MedBASE Lite
User's Manual
Windows

Introduction:

MedBASE Lite is a simple yet versatile billing system designed for the Apple Macintosh and IBM-compatible PC's. The MedBASE Lite program is designed for the physician who is accustomed to billing via OHIP card and through a simple and intuitive OHIP-card-like interface, the user is able to take full advantage of the attributes of computerized billing. MedBASE Lite is similar to the full-featured MedBASE program with respect to claim entry, error-checking, computerized billing and reconciliation. The "Lite" version does not offer certain advanced features such as multiple provider capabilities, magnetic card reader data entry, sophisticated database functions, appointment scheduling or accounting functions but should these features prove desirable to the user, then an upgrade path to the full-featured MedBASE program is available. MedBASE Lite makes full use of many of the intuitive tools characteristic of mouse-based systems with the aim of providing a user-friendly environment for the operator. A minimum of operator training is necessary for using the program, and the layout is designed to maximize efficiency and minimize operator error.

This manual is intended for those using the PC-based MedBASE Lite application. The manual assumes that you are familiar with basic MS-DOS operating system commands and are acquainted with the use of the mouse and menu-driven commands. For new users unfamiliar with this environment, we recommend reviewing your MS-DOS User's Manual. Proper operation of the program requires that MedBASE be properly installed as described below. The application is compatible with Systems using MS-DOS 3.2 or higher or MS-Windows 3.0.

Because of the potential memory demands of a large database system, we recommend at least 1 MBytes of RAM with MS-DOS and preferably 4 MBytes of RAM with Windows. A hard disk with a capacity of at least 20 MBytes is recommended. MedBASE is compatible with all IBM Compatible computers from the XT to the newer 486 systems.

Getting Started:

Installing the Program

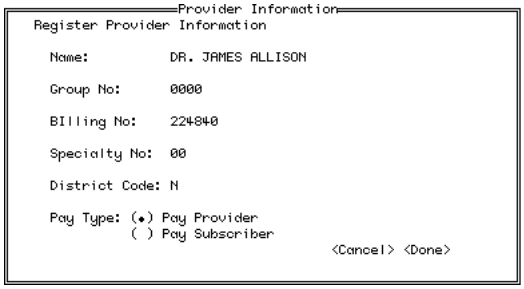
To install MedBASE Lite, insert the diskette entitled "MedBASE Lite Program" into the floppy disk drive. This disk contains a file of the compressed code of the MedBASE Lite application and related files. (Note: this installation procedure assumes that you wish to install the program on the C: harddrive. Contact MedBASE Software for specific installation instruction if you wish to use any other drive). Make the floppy disk drive the current drive by typing **`A: <Enter>`** or **`B:<Enter>`** depending on the drive into which you have inserted the "MedBASE Lite Program" diskette. Then simply type **`Install <Enter>`**. The program will begin installing itself. When the installation is complete remove the "MedBASE Lite Program" diskette and reboot your computer by turning it off and then restarting it.

A new directory entitled "MedLite" will be present on the hard disk and will contain the MedBASE Lite application as well as the MedBASE Lite databases and the \Submit directory. Your MedBASE Lite program is now installed.

Starting the Program:

To start the program, type **`MedLITE <Enter>`** at the C:> prompt. The first time you start the program it will ask you for the original installation disk. Insert the disk and select the correct floppy drive at the screen prompt (A: or B:) to register the program. When the program is accessed for the first time, the user will be asked to enter the provider information as shown on

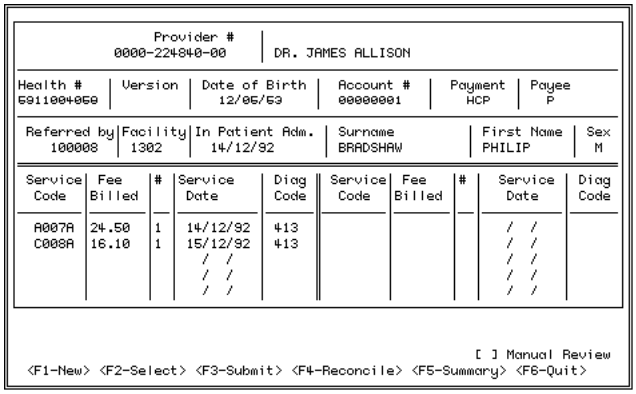
the Provider Information screen below. Be careful to enter the correct information as you only get one chance to register.



