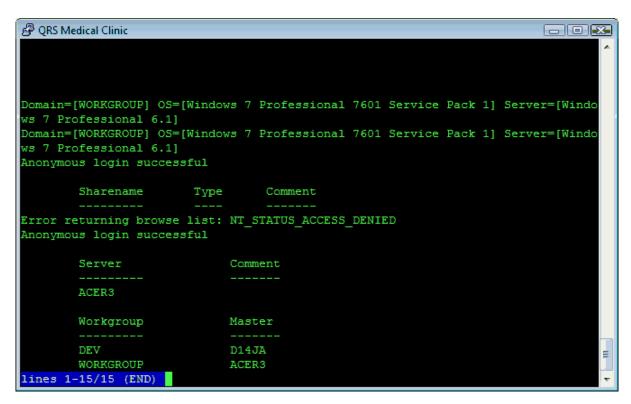
12.6.4 Shares

This will allow you to view any SMB/CIFS shares on another server. You will be prompted to first enter the server name.

You may also then be prompted for the GUEST password.

The shares will then display.

12.6.5 Device

This will allow you to edit the DEVICE file for the current data set in "vi".

The DEVICE file is used to display the menu for a user to select where to send output when printing a report or other program that requires output. Lines that begin with ":" are considered remarks (comments) and blank lines are ignored.

The records in the file are formatted as follows:

Field 1
Menu option. Unique Single Character. This is not used in PM PLUS.

Field 2
Output type. Corresponds with OUTPUT in R4GL script to have program automatically select a default printer for the type of output. ie.. All reports will select the printer with a type defined as REPORT, HCFA forms will select the HCFA printer.   Can't exceed 9 characters.

Field 3
User Help area.. What the user will read for the option. Can't exceed 29 characters.

Field 4
Command to execute. This defines the program or programs to run when the option is selected. Can't exceed 39 characters

Field 5
Post execution option. Used primarily for redirection of any unwanted output created by the command in field 4. Can't exceed 39 characters.

Field 6
This is a text filter program stored in P_HOME/lib/PRT   That can work in conjunction with the input to

create formatted output on the device for this option. Such as bold print, underlined, emphasized, etc... The default is none.   Can't exceed 14 characters

The program that creates the output file must have the following standard embedded codes to produce the desired output.
- Begin Compress   ~C
- End   Compress   ~c
- 10 CPI Font   ~1
- 12 CPI Font   ~2
- 15 CPI Font   ~3
- Begin double wide ~D
- End   double wide ~d
- Begin reverse   ~R
- End   reverse   ~r
- Begin emphasized ~E
- End   emphasized ~e
- Begin Underlined ~U
- End   Underlined ~u
- Begin Italics   ~I
- End   Italics   ~i
- Vertical   line |
- Horizontal line   -
- Bullet   *

The following are standard MENU options.
```
A:FILE       :File (ASCII)          :FILE        ::
E:EMAIL      :Electronic Mail       :| EM;EM S  :2>1:screen
L:LOCAL      :Local printer         :| LOCAL    ::none
S:SCREEN     :Screen pager          :| PAGE     ::screen
T:TERMINAL :Terminal (non stop)     :          ::screen
```

Optional Fax Software.. will have to be modified
```
:F:FAX       :Facsimile             :| FX;FX S  ::none
```

This is using SP print to prt1 (common on Linux Servers)
```
1:REPORT    :Report         SP prt1:| SP -pprt1::none
```

This is using lp to print to prt1 (common on SCO Servers)
```
:1:REPORT    :Report         lp prt1:| lp -dprt1:1>/dev/null 2>/dev/null:
none
```

The following defaults are set up for SP printers
These are all of the standard OUTPUT types that they system uses
DO NOT remove these options, just change the printer if needed
```
2:HCFA      :HCFA           SP prt1:| SP -pprt1::none
3:STATEMENT:Statement       SP prt1:| SP -pprt1::none
4:SLIP      :Fee Slip       SP prt1:| SP -pprt1::none
5:LABEL     :Label          SP prt1:| SP -pprt1::none
6:UB92      :UB92           SP prt1:| SP -pprt1::none
7:CARD      :CARD           SP prt1:| SP -pprt1::none
8:CHECK     :CHECK          SP prt1:| SP -pprt1::none
```
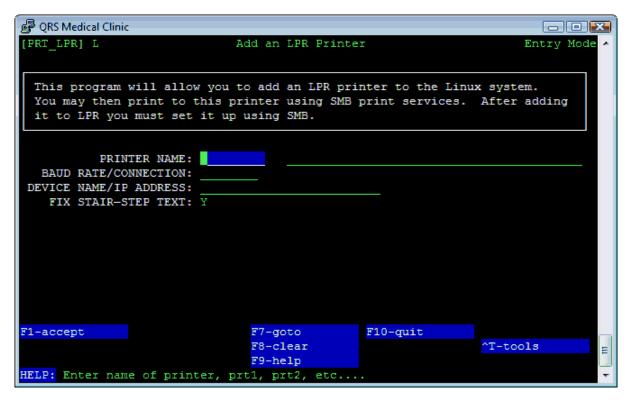
The PM PLUS system will add entries for
- [PDF] Screen
- [TXT] Text File

- [CSV] Excel File
- Terminal (non stop)

12.6.6 Lpr

The Lpr command allows you to add a printer to the Linux system using the LPR protocol.

Give the printer a name and description. Select the Baud rate if serial or connection type if network or parallel.
Enter the device name if local or the ip address if network based.

The last option is to fix STAIR-STEP text. Some printers use CR/LF for line terminate instead of NL. Set this to Yes if the text stair-steps.

ACCEPT the form and you will then see a confirmation.

```
QRS Medical Clinic                                                    [_][□][X]
Adding LPR printer....
---------------------------------------------------------------------------
          PRINTER NAME: prt1 Printer 1
  BAUD RATE/CONNECTION: PARALLEL
DEVICE NAME/IP ADDRESS: /dev/null
   FIX STAIR STEP TEXT: Y

The following entry for /etc/printcap
prt1|Printer 1:\
        :sd=/var/spool/lpd/prt1:\
        :sh:\
        :lp=/dev/null:\
        :if=/var/spool/lpd/prt1/filter:\


Press ENTER to add printer prt1, [q]uit █
```

Press ENTER to add the printer to the Printcap file. The printer should then be available as a share on the local host that you can use the Add command to set up.

12.6.7 Cups

The Cups command will take you into the service on the server to set up the printer.

CUPS (formerly an acronym for **Common Unix Printing System**, but now with no official expansion) is a modular printing system for Unix-like computer operating systems which allows a computer to act as a print server. A computer running CUPS is a host that can accept print jobs from client computers, process them, and send them to the appropriate printer.

12.6.8 Prtcap

The Prtcap command will allow you to quickly edit the "/etc/printcap" file using the "vi" editor.

12.7   Program Modification Menu

This menu allows access to modifying other configuration and setup files.

12.7.1   Modify Statements

The system is issued with three standard statement types: Letters, Mailers, and Folders. The Letter statement will print on standard tractor feed (8.5 x 11 inch) paper--no special form is needed. The Mailer and Folder statements do require special forms, which you may get through your vendor. This statement usually includes a self addressed return envelope for remittance. The Mailer statement is very popular because it requires no stuffing of envelopes. The Folder statement is seven inches long and single-fold. It uses number 10 windowed envelopes to display the guarantor's address. If you wish to use a return envelope with the Folder or Letter statement, you will need to provide them.

Another special template called FIRST_LETTER is available. This template is useful for practices that have electronically converted to the PM system. It tells the guarantor that your office has changed systems and that the information was electronically converted. It gives the guarantor the balance that is due. This gives your office time to work out any extra kinks in the conversion process.

The system does not require you use these default forms. It has the ability to customize the statement form to meet your practice's specific needs. This section explains the concepts and provides information needed to customize your statements. However, working knowledge of a text editor such as "vi" is needed to perform the customization. If you don't feel you are skilled enough to do your own customization, please contact your support representative for assistance.

To customize your statements you will need the following:
- An actual statement you wish to use,
- A word processing ruler (to measure the statement), and
- The statements you intend to use loaded in the appropriate printer.
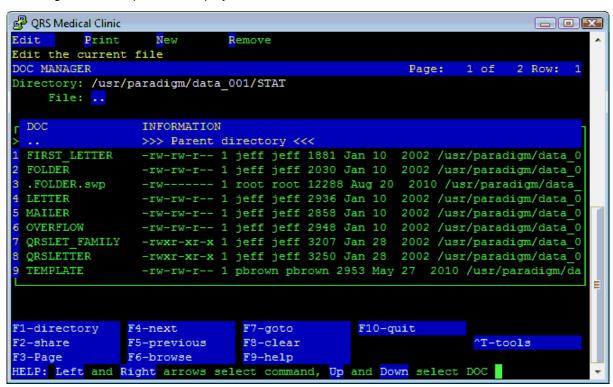
Customizing your statement involves measuring your statement and entering the row, column, data element, and picture into the statement template file.

The statement template file (s) is/are stored in the STAT directory in the data directory for the data set that you are using. The directory path would look something like "/usr/paradigm/data_XXX/STAT" where "XXX" is your custom data directory. This directory should contain these four files: MAILER, LETTER, FOLDER, and TEMPLATE. The template file is the actual statement template being used by the statement programs. If you wish to use the MAILER statement, copy the MAILER file into the

template file. The same holds true for the LETTER or FOLDER statement. The UNIX command to perform the copy process is "cp MAILER TEMPLATE".

Since most statements are based on these three statement formats, it is a good idea to copy the most similar format into the template file before customizing your statements. Once you have copied a similar template into the template file, you may edit the template file.

Selecting this menu option will display the Statement work list.

12.7.1.1 Template Layout

The statement template is divided into four main parts: FORMAT, HEADER, DETAIL, and FOOTER. Each section controls different aspects of the statement output. The following defines what can be used in each section:

12.7.1.1.1 FORMAT

The FORMAT is the first section of the statement template. This section is used to set up formatting for the form as well as to define dunning messages for the statement. Format information is defined in the following way: "KEY_WORD=value" where "KEY_WORD" is one of the defined keywords for the format section and "value" is the value at which to set the keyword.

12.7.1.1.1.1 Keywords

The following is a list and narrative of keywords found in the format section.

PAGE_LENGTH
This keyword defines the length of one page of the statement--a standard sheet of 8.5 X 11 paper is 66 lines. Printers normally print 6 lines per inch. To calculate this PAGE_LENGTH, you can multiply 6 by the length of the paper in inches.

LEFT_MARGIN
This keyword defines the left margin of the page. Normally this value is set to "0" (zero). However, some printers may not allow you to adjust the tractor feeds to properly line up the form. You may adjust the left margin of the form by changing the value for LEFT_MARGIN. This keyword allows you to move all fields to the right by increasing the number.

FIRST_DETAIL_LINE
This keyword tells the statement program where the first DETAIL line is on the statement form. Detail lines are the transactions that print in the body of the statement form. Detail transactions include charges, payments, adjustments, messages, old balance, and new balance. The value for this keyword should be set to the line or row number where the first key transaction should print.

NUM_DETAIL_LINES
This keyword defines the number of DETAIL lines that are to be printed on the statement.

FRST_MSG
This is the dunning message that will print on the first statement that is sent to the account, or the first statement sent after all previous balances have been paid.

CUR_DUNM
Current Dunning Message. This keyword should be set to what you would like the dunning message to be for accounts that are current. Dunning aging is based on the number of days since a payment has been made on the account. If a payment has not been made, the age since the last statement was sent is used. If the dunning age on the account falls into the current 30-day category, the value defined for this keyword will print for the field dun_mesg.

CUR_DUNM2, CUR_DUNM3, and CUR_DUNM4
These are the same as CUR_DUNM but for a second, third, and fourth line of text, printed in fields dun_mesg2, dun_mesg3, and dun_mesg4.

O30_DUNM
Over-30-day dunning message. If the dunning age on the account falls in the 31- to 60-day category, the value defined for this keyword will print for the field dun_mesg.

O30_DUNM2, O30_DUNM3, O30_DUNM4
These are the same as O30_DUNM, but for a second, third, and fourth line of text, printed in fields dun_mesg2, dun_mesg3, and dun_mesg4.

O60_DUNM
Over-60-day dunning message. If the dunning age on the account falls in the 61- to 90-day category, the value defined for this keyword will print for the field dun_mesg.

O60_DUNM2, O60_DUNM3, O60_DUNM4
These are the same as O60_DUNM, but for a second, third, and fourth line of text, printed in fields dun_mesg2, dun_mesg3, and dun_mesg4.

O90_DUNM
Over-90-day dunning message. If the dunning age on the account falls in the over-91-day category, the value defined for this keyword will print for the field dun_mesg.

O90_DUNM2, O90_DUNM3, O90_DUNM4
These are the same as O90_DUNM, but for a second, third, and fourth line of text, printed in fields dun_mesg2, dun_mesg3, and dun_mesg4.

INS_PAID
This message will print in the ins_mesg field (if defined) if the insurance carriers have processed all visits included in the account.

INS_FILE
This message will print in the ins_mesg field if there are any claims still on file for the account.

PRT_AGE
This variable determines what constitutes a current transaction as opposed to an old transaction. Current transactions will print in the DETAIL section of the statement and accumulate into the new_amnt field. Old transactions will only accumulate into the old_amnt or bal_frwd fields. If this value is not set, it will default to "4".

- **"1" or greater** means that all transactions with a "from" date within the number of days defined will appear on the statement as current transactions and that all other transactions will be accumulated into the balance forward. For example, if PRT_AGE=30 is defined, all transactions entered within the last 30 days would be current and all others would show as balance forward.
- **"0"** - All transactions are considered current. There will be no balance forward.
- **"-1"** - All transactions for visits with a balance greater than zero will be considered current. All credit balance visits will be in the balance forward.
- **"-2"** - All transactions entered since the last statement will print. This will look at the last statement date for the guarantor to determine when the last statement was printed. If a statement has never been printed for the guarantor, all transactions are considered current.
- **"-3"** - All transactions on visits having a balance (credit or debit) are considered current transactions. Any visits that have a balance of 0.00 are considered old. This does not take into account the detail billing flags, and is not recommended.
- **"-4"** - This is the same as "2" with the exception of accounts that have had a statement sent, that have been paid in full, and have then come back in for new services; the old payments used to pay off the old account will not be considered current. This is the default and recommended setting.
- **"-5"** - Any visit that has never appeared on a statement before (has a statement date of nothing) will be considered a new transaction; if it has, all transactions will be considered old transactions. This print age is used with the VISIT detail. Instead of printing transactions, you are just printing a summary.
- **"-6**" - If any new payments since last statement all transactions are current or the visit has not been sent before.

INC_ZERO_VISIT Include Zero-Balance Visits. Normally, zero-balance visits are looked at as long as the statement flag is set to "Y". If this function is set to "NO", the zero-balance visits will not be looked at for printing on a statement.

💣 **This function does not take into account that some transactions may be withheld from the bill, it only looks at the balance of the visit from the visit level. This function may be used if you do not wish payments made on visits paid-in-full to display on the statement.**

ALLOW_CONTINUED
Allow Continued Statements. Normally this capacity is set to "YES", indicating that if a statement is filled up with transactions, it will print asterisks "*" in all of the total fields, and print "Continued" in the dunning message. If set to "NO", only the last page of the statement will print. This can save statements, but not all the detail will be displayed on the statement. If this technique is used, you should create a "TOT_FORWARD" section to print the total balance brought forward at the top of the statement, making the transactions add up.

OVERFLOW
Use Overflow Statements. This ability is normally set to "NO". The program will generate multiple statements or a single statement if ALLOW_CONTINUED is set to "NO". If set to "YES", you must also have an OVERFLOW statement template defined as well as the normal template. The program will first generate all of the normal statements from the template file that will fit on one page. Any statements that will not fit on one page will be put in an overflow list. Then statements will be generated from the overflow list using the OVERFLOW template. This is handy if you are using MAILER type statements and do not wish to print continued statements, but would rather send a

lengthy statement on regular paper.

CYCLE

This is used to set the number of days in a billing cycle. Normally this is set to 28 (for 28 days). This tells the computer not to generate a statement if a statement has been generated within the last 28 days. It is used in cycle billing.

BRK_PHY

This tells the statement edit list program whether a separate statement should be generated for each physician for the account. If you want to combine all physicians for your practice onto one statement, even though the patient may have been seen by more than one, set this to "N".

💣 **If you are using the collections module and you change the value of this in your statement template, you will change the billing technique used by the system, and all of your collection information will be corrupted. You will then have to build a new collection file and start the process all over. Once you establish a billing procedure, it is recommended that you NOT change it.**

BRK_LOC

This keyword instructs the statement edit list program as to whether a separate statement is to be generated for each billing location. If you want a separate statement for each billing location, set this ability to a "Y".

💣 **This keyword takes into account the "bill-as location" ability of the location file. For example, if you have three locations and you wish locations 1 and 2 to be combined onto one statement and location 3 to be separate, you would use the "bill-as location" ability.**

💣 **If you are using the collections module and you change the value of this in your statement template, you will change the billing techniques used by the system and corrupt all of your collection information. You will then have to build a new collection file and start the process all over. Once you establish a billing procedure it is recommended that you NOT change it.**

💣 **If you set the ability to "N", the system will pull the name and address of fields loc_name, loc_add1, loc_add2, loc_city, loc_stat, and loc_zipc from the VER (version) file.**

BRK_PAT

Statements are sent to the GUA (guarantor) of the account as defined for the visit. If you wish to combine all patients for a given guarantor on one statement, set this ability to "N". If you wish to issue a separate statement for each patient under the guarantor, set this ability to "Y".

💣 **This is completely dependent upon the layout of the statement. If the statement you are creating has a place for the patient name in the HEADER or FOOTER, this should be set to a "Y". If the patient name were in the BODY or DETAIL section of the statement, you would set it to "N".**

BRK_ZIP

Normally statements are sorted by zip code, then by guarantor name. If you set BRK_ZIP to "N" in the statement template, they will not be sorted by zip code. If this attribute is left out, it will default to "Y" and they will be sorted by zip code.

12.7.1.1.2 HEADER

The HEADER section of the template prints at the top of the form before the DETAIL section. This area includes all fields relative to a header (see FIELD DEFINITIONS). The format in the HEADER section is

    line: column: field: picture

where "line" and "column" are the line number and character-column number where the field using the picture will be placed. The picture can be any printable character. All leading and trailing spaces are removed from the picture before processing.

12.7.1.1.3 DETAIL

The DETAIL section is divided into seven sections, representing the different types of detail transactions that can be printed on a statement. Each DETAIL section must be preceded with the detail type (CHARGE, PAYMENT, etc). This section defines fields to be printed at specific lines and columns. It uses the same format as defined in the HEADER section. The only difference is that the "line" value should be the same as the FIRST_DETAIL_LINE value set in the FORMAT section.

BAL_FORWARD
This is a transaction section similar to "OLD_AMOUNT" (see below). The difference is that this will print before the current transactions for the account, and "OLD_AMOUNT" will print after the current transactions. Only the bal_frwd field should be printed here.

CHARGE
This section defines how a charge will print in the DETAIL section of the statement form. Use the det_totl field to print the charge amount not the det_amnt field.

PAYMENT
This section defines how a payment will print in the DETAIL section of the statement form. Use the det_totl field--not the det_amnt field--to print the payment amount.

ADJUSTMENT
This section defines how an adjustment will print in the DETAIL section of the statement form. Use the det_totl field to print the adjustment amount--not the det_amnt field.

MESSAGE
This section defines how a message will print in the DETAIL section of the statement form.

NEW_AMOUNT
The computer will calculate a field called new_amnt. This value can be printed in this section of the DETAIL portion of the statement. The new_amnt is the total of all new transactions. If the value calculated is $0.00, the line will not print.

OLD_AMOUNT
The computer will calculate a field called old_amnt. This value can be printed in this section of the DETAIL portion of the statement. The old_amnt is the total of all old transactions. If the value calculated is $0.00, the line will not print.

TOT_FORWARD
This section is similar to the BAL_FORWARD section, but it will print the total from any previous pages.   It should be printed at the top of the DETAIL section. The only field that is valid in this section is the tot_frwd field. If you have set ALLOW_CONTINUED=NO in your template, put a TOT_FORWARD section to appear as a balance forward.

VISIT
Most physicians send out statements that show transactions. However, your practice may wish to send out a summary statement. A summary statement would appear something like the NCTR (encounter) form when in the visit summary mode. Instead of showing transactions, it shows a summary of the visits. This will make shorter statements. When creating this type of statement, the PRT_AGE should be set to "0", "1", "3", or "5". This is because we are not looking at transactions, but visits. If you set the PRT_AGE to a value greater than "0", "2", or "4", the balance forward would not match the total visit balance even though the total balance due would be correct.

NEW_CHARGES

You may wish to create a statement that does not detail the new charges but only gives a summary total of new charges. For example, if your practice performs a lot of new charges each month on patients such as oncology. You do not want to list all charges in detail because your statement will be very long. This feature is used in place of the CHARGE section. It allows you to print only a total of the new charges as one line item. The only field that you may print in this section is "new_chrg".

12.7.1.1.4 FOOTER

The FOOTER section is identical to the HEADER section of the statement template, except that it contains fields that will print after the DETAIL section of the statement.

12.7.1.2 Statement Field Definitions

The following is a list of all fields that you may use in the statement template. A narrative is included explaining each field.

12.7.1.2.1 Detail (transaction information)

FIELD NAME	TYPE	LEN	NARRATIVE
det_trac	STRING	9	transaction code
det_desc	STRING	21	description 1
det_des2	STRING	21	description 2
det_frdt	DATE		from date
det_todt	DATE		to date
det_unit	INT2		units (applies only to charges)
det_amnt	MONEY		amount of single unit
det_tosc	CHAR		type of service code
det_posc	STRING	2	place of service code
det_refc	STRING	9	icd or procedure reference
det_type	CHAR		type of transaction (C,P,I,A,M,N)
det_code	INT4U		serial number of transaction
det_lgdt	DATE		log date of transaction
det_post	CHAR		posting flag of transaction (O,C,M,Y)
det_user	STRING	5	user that made transaction
det_d1d2	STRING	44	description 1 & 2 combined
det_totl	MONEY		transaction amount this field will show the proper color of the money, charges (+), payments(), adjustments (?)
pat_totl	MONEY		if insurance is not on file, or has paid for the visit the "det_totl" will appear in this field. This and the "ins_totl" field are used if you wish to have separate columns for patient and insurance responsibility.
ins_totl	MONEY		Same as pat_totl but holds det_totl when insurance is on file.
det_tage	INT4		transaction age, used to determine if the transaction will print, (is current). This field is used for diagnosis reasons.
det_page	INT4		payment age, used to determine the dunning message that will be used. This field is used for debugging.
tra_cpt4	STRING	11	procedure code if det_type = C
tra_des	STRING	21	description for charge from tra file
tra_des2	STRING	21	2nd Description for charge from tra file
tra_d1d	STRING	43	Descriptions 1 & 2 from tra file
cpt_tra_cpt4	STRING	11	Lookup of TRA from tra_cpt4 and then the tra_cpt4 value.
cpt_tra_desc	STRING	21	description 1 line based on above lookup
cpt_tra_des2	STRING	21	2nd description line based on above lookup
cpt_tra_d1d2	STRING	43	Description 1 & 2 based on above lookup

Visit Information used in the DETAIL section of the template:

inv_code	INT4U		visit invoice number
inv_date	DATE		visit date
inv_icd1	STRING	6	Primary diagnosis code for visit
inv_frdt	DATE		Transaction from date for visit
inv_todt	DATE		Transaction to date for visit
inv_chrg	MONEY		Total charges for visit
inv_paid	MONEY		Total payments for visit
inv_pins	MONEY		Total insurance payments for visit
inv_ppat	MONEY		Total patient payments for visit
inv_adjm	MONEY		Total adjustments for visit
inv_totl	MONEY		Total charges, payments, adjustments for visit the balance for the visit.
inv_1flg	STRING	1	The primary insurance flag

12.7.1.2.2 Totals

tot_amnt	MONEY		total balance due (amount owed). Should be used in HEADER, or FOOTER section--not DETAIL.
tot_pata	MONEY		Patient's part of tot_amnt
tot_insa	MONEY		Insurance part of tot_amnt
new_amnt	MONEY		new amount (new transaction total)
old_amnt	MONEY		old amount (old transaction total)
old_totl	MONEY		only used in Header or Footer
new_totl	MONEY		only used in Header or Footer
new_chrg	MONEY		New charges used only in NEW_CHARGES
bal_frwd	MONEY		This field will print the amount of the balance not including current transactions. It can only be used in the "BAL_FORWARD" section of the template.
pat_frwd	MONEY		Balance forward for patient's responsibility. See the "pat_totl" field in the detail field definitions above.
ins_frwd	MONEY		Balance forward for insurance responsibility. See the "ins_totl" field in the detail field definition above.
tot_frwd	MONEY		Used to carry a total forward for statements that continue for more than one page. Can be used only in the "TOT_FORWARD" section of the template.
tot_chrg	MONEY		Total amount charged for use in FOOTER or HEADER section.
tot_paid	MONEY		Total amount paid, for use in FOOTER or HEADER section
tot_pins	MONEY		Total insurance amount paid for use in FOOTER or HEADER section.
tot_ppat	MONEY		Total patient amount paid for use in FOOTER and HEADER section.
tot_adjm	MONEY		Total adjusted amount for use in FOOTER or HEADER section.
lst_pmnt	DATE		Date of last payment made
lst_ins_pmnt	DATE		Date of last insurance payment made
lst_pat_pmnt	DATE		Date of last patient payment made
cur_amnt	MONEY		current amount (transaction age < 31 days)
o30_amnt	MONEY		total amount transactions > 30 < 61 days
o60_amnt	MONEY		total amount transactions > 60 < 91 days
o90_amnt	MONEY		total amount transactions > 90 < 121 days
amnt_o60	MONEY		total amount transactions > 60 days
amnt_o90	MONEY		total amount transactions > 90 days

amnt_120	MONEY		total amount transactions > 120 days

12.7.1.2.3 Patient Information

If BRK_PAT=Y, use this information in the HEADER or FOOTER section. If BRK_PAT=N, use it only in the DETAIL section.

pat_code	STRING	12	patient code
pat_name	STRING	26	patient name
pat_chrt	STRING	9	patient chart number
pat_add1	STRING	26	patient address line one
pat_add2	STRING	26	patient address line two
pat_zipc	STRING	10	patient zip code
pat_hphn	STRING	14	patient home phone
pat_wphn	STRING	14	patient work phone
pat_ssnf	STRING	11	patient social security number
pat_city	STRING	26	patient city
pat_stat	STRING	2	patient state
pat_cszc	STRING	40	patient city, state zip code
pat_frst	STRING	28	patient first name
pat_last	STRING	28	patient last name
pat_midi	STRING	2	patient middle initial
pat_fmil	STRING	28	patient (First M. Last) name

12.7.1.2.4 Guarantor

gua_code	STRING	12	guarantor code
gua_name	STRING	26	guarantor name
gua_add1	STRING	26	guarantor address line 1
gua_add2	STRING	26	guarantor address line 2
gua_zipc	STRING	10	guarantor zip code
gua_hphn	STRING	14	guarantor home phone
gua_wphn	STRING	14	guarantor work phone
gua_city	STRING	26	guarantor city
gua_stat	STRING	2	guarantor state
gua_cszc	STRING	40	guarantor city, state zip code
gua_frst	STRING	28	guarantor first name
gua_last	STRING	28	guarantor last name
gua_midi	STRING	2	guarantor middle initial
gua_fmil	STRING	28	guarantor (First M. Last) name
gua_titl	STRING	4	guarantor title

12.7.1.2.5 Location

If BRK_LOC=Y, use this information in the HEADER and FOOTER section. If BRK_LOC=N, these fields will contain the version name, address, city, state and zip as defined in the VER form, if used in the HEADER or FOOTER section.

loc_code	STRING	3	location code
loc_name	STRING	26	location name
loc_add1	STRING	26	location address line 1
loc_add2	STRING	26	location address line 2
loc_city	STRING	22	location city
loc_stat	STRING	2	location state
loc_zipc	STRING	10	location zip code
loc_phon	STRING	14	location phone

loc_cszc	STRING	40	location city, state zip code

12.7.1.2.6 Physician

If BRK_PHY=Y, use these fields in the HEADER or FOOTER section of the statement template. If BRK_PHY=N, you should only use these in the DETAIL section.

phy_code	STRING	3	physician code
phy_name	STRING	26	physician name
phy_frst	STRING	26	first name
phy_last	STRING	26	last name
phy_midi	STRING	2	middle initial
phy_fmil	STRING	26	first m. last

12.7.1.2.7 Referring Physician

Referring physician information--should only be used in DETAIL section.

rph_code	STRING	3	referring physician code
rph_name	STRING	26	referring physician name
rph_frst	STRING	26	first name
rph_last	STRING	26	last name
rph_midi	STRING	2	middle initial
rph_fmil	STRING	26	first m. last

12.7.1.2.8 Messages

These variables come from the dunning and other messages defined in the statement template.

dun_mesg	STRING	80	dunning message (the dunning message is set to the appropriate dunning message determined by the det_page field)
dun_mesg2	STRING	80	Second line of dunning messages
dun_mesg3	STRING	80	Third line of dunning messages
dun_mesg4	STRING	80	Fourth line of dunning messages
mon_msg1	STRING	80	monthly message 1
ins_mesg	STRING	80	This is the variable that contains either the INS_PAID or INS_FILE message

12.7.1.2.9 System

PAGE_NO	INT2		page number (this field is incremented for each new page.)
SYS_DATE	DATE		system date
DUE_DATE	DATE		The SYS_DATE + 15 days
PICTURE	STRING	150	This field will print what is in the picture field.

12.7.1.3 Edit

The Edit Command will allow you to edit the highlighted statement template in the "vi" editor.

12.7.1.4 Print

The Print command will let you print the template file to a printer.

12.7.1.5 New
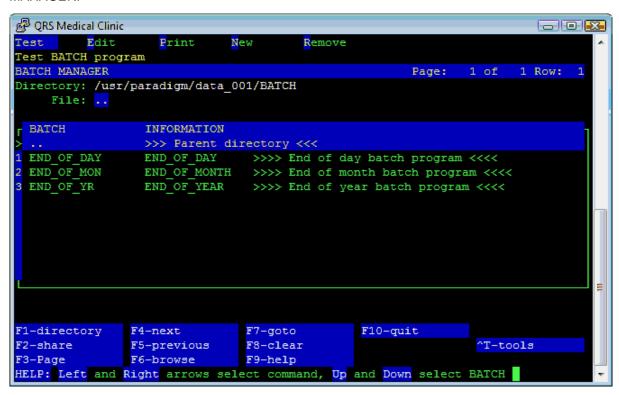
The New command will allow you to create a new file in the statement template area.

12.7.1.6 Remove

The Remove command will allow you to remove a template file from the statement template area.

12.7.2 Modifying the Batch Program

Selecting the "MODIFY BATCH PROGRAM" option from the ADMIN MENU will execute the BATCH MANAGER.

This program allows you to "Test" or execute a batch, "Edit" the contents of a batch, "Print" the contents of a batch file, Create a "New" batch file, or "Remove" a batch file.

There are three standard batch programs that come with the system:
- **END_OF_DAY**   End of day batch program
- **END_OF_MON**   End of month batch program
- **END_OF_YR**   End of year batch program

These are simple scripts that call a series of programs in sequence. They are used to allow you to call all the programs necessary for a task, such as the end of month close. By using a batch to call the programs, the user does not have to remember all of the programs that they want to run at an end of month close. They simply run the batch, and it calls all of the required programs.   A sample batch program looks as follows:

```
################################################################################
#
# BATCH_HELP=END_OF_DAY      >>>> End of day batch program <<<<
#
# There are three types of programs that you may call.  R-reports, S-shell
# scripts (sh), and E-executibles, B-Batch.  The second field is the program
# name Reports will be called with (r4gl), shells with (sh), and executibles
# will be called directly.
#
################################################################################

R:DAILY_CLOSE
R:HCFA_BATCH
R:HCFA_PRINT
#E:REQUEST
#E:BACKUP
~
~
~
~
~
~
~
"END_OF_DAY" 16L, 541C
```

Each empty line or lines starting with a pound sign "#" is ignored. Lines that contain a program request start with one of the following:

- **B**   Other Batch scripts
- **R**   Reports, called with r4gl.out
- **S**   Shell scripts, called with sh
- **E**   Executables, called directly
- **P**   Password (Prompt for a password before continuing)

The second field is the program name that is to be called. In the above example, we see the first thing called is another batch script. When another batch script is called, it will ignore the programs "REQUEST" and "BACKUP". This is so they may be chained together and you don't have to be prompted for the same things many times. This example then calls a series of reports, and finally calls "REQUEST" and "BACKUP". "REQUEST" is a program that checks to see if any other users have requested reports, and then asks the user running the batch if they wish to execute the request. "BACKUP" is the program to backup the computer.

12.7.2.1 Test

The Test command will execute the Highlight Batch.

12.7.2.2 Edit

The Edit command will allow you to edit the highlighted batch program in the "vi" editor.

12.7.2.3 Print

The Print command will allow you to print the highlighted batch program to a printer.

12.7.2.4 New
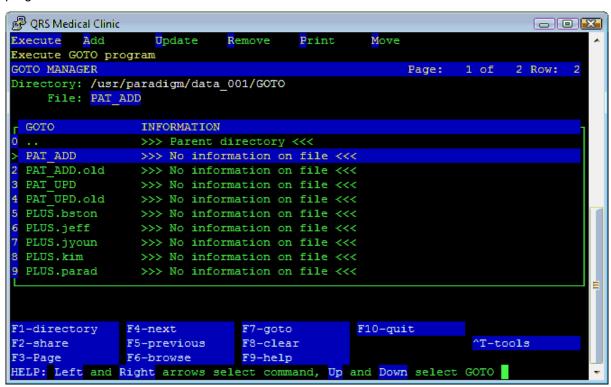
The New command will allow you to create a new batch program.

12.7.2.5 Remove

The Remove Command will allow you to remove the highlighted batch program.

12.7.3 Modifying the GOTO Program

This will allow access to the GOTO MANAGER. This work list allow you to access custom GOTO programs for the data set.

```
QRS Medical Clinic                                              [_][□][✕]
Execute    Add        Update      Remove      Print      Move
Execute GOTO program
GOTO MANAGER                                        Page:   1 of   2 Row:  2
Directory: /usr/paradigm/data_001/GOTO
     File: PAT_ADD

  GOTO              INFORMATION
0 ..               >>> Parent directory <<<
> PAT_ADD          >>> No information on file <<<
2 PAT_ADD.old      >>> No information on file <<<
3 PAT_UPD          >>> No information on file <<<
4 PAT_UPD.old      >>> No information on file <<<
5 PLUS.bston       >>> No information on file <<<
6 PLUS.jeff        >>> No information on file <<<
7 PLUS.jyoun       >>> No information on file <<<
8 PLUS.kim         >>> No information on file <<<
9 PLUS.parad       >>> No information on file <<<




F1-directory    F4-next        F7-goto       F10-quit
F2-share        F5-previous    F8-clear                     ^T-tools
F3-Page         F6-browse      F9-help
HELP: Left and Right arrows select command, Up and Down select GOTO
```

GOTO programs are the scripts that are called from the menu, or executed when specific functions are executed. Often they are used to trigger interfaces.   For example: The PAT_ADD will execute any time a patient adds a new record on the patient form.
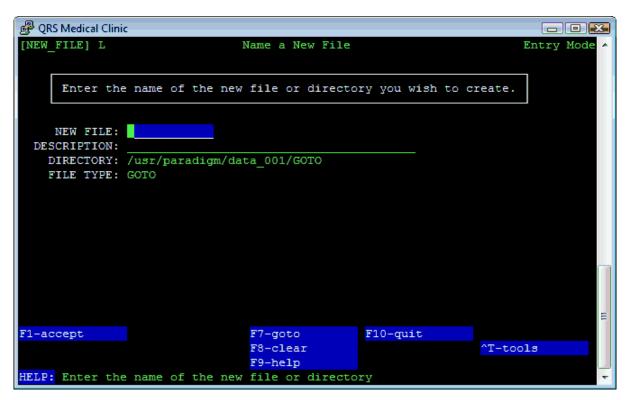
The GOTO MANAGER is the program that is executed when you select the MODIFY GOTO PROGRAM option from the ADMIN MENU. This manager allows you to "Execute" or run GOTO scripts for testing purposes, "Add" new GOTO scripts, "Update" existing scripts, "Remove" scripts, and "Print" the scripts. Another command called "Move" is available only for system developers and requires knowledge of a secret password. The GOTO programs are stored in a GOTO subdirectory of the data set and are customized to only that data set. All of the standard GOTO programs are stored in the system library. Do not modify GOTO scripts in the library, because they will be erased the next time an update is installed. GOTO scripts in the data set are not touched during an update.

12.7.3.1 Execute

This will allow you to test or execute the goto program.

12.7.3.2 Add

This option will allow you to create a new GOTO program.

12.7.3.3 Update

The Update command will pull up the highlighted GOTO program in the "vi" editor to allow you to modify it.

12.7.3.4 Remove

The Remove command will allow you to remove the highlighted GOTO program.

12.7.3.5 Print

The Print command will allow you to print the GOTO program to a printer.

12.7.3.6 Move

The Move command allows you to move a GOTO program to the share area so it is available on all data sets.
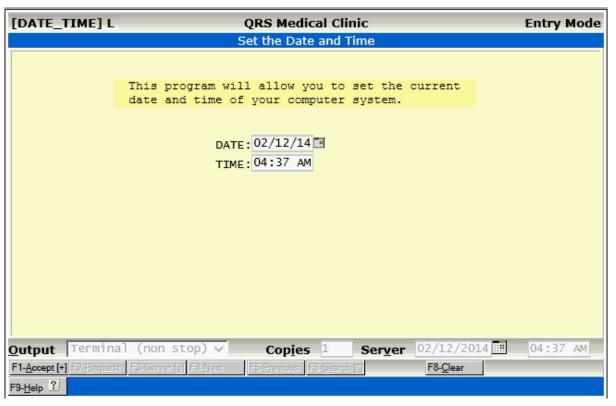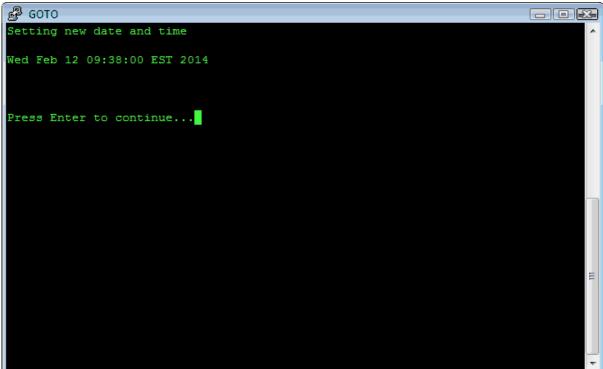
12.7.4 Set Date and Time

This option will allow you to set the date and time on the server. Servers are usually set up to automatically query a time server several times an hour over the internet. If this is the case the changes made here will be temporary until the next time the server automatically sets the time.

Type in the correct date and press enter. Then, type in the correct time, making certain AM or PM is correctly noted. Once you have filled in this information, simply press the ACCEPT function to save your entry. You will be shown a screen that confirms the change you made. Press ENTER and you
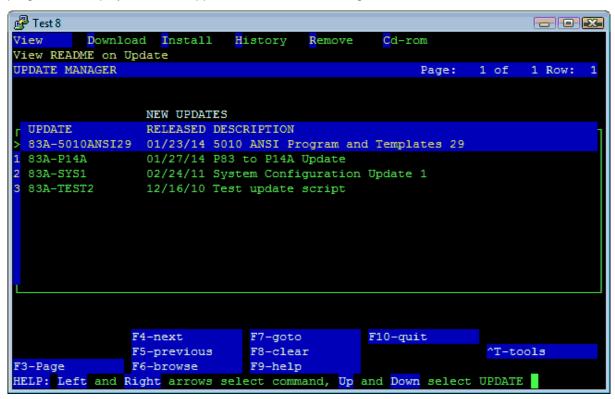
will return to the MAIN MENU.

12.7.5 Install Update / Release

Selecting the "INSTALL UPDATE / RELEASE" option from the PROGRAM menu you will first be prompted for the systems root password. After entering the password the UPDATE MANAGER program will display. It should appear similar to the following:

```
Test 8                                                              [ _ ][ □ ][ X ]
View        Download  Install   History    Remove     Cd-rom
View README on Update
UPDATE MANAGER                                       Page:    1 of    1 Row:   1


                      NEW UPDATES
  UPDATE            RELEASED DESCRIPTION
> 83A-5010ANSI29    01/23/14 5010 ANSI Program and Templates 29
1 83A-P14A          01/27/14 P83 to P14A Update
2 83A-SYS1          02/24/11 System Configuration Update 1
3 83A-TEST2         12/16/10 Test update script








              F4-next         F7-goto       F10-quit
              F5-previous     F8-clear                      ^T-tools
F3-Page       F6-browse       F9-help
HELP: Left and Right arrows select command, Up and Down select UPDATE
```

The Maximum Version of any update will be displayed if it has not been installed. So the update manager will only show the most current updates available for you to install.

12.7.5.1 What are Versions, Releases, Builds and Updates?

Versions are changes made to the program that will make the programs incompatible with previous programs. This is usually due to a change in the file structure that all of the programs use to access the data. The Version is represented by the number of the program. For example: This is Version 14 of the software. The number represents the Major change. A Major change being one that requires a totally new way of doing something. This Version was put out for ONC 2014 certification purposes.

Releases are changes made to the program to merit a whole new distribution be produced. Any time the Version changes, a new release will be issued. It is represented by the Letter of the version number. As in 14.A, the "A" is the release. Or the first release of 14.

Build Version is a third part of product control. It represents the issue number for the Version and Release as in 14.A.1. Changes made to the software through updates may require a new build number. These are generally improvements and fixes that are accumulated and then issued as a new build. This in turn will reference the proper documentation for the modified build.

Whenever a new Version, Release or Build is issued the Update manager will be cleared and only updates for that V.R.B will be available for download.
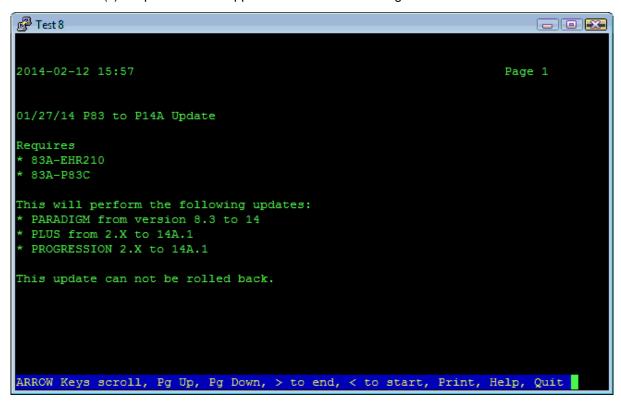
Updates are changes made to the program after a V.R.B. These may be improvements that have

been requested, or fixes to programs that do not function properly. Updates are usually based on a modules or parts of the system, such as the Encounter screen, or ANSI insurance claims. These updates usually do not require extensive documentation changes and come with release notes. When a lot of changes have been made for a Version and Release we may roll the all together into a new build.

This is where the update manager comes into play. This program not only allows you to download the updates and install them, but also it keeps track of what updates have been installed, and if necessary will allow you un-install or rollback an update within a V.R.B.

12.7.5.2 View
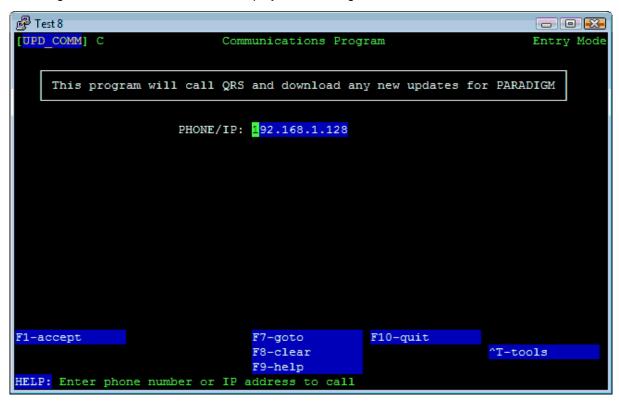
The View command will allow you to view the README file for the update that is currently highlighted in the file list. It will extract the README file from the Update file and use the PAGE program to display it on the screen for you. The README file will contain a detail description of the update file as well as what file(s) it replaces. It will appear similar to the following:

```
Test 8                                                                    
                                                                          
2014-02-12 15:57                                              Page 1      
                                                                          
01/27/14 P83 to P14A Update                                               
                                                                          
Requires                                                                  
* 83A-EHR210                                                              
* 83A-P83C                                                                
                                                                          
This will perform the following updates:                                  
* PARADIGM from version 8.3 to 14                                         
* PLUS from 2.X to 14A.1                                                   
* PROGRESSION 2.X to 14A.1                                                 
                                                                          
This update can not be rolled back.                                       
                                                                          
ARROW Keys scroll, Pg Up, Pg Down, > to end, < to start, Print, Help, Quit
```

If you wish to print a hard copy of the README file, use the print option from the PAGE program.

12.7.5.3 Download

Selecting the Download command will display the following form:

This program will call QRS and download any new Versions, Releases, Builds or Updates for the software. By default this program will use the internet to connect to QRS to download the files.

12.7.5.4 Install

Once you have downloaded any updates, the Update Manager will then list them.

If you are unsure of the function of an update use the View option and study the README file. The Install option will then install the update onto your system. You will be prompted:

12.7.5.5 History
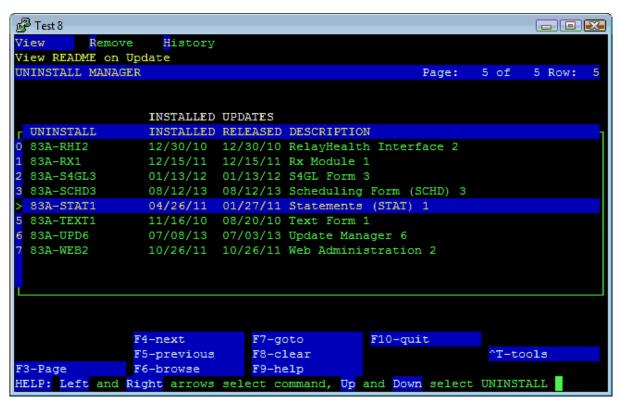
When you install or roll back an update, the program will put an entry into a History Log. This option will let you view the history log on the screen. Selecting this command will display a screen similar to the following:

```
Test 8                                                    [_][□][X]

2014-02-12 16:02              /usr/paradigm/upd/.Log              Page 1


DOWNLD -11-16-2010 11:11:23-janice-Started Download
DOWNLD -11-16-2010 11:11:53-janice-Finished Download
INSTALL-11-16-2010 11:13:22-janice-[83A-UPD2] 07/28/10 Update Manager 2
INSTALL-11-16-2010 11:13:32-janice-[83A-S4GL2] 07/28/10 S4GL Form 2
INSTALL-11-16-2010 11:13:48-janice-[83A-SCHD2] 07/28/10 Scheduling Form (SCHD) 2
INSTALL-11-16-2010 11:14:00-janice-[83A-PAT2] 07/28/10 Patient Form (PAT) 2
INSTALL-11-16-2010 11:14:14-janice-[83A-CII1] 07/28/10 Common Import Interface (
INSTALL-11-16-2010 11:14:20-janice-[83A-NCTR2] 07/22/10 Encounter Form (NCTR) 2
INSTALL-11-16-2010 11:14:36-janice-[83A-ADMIN1] 08/05/10 Administration Module 1
INSTALL-11-16-2010 11:15:00-janice-[83A-ALG2] 08/31/10 Allergy Module 2
INSTALL-11-16-2010 11:15:20-janice-[83A-PROG5] 08/10/10 PROGRESSION 5
INSTALL-11-16-2010 11:15:35-janice-[83A-PLUS2] 08/20/10 PARADIGM PLUS 2
INSTALL-11-16-2010 11:15:39-janice-[83A-TEXT1] 08/20/10 Text Form 1
INSTALL-11-16-2010 11:15:48-janice-[83A-ANSI3] 10/06/2010 ANSI Mainline Program
INSTALL-11-16-2010 11:15:57-janice-[83A-ICD111] 10/13/10 2011 CMS/ICD Codes
DOWNLD -11-29-2010 15:39:14-tlf-Started Download
DOWNLD -11-29-2010 15:39:30-tlf-Finished Download
DOWNLD -12-06-2010 16:22:54-janice-Started Download
ARROW Keys scroll, Pg Up, Pg Down, > to end, < to start, Print, Help, Quit
```

This shows if the update was installed or rolled back, the date, time, user, and update description. This can be useful in troubleshooting when needed.

12.7.5.6 Remove

The Remove Command will take you to the UNINSTALL Manager.

12.7.5.6.1 View

This will let you view the README file for the installed update.

12.7.5.6.2 Remove
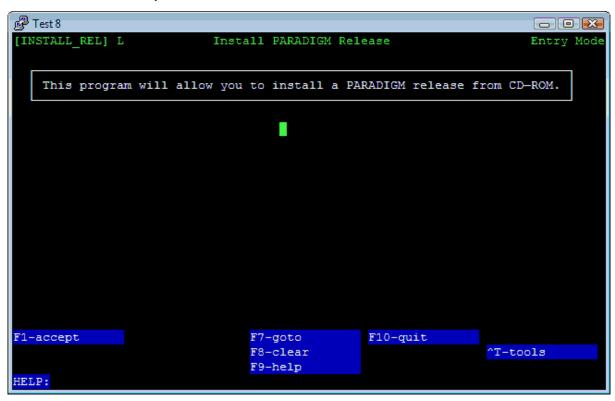
The Remove command will actually roll-back the update (uninstall it). It will then put the update back on the Update Manager.

12.7.5.6.3 History

This will show the history of updates.

12.7.5.7 Cd-rom
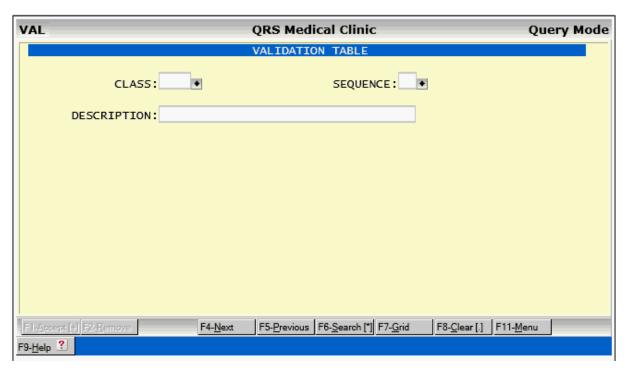
This command will allow you to install a new Release of software from CD-ROM.

This is only used if you are not able to download an new Release via the Internet. You may contact support and request a CD-ROM. You will be charged a media and shipping fee.

12.8   Validation Table Setup

This file containing these tables allows a list of valid information to be created dynamically. This list will is accessible by data entry forms and available to the user by using the SEARCH function. The software comes with all normal validations established. You may add new validations if you desire. You must use caution, however, because some validations are critical to the correct filing of insurance claims.

12.8.1   Field Descriptions

CLASS
A class and sequence number defines each validation entry. The class will group the validation entries.
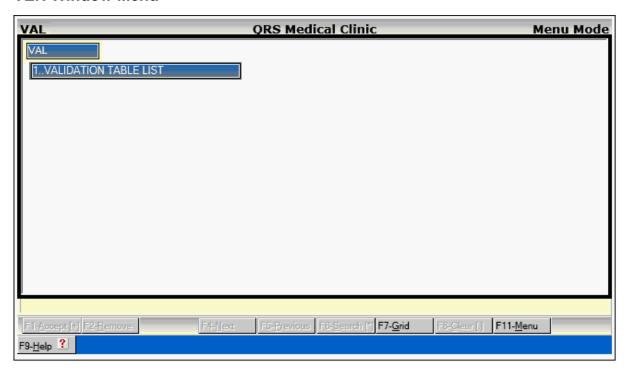
SEQUENCE
This field tells the computer in which order to display the defined class of validation entries.
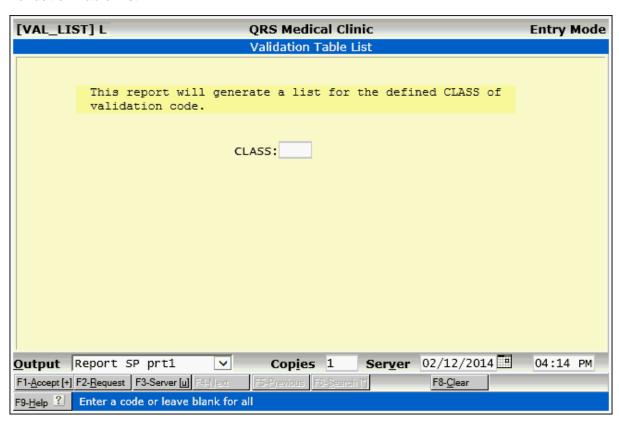
DESCRIPTION
In this field you enter the descriptions for the particular validation. You will need to enter the information that is transferred back to the field before a closed bracket (e.g. "Y]es" will display "Yes" with the "Y" being the value transferred back when selected by the user).

12.8.2 VER Window Menu
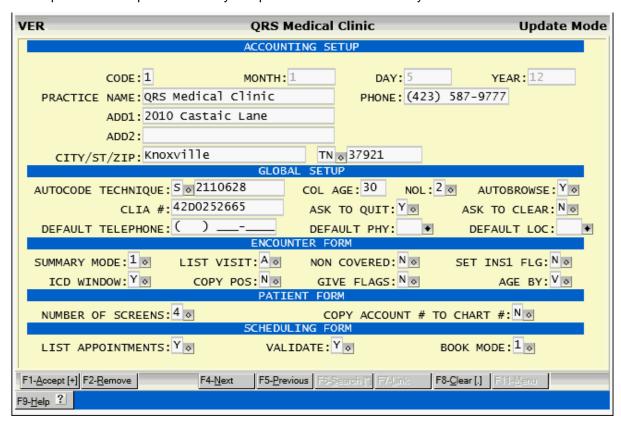
12.8.2.1 Validation Table List

12.9   Version Setup

The system allows for the setup of default information to be used throughout the data set. The Version Setup form (VER, for short) allows you to create these defaults or change them as your needs change. The implementation specialist usually completes this form when the system is installed.

12.9.1   Field Definitions

12.9.1.1   Accounting Setup

CODE
This will always contain a value of "1". Only one version record may exist per data set.

MONTH
This field will contain a counter for the current month of the current year. This is incremented each time an end of month process is run, and set to "1" each time an end of year is processed.

DAY
This contains the current day counter. This is incremented each time a day is closed, and set to "1" each time the month is closed.

YEAR
This field contains the current year counter. It is incremented each time an end of year process is performed.

PRACTICE NAME
Enter the name of your practice. This is used on statements and on collection letters, if you do not

break by locations.

PHONE
Enter the phone number of your practice.

ADD1
Enter practice primary address.

ADD2
Enter practice address line 2.

CITY
Enter practice address city.

ST
Enter practice address state.

ZIP
Enter practice address zip code.

12.9.1.2 Global Setup

AUTOCODE TECHNIQUE
The system has the ability to automatically code the account numbers for patients and guarantors. Here you may select the technique for coding. This may be time-based or serial- based. Time-based will create an account number based on the Year, Month, Day, Hour, Minute, and Second that the account was entered. Serial uses a sequential number; one will be added to the number each time NEW is entered in an account number field.

AUTOCODE TECHNIQUE (Field 2)
If coding technique is serial, then enter current account number.

COL AGE
Age for accounts to be put into collections. Here you may define the age of accounts for the collection process. When accounts are put into collections, the collections system will only get accounts that were billed over the number of days you enter and have not had a payment made in that number of days. The NCTR form also uses this number to identify the visits that are in collections for an account when looking at the summary of account. The Age is determined from the point of when a statement was sent. This will and can vary between visits, so even though accounts are put into collection, not all of a an accounts balance may be delinquent.

NOL
Number of collection letters, can be 1, 2 or 3. It defines how many collections letters will be generated before an account will be set to level "R".   Ready to be turned over to collections. If you select 1 only the first letter will be generated before being set to Ready when the accounts are bumped up to the next level.   So you should word your first letter appropriately as a final notice.   If you select 2 it will generate the first and third letters before being set to Ready to be turned over.

> 💣 **Some states require that you send a minimum number of communications before turning an account over to a collection agency or reporting them to a credit bureau. It is your responsibility to check your state requirements to determine how to set this value.**

AUTOBROWSE
Autobrowse is a feature that will put the form in the SEARCH mode if you enter a name or description instead of a code first. Normally this is a very helpful option. However, some slower computers have trouble responding quickly with this option. You may turn it off if your response is too slow.   This feature is now obsolete as these fields have the suggest feature. Suggest is much more efficient.

CLIA #
Enter your practice CLIA # here.

ASK TO QUIT
When a form is not in the query mode and you hit the QUIT function, the computer can prompt you to make sure that you wish to quit. This option can be turned on or off. This can prevent your entering a full screen of information and then losing it by quitting accidentally.

ASK TO CLEAR
This feature is the same as ASK TO QUIT, but for the CLEAR function.

DEFAULT TELEPHONE
Enter the default area code for the patient / guarantor phones.

DEFAULT PHY
Enter the default physician for PAT, NCTR, SCHD, and SLIP forms. You may leave it blank if you have a multi-physician practice.

DEFAULT LOC
Enter the default location for PAT, NCTR, SCHD, and SLIP forms. This can be left blank for multi-location practices.

12.9.1.3 Encounter Setup

SUMMARY MODE
This feature is no longer used.

LIST VISITS
This determines if the summary mode will list all visits or only those with a balance.

NOT COVERED
This feature is no longer used.

SET INS1 FLG
Automatically set the primary insurance flag on a new visit.

