

Introduction to Computers in the Medical Office

ASSIGNMENT 1: INSTALLING THE MEDISOFT SOFTWARE

There's no corresponding textbook reading for this section.

Introduction

Medisoft is one of many *practice management programs (PMP)*, or *practice management software (PMS)*, used in the medical industry. This type of software allows physician offices and other health care businesses to track patient, insurance, and accounting information all within one system.

For this course, you'll use Medisoft to practice real-life scenarios that health care professionals encounter in medical office settings.

Loading the Software

Your course materials include a DVD called "McKesson Ambulatory Solutions Medisoft, McGraw-Hill Student At-Home Edition, Version 16."

The software package includes the DVD and a four-page booklet called "Installing Medisoft Advanced Student At-Home Version 16." The booklet provides step-by-step instructions on installing the software. To begin, insert the DVD into your computer's drive and follow the instructions in the booklet.

Downloading Student Files

Please note the important information on page two of the installation booklet, telling you to uncheck the **Launch the Medisoft Patient Accounting Advanced** box. *Don't* launch the program immediately after installation. You'll first need to download the Medisoft Student Data Installer *before* using

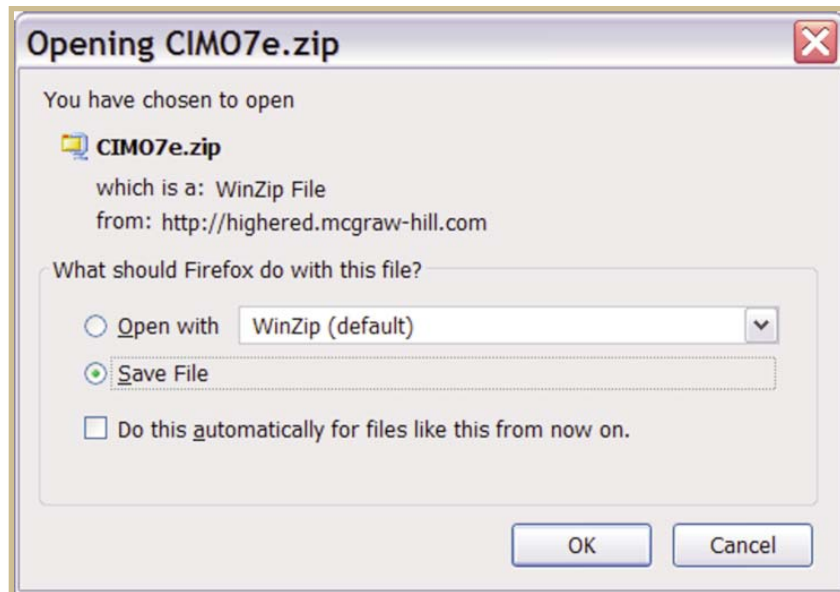


the program. Instructions on downloading the Medisoft Student Data Installer begin on page three of the installation booklet.

The URL where you'll go to download the student files is printed on the back cover of your textbook. You'll see the text "Students, **click here** for help if you need to load Medisoft Version 16 or the student data files." Click the hyperlink. This will take you to the Student Resources page.

Under "Installing the 'CIMO7e' Student Data File," click the **CIMO7e (5687.0K)** link. A message will appear asking if you want to open or save the file. Select **Save file**, and click **OK** (Figure 1). The file will download (it's a large file, so this may take a while).

FIGURE 1—Download the file.



Once the file downloads, double-click it to open it (you'll need to have either WinZip or another file compression program installed; most versions of Windows come with such software). Then double-click the **CIMO7e.exe** file. If you get a message asking what you want to do with the file, click **Run**. Then click **I Agree** and **Install**.

If you're having trouble loading the patient files or are missing the data files, log onto your "My Courses" page and view "Help with Downloading Patient Data Files."

Continue the Course

Once the software is installed, you're ready to continue the course. Move on to Assignment 2. You'll be given specific directions on when to use the software later in the course.

ASSIGNMENT 2: UNDERSTANDING THE MEDICAL BILLING CYCLE

Read "To the Student," beginning on page xxii, then pages 2-25 in your textbook. Then read the following assignment.