To register, simply enter the **Provider Name** (format - 'DR. JOHN SMITH', the **Group No.** ('0000' for a solo provider or the 4 digit OHIP registered group number), the **Billing No.** (6 digit physician number) and **Specialty Code** ('00' for general practitioners or the 2 digit OHIP specialty code). The **District Code** is a letter which signifies the OHIP office to which you submit your computerized billings ("N" for Toronto). Make sure that the dot beside Paytype is next to Pay Provider by clicking it with your mouse. Click the **<Done>** button to exit.

Entering Claim Information:

When the program is started and the provider information has been entered, the MedBASE Lite billing screen will appear as shown at the top of the following page. The screen resembles an OHIP billing card and is filled out exactly as one would for a regular OHIP card. However, for patients previously entered, entry of the **Health #** will bring up the other patient information automatically. **Account #**'s are generated automatically by the program in a sequential fashion (starting with Account # 00000001) and provide a unique identifier for each claim. **Health #** and **Referring Physician #** are automatically checked for validity at the time of entry to prevent operator error. The **Payment** field must be marked as either 'HCP' (the default), 'WCB' or 'RMB' to indicate either OHIP, Workmens' Compensation Board or Reciprocal Medical Billing claims respectively. Entering 'RMB' will bring up a slightly modified billing screen (displayed on Page 7) similar to the manual Reciprocal billing card. A **Facility #** and an **In Patient Admission** date are required for hospital inpatients. You will notice that after the **Service Code** and # of services are entered, the **Fee Billed** will be entered automatically. You may overwrite this if you wish to edit the fee. As on the manual OHIP card, up to 10 claim items may be entered for each card.



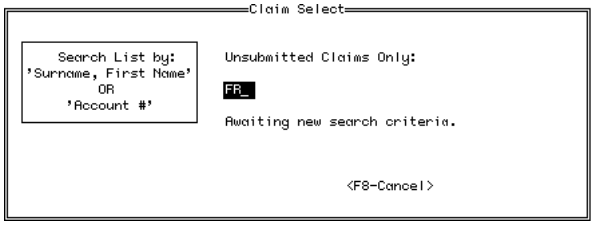
Several buttons are present at the bottom of the screen and are accessed by clicking on them with the mouse or by pressing the corresponding Function Key. Their functions are described on the following pages:

<F1-New>

This allows you to save the current card and bring up a new blank card. If there are no service codes entered on the card, the account will be deleted.

<F2-Select>

This brings up the Claim Select screen as shown below allowing you to select a previously saved but unsubmitted claim for editing. Clicking on the **<F8-Cancel>** button returns the user to the previous MedBASE Lite billing screen.



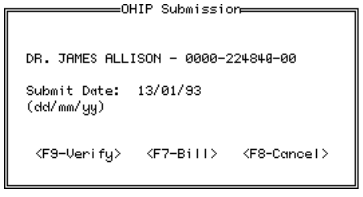
Type in the **Account #**, the **10 Digit Health #**, or all or part of the **Surname, First Name** to select a patient. If **Return** is hit without entering any search criteria, then the full list of unsubmitted claims will be displayed in a browse window (see below). If more than one claim matches the search criteria, then a partial list of claims will appear in the browse window. Select the claim you wish to edit and close the window by clicking the mouse in the top left corner of the Claim Browse Window or by pressing the <**Escape>** key.

Select Claim and Close Window

Patient Name	Account #	Health #	Service Date
Cancel			
RASMI, MOHAMED	4494	2124033313	22/08/91
BORDEN, DANIEL	5748	2408049076	17/12/91
BULAI, MARTIN	5750	3359562570	18/12/91
BIRD, EILEEN	5752	2218272611	18/12/91
SHIN, CHOONG CHI	5754	9417120533	18/12/91
PAKRI, ARTUR	5756	4461965610	18/12/91
BIRD, EILEEN	5758	2996062754	18/12/91
SELF, HARVEY	5760	1554281434	18/12/91
WALKER, ELLWOOD	5762	3679208631	18/12/91
KALSATOS, SOFIA	5764	2682397035	18/12/91
OSLINGER, MARTIN	5766	6075033131	18/12/91
VELDE, NEIL	5768	9572916618	18/12/91
CVETKOVIC, VERA	5770	3439584933	18/12/91
BARNABY, CLYDE	5772	7400433657	18/12/91

<F3-Submit>

Clicking on the **<F3-Submit>** button brings up the OHIP Submission screen as shown below. This screen is used to both verify all unsubmitted claims for errors and/or to create a machine-readable file on diskette for submission to OHIP.