ICD WINDOW
Display the ICD window when posting transactions. When the cursor enters the ICD-TRA field on the transaction line, the descriptions for the ICD9 codes will display in a window at the top. This can help you in relating the proper ICD9 to the transaction.

COPY POS
Copy POS when posting transactions. The Place of Service code normally comes from the TRA (transaction table) default. However, you may have it copy the Place of Service code from the previous charge when posting.

GIVE FLAGS
When posting payments, the computer has the ability to evaluate the statement and insurance flags for the current visit. It will only make suggestions if needed, and you can accept or reject the suggestion.

If you do not want the computer giving you suggestions on setting the flags, change this to an "N".

AGED BY
Age visits by Visit date or Statement Date.

12.9.1.4 Patient Form

NUMBER OF SCREENS
The patient screen has the ability to support 3, 6, or 9 insurance policies. The number of screens that you select here determines this. If you set this to "4" the patient form will automatically progress you through only the number of screens needed when using the OTHER function. **This feature is no longer used.**

COPY ACCOUNT # TO CHART #
This will copy the account # to the chart # when creating a new patient.

12.9.1.5 Scheduling Form

LIST APPOINTMENTS
List patient appointments after query automatically. **This feature is obsolete.**

VALIDATE
Validate appointments for over-book or schedule conflict. Normally this would be "Yes" but you may not want the computer to warn you of this. **This feature is obsolete.**

BOOK MODE
The appointment book has the ability to display different fields. You may select the display fields using
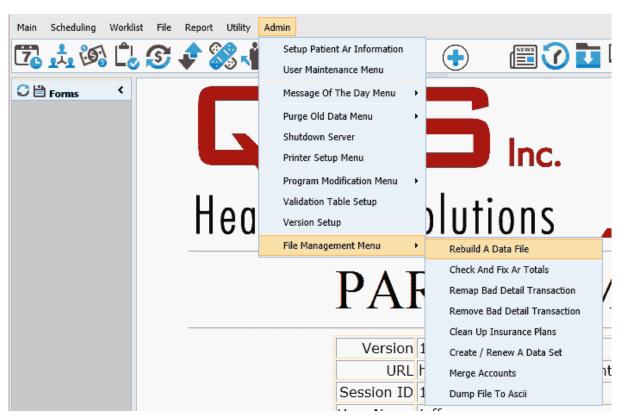
this option. **This feature is obsolete.**

12.10 File Management Menu

Proper management of data files is crucial to a productive workplace. The system provides many tools to help your system function as efficiently as possible. Four major factors in making sure you keep system down-time to a minimum are to

      1) make sure files are set up properly from the beginning,
      2) purge extraneous data on a regular basis,
      3) keep on guard against corrupt data files by noting any irregular system messages, and
           most important,
      4) perform regular backups.

The last option on the ADMIN menu is the FILE MANAGEMENT MENU. This Menu allows administrative access to programs for rebuilding, and cleaning up data files. Selecting this option from the ADMIN menu will display the following:

12.10.1 Rebuild a Data File

The system has many data files that store information and make up the database. It is possible for a data file to become corrupt. This means that the file has lost its integrity and the information stored in it is no longer accessible. When this happens, you will find out by an ERROR message. This may be either on a report, or on the data entry form when you are trying to enter or update information. When you receive an ERROR message, you should look the message up in the reference of this manual. If the ERROR message documentation recommends that you rebuild the data file, you may come to this program to do so.

The first thing this program does is check to see if any other users are on the system.   You must have all other users exit the system before rebuilding a data file. Once the rebuild process starts, all users will be locked out of the system until the rebuild is finished. Once all users are logged out, you will see

the following screen:

At this point you will need to enter the name of the file that you wish to rebuild. If the ERROR message you received did not have a file name, but a file number, you will need to look up the name of the file in the reference of this manual.

The process of rebuilding a file will remove any blank records and rebuild the index that is associated with the file. If the data file is corrupt beyond repair, you will have to restore the information from your backup tape and re-enter any information put in since the backup was created.

12.10.2 Check and Fix AR
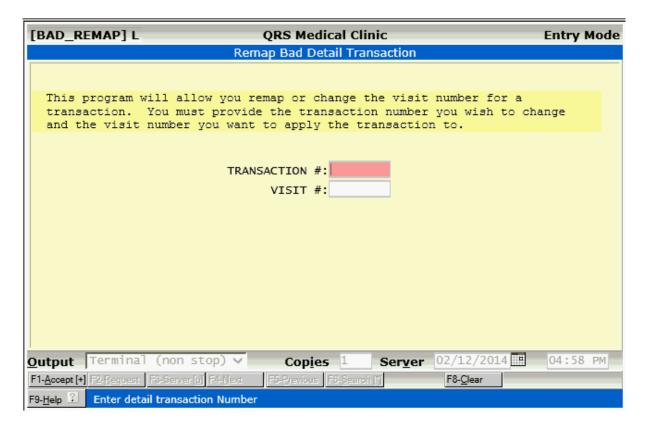
The second option on the File Management Menu is the Check and Fix program. The CHECK AND FIX A/R TOTALS is used to find transactions that are defective. This may be because they do not have a valid physician, location, guarantor, patient, or visit. These transactions cannot be posted and will cause your AR totals to disagree--that is, your daily total with your report totals. The system makes every effort to ensure data integrity. External forces, however, may cause corruption in files. This program will help find the errors so that it may be fixed. Selecting this option will cause the following form to appear:

```
[POST_TOTL] L              QRS Medical Clinic              Entry Mode
                         Check And Fix AR Totals

   This program consists of two phases.  Phase 1 is to find any transactions
   that do not have a defined physician, location, visit, patient, or guarantor.
   If phase 1 is successful, phase 2 will search each transaction, fix any
   visit totals, and post the MTD, YTD, and AR to the correct physician and
   location.  If not, a report will print out any bad transactions.  These
   transactions must be corrected so AR figures will balance.

   This program should always be run AFTER an End of Day Close.
   It is best to REQUEST it so it may run at night or over a weekend.



Output  Report SP prt1    ▼      Copies  1    Server  02/12/2014      04:57  PM
F1-Accept [+] F2-Request  F3-Server [u] F4-Next  F5-Previous  F6-Search [*]      F8-Clear
F9-Help  ?
```

To run the Check and Fix program from the above screen, simply press ACCEPT.
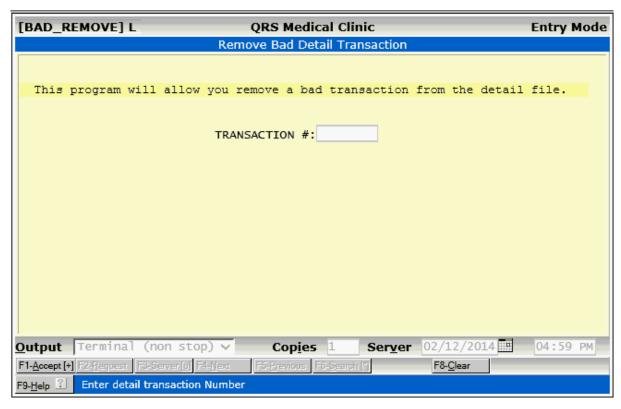
12.10.3 Re-mapping a Bad Detail Transaction

This program is used to re-map (assign to new visits) bad transactions.   It is used in conjunction with the list generated by the "CHECK AND FIX AR TOTALS" program. It will only work with transactions that are bad and have an unresolved visit. Prior to re-mapping a transaction, you should research the transaction by reviewing your end of day transaction recap reports. This should help you identify the transaction, who performed it, etc. If you cannot identify the transaction you may elect to remove the transaction using the next option on the menu. When this option is selected the following screen will appear:
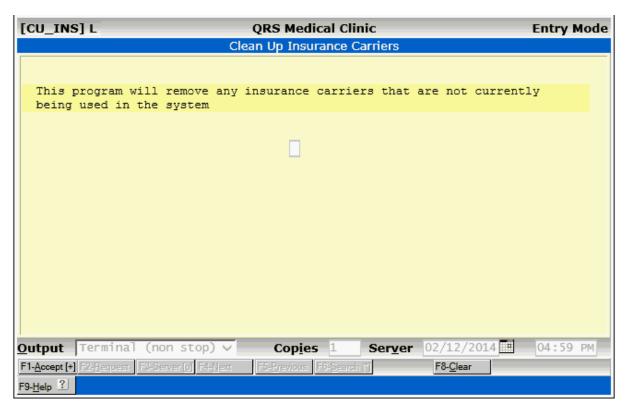
12.10.4 Removing a Bad Detail Transaction

This program will allow you to remove a defective transaction. Only transactions that have an unresolved visit and appear on the "CHECK AND FIX AR TOTALS" report may be removed. This program allows you to enter the transaction number and remove the transaction from the detail file. By selecting this option the following screen will appear:

```
[BAD_REMOVE] L              QRS Medical Clinic              Entry Mode
                        Remove Bad Detail Transaction

    This program will allow you remove a bad transaction from the detail file.


                    TRANSACTION #:[        ]
```

Output [Terminal (non stop) ▾]   **Copies** [1]   **Server** [02/12/2014▦] [04:59 PM]

F1-Accept [+] F2-Request F3-Server [u] F4-Next F5-Previous F6-Search [*]   F8-Clear

F9-Help [?] | Enter detail transaction Number

12.10.5 Cleaning Up Insurance Carriers
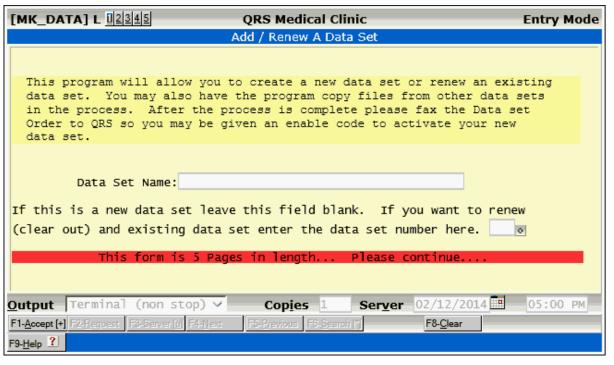
This program allows you to delete all insurance carriers in the insurance file that are not being used on any policies or visits. Selecting this option will display the following form:

```
[CU_INS] L                    QRS Medical Clinic                  Entry Mode
                            Clean Up Insurance Carriers

   This program will remove any insurance carriers that are not currently
   being used in the system




 Output  Terminal (non stop) ∨      Copies 1    Server 02/12/2014      04:59 PM
 F1-Accept [+] F2-Request  F3-Server [u] F4-Next  F5-Previous  F6-Search [*]    F8-Clear
 F9-Help  ?
```

This program will not generate a report, but only display its actions on the screen.

12.10.6 Create or Renew a Data Set

Selecting this option from the FILE-MGT MENU will bring up the Add/Renew A Data Set form. This is a multi page form that allows you to create or renew a data set, and copy files from other data sets on your system.

```
[MK_DATA] L 12345              QRS Medical Clinic                Entry Mode
                            Add / Renew A Data Set

     This program will allow you to create a new data set or renew an existing
     data set.  You may also have the program copy files from other data sets
     in the process.  After the process is complete please fax the Data set
     Order to QRS so you may be given an enable code to activate your new
     data set.


          Data Set Name: [                                    ]

     If this is a new data set leave this field blank.  If you want to renew
     (clear out) and existing data set enter the data set number here. [    ]◊

                This form is 5 Pages in length...  Please continue....


Output [Terminal (non stop) ∨]     Copies [1]   Server [02/12/2014]⊞ [05:00 PM]
F1-Accept [+] F2-Request F3-Server [u] F4-Next   F5-Previous F6-Search [*]    F8-Clear
F9-Help ?
```

```
[MK_DATA] L 12345              QRS Medical Clinic                Entry Mode
                            Add / Renew A Data Set

       You may copy existing files from another data set on your system into
       this new or renewed data set.  If you want to copy existing files enter
       the number of the data set you want to copy from next to the file.

                            Table Files
                    Physician       PHY [    ]◊
                     Location       LOC [    ]◊
                 Transactions       TRA [    ]◊
              Explosion Codes       XPL [    ]◊ Requires TRA
             Cross Walk Codes       XRF [    ]◊ Requires TRA, ICD, & ICF
          Alternate Proecture Code  APC [    ]◊ Requires TRA & INS
                ICD/Diagnosis       ICD [    ]◊
           Referring Physicians     RPH [    ]◊
         Referring Physician ID     RID [    ]◊ Requires RPH & INS


Output [Terminal (non stop) ∨]     Copies [1]   Server [02/12/2014]⊞ [05:00 PM]
F1-Accept [+] F2-Request F3-Server [u] F4-Next   F5-Previous F6-Search [*]    F8-Clear
F9-Help ?   Enter Data Set Number
```

[MK_DATA] L 1 2 3 4 5   QRS Medical Clinic   **Entry Mode**

Add / Renew A Data Set

You may copy existing files from another data set on your system into this new or renewed data set. If you want to copy existing files enter the number of the data set you want to copy from next to the file.

Table Files Continued

Classification	CLS	◊
Facilities	FAC	◊
Zip Codes	ZIP	◊
Employer	EMP	◊
Insurance	INS	◊
Insurance Contract File	ICF	◊
Contract Fee Schedule	CFS	◊ Requires ICF, TRA, & possible PHY
Contract ID	CID	◊ Requires ICF, PHY, & possible LOC

Output Terminal (non stop) ⌄   **Copies** 1   **Server** 02/12/2014 ▦   05:00 PM

F1-Accept [+] F2-Request F3-Server [u] F4-Next F5-Previous F6-Search [*]   F8-Clear

F9-Help ❓ **Enter Data Set Number**

[MK_DATA] L 1 2 3 4 5   QRS Medical Clinic   **Entry Mode**

Add / Renew A Data Set

You may copy existing files from another data set on your system into this new or renewed data set. If you want to copy existing files enter the number of the data set you want to copy from next to the file.

Master Files

Guarantor	GUA	◊ will copy ZIP
Patient	PAT	◊ All patient data including policy, extended patient, referrals, GUA, & ZIP
Encounters	INV	◊ All visit data including transactions, and payment adjustment distribution will copy PAT, and GUA data

Scheduling Files

Appointments	FSL	◊ will Copy RES, REA, and SCF
Resources	RES	◊ May Require PHY
Reason Codes	REA	◊
Configuration	SCF	◊ will Copy RES, and REA

Output Terminal (non stop) ⌄   **Copies** 1   **Server** 02/12/2014 ▦   05:00 PM

F1-Accept [+] F2-Request F3-Server [u] F4-Next F5-Previous F6-Search [*]   F8-Clear

F9-Help ❓ **Enter Data Set Number**

```
[MK_DATA] L 12345          QRS Medical Clinic              Entry Mode
                        Add / Renew A Data Set

    You may copy existing files from another data set on your system into
    this new or renewed data set.  If you want to copy existing files enter
    the number of the data set you want to copy from next to the file.

                          Custom Files

                    (Reports)     R4GL    [⌾]
              (Custom options)    MENU    [⌾]
          (Statement Templates)   STAT    [⌾]
      (Insurance Form Templates)  HCFA    [⌾]
      (Insurance Form Templates)  UB92    [⌾]
          (Interface Programs)    GOTO    [⌾]
      (End of Day, Month, Year)   BATCH   [⌾]
             (Screen Defaults)    DEFAULT [⌾]
               (Printer Menu)     DEVICE  [⌾]


Output  Terminal (non stop) ∨    Copies 1   Server 02/12/2014 🗓   05:00 PM
F1-Accept [+]  F2-Request  F3-Server [u]  F4-Next   F5-Previous  F6-Search [*]      F8-Clear
F9-Help  ?    Enter Data Set Number
```

Completing the form and using the "accept" function will add or renew the data set. Before you can use the data set you must license it. There is a fee for additional data sets. You may call support to create an order and get an enabling code to activate your new data set. You will also find this program under the is available to you when you select a data set.

12.10.7 CC Change
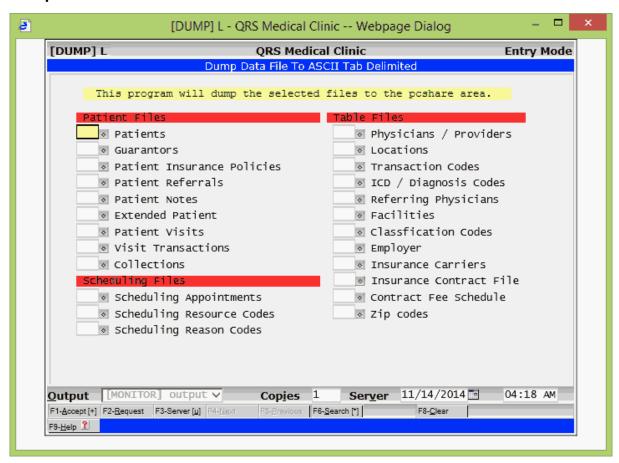
This program does a maintenance on the detail transaction file. Many clients have set up a payment code of CC for Credit Card. CC is a reserved code used for corrected claim.

[CC_CHANGE] L   QRS Medical Clinic   Entry Mode
                            Change CC Codes Transactions

This program will change Transactions with a code of CC to the code you
define. CC is an internal code used for Corrected Claim. Many have used
CC for Credit Card in the past.
 Prior to running this program you should have set up the new codes
 CC should be Corrected Claim and be a Note

        Code to change CC to [_____] ◆ if transaction is not a Note

Output [Terminal (non stop) ▾]   Copies [1]   Server 02/12/2014 ▦   05:05 PM
F1-Accept [+] F2-Request F3-Server [u] F4-Next   F5-Previous F6-Search [*]   F8-Clear
F9-Help ?

12.10.8 Merge Accounts

[MERGE] L   QRS Medical Clinic   Entry Mode
                              Merge Accounts

This program will merge one account with another. Enter the code of the
patient you wish to merge from and the patient you wish to merge to.
When the accounts merge, the insurance information on the visit will be
replaced with the "to" account. The dates and flags will be cleared and
a transaction will be added to the visit showing it was merged.
This program will remove the from account after the merge is done. It will
also evaluate the guarantor for the patient, and if not used for any other
patients or visits it will also remove the guarantor.
It will then merge the EHR problem, medication, allergy, trackable and
alert data. All EHR files will then be moved over.

        Merge from account: [_____] ◆
              To account: [_____] ◆

Output [Terminal (non stop) ▾]   Copies [1]   Server 02/12/2014 ▦   05:07 PM
F1-Accept [+] F2-Request F3-Server [u] F4-Next   F5-Previous F6-Search [*]   F8-Clear
F9-Help ?   Enter From Patient Code

12.10.9 Dump File to ASCII

12.11 Customizing Data Entry Forms

One of the powerful features of system is the ability to customize data entry forms. This customization or alteration of forms falls into two categories: security and fields. Security customization lets you set a default security level, as well as passwords as well as any configuration for database operations of a data entry form. The field customization lets you alter a field's default, message, access ability, etc.

Only an administrator or programmer has the ability to customize a data entry form. This is done by activating the Admin Mode while on the data entry form. To do this click on the Mode indicator in the upper right hand corner of the screen.
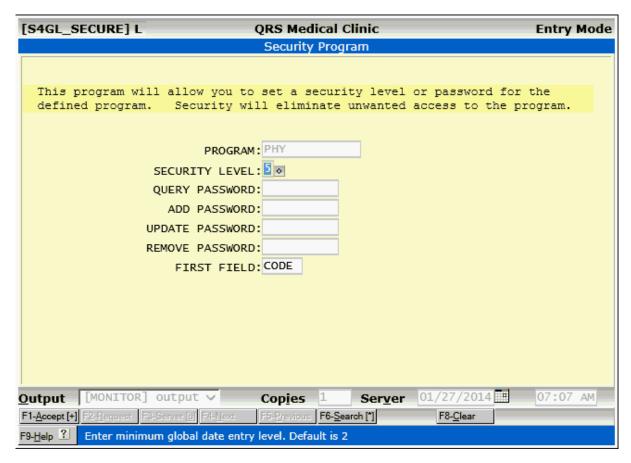
When you click on this you will be prompted:

12.11.1 Setting Security for a Form

Double Clicking on an open area of the form will display the security & configuration form.

All data entry forms have standard security & configuration.   This allows you to set the base security level for a data entry from as well as passwords for Query, Add, Update, and Remove.   The configuration is for the first field that the cursor will access when the screen is cleared. This can only be accessed by Administrators or Programmers by first clicking on mode indicator of the form to turn on Admin Mode. Then by clicking on any open area of the form.

PROGRAM - This is the form name for the security file.

SECURITY LEVEL - The Base security level a user must have to access the form.   The Default is 5.

0	Programmer, all database privileges, skips passwords, allowed into programming options
1	Administrator, all database privileges, skips passwords, allowed into administrative options
2	Query, add, remove, update, normal data entry person, must know passwords
3	Query, add, update, no remove permission
4	Query, add, no update or remove permission
5	Query, no add, update, or remove permission
6	No access to forms, only reports with default permissions
7	No access to forms or reports, just utilities and office options

QUERY PASSWORD - A password to allow the ability to query or enter the form.

ADD PASSWORD - A password that must be entered to Add records.

UPDATE PASSWORD - A password that must be entered to Update records.

REMOVE PASSWORD - A password that must be entered to Remove records.

FIRST FIELD - The field the cursor will land in when the CLEAR function is used.d

12.11.2 Setting Field Defaults

Double click on a field to set the field defaults. It will first display a list of users.

If you want to set a field default for a specific user click on that user. If you want to create a field default for all users exit this window. It will then display the Set Field Information form.

```
[SET_FIELD] L              QRS Medical Clinic              Entry Mode
                          Set Field Information

    This program will let you set information for the defined form and field.

FORM: PHY                        FIELD: DEA
DFLT:
MESG:
BRWS:

                              VALI:
                           JUSTIFY: LEFT
                              CASE: ANY
                             START: 0
                              LEAP:
                      QUERY ACCESS: NA
                        ADD ACCESS: SA
                     UPDATE ACCESS: SA

Output  [MONITOR] output ∨    Copies  1   Server  02/12/2014    05:25 PM
F1-Accept [+]  F2-Request  F3-Server [u]  F4-Next   F5-Previous  F6-Search [^]      F8-Clear
F9-Help  ?   Enter Default for field. SYS_PHONE, SYS_DATE, SYS_CDATE, SY_TIME, @-env
```

12.11.2.1 Field Definitions

FORM
This field is filled in automatically and defines the form that is being modified.

FIELD
This field is filled in automatically and defines the field that is being modified.

DFLT
In this field you may enter a default value for the field. This may be either a constant text value or one of the following:
- SYS_PHONE   System default area code from version file
- SYS_DATE   Current computer date as defined by the system in MM/DD/YY format
- SYS_CDATE   Same as above in MM/DD/CCYY format
- SYS_TIME   Current computer time as defined by the system in HH:MM XM format
- @ENV   Environmental variable of the UNIX operating system, where ENV is the name of the variable

MESG
Here you may enter the message that will print on the help line when the user enters this field.

BRWS
Here you may enter a list of fields that will be in the browse window when the user uses the BROWSE function in this field. This only applies to fields that have the ability to browse because they are either

lookup fields or part of the main file that is indexed.

VALI
Here you may enter the four-character validation class code. This allows you to establish validation tables using the VAL form and attach them to fields on other forms.

JUSTIFY
This tells if the field's output display should be left- or right-justified. Normally fields are left-justified unless they contain money or some other numeric value; then they are normally right-justified.

CASE
This tell the program how to convert the characters entered by the user. The valid options are:
- UPPER   Upper case
- LOWER Lower Case
- ANY   Any Case
- FLU   First Letter of Each New Word Upper Case

START
This tells the program to position the cursor on this position of the field by default. The normal value is "0". On some fields, such as phone numbers, you may default the area code and start on another position. **This option is obsolete.**

LEAP
This tells the computer if the field is a leap field. If a leap field is defined for the form, the LEAP function will display on the bottom of the form, and the user may use the LEAP function to quickly jump to the field.

QUERY ACCESS, ADD ACCESS, UPDATE ACCESS
These fields tell the program if the user has access to the fields while the program is in the "Query Mode", "Add Mode", and "Update Mode", respectively. They may have a value of any of the following:
- NA   No Access to the field
- SA   Standard Access to the field
- RQ   Required input in the field
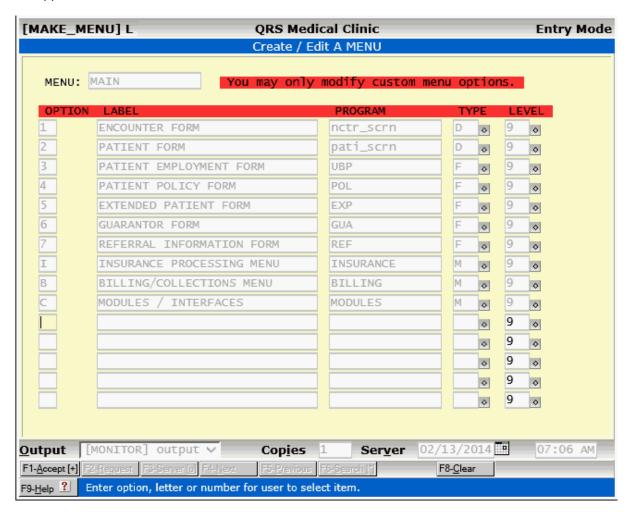
After changing the values you may use the ACCEPT function of this form to save the values. You may then select any other fields to modify.

12.12 The Menu Editor

The menu editor allows the access to the menu files for modification of the menus. The menu editor will appear as follows with the MAIN MENU loaded.

The menu editor may be accessed by double clicking on the screen while the menu you wish to change is displayed. Each menu may have up to 15 options, and you do not have the ability to change the standard options on the menu. When you modify a menu, you only have the ability to add new options to any unused options that are available on the menu. In the above example, you have five custom options that could be added to the menu. If you had more than five options, you could create a submenu In which you could have up to 15 options.

12.12.1 Menu Fields

You now have the ability to edit the menu by changing the desired information, updating the menu file, and quitting. The following defines the fields that are available for each line item on the menu:

OPTION
The OPTION field is where you may enter the single-digit number or letter that can be used to directly select the menu item. You should not have two options on the same menu with the same option identifier. By convention, core options of the menu are listed at the top with sub-options at the bottom. Core options are usually given numbers, and sub-options are usually assigned letters.

LABEL
The LABEL is what will display on the menu for the user to see. This line should briefly explain the menu option.

PROGRAM
In the PROGRAM field, you must enter the name of the program that this menu option should call. The information in this field is also dependent upon the TYPE field.

TYPE
The TYPE field tells the menu program the type of program that is to be executed. Because of the different types of programs that the system can call, this field is required to allow quick execution of the program. The following is a list of the different program types:

F   Form programs are S4GL forms. You should enter the form name in the PROGRAM field.

D   Data entry program. These are programs of advanced forms that do not utilize the S4GL program, such as patient entry, encounter, etc.

S   Shell programs can be anything that can be called from the UNIX prompt. Enter the name of the shell program in the PROGRAM field. The shell program must be in the PATH for it to execute.

K   Kill Shell programs are the same as shell programs, but control is not returned to the menu when the shell program has terminated. This option is usually used in window menus of data entry forms.

R   Report types will call the R4GL program with the program defined in the PROGRAM field. Control is given to the R4GL program and will return to the menu program when execution is terminated.

M   Menu types allow you to define a menu program. This option will cause the menu program to read in the menu file that is defined in the PROGRAM field. The control of the program never changes; it just switches menu files. If you define a new option on a menu and give it a type of M, the program will automatically enter the menu editor when that option is selected, because the menu does not yet exist.

B   Batch types will call the BATCH program with the program defined in the PROGRAM field.

LEVEL
The LEVEL field is part of the security feature of the system. Here you may enter a value from 0 through 9. A user with a security level greater than the level entered will not have access to the program. When a menu paints on the screen, options that a user does not have privilege to will display in a dim attribute, if it is available. If you want every user to have access to an option, give it a level of "9". If only administrators should have privilege, enter a level "1" value.

Complete the information and use the ACCEPT function to save the information.

12.13 List Manager Reference

The List manager program allows the creation of list from data and the execution of commands based on that list.   This section is a reference for a List Manager File.. known as LMGR. These files are stored in the Library, but you may have both shared and custom LMGR files on a system.

The LMGR file is broken down into the following sections:
- ## LIST
- ## COMMANDS

LIST
The list section begins with the "**## LIST**" and ends with "**## END OF LIST**". This section of code at the bare minimum is required to generate the list of data that the List Manager will display for the user. The list data is in the following format.

ITEM1|DATA1|INFO1
ITEM2|DATA2|INFO2
.
.
ITEM999|DATA999|INFO999

Each record consist of three fields seperated by the pipe "|" character. The first field is the ITEM. It should be 20 characters or less. Generally it is a unique item within the list.
DATA is what is displayed next to the item on the list.
INFO is displayed in the area above the List when a line is selected.

The LIST section utilizes the Linux "shell script" language.

The LIST section can also be used to perform other tasks in associated with the TASK attribute under the commands.
This is done by looking at the first argument "$1" to branch the program to perform a certain task.

$1 will be the TASK
$2 will be the ITEM
$3 will be the DATA
$4 will be the INFO

for the record selected by the user.

A great way to do this is with the "case" construct.

```
TASK=$1
case "$TASK"
in
SELECT)
.......
;;
ADD)
.......
;;
*) # Do the List stuff
........
;;
esac
```

COMMANDS

The "## COMMANDS" section begins with "## COMMANDS" and end with FINISH or when the end of

the file is reached. This section contains both global setup attributes as well as COMMAND attributes. Attributes are in the form

ATTRIBUTE=VALUE

Global Setup Attributes
Global setup attributes should be found at the top of "## COMMANDS" section. They are as follows.

TITLE=
Here you may enter the title that displays at the top of the form

HEADER=
Here you may enter the header that displays at the top of the list. Uses this to define the columns of data that your list displays. Can be passed with @1...@9

PHELP=
Enter the name of the context sensitive help file for the system if one applies. If a help file does not exit it will point to "the_list_manager.htm" by default.

MODULE=
Defines a Module to use.. can be passed in with @1...@9

LOCK=
If set to YES only one user will be allowed into this at a time.

Command Attributes
Command attributes are attributes that are assigned to each command you put on the COMMAND menu at the top of the form. Each command attribute stats with COMMAND= and ends either at the end of the "## COMMANDS" section or the next COMMAND= attribute being defined.

COMMAND=
This defines the command that will display at the top of the form. The first uppercase character in the command will be a shortcut key that will automatically execute the command.   Ie.
COMMAND=Select

MESSAGE=
This is the Help message that will print below the command

ACTION=
Optional.   This is the program to run through the pms.cgi program.   This program will be passed ITEM, DATA, and INFO.

TYPE=
Required if ACTION has value. This is the type of program being call.
S - Shell, S or D - S4GL form, R - R4GL form. M- Menu, L - List Manager

TASK=
Optional Task to execute in LIST before ACTION is taken. If you want to RELOAD after the TASK is performed add a ",YES" or ",AUTO" after the task.

CONFIRM=
Confirmation prompt to be given before executing an ACTION or TASK

NEXT=
Next command to highlight after execution of the current task.

JSCRIPT=
Built in javascript function to direct next step based upon ITEM DATA or INFO.

RELOAD=
Set to AUTO, YES or NO. If AUTO the program will display the message
Waiting on program for new data. And the program called should touch the reload file in the pms/tmp
area for the PROGRAM_MODULE.reload
If YES the program will issue an alert box waiting for the user to click to reload.

CLICKEXE=
When set to YES this command will execute on click. This is useful for commands that do not use an
of the list items. If a command uses the list item you should set this to NO and a message will inform
the user to now select the list item.

12.14 PC Setup

Before using the PM application it must be installed on a windows PC.   There are several things that must be done to install the software for use. The first thing you must do is determine if you are planning on running the software as a HTA (HyperText Application) or just using Internet Explorer to access.

You can setup access to the application both ways if you desire.

12.14.1 (HTA) HyperText Application Setup

Enter topic text here.

12.14.2 Internet Explorer Setup

The PM system is a WEB 2.0 application that takes advantage of many of the features of the modern Internet Explorer (IE) web browser. However many of these features in IE are disabled by default. To get the full functionality of the software you need to make changes to your IE web browser.

12.14.2.1 Automatic Browser Setup
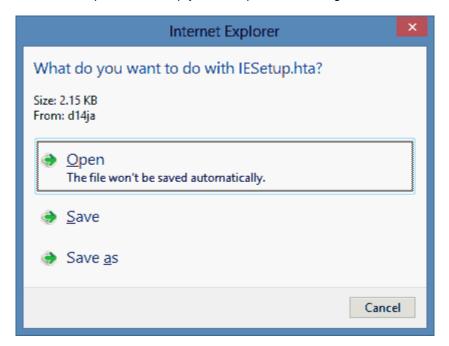
The first step in the automatic browser setup is to open Internet Explorer and enter the URL for your PM Server. You should see the Login Screen with a Warning Box in the center.

Click where is says "**Click here to download and run the IEsetup program**".

This should open a new empty tab and present a dialog similar to the following:

Click on "**Open**".

This will run the setup program and then present the following alert:

Click "**OK**" and the following Dialog will display.
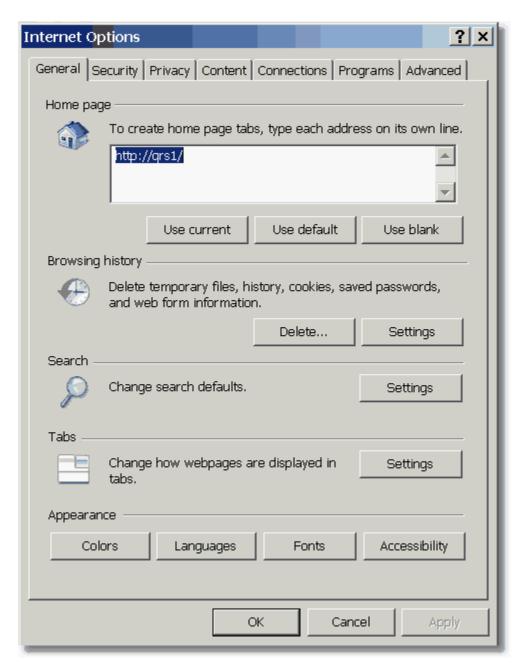
Click "Yes" and Internet Explorer will close.

Open Internet Explorer to the same URL and you will see the warning box is gone.
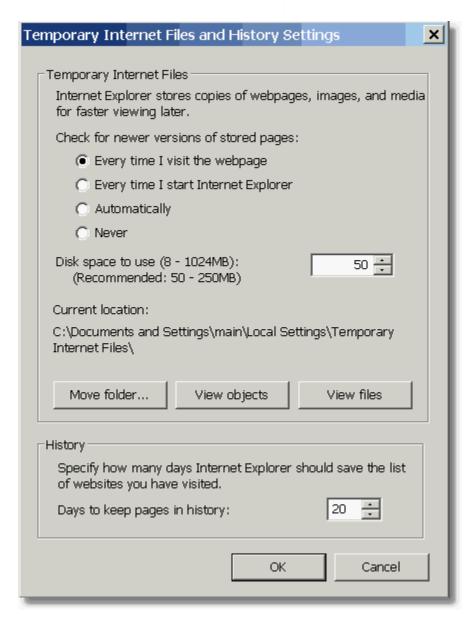
12.14.2.2 Manual Setup

First you will need to access your Internet Options within IE. This can be found under the Tools Menu.
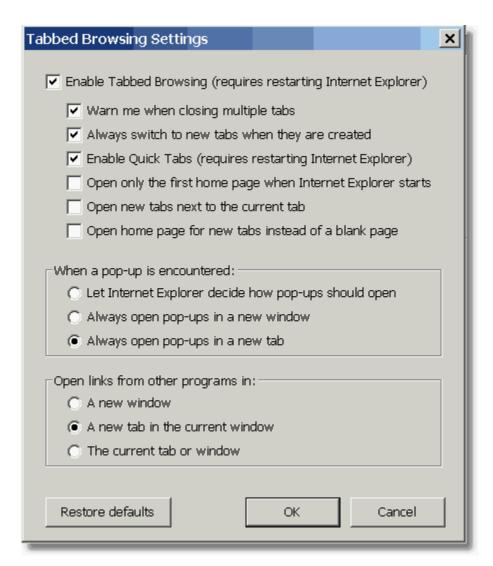
12.14.2.2.1 Browsing History

Click the Settings button under Browsing History. In this window select "Every time I visit the webpage" and click OK. This will prevent your browser from caching and possibly displaying the wrong information.

Temporary Internet Files and History Settings

Temporary Internet Files

Internet Explorer stores copies of webpages, images, and media for faster viewing later.

Check for newer versions of stored pages:

- ⦿ Every time I visit the webpage
- ○ Every time I start Internet Explorer
- ○ Automatically
- ○ Never

Disk space to use (8 - 1024MB):   50
(Recommended: 50 - 250MB)

Current location:

C:\Documents and Settings\main\Local Settings\Temporary Internet Files\

[Move folder...]   [View objects]   [View files]

History

Specify how many days Internet Explorer should save the list of websites you have visited.

Days to keep pages in history: 20

[OK]   [Cancel]

12.14.2.2.2   Tabs

The software takes advantage of Tab Browsing. Tabbed browsing is a feature recently implemented in Web browsers to effectively contain multiple pages or documents in a single window. Each item occupies the browser's entire viewing area when displayed. Tabs facilitate navigation among the items. The term "tab" arises from the visual similarity to the physical tabs on folders used to store and organize hard copy.   The entries displayed are the recommend tab settings for the software.

12.14.2.2.3 Security
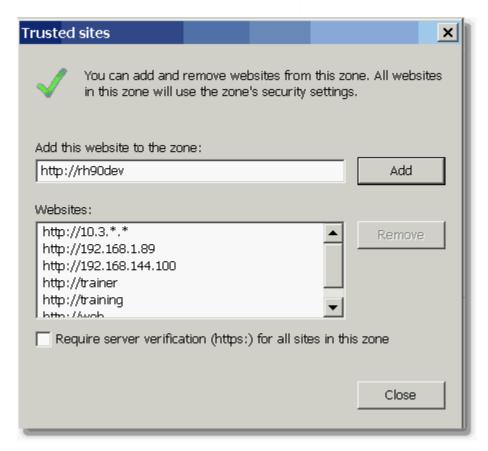
Because 14.1.2 is an application, it takes advantage of many features of the IE web browser. Normally when surfing the internet you would not want these options turned on because of the security risk that they can present. However since this software is a trusted application you will need to turn on these features to take full advantage of what it has to offer.

12.14.2.2.3.1 Secure Server Setup

Select the Security Tab on the Internet Options window. Make sure that the "Trusted sites" is selected for the security zone.

- Click the Sites button.
- Uncheck "Require server verification (https: for all sites in this zone)"
- Click the Add button to add the site to the zone.
- Close Trusted sites window.
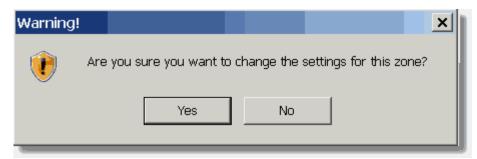
12.14.2.2.3.2 Settings

Click the "Custom Level" button on the Security tab of the Internet Options for the security zone you selected above. Set the ActiveX control as follows:

- Click OK.
- Click YES when prompted

- Click Apply on Internet Options
- Click OK on Internet Options.

If for some reason you have security issues while using the software, you should repeat this procedure, but first the Trusted Sites Security Zone to the Default level.

12.14.2.3 PARADIGM+ Tools

PARADIGM+ Tools are a set of programs that are loaded onto your PC to allow your PC to communicate with the application. These tools include a terminal emulator that is need for some programs as well as programs used to exchange data between the server and your PC. This allows you to use your familiar PC applications to edit and manipulate data when needed.

If you attempt to execute a program in PARADIGM+ that requires the PARADIGM+ tools and they are not installed you will see the following:

PARADIGM+ Tools are not installed

1. Click Here to Install
2. After you have installed it. Click here to reload the screen
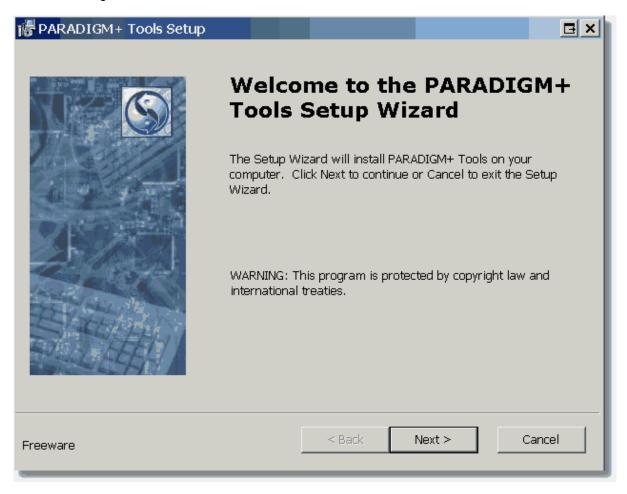
Click on option 1 to install the PARADIGM+ Tools.

File Download - Security Warning   ✕

Do you want to run or save this file?

    Name: PPlusTools.msi
    Type: Windows Installer Package, 566KB
    From: rh90dev

        [Run]   [Save]   [Cancel]

While files from the Internet can be useful, this file type can potentially harm your computer. If you do not trust the source, do not run or save this software. What's the risk?
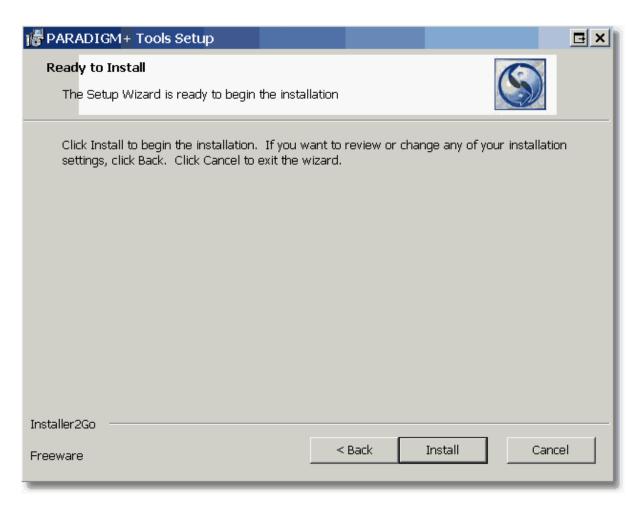
Click on Run
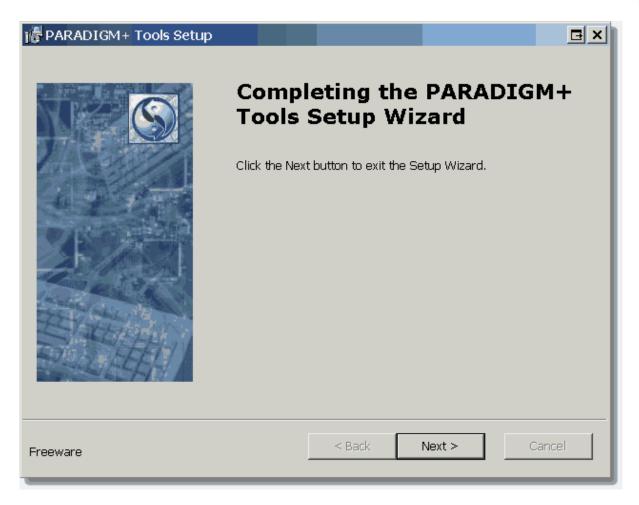
Click on Run again.
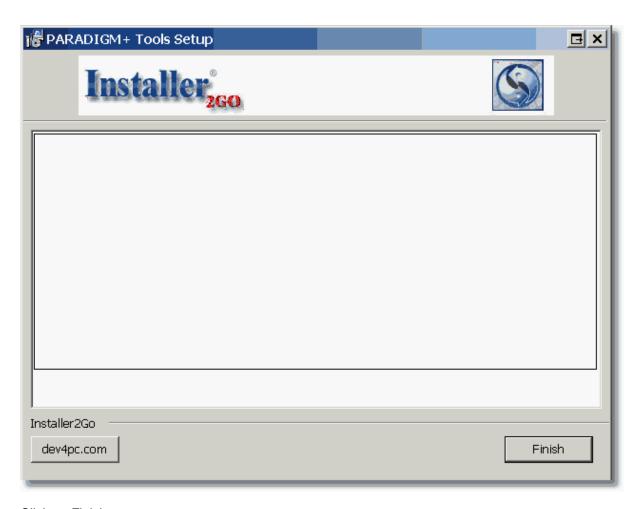
Click on Next

Click on Install

Click on Next

Click on Finish

Then Click on option 2
and the program should execute.

12.15 Backing-up the System

With modern network computers, the backup of your system can be done in a variety of different ways. These include:

1. A Backup Server on your network
2. To a removable backup disk drive
3. To a removable backup tape
4. Via Internet to a backup server at a remote site

12.15.1 Disaster Recovery Service

Other services such as Disaster recovery services are also available. These are similar to backup but not the same. A DRS only provides a recent snapshot of your data. It is designed to be used when you have a catastrophic event such as a flood, tornado, fire or hurricane that destroys your server.

They will provide you access to a mirror image of your server via the internet so you may continue in business until your infrastructure is restored.

DSR will not help you if you need to restore information because of corruption of data.

12.15.2 Why the Backup is so Important

The importance of having a current backup of your computer system cannot be stressed enough. All of the information that you enter into the computer is stored on an internal device called a "hard disk". This is an electro-mechanical device that records the information onto metal platters. Hard disks are fairly reliable storage devices, but can fail. Electrical storms, as well as mechanical failure, can destroy a hard disk. If your hard disk fails, the only means that you have of recovering your data is by reloading your backup tape.

Every piece of your computer system can be replaced with the exception of your data. The backup is what holds your data. It is also important to remember that the most valuable part of your entire computer system is the information that is stored in it--your data.

In the event of a fire or natural disaster, your backups can be loaded onto another similar computer to have your office up and running in the least amount of time, with minimal loss of information.

12.15.3 Recommended Backup Policy

The following is the recommend backup policy for the system:

- Backups should be made on a daily basis, when you close the day.
- You should keep a minimum of two backups at all times. The preferred method is one for each day of the week that you are open for business; for example, a separate backup medium for Monday, Tuesday, Wednesday, etc.
- You should rotate backup media. Do not use last night's backup tape to back up tonight. If the system fails in the middle of the backup, you have no good backup to fall back on.
- The most current backup should be stored off-site, or in a fire-proof safe if it is kept on-site. Many towns have companies that will come and pick up your backups and store them in a vault off your site. One good solution is to keep a separate backup that is used for the end of month and store that off-site, but keep your daily backups in a fire-proof safe on-site.
- Backup media should be replaced regularly. Many backup tapes are only recommended to be used for 50 or so backups. Even though your backup appears to be successful, it may have problems reloading if the tape is old.
- The backup report that prints when you perform a backup should be stored with the tape that was used and discarded when the tape is used again.

the system has an option under the REPORT MENU and FORM MENU that will let you print a

BACKUP LOG FORM. You should keep a copy of this form next to your CPU to log backups.

12.15.4 Disaster Recovery Plan

If you have a current backup of your data, you are well on your way to recovering from a disaster that destroys your computer system. Your office should implement a policy and assign responsibility to office personnel for things that must be done in the event of a disaster. The following is a list of things that you will need if a disaster ever occurs:

- Your original operating system's media.
- Your media for any other software that you have installed on your system, such as word processing, communications, accounting, etc.
- Current backup of the computer system.
- A functional computer of the same type that you had before. If your hard disk is the only part that fails, you will have to have your hard disk replaced.

Once these items are available, the process of getting your system back up should take only a few hours. You will probably need to get technical support from your representative at this point.

12.15.5 What to do If the Backup Fails

Not all systems have the same type of backup unit. Therefore, it is impossible to tell you in this document whether your backup was good or not. When your system was installed, the trainer should have demonstrated what a good backup should look like. If you think your backup is not good, please use the following steps to try to get a reliable backup:

1. Shutdown the computer, reboot, and try the backup again with same media. Many times backups fail due to tape drive lockups.
2. Try the backup again with another media. If the backup is good, your first media may be defective.
3. Clean tape drive and attempt backup again. You may purchase a tape-drive head cleaner from most office supply companies. Use depends on the one you purchase. Most tape drive manufacturers recommend cleaning the tape drive after 20 hours' use--this means at least once a month.
4. If backup still fails, you may have a hardware problem. Contact your hardware support company to have them find the problem.

Part 13

Programming

13   Programming

This section describes programming options within the software. This allows for extensive modification of the software within the framework it is developed in.

13.1   About the vi Text Editor

The UNIX and Linux operating systems have a number of different editors that process text files, *ed* and *ex,* as well as *emacs.* The most common and easiest to use is *vi*, short for *vi*sual editor, and pronounced "vee-eye." It will be a great help to be familiar with *vi* and its commands so that you may more effectively complete many of the tasks in this guide. For programmers, knowing *vi* is indispensable. System Administrators, likewise, do themselves a great service by having *vi* competency. There are several excellent reference guides available on using the *vi* text editor. In addition, while not necessary for all Administration tasks, a knowledge of system commands will be of help to the System Administrator.

You can find many great "vi" tutorials on the internet.

13.2   Database Utilities

The system features some great methods of managing data. Whether you need to add new data, update data files, remove data, or simply query data for external purposes. These programs are commonly used when there is a large amount of data involved, being added, updated, removed, or queried.

If you are converting to 14.1.2 from a foreign system, the most common method of loading data is by electronic conversion, wherein a QRS programmer converts data from your old system into a compatible format. However, there are times when you may need to retrieve, or load, vast amounts of data. This is often the case when a practice needs to interface between a hospital or lab service. The software has the tools needed to these and other tasks remarkably well.

An electronic conversion means that your old computer can "talk" to your new computer. This allows easy data transfer. A QRS programmer will do the data conversion and will pull as much information across as your system will allow. Sometimes, this means all of the information can be transferred over, but sometimes only a portion can be gathered and transferred. The programmer will let your office know exactly how much information has been pulled across to the new system.

When using any of the database utilities your environment must be set. These programs are Linux commands and must be executed from a shell from the data directory you working in.

13.2.1   dump (dump / export a data file)

The dump command allows you dump (export) data from the c-tree data files.


```
jeff@d14ja:/usr/paradigm/data_001>
jeff@d14ja:/usr/paradigm/data_001> dump
PROGRAM: dump  14.A.7   02/03/2014
Usage: dump -x (xml all fields) -h (no header) -f (no field names) -p (use pipes
 for field delimiter) <ctree file> <fields>
jeff@d14ja:/usr/paradigm/data_001>
jeff@d14ja:/usr/paradigm/data_001>
```

At it's most basic form the dump command allows you to dump a c-tree data file.

```
jeff@d14ja:/usr/paradigm/data_001> dump zip
FILE    zip_code        zip_city        zip_stat        zip_ctry
ZIP     37849           Powell                  TN
ZIP     37811           Mooresburg              TN
ZIP     37760           Jefferson City          TN
ZIP     37814           Morristown              TN
ZIP     37813           Morristown              TN
ZIP     37818           Mosheim                 TN
ZIP     37888           Washburn                TN
ZIP     37891           Whitesburg              TN
ZIP     37881           Thorn Hill              TN
ZIP     37860           Russellville            TN
ZIP     37877           Talbott                 TN
ZIP     37713           Bybee                   TN
ZIP     37869           Sneedville              TN
ZIP     37821           Newport                 TN
ZIP     37816           Morristown              TN
ZIP     37708           Bean Station            TN
ZIP     37890           White Pine              TN
ZIP     37725           Dandridge               TN
jeff@d14ja:/usr/paradigm/data_001>
```

By default it will dump the file with a header that shows the field names and then each record in the file with the first field (record header) being the file name.   This is a load compatible format.

You can also specify only specific fields within the dump command.

```
jeff@d14ja:/usr/paradigm/data_001> dump zip zip_city zip_stat
zip_city        zip_stat
Powell                  TN
Mooresburg              TN
Jefferson City          TN
Morristown              TN
Morristown              TN
Mosheim                 TN
Washburn                TN
Whitesburg              TN
Thorn Hill              TN
Russellville            TN
Talbott                 TN
Bybee                   TN
Sneedville              TN
Newport                 TN
Morristown              TN
Bean Station            TN
White Pine              TN
Dandridge               TN
jeff@d14ja:/usr/paradigm/data_001>
```

When doing this the -h (no headers) option is automatically activated.

13.2.1.1 -x (xml all fields)
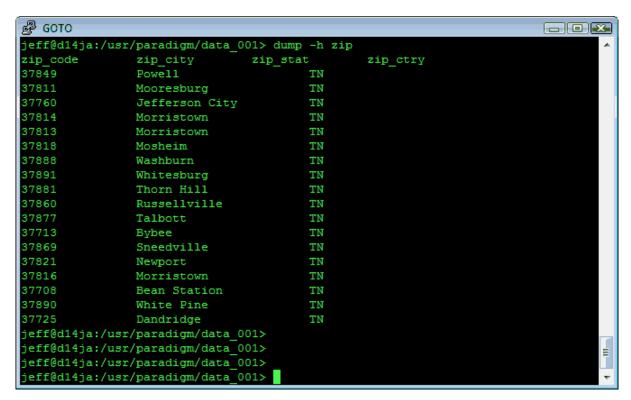
When the "-x" argument is used it will dump all the fields in the file in an xml format.


```
GOTO
jeff@d14ja:/usr/paradigm/data_001> dump -x zip
<?xml version="1.0" encoding="ISO-8859-1"?>
<ZIP>
        <rec>
                <zip_code>37849     </zip_code>
                <zip_city>Powell                </zip_city>
                <zip_stat>TN</zip_stat>
                <zip_ctry>                </zip_ctry>
        </rec>
        <rec>
                <zip_code>37811     </zip_code>
                <zip_city>Mooresburg            </zip_city>
                <zip_stat>TN</zip_stat>
                <zip_ctry>                </zip_ctry>
        </rec>
        <rec>
                <zip_code>37760     </zip_code>
                <zip_city>Jefferson City       </zip_city>
                <zip_stat>TN</zip_stat>
                <zip_ctry>                </zip_ctry>
        </rec>
        <rec>
                <zip_code>37814     </zip_code>
                <zip_city>Morristown           </zip_city>
```

This method may be useful for importing the data into other programs. The Fields option will not work when dumping into xml.

13.2.1.2 -h (no headers)

The no headers option will leave the file header off.

```
GOTO                                                        [_][□][✕]
jeff@d14ja:/usr/paradigm/data_001> dump -h zip
zip_code        zip_city        zip_stat        zip_ctry
37849           Powell                  TN
37811           Mooresburg              TN
37760           Jefferson City          TN
37814           Morristown              TN
37813           Morristown              TN
37818           Mosheim                 TN
37888           Washburn                TN
37891           Whitesburg              TN
37881           Thorn Hill              TN
37860           Russellville            TN
37877           Talbott                 TN
37713           Bybee                   TN
37869           Sneedville              TN
37821           Newport                 TN
37816           Morristown              TN
37708           Bean Station            TN
37890           White Pine              TN
37725           Dandridge               TN
jeff@d14ja:/usr/paradigm/data_001>
jeff@d14ja:/usr/paradigm/data_001>
jeff@d14ja:/usr/paradigm/data_001>
jeff@d14ja:/usr/paradigm/data_001> ▌
```

13.2.1.3 -f (no field names)

The no field names will leave the first record off and not show the field names but only export the data.

```
GOTO                                                        [_][□][✕]
jeff@d14ja:/usr/paradigm/data_001> dump -f zip
ZIP     37849           Powell                  TN
ZIP     37811           Mooresburg              TN
ZIP     37760           Jefferson City          TN
ZIP     37814           Morristown              TN
ZIP     37813           Morristown              TN
ZIP     37818           Mosheim                 TN
ZIP     37888           Washburn                TN
ZIP     37891           Whitesburg              TN
ZIP     37881           Thorn Hill              TN
ZIP     37860           Russellville            TN
ZIP     37877           Talbott                 TN
ZIP     37713           Bybee                   TN
ZIP     37869           Sneedville              TN
ZIP     37821           Newport                 TN
ZIP     37816           Morristown              TN
ZIP     37708           Bean Station            TN
ZIP     37890           White Pine              TN
ZIP     37725           Dandridge               TN
jeff@d14ja:/usr/paradigm/data_001>
jeff@d14ja:/usr/paradigm/data_001>
jeff@d14ja:/usr/paradigm/data_001>
jeff@d14ja:/usr/paradigm/data_001>
jeff@d14ja:/usr/paradigm/data_001> ▌
```

13.2.1.4 -p (use pipes for field delimiter)

This use pipes for field delimiter will replace the TAB character with a pipe "|" character.

```
GOTO
jeff@d14ja:/usr/paradigm/data_001> dump -p zip
FILE|zip_code|zip_city|zip_stat|zip_ctry|
ZIP|37849    |Powell          |TN|                |
ZIP|37811    |Mooresburg      |TN|                |
ZIP|37760    |Jefferson City  |TN|                |
ZIP|37814    |Morristown      |TN|                |
ZIP|37813    |Morristown      |TN|                |
ZIP|37818    |Mosheim         |TN|                |
ZIP|37888    |Washburn        |TN|                |
ZIP|37891    |Whitesburg      |TN|                |
ZIP|37881    |Thorn Hill      |TN|                |
ZIP|37860    |Russellville    |TN|                |
ZIP|37877    |Talbott         |TN|                |
ZIP|37713    |Bybee           |TN|                |
ZIP|37869    |Sneedville      |TN|                |
ZIP|37821    |Newport         |TN|                |
ZIP|37816    |Morristown      |TN|                |
ZIP|37708    |Bean Station    |TN|                |
ZIP|37890    |White Pine      |TN|                |
ZIP|37725    |Dandridge       |TN|                |
jeff@d14ja:/usr/paradigm/data_001>
jeff@d14ja:/usr/paradigm/data_001>
jeff@d14ja:/usr/paradigm/data_001>
jeff@d14ja:/usr/paradigm/data_001>
```

13.2.2 load (load / import a data file)

The "load" program allows ASCII files to be loaded (imported) directly into system files. The ASCII files must use the following format:

HEADER|field|field|field|

Each record starts with a header, which is the name of the file in upper case. For example, the patient file will be PAT, the guarantor file-- GUA, etc. The header is followed by a "|" or TAB character, known as a field separator. Then each field (as defined in the field definitions) will be printed, separating each field by a field separator. Each record must be terminated with a New Line character. Remember, the data is what should be placed in the fields. The following is an example of information that can be transferred, based on the ZIP file:

```
ZIP|37849    |Powell          |TN||
ZIP|37811    |Mooresburg      |TN||
ZIP|37760    |Jefferson City  |TN||
ZIP|37814    |Morristown      |TN||
ZIP|37813    |Morristown      |TN||
ZIP|37818    |Mosheim         |TN||
ZIP|37888    |Washburn        |TN||
ZIP|37891    |Whitesburg      |TN||
ZIP|37881    |Thorn Hill      |TN||
ZIP|37860    |Russellville    |TN||
ZIP|37877    |Talbott         |TN||
ZIP|37713    |Bybee           |TN||
ZIP|37869    |Sneedville      |TN||
ZIP|37821    |Newport         |TN||
```

```
ZIP|37816        |Morristown              |TN||
ZIP|37708        |Bean Station            |TN||
ZIP|37890        |White Pine              |TN||
ZIP|37725        |Dandridge               |TN||
```

The "load" program will insert this data into the ZIP file in the respective fields (zip_code, zip_city, zip_stat, zip_ctry).

