

# Medical Office System

## Appendix A: Changes from Earlier Versions

### Introduction

The Medical Office System has been available for Tandy Corporation's Model II and Model 12 computers since 1981. Changes have been released from time to time. This provides a general list of features added over time to improve the system and answer the needs of our practices. These additions represent suggestions and requests for features that our practices have made over the years to serve their needs and meet the changing needs of the industry better.

### *Medical Office System Changes 05.00.00*

- 7/14/03 - Fixed prompt for popup screen on scroll lines to correctly work.
- 4/4/03 - Age on Patient Screen was incorrect - Fixed
- 3/17/03 - Added a sort question to Change MC Allowance to allow a sort by Provider/CPT instead of YOUR codes.
- 7/24/03 - Add ALL choice to Electronic Posting question for applying a changed POS to the service lines. This will cause the ALL answer to act as if you pressed Y for each claim. It will help the process run without the stops.
- 8/11/03 - Make sure TO Date on service line is always the same as From Date when the From Date is not displayed for data entry.
- 8/8/03 - Add Referring DR selection to the Procedure Payment Report.
- 8/8/03 - Add selection for PAID IN FULL or all Charges on Procedure Payment Report.
- 8/8/03 - Changed Procedure Payment Report on Financial Menu to be a Summary version with one line per procedure.
- 8/12/03 - Add <PTPAY>100.00</PTPAY> to the Important notes and it will print on Statements 2,6,7 or the reprint versions as a monthly payment amount.
- 8/12/03 - Added Location Labels in 1 up and 3 up formats.
- 8/13/03 - Missed Appointment Report was added to allow you to print a list of appointments missed between two dates. Great to check that all encounters were billed.
- 8/13/03 - Inactive Patient Report - List patient's that have not been seen since a given date. Select all or one provider and a cut-off date. Balance owed is printed.
- 9/15/03 - Added PENDING status to Patient Invoices. This will also put the invoice on HOLD. A new report allows these PENDING invoices to be printed. Use this to track invoices that require additional data to be filed. Often the HOLD status is used for hospital patients awaiting the completion of their treatment. This will help distinguish the two.
- 10/28/2003 - Added User Name to transactions added for interest on statements.
- 1/9/2004 - Added Screen for Erythropoietin (EOP) Certification used for HCT Results, HGB Results, and Serum Creatine Results. These test results are included with this service to qualify the procedure provided.
- 4/14/04 - Add warning when a provider is selected that has been marked terminated. A provider is terminated by entering a date of termination on his data screen.

- 8/05/04 - Added Fast User Login feature. This will allow systems to be designed to automatically login the user. Use of this feature should be limited to computers that are used by only one person and located in a secured room. The login and password normally used in MOS is added to the login script on the system and all functions in the MOS will use that information. It is important that the Fast User Login be attached to the Unix/Linux log on data or the User ICON for a Windows system. The HIPPA requirements require that the user be controlled and for your own security that must be respected.
- 9/21/04 - Fix Recap Menu Reports to properly reflect the adjustments in the columns. They now match the numbers generated on the summary page of the recap report. Entered Charges, Entered Payments, Entered Write-Offs with the Total A/R Change for Net Change matching the Recap Numbers.
- 10/06/04 - Recap / Transaction Review posting has been changed. The reports following these reports will reflect the totals as follows: The columns Charges, Payments, Write-Offs, Transfers and A/R Change will reflect the totals on the ENTERED line of the recap exactly. The adjustments made to each type of money will be listed in total in the column marked ADJUSTED. This should reflect the total adjustments from the BACKED OUT line on the recap. The A/R change on the reports will indicate the total Charges - Payments - Write-Offs + Transfers. It will not include the amount in the Adjusted column, since it is already part of the money in each other column. The adjustment column on these reports was difficult to reconcile with the daily charges and recap totals and pulling it out of the totals make these numbers match in a more understandable and reliable way.
- 10/20/04 - Fix Change Billing to Also Reset the Electronic Sequence Number so the Invoices will select for Electronic Filing with New claims after the Bill To is changed.
- 11/11/04 - Improved logic for invoice deletion. Deleted Invoices are now archived and logged in the user log. This should offer some additional protection if an invoice is removed. Although it is only possible to delete an invoice with a zero balance that has been properly recapped. That insures that the money has been properly balanced to zero. But since the invoice was present at the time of a recap or two, it may cause daily balances to vary by the amounts on the invoice.
- 2/14/05 - Corrected problem with partial Daily Recap where the recap acted like it was only supposed to print new transactions.
- 2/2005 - Added ordering provider selection to the Service Date Detail (56K).
- 2/2005 - Added Procedures by Carrier (51L) to select procedures between given date for 1 or all carriers and print the total charges, total payments, total writeoffs and total adjustments.
- 3/01/05 - Adjusted the logic for Accident Time to allow any accident to include a time, not just auto accidents.
- 4/15/2005 - Added check for Method Code on a payment. If it was left blank the money would not appear properly on reports, such as Daily Recap and Today's Payment Report.
- 5/2/2005 - Added an option to the Transaction review to allow selection by First Service Date on the Invoice. This will allow the recap menu to generate reports based on the data selected, including Provider, Carrier, or Location Summary Reports.
- 5/2/2005 - Added a selection option to the Service Date Detail Report to select by Ordering Provider. This is only available if the charge line used includes the Ordering provider information.
- 5/2/2005 - Added an export option to the Recap Menu that will allow the totals by Provider, Location, Responsible Party or Entity to be written to a .csv file that can be loaded easily to other software such as Excel for graphing or processing. This is only available on the SUMMARY ONLY reports listed on the right of the menu.