Introduction

Medical billing is an important function of the health care process. Medical billing tracks care given to patients, insurance information, and cost of the care provided. Medical billing is how physicians, medical offices, hospitals, and health care workers are paid for the services provided to patients. Without an accurate and organized medical billing cycle, health care professionals and organizations couldn't stay in business.

Medical Billing Cycles

As your textbook outlines, there are 10 distinct steps in a *medical billing cycle*.

1. Preregistration
2. Financial responsibility
3. Patient check-in
4. Patient check-out
5. Coding compliance
6. Billing compliance
7. Claim preparation and transmission
8. Payment monitoring

9. Statement generation

10. Collections and follow-up

A medical billing cycle begins at *preregistration*, or registration of the patient for services. The cycle concludes when the reimbursement has been made in full for the services and all reimbursement has been applied to the account.

Hint: The medical billing cycle is filled with terminology unique to the accounting, medical billing, and insurance industries. Be sure to review the highlighted terms in the margins of your textbook. They'll provide you with a better understanding of the material presented.



Self-Check 1

At the end of each section of *Electronic Medical Records*, you'll be asked to pause and check your understanding of what you've just read by completing a "Self-Check" exercise. Answering these questions will help you review what you've studied so far. Please complete *Self-Check 1* now.

Indicate whether the following statements are True or False.

- _____ 1. Collecting insurance cards and verifying identification is performed during the reimbursement collection step of the medical billing cycle.
- _____ 2. The *deductible* is the amount due from the patient at the time of an office visit.
- _____ 3. The most common type of managed care plan is one that deals with a network of providers that are under contract to a managed care organization.
- _____ 4. Patient copayments should be collected during check-in before treatment is administered.
- _____ 5. *Coding* is the process of translating the descriptions of diagnoses and procedures into matching numeric and alphanumeric codes.

Check your answers with those on page 105.

ASSIGNMENT 3: HOW HEALTH INFORMATION TECHNOLOGY IS USED IN MEDICAL OFFICES

Read pages 26–56 in your textbook. Then read the following assignment.

Introduction

The profession of *health information technology* deals with the management and storage of patient health information by technological means, such as software and computer networks. Health information technology includes functions that may be familiar to you, such as electronic medical records, clinical coding systems, and electronic fund transfers.

Information Technology in Health Care

Health information technology plays an important role in health care by streamlining the management of patient information. Health information technology

- Makes patient data retrieval faster
- Allows for electronic submission of claims
- Makes payment processing faster
- Implements decision support functions to assist health care providers in making more comprehensive patient treatment plans
- Automates follow-up letters and reporting processes

Practice Management Programs

Practice management programs (PMPs) such as Medisoft are critical to the success of today's medical office and health care organization. These software programs assist with important processes such as

- Scheduling
- Claims and billing
- Reimbursement

Clearinghouses

When a medical office submits an electronic claim to an insurance company or payer, it may first go through a *clearinghouse*. Clearinghouses collect information from different medical offices and health care organizations. They then review claims for errors and securely transmit the files to the appropriate payer. Clearinghouses work to standardize error-free claims and translate them to a format that all payer systems recognize.

Note: Payers are the entities that pay for health care. These may be private organizations, government programs like Medicare, insurance companies, corporations that provide benefits for employees and their families, or the patients themselves. When the patient pays for his or her own health care, there's no claim to submit through a clearinghouse.

The use of clearinghouses benefits medical offices by

- Providing a single point of management for all claims, no matter the payer
- Reducing errors
- Decreasing claim denials
- Eliminating the need to reenter payer information for each claim
- Speeding up reimbursement
- Reducing expenses for paper-based products like claim forms and mailing envelopes

Hint: Study Figure 2-2 on page 30 of your textbook to help you understand the flow of information through clearinghouses.

Electronic Health Records

Electronic health records consist of patients' medical information stored in an electronic or computerized format. There are many different names for patient medical information stored in this format:

- Electronic patient records, or EPRs
- Computerized patient records, or CPRs
- Computerized medical records, or CMRs
- Electronic health records, or EHRs
- Electronic medical records, or EMRs
- Personal health records, or PHRs

Although the terms are often used interchangeably both inside and outside of the health care industry, they have distinctly different meanings.

Hint: Review Table 2-1 on page 34 of your textbook to give you a better understanding of the different terms used today.

