* INTRODUCTION *

GETTING FAMILIAR

Welcome to the Care/DM User Guide. The objective of this manual is to provide a reference document that:

- is organized by MENU functions
- follows the screen completion dialogue
- describes complete operator options
- is available to be read at the terminal, optionally with your practice's specific instructions and explanations

Please spend time with this section as it will provide an insight to the organization of this guide, standards of documentation and standards of software operation. The basic "How To Use and Control" Care/DM questions are addressed.

Care/DM is designed to operate in many different ways. It should be noted that the manner in which Care/DM operates in your installation depends on the options selected during the system installation process described in the "Installation Guide". The "User Guide" will document all the options for a specific prompt with a note indicating that the availability and behavior depends on the options selected during your installation process.

This document will have the most value when used in conjunction with the terminal, in either the production or practical demonstration environment.

DOCUMENTATION CONVENTIONS

- Chapters are organized by MENU functions.

- Text is organized by the screen sections and screen completion dialogue.

- Variable operation is noted by the text qualifier "defined at system installation".

- The term "function" is used to reference a specific menu selection which is accessed via the PF keys or the express F6-10 and F17-20 keys.

- The term "option" is used to reference an action to be performed once a specific function has been selected. Options include, but are not limited to, actions such as Add, Change, Display and End.

- The documentation term "option prompt" refers to being prompted for the activity to be performed: the "A C D E Enter Option:"

or similar appropriate type of prompt.

- Screen prompt text begins in the left margin and is in BOLD lettering. The screen prompts entry order generally follow the order in which they are arranged in the documentation. Some responses will cause other prompts to be bypassed; these will be noted with the phrases:
  ... you will be taken to
  ... proceed to

- The documentation text "Enter ......" implies you must type in a response and then press the return key to instruct Care/DM to accept the input.

- Documentation and software text enclosed in parenthesis ( ) implies you type in the value enclosed and press the return key.

- The "> Entry:" describes the type and amount of input allowed:
  Alphabetic is the letters A through Z
  Numeric is the digits 0 through 9 and the minus sign
  Alphanumeric is Alphabetic and Numeric combined

  Additional allowable input will be noted, enclosed in quotation marks (" ") and following a plus sign ("+"). See the following example:
  Numeric + "," + "/"

- When "Required Input" is listed to the right of the "> Entry:" text, then data entry is required for that field. If pressing the return key without data entry will accept a specific value, you will be notified. When "Required Input" is NOT specified, pressing the return key without data entry will accept a blank value or no data input.

SOFTWARE OPERATION CONVENTIONS

- All text and commands input (anything you input other than the PF or Function keys), must be followed by your pressing the return key to instruct Care/DM to accept the input.

- Operator instructions, entry options and invalid entry notification messages will be displayed at the bottom of the screen.

- Documentation and software text enclosed in parenthesis ( ) implies you type in the value enclosed and press the return key.

- When at the "Enter Option:" prompt, you select the option by either
  - entering the option code (eg: A C D E) and press the return key, or
  - use the right and left arrow keys to highlight the desired option and then press the return key

  The "Enter Option:" prompt will only display the option code values available. You can press the HELP key to display an explanation of the option code values. Once HELP is requested, the appropriate documentation chapter is available for review. You can choose a specific section of the documentation for review. This includes

a user-definable help section. The Up and Down arrow keys are used to navigate through the documentation text. Ctrl-Z and Ctrl-C will exit the HELP and return to the originating "Enter Option:" prompt.

- Most data entered in Care/DM will be stored in uppercase format regardless of the position of the Cap "Lock" key. Exceptions to this include letter text, comments, some description data elements and certain Installation Parameters.

- Punctuation, such as periods, commas, or hyphens should not generally be used when adding information. The exception is in the letter text for letter templates, and for comment and description data elements.

- Extra spaces before or after characters are NOT needed for proper display.

- A "#" sign indicates a numeric entry, an   indicates an alphabetic or alphanumeric response.

- A message to the operator may include a response option enclosed in the < > symbols. This indicates the value contained within the < > will be accepted if just the return key is pressed.

- The symbols v and ^ are used in operator instructions to indicate that you can press the Down arrow key to get and display the next entry and/or press the Up arrow key to get and redisplay the prior entry. The up arrow key will browse only as far back as the first entry originally retrieved.

- The "Working..." message will display on the screen to indicate Care/DM is in the process of performing a task.

SPECIAL KEYBOARD KEYS

The actual labeling of the keys on your terminal keyboard depend on the terminal model. The key labels for all terminal models are described below.

- <X] or Delete key: used to instruct Care/DM to erase the character to the left of the cursor.

- Return key: used to signal the input entry complete and should be processed by Care/DM. The operator instructions at the bottom of the screen use the "<cr>" text to indicate "press the carriage Return key".

- <lf> or F13 or Line Feed key: depending on the operator instruction message at the bottom of the screen, it is used to either:
    - accept a value without data entry
    - browse display the next entry (same as Down arrow key)

  The operator instructions at the bottom of the screen use the "<lf>" text to indicate "press the line feed key".

- Hold Screen key: used to signal the "freezing" of a scrolling display

screen; press again to resume display.

- Ctrl key: used in conjunction with other keys to abort an entry screen or exit a function; hold down the Ctrl key and then press the appropriate key:
    - Ctrl with "Z", referred to as "Ctrl-Z" in Care/DM
        * when adding an entry, stop and clear the screen
        * when changing an entry, go to the "Ok to Change?" message to complete the change
        * when in the menu, logoff if at Main Menu #1, otherwise display Main Menu #1
    - Ctrl with "C", referred to as "Ctrl-C" in Care/DM
        * when adding or changing entry, stop and go immediately to the Menu
        * when displaying activity or terminal printing, interrupt the output and allow operator to decide the subsequent action

- Help key: used to select and display the User Guide reference text. Available in the Care/DM menu and at the specific function option prompt.

- Arrow keys: used to control data display and cursor navigation.

- PF1, PF2, PF3 or PF4 keys: used to access a Care/DM menu function

- Function keys: used to jump from one Care/DM menu function to another function bypassing the Menu; can be used at the Option prompt in any function referenced below. Selected function keys are available at other prompts throughout the system. The availability of these special function keys are noted in the documentation. A function key strip may be requested from the Customer Service Department of Care Information Systems.

F6 - Account Maintenance
F7 - Account Activity Display
F8 - Patient Maintenance
F9 - Patient Activity Display
F10 - Demand Patient Form Print

F17 - Patient Service Entry
F18 - Payment and Adjustment Entry
F19 - Appointment Scheduling
F20 - Printer Services

MENU SELECTION STANDARDS

The system menus have the following operational characteristics in common:

- Menu functions are accessed by use of the PF keys.

- The "Return" key is the same as the Down arrow.

If accessing a Main Menu, the next logical screen will be the next Main Menu.

If accessing other than a Main Menu screen, or Sub Menu, the next logical screen will be the next Sub Menu screen. Repeated "Return" keys will browse all Sub Menus.

- The LINE FEED key will return to Main Menu #1 from any Main or Sub Menu.

- The Up arrow key returns to the previous screen within the main menu function selected.

- The Down arrow key moves to the next logical screen within the main menu function selected.

- Access control is determined by the office system manager when a new User Identification Code is added to the system. If you are trying to access a function which is restricted or requires a specific privilege, you will be notified on the screen and access will be denied.

- The HELP key will provide access to this chapter of the user's guide from any menu of the Care/DM system.

- When leaving a selected function, the system will return to the menu from which the request originated, unless a special user login flag was set to cause you to always return to Main Menu #1.

- A Ctrl-Z or Ctrl-C key can be used to exit the system.

SCREEN ENTRY STANDARDS

The Care/DM system is an "operator controlled" environment. Each character you enter is tested/validated against the allowed or expected values.

When Adding and at the "Ok to Add ?" prompt, you can enter (N)o and the screen will be cleared without adding data.

When Changing and at the "Ok to Change ?" prompt, you can enter (N)o and the screen will be cleared without changing data.

THE EXCEPTION TO THESE STANDARDS ARE ACCOUNT AND PATIENT MAINTENANCE:

The term "navigation" refers to "moving around a completed screen" in such a way as you can change information. This moving is performed using the arrow keys when Adding or Changing Account and Patient Information.

When Adding and at the "Ok to Add ?" prompt, you can press the Up arrow key to go to the first prompt on the screen. Use the Right and Left arrow keys to move to the next or prior field, respectively. (The first

and last prompts "wrap around" to each other; that is, pressing the Left arrow key at the first prompt will take you to the last prompt, and pressing the Right arrow key at the last prompt will take you to the first.) When you advance to the field you want to change, type in the new value and press the return key. This will accept the input and advance to the next field. When all changes are complete, press the Down arrow key to return to the "Ok to Add ?" prompt. If you press the return key, the data entered on the screen will be accepted and stored.

When Changing and at the "Ok to Change ?" prompt, you can press the Up arrow key to go to the first prompt on the screen. Use the Right and Left arrow keys to move to the next or prior field respectively. When you advance to the field you want to change, type in the new value and press the return key. This will accept the input and advance to the next field. When all changes are complete, press the Down arrow key or the Ctrl-Z combination to return to the "Ok to Change ?" prompt. If you press the return key, the data entered on the screen will be accepted and stored.

PRACTICE AND DEVELOPMENT DEMO ACCOUNT

When you receive your Care/DM distribution, you also receive a "demonstration" practice account. This should be used:

- during the implementation analysis
- during the training practice exercises
- to try new features of Care/DM
- to test how Care/DM works without altering your production data

This may not be available on your system. If you cannot gain access, consult the individual that performed your system installation. It may be necessary to alter the demonstration practice parameters to reflect the desired operating mode.

- How do I access it?   Log into Username DEMO
                    Password DEMO
                    User Identification CAREDM
                    Password CAREDM

HOW YOU INITIATE A CUSTOMER SERVICE CALL

Care/DM has many internal checks to verify the accuracy and consistency of information maintained and processed. If any abnormality in system operation is encountered during the Daily Close or Month End processing, Care/DM will restrict operation. The user will be notified that a problem occurred and inquiry only (display option) is allowed. If this situation occurs, you must notify your local distributor or Care Support to investigate the situation and affect a remedy before being allowed to continue. This self-diagnosing feature is for your protection. Your distributor along with Care is your first line of system support. We will advise when hardware problems are expected and need to be investigated further.

If you encounter any other problem or have a "how to" question, you should do the following:

* write down the error message
* print the screen (if a printer is attached to your terminal)
* write down your question

Give your support team a call with the specifics of the situation. The support services available and the "call and response" process is described in the Customer Service Support Policy Guide.

Remember, WHEN IN DOUBT, CALL....

GLOSSARY OF TERMS

Accept Assignment
: Agreement by the provider to charge no more than allowed amounts set by government, HMO'S, etc. Payment is directed to the provider.

Active Account
: An active Care/DM account is available for posting transactions. An active account in a manual system refers to an account with a balance.

Account
: Responsible billing party for patient service fee payment.

Activity Code
: A one-to-nine (1 - 9) character code defined in the Care/DM system, used to flag information for special processing throughout the system. There are five types of activity codes: classifiers, receipts, locations, procedures, and diagnosis.

Adjustment
: A type of receipt used to post a credit or to correct an account balance (eg: TRANSFER, WRITE-OFF, POSTING ERROR, REFUND, DISCOUNT).

Aging Bucket
: A term that refers to a balance amount that is a specific number of months or days old. The Care/DM System maintains nine aging buckets: Current, 0-30 days, 30-60, 60-90, 90-120, 120-150, 150-180, 180-210, and 210+ days old.

Alternate Codes
: Alternate codes refer to procedure and diagnosis codes, usually CPT or ICD, which can be printed on claim forms in place of the codes used during data entry. (eg: OV is input as the procedure code, the alternate code would be 90050). See Cross Reference Code.

Assignment of Benefits
Statement signed by patient to direct the insurance company to pay insurance benefits directly to the provider. These records should be updated to meet federal and state regulations.

Autoback Submittal
Mass insurance request for all claims not previously submitted. "Search / Submit Claims for Eligible Services"

Automatic Insurance
Insurance that is automatically requested at patient service entry.

Backup
The process of making a duplicate copy of files that are on the computer.

Batch
A group of transaction forms sorted and totalled for quick data entry.

Processing mode where no terminal intervention is required; the operating system executes commands found in a file called a batch control file; all data input is from the command file or other files.

Batch Total
A form detailing the following information: the batch number, date of transactions, type of transactions, total dollar amount of the charges, receipts and adjustments, and name of the person who prepared the batch. This slip is used to verify total amounts.

Bucket
See "Aging Bucket".

Chart Label
Label on a patient's medical chart which can contain any of the following patient information: name, address, account number, patient number, birthdate, allergies, classifiers, date added, and a letter to identify patient addition "A" or change to patient record "C".

Chart Number
A number printed on a patient's medical chart. When a numerical filing system is used, the chart number is usually the same as the patient number assigned by the CARE/DM system.

Charge off
The part of an account balance that is uncollectable.

Classifier

Special three-character code assigned to an account indicating a specific condition, billing process or grouping. Classifiers are user-defined in the Care/DM System.

Coupon book

Payment envelopes with stub. Coupon books are produced through the Contract Payment Maintenance option.

CPT-4 (Physician's Current Procedural Terminology (Fourth Edition)

(see Procedure Code) Call (312) 751-6000 for cost and send order to:

American Medical Association
AMA Order Unit
Box 821
Monroe, WI 53566

Cross Reference Code File

Cross Reference codes refer to procedure and diagnosis codes, usually CPT or ICD, which can be printed on a specific company's claim forms in place of the codes used during data entry. (eg: AMERICAN INSURANCE does not accept CPT codes and requires you use their codes. Therefore, the input code of OV could be translated to 1234). See Alternate Code.

Current Balance

Total amount owed to the office at this point in time (does not include contract payment plan balances).

Cursor

A box or line on the terminal screen which indicates the position of the next data entry position.

Daily Register

Daily report showing financial transactions for a specific day.

Day Sheet

List of patients scheduled for appointments for the day. Includes patient identification and appointment information.

Default

Displayed answers to system prompts which are accepted as input with only the pressing of the return key. This minimizes keystrokes while entering data. Default input is usually enclosed in the less than and greater than symbols, < >. (eg: <Y>es)

A value supplied by the operating system or an application program for an input not explicitly entered.

Device
: Something attached to a computer, such as a disk, a printer, a terminal, etc. Usually refers to a disk.

Diagnosis Code
: Standardized alphanumeric codes used by insurance companies which correspond to diagnosis descriptions. (see ICD-9)

Dial up
: Expression used to describe the dialing of a phone number in order to connect a terminal to a computer.

Directory
: A catalog of files stored on a computer's disk device. The directory keeps track of the name of a file and where it is located on the disk. There can be multiple directories on a disk. Directories are arranged in a "tree" structure, with a single "root" directory and multiple sub-directory "branches".

Discount
: A reduction made from a regular or list price of a service, usually made as a result of a cash or prompt payment for services rendered.

Error message
: A statement printed by the computer indicating an unexpected occurence which caused the termination of the current program. All error messages in the Care/DM system should return to a menu.

Fee Slip
: See "Fee Ticket".

Fee Ticket
: A document used to record patient name, service date, name of physician, diagnosis, hospitalization dates, and dollar amount for services rendered, (eg: encounter form, service ticket, or superbill).

Field
: Basic unit of information within a record (eg: last name, first name, account number, or address).

File
: Group of related records, or information. (eg: account files or patient files).

: A collection of data treated as a single unit; usually refers to information on a tape or disk.

Flag

A field in the account and patient file records to indicate an active or inactive status. No transactions can be posted to inactive records.

Hardcopy

Output of printed information from a computer to physical media such as paper, letterhead, or microfiche.

ICD-9 (International Classification of Diseases (9th Revision)

(Clinical Modification (ICD9-CM) Volumes 1 and 2)
(see Diagnosis Code)

Call (312) 783-3238 for cost, and send order to:

Superintendent of Documents
U.S. Government Printing Office
Dept 50
Washington, DC 20402

(or)

Call (313) 769-1000 or (313) 769-6511 for cost, and send order to:

Edwards Brothers, Inc.
ICD-9-CM
P.O. Box 991
Ann Arbor, MI 48106

Login Procedure

The process of identifying an operator to a computer system by the verification of a username and password which are used to gain access to that computer system.

Logout Procedure

The process of exiting a computer system or application.

Mailer

A continuous form constructed such that the contents are inside the mailing envelope.

Microfiche

A 6" x 4" plastic film card divided into about 240 sections. Each section contains the same information found on a 14-7/8" X 11" printed form. Care/DM is capable of preparing microfiche of account / patient statement information. A microfiche viewer is required to read microfiche.

Modem

Acronym for "MODulator-DEModulator". A device that connects a terminal to the computer using a phone line. There must be a Modem at each end of the phone line, one connected to the terminal and one to the computer.

Opening Balance

The dollar amount owed by an account at time of conversion to an automated system.

Password

A security feature requiring a specific response in order to gain access to a computer. This response may be any single or group of characters or numbers. This entry does not usually display on the screen when typed in.

A security word which is used with a username to gain access to a computer or application on a computer.

Patient

The person receiving treatment.

Patient Registration Form

A document used to indicate billing, patient history, and insurance policy information.

Pretreatment

An estimate of dental treatment and expenses needed prior to the actual treatment. Typically is submitted to an insurance carrier for approval prior to actually performing the services.

Printer

A device which displays information on paper in typewriter format.

Dot-Matrix Printer - printed characters are formed with small dots, and may be rough-looking

Letter-Quality Printer - characters are of the same quality as a typewriter might produce; may be actual characters on a print wheel, or a high-quality dot-matrix printer

Prompt

A word or group of words or a character which asks for an input from the user.

Procedure Code

An alphanumeric code used to identify a specific procedure performed on a patient. Standard numbers are used by insurance companies to identify medical and dental procedures. (see CPT-4)

Program

A series of instructions which direct the computer to perform a given task. ALL activities on a computer are controlled by some program.

Provider

Someone or something which provides services to a patient. (eg: Physician or Dentist)

Receipt

A written acknowledgement that money was received for payment on an account.

Refund

Money paid to an account or third party carrier by the office, usually because of overpayment.

Restore

Process of copying saved information from one medium (source) to another. (eg: magnetic tape to disk)

The process of copying previously saved information from one medium to the computer's primary storage device.

Scrolling

Vertical movement of the information displayed on a terminal screen; data normally appears as if it is moving from the bottom to the top of the screen, at which time it leaves the screen display area.

Signature on File

A patient's personal signature kept on file for the purpose of authorizing the insurance company to make payments of benefits to the office.

A patient's personal signature kept on file to authorize release of information to the insurance company.

Both signatures are required in order to send insurance claim forms directly to the insurance company from the office.

Signature Waived

For purposes of computer insurance billing, the insurance company will waive requirements of provider's signature on the insurance form, so that it may be printed by computer.

Statement

A form used to bill accounts. This form may include aging information, name, detailed charge, payment, and insurance submittal information.

Third Party Payment

Payment received from a billable party other than the account guarantor. (eg: insurance co., attorney) Typically, the provider has a contract with the Third Party payor, and receives payments directly from that entity rather than the patient.

Ticket

See "Fee Ticket"

Transaction

An activity, such as a procedure, receipt, diagnosis, etc., which has been entered against an account.

Transfer

Moving an accounts receivable amount from one account to another.

Type of Service (TOS)

Each procedure performed fits one of several categories. These categories are used by insurance companies to determine if proper procedures where performed in an appropriate location by a qualified specialist. Each type of procedural service must be specified for proper insurance processing.

Unapplied credit

In reference to the Receipt Allocation function of the Care/DM system, unapplied credits are receipts that have not been assigned to a provider.

Write-off

The part of an account balance that is not collectible.

Word Processing

Creating letters, books, or other written documents on a computer system. Word processing programs allow the movement of text around the document or make other changes electronically without retyping on paper.

* A C C O U N T   F I L E   M A I N T E N A N C E *

WHAT IS AN ACCOUNT?

An Account identifies a guarantor for services and can be, but is not limited to, any of the following:

- the patient
- a relative of the patient
- the employer of the patient
- the employer of the patient's spouse, parent or guardian

The account record in the Care/DM System includes demographic information about the guarantor and establishes information related to billing, insurance, and the party responsible for payment. The account may have a single patient or a family of patients assigned to it (or even NO patients assigned). There is no limit to the number of patients that can be assigned to an account or the number of insurance policy records which may be associated with an account.

The account maintenance display function will show an aged balance for both the "personal responsibility" portion (that amount for which the guarantor is personally responsible) and for the "third party" responsibility (eg: Insurance Company) portion of the service balance.

Special features such as duplicate name search, full screen editing, input value assumption, input validation, activity code expansion and city, state, and zip code assignment are implemented to assist in rapid and accurate information entry.

The account and patient information files are closely related in their content and use. The adding of account and patient information has been combined in the AP and SAP options for convenience. When referring to the AP and SAP screens, the information relating to patient maintenance such as demographic identification, allergy and provider referral information, will be described in detail under "Patient File".

There is a specialized feature of Care/DM that is included in Account Maintenance which is enabled by special settings during system installation. CHAF - Common Hospital Admit File - permits account and patient information to be copied from existing records in one practice into another practice's database. This helps to minimize duplicate entry of information and allows the single registration entry to be used by multiple practices, such as in a billing service.

HOW DO YOU GET TO THE ACCOUNT MAINTENANCE FUNCTION?

The Account Maintenance function is accessed from Business File Maintenance Menu #1, PF1, or by entering 1.1.1.1 or by pressing the F6 key at any menu. Pressing the F6 key at the option or initial input point of any function that is referenced by the F6-10 and F17-20 keys, or pressing the F6 key at the "Patient" prompt of the "Patient Service Entry" function will also access this function.
NOTE: If this is used, the F6-10 and F17-20 keys are disabled; the

only way to exit Account Maintenance is by using the (E)nd option which returns to Patient Service Entry.

During the "Patient Service Entry" function, if a (Last,First) name value is entered at the "Patient" prompt and the name is not on file, the question will be asked: "Want to Register Patient ?". Responding yes, will place the user into the (AP) or (SAP), depending on the assumed option enabled during system installation, on business parameter file line 31. Completion of the registration will automatically return to Patient Service Entry.

During the Scheduling function, it is possible to access account and patient maintenance function, perform data modification and return to the Scheduling function.

Entering the (X) option in the "Patient Maintenance" function will "cross over" to Account Maintenance.

HOW DO YOU MAINTAIN ACCOUNT INFORMATION?

The Account Maintenance function permits several data manipulation options. The options are displayed at the bottom of the screen in the following manner:

```
A  AP  SAP  D  DAP  C  AI  DI  CI  TI  E  X    Enter Option: __
```

Press the Left or Right Arrow keys to highlight the option or enter the letter of the option to be accessed and press the return key. Other input allowed includes the "Help" key and the F6-10 and F17-20 keys.

The following options are available:

A Add account information only; account number can be system- or user-assigned
AP Add account and patient at the same time or add a patient to an existing account; account and patient number are system- or user-assigned and a chart label is printed if this feature is enabled during system installation
SAP Search for duplicate name before adding account and patient
D Display account information; find by account number or all or portion of account last name; no insurance data is displayed
DAP Display account and all associated patient information
C Change account information
AI Add Insurance to an existing account
DI Display Insurance information for an account
CI Change Insurance information for an account
TI Terminate an Insurance Policy
E End - return to menu
X Cross over to patient maintenance option

HOW DO YOU CALL UP/RETRIEVE AN ACCOUNT?

The (D), (C), (AI), (DI), (CI) and (TI) options require an account be called up, or retrieved. The desired account is selected at the "Account" screen prompt.

Retrieval of account information can be accomplished via entry of:

* The account number (eg: 123)
* The account last,first name (eg: Moore,Al)
* The account full last,,first name (eg. Moore,,Al)
* Account last and part of first name (eg: Moore,A)
* Account full last and part of first name (eg. Moore,,A)
* Part of account last name (eg: Moor)
* Forward and reverse browse retrieval is performed by using the down and up arrow keys.

NOTE: Reverse browse retrieval will only be permitted back to the first entry originally retrieved.

NOTE: When entering an account name as "last,first", it is assumed that the entry can be part of a last name and part of a first name. Searching in this instance can be lengthy as all names matching what was entered will be considered for display. Entering "last,,first" assumes that the last name entered is a complete last name, and that only those accounts matching the first name will be displayed.

WHAT DEMOGRAPHIC INFORMATION IS MAINTAINED IN THE ACCOUNT?

Each of the following information prompts related to an account are in bold type in the far left column of this section.
Following the prompt will be a description of what it is used for, if and how it can receive input (> Entry:) and any variation of use depending on the option chosen, (eg: (AP)).

Account

During retrieval, this prompt indicates what account to retrieve. See "How do you Call Up/Retrieve an Account?".

During the add options, the number will be automatically assigned at the end of information entry or, if choosen at system installation, the account number can be user-assigned. In all cases, the system will verify the account number does not currently exist.

Last Name

Enter the last name of the guarantor of the Account; the name will be accepted without searching and will advance to First Name.

> Entry: Alphabetic (16) Required Input
plus "/" and "-"

NOTE: A personal or academic title (eg: JR, SR, III, MD, DDS...) is specified in the "First Name" prompt. Pressing return without any

entry, will return to the Account Maintenance option selection prompt.

(AP) When using the (AP) option, it is possible to search for similar patient names that exist on the system. To do this:

- press the return key, the cursor will advance to the "Patient Last Name" prompt.
- at the Patient Last Name prompt press the return key to select another account maintenance option.
  (or)
  enter the patient last name, then enter a patient first name or part of a first name.

The system will search for a match on the last name and a match on the part of the patient first name entered and display all similar named patients. If similar names are displayed, the user will:

- have the option to add a patient to an existing account
  (or)
- abandon the search and return to the Account Last Name prompt.

(SAP) When using the (SAP) option, it is possible to search for similar account names that exist on the system. To do this:

- enter the account last name, then enter the account first name or part of a first name.
  (or)
- at the Account Last Name prompt, press the return key to advance to the Patient Last Name prompt (refer to (AP) above for patient name search response).

The system will search for a match on the last name and a match on the part of the account first name entered and display all similarly named accounts. If similar names are displayed, the user will:

- have the option select an account and add a patient to that selected account.
  (or)
- abandon the search and return to the Account Last Name prompt.

(CHAF) If the Common Hospital Admit File feature is enabled, a NUMERIC account number entry is allowed as input. The value is used to locate and display the specified account information in the "Master" file which is eligible to be copied into the current account file, thus eliminating the need for duplicate data entry.

> Entry: Numeric (07) Only if CHAF enabled

First Name

Enter the first name and middle initial of the guarantor of the Account. Refer to the Last Name section above for specialized entry when using the (AP) and (SAP) options.

> Entry: Alphabetic (12)
plus "/" and "-"

NOTE: Personal or academic titles (eg: JR, SR, III, MD, DDS,....) must be entered in the First Name prompt after the first name with a space between (eg: DANIEL J MD).

Address

Enter the street address information for the guarantor of the Account.
NOTE: To specify a four-line address, refer to the "Employed" prompt.

> Entry: Alphanumeric (23)

City/State/Zip

The city, state and zip prompts can be input as three separate prompts or can be automatically completed by a single entry of zip code in the city prompt.

Enter the City of the guarantor.
Enter the standard Federal Postal abbreviation for the State of the guarantor.
Enter the Zip Code of the guarantor.

> Entry: Alphanumeric (22), (02) and (05) Required Input

(or)

Enter the Zip Code (into the City prompt) of the guarantor. This will be used to search the zip code translation file. The City and State will display automatically if the code is found.

> Entry: Numeric (05) Required Input

NOTE: The Zip Code translation file is defined through zip code maintenance.

Home Phone

Enter the Home Telephone number of the guarantor including the area code if available. An area code of 000 is assumed if a value is not entered.

> Entry: Numeric (7) or (10)

Work Phone

Enter the Work Telephone number of the guarantor including the area code if available. An area code of 000 is assumed if a value is not entered.

> Entry: Numeric (7) or (10)

Flag

This is an indicator of the account's status. It is automatically set to "Active" when adding a record. The value can be modified from Active to Inactive through the (C)hange option if:

1) All patients referencing the account are Inactive
2) The account balance (both personal and third party) is 0.00

NOTE: Both the personal and third party balances must each be zero. For example, if the third party balance is 10.00, and the personal balance is a credit balance of 10.00, the net account balance is zero, but the account is NOT considered to be eligible for inactivation.

The value can be automatically set by the Archive function, (F)lag and (B)oth options.

When an account is flagged as "Inactive", Care/DM will not permit

transaction posting to the account or the assignment of patients.
An account flagged as "Inactive" will be eligible for removal from
the system when an Archive and Purge is performed. If an account is
flagged as Inactive, it can be modified to Active through the
(C)hange option.

Access to this prompt is only permitted in (C)hange option; values
allowed are (X) for Inactive, (A) for Active.

> Entry: Alphabetic (01)

Classifiers

Classifiers are a "shorthand" method by which an account can be assigned
specific attributes. They are defined through the Activity Code File
Maintenance function. Among other things, classifiers can indicate that
an account is on collections, is not to be billed, or that insurance is
to be automatically submitted when services are input.

Enter the Classifiers related to this Account. The entry is validated
against established Classifier codes with the display of the classifier
description.

> Entry: Alphanumeric (01 - 03)

(C) A change action must be indicated to Add or Delete a Classifier code.
This is accomplished using a "+" or "-" symbol preceeding the classifier
code to indicate an add or delete. (eg: "+MED" or "-AA")

> Entry: "+" and "-" (02 - 04)
plus Alphanumeric

Employed

Enter the Account's employer name.
(or)
Enter the Second line of a four-line address and press the return key.
The address may be preceded with C/O or the "%" sign.

> Entry: Alphanumeric (30)

NOTE: The record must contain the appropriate "office defined" four-line
Address Classifier Code. (eg: "4LA") for this field to be interpreted
as a four-line address. The classifiers which indicate four line
address are given in business parameter file line 37.

Services To-Date

System-maintained total dollar amount of charges posted to the account
to date.

Last Pymt Date

System maintained date of last personal payment applied to the account.

Pending PR

System maintained aged balance (0 to 210+ days) and payments for
service for which the Account is personally responsible.

Pending TPR

System maintained aged balance (0 to 210+ days) and payments for service for which Third Party (insurance) companies are responsible.

OK to Add ? (<Y>es or (N)o)

Enter (Y).
(or)
Press the return key to accept a response of <Y>es.
(or)
Enter (N) to void the entire entry.
(or)
Press the Up arrow key to get to first prompt on screen. Then use the Right and Left arrow keys to move from prompt to prompt; use the Down arrow key at any prompt to return to the "OK to Add ? (<Y>es or (N)o)" prompt.

Assigning Account Number xxxxxxx <cr>

Press the return key and the system automatically assigns the number represented by xxxxxxx.

(or)

Account Number (xxxxxxx) #######

Press the return key to accept the value represented by xxxxxxx.
(or)
Enter the account number to assign.

> Entry: Numeric (07)

The system will verify that the number entered does not already exist.

NOTE: Account numbers can be automatically assigned or manually entered depending on the office specifications. This is controlled by business parameter file line 56.

WHAT INSURANCE INFORMATION IS MAINTAINED IN THE ACCOUNT?

The Insurance information section defines who is covered by insurance in general terms. Care/DM then uses this information to determine whether a patient is eligible for coverage by a specific policy associated with an account. This automatic determination of coverage has been implemented to allow patients to be added without having to add/maintain separate insurance information records for each patient.

Care/DM uses the patient's "Relation to Account" prompt data and the insurance policy holder's "Relation to Account" prompt data to determine the "Patient's relation to Policy holder". The determined relationship is compared to the "Who's Insured" insurance policy prompt value to decide eligibility of the patient under the insurance policy.

Simply stated the coverages are as follows:

FAMILY COVERAGE: (eg: all patients assigned to the account); put "00" for All in the "Who's Insured" prompt

SELF COVERAGE: (eg: only a single patient assigned to an account) be sure "Policy Holder" name is identical to the individual patient's name; put "02" for Self in the "Who's Insured" prompt

INDIVIDUAL and DEPENDENTS (eg: spouse and children) be sure the "Policy Holder" name is identical to the individual patient's name and the individual's relation to the account is the same as the policy holders relation to the account; put "10" for Self and Dependents in the "Who's Insured" prompt

A reference table has been included in the appendix. The "Coverage Relationship Reference Table" details the coverage decision process. This table should be referenced to determine patient eligibility when an insurance claim is not automatically prepared and one was expected.

Seq

This is a system-defined internal sequence number which is used, along with the account number, to uniquely identify the policy. It will be assigned when the information has been entered and accepted.

Priority

Enter the submission priority. This allows multiple policies to be displayed and submitted in a pre-defined order. Policies are displayed in increasing priority order, and the priority does not have to be unique. Typically, priorities are assigned in increments of 5 or 10, so that other policies can be added later if necessary. For example, a Medicare policy would have a low priority, probably "001", since it is always primary, followed by other policies with priorities of "005", "010", and so on. Priorities can be changed.

> Entry: Numeric (03) Required Input

(A) Pressing the return key will return to the Last Name prompt to enter the next Account.

(AP) Press the return key to be placed at the Patient Allergy and Patient Referral information prompts, provided these features are enabled at system installation. (Refer to Patient Maintenance and Referral Maintenance chapters respectively for detailed Allergy and Referral entry instructions).

(SAP) Same as (AP) above.

Code

Enter the Insurance Company code. Insurance Company Maintenance defines Insurance Company codes.

(or)

Enter (?xxx) to scroll display the insurance companies in the Insurance Company Maintenance file in name order, beginning with the qualifier entered by the operator in the "xxx" area. The following information would be included in the display if the operator entered "?MED":

```
CODE  NAME                      T/P
====  ========================= ===
MEDN  MEDICARE                   T
MEDA  MEDICARE/ACCEPT            T
PRU   PRUDENTIAL                 P
WC    WORKER'S COMPENSATION      P
```

(or)
Enter (??xx) to scroll display the insurance companies in the Insurance Company Maintenance file in name order (including the company address information), beginning with the qualifier entered by the operator in the "xx" area. The following information would be included in the display if the operator entered "??ME":

```
CODE  NAME                         T/P
====  ========================= ===
MEDN  MEDICARE                      T
      PO BOX 222

      SPRINGFIELD  IL  62702
MEDA  MEDICARE/ACCEPT               T
      122 W JEFFERSON
      SUITE 200
      SPRINGFIELD  IL  62704
PRU   PRUDENTIAL                 P
      MALL WEST PLAZA
      390 PLAZA DRIVE
      PEORIA       IL  65620
WC    WORKER'S COMPENSATION         P
      PO BOX 12345

      CHICAGO      IL  60601
```

> Entry: Alphanumeric (04) Required Input
plus "?"

Eff Date

Enter the policy effective date.
(or)
Press the return key to accept a value of no effective date, which indicates that the policy is valid forever into the past.

> Entry: Numeric (06)

Term Date

Enter the policy termination date.
(or)
Press the return key to accept a value of no termination date, which indicates that the policy is valid forever into the future.

> Entry: Numeric (06)

Plan Name

Enter the policy's Plan Name.
(or)
Press the return key or enter "NONE" for no plan name.
(or)
Press the line feed key to assume the insurance company name.

> Entry: Alphanumeric (25)

Holder (Last Name)

Enter the Policy Holder's Last Name.
(or)
Press the return key to assume the Account's last name.
> Entry: Alphabetic (16) Required Input

(First Name)

Enter the Policy Holder's First Name.
(or)
Press the return key to assume the Account's first name.
> Entry: Alphabetic (12) Required Input

DOB

Enter the Policy Holder's date of birth.
(or)
Press the return key for no entry.
(or)
If patient name and policy holder name match exactly, press the line feed key to assume the patient date of birth.

> Entry: Numeric (06)

Sex

Enter the Policy Holder's sex.
(or)
Press the return key for no entry. Valid choices are "M" or "1" for Male or "F" or "2" for Female.
(or)
If patient name and policy holder name match exactly, press the line feed key to assume the patient sex.

> Entry: Alphabetic (01)

SS#

Enter the Policy Holder's social security number.
(or)
Press the return key for no entry.
> Entry: Numeric (09)

(AP) If the patient name is identical to the Policy Holder's last and first names, a message at the bottom of the screen will indicate that pressing the Line-feed key <lf> will accept the patient's Social Security Number as the assumed Policy Holder Social Security number.

(SAP) Same as (AP) above.

Policy

Enter the Policy number.
(or)
Press the return key to accept a blank value.
> Entry: Alphanumeric (16)

(AP) If the patient name is identical to the account name, a message at the bottom of the screen will indicate that pressing the Line-feed key <lf> will accept the patient's Social Security Number as the

assumed Policy. In addition, entering "#" followed by any characters will use the social security number followed by those characters; entering any characters followed by "#" will use those characters followed by the social security number.

(SAP) Same as (AP) above.

(CI) Enter (NONE) in the Policy prompt to remove the previous value.

Group

Enter the Group number.
(or)
Press the return key to accept a blank value.
> Entry: Alphanumeric (16)

(AP) If the patient name is identical to the account name, a message at the bottom of the screen will indicate that pressing the Line-feed key <lf> will accept the patient's Social Security Number as the assumed Group. In addition, entering "#" followed by any characters will use the social security number followed by those characters; entering any characters followed by "#" will use those characters followed by the social security number.

(SAP) Same as (AP) above.

(CI) Enter (NONE) in the Group prompt to remove the previous value.

Who's Ins

Enter the code for who's covered by the policy. Values can be added together. (eg: a value of 10 is for self AND dependents: 02 + 08).
<00> = All 02 = Self 04 = Spouse 08 = Deps or Sum of Codes
(or)
Press the return key to accept a value of All.
> Entry: Numeric (02) Required Input

Employer

Enter the name of the Policy Holder's employer.
(or)
Press the return key to accept a blank value.
> Entry: Alphanumeric (30)

Relation

Enter the Policy Holder's relationship to the Account.
<1> = Self 2 = Spouse 3 = Son
4 = Daughter 5 = Employee 6 = Other
(or)
Press the return key to accept a value of Self.
> Entry: Numeric (01) Required Input

AA

Enter whether or not you accept assignment on this policy. The default for this response is given in the Insurance Company record for the company selected.
(or)
Press the return key to accept the default value.

> Entry: Numeric (01) Required Input

SOF

Enter whether or not you have signature on file for patients who have this policy. The default for this response is given in the Insurance Company record for the company selected.
(or)
Press the return key to accept the default value.

> Entry: Numeric (01) Required Input

Copay Type

Enter whether or not there is a copay associated with this policy, and if so, what type it is. Enter (F)ixed, (P)ercentage, (S)ampled or <N>one. A Fixed amount is simply a dollar amount which is due from the patient for each visit. When a fee ticket is entered, the lesser of this amount and the ticket total will be displayed and available for generation of copay transactions. If Percentage is selected, the percentage multiplier is applied to the ticket total and available forgeneration of copay transactions. For the Sampled type, the Sampling option must be selected by the office via business parameter file line 104. When this is selected, sample reimbursement figures are maintained by the system. That is, when payments are received for services, they can be applied to individual procedures, and that reimbursement history is kept. The difference between the billed procedure amount and the average payment on the procedure is then used as the copay amount. This allows the practice to collect what will ultimately become due at the time of visit rather than later on following insurance company payments.
(or)
Press the return key to accept the default of None.

> Entry: Numeric (01) Required Input

Copay Amount

If (F)ixed or (P)ercentage is selected for the copay type, an amount will be prompted for. (The amount will be either the fixed dollar amount or the percentage multiplier.)
(or)
Press the return key to accept the default of zero.

> Entry: Numeric (08) Required Input

OK to Add ? (<Y>es or (N)o)

Enter (Y).
(or)
Press the return key to accept a response of <Y>es.
(or)
Enter (N) to void the entire entry.
(or)
Press the Up arrow key to move to the first prompt on the screen. Then use the Right and Left arrow keys to move from prompt to prompt; use the Down arrow key at any prompt to return to the "OK to Add ? (<Y>es or (N)o)" prompt.

Want to Add Automatic Insurance Classifier xxx ? (<Y>es or (N)o)

This question is prompted when an Insurance Company is referenced but the corresponding automatic insurance classifier has not been included in the classifiers currently assigned to the account.

Enter (Y).
(or)
Press the return key to accept a response of <Y>es.
(or)
Enter (N) to continue without adding a classifier.

NOTE: Choosing not to include the classifier causes the request to submit insurance during the "Patient Service Entry" function to be skipped.

HOW CAN I TERMINATE AN INSURANCE POLICY?

Entering the option TI will terminate an insurance policy. You will be prompted for an account from which to select a policy for termination. Once selected, you will be asked whether or not you wish to continue and terminate the policy. Once terminated, if the account had the automatic classifier associated with the policy's Insurance Company assigned to it, you will be asked whether or not to remove that classifier. Terminating an Insurance Policy marks that policy as unavailable to the system. Subsequent claim requests will not attempt to access this policy, unless manually requested. A policy can be reactivated by entering change mode and modifying the effective and terminate dates, and the priority indicator.

OK to Terminate ? (<Y>es or (N)o)

Enter (Y).
(or)
Press the return key to accept a response of <Y>es.
(or)
Enter (N) to void the termination process.

Want to Remove Automatic Insurance Classifier xxx ? ((Y)es or <N>o)

This question is prompted when an Insurance Policy is terminated and the corresponding automatic insurance classifier is currently assigned to the account.

Enter (Y).
(or)
Enter (N) to continue without adding a classifier.
(or)
Press the return key to accept a response of <N>o.

* P A T I E N T   F I L E   M A I N T E N A N C E *

WHAT IS THE PATIENT FILE?

The patient file stores information relative to persons under a provider's care. The following information is included in the patient file:

- patient demographics (name, address, social security number, marital status, birthdate, sex)
- the account to which the patient is assigned
- the provider in charge of the patient's care
- allergy information
- permanent (long-term) diagnosis
- referral information regarding the referring physician and reasons for the referral

Information stored in the patient file can be maintained and modified by the user. The file is composed of the following records:

- one base identification master record (characteristics)
- multiple allergy records
- one referral record
- multiple permanent (chronic) diagnosis entries

Occurrence information is also tied to a patient but is maintained in its own file.

All patients are assigned to an account. Depending on the installation startup definitions, one or more patients can be assigned to a specific account (guarantor). The patient may be the account, may be a member of a family of patients assigned to the account, or may be someone totally unrelated (an employee, for example). The account and patient information files are closely related in their content and use.

The add and display of a patient information can also be performed using the Account Maintenance Add and Display options.

A user-formated patient information sheet can be printed following an add, change or display of patient information.

Special features such as duplicate name search, user-defined retrieval key (eg: Social Security or Admission Number), full screen editing and input value assumption assist in accurate and rapid information entry.

HOW DO YOU GET TO THE PATIENT MAINTENANCE FUNCTION?

The Patient Maintenance function is accessed from Business File Maintenance Menu #1, PF2, by entering 1.1.1.2 at any menu, by pressing the F8 key at any menu, by pressing the F8 key at the option or initial input point of any function that is referenced by the F6-10 and F17-20 keys, by pressing the F8 key at the "Patient" prompt of the "Patient Service Entry" function. NOTE: If this is used, the F6-10 and F17-20 keys are disabled; the only way to exit Patient Maintenance is by using the (E)nd option which returns to Patient Service Entry.

The "X" option can also be entered in the "Account Maintenance" function to "cross over" to Patient Maintenance.

HOW DO YOU MAINTAIN PATIENT INFORMATION?

The Patient Maintenance function permits several data manipulation options. The options are displayed at the bottom of the screen in the following manner:

A D C AA DA CA OA AO DO CO TO E X Enter Option: __

Press the Left of Right Arrow keys to highlight the option or enter the letter of the desired option and press the return key. Other input allowed includes the "Help" key and the F6-10 and F17-20 keys.

The following options are available:

A Add patient information only; patient number can be system or user assigned. Add will not be available if the option for one patient per account is selected in the business parameters. In this case, the Account maintenance function is used to add the patient. A patient chart identification label can be produced if selected in the business parameters.

A patient can also be added using the AP option of the Account Maintenance function.

D Display patient information; find by patient number, or all or portion of patient last name, user defined retrieval key (eg: social security number) or account number. No allergy data is displayed.

A patient can also be displayed using the DAP option of the Account Maintenance function.

C Change patient information. An updated chart identification label can be produced if selected in the business parameters.

The Allergy options are only available if the Allergy option is selected in the business parameters.

AA Add Allergy information to an existing patient. An allergy label can be produced for the patient chart if selected in the business parameters.
DA Display Allergy information for a patient
CA Change patient Allergy information
OA Omit Allergy information

The Occurrence options are only available if the Occurrence option is selected in the business parameters.

AO Add Occurrence information to an existing patient
DO Display Occurrence information for a patient

CO Change patient Occurrence information
TO Terminate Occurrence information

E End - return to menu
X Cross over to account maintenance option

Permanent diagnosis is maintained using the Patient Service Entry function.

Referral information is maintained using the Provider/Patient Referral Maintenance function.

NOTE: The business parameter file line which controls whether there is only one patient per account is line 25. The parameter which controls whether allergy information is maintained is line 21. Label printing is controlled by line 30. The parameter which controls whether occurrence information is maintained is line 21.

HOW DO YOU CALL UP/RETRIEVE A PATIENT FILE?

The (D), (C), (AA), (DA), (CA) and (OA) options require a patient be called up, or retrieved. The patient is selected at the "Patient" or "Account" screen prompt.

Retrieval of patient information can be accomplished via entry of:

* The patient number, with leading zeros optionally specified (eg: 41)
* The patient full last, first name (eg: Moore,Jane)
* Patient last and part of first name (eg: Moore,J)
* Part of patient last name (eg: Moor)
* A user defined key (eg: Social Security Number); the key value should be preceeded with a "-" to denote the user defined key retrieval (eg: -123456789)
* Forward and reverse browse retrieval is performed by using the down and up arrow keys. NOTE: Reverse browse retrieval will only be permitted back to the first entry originally retrieved.
* <cr> at patient prompt, then:
    - The account number (eg: 123)
    - The account full last, first name (eg: Moore,Al)
    - Account last and part of first name (eg: Moore,A)
    - Part of account last name (eg: Moor)
    - Forward and reverse browse retrieval for the desired account is performed by using the down and up arrow keys. Then the desired patient can be located through browsing as indicated by the message prompt. NOTE: Reverse browse retrieval will only be permitted back to the first entry originally retrieved.

WHAT DEMOGRAPHIC INFORMATION IS MAINTAINED IN THE PATIENT FILE?

Each of the following information prompts related to an account are in bold type in the far left column of this section.
Following the prompt will be a description of what it is used for, if and how it can receive input (> Entry:) and any variation of use depending on the option chosen, (eg: (AP)).

Patient

During retrieval, this prompt is where the patient to retrieve is specified (see "How do you Call Up/Retrieve a Patient?"). Pressing the Return key will advance to the Account prompt.

During the add options, the number will be automatically assigned at the end of information entry. In addition, if chosen in the system parameters, the patient number can be user-assigned. The business parameter file line which controls this is line 56. If the number is user-assigned, the system will verify the patient number does not currently exist.

Account

During Retrieval, the value can be either the account number or the account name. Browsing through accounts can be done to locate the desired record. Pressing the Return key will return to the Patient maintenance option selection prompt.

During add, this prompt is also used as a retrieval prompt. See "How do you Call Up/Retrieve a Patient?". The input value must be an established account number. The account name will be displayed for visual verification. This allows searching for a patient for which the account name or number is known, but the corresponding patient information is not.

> Entry: Numeric (01 - 07) Required Input

Last Name

Enter the last name of the patient.
(or)
Press the return key to accept the value of the Account Last Name.

> Entry: Alphabetic plus "/" or "-" (16) Required Input

First Name

Enter the first name of the patient.
(or)
Press the return key to accept the value of the Account First Name.

(AP) If the return key is pressed, the values for Address, City, State, and Zip code will be assumed the same as the account's and the input bypassed. The value of SELF will be assumed for the Relation to Account and the input bypassed.

NOTE: Personal or academic titles (eg: Jr, Sr, III, MD, DDS,....) must be entered in the First Name prompt after the first name with a space between. (eg: Daniel MD)

> Entry: Alphabetic (12) Required Input

plus "/" or "-"

Address

Enter the street address information for the patient.
(or)
Press the return key to accept the value of the Guarantor Address.
> Entry: Alphanumeric (23) Required Input

City/State/Zip

The city, state and zip prompts can be input as three separate prompts or can be automatically completed by a single entry of zip code.

Enter the City of the guarantor.
Enter the standard Federal Postal abbreviation for the State of the guarantor.
Enter the Zip Code of the guarantor.
> Entry: Alphanumeric (16), (02) and (05) Required Input
(or)
Enter the Zip Code (into the City prompt) of the guarantor. This will be used to search in the zip code translation file. The City and State will display automatically if the code is found.

> Entry: Numeric (05) Required Input

NOTE: The Zip Code translation file is defined through the Zip Code Maintenance function.

Relation to Acct

Enter the patient's relationship to the account.

<1> = Self	2 = Spouse	3 = Son
4 = Daughter	5 = Employer	6 = Other

(or)
Press the return key to accept a value of Self.
> Entry: Numeric (01) Required Input

Soc Sec

Enter the patient's Social Security number (without dashes) and press return. If the user-defined retrieval key is implemented in the business parameters, and is set to be the social security number, the value is checked for duplication. Business parameter file line 91 defines the alternate patient retrieval key. If a duplication is found, a message will display and a value of 000-00-0000 will be assumed until the proper values can be determined and changed.
(or)
Press the return key to accept a value of 000-00-0000.
> Entry: Numeric (09) Required Input

Flag

Automatically set to "Active" when adding a record. The value can be modified from Active to Inactive through the Change option. The value can be automatically set by the Archive function, (F)lag and (B)oth options (see History Archive and Purge).

When a patient is flagged as "Inactive", the system will not permit transaction posting to the patient. A patient flagged as "Inactive",

will be eligible for removal from the system when an Archive and Purge is performed. If a patient is flagged as Inactive, the Change option can be used to modify the status to Active.

Access to this prompt is only permitted in Change mode; values allowed are (X) for Inactive, (A) for Active.

> Entry: Alphabetic (01)

Birth Date

Enter the patient's Birth Date (without dashes).
(or)
Press the return key to accept a value of 00-00-00.

> Entry: Numeric (06) Required Input

Sex

Enter the patient's sex.
(1) or (M) = Male
(2) or (F) = Female

> Entry: Alphanumeric (01) Required Input

Provider

Enter the provider code for the patient's provider. See Firm and Provider File Maintenance for valid provider identification codes. A patient can only be assigned to a single provider. However, services can be performed by any provider defined in Firm and Provider maintenance. In other areas of the Care/DM system, the provider entered here is referred to as the patient's "Assigned" provider; one who performs services to a patient is referred to as the "Service" provider.

> Entry: Alphanumeric (02) Required Input

Marital Status

Enter the patient's marital status code. Whether or not this field is displayed and prompted for is controlled by business parameter file line 26.

(1) or (S) = Single	(U) = Unknown	(W) = Widowed
(2) or (M) = Married	(D) = Divorced	(X) = Separated

> Entry: Alphanumeric (01) Required Input

<User defined Retrieval Key Prompt>

If the installation has defined an alternate patient retrieval key other than social security number, the data will be requested. If the retrieval value is duplicated, notification will be given and modification of the entry will be allowed, or the input can be bypassed. Business parameter file line 91 defines the alternate retrieval key.

> Entry: Alphanumeric (16) User-defined Allowed input

OK to Add ? (<Y>es or (N)o)

Enter (Y).
(or)
Press the return key to accept the default response of <Y>es.
(or)
Enter (N) to void the entire entry.
(or)
Press the Up arrow key to get to first prompt on screen. Then use

the Right and Left arrow keys to move from prompt to prompt; use the Down arrow key at any prompt to return to the "OK to Add ? (<Y>es or (N)o)" prompt.

NOTE: At any time during input, the up arrow will take you to the first prompt on the screen. The down arrow will take you to either the "OK to Add" prompt, or the field following the last field for which you have made an entry, if you have not completed the entire screen. The left and right arrows move from prompt to prompt. Arrow keys are only accepted in the first entry position of a field.

Assigning Patient Number xxxxxxx <cr>

Press the return key and the system automatically assigns the number represented by xxxxxxx.

(or)

Patient Number (xxxxxxx) #######

Press the return key to accept the value represented by xxxxxxx.

(or)

Enter the patient number to be assigned.

> Entry: Numeric (07)

The system will verify that the number assigned does not already exist. Business parameter file line 56 controls whether a number can be input.

Want to Add Allergy Record ? ((Y)es or <N>o) or (<Y>es or (N)o)

NOTE: This is asked ONLY if Allergy information capture is defined as available in the business parameters, line 21.

Enter (Y).

(or)

Enter (N) to not enter an Allergy Record and to go on to the next question.

(or)

Press the return key to accept the response enclosed in < > as defined during system installation.

Want to Add Occurrence Record ? ((Y)es or <N>o) or (<Y>es or (N)o)

NOTE: This is asked ONLY if Occurrence information capture is defined as available in the business parameters, line 21.

Enter (Y).

(or)

Enter (N) to not enter an Occurrence Record and to go on to the next question.

(or)

Press the return key to accept the response enclosed in < > as defined during system installation.