- 6/10/2005 - Enhanced the Charge Allowed logic to use the standard charge for the charge and the allowed for the payment when the carrier has an alternate price table. This behavior will start with all claims added after this correction is installed. Each procedure can use standard charge or allowed charge when creating an invoice. If the standard charge is used, the allowed amount will be the assumed payment.
- 7/1/2005 Electronic Submission Report - Added to print claims submission history for claims submitted electronically. Only claims still assigned to the selected carrier and not paid in full will be selected. Submission date range can be used to look at a given time, but the best report should include all dates.
- 8/3/05 - Fixed the Activity Graph to create a better print version.
- 10/21/2005 Added a flag to indicate MISSED appointment when you select Check Appointments. If the from date entered on an invoice does not have the appointment date then the appointment is missed.
- 11/15/2005 Changed Provider Selection in Scheduling to allow for only providers that have active schedules.
- 12/15/05 - Added option for History Since Date for Patient History in the Clinic version of the MOS. This has an altered output to better print the data. The CLINIC version is installed when the Prescription Module is added to the current system.
- 12/15/05 - Add City to the Insurance Browse from Patient Insurance Screen to allow you to better select the correct insurance company.
- 12/26/05 - Added a Hospital Admit Report (56N). Select all patients with a hospital admit date between given dates for one or all locations.
- 12/26/05 - Added UserID to the Patient Insurance History and the Test Ordering files to track who last entered or changed the data.
- 12/26/05 - Added logic to allow the Patient Insurance History to be pulled back to the live data easily.
- 12/26/05 - Added a Comment to the Test Results Data for additional notes.
- 12/26/05 - Added Family Friendly features to the Family Browse Display. These functions will allow you to put and address change on selected family members. Another option will allow the Primary Carrier to be updated on each selected family member. This is available only on the Family Browse under Patient Utilities.
- 12/26/05 - Fixed Appointment Scheduler to display the day of the week on the screen for a given day.
- 12/26/05 - Add selection for one user to the Activity by User Report. This will allow each user to create a report showing the transactions entered by that user. This report selects by Recap Date also.
- 12/2005 - FASTEMC - for electronic filing clearinghouse options have been increased to allow more payors. Drug claims, chiropractic, ambulance, and many other specialties are now available.
- 1/3/2006 Added a Patient by Location Report (53I) to print patients by claim location for a given time period. One or all locations can be selected. The number of claims per patient (generally indicating how many times they have visited your office) is also listed. Since, this counts claims, if more than one visit is entered per claim, the count would not correctly reflect visits.
- 5/2006 Added a Short Daily Schedule to create a version that would fit on one sheet of paper.