Benefits of Electronic Health Records

Electronic records allow medical offices, hospitals, and health care organizations to move away from less efficient paper-based records. In addition, electronic records come with added benefits of decision support, reporting, instant access to information, and order management all from one point of reference.

Unfortunately, moving toward a completely electronic system can be costly in software, computer updates, and training. Many medical offices and health care organizations are still struggling to update their records to an electronic system.

However, case studies of those health care offices and organizations using electronic health records increasingly cite advantages like increased quality, decreased errors, and easier access, which far outweigh the cost.

Importance of Documentation and Coding

In the health care industry, if part of the care given to a patient wasn't documented, then it didn't happen. Each service provided and supply used creates a financial trail of how the patient was treated. All of the services and supplies are assigned numeric and alphanumeric codes that translate to charges for billing purposes. However, if something provided wasn't recorded in the patient's record, then the health care provider can't charge for it, and therefore loses money. For example, if a patient receives a chest X-ray, but the health care worker forgets to document it, then it can't be charged.

With electronic health records, many of these issues become obsolete. EHRs integrate tools like documentation templates and computer-assisted coding. This makes the process more efficient, therefore improving workflow and reducing errors.

Hint: Review Tables 2-2 and 2-3 on page 43 in your textbook to help understand the workflow differences between paper-based records and electronic records.

HIPAA

HIPAA stands for the *Health Insurance Portability and Accountability Act*. HIPAA was passed by Congress in 1996 to cover issues like ensuring insurance coverage when moving between jobs, decreasing health care fraud and abuse, increasing efficiency of health care transactions, and ensuring privacy and security of health care information.

HIPAA is separated into different sections called *Titles*. The two most well-known portions of HIPAA deal with the privacy and security of patient information.

HIPAA and Electronic Transactions

Because part of HIPAA deals with electronic patient information, it's important to understand how that information is formatted to meet HIPAA standards and requirements.

Providers and health plans must use a specific format when transmitting and receiving health care information. These standards are called the *HIPAA Electronic Transaction and Code Sets standards*.

The transaction and code sets standards ensure a common exchange format for information, which increases efficiency and decreases errors. Health care organizations are required to use specific electronic claim forms. There's also a mandated paper insurance claim form for those practices not yet fully electronic.

HIPAA Privacy

Privacy and security are probably the two most discussed HIPAA topics. Although often used together, they have distinctly different meanings.

Privacy is a huge concern because it deals with access to patient information that affects all individuals involved in health care—from patients to physicians to insurance companies and anyone else who comes into contact with patient health information. The HIPAA “Privacy Rule” protects a patient's personal information from being used for any purpose other than *treatment, payment, and operations (TPO)*. All other use of a patient's *protected health information, or PHI*, is limited under specific HIPAA guidelines. For example, a patient's health information may be used for research, but all *individually identifiable health information (IIHI)* must first be removed. IIHI can include

- Patient name
- Address
- Social Security number
- Birth date
- Telephone number

HIPAA Security

Security refers to the ways in which health information is protected through different measures. According to the HHS Centers for Medicare & Medicaid Services (CMS), the “final [HIPAA] rule specifies a series of administrative, technical, and physical security procedures for covered entities to use to assure the confidentiality of electronic protected health information” (Security Standard, 2008).

Where privacy is concerned with the actual information covered, security is the mechanism to protect the information. For example, when we send a piece of mail, the envelope keeps the information private. However, when we place the envelope in a locked, public mailbox, the mailbox keeps the contents secure.

HIPAA security standards include *administrative safeguards* such as policies and procedures to limit access, *physical safeguards* such as locks on computer room doors, and *technical safeguards* such as system passwords and antivirus software.

HITECH Act

Unfortunately, soon after HIPAA was passed, it became clear that it didn't completely cover the rapid changes in electronic health information that had taken place. It was clear that additional regulations were needed to provide protection for the privacy and security of that information.

In 2009, the *Health Information Technology for Economic and Clinical Health Act*, or *HITECH*, was signed into law as part of the American Recovery and Reinvestment Act of 2009. HITECH builds upon and strengthens regulations that were already in place with HIPAA.

