Medical Office System®
Chapter 1: Features of the MOS®

This chapter discusses

- an introduction to Medical Office System Software.
- an overview of Features of MOS.
- New features added to the MOS
- the capacities of MOS.
- what you will need to run the program.

Introduction

A successful medical office system is fast, efficient and flexible. The Medical Office System matches your practice with easy access to patient records, flexible billing options, and efficient handling of your accounts receivable.

Easy Access

The **Medical Office System**® provides the individual or group practice with a fast and efficient method for collecting and managing accounts receivable. All patient and transaction information is accessible at the touch of a fingertip. You can find a particular patient by account number or patient name in a second or two, even for systems with large amounts of data. Also, all data entry is done using a single daily input function. From daily input, you can view, add, or modify patients, charges, payments, diagnoses, procedures, appointments, physicians, locations, medical notes, insurance companies, and other Medical Office System information.

The Medical Office System is "menu-driven," with no blind guesses or confusing programming terms to remember. The menus make the Medical Office System extremely easy to learn and operate.

Flexibility

The Medical Office System lets you easily define or modify all insurance forms, invoices, and patient letters. Monthly statements can be produced on either standard statement forms, blank paper or letterhead. Patient Recall, welcoming, overdue-account, and other letters are also available, and can be changed without using an external word processing program.

When your office grows, the **Medical Office System** grows with you. Since the Medical Office System is available in single user, multi-user, and networking versions, you can upgrade your practice from a single-user to multi-user operation without re-entering data or changing data entry techniques. On multi-user systems and networks, where a number of users can access, update, and print information at the same time, a record locking feature prevents modification of a single patient record by more than one user at the same time. User login's and passwords are available on any MOS® system for security.

The Medical Office System was written using the fpTechnologies, Inc. (Formally known as The Small Computer Company) **filePro® Plus Applications Development Tool.**

System Features

YEAR 2000 Compliant

All aspects of the **MOS®** have been upgraded to provide Century 2000 capabilities. The **MOS®** will not reproduce errors processing date data in connection with the year change from December 31, 1999 to January 1, 2000 when used with the PFCMARK variable set correctly. All reports and processes will correctly sort dates and calculate with dates correctly. On paper forms the user can format a date in any way required for submission. Electronically, all dates that are submitted include a century when the format offered that option.

Efficient Record keeping

With complete audit trails and detailed reports, the Medical Office System reduces the amount of time you need to spend on accounting and statistical report preparation. Comprehensive routing slips, invoices and insurance forms can be printed or reprinted at the time patients are examined. Insurance forms and monthly statements are automatically and accurately prepared. Statements can be generated monthly, weekly, bi-monthly, or bi-weekly. In the case of invoices on assignment (where the insurance company is the payer instead of the patient), an insurance form will be resubmitted automatically if payment has not been received within a predetermined number of days.

Daily Recap Reports

Dozens of management reports are available. New Day sheet, and Practice Statistics will analyze your practice each day and give you important management information. For a detail description of each Medical Office System report see chapter 11, "The Reports Main Menu".

Forms

The **Medical Office System** supplies basic forms needed to produce insurance and patient invoices, and you have the ability to add/change forms. For more information see chapter 15, "Adding/Changing Forms".

Patient Invoices

Prepared at the time of service, an invoice shows charges, payments and notes for services.

Monthly Statements

Statements show payments and charges on all unpaid invoices for each patient, and can include user-defined dunning messages. New statement formats include coupons and mailer options. Statement formats available for laser printers. Patient Statements may also include insurance claims and aging information.

Dunning Messages

The Medical Office System ages all accounts receivable when running monthly statements, and can print different separate dunning messages for 30, 60, 90, and 120 day overdue accounts. The use of dunning messages is optional.

> *Note:* *Dunning messages can be disabled for individual patients. Sample dunning messages are included with the system. You can delete the default dunning messages or modify them as you like. See Page 6-6, "Daily Input," for more information.*

Insurance Claim Forms

Insurance forms for all insured patients can be printed on standard AMA forms, HCFA 1500 or any other type of form desired with up to 25 service lines per claim.

Mailing Labels

Labels may be printed for all patients or any selected set of patients.

Letters

Pre-appointment, missed appointment, collection, and patient recall letters can be generated with the MOS's letter generator which works like a word processor.

Patient/Physician Schedule Package

Medical Office System enhances the day to day operation of your office practice with an on-line schedule available from the Daily Input Menu. Using a simple to read calendar format, the Scheduler allows you to view, post, and edit patient/physician appointments as far in advance as desired. Patient appointments can be scheduled in time slots which increment in user-defined intervals. The scheduler can even schedule meetings for any number of physicians based on available time slots for each. Year 2000 compatibility has been included in Version 03.01.01.