- 5/2006 Added NPI numbers and all the posting required for the MOS to properly handle the NPI numbers when they are required for Electronic filing.
- 5/2006 Corrected Provider posting to FastEMC so that all the numbers for one carrier would be posted to the same provider. This includes Rendering, Billing and Network numbers listed in the special number listing and would correct a problem reported with the proper application of the numbers for group practices.
- 5/2006 Fixed problem with scheduling meetings in the appointment scheduler. It would not display a list of providers correctly.

### ***Medical Office System Changes 04.00.00***

These changes, corrections and additions have been made to the Medical Office System since the July 1999 update sent. If your support contract is currently in effect, these will be shipped at no charge.

8/9/99 Added a hardcopy option to the submission file list on the Patient screen.

8/10/99 Insurance Company Fuzzy Browse screen was corrected to properly display multiple duplicate insurance company names with different addresses.

8/12/99 Increased width of Patient Name On A/R Reports. This made the reports a little wider but should still fit on standard paper using the 16.7 pitch print size.

9/10/99 Added <-Next Patient Prompt to the Invoice Detail choices. Selecting this choice will return you to the screen where you select the patient.

10/7/99 Discovered patient age would not calculate correctly when the computer date passed 12/31/1999.

10/14/99 Listing all appointments for the last day in 1999 would include appointments on other dates that fall in 2000.

10/25/99 On worker's comp insurance, the policy number and group number were reversed with relation to all the other insurance numbers. This was corrected. If you currently use different forms for worker's comp, the correction might require that you adjust the form so that the correct numbers print in the correct boxes. This affects fields 402 and 403 on the forms. 402 is the group number and 403 is the contract or policy number. This is now correct for all 4 carriers.

10/25/99 Increased the width of the note that displays on the invoice detail screen, so the entire note is displayed.

10/25/99 Increased the number of diagnoses that display when you try to locate a diagnosis by a fuzzy search or alphabetical search of the description.

10/25/99 Resubmitted Insurance forms would not be selected if the carrier was changed from paper to electronic. Now if a form was printed on paper it will be resubmitted on paper. If a form was sent electronically, a question will allow you to include it on paper if you wish.

10/25/99 The aging of an insurance form was done before the form was selected for printing. This was incorrect and the aging is only done now when the form is selected to print.

10/25/99 A patient responsible claim is only aged if it is selected to print on a statement. An insurance claims is only aged if it is submitted to insurance. To resubmit overdue claims, do a new batch and select resubmit overdue claims.

10/25/99 It is no longer the case that insurance claims will be aged when the patient statement is printed. The claim will only age when it is submitted to insurance on paper or electronically.

11/1/99 Added option to make an ASCII encapsulated file that can be used to exchange data with software capable of importing a data file of this type. Common applications would be to import data to WordPerfect, Address Book software, Word, etc. Any data available for a patient letter format can be used. More documentation will be available at a later date.

11/2/99 Added options on the MOS Insurance Menu that would allow claims for WORKERS' COMPENSATION to be selected and printed with all the same options as regular insurance forms. If you wish to print these claims on a separate form and you can not select by insurance carrier code, you will be able to print the claims with this choice. All claims that should be printed and are WORK REL=Y will be selected using all the same selection available for other insurance forms. Forms for carriers that are listed as electronic will not print to paper using this option.

11/9/99 Statement form 7 and G with Coupon, would list an insurance amount but the insurance amount would not print. This has been corrected. This statement will not list detail insurance claims, just the total is collected. This amount is always collected.

11/11/99 Send Upgrades to all customers with support contracts.

12/1/99 Fix Support files Menus for DOS/WINDOWS

12/8/99 Add default for Location Code.

12/8/99 Add sort by Location Code on Payments Report generated from Financial Reports Menu.

12/15/99 Add DOB and Refer BY (NON-Refer Doctor) to the Short Schedule Report. This information is drawn from the patient information.

1/4/00 Added two reports to analyze the submission information. One report is on the Daily Reports Menu and will list all submission detail for one date. The second report will summarize submissions for more than one date, by type of submission.