According to the U.S. Department of Health and Human Services, HITECH is used to “promote the adoption and meaningful use of health information technology.” Part of HITECH addresses the privacy and security of electronic transmission of health information and preventing breach of that information. If a covered organization isn't meeting HITECH or HIPAA, civil and criminal penalties may be applied.



Self-Check 2

Indicate whether each of the following statements is True or False.

- _____ 1. Clearinghouses help to ensure that electronic transmissions are meeting HIPAA regulations.
- _____ 2. Issues that exist with claims that need correcting may be found on the audit/edit report.
- _____ 3. Payments received from insurance companies can be found on the ERA.
- _____ 4. PHRs are "owned" by the patient.
- _____ 5. Decision support information often increases errors in patient treatment.

Check your answers with those on page 105.

ASSIGNMENT 4: USING THE MEDISOFT SOFTWARE

Read pages 58–100 in your textbook. Then read the following assignment.

Hint: Be sure to check that you have the software correctly installed, as explained in your textbook on pages 58–60.

Introduction

As we discussed earlier, Medisoft is the practice management program we'll be using for this course. Medisoft is a widely used PMP for many health care organizations and offices. However, the basics transactions you'll study with Medisoft are also found in other software programs.

Medisoft is used to

- Track patient demographics like name, birth date, address, and more
- Schedule appointments
- Enter charges for patient services
- Submit insurance claims
- Monitor reimbursement
- Print reports and statements

Becoming Familiar with the Software

To open Medisoft, go to the **Start/Programs** area of your version of Windows. Under **Medisoft**, click **Medisoft Advanced Demo**. When you first open Medisoft, you should see the Open Practice dialog box, with **CIMO7e** highlighted (Figure 2). Click **OK**. You'll get a blank screen in the Medisoft program. From there, follow the instructions in your textbook for working with the software.

To use Medisoft, you must first become familiar with the layout of the software.

■ **Databases**—Medisoft stores collections of like information in databases. Medisoft databases store information by provider, patient, insurance, diagnosis codes, procedure codes, and transactions. Even though information is entered only once, it's shared amongst databases. For example, when you enter the patient's name in the patient database, it's linked to the others.

■ **Menus**—You're probably familiar with menus from other software programs. Menus organize program commands systematically, and allow you to access them easily.

Medisoft menus include File, Edit, Activities, Lists, Reports, Tools, Window, and Help. Clicking on each menu opens a pull-down list of available commands. For example, the Edit menu includes the Cut, Copy, and Paste commands. An ellipsis (...) next to a term means that clicking it opens a dialog box. A small arrow means that a submenu will open when you hold your mouse over that item.

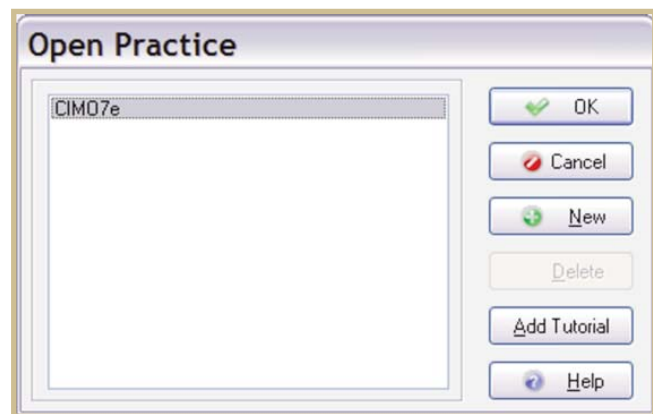


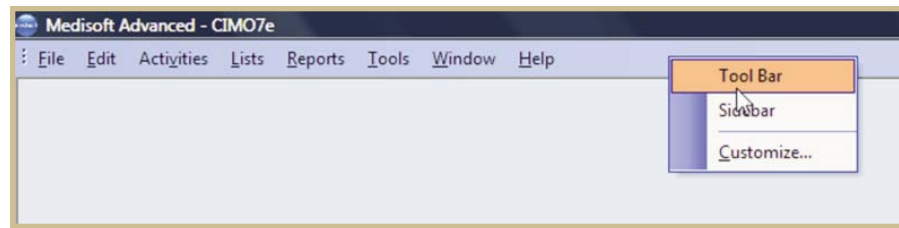
FIGURE 2—Open Practice

■ **Toolbar**—The Medisoft toolbar is located right below the menu bar. It's a row of icons that represent shortcuts for the menu bar commands.