The current date will appear as the default in the **Submit Date** field. To change this date, simply enter a different date. This date will entered on the submission diskette.

Clicking on the **<F9-Verify>** button at the bottom of the OHIP Submission screen is used to verify all unsubmitted OHIP, Reciprocal and WCB claims for errors. The errors checked for are listed on the following page:

Service code excluded from machine-readable input;.

Diagnosis code required for this service code.

Referring physician required for this service code.

Hospital number required.

Admission date required.

Service date is after submission date.

Service date is more than 6 months old.

Service date is after admission date.

Missing Health number for this patient.

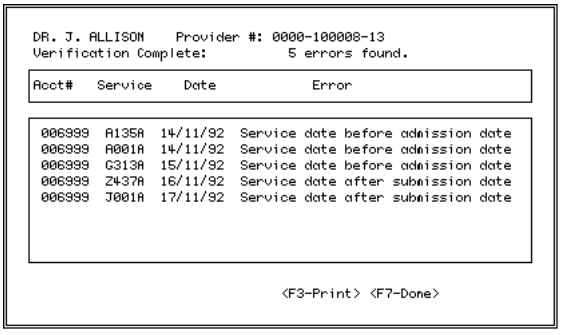
Missing date of birth for this patient.

Reciprocal Claims require a specified province.

Reg# for <province> must be __ digits

Manual review required for this claim.

If errors are found an error report window will appear as shown at the top of the next page. Click on **<F3-Print>** to print a report of these errors. If errors are found, they should be corrected before proceeding with the submission. Click **<F7-Done>** to return to the OHIP Submission screen.



NOTE - Only one error is reported for any claim item. It is advisable to reverify the submission prior to proceeding with billing to ensure that a second unrecognized error was not present.

Click on the **<F7-Bill>** button when you are satisfied that the OHIP submission is error-free. All unsubmitted OHIP, Reciprocal and WCB claims will be processed. OHIP claims without a valid Health # will not be submitted.

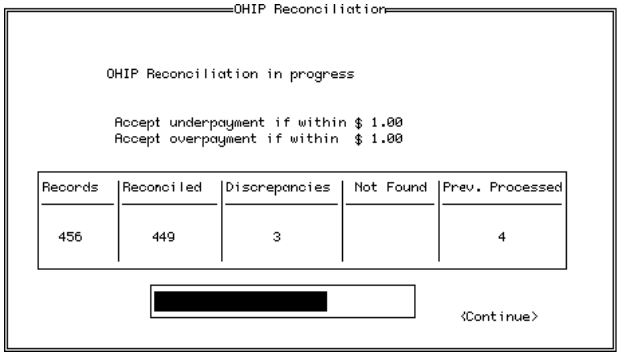
After processing is complete, a machine-readable ASCII file will be created and a file save window will appear with a prompt to insert the OHIP submission diskette. Insert the diskette and click **Save**. The file will be saved on the diskette and a duplicate copy will also be saved in the \Submit directory on the hard disk. The diskette will be ejected and a prompt will then appear asking whether you wish to print a Billing Summary. Click **<Yes>** or **<No>** as desired. Be sure to record the number of Claims and Records. The OHIP Submission screen will then be exited.

It is advisable to check all submission diskettes to ensure that a submission file is present. Duplicates from the \Submit directory can be copied onto a new diskette if necessary.

Click on the **<F8-Cancel>** button if you wish to exit and bypass the billing procedure. This will be necessary when you wish to correct errors identified during verification before proceeding with billing. The OHIP Submission screen will then be exited.