1/4/00 Found bug in collecting submission data. When you print a claim for a patient responsible claim to be sent to more than one carrier it would only track the first carrier submission.

2/5/00 Added Statement summary options when printing statements. It will list all detail lines that were printed on prior statements and occurred prior to a user supplied date as one line on the statement. This option will allow statements to be condensed when claims are carried more than one month.

3/27/00 Added an insurance form field for Doctor Name with Last Name, First Name.

3/27/00 Added Maintenance Password to Practice Information.

4/11/00 Found and fixed a bug with Resubmit Overdue Claims logic in both electronic and batch printed paper insurance claims. It only selected incorrectly when the option to include overdue claims was selected.

5/5/00 Added Fax Number for Insurance Carrier and Workman Comp Carrier.

5/5/00 Add Mammography Certification to Location file.

5/5/00 Make Insurance Forms unique for each Additional Practice, up to four possible codes. An insurance form code is added to the practice information that will change the ~ character normally attached to a form name to a \_, -, + code. Only 4 codes are available at this time.

5/5/00 Added option to allow appointments to appear in different color. This will allow scheduling of surgery or other 1 patient at a time functions to be obvious to the data entry person. To use this start the appointment reason with a #.

5/5/00 Added Legal Rep Code to Send Statement TO information. All current parties listed in Send Statements to fields where the LR code is blank are assumed to be Leg Reps. Enter N to make the Send Statements To party not send or print as a legal rep for this patient. The assumption of blank fields to be Yes was to keep the system behavior as it has been until you can enter any exceptions to your patient data.

5/5/00 Add more functionality to Test data base. It will not allow Dates for Completion.

5/5/00 Added logic to make it harder to change a Referring Dr code when it has been used on invoices or patient data. This will stop someone from recoding doctors after they are on file.

5/5/00 Added Authorization Fields to Tests and Refer To data. These can be added when needed.

5/9/00 Added more logic to provider id numbers that can be printed on insurance forms. New fields 945-950 allow a rendering dr id to be selected from dr data, then prac data, and finally xref file for billing or rendering id. This logic will be explained in detail in the manual or addendum.

5/25/00 Added Chiropractic Certification for electronic claims. Other certifications will follow.

5/25/00 Added a question to the Payment Reports to allow the payments to be sorted and subtotaled by carrier (Responsible Party). This enhances a question that allowed the report to be sorted by location.

7/17/00 Added a question to the Collection Report to select all items put in collection as of a given date. This will allow only new items to be sent to the collection agency as needed.

7/20/00 - Add option to allow a Print Format (Claim Form) to be used as a patient receipt. This field, if entered as Y on the Version Page of the claim definition, will not change the insurance date or age the claim in any way when selected to print. This can be helpful if you print a receipt for the patient at the time of service but will still be submitting the claim through their carrier for payment.

7/31/00 - Add options to allow insurance forms printed in batch that included OVERDUE forms to be Re Run when the printer jammed or the claims did not print successfully. Only new claims would be selected when Re Run was tried and the Overdue claims would wait until the next cycle before they could be printed again in batch. With this change, if you select Re Run, a question about including Overdue Claims is included so you can repeat the printing of Overdue Claims also.

7/31/00 - Added the Age of the Invoice to the information stored with the Submission data and a flag indicating that the claim was printed from a ReRun.

7/31/00 - Added entries in the Log file for each End-of-Period function to indicate if it ran and how. Also an entry in the log was added for the End-Of-Year Reset.

### ***Medical Office System Changes 03.00.00***

The Medical Office System is now year 2000 compliant. All dates are sorted correctly into the year 2000. All defaults will properly use the correct century.

Payments can be applied by line item, and the medicare allowed and write off can be applied by line item.

All reports and forms now offer a printer destination option at time of selection. This allows much more flexibility with your printers. A printer destination for statements is set in the Practice Setup. In DAILY INPUT, a printer destination option is now available on the Forms Menu. If your practice is small and a printer selection is not important, this option can be omitted by saying it is not required in the Practice Setup.