13.2.2.1 Add

Below is the terminal dialog of the load program in action to add records.

The program will show how many Query, Add, Update, and Removes are performed. the Load program only performs adds and updates. In the above example it was called only to perform ADDS. Every record it attempted to add was already in the file so it shows 682 Add errors.

13.2.2.1.1 Errors

When errors exist the load program will create a new file with the same name as the load file and a ".err" extension. This file will show the errors that occur.

13.2.2.2 Update

You may also call the load program with the UPDATE option. This will update the records if they exist.

Here you can see there are no errors and each record was updated. When using UPDATE it will only update existing records that it can match. It will NOT add records. It is also important to understand that it will update the entire record with the data in your load file. So if you just want to update a specific field you must first get the current data from the record, update the field you want and put it in the load file and run load with the UPDATE command. The dbe command is better suited for this single record type of operation.

13.2.2.3 Special File Headers

For the most part load is a straight forward program designed to insert or add data directly into the data files as shown above. But load also has some smart features that allow for inserting data. These smart features are used in special circumstances. A smart load record is defined by the file name header at the beginning of a record.   They are as follows:

FIX	This record will have the program fix the last INV records summary totals, including the fields inv_chrg, inv_paid, inv_adjm, inv_frdt, inv_todt, inv_lpdt, and inv_phy2. It should be used after adding any transactions to a visit. If you leave field 1 empty it will update the last INV record, if you enter a value in field 1 it will update that inv record. FIX| Or FIX|1123
GUAS	Smart GUA allows adding of guarantors without a gua_code defined. If this is left empty, the system will assign the next code, based on the autocode technique defined in the Version Setup file. If phone numbers are not defined it will put the picture elements "( ) - " in the field, same with Social Security number. It log users or log dates are not defined it will default it to they system date, and user.
PATS	Smart PAT allows adding of patient records with no pat_code defined. It will first look to see if a patient record exist for the last Guarantor added. If it does it will assign a new code using the autocode method. If it does not it will assume that the last guarantor added is for the current patient, and assign it the gua_code. The following fields will be defaulted from the pat_guac or the last gua if the pat_guac is empty. Pat_add1, pat_add2, pat_zipc, pat_hphn, pat_wphn, pat_ssnf Log dates and users will default to the system defined values if left empty. Pat_fees will default to 1 if left empty, pat_stat will default to H if left empty.
INVS	Smart INV will copy from the last PAT added. It will load the insurance, physician, location, classification, icd1 and icd2 from the patient information. It will default empl=N lwrk=N epsd=N and type=H if not set otherwise. It will also pick up any defaults defined in the note lines.
POLS	Pol_patc will default to the last patient added if left empty. If not, a search is performed on the policy. If the policy exist in the POL file, a comparison will be done on the pol_insc. If they are not the same, the current policy record will be retired, and the new one will take it's place. The following will default from the patient record if not defined. Pol_name, pol_addr, pol_zipc, pol_phon, and pol_sexf Pol_rela will default to 1 if not defined.
DETS / D-IS	This will fill in the det_invc if it is not defined. If the det_trac is empty it will put in the code "UNDEFINED". It will then look up the transaction code in the TRA file and default the following information if it is not defined. Det_type, det_desc, det_des2, det_lgdt, det_user, det_bflg, det_amnt (gets the fee schedule based on last patient) det_tosc, det_posc, If det_post is empty and det_type is a C,P,or A it will default the det_post to an "O",otherwise it will be a "C". This also works with explosion codes. If the det_trac is an explosion code, it will add all transactions in the explosion sequence.
U-I	This will add a UBV record for the last inv_code added
T-I	This will add a statement flag audit to the last INV record added.
D-I	This allows you to add DET records to the last INV record added. INV|…… D-I|….. The problem is that you don't know the value of field det_invc if you just added an INV record. By using D-I it will set det_invc to the last inv_code.
P-D	This will allows you to add PAD records to the last payment or adjustment added. This requires the addition of two fields at the end of the normal PAD load record. They are the det_trac for the charge that it is to be applied to, and the det_frdt for the charge that it is to be applied to. Ie. INV|….. D-I|99212||09/02/2003|…. D-I|81000||09/02/2003|… D-I|INSPAY|||11234|||25.00||| P-D|INS||11234|13.00|99212|09/02/2003 P-D|INS||11234|12.00|81000|09/02/2003 This example shows an insurance payment of $25.00

13.2.3 purge (remove recrods)

The purge program allows you to remove records from a c-tree data file. It is used by the purge programs to remove the records that are on the reports, but can be used for custom work as well.

Purge reads file passed in as argv1 for key signs that tell the program what to delete. a key sign is the first two characters at the beginning of a line. They are:

I: for invoice record   (invoice number)
D: for detail record   (primary number)
P: for patient record   (patient code)
G: for guarantor record   (guarantor code)
F: Fee slip record   (appointment slip number)
S: Scheduling Configuration Record
C: Collection Record
V: Validation Record

The program then reads to the next ':' to get the unique index so it may find the record in the defined file and delete it. Any other information on the report is simply for the user's benefit.

13.2.4 DBE (Database Engine)

The DBE program allows you to query, add, remove, and update data in the database using transaction records. A transaction record consists of several elements. These elements define things such as the beginning and end of a transaction and what type of transaction it is.

The DBE program works with raw data and does NOT apply any business rules to the data while performing its operation. It is used for the purpose of external data manipulation in programs such as interfaces, data importers and search tools.

All transactions used by DBE must be stored in an ASCII text file and they are processed by DBE reading the ASCII text file, also known as a DBE script. You can NOT pipe data into DBE.

13.2.4.1 Transactions

A DBE transaction consists of two or more lines of text in the DBE script. Each line of the DBE script instructs DBE what to do next. This is done by starting each line of a transaction with a TYPE value. The following types are valid.

TYPE	Description
QUIT	Quit the current transaction (if any) and exit program.
TSTART	Start a new transaction
TSTOP	Stop the current transaction and execute
TABORT	Abort the current transaction and do not execute.
DATA	Record containing field name and data for field
SEARCH	Record containing field name for search.
MAINT	Maintenance commands.

Every DBE transaction will start with a TYPE of TSTART and end with a TYPE of TSTOP. The line is then followed by other information separated by the "pipe" character "|". The second piece of information is the transaction Identification. This value can be left empty, Its purpose is to uniquely identify a transaction. It has no effect on the data that is manipulated with DBE, it can be useful in debugging a DBE script.

The Third Field is used to define the COMMAND to be performed. Commands only apply to transactions that are of TYPE TSTART or MAINT. All others may be left blank.

TSTART COMMANDS	Description
ADD	Start an ADD transaction
UPDATE	Start an UPDATE transaction
REMOVE	Start a Remove Transaction
QUERY	Start a Query Transaction

MAINT COMMANDS	THESE COMMAND ARE CURRENTLY NOT IMPLEMENTED
CLRLOG	Clear the Log File
SHOLOG	Show the Log File
STARTLOG	Start the log file, add new entries
STOPLOG	Stop adding new entries to the log file

The Fourth Field is the field name as defined in the database. This field only applies to TYPE of SEARCH or DATA. And the Last field (5th) will store the value for the data field. Again this only applies to TYPES of SEARCH or DATA.

A complete line of a DBE transaction takes the form of

> TYPE | IDENTIFICATION | COMMAND | FIELD NAME | DATA VALUE

And Each DBE transaction should start with a TSTART and end with a TSTOP.

13.2.4.2 Add

The following is a sample ADD transaction. In this transaction we are going to add a record to the zip code file.

```
TSTART||ADD||
DATA|||zip_code|37931|
DATA|||zip_city|Knoxville|
DATA|||zip_stat|TN|
TSTOP||ADD||
```

Looking at the sample, you can see that the transaction starts with a TSTART with a command of ADD. DATA lines are created for each field that is to be populated in the database. It then ends with a TSTOP with a command of ADD. This tells the DBE program to complete this transaction with the information that it had received since the TSTART for the ADD.

13.2.4.3 Update

The following is a sample UPDATE transaction. In this transaction we are going to update the city of a zip code record.

```
TSTART||UPDATE||
SEARCH|||zip_code|37931     |
DATA|||zip_city|Knoxvagas|
```

```
TSTOP||UPDATE||
```

Looking at the sample, you can see that the transaction starts with a TSTART with a command of UPDATE.   The SEARCH line tells DBE to first look for a zip code record with the zip_code value of 37931. It is important to remember that you can only search for data based on the primary index for a data file. Another important thing is to make sure that the data in the SEARCH field is padded to represent the entire value.

The line**:**

```
        SEARCH|||zip_code|37931|
```

Is not the same as:

```
        SEARCH|||zip_code|37931      |
```

And will cause your SEARCH to fail, thus the UPDATE to fail. The key value must be the correct length for the data value.

Some data files have primary indexes based on a composite of several data fields, to understand more about searching those types of files see "***Working with Composite Indexes"*** below. DATA lines are created for each field that is to be updated in the database. It then ends with a TSTOP with a command of UPDATE. This tells the DBE program to complete this transaction with the information that it had received since the TSTART for the UPDATE.

13.2.4.4 Remove

The following is a sample REMOVE transaction. In this transaction we are going to remove a zip code record.

```
TSTART||REMOVE||
SEARCH|||zip_code|37931      |
TSTOP||REMOVE||
```

Looking at the sample, you can see that the transaction starts with a TSTART with a command of REMOVE.   The SEARCH line tells DBE to first look for a zip code record with the zip_code value of 37931. It is important to remember that you can only search for data based on the primary index for a data file. Some data files have primary indexes based on a composite of several data fields. To learn more about searching those types of files see "***Working with Composite Indexes"*** below.   It then ends with a TSTOP with a command of REMOVE. This tells the DBE program to complete this transaction with the information that it had received since the TSTART for the REMOVE.

13.2.4.5 Query

The following is a sample QUERY transaction. In this transaction we are going to look up information in the zip code file..

```
TSTART||QUERY||
SEARCH|||zip_code|37931        |
DATA|||zip_city||
DATA|||zip_stat||
TSTOP||QUERY||
```

Looking at the sample, you can see that the transaction starts with a TSTART with a command of QUERY. The SEARCH line tells DBE to first look for a zip code record with the zip_code value of 37931. It is important to remember that you can only search for data based on the primary index for a data file. Some data files have primary indexes based on a composite of several data fields. To learn more about searching those types of files see "***Working with Composite Indexes***" below. DATA lines for each field that you wish to retrieve are present. But notice that there is no data in the DATA VALUE area of the line. This is because DBE is going to provide you with that data in an output file that it creates. To learn more about this in "***Running Your DBE Script***" below. It then ends with a TSTOP with a command of QUERY. This tells the DBE program to complete this transaction with the information that it had received since the TSTART for the QUERY.

13.2.4.6 Working With Composite Indexes

Some data files have primary indexes that are based on a composite of two or more fields. An example of this is the POL file. The POL file stores patient insurance policy information. The primary index (unique index) is based on a composite of the fields pol_patc and pol_numb. The field pol_patc is a string 12 characters long, and the field pol_numb is a field that is 1 character long. The pol_patc stores the patients account number, and pol_numb will store a value of 1 though 9 or A through Z. The primary policy for a patient is stored with a pol_numb of "1". So if I wanted to look up the primary policy for patient account "100234" I would need to create a key value with both the account number and the policy number.   But it is important to remember that the pol_patc field is twelve characters long, and the pol_numb is 1. This is because you must pad each field to its actual length when creating the composite value.

        `1234567890123`   **Character position**

        `100234      1`   **Composite value**

You can see from the above example that the total composite value is thirteen characters long, with the patient account number padded for the first twelve characters with spaces.

When using a SEARCH TYPE in a DBE script to look for a value, you only need to reference one of the fields that comprise the composite index. The following example will QUERY the primary insurance policy information for patient 100234 and present the policy holder name in the pol_name field.

```
TSTART||QUERY||
SEARCH|||pol_patc|100234      1|
DATA|||pol_name||
TSTOP||QUERY||
```

13.2.4.7 Running Your dbe Script

So far we have demonstrated how to create simple DBE scripts containing only a single transaction. It is important to remember that a DBE script is not limited to only a single transaction. One script could ADD, UPDATE, REMOVE, or QUERY as many transactions as your system is physically capable of handling.

You need to be in the directory of your data files when run your DBE script. At the command prompt simply enter the command dbe followed by your script file name.

```
DATA > dbe zipadd

File: zipadd   Size: 99

---------------- PERCENT COMPLETE ----------------
0   10   20   30   40   50   60   70   80   90   100
```

```
|----|----|----|----|----|----|----|----|----|----|
**************************************************

FILE NAME | QUERY    ERR|   ADD    ERR| UPDATE    ERR| REMOVE      ERR
----------+------------+------------+-------------+--------------
  65  ZIP |   0      0|    1     0|    0      0|    0       0
DATA >
```

The above example ran the dbe script from the example above to add a zip code record. The DBE script name is "***zipadd"***. As DBE runs it will show a progress bar of PERCENTAGE COMPLETE for the file that it is processing. When it is finished it will produce a report of the files that have been worked on. It will show how many of each database function it performed along with error totals for each function. It also will create an error or output file. It has the same name as your input file with an extension of ".err". On the above example the file would be called "***zipadd.err***" This file contains all logging for the DBE script.

Running the same "zipadd" script again we would see a result like the following:

```
DATA > dbe zipadd

File: zipadd   Size: 99

----------------- PERCENT COMPLETE ----------------
0   10   20   30   40   50   60   70   80   90  100
|----|----|----|----|----|----|----|----|----|----|
**************************************************

FILE NAME | QUERY    ERR|   ADD    ERR| UPDATE    ERR| REMOVE      ERR
----------+------------+------------+-------------+-------------
  65  ZIP |   0      0|    0     1|    0      0|    0       0
DATA > cat zipadd.err
ADD ERROR: 2 FILE: 66 [TSTOP||ADD||]
DATA >
```

It shows that an ERROR occurred on the ADD of the ZIP record. By looking at the zipadd.err file se can see it was ERROR 2 on file 66. This is a duplicate primary key error. Saying this record already existed in the file. It happened on the TSTOP of the ADD. You can see now how the TRANSACTION IDENTIFICATION information could be handy if you had a large script, in trying to diagnose the transaction that failed.

The following is a query example.

```
DATA > cat zipque

TSTART||QUERY||
SEARCH|||zip_code|37931        |
DATA|||zip_city||
DATA|||zip_stat||
TSTOP||QUERY||

DATA > dbe zipque

File: zipque   Size: 101

----------------- PERCENT COMPLETE ----------------
0   10   20   30   40   50   60   70   80   90  100
|----|----|----|----|----|----|----|----|----|----|
**************************************************

```

```
FILE NAME |  QUERY    ERR|    ADD    ERR| UPDATE    ERR| REMOVE    ERR
----------+--------------+--------------+--------------+--------------
65  ZIP  |     1     0|    0     0|    0     0|    0     0
DATA > cat zipque.err
zip_city=Knoxville
zip_stat=TN
DATA >
```

We can see that a successful QUERY was made. We then need to look in the "*zipque.err"* file for the results of that query. It shows each field we requested along with the value.

When you perform an update you or a remove, you will see that both a QUERY and a UPDATE or REMOVE will show on your report.

```
DATA > dbe zipupd

File: zipupd   Size: 92

----------------- PERCENT COMPLETE ----------------
0   10   20   30   40   50   60   70   80   90  100
|----|----|----|----|----|----|----|----|----|----|
**************************************************

FILE NAME |  QUERY    ERR|    ADD    ERR| UPDATE    ERR| REMOVE    ERR
----------+--------------+--------------+--------------+--------------
  65  ZIP |     1     0|    0     0|    1     0|    0     0
DATA > cat zipupd.err
DATA >
```

13.2.5 dinv (Dump Invoice)

Arguments: st_inv: start inv_code (optional), starts at 0 if not supplied
en_inv: end inv_code (optional), ends at last inv_code if not supplied

Function: Goes through the inv file starting at the st_inv and continues through the en_inv. It dumps out the inv, ubv, txt, det, and pad records associated with the visits in a load file format.

Example usage: dinv 1 10

13.2.6 ddet (Dump Details)

Arguments: st_inv: start det_invc (optional), starts at 0 if not supplied
en_inv: end det_invc (optional), ends at last det_invc if not supplied

Function: Goes through the det file starting at the st_inv and continues through the en_inv. It dumps out the det, txt, and pad records associated with the details in a load file format.

Example usage: ddet 1 10

13.2.7 didx (Dump on index)

Options: -h: no file header
-f: no field names
-p: use pipes as the field separator instead of tabs
-x: output as xml
-c: use case insensitive matching
-j: join to sub tables
-d: join to super tables – implies xml output
-s: strip output

Arguemnts: [options]
CTree index field to search on
Value to search for in index
List of fields to output

Function: Dumps data based on a database index passed in. The –j (join) option joins to sub tables (tables that are a many to one relationship. i.e. pat_phyc -> phy_code), the –d (detail join) option joins to super tables (tables that are a one to many relationship. i.e. pat_code -> inv_patc). Case insensitive matching (-c) can be used on text based indexes (i.e. pat_name).

Example usage: didx –c pat_name smith

13.3   Insurance Form Templates

The system will generate and print insurance forms for visits that you create. These claim forms may be printed on-demand or in a batch. Insurance forms may be customized to fit the forms that you are currently using. The system comes with predefined claim forms for CMS-1500 and CMS-1450 (AKA UB form) These 1500 form is the standard form accepted by almost all insurance carriers for submission of medical services provided by a physician. The 1450 form is a hospital billing form sometimes used by medical practices that perform surgical procedures on-site. The 1450 form allows you to bill for ancillary charges, such as surgical trays, recovery rooms, etc.

13.3.1   Customizing Insurance Forms

Although the system supports the standard insurance forms, you may find it necessary to customize your claim forms for special cases. The system allows you to customize the template for each insurance company that you establish, although each insurance form is classified as either a Professional (HCFA) or Institutional (UB) form. Because of the flexibility of the systems table file setup, form modification for a specific carrier is seldom needed.

This operation should only be performed by programmers. If you have a programmer security level, you must have a working knowledge of the *vi* text editor. The form templates are stored in ASCII text files that can be accessed only though the Linux shell using a terminal emulator.

Before customizing an insurance claim form template, you will need the following:

- The actual form you intend to customize
- A word processing ruler
- Have the actual forms loaded into the printer on which you intend to print them.

Customizing the insurance claim form involves measuring the form; entering the correct line, column, and data elements that you wish to print; and testing the alignment. This process is repeated until you have correctly set up your insurance form.

13.3.2   Where Templates are stored

The system knows how to print an insurance claim by first reading an insurance form template.

The default templates are stored in /usr/paradigm/lib/FORMS.   **Do not modify these forms.**

Custom forms can be created for a data set and and stored in ${P_DATA}/${MODULE}/FORMS. Were P_DATA is the directory of the data set. MODULE is the Insurance Module as defined in the FORM fields on the Insurance Plan Information Form. If the form is for a specific insurance plan, the name of the file would be the CODE as defined for the plan. A generic custom form would have the name of the MODULE.   For example: If your insurance plan for Medicare is "MC01" the name of the file path would be something like: **"/usr/paradigm/data_001/0212/FORMS/MC01".** But if you wanted a change for all 0212 claims that did not have a custom for it would be: **"/usr/paradigm/data_001/0212/FORMS/0212".**

You can also create custom forms that are shared between all data sets. These are stored in "/usr/paradigm/share/FORMS". Insurance specific forms will have the form type with the insurance code. Ie. 0212.MC01 as a file name. A generic form would just be the form type.

So the Logic for determining the claim for to use when printing an insurance claim is as follows:
1. Look for custom carrier specific form in ${P_DATA}/${MODULE}/FORMS/${INS_CODE}.
2. Look for custom generic form in ${P_DATA}/${MODULE}/FORMS/${MODULE}.
3. Look for custom carrier specific form in
   /usr/paradigm/share/${MODULE}/${MODULE}.${INS_CODE}
4. Look for custom generic form in /usr/paradigm/share/${MODULE}/${MODULE}.
5. Look for default form template in /usr/paradigm/lib/FORMS/${MODULE}.

13.3.3 Template Layout

The insurance claim form template is divided into several sections, each controlling a specific aspect of the claims generation. The following discusses each section of the template in detail to assist you in modifying your insurance claim forms.

13.3.3.1 Format

The FORMAT section of the insurance claim form template defines global formatting for the entire form. The commands are defined in the following way: "KEY_WORD=value", where "KEY_WORD" is one of the following keywords for the format section, and "value" is the value to which you wish to set that KEY_WORD.

13.3.3.1.1 Keywords

REV_SORT
Revenue code sorting on UB claims. Default is "CODE". Can be set to "AMNT".

LEFT_MARGIN
This defines where the left margin will be positioned on the page. The default value, if this keyword is not defined, is "0" (zero). You may move all text on the form to the right by adjusting this value positively from the current setting.

TOP_MARGIN
Defines the Top margin in lines. Default is "0".

TOT_LINES
Totals lines. Default is "66"

FIRST_DETAIL_LINE
This keyword tells the insurance form program where the first detail line should appear on the page. You must measure from the top of the form to the area that contains the first detail line and enter the line number as the value. If not set, this will default to "0".

NUM_DETAIL_LINES
This defines how many detail lines are included on the insurance form. The default value is "0".

NUM_LINES
States how many physical lines each detail line uses. The default value is "0". For example, the Professional (HCFA) claim form uses two physical lines for each detail line.

PRT_ZERO
This keyword designates whether the program is to include charges with a zero amount. The default value is "NO". This means that charges that have a zero amount will not print on the insurance claim

form. You can set this keyword to "YES". Most insurance carriers will reject a claim if a charge has a zero amount.

PRT_CREDIT
Designates whether the program is to include charges with a credit amount. The default value is "NO", but you can set this keyword to "YES". Most insurance carriers will reject a claim if a charge has a credit amount.

PRT_REFILED_PAID_IN_FULL
Print Refiled paid in full. Default is "YES", can be set to "NO".

DATE_SEP
Defines the data separator. The Default is "-"

CONTINUE
Determines if form is continuous or gives totals. Default is "NO".

INCLUDE_MEDICARE_PTOP_PAYMENTS
Include medicare ptop payments. If set to YES it will include these in ptop_paid.   IF set to NO it will be omitted.   Default is YES

INCLUDE_INSC_PTOP_PAID
Include ptop payments from the insurance plan that you are filing. The default is NO. If set to NO and the ptop payments are from that insurance it will not include them. If set to YES it will include them in ptop_paid

INCLUDE_PRIV_PTOP_PAID
Include private payments. The default is NO. If set to NO, private payments will not be included. If set to YES, they will be included in ptop_paid.

TOTAL_EACH_PAGE
Print and reset totals for each page. Used in UB claims. Default is "NO".

BOX9_NONE
Normally Box 9 will contain the word NONE, if required. Some insurance carriers do not want the word "NONE" printed, but wish the box to be left empty. Set this to "NO" if you do not wish "NONE" to be printed.

BOX11_NONE
Normally Box 11 will print the word "NONE" in it if required. Some insurance carriers do not want the word "NONE" printed, but wish the box to be left empty. Set this to "NO" if you do not wish "NONE" to be printed.

BOX1
X multiple boxes in box 1 if set to "0". Default is "0".

13.3.3.2 POS

The POS section of the template is used for performing conversions on Place Of Service codes. The system will only let you enter the POS codes that are defined in the POS validation table.

Some insurance carriers would rather have you use their place of service codes when submitting a claim. The POS section of the template allows you to remap the standard POS codes to the desired codes.

To remap your POS codes, use the following format in the POS section of the template:

```
STANDARD CODE: NEW CODE
```

List each of the standard codes as defined above and the new code that you wish to use. The new code *cannot* be more than five characters long.

13.3.3.3 TOS

The TOS section is similar to the POS section in that it allows you to remap codes. However, this section allows you to re-map Type of Service codes. The standard TOS codes for system are defined in the TOS validation table.

Re-map these codes in the following way:

```
STANDARD TOS CODE: NEW TOS CODE
```

13.3.3.4 HEADER

The HEADER section of the template is used to define all fields that will print above the BODY section, or at the top of the page before the charges. A listing of all of the defined fields can be found below. The format for defining fields in the HEADER section is as follows:

LINE: COLUMN: FIELD: PICTURE

LINE	This is the line of the page where the field will print.
COLUMN	This is the column of the page where the field will print.
FIELD	This is the actual field that will print.
PICTURE	This is the format that the field will use when printing. It defines the length the field will require. This picture is what is printed when generating a test pattern. Generally, the picture will be all "Xs" or "9s"; however, the insurance form can break a date into the various parts by using "MM" for Month, "DD" for day, "YY" for year, and "CC" for century.

13.3.3.5 BODY

The BODY section defines the fields that will print in the body section of the claim form. This is the section containing the charges that will print on the form. This section uses the same format as specified for the HEADER section. However, the LINE should be the first line where the field is to appear. The insurance form program will automatically adjust the line for each repeated charge on a claim.

13.3.3.6 FOOTER

The FOOTER section is identical to the HEADER section of the claim, except that it is used to print information that falls after the body section. It is used mainly to allow you to separate the form into easy-to-manage sections.

13.3.4 Insurance Form Fields

The following defines the fields that you may use when creating an insurance form template:

13.3.4.1 Detail

The following data comes from the "det" file

FIELD NAME	TYPE	SIZE	NARRATIVE

det_trac	STRING	10	transaction code
det_desc	STRING	22	description 1
det_des2	STRING	22	description 2
det_frdt	DATE		from date
det_todt	DATE		to date
det_unit	INTEGER		units
det_time	INTEGER		anesthesia time
det_amnt	MONEY		amount of each unit
det_nchr	MONEY		noncovered charges
det_tosc	CHAR		type of services (use tos_code)
det_posc	STRING	3	place of services (use pos_code)
det_refc	STRING	10	icd procedure reference
det_totl	MONEY		unit * amount
pos_code	STRING	4	place of service. This is the code you should put in your form. It will take into account any conversions.
tos_cod	STRING	4	type of service. This is the field you should use in your form. It will take into account any conversions.
cob	STRING	3	coordination of benefits ????

13.3.4.2 Policy

The following information comes from the policy file, and is used to identify the primary insurance policy information. That is the policy that you are filing.

pol_numb	CHAR		policy identifier (19)*/
pol_poln	STRING	21	policy number
pol_grnu	STRING	17	group number
pol_grna	STRING	27	group name
pol_hepl	CHAR		health plan flag
pol_rela	INTEGER		relationship number 199
pol_name	STRING	27	subscriber name
pol_addr	STRING	27	subscriber address
pol_zipc	STRING	11	subscriber zip code
pol_phon	STRING	15	subscriber telephone number
pol_sexf	CHAR		subscriber sex
pol_chbr	STRING	5	champus branch
pol_chst	CHAR		champus status
pol_romi	CHAR		policy release of medical information flag
pol_aomb	CHAR		assignment of medical benefits flag
pol_X_male	CHAR		X if pol_sexf = M
pol_X_female	CHAR		X if pol_sexf = F
pol_dobf	DATE		subscriber's date of birth
pol_acas	CHAR		policy default accept assignment flag
pol_empl	STRING	25	policy employment
pol_city	STRING	30	subscriber's city
pol_state	STRING	2	subscriber's state

13.3.4.3 Policy ID

The following information is based on whether the policy is the first, second, or third. The "X" should be a 1, 2, or 3 in each field name. This is static information for each policy.

pol_phynX	STRING	20	physician ID for policy
pol_grpnX	STRING	20	group ID for policy
pol_insnX	STRING	26	carrier name
pol_inscX	STRING	6	carrier code

pol_polnX	STRING	27	policy number
pol_grnuX	STRING	27	group number
pol_grnaX	STRING	27	group name
pol_heplX	CHAR		health plan flag
pol_relaX	INTEGER		relationship number 199
pol_nameX	STRING	27	subscriber name
pol_addrX	STRING	27	subscriber address
pol_zipcX	STRING	11	subscriber zip code
pol_phonX	STRING	15	subscriber telephone number
pol_sexfX	CHAR		subscriber sex
pol_chbrX	STRING	5	champus branch
pol_chstX	CHAR		champus status
pol_romiX	CHAR		policy release of medical information flag
pol_aombX	CHAR		Assignment of medical benefits flag
pol_X_maleX	CHAR		X if pol_sexf = M
pol_X_femaleX	CHAR		X if pol_sexf = F
pol_dobfX	DATE		Subscriber's date of birth

13.3.4.4 Other Insurance

The following information is used to identify the other insurance; if the first carrier is being filed, this would contain the second carrier information. If the second carrier is being filed, this would be the primary.

other_pol_ins_name	STRING	27	carrier name
other_pol_ins_code	STRING	6	carrier code
other_pol_ins_addr	STRING	27	carrier address
other_pol_ins_city	STRING	27	carrier city
other_pol_ins_stat	STRING	3	carrier state
other_pol_ins_zipc	STRING	11	carrier zip
other_pol_ins_ocna	STRING	11	OCNA
other_pol_ins_neic	STRING	6	NEIC
other_pol_ins_ncoc	STRING	5	NCOC
other_pol_poln	STRING	27	policy number
other_pol_grnu	STRING	27	group number
other_pol_grna	STRING	27	group name
other_pol_hepl	CHAR		health plan flag
other_pol_rela	INTEGER		relationship number 199
other_pol_name	STRING	27	subscriber name
other_pol_addr	STRING	27	subscriber address
other_pol_zipc	STRING	11	subscriber zip code
other_pol_phon	STRING	15	subscriber telephone number
other_pol_sexf	CHAR		subscriber sex
other_pol_chbr	STRING	5	champus branch
other_pol_chst	CHAR		champus status
other_pol_romi	CHAR		policy release of medical information flag
other_pol_aomb	CHAR		Assignment of medical benefits flag
other_pol_X_male	CHAR		X if pol_sexf = M
other_pol_X_female	CHAR		X if pol_sexf = F
other_pol_dobf	DATE		Subscriber's date of birth
other_pol_empl	STRING	25	policy employment

13.3.4.5 UB Billling

All of the following fields represent the UBV file and are used in filling out the appropriate boxes on the CMS-1450 (UB) form.   This file is seldom used, even by those practices that use the CMS-1450 (UB)

form.

ubv_type	STRING	3	type of bill
ubv_invc	INT4U	4	visit number
ubv_addt	DATE	4	admission date
ubv_adtm	STRING	2	admission time
ubv_adtp	CHAR	1	type of admission
ubv_adsr	CHAR	1	source of admission
ubv_achr	STRING	2	discharge hour
ubv_stat	STRING	2	patient status
ubv_frdt	DATE	4	statement covers period from
ubv_todt	DATE	4	statement covers period through
ubv_covd	STRING	3	covered days
ubv_ncvd	STRING	3	noncovered days
ubv_coid	STRING	2	coinsurance Days
ubv_ltrd	STRING	2	lifetime reserve days
ubv_ocd1	STRING	2	occurence code
ubv_odt1	DATE	4	occurence date
ubv_ocd2	STRING	2	occurence code
ubv_odt2	DATE	4	occurence date
ubv_ocd3	STRING	2	occurence code
ubv_odt3	DATE	4	occurence date
ubv_ocd4	STRING	2	occurence code
ubv_odt4	DATE	4	occurence date
ubv_ocd5	STRING	2	occurence code
ubv_odt5	DATE	4	occurence date
ubv_ocd6	STRING	2	occurence code
ubv_odt6	DATE	4	occurence date
ubv_ocd7	STRING	2	occurence code
ubv_odt7	DATE	4	occurence date
ubv_ocd8	STRING	7	occurence code
ubv_odt8	DATE	4	occurence date
ubv_osc1	STRING	2	occurrence span code
ubv_osf1	DATE	4	occurrence span from date
ubv_ost1	DATE	4	occurrence span through date
ubv_osc2	STRING	2	occurence span code
ubv_osf2	DATE	4	occurence span from date
ubv_ost2	DATE	4	occurence span to date
ubv_cc01	STRING	2	condition code
ubv_cc02	STRING	2	condition code
ubv_cc03	STRING	2	condition code
ubv_cc04	STRING	2	condition code
ubv_cc05	STRING	2	condition code
ubv_cc06	STRING	2	condition code
ubv_cc07	STRING	2	condition code
ubv_vcc1	STRING	2	value code
ubv_vca1	MONEY	4	value amount
ubv_vcc2	STRING	2	value code
ubv_vca2	MONEY	4	value amount
ubv_vcc3	STRING	2	value code
ubv_vca3	MONEY	4	value amount
ubv_vcc4	STRING	2	value code
ubv_vca4	MONEY	4	value amount
ubv_vcc5	STRING	2	value code
ubv_vca5	MONEY	4	value amount

ubv_vcc6	STRING	2	value code
ubv_vca6	MONEY	4	value amount
ubv_vcc7	STRING	2	value code
ubv_vca7	MONEY	4	value amount
ubv_vcc8	STRING	2	value code
ubv_vca8	MONEY	4	value amount
ubv_vcc9	STRING	2	value code
ubv_vca9	MONEY	4	value amount
ubv_vcc0	STRING	2	value code
ubv_vca0	MONEY	4	value amount
ubv_vccA	STRING	2	value code
ubv_vcaA	MONEY	4	value amount
ubv_vccB	STRING	2	value code
ubv_vcaB	MONEY	4	value amount
ubv_pp01	MONEY	4	prior payments
ubv_pp02	MONEY	4	prior payments
ubv_pp03	MONEY	4	prior payments
ubv_ead1	MONEY	4	est. amount due
ubv_ead2	MONEY	4	est. amount due
ubv_ead3	MONEY	4	est. amount due
ubv_od01	STRING	6	other diag
ubv_od02	STRING	6	other diag
ubv_od03	STRING	6	other diag
ubv_od04	STRING	6	other diag
ubv_od05	STRING	6	other diag
ubv_pc__	CHAR	1	procedure coding method
ubv_txt1	STRING	41	text field
ubv_ppcd	STRING	5	pp code
ubv_ppdt	DATE	4	pp date
ubv_opc1	STRING	7	pp code
ubv_opd1	DATE	4	pp date
ubv_opc2	STRING	7	pp code
ubv_opd2	DATE	4	pp date
ubv_opc3	STRING	7	op code
ubv_opd3	DATE	4	op date
ubv_opc4	STRING	7	op code
ubv_opd4	DATE	4	op date
ubv_opc5	STRING	7	op code
ubv_opd5	DATE	4	op date
ubv_pn01	STRING	21	phy name
ubv_pn02	STRING	21	phy name

13.3.4.6 UB Billing Tra

The following fields are the same as the UBV fields with the same name, but get their information from the transactions instead of the UBV form.

tra_ppcd	STRING	5	pp code
tra_ppdt	DATE	4	pp date
tra_opc1	STRING	7	pp code
tra_opd1	DATE	4	pp date
tra_opc2	STRING	7	pp code
tra_opd2	DATE	4	pp date
tra_opc3	STRING	7	op code
tra_opd3	DATE	4	op date

tra_opc4	STRING	7	op code
tra_opd4	DATE	4	op date
tra_opc5	STRING	7	op code
tra_opd5	DATE	4	op date

13.3.4.7 UB Patient

The following is employment information as entered on the PAT form.

ubp_071a	CHAR		EID
ubp_071b	CHAR		EID
ubp_072a	CHAR		ESC
ubp_072b	CHAR		ESC
ubp_073a	STRING	25	Employer name
ubp_073b	STRING	25	Employer name
ubp_074a	STRING	12	Employer ID
ubp_074b	STRING	12	Employer ID
ubp_075a	STRING	38	Employer location
ubp_075b	STRING	38	Employer location

13.3.4.8 Visit / INV

The following fields are related to the visit.

inv_code	INTEGER	visit number
inv_date	DATE	visit date
inv_empl	CHAR	employment flag
inv_acdn	CHAR	accident flag
inv_acas	CHAR	visit accept assignment flag
inv_lwrk	CHAR	lab work flag
inv_lchg	MONEY	lab work charges
inv_emrg	CHAR	emergency
inv_epsd	CHAR	epsdt
inv_doif	DATE	date of illness
inv_dsif	DATE	date of similar illness
inv_tdff	DATE	total disability from
inv_tdtf	DATE	total disability to
inv_dhaf	DATE	date of hospital admit
inv_dhdf	DATE	date of hospital discharge
inv_chrg	MONEY	don't use
inv_paid	MONEY	don't use
inv_adjm	MONEY	don't use
adj_totl	MONEY	adjustment total
ins_paid	MONEY	amount paid by insurance on claim
pat_paid	MONEY	amount paid by patient on claim
all_paid	MONEY	total of insurance and patient payments
ins_paid_adj	MONEY	ins_paid + adj_totl
pat_paid_adj	MONEY	pat_paid + adj_totl
all_paid_adj	MONEY	all_paid + adj_totl
ins_bal	MONEY	charges ins_paid adj_totl
pat_bal	MONEY	charges pat_paid adj_totl
all_bal	MONEY	charges ins_paid pat_paid adj_totl
ins_bal_adj	MONEY	charges ins_paid adj_totl
pat_bal_adj	MONEY	charges pat_paid adj_totl
all_bal_adj	MONEY	charges ins_paid pat_paid adj_totl
tot_chrg	MONEY	total charges for all pages

total_chrg	MONEY		same as tot_chrg but can be used in the TOTAL section
balance	MONEY		don't use
caid_resub	STRING	12	not implemented
caid_orgno	STRING	18	not implemented
auto_st	STRING	3	auto accident state

13.3.4.9 Patient

The following fields are related to the patient.

pat_code	STRING	13	patient code
pat_name	STRING	27	patient name
pat_chrt	STRING	10	patient chart number
pat_add1	STRING	27	address one
pat_add2	STRING	27	address two
pat_zipc	STRING	11	zip code
pat_hphn	STRING	15	home phone
pat_wphn	STRING	15	work phone
pat_ssnf	STRING	12	social security number
pat_sexf	CHAR		sex
pat_dobf	DATE		birth date
pat_smok	CHAR		smoker
pat_stat	CHAR		stat flag
pat_mast	CHAR		marital
pat_city	STRING	27	patient city
pat_state	STRING	2	patient state
pat_first	STRING	29	patient first name
pat_last	STRING	29	patient last name

13.3.4.10 Guarantor

The following fields are related to the guarantor for the patient. These fields would usually not be included on an insurance claim.

gua_code	STRING	13	guarantor code
gua_name	STRING	27	guarantor name
gua_add1	STRING	27	guarantor add1
gua_add2	STRING	27	guarantor add2
gua_zipc	STRING	11	guarantor zip code
gua_hphn	STRING	15	guarantor home phone
gua_wphn	STRING	15	guarantor work phone
gua_city	STRING	27	guarantor city
gua_stat	STRING	2	guarantor state

13.3.4.11 Facility

These fields will store information for the facility where the services were performed as related to the visit on the NCTR form in the FAC field.

fac_code	STRING	4	facility code
fac_name	STRING	27	facility name
fac_add1	STRING	27	facility add1
fac_add2	STRING	27	facility add2
fac_city	STRING	23	facility city
fac_stat	STRING	3	facility state
fac_zipc	STRING	11	facility zip code

fac_phon	STRING	15	facility phone

13.3.4.12 Location

These fields will contain information for the location as related to the visit in the LOC field of the NCTR form.

loc_code	STRING	4	location code
loc_name	STRING	27	location name
loc_add1	STRING	27	location address line 1
loc_add2	STRING	27	location address line 2
loc_city	STRING	23	location city
loc_stat	STRING	3	location state
loc_zipc	STRING	11	location zip code
loc_phon	STRING	15	location phone
loc_emid	STRING	19	employer ID no.
iid_phyc	STRING	4	physician code

13.3.4.13 Insurance ID

These fields will contain numbers required by the carriers for filing insurance to the carrier. The numbers are defined by the physician, location, and insurance carrier.

iid_locc	STRING	4	location code
iid_insc	STRING	7	insurance carrier code
iid_grpn	STRING	21	group number Box 31
iid_phyn	STRING	21	physicians number box 24 K
iid_sign	STRING	29	physician signature box 25
iid_0001	STRING	21	other line 1
iid_0002	STRING	21	other line 2
signature	STRING	29	physician signature box 25, This field will normally have the field phy_smsg contained in it. However if an IID record exists for the physician, location, and carrier being filed, and the iid_sign field is not empty, it will be stored here.

13.3.4.14 ICD codes

The following are related to the ICD1, ICD2, ICD3, and ICD4 fields of the NCTR form.

icd_code	STRING	7	diagnostic lookup code
icd_desc	STRING	36	diagnostic description
icd_icd9	STRING	7	actual code
icd_desc1	STRING	36	icd1 description
icd_code1	STRING	7	icd1 code
icd_desc2	STRING	36	icd2 description
icd_code2	STRING	7	icd2 code
icd_desc3	STRING	36	icd3 description
icd_code3	STRING	7	icd3 code
icd_desc4	STRING	36	icd4 description
icd_code4	STRING	7	icd4 code

13.3.4.15 Insurance Companies

The following fields contain information on the insurance carrier for the insurance being filed.

ins_code	STRING	7	code

ins_name	STRING	27	name
ins_cont	STRING	27	contact
ins_add1	STRING	27	address
ins_add2	STRING	27	address
ins_city	STRING	23	city
ins_stat	STRING	3	state
ins_zipc	STRING	11	zip code
ins_phon	STRING	15	phone number
ins_emc1	STRING	2	submit in batch Professional
ins_hcfa	STRING	5	module name Professional
ins_type	STRING	2	insurance type
ins_emc2	STRING	2	submit in batch Institution
ins_UB92	STRING	5	module name Institution
ins_ocna	STRING	11	OCNA
ins_neic	STRING	6	NEIC
ins_ncoc	STRING	5	NCOC

13.3.4.16 Physicians

The following fields contain information for the physician of the claim, as related by the PHY field on the NCTR form. If used in the BODY section of the template, it will relate to the PHY field of the transaction section of the NCTR form.

phy_code	STRING	4	physician code
phy_name	STRING	27	physician name
phy_emid	STRING	19	employer ID no.
phy_dean	STRING	19	DEA no.
phy_ssnf	STRING	12	physician ssn
phy_smsg	STRING	31	signature line

13.3.4.17 Refering Physicians

These fields will store information about a referring physician as related by the RPH field of the NCTR form.

rph_code	STRING	4	referring physician code
rph_name	STRING	27	referring physician name
rph_add1	STRING	27	address line 1
rph_add2	STRING	27	address line 2
rph_city	STRING	23	city
rph_stat	STRING	3	state
rph_zipc	STRING	11	zip code
rph_phon	STRING	15	phone number
rph_note	STRING	27	note
rph_upin	STRING	21	upin number or rid number.

This field will normally store the UPIN number as defined on the RPH form. However if a special code is set up on the RID form for the INS being filed, it will be stored instead.

13.3.4.18 Transactions / Other

The following fields are related to the transaction file via the transactions that are entered on the claim.

tra_code	STRING	10	transaction code
tra_cpt4	STRING	10	reference Code If procedure
tra_revc	STRING	4	revenue code

tra_mod1	STRING	10	procedure modifier 1
tra_mod2	STRING	10	procedure modifier 2
rid_numb	STRING	21	insurance ID number as defined for the referring physician and carrier
PAGE_NO	INTEGER		page number
page_chrg	MONEY		page charges
SYS_DATE	DATE		system date
tax_numb	STRING	19	tax number This field will store the loc_emid field if data exists, otherwise it will look in the phy_emid field to get the tax ID for the physician. If it can't find one, it will get the physician's social security number.
tax_ein	CHAR		X Federal tax EID, if that's what tax_numb has stored
tax_ssn	CHAR		X Federal tax SSN , if that's what tax_numb has stored
aomb_msg	STRING	34	assignment of medical benefits message
romi_msg	STRING	34	release of medical information message
X_employed	CHAR		not implemented
X_ft_student	CHAR		not implemented
X_pt_student	CHAR		not implemented
X_single	CHAR		X if pat_mast = S
X_married	CHAR		X if pat_mast = M
X_other	CHAR		X if pat_mast is not S or M
X_medicare	CHAR		X if ins_type = 1
X_medicaid	CHAR		X if ins_type = 2
X_champus	CHAR		X if ins_type = 3
X_champusva	CHAR		X if ins_type = 4
X_group	CHAR		X if pol_hepl = Y
X_feca	CHAR		X if ins_type = 5
X_other_ins	CHAR		X if ins_type is not 1
X_male	CHAR		X if pat_sex = M
X_female	CHAR		X if pat_sex = F
X_self	CHAR		X if pol_rela = 1
X_spouse	CHAR		X if pol_rela = 2
X_child	CHAR		X if pol_rela = 3
X_other_rel	CHAR		X if pol_rela = 4
X_empyes	CHAR		X if inv_empl = Y
X_empno	CHAR		X if inv_empl not Y
X_auto	CHAR		X if auto related
X_auto_yes	CHAR		X if auto related
X_auto_no	CHAR		X if not auto related
X_other_acc	CHAR		X if accident related
X_other_yes	CHAR		X if accident related not auto
X_other_no	CHAR		X if accident related auto related
X_active	CHAR		X if champus active
X_retired	CHAR		X if champus retired
X_deceased	CHAR		X if champus deceased
X_labyes	CHAR		X if lab yes
X_labno	CHAR		X if lab no
X_epsdtyes	CHAR		X if epsdt yes
X_epsdtno	CHAR		X if epsdt no
X_fpyes	CHAR		X if family planning yes
X_fpno	CHAR		X if family planning no
X_aayes	CHAR		X if accept assignment is yes
X_aano	CHAR		X if accept assignment is no
X_subscriber	CHAR		X if subscriber
X_physician	CHAR		X if physician

X_ahbp_yes	CHAR		X if ahbp is yes
X_ahbp_no	CHAR		X if ahbp is no

13.3.4.19 Special Notes

The following fields will store the description lines from transactions that are added to a visit with a code of SN1 through SN9. They may be used to customize forms for special needs.

sn1	STRING	42	special note 1
sn2	STRING	42	special note 2
sn3	STRING	42	special note 3
sn4	STRING	42	special note 4
sn5	STRING	42	special note 5
sn6	STRING	42	special note 6
sn7	STRING	42	special note 7
sn8	STRING	42	special note 8
sn9	STRING	42	special note 9

13.3.4.20 Pre-Auth

The following fields will contain PREAUTH data for claims based on the transaction codes of PA1 through PA2 being used. The PA1 is for the primary carrier on the claim and PA2 is for the secondary.

inv_prau	STRING	42	old field for preauth
pre_auth	STRING	42	pre auth number from PA1PA2

13.3.4.21 Kentucky Medicaid

Special fields for Kentucky Medicaid include:

kyma_11	STRING	26	KY Medicaid box 11
kyma_11C	STRING	26	KY Medicaid box 11C
kyma_29	MONEY		KY Medicaid box 29
kyma_30	MONEY		KY Medicaid box 30

13.3.4.22 Medicare

Special fields for Medicare include:

box_10d	STRING	26	HCFA box 10d
box_11c	STRING	26	HCFA box 11c

13.3.5 Sample Template

```
#
#    CMS-1500 (02/12) form template
#

FORMAT

FIRST_DETAIL_LINE=45
NUM_DETAIL_LINES=12
NUM_LINES=2
LEFT_MARGIN=0
PRT_CREDIT=NO
PRT_ZERO=YES
CONTINUE=YES
INCLUDE_MEDICARE_PTOP_PAYMENTS=YES
INCLUDE_INSC_PTOP_PAID=NO
```

```
INCLUDE_PRIV_PTOP_PAID=NO
#
#  ROW:-1:    FIELD:          PICTURE
#

HEADER
2:18:             pol_id  :       XXXXXXXXX
2:28:             pol_numb:       XX
2:38:             ins_code:       XXXXXX
2:45:             ins_name:       XXXXXXXXXXXXXXXXXXXXXXXXXX
3:45:             ins_add1:       XXXXXXXXXXXXXXXXXXXXXXXXXX
4:45:             ins_add2:       XXXXXXXXXXXXXXXXXXXXXXXXXX
5:45:             ins_city:       XXXXXXXXXXXXXXXXXXX
5:65:             ins_stat:       XX
5:68:             ins_zipc:       XXXXXXXXXX

#8:1:                                                      form_path:
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
#8:59:                   version: XXXXXXXXXXXXXXXXXX

# Block 1
10:1:             X_medicare:     X
10:8:             X_medicaid:     X
10:15:              X_champus:       X
10:24:              X_champusva:     X
10:31:              X_group:         X
10:39:              X_feca:          X
10:45:              X_other_ins:     X

# Block 1a
10:50:              pol_poln:       XXXXXXXXXXXXXXXXXXXXXXXXXXX

# Block 2
12:1:             pat_name:       XXXXXXXXXXXXXXXXXXXXXXXXXXX

# Block 3
12:30:              pat_dobf:       MM DD CCYY
12:42:              X_male:         X
12:47:              X_female:       X

# Block 4
12:50:              pol_name:       XXXXXXXXXXXXXXXXXXXXXXXXXXX

# Block 5
14:1:             pat_add1:       XXXXXXXXXXXXXXXXXXXXXXXXXXX
16:1:             pat_city:       XXXXXXXXXXXXXXXXXXXX
16:26:              pat_state:      XX
18:1:             pat_zipc:       XXXXXXXXXX
18:14:              pat_hphn:       XXXXXXXXXXXXX

# Block 6
14:33:              X_self:         X
14:38:              X_spouse:       X
14:42:              X_child:        X
14:47:              X_other_rel:    X

# Block 7
14:50:              pol_addr:       XXXXXXXXXXXXXXXXXXXXXXXXXXX
16:50:              pol_city:       XXXXXXXXXXXXXXXXX
16:75:              pol_state:      XX
```

```
18:50:                    pol_zipc:        XXXXXXXXXX
18:64:                    pol_phon:        XXXXXXXXXXXXXX

# Block 8
#16:34:                   X_single:        X
#16:40:                   X_married:       X
#16:46:                   X_other:         X
#18:34:                   X_employed:      X
#18:40:                   X_ft_student:    X
#18:46:                   X_pt_student:    X

# Block 9
20:1:            other_pol_name: XXXXXXXXXXXXXXXXXXXXXXXXXXX
# Block 9a
22:1:            other_pol_poln: XXXXXXXXXXXXXXXXXXXXXXXXXXX
# Block 9b
#24:1:                    other_pol_dobf: MM DD CCYY
#24:17:                   other_pol_X_male:      X
#24:23:                   other_pol_X_female:    X
# Block 9c
#26:0:                    other_pol_grna:  XXXXXXXXXXXXXXXXXXXXXXX
# Block 9d
28:1:            other_pol_ins_name: XXXXXXXXXXXXXXXXXXXXXXXXXX

# Block 10
# Block 10a
22:35:                    X_empyes:        X
22:41:                    X_empno:         X
# Block 10b
24:35:                    X_auto_yes:      X
24:41:                    X_auto_no:       X
24:45:                    auto_st:         XX
# Block 10c
26:35:                    X_other_yes:     X
26:41:                    X_other_no:      X
# Block 10d
28:30:                    sn1:             XXXXXXXXXXXX

# Block 11
20:50:                    pol_grnu:        XXXXXXXXXXXXXXXXXXXXXXXXXXX
# Block 11a
22:53:                    pol_dobf:        MM DD CCYY
22:68:                    pol_X_male:      X
22:75:                    pol_X_female:    X
# Block 11b
#24:49:                   pol_grna:        XXXXXXXXXXXXXXXXXXXXXX
# Block 11c
26:50:                    box_11c:         XXXXXXXXXXXXXXXXXXXXXXXXXXX
# Block 11d
28:52:                    X_ahbp_yes:      X
28:57:                    X_ahbp_no:       X

# Block 12
31:6:            romi_msg:        XXXXXXXXXXXXXXXXXXXXXXXX
31:37:                    SYS_DATE:        MM DD CCYY

# Block 13
31:55:                    aomb_msg:        XXXXXXXXXXXXXXXXXXXXXX

# Block 14
```

```
34:2:              inv_doif:       MM DD CCYY
34:16:               BL14qual:       XXX


# Block 15
34:30:               BL15qual:       XXX
34:37:               BL15date:       MM DD CCYY


# Block 16
34:53:               inv_tdff:       MM DD CCYY
34:67:               inv_tdtf:       MM DD CCYY


# Block 17
36:1:              rph_Qual:       XX
36:3:              rph_name:         XXXXXXXXXXXXXXXXXXXXXXX
# Block 17a
35:29:               rph_IDQualifier: XX
35:32:               rph_IDNumber:   XXXXXXXXXXXXXXXX


# Block 17b
36:32:               rph_npin:       XXXXXXXXXXXXXXXX


# Block 18
36:53:               inv_dhaf:       MM DD CCYY
36:67:               inv_dhdf:       MM DD CCYY


# Block 19


# Block 20
38:52:               X_labyes:       X
38:56:               X_labno:        X
38:64:               inv_lchg:       ######.##


# Block 21
39:42:               icd_indic:      X
40:2:              icd_ndcd1:      XXXXXXXX
40:15:               icd_ndcd2:      XXXXXXXX
40:28:               icd_ndcd3:      XXXXXXXX
40:41:               icd_ndcd4:      XXXXXXXX
41:2:              icd_ndcd5:      XXXXXXXX
41:15:               icd_ndcd6:      XXXXXXXX
41:28:               icd_ndcd7:      XXXXXXXX
41:41:               icd_ndcd8:      XXXXXXXX
42:2:              icd_codei:      XXXXXXXX
42:15:               icd_codej:      XXXXXXXX
42:28:               icd_codek:      XXXXXXXX
42:41:               icd_codel:      XXXXXXXX


# Block 22


# Block 23
42:50:               pre_auth:       XXXXXXXXXXXXXXXXXXXXX
#42:50:               authorization:  XXXXXXXXXXXXXXXXXXXXX
#42:50:               referral:       XXXXXXXXXXXXXXXXXXXX


BODY
# Block 24
# Block 24a
46:0:              det_frdt:       MM DD YY
46:9:              det_todt:       MM DD YY
#46:0:               det_frdt:       MMDDCCYY
```

```
#46:9:                    det_todt:        MMDDCCYY

# Block 24b
46:18:                    pos_code:        XX

# Block 24c
46:22:                    inv_emrgYN:     X

# Block 24d
46:25:                    tra_cpt4:        XXXXX
46:32:                    tra_mod1:        XX
46:35:                    tra_mod2:        XX
46:38:                    tra_mod3:        XX
46:41:                    tra_mod4:        XX

# Block 24e
#46:44:                   det_refc:        XXXX
46:44:                    DIAGPointer:    XXXX

# Block 24f
46:51:                    det_totl:        #######
#46:51:                   det_totl_ptop_adjm:        #######

# Block 24g
46:58:                    det_unit:        ###

# Block 24h
46:62:                    X_fpyes:         X

# Block 24i
45:64:                    IDQualifier:    XX
# Block 24j
45:67:                    cid_phyn:        XXXXXXXXXXXX
46:67:                    phy_npid:        XXXXXXXXXXXX

# Other fields that may be used
45:1:                                       det_docs:
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
#45:25:                   start_time:     XXXXXXXX
#45:34:                   stop_time:      XXXXXXXX
#45:70:                   det_allo_totl:  ######.##
#46:70:                   det_paid:        XXXXXXXXX
#45:67:                   cob:            XX

FOOTER
# Block 25
58:1:           phy_emid:        XXXXXXXXXXXXXXX
58:19:                    PICTURE:        X

# Block 26
58:23:                    pat_code:        XXXXXXXXXXXX

# Block 27
58:38:                    X_aayes:         X
58:43:                    X_aano:          X

# Block 28
# Block 29
# Block 30
#
```

```
#  The following shows diff ways of printing balances in Blocks 28, 29, and
30
#
######### just show page charges, no payments  (DEFAULT METHOD)
######### if filing a secondary you will include EOB, if primary you want
######### the full payment.
58:51:             page_chrg:      ######.##
58:60:             ptop_paid:      ######.##
#58:65:            0.00:           0.00
#58:70:            page_chrg:      ######.##

#58:51:            page_det_totl_ptop_adjm:    ######.##
#58:60:            ptop_paid:      ######.##
#58:70:            ptop_bal_paid_adjm:     ######.##

#58:52:            page_chrg:      ######.##
#58:62:            ptop_paid:      ######.##
#58:70:            ptop_bal_paid:  ######.##
#58:70:            ptop_bal_allo:  ######.##
#58:52:            page_det_allo_totl:     ######.##

#58:62:            ptop_adjm:      ######.##
#58:70:            ptop_bal_adjm:  ######.##

#58:62:            ptop_paid_adjm: ######.##
#58:70:            ptop_bal_paid_adjm:     ######.##

########## show all charges, print continued on all but last form.
########## show patient payments
#58:52:            tot_chrg:       ######.##
#58:62:            pat_paid:       ######.##
#58:70:            pat_bal:        ######.##

########## show all charges, print continued on all but last form.
########## show insurance payments
#58:52:            tot_chrg:       ######.##
#58:62:            ins_paid:       ######.##
#58:70:            ins_bal:        ######.##

########## show all charges, print continued on all but last form.
########## show all payments, from insuarnce and patients
#58:52:            tot_chrg:       ######.##
#58:62:            all_paid:       ######.##
#58:70:            all_bal:        ######.##

#############################################################################
###

########## show all charges, print continued on all but last form.
########## show patient payments & adjustments
#58:52:            tot_chrg:       ########
#58:62:            pat_paid_adj:   ########
#58:70:            pat_bal_adj:    ########

########## show all charges, print continued on all but last form.
########## show insurance payments & adjustments
#58:52:            tot_chrg:       ######.##
#58:62:            ins_paid_adj:   ######.##
#58:70:            ins_bal_adj:    ######.##
```

```
########## show all charges, print continued on all but last form.
########## show all payments & adjustments , from insurance and patients
#58:52:              tot_chrg:        ######.##
#58:62:              all_paid_adj:    ######.##
#58:70:              all_bal_adj:     ######.##


# Block 31
62:0:            signature:       XXXXXXXXXXXXXXXXXXXXX
63:5:            SYS_DATE:        MM/DD/CCYY

60:23:                e_fac_name:     XXXXXXXXXXXXXXXXXXXXXXXXXX
61:23:                e_fac_add1:     XXXXXXXXXXXXXXXXXXXXXXXXXX
62:23:                e_fac_city:     XXXXXXXXXXXXXXX
62:37:                e_fac_stat:     XX
62:40:                e_fac_zipc:     XXXXXXXXX
# Block 32a
63:23:                e_fac_npid:     XXXXXXXXXX
# Block 32b
63:35:                e_fac_clia:     XXXXXXXXXXXX

# Block 33
59:64:                e_loc_phon:     XXXXXXXXXXXXX
60:50:                e_loc_name:     XXXXXXXXXXXXXXXXXXXXXXXXX
61:50:                e_loc_add1:     XXXXXXXXXXXXXXXXXXXXXXXXX
62:50:                e_loc_city:     XXXXXXXXXXXXXXXXXX
62:67:                e_loc_stat:     XX
62:70:                e_loc_zipc:     XXXXXXXXX
# Block 33a
63:50:                e_bill_npi:     XXXXXXXXXXX
# Block 33b
#63:62:               cid_phyn:       XXXXXXXXXXX
#63:62:               cid_grpn:       XXXXXXXXXXX

# Bottom Line
65:0:            PICTURE:         PAGE
65:5:            PAGE_NO:         ####
65:12:               PICTURE:        CLAIM
65:18:               control_number: XXXXXXXXXXXXXXXXXXXXX
65:41:               PICTURE:        USER
65:47:               USER:           XXXXX
```

13.4   S4GL Form Reference

Many of the systems data entry forms are now written in "S4GL". This is an acronym for "Screen 4th Generation Language". However, all of them except the EXP (extended patient information) form have been compiled or crunched to provide faster execution time and prohibit modification of fields that should not be modified. The information provided here is for use in modifying the EXP form only.