Patient History Text File/Medical Notes

Medical Office System has a full-screen editor which can store important notes concerning patient treatment and history. Text is entered in a simple to use full screen format, allowing 100 lines of text to be added per patient per day. Notes can now include pick lists, with special responses that depend on a previous answer. Branching can load other pre-coded text based on selected responses.

Text entered in the History File can be searched by key words or phrases. You can merge text and prompt the user for standard questions. The text can also be printed from a patient's chart.

Patient Diagnoses / Procedure / Drug History

New files allow your practice to condense the patient claims to a history of diagnoses and procedures so this will be available long after the accounting information has been purged. A new Drug History file has also been added to allow prescriptions to be tracked and patient responses. This new data can be printed on a patient chart form that can give the provider important history at time of each encounter.

Patient Referred To

New Patient Referred To data base can be used to track the events that have been referred to another doctor or lab. This is great for Primary Care Physicians to keep a record of referrals made to other doctors or labs and provide follow-up reports to insure that the referral or lab report has been received.

On-line Desktop Calculator

An on-line Desktop Calculator is available to perform simple arithmetic or complex mathematical functions. Functions available include: amortization, future or present value, loan payments, CPD growth and many others.

Unlike a calculator, you can save 'tapes' and recall them from memory at some future time. These tapes may be adjusted and reprinted when desired.

Transmit Electronic Claims in NSF format (1.04, 2.00 or 3.01)

This feature of the Medical Office System is uses the FASTEMC® (available separately from your carrier in some states or from fpTechnologies, Inc) or our own EMC to collect your claims, test their validity and completeness, and then format the data for transmission to your Medicare Carrier. The types of insurance claims that can be submitted electronically varies from state to state.

Transmit Electronic Claims in ANSI X12N 837 version 4010

When the ANSI X12N version of FastEMC is released, it will be included with the MOS as the electronic part of our package. It will be the only format that is supported.

HIPPA Privacy and Security

To better allow your practice to comply with the privacy and security standards imposed by the HIPPA regulations, we have added many layers of security and disclosure tracking. As a covered entity, you are required by this new regulation, to control access to the Patient Health Information (PHI) and to provide disclosure of access to the patient for up to 6 years. Many tools to track that information have been added. Not only will be track disclosure of PHI data, but log files to track what users on your system are doing are also incorporated. So as PHI data is used for purposes other than Treatment, Billing or Practice Marketing, that disclosure will be logged for you automatically.

Output Level Security has been added

Each output function has been given a security level and possibility for a password. This will better enable the MOS to match the user access permissions to the output function. It will allow the MOS to know which reports contain PHI data so the disclosure log functions can be activated when necessary. The goal is to only track those things that need to be tracked to limit the size of the logs maintained. Normal daily outputs that do not leave the practice and are for the purposes of Billing, Treatment or Marketing do not need to be disclosed. The patient should assume that their PHI data might be included in such output. These reports should be properly disposed of by shredding when their use has expired.

Disclosure Party Data has been added

A disclosure party data base has been added to allow the Business Associates, Patient's Relatives, etc. to be added with the appropriate information for proper HIPPA tracking. It will allow the office staff to indicate who will receive an output and the purpose of the output so a proper history of this disclosures is made. The Disclosure Party data base will properly track the information needed about these parties. These parties have been categorized for the normal areas of involvement, relatives, accountant, lawyers, law enforcement, and the like. This allows a shorter list of options when it is necessary to select a party. Only the ones in the category indicated are even displayed.

An overview of MOS® Features

- Patented "Intelligent Search" (Fuzzy Search) allows finding of all data by partial or misspelled criteria.

- Sophisticated data entry method allows rapid access to any record in any file and simple error corrections.

- All patient and transaction information is constantly available for entry, inquiry, or correction.

- Individual invoices and insurance forms can be printed on demand.*

- Forms can be reprinted at any time.*

- Batch printing is available for insurance forms.*

- Insurance company assignment forms are automatically reprinted if payment is not received in a timely fashion.*

- Any type of insurance form can be defined and used.

- On-line chart notes for medical records.

- Electronic Submission of Medical Claims.*

- User-defined password protection throughout the system.

- User Access control added to Daily Input with each transaction marked with the user identification. Limited look but do not touch access can be given to certain users.

- On-line appointment scheduling with block out times, staff meetings, find next available time and many other helpful features.

- Multiple fee schedules per procedure.

- Automatic display of an expected payment amount, by line or by invoice.

- Check track to provide a reconciliation for large insurance checks that are applied to many patient invoices.

