

Medical Office System

GLOSSARY

<i>Account number:</i>	A unique number automatically assigned to each patient record by the system.
<i>Age:</i>	The number of time, by month, that the invoice has been printed and sent to a particular responsible party.
<i>Access:</i>	For a user, obtaining data or programs from a storage device (the hard disk, for instance). For the computer, getting an instruction from memory and obeying it.
<i>Adding Records:</i>	In daily input and other update operations, the mode that puts the user in update mode on each new record automatically.
<i>Alignments check:</i>	Used to match fields with entry blanks on pre-aligned forms or labels. The program prints Xs on the first form or label to show where actual data will be printed.
<i>Alignment grid:</i>	A form supplied with the Medical Office System that is used to analyze insurance forms or invoices.
<i>Assignment:</i>	A bill which is to be paid by an insurance company or other third party instead of by the patient.
<i>Background, running in:</i>	Running a program without input from the keyboard and without displaying any of the normal messages on the screen.
<i>Backup:</i>	Safety copy of data and/or programs.
<i>Balance-forward invoicing:</i>	A procedure used to generate statements that include a number of procedures -- a month's worth of allergy shots, for instance. Not used in most practices.
<i>Batch Processing:</i>	Processing groups of selected records, such as posting data from invoices to a summary file, archiving and purging inactive accounts, etc.
<i>Billing Party:</i>	The person responsible for paying a patient's bills; the person who holds the insurance policy.
<i>Booting up:</i>	Getting the computer to run; having it load the operating system into its memory.
<i>Browse:</i>	An option available in daily input and other update operations that allows the user to page through 18 records on the screen at a time.
<i>Character:</i>	A letter, number or symbol. Empty spaces ("blanks") are considered characters.
<i>Character position:</i>	When defining an insurance form or invoice, refers to the number of characters across the paper form.
<i>CLIA Number</i>	A identification number provided to a practice that provides laboratory services at the same location as normal office visits.
<i>Co-insurance:</i>	A patient may have more than one insurance policy. In most cases, one carrier is primary and pays first, the second carrier then pays all or part of the balance due, etc. If any balance remains it may be the patient who must pay that amount.
<i>Collection status:</i>	The patient's invoice is overdue by 120 or more days, and the account has been given to a collection agency, who will then attempt to collect the amount due.

<i>Codes:</i>	Abbreviations used to instead of longer or more difficult phrases.
<i>CPT code:</i>	“Current Procedural Terminology” code; a coding system developed and maintained by the American Medical Association.
<i>Command line:</i>	The line on which the user types instructions to the computer at the operating system.
<i>Connective:</i>	In selection operations, AND and OR.
<i>Cursor:</i>	A block of light that shows where the next character typed at the keyboard will appear on the video screen.
<i>Daily Input:</i>	The program used to put data into and retrieve data from the system. The central data entry module of the Medical Office System.
<i>Date expansion:</i>	Typing in a single character (/) and getting a full date.
<i>Default:</i>	A particular value used by the computer unless it receives other input from the keyboard.
<i>Default responses:</i>	A group of responses or prompts in the Medical Office System that the computer uses automatically, unless the user types in a different response from the keyboard.
<i>Delete:</i>	Removing data or records from the system.
<i>Descending order:</i>	Highest to lowest order (Z to A, or 100 to 1, for example). The opposite of alphanumeric order (A to Z, or 1 to 100).
<i>Device:</i>	On Multi-user systems, equipment such as hard disk drives, keyboard, video terminal, etc. In UNIX or XENIX, the directory where special files are usually located.
<i>Directory:</i>	An operating system program that lists all files and formats in the system.
<i>Diskette:</i>	The 5¼ or 3½ square magnetic medium on which programs and data can be saved by the computer. A “master” diskette is an installation diskette.
<i>DOS:</i>	Disk Operating System. See Operating System.
<i>Edit:</i>	A description of the kind of data the field contains -- alphanumeric, numeric only, decimal, data, etc.
<i>EPSDT:</i>	“Early Periodic Screening and Detection Tests.”
<i>Error message:</i>	Information presented to the user if the system discovers a mistake.
<i>Extended selection:</i>	A form of selection that lets the user choose records by up to 72 separate criteria.
<i>Field:</i>	A `slot` for data input that has a number, length and other attributes.
<i>Field heading:</i>	The name for the field used by the people to remember the data stored in that field.
<i>Field number:</i>	The number of the field used to identify the data for the computer.
<i>File:</i>	“File” has two meanings in the Medical Office System. The first is “electronic filing system.” The second is more technical: “a self-contained set of only one type of information” -- for instance, a screen format, an index or a collection of spin-off data.