Hint: Review Table 3-11, “Medisoft Toolbar Buttons,” on pages 71–72 of your textbook.

Note: While becoming familiar with the software, it's easy to accidentally “hide” the Medisoft toolbar. If you can no longer see the Medisoft toolbar, simply **right-click** anywhere on the Menu bar and then select the entry for **Toolbar** (Figure 3).

**FIGURE 3—Show the
Toolbar**



Importance of Dates

Dates are extremely important within practice management programs like Medisoft. Transactions within these programs are date-driven. If incorrect dates are entered, then the software becomes difficult to use and makes the information and reports inaccurate.

Each textbook exercise requires you to change the date listed within the exercise, so it's important to have a full understanding of how to do this. The Medisoft date format is **MMDDCCYY**.

- MM = Month (with single-digit months starting with 0)
- DD = Day (with single-digit days starting with 0)
- CC = Century (20)
- Year = Current Year

For example, September 1, 2010, is entered as 09012010 in Medisoft. It's not necessary to enter slashes between the month, day, and year.

Note: There are several functions in the Medisoft system where you'll receive messages for date changes. If you change a date and receive a message like, "You entered a future date, do you want to change it?" Click **No** or **OK** (depending on the screen).

Hint: If you have Windows XP, refer to the date-changing method on page 79 of your textbook. If your computer has Windows Vista or Windows 7, review the date-changing process on page 80 of your textbook.

Don't forget to back up each of your sessions once you've completed a chapter and the assignments within that chapter. Each time you close Medisoft, you'll get a screen

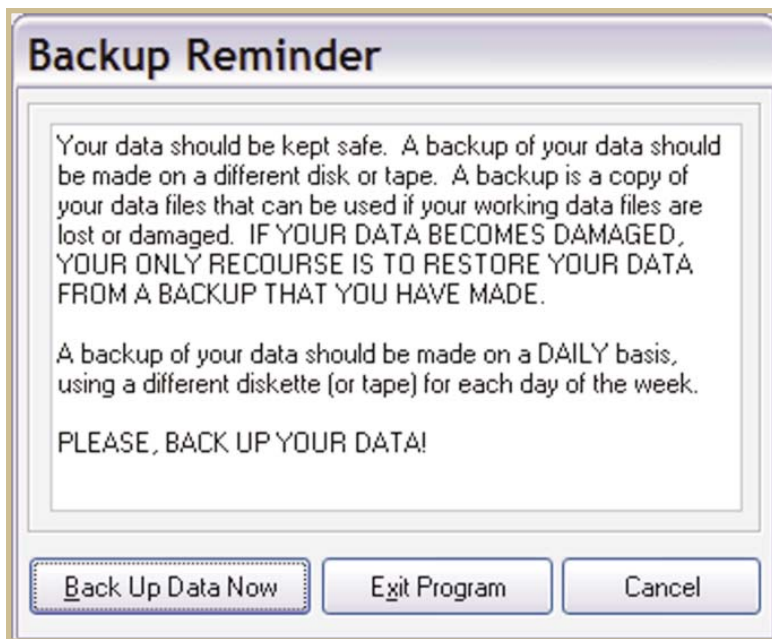


FIGURE 4—The Backup Reminder Screen

reminding you to back up your data (Figure 4). You should probably use this function, so you’ll always have a copy of your work.

Click the **Back Up Data Now** button. Next, you’ll probably get a warning that says “If there are any other users in this practice, please have them Exit before making the backup.” Since you’re the only user, you can click the **Do not show this message again box** and then click **OK**.

The Medisoft Backup window will open. Make sure the file is being saved where you want it (if not, click **Find** and choose somewhere else), and then click **Start Backup** (Figure 5).

