Practice Express

System Management

Last Updated 10/18/2013

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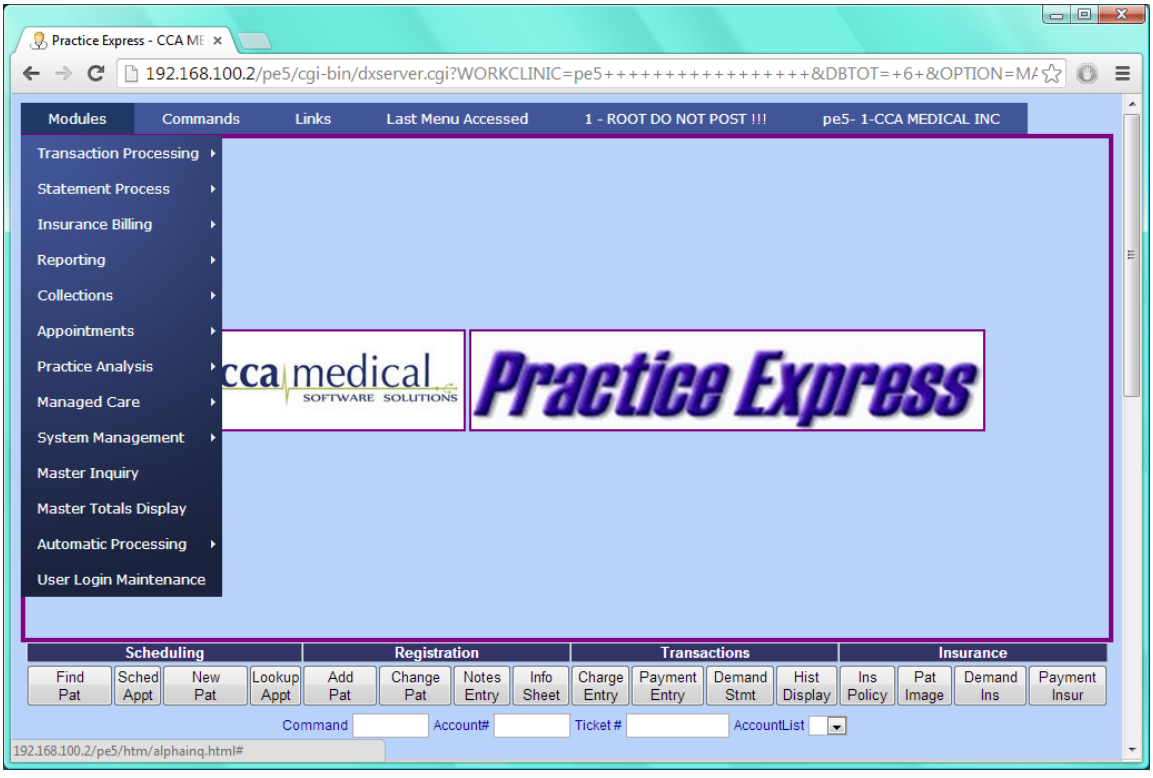
Overview

The ***System Management*** module contains the various functions necessary for the basic setup and maintenance of the system. Embedded system functions along with user-defined codes can be accessed here.

The sections in *System Management* are:

- **Clinic Maintenance** – Entering and maintaining clinic, patient and insurance information.
- **Codes Maintenance** – Entering and maintaining codes that are accessed and used through the system.
- **Codes Print –** Provides the ability to print listings of entered Procedure Codes.
- **User Setup –** Function necessary for the establishment of a user within the system.
- **Purging Menu** – The 3 ways of removing inactive or outdated information from the system.
- **Utility Programs –** System utilities for use by users and CCA MEDICAL personnel.

Entry into Practice Express will initially take you to the Alpha Inquiry screen. To access *System Management*, click on **Modules** in the menu bar to see a dropdown of the system modules.

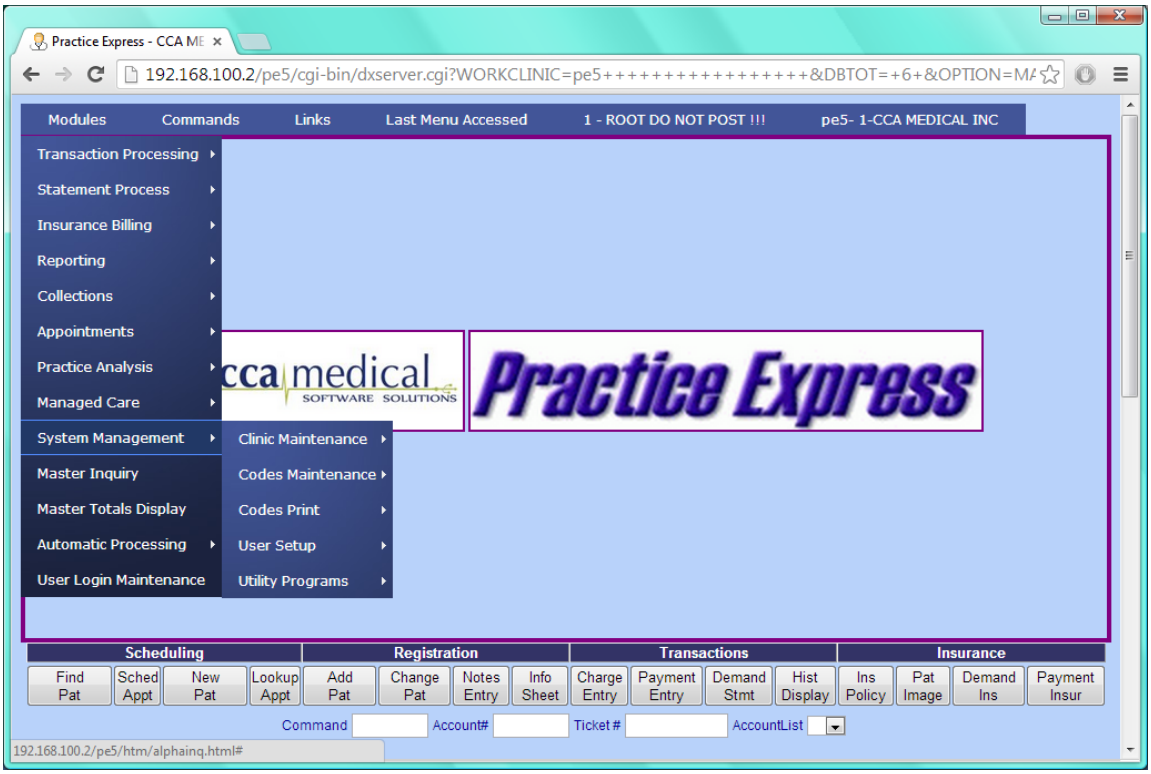


To access functions within *System Management*:

1. Click on **Modules** in the menu bar to see a dropdown of the system modules.

2. Click on *System Management* in the **Modules** dropdown and a separate dropdown will appear displaying the 6 major functions within *System Management*.

3. Click on the specific function you wish to access.

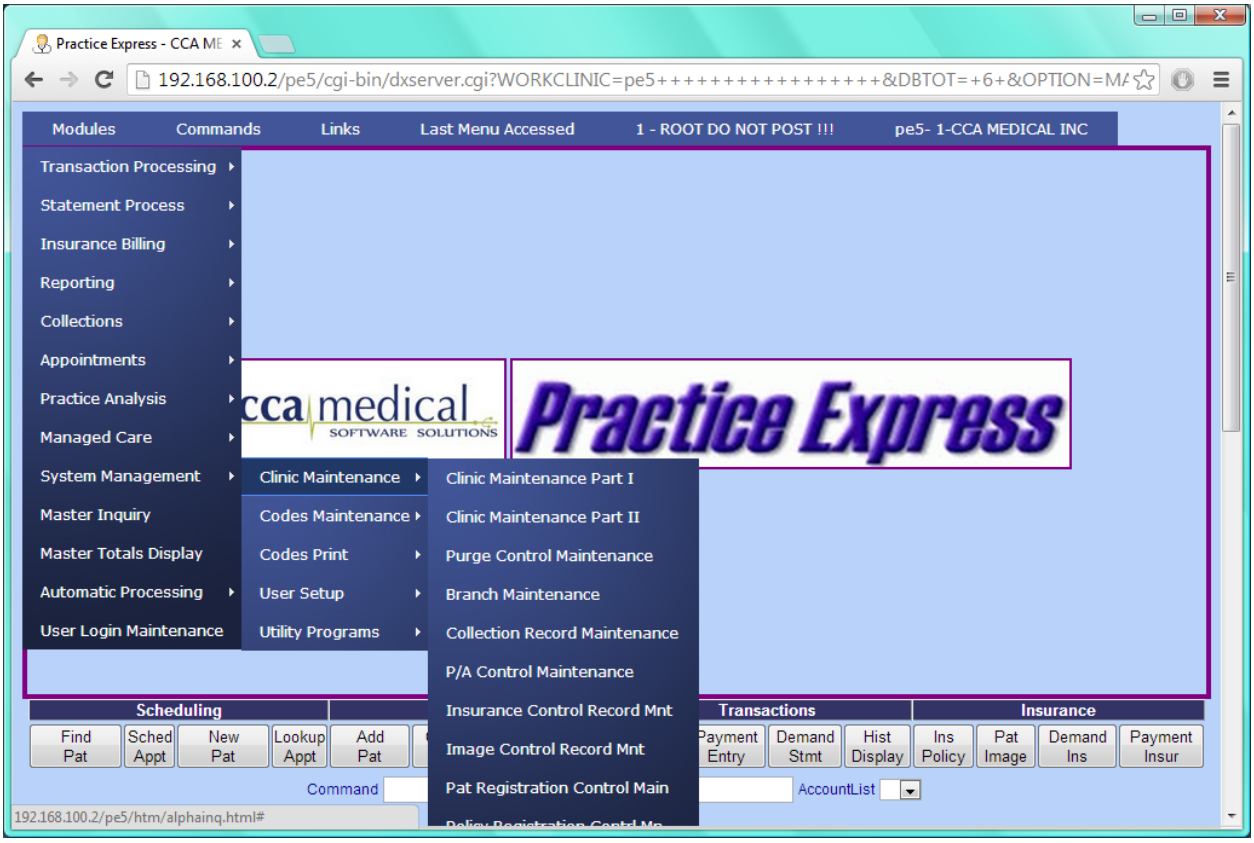


NOTE: Many of the functions within System Management consist of data field lists or string sequences. Since these lists and sequences are duplicated in the description tables, the actual window itself will not be shown.

Clinic Maintenance Part I

Used for general Clinic setup to include HCFA setup and banking information.

With Clinic Maintenance dropdown displayed, click on **Clinic Maintenance Part I** to display the **Clinic Information** window.



Clinic Name	Enter the name of your practice, as it should be reported to the insurance carriers.
Address 1	Enter the address of your practice, as it should be reported to the insurance carriers.
Address 2	Enter additional address line, if needed, as it should be reported to the insurance carriers.
City	Enter the city of your practice, as it should be reported to the insurance carriers.
State	Enter the state of your practice (in two-character format), as it should be reported to the insurance carriers.

Zip Code	Enter the zip code of your practice, as it should be reported to the insurance carriers.
Telephone #	Enter the telephone number of your practice, as it should be reported to the insurance carriers.
Federal ID #	Enter the federal identification number (employer ID number or social security number) of your practice as it should be reported to the insurance carriers.
State ID #	Enter the state identification number (if applicable) of your practice as it should be reported to the insurance carriers.
Bank Name	This information is used when printing a deposit statement. Enter the name of the bank where deposits are made.
Bank Account #	This information is used when printing a deposit statement. Enter the bank account number to which deposits are made.
Pmnt Plan Ch.Cd	If your practice uses the *OB Payment Plan* module, enter the procedure code created for payment plan use.
Pmnt Plan Dr.	If your practice uses the *OB Payment Plan* module, enter the number of the doctor created for payment plan use.
Clinic Abbrev.	Enter the three-character abbreviation assigned by CCA Medical for your clinic. DO NOT change this abbreviation once your practice begins using the system. This abbreviation is used for custom programming and tracking purposes.
McrDtParticipate	Enter the date your practice started participating with Medicare using the MMDDCCYY format. No entry is necessary if you do not participate.
G/L Interface	Enter **Y** if you are using the General Ledger package purchased from CCA Medical. Enter **N** if you are not. (**This application no longer available)**
AP Chk Interfce	Enter **Y** if you are using the Accounts Payable outstanding check interface purchased from CCA Medical. Enter **N** if you are not. (**This application no longer available)**
Refund Bank ID	If you are using Accounts Payable outstanding check reconciliation, enter the desired bank identification used in check reconciliation. (**This application no longer available)**
Refund G/L Co#	Enter the General Ledger Company for refund disbursements if you are using the General Ledger package. (**This application no longer available)**
Word Processor	If you have purchased Word Perfect, type **WP** here. This is the code that will be used to launch Word Perfect from the **Cmd** field in Alpha Inquiry.
Round Mod. Fees	Enter the code to identify the manner in which modified fees should be handled. Valid selections are **R** for ROUND, **T** for TRUNCATE, or leave

	blank for no change. Modified fees will only be rounded or truncated to the nearest dollar when modifiers are used during posting in Transaction Entry.
OS/Language	Enter the code that identifies the operating system and basic language your system uses. The valid selections are: **M** for MS-DOS/IMS-Basic **U** for UNIBASIC **X** for IMS-BASIC.
Fed ID # - SSN/EIN	Enter the code to identify whether the number entered in Federal ID# field is an employer identification number or a social security number. Valid selections are **E** for EIN, or **S** for SSN.
Dental/Medical	Enter the appropriate code that identifies your type of practice. Valid selections are **M** for Medical or **D** for Dental.
EMR Interface	CCA USE ONLY. Tells our system what external interfaces may be running on the system.
Print Land/Port	This option lets you choose between printing format choices of Landscape and Portrait. This option will be the default for the report formats.
PayTo-Clinic Nm	Enter the Pay to name here if it is different from the clinic billing address. These fields will be used in insurance filing and statement programs.
PayTo-Address 1	Enter the Pay to address line 1 here if it is different from the clinic billing address.
PayTo-Address 2	Enter the Pay to address line 2 here if it is different from the clinic billing address.
PayTo-City	Enter the Pay to address city here if it is different from the clinic billing address.
PayTo-State	Enter the Pay to address state here if it is different from the clinic billing address.
PayTo-Zip Code	Enter the Pay to address zip code here if it is different from the clinic billing address.
PayTo-Phone#	Enter the Pay to address phone# here if it is different from the clinic billing address.
ICD10 Date	Enter the date to switch to use the ICD10 codes in transaction entry.

Clinic Maintenance Part II

Used for general Clinic setup to include cycle billing codes and how Alpha Inquiry will work.

With Clinic Maintenance dropdown displayed, click on **Clinic Maintenance Part II** to display the **Clinic Part 2** window.

Demand Printer	Unused field.
Days New Pat's.	Enter the number of days from the registration (entry) date that a patient is to be considered new. This information is used to determine the # of **new** patients vs. the # of **return** patients for the Weekly Patient Statistics by Dr report in Practice Analysis Reporting.
Max # Of Cycles	Enter the total number of statement billing cycles your clinic will use. If your practice uses only one statement billing cycle, set this flag to 1.
Auto # (Y,N,A)	Enter **Y** to have the system automatically assign patient account numbers in the registration process (normally used with Alpha charts). Enter **N** to have the system prompt for an account number when adding a new patient (normally used with numeric charts). Enter **A** to have the system give new patients the next available account number (normally used when all new numbers have been assigned to patients and old account numbers must be reused). It is also used with Terminal Digit charts. If the **A** option is used, a list of available account (chart) numbers should be created using the Available Chart # Maintenance Utility Program.
Terminal Digit	Enter **Y** if your practice uses terminal digit account numbering.
Next Patient #	This field automatically keeps track of the next account (chart) number. Enter the beginning number when setting up the system, and after that, do not change this field.
NextInsCo	The system will automatically assign the next number for each new insurance company you enter. Enter the beginning number when setting up the system.
AlphaProHashTot	Hash Total Method for charge procedure codes in Batch List: I - Include numeric portion of Alpha procedure codes E - Exclude Alpha procedure codes. Batch list uses this field to give the hash totals for the batch.
Force Diag Chg Entry	Enter **Y** to force diagnosis entry I charge entry program.
Next RefDr#	This field automatically keeps tract of the next referring doctor number. Enter the beginning number when setting up the system, and after that, do not change this field.
Ins Prompts	Entering a **Y** here will give you prompts following each transaction entry that asks: "File insurance on this transaction (Y/N):" "Accept assignment on this transaction (Y/N):"
Mcare Participte	Enter **Y** to override all accept assignment flags and force participation for all primary policies associated with a Form Type where the MCARE RULES flag is set to **Y**.

	Enter **N** if your practice does not participate.
Family/Cht	Enter **F** to use family charts. Enter **C** to use individual charts.
Mcare Status Cd	Enter the two-character status code you have assigned your Medicare patients.
Forced Ins Usr#	Use of this field forces all insurance selected into the insurance batch of the user number entered here (optional). If used, this field causes all selected insurance transactions onto the forced insurance user's proof list, regardless of whether it was selected by AUTOMATIC or DEMAND SELECTION.
HCFA Tab Pos	This tab position allows you to shift the entire HCFA 1500 Claim Form to the right. Allows use of fixed tractor feed printers. This field is normally left blank or set to zero.
Hold Inpat Ins	Enter **N** here if insurance should be filed while the patient is still in the hospital. Enter **Y** here if you file after the patient is discharged. NOTE: An Inpatient Insurance case is identified by the existence of an admission date and no discharge date in the patient's Insurance Policy screen.
G/L Dist By Dr	If you have purchased (and are using) the General Ledger package from CCA Medical and would like all distributions to be broken down by doctor, enter **Y** for YES. If not, enter **N** for NO. (**This application no longer available)**
Next Employer#	This field keeps track of the next employer number. During setup, enter the beginning employer and do not change this field after setup.
Units Prompt	Enter **Y** if you wish to enter unit amounts in the transaction entry screen on a regular basis. The default number of units is one (1). Enter **N** if you would like the Units field to be skipped over and automatically given the value of one(1). This is useful if the normal number of units is one (1). The user can still back up to this field to change the units, if necessary, by pressing the **F5** key.
Ref Dr Prompt	This field specifies how to utilize the referring doctor field in Transaction Entry. Enter **I** for **Input** Referring Doctor. This will make the field accept the patient's assigned referring doctor as the default entry and allow the user to change the referring doctor if desired. Enter **F** to **Force Input** of Referring Doctor Number. This will make the field display the assigned referring doctor, but it will not accept it as a default entry. The user must enter a valid referring doctor number. A blank entry is not allowed.

	Enter **S** to **Skip Over** the Referring Doctor field and display and use the patient's assigned referring doctor. This allows the user to back up to the field (by pressing the **F5** key) and then the field may be changed if necessary. Enter **B** to **Blank Out** the Referring Doctor field. This will not display the patient's assigned referring doctor and the default entry is "**blank**"; No Referring Doctor.
Location Prompt	Enter **L** to default to last location entered in the transaction entry. Enter **U** to default to user' transaction default record location in transaction entry. Enter **F** to blank out the location and force the user to enter a location in transaction entry.
Hist Disp.Dflt1	The History display has the ability to have three (6) default modes that will automatically be used. Enter the **first** default value in this field. Choose values from any group combination. Valid selections are: **A** for Display **all** transactions without detailed posting activity. **X** for Display **detailed posting** activity on charges. Suppress fully distributed payments, adjustments, and memos. **H** for **History** displayed **one line** per transaction (normal mode). **2** for Display extra charge transaction information using **two lines** per transaction. **O** for **Open** items displayed one line per transaction. **C** for Display history in **chronological** order for all family members. **U** for Display history in Descending order. **Z** for Display History in Date of service Order. **P** for Display only the selected **patient's** account. **F** for Display entire **family** account. **D** for Display **diagnoses** in the diagnosis column. **I** for Replace diagnosis column and show **primary insurance company #** linked to this transaction. **N** for Replace diagnosis column and show patient's first **name** column. **R** for Display all **reversals**. **T** for Do NOT display **transfers** of balances from insurance to patient or patient to insurance. Q - Display Notes along with History.
Hist.Disp.Dflt2	Enter the **second** default mode using the above options.
Hist.Disp.Dflt3	Enter the **third** default mode using the above options.
Hist.Disp.Dflt4	Enter the **fourth** default mode using the above options.
Hist.Disp.Dflt5	Enter the **fifth** default mode using the above options.
Hist.Disp.Dflt6	Enter the **sixth** default mode using the above options.

Hist Disp Months	Enter # of months to go back for history display (1-99). If you leave this blank the default is 6 months. If you enter 99 here the entire history will always display. Please note - choosing to display entire history may slow the history display process for accounts with large history.
MGCR Rebuild	Displays **Y** (YES) to indicate managed care rebuild is in process. Displays **N** (NO) or is blank to indicate managed care rebuild is not in process. Informational only; cannot be edited.
Update Adr Info	Enter **Y** to allow automatic update options of address, phone number, name and birth date from the Registration screen to the Insurance Policy screen. Enter **N** to disallow automatic update options.
AsignCurInsSilent	Enter Y to assign insurance silently from current policies in Transaction entry. The Assign ins, mgcr and bplan pop-up windows will be suppressed. Leave blank to let the user assign insurance manually during the transaction Entry.
Cost_RVU	If using Relative Value calculations in your Practice Analysis and Managed Care reporting, enter the dollar value that you have determined equals one unit in your practice.
2Ln Pat Display	Informational field for CCA use only.
2LnDisp-Altcht	Enter **Y** to display alternate account (chart) numbers in 2-line patient display in Alpha Inquiry. Enter **N** if you do not wish this option.
Bulk Pmt 1line	Enter **Y** to create bulk payment record for payment posting to single line items. Enter **N** if you do not wish this option.
Match Bulk Adjmnt	Enter **Y** to balance adjustments entered, in order to mark bulk payment as totally posted. Enter **N** if you do not wish this option.
Use MGCR Info	Enter **Y** to display managed care & benefit plan information on the Alpha Inquiry screen. Enter **N** if you do not wish this option.

FscPer on SysDt	Enter **Y** if you would like the system to default to the correct fiscal period based upon the transaction date (system date) when creating the batch control record. Enter **N** if you would like the system to default the fiscal period to the current open fiscal period when creating the batch control record.
OverCr/AutoUnp.	Enter **C** if you would like the users to have the ability to **overpost** payments and adjustments to a charge, leaving it in a credit balance state; that is, to post amounts in excess of charge amounts. If you choose this option, you must work the Unapplied Credits Report, Refund Entry and Credit Balance Report consistently and work with posting personnel to finish distributing credits to the proper physicians. Otherwise, patients will accumulate offsetting balances between physicians, skewing all practice analysis reports and insurance vs. patient balance reports. Enter **A** if you would like the system to automatically perform **unposting** when, as needed, according to a predefined set of rules. This is an alternative to the overpost option above and can be turned off if you decide not to allow the system to make the unpost decisions. See note below for rules pertaining to automatic unposting of payments. Enter **N** if overposting of payment is not desired.
Auto/Manual Cyc	This corresponds with field 3, Max # of Cycles. Choose options **A** or **M** if you will be processing more than 1 statement cycle during the month. Enter **A** for **Automatic** cycle change during batch update. The patient's cycle will change if it has been greater than 30 days since the last statement date and since the last cycle change. Enter **M** for **Manual**, which means no automatic cycle changes in batch update.
Claim Purge Y/N	Enter **Y** only if you wish the system to purge outstanding claim numbers for patients with a balance less than or equal to zero. If set to **Y** the claim history purge will delete all claims for such patients, whether or not the insurance carrier has responded to claims. Enter **N** if you do not wish to purge claims unless they have been paid, rejected, or applied to deductible by the insurance carrier.
GlobalDayHistCk	Enter the maximum # of days to search back in the history screen regarding global days. Procedure codes must be flagged in Charge/Debit Adj Codes or Alt Proc Codes Maint in the field "MC Follow-up Days". With both of these options set up, the global day period will appear in the upper left corner of charge entry.