What is the S4GL?

The first question you probably would ask is "What is the S4GL?". The S4GL is simply a text file that contains a structured, but nonprocedural, description of how a data entry form should look and work. The S4GL text file is read by the program "s4gl.out" at execution time, and the appropriate data entry form is then available to the user.

Why Use the S4GL?

Why use the S4GL? Only one actual "C" language program needs to reside on the computer hard disk. This saves disk space, but also allows modifications to include all data entry forms that use the S4GL. This eliminates the time that it takes to update users and maintain programs. By using the S4GL instead of creating individual programs for each data entry form, the software saves hard disk space. The S4GL also allows for easy modification of the data entry forms at the customer's site, allowing much more flexibility in the software.

Where is the S4GL Used?

The S4GL is used only on data entry forms, where optimum execution speed is not of importance. These usually include table file programs such as physician, location, facility, etc. On these fixed-length screens, it is not recommended that field lengths be modified. They may be made shorter, but not longer. This is because the S4GL is only a bridge to the database dictionary, it does not define the data structure of the files. In other words, you can't add, remove, or change existing fields in the database simply by changing an S4GL screen. Usually, the only thing modified in an S4GL script is the field default information. The one exception to this is the EXP, which uses variable-length fields that are sized automatically to the field defined in the S4GL.

Conclusion

In conclusion, the S4GL offers a higher level of flexibility in the software, allowing greater user-defined modifications without sacrificing the integrity of the database. By using this document, you will gain a better understanding of the elements that make up an S4GL script and be able to modify existing scripts to suit your needs.

13.4.1   S4GL Screen Definitions

As mentioned above, the S4GL is a structured, nonprocedural script language used for creating data entry forms for the software. This means that the S4GL script has rules for how it must be written, and that the script can tell the main line program "s4gl.out" to perform functions based on a condition. The S4GL script is divided into two sections: SCREEN and ATTRIBUTES.

Screen

The SCREEN defines how the data entry form will appear to the user. It is started by using the word "SCREEN" and terminated by the word "FINISH". These words must each reside on a line independently. All lines contained between these words make up what is actually displayed on the data entry form.

💣 **The SCREEN section of S4GL scripts should not contain special non-printing characters such as tabs or any other control or escape sequences. Special characters may disrupt the parsing process performed in the program "s4gl.out".   If your fields do not line up properly, the script probably has tabs embedded in the text.**

The S4GL screen is made up of several parts. The first part of the screen is the screen text. Screen

---

text is what will display on the user's terminal. This is simply all information on the screen that is not defined as a field or a special character. You may define up to 10 screens per S4GL script. Each screen may be up to 20 lines long, and each line may not exceed 80 characters. If any of these limits are exceeded, the S4GL script will not execute, and an error message will display.

Sample Screen

This shows how an S4GL SCREEN section may appear in the script. Notice that the screen is started using the keyword SCREEN and terminated using the keyword FINISH. All other information on the screen is displayed in the position that it is entered in the SCREEN section, except for the defined fields and special characters.

```
SCREEN
+{                              PATIENT INFORMATION                        }+
|                                                                          |
|    PAT:[f1          ]    NAME:[f2                     ]                   |
|                              [f3                      ]                   |
|                              [f4                 ][f5]                    |
|                              [f6          ][f7          ]                 |
|                                                                          |
+{                         EXTENDED PATIENT INFORMATION                    }+
[p01                                                                        ]
[p02                                                                        ]
[p03                                                                        ]
[p04                                                                        ]
[p05                                                                        ]
[p06                                                                        ]
[p07                                                                        ]
[p08                                                                        ]
[p09                                                                        ]
[p10                                                                        ]
FINISH
```

If multiple screens are used, this section is repeated and the "s4gl.out" program will add the OTHER SCREEN function to the list of executable functions. This allows the user to page through the other screens.   A number referencing the screen number will appear in the upper left-hand corner next to the screen name (see "NAME" under ATTRIBUTES).

Field Delimiters and Virtual Field Names

The second part of an S4GL SCREEN consists of the field definitions. Fields are delimited by opening and closing brackets "[ ]". The open bracket "[" starts the field, and the close bracket "]" ends the field. A field may not exceed one line of the screen. Because of the field delimiters, two fields can never join together to appear as one field.

When the "s4gl.out" program draws the data entry form, the brackets are not displayed. Each space in the field will display either an underscore character "_" for each character place in the field, until the user enters something into that space, or a picture character where a special picture is defined for the field (such as a DATE or TIME field). A sample field may appear as follows.

       NAME:[f2   ]

The field is comprised of two parts: the field delimiters and the virtual field name. The title to the left of the field (NAME:) is actually part of the S4GL screen and not the field itself. The delimiters ([ ])define the size of the field. However, in order to assign the field attributes (see below), the field must be given a virtual name. You may give your virtual field any name that you want, but your name's length is limited to the size of the field. For example, you can't give a single-character field a name of "POST FLAG", but you could call it "A". Usually fields are called "f#", "f" meaning field and "#" being a consecutive set of numbers. However, single-character fields are usually called "a,b,c,d,...", simply because they can only be a single-character name.

Special Characters

The SCREEN section also has a set of special characters that are used for line draw capabilities. Fortunately, the line draw characters closely resemble the special characters that are used, thus requiring no special thought when creating the screen.

SPECIAL	LINE DRAW CHARACTER
'#'	Checker board
''	Horizontal line
'|'	Vertical line
'+'	Plus, Cross, or corner
'{'	Highlight on
'}'	Highlight off

If the terminal does not support line draw characters, the screen will paint with the special characters. This does not look as nice as the line draw characters, but still presents the screen in a better-defined manner.

The "+" character may display as a plus symbol, a cross, an intersection of lines, or as a corner or tee of butting lines. This is determined by a special algorithm in the "s4gl.out" program that determines which of the characters to print.

13.4.2 S4GL Attribute Definitions

The second section of an S4GL script is the ATTRIBUTE section, composed of global and field attributes. In the S4GL script, this section must come after the SCREEN section. The ATTRIBUTES section is started with the keyword ATTRIBUTES and terminated with the keyword FINISH. Usually all of the global attributes are defined first and then the field attributes. However, it is not necessary that this be done--it is only suggested for convention's sake.

What Are Attributes?

Attributes allow you to define operational characteristics of the data entry form, either globally or at the field level. You have the ability to define what file the form will work with as well as to define security. If there is a related help file or window menu, the field attributes let you set defaults, messages, access privileges, etc.

How are Attributes Assigned?

Attributes are assigned using the convention:

ATTRIBUTE=VALUE

where ATTRIBUTE is the name of the attribute that you wish to assign, and VALUE is the value that you wish to assign to the attribute. Many attributes have only certain acceptable values--these are defined below. Others will allow the value to be dynamic, based on a program argument of an environmental variable.

13.4.3 Global Attributes

GLOBAL ATTRIBUTES are used throughout the entire program and are not just related to a specific field. They are defined as follows:

AUTOCODE

This tells the program if and how the AUTOCODE function should create a new unique code when "NEW" is entered in the code field. The valid options are:

- NONE   No autocoding used
- SSERIAL   Use the file serial number
- SERIAL   Use the sequence number from the version file
- RSERIAL   Use the sequence number from the version file and right justify
- TIME   Use a date time stamp in the format YYMMDDHHMMSS

SECURITY
This defines the base security level for access to the data entry form. The default value is "5"; this means any user with a security level of "5" or less may enter the data entry form.

QUERY_PW
Query password. This attribute contains the string for a password to allow access to the screen. A user will only be asked to enter this password if they have query privileges (security level of 5 or less). If the user is an administrator (1) or a programmer (0), no password will be prompted. If this attribute is not assigned, the program will not prompt for a password.

UPDATE_PW
Update password. This attribute contains the string for a password to allow update of a record. A user will only be asked to enter this password if they have update privileges (security level of 3 or less). If the user is an administrator (1) or a programmer (0), no password will be prompted. If this attribute is not assigned, the program will not prompt for a password.

ADD_PW
Add password. This attribute contains the string for a password to allow addition of a record to the data file. A user will only be asked to enter this password if they have add privileges (security level of 4 or less). If the user is an administrator (1) or a programmer (0), no password will be prompted. If this attribute is not assigned, the program will not prompt for a password.

REMOVE_PW
Remove password. This attribute contains the string for a password to allow removal of a record. A user will only be asked to enter this password if they have remove privileges (security level of 2 or less). If the user is an administrator (1) or a programmer (0), no password will be prompted. If this attribute is not assigned, the program will not prompt for a password.

MASTER
MASTER refers to a master or main file. The value assigned to this attribute becomes the file that this S4GL form performs database functions on. This file is what the form will add to, update, and remove data from. An S4GL script has access to all data files, but can modify ONLY the one assigned to this attribute.

WINDOW
The WINDOW attribute assigns the name of the window menu file that will be used when the WINDOW MENU function is executed. If this value is not defined, the WINDOW MENU function will not be available to the user.

WINDOW_PASS
If you have a window menu, you may wish to pass it the value of a field or fields to be used in a report or other program. You may assign this field the name or names of the virtual fields that you want to pass to the window menu. If more than one field is assigned, separate the fields with a field delimiter of '|'. DO NOT SPACE OR TAB!!

NAME
The value assigned to this attribute will display in the upper left-hand corner of the screen when it is executed. If the screen is a multiple-screen form, the number of the current screen will appear next to the screen NAME. This value can be up to 20 characters long, but it is usually only 3 or 4. By convention, the system uses the GOTO command for the screen name.

HELP
The value assigned to this attribute defines the name of the help file that will be accessed, if the HELP function is executed. If this value is not set, the help function will not be available to the user.

FIRST_FIELD
This attribute lets you decide the field that the cursor will be positioned in when the fields are cleared. The value assigned to this attribute must be a virtual field name that is defined in the SCREEN section.

13.4.4 Field Attributes

Field Attributes let you define the operating characteristics of a data entry field. These include access permissions via modes, what value the field stores, if it has lookup ability, etc. All field definitions must start with the attribute FIELD; all other attributes after this key attribute will be assigned only to a specific virtual field.

FIELD
This attribute is used to start a virtual field definition. The value assigned to this attribute must be referenced by a virtual field name in the SCREEN section of the screen.

Sequence of the field input order is defined by the scanning of the SCREEN section. Input order will fall from upper-left to lower-right, as though you were reading.

ZIP
This is the name of the field to be used by the ZIP function. Normally this will be the name of the field as defined in the SCREEN section. However, many times you may only be able to name a field using a single letter such as "a" or "x", but the field stores a flag such as TYPE or POST. If this is the case, you can rename the field for the ZIP function.

BROWSE
Some fields have indexes built on the value stored in the data file. On these fields, you have the ability to use the BROWSE function. These fields include the primary and secondary index fields for the files. These fields are defined in the database dictionary. The value assigned to this attribute should be fields contained in the file that you are browsing, with each field separated by a '|' character.

AUTOBROWSE
This attribute may be assigned a value of "YES", but it will default to "NO". Autobrowse causes the program to automatically go into the browse mode when a value is entered in the field and the screen is in the query mode.

STORE
This attribute should be assigned the name of the actual field, as defined in the database dictionary, that is to be stored in this virtual field.

LOOKUP
This attribute is used when the master data file that is being accessed in the S4GL script must access another table file to fill a value. When the user enters a value in a field that has a lookup value, a search will be performed on the file defined for the lookup field, and the value placed in the field. If the value is not found, the computer will prompt users to add a new value and take them to the appropriate screen as defined in the GOTO program and database dictionary.

PICTURE
The picture for a field is defined to limit what type of characters may be entered into a field. Normally, this value does not have to be defined and will be defaulted to "X" for all character positions. However, on some fields you may wish to store them with a specific format, such as Social Security or phone numbers. By assigning this attribute the appropriate value, the user will be forced to enter information consistently. For example:

```
Social Security Number:    PICTURE=#########

Telephone Number      :    PICTURE=(###) #######
```

The following characters all have special meaning in a picture.

Any other characters are assumed to be permanent characters in the field and the cursor skips over them on entry.

CHR	MEANING
X	Any character

A	Alphabetic characters
#	Numbers only ('' may be entered as first character)
B	Alphanumeric characters
P	Punctuation only

DEFAULT

The default attribute is probably the most modified value on the S4GL screens. It allows you to assign a default value to the field. Normally, this value is just the numbers or letters that you want to appear in the field. The user has the ability to overwrite the default value on entry of the field; but by properly assigning default values, many keystrokes can be eliminated.   The default value also has some special values that may be assigned for specific needs. These include "SYS_DATE" and "SYS_CDATE". They will set the default value to the current system date in the format MM/DD/YY or MM/DD/CCYY respectively.

The "SYS_TIME" value allows you to set the current system time as the default for a field.

It is also possible to use arguments to the program as defaults, although these are seldom used. This can be accomplished by using the "@" symbol followed by the number of the argument you wish to use.

Environmental variables may also be used as defaults. This is helpful for multilocation practices. It allows the default to be assigned to a user via an environmental variable in the ".profile" file, and then accessed in the S4GL script. If you desire to use an environmental variable, it should be started with a "$" symbol, followed by the variable name.

MESSAGE

The MESSAGE attribute allows you to define the help message that will print in the message area of the screen when the user enters the defined virtual field.

VALID

If you wish to restrict the values that a user may enter into a field, you may use the VALID attribute. The value assigned should be the acceptable valid values separated by "," symbols. You may also specify ranges of values by using a "" symbol. For example:

VALID=09,A,B,C

would let a user enter the numbers zero through nine, or the letters A, B, or C.

JUSTIFY

Justify determines whether the field will be right- or left-justified on input. Normally fields are left-justified, unless they are MONEY fields, in which case they are right-justified.

CASE

This attribute defines how the characters will be transposed on entry. The value assigned to this attribute can be any of the following:

VALUE	MEANING
FLU	First Letter of each word converted to upper case. (Word delimiters are space, semicolon, colon, period and comma)
UPPER	Convert all letters to upper case
LOWER	Convert all letters to lower case
ANY	No conversion is performed

START

Start should have a numeric value from zero to the length of the field. This attribute dictates where the

cursor will be when it enters the field. This is helpful in a field where part of the information will be defaulted, such as in a zip code or phone number field.

TYPE
The TYPE of field determines how input will be treated from the user.   There are seven acceptable values that may be assigned to the TYPE attribute.

VALUE	MEANING
CHR	Character processing of the information
CHRNS	Same as CHR, but does not allow spaces
CHRB	Same as CHR, but will blank the field when the first letter is entered
CHRBNS	Combination of CHRB and CHRNS
MONEY	Numeric entry, processed to two decimal places
FLOAT	Floating decimal point defined by picture
UINT	Unsigned integers. Numbers only
SINT	Signed integers. Numbers only or ''
SERIAL	Same as UINT but have special meaning on searches
DATE	Allow for the entry of dates. The dates are validated This value will automatically set the picture as "##/##/##", and allows for a date format of MM/DD/YY
CDATE	This date field will automatically set the picture to "##/##/####", and allow for dates to be entered in MM/DD/CCYY format
TIME	TIME forces a picture of "##:## XM" and allows time to be entered in a standard twelve hour format

QUERY
The QUERY attribute allows the access privileges for the field to be set while the screen is in the query mode. Normally only fields that have indexes built on the value will be used for query fields. However, it is possible to perform searches on nonkeyed values by giving the field query privileges. These searches will be performed by doing a sequential search on the file, until an exact match is found for the value entered in the field. Acceptable values for this attribute are:

VALUE	MEANING
NA	No access * default
SA	Standard access
RQ	Required Entry

ADD
The ADD attribute allows access to a field when the screen is in the add mode. Acceptable values for this attribute are:

VALUE	MEANING
NA	No access * default
SA	Standard access
RQ	Required Entry

UPDATE

The UPDATE attribute allows access to a field when the screen is in the update mode. Acceptable values for this attribute are:

VALUE	MEANING
NA	No access * default
SA	Standard access
RQ	Required Entry

LEAP

The LEAP attribute allows you to designate a field as a LEAP field. LEAP is an alternative to hitting <RETURN> to progress through fields. By using the LEAP function the user can quickly advance to the next LEAP field. No fields are automatically assigned to be LEAP fields, but you can assign a value of YES to this attribute to designate it as such.

SEARCH

The SEARCH attribute is used when a lookup file is used to perform a query on the master file. If the lookup field's normal search criteria would be for a duplicate record (such as a name or description) and this lookup in turn causes a search of the master file, then this attribute for the lookup field must be set to EQUAL. Otherwise, an error message will occur and strange things will happen.

13.4.5   Modifying and S4GL Script

S4GL scripts should be modified with a text editor or word processor, but must be stored in an ASCII file format. There should be no special control or escape characters embedded in the text. UNIX systems offer a text editor called "vi" that is commonly used for creating S4GL scripts. You must have a programmer security level to modify an S4GL script. The only S4GL script you should ever modify on a system is the EXP (extended patient form). However, once you put the modified form into use, you should not make any changes. This is because the data that you have defined may no longer fit in the new form design. If you do make changes, you would have to either erase the data in the EXP file or create programs to dump the information out to an ASCII text file in the new format and then reload the information using the load program.

In the PM system, all S4GL scripts are stored in the S4GL directory in the data set that you want to modify. Programmers may modify a script simply by pressing the ADMINISTRATIVE function when the current script is being executed. Changes can then be made to the script. After the script is written back to disk, the program will exit. Call the program again to see how the modifications work.

💣 If a script is changed and not reloaded from scratch, strange things may happen. That is why the program exits after a script change.

💣 If you are not familiar with the "vi" text editor, you should not attempt to make modifications to an S4GL script.

13.5   Report Programming

Reports, on any practice management system, are vital to successful business. 14.1.2 has some of the most user-friendly reports of any practice management package. It offers a broad range of reports as standard on the system. Furthermore, there is the capability to customize reports as needed, so that you can have the output formatted in a way that pleases you, or the reporting of specialized information specific to your practice.

Reports are programs that generate a formatted output. Reports actually consist of two programs. The first program you see is known as the R4GL (Report 4th Generation Language) script. This is the screen that you see--it tells you about the report and allows you to enter options for running the report. This R4GL language is also used for other programs that are not reports, but require this simple data entry form. The second part of the report program consists of a program that generates the formatted output. This portion of the program is usually written in the r-tree report writing language. Report scripts have multiple functions: both the R4GL program and the report program or r-tree script are stored in one file.

The output of a report can be sent to paper (hard copy), the screen, PDF, or to a file for integration with word processing or financial management programs. Reports are located throughout the system, and are often found on the WINDOW MENU of the data entry form that you are using. This section of the manual covers the reports and related functions that are found under the REPORT MENU.

13.5.1 Setting Defaults

Some reports have the **SET DEFAULTS** function. This function allows you to save the settings for the report; storing the values you entered on the form for the next time the report is run. If this function is not displayed, the option is not available.

13.5.2 The Report/R4GL Manager

See Report / R4gl Manger under Reports.

13.5.3 The R4GL Form Language

The R4GL (Report 4th Generation Language) is a front-end screen-processing language that is designed for the use of information-feeding for reports. The reports may be written in any language of choice (rtree, shell). The R4GL is actually stored in the report program itself, but must be commented out or stored in a null statement to allow proper execution of the report program.

The R4GL was designed to give an inclusive method of creating reports, with a front-end screen interface that is used to provide information that is needed to execute the report. By using the R4GL, all report information will be stored in one report file that includes specifications, screen interaction, and help, as well as the report program.

The R4GL is an interpreted screen oriented, structured language that can be used to create a front-end specification screen for a report. By using a double-parsing process, the specifications may be made and then the report called.

The first parse of the file will be for the R4GL screen interpreter and the second for the report program itself. This is why it is important to hide the R4GL from the actual report language in the comments or a null statement.   However, the R4GL does provide provisions for calling another file as the report program if necessary. This is done when the report language does not provide an acceptable method of commenting the R4GL.

R4GL SYNTAX

The R4GL syntax is divided into two sections: SCREEN and ATTRIBUTES. Each section is terminated with a FINISH. To increase the speed of the R4GL, a minimum of syntax error checking is performed, so it is important that the syntax guidelines are followed closely in creating a R4GL script. Each of the R4GL sections is discussed in more detail below

13.5.3.1 SCREEN

The SCREEN section of the R4GL is where the interactive entry screen is defined for the R4GL. It includes all of the information needed to execute the desired report. This may be only the printer specification or up to 50 input fields. Each field is defined by being enclosed in brackets "[ ]". The input screen may not be longer than 19 lines in length.

```
SCREEN
    +-------------------------------------------------+
    | Place your help in a box for the user           |
    +-------------------------------------------------+

            SELECT ALL VISITS FOR:
                        Physician:[phy]
                         Facility:[fac]
                            Over[day]days old
            SORT BY:
            Patent or Guarantor:[a]


FINISH
```

By looking at the example, you can see that four fields are defined, including information for the report (known as parameters), as well as information for where the report is to be sent. Each field is enclosed within a set of brackets "[ ]". Each field also has a reference label that is used to relate the field to the attributes for the field in the ATTRIBUTES section.

Typically, fields will be labeled according to the information that they store--sometimes only a single letter may be used. Here, it is suggested that the convention of "a,b,c..." be used. No two fields may have the same NAME.

If there is any helpful information that you wish to display to the user, you may do so just by entering the text on the screen. You may also use special characters to perform line draws and for highlighting on the screen.

SPECIAL	LINE DRAW CHARACTER
'#'	Checker board
'―'	Horizontal line
'|'	Vertical line
'+'	Plus, Cross, or corner
'{'	Highlight on
'}'	Highlight off

If the terminal does not support line draw characters, the screen will paint with the special characters. This does not look as nice as the line draw characters, but still presents the screen in a better-defined manner.

The "+" character may display as a Plus symbol, a Cross or intersection of lines, or as a corner or tee of butting lines. A special algorithm in the "r4gl.out" program determines which of the characters to print.

When displaying in a web browser the line draw characters will not display but change the color.

13.5.3.2 ATTRIBUTES

Attributes have a syntax of "ATTRIBUTE=VALUE", where "ATTRIBUTE" is the name of the attribute and "VALUE" is what it is to be set to. VALUE is normally in the form of a string. It is possible to use environmental variables as the value of an attribute. This is done by placing a "$" in front of the environmental variable that you wish to use. The value stored in the ATTRIBUTE will then be the value of the environmental variable; i.e., if an EV called "X" has a value of "ALL", the ATTRIBUTE

"DEFAULT" in the physician and facility fields could have been assigned (DEFAULT=$X). You may also use parameters passed in for the VALUE by prefixing with a "@" symbol. In the above example the RPT_CODE is set to "@1". This is the name of the file. You cannot define two attributes on the same line. For example:

FIELD=f1 DEFAULT=ALL STORE=param_1

is not valid.

This is just a representation of what attributes may look like.

    ATTRIBUTES

    #Global
    CALL=rtree
    RPT_CODE=@1
    RPT_NAME=Patient List By Date Of Birth
    STRIP=NO
    PROMPT=YES
    BACKUP=NO
    FORMAT=NARROW
    OUTPUT=REPORT
    REQUEST=YES
    SET_DEFAULTS=NO
    COPIES=1   ** set to 0 if you want it to ask, and remove this comment **
    TERMINATE=YES

    #Fields
    FIELD=a
    STORE=param_1

    FINISH

13.5.3.2.1 GLOBAL

This section will define each GLOBAL attribute that is available, along with the default value of the attribute. **GLOBAL ATTRIBUTES** may be defined anywhere in the ATTRIBUTE section, but are best defined at the top.

CALL
The CALL attribute stores the name of the program that will be called to execute the report program. Normally this is set to r-tree for the r-tree report main line program. If the report you are writing is more complex and requires several different system calls, you may set this to "sh" for UNIX shell script. It is possible to write the script in any language and use any main line call program you wish, as long as you can embed the R4GL portion of the program in comments or a null statement.

REPORT
The REPORT attribute stores the name of the report program to call. The preferred method for using the R4GL is to put the R4GL script within the comments of the actual report program. If this option is not defined, then the current program name will be used as a default.

STRIP
This attribute tells the computer to strip trailing spaces off of the parameters. Default is NO, but you may set it to YES. The R4GL program allows the user to enter information that is passed to the actual report program. This information is stored in parameters, and these parameters are passed as strings to the next program. If you wish, you may strip all trailing spaces from these parameters.

PROMPT
This attribute tells the program whether the user should be prompted by the output menu where to send the output of the report. The default is YES, but you may set the value to NO if the user is not to be prompted. Some R4GL programs are not used to run reports, or they run a report and always send the output to a file or a designated printer.

BACKUP
The R4GL program can make a backup of the print file and store it in the TMP directory of the data set. This backup of the report can then be printed from the Backup Print File Manager (BPFM) if needed. The default value to BACKUP is NO. However, on reports that are lengthy to print and time-consuming to generate or that perform any sort of posting, you may wish to back up the output in the event that the printer jams. If the report is either requested or sent to the report server by the user, a backup will automatically be made regardless of the setting of this attribute. This attribute only applies to a report that is accepted and not part of a batch, such as the end of day.

VERSIONS
Normally, if a BACKUP is set to YES, the program will keep the three most recent versions of the output in the TMP area. If you wish to change the number of versions that are kept, you may use this attribute.

RPT_CODE
This attribute defines your program name for the report script. The value assigned to this attribute will print in the upper left corner of the screen when a user runs the program. It is recommended that a value of "@1" be used. This will default the report code to the actual name of the file. This eliminates confusion in the event the program must be modified.

RPT_NAME
This is the name that you give the program. It will print in the center of the screen on the first line when a user runs the program. This should not exceed 40 characters.

FORMAT
This attribute tells the program if the report being printed is a wide or narrow report. Wide reports require 132-column output while narrow reports can print on 80-column output. The default value is NARROW. This attribute is used in conjunction with the printer interfaces to have the printer automatically switch to compressed mode when a wide report is printed. The only other acceptable value for this is WIDE.

REQUESTS - Normally a report can be accepted or requested, unless it is being run in a batch. However, you may not want the user to have the ability to request a report. If this is the case, set REQUEST=NO. This will also inhibit the user from using the SERVER function.

USE_FILTER
A print filter is available to use through the R4GL program; if you wish to use print filters set this to YES. This will use the filter defined for the output device in the DEVICE file. Normally this is set to NO. A filter can be used to add other print attributes to a report, such as underlining, boldface type, etc. This is not normally used due to the complexity that it causes to a report program.

SET_DEFAULTS
If you wish to allow the user to save the values entered on the screen as default values, set this value to YES and a "set default" function will be given. Use caution in this--if your program uses any arguments passed in as defaults, they will be saved as the value entered in and not the argument. This attribute may also be set to AUTO. This will automatically save the default values when the user selects ACCEPT, REQUEST, or SERVER for the report.

COPIES
Normally a report will print one copy. If you wish to have a report print multiple copies, enter the number of copies you wish to print. If you wish the program to prompt the user for the number of

copies, set this value to 0 (zero).

HELP
Normally if the user presses the HELP function, it will pull up this section of the manual for help. If you wish to create your own help file for the report, you may specify the name of the help file you wish to call.

DEBUG
This option is set to ON and will show some R4GL debugging information when a report is accepted. It can help in making sure the program is being called correctly.

TERMINATE
Normally an R4GL will terminate and return to the menu when it is accepted. If you wish the R4GL program to remain active, set this to NO.

SECURITY
This allows you to set a minimum-security level a user must have to run the report. The default value for this is 6. The following security levels are available: 0 - Programmer, 1 - Administrator, 2,3,4,5,6 - Data Entry

PASSWORD
This allows you to set a password that must be entered for a user with a security level of 2 or greater to run the report. You may set this to any value you want, as long as it is less than 15 characters.

13.5.3.2.2 FIELD

In contrast to global attributes, which can apply to the entire program, field attributes apply only to a specific field. For example, if FIELD=phy, all attributes that follow apply only to the "phy" field.

FIELD
This attribute instructs the computer which field to assign the other attributes to. If this is not defined, a syntax error will print. This must be the first field attribute defined; all other field attributes that follow this one will be assigned to this field. The value entered here should correspond with the value entered in the brackets of the SCREEN section of the R4GL script.

STORE
This attribute instructs the computer as to what to store in the field previously defined. This attribute has a default value of "trash". This is a trashcan value. Acceptable values are:
param_1, param_2,........ param_80

PICTURE - This attribute will define the picture of the input field. By default, the input field will appear full of Xs. "X" allows input of any character. Other values are:
- A Alphabetic only
- B Alpha numeric only
- # Numbers only
- P Punctuation only

Any other characters will be interpreted as part of the picture.

DEFAULT
This attribute stores the default value for the field. This may be a string or an environmental variable. The default value is NULL. Environmental variables are defined by placing a "$" in front of the name of the variable to be used.   It is also possible to use parameters that were passed into the R4GL program as default values for fields. The parameters are called arguments as they are passed in and are defined as "@1", "@2", etc. The argument "@1" will be the name of the program, with the others following.

MESSAGE
Here you may place a message that will display on the help line of the screen when the cursor enters this field. It may be a helpful hint as to the acceptable values for this field.

VALID
This attribute will define what is valid for the current field. This may include more than one valid entry. A comma separates each entry. The default value is NULL, which will accept any value. If you wish to accept a value of a blank field along with other acceptable values, have a blank entry. For example, ", A, B" will accept a blank, an "A" or a "B", whereas "A, B" will only accept "A" or "B".

The information entered in the VALID attribute will be used for a pop-up validation window if the user enters an invalid option or uses the BROWSE function while in the field. You may also add narrative to each option. For example: A simple yes or no would be put in as: VALID=Y, N
This allows the user to enter a "Y" or an "N". But if you put
    VALID=Y:es,N:o
Or
    VALID=Y: YES, N: No
then the BROWSE window would display a narrative for the letter.

JUSTIFY
This attribute defines whether the field should be displayed in a RIGHT, LEFT, or any justification. The default is LEFT.

CASE
CASE allows you to define how the letters will be converted on input. Acceptable values are UPPER, LOWER, ANY, and FLU (First Letter Upper). ANY is the default value.

START
START defines which space the cursor will be positioned in when the field is entered. This attribute defaults to 0. This attribute takes only numeric values.

TYPE
The TYPE attribute is used to define how the field will be processed. Acceptable values are:

CHRB	Character processing, Blank on first letter. Default
F_CHR	Character processing
INT	Integer processing (allows for '-' sign at first character)
FLOAT	Allows for justification to a decimal point in a picture.
MONEY	Money values
TIME	Time values
DATE	Date values, sets picture to ##/##/##
CDATE	Date value including century, sets picture to ##/##/####

OTYPE
The otype lets you redefine the output type of the parameter. TYPE lets you set the input method used, but on some occasions you may want the program to translate the value to another type of output. It is only used for date fields.

JULIAN	Date is output as a Julian integer
YYMMDD	Date is output in the format YYMMDD
CCYYMMDD	Date is output in the format CCYYMMDD
DATE	Date is output in the format MM/DD/YY
CDATE	Date is output in the format MM/DD/CCYY

ACCESS
This attribute will determine whether the cursor has access to the defined field. The acceptable values are:

SA	Standard Access *** Default ***
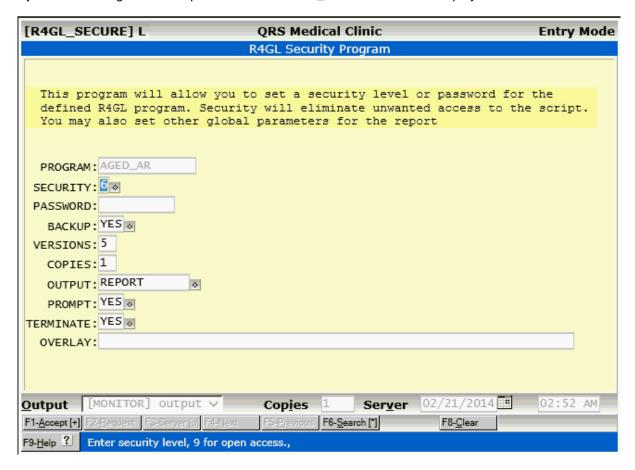
NA	No Access
RA	Required Access

13.5.4 Report Security Administration

Each report can be programmed with specific security and global default values. Administrators and programmers have the ability to set custom security and global default values on any report. These default values are stored separately from the report in the data set and will be applied to all users who attempt to run the report.

By double clicking on the a report screen the R4GL_SECURE form will display.

This screen will display the global values for the report as they are currently set. You can modify the values to either protect the program with SECURITY or PASSWORD. Turn on or off the BACKUP. Set how many copes are stored in the Backup Print File Manager with VERSIONS. Default number of copies to Print with COPIES. The default OUTPUT device, and if the user is allowed to select the OUTPUT device with PROMPT. If the program will TERMINATE after it is accepted. And lastly an OVERLAY file that will can be used.

13.5.5 R-tree Report Language

R-tree is the report language of choice for the system. A mainline program called r-tree is supplied with the system and supports all of the fields as defined in the file definitions of this manual. R-tree allows you to create a report script and integrate it with the R4GL language to provide a complete entry form, report, and output control program that are stored in one ASCII file. Some of the benefits are that the programs do not need to be compiled, and formats are easily changed.

This document discusses r-tree for use with the system and attempts to clarify some of the more obscure features of r-tree. First you must understand that r-tree is a programming language that is written specifically for generating reports, lists, etc. Having written hundreds of reports using r-tree, I have found it to be very adaptable to most every situation. However, it does have some shortcomings.

13.5.5.1 Shortcommings

One of the main problems encountered with r-tree is that it does not do preprocessing of detail information, making it virtually impossible to get totals of detail records to be used in a header. R-tree provides SET functions that allow for a limited preprocessing of detail information, but I have found them to be weak and seldom use them. One situation that requires totals prior to record processing is for gathering percentages. This is usually best accomplished by chaining reports and having the first report give you the total, then passing it to the second report as a parameter. It is possible to have multiple r-tree report scripts in one file using a process known as encapsulation.

R-tree also has problems with formatting a report that must fill in boxes on a form. It is very powerful and in most cases it is possible to have the report perform the function, but it is usually very time-consuming. Therefore, the programs that generate insurance forms and statements in the system no longer use r-tree as the form generator.

R-tree has been known to have a few bugs that cause strange results, but it is usually possible to work around these and find a suitable solution.

13.5.5.2 Inter-relationship with R4GL

The r-tree mainline program has an inter-relationship built with the R4GL screen programming language supported in the system. It allows the R4GL program to gather information and pass that information into an r-tree program as parameters. These parameters are fields that can be accessed in the r-tree program. There are 80 parameters that can be passed and they are named param_1, param_2, and param_80. In addition to the 80 parameters and the defined fields found in the reference of the this manual, you may also use the following predefined fields.

RPT_TIME	Time report was run
RPT_CODE	File name or report name. Assigned to R4GL RPT_CODE value.
RPT_NAME	Value assigned to RPT_NAME in R4GL.
DATA_SET	Name of Data set report was called from
SYS_USER	Name of user running report
SYS_DATE	Current computer date
PAGE_NO	Current page number
LINE_NO	Line number on page
COUNTER	Sequence number, reset by ZERO function, and increment and decrement by INCREMENT and DECREMENT functions.
C1 - C4	Same as COUNTER, use Z1 - Z4, I1 - I4, and D1 - D4.
READ_LEVX	This field is set to 1 when a set of records associated with level X of the file hierarchy are read; it is set to 0 when ACCUMULATORS are updated.

13.5.5.3 Programming

The r-tree language is made up of keywords that control sections of the report. For a report language to be functional it must be able to perform the following things. Read the data, sort the data, accumulate data, provide for control of data, and display the data. The following is a brief outline of keywords used in r-tree with the function they perform:

START	Each script begins with this keyword
VIRTUAL	Allows for definitions of virtual fields
SEARCH	Allows reading of data files
SORT	Allows for sorting of data
CONTROL	Allows for control of data
ACCUMULATOR	Accumulates totals for data based on sort and control
DISPLAY	Defines report characteristics
IMAGE	Defines format or layout of output for report based on the following subsections:

REPORT_HDR	overall report header
PAGE_HDR	top of a page header
CONTROL_HDR	header based on control field
BODY	prints for each record
CONTROL_FTR	footer based on control field
PAGE_FTR	bottom of page footer
REPORT_FTR	end of report footer
EXIT	Ends the report script

The following expands each section of the r-tree language and attempts to cover all aspects of that section.

13.5.5.3.1 START

Keyword used to start an r-tree report script.

13.5.5.3.2 VIRTUAL

Keyword used as a section heading for virtual field definitions. VIRTUAL fields are fields that are not part of the standard database dictionary but are created from constants, combinations of other fields, functions, or logical expressions. The VIRTUAL section can be placed at several positions within an r-tree script--after START, SEARCH, SELECT, SORT, or ACCUMULATOR.

As with any programming language, it is necessary to define variables. The VIRTUAL section is where you may create your variable, but it goes one step further in that you also have the ability to perform logic in defining your variables.

Virtual fields are created using the following format:

SYMBOL   TYPE   LENGTH   COMPUTATION

The following will elaborate on this.

13.5.5.3.2.1 SYMBOL

The name you give the virtual field. Virtual fields cannot have the same name as a predefined field or another virtual field.

13.5.5.3.2.2 TYPE

R-tree requires that each field have a defined data type. These are the available data types you may choose from:

CHAR	signed onebyte integer (a character)
CHARU	unsigned one-byte integer
INT2	signed two-byte integer
INT2U	unsigned two-byte integer
INT4	signed four-byte integer
INT4U	unsigned four-byte integer
SFLOAT	single precision floating point
DFLOAT	double precision floating point
DATE	four-byte Julian date
MONEY	four-byte integer with implied decimal point
STRING	text (an array of characters)

13.5.5.3.2.3 LENGTH

For each virtual field you must define a length. This even includes the types that have a predefined length. Why--I don't know? CHAR's are always 1, INT2's are always 2, INT4's are always 4, SFLOAT is always 4, DFLOAT is always 8, DATE is always 4, and MONEY is ALWAYS 4. The only one that will ever vary is STRING.

13.5.5.3.2.4 COMPUTATION

This is the most important part of the virtual field. It defines what the value in the field will be set to. One of the more powerful features of r-tree is that a virtual field may be a constant, the result of a computation, a concatenation of other fields, or a subscript of other fields, as well as the results of a logical expression. Knowing how to assign the computational portion of the field is an important part of knowing how to program in r-tree.

Let's look at examples of different ways to program the computational portion of the virtual field.

Constant

The most direct and easiest computational expression is that of a constant. A constant can be either a predefined field (this is a constant in relationship to the data, but a variable in relationship to the information); or a constant can be one you define.
The following shows how a virtual field called "patc" will contain the first 6 characters of a defined field "pat_code".

```
patc        STRING    6      pat_code
```

This example sets a virtual called "A" to the decimal value of the letter "A".

```
A           CHAR      1      65
```

It is important to note that char types are always compared to their decimal values. Therefore, if a predefined field is of the type "character," you must do your comparisons using the decimal value of the character stored and not the character itself. The following assigns a virtual named "state" to the value of "Tennessee":

```
State       STRING    20     "Tennessee"
```

Subscript

Sometimes you may only need a portion of a string to assign to a virtual field. This is used quite often for dates that are stored as character arrays and you need to perform some type of manipulation. For example, the field "fsl_date" is stored as a STRING but is actually a date in the form CCYYMMDD (Century, Year, Month, and Day). If we need to break it out into its components, we would do the following:

```
fsl_ccyy   STRING  4   fsl_date
fsl_mm     STRING  2   &fsl_date+4
fsl_dd     STRING  2   &fsl_date+6
```

The "&" tells r-tree it is a subscripted field and the "+4" or "+6" at the end tells r-tree the character position, or offset, to start looking at the information. In the above example, if "fsl_date" contained the value "19920614" the virtual "fsl_ccyy" would be "1992", "fsl_mm" would be "06" and "fsl_dd" would be "14".

Other ways to get subscripts of fields is by using the r-tree functions LFT_STR or RHT_STR. The system has defined an internal field delimiter as the ',' character. The LFT_STR function will return the information to the left of the delimiter, and the RHT_STR function will return the information to the right of the delimiter. The following shows how a patient's name can be split into a first and last name.

```
pat_first   STRING   26   RHT_STR(pat_name)
pat_las     STRING   26   LFT_STR(pat_name)
```

The common name format in the system is "Last,First M." Other functions available in r-tree are discussed under the section labeled RTREE FUNCTIONS.

Concatenation

You will sometimes need to combine or concatenate information from more than one STRING field into a new virtual field. As defined above, we separated a STRING date into its components, now we want to combine them into a string in the form MM/DD/CCYY.

```
fsl_new STRING 10 fsl_mm # "/" # fsl_dd # "/" # fsl_ccyy
```

The "#" prompt is used to combine the information on the line. Using the previous example, the value of "fsl_new" would be "06/14/1992".

Calculation

In some virtual fields you may need to perform calculations to get the result that you need. R-tree supports the following computational operators:

+ addition
- subtraction
* multiplication
/ division

You may also use the ADDTO function, to add the result of the virtual field computation to the current contents of the virtual field (instead of replacing the contents). The argument passed to this function remains unaltered. In most programming languages this would look something like the following:

```
value = value + 7
```

Since

```
value INT  4  4value + 7
```

is not permissible in r-tree because value has not been defined, you would use

```
seven INT    4   47
value INT    4   4ADDTO(seven)
```

Other computation expressions can be done using fields or constants or other virtuals. One common use is to calculate the balance of a visit. The inv file has the fields "inv_chrg", "inv_paid", and "inv_adjm". These fields contain the total, charges, payments, and adjustments for a visit. The formula for the balance is

```
balance = charges - payments + adjustments
```

This would be expressed in a virtual field "inv_bal" as:

```
inv_bal MONEY4 inv_chrg - inv_paid + inv_adjm
```

Computations can become much more complicated than the examples provided. It is important to remember order of operation when performing calculations and to use your parenthesis to make sure the operation is in the correct order; i.e., the result of "5 + 3 * 6". In the order of operation, multiplication and division are performed before addition and subtraction, so the result would be "23". The computer looks at it as "6 * 3 + 5", or "18 + 5". You might have expected a result of "48". If you need to perform addition or subtraction before the multiplication or division, you must enclose the calculations to be performed first in parentheses. The formula should be written as "(5 + 3) * 6". This tells the computer "8 * 6" or "48".

Conditions

If Then Else

A powerful feature of r-tree is the ability to assign a virtual field a value based on a condition. "IF THEN ELSE" statements, as they are commonly called, are conditional statements. You may want a virtual field to hold one value if the condition is true, and another value if the condition is false. For example, we want what is currently held in the patient's name field to be placed in our virtual field if the condition evaluates to true, and the value of the guarantor name field to be placed in our virtual field if it is false.

The statement would appear as follows:

```
name STRING 26 select = "P" ? pat_name : gua_name
```

In the above example, if select equals "P", then name equals pat_name, else name equals gua_name. The format for this type of virtual field is:

```
SYMBOL TYPE LENGTH BOOLEAN EXP ? COMPUTATION : COMPUTATION
```

BOOLEAN EXP must evaluate to either true or false and is followed by a "?" (Saying, this is what I am asking). If evaluated to true, the first COMPUTATION will be placed in the SYMBOL value, otherwise the second computation will be placed in the SYMBOL value. The COMPUTATIONS are separated by a ":" (else). You must have the else portion, even if it evaluates to null. COMPUTATIONS can be CONSTANTs or COMPUTATIONs as defined above; they CANNOT be other BOOLEAN EXPRESSIONS. If you need to nest "if-then-else" statements, see below.

Conditional Branch (Case or Switch)
One type of conditional branch statement is often called a "case" or "switch" statement. This type of conditional expression evaluates an integer data type and translates it into a constant that it evaluates to.

```
type STRING 1 : det_type
               65 "A"
               67 "C"
               73 "I"
               85 "P"
               77 "M"
               78 "N"
```

The above example evaluates the field "det_type". This is a one-character field that contains the letter A, C, I, P, M, or N. However, since it is a character field, it must be evaluated by the decimal equivalent of the value, as defined in the ASCII table of the appendix of the manual. This example converts the one-character value to a string that is one character in length, so that future evaluations are more understandable, and you do not have to keep referring to an ASCII chart to find the decimal value of a letter. To expand the information in the above statement, you might create something like:

```
type STRING 20 : det_type
               65 "Adjustments"
               67 "Charges"
               73 "Ins Payment"
               85 "Pat Payment"
               77 "Message"
               78 "Note"
```

Conditional Branch (Nested If Then Else)
The most complex part of programming virtual fields is conditional branching, which represents nested if-then-else statements. This technique is needed because of two reasons: the case statement can only evaluate integer values, and nesting is not permitted within the "if" actual constructs of the defined if-then-else. Therefore, this technique has been devised to allow a nested if-then-else.

A nested if-then-else evaluates a condition and, if it is true, will assign one value and, if it is false, requires further evaluation; this process may be repeated until a final result is obtained.

Assuming that the field "det_type" was a string type instead of a character type, the above example would have to be written as follows:

```
typea STRING 20 det_type="A"? "Adjustments": ""
typec STRING 20 det_type="C"? "Charges": typea
typei STRING 20 det_type="I"? "Ins Payment":typec
```

```
typep STRING 20 det_type="P"? "Pat Payment":typei
typem STRING 20 det_type="M"? "Message": typep
type  STRING 20 det_type="N"? "Note": typem
```

This method looks very obscure at first. But a more thorough study will enforce that it will work correctly all of the time. First, remember that the value in "det_type" can be any of the defined in the Boolean expressions or none of them. If it is not defined, it will be put in field "typea" as "" and carried all of the way down to "type" as "". No matter where the statement evaluates to true, that value will be carried to the last statement and assigned to the value "type".

Rtree Functions

ADDTO	Add the result of the virtual field computation to current contents of the virtual field, instead of replacing the contents. Much like: value = value +7
DAT_DAY	Convert DATE to day of week name (Monday, Tuesday, etc.) STRING.
DAT_DD	Convert DATE to day of month (01-31) STRING.
DAT_MM	Convert DATE to month of year (01-12) STRING.
DAT_MTH	Convert DATE to name of month (January, Feb.) STRING.
DAT_YYYY	Convert DATE to 4-digit year (1995) STRING.
DBL_STR	Convert a DFLOAT to number in a STRING.
DECREMENT	Decrement COUNTER variable by 1
D1, D2, D3, D4	Same as DECREMENT but for Cx (x=1,2,3,4)
INCREMENT	Increment COUNTER variable by 1
I1,I2,I3,I4	Same as INCREMENT but for Cx (x=1,2,3,4)
LFT_STR	Left part of STRING up to DELIMITER (,)
LNG_STR	Convert a LONG to a STRING.
RGT_STR	Right part of STRING after DELIMITER (,)
STR_DAT	Convert a STRING in format (mm/dd/yy) to a DATE
STR_FLT	Convert a STRING to a DFLOAT
STR_LEN	Take a STRING and return INT2, which is the length of the string. Trailing blanks are not included.
STR_LNG	Convert a STRING to an INT4
STRIP	Strip tailing blanks from a STRING
SUBSTRING	Marks a STRING as a pattern that may be matched any where in the target string. The target string appears on the other side of a comparison operator "=" or "<>".
UCASE	Converts STRING to upper case.
WILDCARD	Marks a STRING as a pattern for comparison; the string may include special characters for pattern matching. "?" Matches any single character. "*" Matches zero or more occurrences of any characters. The target string is on the other side of comparison operators "=" or "<>".
ZERO	Set COUNTER to 0
Z1,Z2,Z3,Z4	Same as ZERO but for Cx (x=1,2,3,4)

13.5.5.3.3 SEARCH

One of the key functions of a report is to gather the information, or search the database. It is important for the programmer to understand the files defined in the database, how they relate, and where they are in the hierarchy. R-tree allows you to search a database top-down, bottom-up, or from the side as long as the relations are built in to allow it.

13.5.5.3.3.1 The File Hiarchy

In order to maximize performance, the system uses a five-level MASTER file hierarchy, with a large assortment of table (look-up) files. The hierarchy is a method of looking at the file layout from the top down with all dependent files having many records to the file it relates to above. At the top of the

hierarchy is the file "gua". It stores the guarantor information. The second level contains the file "pat" with patient information. The third level is the "inv" file with visit (invoice) information. The fourth level is the det file that contains transaction detail. The fifth and final level is the "pad" file that contains line item distribution of the transactions in the "det" file.

The system allows for skipping the patient level, and going directly from the "gua" file to the "inv" file. This allows the system the ability to change a guarantor on a visit without regard to who the guarantor is for a patient. In many ways the guarantor file is really a table file to the patient file, and provides a default value when creating a visit. However, if you need to know which patients have been assigned to a guarantor, you can come down the hierarchy in the normal fashion. If you would like to know which patients have had visits created for a guarantor, you would skip the "pat" file, then join it to the "inv" file.

As you can see, understanding the problem and understanding the file hierarchy go hand in hand. Failure to understand the hierarchy will result in reports giving incorrect information.

13.5.5.3.3.2 The Primary File

When searching the database, it is important to select your primary file wisely. With proper selection of the primary file to search, you can speed up the execution of the program by not having it traverse the hierarchy without need. You must also select this file based on the actual problem statement that the user presents to you. For example, if you wish to find all of the patients that have a particular insurance carrier, it would be best to start with the pol file and join it to the pat file. But if you wish to find all the patients that have a particular insurance on file, you would start with the inv file.

13.5.5.3.3.3 Searching All Records

When searching the PRIMARY file, you have the ability to search all of the records in that file or to limit your search. To search all of the records, you would use the following format:

```
SEARCH FILE  "filename" ALL
```

For example, if the primary file were the patient file and you wanted to search all records, you would put:

```
SEARCH FILE "pat.dat" ALL
```

The records would be read in the order that they appear in the file.

13.5.5.3.3.4 By Index

You also have the ability to search the primary file via an index on that file. If used properly, this can greatly increase the speed of your report program, by eliminating the need to sort the information later. For example, if you need a report of patients sorted by the patient name "pat_name", you could use a search all, and then sort by pat_name in the SORT section of the script. This will cause the report program to build a temporary index based on the field "pat_name" while reading in all of the information; then all of the records are read again by the index in order to print in the order specified by the sort.

Since an index is already built on the field "pat_name", we can take advantage of it in our SEARCH clause. By using the line:

```
SEARCH FILE "pat.dat" USING_KEY pat_name_idx
```

For your primary search, the temporary index and re-reading of the file are eliminated.

13.5.5.3.3.5 Defining Limits

You may not want to read all of the records in a data file. You may wish to limit your search to only one, or a select group. This is helpful for generating statements, where you only need to read information for one patient. If you were to search all of the patients and select only the one you needed, it would take an extremely long time to generate a statement. Therefore, we need to have the computer select only one patient record from all of them. This can only be performed on a field that is indexed. Luckily, the pat file has a field "pat_code" that is the identifier for a patient, and it is indexed. The line,

```
SEARCH FILE "pat.dat" USING_KEY pat_code_idx [ start end ]
```

will cause the computer to find only the records inclusive of the values "start" and "end". The "[ ]" braces define whether the search is inclusive or exclusive.

[start inclusive
] start exclusive
] end inclusive
[end exclusive

The values are commonly passed in as parameters from the R4GL script

13.5.5.3.3.6 Relating Files

Unlike many so-called report writer programs, r-tree actually allows you to access the database, not just a data file. It is not necessary for other programmers to join files for you. You have the ability within the search to join files to create a single flat file that you can select and sort from in order to gather your information.   Within a relational database you will encounter two types of joins that will need to be made: One-to-One and One-to-Many. You also may create alias joins to files.

One-To-One Relationships

The most common type of join is a One-to-One join. In this relationship you are saying that two files connect to each other on a One-to-One basis. This is common when relating a table file to a master file, or relating up the hierarchy of the master files, such as the pat file joining to the inv file, but the inv file is detail to the pat file.

```
SEARCH FILE "gua.dat" ALL
FILE "zip.dat" JTN "gua.dat" BY gua_zipc USING_KEY zip_code_idx
```

The "**JTN**" can also be entered as "**JOINS_TO_NULL**". The following defines all of the keyword relationships for a join.

Keyword	**Non-Matching Action**
JOINS_TO	skip record
JOINS_TO_SKIP	skip record
JTS	skip record
JOINS_TO_ERROR	return error code

One-to-Many Relationships

A detail relationship allows you to have a One-to-Many join. This is where a sub-file in the hierarchy will join to a master file more than one time. For instance, each guarantor may have many patients, and each patient may have many visits, and each visit may have many transactions.

```
    VIRTUAL
        patc    STRING   12   pat_code
        SEARCH FILE "pat.dat" ALL
            FILE "inv.dat" DTN "pat.dat" BY patc USING_KEY inv_patc_idx
            FILE "det.dat" DTN "inv.dat" BY inv_code USING_KEY det_invc_idx
```

One very important thing to remember when doing a detail join: if the files you are joining are based on a string field (such as the above example of the inv file being detail to the patient file), you must create a virtual field of the exact length you wish to use to do the join and establish the field element to use. This is because when a detail join is performed, it can base it on a significant number of characters. If you do not take this extra step, the join you get may not be good because the data may have null characters or other values that are not interpreted correctly by the join.

The keywords (including synonyms) for detail file relationships are:

Keyword	Non-Matching Action
IS_DETAIL_FOR	skip record
IS_DETAIL_FOR_SKIP	skip record
DTS	skip record
IS_DETAIL_FOR_ERROR	return error code
DTE	return error code
IS_DETAIL_FOR_NULL	treat missing record as null (empty)
DTN	treat missing record as null (empty)

Ordinarily, detail records are retrieved via the first record, next record method. By substituting USING_REVKEY in place of USING_KEY, the detail records will be read using a last record, previous record method. That is, they will be read in a descending key value order.

Alias File Relationships

It is possible for a file to join to another file more than one time without using a ONE TO MANY join. These are called ALIAS joins. This is where a file will join to another file on a ONE TO ONE join, but by using different fields, or where a file has to join to two separate files in your SEARCH clause.

The following is where the icd file joins to the inv file using the fields inv_icd1, inv_icd2, inv_icd3, and inv_icd4.

```
SEARCH FILE "inv.dat" ALL
    FILE "icd.dat" JTN "inv.dat" BY inv_icd1 USING_KEY icd_code_idx
    icd2 IS_ALIAS_FOR
    FILE "icd.dat" JTN "inv.dat" BY inv_icd2 USING_KEY icd_code_idx
    icd3 IS_ALIAS_FOR
    FILE "icd.dat" JTN "inv.dat" BY inv_icd3 USING_KEY icd_code_idx
    icd4 IS_ALIAS_FOR
    FILE "icd.dat" JTN "inv.dat" BY inv_icd4 USING_KEY icd_code_idx
```

In the above join you would reference the field "icd_desc" from the icd file on the first join by just using the field name "icd_desc". But on the second join you would have to prefix the field name with the alias name "icd2.icd_desc". The same holds true for the other alias joins.