Want to Add Referral Record ? ((Y)es or <N>o) or (<Y>es or (N)o)

NOTE: This is asked ONLY if Referral information capture is selected in the business parameters, line 49.

Enter (Y).

(or)

Enter (N) to not enter a Referral Record and to go on to the next question.

(or)

Press the return key to accept the response enclosed in < > as defined during system installation.

<cr> to Continue or (P)rint

Enter (P) for Print option to go to the "Demand Patient Form Print" function. See "How do You "Demand Form Print" of Patient Information?".

(or)

Press the return key to accept a response to Continue to add the next record. The system will proceed to the Account prompt in the Patient Maintenance function.

WHAT PATIENT ALLERGY INFORMATION CAN BE ENTERED?

Patient allergy information is displayed during the patient activity display. There is no limit to the number of allergy entries allowed for a single patient. An allergy label can be produced for the patient chart if selected by business parameter file line 30.

Allergy

Enter the patient's allergy information in a freeform text.

(or)

Press the return key to return to the Patient number prompt at the beginning of Patient File Maintenance without entering allergy information.

> Entry: Alphanumeric (30) Required Input

NOTE: It is often desirable to enter "No known allergies" in this field, rather than omitting the entry entirely. This entry is more definite than the absence of an allergy record.

Date Determined

Enter the date the allergy was determined/diagnosed.

(or)

Press the return key to accept a value of 00-00-00.

> Entry: Numeric (06) Required Input

Provider

Enter the provider identification for the provider who determined the allergy existed. See Firm and Provider File Maintenance for valid provider identification.

> Entry: Alphanumeric (02) Required Input

OK to Add ? (<Y>es or (N)o)

Enter (Y).

(or)

Press the return key to accept a response of <Y>es.

(or)

Enter (N) to void the entire entry.

(or)

Press the Up arrow key to get to first prompt on screen. Then use the Right and Left arrow keys to move from prompt to prompt; use the Down arrow key at any prompt to return to the "OK to Add ? (<Y>es or (N)o)" prompt. See the note under the "OK to Add" prompt in the

base patient information section.

WHAT PATIENT OCCURRENCE INFORMATION CAN BE ENTERED?

Patient Occurrence information is displayed during the account/patient activity display. There is no limit to the number of Occurrence entries allowed for a single patient except that only one Occurrence may be active at any given time.

Authorization Number
Enter the patient's authorization number in a freeform text.
> Entry: Alphanumeric (12) Required Input

Effective Date
Enter the date the patient occurrence will be in effect
(or)
Press the return key to accept the date value displayed in the "( )" parenthesis with the prompt.
> Entry: Numeric (06) Required Input

Terminate Date
Enter the date the patient occurrence will be terminated
(or)
Press the return key to accept the date value displayed in the "( )" parenthesis with the prompt.
> Entry: Numeric (06) Required Input

Limit Type
Enter the limit type for the occurrence, valid limits include (C)ount, (A)mount, or (B)oth Count and Amount.
> Entry: Alpha (01) Required Input

Count
Enter the Count limit for the occurrence record.
Note: The Count limit will only be asked if C or B was entered for the Limit Type.
> Entry: Numeric (05) Required Input

Amount
Enter the Amount limit for the occurrence record.
Note: The Amount limit will only be asked if A or B was entered for the Limit Type.
> Entry: Numeric (09) Required Input

OK to Add ? (<Y>es or (N)o)
Enter (Y).
(or)
Press the return key to accept a response of <Y>es.
(or)
Enter (N) to void the entire entry.
(or)
Press the Up arrow key to get to first prompt on screen. Then use the Right and Left arrow keys to move from prompt to prompt; use the Down arrow key at any prompt to return to the "OK to Add ? (<Y>es or (N)o)" prompt. See the note under the "OK to Add" prompt in the

base patient information section.

WHAT PATIENT REFERRAL INFORMATION CAN BE ENTERED?

Patient referral information is displayed during the patient activity display. The referral information can be included on the claim forms if selected during system installation. A report is produced each month detailing the new referrals received for the month and a summary of referrals for the past twelve month period for each referring provider.

Patient

This prompt is automatically entered by Care/DM when a "Yes" response was received to the question, "Want to Add Referral Record ?"
(or)
See the Provider/Patient Referral Maintenance chapter to add a referral record to an existing patient record.
> Entry: Numeric (07) Required Input

Provider Referred To (xx)

Enter the provider identification for the provider. See Firm and Provider File Maintenance for valid provider identification.
(or)
Press the return key to accept the patient's assigned Provider which is displayed in "( )".
> Entry: Alphanumeric (02) Required Input

Provider Referred From

Enter the provider identification (leading zeros are not required for numeric identifications) for the provider that "referred" the patient. See the Provider/Patient Referral Maintenance for valid referral provider identification.
> Entry: Numeric (01 - 07) Required Input
(or)
Enter the provider's last, first name (eg: SMITH,JOHN). If a match is found, the provider will be displayed and acceptance verified.
> Entry: Alphanumeric (01 - 20) Required Input
(or)
Press the return key to exit the Referral entry process.

If the Referring Provider is not on file, the following prompt will display.

Want to add a Provider? (<Y>es or (N)o)

Enter (Y). See "What Referring Provider Information can be Entered?" section of this chapter to add a referral provider.
(or)
Enter (N) to return to the "Provider Referred From" prompt for another value to be entered in the prompt.
(or)
Press the return key to accept a default of <Y>es.

Referral Date (xx-xx-xx)

Enter the date the patient was referred for treatment.
(or)
Press the return key to accept the date value displayed in the "( )" parenthesis with the prompt.

> Entry: Numeric (06) Required Input

OK to Add ? (<Y>es or (N)o)

Enter (Y) or press the return key to proceed to the "Want to send a letter to Provider ? ((Y)es or <N>o)" prompt. See "How do You Send a "Letter" to the Referring Provider?" for instructions.
(or)
Enter (N) to void the entire entry and return to the Account prompt in the Patient Maintenance function.
(or)
Press the Up arrow key to get to first prompt on screen. Then use the Right and Left arrow keys to move from prompt to prompt; use the Down arrow key at any prompt to return to the "OK to Add ? (<Y>es or (N)o)" prompt. See the note under the "OK to Add" prompt in the base patient information section.

WHAT REFERRING PROVIDER INFORMATION CAN BE ENTERED?

Detailed identification information can be maintained for those providers which refer patients to the practice. This information can be entered during the Patient Maintenance function, Add option, or can be maintained using the Provider/Patient Referral Maintenance function. A report is produced each month summarizing the count of referrals for the past twelve month period for each referring provider. This information is available to be included on the claim if the option is selected during system installation.

Referral Provider Code

The Referral Provider Code is automatically assigned by the system.

Provider Type

Enter the Provider Type that describes this provider from the list at the right of the input screen under the headings (Type and Description). A valid entry in this prompt proceeds to the "Last Name" prompt.
(or)
Press the return key to return to the "Provider Referred From" prompt in "What Patient Referral Information Can Be Entered?".
(or)
If the Provider's Type is not listed, it is possible to enter a new Type value as an alphanumeric entry. The prompt "Provider Type Not Found - Want to Add ? (<Y>es or (N)o)" will be given.

> Entry: Alphanumeric (02) Required Input

Provider Type Not Found - Want to Add ? (<Y>es or (N)o)

Enter (Y) or press the return key to return to the "Description" prompt.
(or)
Enter (N) to return to the "Provider Type" prompt. A value displayed in the provider type list must be selected.

Description

Enter the Description for the provider type.

> Entry: Alphanumeric (16) Required Input

Last Name

Enter the Last Name of the Referral Provider. Any academic title (eg: MD, DDS,....) must be entered in the Last Name prompt after the last name with a space between. (eg: JOHNSON MD)

> Entry: Alphanumeric (16)
plus "-"

First Name

Enter the First Name and the middle initial of the Referral Provider.

> Entry: Alphanumeric (12)
plus "-"

Address

Enter the street Address information for the Referral Provider.

> Entry: Alphanumeric (23)

City/State/Zip Code

The city, state and zip prompts can be input as three separate prompts or can be automatically completed by a single entry of zip code into the city prompt.

Enter the Zip Code (into the City prompt) of the guarantor. This will be used to search in the zip code translation file. The City and State will display automatically, if the code is found.

> Entry: Numeric (05) Required Input

NOTE: The Zip Code translation file is defined through Zip Code Maintenance.

(or)

City

Enter the City of the Referral Provider's address.

> Entry: Alphanumeric (16)

State

Enter the standard Federal Postal abbreviation for the State of the Referral Provider's address.

> Entry: Alphanumeric (02)

Zip

Enter the Zip Code of the Referral Provider's address.
(or)
Press the return key to accept a value of 00000.

> Entry: Numeric (05)

Phone

Enter the Telephone Number of the Provider, including the area code, if available. An area code of 000 is assumed if a value is not entered.
(or)
Press the return key to accept a value of 000-000-0000.
> Entry: Numeric (07) or (10) Required Input

Insurance Number

Enter the Referral Provider's Insurance Number. This number can be included on insurance claim forms.
> Entry: Alphanumeric (12)

OK to Add ? (<Y>es or (N)o)

Enter (Y) which will return to the Patient Referral record at the "Referral Date (xx-xx-xx)" prompt. See "What Patient "Referral" Information Can Be Entered?" section of this chapter for continued instructions.
(or)
Press the return key to accept a response of <Y>es which will return to the Patient Referral record at the "Referral Date (xx-xx-xx)" prompt. See "What Patient "Referral" Information Can Be Entered?" section of this chapter for continued instructions.
(or)
Enter (N) to void the entire entry and return to the "Provider Referred From" prompt, in "What Patient "Referral" Information Can Be Entered?" section of this chapter.

HOW DO YOU SEND A LETTER TO THE REFERRING PROVIDER?

A letter of acknowledgement for the referral can be defined. This letter can express gratitude for the referral and indicate the treatment reporting to follow. Whether or not a letter can be sent is defined by business parameter file line 67.

Want to send a letter to Provider? ((Y)es or <N>o)

Enter (Y) which will proceed to the "Letter Id" prompt in this section.
(or)
Enter (N) or press the return key to decline sending a letter. This will proceed to the "Account" prompt in the Patient Maintenance function to enter the next record.
(or)
Press the return key to accept a response of <N>o. This will return to the "Account" prompt in the Patient Maintenance function.

Letter Id

Enter the letter identification code for the correspondence to be sent to the provider. See Letter File Maintenance for a list of valid letter ids. The entered letter MUST have a source of "Referring Provider" to be eligible for processing. Press the return key to bypass entry of a letter id.
> Entry: Alphanumeric (06) Required Input

Description

Automatically displayed when the Letter id is input.

OK to Submit Letter? (<Y>es or No)

Enter (Y) or press the return key to submit the letter for processing.
(or)
Enter (N) to void entry. This will take return to the "Letter Id" prompt.

Letter has been submitted <cr>

Press <cr> the return key to continue.

HOW DO YOU "DEMAND FORM PRINT" OF PATIENT INFORMATION?

A "demand form print" of patient information to a terminal printer at the time of the registration can be produced. See the associated documentation for complete details.

* A C T I V I T Y   C O D E   F I L E   M A I N T E N A N C E *

WHAT IS AN ACTIVITY CODE?

Activity Codes are user-defined values stored in the activity code file in system-defined categories. The codes must be defined before they can be referenced in other areas of the system (eg: Classifiers are used in the Account Maintenance function).

The activity code file includes the following types of values:

- Diagnosis — usually ICD predefined code values (eg: 477.0)
- Procedures — usually CPT or RVS code values; establishes standard fee, and code value translation (eg: 99213); alternate fees can be specified dependent on provider, location, or classifier; anesthesiology type-of-service can specify unit rate and base units
- Receipts — office-defined values for tracking personal, third party and adjustment entries
- Locations — office-defined abbreviations and insurance form translations for location of services performed
- Classifiers — office-defined codes to categorize accounts into user-defined groups or to indicate special account processing options as defined by the practice parameter files.
- Supplemental Information — office-defined information transaction for tracking information that is not financially related. Examples include:
    - insurance processing
    - hold-billing
    - no-statement
    - collections
    - professional courtesy

HOW DO YOU GET TO THE ACTIVITY CODE FILE MAINTENANCE FUNCTION?

The Activity Code File Maintenance function is accessed from Business File Maintenance Menu #1, PF3, or by entering 1.1.1.3 at any menu.

HOW DO YOU MAINTAIN ACTIVITY CODE INFORMATION?

The activity code maintenance function permits several data manipulation options. The options are displayed at the bottom of the screen in the following manner:

```
A  D  C  AA  DA  CA  OA  S  E    Enter Option: __
```

Press the Left or Right Arrow keys to highlight the option or enter the letter of the option to access and press the return key. Other input allowed includes the "Help" key and the F6-10 and F17-20 keys.

The following options are available:

A Add activity code information
D Display activity code information
C Change activity code information

AA Add Alternate pricing information for a specific provider,
location, or classifier
DA Display Alternate pricing information for an activity code
CA Change Alternate pricing information
OA Omit Alternate pricing information
S Scroll display activity code

E End - return to menu

HOW DO YOU CALL UP/RETRIEVE AN ACTIVITY CODE?

The (D), (C), (AA), (OA), (DA), and (CA) options require an activity code be called up, or retrieved. The desired activity code is selected at the "Activity Type" and the "Activity Code" screen prompts. Retrieval of activity code information can be accomplished via entry of:

* The activity code in (AA), (DA), or (CA) (eg: P for procedure and 80019)
* The activity code and exact code type in (D) and (C) (eg: P for procedure and 80019)
* The activity code and press return key for first match in (D) and (C). (eg: P for procedure and press return, <cr> for first match)
* Part of the activity code type in (D) and (C) (eg: P for procedure and 80)
* Forward browse retrieval is performed by using the down arrow key or the linefeed key.

WHAT INFORMATION IS MAINTAINED IN THE ACTIVITY CODE FILE?

Each of the following information prompts related to an activity code are in bold type in the far left column of this section.
Following the prompt will be a description of what it is used for, if and how it can receive input (> Entry:) and any variation of use depending on the option chosen.

Activity Type
Enter the Type of the Activity Code.
(D)iagnosis (P)rocedure (L)ocation
(R)eceipt (C)lassifier
> Entry: Alphabetic (01) Required Input

Activity Code
Enter the Activity Code.
> Entry: Alphanumeric (09) Required Input

NOTE: There are special classifiers defined in Care/DM for "Hold Billing". An account which is classified as on-hold is suspended

from the billing processing until the hold classifier is removed, at which time all transactions held are included in the billing run. These classifiers are:

HLD - used to hold all account billing and aging activities

HLn - used to hold all account billing activities for n (n = number) billing runs; the value of n will be decremented each billing run and automatically released when the value of n is zero.

Other uses of classifiers codes that can be defined by the user are:

- automatic insurance processing
- accept benefits assignment
- patient signature on file
- no statement printing
- no finance charge application
- no aging message on statement
- four line address
- any other user-defined categorization to be used for account report selection.

Description

Enter the Description of the Activity Code.

> Entry: Alphanumeric (30) Required Input

NOTE:

If the Activity TYPE is DIAGNOSIS, RECEIPT, CLASSIFIER, or LOCATION, the system will proceed to the "Status" prompt.

If the Activity TYPE is PROCEDURE, the system will proceed to the "Type Svc" prompt.

Type Svc

The system will prompt for entry of a Type of Service code ONLY when a "P" for procedure has been entered in the "Type" prompt.

Enter a (?) question mark to display Valid Choices. Then enter the Type of Service code choice.

(or)

Press the return key to accept the default value displayed. The default value is given by business parameter file line 63. If no value is defined there, "1" (Medical Care / Injections) is used.

> Entry: Alphanumeric (01) Required Input

Status

Enter (A) for Active.

(or)

Enter (I) for Inactive.

(or)

Press the return key to accept the value of Active.

NOTE: When an activity code status is "Inactive", Care/DM will not permit the code to be input at Patient Service or Receipt and Adjustment entry. If a code is flagged as Inactive, it can be modified to Active through the (C)hange option.

> Entry: Alphabetic (01)

NOTE:
If Activity TYPE is LOCATION, the system will proceed to the "GL Code" prompt to continue.

Standard Rate

Enter the Standard fee rate for this service. This is ONLY prompted for when the TYPE of code being entered is Procedure.
(or)
Press the return key to accept a value of $ 0.00.

> Entry: Numeric (07) Required Input

NOTE: If the decimal point is omitted, it is assumed that the entry is in cents. For example, entering "10000" means $100.00; entering "50." means $50.00.

Alternate Code

Enter the Code to be used as an Alternate Code.
(or)
Press the return key to accept the value in the Activity Code prompt.

> Entry: Alphanumeric (10) Required Input

NOTE: As part of the office installation process, a "Special Anesthesia Type of Service" code may be chosen, triggering special anesthesia handling. This code is defined in business parameter file line 90. If this option is selected, values for anesthesia start and end times and the CRNA (if any) involved in the procedure can be input at Patient Service Entry, and billing will be by Base and Time units. The number of minutes in a unit and the round-up point are also specified in business parameter file line 90.

NOTE: This prompt is ONLY asked for when the activity type is Procedure or Receipt.

GL Code

Enter a General Ledger Interface code for this activity code. This prompt will only appear if the office has selected the use of the General Ledger Interface option by defining a General Ledger parameter file (see CARE-20 General Ledger Format Definition) and the activity code is Procedure, Receipt, or Location. The format of the General Ledger Interface code is user-defined in the General Ledger parameter file. It can be a combination of the activity code (this field), the location of service, the provider, the insurance carrier, and a practice code. If the option to use the General Ledger interface is selected, this code is required.
(or)
Press the return key for no GL Code.

> Entry: Alphanumeric (01 - 10)

NOTE: If Activity TYPE is LOCATION, the system will proceed to the "Address 1" prompt to continue.

Sample Flag

Enter (Y) or press return to collect reimbursement information on this procedure.
(or)
Enter (N) if collection of payment information is not desired.

NOTE: Sampling must be activated in the business parameter file, line 104, for this prompt to display.

NOTE: Sampling level for an insurance company must be set to "P", to collect reimbursement information only for this procedure when paid by this insurance company. If Sampling level is set to "S", then reimbursement information is collected for all procedures submitted to this insurance company regardless of the Sample Flag.

Receipt Grouping

Enter the Receipt Grouping for this Code. Summary reports at the month end will provide totals for each receipt code and for each Receipt Grouping.
(P)ersonal (T)hird Party (A)djustment

> Entry: Alphabetic (01) Required Input

This field is ONLY used for activity code type of Receipt.

NOTE: This receipt grouping should not be confused with the "personal" and "third party" account balance types. This grouping refers to categories of personal receipts. "Personal" is a personal check or cash received from the patient or guarantor. "Third party" is a receipt from some source other than the guarantor (an insurance company with which the provider has no contract). "Adjustment" is a non-money type of receipt.

Include on Dep Slip

Enter (Y)es or (N)o to indicate if transactions with this receipt code are to be included on the deposit slip. If the Receipt Grouping is a value of (P) or (T), pressing the return key will accept a value of (Y), otherwise a value of (N) will be assumed.

> Entry: Alphabetic (01) Required Input

This field is ONLY used for activity code type of Receipt.

Anest. Base Units

Enter the Number of Time Units for the Base Anesthesia charge. (eg: 0 - 120)
(or)
Press the return key to accept the value of "1"

> Entry: Numeric (01 - 03) Required Input

This field is ONLY used for activity code type of Procedure when the Type of Service is the office-selected value for Special Anesthesia processing. (See "Alternate Code" above.) This option is selected in business parameter file line 90.

Require Paper Format

Enter (Y) to if you wish this procedure to be forced to be submitted on paper
(or)
Enter (N) or <cr> if you do not wish to force this procedure to be submitted on paper.

NOTE: You must have an alternate format file defined in insurance company maintenance if using electronic claim submission and wish to force certain procedure to be submitted electronically.

Maximum Billing Units

Enter the Maximum Number of Units which can be billed for the charge. (eg: 0 - 120)
(or)
Press the return key to accept the value of "0" indicating no maximum
> Entry: Numeric (01 - 03) Required Input

This field is ONLY used for activity code type of Procedure when the Type of Service is the office-defined value for Special Anesthesia processing and the office has selected the option in the office parameters to cap the number of units billed. These options are selected on business parameter file line 90.

Extended Description Line 1:

Enter the First Line of the Extended Description of the Code.
(or)
Press the return key to leave blank.
> Entry: Alphanumeric (50)

NOTE: This prompt is ONLY asked for activity types Procedures and Diagnosis if the office has selected using extended descriptions. This is selected on business parameter file line 57.

Extended Description Line 2:

Enter the Second Line of the Extended Description of the Code.
(or)
Press the return key to leave blank.
> Entry: Alphanumeric (50)

NOTE: A second line of input will be prompted for only if Line 1 has received input.

UB82 Revenue Code

Enter the UB82 Revenue Code associated with this procedure.
NOTE: This field is only prompted for if the practice has selected the option for preparing UB82 Insurance claim forms and the code being added is a procedure code. If this parameter is selected, this field MUST be input. The option is selected via business parameter file line 57.
> Entry: Alphanumeric (3)

HCPC Code

Enter the UB82 HCPC Code associated with this procedure.
NOTE: This field is only prompted for if the practice has selected the option for preparing UB82 Insurance claim forms and the code being added is a procedure code. The option is selected via business parameter file line 57.
(or)
Press the return key to leave blank.
> Entry: Alphanumeric (9)

UB82 Description

Enter the UB82 Description associated with this procedure.
NOTE: This field is only prompted for if the practice has selected the option for preparing UB82 Insurance claim forms and the code being added is a procedure code. If this parameter is selected, this field MUST be input. The option is selected via business parameter file line 57.
> Entry: Alphanumeric (30)

The system will proceed to the "OK to Add" prompt.

Address 1

Enter the first line of address for the given location or "NONE" to blank out a previously-entered address.
> Entry: Alphanumeric (23)

Address 2

Enter the second line of address for the given location or "NONE" to blank out a previously-entered address.
> Entry: Alphanumeric (23)

City

Enter the city for the given location or "NONE" to blank out a previously-entered city.
> Entry: Alphanumeric (16)

State

Enter the state abbreviation for the given location. It will be verified as a valid state code.
> Entry: Alphabetic (02)

Zip

Enter the zip code for the given location.
> Entry: Numeric (05)

Alternate Location Codes

Alternate location codes are used during claim processing to translate the user-defined location codes used in Patient Service Entry to codes required by specific insurance companies. The titles of these codes are defined in the business parameter file line 81 during the install-ation process. The code to use is specified for each insurance company in the Insurance File Maintenance function.
> Entry: Alphanumeric (03) Required Input

OK to Add ? (<Y>es or (N)o)

Enter (Y) or <cr> to add the code. See the note below for each "Activity Type".
(or)
Enter (N) to void entry of the Activity Code record. The system will proceed to the "Activity Code" prompt in the "What Information is Maintained in the Activity Code File?" section.
(or)
Press the return key for default response of <Y>es. See "if" statements below for each "Activity Type".

NOTE: If the Activity TYPE is PROCEDURE, the system will proceed to the "Add Alternate Price(s) ? ((Y)es or <N>o)" to continue.

If the Activity TYPE is DIAGNOSIS, RECEIPT, or CLASSIFIER, the system will proceed to the "Activity Type" prompt to enter the next record.

Add Alternate Price(s) ? ((Y)es or <N>o)

Enter (Y) to enter the Alternate Price(s). The system will proceed to the "Provider" prompt in the "How are Alternate Prices Maintained?" function.
(or)
Enter (N) to not enter an Alternate Price(s) record.
(or)
Press the return key for default response of <N>o. The system will proceed to the "Activity Type" prompt in the "What Information is Maintained in the Activity Code File?" section.

NOTE: This prompt is ONLY asked for Activity Code type PROCEDURE, when business parameter file line 53 is "Y".

HOW ARE ALTERNATE PRICES MAINTAINED?

Alternate prices are a means of specifying supplemental rate structures for services. They can indicate different prices based on location of service, specific account classifiers, specific providers, or a combination of provider and location or classifier. Alternate prices are used in Patient Service Entry to automatically bring up the corresponding price established by the practice for the procedure entered. Prices are determined from most-specific to least-specific cases. That is, if a procedure has an alternate price for a given provider, and another price for the provider at a specific location, the latter price will be the one selected. Also, if an alternate price exists for a provider, and another for the location, the provider price will be used. If the service being posted is not for the provider or not at the location, the default price established for the procedure will be used.

Provider

Enter the Provider Number of the provider for which the Alternate Price is to be assigned. See "Firm and Provider" maintenance for the valid Provider codes.
(or)
Press the return key to leave blank and to proceed to the "Classifier/ Location" prompt.

> Entry: Numeric (09) Required Input

Classifier/Location

Enter a Classifier or Location Code for which the Alternate Price is to be assigned. The system will proceed to the "Amount" prompt.
(or)
Press the return key to leave blank.

NOTE: To establish alternate prices based on an insurance company, the Automatic Insurance Classifier for that company can be the classifier on which the alternate price is defined.

NOTE: Location codes used for alternate price selection can only be three or less characters in length.

NOTE: If the "Provider" prompt has also been left blank, the system will proceed to the "Activity Type" prompt in "What Information is Maintained in the Activity Code File?" section, without entering an alternate pricing record.

NOTE: If the "Provider" prompt did receive an entry, the system will proceed to the "Amount" prompt in "How are Alternate Prices Maintained section.

> Entry: Alphanumeric (03)

Amount

Enter the Alternate fee rate for this service.
(or)
Press the return key to accept a value of $ 0.00.
> Entry: Numeric (07) Required Input

NOTE: If the decimal point is omitted, it is assumed that the entry is in cents. For example, entering "10000" means $100.00; entering "50." means $50.00.

OK to Add ? (<Y>es or (N)o)

Enter (Y) to add the Alternate Pricing record. The system will proceed to the "Provider" prompt in the "Activity Code Alternate Pricing" function to add the next alternate pricing record for this code.
(or)
Enter (N) to void the Alternate Pricing record. The system will proceed to the "Provider" prompt in the "Activity Code Alternate Pricing" function.
(or)
Press the return key for default response of <Y>es. The system will proceed to the "Provider" prompt in the "Activity Code Alternate Pricing" function to add the next alternate pricing record for this code.

NOTE: To leave this function without entering a record, press the return key at both the "Provider" and the "Classifier/Location" prompts. The system will proceed to the "Activity Type" prompt in the "What Information is Maintained in the Activity Code File?" function to add the next activity code record.

* I N S U R A N C E   C O M P A N Y   F I L E   M A I N T E N A N C E *

WHAT IS THE INSURANCE COMPANY FILE?

Insurance companies are referenced by a user-defined code. They are defined as being either personal or third-party companies. Third party companies are typically those carriers which pay the provider directly, and for which claim tracking is desired. The account (guarantor) is not billed for services until disposition of the claim by all third party carriers. At that time, any remaining balance may be billed to the account or written off. For personal companies, the account is responsible for payment, and a claim may be prepared for their convenience. The information maintained for each carrier includes:

* mailing address, phone number, and contact person
* form processing and formatting descriptions
* output media (paper or electronic)
* third party open claim tracking processing options
* other provider-specific information

The total outstanding submitted claim balance for companies caregorized as third party can be seen using the Display option.

HOW DO YOU GET TO THE INSURANCE COMPANY CODE FILE MAINTENANCE FUNCTION?

The Insurance Company Code File Maintenance function is accessed from Business File Maintenance Menu #1, PF4, or by entering 1.1.1.4 at any menu.

HOW DO YOU MAINTAIN INSURANCE COMPANY FILE INFORMATION?

The insurance company code file maintenance function permits several data manipulation options. The options are displayed at the bottom of the screen in the following manner:

A D C E Enter Option: __

Press the Left of Right Arrow keys to highlight the option or enter the letter of the option to access and press the return key. Other input allowed includes the "Help" key.

The following options are available:

A Add insurance information
D Display insurance information
C Change insurance information
E End - return to menu

HOW DO YOU CALL UP/RETRIEVE AN INSURANCE COMPANY CODE?

The (D), and (C) options require an insurance company code be called up, or retrieved. The insurance company code is selected at the "Insurance Code" screen prompt. Retrieval of insurance code information can be accomplished via entry of:

* The full insurance company code (eg: AET for Aetna).
* Part of the insurance company code for the first match (eg: A, or AE). NOTE: For companies with all-numeric codes, the entire code must be specified.
* Forward browse retrieval is performed by using the down arrow or the linefeed <lf> key.

WHAT INFORMATION IS MAINTAINED IN INSURANCE COMPANY MAINTENANCE?

Each of the following information prompts related to an insurance company are in bold type in the far left column of this section. Following the prompt will be a description of what it is used for, and if and how it can receive input (> Entry:). The volume of insurance company information requires two input screens for the Add and Change Options. The Display option requires three screens.

Ins Code
Enter the unique user defined Insurance Code.
> Entry: Alphanumeric (04) Required Input

Company Name
Enter the Insurance Company Name.
> Entry: Alphanumeric (30) Required Input

Address I
Enter the first line of the street address for the Insurance Company.
> Entry: Alphanumeric (23)

Address II
Enter the second line of the street address for the Insurance Company.
> Entry: Alphanumeric (23)

City/State/Zip Code
The city, state and zip prompts can be input as three separate prompts or can be automatically completed by a single entry of zip code in the city prompt.

Enter the Zip Code (into the City prompt) of the insurance company. This will be used to search in the zip code translation file. The City and State will display automatically, if the code is found. NOTE: The Zip Code translation file is defined through Zip Code Maintenance.
> Entry: Numeric (05) Required Input

(or)

City

Enter the City of the Insurance Company address.

> Entry: Alphabetic (16) Required Input

State

Enter the standard Federal Postal abbreviation for the State of the Insurance Company address.

> Entry: Alphabetic (02) Required Input

Zip

Enter the Zip Code of the Insurance Company address.

(or)

Press the return key to accept a value of 00000.

> Entry: Numeric (05) Required Input

Phone

Enter the Telephone Number of the Insurance Company including the area code if available. A blank area code value is assumed if the area code is not entered.

(or)

Press the return key to accept a value of 000-0000.

> Entry: Numeric (07 or 10) Required Input

Contact

Enter the Name of the Contact Person for the Insurance Company.

> Entry: Alphanumeric (23)

Provider Ref

Enter the Provider Reference from 0-9 or A-Z that represents the number accepted by the insurance company for claim filing purposes. The titles of these reference numbers are defined by the user during the installation process, in the MDPINS file. The provider submittor number associated with each title is defined in the Provider Maintenance function. The corresponding provider submitter number value is used by Care/DM in the claim formatting and submission process.
(eg: <0> = FIRM IRS Number, (1) = SSN, (2) = BC Identification Number)

> Entry: Alphanumeric (01) Required Input

Alt Provider Ref

Same as the "Provider Ref" prompt. This allows the availability of two numbers to be formatted for the claim submission processing.

> Entry: Alphanumeric (01) Required Input

Third Party Claim Billing

Enter (Y) to indicate Capitation or the need to track claims submitted as open items for those carriers where the provider has an established reimbursement contract. Claims remain open until a receipt is applied to a claim and the claim is:

* paid in full
* a secondary claim is submitted
* the remaining balance adjusted off or transferred to the account responsibility

(or)

Enter (N) to indicate there is NOT Claim Tracking for Third Party Billing, or Capitation for the Insurance Company. The claim submittal

information will appear on the patient statement but the claim will not be tracked as an open item.
(or)
Press the return key to accept a default response of <N>o.
NOTE: A "No" response will automatically insert "No" responses in the next two prompts and a "0" zero in the following two prompts. Proceed to OK to Add ? (<Y>es or (N)o).
> Entry: Alphabetic (01) Required Input

Is payment based on Capitation

Enter (Y) to indicate payment is a flat rate per capita. The amount of a service transaction billed to this insurance company as the primary insurer will not be accumulated on the accounts receivable due to a corresponding adjustment transaction being automatically generated for the total amount of the claim.
(or)
Enter (N) to indicate payment is NOT on a per capita but on a fee for service basis.
(or)
Press the return key to accept a default response of <N>o.
NOTE: A "Yes" response will automatically insert a "Claim" response in the "Level of open item detail to track" prompt and a "0" (zero) in the "Payment percentage to flag" and the "Percentage of payment withheld" fields.
> Entry: Alphabetic (01) Required Input

NOTE: The following two prompts will appear if you have selected the use of the Procedure Reimbursement Sampling feature in the business parameters, line 104.

Sampling Level

Enter (P) for sampling based on the flag set for a procedure in the activity code maintenance function. If the "sample flag" is set for a procedure and that procedure is contained on a ticket for which a payment is beiing made, reimbursement on that procedure will be prompted for. See the following field "Sampling Size" for more information. The default for this field is given in the business parameters, line 104.
(or)
Enter (S) to sample all procedures. See the following field "Sampling Size" for more information.
(or)
Enter (N) or press the return key to accept the default answer of no sampling for this carrier.
> Entry: Alphabetic (01) Required Input

Sampling Size

If the response to the previous prompt was not "N", you will be asked for the number of times to take reimbursement information in order to constitute a sample. This number applies to individual procedures at specific locations performed by a specific provider and submitted to a specific carrier. Zero in this field indicates the procedure will be sampled indefinitely (i.e., there is no maximum sample). The default for this field is given in the business parameters, line 104.

> Entry: Numeric (06) Required Input

Level of open item detail to track

Enter (C) for Claim level detail tracking; only retain and report claim summary reimbursement information.

(or)

Enter (L) for Line Item level detail tracking; retain the individual line items and require application of detailed reimbursement information.

(or)

Enter (D) for Display line item; same as (C), but the individual line items are retained for display purposes only.

(or)

Press the return key to accept a default response of <C>laim.

> Entry: Alphabetic (01) Required Input

Payment percentage to flag

Enter the expected percentage of claim payment amount. Payment amounts that do not exceed this for payment percentage will be flagged on the daily closed claim register.

(or)

Press the return key to accept a default response of <0>.

> Entry: Numeric (03) Required Input

Percentage of payment withheld

Enter the percentage of the claim submittal amount to be calculated as expected to be withheld from payment.

(or)

Press the return key to accept a default response of <0>.

> Entry: Numeric (02) Required Input

Copayment Type

Enter (F) for a Fixed Copayment; that is, a dollar amount, as $10.00, which is applied to each visit.

(or)

Enter (P) for a Percentage Copayment; that is, a certain percentage of the visit total, as 10%.

(or)

Enter (S) for a Sampled Copayment; that is, based on sampled reimbursements. The sampling feature must be selected in the business parameter file, line 104 to enter this value.

(or)

Enter (N) or press the return key to accept the default value of None.

This value is used as the default value for policies entered for this insurance company. Copayment is maintained at the policy level.

> Entry: Alphabetic (01) Required Input

Amt

Enter the copayment amount if the Copayment Type is either Fixed or a ticket Percantage. For Fixed Copayments, the amount entered is an actual dollar value. For Percentage Copayments, the amount entered is a number between 1 and 100.

This value is used as the default value for policies entered for this insurance company. Copayment is maintained at the policy level.

> Entry: Numeric (05) Required Input

GL Charge Code

Enter the code to be used by this company for generating General Ledger Interface information. This code will be used for charges which were billed to this company.

> Entry: Alphanumeric (10)

GL Receipt Code

Enter the code to be used by this company for generating General Ledger Interface information. This code will be used for receipts which were received from this company.

> Entry: Alphanumeric (10)

OK to Add ? (<Y>es or (N)o)

Enter (Y) to continue with the second entry screen.
(or)
Enter (N) to void entry of the Insurance Code record. The system will proceed to the "Ins Code" prompt.
(or)
Press the return key to accept a default response of <Y>es.

NOTE: If operator exits the process after replying to this question, without entering the second screen of information following, the record will not be saved, even if the response to this prompt is "Yes".

INSURANCE COMPANY SCREEN 2

Each of the following information prompts related to an insurance company are in bold type in the far left column of this section. Following the prompt will be a description of what it is used for, and if and how it can receive input (> Entry:). The volume of insurance company information requires two input screens for the Add and Change Options. The Display option requires three screens.

Insurance form type

Enter the form type for this Insurance Company.
(Exxxx) or (Dxxxx) for Electronic Submittal (Dial-in or Tape-to-Tape)
(Pxxxx) for Printed

NOTE: The format file must be defined during the Care/DM installation process. The file format names represented by "xxxx" are assigned by the Care/DM Installer or Customer Support. (eg: P1500 is the printed HCFA 1500 format)

> Entry: Alphanumeric (05) Required Input

Alternate form type

Enter the alternate form type for this Insurance Company.
(Pxxxx) for Printed
NOTE: The format file must be defined during the Care/DM installation process. The file format names represented by "xxxx" are assigned by the Care/DM Installer or Customer Support. (eg: P1500 is the printed HCFA 1500 format). The alternate format will not be asked unless an electronic claim format is entered for Insurance form type. The alternate format must be a paper format. To blank out an existing alternate form type, enter none in the change mode for this field.

> Entry: Alphanumeric (05) Optional Input

Automatic Insurance Classifier

Enter the Classifier which will cause Automatic Insurance prompting at patient service entry. When posting charges, the system can automatically submit an insurance claim form. If the account to which the charges are posted has this classifier and an insurance policy covering the patient exists, the user will be asked whether or not to submit a claim.
(or)
Press the return key to accept a blank value. The system will proceed to the "Copayment Amount" prompt.
If the response to the "Third Party Claim Billing" prompt was (Y)es, the system will proceed to the "Copayment Amount" prompt.
If the response to the "Third Party Claim Billing" prompt was (N)o, the system will proceed to the "Translation Code Filename" prompt.
(or)
If the Classifier entered is not Valid (not defined in the Activity Code file), enter the new Classifier value. The system will prompt with the question "Classifier does not Exist - Want to Add ? (<Y>es or (N)o)". Proceed to "Classifier does not exist - Want to Add ? (<Y>es or (N)o)".

> Entry: Alphanumeric (03)

Automatic Insurance Prompt

Enter the freeform Automatic Insurance prompt that will be displayed for the operator during the claim submittal selection portion of the Patient Service Entry function. This is just a short form of the Insurance Company name.
(eg: Want to submit sequence __, INSURANCE COMPANY NAME: AUTOMATIC INSURANCE PROMPT)

> Entry: Alphanumeric (15) Required Input

Print Ins Summary Notification

Enter (Y)es for automatic printing of Insurance Summary Notification.
(or)
Enter (N)o to not automatically print Insurance Summary Notification.
(or)
Press the return key to accept the default value of <N>o.

> Entry: Alphabetic (01) Required Input

Translation Code Filename

Enter the Translation Code File identifier for the Code structure used by this Insurance Company. This allows the procedure code entered during Patient Service Entry to be translated to an alternate value during the claim formatting process.

(1) = Primary Code; procedure code input
(2) = Alternate Code; defined in procedure code entry of the Activity Code file
(FILENAME) = Specific Code Filename defined in the Activity Code Cross Reference function
(or)
Press the return key to accept a blank value (primary code).
NOTE: The input is validated against the Cross Reference Code File for the input of a "Filename".

> Entry: Alphanumeric (06)

NOTE: Entering a filename in response to this prompt will cause an additional question to be asked:

Alternate Code to Use

Enter <1> for Primary Code.
(or)
Enter (2) for Alternate Code.
(or)
Press the return key to accept a default of <1>.

> Entry: Numeric (01)

This indicates which code to use if the translation code file does not contain the code.

Accept Assignment Default

Enter whether or not your practice will Accept Assignment for this insurance company. This is the default value which will apply to policies entered for this company. Accept Assignment is maintained on a policy basis. See Insurance Policy Maintenance option for a description. If Accept Assignment is set for a policy, the "Accept Assignment" box will be marked with an "X" during the claim formatting process.

> Entry: Alphabetic (Y or N) (01)

Insurance Label Destination

Labels can be automatically produced to send claim forms to one of the following destinations. Enter a response indicating how mailing labels for claim envelopes should be prepared.

<P>atient (A)ccount (I)nsurance Company
(or)
Press the return key to accept a default of <P>atient.

> Entry: Alphabetic (01) Required Input

Auto Ins Classifier to Exclude

Enter the Classifier which indicates that if "Other Insurance" information is to be included on a claim, and the automatic insurance classifier for that company is the one entered here, do not include that information on the claim.
(or)

Press the return key to accept a blank value.
(or)
If the Classifier entered is not Valid (not defined in the Activity Code file), enter the new Classifier value. The system will prompt with the question "Classifier does not Exist - Want to Add ? (<Y>es or (N)o)". Proceed to "Classifier does not exist - Want to Add ? (<Y>es or (N)o)" section.
> Entry: Alphanumeric (03)

Signature on File Default

Enter whether or not you have signature on file for patients having policies with this insurance company. This is the default value which will apply to policies entered for this company. Signature on File is maintained on a policy basis. See Insurance Policy Maintenance option for a description. If Signature on File is set for a policy, the "Signature on File" box will print that text during the claim formatting process.
> Entry: Alphabetic (Y or N) (01)

Provider's Signature

Enter the response indicating what should be printed in the "Provider Signature" box on claim forms. Note that this indicator is used for formatting purposes, and what actually prints in the box is governed by what is in the respective format file. Normally, "N" causes the box to be left blank, "W" causes "Signature Waived" to be printed, and "F" causes "Signature on File" to be printed.
<N>o, leave blank (W)aived On (F)ile
(or)
Press the return key to accept a default of <N>o.
> Entry: Alphabetic (01) Required Input

Check box at top of form

Enter the response indicating the box to check at the top of the form with regard to the type of insurance. These values are absolute regardless of the position of the actual box on the claim form used by the installation.
(1) = Medicaid (2) = Medicare
(3) = Champus (4) = Other
(or)
Press the return key to accept a blank value.
> Entry: Alphabetic (01)

Provider to Print on Form

Enter the response indicating which Provider is to be reported during the claim formatting process.
(A)ssigned Provider: assigned to patient
<S>ervice Provider: provider that actually performed services
(or)
Press the return key to accept a default of <S>ervice Provider.
> Entry: Alphabetic (01) Required Input

Report Paid By Other Ins

Enter (Y)es if the Amount Paid By Other Insurance is to be included on the Claim. This amount will be reported on a secondary (coordinated) claim released when an open claim is cleared. There are additional formatting requirements and functions for this value to be reported.

(or)

Enter (N)o if the Amount Paid By Other Insurance is NOT to be reported on the Claim.

(or)

Press the return key to accept a default of <N>o.

> Entry: Alphabetic (01) Required Input

Other Insurance Classifier

Enter a classifier value. A classifier specified in this field can selectively cause the printing of other insurance information. If this field is non-blank, and the "Print Other Insurance Information" described below is not "N", policies covering the patient will be searched. The first policy found which has this classifier as its Automatic Insurance Classifier will be printed on the form as other coverage. If a matching policy is not found, then the first other insurance policy on file will be selected.

(or)

Press the return key to accept a blank value.

(or)

If the Classifier entered is not Valid (not defined in the Activity Code file), enter the new Classifier value. The system will prompt with the question "Classifier does not Exist - Want to Add ? (<Y>es or (N)o)". You will be taken to the "Classifier does not exist - Want to Add ? (<Y>es or (N)o)" prompt.

> Entry: Alphanumeric (03)

Location Code (0 = Standard, <1>-__)

Enter the Location Code reference from 0 - 10 (or the maximum number of alternate location codes defined) that represents the number of the translation to be used by the insurance company for claim filing purposes.

(eg: (0) = Standard (user-defined input code), <1> = HCFA)

The titles of these reference numbers are defined by the user during the installation process in the business parameter file, line 81. The location code associated with each title is defined in the Activity Code Maintenance function, Location code type. The corresponding location value is used by Care/DM in the claim formatting and submission process.

> Entry: Numeric (02) Required Input

Invoice Number

Enter the beginning Invoice Number to be formatted on the claim form or through the electronic media for those companies requiring a numbering system. This number is incremented for each claim produced.

(or)

Press the return key to accept a blank value if Not Applicable.

> Entry: Numeric (01 - 10)

Print Other Insurance Information

Enter if Other Insurance Information is to be printed.
<Y>es, all claims (N)o (A)utomatic claims only
(or)
Press the return key to accept a default of <Y>es.

> Entry: Alphabetic (01) Required Input

Combine Providers on Insurance Form

Enter if Multiple Providers services are to be combined and formatted on a single claim form.
<Y>es (N)o
(or)
Press the return key to accept a default of <Y>es.

> Entry: Alphabetic (01) Required Input

OK to Add ? (<Y>es or (N)o)

Enter (Y) to add the insurance company record.
(or)
Enter (N) to void entry of the Insurance Code record. The system will proceed to the "Ins Code" prompt for entry of a new record.
(or)
Press the return key to accept a default response of <Y>es.

DO YOU WANT TO ADD A CLASSIFIER?

Each of the following information prompts related to adding a classifier during the insurance company maintenance function are in bold type in the far left column of this section.
Following the prompt will be a description of what it is used for, and if and how it can receive input (> Entry:). After entery of the classifier, the system will return to the primary input function to continue.

Classifier does not Exist - Want to Add? (<Y>es or (N)o)

Enter (Y) to add the classifier.
(or)
Enter (N) to not enter a Classifier record. The system will proceed to the "Automatic Insurance Classifier" prompt.
(or)
Press the return key to accept a default response of <Y>es.

Enter Description ______________________________

Enter the description of the new Classifier.

If this process was entered from the "Automatic Insurance Classifier" prompt, the system will proceed to the "Automatic Insurance Prompt" prompt.

If this process was entered from the "Other Insurance Classifier" prompt, the system will proceed to the "Location Code (0 = Standard, <1>-__)" prompt.

> Entry: Alphanumeric (30)

* F I R M & P R O V I D E R D A T A F I L E M A I N T E N A N C E *

WHAT IS THE FIRM AND PROVIDER FILE?

The firm data file contains information regarding the office or firm. The firm information is used for report headings,insurance claim filing and statement preparation.

Information maintained in the Firm data file includes:

- name of the firm
- address
- telephone number
- IRS identification number
- state identification number
- standard ICD codes used
- standard CPT codes

The provider data file defines the provider identifications used by the system for production and revenue summaries and insurance claim filing. A provider can be a physician, dentist or any other person associated with the firm that provides patient services. Providers can categorized by type of provider (CRNA's, Physical Therapist, Nursing Aid, etc).

Associated with each two-character provider identification code is:

- the name of the provider
- up to two telephone numbers
- provider identification numbers for insurance filing

HOW DO YOU GET TO THE FIRM & PROVIDER CODE MAINTENANCE FUNCTION?

The Firm and Provider Code Maintenance function can be accessed from Business File Maintenance Menu #2, PF1, or by entering 1.1.2.1 at any menu.

HOW DO YOU MAINTAIN FIRM & PROVIDER CODE MAINTENANCE INFORMATION?

The firm and provider maintenance function permits several data manipulation options. The options are displayed at the bottom of the screen in the following manner:

A D C E Enter Option: __

Press the Left or Right Arrow keys to highlight the option or enter the letter of the option to access and press the return key. Other input allowed includes the "Help" key.

The following options are available:

A Add firm or provider information
D Display firm or provider information
C Change firm or provider information

E End - return to menu

HOW DO YOU CALL UP/RETRIEVE A FIRM & PROVIDER RECORD OR CODE?

The (D), and (C) options require a provider identification code be called up, or retrieved. The provider code is selected at the "Provider Id" screen prompt. Retrieval of the record can only be accomplished via entry of the full provider identification code. Forward browse retrieval is performed by using the linefeed <lf> or down arrow key.

WHAT INFORMATION IS MAINTAINED IN FIRM MAINTENANCE?

Firm information is installed during the initialization process. Only modifications can be made after installation using the Change option.

A different address for the remittance destination can be specified. This can be specified in the office parameters defined during the installation process.

Each of the following information prompts related to the firm and provider maintenance function are in bold type in the far left column of this section. Following the prompt will be a description of what it is used for, if and how it can receive input (> Entry:) and any variation of use depending on the option chosen.

Name
Enter the Name of the Firm.
> Entry: Alphanumeric (30) Required Input

Address 1
Enter the first line of the Firm's Address.
> Entry: Alphanumeric (30) Required Input

Address 2
Enter the second line of the Firm's Address.
> Entry: Alphanumeric (30) Optional Input

City/State/Zip
Enter the City of the firm.
> Entry: Alphanumeric (22) Required Input

Enter the standard Federal Postal abbreviation for the State of the firm.
> Entry: Alpha (02) Required Valid Input

Enter the Zip Code of the firm.
> Entry: Numeric (05 Required Input

Phone

Enter the Telephone number (including area code) of the Firm.

> Entry: Numeric (10) Optional Input

ICD

Enter the Version number of the ICD coding used by the firm. This is for notational purposes only.

> Entry: Alphanumeric (10) Optional Input

CPT

Enter the Version number of the CPT coding used by the firm. This is for notational purposes only.

> Entry: Alphanumeric (10) Optional Input

WHAT INFORMATION IS MAINTAINED IN PROVIDER CODE MAINTENANCE?

All Firm information displays automatically once the option is chosen.

Provider Id

Enter the identification code for this Provider. This will be the code used to reference the provider during Service, Receipt and Adjustment entry.

A given provider can be assigned multiple id's. This can be done in order to track production by separate profit centers, locations, or functions. For example, provider code "1" can be assigned to provider John Smith MD, "1L" can be assigned to John Smith MD Laboratory charges, and code "1X" for John Smith MD X-Ray charges. The Care/DM System does not allow for these multiple id's to be summarized on reports at this time.

> Entry: Alphanumeric (02) Required Input

Provider Name

Enter the name of the Provider without using punctuation.
(eg: First Name/Initial, Last Name, Title: GEORGE KANE MD)

> Entry: Alphabetic (23) Required Input

Flag

Automatically set to "Active" when adding a record. The value can be modified from Active to Inactive through the (C)hange option. Access to this prompt is only allowed during the (C)hange option; the values allowed are (X)for Inactive, and (A) for Active.

> Entry: Alphabetic (01)

Phone I

Enter the first Telephone Number (including the area code if possible) to reach the Provider (generally the office number).

(or)

Press the return key to accept the value of blank.

> Entry: Numeric (07 or 10)

Phone II

Enter the second Telephone Number (including the area code if possible) to reach the Provider (generally an answering service or emergency number).

(or)

Press the return key to accept the value of blank.

> Entry: Numeric (07 or 10)

Provider Type

Enter a user-defined provider type. This field is currently not implemented, but may be used in the future to indicate a grouping category for some management reports.

(or)

Press the return key to accept the value of blank.

> Entry: Alphaumeric (03)

`Insurance Number'

The prompts for the next `Insurance Number' entries are defined in the installation parameters. The prompts define the titles for numbers assigned to a provider necessary for insurance submittal. One of these titles is referenced in the insurance company definition. The corresponding values are printed on the insurance claim. There can be up to 35 of these numbers.

Enter the Provider's Insurance Identification Number.

(or)

Press the return key to accept the value of blank.

> Entry: Alphanumeric (15)

OK to Add ? (<Y>es or (N)o)

Enter (Y).

(or)

Enter (N) to void entry of the Provider Identification Code record. Proceed to the "Provider Id" prompt for entry of the next record.

(or)

Press the return key to accept the default response of <Y>es.

* C R O S S R E F E R E N C E C O D E F I L E M A I N T E N A N C E *

HOW IS THE CROSS REFERENCE CODE FILE USED?

The cross reference code file translates the procedure, diagnosis, and type of service codes from the values input during service entry to code values required by specific insurance carriers. The translation file to be used for a specific insurance carrier is specified in the insurance company master record. When the cross reference codes are established, the translation is automatically done by the insurance claim processor for only those values included in the translation file.

A group of translation codes are defined by the "Translation Code Filename" prompt.

HOW DO YOU GET TO THE CROSS REFERENCE CODE FILE MAINTENANCE FUNCTION?

You access the Cross Reference Code File maintenance function from Business File Maintenance Menu #2, PF2, or by enter 1.1.2.2 at any menu.

HOW DO YOU MAINTAIN THE CROSS REFERENCE CODE FILE MAINTENANCE FILE?

The cross reference code file maintenance function permits several data manipulation options. The options are displayed at the bottom of the screen in the following manner:

A D O E P N Enter Option: __

Press the Left or Right Arrow keys to highlight the option or enter the letter of the option you want to access and press the return key. Other input allowed includes the "Help" key.

The following options are available:

A Add cross reference code information
D Display cross reference code information
O Omit cross reference code information
P Print selected cross reference code file
N New File; create a new cross reference code file
E End - return to menu

HOW DO YOU CALL UP/RETRIEVE A CROSS REFERENCE CODE FILE?

The (D), (O), and (P) options require a cross reference code file be called up, or retrieved. The "cross reference code file you want" is selected at the "Enter File Name or LIST to list all File Names" screen prompt. Retrieval of the cross reference code file information can be accomplished via entry of:

* The full cross reference code file name
* The word (LIST) to display the names of all the cross reference files you have defined; you will then be asked to enter the full cross reference code file name

WHAT INFORMATION IS MAINTAINED IN ACTIVITY CODE CROSS REFERENCE?

Each of the following information prompts related to an Activity Code Cross Reference record are in bold type in the far left column of this section. Following the prompt will be a description of what it is used for, if and how it can receive input (> Entry:) and any variation of use depending on the option chosen.