- Built in multifunction financial calculator.

- The system can produce procedure utilization and charge statistics for each month of the current year.

- The system can produce diagnosis occurrence statistics for each month of the current year.

- Zero balance double entry accounting is maintained automatically, with balances kept by invoice and patient.

- Easy transaction, charge and payment correction features include an automatic balance adjustment.

- Credit Re-Distribution feature will move a credit balance from one invoice to apply to another with a debit balance responsible to the same party.

- User-defined collection, pre-appointment, missed appointment and recall letters can be generated without the need of a word processor. Many new data related fields are now available to automatically insert in these letters.

- Billing by patient or by family is available on a patient-by-patient basis.

- Invoice detail can be maintained as long as desired (depending on disk capacity).

- New files with patient diagnoses, procedure, drug prescribed history can be added to allow the patient history to be stored much longer than the larger accounting files.

- Yearly activity overview graphs by doctor, location or responsible party can be previewed on demand. These graphs can show activities of the entire practice, or an individual provider. When scaled to the practice, the graph compares the percentages for a selected practitioner, location or responsible party to those of the entire practice.

* All output functions are restricted to user access to properly limit access to PHI data.

System Capacities

Given enough hard disk space, the maximum number of records in the various **Medical Office System** files are:

- 99,999,999 patients

- 99,999,999 invoices

- 1,600,000 physicians or providers of service

- 1,600,000 service locations

- 99,999,999 policy holders (other than patients)

- 1,600,000 Employers

- 99,999,999 billing parties

- 1,600,000 insurance carriers

- 1,600,000 Workers' compensation carriers

- Unlimited number of user-defined insurance forms

- Unlimited user-defined letters

In consideration of the above the system provides:

Per patient

- 1 Patient address

- 1 billing address

- 3 active insurance carrier names and addresses with policy notes for each. Unlimited archive for inactive carrier names and policy holder.

- 9 notes per day with up to 100 lines on each chart notes

- 3 policy holder names and addresses

- 1 employer/school name and address

- 6 printable patient notes (80 characters max)

- Unlimited number of family members

- 1 Workers' Compensation Carrier with policy notes

- Unlimited appointments and recalls

Per Invoice

- 999 charges, payments or notes

- 6 diagnosis

Per Charge Line

- 9 payments

Invoice and Insurance Forms, per Page

- 3 patient address lines

- 3 billing party address lines

- 2 co-insurance carriers and related information

- 9 notes

- 6 diagnoses

- 25 complete services lines with procedure, from and to dates, TOS, POS, NOS, charge, provider, and payment for each line.

- *32 user-defined fields (doubled with release 4.0.0)

HARDWARE /OPERATING SYSTEM REQUIREMENTS

Release 05.00.xx Medical Office System Minimum Requirements:

SCO Open Server 5.x / Unix 3.2 v4.2, Linux SCO or RedHat configuration to support users and software installed.
or
Win98/2000/ME/XP/NT with 128 meg RAM.

Networks - Win95/NT/98 networks work best in 32bit mode. Protocol should be TCP/IP.

The minimum CPU is Pentium 133/166 with 128 meg RAM.

As of 1/1/2000 all new systems should be 32 bit operating systems. DOS only systems or Windows 3.1 will no longer be supported. All systems require Windows98 or newer.

A laser printer would be helpful, but be sure it can handle DOS output if you are using a Win95, Win98 or WinNT operating system. Windows Only printers will not work properly with this software.

Communications is essential. A modem and phone line would be highly recommended. Also on a Win* system, PCAnywhere32 for support. On a UNIX system we recommend TERM from Century Software. These will provide communications for sending electronic claims and support from Virtual Software when needed.

A dot matrix printer capable of 132 column print capabilities is required for some reports. Under NO circumstances use a dot-matrix printer that is not capable of at least 85 characters in 10 characters/inch. This is required to print many insurance forms.

If your system is multi-user, network or Unix, it would be best to have a printer dedicated to receipts, one dedicated to insurance forms, and finally a heavy duty dot-matrix for reports, statements and other miscellaneous print jobs.

If you are on a single user system, it might be helpful to have at least two printers. A laser and a dot matrix. Although all printing can be done on a 15" dot-matrix, if you only have room for one printer.

The hard drive storage requirements for the software is at least 30 meg. The length of time you keep your data and the volume of your practice will vary the total storage requirements. The data storage is only limited by the space available.

SPEED: A data base relies on reading and writing to the Hard Drive. The speed of this function most directly affects the performance.   On a network system, this would also include communication between the client and the server. Make your hardware choices based on this consideration to get the most out of your Medical Office System.