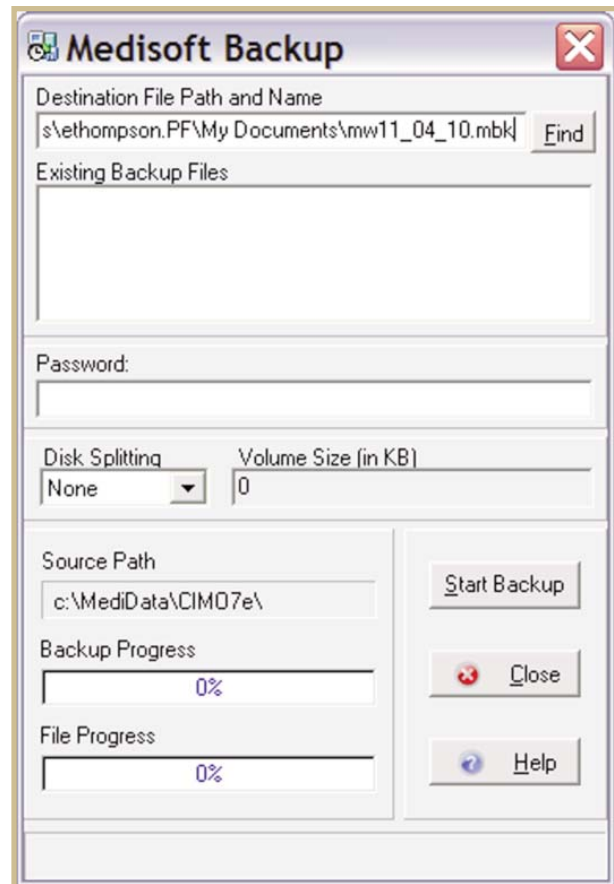


FIGURE 5—The Backup Window

STOP!

If you haven't already done so, practice using the Medisoft software by completing Exercises 3-1 through 3-6 within Chapter 3 of your textbook. Remember, these exercises aren't graded, but they provide valuable practice in using the software. To retain your exercises, you may save the information entered during the practice exercises directly onto your computer, onto a CD, or onto a flash drive.



Self-Check 3

Indicate whether each of the following statements is True or False.

- _____ 1. It's imperative to perform utility functions like rebuilding indexes, packing data, purging data, and recalculating balances each time you log into the Medisoft software.
- _____ 2. The Medisoft toolbar icons located below the File menu represent the most widely used functions.
- _____ 3. Always use the current date for entries into Medisoft.
- _____ 4. Security permission is one way that Medisoft protects patient privacy and security.
- _____ 5. One way to get help in Medisoft is to place your cursor over the field and read the hint that appears in the status bar at the bottom of the screen.

Check your answers with those on page 105.

ASSIGNMENT 5: ENTERING PATIENT INFORMATION

Read pages 106–130 in your textbook. Then read the following assignment.

Information Organization

As you can imagine, the accuracy of patient information is integral to a system like Medisoft. Therefore, how information is entered and organized is extremely important.

Patient information is organized through a Patient List with two separate columns. *Patient information* appears in the left column, and includes information like the patient's name, record number, and date of birth. *Case information* consists of records of each encounter with the provider, and is specific to the patient name you've highlighted or clicked on. A *case* is a grouping of transactions that share a common element (such as date of service).

Note: To expand the Patient Information side and see more of the columns, simply click on the vertical dividing line between the Patient Information side and Case Information side (Figure 6). While holding down the left mouse button, drag the divider to make the window larger or smaller.