Enter File Name or "LIST" to list all File Names

Enter (LIST) for a list of all activity code cross reference file names.
(or)
Enter the specific file name.
(or)
Enter the (NEW) file name. You will be taken to the "File Does Not Exist. Create ? ((Y)es or <N>o)" prompt.

NOTE: These File Names are referenced in the Insurance Company Maintenance program.
Entry: Alphanumeric (06) Required Input

Want to Print the files listed above ? ((Y)es or <N>o)

Enter (Y).
(or)
Enter (N) to void entry and not Print the Activity Code Cross Reference record List.
(or)
Press the return to accept a default response of <N>o.
NOTE: This message will ONLY display if response to "Enter File Name or "LIST" to list all File Names" is (LIST).

File Does Not Exist. Create ? ((Y)es or <N>o)

Enter (Y) to establish a new file
(or)
Enter (N) to void entry of the Activity Code Cross Reference record. You will be taken back to the "Enter File Name or "LIST" to list all File Names" prompt.
(or)
Press the return key to accept a default response of <N>o.

(A) (D) (O) (E) (P) (N) Enter Option:

Enter your choice of Options to be performed.
(A)dd to add a new record.
(D)isplay to display a record already on file.
(O)mit to omit a record already on file.
(E)nd to exit the program.
(P)rint to print the selected cross reference file contents
(N)ew File; to create a new cross reference code file

Base Flag and Code

Enter a (P) for Procedure or (D) for Diagnosis code concatenated with the actual code number that you use on input and want to be translated. (eg: P90050 or D414.4)
Entry: Alphanumeric (10) Required Input

Cross Code

Enter the Procedure or Diagnosis code to be translated to on claim processing. Do NOT enter the leading (P) or (D).
Entry: Alphanumeric (09) Required Input

Type of Service

Enter the Type of Service for procedure codes; this is not asked for diagnosis codes.
(or)
Press the return key to accept the default base value of 1.
Entry: Alphanumeric (01) Required Input

OK to Add ? (<Y>es or (N)o)

Enter (Y). You will be taken back to the "Base Flag and Code" prompt for entry of the next record.
(or)
Enter (N) to void entry of the Activity Code Cross Reference record. You will be taken back to the "Base Flag and Code" prompt for entry of the next record.
(or)
Press the return key for a default response of <Y>es. You will be taken back to the "Base Flag and Code" prompt for entry of the next record.

* L E T T E R M A I N T E N A N C E *

The letter writer will produce letters upon request. The letter text can include variables that will be substituted from your data files. This allows the automatic printing of custom letters. Letters can be requested from several sources.

HOW DO YOU GET TO THE LETTER MAINTENANCE FUNCTION?

You access the Letter Maintenance function from Business File Maintenance Menu #2, PF3, or by entering 1.1.2.3 at any menu.

HOW DO YOU MAINTAIN THE LETTER FILE INFORMATION?

The letter file function permits several data manipulation option. The options are displayed at the bottom of the screen in the following manner:

A D S C O R V P E Enter Option: __

Press the Left or Right Arrow keys to highlight the option or enter the letter of the option you want to access and press the return key. Other input allowed includes the "Help" key.

The following options are available:

A Add letter template
C Change letter template
D Display letter template
O Omit letter template
V Verify letter variables
P Print letter
R Request letter, you can enter the substitution data directly
S Scroll letters in file
E End - return to menu

HOW DO YOU CALL UP/RETRIEVE THE LETTER FILE INFORMATION?

The (D), (C), (O), (R), (V), and (P) options require a letter identification code be called up, or retrieved. The "letter template you want" is selected at the "Letter Id" screen prompt. Retrieval of the letter template can be accomplished via entry of:

* The full letter identification code (eg: REG001)
* Part of the letter identification code (eg: RE)
* Forward browse retrieval is performed by using the linefeed <lf> key
* You can use the Scroll option to determine the letter identification code before entering an option requiring the code for retrieval

WHAT INFORMATION IS MAINTAINED IN THE LETTER FILE?

In addition to the letter text, an entry describing the letter is maintained in the catalog of letters. The data elements described below are contained in this catalog and describe the general form characteristics of the letter.

The letter text is maintained using the system editor provided by Digital Equipment Corporation. The variables that can be included in the text and result in data substitution based on the origin are also listed below. The (V)erify option will notify you of any substitution variables, those enclosed in < >, that are not valid for the selected origin.

Each of the following information prompts related to a letter are in bold type in the far left column of this section.
Following the prompt will be a description of what it is used for, if and how it can receive input (> Entry:) and any variation of use depending on the option chosen, (eg: (C)).

Letter Id

Enter the letter identification code for the letter template.
(or)
Press the return key to return to the option prompt.
> Entry: Alphanumeric (06) Required Input

Origin

Enter the number of the origin source.
Letter sources include:

(1) Patient Encounter Form
(2) Patient Listing
(3) Account Listing
(4) Credit Manager Report
(5) Collection Follow-Up
(6) Recall Notices
(7) Referring Provider
(8) Schedule Fee Slip
(9) Patient Registration Form

(or)
Press the return key to return to Letter ID prompt.
> Entry: Numeric (01) Required Input

Description

Enter descriptive text about the purpose of the letter.
> Entry: Alphanumeric (26) Required Input

Left Margin

Enter the column number for the left margin.
(or)
Press the return key to accept the default of <10>.
> Entry: Numeric (02) Required Input

Right Margin

Enter the column number for the right margin. This value determines word wrapping.
(or)
Press the return key to accept the default of <70>.
> Entry: Numeric (03) Required Input

Lines per Page
Enter the number of lines to be printed per page.
(or)
Press the return key to accept the default of <55>
> Entry: Numeric (02) Required Input

Form Name
Enter the form type name on which the letter is to be printed. The valid form names are defined in the MDPERM parameter file. Examples are listed below. If you add your own form type to MDPERM, you should also add the form type to your printer control file.
(LETTER) = Letterhead: letter quality stock
(ENVLOP) = Envelope: no tractor feed
(CONENV) = Continuous Envelope with tractor feed
(LETENV) = Letter plus Envelope with tractor feed
(SEPAGE) = Stop Every Page; for letters requiring mounting with no tractor feed
(W1PLY8) = Wide 1 Ply 11 x 14 Paper
> Entry: Alphanumeric (06) Required Input

OK to Add? (<Y>es or (N)o)
Enter (Y) to add the letter characteristics to the Letter Master File.
(or)
Enter (N) to void entry of the letter identification code and description information. You will be taken back to the "Letter Id" prompt to enter your next Letter Identification code.
(or)
Press the return key to accept the default of <Y>.

List (xxxxxxxxxxxxxxxxxxxxxx) legal variables? ((Y)es or <N>o)
Enter (Y) to view the list of legal variables for the specific origin chosen. Use your "Hold Screen" key to freeze any information as needed. Then press the return key to continue. Legal variables are the descriptive names of various data maintained by the Care/DM System which are eligible for substitution in the various letter types.
(or)
Enter (N) to continue without viewing the list of legal variables.
(or)
Press the return key to accept the default of <N>.

Want to edit the letter text? (<Y>es or (N)o)
Enter (Y) to enter the Text Editor to create the letter template. Proceed to the "Text Editor Screen" section of this document.
(or)
Enter (N) to not enter the letter template at this time. You will be taken back to the "Letter Id" prompt to enter the next Letter Identification Code.
(or)
Press the return key to accept the default of <Y>. Proceed to the "Text Editor Screen" section of this document.
NOTE: If you DO NOT choose to create the letter template at this time, you must use the (C)hange option at some future time to create the letter template before you can process any letters.

HOW DO YOU VERIFY THE LETTER VARIABLES?

The verify option determines if all substitution variables, those enclosed in < >, are valid for the defined origin.

(A) (D) (S) (C) (O) (R) (V) (P) (E)
Enter (V) to Verify the letter variables.

Letter Id
Enter the letter identification code for the letter template.
(or)
Press the return key to return to the option prompt.
> Entry: Alphanumeric (06) Required Input

Enter <lf> to Browse other letters, or <cr> to Continue.
See "HOW DO YOU CALL UP/RETRIEVE THE LETTER FILE INFORMATION?" for the retrieval methods.

Press the Linefeed <lf> key to browse forward to "retrieve the letter template you want".
(or)
Press the return key to continue verification of the template displayed.

The program will verify the verbage enclosed in "< >" (the less-than and greater-than symbols) for legality within the origin chosen for the template. Any "illegal" variables will be highlighted on the terminal in reverse video. NOTE: Avoid using the (< or >) less-than and greater-than symbols for any other use in the letter template except to enclose a legal variable. The system may interpret them as a variable wherever they are used in the letter template, and cause unpredictable results.

Use your "Hold Screen" key to freeze any section with a highlighted illegal variable. Make note of the variable the way it is typed in so you can check the exact spelling in the Legal Variables listing at the end of this chapter or through the terminal help listing.

(xx) illegal variables were found. <cr> to Continue.
The message will give you the number of illegal variables found or indicate that "No illegal variables were found".

Press the return key to continue the process.

List (xxxxxxxxxxxxxxxxxxxxx) legal variables? (<Y>es or (N)o)
Enter (Y) to view the list of legal variables for the specific origin chosen. Use your "Hold Screen" key to freeze any information as needed. Then press the return key to continue.
(or)
Enter (N) to continue without viewing the list of legal variables.
(or)
Press the return key to accept the default of <Y>.

(A) (D) (S) (C) (O) (R) (V) (P) (E)

Enter (C) to Change any of the "illegal" letter variables. Proceed with the "Letter Id" prompt.
(or)
Choose another option if no "illegal" variables were found.

Letter Id

Enter the letter identification code for the letter template.
(or)
Press the return key to Exit the program.

> Entry: Alphanumeric (06) Required Input

(E)dit this letter, <lf> to Browse, or <cr> to change information shown.

See "How do you Call Up/Retrieve the Letter File Information?" for the retrieval methods.

Press the Linefeed <lf> key to browse forward to "retrieve the template you want".
(or)
Press the return key to change information displayed on the screen.
Proceed to "Template Format Change" for instructions.
(or)
Enter (E) to Edit the letter template information.

Template Format Change

Change field lines will display next to each prompt starting with the "Description" prompt. Enter the information as you want it to read.
You must press the return key to bypass any prompt that you do not want to change.

OK to Change? (<Y>es or (N)o)

Enter (Y) to accept the changes made.
(or)
Enter (N) to void entry of the template format change.
(or)
Press the return key to accept the default of <Y>.

Want to edit the letter text? (<Y>es or (N)o)

Enter (Y) to enter the Text Editor to change the letter template.
Proceed to the "Text Editor Screen" section of this document.
(or)
Enter (N) to not change the letter template at this time. You will be taken back to the "Letter Id" prompt to enter the next Letter Ident-ification Code.
(or)
Press the return key to accept the default of <Y>. Proceed to the "Text Editor Screen" section of this document.
NOTE: If you DO NOT choose to correct the letter template at this time, letters will not be generated for templates with "illegal" variables and no subsititution will occur. Your text will have the illegal variable printed rather than the desired data.

Make the changes to the template and use the FILE Command to save the new document.

TEXT EDITOR SCREEN

[EOB]

Input file does not exist

EDITOR SCREEN

The screen will contain the illustrated messages upon entry. The top message, "[EOB]", indicates End of Buffer. As the operator creates the template, this message will reposition itself below the template information. The message at the bottom of the screen indicates no template has been created. This message will not display once the file for that letter template is created.

1. Begin entry of the letter template information in letter format.

2. The operator will enter the letter template information using the following guidelines:
   - Enter the exact verbage that you expect to be generated in letter format. (eg: Thank you for choosing ....)
   - Enter the legal variables for the information to be filled in by the computer. When entering a legal variable, it must be entered exactly as it appears in the list attached called LEGAL VARIABLES. Each variable must be enclosed by < > and the spelling must match the list exactly. (eg: Dear <patient first name>:)

   NOTE: Avoid using the (< or >) less-than and greater-than symbols for any other use in the letter template except to enclose a legal variable. The system may interpret them as a variable wherever they are used in the letter template, and cause unpredictable results.
   - Enter punctuation as needed on the finished output generated.
   - Enter spaces and blank lines as will be needed on the finished output generated, with the exeption of the number of lines for each page which will be calculated by the computer.
   - See the EDITOR KEYPAD FUNCTION section for assistance with time-saving keyboard features.

3. There are commands (legal variable commands) the operator will need to include in the template to assist in the development of the letter format. The command must be enclosed in "< >" less-than and greater-than symbols.

<wrap>
is used to signal the wrapping of information from that point forward or until a different command is found in the template. The wrapping is controlled by the left and right margins defined in the letter catalog. NOTE: The line in the template used for this command will not show up as a blank line on the output.

<nowrap>
is used to signal that wrapping is not to occur or that it should cease to occur from that point forward or until a different command is found in the template. The line in the template used for this command will not show up as a blank line on the output.

<page>
is used to signal a new page to start. This command is used independently of the chosen "Lines per Page" entered on the third screen. When using this command to emphasize information on one page, the operator must use the command to begin the page and at the end to begin the next page which will reference the "Lines per Page" entry. The line in the template used for this command will not show up as a blank line on the output.

<date>
is used to signal the current processing date to be placed in the position occupied by the command.

<cr> is to be used to reposition the print head at the beginning of the line to retab over to a position where a variable overlayed the spot. To insert the carriage return <cr> symbol, you must enter the following sequence: GOLD 13 (on keyBOARD) and GOLD 3 (on keyPAD).

NOTE: GOLD key is discussed in the next section, EDITOR KEYPAD FUNCTIONS.

^ is to mark a substitution starting position without any movement.

EXAMPLE: <nowrap>

```
                                              <date>
<subscriber first name> <subscriber last name>
<subscriber address 1>
<subscriber address 2>
<subscriber city>, <subscriber state> <subscriber zip code>

Dear <subscriber first name>:
<wrap>
We have received your request for etc................
```

4. When creating more than one letter with similar text, you can use an "INC" (include) feature. To use this feature you must take note of the file name of the first letter of the group to be completed. The name will display at the time you issue the file command (GOLD - E). Generally it will be the Letter Id concatenated with .LET (i.e., xxxxxx.LET).

INC Command:
- Complete the letter template section until you are in the Text Editor.
- Then press the "GOLD & 7" keys. See position of keys in the Editor Keypad Functions Illustration.
- The prompt "COMMAND:" will display.
- Type in: INC xxxxxx.let (the name of the letter template to be included) and press the Enter key on the keypad. The command will look like the following:

  COMMAND: inc xxxxxx.let

- A copy of the text of the original file is now included, and can now be modified for the new letter. The original letter template is still in tact.

5. When you have completed the template you will need to FILE it.

   FILE Command:
   - Press the "GOLD" (PF1) key and the "E" key one after the other.
   - The name of the FILE will display in a reverse video burst line directly after the close bracket "]" sign, in the following format:

     DUBO:[CAREDM.xxxx.xxxxxx]xxxxxx.let;1 # of lines

   - The name will only display momentarily. The name of the letter template file will be the "Letter Id" concatenated with ".LET". You can also press the "Hold Screen" key to read the name. You must press the "Hold Screen" a second time to release the HOLD.

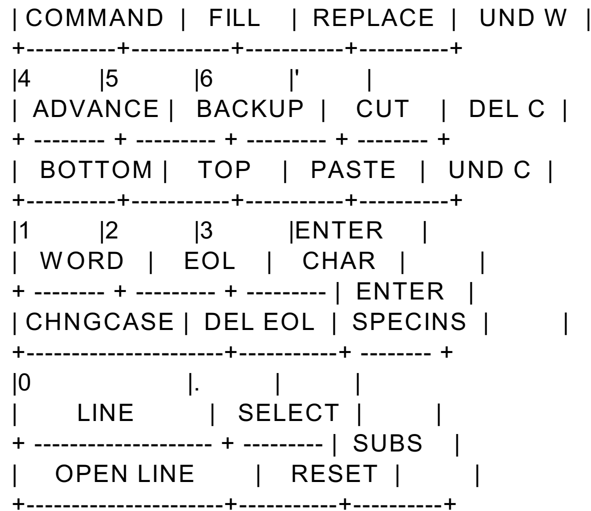
6. You will be taken back to the Option line of the program.

   The next step after creating a letter is the verification of the letter variables. Go back to the "HOW DO YOU VERIFY THE LETTER VARIABLES?" section for instructions.

   Repeat the verification step until the "No illegal variables are found" message displays. Then continue with your choice of options.

EDITOR KEYPAD FUNCTIONS

```
+----------+-----------+-----------+----------+
| ^        | |         | <---      | --->     |
| |        | |         |           |          |
| | UP     | V  DOWN   |  LEFT     |  RIGHT   |
|          |           |           |          |
+----------+-----------+-----------+----------+
+----------+-----------+-----------+----------+
|PF1       |PF2        |PF3        |PF4       |
|          |           | FNDNXT    |  DEL L   |
|  GOLD    |  HELP     | --------- | -------- |
|          |           |  FIND     |  UND L   |
+----------+-----------+-----------+----------+
|7         |8          |9          |-         |
|  PAGE    |  SECT     |  APPEND   |  DEL W   |
+ -------- + --------- + --------- + -------- +
```



```
| COMMAND  |   FILL    | REPLACE  |   UND W  |
+----------+-----------+-----------+----------+
|4         |5          |6          |'         |
|  ADVANCE |  BACKUP  |    CUT    |  DEL C  |
+ -------- + --------- + --------- + -------- +
|  BOTTOM |    TOP    |  PASTE   |  UND C  |
+----------+-----------+-----------+----------+
|1         |2          |3          |ENTER     |
|  WORD   |   EOL   |   CHAR   |          |
+ -------- + --------- + --------- |  ENTER   |
| CHNGCASE |  DEL EOL  |  SPECINS  |          |
+----------------------+-----------+ -------- +
|0                     |.          |          |
|        LINE          |  SELECT  |          |
+ -------------------- + --------- |  SUBS    |
|     OPEN LINE        |   RESET  |          |
+----------------------+-----------+----------+
```

KEY	DESCRIPTION OF USE
UP ARROW	Moves the cursor up to the position on the previous line that corresponds to the current cursor position.
DOWN ARROW	Moves the cursor down to the position on the next line that corresponds to the current cursor position.
LEFT ARROW	Moves the cursor one character to the left.
RIGHT ARROW	Moves the cursor one character to the right.
GOLD	Command key that will access alternate keypad functions in the key hit immediately following the stroke of the GOLD key. The following functions can be accessed by combining the GOLD key with the appropriate key: FIND, UND L, COMMAND, FILL, REPLACE, UND W, BOTTOM, TOP, PASTE, UND C, CHNGCASE, DEL EOL, SPECINS, OPEN LINE, RESET, AND SUBS. (See keypad illustration for position on keypad)
HELP	This key is currently disabled.
ADVANCE	Sets the editing direction to forward: to the right and toward the bottom of the buffer
APPEND	Deletes the select range from the current buffer; appends it to the end of the PASTE buffer.
BACKUP	Sets the editing direction to backward: to the left and toward the top of the buffer.
(GOLD)BOTTOM	Moves the cursor to the end of the current buffer
CHAR	Moves the cursor one character in the current direction.
(GOLD)CHNGCASE	Changes the case of all letters in the select range or current search string, or the case of the current letter.

(GOLD)COMMAND Enables you to use a line mode command without leaving keypad mode. Type the line mode command in response to the prompt, Command: (enter the command, EX: include [file name]) Press ENTER.

CUT Deletes the select range and places it in the PASTE buffer. The previous contents of the PASTE buffer are deleted.

DEL C Deletes the character that the cursor is on. The deleted character replaces the contents of the delete character buffer.

(GOLD)DEL EOL Deletes text from the current cursor position to the end of the line. Generally, does not delete the line terminator. The deleted text replaces the contents of the delete line buffer.

DEL L Deletes text from the current cursor position to the position of the next line, deleting the line terminator. The deleted line replaces the contents of the delete line buffer.

DEL W Deletes characters from the current cursor position to the beginning of the next word. The deleted word replaces the contents of the delete word buffer.

ENTER Sends a command or search string to EDT for processing.

EOL Moves the cursor to the next line terminator in the current EDT direction.

(GOLD)FILL Takes a select range of lines and reorganizes the text so that the maximum number of whole words can fit within the current line width.

(GOLD)FIND Locates the search string that you type when EDT displays the prompt, Search for: (enter the search for string, press ENTER)

FNDNXT Locates the next occurrence of the current search string in the current direction. To initiate a search string, see (GOLD)FIND.

LINE Moves the cursor to the beginning of the next line in the current EDT direction.

(GOLD)OPEN LINE Opens (inserts) a blank line at the current cursor position.

PAGE Moves the cursor to a position to the right of the next page marker in your text. Movement is in the current direction. Page markers are, by default, Form Feed characters. If the text does not contain page markers, the move is through the entire buffer.

(GOLD)PASTE Inserts the contents of the PASTE buffer to the left of the cursor.

(GOLD)REPLACE Deletes the select range and replaces it with the contents of the PASTE buffer.

(GOLD)RESET Cancels the select range and sets EDT's direction to forward.

SECT Moves the cursor 16 lines in the current direction.

SELECT Marks one end of a select range. When you move the cursor again, the characters that the sursor passes over become the select range.

(GOLD)SPECINS Allows you to insert special control chcracters. The use of this function is beyond the scope of this manual.

(GOLD)SUBS Replaces the next occurrence of the current search string in your text with the contents of the PASTE buffer.

(GOLD)TOP Moves the cursor to the beginning of the current buffer.

(GOLD)UND C Inserts the contents of the delete character buffer to the left of the cursor.

(GOLD)UND L Inserts the contents of the delete line buffer to the left of the cursor.

(GOLD)UND W Inserts the contents of the delete word buffer to the left of the cursor.

WORD Moves the cursor to the beginning of the next word in the current EDT direction.

LEGAL VARIABLES

Legal variables can be inserted into the text of a letter template. They allow the insertion of specific information from the Care/DM data files at the time the letter, envelope or report is generated.

This approach allows the following:

- the information inserted is the most current information on file
- the template can be used to generate the same type of correspondence to different people and will not give the appearance of a "form" letter

The variables legal for use per origin are indicated by a "Y" listed in the corresponding column. The presence of an "N" indicates the variable is not legal for use when that origin is specified.

All legal variables must be enclosed in "< >" less-than and greater-than symbols.

NOTE: Avoid using the (< or >) less-than and greater-than symbols for any other use in the letter template except to enclose a legal variable. The system may interpret them as a variable wherever they are used in the letter template, and cause unpredictable results.

Editing performed automatically by the Letter processor on substituted data items.

- Strip spaces and tabs, and add "$" if necessary
- Strip middle initial off of first name
- Use today's date, e.g. "January 3, 1984"
- All but first character of each word lowercase
- Change all characters to lowercase
- Change to uppercase, strip lead/trailing spaces

See the following pages for a table of legal variables. The Y and N values indicate if the variable is eligible for the corresponding letter origin.

Table of Legal Variables

```
            ORIGIN
            =======
              9  Patient Registration ----------------.
              8  Schedule Fee Slip -----------------. |
              7  Referring Doctor ----------------. | |
              6  Recall Notices ----------------. | | |
              5  Collection Follow-Up --------. | | | |
              4  Credit Manager Report -----. | | | | |
              3  Account Listing ---------. | | | | | |
              2  Patient Listing -------. | | | | | | |
              1  Patient Encounter----. | | | | | | | |
                                      | | | | | | | | |
                                      | | | | | | | | |
                                      | | | | | | | | |
Text Variable                         V V V V V V V V V
=========================================================
<wrap>                                Y,Y,Y,Y,Y,Y,Y,Y,Y
<nowrap>                              Y,Y,Y,Y,Y,Y,Y,Y,Y
<new page>                            Y,Y,Y,Y,Y,Y,Y,Y,Y
<insurance>                           Y,N,N,N,N,N,N,N,Y
<date>                                Y,Y,Y,Y,Y,Y,Y,Y,Y
<account number>                      Y,Y,Y,Y,Y,N,Y,Y,Y
<patient number>                      Y,Y,N,N,N,Y,Y,Y,Y
<account last name>                   Y,Y,Y,Y,Y,N,N,Y,Y
<account first name>                  Y,Y,Y,Y,Y,N,N,Y,Y
<patient last name>                   Y,Y,N,N,N,Y,Y,Y,Y
<patient first name>                  Y,Y,N,N,N,Y,Y,Y,Y
<account address>                     Y,N,Y,Y,Y,N,N,Y,Y
<account address #2>                  Y,N,Y,Y,Y,N,N,Y,Y
<account city>                        Y,N,Y,Y,Y,N,N,N,Y
<account state>                       Y,N,Y,Y,Y,N,N,N,Y
<account zip code>                    Y,N,Y,Y,Y,N,N,N,Y
<patient address>                     Y,Y,N,N,N,Y,Y,Y,Y
<patient city>                        Y,Y,N,N,N,Y,Y,Y,Y
<patient state>                       Y,Y,N,N,N,Y,Y,Y,Y
<patient zip code>                    Y,Y,N,N,N,Y,Y,Y,Y
<date of last payment>                N,N,Y,Y,Y,N,N,Y,N
<current balance>                     Y,N,Y,Y,Y,N,N,Y,Y
<account services to date>            N,N,Y,Y,Y,N,N,N,N
<patient services to date>            N,Y,N,N,N,N,N,N,N
<call date>                           N,N,N,N,Y,N,N,N,N
<call time>                           N,N,N,N,Y,N,N,N,N
<next call date>                      N,N,N,N,Y,N,N,N,N
<delinquent balance>                  Y,N,N,Y,Y,N,N,Y,Y
<doctor name>                         Y,Y,N,N,N,Y,Y,N,Y
<current month payments>              N,Y,Y,Y,Y,N,N,N,N
<collection counselor>                N,N,N,N,Y,N,N,N,N
<date of next recall>                 N,N,N,N,N,Y,N,N,N
<reason for recall>                   N,N,N,N,N,Y,N,N,N
<recall doctor>                       N,N,N,N,N,Y,N,N,N
<relation to account>                 Y,Y,N,N,N,N,N,N,Y
<birthdate>                           Y,Y,N,N,N,N,Y,N,Y
```

Table of Legal Variables

```
          ORIGIN
          =======
            9  Patient Registration ----------------.
            8  Schedule Fee Slip -----------------. |
            7  Referring Doctor ----------------. | |
            6  Recall Notices ----------------. | | |
            5  Collection Follow-Up --------. | | | |
            4  Credit Manager Report -----. | | | | |
            3  Account Listing ---------. | | | | | |
            2  Patient Listing -------. | | | | | | |
            1  Patient Encounter----. | | | | | | | |
                                    | | | | | | | | |
                                    | | | | | | | | |
                                    | | | | | | | | |
                                    | | | | | | | | |
                                    | | | | | | | | |
Text Variable                       V V V V V V V V V
=====================================================
<referring doctor last name>        Y,N,N,N,N,N,Y,N,Y
<referring doctor first name>       Y,N,N,N,N,N,Y,N,Y
<referring doctor address>          Y,N,N,N,N,N,Y,N,Y
<referring doctor city>             Y,N,N,N,N,N,Y,N,Y
<referring doctor state>            Y,N,N,N,N,N,Y,N,Y
<referring doctor zip code>         Y,N,N,N,N,N,Y,N,Y
<last statement balance>            N,N,Y,N,N,N,N,N,N
<finance charges>                   N,N,Y,N,N,N,N,N,N
<employer>                          Y,N,Y,N,N,N,N,N,Y
<last visit date>                   Y,Y,N,N,N,N,N,Y,Y
<ticket number>                     N,N,N,N,N,N,N,N,Y,N
<phone number>                      N,N,N,N,N,N,N,N,Y,N
<classifiers>                       Y,N,N,N,N,N,N,Y,Y
<schedule time>                     Y,N,N,N,N,Y,N,Y,N
<complaint/reason>                  Y,N,N,N,N,Y,N,Y,N
<schedule date>                     Y,N,N,N,N,Y,N,Y,N
<schedule provider name>            Y,N,N,N,N,Y,N,Y,N
<sex>                               Y,N,N,N,N,N,N,N,Y
<marital status>                    Y,N,N,N,N,N,N,N,Y
<patient ssn>                       Y,N,N,N,N,N,N,N,Y
<allergy>                           Y,N,N,N,N,N,N,N,Y
<date allergy determined>           Y,N,N,N,N,N,N,N,Y
<dr that determined allergy>        Y,N,N,N,N,N,N,N,Y
<doctor referred to>                Y,N,N,N,N,N,N,N,Y
<referral date>                     Y,N,N,N,N,N,N,N,Y
<permanent diagnosis>               Y,N,N,N,N,N,N,N,Y
<perm diagnosis description>        Y,N,N,N,N,N,N,N,Y
<acct phone number>                 Y,N,N,N,N,N,N,N,Y
<acct work phone>                   Y,N,N,N,N,N,N,N,Y
```

Table of Legal Variables

```
          ORIGIN
          =======
            9  Patient Registration ----------------.
            8  Schedule Fee Slip -----------------. |
            7  Referring Doctor ----------------. | |
            6  Recall Notices ----------------. | | |
            5  Collection Follow-Up --------. | | | |
            4  Credit Manager Report -----. | | | | |
            3  Account Listing ---------. | | | | | |
            2  Patient Listing -------. | | | | | | |
            1  Patient Encounter----. | | | | | | | |
                                    | | | | | | | | |
                                    | | | | | | | | |
                                    | | | | | | | | |
                                    | | | | | | | | |
                                    | | | | | | | | |
Text Variable                       V V V V V V V V V
=====================================================================
<ins company name #1>               Y,N,N,N,N,N,N,N,Y
<ins company id #1>                 Y,N,N,N,N,N,N,N,Y
<ins group no. #1>                  Y,N,N,N,N,N,N,N,Y
<ins policy no. #1>                 Y,N,N,N,N,N,N,N,Y
<ins policy holder #1>              Y,N,N,N,N,N,N,N,Y
<ins company name #2>               Y,N,N,N,N,N,N,N,Y
<ins company id #2>                 Y,N,N,N,N,N,N,N,Y
<ins group no. #2>                  Y,N,N,N,N,N,N,N,Y
<ins policy no. #2>                 Y,N,N,N,N,N,N,N,Y
<ins policy holder #2>              Y,N,N,N,N,N,N,N,Y
<ins company name #3>               Y,N,N,N,N,N,N,N,Y
<ins company id #3>                 Y,N,N,N,N,N,N,N,Y
<ins group no. #3>                  Y,N,N,N,N,N,N,N,Y
<ins policy no. #3>                 Y,N,N,N,N,N,N,N,Y
<ins policy holder #3>              Y,N,N,N,N,N,N,N,Y
<location>                          Y,N,N,N,N,N,N,N,N
<location description>              Y,N,N,N,N,N,N,N,N
<ticket>                            Y,N,N,N,N,N,N,N,N
<ticket date>                       Y,N,N,N,N,N,N,N,N
<dr #>                              Y,N,N,N,N,N,N,N,Y
<TPR balance>                       Y,N,N,N,N,N,N,N,Y
<total balance>                     Y,N,N,N,N,N,N,N,Y
```

* H O S P I T A L A D M I T / D I S C H A R G E M A I N T E N A N C E *

WHAT IS THE HOSPITAL ADMIT/DISCHARGE MAINTENANCE FUNCTION?

The hospital admit and discharge function permits the maintenance of hospitalized patient roster. Information maintained on each patient include:

- admission date, diagnosis, and location
- admitting, attending and consulting provider(s)

Reports are provided to list all current admissions, new admissions and discharges by hospital for each provider.

HOW DO YOU GET TO THE HOSPITAL ADMIT/DISCHARGE MAINTENANCE FUNCTION?

You access the Hospital Admit/Discharge Maintenance from Business File Maintenance Menu #2 PF4, or by entering 1.1.2.4 at any menu.

HOW DO YOU USE THE HOSPITAL ADMIT/DISCHARGE MAINTENANCE FUNCTION?

The Hospital Admit/Discharge maintenance function permits several data manipulation options. The options are displayed at the bottom of the screen in the following manner:

A R D C O P E Enter Option: __

Press the Left or Right Arrow keys to highlight the option or enter the letter of the option you want to access and press the return key. Other input allowed includes the "Help" key.

The following options are available:

A Admit patient
R Release patient
D Display of patient currently on file
C Change patient admit information
O Omit a specific admission entry
P Print the Admission and Discharge reports
E End - return to menu

HOW DO YOU CALL UP/RETRIEVE HOSPITAL ADMIT/DISCHARGE INFORMATION?

All the options require a patient be called up, or retrieved. The "patient you want" is selected at the "Patient" screen prompt. Retrieval of patient information can be accomplished via entry of:

* The patient number (eg: 41)
* The patient full last, first name (eg: Moore,Jane)
* Patient last and part of first name (eg: Moore,J)
* Part of patient last name (eg: Moor)

* Forward browse retrieval is performed by using the down arrow or linefeed keys.

WHAT INFORMATION IS MAINTAINED IN HOSPITAL ADMIT/DISCHARGE FUNCTION?

Each of the following information prompts related to Hospital Admit/ Discharge maintenance are in bold type in the far left column of this section. Following the prompt will be a description of what it is used for, if and how it can receive input (> Entry:) and any variation of use depending on the option chosen, (eg: (C)).

Patient

See the "How do you Call Up/Retrieve Hospital Admit/Discharge Maintenance Information?" sections for retrieval methods.

Right Patient ? <cr> if OK, <lf> to Browse, or (N)o

Enter (N) if the patient displayed is not the desired one.
(or)
Press the <lf> linefeed key to browse through the patient file.
(or)
Press the return key if the patient displayed is the desired one.

Admit Date (xx-xx-xx)

Enter the date of the hospital admission.
(or)
Press the return key to accept the value displayed in the parenthesis.
> Entry: Numeric (06) Required Input

Discharge Date

(C) (Change Option only) Enter the date of the hospitalization discharge.
> Entry: Numeric (06) Required Input

Hospital

Enter a valid Location of Service code from the Activity Code file. You will be taken to the "Room Number" prompt.
(or)
Enter a new Location of Service code. You will be taken to "Location not on file - want to add ? (<Y>es or (N)o)" prompt.
> Entry: Alphanumeric (01 - 10) Required Input

Location not on file - want to add ? (<Y>es or (N)o)

Enter (N) to indicate you do not want to enter a new location code. You will be taken to the "Hospital" prompt to enter another Location of Service code.
(or)
Enter (Y) to indicate you want to add the new code. You will be taken to the location of service description prompt to enter the description of the code.
> Entry: Alphanumeric (30) Required Input

Room Number

Enter the hospital room number for this admission as free-form text.

> Entry: Alphanumeric (05)

Initial Diagnosis

Enter an Initial Diagnosis code from the Activity Code file. You will be taken to the "Admitting Physician (xx)" prompt.

(or)

Enter a new diagnosis code. You will be taken to "Diagnosis not on file - want to add ? (<Y>es or (N)o)" prompt.

> Entry: Alphanumeric (10) Required Input

Diagnosis not on file - want to add ? (<Y>es or (N)o)

Enter (N) to indicate you do not want to enter a new diagnosis code. You will be taken to the "Initial Diagnosis" prompt to enter another diagnosis code.

(or)

Enter (Y) to indicate you want to add the new code. You will be taken to the diagnosis description prompt to enter the description of the code.

> Entry: Alphanumeric (30) Required Input

NOTE: Input for the following four providers can be in one of three formats:

- a two-character provider code from the Provider file
- a seven-character provider code from the Referral file
- up to 30 characters of provider name (last, first) from the Referral file; all or part of the name can be entered and the file can be browsed

If you enter a name for input, you will receive the following prompt:

Right Provider (From Referral File) ? <cr> if OK, <lf> to Browse, or (N)o

Press the return key to accept the provider displayed. You will be taken to the next input field.

(or)

Press the linefeed or down arrow key to browse through the Referral file for the next entry.

(or)

Enter N for No. You will be taken back to the current prompt and allowed to re-input.

Admitting Physician (xx)

Enter a code for the admitting physician in one of the three formats described above.

(or)

Press the return key to accept the value displayed in parenthesis, the patient's assigned provider.

> Entry: Alphanumeric (30) Required Input

Attending Physician

Enter a code for the attending physician in one of the three formats described above.

> Entry: Alphanumeric (30)

Consulting Physician 1

Enter a code for the consulting physician in one of the three formats described above.

(or)

Press the return key to accept a blank value. You will be taken to the "OK to Add ? (<Y>es or (N)o)" prompt.

> Entry: Alphanumeric (30)

Consulting Physician 2

Enter a code for a second consulting physician in one of the three formats described above.

> Entry: Alphanumeric (30)

OK to Add ? (<Y>es or (N)o)

Enter (N) to void the record.

(or)

Enter (Y) to add the record.

(or)

Press the return key to accept the default value of Yes.

* M O D E L S T O R A G E *

WHAT IS THE MODEL STORAGE FUNCTION?

Orthodontists have a unique need to maintain a working model of a patient's mouth. Upon completion of the patient's treatment plan, the working model needs to be placed in storage. The Care/DM Model-Storage function aids in keeping track of the models when they are currently in use, and after they have been placed in storage. The system provides for automatic assignment of numbers for both model and storage bins, keeping models densely packed and eliminating wasted space. The purpose is to track the addition or moving of a model. A label is produced for each model's box indicating the patient and dates of movement.

HOW DO YOU GET TO THE MODEL STORAGE FUNCTION?

You access the Model Storage function from Business File Maintenance Menu #3, PF1, or by entering 1.1.3.1 at any menu.

HOW DO YOU USE THE MODEL STORAGE FUNCTION?

The model storage function permits several data manipulation options. The options are displayed at the bottom of the screen in the following manner:

A D S M O E   Enter Option: __

Press the Left or Right Arrow keys to highlight the option or enter the letter of the option you want to access and press the return key. Other input allowed includes the "Help" key.

The following options are available:

A Add model to working model or storage file
D Display model assignment information
S Scroll display model assignment information
M Move model between working and storage status
O Omit model from storage
E End - return to menu

HOW DO YOU CALL UP/RETRIEVE THE MODEL STORAGE INFORMATION?

The (A), (D), (M) and (O) options require a model be called up, or retrieved. The "model you want" is selected at the "Patient" screen prompt. Retrieval of model information can be accomplished via entry of:

* The patient number (eg: 41)
* The patient full last, first name (eg: Moore,Jane)
* Patient last and part of first name (eg: Moore,J)
* Part of patient last name (eg: Moor)

* Forward browse retrieval is performed by using the down arrow or linefeed key.
* <cr> at patient prompt; then:
    - The patient number (eg: 123)
    - The patient full last, first name (eg: Moore,Al)
    - Patient last and part of first name (eg: Moore,A)
    - Part of patient last name (eg: Moor)
    - Forward browse retrieval for the desired patient is performed by using the down arrow or linefeed keys.

WHAT DEMOGRAPHIC INFORMATION IS MAINTAINED IN MODEL STORAGE?

Each of the following information prompts related to model storage are in bold type in the far left column of this section.
Following the prompt will be a description of what it is used for, if and how it can receive input (> Entry:) and any variation of use depending on the option chosen.

Patient

During add, this prompt is used as a retrieval prompt. See "How do you Call Up/Retrieve the Model Storage Information?" for retrieval methods. This establishes the relationship between the patient and the model.

<lf> to Browse, <cr> if OK or (N)o

Press the linefeed key or down arrow key to browse forward through the patient record file.
(or)
Press the return key if the patient displayed is the desired record.
(or)
Enter (N) if the patient displayed is not the desired record.

Type (x)

Enter (M) for Model number.
(or)
Enter (S) for Storage number.
(or)
Press the return key to accept the default of <M>.
> Entry: Alphabetic (01) Required Input

Date (xx-xx-xx)

Enter the date of the storage.
(or)
Press the return key to accept the system date displayed in (xx-xx-xx)
> Entry: Numeric (06) Required Input

Reference Number

Enter the reference number assigned by a previous numbering system, if applicable.
(or)
Press the return key to accept a blank value.
> Entry: Alphanumeric (01 to 16)

Provider (xx)

Enter a valid Provider identification code.

(or)

Press the return key to accept the value displayed in (xx).

> Entry: Alphanumeric (02) Required Input

Assigning Model Number (xxxxxx)

During the add options, the number will be automatically assigned at the end of information entry or, if your office chooses, you can specify the model number to be assigned. If you assign the number, the system will verify the model number does not currently exist.

Ok to Add? (<Y>es or (N)o)

Enter (Y) to add the model or storage item.

(or)

Enter (N) to void entry of the record. You will be taken back to the "Patient" prompt to enter the next record.

(or)

Press the return key to accept the default of <Y>.

> Entry: Alphabetic (01) Required Input

* P R O V I D E R / P A T I E N T R E F E R R A L M A I N T E N A N C E *

WHAT IS A REFERRAL?

Providers sending patients to other providers for treatment create a referral situation. In many cases, referrals must be authorized by a patient's primary provider or an insurance company will not pay for the services rendered. The patients being referred to you, as well as the providers making the referral, can be tracked in the Care/DM system.

The referring provider function allows for the entry of a referring entity (a provider or even another patient from your practice) during patient registration or the referring provider maintenance function. This entry becomes a permanent part of the patient file and can be displayed using the referring provider maintenance option or the patient activity display.

At the end of each month, a referral report may be produced detailing the patients referred and summarizing referral source statistics. Optionally, the printing of a referral acknowledgment letter may be requested. There is also an option to produce an alphabetical listing of referring providers.

In addition to the registration and maintenance input of permanent referral information, a referring provider can be input during fee slip entry. This referral information is used for one-time referrals and is applied only to the specific insurance claim for which the information is entered.

HOW DO YOU GET TO THE PROVIDER/PATIENT REFERRAL MAINTENANCE FUNCTION?

You access the Provider/Patient Referral Maintenance function from Business File Maintenance Menu #3, PF2, or by entering 1.1.3.2 at any menu.

HOW DO YOU MAINTAIN PROVIDER/PATIENT REFERRAL MAINTENANCE INFORMATION?

The Provider/Patient Referral Maintenance function permits several data manipulation options. The options are displayed at the bottom of the screen in the following manner:

A C D O P S E Enter Option: __

Press the Left or Right Arrow keys to highlight the option or enter the letter of the option you want to access and press the return key. Other input allowed includes the "Help" key.

The following options are available:

A Add provider/patient referral information

C Change provider/patient referral information
D Display provider/patient referral information
O Omit provider/patient referral information
P Print provider referral listing in Name order
S Scroll provider/patient referral information
E End - return to menu

HOW DO YOU CALL UP/RETRIEVE A PATIENT?

The (A), (D), (C), and (O) options require a patient be called up, or retrieved. The "patient you want" is selected at the "Patient" screen prompt. Retrieval of patient information can be accomplished via entry of:

* The patient number (eg: 41)
* The patient full last, first name (eg: Moore,Jane - see note 1 below)
* Patient last and part of first name (eg: Moore,J - see note 1 below)
* Part of patient last name (eg: Moor - see note 1 below)
* A question mark (?) followed by a patient last and part of first name (eg: ?Moore,J - see note 2 below)
* A question mark (?) followed by part of a patient last name (eg: ?Moor - see note 2 below)
* <cr> at patient prompt to accept patient displayed

NOTE 1: This type of entry will cause a tabular display of all patients which match what is input, and allow you to select one of the displayed entries. If only a single patient matches, that entry is automatically selected.

NOTE 2: This type of entry will cause patients which match what is input to be brought up one at a time, and allow you to browse through them by using the linefeed key. You can select one of the displayed entries by pressing the return key.

WHAT PATIENT "REFERRAL" INFORMATION IS MAINTAINED?

Each of the following information prompts related to Patient Referral Information are in bold type in the far left column of this section. Following the prompt will be a description of what it is used for, if and how it can receive input (> Entry:) and any variation of use depending on the option chosen, (eg: (AP)).

(A) (C) (D) (O) (P) (S) (E)
Enter (A) to add provider/patient referral record.

(D)Provider, (P)atient, or (T)ype
Enter (D) to add the referring provider record. Proceed to "What Patient "Referral Provider" Information is Maintained?" (or) "How Do You Add Patient "Referral Provider" Information?"
(or)
Enter (T) to add the referring provider type record. Proceed to "What Patient "Referral Provider Type" Information is Maintained?"

(or) "How Do You Add Patient "Referral Provider Type" Information?"
(or)
Enter (P) to add the referral record for the patient.

Patient

This field is automatically completed by the system when a "Yes" response was received to the question, "OK to Add Referral Record ? ((Y)es or <N>o)"
(or)
See the "Provider/Patient Referral Maintenance" chapter to add a referral record to an existing patient record.

> Entry: Numeric (07) Required Input

Provider Referred To (xx)

Enter the provider identification for the patient's provider. See Firm and Provider File Maintenance for valid provider identification.
(or)
Press the return key to accept the Provider number displayed in "( )" parenthesis with the prompt.

> Entry: Alphanumeric (02) Required Input

Provider Referred From

Enter the provider identification (leading zeros are not required for numeric identifications) for the provider that "referred" the patient. See the Provider/Patient Referral Maintenance for valid referral provider identification.

> Entry: Alphanumeric (01 - 07) Required Input

NOTE: If the Referring Provider is not on file, the following prompt will display.

Want to add a Provider? (<Y>es or (N)o)

Enter (Y). See Patient "Referral Provider" Maintenance section of this chapter to add a referring provider.
(or)
Press the return key to accept a response of <Y>es. See Patient "Referral Provider" Maintenance section of this chapter to add a referring provider.
(or)
Enter (N) to return you to the "Provider Referred From" prompt for another value to be entered in the prompt.

Referral Date (xx-xx-xx)

Enter the date the patient was referred for treatment.
(or)
Press the return key to accept the date value displayed in the "( )" parenthesis with the prompt.

> Entry: Numeric (06) Required Input

OK to Add ? (<Y>es or (N)o)

Enter (Y) which will take you to the "Want to send a letter to Provider ? ((Y)es or <N>o)" prompt. See "How do You Send a "Letter" to the Provider?" for instructions.
(or)
Press the return key to accept a response of <Y>es which will take you to the "Want to send a letter to Provider ? ((Y)es or <N>o)" prompt.

See "How do You Send a "Letter" to the Provider?" for instructions.
(or)
Enter (N) to void the entire entry which will take you to the Account prompt in the Patient Maintenance function.
(or)
Press the Up arrow key to get to first prompt on screen. Then use the Right and Left arrow keys to move from field to field; use the Down arrow key to return to the "OK to Add ? (<Y>es or (N)o)" prompt.

WHAT PATIENT "REFERRAL PROVIDER" INFORMATION IS MAINTAINED?

Referral Provider Code

The Referral Provider Code is automatically assigned by the system.

Provider Type

Enter the Provider Type that describes this provider from the list at the right of input screen under the headings (Type and Description). A valid entry in this field will take you to the "Last Name" prompt.
(or)
Press the return key to take you back to the "Provider Referred From" prompt in "What Patient Referral Information is Maintained?".
(or)
If the Provider's Type is not listed, enter the new Type value as an alphanumeric entry which will prompt you with the question "Provider Type Not Found - Want to Add ? (<Y>es or (N)o)".

> Entry: Alphanumeric (02) Required Input

Provider Type Not Found - Want to Add ? (<Y>es or (N)o)

Enter (Y) to place you at the "Description" prompt.
(or)
Press the return key to accept a response of <Y>es. This will place you at the "Description" prompt.
(or)
Enter (N) to return you to the "Provider Type" prompt, in this section, "What Patient Referral Provider Information is Maintained?" (or) "How do You Add Patient Referral Provider Information?" for another value to be entered into the prompt.

Description

Enter the Description for the provider type.

> Entry: Alphanumeric (16) Required Input

Last Name

Enter the Last Name of the Referral Provider.

> Entry: Alphanumeric (16) Required Input
> plus "-"

First Name

Enter the First Name and the middle initial of the Referral Provider. Any academic title (eg: MD, DDS,....) may be entered after the first name with a space between. (eg: JOHN MD)

> Entry: Alphanumeric (12) Required Input
> plus "-"

Address

Enter the street Address information for the Referral Provider.

> Entry: Alphanumeric (23)

City/State/Zip Code

The city, state and zip fields can be input as three separate fields or can be automatically completed by a single entry of zip code into the city prompt.

Enter the Zip Code (into the City prompt) of the guarantor. This will be used to search in the zip code translation file. The City and State will display automatically if the code is found. NOTE: The Zip Code translation file is defined at system installation.

> Entry: Numeric (05) Required Input

(or)

City

Enter the City of the Referral Provider's address.

> Entry: Alphanumeric (16)

State

Enter the standard Federal Postal abbreviation for the State of the Referral Provider's address.

> Entry: Alphanumeric (02)

Zip

Enter the Zip Code of the Referral Provider's address.

(or)

Press the return key to accept a value of 00000.

> Entry: Numeric (05) Required Input

Phone

Enter the Telephone Number of the Provider, including the area code if available. An area code of 000 is assumed if a value is not entered.

(or)

Press the return key to accept a value of 000-000-0000.

> Entry: Numeric (07) or (10) Required Input

Insurance Number

Enter the Referral Provider's Insurance Number. This is a free-form field which may be required for some insurance submittals.

> Entry: Alphanumeric (12)

OK to Add ? (<Y>es or (N)o)

Enter (Y) which will take you back to the "Referring Provider Code" prompt to enter the next record.

(or)

Press the return key to accept a default of <Y>es.

(or)

Enter (N) to void the entry and take you back to the "Referring Provider Code" prompt to enter the next record.

WHAT PATIENT "REFERRAL PROVIDER TYPE" INFORMATION IS MAINTAINED?

Provider Type

Enter the provider type identifier code that describes this provider.
(or)
Press the return key to take you back to the Option line.
> Entry: Alphanumeric (02) Required Input

Description

Enter the Description for the provider type.
> Entry: Alphanumeric (16) Required Input

OK to Add ? (<Y>es or (N)o)

Enter (Y) which will take you to the "Provider Type" prompt to enter the next provider type record.
(or)
Press the return key to accept a default of <Y>es.
(or)
Enter (N) to void the entry and take you back to the "Provider Type" prompt.

HOW DO YOU SEND A "LETTER" TO THE PROVIDER?

Want to send a letter to Provider? ((Y)es or <N>o)

Enter (Y) which will take you to the "Letter Id" prompt in this section.
(or)
Enter (N) to decline sending a letter. This will take you to the "Patient" prompt to enter your next record.
(or)
Press the return key to accept a response of <N>o.

NOTE: This prompt will only appear if the letter option is selected via business parameter maintenance line 67.

Letter Id

Enter the letter identification code for the correspondence to be sent to the provider. See the Letter File Maintenance for a list of valid letter id acronyms.
> Entry: Alphanumeric (06) Required Input

Description

Automatically displayed when the Letter id is input.

OK to Submit Letter? (<Y>es or No)

Enter (Y) to submit the letter for processing.
(or)
Press the return key to accept a response of <Y>es.
(or)
Enter (N) to void entry. This will take you to the "Letter Id" prompt.

Letter has been submitted <cr>
Press <cr> the return key to continue.

* I N I T I A L B A L A N C E L O A D *

When first installing Care/DM, it is necessary to initially input information regarding the balances of accounts and the allocation of those balances to providers. The initial balance load function performs two distinct functions:

- Opening balance input
- Balance allocation to provider

The opening balance input operation is done one time, at the installation of the system. This function transfers balances from the current system being used to the Care/DM system. The balances can be loaded using one of two methods:

- Aged balance amounts
- Single balance amounts

When balances have been loaded, the (C)reate option constructs audit trail entries and disables the initial balance load option permanently. The operator will receive the following display message if accessing this menu option after the initial loading:

Cannot Perform This Function.....Create Already Performed

Initial Balances Loading Completed (xx-xxx-xx at xx:xx xM)

<cr> to Continue

Revenue Allocation Already Performed...<cr>

Refer to the initial file load documentation conversion procedure in the Installation Guide for detailed instructions on the use of this function during installation.

The opening balance allocation to a provider will be prompted when the initial balance (C)reate is performed, or it can be delayed to a future time.

The balance allocation option permits the allocation of receipts based on that provider's portion of services outstanding on a specific account balance. The account balance includes both the personal and third party responsibility balances as these balances are not separated in the allocation process.

The Manual allocation of balances permits the user to determine the portion of an account balance to be distributed to each provider who has delivered services to the account.

The Automatic allocation of balances determines the portion of the account balance to be distributed to each provider servicing the account based on past individual provider services. This will not be

required of new practices with no opening accounts receivable balances. The automatic allocation has two methods to choose from:

(D)octor number as indicated in the patient file
(P)ercentage of services performed.

The Doctor number method allocates the account balance as determined by the ratio of each patient's services-to-date compared to the total services provided to the account.

The Percentage method allocates the account balance to each provider based on the ratio of each provider's services on the current transaction file to the total account services on the current transaction file. If there are no entries on the current transaction file, then the provider number method is used for that account.

If the allocation of balances option is not selected, the allocation process may be performed at a later time by requesting the initial balance load option. At this time the initial balance load will be bypassed and the balance allocation option screen will be activated.

Upon completion of the balance allocation, an initial distribution report may be printed. The current distribution of balances can be reviewed using the account activity display and the receipt input.

HOW DO YOU GET TO THE ACCOUNT BALANCE INITIAL LOADING FUNCTION?

You access the Account Balance Initial Loading function from Business File Maintenance Menu #3, PF3, or by entering 1.1.3.3 at any menu.

HOW DO YOU USE THE ACCOUNT BALANCE INITIAL LOADING FUNCTION?