NOTE: Rules for automatic unposting are:

Unposting due to **Primary Payment**

Unpost order is Adjustments, Other Payments, Secondary Payments, Primary Write-Offs. Primary payments will **not** be automatically unposted.

Unposting due to **Secondary Payment**

Unpost order is Adjustments, and Other Payments. Primary payments, Primary write-offs and Secondary payments will **not** be automatically unposted.

Unposting due to **Other Payment** (personal)

Unpost order is Adjusments only. Primary payments, Primary write-offs, Secondary payments, and Other payments will **not** be automatically unposted.

Unposting due to **Reconcile Unapplied Credits**

Unpost order is Adjustments only. . Primary payments, Primary write-offs, Secondary payments, and Other payments will **not** be automatically unposted.

There is NO automatic unposting for **Adjustments**.

Purge Control Maintenance

Defines how long patient history is to be kept.

With **Clinic Maintenance** dropdown displayed, click on **Purge Control Maintenance**.

Hist #of Period	Enter the number of periods (1-99) that the system should store the patient's charge, payment, and adjustment transaction history. This field is normally set to at least 36 months.
Memo #of Period	Enter the number of periods (1-99) that the system should store the patient's memo history—insurance memos, transfers, etc. This field is normally set to the same value as field 1 above.
Archive Tr Hist	Enter **Y** if the system should archive patient charge, payment, and adjustment transaction history during the system transaction purge. This option should only be set to **Y** if your system disk space is large enough to hold archived patient history information.
Archive Tr memo	Enter **Y** if the system should archive transaction memos during the system transaction purge. This option should only be set to **Y** if your system disk space is large enough to hold archived patient history information. If this field is set to **N** and ARCHIVE TR.HIST (field above) is set to **Y**, the transaction memos will be deleted to save space when the transaction purge is performed.
PrevBal Db Proc	Enter the **debit** adjustment Procedure Code to create previous balance transactions. Press the **F2** key for a lookup of the Charge & Debit Adj. Code.
PrevBal Cr Proc	Enter the **credit** adjustment Procedure Code to create previous balance transactions. Press the **F2** key for a lookup of the Payment/Credit Adj. Code.
Start # - Reassign.	Enter the start of a block of account numbers to be used to reassign zero balance chart numbers and transfer history.

End # - Reassign.	Enter the end of a block of account numbers to be used to reassign zero balance chart numbers and transfer history.
Last Purge Fisc	Fiscal period of last purge. System generated.
Last Purge Date	Date of last purge. System generated.
Last Purge Bct #	Number of last purged batch. System generated.

Branch Maintenance

A separate branch maintenance record should be created for each individual office location within your practice. If you wish, you may also create a separate branch record for your collection account. Having a separate collection account will allow you to perform separate analysis of accounts receivables and collection accounts.

With **Clinic Maintenance** dropdown displayed, click on **Branch Maintenance**. Click **New** to setup a new branch record or highlight the branch to modify/display and click **Select.**

Branch Number	A number from 1 to 99 that is used to identify each separate branch used by the system. Branch 99 is recommended for your collection branch.
Branch Name	The name of the branch. This will reflect on reports, forms, and statements.
Address 1	The first address line of the branch.
Address 2	The second address line (if any) of the branch.
City	The city in which the branch is located.
State	The state in which the branch is located.
Zip Code	The zip code in which the branch is located.
Billing phone#	The telephone number of the branch.
Federal ID #	The federal ID number or social security number of the branch.
Fed ID# SSN/EIN	Indicate what type of number was entered in Field No. 9. Enter **S** for Social Security number or **E** for Employer Identification number (Federal ID).
P/A Report Name	Enter the name you wish to appear on Practice Analysis reports generated for this branch.
Tmp Ins PrgDays	Enter the number of days you wish to keep temporary insurance companies on the system. Any temporary insurance company exceeding this number of days at month end will be purged from the system provided there are no open claims.
StmntType	Enter **S** to have the demand statement for this branch print in Super Bill format. Un-updated transactions for the account from the current user's

	batch will be printed. This does not print updated transactions or transactions from another user's batch. Enter **C** to have it print in statement cycle format. All transactions for the account since the last Statement Cycle History Update will be printed. This includes un-updated transactions from all users' batches. It will not print transactions that have been through Cycle Billing. Enter the number of days back to be included in this demand statement. All transactions for the account where the Transaction Date is within the number of days back from the current system date will be printed. When selecting this type of demand statement, the number of days back will appear as a default. You will be able to override this number.
Blank/Preprnt	Enter **B** if this branch uses blank paper for demand statements. Enter **P** if pre-printed forms are used.
Prmpt Dedctbl	This field allows chart billing sites to have the demand statement prompt for a deductible amount and adjust the amount due accordingly when the statement is printed. This option is ignored if family billing is in effect, since multiple deductibles may apply. This field may be appropriate to use only during certain times of the year. Enter **Y** to have the system prompt for the deductible amount before printing and allow you to adjust the amount due. Enter **N** for no prompt for deductible amount.
Prmpt Doctor	Enter **Y** to have the system prompt for a specific doctor number to select and print. The demand statement information will be chosen for only the doctor selected. The amount due, as well and the detail presented, will be for the chosen doctor only. Enter **N** for no prompt for specific doctor.
Print NxtAppt	Enter **Y** to print return appointment information at the bottom of the statement. Enter **N** to not have the return appointment information print.
Print Br Info	If your practice uses blank paper to print demand statements, the branch information (name of branch, address, phone # and tax ID) as well as the doctor's name and provider number will always appear. If your practice uses preprinted demand statement forms, enter **Y** to have the branch name, address telephone, tax ID and doctor's names and numbers printed on the statement. Enter **N** if using a custom form that already has that information preprinted.
Prim Diag/All	Enter **P** to print only the primary diagnosis on the demand statement.

	Enter **A** to have all diagnoses print on the demand statement.
AltCht#TrmnlDgt	If your practice is using alternate chart numbering, enter **Y** or **N** here to indicate the use of a terminal digit numbering method.
AutoAltChart #	If your practice keeps track of or uses alternate chart numbers: **Y** for use of automatic numbering. **N** for does not use automatic numbering.
Next AltCht #	If your practice is using the automatic numbering method of alternate charts, enter the next alternate chart number to assign.
DemHist TranTyp	Default setting for Demand History report to define which transactions print. Enter the transaction type to be associated with this branch. The options are **C** for charge, **P** for payment**, A** for adjustment and **blank** for all.
Open/Paid Itm	Default setting for Demand History report to define which transactions print. The options are **A** for all, **O** for open or **P** for paid transactions. This is normally set to **O** for open.
Memos	Default setting for Demand History report to define which memo transactions print. Enter ***** to print all memos beginning with *, **A** to print all memos and **N** to not print memos.
Transfers	Default setting for Demand History report to define whether to print Transfer transactions. Enter **Y** for Yes, print transfer, or **N** for No, do not print transfers.
Print Balance	Default setting for Demand History report to define whether to print total and collection balances. Enter **Y** for Yes, print balances or **N** for No, do not print balances.
Tot on Detail	Default setting for Demand History report to define whether to print totals on details. Enter **Y** for Yes, print totals or **N** for No, and do not print totals.
Print Dr Name	Default setting for Demand History report to define whether to print the doctor's name. Enter **Y** for Yes, print the name or **N** for No, and do not print the name.
DistrDetail-X	Default setting for Demand History report to define whether to print distributed transactions (payments, adj., memos) under each charge. Enter **Y** for Yes, print distributed transactions or **N** for No, do not print distributed transactions.
BulkPmnt smry	Default setting for Demand History report to define whether to print payment, adjustments in bulk summary lines. Enter **Y** for Yes, print bulk summaries or **N** for No, do not print bulk summaries.
Print Reversl	Default setting for Demand History report to define whether to print reversal transactions. Enter **Y** for Yes, print reversals or **N** for No, and do not print reversals.
Prim/All Diag	Default setting for Demand History report to define whether to print all diagnoses or just the primary diagnosis. Enter **A** to print all diagnoses or **P**

	to print the primary diagnosis.
Print DOS order	Default setting for Demand history to print in date of service order.
Excl Mast Tot	Enter Y if you wnat the branch to be excluded from master totals file.
PayTo-Clinic Nm	Enter the Pay to name here if it is different from the clinic billing address. These fields will be used in insurance filing and statement programs.
PayTo-Address 1	Enter the Pay to address line 1 here if it is different from the clinic billing address.
PayTo-Address 2	Enter the Pay to address line 2 here if it is different from the billing address.
PayTo-City	Enter the Pay to address city here if it is different from the billing address.
PayTo-State	Enter the Pay to address state here if it is different from the billing address.
PayTo-Zip Code	Enter the Pay to address zip code here if it is different from the billing address.
PayTo-Phone#	Enter the Pay to address phone# here if it is different from the billing address.

Collection Record Maintenance

The purpose of this record is to designate the unique credit adjustment code used for write-offs, whether write-offs will be transferred in detail or in summary, the collection range, the grace period for reset and the state of status codes 1 and 4 after the write-offs are updated.

Note that prior to the creation of Collection Records, you should have already established Z codes, created the collection primary status code and designated the credit/debit adjustment codes.

With **Clinic Maintenance** dropdown displayed, click on **Collection Record Maintenance**.

Coll W-Off Proc	Enter the **credit** adjustment code that will be used when moving a patient's balance over to collections. This code must be used to credit the patient's account or the collection batch update will not update the patient's collection balance, status code one or status code four. Press the F2 key do to a lookup of the Payment/Adjustment codes.
Transfer Proc	Enter the **debit** adjustment procedure code that will be used to debit the collection account for the balance being written off. Press the F2 key do to a lookup of the Charge & Debit Adjustment codes.
Transfer Type	To display debit adjustments transferred to the collection account in summary format, enter **S**. Enter **D** to see detailed explanations of the transferred charges. **S**ummary creates one debit adjustment entry per doctor of the total amount written off for that doctor.

	Detail creates a debit adjustment entry for each patient per doctor for the amount written off to collections.
Lowest Zcd rset	Enter the lowest Z Code that will be reset to the grace period. This is the Z Code designated to start the in-house collection processing. Z codes are stored in Status Code 4 of the patient's account.
Highst Zcd rset	Enter the highest Z Code that will be reset to the grace period. This is the Z Code designated to end the in-house collection processing. Z codes are stored in Status Code 4 of the patient's account.
Reset to Zcode	Enter the Z Code that the block of Z Codes (defined in the Lowest/Highst range) will be reset to during batch update. This Z Code is considered the grace period.
SC1 After W-Off	Enter what Status Code 1 will be set to after write-off. The collections batch update automatically inserts this code on all patients on the Collection Turnover Report. Press the **F2** key for a lookup of the Patient Status Codes.
SC4 After W-Off	Enter what Status Code 4 will be set to after write-off. The collections batch update automatically inserts this code on all patients on the Collection Turnover Report. Press the **F2** key for a lookup of the Patient Status Codes.
Coll. User	Displays the user # currently processing Collections. System generated.
Coll. Bramch	Displays the branch # currently processing Collections
Reset SC4-Chgs	Enter **Y** to reset the Z code in Status Code 4 to the grace period if a charge is posted to the patient's account. The lowest/highest range listed in fields 5 and 6 determines the Z codes that will be reset. Otherwise, enter **N**.
Reset SC4-PMTS	If you wish to reset the Z code in Status Code 4 to the grace period when the patient makes payment, enter **P.** To reset when payment is made by insurance, enter **I.** To reset for all payments, enter **A**.
Laser Clinic Nm	If using laser Collection Letters, enter Clinic Name.
Address1	If using laser Collection Letters, enter Address 1.
Address2	If using laser Collection Letters, enter Address 2.
City	If using laser Collection Letters, enter City.
State	If using laser Collection Letters, enter State.
Zip	If using laser Collection Letters, enter Zip Code.
Telephone	If using laser Collection Letters, enter Telephone Number.
Comment	If using laser Collection Letters, enter any Comment.

Forms/Cds	FOR USE BY CCA MEDICAL PERSONNEL ONLY.
1StmtCollection:	Enter a "Y" if you are beginning your collection process after the first statement. Enter a "N" if you are beginning your collection process after the second, third, fourth, etc. statement.
ResetToSuprStm	This only applies if "Y" was answered to the "1 Stmt Collection" field. This field also works in conjunction with the "Reset SC4-Chgs and Reset SC4-PYMTS" fields. When a batch is updated do you wish the reset to flag the account as "Suppress Statement" = Yes/No?
ResetToProdIns	This only applies if "Y" was answered to the "1 Stmt Collection" field. This field also works in conjunction with the "Reset SC4-Chgs and Reset SC4-PYMTS" fields. When a batch is updated do you wish the reset to flag the account "Produce Insurance" = Yes/No ?

P/A Control Maintenance

This utility program allows you to control the various options within Practice Analysis. The options chosen below determines how data is totaled and displayed on the Practice Analysis Reports. The totals are accumulated for the reports during daily batch updates. Once setup, careful consideration should be taken before making changes.

With **Clinic Maintenance** dropdown displayed, click on **P/A Control Maintenance.**

PostDst PA-Dr	At the first prompt on the line, enter **Y** if you wish to post distributions (Payments and Adjustments) for the Analysis by **Doctor** report. Otherwise, enter **N**. At the second prompt on the line, enter **U** if you wish to count Units for this report. If you wish to count Transactions, enter **T.**
PostDst PA-Proc	At the first prompt on the line, enter **Y** if you wish to post distributions for the Analysis by **Procedure** and the Analysis by **Procedure by Doctor** reports. Otherwise, enter **N**. At the second prompt on the line, enter **U** if you wish to count Units for this report. If you wish to count Transactions, enter **T.**
PostDst PA-Date	At the first prompt on the line, enter **Y** if you wish to post distributions for the Analysis by **Date** report. Otherwise, enter **N**. At the second prompt on the line, enter **U** if you wish to count Units for this report. If you wish to count Transactions, enter **T.**
PostDst PA-Loc	At the first prompt on the line, enter **Y** if you wish to post distributions for the Analysis by **Service Location** report. Otherwise, enter **N**. At the second prompt on the line, enter **U** if you wish to count Units for this

	report. If you wish to count Transactions, enter **T.**
PostDst PA-Stat	At the first prompt on the line, enter **Y** if you wish to post distributions for the Analysis by **Patient Status** report. Otherwise, enter **N**. At the second prompt on the line, enter **U** if you wish to count Units for this report. If you wish to count Transactions, enter **T.**
PostDst PA-Dept	At the first prompt on the line, enter **Y** if you wish to post distributions for the Analysis by **Department** report. Otherwise, enter **N**. At the second prompt on the line, enter **U** if you wish to count Units for this report. If you wish to count Transactions, enter **T.**
PostDst PA-DpDr	At the first prompt on the line, enter **Y** if you wish to post distributions for the Analysis by **Department by Doctor** report. Otherwise, enter **N**. At the second prompt on the line, enter **U** if you wish to count Units for this report. If you wish to count Transactions, enter **T.**
PostDst PA-RDR	At the first prompt on the line, enter **Y** if you wish to post distributions for the Analysis by **Referring Doctor** report. Otherwise, enter **N**. At the second prompt on the line, enter **U** if you wish to count Units for this report. If you wish to count Transactions, enter **T.**
PostDst PA-RdDp	At the first prompt on the line, enter **Y** if you wish to post distributions for the Analysis by **Referring Doctor by Department** report. Otherwise, enter **N**. At the second prompt on the line, enter **U** if you wish to count Units for this report. If you wish to count Transactions, enter **T.**
PostDst PA-Mgcr	At the first prompt on the line, enter **Y** if you wish to post distributions for the Analysis by **Managed Care** report. Otherwise, enter **N**. At the second prompt on the line, enter **U** if you wish to count Units for this report. If you wish to count Transactions, enter **T.**
Tr/Unit PA-Dr	Enter **U** if you wish to count Units for the Analysis by Doctor report. If you wish to count Transactions, enter **T**.
Tr/Unit PA-Proc	Enter **U** if you wish to count Units for the Analysis by **Procedure** and Analysis by **Procedure by Doctor** report. If you wish to count Transactions, enter **T**.
Tr/Unit PA-Date	Enter **U** if you wish to count Units for the Analysis by **Date** report. If you wish to count Transactions, enter **T**.
Tr/Unit PA-Loc	Enter **U** if you wish to count Units for the Analysis by **Service Location** report. If you wish to count Transactions, enter **T**.
Tr/Unit PA-Stat	Enter **U** if you wish to count Units for the Analysis by **Patient Status** report. If you wish to count Transactions, enter **T**.

Tr/Unit PA-Dept	Enter **U** if you wish to count Units for the Analysis by **Department** report. If you wish to count Transactions, enter **T**.
Tr/Unit PA-DpDr	Enter **U** if you wish to count Units for the Analysis by **Department by Doctor** report. If you wish to count Transactions, enter **T**.
Tr/Unit PA-RDR	Enter **U** if you wish to count Units for the Analysis by **Referring Doctor** report. If you wish to count Transactions, enter **T**.
Tr/Unit PA-RdDp	Enter **U** if you wish to count Units for the Analysis by **Referring Doctor by Department** report. If you wish to count Transactions, enter **T**.
Tr/Unit PA-Mgcr	Enter **U** if you wish to count Units for the Analysis by **Managed Care** report. If you wish to count Transactions, enter **T**.
Tr/Unit PA-PAdj	Enter **U** if you wish to count Units for the Analysis by **Payments and Adjustments** report. If you wish to count Transactions, enter **T**.
Tr/Unit PA-Br	Enter **U** if you wish to count Units for the Analysis by **Branch** report. If you wish to count Transactions, enter **T**.
Tr/Unit PA-BrAR	Enter **U** if you wish to count Units for the Analysis by **Branch in Inquiry to A/R Totals**. If you wish to count Transactions, enter **T**.
Cr Across Drs	Enter **Y** to reconcile unapplied credits across doctors. Otherwise, enter **N**.
ReconcileMcrAcc	Enter **Y** to reconcile Medicare accounts. Otherwise, enter **N**.
PA Coll%Grs/Net	Choose calculation method to use for Practice Analysis collection percentage. Enter **G** for Gross (payment/charge). Enter **N** for Net (payment/ (charge-adjustment)).

Insurance Control Record Maintenance

Defines how insurance is to be processed.

With **Clinic Maintenance** dropdown displayed, click on **Insurance Control Record Maintenance.**

Sort Order	The information in this field defines how the HCFA forms will be sorted. Valid sorting options are **N** for Numeric by account number **A** for Alphabetic by patient name **Z** for Mail to Zip Code **C** for Company number **I** for Insurance company #, then alphabetic by patient name
Proof SortOrder	The information in this field defines how the insurance proof list will be sorted. Valid sorting options are **N** for Numeric by account number **A** for Alphabetic by patient name **Z** for Mail to Zip Code **C** for Company number **I** for Insurance company #, then alphabetic by patient name
Prim/Sec Filing	Enter **S** if filing Secondary after Primary insurance carrier pays. Enter **B** to file both Primary and Secondary insurance carriers at the same time.
Distr. Ins Memos	Enter **Y** to distribute insurance filed memos to all claim line items. Enter **N** if you do not wish to have memos distributed to every line item on every claim. Any entry other than **Y** is considered to be **N.**
Clinic Type	Enter **MD** if your clinic is considered to be a Medical Clinic; Enter **PT** if your clinic is considered a Physical Therapy clinic. **PT** clinics that are Medicare – Part A Providers have their UB92 forms printed in a special way.
Cap. Write Off	Enter **T** to have capitated write-off adjustments occur at the transaction entry. Enter **D** to have them occur at day-end processing.
Ins Refile User	Enter the user number responsible for processing all insurance claim refiles. An insurance claim (primary or secondary) is considered a “refile” by answering Y to the prompt ‘Selecting to Refile?’ or running the ‘Automatic Refile Selection’ in Insurance Processing.
Sec Ins User	Enter the user number responsible for processing all secondary insurance claims. Secondary refiles are excluded for this user if field 8, Ins Refiles User#, is not blank.
# Days Auth Purg	Enter the number of days to keep prior authorization detail information on file before purging.
Ins.Pend Refile	Enter **Y** to have the system recalculate transaction charge amounts as insurance pending if refiled to insurance. Please note that the Bill-to flag in your form type will be taken into consideration when this calculation is made. Enter **N** to indicate that the transaction charge amount should remain due from the patient.
# Days 0Bal Clms	Enter the number of days (0 – 999) to keep zero balance claims on file.
Clm PurgeMethod	Enter **E** to purge the entire claim once a response from the insurance

	company is posted to any transaction on that claim. Enter **D** to purge only that detail transaction item from the pending claim.
HCFA Carrier	Reserved for CCA use
ERA SkipRecoups	Enter an "S" to have ERA posting skip ALL recoups. They will then appear on your "Post Manually" report.
IP-PtRelateDflt	This Field holds the default value for the Patients' relationship to insured field in insurance policy maintenance screen. B - to blank the default value S – Self W – Wife H – Husband C – Child O - Other
PromptMcrCon_EM	Enter 'Y' here, if you want the charge entry to prompt for medicare consult code separately.
2LineProofRept	Enter Y here , if you want the insurance proof report to be 2 lines. The second line will have the additional modifiers and diagnosis from the charge line if non-blank.
Update Tran	If Update Tran is set to Y, changes made in insurance proof list maintenance to diagnoses, modifiers and/or referring doctors will be applied to the original charge as well.
ProfEMC Version	If you are processing EMC professional claims in 5010 format enter '5' here. This field is in use for 'automatic insurance' processing module only.
InstEMC Version	If you are processing EMC institutional claims in 5010 format enter '5' here. This field is in use for 'automatic insurance' processing module only.
AutoProc Select	If you are using the Auto Insurance process module and want to skip the auto select during this process enter 'Y'. This will leave the control of auto select and the proof editing in the hands of the user and still give them the benefit of the auto processing for the rest of the insurance run.

Patient Registration Control Maintenance

Defines how fields are to be responded to at Patient Registration.

There are 3 options: **R** – Field is required. Message, 'This field requires data Press ENTER to Continue:', will appear if no data entered.

S – Field is suggested. Message, 'Data entry is suggested here. Are you sure you want to skip Y/N:', will appear and the user will be required to answer Y or N before proceeding.

N – Field is not required.

With **Clinic Maintenance** dropdown displayed, click on **Patient Registration Control Maintenance**.