<F4-Reconcile>

The **<F4-Reconcile>** button is used to reconcile previously billed claims from a OHIP Remittance Advice (RA) Diskette. After selecting **<F4-Reconcile>**, a window will appear asking you which drive the OHIP RA diskette is in. Insert the OHIP RA diskette and select the corresponding disk drive (either A: or B:). A list of files on that disk will then appear. Select the RA file (it should begin with a "P" as per the new OHIP format). If you select a file which is not an OHIP Remittance Advice file, an error message will appear. If a proper file has been selected the file will be read, the diskette ejected and the OHIP Reconciliation screen will appear as shown below.



As a default, the claim item will be reconciled if the fee paid is within $1.00 of the fee billed. Otherwise, the claim item will be marked as a discrepancy. The underpayment and overpayment limits may be edited as desired. Click the **<Continue>** button to proceed with the reconciliation. The OHIP Reconciliation screen will show the progress of the reconciliation both in the form of a status bar and in the table, indicating the total # of records, # reconciled, # of discrepancies, # not found (ie - on the RA diskette but not in the database) and # previously processed. When the reconciliation is completed a prompt will appear asking whether you wish to print the Reconciliation Summary reports.

These reports include:

(1) Reconciliation Totals and List of Discrepancies.

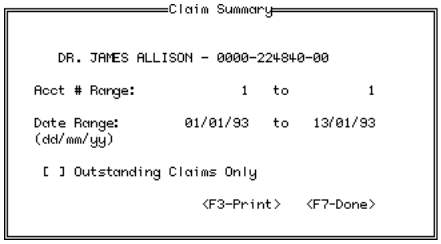
(2) Summary of Claim Items 'Not Found' (if applicable).

(3) Message from the Ministry of Health (if present on RA diskette).

Click **<Yes>** or **<No>** as desired. Click **<Done>** to exit the OHIP Reconciliation screen.

<F5-Summary>

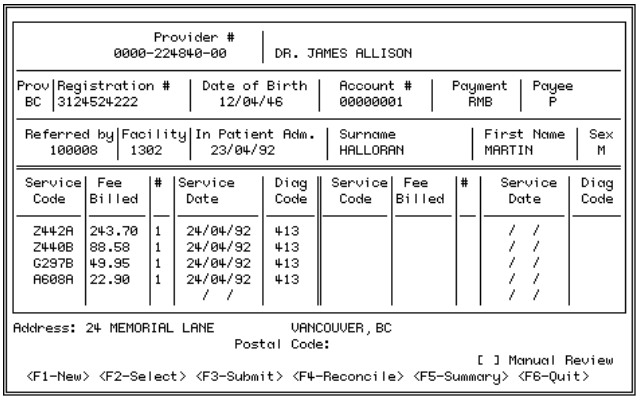
Clicking on the **<F5-Summary>** button brings up the Claim Summary screen as shown at the top of the following page. This function is useful for printing a summary of claims in a given date range or account range. The date range can be used for detailed daily, weekly or monthly claim summaries. The account range is useful for verifying entered data against original data (keeping track of the accounts entered in a given time period). The generated report details all of the mandatory claim and patient data for each claim item as well as totals.



You can specify a **Date Range**, **Acct # Range** or limit the summary to **Outstanding Claims only** (ie - claims which have not yet been reconciled). To print the summary, click the **<F3-Print>** button. Click the **<F7-Done>** button to exit.

Reciprocal Medical Billing:

If 'RMB' is entered under the **Payment** field on the MedBASE Lite billing screen, then a slightly altered Reciprocal Medical Billing screen will appear as shown below. This screen is identical to the usual billing with the exception of 6 fields. These are listed below:



Prov: Enter the 2 letter abbreviation for the province to be billed as done with manual Reciprocal Medical billing.

Registration #: Enter up to 12 alpha-numeric characters as required for the specific province (will be verified prior to billing).

Patient Address: Enter the street address, city and province in the 3 fields at the bottom of the screen.

Postal Code: Enter the postal code (format - A9A 9A9).

Reciprocal claims will be submitted and reconciled in an automated machine-readable manner as with other OHIP claims.

<F6-Quit>

To quit the program, click on the **<F6-Quit>** button. It is important to exit from the program before shutting the computer off.

For technical advice and support, call MedBASE Software Inc. at:

Phone and FAX line - 416-778-5852
Emergency Service - 416-417-2743

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