The account balance initial loading function permits several data manipulation options during the installation process. The options are displayed at the bottom of the screen. You enter the letters inside the parenthesis ( ) to access the option. Other input allowed includes the "Help" key.

The following options are available:

A Aged balances
S Single balances
C Create transactions
M Manual allocation of balances
A Automatic allocation of balances
<cr> After account balance initial loading is completed

HOW DO YOU LOAD SINGLE ENTRY BALANCES

Purpose: To load initial balances without aging. All accounts will start with current balances when entered in this option.

Create Transactions option is used to create beginning account balances on the Care/DM system.

Initial Allocation to Providers permits the manual or automatic assignment and/or allocation of receipts to providers based on the providers' portion of services still outstanding for a specific account balance.

Manual Allocation is used to allocate initial balances to providers manually.

Automatic Allocation to Providers is used to automatically allocate initial balances by a percentage or depending on primary provider as indicated in patient file.

Create Transactions:

The create transaction process can take some time depending on the number of accounts on file. Upon completion of the processing, summary totals will be displayed and should be checked against the opening balance grand total.

NOTE: When using Receipt Allocation option, see Initial Allocation To Providers.

Date to use for Opening Balances ######
Enter the date to be used to tag the opening balances.

The system will now begin the creation of opening balance transactions.

Initial Allocation to Providers

This option will be displayed when Receipt Allocation is defined in the parameters (see Installation Guide, Schedule Worksheets Chapter for an explanation of receipt allocation).

INITIAL ALLOCATION TO PROVIDERS MUST BE PERFORMED IMMEDIATELY FOLLOWING THE INITIAL BALANCE LOAD (C)REATE TRANSACTIONS FOR ALL ACCOUNTS THAT WISH TO USE THE RECEIPT DISTRIBUTION FEATURE FROM DAY ONE ON CARE/DM.

Accounts that have submitted at least one billing run MUST perform the INITIAL ALLOCATION IMMEDIATELY FOLLOWING A BILLING RUN PROCESSING AND BEFORE THE NEXT DAILY CLOSE IS SUBMITTED. No users should be logged into the account when Initial Allocation is initiated and running.

If you forget to Initialize Allocation to Providers you will not get accurate Receipt Distribution reports. You will be able to initialize the balances after the next billing run and will start getting accurate reports.

Following initial allocation of balances, the Care/DM System will automatically maintain the provider balance allocation on a daily basis from service and receipt entries.

Manual Allocation to Providers

The manual allocation method requires manual entry of all balances to a specific provider.

Manual allocation should be used if there are few (500 or less) accounts with balances and it is known what providers should receive each balance.

Display Number of Accounts to be Manually Allocated

There may be some accounts for which there is not enough information on which to base automatic allocation. These account balances will have to be allocated manually. Press the return key to display the manual allocation screen as described below.

Automatic Allocation to Providers

Automatic allocation is used in offices previously using Care/DM and having requested at least one billing run submissiom or where there is a large number of accounts with balances (500 or more).

The following prompts are asked for the Automatice Allocation to Providers.

Account #######
The accounts will be displayed in numerical order.

Patient #######
The first patient linked to the account will be displayed.

Balance ##.##
The balance will be displayed.

Allocated ##.##
The amount allocated to the will be displayed.

Unallocated ##.##
The unallocated amount will be displayed.

Provider __ or ??
The provider number assigned to the first patient record linked to this account will be displayed. If no primary provider "??" will be displayed. Enter the provider number. Press the return key to accept the provider number displayed.

Automatic Allocation to Providers

Explanation of Options:

(P) Allocate money to individual providers based on percentage of services performed by each provider. Use information from services posted to compute a percentage of those services performed by each of the individual providers for each account. Based on that percentage, the account balance is distributed to the providers.

(D) Allocate money to individual providers based on provider number as indicated in patient file. Use information from the patient master file to compute a percentage of services performed by each of the individual providers for each account. Based on that percentage, the account balance is distributed to the providers.

(E) End. Return to MENU without performing allocation.

All allocations are aged as input in Initial Balance Input. All credit balances are given to a special provider designated as "00", and called the "unallocated receipts provider". After the selection is made, the account currently being allocated is displayed on the screen.

Enter option ==>

Enter (P) to allocate by percentage.
(or)
Enter (D) to allocate by provider number.

WHAT MESSAGES ARE RECEIVED AFTER THE COMPLETION OF INITIAL LOADING?

Once the balances are loaded and the system is initialized, the operator will be given the following messages upon entering the Account Balance Initial Loading function.

Cannot Perform This Function.....Create Already Performed
This is a display message only.

Initial Balances Loading Completed dd-mmm-yy xx:xx xM
This is a display of the date and time the initial loading process was completed.

<cr> to Continue
Press the return key to continue.

Revenue Allocation Already Performed...<cr>

Press the return key to exit the function and return you to the menu.

* I T E M I N V E N T O R Y M A I N T E N A N C E *

WHAT IS AN ITEM INVENTORY?

The Item Inventory function allows for recording usage, reorder notification and receivables processing for disposable supplies which are maintained in a physical inventory. The usage is established during the patient service entry process by either direct usage entry or automatic entry by association of the inventory item(s) to a specific procedure code. Entries in the inventory file can be in the form of individual items or a Kit of several individual items. When an items on hand level is less than the reorder point established, a daily report will notify the office of the need to consider the available level. In addition to the reorder report, an Order Need and Monthly Usage report are provided.

HOW DO YOU GET TO THE ITEM INVENTORY FUNCTION?

You access the Item Inventory function from Business File Maintenance Menu #3, PF4, or by entering 1.1.3.4 at any menu.

HOW DO YOU MAINTAIN THE ITEM INVENTORY INFORMATION?

The Item Inventory function permits several data manipulation options. The options are displayed at the bottom of the screen in the following manner:

A C D R E Enter Option: __

Press the Left of Right Arrow keys to highlight the option or enter the letter of the option you want to access and press the return key. Other input allowed includes the "Help" key.

The following options are available:

A Add individual and kit inventory items
C Change inventory item or kit information
D Display a specific inventory kit or item
R Receiving of items, add to inventory on hand level
E End - return to menu

HOW DO YOU CALL UP/RETRIEVE ITEM INVENTORY INFORMATION?

The (C), (D), and (R) options require an inventory item be called up, or retrieved. The "inventory item you want" is selected at the "Item" screen prompt. Retrieval of inventory information can be accomplished via entry of:

* the item identification code

WHAT INFORMATION IS MAINTAINED IN THE ITEM INVENTORY?

Each of the following information prompts related to the Item Inventory are in bold type in the far left column of this section. Following the prompt will be a description of what it is used for, if and how it can receive input (> Entry:) and any variation of use depending on the option chosen, (eg: (AP)).

Item

Enter the item identification code.

> Entry: Alphanumeric (10) Required Input

Type

Enter (K) if the item is a kit with multiple items included. NOTE: Each item to be included in a kit must have an entry in this function as a "Detail" item before it can be included as part of a kit.

(or)

Enter (D) if the item is a single detail item.

(or)

Press return to accept the default value of <D>etail.

> Entry: Alphabetic (01) Required Input

Status

Enter (A) if the item is an active item in inventory.

(or)

Enter (X) if the item is an inactive item in inventory.

(or)

Press the return key to accept the default value of <A>ctive.

> Entry: Alphabetic (01) Required Input

Description

Enter the description of the item. If the item was identified as a detail item, you will be taken to the "Unit" prompt.

> Entry: Alphanumeric (30)

Number of Items in Kit

Enter the number of detail items that are included in this kit. The range can be between 01 and 15 per kit.

> Entry: Numeric (02) Required Input

__________ ####

Enter the detail item identification code for one of the items in the kit and then the number of that item which is included in the kit. If you press return at the "####" prompt a value of "0" will be assumed.

NOTE: You will continue to enter the detail item identification codes and the number included for each item in the kit to a maximum number of items which was indicated in the prior prompt.

> Entry: Alphanumeric (10) Required Input

> Entry: Numeric (04)

Units

Enter the packaging units of the item. (eg: dozen, each)

> Entry: Alphanumeric (10)

Supplier

Enter the name of the supplier for the item.

> Entry: Alphanumeric (30)

Onhand

Enter the number of the item, in units, that are currently onhand.

(or)

Press return to accept a default value of 0.

> Entry: Numeric (06)

Reorder Point

Enter the number of the item, in units, that indicates the inventory of the item is low and needs to be reordered.

(or)

Press return to accept a default value of 0.

> Entry: Numeric (04)

Ok to Add ? (<Y>es or (N)o)

Enter (N) to void the record.

(or)

Enter (Y) to add the record.

(or)

Press the return key to accept the default value of <Y>es.

* Z I P C O D E M A I N T E N A N C E *

WHAT IS THE Zip code MAINTENANCE FUNCTION?

The Zip Code file defines the relationship between a range of zip codes and the city and state in which they are assigned. This will allow the operator to enter a zip code in the "City" field and Care/DM will then automatically complete the city, state and zip code information from this one entry.

Benefits to this function include:

- accurate data entry
- time savings in the data input area

HOW DO YOU GET TO THE Zip code MAINTENANCE FUNCTION?

You access the Zip code Maintenance function from Business File Maintenance Menu #4, PF1, or by entering 1.1.4.1 at any menu.

HOW DO YOU USE THE Zip code MAINTENANCE FUNCTION?

The zip code function permits several data manipulation options. The options are displayed at the bottom of the screen in the following manner:

A D C O N S E Enter Option: __

Press the Left or Right Arrow keys to highlight the option or enter the letter of the option you want to access and press the return key. Other input allowed includes the "Help" key.

The following options are available:

A Add zip code information
D Display zip code information
C Change zip code information
O Omit zip code information
N Name search zip code information
S Scroll zip code information

E End - return to menu

HOW DO YOU CALL UP/RETRIEVE THE Zip code INFORMATION?

The (D), (C) and (O) options require a zip code range be called up, or retrieved. The "zip code range you want" is selected at the "Ending Zip code" screen prompt. Retrieval of zip code information can be accomplished via entry of:

* A zip code in the range (eg: 62701)
* Part of a zip code (eg: 62)
* Forward browse retrieval is performed by using the down arrow key

or <lf> linefeed key.

WHAT INFORMATION IS MAINTAINED IN Zip code MAINTENANCE?

Each of the following information prompts related to a zip code are in bold type in the far left column of this section.
Following the prompt will be a description of what it is used for, if and how it can receive input (> Entry:) and any variation of use depending on the option chosen, (eg: (AP)).

Starting Zip code
Enter the zip code to begin the range.
> Entry: Numeric (01 - 05) Required Input

Ending Zip code
Enter the zip code to end the range.
> Entry: Numeric (01 - 05) Required Input

City
Enter the city represented by this range of zip codes.
> Entry: Alphanumeric (16) Required Input

State
Enter the standard Federal Postal abbreviation for the State of the zip code range.
> Entry: Alphabetic (02) Required Input

Ok to Add ? (<Y>es or (N)o)
Enter (N) to void the record.
(or)
Enter (Y) to add the record.
(or)
Press the return key to accept the default value of Yes.

* P A T I E N T   S E R V I C E   E N T R Y *

WHAT IS THE PATIENT SERVICE ENTRY FUNCTION?

The patient service entry function, or "fee slip input" function, allows entry of business transactions ("patient services") including:

- Automatic insurance submittal with Coordination of Third Party Benefits and Suspension of claims
- Referring provider entry
- Diagnosis entry and association with specific service(s)
- Procedures performed
- Procedure responsibility assignment, either personal or third party
- Search for activity codes by description specification
- Hospitalization Date entry
- Amount of services rendered with automatic alternate pricing translation
- Can optionally override standard pricing
- Optional addition of procedure and diagnosis codes "on the fly" without having to exit to activity code maintenance
- "Sampled" reimbursement figures from third party payors can be optionally displayed and tabulated, allowing for collection of anticipated patient responsibility amounts at time of visit
- Automatic copayment determination and billing; based on flat fee, percentage of services, or sampled amount (difference between service fee and reimbursement history)
- Pretreatment for dental procedures
- Amount and check number for personal payments and adjustments
- Satisfy current recall and entry of new recall date
- Special Anesthesia billing, including start and end times, base + time unit pricing, and CRNA entry
- Optional automatic input translation of coding structures
- Special procedure reference numbers can be entered
- Direct or automatic update of Inventory item usage
- Print of a Statement of Services at exit
- Ability to change provider within a ticket
- Ability to change location within ticket
- Ability to add/change/remove account classifier(s)
- Patient Permanent Diagnosis maintenance and selection
- Post services to a pending file for later release to billing; this is used, for example, for extended hospital stays
- Print batch register for reconciliation prior to posting

HOW DO YOU GET TO THE PATIENT SERVICE ENTRY FUNCTION?

You access the Patient Service Entry function from Daily Business Processing, PF1, by pressing the F17 key at any menu, by entering 1.2.1.1 at any menu, or by pressing the F17 key at the option or initial input point of any function that is referenced by the F6-10 and F17-20 keys.

HOW DO YOU USE THE PATIENT SERVICE ENTRY FUNCTION?

The patient service entry function permits several data manipulation options. The options are displayed at the bottom of the screen in the following manner:

A D S O PP RP E R Enter Option: __

Press the Left or Right Arrow keys to highlight the option or enter the letter of the option you want to access and press the return key. Other input allowed includes the "Help" key and the F6-10 and F17-20 keys.

The following options are available:

A Add fee slips (tickets)
D Display a specific fee slip
S Scroll display of all fee slips in a specified batch or
the total of each pending batch
O Omit a specific fee slip or line item
PP Pending Post addition
RP Release Pending Post transactions for billing
R Return to menu without pending claim review
E End - return to menu following any pending claim review

HOW DO YOU CALL UP/RETRIEVE PATIENT SERVICE ENTRY INFORMATION?

The (S) option requires that a batch be called up, or retrieved. The "batch you want" is selected at the "Batch Number:" screen prompt. Retrieval of patient service information can be accomplished via entry of:

* A Batch identification code (eg: 01)

The (D) and (O) options require that a batch and patient ticket number be called up, or retrieved. The "batch and patient ticket you want" is selected at the "Batch Number:", and "Ticket" screen prompts, respectively. Retrieval of patient service information can be accomplished via entry of:

* A Batch identification code (eg: 01) and Ticket number (eg: 0000004153). Leading zeros are not required for a ticket number. However, if tickets 4153 and 0000004153 BOTH exist, leading zeros ARE required to retrieve the latter; preceding the ticket number with a pound sign (#) will automatically pad the number on the left with zeros. The ticket number can be found through the scroll option

The (R) option only appears if there have been automatic insurances requested which require further operator input. This option may be selected to quickly return to the menu so that some other function can be performed. The pending claim review function MUST be performed at some time prior to the user logging out of CARE/DM. In addition, no Daily Close requests can be made if there are any pending claims.

The (A) option requires that a patient and account be called up, or retrieved. The "patient and account you want" is selected at the "Patient", and "Account" screen prompts, respectively. Addition of patient service information can be continued after entry of:

Patient:
* The patient number (eg: 0000041; leading zeros are NOT required)
* The patient full last, first name (eg: Moore,Jane - see note 1 below)
* Patient last and part of first name (eg: Moore,J - see note 1 below)
* Part of patient last name (eg: Moor - see note 1 below)
* A question mark (?) followed by a patient last and part of first name (eg: ?Moore,J - see note 2 below)
* A question mark (?) followed by part of a patient last name (eg: ?Moor - see note 2 below)
* A "-" followed by the patient alternate index (if this option is selected by your office).
* A "," followed by a ticket number (if the patient encounter form generation option is selected by your office).
* The linefeed key which will bring up the "current patient", i.e., the last patient retrieved. A message at the bottom of the screen will identify this patient and indicate that the linefeed key is valid input.

(and)

Account:
* <cr> at account prompt to accept the value displayed
* The account number (eg: 0000123; leading zeros are NOT required)
* The account full last, first name (eg: Moore,Al - see note 1 below)
* Account last and part of first name (eg: Moore,A - see note 1 below)
* Part of account last name (eg: Moor - see note 1 below)
* A question mark (?) followed by an account last and part of first name (eg: ?Moore,J - see note 2 below)
* A question mark (?) followed by part of an account last name (eg: ?Moor - see note 2 below)

NOTE 1: This type of entry will cause a tabular display of all patients or accounts which match what is input, and allow you to select one of the displayed entries. If only a single account or patient matches, that entry is automatically selected.

NOTE 2: This type of entry will cause patients or accounts which match what is input to be brought up one at a time, and allow you to browse through them by using the linefeed key. You can select one of the displayed entries by pressing the return key.

If the patient/account for which the ticket is to be entered is not currently on file, registration information can be entered at this time. Business parameter file line 31 controls whether this can be done. If this option is selected, you will be asked whether or not to register the patient and/or the account if the entry is not currently on file. Following registration entry, you will be returned to patient service entry. If a patient/account was entered, that new patient will be automatically displayed and service entry

will continue. If no registration information was entered, you will be returned to the "Patient" prompt.

WHAT INFORMATION IS ENTERED IN THE PATIENT SERVICE ENTRY FUNCTION?

Each of the following information prompts related to an account are in bold type in the far left column of this section.
Following the prompt will be a description of what it is used for, if and how it can receive input (> Entry:) and any variation of use depending on the option chosen, (eg: (AP)).

Batch Number: ##

Enter a 2-digit batch number to assign the following services to. It is recommended that business be broken up into multiple batches for ease of reconciliation of input. If tickets are broken up into small batches, it is easier to find input errors which might occur. A manual total of tickets can be run and matched against the total calculated by the system.

> Entry: Numeric (02) Required Input between 01 and 99, inclusively

Patient

See "How do You Call Up/Retrieve Patient Service Entry Information?" for the process to identify the patient.

<Alt Index Prompt> xxxxxxxxxxxxxxxx Sex x DOB xx-xx-xx

Display Patient Alternate Index (if this option is selected by your office), Patient Sex, and Patient Date of Birth.

Account

See "How do You Call Up/Retrieve Patient Service Entry Information?" for the process to identify the account. The account to which the patient is assigned is displayed and assumed to be the account to bill. Whether or not the billing party can be overridden is controlled by business parameter file line 63.

Address xxxxxxxxxxxxxxxxxxxxxxx, xxxxxxxxxxxxxxxx, xx #####

Display address information from account maintenance record.

Classifiers

Display classifier information from account maintenance record.

Dx1 xxxxxxxxx Dx2 xxxxxxxxx Dx3 xxxxxxxxx Dx4 xxxxxxxxx Dx5 xxxxxxxxx More

Display of current active diagnosis. Up to five are displayed at one time. If more than five are active, the word "More" will display at the end of the line. This line is updated whenever a diagnosis is input, as described below.

Date (xx-xx-xx)

Press the return key to accept the date value enclosed in the parenthesis ( ).
(or)
Press the linefeed key to accept the current System date.
(or)
Enter the service date.

> Entry: Numeric (06) Required Input

Provider (xx)

Press the return key to accept the provider identification code value enclosed in the parenthesis ( ) This is the patient's assigned provider from the patient maintenance record.
(or)
Enter the provider identification code. The code is validated against the Firm and Provider Master File.

> Entry: Alphanumeric (02) Required Input

NOTE: If the office parameter "Force input of provider number" is turned on, you will be required to input the provider number, and the default value will not be assumed. Business parameter file line 100 controls this option.

Ticket

Enter the ticket number from the service fee form.
(or)
Press the return key for a system generated number. Automatic generation of ticket numbers is controlled by business parameter file line 83.

> Entry: Alphanumeric,"#" (01 - 10) Required Input

NOTE: Preceding the input with a pound sign will pad the number on the left with zeros.
Ex.: Entering "123" for Ticket Number will generate the number "   123". Entering "#123" will generate the number "0000000123". These numbers are considered TOTALLY DIFFERENT by the system.

NOTE: Ticket numbers automatically generated by the system are padded on the left with zeros.

Ticket contains Third Party Transactions but NO Insurance Request Found.
Ticket MUST be omitted and re-entered to avoid lost claims.
<cr> to Omit or (P)rint

This message indicates an error condition. You have attempted to add to an existing ticket, and that ticket had Third Party Charges but no Third Party Claim Request. This usually indicates that a problem occurred during the original posting of the ticket. The ticket MUST be omitted and re-added. You are given the opportunity to print the ticket out prior to omitting it, however.

Location (xxxxxxxxx)

Enter the location code for the place of service. The code is validated against location codes in the Activity Code Master File.

(or)

Press the return key to accept the location code value enclosed in the parenthesis ( ). The default location code is specified in business parameter file line 82.

> Entry: Alphanumeric (09) Required Input

<Reference Number>

Enter a reference number which will be assigned to the procedures on this ticket. This prompt will only appear if you select this option in your business parameters, line 92. The prompt that appears is also set by your office.

(or)

Press the return key to attach no special reference number.

> Entry: Alphanumeric (10) Required Input

Want to Submit Sequence ## (xxxx) xxxxxxxxxxxxxxxxx ?

(<N>)o, (Y)es, (S)tnd, (SH)tnd/Hosp

NOTE: This question will be asked under the following circumstances:

1.) The account has an insurance policy which covers the patient for which services are being input.
2.) The insurance company specified in the policy has an "automatic classifier" specified (see Insurance Company Maintenance).
3.) The account selected for posting has the "automatic classifier".

Each policy which meets the above conditions will be displayed and you will be asked whether or not to request a claim.

NOTE: The default answer to this question is selected in the business parameters, line 16. That selection will be delimited by the "<" and ">" characters. In addition, the business parameters may specify that an answer is required and that no default will be assumed.

Press the return key to accept the default (if allowed).

(or)

Enter (N) to indicate a claim should NOT be filed with the insurance carrier corresponding to the information displayed.

(or)

Enter (Y) to indicate a claim should be filed with the insurance carrier corresponding to the information displayed.

(or)

Enter (S) for Standard insurance answers to be included on the claim form. This will place the claim request immediately in the request queue thus bypassing the "immediate" claim review step when (E)nding the Patient Service Entry function.

(or)

Enter (SH) for Standard/Hospital insurance answers to be included on the claim form. This will place the claim request immediately in the request queue thus bypassing the "immediate" claim review step when (E)nding the Patient Service Entry function.
(or)
Enter (HSH) for Hold Standard/Hospital insurance answers to be included on the claim form. This will place the claim request immediately in the request queue thus bypassing the "immediate" claim review step when (E)nding the Patient Service Entry function.

Insurance Policy Information missing for one or more Submissions

<cr> to Continue or Change

If certain information is missing for an insurance policy selected for submission, and the office has selected that the operator be prompted to change the information via business parameters line 63, this message will appear. The information which causes this message to appear is:

Employer
Social Security Number
Birth Date
Sex

Cannot hold NON-capitation policy submit if capitation policy requested.

If a policy for which services are capitated is selected for submission, another policy for which services are NOT capitated cannot be suspended.

Account TPR Record missing; Cannot submit Third Party billing request.

This indicates an internal inconsistency in the CARE/DM System. Notify Customer Support if this should occur.

Cannot submit more than one Third Party billing request.

Only one "Third Party" insurance request can be submitted for a ticket. A second Third Party request can only be held (suspended) for submission following payment on the first request. Any number of "Personal" insurance requests can be submitted at the time the ticket is entered.

Must submit at least one request if one submission held.

If you are suspending a Third Party insurance request, you must submit a Third Party request or there would be no way to release that suspended request.

(Code)

Enter the procedure code(s) for the service/treatment. A valid code entry will take you to the "Description" prompt.
(or)
Enter the diagnosis code(s) for the service/treatment. If a diagnosis code is a requirement, you must enter it prior to entering any procedures. Whether or not diagnosis is required on a ticket is controlled by business parameter file line 16. Procedures will be associated

with the diagnosis code(s) entered just prior to the procedure code.
For example, if the following sequence of codes is input:

D1
D2
P1
P2
D3
D1
P3

Diagnosis D1 and D2 are associated with procedures P1 and P2; diagnosis D3 and D1 are associated with procedure P3. Diagnosis D3 and D1 are the current "active Diagnosis".

(or)

Enter an action code from the following list.

(PROV)ider (HOSP)ital Dates (REF)erral
(CLASS)ifier (PERM)anent Diagnosis
(LOC)ation (REC)eipts

PROV - Change the service provider from this point on
CLASS - Add/Remove Account Classifiers
LOC - Change the Place of Service from this point on
HOSP - Enter Hospital Dates
NOTE: HOSPital date input prompts for the location. This location is not applied to subsequent locations. You must use the LOCation change command.
REF - Enter Referral information for this ticket
PERM - Select a set of diagnosis from the patient's list of permanent diagnosis
REC - Enter Receipt Entry Mode; all subsequent input (until INV or SERV is entered) is assumed to be receipts. Only non-negative Personal Receipts and Adjustments can be entered. Whether or not receipts are allowed is controlled by business file parameter line 99.
INV - Enter Inventory Entry Mode; all subsequent input (until REC or SERV is entered) is inventory items.
SERV - Enter Service Entry Mode; this can be entered to resume input of services following receipt and/or inventory entry.

(or)

If you press the return key for the FIRST entry at the "Code" screen prompt, you will be taken back to the "Patient" screen prompt, voiding the entry of the information for the patient to this point.

(or)

If you press the return key after entering at least one line of input, this indicates a completed ticket. You will be taken to the "<cr> if OK, (P)rint, (N)o, or ^ to Continue" prompt.

(or)

If you enter "?", "?P", or "?D", the procedures or diagnosis on file will be displayed and you will be allowed to select the desired input from the list.

(or)

If you enter "." followed by a code, a special input translation code file will be searched for the code entered. This allows an office-defined coding structure to be used. An actual CPT/ICD-9 (or any

other coding structure) code will be generated by using the translation file. For example, the office may define "OV" (office visit) as an input code which will translate to "90010" at the time of entry. This feature is used to speed up input by limiting the number of keystrokes necessary to enter information. "OV" will never show up on activity displays, insurance forms, or statements. This translation file is maintained in the Activity Code Cross-Reference Maintenance function. The filename is specified in the business parameter file line 102.

(or)

If a Third Party Insurance company was selected for posting, you can use the arrow keys to change the responsible party to bill. An asterisk is displayed next to the ticket total of the current party being billed. The up and down arrows change that responsibility.

> Entry: Alphanumeric (09)

Enter P or D plus valid 9-character code <cr>

This message appears when an "invalid" procedure or diagnosis code has been entered. The codes are validated against the Activity Code Master file. To add a new code to the Activity Code Master File, enter the code, prefaced with a "P" for procedure or "D" for diagnosis. This option is controlled by the business file parameter line 63.

(or)

Press the return key to return to the "Patient" screen prompt without entering the record.

> Entry: Alphanumeric (01 - 09)

Cannot Enter Third-party Receipts

This message indicates you tried to enter a receipt code that is reserved for third party claim tracking. These codes can only be used during Payment and Adjustment Entry. Press the return key to continue.

Description

Press the return key to accept the description value displayed on the screen.

(or)

Enter a temporary description change for the code. This temporary description will apply to this line item only. It will appear on any insurance claims filed, and will appear as entered in any history displays. It will NOT overwrite the description stored in the Activity Code master record. You will be taken to the "<cr> to Add, or Date, or PERM, or (N)o" prompt.

> Entry: Alphanumeric (01 - 30)

Mod/Check #

Enter the modifier code for the procedure or Check number for the receipt. Whether or not modifier is input for diagnosis is controlled by business parameter file line 32.

(or)

Press the return key to accept a blank value.

> Entry: Alphanumeric (10)

Amount (xxxxx.xx) #######

Enter the amount to be charged for the service represented by the code entered.
(or)
Press the return key to accept the default value displayed in parenthesis ( ). This amount is either the default price for the procedure, or an alternate price based on provider, location, account classifier, or a combination of these as specified by the office. If procedure payment sampling is selected for use (by business parameter file line 104), prior reimbursement averages will be displayed. This will indicate the probable patient responsibility portion for the service fee. In addition, a running total of the probable patient responsibility is displayed in the "Projected PR Amt" area in the top portion of the screen.

> Entry: Numeric (01 - 07) Required Input

NOTE: Overriding this amount is controlled by business file parameter line 63.

NOTE: A decimal point is optional. If the decimal point is omitted, it is assumed that the entry is in cents. For example, entering "10000" means $100.00; entering "50." means $50.00.

Referral Entry

When beginning Referral entry, any current referrals on file are displayed, including the referral date, who the referral was from, and the provider to whom the referral was made. If there was a referral on file, the following prompt is issued:

Referral on File: mm-dd-yy - Continue ? ((Y)es, <N>o, or (I)nclude on Ticket)

Enter Y to ignore the referral on file and continue to input another referral specific to this ticket.
(or)
Enter I to include this referral as a line item on the ticket. This is useful when it is desired to include referrals on an insurance form only if one is specified on a ticket. A referral can be entered as permanent for the patient, and included on a ticket-by-ticket basis without having to re-enter it each time.
Note: For claim forms to print correctly, the insurance format file must be modified to work with the "Include" option.
(or)
Press the return key to accept the default value of N which indicates that you do not want the referral included on the ticket, and that no specific referral is to be input.

Referral

Enter a provider name as free format text.
(or)
Enter a last name followed by a comma and, optionally, all or part of a first name. This will cause the system to search the referral master file for a match on the provider entered. Matching entries will be displayed and you will be allowed to select one for inclusion on the current ticket.

(or)
Enter a pound sign (#) followed by a referring provider number. The referral master file will be accessed by the number entered, and the selected provider will be included on the ticket.

Ins ID

Enter a provider insurance ID as free format text.
(or)
Press the return key for no entry.

NOTE: This will only be prompted for if a free-format provider name is entered. If a provider is selected from the referral master file, the stored value is displayed and used.

<cr> to Add, or Date, or PERM, or (N)o
(or)
<cr> to Add, or Date, or <#Procedure Reference Number>, or (N)o
(or)
<cr> to Add, or Date, or (N)o
(or)
<cr> to Add, or Date, or PRE, or (N)o

Press the return key to Add the record - the default value. You will be taken back to the "Code" prompt.
(or)
Enter the Date of the procedure or diagnosis if different than the default ticket date. (eg: 010189)
NOTE: This prompt will repeat until the choice is <cr>, PERM, or (N)o.
(or)
Enter (PERM) to make the diagnosis code a permanent code in the patient file.
NOTE: PERM is only a choice when the "Code" entered is a diagnosis code. You will be taken back to the "Code" prompt.
(or)
Enter the "#" sign followed by a procedure reference number if different from the ticket default (if this option was selected by your office on business parameter file line 92).
NOTE: This prompt will repeat until the choice is <cr>, PERM, or (N)o.
(or)
Enter (N)o to void the entry of the line of information. You will be taken back to the "Code" prompt.
(or)
Enter (PRE) to make the line a pretreatment entry for prior authorization submission.
NOTE: PRE is only a choice when the "Code" entered is a dental procedure and the option to use pretreatment is selected by business file parameter line 33.

> Entry: Alphanumeric (01 - 06) Required Input

Cannot have more than 16 active Diagnoses

A maximum of 16 Permanent Diagnoses can be entered for a patient.

<cr> if OK, (P)rint, (N)o, or ^ to Continue

Enter (P) to print the ticket as a walkout statement.
(or)
Enter (N) to void the entry and return you to the "Patient" prompt.
(or)
Press the ^ (up arrow) to continue adding more transaction information.
(or)
Press the return key to add the entry. If you are using copay and insurance was requested for a company which has a copay amount, you will be taken to the next prompt. Otherwise you will be taken to the "Does this visit satisfy this recall" prompt.

Enter Copay Amount (Fixed) for <ins company> (#####.##)
(or)
Enter Copay Amount (xx%) for <ins company> (#####.##)
(or)
Enter Copay Amount (Sampled) for <ins company> (#####.##)

Enter the copayment amount for this ticket. The default amount is displayed and can be accepted by entering pressing the return key. Copayment can be a fixed amount, a percentage of the ticket, or based on reimbursement history (Sampled). The copayment type and amount is defined based on an insurance policy.

Enter the copayment amount (or enter 0 for zero dollars).
(or)
Press the return key to accept the default value displayed.

> Entry: Numeric (01 - 07) Required Input

Copayment amount cannot exceed ticket TPR total of ####.## <cr>

This message indicates you have attempted to enter a copayment amount which exceeds the Third Party Responsibility total on the ticket. Press the return key and you will be taken to the "Enter Copay Amount" prompt for re-entry.

Copay Transactions Generated - to Continue Press <cr>

This is an informational message indicating that copay transactions had been generated.

Third Party Procedure(s) Added - Recalculate Copay ? (<Y>es or (N)o)

One or more services were added to the ticket following the generation of copay transactions, altering the ticket total. If copay is calculated on the basis of a percentage of the ticket, or if copay is based on Sampled reimbursements, this message will appear. Press the return key to accept the default value of Y.
(or)
Enter N to keep the copay amount the same as previously calculated.

Want to add Receipt for Copay Portion ? ((Y)es or <N>o)

Enter Y to begin Receipt Entry Mode to include a personal receipt for the copay portion of the ticket. This is for when a payment was made at the time of visit for the copay amount.
(or)
Press the return key for the default response of N to continue on.

This Delete reduces TPR Balance"
<R>e-calculate Copay Amount or (N)o

Press the return key to accept the default response of R to recalculate the copay amount. One or more services were deleted from the ticket following the generation of copay transactions, altering the ticket total. If copay is calculated on the basis of a percentage of the ticket, or if copay is based on Sampled reimbursements, this message will appear.

(or)

Enter N to keep the copay amount the same as previously calculated.

NOTE: The following two prompts will only be asked if the Recall function has been selected by your office. This is controlled by business parameter file line 46.

Does this visit satisfy this recall ? (<Y>es or (N)o)

Recall Due on: xx-xx-xx
Reason : xxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
Provider : xx xxxxxxxxxxxxxxxxxxxxxxx
Frequency : # x

NOTE: This prompt will be repeated for all outstanding recalls.

Press the return key or enter (Y) to indicate the visit satisfied the recall displayed. You will be taken to the "Want to Enter a New Recall" prompt.

(or)

Enter (N) to indicate that the displayed recall was not satisfied. You will be taken to the "Want to Enter a New Recall" prompt.

Want to Enter a New Recall ? ((Y)es or <N>o)

Enter (Y) to enter a new recall. You will be taken to the Recall maintenance function. When completed, you will be taken to the "Patient" prompt.

(or)

Press the return key or enter (N) to continue on. You will be taken to the "Patient" prompt.

HOW DO YOU DISPLAY OR OMIT PATIENT SERVICE ENTRY INFORMATION?

Services that have been entered in Patient Service Entry can be displayed for verification or omitted. In addition, a batch register can be printed for hardcopy review. Two display options are available: Display and Scroll Display. The Display option will list and/or print the detail from individual tickets. The Scroll option will list batch total summaries. The Omit option will delete either individual line items from a ticket, or the entire ticket.

Several prompts will be issued to select what information is displayed. This section will describe the prompts.

Want to Display Pretreatment Pending ((Y)es or <N>o)

Enter "Y" to display only Pretreatment entries in the selected batch.
(or)
Enter "N" or press the return key to accept the default answer of no to display regular transaction entries.

> Entry: Alphabetic (01)

NOTE: This prompt will only appear if the option to use pretreatment is selected by business file parameter line 33.

The following prompts are for the Display and Omit options. The Scroll option is discussed below.

Batch Number, Precede with "P" for Pending: ###

Enter a 2-digit batch number to select the batch to be displayed. If the number is preceded with a "P", it indicates that a Pended batch is to be selected.

> Entry: Numeric (03) Required Input between 01 and 99, inclusively, possibly preceded by "P"

NOTE: The "Precede with "P" for Pending" portion of the prompt will only appear if the Pending Post option has been selected in the business parameters, line 63.

Patient

If the Display of Pretreatment or Pended transactions is requested, this prompt will appear. See the section above which describes how to enter a patient name/number.

Ticket

If normal transactions are to be displayed or omitted (that is, not Pretreatment or Pended transactions), this prompt will appear. Enter the ticket number to be displayed or omitted. If the ticket number has leading zeros, and you do not enter the leading zeros, a ticket having a number without the leading zeros will be searched for. If it is not found, then leading zeros will be added to the front of the number entered and that ticket will be searched for. You can have the system automatically add leading zeros by beginning the number with a pound sign (#).
(or)
Press the <lf> key to select the first ticket in this batch.
(or)
Press the return key to exit.

> Entry: Numeric (10) Required Input

If the selected ticket is found, it will be displayed in the same format as the entry screen. The following prompt will then appear:

Svcs ####.## Rcpt ####.## Adj ####.## Net ####.## PreTrt ####.## *Capitation*

If the option is Display, the following prompt will appear:

<cr> to End, <lf> for next ticket for Same Patient, (R)eport, or (P)rint

Press the return key to continue on. This will take you to the Ticket or Patient prompt for another selection.
(or)
Press the <lf> key to display the next ticket in the selected batch. Note that if there is another ticket for the same patient in that batch, this will be indicated in the prompt.
(or)
Enter "R" to produce a "Statement of Services" for this ticket which will be spooled to the CARE/DM Terminal Spooler or to the system or user-defined printer. This option will only appear if reports are allowed as defined by the Report Parameter file.
(or)
Enter "P" to produce a "Statement of Services" for this ticket which will be printed to a slave printer attached to the terminal.

> Entry: Alphabetic (01) Required Input

If the option is Omit, the following prompt will appear:

Delete ? ((Y)es, <N>o, <lf> for next record, or specific Sequence Number

Press the return key to continue on without omitting anything. This will take you to the Ticket or Patient prompt for another selection.
(or)
Press the <lf> key to display the next ticket in the selected batch.
(or)
Enter "Y" to delete the entire ticket.
(or)
Enter the sequence number (as displayed on the left side of the screen) of an individual line item to delete.

> Entry: Alphabetic (01) Required Input

Cannot delete only remaining Diagnosis...
Cannot delete only remaining Procedure...

If only one diagnosis or procedure remains on the ticket, it cannot be deleted.

This Delete leaves TPR Balance LESS than Copay Amount - will Delete Copay

If copay is on this ticket and the type of copay is Fixed, and a transaction is omitted which leaves the ticket net amount less than the copay amount, the copay transaction will be deleted.

This Delete reduces TPR Balance
<R>e-calculate Copay Amount or (N)o

If copay is on this ticket, and the type of copay is Percentage or Sampled, and a transaction is omitted which changes the ticket net amount (a non-zero service), you will be given the opportunity to recalculate the copay transaction amount.

Deleting this Diagnosis changes the Primary Dx on one or more Procedures

OK to Delete ? ((Y)es or <N>o)

If a single line item is deleted and it is a diagnosis, and deleting it changes the primary diagnosis on one or more procedures, you will be prompted for whether or not to actually delete it.
If occurrence records are found on this ticket, the Patient Occurrence Counter file will be updated immediately.

The following prompts are for the Scroll option

Starting Batch Number: (## or ALL or PRE), Precede with P for Pending: ###

Enter the starting batch number to be displayed.
(or)
Enter "ALL" to summarize all batches.
(or)
Enter "PRE" to summarize all Pretreatment.
(or)
Press the return key to exit.

> Entry: Numeric (03) Required Input between 01 and 99, inclusively, possibly preceded by "P"

NOTE: The "Precede with "P" for Pending" portion of the prompt will only appear if the Pending Post option has been selected in the business parameters, line 63.

Ending Batch Number: (## or 99=Last or <cr>=xx)

Enter the ending batch number to be displayed.
(or)
Enter "99" for the last batch on file.
(or)
Press the return key to accept the default of the starting batch.

> Entry: Numeric (02) Optional Input

NOTE: The ending batch must be greater than or equal to the starting batch.

Starting Ticket or <cr>

If the start and end batch are the same, you can select a beginning ticket to summarize.

<cr> to Display or Print or Report

Press the return key to scroll display the selected batch(es).
(or)
Enter a "P" to print a batch register of the selected batch(es).
(or)
Enter an "R" to print a batch register of the selected batch(es) to a report which will be spooled to the CARE/DM Terminal Spooler or to the system or user-defined printer. This option will only appear if reports are allowed as defined by the Report Parameter file.

> Entry: Alphabetic (01) Required Input

HOW DO YOU USE THE PENDING POST OPTION?

Pending Post is a feature which allows entry of services without posting those services to an account. They are kept in a "holding" file until later released, either manually or automatically. This feature could be used for the posting of hospital visits where there may be an extended stay. The actual diagnosis may not be known at the time of admission, nor may the patient's insurance coverage. Each day's services could be entered into the system (rather than put in a file drawer and possibly lost), and when the patient is discharged, the diagnosis is entered and the services posted. By this time, there would have been sufficient opportunity to gather insurance coverage information, and an appropriate claim form can be generated.

Entry of pending transactions is done via the "PP" (Post Pending Charges) option. When you initially enter charges, you can choose to coordinate benefits then or wait until the charges are released. Also, you can coordinate benefits up front, and revise the entry at the time the services are released. This is controlled by business parameter file line 63.

Release of pending transactions is done via the "RP" (Release Pending Post Charges) option. When you release the charges, you can choose to coordinate or re-coordinate benefits, based on business parameter line 63. At the time of release, line items of any type (procedures, diagnoses, receipts) can be added, omitted, or re-ordered.

Services are entered in exactly the same manner as normal posting. The only differences are that diagnosis is never required when the charges are pended, and coordination of benefits is not necessarily performed. If you attempt to enter charges for a patient via the Add option, the "holding" file is checked to see if any charges are currently pended. If there are any, you are given the opportunity to add to that ticket, or to continue on with a new ticket. Also, any number of pended tickets can be active at any given time. Only one account can be associated with a given ticket, however.

The following message will appear if you attempt to post non-pended charges to a patient that already has pended charges:

Patient currently has pending ticket(s).

This is an informational message only. At this point, you can continue on, or exit from Adding, and enter the "PP" or "RP" option.

Ticket already exists - <cr> to Add to Ticket or (N)ew Ticket

This message indicates you have entered a ticket number of an existing pended ticket. You can either add to it or begin another ticket.

Releasing services is done via the "RP" (Release Pending Post Charges) option. When this option is selected, the patient, account, and ticket number are entered to identify the charges to be released. Releasing charges simply moves the previously-entered services from the "holding"

area to the actual posting files. When a ticket is released, the entire ticket must be processed by either releasing the charge or omitting it.

Patient does not have any pending transactions.

This message indicates that you have attempted to release pended charges for a patient which currently does not have any tickets held. You will be taken back to the "Patient" prompt.

Once you have selected a patient and ticket to release, the following prompt will be added to the service entry message line:

or (G)et or Get (A)ll Pending

Enter "G" to get the "next" transaction which was held. This can be used to reorder the services on the ticket, by selectively choosing transactions. Once a ticket has been selected for release, all the items must be processed. You can either select an item to be released, omit the item entirely, or leave it in the pending file. Those items left in the pending file will continue to be brought up for release, and must be eventually dealt with. The Get All option will take all remaining items and release them for posting.

WHAT INFORMATION IS ENTERED FOR AN OCCURRENCE FUNCTION?

After ticket has been entered and accepted, if he/she has an active occurrence record, you will be prompted for the following information.

Count

> Entry: Numeric (05) Required Input

(or)

Press the return key to accept the default of <1>.

NOTE: This question will only be asked if the limit type on the occurrence record is a Count or Both.

Amount

> Entry: Numeric (09) Required Input

NOTE: This question will only be asked if the limit type on the occurrence record is a Amount or Both.

OK to Add ? (<Y>es or (N)o)

Enter (Y).

(or)

Press the return key to accept the default response of <Y>es.

NOTE: The Patient Occurrence Counter file is updated immediately if Y or return is entered.

(or)

Enter (N) to void the entire entry.

* P A Y M E N T A N D A D J U S T M E N T E N T R Y *

WHAT IS THE PAYMENT AND ADJUSTMENT ENTRY FUNCTION?

The payment and adjustment entry function is used to input personal and third party payments and adjustments for services for a specified account (responsible party). The account can be located by account number, account name, patient number, patient name or alternate patient index (Social Security Number).

If the revenue distribution option is active, the current balance due to each provider will be displayed. The assignment of receipts to the appropriate provider can be done manually, or the software will distribute the payment based on the revenue allocation method selected; Credits can be prorated among providers with or without consideration to provider balance ageing.

When an insurance company is added to the system, it can be set up as either a "Third Party" or "Personal" company. If the insurance company is Third Party, tracking of claims (open items) is activated. Open item claim tracking is an automatic feature of the patient service entry coordination of benefits and insurance claim processing functions. When a Third Party payment is to be applied, the summary display of each outstanding claim is shown. The appropriate claim is then selected and the payment is posted. Application of the paid amount, disallowed amount, withheld amount and patient responsibility amount is permitted at both the claim summary and detailed line item levels.

The Transfer option will allow you to change the distribution of a receipt from one status (paid, disallowed, adjusted) to another status. (eg: An original payment of $70.00 is received for a $100.00 charge and the voucher indicates $30.00 is disallowed. A subsequent voucher is received for $10.00 indicating the first was in error and the total disallowed amount should have been $20.00 instead of $30.00) The Transfer option will allow you to change paid amount by + $10.00 and the disallowed amount by - $10.00.

Cleared claims are reported daily on the Daily Closed Claim Register and are summarized in month end reports. Pending (open) claims are available for review in the Third Party Claim Maintenance function and are summarized in month end reports. When a claim is cleared, any suspended claims for other insurances will be automatically prepared after verification from the operator. This is Coordination of Benefits between multiple third party payors for the same services.

There is no limit to the number of receipt codes which may be established to perform the tracking of revenue source. Each receipt code will be assigned to one of the following types:

- Personal
- Third party
- Adjustments

HOW DO YOU GET TO THE PAYMENT AND ADJUSTMENT ENTRY FUNCTION?

You access the Payment and Adjustment Entry function from Daily Business Processing, PF2, by pressing the F18 key at any menu, by entering 1.2.1.2 at any menu, or by pressing the F18 key at the option or initial input point of any function that is referenced by the F6-10 and F17-20 keys.

HOW DO YOU USE THE PAYMENT AND ADJUSTMENT ENTRY FUNCTION?

The Payment and Adjustment Entry function permits several data manipulation options. The options are displayed at the bottom of the screen in the following manner:

A D O T E Enter Option: __

Press the Left or Right Arrow keys to highlight the option or enter the letter of the option you want to access and press the return key. Other input allowed includes the "Help" key and the F6-10 and F17-20 keys.

The following options are available:

A Add receipts
D Display of all receipts in a specified batch or the total of each pending batch
O Omit a specific receipt entry or set of distributions due to an error or for some other reason; this will reverse closed claims and/or recapture released claims
T Transfer previously allocated amounts from one status (paid, disallowed, adjusted) to another status

E End, return to menu

HOW DO YOU CALL UP/RETRIEVE PAYMENT & ADJUSTMENT ENTRY INFORMATION?

The (D), (O), (T) options requires a Batch be called up, or retrieved. The "batch you want" is selected at the "Batch Number" screen prompt. Retrieval of batch information can be accomplished via entry of:

* A batch identification code (eg: 01)

* The word ALL to display all batches

The (A) option requires an Account and/or a Patient be called up, or retrieved. The "account or patient you want" is selected at the "Account" and "Patient" screen prompt. Retrieval of account and patient information can be accomplished via entry of:

Account:
* The account number (eg: 123)

* The account full last, first name (eg: Moore,Al - see note 1 below)
* Account last and part of first name (eg: Moore,A - see note 1 below)
* Part of account last name (eg: Moor - see note 1 below)
* A question mark (?) followed by an account last and part of first name (eg: ?Moore,J - see note 2 below)
* A question mark (?) followed by part of an account last name (eg: ?Moor - see note 2 below)
* <lf> to accept the value displayed at the bottom of the screen (last account retrieved)

(and)

Patient:
* The patient number (eg: 41)
* The patient full last, first name (eg: Moore,Jane - see note 1 below)
* Patient last and part of first name (eg: Moore,J - see note 1 below)
* Part of patient last name (eg: Moor - see note 1 below)
* A question mark (?) followed by a patient last and part of first name (eg: ?Moore,J - see note 2 below)
* A question mark (?) followed by part of a patient last name (eg: ?Moor - see note 2 below)
* <lf> to accept the value displayed at the bottom of the screen (last patient retrieved)

NOTE 1: This type of entry will cause a tabular display of all patients or accounts which match what is input, and allow you to select one of the displayed entries. If only a single account or patient matches, that entry is automatically selected.

NOTE 2: This type of entry will cause patients or accounts which match what is input to be brought up one at a time, and allow you to browse through them by using the linefeed key. You can select one of the displayed entries by pressing the return key.

WHAT INFORMATION IS MAINTAINED IN PAYMENT & ADJUSTMENT ENTRY FUNCTION?

Each of the following information prompts related to payments or adjustments are in bold type in the far left column of this section. Following the prompt will be a description of what it is used for, if and how it can receive input (> Entry:) and any variation of use depending on the option chosen, (eg: (AP)).

Batch Number

Enter the batch number of the payments and adjustments.

> Entry: Numeric (02) Required Input

Account

See the section, "How do you Call Up/Retrieve Payment and Adjustment Entry Function Information?" for valid entry and retrieval methods.

(or)

Press the return key to take you to the "Patient" prompt for retrieval of an account via the patient.

Policy Coverage Information

No. Name Policy No Acct Rel Who's Ins

This is an informational section to aid in the selection of the account to which the payment is to be posted. It is ONLY displayed if you enter an account name preceded by a question mark (?) as described in the section "HOW DO YOU CALL UP/RETRIEVE PAYMENT & ADJUSTMENT ENTRY INFORMATION?"

Right account ? <Y>es, (N)o, or <lf> for next record

Enter (Y) to accept the account record on display. You will be taken to the "Current Outstanding Claims" display if there are outstanding claims or to the "Check Number" prompt if there are no outstanding claims.

(or)

Enter (N) to return you to the "Account" prompt.

(or)

Press the linefeed <lf> key to browse other accounts. You will remain at the "Right account ? <Y>es, (N)o, or <lf> for next record" prompt until you choose another option.

(or)

Press the return key to accept the default value of Yes.

Current Outstanding Claims

Seq Patient Ins Sub date Policy Number From To Prv Amount

This is a display of currently outstanding Third Party claims. You can select one of these claims to post a payment against. If a claim is not selected, the payment entered will be posted to the Personal responsibility portion of the account balance.

Enter Claim Seq No, <cr> for Personal, (R)edisplay or (P)artial Payment

Enter the sequence number of the claim for which you want to apply a full claim payment or adjustment.

(or)

Press the return key to post a payment or adjustment to the personal side of the account.

(or)

Enter (R) to repeat the display of the current outstanding claims.

(or)

Enter (P) to post a partial payment or adjustment to the third party side of the account.

Patient

See the section, "How do you Call Up/Retrieve Payment and Adjustment Entry Function Information?" for valid entry and retrieval methods. The patient is prompted for only if the account was not initially entered, or if the patient is required based on a business parameter. Entry of a patient number is defined by business parameter line 35. This line defines a list of classifiers. If the account to which the payment is being posted has one of the classifiers on this line, the patient number is prompted for, and is required input.

Address

This is a display of the account address.

Classifiers

This is a display of the account classifiers.

Policy Coverage Information

No. Name Policy No Acct Rel Who's Ins

This is an informational section for display only.

Right record ? <Y>es, (N)o, or <lf> for next record

Enter (Y) to accept the patient record on display. You will be taken to the Check Number prompt to continue.

(or)

Enter (N) to return you to the "Patient" prompt.

(or)

Press the linefeed <lf> key to browse other patients. You will remain at the "Right record ? <Y>es, (N)o, or <lf> for next record" prompt until you choose another option.

(or)

Press the return key to accept the default value of Yes.

Check Number

Enter the identification number of the payment check or voucher.

> Entry: Alphanumeric (10)

Date (xx-xx-xx)

Enter the date the payment was received.

(or)

Press return to accept the value displayed in parenthesis.

> Entry: Numeric (06) Required

Provider

Enter the identification number of the provider only if the current receipt is to be applied to that provider specifically. If the Revenue Distribution option is used, this entry would normally be skipped to allow the system to automatically distribute the amount.

> Entry: Alphanumeric (02)

Paid

Enter the amount of the payment received.

(or)

Press return to accept the value of 0.00.

(or)

Enter "V" to View Transaction History for this account. Viewing history can aid in the posting of personal receipts.

> Entry: Numeric + "V" (07) Required

NOTE: The view option will prompt for the following six input items to select transactions for display.

Start Date

Enter the beginning date to select transactions for display. This date will be compared to the date of service of transactions in history.
(or)
Press the return key to begin with the first transaction on file.

End Date

Enter the ending date to select transactions for display. This date will be compared to the date of service of transactions in history.
(or)
Press the return key to end with the last transaction on file.

Specific Ticket

Enter a specific ticket number to display.
(or)
Press the return key to not select transactions by ticket number.

Transaction Types to Display

Select the following transaction types to display: (P)rocedure, (R)eceipt, (I)nsurance, (D)iagnosis, (N)otes, or <A>ll. If the operator is authorized to view collection information, (C)ollection will also be valid input. Authorization to display collection information is given by the user privilege "ACTCOL". Enter one or more valid choices, separated by commas.
(or)
Press the return key to display all transaction types.

Responsibility Types to Display

Select the types (P)ersonal, (T)hird Party, or (B)oth. The default answer to this question is given by business parameter line 69.
(or)
Press the return key to select the default responsibility types to display.