Account Number	Enter **R** if field is required, **S** if Suggested or **N** if Not Required.
RP Number	Enter **R** if field is required, **S** if Suggested or **N** if Not Required.
RP Name	Enter **R** if field is required, **S** if Suggested or **N** if Not Required.
Patient Name	Enter **R** if field is required, **S** if Suggested or **N** if Not Required.
Salutation	Enter **R** if field is required, **S** if Suggested or **N** if Not Required.
Patient Address	Enter **R** if field is required, **S** if Suggested or **N** if Not Required.
Address Line 2	Enter **R** if field is required, **S** if Suggested or **N** if Not Required.
Patient Sex	Enter **R** if field is required, **S** if Suggested or **N** if Not Required.
Birth Date	Enter **R** if field is required, **S** if Suggested or **N** if Not Required.
Marital Status	Enter **R** if field is required, **S** if Suggested or **N** if Not Required.
Doctor #	Enter **R** if field is required, **S** if Suggested or **N** if Not Required.
Ref.Doctor1	Enter **R** if field is required, **S** if Suggested or **N** if Not Required.
Ref.Doctor2	Enter **R** if field is required, **S** if Suggested or **N** if Not Required.
SocialSecurity#	Enter **R** if field is required, **S** if Suggested or **N** if Not Required.
Message	Enter **R** if field is required, **S** if Suggested or **N** if Not Required.
Medicare Date	Enter **R** if field is required, **S** if Suggested or **N** if Not Required.
Home Phone #	Enter **R** if field is required, **S** if Suggested or **N** if Not Required.
Work Phone #	Enter **R** if field is required, **S** if Suggested or **N** if Not Required.
Work Phone Ext.	Enter **R** if field is required, **S** if Suggested or **N** if Not Required.
Relationship	Enter **R** if field is required, **S** if Suggested or **N** if Not Required.
Cycle Code	Enter **R** if field is required, **S** if Suggested or **N** if Not Required.
Suppress Stmnt.	Enter **R** if field is required, **S** if Suggested or **N** if Not Required.

Payment Plan	Enter **R** if field is required, **S** if Suggested or **N** if Not Required.
PaymentPlan Bal	Enter **R** if field is required, **S** if Suggested or **N** if Not Required.
PaymentPlan Amount	Enter **R** if field is required, **S** if Suggested or **N** if Not Required.
Dun Messages	Enter **R** if field is required, **S** if Suggested or **N** if Not Required.
Produce Insur.	Enter **R** if field is required, **S** if Suggested or **N** if Not Required.
Status Code 1	Enter **R** if field is required, **S** if Suggested or **N** if Not Required.
Status Code 2	Enter **R** if field is required, **S** if Suggested or **N** if Not Required.
Status Code 3	Enter **R** if field is required, **S** if Suggested or **N** if Not Required.
Status Code 4	Enter **R** if field is required, **S** if Suggested or **N** if Not Required.
User Code	Enter **R** if field is required, **S** if Suggested or **N** if Not Required.
Registration Dt	Enter **R** if field is required, **S** if Suggested or **N** if Not Required.
Branch	Enter **R** if field is required, **S** if Suggested or **N** if Not Required.
Employer	Enter **R** if field is required, **S** if Suggested or **N** if Not Required.
Phone recall cd	Enter **R** if field is required, **S** if Suggested or **N** if Not Required.
Race	Enter **R** if field is required, **S** if Suggested or **N** if Not Required.
Ethnicity	Enter **R** if field is required, **S** if Suggested or **N** if Not Required.
Language Pref	Enter **R** if field is required, **S** if Suggested or **N** if Not Required.
Cell Phone	Enter **R** if field is required, **S** if Suggested or **N** if Not Required.
Contact Pref	Enter **R** if field is required, **S** if Suggested or **N** if Not Required.

Policy Registration Control Maintenance

Defines how fields are to be responded to at Insurance Policy Registration.

There are 3 options:

R – Field is required. Message, 'This field requires data Press ENTER to Continue:', will appear if no data entered.

S – Field is suggested. Message, 'Data entry is suggested here. Are you sure you want to skip Y/N:', will appear and the user will be required to answer Y or N before proceeding.

N – Field is not required.

With **Clinic Maintenance** dropdown displayed, click on **Policy Registration Control Maintenance**.

Sequence#	Enter **R** if field is required, **S** if Suggested or **N** if Not Required.
Prim/Sec Flag	Enter **R** if field is required, **S** if Suggested or **N** if Not Required.
Accept Assignmt	Enter **R** if field is required, **S** if Suggested or **N** if Not Required.
Policy #	Enter **R** if field is required, **S** if Suggested or **N** if Not Required.
Group #	Enter **R** if field is required, **S** if Suggested or **N** if Not Required.
Insured Name	Enter **R** if field is required, **S** if Suggested or **N** if Not Required.
Insured's Adrs.	Enter **R** if field is required, **S** if Suggested or **N** if Not Required.
Insrd Addr 2	Enter **R** if field is required, **S** if Suggested or **N** if Not Required.
Phone #	Enter **R** if field is required, **S** if Suggested or **N** if Not Required.
Birth Date	Enter **R** if field is required, **S** if Suggested or **N** if Not Required.
Sex	Enter **R** if field is required, **S** if Suggested or **N** if Not Required.
Employer	Enter **R** if field is required, **S** if Suggested or **N** if Not Required.
Pt'Relation_Ins	Enter **R** if field is required, **S** if Suggested or **N** if Not Required.
Champus Status	Enter **R** if field is required, **S** if Suggested or **N** if Not Required.
Branch of Srvc.	Enter **R** if field is required, **S** if Suggested or **N** if Not Required.
Employer Plan	Enter **R** if field is required, **S** if Suggested or **N** if Not Required.
Sig on File	Enter **R** if field is required, **S** if Suggested or **N** if Not Required.
Print Claim	Enter **R** if field is required, **S** if Suggested or **N** if Not Required.
Mail To	Enter **R** if field is required, **S** if Suggested or **N** if Not Required.
Remark	Enter **R** if field is required, **S** if Suggested or **N** if Not Required.
Benefit Plan	Enter **R** if field is required, **S** if Suggested or **N** if Not Required.
Dt LstSeen Phys	Enter **R** if field is required, **S** if Suggested or **N** if Not Required.
Reltd-Employment	Enter **R** if field is required, **S** if Suggested or **N** if Not Required.
Reltd-Accident	Enter **R** if field is required, **S** if Suggested or **N** if Not Required.
Illness/Inj/LMP	Enter **R** if field is required, **S** if Suggested or **N** if Not Required.

Dt Ill/Inj/LMP	Enter **R** if field is required, **S** if Suggested or **N** if Not Required.
Dt lst Consulted	Enter **R** if field is required, **S** if Suggested or **N** if Not Required.
Dt Same Illness	Enter **R** if field is required, **S** if Suggested or **N** if Not Required.
Emergency	Enter **R** if field is required, **S** if Suggested or **N** if Not Required.
Dt. Able-Ret Wrk	Enter **R** if field is required, **S** if Suggested or **N** if Not Required.
Disability	Enter **R** if field is required, **S** if Suggested or **N** if Not Required.
Disability From	Enter **R** if field is required, **S** if Suggested or **N** if Not Required.
Disability To	Enter **R** if field is required, **S** if Suggested or **N** if Not Required.
Hospitalized Fr	Enter **R** if field is required, **S** if Suggested or **N** if Not Required.
Hospitalized To	Enter **R** if field is required, **S** if Suggested or **N** if Not Required.
Student	Enter **R** if field is required, **S** if Suggested or **N** if Not Required.
Family Planning	Enter **R** if field is required, **S** if Suggested or **N** if Not Required.
Override Dr	Enter **R** if field is required, **S** if Suggested or **N** if Not Required.
DtSign Rel-Info	Enter **R** if field is required, **S** if Suggested or **N** if Not Required.
AutoAccident ST	Enter **R** if field is required, **S** if Suggested or **N** if Not Required.
Hospice Y/N	Enter **R** if field is required, **S** if Suggested or **N** if Not Required.
Delay Days	Enter **R** if field is required, **S** if Suggested or **N** if Not Required.

Day End Update Control Maintenance

Defines how Day End is to be processed including identifying reports required for Day End.

With **Clinic Maintenance** dropdown displayed, click on **Day End Update Control Maintenance**.

Dayend Progress	Displays **Y** if Day End is currently running. **Blank** or **N** if Day End is inactive.
Check Copay Rpt	Enter **Y** to require the Copay Report to be run at Day End. Otherwise, enter **N** for No.
Check Cap W-Off	Enter **Y** to require the Capitation Write-off Report to be run at Day End. Otherwise, enter **N** for No.

Check Lab	Enter **Y** to require the Lab Report to be run at Day End. Otherwise, enter **N** for No.
Check Immuniz	Enter **Y** to require the Immunizations Report to be run at Day End. Otherwise, enter **N** for No.
Drs ActivityRpt	Displays **Y** if the Doctor's Activity Report has been run. The system requires this report to be run for Day End.
Copay Report	Displays **Y** if # 3 above is set to Y and the Copay Report has been run.
Cap WriteOff	Displays **Y** if # 4 above is set to Y and the Capitation Write-off Report has been run.
Lab Processed	Displays **Y** if # 5 above is set to Y and the Lab Report has been run.
Immunizations	Displays **Y** if # 3 above is set to Y and the Immunizations Report has been run.
Show UnApp Cred	Enter a "Y" to have a seperate report print within the Doctor's Activity Reports, that will give a complete listing of all accounts that have a credit balance or an over-applied balance on their account. This is just like the listing that appears at the bottom of your Aged Trial Balance.
Dayend Flag	Displays **Y** if Day End is finished.
Curr DayEnd Sq	Displays the Current Day End Sequence Number. System generated.
Curr DayEnd Date	Displays the Current Day End Date. System generated.
Last DayEnd Sq	Displays Last Day End Sequence #. System generated.
Last DayEnd Dte	Display Last Day End Date. System generated.
Fiscal Period	Fiscal Period of the Batches in Current Day End

Fiscal Period Control Maintenance

Defines the Fiscal Periods contained within the Fiscal Year.

With **Clinic Maintenance** dropdown displayed, click on **Fiscal Period Control Maintenance.**

Fiscal Year	Enter fiscal year.
# of Periods	Enter number of periods in fiscal year.
FiscYr Beg Dt	Enter date fiscal year is to begin.
FiscYr End Dt	Enter date fiscal year is to end.

Period 1 End-Dt	Enter date period 1 is to end.
Open/Close/New	Status of period 1. Controls the ability to post to the period. Options are **O** for Open, **C** for Closed, **N** for New and **I** for In-process.
Period 2 End-Dt	Enter date period 2 is to end.
Open/Close/New	Status of period 2. Controls the ability to post to the period. Options are **O** for Open, **C** for Closed, **N** for New and **I** for In-process.
Period 3 End-Dt	Enter date period 3 is to end.
Open/Close/New	Status of period 3. Controls the ability to post to the period. Options are **O** for Open, **C** for Closed, **N** for New and **I** for In-process.
Period 4 End-Dt	Enter date period 4 is to end.
Open/Close/New	Status of period 4. Controls the ability to post to the period. Options are **O** for Open, **C** for Closed, **N** for New and **I** for In-process.
Period 5 End-Dt	Enter date period 5 is to end.
Open/Close/New	Status of period 5. Controls the ability to post to the period. Options are **O** for Open, **C** for Closed, **N** for New and **I** for In-process.
Period 6 End-Dt	Enter date period 6 is to end.
Open/Close/New	Status of period 6. Controls the ability to post to the period. Options are **O** for Open, **C** for Closed, **N** for New and **I** for In-process.
Period 7 End-Dt	Enter date period 7 is to end.
Open/Close/New	Status of period71. Controls the ability to post to the period. Options are **O** for Open, **C** for Closed, **N** for New and **I** for In-process.
Period 8 End-Dt	Enter date period 8 is to end.
Open/Close/New	Status of period 8. Controls the ability to post to the period. Options are **O** for Open, **C** for Closed, **N** for New and **I** for In-process.
Period 9 End-Dt	Enter date period 9 is to end.
Open/Close/New	Status of period 9. Controls the ability to post to the period. Options are **O** for Open, **C** for Closed, **N** for New and **I** for In-process.
Period 10 End-Dt	Enter date period 10 is to end.
Open/Close/New	Status of period 10. Controls the ability to post to the period. Options are **O** for Open, **C** for Closed, **N** for New and **I** for In-process.
Period 11 End-Dt	Enter date period 11 is to end.

Open/Close/New	Status of period 11. Controls the ability to post to the period. Options are **O** for Open, **C** for Closed, **N** for New and **I** for In-process.
Period 12 End-Dt	Enter date period 12 is to end.
Open/Close/New	Status of period 12. Controls the ability to post to the period. Options are **O** for Open, **C** for Closed, **N** for New and **I** for In-process.
Last Period Closd	Displays Last Period Closed (status is C). System generated.
L Period Closed Date	Display Date Last Period Closed. System generated.
Current Period	Displays Current Period (status is O). System generated.
Next Period	Display Next Period. System generated.
FsYr Opn/Cls/Nw	Status of the current Fiscal Year. Enter **O** for Open, **C** for Closed or **N** for New.
Next Yr Period 1	Enter the identification for the first period in next year. For example, if the current Fiscal Year is 2001, and our Fiscal Year ends on Dec. 31, 2001, the entry here should be 200201
Open/Close/New	Displays status of Next Year's Period 1. Options are **O** for Open**, C** for Closed or **N** for New. Normally set to **N**.

Batch Control Record Maintenance

The data displayed here is system generated and cannot be changed. Entry of the Batch Sequence # will cause the data associated with that Sequence # to display.

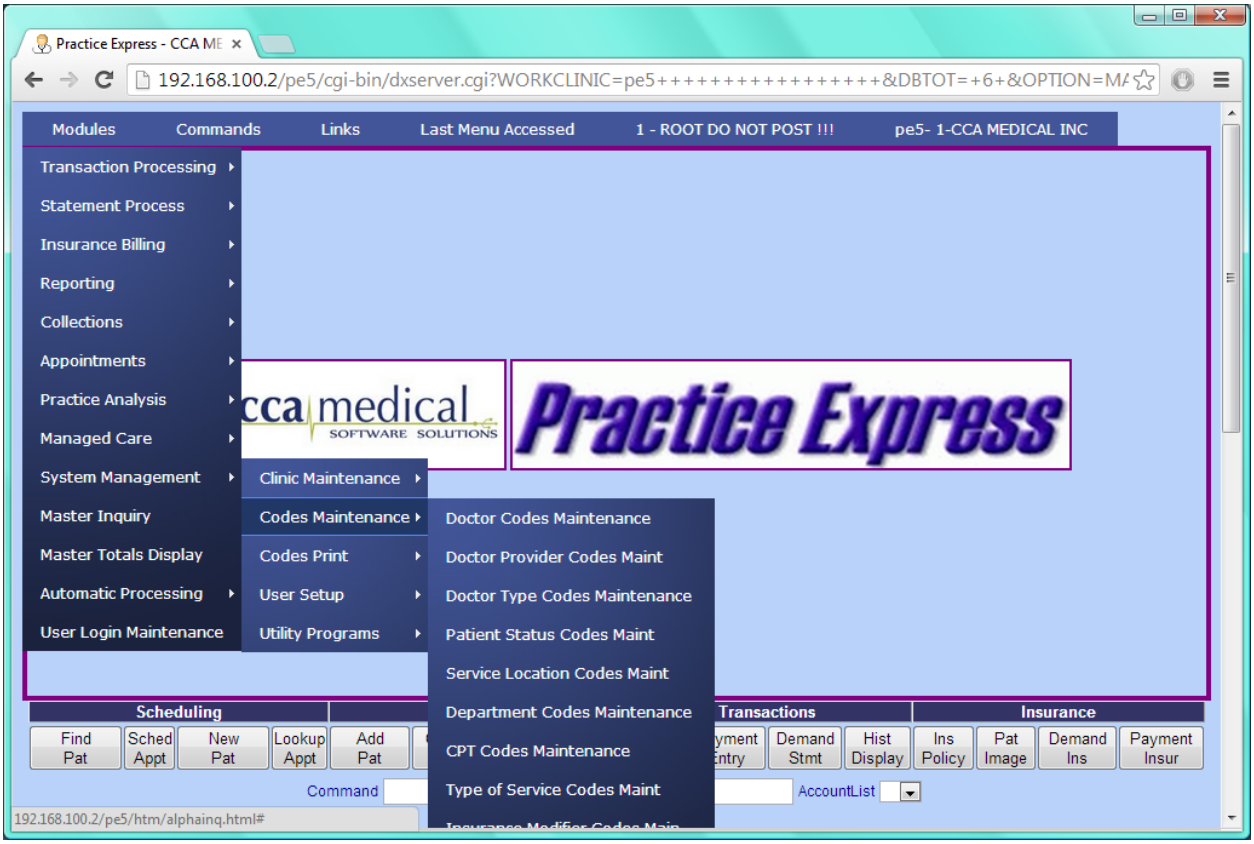
With **Clinic Maintenance** dropdown displayed, click on **Batch Control Record Maintenance.**

Batch Control	Enter the Batch Sequence Number whose data you wish to display. Press the **F2** key for a lookup of the Batch Sequence Number if not known. You can lookup a sequence # by **P**osted to Date (batch update date), **D**ay End Sequence # (from Doctors Activity Report) or **B**atch # (from user's batch).
User	Displays User Number associated with this batch.
Description	Displays the Batch Description.
Creation Date	Displays the System Date batch was created.
Fiscal Period	Displays the Fiscal Period of the batch.
Starting Tran #	Displays the Starting Transaction Number in the batch.
Ending Tran #	Displays the Ending Transaction Number in the batch.

Date Posted	Displays the date keyed during the Batch Update process.
Day End Seq #	Displays the Day End Sequence Number. The Doctor's Activity Report displays this # too.
Ck Deleted Tran	Display the Y/N flag.
Branch#	Displays the branch# of current batch.
Tot +Chg	Displays the total dollar amount of charges posted in the batch.
Tot –Chg	Displays the total dollar amount of charges reversed in the batch.
Tot +Pmt	Displays the total dollar amount of reversed payments in the batch.
Tot –Pmt	Displays the total dollar amount of payments posted in the batch.
Tot +Adj	Displays the total dollar amount of debit adjustments in the batch.
Tot –Adj	Displays the total dollar amount of credit adjustments in the batch.
Tot +BalAdj	Displays the total dollar amount of charge debit adjustments in the batch.
Tot –BalAdj	Displays the total dollar amount of charge credit adjustments in the batch.
Tot +DelChg	Displays the total dollar amount of deleted charges in the batch.
Tot –DelChg	Displays the total dollar amount of deleted reversed charges in the batch.
Tot +DelPmt	Displays the total dollar amount of deleted reversed payments in the batch.
Tot –DelPmt	Displays the total dollar amount of deleted payments in the batch.
Tot +DelAdj	Displays the total dollar amount of deleted debit adjustments in the batch.
Tot –DelAdj	Displays the total dollar amount of deleted credit adjustments in the batch.
Tot+DelBalAdj.	Displays the total dollar amount of deleted debit balance adjustments in the batch.
Tot–DelBalAdj	Displays the total dollar amount of deleted credit balance adjustments in the batch.
Tot ActiveTrn	Displays total number of active transactions contained in the batch.
Tot Deleted Trn	Displays total number of deleted transactions contained in the batch.

CODES MAINTENANCE

Provides functions for the maintenance of system codes.



Doctor Codes Maintenance

This particular part of Codes Maintenance is where the doctor is established. Charges will be posted to the doctor number, and from these charges Doctor Provider Codes will be setup which will determine which provider numbers to use on your HCFA-1500 claim forms.

If your doctors all have different Federal Tax ID numbers (also known as the Employer Identification Number or EIN), your HCFA-1500 claims will pull from this section of Codes Maintenance for the correct EIN.

With **Codes Maintenance** dropdown displayed, click on **Doctor Codes Maintenance.**

Doctor Number	Enter assigned doctor number (1-9999).
Dr-Name	Enter doctor's full name without punctuation.

Initials	Enter doctor's initials (up to 3 characters)
Schedule Y/N	Will this doctor be using the Appointment Scheduling Package – **Y/N?**
HL7 Appt Export	If you are exporting the appointment information to other applications and want this doctor's appointments to be included in the export process enter 'Y' here.
AM Start Time	Enter the beginning time of the doctor's AM schedule.
PM Start Time	Enter the beginning time of the PM schedule.
Soc-Sec. Number	Enter the doctor's Social Security Number without dashes.
Dmnd-Stmt-Name	Enter the doctor's name, as you would like it printed on the Demand Statement (check out receipt).
Schedule Name	Enter the column header for the Appointment Schedule. This is usually the doctor's last name.
Federal-ID #	Enter the doctor's employer identification number if different from Clinic ID #. This can be used to override the Clinic Federal ID # if needed for a particular form type.
Fed Id#-SSN/EIN	Enter **S** for Social Security #, **E** for federal tax ID #. This flag determines if the # entered in Federal ID # is the employer identification number (EIN) or a social security number (SSN).
Post Charge Y/N	Can charges be posted for this doctor **– Y/N?**
GL Co#/Dist Cd	Enter the General Ledger Company Number to which transactions for this doctor will be posted. ONLY FOR USE WITH CCA MEDICAL GENERAL LEDGER.
GL. Group #	Enter the General Ledger Group Number. ONLY FOR USE WITH CCA MEDICAL GENERAL LEDGER.
CRNA Y/N	Is this doctor a Certified Registered Nurse Anesthetist **– Y/N?** Used in Transaction Entry, overlap calculations and anesthesia billing routines to calculate anesthesia charges correctly.
Time Units (Min)	Enter time units in number of minutes. Used to convert the elapsed time of anesthesia transactions to units before calculating the charge amount.
Cost per RVU	Enter the cost calculated for this doctor for Relative Value Unit (RVU) reporting.
Dr. Type	Enter **ST** for Speech Therapist, **PT** for Physical Therapist, **OT** for Occupational Therapist, **O** for other.
NonPhysicianPrv	Enter **Y** for Non-physician provider (supervising doctor entry is optional).

	Enter **F** for Non-physician provider (forces entry of supervising doctor). Enter **N** for NOT a Non-physician provider.
Supervis.Dr Ini	Supervising Doctor's Initials – enter the initials of the supervising physician for this non-physician doctor
Taxonomy Code	Enter your HIPAA Taxonomy Code if applicable.
Forced Branch	
Dr Title	These fields are for HL7 export interfaces: Sample: Title Fname Mname Lname Suffix Degree DR. JAMES CARL PIERCE JR. M.D.
Dr First Name	These fields are for HL7 export interfaces:
Dr Middle Name	These fields are for HL7 export interfaces:
Dr Last Name	These fields are for HL7 export interfaces:
Dr Suffix	These fields are for HL7 export interfaces:
Dr Degree	These fields are for HL7 export interfaces:

Doctor Provider Codes Maintenance

Your HCFA-1500 claim form will use all the fields in this Codes Maintenance section. Field 4, Provider Record, of Insurance Form Type Maintenance points the HCFA 1500 claim form to the corresponding Provider Record (Local Prov Code) in this screen. A new screen will be created for each set of provider records that each doctor has. Example: Provider Record (Local Prov Code) #1 might be the Medicare numbers for Dr. Smith and Provider Record (Local Prov Code) #2 might be the Medicaid numbers for Dr. Smith. You can have up to 999 Provider records for each doctor.