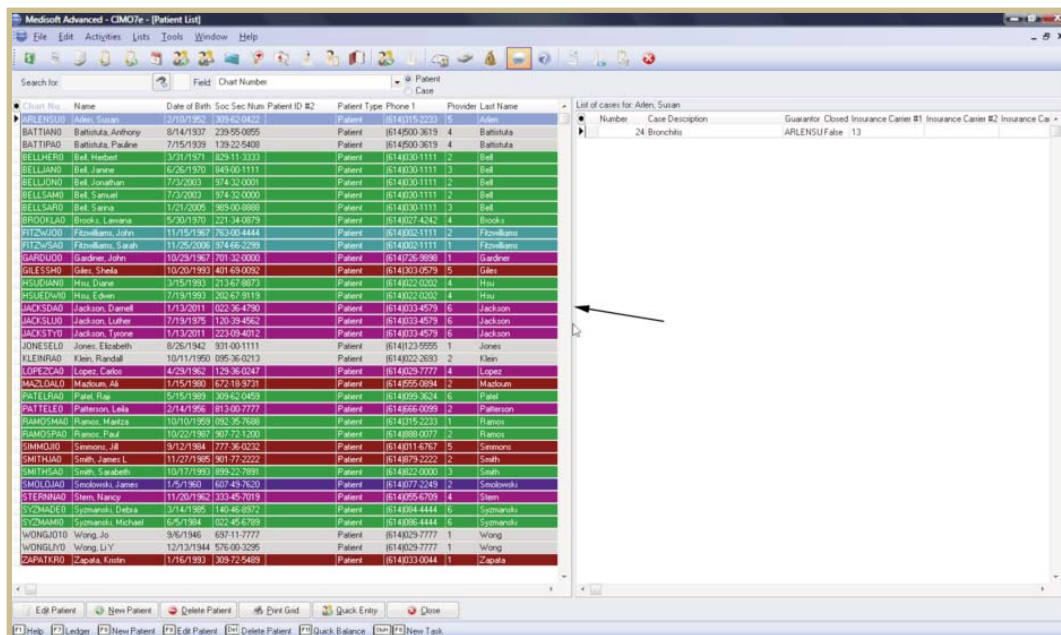


FIGURE 6—Expanding Patient Information

Entering Information

Most software systems like Medisoft are built around the concept of *new patients* and *established patients*. New patients have never been treated at the facility, or haven't been active for at least three years. *Established patients* are those who are treated regularly, even if that means just coming in for a checkup once a year. Whether the patient is new or established will determine if you enter all new information or if you open an existing record to verify information with the patient.

When entering new information, there will be some fields that aren't relevant to a particular patient. Just leave the fields blank by tabbing through them.

Hint: Be sure to pay particular attention to Exercise 4-1 on page 108 of your textbook. This exercise reviews how to create chart numbers for new patients—an extremely important function for a medical office.

Note: In Medisoft, the *chart number* is also known as *medical record number*. If you leave this field blank when entering a new patient, the system will automatically fill it with the chart method as set up in the system. The “0” appearing at the end of chart numbers is a zero and not the letter O. Entering it as a letter and not a number will create issues when producing and searching chart numbers.

Shortcuts

You may have noticed that there were several shortcut methods mentioned throughout this chapter. It's good to learn the shortcut methods because they save time and energy, and avoid duplicate entry. Helpful shortcuts include

- **F3** saves the information instead of clicking on the **Save** button.
- Double-clicking on **Patient Line** opens more information on the patient or case.
- The **Copy Address** button copies the address in one record for additional family members who live at the same address.

Note: Additional function keys—the “F” keys on your keyboard—are used throughout the system. The bottom of each screen lists the function keys that may be used on the current screen (Figure 7).