Different master files reference some table files, and you may find it necessary to join the table file to each of them to gather the desired information.

```
SEARCH FILE "pat.dat" ALL
    FILE "zip.dat" JTN "pat.dat" BY pat_zipc USING_KEY zip_code_idx
    FILE "gua.dat" JTN "pat.dat" BY pat_guac USING_KEY gua_code_idx
    gua IS_ALIAS_FOR
    FILE "zip.dat" JTN "gua.dat" BY gua_zipc USING_KEY zip_code_idx
```

13.5.5.3.4 Selecting the Data

The SEARCH area of the report allows you to limit your search based on a key value. But most of the time it is not possible to do this. You may need the ability to limit your search based on a field that is not indexed. The SELECT clause allows for this. If you wish to select all records in your search, you may simply put SELECT ALL as your SELECT statement. If you wish to SELECT on certain records,

you may use the SELECT clause to define the criteria, such as:

```
SELECT      inv_phyc =  "1"
AND         inv_locc <> "1"
```

The above statement says to get all records where the inv_phyc is equal to "1" and the inv_locc is not equal to "1". The AND, OR statements can be used in a SELECT clause, as can operators such as "=", "<>", ">", and "<". You may also use the WILDCARD and SUBSTRING functions to make a SELECT

13.5.5.3.4.1 Something You Need to Know About Select

One thing will confuse and bewilder you when using the SELECT function: if you are joining records in your search clause and you have a ONE TO MANY join (IS_DETAIL_FOR), and you do not say SELECT ALL, you must always include a reference to the lowest level of the hierarchy in your SELECT. For example, if you are reading the inv file, the det file is joined as a ONE TO MANY, and you wish to select only the records where "inv_phyc" is equal to "1", the following would not work:

```
SELECT inv_phyc = "1"
```

No records at all would be selected because there is no reference to the det file in your **SELECT**. You would have to use the following:

```
SELECT inv_phyc = "1"
AND det_code = det_code
```

13.5.5.3.5 Sorting the Data

Once you have searched the files and selected the data that you want, you may wish to re-sort the data into another order.   When you sort data it will make your report take much longer to process. It first must do the SEARCH and SELECT and store all of the information in a temporary file that you have chosen. Then an index will be built based on the fields that you have decided to sort on. Then the data will be read again based on the index. When designing your report, try to take advantage of existing indexes and eliminate the SORT option. In some instances this is not possible and you must use the SORT clause. The syntax for the SORT section is:

```
SORT USING_KEY
     TRANSLATION FIELD

where TRANSLATION is one of the following:

    NO_MOD        No translation
    DSC_NO_MOD    Descending order, no translation
    UPPER         Convert to upper case
    DSC_UPPER     Descending order, convert to upper case
    ALT_SEG       Alternative collating sequence
    ALT_DSC       Alternative sequence, descending order
```

It is very unlikely that you would ever use the ALT_SEG or ALT_DSC values.

FIELD is the name of a field from the database or a VIRTUAL field.

A sample sort may look as follows:

```
SORT USING_KEY
    NO_MOD      inv_phyc
    NO_MOD      inv_locc
```

This sort would put all of the records in order of physician code, then location code. They would print out physician code "1" with location code "1", then "2", then "3", and then print physician code "2" with

location code "1", "2", "3", and so on.

13.5.5.3.6 Control of Data (Breaking)

In a report you may need to provide a header or footer before or after a group of information. The footers usually will contain totals for the group. In order to do this you must establish a CONTROL section. This section tells the report where these "breaks" should occur. The CONTROL section usually will fall in line with the SORT section. The syntax for the CONTROL section is:

```
CONTROL
        LEVEL                   FIELD
```

LEVEL implies the level of the break, starting with 1, and FIELD is the name of a field from the database or a VIRTUAL field. A sample CONTROL may look like:

```
CONTROL
        1       inv_phyc
        2       inv_locc
```

This says that CONTROL_HDR or CONTROL_FTR will be issued whenever one of these fields values change in the reading of the data. This works in conjunction with the CONTROL_HDR and CONTROL_FTR sections of the IMAGE section.

There are also two additional controls that exist:

- overall report
- page breaks

And the PAGE_FTR and REPORT_FTR sections of the IMAGE section can access them.

13.5.5.3.6.1 Accumulators

The ACCUMULATOR section allows r-tree to automatically maintain ACCUMULATORS for each defined control break, as well as page breaks, and an overall report total. The syntax for the ACCUMULATOR section is:

```
    ACCUMULATOR
            FIELD    ATYPE     FIELD
```

where AFIELD is the name you give the ACCUMULATOR field, and FIELD is the name of the field from the database or a VIRTUAL field. The ATYPE tells the ACCUMULATOR TYPE, listed as follows:

```
    FRQ         Frequency Count of field
    SUM         Summation of field
    AVG         Average of field
    MIN         Minimum value of field
    MAX         Maximum value of field
    FRS         First occurrence of field
    LST         Last occurrence of field
    PRV         Previous occurrence of field


    ACCUMULATOR
        lst_gua_name        LST         gua_name
        sum_inv_chrg        SUM         inv_chrg
        max_inv_date        MAX         inv_date
```

You may use any name you wish for the AFIELD section; however, I find it easy to remember the name just by adding the ATYPE to the name of the field as shown above. The above example will

give the name of the last guarantor record. This may be helpful if you wish to print the name in a CONTROL_FTR. The "sum_inv_chrg" will give you the total of the all of the "inv_chrg" fields for the control break defined. And "max_inv_date" will give the date with the highest value. It is important to know that if a field value is a DATE type, "max_inv_date" will contain the actual long integer that represents the date if you attempt to print it out. You, therefore, must convert this back to a date via a second VIRTUAL section.

```
ACCUMULATOR
    maxinv_date       MAX   inv_date

VIRTUAL
    max_inv_date      DATE 4maxinv_date
```

This will allow "max_inv_date" to actually print a date in the IMAGE section, instead of a number.

Another thing to remember about ACCUMULATORS is that they will change the data type. For example, a MONEY field is converted from a long integer to a floating-point number when used as an ACCUMULATOR. You will spend hours beating your head against a wall until you come to realize what this means. All computers that exist have something called "Round off error". This is because computers can only calculate to a finite decimal point. Therefore, if you do lots of calculations to get a grand total, the total will be stored as a floating-point number, as in the following example:

```
sum_inv_chrg    SUM  inv_chrg
```

Since inv_chrg is a MONEY field we "assume" that sum_inv_chrg would be a MONEY field. Well, it's not. It is a DFLOAT or floating-point field. Normally this would not cause any problems, if we were printing this value in a CONTROL_FTR or a REPORT_FTR. It does present a problem if you need to check its value in a VIRTUAL section. In the following example a VIRTUAL field called "prt" is set to "NO" if the "sum_inv_bal" is zero and "YES" if it is not.

```
VIRTUAL
    prt   INT2  2   sum_inv_bal = 0 ? NO : YES
```

This looks perfectly fine to the untrained eye. But the problem here is that sum_inv_bal is a floating-point number. And with most computers it is not going to be "0.000000000000", but "0.00000000000001"--which is not zero. We, therefore, must convert the value back into MONEY so that we only look at it to the second decimal point and avoid the "Round off error".

```
VIRTUAL
    sib   MONEY 4   sum_inv_bal  prt   INT2  2   sib = $0 ? NO : YES
```

Subscripting

The ACCUMULATORS will automatically keep the totals for each control break, but sometimes it is necessary to use the ACCUMULATORS in the creation of another virtual field based on a calculation that includes the ACCUMULATOR. In this case you must create another VIRTUAL section under the ACCUMULATOR section and do your calculation there.

```
CONTROL
    1  pat_code

ACCUMULATOR
    sum_det_amnt  SUM  det_amnt
    frq_pat_code  FRQ  pat_code

VIRTUAL
    amnt_per_pat  MONEY  4  det_amnt / pat_code
```

In the above example we would assume that "amnt_per_pat" would give us the amount per patient. However, when we do this we must tell r-tree at what control level we want this total. This is because "amnt_per_pat" does not necessarily get calculated when the control break is issued. So r-tree has

the ability to tell the value of the ACCUMULATOR at a defined control break by using a subscript ACCUMULATOR. All subscript ACCUMULATORS have the same name. But you must define the ACCUMULATOR and the control break. This is a little awkward, and care must be taken that, if subscripted ACCUMULATORS are used, the ACCUMULATOR section is not modified.

Let's say that we wish to get the amount per patient for the entire report and for each control break of one "pat_code". The code would look as follows:

```
CONTROL
      1  pat_code

ACCUMULATOR
      sum_det_amnt  SUM  det_amnt  /* 0  */
      frq_pat_code  FRQ  pat_code  /* 1  */

VIRTUAL
      amnt_per_pat_tot  MONEY  4  A[0,0] / A[1,0]
      amnt_per_pat_lvl  MONEY  4  A[0,1] / A[1,1]
```

The ACCUMULATOR's subscripts all have a name of "A" and are subscripted by the ACCUMULATOR counter from the list, and the control level.

A [counter, level]

As you can see from the above example, I have commented-out the counter at the end of each ACCUMULATOR. This is a good practice to use, because it makes you aware that the ACCUMULATOR is being used in a subscript. In the first variable (amt_per_pat_tot) we got the "sum_det_amnt" for the entire report and divided it by "frq_pat_code" for the entire report. This is because the "level" is 0. A level of 0 means "the entire report". Otherwise, the level refers to the CONTROL level. You may also access a total for the page by using the last control level + 1. So "A [0,2]" would be sum_det_amnt for a page.

It is important to remember that the value in the ACCUMULATOR will not be there until all the records are processed. Therefore, if you try to reference "A [0,0]" at the beginning of a report, it would have no value since it holds the total for the entire report and the records have not been processed.

13.5.5.3.7 Display Settings

The DISPLAY section allows you to set up "display attributes" to your liking. These are predefined attributes, but you have the ability to change them. The syntax for the DISPLAY section is as follows:

```
DISPLAY
      DISPLAY_ATTRIBUTE VALUE
```

The "DISPLAY_ATTRIBUTE" list is as follows:

DISPLAY_ATTRIBUTE	DEFAULT	COMMENT
PAGE_WIDTH	132	Number of columns on page
PAGE_LENGTH	66	Number of lines on a page
SCREEN_WIDTH	80	
SCREEN_LINES	24	
DATE_ORDER	0	MM/DD/YY format determines how a DATE will print
	1	DD/MM/YY
	2	YY/MM/DD
DATE_SEPARATOR	47	'/'
LINE_MARK	43	'+' Marks line in IMAGE
FORMAT_MARK	64	'@' Marks field in line in IMAGE
FIRST_PAGE_HDR	1	If 0 then first page has no header

LAST_PAGE_FTR	1	if 0 then last page has no footer
ZERO_FILL	43	'*'
DEVICE	3	0,1,2 - printers
	3	screen
	4	disk file

This is normally set to 3 for use in the system. The R4GL program will redirect the output to the desired printer. Because of this you should set the SCREEN_WIDTH and SCREEN_LENGTH correctly for the report to format on paper.

13.5.5.3.8 Image

The IMAGE section is where it all comes together. Now that you have searched the files, selected and sorted the data, and defined where you wish to have breaks, you must tell r-tree the format to print the output. The IMAGE section is further broken down into subsections to control the output:

PAGE_HDR	Printed at top of each page
REPORT_HDR	Printed at beginning of report
CONTROL_HDR(i)	Printed when CONTROL level i is true
BODY	Printed for each selected record
CONTROL_FTR(i)	Printed when CONTROL level i is true
REPORT_FTR	Printed at the end of the report
PAGE_FTR	Printed at the bottom of each page

Within each of these subsections you may define the FORMAT LINES that tell what information to print. Each FORMAT LINE must begin with a LINE_MARK (default is '+'). This tells r-tree to treat this line as an output line. And within each line you may have text; but if you wish to print a value from the database or a VIRTUAL field, you must give it a format to print it in. This format should begin with a FORMAT_MARK (default '@'), followed by other format characters to signify the way the output should look.

The following are format characters:

X	Left-justified alphanumeric string, date or numeric value
R	Right-justified alphanumeric string (trailing blanks are eliminated before right justification)
C	Centered within format (trailing blanks are eliminated first)
W	Word wrapped output of alphanumeric strings
V	Variable length, left-justified alphanumeric strings
0	Right-justified numeric value, padded with 0's on left
9	Right-justified numeric value, padded with blanks on left
*	Right-justified numeric values padded with ZERO_FILL on left (default '*')
E	Right-justified numeric value in exponential form
D	Raw dump of unformatted data in binary form

You may also use special characters within your format. They are:

$	dollar sign, will have number prefixed by $
()	Left parenthesis/right parenthesis. Causes negative numbers to be enclosed in "()". Place the left "(" before any decimal point and the ")" at the end of format specification.
,	Comma, used to signify thousand separator
-	Dash/hyphen, will cause trailing '-' or "CR" or "DR" to be used for negative values. Place at the end of the format specification.
.	Period (denotes decimal point)
/	Embedded slash
:	Embedded semicolon
B	embedded blank
Z	denotes a decimal point, but no output if value is 0

After each line that contains a FORMAT_MARK should be a line that contains a list of database fields or VIRTUAL fields that you intend to output on the format line. These values must match the format that you specify. For example:

+ VISIT#: @9999999 DATE: @XXXXXXX PATIENT: @XXXXXXXXXXXXXXXXXXXXXXXXXX
        inv_code   inv_date   pat_name

The above line prints "inv_code" right justified for the number of elements in the picture; "inv_date" and "pat_name" are both left justified.

You may also use DISPLAY_LOGIC variables in a format line. This allows you to have more flexibility in the output of the information. They are as follows:

COLUMN	Set tab (to following value) for next format line
COND_HDR	Conditional Header. Print CONTROL_HDR(i) where "i" is the CONTROL break level and a CONTROL_HDR exists. One will not be printed if the CONTROL_HDR were to print anyway. This is useful for having a CONTROL_HDR always print as part of a page header.COND_PAGE Conditional page. If the number of lines specified are not available to print on the current page, issue a page break.
FORM_FEED	Send a form feed after printing the line.
LEFT_MARGIN	Set left margin to the given value.
NO_LINEFEED	Do not send a linefeed at the beginning of the line
PAGE_BREAK	Issue a page break after printing the line
RETURN	Print this line on top of the previous line. This can be used to print BOLD
SKIP_LINE	Only print the line if the value following SKIP_LINE is 0. SKIP_LINE must be the first value in the symbol list.
TEST_LINE	Opposite of SKIP_LINE. Will only print the line if the value following is not 0.

The IMAGE section, as you can see, is used to "paint" the format for the output of your report. Each of the subsections is used to control the image just when those conditions are met for output.

13.5.5.3.8.1 REPORT_HDR

This section of the report will print out at the very beginning of a report, on the first page. You might use it to give instructions to the user on how to read the report.

13.5.5.3.8.2 PAGE_HDR

This section will print at the top of each page of the report output.

13.5.5.3.8.3 CONTROL_HDR

The CONTROL_HDR section requires a subscript enclosed within parentheses that designates at which CONTROL level this output should occur. The CONTROL section is used to define the control levels via database fields or VIRTUAL fields. Every time the value changes at a defined CONTROL level, the corresponding CONTROL_HDR or CONTROL_FTR will be output.

13.5.5.3.8.4 BODY

This IMAGE subsection will be output for each record that is processed through the SEARCH, SELECT clauses.

13.5.5.3.8.5 CONTROL_FTR

The CONTROL_FTR is the same as the CONTROL_HDR with the exception that it will print after the record changes, instead of before the next record is output. It is used quite often to print out totals of ACCUMULATORs--it is important to remember this if you usually only print ACCUMULATORS in a CONTROL_FTR. This means that if you wish to print a patient name, for example, you would have to set up an ACCUMULATOR to get the last patient name. Otherwise, the patient name for the current record would be printed, giving incorrect information. This is a common mistake made by many r-tree programmers.

13.5.5.3.8.6 PAGE_FTR

This subsection will print at the bottom of each page. Remember also that the ACCUMULATORS are automatically kept for this section.

13.5.5.3.8.7 REPORT_FTR
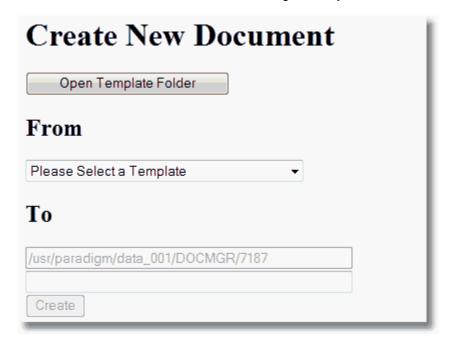
This subsection will print at the end of the report, after all information has been read. ACCUMULATORS are also automatically kept for this section.

13.5.5.3.9 EXIT
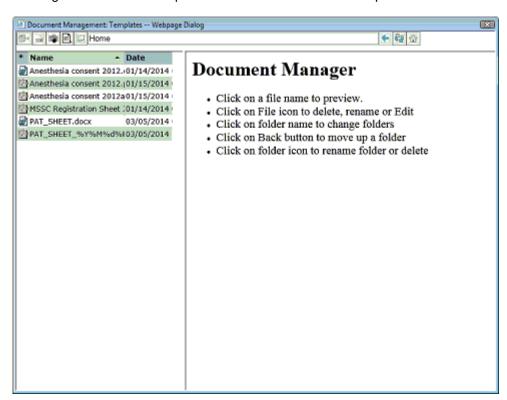
This must be the last item of a report script. It tells r-tree it is the end of the report program.

13.6 Document Mangement Templates

If you have administrative permission you will see the "Open Template Folder" button on the "Create New Document" form in the Document Management system.

Clicking on this button will open a new DM window for the templates.

Here you may use the Document management functions to transfer, scan and photograph to create

new templates.

13.6.1 File Types

The system supports several file types as templates. The referred file type is Portable Document Format or "PDF". This is because PDF files are an excepted standard and PDF viewers are available on most computing platforms.   PDF documents are like electronic paper and offer the ability to attach signatures. PDF documents support electronic forms and the ability to merge data from the system database.   The following is a list of supported document types.

- pdf - Portable Document Format
- wav - Audio File
- xls / xlsx - Microsoft Excel Documents
- doc / docx - Microsoft Word Documents
- txt - Text documents
- htm - HTML documents
- gif - Image Format
- jpg - Image Format
- tif - Image Format

The txt, html, gif, and jpg files are supported nativity by most browsers for preview. Other files may require a browser plug-in to support viewing. The pdf plug-in can be downloaded from adobe.

13.6.2 Naming

When creating a template you should give a descriptive name. **Do NOT use "/", "%" or ":" in file names.**

You may also use the following special character sequences in the name to dynamically create a file name.   These are helpful when you have a template that you want to have multiple / historic copies stored in the patients files.

~Y	4 character year
~y	2 character year
~M	2 character month
~d	2 character day
~H	24 hour
~h	12 hour
~m	minute
~s	second
~a	AM or PM

For example:

- **HIPPA_~Y**   Would be the annual HIPAA consent form.
- **Surgery_~Y~M~d**   Surgical consent for a specific date.

You may make forms unique down to the second using the additional time elements.

13.6.3 Dynamic Data Documents

Dynamic Data documents are PDF forms that allow merging into or overlaying of data onto the original PDF template. These forms may also support Electronic Signatures. This can be very helpful for

forms such as consent or release forms. By using electronic forms you eliminate the need have having to print forms, have the patient complete and sign and then scan them back into document management.   By making them dynamic the system can pull patient data from the database and automatically fill in parts of the form or overlay the information and make it part of the finished form.

There are many PDF forms and signature products on the market including the standard published by Adobe Systems. Some of these products are free and others such as Adobe have a fee. It is recommended that you use Adobe Acrobat Reader as your browser plug-in for viewing PDF files in the Document Management System.

The system supports and has been tested with Topaz Systems signature pads and software and the examples given here are using this software.
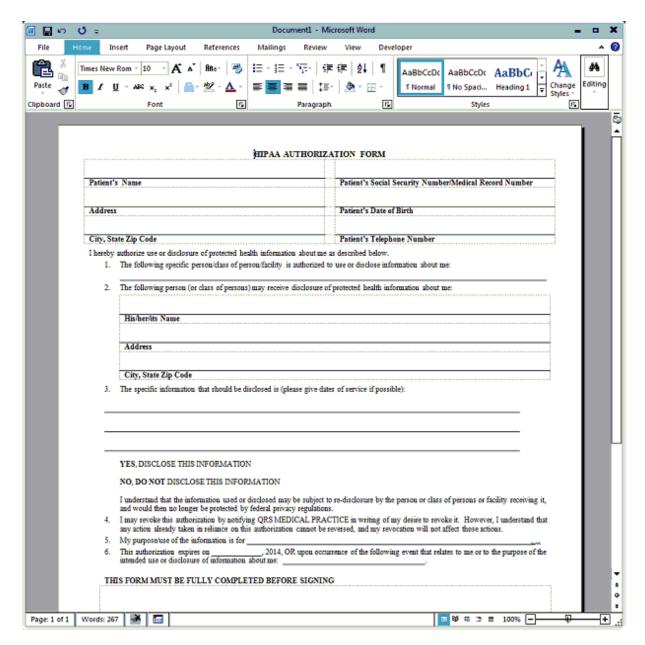
- Topaz SigPlus(r) - Software for Topaz Electronic Signature Pads
- pDoc Forms Designer - Add basic PDF form ability and Signature areas to PDF files
- pDoc Signer - Program to allow signing forms created by pDoc Forms Designer
- MS Office - "Word" to Create Base PDF file.
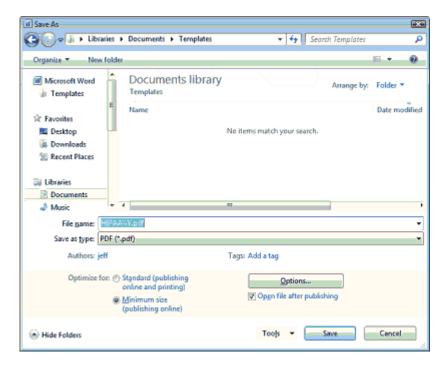
QRS offers creating and setting up Dynamic Data Documents as a service.   Working with you to Create forms is billed on an hourly basis. If you desire an overlay program created it is billed at the cost of a report.

13.6.3.1 Creating a PDF

You may use many applications to create a PDF document. Use Word to create a basic HIPAA release form.

Leaving the places for placing data entry area and signature boxes later on. Save the document as a PDF in Word on our local computer.
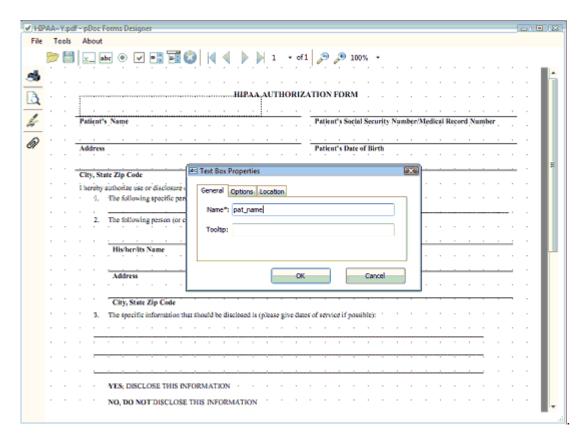
Notice the "~Y" in the name so the template will automatically insert the year when creating new documents.

13.6.3.2 Data Merge
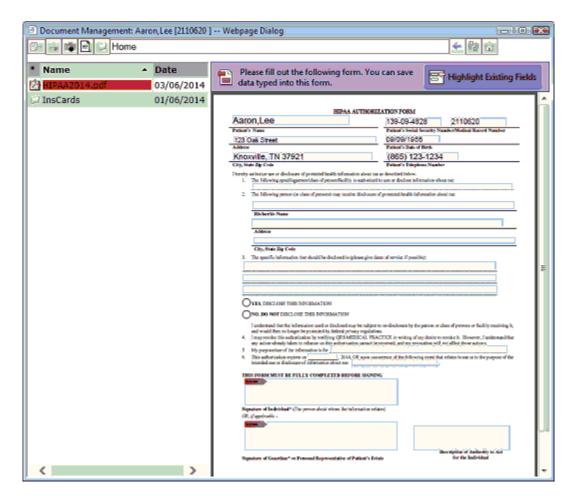
Data Merge allows is a process in which PDF form elements that have specific field names will automatically populate with data from the system data base when the user creates a new document from the template. This data is generated by an R4GL program called DM_XFDF. It creates an XFDF file that holds data base on the patient. This data is merged with the PDF form and a new PDF is created and placed in the patients folder.

From a basic PDF file use pDoc Form Designer to add form elements.

Add form elements for any data fields you want to populate. Any field with a name not in the field names defined will be available for entry when the form is edited.

When the User uses this template the defined fields will automatically populate.

The User will need to edit the form to make any changes to the form or add signatures and then save the form. Once the form is complete they may lock the form.

Transfer the Document into the Templates.

13.6.3.2.1 Field Names

FIELD	COMMENT
Patient Fields	
pat_code	Patient code / account number
pat_name	Patient Name (Last,First M)
pat_chrt	Patient Chart number
pat_add1	Primary Address Line
pat_add2	Secondary Address Line
pat_address	Both Primary and Secondary Address Lines
pat_city_st_zip	City, St ZipCode
pat_zipc	Zip Code
pat_hphn	Home Phone
pat_wphn	Work Phone
pat_wext	Work Extension
pat_cell	Cell Phone

pat_ssnf	Social Security Number
pat_sexf	Sex (Gender)
pat_dobf	Date of Birth
pat_emal	Email Address
pat_zip_city	City
pat_zip_stat	State
pat_race	Race
pat_language	Language
pat_ethnicity	Ethnicity
pat_note	Patient note line 1
pat_not2	Patient note line 2
pat_not3	Patient note line 3
pat_not4	Patient note line 4
pat_not5	Patient note line 5
Location Fields	
pat_locc	Location code
loc_name	Name
Physician / Provider Fields	
pat_phyc	Provider code
phy_name	Name (Last MD, First M)
Referring Provider Fields	
pat_rphc	Referring Provider code
rph_name	Name (Last MD, First M)
Primary Care Provider Fields	
pat_rph2	Primary Care Provider code
primary_care_name	Name (Last MD, First M)
Guarantor Fields	
gua_code	Guarantor code
gua_name	Name (Last, First M)
gua_add1	Primary Address Line
gua_add2	Second Address Line
gua_zipc	Zip Code
gua_zip_city	City
gua_zip_stat	State
gua_hphn	Home Phone
gua_wphn	Work Phone
gua_wext	Work Extension
gua_cell	Cell Phone
gua_titl	Title
gua_ssnf	Social Security Number
gua_emal	Email Address
gua_dobf	Date of Birth

gua_address	Both Primary and Secondary Address Lines
Primary Policy Fields	
p1_insc	Insurance Plan Code
p1_poln	Policy Number
p1_grnu	Group Number
p1_grna	Group Name
p1_name	Holder Name (Last,First M)
p1_addr	Holder Address
p1_zipc	Holder Zip Code
p1_zip_city	Holder City
p1_zip_stat	Holder State
p1_phon	Holder Phone
p1_ins_name	Plan Name
p1_ins_add1	Plan Address Line 1
p1_ins_add2	Plan Address Line 2
p1_ins_city	Plan City
p1_ins_stat	Plan State
p1_ins_zipc	Plan Zip Code
p1_dob	Date of Birth of Holder
Secondary Policy Fields	
p2_insc	Insurance Plan Code
p2_poln	Policy Number
p2_grnu	Group Number
p2_grna	Group Name
p2_name	Holder Name (Last,First M)
p2_addr	Holder Address
p2_zipc	Holder Zip Code
p2_zip_city	Holder City
p2_zip_stat	Holder State
p2_phon	Holder Phone
p2_ins_name	Plan Name
p2_ins_add1	Plan Address Line 1
p2_ins_add2	Plan Address Line 2
p2_ins_city	Plan City
p2_ins_stat	Plan State
p2_ins_zipc	Plan Zip Code
p2_dob	Date of Birth of Holder
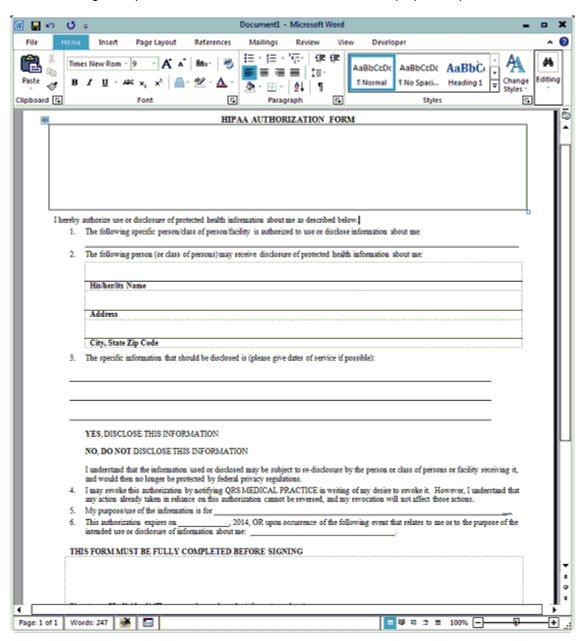
13.6.3.3 Overlay Program

Another method to place data on a form is to use an overlay program. This is an R4GL program that creates the desired output to overlay on top of the PDF form. Overlay data can not be edited and changed and then saved. It is a static image of the patient information.
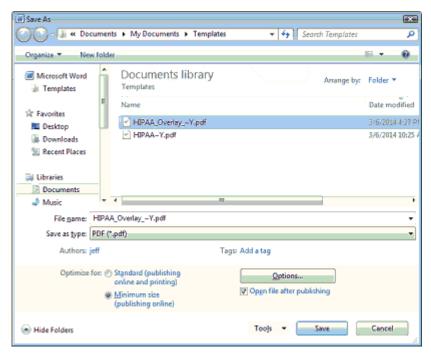
You can used Overlay in conjunction with the Data Merge ability. This is useful when your document requires a signature but all other data is pulled from the database.

13.6.3.3.1 Create Initial PDF

In the following example the Word Document has left the entire top open for patient information.
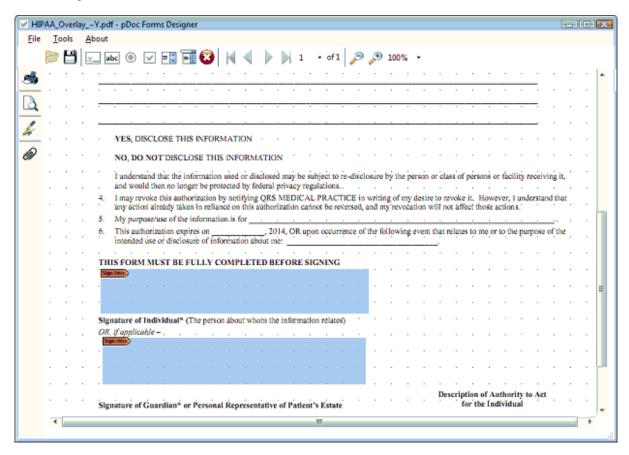
Save as a HTML file.

13.6.3.3.2 Add Form Elements

If you need to add any form elements such as signatures or any other entry boxes edit using the pDoc Form Designer.

Add any Form data and Signatures that you want to have in the form and then save the form.

Transfer the Document into the Templates.
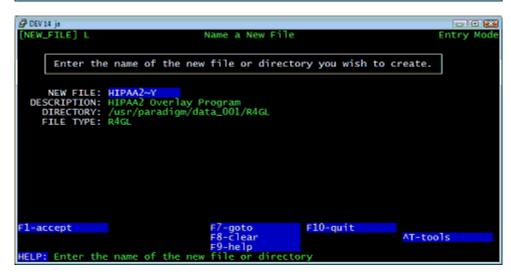
13.6.3.3.3 Create R4GL overlay program

Create a custom R4GL program with the same name as the PDF, less the ".pdf" extension. From the R4GL MANAGER Select the Add command.

The R4GL must take a patient code as the only parameter.

Use R4GL / R-tree or any other programming language to product the overlay output to work with your PDF.
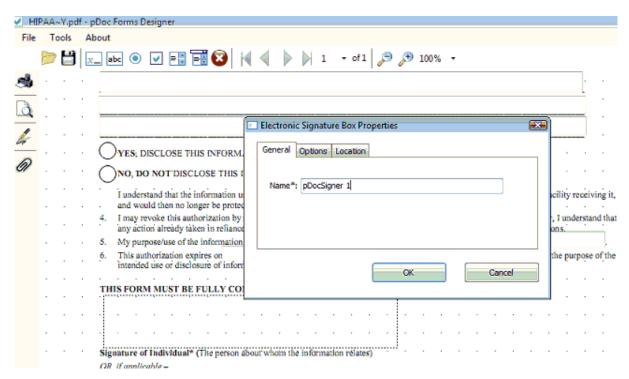
Test the form.

13.6.3.4 Electronic Signatures
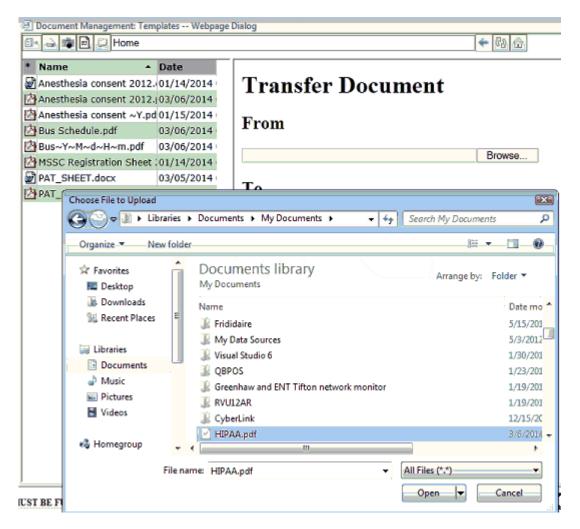
> ☛ **Adobe Acrobat Reader XI is capable of allowing the electronic signatures and saving form data and may be used as the default PDF editor on your PC. However Electronic Signatures will only work if the PDF document was created using Adobe Pro. If you use another program such as pDoc Forms Designer to create the form and add the signature Adobe Reader will not allow it to be signed.**

Using pDoc Forms Designer insert an electronic signature box into your PDF file.

13.6.3.5 Transfer Document into Templates

Use the Transfer Document to transfer the document into the Templates folder for Document Management.

This will allow you to browse the files on your computer to transfer to the Template area on the server.

Part 14

Reference

14   Reference

This section provides reference material for the system. This includes special case billing setup as well as system information.

14.1   PARADIGM-Pay

📽 PARADIGM-Pay is a an automatic credit card processing system built into the software. It will allow you to take credit card payments either by having physical presence of the card with a swipe device, or by getting the account information from the card holder and entering it on a screen.

14.1.1   Setup

There are two things necessary to setup the PARADIGM-Pay application in the software.
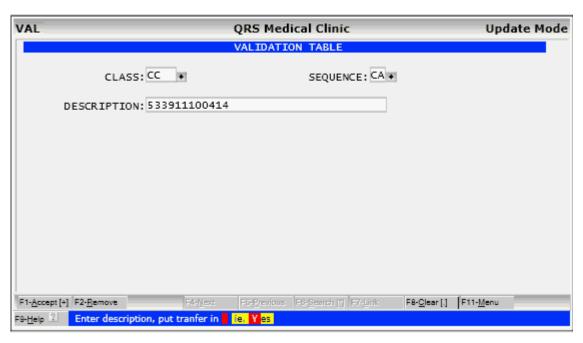
1. Setup the Account Information.
2. Setup Payment codes.

A third setup item is necessary if you plan on using the HID Swipe Reader device with your computer to take swipe credit cards. If the device is not connected you will still be able to manually enter credit card information.
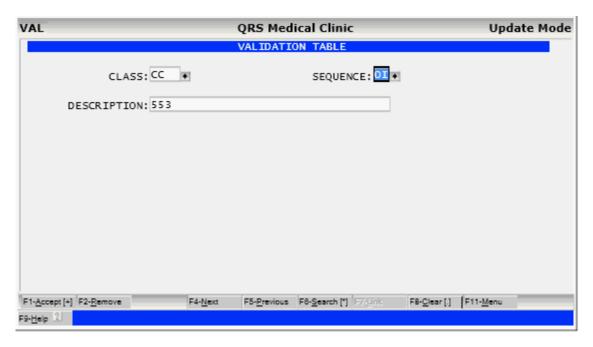
14.1.1.1   Account Information

The Account information is supplied by the Credit Card Processing Center. It consists of two numbers: The account number and the originator ID.   These numbers are entered in the validation table and typically will be set up by your support representative or system administrator.

These numbers are stored with a class of "CC".   The Account number has a sequence of "CA"
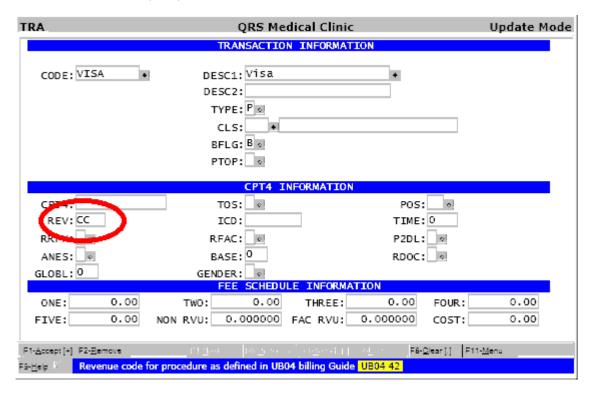
And the Originator ID will have a SEQUENCE of "OI".

The actual numbers are defined in the DESCRIPTION field. The above numbers are testing numbers, your assigned numbers will differ. If these numbers are not defined the the Posting Payment program will report an error.

14.1.1.2 Payment Codes

Any payment transaction code that you want to utilize the PARADIGM-Pay program must be set up in the Transaction Code (TRA) form.

This is done by pulling up your credit card payment code and entering "CC" in the REV field and saving

the record with the F1-Accept function.   Do this for any code you may used for credit or debit cards.

14.1.1.3 HID Swipe Reader
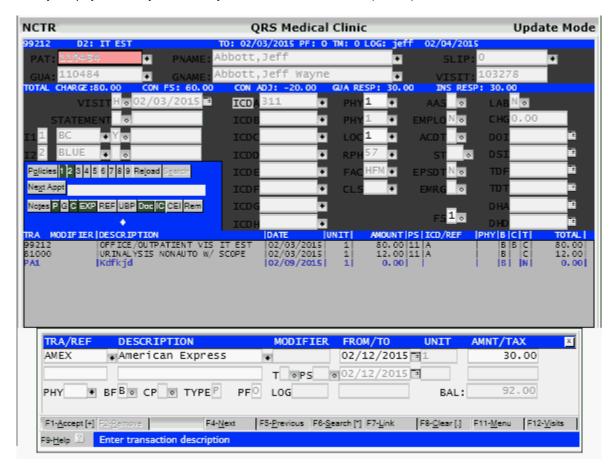
You may install an HID credit card swipe reader directly on a computer via a USB port to swipe credit cards if you have physical presence of them.   For this device to work you will need to install the drivers provided by the manufacturer. They can be found at:

http://www.magtek.com/support/software/ocx/hid_swipe.asp

If a swipe driver is not installed the posting program will show a link to this site as well.

14.1.2 Posting Payments

Post your payment as you normally would on the Encounter (NCTR) form.

When you press F1 to accept the payment, the system will check the payment code for the REV code of "CC".
If found it will present the PARADIGM-Pay window.
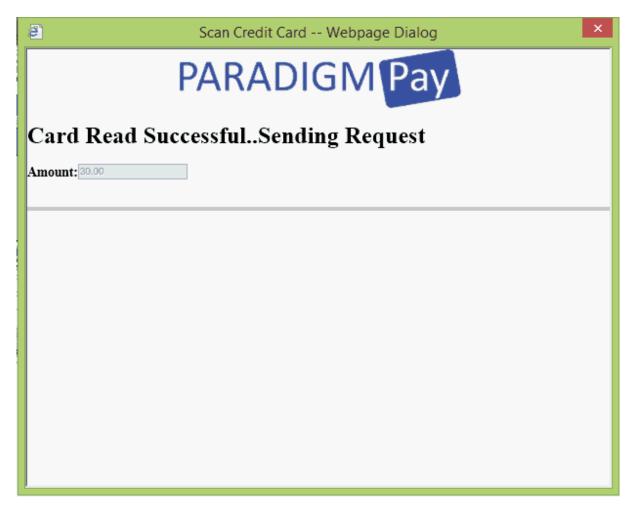
14.1.2.1 Using HID Swipe Reader

If you have an HID Swipe Reader install on your computer you will see the following window appear.

It will show the amount of the payment to be authorized.   At this point you may swipe the card. If the card read was successful it will display the following:
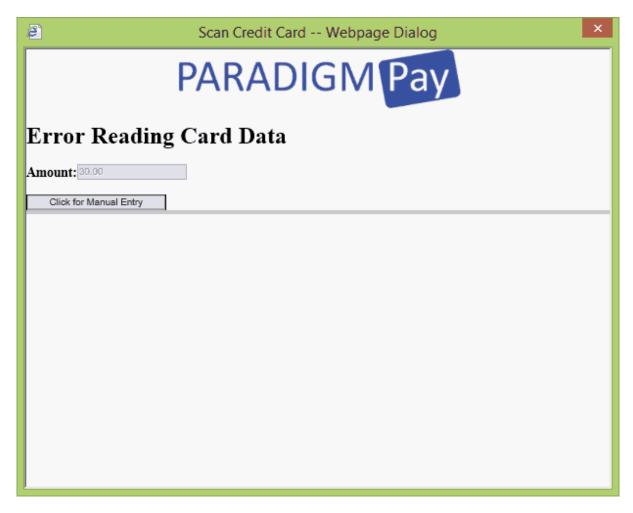
and the data request will be sent to authorize the transaction. If the transaction is successful the window will close and the transaction will be posted to the account on the Encounter form.

If the card does not authorized you will see a failure message and the transaction will not be posted to the account on the Encounter form.

14.1.2.1.1 Card Read Error
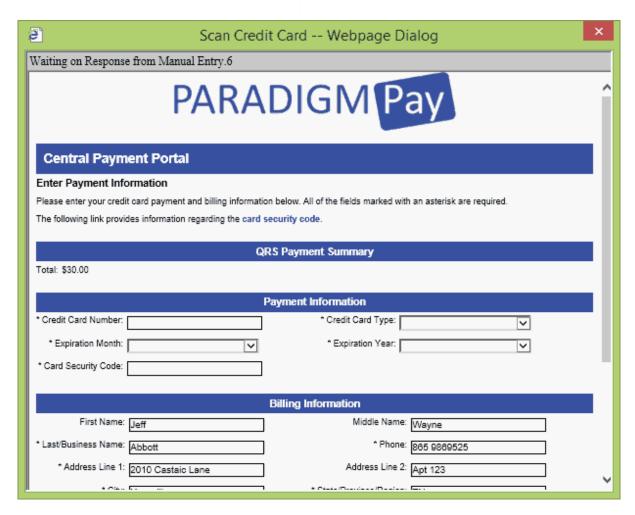
If the card does not read correctly when you swipe it in the machine you will see the following:

Try swiping the card again.   If the problem persists the magnetic strip on the card may be corrupt or damaged. You may click the Manual Entry button to enter the card information manually.
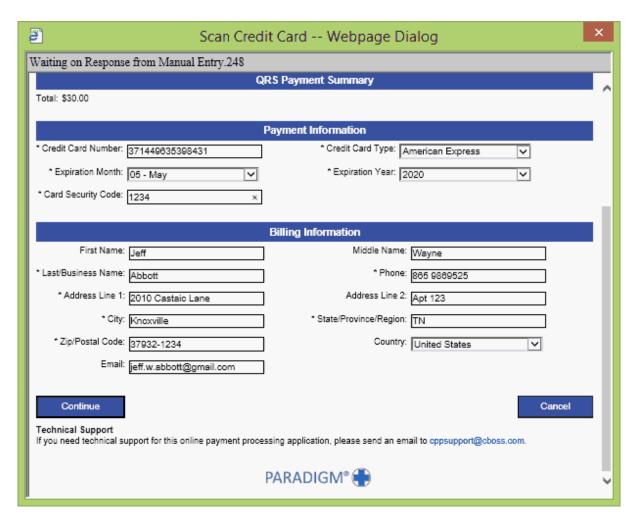
14.1.2.2 Manual Entry

If you do not have an HID Swipe Reader installed on your computer or the swipe reader is not plugged in the program will go directly into Manual Entry mode.
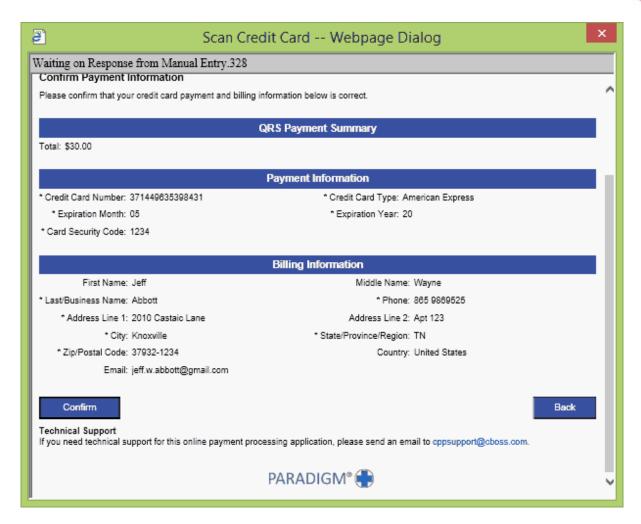
This screen allows you to enter the Payment Information for the credit card. The payment amount will show in the payment summary, and you will need to verify the Billing information. The Billing Information comes from the guarantor information for the visit. This information must match the Name on the card.

Complete the information and scroll to the bottom of the screen.

Click Continue. An edit will be done on the information to make sure it correct and display a confirmation page.

If everything looks good click "Confirm".   The transaction will then be sent for authorization. If everything checks out a message will briefly display that the transaction was successful and the transaction will then be posted to the account.

If the transaction does not authorize you will see an alert box that alert of the failure.

14.2   Vision / Eye Care Plans (VECP)

The purpose of this section is to identify and address issues with the entry of vision claims within the Practice Management (PM) system.   Vision claim processing and management presents unique problems not found in normal medical claims processing. They are as follows:

Vision/Eye Care plans
Vision/Eye Care plans such as VSP differ from normal insurances, in that they are not based on set contracted or allowed amounts that a provider must agree to and take an adjustment for the difference.   Instead, a provider must look up the patient's eligibility to find the benefits provided.   The transactions must be adjudicated base on that information.

Dual Insurance
Vision Eye Care plans are many times a supplement to a patient's medical health insurance. Because

insurance laws prohibit the filing of both as a primary payer, these claims need to be split into two claims to send to the individual plans. The PM system supports defining the primary and secondary policies on a claim by claim basis. The goal here is to automate this process based on the information.
The following explains the configuration and process used to address these issues.
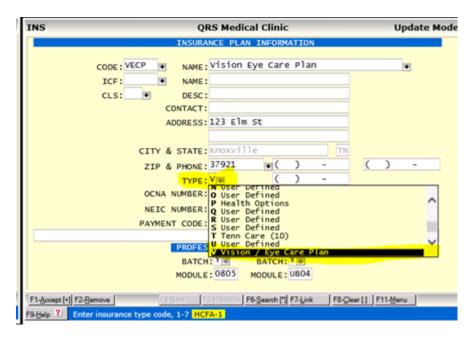
14.2.1 Table File Setup

Here are the changes made in the Table files to support VECP.

14.2.1.1 Identify Vision/Eye Care Plans (VECP)
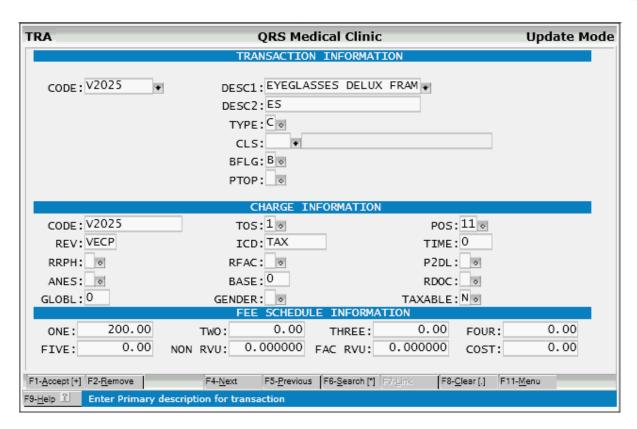
Because Vision/Eye Care Plans will trigger special features to activate when entering billing information, the plans must be identified. That is done by setting the insurance type to "V" on the INS form.

Because a VECP plan does not have an agreed upon contract fee schedule and transaction adjudication will happen manually on entry, it is not necessary to set up a Contract Fee Schedule (CFS) for the VECP transactions that will be manually adjudicated.

14.2.1.2 Identify Transactions
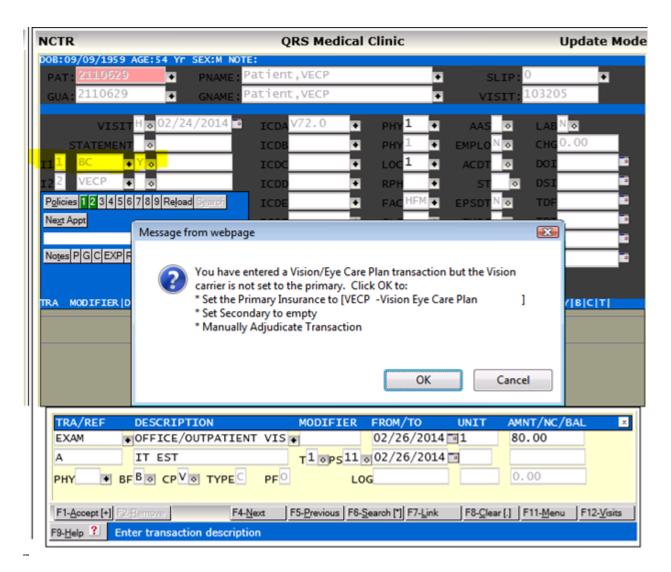
Transactions such as exams, frames, lenses or contacts must be identified for manual adjudication, when the patient has a VECP.   This is done by entering "VECP" in the TRA form REV field. These transactions are typically for consumer goods such as frames or contact lens.
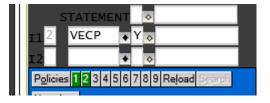
In an optical shop you may have many types of frames with different prices. Use the CODE field to create a unique Stock Keeping Unit (SKU) for each frame. This allows you to also set the retail price as well as the cost. The procedure code should be entered as V2020 or V2025.

14.2.2 Charge Entry

When adding a charge on the Encounter (NCTR) form identified as a VECP transaction ("VECP" in the TRA form REV Field) the system will check to see if the patient has a VECP policy. If there is a VECP policy and it is not the primary you will see the following confirmation:

Click "Cancel" and the insurance information will remain as is and the transaction will adjudicate automatically. Click "OK", the insurance will change.
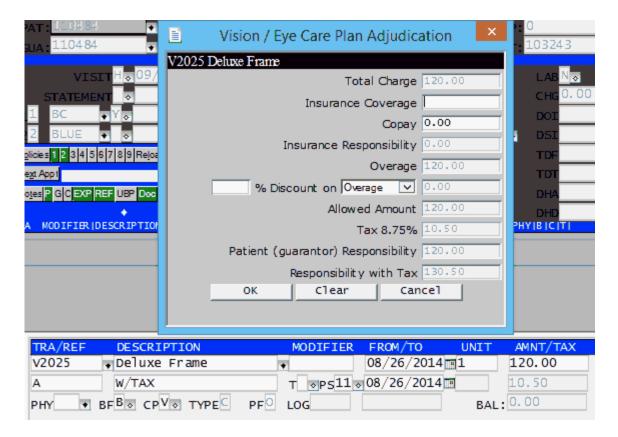
The transaction manual adjudication dialog box will display.   It does this by changing the CP (Copay / Coinsurance Flag) to "V" for "Vision (Manual Adjudicate).
If the primary policy is already a VECP policy it will keep going to allow manual transaction adjudication without the confirmation prompt.
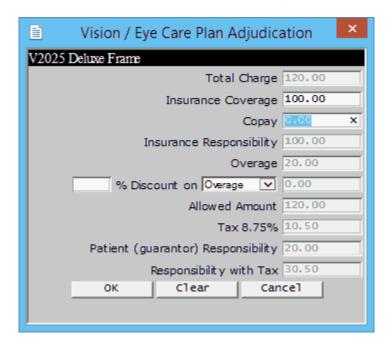
You may also manually change the CP (Copay / Coinsurance Flag) field on the transaction to "V" to manually perform transaction adjudication using the Vision / Eye Care Plan adjudication dialog window described below. If done manually, it does not require that a policy be defined as a type "V" for vision.

14.2.2.1 Transaction Adjudication

The system will present a dialog box allowing entry of the insurance adjudication for the transaction. The adjudication is used to calculate the Insurance Responsibility, Allowed Amount and Patient (guarantor) Responsibility.
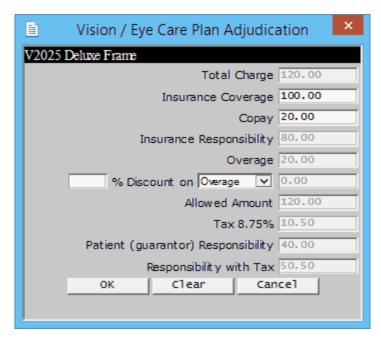
Enter the Insurance Coverage.
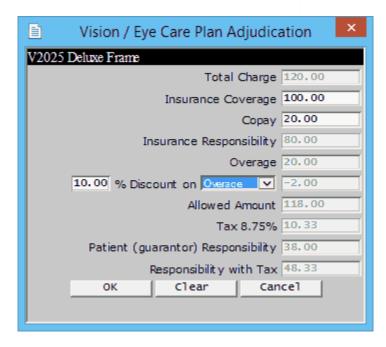
The System will the calculate the adjudication values and display them.
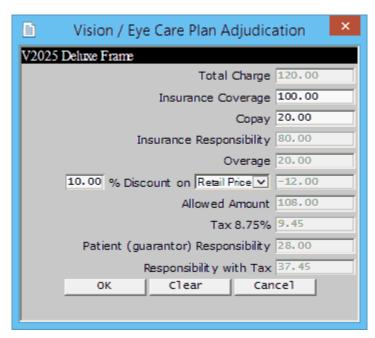
Enter a Copay and it will recalculate.
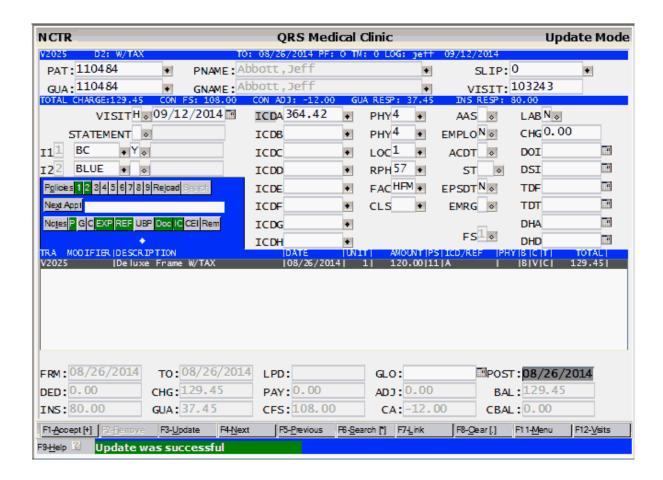
If the plan also allows for a discount enter it and the form will recalculate the adjudication values.

The discount can be calculated on either the overage or the retail price.

Once you are complete click "OK" to save the adjudication data with the transaction.
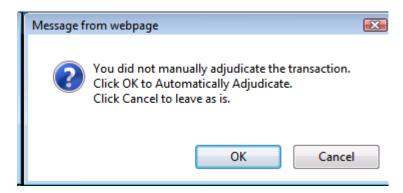
Please Note the "C" column of the transaction is "V" for VECP Manual Adjudication. Also note the INS RESP(Insurance Responsibility), GUA RESP (Guarantor or Patient portion) and CON ADJ (Contractual Adjustment).

If a transaction includes TAX the tax will be calculated into the GUA RESP.

14.2.2.1.1 VECP Adjudication Functions
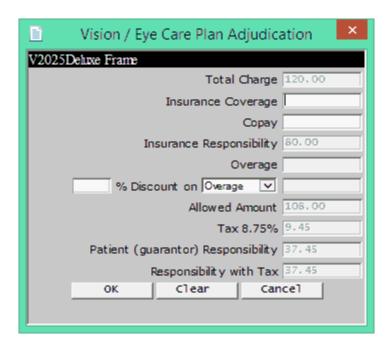
OK – This will return the adjudication data to the transaction and store it with the transaction.
Clear – This will clear the form and reset the values to the values when the form was first entered.
Cancel (or exit) - This will not return the adjudication information to the transaction. You will be prompted:

If you click OK, the will change the CP field (Copay/Coinsurance Flag) from "V" to " ". This will cause the transaction to be automatically adjudicated.