It is also important for you to setup your provider records so that all Provider Records for Dr. Smith represent the same company. Example: If Provider Record (Local Prov Code) #1 contains Dr. Smith's Medicare numbers, then Provider Record #1 for each doctor should be Medicare. For ease of identification, it is recommended that this code correspond to the form type number it is referenced by.

With **Codes Maintenance** dropdown displayed, click on **Doctor Provider Codes Maintenance.**

Doctor Number	Enter your doctor number.
Local Prov Code	Enter the number that will represent the record you are setting up (1 – 999). The Local Prov code links this record to the Provider Record field in the appropriate Insurance Form Type.

Location	Enter the location number. Use this field only if your doctor has different provider numbers for this insurance carrier for each location. If you use this field, change the form type for this provider record to break on location code.
Description	Enter the description of this provider record; for example, Medicare.
Dr's Initials	Enter the three characters for your doctor's initials.
UPIN#	Enter your doctor's Unique Personal Identification Number to be printed in Block 17a when the doctor is the ordering physician.
Personal ID #	Enter your doctor's Personal Identification Number in this field. This number will print in block 33 PIN on the HCFA-1500 form.
Group ID #	If applicable, enter the doctor's group identification. This number will print in block 33 GRP on the HCFA-1500 form.
Detail ID #	Enter your doctor's personal identification number in this field. This number will print in block 24K on the HCFA-1500 form.
Billing Name	Enter the name you wish to appear in block 33 on the HCFA-1500 form.
Signature Name	Enter the signature name of the doctor. This information will print in block 31 on the HCFA-1500 form.
EMC Prov. ID #	Enter the provider number to be used for this doctor if claims transmit electronically.
Prov. Last Name	Enter the last name of the doctor.
Prov. First Name	Enter the first name of the doctor. If your doctor uses a first initial and full middle name, you should either type them without a space between or omit the initial completely. Electronic claims filing will not permit a first name shorter than two characters.
Prov. Specialty	Enter the specialty code of your doctor
DME Supplier #	Enter the doctor's durable medical equipment number.
NPI-Billing-B33	Enter the billing NPI for the provider here.
NPI-Render-B24	Enter The NPI for the rendering provider here.
NPI-DME sup-B24	Enter the NPI Number for the DME supplier here.
Billing taxonomy	Enter the Billing Taxonomy here. This number will be submitted to the payers in the billing loop.
Hold Claims	If you want hold the claims for this provider for the form type, enter Y. This is helpful if there is a delay in obtaining the provider number for new providers. Once the numbers are available you can change this field to

	allow claims filing.

Doctor Type Codes Maintenance

Defines Doctor Types. Examples would be Pediatrician, OD, Internist, etc.

With **Codes Maintenance** dropdown displayed, click on **Doctor Type Codes Maintenance**.

Doctor Type	Enter the 2-digit code defining the doctor type. (eg., FP - Family Practice)
Description	Enter the description of the doctor type.

Patient Status Codes Maintenance

These codes define the type of account the patient is associated with. Examples would be: Medicare, Medicaid, Blue Cross, self-pay, in collections, etc.

With **Codes Maintenance** dropdown displayed, click on **Patient Status Codes Maintenance**.

Status Code	Enter the code that will identify the type of account this code represents. Alphanumeric up to 2 characters.
Description	Enter the description of this status.
Inactive Flag	Enter I to make the the record inactive. If flagged as inactive, it will not appear in the lookup windows and will not allow the assignment of this status code to the accounts.
Suppress Stmnt	Should the monthly statement for this type of account be suppressed – **Y/N?** Leave blank if it this status code should not affect the monthly statement flag either way. Valid only if used in STATUS CODE 1).
Produce Insr	Enter **Y** for YES or **N** for NO. Insurance Filing process uses this field. It is used to default the patient's Produce Insurance field in the Patient File Maintenance screen. If you do not use the insurance prompts when posting charges, this default will be used to determine whether insurance should be filed on a patient or not. (Valid only if used in STATUS CODE 1). Leave blank if this status code should not affect the flag either way.
Medicare Code	Does this status code represent a Medicare patient– **Y/N?**
No Insr.Cd Y/N	Enter **Y** to identify the patient as NOT having insurance. Only checked when the status code is used as the primary status code for the patient (Status Code 1). If set to **Y**, Transaction Entry will not prompt to assign policies for a date of service. Also used in HOSPITAL ROUNDS module to identify the patient as NOT having insurance

Message 1	Optional message line for monthly statement. Enter the message you would like to appear specific to this status code.
Message 2	Optional message line for monthly statement. Enter the message you would like to appear specific to this status code.
Valid for Code1	Can this code be used in Status Code #1 in Patient Registration screen – **Y/N?**
Valid for Code2	Can this code be used for Status Code #2 in Patient Registration screen – **Y/N?**
Valid for Code3	Can this code be used for Status Code #3 in Patient Registration screen – **Y/N?**
Valid for Code4	Can this code be used for Status Code 42 in Patient Registration screen – **Y/N?**
Schedule – A/D/W	In regard to future appointments, enter **A** for Allow, **D** for Disallow, **W** for Warning message. **W** will display the status code's DESCRIPTION as the warning message.
Chrg Entry – A/D/W	In regard to posting future charges, enter **A** for Allow, **D** for Disallow, **W** for Warning message. **W** will display the status code's DESCRIPTION as the warning message.

Service Locations Codes Maintenance (Place of Service)

Defines the physical location where service is provided. Examples would be hospital, lab, inpatient, etc. Service locations are required for HCFA 1500.

With **Codes Maintenance** dropdown displayed, click **Service Locations Codes Maintenance**.

Local Code	Enter the local code you have chosen for this location. Press **F2** for a listing of Service Location Codes already setup. Example: O for Office.
AMA Location Cd	Enter the location code designated by the AMA for this location; for example, 11 represents Doctor's Office, 21 represents Inpatient Hospital (block 24B of HCFA).
Facility Name	Enter the name of the facility, except for your office or patient home. HCFA indicates that field 32 should contain names other than the doctor's office or patient home. It may also be helpful to end your hospital names with IP for Inpatient, OP for Outpatient, and ER for Emergency Room.
Address	Enter the address of the facility other than the office.
City	Enter the city where the facility is located.
State	Enter the state where the facility is located.
Zip	Enter the zip code of the facility.

I.D. No.	If applicable, enter the facility identification number.
I.D. Qualifier	Select the 2 character Qualifier that identifies the type of I.D. No in the field above.
User Loc Code	Enter **CLIA** if the facility is an in-house lab and the ID No. represents the lab's assigned CLIA #. This field is also used in appointment scheduling to provide additional information about the location of the appointment. This is an optional field.
Sec ID#	If applicable, enter a second facility identification number.
SecID Qualifier	Select the 2 character Qualifier that identifies the type of I.D. No in the **Sec ID#** field above.
NPI Number	Enter the NPI number of the facility. if appicable.
UB4 Bill Type	Enter the UB04 billtype if applicable. If non blank, this bill type will override the billtype from the ub04 default record for the claims for this location.
Ovrride Bill NPI	Enter billing NPI # specific to this location if applicable. If present this NPI will override the biliing NPI for the provider, for professional claims this location. This field eliminates the need of setting up provider records by location based on billing NPI, if a practice has multiple locations with billing NPI#s specific to those locations.
AllowChargEntry	If the location is inactive and you do not want to allow charges posted to this location, enter 'N'.

Department Codes Maintenance

Used to set up and maintain Department Codes. Practice Analysis uses departments in reporting options.

With **Codes Maintenance** dropdown displayed, click on **Department Codes Maintenance**.

Department #	Unique number assigned to this department.
Description	Description of the department.
Dept G/L Accnt #	Enter the cash account in the General Ledger that this department should post to if this is a payment department and you have the G/L Interface turned on.
Offset GL Acc#	Enter the revenue account in General Ledger that this department should post to if this is a payment department and you have the G/L Interface turned on.
Norm Stat (D/C)	Normally set to **D**ebit for payment oriented departments and **C**redit for

	refund oriented departments. Used with the CCA Medical G/L Interface.
Lab Dept (Y/N)	Enter **Y** if this department is a lab. Otherwise, enter **N**.
Immuniz Dpt Y/N	Enter **Y** if this department is used for immunization procedures. Otherwise, enter **N.**
Refund Dept Y/N	Enter **Y** if this department is used for refund. Otherwise, enter **N.**

CPT Codes Maintenance

This record is created from Charge & Debit Adjustment Codes Maintenance but is maintained here.

With **Codes Maintenance** dropdown displayed, click on **CPT Codes Maintenance**.

CPT Code	Enter the CPT Code.
Description	Enter the description of the CPT code.
EMC Submittable	Can this CPT code be transmitted electronically? Enter **Y** for YES or **N** for NO. A blank entry defaults to **Y** for YES. An entry of **N** overrides the EMC Submittable flag in Charge & Debit Adjustment Codes Entry.
EMC DescrRqred	Is the description required to transmit electronically for this CPT code? Enter **Y** for YES or **N** for NO. If the cpt code's description needs to change based on # of units used, etc., enter **Y** here and key the **$** symbol in the first position of the Description field above. You will then be prompted to correct the description on your EMC error report. Otherwise, the actual description will transmit.
Use Dr as RDR	Do you wish to use the ordering doctor as the referring doctor for this CPT code on Medicare claims? Enter **Y** for YES or **N** for NO. If **Y**, the Signature Name and UPIN# from the Doctor Provider Record will be used.
UB92 Revenue Cd	Is this code to be used on the UB92 claim form? If so, enter the corresponding 3-character revenue code.
Prnt UB92 blk81	Do you wish this CPT code to print in block 81 on the UB92 claim form? Enter **Y** for YES or **N** for NO.
Separate Claim	Do you wish to print a separate HCFA-1500 claim form for this CPT code? Enter **Y** for YES or **N** for NO.
NEW/RET/Blank	Flag the CPT code as New/Return CPT. This code will be used in the report "CPT Code New/Return Report" in the miscellaneous reports menu.
Gender M/F/Blnk	If this CPT is gender specific enter the appropriate gender Male/Female. The transaction entry program will use this flag to check against the account

	gender to allow/disallow the CPT entry.
BegAgeRange-Yrs	f this CPT is age specific enter the appropriate begining age range years. The transaction entry program will use this field to check against the account age to allow/disallow the CPT entry.
BegAgeRange-Mth	If this CPT is age specific enter the appropriate begining age range months. The transaction entry program will use this field along with Begiing age years to check against the account age to allow/disallow the CPT entry.
EndAgeRange-Yrs	If this CPT is age specific enter the appropriate ending age range years. The transaction entry program will use this field along with endiing age months to check against the account age to allow/disallow the CPT entry.
EndAgeRange-Mth	If this CPT is age specific enter the appropriate ending age range months. The transaction entry program will use this field along with endiing age years to check against the account age to allow/disallow the CPT entry.
RDR Required	Is the Referring Doctor Name and UPIN information required for this field? Enter **Y** for YES or **N** for NO.
PQRI/ForceFile	This field is used to indicate the special filing preferences and requirements. If this CPT is a PQRI CPT enter 'Y'. The auto insurance select program will use this field to file for secondary insurance along with non zero charges for the DOS, eventhough the procedures are not requred to be filed for primary companies. The managed care must be set up as PQRI='Y' for this to work properly. If this CPT is a 0 charge CPT and required to be filed to all insurance comapanies then enter "M" to indicate the Mandatory filing flag. During the autoselect the 0 charges for this CPT will be selected to file regardless of the insurance company "File 0 charges" flag setup.
ASC Reporting	Enter Y to include the transactions for this CPT in the state required ASC reports. Enter N to exclude the transactions for this CPT in the state required ASC reports.

Type of Service Codes Maintenance

Defines the general type of service into which a CPT code would fall. Examples would be surgery, lab, medical, etc.

With **Codes Maintenance** dropdown displayed, click on **Type of Service Codes Maintenance.**

Local Code	Enter the internal code for your type of service; for example, 1 would mean Medical Care.
Description	Enter the description of the type of service.
HCFA TOS Code	Enter the HCFA-1500 TOS (Type of Service) code.

Insurance Modifier Codes Maintenance

These modifiers are applied against insurance reimbursement amounts associated with CPT codes.

With **Codes Maintenance** dropdown displayed, click on **Insurance Modifier Codes Maintenance**.

Modifier	Enter the modifier code you wish to establish.
Description	Enter the description of the modifier.
Type of Service	If this modifier is specific to a particular type of service, enter the type of service code in this field. It will override the CPT code's standard type of service setup in Charge & Debit Adj. Codes maintenance whenever this modifier is used. Do not key a type of service code here **unless** the Modifier forces you to change from the standard type of service code used with the CPT code.
Concurrent Case	This field has to do with calculating anesthesia billing only. The 'Overlap Calculations' program used in anesthesia billing, searches the modifier file for modifiers with the needed number of concurrent cases and uses the ABV reduction % and modifier for factors in calculations.
Fee Modifier %	Enter the percentage the modifier should use of the original dollar amount; for example, .8 will use 80% of the original dollar amount. Enter **1.00** is the entire dollar amount is to used.
ABV Reduction %	ABV is the Anesthesia Based Value. This is the reduction percentage used in anesthesia billing only and is applied to the procedure ABV. Example: Procedure ABV = ABV – (ABV * ABV reduction %)
Skip CPT/DGXref	Enter Yes if you wish to skip the cross reference check on CPT/DIAG index.

Charge & Debit Adjustment Codes Maintenance

Defines codes that effect charges or debits to a patient's balance.

With **Codes Maintenance** dropdown displayed, click on **Charge & Debit Adjustment Codes Maintenance.**

Procedure Code	Enter the local code used to identify this procedure. The system will accept any number from 0 – 9 or any letter from A – Z. You can use your CPT codes or design internal codes. If you choose to design internal codes, they can be numeric, alpha or a combination of the two. Local procedure codes are normally shorter and more descriptive than CPT codes.
Description	The description you enter will be the description that appears on the patient's office receipts, insurance forms, and month-end statements. The CPT codes and diagnosis codes will also print on the office receipts for insurance filing purposes.
Department	The department this procedure code is to be credited to. Press **F2** to lookup the available department codes.
Procedure Type	Default is always **C** for Charge.
Dist. Chg/BalAdj	Valid options are **C** for true Charges, **B** for Balance Adjustment Charges.
EMC Submittable	Enter **N** to force the procedure to print on paper claims. Any entry other than **N** is considered to be **Y**. Note: An entry of **N** in the EMC Submittable field of CPT Codes Maintenance will override an entry of **Y** here for the CPT used by this procedure.
Override Location Code	Normally, the Location Code will default from the User Record. Entry of a Location Code here will override that default.
CPT Code	If this is a charge procedure that has a corresponding CPT code, enter the previously established CPT code for this procedure. The system will prompt you to add a CPT code that it doesn't find on file. Press **F2** to lookup the available CPT codes. If the procedure is a balance adjustment charge (field 5 contains a B), there will not be a corresponding CPT code.
Type of Service	Enter the appropriate type of service code. This field will accept only single character type of service codes; for example, **1** would mean Medical Care, **2** would mean Surgery, and **3** would mean Consultation. Please refer to the Type of Service Codes File Maintenance section if you need to use codes longer than one character. Press **F2** to lookup the available Type of Service codes.
Bill Insurance	Enter **Y** for YES to file this procedure on a claim to an insurance company. If you enter **N** for No in this field, you will not be able to file this procedure on a claim to ANY insurance company.
Indep.Lab Work	Enter **Y** for YES to file this procedure as independent lab work. If your forms provide a place for printing the total dollar amount of the lab work, the system will total the independent lab procedures on the claim and print the total (Block 20 of the HCFA 1500). Enter **N** for NO if this procedure is not

	related to independent lab work. The term “outside lab” also refers to “independent lab.”
Dr/Pt Encounter	If this procedure is one in which the patient sees the doctor, enter a **Y** for YES; otherwise, enter **N** for NO. This field controls the accumulation of patient visit statistics in Practice Analysis Reporting.
Mandatory Asnmt	If this procedure is a mandatory assignment procedure for Medicare, enter **Y** for YES. An entry of **Y** in this field will instruct the system to treat the procedure as a mandatory assignment, and it can then be billed as a separate claim to insurance. The patient will never receive a bill for a charge with **Y** entered here. This feature is necessary in clinics that see Medicare patients and do not participate in nor accept assignment on Medicare claims.
MltProc Exp/No	If this code is to be the trigger for an exploding procedure sequence, enter **E** for EXPLODING; otherwise, enter **N** for NO.
Mc Follow-up day	Enter the number of days during which Medicare will disallow any follow-up charges for this procedure. It will appear on your procedure list for reference purposes only.
Pop up Message	You can Enter free form text message in this field. This message will be shown in a popup alert box during the charge entry for this procedure code.
Start/Stop Time	If this procedure requires start/stop times, enter **Y** for YES in this field; otherwise, enter **N** for NO. These start/stop times will primarily be used for an anesthesiologist.
Unit/Day (U/D)	Enter **U** if you will be using Units for this procedure; enter **D** if Days will be used. Normally, Days would be used for hospital visit procedures.
Def.Modifier 1	Enter an insurance modifier code for this procedure. This default may be changed during transaction entry.
Def.Modifier 2	Enter an insurance modifier code for this procedure. This default may be changed during transaction entry.
Def.Modifier 3	Enter an insurance modifier code for this procedure. This default may be changed during transaction entry.
Def.Modifier 4	Enter an insurance modifier code for this procedure. This default may be changed during transaction entry.
Forced Doctor #	Enter a doctor number that will be forced during transaction entry. This field is useful in controlling charge entries for transactions related to OB payment plans.
Risk Reduction	Enter **Y** for Yes if the Managed Care Plan has a risk fund and this procedure is subject to risk reduction. Enter **N** for No if this procedure is not subject to risk reduction.

Prompt End DOS	Prompt for ending date of service – **Y/N?**
UntsMultiplyChg	If multiple units are indicated, should the price be multiplied – **Y/N?**
DME Proc. Y/N	Is this procedure a Durable Medical Equipment procedure – **Y/N?**
Charge Amount	Enter the dollar amount to charge for this procedure. If necessary, you can override any fee that has been established during transaction entry. If the procedure code is a balance adjustment (field 5 contains a B), leave the amount at zero. This will allow the operator to enter the amount when keying the transaction.
Default Units	How many units do you want to default for this procedure? Blank = 1.0.
ABV	ABV refers to Anesthesia Based Value. This number is used in calculating the charge for the anesthesia procedure.
% Allowed	Enter the percentage of the **Medicare** allowed charge. This is the percentage Medicare uses to pay the physician or practice. Example: .80 for 80 percent.
Allowed Charge	Enter the maximum amount you are permitted to charge a **Medicare** patient for this procedure (Medicare allowable). The system assumes you will have to write-off the difference between the CHARGE AMOUNT and the MEDICARE ALLOWED CHARGE. It further assumes that you can bill the patient for what you do not expect Medicare to pay. The PAYMENT INSURANCE and PAYMENT MEDICARE programs can automatically calculate the expected payments and write-offs if this field in Charge & Debit Adj. Codes Maintenance is frequently updated. Multiple fee profiles can be established in Alternate Procedure Codes. This option allows users to create pricing structures for specific carriers that they choose to participate with.
Allow Chg Entry	Do you wish to allow charges to be posted for this procedure code – **Y/N?**
Prompt EMC Memo	Is additional information, describing this procedure, necessary when filing a claim electronically? If so, choose **Y** and you will be prompted to enter a **memo** during Transaction Entry. Otherwise, choose **N.** **(*Valid only with Per Se ANSI claims).***
Dflt PurSvc Loc	Enter the default purchase service location code for this procedure if applicable.
EPSDT/FamilyPln	Is this procedure part of Medicaid's EPSDT screen or Family Planning? **Y/N**
Print UB92/CMS	If the procedure is to be submitted to the insurance only in a specific format enter the code here. C - to submit only in CMS1500 format

	U - to submit only in UB92 format If left blank, the form type will dictate the filing type as CMS or UB. (If the form type is set to UB then the procedure will file UB, if the form type type is set to CMS, then the procedure will file CMS, if the form type is left blank then it will default to CMS 1500).
UB92 Revenue Cd	If this procedure is going to filed under UB format, enter the UB revenue code here.
RDR Required	If the procedure reuires a valid Referring Dr#, select "R". If not leave it blank. If the field is set to "R" transaction entry program will force the entry of a valid RDR#.
Prompt ANSI Info	Enter 'Y' if you need to attach a elctronic certifications with this procedure during electonic filing. If this field is set to 'Y', the transaction entry will prompt the user for the certification information for the transactions with this procedure code.
Rollup CPT Code	If the procedure code needs to be submitted to the insurance company rolled up in to a special CPT code along with other service transactions, enter the CPT code here. Usually associated with Rural medicaid/medicare filing.
Cost Info O/R	O - Obtain and store purchased service cost information. R - Report the purchased service stored cost informatin on insurance forms and statements. Leave blank if no purchased service cost information is needed for the procedure.
Default Cost	Related to Purchase Service Only. Enter the cost ($ amount) of the purchased service here. If the previous field (Obtain O/R) is set to R, the amount entered here will be reported on insurance forms and patient statements.
NDC Code	Enter the NDC code for the procedure here if applicable.
NDC Measurment	Enter the qualifier for NDC measurment. F2 - International Units GR - Grams ML - Milliliters UN - Units (each) ME - Milligrams

NDC-HCPCS-CF	Enter the conversion factor# to divide the HCPCS units to convert to NDC units. NDC UNITS = (Total Charge Units / Conversion Factor) Ex: if 1 units of HCPCS = 1 unit of NDC Enter 1 (This is the default) if 2 units of HCPCS = 1 unit of NDC Enter 2 (2/2 = 1) if 1 unit of HCPCS = 2 unit of NDC Enter .5 (1/.5 = 2) For insurance filing the NDC units will be calculated and reported based on this number. The program will divide total charge units by the number conversion factor and and send the result as the NDC units.
EMC Proc Descr	If the insurance companies require you to send Procedure description in the electronic ANSI filing for this procedure - enter "Y". If this field is "Y" then the description from this record will be included with the service line during the ANSI EMC filing. (EX: required by Medicare for unclassified procedures.)

Payment/Credit Adjustment Codes Maintenance

Define codes that effect payments or credits to a patient's account.

With **Codes Maintenance** dropdown displayed, click on **Payment/Credit Adjustment Codes** Maintenance.