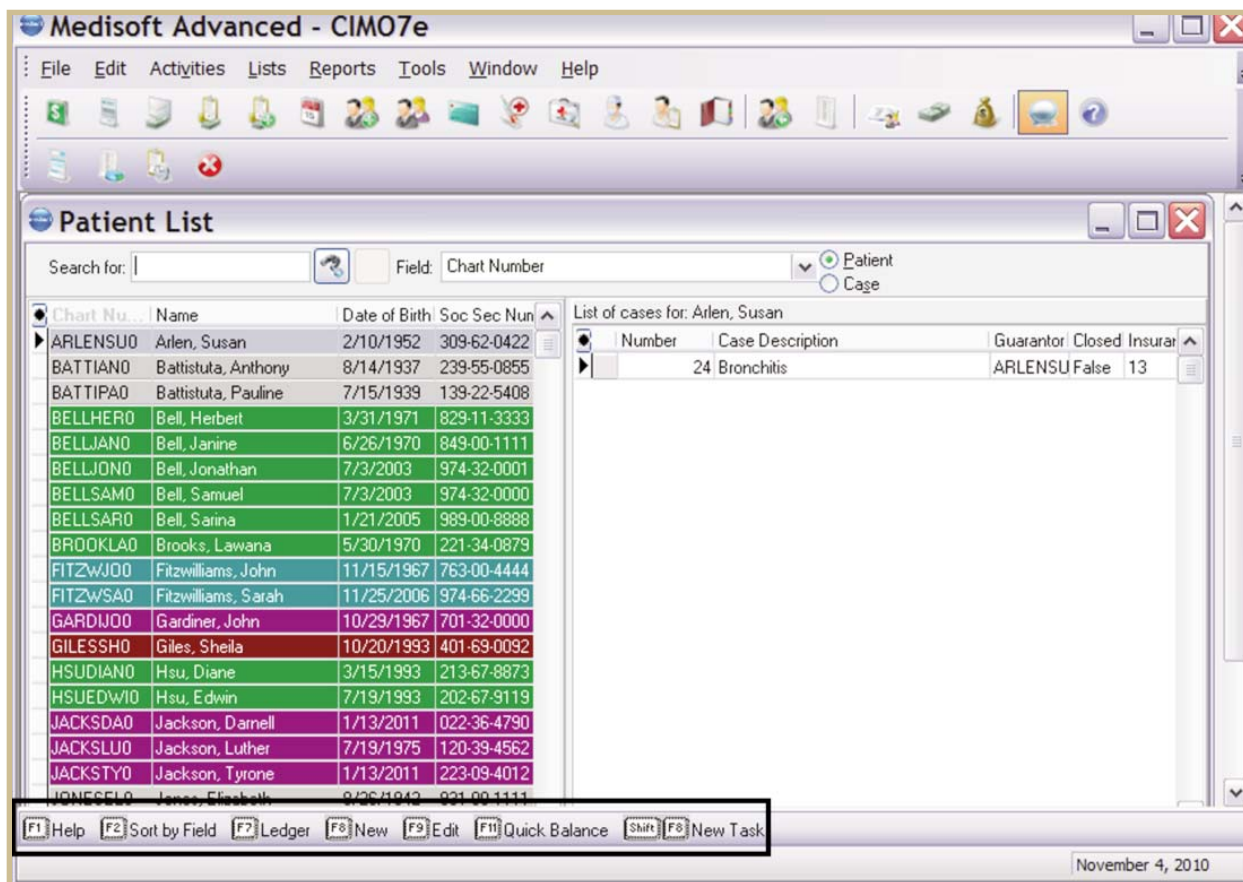


FIGURE 7—At the bottom of the screen are shown hot keys you can use to edit patient information, add a new patient, delete a patient, etc.

Searching for Information

Duplicate records cause great confusion within medical offices. If two records exist for one patient, a health care provider may not be reviewing the full health care history and there may be issues trying to get claims paid because of duplicate or missing information. Because of this, it’s imperative to first perform a search for the patient in the Medisoft system—even if the patient claims to be a new patient.

There are two ways to search in the Medisoft system, both listed at the top of the Patient List window. The **Search for** box is where you input the text to search for. The **Field** box tells the program where to look for the data. These are good for searches where you have the full information like the patient's full name or birth date. Choose the field to search in first, and then enter the search terms in the **Search for** box. As you type, the program will automatically filter results. So, if you're searching by name, typing "t" will filter out all names beginning with other letters; typing "to" will filter out the Taos, Thompsons, and other T names, and so on until you find the name you're looking for. This is helpful if you know the first few letters of a name, but aren't sure of the exact spelling, or if you're searching for an unusual name (you may not have to type the whole name).

The **Locate** button is next to the Search for field. Clicking it opens the Locate Patient dialog box. This is a good choice if you know only partial information, or are unsure how to spell the patient's name.

STOP!

If you haven't already done so, practice using the Medisoft software by completing Exercises 4-1 through 4-6. Remember, these exercises aren't graded; they provide valuable practice in using the software. To retain your exercises, you may save the information entered during the practice exercises directly onto your computer, onto a CD, or onto a flash drive.



Self-Check 4

Indicate whether each of the following statements is True or False.

- _____ 1. The Payment Plan tab is used to record the reimbursement from insurance companies.
- _____ 2. To make the right side of the Patient List window active, click on the **Case** radio button at the top of the screen.
- _____ 3. To enter information on an established patient, simply click the **New Patient** button at the bottom of the Patient List window.
- _____ 4. If you leave the Chart Number field blank for a new patient, the system will assign a number.
- _____ 5. When adding an employer to a patient's file, the code should begin with E to indicate "employer."

Check your answers with those on page 105.