<cr> to Display or (N)o

Press the return key to display history on this account.
(or)
Enter (N) to return to the Paid amount prompt.

Type

Enter the payment type code. This is validated in the Activity Code file.

> Entry: Alphanumeric (10) Required

Description

Enter an alternate description of the payment.
(or)
Press return to accept the value displayed.

> Entry: Alphanumeric (30) Required

Adjusted

Enter the amount to be adjusted.
(or)
Press return to accept the value of 0.00.

> Entry: Numeric (07) Required

Type

Enter the adjustment type code. This is validated in the Activity Code file.

> Entry: Alphanumeric (10) Required

Description

Enter an alternate description of the adjustment.
(or)
Press return to accept the value displayed.

> Entry: Alphanumeric (30) Required

NOTE: You can void the entry of the receipt by pressing the return key through the following prompts: Paid, Type, Description (of paid amount), Adjusted, Type, and Description (of adjusted amount). You will be taken back to the "Account" prompt for your next entry. See below for other means of voiding an incorrect entry.

The following entries relate to Open Item Claim posting. The amounts entered here are typically taken from an Explanation of Benefits statement accompanying the payment.

Allowed

Enter the allowed amount from the EOB. This is the portion of the claim the payor deems "allowable" as defined by the policy benefits.
(or)
Enter <cr> to proceed to the Disallowed amount.

> Entry: Numeric (07)

NOTE: Either the Allowed or the Disallowed amount can be entered. The system will calculate the other amount by subtracting the amount input from the submitted amount of the claim.

Disallowed

If you did not enter an amount for the allowed field, you will be taken to this field for input. Enter the disallowed amount from the EOB. This is the portion of the claim the payor deems "not allowable" as defined by the policy benefits.
(or)
Enter <cr> to return to the Allowed amount.

> Entry: Numeric (07)

NOTE: Either the Allowed or the Disallowed amount can be entered. The system will calculate the other amount by subtracting the amount input from the submitted amount of the claim.

Withheld

Enter the withheld amount from the EOB. This is a portion of the amount paid that the payor withholds; it is part of the risk the provider shares. In practice, this amount would be paid to the provider at the end of a contract year if all the premium funds have not been paid out for submitted claims. This prompt only appears if the withheld percentage defined in the Insurance Company Master File for the insurance company selected for posting is greater than zero.

(or)

Enter <cr> to accept the amount displayed as what the system calculated based on the percentage defined for this payor in the Insurance Company Master File.

> Entry: Numeric (07)

Paid

Enter the amount of the claim actually received in payment.

(or)

Press return to accept the value of 0.00.

> Entry: Numeric (07) Required

Type

Enter the payment type code. This is validated in the Activity Code file. Once the code is entered, the system will automatically concatenate the Insurance Company code at either the beginning or the end of the payment code, based on how the office parameter was selected. Concatenating the code provides for the receipt to be tracked for each insurance company, thus allowing for a breakdown of payments by insurance company. The order is selected by business parameter line 87.

> Entry: Alphanumeric (10) Required

Description

Enter an alternate description of the payment.

(or)

Press return to accept the default value displayed.

> Entry: Alphanumeric (30) Required

Adjusted

Enter the amount to be adjusted off the claim. This field will only appear if the claim being posted to is the last claim being processed for a particular ticket. That is to say, if there are no suspended claims to be released following the posting of this payment, you can enter an adjustment amount. It is assumed that if there are multiple policies, each causing a claim to be submitted, that no money should be adjusted off (marked as uncollectible) until all payors have had an opportunity to reimburse the submitted amounts.

(or)

Press return to accept the value of 0.00.

> Entry: Numeric (07) Required

Type

Enter the adjustment type code. This is validated in the Activity Code file. Once the code is entered, the system will automatically concatenate the Insurance Company code at either the beginning or the end of the adjustment code, based on how the office parameter was selected. Concatenating the code provides for the adjustment to be tracked for each insurance company, thus allowing for a breakdown of adjustments by insurance company. The order is selected by business parameter line 87.

> Entry: Alphanumeric (10) Required

NOTE: This code can only be overwritten if it is allowed by the business parameter file definition, lines 87, 97, and 98.

Description

Enter an alternate description of the adjustment.
(or)
Press return to accept the default value displayed.

> Entry: Alphanumeric (30) Required

Pers Resp

Enter the amount to be transferred off the claim to the patient's (account's) responsibility.
(or)
Press return to accept the value displayed.

> Entry: Numeric (07) Required

NOTE: If the amounts being posted are for a partial payment, or there is one or more suspended claims remaining to be processed, this field is called the Unpaid amount. This amount is retained as outstanding and is NOT transferred to personal responsibility.

Type

Enter the personal responsibility type code. This is validated in the Activity Code file. Once the code is entered, the system will automatically concatenate the Insurance Company code at either the beginning or the end of the transfer code, based on how the office parameter was selected. Concatenating the code provides for the transfer to be tracked for each insurance company, thus allowing for a breakdown of adjustments by insurance company. The order is selected by business parameter line 87.

> Entry: Alphanumeric (10) Required

Description

Enter an alternate description of the transfer.
(or)
Press return to accept the value displayed.

> Entry: Alphanumeric (30) Required

OK to Add ? (<Y>es, (N)o or (C)hange Classifier)

Enter (N) to void entry of the Third Party amounts. You will be taken back to the "Account" prompt.
(or)
Enter (C) to add or remove a classifier from the record. You will be taken to the "Classifier" prompt.
(or)

Enter (Y) to add the Third Party records. You will be taken back to the "Account" prompt.
(or)
Press return to accept the default value of Yes.

Classifier

Enter the classifier change proceeded by a "-" to remove or a "+" to add the classifier. (eg: +COL will add COL to the record, -COL will remove COL from the record.)
(or)
Press return to go back to the "OK to Add ? (<Y>es, (N)o or (C)hange Classifier)" prompt.

NOTE: You will be returned to the classifier prompt after responding to the "OK to Add (CLASSIFIER) ? (<Y>es or (N)o)" until you press return at this prompt without entering another classifier.

> Entry: Alphanumeric (04)

OK to Add (CLASSIFIER) ? (<Y>es or (N)o)

Enter (N) to void entry of the classifier. You will be taken back to the "Classifier" prompt.
(or)
Enter (Y) to add or remove the classifier record. You will be taken back to the "Classifier" prompt.
(or)
Press return to accept the default value.

HOW DO YOU ENTER PROCEDURE PAYMENT SAMPLING INFORMATION?

Procedure Payment Sampling is a method for tracking reimbursement by third party payors. This feature is activated in the business parameters, line 104. When a payment is posted, each line item on the ticket to which the receipt corresponds is brought up for review. Individual paid, disallowed, adjusted, and withheld amounts are input, much like line item posting. These amounts are tracked and can be used for projected revenue forcasting or to aid in collecting the patient portion at the time of visit.

Once a payment has been posted (the claim cleared), the system will display the amounts which were posted, bring up the individual transactions from the ticket, and allow the receipt to be distributed over the charges. The total paid amount is displayed with the amount remaining to be distributed. The adjusted amount can be just the amount adjusted, or a combination of the adjusted amount and the other non-payment values (disallowed, adjusted, and withheld). Either one or both of the disallowed and withheld amounts can be summarized separately. Any value not individually summarized is combined into the adjusted bucket.

Entering the sampling process will display the following screen:

```
            * Procedure Payment Sampling *

      Paid      Adjusted    Disallowed    Withheld
   ----------  ----------  ----------  ----------
```

```
Total     #######.##   #######.##   #######.##   #######.##
    Remaining #######.##   #######.##   #######.##   #######.##

Procedure xxxxxxxxx  Desc xxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
Location  xxxxxxxxxx Modifier  xxxxxxxxxx
Date      mm/dd/yy   Prov xx xxxxxxxxxxxxxxxxxxxxxxx  Submit Amount #####.##
```

Each procedure from the ticket will be displayed, along with the actual charge that was billed. You will then enter the portion of the receipt that applies to the paid, adjusted, and possibly the disallowed and withheld at the following prompt:

```
Paid ########   Adjusted ########   Disallowed ########   Withheld ########
```

Enter the appropriate amounts for each receipt bucket.

The following messages may appear during entry:

Cannot enter negative amounts !

Negative amounts cannot be entered for reimbursement figures.

Amount entered greater than transaction amount !

You cannot enter an amount in any bucket that exceeds the submitted amount of any transaction.

Amounts entered greater than transaction amount !

You cannot enter a combination of amounts that exceeds the submitted amount.

Receipt amount(s) not cleared - must complete allocation !
<cr> to Restart Distribution or (A)llocate remaining to Unspecified

The entire receipt amount MUST be cleared by distributing it over the transactions on the ticket. Press the return key to begin the allocation process over again.
(or)
Enter "A" to allocate the remaining amount to an "unspecified" category.

* R E Q U E S T D E P O S I T S L I P L I S T I N G *

WHAT IS THE REQUEST DEPOSIT SLIP LISTING FUNCTION?

The Deposit Slip Listing details payments entered via patient service entry and receipt input. Cash payments, check payments, and adjustments can be included from personal and third party guarantors based on whether or not the code is selected to be included on the deposit slip via Activity Code maintenance.

The deposit slip function must be enabled through the installation parameters.

The process of preparing the deposit slip is initiated by entering the function. The operator does not need to reply to any prompts to begin the process. If there are no deposits found in the daily activity, the system will notify the operator with the message: "No Deposits Found <cr>". The operator will need to press the return key to return to the menu.

HOW DO YOU GET TO THE REQUEST DEPOSIT SLIP LISTING FUNCTION?

You access the Request Deposit Slip Listing function from Close Daily Business, PF1, or by entering 1.2.2.1 at any menu.

HOW DO YOU USE THE REQUEST DEPOSIT SLIP LISTING FUNCTION?

The Request Deposit Slip Listing function permits only the Request option. Therefore, the option is not displayed at the bottom of the screen.

The following messages are displayed:

Preparing Deposit Slip . . . Please Wait . . .
This is a display message only.

Spooling Deposit Slip
This is a display message only.

Deposits for CARE/DM PROFESSIONAL GROUP on mm-dd-yy

Cash Totaling	$0.00
# Checks Totaling	$0.00

This is a display of the Deposit Summary only.

File: CAREWORK:MD200A_xxxx.LST Placed in Terminal Spooler <cr>
Press return to proceed to the menu. The function automatically submits the listing to be printed.

* R E Q U E S T M I S S I N G E N C O U N T E R F O R M L I S T I N G *

WHAT IS THE REQUEST MISSING ENCOUNTER FORM LISTING FUNCTION?

The Request Missing Encounter Form Listing function initiates a request for a listing of those encounter forms which were produced by the system, but not entered through the Patient Service Entry function.

HOW DO YOU GET TO THE REQUEST MISSING ENCOUNTER FORM LISTING FUNCTION?

You access the Request Missing Encounter Form Listing function from the Close Daily Business menu, PF2, or by entering 1.2.2.2 at any menu.

HOW DO YOU USE THE REQUEST MISSING ENCOUNTER FORM LISTING FUNCTION?

The Request Missing Encounter Form Listing function permits only one data manipulation option: request.

HOW DO YOU CALL UP/RETRIEVE REQUEST MISSING ENCOUNTER FORM LISTING INFORMATION?

Information produced through the request will be available through Printer Services.

HOW DO YOU REQUEST A MISSING ENCOUNTER FORM LISTING?

Each of the following information prompts related to a Request of a Missing Encounter Form are in bold type in the far left column of this section. Following the prompt will be a description of what it is used for, if and how it can receive input (> Entry:) and any variation of use depending on the option chosen, (eg: (AP)).

Date

Enter the "through" date for tickets to be included.
(or)
Press return to assume the value displayed in the prompt <xx-xx-xx>.

> Entry: Numeric (06) Required Input

Tickets Unposted <cr>

This is a display of the number of tickets that are left unposted.
Press return to continue.

Reset

How do you want to purge ticket invoice file ?
Enter (S) to purge the tickets that have been entered through the Patient Service Entry (Fee Slip Entry) function.
(or)
Enter (A) to purge all tickets from the file.
(or)
Enter (N) to NOT purge any tickets from the file.

(or)

Press return to assume the default value of <S>atisfied.

> Entry: Alphabetic (01) Required Input

File: CAREWORK:MD613_xxxx.LST Placed in Terminal Spooler <cr>

The "MDSPL6 Ended" message will flash one time on the screen.

Press the return key to exit to the menu. The function automatically submits the listing to be printed.

* R E Q U E S T D A I L Y C L O S E P R O C E S S I N G *

WHAT IS THE REQUEST DAILY CLOSE PROCESSING FUNCTION?

The close daily business function initiates a request for the update processing of fee slips, receipts, insurance requests, inventory and scheduling information. The process produces the following printed output:

- daily transaction register with batch, provider, and practice totals
- revenue distribution report for receipts not assigned to a specific provider
- cleared third party claim payment and adjustment distribution
- automatic and requested insurance forms and claim register
- credit account listing
- item inventory reorder low item report
- gummed labels for:
  - new/changed patient chart
  - allergy identification
  - insurance form mailing labels
  - model-storage number identification
  - contract payment plan add or termination
- missed appointment list (no-shows)

The prior close date is displayed and the user is prompted for the current pending transaction actual business date. The user will also be prompted for whether or not to print a deposit slip at the terminal. When a normal or final daily close request is initiated (see below), operations will be restricted from the input of additional fee slips and receipt transactions. The daily close is a "batch" process which runs independently of a controlling terminal and begins at an established time determined by the processing parameters, typically after the end of the business day.

HOW DO YOU GET TO THE REQUEST DAILY CLOSE PROCESSING FUNCTION?

You access the Request Daily Close Processing function from the Daily Business Processing menu, PF3, or by entering 1.2.2.3 at any menu.

HOW DO YOU USE THE REQUEST DAILY CLOSE PROCESSING FUNCTION?

The Request Daily Close Processing function permits only one option, to request the Daily Close.

HOW DO YOU INITIATE THE REQUEST DAILY CLOSE PROCESSING FUNCTION?

Requesting a Daily Close causes a batch job to be run which will alter many important files in your directory. These changes are NOT reversible, and WILL affect your account balances and transaction history. In the case an error should occur during this process, it is prudent to have a means of recovering. The safest method is to backup your files to external medium prior to running the Daily Close. In this way, their current state is saved, and you can go back to this copy and restore your files, correct the problem, and rerun the close.

Each of the following information prompts related to the Daily Close function are in bold type in the far left column of this section. Following the prompt will be a description of what it is used for, if and how it can receive input (> Entry:) and any variation of use depending on the option chosen, (eg: (AP)).

Have you taken a backup of your files, or has one been scheduled prior to the running of the Daily Close ? ((Y)es or (N)o)

Enter (N) if no backup has been performed or scheduled. The Daily Close request will be Aborted.
(or)
Enter (Y) if the backup has been performed or scheduled.

A backup operation saves (copies) your data to auxiliary storage in order to safeguard it against loss or corruption. Although the backup process is not a part of Care/DM, and it is not required that you perform a backup prior to running the daily close, it is STRONGLY RECOMMENDED that the backup be performed. During the Daily Close run, irreversible modifications to your data files take place. Should an error occur, or a computer power failure or other event occur, the only recovery may be to restore from previously saved data. Without a good backup, a day's business, or in a worst-case scenario, ALL DATA could be lost.

<N>ormal Close, (Q)uick Close, or (F)inal Close

Enter (N) or press return to initiate the default normal close
(or)
Enter (Q) to initiate a "quick close"
(or)
Enter (F) to initiate a "final close"

> Entry: Alphabetic (01) Required Input

A normal close requests the processing of a single day's business. There may NOT be any quick close requests pending. If there are, a final close MUST be requested instead of the normal close. Further input of fee tickets and receipts is NOT allowed until the close completes.

A quick close can be requested any number of times during the day. It is intended for those cases when multiple days' business must be input during a single day, but you wish to keep each day's reporting and

processing figures separate. The close process does not actually take place until a final close is requested. Once the quick close is requested, the "books are closed" for the business day entered, and subsequent input is considered part of another day. You MAY input more fee tickets and receipts, but they will be processed as part of the next business day.

A final close is requested following one or more quick close requests. The final close initiates the actual processing of all the business entered. Further input of fee tickets and receipts is NOT allowed until the final close completes.

Actual Business Date

Enter the date to appear on the Daily Register as the Business Date.

> Entry: Numeric (06) Required Input

Ok to Submit ? (<Y>es or (N)o)

Enter (Y) or press return to submit the request.

(or)

Enter (N) to cancel the submit request.

> Entry: Alphabetic (01) Required Input

Enter an Optional Heading for Report

Enter an optional heading (79 characters maximum) which will be included at the top of each report produced by the Daily Close process. This heading can be used to identify a special run, or for any other purpose desired.

Prepare Deposit Slip ? ((Yes) or <N>o)

Enter (Y) or press return to prepare a deposit slip listing those receipts posted and flagged as eligible to appear on the slip.

(or)

Enter (N) to cancel the preparation of a deposit slip.

> Entry: Alphabetic (01) Required Input

Preparing Deposit Slip...Please Wait...

This is a display message only if the deposit slip is requested.

* D E M A N D P A T I E N T F O R M P R I N T *
* P A T I E N T P R O F I L E P R O C E S S I N G *

WHAT IS THE DEMAND PATIENT FORM PRINT FUNCTION?

The Demand Patient Form Print function is used to request an Encounter form, a Registration form, chart label or encounter tracking label. Data from the patient and account file is used in the creation of the form requested.

HOW DO YOU GET TO THE DEMAND PATIENT FORM PRINT FUNCTION?

You access the Demand Patient Form Print function from Daily Business Processing Menu, PF4, by entering 1.2.1.4 at any menu, or by pressing the F10 key at the option or initial input point of any function that is referenced by the F6-10 and F17-20 keys.

HOW DO YOU USE THE DEMAND PATIENT FORM PRINT FUNCTION?

The demand patient form print function permits only one option: Request. No option line is displayed at the bottom of the screen. You do not need to enter any letters to access the option. Other input allowed includes the "Help" key and the F6-10 and F17-20 keys.

HOW DO YOU CALL UP/RETRIEVE THE PATIENT AND ACCOUNT INFORMATION?

The Request option requires identification of a patient and an account to called up, or retrieved to collect data to create the form for printing. The "patient and account you want" is selected at the "Patient" and "Account" screen prompts. Retrieval of the patient and account can be accomplished via entry of:

Patient:

* The patient number (eg: 41); leading zeros are not required
* The patient full last, first name (eg: Moore,Jane - see note 1 below)
* Patient last and part of first name (eg: Moore,J - see note 1 below)
* Part of patient last name (eg: Moor - see note 1 below)
* A question mark (?) followed by a patient last and part of first name (eg: ?Moore,J - see note 2 below)
* A question mark (?) followed by part of a patient last name (eg: ?Moor - see note 2 below)

Account:

* The account number (eg: 123); leading zeros are not required
* The account full last, first name (eg: Moore,Al - see note 1 below)
* Account last and part of first name (eg: Moore,A - see note 1 below)
* Part of account last name (eg: Moor - see note 1 below)
* A question mark (?) followed by an account last and part of first name (eg: ?Moore,J - see note 2 below)
* A question mark (?) followed by part of an account last name (eg: ?Moor - see note 2 below)

NOTE 1: This type of entry will cause a tabular display of all patients or accounts which match what is input, and allow you to select one of the displayed entries. If only a single account or patient matches, that entry is automatically selected.

NOTE 2: This type of entry will cause patients or accounts which match what is input to be brought up one at a time, and allow you to browse through them by using the linefeed key. You can select one of the displayed entries by pressing the return key.

HOW DO YOU REQUEST THE "DEMAND FORM PRINT" OF PATIENT INFORMATION?

Each of the following information prompts related to the Demand Form Print function are in bold type in the far left column of this section. Following the prompt will be a description of what it is used for, if and how it can receive input (> Entry:) and any variation of use depending on the option chosen, (eg: (AP)).

Patient

See "HOW DO YOU CALL UP/RETRIEVE THE PATIENT AND ACCOUNT INFORMATION?".

Enter the patient number or name.

> Entry: Numeric (07) Required Input

Account

See "HOW DO YOU CALL UP/RETRIEVE THE PATIENT AND ACCOUNT INFORMATION?".

Automatically filled in with the account to which the patient is assigned; press the return key to accept the value displayed
(or)
Enter an alternate account number.
(or)
Enter an alternate account name.
(or)
Browse forward to locate the desired account.

> Entry: Numeric (07) Required Input

(E)ncounter or (R)egistration Form <xx>

Enter (E) for Encounter form request.
(or)
Enter (R) for Registration form request. You will be taken to the "Form Name <______>" prompt to proceed.

> Entry: Alphabetic (01) Required Input

The value "xx" will be either E or D, depending on the default chosen at system installation time.

Provider <__>

Enter the provider identification code. This will be validated against the Firm and Provider Master File.

(or)

Press return to accept the value displayed with in the < > prompt.

> Entry: Alphanumeric (02) Required Input

Location <_________>

Enter the location identification code. This will be validated as existing in the Activity Code Master File.

(or)

Press return to accept the value displayed with in the < > prompt.

> Entry: Alphanumeric (09) Required Input

Date <__-__-__>

Enter the date.

(or)

Press return to accept the value displayed with in the < > prompt.

> Entry: Numeric (06) Required Input

Time <__:__ _M>

Enter the time.

(or)

Press return to accept the value displayed with in the < > prompt.

> Entry: Numeric (06) Required Input

Reason

Enter the freeform reason for producing the form.

(or)

Press return to accept a blank value.

> Entry: Numeric (30)

Form Name <______>

Enter the Form Identification. This code will be validated as existing in the Letter Master File.

(or)

Press the return key to accept the Form identified in "< >" prompt.

> Entry: Alphanumeric (06) Required Input

NOTE: The form will print immediately at the terminal printer.

Printing Complete <cr>

Press the <cr> return key to continue. You will be taken back to the "Patient" field prompt for the next entry or CTRL-Z to Exit the function and return to the menu.

* A C C O U N T A C T I V I T Y D I S P L A Y *

WHAT IS THE ACCOUNT ACTIVITY DISPLAY FUNCTION?

The activity display feature provides the Inquiry, Search, Retrieval, Display and Print of account transactions. The account activity is a consolidation of service information for all patients assigned to the account. The receivables for both the private and third party billed services are displayed as detailed and consolidated totals. This information includes:

* Base account identification information
* Both Personal and Third Party responsibility aged balances
* Classifier highlighting
* Contract Payment Plan status
* Provider Allocation of revenues
* Services rendered (procedures)
* Payments on account (receipts)
* Occurrences on account
* Billing and Collection comments
* Insurance claim requests prepared
* Account billing dates and amounts billed
* Patients assigned to account
* Current Insurance policy information
* Open and Secondary Suspended claims
* Tickets summary for each patient encounter billed to a third party
* Display selected ticket detail with totaling

Account search specification includes specific patient, date range, type of information to display, partial or complete name, address, city, state and zip code.

Special features of the activity display can permit inquiry to cross over in multiple provider practices where each provider maintains an individual and separate accounts receivable.

HOW DO YOU GET TO THE ACCOUNT ACTIVITY DISPLAY FUNCTION?

You access the Account Activity Display function from Main Menu #1, PF3, by entering 1.0.0.3 at any menu, by pressing the F7 key at any menu, or by pressing the F7 key at the option or initial input point of any function that is referenced by the F6-10 and F17-20 keys.

HOW DO YOU USE THE ACCOUNT ACTIVITY DISPLAY FUNCTION?

The Account Activity Display function permits ONLY one data option: display of Account Activity information.

HOW DO YOU CALL UP/RETRIEVE ACCOUNT ACTIVITY DISPLAY INFORMATION?

The "account you want" is selected at the "Account" screen prompt. Retrieval of Account Activity Display information can be accomplished via entry of:

* The account number (eg. 123)
* The account last,first name (eg. Moore,Al - see note 1 below)
* The account full last,,first name (eg. Moore,,Al)
* Account last and part of first name (eg. Moore,A - see note 1 below)
* Account full last and part of first name (eg. Moore,,A)
* Part of account last name (eg. Moor - see note 1 below)
* A question mark (?) followed by an account last and part of first name (eg: ?Moore,J - see note 2 below)
* A question mark (?) followed by part of an account last name (eg: ?Moor - see note 2 below)
* Press <lf> or Downarrow key to retrieve the account displayed at the bottom of the screen.

NOTE 1: This type of entry will cause a tabular display of all patients or accounts which match what is input, and allow you to select one of the displayed entries. If only a single account or patient matches, that entry is automatically selected.

NOTE 2: This type of entry will cause patients or accounts which match what is input to be brought up one at a time, and allow you to browse through them by using the linefeed key. You can select one of the displayed entries by pressing the return key.

NOTE 3: When entering an account name as "?last,first", it is assumed that the entry can be part of a last name and part of a first name. Searching in this instance can be lengthy as all names matching what was entered will be considered for display. Entering "last,,first" assumes that the last name entered is a complete last name, and that only those accounts matching the first name will be displayed.

WHAT INFORMATION IS MAINTAINED IN ACCOUNT ACTIVITY DISPLAY?

As the Account Activity Display option is a display function, no information is actually "maintained".

Each of the following information prompts related to the account activity display are in bold type in the far left column of this section. Following the prompt will be a description of what it is used for, if and how it can receive input (> Entry:) and any variation of use depending on the option chosen.

Account

See "How do you Call Up/Retrieve Account Activity Display Information?" section for proper retrieval methods.

(or)

Enter the Account name. You will be taken to the <cr> if OK, v or ^ to Browse, (P)rt, (S)el, (L)st Pt, (A)lloc, (I)ns, or (N)o" prompt.

(or)

Enter the Account number. You will be taken to the "<cr> if OK, v or ^ to Browse, (P)rt, (S)el, (L)st Pt, (A)lloc, (I)ns, or (N)o" prompt.
(or)
Enter a minus sign followed by a patient alternate key, if this option is selected for use by your office. The account to which the patient is assigned will be retrieved. You will be taken to the "<cr> if OK, v or ^ to Browse, (P)rt, (S)el, (L)st Pt, (A)lloc, (I)ns, or (N)o" prompt.
(or)
Enter (SRCH) to perform a search of the Account file for accounts with specific information. You will be taken to the "Account Name" prompt.
(or)
Enter (\##) to Reset the Search Date. See the message in reverse video at the top in the center of the screen, "For DOS xx-xx-xx thru Last". The number entered after the "\" will be deducted from the current month to give you the new search month. (ie: Enter \02 in January 1990 and the new date will display 11/01/89, two months prior to the curent month)

> Entry: Numeric + "\" (03)

<cr> if OK, v or ^ to Browse, (P)rt, (S)el, (L)st Pt, (A)lloc, (I)ns, or (N)o"

Press the return key if the account displayed is the one desired. The following information will be displayed:

Transaction Date	Capitation Indicator
Patient Number	Insurance Sent Flag
Ticket Number	Receipt Grouping Code
Check Number	Responsibility (Third Party / Personal)
Transaction Description	Transaction Amount

Optional
- Service Provider
- Transaction Code
- Anesthesia Start/End Times
- Anesthesia CRNA

You will be prompted to press the return key which will take you to the menu.
(or)
Press the down or up arrow to browse the accounts. When the desired account is displayed, you will need to choose a different response to this message to continue.
(or)
Enter (P) to Print the Account Activity Display information on a printer attached to the terminal. You will be taken to the "Account" prompt to continue.
(or)
Enter (S) to Select specific account activity range of information. You will be taken to the "Specific Patient" prompt to continue.
(or)
Enter (L) to select the List Patients. A list of patients assigned to the account will be displayed. You will be taken to the "<cr> if OK, (P)rint, (N)o" prompt.
(or)
Enter (A) to show revenue Allocation information. A display of the current provider revenue distribution balances will be shown. You will

be taken to the "<cr> if OK, (P)rint, or (N)o" prompt.
(or)
Enter (I) to show Insurance information. A display of policies for the account, and a summary of third party open and suspended claims will be shown. You will be taken to the "<cr> if OK, (P)rint, or (N)o" prompt.
(or)
Enter (N) to indicate the account is not the desired account. You will be taken back to the "Account" prompt to enter the next account.

If you entered (S) in response to the previous prompt, the following prompts will appear:

Specific Patient

Enter a patient number to select transactions by patient. This prompt will only appear if you have selected the "force patient number input at receipt entry" option during system installation, and the account has a classifier defined to activate this function.
(or)
Press the return key to accept a blank value.

Enter Start Selection Date

Enter the specific beginning date of activity to be included in this display.
(or)
Press the return key to accept a value of FIRST.
> Entry: Numeric (06) Required Input

End Date

Enter the specific ending date of activity to be included in this display.
(or)
Press the return key to accept a value of LAST.
> Entry: Numeric (06) Required Input

Enter Types of Records to Display

Enter the types of records to to be included in this display.
Separate multiple choices with (,) and no spaces. (eg: P,R)
(P)rocedure (R)eceipts (I)nsurance (C)ollection Info (O)ccurrence
(or)
Press the return key to accept a value of blank.
> Entry: Alphabetic (01 - 05)

(P)ersonal (T)hird Party or (<A>)ll Transactions

Enter (P) to indicate only Personal transactions will be included in the display.
(or)
Enter (T) to indicate only Third Party transactions will be included in the display.
(or)
Enter (A) or Press the return key to indicate All transactions will be included in the display.
> Entry: Alphabetic (01) Required Input

Specific Ticket

Enter the specific ticket number to be printed.
(or)
Press the return key to accept a blank value.

End of (S)elect questions.

<cr> if OK, (P)rint, (D)etail or (N)o

Press the return key to indicate the specific selections are the ones you want. You will be taken to the "Account" prompt to continue after the display.
(or)
Enter (P) to Print the Account Activity Display information on a printer attached to the terminal. You will be taken to the "Account" prompt to continue.
(or)
Enter (D) to display the detail of the transactions on the terminal. This option is used mainly by customer support to diagnose possible error conditions. Press the return key to return to the "Account" prompt to continue, or ^ or v to Browse the line items.
(or)
Enter (N) to indicate the specific selections are not desired. You will be taken back to the "Specific Patient" prompt to continue.

<cr> if OK, (P)rint, or (N)o

Press the return key to display the specific information for this account on the terminal.
(or)
Enter (P) to Print the Account Activity Display information on a printer attached to the terminal. You will be taken to the "Account" prompt to continue.
(or)
Enter (N) to indicate the specific selections are not desired. You will be taken back to the "Account" prompt to continue.

If you entered SRCH at the Account number prompt, the following prompts will appear:

Account Name

Enter the full/partial name of the Account Holder. The system will find all accounts with the last name starting with the name entered at this prompt.
(or)
Press the return key to accept a blank value.
> Entry: Alphanumeric (30)

Address

Enter the full/partial address of the Account Holder. The system will find all accounts with an address that includes the information entered at this prompt, regardless of the location within the account address. (ie: Enter "ART" and the system will find: McArthur, Arthur, Artmist, Hart,.....etc)

(or)
Press the return key to accept a blank value.
> Entry: Alphanumeric (23)

City

Enter the full/partial city of the Account Holder. The system will find all accounts with a city that includes the information entered at this prompt, regardless of the location within the account city. (ie: Enter "KES" and the system will find: Wilkes-Barr, Kester, Oakes, ...etc)
(or)
Press the return key to accept a blank value.
> Entry: Alphanumeric (16)

State

Enter the full/partial state of the Account Holder. The system will find all accounts with a state that includes the information entered at this prompt, regardless of the location within the account address. (ie: Enter "L" and the system will find: IL, LA, ...etc)
(or)
Press the return key to accept a blank value.
> Entry: Alphabetic (02)

Zip

Enter the full/partial zipcode of the Account Holder. The system will find all accounts with the zipcode starting with the number entered at this prompt.
(or)
Press the return key to accept a blank value.
> Entry: Numeric (05)

NOTE: To display the entire Account file, press the return key through the following prompts: Account Name, Address, City, State, and Zip.

* P A T I E N T A C T I V I T Y D I S P L A Y *

WHAT IS THE PATIENT ACTIVITY DISPLAY FUNCTION?

The Patient Activity Display function is used to Inquire, Select, Retrieve, Display and Print patient service information including:

* Base patient identification information
* Permanent Diagnosis
* Allergies
* Occurrences
* Referring Provider
* Diagnosis
* Services rendered (procedures)
* Receipts received
* Insurance claim requests prepared

Patient search specification includes date range, type of information to display, partial or complete name, address, city, state, zip code, sex, social security number, and birthdate.
Special features of the activity display can permit inquiry to cross over in multiple provider practices where each provider maintains an individual and separate accounts receivable.

HOW DO YOU GET TO THE PATIENT ACTIVITY DISPLAY FUNCTION?

You access the Patient Activity Display function from Main Menu #1, PF4, by entering 1.0.0.4 from any menu, by pressing the F9 key at any menu, or by pressing the F9 key at the option or initial input point of any function that is referenced by the F6-10 and F17-20 keys.

HOW DO YOU USE THE PATIENT ACTIVITY DISPLAY FUNCTION?

The Patient Activity Display function permits only one data option: Display of Patient Activity information.

HOW DO YOU CALL UP/RETRIEVE PATIENT ACTIVITY DISPLAY INFORMATION?

Patient Activity Display requires a patient be called up, or retrieved. The "patient you want" is selected at the "Patient" screen prompt. Retrieval of Patient Activity information can be accomplished via entry of:

* The patient number (eg: 41)
* The patient full last, first name (eg: Moore,Jane - see note 1 below)
* Patient last and part of first name (eg: Moore,J - see note 1 below)
* Part of patient last name (eg: Moor - see note 1 below)
* A question mark (?) followed by a patient last and part of first name (eg: ?Moore,J - see note 2 below)
* A question mark (?) followed by part of a patient last name

(eg: ?Moor - see note 2 below)

* A user-defined key (eg: Social Security Number); the key value is preceeded with a "-" to denote the user-defined key retrieval (eg: -123456789)
* Press <lf> or Downarrow key to retrieve the account displayed at the bottom of the screen.

NOTE 1: This type of entry will cause a tabular display of all patients or accounts which match what is input, and allow you to select one of the displayed entries. If only a single account or patient matches, that entry is automatically selected.

NOTE 2: This type of entry will cause patients or accounts which match what is input to be brought up one at a time, and allow you to browse through them by using the linefeed key. You can select one of the displayed entries by pressing the return key.

WHAT INFORMATION IS MAINTAINED IN PATIENT ACTIVITY DISPLAY FUNCTION?

The Patient Activity Display function is a display function and, as such, no information is "maintained".

WHAT ARE THE PATIENT ACTIVITY DISPLAY FUNCTION INFORMATION PROMPTS?

Each of the following information prompts related to a Patient Activity Display are in bold type in the far left column of this section. Following the prompt will be a description of what it is used for, if and how it can receive input (> Entry:) and any variation of use depending on the option chosen.

Patient

See "How do you Call Up/Retrieve Patient Activity Display Information?" for the proper retrieval methods.

(or)

Enter the Patient name. You will be taken to the "<cr>, v^ to Browse, Prt, Sel, Ins, Rpt or ^Z to re-enter" prompt.

(or)

Enter the Patient number. You will be taken to the "<cr>, v^ to Browse, Prt, Sel, Ins, Rpt or ^Z to re-enter" prompt.

(or)

Enter the Patient "Alternate Index" number preceeded by "-" a minus sign. You will be taken to the "<cr>, v^ to Browse, Prt, Sel, Ins, Rpt or ^Z to re-enter" prompt.

(or)

Enter (SRCH) to perform a search of the Patient file for patients with specific information. You will be taken to the "Patient Name" prompt.

(or)

Enter (\##) to Reset the Search Date. See the message in reverse video at the top in the center of the screen, [7m For DOS xx-xx-xx thru Last [m, for example. The number entered after the "\" will be deducted from the current month to give you the new search month. (ie: Enter \02 in January 1990 and the new date will display 11/01/89, two months prior to the curent month).

> Entry: Numeric + "\" (30)

Patient Name

Enter the full/partial name of the Patient. The system will find all patients with the last name starting with the name entered at this prompt.
(or)
Press the return key to accept a blank value.
> Entry: Alphanumeric (30)

Address

Enter the full/partial address of the Patient. The system will find all patients with an address that includes the information entered at this prompt, regardless of the location within the patient address. (ie: Enter "ART" and the system will find: McArthur, Arthur, Artmist, Hart,.....etc)
(or)
Press the return key to accept a blank value.
> Entry: Alphanumeric (23)

City

Enter the full/partial city of the patient. The system will find all patients with a city that includes the information entered at this prompt, regardless of the location within the patient city. (ie: Enter "KES" and the system will find: Wilkes-Barre, Kester, Oakes, ...etc)
(or)
Press the return key to accept a blank value.
> Entry: Alphanumeric (16)

State

Enter the full/partial state of the patient. The system will find all patients with a state that includes the information entered at this prompt, regardless of the location within the patient address. (ie: Enter "L" and the system will find: IL, LA, ...etc)
(or)
Press the return key to accept a blank value.
> Entry: Alphabetic (02)

Zip

Enter the full/partial zipcode of the patient. The system will find all patients with the zipcode starting with the number entered at this prompt.
(or)
Press the return key to accept a blank value.
> Entry: Numeric (05)

NOTE: To display the entire history file, press the return key through the following prompts: Patient Name, Address, City, State, and Zip.

<cr>, v^ toBrowse, Prt, Sel, Ins, Rpt or ^Z to re-enter

Press the return key if the patient displayed is the one desired. The following information will be displayed:

Date Receipt Type
Patient Insurance Sent Indicator
Ticket Capitation Indicator

Description Personal/Third Party Indicator
Amount
You will be taken to the "<cr> or Insurance or Redisplay" prompt.
(or)
Press the down or up arrow to browse the patients. When the desired patient is displayed you will need to choose a different response to this message to continue.
(or)
Enter (P) to Print the Patient Activity Display information on a printer attached to the terminal. You will be taken to the "Patient" prompt to continue.
(or)
Enter (R) to Print the Patient Activity Display information to a report which can be printed later. You will be taken to the "Patient" prompt to continue. This option is only available if selected in the business parameter file, line 103.
(or)
Enter (S) to Select specific patient activity range of information. You will be taken to the "Specific Account" prompt to continue.
(or)
Enter (I) to show Insurance information. You will be taken to the "<cr> if OK, Print, Report or No" prompt.
(or)
Enter (^Z) to indicate the patient is not the desired patient. You will be taken back to the "Patient" prompt to enter the next patient.

Specific Account

Enter the account number of a specific account for which to display activity. Only activity for the selected patient which was posted to the account entered here will be included.
(or)
Press the return key to accept all activity, regardless of account.
> Entry: Numeric (07)

Enter Start Selection Date

Enter the specific beginning date of activity to be included in this display.
(or)
Enter "STMT" to select the last statement date. The system will look up the last statement date (if available) and only display transactions with dates of service since that date.
(or)
Press the return key to accept a value of FIRST.
> Entry: Numeric (06) Required Input

End Date

Enter the specific ending date of activity to be included in this display.
(or)
Enter "STMT" to select the last statement date. The system will look up the last statement date (if available) and only display transactions with dates of service before that date.
(or)
Press the return key to accept a value of LAST.

> Entry: Numeric (06) Required Input

Enter Types of Records to Display

Enter the types of records to to be included in this display. Separate multiple choices with commas (",") and no spaces. (eg: P,R)
(P)rocedures (R)eceipts (I)nsurance (D)iagnoses (O)ccurrences
(or)
Press the return key to accept a default of all transactions.

> Entry: Alphabetic (01 - 05)

Personal Third Party or <A>ll Transactions

Enter (P) to indicate that only Personal transactions are to be included in the display.
(or)
Enter (T) to indicate that only Third Party transactions are to be included in the display.
(or)
Enter (A) or Press the return key to indicate both personal and third party transactions are to be included in the display.

> Entry: Alphabetic (01) Required Input

Specific Ticket

Enter the specific ticket number to be displayed.
(or)
Press the return key to accept a blank value which indicates that all tickets are eligible for display.

<cr> if OK, Print, Report, Detail or No

Press the return key to indicate the specific selections are desired. You will be taken to the "Patient" prompt after the display.
(or)
Enter (P) to Print the Patient Activity Display information on a printer attached to the terminal. You will be taken to the "Patient" prompt to continue.
(or)
Enter (R) to Print the Patient Activity Display information to a report which can be printed later. You will be taken to the "Patient" prompt to continue. This option is only available if selected in the business parameter file, line 103.
(or)
Enter (D) to display the detail of the ticket on the terminal. Press the return key to return to the "Patient" prompt to continue, or ^ or v to Browse the line items.
(or)
Enter (^Z) to indicate the specific selections are not desired. You will be taken back to the "Specific Account" prompt to continue.

<cr> if OK, Print, Report or No

Press the return key to display the specific information for this patient on the terminal.
(or)
Enter (P) to Print the Patient Activity Display information on a printer attached to the terminal. You will be taken to the "Patient" prompt to continue.
(or)

Enter (R) to Print the Patient Activity Display information to a report which can be printed later. You will be taken to the "Patient" prompt to continue. This option is only available if selected in the business parameter file, line 103.

(or)

Enter (N) to indicate the specific selections are not desired. You will be taken back to the "Patient" prompt to continue.

<cr> or Insurance or Redisplay

Press the return key to take you back to the "Patient" prompt to continue.

(or)

Enter (I) for Insurance information regarding third party open claims and insurance policy coverage. You will be taken back to the "<cr> or Insurance or Redisplay" to continue.

(or)

Enter (R) to Redisplay the activity. You will be taken back to the "<cr> or Insurance or Redisplay" to continue.

* C L A I M R E Q U E S T *

WHAT IS THE CLAIM REQUEST FUNCTION?

Health care claims can be prepared for either the patient, third party or combined responsibility services. Claim processing will format provider, patient, policy and service information as required by insurance carriers. The format of the carrier's claim is specified by selecting the proper insurance form type in the insurance company master record. The form type translates to a "format file" which describes the specific layout of the claim form. Format files can be prepared to your carrier's specifications.
The following formats are supplied standard with the Care/DM System:

- Old HCFA 1500 claim form (form type "P1500")
- New Old HCFA 1500 claim form (form type "P1592")
- Illinois Public Aid claim form (form type "P15IL")
- ADA dental claim form (form type "PADA")

A claim form is requested for a specific patient and account, and, optionally, for a specific ticket and/or date range. The insurance policies on file for the account will be displayed. One of the insurance policies displayed may be accepted. The policies may be browsed for the next company on file, or the code of an insurance company may be entered for the claim to be prepared.

When the claim is being prepared, the System will perform two functions if the options are active. These functions are:

- Procedure and diagnosis code translation to an alternate code and/or type of service value
- Procedure and diagnosis description extension to a predefined 100-character description

HOW DO YOU GET TO THE CLAIM REQUEST FUNCTION?

You access the Claim Request function from Main Menu #2, ,PF1, PF1, or by entering 2.1.1.1 at any menu.

HOW DO YOU USE THE CLAIM REQUEST FUNCTION?

The Claim Request function permits ONLY one option, Request claim form.

HOW DO YOU CALL UP/RETRIEVE CLAIM REQUEST INFORMATION?

The purpose of this function is to request claims. No display capability is available.

HOW DO YOU CALL UP/RETRIEVE PATIENT OR ACCOUNT INFORMATION?

This function requires that a patient and account be called up, or retrieved. The "patient and account you want" is selected at the "Patient", and "Account" screen prompts, respectively. Entry can be of the form described below:

Patient:
* The patient number (eg: 0000041; leading zeros are NOT required)
* The patient full last, first name (eg: Moore,Jane - see note 1 below)
* Patient last and part of first name (eg: Moore,J - see note 1 below)
* Part of patient last name (eg: Moor - see note 1 below)
* A question mark (?) followed by a patient last and part of first name (eg: ?Moore,J - see note 2 below)
* A question mark (?) followed by part of a patient last name (eg: ?Moor - see note 2 below)
* A "-" followed by the patient alternate index (if this option is selected by your office).
* The linefeed key which will bring up the "current patient", i.e., the last patient retrieved. A message at the bottom of the screen will identify this patient and indicate that the linefeed key is valid input.

(and)

Account:
* <cr> at account prompt to accept the value displayed
* The account number (eg: 0000123; leading zeros are NOT required)
* The account full last, first name (eg: Moore,Al - see note 1 below)
* Account last and part of first name (eg: Moore,A - see note 1 below)
* Part of account last name (eg: Moor - see note 1 below)
* A question mark (?) followed by an account last and part of first name (eg: ?Moore,J - see note 2 below)
* A question mark (?) followed by part of an account last name (eg: ?Moor - see note 2 below)

NOTE 1: This type of entry will cause a tabular display of all patients or accounts which match what is input, and allow you to select one of the displayed entries. If only a single account or patient matches, that entry is automatically selected.

NOTE 2: This type of entry will cause patients or accounts which match what is input to be brought up one at a time, and allow you to browse through them by using the linefeed key. You can select one of the displayed entries by pressing the return key.

WHAT INFORMATION IS MAINTAINED IN THE CLAIM REQUEST FUNCTION?

The claim request function is used to manually request the preparation of an insurance claim form and, as such, no information is actually "maintained".

WHAT ARE THE CLAIM REQUEST FUNCTION INFORMATION PROMPTS?

Each of the following information prompts related to requesting a claim are in bold type in the far left column of this section. Following the prompt will be a description of what it is used for, if and how it can receive input (> Entry:) and any variation of use depending on the option chosen, (eg: (AP)).

Patient

See the discussion of how to select a patient above.

> Entry: Alphanumeric (01 - 30) Required Input

Account

See the discussion of how to select an account above.

> Entry: Alphanumeric (01 - 30) Required Input

Insurance Company

Display information only from Account record:

Company ID and Name
Holder
Who's Insured

OK ? (<Y>es, <lf>Next Ins Rec, (E)nter New Patient No)

Press the return key to accept the default value of Yes.
(or)
Enter (Y) for Yes to respond that the insurance company on display is the desired company.
(or)
Press the linefeed key to browse to the next insurance record.
(or)
Enter (E) to return you to the "Patient" field prompt to enter the next/new Patient number.

> Entry: Alphabetic (01) Required Input

Specific Ticket ? (<cr> or enter)

Press the return key to accept a blank value.
(or)
Enter the specific ticket identification number. Preceeding zeros are required; if you precede the number with a pound sign ("#"), the system will pad the number with zeros (i.e., enter #123 - the entry is automatically converted to 0000000123). You will be taken to the "<cr> to Enter Answers, (S)tandard Answers, or (SH)Standard w/Hospitalization" prompt to continue.

> Entry: Alphanumeric (10)

Start Date

Enter the date of the first service to be included in the claim request.
(or)
Press the return key to start with the first record.

> Entry: Numeric (06)

Ending Date

Enter the date of the last service to be included in the claim request.
(or)
Press the return key to end with the last record.
> Entry: Numeric (06)

Insurance form type to produce <E>lectronic or (P)aper
(or)
Insurance form type to produce (E)lectronic or <P>aper
The operator should select the desired format on which the cliam is to be submitted. This prompt will only appear if the insurance company to which the claim is be submitted, has an alternate format defined in the insurance file.
> Entry: Alphabetic (01)

<cr> to Enter Answers, (S)tandard Answers, or (SH)Standard w/Hospitalization

Press the return key to prompt the operator for each answer to claim form questions. You will be taken to the "Types of Transactions to Submit (T, P or B) <B>" prompt.
(or)
Enter (S) to accept the standard answers determined during installation. The record will automatically be submitted and you will be taken to the "Patient" prompt to enter your next record.
(or)
Enter (SH) to accept the standard hospital answers determined during installation. The record will automatically be submitted and you will be taken to the "Patient" prompt to enter your next record.
> Entry: Alphabetic (01 - 02)

Types of Transactions to Submit (T, P or B) <B>

Enter (T) to include Third Party transactions only.
(or)
Enter (P) to include Personal transactions only.
(or)
Enter (B) to include Both Personal and Third Party transactions.
(or)
Press the return key to accept the default of Both.

Following the above prompts, a series of questions relating to the claim may be asked. These questions request such information as

- Is this claim related to employment ?
- Hospitalization dates
- Disability dates
- Submit Actual, Pretreatment, or Both (Dental)

Each "format file" can contain specific questions required by the corresponding insurance company, along with the default or standard answers to these questions. You can choose to answer the questions or accept the standard answers. If you choose to answer the questions, a CTRL-Z signal to the system at any point during the prompting will result in the remaining questions being completed with Standard answers. You will then be taken to the "OK to Add ? (<Y>es or (N)o)" prompt. The following two questions are required for each format:

Provider <ALL>

Press the return key to include all providers.

(or)

Enter the provider identification for the provider to be included.

> Entry: Alphanumeric (02)

Include previously submitted transactions ? <Y>

Enter (N) to not include previously submitted transactions.

(or)

Enter (Y) to include previously submitted transactions.

(or)

Press the return key to accept the default value of Yes.

> Entry: Alphabetic (01)

OK to Add ? (<Y>es or (N)o)

Enter (N) to void the request. You will be taken to the "Patient" prompt to enter another Claim Request.

(or)

Enter (Y) to submit the request for the claim.

(or)

Press the return key to accept the default value of Yes.

> Entry: Alphabetic (01) Required Input

Refer to the Claim Formatting and Submittal Guide for complete information on claim formats and questions.

* T H I R D P A R T Y C L A I M M A I N T E N A N C E *

WHAT IS THE THIRD PARTY CLAIM MAINTENANCE FUNCTION?

The Third Party Claim Maintenance option permits the display of information pertaining to specific outstanding and suspended claims. These claims can be selected by Account, Patient, Insurance Company and any combinations. Information can be displayed at a claim summary or at the detailed line item level. (Display at the detailed line item level is only available if the insurance company is set up to track at this level.) The total outstanding submitted balance by insurance (third party) carrier can be displayed using the Insurance Company maintenance function, Display option.

HOW DO YOU GET TO THE THIRD PARTY CLAIM MAINTENANCE FUNCTION?

You access the Third Party Claim Maintenance function from Main Menu #2, PF1, PF2, or by entering 2.1.1.2 at any menu.

HOW DO YOU USE THE THIRD PARTY CLAIM MAINTENANCE FUNCTION?

The Third Party Claim maintenance function permits several data manipulation options. The options are displayed at the bottom of the screen in the following manner:

D R E Enter Option: __

Press the Left or Right Arrow keys to highlight the option or enter the letter of the option you want to access and press the return key. Other input allowed includes the "Help" key.

The following options are available:

D Display third party claims for patient, account and/or carrier
R Release Claim if no claim is outstanding for the ticket
E End - return to menu

HOW DO YOU CALL UP/RETRIEVE THIRD PARTY CLAIM MAINTENANCE INFORMATION?

The (D) and (R) options require an account, a patient or an insurance company be called up, or retrieved. The "account you want" is selected at the "Account" screen prompt. The "patient you want" is selected at the "Patient" screen prompt. The "insurance company you want" is selected at the "Third Party" screen prompt. Retrieval of third party account information can be accomplished via entry of any combination of the following choices:

Account:
* The account number (eg. 123)
* The account full last,first name (eg. Moore,Al)
* Account last and part of first name (eg. Moore,A)

* Part of account last name (eg. Moor)
* Forward browse of account records is available using the linefeed key
* Press the return key to retrieve on "Patient" and then "Account", or only on the Insurance Company for display option

Patient:
* The patient number (eg: 41)
* The patient full last, first name (eg: Moore,Jane)
* Patient last and part of first name (eg: Moore,J)
* Part of patient last name (eg: Moor)
* Forward browse of patient records is available using the linefeed key
* Press the return key to retrieve on "Account" and NO patient, or only on the Insurance Company for display option

Insurance Company:
* The full insurance company code (eg: AET)
* Press the return key to include ALL third party companies

WHAT INFORMATION IS MAINTAINED IN THIRD PARTY CLAIM MAINTENANCE?

Each of the following information prompts related to the Third Party Claim Maintenance function are in bold type in the far left column of this section. Following the prompt will be a description of what it is used for, if and how it can receive input (> Entry:) and any variation of use depending on the option chosen, (eg: (AP)).

Display Option:

The following prompts are used to define the criteria for the display of Third Party Claim information.

Account

See the "How do you Call Up/Retrieve Third Party Claim Maintenance Information?" section of this document for retrieval instructions.

Right Record ? (<cr> if OK, <lf> to Browse, or (N)o)

NOTE: This question will not be asked if you chose the entry of the "account number" as your method of retrieval.
Press the return key if the account record is the one desired.
(or)
Browse account records using the linefeed key.
(or)
Enter (N) if you want to enter a new account.

> Entry: Alphabetic (01) Required Input

Third Party Insurance Company Information Display

The following is the information display format.

```
 No.    Name                Policy No     Acct Rel   Who's Insured
=======================================================================
```

Patient

See the "How do you Call Up/Retrieve Third Party Claim Maintenance Information?" section of this document for retrieval instructions.

Right Record ? (<cr> if OK, <lf> to Browse, or (N)o)

Press the return key if the patient and/or the account record is the one desired.

(or)

Browse patient records using the linefeed key.

(or)

Enter (N) if you want to enter a new account and patient. You will be taken back to the "Account" prompt.

> Entry: Alphabetic (01) Required Input

Third Party

See the "How do you Call Up/Retrieve Third Party Claim Maintenance Information?" section of this document for retrieval instructions.

NOTE: The "No." listed under the column by the same name in the Third Party Insurance Company Information Display is the appropriate input allowed.