Procedure Code	Enter the local code used to identify this procedure. This system will accept any number from 0-9 or any letter from A-Z.
Description	Enter the description of the code. This is the description that will print on receipts, forms and statements.
Department	Enter the department this procedure is to be credited to. Press **F2** to lookup Department Codes.
Procedure Type	If the code is to be associated with a Payment, enter **P**. If associated with an Adjustment, enter **A.**
Debit/Credit	Enter **D** if this procedure indicates a Debit**, C** if a Credit. Used when Procedure Type is **A** (adjustment).
DistributionTp	Valid options are **P** for Insurance Payments, **O** for Other Payments and **A** for Adjustment. This controls how the system distributes patient balances for pending insurance and patient due amounts. If this procedure code is an insurance payment code, enter a **P** here.
Payment Type	Defines the Payment Type for this Procedure Code: **1 –** Cash/Money Order/Charge Card

	2 – Check **3 –** for Insurance Check.
AdjstmntType	If **Procedure Type** above is **A** for Adjustment, enter **I** for Insurance adjustment or **O** for Other adjustment. This controls how the system distributes patient balances for pending insurance and patient due amounts.
Forced Doctor #	Entry of a Doctor # here forces all activity with this Procedure Code to be credited to the Doctor number here.
Auto Adjustmnt	If this is an insurance Payment Procedure Code, enter the adjustment procedure code to be used to automatically write-off a portion of the charge amount when posting Insurance payments with this payment code. Press **F2** to lookup available adjustment codes.
Other Adjustmnt	If this is an insurance **payment** type procedure, enter the **adjustment** procedure code to be used to automatically write off additional adjustments. If entered, another adjustment can be posted at the same time as the insurance payment and write off. This field is generally used to track Risk Funds that some carriers maintain for their participating providers. Press **F2** to lookup available adjustment codes.
Dept G/L Account	Enter the General Ledger Account Number. FOR USE ONLY WITH CCA MEDICAL GENERAL LEDGER.
Norm Stat (D/C)	Enter **D** if item 32 is normally a debit account, **C** if it is normally a credit account. FOR USE ONLY WITH CCA MEDICAL GENERAL LEDGER.
Offset Account	Enter the General Ledger Account Number used to offset the account number in field 12. FOR USE ONLY WITH CCA MEDICAL GENERAL LEDGER.
Prompt Blk Info	Enter **Y** for Yes if you would like the system to prompt the user for Bulk Payment Code. Otherwise, enter **N.** PmntType 1 for Cash/Money Order/Charge Card, does not create bulk payment information.
EFT Deposit	Is this procedure used in conjunction with **Electronic Funds Deposit**? **Y/N** Choosing **Y** will cause this procedure **not** to appear on the bank deposit report.
Prepayment Proc	If this is a Pre payment type procedure enter 'Y'. These payments will be excluded from auto reconcile credits program.

Referring Doctor Codes Maintenance

Defines codes that identify doctors who refer patients to your practice.

With **Codes Maintenance** dropdown displayed, click on **Referring Doctor Codes Maintenance.**

Referring Dr. #	Enter the unique in-house number to be assigned to the doctor. If you press the ENTER key at this field, the system will automatically assign the doctor number.
Last Name	Enter the referring doctor's last name.
First Name	Enter the referring doctor's first name. If the referring doctor uses first initial and middle name, you can either enter both without a space or omit the initial.
Salutation	Enter the salutation of the referring doctor; for example, Dr.
Title	Enter the title of the referring doctor; for example, MD or OD.
Address	Enter the address of the referring doctor.
Address Line2	Enter additional address information for the referring doctor.
Zip Code	Enter the zip code of the referring doctor.
City	Enter the city of the referring doctor.
State	Enter the state of the referring doctor.
Phone #	Enter the phone number of the referring doctor.
Fax #	Enter the fax phone number of the referring doctor.
Clinic Name	Enter the name of the clinic where the referring doctor works.
RDR ID #	Enter the Unique Personal Identification Number (UPIN#) of the referring doctor.
RDR Type	Enter the doctor Type Code for the referring doctor.
Taxonomy Code	Enter the referring doctor's HIPAA Taxonomy code.
Inactive Flag	If this referring doctor should no longer be used, enter **I** for Inactive.
Federal Tax Id#	Enter the federal tax id for this referring doctor.
NPI Number	Enter the Referring Doctor's NPI # here

Referring DR Provider Codes Maintenance

Defines unique provider numbers required by certain insurance companies.

With **Codes Maintenance** dropdown displayed, click on **Referring Doctor Provider Codes Maintenance.**

Doctor Number	Enter the in-house number assigned to your referring doctor in Referring Doctor Codes Maintenance.
Local Prov Code	Enter the local code that links this record to the RDR Provider record field in the appropriate Insurance Form Type. This is normally the same as the form type.
Description	Enter the description of the referring doctor provider code.
ID Field #1	Enter the provider number you wish to print in block 17A. This ID is used when an insurance company requires a unique referring doctor provider number instead of the UPIN#. Such as with Medicaid Carolina Access.
ID1 Qualifier	Choose the 2-character code that describes the type of id number in **ID Field #1.** Press **F9** for help.
ID Field #2	THIS FIELD FOR FUTURE USE.
ID2 Qualifier	Choose the 2-character code that describes the type of id number in **ID Field #2.** Press **F9** for help. THIS FIELD FOR FUTURE USE
ID Field #3	THIS FIELD FOR FUTURE USE.
ID3 Qualifier	Choose the 2-character code that describes the type of id number in **ID Field #3.** Press **F9** for help. THIS FIELD FOR FUTURE USE
ID Field #4	THIS FIELD FOR FUTURE USE.
ID4 Qualifier	Choose the 2-character code that describes the type of id number in **ID Field #4.** Press **F9** for help. THIS FIELD FOR FUTURE USE

Diagnosis Codes Maintenance

Associates a local code with an ICD-9 code.

With **Codes Maintenance** dropdown displayed, click on **Diagnosis Codes Maintenance.**

Local Code	Enter the ICD-9 code or the internal unique number to identify the diagnosis code. Most users make the local number and the diagnosis code the same.
Diagnosis Code	Enter the ICD-9 code.
ICD Version	Enter ICD-9 code version 9 or 10
Description	Enter the description of the ICD-9 code.
OK as Primary Cd	Enter 'N' if the diagnosis can not be used as primary diagnosis code.

Recall Freq	Enter recall frequency 1-99 here.
Delete Flag	Displays a **D** when diagnosis code has been marked for deletion and should no longer be used.

Zip Codes Maintenance

When entering a patient's registration information, new zip codes are automatically added. This utility can be used to manually enter zip codes.

With **Codes Maintenance** dropdown displayed, click on **Zip Codes Maintenance.**

Zip Code #	Enter the 5-digit zip code. Extended zip code information may be added at patient registration.
City	Enter the city this zip code addresses.
State	Enter the state this zip code addresses.
Country Code	Enter the Country code here.
Country Name	Enter the Country Name here.

Insurance Form Types Maintenance

Defines how HCFA 1500 forms will print based on insurance company requirements. The insurance company in Insurance Companies Maintenance references form types. Multiple insurance companies can reference a form type provided the same information is required when printing the HCFA 1500.

With **Codes Maintenance** dropdown displayed, click on Insurance **Form Types Maintenance**.

Form Type	Enter the number you wish to assign to this form type.
Description	Enter a description that will readily identify this form type.
Release of Info	Enter **Y** if you wish the phrase "Signature on file" to print in areas that authorize release of medical information, block 12 of HCFA 1500. Otherwise, enter **N**.
Provider Record	Enter the local provider code number (1-999) to reference in Doctor Provider Codes Maintenance which is used to complete provider information when filing this type of insurance. It is recommended that this number be the same as the form type number. Fills out HCFA blocks 24K, 31 and 33.

Federal Id#	Enter the Employer Identification Number (EIN) to use on provider claims if it should always be the same number. If you leave this field blank, the system will look up the Clinic EIN. If you enter **D** in this field, the system will look up the EIN in the Doctor file. This is block 25 of the HCFA.
Fed Id# SSN/EIN	Enter **E** to indicate Federal ID # is employer EIN#. Enter **S** to indicate Federal ID # is doctor's social security number. Also block 25 of HCFA.
Block to X	Enter the number of the appropriate box that should be marked with an "X" in block 1 on the HCFA 1500 form. Valid options are **1** for Medicare, **2** for Medicaid, **3** for Champus, **4** for Champus, **5** for Group Health Plan, **6** for FECA Black Lung, or **7** for Other.
Prov ID Type	Choose the 2-character type code of the identification #. Press **F9** for help.
Prov PIN# Type	Choose the 2-character type code of the identification #
ProvDetail# Type	Choose the 2-character type code of the identification #
Separate Forms	Enter **Y** to print mandatory accept assignment procedures on a separate form. See Charge & Debit Codes Maintenance for marking a code as mandatory accepts assignment.
Medicare Rules	Enter **Y** if this is a Medicare form type; otherwise, enter **N**.
M/C/P/S/A/E	Enter the appropriate letter to determine when the patient should receive a statement. Valid options are **M** to bill the Medicare co-pay immediately and the balance after payment by the primary insurance. If this option is used, the Medicare allowable and % allowable should be completed. See Charge & Debit Adj. Codes Maintenance. Valid only if Medicare Rules is **Y**. **C** to bill the insurance co-pay immediately and the balance after payment by the primary insurance. See note. **P** to bill the balance after the primary insurance pays. **S** to bill the balance after the secondary insurance pays. If no secondary policy registered, balance is billed after primary. **A** bill the balance to the patient always. **E** to bill the Medicare or insurance co-pay balance, if no secondary (refer to note). If secondary policy is registered, the balance is billed after secondary pays.
Pend-Insur. Days	Enter the number of days in 15 day multiples (15, 30, 45…) to keep amount in insurance pending. The insurance pending portion of the charge amount will not be billed to the patient until the company responds or the # of days in this field

Note	The **C** & E option is used in conjunction with Alternate Procedure Codes Maint, Managed Care Plan Codes Maint & Benefit Plan Maint to calculate the amount due. To calculate correctly, an alternate fee schedule should be setup in Alternate Procedure Codes Maint for

	the corresponding Managed Care Plan. If the Profile Active field in Managed Care Plan Codes Maint is set to **Y**, the Alternate Procedure Codes will be searched. After the correct procedure code is found, the price and profile will be read along with information from the corresponding Benefit Plan. The patient's amount and the amount pending insurance will be calculated. The patient will then be billed for any co-pay amounts during cycle billing. If the procedure code is not found or the Profile Active field in Managed Care Plan Codes Maint is set to **N**, the Charge & Debit Adj. Codes will be used. However, only the Charge Amount field will be read. Calculations are then performed using the Charge Amount as the profile along with information from the Benefit Plan.

Worker's Comp	Enter **Y** to identify the form type as Worker's Compensation; otherwise, enter **N.**
Sig/Req Wording	Enter **S** to print "Signature on File; enter **R** to print "Pat Req for Pmt on File" (HCFA blocks 12 & 13)
Pmt Benefits-Df	Enter the default entry for policies registered for this form type. Valid options are **Y** for YES and **N** for NO. This is the default entry for triggering "Signature on File" to release payment of benefits to the doctor. (HCFA block 13)
Accpt Assign-Df	Enter the default entry for policies registered to this form type. Valid options are **Y** for YES and **N** for NO. (HCFA block 27)
Emp Plan Defalt	Enter the default entry for policies registered to this form type. Valid options are **Y** for YES and **N** for NO.
Ins Co Add Tab	Enter the position to start printing the insurance company address. Bar coded HCFAs require the print to start at position 35.
Print Payments	Enter **P** for primary payment types; enter **A** for all payment types; enter **O** for other payment types; or enter **N** for do not print payments. (HCFA block 29)
Special Form Cd	This code will be used in the insurance form print program to process and print special information on the HCFA 1500 forms.
Break on Doctor	Enter **Y** to break and create a new claim each time the doctor number changes in the detail; otherwise, enter **N.**
Break on Ref.Dr	Enter **Y** to break and create a new claim each time the referring doctor number changes in the detail; otherwise, enter **N.** (HCFA block 17 & 17a)
Break on Srvc.Dt	Enter **Y** to break and create a new claim each time the date of service changes in the detail; otherwise, enter **N.** (HCFA block 24A)
Brk on Loc Code	Enter **Y** to break and create a new claim each time the service location

	code number changes in the detail; otherwise, enter **N.** (HCFA block 24B)
Brk on Max Diag	Enter **Y** to break and create a new claim each time the maximum number of diagnosis codes is exceeded in the detail; otherwise, enter **N**. (HCFA block 21) Note: This field is ignored in Electronic claims filing. Electronic claims will ALWAYS break on Maximum Diagnosis Codes due to the requirement of Diagnosis Pointers in ANSI 837 EMC Format.
Local Use Block	This code will be used in insurance form print programs to print special information in the block reserved for local use. Valid options are: **A** for Referring Doctor #2 Name, Address and ID number; **B** for the Message field from the patient record; **C** for the first CPT description (only if the EMC description has been set to Y); and **D** for the Champus status and branch of service from the patient's policy. (HCFA block 19)
RDR Providr Rec	Enter the local referring doctor provider code number (1-999) to reference in Referring DR Provider Codes Maintenance when filing this type of insurance. It is recommended that this number be the same as the form type number.
Govt FormType	Enter **Y** for Yes if is a government form. Otherwise, enter **N** for No.
Non-Ins Form Tp	Enter **Y** for Yes if this is non-insurance form that is to be skipped during insurance processing. Otherwise, enter **N** for No.
Century On Form	Enter **Y** for Yes if you wish the century to be printed in 4-digit format such as 2002. Enter **N** for No for a 2 digit format such as 02.
RuralHealth Typ	Enter **Y** for Yes if this is a Rural Health Form Type. Enter **N** for No if it is not.
Show Prim Coins	Enter **Y** for Yes if this form is to display the expected Primary Coinsurance amount on the Transaction Entry & Payment screens when the billing flag (field 10) is set to **P** or **S**. History display and the patient's statement will continue to calculate based on the billing flag. Enter **N** for No if you do not wish this to display.
PrmFilingFormat	If you want to file primary insurance claims in CMS1500/UB04 format only indicate here (H-CMS 1500, U-UB04). Leave blank if you do not want to restrict the format.
SecFilingFormat	If you want to file secondary insurance claims in CMS1500/UB04 format only indicate here(H-CMS 1500, U-UB04) . Leave blank if you do not want to restrict the format.
HMO Form Type	If this is a HMO form type, enter 'H'.
HCFA Forms ID	Enter N,L,B or leave blank to indicate the provider ID#s for filing for CMS 1500. N - Send only NPI# - Use new CMS 1500 (08-05) version form

	L - Send only Legacy# - Use old HCFA 1500 (12-90) version form B - Send both NPI# and Legacy# - use new CMS 1500(08-05)version form
UB Forms ID Use	Enter N,L,B or leave blank to indicate the provider ID#s for filing for UB forms. N - Send only NPI# - Use new UB04 form L - Send only Legacy# - Use old UB92 form B - Send both NPI# and Legacy# - use new UB04 form
Delay Days	# of days to delay filing the claim: Enter the # of days to wait before filing insurance for the transactions. If this field is set up to be greater than 0, the transactions will be skipped during the auto select for primary insurance for the specified days based on the Date of service.

Managed Care Plan Codes Maintenance

Managed Care Plan Codes are used to identify either a particular insurance company, group of insurance companies, or managed care plan and are assigned to each Insurance Company on your system in the Insurance Company Maintenance screen. Multiple Insurance Companies can utilize the same Managed Care Plan Code. Their purpose is to identify unique payment plans (copays, coverage %, capitation, etc.) associated with a particular Carrier or Carriers. It is also used by the Managed Care Reporting Module to provide various Carrier and Plan analysis. Once a code is setup it is then *assigned* to each related Carrier in the Insurance Company Maintenance screen.

When setting up your Managed Care Plan Codes, it is necessary to first create three specific Managed Care Plan Codes, a **Default Code** – **"CI"**, a **Private Pay Code** – **"PP"**, and a **Medicare Code** – **"MC"**.

Default Code – "CI" (Commercial Insurance). Any insurance company on your system that was not assigned a Managed Care Plan Code will need to be assigned this Default code.

Private Pay Code – "PP". It is necessary to create a private pay code to capture this payment type. This code is not assigned to any insurance company.

Medicare Code – "MC". It may be necessary to create and assign this code even though there may only be one Medicare Company setup on your system. Remember, unless a Carrier has been assigned a Managed Care Plan Code, it will be included under the default code "CI".

With **Codes Maintenance** dropdown displayed, click on **Managed Care Plan Codes Maintenance**.

Managed Care Cd	Enter the internal code used to identify your managed care group.

Description	Enter the description of your managed care group.
Plan Type 1/2/3	Enter **1** for Capitated plan, **2** for Non-capitated, **3** for Non-capitated Copay, fee for service, or **?** for help.
Payment Proc	Enter the unique procedure code to be used in payment posting. Press **F2** for lookup of available payment codes. This field is required for Plan Type **1**.
Capitated Plan	If the Plan Type is 1 this will be set to Yes.
Capita. Method	Enter PP for payment is per patient per month, PM for payment per month, PV for payment per patient visit.
Capitation Amt	Enter the amount the insurance group pays you for this capitation plan. This field is for informational purposes only.
Capit Plan Acc #	Enter the account # you set up to use in Alpha Inquiry to post the monthly capitation payments for this plan. This account number is currently used in insurance plan reports to find the capitated payments and distribute them according to your chosen payment allocation method. REQUIRED FIELD.
Pmnt Allocation	Enter the basis on which to allocate payments for Doctors. Options are: **V** - # of visits **A** - All charges **C** - Capitated charges only **F** - Fee for service charges only **P** - # of patients per month **N** - No calculation, use payments posted by Dr This field is used to distribute the capitated payments for the doctors in insurance plan analysis reports. REQUIRED FIELD.
Auto Write-Off	Enter **D** - automatic write off taken at day end; **T** – write off taken at transaction entry; **N** – write off not taken until PI screen. For non-capitated plans the auto write off amount is calculated as "charge – allowed amount".
Profile Active Y/N	If the managed care plan is using an alternate fee profile enter **Y** for YES; otherwise, enter **N** for NO. This field can also be made active for a **specific user**. This is provided to help during the profile setup process. By entering a user number, you can make profile active for that user only and test your alternate profile, benefit plan setup and insurance calculations for the plan under that user id. Once you are satisfied with your setup, make the plan active for all users by entering a "**Y**".
ReviewPfPmtsERA	Use this field if you want the ERA reports to show the Payment conflicts between your profile setup and the actual **payments** from the insurance company. Set this field to: N - to not show any conflicts. Y - to show all conflicts as '* Review *' lines

	U - to show only Underpayments as '* Review *' lines O - to show only Overpayments os '* Review * lines Blank is same as N.
ReviewPfAlwdERA	Use this field if you want the ERA reports to show the allowed amount conflicts between your profile setup and the actual **allowed amounts** from the insurance company EOB. Set this field to: Y - to show conflicts as '* Review *' lines Blank is same as N.
AutoSelPQRIcpt	Enter 'Y" if you want "Insurance Auto Select" program to select the 0 charge PQRI procedures along with the office(non-zero) procedures for this managed care. This is helpful in selecting the PQRI charges for secondary insurance, when the primary company does not want the 0 charges filed. Note: Once this option is set for a plan, the history display will suppress displaying the PQRI codes by default. In order to view them, the user can choose to display PQRIs and then they will appear. This option was implemented due to the volume of PQRI codes and how they cluttered up the history display.

Note: It is recommended that you print out a listing of ALL Insurance Companies prior to setting up Managed Care Plans.

Benefit Plan Maintenance

Benefit plans are sub-sets of Managed Care Plans and are defined by insurance companies. Associate Benefit Plans with Managed Care Plans here. A Benefit Plan contains information about co-pay amounts, payment %, deductibles, etc. Each Managed Care Plan Code can have up to 36 Benefit Plans. When a new Managed Care Plan Code is added, Benefit Plan Code 1 is automatically assigned as the default plan code.

With **Codes Maintenance** dropdown displayed, click on **Benefit Plan Maintenance.**

Managed Care Cd	Enter the managed care plan code. Press **lookup icon** to lookup a list of available Managed Care Plan Codes.
Benefit Plan Cd	Enter the managed care benefit plan code . Remember, Benefit Plan Code **1** is automatically added as a default plan so you may want to check it and make any necessary changes.
Effectiv. Beg Dt	Unless the Managed Care plan is considered temporary with finite beginning and ending use dates, this field is normally left **blank**.

Effectiv. End Dt	Unless the Managed Care plan is considered temporary with finite beginning and ending use dates, this field is normally left **blank**.
Description	Enter a description of the Benefit Plan. This description is displayed in many areas and should indicate the plan type. Such as: “80/20 $250/DED”
Referral Rqrd	Enter **Y** for Yes if a Referral is Required, **N** for No if not required. This field is for information only and is displayed on the Alpha Inquiry Screen.
Prior Auth Rqrd	Enter **Y** for Yes if Prior Authorization is Required, **N** for No if not required. If set to **Y**, scheduling and transaction entry alerts the user that prior authorizations are required or on file for patients with primary policies under this plan.
Copay Amount	Enter the Copay dollar Amount. This amount will be applied only to procedures that have a participation status flag of 'C', indicating that copays may be posted to them.
Deductible Amnt	Enter the Deductible dollar Amount. This field is for informational purposes only at this time and is displayed on the Alpha Inquiry Screen.
% of Fee/Srvc	Enter the % payable by the insurance company. All procedures for this benefit plan that have an allowed percent = to zero will use this percentage in its place. If there is no alternate procedure for this benefit plan, this percentage will be applied to the charge amount.
Stop Loss Amnt	THIS FIELD FOR FUTURE USE.
Deduct/Risk Appl	Enter **Y** to use the Risk Fund when calculating deductibles, **N** to not use. **N** - Do not use risk fund. Deductible is calculated up to (allowed amount *minus* copay). The risk fund is then calculated as: Risk=(Allowed-copay-deductble)*risk% **Y** - use risk fund. Deductible is calculated up to (allowed amount *minus* copay *minus* Risk) The risk fund is then calculated as: Risk=(Allowed-copay)*risk%
Risk Fund %	Enter % for risk fund calculations. Format is 10 for 10%.
Payer Plan Code	THIS FIELD FOR FUTURE USE.

Insurance Companies Maintenance

Defines insurance company information used in completing the HCFA 1500 form and electronic claims processing.

With **Codes Maintenance** dropdown displayed, click on **Insurance Companies Maintenance.**

Insur. Company #	An internal number supplied by the system when adding a new insurance

	company.
Name	The name of the insurance company.
Address 1	The mailing address for claims.
Address 2	Line 2 of the insurance company's mailing address.
City	City to which claims are to be sent.
State	Use U.S. Postal Service abbreviations.
Zip Code	Use the 5-digit zip code.
EMC Submittable	Enter **Y** to submit claims electronically for this company; enter Y only if you are actively using an EMC package for this company; otherwise, enter **N**.
Sec. EMC Submit	Enter **Y** if the secondary claims are to be submitted electronically for this company; enter Y **only** if you are actively using the Per Se ANSI EMC package for this company. Otherwise, enter **N**.
EMC Claim Type	Refer to the EMC documentation for information about this field.
EMC Carrier Code	Refer to the EMC documentation for information about this field.
Form Type	Enter the corresponding form type for the insurance company. Press **lookup icon** to get a listing of form types that have been created. Remember, form type describes how to fill out the HCFA form and which Provider Record to choose for Provider information. Refer to Insurance Form Type Maintenance for additional information. (If this carrier is the regional DME, Durable Medical Equipment, carrier for Medicare, select the Medicare form type.)
Medigap OCNA #	Enter the number assigned by Medicare to identify this carrier as a Medicare supplement carrier; this allows automatic forwarding of claims and EOB information (if your state supports Medicare supplements). Enter a period (.) if this is a complimentary crossover company but does not have a Medigap number. The entry of a period (.) or # here requires that the EMPLOYER PLAN & PRINT CLAIM fields on Insurance Policy Maintenance be marked '**N**' if this policy is not the primary policy for the patient (Refer to Insurance Policy Maintenance in the Alpha Inquiry Documentation).
Ins.Co Phone#	Enter the telephone number for the insurance company.
EMC Info.Rec#	Refer to the EMC documentation for information about this field.
Prim. Carrier Id	Refer to the EMC documentation for information about this field.
Temporary Y/N	Enter **Y** to delete this company after all claims against it have been paid and a certain number of days have elapsed.