14.2.2.1.2 Charge Modification

Modifying a charge that was entered as part of a VECP will display the Adjudication dialog box. It will display the current Total Charge, Insurance Coverage, Patient Responsibility and Allowed Amount.
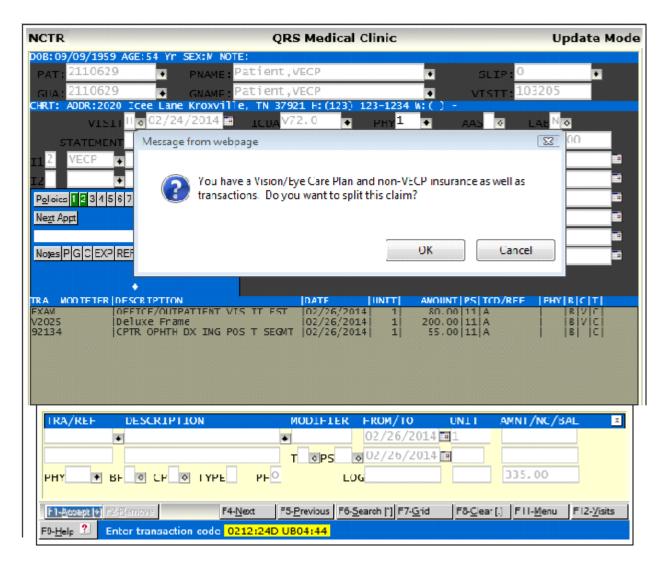
Click "OK" if no changes are needed. Because the copay or discount is not stored as part of the transaction it will not display.   Change the information if needed.
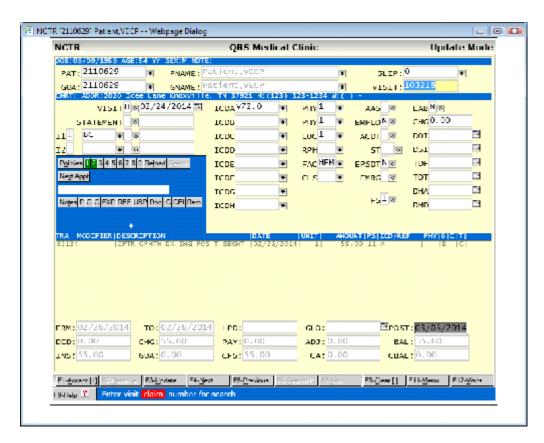
14.2.3 Charge Analysis (splitting claims)

After charges are entered and the user presses F10 to return to the top of the Encounter form (NCTR), an analysis of the charges will be performed if the primary policy on the visit is a VECP policy. All charges will then be reviewed to see if they have been manually adjudicated and have a CP flag of "V". Only charges entered on the current day will be evaluated and they must have billing flag of "B" for Both Insurance and Guarantor or "I" for Insurance only.
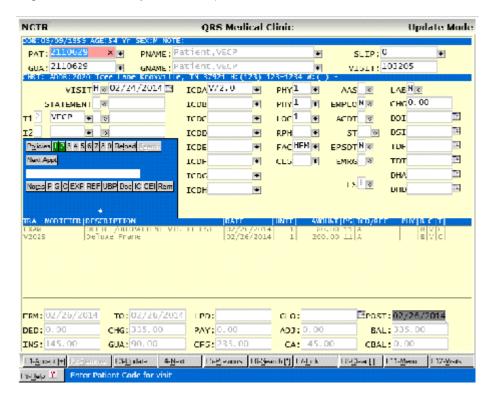
- If they are all Vision transactions, nothing happens
- If patient has no additional active insurance policies, nothing happens
- If some transactions are Vision and some are not and the patient has additional active insurance that is not type "V", the following confirmation will be displayed to split the claim into two claims.

Click "OK" to confirm, and a new visit (claim) will be created. It will set the primary insurance to the first non-VECP policy for the patient. All charges that are non-Vision (will not have a "V" in the "C" column of the transaction) will be moved to the new claim.   The new claim will then be displayed in a pop-up Encounter form (NCTR) for review.

Upon exiting the new claim Encounter, the original Encounter form (NCTR) will re-display with the original claim and only the Vision (will have the "V" in the "C" column of the transaction) transactions.
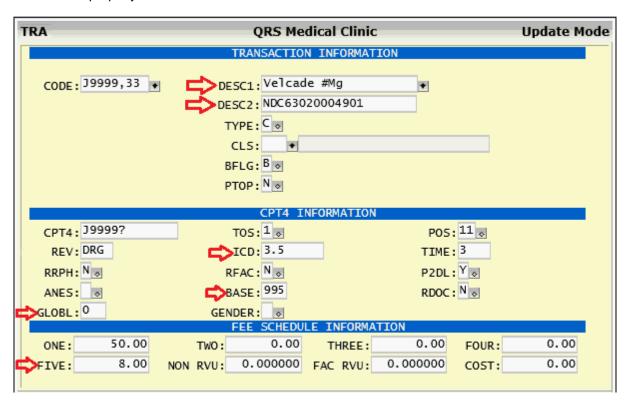
14.2.4 Reports

NCTR_STAT (Walk in Statement / Receipt)

This program will need to be modified to present an option to show the breakdown of both patient and insurance responsibility.

14.3 NDC, "J" Codes & NOC Codes

When billing for some drugs, the National Drug Code (NDC) must be reported. The system can be set up to tell the program to send the NDC information with a claim. This process makes special use of fields on the Transaction form. The following fields of the (TRA) form must be filled out special for insurance to properly file.

DESC1
The first description line must have the drug name and a '#' symbol followed by the dosage's units acceptable abbreviation. (Case of text is not relevant)

Dosage Unit	Acceptable Abbreviations
grams	g, gr, grs,gs
milligrams	mg, mgs
micrograms	mcg, mcgs, ug, ugs
milliliters	ml, mls, cc, ccs
micro liters	mcl, mcls, ul, uls

DESC2
The Transaction second description line should have the letters "NDC" immediately followed by the 11-digit NDC code with no punctuation (dashes).

ICD

Enter the base dosage for the drug in this field.

GLOBL
Enter the base number of Units. If left at 0 the program will assume 1.

BASE
In the BASE field, one of the following values must be entered for the NDC Quantity Quantifier:

J-Codes	NOC J-Codes
995 - Milligrams	595 – Milligrams
996 - International Unit	596 - International Unit
997 – Grams	597 - Grams
998 – Milliliter	598 - Milliliter
999 – Unit	599 – Units

FIVE
Enter the NDC Unit Price.

Special considerations
If a NOC code is NOT also a J-Code, the only additional information that needs to be sent with the claim is the description which pulls from Description lines 1 and 2. Do NOT enter an NDC code. Use setting 777 in the BASE field
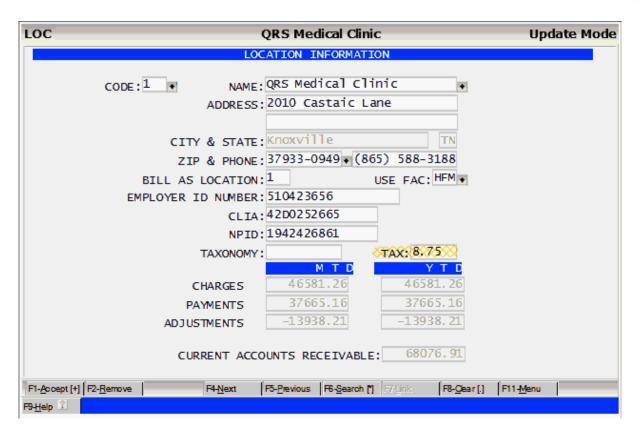
Other Information
In the electronic claim file, the program will replace the '#' symbol with the calculated (number of units times the base dosage) drug dosage. The program will produce the following error if it can not relate the units in DESC1 to the units in BASE.

ERROR Message: Jcode Units. Can't translate units from desc to allowed value (grams or mls).
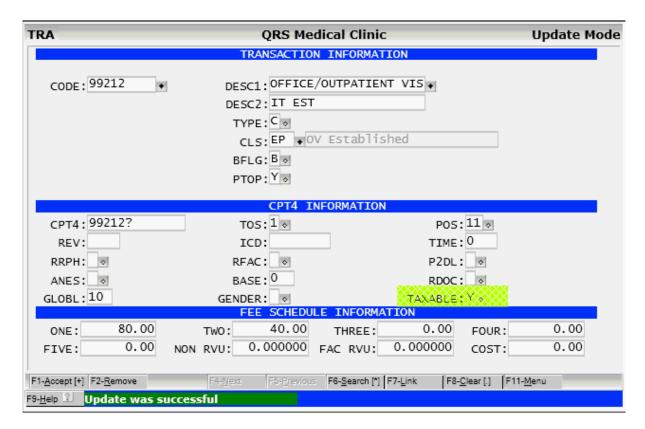
14.4   Line Item Tax

You have the ability to add line item tax on charges. Taxes are calculated based on a tax amount stored in the LOCcation file.
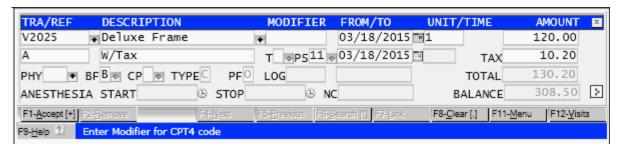
and the transactions is defined as taxable by setting the TAXABLE field to "Y" in the TRA form. You may set this value to:

- Y - Yes add tax but user may change to No or Blank
- N - No do not add tax, user may not change
- Blank - No do not add tax but user may change to Yes or No

When you add the charge on the NCTR form you will notice It will calculate the tax for the transaction based on the tax rate for the location and add it to the TAX field.   This amount is calculated into the Total Amount of the charge and the Total Balance for the visit.

If the Value defined for the transaction is Y in the TAXABLE field of the TRA form, the system will automatically calculate the tax. You will have the ability to change the amount if needed. If the TAXABLE field is N this field will be set to $0.00 and you will not have access to the field. If the value is blank (unknown) the value will default to $0.00 but you will have access to the field to change the value.

14.4.1   Holding tax for a patient.

By entering N/TAX in any of the note lines of the patient form it will not add tax for a patient or allow access to the TAX field of the detail form. This overrides the TAXABLE field on the TRA form.

14.5 ASCII Table

```
+-------------------------------------------------------------------+
|     CHR  DEC OCT HX | CHR DEC OCT HX | CHR DEC OCT HX | CHR DEC OCT HX |
+---------------------+----------------+----------------+----------------+
| NUL      000 000 00 |     032 040 20 | @   064 100 40 | `   096 140 60 |
| SOH ^A   001 001 01 | !   033 041 21 | A   065 101 41 | a   097 141 61 |
| STX ^B   002 002 02 | "   034 042 22 | B   066 102 42 | b   098 142 62 |
| ETX ^C   003 003 03 | #   035 043 23 | C   067 103 43 | c   099 143 63 |
| EOF ^D   004 004 04 | $   036 044 24 | D   068 104 44 | d   100 144 64 |
| ENQ ^E   005 005 05 | %   037 045 25 | E   069 105 45 | e   101 145 65 |
| ACK ^F   006 006 06 | &   038 046 26 | F   070 106 46 | f   102 146 66 |
| BEL ^G   007 007 07 | '   039 047 27 | G   071 107 47 | g   103 147 67 |
| BS  ^H   008 010 08 | (   040 050 28 | H   072 110 48 | h   104 150 68 |
| HT  ^I   009 011 09 | )   041 051 29 | I   073 111 49 | i   105 151 69 |
| NL  ^J   010 012 0a | *   042 052 2a | J   074 112 4a | j   106 152 6a |
| VT  ^K   011 013 0b | +   043 053 2b | K   075 113 4b | k   107 153 6b |
| NP  ^L   012 014 0c | ,   044 054 2c | L   076 114 4c | l   108 154 6c |
| CR  ^M   013 015 0d |     045 055 2d | M   077 115 4d | m   109 155 6d |
| SO  ^N   014 016 0e | .   046 056 2e | N   078 116 4e | n   110 156 6e |
| SI  ^O   015 017 0f | /   047 057 2f | O   079 117 4f | o   111 157 6f |
| DLE ^P   016 020 10 | 0   048 060 30 | P   080 120 50 | p   112 160 70 |
| DC1 ^Q   017 021 11 | 1   049 061 31 | Q   081 121 51 | q   113 161 71 |
| DC2 ^R   018 022 12 | 2   050 062 32 | R   082 122 52 | r   114 162 72 |
| DC3 ^S   019 023 13 | 3   051 063 33 | S   083 123 53 | s   115 163 73 |
| DC4 ^T   020 024 14 | 4   052 064 34 | T   084 124 54 | t   116 164 74 |
| NAK ^U   021 025 15 | 5   053 065 35 | U   085 125 55 | u   117 165 75 |
| SYN ^V   022 026 16 | 6   054 066 36 | V   086 126 56 | v   118 166 76 |
| ETB ^W   023 027 17 | 7   055 067 37 | W   087 127 57 | w   119 167 77 |
| CAN ^X   024 030 18 | 8   056 070 38 | X   088 130 58 | x   120 170 78 |
| EM  ^Y   025 031 19 | 9   057 071 39 | Y   089 131 59 | y   121 171 79 |
| SUB ^Z   026 032 1a | :   058 072 3a | Z   090 132 5a | z   122 172 7a |
| ESC ^[   027 033 1b | ;   059 073 3b | [   091 133 5b | {   123 173 7b |
| FS  ^\   028 034 1c | <   060 074 3c | \   092 134 5c | |   124 174 7c |
| GS  ^]   029 035 1d | =   061 075 3d | ]   093 135 5d | }   125 175 7d |
| RS  ^^   030 036 1e | >   062 076 3e | ^   094 136 5e | ~   126 176 7e |
| US  ^_   031 037 1f | ?   063 077 3f | _   095 137 5f | ^?  127 177 7f |
+-------------------------------------------------------------------+
```

14.6 System Error Messages

The system will generate error messages when a condition occurs that should not. Every attempt has been made to trap error conditions and determine if an actual error has occurred. The majority of these messages should never occur under normal operating procedures.

2, "key value already exists in index"
This error signifies that an attempt was made to add a duplicate record to a data file. This error should not happen under normal conditions. Try repeating the process. If the error persists, the index on the data file may have been corrupted. The software administrator should rebuild the data file index.

3, "could not delete since pntr's don't match"
This error indicates an error in memory allocation of the program, or in the manner in which the computer is configured. If this error occurs, contact technical support immediately.

4, "could not find key to delete"
The database manager has made an attempt to remove a record based on a key, but the record could not be found. Try procedure again. If error persists, the data file index may be corrupt.

5, "cannot call delete w/o verification with duplicate keys"
This error indicates an error in memory allocation of the program, or in the manner in which the computer is configured. If this error occurs, contact technical support immediately.

10, "INTREE parameters require too much space"
This error indicates an error in memory allocation of the program, or in the manner in which the computer is configured. If this error occurs, contact technical support immediately.

11, "bad INTREE parameters"
This error indicates an error in memory allocation of the program, or in the manner in which the computer is configured. If this error occurs, contact technical support immediately.

12, "could not open index file"
The database manager has made an attempt to open an index file and the open has failed. This error message should be followed by another message containing the index file number. The error resulted because the index was in a temporarily locked state. Repeat the process. If the error continues the index file may be corrupt and will have to be rebuilt.

13, "unknown file type"
The database manager attempted to open a file that was not in the proper format. This error should not occur in normal conditions. If this error occurs, contact technical support immediately.

14, "file corrupt at open"
The database manager attempted to open a file that has become corrupted. If this error appears, repeat the process. If it recurs, the software administrator may need to rebuild the data file indexes.

15, "file has been compacted"
When purging is performed, data files are compacted and the indexes are rebuilt. This error will occur if the rebuild does not complete properly. Try to rebuild the index on the data file in question.

16, "could not create index file"
The database manager could not create the index file. Check permissions to the directory where the information is stored or see if the file already exists.

17, "could not create data file"
The database manager could not create the data file. Check the permissions to the directory or see if the file already exists.

18, "tried to create existing index file"
An attempt was made to create an existing index file.

19, "tried to create existing data file"
An attempt was made to create an existing data file.

20, "key length too large for node size"
This error should not occur. The programmer sizes the key lengths. If this error occurs, contact technical support.

21, "record length too small"
If this error occurs, contact technical support immediately.

22, "file number out of range"
An attempt was made to open a file number not defined in the parameter file. The parameter file may be corrupt, or the data file may have become corrupted.

23, "illegal index member info"
An index has an invalid member. This error should not occur.

24, "could not close file"
An attempt was made to close a file. The file was held open by another process. Repeat the process. If the problem persists, the file may be corrupt.

26, "file number not active"
An attempt was made to access a data file that was not open. If this error occurs, repeat the process. If the problem persists, contact technical support immediately.

27, "record pointer before beginning of data records"
This error signifies a data file may be corrupt. Try rebuilding the data files. If this does not work, restore the backup.

28, "zero record pointer in ADDKEY"
An attempt was made to add a record with a zero value in a serial key. This error should not occur. If it does, repeat the process. If it persists, contact technical support.

29, "zero record pointer in data file routine"
This error signifies that a record has been added to the data file with a zero record pointer. The index file will probably have to be rebuilt.

30, "record pointer exceeds logical end of file"
A record pointer in the data file index points to a record position in the data file that is beyond the length of the file. The index file will have to be rebuilt.

31, "flag not set on record in delete chain, corrupt file?"
A free record block is not pointed to correctly by the index. Rebuild the index.

32, "attempt to delete record twice in a row"
An attempt was made to delete the same record twice consecutively. This error should not occur. If it does, repeat the process.

33, "attempt to use NULL ptr in read/write"
All indexes must have a value. An attempt was made to add a record having a null value. Retry the procedure.

34, "predecessor repeat attempts exhausted, corrupt index?"
This error signifies the index is corrupt. Rebuild the index file.

35, "seek error, possible corrupt file"
Could not find the defined record. Retry the procedure. If the error persists, rebuild the file.

36, "read error, possible corrupt file"
Could not read the data file. Retry the procedure. If the error occurs, check permissions. If the file exists and permissions are correct, rebuild the file. If this does not solve the problem, restore the backup.

37, "write error, possible corrupt file"
The database manager could not write to the defined file. If this error occurs, check the permissions. If permissions are correct rebuild the file. If the error still persists, restore the backup.

38, "could not convert virtual open to actual"
The software uses a technique known as virtual file opens. This error will occur if the computer cannot convert a file that has been virtually opened to an actual open. Repeat the process. If the error persists, call technical support.

39, "no more records available"
This error signifies you have reached the limit of records that can be added to the file based on the index provided. This error should not occur. Contact technical support.

40, "key record size in OPNIDX too large"
This error should not appear. Contact technical support.

41, "could not unlock data record"
An attempt was made to unlock a data record and it failed. This could mean the record was not locked in the first place. Repeat the process. If the error persists, contact technical support.

42, "could not obtain data record lock"
An attempt was made by the database manager to lock a data record and it failed. The record may be locked by another user. Repeat the process. If the error persists, contact technical support.

43, "index file   version incompatibility"
This error signifies the index file is incompatible with the current data file. Try rebuilding indexes. If this error persists, contact technical support.

44, "data file serial number overflow"
The serial number key has exceeded its limit. This error should not occur. Contact technical support.

45, "key length exceeds MAXLEN parameter"
This error should not occur. Contact technical support.

46, "file number already in use"
An attempt was made to open a file that was already open. If this error occurs, repeat the process. If this error persists, contact technical support.

47, "ctree has not been initialized"
The database attempted to open c-tree files without first starting c-tree. This error should not occur. Contact technical support.

48, "file mode incompatibility"
The data file or index file is not compatible with the program. If this error occurs, contact technical support.

49, "could not save file"
This error should not occur. Contact technical support.

50, "could not lock node"
This error should not occur. Contact technical support.

51, "could not unlock node"
This error should not occur. Contact technical support.

52, "variable length keys disabled in CTOPTN.H"
This error should not occur. Contact technical support.

54, "attempt to write a read only file"
The database manager attempted to write to a read-only file. This error should not occur. Contact technical support.

55, "file deletion failed"
The database manager attempted to delete a file but failed. The file may not have existed or user permissions were invalid. This error should not occur. Contact technical support.

56, "file must be opened exclusive for delete"
An attempt was made to delete a file that was not opened exclusively for one user. This error should not occur. Contact technical support.

57, "attempt to write or delete w/o proper lock"
The database manager attempted to write to or delete a file that was not locked. If this error occurs, repeat the process. If the error persists, contact technical support.

100, "no current record"
An attempt was made to query a record without a current record in the buffer. If this error occurs, re-query the record. This may happen using the next or previous record functions when returning from a goto command. If this error occurs, repeat the process.

101, "could not satisfy search request"
An attempt was made to find a record that did not exist in the data file. If this error occurs, repeat the process, unless this was the intended operation.

102, "could not open ISAM parameter file"
The database manager could not open the defined parameter file. If this error persists, contact technical support so the parameter files may be checked.

103, "could not read first 5 parameters in ISAM"
This error signifies a corrupted parameter file. The parameter file must be restored.

104, "too many files in ISAM parameter file"
This error signifies that more files are in the parameter file than are allowed. This error should not occur. Contact technical support.

105, "could not undo ISAM update. Rebuild Files NOW!!!"
The database manager encountered an error on the update of a data file. All users must log off immediately and the files must be rebuilt. Otherwise, the data files will become corrupt.

106, "could not read data file record in ISAM"
The database manager could not read a data file record. This may be due to a corrupt index. If this error occurs, rebuild the data files. If the error persists, contact technical support.

107, "too many keys for data file in ISAM"
A data file has too many defined keys or indexes. This error should not occur. Contact technical support.

108, "incorrect keyno for index member, out of sequence"
The parameter file does not agree with the index file, and an index member appears to be out of sequence. If this error occurs, contact technical support.

109, "too many key segments defined in ISAM"
An index is defined having too many key segments or nodes. This error should not occur. Contact technical support.

110, "could not read segment record in ISAM"
The database manager could not read the segment member of an index. This error should not occur and may indicate a corrupt index. Contact technical support.

111, "could not read index file record in ISAM"
The database manager could not read the index file record. This error may signify a corrupt index. Repeat the process. If the problem persists, rebuild the indexes. If the problem still persists, contact technical support.

112, "LKISAM(ENABLE) found pending locks"
An attempt was made to lock a file already locked. Repeat the process. If the problem persists, have all users log out and repeat the process.

113, "no space left in internal lock table"
The computer is out of space in the lock table. This error should not occur. Contact technical support.

114, "1st byte of data record equals delete flag"
The data file delete flag and the index are in conflict. Repeat the process. If the error recurs, rebuild the data files. If the error still persists, contact technical support.

115, "key segments do not match key length"
The key segments defined in the parameter file do not match the actual key segments in the index file. The parameter file may be corrupt. Call technical support.

116, "bad ISAM parameter (isam_fil = isamod)"
The parameter file is corrupt. Contact technical support.

117, "could not read index member record"
The database manager could not read an index record. Repeat the process. If the problem recurs rebuild the data files. If the problem still persists, call technical support.

118, "NXTSET called before FRSSET for keyno"
This error signifies a bug in the program. This error should not occur. Contact technical support.

119, "FRSSET called for index with wrong keytyp"
The FRSSET function was called on a primary index. This signifies a programming error. Contact technical support.

120, "data record length exceeds rebuild max"
The length of the data record is greater than that allowed by the database manager. This error should not occur. Contact technical support.

121, "not enough space for sort area."
The computer has run out of hard disk space for performing a sort. Check the amount of disk space

free, purge old data, and rebuild files. If the problem still persists, call technical support.

122, "attempt to change fixed vs variable len"
An attempt was made to change a fixed length record to a variable length record in a rebuild. This error should not occur. Contact technical support.

123, "var length header has bad record mark"
A variable length header has a bad record mark or locator. This error should not occur. Contact technical support.

124, "Number of indexes does not match (OPNIFIL)"
The number of indexes has changed from the time the file was opened. Log out and repeat the process. If error persists, contact technical support.

125, "ctree already initialize"
An attempt was made to restart the database manager. This error should not occur. Contact technical support.

126, "bad directory path"
The path given to the database manager was incorrect. This problem should not occur. Contact technical support.

127, "could not send request"
This error signifies the database manager could not send a request to the server. This error should not occur. Contact technical support.

128, "could not receive answer"
The database manager could not receive an answer from the server. This error should not occur. Contact technical support.

129, "redo call to server"
The database manager has to repeat a call to the server. This error should not occur. Contact technical support.

130, "null file name pointer in OPNFIL"
The database manager was given a blank file name in an attempt to open a file. This error should not occur. Contact technical support.

131, "file name length exceeds message size"
The file name length exceeds the size defined for messages to the server. This error should not occur. Contact technical support.

132, "no room for application message buffer"
The message buffer has overflowed. This error should not occur. Contact technical support.

133, "could not identify server"
The server is not on line. This error should not occur. Contact technical support.

134, "could not get servers message id"
The database manager could not get the server's message id. This error should not occur. Contact technical support.

135, "could not allocate application id"
The buffer has overflowed and space could not be set aside for the application id. This error should not occur. Contact technical support.

136, "could not get application message status"
This error should not occur. Contact technical support.

137, "could not set application message size"
This error should not occur. Contact technical support.

138, "could not get rid of application message"
This error should not occur. Contact technical support.

139, "badly formed file name"
This error should not occur. Contact technical support.

140, "variable record length too long"
A variable record length has exceeded length defined. This error should not occur. Contact technical support.

141, "required message size exceeds maximum"
This error should not occur. Contact technical support.

143, "communications handler not installed"
This error should not occur. Contact technical support.

144, "application could not id output queue"
This error should not occur. Contact technical support.

145, "no message space; was login to server ok?"
This error should not occur. Contact technical support.

146, "could not update free space info"
The database manager could not update the free space info in the buffer. This could signify a hardware error. If the error persists, contact technical support.

147, "space to be reused is not marked deleted"
The database manager is going to reuse space that is not marked as deleted. This error should not occur. Contact technical support.

148, "WRTVREC cannot fit record at recbyt"
The database manager attempted to rewrite a variable length record in a space that was not large enough. This error should not occur. Contact technical support.

149, "varlen less than minimum in ADDVREC"
The record length is less than the minimum acceptable by the add variable length record function. This error should not occur. Contact technical support.

150, "server is shutting down"
The database server is being shut down. The users should log off.

151, "could not shut down; transactions pending"
The server could not be shut down because transactions have not been completed.

153, "buffer too small in REDVREC"
An attempt was made to read a variable length record with a buffer that is too small. This error should not occur. Contact technical support.

154, "Attempt to read a zero length record"
The database manager attempted to read a record with no size. This error should not occur. Contact

technical support.

158, "REDVREC record not marked active"
A variable length record was accessed that was flagged for deletion. This error should not occur. Contact technical support.

159, "zero recbyt value"
This error should not occur. Contact technical support.

160, "multiuser interference"
Two users have attempted to update the same record at the same time. Repeat process. If problem recurs it could signify a corrupt index. Rebuild files. If problem still persists, contact technical support.

161, "user appears inactive"
A user on the server appears to be inactive. This error should not occur. Contact technical support.

163, "no more room in server lock table"
The server lock table buffer has overflowed. This error should not occur. Contact technical support.

164, "file number out of range"
The database manager attempted to work with a data file that was not opened. This error should not occur. Contact technical support.

165, "no ct file control block"
This error should not occur. Contact technical support.

166, "no more ct file control blocks in server"
This error should not occur. Contact technical support.

167, "could not read request"
The server could not read a request. This error should not occur. Contact technical support.

168, "could not send answer"
The server could not send an answer. This error should not occur. Contact technical support.

169, "server could not allocate user ctl blks"
This error should not occur. Contact technical support.

170, "bad function number at server"
This error should not occur. Contact technical support.

171, "application msg size exceeds server size"
The message size exceeds the size allowed by the server. This error should not occur. Contact technical support.

172, "could not allocate server msg buffer"
This error should not occur. Contact technical support.

173, "could not identify server"
The program could not identify the message sent by the server. This error should not occur. Contact technical support.

174, "could not get server message id"
The program could not get the message from the server. This error should not occur. Contact technical support.

175, "server could not allocate user msg area"
The server could not allocate space for a user message. This error should not occur. Contact technical support.

176, "could not get server msg status"
The program could not get the server's message status. This error should not occur. Contact technical support.

177, "could not set message server msg size"
The server message size could not be set. This error should not occur. Contact technical support.

178, "could not get rid of server msg"
A server message was locked in the buffer. This error should not occur. Contact technical support.

179, "server is at full user capacity"
The server cannot accept any more users. This error should not occur. Contact technical support.

180, "could not read symbolic key name"
The open files functions could not read the symbolic key name defined in the parameter file. The parameter file may be corrupt. This error should not occur. Contact technical support.

181, "could not get mem for key symb name"
The database manager could not get the memory for the key symbol name. This error should not occur. Contact technical support.

182, "no room for sort key; increase MAXFIL"
The maximum number of files is not large enough to handle the sort keys that need to be created. This error should not occur. Contact technical support.

183, "could not read file field number values"
The database manager could not read the file field number values. This error should not occur. Contact technical support.

184, "attempt to reallocate set space"
This error should not occur. Contact technical support.

185, "not enough memory for multiple sets"
The computer has run out of usable memory for the desired function. This error should not occur. Contact technical support.

186, "set number out of range"
This error should not occur. Contact technical support.

187, "null buffer in rtread.c"
This error should not occur. Contact technical support.

188, "null target buffer in rtread.c"
This error should not occur. Contact technical support.

189, "join_to skip"
This error should not occur. Contact technical support.

190, "join_to error"
This error should not occur. Contact technical support.

191, "join_to null fill"
This error should not occur. Contact technical support.

192, "detail_for skip"
This error should not occur. Contact technical support.

193, "detail_for error"
This error should not occur. Contact technical support.

194, "detail_for null fill"
This error should not occur. Contact technical support.

195, "could not get mem for dat symb name"
No memory was available for the data file symbolic name. This error should not occur. Contact technical support.

196, "exceeded RETRY_LIMIT in RTREAD.C"
This error should not occur. Contact technical support.

200, "Multi-user conflict, another user has modified this record"
Two users have attempted to modify the same record at the same time. The first user's update will

hold; the second user will receive this error. The second user must repeat the process.

14.7   File Definitions

FILE #	FILE	INDEX	MEMBERS
1	pat.dat		
2	pat.idx	pat_code_idx	pat_code
3		pat_name_idx	pat_name
4		pat_guac_idx	pat_guac
5		pat_chrt_idx	pat_chrt
6		pat_ssnf_idx	pat_ssnf
7	gua.dat		
8	gua.idx	gua_code_idx	gua_code
9		gua_name_idx	gua_name
10		gua_ssnf_idx	gua_ssnf
11	phy.dat		
12	phy.idx	phy_code_idx	phy_code
13		phy_name_idx	phy_name
14	fac.dat		
15	fac.idx	fac_code_idx	fac_code
16		fac_name_idx	fac_name
17	ins.dat		
18	ins.idx	ins_code_idx	ins_code
19		ins_name_idx	ins_name
20	loc.dat		
21	loc.idx	loc_code_idx	loc_code
22		loc_name_idx	loc_name
23	cid.dat		
24	cid.idx	cid_code_idx	cid_icfc cid_phyc cid_locc
25	rph.dat		
26	rph.idx	rph_code_idx	rph_code
27		rph_name_idx	rph_name
28	tra.dat		
29	tra.idx	tra_code_idx	tra_code
30		tra_desc_idx	tra_desc
31	cls.dat		
32	cls.idx	cls_code_idx	cls_code
33		cls_desc_idx	cls_desc
34	icd.dat		
35	icd.idx	icd_code_idx	icd_code
36		icd_desc_idx	icd_desc
37		icd_clsc_idx	icd_clsc
38	inv.dat		
39	inv.idx	inv_code_idx	inv_code
40		inv_patc_idx	inv_patc, inv_code
41		inv_1flg_idx	inv_1flg
42		inv_2flg_idx	inv_2flg
43		inv_guac_idx	inv_guac, inv_code
44	det.dat		
45	det.idx	det_code_idx	det_code
46		det_invc_idx	det_invc det_code
47		det_post_idx	det_post
48		det_trac_idx	det_trac
49	aud.dat		
50	aud.idx	aud_code_idx	aud_code
51	fsl.dat		

52	fsl.idx	fsl_code_idx	fsl_code
53		fsl_dtpt_idx	fsl_date fsl_phyc fsl_time
54		fsl_patc_idx	fsl_patc, fsl_date, fsl_time
55		fsl_patn_idx	fsl_patn
56	rea.dat		
57	rea.idx	rea_code_idx	rea_code
58		rea_desc_idx	rea_desc
59	scf.dat		
60	scf.idx	scf_code_idx	scf_phyc scf_dowf scf_time scf_seqn
61	cfs.dat		
62	cfs.idx	cfs_code_idx	cfs_icfc cfs_trac cfs_phyc cfs_efdt
63	exp.dat		
64	exp.idx	exp_code_idx	exp_patc
65	zip.dat		
66	zip.idx	zip_code_idx	zip_code
67	tel.dat		
68	tel.idx	tel_code_idx	tel_code
70	pol.dat		
71	pol.idx	pol_code_idx	pol_patc pol_numb
72		pol_name_idx	pol_name
73		pol_poln_idx	pol_poln
74	ubp.dat		
75	ubp.idx	ubp_code_idx	ubp_code
76	ubv.dat		
77	ubv.idx	ubv_code_idx	ubv_code
78	app.dat		
79	app.idx	app_code_idx	app_user app_date
80	ars.dat		
81	ars.idx	ars_code_idx	ars_patc ars_phyc ars_locc
82	rid.dat		
83	rid.idx	rid_code_idx	rid_rphc rid_insc
84	dpf.dat		
85	dpf.idx	dpf_code_idx	dpf_code
86	ver.dat		
87	ver.idx	ver_code_idx	ver_code
88	val.dat		
89	val.idx	val_code_idx	val_clas val_numb
90	col.dat		
91	col.idx	col_guac_idx	col_guac col_locp col_phyc
92	xpl.dat		
93	xpl.idx	xpl_code_idx	xpl_trac xpl_numb
94	apc.dat		
95	apc.idx	apc_code_idx	apc_trac apc_insc
96	icf.dat		
97	icf.idx	icf_code_idx	icf_code
98		icf_name_idx	icf_name
99	bat.dat		
100	bat.idx	bat_code_idx	bat_user bat_numb
101	pad.dat		
102	pad.idx	pad_code_idx	pad_chrp pad_pap_
103		pad_chrp_idx	pad_chrp
104		pad_pap__idx	pad_pap_
105		pad_insc_idx	pad_insc
106	txt.dat		

107	txt.idx	txt_code_idx	txt_code
108	ref.dat		
109	ref.idx	ref_code_idx	ref_patc ref_seqn
110	emp.dat		
111	emp.idx	emp_code_idx	emp_code
112		emp_name_idx	emc_name
113	cps.dat		
114	cps.idx	cps_code_idx	cps_user cps_ckpt
115	ptn.dat		
116	ptn.idx	ptn_code_idx	ptn_code
117	res.dat		
118	res.idx	res_code_idx	res_code
119		res_name_idx	res_name
120	xrf.dat		
121	xrf.idx	xrf_code_idx	xrf_trac xrf_icdc xrf_insc
122	pif.dat		
123	pif.idx	pif_code_idx	pif_patc, pif_seqn
124	pha.dat		
125	pha.idx	pha_code_idx	pha_code
126		pha_name_idx	pha_name
127	med.dat		
128	med.idx	med_code_idx	med_code
129	pmh.dat		
130	pmh.idx	pmh_code_idx	pmh_patc, pmh_seqn
131	alg.dat		
132	alg.idx	alg_code_idx	alg_patc
133	pfs.dat		
134	pfs.idx	pfs_code_idx	pfs_patc, pfs_date
135	mfs.dat		
136	mfs.idx	mvs_code_idx	mfs_patc, mfs_seqn
137	cei.dat		
138	cei.idx	cei_code_idx	cei_code
139		ced_invc_idx	cei_invc
140		cei_stat_idx	cei_stat
141	fid.dat		
142	fid.idx	fid_code_idx	fid_code
143	Etdo.dat		
144	Etdo.idx	Etdo_code_idx	Etdo_patc, Etdo_objt, Etdo_date, Etdo_uniq
145	Ealg.dat		
146	Ealg.idx	Ealg_code_idx	Ealg_patc, Ealg_srcv
147	Erxd.dat		
148	Erxd.idx	Erxd_cod_idx	Erxd_patc, Erxd_uniq
149	Erxr.dat		
150	Erxr.idx	Erxr_code_idx	Erxr_code
151		Erxr_drug_idx	Erxr_patc, Erxr_uniq
152	Emsg.dat		
153	Emsg.idx	Emsg_code_idx	Emsg_patc, Emsg_type, Emsg_pntr
154		Emsg_list_idx	Emsg_list
155	Ealt.dat		
156	Ealt.idx	Ealt_code_idx	Ealt_patc, Ealt_pntr
157	Eald.dat		
158	Eald.idx	Eald_code_idx	Eald_code
159	pah.dat		
160	pah.idx	pah_code_idx	pah_code

161		pah_patc_idx	pah_patc
162	guh.dat		
162	gua.idx	guh_code_idx	guh_code
164		guh_guac_idx	guh_guac
165	Eord.dat		
166	Eord.idx	Eord_code_idx	Eord_patc, Eord_tabn, Eord_subd, Eord_file
167		Eord_pntr_idx	Eord_pntr
168	Ealh.dat		
169	Ealh.idx	Ealh_code_idx	Ealh_code
170		Ealh_patc_idx	Ealh_patc,Ealh_pntr, Ealh_date, Ealh_time
171	Etdc.dat		
172	Etdc.idx	Etdc_code_idx	Etdc_pddf, Etdc_fldn
173	Eobl.dat		
174	Eobl.idx	Eobl_code_idx	Eobl_patc, Eobl_file, Eobl_date
175	Evsd.dat		
176	Evsd.idx	Evsd_code_idx	Evsd_code
177		Evsd_fslc_idx	Evsd_fslc
178	Etdo.dat		
179	Etdo.idx	Etdo_code_idx	Etdo_patc, Etdo_objt, Etdo_date, Etdo_uniq
180		Etdo_type_idx	Etdo_patc, Etdo_type
181		Etdo_fslc_idx	Etdo_fslc, Etdo_objt
182	Eqme.dat		
183	Eqme.idx	Eqme_code_idx	Eqme_fslc, Eqme_meas
184	Efhr.dat		
185	Efhr.idx	Efhr_code_idx	Efhr_patc, Efhr_rela, Efhr_seqn
186	Efhi.dat		
187	Efhi.idx	Efhi_code_idx	Efhi_patc, Efhi_rela, Efhi_seqn, Efhi_indx
188	Ehst.dat		
189	Ehst.idx	Ehst_code_idx	Ehst_patc, Ehst_type, Ehst_fldn, Ehst_indx
190	Etag.dat		
191	Etag.idx	Etag_code_idx	Etag_patc, Etag_tabn, Etag_subd, Etag_file
192	Elnk.dat		
193	Elnk.idx	Elnk_code_idx	Elnk_patc, Elnk_tab1, Elnk_sub1, Elnk_fil1
194		Elnk_file_idx	Elnk_patc, Elnk_tab2, Elnk_sub2, Elnk_fil2
195	att.dat		
196	att.idx	att_code_idx	att_code
197		att_fslc_idxn	att_fslc

14.8 Field Definitions

Following are the field definitions for each of the files. Each field definition has a brief summary of what the file is used for as well as a layout of the fields and the information that they store. The fields are presented in a report form. The following columns are defined for each field:

FIELD this column shows the actual field name. It is used throughout the software in rtree reports as well as S4GL screens when the actual data element needs to be accessed.

TYPE a data field can be any of the following types:

CHAR	Stores 1 character.
STRING	String of defined length terminated with a NULL character.
DATE	Signed Long integer storing a Julian date.
MONEY	Signed Long integer storing money. All money is calculated to the hundredth place. When stored, it is multiplied by 100 to make it an integer. Upon output, it is divided by 100 to place the decimal.
INT4	Signed long integer.
INT4U	Unsigned long integer.
INT2	Signed integer.
INT2U	Unsigned integer.

LENGTH this column shows how much space the field occupies in the data file. Remember that STRING data types also include a NULL terminator.

COMMENT this column comments the defined data type.

14.8.1 ALG

ALG	Allergy File. Part of the Oncology Module. Used to store patient Allergies.

FIELD	TYPE	LENGTH	COMMENTS
alg_patc	STRING	12	Patient Code
alg_alg1	STRING	80	Allergy 1
alg_alg2	STRING	80	Allergy 2
alg_alg3	STRING	80	Allergy 3
alg_alg4	STRING	80	Allergy 4
alg_com1	STRING	80	Comment 1
alg_com2	STRING	80	Comment 2
alg_com3	STRING	80	Comment 3
alg_com4	STRING	80	Comment 4
alg_com5	STRING	80	Comment 5
alg_com6	STRING	80	Comment 6
alg_com7	STRING	80	Comment 7
alg_com8	STRING	80	Comment 8

alg_com9	STRING	80	Comment 9
alg_com0	STRING	80	Comment 10

14.8.2 APC

APC	Alternate Procedure Codes. Used in the generation of claims.

FIELD	TYPE	LENGTH	COMMENTS
apc_trac	STRING	9	Transaction code links to tra_code
apc_insc	STRING	6	Insurance carrier code links to ins_ code
apc_cpt4	STRING	11	procedure code & with three modifiers
apc_unit	INT2	2	Units to multiply by base unit on claim
apc_emcb	CHAR	1	EMC Billable charge

14.8.3 APP

APP	Appointment file used for Office tools

FIELD	TYPE	LENGTH	COMMENTS
app_user	STRING	5	User log id
app_date	STRING	10	date
app_06am	STRING	79	6:00 AM
app_07am	STRING	79	7:00 AM
app_08am	STRING	79	8:00 AM
app_09am	STRING	79	9:00 AM
app_10am	STRING	79	10:00 AM
app_11am	STRING	79	11:00 AM
app_12pm	STRING	79	12:00 PM
app_01pm	STRING	79	1:00 PM
app_02pm	STRING	79	2:00 PM
app_03pm	STRING	79	3:00 PM
app_04pm	STRING	79	4:00 PM
app_05pm	STRING	79	5:00 PM
app_06pm	STRING	79	6:00 PM
app_07pm	STRING	79	7:00 PM

14.8.4 ARS

ARS	Accounts Receivable Setup File

FIELD	TYPE	LENGTH	COMMENTS
ars_patc	STRING	12	Patient code links to pat_ code
ars_phyc	STRING	3	Physician code links to phy_ code

ars_locc	STRING	3	Location code links to loc_code
ars_0000	MONEY	4	Current A/R
ars_0030	MONEY	4	31-60 A/R
ars_0060	MONEY	4	61-90 A/R
ars_0090	MONEY	4	91-120 A/R
ars_0120	MONEY	4	Over 120 A/R
ars_pend	MONEY	4	A/R pending (not billed

14.8.5 ATT

ATT	Appointment Time Tracker

FIELD	TYPE	LENGTH	COMMENT
att_room	STRING	5	New Room number
att_code	ULONG	4	code
att_fslc	ULONG	4	Appointment record (fsl_code)
att_time	UCOUNT	2	time of room number change HHMM (24HR)
att_user	STRING	20	User Placing patient in room

14.8.6 AUD

AUD	Audit File

FIELD	TYPE	LENGTH	COMMENTS
aud_file	STRING	4	Audit file
aud_code	INT4U	4	Primary serial key
aud_user	STRING	10	User
aud_date	STRING	6	Audit date
aud_time	STRING	6	Audit time
aud_func	STRING	3	Audit function
aud_valu	STRING	998	Value of audit

14.8.7 BAT

BAT	Batch Transaction file. Identifies active batches

FIELD	TYPE	LENGTH	COMMENTS
bat_user	STRING	5	User
bat_numb	STRING	1	Number (1-9)
bat_trac	STRING	9	Transaction code links to tra_code
bat_des2	STRING	21	Comment / Description 2
bat_amnt	MONEY	4	Amount of batch

14.8.8 CEI

CEI	Claim Error Interface file. This file is used to record Claims Errors for the CEI module.

FIELD	TYPE	LENGTH	COMMENT
cei_modc	STRING	4	module Code (where did it come from)
cei_sour	STRING	4	Source, 277, 837, 835, HRR
cei_code	ULONG	4	Unique ID (serial key)
cei_stat	CHAR	1	Status: Open, Fixed, Cleared, Demand, Ba
cei_lgdt	LONG	4	Date logged into CEI
cei_invc	ULONG	4	Visit number inv_code
cei_user	STRING	5	User that fixed problem
cei_fxdt	LONG	4	Date problem was fixed
cei_mesg	STRING	79	Error Messages
cei_bfld	STRING	14	Bad Field (field to fix)
cei_srch	STRING	50	Detail Search Criteria

14.8.9 CFS

CFS	Contractual Fee Schedule file. This file contains fee schedules for insurance contracts by transaction, date and physician.

FIELD	TYPE	LENGTH	COMMENTS
cfs_icfc	STRING	6	Insurance Contract File Code
cfs_trac	STRING	9	Transaction Code
cfs_phyc	STRING	3	Physician Code (optional)
cfs_efdt	STRING	8	Effective Date CCYYMMDD format
cfs_allo	MONEY	-1	Allowed amount by contract
cfs_copa	CHAR	1	Does Co-pay apply to this transaction

14.8.10 CID

CID	Contract Identification file. This file stores unique numbers that are required to file claims for a contract by physician and location.

FIELD	TYPE	LENGTH	COMMENTS
cid_icfc	STRING	6	Insurance Contract File Code
cid_phyc	STRING	3	Physician Code
cid_locc	STRING	3	Location Code
cid_grpn	STRING	20	Group number
cid_phyn	STRING	20	Physician Number
cid_sign	STRING	28	Signature message
cid_0001	STRING	20	Other Id 0001

cid_0002	STRING	20	Other Id 0002

14.8.11 CLS

CLS	Classifications records

FIELD	TYPE	LENGTH	COMMENTS
cls_code	STRING	3	Classification code links to gua_clsc, pat_clsc, inv_clsc, tra_clsc, ins_clsc
cls_desc	STRING	26	Classification description
cls_type	STRING	1	Classification type

14.8.12 COL

COL	Collection Records	

FIELD	TYPE	LENGTH	COMMENTS
col_guac	STRING	12	Guarantor code links to gua_code
col_levl	CHAR	1	Collection level (1-9)
col_lstl	DATE	4	Last letter sent
col_smof	MONEY	4	Sum agreed to pay
col_abal	MONEY	4	Account balance
col_domf	INT2	2	Day of the month
col_bgdt	DATE	4	Beginning date
col_mesg	STRING	70	Statement message
col_locp	STRING	3	Location pointer
col_phyc	STRING	3	Physician pointer links to phy_code

14.8.13 CPS

CPS	Check Point Security File. Store security profiles by user.

FIELD	TYPE	LENGTH	COMMENTS
cps_user	STRING	9	User for CPS
cps_ckpt	STRING	21	Check point
cps_aces	CHAR	1	Access for this check point

14.8.14 DET

DET	Detail file. Contains all transactions, charges, payments, adjustments, messages, notes that are attached to visits (inv file)

FIELD	TYPE	LENGTH	COMMENTS
det_trac	STRING	9	Transaction code links to tra_code

det_desc	STRING	21	Description 1
det_des2	STRING	21	Description 2
det_invc	INT4U	4	Invoice code links to inv_code
det_frdt	DATE	4	From date
det_todt	DATE	4	To date
det_unit	INT2	2	Units or days
det_amnt	MONEY	4	Amount for a single unit, On charges multiply by the field det_unit to get the total amount and add the det_taxa
det_tosc	CHAR	1	Type of service field
det_posc	STRING	2	Place of service field
det_refc	STRING	9	ICD9 / procedure reference
det_type	CHAR	1	Type of transaction: C - Charge, multiply det_amnt* det_unit DEC(67); P- Private Payment DEC(80); I-Insurance Payment DEC(73); A-Adjustment DEC(65); M-Message (will print on statement) DEC(77);N-Note (will not print on statement) DEC(78)
det_code	INT4U	4	Primary key
det_lgdt	DATE	4	Log date
det_post	CHAR	1	Post flag. This is used to tell at what stage the transaction is in the posting process. The following values are acceptable: 1 through 9 - Transaction is open and in a batch. The number represents the batch number it is in combined with the user in the det_user field. P - Transaction is Pending. Similar to a batch. The transaction is not ready to be closed. It is pending a review of some sort. O - Open, this is the normal state of a transaction that has been posted and is ready to be run through the end of day process. M - Closed for Month. This transaction has passed through an EOD process and is now closed. (It can't be modified financially). It will be totaled into the End of Month Totals. Y - Closed for Year. This transaction has passed through the EOM process. It will be totaled into the End of Year Totals. C - Closed. This transaction is completely closed and has passed through an EOY process.
det_user	STRING	5	User posting transaction originally
det_phyc	STRING	3	Physician to post to Joins to phy_code, if blank join should be made to inv_phyc
det_bflg	CHAR	1	Billing flag (evaluate this transaction when billing) B - Both Guarantor and Insurance DEC(66); I - Send on Insurance Claim only DEC(73); G - Send on Statement only DEC(71); N - Send to Nobody DEC(78)
det_eomc	INT2	2	End of month counter
det_eoyc	INT2	2	End of year counter
det_time	INT2	2	Anesthesia time
det_nchr	MONEY	4	Non covered charge CMS-1450 (UB)-48 . This field will also store a TAX amount if the charges has W/TAX as part of the second description line.

det_allo	MONEY	4	Contractually allowed amount of charge per unit. You must multiply by det_unit for total
det_insr	MONEY	4	Insurance responsibility of charge (all units)
det_patr	MONEY	4	Patient responsibility of charge (all units)
det_cpci	CHAR	1	Co pay / Co insurance Flag. P - co Pay only I - co Insurance only N - Neither co pay or co insurance A - both co pay and co insurance (weighted) B - Both co pay and co insurance (unweighted) Blank - Same as co Insurance
det_mods	STRING	8	procedure code modifiers (4 sets of 2 character codes)
det_taxa	MONEY	4	Tax Amount

14.8.15 DPF

DPF	Daily Posting File. Stores totals from daily close program

FIELD	TYPE	LENGTH	COMMENTS
dpf_locc	STRING	3	Location code links to loc_code
dpf_phyc	STRING	3	Physician code links to phy_code
dpf_code	INT4U	4	Code
dpf_eomc	INT2U	2	End of month counter
dpf_eodc	INT2U	2	End of day counter
dpf_date	DATE	4	Date
dpf_chrg	MONEY	4	Charges
dpf_paid	MONEY	4	Payments
dpf_adjm	MONEY	4	Adjustments
dpf_eoyc	INT2U	2	End of year counter

14.8.16 EMP

EMP	Employer Table file	

FIELD	TYPE	LENGTH	COMMENTS
emp_code	STRING	3	Employer code links to gua_empc, pat_empc, pol_empc
emp_name	STRING	26	Employer Name
emp_add1	STRING	26	Employer Address Line 1
emp_add2	STRING	26	Employer Address Line 2
emp_city	STRING	22	Employer City
emp_stat	STRING	2	Employer State
emp_zipc	STRING	10	Employer Zip Code
emp_phon	STRING	14	Employer Phone Number

emp_faxn	STRING	14	Employer Fax Number
emp_grpn	STRING	16	Employer Group Number
emp_note	STRING	26	Employer Note

14.8.17 EMR files

The following files are files used by the EMR software. The file names all start with a Capital "E".

14.8.17.1 Eald

Eald	Alert Definition Data

FIELD	TYPE	LENGTH	COMMENT
Eald_code	STRING	30	Code
Eald_desc	STRING	100	Description
Eald_pati	STRING	200	Patient Info (logic data)
Eald_prob	STRING	200	Problem
Eald_medi	STRING	200	Medication
Eald_aler	STRING	200	Allergy
Eald_tobd	STRING	200	Trackable object
Eald_efdt	LONG	4	Effective Date
Eald_exdt	LONG	4	Expires Date
Eald_entr	STRING	50	Entered
Eald_modf	STRING	50	Modified
Eald_when	STRING	200	When to alert the user

14.8.17.2 Ealg

Ealg	Allergy Data

FIELD	TYPE	LENGTH	COMMENT
Ealg_patc	STRING	12	Patient Code
Ealg_srcv	STRING	40	Source Value
Ealg_reat	STRING	40	reaction
Ealg_type	STRING	4	Drug, Food, Misc
Ealg_date	LONG	4	Date reported
Ealg_indt	LONG	4	Inactive Date reported
Ealg_user	STRING	7	Log user (add)
Ealg_lgdt	LONG	4	Log Date
Ealg_upus	STRING	7	Update User
Ealg_updt	LONG	4	Update Dat
Ealg_comp	STRING	10	Composite ID

14.8.17.3 Ealh

Ealh	Alert History. This is where changes to patient alert data will be recorded.

FIELD	TYPE	LENGTH	COMMENT
Ealh_patc	STRING	12	Patient Code
Ealh_pntr	STRING	30	Pointer
Ealh_date	STRING	8	Date CCYYMMDD
Ealh_time	STRING	4	Time HHMM (24 hour)
Ealh_user	STRING	8	user
Ealh_chng	STRING	9	Changed (Status, Follow-Up, Priority)
Ealh_frva	STRING	14	From Value
Ealh_tova	STRING	14	To Value
Ealh_note	STRING	100	Note / Comment
Ealh_code	ULONG	4	Code (serial key)

14.8.17.4 Ealt

Ealt	Patient Alert Data.

FIELD	TYPE	LENGTH	COMMENT
Ealt_patc	STRING	12	Patient Code
Ealt_pntr	STRING	30	Alert Pointer
Ealt_stat	STRING	1	Status: 1-active, 2-addressed, 3-no appl
Ealt_prio	STRING	1	Priority: H-red, L-yellow
Ealt_alrt	STRING	100	Alert Message
Ealt_fudt	STRING	10	Follow-up date
Ealt_note	STRING	9998	Notes / Comments
Ealt_entr	STRING	49	Entered date time user
Ealt_modf	STRING	49	Modified date time user

14.8.17.5 Efhi

Efhi	Family History / Illness

FIELD	TYPE	LENGTH	COMMENT
Efhi_patc	STRING	12	Patient Code links to pat_code
Efhi_rela	STRING	2	code that defines relationship
Efhi_seqn	STRING	2	Sequence for Ehfr link to EFHR file
Efhi_indx	STRING	2	Index for unique entry in EFHI file
Efhi_rcdt	STRING	8	Recorded date
Efhi_ondt	STRING	8	Onset Date
Efhi_snmd	STRING	20	Snomed code for Illness
Efhi_illn	STRING	250	Illness narrative
Efhi_tret	STRING	250	Treatment narrative
Efhi_outc	STRING	250	Outcome narrative

14.8.17.6 Efhr

Efhr	History Releationships

FIELD	TYPE	LENGTH	COMMENT
Efhr_patc	STRING	12	Patient Code links to pat_code
Efhr_rela	STRING	2	relationship code
Efhr_seqn	STRING	2	Seq # in relationship brother 01, 02, 03 (must be 0 padded)
Efhr_snmd	STRING	20	Snomed code for relationship
Efhr_name	STRING	26	Name (Last M.,Last)
Efhr_stat	STRING	25	Status
Efhr_dobf	STRING	8	Date of Birth CCYYMMDD, CCYYMM, CCYY
Efhr_dodf	STRING	8	Date of Death CCYYMMDD, CCYYMM, CCYY
Efhr_cofd	STRING	250	Cause of death (narative)
Efhr_note	STRING	500	Note about relative

14.8.17.7 Ehst

Ehst	History File

FIELD	TYPE	LENGTH	COMMENT
Ehst_patc	STRING	12	Patient code linkes to pat_code
Ehst_type	STRING	3	Type of history SOC,MED etc.
Ehst_fldn	STRING	10	Field Name
Ehst_indx	STRING	3	Field Index
Ehst_valu	STRING	250	Value of field.

14.8.17.8 Elnk

Elnk	File Links

FIELD	TYPE	LENGTH	COMMENT
Elnk_patc	STRING	12	Patient Code (pat_code)
Elnk_tab1	STRING	30	Tab name of first file
Elnk_sub1	STRING	30	Subdir of first file
Elnk_fil1	STRING	50	File name of first file
Elnk_tab2	STRING	30	Tab name of second file
Elnk_sub2	STRING	30	Subdir of second file
Elnk_fil2	STRING	50	File name of second file
Elnk_type	STRING	1	Type of Link (Image/Narative/Ammendment)

14.8.17.9 Emsg

Emsg	Message, Work List data.

FIELD	TYPE	LENGTH	COMMENT
Emsg_patc	STRING	12	patient code
Emsg_type	STRING	1	Type (M,Rx,F,E,C,D,N)

Emsg_pntr	STRING	50	Pointer / File name / fsl_code
Emsg_list	STRING	1	List (Current, Archive)
Emsg_prio	STRING	1	Priority 1,2,3
Emsg_subj	STRING	79	Subject
Emsg_assn	STRING	199	Assign to
Emsg_fudt	STRING	10	follow up date
Emsg_actn	STRING	79	Action
Emsg_entr	STRING	49	Entered
Emsg_modf	STRING	49	Modified
Emsg_hist	STRING	4999	History

14.8.17.10 Eobl

Eobl	Out Box Log

FIELD	TYPE	LENGTH	COMMENT
Eobl_patc	STRING	12	Patient Code
Eobl_file	STRING	50	File Name
Eobl_date	STRING	8	Date
Eobl_whom	STRING	50	who the data is going to
Eobl_meth	STRING	10	Method the data is getting to them

14.8.17.11 Eord

Eord	Patient Order Cross Reference.