<i>Format:</i>	1. Defining the structure of a report, letter, or invoice; or the structure itself. 2. Preparing diskettes to hold programs and data, which includes verifying that the diskettes are undamaged and readable.
<i>Grid:</i>	See "Alignment grid."
<i>Group:</i>	In extended selections, related selection lines (all of which must have the same group name).
<i>Hardcopy:</i>	A printed copy of whatever appears on the video display.
<i>Hold status:</i>	An option that lets the provider prevent the printing of insurance forms and statements until the invoice (and treatment) is complete.
<i>Help message:</i>	A prompt or reference message to the user. Help messages appear at the bottom of the screen whenever the cursor moves into a field with an affiliated help message.
<i>Help screens:</i>	Screens that inform or direct a user. Help screens contain general information about an application, a particular screen or a particular field.
<i>ICDA Code:</i>	International Classification of Diseases (A list or 9 list); a standardized classification system available in handbook form from the U.S. Department of Health and Human Services.
<i>Index:</i>	A quick reference chart that the computer uses to look up a desired piece of information and find the record in which it appears.
<i>Input:</i>	Information received by the computer from outside (usually, but not always, via the keyboard).
<i>Install:</i>	Adding a program (or series of programs) to a computer system, so that the program(s) can be used as designed.
<i>Insurance form:</i>	A standardized billing form sent to insurance companies.
<i>Insurance formats file:</i>	The file containing user-defined and system-supplied insurance and invoice formats.
<i>Invoice:</i>	A collection of related services and their prices (all treatments for a patient's cold would be one invoice, all treatments for his or her broken leg would be another invoice).
<i>Invoice file:</i>	The password-protected file containing all the invoices.
<i>Invoice form:</i>	A business form that describes the types, quantity and prices of services rendered to the patient.
<i>Label:</i>	See "Mailing label."
<i>Letters file:</i>	The file containing the collection, pre-appointment, missed-appointment, and recall letters.
<i>Line item:</i>	A charge, payment, or note on an individual invoice.
<i>Line position:</i>	When defining insurance or invoice forms, refers to the number of lines down the form.
<i>Load:</i>	To move a program into the computer's memory.
<i>Menu:</i>	A list of the programs available on the system, similar to a table of contents.
<i>MS-DOS:</i>	The operating system for many single-user personal computers. The initials stand for Microsoft Disk Operating System.

<i>Multi-user system:</i>	A micro- or minicomputer system that supports multiple users and, therefore, multiple terminals (monitors plus keyboards). Usually implies multi-tasking (running more than one program at a time) but may also refer to networking systems.
<i>Name:</i>	The label by which a particular letter, insurance form, mailing label, or selection set is referenced.
<i>Nesting:</i>	References within references. Medical Office System menus are nested -- from the main menu, the user can access a second menu; from the second, he or she can access a third, and so on.
<i>Network:</i>	A multi-user system that connects DOS and/or UNIX/XENIX machines and shares programs and data.
<i>Non-assignment:</i>	A bill which is to be paid by the patient or billing party instead of an insurance company or other third party.
<i>NPI Number</i>	National Provider Identification Number - This number will replace all other provider/location/referring identification numbers as mandated by HIPPA.
<i>Operating system:</i>	A program that keeps track of programs, locates files, knows which drive, monitor and printer is attached where, and acts as a liaison between the computer and the user. It is the first program loaded into the computer's memory each day, and the last to be shut down.
<i>Output:</i>	Information that is extracted from the file and printed or spun off into other files.
<i>Patient file:</i>	The file that contains the patient information.
<i>Posting:</i>	An operation in which data is read from one file, then written to another.
<i>POS:</i>	Place of Service Code used to identify the type of facility where the service was provided.
<i>Practice file:</i>	The file that contains the practice information --- the name, address, telephone number, the identification code of the practice.
<i>Prior authorization code:</i>	A code that indicates that the procedure has been approved for this patient by a government agency or insurance company.
<i>Program:</i>	An orderly list of instructions that directs the computer to carry out a desired sequence of operations.
<i>Recap:</i>	Repeat information that was just entered in report format for review.
<i>Record:</i>	A set of related data -- the information on a single person, inventory item or transaction.
<i>Record number:</i>	The number of an individual record. Each record number is unique within its particular file.
<i>Relationship codes:</i>	In selections, codes that tell the computer how to compare the value the user picked with what he or she actually wants -- "less than" the value, "equal to" the value, etc.
<i>Report:</i>	A "file-wide" type of printed output that can include data from any number of records.
<i>Reprint Claims:</i>	Print a batch of claims printed at an earlier time again without regard to current status. This is useful when the print job was lost, printed on the paper badly or just needs to be corrected.
<i>Resubmit Claims:</i>	Submit claims that were already submitted and have not been paid in a reasonable time