File 0 Charges	Enter **Y** if you wish to include NO CHARGE procedures on your claims to this insurance company.
Multi-Page Clms	Enter **Y** to print multi-page claims and totals on the final page; enter **N** to force totals on each page. It is recommended that you enter **N**.
Mgcr Plan Code	Enter the managed care plan code to assign to this carrier. Press F2 to get a listing of the available managed care plan codes. Managed care plan codes are used in fee profile calculations and carrier analysis reporting. Refer to Managed Care Plan Codes Maintenance for additional information.
DME Carrier #	If this is a Medicare company, enter your local insurance company number assigned to the appropriate regional DME (Durable Medical Equipment) carrier. This field should be completed only for Medicare companies. Any charge that is flagged as DME will automatically file to the carrier entered here instead of the Medicare policy.
UB92 Payor ID	If your state requires reporting of payor ID numbers for other carriers appearing on UB92 forms, enter the appropriate ID number in this field.
UB92 Coding Typ	Enter the procedure coding method used for the UB92 forms. Valid options include **4** for CPT4, **S** for HCPCS, and **9** for ICD-9-CM.
ProfileCalc T/R	Defines how fees contained in the Insurance Company Profile are to be calculated. Enter **T** for Truncate, **R** for Round or **blank** for as is.
Anesth Time Fmt	Enter **M**, to define Anesthesia Time in a Minutes format. Charges flagged to use Start/Stop Time will display the <u>total</u> # of minutes in block 24 of the HCFA. Enter **S**, to define the time in terms of Start/Stop. Charges flagged to use Start/Stop Time will display the Start time and the End time block 24 of the HCFA. (Refer to Charge & Debit Adj. Codes Maintenance and/or Alternate Procedure Codes Maintenance).
Last Claim Dt	Displays the date the last claim for this insurance company was printed. System generated.
Active/Inactive	Leave **blank** if insurance company is **active**. Choose **I** to make this company **inactive.**
Anesth. Units	Enter the insurance filing format for Anesthesia Units. **M** – Actual Minutes **R** – Rounded up Minutes **U** – 15 Minute Units Leave blank if not applicable.
Payor Class Code	Enter payor class code if any.
Elig ID	Enter the eligibility id for this payer if needed.

Employer Codes Maintenance

Used to set up Employers and Schools for reporting on blocks 9d and 11b of the HCFA 1500 form. It is also used for Visit Analysis reports in Managed Care. Normally only fields 1, 2 and 8 are used to keep from having to enter multiple offices of individual insurance companies.

With **Codes Maintenance** dropdown displayed, click on **Employer Codes Maintenance.**

Employer #	Enter the unique internal number for this employer. If you press the ENTER key at this field, the system will automatically assign an employer number. Press **F2** to get a list employer/school codes for editing.
Employer Name	Enter the name of the employer.
Address	Enter the address of the employer.
Zip	Enter the zip code of the employer.
City	Enter the city of the employer.
State	Enter the state of the employer.
Phone #	Enter the phone number of the employer.
Employer/School	Enter an E for to represent an Employer; enter an S to represent a School.
Inactive Flag	Enter I to make this record inactive disallow the future use.

Alternate Type of Service Maintenance

Used to identify non-standard Types of Service codes as required by insurance companies. To use an alternate type of service code for a specific carrier, the carrier must be assigned to a managed care plan code. All insurance carriers with that managed care plan code will use the alternate type of service code in place of the standard AMA type of service code when filing claims (block 24C of the HCFA).

With **Codes Maintenance** dropdown displayed, click on **Alternate Type of Service Maintenance**.

Managed Care Cd	Enter the Managed Care Plan Code for which the alternate TOS is to apply. Press **F2** for a listing of Managed Care Plan Codes that have been created.
Local Code	Enter your internal type of service code as setup in Type of Service Codes Maintenance; for example, 1 would mean Medical Care. Press **F2** to lookup the type of service codes that have been created.
Description	Enter the description of the type of service.
HCFA TOS Cd	Enter the HCFA-1500 TOS (Type of Service) code that should be printed for this Managed Care Plan. To be reported on the claim form, block 24C.

Alternate Location Codes Maintenance (Place of Service)

Used to identify non-standard Location Codes as required by insurance companies. To use an alternate location code for a specific carrier, the carrier must be assigned to a managed care plan code. All insurance carriers with that managed care plan code will use the alternate location code in place of the standard AMA location code when filing claims (blocks 24B & 32 of the HCFA).

With **Codes Maintenance** dropdown displayed, click on **Alternate Location Codes Maintenance**.

Managed Care Cd	Enter the Managed Care Plan Code for which the alternate Location Code is to apply. Press **Lookup icon** for a listing of Managed Care Plan Codes that have been created.
Local Code	Enter your internal location code as setup in Service Location Codes Maintenance. Press **Lookup icon** to lookup the type of service codes that have been created.
AMA Location Cd	Enter the HCFA 1500 service location code that should be printed for this Managed Care Plan. To be reported on the claim form, block 24B.
Facility Name	Enter the name of the facility, except for your office required by this managed care plan. HCFA indicates that field 32 should contain locations other than the office. It may also be helpful to end your hospitals with IP for Inpatient, OP for Outpatient and ER for Emergency Room.
Address	Enter the address of the facility.
City	Enter the city where the facility is located.
State	Enter the state where the facility is located.
Zip	Enter the zip code of the facility.
I.D. No.	If applicable, enter the facility identification number for this managed care plan.
ID Qualifier	Choose the 2-character code type that describes the ID number. Press **F9** for help.
User Loc Code	Enter **CLIA** if the facility is an in-house lab and the ID No. represents the lab's assigned CLIA #. This field is also used in appointment scheduling to provide additional information about the location of the appointment. This is an optional field.
Sec ID#	If applicable, enter a second facility identification number for this managed care plan.
SecID Qualifier	Choose the 2-character code type that describes the secondary ID number.

	Press **F9** for help.
NPI Number	Enter NPI number of the facility here if available.
UB4 Bill Type	Enter UB04 Bill type if different to this location to be use in the Institutional claim format.

Alternate Insurance Modifier Maintenance

Used to identify non-standard Modifier reimbursement as required by insurance companies. To use an alternate insurance modifier for a specific carrier, the carrier must be assigned to a managed care plan code. All insurance carriers with that managed care plan code will use the alternate insurance modifier in place of the standard AMA insurance modifier when filing claims (block 24D of the HCFA).

Note that fields 1, 2 and 3 are key fields necessary to create a unique record or to display as existing record.

With **Codes Maintenance** dropdown displayed, click on **Alternate Ins. Modifier Maint**.

Modifier	Enter the modifier code you wish to establish. Press **F2** for a list of available modifiers.
Location Code	Enter the location associated with this Modifier Code. The location code must already exist in Service Location Codes Maintenance. If the alternate modifier is valid for ALL locations, leave this field blank. Press **F2** for a listing of available location codes.
Managed Care Cd	Enter the Managed Care Plan associated with this Modifier Code. Press **F2** to list the available Managed Care Plan Codes.
Description	Enter the description of the modifier.
Type of Service	If this modifier is specific to a particular type of service, enter the Type of Service Code for this Managed Care Plan/Location. Pressing **F2** displays a list of available TOS codes.
Concurrent Case	This field has to do with calculating anesthesia billing only. The 'Overlap Calculations' program used in anesthesia billing, searches the modifier file for modifiers with the needed number of concurrent cases and uses the ABV reduction % and modifier for factors in calculations.
Fee Modifier %	Enter the percentage the modifier should use of the original dollar amount for this Managed Care Plan/Location; for example, .8 will use 80%.
ABV Reduction %	ABV is the Anesthesia Based Value. This is the reduction percentage used in anesthesia billing only and is applied to the procedure ABV. Example: Procedure ABV = ABV – (ABV * ABV reduction %).
Bill Insurance	Enter Y/N to indicate to billinsurance for the charges with this modifier.

Alternate Procedure Codes Maintenance

Defines how Procedure Codes are reimbursed based on a Managed Care Plan. They can further be defined for specific locations within a Managed Care Plan.

Alternate Procedure Codes are also used for Managed Care Plans that require non-standard information on claims. Such as translating CPT codes to special non-standard codes, assigning default modifiers for specific procedures based on the managed care plan, overriding and using a special service location.

Note that fields 1, 2 and 3 are key fields necessary to create a unique record or to display as existing record. When adding a procedure, most of the values will default as defined for the procedure in Charge & Debit Adj. Codes Maintenance.

With **Codes Maintenance** dropdown displayed, click on **Alternate Procedure Codes Maintenance**.

Procedure Code	Enter the procedure code as setup in Charge & Debit Adj. Codes Maintenance. Press **F2** to get a listing of available procedure codes.
Managed Care Pl	Enter the Managed Care Plan associated with this procedure code. Press **F2** to list the available Managed Care Plan Codes.
Location	Enter the location associated with this Procedure Code. The location code must already exist in Service Location Codes Maintenance. If the alternate procedure code is valid for ALL locations, leave this field blank. Press **F2** for a listing of available location codes.
Description	The description can be changed or left as is. The description appears on the patient's office receipts, insurance forms, and month-end statements.
Department	Leave as is or enter the Department Number to be credited for work associated with this procedure and Managed Care Plan.
Dist.Chg/BalAdj	Defaults to either **C** or **B** based on how procedure is setup in Charge & Debit Adj. Codes Maintenance. **C** indicates procedure is a charge type procedure. **B** indicates procedure is a balance adjustment type procedure.
EMC Submittable	Leave as is or enter **N** to force the procedure to print on paper claims. Any entry other than **N** is considered to be **Y**. Note: An entry of **N** in the EMC Submittable field of CPT Codes Maintenance will override an entry of Y here for the CPT used by this procedure.
Participation	Defines the procedure's type of participation for this Managed Care Plan. **C** for Copay can be applied **X** for Capitated, no copay. Patient cannot be billed for this procedure. **F** for Fee-for-Service, no copay **N** for Not Covered by insurance. Charge is patient's responsibility.

Override Loc. Cd	Normally, the Location Code will default from the User Record. Entry of a Location Code here will overwrite that default.
CPT Code	Leave as is or change to the CPT code required by the Managed Care Plan. Remember if you enter a CPT code that isn't found the system will automatically prompt you to add it. Press **F2** to lookup the available CPT Codes. Leave this field blank if the procedure is a balance adjustment charge (field 7 above contains a **B**).
Type of Service	Leave as is or change to the Type of Service required by the Managed Care Plan. This field will accept only single character type of service codes; for example, 1 would mean Medical Care, 2 would mean Surgery, and 3 would mean Consultation. Please refer to the Type of Service Codes File Maintenance section if you need to use codes longer than one character.
Bill Insurance	Enter **Y** for YES to file this procedure on a claim to an insurance company. If you enter **N** for No in this field, you will not be able to file this procedure on a claim to ANY insurance company.
Indep. Lab Work	Enter **Y** for YES to file this procedure as independent lab work. If your forms provide a place for printing the total dollar amount of the lab work, the system will total the independent lab procedures on the claim and print the total (Block 20 of the HCFA 1500). Enter **N** for NO if this procedure is not related to independent lab work. The term "outside lab" also refers to "independent lab."
Dr/Pt Encounter	If this procedure is one in which the patient sees the doctor, enter a **Y** for YES; otherwise, enter **N** for NO. This field controls the accumulation of patient visit statistics in Practice Analysis Reporting.
Mandatory Asnmt	If this procedure is a mandatory assignment procedure for Medicare, enter **Y** for YES. An entry of **Y** in this field will instruct the system to treat the procedure as a mandatory assignment, and it can then be billed as a separate claim to insurance. The patient will never receive a bill for a charge with **Y** entered here. This feature is necessary in clinics that see Medicare patients and do not participate in nor accept assignment on Medicare claims.
Mlt. Proc Exp/No	If this code is to be the trigger for an exploding procedure sequence, enter **E** for EXPLODING; otherwise, enter **N** for NO.
Pop up Message	You can Enter free form text message in this field.This message will be shown in a popup alert box during the charge entry for this procedure code,managed care.
Mc Followup day	Enter the number of days during which Medicare will disallow any follow-up charges for this procedure. It will appear on your procedure list for reference purposes.
Start/Stop Time	If this procedure requires start/stop times, enter **Y** for YES in this field; otherwise, enter **N** for NO. These start/stop times will primarily be used for

	an anesthesiologist.
Units/Day (U/D)	Enter **U** if you will be using Units for this procedure; enter **D** if Days will be used. Normally, Days would be used for hospital visit procedures.
Def.Modifier 1	Enter an insurance modifier code for this procedure. This default may be changed during transaction entry.
Def.Modifier 2	Enter an insurance modifier code for this procedure. This default may be changed during transaction entry.
Def.Modifier 3	Enter an insurance modifier code for this procedure. This default may be changed during transaction entry.
Def.Modifier 4	Enter an insurance modifier code for this procedure. This default may be changed during transaction entry.
Forced Doctor #	Enter a doctor number that will be forced during transaction entry. This field is useful in controlling charge entries for transactions related to OB payment plans.
Risk Reduction	Enter **Y** for Yes if the Managed Care Plan has risk fund and this procedure is subject to the risk reduction. Enter **N** for No if this procedure is not subject to risk reduction.
Prompt End DOS	Prompt for ending date of service – **Y/N**?
UntsMultiplyChg	If multiple units are indicated, should the price be multiplied – **Y/N**?
DME Proc Y/N	Enter **Y** for Yes if this is a Durable Medical Equipment procedure. Otherwise, enter **N** for No.
Charge Amount	Leave as is or enter the dollar amount to charge for this procedure for this Managed Care Plan. If necessary, you can override any fee that has been established during transaction entry. If the procedure code is a balance adjustment (field 7 contains a B), leave the amount zero. This will allow the operator to enter the amount when keying the transaction.
Default Units	If field 20 is set to **U** for Units, enter the default number of units for a charge generated under this Procedure Code.
A.B.V	ABV refers to Anesthesia Based Value. This number is used in calculating the charge for the anesthesia procedure.
% Allowed	Enter the percentage of the allowed charge payable by this Managed Care Plan. This is the percentage the carrier uses to pay the physician or practice. If the Allowed % is defined in Benefit Plan Maintenance for this Managed Care Plan, do not key a percentage here. The system will use the percentage from the Benefit Plan during calculations.

Allowed Charge	Enter the Carrier's allowable rate for this procedure. This is the maximum amount you are permitted to bill a patient for this procedure. The system assumes you will have to write-off the difference between the CHARGE AMOUNT and the ALLOWED CHARGE. It further assumes that you can bill the patient for what you do not expect the carrier to pay. The PAYMENT INSURANCE program can automatically calculate the expected payments and write-offs if these fields are frequently updated. **NOTE:** All Charge Amounts, ABV's, Co-Pays, Allowed %'s and Allowed Amounts are ignored by the system unless the PROFILE ACTIVE flag in Managed Care Plan Maint. is set to **Y** for this Managed Care Plan.
Prompt EMC Memo	Is additional information, describing this procedure, necessary when filing a claim electronically for this managed care plan? If so, choose **Y** and you will be prompted to enter a **memo** during Transaction Entry. Otherwise, choose **N.** **(*Valid only with Per Se ANSI claims).***
Dflt PurSvc Loc	Enter the default purchase service location code for this procedure for this managed care plan, if applicable.
EPSDT/FamilyPln	Is this procedure part of EPSDT screen or Family Planning for this managed care plan? **Y/N**
Print UB92/CMS	If the procedure is to be submitted to the insurance only in a specific format enter the code here. C - to submit only in CMS1500 format U - to submit only in UB92 format If left blank, the form type will dictate the filing type as CMS or UB. (If the form type is set to UB then the procedure will file UB, if the form type type is set to CMS, then the procedure will file CMS, if the form type is left blank then it will default to CMS 1500).
UB92 Revenue Cd	If this procedure is going to filed unde UB format, enter the UB revenue code here.
RDR Required	If the procedure reuires a valid Referring Dr#, select "R". If not leave it blank. If the field is set to "R" transaction entry program will force the entry of a valid RDR#.
Prompt ANSI Info	Enter 'Y' if you need to attach a elctronic certifications with this procedure during electonic filing. If this field is set to 'Y', the transaction entry will prompt the user for the certification information for the transactions with this procedure code.
Rollup CPT Code	If the procedure code needs to be submitted to the insurance company rolled up in to a special CPT code along with other service transactions, enter the CPT code here. Usually associated with Rural medicaid/medicare filing.

Cost Info O/R	O - Obtain and store purchased service cost information. R - Report the purchased service stored cost informatin on insurance forms and statements. Leave blank if no purchased service cost information is needed for the procedure.
Default Cost	Related to Purchase Service Only. Enter the cost ($ amount) of the purchased service here. If the previous field (Obtain O/R) is set to R, the amount entered here will be reported on insurance forms and patient statements.
NDC Code	Enter the NDC code for the procedure here if applicable.
NDC Measurment	Enter the qualifier for NDC measurment. F2 - International Units GR - Grams ML - Milliliters UN - Units (each) ME - Milligrams
NDC-HCPCS-CF	Enter the conversion factor# to divide the HCPCS units to convert to NDC units. NDC UNITS = (Total Charge Units / Conversion Factor) Ex: if 1 units of HCPCS = 1 unit of NDC Enter 1 (This is the default) if 2 units of HCPCS = 1 unit of NDC Enter 2 (2/2 = 1) if 1 unit of HCPCS = 2 unit of NDC Enter .5 (1/.5 = 2) For insurance filing the NDC units will be calculated and reported based on this number. The program will divide total charge units by the number conversion factor and and send the result as the NDC units.
EMC Proc Descr	If the insurance companies require you to send Procedure description in the electronic ANSI filing for this procedure - enter "Y". If this field is "Y" then the description from this record will be included with the service line during the ANSI EMC filing. (EX: required by Medicare for unclassified procedures.)
Allow Chg Entry	Allow Chg Entry Do you wish to allow charges to be posted for this procedure cod e - Y/N? This option gives you the ability to inhibit the entry of this procedure.

Explosion Procedure Codes Maintenance

Allows for the attachment of multiple Procedure Codes to a single Procedure Code. By entering a single procedure code, the system can automatically generate up to 99 charges for the patient's history. If you can identify a common charge set that is generally entered back-to-back, you can save time by setting up a multiple procedure explosion code.

Since an explosion code's price is the sum of many separate procedures, the Transaction Entry screen cannot allow the user to modify the charge amount for any explosion code.

With **Codes Maintenance** dropdown displayed, click on **Explosion Procedure Codes Maintenance**.

Procedure	Enter the procedure code that will explode into multiple procedures. Field 17 in Charge & Debit Adj. Codes Maintenance must be set to **E** for this procedure. The code should be a new code whose sole purpose is to trigger the explosion. Enter the individual codes that are to be included in the explosion in field 3 below.
Sequence #	Enter the sequence number of the Procedure Code entered in field 3. This defines the sequence in which the exploded procedures are to execute. That is, the first included procedure code in the explosion should be 1, the second included procedure code should be 2, … Each included procedure code in an explosion has its own sequence number.
Included Proc.	Enter the Procedure Code to be included in Explosion Procedure Code.

Example: Procedure Code 43 is the explosion (trigger) code with 3 Procedures to be executed in the following order – procedure 51 first, then procedure 63, and then procedure 15. Enter the following 3 records:

Procedure	Sequence #	Included Procedure
43	1	51
43	2	63
43	3	15

When procedure 43 is keyed during transaction entry and the prompt DATA OK is answered **Y**, the system will automatically explode procedure 43 into the 3 separate procedures 51, 63 and 15.

UB92 Summary Codes Maintenance

Provides for the establishment of Revenue Codes for printing on UB92. Also allows codes to be grouped under a Summary Code.

With **Codes Maintenance** dropdown displayed, click on **UB92 Summary Codes Maintenance**.

Revenue Code	Enter the Revenue Code of the item.
Description	Enter the Description of the Revenue Code.
Summarize Y/N	Enter Y for Yes if you wish to include this Revenue Code under a Summary Code. This will prevent detailed Revenue Codes from printing, rather just the Summary Code will print. Enter N for No if you do not wish to associate this Revenue Code with a Summary Code.
Summary Code	Enter the Summary Code.

Memo Code File Maintenance

Identifies code used for posting of EOB explanation or standard memos used within the office.

With **Codes Maintenance** dropdown displayed, click on **Memo Code File Maintenance**.

Memo Code	Enter the memo code or the rejection code used on your insurance Explanation of Benefits (EOB). **OR** Enter the internal memo code for posting standard memos used within the office.
Managed Care	If you are using rejection codes, enter the two-digit managed care code specific to the rejection code. Leave this field blank if you are using internal memo codes.
Description	Enter the description of the memo. If you would like for this memo to appear on any documents the patient receives, begin the description with an asterisk (*****).
CMSBLK19 Overrd	Does this memo need to print in Block 19 of the CMS 1500 form? **Y/N**. If **Y** is chosen, the memo will override other information and print in Block 19.

Purchased Service POS Codes Maintenance

Defines the physical location from where a service is purchased. This is a new HIPAA requirement and must be used when services are purchased from another facility.

Example: Blood work is drawn at the physician's office and sent to an outside laboratory. The laboratory bills the **physician** for the service and the physician bills the patient and/or insurance. The physician has purchased a service from the lab.

With **Codes Maintenance** dropdown displayed, click **Purchase Service POS CodesMnt**.

Local Code	Enter the local code you have chosen for the purchased service location.
Facility Name	Enter the name of the facility from where the service is being purchased.
Address 1	Enter the facility's address.
Address 2	Enter the second part of the facility's address, if applicable.
City	Enter the city where the facility is located.
State	Enter the state where the facility is located.
Zip Code	Enter the zip code of the facility.
I.D. Type	Select the 2 character Qualifier that identifies the type of I.D. No in the field above.
I.D. No.	If applicable, enter the facility identification number.

Image Type Codes Maintenance

With **Codes Maintenance** dropdown displayed, click on **Image Type Maintenance**. This a user defined extension codes file for the scanned images. Use this to group/identify the scanned image type as needed.