Non participating Medicare pricing allowances and limiting charges are available in the procedure file.

Medicare Non-Assigned claims can now be submitted electronically.

Better color options are now available for UNIX systems with color monitors.

A cross-reference code table has been added to provide unique ID numbers for providers, unique Place of Service codes or unique Type of Service codes that can vary by carrier.

Medical Notes now include branching, list choices and chaining in the predefined text. This allows more complex and complete notes that ask for information and supply specific text based on the user responses.

Medical notes have default page parameters to allow the user to vary the top margin and page length. This can help when printing these on letter head or using a printer with a differing page length.

Pre-Coded Text can be Imported/Exported to allow us to distribute medical notes and code tables.

Procedure /Diagnosis History has been added which can store history separately from the accounting. These files will track procedure and diagnoses for patients as long as necessary. This history data is not part of the accounting, so it is maintained when Month End Purges are done. This will reduce the size of the invoice and transaction data that must be kept for history and still allow the patient history of procedures and diagnoses to remain on-line for future reference.

The procedure or diagnosis history can be scanned to display data for one patient or for all patients with a selected procedure or diagnosis code.

Drug History has been added. Prescriptions can be logged for a patient. All prescriptions can be displayed for one patient or all patients that were given a specific prescription.

A report printing the patient procedure, diagnosis and drug history has been added to the Patient Forms menu.

Many new selections can be used when defining Patient Letters. Letters can be printed that will select based on Patient Default Provider Code, Primary Carrier code, Primary Ins. & Oldest Invoice, Procedure Code, or Diagnosis Code.

Authorized User data base was added to allow better control and tracking of access to your Medical Office System. A user can be given full or inquiry access. As data is added to the system, the data is identified by user for future reporting and audit control. A user activity report has been added to the Daily Reports Menu to list all data entered by user each day. The authorized user login is a great way to allow the users to double-check data entry.

New fields have been added that can be printed on insurance forms or transmitted with electronic forms.

Narrative data can be added to service lines for transmitting electronically and providing appropriate medical necessity information. Additional certification records will be added during the next year.

An automatic credit distribution feature has been added to reapply credits to debit invoices for the same responsible party.

Patient Statements have been streamlined to offer default answers options in the Practice Setup. New options allow statements to include insurance claims and insurance aging.

Batch options have been added to insurance claim selection to allow insurance claims to be printed from a batch in an unattended operation. This can be used to select and print each type of claim after hours or with a single keystroke.

Data fields on invoices and patient records have been added that can be defined for special codes that might be needed for your local carriers.

Service Line data has been enhanced to allow from and to date, up to four procedure modifiers, narratives and provider codes.

Many new reports have been added to provide more comprehensive information about the practice.

### ***Medical Office System Changes 02.00.00 1994***

All system capacities have been increased.

Billing can now be done by family or by individual patients.

Space is available for up to six patient notes per patient record. These notes can be up to 39 characters long and can be used for sorting and selection operations.

A billing address is now available for each responsible party.

Two high-speed indexes that can be used to find patients, one by account number, another by patient's last name, are maintained automatically.

Account numbers can be assigned by the operator or by the system. All diagnosis and procedure information on an invoice is shown in English at all times.

The invoice overview function summarizes all invoices on file for a patient.

A diagnosis overview is now included.

Payments can be applied by the operator or by the system. The system will distribute and apply payments to the oldest outstanding invoice first. Payments can be applied to an individual invoice.

Up to nine payments can be applied to an individual line item on an individual invoice.

The field containing the number of times a service has been performed has been increased from one to four digits in length.

The diagnosis summary presents a diagnostic history for each patient on demand.

Doctor, location, and/or responsible party can be changed after an invoice is on file.

Files do not need to be pre-expanded.

All files (not just the patient file) can be updated in daily input. You can add or modify doctors, procedures, diagnoses, patients, insurance companies, and employers, as well as charges, payments, adjustments and notes.



All sorting operations are disk-based and are therefore no longer limited to main memory size.

In previous versions of the Medical Office System, you had to apply a payment to exit from the invoice operation. This is not the case in the current version.