FIELD	TYPE	LENGTH	COMMENT
Eord_patc	STRING	12	patient code
Eord_tabn	STRING	30	Tab Name
Eord_subd	STRING	30	Sub Directory
Eord_file	STRING	50	File Name
Eord_pntr	STRING	50	pointer (order file name)

14.8.17.12 Eppl

Eppl	Patient Problem List

FIELD	TYPE	LENGTH	COMMENT
Eppl_patc	STRING	12	patient code
Eppl_idnt	STRING	20	Identifier
Eppl_onst	STRING	8	On set date CCYYMMDD or CCYYMM or CCYY
Eppl_type	STRING	15	Type
Eppl_prob	STRING	50	Problem
Eppl_stat	STRING	25	Status

Eppl_resl	STRING	8	Resolved Date
Eppl_note	STRING	500	Note
Eppl_prio	STRING	1	Priority 0-9
Eppl_lgdt	STRING	8	Date of entry / recorded
Eppl_rphc	STRING	3	Treating physician (rph)
Eppl_snmd	STRING	20	Snomed Code
Eppl_user	STRING	8	User that added record
Eppl_upus	STRING	8	User that Updated record
Eppl_updt	STRING	8	Update Date CCYYMMDD

14.8.17.1: Eqme

Eqme	Used to store Quality measurements. PQRS, NQF

FIELD	TYPE	LENGTH	COMMENT
Eqme_type	STRING	5	Type of Meaure PQRS NQF
Eqme_fslc	ULONG	4	Appointment Code (fsl_code)
Eqme_meas	STRING	7	Measurement code
Eqme_nmtr	STRING	1	Qualifies for Numerator (Y/N)
Eqme_excl	STRING	1	Qualifies for Exclution (Y/N)

14.8.17.1: Erxd

Erxd	RX Patient Medication Data

FIELD	TYPE	LENGTH	COMMENT
Erxd_patc	STRING	12	Patient Code
Erxd_uniq	STRING	36	Uniqe identifier CCYYMMDDHHMMSS/GUID
Erxd_drug	STRING	120	Drug Name
Erxd_drct	STRING	250	Directions (Administrative instructions)
Erxd_reas	STRING	40	Reason for taking
Erxd_stdt	STRING	8	Start Date CCYYMMDD
Erxd_main	STRING	2	maintenance (on) or blank
Erxd_stat	STRING	14	Status
Erxd_spdt	STRING	8	Stop Date CCYYMMDD
Erxd_admb	STRING	20	Administered by
Erxd_note	STRING	78	notes
Erxd_isdt	STRING	8	Issuance Date CCYYMMDD
Erxd_disp	STRING	8	Dispense
Erxd_refl	STRING	5	Refill

Erxd_issu	STRING	24	Issue
Erxd_sign	STRING	24	signature pad
Erxd_ctrl	STRING	7	control
Erxd_phac	STRING	3	pharmacy area
Erxd_user	STRING	8	user add
Erxd_upus	STRING	8	update user
Erxd_lgdt	STRING	8	Log Date CCYYMMDD
Erxd_updt	STRING	8	Update Date CCYYMMDD
Erxd_rxnc	STRING	10	RX Norm Code
Erxd_fdbc	STRING	6	First Data Bank Code
Erxd_pphy	STRING	36	Prescribing Provider
Erxd_dnfb	STRING	8	Do Not Fill Before Date CCYYMMDD

14.8.17.1 Erxr

Erxr	Patient RX (medication) change history.

FIELD	TYPE	LENGTH	COMMENT
Erxr_patc	STRING	12	patient code
Erxr_uniq	STRING	36	Unique identifier for Erxd
Erxr_code	ULONG	4	Code
Erxr_user	STRING	8	user
Erxr_dttm	STRING	19	Date Time mm/dd/ccyy hh:mm:ss
Erxr_isdt	STRING	8	issuance date (CCYYMMDD)
Erxr_disp	STRING	8	Dispense
Erxr_refl	STRING	5	Refill
Erxr_issu	STRING	24	Issue
Erxr_sign	STRING	24	Signature (provider)
Erxr_ctrl	STRING	7	Control
Erxr_guid	STRING	36	GUID for renewal from New Crop
Erxr_drct	STRING	250	Directions
Erxr_drug	STRING	120	Drug Name
Erxr_rxnc	STRING	10	RX Norm Code
Erxr_fdbc	STRING	6	First Data Bank Code

14.8.17.1 Etag

Etag	File Tags

FIELD	TYPE	LENGTH	COMMENT
Etag_patc	STRING	12	Patient Code (pat_code)
Etag_tabn	STRING	30	Tab Name
Etag_subd	STRING	30	Subdir Name
Etag_file	STRING	50	File Name
Etag_tags	STRING	500	Tags for file

14.8.17.17 Etdc

Etdc	Trackable Data Configuration File. This data is used by the EMR program when a PDDF is saved to create data in the Etdo file

FIELD	TYPE	LENGTH	COMMENT
Etdc_pddf	STRING	20	PDDF Template Name
Etdc_fldn	STRING	20	Field Name
Etdc_objn	STRING	30	Object Name
Etdc_dtfm	STRING	1	Date Format: None,System,Encounter,Field
Etdc_uniq	STRING	1	Uniqe Value Number or Time
Etdc_note	STRING	20	Note Field Name
Etdc_dtfd	STRING	20	Date Field if format is F
Etdc_type	STRING	1	Type
Etdc_desc	STRING	50	Description

14.8.17.18 Etdo

Etdo	Trackable Data Objects

FIELD	TYPE	LENGTH	COMMENT
Etdo_patc	STRING	12	Patient Code
Etdo_objt	STRING	30	Object
Etdo_date	STRING	8	date CCYYMMDD
Etdo_uniq	STRING	4	Uniqe identifier if needed (time)
Etdo_fslc	STRING	10	fsl_code if applicable (left justified)
Etdo_type	STRING	1	Type of Object
Etdo_valu	STRING	500	Value of object
Etdo_note	STRING	50	note for value
Etdo_desc	STRING	50	Description of object
Etdo_unit	STRING	15	unit of measure for the value

14.8.17.19 Evsd

Evsd	EMR Visit Detail File

FIELD	TYPE	LENGTH	COMMENT
Evsd_objt	STRING	30	Object Code (ICD, RxNorm, Snomed)
Evsd_code	ULONG	4	code (auto)
Evsd_fslc	ULONG	4	Links to fsl_code
Evsd_type	STRING	1	Type of Object Icd, Rxnorm, Snomed
Evsd_valu	STRING	50	Value of object
Evsd_stat	STRING	1	Status: Active, Inactive,Resolved,Persis
Evsd_stdt	LONG	4	Start Date
Evsd_spdt	LONG	4	Stop Date

14.8.18 EXP

EXP	Extended Patient Information File		
FIELD	**TYPE**	**LENGTH**	**COMMENTS**
exp_patc	STRING	12	Patient code links to patient code
exp_0001	STRING	80	Field 1
exp_0002	STRING	80	Field 2
exp_0003	STRING	80	Field 3
exp_0004	STRING	80	Field 4
exp_0005	STRING	80	Field 5
exp_0006	STRING	80	Field 6
exp_0007	STRING	80	Field 7
exp_0008	STRING	80	Field 8
exp_0009	STRING	80	Field 9
exp_00010	STRING	80	Field 10
exp_00011	STRING	80	Field 11
exp_00012	STRING	80	Field 12
exp_00013	STRING	80	Field 13
exp_00014	STRING	80	Field 14
exp_00015	STRING	80	Field 15
exp_00016	STRING	80	Field 16
exp_00017	STRING	80	Field 17
exp_00018	STRING	80	Field 18
exp_00019	STRING	80	Field 19
exp_00020	STRING	80	Field 20
exp_00021	STRING	80	Field 21
exp_00022	STRING	80	Field 22
exp_00023	STRING	80	Field 23
exp_00024	STRING	80	Field 24
exp_00025	STRING	80	Field 25
exp_00026	STRING	80	Field 26
exp_00027	STRING	80	Field 27
exp_00028	STRING	80	Field 28
exp_00029	STRING	80	Field 29
exp_00030	STRING	80	Field 30
exp_00031	STRING	80	Field 31
exp_00032	STRING	80	Field 32
exp_00033	STRING	80	Field 33
exp_00034	STRING	80	Field 34

exp_00035	STRING	80	Field 35
exp_00036	STRING	80	Field 36
exp_00037	STRING	80	Field 37
exp_00038	STRING	80	Field 38
exp_00039	STRING	80	Field 39
exp_00040	STRING	80	Field 40
exp_00041	STRING	80	Field 41
exp_00042	STRING	80	Field 42
exp_00043	STRING	80	Field 43
exp_00044	STRING	80	Field 44
exp_00045	STRING	80	Field 45
exp_00046	STRING	80	Field 46
exp_00047	STRING	80	Field 47
exp_00048	STRING	80	Field 48
exp_00049	STRING	80	Field 49
exp_00050	STRING	80	Field 50
exp_00051	STRING	80	Field 51
exp_00052	STRING	80	Field 52
exp_00053	STRING	80	Field 53
exp_00054	STRING	80	Field 54
exp_00055	STRING	80	Field 55
exp_00056	STRING	80	Field 56
exp_00057	STRING	80	Field 57
exp_00058	STRING	80	Field 58
exp_00059	STRING	80	Field 59
exp_00060	STRING	80	Field 60
exp_00061	STRING	80	Field 61
exp_00062	STRING	80	Field 62
exp_00063	STRING	80	Field 63
exp_00064	STRING	80	Field 64
exp_00065	STRING	80	Field 65
exp_00066	STRING	80	Field 66
exp_00067	STRING	80	Field 67
exp_00068	STRING	80	Field 68
exp_00069	STRING	80	Field 69
exp_00070	STRING	80	Field 70
exp_00071	STRING	80	Field 71
exp_00072	STRING	80	Field 72
exp_00073	STRING	80	Field 73

exp_00074	STRING	80	Field 74
exp_00075	STRING	80	Field 75
exp_00076	STRING	80	Field 76
exp_00077	STRING	80	Field 77
exp_00078	STRING	80	Field 78
exp_00079	STRING	80	Field 79
exp_00080	STRING	80	Field 80

14.8.19 FAC

FAC	Facility Table File

FIELD	TYPE	LENGTH	COMMENTS
fac_code	STRING	3	Facility code links to fsl_facc, inv_facc
fac_name	STRING	26	Facility name
fac_add1	STRING	26	Facility add1
fac_add2	STRING	26	Facility add2
fac_city	STRING	22	Facility city
fac_stat	STRING	2	Facility state
fac_zipc	STRING	10	Facility zip code
fac_phon	STRING	14	Facility phone
fac_idnu	STRING	15	I.D. Number (clinic number)
fac_posc	STRING	2	Place of service code
fac_faxn	STRING	14	Facility Fax Number
fac_clia	STRING	15	Facility CLIA number

14.8.20 FID

FID	Facility IDs for Insurance

FIELD	TYPE	LENGTH	COMMENT
fid_facc	STRING	3	facility code
fid_insc	STRING	6	Insurance code
fac_numb	STRING	20	Number / Id

14.8.21 FSL

FSL	Fee Slip. Stores Scheduling data

FIELD	TYPE	LENGTH	COMMENT
fsl_patc	STRING	12	patient code
fsl_patn	STRING	26	patient name
fsl_phph	STRING	14	patient home phone

fsl_pwph	STRING	14	patient work phone
fsl_code	ULONG	4	fee slip code SLIP #
fsl_date	STRING	8	fee slip date CCYYMMDD
fsl_time	STRING	4	fee slip time
fsl_type	STRING	1	type Appointment / Recall
fsl_room	STRING	5	room number
fsl_phyc	STRING	3	physician code
fsl_locc	STRING	3	location code
fsl_reac	STRING	3	reason code
fsl_lofv	UCOUNT	2	length of visit
fsl_note	STRING	37	note for visit
fsl_user	STRING	5	log user name
fsl_lgdt	LONG	4	log date of appointment
fsl_rphc	STRING	3	referring physician code
fsl_add1	STRING	26	address line 1
fsl_add2	STRING	26	address line 2
fsl_zipc	STRING	10	zip code
fsl_chrt	STRING	9	chart number
fsl_dobf	LONG	4	date of birth
fsl_ssnf	STRING	11	social security number
fsl_ins1	STRING	6	insurance carrier code 1
fsl_ins2	STRING	6	insurance carrier code 2
fsl_facc	STRING	3	facility code
fsl_not2	STRING	37	note line 2
fsl_tim1	UCOUNT	2	FLOW check in time
fsl_tim2	UCOUNT	2	FLOW pick up time
fsl_tim3	UCOUNT	2	FLOW release time
fsl_tim4	UCOUNT	2	FLOW check out time
fsl_cell	STRING	14	patient cell number
fsl_upus	STRING	5	update user
fsl_updt	LONG	4	update date
fsl_sexf	CHAR	1	patient sex
fsl_ctmd	CHAR	1	Contact Method for Reminder/Recall

14.8.22 GUA

GUA	Guarantor Master File

FIELD	TYPE	LENGTH	COMMENT
gua_code	STRING	12	guarantor code
gua_name	STRING	26	guarantor name
gua_add1	STRING	26	guarantor add1
gua_add2	STRING	26	guarantor add2
gua_zipc	STRING	10	guarantor zip code
gua_hphn	STRING	14	guarantor home phone

gua_wphn	STRING	14	guarantor work phone
gua_pbls	LONG	4	previous balance, last statement
gua_lsdt	LONG	4	last statement date
gua_clsc	STRING	3	classification code
gua_lgdt	LONG	4	entry date
gua_titl	STRING	4	guarantor title
gua_colf	CHAR	1	collection flag "Hold, Turned, blank
gua_ssnf	STRING	11	Social Security Number
gua_empc	STRING	3	Employer Code
gua_wext	STRING	5	Work Extension
gua_emst	CHAR	1	employment status
gua_emal	STRING	32	Guarantor e-mail address
gua_user	STRING	8	Log user
gua_upus	STRING	8	update user
gua_updt	LONG	4	update date
gua_cell	STRING	14	guarantor cell number
gua_rela	UCOUNT	2	relationship to patient
gua_dobf	LONG	4	Date of Birth

14.8.23 GUH

GUH	Guarantor History

FIELD	TYPE	LENGTH	COMMENT
guh_guac	STRING	12	guarantor code
guh_name	STRING	26	name
guh_add1	STRING	26	address 1
guh_add2	STRING	26	address 2
guh_zipc	STRING	10	zip code
guh_hphn	STRING	14	home phone
guh_wphn	STRING	14	work phone
guh_cell	STRING	14	cell phone
guh_code	ULONG	4	code
guh_time	ULONG	4	date time in seconds
guh_user	STRING	8	user that owned data
guh_date	LONG	4	date user owned data

14.8.24 ICD

ICD	ICD (diagnosis) Table File

FIELD	TYPE	LENGTH	COMMENT
icd_code	STRING	8	diagnostic lookup code
icd_desc	STRING	60	diagnostic description
icd_icdx	STRING	8	actual code
icd_note	STRING	78	note for encounter form

icd_clsc	STRING	3	CLS code
icd_type	UCOUNT	2	Type of code 9 or 10

14.8.25 ICF

ICF	Insurance Contract File. Used to store Contract data.

FIELD	TYPE	LENGTH	COMMENTS
icf_code	STRING	6	Contract Code
icf_name	STRING	24	Contract Name
icf_0001	STRING	55	Note 01
icf_0002	STRING	55	Note 02
icf_0003	STRING	55	Note 03
icf_0004	STRING	55	Note 04
icf_0005	STRING	55	Note 05
icf_0006	STRING	55	Note 06
icf_0007	STRING	55	Note 07
icf_0008	STRING	55	Note 08
icf_0009	STRING	55	Note 09
icf_00010	STRING	55	Note 10
icf_efdt	DATE	4	Effective Date
icf_redt	DATE	4	Renewal Date
icf_cstf	INT2U	2	Claims Submission Time Frame
icf_cptf	INT2U	2	Claims Payment Time Frame
icf_aptm	INT2U	2	Appeal Time
icf_ar01	STRING	76	Auto Renewal 1
icf_ar02	STRING	76	Auto Renewal 2
icf_woc1	STRING	76	With Out Cause 1
icf_woc2	STRING	76	With Out Cause 2
icf_woc3	STRING	76	With Out Cause 3
icf_wc01	STRING	76	With Cause 1
icf_wc02	STRING	76	With Cause 2
icf_wc03	STRING	76	With Cause 3
icf_at01	STRING	76	Amendment Terms 1
icf_at02	STRING	76	Amendment Terms 2
icf_at03	STRING	76	Amendment Terms 3
icf_hh01	STRING	76	Hold Harmless 1
icf_hh02	STRING	76	Hold Harmless 2
icf_hh03	STRING	76	Hold Harmless 3
icf_ic01	STRING	76	Independent Contract 1

icf_ic02	STRING	76	Independent Contract 2
icf_ic03	STRING	76	Independent Contract 3
icf_gr01	STRING	76	Grievance 1
icf_gr02	STRING	76	Grievance 2
icf_gr03	STRING	76	Grievance 3
icf_bu01	STRING	76	Bundling 1
icf_bu02	STRING	76	Bundling 2
icf_bu03	STRING	76	Bundling 3

14.8.26 INS

INS	Insurance Plan table file

FIELD	TYPE	LENGTH	COMMENTS
ins_code	STRING	6	Insurance carrier code, links to pol_insc, inv_ins1, inv_ins2, iid_insc, rid_insc, acf_insc, acf_insc, fsl_ins1, fsl_ins2
ins_name	STRING	36	Carrier name
ins_cont	STRING	26	Contact name
ins_add1	STRING	26	Address line 1
ins_add2	STRING	26	Address line 2
ins_city	STRING	22	City
ins_stat	STRING	2	State
ins_zipc	STRING	10	Zip code
ins_phon	STRING	14	Phone
ins_emc1	STRING	1	Submit in batch (Professional)
ins_hcfa	STRING	4	Professional Module Name
ins_type	STRING	1	Type of carrier (1-8)
ins_emc2	STRING	1	Submit in batch (Institutional)
ins_ub82	STRING	4	Institutional Module Name
ins_ocna	STRING	10	OCNA number for carrier
ins_neic	STRING	5	NEIC carrier id
ins_ncoc	STRING	4	NEIC claim office code
ins_payc	STRING	9	Default payment code
ins_adjc	STRING	9	Default adjustment code
ins_rphn	STRING	14	Phone number for referrals
ins_clsc	STRING	3	Cls code
ins_icfc	STRING	6	Insurance Contract File Code links to icf_code
ins_rref	STRING	1	Requires referral default

14.8.27 INV

INV	Invoice (visit) file. Stores summary information about each visit (claim) for an account

FIELD	TYPE	LENGTH	COMMENT
inv_patc	STRING	12	patient code
inv_guac	STRING	12	guarantor code
inv_code	ULONG	4	invoice number
inv_fslc	ULONG	4	fee slip number
inv_date	LONG	4	invoice date
inv_sflg	CHAR	1	statement flag
inv_sdat	LONG	4	statement date
inv_ins1	STRING	6	insurance carrier 1
inv_1flg	CHAR	1	carrier 1 flag
inv_1dat	LONG	4	carrier 1 date
inv_ins2	STRING	6	insurance carrier 2
inv_2flg	CHAR	1	carrier 2 flag
inv_2dat	LONG	4	carrier 2 date
inv_icd1	STRING	8	diagnosis 1 (A)
inv_icd2	STRING	8	diagnosis 2 (B)
inv_icd3	STRING	8	diagnosis 3 (C)
inv_icd4	STRING	8	diagnosis 4 (D)
inv_phyc	STRING	3	physician
inv_locc	STRING	3	facility
inv_clsc	STRING	3	classification
inv_empl	CHAR	1	employment related
inv_acdn	CHAR	1	accident related
inv_acas	CHAR	1	accept assignment
inv_rphc	STRING	3	referring physician
inv_facc	STRING	3	other facility
inv_lwrk	CHAR	1	lab work
inv_lchg	LONG	4	lab charges
inv_emrg	CHAR	1	emergency
inv_epsd	CHAR	1	epsdt
inv_doif	LONG	4	date of illness
inv_dsif	LONG	4	date of similar illness
inv_tdff	LONG	4	date of total disability from
inv_tdtf	LONG	4	date of total disability to
inv_dhaf	LONG	4	date of hospital admittion
inv_dhdf	LONG	4	date of hospital discharge
inv_chrg	LONG	4	total charges
inv_paid	LONG	4	amount paid
inv_adjm	LONG	4	amount adjusted
inv_frdt	LONG	4	visit from date summary

inv_todt	LONG	4	to date summary
inv_lpdt	LONG	4	last payment date
inv_aast	STRING	2	auto accident state
inv_type	CHAR	1	Visit type Hcfa Ub etc... (Professional, Institutional)
inv_pol1	CHAR	1	policy pointer 1
inv_pol2	CHAR	1	policy pointer 2
inv_cbal	LONG	4	Closed transaction Balance
inv_poed	LONG	4	Post Op Experation Date
inv_phy2	STRING	3	Billing Physician (use codes)
inv_icd5	STRING	8	diagnosis 5 (E)
inv_icd6	STRING	8	diagnosis 6 (F)
inv_icd7	STRING	8	diagnosis 7 (G)
inv_icd8	STRING	8	diagnosis 8 (H)
inv_icdi	STRING	8	diagnosis I (9)
inv_icdj	STRING	8	diagnosis J (10)
inv_icdk	STRING	8	diagnosis K (11)
inv_icdl	STRING	8	diagnosis L (12)

14.8.28 LOC

LOC	Location Table File

FIELD	TYPE	LENGTH	COMMENT
loc_code	STRING	3	location code
loc_name	STRING	26	location name
loc_add1	STRING	26	location address line 1
loc_add2	STRING	26	location address line 2
loc_city	STRING	22	location city
loc_stat	STRING	2	location state
loc_zipc	STRING	10	location zip code
loc_phon	STRING	14	location phone
loc_blas	STRING	3	bill as location ?
loc_emid	STRING	18	employer tax id number
loc_clia	STRING	15	location clia number
loc_facc	STRING	3	default facility code
loc_npid	STRING	15	NPID code
loc_taxn	STRING	10	Taxonomy code
loc_taxr	FLOAT	4	Tax rate

14.8.29 MED

MED	Medications for old flow sheet

FIELD	TYPE	LENGTH	COMMENT
med_code	STRING	15	Medication Code/Name
med_clsc	STRING	3	Classification

med_type	STRING	1	Type
med_pind	STRING	80	Primary Indications
med_noi1	STRING	80	Notes/Interactions #1
med_noi2	STRING	80	Notes/Interactions #2
med_noi3	STRING	80	Notes/Interactions #3
med_noi4	STRING	80	Notes/Interactions #4
med_noi5	STRING	80	Notes/Interactions #5
med_kse1	STRING	80	Known Side Effects #1
med_kse2	STRING	80	Known Side Effects #2
med_kse3	STRING	80	Known Side Effects #3
med_kse4	STRING	80	Known Side Effects #4
med_kse5	STRING	80	Known Side Effects #5
med_oth1	STRING	80	Other #1
med_oth2	STRING	80	Other #2

14.8.30 MFS

MFS	Medication Flow Sheet (part of oncology module)

FIELD	TYPE	LENGTH	COMMENTS
mfs_patc	STRING	12	Patient code
mfs_seqn	STRING	5	Sequence Number
mfs_date	INT4	4	Start Date
mfs_medi	STRING	15	Medication
mfs_ptva	STRING	10	Medication
mfs_inrv	STRING	10	Medication
mfs_meth	STRING	10	Medication
mfs_wbcv	STRING	10	Medication
mfs_hctv	STRING	10	Medication
mfs_hgbv	STRING	10	Medication
mfs_pltv	STRING	10	Medication
mfs_tech	STRING	5	Medication
mfs_pdos	STRING	10	Dose
mfs_punt	STRING	5	Unit
mfs_pfrq	STRING	4	Frequency
mfs_note	STRING	80	Comment #2
mfs_ndos	STRING	10	Dose
mfs_nunt	STRING	5	Unit
mfs_nfrq	STRING	4	Frequency
mfs_not2	STRING	80	Comment #2
mfs_ordr	STRING	80	Comment #2
mfs_noti	STRING	2	Prescribing Physician Code

mfs_phyc	STRING	3	Prescribing Physician Code
mfs_nurs	STRING	3	Prescribing Physician Code
mfs_com1	STRING	80	Comment #1

14.8.31 PAD

PAD	Payment Adjustment Distribution. Stores cross reference data between payments, adjustments and the charges they are applied to.

FIELD	TYPE	LENGTH	COMMENTS
pad_insc	STRING	6	Insurance Code links to ins_code
pad_chrp	INT4U	4	Charge pointer links to det_code for the charge transaction
pad_pap	INT4U	4	Payment / adjustment pointer Links to the det_code for the payment or Adjustment transaction
pad_amnt	MONEY	4	Amount of disbursement

14.8.32 PAH

PAH	Patient History

FIELD	TYPE	LENGTH	COMMENT
pah_patc	STRING	12	patient code
pah_name	STRING	26	patient name
pah_add1	STRING	26	address 1
pah_add2	STRING	26	address 2
pah_zipc	STRING	10	zip code
pah_hphn	STRING	14	home phone
pah_wphn	STRING	14	work phone
pah_cell	STRING	14	cell phone
pah_code	ULONG	4	Code
pah_time	ULONG	4	date/time in # of seconds
pah_user	STRING	8	user who owned this data
pah_date	LONG	4	date data owned

14.8.33 PAT

PAT	Patient Master File

FIELD	TYPE	LENGTH	COMMENTS
pat_code	STRING	12	Patient code links to inv_patc, fsl_patc
pat_name	STRING	26	Patient name
pat_chrt	STRING	9	Patient chart number
pat_add1	STRING	26	Address one
pat_add2	STRING	26	Address two

pat_zipc	STRING	10	Zip code links to zip_code
pat_hphn	STRING	14	Home phone
pat_wphn	STRING	14	Work phone
pat_ssnf	STRING	11	Social security number
pat_sexf	CHAR	1	Patient sex
pat_dobf	DATE	4	Date of birth
pat_smok	CHAR	1	Smoker
pat_phyc	STRING	3	Physician Links to phy_code
pat_locc	STRING	3	Location links to loc_code
pat_clsc	STRING	3	Classification links to cls_code
pat_fees	CHAR	1	Fee schedule
pat_guac	STRING	12	Guarantor code links to gua_code
pat_note	STRING	70	Patient note
pat_stat	CHAR	1	Default statement flag
pat_lgdt	DATE	4	Log date
pat_user	STRING	5	Log user
pat_mast	CHAR	1	Marital status
pat_rphc	STRING	3	Referring physician code links to rph_code
pat_icd1	STRING	6	ICD9 1 default Links to icd_code
pat_icd2	STRING	6	ICD9 2 default links to icd_code
pat_empc	STRING	3	Patient employer code links to emp_code
pat_wext	STRING	5	Patient work extension
pat_dodf	DATE	4	Patient date of death
pat_rph2	STRING	3	Patient primary care physician links to rph_code
pat_emal	STRING	32	Patient email address
pat_emst	CHAR	1	Employment status
pat_upus	STRING	8	Update user
pat_updt	DATE	4	Update date

14.8.34 PFS

PFS	Patient Flow Sheet (part of oncology module)

FIELD	TYPE	LENGTH	COMMENTS
pfs_patc	STRING	12	Patient Code
pfs_date	STRING	10	Date
pfs_hght	INT2	2	No Comment
pfs_wght	INT2	2	No Comment
pfs_pbsa	STRING	10	BSA
pfs_temp	INT4	4	TEMP

pfs_bphi	INT2	2	BP
pfs_bplo	INT2	2	BP
pfs_puls	INT2	2	No Comment
pfs_satu	INT2	2	No Comment
pfs_pex1	STRING	80	No Comment
pfs_pex2	STRING	80	No Comment
pfs_pex3	STRING	80	No Comment
pfs_com1	STRING	80	No Comment
pfs_com2	STRING	80	No Comment
pfs_com3	STRING	80	No Comment
pfs_com4	STRING	80	No Comment
pfs_com5	STRING	80	No Comment
pfs_com6	STRING	80	No Comment
pfs_com7	STRING	80	No Comment
pfs_com8	STRING	80	No Comment
pfs_ivc1	STRING	15	No Comment
pfs_ivd1	STRING	10	No Comment
pfs_ivu1	STRING	5	No Comment
pfs_ivf1	STRING	5	No Comment
pfs_ivn1	STRING	40	No Comment
pfs_ivc2	STRING	15	No Comment
pfs_ivd2	STRING	10	No Comment
pfs_ivu2	STRING	5	No Comment
pfs_ivf2	STRING	5	No Comment
pfs_ivn2	STRING	40	No Comment
pfs_ivc3	STRING	15	No Comment
pfs_ivd3	STRING	10	No Comment
pfs_ivu3	STRING	5	No Comment
pfs_ivf3	STRING	5	No Comment
pfs_ivn3	STRING	40	No Comment
pfs_ivc4	STRING	15	No Comment
pfs_ivd4	STRING	10	No Comment
pfs_ivu4	STRING	5	No Comment
pfs_ivf4	STRING	5	No Comment
pfs_ivn4	STRING	40	No Comment
pfs_ivc5	STRING	15	No Comment
pfs_ivd5	STRING	10	No Comment
pfs_ivu5	STRING	5	No Comment

pfs_ivf5	STRING	5	No Comment
pfs_ivn5	STRING	40	No Comment
pfs_ivc6	STRING	15	No Comment
pfs_ivd6	STRING	10	No Comment
pfs_ivu6	STRING	5	No Comment
pfs_ivf6	STRING	5	No Comment
pfs_ivn6	STRING	40	No Comment
pfs_ivc7	STRING	15	No Comment
pfs_ivd7	STRING	10	No Comment
pfs_ivu7	STRING	5	No Comment
pfs_ivf7	STRING	5	No Comment
pfs_ivn7	STRING	40	No Comment
pfs_ivc8	STRING	15	No Comment
pfs_ivd8	STRING	10	No Comment
pfs_ivu8	STRING	5	No Comment
pfs_ivf8	STRING	5	No Comment
pfs_ivn8	STRING	40	No Comment
pfs_ivc9	STRING	15	No Comment
pfs_ivd9	STRING	10	No Comment
pfs_ivu9	STRING	5	No Comment
pfs_ivf9	STRING	5	No Comment
pfs_ivn9	STRING	40	No Comment
pfs_ivc0	STRING	15	No Comment
pfs_ivd0	STRING	10	No Comment
pfs_ivu0	STRING	5	No Comment
pfs_ivf0	STRING	5	No Comment
pfs_ivn0	STRING	40	No Comment
pfs_ivca	STRING	15	No Comment
pfs_ivda	STRING	10	No Comment
pfs_ivua	STRING	5	No Comment
pfs_ivfa	STRING	5	No Comment
pfs_ivna	STRING	40	No Comment
pfs_ivcb	STRING	15	No Comment
pfs_ivdb	STRING	10	No Comment
pfs_ivub	STRING	5	No Comment
pfs_ivfb	STRING	5	No Comment
pfs_ivnb	STRING	40	No Comment
pfs_poc1	STRING	15	No Comment
pfs_pod1	STRING	10	No Comment

pfs_pou1	STRING	5	No Comment
pfs_pof1	STRING	5	No Comment
pfs_pon1	STRING	40	No Comment
pfs_poc2	STRING	15	No Comment
pfs_pod2	STRING	10	No Comment
pfs_pou2	STRING	5	No Comment
pfs_pof2	STRING	5	No Comment
pfs_pon2	STRING	40	No Comment
pfs_poc3	STRING	15	No Comment
pfs_pod3	STRING	10	No Comment
pfs_pou3	STRING	5	No Comment
pfs_pof3	STRING	5	No Comment
pfs_pon3	STRING	40	No Comment
pfs_poc4	STRING	15	No Comment
pfs_pod4	STRING	10	No Comment
pfs_pou4	STRING	5	No Comment
pfs_pof4	STRING	5	No Comment
pfs_pon4	STRING	40	No Comment
pfs_poc5	STRING	15	No Comment
pfs_pod5	STRING	10	No Comment
pfs_pou5	STRING	5	No Comment
pfs_pof5	STRING	5	No Comment
pfs_pon5	STRING	40	No Comment
pfs_poc6	STRING	15	No Comment
pfs_pod6	STRING	10	No Comment
pfs_pou6	STRING	5	No Comment
pfs_pof6	STRING	5	No Comment
pfs_pon6	STRING	40	No Comment
pfs_ijc1	STRING	15	No Comment
pfs_ijd1	STRING	10	No Comment
pfs_iju1	STRING	5	No Comment
pfs_ijf1	STRING	5	No Comment
pfs_ijn1	STRING	40	No Comment
pfs_ijc2	STRING	15	No Comment
pfs_ijd2	STRING	10	No Comment
pfs_iju2	STRING	5	No Comment
pfs_ijf2	STRING	5	No Comment
pfs_ijn2	STRING	40	No Comment
pfs_ijc3	STRING	15	No Comment

pfs_ijd3	STRING	10	No Comment
pfs_iju3	STRING	5	No Comment
pfs_ijf3	STRING	5	No Comment
pfs_ijn3	STRING	40	No Comment
pfs_ijc4	STRING	15	No Comment
pfs_ijd4	STRING	10	No Comment
pfs_iju4	STRING	5	No Comment
pfs_ijf4	STRING	5	No Comment
pfs_ijn4	STRING	40	No Comment
pfs_ijc5	STRING	15	No Comment
pfs_ijd5	STRING	10	No Comment
pfs_iju5	STRING	5	No Comment
pfs_ijf5	STRING	5	No Comment
pfs_ijn5	STRING	40	No Comment
pfs_ijc6	STRING	15	No Comment
pfs_ijd6	STRING	10	No Comment
pfs_iju6	STRING	5	No Comment
pfs_ijf6	STRING	5	No Comment
pfs_ijn6	STRING	40	No Comment
pfs_hem1	STRING	15	No Comment
pfs_hev1	STRING	10	No Comment
pfs_hem2	STRING	15	No Comment
pfs_hev2	STRING	10	No Comment
pfs_hem3	STRING	15	No Comment
pfs_hev3	STRING	10	No Comment
pfs_hem4	STRING	15	No Comment
pfs_hev4	STRING	10	No Comment
pfs_hem5	STRING	15	No Comment
pfs_hev5	STRING	10	No Comment
pfs_hem6	STRING	15	No Comment
pfs_hev6	STRING	10	No Comment
pfs_hem7	STRING	15	No Comment
pfs_hev7	STRING	10	No Comment
pfs_hem8	STRING	15	No Comment
pfs_hev8	STRING	10	No Comment
pfs_hem9	STRING	15	No Comment
pfs_hev9	STRING	10	No Comment
pfs_hem0	STRING	15	No Comment
pfs_hev0	STRING	10	No Comment

pfs_hema	STRING	15	No Comment
pfs_heva	STRING	10	No Comment
pfs_hemb	STRING	15	No Comment
pfs_hevb	STRING	10	No Comment
pfs_hemc	STRING	15	No Comment
pfs_hevc	STRING	10	No Comment
pfs_hemd	STRING	15	No Comment
pfs_hevd	STRING	10	No Comment
pfs_heme	STRING	15	No Comment
pfs_heve	STRING	10	No Comment
pfs_hemf	STRING	15	No Comment
pfs_hevf	STRING	10	No Comment
pfs_che1	STRING	15	No Comment
pfs_chv1	STRING	10	No Comment
pfs_che2	STRING	15	No Comment
pfs_chv2	STRING	10	No Comment
pfs_che3	STRING	15	No Comment
pfs_chv3	STRING	10	No Comment
pfs_che4	STRING	15	No Comment
pfs_chv4	STRING	10	No Comment
pfs_che5	STRING	15	No Comment
pfs_chv5	STRING	10	No Comment
pfs_che6	STRING	15	No Comment
pfs_chv6	STRING	10	No Comment
pfs_che7	STRING	15	No Comment
pfs_chv7	STRING	10	No Comment
pfs_che8	STRING	15	No Comment
pfs_chv8	STRING	10	No Comment
pfs_che9	STRING	15	No Comment
pfs_chv9	STRING	10	No Comment
pfs_che0	STRING	15	No Comment
pfs_chv0	STRING	10	No Comment
pfs_chea	STRING	15	No Comment
pfs_chva	STRING	10	No Comment
pfs_cheb	STRING	15	No Comment
pfs_chvb	STRING	10	No Comment
pfs_chec	STRING	15	No Comment
pfs_chvc	STRING	10	No Comment
pfs_ched	STRING	15	No Comment

pfs_chvd	STRING	10	No Comment
pfs_chee	STRING	15	No Comment
pfs_chve	STRING	10	No Comment
pfs_coa1	STRING	15	No Comment
pfs_cov1	STRING	10	No Comment
pfs_coa2	STRING	15	No Comment
pfs_cov2	STRING	10	No Comment
pfs_coa3	STRING	15	No Comment
pfs_cov3	STRING	10	No Comment
pfs_coa4	STRING	15	No Comment
pfs_cov4	STRING	10	No Comment
pfs_tum1	STRING	15	No Comment
pfs_tmv1	STRING	10	No Comment
pfs_tum2	STRING	15	No Comment
pfs_tmv2	STRING	10	No Comment
pfs_tum3	STRING	15	No Comment
pfs_tmv3	STRING	10	No Comment
pfs_tum4	STRING	15	No Comment
pfs_tmv4	STRING	10	No Comment
pfs_blo1	STRING	10	No Comment
pfs_blu1	STRING	5	No Comment
pfs_bld1	INT4	4	Date
pfs_blo2	STRING	10	No Comment
pfs_blu2	STRING	5	No Comment
pfs_bld2	INT4	4	Date
pfs_blo3	STRING	10	No Comment
pfs_blu3	STRING	5	No Comment
pfs_bld3	INT4	4	Date
pfs_ot1a	STRING	20	No Comment
pfs_ot1b	STRING	10	No Comment
pfs_ot1c	INT4	4	Date
pfs_ot2a	STRING	20	No Comment
pfs_ot2b	STRING	10	No Comment
pfs_ot2c	INT4	4	Date
pfs_ot3a	STRING	20	No Comment
pfs_ot3b	STRING	10	No Comment
pfs_ot3c	INT4	4	Date

14.8.35 PHA

PHA	Pharmacy File. Part of prescription module		

FIELD	TYPE	LENGTH	COMMENTS
pha_code	STRING	3	Pharmacy Code, links to pif_phac
pha_name	STRING	26	Pharmacy Name
pha_add1	STRING	26	Address line 1
pha_add2	STRING	26	Address line 2
pha_zipc	STRING	10	Zip code
pha_phon	STRING	14	Phone Number
pha_faxn	STRING	14	Fax Number
pha_emal	STRING	26	Email Address
pha_note	STRING	40	Note

14.8.36 PHY

PHY	Physician Table File		

FIELD	TYPE	LENGTH	COMMENTS
phy_code	STRING	3	Physician code, links to acf_phyc, apc_phyc, ars_phyc, col_phyc, det_phyc, dpf_phyc, fsl_phyc, iid_phyc, inv_phyc, pat_phyc, ref_phyc, scf_phyc, ver_phyc
phy_name	STRING	26	Physician name
phy_emid	STRING	18	Employer id no.
phy_dean	STRING	18	DEA number
phy_ssnf	STRING	11	Physician ssn
phy_smsg	STRING	30	Signature line
phy_type	STRING	4	Statement type
phy_cuar	MONEY	4	Current A/R
phy_mtdc	MONEY	4	Month to date charges
phy_mtdp	MONEY	4	Month to date payments
phy_mtda	MONEY	4	Month to date adjustments
phy_ytdc	MONEY	4	Year to date charges
phy_ytdp	MONEY	4	Year to date payments
phy_ytda	MONEY	4	Year to date adjustments
phy_qrsc	STRING	4	QRS Clearinghouse provider ID
phy_upin	STRING	15	Upin number
phy_npid	STRING	15	National Physician ID number
phy_taxc	STRING	10	Taxonomy Code

14.8.37 PIF

PIF	Prescription Information File. Stores Prescription data part of the Prescription module

FIELD	TYPE	LENGTH	COMMENTS
pif_patc	STRING	12	Patient Code, Links to pat_code, inv_patc
pif_seqn	STRING	5	Sequence Number
pif_medc	STRING	15	Medication code, Links to med_code
pif_disp	STRING	9	Dispense
pif_inst	STRING	40	Instructions
pif_refi	INT2	2	Refills
pif_phac	STRING	3	Pharmacy code, links to pha_code
pif_call	STRING	10	Called in by
pif_spok	STRING	10	Spoke to
pif_date	DATE	4	Date called in
pif_phyc	STRING	3	Physician Code, links to phy_code
pif_locc	STRING	3	Location code, links to loc_code

14.8.38 PMH

PMH	Patient Medication History (part of oncology Module)

FIELD	TYPE	LENGTH	COMMENTS
pmh_patc	STRING	12	Patient code
pmh_seqn	STRING	3	Sequence Number
pmh_medi	STRING	15	Medication
pmh_dose	INT4	4	Dose
pmh_unit	STRING	4	Unit
pmh_freq	STRING	4	Frequency
pmh_phyc	STRING	3	Prescribing Physician Code
pmh_strt	INT4	4	Start Date
pmh_stop	INT4	4	Stop Date
pmh_com1	STRING	80	Comment #1
pmh_com2	STRING	80	Comment #2
pmh_com3	STRING	80	Comment #3
pmh_com4	STRING	80	Comment #4
pmh_com5	STRING	80	Comment #5
pmh_oth1	INT4U	4	Other Variable #1
pmh_oth2	INT4	4	Other Variable #2
pmh_oth3	INT4	4	Other Variable #3

14.8.39 POL

POL	Policy data. Stores insurance policy information for the patient		

FIELD	TYPE	LENGTH	COMMENTS
pol_patc	STRING	12	Patient policy Links to pat_code, inv_patc, fsl_patc
pol_numb	CHAR	1	Policy number
pol_insc	STRING	6	Insurance carrier code links to ins_code
pol_poln	STRING	20	Policy number
pol_grnu	STRING	16	Group number
pol_grna	STRING	26	Group name
pol_hepl	CHAR	1	Health plan
pol_rela	INT2U	2	Relationship
pol_name	STRING	26	Insured name
pol_addr	STRING	26	Insured address
pol_zipc	STRING	10	Insured zip code links to zip_code
pol_phon	STRING	14	Insured phone number
pol_sexf	CHAR	1	Insured sex
pol_chbr	STRING	4	Champus branch
pol_chst	CHAR	1	Champus status
pol_romi	CHAR	1	Release of medical/billing info
pol_aomb	CHAR	1	Benefit assignment
pol_acas	CHAR	1	Accept assignment default
pol_dobf	DATE	4	Policy holder date of birth
pol_frdt	DATE	4	Effective from date
pol_todt	DATE	4	Effective to date
pol_rref	CHAR	1	Requires referral flag
pol_empc	STRING	3	Employer code links to emp_code
pol_copa	MONEY	4	Co-pay amount
pol_deda	MONEY	4	Deductible amount
pol_rphc	STRING	3	Primary care physician
pol_coin	MONEY	4	Co-insurance amount
pol_emps	CHAR	1	Employment status

14.8.40 PTN

PTN	Patient Notes. Attaches to patient record		

FIELD	TYPE	LENGTH	COMMENTS
ptn_code	STRING	12	Patient code links to pat_code
ptn_not2	STRING	78	Note line 2 .. 1 is in the patient file

ptn_not3	STRING	78	Note line 3
ptn_not4	STRING	78	Note line 4
ptn_not5	STRING	78	Note line 5

14.8.41 REA

REA	Reason Codes, Used with scheduling

FIELD	TYPE	LENGTH	COMMENT
rea_code	STRING	3	reason code
rea_desc	STRING	26	reason description
rea_time	UCOUNT	2	reason time, amount of time used by
rea_note	STRING	70	reason note 1
rea_not2	STRING	70	reason note 2
rea_not3	STRING	70	reason note 3
rea_not4	STRING	70	reason note 4
rea_not5	STRING	70	reason note 5
rea_colr	STRING	7	Color HEX code

14.8.42 REF

REF	Referral data. Stores referrals for patients.

FIELD	TYPE	LENGTH	COMMENTS
ref_patc	STRING	12	Patient code links to pat_code, inv_patc, fsl_patc
ref_seqn	STRING	3	Sequence number 000-999
ref_insc	STRING	6	Insurance carrier code links to ins_code
ref_rphc	STRING	3	Primary care physician (rph) links to rph_code
ref_numb	STRING	20	Authorization number
ref_note	STRING	20	Note / comment
ref_ninv	INT2	2	Number of visits (inv records)
ref_uinv	INT2	2	Number of visits used
ref_xamt	MONEY	4	Dollar amount good for
ref_uamt	MONEY	4	Dollar amount used
ref_frdt	DATE	4	Good from this date
ref_todt	DATE	4	Good to this date
ref_phyc	STRING	3	Physician for referral links to phy_code

14.8.43 RES

RES	Resource file. Used with scheduling

FIELD	TYPE	LENGTH	COMMENTS
res_code	STRING	3	Resource Code

| res_name | STRING | 26 | Resource Name |
| res_phyc | STRING | 3 | Resource Physician Code |

14.8.44 RID

RID	Referring Physician Identification numbers. Used for special purpose insurance.

FIELD	TYPE	LENGTH	COMMENTS
rid_rphc	STRING	3	Referring phy code links to rph_code
rid_insc	STRING	6	Insurance carrier code links to ins_code
rid_numb	STRING	20	Insurance id number

14.8.45 RPH

RPH	Referring Physician Table File

FIELD	TYPE	LENGTH	COMMENTS
rph_code	STRING	3	Referring physician code links to fsl_rphc, inv_rphc, pat_rphc, pat_rph2, rid_rphc
rph_name	STRING	26	Referring physician name
rph_add1	STRING	26	Address line 1
rph_add2	STRING	26	Address line 2
rph_city	STRING	22	City
rph_stat	STRING	2	State
rph_zipc	STRING	10	Zip code
rph_phon	STRING	14	Phone number
rph_note	STRING	70	Note
rph_upin	STRING	20	UPIN number
rph_faxn	STRING	14	Fax Number
rph_npin	STRING	15	National Physician Id number
rph_pscd	STRING	3	Provider Specialty Code
rph_prac	STRING	26	Practice name
rph_ema1	STRING	32	Email address 1
rph_ema2	STRING	32	Email address 2
rph_not2	STRING	70	Note 2
rph_not3	STRING	70	Note 3
rph_taxc	STRING	10	Taxonomy code

14.8.46 SCF

SCF	Scheduling Configuration File

FIELD	TYPE	LENGTH	COMMENT
scf_phyc	STRING	3	physician code
scf_dowf	STRING	8	day of week or date in CCYYMMDD
scf_time	STRING	4	time in HHMM
scf_seqn	STRING	1	sequence number for index
scf_nofa	COUNT	2	number of appointments for slot
scf_locc	STRING	3	location code
scf_rea1	STRING	3	reason code 1
scf_rea2	STRING	3	reason code 2
scf_rea3	STRING	3	reason code 3
scf_rea4	STRING	3	reason code 4
scf_rea5	STRING	3	reason code 5
scf_rea6	STRING	3	reason code 6
scf_rea7	STRING	3	reason code 7
scf_rea8	STRING	3	reason code 8
scf_rea9	STRING	3	reason code 9

14.8.47 TEL

TEL	Telephone Directory.

FIELD	TYPE	LENGTH	COMMENTS
tel_code	STRING	4	Code
tel_name	STRING	32	Name
tel_add1	STRING	32	Address line 1
tel_add2	STRING	32	Address line 2
tel_add3	STRING	32	Address line 3
tel_hphn	STRING	14	Home phone
tel_wphn	STRING	14	Work phone
tel_not1	STRING	44	Note 1
tel_not2	STRING	44	Note 2

14.8.48 TRA

TRA	Transaction Table File. Stores codes used for transaction

FIELD	TYPE	LENGTH	COMMENTS
tra_code	STRING	9	Transaction code links to det_trac
tra_desc	STRING	21	Transaction description line 1
tra_des2	STRING	21	Transaction description line 2
tra_cpt4	STRING	9	Reference Code If procedure
tra_tosc	STRING	1	Type of Service If procedure
tra_posc	STRING	2	Place of Service If procedure (new codes)

tra_chg1	MONEY	4	Charge 1
tra_chg2	MONEY	4	Charge 2
tra_chg3	MONEY	4	Charge 3
tra_chg4	MONEY	4	Charge 4
tra_chg5	MONEY	4	Charge 5
tra_type	STRING	1	Transaction type
tra_clsc	STRING	3	Transaction class links to cls_code
tra_revc	STRING	3	Revenue code CMS-1450 (UB)
tra_icd9	STRING	6	ICD9 code for CMS-1450 (UB) box 80 - 81
tra_time	INT2	2	Time in minutes for procedure
tra_bflg	CHAR	1	Bill flag default
tra_ptop	CHAR	1	Post to procedure (Yes, No, Ask)
tra_rrph	CHAR	1	Requires Referring Physician (Yes, No)
tra_rfac	CHAR	1	Requires Facility (Yes, No)
tra_ptop	CHAR	1	Post To Procedure Flag
tra_anes	CHAR	1	Anesthesia Billing Flag
tra_base	INT2	2	Base Units for Anesthesia Billing
tra_p2dl	CHAR	1	Print 2nd Description Line on HCFA claim
tra_rvus	MONEY	4	Medicare Total RVU's for Charge
tra_cost	MONEY	4	Cost of Charge
tra_rdoc	CHAR	1	Requires Documentation Flag
tra_rvuh	MONEY	4	McGraw Hill total RVU=s for charge
tra_glbl	INT2	2	Global Period (post op days)
tra_sexf	CHAR	1	Gender edit
tra_taxa	CHAR	1	Taxable charge Y-Yes add tax and allow access to TAX field on NCTR. N-Do not add tax and do not allow access. Blank - Do not add tax but allow access to the TAX field.

14.8.49 TXT

TXT	Text File. Used for comments and notes throughout the system

FIELD	TYPE	LENGTH	COMMENTS
txt_code	STRING	20	Search code
txt_text	STRING	64000	Text

14.8.50 UBP

UBP	(UB) Patient data

FIELD	TYPE	LENGTH	COMMENTS
ubp_code	STRING	12	Patient code

ubp_071a	CHAR	1	Employer information data
ubp_071b	CHAR	1	Employer information data
ubp_072a	CHAR	1	Employer status code
ubp_072b	CHAR	1	Employer status code
ubp_073a	STRING	24	Employer name
ubp_073b	STRING	24	Employer name
ubp_074a	STRING	11	Employer id number
ubp_074b	STRING	11	Employer id number
ubp_075a	STRING	37	Employer location
ubp_075b	STRING	37	Employer location

14.8.51 UBV

UBV	Uniform Billing Visit Information

FIELD	TYPE	LENGTH	COMMENT
ubv_type	STRING	3	type of bill
ubv_invc	ULONG	4	visit number
ubv_addt	LONG	4	admission date
ubv_adtm	STRING	2	admission time
ubv_adtp	CHAR	1	type of admission
ubv_adsr	CHAR	1	source of admission
ubv_achr	STRING	2	discharge hour
ubv_stat	STRING	2	patient status
ubv_frdt	LONG	4	statement covers period from
ubv_todt	LONG	4	statement covers period through
ubv_covd	STRING	3	covered days
ubv_ncvd	STRING	3	non-covered days
ubv_coid	STRING	2	Co-Insurance Days
ubv_ltrd	STRING	2	lifetime reseve days
ubv_ocd1	STRING	2	occurence code
ubv_odt1	LONG	4	occurence date
ubv_ocd2	STRING	2	occurence code
ubv_odt2	LONG	4	occurence date
ubv_ocd3	STRING	2	occurence code
ubv_odt3	LONG	4	occurence date
ubv_ocd4	STRING	2	occurence code
ubv_odt4	LONG	4	occurence date
ubv_ocd5	STRING	2	occurence code
ubv_odt5	LONG	4	occurence date
ubv_ocd6	STRING	2	occurence code
ubv_odt6	LONG	4	occurence date
ubv_ocd7	STRING	2	occurence code
ubv_odt7	LONG	4	occurence date

ubv_ocd8	STRING	7	occurence code
ubv_odt8	LONG	4	occurence date
ubv_osc1	STRING	2	occurrence span code
ubv_osf1	LONG	4	occurrence span from date
ubv_ost1	LONG	4	occurrence span through date
ubv_osc2	STRING	2	occurence span code
ubv_osf2	LONG	4	occurence span from date
ubv_ost2	LONG	4	occurence span to date
ubv_cc01	STRING	2	condition code
ubv_cc02	STRING	2	condition code
ubv_cc03	STRING	2	condition code
ubv_cc04	STRING	2	condition code
ubv_cc05	STRING	2	condition code
ubv_cc06	STRING	2	condition code
ubv_cc07	STRING	2	condition code
ubv_vcc1	STRING	2	value code
ubv_vca1	LONG	4	value amount
ubv_vcc2	STRING	2	value code
ubv_vca2	LONG	4	value amount
ubv_vcc3	STRING	2	value code
ubv_vca3	LONG	4	value amount
ubv_vcc4	STRING	2	value code
ubv_vca4	LONG	4	value amount
ubv_vcc5	STRING	2	value code
ubv_vca5	LONG	4	value amount
ubv_vcc6	STRING	2	value code
ubv_vca6	LONG	4	value amount
ubv_vcc7	STRING	2	value code
ubv_vca7	LONG	4	value amount
ubv_vcc8	STRING	2	value code
ubv_vca8	LONG	4	value amount
ubv_vcc9	STRING	2	value code
ubv_vca9	LONG	4	value amount
ubv_vcc0	STRING	2	value code
ubv_vca0	LONG	4	value amount
ubv_vccA	STRING	2	value code
ubv_vcaA	LONG	4	value amount
ubv_vccB	STRING	2	value code
ubv_vcaB	LONG	4	value amount
ubv_pp01	LONG	4	prior payments
ubv_pp02	LONG	4	prior payments
ubv_pp03	LONG	4	prior payments
ubv_ead1	LONG	4	est. amount due
ubv_ead2	LONG	4	est. amount due

ubv_ead3	LONG	4	est. amount due
ubv_od01	STRING	8	other diag
ubv_od02	STRING	8	other diag
ubv_od03	STRING	8	other diag
ubv_od04	STRING	8	other diag
ubv_od05	STRING	8	other diag
ubv_pc__	CHAR	1	procedure coding method
ubv_txt1	STRING	41	Text field
ubv_ppcd	STRING	7	pp code
ubv_ppdt	LONG	4	pp date
ubv_opc1	STRING	7	pp code
ubv_opd1	LONG	4	pp date
ubv_opc2	STRING	7	pp code
ubv_opd2	LONG	4	pp date
ubv_opc3	STRING	7	op code
ubv_opd3	LONG	4	op date
ubv_opc4	STRING	7	op code
ubv_opd4	LONG	4	op date
ubv_opc5	STRING	7	op code
ubv_opd5	LONG	4	op date
ubv_pn01	STRING	21	phy name
ubv_pn02	STRING	21	phy name
ubv_aicd	STRING	8	admiting diagnosis
ubv_eicd	STRING	8	E-code /External cause of injury code
ubv_od06	STRING	8	Other Diagnosos

14.8.52 VAL

VAL	Validation Table		

FIELD	TYPE	LENGTH	COMMENTS
val_clas	STRING	4	Classification code
val_numb	STRING	2	Sequence number
val_desc	STRING	35	Description

14.8.53 VER

VER	Version Setup		

FIELD	TYPE	LENGTH	COMMENTS
ver_code	STRING	1	Code
ver_eomc	INT2U	2	End of month counter
ver_eodc	INT2U	2	End of day counter
ver_eoyc	INT2U	2	End of year counter
ver_abrw	CHAR	1	Auto-browse default Y or N

ver_pcdt	CHAR	1	Patient code technique Time
ver_pser	INT4U	4	Patient serial code value
ver_phon	STRING	14	Telephone default
ver_askq	CHAR	1	Ask to quit
ver_askc	CHAR	1	Ask to clear
ver_nchg	CHAR	1	Non-Covered Charge field access
ver_nvis	CHAR	1	Encounter visit list All or Balance only
ver_phyc	STRING	3	Default physician code links to phy_code
ver_locc	STRING	3	Default location code links to loc_code
ver_pnos	INT2U	2	Number of patient screens 2
ver_cpcd	CHAR	1	Copy patient code to chart number Y or N
ver_book	CHAR	1	Book mode Summary
ver_nicd	CHAR	1	Display ICD window on NCTR form when posting
ver_npos	CHAR	1	Copy POS when posting transactions
ver_nflg	CHAR	1	Give recommended posting flags on NCTR when posting
ver_sval	CHAR	1	Validate appointments for overbook
ver_sbmd	CHAR	1	Default appointment book display mode
ver_nif1	CHAR	1	Automatically set insurance flag to Y on NCTR form
ver_name	STRING	26	Default practice name for statements
ver_add1	STRING	26	Default address line 1
ver_add2	STRING	26	Default address line 2
ver_city	STRING	22	Default address line 3
ver_stat	STRING	2	Default state
ver_zipc	STRING	10	Default Zip Code
ver_pphn	STRING	14	Default phone number for billing questions
ver_nage	CHAR	1	Age by statement or visit date on NCTR form
ver_cage	INT2U	2	Age for accounts to be put in collections
ver_clia	STRING	15	Default Clia number
ver_cnol	INT2	2	Collections. Number of letters 2 or 3

14.8.54 XPL

XPL	Explosion code data. Stores sequence of transaction codes linked to an explosion code

FIELD	TYPE	LENGTH	COMMENTS
xpl_trac	STRING	9	Transaction code links to tra_code
xpl_numb	STRING	2	Sequence number 00-99
xpl_trae	STRING	9	Transaction code to use
xpl_unit	INT2	2	Default unit for trae

14.8.55 XRF

XRF	Cross Reference File. Used for crosswalk codes

FIELD	TYPE	LENGTH	COMMENTS
xrf_trac	STRING	9	Transaction Code links to tra_code
xrf_icdc	STRING	6	ICD Code links to icd_code
xrf_icfc	STRING	6	ICF code links to icf_code

14.8.56 ZIP

ZIP	Zip code data, used throughout system.

FIELD	TYPE	LENGTH	COMMENT
zip_code	STRING	10	zip code
zip_city	STRING	22	city
zip_stat	STRING	2	state
zip_ctry	STRING	22	Country if not USA (Mexico, Canada)

14.9   Glossary

Algorithm - A sequence of steps used by a computer to accomplish a task.