(or)

Press return to accept the value of <A>ll.

Types

Enter the type of information to be displayed.

(C)laim (CL) Claim and Line Item

(S)ubmittal Dates (M) Suspended Requests

> Entry: Alphabetic (01 - 02) Required Input

Start Date

Enter the date of the first transaction you want to be included in the display.

(or)

Press the return key to accept the value of the FIRST date.

> Entry: Numeric (06) Required Input

End Date

Enter the date of the last transaction you want to be included in the display.

(or)

Press the return key to accept the value of the LAST date.

> Entry: Numeric (06) Required Input

Ticket

Enter the ticket number for Claims or Suspended Requests.

(or)

Press the return key to accept the value of NULL, no number.

> Entry: Alphanumeric (01 - 10)

Third Party Maintenance Information Display

The following are the information display formats.

Claim Detail

This is the display format when the "Type" chosen is other than Submittal Dates. (Claim, Claim and Line Item, or Suspended Requests)

```
                              Submittal Record   Ticket/    Amount    T
Account           Patient    Third Party   Date   Type   Procedure   Submitted  P
==============================================================================
```

Last Submittal Dates

This is the display format when the "Type" Submittal Dates is chosen.

```
Account           Patient    Third Party   Start    End
==================================================
```

Release Option:

The following prompts are used to define the criteria for the release of a Third Party Claim, open or suspended.

Account

See the "How do you Call Up/Retrieve Third Party Claim Maintenance Information?" section of this document for retrieval instructions.

Right Record ? (<cr> if OK, <lf> to Browse, or (N)o)

NOTE: This question will not be asked if you entered an "account number" for your method of retrieval.
Press the return key if the account record is the one desired.
(or)
Browse account records using the linefeed key.
(or)
Enter (N) if you want to enter a new account.

\> Entry: Alphabetic (01) Required Input

Third Party Insurance Company Information Display

This is the information display format.

```
 No.     Name                    Policy No      Acct Rel    Who's Insured
==============================================================================
```

Patient

See the "How do you Call Up/Retrieve Third Party Claim Maintenance Information?" section of this document for retrieval instructions.

Right Record ? (<cr> if OK, <lf> to Browse, or (N)o)

Press the return key if the patient and/or the account record is the one desired.
(or)
Browse patient records using the linefeed key.
(or)
Enter (N) if you want to enter a new account and patient. You will be taken back to the "Account" prompt.

\> Entry: Alphabetic (01) Required Input

Third Party

See the "How do you Call Up/Retrieve Third Party Claim Maintenance Information?" section of this document for retrieval instructions.
NOTE: The appropriate input allowed is listed under the column heading "No." in the Third Party Insurance Company Information Display.
(or)
Press return to accept the value of <A>ll.

Suspended Claims Available

This is the information display. The following columns of information will display:

Seq Account Patient Company Code Company Name Suspended Date Type
===

Enter Sequence Number, (R)edisplay or <N>o ##

Enter the sequence number of the claim to be released. NOTE: The appropriate input allowed is listed under the column heading "Seq" in the display.
(or)
Enter (R) to Redisplay the information from the beginning.
(or)
Enter (N) to return you to the "Account" prompt to enter your next selection.
(or)
Press the return key to accept the default value of No.

> Entry: Alphanumeric (01 - 02) Required Input

* S E A R C H A N D S U B M I T C L A I M S *

WHAT IS THE SEARCH AND SUBMIT CLAIMS FUNCTION?

The search function will produce insurance claims for patient responsibility services which are known to be eligible for insurance submittal and the services had not been previously submitted. A claim form will be produced if the following criteria are met:

* Patient account has one of the automatic insurance classifiers which was selected for processing
* Patient is covered by automatic insurance policy
* Services rendered are in the selected date range
* Services on file were not previously submitted to an automatic insurance company.

The dialogue will request a date range defining date selection criteria for services. The option to display and select each insurance company or automatically request all insurance companies is then available. After all insurance companies have been reviewed, the claim processing will be included in the normal insurance processing of the next close of daily business.

HOW DO YOU GET TO THE SEARCH AND SUBMIT CLAIMS FUNCTION?

You access the Search and Submit Claims function from Main Menu #2, PF1, PF3, or by entering 2.1.1.3 at any menu.

HOW DO YOU USE THE SEARCH AND SUBMIT CLAIMS FUNCTION?

The Search and Submit Claims function permits several data manipulation options. The options are displayed at the bottom of the screen in the following manner:

A D E Enter Option: __

Press the Left or Right Arrow keys to highlight the option or enter the letter of the option you want to access and press the return key. Other input allowed includes the "Help" key.

The following options are available:

A Add Claim Request for submittal
D Display Claim Request for submittal
E End - return to menu

WHAT INFORMATION IS MAINTAINED IN THE SEARCH & SUBMIT CLAIMS FUNCTION?

The Search and Submit Claims function is a request function and, as such, no information is actually "maintained".

Each of the following information prompts related to the Search and Submit function are in bold type in the far left column of this section. Following the prompt will be a description of what it is used for, if and how it can receive input (> Entry:) and any variation of use depending on the option chosen, (eg: (AP)).

Starting Date

Enter the first service date to be included in the claim submittal.
(or)
Press the return key to accept the value of the FIRST date.
> Entry: Numeric (06)

Ending Date

Enter the last service date to be included in the claim submittal.
(or)
Press the return key to accept the value of the LAST date.
> Entry: Numeric (06)

Capitation Only ((Y)es or <N>o)

Enter (N) to include all claims regardless of capitation. You will be taken to the "OK to Add ? (<Y>es or (N)o)" prompt.
(or)
Enter (Y) to include only those claims that are capitated. You will be taken to the "Select by Date of <S>ervice or (E)ntry Date" prompt.
(or)
Press the return key to accept the default value of No.
> Entry: Alphabetic (02) Required Input

Select by Date of <S>ervice or (E)ntry Date

Enter (S) to include claims with Service dates included in the "Starting Date" and "Ending Date" range.
(or)
Enter (E) to include claims with Entry dates included in the "Starting Date" and "Ending Date" range.
(or)
Press the return key to accept the default value of Service Date.
> Entry: Alphabetic (01) Required Input

OK to Add ? (<Y>es or (N)o)

Enter (Y) to add the claim submittal request.
(or)
Enter (N) to void the claim submittal request.
(or)
Press the return key to accept the default value of Yes.
> Entry: Alphabetic (01) Required Input

A D E Enter Option: __

Enter the option you want to perform with the previously defined criteria.

Enter (A) to add a claim submittal request. You will be taken to the "(A)ll Insurance Companies or (S)elect" prompt.

(or)

Enter (D) to display the claims identified by the criteria chosen. The claim display will begin.

(A)ll Insurance Companies or (S)elect

Enter (A) to include All Insurance Companies in the submittal request. You will be taken to "Submitting" request message display.

(or)

Enter (S) to Select the Insurance Companies to include in the submittal request. You will be taken to the "Insurance Company" prompt.

> Entry: Alphabetic (01) Required Input

Insurance Company

Enter the Insurance Company identification code for the company to be included in the claim submittal request.

> Entry: Alphanumeric (04)

Automatic Classifier

Enter the classifier for the claims to be submitted in the claim submittal request.

(or)

Press the return key to take you back to the "A D E Enter Option" prompt.

> Entry: Alphanumeric (03)

Submitting

This is a display message indicating the system is submitting a request to process the search and submit claims function.

* A T T E N D I N G P R O V I D E R R E P O R T *

WHAT IS THE ATTENDING PROVIDER REPORT FUNCTION?

This option provides a simple report of services rendered to a specific patient, by a particular provider, for a selected date range.

HOW DO YOU GET TO THE ATTENDING PROVIDER REPORT FUNCTION?

You access the Attending Provider Report function from Main Menu #2, PF1, PF4, or by entering 2.1.1.4 at any menu.

HOW DO YOU USE THE ATTENDING PROVIDER REPORT FUNCTION?

The Attending Provider Report function permits several data manipulation options. The options are displayed at the bottom of the screen in the following manner:

A D E Enter Option: __

Press the Left or Right Arrow keys to highlight the option or enter the letter of the option you want to access and press the return key. Other input allowed includes the "Help" key.

The following options are available:

A Add a request for an attending provider listing
D Display pending request
E End - return to menu

HOW DO YOU CALL UP/RETRIEVE ATTENDING PROVIDER REPORT INFORMATION?

The Attending Provider Report function does not require specific information be called up, or retrieved. Enter (D) at the option line to scroll Attending Provider Report requests on file.

HOW IS INFORMATION REPORTED FROM ATTENDING PROVIDER REPORT FUNCTION?

Each of the following information prompts related to the Attending Provider Report function are in bold type in the far left column of this section. Following the prompt will be a description of what it is used for, if and how it can receive input (> Entry:) and any variation of use depending on the option chosen, (eg: (AP)).

Patient

Enter the patient identification number.

> Entry: Numeric (07)

Starting Date

Enter the first service date to be included in the claim submittal.

(or)

Press the return key to accept the value of the FIRST date.

> Entry: Numeric (06)

Ending Date

Enter the last service date to be included in the claim submittal.

(or)

Press the return key to accept the value of the LAST date.

> Entry: Numeric (06)

OK to Add ? (<Y>es or (N)o)

Enter (Y) to add the attending provider report request.

(or)

Enter (N) to void the attending provider report request.

(or)

Press the return key to accept the default value of Yes.

> Entry: Alphabetic (01) Required Input

* O P E N C L A I M R E P O R T R E Q U E S T *

WHAT IS THE OPEN CLAIM REPORT REQUEST FUNCTION?

The open claim report is used to identify and report or resubmit unpaid claims. Selection criteria is based on claims for a selected insurance company, within a specified date range, based on the minimum balance specified in the request and specific provider or all providers. Report can be sorted by age of claim or by patient name.

HOW DO YOU GET TO THE OPEN CLAIM REPORT REQUEST FUNCTION?

You access the Open Claim Report Request function from Main Menu #2, PF1, Insurance Services Menu #2, PF1, or by entering 2.1.2.1 at any menu.

HOW DO YOU USE THE OPEN CLAIM REPORT REQUEST FUNCTION?

The Open Claim Report Request function permits several data manipulation options. The options are displayed at the bottom of the screen in the following manner:

A D S E Enter Option: __

Press the Left or Right Arrow keys to highlight the option or enter the letter of the option you want to access and press the return key. Other input allowed includes the "Help" key.

The following options are available:

A Add open claim requests or add open claim report requests
D Display open claim report requests
S Request a report of open claims with a specific reimbursement table applied to forcast payments

E End - return to menu

HOW DO YOU CALL UP/RETRIEVE THE OPEN CLAIM REPORT INFORMATION?

The (D), options requires only the choice of the option (D) to scroll the open claim report requests on file.

WHAT INFORMATION IS MAINTAINED IN OPEN CLAIM REPORT REQUEST FUNCTION?

Each of the following information prompts related to requesting the Open Claim Report are in bold type in the far left column of this section. Following the prompt will be a description of what it is used for, if and how it can receive input (> Entry:) and any variation of use depending on the option chosen, (eg: (AP)).

<R>eport or (C)laims

Enter (R) or press the Return key to accept the default answer to produce a report of open claims
(or)
Enter (C) to generate open claim requests.
> Entry: Alpha (01)

<A>ged or by Patient (N)ame

If Report was requested in the preceding question, you will be prompted for the order of the report.

Enter (A) or press the Return key to accept the default answer of by age.
(or)
Enter (N) to produce the report by patient name.
> Entry: Alpha (01)

Insurance Code

Enter the insurance company code for the report.
(or)
Enter (*) for the report to include "all companies".
(or)
To select a group of insurance companies,
Enter a partial company code followed by the wild card character, "*".
> Entry: Alphanumeric (04) Required Input

Enter Start Selection Date

Enter the beginning submittal date of the date range of open claims to be reported.
(or)
Press the return key to accept the value of FIRST date.
> Entry: Numeric (06) Required Input

End Date

Enter the ending submittal date of the date range of open claims to be reported.
(or)
Press the return key to accept the value of LAST date.
> Entry: Numeric (06) Required Input

Minimum Balance

Enter the amount to represent the minimum balance for a claim to be reported on the request. (ie: 1000 equals $10.00)
(or)
Press return to include all claims regardless of balance.
> Entry: Numeric (10) Required Input

Specific Provider

Enter Specific Provider to select only claims for this provide
(or)
Press return to include claims for ALL providers
> Entry: Alpha (2)

Ok to Add (<Y>es or (N)o) ?

Enter (Y) to add the request.
(or)
Enter (N) to void the request.
(or)
Press the return key to accept the default value of <Y>es.

> Entry: Alphabetic (01) Required Input

Enter an Optional Heading for Report

Enter an optional heading (79 characters maximum) which will be included at the top of the report. This heading can be used to identify a special listing, or for any other purpose desired.

WHAT INFORMATION IS MAINTAINED IN OPEN CLAIM REIMBURSEMENT FORECAST REPORT?

Reimbursement Table To Use

Enter valid reimbursement forcast table name
(or)
Press return for a list of reimbursement forcast tables

Insurance Code

Enter the insurance company code for the report.
(or)
Enter (*) for the report to include "all companies".
(or)
To select a group of insurance companies,
Enter a partial company code followed by the wild card character, "*".

> Entry: Alphanumeric (04) Required Input

Enter Start Selection Date

Enter the beginning submittal date of the date range of open claims to be reported.
(or)
Press the return key to accept the value of FIRST date.

> Entry: Numeric (06) Required Input

End Date

Enter the ending submittal date of the date range of open claims to be reported.
(or)
Press the return key to accept the value of LAST date.

> Entry: Numeric (06) Required Input

Minimum Balance

Enter the amount to represent the minimum balance for a claim to be reported on the request. (ie: 1000 equals $10.00)
(or)
Press return to include all claims regardless of balance.

> Entry: Numeric (10) Required Input

Specific Provider

Enter Specific Provider to select only claims for this provide
(or)
Press return to include claims for ALL providers

> Entry: Alpha (2)

Ok to Add (<Y>es or (N)o) ?

Enter (Y) to add the request.
(or)
Enter (N) to void the request.
(or)
Press the return key to accept the default value of <Y>es.

> Entry: Alphabetic (01) Required Input

Enter an Optional Heading for Report

Enter an optional heading (79 characters maximum) which will be included at the top of the report. This heading can be used to identify a special listing, or for any other purpose desired.

* S C H E D U L E M A I N T E N A N C E *

WHAT IS THE SCHEDULE MAINTENANCE FUNCTION?

The Scheduling function performs appointment scheduling either by Provider or by Room.

The scheduling service permits the user to maintain a detailed daily schedule for each provider. The user can maintain up to twenty rooms of scheduling information using a selected time unit of 5, 10, 15 or 20 minutes. Scheduling works like an electronic day book. Daily templates, which describe the office hours and possibly categorize the types of appointments to be scheduled, are defined for each room available for scheduling. (Provider scheduling may have a set or sequence of templates for each day of the week.) The schedule extend function then uses these templates to create an empty schedule sheet for specific dates. Both room scheduling and provider scheduling may have different templates for each day of the week and for each schedule extend period (the period is specified each time the schedule is extended).

The schedule maintenance allocate function is designed to be very similar to the manual schedule book. The graphic display of information will highlight sections of the display to indicate allocated or blocked out time for a specified time (and room, if applicable). The room display of information looks like the multi-column schedule book, where allocated time is marked out indicating the scheduled patient and amount of time needed. Searching may be by schedule room, start time, type of time, provider, date, day of week and day or evening hours. Double booking is permitted if single room scheduling is used, but notification of the overlap will occur. Multiple room scheduling does not permit overlap for a specified room. Key information such as reason, time requirement and call back phone number are maintained and printed on schedule reports. A patient does not have to be registered before being scheduled. If the patient being scheduled has an occurrence record active, the record will be displayed and you will be asked if you still wish to schedule this patient. If the patient has any terminated occurrence records, you will be notified with a message and scheduling will continue on.

NOTE: Schedule Template Maintenance function and Schedule Extend Allocation function must be completed prior to using the Schedule Maintenance function.

HOW DO YOU GET TO THE SCHEDULE MAINTENANCE FUNCTION?

You access the Schedule Maintenance function from Main Menu #2, PF2, by entering 2.2.1.1 at any menu, by pressing the F19 key at any menu, or by pressing the F19 key at the option or initial input point of any function that is referenced by the F6-10 and F17-20 keys.

HOW DO YOU USE THE SCHEDULE MAINTENANCE FUNCTION?

The schedule maintenance function permits several data manipulation options. The options are displayed at the bottom of the screen in the following manner:

A B C D S SP SD F I O R M E Enter Option or Function Key: __

Press the Left or Right Arrow keys to highlight the option or enter the letter of the option you want to access and press the return key. Other input allowed includes the "Help" key and the F6-10 and F17-20 keys.

The following options are available:

A Allocate a patient to a time slot
B Block out time
C Cancel and/or rescheduled patient
D Full display of a provider's schedule by either date, day of week and day or evening schedule; display single room graphically with scheduled appointments, including patient name, appointment time and length, and visit reason
S Scroll display of all patients for a specified date
SD Short Display of a provider's schedule by either date, day of week and day or evening schedule; either display single room graphically or multiple rooms in room columns
SP Scroll display of all of a patient's appointments
F Find an open time slot by date, day and/or time and type of time
I Inquire for scheduled patients by time or name
O Open up time
R Rebuild the schedule for a given day after having changed the master template for that day
M Mark an appointment
E End - return to menu

HOW DO YOU CALL UP/RETRIEVE SCHEDULE MAINTENANCE INFORMATION?

The (B), (I), and (O) options require a time be called up, or retrieved. The "time you want" is selected at the "Time" screen prompt. Retrieval of time schedule information can be accomplished via entry of:

* The time of day followed by "A" or "P", or "AM" or "PM"
* Military (24-hour) time
* The colon between the hour and minute is optional
* Press the return key to inquire by patient prompt

The (C), (I), and (M) options require a patient be called up, or retrieved. The "patient you want" is selected at the "Patient" screen prompt. Retrieval of patient schedule information can be accomplished via entry of:

* The patient number (eg: 0000041; leading zeros are NOT required)

* The patient full last, first name (eg: Moore,Jane - see note 1 below)
* Patient last and part of first name (eg: Moore,J - see note 1 below)
* Part of patient last name (eg: Moor - see note 1 below)
* A question mark (?) followed by a patient last and part of first name (eg: ?Moore,J - see note 2 below)
* A question mark (?) followed by part of a patient last name (eg: ?Moor - see note 2 below)
* A "-" followed by the patient alternate index (if this option is selected by your office).
* The linefeed key which will bring up the "current patient", i.e., the last patient retrieved. A message at the bottom of the screen will identify this patient and indicate that the linefeed key is valid input.

NOTE 1: This type of entry will cause a tabular display of all patients or accounts which match what is input, and allow you to select one of the displayed entries. If only a single account or patient matches, that entry is automatically selected.

NOTE 2: This type of entry will cause patients or accounts which match what is input to be brought up one at a time, and allow you to browse through them by using the linefeed key. You can select one of the displayed entries by pressing the return key.

The (D), (SD), (R), and (S), and (SP) options require a provider be called up, or retrieved. The "provider you want" is selected at the "Provider" screen prompt. Retrieval of patient and provider schedule information can be accomplished via entry of:

* A valid provider identification code. The code is verified in the "Firm and Provider Maintenance" function.
    * Enter the schedule date to display, or press the return key to enter the schedule day of the week to display
    * Enter (D)ay or (E)vening schedule hours to display

WHAT INFORMATION IS MAINTAINED IN SCHEDULE MAINTENANCE?

Each of the following information prompts related to a Schedule are in bold type in the far left column of this section.
Following the prompt will be a description of what it is used for, if and how it can receive input (> Entry:) and any variation of use depending on the option chosen, (eg: (AP)).

Must Display Date Before Scheduling <cr>

Press the return key to take you to the Option line to choose the (D)isplay option. You must display a day's schedule prior to allocating time.

Provider

Enter a valid provider identification code. The code is verified in the "Firm and Provider Maintenance" function. The Find Time option will accept the input of "*" to indicate "Any Provider".

> Entry: Alphanumeric (01 -02) Required Input

Date

Enter the first date to begin searching for available time in the provider's schedule. You will be taken to the "D/E" prompt.

(or)

Press the return key to accept a blank value and to search by a specific day of the week.

> Entry: Numeric (06)

Day of Week

Enter the specific day of the week identification code.

(1) Monday (2) Tuesday (3) Wednesday (4) Thursday
(5) Friday (6) Saturday (7) Sunday

> Entry: Numeric (01) Required Input

D/E

Enter (D) for Day time scheduling.

(or)

Enter (E) for Evening time scheduling

(or)

Press the return key to accept the default value of Day.

> Entry: Alphabetic (01) Required Input

Hour Min>0 5 10 15 20 25 30 35 40 45 50 55

The times and available minutes will display below this heading. The highlighted areas are unavailable (closed or already scheduled) time in the provider's schedule. If a "character" displays within the highlighted area, it is the type of time code describing why the time is unavailable. If an "X" displays, the time is blocked out without explanation.

NOTE: Appointments can be overlapped or override time blocked out for reasons other than appointments.

<lf> to Browse, <cr> if OK or (N)o

Press the linefeed key <lf> to Browse. You will browse by the method of your search. If you chose a Date path, the display will be by date and time of day. If you chose a Day of the Week path, the display will be by the chosen day of the week and the time of day.

(or)

Press the return key if the schedule is the desired one. You will be taken to the "A B C D F I S O R M E Enter Option or Function Key:" option line prompt. NOTE: If you returned to the "Date" prompt by choosing (A) at the "<cr> if OK, (C)hange Time, (A)nother Day or (N)o" prompt, you will be taken back to the "<cr> if OK, (C)hange Time, (A)nother Day or (N)o" prompt.

(or)

Enter (N)o to take you to the "Provider" prompt to choose another path of schedule display.

A B C D F I S O R M E Enter Option or Function Key:

Enter (A) to allocate time for the patient within the scheduled time chosen.

(or)

Move the left or right arrow key to position the highlight (reverse video) display over the (A) and press the return key. This will allow you to allocate time for the patient within the scheduled time chosen, also.

> Entry: Alphabetic (01) Required Input

Time

Enter the time the patient appointment is to begin. (eg: 1130A = 11:30AM, 145P = 1:45PM, 1420 = 2:20PM) NOTE: Entering a time value without indicating "A" or "P" will assume military time entered where 0 (12:00 Midnight) through 2359 (11:30 PM) is valid. Also, the system will allow scheduling within the times designated as unavailable.

(or)

Press the return key at this prompt to return you to the option line.

> Entry: Numeric + "A", "P", "M", ":" (01 - 07) Required Input

Patient

Enter the patient number.

(or)

Enter the patient name. (eg: Partial last name or Full last name and partial first name divided by a comma ",".) If a lastname,firstname entry is made and the specified patient is not registered, the appointment can still be made, and the patient will be considered a "new" patient. Registration of the patient will occur at the time of visit.

(or)

Enter the alternate index for displaying a patient by entering "-" and the identification code. (eg: Social Security Number: -555112222)

(or)

Press the return key to take you back to the "Time" prompt.

> Entry: Alphanumeric + "-" (01 - 30)

<lf> to Browse, <cr> if OK or (N)o

Press the linefeed key <lf> to Browse for the desired patient.

(or)

Press the return key if the desired patient is displayed.

(or)

Enter (N)o to indicate the patient displayed is not the one desired. You will be returned to the "Patient" prompt.

> Entry: Alphabetic (01)

Reason for Visit

Enter the reason for the patient's visit to the provider.

> Entry: Alphanumeric (30)

Length

Enter the length of time to be allocated for this visit. The time is allocated in either Units or Minutes, and minutes is the default value. (eg: 10U = 10 units of time, 20M = 20 minutes of time) If you choose "Units" of time the system will translate the units into minutes of time for the schedule. (ie: Each unit of time may equal 5 minutes)

(or)
Press <cr> to accept the default length as defined in the business parameter file line 66.
> Entry: Alphanumeric (04) Required Input

Phone
Enter a call-back telephone number where the patient can be reached.
(or)
Press the <lf> key to assume the phone number of the patient's account if the patient entered is already registered.
(or)
Press the return key to accept a blank value.
> Entry: Numeric (07 - 10)

<cr> if OK, (C)hange Time, (A)nother Day or (N)o
Press the return key to allocate the provider's time for this patient.
(or)
Enter (C) to Change the Time of the appointment. You will be taken back to the "Time" prompt to enter a new time and then to the "Length" prompt to enter a new length of time. You will then return to this prompt.
(or)
Enter (A) to choose Another Day for the appointment. You will be taken back to the "Date" prompt to choose another date, day and time of day for the appointment. You will follow the process from there.
(or)
Enter (N)o to indicate the appointment is not correctly allocated. You will be taken back to the "Time" prompt to enter another appointment.

NOTE: To exit the schedule press return at the "Time" prompt.

The operation of the (B)lock time, (O)pen time, (M)ark appointment, and (R)ebuild functions are described below.

The (B)lock time function is used to indicate that a specific time range on a given day is to be blocked out. The day for which the time is to be blocked out must have already been displayed. When you select this option, you will be asked for a starting time and a length. The time will then be indicated as blocked out (unavailable). This function can be used for when a provider's schedule changes, but his schedule has been allocated out for some time in the future.

The (O)pen time function is used to indicate that a specific time range on a given day is to be opened up. It is the opposite of the (B)lock time function, and operates in the same way. The day for which the time is to be opened up must have already been displayed. When you select this option, you will be asked for a starting time and a length. The time will then be indicated as open (available). This function can be used for when a provider's schedule changes, but his schedule has been allocated out for some time in the future.

The (M)ark appointment function is used to indicate that there is something special about a specific appointment. The appointment will then display with asterisks ("*") highlighted in the schedule. The day for

which the appointment is to be marked must have already been displayed. When you select this option, you will be asked for a starting time. The appointment scheduled for this time will be displayed and you will be given the opportunity to change the reason for visit. This function can be used for when a special piece of equipment is needed for an appointment, or to indicate a certain procedure will be performed, possibly indicating that no other such appointments should be made for the same day.

The (R)ebuild function is used to change the base structure of a day following a modification to a daily template. For example, suppose a provider normally had morning hours on Tuesday, but decided to change his schedule to be out of the office at that time, but his schedule has been allocated out for several months into the future. You can then change the Tuesday template to indicate this change. However, changing the template will not alter days already extended out. In order to make this change, you can use the (R)ebuild function for each day that has been extended out and is affected by the schedule change. Note that when the daily template is changed, the start and end times for the day MUST remain the SAME. Only changes in the description of the day's hours can be made. When you select this option you must have already displayed the schedule which is to be rebuilt.

* S C H E D U L E R E P O R T I N G R E Q U E S T *

WHAT IS THE SCHEDULE REPORTING REQUEST FUNCTION?

The scheduling reports are requested daily or as needed. Included in the scheduling reports are the following:

- Practitioner patient day sheet
- Chart pull list
- Delinquent account credit report
- Fee slip labels, complete fee slips (encounter forms)

A batch process will be submitted and produce the reports upon completion of the request.

HOW DO YOU GET TO THE SCHEDULE REPORTING REQUEST FUNCTION?

You access the Schedule Reporting Request function from Appointment Scheduling, PF2, or by entering 2.2.1.2 at any menu.

HOW DO YOU USE THE SCHEDULE REPORTING REQUEST FUNCTION?

The Schedule Reporting Request function permits only one option: Request Scheduling Reports.

HOW DO YOU CALL UP/RETRIEVE SCHEDULE REPORTING REQUEST INFORMATION?

Information can be retrieved through Printer Services once the request has been processed.

WHAT INFORMATION IS MAINTAINED IN THE SCHEDULE REPORTING REQUEST FUNCTION?

Each of the following information prompts related to a Schedule Report request are in bold type in the far left column of this section. Following the prompt will be a description of what it is used for, if and how it can receive input (> Entry:) and any variation of use depending on the option chosen, (eg: (AP)).

Request was found but job was not submitted to run
(A)dd to Request, (D)elete Request, (S)ubmit Request, or (C)ontinue ?

NOTE: This message will display upon entry into the Schedule Reporting Request function if a previous request was not completed.

Enter (A) to add the previous request.
(or)
Enter (D) to delete the previous request.
(or)

Enter (S) to submit the previous request.
(or)
Enter (C) to continue completing the previous request.

Start date
Enter a date to represent the beginning of the date range. The date must be greater than today's date.
> Entry: Numeric (06) Required Input

End date
Enter a date to represent the end of the date range. The date must be greater than today's date, and equal to or greater than the start date.
(or)
Press the return key to accept the default value of the "Start Date".
> Entry: Numeric (06) Required Input

D/E
Enter (E) for evening time.
(or)
Enter (D) for day time.
(or)
Press the return key to accept the value of Day.
> Entry: Alphabetic (01) Required Input

Provider
Enter the Provider identification code. The code will be validated in Provider Maintenance.
> Entry: Alphanumeric (02) Required Input

Print Schedule
Enter (Y) to print the schedule.
(or)
Enter (N) to not print the schedule.
(or)
Press the return key to accept the default value of No.
> Entry: Alphabetic (01) Required Input

Print Pull List
Enter (Y) to print the pull list.
(or)
Enter (N) to not print the pull list.
(or)
Press the return key to accept the default value of No.
> Entry: Alphabetic (01) Required Input

Print Order
Enter (P) for Patient Number order.
(or)
Enter (L) for alphabetical order by Last Name of patient.
(or)
Enter (T) for scheduled Time order.
(or)
Press the return key to accept the default value of Patient Number.
> Entry: Numeric (01) Required Input

Print Credit Report

Enter (Y) to print the daily credit report.
(or)
Enter (N) to not print the daily credit report.
(or)
Press the return key to accept the default value of No.
> Entry: Alphabetic (01) Required Input

Print Fee Slip Labels or Fee Slip

Enter (L) to print fee slip labels. You will be taken to "Starting Sequence Number" to continue.
(or)
Enter (F) to print fee slips.
(or)
Enter (N) to not print either.
(or)
Press the return key to accept the default value of No.
> Entry: Alphabetic (01) Required Input

Starting Sequence Number

Enter the starting sequence number for the labels to begin printing.
(or)
Press the return key to accept the number displayed in ( ) parenthesis.
> Entry: Numeric (01 - 10) Required Input

Enter Number of Extra (walk-in) Labels

Enter the number of extra labels to be used for walk-in patients.
(or)
Press return to accept a default value of 0000.
> Entry: Numeric (01 - 04) Required Input

NOTE: If you chose (L)abels at the "Print Fee Slip Labels or Fee Slip" prompt, you will be taken to the "OK to Submit (<Y>es or (N)o) ?" prompt after this prompt.

Letter ID

Enter the Letter Identification code for the letter to be used for generating fee slips. The code will be validated in the Letter Maintenance function.
> Entry: Alphanumeric (06) Required Input

Description

The description of the letter chosen at the "Letter ID" prompt will display.

OK to Submit (<Y>es or (N)o) ?

Enter (N) to void the request.
(or)
Enter (Y) to submit the request.
(or)
Press the return key to accept the default value of Yes.

Enter an Optional Heading for Report

Enter an optional heading (79 characters maximum) which will be included at the top of the report. This heading can be used to identify a special listing, or for any other purpose desired.

* S C H E D U L E T E M P L A T E M A I N T E N A N C E *

WHAT IS THE SCHEDULE TEMPLATE MAINTENANCE FUNCTION?

The scheduling function is based on an established pattern, or template for each day of the week, Monday through Sunday. Each day of the week may have a day and/or evening schedule, each of which can contain up to twelve hours. Each template can have Open Time (available for scheduling), Closed Time (not available for scheduling), or Preferred Type of Service Time (available for scheduling for specific purposes). Once the templates are created, they must be extended (via the Schedule Extend Maintenance function) through a future date, to establish the open or available time to be scheduled.

There are two options to the type of scheduling: room and provider. Room scheduling is the method most used by dentists. Provider scheduling is the method most used by physicians. To use room scheduling, a daily template must be defined for each room available for scheduling. Provider scheduling may have one set or multiple sets of templates for each day of the week. Provider and room scheduling may not both be used by an installation at the same time.

NOTE: The Firm and Provider Maintenance function must be completed for each provider, prior to completing this function. You must use the Schedule Extend Allocation function to extend the Schedule Template into the future before you can use the Schedule Maintenance function.

HOW DO YOU GET TO THE SCHEDULE TEMPLATE MAINTENANCE FUNCTION?

You access the Schedule Template Maintenance function from Appointment Scheduling, PF3, or by entering 2.2.1.3 at any menu.

HOW DO YOU USE THE SCHEDULE TEMPLATE MAINTENANCE FUNCTION?

The schedule template maintenance function permits several data manipulation options. The options are displayed at the bottom of the screen in the following manner:

A C D S O E Enter Option: __

Press the Left or Right Arrow keys to highlight the option or enter the letter of the option you want to access and press the return key. Other input allowed includes the "Help" key.

The following options are available:

A Add template information
D Display template information
C Change template information
S Scroll display of provider's daily templates
O Omit template information
E End - return to menu

HOW DO YOU CALL UP/RETRIEVE SCHEDULE TEMPLATE MAINTENANCE INFORMATION?

The (C), (D), and (O) options require a provider, day of week and time of day be called up, or retrieved. The "schedule you want" is selected at the "Provider", the "Day of Week" and "Day/Eve" screen prompt. Retrieval of schedule template information can be accomplished via entry of:

* The full provider identification code
    - The day of the week code
    - The time of day code

The (S) option requires a provider be called up, or retrieved. The "provider schedule you want" is selected at the "Provider" screen prompt. Retrieval of schedule template information can be accomplished via entry of:

* The full provider identification code

WHAT INFORMATION IS MAINTAINED IN SCHEDULE TEMPLATE MAINTENANCE?

Each of the following information prompts related to a Schedule Template are in bold type in the far left column of this section. Following the prompt will be a description of what it is used for, if and how it can receive input (> Entry:) and any variation of use depending on the option chosen, (eg: (AP)).

Provider

Enter the valid provider identification code. The code is validated in "Firm and Provider Maintenance" function.

> Entry: Alphanumeric (01 - 02) Required Input

Day of Week

Enter the day of the week identification code for the template.

<1> Monday (2) Tuesday (3) Wednesday (4) Thursday
(5) Friday (6) Saturday (7) Sunday
(or)

Press the return key to accept the default value of 1 - Monday.

> Entry: Numeric (01) Required Input

Day/Eve

Enter (D) for the Daytime.
(or)
Enter (E) for the Evening time.
(or)
Press the return key to accept the default value of Day.

> Entry: Alphabetic (01) Required Input

Template already exists for given day - cannot add <cr>

This message will display if the template exists. Press the return key to continue from the "Provider: prompt. The template can be changed or omitted.

Start of Day

Enter the time the template record is to begin. (eg: 1130A = 11:30AM, 145P = 1:45PM) NOTE: Pressing the return key without indicating "A" or "P" will assume military time where 0 (12:00 Midnight) through 2359 (11:59 PM) is valid.

> Entry: Numeric (01 - 07) Required Input
+ "A", "P", "M", ":"

End of Day

Enter the time the template record is to end. (eg: 1130A = 11:30AM, 145P = 1:45PM)

> Entry: Numeric (01 - 07) Required Input
+ "A", "P", "M", ":"

Enter Times to be Categorized

Start Time

Enter the specific beginning time within the template record to be designated for a specific activity such as surgery, allergy patients... (eg: 1130A = 11:30AM, 145P = 1:45PM).

(or)

Press the return key to take you to the "OK to Add ? (<Y>es or (N)o)" prompt.

> Entry: Numeric (01 - 07) Required Input
+ "A", "P", "M"

End Time

Enter the specific ending time within the template record to be designated for a specific activity, such as surgery, allergy patients... (eg: 1130A = 11:30AM, 145P = 1:45PM).

> Entry: Numeric (01 - 07) Required Input
+ "A", "P", "M"

Time Code

Enter a single character (A - Z) to indicate the type of time designation. If code is on file you will proceed to "(O)pen or (C)losed Time" prompt.

(or)

Press the return key to view the codes available on file. Then enter the specific Time Code (A - Z). If code is on file you will proceed to "(O)pen or (C)losed Time" prompt.

> Entry: Alphabetic (01) Required Input

Code not in file - Do you want to add it ? (Y or <N>)

Enter (N) to return you to the "Time Code" prompt.

(or)

Enter (Y) to add the new code to the template code file.

(or)

Press the return key to accept the default value of No.

> Entry: Alphabetic (01) Required Input

Enter Meaning of Code

Enter the description of the new type of time code.
(or)
Press the return key to return you to the "Time Code" prompt.

> Entry: Alphanumeric (16) Required Input

(O)pen or (C)losed Time

Enter (O) to designate this type of time is open and available for scheduling patients.
(or)
Enter (C) to designate this type of time is closed and unavailable for scheduling patients.

> Entry: Alphabetic (01) Required Input

OK to Add ? (<Y>es or (N)o)

NOTE: This question refers to the addition of the type of time code.
Enter (Y) to add the record. You will be returned to the "Start Time" prompt to enter the next time record.
(or)
Enter (N) to void the record. You will be taken to the "Start Time" prompt.
(or)
Press the return key to accept the default value of Yes.

> Entry: Alphabetic (01) Required Input

OK to Add ? (<Y>es or (N)o)

Enter (Y) to add the template record. You will be taken to the "Provider" prompt to enter a new template record.
(or)
Enter (N) to void the template record. You will be taken to the "Provider" prompt to enter a new template record.
(or)
Press the return key to accept the default value of Yes.

> Entry: Alphabetic (01) Required Input

* S C H E D U L E E X T E N D A L L O C A T I O N *

WHAT IS THE SCHEDULE EXTEND ALLOCATION FUNCTION?

The schedule extend allocate function applies the daily templates defined for a provider or room to a time in the future. When a template is applied to the future, the dates allocated are locked out. Once the dates are locked out, attempted template changes using this option will have no effect. The system will provide notification of the last date currently allocated and ask for the date to extend the provider schedule.

HOW DO YOU GET TO THE SCHEDULE EXTEND ALLOCATION FUNCTION?

You access the Schedule Extend Allocation function from Appointment Scheduling, PF4, or by entering 2.2.1.4 at any menu.

HOW DO YOU USE THE SCHEDULE EXTEND ALLOCATION FUNCTION?

The Schedule Extend Allocation function permits several data manipulation options. The options are displayed at the bottom of the screen in the following manner:

A S E Enter Option: __

Press the Left or Right Arrow keys to highlight the option or enter the letter of the option you want to access and press the return key. Other input allowed includes the "Help" key.

The following options are available:

A Add information
S Scroll display
E End - return to menu

HOW DO YOU CALL UP/RETRIEVE SCHEDULE EXTEND ALLOCATION INFORMATION?

You are not required to call up/retrieve any information prior to using the (S)croll option. The scroll of information is automatic.

WHAT INFORMATION IS MAINTAINED IN SCHEDULE EXTEND ALLOCATION?

Each of the following information prompts related to the Schedule Extend Allocation functin are in bold type in the far left column of this section. Following the prompt will be a description of what it is used for, if and how it can receive input (> Entry:) and any variation of use depending on the option chosen, (eg: (AP)).

Provider

Enter the valid provider identification code. The code is verified in the "Firm and Provider Maintenance" function.

> Entry: Alphanumeric (01 - 02) Required Input

No Records Found - Enter Date to Start - <cr> = Current Date

Enter the first date to begin the schedule template for the provider.

(or)

Press the return key to accept the value of the Current Date.

> Entry: Numeric (06) Required Input

Must have at least one template to schedule from <cr>

This message indicates a template does not exist for this provider. You must proceed to the "Schedule Template" function to create a template for this provider before continuing the "Schedule Extend Allocation" function for this provider.

Press the return key. You will be taken back to the "Provider" prompt.

Scheduling will commence

This prompt will display the date and day the schedule will begin.

When do you wish to End ?

Enter the last date to use the schedule template for the provider.
NOTE: You will receive the following message if the end date entered is in excess of what has been defined as the maximum allowable length of time to extend during system initialization :"Date range unacceptable - End must be 1 day to xxx months from Start <cr>"

(or)

Press the return key to return you to the "Provider" prompt.

> Entry: Numeric (06) Required Input

Working !

Allocating

The system is allocating the time and date range for the schedule template.

Provider xx is scheduled up to xx-xx-xx <cr>

Press the return key to return you to the "Provider" prompt.
You will be returned to the "Provider" prompt to enter the next record.

* R E C A L L   M A I N T E N A N C E *

WHAT IS THE RECALL MAINTENANCE FUNCTION?

The Recall function permits a one time or periodic generation of recall notices to patients. This may be for those who require special or preventive services, annual visits for follow-up visits, or for any other reason. The Recall options include:

* Patient recall maintenance
* Recall notice request

The recall maintenance option permits the user to define a single recall or a periodic recall schedule for a patient. The patient must be an established patient. Recall notices are generated on request for all patients within a selected recall date range. Patient recalls can also be entered via the patient service entry routine if the recall prompt option is activated during system installation.

It is during the patient service entry process that the operator is notified of a pending recall and can indicate whether the visit being entered satisfies the recall reason.

If the scheduling option is active, the question of whether a scheduled appointment will satisfy a pending recall will be asked.

Recall notices will continue to print for a patient until the patient either visits the office and the recall is subsequently marked as having been satisfied, or the number of notices sent reaches a maximum number defined by the user. If the patient receives the maximum number of notices without responding, that patient will be included in the missed recall list and the recall will then be deleted from the recall system. The length of time between recall notices is defined by an office parameter during system installation.

Scheduled and/or pending recalls can optionally be included on monthly statements as reminders. Also, an optional history note can be generated when a recall is sent or missed.

HOW DO YOU GET TO THE RECALL MAINTENANCE FUNCTION?

You access the Recall Maintenance function from Main Menu #2, PF3, or by entering 2.3.1.1 at any menu.

HOW DO YOU USE THE RECALL MAINTENANCE FUNCTION?

The recall maintenance function permits several data manipulation options. The options are displayed at the bottom of the screen in the following manner:

```
A  C  D  O  E    Enter Option: __
```

Press the Left or Right Arrow keys to highlight the option or enter the letter of the option you want to access and press the return key. Other input allowed includes the "Help" key.

The following options are available:

A Add a patient recall
C Change patient recall information
D Display patient recall information
O Omit a patient recall
E End - return to menu

HOW DO YOU CALL UP/RETRIEVE RECALL INFORMATION?

The (D), (C) and (O) options require a patient be called up, or retrieved. The "patient you want" is selected at the "Patient" screen prompt. Retrieval of patient information can be accomplished via entry of:

* The patient number (eg: 41)
* The patient full last, first name (eg: Moore,Jane)
* Patient last and part of first name (eg: Moore,J)
* Part of patient last name (eg: Moor)
* Forward browse retrieval is performed by using the down arrow or <lf> linefeed keys.

WHAT INFORMATION IS MAINTAINED IN RECALL MAINTENANCE?

Each of the following information prompts related to Recall Maintenance are in bold type in the far left column of this section.
Following the prompt will be a description of what it is used for, if and how it can receive input (> Entry:) and any variation of use depending on the option chosen, (eg: (AP)).

Patient

This prompt is used for identification and retrieval purposes only. See "How do You Call Up/Retrieve Recall Information?" section of this chapter for instructions.

Name

This prompt is used for identification purposes only. It displays automatically with the patient data.

Addr

This prompt is used for identification purposes only. It displays automatically with the patient data.

<lf> for next Patient, <C>ontinue, or (N)o
Press the <lf> key to browse patients.
(or)
Enter a "C" or press the Return key to accept this patient.
(or)
Enter "N" to start the search process over again.
> Entry: Alphabetic (01) Required Input

Date of Next Recall
Enter the date the patient needs to be recalled for treatment.
> Entry: Numeric (06) Required Input

Reason for Recall
Enter the reason, diagnosis or description of treatment for which the patient needs to return.
> Entry: Alphanumeric (30) Required Input

Frequency of Recall
Enter the number of times the patient is to be recalled for treatment followed by the frequency indicator listed below. (eg: xxxW)
(D)ay (M)onth (0)zero = One time
<W>eek (Y)ear
> Entry: Alphanumeric (04) Required Input

Recall Scheduled
Enter (Y) to indicate the patient's recall visit is scheduled. You will be taken to the "Date (<cr> = xx-xx-xx)" prompt.
(or)
Enter (N) to indicate the visit is not scheduled. You will be taken to the "Provider (xx)" screen prompt.
(or)
Press the return key to accept the default of <N>o.
> Entry: Alphabetic (01) Required Input

Date (<cr> = xx-xx-xx)
Enter the date of the scheduled recall visit if your response to the "Recall Scheduled" prompt was yes.
(or)
Press the return key to accept the value displayed in the ( ) parenthesis.
> Entry: Numeric (06) Required Input

Provider (xx)
Enter the provider identification code. Input is validated in Firm and Provider Maintenance.
(or)
Press the return key to accept the value displayed in ( ) parenthesis.
> Entry: Alphanumeric (02) Required Input

Base Date for Next Recall
Enter the date from which each subsequent visit should be calculated for a recall. The next recall can be based on the original recall date or on each visit date. If there is a specific treatment plan the patient is following where visits MUST be firmly adhered to, the Recall date should be chosen. Otherwise, recalls would more

likely be based on actual visits.
(V)isit Date (R)ecall Date
> Entry: Alphabetic (01) Required Input

Number of Notices Sent (Display Option Only)
This prompt will display the number of recall notices sent to this patient for this recall reason when using the "Display" option.

Ok to Add? (<Y>es or (N)o)
Enter (Y) to add the recall maintenance record. You will be taken back to the "Patient" screen prompt to enter the next record.
(or)
Enter (N) to void entry of the recall maintenance record. You will be taken back to the "Patient" screen prompt to enter the next record.
(or)
Press the return key to accept the default of <Y>.

* R E C A L L N O T I C E R E Q U E S T *

WHAT IS THE RECALL NOTICE REQUEST FUNCTION?

The recall notices report is generated upon request. The recall notice can be produced using a variety of form type formats:

- Data mailer
- Address labels
- Recall listing
- Recall letter

HOW DO YOU GET TO THE RECALL NOTICE REQUEST FUNCTION?

You access the Recall Notice Request function from Patient Recall, PF2, or by entering 2.3.1.2 at any menu.

HOW DO YOU USE THE RECALL NOTICE REQUEST FUNCTION?

The recall notice request function permits only the request option.

HOW DO YOU CALL UP/RETRIEVE RECALL NOTICE REQUEST INFORMATION?

The recall notice request function validates the "Date of Next Recall" date against the "Include Recalls up through Date" requested to produce the output format requested.

WHAT INFORMATION IS ENTERED IN THE RECALL NOTICE REQUEST FUNCTION?

Each of the following information prompts related to Recall Notice are in bold type in the far left column of this section.
Following the prompt will be a description of what it is used for, if and how it can receive input (> Entry:) and any variation of use depending on the option chosen, (eg: (AP)).

Include Recalls up through Date
Enter the recall cutoff date.
> Entry: Numeric (06) Required Input

Enter Provider ID or (*) for All
Enter the provider identification code for the provider sending out recall notices. Input is validated in Firm and Provider Maintenance.
(or)
Enter (*) for notices to be produced for the patients of ALL providers.
> Entry: Alphanumeric (02) Required Input

Form Type

Enter the type of form to be produced for the recall notices.

(M)ailer - will automatically place a (N)o response in the "Update the number of notices sent ?" prompt. You will be taken to the "Recalls to be included ?" prompt.

(LA)bels - will automatically place a (N)o response in the "Update the number of notices sent ?" prompt. You will be taken to the "Recalls to be included ?" prompt.

(LE)tter - will automatically place a (N)o response in the "Update the number of notices sent ?" prompt. You will be taken to the "Letter ID" prompt.

(R)eport - You will be taken to the "Update the number of notices sent ?" prompt.

> Entry: Alphabetic (02) Required Input

Letter ID

Enter the Letter identification code for the recall notice function to use in producing the notices. The input is validated against the codes in Letter Maintenance function.

(or)

Press the return key to take you back to the "Form Type" prompt for input.

> Entry: Alphanumeric (06) Required Input

Description

This prompt will automatically display the description of the Letter ID entered in the previous prompt.

Ok to Use this Letter? (<Y>es or (N)o)

Enter (Y) if the letter is the desired choice.

(or)

Enter (N) to void the choice. You will be taken back to the "Letter ID" prompt.

(or)

Press the return key to accept the default of <Y>.

Update the number of notices sent?

Enter (Y) to update the number of notices sent.

(or)

Enter (N)o to NOT update the number of notices sent.

(or)

Press the return key to accept a default of <N>.

> Entry: Alphabetic (01) Required Input

Recalls to be included?

Enter the type of recalls to be included in this request.

(U)nscheduled recalls

(S)cheduled recalls

<B>oth scheduled and unscheduled recalls

> Entry: Alphabetic (01) Required Input

Ok to Submit? (<Y>es or (N)o)

Enter (Y) to submit the request to the batch processor.
(or)
Enter (N) to void the request.
(or)
Press the return key to accept the default of <Y>.

Enter an Optional Heading for Report

Enter an optional heading (79 characters maximum) which will be included at the top of the report. This heading can be used to identify a special listing, or for any other purpose desired.

* A C C O U N T L I S T I N G R E Q U E S T O P T I O N S *

WHAT IS THE ACCOUNT LISTING REQUEST OPTIONS FUNCTION?

The account listing request functions will generate a request to produce listings in requested formats for analysis of account information. These reports are requested on demand by the operator. The account report specifications are chosen through the following request dialogue:

* Output media: report or letter
* Order of report: account last name or number
* Classifier selection: with any or all of the classifers specified
* Include balance information
* Balance types to include; asked if balances are included
* Type of list: regular or short; short is only asked if balances and insurance were not selected; a regular report prints all account information (name, address, phone numbers); a short account listing is only a single line with the name, address, and (optionally) classifiers printed
* Include insurance information
* Include aging information
* If a short listing is requested, are classifiers to be printed
* Number of copies to print

Single or multiple requests may be made and displayed.

HOW DO YOU GET TO THE ACCOUNT LISTING REQUEST OPTIONS FUNCTION?

You access the Account Listing Request Options function from Business File Reporting #1, PF1 or by entering 2.4.1.1 at any menu.

HOW DO YOU USE THE ACCOUNT LISTING REQUEST OPTIONS FUNCTION?

The Account Listing Request Options function permits two data manipulation options. The options are displayed at the bottom of the screen in the following manner:

A D E Enter Option: __

Press the Left or Right Arrow keys to highlight the option or enter the letter of the option you want to access and press the return key. Other input allowed includes the "Help" key.

The following options are available:

A Add a request for an account listing
D Display pending requests
E End - return to menu

HOW DO YOU CALL UP/RETRIEVE ACCOUNT LISTING REQUEST INFORMATION?

The Account Listing Request function does not require specific information be called up, or retrieved. Enter (D) at the option line to scroll Account Listing Requests on file.

HOW IS REPORT INFORMATION REQUESTED FROM ACCOUNT LISTING REQUEST FUNCTION?

Each of the following information prompts related to an Account Listing request are in bold type in the far left column of this section. Following the prompt will be a description of what it is used for, if and how it can receive input (> Entry:) and any variation of use depending on the option chosen, (eg: (AP)).

Job currently executing - try later ! <cr>

This is an informational message which indicates that there is a batch job currently executing to produce an account listing. You must wait until the job completes to request another listing.

Request was Found but job was not submitted to run.
(A)dd to Request, (D)elete Request, (S)ubmit Request or (C)ontinue ?

This message indicates that a request for a listing was found, but no batch job was executing or pending.

Enter (A) to add to the existing request (and submit the job).
(or)
Enter (D) to delete the existing request (and request a new one).
(or)
Enter (S) to submit the existing request without adding to it.
(or)
Enter (C) to continue on without submitting a request and return to the menu.

Job previously submitted - Add to Existing Request ? (<Y>es or (N)o)

This message indicates that there is a batch job currently pending to produce an account listing. You are allowed to add to the existing request.

Enter (Y) to add to the existing request.
(or)
Enter (N) to return to the menu.
(or)
Press the return key to accept the default answer of Yes.

(H)ard Copy or (L)etter

Enter (H) for a Hard Copy. This will take you to the "Order of Listing" prompt.
(or)
Enter (L) for a Letter. This will take you to the "Letter ID" prompt in the "Letter Request" section of this document.

> Entry: Alphabetic (01) Required Input

Order of Listing

Enter (1) for listing to be produced in Account Number order.
(or)
Enter (2) for listing to be produced in Account Last Name order.
(or)
Press the return key to accept the default value of 1.

> Entry: Numeric (01) Required Input

Types of Accounts to Include

Enter (A) for only Active accounts to be included in the listing.
(or)
Enter (I) for only Inactive accounts to be included in the listing.
(or)
Enter (B) for both Active and Inactive accounts to be included in the listing.
(or)
Press the return key to accept the default value of Active.

> Entry: Alphabetic (01) Required Input

Specific Classifier ?

Enter (N) to indicate selection will not be by specific classifier(s). You will be taken to the "Include Balances" prompt.
(or)
Enter (Y) to indicate selection by specific classifier(s). You will be taken to the "Include with ANY of these Classifiers" prompt in the "Include Classifiers Section" of this document.
(or)
Press the return key to accept the default value of No.

> Entry: Alphabetic (01) Required Input

Include Balances ?