<i>RETURN key:</i>	The “carriage return” key, used to record answers to prompts or other input. In the Medical Office System, RETURN or ENTER is often used to access default responses.
<i>Right-justify:</i>	A value that is flush against the right edge of its field. The Medical Office System right-justifies most numbers automatically.
<i>Routing slip:</i>	A form, printed in daily input, of all procedures marked to be included. The patient carries it from room to room during his or her appointment and the provider checks off the procedures used. It can be used to generate an invoice at the end of the appointment.
<i>Scan:</i>	Having the computer search the file for a record containing a particular piece of information.
<i>Screen:</i>	The visual display on the monitor; in the Medical Office System, the electronic record as it appears on the monitor.
<i>Select:</i>	Choosing the records to be included in an operation.
<i>Selection set:</i>	The entire extended selection screen, saved under a particular user-defined name.
<i>Short selection:</i>	Simple, two-criteria selection in daily input and other update operations.
<i>Single-user system:</i>	A microcomputer system that allows the execution of a single user program at a time. Since only one user can be running on the system at a time, usually only one terminal (monitor plus keyboard) is installed.
<i>Sort:</i>	Putting selected records in a particular order.
<i>Spooler:</i>	On multi-user systems, a program which collects output and stores it to be sent to the output device (printer) in an orderly fashion.
<i>Spooling:</i>	“Spool” is short “simultaneous peripheral operation on-line” -- i.e., sharing devices in an orderly fashion and without interference among user. In the Medical Office System, spooling means putting output into a `queue` file for printing. Spooling is also done on single-user systems to allow the software to generate the output, write it to a file and let another program send the file to the printer, while the Medical Office System returns to other functions.
<i>Statement:</i>	A list of all current invoices, payments, and notes for a particular patient or billing party.
<i>Summary file:</i>	A password-protected file of income records. One record is maintained for each month's and year's totals for each doctor, location, and responsible party.
<i>Super Bill:</i>	See "Routing slip."
<i>System:</i>	The computer plus the files and programs designed to run on it.
<i>System-maintained fields:</i>	Fields that maintain information “remembered” by the computer system -- for instance, the date typed in when logging on to the computer system.
<i>Terminal:</i>	In multi-user systems, a work-station attached to the computer.
<i>Testing:</i>	Checking that a system works as described or warranted, and isolating and correcting errors.
<i>Time expansion:</i>	Typing in a single character (:) in any time field and the correct time is entered from the system time.

<i>Toggle:</i>	One key that switches between two modes. A common light switch is a toggle. The browse function in the Medical Office System is a toggled function.
<i>TOS</i>	Type of Service code indicating the type of service provided.
<i>Transaction:</i>	A charge, payment, or adjustment (credit, error correction, etc.) to an invoice.
<i>Transactions file:</i>	The password-protected file containing all charge, payment, note, and adjustment information.
<i>UNIX:</i>	A multi-user operating system written by Bell laboratories.
<i>Unlocking a file:</i>	Eliminating the instruction that restricts access to a file when more than one person is using it. On multi-user systems, when the Medical Office System's locking mechanism mistakenly prevents access to a file, the file can be opened again with the "unlock" option on the file maintenance menu.
<i>Value:</i>	Data; a set of characters representing themselves rather than field numbers or letters. When selecting records, the desired piece of information -- i.e., "Smith" or "512.23" -- is the value.
<i>Wild-card character:</i>	A character that `stands in` for other characters. The Medical Office System wild-card character is = and can be used in extended selections.
<i>Word-processing:</i>	The computerized handling of written text. Elements that differentiate word-processing from regular typing are: the ability to save the typed material on disk; electronic editing functions; and an automated printer.
<i>XENIX:</i>	A multi-user operating system based on the UNIX system, written by Microsoft, Inc.