Image Type	Enter a 3 character code to identify the type of image. Ex: LIC for driver's Licence, INS for insurance cards, EXC for excuse for work/school
Description	Enter description of the image type code

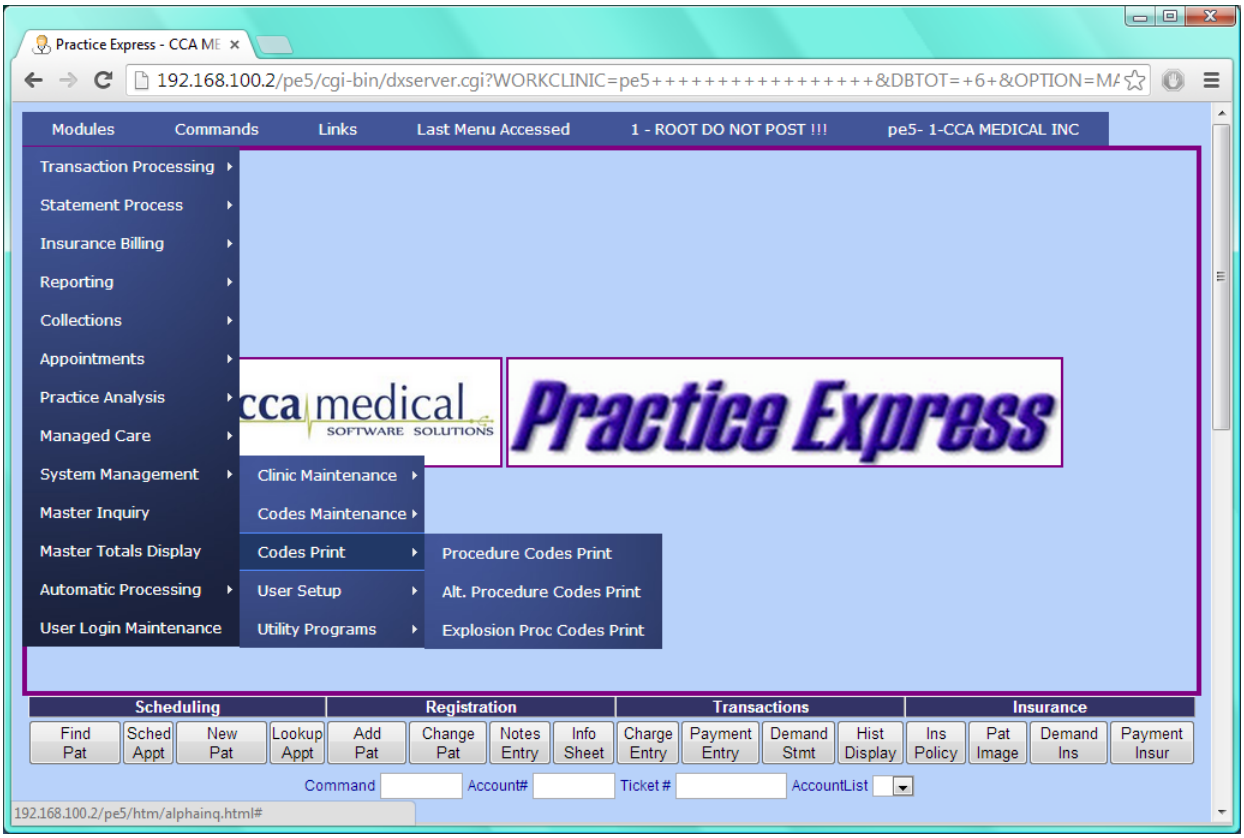
Language Preference Codes Maintenance

With **Codes Maintenance** dropdown displayed, click on **Language Pref Codes Maintenance**. This is standard HL7 compatible language codes file.

Language	Language name.
All Names	Enter description/names of the language
Language Code	5 character code of the language
Active/Inactive	Enter I for inactive.

CODES PRINT

Provides capabilities for the printing a specific codes lists.



Procedure Codes Print

Prints a list of Charge & Debit Adj. Codes sorted according to user selection.

With **Codes Print** dropdown displayed, click on **Procedure Codes Print.** You will be presented with the following options.

First, select the **order** in which you want the report to be sorted.	CPT Code Order Description Order Procedure Code Order Department Order Or choose Exit to abort printing the report.
Show Detail? Yes/No	Detail prints all of the setup information for each code (2 lines per code). No detail prints the main features of each code such as the charge amount, type of service, description, cpt code, etc.

Exclude Inactive Procedures? Yes/No	Do you want to exclude procedures marked as inactive from the report?

Alt. Procedure Codes Print

Prints a list of Alternate Procedure Codes for a given Managed Care Plan sorted according to user selection.

With **Codes Print** dropdown displayed, click on **Alt**. **Procedure Codes Print.** You will be presented with the following options.

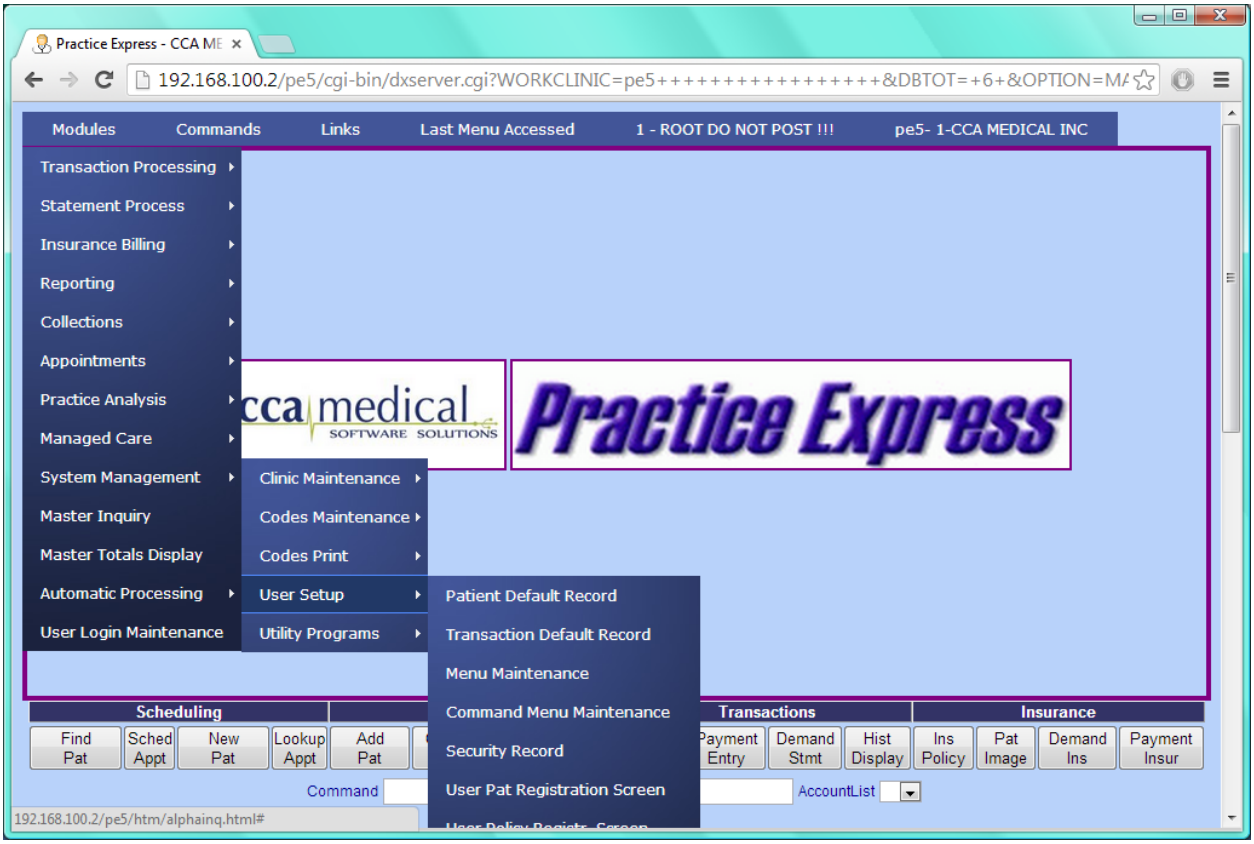
First, select the **order** in which you want the report to be sorted.	**CPT Code Order** **Description Order** **Procedure Code Order** **Department Order** **Location Order** Or choose **Exit** to abort printing the report.
Show Detail Y/N	**Detail** prints all of the setup information for each code (2 lines per code). **No detail** prints the main features of each code such as the charge amount, type of service, description, cpt code, etc.
Enter Managed Care Plan	Enter the Managed Care Plan associated with the codes you wish to print or leave blank for ALL.

Explosion Proc Codes Print

With **Codes Print** dropdown displayed, click on **Explosion Proc Codes Print.** There are no options to this selection other than printing. The list of Explosion codes will print.

USER SETUP

Provides user access controls. Only the root login id has authority to change user access control records. If you are not logged in as root, you will only have access to your control records. The office manager of your practice controls the root login and password authority.



Patient Default Record

To be authorized to register or modify patient information, a patient default record must be created for the user. It is recommended that default records for all users within a single branch be set up the same. All of the default values entered here can be overridden during patient registration.

With **User Setup** dropdown displayed, click on **Patient Default Record.**

User Number	Enter the unique user number assigned to the user login id.
City	Enter the city the majority of patients will be registered in by this user. When adding default records, the cursor will skip this field and move directly to zip code. If the zip code entered is on file, the information for city and state will be filled in automatically.
State	Enter the 2-character state code that the majority of the patients will be

	registered in by this user. When adding default records, the cursor will skip this field and move directly to zip code. If the zip code entered is on file, the information for city and state will be filled automatically.
Zip Code	Enter the zip code the majority of the patients will be registered in by this user.
Salutation	Optional field to assign a salutation (Mr, Mrs, Dr.) to the patient. Salutation may be up to 4 characters.
Sex	Enter the gender that the majority of the patients will be registered as by this user. **F** for female, **M** for male, **O** for other.
Relationship	Enter the relationship of the patient to the responsible party that the majority of the patients will be registered as by this user. **S** for self, **H** for husband, **W** for wife, **C** for child, **P** for parent.
Marital Status	Enter the marital status of the patient that the majority of the patients will be registered as by this user. **M** for married, **S** for single. These defaults may be overridden at registration with **D** for divorced, **W** for widowed, **X** for separated.
Doctor	Enter the doctor number the majority of the patients will be registered under by this user. Press **F2** for a list of available doctor numbers.
Billing Cycle	Enter the statement cycle the majority of the patients will be registered in by this user.
Suppr. Statement	Enter the statement suppression status the majority of the patients will be registered with by this user. **Y** to suppress statements, **N** for do not suppress. **N** is suggested.
Payment Plan	Enter the payment plan flag the majority of the patients will be registered with by this user. **Y** for payment plan**, N** for no payment plan. This field is used with the OB Processing module for OB GYN clinics. Key **N** if your practice is not OB GYN or you are not using payment plans.
Dun Messages	Enter the statement dunning message status the majority of the patients will be registered with by this user. **Y** for print messages, **N** for do not print. (It is recommended this flag be set to **Y** for collection processing.)
Produce Insur	Enter the produce insurance status the majority of the patients will be registered under by this user. **Y** to file insurance for the patient, **N** to not file.
Status Code1	Enter the primary status code the majority of the patients will be registered with by this user. Field may be left blank.
Status Code2	Optional status code. May be left blank.
Status Code3	Optional status code. May be left blank.
Branch	Enter the branch number where the person using this ID works.
Change Allowed	Enter **Y** to allow this user to make changes to patient information. **N** to disallow

	modification. If **N** is chosen, the user will be allowed to add new patients but will not be allowed to change information once added.

Transaction Default Record

To be authorized to post or modify transactions and to process insurance, a transaction default record must be created for the user.

With **User Setup** dropdown displayed, click on **Transaction Default Record.**

User Number	Enter the unique user number assigned to the user login id.
Next Tran#	System maintained field that tracks the next number to be assigned to a transaction when posting. **Leave this field blank.**
Next Ins Dem #	System maintained field that tracks the next number to be assigned to a transaction on the insurance proof report when performing demand entry or running an automatic selection of insurance to file. **Leave this field blank.**
In Use Flag	System maintained field that tracks when transactions are being generated for the user by another program. **Leave this field blank.**
User Name	Enter the description of the user that should be display in the upper right hand corner of the screen when this user is signed on.
Branch #	Enter the branch number that transactions should be assigned to when posted by this user id. If the same user will be posting transactions for more than 1 branch, you may want to set field 15, Allow BR Change, to Y. Another option is to give the user a separate login id for each branch and assign it to the branch.
Location	Enter the default service location code that transactions should be assigned to when posted by this user. This can be overridden during transaction entry.
Batch Status	System maintained field that tracks the batch processing status for the user. Field is blank if no batch exists. Displays the number 1 if batch exists. Displays the number 2 if Batch List has been printed. **Leave this field blank**.
Post PaymntPlan	Enter **Y** to allow user to post payment plan transactions for OB Processing. Otherwise enter **N**.
Post Charges	Enter **Y** to allow user to post charges. Otherwise, enter **N**.
Post Payments	Enter **Y** to allow user to post payments. Otherwise, enter **N**.
Post Transfers	Enter **Y** to allow user to post transfers. Otherwise, enter **N**. Setting this field to **N** may prohibit the user from changing patient insurance policies where transfer memos are required. **Y** is suggested.

TM All Users	**Y** – allows users to change other users' transaction fields in TM (Transaction Maintenance). **N –** Disallows this function.
Allow Br Change	Enter **Y** to allow user to change branches. Otherwise, enter **N**. This field corresponds with field 7, Branch #. If **Y** is entered, the system will prompt the user to change the branch number during login if the user does not have an outstanding batch. Once a batch is started, the branch # cannot be changed until the batch is updated.
Post Refund-Adj	Enter **Y** to allow user to post refunds to credit adjustments in the refund screens. Otherwise, enter **N**.
Defalt to SysDt	Enter **Y** to allow the transaction date to default to the system date. Otherwise, enter **N** for No.
Starting Time	System maintained field that tracks the beginning time of the last batch update run by the user. **Leave this field blank.**
Ending Time	System maintained field that tracks the ending time of the last batch update run by the user. **Leave this field blank.**
Fiscal Period	Displays current Fiscal Period. System generated.
Batch Sequence	Displays current Batch Control Number. System generated.
Defalt TranDtate	Displays Default Transaction Date. System generated.
Defalt Tran Dos	Displays Default Date of Service. System generated.
Hist Disp Dflt1	**Optional.** The History display has the ability to have three (6) default modes which will automatically be used for this user (this overrides the values set in Clinic Maintenance Part II). Enter the **first** default value in this field. Choose values from any group combination. Valid selections are: **A** for Display **all** transactions without detailed posting activity. **X** for Display **detailed posting** activity on charges. Suppress fully distributed payments, adjustments, and memos. **H** for **History** displayed **one line** per transaction (normal mode). **2** for Display extra charge transaction information using **two lines** per transaction. **O** for **Open** items displayed one line per transaction. **C** for Display history in **chronological** order for all family members. **P** for Display only the selected **patient's** account. **F** for Display entire **family** account. **D** for Display **diagnoses** in a diagnosis column. **I** for Replace diagnosis column and show **primary insurance company #** linked to this transaction. **N** for Replace diagnosis column and show patient's first **name** column. **R** for Display all **reversals**.

	T for Do NOT display **transfers** of balances from insurance to patient or patient to insurance. Example: Entry of **H** as default 1 and **X** as default 2 will display one line history with detailed posting activity distributed to each line. Q - Display Notes along with History.
Hist Disp Dflt2	**Optional.** Enter the **second** history default display mode.
Hist Disp Dflt3	**Optional**. Enter the **third** history default display mode.
Hist Disp Dflt4	**Optional.** Enter the **fourth** history default display mode.
Hist Disp Dflt5	**Optional.** Enter the **fifth** history default display mode.
Hist Disp Dflt6	**Optional.** Enter the **sixth** history default display mode.
Preview Option	**Not in use.**

Menu Maintenance

The system administrator uses Menu Maintenance to restrict access to menu options by users. By assigning a security level to menu options, users with an individual security level higher than that assigned to the menu option will be restricted.

With **User Setup** dropdown displayed, click on **Menu Maintenance.** This part of Practice Express is **keyboard** driven.

Title:	Title of the menu. Displayed at the top of the screen.
Menu #:	Identifying menu number. Displayed in upper left corner. Each **menu** is assigned a number. Menu number 1 is equivalent to the **Modules** drop down menu.
Program Description:	Description of the **menu** or **program** that this option will display when chosen.
Program Name:	Name of the program or menu number to be executed when this option is chosen.
Security:	Establishes the security level and can contain a number from 1 to 99. A User's security level is set in Security Record. Any user with a Security Level less than the security level entered here will have access to this menu option.

Navigating Menu Maintenance

The key to navigating between the menus in Menu Maintenance is the Program Name which is composed of **MENU##**, where **##** is either a 2-digit number. To display any given menu, enter the menu number at Menu Number:

A good starting point for moving around the menus is Menu #1, the Master Menu (or Modules). Other Menus can be located by keying the 2-digit number at the end of the word *MENU* shown in Program Name.

Restricting User Access to Menus

Access to any given menu function is based on the Security shown here and the user's Security Level as established in their Security Record. The user will have access to any menu function that has a higher Security than the user's Security Level in their Security Record.

Example: If Day End Process on Menu 3 is set to a security level of 50 and user number 34 has a security level of 99, the menu option will not display on user 34's menu.

Command Menu Maintenance

The system administrator uses this funtion to restrict access to **command** options by users. Command Menu Maintenance functions the same as Menu Maintenance above. It is used to restrict access to individual commands listed in the **Commands** drop down menu. Once restricted, the user will not be able to access the command from the drop down menu, the **buttons** on the Practice Express Alpha Inquiry window or by entry in the Command field.

With **User Setup** dropdown displayed, click on **Command Menu Maintenance.** This part of Practice Express is **keyboard** driven.

Title:	Title of the command menu. Displayed at the top of the screen.
Seq #:	Identifying menu number. Each **menu** is assigned a number. Menu number 1 is equivalent to the **Commands** drop down menu.
Program Description:	Description of the **menu** or **program** that this option will display when chosen.
Program Name:	Name of the program or menu number to be executed when this option is chosen.
Security:	Establishes the security level and can contain a number from 1 to 99. A User's security level is set in Security Record. Any user with a Security Level less than the security level entered here will have access to this menu option.

Instructions for **navigating** and **restricting** access are the same as those found in **Menu Maintenance** above. Please refer back to that section of the manual.

Security Record

Used to establish a **user's** access to menu options.

Menu option security is set in Menu Maintenance. Command option security is set in Command Menu Maintenance. The user will have access to any menu option with a Security higher than the Security Level established here.

With **User Setup** dropdown displayed, click on **Security Record.**

User #	Enter the unique user number assigned to the login.
Security Level	Enter a number from 1 to 99. Remember the user will have access to any program with a Security greater than the number entered here.
'<' Program Y/N	The "<" sign identifies menu options which can be run directly from the menu selection line by entering the Program Name. Enter Y to give the user the capability to do this, enter N to restrict the user to standard menu navigation.
'G' Maintenance	Enter **Y** to allow this user to access Patient Balances record. Access to this function allows the user to change information pertaining to the patients account balance. Enter **N** to disallow.
'N' Maintenance	Enter **Y** to allow user to access the Notes window. Enter **N** to disallow.
Schedule Maint	Enter **Y** to allow user to access the schedule maintenance window. Enter **N** to disallow
SchedAdd Allowd	Enter **Y** to allow user to access the schedule add function. Enter **N** to disallow
SchedDel Allowd	Enter **Y** to allow user to access the schedule delete function. Enter **N** to disallow
SchedChng Allowd	Enter Y to allow user to access the schedule change function. Enter N to disallow
SchedCancel Allowd	Enter Y to allow user to access the schedule cancel function. Enter N to disallow
SchedReact Allowd	Enter Y to allow user to access the schedule reactivate function. Enter N to disallow
Sc RemarkMnt Allowd	Enter Y to allow user to access the schedule remarks change function. Enter N to disallow
Allow UnDel Tkt	Enter Y to allow user to undelete a deleted ticket. Enter N to disallow
SchdScanForceDr	Enter Y to force doctor number entry during the schedule search function.
DeleteImageAlwd	Enter Y to allow user to access to delete a scanned image. Enter N to disallow
Web Eligibility	Enter Y to allow user to do demand eligibility inquiries. Enter N to disallow
SchTransfr Allowd	Enter Y to allow user to access the schedule transfer function. Enter N to disallow

SchDrMsgMnt Alwd	Enter Y to allow user to access the schedule doctor message maintenance function. Enter N to disallow

User Patient Registration Screen

Optional. Controls the user's ability to see and change information on the Patient Registration screen. Aside from the User Number, the user is provided with 3 options in regard to the remaining fields:

N – Do not display the field.

D – Display only, maintenance is not allowed. Any field marked D, prohibits the user from deleting the entire patient record.

Y – Display and maintain.

With **User Setup** dropdown displayed, click on **User Patient Registration Record**.

User #	Enter the unique User Number assigned to the login.
Account Number	Enter **N-**do not display, **D-**display, no maintenance, or **Y**- maintenance allowed.
RP Number	Enter **N-**do not display, **D-**display, no maintenance, or **Y**- maintenance allowed.
RP Name	Enter **N-**do not display, **D-**display, no maintenance, or **Y**- maintenance allowed.
Patient Name	Enter **N-**do not display, **D-**display, no maintenance, or **Y**- maintenance allowed.
Salutation	Enter **N-**do not display, **D-**display, no maintenance, or **Y**- maintenance allowed.
Patient Address	Enter **N-**do not display, **D-**display, no maintenance, or **Y**- maintenance allowed.
Patient Addres2	Enter **N-**do not display, **D-**display, no maintenance, or **Y**- maintenance allowed.
Patient Sex	Enter **N-**do not display, **D-**display, no maintenance, or **Y**- maintenance allowed.
Birth Date	Enter **N-**do not display, **D-**display, no maintenance, or **Y**- maintenance allowed.
Marital Status	Enter **N-**do not display, **D-**display, no maintenance, or **Y**- maintenance allowed.
Doctor	Enter **N-**do not display, **D-**display, no maintenance, or **Y**- maintenance allowed.
Ref.Doctor1	Enter **N-**do not display, **D-**display, no maintenance, or **Y**- maintenance allowed.
Ref.Doctor2	Enter **N-**do not display, **D-**display, no maintenance, or **Y**- maintenance allowed.
SocialSecurity#	Enter **N-**do not display, **D-**display, no maintenance, or **Y**- maintenance allowed.
Message	Enter **N-**do not display, **D-**display, no maintenance, or **Y**- maintenance allowed.

Medicare Date	Enter **N-**do not display, **D-**display, no maintenance, or **Y**- maintenance allowed.
Home Phone #	Enter **N-**do not display, **D-**display, no maintenance, or **Y**- maintenance allowed.
Work Phone #	Enter **N-**do not display, **D-**display, no maintenance, or **Y**- maintenance allowed.
Work Phone Ext.	Enter **N-**do not display, **D-**display, no maintenance, or **Y**- maintenance allowed.
Relationship	Enter **N-**do not display, **D-**display, no maintenance, or **Y**- maintenance allowed.
Cycle Code	Enter **N-**do not display, **D-**display, no maintenance, or **Y**- maintenance allowed.
Suppress Stmnt.	Enter **N-**do not display, **D-**display, no maintenance, or **Y**- maintenance allowed.
Payment Plan	Enter **N-**do not display, **D-**display, no maintenance, or **Y**- maintenance allowed.
PaymentPlan Bal	Enter **N-**do not display, **D-**display, no maintenance, or **Y**- maintenance allowed.
PaymentPlan Amt	Enter **N-**do not display, **D-**display, no maintenance, or **Y**- maintenance allowed.
Dun Messages	Enter **N-**do not display, **D-**display, no maintenance, or **Y**- maintenance allowed.
Produce Insur.	Enter **N-**do not display, **D-**display, no maintenance, or **Y**- maintenance allowed.
Status Code 1	Enter **N-**do not display, **D-**display, no maintenance, or **Y**- maintenance allowed.
Status Code 2	Enter **N-**do not display, **D-**display, no maintenance, or **Y**- maintenance allowed.
Status Code 3	Enter **N-**do not display, **D-**display, no maintenance, or **Y**- maintenance allowed.
Status Code 4	Enter **N-**do not display, **D-**display, no maintenance, or **Y**- maintenance allowed.
User Code	Enter **N-**do not display, **D-**display, no maintenance, or **Y**- maintenance allowed.
Registration Dt	Enter **N-**do not display, **D-**display, no maintenance, or **Y**- maintenance allowed.
Branch	Enter **N-**do not display, **D-**display, no maintenance, or **Y**- maintenance allowed.
Employer	Enter **N-**do not display, **D-**display, no maintenance, or **Y**- maintenance allowed.
Phone recall cd	Enter **N-**do not display, **D-**display, no maintenance, or **Y**- maintenance allowed.
Race	Enter N-do not display, D-display, no maintenance, or Y- maintenance allowed.
Ethnicity	Enter N-do not display, D-display, no maintenance, or Y- maintenance allowed.
Language Pref	Enter N-do not display, D-display, no maintenance, or Y- maintenance allowed.
Contact Pref	Enter N-do not display, D-display, no maintenance, or Y- maintenance allowed.