Enter (Y) to indicate balance information is to be included in the listing.
(or)
Enter (N) to indicate NO balance information is to be included in the listing. You will be taken to the "(<R>)egular or (S)hort List ?" prompt.
(or)
Press the return key to accept the default value of Yes.

> Entry: Alphabetic (01) Required Input

Balance Amounts to Include ?

Enter (A) to include all account balances.
(or)
Enter (C) for only negative PR balance accounts.
(or)

Enter (P) for only PR balance accounts greater than zero.
(or)
Enter (T) for only TPR balance accounts greater than zero.
(or)
Enter (E) for only PR or TPR balance accounts greater than zero.
(or)
Enter (-) for only negative TPR balance accounts.
(or)
Press the return key to accept the default value of <A>ll

You will be taken to the "Print Totals" prompt.
> Entry: Alphabetic (01) Required Input

Print Totals ?

Enter (Y) to indicate that balance totals ARE to be printed on the listing.
(or)
Enter (N) to indicate that balance totals are NOT to be printed on the listing.
(or)
Press the return key to accept the default value of Yes.
> Entry: Alphabetic (01) Required Input

NOTE: This prompt will only appear if you specified some value for Include Classifiers.

(<R>)egular or (S)hort List ?

Enter (R) for the Regular length version of the listing to print. You will be taken to the "Include Insurance Info ?" prompt. Information included on a Regular listing consists of:

- Account number and name
- Account address, city, state, zip, home phone, and work phone
- Account status (Active/Inactive) and classifiers
- Employer
- Account balance, aging, services to date, last statement amount, both personal and third party
- Last payment date, and payment amount this month, both personal and third party
- Insurance policy information

(or)
Enter (S) for the Short length version of the listing to print. You will be taken to the "Print Classifiers" prompt. Information included on a Short listing consists of:

- Account number and name
- Account address
- Classifiers

(or)
Press the return key to accept the default value of Regular.
> Entry: Alphabetic (01) Required Input

Include Insurance Info ?

Enter (Y) to include Insurance information in the listing.
(or)
Enter (N) to indicate NO Insurance information is to be included in the listing.
(or)
Press the return key to accept the default value of Yes.

> Entry: Alphabetic (01) Required Input

Include Aging Info ?

Enter (Y) to include Aging information in the listing. You will be taken to the "Copies ? (<1>-4)" prompt.
(or)
Enter (N) to indicate NO Aging information is to be included in the listing.
(or)
Press the return key to accept the default value of Yes.

> Entry: Alphabetic (01) Required Input

Print Classifiers

Enter (Y) to indicate that Classifiers ARE to be printed on the listing.
(or)
Enter (N) to indicate that Classifiers are NOT to be printed on the listing.
(or)
Press the return key to accept the default value of Yes.

> Entry: Alphabetic (01) Required Input

Copies ? (<1>-4)

Enter (1) or (2) or (3) or (4) to indicate the number of copies of the listing to be printed.
(or)
Press the return key to accept the default value of 1.

> Entry: Numeric (01) Required Input

OK to Add ? (<Y>es or (N)o)

Enter (Y) to Add the report request. You will be taken to the option line to select an option.
(or)
Enter (N) to void the report request. You will be taken to the option line to select an option.
(or)
Press the return key to accept the default value of Yes.

> Entry: Alphabetic (01) Required Input

Letter Request Section

Letter ID

Enter the Letter Identification code for the letter to be printed.

> Entry: Alphanumeric (06) Required Input

Description

This field will display the description of the Letter ID only.

Include Classifiers Section

Include with ANY of these Classifiers

Enter a series of Classifier codes. Accounts with ANY of the classifiers entered in this field will be included in the listing, regardless of other classifiers on the account.
NOTE: This field will repeat until you press the return key to signal the Care/DM system you are ready to continue to the next prompt.

> Entry: Alphanumeric (03)

Include with ALL of these Classifiers

Enter a series of Classifier codes. Accounts with ALL of the classifiers entered in this field will be included in the listing, regardless of other classifiers on the account.
NOTE: This field will repeat until you press the return key to signal the Care/DM system you are ready to continue to the next prompt.

> Entry: Alphanumeric (03)

Exclude with ANY of these Classifiers

Enter a series of Classifier codes. Accounts with ANY of the classifiers entered in this field will be excluded from the listing, regardless of other classifiers on the account.
NOTE: This field will repeat until you press the return key to signal the Care/DM system you are ready to continue to the next prompt.

> Entry: Alphanumeric (03)

Exclude with ALL of these Classifiers

Enter a series of Classifier codes. Accounts with ALL of the classifiers entered in this field will be excluded from the listing, regardless of other classifiers on the account.
NOTE: This field will repeat until you press the return key to signal the Care/DM system you are ready to continue to the next prompt.

> Entry: Alphanumeric (03)

Enter an Optional Heading for Report

Enter an optional heading (79 characters maximum) which will be included at the top of the report. This heading can be used to identify a special listing, or for any other purpose desired.

* P A T I E N T L I S T I N G R E Q U E S T O P T I O N S *

WHAT IS THE PATIENT LISTING REQUEST OPTIONS FUNCTION?

There are two version of the patient file report, a general and specific search.

The General patient report will request specification of the following options in the request dialogue:

* Output media: report or letter
* Order of report: patient last name or patient number or or account number or birthdate
* Specific provider
* Specific birth month and year
* Type of list: regular or short; a regular report consists of all patient information (name, address, sex, birthdate); a short report is similiar to a phone directory, a single line including the name and address only is printed
* Number of copies to print
* Include patient recall file
* Single or multiple requests can be made and displayed.

The Specific patient report will include patients meeting ALL the selection criteria entered. The selection dialogue includes:

* Multiple age ranges
* Sex
* Marital Status
* City
* Zip Code
* Multiple Diagnosis and Procedures
* Referring provider
* Patient provider
* Service volume ($) to date
* Last visit date range
* Hospital admission date range
* Hospital discharge date range
* Service transactiontypes to report
* Account classifiers
* Diagnosis and Procedure code combinations
* Type-of-Service code
* Insurance company
* Location of service
* Report order: patient number, age, name, marital status, referring provider, provider

HOW DO YOU GET TO THE PATIENT LISTING REQUEST OPTIONS FUNCTION?

You access the Patient Listing Request Options function from Business File Reporting #1, PF2, or by entering 2.4.1.2 at any menu.

HOW DO YOU USE THE PATIENT LISTING REQUEST OPTIONS FUNCTION?

The Patient Listing Request Options function permits several data manipulation options. The options are displayed at the bottom of the screen in the following manner:

A P D E Enter Option: __

Press the Left or Right Arrow keys to highlight the option or enter the letter of the option you want to access and press the return key. Other input allowed includes the "Help" key.

The following options are available:

A To make a General Search Report request
P Patient Search Report, Specific Search
D Display General report requests awaiting processing
E End - return to menu

HOW DO YOU CALL UP/RETRIEVE PATIENT LISTING REQUEST INFORMATION?

The Patient Listing Request function does not require specific information be called up, or retrieved. Enter (D) at the option line to scroll Patient Listing Requests on file.

HOW IS INFORMATION REPORTED FROM PATIENT LISTING REQUEST FUNCTION?

Each of the following information prompts related to a Patient Listing request are in bold type in the far left column of this section. Following the prompt will be a description of what it is used for, if and how it can receive input (> Entry:) and any variation of use depending on the option chosen, (eg: (AP)).

Job currently executing - try later ! <cr>

This is an informational message which indicates that there is a batch job currently executing to produce a patient listing. You must wait until the job completes to request another listing.

Request was Found but job was not submitted to run.

(A)dd to Request, (D)elete Request, (S)ubmit Request or (C)ontinue ?

This message indicates that a request for a listing was found, but no batch job was executing or pending.

Enter (A) to add to the existing request (and submit the job).
(or)
Enter (D) to delete the existing request (and request a new one).
(or)
Enter (S) to submit the existing request without adding to it.
(or)
Enter (C) to continue on without submitting a request and return to the menu.

Job previously submitted - Add to Existing Request ? (<Y>es or (N)o)

This message indicates that there is a batch job currently pending to produce a patient listing. You are allowed to add to the existing request.

Enter (Y) to add to the existing request.
(or)
Enter (N) to return to the menu.
(or)
Press the return key to accept the default answer of Yes.

(H)ard Copy or (L)etter

Enter (H) for a Hard Copy. This will take you to the "Order of Listing" prompt.
(or)
Enter (L) for a Letter. This will take you to the "Letter ID" prompt in the "Letter Request" section of this document.

> Entry: Alphabetic (01) Required Input

Order of Listing

Enter (1) for listing to be produced in Patient Number order. You will be taken to the "Specific Provider ((Y)es or <N>o)" prompt.
(or)
Enter (2) for listing to be produced in Account Number order. You will be taken to the "Specific Provider ((Y)es or <N>o)" prompt.
(or)
Enter (3) for listing to be produced in Patient Last Name order. You will be taken to the "Specific Provider ((Y)es or <N>o)" prompt.
(or)
Enter (4) for listing to be produced in Birthdate order.
(or)
Enter (5) for listing to be produced in Social Security Number order. You will be taken to the "Specific Provider ((Y)es or <N>o)" prompt.
(or)
Press the return key to accept the default value of 1.

> Entry: Numeric (01) Required Input

Enter Start Selection Date

Enter the beginning birthdate of patients to include in the report.
(or)
Press the return key to accept the default value of FIRST.

> Entry: Numeric (06) Required Input

NOTE: This prompt will only appear if the report order chosen was 4 (birthdate order).

End Date

Enter the ending birthdate of patients to include in the report.
(or)
Press the return key to accept the default value of LAST.

> Entry: Numeric (06) Required Input

NOTE: This prompt will only appear if the report order chosen was 4 (birthdate order).

Specific Provider ((Y)es or <N>o)

Enter (Y) to select a specific provider. Only those patients assigned to that provider will be included on the report.
(or)
Enter (N) to not select a specific provider.
(or)
Press the return key to accept the default value of LAST.

> Entry: Alphabetic (01) Required Input

Provider

Enter the specific provider identification number.
(or)
Press the return key to take you back to the "Specific Provider ((Y)es or <N>o)" prompt.

> Entry: Alphanumeric (02) Required Input

(A)ctive (I)nactive or <B>oth

Enter (A) for all Active Patients to be included in the listing.
(or)
Enter (I) for all Inactive Patients to be included in the listing.
(or)
Enter (B) for both Active and Inactive Patients to be included in the listing.
(or)
Press the return key to accept the default value of Both.

> Entry: Alphabetic (01) Required Input

(<R>)egular or (S)hort List ?

Enter (R) for the Regular length version of the list to print. You will be taken to the "Include Insurance Info ?" prompt.
(or)
Enter (S) for the Short length version of the list to print.
(or)
Press the return key to accept the default value of Regular.

> Entry: Alphabetic (01) Required Input

Copies ? (<1> - 4)

Enter (1) or (2) or (3) or (4) to indicate the number of copies of the listing to be printed.

(or)

Press the return key to accept the default value of 1.

> Entry: Numeric (01) Required Input

OK to Add ? (<Y>es or (N)o)

Enter (Y) to Add the report request. You will be taken to the option line to select an option.

(or)

Enter (N) to void the report request. You will be taken to the option line to select an option.

(or)

Press the return key to accept the default value of Yes.

> Entry: Alphabetic (01) Required Input

Enter an Optional Heading for Report

Enter an optional heading (79 characters maximum) which will be included at the top of the report. This heading can be used to identify a special listing, or for any other purpose desired.

Request MD600.CTL Placed in VMS SYS$BATCH Queue <cr>

This message indicates a request for a General report has been submitted to batch. Press the return key to take you to the Care/DM menu.

Letter Request Section

Letter ID

Enter the Letter Identification code for the letter to be printed.

(or)

Enter a "?" to list available letters.

> Entry: Alphanumeric (06) Required Input

Description

This field will display the description of the Letter ID only.

OK to use this letter ? (<Y>es or (N)o)

Enter (Y) to accept the letter identification and description.

(or)

Enter (N) to void the letter identification and enter a different choice.

(or)

Press the return key to accept the default value of <Y>es.

HOW IS INFORMATION REPORTED FROM THE PATIENT SEARCH CRITERIA FUNCTION?

Each of the following information prompts related to a Patient Listing request are in bold type in the far left column of this section. Following the prompt will be a description of what it is used for, if and how it can receive input (> Entry:) and any variation of use depending on the option chosen, (eg: (AP)).

Age Range Selection

Enter the beginning age for the patient search in the first three ###. Then press the return key and enter the ending age for the patient search in the last three ###.

NOTE: You can enter up to 5 different age ranges. Press the return key at the ###-### prompt to continue when you are searching less than 5 age ranges.

> Entry: Numeric (03 each) Required Input

Sex

Enter the sex of the patients to be reported.

(M)ale (F)emale <A>ll

> Entry: Alphabetic (01) Required Input

Marital Status

Enter the marital status of the patients to be reported.

(M)arried (S)ingle (D)ivorced <A>ll
(W)idowed (X)Separated (U)nknown

> Entry: Alphabetic (01) Required Input

City

Enter the city of the patients to be reported.
(or)
Press the return key to accept a blank value.

> Entry: Alphanumeric (01 - 16)

Zip Code

Enter the zip code of the patients to be reported.
(or)
Press the return key to accept a blank value indicating all zipcodes are to be considered.

> Entry: Numeric (01 - 05)

Referring

Enter the referring provider identification.
(or)
Press the return key to accept the default value of All.

> Entry: Numeric (01 - 07) Required Input

Provider

Enter a specific provider identification code. The patient's assigned provider will be used as the selection criteria, unless specific procedures/diagnoses are selected below. In this case, you will be asked whether to use the assigned or service provider.
(or)
Press the return key to accept the default value of All.

> Entry: Numeric (02) Required Input

NOTE: See the "Use <A>ssigned or (S)ervice Provider for Selection" prompt below.

Service $

Enter the services to date amount. Patients must have services to date greater than or equal to this amount to be included.
(or)
Press the return key to accept the default value of 0.00.
> Entry: Numeric (01 - 07) Required Input

Last Visit

Enter the Beginning Date of the patient visits to be reported.
(or)
Press the return key to accept the default value of First.
> Entry: Numeric (06) Required Input

to

Enter the Ending Date of the patient visits to be reported.
(or)
Press the return key to accept the default value of Last.
> Entry: Numeric (06) Required Input

Admission

Enter the Beginning Date for Admissions to be reported.
(or)
Press the return key to accept the default value of First.
> Entry: Numeric (06) Required Input

to

Enter the Ending Date for Admissions to be reported.
(or)
Press the return key to accept the default value of Last.
> Entry: Numeric (06) Required Input

Discharge

Enter the Beginning Date for Discharges to be reported.
(or)
Press the return key to accept the default value of First.
> Entry: Numeric (06) Required Input

to

Enter the Ending Date for Discharges to be reported.
(or)
Press the return key to accept the default value of Last.
> Entry: Numeric (06) Required Input

Diagnosis/Procedure Code

Enter the diagnosis and/or procedure code(s) to be reported. You can enter a maximum of ten.
(or)
Enter * for all diagnosis and procedures (by ANY only)
If you enter diagnosis and/or procedure code(s) or * , then the program allow enter Diagnosis/Procedure Dates for patient selection.
(or)
Press the return key to accept the default value of No Selection.
> Entry: Alphanumeric or * (01 - 09) Required Input

Want patients included if they have ANY or ALL of the procedures specified

This question determines the selectivity of the list of procedures and/or diagnosis entries specified, if used. If you specify ANY, then if the patient history contains any of the codes specified, the patient will be included in the report. If you specify ALL, then the patient history must contain ALL the codes specified. The default value is ANY.

> Entry: Alphabetic (03) Either ANY or ALL

Type of Service

Enter up to three type of service codes by which to select procedures.
(or)
Press the return key to accept the default value of No Selection

> Entry: Alphanumeric (01 - 03)

Dx/Proc

Enter the Beginning Date for Diagnosis/Procedures to be reported.
(or)
Press the return key to accept the default value of First.

> Entry: Numeric (06) Required Input

to

Enter the Ending Date for Diagnosis/Procedures to be reported.
(or)
Press the return key to accept the default value of Last.

> Entry: Numeric (06) Required Input

Use <A>ssigned or (S)ervice Provider for Selection

If a search by provider was requested above, and specific procedures and/or diagnoses are entered, this will determine whether selection is by the provider assigned to the patient, or by the provider who performed the selected services.

> Entry: Alphabetic (01) Either A or S

Report Order

Enter one or a combination of the following for the order that the listing is to be produced. The report will be sorted based on the options selected, in the order selected. For example, if the order chosen is "SPN", the report will be produced by Sex, for each Provider, in Name order.

<#>Patient Number	(A)ge	(N)ame	(S)ex
(M)arital	(R)eferring	(P)rovider	

> Entry: Alphabetic (01) Required Input
+ "#"

Insurance company

Enter a specific Insurance code. The patient will be considered for selection if he or she is currently covered by a policy of the specified insurance company.
(or)
Press the return key to accept the default value of No Selection

> Entry: Alphanumeric (01 - 04)

Transaction Types to Print

Enter the types of transactions to appear on the report.

(D)iagnoses	(P)rocedures	(R)ecipts
(I)nsurance Sent	(C)omments	(H)ospital Dates
Re(F)errals	(A)ll	(S)elected Dx/Proc
<N>one		

> Entry: Alphabetic (01 - 07)

Want (A)ll or only <S>ervice Provider History printed

If transaction detail is to be printed, and (S)ervice provider was chosen above, this question determines whether all detail or only the detail attributed to the selected provider will be printed on the report.

> Entry: Alphabetic (01) Either A or S

Want (A)ll Procedures or only with <S>elected TOS printed

If a specific type of service was selected, and detail is to be printed on the report, this will indicate if all detail or only procedures with the selected type of service is to be printed on the report.

> Entry: Alphabetic (01) Either A or S

Specific Classifiers

Indicate whether patient selection should be by classifier on the accounts billed for services.

> Entry: Alphabetic (01) Either Y or N

Include with ANY of these Classifiers

If selection is by classifier, enter a list of classifiers, which will cause the patient to be selected if the billed account has ANY of those specified (at least one).

> Entry: Alphanumeric (01 - 03)

Include with ALL of these Classifiers

If selection is by classifier, enter a list of classifiers, which will cause the patient to be selected if the billed account has ALL of those specified.

> Entry: Alphanumeric (01 - 03)

Exclude with ANY of these Classifiers

If selection is by classifier, enter a list of classifiers, which will cause the patient NOT to be selected if the billed account has ANY of those specified (at least one).

> Entry: Alphanumeric (01 - 03)

Exclude with ALL of these Classifiers

If selection is by classifier, enter a list of classifiers, which will cause the patient NOT to be selected only if the billed account has ALL of those specified.

> Entry: Alphanumeric (01 - 03)

Okay to Add ? (<Y>es or (N)o)

Enter (Y) to accept the patient search criteria.
(or)
Enter (N) to void the patient search request.
(or)
Press the return key to accept the default value of <Y>es.

You will receive one of the following messages, depending on whether patient search or regular patient listing is requested.

Enter an Optional Heading for Report

Enter an optional heading (79 characters maximum) which will be included at the top of the report. This heading can be used to identify a special listing, or for any other purpose desired.

Request MD605.CTL Placed in VMS SYS$BATCH Queue <cr>

This message indicates a request for a Specific report has been submitted to batch. Press the return key to take you to the Care/DM menu.

* A C T I V I T Y   C O D E   L I S T I N G   R E Q U E S T   O P T I O N S *

WHAT IS THE ACTIVITY CODE LISTING REQUEST OPTIONS FUNCTION?

The activity code report request will ask for specification of the following options in the input dialogue:

* Order of report: by activity code number or activity code description. If the extended description option is active, the activity code listing in code order will print the regular and extended descriptions
* Number of copies to print
* Include and exclude by code types, types of service (procedures), or receipt grouping

HOW DO YOU GET TO THE ACTIVITY CODE LISTING REQUEST OPTIONS FUNCTION?

You access the Activity Code Listing Request Options function from Business File Reporting #1, PF3, or by entering 2.4.1.3 at any menu.

HOW DO YOU USE THE ACTIVITY CODE LISTING REQUEST OPTIONS FUNCTION?

The Activity Code Listing Request Options function permits several data manipulation options. The options are displayed at the bottom of the screen in the following manner:

A D E   Enter Option: __

Press the Left or Right Arrow keys to highlight the option or enter the letter of the option you want to access and press the return key. Other input allowed includes the "Help" key.

The following options are available:

A Add a request for an activity code listing
D Display pending requests
E End - return to menu

HOW DO YOU CALL UP/RETRIEVE ACTIVITY CODE LISTING REQUEST INFORMATION?

The Activity Code Listing Request function does not require specific information be called up, or retrieved. Enter (D) at the option line to scroll Activity Code Listing Requests on file.

HOW IS INFORMATION REPORTED FROM ACTIVITY CODE LISTING REQUEST OPTIONS FUNCTION?

Each of the following information prompts related to requesting an Activity Code Listing are in bold type in the far left column of this section. Following the prompt will be a description of what it is used for, if and how it can receive input (> Entry:) and any variation of use depending on the option chosen, (eg: (AP)).

Order of Listing

Enter (1) for listing to be produced in Activity Code order.
(or)
Enter (2) for listing to be produced in Description of Code order.
(or)
Press the return key to accept the default value of 1.
> Entry: Numeric (01) Required Input

Copies ? (<1> - 4)

Enter (1) or (2) or (3) or (4) to indicate the number of copies of the listing to be printed.
(or)
Press the return key to accept the default value of 1.
> Entry: Numeric (01) Required Input

Code Type(s) to INCLUDE ? (<D,P,L,R,C>)

Enter the combination of code types to include in the listing. Separate the code types by commas. (eg: P,R)
D = Diagnosis P = Procedure L = Location
R = Receipt C = Classifier
(or)
Press the return key to accept the default value of ALL, (<D,P,L,R,C>).
> Entry: Alphabetic (01) Required Input

Code Type(s) to EXCLUDE ? (<None>)

Enter the combination of code types to exclude from the listing. Separate the code types by commas. (eg: P,R)
D = Diagnosis P = Procedure L = Location
R = Receipt C = Classifier
(or)
Press the return key to accept the default value of NONE, (<None>).
> Entry: Alphabetic (01) Required Input

Type(s) of Service to INCLUDE ? (<ALL>)

NOTE: This question will ONLY be asked if your reply to "Code Type(s) to INCLUDE ? (<D,P,L,R,C>)" included "P".

Enter the combination of types of service to include in the listing.
(or)
Enter (?) for a list of the types of service codes to display.
(or)
Press the return key to accept the default value of ALL.
> Entry: Alphanumeric (01 - 30) Required Input

Type(s) of Service to EXCLUDE ?

NOTE: This question will ONLY be asked if your reply to "Code Type(s) to INCLUDE ? (<D,P,L,R,C>)" included "P".

Enter the combination of types of service to exclude from the listing.
(or)
Enter (?) for a list of the types of service codes to display.
(or)
Press the return key to accept the default value of NONE.

> Entry: Alphanumeric (01 - 30) Required Input

Receipt Grouping(s) to INCLUDE ? (<P,T,A>)

NOTE: This question will ONLY be asked if your reply to "Code Type(s) to INCLUDE ? (<D,P,L,R,C>)" included "R".

Enter the combination of receipt groupings to include in the listing.
Separate the receipt grouping types by commas. (eg: T,P)
T = Third Party P = Personal A = All
(or)
Press the return key to accept the default value of ALL.

> Entry: Alphabetic (01 - 05)

Receipt Grouping(s) to EXCLUDE ? (<NONE>)

NOTE: This question will ONLY be asked if your reply to "Code Type(s) to INCLUDE ? (<D,P,L,R,C>)" included "R".

Enter the combination of receipt groupings to include in the listing.
Separate the receipt grouping types by commas. (eg: T,P)
T = Third Party P = Personal A = All
(or)
Press the return key to accept the default value of NONE.

> Entry: Alphabetic (01 - 05)

OK to Add ? (<Y>es or (N)o)

Enter (Y) to Add the report request. You will be taken to the option line to select an option.
(or)
Enter (N) to void the report request. You will be taken to the option line to select an option.
(or)
Press the return key to accept the default value of Yes.

I N S U R A N C E C O M P A N Y L I S T I N G R E Q U E S T O P T I O N S

WHAT IS THE INSURANCE COMPANY LISTING REQUEST OPTIONS FUNCTION?

The insurance company request will report based on the specifications of the chosen on the following options in the request dialogue:

* Order of report by insurance company number or insurance company name.
* Type of list (Regular, Short or Brief)
* Include Third Party, Personal or All responsibility
* Number of copies to print

HOW DO YOU GET TO THE INSURANCE COMPANY LISTING REQUEST FUNCTION?

You access the Insurance Company Listing Request Options function from Business File Reporting #1, PF4, or by entering 2.4.1.4 at any menu.

HOW DO YOU USE THE INSURANCE COMPANY LISTING REQUEST OPTIONS FUNCTION?

The Insurance Company Listing Request Options function permits several data manipulation options. The options are displayed at the bottom of the screen in the following manner:

A D E Enter Option: __

Press the Left or Right Arrow keys to highlight the option or enter the letter of the option you want to access and press the return key. Other input allowed includes the "Help" key.

The following options are available:

A Add a request for an insurance company listing
D Display pending requests
E End - return to menu

HOW DO YOU CALL UP/RETRIEVE INSURANCE COMPANY REQUEST INFORMATION?

The Insurance Company Listing Request function does not require specific information be called up, or retrieved. Enter (D) at the option line to scroll Insurance Company Listing Requests on file.

HOW IS INFORMATION REPORTED FROM INSURANCE COMPANY REQUEST FUNCTION?

Each of the following information prompts related to requesting an Insurance Company Listing are in bold type in the far left column of this section. Following the prompt will be a description of what it is used for, if and how it can receive input (> Entry:) and any variation of use depending on the option chosen,

(eg: (AP)).

Order of Listing

Enter (1) for listing to be produced in Insurance Company Number order.
(or)
Enter (2) for listing to be produced in Insurance Company Name order.
(or)
Press the return key to accept the default value of 1.
> Entry: Numeric (01) Required Input

Type of List (<R>)egular, (S)hort or (B)rief)

Enter (R) for the Regular length version of the list to print.
(or)
Enter (S) for the Short length version of the list to print.
(or)
Enter (B) for the Brief version of the list to print.
(or)
Press the return key to accept the default value of Regular.
> Entry: Alphabetic (01) Required Input

Note: A Regular list includes all information maintained in the insurance company master file. The Short list includes the Company Code, Company Name and Address, the Provider and Alternate Provider ID's to use, the Submittor ID, the Format File Name, and the Automatic Insurance Classifier. The Brief list contains the Company Code, Company Name, the Automatic Insurance Classifier, the Format File Name, and the Provider ID to use.

Include (<A>ll, (P)ersonal, (T)hird Party)

Enter (A) for All insurance companies.
(or)
Enter (P) for only Personal Responsibility (PR) insurance companies.
(or)
Enter (T) for only Third Party Responsibility (TPR) insurance companies.
(or)
Press the return key to accept the default value of All.
> Entry: Alphabetic (01) Required Input

Copies ? (<1> - 4)

Enter (1) or (2) or (3) or (4) to indicate the number of copies of the listing to be printed.
(or)
Press the return key to accept the default value of 1.
> Entry: Numeric (01) Required Input

OK to Add ? (<Y>es or (N)o)

Enter (Y) to Add the report request. You will be taken to the option line to select an option.
(or)
Enter (N) to void the report request. You will be taken to the option line to select an option.
(or)

Press the return key to accept the default value of Yes.

> Entry: Alphabetic (01) Required Input

Note: You will be returned to the A D E option prompt. Upon entering the E to End option, you will be prompted for an optional report heading to further identify the report. The report request will then be queued up to run as a batch job to produce the actual listings.

Request MD640A.CTL places in VMS xxxxx queue

This message indicates the report request has been queued up to run.

* F I R M A N D P R O V I D E R L I S T I N G R E Q U E S T *

WHAT IS THE FIRM AND PROVIDER LISTING REQUEST FUNCTION?

This report request will not ask any questions. A listing with all provider (practitioner) information will be printed simply by choosing the menu option "Firm and Provider" from the Business File Reporting #2 menu.

HOW DO YOU GET TO THE FIRM AND PROVIDER LISTING REQUEST FUNCTION?

You access the Firm and Provider Listing Request function from Business File Reporting #2, PF1, or by entering 2.4.2.1 at any menu.

HOW DO YOU USE THE FIRM AND PROVIDER LISTING REQUEST FUNCTION?

The Firm and Provider Listing Request function permits only one data manipulation option: request. No options are displayed at the bottom of the screen.

HOW DO YOU CALL UP/RETRIEVE FIRM AND PROVIDER LISTING REQUEST FUNCTION INFORMATION?

The Firm and Provider Listing Request function does not require specific information be called up or retrieved.

HOW IS INFORMATION REPORTED FROM FIRM AND PROVIDER LISTING REQUEST FUNCTION?

There is only one format available for the Firm and Provider information listing. It is printed with the firm information first: name, address phone number, IRS and State IDs, and code types used. Following this is a listing of each provider and his associated ID numbers, which are defined by each individual practice.

Submitting Batch Job

This message appears to inform hte operator that a batch job is being submitted to process the request.

Enter an Optional Heading for Report

Enter an optional heading (79 characters maximum) which will be included at the top of the report. This heading can be used to identify a special listing, or for any other purpose desired.

Request MD630.CTL Placed in VMS xxxxx Queue <cr>
Press the return key to continue. You will be returned to the menu.

* I T E M I N V E N T O R Y T Y P E R E Q U E S T *

WHAT IS THE ITEM INVENTORY TYPE REQUEST FUNCTION?

This inventory report will request the type of items to be included:
Complete List or Items to Order Only

The complete list will display all individual items with the associated usage, on hand and ordering information. Kit items will list all individual items and usage information.

The item report will display all individual items with an on hand quantity below the reorder point. This is a summary of the daily low inventory register of items with an on hand level just depleted past the reorder point.

HOW IS INFORMATION REPORTED FROM ITEM INVENTORY TYPE REQUEST FUNCTION?

Each of the following information prompts related to requesting an Item Inventory Report are in bold type in the far left column of this section. Following the prompt will be a description of what it is used for, if and how it can receive input (> Entry:) and any variation of use depending on the option chosen, (eg: (AP)).

Report Type (x)
Enter (1) for a complete list of items in inventory to be produced.
(or)
Enter (2) for only those items requiring reordering to be included in the list produced.
> Entry: Numeric (01) Required Input

Item Codes:
From (xxxxxxxxxx)
Enter a starting inventory item code or a partial item inventory for the selection range of the report or the return key for all.
> Entry: Alphanumeric (10) Required Input
To (xxxxxxxxxx)
Enter a ending inventory item code or a partial inventory item code for the selection range of the report or the return key for all.
> Entry: Alphanumeric (10) Required Input

Items Used Less
Than (######)
Enter the maximum amount of an inventory item that was used since a specified date to be entered later or the return key for all.
> Entry: Numeric (06) Required Input
Since (xxxxxx)
Enter a date to be used with the items used less than amount or the return key for all.
> Entry: Alphanumeric (06) Required Input

Include Items to Re-order Only (x)

Enter a (Y) if you want to include only items to be re-ordered on the report
(or)
Enter a (N) or the return key for the default if you want to include all items on the report.

> Entry: Alpha (01) Required Input

The following question are asked only if you are using the eyeglass option.

Material (x)

Enter the type of material to include on report or press the return key for all.

> Entry: AlphaNumeric (01) Required Input

Style (xx)

Enter the style to include on report or press the return key for all.

> Entry: AlphaNumeric (02) Required Input

Not Selling Items:

Total Scripts Less Than (######)

Enter the amount of scripts to be reported on if the script has not be selling since a specified date or press return for all.

> Entry: Numeric (06) Required Input

Since (xxxxxx)

Enter a date to be used with the Total Scripts Less Than amount or the return key for all.

> Entry: Alphanumeric (06) Required Input

Include Invoice Information (x)

Enter a (Y) if you want to include invoice information on the report
(or)
Enter a (N) or the return key for the default if you do not want to include invoice information on the report.

> Entry: Alpha (01) Required Input

Enter an Optional Heading for Report

Enter an optional heading (79 characters maximum) which will be included at the top of the report. This heading can be used to identify a special listing, or for any other purpose desired.

Request DEVICE4$:MI600D.CTL Placed in VMS xxxxx Queue <cr>

Press the return key to return to the menu.

* M O D E L S T O R A G E L I S T R E Q U E S T *

WHAT IS THE MODEL STORAGE LIST REQUEST FUNCTION?

The Model Storage Number Assignment report will produce a listing of the Model or Storage inventory assignment based on the choices made by the operator to the selection dialogue.

When completing the dialogue, a batch process will be activated which will satisfy the reporting selection parameters.

HOW DO YOU GET TO THE MODEL STORAGE LIST REQUEST FUNCTION?

You access the Model / Storage Report Request function from Business File Reporting #2, PF2, or by entering 2.4.2.3 at any menu.

HOW DO YOU USE THE MODEL STORAGE LIST REQUEST FUNCTION?

The Item Inventory Type Request function permits only one data manipulation option. The options are not displayed at the bottom of the screen.

HOW DO YOU CALL UP/RETRIEVE MODEL STORAGE LIST REQUEST INFORMATION?

The Item Inventory Type Request function does not require specific information be called up, or retrieved.

HOW IS INFORMATION REPORTED FROM MODEL STORAGE LIST REQUEST FUNCTION?

Each of the following information prompts related to requesting a Model Storage List are in bold type in the far left column of this section. Following the prompt will be a description of what it is used for, if and how it can receive input (> Entry:) and any variation of use depending on the option chosen, (eg: (AP)).

Select Report Type

Enter (M) for a model list of items in inventory to be produced.
(or)
Enter (S) for a storage list of items in inventory to be produced.

> Entry: Alphabetic (01) Required Input

Specify starting number (first)

Enter the inventory number to be reported first on the listing.

Specify ending number (last)
Enter the inventory number to be reported at the end of the listing.

Print order: P=Patient Number, N=Model-Storage Number
Enter (P) if the listing is to be in patient number order.
(or)
Enter (N) if the listing is to be in model-storage number order.

Provider (all)
Enter the specific provider number if the listing is to represent one provider. The provider number will be validated against the Provider Master File.
(or)
Press return to accept the value of all providers.

Print unused numbers (N)o
Enter (Y) to include the unused numbers in the listing.
(or)
Press return to exclude the unused numbers from the listing.

Combine lines (Y)es
Enter (Y) to combine lines on the listing. This question will only be asked if the answer to the previous question was Yes.
(or)
Press return to NOT combine lines on the listing.

Copies
Enter the number of copies to be produced of the report.

OK to Add ? (<Y>es or (N)o)
Enter (Y) to Add the report request. You will be taken to the option line to select an option.
(or)
Enter (N) to void the report request. You will be taken to the option line to select an option.
(or)
Press the return key to accept the default value of Yes.
> Entry: Alphabetic (01) Required Input

Note: You will be returned to the A D E option prompt. Upon entering the E to End option, you will be prompted for an optional report heading to further identify the report. The report request will then be queued up to run as a batch job to produce the actual listings.

Request MI600D.CTL Placed in VMS xxxxx Queue <cr>
Press the return key to return to the menu.

* P R I N T E R   S E R V I C E S *

WHAT IS THE PRINTER SERVICES FUNCTION?

The printer services function permits the user to print reports at a printer connected to the printer port of the video display. The term "printer port" refers to the connection between your terminal and the printer attached to it. This printer is sometimes referred to as a "slave" printer. Printing at multiple system printers can also be managed. The term "system printer" refers to the connection between the computer and the printer allowing report printing without disabling a terminal during print operations.

The following options are available:

- Print a report in its entirety after optionally aligning forms
- Print part of a report
- View a report on the terminal screen
- Direct a report to be printed on a system printer or a user specific print queue
- Manually delete reports
- Flag printed reports for automatic deletion
- Display a list of pending and/or printed reports

Multiple reports of the same form type can be printed back-to-back. Specified reports can be designated to print immediately or at the user's discretion.

HOW DO YOU GET TO THE PRINTER SERVICES FUNCTION?

You access the Printer Services function from Main Menu #3, PF1, by entering 3.0.0.1 at any menu, by pressing the F20 key at any menu, or by pressing the F20 key at the option or initial input point of any function that is referenced by the F6-10 and F17-20 keys.

HOW DO YOU USE THE PRINTER SERVICES FUNCTION?

The printer services function permits several data manipulation options. The options are displayed at the bottom of the screen in the following manner:

A AS B D R RS O P V S SQ QM F E   Enter Option: __

Press the Left or Right Arrow keys to highlight the option or enter the letter of the option you want to access and press the return key. Other input allowed includes the "Help" key and the F6-10 and F17-20 keys.

The following options are available:

A   Align forms by printing the first page
AS   Align forms on system printer
B   Begin report print on slave printer
D   Display pending reports
R   Restart a report at a selected page

RS Restart a report at a selected page on system printer
O Omit a report from printer services
P Print a report on the system printer
V View a report on the video screen
S Show the entries in the selected System Queue
SQ Select a system queue for printing
QM Modify the selected system queue or a Specific job
F Flag all printed reports for deletion
E End - return to menu

System Printer Options: AS, RS, P, S, SQ, and QM

Slave Printer Options: A, B and R

Report Request Maintenance Options: D, O, V and F

HOW DO YOU SELECT A REPORT TO BE PROCESSED?

The (A), (AS), (D), (V), (R), (RS) and (O) options require a report to be selected. The "report you want" is selected at the "Enter Starting Sequence Number or <cr> for First #####" screen prompt. Selection of a report is done via entry of a sequence number.

A response of "ALL" in the "sequence number" prompt will allow specification of a form type and begin the print of all pending reports of the selected form type.

The (F) option allows multiple reports to be deleted with one set of commands. Enter ALL to delete all reports on file that have been printed. You will be asked if you want to exclude any reports from being deleted. Enter the numbers of the reports to be saved from this process.

Typing CTRL-C will cause a report to stop printing or the display option to terminate. Reports can be restarted or omitted.

Certain reports can be optionally forced to print at a system printer even if slave printing is enabled.

WHAT INFORMATION IS MAINTAINED IN PRINTER SERVICES FUNCTION?

Each of the following information prompts related to printer services are in bold type in the far left column of this section. Following the prompt will be a description of what it is used for, if and how it can receive input (> Entry:) and any variation of use depending on the option chosen.

(V)iew on Screen or <P>rint to Printer Port

Enter (V) to view the report on the terminal.

(or)

Enter (P) to print the report to the printer port.

(or)

Press the return key to accept the default value of Printer Port.

(R) > Entry: Alphabetic (01) Required Input

Sequence

Enter the number of the report on which to perform the selected operation. The sequence number can be obtained from the display option.

(or)

Press the return key to take you back to the option line.

> Entry: Numeric (05)

Creation Date

Displays automatically; the date the report was created.

Time

Displays automatically; the time the report was created.

Description

Displays automatically; the description of the report.

Form Type

Displays automatically; the form type specified for the report in the user device file.

No. Pages

Displays automatically; the number of pages in the report.

No. Copies

Displays automatically; the number of copies requested.

Size

Displays automatically; the size of the file in disk blocks and characters. A disk block is 512 characters.

Status

Displays automatically; the current status of the report or log.

Possible values are:

- Que - File has been queued up to the CARE/DM terminal spooler, but has not yet been printed
- Pri - File has been printed at the terminal printer but not deleted
- Sys - File has been sent to the system printer
- Del - File has been flagged for deletion, and will be actually deleted during the next Daily Close
- Log - File is a batch log file

<cr> to Select or <lf> to Browse or (N)o

Press the return key to select the report on which to perform the operation.

(or)

Press the <lf> linefeed key to forward browse through the reports.

(or)

Enter (N) to return you to the "Sequence" prompt.

Print to (S)ystem-defined print queue (xx) or <U>ser-defined print queue (yy)

Enter the desintation queue if user specific queue is defined

(P) > Entry: Alphabetic (01)

Enter Page Number to Restart (1-nnn) #####

(R),(RS) Enter the page number to restart the report.

Enter Number of Pages to Print (1-nnn) #####

(AS) Enter the number of pages to print for the purposes of aligning the paper for the report.

Ready to proceed ? (<Y>es or (N)o)

Enter (Y) to proceed.

(or)

Enter (N) to return you to the option line.

(or)

(A) Press return to accept the default value of Yes.

A printing report can be interrupted by entering CTRL-C

This is a display message. It indicates that if you want to interrupt the printing of a report, you can press Ctrl-C.

Printer Control File (Enter NONE for None) <LA50>

Enter NONE to not use any printer control file.

(or)

Enter the name of a printer control file which has been previously defined for your installation. The printer control file typically contains control sequences necessary to set the print characteristics of your printer, such as form length, character pitch, lines per inch, etc. Printer control files are defined at system startup.

(or)

Press return to accept the default value for an LA50 printer.

Alignment OK ? (<Y>es, (N)o or (R)etry

Enter (Y) to indicate the report alignment is ok. You will be taken to the "Reprint First Page?" prompt to continue.

(or)

Enter (N) to terminate report alignment and go back to the option prompt.

(or)

Enter (R) to retry the alignment.

(or)

(A) Press the return key to accept the default value of Yes.

Reprint First Page ? ((Y)es or <N>o)

Enter (Y) to reprint the first page of the report following an alignment operation.
(or)
Enter (N) to NOT reprint the first page of the report.
(or)
(A) Press the return key to accept the default value of No.

(S)pecific form type or <cr> for ALL

Enter (S) to designate a specific form type. All reports having the requested form type will be processed.
(or)
Press the return key to accept the default value of ALL.

Enter Form Type

Enter the specific form type. The entry will be validated against a list of legal form types.
> Entry: Alphanumeric (06)

<cr> to Select or <lf> to Browse or (N)o or (G)o

Press the return key to select the report.
(or)
Press the <lf> linefeed key to forward browse through the reports.
(or)
Enter (N) to return you to the "Sequence" prompt.
(or)
Enter (G) to indicate this report and all following should be printed.

Print to System-defined queue, User-defined queue, List Queues, or Queue Name

Enter (S) for the System-defined print queue
(or)
Enter (U) for a User-defined print queue
(or)
Enter (L) to list all available queues
(or)
Enter a Printer Queue Name
(or)
Press the <cr> key to exit.

Flag Log Files ? ((Y)es, <N>o, or (O)nly)

Enter (Y) to cause log files to be flagged for deletion.
(or)
Enter (N) or press the return key to accept the default value of no to not flag log files for deletion.
(or)
Enter (O) to cause ONLY log files to be flagged for deletion.

Flag Logs thru Date <Last> ######

Enter a date in the form mmddyy which will be compared to the date each log file was created. If the log was created prior to or on that date, it will be flagged for deletion.
(or)
Press the return key to accept the default of flagging ALL log files for deletion.
> Entry: Numeric (06)

NOTE: This prompt will only appear if the answer to the previous question was "Y" or "O".

Enter up to 10 Exceptions, separated by comma

Enter up to 10 sequence numbers of reports and/or logs to exclude from being flagged for deletion.

> Entry: Numeric (60)

Stop Queue, STart Queue, Pause Queue, Modify a Job, or Abort Current Job ?

Enter (S) to stop the current queue. This performs the same operation as the DCL command STOP/QUEUE/NEXT [queuename]. This option will place the selected queue in a stop-pending state (if the queue is currently active), causing the queue to finish processing any jobs which are printing.

(or)

Enter (T) to start the current queue. This option will cause the selected queue to continue processing any jobs which were printing (if the queue was paused during a print operation), or to begin printing the next available job (if there is one). The form type associated with the queue can be changed at this time (See below).

(or)

Enter (P) to pause the selected queue. This option simply places the queue in a paused state, suspending any job currently printing.

(or)

Enter (M) to modify the attributes of an entry in a queue. The attributes are described below and include releasing, holding, deleting, altering the form type, and altering the time the entry is to be printed. Selecting this option requires you to have a queue entry number which identifies the print job. This entry number is obtained from the (S)how Queue option.

(or)

Enter (A) to abort printing the current queue entry.

> Entry: Alphabetic (01)

Release, Hold, Delete, Alter Time, or Change Form Type

Enter (R) to release a job which is currently held or held until after a certain time.

(or)

Enter (H) to hold a job which is currently pending.

(or)

Enter (D) to delete a job which is currently pending, held, or held until after a certain time. This option deletes ONLY the queue entry, NOT the list file itself.

(or)

Enter (A) to alter the time at which printing the queue entry will begin.

(or)

Enter (C) to change the form type of a job which is pending, currently held, or held until after a certain time.

> Entry: Alphabetic (01)

Entry Number to Modify #####

Enter the queue "Entry Number" of the job to modify. This number is obtained from the (S) option - Show Queue Entries.

> Entry: Numeric (05)

Entry Number to Delete #####

Enter the queue "Entry Number" of the job to delete. This number is obtained from the (S) option - Show Queue Entries.

> Entry: Numeric (05)

Enter Form Name

This prompt will appear if you select the (C)hange Form option. Enter the new form name to which the job should be changed. This form type will be verified as a legal system form type.

> Entry: Numeric (05)

Enter specific Form Name or <cr> for Current Form Name

This prompt will appear if you select the Start Queue option. Enter the new form name to which the queue should be changed. This form type will be verified as a legal system form type.

(or)

Press the Return key to keep the queue at its current setting.

> Entry: Numeric (05)

Enter Time to Release Job

Enter the time at which the job should begin printing. The format of a time entry is as follows:

dd-Mmm-yyyy:hh:mm

where "dd" is a one- or two-character day-of-month; "Mmm" is a three-character month abbreviation; "yyyy" is a four-character year (including century); "hh:mm" is the hour and minute of the day in 24-hour military time. Valid month abbreviations are:

Jan	Apr	Jul	Oct
Feb	May	Aug	Nov
Mar	Jun	Sep	Dec

Either the date or time, but not both, can be omitted. Examples of valid times are:

20-Dec-1992	December 20, 1992 at 12:00 AM
20-Dec-1992:20:00	December 20, 1992 at 8:00 PM
21:30	Today at 9:30 PM
00:00	Immediately
The Current Date without a time value	Immediately

> Entry: Alphaumeric (20)

The following messages may appear during System Queue operations:

You do not have sufficient privilege to perform this operation.

This message indicates that you are attempting to start or stop a system queue and you do not have enough privilege to do so. See your system manager.

The queue was already started.
You have attempted to start a queue which is presently started. Only a queue which is paused or stopped can be started.

That entry does not exist.
You have attempted to modify an entry which does not exist. Retry the operation with a valid entry number.

You do not have privilege to modify/delete that entry.
You have attempted to modify the entry of another user. You are only allowed to modify your own print jobs.

That entry is currently processing or cannot be altered.
You have attempted to modify an entry which is not currently pending or held. Entries which are currently printing cannot be modified.

* U S E R M A I L S E N D A N D R E A D *

WHAT IS THE USER MAIL SEND AND READ MAINTENANCE FUNCTION?

The user mail send and read permits the transmittal of brief messages between office personnel or to the facilities manager using the VAX mail option. The message consists of up to five lines of 40 characters. Each message is tagged with the name of the sending user and the date-time of the mail send. Notification of pending new mail from members of the office or the facilities manager is provided when logging into the System.

HOW DO YOU GET TO THE USER MAIL SEND AND READ MAINTENANCE FUNCTION?

You access the User Mail Send and Read function from Office Messages, PF1, or by entering 3.2.1.1 at any menu.

HOW DO YOU USE THE USER MAIL SEND AND READ MAINTENANCE FUNCTION?

The User Mail Send and Read function permits several data manipulation options. The options are displayed at the bottom of the screen in the following manner:

S R D V E Enter Option: __

Press the Left or Right Arrow keys to highlight the option or enter the letter of the option you want to access and press the return key. Other input allowed includes the "Help" key.

The following options are available:

S Send mail to another user
R Read mail sent
D Display a list of users (addresses)
V Vax system mail to the facilities manager
E End - return to the menu

HOW DO YOU CALL UP/RETRIEVE USER MAIL SEND AND READ INFORMATION?

The (R) option allow you to read mail sent to you. No specific entry is required to accomplish the retrieval.

The (S) option requires you to specify a username to whom a mesasge is to be sent.

HOW DO YOU SEND A MESSAGE IN USER MAIL SEND AND READ?

Each of the following information prompts related to the User Mail Send/Read function are in bold type in the far left column of this section. Following the prompt will be a description of what it is used for, if and how it can receive input (> Entry:) and any

variation of use depending on the option chosen, (eg: (AP)).

Send Mail to

Enter the User Identification Code of the operator this messge is to be addressed. Use the (D)isplay option to check for valid user id's.
(or)
Press return to return you to the option line.

> Entry: Alphanumeric (06) Required Input

Enter 5 lines of mail message as you want it displayed

Enter the first 40 characters of the exact message text for display. Then press the return key. Repeat until the message is complete or the total of 200 characters are used. NOTE: If your message is short you must press the return key to accept blank values in any of the remaining lines before you will receive the "OK to Send? (<Y>es or No)" message.

> Entry: Alphanumeric (01 - 205) Required Input

OK to Send? (<Y>es or No)

Enter (Y) to send the message. You will be taken to the "Send Mail to" screen prompt for the next entry.
(or)
Enter (N) to void the message entry. You will be taken to the "Send Mail to" screen prompt for the next entry.
(or)
Press the return key to accept the default of <Y>.

HOW DO YOU READ A MESSAGE IN USER MAIL SEND AND READ?

Each of the following information prompts related to the User Mail Send/Read function are in bold type in the far left column of this section. Following the prompt will be a description of what it is used for, if and how it can receive input (> Entry:) and any variation of use depending on the option chosen, (eg: (AP)).

S R D V E Enter Option: __

See "How do you Use the User Mail Send and Read Maintenance Function?".

Enter (R) to Read a message.

OK to Erase Mail? (<Y>es or No)

Enter (Y) to erase the displayed message after reading it.
(or)
Enter (N) to not erase the message displayed.
(or)
Press the return key to accept the default of <Y>.

End of Mail...<cr> to Continue

Press the return key. You will be taken back to the Option line of the "User Mail Send and Read" function.

HOW DO YOU USE THE VAX MAIL FUNCTION IN USER MAIL SEND AND READ?

Each of the following information prompts related to the VAX Mail function are in bold type in the far left column of this section. Following the prompt will be a description of what it is used for, if and how it can receive input (> Entry:) and any variation of use depending on the option chosen, (eg: (AP)).

S R D V E Enter Option: __

See "How do you Use the User Mail Send and Read Maintenance Function?".

Enter (V) to access the VAX MAIL Utility.

Enter "HELP" for assistance using the VAX System Mail

MAIL>

Enter (HELP) to read the mail system help file. Proceed to "HELP" instructions.
(or)
Enter (SEND) to send a message. Proceed to "SEND" instructions.
(or)
Enter (READ) to read messages. Proceed to "READ" instructions.
(or)
Enter (DEL) to delete messages. Proceed to "DEL" instructions.
(or)
Enter (EX) to exit the VAX mail communication system. You will be taken back to the Option line of the "User Mail Send and Read" function.

HELP

The Help file information will display on the screen immediately after you have pressed the return key. You can freeze the information by pressing your "Hold Screen" key. To release the "Hold Screen" you must press it a second time.

Topic?

Enter one of the words (or qualifying portion of the word) from the option list displayed for information regarding the function represented by the word.
(or)
Press the return key to return to the "MAIL>" screen prompt.

xxxxxx Subtopic?

Enter one of the words (or qualifying portion of the word) from the option list displayed for information regarding the function represented by the word.
(or)
Press the return key to return to the "Topic?" screen prompt.

SEND

To

Enter the User Identification code of the operator to receive the message. Then enter your freeform message exactly as you want it to display.

When complete:
Enter CTRL C to void the message. You will be taken back to the "MAIL>" screen prompt.
(or)
Enter CTRL Z to send the completed message. You will be taken back to the "MAIL>" screen prompt.

READ

New messages

If there are new messages to read, the first message will display on the screen immediately after you have pressed the return key. Proceed to "MAIL>" screen prompt to continue.

Stored (previously read) messages

If there are messages on file which you would like to read, enter (DIR) at the "MAIL>" screen prompt and a list of the mail messages will be displayed. Then enter the mail message number at the "MAIL>" screen prompt. The message will be displayed.

MAIL>

If the message is longer than can be displayed on one screen, press the return key to view the next page.
(or)
Choose another option or mail message number to continue.

DEL

If the message is not of a nature that would require storage for later reference, then enter (DEL) at the "MAIL>" screen prompt for the message to be deleted.

EX

Enter (EX) at the "MAIL>" screen prompt to exit the VAX system mail function. You will be taken back to the Option line of the "User Mail Send and Read" function.

* L O G I N N O T I C E M A I N T E N A N C E *

WHAT IS THE LOGIN NOTICE MAINTENANCE FUNCTION?

The login notice maintenance permits users to create a message which will be displayed to all users upon accessing the system. Each notice is tagged with the name of the user which created the notice and the date-time the notice was added. Special comments can be used which will cause the display of the login notice and not permit access to the menu, it will log out the user after responding to the review of the message.

HOW DO YOU GET TO THE LOGIN NOTICE MAINTENANCE FUNCTION?

You access the Login Notice Maintenance function from Office Messages, PF2, or by entering 3.2.1.2 at any menu.