Alphanumeric - Describing a collection of characters that contain letters and numbers. ALPHA, as in alphabet, and NUMERIC, as in number.

ANSI - Abbreviation for American National Standards Institute. A voluntary organization that helps set standards and also represents the U.S. in the International Standards Organization (ISO).

Architecture - The manner in which hardware or software is structured.

ASCII - Abbreviation for the American Standard Code for Information Interchange. A way of encoding characters into binary bits.

Asynchronous - A method of transmitting data.

Background task - A secondary job usually performed while the user is performing a primary task. For example, printing a report while entering data.

Backup - To save copies of files for safekeeping. These copies are stored on an external media such as tape or floppy disk. Some installations will use laser optical disk for backup.

Batch processing - A type of data processing where related transactions are grouped, transmitted, and processed by the same computer at the same time. Sometimes referred to as "crunching". An example of batch processing is the printing of monthly statements.

Baud - A measurement of the signaling speed of a data transmission device. For example, a modem may transmit at 1200, 2400, or 9600 baud, with 9600 baud being the fastest of the three.

Binary - A numbering system allowing only two values, 0 and 1. Binary is the way most computers store information.

Bit - A binary unit of information with a value of 0 or 1. The basic way of storing and transmitting information with computers. Contraction of BInary digiT.

Booting - The process of loading a computer's memory with the essential information it needs to function. The word comes from "pulling one's self up by one's bootstraps." There are two types of boots, cold and warm. A cold boot happens when turning the computer's power on for the first time. A warm boot is resetting a computer after it has been operating.

Buffer - A storage space used to compensate for differences in speed of data transmissions or to temporarily hold something..

Byte - A group of eight bits. Often used to represent a character.

Cache - A part of a computers RAM memory set aside to store the last few items read in from a hard disk. This memory allows computers to appear to work faster by pre-loading information for direct access without a request from the user.

Character - A letter or number. Characters are made up of bits. Often one character has eight bits or a byte.

Character set - All the letters, numbers, and characters that a computer can use.

Control character - A character used to tell the computer to perform a function. Executed by typing and holding down the control key (CTRL) while simultaneously striking the correct letter. For example, a Control-A (often denoted as '^A'), would be executed by pressing and holding down CTRL while pressing the 'A' key.

Coprocessor - An additional processor that takes care of a specific task to reduce the load of the CPU, usually to handle mathematical functions.

CPU - Abbreviation for central processing unit. The part of a computer that performs mathematical operations. Or, the heart of a computer.

Cursor - The symbol used to represent the position on the screen. The cursor is usually a blinking block or underline character.

Database - Data stored in computer-readable form and usually indexed or sorted in a logical order.

Defaults - Pre-defined values used by a program. These may include messages, field values, permissions, etc.

Disk - A storage medium for digital or computer data. Can be hard disk or floppy disk.

Document - A file created by a text editor or word processor.

DOS - Abbreviation for Disk Operating System. A set of computer programs that instructs the computer how to schedule work, manage computer resources, and operate devices. Most PC's or personal computers run MS-DOS or PC-DOS. UNIX is a different type of operating system from AT&T.

Echo - The return of transmitted data.

Editing - The process of proofreading, correcting, or improving on a previous value or version.

Emulation - The imitation of one device by another device. For example, it is possible for a PC or microcomputer to emulate many different terminals for accessing larger computers. Although terminals are the most common form of emulation, printers and modems are often emulated by other manufacturers.

Endless Loop - See "Loop Endless"

EOB - Explanation of Benefits.

Error Messages - Messages about problems that display on the screen or are printed.

Field - An ordered collection of characters that indicates a piece of information for a record.

File - An ordered collection of data stored on a disk or tape.

Firmware - Computer programs kept on read-only-memory (ROM) chips within the computer. Firmware shares characteristics of both software and hardware.

Flag - A symbol or character indicating the state of a condition.

Focus - The area of the screen where the cursor is.

Hardware - Computers, printers, disks, interface cards and other devices from which computer systems are made. Think of hardware as the paper and pencil, and of software as the words written.

Interface - A demarcation between two devices where all communication signals meet. For example, a printer may have an RS-232-C interface. This means it can talk to a computer supporting that type of interface.

Interactive - A way of operating a computer where the computer asks you questions and lets you enter data directly. Compare with batch processing and real-time processing.

Interrupt - A way of signaling the computer to abort the task it is currently performing.

Input - Communication to your computer from a peripheral such as a keyboard, disk drive, etc.

Jabber - Continuously sending random data.

K - A standard quantity measurement of computer storage. A "K" is loosely defined as one thousand

bytes, but the actual number is 1,024 bytes, which is equivalent to the number two raised to the tenth power.

Locking - Preventing several people from accessing and changing the same data simultaneously. Locks prevent destruction of data that can occur when two people access the same record at the same time.

Log in - The process of identifying and authenticating one's self to a computer system. Used to control access to computer systems.

Log out - The process of exiting the computer system.

Loop Endless - See "Endless Loop"

Media - Used to hold data. Such as a tape, CD, DVD, Hard Drive, Memory Card.

Megabyte - 1,048,576 bytes. A basic unit for mass storage. Hard drives are usually rated in the megabyte capacity.

Memory - The computer's working space or temporary storage for programs and data currently being processed.

Menu - A list of options or commands from which you may select.

Microprocessor - A CPU on a single chip. See CPU.

Minicomputer A small or medium computer accessible by dumb terminals, PC's or other computers.

Modem - A device that converts serial digital data from a transmitting terminal to a signal suitable for transmission over telephone lines via an analog signal. A modem also converts analog signals back to digital signals. Comes from the term MOdulator / DEModulator.

Mouse - An input device used for pointing and clicking.

Multi-tasking - The simultaneous performing of two or more tasks by a computer.

Network - A system of linking a group of computers together.

Nodes - Points on a network, such as workstations, printers, servers, etc.

Noise - Random electrical signals, often seen as jabber on modem lines.

Nonvolatile - A term used to describe a data storage device that retains its contents when power is lost. For example, a hard disk is nonvolatile storage.

Object code - Executable programs in a computer's machine language.

Operating system - See DOS.

Output - Communications from your computer to a peripheral device such as a printer, monitor, disk drive, etc.

PARADIGM - The acronym for Physicians Accounts Receivable And Dynamic Insurance Generating Manager. The word itself means "an example or model of how something should be."

Parallel transmission - A technique of transmitting data a byte at a time. A parallel operation has the disadvantage of only operating properly if cable lengths are short.

Parity bit - An additional bit added to a group of bits for error correction.

Password - A secret word or collection of characters that provides access security for a system, program, or function.

PC - Personal Computer.

PDF - (Portable Document Format) A file format that provides an electronic image of text or text and graphics that looks like a printed document and can be viewed, printed, and electronically transmitted.

Peripheral - A device connected to the computer via a cable, but not part of the basic system. These include printers, terminals, modems, disk drives, tape drives, etc.

Pitch - The number of characters per inch. For example, Elite type is 12 pitch and pica type is 10 pitch.

Port - A place where data can enter and leave a computer or network. For example, a computer may have a serial port and a parallel port.

Printer - An output device that prints on paper. Printer types are dot matrix, laser, daisy wheel, band, etc.

Program - A collection of instructions telling a computer to do a specific task.

Protocol - A set of rules for communicating between computers. The two computers must support the same protocol in order to talk with each other. Think of protocol as a language. For example, if both computers do not speak English they cannot talk with each other.

Query - A computer term for "to search for".

Queue - A line of tasks or jobs waiting for service. For example, on UNIX systems when a file is printed, it is put in a print queue by the scheduler.

RAM - Random Access Memory. Chips in the computer that allow data to be entered, read, and erased.

Real-time - When the computer works on data as it is created. Real-time is often used in manufacturing to control robots.

Rebooting - Repeating a bootstrapping operation to bring a computer into operation. Turning on or resetting your computer.

Record - A collection of organized fields that is one entry in a file. Think of a record as a sheet of paper in a file folder.

ROM - Read Only Memory. Chips in the computer that allow data to be entered and read, but not erased and re-written.

RS-232-C - Also shortened to RS-232. A technique of communications between computers often called serial.

Scheduler - The system utility that schedules print jobs to be sent to the printers.

Scrolling - The ability to move through information that is longer or wider than the screen on your monitor.

Serial transmission - Transmission of data one bit at a time.

Software - A set of instructions for carrying out various applications or tasks. Software is a collection of programs for a certain application.

SPOOL - The acronym for Simultaneously Peripheral Operation On Line. A program or piece of hardware that controls a large group of data from different sources going to a common device, such as a printer.

System Administrator - The person in charge of maintaining your computer system and its programs.

Software Administrator - The person in charge of maintaining certain software programs on your computer.

Superuser - A special user with all access privileges on the system, usually the system administrator.

Tape - Magnetized material used to store information. A removable medium for mass storage and backup.

Tape Drive - An input/output peripheral allowing the computer to write to or read from a tape.

Terminal - A point on a network in which data can enter or leave. Terminals usually consist of a CRT (Cathode Ray Tube) or monitor and keyboard.

Terminal Type - A type of a terminal such as an AT&T 605, Wyse 50, VT100, etc.

Throughput - The speed at which work is performed by a computer.
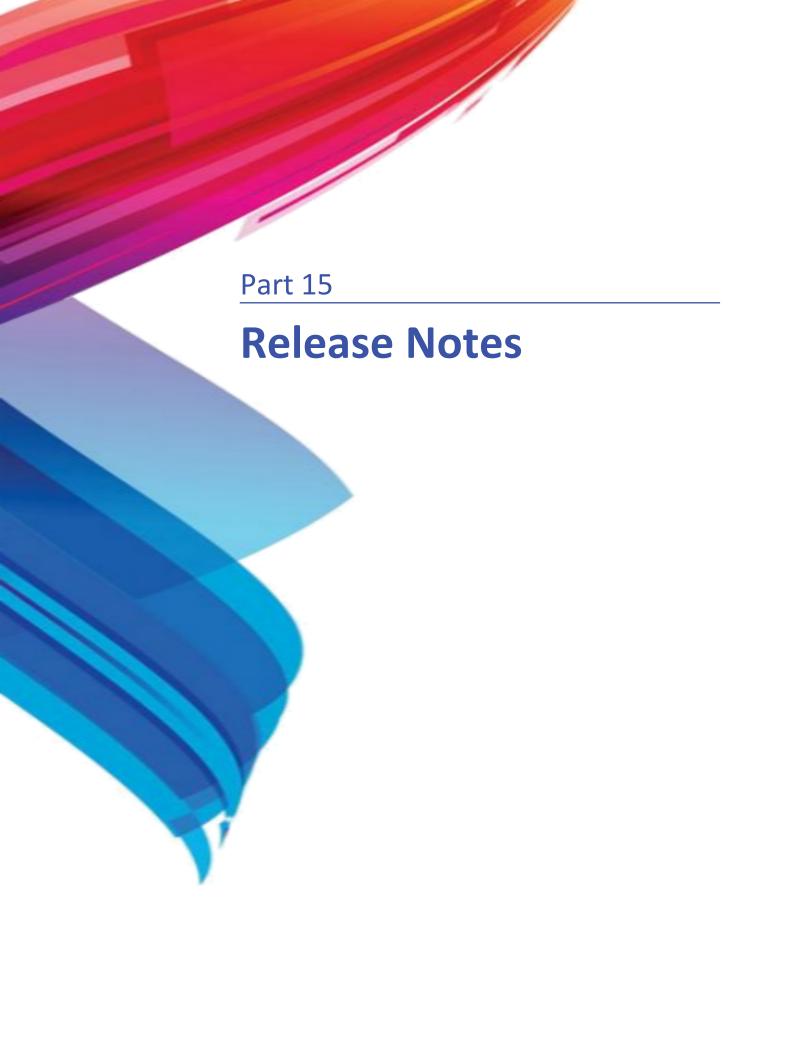
UNIX - A computer operating system from AT&T. Considered to be very powerful and flexible. UNIX is capable of multi-tasking and is able to support multiple users.

Volatile - Data storage device that loses its contents when power is lost. RAM is volatile storage.

Winchester disk - Also known as a hard disk. The term Winchester comes from the project code name used by IBM when inventing the device.

Windows - A rectangular area on the screen in which the user may view application(s) and/or document(s). The user can shift from window to window without exiting.

Workstation - An input/output device from which an operator works. Usually a personal computer.

Part 15

Release Notes

15   Release Notes

This area will store release notes for the product. Release note are published when a new Version, Release or build of the software is issued. To better understand how the software is published you may read What are Versions, Releases, Builds and Updates.

This is PARADIGM Version 14.1.2

15.1   14.A.1

This Version is released in conjunction with the EMR/EHR product to meet certification requirements for Stage 2 meaningful use. The PM system has the following changes:

Global Changes
- Insurance form changes to support 0212 form.
- 0212 Paper Claims Module
- File Structure Changes

Add / Update	Table	Field	Type	Length	Index	Index Fields	Field Definitions	Notes
Add	INV	inv_icdi	STRING	8			Icd code I (9)	
Add	INV	inv_icdj	STRING	8			Icd code j (10)	
Add	INV	inv_icdk	STRING	8			Icd code k (11)	
Add	INV	inv_icdl	STRING	8			Icd code l (12)	
Update	UBV	ubv_od01	STRING	8				Change from 6 to 8
Update	UBV	ubv_od02	STRING	8				Change from 6 to 8
Update	UBV	ubv_od03	STRING	8				Change from 6 to 8
Update	UBV	ubv_od04	STRING	8				Change from 6 to 8
Update	UBV	ubv_od05	STRING	8				Change from 6 to 8
Update	UBV	ubv_aicd	STRING	8				Change from 6 to 8
Update	UBV	ubv_eicd	STRING	8				Change from 6 to 8
Add	UBV	ubv_od06	STRING	8			Other Diag 6	
Add	SCF	scf_rea4	STRING	3			reason code 4	
Add	SCF	scf_rea5	STRING	3			reason code 5	
Add	SCF	scf_rea6	STRING	3			reason code 6	
Add	SCF	scf_rea7	STRING	3			reason code 7	
Add	SCF	scf_rea8	STRING	3			reason code 8	
Add	SCF	scf_rea9	STRING	3			reason code 9	

Add	REA	rea_colr	STRING	7			Reason Color	
Update	ICD	icd_desc	STRING	60				Change from 35 to 60 characters
Add	ICD	icd_type	Int2U	2				Type of ICD 9 / 10
Update	ICD	icd_icdx	STRING	9				Change field name from icd9 to icdx. Type defines 9 or 10
Update	ICD	icd_note	STRING	78				Change length from 28 - 78
Add	gua	gua_rela	Int2U	2			Guarantor Relationship (use VAL-REL)	Requested in interfaces
Add	gua	gua_dobf	Date	4			Guarantor Date of Birth	Requested in interfaces
Add	loc	loc_taxn	STRING	10			Taxonomy code	
Add	fsl	fsl_sexf	CHAR	1			Patient Sex (Gender) M/F	
Add	fsl	fsl_ctmd	CHAR	1			Contact Method for reminders/recalls - Text,Cell,Home,Email	
Add	zip	zip_ctry	CHAR	22			Country if not USA (Mexico, Canada)	
Add	Erxd	Erxd_pphy	String	36			Prescribing Provider	
Update	Erxd	Erxd_drct	String	250				Change from 40 to 250
Update	Erxd	Erxd_stdt	String	8				Change from DATE to String in CCYYMMDD format
Update	Erxd	Erxd_spdt	String	8				Change from DATE to String in CCYYMMDD format
Update	Erxd	Erxd_isdt	String	8				Change from DATE to String in CCYYMMDD format

Update	Erxd	Erxd_lgdt	String	8				Change from DATE to String in CCYYMMDD format
Update	Erxd	Erxd_updt	String	8				Change from DATE to String in CCYYMMDD format
Update	Erxd	Erxd_refl	STRING	5				Change from INT2 to String
Update	Erxd	Erxd_rxnc	STRING	10				Changed from 6 to 10
Add	Erxd	Erxd_dnfb	STRING	8			Do Not Fill Before Date.	
Add	Erxr	Erxr_drct	String	250			Directions (Administrative instructions) (SIG)	
Update	Erxr	Erxr_isdt	String	8				Change from DATE to String in CCYYMMDD format
Update	Erxr	Erxr_refl	STRING	5				Change from INT2 to String
Update	Erxr	Erxr_uniq	STRING	38				change from 36 to 37 to buffer for VLENGTH
Add	Erxr	Erxr_drug	STRING	120			Drug Name	
Add	Erxr	Erxr_rxnc	STRING	10			RX Norm Code	
Add	Erxr	Erxr_fdbc	STRING	6			First Data Bank Code	
Update	Eppl	Eppl_onst	String	8				Change to string to allow for CCYY or CCYYMM
Update	Eppl	Eppl_note	String	500				Changed from 50 to 500
Update	Eppl	Eppl_resl	String	8				Changed from DATE to STRING in CCYYMMDD format
Update	Eppl	Eppl_prio	STRING	2			Priority 0 - 9	Changed from INT to String
Update	Eppl	Eppl_lgdt	STRING	8				Changed from DATE to STRING in CCYYMMDD format

Add	Eppl	Eppl_user	STRING	8			User that added record	
Add	Eppl	Eppl_upus	STRING	8			User that updated record	
Add	Eppl	Eppl_updt	STRING	8			Update Date CCYYMMDD	
Update	Etdo	Etdo_valu	String	500				
Add	Etdo	Etdo_unit	String	15			Unit of measure for the value. (In, ml, etc.)	
Add	Etdo	Etdo_fslc	string	10			Appointment code links to fsl_code	Must be a string for composite index and VLEN
Add	Etdo				Etdo_type_idx	Etdo_patc,Etdo_type,Etdo_objt,Etdo_uniq,Etdo_date		
Add	Etdo				Etdo_fslc_idx	Etdo_fslc,Etdo_objt		
Add	Ealg	Ealg_snmd	String	20			Snomed Code for Allergies	
Add	Eald	Eald_when	String	200			When to alert the user	
Add	Eobl	Eobl_whom	String	50			Who the data is going to	
Add	Eobl	Eobl_meth	String	10			Method the data is getting to them	
New File	Eqme						Used to store Quality measurements. PQRS, NQF	
	Eqme	Eqme_type	STRING	5			Type of measurment PQRS, NQF	
	Eqme	Eqme_fslc	Int4U	4			Appointment code links to fsl_code	
	Eqme	Eqme_meas	String	7			Clinical Quality Measure number	
	Eqme	Eqme_nmtr	String	1			Qualifies for Numerator (Y/N)	
	Eqme	Eqme_excl	String	1			Qualifies for Exclusion (Y/N)	
	Eqme				Ecqm_code_idx	Ecqm_fslc,Ecqm_meas	Clinical Quality Measures	

New File	Efhr						History Releationships	
	Efhr	Efhr_patc	String	12			Patient code links to pat_code	
	Efhr	Efhr_rela	STRING	2			Code that defines releationship.	
	Efhr	Efhr_seqn	String	2			Relationship to patient. Snomed if defined, else free text	
	Efhr	Efrh_snmd	String	20	VL		Snomed code for relationship	
	Efhr	Efhr_name	String	26			Name of relative	
	Efhr	Efhr_stat	String	25			Current status of relative	
	Efhr	Efhr_dobf	String	8			Date of Birth	
	Efhr	Efhr_dodf	String	8			Date of Death	
	Efhr	Efhr_cofd	String	250			Cause of Death	
	Efhr	Efrh_note	String	500			Notes about relative	
	Efhr			Efhr_code_idx	_patc	_rela seqn		
New File	Efhi						History illnesses	
	Efhi	Efhi_patc	String	12			Patient code links to pat_code	
	Efhi	Efhi_rela	String	2			Code that defines releationship.	
	Efhi	Efhi_seqn	String	2			Sequence for Efhr_seqn to link to Efrh	
	Efhi	Efhi_indx	String	2			Index of Efhi file for unique identification	
	Efhi	Efhi_rcdt	String	8	VL		Recorded date	
	Efhi	Efhi_ondt	String	8			Onset date	
	Efhi	Efhi_snmd	String	20			Snomed code for Illness	
	Efhi	Efhi_illn	String	250			Illness	
	Efhi	Efhi_tret	String	250			Treatment	
	Efhi	Efhi_outc	String	250			Outcome	
	Efhi			Efam_code_idx	_patc	_rela _seqn _idx_		
New	Ehst						History file	

File								
	Ehst	Ehst_patc	STRING	12			Patient code links to pat_code	
	Ehst	Ehst_type	STRING	3			Type of History SOC, MED etc..	
	Ehst	Ehst_fldn	STRING	10			Field name	
	Ehst	Ehst_indx	STRING	3			Field index number	
	Ehst	Ehst_valu	STRING	250	VL		Value of Field	
	Ehst				Ehst_code_idx	_patc _type _ fldn _indx		
New File	Elnk	Elnk_patc	String	12			Patient code links to pat_code	
	Elnk	Elnk_tab1	String	30			Tab name of first file	
	Elnk	Elnk_sub1	String	30			Subdir name of first file	
	Elnk	Elnk_fil1	String	50			File name of first file	
	Elnk	Elnk_tab2	String	30			Tab name of second file	
	Elnk	Elnk_sub2	String	30			Subdir name of second file	
	Elnk	Elnk_fil2	String	50			File name of second file	
	Elnk	Elnk_type	String	1			Type of file link	IE. Imaging / Narrative, Ammendment
	Elnk				Elnk_code_idx	Elnk_patc,Elnk_tab1,Elnk_sub1,Elnk_fil1	Link multiple files together	
	Elnk				Elnk_file_idx	Elnk_patc,Elnk_tab2,Elnk_sub2,Elnk_fil2		
New File	Etag	Etag_patc	String	12			Patient code links to pat_code	
	Etag	Etag_tabn	String	30			Tab name	
	Etag	Etag_subd	String	30			Subdir name	
	Etag	Etag_file	String	50			File name	
	Etag	Etag_tags	String	500	VL		Tags for file	
	Etag				Etag_patc_idx	Etag_patc,Etag_tabn,Etag_subd,Etag_file	File Tags	

New File	att							Appointment Time Tracking
	att	att_room	String	5			New room number	Link to CLS Type R
	att	att_code	Int4U	4			Appointment Time Tracking code - Unique identifier	
	att	att_fslc	Int4U	4			Appointment code links to fsl_code	
	att	att_time	Int2U	2			Time of room number change	
	att	att_user	String	20			User placing patient in room	
	att				att_code_idx	att_code		
	att				att_fslc_idx	att_fslc, _time		

Patient Registration (PAT)
- Changed screen layout for more consistent flow
- Added Guarantor DOB field
- Added Guarantor REL field
- RACE brings up sentence builder (STAGE 2)
- LANG stores 3 character code (STAGE 2)

Encounter Form (NCTR)
- Added four additional ICD codes. (These will scroll)
- Changed logic on detail to only allow only 4 references.
- Reference is now done via A-L instead of 1-8
- The ICD type (9 or 10) will be stored with the primary ICD and require all additional ICD codes to have the same type.
- Cleaned up display of notes and policy area

Guarantor Form (GUA)
- Added DOB field
- Added REL field

Scheduling (SCHD)
- Incorporated Reason codes 4-9 into book
- Uses new rea_colr field for reason color
- Added SEX field for Undefined patients
- Fixed "A" appointment notes button
- When scheduling a followup the menu will display "Schedule follow-up here"
- If FORCE REGISTRATION is set to YES, it will now allow a way out by removing the appointment

Scheduling Configuration (SCF)
- Added Reason codes 4-9

Scheduling Reason Codes (REA)
- Added Color Field with new color picker

Uniform Billing Visit Information (UBV)
* Update UBV ubv_od01 STRING 8   Change from 6 to 8
* Update UBV ubv_od02 STRING 8   Change from 6 to 8
* Update UBV ubv_od03 STRING 8   Change from 6 to 8
* Update UBV ubv_od04 STRING 8   Change from 6 to 8
* Update UBV ubv_od05 STRING 8   Change from 6 to 8
* Update UBV ubv_aicd STRING 8   Change from 6 to 8
* Update UBV ubv_eicd STRING 8   Change from 6 to 8
* Add UBV ubv_od06 STRING 8   Other Diag 6
* Fixed Help messages for proper form location

Diagnosis (ICD)
* Added Type Field to define if 9 or 10
* Increased Description to 60 characters
* Increased note to 78 characters

Location (LOC)
* Added Group Taxonomy code field.

Zip codes (ZIP)
* Added Country Field

15.1.1 PM1

This describes the updates made in the 14A1-PM1 update. These updates deal mostly with new features to help in the transition from ICD-9 to ICD-10 codes.

Global Changes
* The Default CSS file was changed to use white as the background color on list such as diagnosis history, suggest, search, and validate. This change to a white background on these items gives a better contrast ratio, making the data easier to read.
* File Menu - Changed from "DIAGNOSES / ICD FORM" to "DIAGNOSIS / ICD CODE FORM"
* Diagnosis Selector - New program to allow selection of ICD codes.

Patient Form (PAT)
* Removed border from PAT (Patient balance field at the bottom of screen). Was causing the line to display strange.
* Added ICD button for Diagnosis Selector before the ICD fields.

Encounter (NCTR)
* Added ICD button for Diagnosis Selector before the ICD fields.
* Changed visit edit when adding visit check on primary ICD. If the ICD type is not defined it will look it up again based on the primary ICD code. If it is still not defined it will present and alert saying: "The Primary ICD does not have a defined type. It must be 9 or 10".

Diagnosis (ICD)
* Added ICD button for Diagnosis Selector before the ICD field.
* ICD Menu - Added new items
    * Create Internal Codes
    * Create ICD-10 from ICD-9

15.2   14.1.2

This describes the updates made in the 14.1.2 update. Most notable change will be the new default control panel.

Future Changes
In a future update, the user default for font size will go away. Modern browsers all have a zoom feature.
It is recommended that you set your **default font size to 11** and use the browser Zoom ability to change the size of the text on the screen. This will adjust it globally for the entire application not just data entry forms. Future updates and features will not use the Font Size setting as it dates back to before browser had this ability. By eliminating this setting the program can provide a much more consistent look and improve performance.

For Internet Explorer you may zoom using the following:

Ctrl+	Zoom up by 25%
Ctrl-	Zoom down by 25%
Ctrl0	Zoom to 100% (Default Level)
Ctrl Mouse Wheel Forward	Zoom up by 5% per click
Ctrl Mouse Wheel Back	Zoom down by 5% per click

Global Changes
- (47020) - formatField.js - Added field ID_GDOB to special Date of Birth Handling.
- Document Management
  - Scan Program - Added scanning check to make sure file was actually scanned. If not it will present an alert to tell the user to check the source.
- Vision / Eye Care Plans (VECP) - Special processing for these claims.
- Password program - Increased height of modal dialog box so you don't have to scroll.
- New Branding for Practice Maximus Elite.
- Reinstated multiple sessions control on login within the browser.
- (48917) - Document Management Template - Data Merge - Field Names. - Added new fields: pat_race, pat_ethnicity, pat_language, pat_rphc, rph_name, pat_rph2, primary_care_name, loc_code, loc_name, pat_phyc, phy_name, p1_dobf and p2_dobf.
- Added MyCam to Window Applications.
- (51042) - Security Level 5 not working. When linking from one screen to another the security was not being set. The issues stems from the fact that set_security was not set until after the clear function. It should be before the clear function because the clear function will process a search when passed in. This has been changed to set the base security prior to the clear function and search.
- CSS Change. Removed Gradient background on body. This does not work on IE10 and IE11. Current field will have a solid black border.
- Set up global help environment. helpURL contains the base area to get help for the version/update.
- (52947) - Apostrophe in name causes issues with user configuration. If the user name had an apostrophe (O'Brian), it would cause the user configuration not to load the data because the apostrophe was being interpreted as a termination. This is now escaped so the program does not see it that way.
- Login screen - fixed refresh issue with auto login and having an incorrect password. Flexible user account is disabled for user paradigm.
- ICD Picker - Changed ICD-9 to ICD-10 date from 10/1/2014 to 10/1/2015. Based on announcement from CMS on July 31,2014.
- Line Item Tax - Can now calculate Sales Tax on a line item.
- Added formula changes to the formula for calculating a charge total in post.c, dbe.c and stat_form.c to take into account the line item sales tax stored in the det_nchr field.
- Postgress Database Interface - This will be the new underlying database used in the future. We are slowly integrating this database into the application for some of the new features. In this release

some of the files are being synchronized with postgress and PG is also used to store some new information that is not stored in the C-Tree files.

- (63777) - issue with p14Adb.h.   Fixed and recompiled pms.cgi. The issue did not have any effect on the software.
- Changed default font in pms.cgi from 9pt to 11pt and changed default background color from blue to grey and tint on highlight color. This now sets a default for the new control panel.
- (60481) - Bug with Backup Print File Manager (BPFM) crashing when attempting to list compressed or binary files. Has been changed to perform better detection.
- PARADIGM-Pay Credit Card Authorization Service.
- (72864) - Made change to Putty Function to include parameters in double quote instead of single quote. Escaping characters in single quotes in the shell are not interpreted. So names like O'Brian would cause a miss-match when processed by the shell interpreter.   As in 'O\'Brian,John'   Now it sends "O\'Brian,John"
- (71164) - Made changes to form_validate function.   This previously would only validate if fields were required access. Now it will also revalidate fields that have specific entry needs.   For S4GL forms it will use the values found in the VAL file, for R4GL it will use the values in the VALID field attribute. Previously if a user entered an invalid value in a field, it would present the validation box for them to select from, but if they clicked out of the box into another field and then "Accepted" the form it would take the entry. This would allow invalid values to be stored in fields that could cause issues.
- Diagnosis Selector - Changed to pull internal data from data set instead of app folder. Added a Top-List Button that will show a list of the top ICD-9 codes used by the practice.

The Control Panel
Default Control Panel

- A totally new default control panel. This is the first to move toward browser independence.   This new control panel has its own tabbing system so everything will be contained within one tab of the browser. This allows it to also be run as a windows Hyper-Text Application.
- The IFA control Panel has been discontinued.

Legacy Control Panel

- (47112) - When navigating through the Legacy Control Panel menus using the keyboard, instead of the submenu popping up when pressing [ENTER], the first item in the submenu is being selected. This issue has been fixed.

Location Form (LOC)

- Added TAX field for Line Item Tax calculations. This field is stored in the new Postgress database and is not part of the ctree file structure.
- Added TAX_REPORT to window menu of LOC form.

Diagnosis Form (ICD)

- Window Menu, Create Internal Codes. Has option for ICD9 / ICD10 or Both. It also will not not put codes that are retired on the list even if they are classified. Program was changed to put list in data created set instead of app folder.

Patient Form (PAT)

- (51511) - Guarantor DOB field issue. When a guarantor was queried it did not load the date of birth.
- (62658) - Added edit to prevent user from using the LINK function in the GUA field if the code is SAME or NS.

Guarantor Form (GUA)

- (62658) - Added edit to prevent user from using a code of SAME or NS.

Policy Form (POL)

- (49089) - Retiring an active policy did not change visits for retired policy. The patient code did not get padded correctly causing it not to find the visits.

Encounter (NCTR)

- (45905) - Paper EOB Scan
  - Is Now Import / Scan EOB
  - Added ability to Import a PDF
  - Added scanning check to make sure file was actually scanned. If not it will present an alert to tell the user to check the source.
- Visit Summary Mode
  - (43621) - Grid Function - This is a new feature that will allow you to find a visit by selecting from a ledger of all trans actions for an account.
- (45567) - Ability to set default units for Drug Codes. The GLOBL field can be used to set a default unit amount.
- (48117) - Credit Card Integration with CBOSS. When adding a private payment (tra_type=p) that has "CC" in the REVC field it will display the credit card collection form.
- If using the Visits function while in the detail form it would not allow the use of the update function once a visit was selected to select and update a transaction. You would have to select the transaction by clicking with the mouse. It would fix the problem once the screen was cleared.
- Fixed issue with IE11 with visit summary mode. It would put a dashed boarder around the highlighted visit. This border should have been solid to make it easier to read.
- (55216) Flag suggestion not working when posting from a batch. The suggest_flag function in the pms.cgi looks at the transactions posted that day to determine if any insurance payments or adjustments are posted to the visit and then recommends any needed insurance flag changes. It does this by looking at the det_refc field on the transaction for the insurance code. When posting from a batch it was not loading this code so the routine did not see it as an insurance payment or adjustment.
- (57837) If a patient had an alert in the notes it would query the patient as the user typed in the account number in the CODE field. It now checks that the patient has been queried that both a NAME and CODE are present.
- Made small visual change on Detail (DET) portion of NCTR form to re-label NC to TAX.   Moved BAL to label the field and moved LOG back a little.
- Added Total column in Transaction for Visit view. For a charge that will be the (UNIT * AMOUNT) + TAX.
- Change the NCTR_STAT (On-Demand Invoice) program. This program now includes TAX as well as adjudication information about the visit. Including Patient responsibility and balance and insurance responsibility and balance. It also now sports a new overlay when printed to PDF.
- (61236) - Fixed issue on Beta 5 for Sales Tax on PTOP disbursement window and PTOP information on transaction hover.
- (62838) -PTOP adjudication. The PTOP program will automatically calculate the expected payment amount for insurance payments and put that amount in the APPLY field.   In some scenarios it would be more efficient for the user to disburse the payment by just having 0.00 in the APPLY fields. A new button [F2-Zero] has been created to zero all the APPLY fields.   The user may press [F1-Reload CFS] if they want to reset it.
- (62061) - Added tax exempt feature.   If a patient has "n/tax" in any of the note lines it will not calculate sales tax even if the transaction has "w/tax".
- (62658) - Added edit to prevent user from using the LINK function in the GUA field if the code is SAME or NS. Added Edit if user enter SAME or NS in GUA field to present alert and clear the field.
- (65478) - Reverse a charge with Tax was not calculating correctly.
- (62853) - Improved visibility of summary fields at bottom of form. Changed from Disabled to Read Only so text could show as black. Adjusted account summary font size and border. Shows BAL as red when visit has open transactions.
- (68420) - New financial transaction was posted as closed. It could not be determined what caused this to happen, but a new edit was put on the NCTR/DET form to check a transaction when added to

make sure this does not happen.
- (71164) - PAPER_CLAIM program on window menu. The Validation fix exposed a bug in the Validation of the Update Flag field. This has been fixed.
- Added Icon to display additional transaction information on Encounter / Detail form.
- (74902) - Diagnosis relationship was not populating when you pull up a charge by description.

Scheduling Form (SCHD)
- (45560) - Prevent Reschedule if patient has been checked in on schedule menu, reschedule to here. Prevent changing an appointment type from "a" to "A" or vice versa once the patient has checked in on SetTYPE to "a" or Set TYPE to "A".
- (45558) - Display the DAYS field.   The Days field was hidden in the 141A release. It is now displayed under the OTHER DATA area of the form. This field is used to set the default for the Number of Days in the Appointment Book Control Bar.
- (45555) - Don't overwrite defaulted RES and LOC fields. When a patient was queried it would overwrite the RES and LOC fields with the data from the patient record. Many schedulers may only work with a specific resource or location and this would require them to have to enter in their assigned RES or LOC to display only that schedule. Now if you default either of these fields globally or by user it will always hold that value. The program will look to see if a default exists, and if it does not it will load the patient information. If it does exist it will not load the patient defaults.
- (15657) - Schedule Utilization Report. This has two improvements made to the scheduling system.
  - Hover over appointment Summary Button - This will show the utilization of the appointments for that schedule.
  - Clicking on the Appointment summary button will allow you to run the Utilization Report
- ARS_SELECT DIALOG - Added to scheduling when you accept an appointment to direct how to contact the patient for the reminder. This feature will not turn on until 1421-REMIND2 (future update) is installed and the user saves the reminder service configuration.
- (51817) - SCHD printer icon not printing anything after user selects landscape. This whole feature has been re-engineered to print the "div" that holds the schedule instead of opening a new window with the schedule and printing it. The issue arises from the fact that the window.print() dialog box is modeless instead of modal. That means it does not stop and wait for the process to happen, it just pops up the dialog window and the window that contains the schedule continues to run in the background. In order to close that window automatically a timer is set. This timer was to short to give the user time to make lots of printing changes on the fly.   The new method all works from within the current scheduling form, thus no need to open another window and close it. It also allows the user to use the browser zoom feature to change the font size of the schedule prior to printing.
- (54165) - Added new virtual field for book lists. fsl_page - Patient Age. This field can be put in the list using the Admin feature: Security & Configuration of the scheduling form. This field will show the scheduled patients age as follows:
      Less then 29 days old will show as days: 1 D - 28 D
      Over 29 but Less then 122 will show as weeks: 4 W - 17 W
      Over 122 less than 730 will show as months: 4 M - 23 M
      Over that will show in years: 2 Y - 999Y
- (56904) - Configuration Reason list would display on overbooks and continued appointments when it should have displayed the REA Select list.
- (57837) If a patient had an alert in the notes it would query the patient as the user typed in the account number in the CODE field. It now waits for the DOB to change to ensure the user has hit ENTER.
- (60748) - Copay Module was creating visit with both providers the defined attending provider. The billing provider was not being loaded correctly if it was different.
- (60278) - Continuation Appointment. New Scheduling configuration option "CONTINUED APPOINTMENT" (Default is YES). This will display the appointment information when and appointment is continued. If set to "NO" it will not not, it will just show the name area in the Blue color for continued as defined on the Legend.
- (56264) - Level 5 security had ability to use the book menu to block out time, add appointments etc.. The functions have had security checks put in as well as the menu has been change to only display

options the user should be able to perform.
- (50854) - Copay posting. Added new feature to allow posting the copay to a batch.

Scheduling Configuration (SCF)
- On Assignment calendar. Renamed "Assigned" to "Template" in legend on the calendar. It is called template everywhere else.

Reports
- (62063) - Daily Balancing Sheet Proof - Optional Report (DAILY_BAL2) - Added new optional report that adds sorting by transaction class and code. Added ability to break by location or provider. Added Set Defaults function.
- New report (TAX_REPORT)
- The following reports have been modified for computing tax in the visit balance:
    - AGED_AR - Aged Accounts Receivable, No Visits w Closed Bal of 0
    - AGED_ARDET - Aged Accounts Receivable
    - AGED_ARIPSUM - Aged AR Insurance Patient Summary
    - AGED_ARSUM - Aged Accounts Receivable Summary
    - AGED_INS - Aged Insurance
    - AR_ANALYSIS - AR Analysis by Phy, Ins and Gua
    - BAT_BAL - Balance Batch
    - BAT_OPEN - Open Batch Report
    - BILL_FLAGOPT - Billing Flag Report
    - CHG_PAYLOC - MTD and YTD Charges and Payments by LOC
    - DAILY_BAL - Daily Balancing Sheet
    - DAILY_CLOSE - Close The Day
    - DAILY_TRAN - Daily Transaction Recap
    - DET_2TRACD - Find 2nd Description Line Info
    - DETAIL_INFO - Detail Info For Line Items On Visit
    - DET_LABL - Detail Tracking Labels (New)
    - DET_TRACK - Detail Tracking Report
    - DET_TRACKEOMC - Detail Tracking Report
    - GUA_STAT - Guarantor Statement Of Account
    - HCFA_BATCH - HCFA Batch Insurance Generation
    - HCFA_RFILE - Refile HCFA Insurance Claims
    - MC_ADJM_EXC - Managed Care Adjustment Exception Report
    - MC_DT_ANAL - Managed Care Date Range Analysis
    - MC_INS_ANAL - Managed Care Insurance Analysis
    - MC_INS_ANAL_DT - Managed Care Insurance Analysis by Date
    - MC_MON_ANAL - Managed Care Monthly Analysis
    - MC_PMNT_EXC - Managed Care Payment Exception Report
    - MONTH_CHG - Monthly Charge Analysis
    - MONTH_CLS - Monthly Classification Analysis
    - MONTH_FAC - Monthly Facility Analysis
    - MONTH_ICD - Monthly Primary Diagnosis/ICD9 Analysis
    - MONTH_INS - Monthly Primary Carrier Analysis
    - MONTH_RPH - Monthly Referring Physician Analysis
    - MONTHS_2YRS - MTD And YTD Chg,Pay,Adj By Month - 2 Yrs
    - MONTHS_CPAAR2 - MTD Chg,Pay,Adj, AR, Loc and Provider Options
    - MONTH_TRAN - Monthly Transaction Recap
    - NCTR_STAT - On Demand Invoice
    - NCTR_STAT2 - On-Demand Statement / Receipt
    - NCTR_STAT_VECP - Walk in Statement / Receipt

- PAT_SEARCH - Patient Search Report
- PAT_STAT - Patient Statement Of Account
- PTOP_ANAL - PTOP Analysis Report with Expected Payment
- PURGE_INV - Purge Visits
- REFUND_ITEMS - Line Items In Refund Batch
- REMIT_REAPTOPN - Remits Reason PTOP Report
- SER_DAILY - Daily Balancing Sheet By User
- STAT_BATCH - Generate Statements
- STAT_EXPLAIN - Statement Explanation Program
- TOP_40_INS - Top 40 Insurance Carriers
- UB92_BATCH - UB92 Batch Insurance Generation
- UB92_RFILE - Refile UB92 Insurance Claims
-

- (48917) [DM_XFDF New fields](#) - Added pat_note, pat_not2, pat_not3, pat_not4 and pat_not5
- (65287) [DUMP](#) - Fixed Typographical error
- (65712) COL_FLAG - Had a common temporary file. It could cause issues if the program was run on two data sets at the same time.

15.2.1 PLUS1 - PARADIGM Plus Patch 1

QRS Update Announcement	**Release Date:** 06/05/15
Update: PARADIGM Plus Patch 1	

Release Notes

* (81101) Ptop display not showing correctly.
  program: ptop.htm - On systems where the windows default font size was not
  set to 100%, this form did not scale properly. It has been modified to
  better dynamically scale when this is the case.
* (-----) Control Panel Version not updated.
  program: control.htm - With this latest release we moved from our internal
  version control of 14.A.1 to 14.1.2.   This program did not get changed.
  It is now fixed.
* (81456) - Level 4 user could not add appointment.
* (81510) - Level 5 user with CPS SCHD-ADD could not add appointment.
  program: prnt_book.js - 14.1.2.2 05/28/1015
  This program was modified on 14.1.2 (56264) to implement user security for
  the menu options. The implantation was looking at the security level not
  if the user actually had ADD or UPDATE privileges on the scheduling file.
  It has been change to look at actual ADD and UPDATE privileges before
  displaying and Item on the menu. This takes into account not only the
  security level but the Check Point Security settings for that user.
* (81401) - Adding / Updating policy taking too long (Blue Circle of Terror)
  program: pms.cgi - 14.1.2.2 05/28/2015

The postgress interface was given an empty key for a patient code when an update or add on the POL file was initiated. This would cause a complete copy of the entire table pat each time, resulting in a delay and blue circle. This has been changed to not initiate when a key is empty. It also has been changed to run as a background process so the pms.cgi does not have to wait on it.

* (81862) - SCHD - PAT Linking UND patients issue.
  program: s4gl.js t14.1.2.2 06/02/2015
  Changed Link to escape-strip from strip-escape

* (81174) - Jcodes not saving in PLUS
  program: lib/S4GL/TRF
  Added MEA field.

15.2.2   PLUS2 - PARADIGM Plus Patch 2

QRS Update Announcement   **Release Date:** 07/09/15

Update: PARADIGM Plus Patch 2

Release Notes

* (82893) - Patient Form Language Field Issue.
  Was not allowing "Declined to Specify" to save with patient.
  program: common.js - Validate_form() function was attempting to lookup this data in the Validation table when Accept was pressed. This is a special validation such as Race, Color_selector etc. It does not use the validation table to store the data. In this case it is special data used for meaningful use and can only be changed at the programmer level.
  program: validate.js - Created new function validate_LANGUAGE. This is called when in this field to validate the data entered by the user is valid. If not it will display the Validation pop up.
  program: s4gl.js - Program was validating on VAL table instead of LANGUAGE file. Changed in OutField

* (81401) - Adding / Updating policy taking too long (Blue Circle of Terror)
  program: pms.cgi - 14.1.2.3
  This issue was fixed in a previous patch, but the code somehow reverted. It has been reworkd with an new Patch level of 3.

* (81174) - J codes not saving in PLUS
  The form was corrected in the previous PATCH but the valiation values did not get loaded.

* (-----) - Diagnosis relationship window on Detail section of Encounter

form. This was performing a search for each of the 12 codes listed at the top even if there was no value.
Program: DET.js - Was modified to only do the query if a value existed in the field. (this is a performance enhancement)
* (84783) - INS form not displaying correct information.
program: pms.cgi - 14.1.2.3 function ct_find.
When the INS record was read with joins, it would join to the TRA file for payment code and Adjustment code. This would cause it to look for an INV record. This is used on the encounter screen for returning values on special internal codes, such as Batch # (1....9). IPx IAx SN1...SN9 PAx NOTE REFER, MSG.   Under normal conditions there will not be a inv record with an inv_code=0. So this issue would not present itself.

15.2.3   PLUS3 - PARADIGM Plus Patch 3

QRS Update Announcement Release Date: 08/10/15

Update: PARADIGM Plus Patch 3

Release Notes

* (86021) - Using "+" as first character of field causing issues.
The "+" character is a quick key for "add" along with ". for clear",
"* for search" and "; for time date stamp". These characters caused issues when they were stored as the first character of a field. When the user entered the field it the program thought the user pressed the quickkey and would activate the function. When fixing this issues it was also discovered that the "+" character was not storing in the data when put in a field. The javascript was using a depreciated function "escape" it has been replaced with the updated function "encodeURIcomponent"
* (85374) - Encounter form Adding Transaction error when using search.
When adding a transaction on the encounter form that was queried using a search on the description. The program would present with "This is a closed transaction". This was because the det_post was not being set by the pms.cgi program to "O" unless it was an EQUAL search, and descriptions are base on "GTEQ". This has been fixed.

15.2.4 PLUS 4 - PARADIGM Plus Patch 4

QRS Update Announcement   Release Date: 10/27/15

Update: PARADIGM Plus Patch 4

Release Notes

*(92493) - Patient Form ICD fields Search function issue.
When using the search function it would not list the codes because the
S4GL program still referenced the icd_icd9 field that was renamed icd_icdx
This has been fixed in the S4GL/PAT file.

15.2.5 PLUS 5 - PARADIGM Plus Patch 5

QRS Update Announcement   Release Date: 12/04/15

Update: PARADIGM Plus Patch 5

Release Notes

* (93184) Encounter Form - Crosswalk Alert Issues.
  program: s4gl.js - The ICD/REF field was set to required access.
  The validate form function would take priority and the user would
  not get the edit alert message. A change was made to put the edits
  before the validate function.
* (NOTICKET) - R4GL program crashing on certain programs.
  program: pms.cgi - _r4gl.c get_attr() function had issue with
  using ENV variables as defaults. No environment would cause program
  to crash if using an ENV variable that did not exist.
  Commented out the code and hard coded for P_HOME, P_DATA etc.
* (77410) - Control Panel Improvement. Access to Terminal Session
  Changed control.htm to have the Putty button (terminal session) first
  check the check point security (CPS) If the user level is greater
  than 1. (not a programmer or administrator) it will check CPS.
  Security can be set to turn this feature off for all users 2-9 by
  creating a CPS record with user "all", Checkpoint "PUTTY" and access "N".
  You can then turn it on individually by setting up records for the
  individual users with user "user name" Checkpoint "PUTTY" and access "Y".'
  If you do not set up the "all" "PUTTY" "N" record user will have access
  and can be denied access by setting up "user_name" "PUTTY" "N" records.

15.2.6 PLUS 6 - PARADIGM Plus Patch 6

QRS Update Announcement   **Release Date:** 01/29/16

Update: PARADIGM Plus Patch 6

Release Notes

* (97316) Reported bug, Fee Schedule (FS) field blank when selecting a visit from the visit summary mode. This would happen when a visit was displayed; the user hit F12 to go into summary mode, and then selected the same visit again. In internal testing, sometimes it would not even pull up the visit. If you were to select another visit, it appeared to work correctly. A change was made in NCTR.js to the loadVisit function. It was changed to perform a clearfunc prior to loading the visit. This resets the entire form before loading the visit.

15.2.7 PLUS 7 - PARADIGM Plus Patch 7

QRS Update Announcement   **Release Date:** 02/01/16

Update: PARADIGM Plus Patch 7

Release Notes

* (99006) F10 Not working on Encounter (NCTR) form.
 The previous patch introduced a new issue with the NCTR form. When in summary mode and F10 or ESC is pressed the screen should reset with the current account and blank out the slip number and the form should go into "add mode" to allow for the creation of a new visit.   F10 or ESC was causing it to clear the screen. This has been fixed and it will do as described above.

15.2.8 PLUS 8 - PARADIGM Plus Patch 8

QRS Update Announcement   **Release Date:** 02/23/16

Update: PARADIGM Plus Patch 8

Release Notes

* (99601) Excel reports. Issue running two at a time.
 program: pms.cgi - _r4gl.c
 The program would only create 1 interpreter for the excel program. If two
 calls where made at the same time it would corrupt the output.
* (-----) Header for visit summary would show transaction header
 program: NCTR.js - get_detail() lv0statechange()
 The asycronous nature of the program would cause the wrong header to be
 displayed if the user selected a visit from summary mode, and then used
 F12 to go right back into the summary mode. A change was added to reset
 the correct header based on visit summary mode.
* (99857) - Visit Summary Mode problem after installing 1412-PLUS7
 program: NCTR.js
 The (99006) patch would reset the variable that kept track of if the
 summary list was established by patient or guarantor. It now keeps a
 memory variable and resets it prior to calling the visit summary.
* (99886) - Global Period Override Issues
 program: DET.js, s4gl.js
 There is special logic for global period. When entering a charge it will run
 a query to the server to get the charge amount for a transaction if it sees
 that any of the following change: code, fee schedule, from date, physician
 code, modifier or billing flag. The changing of the billing flag would force
 the query and set the amount back to $0.00. Looking at the code, the reason
 this was not done is because there are a set of special modifiers that must
 be added to a transaction when it is to be exempt as a global period. A check
 was added, that if the transaction qualified as being in a global period it
 would set a flag and not re-query the transaction to get the amount again
 unless the tra code or modifier changed. The documentation is lacking in
 global period on charge entry.   Additional documentation has been added
 to the online manual describing this process in much more detail.

15.2.9 PLUS 9 - PARADIGM Plus Patch 9

QRS Update Announcement **Release Date:** 03/07/16

Update: PARADIGM Plus Patch 9

Release Notes

* (100588) - PLUS8 NCTR FORM BUG - GUA -> PAT Search
  program: s4gl.js
  When you pull up a patient by guarantor, the display for summary and visit
  navigation is fine but when you clear the screen, then try to bring up a
  patient by patient code/name the NCTR only displays the pat code and name
  and you can't create new visit or access summary mode. You have to exit
  out of the NCTR form and go back in. This has been fixed. A variable was
  not being reset when the Clear function was executed.
* (97715) EMP Phone Alert Issue When Adding/Updating
  program: PAT.js - function PAT_ckwphon()
  When using the EMP records in PM Patient Registration - EMP field
  if you attempt to add an EMP record and the EMP record does not have a phone
  number listed When passing the field to the WORK phone number field,
  the system stops the user and you have to click ok or cancel. Modified
  function to only look at numeric value and take out all formatting and
  spaces.

15.2.10 PLUS 10 - PARADIGM Plus Patch 10

QRS Update Announcement **Release Date:** 06/15/16

Update: PARADIGM Plus Patch 10

Release Notes

* (NOTICKET) - Patient form new field "P" Primary Voice Contact
  program: pms.cgi, S4GL/PAT, PAT.js
  This field is used to identify the primary voice contact phone number
  to use. It may be used internally, but will be used by the remind
  services to identify which number to use for a patient when voice calls
  are made automatically. This information is stored in the Etdo (trackable
  data object) file.
* (104348) - validation table issue
  program: s4gl.js
  Issue was the "&" in the field value. The s4gl.js sends the field value
  along with the validation classification to the server to check that is
  an actual value. The value was not being URI encoded and the thus only

the value up to the & was sent. Changed s4gl.js to URIencode the value
being sent.
* (104116) - NCTR form To date changing to current date
program: s4gl.js
changed clearfunc to set todt from parent posting date
* (104451) - Appointment Note Not Showing Changes to Line 2 of Appointment
program: pms.cgi
fsl_changes() function was only looking at first note line.
Changed to include second note line.
* (104234) - CID information when in PHY fields.
program: S4GL/NCTR
The phy_info box has been replaced with cid_info when in the PHY fields
the NCTR form.
program: pms.cgi
A new CIDINFO form has been added to the program.
program: common.js
Put special hook in for CID info.
* (104423) Patient number assignment skipping numbers w/force registration
enabled on SCHD form
program: PAT.js
PAT_go function loaded info and set PAT CODE to NEW, This updated the
value,
but then set the cursor back in the field withough displaying the value.
When the user hit ENTER it would do it again. Function was changed to place
the cursor in the Patient Name field and display the new code.
* (NOTICKET) - icd_info - CODE field not displaying properly
program: icd_info.htm
This field was displaying the field icd_icd9 instead of icd_icdx.

15.2.11 PLUS 11 - PARADIGM Plus Patch 11

QRS Update Announcement   **Release Date:** 11/14/16

Update: PARADIGM Plus Patch 11

Release Notes

* (115445) - Encounter (NCTR) form. If a claim had the same insurance for
both primary and secondary it would mark both as paid when suggesting flags.
program: pms.cgi
Suggest posting flag function. Changed to return from function if primary
paid and secondary was set to Y. It previously would continue to look
at for a secondary payment. Since the insurance codes match it would think
the secondary had paid. By not processing the secondary logic when it is

determined the primary has paid it fixes the issue.

15.2.12 PLUS 12 - PARADIGM Plus Patch 12

QRS Update Announcement	**Release Date:** 12/05/16

Update: PARADIGM Plus Patch 12

Release Notes

* (116916) - Required field not working on fields with pictures fields such
  as SSN or PHONE would not evaluate as empty because the picture elements
  would be in the field.
  program: common.js
  Validate_form function was modified to create an empty field equivalent to
  compare to for checking for user entry.

15.2.13 PLUS 13 - PARADIGM Plus Patch 13

QRS Update Announcement	**Release Date:** 12/08/16

Update: PARADIGM Plus Patch 13

Release Notes

* (114618) - Aging not showing the same in PLUS as in DS on NCTR
  program: pms.cgi
  _search.c function that gathers encounter information for summary mode
  uses the ver_nage field to determine if the account is to age on the
  Statement Date or Visit Date. The query to this record was inconsistent
  It should have read it generally but the query was in a conditional
  statement that caused it only to be read under certain circumstances.
  This cause the discrepancy in the two systems.   This has been fixed.

15.2.14 PLUS 14 - PARADIGM Plus Patch 14

QRS Update Announcement	**Release Date:** 12/16/16

Update: PARADIGM Plus Patch 14

Release Notes

* (116316) - Issue with passwords on R4GL programs.
  program: pms.cgi - _r4gl.c
  program: r4gl.js

program: pass.htm
If an R4GL program needed a password, it would add a password field to the
bottom of the form above the functions where the user could enter the
password. The issue was that if the output was defined as monitor and the
user accepted the form it would still send the call, because the password
checking was not performed under those conditions
A change was made to check to see if a password is defined when the form
is rendered and if it is it will present a prompt for the password in a
modal dialog box.   If correct it will continue, if not it will present
an alert box that says:
"You are not authorized to use this program"
and close the form.

15.2.15 PLUS 15 - PARADIGM Plus Patch 15

QRS Update Announcement

Release Date: 05/11/17

Update: PARADIGM Plus Patch 15

Release Notes

* () - CPT and CPT4 renamed to Code or Procedure
 Program: S4GL:APC CFS TRA XRF
 The AMA has a trademark on CPT, So all references to this are being renamed
 to either Procedure or Code.
* (125984) - Issue with Admin and SET_FIELD form
 Program: s4gl.js pms.cgi
 When in the Admin mode and double clicking on a field to set the default
 values, the help message was not being passed to the form. So, if the form
 was used to set a field default it would lose the help message
 unless re-entered by the user. The pms.cgi program was also
 changed to not overwrite the standard help message when the
 defaulted help line is empty. If for some reason, you want an
 empty help line on a field just store "X" as the message.
 Also on the help messages the color has been changed for
 text stored in ><.
* (125418) - Policy Form. Not defaulting holder's information.
 Program: s4gl.js common.js
 When the REL field was defaulted to a value, it would not copy the
 patient information into the holder information when adding an
 insurance policy after a screen clear. A change was made to
 keep track of the last relationship value and have it reset to
 empty on the screen clear. That way when the cursor moved through

the REL field and it was defaulted to "1" it saw them as different.
Another change was made the load_flds function in common.js to
set the value of this variable to the value in the record when
loaded. This way it did not change the holder information when
the cursor moved through the field while updating an existing record
unless they changed the value.
* (125418) - Policy Form. Insurance is UNDEFINED
 Program: get_info.js
 When calling the POL form from the PAT form it would sometimes display
 the insurance code as UNDEFINED because there was not a current
 appointment with insurance information. A check has been put in the
 get_info.js that looks to see if the value is undefined and if it is
 will set it to an empty string.
* (120796) - Co-Payment Slip Issues
 Program: Copay.htm
 The copay program was setting the inv_emrg field to N. This value should
 have defaulted to "Blank".
* (124944) - Windows 10 Update Search Function not working
 Program: common.js
 An update to Windows 10 and IE Version 11.0.15063.0
 caused the Search function to abort it's request under
 certain conditions and the search function would not complete
 and just continue to say "Searching...."   Clicking outside
 of the search area would reinstate the request. A small
 change was made to the code to just start another request if one
 was aborted to fix this issue.
* (125267) - Claim printing Root for User
 Program: pms.cgi VERSION 14.1.2.11 04/27/2017
 This issued looks like it arose from the cuserid issue a while back.
 LOGNAME environment variable was not being set when in program created
 in plus to call insurance generator program. Only SYS_USER was set.