User Policy Registration Screen

Optional. Controls the user's ability to see and change information on the Insurance Policy Registration screen. Aside from the User Number, the user is provided with 3 options in regard to the remaining fields:

N – Do not display the field.

D – Display only, maintenance is not allowed. Any field marked D, prohibits any maintenance to the entire record such as transfer or delete.

Y – Display and maintain.

With **User Setup** dropdown displayed, click on **User Policy Registration Screen**.

User #	Enter the unique User Number assigned to the login id.
Sequence #	Enter **N-**do not display, **D-**display, no maintenance, or **Y**- maintenance allowed.
Prim/Sec Flag	Enter **N-**do not display, **D-**display, no maintenance, or **Y**- maintenance allowed.
Accept Assignmt	Enter **N-**do not display, **D-**display, no maintenance, or **Y**- maintenance allowed.
Policy #	Enter **N-**do not display, **D-**display, no maintenance, or **Y**- maintenance allowed.
Group #	Enter **N-**do not display, **D-**display, no maintenance, or **Y**- maintenance allowed.
Insured Name	Enter **N-**do not display, **D-**display, no maintenance, or **Y**- maintenance allowed.
Insured's Adrs.	Enter **N-**do not display, **D-**display, no maintenance, or **Y**- maintenance allowed.
Insrd Addr 2	Enter **N-**do not display, **D-**display, no maintenance, or **Y**- maintenance allowed.
Phone#	Enter **N-**do not display, **D-**display, no maintenance, or **Y**- maintenance allowed.
Birth Date	Enter **N-**do not display, **D-**display, no maintenance, or **Y**- maintenance allowed.
Sex	Enter **N-**do not display, **D-**display, no maintenance, or **Y**- maintenance allowed.
Employer	Enter **N-**do not display, **D-**display, no maintenance, or **Y**- maintenance allowed.
Pt'Relation_Ins	Enter **N-**do not display, **D-**display, no maintenance, or **Y**- maintenance allowed.
Champus Status	Enter **N-**do not display, **D-**display, no maintenance, or **Y**- maintenance allowed.
Branch of Srvc.	Enter **N-**do not display, **D-**display, no maintenance, or **Y**- maintenance allowed.
Employer Plan	Enter **N-**do not display, **D-**display, no maintenance, or **Y**- maintenance allowed.
Sig on File	Enter **N-**do not display, **D-**display, no maintenance, or **Y**- maintenance allowed.

Print Claim	Enter **N-**do not display, **D-**display, no maintenance, or **Y**- maintenance allowed.
Mail to	Enter **N-**do not display, **D-**display, no maintenance, or **Y**- maintenance allowed.
Remark	Enter **N-**do not display, **D-**display, no maintenance, or **Y**- maintenance allowed.
Benefit Plan	Enter **N-**do not display, **D-**display, no maintenance, or **Y**- maintenance allowed.
Dt LstSeen Phys	Enter **N-**do not display, **D-**display, no maintenance, or **Y**- maintenance allowed.
ReltdEmployment	Enter **N-**do not display, **D-**display, no maintenance, or **Y**- maintenance allowed.
ReltdAccident	Enter **N-**do not display, **D-**display, no maintenance, or **Y**- maintenance allowed.
Illness/Inj/LMP	Enter **N-**do not display, **D-**display, no maintenance, or **Y**- maintenance allowed.
Dt Ill/Injury/LMP	Enter **N-**do not display, **D-**display, no maintenance, or **Y**- maintenance allowed.
Dt 1st Consultd	Enter **N-**do not display, **D-**display, no maintenance, or **Y**- maintenance allowed.
Dt Same Illness	Enter **N-**do not display, **D-**display, no maintenance, or **Y**- maintenance allowed.
Emergency	Enter **N-**do not display, **D-**display, no maintenance, or **Y**- maintenance allowed.
Dt Able-Ret Wrk	Enter **N-**do not display, **D-**display, no maintenance, or **Y**- maintenance allowed.
Disability	Enter **N-**do not display, **D-**display, no maintenance, or **Y**- maintenance allowed.
Disability From	Enter **N-**do not display, **D-**display, no maintenance, or **Y**- maintenance allowed.
Disability To	Enter **N-**do not display, **D-**display, no maintenance, or **Y**- maintenance allowed.
Hospitalized Fr	Enter **N-**do not display, **D-**display, no maintenance, or **Y**- maintenance allowed.
Hospitalized To	Enter **N-**do not display, **D-**display, no maintenance, or **Y**- maintenance allowed.
Student	Enter **N-**do not display, **D-**display, no maintenance, or **Y**- maintenance allowed.
Family Planning	Enter **N-**do not display, **D-**display, no maintenance, or **Y**- maintenance allowed.
Override Dr	Enter **N-**do not display, **D-**display, no maintenance, or **Y**- maintenance allowed.
DtSign Rel-Info	Enter **N-**do not display, **D-**display, no maintenance, or **Y**- maintenance allowed.
AutoAccident ST	Enter **N-**do not display, **D-**display, no maintenance, or **Y**- maintenance allowed.
Hospice Y/N	Enter **N-**do not display, **D-**display, no maintenance, or **Y**- maintenance allowed.
Delay Days	Enter **N-**do not display, **D-**display, no maintenance, or **Y**- maintenance allowed.

User Insurance Control Record Maintenance

Required by the system to enable the user to process insurance. Normally, only the User # is accessed here, the remaining fields are system-defined.

With User Setup dropdown displayed, click on **User Insurance Control Record Maintenance.**

User Number	Enter the user number granted capability to process insurance.
Ins. Processing	System defined indicating that Insurance is currently processing. **Leave blank.**
Prim/Sec Run	System defined indicating whether Primary or Secondary Insurance is running. **Leave blank.**
Start Date	Displays the Start Date of the last run. System generated. **Leave blank.**
Start Time	Displays the Start Time of the last run. System generated. **Leave blank.**
End Date	Displays the End Date of the last run. System generated. **Leave blank.**
End Time	Displays the End Time of the last run. System generated. **Leave blank.**

User EMC Control Record Maintenance

THIS FUNCTION IS FOR THE USE OF CCA MEDICAL SUPPORT PERSONNEL ONLY.

With **User Setup** dropdown displayed, click on **User EMC Control Record Maintenance.**

EMC Code	System generated.
User Number	System generated.
EMC Control Rec	System generated.
EMC Build Date	System generated.
EMC Build Time	System generated.
EMC Proof Date	System generated.
EMC Proof Time	System generated.
EMC Sent Date	System generated.
EMC Sent Time	System generated.
EMC UpdateDate	System generated.

EMC UpdateTime	System generated.
Elig Build Date	System generated.
Elig Build Time	System generated.
Elig Proof Date	System generated.
Elig Proof Time	System generated.
Elig Sent Date	System generated.
Elig Sent Time	System generated.
Elig UpdateDate	System generated.
Elig UpdateTime	System generated.

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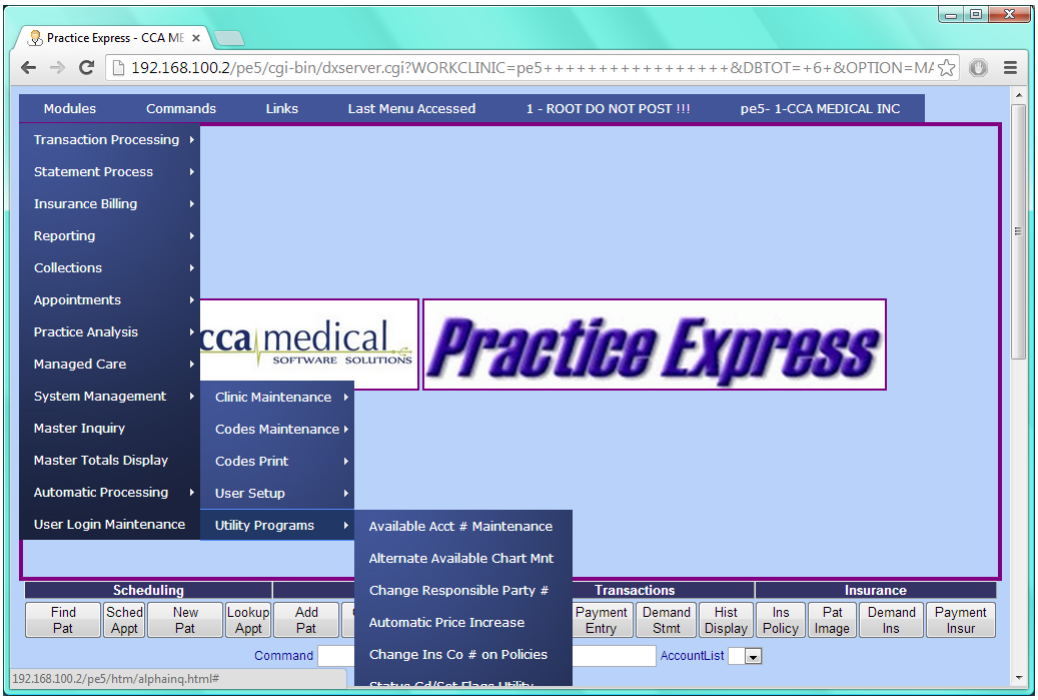
UTILITY PROGRAMS



Available Account # Maintenance

If the system is set for available chart numbers (see Clinic Maintenance Part II), this function allows the user to maintain existing available account numbers and to build a range of available chart numbers.

With **Utility Programs** dropdown displayed, click on **Available Account # Maintenance**.

The display shows the current account#s in the file.

Option:	Enter the patient **Account Number** you wish to find at the Account#: prompt. Choose to display; If the Account # is currently available it display. Choose Add the patient **Account Number** you wish to add. You have the option to **delete** the selected accounts form this file. You can page forward in the list by choosing the **Next.** You can go backward in the list by choosing the **Prev.**

	Choose **Build** and the **2nd** option list below this table appears. Choose **List** to List the current Available Account Numbers. Choose **Exit** to End and return back to alpha inquiry screen.

If Option **B** is entered, the following options will appear. Note that Build will remove all available chart numbers on file and will build a new available list based on the numbers input.

Beginning Number:	Enter the beginning number of the available chart number range you wish to build.
Ending Number:	Enter the ending number of available chart number range you wish to build.

Alternate Available Chart Maintenance

If secondary chart numbers (radiology, lab or some other function outside the practice) are used, this function allows the user to build a range of available secondary chart numbers.

With **Utility Programs** dropdown displayed, click on **Alternate Available Chart Maintenance**.

The display shows the current account#s in the file.

Enter Branch #:	**Enter the branch number with which the Alternate Available Charts are associated. When a branch number is entered, the options immediately below this table appears.**
Account Number:	

After entering the branch number, the following option appears.

Option:	Enter the patient **Account Number** you wish to find at the Account#: prompt. Choose to display; If the Account # is currently available it display. Choose Add the patient **Account Number** you wish to add. You have the option to **delete** the selected accounts form this file. You can page forward in the list by choosing the **Next.** You can go backward in the list by choosing the **Prev.** Choose **Build** and the **2nd** option list below this table appears. Choose **List** to List the current Available Account Numbers.

	Choose **Exit** to End and return back to alpha inquiry screen.

If Option **B** is entered, the following options will appear. Note that Build will remove all available alternate chart numbers on file and will build a new available list based on the numbers input.

Beginning Number:	Enter the beginning number of the alternate available chart number range you wish to build. If you do not wish to remove all available charts and build, type ,(COMMA) and press **ENTER**.
Ending Number:	Enter the ending number of alternate available chart number range you wish to build.

If Option **L** is entered, the following option will appear:

Enter the Branch # to print:	Enter the Branch Number for which you would like the Available Alternate Chart Number List printed.

Change Responsible Party #

With **Utility Programs** dropdown displayed, click on **Change Responsible Party #**.

This utility program is used to change the responsible party number of a patient. All of the charges for the patient will be adjusted off of the old responsible party balance and added to the new responsible party balance. An adjustment code must be set up in **Procedure Codes Maintenance** for this type of adjustment.

DO NOT ATTEMPT TO MAKE THIS CHANGE WITHOUT BACKUP UP THE SYSTEM FIRST. Be sure that the previous night's backup was successful before continuing with this program. In case of an emergency abort or error in the process, your data will have to be restored from the backup.

Account # to Change the Reponsible Party #	Enter the account number for the patient that will have the new responsible party.
Enter the new responsible party #:	Enter the account number of the new responsible party.
OK **Cancel**	If satisfied with the entries made and you wish to process the change Choose OK and proceed. If changes need to be made to the entered data, choose Cancel and return to the alpha inquiry screen.

Automatic Price Increase

This utility program allows all Procedure Codes to have their price increased by a specified percentage. The prices can be increased for a specific Fee Schedule or All Fee Schedules, for a specific Department or for all Departments.

With **Utility Programs** dropdown displayed, click on **Automatic Price Increase.**

Managed Care Plan, A-All, M-Master	Enter **A** for All if you wish to apply the price increase to all Charge/Debit Adj. Procedure Codes and all Alternate Procedure Codes. Enter **M** for Master if you wish to apply the price increase to just the Charge /Debit Adj. Procedure Codes only. Enter the **Managed Care Plan Code** if you wish to apply the price increase to Alternate Procedure Codes within a single Managed Care Plan only.

The following option appears to allow you to specify the details of the price increase based on a **PERCENTAGE** change.

Managed Care Plan, A-All, M-Master	No entry required, carried over from the entry on the previous screen.
Use RVU Factor/Percent to change.	Enter **P** to use a percentage increase.
Enter the percent change:	This is the amount the price is going to be changed by. For example, to raise a $1.00 rate to $1.10 (a 10% increase), enter .10 at the prompt.
Enter the department to change:	To change one Department, enter that **Department Number**. To change all Departments, **ENTER**.
Select the rounding you desire:	Enter **1** to round to the nearest penny. Enter **2** to round to the nearest nickel. Enter **3** to round to the nearest dime. Enter **4** to round to the nearest half dollar. Enter **5** to round to the nearest dollar.
Enter a test amount to confirm proper change:	To test your potential change, enter an amount here then view the increased amount in the field below.
The changed figure is:	Displays the amount entered in the test field above with the increase applied. Example: If 1.00 was keyed above and the % is .10 this field displays 1.10.

Try another:	Enter **Y** if you would like to try another test. Enter **N** if you do not wish another test.
OK to run:	If you are satisfied with the results of the test and wish to make the change, enter **Y** for Yes. If you do not wish to make the change, enter **N**.

The following options appear to allow you to specify the details of the price increase based on an **RVU FACTOR** change.

Managed Care Plan, A-All, M-Master	No entry required, carried over from the entry on the previous screen.
Use RVU Factor/Percent to change.	Enter **R** to use an RVU Factor increase.
Enter amount per RVU factor:	This is the amount the price is going to be changed by. For example, to increase RVU factors by 10%, enter **1.1000.**
Enter the department to change:	To change one Department, enter that **Department Number**. To change all Departments, **ENTER**.
Select the rounding you desire:	Enter **1** to round to the nearest penny. Enter **2** to round to the nearest nickel. Enter **3** to round to the nearest dime. Enter **4** to round to the nearest half dollar. Enter **5** to round to the nearest dollar.
Enter a procedure to test and confirm proper change.	To test your potential change, enter a **Procedure Code** here then view the increased amount in the field below.
Current Fee:	Displays the current fee associated with the entered Procedure Code.
RVU Factor:	Displays the current RVU Factor for the entered Procedure Code.
New Fee:	Displays the new RVU Factor for the entered Procedure Code based on the adjustments.
Try another:	Enter **Y** for Yes to run another test. Enter **N** for No.
OK to run:	If you are satisfied with the results of the test and wish to apply the change, enter **Y**. If you do not wish to make the change, enter **N**.

Change Insurance Company # on Policies

This utility program is used to change ALL patients in the same state with one insurance company to another insurance company.

With **Utility Programs** dropdown displayed, click on **Change Insurance Company #** on Policies.

Enter old insurance co#:	Enter the **original insurance company number**. Information associated with this number will display.
Enter new insurance co#:	Enter the **new insurance company number**. Information associated with this number will display.
Enter patient's state:	To specify a single state, enter the **2-letter state code** where all patients in that state currently with the original insurance company number will be changed to the new insurance company number. To change insurance company number on policies in all states, enter **ALL**.
Data OK (Y/N):	If the entered data is correct and you wish to proceed with the changes, enter **Y**. If the data is incorrect and you wish to make correction before making the changes, enter **N**.

Status Cd/Set Flags Utility

This utility is used to set flags within the patient file based on Status Code 1 and Status Code 4. See the screen capture for details of the logic of the program.

Before proceeding with the program, ensure all Status Codes are set up correctly.

With **Utility Programs** dropdown displayed, click on **Status Cd/Set Flags Utility**.

Enter Primary Status Code to process or Return for all:	To select a single Primary Status Code, enter the **2-digit code**. To select all Primary Status Codes, press **ENTER**.
OK to continue:	Enter **Y** for Yes if you wish to continue with the process. Enter **N** for No if you wish to terminate the process.

File Status

With **Utility Programs** dropdown displayed, click on **File Status.**

This utility program generates a listing to allow the viewing of the size of files in the system.

There are no prompts. The displayed list will contain the File Name, its Description and the number of Records in Use.

Change Fiscal Period of Batch

Allows the user to correct the Fiscal Period of a batch prior to the batch being updated.

With **Utility Programs** dropdown displayed, click on **Change Fiscal Period of Batch**.

Enter user # of the batch to change fiscal period:	Enter the **user #** who created the batch that is to have its fiscal period changed.
Current fiscal period for the user batch.	Displays the fiscal period currently associated with the batch to be changed.
Current fiscal period for the clinic:	Displays the current fiscal period for the clinic.
Next fiscal period for the clinic:	Displays the next fiscal period for the clinic.
Enter the fiscal period to update the batch with:	Enter the fiscal period you wish to change the batch's fiscal period to. Use YYYYMM format.
OK to proceed	Enter **Y** for Yes if you wish to update the fiscal period on the batch. Enter **N** for No if you wish to terminate the process without updating the batch.

Print Updated Batch List

Allows the user to reprint an updated batch.

Note that in order to run this option, you must know the Batch Control Sequence Number of the batch list to be recreated. Refer to **Batch Seq #** in Batch Control Record Maintenance of the Clinic Maintenance section of this manual for locating a batch control number.

With **Utility Programs** dropdown displayed, click on **Print Updated Batch List**.

Enter the Batch Control Sq# to recreate batch list:	Enter the Batch Control Sequence Number for the batch list to be recreated.
Do you wish to print a batch list in alpha or numeric order?	Enter **A** to sort the list in Alphabetical order. Enter **N** to sort the list in Numerical order.

Do you wish to print separate days on difference pages?	Enter **Y** for Yes to have each day appear on a separate page. Enter **N** for No to have the days concatenated within the list.
Print detail list of memo transactions	Enter **Y** for Yes to have Memo Transaction details printed. Enter **N** for No to not print details of Memo Transactions.

Print Updated Dr's Activity

Allows the user to reprint Doctor's Activity after Day End has been updated. You will need to know each batch control # included in the Doctor's Activity report you wish to reprint. The batch numbers are listed near the end of the report. If you do not have the report, the numbers can be obtained from the **Batch Seq #** in Batch Control Record Maintenance of the Clinic Maintenance section of this manual.

With **Utility Programs** dropdown displayed, click on **Print Updated Dr's Activity**.

Enter Batch control# to include in day end	Enter the **Batch Control #** of the batch to be included. This prompt will repeat itself allowing you to enter multiple Batch Control #s. When all Batch Control # have been entered, press **ENTER** at the prompt
Do you wish to print doctors activity in alpha or numeric order?	Enter **A** to sort the report in Alphabetical order. Enter **N** to sort the report in Numerical order.
Enter branch to select:	If you wish to run the report for a single branch, enter the **Branch Number**. If you wish to run the report for all branches, enter **ALL**

Build Fiscal Year Totals

Used for Practice Analysis. Building of totals is required prior to running an extract of Practice Analysis for that year. This needs to run only once, it does not need to be run before each Practice Analysis report run for that year.

With **Utility Programs** dropdown displayed, click on **Build Fiscal Year Totals**.

Enter beginning fiscal year	Enter the **first fiscal year** for which you would like to build totals. Format is CCYY.
End ending fiscal year.	Enter the **last fiscal year** for which you would like to build totals. Format is CCYY.

Data OK	Enter **Y** for Yes if the data is correct and you wish to build the totals. Enter **N** for No if the data is incorrect and/or you wish to terminate the process without building the totals.

Extract PractAnaly – TranHist

Used for Practice Analysis. Provides for the extraction of data based on a **patient history** date range.

With **Utility Programs** dropdown displayed, click on **Extract PractAnaly – TranHist**.

Current extract is for user:	Displays the ID of the last user to run this option. Note that if you are not this user, you will not be able to Clear the Sort File.
MTD line selection:	Displays the MYD Fiscal Period range used the last time this option was run.
YTD line selection:	Displays the YTD Fiscal Period range used the last time this option was run.
Do you want to Clear the Sort File/Extract Transactions:	Enter **C** to Clear the Sort File. Note that if you are not the user who last ran this option, you will not be able to Clear. Enter **E** to Extract Transactions. The screen appearing immediately below this table will display.
OK to start clearing the file?	Enter **Y** for Yes to proceed with the function and clear the file. Enter **N** for No to terminate the process without clearing the file.

If you have selected **E** to Extract Transactions, you are presented with the following options:

Enter MTD line beginning fiscal period	To define the totals for the MTD line, enter the **Beginning Fiscal Period** of the range to be totaled. Format is CCYYPP.
Enter MTD line ending fiscal period	To define the totals for the MTD line, enter the **Ending Fiscal Period** of the range to be totaled. Format is CCYYPP.
Enter YTD beginning fiscal period.	To define the totals for the YTD line, enter the **Beginning Fiscal Period** of the range to be totaled. Format is CCYYPP.
Enter YTD ending fiscal period.	To define the totals for the YTD line, enter the **Ending Fiscal Period** of the range to be totaled. Format is CCYYPP.
Data OK:	Enter **Y** for Yes if the data is correct and you wish to proceed in building the totals. Enter **N** for No if the data is incorrect and/or you wish to terminate the process without building the totals.

Daily A/R File Maintenance

THIS FUNCTION IS FOR CCA MEDICAL SUPPORT PERSONNEL ONLY.

Create Distributions – Update Transactions

THIS FUNCTION IS FOR CCA MEDICAL SUPPORT PERSONNEL ONLY.

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