HOW DO YOU USE THE LOGIN NOTICE MAINTENANCE FUNCTION?

The Login Notice function permits several data manipulation options. The options are displayed at the bottom of the screen in the following manner:

A D O E Enter Option: __

Press the Left or Right Arrow keys to highlight the option or enter the letter of the option you want to access and press the return key. Other input allowed includes the "Help" key.

The following options are available:

A Add message to an existing message
D Display messages currently in the notice file
O Omit the notice messages
E End - return to the menu

HOW DO YOU CALL UP/RETRIEVE A LOGIN NOTICE?

The notice display option does not require any input to call up or retrieve the login notice. The login notice message is simply displayed as it was entered.

HOW DO YOU CREATE/SEND A LOGIN NOTICE?

Each of the following information prompts related to Creating/Sending a Login Notice are in bold type in the far left column of this section. Following the prompt will be a description of what it is used for, if and how it can receive input (> Entry:) and any variation of use depending on the option chosen, (eg: (AP)).

Enter message just as you want it to appear, CTRL-Z to end.

Enter the first 70 characters of the exact message text for display. Then press the return key. Repeat up to 15 lines until the message is complete or the total of 1050 characters are used.

NOTE: If your message is short you must press the return key to accept blank values in any of the remaining lines before you will receive the "OK to Send? (<Y>es or No)" message.

> Entry: Alphanumeric (01 - 1050) Required Input

OK to Add? (<Y>es or No)

Enter (Y) to add the message. You will be taken to the Option line of the "Login Notice Maintenance" screen.

(or)

Enter (N) to void the message entry. You will be taken to the Option line of the "Login Notice Maintenance" screen.

(or)

Press the return key to accept the default of <Y>.

* S E N D M E S S A G E S T O U S E R S *

WHAT IS THE SEND MESSAGES TO USERS FUNCTION?

The send messages to users option is a method by which a System Manager can communicate with other Care/DM users currently logged onto the system. It would be used for such things as requesting users to log off in preparation for a backup or some field service operation.

HOW DO YOU GET TO THE SEND MESSAGES TO USERS FUNCTION?

You access the Send Messages to Users function from Office Messages, PF3, or by entering 3.2.1.3 at any menu.

HOW DO YOU USE THE SEND MESSAGES TO USERS FUNCTION?

The send messages to users function permits several data manipulation options. The options are displayed at the bottom of the screen in the following manner:

S D R V E Enter Option: __

Press the Left or Right Arrow keys to highlight the option or enter the letter of the option you want to access and press the return key. Other input allowed includes the "Help" key.

The following options are available:

S Send a message to a user of the system
D Display users logged onto the system
R Reset the user logged in file
V VAX Mail access
E End - return to the menu

HOW DO YOU CALL UP/RETRIEVE USER INFORMATION?

The (S) option requires a user be called up, or retrieved.
The "user you want" is selected at the "User Id" screen prompt.
Retrieval of user information can be accomplished via entry of:

* A User identification code (eg: CAREDM)
* Part of a User identification code (eg: C)
* The word "ALL" to indicate all Care/DM users on the system
* Forward browse retrieval is performed by using the down arrow key or <lf> linefeed key.

WHAT INFORMATION IS DISPLAYED IN SEND MESSAGES TO USERS?

The following information is displayed in columns using the (D)isplay option:

User ID - The Care/DM User Login ID
Name - The Care/DM User Login Name
Terminal - The terminal ID where the user is logged in
Function - The Care/DM function the user is currently in or the words "Not Logged In" if no current system process can be found

HOW DO YOU SEND MESSAGES TO USERS?

Messages are send via the VMS Broadcast service, and are preceeded by a line of text which informs the user of the time and the source of the message. NOTE: The message will write over whatever is on the recipient's screen when it is received. Also note that if a user's terminal has the NOBROADCAST terminal setting, the message will not be delivered.

Each of the following information prompts related to Sending a Message are in bold type in the far left column of this section.
Following the prompt will be a description of what it is used for, if and how it can receive inpur (> Entry:) and any variation of use depending on the option chosen, (eg: (AP)).

Send Message to:
Enter the individual Username to receive the message.
(or)
Enter ALL for the message to be sent to all users.
(or)
Press the return key to return you to the option line.
> Entry: Alphanumeric (06) Required Input

Enter Message as you want it sent
Enter 1 line of message up to 80 characters and press the return key.
> Entry: Alphanumeric (01 - 80)

HOW DO YOU RESET THE USER LOGGED IN FILE?

The user logged in file can be reset by selecting the (R) option. This option will read through the user logged in file and display any spurious entries (those for which no current process can be found).

Each of the following information prompts related to Resetting a User are in bold type in the far left column of this section.
Following the prompt will be a description of what it is used for, if and how it can receive inpur (> Entry:) and any variation of use depending on the option chosen, (eg: (AP)).

User ID
This is a display of the user identification requiring reset.

Name
This is a display of the user name requiring reset.

Terminal
This is a display of the terminal identification requiring reset.

Function
This is a display of the function currently in progress.

<cr> for this Entry or <lf> to Browse
Press the <lf> linefeed key to forward browse the users on the system that may require reset.
(or)
Press the return key to accept the displayed user to be reset.

OK to Remove Entry ? ((Y)es or <N>o)
Enter (Y) to remove the user identification for reset.
(or)
Enter (N) to NOT remove the user identification for reset.
(or)
Press the return key to accept the default value of No.

HOW DO YOU USE THE VAX MAIL FUNCTION IN SEND MESSAGES TO USERS?

The VAX Mail utility is accessed by selecting the (V) option.

Each of the following information prompts related to Sending VAX Mail are in bold type in the far left column of this section.
Following the prompt will be a description of what it is used for, if and how it can receive inpur (> Entry:) and any variation of use depending on the option chosen, (eg: (AP)).

S R D V E Enter Option: __
See "How do you Use the User Mail Send and Read Maintenance Function?".

Enter (V) to send a VAX Mail message.

Enter "HELP" for assistance using the VAX System Mail
This is a display message.

MAIL>
Enter (HELP) to read the mail system help file. Proceed to "HELP" instructions.
(or)
Enter (SEND) to send a message. Proceed to "SEND" instructions.
(or)
Enter (READ) to read messages. Proceed to "READ" instructions.
(or)
Enter (DEL) to delete messages. Proceed to "DEL" instructions.
(or)

Enter (EX) to exit the VAX mail communication system. You will be taken back to the Option line of the "User Mail Send and Read" function.

HELP

The Help file information will display on the screen immediately after you have pressed the return key. You can freeze the information by pressing your "Hold Screen" key. To release the "Hold Screen" you must press it a second time.

Topic?

Enter one of the words (or qualifying portion of the word) from the option list displayed for information regarding the function represented by the word.

(or)

Press the return key to return to the "MAIL>" screen prompt.

xxxxxx Subtopic?

Enter one of the words (or qualifying portion of the word) from the option list displayed for information regarding the function represented by the word.

(or)

Press the return key to return to the "Topic?" screen prompt.

SEND

To

Enter the User Identification code of the operator to receive the message. Then enter your freeform message exactly as you want it to display.

When complete:
Enter CTRL C to void the message. You will be taken back to the "MAIL>" screen prompt.

(or)

Enter CTRL Z to send the completed message. You will be taken back to the "MAIL>" screen prompt.

READ

New messages

If there are new messages to read, the first message will display on the screen immediately after you have pressed the return key. Proceed to "MAIL>" screen prompt to continue.

Stored (previously read) messages

If there are messages on file which you would like to read, enter (DIR) at the "MAIL>" screen prompt and a list of the mail messages will be displayed. Then enter the mail message number at the "MAIL>" screen prompt. The message will be displayed.

MAIL>

If the message is longer than can be displayed on one screen, press the return key to view the next page.
(or)
Choose another option or mail message number to continue.

DEL

If the message is not of a nature that would require storage for later reference, then enter (DEL) at the "MAIL>" screen prompt for the message to be deleted.

EX

Enter (EX) at the "MAIL>" screen prompt to exit the VAX system mail function. You will be taken back to the Option line of the "User Mail Send and Read" function.

* C O N T R A C T P A Y M E N T M A I N T E N A N C E *

WHAT IS THE CONTRACT PAYMENT MAINTENANCE FUNCTION?

The contract payment maintenance function establishes a payment plan for an existing account balance (usually in arrears) or for a proposed patient treatment plan. The payment plan function will optionally print a coupon book which consists of a series of payment envelopes and stubs for patient payment convenience. Any number of different plans can be associated with an account.

Note that establishing a payment plan DOES NOT automatically write off any existing balance on an account. This MUST be done via a write-off adjustment entered through the Receipt Input function.

During each month-end billing run, the next month's payment plan transactions are prepared. A register of these transactions and a detailed register of all maintenance operations will be produced for audit trail. If no payment is received during the month, a statement will be prepared indicating the missed payment. The current status of all payment plans for a given account can be displayed when an account activity display is requested.

Note that when a payment plan transaction is generated and applied to an account, the amount is considered to be "new money" in terms of balance aging.

HOW DO YOU GET TO THE CONTRACT PAYMENT MAINTENANCE FUNCTION?

You access the Contract Payment Maintenance function from Credit Services, PF1, or by entering 3.3.1.1 at any menu.

HOW DO YOU USE THE CONTRACT PAYMENT MAINTENANCE FUNCTION?

The Contract Payment maintenance function permits several data manipulation options. The options are displayed at the bottom of the screen in the following manner:

A D S T E Enter Option: __

Press the Left or Right Arrow keys to highlight the option or enter the letter of the option you want to access and press the return key. Other input allowed includes the "Help" key.

The following options are available:

A Add payment plan
D Display payment plan for selected patient
S Scroll display of all payment plans
T Terminate a payment plan
C Create initial payment plan transactions (Note: This

option is only performed one time and the option is
no longer prompted

E End - return to menu

HOW DO YOU CALL UP/RETRIEVE CONTRACT PAYMENT MAINTENANCE INFORMATION?

The (A), (D) and (T) options require a patient be called up, or retrieved. The "patient you want" is selected at the "Patient" screen prompt. Retrieval of Contract Payment Maintenance information can be accomplished via entry of:

* The patient number (eg: 41)
* The patient full last, first name (eg: Moore,Jane)
* Patient last and part of first name (eg: Moore,J)
* Part of patient last name (eg: Moor)

The (S) option does not require specific information to be called up, or retrieved. The information is displayed simply by entering the "S" option at the option line.

WHAT INFORMATION IS MAINTAINED IN CONTRACT PAYMENT MAINTENANCE?

Each of the following information prompts related to a Contract Payment Plan are in bold type in the far left column of this section. Following the prompt will be a description of what it is used for, if and how it can receive input (> Entry:) and any variation of use depending on the option chosen, (eg: (AP)).

Patient

See "How Do You Call Up/Retrieve Contract Payment Maintenance Information?" for the patient retrieval methods.

<lf> to Browse, <cr> if OK or (N)o

Press the linefeed <lf> key to browse other patient records.
(or)
Press the return key <cr> to indicate the displayed record is the one desired.
(or)
Enter (N) to indicate the record displayed is not the desired record. You will be taken back to the "Patient" prompt for the next entry.

> Entry: Alphabetic (01)

Account

Enter the Account number to be included in the contract arrangement.
(or)
Press the return key to accept the account record displayed.

> Entry: Alphanumeric (07) Required Input

Start Date (xx-xx-xx)
Enter the date the contract is to begin.
(or)
Press the return key to accept the value enclosed in the parenthesis next to the prompt.
> Entry: Numeric (06) Required Input

Total Amount
Enter the total amount owing on the contract.
(eg: 20000 = $200.00)
> Entry: Numeric (07) Required Input

NOTE: A decimal point is optional. If the decimal point is omitted, it is assumed that the entry is in cents. For example, entering "10000" means $100.00; entering "50." means $50.00.

Payment Amount
Enter the payment amount for each payment interval on the contract.
(eg: 1500 = $15.00)
> Entry: Numeric (07) Required Input

NOTE: A decimal point is optional. If the decimal point is omitted, it is assumed that the entry is in cents. For example, entering "10000" means $100.00; entering "50." means $50.00.

Payment Interval
Enter the number of months (from 1 - 12) established as the payment interval.
(or)
Press the return key to accept the default value of 1.
> Entry: Numeric (02) Required Input

Coupon Book (Y/N)
Enter (N) to indicate no payment book required.
(or)
Enter (Y) to indicate a request for a payment book to be produced.
> Entry: Alphabetic (01) Required Input

*** Recap ***
Display information regarding the contractual arrangement.
Number of Payments xx
Balance Due $xxxxx.xx
Appr Completion Date xx-xx-xx

OK to Add ? (<Y>es or (N)o)
Enter (N) to void the contract payment request.
(or)
Enter (Y) to add the contract payment request.
(or)
Press the return key to accept the value of Yes
> Entry: Alphabetic (01) Required Input

* C O N T R A C T   P A Y M E N T   R E P O R T   R E Q U E S T *

WHAT IS THE CONTRACT PAYMENT REPORT REQUEST FUNCTION?

The contract payment plan report does not require the input of selection criteria. The current status of all payment plans is printed in report format.
The report request process is activated using the batch processor.

HOW DO YOU GET TO THE CONTRACT PAYMENT REPORT REQUEST FUNCTION?

You access the Contract Payment Report Request function from Credit Services, PF2, or by entering 3.3.1.2 at any menu.

HOW DO YOU USE THE CONTRACT PAYMENT REPORT REQUEST FUNCTION?

The Contract Payment Report Request function permits only one option: the request option. To request a contract payment report simply enter the function via the menu. The request is completed.

HOW DO YOU CALL UP/RETRIEVE CONTRACT PAYMENT REPORT REQUEST INFORMATION?

All the accounts with Contract Payment arrangements will be included in the requested listing.

HOW IS INFORMATION REQUESTED FROM THE CONTRACT PAYMENT REPORT REQUEST FUNCTION?

There are no prompts in this function, but the following messages will appear:

Enter an Optional Heading for Report
Enter an optional heading (79 characters maximum) which will be included at the top of the report. This heading can be used to identify a special listing, or for any other purpose desired.

Submitting Batch Job
This is a display message only.

Request DEVICE4$:MD680.CTL Placed in VMS SYS$BATCH Queue <cr>
Press the return key to continue.

* C R E D I T M A N A G E R R E P O R T R E Q U E S T *

WHAT IS THE CREDIT MANAGER REPORT REQUEST FUNCTION?

The credit manager's report is a tool used to search and report accounts which are delinquent in payments based on selected criteria. The report displays all account information, including payment and insurance submittal details. Optionally, the credit manager can produce letters to all accounts which meet the selected criteria. This report is designed primarily for use with personal account balances where you would be persuing collections from individual guarantors, rather than from third party payors.

Upon completion of the report selection specifications, the report will be processed automatically and then deleted from the report request file.

HOW DO YOU GET TO THE CREDIT MANAGER REPORT REQUEST FUNCTION?

You access the Credit Manager Report Request function from Credit Services, PF3, or by entering 3.3.1.3 at any menu.

HOW DO YOU USE THE CREDIT MANAGER REPORT REQUEST FUNCTION?

The Credit Manager Report Request function permits only one option, the request option.

HOW DO YOU CALL UP/RETRIEVE CREDIT MANAGER REPORT REQUEST INFORMATION?

The Credit Manager Report is produced through the request criteria dialogue and the report can be printed either in the form of a hardcopy report or in letter format.

WHAT INFORMATION IS MAINTAINED IN CREDIT MANAGER REPORT FUNCTION?

Each of the following information prompts related to a Credit Manager Report request are in bold type in the far left column of this section. Following the prompt will be a description of what it is used for, if and how it can receive input (> Entry:) and any variation of use depending on the option chosen, (eg: (AP)).

Job currently executing - try later ! <cr>

This is an informational message which indicates that there is a batch job currently executing to produce a credit manager report. You must wait until the job completes to request another report.

Request was Found but job was not submitted to run.
(A)dd to Request, (D)elete Request, (S)ubmit Request or (C)ontinue ?

This message indicates that a request for a report was found, but no batch job was executing or pending.

Enter (A) to add to the existing request (and submit the job).
(or)
Enter (D) to delete the existing request (and request a new one).
(or)
Enter (S) to submit the existing request without adding to it.
(or)
Enter (C) to continue on without submitting a request and return to the menu.

Job previously submitted - Add to Existing Request ? (<Y>es or (N)o)

This message indicates that there is a batch job currently pending to produce a credit manager report. You are allowed to add to the existing request.

Enter (Y) to add to the existing request.
(or)
Enter (N) to return to the menu.
(or)
Press the return key to accept the default answer of Yes.

Report Type

Enter (H) for the report to be produced in Hardcopy format.
You will be taken to the Aging Bucket prompt.
(or)
Enter (L) for the report to be produced in Letter format.
(or)
Press the return key to end the request. You will be returned to the menu.

> Entry: Alphabetic (01)

Letter Id

Enter the letter id of a letter defined with a source of Credit Manager Report.
(or)
Enter ("?") for a list of available letters
(or)
Press the return key to end letter selection. You will be returned to the "Report Type" prompt.

> Entry: Alphabetic (06)

The letter description of the selected letter will be displayed.

OK to use this Letter?

Enter (Y) to use this letter to create a "mail merge" for accounts meeting selection criteria input following this prompt.
(or)
Enter (N) to void the letter selection. You will be returned to the "Letter Id" prompt.
(or)

Press the return key to accept the default value of Yes. You will be taken to the "Aging Bucket" prompt to enter your account selection criteria.
(or)
Press CTRL-Z to exit the function and return to menu.

> Entry: Alphabetic (01) Required Input

Aging Buckets

This is a display of the aging buckets and the number used to represent the bucket.

0 = ALL 1 = 0+ 2 = 30+ 3 = 60+ 4 = 90+
5 = 120+ 6 = 150+ 7 = 180+ 8 = 210+ E - Exit

Aging Bucket

Enter the number (from the Aging Bucket display) representing the aging criteria for the report.
(or)
Press the return key to include all accounts in the request regardless of their personal balance.
(or)
Enter (E) to exit the Credit Manager Report Request and return to the Credit Services menu.

> Entry: Numeric (01)

<M>inimum Aging or (S)pecific Aging

Enter (M) for minimum aging. Minimum aging indicates that balances of the selected age AND OLDER are to be considered for inclusion on the report.
(or)
Enter (S) for specific aging. Specific aging indicates that balances as old as the selected age ONLY are to be considered for inclusion on the report.
(or)
Press the return key to accept the default value of Minimum.

> Entry: Alphabetic (01) Required Input

Example:

	<----------- B A L A N C E S ----------->		
Age	Account 1	Account 2	Account 3
---	---------	---------	---------
0-30 (1)	0.00	0.00	0.00
30-60 (2)	10.00	0.00	0.00
60-90 (3)	10.00	0.00	0.00
90-120 (4)	0.00	10.00	5.00
120-150 (5)	0.00	0.00	0.00
150-180 (6)	0.00	0.00	5.00
180-210 (7)	0.00	0.00	0.00
210+ (8)	0.00	0.00	0.00

Aging Type	Aging Bucket	Balance(*)	Included
Minimum	2	10.00	1
Minimum	3	10.00	1,2,3
Minimum	4	5.00	2,3
Minimum	6	10.00	None

Specific	2	10.00	1
Specific	3	10.00	1
Specific	4	10.00	2,3
Specific	6	5.00	3

(*)This is the balance selected in the ONLY Include Balances Greater Than question below.

Include ONLY Credit Balances (Y or <N>)

Enter (Y) to indicate ONLY Credit Balances are to be included in the report.
(or)
Enter (N) to indicate all balances are to be included in the report.
(or)
Press the return key to accept the default value of No.

NOTE: This prompt is only asked when the response to the "Aging Bucket" prompt is "0".

> Entry: Alphabetic (01) Required Input

Include ONLY Zero Balances (Y or <N>)

Enter (Y) to indicate ONLY Zero Balances are to be included in the report.
(or)
Enter (N) to indicate all balances are to be included in the report.
(or)
Press the return key to accept the default value of No.

NOTE: This prompt is only asked when the response to the "Aging Bucket" prompt is "0".

> Entry: Alphabetic (01) Required Input

ONLY Include Balances Greater Than

Enter the dollar amount for which accounts with balances greater than this will be included in the report. (eg: 20000 = $200.00)
(or)
Press the return key for no selection by this criteria.

> Entry: Numeric (07)

ONLY Include Balances Less Than

Enter the dollar amount for which accounts with balances less than this will be included in the report. (eg: 20000 = $200.00)
(or)
Press the return key for no selection by this criteria.

> Entry: Numeric (07)

Print Collection Information (Y or <N>)

Enter (Y) to indicate Collection Information is to be included in the report for each account that meets the selection criteria.
(or)
Enter (N) to indicate no Collection Information in the report.
(or)

Press the return key to accept the default value of No.

> Entry: Alphabetic (01) Required Input

EXCLUDE Accounts with these Receipt(s)

Enter the specific Receipt Code(s), separating each with a comma (",") and no spaces. (eg: PER,CASH,R25)
(or)
Enter ("*") to exclude accounts with any personal receipt code.
(or)
Press the return key for no selection by this criteria. You will be taken to the "INCLUDE Accounts with these Classifiers" prompt.

> Entry: Alphanumeric (34)

INCLUDE Accounts with these Receipt(s)

Enter the specific Receipt Code(s), separating each with a comma (",") and no spaces. (eg: PER,CASH,R25)
(or)
Enter ("*") to include accounts with any personal receipt code.
(or)
Press the return key for no selection by this criteria.

> Entry: Alphanumeric (34)

Receipts Received Since Date

If you have entered criteria to include/exclude accounts based on receipts, you will need to enter the receipt received date to establish the accounts to be included. The date will indicate receipts received from the date entered forward. Date is entered in mmddyy format.

> Entry: Numeric (06)

EXCLUDE Accounts with these Classifiers

Enter the classifiers to be used as criteria for excluding accounts, separating each with a comma (",") and no spaces. (eg: BC,MED)
(or)
Press the return key for no selection by this criteria.

> Entry: Alphanumeric (29)

INCLUDE Accounts with these Classifiers

Enter the classifiers to be used as criteria for including accounts, separating each with a comma (",") and no spaces. (eg: BC,MED)
(or)
Press the return key for no selection by this criteria.

> Entry: Alphanumeric (29)

Transaction Types to Print (P, R, I, C)

Enter the types of Transactions to be included in the report.
(P)rocedures (R)eceipts (I)nsurance (C)omments (eg: PRIC)
(or)
Press the return key to accept the value of NONE. You will be taken to the "Specific Provider" prompt.

> Entry: Alphabetic (01 - 05)

Responsibility Types to Print (<P>, T, B)

Enter the responsibility types of the transactions to print, separating each with a comma (",") and no spaces. (eg: P,T)

<P>ersonal (T)hird Party (B)oth

(or)

Press the return key to accept the value of Personal.

> Entry: Alphabetic (01 - 05) Required Input

Transaction Print Begin Date <First>

Enter the first date for transactions to be included in the report. Date is entered in mmddyy format.

(or)

Press the return key to accept the value of the FIRST date.

> Entry: Numeric (06) Required Input

Specific Provider

Enter the identification of a specific provider for producing the Credit Manager Report. If the assigned provider of the FIRST PATIENT assigned to each account matches the provider entered here, the account will be considered for inclusion on the report.

(or)

Press the return key to accept a default value of ALL.

> Entry: Alphanumeric (02)

Specific Counselor

Enter the identification of a specific counselor for producing the Credit Manager Report. For an account to be considered for the report, it must be on collections (entered into the Collection Follow-up system), and must be assigned to the counselor entered.

(or)

Press the return key to accept a default value of NONE.

> Entry: Alphanumeric (02)

Next Call Date

Enter a date for which the account's next call date from the collection follow-up system must be less than or equal to.

(or)

Press the return key for no selection by this criteria.

> Entry: Numeric (06) Required Input

Report Copies <1>

Enter the number of report copies to be produced.

(or)

Press the return key to accept the default value of 1.

> Entry: Numeric (02) Required Input

Report Order

Enter the order for the report to be produced.

<1> = Account Number (2) = Last Name

(or)

Press the return key to accept a default value of 1.

> Entry: Numeric (01) Required Input

OK to Add Request ? (<Y>es or (N)o)

Enter (Y) to add the Credit Manager report request. You will be returned to the "Report Type" prompt to enter your next request or to CTRL-Z to exit the function.
(or)
Enter (N) to void the Credit Manager report request. You will be returned to the "Report Type" prompt to enter your next request or to CTRL-Z to exit the function.
(or)
Press the return key to accept the default value of Yes. You will be returned to the "Report Type" prompt to enter your next request or to CTRL-Z to exit the function.

> Entry: Alphabetic (01) Required Input

Enter an Optional Heading for Report

Enter an optional heading (79 characters maximum) which will be included at the top of the report. This heading can be used to identify a special listing, or for any other purpose desired.

Submitting Batch Request

This message will display when you CTRL-Z to exit the function.

Request MD615.CTL Placed in VMS xxxxx Queue <cr>

Press the return key to continue. You will be taken to the menu.

* C O L L E C T I O N F O L L O W - U P *

WHAT IS THE COLLECTION FOLLOW-UP FUNCTION?

The collection follow-up function is an interactive tool which:

- locates accounts which are considered delinquent
- performs selected recall of accounts which have been previously contacted by a credit counselor regarding payment performance
- allows entry of contacted account responses along with next contact date
- displays account on-line history

Upon entry of this option, you will be prompted for the file to search:

- (A)ccount file
- (C)ollection file

The Account File processing side will search the billing file based on the account balance age, either by minimum or specific aging, and locate accounts to be put on collections.

The Collection File will search previously contacted accounts based on the following selection criteria:

* Specific account, either by Name or Number
* Next scheduled contact date
* Counselor identification
* Collection status (Classifier)

After locating an account which meets the selected criteria, a display of current collection follow-up information, if any, and receipts and other history on file, if any, is produced on the screen. The operator can then Add or Modify the collection follow-up file entry.

HOW DO YOU GET TO THE COLLECTION FOLLOW-UP FUNCTION?

You access the Collection Follow-Up function from Credit Services, PF4, or by entering 3.3.1.4 at any menu.

HOW DO YOU USE THE COLLECTION FOLLOW-UP FUNCTION?

Specific information concerning Collection Follow-up can be obtained by requesting help after entering a response to the "A C E Enter Option : " prompt.

A C E Enter Option:

Enter (A) to process on the Account side: search the billing file and add accounts to collections.

(or)

Enter (C) to process on the Collections side: work collections by bringing up accounts scheduled to be contacted, and add or modify collection information.

(or)

Enter (E) to end and return to the menu.

* B I L L I N G R U N R E Q U E S T *

WHAT IS THE BILLING RUN REQUEST FUNCTION?

The billing run request function takes the user through a dialogue to request the running of "month-end" processing. The billing function prepares balance forward statements for the personal responsibility portion of an account balance. Specific options and customization of messages as a function of account aging and account classifiers are allowed.

The dialogue asks the following questions after you have acknowledged the completion of the appropriate file backup:

* Billing date
* Statement due date
* Aging messages (up to 5 messages dependent on account aging)
* General message for all statements
* Is this the start of a new calendar year? Determines if production accummulators are to be reset
* Are year-to-date finance charge amounts to be reset? Determines if Finance Charge accummulators are to be reset

Upon completion of the request dialogue, a request will be submitted which will process the billing. The billing service outputs include:

- Presorted self-mailer statements or single page window envelope inserted statements
- Processing volume summary and collection performance report
- Procedure analysis report by
  - total practice services
  - individual provider services at each location
  - individual provider procedure pricing variation
- Receipt analysis report by total practice
- Diagnosis summary report
- Receipt allocation report by provider
- Daily summary reports by provider and practice
- Detail processed transaction register
- Finance/rebilling charge transaction register
- Account aged balance report
- Detail and summary report of all closed insurance claims
- Third party aged summary report of all outstanding open claims
- Provider production by insurance carrier

HOW DO YOU GET TO THE BILLING RUN REQUEST FUNCTION?

The Billing Run function is accessed from Main Menu #3, PF4, or by entering 3.0.0.4 at any menu.

HOW DO YOU USE THE BILLING RUN REQUEST FUNCTION?

The Billing Run function permits only one option, to request the billing run.

HOW DO YOU REQUEST A BILLING RUN?

Requesting a Month End causes a batch job to be run which will alter many important files in your directory. These changes are NOT reversible, and WILL affect your account balances and transaction history. In the case an error should occur during this process, it is prudent to have a means of recovering. The safest method is to backup your files to external medium prior to running the Month End job. In this way, their current state is saved, and you can go back to this copy and restore your files, correct the problem, and rerun the Month End.

Each of the following information prompts related to Requesting a Billing Run are in bold type in the far left column of this section. Following the prompt will be a description of what it is used for, if and how it can receive input (> Entry:) and any variation of use depending on the option chosen, (eg: (AP)).

Have you taken a backup of your files, or has one been scheduled prior to the running of the Month End ? ((Y)es or (N)o)

Enter (N) if no backup has been performed or scheduled. This will abort the request.
(or)
Enter (Y) if the backup has been performed or scheduled.

A backup operation saves (copies) your data to auxiliary storage in order to safeguard it against loss or corruption. Although the backup process is not a part of Care/DM, and it is not required that you perform a backup prior to running the month end, it is STRONGLY RECOMMENDED that the backup be performed. During the Month End run, irreversible modifications to your data files take place. Should an error occur, or a computer power failure or other event occur, the only recovery may be to restore from previously saved data. Without a good backup, a day's business, or in a worst-case scenario, ALL DATA could be lost.

The following devices are used for data storage and work area:

```
   Master Data Files: DEVICE2$: (ddcu)
 On-Line History File: DEVICE3$: (ddcu)
List/Work File Device: DEVICE12$:(ddcu)
     Total Space:     n,nnn,nnn Blocks (nnn,nnn,nnn Bytes)
      Free Space:     n,nnn,nnn Blocks (nnn,nnn,nnn Bytes)
    Percent Free:     nn.n%
```

This is an informational message that displays disk resources available and percent free space for month end processing

Space is low on one or more drives - Submit Job Anyway? ((Y)es or <N>o)

NOTE: THIS MESSAGE APPEARS ONLY WHEN THE SYSTEM DETECTS THERE MAY BE INSUFFICIENT DISK SPACE TO ALLOW MONTH END PROCESSING.

Enter (N) or press return to abort the month end request and CONTACT CARE CUSTOMER SUPPORT or YOUR SYSTEM MANAGER FOR ASSISTANCE.
(or)
Enter (Y) ONLY if you are certain sufficient disk space is available for month end processing.

Billing Date

Enter the date to appear on the billing as the Billing Date. This date should be less than or equal to today's date.

> Entry: Numeric (06) Required Input

Billing Date Greater than Today's Date - Enter (Y)es if OK or <N>o

The Billing Date entered was greater than the current date. Enter (Y) if this is OK.
(or)
Enter (N) or press the return key if not. You will be prompted for a new date.

> Entry: Numeric (01) Required Input

Statement DUE DATE

Enter the payment due date to appear on the billing.

> Entry: Numeric (06) Required Input
(or)
Enter <cr> to accept the default of "UPON RECEIPT"

High Age

Enter the high age (in days) of an account's balance which is to receive the following message on its statement. Up to two (2) lines of fifty characters each for each of five (5) different messages for balance ages can be entered. Messages for the different age ranges should be entered in ASCENDING order.
(or)
Press return to terminate age message entry.

> Entry: Alphanumeric (50) Up to two lines of 50 characters each

Exclude Message if Payment Made Since ######

Enter a date which will cause the aging messages to be suppressed if a payment has been received since then.

> Entry: Numeric (06)
(or)
Enter <cr> to skip this option.

Specific Payment Codes <Any>

Enter a list of payment codes which, combined with the previous date, will cause aging messages to be suppressed. If payments with the codes indicated are received since the above date, no message will be printed. Entry of just a <cr> will cause the messages to be suppressed if ANY payments are received since the selected date.

Note: This prompt will only appear if a date was entered in response

to the previous prompt.

General Message
    Enter a free-form message to appear on the bill.
  > Entry: Alphanumeric   (1 - 2 lines @ 01 - 50 characters each)

Is this the FIRST period of a NEW FISCAL Year ? ((Y)es or <N>o)
    Enter (Y) if it is the first billing of a fiscal year. This indicates
    that following this month's reporting of any year-to-date amounts, those
    amounts should be reset to zero. That is to say, year-to-date figures
    reported during this month-end reflect the total amount of last year's
    business, and that this month's figures will begin a new year.
      (or)
    Enter (N) if it is not the first billing of a calendar year.

Create Statement Fiche ? ((Y)es or <N>o)
    Enter (Y) if microfiche of statements is to be produced.
      (or)
    Enter (N) or press return if microfiche statements not desired.

Reset Year-to-Date Finance Charges ? ((Y)es or <N>o)
    Reset finance charges during first month of the new calendar year.
    Enter (Y) if year-to-date finance charge amounts for accounts are
    to be reset to zero.
      (or)
    Enter (N) or press return if year-to-date finance charge amounts are
    not to be reset.

OK to Submit ? (<Y>es or (N)o)
    Enter (Y) if the Billing Run request is ready to submit.
      (or)
    Enter (N) if the Billing Run Request is NOT ready to submit.
      (or)
    Press the return key to accept the default value of Yes.

Submitting Month-End to batch
    This is a display message only.

Enter an Optional Heading for Report
    Enter an optional heading (79 characters maximum) which will be
    included at the top of each report produced by the Month End
    process. This heading can be used to identify a special run,
    or for any other purpose desired.

Request DEVICE4$:MDMND1.CTL Placed in VMS "queue-name" Queue <cr>
    Press the return key. You will be returned to the menu.

NOTICE to Users During Billing Run
    The following message will display to users while the Billing Run
    process is executing:

    A Month End Billing Run is presently executing or has Aborted.

    Access to CARE/DM Functions will be limited to ONLY Account and Patient
    Activity Display until completion or a resolution is made.

In the case of an error, contact your Customer Support Representative for assistance.

Press <cr> to continue.

* U S E R   M A I N T E N A N C E *

WHAT IS THE USER MAINTENANCE FUNCTION?

The user maintenance option is the vehicle used to set up individual users and access restrictions/privileges on the system. The system manager will specify the user identification code, password, name, and restrictions/privileges from the system options.
The password may be changed by the user at a later date using the /CH switch on the password at system access time.

HOW DO YOU GET TO THE USER MAINTENANCE FUNCTION?

You access the User Maintenance function from Office Manager Services #1, PF1, or by entering 4.1.1.1 at any menu. You MUST have the SYSMGR user privilege to access this function.

HOW DO YOU USE THE USER MAINTENANCE FUNCTION?

The user maintenance function permits several data manipulation options. The options are displayed at the bottom of the screen in the following manner:

A D C O S L U E   Enter Option or Function Key: __

Press the Left or Right Arrow keys to highlight the option or enter the letter of the option you want to access and press the return key. Other input allowed includes the "Help" key.

The following options are available:

A Add new users to the system
D Display information about a specific user
C Change user information
O Omit a user from system access
S Scroll display of users with selection of all valid users assigned access to the system or all users currently logged on the system
L Login display and reset; permits review of who has logged into the system, when, and for how long. The option to reset this information is given.
U Edit User Help files
E End - return to the menu

HOW DO YOU CALL UP/RETRIEVE USER INFORMATION?

The (D), (C) and (O) options require a user be called up, or retrieved. The "user you want" is selected at the "User Id" screen prompt. Retrieval of user information can be accomplished via entry of:

* A User identification code (eg: CAREDM)

* Part of a User identification code (eg: C)
* Forward browse retrieval is performed by using the down arrow key or <lf> linefeed key.

WHAT INFORMATION IS MAINTAINED IN USER MAINTENANCE?

Each of the following information prompts related to the User Maintenance function are in bold type in the far left column of this section. Following the prompt will be a description of what it is used for, if and how it can receive input (> Entry:) and any variation of use depending on the option chosen, (eg: (AP)).

User Id

Enter the unique user identification code.

> Entry: Alphanumeric (06) Required Input

Password

Enter the user password identification code.

> Entry: Alphanumeric (06) Required Input

Name

Enter the actual name of the operator to own the user id and password combination.

> Entry: Alphanumeric (30) Required Input

Print Queue

Enter a specific print queue to which this user can direct on-demand reports or enter "NONE" to use the system default print queue. This print queue must be set up by the system manager prior to making any requests to print.

> Entry: Alphanumeric (20)

Restrictions/Privileges

Enter the restriction or privilege acronym from the following list. If you want to remove a restriction, enter the restriction and if it is in the current list it will be removed.

(NOLOG) - Do not track information about login/logout times

(x.x.x) or (x.x.x.x)

- Format of any menu option to be restricted. See the "How to Get to ...." section of each chapter for the format. (eg: 4.1.1.1 is the function access for this chapter; 2.0.0 is the function access for Main Menu #2) The function keys are defined as the following menus:

F6 - Account Maintenance	1.1.1.1
F7 - Account Inquiry	1.0.0.3
F8 - Patient Maintenance	1.1.1.2
F9 - Patient Inquiry	1.0.0.4
F10 - Demand Form	1.2.1.4
F17 - Patient Service Entry	1.2.1.1
F18 - Receipt/Adjustment Entry	1.2.1.1
F19 - Scheduling	2.2.1.1
F20 - Printer Services	3.0.0.1

(ALLOW) - Permit the user to access ONLY the options listed, format of allowed menu options must be x.x.x.x
(NONOTIC) - User receives no notices
(NOMAIL) - User receives no mail messages
(SYSMGR) - User has system manager privileges
(MAIN) - User always returns to Main Menu screen when ending out of any program option
(ACTCOL) - User may view collection information in Account Activity Display
(TPRADJ) - User may enter Third Party adjustments without having to select an open claim to process
(CLASS.xxx.yyyyy)
- Restricts user to viewing ONLY accounts with classifier "xxx"; prints the string "yyyy" at the beginning of the display; the periods are required delimiters
(AD##) - Activity Display for ## months prior to current date; only show account and patient history for ## months prior to the current date in Account and Patient Activity Display functions
(CHGCMT) - Allows history comments (notes) to be changed
(DELCMT) - Allows history comments (notes) to be deleted
(EDHELP) - Allows user-defined help to be edited
(CHGOPN) - Allows the operator to change the Open Item tracking parameters in insurance maintenance; that is, it allows you to change an insurance company from Personal to Third Party and vice-versa; when adding this privilege, it is given to the user ONLY for the duration of that login and it can be added ONLY to the privileges of the current user - it is NOT made a permanent privilege
NOTE: There are other steps which must be performed when changing an insurance company from Personal to Third Party; the complete process is detailed in a separate document titled "Tech Note - Convert PR Insurance to TPR"
(REQTPR) - Allows operator to request a Third Party Open Claim; this function is only used when an audit has indicated that a third party claim is missing; when adding this privilege, it is given to the user ONLY for the duration of a single claim request session, and it can be added ONLY to the privileges of the current user - it is NOT made a perm- anent privilege; when the user has this privilege, the option to request the third party claim will appear on the Insurance Services Menu #2
(NONE) - Remove all restrictions/privileges from this user
(or)
Press the return key to continue.
> Entry: Alphanumeric

Ok to Add? (<Y>es or (N)o)
Enter (Y) to add the user identification record. You will be taken back to the "User Id" screen prompt to enter the next record.
(or)
Enter (N) to void entry of the user identification record. You will be taken back to the "User Id" screen prompt to enter the next record.
(or)
Press the return key to accept the default of <Y>.

When the (S)croll option is selected, the following prompt appears:

Enter List to Display (A)ll Users (O)n System

Enter (A) to display all valid user identification records.
(or)
Enter (O) to display just the entries for those users currently logged on.

When the (L)ogin display and reset option is selected, the following prompts appear:

Want to Display Logins (<Y>es or (N)o)

Enter (N) to not display the user login file.
(or)
Enter (Y) to display the user login file.
(or)
Press the return key to accept the default of <Y>.

Want to Reset User Login File (<Y>es or (N)o)

Enter (N) to not reset the user login file.
(or)
Enter (Y) to reset the user login file.
(or)
Press the return key to accept the default of <Y>.

HOW DO I EDIT USER-DEFINED HELP?

In order to edit user-defined help, you must have the EDHELP system privilege. Once you have this privilege, you can select the (U) option. When selecting the (U) option, you are placed into the CARE/DM Help system. At that point, you can either obtain help or begin editing a help file to customize it to your own specific office procedures.

<cr> for Help or (E)dit

Press the return key to get help
(or)
Enter (E) to edit a user-defined help file

Enter file to edit or (L)ist Help Files

Enter the name of the file to be edited
(or)
Enter (L) to list the available files

Editing system help files is done using the VMS system editor, EDT, in the same manner as editing letters. Operation of the editor is described in that function. The help files available for user modification are listed below.

Name	Description
ASA_A	CPT/ASA Production Payor Report Request
BLDPRM	Parameter Maintenance
JOBIN	Access to Care/DM
MD101	Patient Service Entry
MD115A	Request Auto Release of Pend-post Transactions
MD150	Payment and Adjustment Entry
MD200C	Request Daily Close Processing
MD200D	Request Deposit Slip Listing
MD400A	Billing Run Request
MD580A	Claim Request
MD581	Secondary Claim Request
MD595A	Search/Submit Claims for Eligible Services
MD600A	Patient Listing Request Options
MD610A	Account Listing Request Options
MD611	Demand Patient Form Print
MD612A	Model Storage List Request
MD613	Request Missing Encounter Form Listing
MD615A	Credit Manager Report Request
MD620A	Activity Code Listing Request Options
MD630A	Firm and Provider Listing Request
MD640A	Insurance Company Listing Request Options
MD650A	Attending Provider Report
MD680	Contract Payment Report Request
MD700A	History Archive and Purge
MD901	Account Maintenance
MD906	Provider/Patient Referral Maintenance
MD910	Patient Maintenance

Name	Description
MD912	Model Storage
MD920	Activity Code Maintenance
MD921	Supplementary Code Maintenance
MD925	Cross Reference Code File Maintenance
MD927	Comment Maintenance
MD930	Firm and Provider Maintenance
MD935	Zip Code Maintenance
MD940	Insurance Company Maintenance
MD945	Reimbursement Table Maintenance
MD950	Patient Activity Display
MD960	Account Activity Display
MD970	Third Party Claim Maintenance
MD980	Contract Payment Maintenance
MD985	Hospital Admit/Discharge Maintenance
MD990	Collection Follow-Up
MD990A	Collection Follow-Up (Account Side)
MD990C	Collection Follow-Up (Collection Side)
MD994	Send Messages to Users
MD995	Login Notice Maintenance
MD996	User Mail Send and Read
MD998	Total A/R Balance Display
MD999	User Maintenance
MDINBL	Account Balance Initial Loading
MDLTR2	Care/DM - Letter Maintenance
MDMENU	Introduction to Care/DM Documentation and Operation
MDSPL2	Printer Services
MI600A	Item Inventory Type Request
MI900	Item Inventory Maintenance
MS100	Schedule Maintenance
MS110	Recall Maintenance
MS600	Schedule Reporting Request
MS640A	Recall Notice Request
MS910	Schedule Template Maintenance
MS920	Schedule Extend Allocation
OCR_A	Open Claim Report Request
SAMPRT	Reimbursement Table Reporting
SELTRN	Selected Transaction Summary Reporting
SVCRPT	Primary Payor Services Reporting
USER_MENU	User-Defined Menu Options
UTL000	Care/DM Utilities

* P A R A M E T E R   M A I N T E N A N C E *

WHAT IS THE PARAMETER MAINTENANCE FUNCTION?

Parameter maintenance is used to create, display, and modify the options which are installed to tailor the Care/DM system to the office needs.

Altering these can have serious effects on the operation of the Care/DM system. You should consult with your Customer Support Representative if you are unfamiliar with this option and the meaning of the various parameters. Three options are given: Print, Create, and Modify. The Print option will produce a display on the terminal screen or a hardcopy listing of the office parameters. The Create and Modify options alter these parameters, and require a special password to gain access.

HOW DO YOU GET TO THE PARAMETER MAINTENANCE FUNCTION?

You access the Parameter Maintenance function from Office Manager Services #1, PF2, or by entering 4.1.1.2 at any menu.

HOW DO YOU USE THE PARAMETER MAINTENANCE FUNCTION?

The parameter maintenance function permits several data manipulation options. The options are displayed at the bottom of the screen in the following manner:

```
Create  Print  Modify  End    Enter Option: __
```

Press the Left or Right Arrow keys to highlight the option or enter the letter of the option you want to access and press the return key. Other input allowed includes the "Help" key.

The following options are available:

C Create parameter file
P Print parameter information
M Modify CARE-15 parameter information
E End - return to the menu

WHAT FILES ARE MAINTAINED IN PARAMETER MAINTENANCE?

File #	File Name	Description
1	MDPERM.DAT	Business Parameters
2	ACCTNO.DAT	Next Account Number to Assign
3	PCNTNO.DAT	Next Patient Number to Assign
4	CLSMSG.DAT	Classifier Statement Messages
5	DELTRN.DAT	History Retention by Classifier
6	COPIES.DAT	Report Copies
7	QTIME. DAT	Batch Processing Time Definition
8	GLI_PARMS.	General Ledger Format Definition
9	MDPINS.DAT	Provider/Insurance Number Titles

10	RPTPRM.DAT	Report Print Parameters Definition
11	USER_QUEUE	User-Defined System Print Queues

Refer to the INSTALLATION GUIDE for additional information about these files.

WHAT INFORMATION IS MAINTAINED IN PARAMETER MAINTENANCE?

Each of the following information prompts related to Care/DM parameters are in bold type in the far left column of this section. Following the prompt will be a description of what it is used for, if and how it can receive input (> Entry:) and any variation of use depending on the option chosen.

Display message

All of the parameters which will be input affect the operation of the CARE/DM System, and should only be performed by a System Manager. As an additional level of security, an access code is required to create or modify system parameters.

Enter Access Code

Contact your office (or system) manager or Care Customer Support for the value of this code.

* A / R B A L A N C E D I S P L A Y *

WHAT IS THE A/R BALANCE DISPLAY FUNCTION?

The A/R (accounts receivable) Balance Display function will provide a summary display of the total receivables up through the last daily close. The display will begin at the last billing run and scroll display the production and receipts for each provider for each day since the last billing. The daily net A/R and current A/R are computed and displayed.

HOW DO YOU GET TO THE A/R BALANCE DISPLAY FUNCTION?

You access the A/R Balance Display function from Office Manager Services #1, PF3, or by entering 4.1.1.3 at any menu.

HOW DO YOU USE THE A/R BALANCE DISPLAY FUNCTION?

The A/R Balance Display function is for display only. The operator will automatically enter the display option when accessing the function.

HOW DO YOU CALL UP/RETRIEVE A/R BALANCE DISPLAY INFORMATION?

The A/R Balance Display function is for display only. The operator will automatically enter the display option when accessing the function.

WHAT INFORMATION IS DISPLAYED IN A/R BALANCE DISPLAY FUNCTION?

Each of the following information prompts related to an A/R Balance are in bold type in the far left column of this section.
Following the prompt will be a description of what it is used for, if and how it can receive input (> Entry:) and any variation of use depending on the option chosen, (eg: (AP)).

<cr> to Continue or Control-Z to Exit

Press the return key to continue with the display.
(or)
Press the CTRL and Z keys to exit the function and return to the menu.

Balance at (mm-yy) Closing

Automatic display of A/R Balance information.

Date

Automatic display of information.

Provider
Automatic display of information.

Services
Automatic display of information.

Receipts
Automatic display of information.

Adjustment
Automatic display of information.

Net
Automatic display of information.

<cr> to Return to Menu or (R)edisplay
Press the return key to return to the menu.
(or)
Enter (R) to redisplay the A/R Balance information.

* H I S T O R Y A R C H I V E A N D P U R G E *

The inactivation and removal of information from the Care/DM system requires a sequence of steps. The first step is to idenfity or flag accounts, patients and history transactions that meet your criteria for no longer being required for online access. After one or multiple flag operations, an archive step can be initiated. This step will copy all infomation from your system to an optional history media, usually tape. A microfiche or printed copy of this history can be produced. The final step of information removal is to perform the purge. This step will remove all information for flagged transactions, leaving an audit entry. All accounts and patients flagged as inactive will be removed from the system.

WHAT IS THE FLAG ACCOUNTS AND PATIENTS INACTIVE FUNCTION?

The flag function will inactivate accounts and associated patients based on the following selection criteria:

- classifiers
- last visit date
- the account must have a $0.00 total balance
- the account must have a $0.00 finance charge year-to-date
- patients that have a pending appointment entered in the scheduling subsystem will not be inactivated

An inactive patient chart label may be produced depending on your business file parameter and copies entries.

WHAT IS THE ARCHIVE AND PURGE FUNCTION?

The archive and purge function can either process only inactive accounts and patients, or all accounts and patients.

The following will take place if the user selects inactive only:

* The user will be prompted for starting and ending account numbers. This will allow the user to select a given range of accounts to be archived, thus enabling the archive and purge function to be performed in sections.
* Produce a report of inactive accounts and patients. This report can be put on magnetic tape for subsequent microfiche processing.
* Purge inactive accounts, patients and associated records.
* Note: this type of archive requires the least amount of system resources.

If all accounts and patients are selected:

* Copy all account and patient service information to a history media, usually tape.
* Produce a report of all accounts and patients. This report can be put on magnetic tape for subsequent microfiche processing.
* Purge the accounts and patients flagged as inactive following

the copy to history media.
* Purge the history transaction file based on the business parameter file selections.

This operation should be performed at least once each year. The purge of inactive information can help prevent filling your system storage device beyond its capacity.

WHAT IS THE HISTORY REPORT FUNCTION?

This function will produce a report of all accounts, patients and transaction history with out removing any information.

HOW DO YOU GET TO THE HISTORY ARCHIVE AND PURGE FUNCTION?

You access the History Archive and Purge function from Office Manager Services #1, PF4, or by entering 4.1.1.4 at any menu.

WHAT INFORMATION IS AFFECTED BY THE HISTORY ARCHIVE AND PURGE FUNCTION?

Account and patient information may be reported, inactivated or purged.

* D E F I N E U S E R M E N U & H E L P *

The user can maintain their own office-specific procedures and commands which are available through the Care/DM Menu system. This requires knowledge of the VMS operating system, and the VMS system editor, EDT, which is also used in the letter writer. See the chapter on Letter Maintenance for the instructions on how to use the editor. If you are unfamiliar with the VMS operating system, it is recommended that you call customer support for assistance in setting up any user-defined functions, as they operate outside of the Care/DM System. As such, they circumvent any and all Care/DM protection mechanisms, and could have drastic effects on the integrity of your data.

To set up a user menu option, you perform the following steps:

- exit Care/DM; get to operating system prompt from Office Manager Services #2, PF2, or by entering 4.1.2.2 at any menu
- issue the following command at the "$" dollar sign or other system prompt:

    EDIT USRDEF.DAT

- enter new information or modify current user-defined functions file contents as appropriate
- exit the editor, saving your changes
- to get back into Care/DM, enter "MENU" at the dollar sign ("$") or other system prompt

The file USRDEF.DAT can contain up to 16 pairs of lines where each pair defines the option and how it is executed. The first line contains the execution mechanism of the function, and the second line contains its description. The description will appear on the Care/DM Menu. Up to four auxiliary menu screens can be defined in this way: Main Menu #5, #6, #7, and #8, with up to four entries each. Menu selections which do not have entries in USRDEF.DAT will not appear.

The execution mechanism of a user-defined option can take one of three forms:
- the execution of an operating system command
- the execution of a command procedure
- the execution of a program

The command specifications are in the following formats:

Operating system command
    $ command

Command procedure
    @procedure_name

Program
    program_name

Example:
Define six user-specific menu entries.

This requires six pairs of lines in USRDEF.DAT, and will occupy four selections on Main Menu #5 and two on Main Menu #6. Main Menu #7 and

#8 will not be available. The selections to be defined are:

Entry #1 - Produce a directory listing of the user's files
Entry #2 - Display print and batch queues
Entry #3 - Show all users on the system
Entry #4 - Type out the contents of a file
Entry #5 - Access a user-written program
Entry #6 - Execute a user-written command procedure

The USRDEF.DAT file would contain entries similar to:

```
$DIRECTORY
Directory Listing
$SHOW QUEUE/ALL
Show Print and Batch Queues
$SHOW USERS
Show System Users
$TYPE
Type Out Contents of File
$RUN MYPROGRAM
Special User Program
@MYPROPCEDURE
Special User Command Procedure
```

Main Menu #5 would look like:

```
   ---------------------------
   * M A I N   M E N U   # 5 *
   ---------------------------
PF1...Directory Listing

PF2...Show Print and Batch Queues

PF3...Show System Users

PF4...Type Out Contents of File
```

Main Menu #6 would look like:

```
    ---------------------------
    * M A I N   M E N U   # 6 *
    ---------------------------

PF1...Special User Program

PF2...Special User Command Procedure
```

Main Menu #7 and Main Menu #8 would not appear.

The actual execution mechanism for the user-defined options depends on how the option is specified.

- A chain to (transfer execution to) a program IN THE CARE/DM PROGRAM LIBRARY if the USRDEF line contains just a program name.

- A spawn (parallel execution) of the operating system command if the first character is a dollar sign ("$").
- A spawn (parallel execution) of a command procedure (using the current default device and directory to locate it) if the first character is an at sign ("@").